CIFC Health is a Patient Centered Medical Home

You have one body, why not have one care team. The Patient Centered Medical Homes (PCMH) model provides much more comprehensive health care than an average physician's practice, meeting the majority of patients' physical and mental health care needs. PCMH are like a family of health care providers, working together across the health care system, to coordinate your care. You will see the same team of providers, all of whom work together to meet your health care needs, improving the continuity of care. This also means that you will see a familiar face with every visit!

Managing your physical and mental health is difficult enough without calling provider after provider to be told that they aren't accepting new patients. CIFC Health's patient centered approach provides individualized care that is culturally appropriate and focuses on wellness and prevention to keep you healthy. If you do get sick, your PCMH team will coordinate your acute or chronic care.

Research Shows PCMH Provide Better Results

Agency for Healthcare Research and Quality (AHRQ)

defines a medical home not simply as a place but as a model of the organization of primary care that delivers the core functions of primary health care.

According to AHRQ, The medical home encompasses five functions and attributes: Comprehensive Care, Patient Centered Care, Coordinated Care, Accessible Services, and a Commitment to Quality and Safety.

The Centers For Disease Control and Prevention (CDC)

says the PCMH model has been associated with effective chronic disease management, increased patient and provider satisfaction, cost savings, improved quality of care, and increased preventive care.

The National Committee for Quality Assurance (NCQA)

Patient-Centered Medical Homes are driving some of the most important reforms in healthcare delivery today. A growing body of scientific evidence shows that PCMHs are saving money by reducing hospital and emergency department visits, mitigating health disparities, and improving patient outcomes. The evidence...outlines how the medical home inspires quality in care, cultivates more engaging patient relationships, and captures savings through expanded access and delivery options that align patient preferences with payer and provider capabilities.