



Chapa-De Indian Health

Who We Are

- Two sites
 - Auburn
 - Grass Valley
- 70 MAT patients total
- Serving American Indians, their families, and our rural communities
- eClinicalWorks (eCW)



We began to utilize the Centering Healthcare Model for groups in July and August 2019

- Dr. Alinea Stevens, our Medical Director initiated bringing the Centering Institute training to our health centers and the MAT teams
- Four team members participated in the 2-day Centering training
- Our Auburn MAT team did the first few groups and then Grass Valley
- Multiple workflows impacted: Front Desk, Medical Assistant, Provider and MAT team
- We used Centering Group Guidelines



Centering®

New MAT Refill/Stabilization Group Model

Centering for MAT Group Fundamentals

- What is different:
 - Earlier start- patients arrive and go directly to the group room.
 - Music up for patient confidentiality
 - Food and social time
 - Provider visit behind a folding screen – each visit about 3-7 minutes
 - Circling the chairs rather than sitting at a table
- What we kept from our earlier model:
 - Purple half sheet
 - Mindfulness & checking-in
 - Education & recovery tools



New Group Model



Things we changed:

- Room set-up with tables for writing and eating as group begins.
- Set-up includes a circle of chairs, and a place for private time for each patient with provider.
- Start time for group – patients can arrive and begin purple half-sheet, urine drug screens and vital signs anytime between 9:30 and 10:15 in GV and 9:30-10:00am in AUB.
- Patients go directly to the group room and do not have to wait in the lobby for all patients to be checked in.

What we have learned

- Our biggest surprise was:
 - Patients enjoy more socializing
- If we could go back and do one thing different:
 - Have all MAT team members attend the Centering training.
- Early wins or successes from the change:
 - Having provider in the room billing for each visit (sustainability). This set-up is not disruptive.
 - Patients do not have to wait to see the provider or other staff individually after the group. Patients and staff end group on time.



“ALONE, WE
CAN DO SO
LITTLE;
TOGETHER,
WE CAN DO
SO MUCH”

HELEN KELLER

What we have learned



- What got in your way?
 - The clinic workflow was slightly altered and the MA had to make some changes
- Where did things not go well?
 - The MA's flow changed and there was frustration
- What are we doing to mitigate the challenges?
 - We met with all parties involved, from check-in thru Medical Assistants, and worked out all the kinks

Q&A and Discussion Questions

1. Where can we learn more about the Centering Group Model?

Please see: <https://www.centeringhealthcare.org/what-we-do/centeringhealthcare>
(this is a proprietary model)

1. How does this model allow for both provider billing and for group cohesion?

