

Chronic Kidney 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 most recent weight documented in the medical record?	[1] Yes, in pounds, measured at visit date above [2] Yes, kilograms, measured at visit date above [3] Yes, in pounds, measured at a previous visit [4] Yes, in kilograms, measured at a previous visit [5] No
19	Date of the most recent weight:	N/A
20	Weight in pounds:	N/A
21	Weight in kilograms:	N/A
22	Is the patient's height (from any visit) documented in the medical record?	[1] Yes, in inches [2] Yes, in centimeters [3] No
23	Height in inches:	N/A
24	Height in centimeters:	N/A

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25	If both weight and height are not available, what is the patient's body habitus?	[1] Underweight (estimated BMI < 18.5) [2] Normal (estimated BMI 18.5 - 24.9) [3] Overweight (estimated BMI 25 - 29.9) [4] Obese (estimated BMI 30 - 39.9) [5] Extremely obese (estimated BMI > 40) [6] Not documented
26	Was the patient's weight documented at each of the last three office visits?	[1] Yes [2] No [3] Patient has had less than three office visits
27	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
28	Date of BP measurement:	N/A
29	Systolic reading (mm Hg):	N/A
30	Diastolic reading (mm Hg):	N/A
31	Was the patient's blood pressure measured and recorded at each of the last three office visits?	[1] Yes [2] No [3] Patient has had less than three office visits
32	Is there a documented plan of care for this patient for blood pressure management that includes any of the following? (Check all that apply.)	[1] Yes, recheck blood pressure at specified future date [2] Yes, initiate or alter pharmacologic therapy [3] Yes, initiate or alter non-pharmacologic therapy [4] Yes, review and document patient's home blood pressure log [5] No blood pressure plan of care documented
33	Is there a current diagnosis of CKD documented in the medical record?	[1] Yes [2] No
34	What is the current stage of CKD?	[1] Stage 4 (GFR 15 - 29) [2] Stage 5 (GFR < 15 or dialysis) [3] Not documented
35	Comorbid Conditions	N/A
36	Has the patient been diagnosed with any of the following? (Check all that apply.)	[1] Clinical coronary heart disease, cerebrovascular disease, or peripheral artery disease [2] Heart failure [3] History of a coronary event [4] Diabetes mellitus [5] Depression [6] Autoimmune disorders [7] Chronic pain, arthritis, or gout [8] None of the above
37	Complications Related to Decreased Kidney Function	N/A

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38	Has the patient had any of the following complications secondary to decreased kidney function? (Check all that apply.)	[1] Hypertension [2] Anemia [3] Malnutrition [4] Mineral and bone disorder (e.g., secondary hyperparathyroidism) [5] Metabolic acidosis [6] Hyperkalemia [7] Volume overload [8] None of the above
39	Additional Risk Factors for Future CHD Events	N/A
40	Is the patient a current smoker?	[1] Yes [2] No [3] Not documented
41	Does the patient have any of the following risk factors for future CHD events? (Check all that apply.)	[1] Elevated LDL cholesterol (> 100 mg/dL) or on lipid-lowering medication [2] Low HDL cholesterol (< 40 mg/dL for men, < 50 mg/dL for women) [3] Physical inactivity (does not engage in a minimum of 30 minutes of moderate-intensity activity per day for at least four days per week) [4] None of the above
42	Has aspirin or other antiplatelet or anticoagulant therapy been prescribed for this patient?	[1] Yes [2] No [3] Patient has medical contraindications to this therapy
43	Risk Factors for CKD Progression	N/A
44	Does the patient have a current or past history of chronic NSAID use?	[1] Yes [2] No
45	Has there been an episode of acute renal failure (ARF)/acute kidney injury (AKI) occurring in the last 12 months?	[1] Yes [2] No
46	Has the patient had studies using contrast in the last 12 months?	[1] Yes [2] No
47	Smoking-Cessation Support	N/A
48	Is there documentation of smoking-cessation counseling?	[1] Yes [2] No
49	Date of the most recently documented smoking-cessation counseling:	N/A
50	During the past 12 months, what 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] No support has been offered during the past 12 months [6] Other

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No.	Question Text	Responses
51	Laboratory Tests	N/A
52	Is the date and result of the most recent eGFR assessment documented in the medical record?	[1] Yes [2] No
53	Date of the most recent test:	N/A
54	eGFR result (mL/min/1.73m ²):	N/A
55	Is the date and result of the most recent albuminuria/proteinuria assessment documented in the medical record?	[1] Yes [2] No
56	Which of the following tests was done? (Check the most recent test)	[1] Urine albumin-to-creatinine ratio (UACR) [2] Urine protein-to-creatinine (UPC) ratio
57	Date of the most recent test:	N/A
58	UACR (mg/g):	N/A
59	UPC ratio (mg/g):	N/A
60	Is the date and result of the most recent hemoglobin measurement documented in the medical record?	[1] Yes [2] No
61	Date of the most recent test:	N/A
62	Result (g/dL):	N/A
63	Has the hemoglobin been < 10 g/dL in the last 12 months?	[1] Yes [2] No
64	Is the date and result of the most recent serum ferritin measurement documented in the medical record?	[1] Yes [2] No
65	Date of the most recent test:	N/A
66	Result (ng/mL):	N/A
67	Is the date and result of the most recent transferrin saturation measurement documented in the medical record?	[1] Yes [2] No
68	Date of the most recent test:	N/A

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No.	Question Text	Responses
69	Result (%):	N/A
70	Is the date and result of the most recent serum calcium measurement documented in the medical record?	[1] Yes [2] No
71	Which of the following tests was done? (Check the test done most recently)	[1] Corrected serum calcium [2] Uncorrected serum calcium
72	Date of the most recent test:	N/A
73	Results (mg/dL):	N/A
74	Is the date and result of the most recent serum phosphorus measurement documented in the medical record?	[1] Yes [2] No
75	Date of the most recent test:	N/A
76	Result (mEq/L):	N/A
77	Is the date and result of the most recent serum bicarbonate measurement documented in the medical record?	[1] Yes [2] No
78	Date of the most recent test:	N/A
79	Result (mEq/L):	N/A
80	Is the date and result of the most recent serum potassium measurement documented in the medical record?	[1] Yes [2] No
81	Date of the most recent test:	N/A
82	Result (mEq/L):	N/A
83	Is the date and result of the most recent serum intact parathyroid hormone measurement documented in the medical record?	[1] Yes [2] No
84	Date of the most recent test:	N/A
85	Result (pg/mL):	N/A

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No.	Question Text	Responses
86	Is the date and result of the most recent serum 25-hydroxyvitamin D (calcidiol) measurement documented in the medical record?	[1] Yes [2] No
87	Date of the most recent test:	N/A
88	Result (ng/mL):	N/A
89	Is the date and result of the most recent hemoglobin A1C measurement documented in the medical record?	[1] Yes [2] No
90	Date of the most recent test:	N/A
91	Result (%):	N/A
92	Lipid Profile	N/A
93	Were fasting lipid results obtained for this patient?	[1] Yes, as part of a lipid panel [2] Yes, as an individual test or tests (cholesterol, triglycerides, HDL and/or LDL) [3] No, lipid results were not obtained or not documented
94	Date of the most recent lipid panel:	N/A
95	Was total cholesterol obtained?	[1] Yes [2] No
96	Total cholesterol date:	N/A
97	Total cholesterol (mg/dL):	N/A
98	Was LDL cholesterol level obtained?	[1] Yes [2] No
99	LDL date:	N/A
100	LDL cholesterol (mg/dL):	N/A
101	Was HDL cholesterol level obtained?	[1] Yes [2] No
102	HDL date:	N/A
103	HDL cholesterol (mg/dL):	N/A
104	Were triglycerides obtained?	[1] Yes [2] No

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No.	Question Text	Responses
105	Triglycerides date:	N/A
106	Triglycerides (mg/dL):	N/A
107	Management & Treatment	N/A
108	Is there documentation that the patient's current medications were reviewed at the most recent visit?	[1] Yes [2] No
109	Has this patient been advised to avoid excess alcohol?	[1] Yes [2] No
110	Is the patient receiving therapy with an Erythropoiesis-stimulating agent (ESA)?	[1] Yes [2] No
111	What was the patient's hemoglobin when ESA last given?	N/A
112	Is there a documented plan of care to decrease the patient's hemoglobin?	[1] Yes [2] No
113	Which of the following medications been prescribed for this patient? (Check all that apply.)	[1] ACE inhibitor and/or ARB [2] HMG-CoA reductase inhibitor (statin) or other lipid-lowering therapy [3] Metformin [4] Iron supplement [5] Phosphate binder [6] Alkalinization therapy (e.g., sodium bicarbonate) [7] Vitamin D supplement [8] None of the above
114	What dietary interventions have been done? (Check all that apply.)	[1] Referral to dietitian [2] Individual nutrition plan prescribed [3] Sodium restricted diet prescribed [4] Other [5] None of the above
115	Has the dietitian's summary report been received?	[1] Yes [2] No
116	Immunizations	N/A
117	Has the patient received an influenza vaccine 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 [5] Not documented
118	Has the patient received pneumococcal vaccine?	[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 [5] Not documented

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No.	Question Text	Responses
119	Has the patient received the completed hepatitis B vaccination series?	[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 [5] Not documented
120	Coordination of Care	N/A
121	Has the patient been referred to a nephrologist?	[1] Yes [2] No [3] Not applicable; I am a nephrologist
122	Was nephrologist's summary report received from the nephrologist?	[1] Yes [2] No
123	Was the nephrologist's summary report sent to the referring physician?	[1] Yes [2] No
124	Has the patient been referred to a vascular-access specialist or surgeon?	[1] Yes [2] No [3] Not applicable; patient prefers peritoneal dialysis [4] No, dialysis is not a practical option for this patient
125	Has the vascular-access specialist or surgeon's summary report been received?	[1] Yes [2] No
126	Has the patient been referred for transplant evaluation?	[1] Yes [2] No [3] No, transplant is not a practical option for this patient [4] Patient does not want to have transplantation
127	Does the chart document the following patient preferences?	N/A
128	Preferences for life-sustaining care	[1] Yes [2] No
129	Designated surrogate decision maker	[1] Yes [2] No
130	Functional Status	N/A
131	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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132	Is the patient independent in instrumental activities of daily living (IADLs)?	[1] Yes [2] No [3] Not documented
133	Is the patient independent in activities of daily living (ADLs)?	[1] Yes [2] No [3] Not documented
134	Barriers to Self Care	N/A
135	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
136	Psychiatric illness or cognitive impairment	[1] Yes [2] No
137	Problems with adherence	[1] Yes [2] No
138	Other medical conditions	[1] Yes [2] No
139	Social factors	[1] Yes [2] No