



July 24, 2020

Dee Budgewater
Deputy Executive Commissioner
Health, Developmental & Independence Services
Texas Health and Human Services Commission
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78751

Via email to HDISPublicComments@hhsc.state.tx.us

Re: [Texas' Postpartum Depression Strategic Plan Draft](#)

On behalf of the Centering Healthcare Institute (CHI), thank you for the opportunity to submit comments on Texas Health and Human Services' (HHS) Postpartum Depression Strategic Plan Draft. The direction from the legislature under House Bill 253 and HHS' efforts to address postpartum depression are to be commended. CHI is respectfully sharing our thoughts on the Draft, as well as relevant successes seen within Centering groups.

[About CHI and The Centering Models](#)

CHI is a non-profit organization that works closely with healthcare providers from all sectors to change healthcare, especially regarding improving outcomes related to mothers, babies, and families. With over two decades of experience as the go-to resource for group care, we've developed and sustained the Centering model in nearly 600 practice sites and in some of the largest health systems in the world. In Texas, CenteringPregnancy is accessed in 32 locations and CenteringParenting in 11 locations across the state through Federally Qualified Health Centers (FQHCs), hospitals, birth centers, private practices. The Texas Centering community includes Harris Health System, JPS Health Network and U.S. Army medical facilities (across three bases). In order to provide the Centering model, clinical providers and staff attend intensive,

credentialed training to gain skills in facilitation and transition care delivery to a whole person, relationship-centered approach and gain skills in group facilitation.

Centering is a healthcare delivery system transformation rather than a patient intervention. CHI works with providers to support transformation through:

- Implementation support for system change
- Training and certification in group facilitation and group care
- Site accreditation for model fidelity and quality assurance
- Practice management and support tools including CenteringCounts™ data collection and reporting
- Curriculum materials and supplies that support providers and patients

CenteringPregnancy is a mature and well-studied group prenatal care model that a robust body of evidence demonstrates lowers the risk of preterm birth, closes the disparity gap in preterm birth between Black and White women, and improves both visit attendance and patient satisfaction. Participants report readiness for birth and infant care, higher breastfeeding rates and greater confidence. In CenteringPregnancy, facilitators lead a cohort of eight to ten women of similar gestational age through a curriculum of ten 90- to 120-minute interactive group discussion sessions that cover medical and non-medical aspects of pregnancy, including nutrition, stress management, breastfeeding, and infant care. Centering facilitators are trained to elevate the lived experience alongside clinical guidance in order to promote patient activation. *In Texas, 94.7 percent of CenteringPregnancy mothers receive a baseline mental health screen and 86.5 percent attend the postpartum visit.*

CenteringPregnancy visits replace individual prenatal appointments and are reimbursable healthcare visits. CenteringPregnancy has a slightly higher reimbursement rate under the Texas Group Clinical Visits for Pregnancy Benefit (TMPPM 9.2.57.3.1).

Our **CenteringParenting** model builds on the value that CenteringPregnancy brings to mothers and babies through individual well-child health assessments, immunizations, and developmental screenings, as well as group education and opportunities for strengthening families beyond the fourth trimester. The model aligns with the immunization schedule through the 24 month visit. The format and extended length of the group well-child visit allows for screening and monitoring of maternal well-being. There is more time to observe parent - child interactions and coping in CenteringParenting than in individual visits. In addition to traditional health and safety topics, groups explore a variety of important social-emotional concepts including attachment, serve & return interactions, stress management, mindfulness, relationships, family planning, community resources and positive parenting. Peer support and the relationships that develop through shared experiences reinforce parental efficacy and provide a foundation from which parents can better

navigate the challenges of raising healthy families. *In Texas, we see promising trends for maternal health screening, with 91.2 percent of Centering moms screened at their child’s 2-4 month visit, 83.5 percent at the 4-6 month visit, and 88.7% screen at the 6-9 month visit.*

Texas’ Postpartum Depression Strategic Plan Draft

CHI is aligned with the stakeholder recommendations of “enhancing screening and appropriate referral, increasing public awareness about identifying and seeking treatment for perinatal depression, and championing integrated models that combine physical and behavioral health services for women and families¹.”

We appreciate that the draft Postpartum Depression Strategic Plan calls attention to CenteringPregnancy and group prenatal care under strategies for peer support services. In addition to the peer support that is foundational to the Centering model of care, the following components contribute to the social-emotional wellbeing of mothers:

- Relationship-centered care, where small groups of expectant or new mothers can come together and experience reciprocal influence and form strong social connections in the context of their communities
- Time to identify and address needs in a holistic way, with dedicated group time to explore non-medical aspects of pregnancy and postpartum topics with peers and trained facilitators
- Enhanced community competency, where facilitators learn more about the communities in which participants live and raise their children, promoting greater understanding of cultural norms and the needs of different communities
- Empowerment and respect for participants’ experience by creating a participatory atmosphere in the group
- Enabling collaborative, team-based care through integration of a nurse practitioner, certified nurse-midwife, physician, behavioral health and community health worker facilitators. In the two-hour visit there is an ability to layer interventions, making possible a warm handoff for further care and connection to community-based resources.

In addition to the strategy (#3) to increase women’s access to peer support, **CHI recommends that CenteringPregnancy be identified as supportive to the strategies (#1) to increase provider awareness and (#4) to raise public awareness and destigmatize PPD.**

¹ <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/health-services-providers/womens-health-services/hb-253-depression-strategic-plan-draft.pdf>

CHI is pleased that the Draft states that HHSC staff are working to increase access to group prenatal care. The plan to move information on Medicaid coverage for group prenatal care into the obstetrics policy represents a great first step to ensuring that providers can easily obtain information on coverage and we are hopeful that awareness efforts surrounding these changes will be educational and repetitive. However, in order to increase access and incentivize adoption of the model, additional efforts must be made.

CHI recommends that HHS take the following steps to increase access to group prenatal care under the Texas Group Clinical Visits for Pregnancy Benefit:

- **Study the structures, rates and returns on investment in other states that have implemented or are piloting enhanced reimbursement for CenteringPregnancy and/or group prenatal care**
- **Adjust or pilot adjustments to the reimbursement rates based the findings**
- **Expand the providers eligible to bill under the benefit to include Federally Qualified Health Centers, Rural Health Clinics and other facility-based providers**

CenteringParenting offers similar peer support, enhanced clinical support and education, as well as routine mental health screening through the infant's first year. As detailed above, this model of well-child care also uniquely builds in education, conversation and destigmatization around topics that support the health and well-being of the mother and family.

Given the aforementioned mental health screening rates of CenteringParenting mothers, as well as the unique opportunities the model allows to support mothers through routine well-child visit, **CHI recommends that CenteringParenting be identified under the strategies to (#1) to increase provider awareness, (#3) increase women's access to peer support, and (#4) raise public awareness and destigmatize PPD. CHI also recommends that HHSC pilot a Medicaid benefit for group well-child care that is accessible to the full-spectrum of well-child care providers and reimbursed at an enhanced rate.**

CHI also believes that a strategic plan which seeks to address postpartum depression over the next five years should recognize the realities and shifts in the healthcare system due to the coronavirus pandemic. Women are already physically and emotionally vulnerable during pregnancy and early parenting, and stressful life events, financial insecurity and limited social support are risk factors for postpartum depression. All of these are heightened during the pandemic and the healthcare system is having to pivot to telehealth to ensure that vulnerable patients are not further isolated and endangered. Many Centering clinical partners around Texas and throughout the nation are continuing groups through telehealth to ensure that high-risk patients are not unnecessarily exposed to the virus and because they know that pregnant women

and young families need connection now more than ever. **CHI recommends that telehealth be covered and reimbursed across payers and provider types, including for well-child visits prior to age two.**

Although it impacts all patient populations, like many poor health outcomes in the United States, PPD disproportionately impacts Black and Indigenous mothers as well as those on Medicaid. Through a comprehensive strategy to address postpartum depression and other investments in health equity and delivery system reforms, Texas can lead the nation in changing the trajectory of outcomes for all of our mothers and families. Centering Healthcare Institute is a willing partner in this fight. Please do let us know how we can support your efforts on this and other initiatives to support mothers and families.

Sincerely,

A handwritten signature in black ink that reads "Atusdale". The signature is written in a cursive, flowing style with a prominent initial 'A'.

Angie Truesdale
Chief Executive Officer