



Centering Healthcare Institute
CHI Expansion Plan: Implementation Support & Facilitation Training
Request for Proposal

Centering Background

Centering is a patient-centered, evidence-based model of group care that has been proven to have a profound positive impact on health outcomes and reduce racial health disparities. When compared to traditional care, Centering lowers the risk of preterm birth, closes the disparity gap in preterm birth between black and white women, increases breastfeeding rates, and improves both visit adherence and patient satisfaction. Additionally, Centering tackles provider burnout as providers report higher satisfaction and better connection with their patients in Centering groups.

The Centering model is most commonly applied to prenatal and well-child care, but we anticipate similar positive outcomes when the model is applied to other group visit types. The Centering model utilizes a facilitative process that incorporates health assessment, interactive learning, and community building to help support positive health behaviors and drive better health outcomes. Over 560 sites across the United States have implemented the Centering model and with this opportunity, Centering Healthcare Institute (CHI) has a goal to add over 1,000 new sites over the next five years.

CHI Expansion Plan

CHI seeks to rapidly scale the Centering model in the communities where group care can have the greatest impact. To this aim, CHI is offering implementation support and facilitation training to 130 clinical sites in underserved areas, eliminating the financial barrier to practices in resource-limited communities. CHI will also establish two new regional offices and place staff in key states to better support Centering practices and focus on stakeholder and payer engagement. Via this RFP process, selected sites will be provided implementation support and facilitation training from CHI's expert consultants and practice services team who will guide the sites through implementation and to Site Approval. These grants will be awarded in several waves over two years beginning in January 2018.

The goals of this expansion are to increase patient access to Centering care, specifically CenteringParenting family-centered well-child care; to increase the number of Centering sites from 500 to 1,600 and increase our reach from 60,000 to 300,000+ patients per year.

CenteringParenting is the focus of this initiative. Awardees are expected to begin groups in the first year of implementation (this may be independent of CenteringPregnancy groups or as a continuity model).

Please note that this is NOT A MONETARY AWARD, but the granting of in-kind services.

Expected Health Outcomes Improvement

In over 100 published studies and peer-reviewed articles, Centering demonstrates improved outcomes, including a 33% - 47% decreased risk of preterm birth, better attendance at prenatal and post-partum visits, greater readiness for birth and infant care, higher breastfeeding rates and improved satisfaction scores. In several key studies, Centering had an even more profound effect on outcomes for black women and narrowed or eliminated the health disparity in preterm birth between blacks and whites. The evidence suggests that Centering has a combined effect of stress reduction, education and empowerment that brings about this impressive effect.

CHI expects the outcomes at the select sites to demonstrate a similar profound impact on health outcomes and equity:

- CenteringParenting®: Increased safe sleep practices; extended breastfeeding; increased rates of current immunizations; more developmental screenings conducted; more access to oral health services; more moms with healthy BMI; more screenings for intimate partner violence & postpartum depression
- CenteringPregnancy®: Preterm birth at least 1/3 lower than local baselines; reduction of black/white preterm birth disparity, breastfeeding initiation rates improved by at least 10% vs. baseline
- CenteringHealthcare® is a framework that provides structure and resources to apply the Centering methodology to any patient population appropriate for group care, goals will vary based on the patient population and local baselines. Additional patient population and health condition groups will be identified through the proposal evaluation process.

Total Implementation Support and Facilitation Training Award

- CHI will provide implementation support and customized services, a “[Centering Implementation Plan \(CIP\)](#),” with a market value of \$10,000 - \$30,000 which may include:
 - Implementation support from a dedicated CHI team

- Start Up Materials and electronic Project management support to lead your Steering Committee through the planning phase
- On-site Kickoff Day with your CHI consultant, including a Grand Rounds presentation
- Basic Facilitation training at a local, two-day workshop
- Site Accreditation for quality assurance (to be achieved within 18 months of award)

Selected sites will be responsible for maintaining a current Centering license (currently \$250/year) and creating a sustainability budget.

Requirements to Apply for Technical Assistance and Implementation Services

The applicant organizations must:

- Be providing clinical care primarily to an underserved population
- Specifically, be providing pediatric primary care that will transition to CenteringParenting
- Commit to expanding to other kinds of group care visits over two years
- Have adequate patient volume for group care, e.g. 150 newborn patients per year per location for CenteringParenting
- Have adequate patient scale, defined as 30-40% of eligible patients, e.g. you have 150 newborn patients per year and commit to seeing at least 60 infants per year in Centering
- Have a group room identified that is appropriate for Centering (if the room is not dedicated, Centering will have priority use)
- Develop a Centering Steering Committee with active leadership engagement including Pediatrics representation (e.g. C-suite, Medical Director, Clinic Manager)
- Be willing to host a two-day Basic Facilitation workshop so that all staff participating in Centering may be trained together
- Utilize the CenteringCounts online data system for group management and outcome reporting (will require a Business Associate Agreement with CHI)

Sites already offering CenteringPregnancy and/or CenteringParenting that would like to scale up or expand to other patient groups are welcome to apply.

Additional Considerations

Favorable (but not required) site characteristics that will be considered when evaluating the proposals:

- Located in one of our two initial regions of focus: Midwest (OH, KY, IN, MI, IL, WI, MN) or South Central (MS, LA, AR, TX, OK, NM)
- FQHC or lookalike
- Teaching practice with potential for resident/student integration
- Research capability
- Integrated health system with the ability and interest to influence payment structure

Evaluation and Monitoring

Sites will be required use the CenteringCounts online data system for reporting on process and outcome measures. A Business Associate Agreement (BAA) is required to access the system. Your organization may sign our template or CHI will review and sign yours.

Research

As part of this initiative, researchers at Boston Medical Center are launching a multi-site, cluster randomized controlled trial to determine the effectiveness of CenteringParenting on school readiness in early childhood, as measured by language development at 24 months, (in addition to health care utilization, child routine care maintenance, parenting stress, caregiver behaviors and attitudes). Awardee sites are strongly encouraged to participate. Details [here](#).

How to Apply

Proposals must be submitted online [here](#). No hard copy materials will be accepted.

Proposals are comprised of three components which can be downloaded from the [Implementation Grants page](#):

1. Proposal Narrative
2. Sustainability budget
3. Commit to the conditions of the project Memorandum of Understanding (MOU)
4. Commitment to use the CenteringCounts online data system which will require a Business Associate Agreement (BAA)

We will not accept late submissions but we will have at least two waves of proposal due dates between January and July 2019.

Contact Information

CHI will answer questions regarding the application process in the [CenteringConnects online community](#). To post a question, you must first register and log in. You do not need to register to view questions or responses.

CHI will also host live webinars to answer your questions about the initiative and the application process. You can view and register for these Q&A opportunities on the [Implementation Grants page](#).

Timetable for Proposals:

- First wave [proposals](#) due January 7, 2019 *for implementation to start by June 15, 2019*
- Second wave proposals due mid-June 2019 (TBD) *for implementation to start before Sept 30, 2019*
- First wave awards will be announced in March 2019 and second wave awards in August 2019.

About Centering Healthcare Institute

CHI is improving health by transforming care through Centering groups. With over two decades of experience as the go-to resource for group healthcare, it has developed and sustained the Centering model in 560 practice sites and within some of the largest health systems in the world. The combination of health assessment, interactive activities and community building allows learning from the provider and from one another. Working with many dedicated individuals and organizations, CHI is building a future where group healthcare becomes the standard of care.