MAKING THE TRANSITION

As residents age in place, operators are responding by enhancing options and care

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When the popularity of continuing care retirement communities first exploded in the 1970s, most were planned with the expectation that residents would transition from independent living to higher-care settings. But that's not how things are always playing out.

Today, the aging in place phenomenon that has, for better or worse, slowed the pace of move-ins is also influencing how CCRCs and other senior living communities manage and serve existing residents.

"The 'aging in place' conversation comes up often in strategy sessions that we conduct with boards and leadership teams," said Lisa McCracken, Ziegler's senior vice president of senior living research. "Residents are changing in their openness to move through the continuum as acuity rises and additional support is needed. I think we can anticipate that this will only increase as the baby boomers enter the senior living marketplace. We have overall seen an industry shift to increase resident/patient-directed care and this is one example of that."

But even as they respond to changing consumer expectations, providers must remain cognizant of core responsibilities. No matter the setting, appropriate supports are needed to keep residents healthier longer.

In many communities, the addition of programs designed to keep residents independent for more years has already begun. Ziegler reports growth in nonprofit providers delivering an array of home-based services, home care, adult daycare, Continuing Care at Home programs, or use of Medicare's Program for All-Inclusive Care for the Elderly.

According to the 2019 LeadingAge Ziegler 200 report, approximately 50% of the nation's largest operators provide some type of home- and community-based services to non-residents. The Continuing Care at Home model is now offered by more than 10% of the LZ 200, versus just 2% in 2018.

Many communities already offer similar supports to their residents, though there's no consensus about which approach is right for all consumers or all providers.

Others are designing new communities with a mind toward holistic care that makes independent living both desirable and practical.

But not all providers have embraced aging in place with such enthusiasm.

"The industry is wrestling with how to effectively manage the implications associated with (the major) drivers," said McCracken, who notes resident safety, regulatory dictates, staffing and operational pressures, marketing considerations and business models are all valid concerns.

In CCRCs, especially, operators often count on the higher income that is associated with a resident's move to a more intensive care setting.

But many of those hurdles can be overcome with in-depth analysis, careful planning, strategic partnerships and the adoption of new programs that incorporate technology, offer engagement

opportunities and boost healthcare within the community.

DESIGN FOR DECADES

A community meant to enable fewer moves needs to be designed for longevity.

The gold standard remains the use of universal design principles, said Dean Maddalena, President of Austin-based Studio SIX5. He designs exclusively for senior living communities, from active adult settings to CCRCs with skilled nursing units.

He said many of his clients remain reluctant to encourage independent residents to age in place because their long-term financial models have always been predicated on moving residents through different models of care.

But his assisted living clients, he said, are warming to the idea largely because they've already built in the costs of some additional services.

They're anticipating clients who will

"I'M A BIG FAN OF AN APARTMENT FOR LIFE."

— LYNNE KATZMANN

A common goal: putting the resident first.

decline physically and cognitively, and anticipating more dementia-related issues. Memory care design standards — using plenty of natural light, reducing glare and transitions — are trickling down toward independent buildings as operators assume their residents will stay as even as they begin to deal with dementia and other health issues.

PHYSICAL HEALTH

The biggest aging in place influence Maddalena has seen is the need for flex spaces within settings, whether they're to create additional activities space or accommodate a new medical service — and those needs may change based on the population in a given year.

Improved wellness facilities are also a major desire both for attracting potential residents and keeping the current ones independent.

"Those areas are becoming very robust," Maddalena said. Fitness centers also may serve non-community members, offer physical therapy or speech language visits or include designated telemedicine screens where residents can get help with behavioral health or other issues not met on campus.

Katzmann says those kinds of amenities are a critical part of Juniper's success.

"Wellness is different than nursing care," she said. "Younger shoppers are looking for what I call lifestyle management services."

They may be more focused on being able to stay healthy with routine workouts or being able to rehab from joint replacement rather than chronic issues that will emerge years later.

Katzmann's model offers annual wellness visits on site and

When it comes to services for residents dealing with decline, there is no one-size-fits-all answer. But there are common basics.

the ability to talk with specialists about issues that do arise, whether they're medical- , mobility- or depression-related. Communities also offer a medical concierge to relieve family caregivers of managing appointments and make their visits more meaningful.

Juniper's Connect4Life services for Medicare-covered residents was shown in a 2017 study to reduce inpatient hospitalization rates by 50%, lower readmission rates by more than 80% and cut emergency department use by 15%, compared to Medicare beneficiaries in nonJuniper communities.

Those types of incidents can detect worsening conditions and may influence caregivers to pursue a move into an assisted living or skilled setting.

Likewise, chronic conditions such as end-stage liver failure may require increasing care over the years. Many communities have started to incorporate treatments by adding dedicated spaces, whether they are for virtual follow-up visits, mental health consultations or more in-depth phlebotomy or pharmacy services.

A move is less and less an automatic next step, Katzmann said.

A careful consideration of residents' needs will quickly start to influence programming in a building or campus that promotes aging in place and allows prepared communities to layer on services as needed, including community-wide high speed internet to provide tech savvy seniors with the connectivity they want, while enabling management to utilize a common network to connect IoT devices used for both safety and security. With this in mind, DISH Business released DISH Fiber, a new managed Wi-Fi solution that serves both residents and the professionals managing those communities.

ENGAGING WITH TECHNOLOGY

Communities also are fostering a vibrant social life for residents, even those already coping with physical or cognitive impairments.

A full slate of engagement options from on-campus concert venues to devices that allow residents to interact from their own units is often part of the solution.

"Social connectedness and engagement technologies help older adults combat social isolation, reduce risk of depression, engage in cognitively stimulating activities to delay or slow down cognitive decline, and improve overall health outcomes," said Majd Alwan, Ph.D., Senior Vice President Technology for Leading Age and Executive Director of its Center for Aging Services Technologies.

As operators serve a demographic with changing needs, they are being pressed to accommodate residents'

"THE 'AGING IN PLACE' CONVERSATION COMES UP OFTEN IN STRATEGY SESSIONS THAT WE CONDUCT."

— LISA MCCRACKEN

changing technology, connectivity, and entertainment needs. These services, after all, are an important part of the overall experience that is delivered.

"Today's seniors are increasingly more comfortable with technology, and they expect to have options when it comes to entertainment and engagement," said Josh Rowe, Director of Product & Business Development for DISH Business. "They still want to watch their favorite TV channels live and in HD but from engaging with voice controlled smart devices to streaming their favorite content on their tablets, they are savvy and accepting of tools that keep them engaged and connected."

Among the most popular devices and services for safety are remote patient monitoring technologies that allow nurses and care managers to manage their chronic conditions or help residents master self-management skills to avoid exacerbations; medication adherence monitoring technologies that can be used in conjunction with telehealth to stabilize chronic conditions after an acute-care stay; activity monitoring — either worn or accessible through in-room devices — that track overall activity levels and help staff spot when an intervention might be needed; and safety monitoring tools that predict and detect falls or wandering.

Even vendors who once created products specifically for community-dwelling seniors have taken note of the aging in place trend in senior living. Remote Home Check's One Point, for instance, launched earlier this year and enhances quality of care in buildings that are using the Internet of Things, such as voice-controlled lighting or communication devices.

It started as a way for family caregivers to track independent loved ones.

Now, the solution offers eldercare communities a way to track ADL changes when short staffed. It encourages proactive care and mitigates risk.

"Without a doubt, the innovations that are out there facilitate an older adult's ability to live effectively in a more independent setting," McCracken said. "These advancements can be highly preventive-focused, thus heading-off an acute situation before it happens."

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MAKING CENTS

For residents, aging inside the safety and comfort of a senior living community may also be less expensive than trying to age in place in a traditional home.

A 2017 study by market analyst Jerry Doctrow found that many would-be residents and family members don't accurately calculate the costs of in-home health services and often undervalue the gains in wellbeing that come with a less isolating setting.

Using data from The National Investment Center for Seniors Housing & Care, he found that aging in place in a $500,000 condominium could cost almost twice as much as living in an independent living unit or 36% more than assisted living.

Skilled nursing providers also have to look after their bottom line, which several experts say is one reason the trend toward extending stays in independent or assisted living settings has been slow to catch on there.

But faced with increasing competition from home health and companion services that accommodate residents in the larger community, many have little choice but to respond.

What's critical is that they add services that both serve their residents' new acuity levels and compensate for any lost skilled nursing revenue.

Many operators embrace an approach that engages residents more.

Katzmann said facilities that keep residents out of their SNF beds longer may be able to build new partnerships and recruit short-stay or long-term patients to enter at that skill level.

Honoring existing contracts or state regulations, however, may stunt efforts to delay or reduce moves.

"If you have residents living in independent living, that really are assisted living qualified, there can be a liability upon the provider if that resident is not in the appropriate setting," McCracken noted. "At the end of the day, when an older adult reaches a certain level of decline, the fact is they can often be better served in the higher-acuity settings such as AL and SN. If a resident is a harm to themselves or potentially others, that is paramount."

An increasing number of providers are instead reaching into communities with their own Continuing Care at Home programs, which allow operators to diversify revenue streams while establishing relationships with older adults who could later decide to move in to their senior living community.

And one area where most providers are not budging is in memory care, which is often provided under an assisted living license.

About 60% of assisted living residents — not all of them with dementia — will transition to skilled nursing after an average of 22 months, according to the National Center for Assisted Living. Some may move because of continued medical decline, but for others it may be a financial decision.

In either case, providers are leery of liability concerns.

"To promote aging-in-place with someone who has moderate or clearly severe dementia or Alzheimer's is a significant risk to both the individual and the community," McCracken said.

Instead of ramping up those units, however, Ziegler reported there was a 15% increase in dedicated memory support units in the not-for-profit senior living sector between 2017 and 2018.

"Today, residents living with dementia such as Alzheimer's disease most often live behind locked doors," Charles de Vilmorin, founder and CEO of the Linked Senior engagement platform, wrote in a recent blog for *McKnight's*. "Furthermore, the way we treat an older adult in our day-to-day interactions can act as a restraint... A better way forward is to find the right balance of autonomy and safety that is rooted in each resident's unique risk tolerance and need of freedom," he added.

A shift of a different type is taking place in many communities, encouraged by advocates, prospective residents and families. Larger providers are incorporating more meaningful engagement programs that go beyond the traditional in an effort to maintain cognitive benchmarks and possibly delay the need for more advanced care.

Watercrest Senior Living this fall launched its Live Exhilarated Program, which encourages residents to explore new passions from an array of choices that emphasize creativity, social connections and curiosity.

"Personal wholeness is more than a feeling," said dementia care specialist Hollie Kemp, CDP. "It's the active pursuit of a thrilling life." ■