

The logo is a light blue circle containing the text "Centering® Healthcare Institute" in white. The background of the slide is a dark blue with several large, semi-transparent circles of varying shades of blue and patterns, including some with diagonal stripes.

Centering®
Healthcare
Institute

Improving Health & Building Community through Centering Groups



The Why?

- Maternal mortality continues to rise
- Black mothers and birthing individuals experience worse outcomes during pregnancy compared to others
- Black and Brown birthing individuals are more likely to experience maternal morbidity and mortality
- Preterm birth rates are worsening

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

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

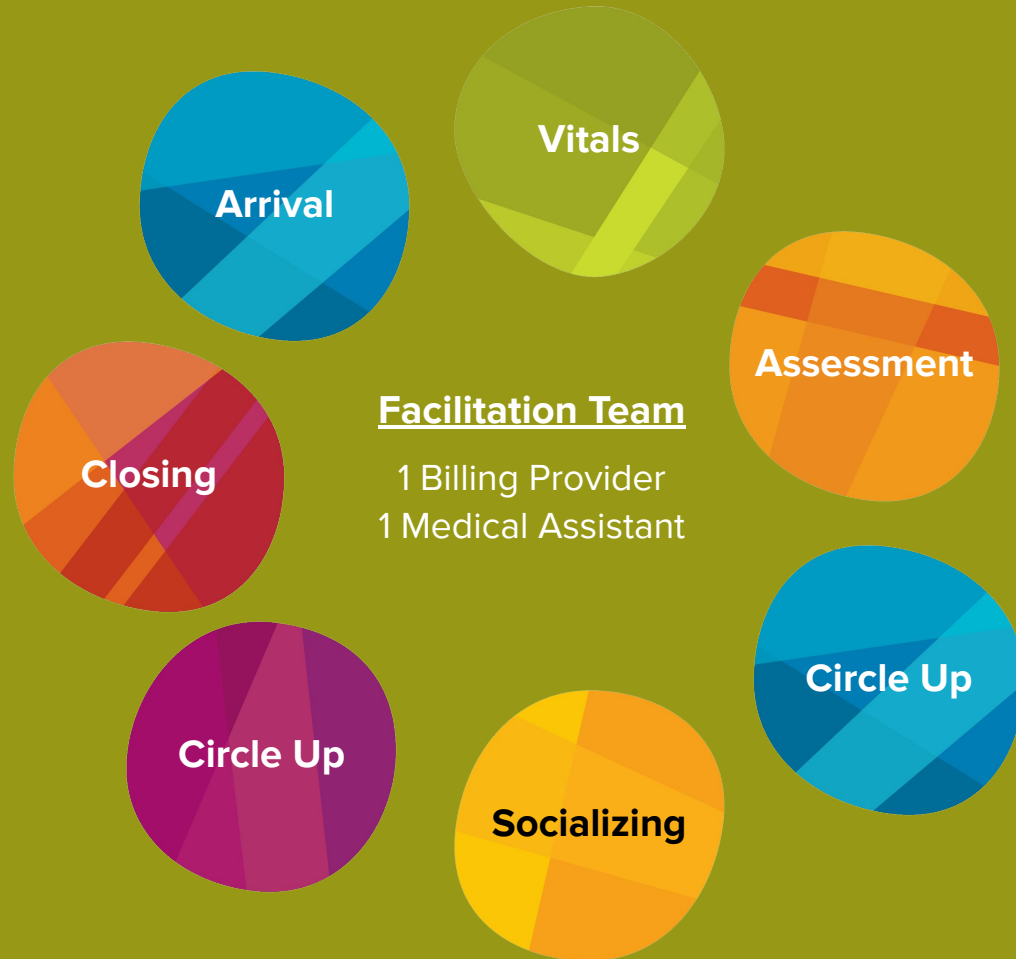
Engaging activities and facilitated discussions help patients become more informed and confident in making healthy choices for themselves and their families.



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.







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)

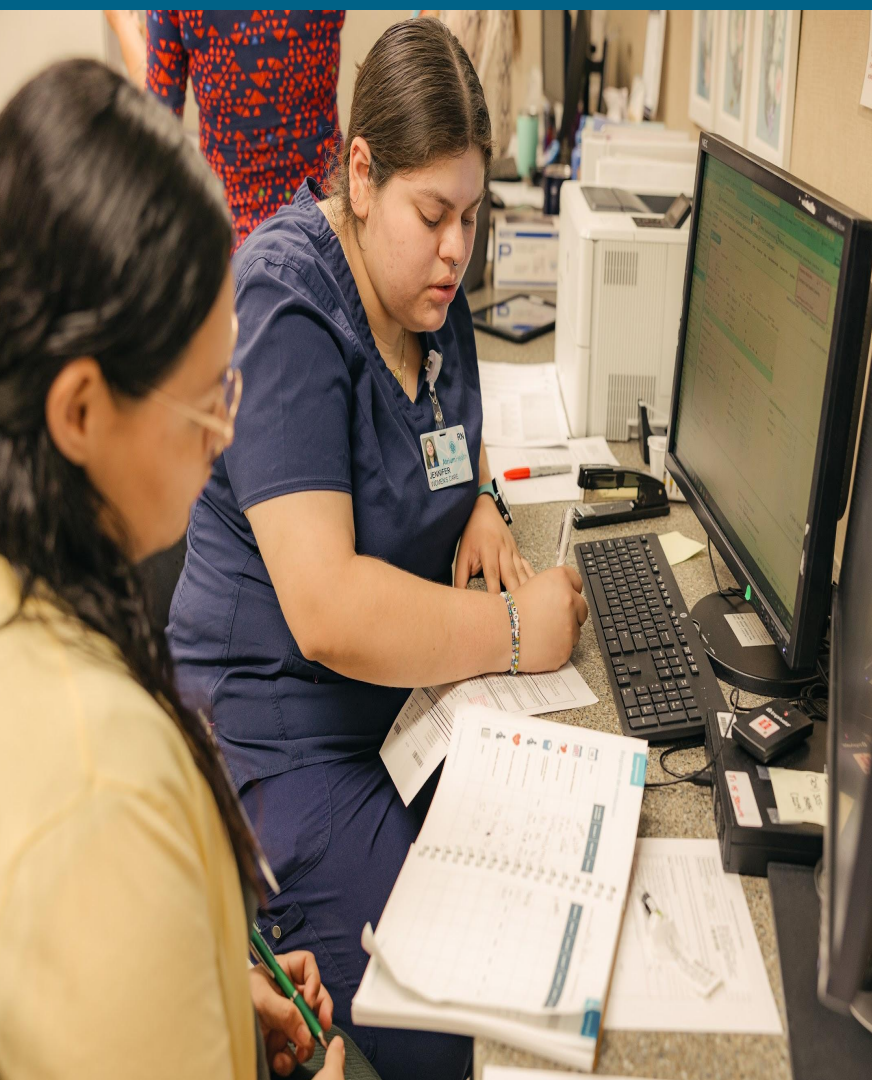
→ Visits and curriculum follow **ACOG/ACNM practice guidelines**

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



CenteringParenting®

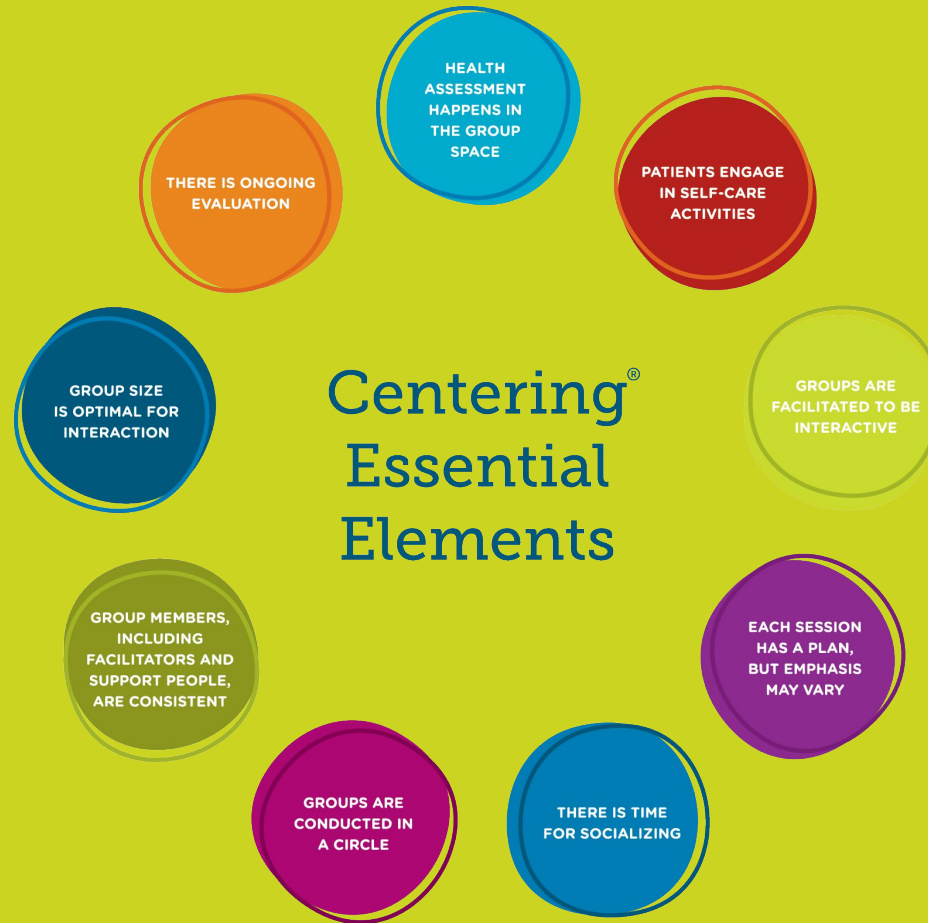
- **Groups of 6-8 same-age** babies and their parents/caregivers
- **9 well-child visits**, zero through age 2
Visit schedule: 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months
- **CenteringParenting Goals:**
 - Increased safe sleep practices
 - Extended breastfeeding
 - 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%

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%.**

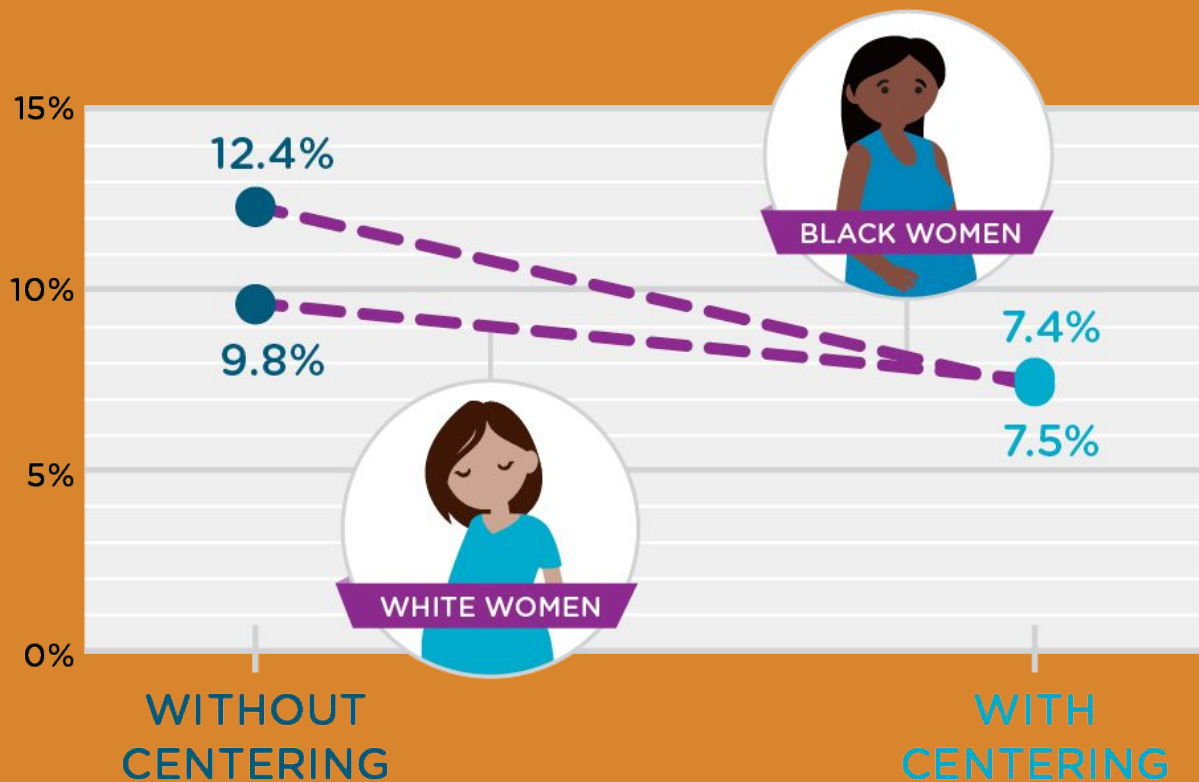
Matched cohort
study
Ickovics, et al

-47%

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.

Retrospective cohort study
Picklesimer, et al

Preterm Birth <37 Weeks by Race



Retrospective cohort study Picklesimer, et al 2012

Centering® Results in Medicaid Savings with Better Outcomes



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

FIRST YEAR SAVINGS OF
\$22,667

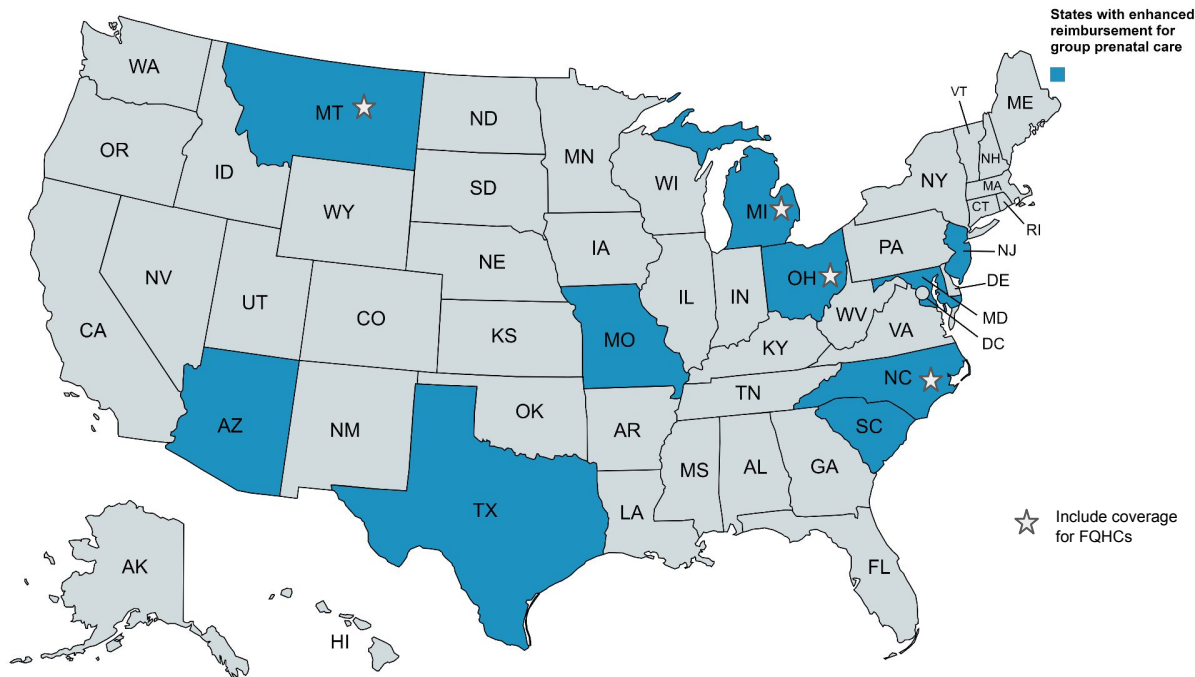
22 PATIENTS in Centering® eliminates one low birth weight baby

FIRST YEAR SAVINGS OF
\$29,627

30 PATIENTS in Centering® eliminates one NICU visit

FIRST YEAR SAVINGS OF
\$27,250

Sustaining Centering Pregnancy



Enhanced Reimbursement Rates

(Per patient per visit unless otherwise noted)

- ❖ Arizona: \$45
- ❖ Maryland: \$50
- ❖ Michigan: \$45
- ❖ Missouri: \$40
- ❖ Montana: \$30
- ❖ New Jersey: \$7
- ❖ North Carolina: \$250 on or after the fifth visit (one-time)
- ❖ Ohio: \$45
- ❖ South Carolina: \$30
- ❖ Texas: \$42.47

Billing and Policy Pathway

Increasing Access to CenteringPregnancy for Birthing Individuals

- Grants or discretionary funding to pilot or scale up group prenatal care programs, enhanced Medicaid reimbursement rates, and APMs
- Changes to legislation, submission of SPA, waiver request to CMS
- Recognize group prenatal care as an effective strategy and list CenteringPregnancy as a resource

Administrative Pathway:

- Typically faster and more flexible.
- Focused on adjustments within existing laws and regulations.
- Driven by government agencies and executive branch actions.
- Suitable for program adjustments, waivers, and regulatory changes.

Legislative Pathway:

- Involves formal lawmaking, with the potential for more comprehensive and permanent policy changes.
- Requires passing a bill through state legislatures or Congress.
- Can be more time-consuming but results in broad, binding policies.
- Requires extensive advocacy and political support.

Advocating for Group Prenatal Care in Michigan

Amy Zaagman

Executive Director

azaagman@mcmch.org



Established in 1983, the purpose of MCMCH is to influence public policy that will improve maternal and child health outcomes, and to collaborate with other organizations to promote comprehensive maternal, child, and family health and wellbeing.

Climate ripe for change and collaboration to improve outcomes



Much greater awareness of need to focus on maternal health



Ongoing state commitment - Snyder and Whitmer administrations



Appropriations - targeted investments with over \$100m in last four years



Importance of hearing and honoring voices of those most impacted, amplified by community organizations



Partnership and collaboration at national, state and local level



Healthy Moms, Healthy Babies

- Whitmer administration has made significant budget proposals
- Legislature has appropriated close to \$100m in new spending to support maternal and infant health in last four years:
 - Medicaid extension to 12 months postpartum
 - Increasing state funding for home visiting
 - Perinatal psychiatric consultation services (in addition to peds)
 - Doulas – Medicaid reimbursement, advisory committee, scholarships
 - Hospital-based quality initiatives (AIM and LoMC)
 - Perinatal Quality Collaborative including regional
- Support for CenteringPregnancy sites to become accredited and for media to share the opportunity
- Medicaid reimbursement for CenteringPregnancy

CenteringPregnancy in Michigan

A grayscale photograph of a pregnant woman's belly, with her hands gently holding a pair of small white sneakers. The image is soft and focused on the pregnancy, serving as a background for the text.

- Michigan has had CenteringPregnancy programs for many years. Fiduciaries and their sites have struggled with sustainability.
- In 2021 we had 14 active sites, many affiliated with hospital systems or FQHCs.
- Only one Medicaid health plan was paying an uplift payment to a CenteringPregnancy site.

CenteringPregnancy in Michigan

BIRTH EQUITY EDUCATION PROJECT

REIMAGINING PERINATAL CARE



MARCH 2021

PREPARED AND PRESENTED BY:
MICHIGAN COUNCIL FOR MATERNAL AND CHILD HEALTH

Perinatal health refers to issues affecting women before (prenatal), during and after childbirth (postpartum).



2024-2028

ADVANCING HEALTHY BIRTHS

AN EQUITY PLAN
FOR MICHIGAN
FAMILIES &
COMMUNITIES

- Intentional efforts to focus advocacy on strategies with evidence to reduce racial disparities in outcomes.
 - [MCMCH Equity Education Project](#)
 - [State of Michigan Advancing Health Births plan](#)
- These efforts highlighted CenteringPregnancy as the primary group-based care model with evidence of effectiveness.

CenteringPregnancy in Michigan

Support Michigan's Healthy Moms, Healthy Babies initiative

Key investments to get to better outcomes

MI AIM

- MI AIM is a maternal health quality improvement collaborative focused on decreasing maternal morbidity, preventable mortality, and health disparities
- Michigan birthing hospitals are implementing patient safety bundles -- an evidence-based set of guidelines offering clinical and non-clinical staff resources to address obstetric hemorrhage, severe hypertension and sepsis
- \$10M will support hospital implementation and ensure equity in care



Perinatal Quality Collaborative

- Expands and improves access to care/support through pregnancy and postpartum period
- Brings together professionals along the continuum and community partners
- Michigan's approach uses regional data to drive specific strategies
- \$10M will support the development of the Perinatal Quality Collaboratives



CenteringPregnancy

- Improves birth outcomes including lowering risk of preterm birth, reducing the incidence of low birth weight babies, and increasing breastfeeding rates
- Healthcare in a group setting allows for families to have greater engagement, learning, and self confidence
- \$10M will support new and existing site infrastructure and development of CenteringPregnancy sites



Expanding Eligibility

- Removing the five-year waiting period for Medicaid eligibility for children and pregnant women will ensure continuity of care and access to the full array of services
- PlanFirst is important access to family services and reproductive health screenings for those between 138-195% of the federal poverty level
- \$7.4M general fund will be matched with federal funds to total \$38.3M



106 W. Allegan St., Suite 610
Lansing, MI 48933
517-482-5807 | mcmch.org
info@mcmch.org

- FY '23-'24 state budget appropriated \$5m in state general funds for CenteringPregnancy grants and included boilerplate language directing our state DHHS to develop Medicaid reimbursement.
- Grants were used to help existing sites become accredited, new sites to start-up and fund awareness.
- Effective October 1, 2024 Michigan Medicaid covers CenteringPregnancy with an enhanced reimbursement per patient per visit [policy link](#)

- FY '24-'25 state budget includes \$5m in state GF: \$2.5 m for start-up grants and \$2.5m for Medicaid match.

- Currently we have 37 sites in every corner of the state and great momentum to add additional sites.

- Awaiting bill introduction on legislation to also require private insurance reimbursement.

Support CenteringPregnancy in Michigan

What does CenteringPregnancy look like?

- Group setting allows for families to have greater engagement, learning, and self confidence
- Nearly eliminates the disparity in preterm birth rates between Black and White women
- 10x more time spent with their provider
- CenteringPregnancy has shown to improve a wide range of birth outcomes including lowering risk of preterm birth, reducing the incidence of low birth weight babies, and increasing breastfeeding rates

How do we know CenteringPregnancy makes a difference?

- 44% reduction in risk of low birth weight
- 28% reduction in risk of NICU stay
- 33-47% lower risk of preterm birth

Funding supports new and existing site infrastructure and development to support Healthy Moms and Healthy Babies

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Participating Sites

- Central Michigan University OB/GYN - Saginaw
- Covenant Community Care, Inc. - Detroit
- Grace Health - Battle Creek
- Hackley Community Care Center - Muskegon Heights
- Henry Ford - New Center One - Detroit
- Hillsdale Hospital - Hillsdale
- Ingham County Health Department - Lansing
- MidMichigan OB/GYN - Midland
- Corewell Health Midwifery and OB-GYN Residency Practice - Grand Rapids
- Corewell Health Pennock - Hastings
- St. Joseph Mercy Academic OB/GYN Center - Ypsilanti
- University of Michigan Van Voigtlander Women's Hospital - Ann Arbor
- MyMichiganMedical Center - Alpena
- Trinity Health Medical Group - Grand Rapids
- Great Lakes Bay Health Center - Saginaw


"I was less scared when I became a mother. I had the necessary tools and resources to not only help myself, but other mothers as well."
-Henry Ford Health's WIN Network Participant

1. Prospective Randomized Clinical Trial, Ickovics, et al 2007 2. Retrospective cohort study Polkammer, et al 2012

PHOTOS: Henry Ford Health's WIN Network, Detroit group prenatal care program and CenteringHealth Institute - Michigan



CENTERING IN OHIO
Incentivizing increased access to CenteringPregnancy



CPT CODES

as provided by Ohio Dept. of Medicaid (ODM) 12/15/2021

99078 TH

GROUP HEALTH EDUCATION


May be performed by other qualified medical professionals (e.g. registered nurse) but must be submitted using the supervising practitioner's National Provider Identifier

99211, 99212, 99213 TH

OFFICE/OUTPATIENT VISIT

Must be submitted on the same claim for the same date of service as 99078 and be performed by a physician, physician assistant, or advanced practice registered nurse

Federally Qualified Health Centers/ Rural Health Clinics should submit claims to ODM using their ambulatory health care clinic provider number (provider type 50)



CHI SCALED
CENTERING TO NEARLY
400 HEALTHCARE
PRACTICES SERVING
60,000 FAMILIES
NATIONWIDE

**IMPROVES
HEALTH
OUTCOMES**

**BETTER
PATIENT
EXPERIENCE**

**INCREASES
PROVIDER
SATISFACTION**

**REDUCES
COST
OF CARE**

44%
REDUCTION IN
RISK OF LOW
BIRTH WEIGHT

28%
REDUCTION
IN RISK OF
NICU STAY

33-47%
LOWER RISK
OF PRE-TERM
BIRTH

1. Prospective Maternal and Neonatal Outcomes Study (MNOOS) at OH 2007
2. Retrospective Cohort Study (RCS) at OH 2012

90%
OF CENTERING
GROUP PARTICIPANTS
BREASTFEED AT
DISCHARGE VS. OHIO'S
AVERAGE OF 74.6%

97%
PATIENT
SATISFACTION

**FREQUENTLY ASKED
QUESTIONS**
[Read more](#)

For more information contact
ohio@centeringhealthcare.org

Partnering with CHI, state agency and others

- CHI provided resources to demonstrate the model and show how other states already support CP. They stepped in quickly to answer questions and were ready to partner with state agencies on implementation.
- State public health agency in charge of the grants has shared information through every possible network and prioritized making sure appropriations are spent.
- Philanthropy and insurers have also taken note and are coordinating their investments with the state dollars for maximum impact.

How can we partner?

- Contact us for a more detailed presentation to your organization.
- Share with your OB network providers that CenteringPregnancy is evidence based group prenatal care model.
- Help us share this information out to your members.
- Collaborate with us to meet Medicaid RFPs goals.
- Provide grant funds to establish CenteringPregnancy in high need areas.
- Increase utilization of the enhanced reimbursement group prenatal care benefit.
- Collaborate with us to share YOUR maternal health resources to our Centering sites and patients.

Questions?



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