

HEALTH CARE & SENIOR HOUSING

Quarterly



5 weeks to meet a COVID-19 challenge

RTA Architects

The design-build team and construction trade partners worked around the clock to deliver an alternate care facility at St. Mary-Corwin Medical Center in Pueblo, including the scaffolding subcontractor who installed all the scaffolding around the facility in just two days.

With the onset of the world-wide COVID-19 pandemic, it became clear that additional facilities might be needed to care for a large influx of patients. The Army Corps of Engineers, in conjunction with multiple state agencies, identified facilities in Colorado that could be converted into alternative care facilities to serve lower-acuity patients as a “step down” from intensive care units. One of the identified sites was the unused east tower at St. Mary-Corwin Medical Center in Pueblo. The project was structured as a design-build with the general



Paul Reu, AIA
Principal, RTA
Architects

contractor M.A. Mortenson, architect RTA Architects, engineering subconsultants and subcontractors. The design assessment phase was seven days to include design, permit drawings and long-lead submittals. The construction phase was to occur in the following four weeks, for a total project duration of just five weeks, including permitting

through all state and local authorities having jurisdiction and punch list completion signoffs.

The key to success for any team is to have a clear and common goal that all team members rally behind. The pandemic provided urgency, and the need to support our health care systems was our goal. This allowed the team to immediately work with trust and respect.

“This project was unique in that everyone understood the critical nature of the mission and was committed from day one,” said Mortenson Project Executive Joe Plaskett. “It wasn’t just the design team and

GC that bought into the mission and the need to do everything possible to make it happen. That mindset was also very apparent in the major subcontractors and suppliers for the project, including all of the hands in the field. It became a 24/7 operation, and everyone was willing to step up or step in when someone else on the team needed a brief rest.”

■ **Assessment and design.** The seven-day facility assessment began Saturday, April 11, 2020, with the entire project team meeting on site. To facilitate long-lead-time items,

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2021 offers many hopeful trends for senior living

Maraie Guerrieri

No one's social circle tightened more than residents whose homes went into lockdown early last year as COVID-19 invaded. All of a sudden, the amenity-rich features and desirable locations took a backseat to health, safety and wellness. Now developers must determine how to embrace a balance that recognizes and promotes these new protocols, while still creat-

This seems like a great goal for all ages, but especially for those who have been hit the hardest.

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HEALTH CARE — MARKET UPDATE

A lack of density does not equal a lack of need

In the fall of 2018, one of my best friend's proposed we embark on the ultimate weekend. One of his corporate partners invited him to a private event at Lambeau Field that included drinks, dinner and a tour with Packer legend LeRoy Butler; afterward we made the roughly 70-mile trip to my family's Northwoods cabin to fish before returning to Green Bay for the game on Sunday. The event at Lambeau was incredible, but it was the next morning that I remember the most. After breakfast, my friend calmly asked me where the nearest hospital was. He was experiencing chest pain and the closest hospital was nearly 45 minutes away. Knowing that calling an ambulance to our remote area would take considerable time, I chose to drive him to a rural hospital I knew was operated by a larger system with a renowned cardiology center. Thankfully, we arrived at the rural hospital and he began receiving treatment in time; he was transferred to the larger center to have a stent inserted into his 95% blocked artery. The following day, we watched the game from my living room instead of Lambeau Field.

I've had the privilege of delivering architecture and planning services to the health care industry for the past 25 years in a variety of communities. In my personal life as well as my career, I have witnessed the impact different payment models can have on communities and developed a passion for under-



Ed Anderson, MBA, EDAC
Health care market leader, EUA

standing how the built environment can connect the delivery of care to diverse populations, while being financially sustainable, efficient and effective. Accessibility, adequacy and affordability of health care continue to be three primary concerns for Americans. Having worked for facilities in rural and urban areas, I've noticed the disparity of the various payment models regulated by Health and Human Services as well as the impact the Affordable Care Act has had on both demographics. Though the 2010 legislation has come with challenges for all health care providers, I've observed that rural communities have an even greater uphill battle that often is not considered. Factors such as longer travel distances, difficulties in attracting medical talent at all levels and various socioeconomic realities present real barriers for rural health facilities to strike the balance between delivering appropriate services to their unique populations while also being financially sustainable.

■ An alarming trend in rural health.

According to the National Health Council, rural areas cover over 90% of the nation's land area but contain somewhere around 20% of the



Following a master plan, renovations and an addition allowed this regional medical center to provide the surrounding community with a much-needed new emergency department, birthing center, wellness/rehab department, and a transformed dining and nutrition experience for the campus.

total population (about 60 million). This underserved and remote population has gone unnoticed for far too long. The challenges for rural health have been pretty much the same for many years with realities like higher poverty rates, large numbers of uninsured people and older adults with chronic health problems, in addition to heightened exposure to environmental hazards. Despite enhanced payment models for some rural hospitals over the last 20 years, a Feb. 24, 2020, Forbes article cited that 120 facilities had closed in the 10 years prior, accounting for 7% of the 1,844 rural hospitals at that time. Forbes also claimed that 1 in 4 rural hospitals were at risk of closure – an especially shocking number considering this was prior to the pandemic. Fortunately, this alarming trend has started to drive increased attention from policymakers and advocates in recent years – but not enough yet.

To demonstrate the disparity in attention between communities, we can look to the COVID-19 pandemic as a recent example. Since the beginning of COVID-19, health reform conversations and data on the effects of this health emergency have been primarily focused on urban areas. However, a recent study on rural health in the Western states confirms the importance of increased focus on rural health care facilities. The research indicates that the effects of the COVID-19 pandemic on rural populations have been severe, with significant negative impacts on unemployment, overall life satisfaction, mental health and economic outlook, and that rural recovery policies risk being informed by anecdotal or urban-centric information.

■ **Legislative measures for rural health.** Although far from receiving the attention and resources needed, there has been some traction in Congress for improving rural health. The Rural Emergency Acute Care Act has been around in various forms since 2015 in an attempt to provide relief, but it did not address two important areas: reimbursement around telehealth and the promotion of partnerships between rural hospitals and their closest larger health systems. So, it ended up serving as more of a springboard than a solution.

On Dec. 21, legislation on year-end COVID-19 relief was approved by Congress, establishing Rural Emer-

gency Hospitals as a new Medicare provider type effective Jan. 1, 2023. REHs – defined as providers that furnish certain outpatient hospital services in rural areas, including emergency department services – will be reimbursed at a rate 5% higher than the otherwise-applicable payment under the Medicare Outpatient Prospective Payment System. This enhanced reimbursement undoubtedly will provide major financial relief for many struggling hospitals.

Facilities wanting to enroll as REHs will need to meet certain requirements and conditions placed by the Centers for Medicare & Medicaid Services. According to the act, REHs are required to:

- Not provide acute care inpatient services (beds);
- Not exceed an annual per patient length of stay of 24 hours;
- Have a transfer agreement in place with a Level I or II trauma center;
- Maintain a staffed emergency department, including staffing 24/7 by a physician, nurse practitioner, clinical nurse specialist or physician assistant;
- Meet critical access hospital-equivalent conditions of participation for emergency services; and
- Meet applicable state licensing requirements.

At the time of this writing, the U.S. Senate has just passed the American Rescue Plan. The Senate version provides \$8.5 billion for rural hospitals and facilities for health-care-related expenses and lost revenues attributable to the COVID-19 pandemic. This is another positive sign the federal government is taking action to help our rural population and health care providers.

■ **What the future will hold for rural health.** There still are a lot of open questions and the next two years will be filled with lively discussion and debate as CMS digs deeper into detailing future rulemaking and guidance while rural communities grapple with potential changes to their local health care system. Questions will be raised, such as: How will local jobs be affected? Will people adapt to only receiving primary and emergency care close to home with travel required for surgery and other complex procedures? With more flexible work models and



To minimize operating costs, this new construction rural hospital incorporated a geothermal system to achieve payback in less than five years.



To meet the needs of its rural population, this provider is undergoing a phased approach of first expanding a clinic with an emergency department and then expanding to include inpatient care to make a full-scale rural hospital.

HEALTH CARE — MARKET UPDATE

Products, services pivot for life after pandemic

While all commercial real estate owners and developers were faced with new operational hurdles and dwindling new leasing this past year, those who are responsible for health care facilities have pivoted and found inventive ways to adapt their medical office facilities to a post-pandemic environment. Stay-at-home orders and social distancing led the health care real estate industry to shift its models completely for the long term. The COVID-19 pandemic has been the catalyst for health care facilities to acclimate to our ever-evolving virtual world.

From on-campus medical office buildings to storefronts in retail settings to stand-alone ambulatory surgery centers, each had to navigate the complicated waters of operating through a pandemic. Health care building owners, developers and property managers have looked to incorporate the latest health and safety technologies by retrofitting existing buildings and designing new projects with the pandemic in mind. They continue to find innovative ways to modify preexisting systems and redesign spaces to ensure their assets are safe environments for all. They are working to ensure that patients feel safe walking through the doors and that doctors and health care professionals are protected when caring for the sick.

In challenging economic times, it's easy for businesses to talk at customers. Instead, businesses first must listen. In the health care



Stephani Gaskins
Senior associate,
CBRE

real estate industry, there never has been a time to better understand physician and tenant sentiment within one's facilities. Now is an opportunity to identify tenant and patient pain points that arose or intensified during the pandemic.

Once specific challenges have been identified, the health care real estate industry can personalize offerings to truly match tenant and market demands. Developers, owners and property managers must remain mindful of tenant anxiety in this current economy. There still are many unknowns in the health care landscape. Messaging must be made with the utmost thoughtfulness and empathy, as tenants are seeking comfort and stability. Those industry professionals who are compassionate, flexible and transparent will thrive.

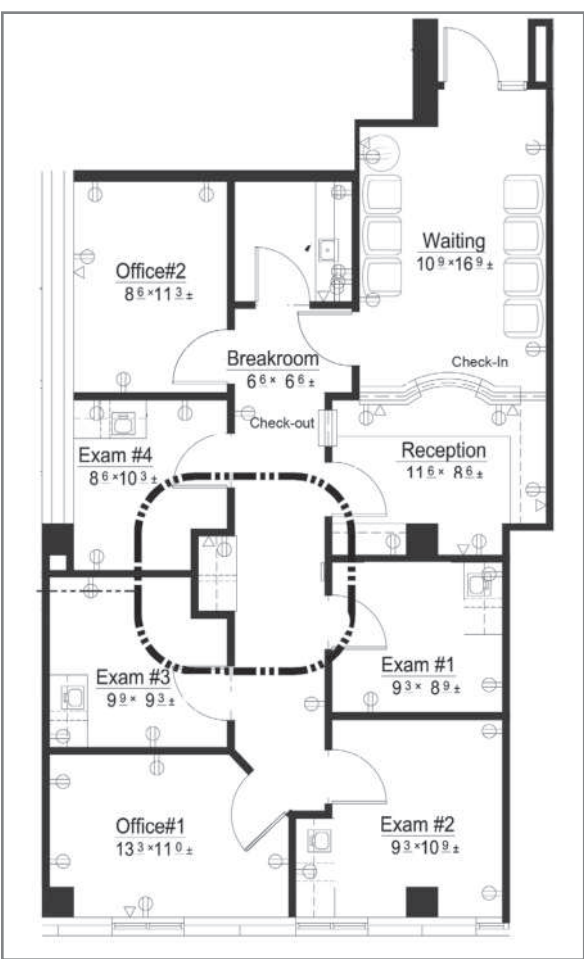
By assessing current challenges, the market's rapidly evolving demands can be met. Next, and here's the fun part, developers and owners should identify ways to pivot so their products or services meet tenant needs. It is time to think outside the conventional parameters of the health care real estate industry.

■ **Move-in ready suites.** Medical office buildings with significant second-generation space often lack occupancy-ready medical suites.

The pandemic led to longer than usual permit lead times and standard construction materials are becoming more costly for construction build-outs.

Landlord-funded, move-in ready spec suites offer tenants the ability to make quick decisions on new spaces during these uncertain times. These move-in ready suites provide options for tenants who have put off making decisions during the pandemic and need quick occupancy. They also provide opportunity for single practitioners who don't have the ability to come out of pocket on excess construction costs beyond market tenant improvement allowances.

■ **Virtual platforms.** Health care real estate has long struggled at gaining exposure through marketing efforts to the end users and/or C-suite decision-makers. Creating a robust online presence for an asset to include property websites, 3D virtual tours of buildings and vacancies, and social media advertising is critical to successfully leasing the property. It also is extremely important that a property's marketing materials and collateral are up to date and reflect the current environment. Owners should fight the urge to remain status quo and bring their



Move-in ready suites, like this spec suite in the Sky Ridge Aspen Medical Office Building, are becoming more in demand as the pandemic has caused longer than usual permit lead times and more costly construction build-outs.

marketing into the digital realm.

In an industry like commercial real estate where most deals are made face-to-face, the pandemic

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HEALTH CARE — TRENDS

Accelerate mental health care access in schools

As the importance of mental health moves more into the mainstream conversation, particularly as we grapple with the fallout from the pandemic, there should be increased focus on ensuring all have destigmatized access to leading mental health care facilities and resources in their communities and daily lives. One demographic for prioritized focus and investment when it comes to mental health is our pre-K-12 schoolchildren.

This past year has been extremely challenging for children and teenagers. Most children have lost nearly an entire year of in-person schooling. They've all experienced increased isolation to varying degrees. Many have lost loved ones or watched family members become ill. The daily news cycle has been tumultuous. There is data in Colorado and nationwide that reveals increased food insecurity, child abuse and more.

These realities are impacting children who already were in need of mental health support prepandemic. One in 6 American children ages 2-8 years had a diagnosed mental, behavioral or developmental disorder, according to the Centers for Disease Control and Prevention. Additionally, about 3 in 4 children ages 3-17 years with depression also have anxiety and almost 1 in 2 have behavior problems.

Pre-K-12 schools should be a front-line resource for these children, as these are places they frequent that can make a significant impact on helping children feel safe and sup-



Stacey Root
Denver health
practice leader,
CannonDesign

ported. Before the pandemic, mental health resources within schools were fairly limited. The American School Counseling Association recommends one counselor for every 250 students. Yet, the average is one counselor is responsible for approximately 482 students. Furthermore, the reality is that some schools, especially those that lack funding or are in under-resourced districts, do not have school counselors at all or share one counselor across multiple locations.

Gone are the days where school counselors mainly focused on helping students navigate academic pressures or college applications. Now counselors and similar workers must handle extreme personal and social issues for students – all amplified in the coming decade for children who have suffered to varying degrees over the last year. Providing dedicated, thoughtfully designed spaces for these resources can help make students feel safe and confident in receiving care without stigma and allow counselors to know that their important work is not an afterthought in the school system.

Fortunately, there's positive movement on this front across Colorado. Here is a snapshot of current realities:

- The Colorado Association for School-Based Healthcare offers sup-



Schools should be a front-line resource for children. Providing dedicated, thoughtfully designed spaces for these resources can help make students feel safe and confident in receiving care without stigma and allow counselors to know that their important work is not an afterthought in the school system.

port for districts looking to create health clinics, noting they are an effective way to improve students' access to care, particularly in low-income communities where students may have social, economic and geographic barriers to resources.

- There are currently 69 school-based health centers in Colorado (most located in the Denver/Boulder area). Recently, the Colorado Health Institute identified Colorado public school districts that would most benefit from creating a new SBHC and found the biggest need for access to care at schools that serve predominantly students of color, schools in rural Colorado and schools in underserved urban parts

of Colorado, particularly Pueblo and Adams counties.

- Cherry Creek School District in Denver announced plans to build a dedicated mental health care facility that all students may access. This was funded by a bond initiative, indicating that voters agree this is a necessary component of school that supports overall student success.

Identifying the need and where it is greatest is a huge first step. Now, as school districts look to create new and different kinds of spaces for mental health, they should pull from the extensive evidence-based research that health care designers already reference. At baseline, there

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HEALTH CARE — TRENDS

Rethink the function of campus wellness centers

Wellness has been the topic du jour in health care for the better part of a decade, and with good reason. Developing a more thoughtful continuum of care that focuses on prevention and improving patient outcomes represents an essential evolution for our health care system.

On the real estate side, that focus has translated into new wellness centers on campuses across the country. The number of hospitals offering health and wellness programs increased from just 19% in 2010 to 66% by 2015 and continues to increase.

The idea is that adding dedicated wellness centers on hospital campuses brings more people in, which translates into greater patient loyalty and more business down the road. A 2015 study by the Medical Fitness Association suggested that wellness center construction could provide returns on investment between 6% and 10%. Over the last decade, that's translated into a kind of amenities race in the form of ever-bigger wellness centers on hospital campuses.

The problem with adding a wellness center to your hospital is the broadness of the definition of the term. Many of the wellness centers that have been added to hospital campuses in the last decade are massive – think 70,000 square feet or more – and therefore expensive.

As a builder who offers, among its specialties, a focus on health care environments, this is great news. But as a developer who is looking



Taber Sweet
Director of real estate development,
Mortenson Development

for opportunities that will produce the greatest return on investment for our health care partners and their patients, the story is a bit more complicated. In many cases, these huge facilities ultimately function as little more than elevated gyms. And just like any gym, this leaves you with a membership that is largely inconsistent.

When it comes to predicting a more stable revenue stream for your hospital system, identifying the audience most likely to use your services and – most importantly – supporting the kind of care that translates into actual patient loyalty, a gym and some nutritional counseling simply won't cut it.

■ **Going beyond the gym.** Looking at the kinds of facilities in Colorado that support a more targeted approach and a more consistent, predictable revenue stream, uses like rehabilitation facilities, sports performance and sports rehabilitation, and orthopedic facilities top the list.

Facilities like UCHealth's Steadman Hawkins clinic are a great example of why. This is a facility that is taking sports performance to a whole new level for both professional and amateur athletes alike. They understand their target market and offer specialized services



The Allina Health Hastings Clinic provides comprehensive services that address a broad spectrum of care needs, from wellness to primary care to specialty care, including heart consults, lung care, audiology care, pregnancy care and more.

and therapies targeted at different levels of athletes.

■ **Supporting better integration of services.** Beyond understanding your target market, the most important factor our development arm looks at when we're considering investing in wellness facilities is a medically integrated service model.

California-based Active Wellness, for example, develops its facilities (including here in Colorado) around a model that prioritizes working directly with referring physicians to develop more effective, collaborative models of care that effectively

creates an integrated support team around the patient. Founder and Chairman Jill Kinney notes that this model is significantly more time and resource intensive, but points out that it's more than worth it when you look at outcomes – both for patients and hospital systems.

According to Kinney, when Active Wellness looked at national data, just about 40% of people referred by their physicians to a medical fitness program actually entered that program. Since Kinney launched

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HEALTH CARE — INVESTMENT MARKET

Impact investing and social determinants of health

The COVID-19 pandemic has incentivized innovative and effective health care solutions – and also highlighted that investing in health care can be rewarding from a social contribution and financial return perspective. A particular type of investment known as an “impact investment” has been gaining traction over recent years and has garnered additional interest from investors throughout the pandemic. Impact investments, according to the Global Impact Investors Network, are “investments made with the intention to generate positive, measurable social and environmental impact alongside a financial return.”

Impact investments have grown rapidly in recent years – as of 2018, Global Impact Investors Network estimated \$228 billion in impact investing assets had roughly doubled from the prior year. In 2019, Blackstone, one of the world’s leading investment firms, announced the launch of a new impact investing platform as part of the firm’s strategic partners group. As of late 2020, the Forum for Sustainable and Responsible Investment found that \$17.1 trillion, or 1 in 3 dollars, of the total assets under professional management in the U.S. used sustainable investing strategies (representing a 42% increase from 2018). In other words – a third of all assets under management in the U.S. now take social and sustainability issues into consideration. Impact investments show that what is good for health and society also can be good for business performance.

In response to the COVID-19 pandemic, Global Impact Investors Net-



Libby Park
Attorney, Hall
Render

work launched the Response, Recovery, and Resilience Investment Coalition (R3 Coalition), funded by many prominent foundations, including the Ford Foundation, John D. and Catherine T. MacArthur Foundation, and The Rockefeller Foundation. R3 Coalition aims to streamline impact investing efforts that will address the social and economic consequences of COVID-19. The R3 Coalition seeks to close financial gaps and direct additional dollars into investment opportunities starting with health care, including production/manufacturing of personal protective equipment, telemedicine, vaccine and diagnostics, as well as food insecurity or security issues due to the disruption of the global supply chain.

■ **Social determinants of health.** Certain experts have discovered that social determinants of health – the conditions in which people are born, live and age that affect one’s quality of life and life expectancy – have a greater influence on health outcomes than medical care. With an increased focus on value-based care, more health care providers recognize that social determinants of health play a significant role in health outcomes. Impact investors and health care organizations alike should be considering their abilities to leverage health care assets, including real estate assets, to address social determinants of health rather than focusing solely on improving



Rene Larkin
Attorney, Hall
Render

provision of medical services to their patients.

■ **Housing.** One of the most common investments made by impact investors and health systems to address social determinants of health is affordable housing. Housing insecurity and health outcomes have been shown to be directly related. As such, hospitals and health systems have offered programs for temporary, transitional housing for those experiencing homelessness, which have led to fewer emergency department visits, shorter hospital stays and fewer missed appointments. Moreover, because a lack of stable housing can lead to chronic disease, injury and poor mental health, providing an opportunity for those in need to obtain quality housing can directly benefit the physical and mental health of such patients. According to the Center for Outcomes Research and Education, affordable housing has been found to decrease overall health care expenditures by 12% for Medicaid recipients, with a 18% decrease in costly emergency department visits and a 20% increase in less costly primary care services.

Investment in affordable housing can effectively reduce uninsured and underinsured visits in hospitals, resulting in cost savings to providers and payors while also increasing health outcomes among the most vulnerable.

■ **Transportation.** Another investment that has proven beneficial in tackling social determinants of health is transportation. Because transportation strategies typically are easier to implement and cost less than affordable housing, numerous health systems and private equity investors have been partnering with companies such as Lyft and Uber to remove transportation as a barrier to receiving health care services. For example, Uber has partnered with Cerner, a health information technology company, to allow health care providers to easily schedule nonurgent transportation for patients, caregivers and staff. MedStar Health, a member of the Cerner network, has seen an increase in patient visits since implementing a transportation plan. In fact, MedStar Health has seen as much as 5 to 10 percentage points in some practices, leading to increased revenue. Health insurance companies are starting to cover ride-sharing services as they identify the financial benefits and improved health outcomes for their beneficiaries. As a result of these various efforts, access to health care has improved and revenues have increased, all while capital investment costs have remained low.

Food security, employment and education are other social determinants of health attracting investors who seek to realize financial gain and address the social and economic consequences of COVID-19 and beyond. ▲

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HEALTH CARE — DESIGN

User experience maps help with hospice design

Empathy is part of my job as a health care architect. Every architect, of course, strives to design spaces that are sensitive to the needs and desires of users. However, health care design requires special consideration. The users of health care facilities navigate a tremendous range of emotional experiences, from the joys of new life to the trauma of death. Hospices, which focus on the latter experience, require the utmost sensitivity from an architect's perspective. Death happens in these facilities every day.

Outside of religious architecture, death and mortality aren't common architectural design considerations. The very function of hospices, though, demands that architects pay attention to death. Assuming an average stay of three days, over 1,000 people will die in the typical 12-bed hospice every year. In designing a space sensitive to the emotional experiences of users, an architect faces a daunting gauntlet of questions: How do you design a facility where death is so central to the experience? A facility that honors each patient's death in a special and individual manner? A facility that provides appropriate spaces for mourning? A facility that enables its staff to grapple with the immense psychic weight of losing patients daily?

Recently, our team had the opportunity to work with Pathways Hospice in Fort Collins to design a new inpatient care center and took the project as an opportunity to answer those questions through



Katie Vander Putten, AIA, EDAC
Director of health care, principal, MOA Architecture

our design process. We focused on mapping the experience of various users, creating "nodes" to maximize the design sensitivity of the hospice environment. As part of our initial planning process, our team explored the experience of typical building users. We divided users into three categories: patients, family and friends of patients, and staff members. Each user group would experience the facility in vastly different ways. For the patient, the hospice is the last building they will be in. For family and friends, the hospice is a place of dizzying emotions – grief, mourning and celebration of their loved one's life. For staff, the hospice is a workplace where death is an unavoidable part of the typical workday.

Typically, planners and designers conduct use experience mapping exercises to determine the most efficient flow or most engaging route through a space. In addition to these considerations, we explored something else: how the space could allow building users to manage and express their emotions. Taking these three user groups, we mapped out the typical path for each user type through the building, "storyboarding" each user's experience out into a sequence of



MOA Architecture
When designing hospice, the facility's users can be divided into three categories: patients, family and friends of patients, and staff members.

key "nodes" within the facility and considering how each node would impact users' emotional journey.

For the patient, the nodes were the facility's entry canopy, the main hallway, the hallway of the patient wing and the patient room. We examined this sequence closely as we developed the building plan. Observing that most patients are brought through the facility on a gurney, we paid special attention in designing the ceilings. We eliminated all down-lighting in favor of soft up-lighting and daylighting. We scrutinized any ceiling details of visual interest – such as light fixtures and wooden beams, knowing

that they would mark the patient's entire experience of the facility.

In mapping the user experience of family and friends, a very different sequence emerged, taking in much more of the facility. The team also was posed with a challenge: How could we plan a facility that supported their various expressions of grief? Because everyone grieves differently, we integrated a range of flexible, multifaceted spaces for the use of patients' families and friends, from a large "public" area anchored by a stone fireplace to a two-story "reflection room" to

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HEALTH CARE — DESIGN

Streamline ambulatory care but keep its appeal

The changes outpatient health care clinics are making, whether in direct response to the pandemic or to make patients feel safe and secure upon their return, involve both physical design and facility operations.

Let's look at what we're currently seeing in ambulatory care settings:

- A strategic reprioritization of safety in addition to patient experience;
- First impressions being about more than aesthetics;
- A need for distancing and separation between visitors, as well as one-way flow; and
- Increased use of technologies for preregistration, check-in and waiting.

During a recent webinar on the future of health care post-pandemic, panelist Miranda Morgan, senior medical planner at EYP Architecture & Engineering said the biggest impact she has seen on her clients' facility planning is the reduction in scope of certain areas. "Health care clients want to capture nonrevenue-generating space back for patient-care space," she said.

While the tone for ambulatory care environments still aims to be friendly and comfortable, Morgan said, health care clients are looking for an increased capacity for safe distancing, and ways to quickly segregate contagious visitors as well as providing all patients with faster, more efficient care. "This is the world we now live in," she said. "People want closer, smaller, leaner clinics, so they can be in and out of the space quickly and efficiently."



Mary Loftus
Senior manager
for health sciences
content, EYP

In a post-COVID-19 world, the entire intake process is evolving to become more virtual, said Akshay Sangolli, senior medical planner and managing principal, EYP. Just as frequent fliers can check in virtually before their plane trip, patients soon may be able to check in for their medical appointment on their smartphones. "We are already seeing an increase in the number of digital check-in kiosks and a reduction in the number of physically manned registration and check-in desks," he said. "A patient would drive up to the facility and be notified via an app when it's time to head to their doctor and even how to get there."

Let's start with the front door of the clinic: the reception/waiting area. "This has basically always been a threshold space between getting out of your car and getting in to see your health care provider," said Sangolli. "But it is also the place where people get their first impressions of the facility: Is this a good, orderly, safe space?"

No one wants to sit shoulder to shoulder in a crowded waiting area for an extended time, no matter how aesthetically pleasing the surroundings: not now, not pre-pandemic and not post-pandemic. Waiting, it seems, was never a value-added proposition.

"The notion of waiting is so inter-

esting," said John Smith, EYP design principal. "This is usually where our clients are looking to quickly and effectively set a tone and establish their brand, their entire story, in that instant. Now, that message has changed a bit. We still want to signify welcome, comfort and a home-like atmosphere. But we also want to emphasize cleanliness, safety and open space for social distancing."

Already, the notion of the grand entryway was being challenged since a lot of resources – in both square footage and money – were being dedicated to that space. Now, "We are building in flexibility," said Smith.

The design goal still may be to create the look and feel of a wellness home with wraparound care while being a responsible steward of resources. This can be achieved through design elements such as local art, creative décor, exposed mass timber beams and stone, natural light, and comfort touchpoints.

Once a patient checks in, operational efficiency aided by the built environment should function like a lean machine, Smith said. Balancing these elements is the challenge. "The human connection, positive distractions, and places for connection and reflection are all still important," he said.

The emphasis is less on establishing a common space for patients to relax and linger, said Hailey Roberts, EYP interior designer, and more on a linear acceleration from check-in to destination. "We're seeing a movement toward more intimate settings, smaller groups of seating,

and an intention to have less inside waiting," she said.

Roberts also is seeing a difference in what clinics are requesting for reception desk design. "Whereas many clinics used to have one big registration area behind a large, fixed communal desk, we are now seeing clients requesting multiple smaller desks. By providing physical distance between desks and incorporating decorative glass dividers between check-in stations, it allows for multiple people to check in at once, helps with privacy and provides peace of mind for guests."

A clinic's functionality, however, doesn't negate patients' desire for a homelike, pleasing environment. "Health care facilities are cozier than they were before," Roberts said. "People want to feel comfortable and at ease. There are ways to do that while still making the space feel safe, bright and clean."

Today's patients are used to efficiency as well as hospitality and aesthetics. "Consider frequent fliers at airports," said Sangolli. "They want comfort and convenience as well as digital check-in."

Translating that to a health care clinic, patients may desire just-in-time care as well as quality coffee and local art. "We have to understand our health care clients' priorities and the patients' desires," said Sangolli. "It's a balancing act for architects and designers as you work collaboratively, trying to cook a complex dish with all these flavors. A jambalaya is how I've come to view it." ▲

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HEALTH CARE — CONSTRUCTION

Lasting facility construction practices & policies

As a Colorado commercial real estate professional, you have probably noticed significant changes in the way your clients are doing business during the COVID-19 pandemic. Social distancing, masks, shielding and hand sanitation have become commonplace and are likely to remain with us in some fashion for at least the next few months. Health care sites from medical office buildings to sprawling research and treatment campuses have been especially rigorous in implementing safety precautions. Many of those safeguards will carry over to facilities that are newly built, remodeled or retrofitted.

■ **How will hospital construction look post-COVID-19?** It has become painfully apparent that hospitals need systems that give them the flexibility to set up isolation units or “pandemic zones” so they can simultaneously accommodate large numbers of patients with critical, acute and nonacute needs.

The unimaginable and sustained surge in emergency department and critical care facility use during COVID-19 has pointed out the need for what might have been termed redundancy a year ago, but now defines informed readiness. Pandemics of this scope may (or may not) be 100-year events, but preparedness for the eventuality should be foremost in every facility planner’s mind.

A survey by the American College of Health Architects highlighted some important considerations for future facility design and construction:



Tyson Graff
Senior project manager, Haselden Construction

- Designing hospitals so normal operations and elective procedures are not disrupted during crisis patient loads;
- Designing facility internal traffic flow to control cross-contamination;
- Building easily modifiable facilities that allow rapid response to changing medical priorities; and

• Designing facilities to handle patient overflow more expediently. In addition, highly sophisticated HVAC systems will be critically important to control air movement in a way that minimizes the spread of pathogens from one area to another. Techniques like bipolar ionization, strategically placed ultraviolet lighting and ultrahigh-efficiency filters are among the options being implemented.

■ **How will senior living and assisted living construction look post-COVID-19?** According to the U.S. Census Bureau, by 2030 an estimated 73 million baby boomers will be over the age of 65. Continuing the trend of the past few decades, even more of those baby boomers will seek living spaces that are more convenient and easier to manage than the suburban homes where they raised their children.

Senior housing typically has been marketed as “resorts for seniors,” with a full range of luxury ameni-



Pandemics of this scope may be 100-year events, but preparedness for the eventuality should be foremost in every facility planner’s mind.

ties, common spaces, social activities and personal services, with less marketing emphasis on the facility’s health care aspects. But future senior living facilities are likely to emphasize their improved construction, state-of-the-art HVAC and filtration systems, built-in sanitation and safety features, touchless doors, ample outdoor living space, and expansive but intimate common areas.

Physical building modification, construction and detailed planning will serve residents’ personal as well as emotional needs, especially during times of crisis. How to engage residents who are confined to their rooms for extended peri-

ods; how to help residents schedule appointments, access information or connect with the outside world; and how to track patients and residents as they move about the facility are all concerns that have taken on new importance post-pandemic.

■ **Telehealth.** Telehealth is coming into its own. The concept has been gaining increasing acceptance over the past decade or so in rural areas, where local practitioners and patients can consult remotely over closed-circuit TV with experts in major teaching or specialty centers. With COVID-19, telehealth has become more widely used in urban

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HEALTH CARE — PROJECT SPOTLIGHT

Trend: Provider partnerships pave way for success

“Provider partnerships” and “physician alignment” have been hot topics in the health care industry in recent years – not surprisingly because both strategies respond to growing market pressure to deliver better, more convenient care.

Colorado health care providers were some of the first to successfully embrace these trends and, although many elements are necessary for success, they also recognized that real estate is a key component. By creating a growing network of facilities in previously underserved markets, they’re better serving a growing patient base and providing a comprehensive range of services.

Four of these visionary providers are The Steadman Clinic and Vail-Summit Orthopaedics & Neurosurgery, both world-renowned orthopedic clinics headquartered in Vail; Vail Health, a nonprofit community health system with 13 locations across Eagle and Summit counties, including a 56-bed hospital in Vail; and Aspen Valley Hospital, a 25-bed community hospital and network of care with multiple locations in the upper Roaring Fork Valley.

During the past three decades, Vail Health, along with The Steadman Clinic and its research arm Steadman Philippon Research Institute and VSON, have co-located in ambulatory care facilities in Vail and Edwards to meet the growing demand for rehabilitation and sports medicine services. The clinics, located near popular skiing destinations, have been instru-



David Martin, CCIM
Executive vice president/development, Remedy Medical Properties Inc.

mental in meeting the needs of the region’s active residents and visitors.

Remedy Medical Properties (formerly MBRE Healthcare), the nation’s largest private owner and service provider of health care real estate, is currently developing facilities in Dillon and Basalt.

The first project is a new clinic

in the high-growth Dillon market, about 32 miles east of Vail. The area was underserved for primary care, urgent care and other specialty services, requiring patients to travel 60 to 90 miles to Denver for medical care.

In 2019, The Steadman Clinic, VSON and Vail Health commissioned Remedy and its in-house strategic planning unit Percival Health Advisors to research the feasibility of a new clinic in Dillon. Based on anticipated five-year growth in outpatient visits and skier patient volumes, Percival projected that a new clinic could support four operating rooms, plus space for two additional ORs to meet projected 2025 demand.

Vail Health worked closely to align with the goals of three key independent physician practices: The Steadman Clinic, VSON and Colorado Mountain Medical. The orthopedic groups wanted to grow in additional markets, and Vail Health was able to



A three-story, 85,000-square-foot clinic in Dillon is the result of collaboration among providers. The building will include primary and specialty care, urgent care, medical oncology, a breast center, imaging center, orthopedics, sports medicine and rehabilitation, and a joint-venture ambulatory surgery center.

offer a large site in Dillon in a highly visible location. Vail Health began partnering with Colorado Mountain Medical in 2019 to offer primary care and specialty care services within the Vail Health system in Eagle County, and the Dillon clinic provided a new market for Colorado Mountain Medical’s services.

The result of this collaboration will be the new three-story, 85,000-square-foot Dillon clinic, which is scheduled to be completed in the fall at 365 Dillon Ridge Road. The building will include primary and specialty care, urgent care, medical oncology, a breast center, imaging center, orthopedics, sports medicine and rehabilitation, and a joint-venture ambulatory surgery center. The project team includes architect Davis Partnership, which

is headquartered in Denver, and the contractor is Minneapolis-based Adolfson & Peterson Construction.

In a continuation of its expansion plans, The Steadman Clinic announced a new strategic partnership last September with Aspen Valley Hospital, Vail Health and Orthopedic Care Partners, the leading partner for high-performing, patient-focused orthopedic surgery practices.

This agreement enables the partners to deliver a full complement of unsurpassed orthopedic and sports medicine services, imaging, physical and occupational therapy, and a joint-venture ambulatory surgery center to the Roaring Fork Valley. The new three-story, 65,000-

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HEALTH CARE — PROJECT SPOTLIGHT

Continued from Page 1

the mechanical system was selected in the morning parking lot huddle before heading into the building so the air handlers could be immediately ordered.

After the initial facility assessment and existing conditions documentation was completed, the team began the design phase. The design evolved quickly through huddles and dialogue with the client multiple times each day to obtain continuous feedback critical to complete the construction documents within the assessment period.

■ **Budget and the evolving design.** Completing the revitalization of a vacant hospital bed tower with 100% negative-pressure isolation rooms for 120 beds and all the necessary support space in just four weeks was no small task. Portions of the design continually developed through construction as

unfavorable existing conditions were uncovered or evolving virus response requirements came from the state. The budget included funding to dismantle the alternate care facility and return it to its original state once the need had passed. This posed the challenge to provide isolation rooms while minimizing destructive measures to allow the facility to be restored with minimum effort.

■ **Meeting the demanding construction schedule.** To meet the demands of the schedule, the construction trade partners worked 12-hour shifts. Several trade partners even worked 24 hours for several days to meet critical sequencing deadlines. The design team was on call around the clock, including weekends, to help with solutions as challenges arose.

The daily huddles with the entire team continued during the construction phase. Additionally, an owner/

architect/contractor meeting was held at the end of each day to review progress, schedule and design, and confirm submittal approvals for critical path items. Inspectors from the Colorado Division of Fire Protection and Control were on site daily and available to make timely determinations on plan changes and inspect work as it was occurring. This greatly eliminated lag time in the plan approval and inspection process.

Working during a pandemic created its own challenges. Meetings were held at the job site in a “big room” environment with a virtual call in for the client and off-site team members. Social distancing and personal protective equipment were employed at all times, and all staff and visitors on site went through a daily screening process prior to entering the facility. The main hospital located in the west

tower remained fully operational. A dedicated entry and circulation path at the basement level was utilized to isolate construction staff and material deliveries from the hospital staff and general public.

By its nature, it was hoped that this alternate care facility would never be needed but would be there as a public safety measure. This project was a tough yet refreshing exploration of a collaborative project delivery method in which all stakeholders worked together to achieve an important community health goal within a rapid time frame rarely seen during a “typical” health care project. Communication, teamwork and humility led the team through a demanding project with unique schedule and budget challenges to meet this unprecedented COVID-19 challenge. ▲

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Gaskins

Continued from Page 4

created opportunity for innovative virtual events. Newly developed buildings that typically would command a grand open house for brokers and prospects alike have been held digitally with virtual walk-throughs presented via videoconference and creative swag gifts now sent by mail. In many cases, these virtual events have attracted more attendance than in-person events did prepandemic. Moving into a post-pandemic environment, virtual events should continue alongside targeted in-person events to provide the utmost opportunity for outreach.

■ **A tenant’s market.** The health care real estate market remains healthy

and is likely to continue that way. But this does not mean that it is a landlord’s market. There are more real estate options for health care users than ever, and the hard-pressed office and retail owners, along with developers, are offering aggressive economics to entice the recession-resistant health care user over to their assets.

According to CBRE research, the average asking lease rate for medical office space held strong in 2020 at \$29.11 per square foot, but health care building owners and developers need to be prepared to provide robust tenant improvement allowances and creative concessions to gain new leasing.

Those in the health care real estate

industry who remained transparent and flexible through the pandemic will have better retention and results moving forward. Transparency builds trust, so owners should not be afraid to be candid with tenants. Whatever the goal, it needs to be properly communicated. In a time when we all yearn for stability, the more we can communicate, the better.

Even now, when most adults are eligible to be vaccinated and the world seemingly looks more positive than it has in some time, none of us knows what lies ahead. Owners should continue to check in with their tenants and stay close to prospects. Their needs will continue to shift, and the industry must be ready to evolve with those changes.

As we make it to the other side, our business models will look different than before the pandemic started. We’ve seen countless ways businesses have pivoted during the pandemic, with high-end fashion designers manufacturing face masks, breweries and liquor distilleries making hand sanitizer and restaurants selling key pantry essentials that were hard to come by in 2020. In so many cases, all involved in the health care real estate industry already have what tenants need, now they just need to find a way to make it operational and marketable in the post-pandemic environment.▲

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The idea of bedless hospitals may seem unconventional but has been

around for years. One of my hospital clients in Maryland underwent a pilot program to relocate and convert an outdated hospital into a bedless free-standing medical facility, given its proximity to another licensed bed facility. There was considerable concern among community members that they were losing their hospital and access to comprehensive care while absorbing the additional costs associated with an ambulance ride should

they need to be transferred after stabilization. Some speculated that people might make the longer drive to a hospital with beds at the risk of not arriving in time to be kept alive. The facts in this case were just the opposite. The project data proved that residents would get better care and at a better price point than if they had kept their original facility – and that was without an enhanced reimbursement. Rural America is finally getting some of the financial

relief and attention it has needed for so long, but it still has a long way to go. Rural emergency hospitals, like the one that saved my friend's life, are a viable option for many communities. Hopefully after Jan. 1, 2023, even more lives will be saved as more facilities are able to meet their populations' health care needs and remain fiscally healthy themselves.▲

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Continued from Page 6

While our children are resilient, they cannot be expected to thrive and grow without addressing their growing mental health needs accelerated by the pandemic. Schools are an ideal place to address this next challenge and stem further damage. While better academic performance is one possible outcome, improved

social and emotional well-being also are clear needs at this moment. Those of us in education and health care design and real estate should advocate for approaches that support mental health being included in our work.

With growing scientific knowledge of neurodiversity, our ideas, designs,

investments and interventions will create a variety of stigma-reducing spaces and programs that support mental health for all. We can define what the intersection of education, play and mental health looks like. Now it is time to make an impact for the future well-being of our communities. ▲

Continued from Page 13

home to the growing Willits Town Center mixed-use development. The new facility will make it easier for patients to receive care close to home and the nearby ski slopes, serving the



Part of the Basalt project will incorporate a community park that is designed to provide an outdoor extension of the lobby, offering a seamless transition between indoors and out.

needs of professional and aspiring athletes from across the country and around the world.

The building is slated for completion in early 2022. It will house four ORs with two additional shells for future growth, nine pre-op and post-op rooms, 14 total recovery rooms, a procedure room and a biologics lab. The Steadman Clinic Aspen physicians and their teams will staff the new facility, and The Steadman Clinic Vail physicians will rotate to the facility as well. Orthopedic Care Partners is providing management expertise and access to investor capital.

In addition, groundbreaking research and education through SPRI will be central to the partnership with plans for a regenerative medicine laboratory focusing on healthy aging and musculoskeletal health,

and enrolling patients in clinical trials.

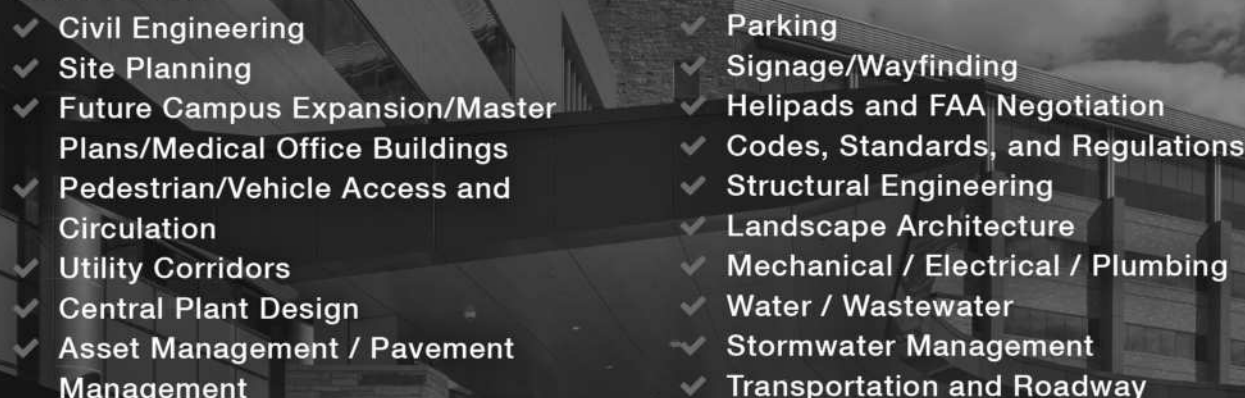
As part of the Basalt project, Remedy, The Steadman Clinic and the project team also are incorporating a community park that is designed to provide an outdoor extension of the lobby, offering a seamless transition between indoors and out. The architect for the project is Boulder Associates, and the general contractor is Haselden Construction of Centennial.

The Steadman Clinic, VSON, Vail Health, Aspen Valley Hospital and OCP executives are confident that the new facilities will be the latest examples of successful provider partnerships and physician alignment strategies, resulting in better-quality, more convenient care in those markets. ▲

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Vander Putten

Continued from Page 10

individual occupant phone booths. Even the patient's room reflects this need, with several available seating arrangements.

Finally, we mapped the user experience of staff members, focusing on the nurses who provide patient care. Naturally, we explored ways to minimize unnecessary move-

ment by nurses, who in their current facility walk an average of 3 miles in a single shift. These strategies included additional casework storage in patient rooms, the storage of key supplies at the nurse station, and centralized med prep, soiled utility and clean supply rooms. But we also explored how the space could help staff members manage stress. Hearing that nurses would

seek refuge in the staff bathroom for a quiet moment between patient room visits, not having time to visit the breakroom, we designed staff bathrooms to provide a moment of respite, with calming finishes and soft seating.

Following the completion of design, the benefits of our user experience mapping exercise were obvious. The exercise drove us to

integrate planning and design elements that we might otherwise not have considered. These elements, aimed at influencing the emotional journey of the building's users, hopefully will have a measurable impact on the emotional journey of users as they navigate the challenges of death. ▲

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Graff

Continued from Page 12

settings as well, thanks to smartphones and online communication applications like Zoom, Webex and Microsoft Teams. In fact, telemedicine has dramatically outpaced business conferencing as the primary use of these platforms. The convenience and economy of this approach is likely to remain a significant part of the doctor-patient relationship

when actual physical interaction isn't essential. In turn, this will reduce the need for multiple examination rooms; permanent infrastructure like oxygen lines, electronics and wiring; and even waiting rooms, storage areas and other built spaces.

■ **Medical office buildings and free-standing surgery facilities.** Now that the immediate crisis has lessened and COVID-19 cases are declining, nonhospital-based medical practices

and surgery centers mostly have returned to normal operating procedures. They still routinely screen patients and others entering the spaces for fever and mandate hand-sanitizing. Those practices are likely to remain in place for the foreseeable future. That means waiting and intake areas probably will require modified space allocations and more sophisticated ventilation systems than prepandemic structures.

In short, medical and senior facilities already are responding to changing conditions. In the next few years, hospital, medical facility and senior housing projects will be fully adapted to the urgencies seen in the COVID-19 era. New safety and health accommodations will become as commonplace in future construction as sprinkler and fire alarm systems are today. ▲

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Sweet

Continued from Page 8

Activate, a wellness studio that works together with doctors, in January 2020, it has been averaging over 87% of referred patients joining the program.

Kinney credits the jump to the highly collaborative nature of their relationships with referring physicians and the transparency in electronic health records that allows the physician to be a more active partner in designing and augmenting the program to maximize patient outcomes.

■ **Supporting more consistent revenue.** The other issue with many wellness centers is the inconsistency in revenue. When you integrate your wellness center more thoughtfully into your continuum of care, you increase opportunities to work with insurers and create a more reliable source of income. Not only are private insurance reimbursements more consistent, there often are untapped opportunities for Medicare reimbursement.

When Medicare launched a value-based medicine approach some years ago (vs. fee for service), it built in valu-

able wellness incentives that have been vastly underutilized because physicians haven't been empowered to effect major behavior change in the time they have with patients.

With a medical fitness model that is well integrated with physician care, when the physician refers a patient, there is the potential to create a care loop, where the patient is coming back for regular checkups with the physician, allowing the physician to tap into significant wellness incentives while ensuring their patients get more complete, effective care.

■ **Supporting better outcomes.** Ultimately, the goal of any facility (hospital or wellness) is driving positive outcomes, which brings us to the most compelling reason of all for a medically integrated wellness center. When you create a stronger connection between your facilities, between your surgeons and a patient's physical therapists, between your patients and their entire care team, you can better align everyone for better patient outcomes. It's a win-win. ▲

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2030 marks an important milestone, according to the U.S. Census Bureau's national population projections. Starting in 2030, when all boomers will be older than 65, older Americans will make up 21% of the population, up from 15%. By 2060, nearly one in four Americans will be 65 years and older, the number of 85-plus will triple and the country will add a half-million centenarians. It is no surprise that with this growing number of older adults, the country could see even greater demands for health care, in-home caregiving and assisted living communities. Currently, 10,000 baby boomers per day are turning 65.

These "seniors" are young at heart and want to live a life of purpose near family and friends in an ame-



Ben Seager, AIA, LEED AP
Associate principal, KTG

nity-rich environment, often in the same neighborhood where they raised their families. This cohort wants to feel connected and valued. Physical and emotional connections are key. The objective, therefore, is to design communities for older adults that facilitate stronger and more rewarding connections – connections to family and friends, connections to the outdoors, the neighborhood and the community at large – and have programming options that engage them.

■ **Location.** Savvy developers are

exploring sites that are located within retail and cultural districts near transit. Even if the seniors are unable to get around on their own, a family member easily still can take them nearby for a meal, shopping or entertainment. The neighborhood and what it offers is an important amenity to not only the residents and staff of the senior living community but also those who come to visit the seniors. Studies have shown that a resident receives more visitors when the assisted living community is located near major thoroughfares or transportation hubs. The other part of the equation is how the senior living community physically connects to the neighborhood. For example, are there wide sidewalks or pathways offering safe travel for a caregiver pushing someone in a

wheelchair between the senior living community and retailers and restaurants? Does the design welcome visitors or does it feel like a fortress?

■ **Public engagement.** These seniors are highly educated as a group and want to remain active in mind, body and spirit. Intergenerational socialization opportunities and the possible benefits of forming informal partnerships with local retailers and community groups are exciting ways to connect seniors with the community and the younger generation. We designed an enriched-services senior living community in Northern California on the campus of a private K-12 school that is specifically designed to provide numerous intergenerational and volunteer opportu-

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INSIDE



Broker insights

Despite a challenging year, activity on the ground still is moving forward



Reimagining projects

Developments must delicately balance new safety needs with community benefits



Community trends

To transform communities, start by redefining the main priorities for residents

SENIOR HOUSING — INSIGHTS

Senior housing observations after challenging year

Like other sectors of commercial real estate, the senior living sector was impacted significantly by the arrival of COVID-19. We all now know that residents of seniors housing and skilled nursing communities were among our most vulnerable, and the owners and operators of these communities have continued to respond and adjust in order to provide care and protection for their residents and staff. The overall impacts have been increased expenses due to COVID-19 protocols and decreased occupancies due to fewer move-ins. When added to the already existing challenge of hiring and retaining qualified and committed staff, it has been a demanding time. In many cases this has resulted in decreased valuations for these buildings. However, there also is a lot of thought and creativity around both existing and future building design, the use of sophisticated technological tools and attracting new members to the senior living labor force. In addition, the availability and widespread use of effective vaccines is an incredibly significant positive development for the sector.

Given the above, what does the landscape in Colorado look like? Here are my observations over this last year.

■ Development. There is continued interest and activity in the development of senior living communities, including independent living, assisted living, memory care, skilled nursing and active adult.



Hayden Behnke
Senior associate
broker, senior
living real estate,
Panorama
Commercial Group

There are a number of developments underway in dynamic, urban settings in Denver as well as in surrounding metro Denver markets and beyond. Most cities in the metro area recognize the need for senior living for their population of residents and are interested in these developments. In addition, with the understanding that the time involved in land acquisition, development, construction and stabilization can take several years, those senior-living developers who still can perform are moving forward. Inquiries about suitable land have continued, and I am currently working with an out-of-state developer/operator partnership to secure a site. It is as competitive a process now as it was before the pandemic.

■ Acquisitions. There is interest in acquisitions, particularly if there is a motivated seller and/or a distressed situation. There also is continued interest in core properties, whose financials are healthy and therefore present less risk than a building that is struggling.

Operations has been and continues to be the critical component in seniors housing – the most beautiful seniors housing building will not be successful without an excellent operator at the helm. This is more



The fundamentals related to the senior living sector in Colorado remain strong and compelling.

important than ever. As an example, last summer a private real estate investment trust needed to find a new operator for two underperforming buildings. A local owner/operator interested in expanding was identified and came in on a lease with a purchase option for both buildings. The operator fully intends to purchase the buildings when appropriate, and both parties are very happy with the arrangement.

Very attractive financing options exist today, from U.S. Department of Housing and Urban Development loans to the newer Small Business Administration programs designed for smaller businesses.

Interest rates continue to remain lower for now. A number of owners have taken advantage of this envi-

ronment to refinance and positively impact their financial situation. A current client who is a senior housing operator is taking advantage of one of the SBA programs to purchase the community she has been leasing from the owner. On a related note, while not financing per se, the Paycheck Protection Program also has been very helpful to senior living communities. One skilled nursing owner told me that the pandemic was “a blessing in disguise” because the PPP gave him breathing room to make internal adjustments and improvements to his operations.

In summary, the fundamentals related to the senior living sector in Colorado remain strong and com-

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SENIOR HOUSING — INSIGHTS

Pandemic reveals importance of strong partners

The last year plus has affected all real estate asset classes in ways we never thought imaginable when we emerged from our holiday breaks, ready to bring on a new decade in early 2020. When the pandemic began, the senior living industry was impacted significantly, causing operators to update policies and procedures on a seemingly daily basis. We collectively did what we could to keep our residents and employees safe at the onset of a virus that arrived on a bullet train, and whose eradication had no end in sight. Occupancies plummeted quickly with the market coupling senior housing, defined as independent living, assisted living and memory care, with skilled nursing – a segment of the industry that was significantly impacted by COVID-19. Compounding the effect of declining revenues was an instant increase in operating expenses, with the necessary personal protective equipment to protect residents and employees nearly impossible to source. When it was located, the price was high. Safety and security is at the base level of Maslow’s Hierarchy within the senior living business, and never has that been more important than over the last year. Very quickly, it became widely understood that senior living is an operating business, not a real estate investment.

Since the last economic downturn in the late 2000s, senior housing had enjoyed a steady inflow of capital for investment. It became clear throughout the Great Recession that senior housing performs well in just about any economic environment. After all, your aging parents’ health cares



Tom Finley
Founder and
Principal, Ascent
Living Communities

nothing about what is happening on Wall Street. But the last year has been different and has taught us many lessons as an industry. For owners of senior living communities, alignment has become more important than ever. At the onset of the pandemic, most capital providers

ranged from remaining in the background to trying to be supportive by sourcing PPE and other mission-critical supplies in the early weeks of the pandemic. Then as the dust began to settle, a line began to form between capital providers who shared similar values with their senior living operating partners and those who had other objectives to accomplish.

Alignment is an important element that should be a keystone concept in any successful joint venture. Roles and responsibilities often are carefully mapped out in lengthy operating agreements. Many scenarios are considered, with enough gray area for both partners to maneuver through varying situations with room to navigate choppy waters. But none of those documents contemplated what started in March 2020. All bets were off. Safety and security became the most important thing, and the sands of federal, state and local regulations were seemingly shifting on a daily basis.

Senior housing operators who were very good became better. Partnerships that were strong became

Alignment is an important element that should be a keystone concept in any successful joint venture.

stronger. However, cracks in either of those structures turned into gaping holes, creating a divide that was insurmountable to recover by many. For capital providers who had strong cultural alignment with their senior housing operating partners, that bond is now stronger than ever. These are the values that were an immediate match between the two organizations. It had nothing to do with the lengthy covenants spelled out in carefully drafted joint venture agreements. It ended up being good people trusting good people, and for the right reason.

For those who began investing in senior housing over the last decade for the allure of compressing cap rates and increasing net operating income, without a true understanding and appreciation for the operational components of the business, they likely will not have the stomach to continue forth within this asset class. A year of cash flows like the last 13 months have brought us, on top of the operational challenges, will not be kind to the returns that appeared within reach not so long ago. But for those who invest with and alongside quality operational partners, the long term

still looks promising. The silver tsunami still is out there and is showing signs of returning to senior housing as a fantastic solution for many seniors and their families. Aging at home, or with loved ones who are untrained for dealing with an aging parent, much less while juggling their own busy schedules with children and work, still is a daunting task for many to consider.

As vaccines continue to go into arms across the country, and COVID-19 scales go from their varying colors to a thing of the past, senior living will continue its recovery as an industry. But I believe alignment between capital provider and senior living operator will become more important than ever. The battle scars will be too deep and too fresh for many years to come. Those who went into the pandemic unified, and emerged intact, will carry forth together stronger during the next economic cycle. For those of you with aging parents who will soon be on the search for senior living in the coming years, those are the senior living communities you will want seek out for your own mom or dad. ▲



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SENIOR HOUSING — TRENDS

Prioritize residents' physical and mental health

The senior living industry has heroically faced unique challenges unlike any other this past year. The pandemic's impact exposed areas for improvement, forcing savvy developers to better equip communities and projects as we continue to adapt to the lasting impacts of COVID-19.

Senior living in a post-pandemic world will look different. It will be crucial that developers work closely with partners to reimagine the development journey and strike the delicate balance of enhancing building designs with holistic technologies that adhere to health and safety protocols, while maintaining a sense of home, hospitality, community, joy and wellness for residents.

■ **It's time to set a new standard.** The pandemic caused many senior living projects to experience delays in development timelines due primarily to the halt in new construction lending. This disruption made it critical for thought leaders in the industry to reassess their approach to projects in design, under construction and those already in operation. The goal was to continue providing quality senior living developments while simultaneously expanding the commitment to protecting elderly residents as well as staff. Providing safe and hospitable senior housing projects had become more pressing than ever.

The implementation of a Whole Health Standard enables developers to adopt a holistic design approach that incorporates the latest protec-



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tions for residents' physical health while advancing features essential to mental health. To complement social and vocational wellness programming, and defend against disease, it is encouraged to consider the Whole Health Standard to evaluate cutting-edge technologies to enhance wellness and safety, while emphasizing lifestyle, hospitality and comfort. Opportunities exist for developers to enlist resources and lifestyle amenities that prioritize resident wellness through proactive, precautionary and innovative designs. The industry must integrate technologies from sanitation stations and touchless faucets and light switches, to needlepoint bipolar ionization through HVAC systems and electrostatic sprayers that neutralize infectious diseases. Additionally, community features that can be incorporated for properties include balconies and outdoor spaces such as open-air dining areas, pools, parks and community gardens to promote enjoyable outdoor activities.

The key to successfully delivering a project from the lens of COVID-19 health and safety precautions is to ensure designs remain true to the vision of delivering quality design with a hospitality-first mindset. Moving forward, developers must prioritize innovations to improve



The key to successfully delivering a project from the lens of COVID-19 health and safety precautions is to ensure designs remain true to the vision of delivering quality design with a hospitality-first mindset. Pictured above is MorningStar of Observatory Park.

their properties based on what has been learned while avoiding designs that elicit a sterile or institutional feel. Developers must ensure senior living residents, staff and guests are protected without sacrificing the quality, aesthetics and comfort of the community or the resident quality of life.

■ **Remain focused on residents.** Various health and safety recommendations have better protected us from spreading the virus, but some precautions, like sheltering in place or social distancing, have become mentally and emotionally detrimental, especially for those residing in senior living communities. With this in mind, there are certain design and community changes

that developers may consider resisting, as they have the potential to jeopardize the mental health of residents. While a pod concept may provide initial reassurance as it can help reduce the spread of disease, it also can be isolating and negatively impact the mental health of the resident. Practices such as this have the potential to ultimately eliminate the features of a community that are sought after and critical for a resident's happiness and longevity.

In considering innovations to implement in future communities, it's important to recognize when to resist the holistic design shifts that

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SENIOR HOUSING — TRENDS

Transform communities beyond brick-and-mortar

We live in a youth-obsessed society, barraged with negative messages about aging. Hide your gray! Getting old is the pits! Beware the silver tsunami! Old people will bankrupt our economy!

After years of soaking in these messages – beginning when we’re toddlers watching cartoons and children’s movies that, more often than not, depict older people as either evil or bumbling and foolish – we all hold negative perceptions of aging. And it’s impossible that we aren’t seeing and doing our work as senior living operators, architects and developers through this lens of ageism. As a result, senior living communities often reflect and perpetuate harmful and outdated views of what it means to be old.

Indeed, if you stop to consider the common negative messages about aging, you’ll begin to see just how evident they are in our current model of services.

The wildly popular resort approach to senior living, with its promise of a carefree life of leisure and visions of whiling away our later years with feet propped up and a cocktail at our side, reflects the societal view that older people no longer have anything of value to offer to the world. Framing residents as customers whose only role is to receive services is damaging to individuals as well as to the community culture. Those who study citizen engagement and community-building have long noted that a customer versus citizen mentality leads to helplessness, a dependence



Jill Vitale-Aussem
President and CEO,
Christian Living
Communities

on leadership to fix problems and a self-directed focus rather than a consideration of the needs of others.

Further, multiple research studies have found that meaningful purpose – having a reason to get up in the morning and something to give back to the world – has been correlated with a reduced risk of developing dementia, an increase in longevity and protections against heart disease and stroke. This marketing message of selling dependence on others is even more troubling when we consider that studies have found that older people fear losing their independence even more than they fear death. It’s likely that senior living messaging may be unwittingly playing into and perpetuating these fears.

The old adage that “you can’t teach an old dog new tricks” is another ageist belief that creeps into our community cultures. If you’ve worked in or visited a senior living community, you’ve likely heard a team member reference a resident as only his or her past identity. “Mr. Smith was the CEO of a company. Mrs. Jones was a scientist with the government.” Because, we’re taught that learning ends when old age begins, we tend to view residents as stagnant beings no longer capable of learning or



Residents run a community radio station at Holly Creek, a Christian Living Communities property in Centennial.

growing when, in fact, we not only can continue to learn new things as we age, but also we need to continue to learn and challenge ourselves to maintain cognitive health as we age.

There are no longevity or vitality research outcomes to support our current model of services. In fact, the opposite is true. To live long and healthy lives, we don’t need carefree lives of leisure, we need purpose and a reason for being. We don’t need flawless customer service, we need the responsibilities and rewards that come with citizenship and belonging to a true community. We don’t need to be only honored for who we were

in the past, we need to challenge ourselves to continue to learn and grow.

As it stands right now, the vast majority of people don’t want what we’re offering. A 2018 AARP study found that 76% of those over the age of 50 plan to stay put in their homes as they age – even though, according to the Joint Center for Housing Studies of Harvard University, only 1% of the current housing stock offers the features needed to support those with age-related mobility challenges. In addition to living in homes that don’t support changing physical needs, many

Please see Vitale-Aussem, Page 24

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SENIOR HOUSING — TRENDS

2021 offers many hopeful trends for senior living

After a challenging 2020, senior living operators in Colorado and nationwide have much to be optimistic about in 2021 as vaccination programs for staff and residents are implemented and greater normalcy in communities gradually resumes.

While the pandemic cut to the core of what senior living communities offer – socialization and life-enrichment activities that support healthy aging in place – it also caused wide reflection and rapid adaptation in how communities are designed and developed, operated and marketed. Moving forward, these changes will only make senior living operators more resilient.

Although senior housing occupancy in the U.S. has decreased by 6.8 percentage points since the first quarter of 2020, according to the National Investment Center for Seniors Housing and Care, expectations are that occupancy levels will rise again as tours resume for communities where visitor access had been restricted. In 2021, seniors living at home – and their families – will again begin seeking out housing options that offer support, care as needed and socialization.

■ **Marketing adjustments.** As we navigate 2021, senior living operators can be confident the seismic shifts of last year will last beyond the pandemic and ultimately help the industry reemerge stronger. One trend not going away is a shift to a more digital-forward sales and marketing approach.

In 2020, as The Real Deal reports, many communities that paused in-person visitations devised personal tour substitutes that were both effective



Margie Guerrieri
Regional marketing
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Living

Senior living communities invested in improving existing websites, adding higher-quality photos and creating walk-through videos that allowed seniors and families to evaluate the community without having to visit multiple times. Resourceful communities used their sites to funnel new leads into customer relationship systems and nurture them through follow-up emails, phone calls and social media engagement.

Additionally, targeted, transparent communication became a critical way in 2020 for communities to let families and prospects know how they were keeping residents safe. Community staff disseminated these popular updates via mass emails, robocalls, e-newsletters and Zoom town halls. According to a recent online survey by Scripps Gerontology Center, respondents with more favorable opinions of assisted living communities reported receiving more frequent communication and anecdotes about how their loved ones spent their time.

■ **Development shifts.** The pandemic also may have changed where

future senior living communities are built. While urban settings may have been a trend due to access to cultural and service offerings, this may shift as seniors seek similar lifestyle amenities younger workers have sought during, and likely post-, COVID-19. As the New York Times reports, young workers who fled hotspots like Silicon Valley during COVID-19 are finding they like the lower housing costs, cleaner air, less traffic and generally healthier lifestyle in less dense areas.

This pattern was mirrored in senior living as developers assess where seniors want to be. As an example, in Colorado, WellAge saw positive interest in several of its new communities located in rural or exurban areas like Monument, Greeley, Montrose and Carbonale.

■ **Care matters.** A growing emphasis for communities in 2021 will be expanding clinical and wellness capabilities, according to Senior Housing News, as more senior living providers partner with home health companies, physician groups, physical therapy providers and ancillary care services while continuing with protocols to protect against infection and disease.

Communities also will continue to work more closely with hospitals on the transition to home care and short-term respite stays, while enabling on-site visits from physician groups and increased telehealth capabilities like videoconferencing will increase healthy outcomes for residents.

For example, telehealth made it possible for Jackson Creek Senior Living in Monument to have its three visiting physician groups continue resident

appointments remotely via FaceTime. Technologies like telehealth will continue to create an easier experience for doctors and patients going forward.

■ **Infrastructure investment.** Insight provided by the pandemic also will encourage additional investment in infrastructure as senior living developers innovate and experiment. In 2020, owners began investing in infrastructure adaptations to facilitate greater outdoor access for residents, finding new ways to quarantine residents more comfortably, and adding touchless technology, air purification systems and on-site clinic spaces, according to Senior Housing News.

In 2020, the pandemic also made it clear communities require robust infrastructure to support stable Wi-Fi connectivity across campus, reported Business Information Group, as staff helped residents connect to friends and family over Zoom and FaceTime, oversaw residents' doctor's appointments via telehealth and developed innovative tools for resident engagement. Jackson Creek created its own CCTV network, JCTV, which streams community updates and live activities like exercise classes, church services and more to residents' apartments.

While COVID-19 has been transformational for the senior living industry, operators who weathered the storm in 2020 were bold enough to adapt and invest in a future radically different than expected. While nimble operators must continue to evolve in 2021, many already have taken solid steps toward meeting future consumer needs.▲

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SENIOR HOUSING — DESIGN

Continued from Page 18

nities for both residents and students. Another example is our Warner Center Life Plan Community, which is located on an infill site in the city of Los Angeles and will offer nearly 20,000 square feet of true retail/restaurant space open to the public. In Littleton, 80% of the apartment units at Vita must be occupied by at least one person 55 years of age or older; the remaining 20% of units can be for any age, creating a unique, inviting and diverse residential rental community for active adults. Vita also features neighborhood-serving retail and restaurant space for dentistry, fitness and a full-service restaurant.

■ **Technology.** The pandemic has accelerated the widespread use of telehealth as an accepted way of communicating with health care providers. The latest software can help manage the well-being, security and satisfaction of the residents. Real-time health data can be gathered from “smart-beds” and biometric “smart-toilets” and notify nurses immediately of any abnormalities. Touchless tech can help prevent the spread of germs. Video chat platforms can help connect assisted living residents with loved ones. However, it is critical that Wi-Fi coverage spans the entire building, including individual rooms and apartments. Many communities have Wi-Fi coverage in common areas, but COVID-19 has limited the ability of residents (and families) to gather in those spaces. Wi-Fi is not a luxury but a necessity. Boomers and older adults are the fastest-growing online

demographic, and they will need to stay connected.

■ **Wellness.** The focus on wellness goes far beyond incorporating a fitness center. This includes thinking about all six aspects of wellness (physical, emotional, social, intellectual, occupational and spiritual) in residential, common and health care spaces. Designing to building standards like WELL Building Standard can measure, certify and monitor features of the built environment that impact human health and well-being through air, water, nourishment, light, fitness, comfort and mind.

■ **Multiuse space.** In typical senior living communities, many of the spaces are used only during certain times and frequently can sit vacant. This can leave parts of the building lifeless and underutilized. A great example is the dining room, which could be used for other activities in between dining hours. By creating multiuse spaces, the community will feel more vibrant and active throughout the day.

■ **Unbundled services.** We also are seeing more use of unbundled services, allowing residents to pay only for what they need and not what they don’t need or want. This also can help reduce the price point for those who can’t afford senior housing in its current configuration.

■ **Prevention of germ spread.** The pandemic has generated a long list of design changes that can potentially be made to senior living communities with the aim of better infection control. For example, visitation rooms with direct access to the outside could allow family



Warner Center Life Plan Community in Los Angeles evokes a contemporary design and offers an array of living options responding to the dynamic needs of residents. Its 695 residential units include 566 independent living units, 65 assisted living units, 20 memory-care units and 76 skilled nursing beds.

KTGY

members to visit loved ones without walking through the community. Hotel rooms could even be added to allow staff members to live on-site without going home and possibly spreading a pathogen. The decentralized “neighborhood” concept of assisted living buildings, already an emerging trend before the epidemic, also could gain traction. These types of big-picture adaptations, which involve changing the floor plan, may have major financial implications in both construction and operational costs, and therefore can be a tough sell for developers. On the other hand, smaller-scale tweaks to building systems and finishes are here to stay. These include higher-quality air filtration, ultraviolet lighting and finishes like antimicrobial surfaces

and acrylic fabric on the furnishings. Features that limit manual contact, such as touchless light switches and faucets, are easy to implement and can reduce the spread of germs.

In closing, the pandemic has shined a bright light on the importance of promoting and maintaining health and wellness, particularly in senior living communities, and how loneliness and social isolation can severely impact mental and physical health. The future of seniors “thriving in place” is through designing wellness and social connections and it will truly be exciting to watch the various programming that occurs linking senior residents to the community so that all will benefit.▲

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Behnke

Continued from Page 19

elling. Some of these are reflected nationally but others are more specific to our market here. Among the most compelling factors are:

- Core population of aging baby boomers who comprise the next very large and significant wave of senior living consumers;
- Excellent quality of life with an

emphasis on the outdoors, being active and healthy living;

- Growing population of all ages, which has continued through the pandemic, and which has positive implications for both resident and staff populations of senior living communities;
- Many Colorado residents are originally from other parts of the country, which can result in these adult children moving their aging parents to the

state when those parents want or need a senior living setting;

- Plentiful cultural and educational offerings and opportunities; and
- Generally great weather and lots of sunshine, even during the winter.

There are likely others that come to mind, but these factors support the ongoing appeal of Colorado to senior-living developers, owners and operators. COVID-19 impacted the senior

living sector in a significant way, but it did not change the fundamental need and desire for senior living alternatives that will help us provide for our fellow aging and elderly Coloradans. I believe there is every reason to be optimistic and look forward to seeing our senior living sector here evolve as we move into the future. ▲

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Derrick

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could inherently eliminate the community elements and compromise mental health benefits that senior living communities provide, all the while ensuring the health and safety of residents and staff. With proper care, health and safety guidelines in place, advancements in testing and vaccinations and the implementation of new technologies, senior living residents can enjoy a home where they live life to the fullest with convenient amenities, technologies and resources that enhance wellness, safety and comfort.

■ **Finding strength in partnerships.** Current and active projects are being executed successfully amid these challenging times, due in part to strong relationships with various stakeholders ranging from the project operator, development partners

and design teams, to banking, lending and equity partners. Through times of disruption, collaboration and mutual trust among partners are valuable tenets to ensure projects and visions remain on track.

Establishing new standards for this industry will require increased collaboration as developers work to implement new methods aimed at preventing the spread of COVID-19 and accommodate residents’ needs. When assessing the needs of a project in the wake of COVID-19, developers are encouraged to tap into networks of partnerships. From operators who have access to laboratories that provide rapid, accurate test results, to architects who specialize in cutting-edge technologies and warm community features, securing a variety of strategic and collaborative partners during this time will be critical to optimize the



MorningStar of Mission Viejo is a Confluent project being developed in partnership with MorningStar Senior Living.

entire residential experience.

A top priority for developers in the senior living industry should be protecting the health and safety of seniors and heroic front-line workers who serve as the backbone of these communities. Through the infusion of new technologies and designs into

current and future communities, prioritizing residents’ physical and mental wellness, and strengthening partnerships, developers have an opportunity to set a new, modern standard for the industry as a whole. ▲

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Vitale-Aussem

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will end up living alone and suffering from the effects of isolation, a known detriment to longevity and health.

It’s time for a change. But as we look to a new future, we must remember that beautiful new buildings with gleaming fitness centers, cocktail bars and bistros won’t fix the foundational issues of senior living. As Ross Chapin,

the architect and visionary behind the pocket-neighborhood concept, shared with me, constructing a new building is like getting a brand new computer. If you try to run a new computer with old software, it just won’t work. The

same is true for community-building structures and culture. It’s critical that as we’re creating new living environments, we’re updating our operating cultures, addressing ageism and moving toward a new future. ▲

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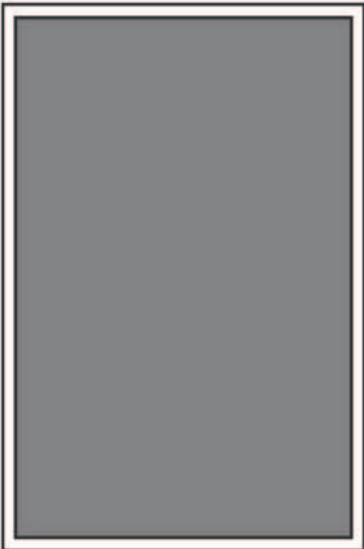
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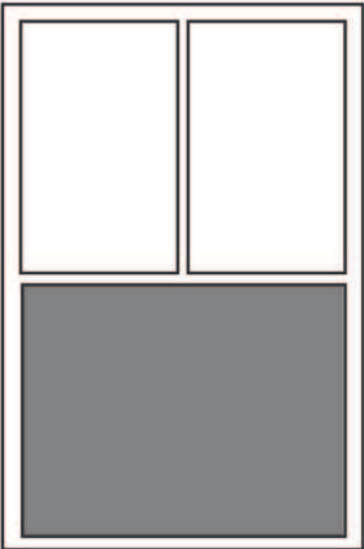
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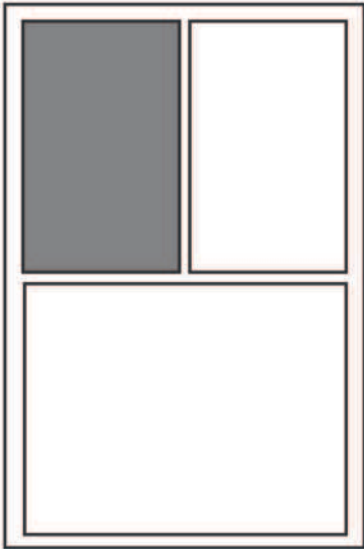
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