McKnight's

Dealmaker's Handbook 2014

The essential guide to capital in the senior living market

Resilient sector

Too much heat?

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MAP-ping out new opportunities

Seniors housing organizations are turning to NIC MAP to get the latest data on what's happening in the nation's largest markets

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More lenders entering the fray

Capital providers are once again lining up to speak with senior living and care operators about acquisitions, renovations and other expansion efforts — with rates and terms not seen for more than half a decade

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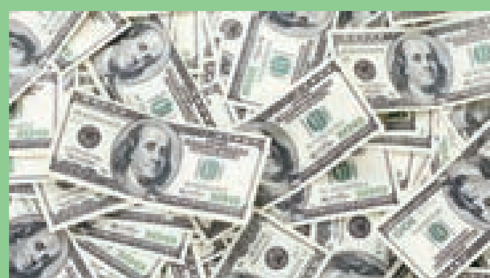

Care getting more accountable?

As healthcare begins incorporating accountable care models, some see trouble ahead for hospitals' partners

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A SUPPLEMENT TO
McKnight's LONG-TERM CARE NEWS
IN PARTNERSHIP WITH
NIC National Investment Center For the Seniors Housing & Care Industry

These firms are leading the way

Page 20-23

McKnight's

Capital Corner

Companies at a glance

Berkadia
(646) 432-7452
www.berkadia.com

BMO Harris
(888) 340-2265
www.bmoharris.com

Capital Funding Group
(410) 342-3155
www.CapFundInc.com

COMS Interactive, LLC
(330) 650-9900
www.comsllc.com

GE Capital, Healthcare Financial Services
(312) 441-6164
www.gehealthcarefinance.com

HealthCare Software
(800) 524-1038
www.hcsinteractant.com

Kwalu
(877) MYKWALU
www.kwalu.com

Lancaster Pollard
(866) 611-6555
www.lancasterpollard.com

MatrixCare
(314) 439-6489
www.MatrixCare.com

OnShift
(216) 333-1353
www.onshift.com

Oxford Finance
(888) 741-0174
www.oxfordfinance.com

PharMerica
(502) 627-7874
www.pharmerica.com

PointClickCare
(866) 340-5743
www.pointclickcare.com

PointRight
(781) 457-5952
www.pointright.com

Red Capital
(800) 837-5100
www.redcapitalgroup.com

Advertiser Index

There is no doubt about the year's biggest dealmaking event. It will take place in Chicago, when the National Investment Center for the Seniors Housing & Care Industry hosts its 24th National Conference. The following pages showcase firms that provide capital and services to the seniors housing and care sector. They are listed in alphabetical order.

A profile appears for each firm and offers insight into mission, history, range of services and types of properties served for each.

We have included a "Fast Facts" box of convenient information, such as mailing address, contact names, phone and fax numbers, website address, eligible properties and other useful material. Please note that the first part of the supplement features firms that are in the capital business. Additional vendor profiles appear at the end.

Capital Funding Group

Company Profile

Capital Funding Group, ("CFG") is a leading provider of healthcare financing solutions to the owners and operators of senior housing companies across the country. The company was founded in 1993 and has been the number one originator of HUD Section 232 loans since the inception of the LEAN program. CFG specializes in permanent financing for senior housing assets and also provides short-term bridge-to-HUD loans. Through our various affiliates we offer commercial banking, accounts receivable financing, sale/leasebacks and spend management. CFG is headquartered in Baltimore and has affiliate offices in Los Angeles.

CFG Approach

CFG is truly a "one-stop shop." We have the complete suite of product offerings to fully address the needs of our clients. We also originate, underwrite, process and service all of our loans. Capital Funding has focused exclusively on the seniors industry for more than 20 years and believes in the value of long-term relationships. We currently have a servicing portfolio over $2 billion, which allows us to provide consistency in the management and servicing of your loan from start to finish. The Company is independently owned, which streamlines the decision-making process and facilitates the development of the lender/client relationship.

Range of Capital Service

FHA/HUD – Our FHA lending group removes the "complexity" from the HUD Section 232 program so your engagement with us — and with HUD — is as seamless as possible. As a top FHA/HUD healthcare lender prior to, and since the LEAN inception, we'll give you a no-cost analysis of your acquisition, refinancing, or new construction/substantial rehabilitation transaction and ensure a service-driven experience so you can take advantage of the long-term benefits a HUD Section 232 loan provides.

Bridge Loans – CFG is a direct lender to the senior housing industry, and offers a range of flexible bridge products structured specifically to meet your financing needs.

FastFacts

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Sales/Marketing contact: Erik Howard
Title: Managing Director
Phone: (410) 342-3155
E-mail: ehoward@capfundinc.com
Address: 1422 Clarkview Rd., Baltimore, MD 21209

Eligible properties: ■ Skilled nursing ■ Assisted living ■ Retirement communities ■ Hospital ■ Rehab hospital

Options: ■ Construction ■ Substantial rehab ■ Acquisition ■ Refinance

Product base: ■ Bridge Loans ■ Accounts Receivable Financing ■ FHA/HUD ■ M&A Advisory Services

Accounts Receivable/Working Capital – Through our affiliate Capital Finance, we provide working capital to healthcare operators, giving them the flexibility and cost-efficiency of a revolving line of credit secured by Medicare, Medicaid, commercial insurance and institutional account receivables.

What We Offer

The CFG companies provide full-service, comprehensive financing solutions for healthcare facilities nationwide. Our experienced and dedicated staff focus exclusively on the senior housing industry. We understand your business. We provide creative solutions to your unique need, and tailor a capital plan and strategy that works for you.

Your Lending Partner

Having provided financing to the long-term care industry for more than twenty years, we understand the importance of relationships. While many firms have come and gone, CFG has been a consistent partner to our clients through many economic and lending cycles and has always been there when our clients have needed us the most.

GE Capital, Healthcare Financial Services

Company Profile

With in-depth industry knowledge and expertise, GE Capital, Healthcare Financial Services has provided more than $70 billion in financing over 10 years to companies in over 45 healthcare sectors including senior housing, skilled nursing, hospitals, medical offices, outpatient services, pharmaceuticals and medical devices. Our team of professionals creates business and financial solutions tailored to meet the individual needs of our customers.

Our Philosophy

As a leading provider of financing for senior housing, skilled nursing and medical office properties across the U.S., our dedicated healthcare real estate finance team has decades of experience and delivers customized financing solutions to a wide range of healthcare providers.

What We Offer

In 2013, GE Capital, Healthcare Financial Services completed approximately 41 senior housing and care transactions representing approximately $1.4 billion in committed capital including loans ranging from $10 million single asset to $220 million highly structured portfolio transactions. We offer structured fixed and floating rate senior secured loans as interim, bridge or long term financing and as term loans and/or RE collateralized revolvers. For more information, visit *www.gecapital.com/mcknights1*

FastFacts

Website: www.gehealthcarefinance.com
Sales/Marketing contact: James Seymour
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Phone: (312) 441-6164
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Address: GE Capital, Healthcare Financial Services
500 West Monroe, Chicago, IL 60661

Eligible properties: ■ Assisted living ■ Medical office ■ CCRC ■ Rehab Hospital ■ Congregate care ■ Retirement communities ■ Hospital ■ Skilled nursing

Options: ■ Acquisition ■ Exit ■ Refinance

Product base: ■ Bridge loans ■ Line of credit ■ Lease ■ Term loans ■ Leasehold mortgages

A Successful Collaboration

We focus on building and sustaining valued relationships with our customers. We have financed over 6,000 senior housing and skilled nursing facilities across the U.S., and three out of four transactions are with repeat customers.

Lancaster Pollard

Company Profile

For over 25 years Lancaster Pollard has been providing senior living organizations comprehensive capital solutions for new construction, substantial rehabilitation, renovation, acquisition and divestiture, and refinance projects. We understand the needs of both for-profit and nonprofit providers as well as the impact of the market, legislation and reimbursement on both small and large organizations. For fiscal year 2013, we were the top ranked HUD/FHA senior housing lender with 118 closed loans totaling over $811 million.

Lancaster Pollard is headquartered in Columbus, OH, and has banking offices to serve clients nationwide, including: Atlanta, Austin, Kansas City, Los Angeles and Philadelphia.

FastFacts

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Sales/Marketing contact: Nick Gesue
Title: Senior Vice President & Chief Credit Officer
Phone: (866) 611-6555
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Fax: (614) 224-8805
Address: 65 East State Street, 16th Floor, Columbus, OH 43215

Eligible properties: ■ CCRC ■ Skilled nursing ■ Assisted living ■ Retirement communities ■ Congregate care ■ Hospital ■ Rehab hospital ■ Medical office

Options: ■ Construction ■ Substantial rehab ■ Acquisition ■ Refinance

Product base: ■ Bridge Loans ■ Fannie Mae ■ FHA ■ HUD

Our Philosophy

We work hard to thoroughly understand our clients' needs and risk tolerance and we perform the most comprehensive qualitative and quantitative assessment in the business. We simplify complicated processes so you can understand every option and make the most informed decision on a financing strategy that best serves your needs. Lancaster Pollard's associates:

- Are knowledgeable and highly experienced in the broadest platform of funding solutions, resulting in delivery of unbiased and comprehensive information to foster well-informed client funding decisions
- Maintain state-specific geographic coverage to foster awareness of local market activities and regulatory, licensure and reimbursement matters
- Are active contributors on the Committee on Healthcare Financing and the Mortgage Bankers Association's Section 232 Working Group

What We Offer

Lancaster Pollard & Co. is an independent firm and is not pressured to push a particular financial instrument or outcome. We provide unbiased recommendations to help you select the most appropriate course of action to help you meet your financial and business objectives.

Our independence allows us to consider every viable option. Clients have significantly altered their courses of action after we have had a thorough discussion about all of their financial options, which include:

- Debt financing, such as:
  - Rated and nonrated tax-exempt and taxable corporate and municipal bonds
  - Government agency enhancement, such as HUD/FHA Sec. 232 Mortgage Insurance and USDA Guaranteed Mortgage Loan programs
  - Fannie Mae Seniors Housing Program
  - Privately placed and bank-qualified bonds
  - Bridge to agency lending
  - Proprietary EquityTap® balance sheet loan program
- Mergers & Acquisitions Services
- Propero™ Seniors Housing Equity Fund

Lancaster Pollard's knowledgeable associates:

- Are supported by one of the largest groups of underwriters and analysts to achieve successful and timely outcomes while minimizing the "burden" on our client's executive leadership
- Offer more options, flexibility and streamlined processes because our investment banking and mortgage banking services are under one roof
- Diligently negotiate the best and most flexible terms possible in the current marketplace

A Successful Partnership

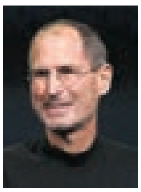
Our dedicated associates are committed to exceeding our clients' expectations. In an inherently transactional business, we develop relationships by creating sustainable capital solutions that meet short-term financial needs while safeguarding long-term financial viability.

MARKET TRENDS

TALKING DEALS

"You only have to do a very few things right in your life so long as you don't do too many things wrong."
— Warren Buffett

"Don't play games that you don't understand, even if you see lots of other people making money from them."
— Tony Hsieh, Zappos CEO

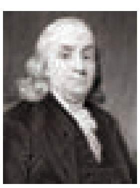


"Your work is going to fill a large part of your life, and the only way to be truly satisfied is to do what you believe is great work. And the only way to do great work is to love what you do."
— Steve Jobs, Apple Inc. co-founder, chairman and CEO

"Yesterday's home runs don't win today's games."
— Babe Ruth

"It's a struggle to save your company's life — and your own skin — every day of the week."
— Spencer Fry, CarbonMade co-founder

"What do you need to start a business? Three simple things: know your product better than anyone, know your customer, and have a burning desire to succeed."
— Dave Thomas, Founder, Wendy's



"Diligence is the mother of good luck."
— Benjamin Franklin

"The way to get started is to quit talking and begin doing."
— Walt Disney, Disney founder

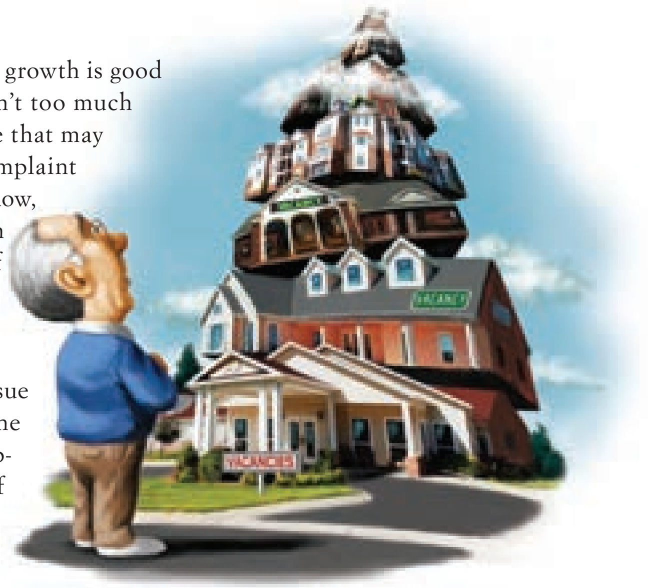
Seniors housing remains resilient

Some worry it might become a victim of its own success

By John Andrews

For seniors housing, growth is good as long as there isn't too much growth. And while that may seem like a frivolous complaint based on the industry's slow, measured recovery from the economic collapse of 2008, market overheating is a genuine concern among some industry leaders.

Overheating isn't an issue for seniors housing at the moment, however, says Robert G. Kramer, president of the National Investment Center for the Seniors Housing & Care Industry.



Overbuilding hasn't been an issue — yet.

"Overall, there is a bullishness now for the sector based on a number of factors and one is how it performed during the Great Recession," he says. "Data shows it performed well compared to other commercial real estate and it caught the attention of a lot of investors. Another important factor is the increasing sophistication of the sector — we have more savvy operators who are confident about responding to customer needs with agility."

Senior living investors have slowly been working their way back to the industry after an initial 2009 period of dormancy. Starting with the REITs in 2011, investment dollars have been returning over the past three years from private equity, banks, pension funds and sovereign wealth organizations.

The re-entry of these players has been a positive development for seniors housing so far, Kramer says, but everyone in the fiduciary chain needs to be vigilant against over-stimulating the market.

"It reaches a danger point when you start having all caution thrown to the wind by lenders and all the discipline that came after the Great Recession is thrown out the window," Kramer warns. "Other signs of overheating are when operators have no skin in the game and there is phony equity. We are currently not seeing that at all, but there is always a danger."

Better discipline

To be sure, the industry is more disciplined at all levels since the seniors housing-specific crash occurred at the turn of the millennium. Those with long memories won't soon forget the financial carnage that resulted from the over-exuberance of investing and building that saw supply far outstrip demand at the time.

"Real estate is cyclical and that includes seniors housing," Kramer says. "We are prone to cycles. But this period is not being driven by demographic growth, which is to come. This is still pent-up demand from the Great Recession. We currently have healthy growth ahead of what we are going to see in about five years."

Transparency key

There is greater sophistication among operators as well as better data to inform decision-making today, which should keep activity at a steady, tempered pace, Kramer says. A down cycle will inevitably occur again, but with more discipline in place at all levels, he says the industry should be able to avoid any more catastrophic meltdowns. ■

MARKET TRENDS

MAP-ping out new developments in metro areas

Market data service seeing inquiries from new players that need seniors housing data

By John Andrews

One way to check on the seniors housing industry's financial health is to drop in on the NIC MAP team at the National Investment Center for the Seniors Housing & Care Industry headquarters in Annapolis, MD. A visit today would show expanding interest from a variety of investors, developers, operators, analysts and brokers, indicating a strong and healthy pulse in the marketplace.

Chuck Harry, NIC's managing director and director of research and analytics, says interest in seniors housing continues to grow from a diverse set of players, including debt and equity investors from both private and public capital providers, life insurance companies and sovereign wealth capital, as well as commercial banks and mortgage companies.

The most popular inquiries are those concerning the balance between demand and supply, followed by the impact of construction on rental rates in the market, says Chris McGraw, NIC senior research analyst. Overall, he says, NIC MAP sees an even balance between demand and supply.

"Despite inventory growth accelerating, demand in general has been able to continually absorb new supply," McGraw says. "In the last 17 quarters spanning back to the second quarter of 2010, absorption has outpaced inventory growth in every quarter except one. Even in assisted living, where inventory growth has been concentrated, we see a generally balanced supply-demand picture."

Hot in Texas

NIC MAP is closely monitoring the pace of new construction, Harry says, particularly in assisted living because of concern among some market participants about potential overbuilding. While to date, occupancy overall has continued its recovery from the economic meltdown of 2008, "select markets are experiencing downward pressures on occupancy given elevated levels of units coming online," he says.

Even so, the current assisted living construction rate of 5.4% reflects a plateau in growth, McGraw says.

"Given the projects that have broken ground, we do not anticipate overall occupancy decreasing in the next year, but downside risks will mount if construction begins to accelerate again," he says.

Geographically, NIC MAP reports that Texas has been the hotbed for development. In terms of current construction as a share of existing inventory within seniors housing properties, Texas markets take four of the top five spots within the 99 metropolitan markets tracked by NIC MAP — McAllen, 13.7%; Houston, 12.9%; Austin, 12.3%; and San Antonio, 11.2%. In terms of sheer volume, Houston is higher than New York, followed by Dallas.

Widening the view

NIC MAP's services enable subscribers to use research data that paints a clear picture of any given market's trends development status. As part of the NIC MAP team's efforts to add more details and specifics, they have enhanced the Web-based Trends, Rankings & Analyst products, which are used by the investment community to monitor industry and market activity, says Amber Jacobs, NIC MAP operations manager.

"In addition to providing historical time series data back to 2005, users now have the ability to view aggregated data by region, county and campus type," she says.

More is planned for these products, including the addition of segment level data to meet the growing demand and interest in Memory Care properties. Additionally, development is underway to incorporate demographic data as part of NIC MAP's Local Property Search, she says. ■

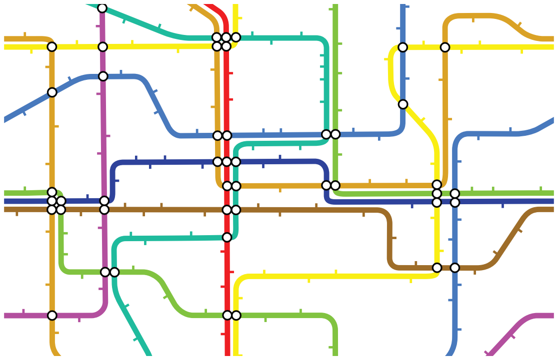


Photo: Thinkstock

Supply and demand information remains in hot demand.

NIC launches new Investment Guide

Complete with the most up-to-date content available, the Third Edition of the NIC Investment Guide is hot off the presses and ready for purchase. The new guide, "Investing in Seniors Housing & Care Properties," contains the most current and reliable industry data to help investors research new opportunities and risk as well as formulate an individual investment thesis in seniors housing and care properties.

This new edition features a number of enhancements including a new chapter on current trends, a more in-depth skilled nursing section and breakout information on the memory care sector. This year's guide is now available in an eBook format, making it easier to read on smartphones and tablets. Buyers also can choose to order print copies or download a PDF version. Priced at $100 for hard copies and $50 for digital copies, the guide also features a comprehensive introduction to the sector and defines the investment characteristics, major players in the field and a comparison of seniors housing performance to other commercial real estate property types.

MARKET TRENDS

BULLISH ON...

ASSISTED LIVING

Tim Delgado
President, Read King Medical Development

Why are you bullish on assisted living?

In 2000, approximately 605 million people were 60 years or older. By 2050, that number is expected to be close to 2 billion. The strong and sustained demand for senior living facilities is creating a rush to develop in this sector. For these reasons, I believe we are on the front end of a wave of growing demand for assisted living facilities that will span at least the next 15-plus years.

What makes it a good fit?

As continued pressure is placed on providers to lower costs and improve outcomes, smart providers are creating continuum of care and accountable care organization programs designed to create care-delivery efficiencies that will result in more cost-effective healthcare.

What is a characteristic people may not be aware of?

I think the growth in hospital system affiliations with senior living facilities is something that not many people are paying close enough attention to. These affiliations will benefit the residents at senior living facilities, and continuing care programs that work closely with providers will be something we see a lot more of in the coming years.

How does the future look?

Providers will need to expand services and add facilities that focus on senior care and wellness. For example, we are developing a senior living facility in partnership with a hospital system.

Photo: Thinkstock

As competition among lending sources increases, operators are getting better deals.

More lenders are entering the fray

As the field gets crowded, rates and terms improve

By John Andrews

Lenders are once again lining up to speak with operators about seniors housing projects and, as the number of new players grows, competition is entering the picture for the first time in years. It is something that hasn't been seen since 2008 and is another positive economic sign for the industry.

"Capital is definitely out there," says Dan Biron, senior vice president at Berkadia. "Fannie, Freddie and HUD are out there and ready to issue term sheets. HUD has eliminated its queue and deals are turning around much faster. There are a number of active lenders in the marketplace."

Joining the public lenders, private equity firms, REITs and commercial banks now are life companies and commercial mortgage-backed security firms. As the lending field gets more crowded, the rates are starting to get more competitive, Biron says.

Commercial banks sat on the sidelines for a few years and, while not exactly late to the party, "they're still not rushing to the space" either, Biron says. "Banks are offering good terms and a number of banks are active in seniors housing, but that doesn't compare with the multi-family side, where they are much more familiar and active."

AL still tops

When it comes to the projects that are favored most, assisted living with memory care continues to have the most interest, the National Investment Center for the Seniors Housing & Care Industry reports. Independent living also is making gains in the sector, especially as hybrids with assisted living and higher acuity clinical care.

Need-driven services in skilled nursing have a certain appeal, though Medicare and its constantly fluctuating reimbursement and coverage policies is a limiting factor. Assisted Living with memory care has the most support because it is need-driven while falling outside the Medicare and Medicaid payment spheres, NIC data shows.

No 'leaps of faith'

Capital may be plentiful for strong, experienced operators, but that doesn't mean that dollars are flowing to everyone who comes with hat in hand, Biron says. Sound fundamentals are still a prerequisite for securing a loan in an environment that remains conservative toward unproven entities. ■

Toward more accountable care?

ACO models likely to change the healthcare landscape

By John Andrews

Post-acute providers have the opportunity to play an even bigger role in patient care by becoming part of an accountable care organization. Devised by the Affordable Care Act and administrated through the Centers for Medicare & Medicaid Services, the shared-savings and value-based purchasing concept stratifies risk and savings among partners across the healthcare continuum.

Still, with ACO creation in nascent stages across the country, there are many questions about risk equality, operational control, clinical responsibilities and, ultimately, accountability itself. It is an emerging landscape with no easy answers, says David Burton, M.D., senior vice president for Health Catalyst.

"People talk loosely about ACOs, when in fact it is a CMS invention," he says. "The deck is stacked against providers because in this model, patients can act as if they are under fee-for-service and may not be aware they are part of the ACO, so there is one major stakeholder that is not really engaged. The providers are accepting more financial risk because the construct is lopsided."

Although acute care organizations — hospitals and health systems — tend to be the "anchor" of the ACO, it is usually post-acute providers that are spearheading its formation, Burton says.

Led primarily by physician groups, he says the onus for risk tends to be more on the post-acute sector.

"It is the sponsors who are assuming the most risk," he says. "They will tend to put the hospital at the top end of the whip only to be used sparingly, but there will come a time when the realization occurs that this is a partnership. The risk needs to be spread around."


Photo: Thinkstock

Some experts are concerned about how well post-acute players will fit into the ACO mold.

Jason Gwizdala, solution architect for Wellcentive, sees one source of ACO discord from the Medicare readmission penalty, which is levied against hospitals if a patient is readmitted within 30 days after discharge.

Complications such as infection or wound development could occur in either setting, causing potential conflict of accountability, he says.

"I have not seen any details about risk sharing on readmissions and if penalties are shared across the ACO," Gwizdala says. "But I have seen some ACOs drop out of Medicare because of this."

Managing care

To help patients manage the labyrinthine post-acute pathway, some ACOs are opting to appoint a care manager, assigned to help patients transition from discharge to destination. ■

BULLISH ON...

HOSPICE

John Mastrojohn III
RN, Executive Vice President & Chief Operating Officer, National Hospice & Palliative Care Organization

Why are you bullish on hospice care?

It is the best model of care for families of a patient with a life-limiting illness. It is a model of care that utilizes an interdisciplinary team composed of physicians, nurses, social workers, bereavement counselors, therapists, home health aides, spiritual care and trained volunteers. It uses the skills of all these people to maximize quality of life for the family.

What makes it a good fit?

It is the only segment that provides a seamless transition for patients and their families, from curative care to palliative care. The hospice role is to be there for patients and their families once the burden of treatment outweighs the benefits and the patient is terminal. This is the only model of care that continues beyond the patient's death, with bereavement support offered for a year or more afterward.

What is a characteristic about hospice that people might not be aware of?

Many people are surprised to learn that hospice can be involved with a patient in the final months rather than just the final days. Most people think we are only with patients at the very end, but we are geared to provide support long before that. One of the comments we hear most often from family members is, "We wish we would have gotten hospice sooner." People also are surprised that most of our care is provided in the patient's home, rather than in an institution.

MARKET TRENDS

BULLISH ON...

INDEPENDENT LIVING

Robert G. Kramer,
President, National Investment Center for the Seniors Housing & Care Industry

Why are you bullish on independent living?

Hit hardest by the Great Recession of 2008, it is very encouraging how strong the return of independent living has been. The greatest gains are in terms of occupancy, which has shown a very solid performance. Investor interest still favors needs-driven business models, but you are going to see new models and interest in independent living rentals going forward.

What makes it a good fit?

No question assisted living and memory care are the darlings of investors and that currently there is less interest in independent living and CCRCs. But I think that is going to change — our data shows strong performance from independent living and it is a space where multi-family developers are most comfortable. It is also a product most likely to target the baby boomers.

How does the future look for independent living in terms of expected growth and influence in the healthcare marketplace?

Investors may look at independent living differently in the future, especially as the baby boomers come into the market. It could be an uncoupling of services and a wider array of options. A new prototype may emerge. While not saturated, assisted living is growing and getting crowded. That may mean new opportunities for independent living.


Photo: Thinkstock

REITs remain in a dominant position when it comes to providing funds.

REITs continue to flex muscles

Access to cheap capital gives them a unique advantage

By John Andrews

Real Estate Investment Trusts have carved a specific niche in the healthcare investment community that is serving them well. By establishing themselves as specialists in sale-leasebacks, joint ventures, mortgages and mezzanine financing, REITs offer a unique array of services that their clients can't get anywhere else.

Justin Hutchens, CEO of National Health Investors REIT, realized this when he served as an executive for Summerville and Emeritus Senior Living from 2003-2009.

"As an operator, I was a customer of the REITs and became attuned to what they offer," Hutchens says. "In my operating background, I grew to appreciate that REITs, first and foremost, offered a very convenient source of capital. The reason is that they have already raised it, they have access to it and they are continually raising it."

Because REITs focus specifically on underwriting senior housing properties, Hutchens says "they create deals that can move very fast." Operators also have the opportunity to expand through REITs' other portfolio properties, which is an extra advantage, he says.

Therefore, when Hutchens had the chance to join NHI in 2009, he jumped at it. Although seniors housing investment was practically at a standstill in the aftermath of Wall Street's implosion, Hutchens used the dormancy period to position the company for a spending spree.

"It was the perfect time to get re-established on the radar because our peers were on the sidelines," he said. "We had $200 million in cash and zero debt. Since then, we've made approximately $1.3 billion in investments."

The REITs comprise an exclusive community known for its major players and mega-deals and in terms of size, NHI falls squarely in the middle, Hutchens says.

With 173 property holdings across the country, NHI's "not too big, not too small" structure enables leadership to avoid being pigeon-holed into transactions of certain dollar amounts, giving it a wide range of flexibility, he says.

"We're happy to underwrite a $10 million or $500 million deal — either one is a nice addition to our portfolio," Hutchens says.

NHI is very selective in its investment choices, looking for stabilized properties that can be leased to operators with a demonstrable track record in the industry.

Its acquisitions of Chancellor Health Care, Prestige Care and Holiday Retirement properties in the first eight months of the year fit that criteria perfectly, Hutchens says. ■

TAKING THE LEAD

Photo: Thinkstock

Genesis continues a focus on long-term care residents but also sees a growing demand for short-stay patients.

Genesis' post-acute short-stay approach bridges an old divide

By Julie E. Williamson

Healthcare reform's growing emphasis on improving care quality and reducing care costs is leading savvy seniors housing operators to think beyond their traditional care models.

For Genesis Healthcare Corp., that's translated into strategic partnerships with a number of hospitals and other providers across the care continuum, and strategically boosting its short-stay, post-acute care presence.

Most recently, the firm announced it will merge with Skilled Healthcare Group. Once the $2.8 billion transaction is complete, the company's portfolio will surpass 500 facilities nationwide. Such moves are intended to create more concerted patient care, reduce hospital readmissions and enhance the firm's ability to compete, according to Genesis officials.

"We asked ourselves what we could do to help hospitals better meet the needs of their patients, and we knew that providing more short-stay post-acute care would play an important role," said Genesis Executive VP David Almquist. In 2012, the company introduced its PowerBack Rehabilitation product offering, a pure short-stay model created in direct response to market demand for shorter post-hospital patient recovery periods and fewer post-discharge setbacks. PowerBack's goal is to help patients get back home as quickly and safely as possible.

"Nearly everyone who comes in goes home," Almquist stressed, adding that the centers provide complex, intensive and targeted care.

Post-acute chronic disease management is another Genesis specialty that has hospitals taking notice. The company has partnered with Doctors Community Hospital in Lanham, MD, and is currently building a new facility adjacent to the hospital to manage patients with congestive heart failure, chronic obstructive pulmonary disease and other chronic diseases, among other conditions. Since 2011, Genesis has engaged in a similar partnership with Baltimore's Franklin Square Medical Center, improving care coordination and hand-off for many of the facility's post-acute patients. In 2012, Genesis and Johns Hopkins announced plans for a $20 million partnership that was to involve a new center that would meet the hospital's post-acute care needs and reduce rehospitalizations. Although Genesis and Johns Hopkins later decided not to pursue the new center because Genesis was determined to have enough capacity in Baltimore City to care for Johns Hopkins' patients in need of post-acute care, the two operators are still actively partnering.

"We've done a tremendous amount of staff training on chronic diseases, which gives our hospital partners confidence in knowing we are able to step in and provide the appropriate care," said Almquist.

Strength in numbers

Genesis has seen its hospital readmission rates drop from approximately 21% in 2011 to about 17.4% in 2013. "That's a roughly 17 percent decrease in just two years," said Jason Feuerman, Senior VP of Strategic Development and Managed Care for Genesis. That reduction can be credited, in part, to Genesis' 350 staffed physicians and nurse practitioners, who see approximately 85% of incoming patients.

Despite the surge in the short-stay post-acute segment and Genesis' success in keeping its short-stay centers full and in demand, Genesis isn't letting go of its long-term care services.

"Genesis is maintaining its bifurcation strategy that allows us to provide both short- and long-term care," confirmed Feuerman. "Although we [work hard] to provide care that will get patients back home as quickly as possible, there will always be some who will require long-term care. There's a real need for both." ■

Kindred is moving upstream and downstream

By Julie E. Williamson

Photo: Thinkstock

Kindred is targeting both hospitals and home care in an effort to expand its portfolio.

As policy-makers and payers push for more patient-centric, integrated care that rewards care value over volume, more operators are stepping outside their traditional operational models and forging innovative partnerships across the care continuum.

It's an approach that's paying big dividends for Kindred Healthcare. Through its *Continue the Care* strategy, the healthcare provider, which operates in 47 states, is working to reduce fragmentation between care settings, ease care transitions, and more efficiently partner with patients, families, hospitals, and other healthcare players to improve communication and patient outcomes.

"Our strategy for the past couple years is to allow us to continue to be successful in the current fee-for-service [payment system], while also actively preparing for a fee-for-value system," said Kindred President and COO Ben Breier. In doing so, Kindred is expanding and repositioning its market portfolio, focusing more on short-term post-acute care that will allow traditionally high-cost, high care patients to go home sooner. Aside from reduced hospital length of stay, fewer hospital readmissions and lower total care costs, Breier said the approach makes for a better patient experience overall.

At press time, the company had made a bid to purchase Gentiva Health Services, one of the nation's largest home care firms. The $534 million bid would give Kindred a greater "downstream" presence, experts say.

"We believe a patient-centered approach is critical for making this work," Breier reasoned, noting that Kindred is working hard to create mechanisms that will facilitate care placement decisions.

Additionally, the operator is working closely with physician partners across care sites to provide more timely, appropriate and concerted care to patients. Kindred is also investing heavily in staff, including the addition of roughly 75 Care Transition Coordinators who work in six Kindred integrated-care markets today and team with patients' primary-care physicians to manage their post-acute care. CTCs' goal is to contact the patient within 24 hours of hospital discharge — an approach that's helped slash hospital readmissions.

Enhanced IT capabilities also factor into Kindred's forward-thinking strategy. The operator created its *Health Information Exchange* model that allows its transitional care hospitals, nursing and rehabilitation centers and *Kindred at Home Homecare and Hospice* affiliates to share vital health information. Kindred is also investing in technology to connect its clinical applications, allowing patient care summaries to follow patients upon discharge from a Kindred facility to wherever their next point of care may be, whether it's another Kindred facility, a non-Kindred facility or home.

Partnerships abound

Kindred's reach is indeed widening. As of June, the operator, through its subsidiaries, provided healthcare services in 97 transitional care hospitals, five inpatient rehabilitation hospitals, 98 nursing centers, 21 sub-acute units, 153 *Kindred at Home* hospice, home health and non-medical home care locations, 104 inpatient rehabilitation units (hospital-based), and contract rehabilitation service provider RehabCare, which served 1,875 non-affiliated facilities.

Given the growing integrated care market and the increasing demand for post-acute care services, it's understandable that Kindred is shrinking its long-term care business and expanding its high acuity, shorter-stay offerings, as well as rehabilitation and home health. Kindred's nursing center division has been cut in half, and its 110 remaining nursing and rehabilitation facilities are taking more higher-acuity, shorter-stay patients. It's a strategic move that allows the operator to better position itself within the evolving market.

The company's ever-expanding hospital and accountable care organization partnerships further underscore its commitment to the integrated care model. Kindred is partnering with more than 30 ACOs and 100 hospitals nationwide, including the Cleveland Clinic, where Kindred serves the system's post-acute care patients in Cleveland.

"We all have something valuable to offer," said Breier. "It's not about competition, but working together toward a common goal of providing true coordinated care across the continuum. When that happens, everyone wins." ■

TAKING THE LEAD

Brookdale's strategy: Become first national brand

In a sector known for regional players, the company wants to set a new standard

By Julie E. Williamson

In the highly competitive senior living segment, operators are seeking innovative approaches to help maintain — and gain — momentum in the marketplace. Brookdale Senior Living is building out a new strategy and ambitiously attempting to do what no other senior living organization has done before: achieve national brand recognition.

In May, the Tennessee-based senior living giant rolled out a targeted rebranding initiative intended to position Brookdale on a national scale, as "top-of-mind and synonymous with top quality senior living solutions," according to CEO T. Andrew Smith. The attempt to build the brand and keep Brookdale in the forefront of would-be customers' minds makes sense, given the operator's national presence and decades of service.

Brookdale serves up to 67,000 residents in more than 640 locations in 36 states. Its service spectrum spans independent living, assisted living, memory care, skilled nursing, continuing care retirement communities, home health, therapy and hospice.

"As the first national brand in this industry, Brookdale will be able to set the highest standards of quality, service and trust in this industry, and will be able to transform senior living through things, such as innovation," said Brookdale spokeswoman Kristin Puckett.

Reflecting core values

Marketing activities of the past traditionally built brand equity at the local level. The growing demand for full-scale senior living services, coupled with greater interest from family members who wish to become better educated about care options for their aging loved ones, has created a golden opportunity to expand marketing messages' reach.

A wider net

For Brookdale, that's meant advertising on television networks such as CNN and Hallmark, and initiating more digital and Internet leads. Prospective customers can learn more about Brookdale, its key differentiators and its 35-year-old brand promise to "do the right thing" by visiting the company's website, and joining conversations about Brookdale and senior living on social media sites, such as Facebook and Twitter. They also can access the Brookdale website and YouTube to view four videos currently running in the national television campaign, as well as a host of other YouTube videos highlighting Brookdale's communities and service offerings.

As of January, prospective leads from mobile technologies increased by 90%, and other Internet metrics, such as the number of website visits, also were on the rise.

Photo: Thinkstock

Brookdale recently rolled out a targeted rebranding initiative. It includes some of the disciplines illustrated here.

The operator is stepping up its branding efforts in other ways, as well. A community renaming initiative is currently underway — a move that will better align local community marketing and outreach with Brookdale's national branding activities, according to Puckett.

Core values

The branding efforts will showcase Brookdale's core strengths and founding philosophies, all of which underscore the company's longstanding commitment to leadership, transparency, trust and, above all, providing the highest quality resident-centric care and services.

As Puckett explained, "The external brand recognition will reflect our company's internal values, so those who are new to senior living can appreciate the power of what our associates do each and every day." ■

Dementia care with a personal touch

Silverado's 33 memory care communities thrive by focusing on quality of life concerns

By Julie E. Williamson

Caring for dementia residents tops many seniors housing providers' list of challenges, but Silverado sees it as a golden opportunity to shine — and help its residents do the same.

With its 33 memory care communities located across eight states, Silverado proves that compassion and dedication maximize residents' quality of life, regardless of their degree of cognitive impairment and comorbidities.

"Person-centered care is a buzzword now, but it's not new for us. It's an approach we've adopted all along," said Kim Butram, a gerontological nurse practitioner who serves as Silverado's VP for health services.

"With dementia care, there's a normalization piece that's necessary for providing the very best care — gathering a social history of each resident and learning what's normal for them, so we can provide the best care to meet their needs." Put simply, it's about treating the person, not the condition, Butram explained.

Silverado's President, CEO and Chairman of the Board Loren Shook has dedicated himself to improving resident quality of life and not only adopting evidence-based best practices, but also developing them. Recognizing the growing need for innovative, specialized dementia care, Shook serves as a dementia resource partner to many universities and research organizations. He shares his philosophy and vision in a chapter of the book, "Models and Pathways for Person-Centered Elder Care."

Medical-social hybrid

Providing exemplary care hinges on the ability of staff members (called "associates" at Silverado) to promptly pinpoint resident changes and share that information with clinicians to drive proactive care — whether it's checking urine for a suspected urinary tract infection, or conducting some other intervention to keep residents as comfortable and healthy as possible, without the need for hospital transfers.

Photo: Thinkstock

Silverado's model for memory care combines a medical and social approach.

Higher acuity is driving the need for a more medical-based model, but it's important to integrate the social model, too, stressed Butram.

"We have a medical-social hybrid model here and our hospitalization rates are very low.

"We recognize that subtle changes matter and that detecting them early can reduce the need for a hospital transfer that can be very difficult for someone with dementia," Butram said. "Every associate is valued for their input, and our nurses definitely listen."

Residents have input

Resident input also is welcomed at Silverado, and is encouraged by an open door policy and appreciation that each community is, first and foremost, a home for residents. Butram recalled a leadership conference held at a Silverado community where an 89-year-old resident walked in the room and sat next to Shook while the meeting was in session. Rather than redirecting the man, who happened to be a former executive, the team allowed him to participate.

Afterward, in the hallway, Shook engaged the resident further. "He said, 'I want to talk to you CEO to CEO,'" Butram recalled, adding that this welcoming, person-centric approach is the care philosophy of every Silverado associate.

Small touches matter

Silverado's goal with its memory care facilities is to make residents' homes full and complete. Pet therapy, art programs and a social atmosphere augment the effects of traditional treatments and have shown wonderful results; however, it's the thoughtful, individualized care that makes the biggest difference, officials feel.

"If an assessment shows a person was a businessman, and other communities found this person was an elopement risk after breakfast, for example, it's important to understand that he may have believed he was going off to work," Butram reasoned.

Taking a hat and briefcase to his room and assimilating a coffee break may be all that's needed to reduce the former businessman's elopement risk and improve quality of life.

"Those with dementia can have good quality of life," Butram explained. "It's just taking time to understand them and providing personalized care that really speaks to each resident." ■

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MatrixCare

Company History

MatrixCare solutions have powered the long-term care continuum for over 30 years. Used in more than 5,500 care settings, MatrixCare is the industry leading, cloud-based EHR with care setting specific solutions across the continuum of care. It helps long-term care and senior living communities deliver superior care, resulting in better clinical and financial outcomes. The MatrixCare Architecture for Long-Term Care includes product suites to help providers deliver person-centered care while maintaining high occupancy rates, maximizing revenues, reducing readmissions, and integrating with partners and physicians across the continuum of care. In today's fee-for-service model, MatrixCare helps to improve revenue and cash flow performance by maximizing reimbursements and shortening payment cycles. In the outcome-based model of tomorrow, MatrixCare will deliver the elements necessary for success: enterprise-wide clinical decision support, interoperability to support participation in ACOs and HIEs, purpose built functionality that spans the continuum of care, and highly scalable technology to service thousands of facilities with a low total cost of ownership. MatrixCare supports executive decision-making by providing visibility to costs and purchases across the enterprise to facilitate the lowest cost per unit resulting in improved profit margins. MatrixCare delivers superior service to its clients resulting in better business outcomes for their organizations.

Our Philosophy

MatrixCare's philosophy is to deliver solutions that will help our clients be the most valuable provider in the healthcare networks strategic to their success. In the rapidly changing healthcare landscape, high-growth provider organizations require HIT solutions that not only meet their needs today but position them to meet the regulatory, interoperability, and scalability requirements of tomorrow. MatrixCare works with the largest providers under mutually agreeable, unique and creative licensing agreements that cater to their organizations' need to scale.

What We Offer

Fully integrated, care setting specific product suites include:

Clinical and Resident Management

MatrixCare clinical and resident management functions give you the power to ensure maximum reimbursements, quality of care and organizational efficiency. Features include MDS, care plans, service plans, user-defined assessments, physician and nursing orders, eMAR & eTAR, and point of care.

Financial

MatrixCare Financials leverages superior technology and integrated resident data to manage the complex business operations. Features include accounts receivable, claims management, resident trust, collections, accounts payable and general ledger.

Marketing

MatrixCare Marketing manages sales leads and maximizes marketing strategies. Features include lead and referral source tracking, managing and tracking lead follow-up activities and contact history, analysis of cost per lead and conversion rates, and a mobile application so sales and marketing staff can manage their activities and access their information on the go.

Analytics

MatrixCare Analytics offers powerful, easy- to-use tools for mining the vast amounts of data contained in MatrixCare. Analytics extracts data from MatrixCare and enables organizations to develop valuable dash- boards, reports, charts, and graphs that capture the pulse of the business, driving better business and clinical decisions and improving the bottom line.

Connections

MatrixCare Connections is an innovative program that formally certifies the interoperability between MatrixCare and third-party systems and service organizations that support long-term care and senior living providers.

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Eligible properties: ■ CCRC ■ Skilled nursing ■ Assisted living ■ Congregate care

OnShift

Company Profile

OnShift focuses exclusively on long-term care and senior living, helping providers overcome staffing challenges among the senior care workforce.

Thousands of communities use OnShift staff scheduling and labor management software and experience significant improvements to their operational, financial and clinical outcomes each and every day.

Providers find OnShift's SaaS software easy-to-use, with an intuitive mobile app and web-based interface to significantly reduce time spent on scheduling. OnShift customers experience rapid ROI, typically cutting overtime by 50% to 70%, consistently hitting staffing targets for better care and increasing employee satisfaction.

Our Philosophy

OnShift is committed to partnering with long-term care and senior living organizations in delivering world-class technology, service and support to alleviate the challenges of staffing and labor management.

With OnShift, providers achieve sustainable value and gain more time for what matters most — delivering high quality patient and resident care.

- **Ease of Use:** Developing software that is easy-to-use and readily embraced by senior care professionals in OnShift's D.N.A.
- **Innovation:** OnShift is continually evolving its products and services to drive value every day, every shift, and every hour.
- **Best Practices:** OnShift works hand-in-hand with customers to share proven best practices that have been developed based on thousands of experiences in senior care.

What We Offer

- **Staff Scheduling and Labor Management** software to get off paper and go online.
- **Mobile App for Employees** for 24/7 access to work schedules.
- **Acuity-Based Staffing** software to balance staffing plans based on resident acuity and census.
- **Customer Success Management** for ongoing best practices to achieve sustainable value.
- **Affordable Care Act** features to help manage employee hours in accordance with ACA policies.

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Our Value

OnShift addresses critical workforce challenges in long-term care and senior living by helping providers:

- **Control Labor Costs:** OnShift's predictive analytics help providers improve their bottom line by reducing overtime, minimizing clock-riding and balancing staffing levels to avoid unnecessary costs.
- **Boost Efficiencies:** Scheduling tasks are simplified online, with access extended to employees through a mobile app. Communities boost worker productivity and spend up to 70% less time on scheduling with OnShift.
- **Increase Consistency & Predictability:** OnShift provides a 360° view into staffing across communities and gives executives predictive tools to manage labor by exception to facilitate consistent staffing.
- **Improve Satisfaction & Care:** OnShift helps providers staff appropriately to deliver high quality care. With OnShift, employees become more engaged with their work schedules, helping to increase satisfaction and reduce turnover while improving quality of care.

PharMerica

Company Profile

Founded in 2007, PharMerica is now the industry's second largest long-term care institutional pharmacy, delivering more than 30 million prescriptions a year to 15% of nursing homes throughout the country. PharMerica strives to satisfy the specific needs of skilled nursing facilities, long term care facilities, assisted living facilities, hospitals and other institutional care settings with exceptional customer service, innovative technologies to improve medication access, availability and savings, and an award-winning consultant pharmacist program that ensures compliance with ever-changing state and federal regulations. What results is comprehensive pharmacy services that enable our clients to focus on what's truly important: providing top-quality resident care.

Our Philosophy

PharMerica's promise is simple: to deliver the best and most comprehensive service in the industry. And over the past several years, PharMerica has evolved its service model to do just that. Each client now has a single point of contact, we offer 24/7 customer support, and we empower our account managers to proactively offer clients solutions. Today, from our pharmacy associates to our corporate management team, PharMerica understands what's important to our clients — and delivers. And in return, we've earned their trust.

What We Offer

PharMerica's innovative products and services help facilities increase efficiency, reduce costs, and optimize resident care, including:

- **Cost containment suite.** Composed of ViewMasteRx, PharMerica's online pharmacy management system, RxExact facility adjudication service, RxAllow Medicare Part D therapeutic interchange program, and other technology solutions, PharMerica keeps clients updated in real time on billing, pending charges, prescription histories, cost savings alerts and more.
- **RxNow.** PharMerica's on-site dispensing system ensures immediate access to highly utilized medications necessary for late admissions, first dose situations and emergencies.
- **EZ-MAR.** PharMerica's eMAR and eOrdering systems makes ordering medications and maintaining medication administration records easy.
- **Professional Education.** PharMerica offers both on-site clinical and med-pass training as well as CE credits through our teleconference series or at local educational symposia events.
- **ConsultPro.** PharMerica's consultant pharmacists help facilities comply with regulations, control costs, and stay abreast of the latest treatment information.
- **IV Therapy Services.** PharMerica's offers 24/7 access to IV pharmacists and nurses and on-site IV training and services to facilities can confidently treat residents requiring these therapies.

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Eligible properties: ■ CCRC ■ Skilled nursing ■ Assisted living ■ Retirement communities ■ Congregate care ■ Hospital ■ Ambulatory surgery ■ Rehab hospital ■ Medical office

A Successful Partnership

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Special advertisement section

Tackling the Acuity Conundrum in Senior Care

How the right technology strategy improves both quality of care and bottom line for senior living providers

By Jayne Warwick, RN, HBScN
Solutions Specialist at PointClickCare

10,000

Americans turn 65 years old each day.[1]

Connecting all aspects of resident care and business operations is a prerequisite for solving The Acuity Conundrum.

The Rise of the Acuity Conundrum

Many senior living providers underestimate the consequences of the increasing number of seniors entering senior living facilities at a more advanced age with more complex health care needs – a trend I refer to as The Acuity Conundrum.

These alarming statistics will force changes in staffing, documentation and services requirements to ensure adequate care provision while also handling more complex compliance obligations.

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1. Baby Boomers Retire – Daily Number, PewResearchCenter, December 29, 2010, http://www.pewresearch.org/daily-number/baby-boomers-retire/; accessed August 7, 2014
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70%

of people turning 65 will use some form of long-term care during their lives.[2]

50%

of senior living residents have three or more chronic conditions.[3]

42%

have Alzheimer's or other dementia.[3]

The Right Technology Strategy and Platform to Survive and Thrive

Technology that is flexible, scalable and interoperable opens the door for an important shift. Innovation has changed technology usage dramatically over the past decade.

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New mobile and cloud-based technologies allow for central data collection as well as documentation of care delivery, medication management and other important functions. For example, wellness coordinators can use mobile devices to provide updates on changes in condition and acuity of a resident. Data is recorded at the point of care and securely and centrally stored in real time, giving the right people access to the right information at the right time. This innovation is what will help solve the acuity conundrum.

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Data provides insights to better evaluate service provision, staffing requirements and potential risk or compliance issues. These insights can then be put into action. For example, acuity tools can define staffing needs based on varying acuity levels in the facility, promoting better outcome management.

Prompts through care path management can remind staff of appropriate steps for documentation of changes in condition. Remote connections to practitioners improve collaboration to help maintain the health of a resident and prevent transfers to higher level of care.

It's about getting the right business insights and empowering the right people to get the right information at the right time.

87%

professionals are seeing a surge in resident acuity[4]

45%

admit they are not prepared for this rise[4]

The right technology strategy is the key to solving the challenges of the rising Acuity Conundrum with a connected and truly resident-centric approach to senior care.

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3. National Survey of Residential Care Facilities – Survey Methodology, Documentation, and Data Files, Centers for Disease Control and Prevention, December 15, 2011, http://www.cdc.gov/nchs/nsrcf/nsrcf_questionnaires.htm; accessed August 7, 2014
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PointRight

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Eligible properties: ■ CCRC ■ Skilled nursing ■ Hospital ■ Rehab hospital

Products offered: ■ Data-driven analytics, Web-based solutions that help providers achieve reimbursement accuracy, lower rehospitalization, improve quality of care, manage risk and achieve compliance.

Company Profile

PointRight is the industry-standard analytics leader that enables healthcare providers to measure and manage risk, quality of care, rehospitalization, compliance and reimbursement. Using some of the largest and best databases in the industry, our nationally recognized clinical staff, researchers and technologists expertly translate data from multiple sources into actionable information and insight.

Our Philosophy

PointRight employs industry-standard, predictive analytics that help providers:

- Optimize reimbursement through data quality and integrity
- Lower rehospitalization through PointRight Pro 30, the industry-standard, case-mix adjusted measure
- Improve clinical quality that incorporates QAPI guidelines
- Ensure compliance and manage risk
- Achieve survey success

What We Offer

Our key solutions include:

1. PointRight Pro™ 30™ rehospitalization service is the only case-mix adjusted measure that's been validated by Brown University and adopted by the American Health Care Association for its Trend Tracker product. This PointRight® Pro 30™ rehospitalizations metric is now in use with over 9,000 skilled nursing facilities (SNFs) in the United States. In addition to AHCA's adoption of the metric, it is in use by a variety of Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs) nationally, which represents a variety of SNFs in their respective networks. Based upon its success, AHCA has formally submitted the measure to the National Quality Forum (NQF). The PointRight Pro 30 measure gives clients access to two important real-time rates: observed and case-mix adjusted rehospitalization rates for both Medicare and all-payer groups, and compares these with national benchmarks. The service features root-cause analysis data as well as resident average length of stay (ALOS) data. It also provides the tools that facilities need to assess why residents returned to the hospital, determine areas of highest rehospitalization as well as possible preventative measures, and crosswalk the rehospitalized resident with other outcomes to improve quality of care.
2. RADAR uses the Minimum Data Set (MDS) to visually communicate clinical areas of impairment or risk, one resident at a time. Using robust data analytics, we can help you understand your resident case mix and identify both your highly impaired and at-risk residents and optimize quality care while driving down costs. It is easier to address a finite list of high risk or highly impaired residents and knowing the "who" catapults your staff into action. Our facility-level report, RADAR, offers early identification of impaired and at-risk residents along with Quality Measure Alerts. The report includes proprietary hospitalization and frailty risk scales to identify residents most likely to be hospitalized and those nearing end-of-life, as well as risk scales for falls and pressure ulcers.
3. Data Integrity Audit (DIA) goes beyond checks performed by MDS software systems by also viewing each assessment the same way a surveyor, fiscal intermediary, RAD auditor or plaintiff attorney would, providing immediate feedback for resolution.

A Successful Partnership

We provide data-driven strategies for providers that need to meet competitive and operational pressures of Healthcare Reform — proving quality care, achieving better outcomes while stabilizing or reducing cost. PointRight employs 'Big Data' to offer industry-standard, predictive analytics and data-driven insights backed by nationally renown clinicians, researchers and analytics experts.


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