



Denver Center for Birth & Wellness

Implementing a Group Care Model

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Identities

- Black, American Descendent of Slavery
- Cisgender, Heterosexual Woman
- Mom
- Advocate



Identities

- White/Native American Tribal Member
- Cisgender, Heterosexual Woman
- Mom
- Holistic Health Consumer & Entrepreneur

Learning Objectives

- Participants will learn current research that supports the group model as a model of prenatal care that promotes optimal outcomes.
- Participants will learn administrative tips and challenges to the implementation of the group model of care.
- Participants will learn how to intentionally infuse mental health supports into the group model of care.

Why are you here?

What are you hoping to learn in this session?



Agenda

- Why group care?
- Is Group Care for your Birth Center?
- How do I infuse mental health supports?
- What are key Covid considerations?





Why Group Care?

- Empower birthing persons to make healthy choices
 - Education
 - Support
- Reduction in preterm birth
- Reduction in morbidity
- Reduction in late term Emergency visits
- More likely to initiate breastfeeding
- More likely to access family planning services

Why Group Care?

- Individuals of Color
 - Health Disparities
 - Black Maternal Health Crisis
 - Racial stress and trauma
- Individuals in Poverty
 - Less likely to seek prenatal care
 - Higher depressive/anxiety symptoms
 - Higher rates of preterm birth and low birth rate



Why Group Care?



- Mitigates risk for POC and Individuals in poverty
 - Implicit bias in practitioners
 - Mistrust of medical systems
- Promotes choice and empowerment
- Includes birth partners/family
- Fosters sense of community

Why Group Care?

- Our Findings (Results from DCBW evaluation data)
 - Birthing Persons due January 2020-August 2020
 - Covid—19 Modifications in March





Why Group Care?

“I love you guys!! Thank you so much for such a beautiful experience! Although baby has other plans and I didn't get my water birth, I still had the most relaxing and comfortable births of all 4 of my deliveries! I truly appreciate all you guys have done and continue to do for expecting mothers!”

”Love them! Thank you so much!”

“The teacher (Catey) was very educated and she did an amazing job at making every question we had welcomed. I feel like the group sessions are very important and informative especially for first time moms.”

“I was apprehensive about them at first because I thought it would be weird to be in a group but I ended up loving it! I think the only thing I would change is scheduling the private appointment in advance of the group meeting so you know exactly what time your appointment will be for planning purposes.”

“COVID kinda got in the way of being able to practice any hands-on things, but I think that'd be really helpful.”

Why Group Care?

Three best things

“Friends, Fun, The amazing providers.”

“The community, support, & education.”

“Good information for the last few weeks of pregnancy and delivery, fun to hear about others situations and backgrounds, good to learn about/refresh on the birth center protocols, best practices, etc. for labor and delivery to give confidence.”

“Connecting with other parents, Connecting with the providers, Open discussion and questions”

“I enjoy the community approach, learning from others in addition to the care providers, connection with others in the same situation”





Is Group Care for your Birth Center?

- Primary Considerations
 - Spectrum of needs
 - Program of visits
 - Provider time calculations
 - Billing/Financial implications
 - Management of scheduling and tracks
 - Content and Delivery

Is Group Care for your Birth Center?

- Spectrum of needs
 - Population considerations
 - Demographic needs
- Boutique model vs. Hybrid model



Is Group Care for your Birth Center?

Program

- ACOG, WHO and in-between
- Emphasis on visits that are heavy in repetitive education
- Group Size
- Consideration of Clinic Time





Is Group Care for your Birth Center?

- Billing and Financial Considerations
 - Consider when you will maintain individual portions of visits and bill those according to the services provided using appropriate E&M codes
 - Document both group and individual portions of visits
 - Explore possibility of billing incrementally for the group portion: 98960, 98961, 98962, 99078, modifier -TH, + appropriate Zcode (Z34-)
 - Variations by state and insurer - opportunity to negotiate into new contracts

Example: Provider Time Calculation Comparison

Sample Schedule of visits (client time)	Original Schedule (hrs)	Hybrid/Individual Visit	Group Education Visits:
NOB	1.00	1.00	
12-16 Week	1.00	0.25	1.00
18-20 Week (Anatomy@MFM)			
22-26 Week	0.75	0.25	1.00
28-32 Week (GD Screen)	0.75	0.50	
32-34 Week	0.50		1.00
36 Week (AFI, BPP)	1.00	0.50	1.00
37 Week	0.50		
38 Week	0.50	0.50	
39 Week	0.50		
40 Week	0.50	0.50	
41 Week (NST Offered)	0.75	0.75	
PP48	1.50	1.50	
PP 2 Week	0.75	0.25	1.00
PP 6 Week	1.00	1.00	
Totals:	11.00	7.00	5.00

Which Visits Make Sense?

Womb is Full:

Healing Womb:

Baby Blues vs. Depression

Symptoms of Special
Circumstances

Groups

Birth Control

Infant Massage Practice

Birth Story Sharing

Two week appointment



Calculate your Clinic Time

Clinic Time Per Pregnancy

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Instruction Key:

Enter your data in the green cells
Results appear in the purple cells

Practice Variables:

Average Clients(Births) Per Month:	Average Months of care:	Avg clients under care:
17	8	136

Monthly Clinic Estimate

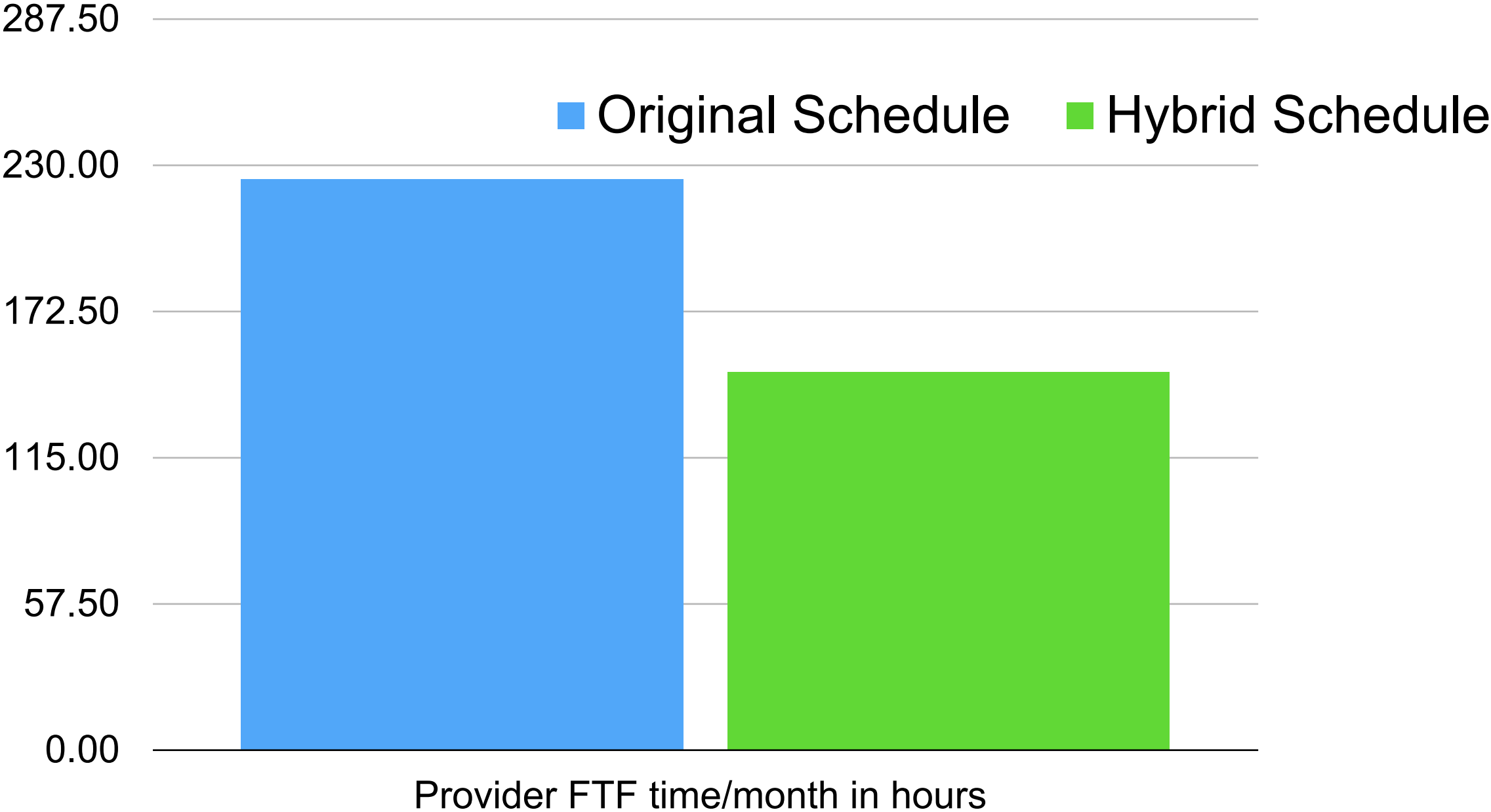
Provider F2F Time:	Original Schedule	Hybrid Schedule
Avg Hours per month individual visits:	187.00	119.00
Average Hours per month in Groups:	0	5.00
Provider Admin Time	37.40	24.80
Total FTF Time/Month:	224.40	148.80



**Calculate your
Time**

<http://bit.ly/GroupCareTool>

Example: Provider Time Calculation Comparison



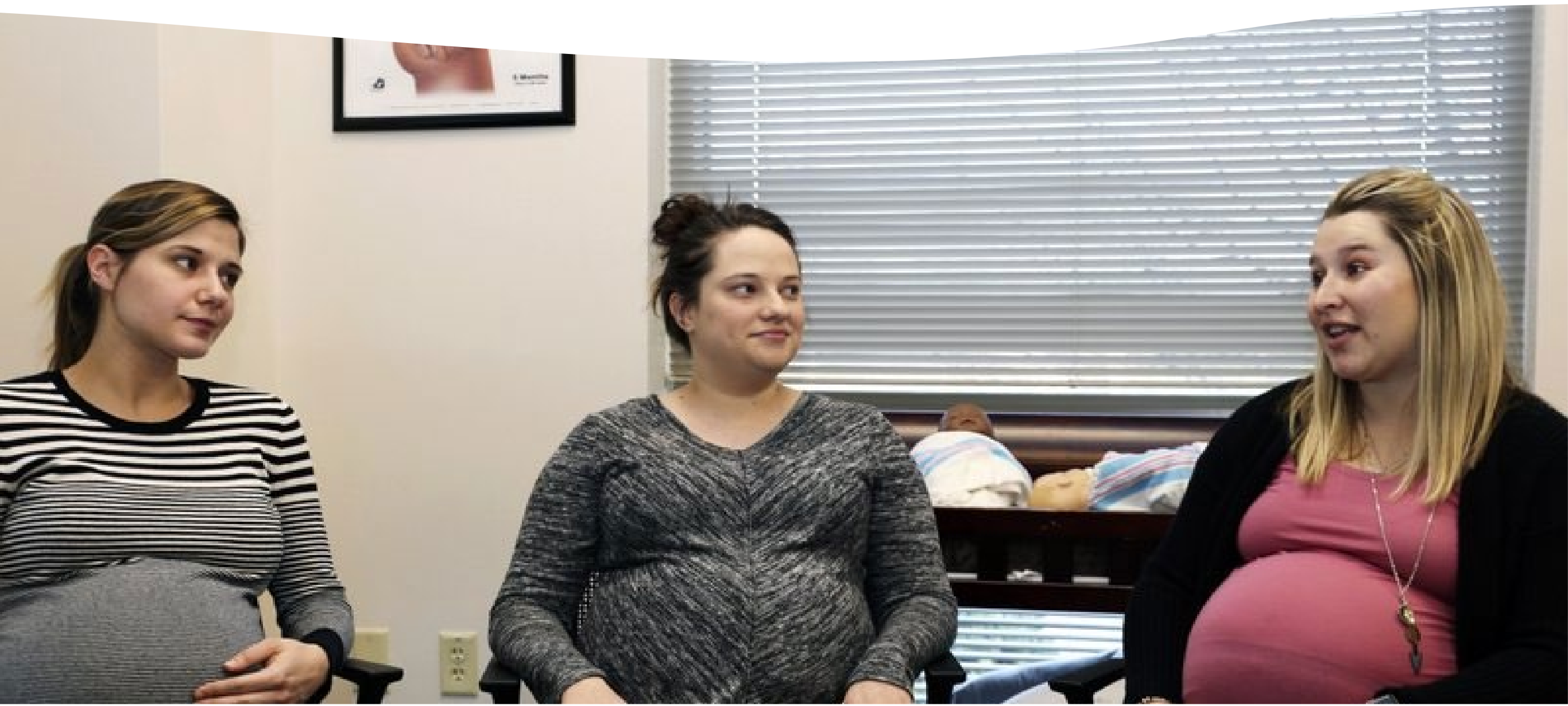


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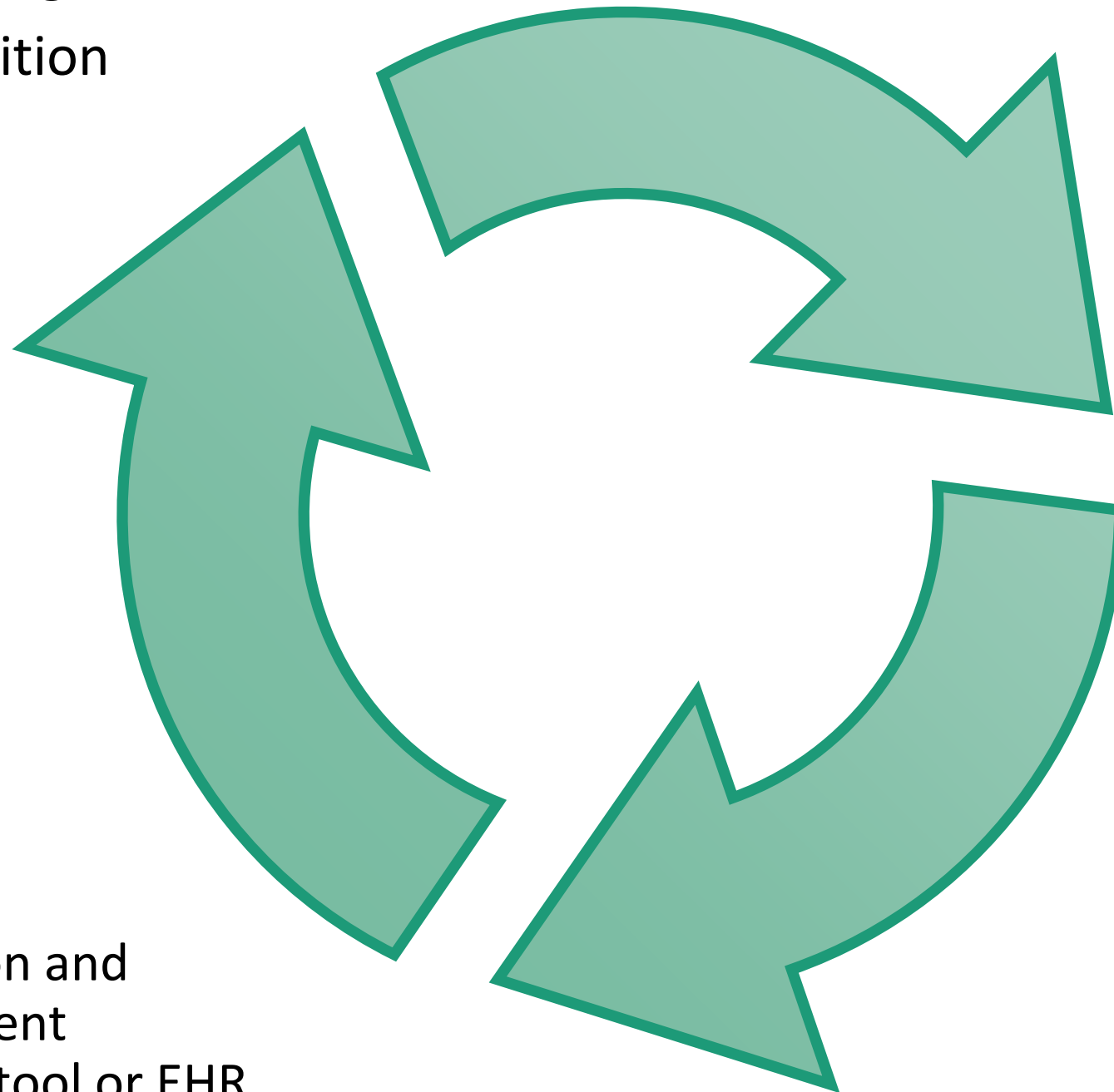
Is Group Care for your Birth Center?

- Scheduling and Client Management
 - Creating a calendar for groups well in advance
- Administrative time includes
 - Monitoring individual client due dates and determining group fit
 - Accommodating individual needs/requests outside of the group schedule



NOB Scheduling Process

1) Email/Landing Page Communication
with Value Proposition



2) Client response to
call-to-action:
scheduling link for
individual belly check

3) Confirmation and
addition to Client
Management tool or EHR

How do I infuse mental health supports?

- Screening and Assessment
 - Universal screening practices
 - Maternal mental health history
- Identify interventions
 - Trauma-informed/Healing-centered curriculum
 - Include information in standard curriculum
- Cultural Humility
 - Competence suggests we can become competent
 - Constantly engage in self-reflection and self-critique as lifelong learners





What are key Covid-19 Considerations?

- Your local restrictions
- Socially distanced options
 - Outside
 - Zoom
 - Who can attend?
- PPE

Questions?



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Special thank you to:

Monet Nicole Birthing Stories

<https://www.monetnicole.com/birth-photos>