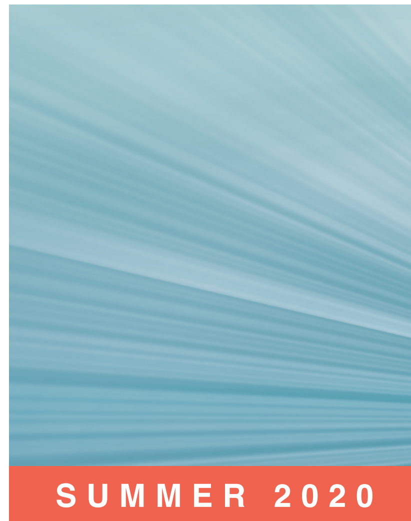
SPECIAL ISSUE

brief



SUMMER 2020

Considerations for Balancing Seniors Housing Residents' Safety as Communities Reopen:

A STRATEGIC APPROACH TO THE COVID-19 PANDEMIC

AMERICAN SENIORS HOUSING ASSOCIATION
Living Longer Better

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IDEAS TO ACTION IN HEALTHCARE & AGING

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Considerations for Balancing Seniors Housing Residents' Safety as Communities Reopen:

A STRATEGIC APPROACH TO THE COVID-19 PANDEMIC

Seniors housing operators face unparalleled challenges in our shared COVID-19 related public health crisis. These organizations have responded by rapidly adapting communicable disease outbreak protocols to prevent transmission, prioritizing resident safety within communities, and expanding resources and support for staff. With safety as the maximizing function of efforts to date, operators have relied on quarantine-like protocols — strict visitor restrictions and minimal resident interaction with staff and other residents.

Operators recognize, however, that these protocols, prolonged over time, may pose a different set of risks to residents. Isolation, lack of engagement, and loneliness can contribute to functional and cognitive decline as well as depression and anxiety. As societal risks from the COVID-19 pandemic continue for the foreseeable future, and with states relaxing restrictions, seniors housing operators are responding with strategies to minimize both COVID-19 transmission risk and the risks of poor outcomes resulting from isolation. Case studies and interviews across the industry reveal that as they slowly restore resident engagement, allow non-essential visitors, and enable new move-ins, seniors housing organizations are taking a strategic public health approach to balance multiple competing priorities and risks.

There is no easy answer for when and how much to loosen highly restrictive protocols, especially when residents, staff, families, and states often have differing opinions about risk tolerance and desire for safety. However, given that long-term isolation also poses serious risks to residents, the industry is moving ahead pro-actively to prepare for, and manage, COVID-19 transmission risk in a long-term, non-zero risk environment.

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Policymakers have an important role to play in helping to balance these risks as they prioritize access to testing and other resources. In addition, state, regional, and local requirements, as well as rates of infection in the broader community, will impact the status for reopening a particular senior living community. On the policy side, action is needed to ensure the consistent availability of rapid turnaround testing to establish baseline results and monitor residents and staff, on an ongoing basis, to detect the potential for outbreaks. Senior living communities and their frontline staff require ongoing support to ensure they have adequate supplies of personal protective equipment (PPE) to halt spread of the virus from asymptomatic carriers and once new, positive cases are identified.

SENIORS AND FAMILIES RELY ON SENIORS HOUSING COMMUNITIES

Seniors housing, also called senior living, refers to a range of service-enriched housing aimed at older adults who want, or need, specific service amenities or help with activities in their lives. Many forms of senior living have evolved to offer an alternative to nursing homes — to provide a safe version of home that prioritizes hospitality, comfort, and independence over the constant supervision and medical care of a 24-hour nursing facility.

While there is a wide continuum of senior living options,[1] this paper focuses on independent living and assisted living communities. These settings differ from nursing homes in several important respects. Nursing homes deliver a mix of Medicare-reimbursed short-stay rehabilitative and recuperative care for patients leaving the hospital. They also serve a population that lives in the facilities long-term with an extremely high need, on average, for daily supports and services combined with medical support. The Medicaid program finances the costs of care for most long-term care nursing home residents.

In contrast, most independent and assisted living residents pay privately. The services they receive include prepared meals, transportation, housekeeping, and social activities. Their need for support

[1] Continuum of senior living options include senior apartments, cohousing, active adult communities, independent living, assisted living communities or assisted living facilities, continuing care retirement communities, subsidized/affordable senior housing, and respite care. For more information on each of these communities: **https://www.bettercareplaybook.org/_blog/2019/16/senior-living-101-primer-senior-living and www.WhereYouLiveMatters.org**.

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varies from help with instrumental activities of daily living (IADLs) like transportation, shopping, housekeeping, or meal preparation (common among independent living residents) to help with more basic activities of daily living (ADLs), like bathing, dressing, or walking, and the management, or administration, of medications (common among assisted living residents). Memory care is another form of assisted living that provides supervision and a safe environment for residents with cognitive impairment and dementia.

Equally important to the physical assistance services provided through seniors housing are the human interactions and connections available to residents in these communities. Social isolation, or the lack of social connection, can lead to loneliness, which is often linked to increased health risks.[2] In a recent report from the National Academies of Sciences, Engineering and Medicine, researchers found that social isolation was associated with a 50 percent increased risk of dementia.

Seniors housing helps combat loneliness through the community it provides: opportunities for seniors to interact with others through communal dining and onsite programming to engage residents in socially and emotionally meaningful activities. These organizations offer residents flexibility and autonomy over participation in community life, while at the same time supporting their well-being.

Seniors housing does not deliver the medical care typically provided in a skilled nursing setting. However, older adults who live in independent living and assisted living communities experience relatively high levels of chronic illness, functional impairment, and healthcare utilization. Many seniors housing operators support residents with their complex health needs (e.g., care coordination), and some forward-thinking operators have arranged healthcare onsite to strengthen access to primary care and offer an integrated experience for residents and families. The combination of housing and supportive services — including healthcare — creates value for residents and families, as well as healthcare providers and insurers.

[2] National Academies of Sciences, Engineering, and Medicine. 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. **https://doi.org/10.17226/25663**.

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SENIORS HOUSING RESIDENTS ARE VULNERABLE TO SERIOUS ILLNESS

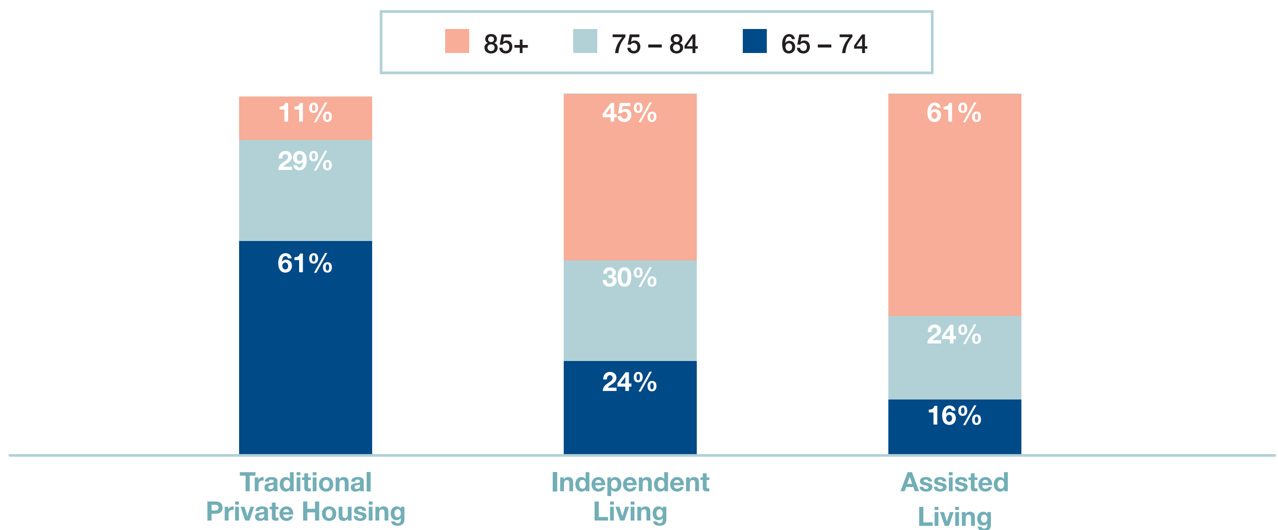
Compared to older adults living in private housing in the community, residents of independent living and assisted living are older and have higher rates of cognitive and functional impairment. Given these and other health risk factors, residents are at increased risk of serious illness if infected with COVID-19.

Seniors housing residents are, on average, older than individuals who live in private housing in the community (Figure 1). The average age is 82 for independent living residents and 85 for assisted living residents, yet only 74 for older adults living in private housing.

Prevalence of cognitive impairment is also higher among seniors housing residents, especially for those living in assisted living communities. While 62% of assisted living residents experience some level of cognitive impairment, this number is considerably lower, only 13%, for private housing residents (Figure 2).

In addition to having higher rates of cognitive impairment, seniors housing residents experience higher levels of functional impairment and need more help with ADLs. Assisted living residents experience much higher need for help with both 1+ and 2+ ADLs compared to those living in private housing (Figure 3).[3] A higher prevalence of independent living residents have difficulty and need help with multiple ADLs.[4]

Figure 1 ***Resident Age by Community Type Share of Resident Population, 2017***



Source: ATI Advisory analysis of 2017 Medicare Current Beneficiary Survey.

[3] Needing help with 1 or 2 of the following 6 ADLs: bathing, dressing, eating, transferring, walking, and using the toilet.

[4] For more information on seniors housing, including nursing home resident profiles, see ATI Advisory's Seniors Housing Data Book, https://atiadvisory.com/2020-seniors-housing-data-book/.

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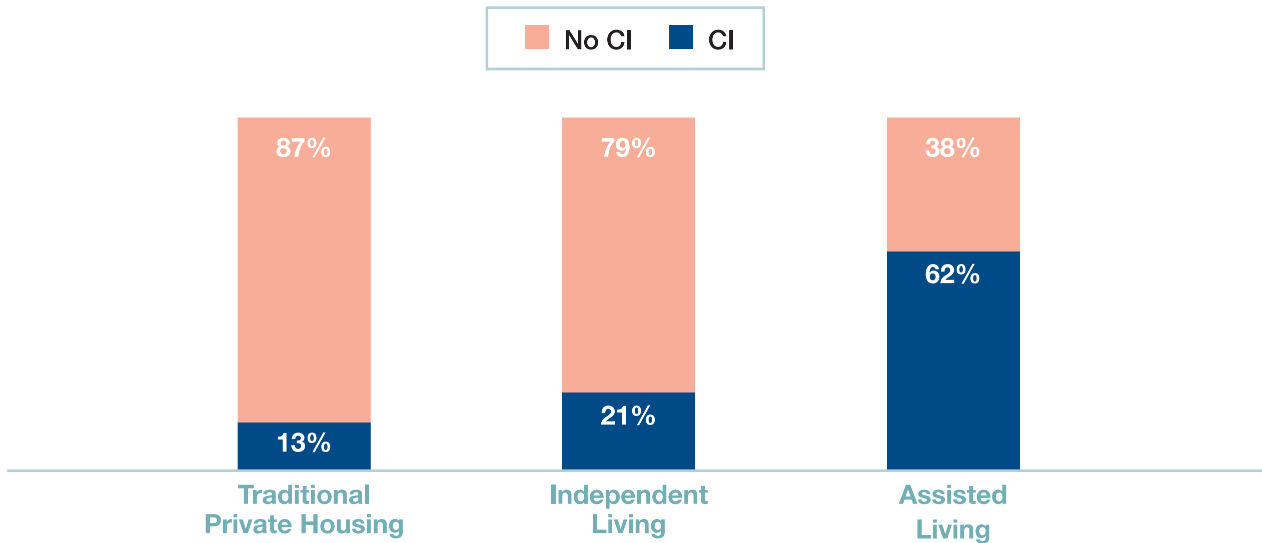
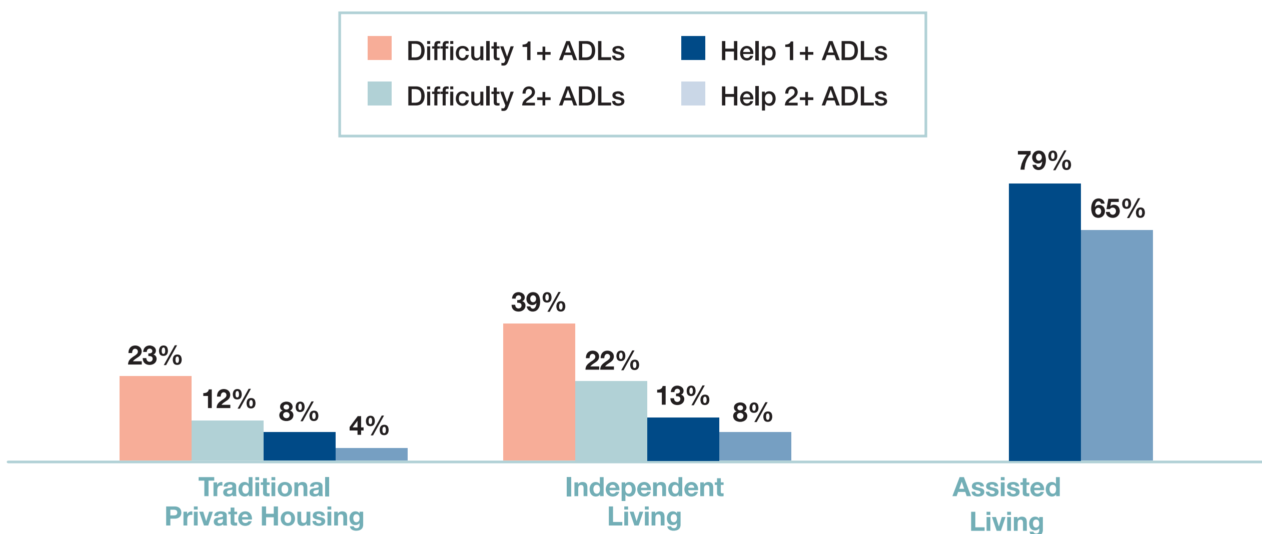
Figure 2 Cognitive Impairment (CI) by Community Type
Share of Resident Population, 2017



Source: ATI Advisory analysis of 2017 Medicare Current Beneficiary Survey.

Figure 3 Activities of Daily Living (ADLs) by Community Type
Share of 65+ Resident Population, 2017



*Note: No comparable data on having difficulty with ADLs in Assisted Living.
Source: ATI Advisory analysis of 2017 Medicare Current Beneficiary Survey.

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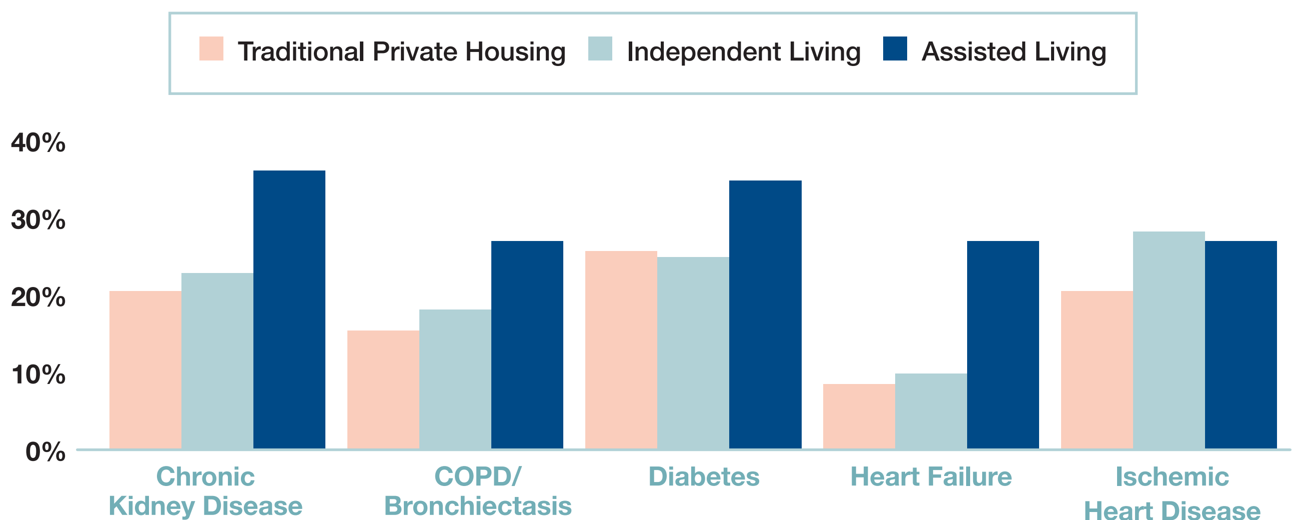
The prevalence of certain chronic conditions among the seniors housing population creates a higher risk for poor outcomes from COVID-19 compared to those in private housing in the community. According to the Centers for Disease Control and Prevention (CDC),[5] people with chronic kidney disease, chronic lung disease (such as COPD), diabetes, and serious heart conditions are at a higher risk for severe illness from COVID-19. These conditions are more prevalent among assisted living residents in particular – 49% of those living in private housing have at least one of these five conditions, but the prevalence is higher, 68%, for those living in assisted living communities. This pattern holds for each individual condition, as the prevalence of heart failure is more than triple for assisted living residents compared to private housing residents, and the prevalence of both chronic kidney disease and COPD are almost double. Independent living residents have a chronic condition profile that is more similar to private housing residents than assisted living residents, but they still experience higher prevalence rates of all specified conditions except diabetes (Figure 4).

Figure 4 **Prevalence of Medical Conditions Contributing to Higher Risk of COVID-19 by Community Type Share of 65+ Resident Population, 2017**



Source: ATI Advisory analysis of 2017 Medicare Current Beneficiary Survey.

[5] Centers for Disease Control & Prevention, "People Who Are At Higher Risk for Severe Illness," **https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html**.

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SENIORS HOUSING OPERATORS' EVOLVING RESPONSE TO CORONAVIRUS

Seniors housing operators offer a socially engaged environment while managing risk of infections among their vulnerable populations. Operators have infection control protocols in place to reduce the spread of pneumonia, urinary tract infections, influenza, etc. However, despite clinical knowledge and preparedness for flu viruses (influenza A and influenza B), operators face an enormous task in protecting residents from SARS-CoV-2, the virus that causes COVID-19. Early research indicates its high contagiousness and rapid spread;[6] and there are still many unknowns including routes of transmission (e.g., through air particles), the probability of spread through asymptomatic carriers, and the likelihood and timing of vaccine availability.

Operators' ability to prevent and mitigate transmission of COVID-19 in their communities is affected by the rate of infection in the surrounding geographies, as well as access to personal protective equipment (PPE) and testing for current infection. Other external factors such as public health guidance, state mandates, and other public policy decisions have informed and directed operators' responses (e.g., visitor limits, testing requirements).

Despite uncertainty and external factors beyond their control, American Seniors Housing Association (ASHA) members have, to date, moved quickly to contain outbreaks, prevent new infections, and provide a safe environment for residents and workers. ASHA collected learnings and experiences to date from select members to inform a path forward for policymakers, regulators, and operators in protecting and promoting the overall well-being of residents, particularly as the communities in which they are located proceed with phased reopening.

The following are key themes and learnings that emerged across operators in their organizations' efforts to contain outbreaks, prevent transmission, and now in their efforts to restore the balance of residents' full spectrum of needs and safety.

[6] Sanche S, Lin YT, Xu C, Romero-Severson E, Hengartner N, Ke R. High contagiousness and rapid spread of severe acute respiratory syndrome coronavirus 2. Emerg Infect Dis. 2020 Jul. **https://doi.org/10.3201/eid2607.200282**.

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Evaluate infection control protocols for deficiencies and implement additional preventative measures

Operators have deployed a range of infection control strategies to augment their existing protocols. Many were ahead of state guidance in closing communities to visitors and non-essential healthcare personnel and limiting exceptions to end-of-life situations. In addition to increased environmental cleaning and PPE usage among staff, operators encourage residents with higher levels of functioning and mobility to practice social distancing and wear protective face coverings to stop droplet transmission (e.g., "Stop the Drop" in one operator's communication campaign). Communal activities are curtailed and dining rooms in most communities are closed with meals delivered to resident apartments.

In the absence of a vaccine, reducing virus transmission from staff to residents is a top concern for operators. At a minimum, operators are regularly screening staff for symptoms and directing staff to self-quarantine when exhibiting symptoms; others are paying staff to stay home when sick, bringing groceries onsite to help staff reduce exposure in their daily lives, etc. For multi-state operators, empowering each facility's Executive Director to educate, manage, and take care of staff based on local dynamics is key.

When possible, operators may cohort — or separate their staff based on care type or by areas with positive residents to limit exposure — yet even when this is possible, shared breakrooms and facilities can undo the benefits of efforts to separate staff. As the healthcare system and other businesses move to reopening, operators must continuously evaluate the effectiveness of their protocols and identify vulnerabilities.

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Approach to testing evolves based on available resources, state requirements, and number of positive cases

The Centers for Disease Control and Prevention (CDC) has provided guidance for testing for current infection yet testing in seniors housing is also dependent on both operator resources and state requirements. While states may require widespread testing for staff and residents, many operators struggle with access to, and resources, for testing.

Some operators widely test staff and residents to establish a baseline within their communities and may move to a sampling approach, building by building, over time. Others, without the resources or state support, are testing when residents or staff are symptomatic or when there is an outbreak (i.e., more than a few cases) to contain and may move toward universal testing as options increase.

Operators are also adapting their strategies for symptom monitoring and infection testing based on their current experience containing outbreaks within their communities.[7] For example, operators who monitor residents' symptoms daily may be able to reduce frequency after a sustained period with no symptoms among residents or staff.

Elements to Look for in the Local Data on Transmission Risk

In evaluating risk in the broader community, it is important to not solely focus on the number of cases decreasing but to also look at the *positivity rates in testing* (viral tests, not antibody tests). If a broader community has a high positivity rate, it might be only testing symptomatic individuals and therefore not testing a broad enough population to know the extent of the spread of the virus in the community. Communities should ideally have low positivity rates (The World Health Organization recommends 5% or lower) to ensure that they are testing a large enough sample size from the community.

Cohort multiple COVID-19 positive residents, if possible

If more than one resident is COVID-19 positive and are not placed in alternate settings of care (e.g., hospital, skilled nursing facilities), operators with units available often cohort, or create separate areas for positive and non-positive residents. Operators have policies governing these isolation units and often include separate entrances, increased sanitization, measures to control air flow, PPE donning and doffing measures for staff, etc. The ability to cohort residents is often based on the layout of the community and availability of clustered vacant units.

[7] Seniors Housing News, "Brookdale Tests 20% of Communities for COVID-19, Makes Progress on Reopening," **https://seniorhousingnews.com/2020/05/20/brookdale-tests-20-of-communities-for-covid-19-makes-progress-on-reopening/**.

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Expect declines in resident wellness and functional abilities due to reduced activity

Operators' infection prevention and control protocols quickly limited activities programming, moved meal service into residents' individual living spaces, and minimized other socialization opportunities. While operators continue to provide necessary physical support, they now fear residents' functional and cognitive abilities — and overall mental and physical health — have declined due to disruption in physical and social activities.

Potential consequences of reduced programming and prolonged isolation (e.g., increased risk of falls) compel operators to consider how to meet residents' range of needs while, at the same time, preventing new transmissions. Adjacent to wellness concerns are quality of life considerations. Residents' values (e.g., family reunification) will be increasingly important as the public health crisis continues.

Strategy for reopening communities includes local data and judgment

Operators face pressure from states, families, and residents on both the timeline and prerequisites for reopening. These pressures and operators' own resources mean reopening will vary widely by state, operator, and individual buildings.

Constant across all scenarios, each seniors housing community must be confident in its internal infection control protocols and promote policies to help ensure that staff and residents adopt prevention-based practices and culture. For example, continued PPE use among staff and appropriate face coverings for residents and visitors are expected to continue. Access to testing will also be critical to identify and respond to new cases after reopening.

External factors also vary and affect planning. For example, the decision to restore activities and visitation must account for infection rates in the broader community and surrounding geographies where staff and visitors may live.

Best Sources for Community Data

- CDC links to **USAFacts** for county-level data including confirmed cases and deaths
- **Johns Hopkins** creates state- and county-level dashboards with information on confirmed cases, deaths, and fatality rate and links to **The COVID Tracking Project** for information on testing data
- Individual State Department of Health websites provide dashboards with more specific data by county (available information varies by state) — **The COVID Tracking Project** links to the best current data source for each state

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Many operators will use a data-driven, pro-active approach to plan their reopening, yet all must exercise discretion based on information and resources available to each building. The White House's plan for reopening also notes that "state and local officials may need to tailor the application of these reopening criteria to local circumstances (e.g., areas that have suffered severe COVID outbreaks, rural and suburban areas where outbreaks have not occurred or have been mild)."[8]

PREPARING TO RESTORE CONTINUUM OF SUPPORT AND ACCESS TO COMMUNITIES

Operators' efforts to create the safest, practicable environment through a range of restrictions and protocols described in the previous section are well established. ASHA members have emphasized that mastering "safety-first" protocols are critical before beginning to reduce restrictions on activities and visitors. Further, to be able to assess the impact of phased reopening on transmission risk among and between residents and staff, operators must understand the baseline of infection transmission within the organization and larger community and be proficient in continual risk monitoring.

Seniors housing operators' reopening timelines will follow the generally accepted three-phase approach to states' reopening, with senior care facilities and hospitals in the third phase of opening.[9] The third phase is outlined as regional or local communities with "no evidence of a rebound and that satisfy the [specific White House] gating criteria[10] a third time." As states progress through the phases of reopening, seniors housing operators must prepare their own roadmaps for this third phase.

Each operator's roadmap for reopening will vary based on unique internal and external factors that affect transmission risk, yet their approach to making decisions will follow a similar strategic framework of assessing their current risk and establishing a "baseline" of capabilities and tools they can dial up or down as risk of transmission fluctuates over time. More than anything, this pro-active approach considers a range of factors important to decisions about the degree of internal and external transmission

[8] White House.gov, "Opening Up America Again," **https://www.whitehouse.gov/openingamerica/**.

[9] White House.gov, "Opening Up America Again," **https://www.whitehouse.gov/openingamerica/**.

[10] Federal guidance gating criteria include a 1) downward trajectory of influenza-like illness (ILI) reported within 14 day period and downward trajectory of COVID-like syndromic cases reported within 14-day period; 2) downward trajectory of documented cases within a 14-day period or of positive tests as a percent of total tests within a 14-day period; and 3) hospitals can treat all patients without crisis care and "robust testing program in place for at-risk healthcare workers, including emerging antibody testing."

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risk to which residents will be exposed through social/family interaction and engagement. As previously noted, while resident safety has been the maximizing function of operators' decisions to date, safety at the expense of engagement is not sustainable indefinitely.

ASHA members are committed to a strategic approach to balancing residents' safety with their physical and mental well-being. Our members expect to be operating in a non-zero risk environment for the foreseeable future and plan to approach the management of this risk in a pro-active manner to provide all stakeholders (e.g., residents, families, staff) peace of mind and positive health outcomes and to accommodate varying levels of risk tolerance among residents and families.

The following framework lays out the considerations operators have expressed as they begin pro-actively managing risk throughout reopening. These considerations reflect the experience to date of our members and their desire to strike a balance that protects public health while delivering the social interaction and community atmosphere that makes seniors housing a necessary and desirable option for senior care. ASHA believes that transparency about the challenges and trade-offs is important in fostering a collaborative relationship with policymakers, regulators, residents, family members, and staff. External financial and logistical support, in particular, may be necessary to ensure critical competencies, such as widespread, rapid and frequent testing, contact tracing, and PPE supplies.

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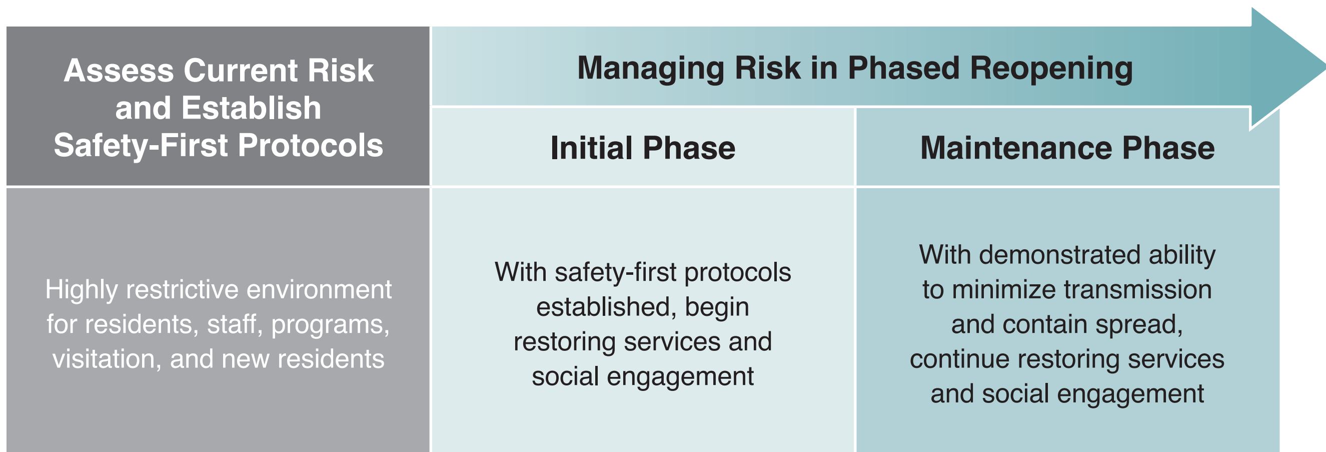
STRATEGIC CONSIDERATIONS FOR REOPENING SENIORS HOUSING COMMUNITIES

With a strong foundation for safely operating in the current environment and a proficient understanding of and ability to measure and monitor risk, operators are establishing plans to restore valuable services and supports for residents and families. Operators will take a measured, and phased, approach to relaxing restrictions and allowing movement within communities.

In the initial phase of reopening noted in the chart below, operators will begin to restore activities, services, and movement within the community and will evaluate their ability to manage new risk incurred by flexing the maximally safe protocols. In the following maintenance phase, operators will continue to expand services and activities and reduce restrictions on movement to and from the community. Underpinning each phase of reopening is the ability to assess and manage risk internally and externally. Operators reflect that this process is not linear but circular as internal and external transmission risk ebbs and flows over time.



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To determine activities in each phase, there are important external factors that seniors housing operators are considering. The rate of transmission in the surrounding environment is critically important. Tracking local and state testing, new daily cases, and new daily deaths in surrounding communities informs the external risk assessment that is essential in determining when and how to relax movement into seniors housing communities by visitors, service providers, etc.

To operate successfully in a non-zero risk environment moving forward, operators are also working to continuously monitor new transmissions among residents and staff, and to layer preventive measures in all aspects of operations to ensure the ability to manage risk of transmission and spread of infection. They emphasize the need to deploy preventive measures around programming and social engagement, visitation, and new resident tours and move-ins for each new reopening phase.

To do so, operators are considering the availability and timeliness of testing, as well as state requirements for, and resources for, testing staff and residents. Many operators believe that their ability to fully engage residents socially, physically, and mentally will depend on external financial and logistical support for robust testing and contact tracing strategies.

Generally, monitoring new cases and activity in 14-day periods provides a timeframe for determining movement through phases, but reopening and moving through these phases will not be linear for all operators. These external and internal considerations will also inform when additional restrictions may be needed again to ensure residents' safety.

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	Initial Phase Example Options	Maintenance Phase Example Options
External Considerations		
Local Reopening Phase	☐ External community/state in Phase 3 reopening stage ☐ Daily communication with state and local health department officials	☐ Weekly communication with state and local health department officials
Local Transmission and Infection Monitoring	☐ New daily cases and deaths suggest persistent pattern of decreasing transmission within community	☐ New daily cases and deaths suggest continuation of decreasing transmission within community
Testing Support	☐ Sufficient access to testing and quick turnaround of testing results ☐ Positivity rates below five percent	☐ Positivity rates below five percent for a sustained period of time
Internal Considerations		
Transmission and Infection Monitoring	☐ Weekly testing of all staff who previously tested negative ☐ No new positive confirmed cases for 14 days ☐ Monitoring of residents' overall health before symptoms develop ☐ Check residents' symptoms daily or every other day ☐ Isolate and test symptomatic residents ☐ Contact tracing policy in place	☐ Weekly testing of all staff who previously tested negative ☐ No new positive cases for 28 days ☐ Check residents' symptoms at least twice weekly ☐ Isolate and test symptomatic residents ☐ Contact tracing policy in place
Prevention	☐ Continued social distancing practices ☐ Continued PPE usage and hand washing standards ☐ Heightened cleaning protocols for high-touch areas (e.g., hourly) ☐ Monitor staff absences ☐ Flexible leave policies and practices for staff ☐ Compensate staff to stay home when sick	☐ Continued PPE usage and hand washing standards ☐ Monitor staff absences and turnover ☐ Allow staff to move freely between buildings

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	Initial Phase Example Options	Maintenance Phase Example Options
Internal Considerations (continued)		
Programs, Meals, and Services	☐ Open beauty parlor at reduced capacity ☐ Allow small group activities (<10) with social distancing ☐ Serve one meal daily in communal dining room, up to 10–15 people per seating, depending on size of dining area ☐ Serve two meals daily in communal dining room, cleaning after each seating, up to 10–15 people per seating, depending on size of dining area ☐ Create table configuration to allow resident interaction at prescribed social distance ☐ Allow walking with social distancing	☐ Allow groups up to 25 for exercise ☐ Open fitness centers with frequent cleaning ☐ Serve all meals in dining room, up to 25 people per seating, depending on size of dining area ☐ Begin to restore off-campus transportation to non-medical appointments
Visitation	☐ Outdoors or in individual resident room ☐ Limited to one family member per slot ☐ Time limited visitation by appointment ☐ All visitors screened and masked ☐ Require protective face coverings during entirety of visit	☐ Indoor visitation ☐ All visitors screened and masked ☐ No limit on number or frequency of visits ☐ No schedule requirements ☐ Extended visitation ☐ Check symptoms of all visitors ☐ Require protective face coverings outside residents' own room
New Residents	☐ Continued virtual tours ☐ On-campus tours with one family member or guest ☐ New residents allowed with negative test proof ☐ New residents required to quarantine for 10–14 days	☐ On-campus tours with no limit on tour size ☐ Communal areas included in tour

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CONCLUSION: ADVANCING THESE CONSIDERATIONS IN PRACTICE

Seniors housing operators have quickly built strong proficiency in containing COVID-19 outbreaks and preventing new infections. They have strengthened infection control procedures; adapted quarantine-like protocols, restricting access and movement throughout buildings, cohorting COVID-positive residents where necessary and practical. Most have established executive command centers, procured PPE, and responded to a variety of pressures, ranging from resident families to state regulators and federal policymakers.

Seniors housing operators have operated through this pandemic, working with rapidly changing CDC guidance and imperfect information about COVID-19 and its transmission. Furthermore, the risk of infection to their staff and residents depends heavily on state and local policies around reopening, over which they have no control.

Now operators must manage a new challenge – a long period of risk management through which they cannot rely solely on safety-first strategies without impacting resident well-being. So, seniors housing operators are moving forward with carefully constructed, strategic, and pro-active plans to balance these demands and meet the individual needs of residents. Through this planning, operators are continuously assessing risk, intervening and preventing transmission, and monitoring progress. Each operator must weigh considerations in light of their unique circumstances and market.

Policymakers and regulators have key roles to paly in helping operators balance the elements of resident safety and well-being. While frequent, widespread, and consistent testing is the best practice for reopening safely, many operators will need assistance with the costs and logistics. In addition, establishing priority access to such testing and to maintaining adequate supplies of PPE will be important to provide operators with the tools necessary to achieve this balance.

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ATI Advisory (ATI) is a DC-based advisory services firm that helps business and government leaders transform care delivery for frail older adults and their families. ATI conducts research, develops new ideas and insights, and enables strategic partnerships to break down public and private sector barriers that prevent innovative solutions to siloed, broken systems across acute, post-acute, and long-term services and supports. For more information, visit www.atiadvisory.com.

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