



## Healthy Start FAQ: CenteringPregnancy and CenteringParenting: Innovative Models for Prenatal and Well-Woman/Well-Baby Care

On April 30, 2015, John Craine and Tanya Munroe, co-Regional Directors of the Centering Healthcare Institute facilitated a discussion built around the CenteringPregnancy and CenteringParenting models of healthcare access and provision. During the presentation, John and Tanya explained the two Centering group care models and examined the evidence supporting the Centering practice. Attendees also had the chance to learn about how Centering supports the five approaches for Healthy Start and, lastly, how Healthy Start grantees can integrate Centering into their programs.

During the webinar, participants asked several great questions, all of which have been addressed below.

In case you or a colleague missed the webinar, you can access a [recording of the presentation](#) from the Upcoming Events tab on the Healthy Start EPIC Center website.

### **If a Healthy Start grantee organization doesn't offer direct service, how can they find provider partners in their community?**

John and Tanya suggest contacting one or both of them directly to better understand what to look for in a provider and to review any already-established community contacts. They can be contacted directly via email at [JCraine@centeringhealthcare.org](mailto:JCraine@centeringhealthcare.org) and [TMunroe@centeringhealthcare.org](mailto:TMunroe@centeringhealthcare.org) or by calling (857) 284-7570. John and Tanya will be happy to help grantees better understand the qualities that make for an optimal Centering practice. For example, patient volume is a key component, with a recommend practice seeing at least 150 patients a year. This number guarantees enough volume to routinely fill Centering groups.

Centering Pregnancy also offers an information seminar about the Centering model. A Healthy Start grantee could host the seminar and invite local OB practices to attend.

Most importantly, the practiced selected for partnering must welcome the idea of transferring care to a group setting, otherwise implementing the Centering method will not be successful.

### **Does Centering have to be held in a clinical setting?**

No it doesn't, but the appropriate setting ultimately depends on the payer. Many Centering practices hold community-based Centering sessions in community settings such as community centers, churches, and schools. A key component of community-based Centering is that this method is still reimbursable by the payer. Alternatively, some practices are restricted from conducting care in non-clinical areas.

Centering can be facilitated anywhere people receive care as long as the space is comfortable, private, and respectful of participants' confidentiality and needs.

### **Does the provider stay for the entire group session?**

Yes, the provider should stay for the entire session, especially since stable group leadership is one of the 13 essential elements of the Centering method. All the participants in the group are collectively

pooling their time with the provider who receives compensation for a visit with each individual participant. The provider's integration into the group remains an essential element of program success. Full inclusion of the provider into the group enhances the available benefits both for the provider and the participating patients.



**Can there be a co-facilitator with the group provider? If so, who should co-facilitate?**

Typically, another healthcare provider (a nurse, social worker, medical assistant, childbirth educator, etc.) serves as the co-facilitator, although the co-facilitation role does not have to be occupied by a healthcare provider. The central role of a co-facilitator is to truly co-facilitate with the healthcare provider, and occasionally lead a full-group discussion depending on the group and/or content area under discussion. Implementation of the Centering model requires that group leaders serve as part of a co-facilitation team rather than as solo leads. Both facilitators should share the facilitation role as much as possible to ensure inclusion, group participation, and support.

**Since the provider conducts the Centering group as a visit, how should the session be classified for billing?**

Billing classifications depend on the payer and the state in which the groups are being facilitated. Currently, attending a Centering group is billed as a prenatal care visit, but some payers bill an additional educational line. Billing questions around Centering are very common given the substantial variety of codes available for extra services, but a central purpose of the Centering consortia (located all across the country) focuses on bringing together the practice sites and stakeholders, including the payers, to discuss some of these issues.

A primary policy goal of the Centering Healthcare Institute is to build supportive networks of centering practices that work to support each other. The eventual goal of the Centering Healthcare Institute looks toward a future when the Centering methods are enhanced at a higher rate because the payer enjoys the savings of fewer Neonatal Intensive Care Unit (NICU) admissions and fewer preterm births.

**How can HS programs not already using the Centering model still support the Centering program?**

The HS program can promote Centering in their community by increasing referrals to Centering practices and explaining to clients what the Centering model is about so that women can better understand the benefits of engaging in Centering. The Centering Healthcare Institute emphasizes that women have a choice in their care.

Several of the elements central to Centering, such as patient enrollment, education, and outreach, require additional external support due to their challenging nature. In communities with care deserts caused by geographic isolation, lack of transportation options or access, and childcare barriers inhibiting women's access to care, community agencies can partner with Centering practices to get women into the care they need.

John and Tanya would love to speak with anyone who has interest in and enthusiasm about supporting the Centering program.