

Sept. 22, 2026

KPQC Learning Forum

Please enter your **name** and **hospital / agency** in the chat



Kansas Perinatal Quality Collaborative



Terrah Stroda,
CNM, MS, APRN
KPQC Co-Coordinator
tstroda@gmail.com



Kari Smith, MSN, RNC-OB, C-EFM
KPQC Co-Coordinator
kari.smith@kansaspqc.org

www.kansaspqc.kdhe.ks.gov



Fall Conference REGISTER TODAY!

KPQC VIRTUAL
FALL
Presentation



 **OCTOBER 27, 2026** |  **12:00–1:00 PM**

Due to **POPULAR DEMAND!**



**KOURTNEY BETTINGER,
MD, MPH, FAAP**

Dr. Bettinger is a general pediatrician and Associate Professor at the University of Kansas Medical Center who leads multiple state and international maternal and child health initiatives, particularly for immigrant, refugee and newborn populations.



**BRANDAN KENNEDY,
MD, FAAP, FABPM**

Dr. Kennedy is a Clinical Professor of Pediatrics at the University of Missouri–Kansas City, a pediatric hospitalist, and a clinical informatics specialist focused on improving patient safety through better electronic health record workflows.


Kansas Perinatal Quality Collaborative

**CLICK
HERE!**







Precipitous Birth

Equip your team with the skills to manage rapid, unplanned deliveries in the ER or non-obstetric settings. This session focuses on maintaining clinical confidence and patient safety when birth is imminent.



Hypertensive Disorders

Master the identification and management of hypertensive emergencies, including preeclampsia. Evidence-based protocols to reduce maternal risks associated with severe hypertension.



Shoulder Dystocia

Train in the essential maneuvers and coordinated team responses required to resolve this high-pressure obstetric emergency. The session emphasizes quick decision-making and physical techniques to ensure safe neonatal outcomes.



Early Pregnancy Loss

Navigate the clinical and emotional complexities of providing compassionate, evidence-based care during early pregnancy complications. This course focuses on stabilizing the patient while providing family-centered support.



Postpartum Hemorrhage

Practice high-impact, low-frequency interventions to rapidly stabilize patients experiencing obstetric hemorrhage. Learners will use hands-on task trainers to refine life-saving skills and team communication.



Topic of Your Choice

Collaborate with our expert team to design a customized, in situ simulation or didactic session addressing your facility's specific perinatal needs. We bridge our expertise with your local challenges to strengthen your community's system of care.



Cara Busenhart and Christy Evers

perinatalexcellence@gmail.com

816-560-3123 (cell)

"COLLABORATION, INNOVATION, AND HANDS-ON EDUCATION
TO IMPROVE QUALITY OF CARE IN KANSAS"

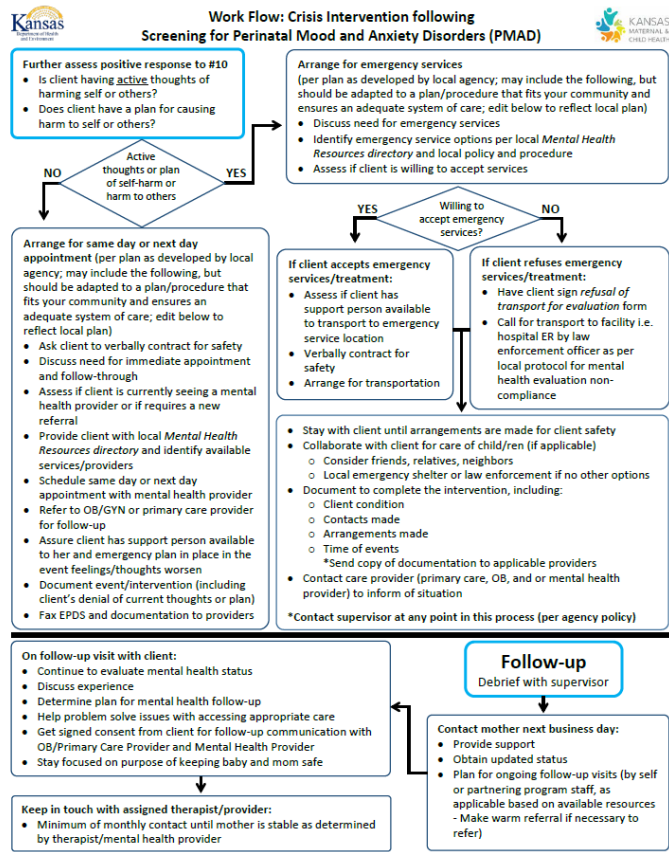
Data Collection Surveys

Watch your email Oct. 1st for the 3rd Quarter Data Survey.

*This is our **final** data collection for the
Severe Hypertension bundle.*



Rapid Response: Maternal Mental Health and SUD in Pregnancy



Action Plan for Depression and Anxiety Around Pregnancy

Having a baby brings a mix of emotions, including feeling sad and feeling overwhelmed. Many women experience deeper signs of depression and anxiety before and after birth. Be prepared. Watch for the signs.

If you...

- Feel like you just aren't yourself
- Have trouble managing your emotions
- Feel overwhelmed but are still able to care for yourself and your baby

You may be experiencing mood swings that happen to many pregnant women and new moms.

- These feelings typically go away after a couple of weeks.**
- Take special care of yourself. Get your partner to watch the baby, get a babysitter, or team up with another mom to share child care so that you can rest and exercise.
 - Continue to watch for the signs of depression and anxiety in the yellow and red sections below. If things get worse, find someone to talk to. Talk to a health care provider if you feel unsure.

If you...

- Have feelings of intense anxiety that hit with no warning
- Feel foggy and have difficulty completing tasks
- Feel "robotic," like you are just going through the motions
- Have little interest in things that you used to enjoy
- Feel very anxious around the baby and your other children
- Have scary, upsetting thoughts that don't go away
- Feel guilty and feel like you are failing at motherhood

You may be experiencing postpartum depression and anxiety.

- These feelings will not go away on their own.**
- Get help. Contact your health care provider or visit a clinic.
 - Call Postpartum Support International at 1-800-944-4PPD (4773) to speak to a volunteer who can provide support and resources in your area.
 - Talk to your partner, family, and friends about these feelings so they can help you.

If you...

- Feel hopeless and total despair
- Feel out of touch with reality (you may see or hear things that other people don't)
- Feel that you may hurt yourself or your baby

Get help now!

- Call 9-1-1 for immediate help.
- Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free and confidential emotional support—they talk about more than suicide.
- Call the Substance Abuse and Mental Health Services Administration's National Helpline at 1-800-662-HELP (4357) for 24-hour free and confidential mental health information, treatment, and recovery services referral in English and Spanish.

Depression and Anxiety Happen. Getting Help Matters.

To learn more, visit nichd.nih.gov/MaternalMentalHealth. To find a mental health provider in your area, call 1-800-662-HELP (4357).



Adapted for use by Kansas Maternal and Child Health programs by the Kansas Department of Health and Environment, Bureau of Family Health, with review, recommendations, and endorsement by the Maternal Depression Screening Workgroup. Credit is given to the Minnesota Department of Health for their work to create the Crisis Intervention Algorithm. www.health.state.mn.us/divs/childhealth/parents/content/document/pdf/crisisalg.pdf Revised 09/2018



Rapid Response: *Home BP Monitoring*

Accepted Manuscript online: 2026-02-18 Article published online: 2026-03-12



Thieme

American Journal of Perinatology

Original Article

HomeSafe: Postpartum Hypertensive Care Enabled by Electronic Health Record Digital Blood Pressure Capture and Population Health Management

Saba Berhie¹, Erin Harper¹, Tooba Anwer², Seema Gupta³, David Cantonwine¹, Sahara Suliman⁴, Ann C. Celi⁵, Khady Diouf⁶, Ellen W. Seely^{4†}, Louise Wilkins-Haug^{1†}

Affiliation addresses are listed at the end of the article.



ABSTRACT

Objective The objective is to present stepwise refinements to *HomeSafe*, an Epic-tethered, population-health-coordinated postpartum pathway for blood pressure (BP) surveillance after hypertensive disease of pregnancy (HDP).

Study Design *HomeSafe* was designed for HDP people identified during their delivery hospitalization. The program incorporated prepopulated orders for home BP measurement and submission through a smartphone application linked to the electronic health record (Epic). A population health coordinator (PHC) was integrated at Year 2 to support registry tracking, expanded digital support and metric-driven reviews. Study data were managed using REDCap (Research Electronic Data Capture); a secure, web-based application hosted by the Massachusetts General Brigham Digital Research Applications team. Year-to-year analyses were performed for BP submission and route, predictors of timely BP return (≥ 1 BP in 7 days), 6-week postpartum visit attendance, and clinical and demographic variables.

Results Across 24 months, 640 postpartum HDP individuals were enrolled; 68.6% (439/640) submitted BP in a timely fashion. In Year 1, 44.9% of BPs submission was by Epic (44.9%), portal (8.2%), or phone (15.5%). No BP was submitted by 31.4%. With a PHC (Year 2), Epic-routed capture increased to 56.5%, and phone/portal-dependent routes decreased to 11.6% ($p = 0.0006$). Program enrollment increased from 245 to 485 ($p < 0.001$) without changes in delivery volume. Independent negative predictors of BP return were Black non-Hispanic race, public insurance, and multiparity; HDP subtype, delivery mode,

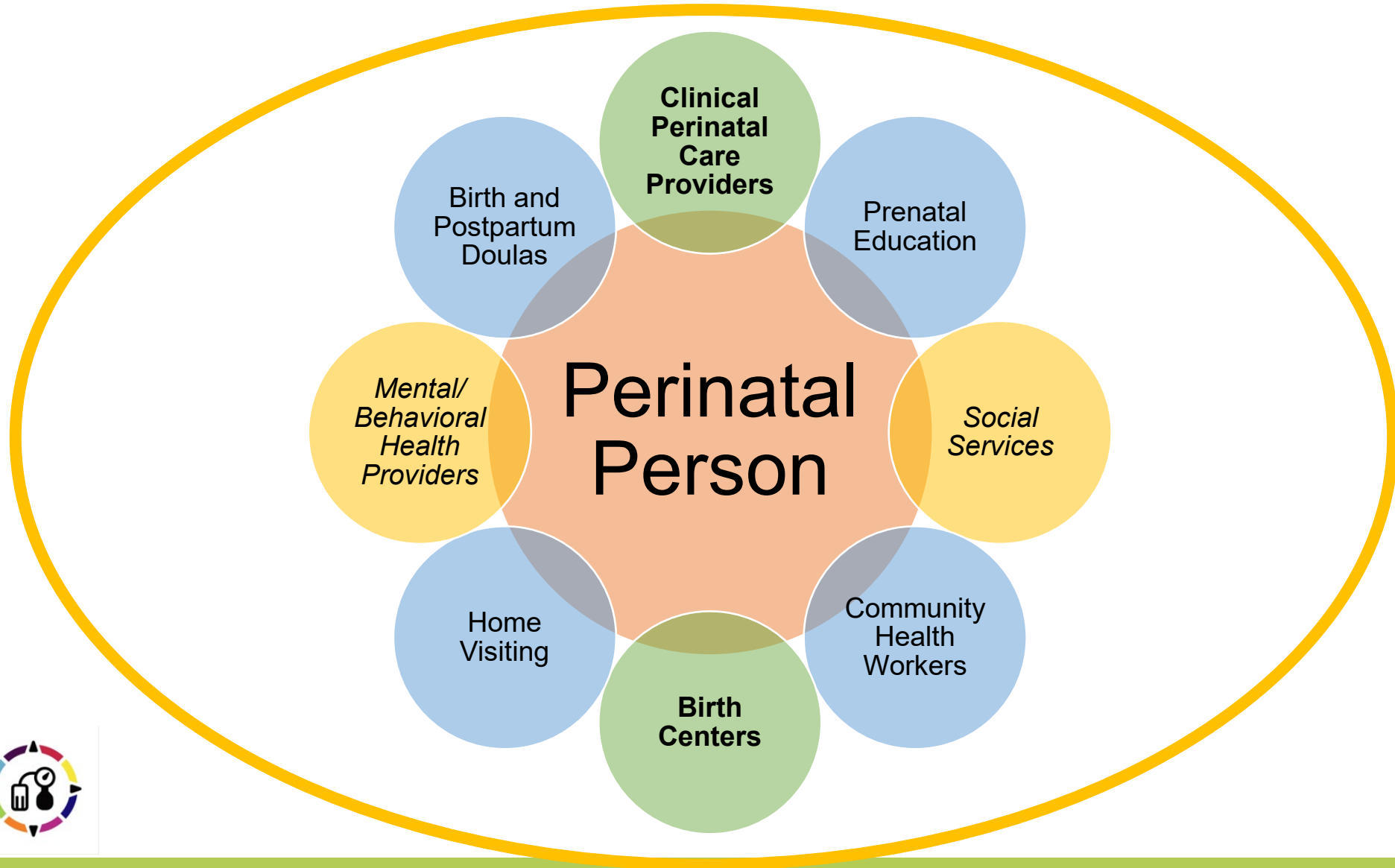


BEFORE they come to triage, or in labor...

Where are the places we can help?



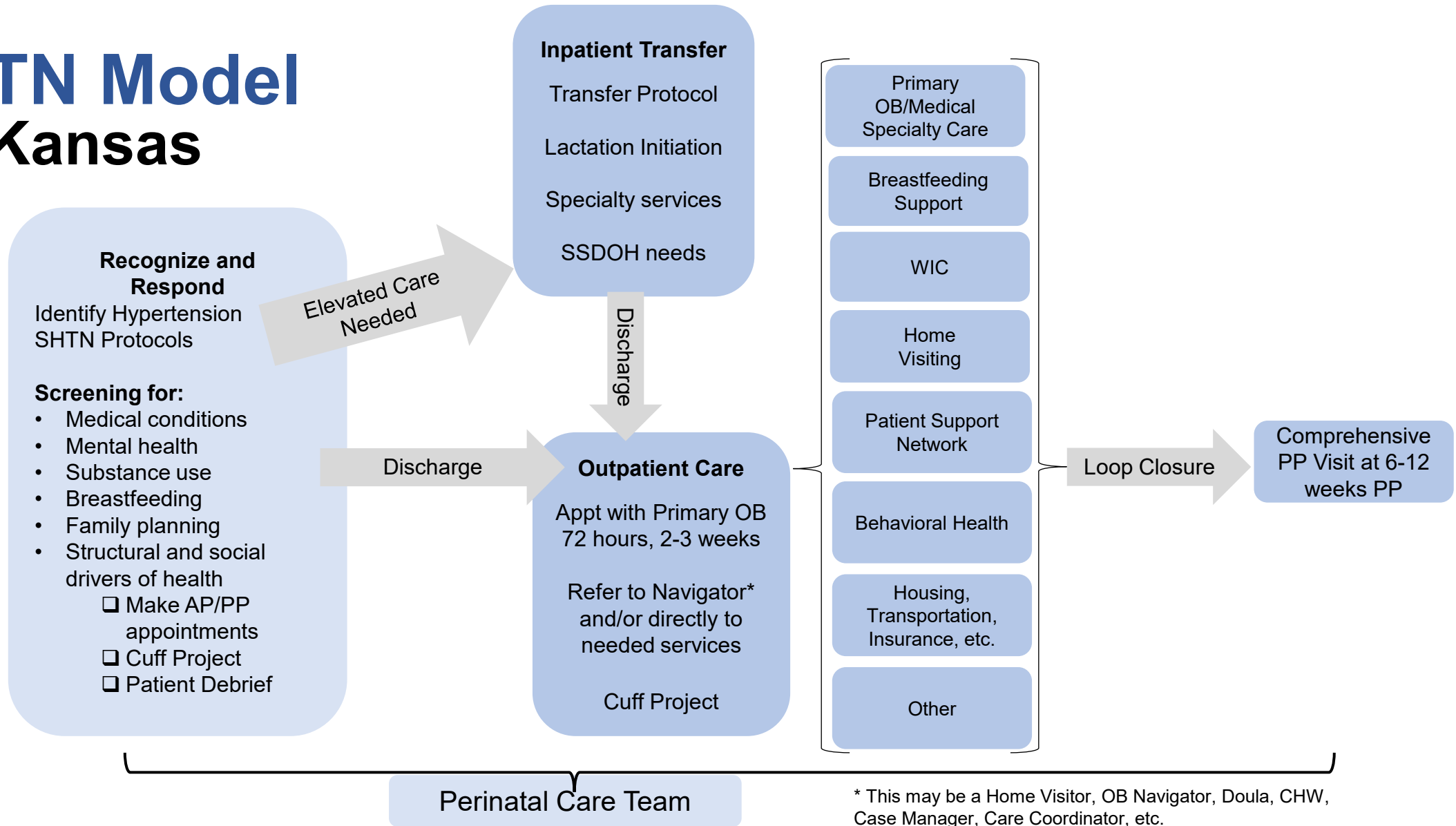
Engaging a Community of Support for Positive Clinical Outcomes



The MINUTE postpartum care begins



SHTN Model for Kansas



No Missed Opportunities...



Social Supports.

Group Prenatal Care.

Postpartum Support Networks.



Centering®Healthcare Institute

Centering Healthcare Institute: Changing the Way We Experience Care

Meet the CHI TEAM



Jessica Bedoy, Senior Manager
of FQHC Partnerships

Jessica Bedoy is Senior Manager of FQHC Partnerships at Centering Healthcare Institute (CHI), partnering with health systems and community organizations to bring Centering groups to life at scale. With more than 20 years across the Centering continuum, as a facilitator, coordinator, community health worker, Centering implementation advisor and trainer, Jessica brings a deep commitment to community centered care. Her passion for maternal health and better birth outcomes drives her work to advance equitable, accessible care that honors the voices and strengths of birthing people, families and communities.



Disha Patel, Manager
of Health Policy

As the Manager of Health Policy, Disha Patel, MPH, plays a key role in developing and implementing Centering Healthcare Institute's policy strategy at the state and federal levels. With nine years of experience in policy development, program implementation and advocacy for value-based payment programs, she brings her expertise to CHI, driving efforts to support the Centering model and improve maternal health outcomes.



Patrice Guzman, Senior
Manager of Philanthropy

Patrice Guzman, MBA serves as Senior Manager of Philanthropy and Department Lead at Centering Healthcare Institute (CHI), where she advances strategic partnerships, philanthropic investment and opportunities that support the expansion of Centering group care nationwide. With a passion for relationship-building and healthcare transformation, Patrice works across sectors to connect resources, partners, and innovative strategies that strengthen CHI's mission to transform how healthcare is practiced and experienced.



Jackie Catron, Billing
and Coding Specialist

Jackie Catron, MPH, serves as the Billing and Coding Specialist at Centering Healthcare Institute (CHI), providing billing and coding support to staff and sites to advance the Centering model. With experience across healthcare organizations and public health, Jackie brings a broad perspective and expertise to her work at CHI. She is passionate about supporting CHI's vision for a more balanced, sustainable and person-centered approach to healthcare that improves health outcomes and the experiences of those receiving care.

Agenda

- 1) What is Centering?
- 2) Core Components of Centering
- 3) Centering Pregnancy
- 4) Centering Parenting
- 5) Centering Healthcare
- 6) Essential Elements of Centering
- 7) Maternity Care Deserts
- 8) Mobile Sites and Community Partnerships
- 9) Policy and Payment
- 10) Channels for Scale
- 11) KS Support Opportunity

What is Centering® ?

Centering leverages facilitated, group-based medical appointments and care focused on health assessments, interactive learning and community building. CHI offers three Centering programs:

CenteringPregnancy®

Group care for prenatal patients

CenteringParenting®

Family-based group care for patients and babies

Centering®Healthcare

Group care for patients with shared health experiences



Core components of Centering

HEALTH ASSESSMENT



Patients have one-to-one assessment time with their provider during each visit and learn to take their own vital signs which empowers them to participate in their own care.

INTERACTIVE LEARNING



Engaging activities and facilitated discussions help patients become more informed and confident in making healthy choices for themselves and their families.

COMMUNITY BUILDING



Patients find comfort in knowing they are not alone. Group visits lessen feelings of social isolation and stress while building friendships, community, and lasting support systems.

CenteringPregnancy

Our group-based prenatal care consists of:

- A group visit of 8-12 people due around the same time
- Participants of different backgrounds
- Visits that are two hours, giving pregnant people 10x more time with their provider
- One-on-one time with the provider for a belly and baby check
- Assessment training for participants to learn how to record some of their own health data
- Facilitated “circle-up” discussions and activities
- Centering curriculum and materials that include everything from nutrition, common discomforts, stress management, labor and delivery, breastfeeding and infant care are covered
- Lasting community friendships

CenteringParenting

Families who stay connected to care in their community have more opportunities for routine visits, preventive care and trusted postpartum support.

- Children were more likely to be up to date with scheduled visits and vaccines²
- Maternal depression screenings were more likely to be completed and documented²
- Group well-child care creates built-in support for parenting, shared learning and connection with other families in the community

Source: Dimovitz et al., 2023

CenteringHealthcare

CenteringHealthcare can support patients beyond pregnancy by creating a group care space for learning, connection and ongoing health needs.

- Supports care for chronic conditions identified during pregnancy, including diabetes, cardiovascular health and lifestyle-related needs
- Group visits can provide a sense of learning and community that helps patients explore a wider variety of care options³
- Creates a community-based hub for health support across life stages
- Offers a flexible model for culturally and linguistically responsive care, including for migrant and refugee populations

Source: Meriwether et al., 2022

Centering Essential Elements

There is ongoing evaluation

Health assessment happens in the group space

Patients engage in self care activities

Groups are facilitated to be interactive

Group size is optimal for interaction

Each session has a plan, but emphasis may vary

Group members, including facilitators and support people, are consistent

Groups are conducted in a circle

There is time for socializing

Practice Transformation



Centering
Delivery and
Quality



Customer
Service and
Client
Relations
Specialists



Centering
Training

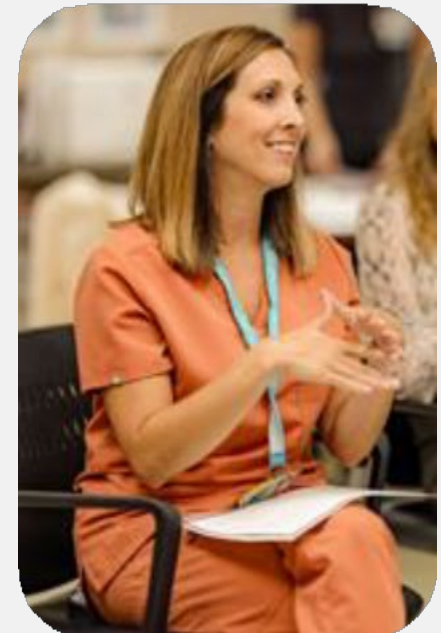
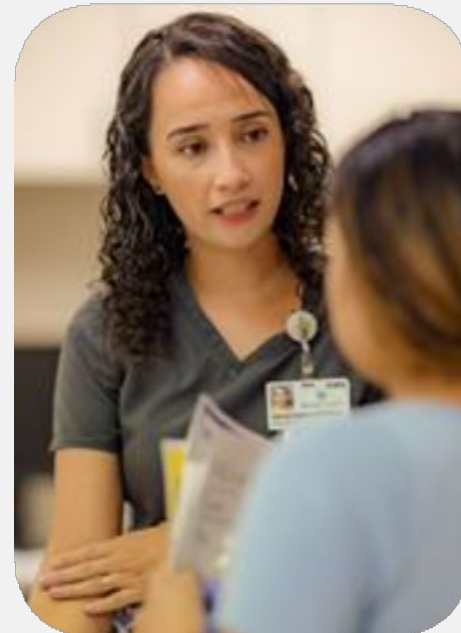


Centering
Implementation

Centering as a Solution to Care Deserts

Centering group care can help practices respond to care gaps by making prenatal care more accessible, flexible and community-centered.

- Keep more patients connected to prenatal care within their own communities
- CenteringPregnancy can be flexible in meeting patient volume, local capacity, access, and workforce needs
- Strengthen collaboration between local providers and delivering providers
- Support practices in maternity care deserts, rural communities and HPSA-designated regions
- Explore opportunities to expand group care beyond pregnancy to support families across the care journey



Mobile Site Licensing

One license. Flexible delivery. Greater reach.

- Designed for organizations delivering Centering across mobile, rotating, outreach or other nontraditional service locations.
- Creates flexibility beyond a traditional fixed-site licensing structure
- Supports health systems, FQHCs, public health entities and other healthcare partners.
- Provides a consistent framework for training, implementation support, quality and fidelity.
- Creates potential for regional and statewide expansion strategies.
- **Strategic value:** Scalable reach for care-delivery models that do not fit a traditional site-by-site approach.



Mobile
Centering
Across communities

Community Partnership License

Connecting healthcare + community infrastructure

HEALTHCARE PARTNERS

Clinical leadership and
care delivery

Staffing and facilitation

Patient identification and
referrals

Billing and
reimbursement
pathways

Operational sustainability

COMMUNITY PARTNERS

Trusted community
relationships

Outreach and patient
engagement

Local resource connections

Community voice and
feedback

Support for access and
participation

CENTERING HEALTHCARE INSTITUTE

Licensing and model
standards

Training and
implementation
techniques

Technical assistance and
quality support

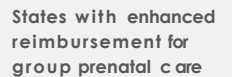
Data and continuous
learning

National partnership
infrastructure

CenteringPregnancy Enhanced Reimbursement and Billing

- Supports providers delivering eligible CenteringPregnancy group prenatal care services
- Recommend approval of CPT code 99078 -TH
- Separate from the individual prenatal assessment
- Documentation of time spent for each expectant person and topics discussed
 - 90-120 minutes recommended
- Include FQHCs, RHCs, THC's
- Co-Facilitation method- One facilitator needs to be a Physician, Physician Assistant or Advanced Practice Registered Nurse
 - This provider bills the individual assessment and enhanced reimbursement for group care
- Recommend approval of at least 10 sessions

- Arizona: \$45
- Maryland: \$50
- Michigan: \$45
- Missouri: \$40
- Montana: \$30
- New Jersey: \$7
- North Carolina: \$250 on or after the fifth visit (one-time)
- Ohio: \$45
- South Carolina: \$30
- Texas: \$43



Strategic Impact Priority : Channels for scale

Test partnerships and new channel-level services to determine whether FQHCs and health systems are viable channels to reach priority populations efficiently at scale

THREE-YEAR GOAL

Pilot partnerships with **at least two FQHC systems and at least two health systems** serving priority populations to test viability as a scaling channel and inform a scalable partnership offering – including indications of greater and more efficient permeation of clinical sites with the system, ability to sustain *Centering* groups over time and willingness to pay for CHI's services

The Future of Maternal Health

As an evidence-based model CenteringPregnancy improves maternal health outcomes such as breastfeeding rates, less time in the NICU, birth weight and preterm birth.

We are looking forward to partnering with a health system like yours that has such a dynamic vision to impact maternal health.

Each hospital icon represents a site. Each row of people represents the patients and families impacted.
As sites grow, the impact multiplies:



Health System Scaling

- FQHC system scaling to five additional locations.
 - All successful in launching groups
 - All reaching accredited status
- Lessons learned:
 - Adaptations and tailoring
 - Low census and affinity groups
 - Systems Implementation workshop with continued advisor(s) support



Kansas Funding Opportunity

The Health Fund will support the implementation of Centering Pregnancy at three (3) Kansas sites

- Funding Available and what's included
- Eligibility For Sites
- Requirements
- Application Process
- Goals and Outcomes

Questions?

References

1. Stoneburner A, Lucas R, Fontenot J, Brigance C, Jones E, DeMaria AL. Nowhere to Go: Maternity Care Deserts Across the US. (Report No 4). March of Dimes. 2024. <https://www.marchofdimes.org/maternity-care-deserts-report> *Note: While the current year is 2026, this specific report was updated in 2024 based on March of Dimes' latest data cycle.*
2. Dimovitz, C., Butler, S., Wang, K., O'Rourke, K., Cornea, S., & Wasser, T. E. (2023). Implementing Centering Parenting model with an urban pediatric population to measure and improve clinical outcomes and parent satisfaction. *Journal of Pediatric Health Care*, 37(3), 221–226. <https://doi.org/10.1016/j.pedhc.2022.09.012>
3. Meriwether, K. V., Panter, V., McWethy, M., Rishel Brakey, H., & Komesu, Y. M. (2022). Centering group treatment for women with interstitial cystitis/bladder pain syndrome: A qualitative analysis. *Urogynecology*, 28(10), 695–704. <https://doi.org/10.1097/SPV.0000000000001228>

Fall Conference REGISTER TODAY!

KPQC VIRTUAL
FALL
Presentation



 **OCTOBER 27, 2026** |  **12:00–1:00 PM**

Due to **POPULAR DEMAND!**



**KOURTNEY BETTINGER,
MD, MPH, FAAP**

Dr. Bettinger is a general pediatrician and Associate Professor at the University of Kansas Medical Center who leads multiple state and international maternal and child health initiatives, particularly for immigrant, refugee and newborn populations.



**BRANDAN KENNEDY,
MD, FAAP, FABPM**

Dr. Kennedy is a Clinical Professor of Pediatrics at the University of Missouri–Kansas City, a pediatric hospitalist, and a clinical informatics specialist focused on improving patient safety through better electronic health record workflows.


Kansas Perinatal Quality Collaborative

**CLICK
HERE!**



