

HIV 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
12	Have language barriers significantly affected your ability to care for this patient?	[1] Yes [2] No [3] Don't know

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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	Do you provide primary care, including preventive care (e.g. cancer screening), for this patient?	[1] Yes [2] No
17	Risk Factors	N/A
18	Indicate the patient's risk factors for acquiring HIV infection by checking all that apply.	[1] Male-to-male sexual contact [2] Injection drug use [3] Heterosexual contact [4] Contaminated blood or blood products [5] Perinatal transmission [6] Other [7] Unknown [8] Not documented
19	Are the date and result of the patient's most recent CD4 count documented in the medical record?	[1] Yes [2] No
20	Date of the most recent CD4 count:	N/A
21	CD4 Result (cells/mL):	[1] < 50 [2] 50 to 99 [3] 100 to 199 [4] 200 to 349 [5] 350 to 500 [6] > 500
22	Since 2009, has the patient's CD4 count fallen below 500 cells/mL?	[1] Yes [2] No
23	Are the date and result of the patient's most recent viral load (quantitative HIV RNA) documented in the medical record?	[1] Yes [2] No
24	Date of the most recent viral load (quantitative HIV RNA):	N/A
25	HIV RNA Result (copies/mL):	[1] < 50 (Undetectable) [2] 50 - 200 [3] 201 - 400 [4] 401 - 10,000 [5] 10,001 - 100,000 [6] > 100,000

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26	Does the chart document how you will modify the patient's care to further suppress viral replication (e.g., starting or changing antiretroviral therapy)?	[1] Yes [2] No
27	Does the medical record have an updated HIV flow sheet that includes information such as CD4 count, viral load, and prescribed medications, with responses and adverse reactions noted?	[1] Yes [2] No
28	Is the patient currently taking antiretroviral therapy (ART)?	[1] Yes [2] No
29	Is this the patient's initial ART?	[1] Yes [2] No
30	Was ART changed because of virologic failure?	[1] Yes [2] No [3] Not documented
31	Was viral genotyping done before ART was started or changed?	[1] Yes [2] No, ART was started/changed before genotyping was available or recommended [3] No, genotyping should have been done
32	Had the patient been taking ART for at least six months before the most recent viral load testing?	[1] Yes [2] No [3] Not documented
33	Is the patient receiving Pneumocystis prophylaxis?	[1] Yes [2] No
34	Is the patient receiving MAC prophylaxis?	[1] Yes [2] No
35	Common Coexisting Infections	N/A
36	Has the patient been tested for Hepatitis C?	[1] Yes [2] No, patient refused [3] No, testing should have been done
37	What are the results of testing?	[1] Positive [2] Negative [3] Not documented
38	Was active Hepatitis C confirmed with HCV RNA testing?	[1] Yes [2] No
39	Has the patient been tested for Hepatitis B?	[1] Yes [2] No, patient refused [3] No, testing should have been done
40	What are the results of testing?	[1] Immune [2] Susceptible [3] Chronic infection [4] Not documented
41	Vaccines and Tests	N/A
42	Has testing for syphilis been performed within the past 12 months?	[1] Yes [2] No, patient is not sexually active [3] No, patient refused [4] No, testing should have been done

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43	Has testing for chlamydial infection been performed since the patient was diagnosed with HIV infection?	[1] Yes [2] No, patient refused [3] No, testing should have been done
44	Has testing for gonorrhea been performed at least once since the patient was diagnosed with HIV infection?	[1] Yes [2] No, patient refused [3] No, testing should have been done
45	Are results of screening for latent tuberculosis (PPD or interferon-γ release assay) documented in the chart?	[1] Yes [2] No, patient has a prior history of a positive screening test or treatment for tuberculosis [3] No, patient refused [4] No, testing should have been done
46	Has the patient received the following vaccines?	N/A
47	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
48	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
49	Hepatitis B	[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
50	Hepatitis A	[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
51	Treatment and Monitoring	N/A
52	Is a discussion about reducing the risk of transmission of HIV infection to others documented in the medical record within the past 12 months?	[1] Yes [2] No
53	Has the patient been assessed for ongoing use of injection drugs?	[1] Yes [2] No
54	What is the date of the most recent documented assessment?	N/A
55	Has the patient been assessed for high-risk sexual behaviors?	[1] Yes [2] No

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56	What is the date of the most recent documented assessment?	N/A
57	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
58	Date of BP measurement:	N/A
59	Systolic reading (mm Hg):	N/A
60	Diastolic reading (mm Hg):	N/A
61	Was fasting serum LDL cholesterol measured?	[1] Yes [2] No
62	Date of fasting serum LDL cholesterol measurement:	N/A
63	Fasting serum LDL cholesterol result (mg/dL):	N/A
64	Were fasting serum triglycerides measured?	[1] Yes [2] No
65	Date of fasting serum triglycerides measurement:	N/A
66	Fasting serum triglycerides result (mg/dL):	N/A
67	Has a screening test for type 2 diabetes been done?	[1] Yes [2] No, patient has diabetes [3] No, patient refused [4] No, testing should have been done
68	Has screening (either through discussion or use of a formal tool) for depression been done within the past 12 months?	[1] Yes [2] No [3] Not documented
69	Smoking Status	N/A
70	Is the patient a current smoker?	[1] Yes [2] No [3] Not documented
71	Is there documentation of smoking-cessation counseling?	[1] Yes [2] No
72	Date of the most recently documented smoking-cessation counseling:	N/A
73	General and Preventive Health Care	N/A
74	Are results of cervical Papanicolaou testing done within the past 12 months documented in the medical record?	[1] Yes [2] No, patient does not have a cervix [3] No, patient refused [4] No, testing should have been done

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75	What is the date of the most recent testing?	N/A
76	Has screening mammography been done within the past 12 months?	[1] Yes [2] No [3] Not documented
77	Is the patient up-to-date with regard to colon cancer screening?	[1] Yes [2] No [3] Not documented
78	Functional Status	N/A
79	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.
80	Is the patient independent in instrumental activities of daily living (IADLs)?	[1] Yes [2] No [3] Not documented
81	Is the patient independent in activities of daily living (ADLs)?	[1] Yes [2] No [3] Not documented
82	Barriers to Self Care	N/A
83	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
84	Psychiatric illness or cognitive impairment	[1] Yes [2] No
85	Problems with adherence	[1] Yes [2] No
86	Other medical conditions	[1] Yes [2] No
87	Social factors	[1] Yes [2] No