

Centering Healthcare Institute: *National Coordination of an Innovative Group Care Model*

The Challenge:

Broad improvement in health care delivery requires engaging patients in their care and helping providers forge dynamic partnerships with patients.

The Goal:

Change the paradigm of health services to a group care model to improve overall outcomes of all individuals across the life cycle.

An Innovative Solution:

The Centering Model of group health care – promoted by the Centering Healthcare Institute, Inc. CHI provides education, training, and support for individuals and organizations throughout the world.

Where To Learn More

Sharon Schindler Rising
Executive Director
Centering Healthcare Institute
558 Maple Avenue, Cheshire CT
06410
(203)271-3632
srising@centeringhealthcare.org
<http://www.centeringhealthcare.org>

What It Is

- A model of group health care delivery with three components – health assessment, education, and support – provided in a group facilitated by a credentialed health provider and a co-facilitator who is a nurse or other appropriate staff member. The model was developed and piloted in 1993-94 by Sharon Schindler Rising, CNM, MSN, who then had 25-plus years of experience working as a nurse-midwife in a private obstetric office, a hospital clinic and a community health center, and teaching nursing at Yale University and the University of Minnesota.
- Now there are patient materials available for three established areas of Centering care: CenteringPregnancy®, CenteringParenting®, and CenteringDiabetes. CHI also has developed a line of group supplies and facilitator resources.
- The Centering Healthcare Institute has a network of more than 30 nurse faculty across the U.S. who lead workshops, help systems with redesign and conduct site approval visits.

What It Does

- Evidence-based redesign of health care delivery helps promote:
 - Safety
 - Efficiency
 - Effectiveness
 - Timeliness
 - Culturally appropriate patient-centered care
 - More equitable care

- Results of the first pilot – conducted in a hospital clinic and including 13 prenatal groups, three of them teen groups – were published in 1998 and helped support professional training workshops that began in 1998. Growing interest in the model triggered formation of a non-profit coordinating organization, the Centering Pregnancy and Parenting Association (now the Centering Healthcare Institute, Inc.) in 2001. CHI's roles include:
 - Informing health professionals, students, parents and individuals about the Centering model
 - Developing and conducting workshops
 - Developing and updating educational, training, and promotional materials
 - Supporting research on the Centering model
 - Assuring financial stability of the organization.
- Group participants meet regularly with their care provider and other group participants for much longer (up to two hours) than a usual check-up visit. The 13 Essential Elements of the Centering model promote individual health empowerment and community-building. (Visit <http://www.centeringhealthcare.org> for details on the 13 Essential Elements).

How It Stands Out

- Group participants spend more time with providers and with others with similar health concerns, helping them learn together and from each other. Women often comment that other women ask questions they were too embarrassed to ask themselves.
- Outcomes for people receiving care in groups are uniformly better than for those in traditional care.
 - In a randomized control trial conducted through Yale University on 1,047 women in public clinics randomized to traditional or group care, there was a 33 percent reduction in preterm birth for women in Centering groups. In addition, satisfaction with care was significantly higher; there were increased breast-feeding rates, and improved knowledge and readiness for birth and parenting. Cost analysis showed raw costs for Centering to be at least cost neutral. The March of Dimes states that one preterm birth costs the system about \$60,000.
 - The University of Kentucky estimates that under their CenteringPregnancy Smiles program, a reduction in preterm births from 13.7 percent to 6.6 percent saved approximately \$2.1 million over the two years of this study.
- Improved outcomes in reduction of preterm births translate to cost savings for the system. Other consideration of cost effectiveness would include such long-term measures as: incidence and effective treatment of depression, maternal and childhood obesity, school readiness, effective contraception, etc. Since costs for care delivery are constantly shifting, the focus within Centering models has been on providing quality care that results in better outcomes and higher patient, provider and staff satisfaction.
- This dramatic change in paradigm is not an expensive technology or treatment. Rather it is a process and relationship based approach that empowers patients, staff and providers in health care systems. The initial investment for a clinical agency to implement the Centering model is in essence, paid for by preventing just one preterm birth.