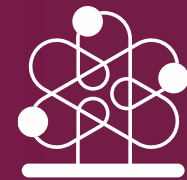


# Benefits of Prenatal Group Care

January 16, 2020

*NCIT Capacity-Building Hub*



National  
Collaborative  
for Infants  
& Toddlers™

Powered by the Pritzker Children's Initiative

# Agenda

- Pritzker Children's Initiative: Prenatal-to-Three Outcomes Framework
- Webinar Overview and Key Takeaways
- Speaker Introductions
- Centering Healthcare Institute: How Centering Health is an Entry Point for Promoting Optimal Child
- Raising New York & New York States 1000 Days on Medicaid Initiatives
- Q&A Discussion
- Special Reminders (Post-Webinar Survey & Contact Information)

# Pritzker Children's Initiative: Prenatal-to-Three Outcomes Framework



**Pritzker Children's Initiative Vision: Every child reaches kindergarten ready to learn**

# On Track for Kindergarten Readiness:

## *Prenatal to Three Outcomes Framework*

Long-term Goal: Healthy Child Development at Age 3

Healthy Beginnings

Supported Families

Quality Care and Learning

**Child and Family Outcomes**

Infants, toddlers,  
and families experience...

Healthy births  
Optimal health  
and development

Nurturing and  
responsive  
child-parent  
relationships

Nurturing and responsive  
care in safe settings

**Prenatal-to-Three Program  
and Policy Expansion**

Families have access to....

Prenatal care  
Preventative and  
comprehensive health  
care

Universal family  
connection and  
referral  
Home visiting

Affordable care options  
that meet infants',  
toddlers' and families'  
needs

**Prenatal-to-Three Systems**

Data Systems | Coordinated Planning and Financing | Political Will and Engagement |  
Continuous Quality Improvement | Coordinated Intake and Referral

*With a focus on equity, states and communities can build and sustain locally responsive systems, programs, and policies that meet the needs of infants, toddlers, and their families.*

# Strong Start for Mothers and Newborns (CMS Evaluation)

Strong Start funded 27 awardees from 2013 to 2017 to provide enhanced prenatal care to Medicaid and CHIP beneficiaries.

- Goal 1: Improve quality of care and reduce rates of preterm birth and low birthweight infants
- Goal 2: Reduce costs to Medicaid during pregnancy, birth, and the infant's first year

## Findings:

Strong Start participants in Group Prenatal Care, and one other strategy, had better outcomes at lower cost relative to other Medicaid participants with similar characteristics, including:

- Lower costs
- Fewer ED visits and hospitalizations for mom and baby
- Fewer low-birth weight babies

# Webinar Overview & Key Takeaways

## Webinar Overview

The healthcare visit, a nearly universal exposure in pregnancy and early childhood, is an opportunity to provide parents with the knowledge and skills to support their child and family's health and is a significant entry point for promoting optimal child development. In this webinar join Marena Burnett and Angie Truesdale from the Centering Healthcare Institute as we explore how Centering improves health outcomes and supports healthy parent-child interactions, early learning, and positive parenting within the framework of billable group visits. Learn about emerging national and state-level policy initiatives that support maternal and child health.

## Participants will learn:

- Describe the Centering continuity model (prenatal - age 2).
- Outline state and national policy initiatives.
- Relate centering practices to state interventions and community initiatives.
- Participants will learn how this model is effectively facilitated on a local/statewide level.



Andrea Palmer  
Program Manager  
Pritzker Children's Initiative (PCI)



Marena Burnett  
Chief Engagement Officer  
Centering Healthcare Institute (CHI)



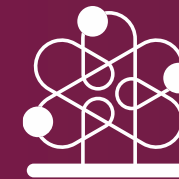
Angie Truesdale  
Chief Executive Officer  
Centering Healthcare Institute (CHI)



Melodie Baker  
Director of Education  
United Way of Buffalo & Erie County  
& Co-Chair of RaisingNY

## Featured Webinar Presenters

*NCIT Capacity-Building Hub*

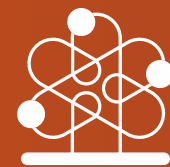


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# Centering Healthcare Institute

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# Improving health by transforming care through Centering groups

Angie Truesdale, Chief Executive Officer  
Marena Burnett, Chief Engagement Officer

Centering<sup>®</sup>  
Healthcare  
Institute

Centering is the **billable**  
primary care visit

Centering<sup>®</sup>  
Healthcare  
Institute





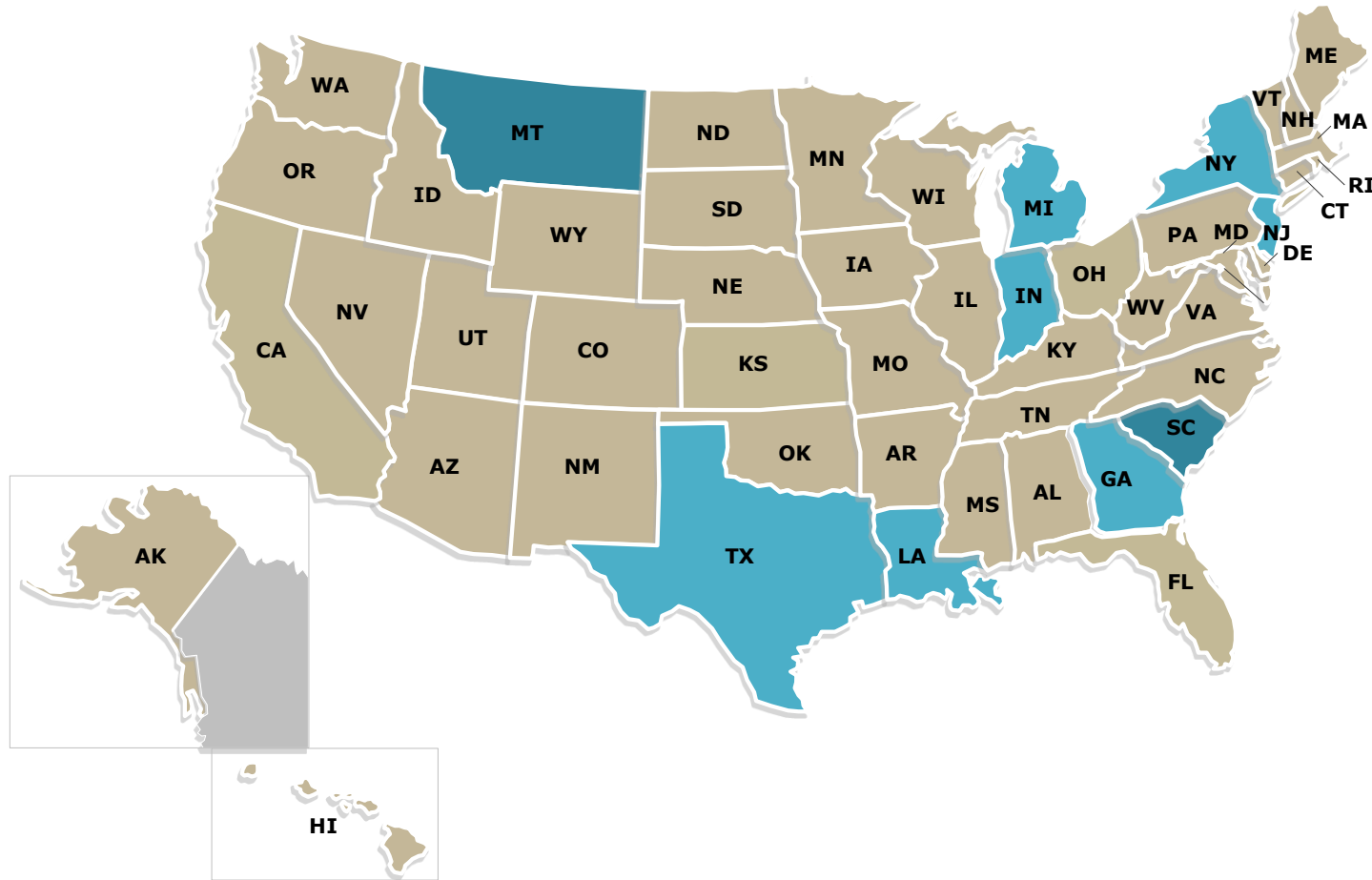




Every family  
All healthcare  
Healthier babies

Centering<sup>®</sup>  
Healthcare  
Institute

# Enhanced Payment Models for CenteringPregnancy

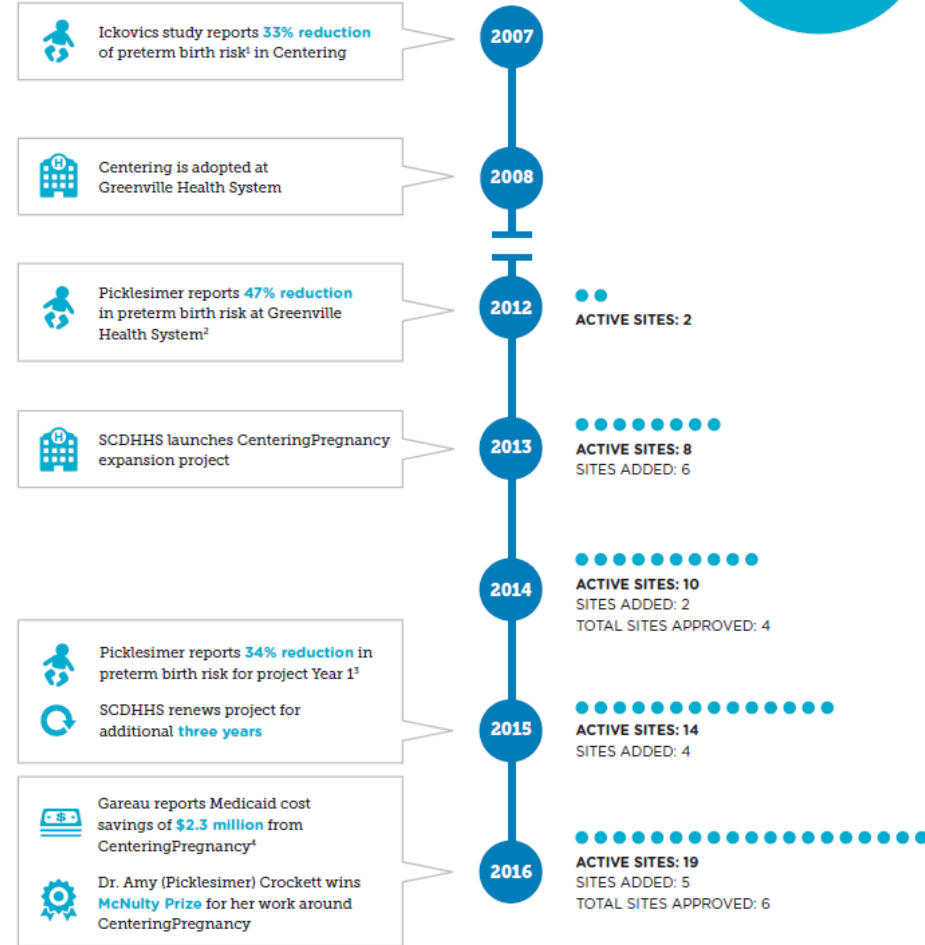


# Payer Benefits

- Evidence-based
- Better health outcomes /HEDIS measures
- Lower costs of care
- Value-based purchasing Validated by independent 3<sup>rd</sup> parties
- Meets Quadruple Aim of
  - Better health outcomes
  - Better patient experience of care
  - Lower costs of care
  - Better provider experience of care



# CenteringPregnancy® Milestones in South Carolina



**2007**  
Ickovics study reports **33% reduction** of preterm birth risk<sup>1</sup> in Centering

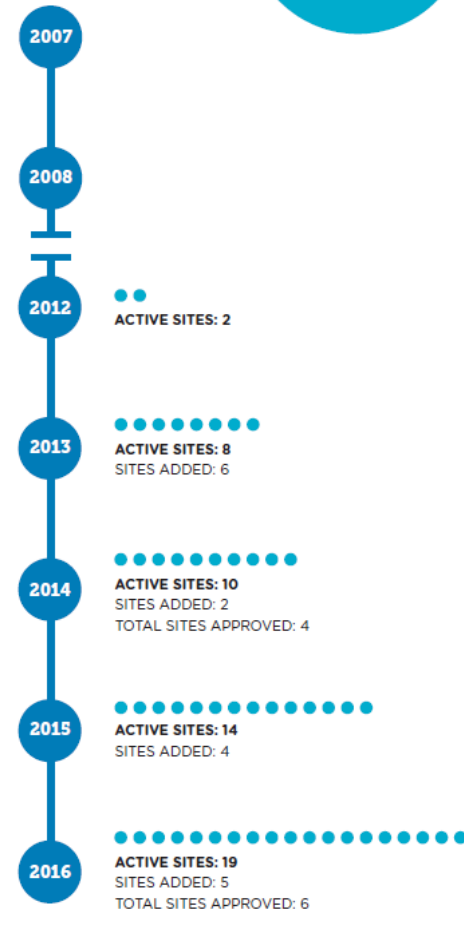
**2008**  
Centering is adopted at Greenville Health System

**2012**  
Picklesimer reports **47% reduction** in preterm birth risk at Greenville Health System<sup>2</sup>

**2013**  
SCDHHS launches CenteringPregnancy expansion project

**2014**  
Picklesimer reports **34% reduction** in preterm birth risk for project Year 1<sup>3</sup>  
SCDHHS renews project for additional **three years**

**2015**  
Gareau reports Medicaid cost savings of **\$2.3 million** from CenteringPregnancy<sup>4</sup>  
**Dr. Amy (Picklesimer) Crockett** wins **McNulty Prize** for her work around CenteringPregnancy



<sup>1</sup> Ickovics JR, Kershaw T, Westdahl C, Magriples U, Massey Z, Reynolds H, Rising S. (2007) *Group Prenatal Care and Perinatal Outcomes: A randomized controlled trial*. *Obstetrics and Gynecology* 110(2), Part 1: 330-39.  
<sup>2</sup> 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:  
<sup>3</sup> Picklesimer A, Herberlein E, Covington-Kolb S. (2015) *Group Prenatal Care: Has its time come?* *Clinical Obstetrics and Gynecology*, 58(2): 380-391.  
<sup>4</sup> Gareau, S., López-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*

# Published Outcomes from South Carolina

## Preterm Birth Rate

36% reduction (p 0.05)

Average direct medical cost savings = \$22,667

## Low Birth Weight Rate

44% reduction (p 0.05)

Average direct medical cost savings = \$29,627

## NICU Admission Rate

28% reduction (p 0.05)

Average direct medical cost savings = \$27,249

Overall savings = \$3,989,214  
n = 1262, \$3,161 per patient in Centering

Group Prenatal Care Results in Medicaid Savings with Better Outcomes: A Propensity Score Analysis of CenteringPregnancy Participation in South Carolina Sarah Gareau, et al, 2016

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Healthcare  
Institute

# New Jersey Centering Expansion: 2019

**THE BURKE  
FOUNDATION**

The Nicholson  Foundation

*Changing Systems, Changing Lives*

The HENRY & MARILYN  
TAUB Foundation

**NJ Health**  
New Jersey Department of Health

*New Jersey*  
LEGISLATURE 

- Support for Centering Implementation in 5 clinical sites
- CHI staff in-state to support and expand further
- Enacted law to set stage for enhanced reimbursement

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# North Carolina Expansion Opportunities

## North Carolina's Transformation to Medicaid Managed Care

The North Carolina Department of Health and Human Services is dedicated to improving the health and well-being of all North Carolinians. In support of this goal, the Medicaid and NC Health Choice programs will transition to Medicaid Managed Care in 2020--the most significant change to the NC Medicaid program in over 40 years. To read more, click on a box below.

### [NC Medicaid Managed Care Design and Policy](#)

Section 1115 waiver application, program design and policy papers

### [Requests for Proposal and Requests for Information](#)

NC Medicaid Managed Care procurement documents

### [More Information](#)

NC Medicaid Managed Care public notices, webinars, press releases, session laws and other general information

### [Submit a Comment](#)

Feedback is welcome and encouraged





# Raising New York & New York States 1000 Days on Medicaid Initiatives

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# Centering Pregnancy

Raising New York

New York States 1<sup>st</sup> 1000 Days on Medicaid

INTERVENTION

POLICY

PILOT & IMPLEMENTATION

# Raising New York

[www.raisingny.org](http://www.raisingny.org)

State-wide Policy Agenda

*Objective #1: All families with infants and toddlers have supported access to programs that value strong and positive relationships with families and ensure that parents, infants, and toddlers receive both screenings and a comprehensive set of services that promote maternal health and infant and toddler developments*

## STRATEGY

Expand access to high-quality prenatal and perinatal care, especially for those most at-risk of poor outcomes

## INDICATOR

Access to Centering Pregnancy increases by 1,500 slots (Year 3) and by 2,500 more slots by 2023 for a total of 4,000 more

## ACTION

Work with PCI partners to support the Centering Pregnancy Community Pilots and potential expansion.

# New York State's First 1000 Days on Medicaid

NY Medicaid program to provide \$30 additional/patient/visit up to a maximum of \$300 for a two-year pilot focused on the neighborhoods with poorest birth outcomes to 2000 women.

Staff training and start up support provided

Seeking all payer support

Success metrics:

- Increase in number of providers offering Centering Pregnancy
- Reduction in incidence of low birthweight, preterm birth, and length of NICU stays

# Cost Scenario

First 1K Days on Medicaid	
<i>CenteringPregnancy – New</i>	
Projected Number of Participating Women	2,000
Financial Support per Patient/Visit (\$30 per visit up to \$300 total)	\$300.00
MCO 2 Year Pilot Total	\$600,000.00
Centering Health Care Institute Training Costs (3 Provider Workshops (with 25 providers) @ \$18,750 ea	\$56,250.00
Additional Consulting/Support/On-Site Assistance	\$120,000.00
Total Cost	
<b>Total Cost (Gross)</b>	<b>\$776,250.00</b>
<b>Total Cost (State)</b>	<b>\$388,125</b>

# Q&A Section

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**Thank You for joining the webinar!**  
**Have feedback and next steps? Be sure to share**  
**in the post-webinar survey.**

## **Contact Information:**

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