Improving Health & Building Community through Centering Groups
2018 MATERNAL MORTALITY STATISTICS HIGHLIGHT WIDE RACIAL AND ETHNIC GAPS

Death rate (per 100,000 live births)

- Non-Hispanic black women: 37.3
- Non-Hispanic white women: 14.9
- Hispanic women: 11.8

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
Facilitation Team = 1 Billing Provider
1 Medical Asst
Centering Pregnancy

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
Centering Healthcare

- 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
  Ickovics, 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%.*

- **47%**
  
  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**

<table>
<thead>
<tr>
<th>25 Patients in Centering® eliminates one preterm birth</th>
<th>First year savings of $22,667</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Patients in Centering® eliminates one low birth weight baby</td>
<td>First year savings of $29,627</td>
</tr>
<tr>
<td>30 Patients in Centering® eliminates one NICU visit</td>
<td>First year savings of $27,250</td>
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</table>

¹ Source: Centering Healthcare Institute
Preterm Birth <37 Weeks By Race

- **Black Women**
  - Without Centering: 12.4%
  - With Centering: 7.4%

- **White Women**
  - Without Centering: 9.8%
  - With Centering: 7.5%

*Retrospective cohort study Picklesimer, et al 2012*
Preterm Birth
US Rate 10.2%
Centering 8.7%

Low Birth Weight
US Rate 8.3%
Centering 7.4%

Breastfeeding
US Rate 84.1%
Centering 90%

97.4% patient satisfaction
## Centering Demographics

<table>
<thead>
<tr>
<th></th>
<th>Centering (N=18,325)*</th>
<th>US Population**</th>
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<tbody>
<tr>
<td>African American/Black</td>
<td>29.4%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Hispanic/Latina</td>
<td>58%</td>
<td>18.4%</td>
</tr>
<tr>
<td>White/Non-Hispanic</td>
<td>42%</td>
<td>72%</td>
</tr>
<tr>
<td>American Indian/Native Alaskan</td>
<td>3%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.1%</td>
<td>5.7%</td>
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Sample data shows 43% of Centering moms had identified medical high-risk, 36.1% behavioral high-risk

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1. CenteringCounts data 2016 - 2019
2. U.S. Census Data 2019 data
Enhanced Payment for Centering
Enhanced Payment Models for Centering Pregnancy
### Goal: Healthy and Equitable Births

#### Preterm Births

<table>
<thead>
<tr>
<th>% babies born preterm (&lt;37 weeks)</th>
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</thead>
<tbody>
<tr>
<td><strong>Worst state</strong></td>
</tr>
</tbody>
</table>

- White: 9.1%
- Other: 9.4%
- Hispanic: 9.7%
- US Average: 10.0%
- Black: 14.1%

#### Low Birthweight

<table>
<thead>
<tr>
<th>% babies born low birthweight (&lt;5.5 pounds)</th>
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<tbody>
<tr>
<td><strong>Worst state</strong></td>
</tr>
</tbody>
</table>

- White: 6.9%
- Hispanic: 7.5%
- US Average: 8.3%
- Other: 8.6%
- Black: 14.1%

### Goal: Parental Health and Emotional Wellbeing

#### Poor Maternal Mental Health

<table>
<thead>
<tr>
<th>% children &lt;3 whose mother reports fair or poor mental/emotional health</th>
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<tbody>
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<td><strong>Worst state</strong></td>
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</table>

- Other: 3.6%
- White: 4.2%
- US Average: 4.5%
- Black: 5.7%

#### Low Parenting Support

<table>
<thead>
<tr>
<th>% children &lt;3 whose parent lacks emotional parenting support</th>
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</thead>
<tbody>
<tr>
<td><strong>Worst state</strong></td>
</tr>
</tbody>
</table>

- White: 8.3%
- US Average: 17.3%
- Black: 21.7%
- Other: 24.3%
- Hispanic: 32.0%

### 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 (GPN) 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. GPN 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.
How To Get Started...
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

- Start Up: MONTH 1-3
- Kickoff Day: MONTH 3
- Basic Facilitation Workshop: MONTH 5
- Groups Start: MONTH 6
- Site Approval: MONTH 12-18
- Advanced Facilitation Workshop: MONTH 12-18
- SUSTAINED PRACTICE!
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

- Sites adapting from in-person 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
Thank you! Questions?
Thank You!
Questions?
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

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Visit www.centeringhealthcare.org

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