

Centering® – A Snapshot

Centering is an outcome-driven, cost-effective, patient-centered model of care that is changing the face of healthcare through innovative design for system change. Centering brings patients out of the exam room into a unique group setting that combines health assessment, interactive learning, and community building.

- The Centering model is currently used for prenatal care CenteringPregnancy® and CenteringParenting®. Visits meet nationally recognized standards and are facilitated by a credentialed health provider.
- Group sessions allow for more time to explore important health and wellness topics. Through facilitated discussion, women learn self care skills and gain confidence to improve their health.

Centering Delivers

Improved outcomes: Studies of CenteringPregnancy show significant improvements in outcomes compared to traditional prenatal care, reducing the odds of preterm birth between 33%-47% across studies. The reduced odds of preterm birth are particularly dramatic for African American women.

Patient-centered care: CenteringPregnancy participants are more likely to achieve the recommended number of prenatal visits, return for postpartum visits, and to consistently rate their satisfaction with Centering care higher than women receiving traditional care.

Lower healthcare costs: Based on published cost data on these outcomes, Centering *saves on average more than \$2,000 per pregnant woman* based on improvements in preterm birth and breastfeeding rates for women in Centering groups. Centering's Approved sites are estimated to have saved the healthcare system \$35 million in 2014 alone.

Innovative system redesign: Centering aligns with and exceeds national healthcare quality standards, the Institute of Medicine's "10 Rules for Healthcare Redesign" and is a focus of the Center for Medicare and Medicaid Innovation (CMMI) "Strong Start" initiative.

Centering Healthcare Institute

Centering Healthcare Institute is a 501c3 that partners with health systems and providers to develop and sustain Centering by offering:

- Consultation and support for system change
- Training in group facilitation and group care
- Site Approval for model fidelity and quality assurance
- Data collection and reporting through CenteringCounts™

There are more than 400 Centering practice sites across the U.S.



Centering®

centeringhealthcare.org

Centering
Lowers
Healthcare
Costs

Centering drives down healthcare costs by significantly reducing the rate of pre-term births. The Centering Healthcare Institute estimates that the model **saves** the healthcare system **millions of dollars** through reductions in prematurity and improvements in maternal health outcomes.

The Numbers

Look at the numbers:

- One pre-term baby costs \$54,149, with first year medical costs averaging 10 times greater than full term infants (*MOD, 2013*)
- The cost of preterm birth averages \$26.2 billion annually (*IOM, 2005*)
- Medicaid spending represents the single largest portion of state spending, accounting for 23.6% of total state spending in fiscal year 2011 (*NGA, 2012*)
- Medicaid finances almost half of all births in the United States, and shoulders much of the costs associated with preterm birth (*HHS, 2011*)

Centering Reduces the Rate of Preterm Births and Medical Costs

- CenteringPregnancy® is credited with an estimated cost savings of \$1.5 million through a reduction in the preterm birth rate from 14% to 6% (37 preterm births) in a University of Kentucky study (*Journal of Health Care for the Poor and Underserved, IOM, 2009*).
- CenteringPregnancy saves health systems approximately \$2,094 dollars for each mother who receives prenatal care through the Centering model (*CHI data*).
- More than 100 approved Centering sites saved the health care system an **estimated \$41 million** through reduced preterm births (2014-2015 CHI data on 22,894 births).



Centering® Delivers Better Outcomes

The Centering Difference: a results-driven model that repeatedly demonstrates better outcomes in clinical studies.

- A Yale University randomized clinical trial found the **CenteringPregnancy®** model reduced the risk of preterm birth by 33%, saving the health care system 40 preterm births for every 1,000 deliveries (*Ickovics, et al. Obstetrics and Gynecology, 2007*).
- A 2012 study found a 47% reduction in preterm birth for women in Centering group care (*Picklesimer, et al. American Journal of Obstetrics & Gynecology, 2012*).
- A 2009 study of women enrolled in the CenteringPregnancySmiles model showed a preterm birth rate of 6% compared to a regional rate of 13.7% in rural Kentucky. (*Skelton, et al. Journal of Health Care for the Poor and Underserved, 2009*)

Centering Demonstrates Other Positive Results

Reduces Racial Disparities for Preterm Births

- Hispanic women in Centering demonstrated lower preterm births rates than those in traditional care models, 5% v. 13% (*Tandon, et al. Journal of Midwifery & Women's Health, 2012*)
- Centering further reduced the odds of preterm births by 41% in African American women, the population of women with the highest rate of preterm births in the U.S. (*Ickovics, et al. Obstetrics and Gynecology, 2007*).

Increases Rate of Breastfeeding

- Nearly twice the number of Centering participants breastfed (46%) than those in a comparison study (28%) (*Journal of Midwifery & Women's Health, 2004*)
- Breastfeeding leads to better outcomes because it helps newborns fight diseases and reduces the cost of care costs because breastfed infants need fewer sick care visits, prescriptions, and hospitalizations compared to non-breastfed infants (*HHS, 2011*).

Improves Outcomes in High-Risk Teen Pregnancies

- The **CenteringPregnancy** model provides teens with the education, support, and safety needed to manage the difficulties associated with pregnancy (*Gracy, et al. Journal of Midwifery & Women's Health, 2004*)
- A randomized controlled trial of pregnant adolescents showed a 52% reduction in sexually transmitted infection incidence and a lengthening of the "interconceptional period" (*Kershaw, et al. American Journal of Public Health, 2009*).

For additional references see the bibliography at
www.centeringhealthcare.org

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Centering is Patient-Centered

Centering improves the experience of care for patients and providers, and contributes to community building. This patient-centered model achieves better care, better health, and lower costs. Patients in Centering consistently report high rates of satisfaction and benefit from improved health and wellness outcomes.

"People would come to the group tired, anxious, and worried, and every single time, without fail, everyone left happy, laughing and lighter."

Healthcare Provider

Patient-Centered: Centering brings patients out of the exam room and into a group setting. They receive the highest quality care and, as part of an ongoing group, form a supportive community where they develop skills and confidence to take control of their health.

Embraced by providers: Clinicians who provide care through Centering report higher satisfaction with their practice. Facilitation skills allow the provider to better understand individuals' cultural values and beliefs to better support them in making healthy choices.

"The other women in the group became another group of friends."

Centering Patient

"I'm so happy to be here in this group. I feel so comfortable and it feels so good that everyone here speaks Spanish."

Centering Patient

Creative and effective use of time:

"I enjoy the freedom, creativity, and common sense inherent in the Centering model of care." - Healthcare Provider

Continuous cycle of learning:

"The women treasured what they learned, went home and taught their friends, and some now want to be nurses." - Healthcare Provider

What is **CenteringCounts**™?

CenteringCounts is a data system for Centering® practice sites to ensure **model fidelity**, track their **scale**, and understand their **impact**. It lets practice sites focus on what matters, is easy to use, and is an integral part of Site Approval.

CenteringCounts collects data that reflects the nationally recognized **Triple Aim** of better care, better health, and lower cost in healthcare delivery.

The benefits of using **CenteringCounts** include:

- Tracking implementation of Centering
- Measuring health outcomes
- Tracking progress to goals for practice scale and sustainability
- Tracking patient attendance and satisfaction
- Measuring provider and staff satisfaction
- Compiling key component measures on one dashboard

Better Care

95% patient satisfaction

Increased visit attendance

Increased provider & staff satisfaction

Better Health

33% lower preterm births

26% increase breastfeeding

Lower Cost

\$35M / year savings per year*

Key Measures of Model Fidelity, Model Sustainability, and Impact

What is this?

This Dashboard indicates how well your site is meeting the goals for your Centering practice.

- All information is automatically calculated based on data from other worksheets.
- Measures that ARE standards for Site Approval will be indicated with an arrow: **Red** if this is an area that requires focused attention and **Green** if your site meets the standard for Site Approval.

Better Care / Model Fidelity & Sustainability

	SITE APPROVAL STANDARD	ACTUAL	
➤ Model Fidelity/ Essential Elements Score	MET	MET	➤
➤ Group Space Score	MET	MET	➤
➤ % of participants who are highly satisfied with their care	85%	93%	➤
➤ % of facilitators with official CHI Level I training	100%	100%	➤
➤ % of facilitators who have / are signed up for official Level II training	30%	50%	➤
Practice Scale			
➤ Average group size	8-12	12	➤
➤ % of women in Centering - THREE YEAR TARGET	60%	40%	➤
➤ % of women in Centering - CURRENT YEAR TARGET	40%	40%	➤
➤ % of providers facilitating Centering groups - THREE YEAR TARGET	50%	67%	➤
➤ % of providers facilitating Centering groups - CURRENT YEAR TARGET	65%	67%	➤
Total # of women who joined Centering in reporting period	150		
Average # of women who joined Centering / month	12		
Average # of groups started / month	1.0		
➤ Administrative Support Score	60%	80%	➤
➤ Steering Committee Score	50%	80%	➤

Better Health

	SITE APPROVAL STANDARD	ACTUAL	
➤ % of participants for whom outcomes are reported	75%	100%	➤
Site-Specific Goals			
➤ % babies born prematurely (before 37 weeks)	9.6%	7%	➤
➤ % low birth weight	7.8%	7%	➤
➤ % breastfeeding at discharge from hospital	90%	93%	➤

Lower Cost

	NO GOALS REQUIRED
Cost savings from preterm births avoided (medical costs)	\$300,931
Cost savings from preterm births avoided (total costs)	\$417,960
Cost savings from increase in breastfeeding initiation (medical costs)	\$4,200