IHS Division of Diabetes Treatment and Prevention (DDTP)
Audit 2026 Reports
February 24, 2026

- *Welcome and thank you for joining us today!*

- **This is webinar is optional.**

- **No CEUs are offered.**

- This webinar will be recorded and made available on the Audit Training webpage in about two weeks.

- Participants are in listen only mode. You can listen through your computer speakers or call in and listen through your phone.

- Submit your questions in the chat and we will address them at the end of the webinar.

Note: This webinar is scheduled to start at 3pm ET.

IHS Diabetes Care and Outcomes Audit Audit 2026 Reports

2/24/2026

Indian Health Service
Division of Diabetes Treatment and Prevention

Today's Audit Topics

- Types of WebAudit Reports and Locations

- Changes for 2026

- Reading Audit Reports

- Reviewing Reports and Graphs for Potential Data Issues

- Use of Data Reports

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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
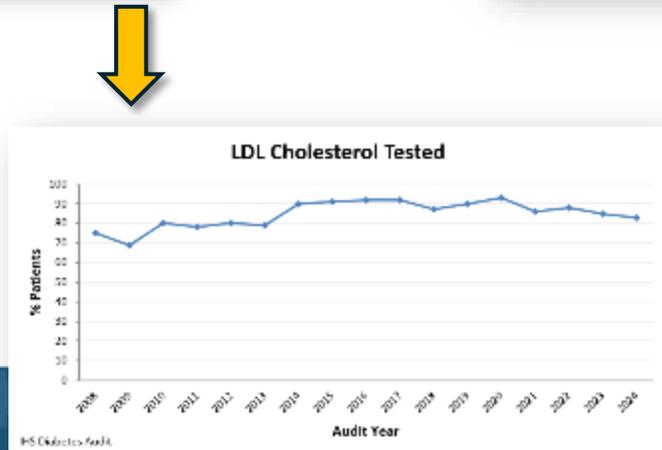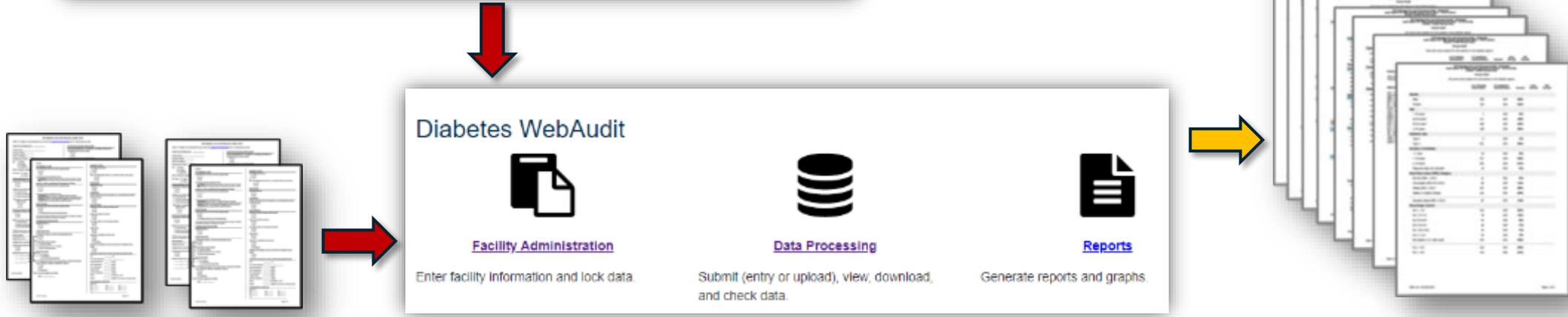- **SOS =** SDPI Outcomes System

Audit Report Basics

Results processed through the WebAudit

Input=data file or paper forms

Output=reports and graphs

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, 43% of Audited patients have mean blood pressure <130/<80.

- Audit Reports can be obtained from the WebAudit or RPMS/DMS and possibly other EMR systems.

  - Results should be the same **IF** run on the same patients and at the same date and time.

  - **Exception:** minor differences due to rounding.

  - IHS and Area results are provided on the WebAudit version, 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:** WebAudit and RPMS
  - **Means:** WebAudit only
- Graphs of Audit results over time for selected measures are available via the WebAudit only.
  - **Trends Graphs**
  - **Means Graphs**

How to get WebAudit reports

- **If you *do* have access to the WebAudit:**
  - WebAudit login: https://www.ihs.gov/diabetes/audit/

- **If you *do no*t have WebAudit access:**
  - IHS Web Account and WebAudit information: https://www.ihs.gov/diabetes/audit/diabetes-webaudit-system/
  - Contact your Area Diabetes Consultant.

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

Division of Diabetes Treatment and Prevention (DDTP)

About Us

Search DDTP and SDPI

IHS Diabetes Audit

Conducting an Audit

Audit 2025/2026 Resources

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Special Diabetes Program for Indians (SDPI)

Diabetes WebAudit System

The WebAudit is a set of internet-based tools for Audit data entry, uploading files from electronic Audits, data processing, and reporting. The WebAudit tools can be used to conduct the Annual Audit and Interim Audits throughout the year.

With the WebAudit's point-and-click interface, users can quickly and easily enter or upload Audit data into a secure, centralized database. They can then view and edit their data, check it for errors, or download it in Excel format for local use. Summary reports are also available for the current year and previous years. Graphs with results over time in Excel format are also available for download.

- **Requirements:** To use the WebAudit, you must have a computer with internet access and an internet browser, such as Microsoft Edge.
- **Documentation:** Once logged into the WebAudit, users will find brief instructions on each page.
- **Request Access:** Each user must have their own account.

1. Register for an IHS Web Account, if you do not already have one. The Username and Password for this account are separate from the account you use to log in to your local network.
2. Request WebAudit access. Type in the Username and Password for your IHS Web Account and follow the instructions to request access.
3. Most requests for WebAudit accounts will be approved in 24 hours or less. You will receive an email message when your request is approved.
4. Contact the IHS Audit team if you have any questions or problems.
5. If you already have a WebAudit account, log in and/or reset your password.

Log in

- **Request Username:** Contact the IHS Audit team if you have a WebAudit account but do not remember your username.

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How to get RPMS/DMS reports

- **If you *do* have access to the RPMS/DMS:**
  - Login through your local facility program

- **If you *do no*t have RPMS/DMS:**
  - Check with your supervisor or local Clinical Applications Coordinator (CAC) or IT staff
  - Contact your Area Diabetes Consultant

  NOTE: RPMS/DMS access is determined by facility staff.

Audit Report - WebAudit

First several items from page 1 of 8

IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2026 (Audit Period 01/01/2025 - 12/31/2025)
Facility: Test21 LB

Annual Audit

576 charts were audited from 576 patients determined to be eligible by Test21 LB.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Sex					
Male	289	576	**50%**		
Female	287	576	**50%**		
Unknown	0	576	**0%**		
Age					
< 20 years	9	576	**2%**		
20-44 years	161	576	**28%**		
45-64 years	239	576	**41%**		
≥ 65 years	167	576	**29%**		
Diabetes Type					
Type 1	121	576	**21%**		
Type 2	455	576	**79%**		
Duration of Diabetes					
< 1 year	50	576	**9%**		
< 10 years	238	576	**41%**		
≥ 10 years	338	576	**59%**		
Diagnosis date not recorded	0	576	**0%**		

Audit Report – RPMS/DMS

First several items

```
LAB                        Jan 21, 2026                    Page 1
            IHS Diabetes Care and Outcomes Audit - RPMS Audit
         Audit Report for 2026 (Audit Period 01/01/2025 to 12/31/2025)
                    Facility: DEMO HOSPITAL (INST)
                           Annual Audit
                      959 patients were audited
Unless otherwise specified, time period for each item is the 12-month Audit
Period

-------------------------------------------------------------------------------

                                    # of         #            Percent
                                    Patients     Considered
                                    (Numerator)  (Denominator)


Sex
    Male                               389          959           41%
    Female                             570          959           59%
    Unknown                              0          959            0%


Age
    <20 years                           36          959            4%
    20-44 years                        144          959           15%
    45-64 years                        402          959           42%
    >=65 years                         377          959           39%


Diabetes Type
    Type 1                              34          959            4%
    Type 2                             925          959           96%


Duration of Diabetes
    <1 year                              5          959            1%
    <10 years                           79          959            8%
    >=10 years                         506          959           53%
    Diagnosis date not recorded        374          959           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 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 2026

Audit Report Changes

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

Audit Report Changes for 2026

- **General**: Minor changes to wording for some items
- **Specific items**: Details on following slides
  - **Changes:**
    - Added respiratory syncytial virus (RSV) vaccination to Immunizations report
    - Updates to CKD report
  - SDPI RKM report items – No changes

Added: New Vaccine RSV

Immunizations			
Influenza vaccine during Audit period	49	75	**65%**
Pneumococcal vaccine (PCV15, PCV20, PCV21, or PPSV23) – ever	43	75	**57%**
Td/Tdap/DTaP/DT – past 10 years	45	75	**60%**
Tdap – ever	39	75	**52%**
If not immune, hepatitis B complete series – ever	38	56	**68%**
Immune – hepatitis B	19	75	**25%**
Hepatitis B complete series ever or immune to hepatitis B	57	75	**76%**
In patients age ≥ 50 years Shingrix/recombinant zoster vaccine (RZV) complete series - ever	29	48	**60%**
In patients age ≥ 50 years at increased risk Respiratory Syncytial Virus (RSV) - ever	20	48	**42%**

CKD Report changes:

Chronic Kidney Disease (CKD) (In age ≥18 years)	6	6	**100%**
CKD[2] and mean BP <130/<80	3	6	**50%**
CKD[2] and mean BP <140/<90	4	6	**67%**
CKD[2] and ACE inhibitor or ARB currently prescribed	6	6	**100%**
CKD[2] and GLP-1 receptor agonist currently prescribed	4	6	**67%**
CKD[2] and SGLT-2 inhibitor currently prescribed	2	6	**33%**
CKD[2] and GLP-1 receptor agonist and\or SGLT-2 inhibitor currently prescribed	5	6	**83%**

New report element

How to Read Audit Reports

Audit 2026 Report Header - WebAudit

IHS Diabetes Care and Outcomes Audit – WebAudit
DRAFT Audit Report for 2026 (Audit Period 01/01/2025 – 12/31/2025)
Facility: Test21 LB

Annual Audit

576 charts were audited from 576 patients determined to be eligible by Test21 LB. Unless otherwise specified, time period for each item is the 12-month Audit Period.

- Audit 2026 "version"
- Audit period for which data are reviewed: 01/01/2025-12/31/2025
- Annual (vs. Interim) Audit
- Number of patients included in the Audit (records) vs how many were eligible

Example 1: One response – Foot exam

Audit Form – page 1

Examinations (during Audit period)

Foot (comprehensive or "complete", including evaluation of sensation and vascular status):

☐₁ Yes
☐₂ No

Audit Report – page 4

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Retinopathy					
Diagnosed ever	4	90	4%		
Lower Extremity Amputation					
Any type ever (e.g., toe, partial foot, above or below knee)	4	90	4%		
Exams					
Foot exam – comprehensive or complete	31	90	34%		
Eye exam – dilated exam or retinal imaging	7	90	8%		
Dental exam	4	90	4%		
Diabetes-Related Education					
Nutrition – by any provider (RD and/or other)	36	90	40%		
Nutrition – by RD	0	90	0%		
Physical Activity	33	90	37%		
Other diabetes education	38	90	42%		
Any of above	40	90	44%		

Exams			
Foot exam – comprehensive or complete	31	90	34%

Example 1 continued – Foot exam

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Exams					
Foot exam – comprehensive or complete	31	90	34%		

Percent calculation for <u>foot exams</u>:

31 / 90 = 0.34
0.34*100 = 34%

Numerator = 31 = number of patients Audited that had a foot exam

Denominator = 90 = number of patients Audited

- All patients either had a foot exam documented or not.

Audit Form – page 2

Audit Report – page 1

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Blood Sugar Control					
A1C < 7.0	154	576	27%		
A1C 7.0-7.9	156	576	27%		
A1C 8.0-8.9	113	576	20%		
A1C 9.0-9.9	46	576	8%		
A1C 10.0-10.9	37	576	6%		
A1C ≥ 11.0	38	576	7%		
Not tested or no valid result	32	576	6%		
A1C < 8.0	310	576	54%		
A1C > 9.0	116	576	20%		

Example 2 continued – A1C

Blood Sugar Control	# of Patients (Numerator)	# Considered (Denominator)	Percent
A1C < 7.0	154	576	27%
A1C 7.0-7.9	156	576	27%
A1C 8.0-8.9	113	576	20%
A1C 9.0-9.9	46	576	8%
A1C 10.0-10.9	37	576	6%
A1C ≥ 11.0	38	576	7%
Not tested or no valid result	32	576	6%
A1C < 8.0	310	576	54%
A1C > 9.0	116	576	20%

Percent calculation for A1C<7.0:

154 / 576 = 0.27
0.27*100 = 27%

Numerator = 154 = number of patients Audited with A1C<7.0

Denominator = 576 = number of patients

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

Audit Form – page

Audit Report – page 2

Example 3 continued – Tobacco Use

Tobacco and Nicotine Use (during Audit period)

Tobacco use			Percent
Screened	576	576	100%
If screened, user	137	576	24%
If user, counseled	19	137	14%

Screened

576 / 576 = 1.00

1.00*100 = 100%

Numerator = 576 = number of patients Audited that were Screened

Denominator = 576 = number patients Audited

If screened, user

137 / 576 = 0.24

0.24*100 = 24%

Numerator = 137 = number of patients Audited that were Screened **and** are Users

Denominator = 576 = number patients Audited that were Screened

If user, counseled

19 / 137 = 0.14

0.14*100 = 14%

Numerator = 19= number of patients Audited that were Screened **and** are Users **and** were Counseled

Denominator = 137 = number of patients Audited that were Screened **and** are Users

Example 3 continued – Tobacco Use

Tobacco and Nicotine Use (during Audit period)	# of Patients (Numerator)	# Considered (Denominator)	Percent
Tobacco use			
Screened	576	576	100%
If screened, user	137	576	24%
If user, counseled	19	137	14%

Screened

576 / 576 = 1.00
1.00*100 = 100%

Numerator = 576 = number of patients Audited that were Screened

Denominator = 576 = number patients Audited

If screened, user

137 / 576 = 0.24
0.24*100 = 24%

Numerator = 137 = number of patients Audited that were Screened **and** are Users

Denominator = 576 = number patients Audited that were Screened

If user, counseled

19 / 137 = 0.14
0.14*100 = 14%

Numerator = 19 = number of patients Audited that were Screened **and** are Users **and** were Counseled

Denominator = 137 = number of patients Audited that were Screened **and** are Users

Example 3 continued – Tobacco Use

Tobacco and Nicotine Use (during Audit period)	# of Patients (Numerator)	# Considered (Denominator)	Percent
Tobacco use			
Screened	576	576	**100%**
If screened, user	137	576	**24%**
If user, counseled	19	137	**14%**

Screened

576 / 576 = 1.00
1.00*100 = 100%

Numerator = 576 = number of patients Audited that were Screened

Denominator = 576 = number patients Audited

If screened, user

137 / 576 = 0.24
0.24*100 = 24%

Numerator = 137 = number of patients Audited that were Screened and are Users

Denominator = 576 = number patients Audited that were Screened

If user, counseled

19 / 137 = 0.14
0.14*100 = 14%

Numerator = 19 = number of patients Audited that were Screened **and** are Users **and** were Counseled

Denominator = 137 = number of patients Audited that were Screened **and** are Users

Audit Form – page 1

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 DPP-4 inhibitor [alogliptin (*Nesina*), linagliptin (*Tradjenta*), saxagliptin (*Onglyza*), sitagliptin (*Januvia*)]

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

☐7 SGLT-2 inhibitor [bexagliflozin (*Brenzavvy*), canagliflozin (*Invokana*), dapagliflozin (*Farxiga*), empagliflozin (*Jardiance*), ertugliflozin (*Steglatro*), sotagliflozin (*Inpefa*)]

☐8 Pioglitazone [*Actos*] or rosiglitazone [*Avandia*]

☐9 Tirzepatide [*Mounjaro, Zepbound*]

☐10 Acarbose [*Precose*] or miglitol [*Glyset*]

☐11 Repaglinide [*Prandin*] or nateglinide [*Starlix*]

☐12 Pramlintide [*Symlin*]

☐13 Bromocriptine [*Cycloset*]

☐14 Colesevelam [*Welchol*]

Example 4 continued – DM Therapy

Audit Report WebAudit – page 3

Diabetes Treatment (as of the end of the Audit period)	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Number of diabetes medications currently prescribed					
None	3	576	1%		
One medication	151	576	26%		
Two medications	135	576	23%		
Three medications	169	576	29%		
Four or more medications	118	576	20%		
Diabetes meds currently prescribed, alone or in combination					
Insulin	470	576	82%		
Metformin [*Glucophage*, others]	254	576	44%		
Sulfonylurea [glyburide, glipizide, others]	21	576	4%		
DPP-4 inhibitor [alogliptin (*Nesina*), linagliptin (*Tradjenta*), saxagliptin (*Onglyza*), sitagliptin (*Januvia*)]	40	576	7%		
GLP-1 receptor agonist [dulaglutide (*Trulicity*), exenatide (*Byetta*, *Bydureon*), liraglutide (*Victoza*, *Saxenda*), lixisenatide (*Adlyxin*), semaglutide (*Ozempic*, *Rybelsus*, *Wegovy*)]	314	576	55%		
SGLT-2 inhibitor [bexagliflozin (*Brenzavvy*), canagliflozin (*Invokana*), dapagliflozin (*Farxiga*), empagliflozin (*Jardiance*), ertugliflozin (*Steglatro*), sotagliflozin (*Inpefa*)]	219	576	38%		
Pioglitazone [*Actos*] or rosiglitazone [*Avandia*]	31	576	5%		
Tirzepatide [*Mounjaro, Zepbound*]	70	576	12%		
Acarbose [*Precose*] or miglitol [*Glyset*]	0	576	0%		
Repaglinide [*Prandin*] or nateglinide [*Starlix*]	1	576	0%		
Pramlintide [*Symlin*]	0	576	0%		
Bromocriptine [*Cycloset*]	1	576	0%		
Colesevelam [*Welchol*]	0	576	0%		

Example 4 continued – DM Therapy

Two sections for this item:
1. Number of medications
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

1

2

	# of Patients (Numerator)	# Considered (Denominator)	Percent
Diabetes Treatment (as of the end of the Audit period)			
Number of diabetes medications currently prescribed			
None	3	576	1%
One medication	151	576	26%
Two medications	135	576	23%
Three medications	169	576	29%
Four or more medications	118	576	20%
Diabetes meds currently prescribed, alone or in combination			
Insulin	470	576	82%
Metformin [*Glucophage*, others]	254	576	44%
Sulfonylurea [glyburide, glipizide, others]	21	576	4%
DPP-4 inhibitor [alogliptin (*Nesina*), linagliptin (*Tradjenta*), saxagliptin (*Onglyza*), sitagliptin (*Januvia*)]	40	576	7%
GLP-1 receptor agonist [dulaglutide (*Trulicity*), exenatide (*Byetta*, *Bydureon*), liraglutide (*Victoza*, *Saxenda*), lixisenatide (*Adlyxin*), semaglutide (*Ozempic*, *Rybelsus*, *Wegovy*)]	314	576	55%
SGLT-2 inhibitor [bexagliflozin (*Brenzavvy*), canagliflozin (*Invokana*), dapagliflozin (*Farxiga*), empagliflozin (*Jardiance*), ertugliflozin (*Steglatro*), sotagliflozin (*Inpefa*)]	219	576	38%
Pioglitazone [*Actos*] or rosiglitazone [*Avandia*]	31	576	5%
Tirzepatide [*Mounjaro*, *Zepbound*]	70	576	12%
Acarbose [*Precose*] or miglitol [*Glyset*]	0	576	0%
Repaglinide [*Prandin*] or nateglinide [*Starlix*]	1	576	0%
Pramlintide [*Symlin*]	0	576	0%
Bromocriptine [*Cycloset*]	1	576	0%
Colesevelam [*Welchol*]	0	576	0%

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Cardiovascular Disease (CVD) Report

Note: Report shows use of medications that are recommended for cardioprotective effect in people with CVD.

Cardiovascular Disease (CVD)

CVD diagnosed ever	327	576	**57%**
CVD and mean BP <130/<80	148	327	**45%**
CVD and mean BP <140/<90	243	327	**74%**
CVD and not current tobacco user* *Excludes patients not screened for tobacco use	244	327	**75%**
CVD and aspirin or other antiplatelet/anticoagulant therapy currently prescribed	196	327	**60%**
CVD and GLP-1 receptor agonist currently prescribed	193	327	**59%**
CVD and SGLT-2 inhibitor currently prescribed	152	327	**46%**
CVD and GLP-1 receptor agonist and/or SGLT-2 inhibitor currently prescribed	238	327	**73%**
CVD and statin currently prescribed* *Excludes patients with an allergy, intolerance, or contraindication	242	321	**75%**

Chronic Kidney Disease (CKD) Report

Note: Report shows use of medications that are recommended for renal protective effect in people with CKD

Chronic Kidney Disease (CKD) (In age ≥ 18 years)			
CKD[2]	184	576	**32%**
CKD[2] and mean BP <130/<80	78	184	**42%**
CKD[2] and mean BP <140/<90	134	184	**73%**
CKD[2] and ACE inhibitor or ARB currently prescribed	145	184	**79%**
CKD[2] and GLP-1 receptor agonist currently prescribed	113	184	**61%**
CKD[2] and SGLT-2 inhibitor currently prescribed	89	184	**48%**
CKD[2] and GLP-1 receptor agonist and\or SGLT-2 inhibitor currently prescribed	140	184	**76%**
CKD Stage			
Normal: eGFR ≥60 mL/min and UACR <30 mg/g	206	576	**36%**
Stages 1 and 2: eGFR ≥60 mL/min and UACR ≥30 mg/g	95	576	**16%**
Stage 3: eGFR 30-59 mL/min	62	576	**11%**
Stage 4: eGFR 15-29 mL/min	12	576	**2%**
Stage 5: eGFR <15 mL/min	13	576	**2%**
Undetermined	188	576	**33%**

Added in 2026

[2]Chronic Kidney Disease (CKD): eGFR<60 or Quantitative UACR≥30

WebAudit
Using Reports & Reviewing Data

Look at your data.

Report Review

- **Print or pull up on screen:**
  - Annual Audit Reports from the WebAudit for 2025 and 2026
  - Trends Graphs from the WebAudit

Trends Graphs

- Trends Graphs and Reports can be helpful to:
    - Help analyze and visualize your data over time.
    - Data displayed over time can help to understand the actual performance of a particular process, especially in relation to a target or a goal.
    - Tell the story for improvements and possible potential issues.
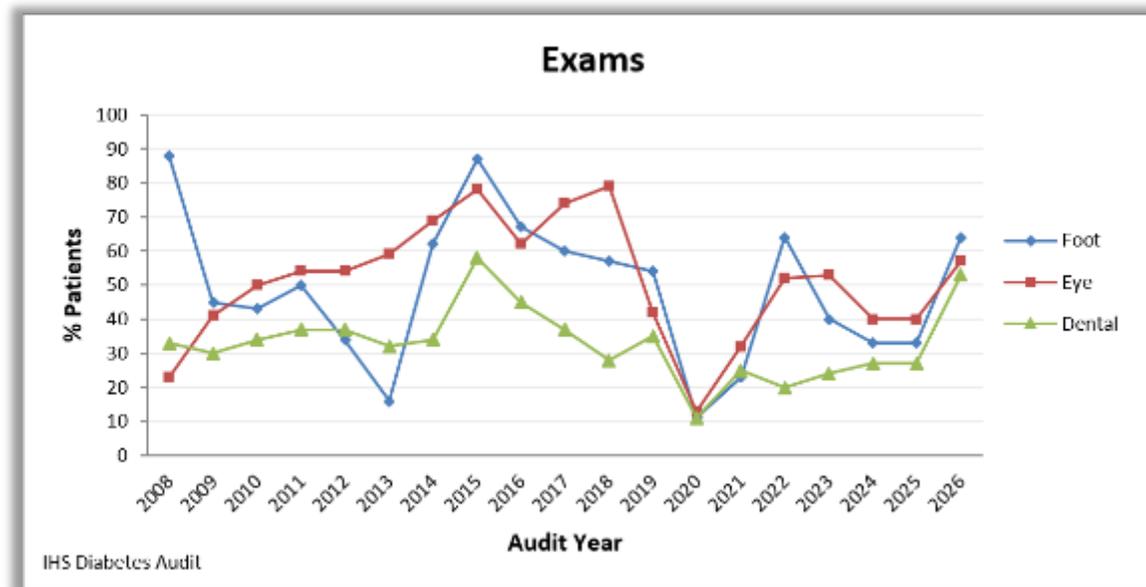
Trends Graphs

- Available in the WebAudit only.
- Two tabs: Data and Graphs.

Data (all 2026 Report items)

Report Item [Subgroup, if applicable]	2022%	2023%	2024%	2025%	2026%	DIFF 2026-2025
Number of Records						
Sex: Male	51	45	63	63	47	-16
Sex: Female	49	55	37	37	48	11
Sex: Unknown	0	0	0	0	5	5
Age: < 20 years	0	0	1	1	4	3
Age: 20-44 years	17	13	27	27	16	-11
Age: 45-64 years	58	37	43	43	55	12
Age: 65 years and older	25	49	29	29	25	-4
Diabetes Type: 1	5	1	7	7	1	-6
Diabetes Type: 2	94	99	93	93	99	6
Duration of Diabetes: < 1 year	2	1	3	3	3	0
Duration of Diabetes: < 10 years	38	24	64	61	12	-49
Duration of Diabetes: 10 years or more	50	64	17	20	68	48
Duration of Diabetes: Unknown	13	12	19	19	20	1

Data   Graphs   +

Graphs (selected outcomes)

Chronic Kidney Disease Screening & Monitoring

Data   Graphs   +
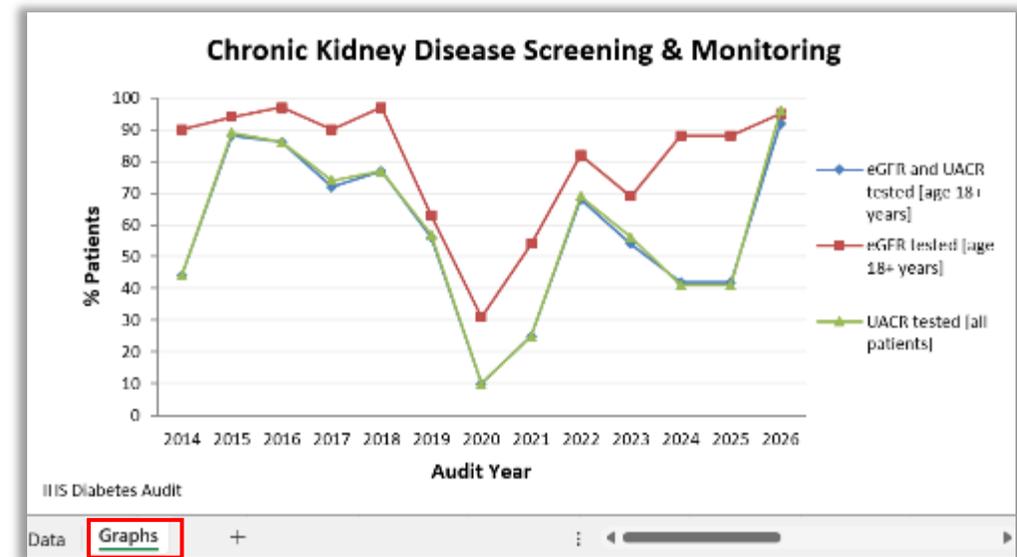
Trends Graph Example Document

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	ITEM#	Report Item [Subgroup, if applicable]	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2014 %	2015 %	2016 %	2017 %	2018 %	2019%	2020%	2021%	2022%	2023%	2024%	2025%	2026%	DIFF 2026-2025
12	10	Duration of Diabetes: < 1 year	8	4	4	4	3	0	2	6	7	4	8	3	0	1	2	1	3	3	3	0
13	11	Duration of Diabetes: < 10 years	62	57	54	51	46	46	44	45	60	39	53	39	6	8	38	24	64	61	12	-49
14	12	Duration of Diabetes: 10 years or more	38	43	46	49	54	54	56	54	40	58	47	58	55	53	50	64	17	20	68	48
15	13	Duration of Diabetes: Unknown	0	0	0	0	0	0	1	2	0	3	0	3	39	39	13	12	19	19	20	1
16	14	BMI Category: Normal (< 25.0)	9	12	12	12	14	16	13	5	6	10	4	4	4	5	16	7	12	12	84	72
17	15	BMI Category: Overweight (25.0-29.9)	22	24	21	24	22	25	28	18	23	25	16	14	11	13	18	18	23	23	13	-10
18	16	BMI Category: Obese (30.0 or above)	68	62	64	62	62	59	59	74	67	65	80	48	34	41	59	47	53	53	3	-50
19	17	BMI Category: Unknown	1	2	2	2	2	0	0	2	4	1	1	34	52	41	7	28	12	12	0	-12
20	18	BMI Category: Severely Obese (40.0 or above)	22	21	19	17	14	17	15	23	17	13	24	14	10	13	14	16	8	8	1	-7
21	19	Blood Sugar Control: A1C < 7.0	36	32	36	26	14	16	16	32	31	38	33	23	5	13	24	27	37	37	36	-1
22	20	Blood Sugar Control: A1C 7.0-7.9	20	18	13	16	17	11	15	14	16	20	22	13	5	9	19	17	19	19	27	8
23	21	Blood Sugar Control: A1C 8.0-8.9	11	4	11	11	12	14	10	11	10	13	11	8	5	7	11	11	11	11	29	18
24	22	Blood Sugar Control: A1C 9.0-9.9	8	7	5	11	6	5	15	18	10	10	11	7	3	6	14	6	9	9	7	-2
25	23	Blood Sugar Control: A1C 10.0-10.9	7	8	10	7	10	15	11	11	8	5	8	7	2	4	7	2	1	1	0	-1
26	24	Blood Sugar Control: A1C 11.0 or higher	7	9	13	16	22	23	19	12	19	8	9	7	6	10	10	6	5	5	0	-5
27	25	Blood Sugar Control: Unknown	11	21	12	12	18	17	15	2	7	7	6	34	74	51	15	31	17	17	1	-16

Data   Graphs   +

Trends Graph Example Document

	A	B	K	L	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE
1	ITEM#	Report Item [Subgroup, if applicable]	2016 %	2017 %	2019%	2020%	2021%	2022%	2023%	2024%	2025%	2026%	DIFF 2026-2025	Trend Line	2008 N	2009 N	2010 N	2011 N	2012 N	2013 N	2014 N	2015 N
12	10	Duration of Diabetes: < 1 year	7	4	3	0	1	2	1	3	3	3	0		11	5	5	5	4	0	3	7
13	11	Duration of Diabetes: < 10 years	60	39	39	6	8	38	24	64	61	12	-49		85	77	70	62	58	44	54	56
14	12	Duration of Diabetes: 10 years or more	40	58	58	55	53	50	64	17	20	68	48		53	59	59	60	67	52	69	67
15	13	Duration of Diabetes: Unknown	0	3	3	39	39	13	12	19	19	20	1		0	0	0	0	0	0	1	2
16	14	BMI Category: Normal (< 25.0)	6	10	4	4	5	16	7	12	12	84	72		12	16	16	15	17	15	16	6
17	15	BMI Category: Overweight (25.0-29.9)	23	25	14	11	13	18	18	23	23	13	-10		30	33	27	29	28	24	35	23
18	16	BMI Category: Obese (30.0 or above)	67	65	48	34	41	59	47	53	53	3	-50		94	84	83	76	78	57	73	93
19	17	BMI Category: Unknown	4	1	34	52	41	7	28	12	12	0	-12		2	3	3	2	2	0	0	3
20	18	BMI Category: Severely Obese (40.0 or above)	17	13	14	10	13	14	16	8	8	1	-7		31	28	25	21	17	16	19	29
21	19	Blood Sugar Control: A1C < 7.0	31	38	23	5	13	24	27	37	37	36	-1		50	44	46	32	18	15	20	40
22	20	Blood Sugar Control: A1C 7.0-7.9	16	20	13	5	9	19	17	19	19	27	8		28	25	17	20	21	11	18	17
23	21	Blood Sugar Control: A1C 8.0-8.9	10	13	8	5	7	11	11	11	11	29	18		15	6	14	14	15	13	12	14
24	22	Blood Sugar Control: A1C 9.0-9.9	10	10	7	3	6	14	6	9	9	7	-2		11	9	7	13	8	5	19	22
25	23	Blood Sugar Control: A1C 10.0-10.9	8	5	7	2	4	7	2	1	1	0	-1		10	11	13	8	13	14	14	14
26	24	Blood Sugar Control: A1C 11.0 or higher	19	8	7	6	10	10	6	5	5	0	-5		9	12	17	20	28	22	23	15
27	25	Blood Sugar Control: Unknown	7	7	34	74	51	15	31	17	17	1	-16		15	29	15	15	22	16	18	3

Data | Graphs | +

Ready   Accessibility: Investigate   Average: 31.66573034   Count: 1336   Sum: 22546   100%

Trends Graph Example Document

ITEM#	Report Item [Subgroup, if applicable]	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2014 %	2015 %	2016 %	2017 %	2018 %	2019%	2020%	2021%	2022%	2023%	2024%	2025%	2026%	DIFF 2026-2025	Trend Line	2008 N	2009 N	2010 N	2011 N
1	Sex: Male	33	32	35	36	35	38	37	40	45	41	53	47	41	40	51	45	63	63	47	-16		46	44	45	44
2	Sex: Female	67	68	65	64	65	63	63	60	55	59	47	53	59	60	49	55	37	37	48	11		92	92	84	78
3	Sex: Unknown							0	0	0	0	0	0	0	0	0	0	0	0	5	5					
4	Age: < 20 years	2	2	1	1	1	0	1	1	1	0	1	0	4	4	0	0	1	1	4	3		3	3	1	1
5	Age: 20-44 years	23	24	25	25	25	31	24	18	21	2	22	17	14	15	17	13	27	27	16	-11		32	32	32	30
6	Age: 45-64 years	48	46	44	48	46	45	51	55	53	53	52	43	41	42	58	37	43	43	55	12		66	62	57	58
7	Age: 65 years and older	27	29	30	27	28	24	24	26	25	45	26	40	41	39	25	49	29	29	25	-4		37	39	39	33
8	Diabetes Type: 1	0	0	0	0	0	0	0	1	0	1	1	1	3	4	5	1	7	7	1	-6		0	0	0	0
9	Diabetes Type: 2	100	100	100	100	100	100	100	99	100	99	99	99	96	96	94	99	93	93	99	6		138	136	129	122
10	Duration of Diabetes: < 1 year	8	4	4	4	3	0	2	6	7	4	8	3	0	1	2	1	3	3	3	0		11	5	5	5

Data   Graphs   +

- Item# and Report Items – #168
- Percentages for each audit measure by year
  - Viewed from year to year for comparison
  - Some sites go back as far as 2008
- Diff 2025-2026
- Large variations (increase or decrease) may indicate a potential issue in the data.
- Trend Line can provide for a visual of the percentages from year to year.
- Numerator values for Report Items are listed from year to year.

Look for anything unusual.

Report Review – General Guidance

- **Examine:**
  - **Number of patients:**
    - Number included in Audit should be equal to or smaller than number of eligible patients.
    - Number Audited and eligible for 2026 vs. 2025: Are they similar or "very" different with good reason?
  - **Missing data**: Are there *unexpectedly* large amounts of missing data for any items?
  - **Extreme values**: Are there rows with *unexpectedly* low (near 0%) or high (near 100%) values?

Report Review – General Guidance

Review Trends Graphs: Look for "big" changes from 2025 to 2026.

- **Data tab**: Review DIFF 2026-2025 column.

Report Item [Subgroup, if applicable]	2022%	2023%	2024%	2025%	2026%	DIFF 2026-2025
Exams: Foot	64	40	33	33	64	31
Exams: Eye	52	53	40	40	57	17
Exams: Dental	20	24	27	27	53	26

Data | Graphs | (+)

- **Graphs tab:** Look for "spikes" up or down from 2025 to 2026.

Immunizations: Influenza
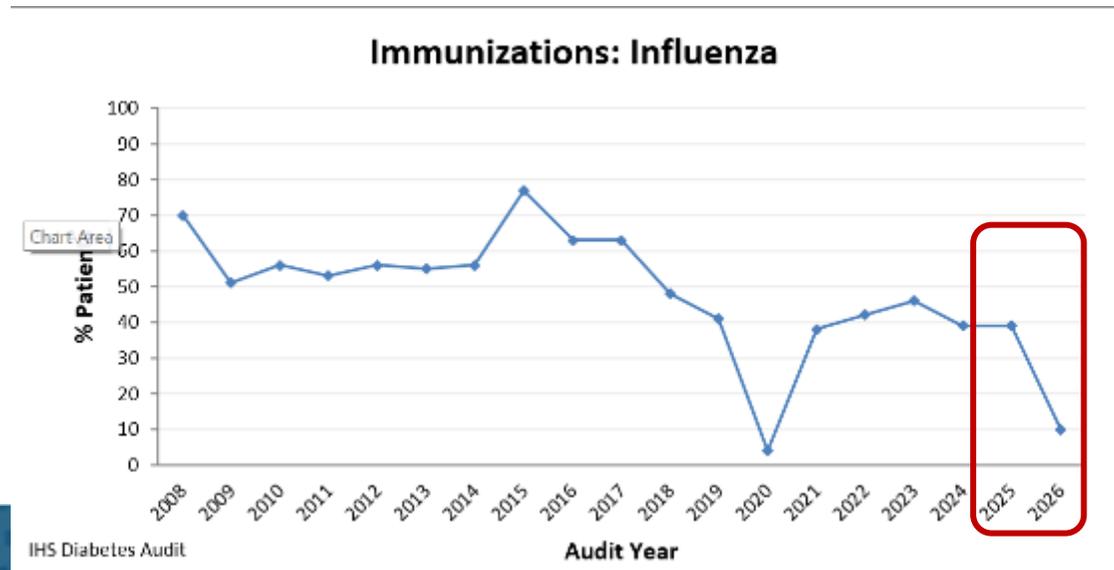
Trends Graph – look at the Trends for anything unusual.

Report Item [Subgroup, if applicable]	2022%	2023%	2024%	2025%	2026%	DIFF 2026-2025	Trend Line
Diabetes Education: Nutrition by any provider	57	28	31	31	40	9	
Diabetes Education: Nutrition by RD	19	17	9	9	21	12	
Diabetes Education: Physical activity	72	49	63	63	53	-10	
Diabetes Education: Other	68	39	31	31	61	30	
Diabetes Education: Any	81	56	69	69	92	23	

Report Item [Subgroup, if applicable]	2022%	2023%	2024%	2025%	2026%	DIFF 2026-2025	Trend Line
Diabetes Treatment: Meds prescribed=None	18	36	24	24	50	26	
Diabetes Treatment: Insulin	40	26	25	25	0	-25	
Diabetes Treatment: Metformin	59	46	48	48	64	16	
Diabetes Treatment: SGLT-2 inhibitor	10	11	17	17	17	0	
Diabetes Treatment: Pioglitazone or rosiglitazone	5	6	8	8	7	-1	
Diabetes Treatment: Tirzepatide		1	3	3	9	6	

- What do you see?
- What would you do with this, if you saw this in your Trends Graph?

Share your Audit data with others in your Program.
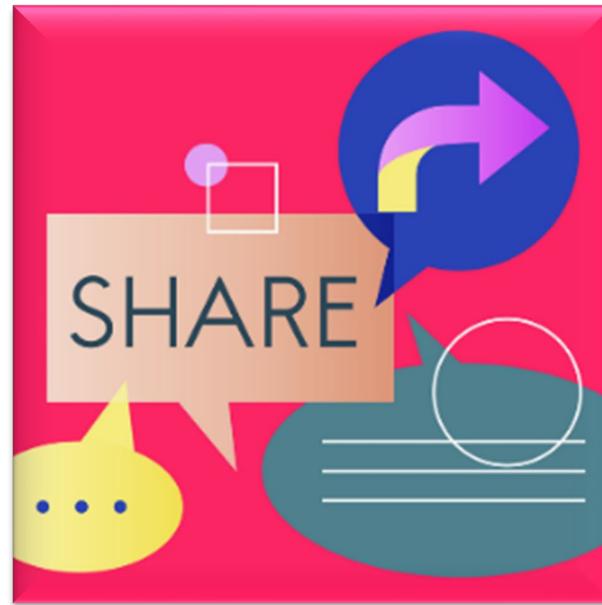
Electronic Audits – Common Issue #1

Issue: Very low percentage of patients with education provided.

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

Diabetes-Related Education				
Nutrition – by any provider (RD and/or other)	3	468	**1%**	
Nutrition – by RD	3	468	**1%**	
Physical Activity	21	468	**4%**	
Other diabetes education	2	468	**0%**	
Any of above	25	468	**5%**	

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 #2

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

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

LDL cholesterol	0	291	**0%**		
LDL <100 mg/dl	0	291	**0%**		
LDL 100-189 mg/dl	0	291	**0%**		
LDL ≥190 mg/dl	0	291	**0%**		
Not tested or no valid result	291	291	**100%**		

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

Clean up the data.

Data Quality Checks and More

WebAudit: Data Quality Check Report

Data Quality Check Summary - WebAudit

Summary of Audit Potential Data Errors for 2026
Facility: Test21 LB
2026 Annual Audit

There are 576 records for this facility.

70 Potential Data Errors were found.

Table sorted by Field Name ascending.

[Download PDF Version]

Field Name ∧ ∨	Number of Potential Errors
A1C	1
A1C Date Obtained	9
BMI	1
DM Therapy: GLP1	28
DM Therapy: Insulin	2
DM Therapy: Metformin	10
DM Therapy: SGLT-2 Inhibitor	2

Data Quality Check Details - WebAudit

List of Audit Potential Data Errors for 2026
Facility: Test21 LB
2026 Annual Audit

There are 2 records for this facility.
5 Potential Data Errors were found.
Table sorted by Field Name ascending.

📄 Download PDF Version   📊 Download Excel Version

Edit	WebAudit ID	Yr/Mo of Birth	Sex	Date of Diagnosis	Field Name	Value	Error Type	Error Message	Comments
✎	1002	1960 / 7	F	06/01/1960	Date of Diabetes Diagnosis	06/01/1960	Definite	Date of Diagnosis is earlier than Date of Birth. You must check both dates and change one or both dates.	Add comment
✎	1002	1960 / 7	F	06/01/1960	DM Therapy: Insulin	2	Potential	Response for this medication is inconsistent with DM type 1. Check DM type and therapy and change one or both if necessary.	Add comment
✎	1001	1990 / 5	F	03/01/2022	ENDS use status	None	Potential	Missing value. Enter a value if possible.	Add comment

Data Quality Check – WebAudit Thoughts and Tips

- Important to add Comments to validate the data if it looks unusual
  - Example: A lab value may be truly low or truly high
- Possible error in data capture and reporting in the data file, if multiple errors noted
  - Maybe related to created data file (non-RPMS)
  - Possible taxonomy issue (RPMS)
- Possibly a data entry issue with Manual Entry

Data Quality Check-Potential Error Messages

List of Audit Potential Data Errors for 2026
Facility: Test32 DG
2026 Annual Audit

There are 75 records for this facility.
40 Potential Data Errors were found.
Table sorted by Field Name ascending.

[Download PDF Version](#)   [Download Excel Version](#)

Edit	WebAudit ID	Yr/Mo of Birth	Sex	Date of Diagnosis	Field Name	Value	Error Type	Error Message	Comments
✏	1063	2018 / 4	F	12/08/2025	A1C Date Obtained	02/05/2025	Potential	Date of HbA1c is more than 20 days earlier than Date of Diagnosis. Check both dates and change one or both dates if necessary.	Add comment
✏	1027	1920 / 4	F		Age	105	Potential	Value is unusually high (greater than 100). Check value and change if necessary.	Add comment
✏	1013	1975 / 7	M	11/16/1981	Amputation: Lower extremity (ever)	None	Potential	Missing value. Enter a value if possible.	Add comment
✏	1013	1975 / 7	M	11/16/1981	Diagnosed hepatitis C (HCV)	None	Potential	Missing value. Enter a value if possible.	Add comment
✏	1013	1975 / 7	M	11/16/1981	Diagnosed retinopathy	None	Potential	Missing value. Enter a value if possible.	Add comment
✏	1016	1971 / 10	M	06/15/1992	HTN	None	Potential	Missing value. Enter a value if possible.	Add comment

Electronic Audits – Common Issue #3

Issue: Large number of patients missing all key data fields
What you'll see in the WebAudit (example):

Edit	WebAudit ID	Yr/Mo of Birth	Sex	Date of Diagnosis	Field Name	Value	Error Type	Error Message	Comments
✎	2318	1958 / 10	M	04/02/2014	Multiple – See error message	None	Potential	Record is missing data for ALL of the key fields: weight, blood pressure, A1C, LDL value, and uACR value.	Add comment
✎	2075	1948 / 9	M	04/06/2007	Multiple – See error message	None	Potential	Record is missing data for ALL of the key fields: weight, blood pressure, A1C, LDL value, and uACR value.	Add comment

- May result from patients who don't meet eligibility criteria OR patients who may have only had telehealth visits during Audit period
- Add Comments: "Patient had diabetes care related Telehealth visit."
- If necessary, create and upload a new data file

Electronic Audits – Common Issue #3

Issue: Large number of patients missing all key data fields

List of Audit Potential Data Errors for 2026
Facility: Test20 SS
2026 Annual Audit

| | 1019 | 1972 / 7 | F | 04/07/2021 | Multiple – See error message | None | Potential | Record is missing data for ALL of the key fields: weight, blood pressure, A1C, LDL value, and uACR value. | No visit in 2025 noted in chart. |

Edit
Remove

Potential issue Multiple – See error message:
- Do not add a comment if patient was not seen during the Audit period instead remove the patient

Removal of a record

After verifying that the patient does not meet the eligibility criteria, the record should be removed.

View/Edit Data

Audit 2026

Select an Audit Type then click "Go". ❓

[Annual Audit ▾] [Go]

Select a Facility then click "Go".

[Test03 KMS ▾] [Go]

Facility: Test03 KMS
2026 Annual Audit

➕ **View/Edit Data Instructions**

List of Records for Audit 2026
Facility: Test03 KMS
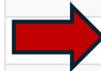### Annual Audit

2 Records.
List sorted by Entry Date ascending.

📊 Download Data in Excel

Edit	Remove Multiple	WebAudit ID	Year/Month of Birth	Sex	Date of Diagnosis	Entry Date	Modified Date	Audit Date
		⌃⌄	⌃⌄	⌃⌄	⌃⌄	⌃⌄	⌃⌄	⌃⌄
	🗑	1001	1960 / 5	Female	01/15/2001	02/13/2026 7:12 AM	02/13/2026 7:12 AM	12/31/2025
✏	🗑	1002	1972 / 8	Male		02/13/2026 10:52 AM	02/13/2026 12:00 AM	12/31/2025

Data Quality Check: Note comments added

Data Clean-up Process = Teamwork

- **Audit due date: March 31, 2026**
  - Includes data clean-up by program sites
- Area Diabetes Consultants will review facility data in their Areas.
- DDTP will do data reviews that may be in tandem or after Area reviews.
- Sites may be contacted for clarifications or error correction.
- Final data clean-up after reporting and feedback from ADCs and programs.
  - Reports are generated to look for data outliers, and additional data clean-up is performed.
- Audit reports become final after IHS approval process.

Using Your Data

Ways to use Audit Data:

- Performance Improvement
- Validates and/or help to identify whether activities are helping to meet program goals
- Interim Audits can help to see progress across the year
- Program Planning
- SDPI data reporting
- Much more

Audit Data as Performance Improvement Tool

Chronic Kidney Disease Screening & Monitoring
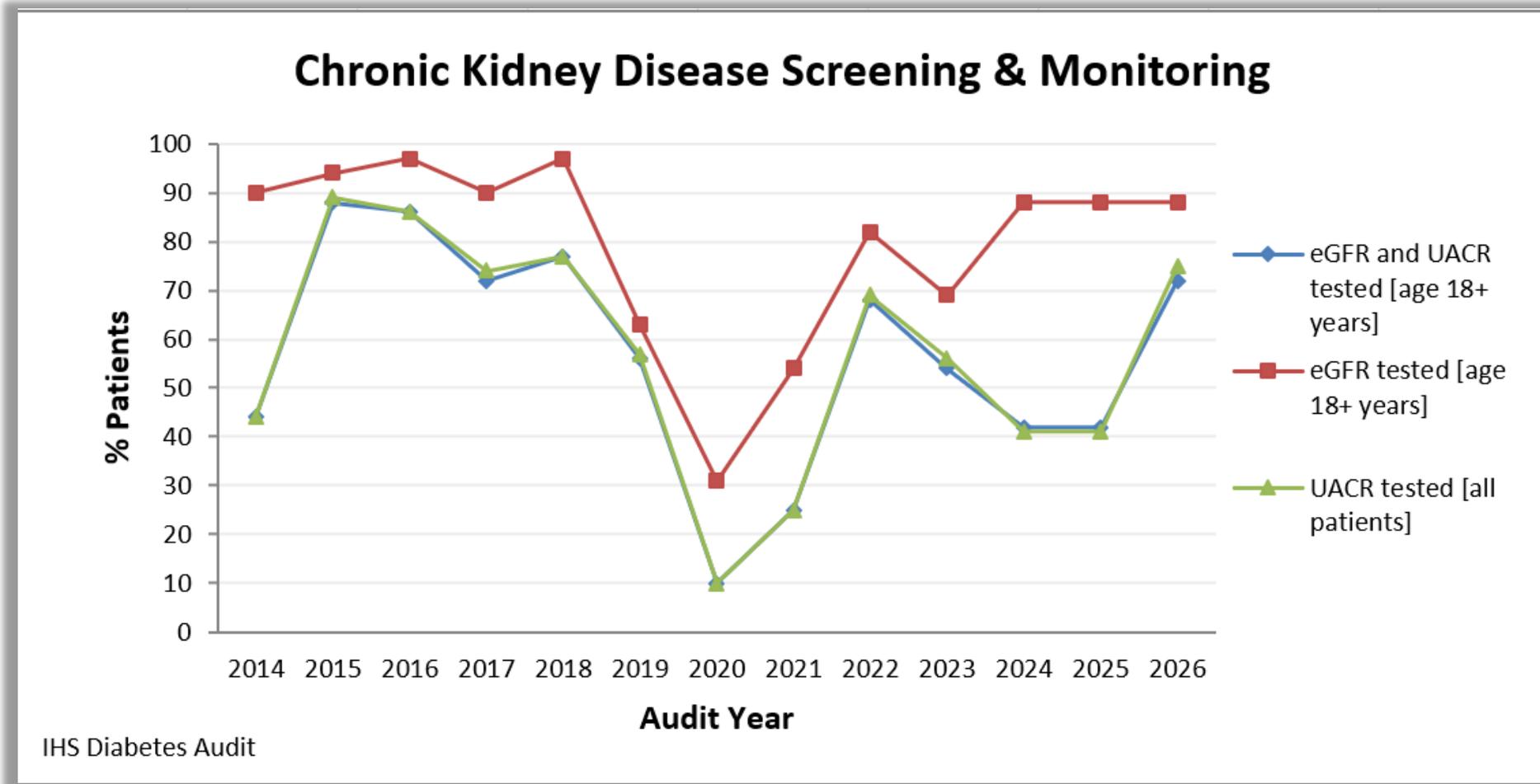
At the end of the day...

- This is your data story – thank you for sharing.
- It may not be perfect, but having the best possible data helps the story to be clear to those who read it.
- There may be up and downs.
- There may be lessons learned.
- There may be an opportunity to establish new goals or a new journey for your program.
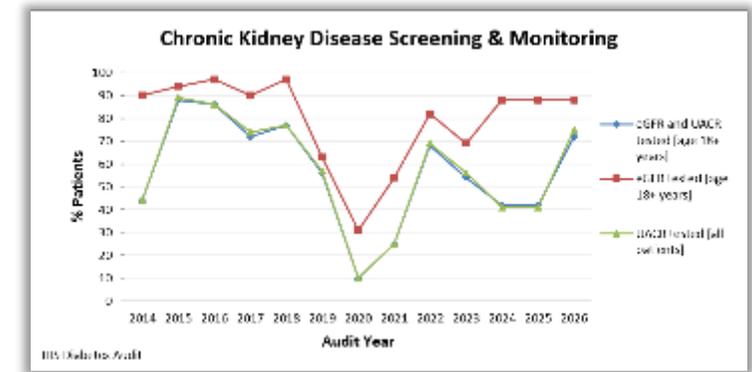
Audit Resources

- **IHS Diabetes Audit**
  - Materials: Form, Instructions, Checklists, RPMS/DMS documentation
  - Training: Live, recorded, DMS
  - Other information and resources
  - **Website:** https://www.ihs.gov/Diabetes/audit/
- **Other:**
  - RPMS DMS recorded trainings
  - **Link:** https://www.ihs.gov/rpms/training/recording-and-material-library/
    Note: Will need a Username and Password to access.

Audit Support

- **Area Diabetes Consultants**
  - Area Audit Support
  - Link to access ADC list: Area Diabetes Consultants
- **DDTP Audit team**
  - WebAudit & general questions
  - Email: diabetesaudit@ihs.gov (goes to Dorinda Wiley-Bradley and Devina Boga)
- **RPMS (OIT Service Desk):** https://www.ihs.gov/Helpdesk/
  - Specific to RPMS: DMS (BDM) and Visual DMS program support
  - Installation, program functionalities and service issues
  - On this webpage page go to: IHS IT Self Service Portal

Thank you!

Questions?