



# WELCOME

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# Asking a question is easy!

- About the topic being presented —
  - ❖ Click on the **Q&A** icon at the bottom of your screen
  - ❖ Type your question & hit Enter
  - ❖ Questions will be answered at the program's end, or offline if time runs out
  
- About technical issues or CE credit —
  - ❖ Click on the **Chat** icon at the bottom of your screen
  - ❖ Type your question & hit Enter
  - ❖ Our team will reply to your question right away

## Housekeeping notes

- ▶ This webinar is being recorded for on-demand access later, after the series' conclusion
- ▶ To earn CE, you must attend the entire session
- ▶ For those sharing a computer
  - Complete a manual sign-in sheet before the program ends
  - Go to **Chat** to access the link for the sign-in sheet
  - Each participant must complete an evaluation to obtain CE credit
  - Instructions will also be emailed to the program registrant

# Rebuilding Census After COVID-19

**CC Andrews**  
Chief Strategist  
Quantum Age

**Lisa Thomson**  
Chief Strategy Officer  
Pathway Health

# Objectives

- ▶ Learn key consumer concerns you should be addressing
- ▶ Explore approaches to regain momentum with old—and new—referral channels
- ▶ Look for creative, but practical, ways to innovate and reinvent the way you use your resources
- ▶ Align marketing with reimbursement strategies

# Current State - Nursing Homes

THE WALL STREET JOURNAL.

## Covid Spurs Families to Shun Nursing Homes, a Shift That Appears Long Lasting

Fearing infection and isolation, relatives are turning to home care as new services make that option more possible for many

 Skilled Nursing News



**FINANCE**

### As Pandemic Drags On, Home Health Diversion Rates from Nursing Homes May Become Permanent

By Alex Spanko | January 26, 2021

**McKnight's**

LONG-TERM CARE NEWS

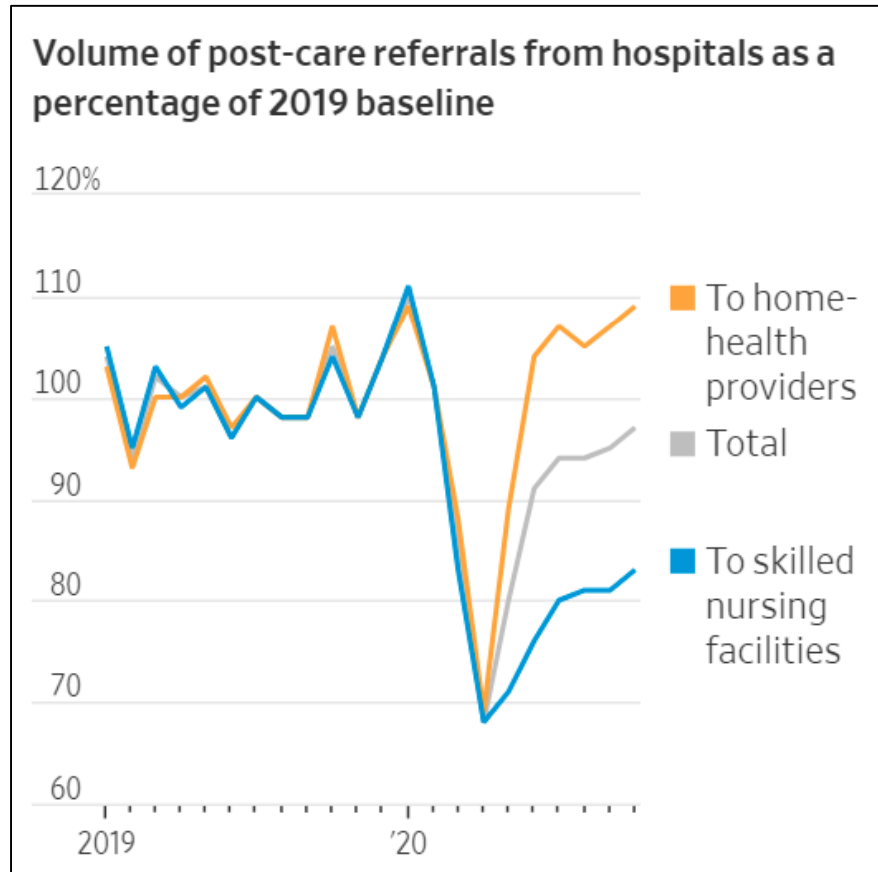
January 26, 2021

Skilled nursing's 'pain points' persist, including 69% median occupancy

# Current State - Nursing Homes

- ▶ Occupancy fell to 69% of 2019 volume by April 2020, according to CarePort
- ▶ By October, overall PAC occupancy was up to 97%, BUT:
  - Most was home health – up to 109% of 2019 volume
  - Skilled nursing only crept back to 83% of historic volume
- ▶ SNF recovery has plateaued - kicking off 2021:
  - National median occupancy at 69% (from 85% a year ago)
  - But as low as 56% in TX – CLA
  - Negative margins likely even at 90-95% of pre-COVID levels

# Current State - Nursing Homes





# Current State - Nursing Homes - Drivers

- ▶ Referral trends
  - “Elective procedures” halted/slowed
  - SNF at Home – hospitals and especially physicians
  - Only the clinically complex
  - More challenging dementia cases
- ▶ Media coverage
  - COVID outbreaks and isolation
  - Scaring consumers and referrers
- ▶ Oversight
  - Citations and Enforcement Sanctions
  - Quality Measures

## Current State - Assisted Living



Occupancy at U.S. Senior Housing Properties Drops as COVID-19 Effects Continue

### Modern Healthcare

Senior-living providers facing millions of dollars in lost revenue, new costs tied to COVID-19



SENIOR HOUSING NEWS

MANAGEMENT

**Senior Living Occupancy Hit Record Low in Q4 2020**



Home Health Care News

**Record Low Senior Housing Occupancy Could Be a Boon for In-Home Care Providers**

## Current State - Assisted Living

- ▶ Assisted living occupancy = 77.7% as of December 2020
  - The number of operators with 95% average occupancy rates has been cut in half in just 2 quarters (22% in Q2, 11% in Q4) - NIC
  - Meanwhile, the number of senior living operators with occupancy rates below the market average grew (29% in Q2, 40%
- ▶ Move-ins are higher need
  - Higher acuity
  - More challenging dementia cases

## Current State – Assisted Living

### ▶ Drivers

- Self-imposed moratorium on move-ins early on
- Visitation restrictions, quality of life
- Media coverage – fear
- Regular attrition, COVID move-outs – but without new move-ins

### ▶ Pent-up Demand

- How big is it?
- When will it come?

## COVID – A Permanent Game Changer

- ▶ Accelerated industry change and the need to adapt
  - Move toward higher acuity (in all settings)
  - Consumer attitudes
  - Struggling value proposition
  - Quality focus
- ▶ We won't be going back to the Good Ole Days of 2018/19
  - Most new referral patterns (particularly SNF) are predicted to be permanent
  - Communication and connection are paramount and will continue to be expected
  - Telehealth is here to stay
  - Could the 3-day stay be history?

## What Can We Do Right NOW?

- ▶ Transparency is the new black
  - Trust is at a historic low
  - Change our mindset from “should we be transparent” to “why wouldn’t we be transparent”
  - Share data – to residents, referrers, consumers, everyone
  
- ▶ Vaccine rollout is critical (but not a silver bullet)
  - Communicate and be specific!
  - What level of staff adoption do you have?
  - What does this mean now vs. short term/long term?

## What Can We Do Right NOW?

- ▶ Communicate
  - People want to know what you can do
  - What do you provide? How do you provide it? What are your results?
  - Use actual data – from your EHR, other systems, even if it's manual for now
  - Answer hard questions
    - ✓ How did you fare during COVID?
    - ✓ If good, what did you do right?
    - ✓ If not so good, what did you learn and how are you better now?

# What Can We Do Right NOW?

- ▶ Provide detailed assurances about your COVID protocols
  - Are all residents and staff vaccinated? How are you handling this?
  - Exactly how and how often are you cleaning and sanitizing
  - What happens if someone tests positive/gets sick
  - What are your visitation policies and procedures
  - What sort of socialization/engagement is possible for residents
- ▶ Share this with
  - Consumers
  - Referrers – certainly acute care, but also physicians (especially influential for senior living)



# Longer Term Solutions

# Setting Yourself Up for Success

## ▶ Lean In

- What percentage of referrals are you accepting, including the more/most challenging cases
- Current patterns aren't likely to change soon, if ever
- Is your team in a “yes” mindset?
- Have the tough conversations. Be brutally honest about your position in the market. What is staff saying?
- Shore up resources and clinical competencies to excel with the referrals you're being offered
- Optimize (i.e. PDPM)
- Proactively seek tougher cases – you will be loved by referrers
  - ✓ Memory care
  - ✓ Clinically complex
  - ✓ Medicaid pending
  - ✓ What else can you do?

## Think Globally, Act Locally

- ▶ Be well-versed on trends and innovations nationally
- ▶ But then know each market in your portfolio intimately to determine the best strategies and partners
- ▶ Know your organization data and use to craft messaging
- ▶ Differentiate – The Key!
- ▶ Prepare your team – Engage in strategic direction
- ▶ Technology – leverage

## Potential Partners

- ▶ The usual suspects, of course!
- ▶ Health plans
- ▶ ACOs, bundles – those at risk
- ▶ Geri-psych
- ▶ Area Agencies on Aging
- ▶ Regional Med Centers

Often these players aren't well versed on what all is possible to do in your setting – educate them!

# Get Creative

- ▶ Where to start? Assess current state
- ▶ Leadership agility mindset - curious
- ▶ Embrace change
- ▶ High demand services – Quick Wins and Longer-Term Opportunities
- ▶ Branding and positioning – social presence

Be the Change! *“Remember that the airplane takes off against the wind, not with it!”* - Henry Ford

Q & A

# About CE credit

## Administrator credit

This program has been approved for Continuing Education for one total participant hour by the Illinois Health Care Association.

## Nursing credit

This program has been approved for Continuing Education for one total participant hour by the Illinois Board of Nursing.

# Obtaining CE credit

- ▶ Complete the evaluation at the conclusion of this program:
  - In your web browser
  - Also emailed immediately following this program
- ▶ For those sharing a computer to view the webinar:
  - Submit your sign-in sheet to the email address listed on the form
  - Each participant will then be emailed a link to the evaluation
  - Each person must complete an evaluation to receive CE credit
- ▶ Certificates should be emailed in about 30 days



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**April:** *Alcohol & Substance Abuse  
Treatment in Long-Term Care*



2021 MONTHLY WEBINAR SERIES

THANK YOU!