



**Centering Healthcare Institute**  
**CHI Expansion Plan: Implementation Support & Facilitation Training**  
**Request for Applications**

**Centering Background**

Centering is a patient-centered, evidence-based model of group care that has been proven to have a profound positive impact on health outcomes and reduce racial health disparities. When compared to traditional care, Centering lowers the risk of preterm birth, closes the disparity gap in preterm birth between black and white women, increases breastfeeding rates, and improves both visit adherence and patient satisfaction. Additionally, Centering tackles provider burnout as providers report higher satisfaction and better connection with their patients in Centering groups.

The Centering model is most commonly applied to prenatal and well-child care, but we anticipate similar positive outcomes when the model is applied to other group visit types. The Centering model utilizes a facilitative process that incorporates health assessment, interactive learning, and community building to help support positive health behaviors and drive better health outcomes. Over 600 sites across the United States have implemented the Centering model and with this opportunity, Centering Healthcare Institute (CHI) has a goal to add over 1,000 new sites over the next five years.

**CHI Expansion Plan**

CHI seeks to rapidly scale the Centering model in the communities where group care can have the greatest impact. To this aim, CHI is offering implementation support and facilitation training to 50 clinical sites per year in underserved areas, eliminating the financial barrier to practices in resource-limited communities. Via this RFA process, selected sites will be provided implementation support and facilitation training from CHI's expert consultants and practice services team who will guide the sites through implementation and to site accreditation.

The goals of this expansion are to increase patient access to Centering care and increase our reach from 70,000 to 300,000+ patients per year.

Awardees are expected to begin groups in the first year of implementation and have sufficient patient volume to start at least one new group each month. If your practice cannot meet these minimum patient numbers from your pool of patients identified for Centering, please carefully re-consider applying. In low-volume practices, Centering will need to be operationalized as the standard of care from day one in order to sustain the transition group care.

Please note that this is NOT A MONETARY AWARD, but the awarding of in-kind services.

### **Expected Health Outcomes Improvement**

In over 100 published studies and peer-reviewed articles, Centering demonstrates improved outcomes, including a 33% - 47% decreased risk of preterm birth, better attendance at prenatal and post-partum visits, greater readiness for birth and infant care, higher breastfeeding rates and improved satisfaction scores. In several key studies, Centering had an even more profound effect on outcomes for black women and narrowed or eliminated the health disparity in preterm birth between blacks and whites. The evidence suggests that Centering has a combined effect of stress reduction, education and empowerment that brings about this impressive effect.

CHI expects the outcomes at the select sites to demonstrate a similar profound impact on health outcomes and equity:

- CenteringParenting®: Increased safe sleep practices; extended breastfeeding; increased rates of current immunizations; more developmental screenings conducted; more access to oral health services; more moms with healthy BMI; more screenings for intimate partner violence & postpartum depression
- CenteringPregnancy®: Preterm birth at least 1/3 lower than local baselines; reduction of black/white preterm birth disparity, breastfeeding initiation rates improved by at least 10% vs. baseline
- CenteringHealthcare® is a framework that provides structure and resources to apply the Centering methodology to any patient population appropriate for group care, goals will vary based on the patient population and local baselines. Additional patient population and health condition groups will be identified through the proposal evaluation process.

### **Total Implementation Support and Facilitation Training Award**

- CHI will provide implementation support and customized services, a “[Centering Implementation Plan \(CIP\)](#),” with a market value of \$21,000 - \$54,000 which may include:
  - Implementation support from a dedicated CHI team
  - Electronic project management support to lead your Steering Committee through the planning phase

- On-site Kickoff Day with your CHI consultant, including a Grand Rounds presentation
- Basic Facilitation training at a local, two-day workshop
- Site Accreditation for quality assurance (to be achieved within 18 months of award)

Selected sites will be responsible for maintaining a current Centering license (currently \$1000/year) and creating a sustainability budget.

### **Requirements to Apply for Implementation Support and Facilitation Training Award**

The applicant organizations must:

- Be providing clinical care primarily to an underserved population as indicated by a majority Medicaid / SCHIP / uninsured *or* minority non-Hispanic white patient population
- Specifically, be providing prenatal or pediatric primary care that will transition to CenteringPregnancy and/or CenteringParenting
- Have adequate patient volume for group care, e.g. 150 newborn patients per year per location for CenteringParenting, or 200 new prenatal patients per year for CenteringPregnancy
- Have adequate patient scale, defined as 30-40% of eligible patients, e.g. you have 150 newborn patients per year and commit to seeing at least 60 infants per year in Centering
- Have a group room identified that is appropriate for Centering (if the room is not dedicated, Centering will have priority use)
- Develop a Centering Steering Committee with active leadership and front line staff engagement (e.g. C-Suite, Medical Director, Clinic Manager, Provider lead for each type of group care proposed, Diversity Officer or Community Relations representative)
- Be willing to host a two-full-day Basic Facilitation workshop so that all staff participating in Centering (billing providers *and* support staff) may be trained together
- Utilize the CenteringCounts online data system for group management and outcome reporting (will require a Business Associate Agreement with CHI)

Sites already offering CenteringPregnancy or CenteringParenting that would like to expand to other patient populations are welcome to apply.

### **Additional Considerations**

Favorable (but not required) site characteristics that will be considered when evaluating the proposals:

- Located in one of our two initial regions of focus: Midwest (OH, KY, IN, MI, IL, WI, MN) or South Central (MS, LA, AR, TX, OK, NM)
- FQHC or lookalike
- Teaching practice with potential for resident/student integration
- Research capability
- Integrated health system with the ability and interest to influence payment structure

## Evaluation and Monitoring

Sites will be required use the CenteringCounts online data system for reporting on process and outcome measures. A Business Associate Agreement (BAA) is required to access the system. Your organization may sign our template or CHI will review and sign yours.

## How to Apply

Step 1: Connect with your CHI regional representative for assistance submitting a [Readiness Assessment](#). If you are unsure who your representative is, please [contact us](#) to be connected.

Step 2: Based on the results of the Readiness Assessment, you may be eligible to apply for an Implementation Award. You will receive a Readiness Assessment number (RA-#.#####) to enter into the application.

Applications are comprised of five components:

1. [Application Narrative](#)
  2. [Sustainability Budget](#)
  3. Commitment to the conditions of the project [Memorandum of Understanding \(MOU\)](#)
  4. Letter of Support from practice leadership indicating a commitment to an on-going budget for Centering, scale-up to sustainable patient volume over time, release time for Centering coordination and data entry and buy-in from the C-Suite and front-line staff
  5. Commitment to use the [CenteringCounts](#) online data system which will require a [Business Associate Agreement](#) (BAA)
- Applications can only be submitted online
  - No hard copies will be accepted
  - We urge you to write and save your narrative answers offline in Word or another program first. Once final, paste content into the narrative online to avoid losing all of your work if your browser crashes during submission.

## Contact Information

CHI will answer questions regarding the application process in the [CenteringConnects online community](#). To post a question, you must first register and log in. You do not need to register to view questions or responses.

### **Timetable for Proposals:**

Applications will be reviewed on a rolling basis throughout 2021 until all slots have been awarded. You can expect to hear back within four months of applying. Prior to award announcement, organizations being considered will be contacted to schedule a conference call for the Steering Committee and CHI Practice Services staff.

### **About Centering Healthcare Institute**

CHI is improving health, transforming care and disrupting inequitable systems through the Centering group model. With over two decades of experience as the go-to resource for group healthcare, it has developed and sustained the Centering model in over 600 practice sites and within some of the largest health systems in the world. The combination of health assessment, interactive activities and community building allows learning from the provider and from one another. Working with many dedicated individuals and organizations, CHI is building a future where group healthcare becomes the standard of care.