

Centering Pregnancy in a Pandemic: A Hybrid Drive-Thru and Teleconferencing Model

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THE INNOVATION

Centering Pregnancy (CP, Centering® Healthcare Institute, Boston, MA) is a structured group prenatal care model. At the Waco Family Medicine Residency Program (WFMRP), a large number of patients are seen in CP groups, so we have developed and implemented a hybrid drive-thru and teleconferencing model to continue this service during the coronavirus (COVID-19) pandemic without sacrificing standard of care.

WHO & WHERE

The benefits of CP have been demonstrated in the literature.¹ The WFMRP is housed in the Heart of Texas Community Health Center in Waco, TX which is a federally qualified health center (FQHC). Therefore, our ability to continue providing CP for our patients, who are often high risk for obstetrical complications due to socioeconomic risk factors, is critical during the COVID-19 pandemic.

HOW

Under normal circumstances, CP is carried out in a typical group care fashion. Patients with estimated dates of delivery in the same month are grouped together and receive most of their anticipatory guidance and counseling in a group setting facilitated by medical staff such as physicians, nurses, or lactation consultants. The ideal group size is 8-10 patient participants, but our usual group size is 6-8 with 2-3 facilitators. CP sessions include individual health assessments followed by a facilitated group discussion. The health assessment involves obtaining vital signs

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along with a brief obstetrical assessment including fetal heart rate evaluation, fundal height measurement, and routine prenatal questions. After the health assessments, providers “lead facilitative discussion and interactive activities designed to address important and timely health topics while leaving room to discuss what is important to the group.”²

We developed a model to continue delivery of this vital service during the COVID-19 pandemic. This hybrid model mirrors the normal CP structure but is performed in two modified phases, which occur during the same day, to adhere to recommendations for social distancing. Not all patients are candidates for this model of care, and CP group facilitators determine appropriateness to participate based on obstetrical and medical risk factors.

First, we perform a drive-thru clinic in the morning to complete the health assessments for all CP patients scheduled for the given week. All assessments occur with the patient in their car, and providers use proper personal protective equipment at all times. Additionally, all patients are screened for possible COVID-19 related symptoms or exposures as is protocol at our institution. Patients who screen “positive” are then immediately directed to a same-site “COVID Evaluation Clinic” for further care. Nursing procedures, such as Tdap, RhoGAM[®], flu vaccine and administration of gestational diabetes screening, are carried out in the drive-thru clinic. If a patient does have an acute issue that needs addressed which is beyond the scope of the drive-thru clinic, the patient is scheduled for a one-on-one appointment that same morning with a designated prenatal care provider at the same site.

Second, the group facilitators use Zoom for Healthcare—a HIPPA compliant video platform from Zoom Video Communications, San Jose, CA—to conduct teleconference sessions

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in the afternoon to communicate with group members and provide a similar “group care experience” albeit remotely.

At the conclusion of the session, the facilitators complete all documentation in the electronic health record under a single billable encounter. Additional follow-up is conducted as needed via telephone or electronic medical record messaging. All the encounters are billed as face-to-face service given that required elements of a prenatal visit have been provided in person via the drive-thru clinic.

LEARNING

This hybrid model has allowed us to continue CP for vulnerable patients who are at high risk for peripartum morbidity. We have learned that this method of healthcare delivery is more intuitive than it seems at first glance, and, in fact, most patients appreciate the accommodations to provide prenatal care while maintaining good public health practices during the COVID-19 pandemic. One challenge that is limiting in our model would be patient internet availability for teleconferencing. However, in our limited experience and in our patient population, this has not been a common issue. Those patients without internet access are instead directed to traditional, one-on-one appointments in the clinic, but this has involved very few patients overall. Another limitation for future consideration is limitation of transportation for some patients. However, a majority of our patients have Medicaid, so patients could arrange for transportation with this service if needed.

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In conclusion, our experience with the hybrid model described herein has been positive. With the use of this modality for care, we have successfully found a way to continue essential prenatal services during the coronavirus pandemic.

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