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
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
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.
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?