

Making the Case for Centering



OUR MISSION

To improve health, transform care and disrupt inequitable systems through the Centering group model

HEALTHCARE PAIN POINTS THAT CENTERING CAN HELP SOLVE

Black patients are at higher risk for preterm birth and NICU admission.

A 2020 retrospective cohort study found that Black patients in CenteringPregnancy® groups experienced, on average, babies being born **one week later and having fewer NICU admittances** compared to Black patients receiving traditional care.

A separate randomized control trial in 2022 found that participation in group prenatal care was associated with lower rates of preterm birth and low birth weight in Black participants.

Appropriate utilization of prenatal care services reduces the burden on the healthcare system.

In South Carolina, group prenatal care was associated with a **-5.9% reduction in ER utilization**.

Medical complications during pregnancy increase the risk of poor health outcomes.

A 2021 study found that people who experience common medical complications during pregnancy and participate in five or more pregnancy group care sessions have a **lower risk of preterm births**.

Patient satisfaction is crucial to a successful medical practice.

TRICARE—the healthcare program of the United States Department of Defense Military Health System—found that **most Centering patients had good experiences and would recommend the program to others**.

BILLABLE PROVIDER HOURS*

CenteringPregnancy **improves patient engagement and satisfaction**.

Traditional Prenatal Care

63 Full-time equivalent

Two Full CenteringPregnancy Groups

40 Full-time equivalent

*Data reflects 24 patients seen in each scenario.

BILLABLE PROVIDER HOURS*

*All total payments reflect the price for ten sessions



Ohio

Federally qualified health center: Yes

- 99078 requires EM (99211-99213) on the same day with TH modifier
- 99078 - Payment per patient, per session \$45 (\$450 per patient, total)*



Maryland

Federally qualified health center: No

- Starting in January 2024, it is a requirement for your site to be accredited or pending accreditation for reimbursement
- 99078 - Payment per patient, per session \$50 (\$500 per patient, total)*



Texas

Federally qualified health center: No

- 99078 requires EM (99211-99215) on the same day with TH modifier
- 00-78 - Payment per patient, per session \$42.47 (\$424.70 per patient, total)*



South Carolina

Federally qualified health center: No

- 99078 - Payment per patient, per session \$30 (\$300 per patient, total)*



New Jersey

Federally qualified health center: No

- 99078 TH modifier
- 99078- Payment per patient, per session \$7 (\$70 per patient, total)*



Scan the QR code to learn more about payment models in your state.

TESTIMONIALS

"It is a very **dynamic model** and I think that it has changed people, it has changed the clinicians, it's changed moms. It has provided a glimpse into a whole different way of providing care."

Sharon Rising
MSN, CNM, FACNM (Founder)

"The path to group care is a reminder to our care team, and to you, that sometimes **any action is better than planned perfection**. Implementing a new program can feel daunting, but we have to center ourselves as providers and recognize that, at times, living outside of our comfort zone may be the way we best support our patients."

Castellan CM, Casola AR, Weinstein LC

"I love how Centering is for the dad as well, teaching them parenthood giving them understanding and involvement. We talk about so much, family dynamics, communication, also the personal relationships that we build here. Makes you more comfortable, makes you more confident, when you are confident you are at least able to have enough courage in yourself to resolve an issue."

Anonymous Centering patient