

Chronic Obstructive Pulmonary Disease PIM Chart Questions

No.	Question Text	Responses
1	ABIM takes the protection of your patients' privacy very seriously. To that end, ABIM collects only the minimum amount of patient-level data necessary and has implemented HIPAA-compliant administrative, physical, and technical controls to protect the patient-level data both in transit and at rest. To further protect patient anonymity, please do not enter a patient's name (full or partial) or SSN in the Patient ID field.	N/A
2	Patient ID	N/A
3	NOTE: For the Patient Visit Date below, enter the most recent visit date.	N/A
4	Patient Visit Date	N/A
5	Gender:	[1] Male [2] Female
6	Age at the most recent visit:	N/A
7	The following questions on patient characteristics are included to help the ABIM better understand the responses we receive from diplomates. In the future, the ABIM may use some of this information to provide targeted feedback, allowing diplomates to compare their performance with that of other physicians whose patient population is similar.	N/A
8	Is the zip code of the patient's primary residence documented in the medical record?	[1] Yes [2] No
9	5-digit zip code:	N/A
10	Patient is Hispanic or of Latino origin or descent:	[1] Yes [2] No [3] Unknown
11	Race (check all that apply):	[1] White [2] Black or African American [3] Asian [4] Native Hawaiian or other Pacific Islander [5] American Indian or Alaska Native [6] Other [7] Unknown

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12	Have language barriers significantly affected your ability to care for this patient?	[1] Yes [2] No [3] Don't know
13	What was the type of insurance or source of payment (not including co-payments) for this patient? Check all that apply.	[1] Private insurance [2] Traditional Medicare (Part B) [3] Medicare Advantage/HMO (Part C) [4] Medicare - type unknown [5] Medicaid/SCHIP [6] Worker's compensation [7] VA, military, or other government [8] Self-pay (not counting co-payment) [9] No charge or charity care [10] Other [11] Unknown
14	Has the patient's health insurance status (e.g., lack of insurance, high co-payment, high deductible, and/or substantial restrictions on coverage) significantly affected the choices of care you made for this patient?	[1] Yes [2] No
15	What aspects of care have been affected?	[1] Medication [2] Diagnostic testing [3] Behavioral services [4] Other services
16	Length of your relationship with the patient:	[1] Less than 12 months [2] 12 months or longer
17	Physical Findings	N/A
18	Is the patient's weight documented in the medical record?	[1] Yes, in pounds [2] Yes, in kilograms [3] No
19	Weight in pounds:	N/A
20	Weight in kilograms:	N/A
21	Is the patient's height (from any visit) documented in the medical record?	[1] Yes, in inches [2] Yes, in centimeters [3] No
22	Height in inches:	N/A
23	Height in centimeters:	N/A
24	If both body weight and height are not available, what is the patient's body habitus?	[1] Underweight (corresponds to BMI ≤ 18.5) [2] Normal (corresponds to BMI 18.5 - 24.9) [3] Overweight (corresponds to BMI 25.0 - 29.9) [4] Obese (corresponds to BMI 30.0 - 39.9) [5] Severely or extremely obese (corresponds to >math>\geq 40</math>)

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25	Is the date of the most recent blood pressure measurement documented in the medical record?	[1] Yes, it's the patient visit date above [2] Yes, it's a date prior to the patient visit date [3] No, the date is not documented, but results are available [4] No, neither the date nor results are documented
26	Date of BP measurement:	N/A
27	Systolic reading (mm Hg):	N/A
28	Diastolic reading (mm Hg):	N/A
29	Did the patient's COPD symptoms begin before age 50?	[1] Yes [2] No [3] Don't know
30	Is the date of the most recent spirometry documented in the medical record?	[1] Yes [2] No
31	Date of most recent spirometry:	N/A
32	FEV1/FVC:	N/A
33	FEV1 (% predicted):	N/A
34	What test was performed most recently to measure the patient's oxygenation?	[1] Pulse oximetry at rest and on room air [2] Arterial PaO ₂ (from arterial blood gas) at rest and on room air [3] Oxygenation has not been measured (or has not been measured on room air), or the results have not been documented
35	Date of most recent measurement of oxygenation:	N/A
36	Oxygen saturation at rest on room air (%):	N/A
37	PaO ₂ on room air (mm Hg):	N/A
38	Are the patient's respiratory symptoms, at the most recent visit for COPD care, documented in the medical record?	[1] Patient has symptoms [2] Patient does not have symptoms [3] Symptoms were not documented at the most recent visit but were at a previous visit [4] Symptoms have never been documented
39	Smoking Status	N/A
40	Is the patient's smoking status documented in the chart?	[1] Yes [2] No
41	What is the patient's current smoking status?	[1] Current smoker [2] Recent quitter (< six months ago) [3] Former smoker [4] Never smoked

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42	Date of the most recent review of smoking status:	N/A
43	Smoking-Cessation Support	N/A
44	Is there documentation of smoking-cessation counseling?	[1] Yes [2] No
45	Date of the most recently documented smoking-cessation counseling:	N/A
46	During the past 12 months, has any type of smoking-cessation support has been offered? (Check all that apply.)	[1] Brief advice to stop smoking [2] Support within the office practice [3] Referral to a smoking-cessation program [4] Medication (e.g., nicotine replacement therapy, bupropion, varenicline) [5] Other
47	Are results of serum alpha1-antitrypsin testing documented in the medical record?	[1] Yes [2] No
48	Date of the result of serum alpha1-antitrypsin test:	N/A
49	Treatment and/or Interventions	N/A
50	Are any of the following medications part of this patient's maintenance treatment plan for COPD? (Check all that apply)	[1] Inhaled short-acting bronchodilator (including short-acting anticholinergic agents), as needed [2] Combination inhaled long-acting beta agonist and inhaled corticosteroid [3] Inhaled long-acting bronchodilator (without inhaled corticosteroid) [4] Inhaled corticosteroid (without inhaled long-acting bronchodilator) [5] Theophylline [6] Leukotriene modifier [7] None of the above
51	Potential Overuse of Treatment	N/A
52	Has the patient been treated for COPD with continuous oral corticosteroids for three months or longer within the past 12 months?	[1] Yes [2] No
53	Has the patient been treated for COPD with prophylactic, continuous oral antibiotics within the past 12 months?	[1] Yes [2] No
54	Is the patient experiencing adverse effects related to COPD medications?	[1] Yes [2] No [3] Not documented
55	Has observation of proper inhaler technique been documented in the chart within the past 12 months?	[1] Yes [2] No

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56	Date of the most recent observation of inhaler technique:	N/A
57	Does the patient have any of the following conditions? (Check all that apply)	[1] Cor pulmonale [2] Hematocrit > 55% [3] Evidence of desaturation with exercise or sleep [4] None of the above
58	Has supplemental oxygen been prescribed for this patient?	[1] Yes [2] No
59	Does the chart document how many hours per day oxygen is used?	[1] Yes, the patient uses oxygen for at least 15 hours per day [2] Yes, the patient uses oxygen for less than 15 hours per day [3] Not documented
60	Has the patient been advised to start, increase, or maintain regular physical activity? (Regular activity may include a pulmonary or other rehabilitation program.)	[1] Yes [2] No
61	Preventive Care	N/A
62	Has the patient received the following vaccines?	N/A
63	Influenza, during the most recent flu season	[1] Yes [2] No, patient refused [3] No, not given for medical reason (e.g., allergy, documented immunity) [4] No, vaccine should have been given
64	Pneumococcal	[1] Yes [2] No, patient refused [3] No, not given for medical reason (e.g., allergy, documented immunity) [4] No, vaccine should have been given
65	Has the patient's bone density been measured?	[1] Yes [2] No [3] Not documented
66	Functional Status	N/A
67	Which of the following best describes this patient's current physical functional status (e.g., physical ability)?	[1] Fully active; able to carry on all performance without restriction. [2] Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature (e.g., light house work, office work). [3] Ambulatory and capable of self-care but unable to carry out any work activities. Up and about more than 50% of waking hours. [4] Capable of only limited self-care; confined to bed or chair more than 50% of waking hours. [5] Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.

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68	Is the patient independent in instrumental activities of daily living (IADLs)?	[1] Yes [2] No [3] Not documented
69	Is the patient independent in activities of daily living (ADLs)?	[1] Yes [2] No [3] Not documented
70	Does the chart document the following patient preferences?	N/A
71	Preferences for life-sustaining care	[1] Yes [2] No
72	Designated surrogate decision maker	[1] Yes [2] No
73	Barriers to Self Care	N/A
74	Is there evidence in this patient's medical record suggesting that one or more of the following factors limits the patient's ability to engage in self-care?	N/A
75	Psychiatric illness or cognitive impairment	[1] Yes [2] No
76	Problems with adherence	[1] Yes [2] No
77	Other medical conditions	[1] Yes [2] No
78	Social factors	[1] Yes [2] No