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Just kidding...we added these words.

Diabetes Audit Results, Portland Area, 2004-2017

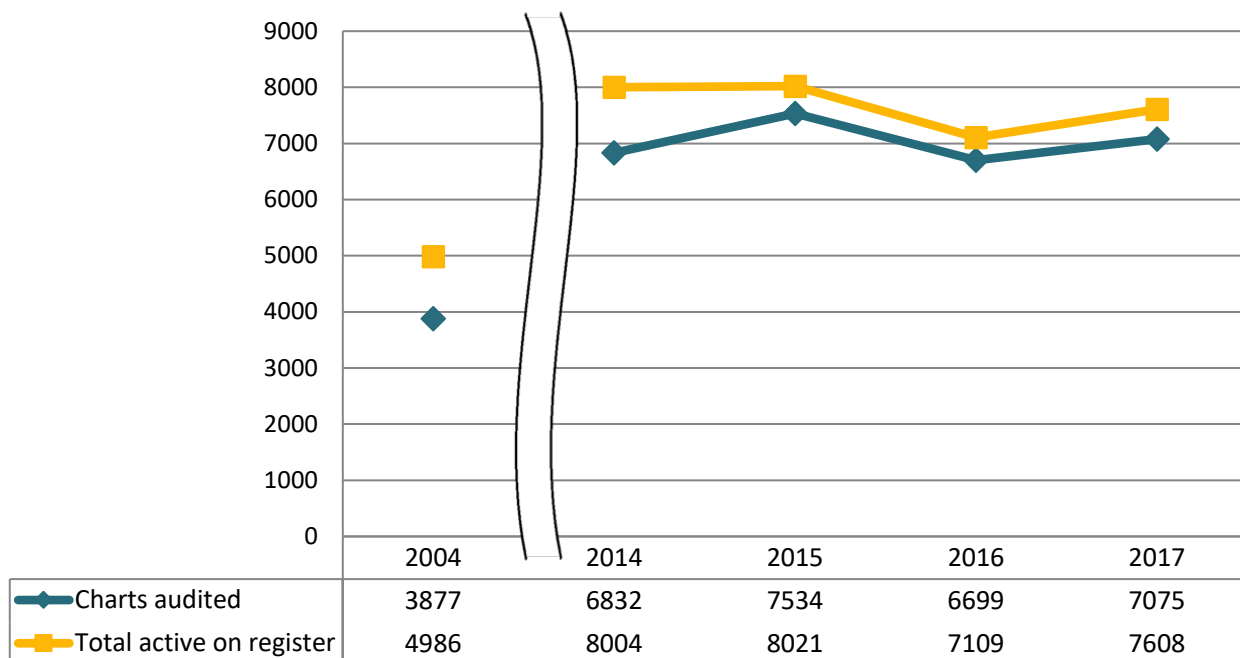
Site-Specific Trends

The following report contains information from your program's annual diabetes audit submission to the Indian Health Service over the past few years. The report was prepared for your site by the Western Tribal Diabetes Project at the Northwest Portland Area Indian Health Board, which receives Special Diabetes Program for Indians (SDPI) funding to assist Northwest tribes in managing their diabetes information. If you have any questions about the report, or if you would like this report in Excel format, please contact the Western Tribal Diabetes Project at wtdp@npaihb.org or (800) 862-5497.

Notes:

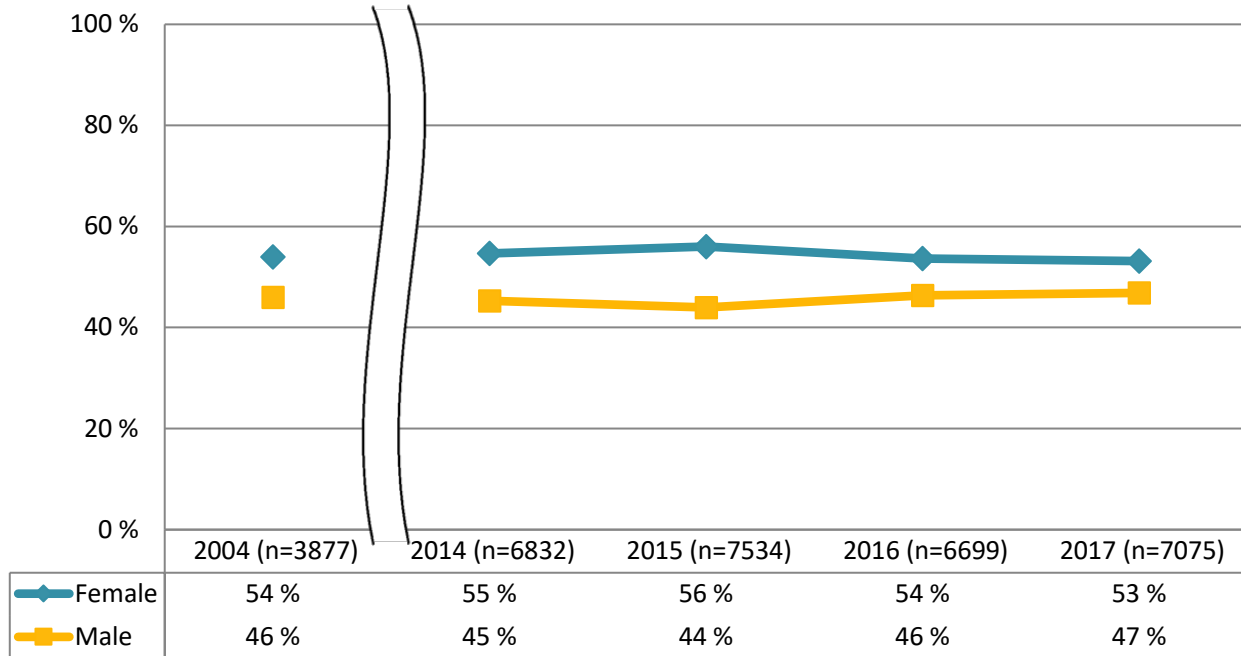
- Due to rounding, charts will occasionally not add up to 100%.
- Data are presented by the year in which the data were submitted. Most likely, the patient care reflected in the audit was delivered in the previous year. For example, the columns 2013 in these charts reflect care that was delivered in 2012.
- Blank spaces have been left for some indicators in years when information was not reported.

Patients in the Diabetes Register

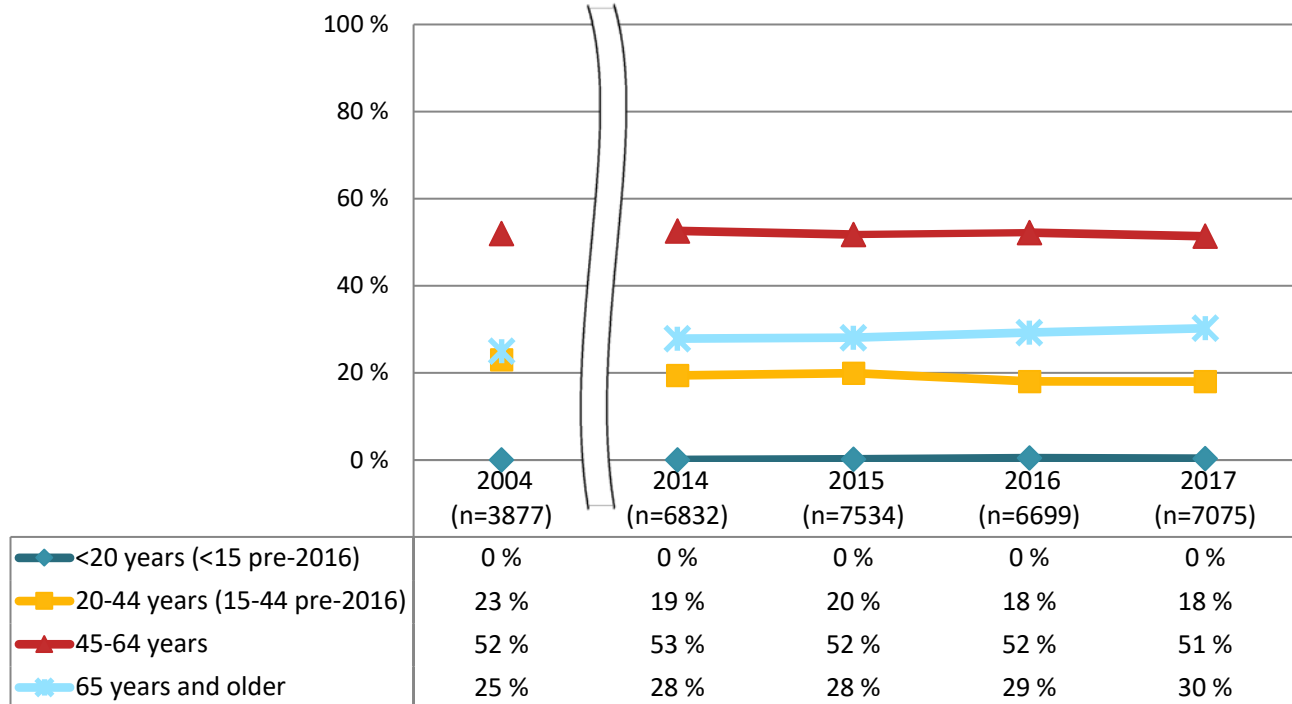


Diabetes Audit Results, Portland Area, 2004-2017

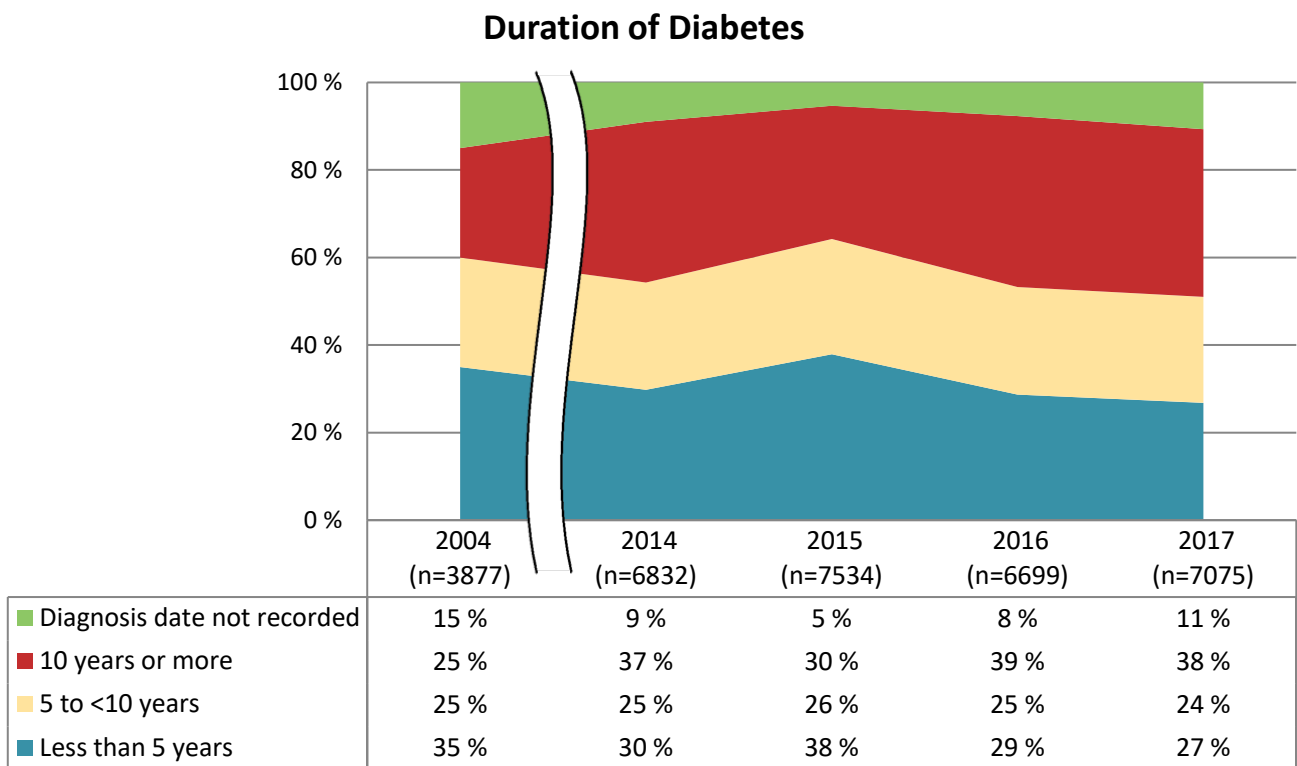
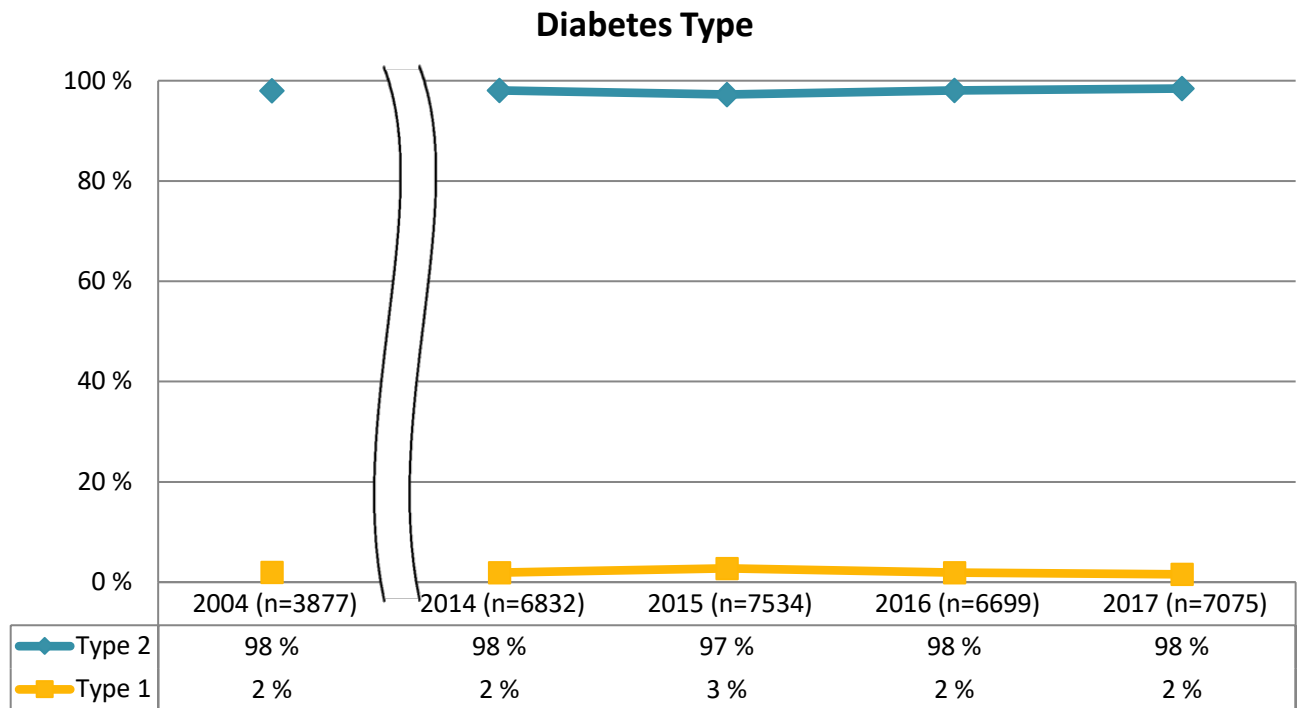
Gender of Patients with Diabetes



Age of Patients with Diabetes



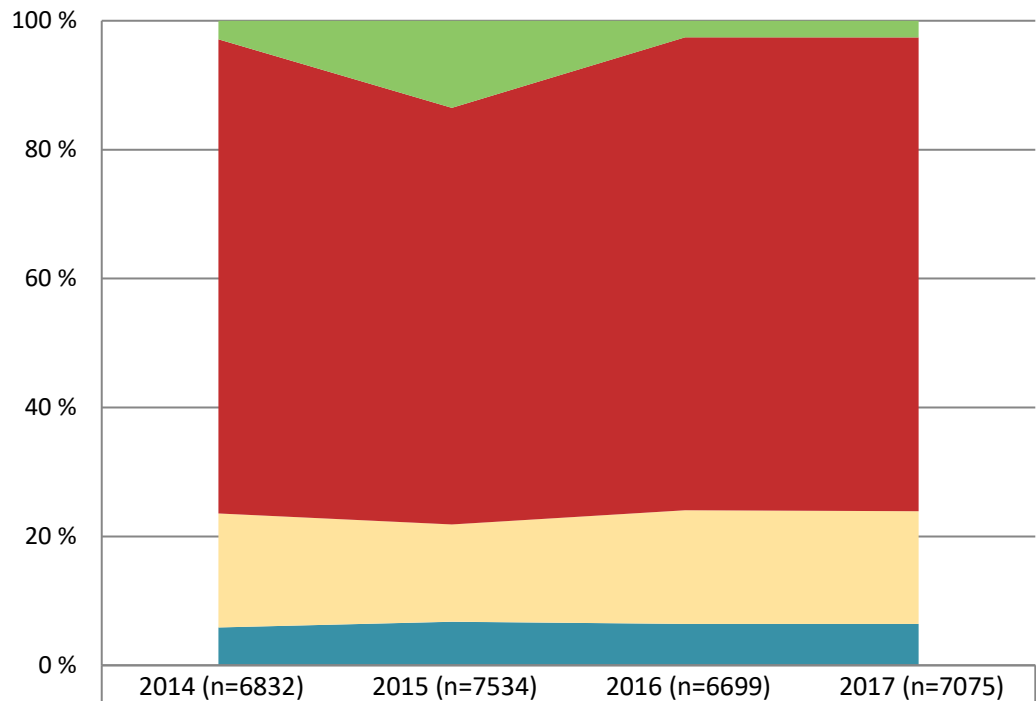
Diabetes Audit Results, Portland Area, 2004-2017



A blank indicates a category not reported on in a given year; FY = Fiscal Year, the year in which data were submitted.

Diabetes Audit Results, Portland Area, 2004-2017

Weight Control



■ Height or weight missing	3 %	14 %	3 %	3 %
■ Obese (BMI 30.0 or above)	74 %	65 %	73 %	73 %
■ Overweight (BMI 25.0-29.9)	18 %	15 %	18 %	17 %
■ Normal (BMI < 25.0)	6 %	7 %	6 %	6 %
Overweight or obese (BMI 25 or above)	91 %	80 %	91 %	91 %

Notes

Body Mass Index (BMI) is calculated using the last weight in the audit year recorded on a non-prenatal visit, along with the most recent height measured since the patient's 19th birthday. The formula is

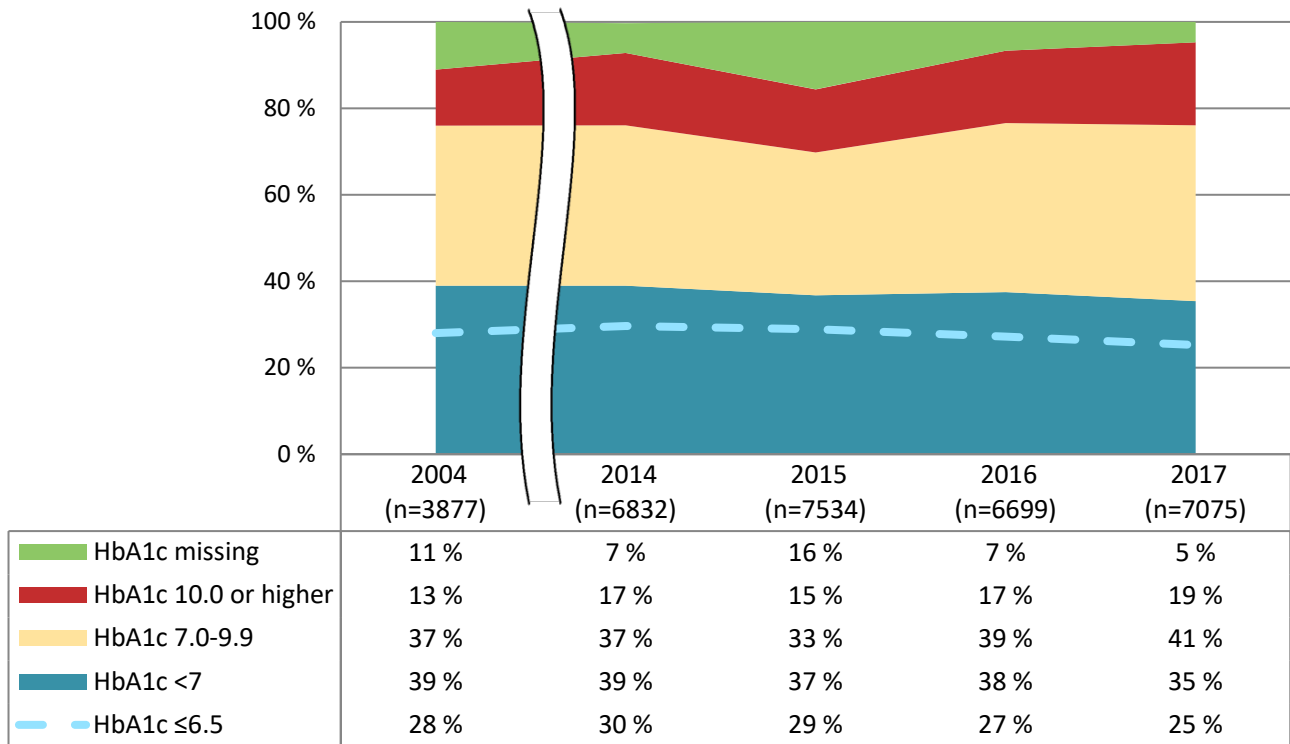
$$\text{BMI} = \text{weight (lbs)} \div \text{height (inches)} \div \text{height (inches)} \times 703$$

Before 2005, overweight and obesity were reported from the audit using cutoffs from the National Health and Nutrition Examination Survey (NHANES). Women were considered overweight with a BMI of 27.3 or higher and obese with BMI 32.3 or higher. Men were overweight at a BMI of 27.8 and obese at 31.1 or higher. These results are still calculated from audit data but are not presented here for the sake of clarity in the chart.

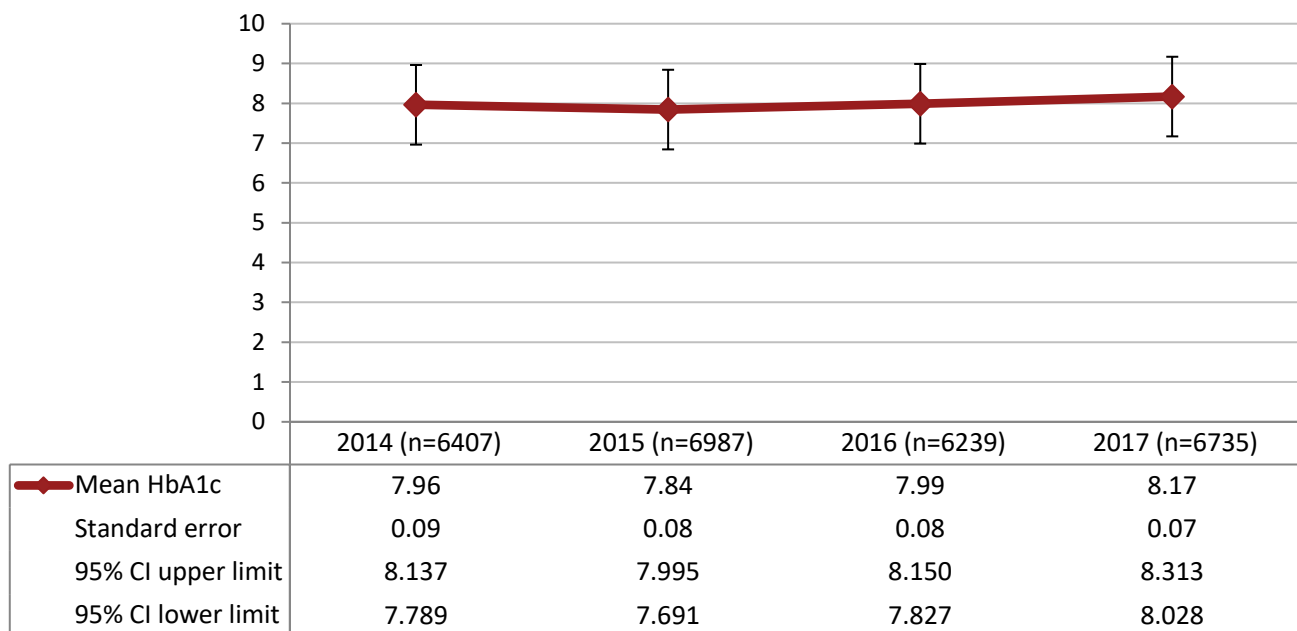
The bars in the graph reflect current cutoffs, which are the same for men and women. Overweight is defined as a BMI of 25 or higher and obesity is 30 or higher. Using these standards, more patients are considered overweight than with the older standards.

Diabetes Audit Results, Portland Area, 2004-2017

Hemoglobin A1c



Average Hemoglobin A1C



A blank indicates a category not reported on in a given year; FY = Fiscal Year, the year in which data were submitted.

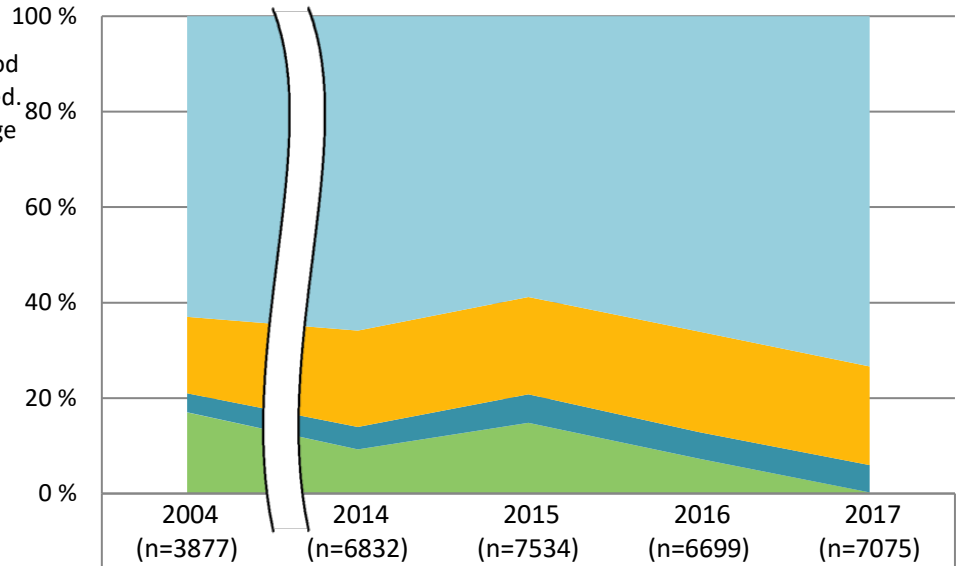
Diabetes Audit Results, Portland Area, 2004-2017

Before 2010: Based on the average of the last 3 blood pressure measurements taken within the audit year. If <3 measurements were taken, blood pressure control is undetermined.

After 2010: Based on the average of the last 2 or 3 blood pressure measurements taken within the audit year. If <2 measurements were taken, blood pressure control is undetermined.

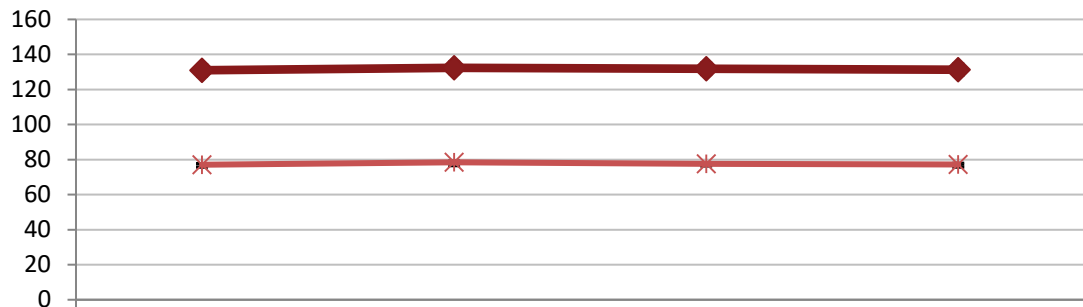
After 2015: Blood pressure is reported if the patient had any recorded in the Audit period.

Blood Pressure



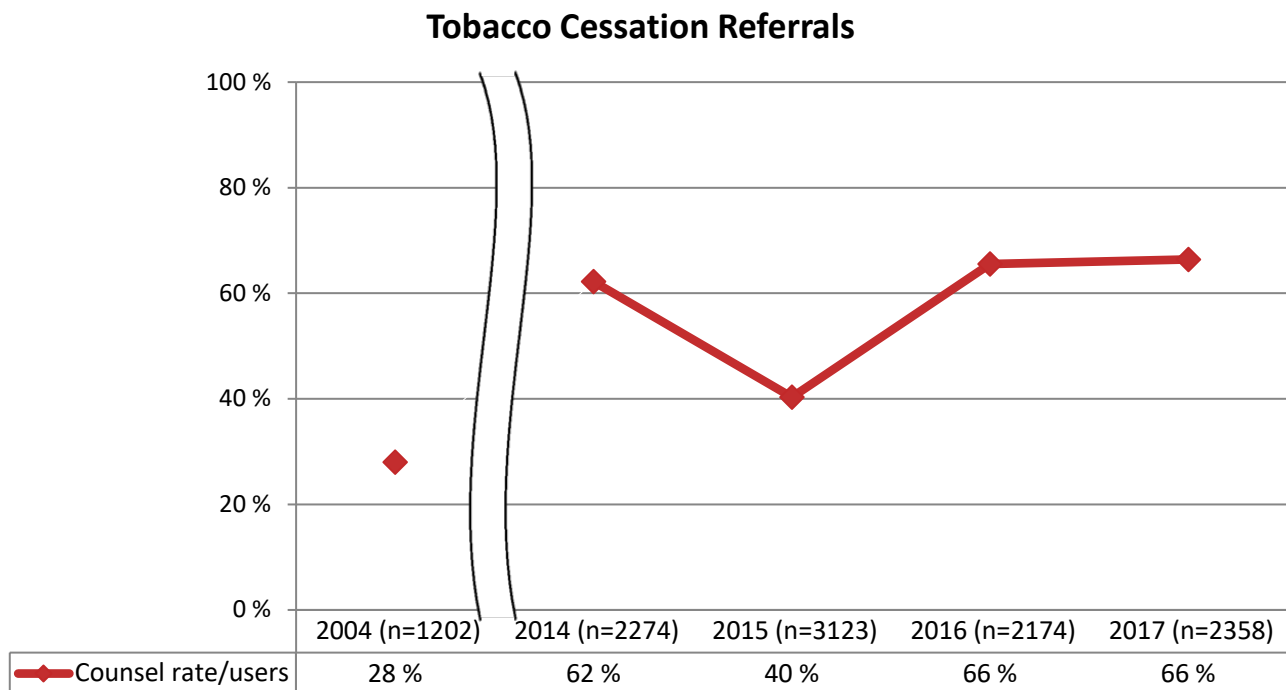
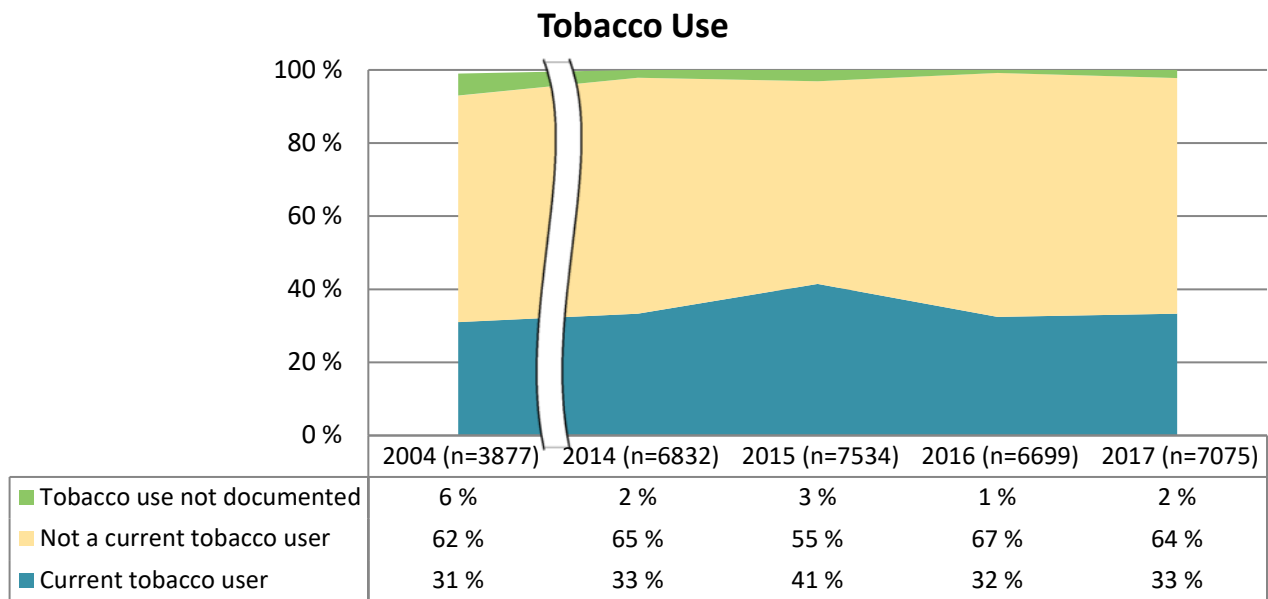
	2004 (n=3877)	2014 (n=6832)	2015 (n=7534)	2016 (n=6699)	2017 (n=7075)
Adequate BP <140/<90	63 %	66 %	59 %	66 %	73 %
Inadequate (140/90 - <160/<95)	16 %	20 %	20 %	21 %	21 %
Markedly poor (160/95 or higher)	4 %	5 %	6 %	6 %	6 %
BP control undetermined	17 %	9 %	15 %	7 %	0 %

Average Blood Pressure



	2014 (n=6184)	2015 (n=6774)	2016 (n=6196)	2017 (n=7057)
Mean systolic BP	130.98	132.36	131.80	131.26
Standard error	0.55	0.73	0.42	0.48
95% CI upper limit	132.056	133.792	132.618	132.202
95% CI lower limit	129.908	130.930	130.985	130.321
Mean diastolic BP	77.06	78.44	77.64	77.24
Standard error	0.36	0.65	0.31	0.46
95% CI upper limit	77.774	79.707	78.255	78.134
95% CI lower limit	76.350	77.178	77.025	76.345

Diabetes Audit Results, Portland Area, 2004-2017

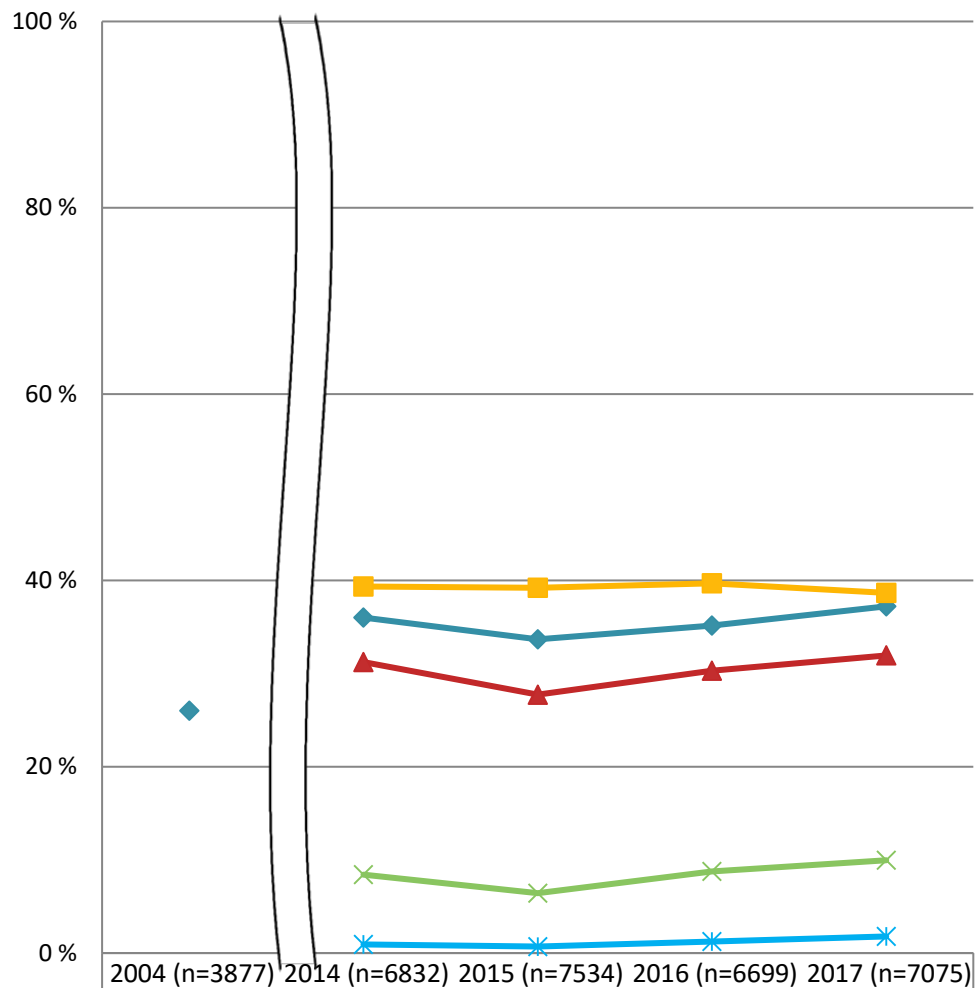


Note: The 'n' in this graph refers to the total number of tobacco users included in the audit.

A blank indicates a category not reported on in a given year; FY = Fiscal Year, the year in which data were submitted.

Diabetes Audit Results, Portland Area, 2004-2017

Diabetes Medications



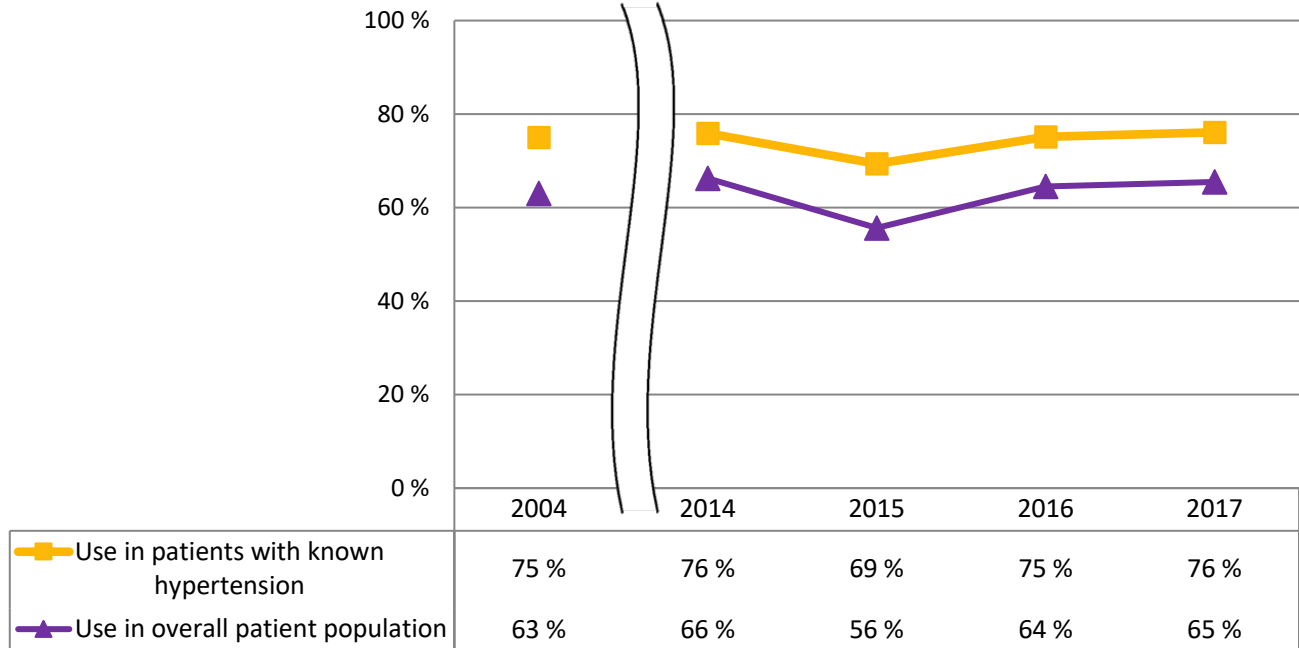
	2004 (n=3877)	2014 (n=6832)	2015 (n=7534)	2016 (n=6699)	2017 (n=7075)
◆ Insulin alone or in combination	26 %	36 %	34 %	35 %	37 %
■ One Med		39 %	39 %	40 %	39 %
▲ Two Meds		31 %	28 %	30 %	32 %
× Three Meds		8 %	6 %	9 %	10 %
* Four + Meds		1 %	1 %	1 %	2 %

Notes

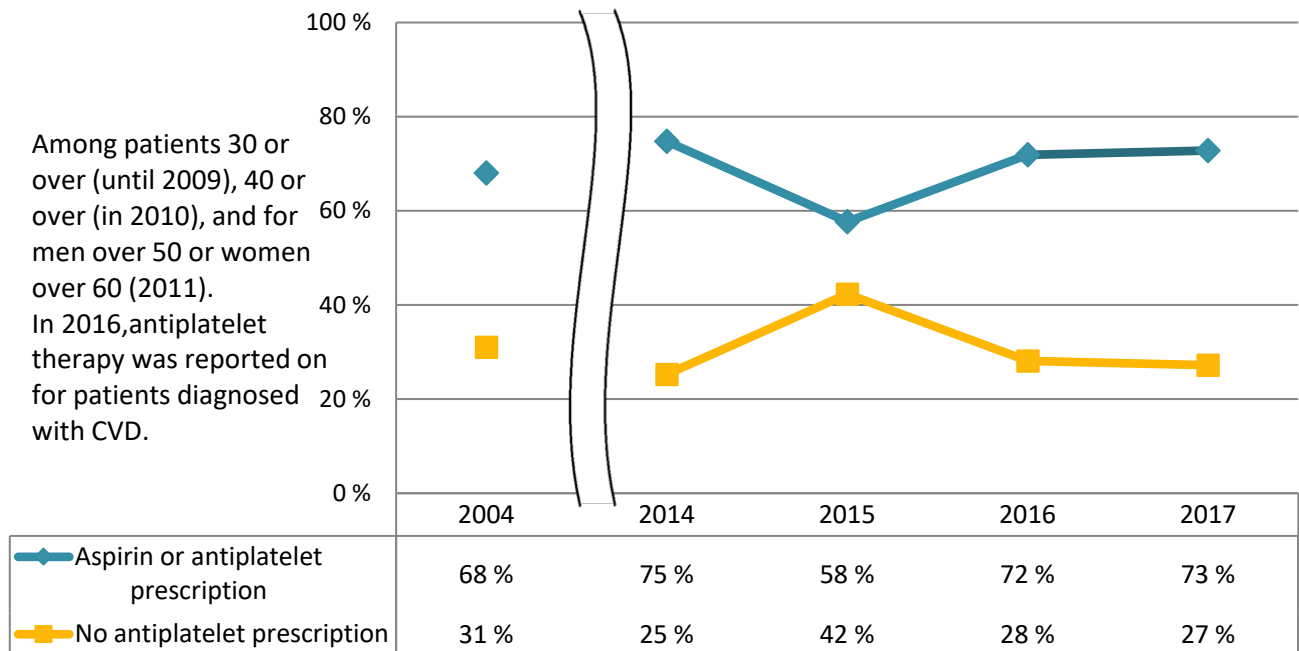
"Diet and exercise alone" is the default selection in RPMS. If no records are found in the patient's chart of medications prescribed or dispensed in the last six months of the audit year, the patient is classified as being treated with "diet and exercise alone." The percentages for this category may be inflated if patients did not refill their prescriptions at the clinic in the last six months of the audit year. You can enter medication reviews as historical RXs so that the audit report will reflect those prescriptions.

Diabetes Audit Results, Portland Area, 2004-2017

ACE Inhibitor or ARB Prescriptions



Antiplatelet Therapy

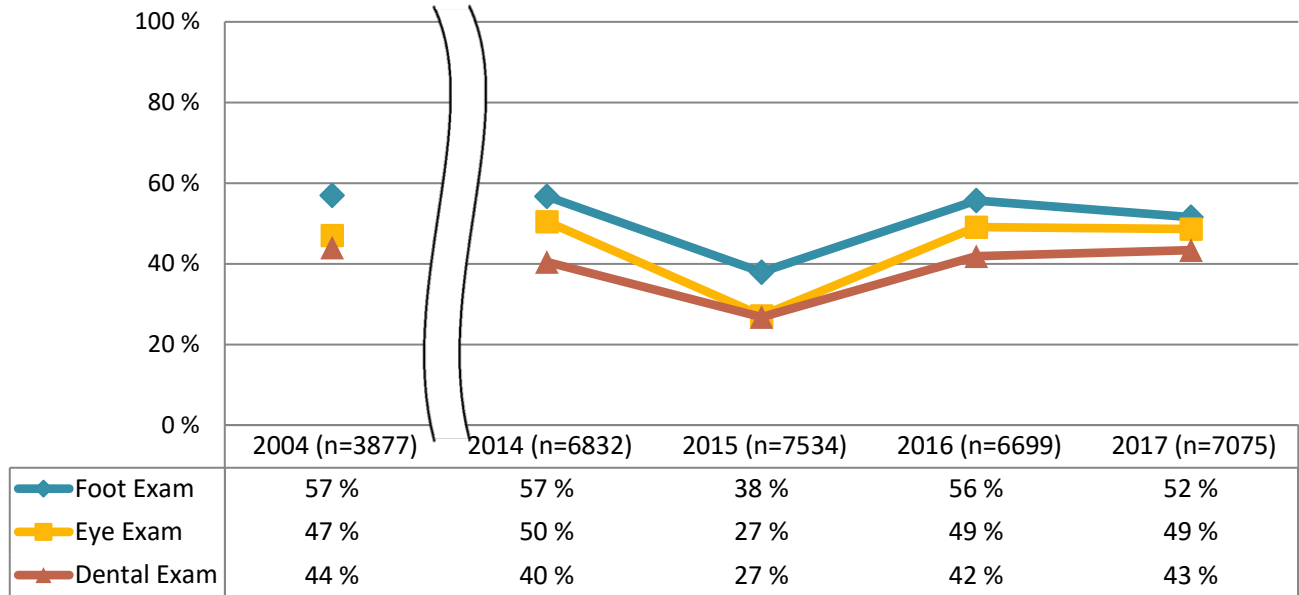


Denominators (n=) are not displayed on this page. These charts represent various subsets of patients, and not the entire population included in the audit.

A blank indicates a category not reported on in a given year; FY = Fiscal Year, the year in which data were submitted.

Diabetes Audit Results, Portland Area, 2004-2017

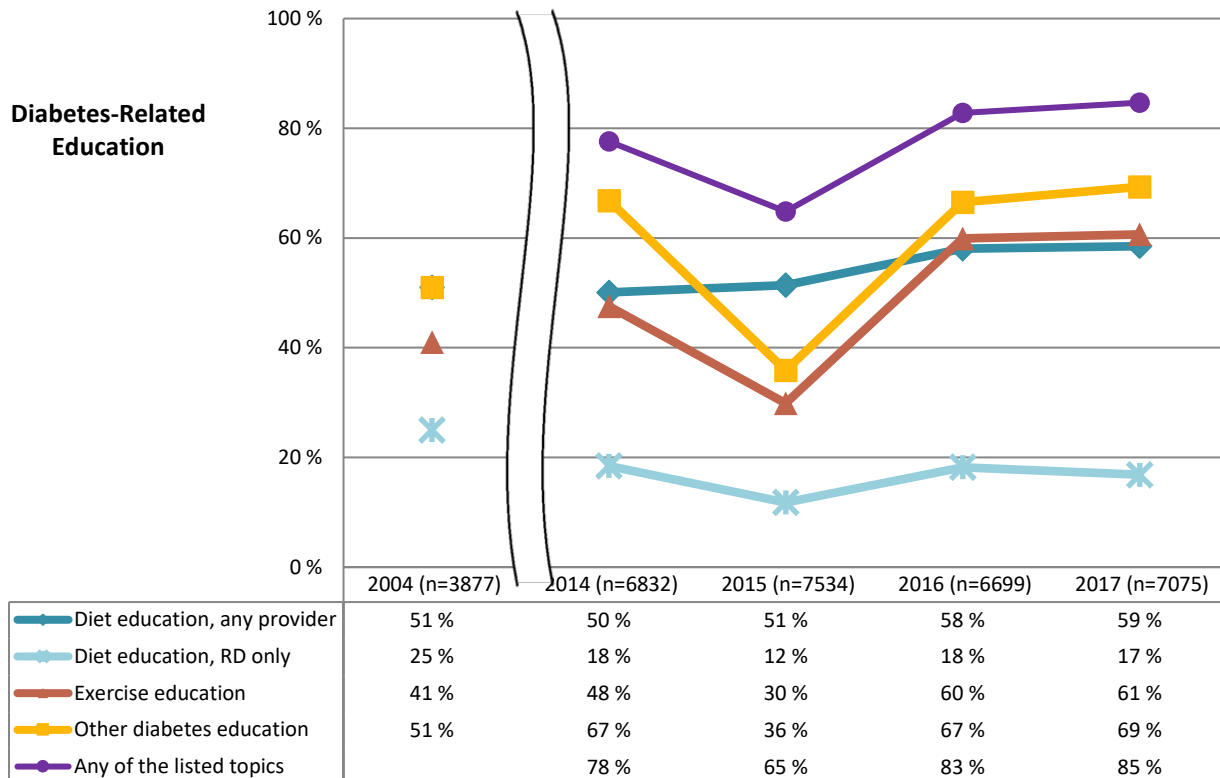
Annual Examinations



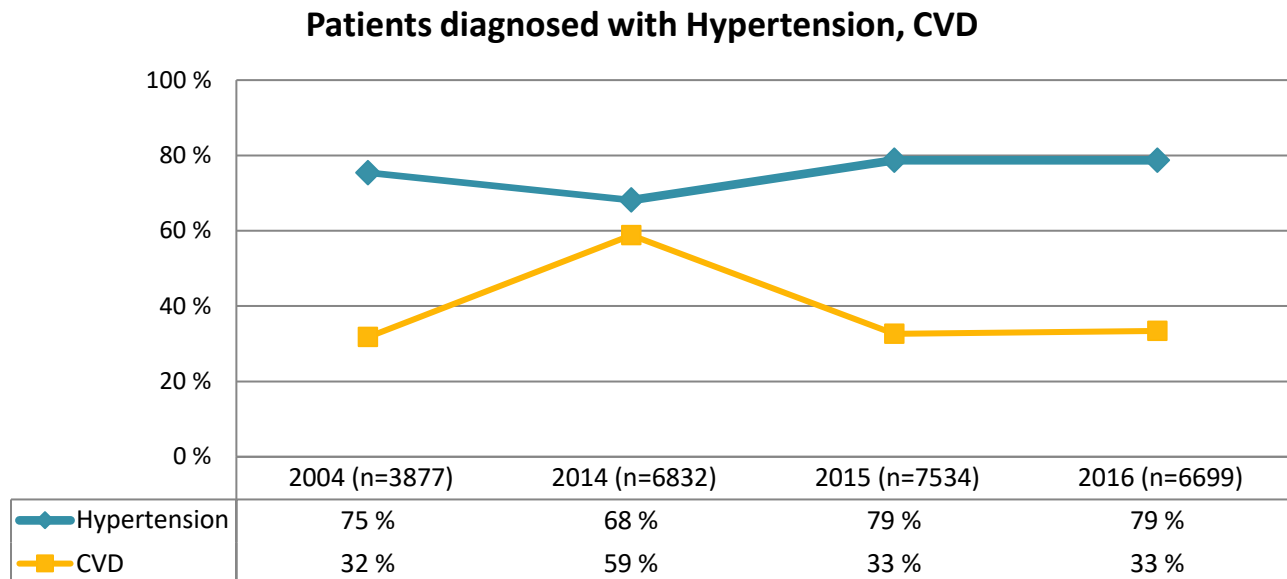
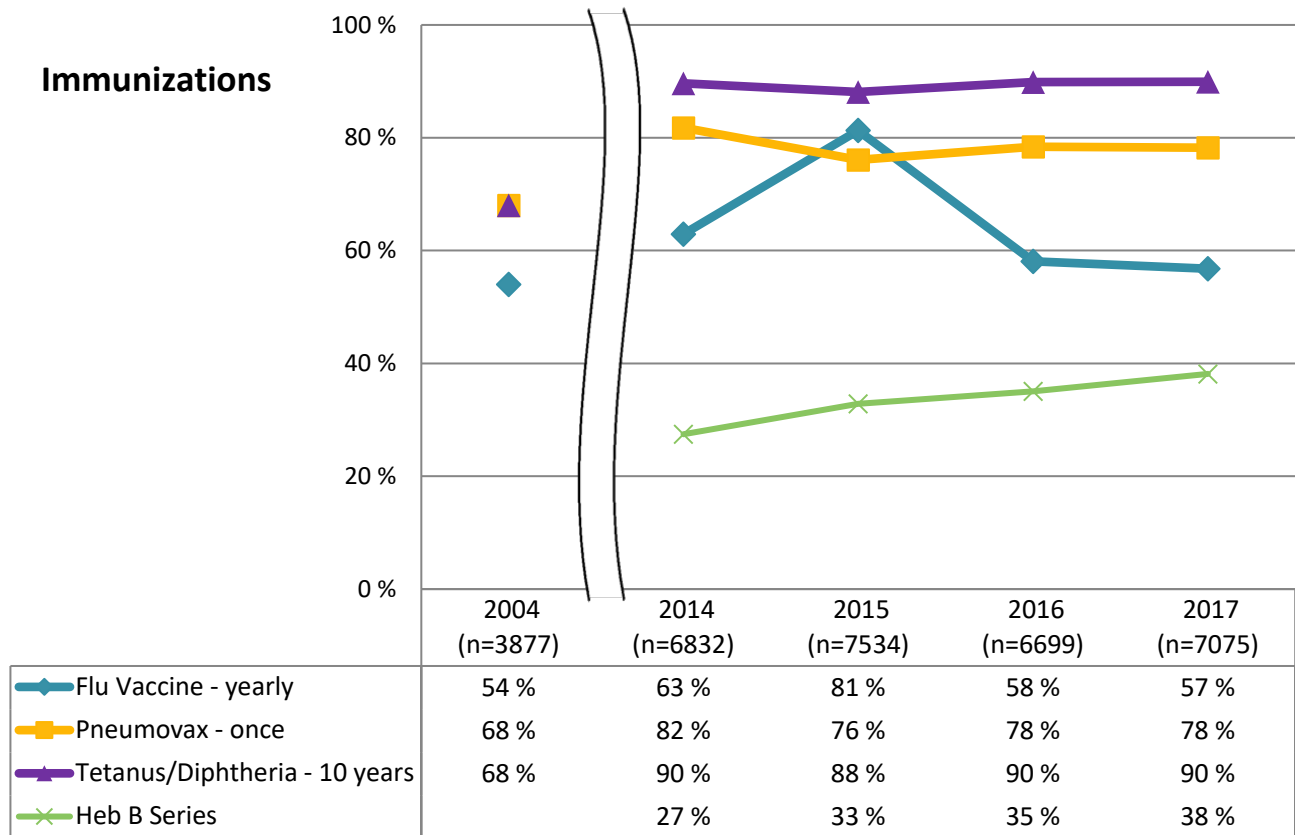
Eye Exam: A dilated fundoscopic exam conducted by a primary care provider, optometrist or ophthalmologist, or fundoscopic photographs reviewed by an ophthalmologist.

Foot Exam: An examination of the feet that includes neurologic and vascular evaluation as well as visual inspection for deformities or lesions.

Dental Exam: The dental examination is one that includes evaluation of the teeth (if present), gingiva and mucosal surfaces.



Diabetes Audit Results, Portland Area, 2004-2017



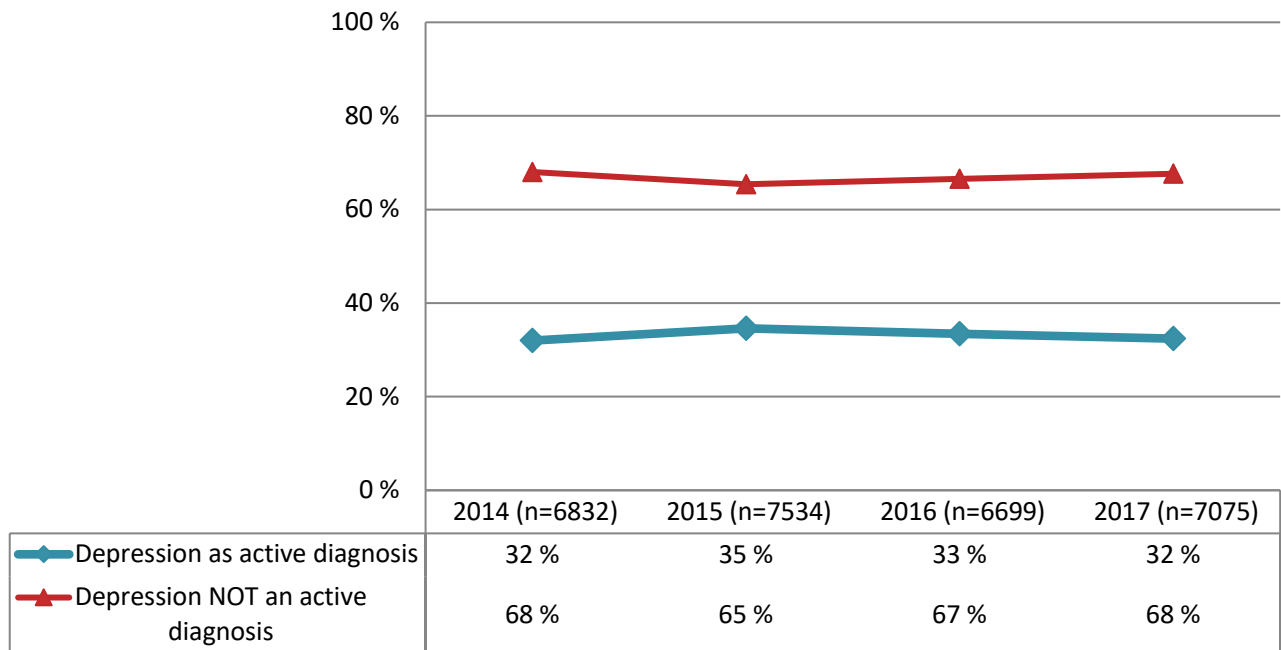
Patient has "known hypertension" if hypertension is on the problem list or the patient has had at least 3 visits with a diagnosis of hypertension.

Patient has CVD if CVD is found on the problems list or patient had at least two diagnoses ever of CVD.

A blank indicates a category not reported on in a given year; FY = Fiscal Year, the year in which data were submitted.

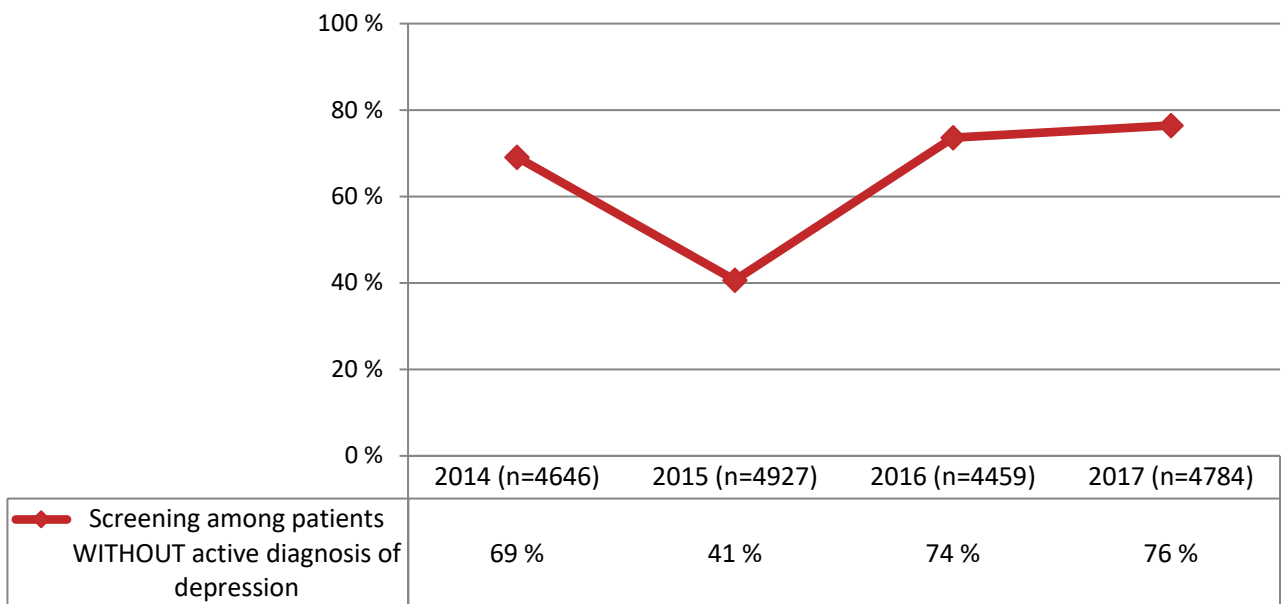
Diabetes Audit Results, Portland Area, 2004-2017

Diagnosed Depression

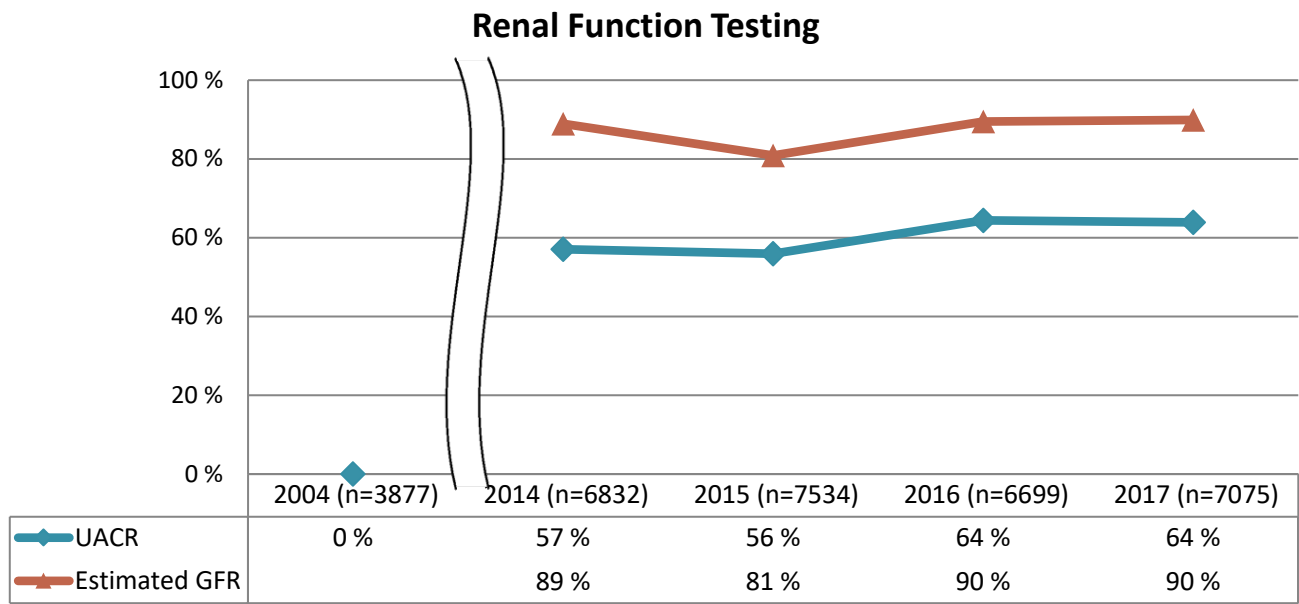


Note: Depression and depression screening were added to the audit in FY2005.

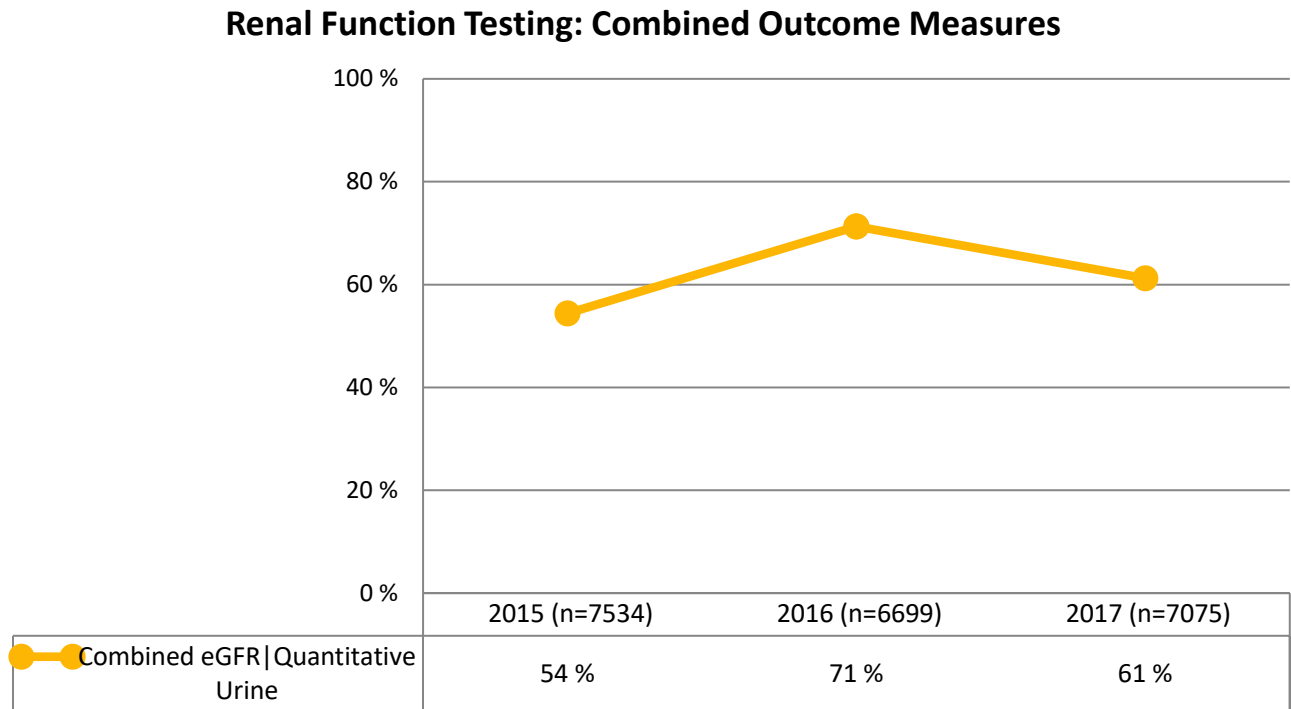
Depression Screening among Patients without Active Depression Diagnoses



Diabetes Audit Results, Portland Area, 2004-2017



Urinalysis results before 2014 included what type of urine protein testing was conducted. In 2014, tracking the types of urinalysis was discontinued and replaced by tracking whether the patient has had a urine albumin/creatinine ratio.

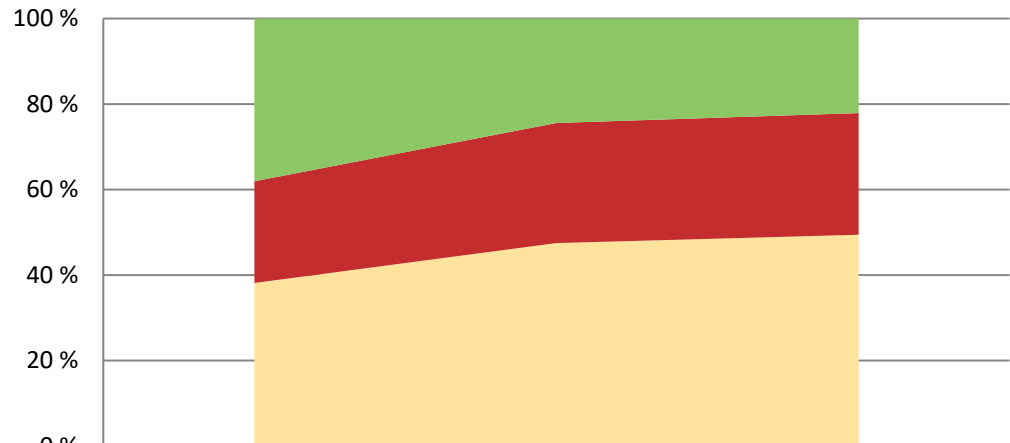


For this measure, these are records with both an eGFR and a quantitative urine protein test.

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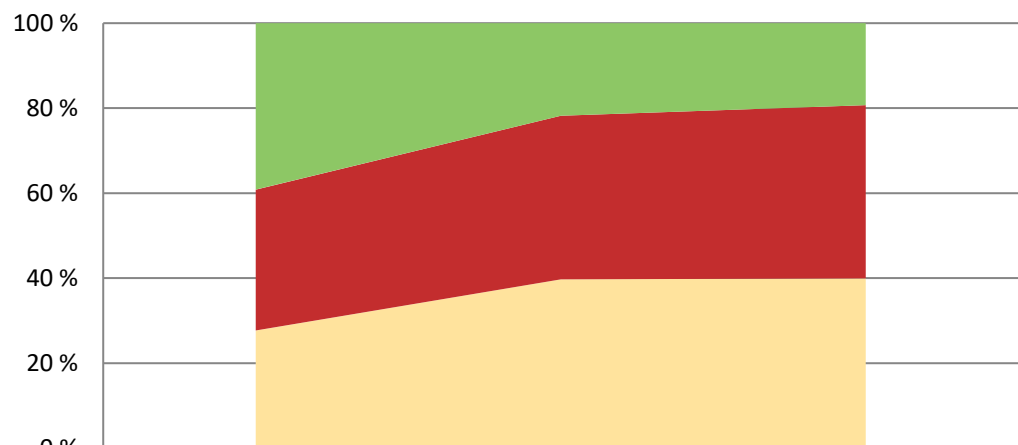
Diabetes Audit Results, Portland Area, 2004-2017

HDL Cholesterol (Females)



	2015 (n=4221)	2016 (n=3594)	2017 (n=3760)
■ HDL no result or not tested	38 %	24 %	22 %
■ HDL >50 (females) Pre-2016 HDL ≥50 (females)	24 %	28 %	28 %
■ HDL ≤50 (females) Pre-2016: HDL <50 (females)	38 %	48 %	49 %

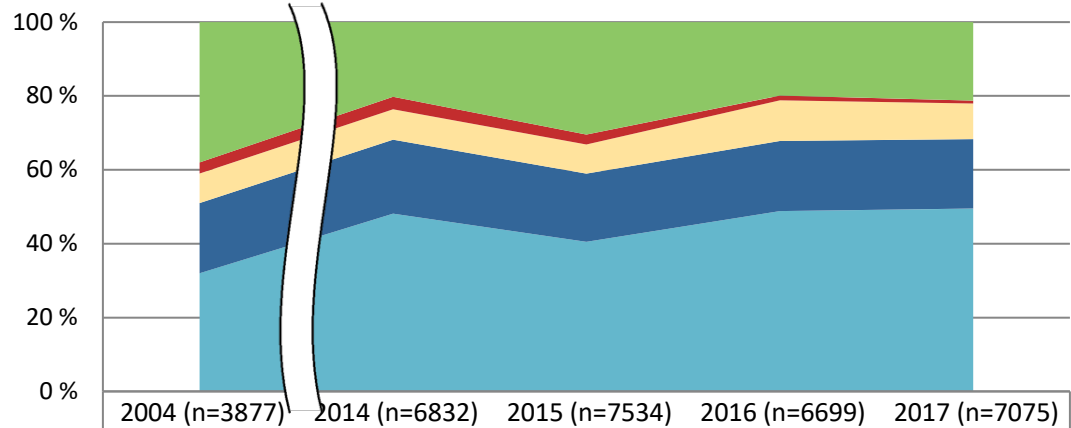
HDL Cholesterol (Males)



	2015 (n=3313)	2016 (n=3105)	2017 (n=3315)
■ HDL no result or not tested	39 %	22 %	19 %
■ HDL >40 (males) Pre-2016 HDL ≥40 (males)	33 %	39 %	41 %
■ HDL ≤40 (males) Pre-2016 HDL <40 (males)	28 %	40 %	40 %

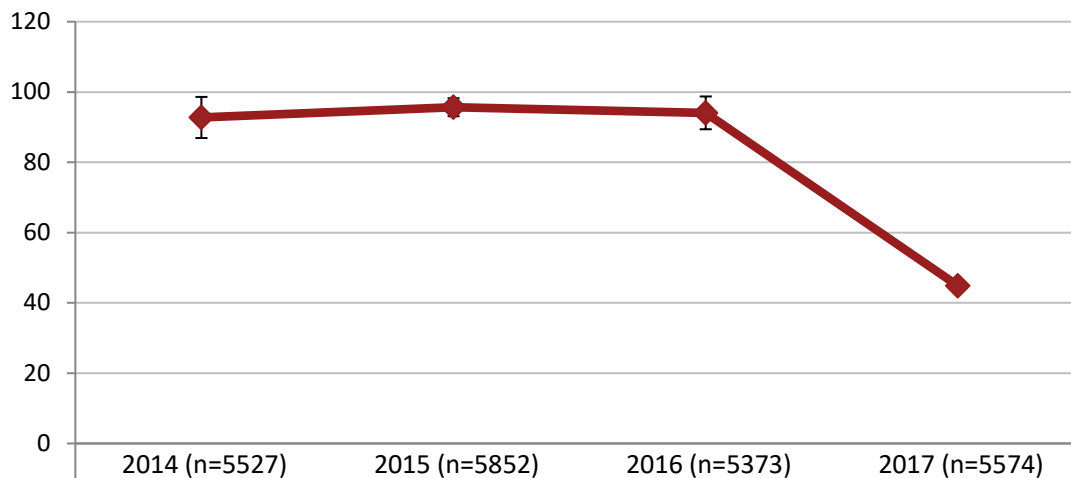
Diabetes Audit Results, Portland Area, 2004-2017

Low-Density Lipoprotein (LDL) Cholesterol



■	Not tested	38 %	20 %	30 %	20 %	21 %
■	LDL >160	3 %	3 %	3 %	1 %	1 %
■	LDL 130-160 mg/dl	8 %	8 %	8 %	11 %	10 %
■	LDL 100-129 mg/dl	19 %	20 %	18 %	19 %	19 %
■	Desirable (<100 mg/dl)	32 %	48 %	40 %	49 %	49 %

Average LDL Cholesterol



◆	Mean LDL	92.75	95.66	94.06	44.87
	Standard error	2.98	1.31	2.38	0.41
	95% CI upper limit	98.597	98.220	98.722	45.664
	95% CI lower limit	86.902	93.097	89.394	44.070

A blank indicates a category not reported on in a given year; FY = Fiscal Year, the year in which data were submitted.

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Just kidding...we added these words.

2017 Diabetes Audit: Dates of Service Calendar Year 2016

This information is for the following groups:

Portland Area (n=7075 patients)

All IHS Areas (n=124822 patients)

7075 sampled from 7608 active patients with diabetes (93%)

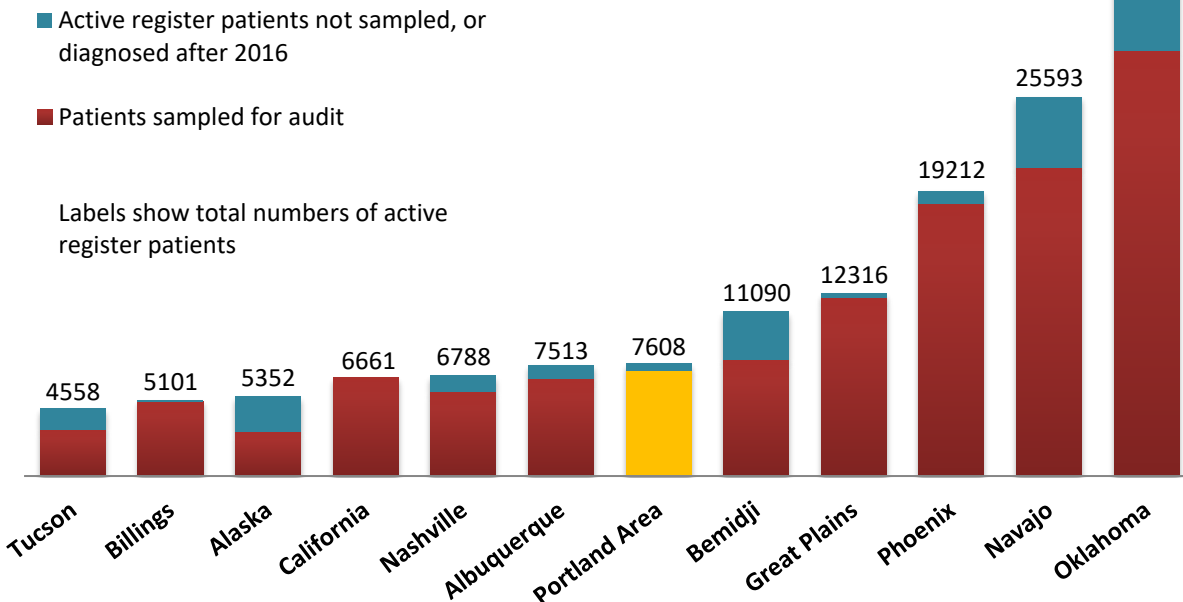
124822 sampled from 151967 active patients with diabetes (82%)

The following report contains information from your clinic's Annual IHS Diabetes Audit submission. It also includes summary data from all reporting tribal, IHS and urban facilities in the Portland Area. The audit information is displayed side by side so that you can see how your site compares to the overall Portland Area. If you have any questions about the report, please contact the Western Tribal Diabetes Project at (800) 862-5497.

Who is this report about?

Patients identified by local Diabetes Program staff as having type 1 or type 2 diabetes and part of the active patient load, with at least one primary care visit in the calendar year. Only American Indian and Alaska Native patients are included in the audit.

Active Patients with Diabetes in the 2017 IHS Diabetes Audit Portland Area and All IHS Areas



*The Audit performed in 2017 covers services delivered in 2016

2017 Diabetes Audit: Dates of Service Calendar Year 2016

This information is for the following groups:

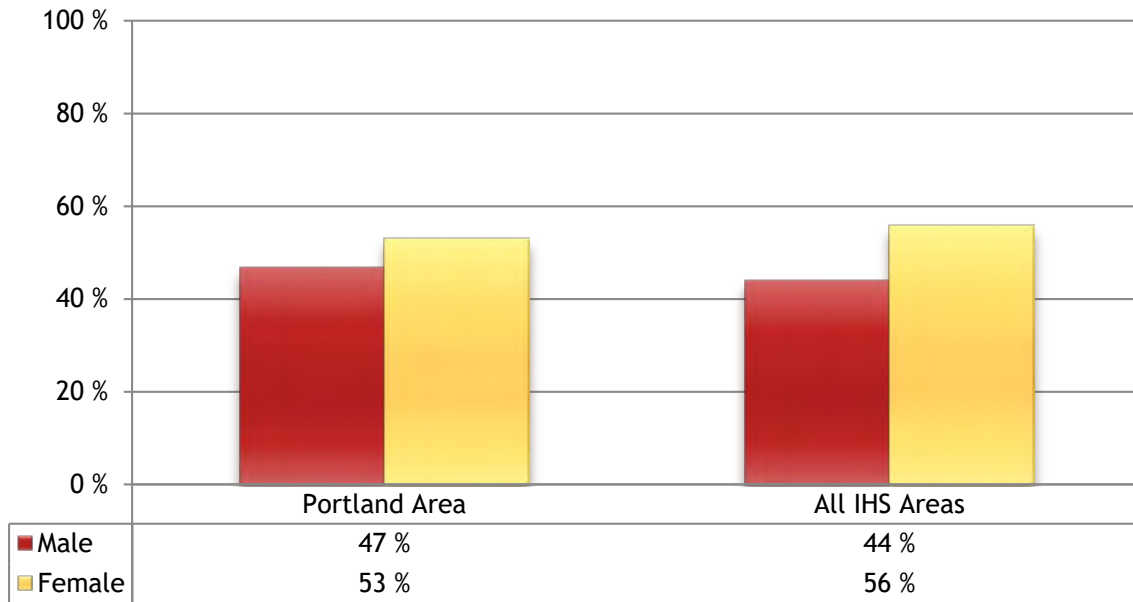
Portland Area (n=7075 patients)

All IHS Areas (n=124822 patients)

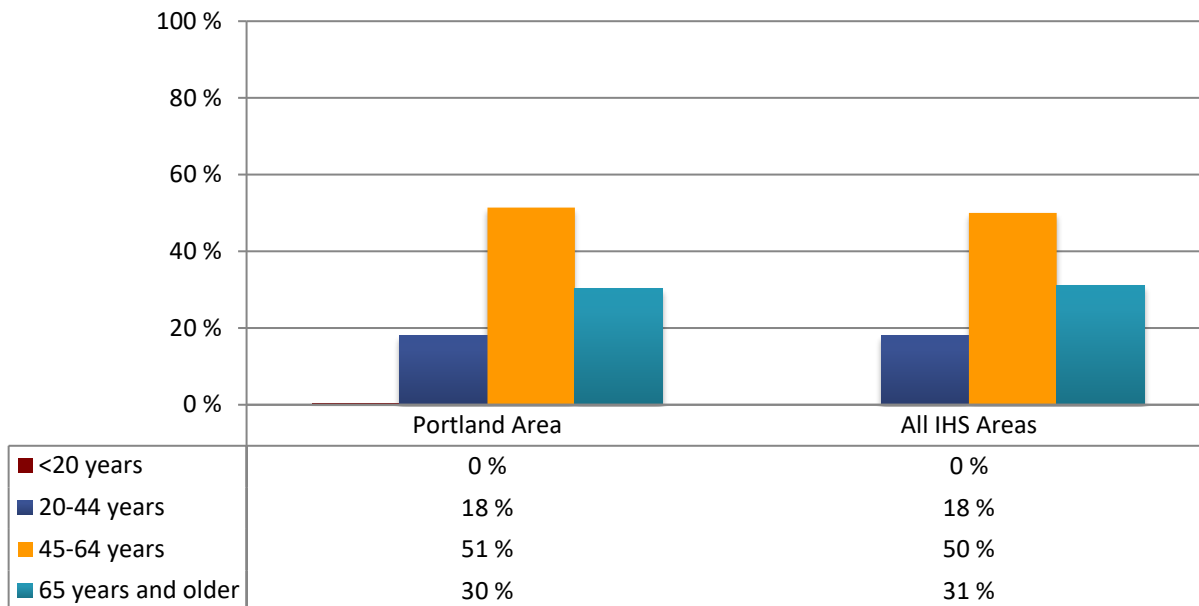
7075 sampled from 7608 active patients with diabetes (93%)

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Gender of Patients with Diabetes



Age Distribution of Patients with Diabetes



2017 Diabetes Audit: Dates of Service Calendar Year 2016

This information is for the following groups:

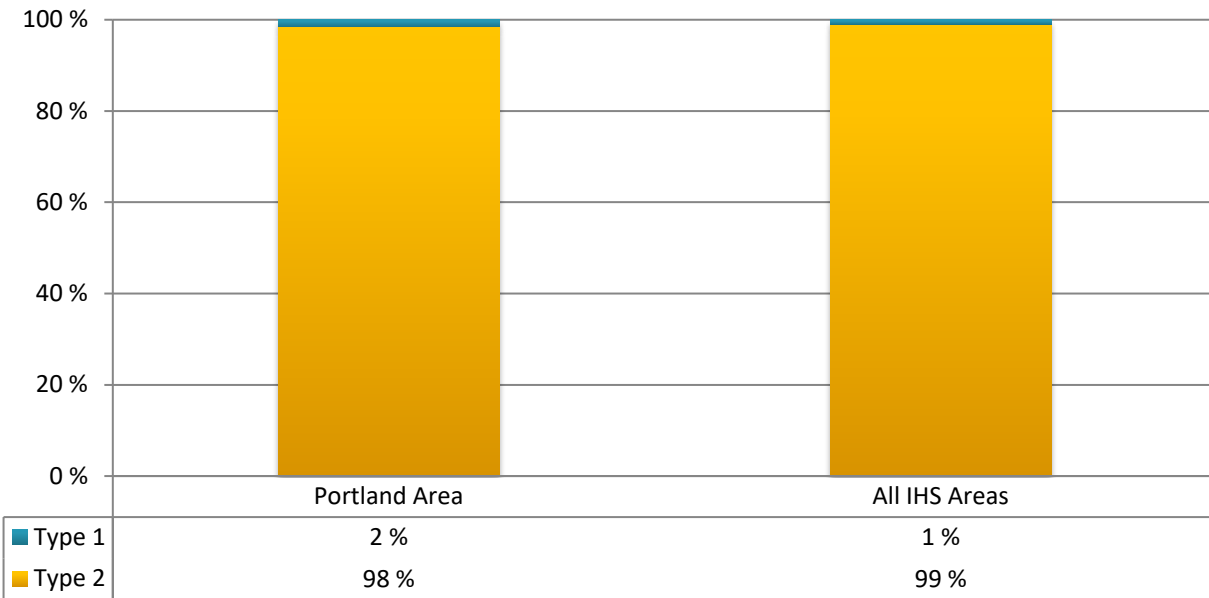
Portland Area (n=7075 patients)

All IHS Areas (n=124822 patients)

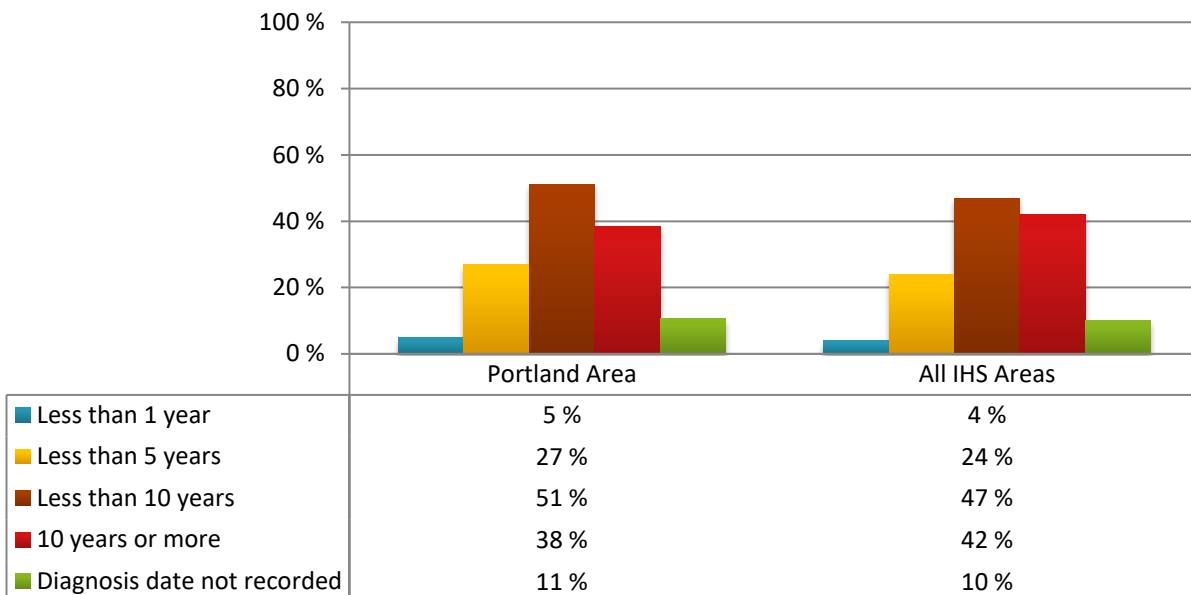
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Type of Diabetes Diagnosed



Duration of Diabetes



2017 Diabetes Audit: Dates of Service Calendar Year 2016

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Portland Area (n=7075 patients)

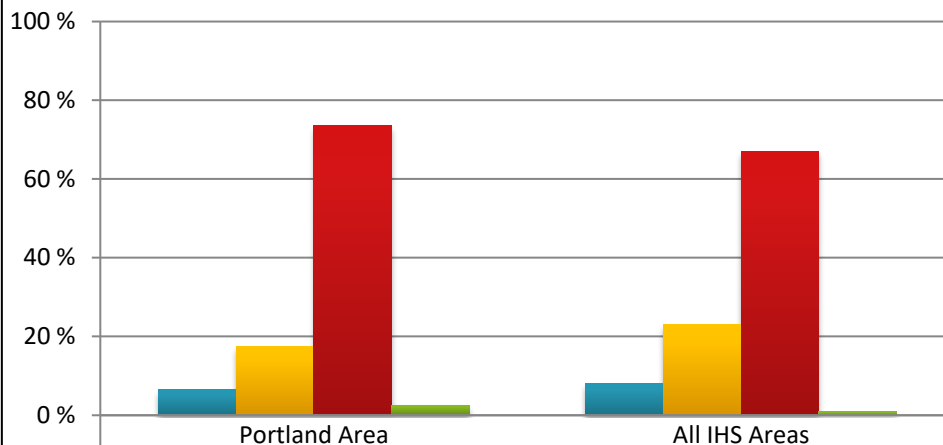
All IHS Areas (n=124822 patients)

7075 sampled from 7608 active patients with diabetes (93%)

124822 sampled from 151967 active patients with diabetes (82%)

Refer patients who are overweight or obese to structured community-based or clinic-based weight loss programs that emphasize goal setting, coaching, and motivational interviewing; education and skills development, physical activity, self-monitoring, problem solving, behavioral change, stress and stimulus control, the importance of social support, and the use of community resources.

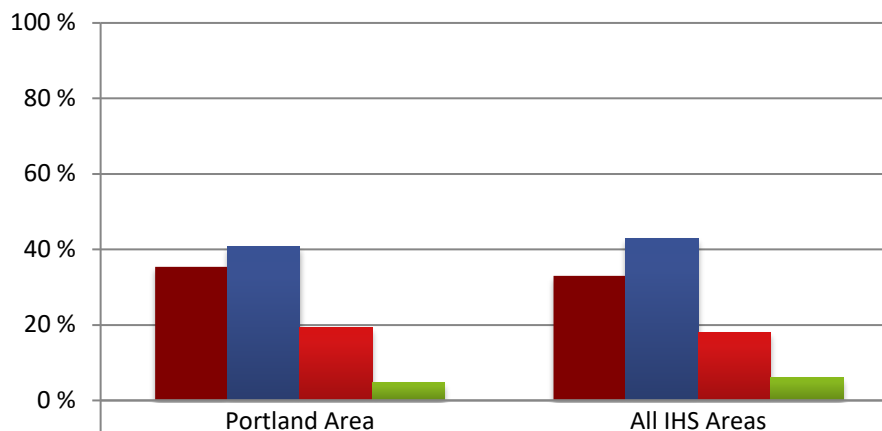
Weight (Body Mass Index)



■ Normal (BMI < 25.0)	6 %	8 %
■ Overweight (BMI 25.0-29.9)	17 %	23 %
■ Obese (BMI 30.0 or above)	73 %	67 %
■ Height or weight missing	3 %	1 %

Hemoglobin A1C

A1C is a “weighted” measure of glycemic control over the preceding 120 days. The more recent days contribute a greater percentage to the measure than the distant days. Specifically, the mean level of blood glucose in the 30 days immediately preceding the test contributes approximately 50% of the final result.



■ HbA1c < 7.0	35 %	33 %
■ HbA1c 7.0 - 9.9	41 %	43 %
■ HbA1c ≥ 10.0	19 %	18 %
■ HbA1c no test or result	5 %	6 %

2017 Diabetes Audit: Dates of Service Calendar Year 2016

This information is for the following groups:

Portland Area (n=7075 patients)

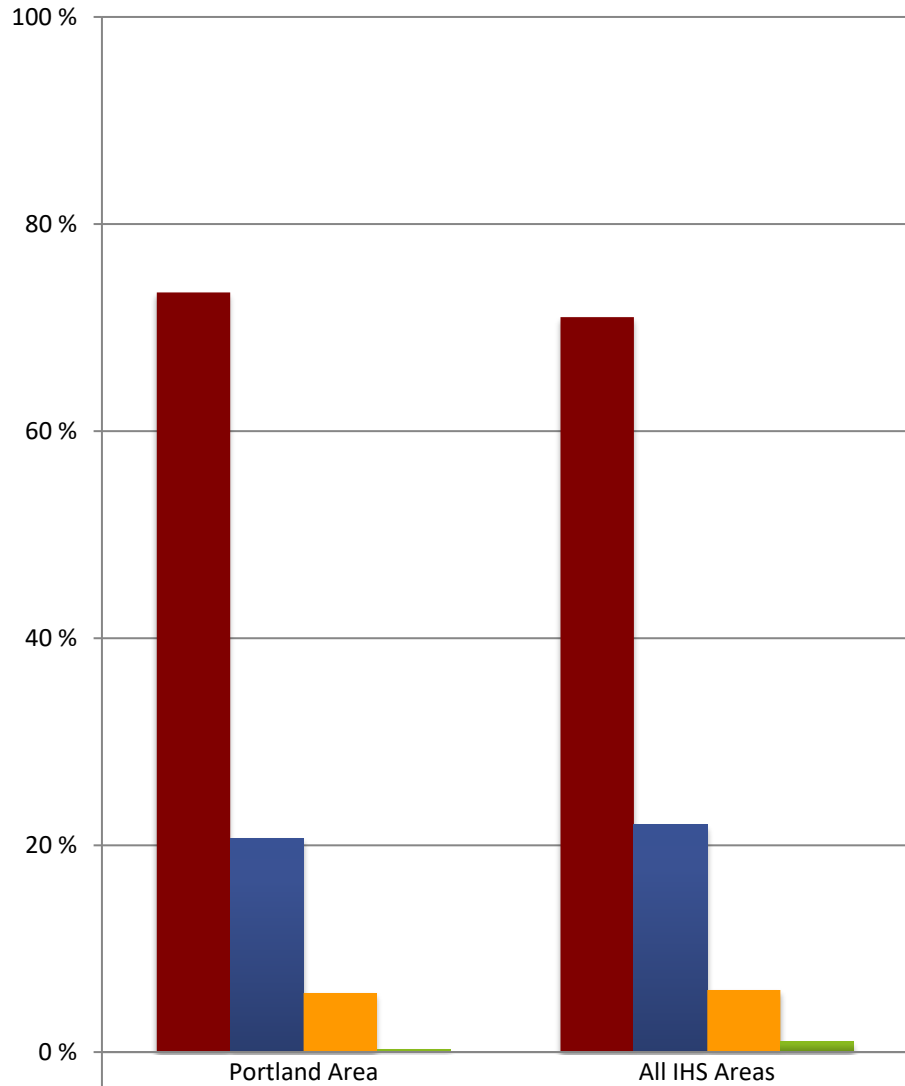
All IHS Areas (n=124822 patients)

7075 sampled from 7608 active patients with diabetes (93%)

124822 sampled from 151967 active patients with diabetes (82%)

Blood Pressure

Blood pressure control reduces the risk for diabetes complications, including cardiovascular disease and chronic kidney disease, and is essential in diabetes care.



■ Blood Pressure (<140/<90)	73 %	71 %
■ Blood Pressure (140/90 - <160/<95)	21 %	22 %
■ Blood Pressure (160/95 or higher)	6 %	6 %
■ BP control undetermined	0 %	1 %

2017 Diabetes Audit: Dates of Service Calendar Year 2016

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Portland Area (n=7075 patients)

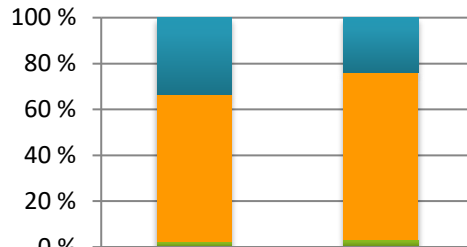
All IHS Areas (n=124822 patients)

7075 sampled from 7608 active patients with diabetes (93%)

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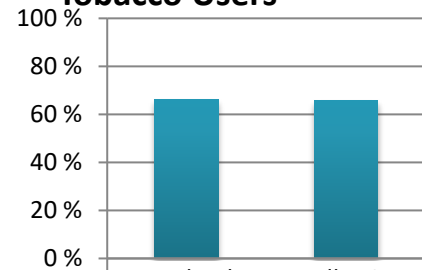
Tobacco use increases the already elevated risk of cardiovascular and microvascular complications in people with diabetes. Research shows that a brief tobacco dependence treatment intervention delivered by one provider can increase quit rates by as much as 80%.

Tobacco Use



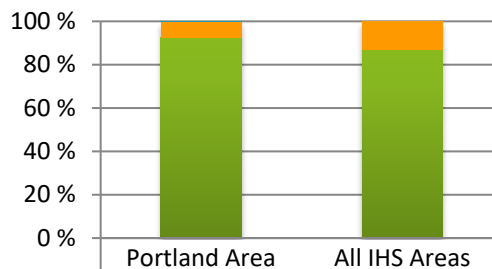
	Portland Area	All IHS Areas
Current tobacco user	33 %	24 %
Not a current tobacco user	64 %	73 %
Tobacco use not documented	2 %	3 %

Tobacco Cessation Counseling for Current Tobacco Users



	Portland Area (n=2358 Patients)	All IHS Areas (n=29957 Patients)
Counseled - Yes	66 %	66 %

Electronic Nicotine Delivery System Use



	Portland Area	All IHS Areas
Current ENDS User	0 %	0 %
Not a current ENDS user	7 %	13 %
ENDS use unknown	92 %	87 %

2017 Diabetes Audit: Dates of Service Calendar Year 2016

This information is for the following groups:

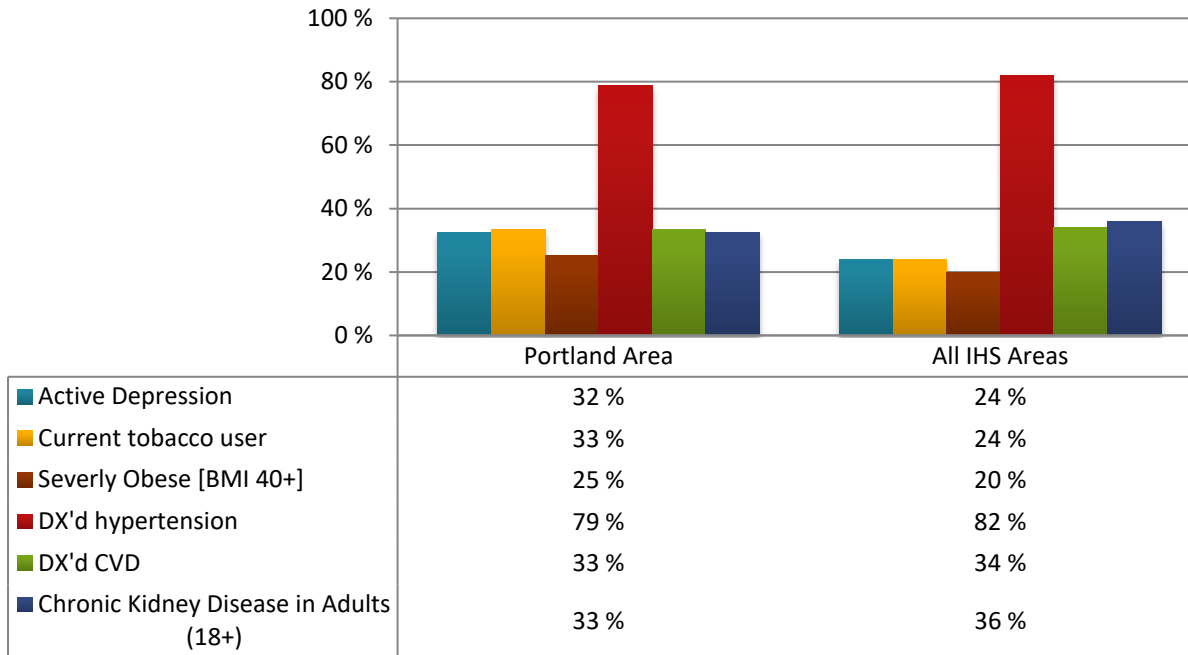
Portland Area (n=7075 patients)

All IHS Areas (n=124822 patients)

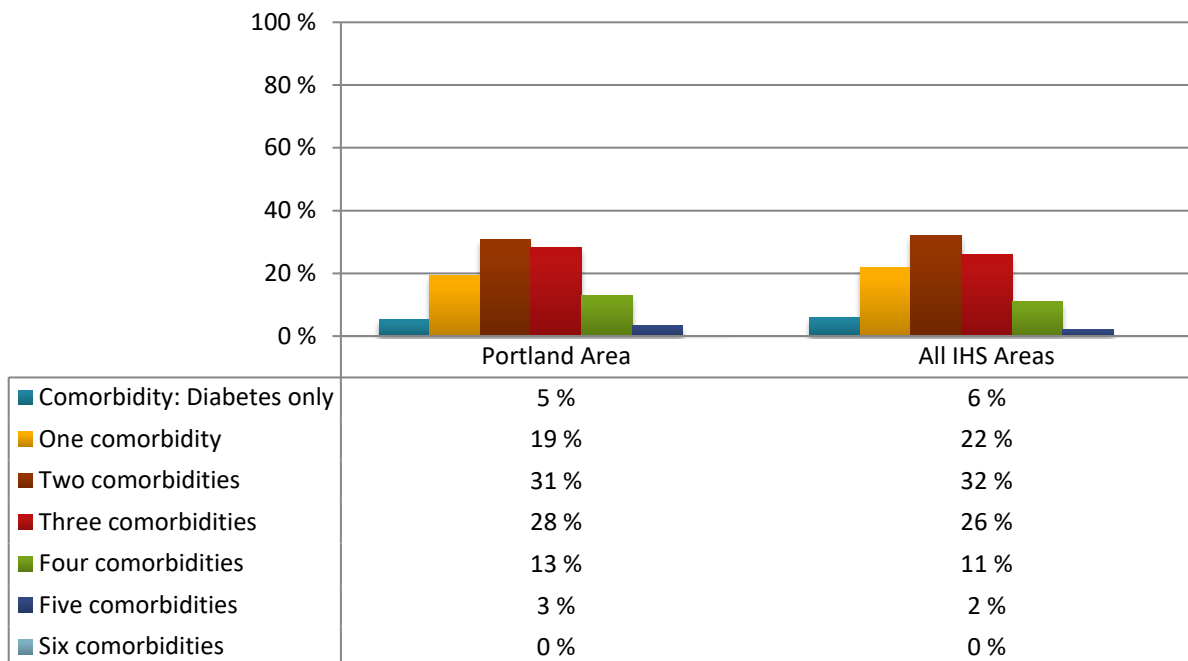
7075 sampled from 7608 active patients with diabetes (93%)

124822 sampled from 151967 active patients with diabetes (82%)

Comorbidities



Number of Comorbid Conditions



2017 Diabetes Audit: Dates of Service Calendar Year 2016

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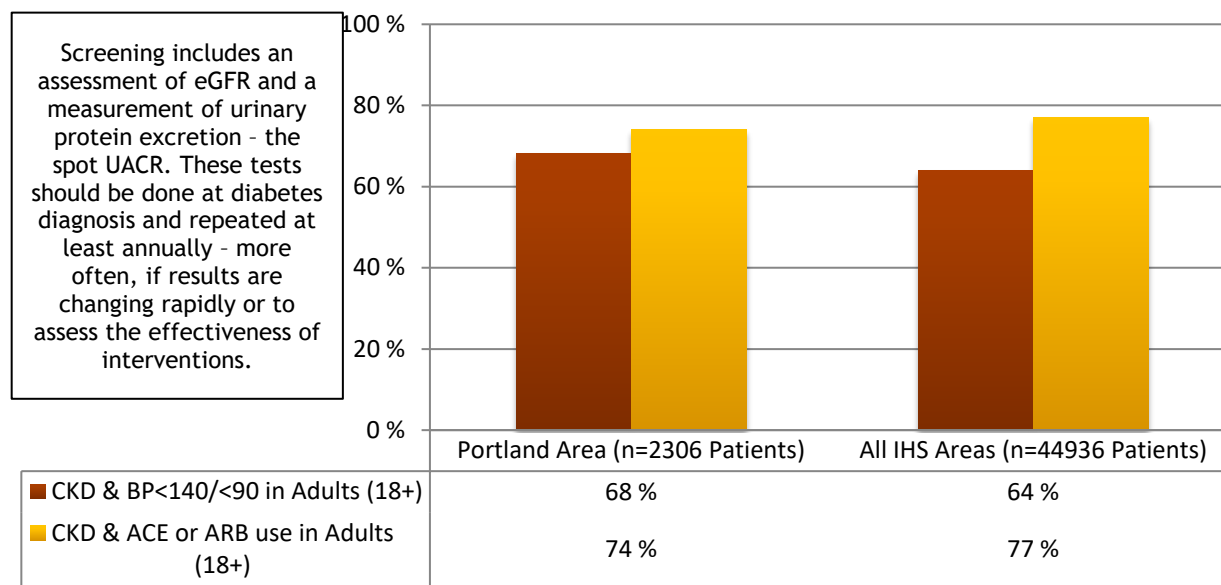
Portland Area (n=7075 patients)

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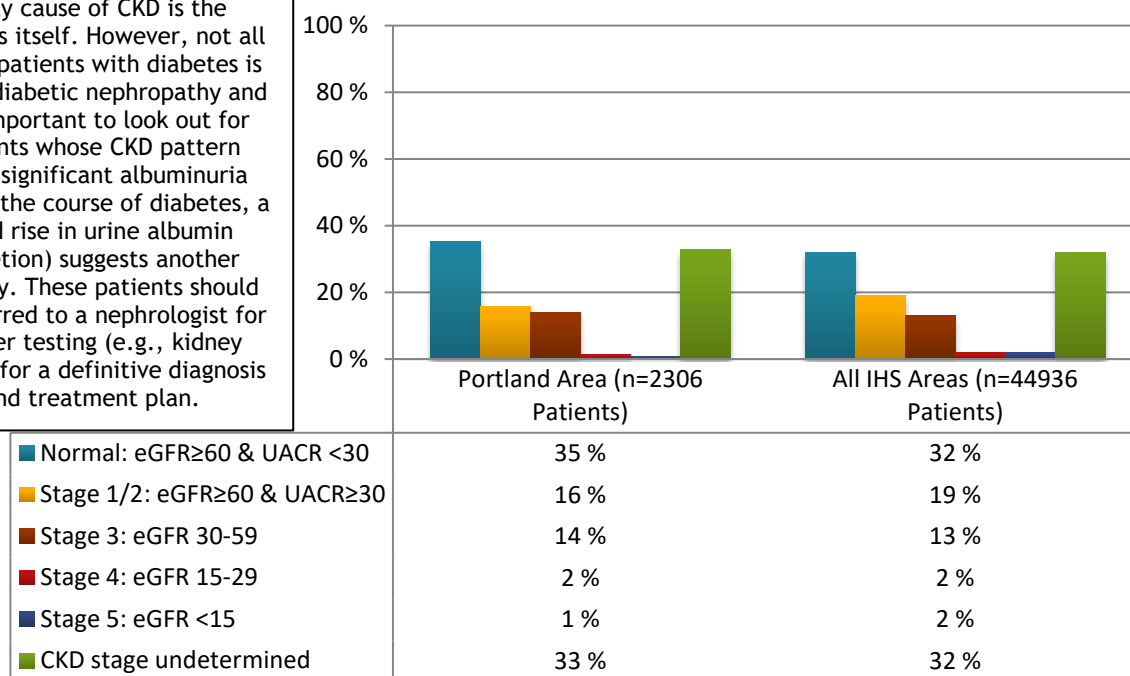
124822 sampled from 151967 active patients with diabetes (82%)

Chronic Kidney Disease in Adults (18+)



In adults with diabetes, the most likely cause of CKD is the diabetes itself. However, not all CKD in patients with diabetes is due to diabetic nephropathy and it is important to look out for patients whose CKD pattern (e.g., significant albuminuria early in the course of diabetes, a rapid rise in urine albumin excretion) suggests another etiology. These patients should be referred to a nephrologist for further testing (e.g., kidney biopsy) for a definitive diagnosis and treatment plan.

Stages in Patients diagnosed with CKD



2017 Diabetes Audit: Dates of Service Calendar Year 2016

This information is for the following groups:

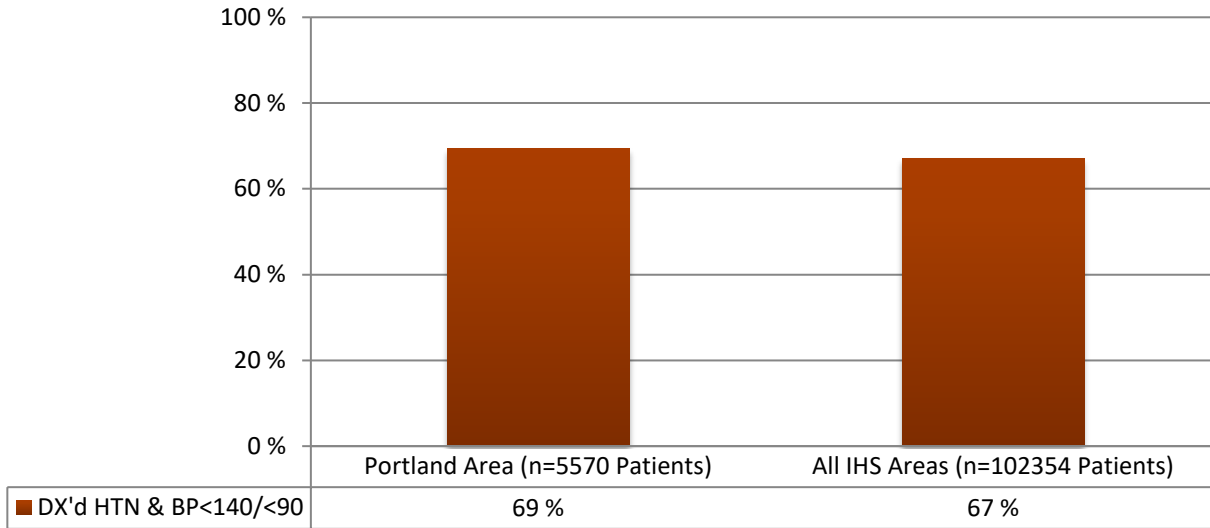
Portland Area (n=7075 patients)

All IHS Areas (n=124822 patients)

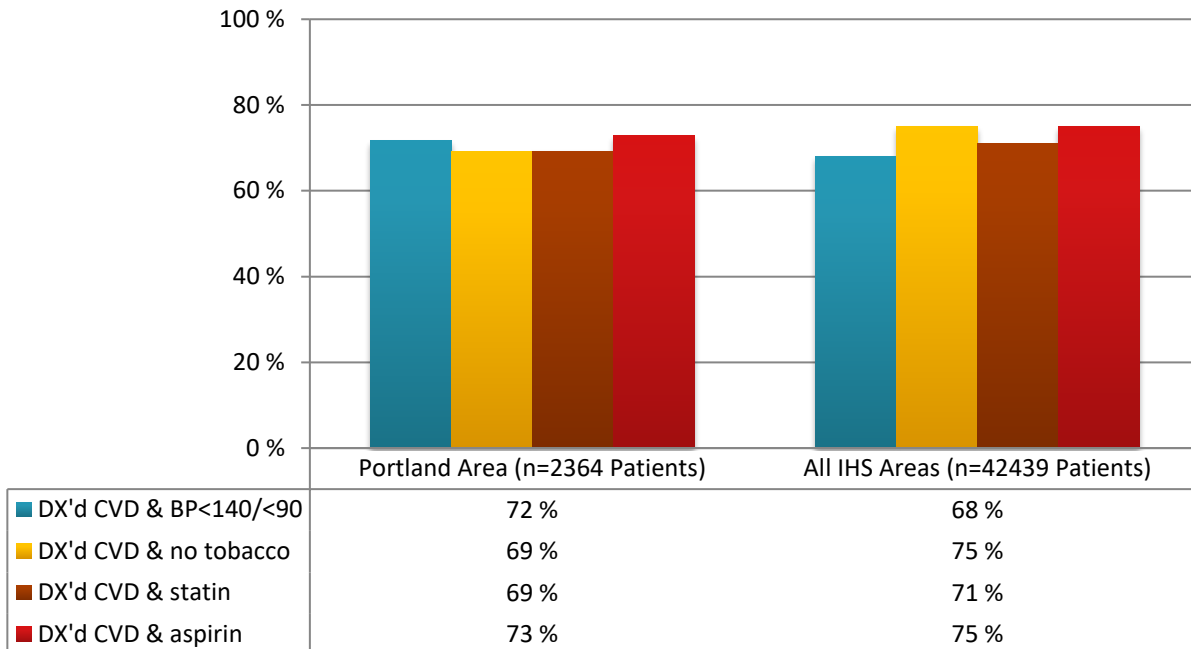
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Patients Diagnosed with Hypertension with BP <140/<90



Patients Diagnosed with Cardiovascular Disease



2017 Diabetes Audit: Dates of Service Calendar Year 2016

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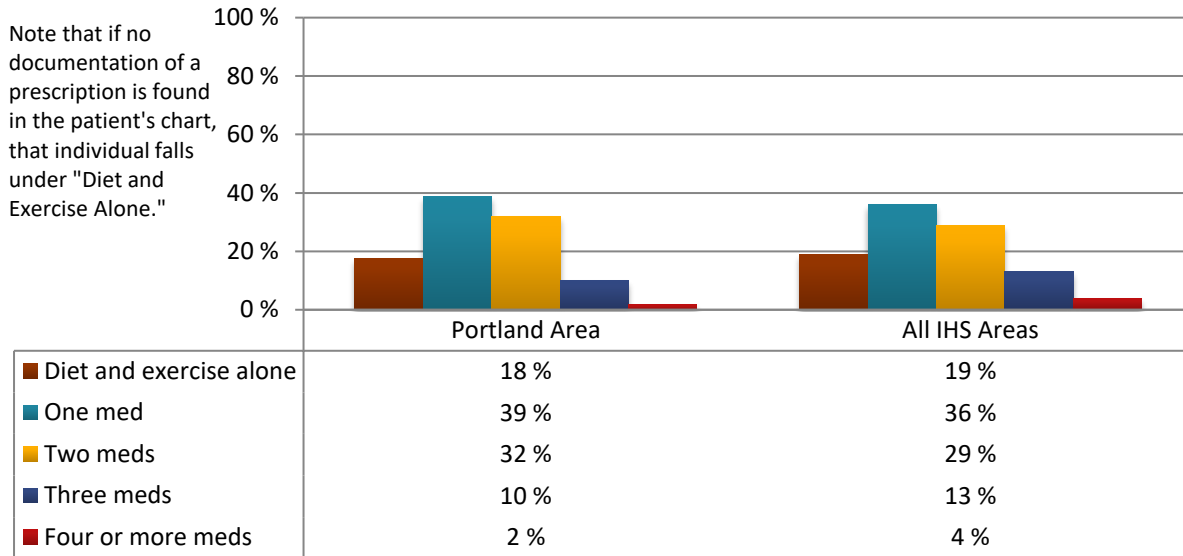
Portland Area (n=7075 patients)

All IHS Areas (n=124822 patients)

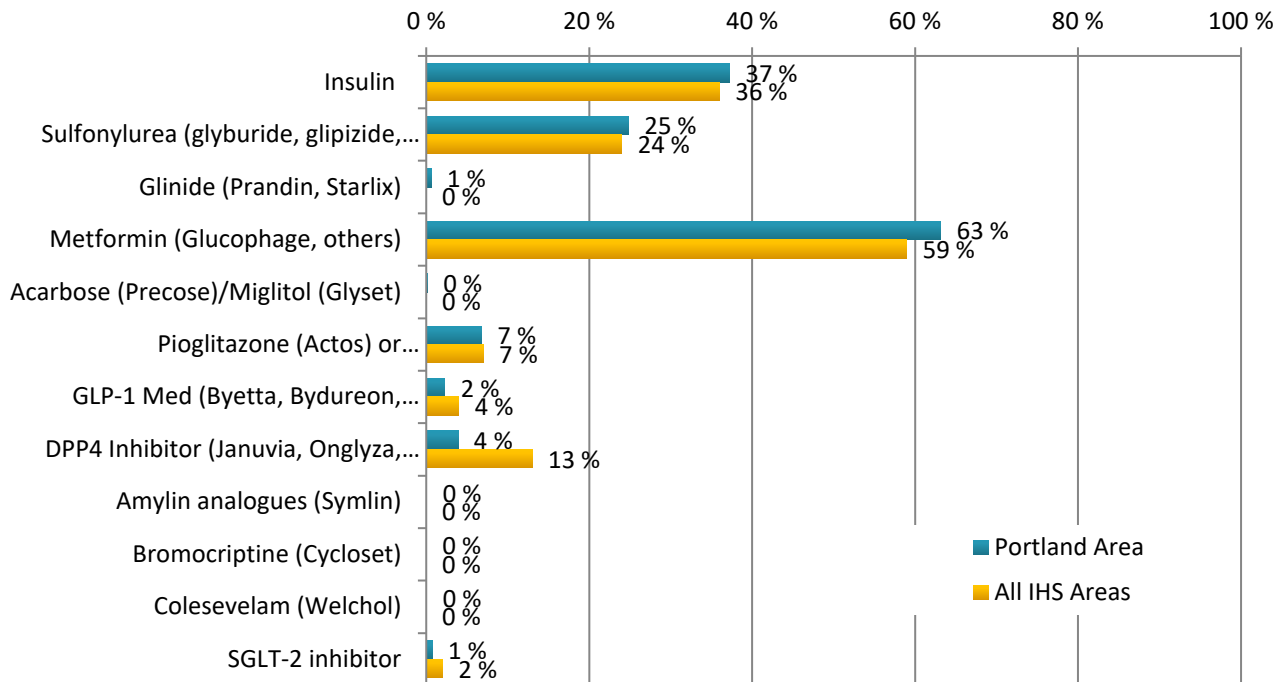
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Patients with Diabetes-Related Prescriptions



Diabetes Medications, Alone or in Combination



2017 Diabetes Audit: Dates of Service Calendar Year 2016

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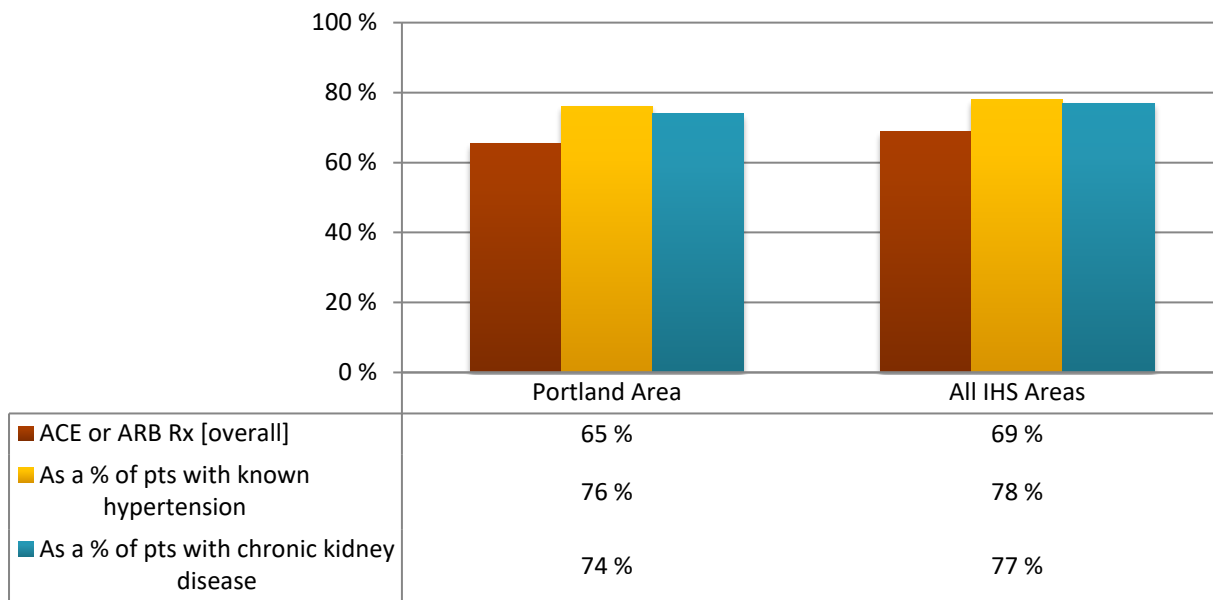
Portland Area (n=7075 patients)

All IHS Areas (n=124822 patients)

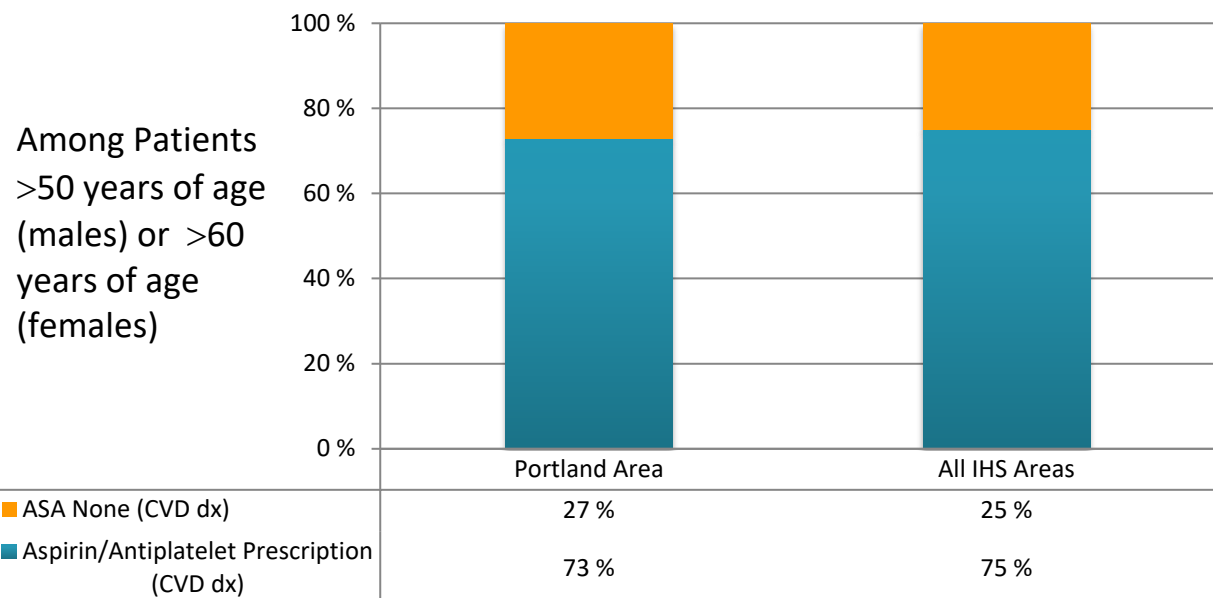
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Ace Inhibitor (or ARB) Prescriptions



Anti-Platelet Therapy



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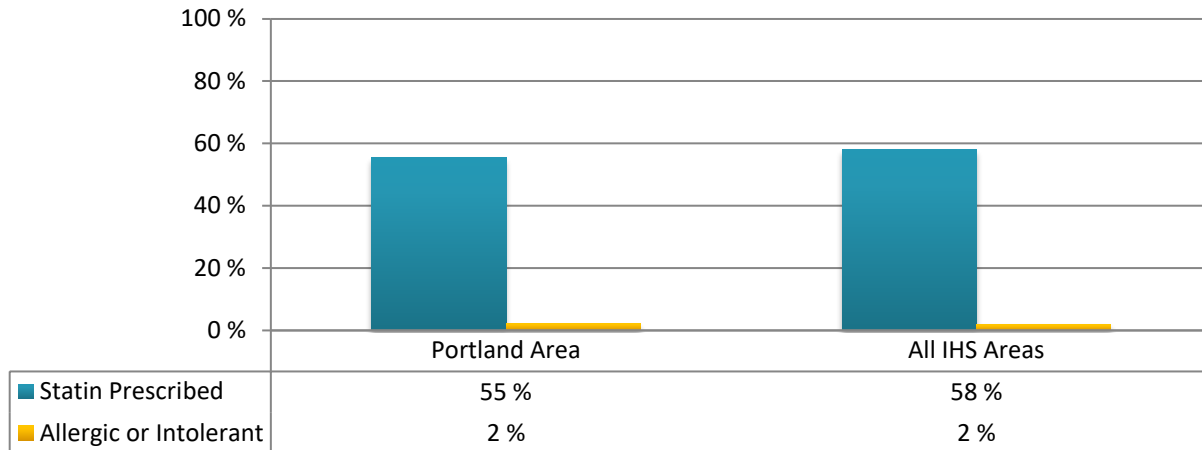
Portland Area (n=7075 patients)

All IHS Areas (n=124822 patients)

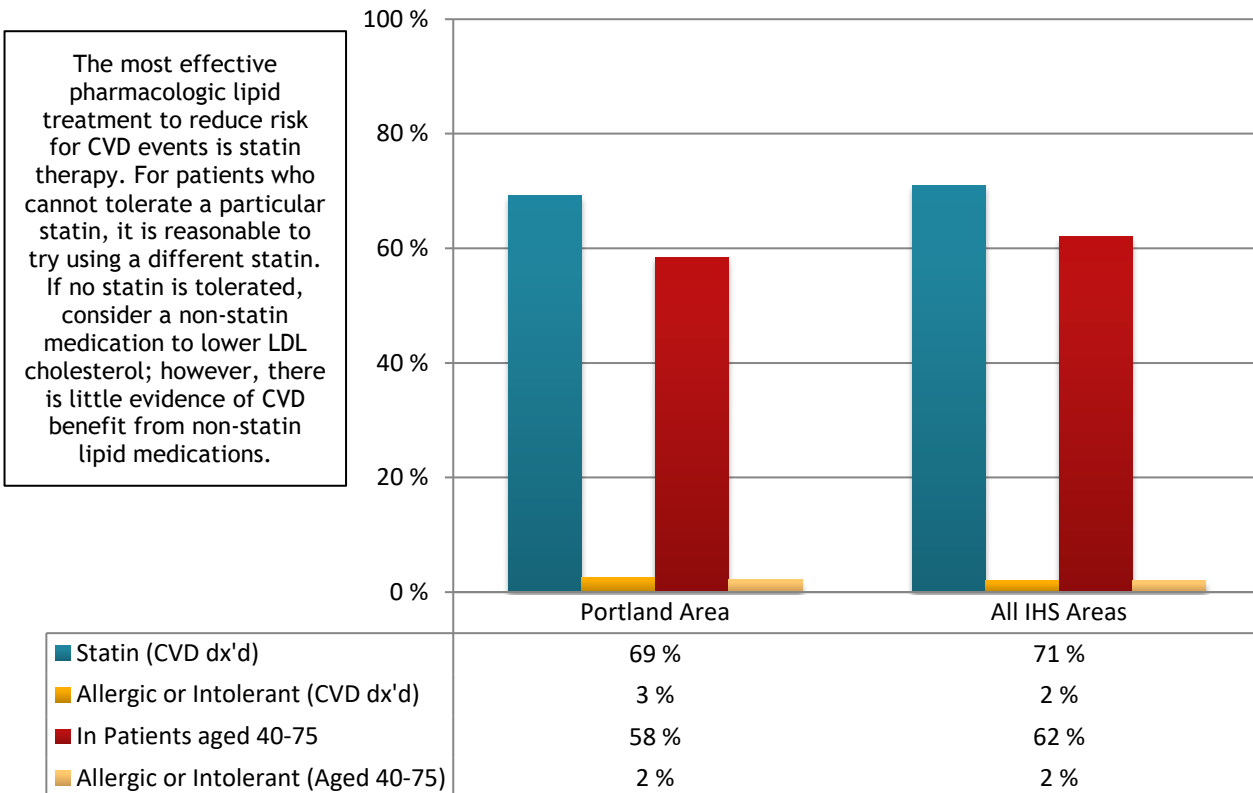
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Statin Prescribed



Statin Use in Patients dx'd with CVD and Patients aged 40-75



2017 Diabetes Audit: Dates of Service Calendar Year 2016

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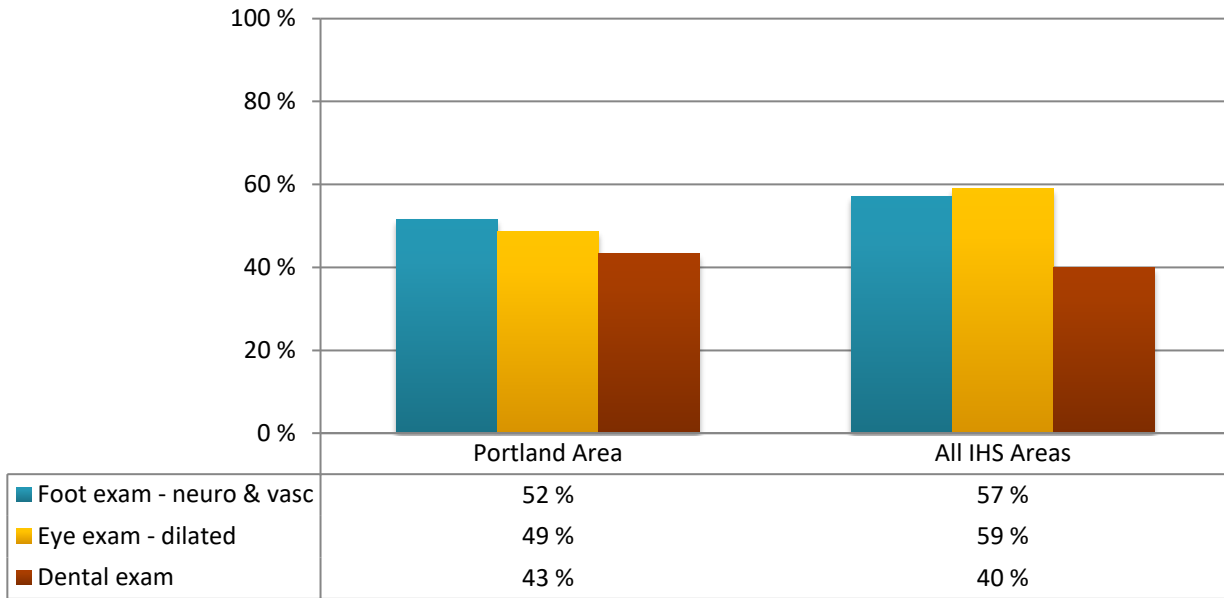
Portland Area (n=7075 patients)

All IHS Areas (n=124822 patients)

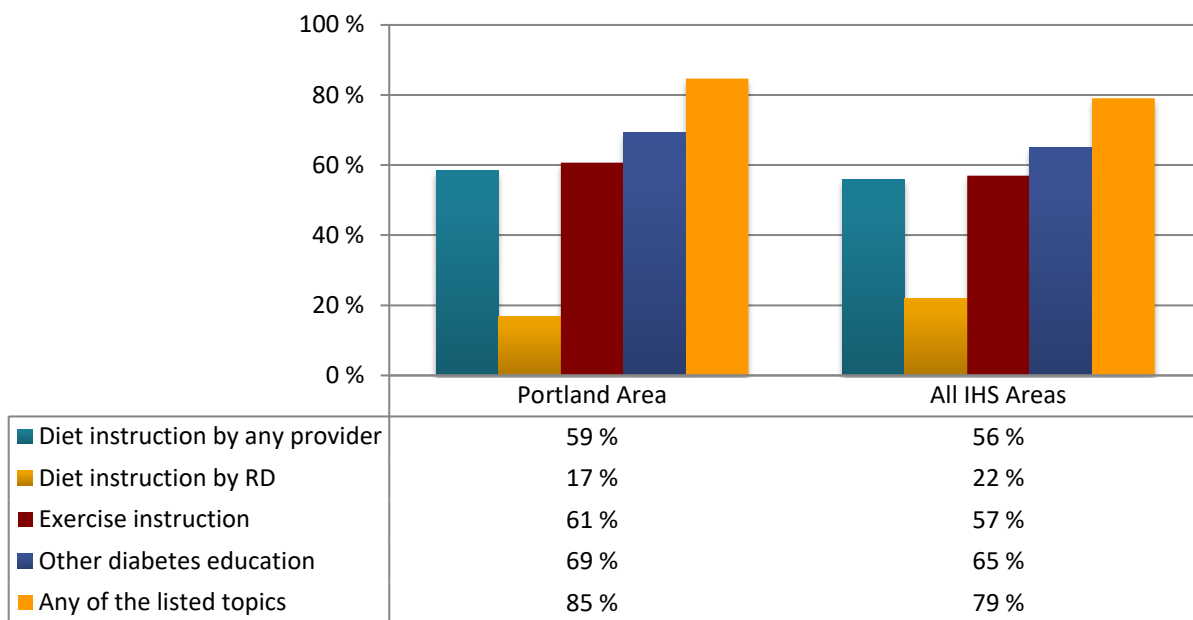
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Yearly Exams



Yearly Diabetes Education



2017 Diabetes Audit: Dates of Service Calendar Year 2016

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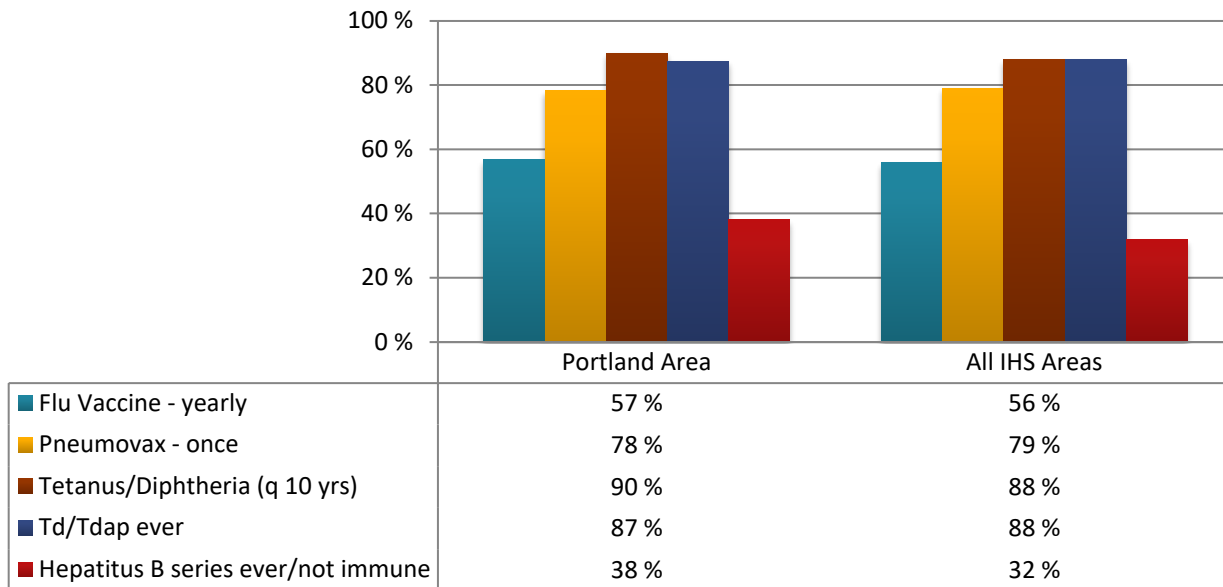
Portland Area (n=7075 patients)

All IHS Areas (n=124822 patients)

7075 sampled from 7608 active patients with diabetes (93%)

124822 sampled from 151967 active patients with diabetes (82%)

Immunizations



Portland Area

Flu Vaccine refused: 9.42851431733184%

Pneumovax refused: 5.11226679694898%

Tetanus/Diphtheria refused: 1.93625396998663%

Hepatitis B series refused/not immune: 4.9642588630%

All IHS Areas

Flu Vaccine refused: 8%

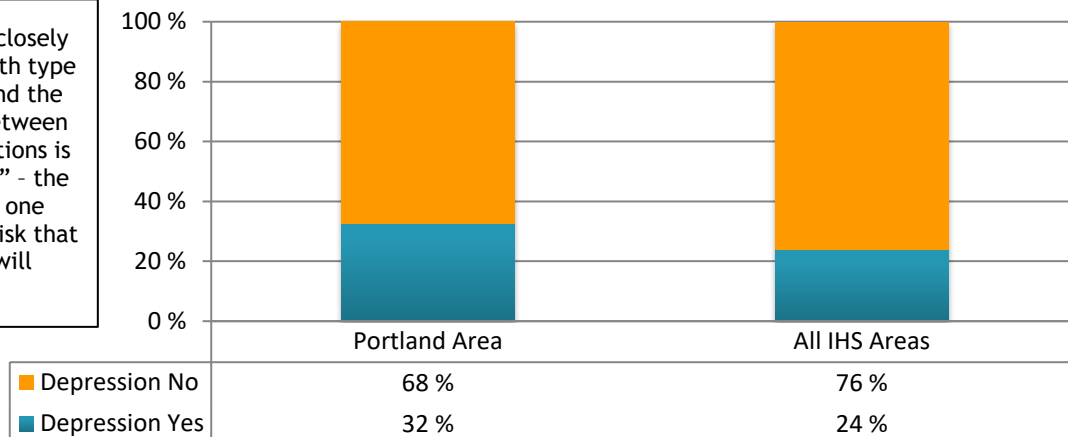
Pneumovax refused: 4%

Tetanus/Diphtheria refused: 1%

Hepatitis B series refused/not immune: 4%

Depression Identified as Active Diagnosis

Depression is closely intertwined with type 2 diabetes, and the association between the two conditions is "bidirectional" - the presence of one increases the risk that the other will develop.



2017 Diabetes Audit: Dates of Service Calendar Year 2016

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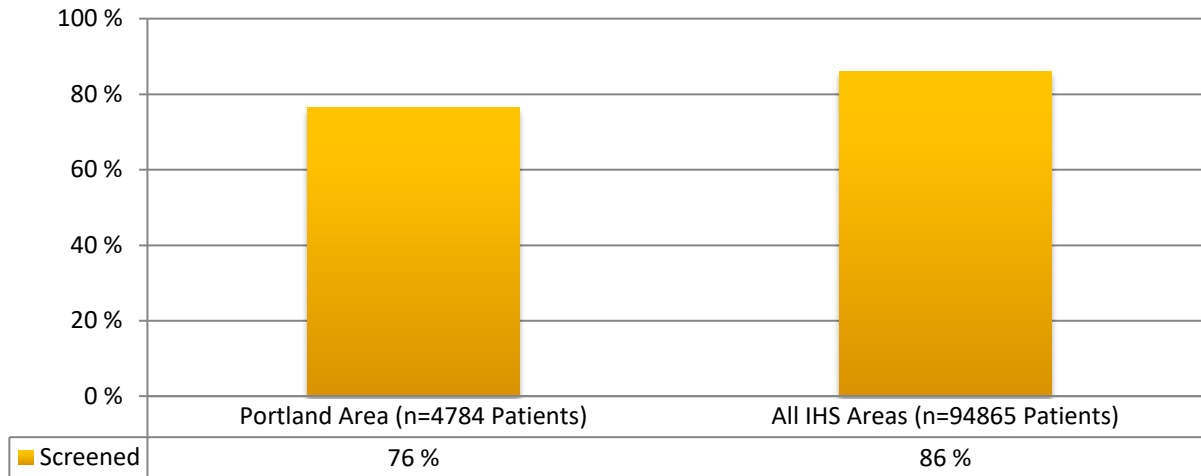
Portland Area (n=7075 patients)

All IHS Areas (n=124822 patients)

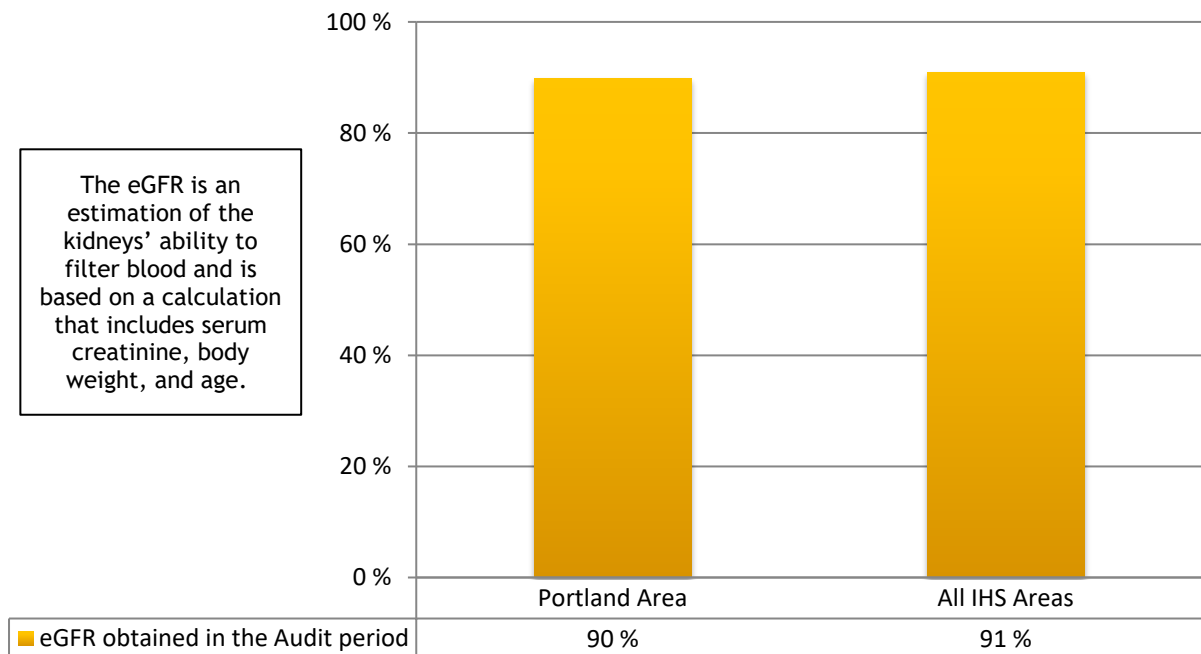
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Of Patients Without Active Depression Diagnosis, Proportion Screened for Depression in Past Year



Estimated GFR Testing



2017 Diabetes Audit: Dates of Service Calendar Year 2016

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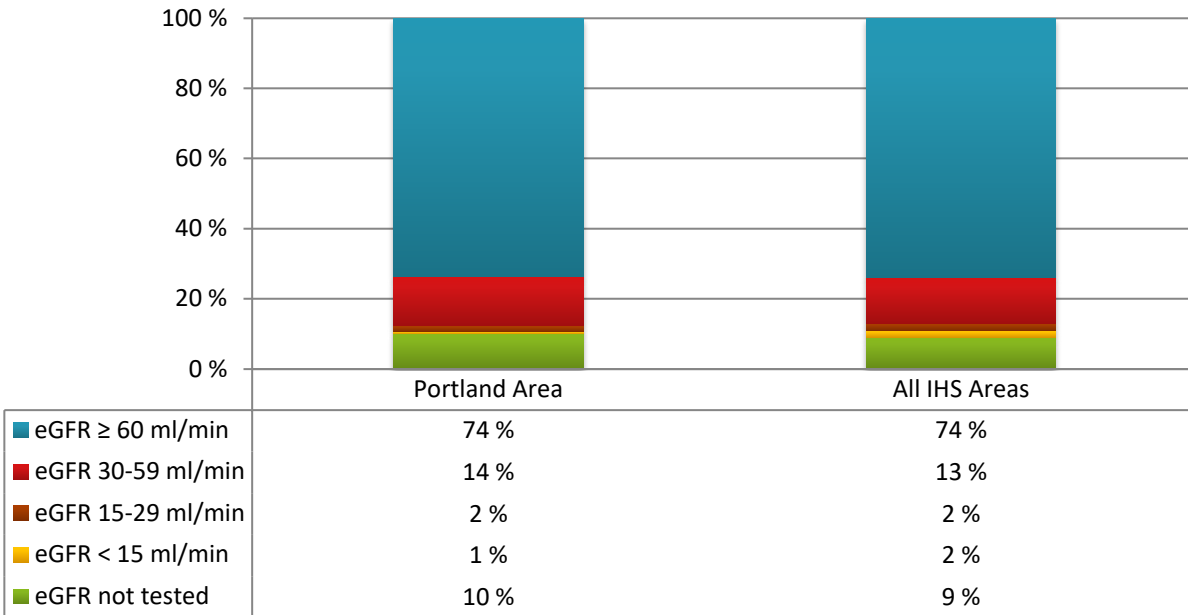
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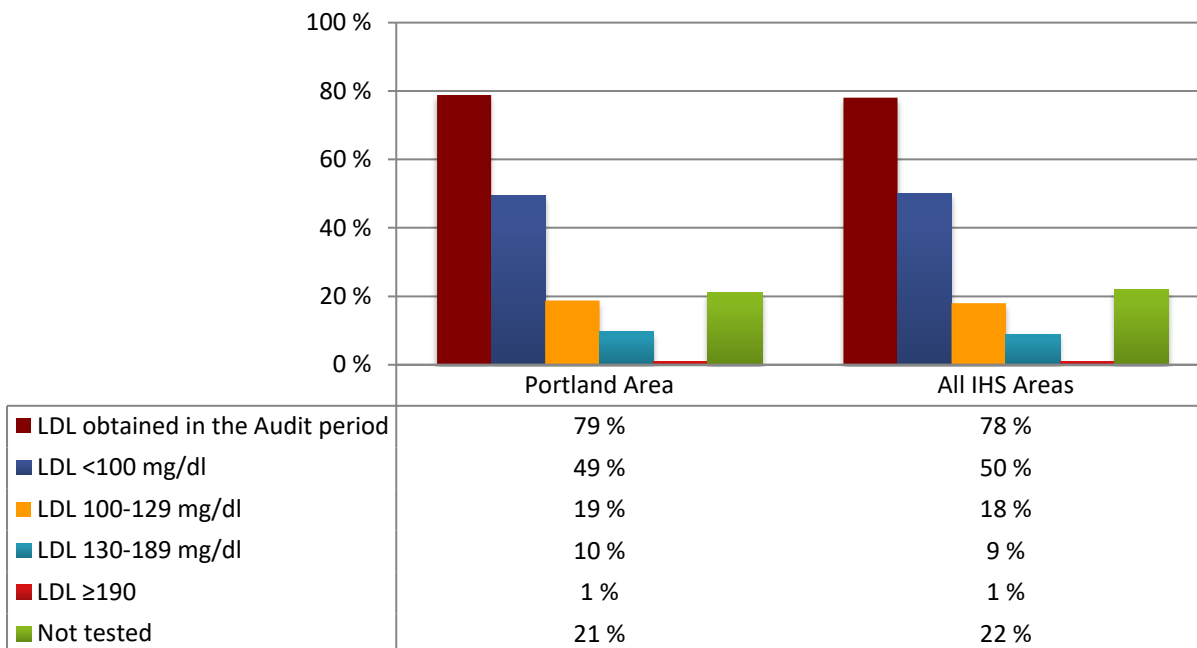
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Estimated GFR results



LDL Cholesterol



2017 Diabetes Audit: Dates of Service Calendar Year 2016

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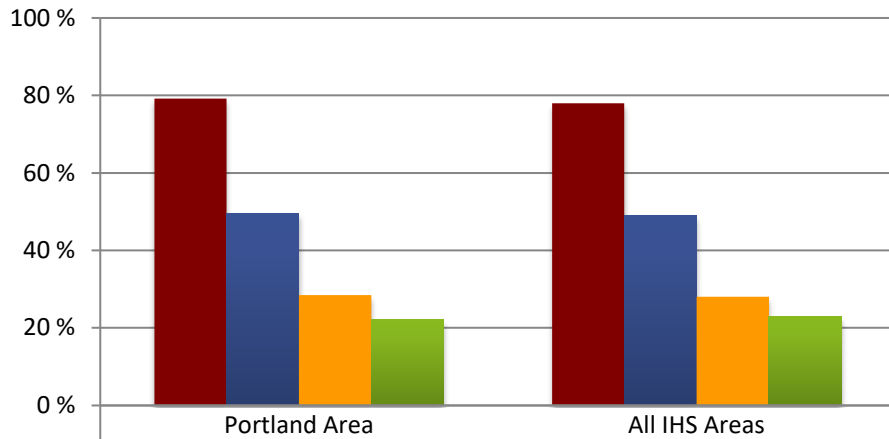
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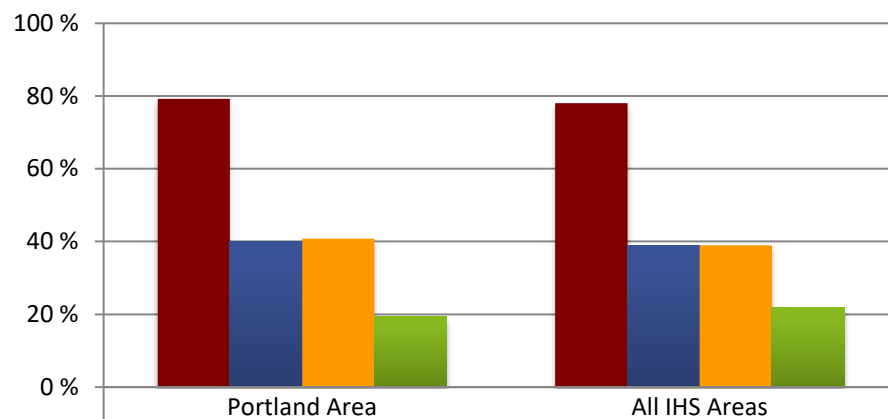
124822 sampled from 151967 active patients with diabetes (82%)

HDL Cholesterol Females



■ HDL obtained in the Audit period(all patients)	79 %	78 %
■ HDL < 50 mg/dl	49 %	49 %
■ HDL ≥ 50 mg/dl	28 %	28 %
■ HDL not done	22 %	23 %

HDL Cholesterol Males



■ HDL obtained in the Audit period(all patients)	79 %	78 %
■ HDL < 40 mg/dl	40 %	39 %
■ HDL ≥ 40 mg/dl	41 %	39 %
■ HDL not done	19 %	22 %

2017 Diabetes Audit: Dates of Service Calendar Year 2016

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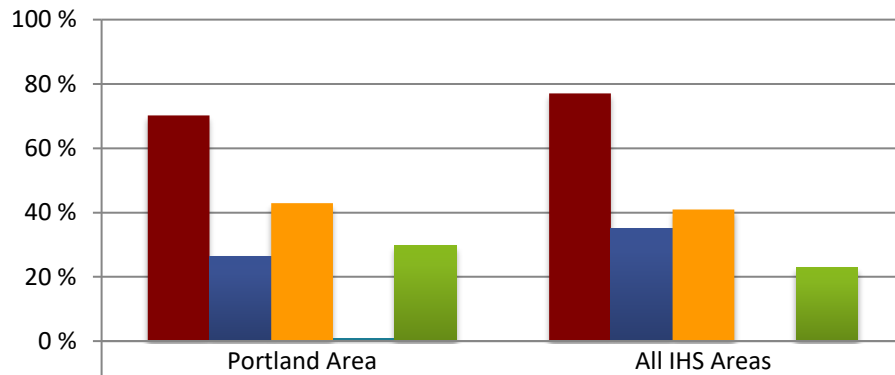
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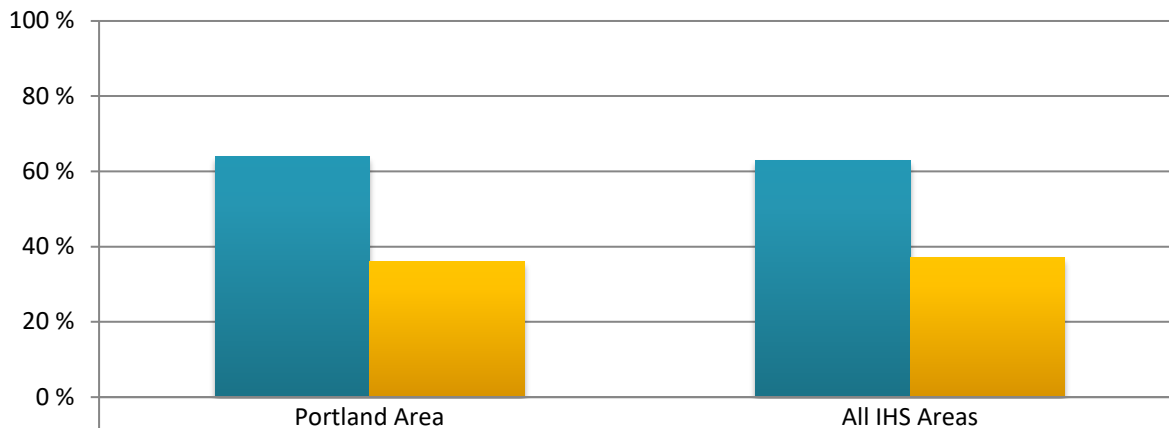
124822 sampled from 151967 active patients with diabetes (82%)

Triglyceride Distribution



■ Triglycerides obtained in the Audit period	70 %	77 %
■ TG ≤ 150 mg/dl	26 %	35 %
■ TG 150-999 mg/dl	43 %	41 %
■ TG ≥ 1000 mg/dl	1 %	0 %
■ TG not tested	30 %	23 %

Urinalysis Performed



■ UA yes	64 %	63 %
■ UA no	36 %	37 %

2017 Diabetes Audit: Dates of Service Calendar Year 2016

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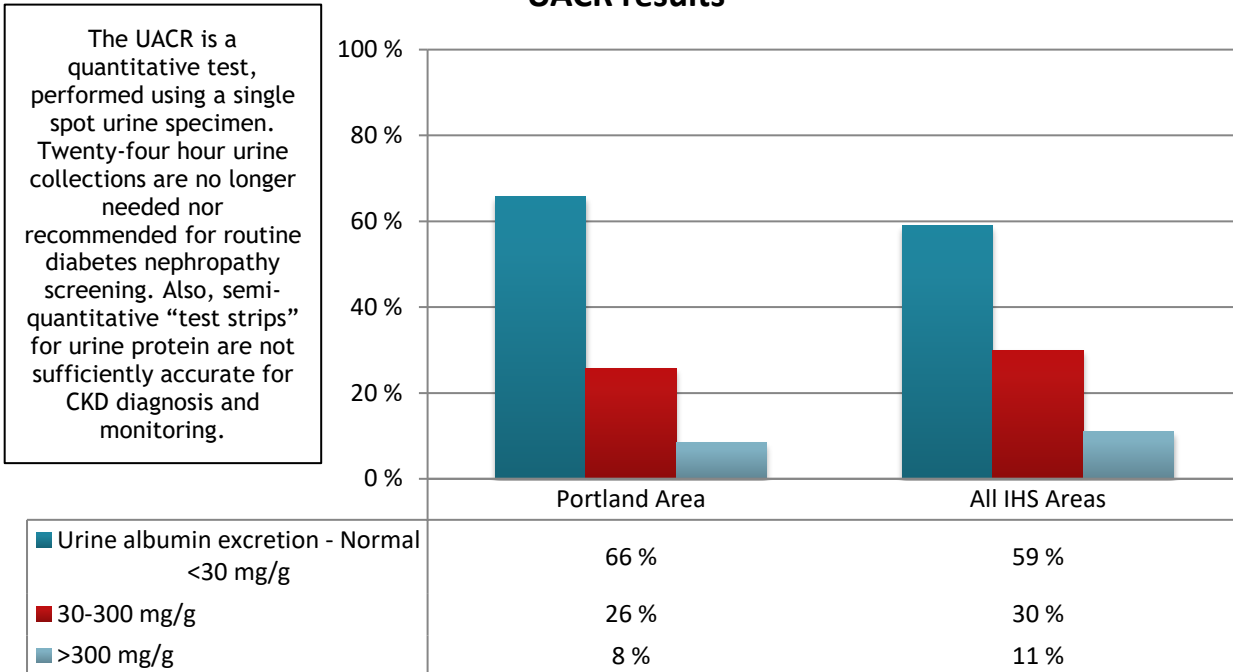
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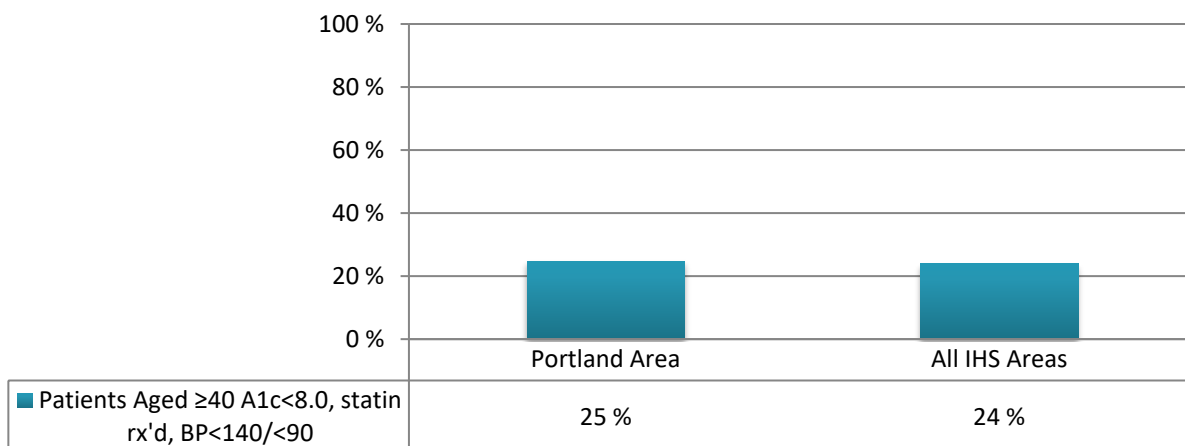
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UACR results



Records meeting ALL of the criteria: A1c < 8.0, LDL < 100, and mean BP <140/<90



2017 Diabetes Audit: Dates of Service Calendar Year 2016

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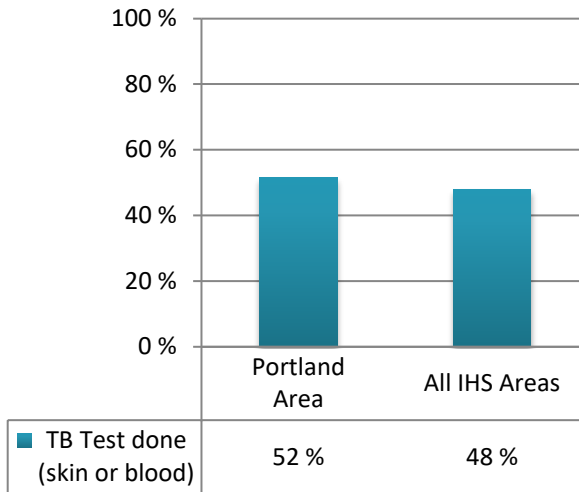
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7075 sampled from 7608 active patients with diabetes (93%)

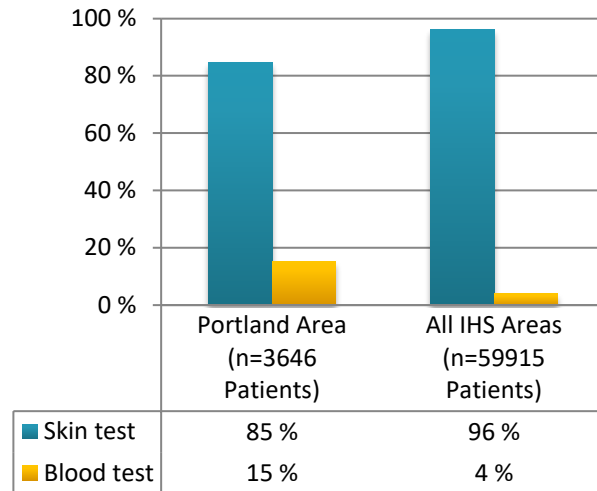
All IHS Areas (n=124822 patients)

124822 sampled from 151967 active patients with diabetes (82%)

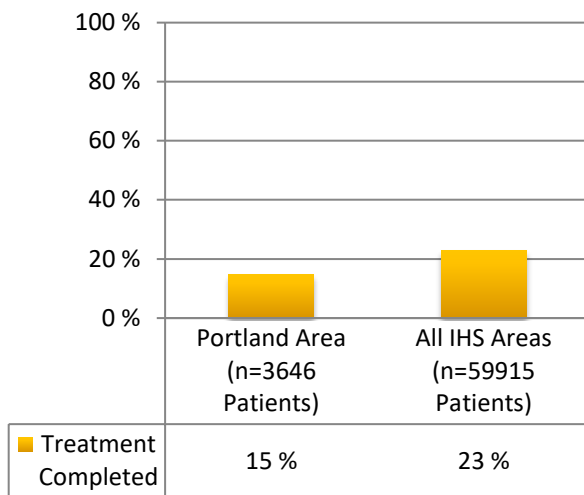
Tuberculosis Status



Type of TB test done



If Positive TB Test



If Negative TB Test

