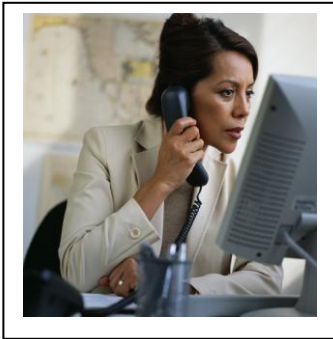


Setting a Firm Foundation: Mississippi Practices and the Medical Home



April 9 -11, 2010
Eagle Ridge Conference Center
Raymond, MS

By attending this conference, we anticipate the following results:

- Financially sound practice
- Happier staff in your practice
- **You** will enjoy your practice more

In this Learning Collaborative, we will tackle the specifics of implementation of the various elements of the Patient-Centered Medical Home. This will include addressing “how” the framework of the PCMH enhances what practices are currently doing and provide strategies for practices to move forward in their implementation of the medical home elements and improving their financial management strategies. Patient engagement, measuring staff satisfaction and processes for performance improvement within the practice will be covered.

Bring your team

This conference is designed for physicians, clinical staff, office staff and residents. We encourage you to bring your entire team to gain knowledge and insight to implement PCMH model within your practice.

Take the free MHIQ online self-assessment – enter a cash drawing

Take the self-assessment prior to the meeting and we’ll share the results at the conference. This free, online tool will help your team become familiar with the concepts of the medical home and will provide a baseline assessment of where your practice currently stands on the medical home scale. You can access the tool at <http://www.transformed.com/MHIQ/welcome.cfm>. Please create an account and use the following code “**MISSI**” in the project code field. Print your results and each of your team members will be entered into a drawing for a cash prize!

Friday, April 9

2:45 – 3 **Welcome**
3 – 6 pm **Financial Management Fundamentals: Assessment of Your Practice**
6 – 7 pm **Reception**

Saturday, April 10

8:30–12:30 **Creating the Vision of Medical Home – How is it different?**
 Understanding the Organizational Elements of the Medical Home
 Improving Your Practice – Practice Teamwork Exercise
12:30–1:30 **Lunch**
1:30– 3 pm **Measuring Performance Improvement**
 How to Measure Access, Patient and Staff Experience and the Importance of
 Gathering this Information.

Sunday, April 11

8:30 –12 pm **Change Management – Here’s How to Do It**
 Leadership, Teamwork and Communication

TransforMED will lead the conference and help raise awareness about improving practice performance, the patient centered medical home, and grow revenue for Mississippi’s family physicians. We invite you to take a look at their resources at www.transformed.com.



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Accreditation: CME credit is being requested from appropriate medical specialty organizations.

Refunds: Refunds minus a \$50 administrative fee, will be made upon request to the MAFP office if received by March 26th. After March 26th, no refunds will be granted.

Dress: Casual dress is encouraged for all functions.

Location/Rooms:

Eagle Ridge Conference Center
1500 Raymond Lake Road
Raymond, MS
601-857-7100

The Eagle Ridge Conference Center is located 9 miles outside of Jackson. Each room overlooks the sparkling lake or the picturesque courtyard. The group rate is \$72 for single, \$82 for double occupancy, or \$125 for parlor suites. Please make reservations by calling 601-857-7100. Identify the group as MS Academy of Family Physicians.

Registration:

MAFP Member & One Staff	\$350	Non Member & One Staff	\$450
Additional Registrants	\$150	N/M Additional Registrants	\$175
Resident Member	\$125		

Registration fee includes: continental breakfasts, breaks, Friday/Saturday/Sunday sessions, Friday reception

(Please print clearly)

Company/Clinic: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Practice size by physician FTE: _____

Registrant One: _____ Title: _____

Registrant Two: _____ Title: _____

Registrant Three: _____ Title: _____

Registrant Four: _____ Title: _____

Total Due: \$ _____

Credit Card Information:

Name as printed on Card: _____

Signature: _____

Billing Street Address & Zip Code: _____

Card #: _____ **Expiration Date:** _____

Authorization # _____ (3 digit # on back of card, 4 digit # on front for Am. Exp.) **Amount: \$** _____

Type of Credit Card: Am. Express Discover Master Card Visa

Please complete form and return with your registration fees to:

MAFP 133 Executive Dr. Ste. E, Madison, MS 39110

Phone: 601-853-3302 or 1-888-350-4886 • Fax: 601-853-3002

E-mail questions to: Cheryl@msafp.org