# American College of Physicians Medical Home Builder<sup>®</sup> 2.0

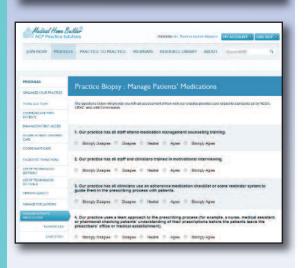
Immediate Online Practice Improvement

Improve patient care and office efficiency on *your* schedule with expert online support and resources





MODULES	Case Study : Manage Patients' Medications		
DROANIZE YOUR PRACTICE	Case Study . Manage Fatients Theucations		
WORK AS & TEAM	How it Works in a Practice		
COMMUNICATE WITH FATIENTS	<ul> <li>Primary Care Associates (PCA) is a three clinician practice located in a suburban area. PCA has an office manager and too livii time staff memory. One series is dedicated to the first door uperations, and three of the staff memory are maduai.</li> </ul>		
INHWINCE PATIENT ACCESS	Staff of Primary Care Associates		
DELIVER FATIENT-CENTERED CARE	Senior Physician, Br. Smith     Hyper Practicioner, Mr. Kenal Singn, CRMP		
COORDINATE CARE	Physician Partner, Dr Bivanapoel     Michola Assessment, Trace-Nacion		
MOLITATE TRANSITIONS	- Mechael Avelacterit, Rosa Senctina - Mechael Assistant, Neghan Meado		
USE OF TECHNOLOGY: SECTION 1	Finnt Desk, Many Rood     Office Manager, We, Machanski		
USE OF TROHNOLOGY RECTION IT	Through this case study we discuss the challenges, identification of potential solutions, and outcomes of several issues th typically come up in such a produce.		
MINOVE QUALITY	The senior physicial. Or Smith, recently reviewed a chart of a patient. We Jones, whom he had not seen in several months patient's Lariyout Dr. Smith had acherolised Mr. Jones for a bilay-up appointmention months after the initial with a sever		
MANAGE POPULATIONS	response to the screwardate prescribed. On Smith unled the patient to sake who he didn't retain for follow-up after two month laboratory tests done as amonged of the prior appointment.		
HANKSE PATIENTE HEDICATIONS	In: Jerves explained that the took this extremation for all the over a month and their helf the don't need if anymore. He soon it in moning for the instruction therein the second week the regist to take the plan with their when he went away for a camping the returned the distruction the resist near each account of distributes a liver and it. Here does in a new the returned to be approximated to be a second week to the second account of distributes a liver and it. Here does in a new the returned to be approximated to be a second account of distributes a liver and its more does and account of the second account of the second account of the distributes of the distribution of the second account of distributes a liver and its for the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the dist		
BACKBROUND	returned the starting terms interly daily gain but detimes a two days. For two days in a row, the mission is daily do this to four works the was taking the medication intermittently. When the ran out of its medication after the weaks, the sect reflicities initial 30 day unscendion, thinking their devices review proceed in a good shape and his attrice were proceed.		
CASE STUDY	51 suble "His job secame more demanding, and he decided to cancel his return appointment. He has notirescheduled it has been very tusy.		



# Welcome to Medical Home Builder 2.0 - The Future of Quality Patient Care <u>and</u> a Well-Managed Practice

Improving your practice's ability to provide high quality, safe, efficient, effective and timely patient-centered care is now accessible, affordable and adaptable to your practice. Whether you're ready to start down the path to be recognized or accredited as a Patient-Centered Medical Home (PCMH) or just want to make incremental changes, Medical Home Builder (MHB) 2.0 has all of the tools and resources you'll need.

Using the talents and capabilities of your entire office team, self-paced modules cover all aspects of how to become a high-functioning, well-performing practice.

Online and collaborative, MHB 2.0 helps you transform your practice – in easy steps, on your own timeline.

- Get ready with background information
- Conduct the initial assessment ACP's Practice Biopsy<sup>®</sup>
- Review your results and recommended resources
- Identify and implement desired changes
- Share and collaborate with the MHB online community
- Perform follow-up assessments to monitor your progress

## New and Always Improving

Building upon the well-received MHB 1.0, new modules, resources, features and functions have been added to help you identify improvement opportunities and select/implement changes. With MHB 2.0, you're part of a community of practices, large and small, that is committed to change. Share and learn from peers and colleagues all working towards similar goals.

Plus, as new resources, modules and enhancements are added, they will be immediately available at no additional charge!

## **Expert Advice Available Online**

Need assistance or just want to make sure you're on the right course? It's all here, available at your convenience.

- View recorded webinars and videos, when you want, as often as you need.
- Practice-to-Practice Pearls that contain user-submitted best-practice videos. Learn from colleagues sharing their experiences and insights.
- Join the Community Discussion Forum where you can pose questions and offer comments.



### PCMH Recognition and Accreditation Made Easier

If moving toward the PCMH model seems like a daunting or even overwhelming task, MHB 2.0 is just what the doctor ordered. Medical Home Builder's Practice Biopsy questions cover the content from NCQA, URAC and The Joint Commission.

And MHB 2.0 provides many customizable policies and procedures in Microsoft Word<sup>®</sup> format to help you develop your own written policies and procedures.

# Learn More

For more information, to view a free online demo, or to sign up for a free demo webinar, visit www.medicalhomebuilder.org or contact MHB@mail.acponline.org.

# Practice Management That Improves Patient Care

# Self-Paced Tools for Evaluation and Improvement

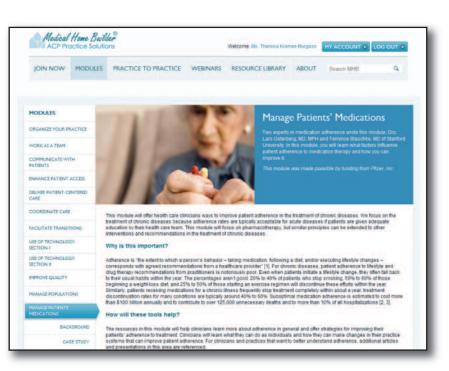
Everything you need from evaluation to follow-up is provided online and clearly organized. All team members have full access to all content.

### MHB 2.0 Modules feature:

- Background information.
- A case study that follows a practice as it completes the Practice Biopsy<sup>®</sup> and implements changes using the resources provided.
- A self-assessment, Practice Biopsy, that provides a baseline score with comparison to all users of the Medical Home Builder. Your staff can complete the Practice Biopsies individually or in small groups, in any order and at any time.
- Reporting functions to help track progress over time, identify opportunities for improvement and compare your practice to others.
- A virtual bookshelf, the Resource Library, that aggregates articles/books, videos, webinars and tools from each module into a searchable collection. Includes downloadable guides and policy templates.

### MHB 2.0 Modules currently include:

- Organize Your Practice
- Work As A Team
- Communicate With Patients
- Enhance Patient Access
  - Deliver Patient-Centered Care
- Coordinate Care
- Facilitate Transitions
- Use of Technology
- Improve Quality
- Manage Populations
- Manage Patients' Medications
- Engage Patients





# Thank you to the following grant-funding organizations for their generous support.

#### Pfizer, Inc.

- MHB 1.0 development
- Managing Patients' Medications and Engage Patients modules
- Practice-to-Practice Pearls
- Charting Your Way to Practice Improvement: Webinars for the 21st Century Patient-Centered Practice

### **United Health Foundation**

- MHB 1.0 development
- Endo Pharmaceuticals
  - Manage Chronic Pain module

### NovoNordisk

• Manage Diabetes module

#### American Board of Internal Medicine Foundation

• Facilitate Transitions (Advanced) module



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# Transform Your Practice With Your Staff and Medical Home Builder 2.0

# Affordable Pricing to Fit Your Practice

All subscribers and their practice team members have full access to the entire Medical Home Builder. Subscriptions are for 12 months with an option to renew each year.

- Basic License is designed for small-/medium-sized practices.
- Premium License, designed for larger practices and multi-site organizations, allows multiple practice administrators to access results and analysis features.

## Basic License

Clinicians	ACP Member*	Non-Member
1	\$99	\$125
2–5	\$149	\$188
6–10	\$249	\$310
11–15	\$349	\$436

From 16–25 clinicians, add \$25 per clinician for practices with one ACP member – slightly more for non-member practices. Above 25 clinicians, the price is \$25 per clinician for all practices.

\* Please provide one ACP member ID during registration to obtain the ACP member discount.

Premium License			
Clinicians	ACP Members & Non-Members		
Up to 25	\$500 + Basic License		
26–74	\$750 + Basic License		
Over 75	\$1,000 + Basic License		

## **Special Pricing Available**

For groups with 200 or more practice locations, ACP offers customized pricing options. ACP also provides pricing options for consultants and resellers of Medical Home Builder 2.0. For more information, please contact ACP at MHB@mail.acponline.org.

www.medicalhomebuilder.org