Stage 2 Meaningful Use - Core Measure 12

Patient Reminders Configuration Guide

Last Updated: November 8, 2013
MU Core 12 – Send Patient Reminders

This guide will provide instructions on how to configure the necessary setup and preferences to enable Enterprise EHR to work for Core Measure 12: Use clinically relevant information to identify patient who should receive reminders for preventive/follow-up care and send these patients reminders, per patient preference.

Final Rule Requirements

More than 10% of all unique patients who have had 2 or more office visits with the eligible professional (EP) within the 24 months before the beginning of the EHR reporting period (RP) was sent a reminder, according to each patient’s preference, when it has been recorded.

Core Objective: ✔️ Menu Objective:

Numerator: The number of patients in the denominator who were sent a reminder per patient preference when available, during the reporting period.

Denominator: The number of unique patients who had 2 or more office visits with the EP in the 24 months prior to the beginning of the reporting period.

Exclusion: Providers with no office visits in the 24 months before the EHR reporting period.

Objective is shared across Eligible Professionals: Yes: ✔️ No:

Objective must be recorded during reporting period: Yes: ✔️ No:

Prerequisites

Requires: Patient Query (formerly known as Population Health Management):

Availability v11.2: ✔️ Enhanced v11.4.1: ✔️

Configuration Steps

Preferences

1. Review Pt Communication Reminder Editable Preference
   - This preference can enable the user to edit or update a patient’s preferred method to receive reminders. Set to Yes if this value is not captured and sent from the Practice Management System. Set to No if this value is being sent by the Practice Management System.
   - Go to TWAdmin>Preferences>General

![Preference Table]

<table>
<thead>
<tr>
<th>Preference</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>PtCommunicationReminderEditable</td>
<td>Patient Communication Reminder Editable</td>
<td>Y</td>
</tr>
</tbody>
</table>
2. **Review Create Overdue Reminder Task Preference (optional)**
   - This preference determines if an Overdue Reminder task is automatically created for the Planned By provider when a health management reminder is overdue. Set to **Yes** if the provider wishes to receive these tasks. This preference is optional for the measure report.
   - Go to TWAdmin>Preferences>General

   ![Preference Settings](image1)

3. **Perform the following steps to generate patient reminders within the EEHR:**
   - Identify the criteria in which to create a list of patients you want to create reminders for.
   - Define the content of the reminder letters to send to patients.
   - Create the **Text Templates** that will define the content of the reminder letters.
     - Go to TWAdmin>Note Admin>Manage Text Templates (v11) tab
     - Utilize the Pt Communication option within the TW Module drop-down menu:
       - **TW Module**: Pt Communication

   ![Text Templates](image2)

   - Create a **Patient Query** for your defined clinical criteria and associate an action set to the population query that includes both a communication setup using the Patient Preferred Method, as well as reminders to be added to the patient charts.
     - Navigate to TWAdmin > Patient Query
- Click the **Manage Queries** button to create a new query.

- Enter the title of the new Query Name within the field on the bottom left of the page and then click the yellow cross icon 😐 to open the Clinical Rules Editor.
In the Clinical Rules Editor choose the patient query criteria by clicking on the Criteria links from the list on the left side of the screen.
Example: Demographics Criteria

- Fill out required/appropriate fields and click OK.
- When finished selecting the criteria – click Save and Return - Save and Return.
- Close the window and navigate back to the Clinical Rules Editor window.
- To view the new query - click the Refresh All icon. This will ensure that you will see your newly created query.
- Find and highlight the query and click the Run icon and ensure the query successfully ran.
- Click the Return to UMP link Return to UMP (upper right corner of screen).
- Navigate back to TWAdmin > Patient Query and select the Add/Edit Patient Action Set tab.
Create a new Action Set, by clicking the **Create New** button.

Name the new Action Set and provide a description.
- Click on the **Patient List** tab and choose the **Patient List Type**.

- Select an **Existing List** or create a new **Patient List Name**.

- Provide **Patient List Description** and click the **Add** button.
- Select the **Action Set Properties** tab and associate the new Patient Query to the Action Set by clicking the binoculars icon.

- This brings up the Associate Patient Population Queries Search.

  - Select the new **Patient Query** and click the **Add** button.

  - Click the **Accept** button.
Click the **Patient Communication** tab, select the **Communication Method** (Patient Preferred Method is recommended) & **Communication Owner**, assign **Task(s)**, select the appropriate **Text Template(s)**, and click the **Add** button.

- The **Communication Owner** is the user or team that will be the owner of the documentation that is generated for communication.
  - This is the document owner that will appear in ChartViewer once the reminder is created on the patient.
- Consider adding a statement within your Mail Text Template to encourage patient portal enrollment.

4. **Setup HMP Reminders Action Set (Optional Step)**
   - Click the **HMP Reminders** tab, select the **Reminder Type**, select the **Frequency Method** and click the **Add** button.
5. **Setup Creating Tasks Action Sets** (Optional)
   - Click the **Tasks** tab, select a User/Team to assign the **Task** and **Task Type**, enter **Task Comments**, define **Activate and Overdue Days**, create **Notification Task** (optional) and click the **Add** button.

   - Click the **Action Set Properties** tab, review the **Action Set Details** and click the **Save Action Set** button.
Workflow Considerations

- Create internal process to capture each patient’s preferred communication method for reminders. The application uses Mail by default if the patient is not enrolled in Patient Portal.

- Establish workflows for calling the patients.
  - Identify which staff is going to work the reminders task to call the patients. Create a new task view to capture these tasks or add them to existing task views for the appropriate staff. Task type is Call Patient Communication.

- Establish workflows for mailing letters to patients.
  - Identify which staff is going to work the reminder tasks to mail letters to patients. Create a new task view to capture these tasks or add them to existing task views for the appropriate staff. Task type is Mail Patient Communication.
  - Consider using the Batch Printing Menu for staff who will print the reminder letters.
    - Assign Batch Printing Menu to any users that will be printing the reminder letters (this is not required, but is the suggested workflow). The menu document is DocsBatchPrint.

- Create internal processes to route provider and staff requests for specific reminder letters and the patient population who will receive the reminder letters.

- Assign Patient Communication Document Types to ChartViewer Section. Go to TWAdmin > Chart Admin > Manage Sections > Select Documents > Patient Communication Mail and Patient Communication Portal.
Available in v11.4.1, you can map orderable items to order reminders from Population Health. This is not required for MU reporting, but is recommended to help you identify which orders can satisfy a particular order reminder. This is not required for MU reporting, but should be considered as you are implementing Population Health.

Assign the Patient Profile – Edit security to users that should be able to update the Patient Communication Reminder preference for the patient. Assign the patient security from TWAdmin > Security Admin > Security Classification.

How EEHR Calculates the MU2 Report

**Numerator:**
- For each unique patient, the system will count once any patient in the denominator who has a reminder communication produced during the chosen reporting period. Reminder options include:
  - Print
  - Mail
  - Send to Patient Portal
- If a patient’s preferred communication reminder preference is set to Decline and no reminder is sent, the patient is excluded from the numerator.
- The numerator will not include any reminder communication flagged as Exclude from MU Reporting.

**Denominator:**
- For each unique patient, the system will count once any patient who has had 2 or more office visits with the EP in the 24 months prior to the beginning of the reporting period. The system excludes from the denominator, appointments flagged as Exclude from MU Reporting in the Appointment Type dictionary.
- For each unique patient, the system will count once any patient who has had 2 or more office visits with the EP in the 24 months prior to the beginning of the reporting period. The system excludes from the denominator, appointments flagged as Exclude from MU Reporting in the Appointment Type dictionary.

**Exclusion:**
- Providers with no office visits in the 24 months before the EHR reporting period.

**Indicators:**
- When the numerator divided by denominator is 10% or greater
- When the numerator divided by denominator is less than 10%
Calculation Flow Diagram

General Considerations

- **Final Rule consideration**: The Final Rule states “We believe that reminders should be limited to new actions that need to be taken not of actions that are already taken. For example, a reminder to schedule your next mammogram is a reminder to take action, while a reminder that your next mammogram is scheduled for next week is a reminder of action already taken. If we were to allow for reminders of existing scheduled appointments then every provider could meet this objective and measure without any patient ever learning new information. So we clarify that reminders for preventive/follow-up care should be for care that the patient is not already scheduled to receive. Reminders are not necessarily just to follow up with the reminding EP. Reminders for referrals or to engage in certain activities are also included in this objective and measure.”
  - Providers who do not know a patient’s preferred communication preference may choose a preference for the patient. Patients who decline to receive reminders are counted in the denominator, but not in the numerator.
  - You can send reminders through Patient Portal, print and mail reminders to patients, or call patients with reminders. CMS does not dictate how reminders are to be sent.

- **Reporting considerations**:
  - Panel queries are not supported for creating reminder letters. The report will only count reminder letters created from the Patient Query patient communication action sets.
Reminders generated out of the Practice Management system are not considered, because they are not part of the Certified EHR Technology.

If the communication method is overridden in Patient Query, the reminder is still included in the numerator.

### Additional Information

Here is a list of reference documents, and where you can find them:

- **Patient Query documentation:**
  - ClientConnect > Toolbox > Product Documentation > Allscripts Enterprise EHR > 11.2 > Enhancement Supplements > Population Health Management Enhancement Supplement
  - ClientConnect > Toolbox > Product Documentation > Allscripts Enterprise EHR > 11.4.1 > Manuals/Guides > Configuration Guide (chapter 13)

- **Clinical Rule Editor documentation:** ClientConnect > Toolbox > Product Documentation > Allscripts Common Solutions/Stimulus Set > Population Health/Pursuit Lists > Manuals/Guides > Allscripts Clinical Rules Editor 1.0 User Guide

- **Application Design and Behavior Resource (ADBR):** ClientConnect > Toolbox > Product Documentation > Allscripts Enterprise EHR > Pick your version > Manual Guides > Application Design and Behavior Resource (ensure you save it to your PC)

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1 Client is solely responsible for implementing the recommendations, refining certified workflows, and completing any configurations needed to meet Meaningful Use measures prior to the defined attestation period. Allscripts is not providing any legal advice on Client Connect or under any Allscripts services project. Client is responsible for ensuring any revised business processes comply with all federal, state, and local laws. NOTWITHSTANDING ANYTHING TO THE CONTRARY HEREIN, ALLSCRIPTS MAKES NO REPRESENTATION OR WARRANTY AS TO CLIENT BECOMING A “MEANINGFUL USER” OF ITS EHR SOFTWARE (AS MODIFIED TO MEET THE DEFINITION OF CERTIFIED EHR) WITHIN THE TIMEFRAMES PRESCRIBED BY THE HITECH ACT.