IHS Diabetes Care and Outcomes Audit

Audit 2022 Orientation

IHS Division of Diabetes Treatment and Prevention
2/2/2022

Today’s Topics

1. Audit overview
3. Changes for 2022
4. Data Quality Check and more
5. Resources
6. Website and WebAudit demonstrations
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Abbreviations

• ADC = Area Diabetes Consultant
• AI/AN = American Indian/Alaska Native
• Audit = IHS Diabetes Care and Outcomes Audit
• BP = Best Practice = SDPI Diabetes Best Practice
• DDTP = IHS Division of Diabetes Treatment and Prevention
• DMS = RPMS Diabetes Management System
• GPRA = Government Performance and Results Act
• EMR = Electronic Medical Record (RPMS or other)
• I/T/U = IHS, Tribal, and Urban
• RKM = Required Key Measure
• RPMS = IHS Resource and Patient Management System
• SDPI = Special Diabetes Program for Indians
• SOS = SDPI Outcomes System
Audit Overview

What is the Audit and why do it?


Why:
1. To work towards the goal of providing all diabetes patients with the highest quality of care, as outlined in the IHS Diabetes Standards of Care
2. To assess the diabetes care provided at a facility, including strengths and areas for improvement
3. To fulfill requirements of Special Diabetes Program for Indians (SDPI) grants (participation in Annual Audit)
4. To contribute to Area and IHS outcome measures and reports
Diabetes Standards of Care and Resources for Clinicians and Educators

Blood Pressure SOC

Main “landing” page

https://www.ihs.gov/diabetes/clinician-resources/soc/

When are Audits done?

1. **Annual Audit**: Once per year, data submitted to and processed by the IHS Division of Diabetes
   a. **Audit Period for 2022**: Jan 1-Dec 31, 2021
   b. **Due date for Audit 2022**: 3/15/2022

2. **Interim Audits***: Can be many times per year, for SDPI, Area, or local use
   a. **Period of care**: Locally or Area determined
   b. **Due date**: Locally or Area determined

*Use of the IHS Diabetes Care and Outcomes Audit tools for any purpose other than the Annual Audit
Who conducts Audits?

I/T/U health care facilities associated with an SDPI grant

- Different types of facilities: clinics, health stations, hospitals
- Vary in size: <25 to >5000 diabetes patients
- Use a variety of EMR systems: RPMS and others

What does the Audit measure? (Input)

Audit Form: 2 pages
- Blood pressure
- Height and weight
- Tobacco use
- Exams
- Education
- Medications
- Immunizations
- Lab results
- Comorbidities: depression, CVD, TB
- More ...

There are changes (almost) every year!
Different Time Periods for Different Items

12 month (Audit) period for most, including:

- Tobacco screening
- Weight
- Blood pressure
- Education
- Exams
- Labs

Exceptions include:

- Tobacco use (last known)
- Height (last ever)
- TB test/results/tx (ever)-Immunizations (except flu)
- Health conditions (e.g., HTN, CVD)
- Medications (as of Audit period end)

Look for key words, such as: “Audit period”, “ever”

Special Cases

- For most items, one response is selected or provided for each patient.

- Exceptions:
  1. Skip patterns: Some items will be skipped, based on response to previous item.
     a. Tobacco cessation counseling
     b. Depression screening
     c. TB items
     d. HCV screening
  2. Diabetes therapy: Select all that apply.
How are results provided? (Output)

Input = Audit data file or paper forms

Output = reports and graphs

Audit Report (Output)

Sample section from WebAudit Audit Report

<table>
<thead>
<tr>
<th>Gender</th>
<th># of Patients (Numerator)</th>
<th># Considered (Denominator)</th>
<th>Percent</th>
<th>Area Percent</th>
<th>HNS Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>305</td>
<td>647</td>
<td>47%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>342</td>
<td>647</td>
<td>53%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 20 years</td>
<td>2</td>
<td>647</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-44 years</td>
<td></td>
<td></td>
<td>17%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-64 years</td>
<td></td>
<td></td>
<td>43%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥ 65 years</td>
<td>257</td>
<td>647</td>
<td>40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type 1</td>
<td>8</td>
<td>647</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type 2</td>
<td>639</td>
<td>647</td>
<td>99%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration of Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 1 year</td>
<td>20</td>
<td>647</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 10 years</td>
<td>255</td>
<td>647</td>
<td>39%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥ 10 years</td>
<td>375</td>
<td>647</td>
<td>58%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis date not recorded</td>
<td></td>
<td></td>
<td>17</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

There are changes every year!
Big picture: encounters to data submission

Throughout the year:
1. Patient encounters take place – Visits with providers, medication refills, lab tests done, immunizations given, education provided, others.
2. Information about all encounters is documented in EMR (or paper chart).
3. Other (historical) information can also be documented (e.g., TB diagnosed >10 years ago).

Big picture: encounters to data submission (cont.)

At Audit time:
1. **Identify** eligible patients with diabetes at facility.
2. **Gather** data for eligible patients.
3. **Submit** data to DDTP via WebAudit.
4. **Review** data quality.
5. Repeat steps above, if necessary.

See the [Audit 2022 Instructions](#) for additional information.
WebAudit

- The WebAudit is a set of internet-based tools for Audit data submission, processing, and reporting.
- All Annual Audit data are submitted to the IHS Division of Diabetes via the WebAudit.
- Once data are submitted, all data processing and report tools are the same.
- Data and reports from previous Annual Audits are retained.
- Can also be used for Interim (non-Annual) Audits.
- At least one person each from facility has access.

Audit Processes and Methods
Before you begin

• Notify your Area Diabetes Consultant that you are planning to start Audit activities.

• Gather and review resources and materials.
  – From DDTP: Audit resources webpage
  – Local: Previous year’s reports, site specific documentation, others

Identify Eligible Patients

First, identify patients who meet all of the following criteria:
  1. Have a diagnosis of diabetes mellitus.
  2. Are American Indian or Alaska Native.
  3. Have at least one visit (in person or telehealth) to any of the following clinics during the one year Audit period (numbers in parentheses are IHS specific clinic codes): General (01); Diabetic (06); Internal Medicine (13); Pediatric (20); Family Practice (28); Chronic Disease (50); Endocrinology (69)

Then, exclude patients who:
  1. Received the majority of their primary care during the Audit period outside of your facility.
  2. Are currently on dialysis AND received the majority of their primary care during the Audit period at the dialysis unit.
  3. Died before the end of the Audit period.
  4. Were pregnant during any part of the Audit period.
  5. Have prediabetes (as determined by documented diagnosis or impaired fasting glucose [IFG], impaired glucose tolerance [IGT], or elevated A1C level).
  6. Moved permanently or temporarily before the end of the Audit period.
Gather Data: Electronic Audit

1. **Update** diabetes registry/patient list in your EMR to include only eligible patients, as needed, **OR** identify diabetes patients via search.

2. **Prepare** electronic medical record system for current Audit software (2022).

3. **If using RPMS/DMS, run and review Data Quality Check Report.** Correct as many errors as possible.

4. **Create** Audit data file for 12-month time period of interest (“Audit period”) in the specified format.

5. **Retrieve** Audit data file – may require assistance from OIT.

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Electronic Audits: RPMS vs. other EMRs

Below are some specific examples. There are many other differences!

<table>
<thead>
<tr>
<th>Activity</th>
<th>RPMS</th>
<th>Other EMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Software programming:</td>
<td>IHS</td>
<td>Software company or vendor</td>
</tr>
<tr>
<td>done by …</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify eligible patients</td>
<td>Registry or QMAN search</td>
<td>Software dependent</td>
</tr>
<tr>
<td>Preparation</td>
<td>-Install patch 15</td>
<td>Software dependent</td>
</tr>
<tr>
<td></td>
<td>-Update site populated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>taxonomies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Review and update registry</td>
<td></td>
</tr>
<tr>
<td></td>
<td>or create list of diabetes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>patients</td>
<td></td>
</tr>
<tr>
<td>Education documentation</td>
<td>RPMS specific coding</td>
<td>System dependent</td>
</tr>
</tbody>
</table>

Contact the Audit team for “non-RPMS” electronic Audit resources.
Audit Data File

Details (aka specifications): Available in the Audit 2022 Instructions

List of Fields:

<table>
<thead>
<tr>
<th>Order</th>
<th>Field Name</th>
<th>Description</th>
<th>Timeframe</th>
<th>Format/Values/Units</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AUDITDATE</td>
<td>Ending date of the Audit period - 12/26/2022 for Annual Audit 2022</td>
<td>N/A</td>
<td>mm/dd/yyyy</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>FACILITYNM</td>
<td>Name or abbreviation for the facility</td>
<td>N/A</td>
<td>Character (max length=20)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>REVIEWER</td>
<td>Reviewer’s initials</td>
<td>N/A</td>
<td>Character (max length=3)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>STATE</td>
<td>Postal abbreviation for last known state of residence</td>
<td>N/A</td>
<td>Character (max length=2)</td>
<td>Do not populate if patient’s address is outside of the US (e.g., in Canada).</td>
</tr>
<tr>
<td>5</td>
<td>MNR</td>
<td>Numbers of North</td>
<td>N/A</td>
<td>0-8 with colon 1-93</td>
<td></td>
</tr>
</tbody>
</table>

Sample:

```
[File name: 2022Auditreport2012.txt - Notepad]

Audit 2022 Instructions (all or a sample).

1. Select charts to review from eligible patients according to Audit 2022 Instructions (all or a sample).
2. Review each selected medical chart.
3. Complete one Audit 2022 form for each chart.
```
# Paper Audit Form

<table>
<thead>
<tr>
<th>Audit Period Ending Date</th>
<th>2/1/2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name:</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Resident Initials:</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Date of resident:</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Month/Year of Birth:</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Sex:</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Date of Diabetes Diagnosis:</td>
<td>[Blank]</td>
</tr>
<tr>
<td>BMI Type:</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Tobacco/Drug Use:</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Screened for tobacco use (during audit period):</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Tobacco use status (past 12 months):</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

# Submit and Review Data via the WebAudit

<table>
<thead>
<tr>
<th>Step</th>
<th>WebAudit Tool(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter facility information</td>
</tr>
<tr>
<td>2</td>
<td>Submit data (choose one): Electronic Audit, Manual Audit</td>
</tr>
<tr>
<td>3</td>
<td>Check data for potential errors → edit data as needed</td>
</tr>
<tr>
<td>4</td>
<td>Review reports and graphs of results → edit data as needed</td>
</tr>
<tr>
<td>5</td>
<td>“Lock” data</td>
</tr>
<tr>
<td>6</td>
<td>Complete Audit evaluation (optional)</td>
</tr>
</tbody>
</table>
Electronic Audits – Common Issue #1

Issue: Audit data file created with “old” version of software in DMS or other EMR.
What you’ll see in the WebAudit (example):

Solution: Update software, if needed. Create new Audit data file with current version then upload.

Electronic Audits – Common Issue #2

Issue: Very low percentage of patients with education provided.
What you’ll see in the WebAudit (example):

Solution: Requires troubleshooting in your EMR. Could be an issue with data entry, coding, or where EMR is “looking” for this information.
Electronic Audits – Common Issue #3

**Issue:** Very low percentage of patients with results for a lab test.

What you’ll see in the WebAudit (example):

<table>
<thead>
<tr>
<th>LDL cholesterol</th>
<th>0</th>
<th>291</th>
<th>0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDL &lt;100 mg/dl</td>
<td>0</td>
<td>291</td>
<td>0%</td>
</tr>
<tr>
<td>LDL 100-189 mg/dl</td>
<td>0</td>
<td>291</td>
<td>0%</td>
</tr>
<tr>
<td>LDL ≥190 mg/dl</td>
<td>0</td>
<td>291</td>
<td>0%</td>
</tr>
<tr>
<td>Not tested or no valid result</td>
<td>291</td>
<td>291</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Solution:** Requires troubleshooting in your EMR. In RPMS, most likely due to taxonomy updates needed.

Electronic Audits – Common Issue #4

**Issue:** Large number of patients missing all key data fields

What you’ll see in the WebAudit (example):

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Number of Potential Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of Birth</td>
<td>3</td>
</tr>
<tr>
<td>Weight</td>
<td>388</td>
</tr>
</tbody>
</table>

**Solution:** Could result from including patients not truly eligible OR patients only having telehealth visits during Audit period. If necessary create and upload a new data file.
Changes for 2022

What’s New for Audit 2022

1. Data items (input)
   a. **New**: None
   b. **Changed**: None
   c. **Deleted**: None

2. Audit Report (output)
   a. Cardiovascular Disease (CVD): Added items for GLP-1 and SGLT-2 medications prescribed in patients with diagnosed CVD.
   b. Chronic Kidney Disease (CKD): Added items for GLP-1 and SGLT-2 medications prescribed in patients with CKD.
   c. Other minor changes to labels and formatting
What’s New for Audit 2022

3. **SDPI Key Measures Report (output)**
   a. HCV item changed to: In age => 18 years, screened for HCV ever or HCV diagnosed ever
   b. Hepatitis B vaccination item changed to: Hepatitis B complete series ever or immune to hepatitis B
   c. TB item changed to: TB test done ever or TB diagnosed ever
   d. Other minor changes to labels and formatting

What’s New for Audit 2022
RPMS/DMS

1. **Changes** on Audit Form and Reports integrated throughout.
2. **For additional information**, see DMS manuals for Version 2.0, Patch 15:
   - DMS User Manual
   - DMS 2022 Diabetes Audit User Addendum
What’s New for Audit 2022
WebAudit

1. Changes on Audit Form and Report integrated throughout.
2. Not much else!

Data Quality Check and More
Data Quality Check

Reviews each data item and looks for things that might be and/or are definitely incorrect.

- Two types of errors:
  - **Potential**: Value might be incorrect. Generally values that are higher or lower than expected (e.g., A1c<2).
  - **Definite**: Value is definitely incorrect according to Audit logic. Generally dates and skip patterns (e.g., date of diagnosis is before date of birth; received cessation counseling but not a current tobacco user).
- WebAudit and DMS versions have the same checks, for the most part.
- If data are corrected:
  - in RPMS before uploading, errors will not appear in WebAudit version.
  - in WebAudit but not RPMS, errors will still appear in DMS version.
- **Be sure to verify data before making any changes in RPMS.**

---

Data Quality Check Report - DMS

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>HSN</th>
<th>DOB</th>
<th>SEX AGE</th>
<th>VALUE</th>
<th>ERR TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEMOPAT, JEB</td>
<td>104013</td>
<td>02/09/1993</td>
<td>M</td>
<td>65</td>
<td>POTENTIAL</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>blood pressure, Alc, LDL, HGB.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEMOPAT, MARY ANN</td>
<td>103886</td>
<td>08/29/2001</td>
<td>F</td>
<td>17</td>
<td>05/15/1983</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ERROR: DATE OF DX BEFORE YOB-Date of Diabetes Diagnosis is before year of birth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEMOPAT, MARY ANN</td>
<td>103886</td>
<td>08/29/2001</td>
<td>F</td>
<td>17</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ERROR: DURATION OF DI-Duration of Diabetes is less than 0 or greater than the patient's age.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEMO, BENJAMIN SR</td>
<td>893856</td>
<td>08/06/2012</td>
<td>M</td>
<td>6</td>
<td>07/12/2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ERROR: TB TEST DATE &lt; YOB-Date of TB Test is earlier than year of birth.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Data Quality Check Report - WebAudit

List of Audit Potential Data Errors for 2022
Facility: Test04 KLS
2022 Annual Audit

There are 87 records for this facility.
14 Potential Data Errors were found.
Table sorted by Field Name ascending.

<table>
<thead>
<tr>
<th>WebAudit ID</th>
<th>Age</th>
<th>Sex</th>
<th>Date of Diagnosis</th>
<th>Field Name</th>
<th>Value</th>
<th>Error Type</th>
<th>Error Message</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1962</td>
<td>42</td>
<td>M</td>
<td>01/01/2012</td>
<td>A1C</td>
<td>25.9</td>
<td>Potential</td>
<td>Value is unusually high (greater than 15). Check this value and change if necessary.</td>
<td>Not comment</td>
</tr>
<tr>
<td>1967</td>
<td>71</td>
<td>M</td>
<td>01/01/2011</td>
<td>BMI</td>
<td>30.7</td>
<td>Potential</td>
<td>Check height and weight values and change one or the other if necessary.</td>
<td>Not comment</td>
</tr>
<tr>
<td>1965</td>
<td>69</td>
<td>M</td>
<td>01/01/2012</td>
<td>BMI</td>
<td>1.8</td>
<td>Potential</td>
<td>Value is unusually low (less than 15). Check height and weight values and change one or the other if necessary.</td>
<td>Not comment</td>
</tr>
<tr>
<td>1961</td>
<td>62</td>
<td>M</td>
<td>01/01/2022</td>
<td>GFR Value</td>
<td>54.0</td>
<td>Potential</td>
<td>There is a large discrepancy between the serum calculated GFR (&gt; 90) and the eGFR value entered. Check the eGFR value and return calculated value and change if necessary.</td>
<td>Not comment</td>
</tr>
</tbody>
</table>

Audit Data Security

Manual Audits: Paper forms contain patient data and should be handled according to facility policies.

Electronic Audits
– RPMS/DMS Audit data files and some reports contain patient data and should be handled according to facility policies.
– Save DMS Audit files in a secure location, as instructed by your facility.

WebAudit
– Do not give your username/password to anyone.
– Lock your workstation or log out if you need to do something else.
– Handle files and documents with patient data (from View/Download Data or Data Quality Check tool) according to facility policies.
Tips for a Successful Audit

1. Review the Instructions and other materials before starting.
2. Start early! Average time spent in 2021 was ~28 hours, but can take (sometimes much) longer depending on the situation at your facility.
3. WebAudit access: If you ever had it but don’t remember your login info, contact us instead of creating a new account.
4. WebAudit
   a. Login – In your browser, bookmark the Audit website or WebAudit login page.
   b. Data Entry – Use the tab and number keys.

Audits: Annual vs. SDPI RKM Data vs. Interim

<table>
<thead>
<tr>
<th></th>
<th>Annual Audit</th>
<th>SDPI RKM Data</th>
<th>Other Interim Audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>Once per year</td>
<td>As many as needed</td>
<td>As many as needed</td>
</tr>
<tr>
<td>WebAudit Audit Type</td>
<td>Annual</td>
<td>Interim</td>
<td>Interim</td>
</tr>
<tr>
<td>WebAudit Versions Available</td>
<td>Current year only</td>
<td>Current + previous year</td>
<td>Current + previous year</td>
</tr>
<tr>
<td>Conducted When</td>
<td>Feb through mid-March</td>
<td>One or more times a year</td>
<td>Any time of year</td>
</tr>
<tr>
<td>Period Covered</td>
<td>2022: Jan 1-Dec 31, 2021</td>
<td>Jan 1-Dec 31</td>
<td>Locally determined</td>
</tr>
</tbody>
</table>
| Due Date             | 2022: 3/15/2022 | 2021 Final: 1/31/22  
  2022 Baseline: 2/28/22 | Determined by Area or program |
| Who is included      | Electronic: All eligible DM patients  
  Manual: All or sample of eligible DM patients | SDPI Target Group | Determined by Area or program |
| Data reviewed by DDTP| Yes          | In SOS only   | No                  |
| Data used for national reports | Yes          | Yes (baseline & final only) | No |

2/2/2022
Audit Resources

1. **Website:** [https://www.ihs.gov/diabetes](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**
   - Audit team (WebAudit and general questions): email diabetesaudit@ihs.gov
   - Area Diabetes Consultants/Area Audit Support
   - RPMS questions and support (OIT Service Desk): [https://www.ihs.gov/Helpdesk/](https://www.ihs.gov/Helpdesk/)
   - RPMS DMS recorded training: [https://www.ihs.gov/rpms/training/recording-and-material-library/](https://www.ihs.gov/rpms/training/recording-and-material-library/)

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Upcoming Audit 2022 Webinar

- **Audit 2022 Reports**
  - Tuesday, 3/1/2022
  - 3pm ET / 2pm CT / 1pm MT / 12pm PT / 11am AKT (1 hour)
  - Overview of changes to the Audit Report for 2022 and guidance for reading and reviewing Audit reports.
  - Time for Q&A
  - Will be recorded.
Website & WebAudit Demonstrations