

2024 IHS Diabetes Care and Outcome Audit Results



Indian Health Service
Division of Diabetes
Treatment and Prevention

Background

American Indian and Alaska Native people continue to experience rates of diabetes that are higher than other populations in the U.S.



The National Diabetes Statistics Reports includes an age-adjusted prevalence of 10.1% for US adults, as compared to a prevalence of 13.6% for American Indian/Alaska Native (AI/AN) adults. Encouragingly, the prevalence in AI/AN adults has decreased significantly from 15.4% in 2013.

The Diabetes Care and Outcomes Audit (Audit) was initiated in 1986 in conjunction with the IHS Standards of Care for Diabetes, to provide a framework to assess and improve quality of care of these individuals throughout the Indian Health System. It is currently managed by the IHS Division of Diabetes Treatment and Prevention (DDTP).

IHS Diabetes Care and Outcomes Audit

- A process to assess care and health outcomes as defined by IHS Diabetes Standards of Care for AI/AN people diagnosed with diabetes.
- 2024 Annual Audit reporting is based on data submitted from 273 SDPI programs (IHS, Tribal, and Urban) and 51 IHS facilities (non-SDPI).
- The RPMS Diabetes Management System (DMS) tools create and maintain diabetes registries, aggregate data from RPMS to generate Annual Audit and SDPI Required Key Measure (RKM) reports, and produce data files for uploading into the Diabetes WebAudit and SDPI Outcomes Systems (SOS) programs.
 - RPMS tools provide the ability to run audits specific to individuals, facilities, providers, communities, or other defined populations.
 - Provides a data source for clinical quality improvement projects at IHS, Tribal, and Urban facilities.
- The Diabetes WebAudit (WebAudit), a web-based program, collects and aggregates data from electronic data files or manual data-entry submissions.
 - Non-RPMS users can submit data to the WebAudit using either electronic or manual submission methods.
 - Annual Audit and SDPI Required Key Measure (RKM) reports are produced.
- Interim Audits can be performed at any time in either the DMS or WebAudit to monitor and evaluate progress.

Quick Facts

The 2024 Audit represents data from:

140,584 persons with diabetes

Increased participation from 11,703 in 1998. The Audit participation increased when it was required for SDPI reporting.

75% sites submitted data via RPMS

25% by other RPMS or manually.

75 data measures

Increased from ~21 in 1986, compared to the National GPRA report which includes five diabetes measures.

324 sites

213 Tribal
82 IHS
29 Urban

2024 Highlights



Mean A1C 7.72 (decreased 12% since 1997)

61% had A1C <8% (increased 5.3% since 2014)
19% had A1C >9% (decreased 8% since 2014)



Blood Pressure (BP) control

69% had mean BP <140/<90 (6% increase since 2008)



Cholesterol

Mean total cholesterol was 163 (20% decrease since 1998)
Mean LDL cholesterol was 86 (28% decrease since 1998)



Education was documented for a majority of people with diabetes within the Audit year

58% Diabetes Education
49% Physical Activity
48% Nutrition
74% Any Education



Annual Exams (rates rebounding since 2021)

36% Dental (27%)
55% Retinal exam (42%)
50% Complete foot exam (39%)

Assessment of Diabetes Complications

Audit data provides detailed information about the presence of diabetes complications, and the utilization of evidence based-strategies to mitigate those complications.



80% have a diagnosis of hypertension

36% had a diagnosis of cardiovascular disease

79% tobacco non-user (7% increase from 2013)
76% were on statin Rx (2% increase from 2022)
26% were on a GLP-1 receptor agonist (10% increase from 2022)
25% were on a SGLT2 inhibitor (13% increase from 2022)

55% had an assessment for kidney disease (eGFR and UACR); of those

31% had evidence of Chronic Kidney Disease (CKD)
71% with CKD on ACE inhibitor (unchanged from 2022)
29% with CKD on GLP-1 receptor agonist (10% increase from 2022)
27% with CKD on SGLT-2 inhibitor (14% increase from 2022)

55% had a retinal examination; of those

24% had evidence of diabetic retinopathy

4% had documented history of a lower extremity amputation (increased 1% from 2019)

Conclusion

The Audit is a comprehensive diabetes care assessment tool for SDPI programs, providers, facilities and communities to use to identify areas for improvement. In addition to the annual Audit report, local sites can run the Audit in RPMS, or in the WebAudit at any time during a year to track the results of interventions over time.