American Board of Internal Medicine

Osteoporosis 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 primarily 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. The issues raised in these questions may impact patient care in significant ways; therefore, you may wish to consider them as you develop your Improvement Plan.	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	Risk Factors	N/A
18	Which of the following risk groups for future osteoporotic fracture does the patient belong to? (Check all that apply.) Patients must belong to at least one risk group to be eligible for inclusion in this chart review.	[1] Women age 65 and older | [2] Men age 70 and older | [3] Patients with osteopenia | [4] Patients with prior low-impact fracture | [5] Patients with a previous diagnosis of osteoporosis
19	Physical Findings	N/A
20	Is the patient's weight documented in the medical record?	[1] Yes, in pounds | [2] Yes, in kilograms | [3] No
21	Weight in pounds:	N/A
22	Weight in kilograms:	N/A
23	Is the patient's height (from any visit) documented in the medical record?	[1] Yes, in inches | [2] Yes, in centimeters | [3] No
24	Height in inches:	N/A
25	Height in centimeters:	N/A

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26	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) | [5] Not documented
27	Is the patient's young adult height (by age 30) documented in the medical record?	[1] Yes | [2] No
28	Has the patient lost 1.5 inches (3.81 centimeters) or more in height?	[1] Yes | [2] No | [3] Not documented
29	Diagnostic Testing	N/A
30	Has the patient had a DXA scan?	[1] Yes | [2] No, DXA not performed | [3] No, not indicated-already on therapy and imaging not likely to add benefit (or other medical reason) | [4] No, documented patient informed refusal on chart | [5] No, healthcare system delivery reason (service not locally available, insurance coverage issue, etc.)
31	How many DXA scans were done within the past 5 years?	[1] 0 | [2] 1 | [3] 2 | [4] 3 | [5] 4 | [6] 5 or more
32	What was the result of DXA scan testing? If more than one test has been done, report the lowest T-score available.	[1] Normal: T-score of -1.0 or greater | [2] Osteopenia: T-score between -1.0 and -2.5 | [3] Osteoporosis: T-score of -2.5 or less | [4] Not documented
33	Has the patient had a formal fracture risk assessment done (such as FRAX score)?	[1] No, not done | [2] Not applicable, patient is already on treatment or has a history of a hip or spine fracture | [3] Yes, using FRAX | [4] Yes, using another tool
34	Result of FRAX score:	N/A
35	10 yr probability of major osteoporotic fracture	N/A
36	10 yr probability of hip fracture	N/A
37	Is the patient's 25-hydroxy vitamin D level documented in the medical record?	[1] Yes | [2] No
38	Date of the most recent test:	N/A
39	Risk Factors for Future Osteoporotic Fractures	N/A
40	Is there documentation of a screen for falls risk in the past 12 months?	[1] Yes | [2] No

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No.	Question Text	Responses
41	In the past 12 months, has the patient fallen more than twice or required treatment for an injury sustained in a fall?	[1] Yes | [2] No | [3] Not documented
42	Has a risk assessment for falls been completed in the past 12 months? (e.g. assessment of contributing factors to falls, balance/gait, postural BP, fall hazards, medication review etc.)	[1] Yes, complete | [2] Yes, partial | [3] No | [4] Not documented
43	Has a falls plan of care been done in the past 12 months? (e.g. documentation of advice on the use of assistive devices, assessment of balance/gait training, medication review/modifications etc.)	[1] Yes | [2] No
44	Lifestyle Management and Pharmacologic Intervention	N/A
45	Is the patient's current estimated dietary calcium intake documented?	[1] Yes, at least 1200 mg/day | [2] Yes, <1200 mg/day | [3] No
46	Is the patient currently taking calcium supplementation?	[1] Yes, and dosage is documented | [2] Yes, but dosage is not documented | [3] No | [4] Not documented
47	What is the patient's total estimated daily calcium intake (dietary plus supplements)?	[1] <1200 mg/day | [2] 1200 - 1500 mg/day | [3] >1500 mg/day | [4] Insufficient information to estimate
48	In the past 12 months, is there documentation of counseling about appropriate calcium intake?	[1] Yes | [2] No
49	Is the patient currently getting enough vitamin D through diet or supplementation?	[1] Yes, at least 600-800 IU/day | [2] No | [3] Not documented
50	In the past 12 months, is there documentation of counseling about vitamin D?	[1] Yes | [2] No
51	In the past 12 months, has the patient participated regularly in a weight-bearing exercise program?	[1] Yes | [2] No | [3] Not documented | [4] Not applicable - patient is unable to exercise
52	Is there documentation of advice to participate in a weight-bearing exercise program within the past 12 months?	[1] Yes | [2] No
53	Is the patient a current smoker?	[1] Yes | [2] No | [3] Not documented
54	Is there documentation of smoking-cessation counseling?	[1] Yes | [2] No
55	Date of the most recently documented smoking-cessation counseling:	N/A

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No.	Question Text	Responses
56	Has the patient's current level of alcohol use been documented in the medical record?	[1] Yes | [2] No
57	Does the patient engage in potentially hazardous drinking (more than one-two drinks daily or more than three-four drinks on any occasion)?	[1] Yes | [2] No
58	Has the patient been counseled on limiting alcohol use?	[1] Yes | [2] No
59	Date of the most recently documented discussion about hazardous drinking:	N/A
60	Which of the following pharmacologic therapies for osteoporosis is the patient currently taking? (Check all that apply.)	[1] A bisphosphonate (i.e. Actonel, Boniva, Fosamax, Reclast) | [2] Calcitonin | [3] Estrogen (hormone therapy) | [4] An estrogen agonist/antagonist (i.e., Raloxifene) | [5] Teriparatide (Parathyroid hormone) | [6] Denosumab (Prolia) | [7] None of the above | [8] Other
61	Is there documentation in the medical record that the patient's adherence to pharmacological therapies have been assessed or reviewed within the past 12 months?	[1] Yes | [2] No
62	Has a serum chemistry panel been performed within 12 months of initiating treatment for osteoporosis?	[1] Yes | [2] No | [3] Information is not available, patient already on therapy
63	Functional Status	N/A
64	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.
65	Is the patient independent in instrumental activities of daily living (IADLs)?	[1] Yes | [2] No | [3] Not documented
66	Is the patient independent in activities of daily living (ADLs)?	[1] Yes | [2] No | [3] Not documented

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No.	Question Text	Responses
67	Barriers to Self Care	N/A
68	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
69	Psychiatric illness or cognitive impairment	[1] Yes | [2] No
70	Problems with adherence	[1] Yes | [2] No
71	Other medical conditions	[1] Yes | [2] No
72	Social factors (e.g., payment concerns, transportation)	[1] Yes | [2] No

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