

IHS Diabetes Care and Outcomes Audit

**Audit 2021 Reports:
Basics and Beyond**

**IHS Division of Diabetes Treatment and Prevention
March 3, 2021**

Topics

1. Audit reports - what are they and how to get them
2. Changes for 2021
3. Reading reports, including how statistics are calculated
4. Reviewing reports and graphs for potential data issues

Diabetes Audit Team

Ann Bullock, MD
Director, DDTP

Lori Butcher
RPMS Developer

Cecilia Butler, RD
Audit Support & Training

Renee Chase, RN
Nurse Informatics Consultant

Lani Desaulniers, MD
Clinical Consultant

James Doughty
WebAudit Developer

Carmen Hardin, MSN
Deputy Director, DDTP

Theresa Oakley
Tier 3C User Support Manager

Duane Rozsnyai, MBA, PMP
DMS Project Manager

Kelly Samuelson
IT Quality Analyst, Senior

Karen Sheff, MS
Biostatistician

Skip Squires
DMS Technical Lead

Mark Williams
Visual DMS Developer

Audit Report Basics

What are Audit Reports (capital R)

- The Audit Report (capital R) provides a basic summary of the data elements in the Audit for each year.
- Results are presented as the number and percent of patients who 'meet' each report item. For example, 63% of Audited patients have blood pressure <140/<90.
- Audit Reports can be obtained from the WebAudit or RPMS/DMS and possible other EHR systems. Results should be the same IF run on the same patients and at the same date and time (exception is minor differences due to rounding).
 - IHS and Area results are provided on the WebAudit version for comparison, once all data are final.

Other Audit reports (lowercase R)

- **Other** Audit summary reports (lowercase r) for each year are available via the WebAudit and/or RPMS:
 - SDPI Key Measures (subset of main Audit Report):
WebAudit and RPMS
 - Means: WebAudit only
- **Graphs** of Audit results over time for selected measures are available via the WebAudit.
 - Trends Graphs
 - Means Graphs

How to get Audit reports

NOTE: WebAudit access is limited to individuals who participate in conducting Audits OR as determined by facility staff. RPMS/DMS access is determined by facility staff.

1. If you do have access to the WebAudit and/or RPMS:
 - WebAudit: <https://www.ihs.gov/diabetes/audit/>
 - RPMS: <https://www.ihs.gov/diabetes/audit/audit-rpms-dms-information/>
2. If you do not have WebAudit or RPMS access:
 - Request from your facility
 - Contact your Area Diabetes Consultant

Audit Report - WebAudit

First several items from page 1 of 8:

IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2021 (Audit Period 01/01/2020 - 12/31/2020)
Facility: Test02 Sample Data

Annual Audit

170 charts were audited from 170 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

| | # of Patients (Numerator) | # Considered (Denominator) | Percent | Area Percent | IHS Percent |
|-----------------------------|------------------------------|-------------------------------|---------|-----------------|----------------|
| Gender | | | | | |
| Male | 57 | 170 | 34% | | |
| Female | 113 | 170 | 66% | | |
| Age | | | | | |
| < 20 years | 0 | 170 | 0% | | |
| 20-44 years | 66 | 170 | 39% | | |
| 45-64 years | 79 | 170 | 46% | | |
| ≥ 65 years | 25 | 170 | 15% | | |
| Diabetes Type | | | | | |
| Type 1 | 0 | 170 | 0% | | |
| Type 2 | 170 | 170 | 100% | | |
| Duration of Diabetes | | | | | |
| < 1 year | 1 | 170 | 1% | | |
| < 10 years | 53 | 170 | 31% | | |
| ≥ 10 years | 114 | 170 | 67% | | |
| Diagnosis date not recorded | 3 | 170 | 2% | | |

Audit Report – RPMS/DMS

First several items from page 1:

LAB

Nov 03, 2020

Page 1

IHS Diabetes Care and Outcomes Audit - RPMS Audit

Audit Report for 2021 (Audit Period 01/01/2020 to 12/31/2020)

Facility: 2020 DEMO HOSPITAL (INST)

Annual Audit

978 patients were audited

Unless otherwise specified, time period for each item is the 12-month Audit Period

| | # Of Patients (Numerator) | # Considered (Denominator) | Percent |
|-----------------------------|------------------------------|-------------------------------|---------|
| Gender | | | |
| Male | 394 | 978 | 40% |
| Female | 584 | 978 | 60% |
| Age | | | |
| <20 years | 25 | 978 | 3% |
| 20-44 years | 89 | 978 | 9% |
| 45-64 years | 300 | 978 | 31% |
| >=65 years | 564 | 978 | 58% |
| Diabetes Type | | | |
| Type 1 | 36 | 978 | 4% |
| Type 2 | 942 | 978 | 96% |
| Duration of Diabetes | | | |
| <1 year | 0 | 978 | 0% |
| <10 years | 19 | 978 | 2% |
| >=10 years | 582 | 978 | 60% |
| Diagnosis date not recorded | 377 | 978 | 39% |

Audit Report – General Info

- Results are presented as the number and percent of patients who 'meet' each report item.
- Items may be reported for:
 - All patients
 - A subgroup of patients: items reported for subgroups are indicated by keywords "In" or "If" (e.g., In patients aged 40-75). Some are also indented.
 - Both of the above
- Order is not the same as the Audit Form.
- Patients with missing values for an item are counted in the denominator for most items.
- There are some changes to Audit Report every year. Some years these are minor, others more extensive.

Audit Report Changes for 2021

Audit Report Changes

- **When:** Audit Report (capital R) changes are made each year for the Annual Audit.
- **Why**
 1. Currency - To align with IHS and other national standards and reports, such as, IHS GPRA measures.
 2. Consistency – To be consistent with other materials from IHS and the Division of Diabetes.
 3. Clarity - To facilitate understanding of each item on the report.
 4. Completeness - To provide all the necessary information for interpreting the report items.

Audit Report Changes for 2021

1. General:

- a. Minor changes to wording for some items.
- b. Medication lists: alphabetized and case corrected.

2. Specific: Details on following slides

Immunizations

2020

Immunizations

Influenza vaccine during Audit period

~~Refused - Influenza vaccine~~

Pneumococcal vaccine - ever

~~Refused - Pneumococcal vaccine~~

Td/Tdap/DTaP/DT - past 10 years

~~Refused - Td/Tdap/DTaP/DT~~

Tdap - ever

~~Refused - Tdap~~

Hepatitis B complete series - ever

~~Refused - Hepatitis B~~

Immune - Hepatitis B

2021

Immunizations

Influenza vaccine during Audit period

Pneumovax/PPSV23 - ever

Td/Tdap/DTaP/DT - past 10 years

Tdap - ever

Hepatitis B complete series - ever

Immune - Hepatitis B

New!

In patients age \geq 50 years Shingrix complete series - ever

Tuberculosis (TB) Changes

2020

Tuberculosis (TB) Status

~~TB test done ever (skin or blood)~~

~~If test done, skin test~~

~~If test done, blood test~~

~~If TB test done, positive result~~

~~If positive TB test, treatment completed~~

If negative TB test, test done after diabetes diagnosis

2021

Tuberculosis (TB) Status

TB diagnosis documented ever and/or positive test result ever

If not diagnosed, TB test done ever (skin test or blood test)

If TB diagnosis documented and/or positive test result, treatment initiated ever

If most recent TB test result was negative, was test done after diabetes diagnosis

New!

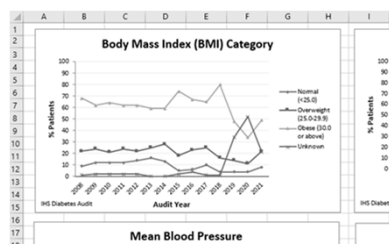
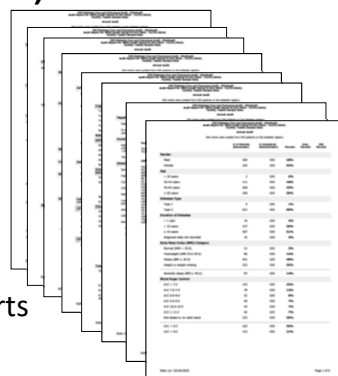
How to read Audit Reports

Data to Reports (Input to Output)

Input=data file or
paper forms



Output=reports
and graphs



Audit 2021 Report Header - WebAudit

IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2021 (Audit Period 01/01/2020 - 12/31/2020)
Facility: Test02 Sample Data

Annual Audit

170 charts were audited from 170 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

- **2021:** Audit "version"
- **01/01/2020-12/31/2020:** Audit (time) period for which data are reviewed
- **Annual (vs. Interim) Audit**
- **Number of patients included out of how many eligible**

Example 1: One response – Foot exam

Audit Form – page 1

Audit Report – WebAudit page 4

[illegible]

Example 1 continued

| | # of Patients (Numerator) | # Considered (Denominator) | Percent |
|---------------------------|------------------------------|-------------------------------|---------|
| Exams | | | |
| Foot exam - comprehensive | 53 | 170 | 31% |

- Percent calculation for foot exams:

$$\frac{53}{170} = 0.31$$
$$0.31 \times 100 = 31\%$$

Numerator = 53 = number of patients Audited that had a foot exam

Denominator = 170 = number of patients Audited

- All patients either had a foot exam documented or not

Example 2: Number put in a category – A1C

Audit Form – page 2

Audit Report – WebAudit page 1

[illegible]

| University of Illinois Chicago UIC College of Business Department of Management Science Management Science | | | | |
|------------------------------------------------------------------------------------------------------------------------|------|-----|---------------|---------|
| | N | % | Valid Percent | Missing |
| Gender | | | | |
| Male | 127 | 17% | 100% | |
| Female | 1212 | 17% | 100% | |
| Age | | | | |
| < 18 years | 0 | 17% | 0% | |
| 18-24 years | 66 | 17% | 100% | |
| 25-34 years | 106 | 17% | 100% | |
| 35-44 years | 25 | 17% | 100% | |
| 45-54 years | 25 | 17% | 100% | |
| Married | | | | |
| Yes | 0 | 17% | 0% | |
| No | 170 | 17% | 100% | |
| Education of children | | | | |
| < 1 year | 1 | 17% | 100% | |
| 1-5 years | 10 | 17% | 100% | |
| 6-10 years | 114 | 17% | 100% | |
| 11-12 years | 1 | 17% | 100% | |
| Number of children | | | | |
| 0 | 12 | 17% | 100% | |
| 1 | 28 | 17% | 100% | |
| 2 | 106 | 17% | 100% | |
| 3 | 25 | 17% | 100% | |
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| 169 | 25 | 17% | 100% | |
| 170 | 25 | 17% | 100% | |
| Monthly Income (2005 - 2010) Category | | | | |
| Monthly Income (2005 - 2010) | | | | |
| Over \$4000 (2005 - 2010) | 12 | 17% | 100% | |
| \$3000-\$4000 (2005 - 2010) | 28 | 17% | 100% | |
| \$2000-\$3000 (2005 - 2010) | 106 | 17% | 100% | |
| \$1000-\$2000 (2005 - 2010) | 25 | 17% | 100% | |
| Under \$1000 (2005 - 2010) | 25 | 17% | 100% | |
| Weight or weight missing | | | | |
| Weight or weight missing | 25 | 17% | 100% | |
| Monthly Income (2005 - 2010) % | | | | |
| Over \$4000 (2005 - 2010) | 12 | 17% | 100% | |
| \$3000-\$4000 (2005 - 2010) | 28 | 17% | 100% | |
| \$2000-\$3000 (2005 - 2010) | 106 | 17% | 100% | |
| \$1000-\$2000 (2005 - 2010) | 25 | 17% | 100% | |
| Under \$1000 (2005 - 2010) | 25 | 17% | 100% | |
| Age (weighted or the weighted result) | | | | |
| Age (weighted or the weighted result) | 55 | 17% | 100% | |
| Age (weighted or the weighted result) | 46 | 17% | 100% | |

A1C: _____ %
A1C Date obtained: ____/____/____

| Blood Sugar Control | | | |
|-------------------------------|----|-----|-----|
| A1C < 7.0 | 33 | 170 | 19% |
| A1C 7.0-7.9 | 18 | 170 | 11% |
| A1C 8.0-8.9 | 14 | 170 | 8% |
| A1C 9.0-9.9 | 13 | 170 | 8% |
| A1C 10.0-10.9 | 14 | 170 | 8% |
| A1C ≥ 11.0 | 21 | 170 | 12% |
| Not tested or no valid result | 57 | 170 | 34% |
| <hr/> | | | |
| A1C < 8.0 | 51 | 170 | 30% |
| A1C > 9.0 | 46 | 170 | 27% |

Example 2 continued

| Blood Sugar Control | | | |
|-------------------------------|----|-----|-----|
| A1C < 7.0 | 33 | 170 | 19% |
| A1C 7.0-7.9 | 18 | 170 | 11% |
| A1C 8.0-8.9 | 14 | 170 | 8% |
| A1C 9.0-9.9 | 13 | 170 | 8% |
| A1C 10.0-10.9 | 14 | 170 | 8% |
| A1C ≥ 11.0 | 21 | 170 | 12% |
| Not tested or no valid result | 57 | 170 | 34% |
| <hr/> | | | |
| A1C < 8.0 | 51 | 170 | 30% |
| A1C > 9.0 | 46 | 170 | 27% |

- Percent calculation for A1C<7.0:

$$\frac{33}{170} = 0.19$$
$$0.19 \times 100 = 19\%$$

Numerator = 33 = number of patients Audited with A1C<7.0

Denominator = 170 = number of patients Audited

- All patients in one main category and can also be in <8.0 or >9.0
- Sum of Percents for all main categories = 100%
- Important to individualize A1C goals

Example 3: Skip pattern – Depression

Audit Form – page 1

Audit Report – WebAudit page 5

[illegible][illegible]

Depression an active problem/diagnosis:

☐ 1 Yes☐2 No

→ Screened for depression (during Audit period):

☐ 1 Yes☐2 No

Depression an Active Problem

| Depression in Active Patient | | | |
|------------------------------------------------------------------------------------|-----|-----|------------|
| Yes | 55 | 170 | 32% |
| No | 115 | 170 | 68% |
| In patients without active depression, screened for depression during Audit period | | | |
| Screened | 79 | 115 | 69% |
| Not screened | 36 | 115 | 31% |

Example 3 continued

Example 3 continued

| | # of Patients (Numerator) | # Considered (Denominator) | Percent |
|------------------------------------------------------------------------------------|------------------------------|-------------------------------|---------|
| Depression an Active Problem | | | |
| Yes | 55 | 170 | 32% |
| No | 115 | 170 | 68% |
| In patients without active depression, screened for depression during Audit period | | | |
| Screened | 79 | 115 | 69% |
| Not screened | 36 | 115 | 31% |

- Percent calculation for depression screening:

$$\frac{79}{115} = 0.69$$
$$0.69 \times 100 = 69\%$$

Numerator = 79 = number of patients Audited that were Screened

Denominator = 115 = number patients Audited with No Depression (NOT total number of patients Audited)

- All patients in only one category
- Sum of Percents for all categories = 100%

Example 4: All that apply – DM Therapy

Audit Form – page 1

BHS Diabetes Care and Outcomes Audit, 2021

NOTE: It is highly recommended that you review the [audit 2021 instructions](#) prior to completing an audit.

Audit period ending date: ____/____/____

Facility Name: _____

Reviewer initials: _____

State of residence: _____

Month/year of birth: ____/____/____

Sex: ☐ Male ☐ Female ☐ Unknown

Date of diabetes diagnosis: ____/____/____

DM Type: ☐ Type 1 ☐ Type 2

Tobacco/Nicotine Use

Screened for tobacco use (during audit period):

☐ Yes ☐ No

Tobacco use status (most recent):

☐ Current user ☐ Not a current user ☐ Not documented

Tobacco cessation counseling/education received (during audit period):

☐ Yes ☐ No

Electronic Nicotine Delivery Systems (ENDS)

Screened for ENDS use (during audit period):

☐ Yes ☐ No

ENDS use status (most recent):

☐ Current user ☐ Not a current user ☐ Not documented

*ENDS include e-cigarettes, e-cigs, e-pens, heat-stick pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pens.

Vital Statistics

Height (last visit): ____ ft ____ in

Weight (last 3 audit periods): ____ lbs

Hypertension (documented diagnosis ever):

☐ Yes ☐ No

Blood pressure (last 3 during audit period):

____/____ mmHg

____/____ mmHg

____/____ mmHg

Examinations (during audit period)

Feet (comprehensive or "footglove", including evaluation of sensation and vascular status):

☐ Yes ☐ No

Eyes (dilated exam or retinal imaging):

☐ Yes ☐ No

Oral:

☐ Yes ☐ No

Mental health

Depression or anxiety problem/diagnosis:

☐ Yes ☐ No

Screened for depression (during audit period):

☐ Yes ☐ No

Education (during audit period)

Diabetes:

☐ A1C ☐ Both A1C and other ☐ None

Physical activity:

☐ Yes ☐ No

Other diabetes:

☐ Yes ☐ No

Diabetes Therapy

Select all prescribed (as of the end of the Audit period):

☐ 1 None of the following

☐ 2 Insulin

☐ 3 Metformin [Glucophage, others]

☐ 4 Sulfonylurea [glipizide, glyburide, glimepiride]

☐ 5 DPP4 inhibitor [alogliptin (Nesina), linagliptin (Tradjenta), saxagliptin (Onglyza), sitagliptin (Januvia)]

☐ 6 GLP-1 receptor agonist [dulaglutide (Trulicity), exenatide (Byetta, Bydureon), liraglutide (Victoza), lixisenatide (Adlyxin), semaglutide (Ozempic, Rybelsus)]

☐ 7 SGLT-2 inhibitor [canagliflozin (Invokana), dapagliflozin (Farxiga), empagliflozin (Jardiance), ertugliflozin (Steglatro)]

☐ 8 Pioglitazone [Actos] or rosiglitazone [Avandia]

☐ 9 Acarbose [Precose] or miglitol [Glyset]

☐ 10 Repaglinide [Prandin] or nateglinide [Starlix]

☐ 11 Pramlintide [Symlin]

☐ 12 Bromocriptine [Cycloset]

☐ 13 Colesevelam [Welchol]

CONTINUED ON PAGE 2. Be sure to complete both pages for all audited patients.

Page 1 of 2

Example 4: DM Therapy continued

Audit Report – WebAudit page 3

BHS Diabetes Care and Outcomes Audit, 2021

Smart Audit Report for 2021 (Audit Period: 1/1/2021 - 12/31/2021)

NOTE: Charts were audited from 12/31/2020 to 12/31/2021. The audit was performed by the BHS Diabetes Care and Outcomes Audit team.

Audit Report

Diabetes Treatment

| Diabetes Treatment | N | % | 95% CI |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--------|
| Number of diabetes medications currently prescribed | | | |
| None | 59 | 170 | 35% |
| One medication | 48 | 170 | 28% |
| Two medications | 40 | 170 | 24% |
| Three medications | 17 | 170 | 10% |
| Four or more medications | 6 | 170 | 4% |
| Diabetes meds currently prescribed, alone or in combination | | | |
| Insulin | 58 | 170 | 34% |
| Metformin [Glucophage, others] | 83 | 170 | 49% |
| Sulfonylurea [glipizide, glyburide, others] | 28 | 170 | 16% |
| DPP4 inhibitor [alogliptin (Nesina), linagliptin (Tradjenta), saxagliptin (Onglyza), sitagliptin (Januvia)] | 19 | 170 | 11% |
| GLP-1 receptor agonist [dulaglutide (Trulicity), exenatide (Byetta, Bydureon), liraglutide (Victoza), lixisenatide (Adlyxin), semaglutide (Ozempic, Rybelsus)] | 6 | 170 | 4% |
| SGLT-2 inhibitor [canagliflozin (Invokana), dapagliflozin (Farxiga), empagliflozin (Jardiance), ertugliflozin (Steglatro)] | 2 | 170 | 1% |
| Pioglitazone [Actos] or rosiglitazone [Avandia] | 8 | 170 | 5% |
| Acarbose [Precose] or miglitol [Glyset] | 0 | 170 | 0% |
| Repaglinide [Prandin] or nateglinide [Starlix] | 0 | 170 | 0% |
| Pramlintide [Symlin] | 0 | 170 | 0% |
| Bromocriptine [Cycloset] | 0 | 170 | 0% |
| Colesevelam [Welchol] | 0 | 170 | 0% |
| Diabetes Treatment (Continued) | | | |
| Yes* | 93 | 166 | 56% |
| Allergy, intolerance, or contraindication | 4 | 170 | 2% |
| In patients with diagnosed CVD | | | |
| Yes* | 55 | 71 | 77% |
| Allergy, intolerance, or contraindication | 2 | 71 | 3% |
| In patients age 40-75 years | | | |
| Yes* | 79 | 129 | 61% |
| Allergy, intolerance, or contraindication | 3 | 132 | 2% |

Date run: 02/23/2021

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Example 4: DM Therapy continued

Two sections for this item:

1. How many medications currently prescribed
2. Which medications

Notes:

- Sum of percentages for section 1=100%
- Sum of percentages for section 2 can be >100% because patients can be on more than one med

| Diabetes Treatment | | | |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 1 | Number of diabetes medications currently prescribed | | |
| | None | 59 | 170 35% |
| | One medication | 48 | 170 28% |
| | Two medications | 40 | 170 24% |
| | Three medications | 17 | 170 10% |
| | Four or more medications | 6 | 170 4% |
| 2 | Diabetes meds currently prescribed, alone or in combination | | |
| | Insulin | 58 | 170 34% |
| | Metformin [Glucophage, others] | 83 | 170 49% |
| | Sulfonylurea [glyburide, glipizide, others] | 28 | 170 16% |
| | DPP4 inhibitor [alogliptin (Nesina), linagliptin (Tradjenta), saxagliptin (Onglyza), sitagliptin (Januvia)] | 19 | 170 11% |
| | GLP-1 receptor agonist [dulaglutide (Trulicity), exenatide (Byetta, Bydureon), liraglutide (Victoza), lixisenatide (Aldurin), semaglutide (Ozempic, Rybelsus)] | 6 | 170 4% |
| | SGLT-2 inhibitor [canagliflozin (Invokana), dapagliflozin (Farxiga), empagliflozin (Jardiance), ertugliflozin (Steglatro)] | 2 | 170 1% |
| | Pioglitazone [Actos] or rosiglitazone [Avandia] | 8 | 170 5% |
| | Acarbose [Precose] or miglitol [Glyset] | 0 | 170 0% |
| | Repaglinide [Prandin] or nateglinide [Starlix] | 0 | 170 0% |
| | Pramlintide [Symlin] | 0 | 170 0% |
| | Bromocriptine [Cycloset] | 0 | 170 0% |
| | Colesevelam [Welchol] | 0 | 170 0% |

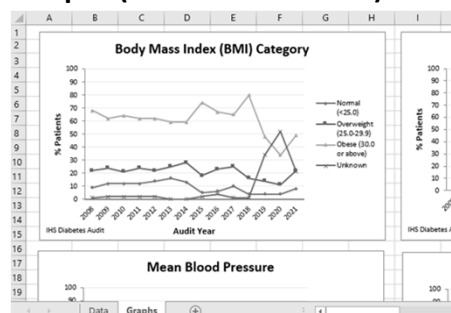
Trends Graphs

- Available in the WebAudit (soon!).
- Two “tabs”: Data and Graphs.

Data (all measures)

| ITEM | DATAFIELD | 2008 % | 2009 % | 2010 % | 2011 % | 2012 % | 2013 % |
|------|--------------------------------|--------|--------|--------|--------|--------|--------|
| 1 | Number of Records | | | | | | |
| 2 | Gender: Male | 33 | 32 | 35 | 36 | 35 | 38 |
| 3 | Gender: Female | 67 | 68 | 65 | 64 | 65 | 63 |
| 4 | Age: < 20 years | 2 | 2 | 1 | 1 | 1 | 0 |
| 5 | Age: 20-44 years | 23 | 24 | 25 | 25 | 25 | 31 |
| 6 | Age: 45-64 years | 48 | 46 | 44 | 48 | 46 | 45 |
| 7 | Age: 65 years and older | 27 | 29 | 30 | 27 | 28 | 24 |
| 8 | Diabetes Type: 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | Diabetes Type: 2 | 100 | 100 | 100 | 100 | 100 | 100 |
| 10 | Duration of Diabetes: < 1 year | 8 | 4 | 4 | 4 | 3 | 0 |
| 11 | Duration of Diabetes: < 10 | 62 | 57 | 54 | 51 | 46 | 46 |
| 12 | Duration of Diabetes: 10 years | 38 | 43 | 46 | 49 | 54 | 54 |
| 13 | Duration of Diabetes: | 0 | 0 | 0 | 0 | 0 | 0 |

Graphs (selected measures)



Annual Audit Report Review – General Guidance

1. **Print or pull up on screen:**
 - a. Annual Audit Reports from the WebAudit for 2021 and 2020.
 - b. Trends Graphs from the WebAudit.
2. **Review Audit Report for 2021.**
 - a. **Number of patients:**
 - i. Number included in Audit should be equal to or smaller than number in registry (aka eligible patients).
 - ii. Number Audited and eligible for 2021 vs. 2020: Are they similar or different with good reason?
 - b. **Missing data:** Are there unexpectedly large amounts of missing data for any items?
 - c. **Extreme values:** Are there rows with unexpectedly low (near 0%) or high (near 100%) values?

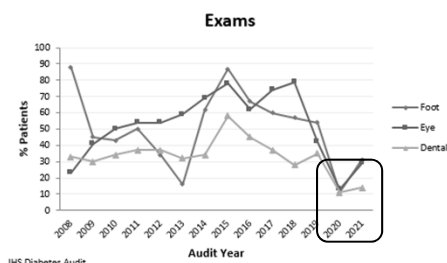
Annual Audit Report Review – Guidance (continued)

3. **Review Trends Graphs:** Look for “big” changes from 2020 to 2021.

– **Data tab:** Review DIFF 2021-2020 column.

| | A | B | N | O | P | Q |
|----|------|---------------|-------|-------|-------|----------------|
| 1 | ITEM | DATAFIELD | 2019% | 2020% | 2021% | DIFF 2021-2020 |
| 83 | 82 | Exams: Foot | 54 | 11 | 31 | 20 |
| 84 | 83 | Exams: Eye | 42 | 13 | 29 | 16 |
| 85 | 84 | Exams: Dental | 35 | 11 | 14 | 3 |

– **Graphs tab:** Look for “spikes” up or down from 2020 to 2021.



Annual Audit Report Review – Guidance (continued)

4. **If any issues are found during review, correct data as needed in RPMS or in the WebAudit.**
 - i. For Electronic Audits:
 - a. Best to correct in RPMS (or other system), create a new data file, and reupload to the WebAudit.
 - b. If corrections are made in the WebAudit, they should also be made in your EHR.
 - ii. For Manual Audits, make changes to individual records in the WebAudit.

Audit Resources

1. **Website:** <https://www.ihs.gov/diabetes> -> Select “IHS Diabetes Audit” from menu
 - Materials: Form, Instructions, Checklists, RPMS/DMS documentation
 - Training: Live, recorded, DMS
 - Other information and resources
2. **Support from Audit team (WebAudit and general questions):** email diabetesaudit@ihs.gov
3. **Area Diabetes Consultants/Area Audit Support**
4. **RPMS**
 - a. **Questions and support (OIT Service Desk):** <https://www.ihs.gov/Helpdesk/>
 - b. **Diabetes Management System recorded training:** email RPMSTraining@ihs.gov

WebAudit Demo

Questions?