



Preliminary Results from the First Year of Centering Parenting Groups

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BACKGROUND

Centering Parenting is a model of well-child care in a group setting. Benefits include:

- Improved outcomes for children & parents
- Increased anticipatory guidance
- Increased satisfaction
- Greater educational benefits for resident with volume of longitudinal visits



Group visits started in 2014

QI activities include:

- Following these groups & looking at outcomes
- Figuring out implementation in a residency clinic



OBJECTIVES

- To compare patient outcomes vs standard care
- To assess patient & provider satisfaction

METHODS

Study Design: Mixed methods

❖ **Retrospective cohort study: Outcomes**

Participants: N=30 Patients

Attendance: 5 groups; 1 Spanish-speaking group

M=2.7 groups; 36% attended ≥4 groups

Outcomes: Depression; Breast feeding; Tobacco cessation

❖ **Patient and Provider Satisfaction Surveys**

Patient: FHC patient experience

Providers: Experience created for project

IRB: QI Project

METHODS

❖ **Outcomes Data Collection**

Groups: Data was first pulled from our patients' charts.

Because of the small n and our familiarity with the patients, we noted that data as pulled was not always consistent within the charts. Chart audits were done to resolve discrepancies.

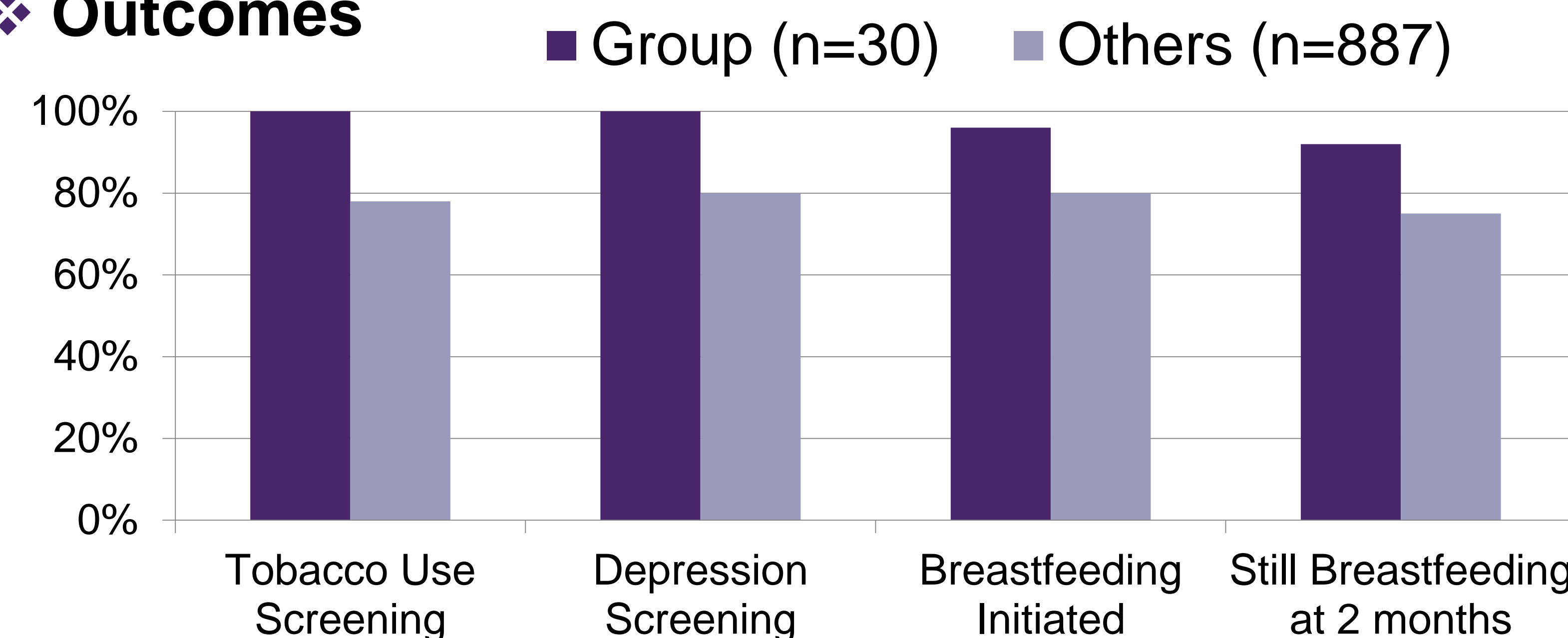
Standard Care: MAHEC uses a standard interconception care module within our EHR to track these outcomes in mothers of infants at all well child checks up to age 2.

❖ **Patient and Provider Satisfaction Surveys**

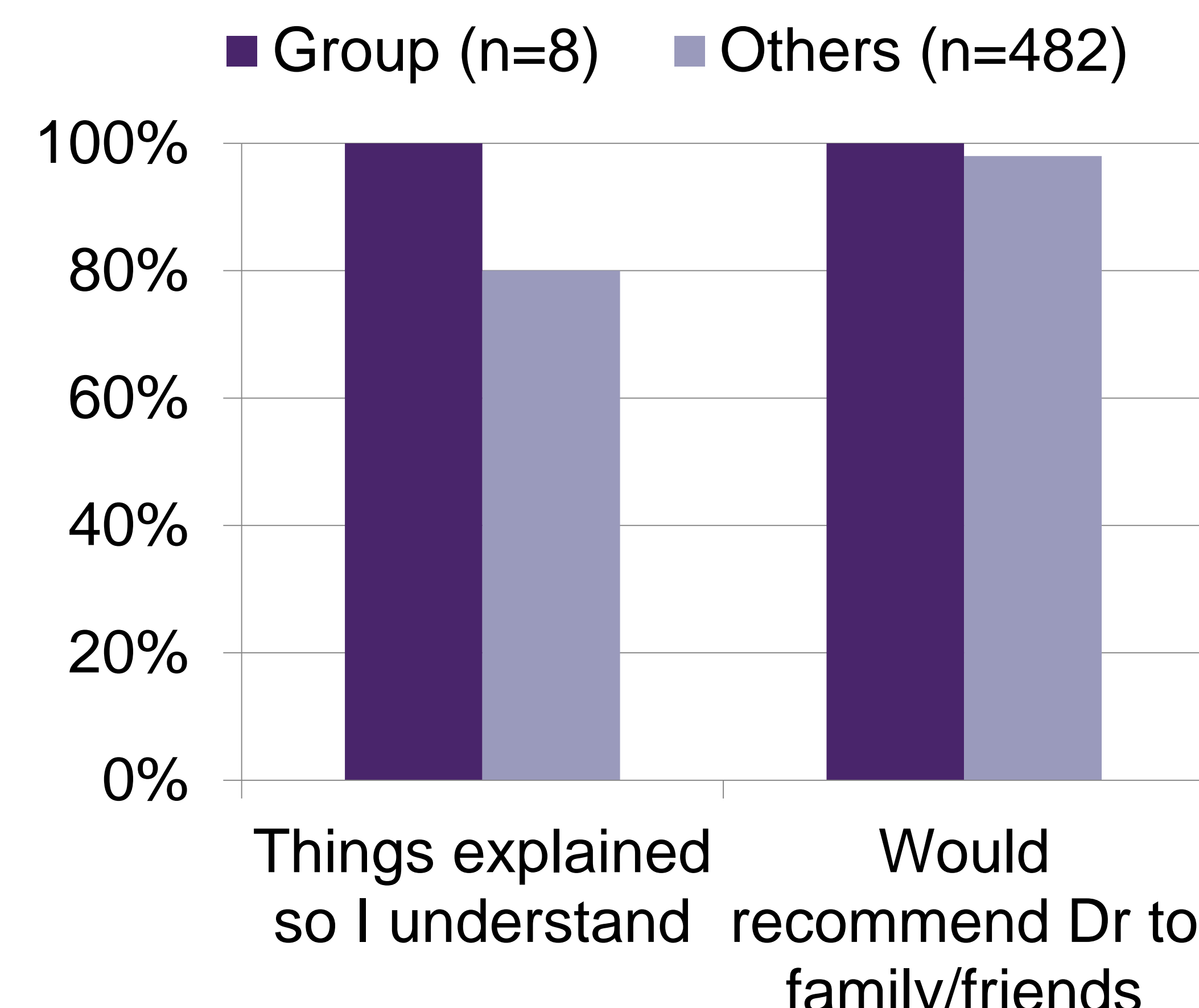
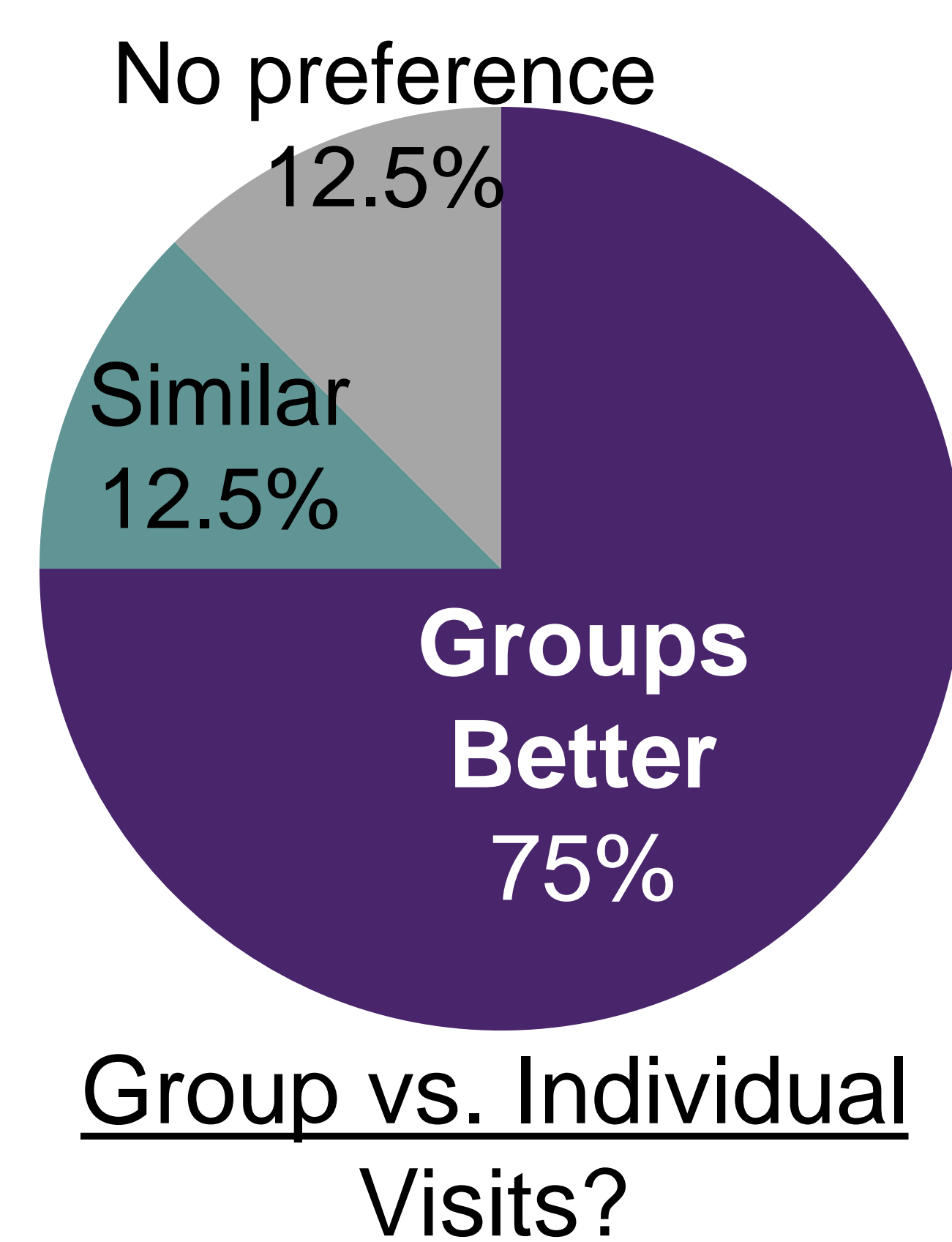
- Our clinic's standard patient satisfaction survey was given to parents during their regularly scheduled visit.
- An online provider survey was sent to all engaged in group visits, including faculty, residents, nursing & support staff.

RESULTS

❖ **Outcomes**



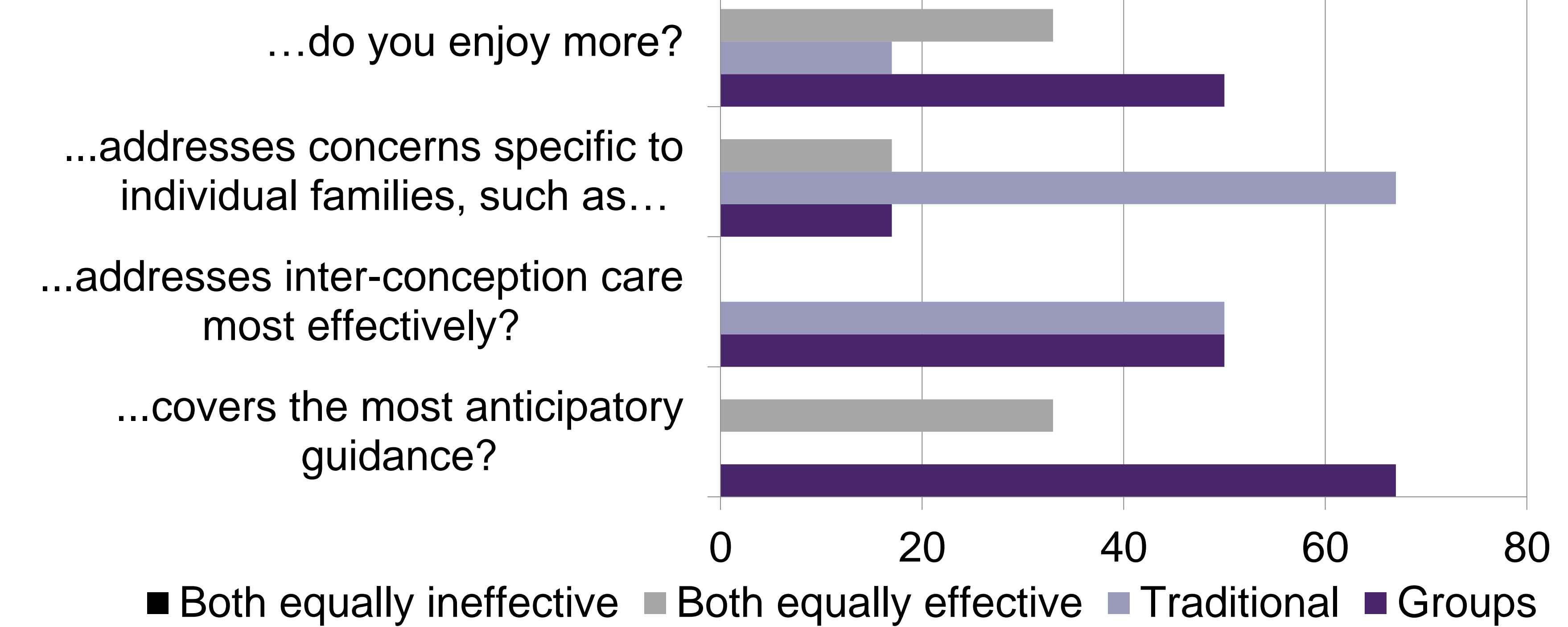
❖ **Patient Surveys**



RESULTS

❖ **Provider Surveys**

In your experience, which model...



DISCUSSION

- ❖ *Improved outcomes:* Better screening, more breastfeeding initiation and continuation
- ❖ *Increased satisfaction* with group visits for patients.
- ❖ *Providers enjoyed the group visit model*
- ❖ But, felt less able to address specific concerns.

Limitations: Small n; self-selected population that may not be comparable to population in usual care; lack of continuity among facilitators; limited, retrospective outcome data not directly comparable to standard visits.

Conclusions: We are encouraged by initial results of increased satisfaction of both providers & patients and of their improvements in health behaviors. However, there is much work to be done to create & implement a system-wide, sustainable model.



NEXT STEPS

- ❖ Consider opt-out model: high attrition rate, self-selected population, and small group sizes limit implementation
- ❖ MAHEC OB uses opt-out to good affect
- ❖ Resident scheduling: 2 residents per group, assigning new OBs in groups
- ❖ Continuity of facilitators & providers



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