



# IHS Diabetes Care and Outcomes Audit

## Audit 2023

# Orientation for Non-RPMS Electronic Audits

IHS Division of Diabetes Treatment and Prevention

9/20/2022

# A note for those watching the recording

If you would like copies of any of the materials referenced during this webinar, contact the IHS Diabetes Audit team at [diabetesaudit@ihs.gov](mailto:diabetesaudit@ihs.gov).

# 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](#)

# Today's topics

1. Audit Overview
2. Audit Process
3. Changes for 2023
4. Alaska Area Experience
5. Resources: Checklist and Code Lists
6. Introduction to Audit Website and WebAudit
7. Questions

# Audit Overview

# What is the Audit and why do it?

**What:** A process for assessing diabetes care and health outcomes for American Indian and Alaska Native people with diagnosed diabetes

## **Why:**

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

# When are Audits done?

1. **Annual Audit:** Once per year, data submitted to and processed by DDTP
  - a. **Audit Period for 2023: Jan 1-Dec 31, 2022**
  - b. **Due date for Audit 2023: 3/15/2023**
2. **Interim Audits\***: Can be many times per year, for SDPI, Area, or local use
  - a. **Period of care:** Locally or Area determined
  - b. **Due date:** Locally or Area determined

\*Use of the IHS Diabetes Care and Outcomes Audit tools for any purpose other than the *Annual Audit*

# Who conducts Audits?

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

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



# What does the Audit measure?

# IHS Diabetes Care and Outcomes Audit, 2023

NOTE: It is highly recommended that you review the [Audit 2023 Instructions](#) prior to conducting an Audit.

**Audit Period Ending Date:** 30/06/2023

**Facility Name:** \_\_\_\_\_

**Reviewer Initials:** \_\_\_\_\_

**State of residence:** \_\_\_\_\_

**Month/Year of Birth:** \_\_\_\_/\_\_\_\_

**Sex:** ☐ Male

☐ Female

☐ Unknown

**Date of Diabetes Diagnosis:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**DM Type:** ☐ Type 1

☐ Type 2

## **Tobacco/Nicotine Use**

**Screened for tobacco use (during**

☐ Yes

☐ No

**Tobacco use status (most recent):**

☐ Current user

☐ Not a current user

☐ Not documented

**Tobacco cessation counseling**

**Audit period:**

☐ Yes

☐ No

## **Electronic Nicotine Delivery System**

**Screened for ENDS use (during Au**

☐ Yes

☐ No

**ENDS use status (last recent):**

☐ Current user

☐ Not a current user

☐ Not documented

\*ENDS include: vapes, vaporizers, vap cigarettes (e-cigarettes or e-cigs), and

## **Vital Statistics**

**Height (last ever):** \_\_\_\_ ft \_\_\_\_

**Weight (last in Audit period):** \_\_\_\_

**Hypertension (documented diagn**

☐ Yes

☐ No

**Blood pressure (last 3 during Aud**

\_\_\_\_/\_\_\_\_ mmHg

\_\_\_\_/\_\_\_\_ mmHg

\_\_\_\_/\_\_\_\_ mmHg

Version: 7/8/2022

## **Examinations (during Audit period)**

**Foot (comprehensive or "complete", 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

## **Hepatitis C (HCV)**

**HCV diagnosed (ever):**

☐ Yes

☐ No

**If not diagnosed with HCV, screened at least once (ever):**

☐ Yes

☐ No

## **Retinopathy**

**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

**Pneumococcal [PCV15, PCV20, or PPSV23] (ever):**

☐ Yes

☐ No

**Td, Tdap, DTaP, or DT (in past 10 years):**

☐ Yes

☐ No

**Tdap (ever):**

☐ Yes

☐ No

## Audit Form (2 pages)

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

**There are changes (*almost*) every year!**

# Different Time Periods for Different Items



12 month (Audit) period for most including:

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



Exceptions

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

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

# How are these outcomes reported?

Sample section from WebAudit Audit Report

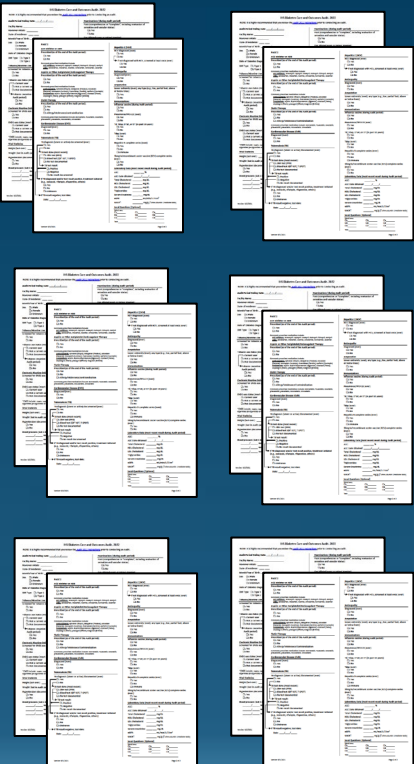
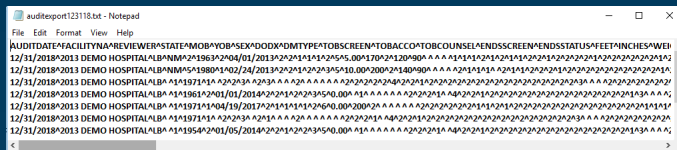
	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
<b>Gender</b>					
Male	305	647	<b>47%</b>		
Female	342	647	<b>53%</b>		
<b>Age</b>					
< 20 years	2	647	<b>0%</b>		
20-44 years	110	647	<b>17%</b>		
45-64 years			<b>43%</b>		
≥ 65 years	257	647	<b>40%</b>		
<b>Diabetes Type</b>					
Type 1	8	647	<b>1%</b>		
Type 2	639	647	<b>99%</b>		
<b>Duration of Diabetes</b>					
< 1 year	20	647	<b>3%</b>		
< 10 years	255	647	<b>39%</b>		
≥ 10 years	375	647	<b>58%</b>		
Diagnosis date not recorded	17	647	<b>3%</b>		

**There are changes every year!**

# How are results provided via the WebAudit?

Output=reports  
and graphs

Input=data file or  
paper forms



## Diabetes WebAudit



Facility Administration

Enter facility information and lock data.



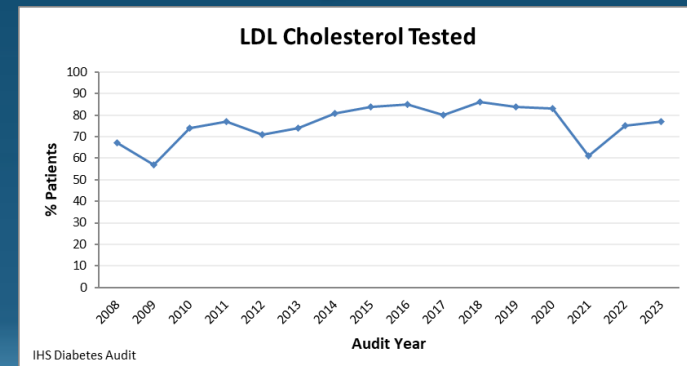
Data Processing

Submit (entry or upload), view, download, and check data.



Reports

Generate reports and graphs.



# Audit Process

# Big picture: encounters to data submission

## Throughout the year:

1. Patient encounters take place – Including in person and telehealth visits with providers, medication pick up or refills, lab tests done, immunizations given, education provided, others.
2. Information about all encounters is documented in EMR (or paper chart).
3. Other (historical) information may also be documented (e.g., TB diagnosed >10 years ago).

# Big picture: encounters to data submission (cont.)

## At Audit time:

1. **Identify** eligible patients with diabetes at facility.
2. **Gather** data for these patients by one of two methods.
  - a. **Electronic Audit:** Extract data from EMR.
  - b. **Manual Audit:** Review charts (paper or electronic) and complete paper forms.
3. **Review** data quality (round 1) – electronic only, if possible.
4. **Submit** data via the WebAudit.
5. **Review** data quality (round 2).

See [Audit 2022 Instructions](#) for additional information. Instructions for Audit 2023 will be available soon.

# WebAudit

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



# Before you begin

- Notify your [Area Diabetes Consultant](#) that you are planning to start Audit programming.
- Gather and review resources and materials.
  - From DDTP: See next slide
  - Local: Previous year's reports, site specific documentation, others
- Assemble your team. It may include: programmers, diabetes program staff, analysts, administrators, others.
- Develop a strategic plan, that includes but is not limited to:
  - Team member assignments
  - Consistent and ongoing communication among team members
  - Testing plan
  - Timelines

# Audit 2023 Materials

Many are final and others still in progress. As of 9/20/2022:

- Available now:
  - Audit form
  - Audit data file specifications
  - Audit Report specifications
  - “Non-RPMS” Audit checklist
- Coming soon
  - Excel file with code lists
  - Audit Instructions
  - RPMS/DMS Audit logic for 2023

# Eligible Patients

First, identify patients who meet **all of the following** criteria:

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

# Eligible Patients (cont.)

Then, **exclude patients** who:

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

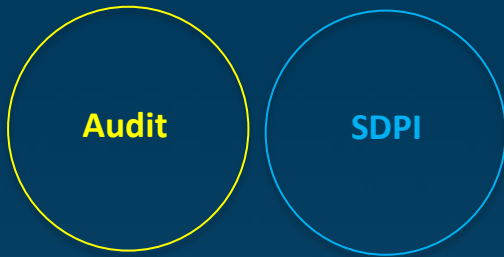
# Identify Eligible Diabetes Patients

Two common options:

1. Diabetes registry or patient list, if available.
  - a. Existing: be sure to review and update, as needed
  - b. Newly created
2. Search:
  - a. Use diagnosis codes to identify patients with diabetes.
  - b. Determine which diabetes patients:
    - i. Had at least one qualifying visit during the Audit period.
    - ii. **Are identified as being American Indian or Alaska Native.**
    - iii. Do NOT meet any of the exclusion criteria.
  - c. If possible, save list of patients in case Audit needs to be rerun or for other activities.

# Different patient groups for Audit & SDPI Target Group: Examples

**1. No overlap: education or tobacco use screening only**  
(SDPI can include only at risk for diabetes)



**2. Some overlap: education or tobacco use screening only**  
(SDPI can include people with and without diabetes)



**3. SOS subset of Audit**  
(SDPI includes only some diabetes patients)



**4. Audit subset of SOS**  
(SDPI includes all community members)



**5. Total overlap**



SDPI Target Group should be fixed for the year, Audit patients are added throughout

# Extract Data from EMR

1. **Review** Audit materials for the current year. If updating software (vs. new programming), pay particular attention to changes from the previous year.
2. **Program** or update software per 2023 Audit requirements.
3. **Test** and verify electronic Audit locally.
4. **Test** data file upload via WebAudit.
5. **Check** data quality using the WebAudit.
6. **Confirm** accuracy by comparing local and WebAudit reports.
7. **Make** any necessary corrections or changes.
8. **Repeat** steps 2-7 as needed.

# Electronic Audit - Programming

## 1. Required:

- a. Identify eligible diabetes patients
- b. Extract data for all items according to detailed logic
- c. Create data file in specified format for current year

## 2. Optional, but recommended:

- a. Store patient lists (e.g., for Audit or SDPI Target Group)
- b. Audit Report (summary of results for all patients)
- c. Individual Audit report (data for one patient)



# Audit Data File: General Info

1. **Format:** Delimited text
2. **Delimiter must be** the ^ symbol. It cannot be a tab, space, or any other character.
3. **Line 1** contains the Audit field names in the required order.
4. **Lines 2 and beyond** contain the data, with each line representing a single record/patient.
5. All records must contain a value or a place holder for all items. If there is no value for an item (because data are missing or due to skip pattern), the place holder must be one blank space between the delimiters (i.e., ^ ^). **Do not use 0 to represent missing data.**

Blank space here

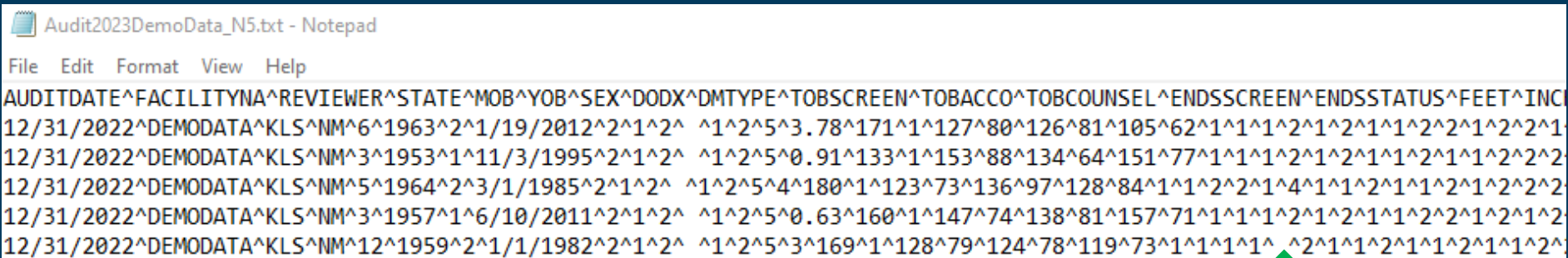
# Audit Data File Specifications: Page 1

List of Audit Data Fields

Order	Field Name	Description	Timeframe	Format/Values/Units	Comments
1	AUDITDATE	Ending date of the Audit period - 12/31/2022 for Annual Audit 2023	N/A	mm/dd/yyyy	
2	FACILITYNA	Name or abbreviation for the facility	N/A	Character (max length=20)	
3	REVIEWER	Reviewer's initials	N/A	Character (max length=3)	
4	STATE	Postal abbreviation for last known state of residence	N/A	Character (max length=2)	Do not populate if patient's address is outside of the US (e.g., in Canada).
5	MOB	Month of birth	N/A	# with value 1-12	
6	YOB	Year of birth	N/A	yyyy	
7	SEX	Gender	N/A	# field with: 1=Male 2=Female	
8	DODX	Date of diabetes diagnosis			If only year is known, use value 07/01/yyyy. If only month and year are known, use 15 for the day. Leave blank if year or entire date is unknown.
9	DMTYPE	Diabetes type	N/A	# field with: 1=Type 1 2=Type 2 (or uncertain)	
10	TOBSCREEN	Screened for tobacco use	Audit period	# field with: 1=Yes 2=No	
11	TOBACCO	Tobacco use status	Most recent	# field with: 1=Current user 2=Not a current user 3=Not documented	
12	TOBCOUNSEL	Tobacco cessation counseling/education received	Audit period	# field with: 1=Yes	Populate only if TOBACCO value is 1=Current user

**There are changes every year!**

# Audit Data File: Sample



Blank space here


- Can be viewed using Notepad, Word, Excel or other software that allows viewing of text files.
- **Original text file is the **only** one that can be uploaded into the WebAudit.**

# Testing

## 1. Review data file to be sure it is in the proper format.

- Delimited text format with ^ as delimiter
- All data fields MUST be present in the file in the proper order for each data line
- Missing values MUST appear as a space between two delimiters: ^ ^ instead of ^^
- First line lists field names, data are in lines 2-n

Blank space  
here



## 2. Upload electronic data file to the WebAudit.

- If successful, proceed to next step.
- If unsuccessful, review information about issues, make necessary corrections, and repeat previous step.

# Testing (cont.)

## 3. Review uploaded data (View/Download Data tool)

- a. Is the number of records correct?
- b. Compare data for sample of individual patients vs. EMR.
- c. Download data in Excel format to see data for all patients.

## 4. Review WebAudit Data Quality Check.

- a. Lists potential issues with data that were successfully uploaded.
- b. Large numbers of errors for a field indicate systemic problems.

# Testing (cont.)

## 5. Review Audit Report from the WebAudit.

- a. Review results to ensure that they are consistent with what is expected based on knowledge of the facility.
- b. Compare with report programmed in your system (if available).
- c. Review for results close to 0% or 100%.
- d. Compare to report for previous year (Audit 2022).

## Testing (cont.)

### 6. **Manually Audit a small sample of records and compare vs. electronic Audit of the same records.**

- a. Data for both formats can be submitted to the WebAudit (as separate Interim Audits).
- b. Compare WebAudit Audit Reports for manual and electronic.

If any issues are found during testing, review and troubleshoot with your technical team.

## A note about timing

- As of September 2022, programming of WebAudit tools for 2023 is still in progress.
- These tools may not be available to general users until January 2023.
- If you have data files for testing before then, the Audit team should be able to upload them for you.
  - DO NOT send files via email.
  - DO contact the team ([diabetesaudit@ihs.gov](mailto:diabetesaudit@ihs.gov)) to let them know you have a file for testing. They will send you a message via the IHS Secure Data Transfer Service that you can reply to with your file attached.



# Audits for RPMS vs. other EMRs

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

Activity	RPMS	Other EMR
<b>Software programming:</b> done by ...	IHS	Software company or vendor
<b>Preparation</b>	<ul style="list-style-type: none"><li>-Install patch</li><li>-Update site populated taxonomies</li><li>-Review and update registry or create list of diabetes patients</li></ul>	Software dependent
<b>Education documentation</b>	RPMS specific coding	System dependent

# Lessons Learned

1. **Eligible Patients:** Identifying them can be challenging.
2. **Eligible Visits:** Reviewing only billable visits may not capture all Audit items.
3. **Medications:**
  - a. Be sure to review dates and include only those that are current as defined by the Audit instructions.
  - b. Check Audit Report for high percent of patients with no current medications, which indicates a potential problem with the data and/or logic.
4. **Education, exams, historical data:** Some sites have challenges extracting data due to lack of standardized documentation. Be sure to note how these are documented at your facility.
5. **Labs - general:** Check Audit Report for high percent of patients with no result, which indicates potential problem with data and/or logic.
6. **Missing data:** Do not use value of 0 to represent missing values.

# Takeaways and Tips

1. **Start early!** Mapping data and programming requires time, planning, effort, and teamwork.
2. **Coding:** Use the codes provided to identify comorbid conditions and complications (e.g., diagnosed depression, CVD, retinopathy).
3. **Timing is important.** Be sure to use current year's materials (2023) and timeframe (Jan 1-Dec 31, 2022).
4. **Find friends!** Networking with other sites using the same software may be helpful. However, mapping of data is usually unique to each site.
5. **Plan B:** Manual Audits are always an option.

# Changes for 2023

# Mental Health/Depression Input

Mental Health
Depression an <b>active problem/diagnosis</b> :
<input type="checkbox"/> 1 Yes
<input type="checkbox"/> 2 No
→ Screened for depression (during Audit period)
<input type="checkbox"/> 1 Yes
<input type="checkbox"/> 2 No

Depression
Screened for depression (during Audit period):
<input type="checkbox"/> 1 Yes
<input type="checkbox"/> 2 No
Depression an <b>active diagnosis (during Audit period)</b> :
<input type="checkbox"/> 1 Yes
<input type="checkbox"/> 2 No

1. **Renamed:** Mental Health -> Depression
2. **Order:** switched
3. **Changes:** Active problem/diagnosis -> active diagnosis (during Audit period)

# Mental Health/Depression Reporting

2022

Depression an Active Problem			
Yes	15	87	17%
No	72	87	83%
In patients without active depression, screened for depression during Audit period			
Screened	65	72	90%
Not screened	7	72	10%

2023

Depression			
Screened during Audit period	70	87	80%
Active diagnosis during Audit period	20	87	23%
Screened and/or active diagnosis during Audit period	75	87	86%

# Mental Health/Depression Reporting

2022

## Depression an Active Problem

Yes

Numerator: count records with DEPDX=1 (yes)

Denominator: count all records

No

Numerator: count records with DEPDX=2 (No)

Denominator: count all records

In patients without active depression, screened for depression during Audit period

Screened

Numerator: count records with DEPSCREEN=1 (yes)

Denominator: count records with DEPDX=2 (no)

Not screened

Numerator: count records with DEPSCREEN=2 (no)

Denominator: count records with DEPDX=2 (no)

2023

## Depression

Screened during Audit period

Numerator: count records with DEPSCREEN2=1 (yes)

Denominator: count all records

Active diagnosis during Audit period

Numerator: count records with DEPDX2=1 (yes)

Denominator: count all records

Screened and/or active diagnosis during Audit period

Numerator: count records with DEPSCREEN2=1 (yes) or DEPDX2=1 (yes)

Denominator: count all records

# New Medication: Tirzepatide

2022

## 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 (Tradienta), 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 [canagliflozin (Invokana), dapagliflozin (Farxiga), empagliflozin (Jardiance), ertugliflozin (Steglatro)]
- ☐8 Pioglitazone [Actos] or rosiglitazone [Avandia]
- ☐9 Acarbose [Precose] or miglitol [Glyset]
- ☐10 Repaglinide [Prandin] or nateglinide [Starlix]
- ☐11 Pramlintide [Symlin]
- ☐12 Bromocriptine [Cycloset]
- ☐13 Colesevelam [Welchol]

2023

## 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 (Tradienta), 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 [canagliflozin (Invokana), dapagliflozin (Farxiga), empagliflozin (Jardiance), ertugliflozin (Steglatro)]
- ☐8 Pioglitazone [Actos] or rosiglitazone [Avandia]
- ☒9 Tirzepatide [Mounjaro]
- ☐10 Acarbose [Precose] or miglitol [Glyset]
- ☐11 Repaglinide [Prandin] or nateglinide [Starlix]
- ☐12 Pramlintide [Symlin]
- ☐13 Bromocriptine [Cycloset]
- ☐14 Colesevelam [Welchol]

**2023 Report:** Line item for Tirzepatide added in Diabetes Treatment section



# Pneumococcal Vaccine Changes

2022

Input

Pneumovax/PPSV23 (ever):

☐ 1 Yes

☐ 2 No

2023

Pneumococcal [PCV15, PCV20, or PPSV23] (ever):

☐ 1 Yes

☐ 2 No

Report

Pneumovax/PPSV23 - ever

Pneumococcal vaccine (PCV15, PCV20, or PPSV23) - ever

# SDPI RKM Report

2022

## Depression Screening

In patients without active depression, screened for depression

2023

## Depression Screening

Screened and/or active diagnosis during Audit period

Numerator: count records with DEPScreen2=1 (yes) or DEPDX2=1 (yes)

Denominator: count all records

2022

## Immunizations: Pneumovax/PPSV23

Pneumovax/PPSV23 - ever

2023

## Immunizations: Pneumococcal

Pneumococcal vaccine (PCV15, PCV20, or PPSV23) - ever

Numerator: count records with PNEUMO=1 (yes)

Denominator: count all records

# Other Minor Changes

## Examples:

- **Form**
  - Text changed: “Urine Albumin: Creatinine Ratio” to “Urine albumin-to-creatinine ratio”
- **Report**
  - Correct display of dl to dL

# Impact on Data File Specifications

**Columns:** 77 total (increased from 76)

- **1-27:** No change
- **28-29:** Order switched
  - Depression screening is now 28 and called DEPSCREEN2
  - Depression diagnosis is now 29 and called DEPDX2
- **30-40:** No change
- **41:** New medication, tirzepatide (Mounjaro) called TXTIRZEP
- **42-60:** Shifted one place from previous year
- **61:**
  - Shifted one place from previous year
  - Now called PNEUMO
- **62-77:** Shifted one place from previous year

**Be sure to carefully review the Audit Data File Specifications  
before programming!**



# Audit Tips for non-RPMS EMRs

## Alaska Area

# Priorities for discussion

- Review
  - Audit form
  - Audit instructions
  - Audit data file format
  - Numbered Audit elements
  - Review code lists

# Tips for programs with a new non-RPMS EMR

- If you have at least 6 months of data in RPMS
  - Run the Audit file from RPMS
  - Export to WebAudit
  - Manually update new data from the new EMR
- If moved to new EMR with less than six months of data:
  - Consider a manual random chart review for the first year or two

# Programming for the report

- In-house vs external (use of population health software)
- Analysts code the Audit elements
- Include relevant people!
- File is validated by programs
  - Iterative process
  - Takes time & patience



# Programming for the report

- Audit data file
- Cohort (groups) report
  - Might include all DM patients, a subset of DM patients or people at risk

# Code Lists


- Vitals: Height, weight, BP
- Screenings: Tobacco, depression, TB
- Diagnoses codes – DM, HTN, depression, hepatitis B & C
- Diagnoses codes +procedure codes and/or CPT codes : CVD, Retinopathy, LEAs
- Education: Ad hoc forms, patient handout/instructions, quality measures (local lists/taxonomies)
- Exams: CPT codes/quality measures
- Prescribed/dispensed medications (local lists/taxonomies)
- Immunizations (local lists/taxonomies) - product codes vs CVX codes
- Labs (local lists/taxonomies)

# Priorities/Expectations

- Ongoing documentation, review and validation
- Repetition is key!
- Start EARLY!
- Start SMALL!
- Work on one Audit element/question at a time
- Plan B: manual Audit

# Partners

- Local SDPI programs + CMAs +pharmacy staff + lab staff +coders
- ADC
- DDTP WebAudit resources



# Kim Blood

# Athena Health

## Alaska Area

# Building the Team

- Initial Steps
  - Health Information Technology (IT) Team
    - Lab, Dental, and Pharmacy
  - Reviewed DDTP WebAudit resources
  - Brainstormed ways to include outside data
  - Ran report and reviewed with Health IT
  - Repeated steps as needed

# Submitting Data

- Final audit report and lessons learned
  - Quality check revealed data issues
  - Some outcomes improved – Dental, Pharmacy
  - Some outcomes decreased – Education, Foot Exams
  - Report and process saved for future use
  - Will continue to improve process with Health IT

# Audit Resources

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



# Diabetes Audit Team

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RPMS Developer

**Renee Chase, RN**  
Nurse Informatics  
Consultant

**Lani Desaulniers, MD**  
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**James Doughty**  
WebAudit Developer

**Jermaine Gonzales**  
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ADC Representative  
(Great Plains Area)

**Tracy Nelson**  
ADC Representative  
(Portland Area)

**Theresa Oakley**  
Tier 3C User Support  
Manager

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DMS Project Manager

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Biostatistician

**Skip Squires**  
DMS Technical Lead

**Dorinda Wiley-Bradley, RN**  
Audit Support & Training

**Mark Williams**  
Visual DMS Developer

**Area Diabetes Consultants  
and Support Staff**

# Resources: Checklist and Code Lists

# Tips for Using Code Lists

1. **Content:** May contain codes not used at your facility – focus on those that are.
2. **Navigation:** Right click in lower left to see list of tabs and open selected tab.
3. **Sort/filter:** Using header row in each tab.

# Introduction to Audit Website & WebAudit