



## Centering Healthcare Institute Request for Applications (RFA)

**Name of Grant:** Implementation Support of CenteringPregnancy in Maryland

**Funder:** Maryland Department of Health Maternal & Child Health Bureau

**Important Dates:**

<b>RFA Release Date</b>	July 1, 2024
<b>Full Application Close Date</b>	Rolling
<b>Award Notification</b>	Within about 4 weeks of submission
<b>CHI Contracting</b>	Must be completed before implementation begins
<b>Implementation Start Date</b>	All awardees must begin implementation before June 30, 2025 unless otherwise notified upon award.

**How to Apply:** Details on how to respond to this opportunity can be found on the [CHI Implementation Award](#) webpage and on page 12 of this RFA.

**Questions:** Please direct questions about the CenteringPregnancy model or this RFA to Mary Fitzmaurice, CNM, MSN, Director of Business Development Centering Healthcare Institute at [mfitzmaurice@centeringhealthcare.org](mailto:mfitzmaurice@centeringhealthcare.org)

### Background and Purpose

In Maryland, persistent racial disparities exist in maternal and infant health, contributing to increased rates of infant mortality and maternal mortality. While strides have been made to improve the health outcomes of birthing people and their children in this state, there is

significant work to be done to reduce the disparities between racial groups. Infants of Black women experience increased rates of infant mortality and preterm birth compared to infants of White women. Additionally, Black women have been found to have nearly twice the rate of severe maternal morbidity (SMM) as compared to White women. The rate of SMM for Asian Pacific Islander birthing people and Hispanic women is nearly 1.4 times that of White women.

There are complex medical and social factors that contribute to these adverse outcomes, and we acknowledge the need for a multipronged approach to optimize the health of birthing people and their babies. Traditional models of care have not demonstrated reductions in disparities, and evidence-based research has shown that alternative models of care may be necessary to address the complex health and social factors around maternal health.

Through their [Statewide Integrated Health Improvement Strategy](#) (SIHIS), the State has identified group prenatal care as a promising intervention with the best potential to reduce preterm births, reduce maternal morbidity and improve maternal infant outcomes at the population-level.

[CenteringPregnancy](#)<sup>®</sup> is an evidence-based health care delivery model that integrates maternal health care assessment, education, and support. With over 100 published studies and peer-reviewed articles, [evidence](#) shows that CenteringPregnancy reduces costs, lowers the risk of preterm birth, closes the disparity gap in preterm birth between Black and White clients. Patients meet with their care provider and other group participants for an extended period of time (90-120 minutes), at regularly scheduled visits over the course of their pregnancies. Centering promotes patient engagement and community-building, and has been shown to significantly improve infant health outcomes. CenteringPregnancy projects provide a safe place for expecting parents to share life experiences with other birthing people who understand their situation, build a community of support, and provide positive peer encouragement to make healthy choices during their pregnancy. Through this unique model of care, clients are empowered to choose health-promoting behaviors and have been found to be more knowledgeable in perinatal topics and more satisfied with their care compared to those receiving individual care. Health outcomes for pregnancies, specifically increased birth weight and gestational age, and the satisfaction expressed by both the women and their providers, support the effectiveness of this model for the delivery of care.

CenteringPregnancy has been shown effective in (1) Increasing breastfeeding rates (2) Reducing low birth weight births (3) Reducing preterm birth rates (4) Decreasing prenatal visits - no show rates and (5) Increasing entry into prenatal care during the first trimester. The effectiveness of Centering is shown most dramatically among populations of color, who disproportionately experience adverse maternal outcomes. An essential element of CenteringPregnancy is its promotion of patient engagement and community-building, a component that can be missing from traditional prenatal care delivery.

## Project Description

CHI will support the expansion of CenteringPregnancy in Maryland to **three new practice locations** in support of its effort to improve outcomes with the Centering model of group care. These locations, in addition to the initial seven sites funded in FY2023 and FY2024 will increase the total number of CenteringPregnancy locations in the state by ten. Details on site identification and the implementation process are below.

To meet the goals of this initiative and set practice sites up for success, all applicants should commit to implementation that follows the fundamental tenets of Centering (“model fidelity”): (1) collaborating with and receiving support from CHI staff; (2) engaging with a Centering community of practice; (3) completing data collection, quarterly reporting following group start, and any evaluation-related deliverables. Adherence to these evidence-based elements of the Centering model will be crucial to improving health outcomes, reducing health disparities, improving patient satisfaction with received health care, and ultimately resulting in lower costs to the practice and overall health care and social support systems.

Selected sites will benefit from **in-kind and direct monetary support** as outlined below.

## Services and Supports Provided by Centering Healthcare Institute

CHI is the national standards organization that supports the dissemination, implementation, and continuous quality assurance of Centering group models of care in the United States. Successful applicants will benefit from training, coaching, technical assistance, and tools from CHI’s expert consultants – valued at \$37,200 over 12+ months – to support their healthcare delivery system transformation. CHI partners with local practice sites to offer:

- Implementation support for system change, including guidance on developing the **Centering365 Implementation Plan** (CIP) that incorporates processes and tools to help sites identify and address barriers. The CIP aims to position the site to successfully complete the accreditation process. Over the first months, CHI collaborates with each site on the following areas:
  1. Creating your Steering Committee
  2. Engaging Leadership
  3. Building a Shared Vision
  4. Goal Setting and Evaluation
  5. Creating your Centering Schedule
  6. Creating your Centering Space

7. Patient Enrollment
8. Provider Productivity

9. Financing and Budgeting
10. Billing and Reimbursement

- Comprehensive training and certification in group facilitation and group care. **Centering Facilitation and Advanced Facilitation Workshops** offer providers and staff the opportunity to explore facilitative leadership and practice skill-building. These workshops model the Essential Elements of Centering and are an opportunity for participants to understand the shift from didactic provider-patient conversations to facilitative leadership through a group-based model.
- Access to and guidance on using **CenteringWorks**,™ an interactive and collaborative project management tool for tracking implementation progress against a CIP that provides sites with content and activities to support decision making during implementation.
- Access to a library of ready-to-use resources and tools, including: curricula materials; supplies to support providers and patients; educational media; and a weekly live webinar series to address innovations and common challenges in Centering practice.
- Access to the **CenteringConnects**™ platform, an online peer learning network that links Centering professionals across the U.S. to a national community of practice.
- Site accreditation for model fidelity and quality assurance.

## **Project Activities and Timeline**

Please note that the grant timeline differs from the CIP timeline as below, and may be referred to separately for the purposes of this RFA.

### **Grant Timeline**

Grant Year: FY25 July 1, 2024 - June 30, 2025

## Anticipated Timeline for CenteringPregnancy Implementation

Phase/Milestone	Timeframe	Description
<b>Start-up</b>	Months 1-3	A dedicated CHI team guides the site during the initial Steering Committee meeting, and throughout the start-up process, as the site establishes a shared vision and goals, creates a group space and schedule, enrolls patients, and establishes financial systems.
<b>Launch Day Event</b>	Month 3-5	Site leadership, Centering staff and other clinical team members, and community partners (Steering Committee and others) meet with the CHI implementation team for an immersive introduction to Centering to strengthen buy-in at every level. CHI provides targeted on-site support to finalize implementation and prepare for the successful launch of groups.
<b>Centering Facilitation Workshop</b>	Month 5-6	In a two-day training, facilitator teams explore Centering principles and build essential facilitation and group management skills.
<b>Groups Start</b>	Month 6	Site begins group sessions. Typically, a site introduces one new group per month during this period. CHI Advisors provide assistance through check-in calls and support ongoing group management and data collection.
<b>Data Collection Begins</b>	Month 6	Following the formation and launch of groups, a site records process and outcomes data with the provided tool.
<b>Site Accreditation</b>	Months 12-18	With multiple groups running, the site evaluates progress and receives constructive feedback from its CHI team to strengthen implementation and position the site for long-term success.
<b>Advanced Facilitation Workshop</b>	Months 12-18	Group facilitators who have completed Centering’s Facilitation Workshop are invited to attend the Advanced Facilitation Workshop to further hone their facilitation skills with peers.

### Data Collection and Evaluation

Successful applicants will be provided a tool for reporting on process and funder required metrics. The following **mandatory** birth outcome and demographic indicators will be collected in a de-identified aggregate from sites in addition to routine CHI process data:

## Birth Outcome Indicators

- A. first child
- B. marital status
- C. education level
- D. # of weeks pregnant at first OB visit
- E. birth weight
- F. breastfeeding at discharge
- G. labor induction
- H. NICU
- I. # days in NICU
- J. delivery type
- K. breastfeeding at postpartum visit

Sites will collect, maintain and provide available data to CHI on a quarterly basis during their award period. Continuation of support each year is contingent on continuation of funding from the MDH Maternal & Child Health Bureau.

### Application Requirements

Interested organizations must meet the following criteria to be considered a competitive applicant for CenteringPregnancy grants.

- a. Are a Federally Qualified Health Center (FQHC), Community Health Center, Local Health Department, Birth Center or Healthcare System or licensed provider of prenatal care services. Documentation must be submitted with the application.
- b. Have provider eligibility through Maryland Medicaid as an individual provider or group practice. Document proof must be provided with the application.
- c. Complete the Centering Healthcare Institute [Readiness Assessment](#) and provide a certificate as proof of completion.
- d. Have sufficient volume of prenatal patients (at least 150 per year, hopefully more) to support robust group care
- e. Provide care to at least 60% Medicaid recipients OR consist of at least 50% non-white individuals.

*Please note: Existing Centering practices that operate a CenteringPregnancy or CenteringParenting group care model are welcome to apply to expand their capacity of Centering services. If you are*

*applying to expand a model that you already operate, the expansion site must be located at a different practice location/geography.*

### **Additional Selection Criteria:**

In addition to the application requirements outlined in the previous section, the selection process will take into account practice types and geographies. **While providers of prenatal care in any Maryland Jurisdictions may be awarded, granting opportunities will be prioritized in the following jurisdictions contributing to elevated severe maternal morbidity rates.**

Preference will be given to entities that provide clinical care to predominantly Medicaid, charity care, and/or uninsured patients (e.g., FQHCs, community health centers, hospital-based clinics, etc.). In addition, the following counties, which are listed in no particular order, have been identified as priority communities for CenteringPregnancy expansion by the Maryland Department of Health.

<b>12 Priority Jurisdictions for CenteringPregnancy</b>	
1. Baltimore City	7. Baltimore County
2. Montgomery County	8. Prince George's County
3. Howard County	9. Anne Arundel County
4. Washington County	10. Frederick County
5. Carroll County	11. Harford County
6. Charles County	12. Wicomico County

### **What the Grant Funding Supports**

Funding provided by the MDH Maternal & Child Health Bureau will cover the costs of in-kind support provided to practice sites by CHI valued at \$25,000 up to \$46,000 over the three year grant period (continuation of support each year is contingent on continuation of funding from the MDH Maternal & Child Health Bureau. Grant funding may also include up to \$20,000 provided directly to individual practice sites incrementally to defray operational expenses associated with implementation over the three year grant period. This funding is intended to offset start-up costs

associated with the launch of a new Centering program site, which can be an implementation barrier for some practices. The Maryland Department of Health Maternal & Child Health Bureau funding is intended to help cover expenses that are critical for supporting high-quality implementation, ensuring that practices are set up for success as they transform their healthcare delivery system to achieve positive health outcomes, optimal patient and provider satisfaction, as well as robust sustainability.

The program expenses listed below, including items and dollar amounts, should be used in developing a budget (budget worksheet will be sent to qualifying sites along with application questions). **Selected applicants should anticipate and plan to cover costs for the items listed below after the two-year grant period ends.** Please note that any travel would be within Maryland, and some or all training workshops during the 2022 calendar year may be conducted virtually due to pandemic-related restrictions.

Cost Category/Item(s)	Dollar Value	Notes
Annual site license fee	\$1,000 (FQHCs and multisite projects eligible for 10% discount, accredited sites eligible for 40% discount)	Not covered by this grant. Site is responsible for annual license fees.
Centering365 <ul style="list-style-type: none"> <li>In-person and remote consultation and implementation support for steering committee, systems change, and quality assurance measurement</li> <li>Launch day site visit by Centering Advisor</li> <li>Site Accreditation process and determination</li> <li>Centering facilitation training for 4 participants</li> </ul>	\$28,995	Covered by grant
Centering Facilitation Workshop Fee  <i>Suggested minimum is 5 people; this is a CHI-hosted open workshop, available virtually or in-person, and travel is <u>not</u> included.</i>	\$995 per person (does not include travel)	This amount will be paid directly to CHI by the Burke Foundation for one additional participant  <i>Workshop attendance will cover a minimum of two medical providers (MD, DO, NP, CNM, PA, etc.) and two staff (RN, LPN, medical assistant, CNA, social worker, CHW, lactation consultant, etc.) who anticipate co-facilitating Centering groups in the following</i>



		<i>months. It is also recommended that the Centering Coordinator be trained.</i>
Advanced Facilitation Workshop Fee  <i>Suggested minimum is 4 people. This is a CHI-hosted open workshop and travel is <u>not</u> included</i>	\$700 per person (does not include travel)	This dollar amount will be paid directly to CHI by the grant. This training will be open to those providers and staff who attended the Centering facilitation training and have been facilitating groups. Five seats are covered by this grant.
Leader Kit	\$300 (1 per site)	Covered by grant
CHI marketing materials (e.g., posters, rack cards, pens, etc.)	\$150 value	Covered by grant
Patient notebooks	\$20 per patient	Covered by grant (site is expected to cover these expenses in subsequent years)
Medical equipment and supplies (e.g., blood pressure cuffs)	Need varies by site	***
Group space enhancements (e.g., comfortable chairs, area rugs, pictures)	Need varies by site	***
Healthy snacks	~\$25 per group session <sup>1</sup>	***
Group space enhancements (e.g., comfortable chairs, area rugs, pictures)	Need varies by site	***
Healthy snacks	~\$25 per group session <sup>2</sup>	***

**\*\*\* Direct to site funds totaling \$7,500 will be provided incrementally over the grant period.**

<sup>1</sup> Each CenteringPregnancy cohort meets for 10 group sessions.

<sup>2</sup> Each CenteringPregnancy cohort meets for 10 group sessions.

## Application Process

<b>Application Period</b>	
Step 1	<p>All interested applicants are invited to complete the <a href="#">CHI Readiness Assessment</a>, which gathers information about the practice site such as patient volume, proposed space to convene groups, and administrative support.</p> <p><i>The CHI Readiness Assessment tool assesses a site's preparedness to engage with CHI on Centering implementation. A site that demonstrates readiness is more likely to successfully sustain its CenteringPregnancy program in accordance with the evidence-based model and achieve positive outcomes. Applicants are strongly encouraged to view this <a href="#">short video</a> about the Readiness Assessment process before completing the online form, which takes sites on average 30 minutes to complete.</i></p>
Step 2	<p>Once sites complete the CHI Readiness Assessment they will be contacted by Mary Fitzmaurice, Director of Business Development at CHI, to schedule a phone discussion to assess the site's readiness for CenteringPregnancy.</p>
Step 3	<p>Qualifying candidates whose readiness is verified by the CHI team following the phone discussion will be invited to submit the application materials listed below. The application form will include supplementary questions to round out the information provided on your Readiness Assessment on the following topics: community need, patient engagement, measuring success, community buy-in and leadership, sustainability, and budget. Each site will be provided with a unique link to the relevant templates to be submitted as part of this application.</p> <ul style="list-style-type: none"> <li>● Letter of intent describing the vision for Centering in your practice</li> <li>● Supplemental question responses</li> <li>● Planning Your Centering Budget document</li> <li>● Letter of Support</li> <li>● Proof of status             <ol style="list-style-type: none"> <li>i. Must be a Federally Qualified Health Center (FQHC), Community Health Center, Local Health Department, Birth Center or Healthcare System or licensed provider of prenatal care services.</li> <li>ii. Must have provider eligibility through Maryland Medicaid as an individual provider or group practice.</li> </ol> </li> </ul> <p><b>Deadline: Rolling within the grant period until awards are exhausted</b></p>
<p><b>Site Selection</b>            CHI intends to notify successful applicants within ~ 4 weeks of completing this application process</p>	

### *Post-Award Period*

	Once selected and prior to implementation launch, grantees will need to complete all required CHI documentation associated with acquiring a Centering site license.
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## **About Centering Healthcare Institute**

[Centering Healthcare Institute](#) is a national nonprofit based in Boston, Massachusetts, dedicated to improving health by transforming care through Centering groups. With over two decades of experience as the go-to resource for group health care, CHI is the national standards organization that supports the dissemination, implementation, and continuous quality assurance of Centering group models of care in nearly 600 practice sites – from small community clinics to some of the largest health systems in the world.