Disclosures

- Mark DeFrancesco has no conflicts or potential conflicts to disclose
- Sharon Schindler Rising is the President and CEO of the Centering Healthcare Institute

Learning Objectives

- Participant will be able to:
  - Describe the Centering model of group care
  - Discuss the evidence for better outcomes with Centering group care
  - Describe how CenteringPregnancy could be beneficial in an ObGyn office
  - Discuss the impact of providing group care within the health care reform efforts

Imagine…

No waiting

Time to really listen to your patients

Time for sharing and learning

Saying things only once

Better health outcomes

Having fun

- "This is the one thing in my week that brings me joy" provider
- "We came at the same time and left at the same time and something happened the whole time we were there" participant
- "This is the 'bestest' way I know of to receive care!" participant

4

The CenteringPregnancy Model

Health Assessment

Education

Support

CenteringPregnancy Design

Initial intake to system as usual

History, physical, lab work

8-12 women with similar due dates

CenteringPregnancy Visit Schedule

Four sessions every 4 weeks	16, 20, 24, 28 weeks
Six sessions every 2 weeks	30, 32, 34, 36, 38, 40 weeks
Postpartum reunion	Between 1-2 months postpartum

Additional visits as needed to address medical or specific psychosocial issues

Centering Care

- Meets or beats productivity
  - 10 -12 women for 2 hr. visit
  - 10x more time with your patient
  - Better attendance
  - Opens exam rooms for other paying visits
- Reimbursed healthcare visits
  - Same or higher reimbursement
- Continuity of care with same provider

ASSESSMENT: CHECK-UP

Individual physical assessment

ASSESSMENT: SELF ASSESSMENT

Individuals collect own data and record in chart

EDUCATION: PROCESS

Interactive discussion

SUPPORT

Refreshments

Group stability

Make friends

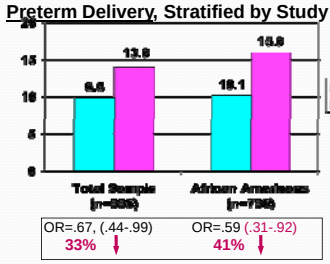
Research Outcomes:
2003 Matched Cohort Study

- Preterm infants of CenteringPregnancy patients were significantly larger than those in individual care
  2397.8 vs 1989.9 Gms (F+5.74, p<.01)
- Group patients maintained their preterm pregnancies two weeks longer than individual care patients
  34.8 wks vs 32.6 wks (p<.001)

Ickovics et al, Obstetrics & Gynecology,Nov. 2003, 102(5): 1051-7.

Research Outcomes:
2006 Randomized Controlled Trial

Preterm Delivery, Stratified by Study Condition



Per 1000 women in group, 40 preterm deliveries averted; 60 per 1000 for African American women

Note: All analyses controlled for study site, factors that were different by study condition despite randomization (race, prior preterm delivery prenatal distress) and clinical risk factors assoc with birth outcomes (smoking, prior miscarriage/stillbirth). Ickovics, et al. (2007)Obstetrics & Gynecology. 110(2): 3230-39.

Research Outcomes: RCT
Measurable differences from traditional care

78% average attendance rate for group participants

Significantly higher prenatal knowledge and readiness for labor & delivery (each p<.001)

Higher readiness for baby care (p=.0560)

Significantly greater satisfaction with care (p< .001)

No difference antenatal or delivery costs (p>0.69)

Ickovics, et al. (2007)Obstetrics & Gynecology. 110(2): 3230-39.

Research data

- In all of the evaluation and research studies women have indicated that they strongly prefer getting their care in Centering groups
- Study of >60 couples whose first pregnancy in a private office: 89% were more satisfied with their care when they were in a Centering group for a subsequent pregnancy in that same office. [v]

[v] unpublished data

" We came at the same time and left at the same time and something happened the whole time we were there. "

Why should we be interested in groups ?

18

PPACA and the Environment

- Health care reform will provide coverage for over 40 million additional patients.
- We need to expand our capacity or we will not be competitive in the new market place.
- Other "health systems" that adapt will see the majority of patients
- We will be struggling even more with higher expenses, and even lower reimbursements.

Alphabet Soup…

- We hear about "Patient Centered Medical Homes" (PCMHs) and "Accountable Care Organizations" (ACOs)
- Practice models of the future
  - Successful practice of the future must develop an integrated team approach
  - Collaborative providers allow the practice to provide care for more patients literally at the same time.
  - Centering can help…

Helping your patients

- Supports individuals with behavior change and provides a network of caring that contributes to the success of their pregnancies.
- The concept has expanded to parenting and well-woman care for the first postpartum year,
- and also many chronic disease states like diabetes, asthma, and hypertension.
- Centering leads to improved healthcare outcomes… more cost-effectively.

Helping your practice

- Once implemented Centering can create more capacity to see additional patients… and help cover added costs.
- Enhanced revenue is NOT the reason to do this… but today, new programs must be at least expense neutral and we must worry about an ROI.
- Providers feel re-energized by this time in group, having time to really listen and get to know their patients.

"it's the one thing in my week that brings me joy"

Billing details: non-OB-Global

- Group visit is billed and reimbursed as usual.
- Each person in the group has an *individual visit* with the provider and a chart notation is made.
- This allows each visit to be billed with appropriate E&M coding.
  - Patient education may also be reimbursed in the future, particularly weight management, smoking cessation, etc.

"How to" considerations

- There is a modest cost to learn more about and implement the model.
- Consultation and training available include:
  - guidance for the system restructuring
  - the skills in group leadership
  - Mom's Notebooks and Facilitator's Guide
  - Evaluation
- It is an investment in your practice that could pay off in many ways as the healthcare environment changes.

Where it's working

- University, hospital, public health and community clinic settings in over 300 sites in almost every state
- Private practices and birth centers
- Especially where midwives are an active part of the care-giving team
- Given changes in private practice it is clear we need to be more efficient in how we provide care for patients

Centering: other visits

- Other medical problems
  - diabetes, hypertension, menopause, pelvic floor issues, obesity, smoking, etc.
  - the more we can address some of these issues, the more valuable we will be to our patients,
  - and to the healthcare system.

Summary

- Centering not to be entered lightly
- New way to see patients and may not be for every practice, or for every patient
- Potential to improve health care quality AND help practice

Learn more?

www.centeringhealthcare.org

Centering Healthcare Institute
Group Care Across the Lifecycle

info@centeringhealthcare.org

www.centeringhealthcare.org