A Challenge Facing Families in North Carolina

Decades of scientific study have informed our understanding of brain development and the critical importance of how early life experiences, starting in pregnancy, can affect lifelong outcomes. When we look at the challenges facing families in North Carolina, it is evident that we need to provide better care for pregnant women and young children, particularly for the populations disproportionately burdened by poor outcomes in pregnancy and early in life.

- Preterm birth is one of the leading causes of newborn death and disability among infants, including long-term cognitive and developmental disabilities, delays in physical development, learning and social emotional skills, chronic respiratory problems, vision and hearing impairment. The preterm birth rate in NC is 10.5%, as compared to the US rate of 9.9.[1, 2]
    - In North Carolina, the rate of 13.6% preterm birth among black women is 51% **higher** than the rate among all other women. [2]
    - The low birth weight rate in the state of 9.12% is **higher** than the national average of 8.1%, and the rate among black women in NC is even **higher** at 14.1%, [1]

- The infant mortality rate in the United States in 2017 was 5.8 per 1,000 live births, and in North Carolina it was 7.2. Racial disparities in birth outcomes are not improving.
    - In North Carolina, this inequity is glaring - with an infant mortality rate of 5.4 among Non-Hispanic whites as opposed to 12.6 among Non-Hispanic Blacks. Infant mortality is the leading cause of child death in NC.[1,3]

Introduction to Centering

Centering Healthcare Institute (CHI) is transforming healthcare delivery and outcomes for all families, beginning with pregnancy and early childhood, by expanding access to our evidence-based framework for billable group medical visits. Centering is the only intervention that offers continuity of care from pregnancy through the critical early childhood period of health and development (P-2+) with a focus on parent activation and empowerment. Centering has three intended outcomes: improving health outcomes of mothers and children; improving the experience of care for patients and providers; and increasing parental behaviors that lead to positive life outcomes for their children. These outcomes are measurable across a variety of metrics, including preterm birth rates, birth weight, interconception spacing, immunization rates, visit attendance, developmental and maternal depression screenings – all of which research links to children's long-term cognitive development, health and academic success.

CHI's flagship CenteringPregnancy brings together 8-12 people with similar due dates, their partners, support people and healthcare team. They meet for 10 prenatal visits following the American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse Midwives (ACNM) practice guidelines. Each visit is 90 minutes to two hours long - giving participants ten times as much time with their healthcare team as traditional prenatal care. Patients engage in their own care and have individual, private time with the provider. Facilitated discussions and interactive activities address timely health topics including nutrition, self-care & wellness, stress management, labor & delivery, breastfeeding, infant

care & safety and the transition to parenting. Providing care in this way allows group members and providers to relax and get to know each other on a much deeper and meaningful level. Participants form lasting friendships and are connected to this community of support in ways not possible in traditional care.

CenteringParenting, a two-generation intervention, continues from CenteringPregnancy after the baby's arrival. The group of parents, caregivers and children meet with their healthcare team for nine well-child visits over the first two years. Health assessments, immunizations and developmental screenings follow the American Academy of Pediatrics (AAP) Bright Futures nationally recognized guidelines.

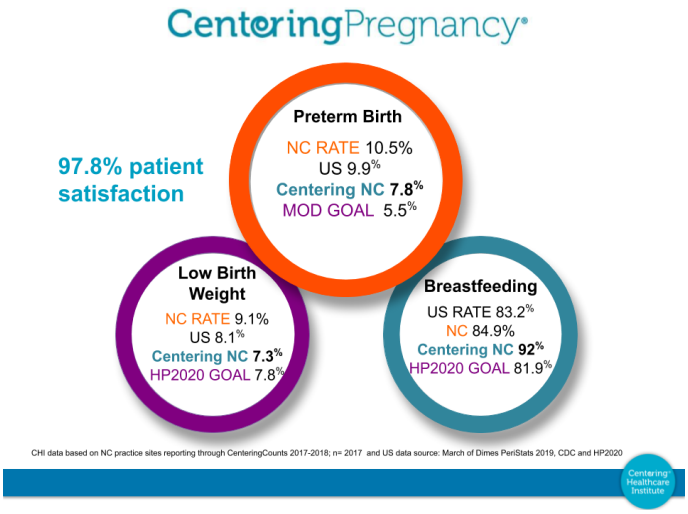
Centering is the billable primary care visit, not an additional program or class, and can be a cost-neutral, scalable intervention. Reimbursement through Medicaid and other insurance effectively subsidizes a platform for influencing the behaviors of thousands of parents in a child's critical early years. Centering also meets the demands placed on healthcare providers as part of the shift to value based payment and reimbursement based on quality measures.

Impact

Centering has been shown to have a profound positive impact on health outcomes and increase the chances each new family has to thrive. In over 100 published studies and peer-reviewed articles, CenteringPregnancy has been proven to lower the risk of preterm birth, close the disparity gap in preterm birth between black and white women, and improve both visit attendance and patient satisfaction. Participants report readiness for birth and infant care, higher breastfeeding rates and greater confidence. The available evidence suggests that Centering has a combined effect of stress reduction, education and patient activation that brings about these impressive results.

In North Carolina, there are currently 30 CenteringPregnancy clinic sites, two of which also provide CenteringParenting, one stand-alone CenteringParenting site, and two CenteringHealthcare sites. Approximately 75% of these sites are federally qualified health centers or other practice settings that predominantly serve patients with Medicaid or no insurance coverage.

The data reported by Centering clinic sites in NC from 2017-2018 is below. Data was collected and reported to CHI on 2,017 patients.



How CHI Works
As the national standards organization for Centering since 2001, CHI has successfully scaled the Centering framework to nearly 600 healthcare practices nationwide. We have trained over 15,000 healthcare professionals in our methodology.

CHI provides implementation support to guide healthcare practices through every step of the system redesign and to build a foundation for a successful, sustainable Centering practice. CHI offers practice management and support tools as well as a robust data collection system, all with the goal of maintaining model fidelity and quality assurance.

CHI operates primarily on an earned revenue model, fee for service on the products below (Appendix A). Practices generally need financial assistance through grants and/or state incentives during the implementation period and then the model sustains itself through standard per patient/per visit reimbursement from Medicaid and other health insurance payers.

How can CHI partner to improve outcomes in North Carolina?
Our experience has shown that a targeted proof of concept approach can have the greatest impact over a short period of time, with a focus on those areas of greatest need. Examples include our work in South Carolina, New York, New Jersey and Georgia:

- The catalyst for a statewide rollout in South Carolina was a retrospective cohort study demonstrating a 47% reduction in preterm birth in Centering patients, along with a flattening of racial disparities. The SC Department of Health and Human Services launched a state-wide expansion project in 2013 as part of the state birth outcomes improvement initiative. The project provided funding to offset the cost of Centering startup, and enhanced payment from Medicaid and the managed care organizations (MCOs) for every Centering visit. It also provided for ongoing research looking at birth outcomes and reduction in medical cost attributable to CenteringPregnancy. [5,6] CHI supported this project by tailoring resources and internal organizational processes to support the rapid expansion of sites in the state.

- New York is taking a two-pronged approach that includes adding a local CHI staff person on the ground in New York City through the NYC Department of Health and Mental Hygiene (DOHMH) to support the implementation of new and existing sites from specific zip codes with poor outcomes over a two year period; data will be collected by DOHMH to validate further expansion in the area.

  In addition, the First 1000 Days Initiative (NY State Medicaid) will be supporting a two year pilot project in the areas of poorest birth outcomes by providing funding for new sites, enhanced reimbursement and data collection. CHI has worked closely for about 2 years on the prep work with their team with the state to help identify sites that will participate, and advise on the model as well as services and products provided by CHI. This initiative is anticipated to go live by the end of June 2019. We are also in preliminary discussions for a CenteringParenting expansion with the state.

- The New Jersey Department of Health's five-year Healthy Women Healthy Families initiative focuses on improving pregnancy outcomes in high risk populations, addressing health disparities and reducing black infant mortality. State funding, supplemented by three local private foundations, supports implementation of CenteringPregnancy and CenteringParenting, including funding for CHI staff, training, materials, and consortium development. Additionally, the state legislature has just recently passed (SB3405/A5021) to authorize Medicaid to reimburse providers for CenteringPregnancy group prenatal care visits, including FQHCs and CHCs in the coverage.

- Most recently, two Ohio House members, in close coordination with the Speaker of the House, introduced legislation (HB11) that would invest $6 million directly into CenteringPregnancy expansion. CHI has supported this effort by testifying before the Ohio House Health Committee in support of the legislation alongside Centering champions from around the state, and encouraging sites to provide written comments about Centering at the local level.

Based on these successful state-focused experiences, we welcome the opportunity to work in collaboration with you to create a North Carolina-specific approach that would include:

- Identification of target areas for Centering expansion based on metrics of interest (For example, preterm birth, low birth weight, outcome disparities, etc.)
- NC-dedicated CHI staff expertise to support implementation for new Centering sites in the targeted areas
- Outreach support to local potential funding partners
- Design of a financing incentive through Medicaid that would incentivize model adoption, promote quality assurance, encourage long term sustainability and increase the likelihood of reproducing positive outcomes demonstrated in research.

[1] Center for Disease Control, 2019. Accessed at:https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm
[2] The March of Dimes. Peristats. A Profile of Prematurity in the United States. Consequences of Preterm Births. Accessed at https://www.marchofdimes.org/peristats/tools/prematurityprofile.aspx?reg=26

[3] NC Child Health Report Card, 2019. Accessed at: https://www.ncchild.org/publication/child-health-report-card-2019/
[4] ZERO TO THREE's 2018 parent survey, Millennial Connections
[5] Picklesimer A., Billings D., Hale J., Blackhurst, D., and Covington-Kolb, S. (2012) The effect of CenteringPregnancy group prenatal care on preterm birth in a low-income population. American Journal of Obstetrics & Gynecology Vol 206: 415. e1-7
[6] Gareau, S., Lòpez-De Fede, A., Loudermilk, B. L., Cummings, T. H., Hardin, J. W., Picklesimer, A. H., ... & Covington-Kolb, S. (2016). Group Prenatal Care Results in Medicaid Savings with Better Outcomes: A Propensity Score Analysis of CenteringPregnancy Participation in South Carolina.Maternal and child health journal, 1-10

Appendix A

● *The Centering* ***Readiness Assessment*** *(RA) helps sites assess their preparedness to engage with CHI on Centering implementation. A site that demonstrates readiness is more likely to succeed and sustain their program, and the RA is the first step in establishing a relationship with CHI. https://www.centeringhealthcare.org/start-centering-1*

● *One-day I****nformation seminars*** *are intended for individuals who are curious to learn more about Centering, implementation options, and how group care could fit within their practice and organization. Participants may include clinical practice teams, clinical agencies, advocacy organizations and funders.*

● *The* ***Centering Implementation Plan*** *(CIP) offers processes and tools to help sites identify and address barriers.* ***CenteringWorks™****, an interactive and collaborative project management tool for tracking implementation progress through the Centering Implementation plan, provides sites with content and activities to support decision making during implementation.*

● ***Basic and Advanced Facilitation Workshops*** *offer providers and staff the opportunity to explore facilitative leadership and practice skill-building. Our workshops model the Essential Elements of Centering and are an opportunity for participants to understand the shift to facilitative leadership.*

● ***CenteringCounts™*** *is an online group management and quality assurance tool that measures model fidelity, sustainability and health outcomes. In the group healthcare arena, CHI is the leader in quality assurance and improvement with the only established site accreditation and facilitator certification programs in place.*

● *CHI provides a range of online resources to support Centering sites, including access to* ***curricula, promotional products, practice tools, and educational media****.* ***CenteringConnects™*** *is our online community to connect Centering professionals in a national community-of-practice. CHI also offers a weekly live* ***webinar series*** *to address innovations and common challenges in Centering practice.*

● *The* ***Certified Centering Facilitator*** *is a rigorous credentialing process that recognizes the strengths and professional commitment of Centering facilitators. Through this program, facilitators are recognized for their expertise, experience, and personal investment with an evidence based model of group care; in addition, patients, practices, and payers are assured of the quality of care being provided.*