

Stage 2 Eligible Professional Meaningful Use Core Measures Measure 12 of 17

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Preventive Care	
Objective	Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminders, per patient preference.
Measure	More than 10 percent of all unique 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 when available.
Exclusion	Any EP who has had no office visits in the 24 months before the EHR reporting period.

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Definition of Terms

Patient Preference – The method of communication that patients prefer to receive their reminders such as (but not limited to) by mail, by phone or by secure messaging.

Active Patients – Patients with at least two office visits in the last 24 months.

Attestation Requirements

DENOMINATOR/NUMERATOR/ THRESHOLD/EXCLUSION

- **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.
- **NUMERATOR:** Number of patients in the denominator who were sent a reminder per patient preference when available during the EHR reporting period.
- **THRESHOLD:** The resulting percentage must be more than 10 percent in order for an EP to meet this measure.
- **EXCLUSION:** Any EP who has had no office visits in the 24 months before the EHR reporting period.

Additional Information

- The provider is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using certified EHR technology (CEHRT).
- EPs meet the aspect of “per patient preference” of this objective if they are accommodating known reasonable requests in accordance with the HIPAA Privacy Rule, as specified at 45 CFR 164.522(b), which is the guidance established for accommodating patient requests.



- An EP should use clinically relevant information stored within the CEHRT to identify patients who should receive reminders.
- To count for the measure, reminders for preventive/follow-up care must be for care that the patient is not already scheduled to receive. Reminders for referrals or to engage in certain activities are also included in this objective and measure.
- Reminders must be sent using the preferred communication medium only when it is known by the provider. This is limited to the type of communication (phone, mail, secure messaging, etc.) and does not extend to other constraints like time of day.
- Patients may decline to provide their preferred communication medium in which case the provider may select the communication medium.
- A patient may also decline to receive reminders.
- In order to meet this objective and measure, an EP must use the capabilities and standards of CEHRT at 45 CFR 170.314(a)(14).

Certification and Standards Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this objective.

Certification Criteria*	
§ 170.314(a)(14) Patient list creation	Enable a user to electronically and dynamically select, sort, access, and create patient lists by: date and time; and based on each one and at least one combination of the following data: <ul style="list-style-type: none"> (i) Problems; (ii) Medications; (iii) Medication allergies; (iv) Demographics; (v) Laboratory tests and values/results; and (vi) Patient communication preferences.
<i>*Depending on the type of certification issued to the EHR technology, it will also have been certified to the certification criterion adopted at 45 CFR 170.314 (g)(1), (g)(2), or both, in order to assist in the calculation of this meaningful use measure.</i>	
Standards Criteria	
N/A	