The Objective
The Patient Reminders objective for Meaningful Use Stage 2 is a Core Measure, which means that it is a required objective that must be met by the Eligible Provider (EP). The measure states that more than 10% of patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference for preventive/follow-up care. CMS does not specify a reminder and solely leaves this to the provider to determine what is most relevant based on their care efforts.

How to Meet the Objective
Normally this objective would be performed in the latter half of the Eligible Provider’s reporting period. This way you will be sure to provide reminders to more than 10% of the patients that fall into the criteria.

1. To meet this objective, you will first need to know where to setup the patient’s reminder preference. This by DEFAULT will always be a LETTER unless a user modifies via the patient setup screen.
   a. Open the patient setup
   b. Navigate to the Demographics tab
   c. Find the option “Reminder”
   d. Select the Patient’s Preference and click SAVE
2. Next is to setup the correct criteria via iReports. Here you will need to generate a report that uses clinically relevant information based on the provider’s care efforts.
   a. Navigate to the Reports Portal
   b. Click on iReports under the navigation pane
   c. Next select the Black Plus sign to begin adding the criteria
   d. This is when the provider would choose the appropriate criteria and select APPLY.
e. Now you are ready to run the report by clicking . This will show you how many patients match the criteria.

f. Lastly, select . This will pull in all of the patients and allow you to select a letter to be queued up for all the patients (this is the default). The notes section is required so be sure to enter “Patient Reminders” or etc. into the box. If the patient’s preference was changed via the patient setup, you will notice their name under Phone or MyMedical Locker instead. You would have to call and provide the reminder for those patients. Please contact support@isalushealthcare.com to create a letter if it does not already exist.

The Provider Dashboard would now show the Patient Reminders Objective is fulfilled as long as you have provided the reminders to more than 10% of patients who were seen twice within 24 months prior to the reporting period. If this isn’t the case, please view the Patients Missing Objective to see what patients did not fall into the criteria.

How the Objective is Measured

The Patient Reminders measure on the Provider Dashboard is calculated in this manner:

a. **Denominator:** Number of unique patients who have had two or more office visits with the EP in the 24 months prior to the beginning of the EHR reporting period.

b. **Numerator:** Number of patients in the denominator who were sent a reminder per patient preference when available during the EHR reporting period.
Exclusions

Any EP who has had no office visits in the 24 months before the EHR reporting period.

CMS Guideline


Setting up your system to run the Patient Reminders:
In order for OfficeEMR™ to allow you to run this report, a couple things must be setup. First, your user must have access to this screen to create the report. This is managed via Roles. Also, a letter needs created based on the type of reminder you will be mailing out to your clients. All of these items can be configured by the iSalus Support Department (support@isalushealthcare.com).

1. Role: iReport - **User role must have Write access to this screen.**
2. Letters: **Access to the preventive/follow-up care letter**