

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

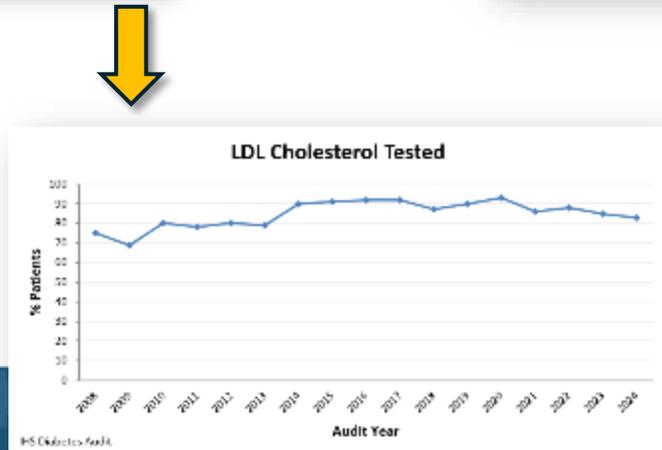
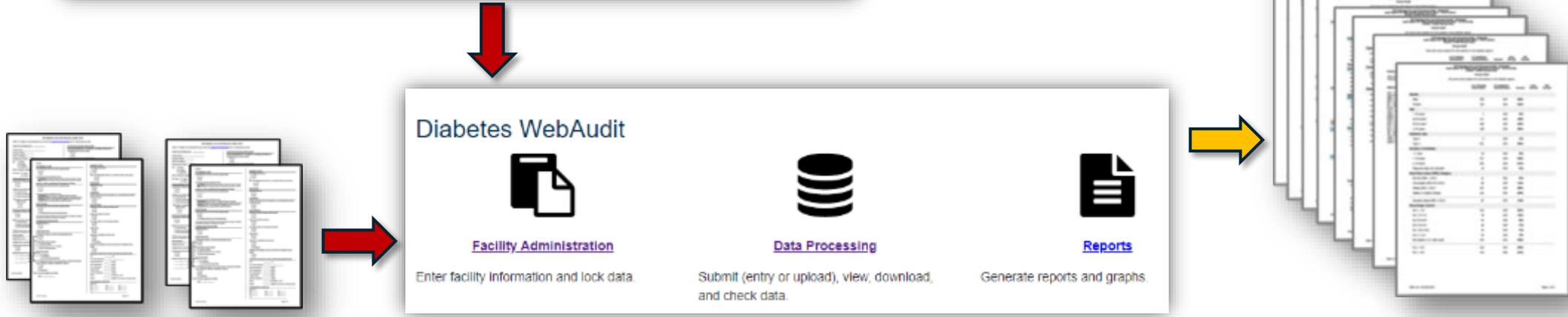
Results processed through the WebAudit



Input=data file **or** paper forms

Output=reports **and** graphs

```
AUDITDATE^FACILITYNA^REVIEWER^STATE^MOB^YOB^SEX^DOOX^DMTYPE^TOBScreen^TOBACCOUSE^TOBCOUNSEL^ENDSSCREEN^ENDSUSE^FEE^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^4^1955^1^12/01/2018^1^2^ ^ ^2^ ^5^5.00^ ^2^ ^ ^ ^ ^ ^ ^ ^2^2^1^2^2^4^2^2^1^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^5^1990^2^05/28/1990^2^2^ ^ ^2^ ^5^5.00^ ^2^ ^ ^ ^ ^ ^ ^2^2^1^1^2^4^2^2^1^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^1^1960^2^01/01/2018^2^2^ ^ ^2^ ^5^4.00^ ^1^ ^ ^ ^ ^ ^ ^2^2^1^1^2^4^2^2^1^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^7^2000^2^12/04/2023^1^1^2^ ^1^2^5^2.00^ ^1^130^85^ ^ ^ ^1^1^1^1^2^2^2^1^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^3^2000^2^07/15/2018^1^2^ ^ ^2^ ^5^6.00^ ^1^ ^ ^ ^ ^ ^ ^2^2^1^2^2^4^2^2^1^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^1^1960^3^ ^1^2^ ^ ^2^ ^ ^ ^ ^ ^2^2^1^2^2^4^2^2^1^2^2^2^2^2^2^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^3^1936^1^01/13/1935^2^2^ ^ ^2^ ^4^10.00^ ^2^ ^ ^ ^ ^ ^2^2^1^2^2^4^2^2^1^2^2^
```



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 not* 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

Audit Training

Audit Help and Support

Diabetes WebAudit System

Additional Audit Information

Clinical Training

Education Materials and Resources (Online Catalog)

Clinical Resources

Fact Sheets and Publications

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.



How to get RPMS/DMS reports

- **If you *do* have access to the RPMS/DMS:**
 - Login through your local facility program
- **If you *do not* 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



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.

First several items
 from page 1 of 8

	# 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



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

First several items

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

IHS Diabetes Care and Outcomes Audit, 2026

NOTE: It is highly recommended that you review the [Audit 2026 Instructions](#) prior to conducting an Audit.

Audit Period Ending Date: 11 / 31 / 2026

Facility Name: _____

Reviewer Initials: _____

State of residence: _____

Month/year of Birth: ____/____/____

Sex: 1 Male
 2 Female
 4 Unknown

Date of Diabetes Diagnosis: ____/____/____

DM Type: 1 Type 1
 2 Type 2

Tobacco/Nicotine Use (during Audit period)

Tobacco:

Screened for tobacco use:
 1 Yes
 2 No

Tobacco user:
 1 Yes
 2 No

Tobacco cessation counseling/education received:
 1 Yes
 2 No

Electronic Nicotine Delivery Systems (ENDS)*

Screened for ENDS use:
 1 Yes
 2 No

ENDS user:
 1 Yes
 2 No

*ENDS include: vapes, e-cigarettes, water pens, hookah pens, electronic cigarette (e-cigarette or e-cig), and e-pipe which contain nicotine.

Vital Statistics

Height (last recorded): _____ ft _____ in

Examinations (during Audit period)
Foot (comprehensive or "complete", including evaluation of sensation and vascular status):
 1 Yes
 2 No

Eye (dilated exam or retinal imaging):
 1 Yes
 2 No

Dental:
 1 Yes
 2 No

Depression

Screened for depression (during Audit period):
 1 Yes
 2 No

Depression an active diagnosis (during Audit period):
 1 Yes
 2 No

Education (during Audit period)

Nutrition:
 1 RD
 2 Other } Both RD and Other
 3 None

Physical activity:
 1 Yes
 2 No

Other diabetes:
 1 Yes
 2 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 (glyburide, glyburide, glimepiride)
 5 DPP-4 inhibitor (sitagliptin [Januvia], linagliptin [Jentadu], saxagliptin [Onglyze], vildagliptin [Galvus])

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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%		

Examinations (during Audit period)

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

- 1 Yes
 2 No

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 foot exams:

$$31 / 90 = 0.34$$

$$0.34 * 100 = 34\%$$

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.

Example 2: Number put in a category – A1C



Audit Form – page 2

PAGE 2

ACE Inhibitor or ARB
 Prescribed (as of the end of the Audit period):
 Yes
 No

Aspirin or Other Antiplatelet/Anticoagulant Therapy
 Prescribed (as of the end of the Audit period):
 Yes
 No

Statin Therapy
 Prescribed (as of the end of the Audit period):
 Yes
 No

Hepatitis C (HCV)
 HCV diagnosed (ever):
 Yes
 No
 If not diagnosed with HCV, screened at least once (ever):
 Yes
 No

Rebinopathy
 Diagnosed (ever):
 Yes
 No

Amputation
 Lower extremity (ever), any type (e.g., toe, partial foot, above or below knee):
 Yes
 No

Immunizations
 Influenza vaccine (during Audit period):
 Yes
 No

Laboratory Data (most recent result during Audit period)
 A1C: _____ %
 Yes
 No

Tuberculosis (TB)
 TB diagnosis (latent or active) documented (ever):
 Yes
 No
 TB test done (most recent):
 Skin test (PPD)
 Blood test (DFT-SIT, T-SPT)
 No test documented
 TB test result:
 Positive
 Negative
 No result documented
 If TB diagnosed and/or test result positive, treatment initiated (e.g., isoniazid, rifampin, rifabutin, other):
 Yes
 No
 Unknown
 If TB result negative, test date:
 Date: ____/____/____

Laboratory Data (most recent result during Audit period)
 A1C: _____ %
 A1C test obtained: ____/____/____
 Total Cholesterol: _____ mg/dL
 HDL Cholesterol: _____ mg/dL
 LDL Cholesterol: _____ mg/dL
 Triglycerides: _____ mg/dL
 eGFR: _____ mL/min/1.73 m²
 Quant UAACR: _____ mg/g
 (Use relative concentration to calculate ratio)

Local Questions (Optional)
 Site: _____
 CL: _____
 LR: _____
 LW: _____
 TW: _____

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Audit Report – page 1

IHS Diabetes Care and Outcomes Audit - WebAudit
 ORCA Audit Report for 2016 (Audit Period 01/01/2015 - 12/31/2015)
 Facility: Year 211B

Annual Audit
 576 charts were audited from 726 patients determined to be eligible by Team 111. Unless otherwise specified, time period for each item is the 12-month Audit Period.

Sex	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Male	289	276	50%		
Female	287	276	50%		
Unknown	0	276	0%		

	# 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%		

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Blood Sugar Control					
A1C < 7.0	154	276	27%		
A1C 7.0-7.9	156	276	27%		
A1C 8.0-8.9	113	276	20%		
A1C 9.0-9.9	46	276	8%		
A1C 10.0-10.9	37	276	6%		
A1C ≥ 11.0	38	276	7%		
Not tested or no valid result	32	276	6%		
A1C < 8.0	310	276	54%		
A1C > 9.0	116	276	20%		

Example 2 continued – A1C



	# of Patients (Numerator)	# Considered (Denominator)	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%
<hr/>			
A1C < 8.0	310	576	54%
A1C > 9.0	116	576	20%

Percent calculation for A1C<7.0:

$$\frac{154}{576} = 0.27$$
$$0.27 * 100 = 27\%$$

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

Example 3: Skip pattern – Tobacco Use



Audit Form – page

Audit Report – page 2

IHS Diabetes Care and Outcomes Audit, 2026

NOTE: It is highly recommended that you review the [Audit 2026 Instructions](#) prior to conducting an Audit.

Audit Period Ending Date: 12 / 31 / 2025

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 (during Audit period)

Tobacco

Screened for tobacco use:

1 Yes
 2 No

Tobacco user:

1 Yes
 2 No

Tobacco cessation counseling/education received:

1 Yes
 2 No

Other
 None

Physical activity:

Yes
 No

Other diabetes:

Yes
 No

Diabetes Therapy

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

None of the following
 Insulin
 Metformin (Glucophage, others)
 Sulfonylurea (glyburide, glyburide, glimepiride)
 DPP-4 inhibitor (sitagliptin (Januvia), linagliptin (Trulance), saxagliptin (Onglyze), alogliptin (Kovada))
 GLP-1 receptor agonist (liraglutide (Trulicity), exenatide (Byetta, Bydureon), semaglutide (Ozempic, Wegovy), tirzepatide (Mounario), tesamorelin (Taltus), semaglutide (Ozempic, Rybelsus, Wegovy))
 SGLT-2 inhibitor (empagliflozin (Jardiance), canagliflozin (Invokana), dapagliflozin (Farxiga), ertugliflozin (Stegadeo), empagliflozin (Stegadeo), sotagliflozin (Zynexta))
 Pioglitazone (Actos) or rosiglitazone (Avandia)
 Tirzepatide (Mounario, Zepbound)
 Acarbose (Precose) or miglitol (Glyset)
 Repaglinide (Prandin) or nateglinide (Starlix)
 Pramlintide (Symbyo)
 Bromocriptine (Parlodel)
 Colesevelam (Welchol)

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

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IHS Diabetes Care and Outcomes Audit – WebAudit
DRAFT Audit Report for 2026 (Audit Period 01/01/2025 - 12/31/2025)
Facility: 1est21 LB

Annual Audit

576 charts were audited from 576 patients determined to be eligible by 1est21 LB. Unless otherwise specified, time period for each item is the 12-month Audit Period.

Tobacco and Nicotine Use (during Audit period)

Tobacco use	Count	Denominator	Percentage
Screened	576	576	100%
If screened, user	137	576	24%
If user, counseled	19	137	14%

<140/<90	437	576	76%
Hypertension			
Diagnosed ever	451	576	78%
Diagnosed hypertension and mean BP <130/<80	187	451	41%
Diagnosed hypertension and mean BP <140/<90	326	451	72%
Diagnosed hypertension and ACE inhibitor or ARB currently prescribed	357	451	79%

Tobacco and Nicotine Use (during Audit period)

Tobacco use	Count	Denominator	Percentage
Screened	576	576	100%
If screened, user	137	576	24%
If user, counseled	19	137	14%

Electronic nicotine delivery system (ENDS) use

Screened	576	576	100%
If screened, user	135	576	23%

User of both tobacco and ENDS* 123 576 21%

User of tobacco and/or ENDS* 149 576 26%

*Excludes patients not screened for both tobacco and ENDS use

User of both tobacco and ENDS*	0	0	0%
User of tobacco and/or ENDS*	0	0	0%

*Excludes patients not screened for both tobacco and ENDS use

Example 3 continued – Tobacco Use



Tobacco and Nicotine Use (during Audit period)

Tobacco use

Screened

576

576

100%

Percent

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

Example 4: All that Apply – DM Therapy



Audit Form – page 1

IHS Diabetes Care and Outcomes Audit, 2026

NOTE: It is highly recommended that you review the [Audit 2026 Instructions](#) prior to conducting an Audit.

Audit Period Ending Date: 12 / 31 / 2025

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 (during Audit period)

Tobacco
 Screened for tobacco use:
 Yes
 No
 Tobacco user:
 Yes
 No
 Tobacco cessation counseling/education received:
 Yes
 No

Electronic Nicotine Delivery Systems (ENDS)*
 Screened for ENDS use:
 Yes
 No
 ENDS user:
 Yes
 No

*ENDS include vapes, e-cigarettes, pens, heat or pens, electronic cigarettes (e-cigarettes or e-cigs), and e-liquids which contain nicotine.

Vital Statistics

Height (last recorded): _____ ft _____ in
 Weight (last in Audit period): _____ lbs
 Hypertension (documented diagnosis ever):
 Yes
 No

Blood pressure (last 3 during Audit period):

Systolic	Diastolic
1. / mmHg	
2. / mmHg	
3. / mmHg	

Examinations (during Audit period)

Foot (tarsometatarsal or "bunions"), including evaluation of sensation and vascular status:
 Yes
 No

Eye (dilated exam or retinal imaging):
 Yes
 No

Dental:
 Yes
 No

Depression

Screened for depression (during Audit period):
 Yes
 No

Depression an active diagnosis (during Audit period):
 Yes
 No

Education (during Audit period)

Nutrition:
 RD
 Other
 Both RD and Other
 None

Physical activity:
 Yes
 No

Other diabetes:
 Yes
 No

Diabetes Therapy

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

None of the following

Insulin

Metformin (Glucophage, others)

Sulfonylurea (glipizide, glyburide, glimepiride)

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

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

SGLT-2 inhibitor (bexagliflozin (Brenzavvy), canagliflozin (Invokana), dapagliflozin (Farxiga), empagliflozin (Jardiance), ertugliflozin (Steglatro), sotagliflozin (Inpefa))

Pioglitazone (Actos) or rosiglitazone (Avandia)

Tirzepatide (Mounjaro, Zepbound)

Acarbose (Precose) or miglitol (Glyset)

Repaglinide (Prandin) or nateglinide (Starlix)

Pramlintide (Symlin)

Bromocriptine (Cycloset)

Colesevelam (Welchol)

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

Version: 12/25/2025 Page 1 of 2



- ### 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

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
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%		



	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS 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%		

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 [<i>Glucofage</i> , others]	254	576	44%
Sulfonylurea [glyburide, glipizide, others]	21	576	4%
DPP-4 inhibitor [alogliptin (<i>Nesina</i>), linagliptin (<i>Tradjenta</i>), saxagliptin (<i>Onglyza</i>), sitagliptin (<i>Januvia</i>)]	40	576	7%
GLP-1 receptor agonist [dulaglutide (<i>Trulicity</i>), exenatide (<i>Byetta</i> , <i>Bydureon</i>), liraglutide (<i>Victoza</i> , <i>Saxenda</i>), lixisenatide (<i>Adlyxin</i>), semaglutide (<i>Ozempic</i> , <i>Rybelsus</i> , <i>Wegovy</i>)]	314	576	55%
SGLT-2 inhibitor [bexagliflozin (<i>Brenzavvy</i>), canagliflozin (<i>Invokana</i>), dapagliflozin (<i>Farxiga</i>), empagliflozin (<i>Jardiance</i>), ertugliflozin (<i>Steglatro</i>), sotagliflozin (<i>Inpefa</i>)]	219	576	38%
Pioglitazone [<i>Actos</i>] or rosiglitazone [<i>Avandia</i>]	31	576	5%
Tirzepatide [<i>Mounjaro</i> , <i>Zepbound</i>]	70	576	12%
Acarbose [<i>Precose</i>] or miglitol [<i>Glyset</i>]	0	576	0%
Repaglinide [<i>Prandin</i>] or nateglinide [<i>Starlix</i>]	1	576	0%
Pramlintide [<i>Symlin</i>]	0	576	0%
Bromocriptine [<i>Cycloset</i>]	1	576	0%
Colesevelam [<i>Welchol</i>]	0	576	0%

Cardiovascular Disease (CVD) Report



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*	244	327	75%
*Excludes patients not screened for tobacco use			
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*	242	321	75%
*Excludes patients with an allergy, intolerance, or contraindication			

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

Chronic Kidney Disease (CKD) Report



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%

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

Added in 2026

²Chronic 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

A screenshot of the Indian Health Service website. The header includes the IHS logo, the text "Indian Health Service The Federal Health Program for American Indians and Alaska Natives", a search bar, and navigation links for "A to Z Index", "Employee Resources", and "Feedback". A secondary navigation bar contains links for "About IHS", "IHS Offices", "Find Health Care", "for Patients", "for Providers", "Community Health", "Careers@IHS", "Newsroom", and "My Account". The main content area is titled "Diabetes WebAudit / Reports" and features a left-hand menu with options: "Diabetes WebAudit", "Facility Administration", "Data Processing", "Reports" (highlighted), "Data Download", "Audit Reports", "Trends Graphs", and "Means Graphs". The "Reports" section displays four options: "Data Download" (Excel icon), "Audit Reports" (document icon), "Trends Graphs" (line graph icon), and "Means Graphs" (bar chart icon). Each option includes a brief description of the report's content.

Diabetes WebAudit

- Facility Administration
- Data Processing
- Reports**
- Data Download
- Audit Reports**
- Trends Graphs
- Means Graphs
- Area Reports
- Audit Resources
- Audit Administration
- Data Systems
- Sign Out

Audit Reports

Select an Audit Type then click "Go". [?](#)

Annual Audit

Select an Area then click "Go".

Test

Select Facilities then click "Go".
(Hold down CTRL key to select more than one facility.)

Select All No Test

Test10 RS
Test11 RS
Test12 KH
Test13
Test20 SS
Test21 LB

Select a Year then click "Go".

2026

Facility: Test21 LB
2026 Annual Audit

Select one or more reports:

- Annual Audit Report
- Annual Audit Means Report
- Annual Audit SDPI Key Measures Report

Diabetes WebAudit

Facility Administration

Data Processing

Reports

Data Download

Audit Reports

Trends Graphs

Means Graphs

Area Reports

Audit Resources

Audit Administration

Data Systems

Sign Out

Trends Graphs

Select an Audit Type then click "Go". 

Annual Audit

Go

Select an Area then click "Go".

Test

Go

Select Facilities then click "Go".

(Hold down CTRL key to select more than one facility.)

Select All No Test

Test10 RS

Test11 RS

Test12 KH

Test13

Test20 SS

Test21 LB

Go

Facility: Test21 LB

Annual Audit

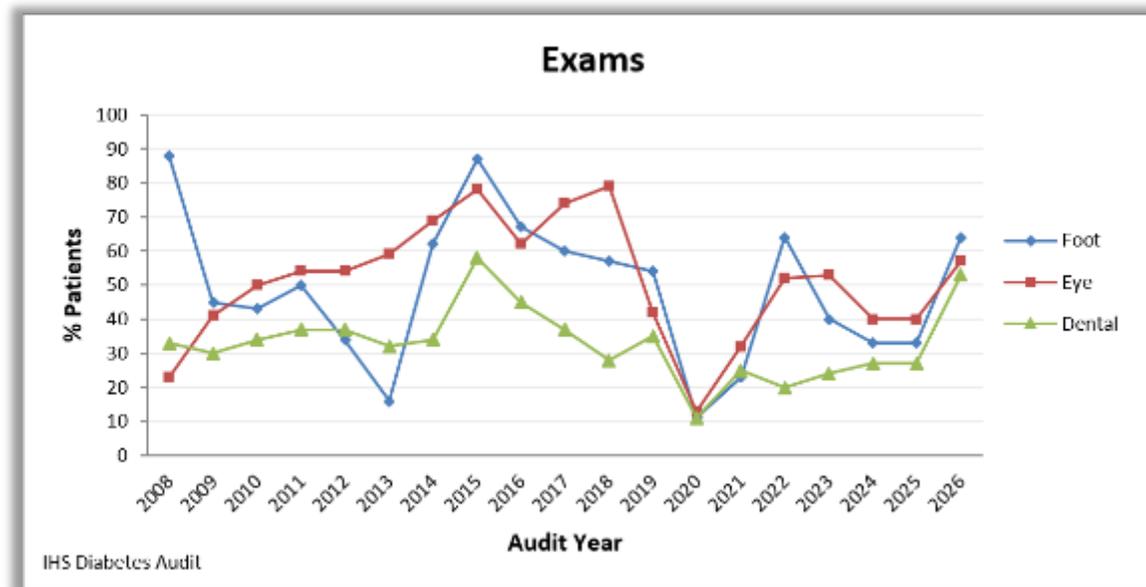
Trends Graphs – 2026 Version

Excel file with a trends table and graphs of results over time for selected report items.

Create Report

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.



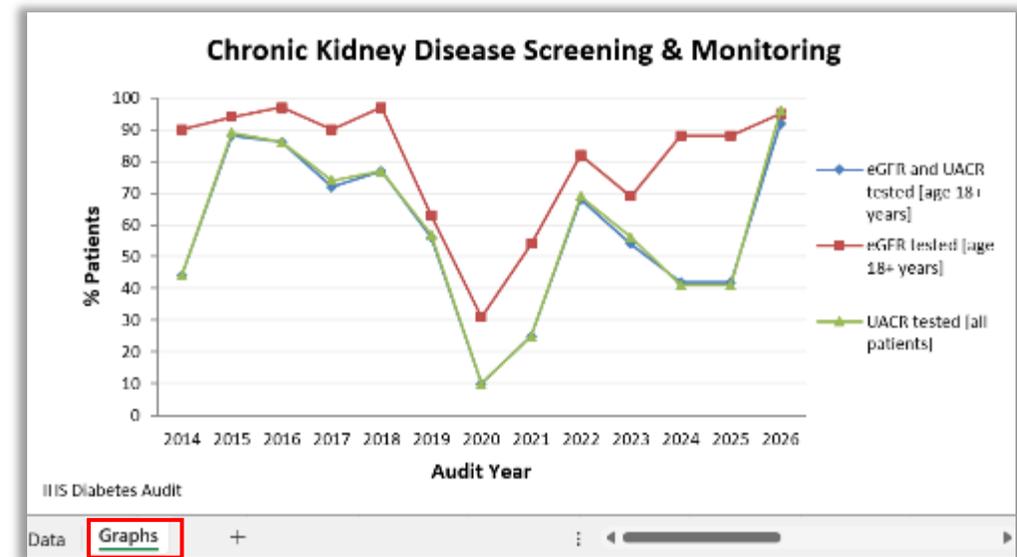
Trends Graphs

- 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

Graphs (selected outcomes)



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

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

Trends Graph Example Document



Copy of TrendsGraphs2026_Test02SampleData

Search

File Home Insert Draw Page Layout Formulas Data Review View Automate Help Acrobat Table Design

Themes Colors Fonts Effects Margins Orientation Size Print Area Breaks Background Print Titles Width: Automatic Height: Automatic Scale: 100% Gridlines View Print Headings View Print Bring Forward Send Backward Selection Pane Align Group Rotate

AutoSave Off Save Undo Redo

V133 fx -42

	A	B	K	L	N	O	P	Q	R	S	T	U	V
1	ITEM#	Report Item [Subgroup, if applicable]	2016 %	2017 %	2019%	2020%	2021%	2022%	2023%	2024%	2025%	2026%	DIFF 2026-2025
122	120	Kidney Evaluation: eGFR tested [Age >=18]	97	90	63	31	54	82	69	88	88	95	7
123	121	Kidney Evaluation: eGFR >= 60 [Age >=18]	88	71	53	19	36	66	57	77	77	78	1
124	122	Kidney Evaluation: eGFR 30-59 [Age >=18]	6	15	8	9	12	14	9	7	7	15	8
125	123	Kidney Evaluation: eGFR 15-29 [Age >=18]	1	4	2	2	2	2	1	1	1	1	0
126	124	Kidney Evaluation: eGFR < 15 [Age >=18]	2	1	0	2	4	0	1	3	3	0	-3
127	125	Kidney Evaluation: eGFR unknown [Age >=18]	3	10	37	69	46	18	31	11	11	5	-6
129	127	Kidney Evaluation: UACR=Normal [UACR tested]	86	65	68	47	52	66	74	58	58	0	-58
130	128	Kidney Evaluation: UACR Increased=30-300 [UACR tested]	14	24	26	39	37	23	24	35	35	0	-35
131	129	Kidney Evaluation: UACR Increased >300 [UACR tested]	0	11	6	14	11	11	2	6	6	0	-6
132	130	Kidney Evaluation: UACR no	14	26	43	90	75	31	44	59	59	100	41
133	131	Kidney Evaluation: eGFR & UACR [Age >=18]	86	72	56	10	25	68	54	42	42	0	-42
134	132	Kidney Evaluation: Chronic Kidney Disease (CKD) [Age	20	36	25	16	26	38	19	24	24	0	-24

Ready Accessibility: Investigate

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	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	

- 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?

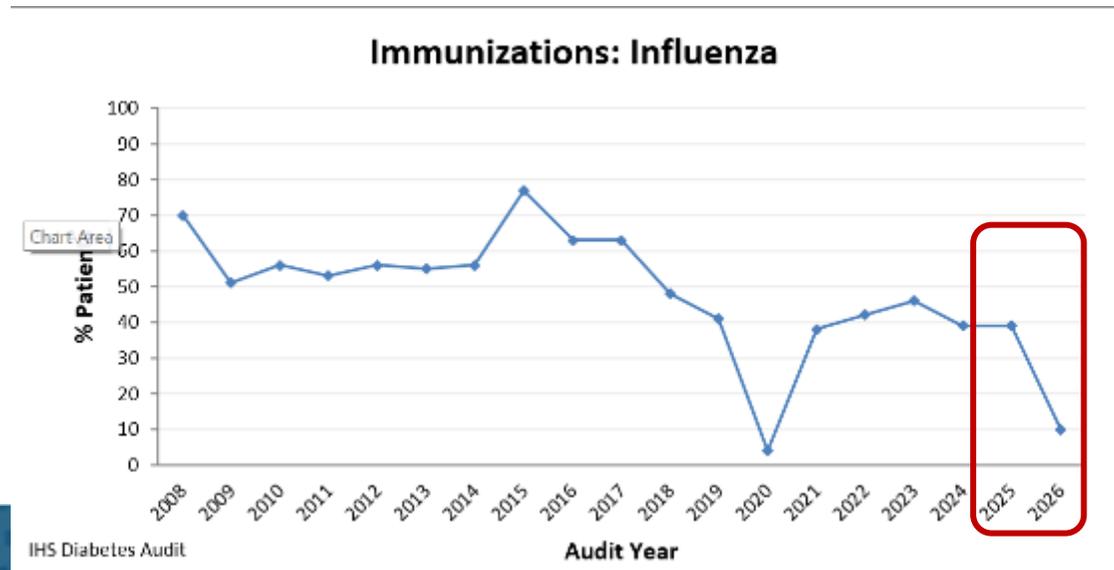
Report Review – General Guidance

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

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



Trends Graph – look at the Trends for anything unusual.

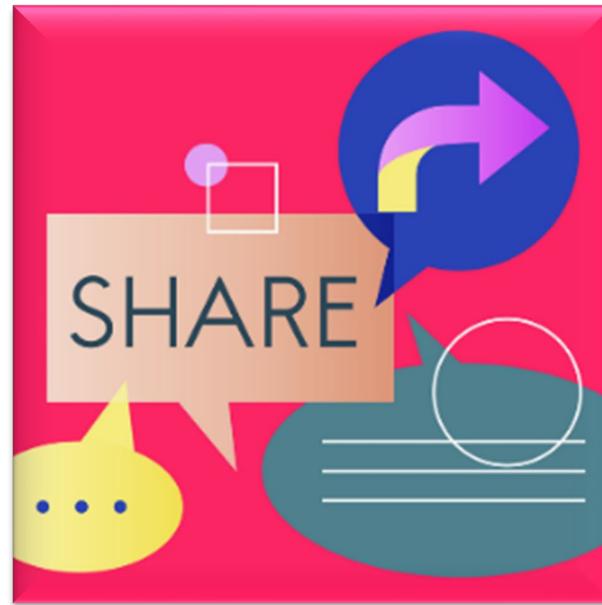


Report Item [Subgroup, if applicable]	2022%	2023%	2024%	2025%	2026%	DIFF 2026-2025	Trend Line
Diabetes Education: Nutrition by any provider	57	28	31	31	40	9	
Diabetes Education: Nutrition by RD	19	17	9	9	21	12	
Diabetes Education: Physical activity	72	49	63	63	53	-10	
Diabetes Education: Other	68	39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

Diabetes WebAudit / Data Processing

Diabetes WebAudit

Data Processing

- Facility Administration
- Data Processing**
- Data Entry
- Upload Data
- View/Edit Data
- Data Quality Check**
- Reports
- Audit Resources
- Data Systems
- Sign Out

			
Data Entry	Upload Data	View/Edit Data	Data Quality Check
Enter data from a manual Audit (paper Audit forms).	Upload Audit Data File from an electronic Audit.	View and edit data entered or uploaded.	Check for potential data errors in data entered or uploaded.

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 ^ v	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.

Potential issue Multiple – See error message:

- Do not add a comment if patient was not seen during the Audit period instead remove the patient



Diabetes WebAudit

Facility Administration

Data Processing

Data Entry

Upload Data

View/Edit Data

Data Quality Check

Reports

Audit Resources

Data Systems

Sign Out

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

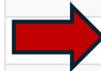
Annual Audit

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



Removal of a record

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

Data Quality Check: Note comments added



	1002	1975 / 11	F	12/01/2010	Triglycerides	4250.0	Potential	Value is unusually high (greater than 4000). Check this value and change if necessary.	This value is correct and verified with lab. This patient has a history of unusual lipid values.	Edit	Remove
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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.

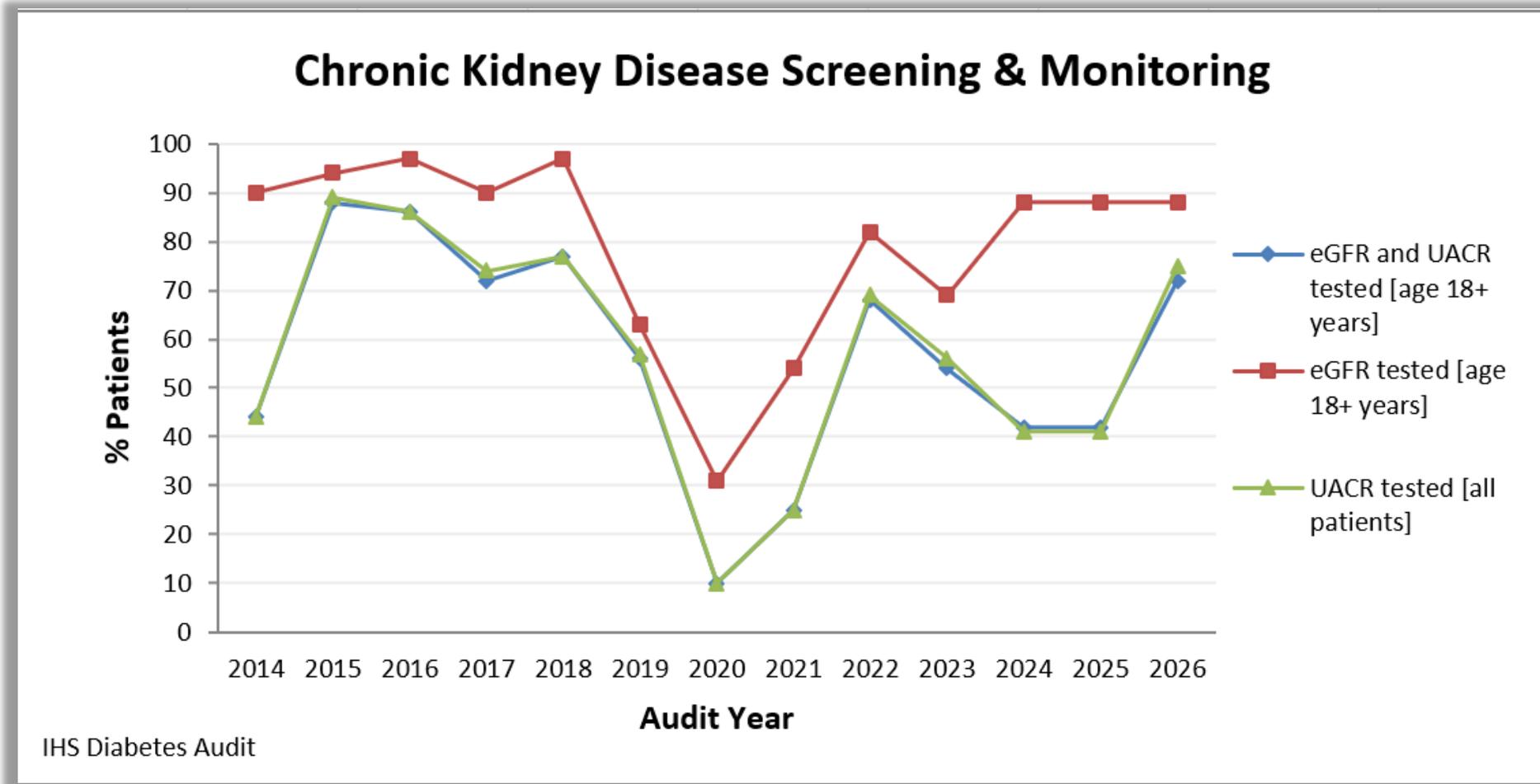
Using Your Data



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

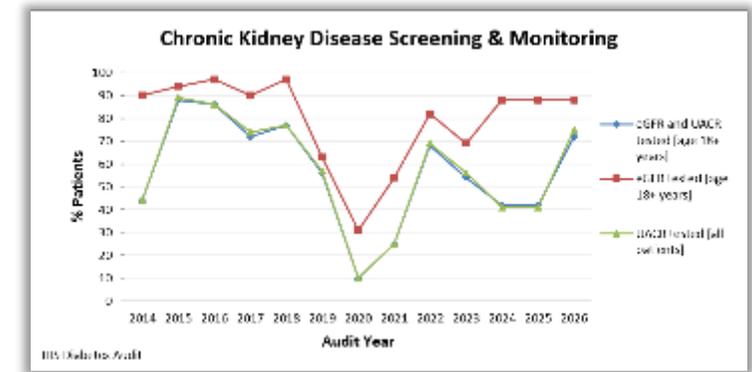
Audit Data as Performance Improvement Tool



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?