Centering®
Healthcare
Institute

Improving Health & Building Community through Centering Groups



2018 MATERNAL MORTALITY STATISTICS HIGHLIGHT WIDE RACIAL AND ETHNIC GAPS



Death rate (per 100,000 live births)

37.3
Non-Hispanic black women

14.9
Non-Hispanic white women

11.8
Hispanic women

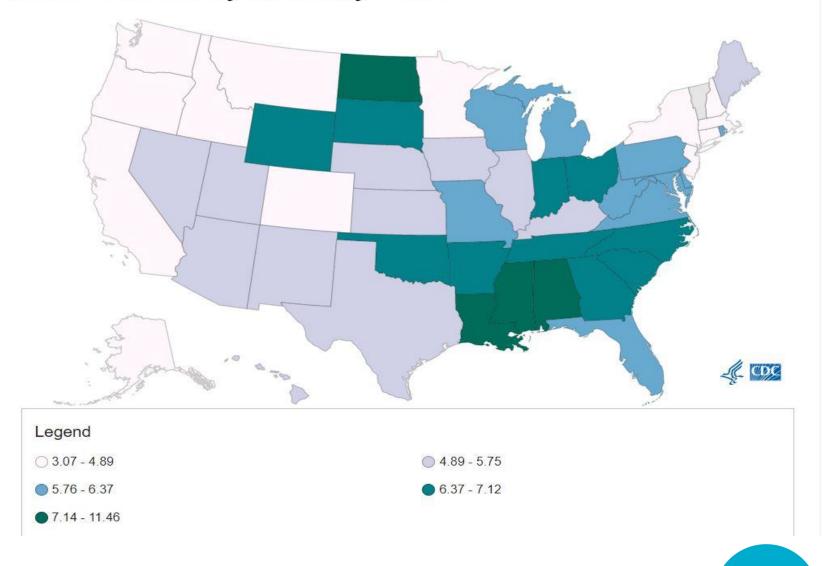
SOURCE: National Center for Health Statistics. National Vital Statistics System.

For more information, visit https://www.cdc.gov/nchs/maternal-mortality/.



Centering® Healthcare Institute

Infant Mortality Rates by State





The mission of
Centering Healthcare Institute
is to improve health, transform
care, and disrupt inequitable
systems through the
Centering group model.





The Centering Model of Care



What is Centering?

Centering is a healthcare visit, but different.

- An evidence-based, patient-centered framework for providing healthcare in a group format
- Clinical intervention implemented by healthcare providers that uses
 the healthcare visit as the touchpoint for engaging patients in their own
 care and connecting them to other patients and support services
- Replaces individual appointments with group appointments, however individual appointments can always be used to supplement group appointments
- Defined by a standard set of guiding principles referred to as the Essential Elements of Centering and adheres to quality and practice standards established by Centering Healthcare Institute



Core Components of Centering

HEALTH ASSESSMENT

Patients have one-to-one assessment time with their provider during each visit and learn to take their own vital signs which empowers them to participate in their own care.



INTERACTIVE LEARNING

Engaging activities and facilitated discussions help patients become more informed and confident in making healthy choices for themselves and their families.



COMMUNITY BUILDING

Patients find comfort in knowing they are not alone. Group visits lessen feelings of social isolation and stress while building friendships, community, and lasting support systems.



Why does Centering matter?





Patient Benefits

- Better outcomes for moms and babies
- Meet and share with others with the same questions and needs
- Up to 10x more time with healthcare team
- Centering time is 100% productive (you never have to wait!)
- All appointments are prescheduled
- Sessions are informative and fun





Provider Benefits

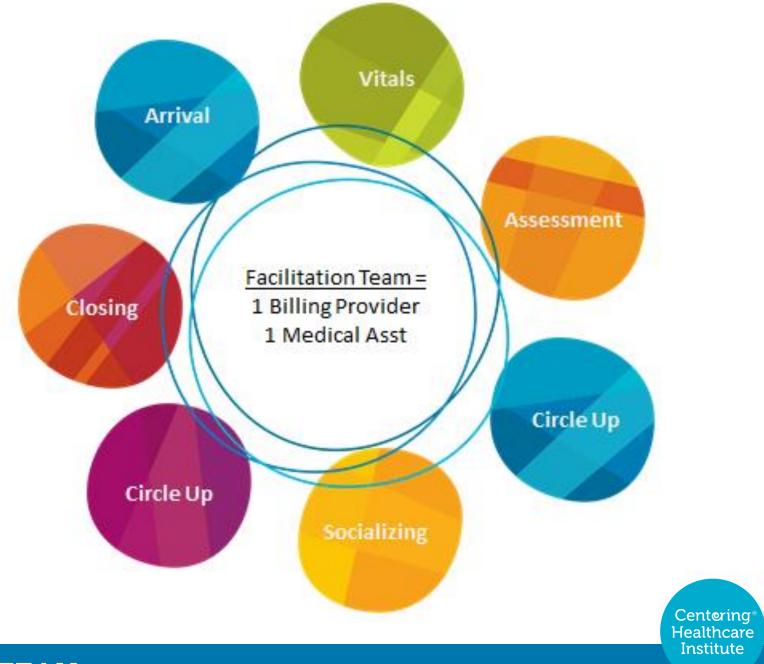
- Groups start and end on time, reducing the feeling of "running behind"
- More meaningful time to have deeper conversations and develop stronger bonds with patients
- Reduced repetition of messages
- Changes the pace of practice; reduces stress
- Fun and energizing



Practice Benefits

- High patient satisfaction
- Improved provider satisfaction
- Improved health outcomes and quality metrics
- Aligns with value-based purchasing models
- Innovative care model





CenteringPregnancy

Groups of 8-12 women with similar due dates

- 10 visits beginning in their second trimester Sessions 1-4 are 4 weeks apart (beginning around 16 weeks) and sessions 5-10 are 2 weeks apart (beginning around 30 weeks)
- Visits and curriculum follow ACOG/ACNM practice guidelines

Curriculum ensure that everything from nutrition, common discomforts, stress management, labor & delivery, breastfeeding and infant care are covered in depth



CenteringParenting

- Groups of 6-8 same-age babies and their parents/caregivers
- 9 well-child visits, zero through age 2
 Visit schedule: 1 month, 2 months, 4 months, 6 months, 9
 months, 12 months, 15 months, 18 months, 24 months

CenteringParenting Goals:

Increased safe sleep practices
Extended breastfeeding
Increased rates of current immunizations
More developmental screenings conducted
More access to oral health services



CenteringHealthcare

 Framework to deliver Centering group care across multiple health conditions and patient populations

Examples: Diabetes, Weight Loss/Obesity, Chronic Pain, HIV+, Cancer Survivorship, Healthy Lifestyle groups (smoking cessation, stress management, nutrition and sleep)



The Evidence for Centering



PRETERM BIRTH (PTB) RISK REDUCTION

- 33% Matched cohort study *lckovics, et al*

A multi-site randomized control study of 1,047 women found a 33% reduction in risk of preterm births in Centering patients compared to those receiving only individualized prenatal care. *The reduction among African Americans was even higher at 41%.*

Retrospective cohort study *Picklesimer, et al*

A retrospective cohort study compared 316 women in Centering to 3,767 in traditional care and found a 47% reduction in risk of preterm birth in Centering patients compared to those receiving only individualized care.

CENTERING® RESULTS IN MEDICAID SAVINGS WITH BETTER OUTCOMES¹



36%
REDUCTION
IN RISK OF
PRETERM BIRTH



44%
REDUCTION IN
RISK OF LOW
BIRTH WEIGHT



28%
REDUCTION
IN RISK OF
NICU STAY

25 PATIENTS in Centering® eliminates one preterm birth

\$22,667

22 PATIENTS in Centering® eliminates one low birth weight baby

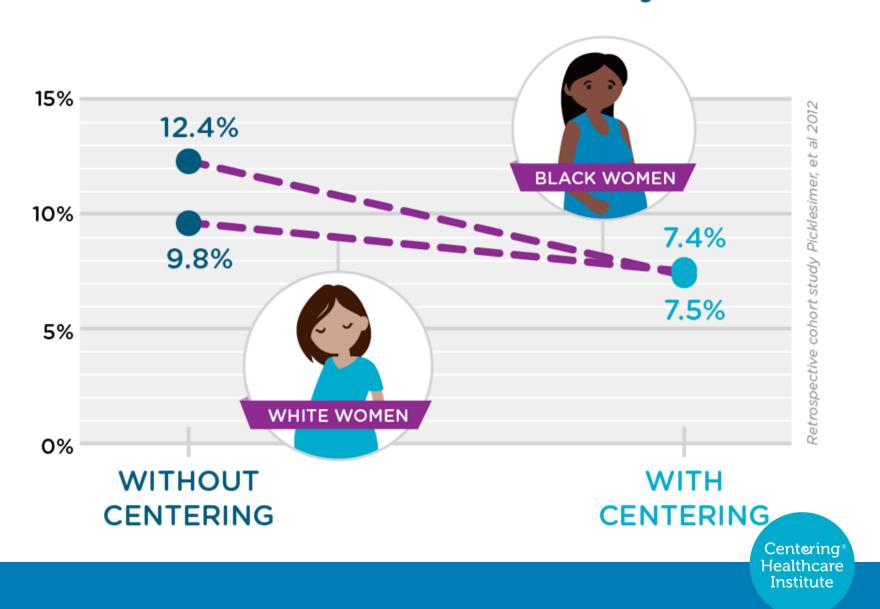
\$29,627

30 PATIENTS in Centering® eliminates one NICU visit

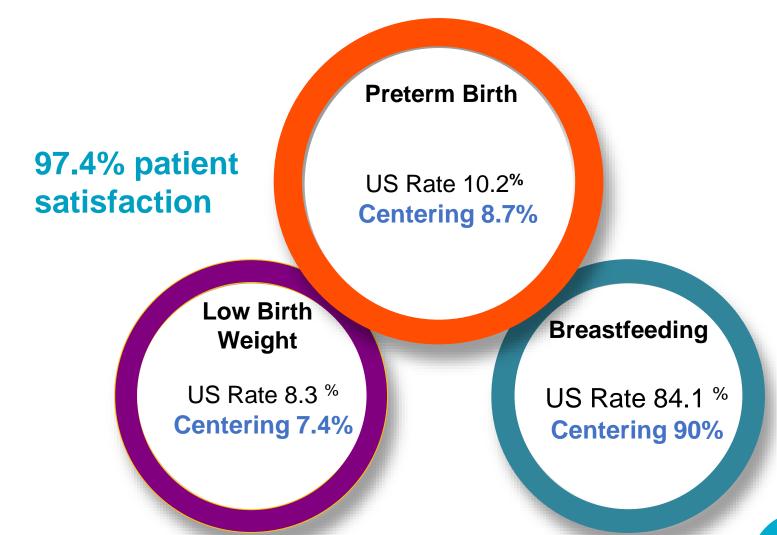
\$27,250



Preterm Birth <37 Weeks By Race



CenteringPregnancy®



Centering® Healthcare Institute

Centering Demographics

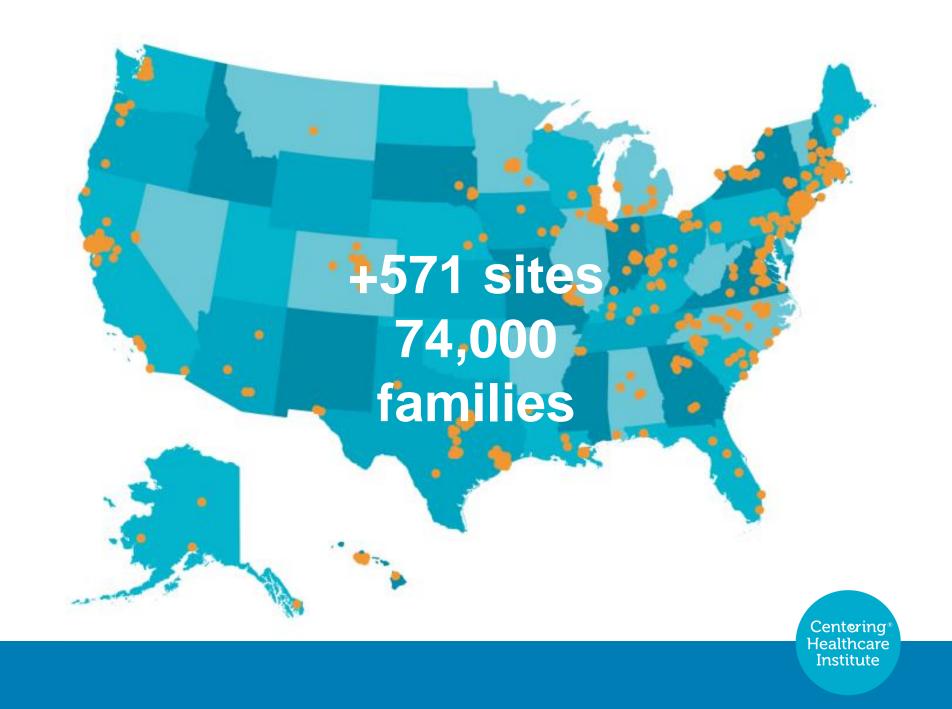
	Centering (N=18,325)*	US Population**
African American/Black	29.4%	12.8%
Hispanic/Latina	58%	18.4%
White/Non-Hispanic	42%	72%
American Indian/Native Alaskan	3%	0.9%
Asian	2.1%	5.7%

Sample data shows 43% of Centering moms had identified medical high-risk, 36.1% behavioral high-risk

1 CenteringCounts data 2016 - 2019
2 U.S. Census Data 2019 data



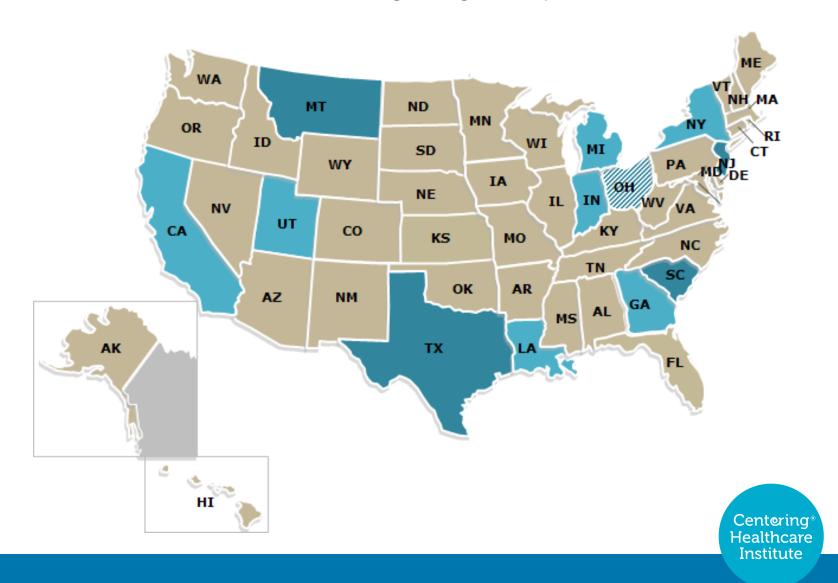




Enhanced Payment for Centering



Enhanced Payment Models for CenteringPregnancy





Goal: Healthy and Equitable Births

Preterm Births

% babies born preterm (<37 weeks)

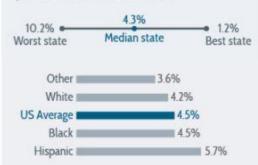




Goal: Parental Health and Emotional Wellbeing

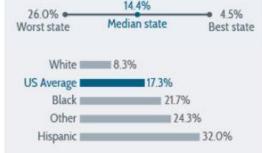
Poor Maternal Mental Health

% children <3 whose mother reports fair or poor mental/emotional health



Low Parenting Support

% children <3 whose parent lacks emotional parenting support



Group prenatal care positively impacts these policy goals:

- · Access to Needed Services
- . Optimal Child Health and Development

- . Healthy and Equitable Births
- · Parental Health and Emotional Wellbeing

Participation in group prenatal care increases the likelihood that mothers receive adequate prenatal care and improves mothers' physical and emotional health. Impacts on healthy and equitable birth outcomes and optimal child health and development are less conclusive. Because group prenatal care has not been rigorously studied as a statewide intervention, the evidence cannot provide clear guidance on the most effective way to implement this model of care at the state level.

Prenatal care generally refers to individual patient care received from one obstetric care provider during an individual's pregnancy. Group prenatal care (GPNC) is an alternative model of care facilitated by a trained health care provider and delivered in a group setting, integrating health assessments, education, skill building, and peer support. GPNC provides pregnant women (typically with low-risk pregnancies not requiring individual monitoring) with approximately 20 hours of prenatal care over the course of their pregnancies, compared to approximately 2 hours in traditional individual care.

CenteringPregnancy, created by the Centering Healthcare Institute, is the most prominent and widely studied model of group prenatal care – 435 sites across 44 US states currently offer CenteringPregnancy. However, the group prenatal care model has not been evaluated as a statewide intervention, so it is not clear from the current evidence base the optimal way for states to implement group prenatal care. For example, states can offer enhanced Medicaid reimbursement for group prenatal care or implement Alternative Payment Methods that incentivize enhanced maternal care, which could include group prenatal care.

Centering® Healthcare Institute

How To Get Started...





HEALTH ASSESSMENT HAPPENS IN THE GROUP SPACE

PATIENTS ENGAGE
IN SELF-CARE
ACTIVITIES

GROUP SIZE
IS OPTIMAL FOR
INTERACTION

Centering[®]
Essential
Elements

GROUPS ARE FACILITATED TO BE INTERACTIVE

GROUP MEMBERS, INCLUDING FACILITATORS AND SUPPORT PEOPLE, ARE CONSISTENT

EACH SESSION HAS A PLAN, BUT EMPHASIS MAY VARY

GROUPS ARE CONDUCTED IN A CIRCLE

THERE IS TIME FOR SOCIALIZING

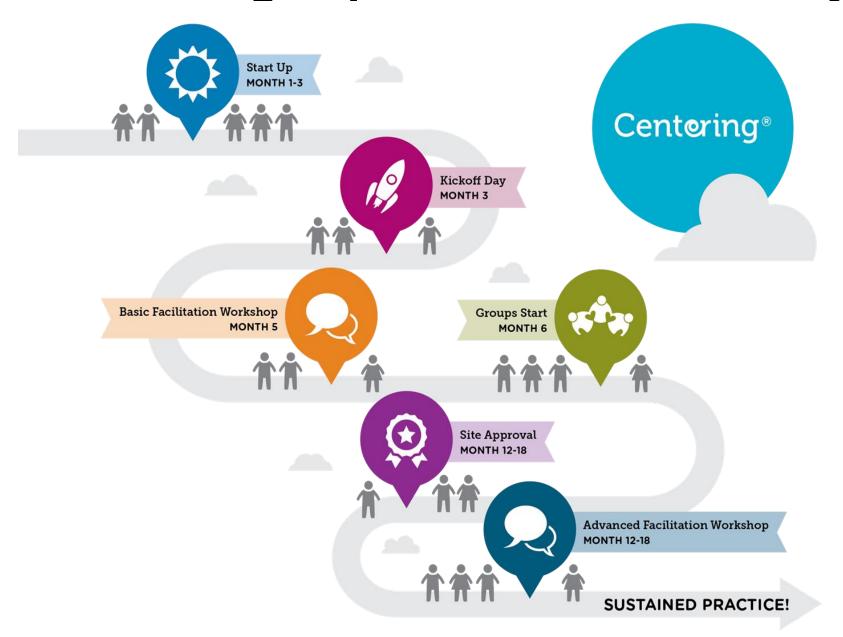
Centering® Healthcare Institute

Centering Success Factors

- Provider and staff buy-in
- Leadership support & organizational commitment
 - An inclusive Steering Committee
 - A team approach with the coordinator
- Patient engagement & recruitment
- Model fidelity with ongoing quality assurance & training
- Measurement and documentation of outcomes/processes
- Continual education of staff and leadership



Centering Implementation Pathway



Funding Opportunities

- Implementation awards in partnership with Blue Cross Blue Shield for Illinois, Montana, New Mexico, Oklahoma and Texas
- Burke Foundation implementation awards for New Jersey
- Centering Healthcare Institute awards nationally
- Please reach out to Norman, Lisa, Mary or Stephanie to learn more about how your organization can apply



Centering during COVID-19



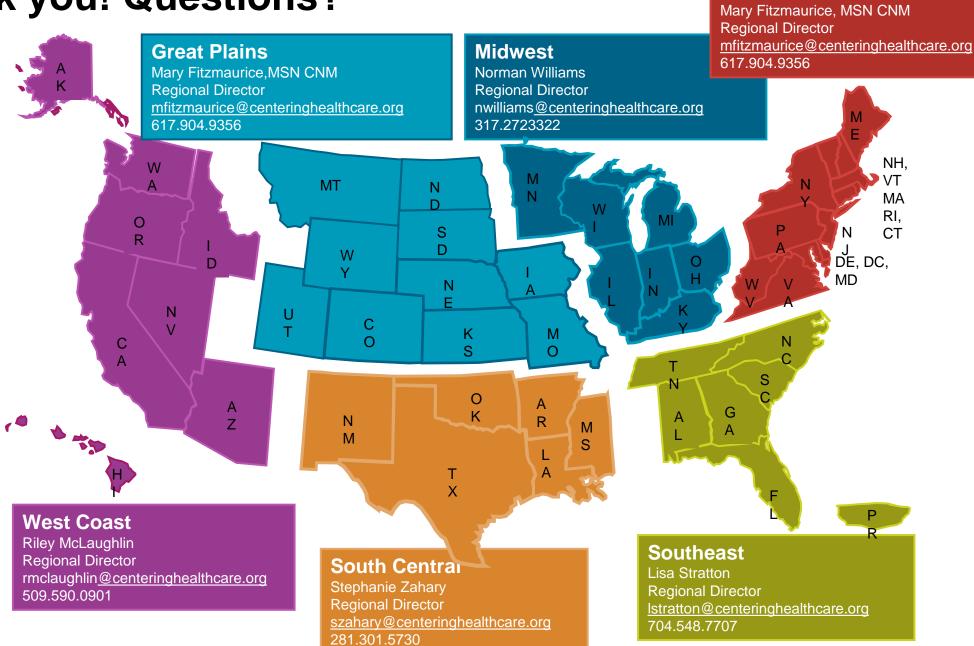
Adapting Centering Groups to a Virtual Format

RECOMMENDATIONS

- Sites adapting from inperson to virtual Centering sessions with CHI guidance/recommendations
- Bi-weekly Centering
 Community COVID-19
 webinars for sites to share
 ideas, ask questions, and
 learn from each other
- CHI developing virtual Facilitation Workshop and robust digital platform for Centering

Centering® Healthcare Institute

Thank you! Questions?



Northeast



Next Steps

- Schedule a one-on-one call with the Centering Healthcare Institute team.
- Let's discuss how we can work together to make Centering successful at your site

Miguel A. Lopez, MBA

mlopez@centeringhealthcare.org (713) 364-3503

Visit www.centeringhealthcare.org



Let's change the state of maternal health together, one circle at a time.

Centering® Healthcare Institute