Feasibility and Implementation Study of Group Prenatal Care in an FQHC and Residency Training Site

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BACKGROUND

Group Prenatal Care (Centering®) improves birth outcomes, including preterm birth rates and patient satisfaction with care. This model may also have advantages for organizations and providers, including increased productivity and decreased stress and burnout. Many barriers, including low volume prenatal patients, language heterogeneity, residency curriculum requirements, or limited maternity care providers, may impede implementation of this model. Recognizing the possible benefits of this model to both patients and our organization, a clinical quality improvement (CQI) team made up of three physicians, two nurses, and an evaluation specialist, under the supervision of the organization's medical director, planned and implemented group prenatal care in our FQHC.

OBJECTIVE

This study evaluates the feasibility, implementation and outcomes of Centering in a Federally-Qualified Health Center (FQHC) in the urban Northeast, where the challenges described above are present.

METHODS

Design: Design was two-pronged: 1) we did a prospective comparative case study of those enrolled in Centering versus those in individual prenatal care to track patient outcomes; and 2) a process evaluation focusing on effectiveness of the CQI team and impact of group care on our health center.

Methods: Using an opt-out model, groups started approximately every 8 weeks. Patients were recruited to groups based on language and due date. Routine elements of prenatal care were documented in our medical record. Data collection methods for other outcomes were developed and adjusted as needed during the implementation period.

Process evaluation focused on organizational behaviors and outcomes including CQI meeting effectiveness and the implementation of the group prenatal care program, including policies and procedures related to both group care and traditional care. System-wide change process and performance improvement evaluation tools were implemented, such as plan-do-check-act cycles for quality assurance and performance improvement and tracking procedures for monitoring prenatal and postpartum patients.

Setting: An FQHC in Allentown, PA, serving a majority of uninsured and undocumented patients. It is a residency continuity site for a large community health network family medicine department.

Patients: Low risk prenatal patients, mostly Spanish-speaking, with a minority speaking English, Arabic or east African languages. Group enrollment was determined by patient factors including preferred language, scheduling conflicts, transportation and childcare.

Outcomes Measures: Outcomes of care, appointment attendance, patient evaluations, and quality metrics were collected based on the FQHC's priorities and Centering's evaluation guide. For the process evaluation, we tracked CQI team meeting frequency and attendance, implementation of policies and procedures, and fidelity to group care model.

RESULTS

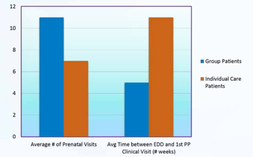
- Demographics of Group Patients Recruited:
  - n=20, 17 of whom have given birth and finished program to date.

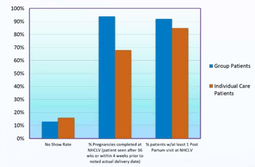
Age at Intake (yrs)

Insurance Type

 # Pregnancy

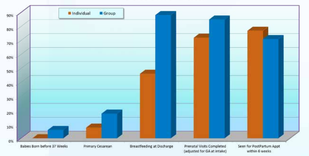
- Demographics of Group (n=20) vs Individual Patients (n=24)



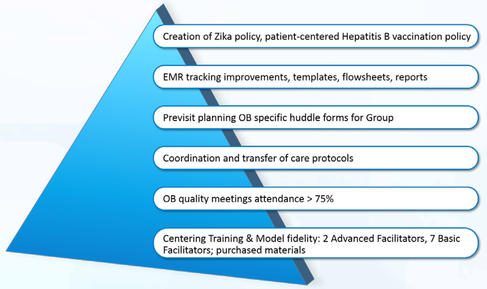


- Outcomes for Women Completing Group:
  - n=17 for Group patients
  - n=13 for patients seen in individual appointments with EDDs during same time period as Group patients

Outcome Data



Organizational Outcomes:



DISCUSSION

- Organizational behaviors which supported successful implementation of Group Prenatal Care include;
  - engaging clinical leaders with previous group care model experience to actively manage implementation and on-going monitoring
  - dedicating weekly team work time
  - getting staff certified in the group care model through off-site training
  - purchasing validated group care model patient and facilitator materials, (Centering®)
  - committing a full 90 minute group session of patient care to the group care model, regardless of the size of the group
- Successes found included increased access, receiving of care and continuity of care with retention in practice. Additionally, this care model has increased satisfaction voiced by all team members, facilitators, staff and patients in our clinic. As best expressed by a group model patient: "Other women should do it. The program is very good and you learn a lot of new things."

CONCLUSIONS

Through experienced clinician engagement, organizational leadership investment and use of validated tools, group care model has been successfully implemented in our Northeast urban FQHC serving a primarily un- and under-insured Latino population. Due to our specific setting, low volume and only having sufficient numbers to offer Spanish speaking groups, our limitations include selection bias and limited generalizability. Our low volume also does not support statistically significant analysis of our data. We hope to expand our studies on our group model to look at impact on promoting healthy weight gain during pregnancy, improved breastfeeding rates and the possibility of expanding group model to well child care.

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