

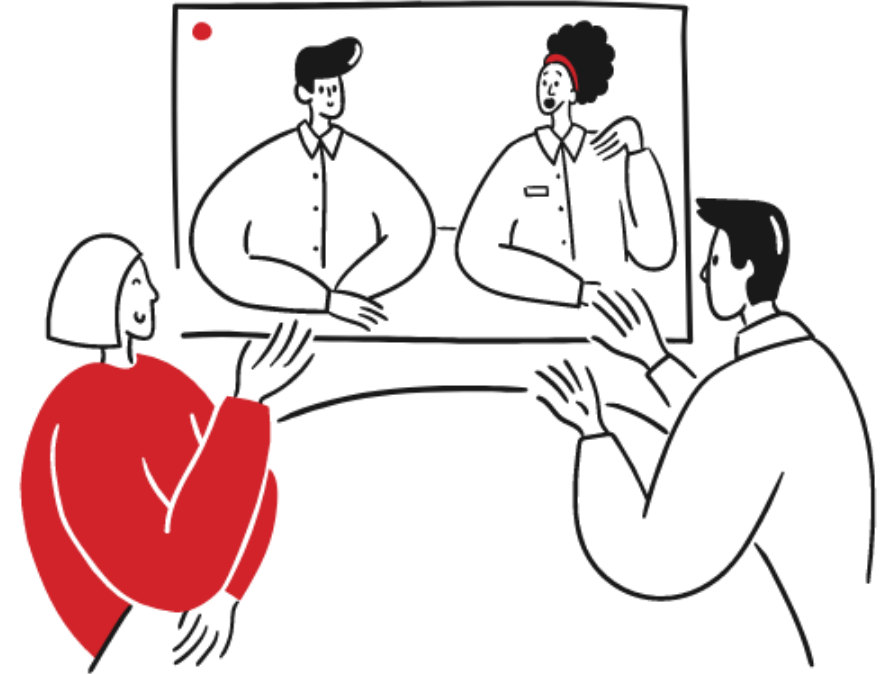


# Clinical Innovations for Maternal Care

June 27th, 2025  
12 PM – 12:45 PM

# Housekeeping

- Welcome!
- Let's get to know each other - Take a moment to introduce yourself in the chat!
- **Please change your name to your full First and Last Name**
- **Please add your Health Center/Organization Name next to your name!**
- Please drop all questions in the chat.
- Recordings and Slides will be made available after the webinar.

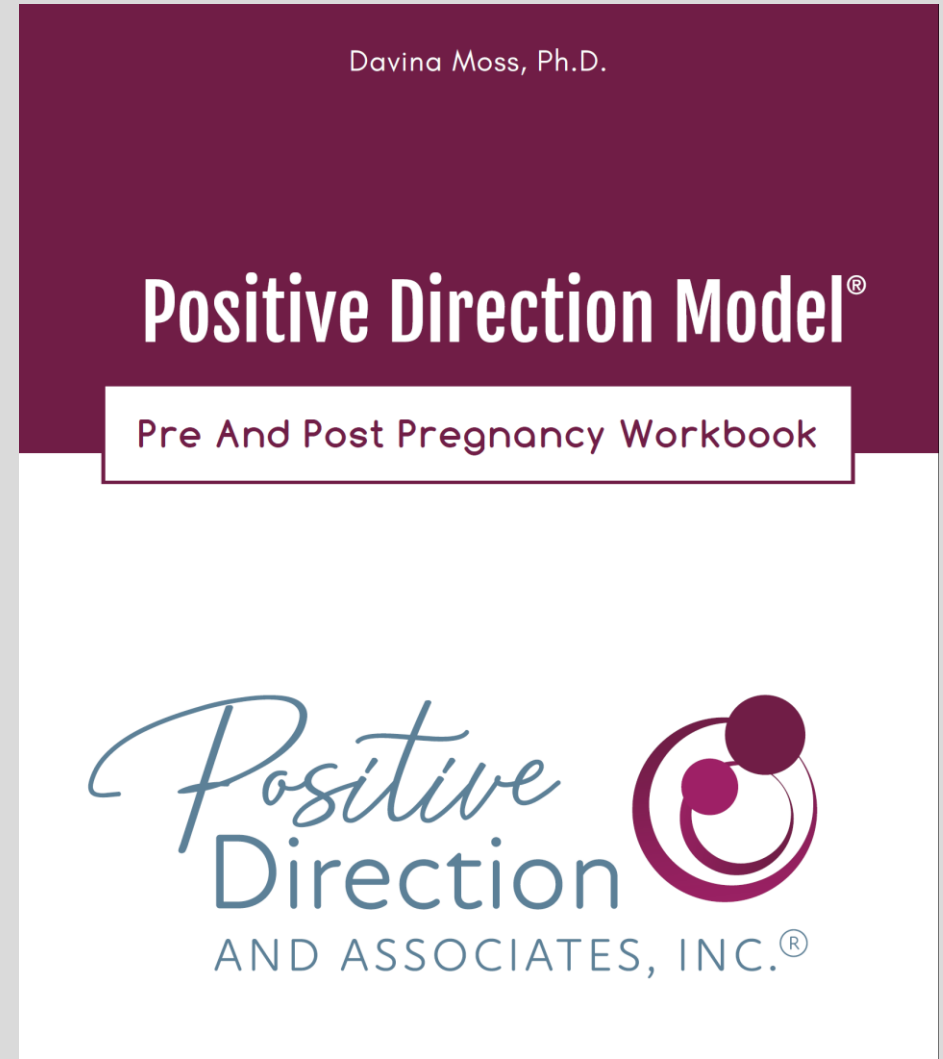


# THEORETICAL FRAMEWORK POSITIVE DIRECTION MODEL® MATERNAL HEALTH

Dr. Davina Moss, Ph.D, CASAC-M, CRC



# CREATING THE POSITIVE DIRECTION MODEL®



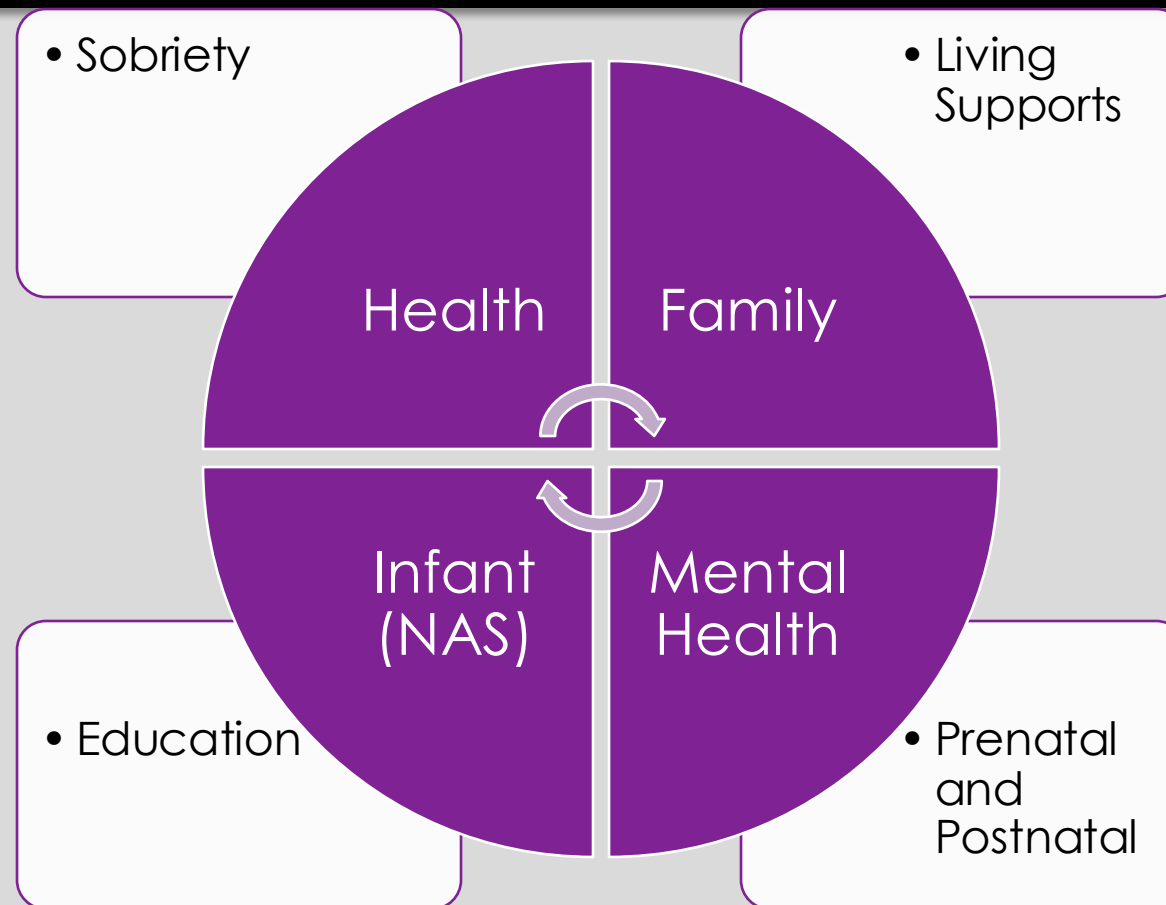


# PURPOSE OF THE POSITIVE DIRECTION MODEL®

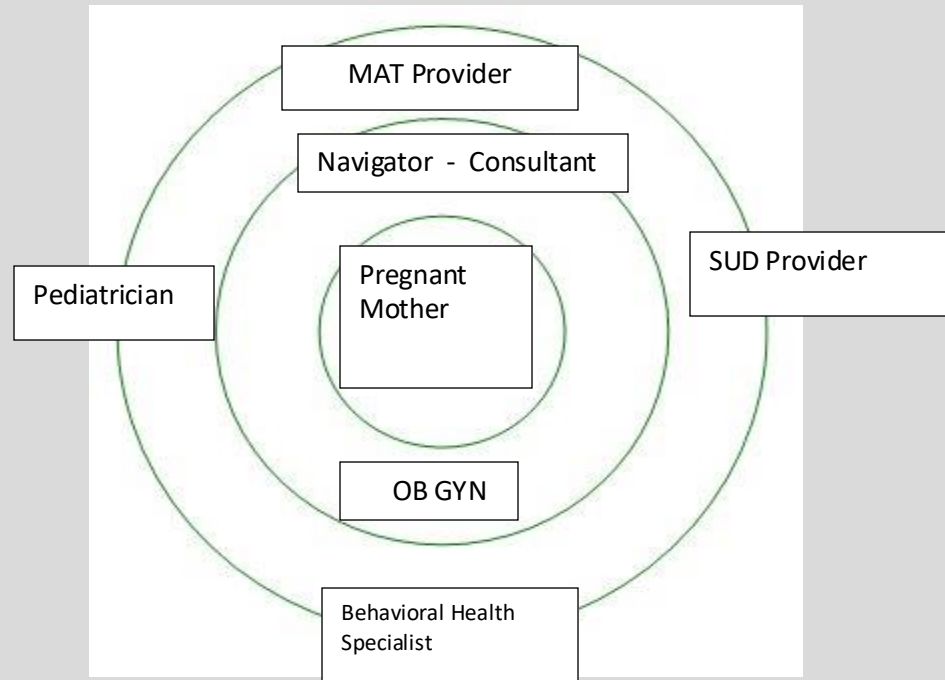
Person  
Centered

Goal  
Directed

# THE NAVIGATOR'S CONCERNS



# POSITIVE DIRECTION MODEL®



**Moss-King, 2017. The Positive Direction Model: Opioid Use & Pregnancy.**



# THE POSITIVE DIRECTION MODEL® PRINCIPLES

- Education
- Healthcare
- Emotion Regulation
- Self – Efficacy

Moss, D., Busch, D. (2025). Part I : Enhancing Breastfeeding Experience and Self-Efficacy in Opioid Dependent Breastfeeding Mothers: Insights from the PeriWell Intervention <http://dx.doi.org/10.1891/CL-2024-0011>





# EDUCATION: SESSIONS 1-4

- Neonatal Abstinence Syndrome
- Neonatal Opioid Withdrawal Syndrome
- Language
- Tri-Core Breastfeeding Model©
- Medication Assisted Treatment (MAT)



# HEALTHCARE: SESSIONS 5-8

- Valuing the prenatal visits
- Valuing the provider relationship – Developing Trust
- Understanding nutrition for mother and infant
- Identifying a pediatrician and a primary care physician



# EMOTION REGULATION: SESSION 9 & 10

- Identifying emotions related to pregnancy and addressing fears
- Creating and writing goals to self-monitor behaviors
- Identifying emotional response to grief and loss related to substance use disorder
- Self-evaluation of emotional experiences(past / and or current)



# SELF-EFFICACY: SESSION 11 & 12

- Enhancing self-confidence
- Activating mothers to make necessary changes / decisions for the overall health of the mother – baby dyad
- Developing a Plan of Safe Care to be implemented



# IMPLEMENTATION OF THE POSITIVE DIRECTION MODEL®

- 2014
- OBGYN Practices in Erie County
- Outpatient Clinics in Erie County and Genesee County
- UConnectCare
- Rochester Regional Health
- Forward Leading Innovative Solutions (FLIPA Organizations) Finger Lakes Region
- Federally Qualified Health Centers (Erie County and Finger Lakes)
- Saving the Michaels of the World (Erie County and Niagara County)
- WellPoint Insurance
- Western New York Integrative Care Collaborative



# THE POSITIVE DIRECTION MODEL® GRANT INVOLVEMENT FOR IMPLEMENTATION

- HRSA Grants (UConnectCare) 2021-2026
- HRSA Grant (Erie County) 2017-2019
- Health Foundation of Western and Central New York (Collaboration with Johns Hopkins University) Publication – Clinical Lactation Journal (2025)
- Tower Foundation (Collaboration with Catholic Health)
- Opioid Settlement Funds of Erie County



# OUTCOMES

- 90 births
- 5 NICU stay of 6 days or more
- University at Buffalo's Jacob School of Medicine are conducting an Evaluation on the effectiveness of the Positive Direction Model from the view of mothers.





# REFERRAL PROCESS

- Providers
- Self-Referrals
- Previous patient referral
- Outpatient SUD Clinics
- Inpatient Referrals
- Referrals via the website: <http://www.pdawny.com>



THANK you

Dr. Davina Moss

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A woman with long, dark dreadlocks, some of which are dyed red and blue, is smiling and holding a baby. She is wearing a light pink, long-sleeved top. The baby is wearing an orange shirt and a blue pacifier. The background is a soft, out-of-focus landscape with a blue sky and green ground. The overall tone is warm and nurturing.

Centering<sup>®</sup>  
Healthcare  
Institute

30 years of changing lives with culturally responsive pregnancy care

# Agenda

- Overview of Centering
- Evidence
- Policy and Payment
- Centering Perspective





# What is Centering?

Centering leverages facilitated, group-based medical appointments and care focused on health assessments, interactive learning and community building.

CHI offers three Centering Programs:

## CenteringPregnancy®

Group care for prenatal patients

## CenteringParenting®

Family-based group care for parents and babies

## CenteringHealthcare®

Group care for patients with shared health experiences



# Core Components of Centering



## Health Assessment

Patients have one-to-one assessment time with their provider during each visit and learn to take their own vital signs which allows them to participate in their own care.



## Interactive Learning

Engaging activities and facilitated discussions help patients become more informed and confident in making healthy choices for themselves and their families.



## Community Building

Patients find comfort in knowing they are not alone. Group visits lessen feelings of social isolation and stress while building friendships, community, and lasting support systems.

**Arrival**

**Vitals**

**Assessm  
ent**

## **Facilitation Team**

1 Billing Provider  
1 Medical Assistant

**Closing**

**Circle Up**

**Circle Up**

**Socializin  
g**



# CenteringPregnancy®

CHI's primary expansion focus over the next three years is facilitated, group-based prenatal care which consists of:

- A group visit of 8-12 birthing people due around the same time
- Participants of different ages and backgrounds
- Visits that are 90-120 minutes, giving pregnant people 10x more time with their provider
- One-on-one time with the provider for a belly and baby check
- Assessment training for participants to learn how to record some of their own health data
- Facilitated “circle-up” discussions and activities
- Centering curriculum and materials that include everything from nutrition, common discomforts, stress management, labor and delivery, breastfeeding and infant care are covered
- Lasting community friendships





# The Evidence of Centering

# Evidence Based Findings

A multi-site randomized control study of 1,047 women found a **33% reduction in risk of preterm births in Centering patients** compared to those receiving only individualized prenatal care. The reduction among African Americans was even higher at 41%.

-33%



-47%

A retrospective cohort study compared 316 women in Centering to 3,767 in traditional care and found a **47% reduction in risk of preterm birth** in Centering patients compared to those receiving only individualized care.

# Preterm Birth (PTB) Risk Reduction

Preterm births before 37 weeks gestation:



# Centering® Results in Medicaid Savings with Better Outcomes



**36%**  
REDUCTION IN  
RISK OF  
PRETERM  
BIRTH



**44%**  
REDUCTION  
IN RISK OF  
LOW BIRTH  
WEIGHT



**28%**  
REDUCTION  
IN RISK OF  
NICU STAY

**25 PATIENTS** in Centering eliminates one preterm birth

FIRST YEAR SAVINGS  
OF  
**\$22,667**

**22 PATIENTS** in Centering eliminates one low birth weight baby

FIRST YEAR SAVINGS  
OF  
**\$29,627**

**30 PATIENTS** in Centering eliminates one NICU visit

FIRST YEAR SAVINGS  
OF  
**\$27,250**



**ACOG**

The American College of  
Obstetricians and Gynecologists

# ACOG Endorses Group Prenatal Care



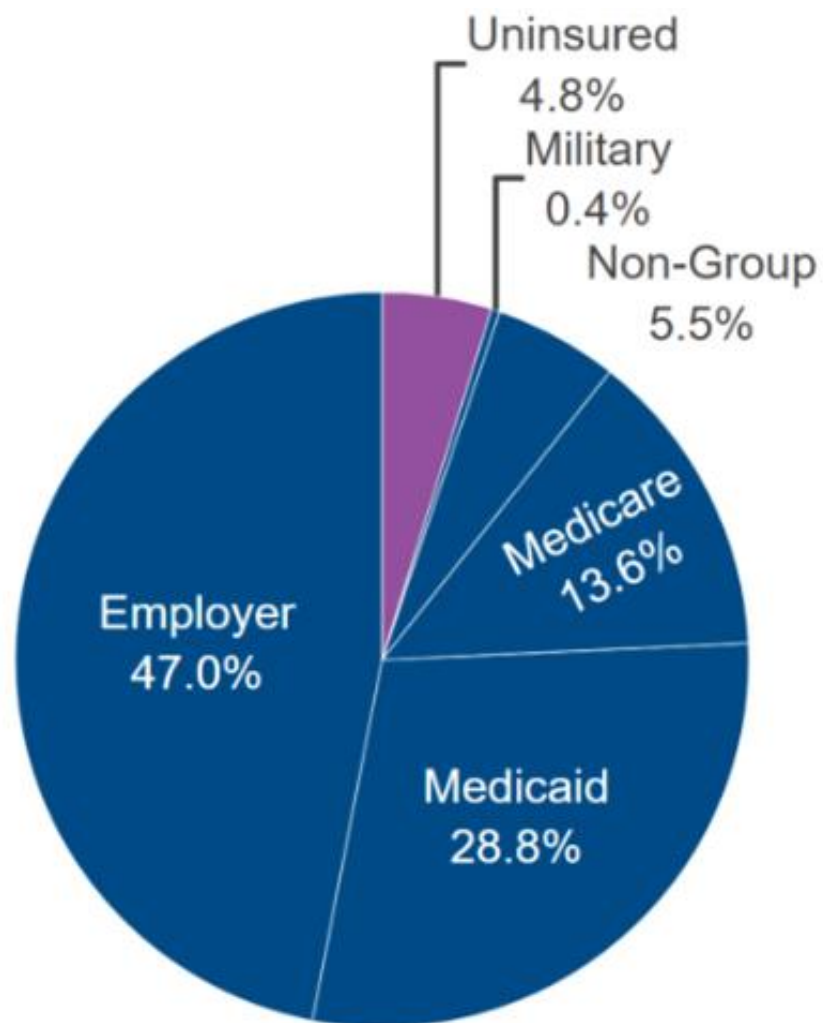
# Policy & Payment

Increasing Access to  
CenteringPregnancy for  
Birthing Individuals

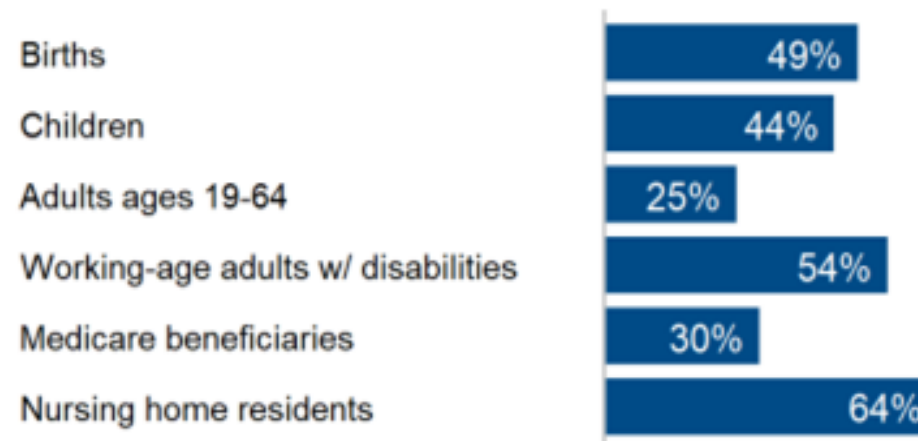




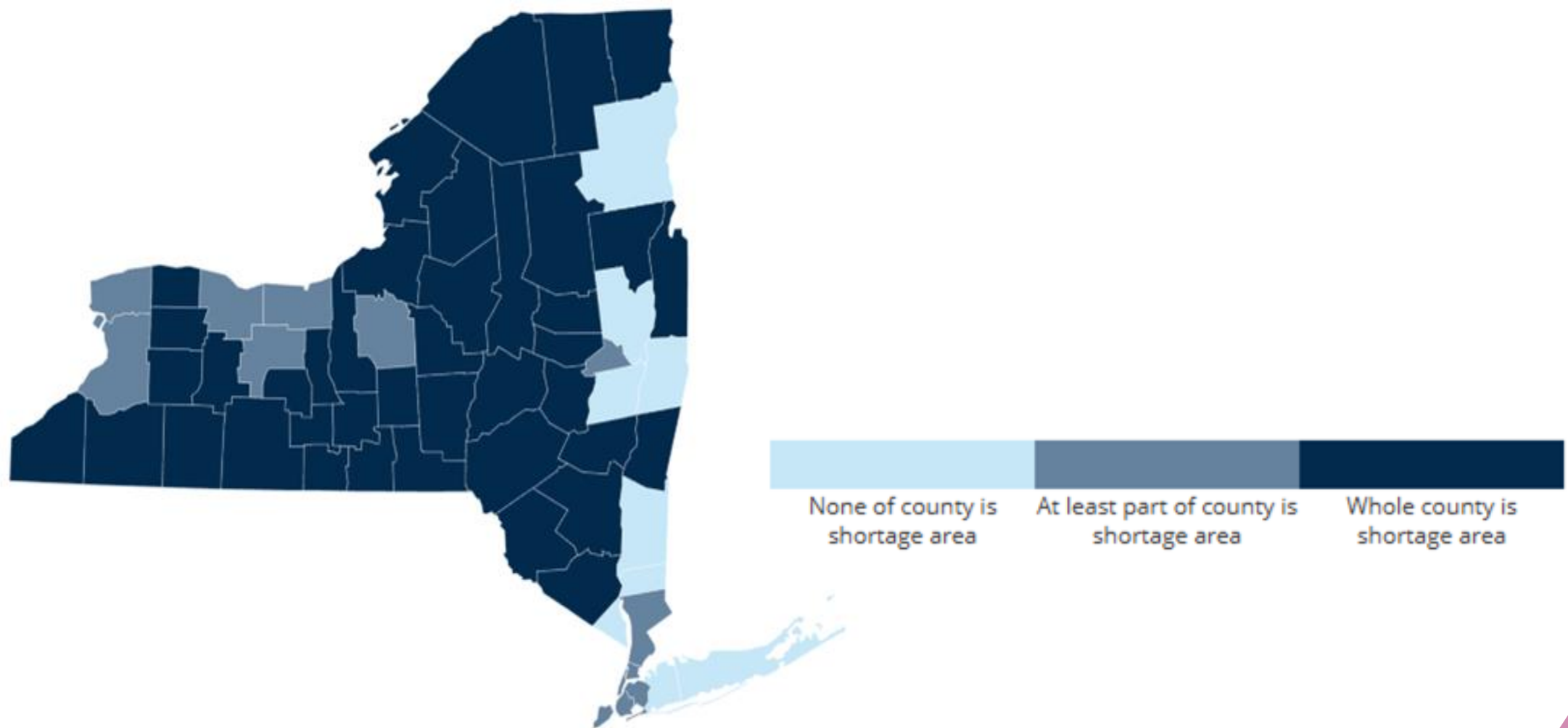
# Health Insurance Coverage in NY



## In New York, Medicaid covers...



# Health Professional Shortage Areas



# Billing & Policy Pathway

- Grants or discretionary funding to pilot or scale up group prenatal care programs, enhanced Medicaid reimbursement rates, and APMs
- Changes to legislation, submission of SPA, waiver request to CMS
- Recognize group prenatal care as an effective strategy and list CenteringPregnancy as a resource



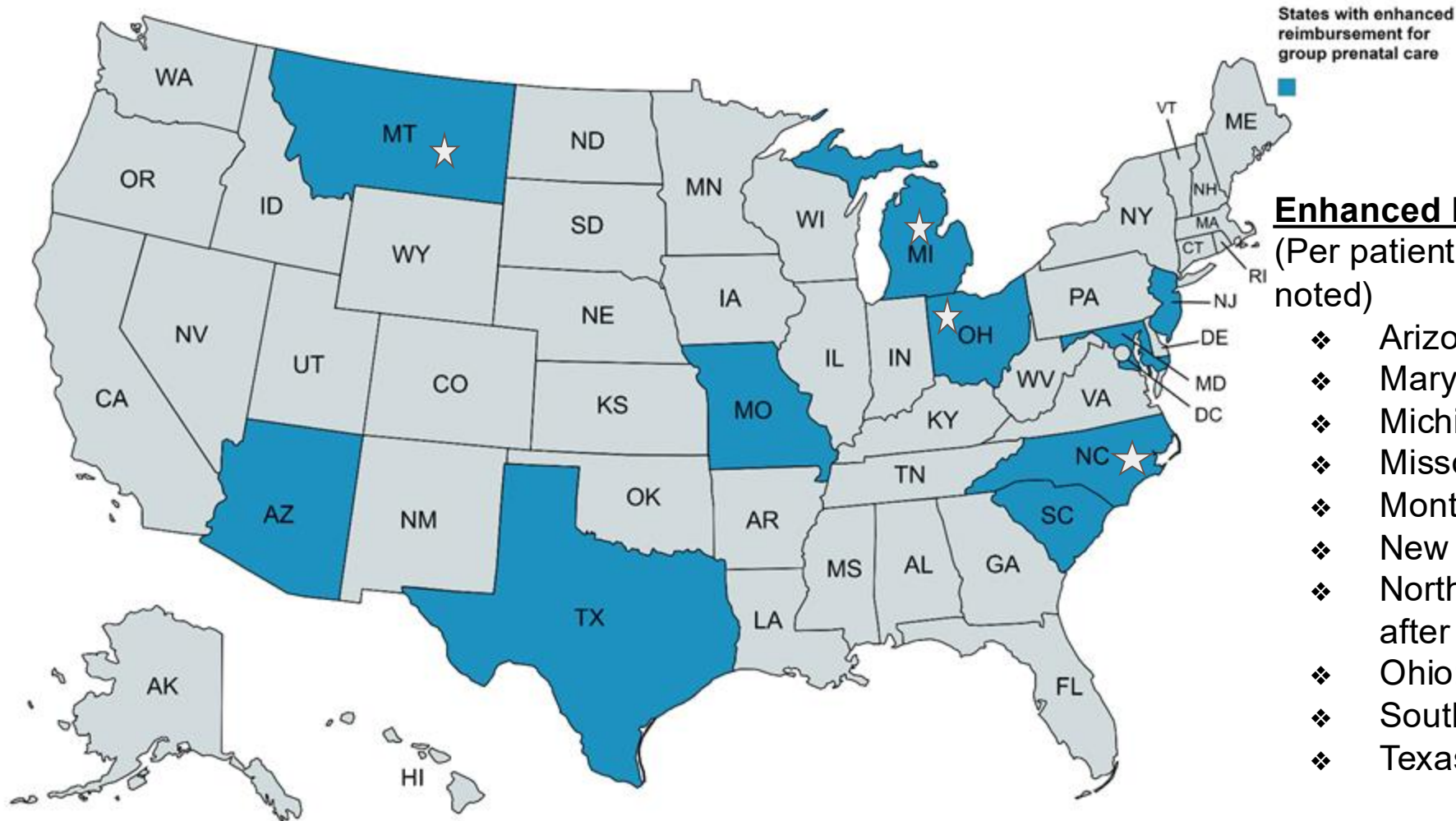
## Administrative Pathway

- Typically faster and more flexible
- Focused on adjustments within existing laws and regulations
- Driven by government agencies and executive branch actions
- Suitable for program adjustments, waivers, and regulatory changes

## Legislative Pathway

- Involves formal lawmaking, with the potential for more comprehensive and permanent policy changes
- Requires passing a bill through state legislatures or Congress
- Can be more time-consuming but results in broad, binding policies
- Requires extensive advocacy and political support

# Sustaining CenteringPregnancy



## Enhanced Reimbursement Rates (Per patient per visit unless otherwise noted)

- ❖ Arizona: \$45
- ❖ Maryland: \$50
- ❖ Michigan: \$45
- ❖ Missouri: \$40
- ❖ Montana: \$30
- ❖ New Jersey: \$7
- ❖ North Carolina: \$250 on or after the fifth visit (one-time)
- ❖ Ohio: \$45
- ❖ South Carolina: \$30
- ❖ Texas: \$42.47

# Centering in New York

- 27 sites
- CenteringPregnancy: 26
- CenteringParenting: 1





# Policy Recommendations

- \$45 per patient per session
- \$250 provider retention payment
- This creates a \$700 per patient per pregnancy enhanced maternity bundle
- *99078: Physician education services in a group. We recommend using the modifier -TH.\**
- Inclusion of FQHCs



# Centering Perspective













# Contact Information

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**Medical Associates**

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# Thank You!

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[centeringhealthcare.org](https://centeringhealthcare.org)

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Mentimeter when returning to the  
main session!**

Find the survey link in the chat and again at the close  
of the webinar.

Completing your survey helps us to provide relevant  
and helpful information. Thank you in advance!



**Please take  
some time to  
answer our  
Mentimeter:**



**Code: 1275 1958**





A faint, light pink outline of a heart is centered in the background of the slide.

# Thank you!

COMMUNITY  
HEALTH CARE  
ASSOCIATION  
of New York State

[chcanys.org](http://chcanys.org)