



Reducing Staff Turnover

Supporting Frontline Teams Through Value-Based Care



Objectives for this session

- Understand the challenges facing senior housing
- Learn how technology-enabled, value-based primary care models work
- Explore how these models streamline communication and improve care continuity
- Discuss ways value-based care provides additional clinical support to strengthen workforce resilience
- Review strategies for leveraging these models to enhance staff retention and drive operational success



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Pressures Facing Senior Housing

Industry Challenges at a Glance

Senior Housing faces mounting financial, staffing, and occupancy challenges— underscoring the need for an innovative solution



Residents are entering senior living later and sicker—straining staff and leading to higher hospitalization rates



Regulatory Requirements and Quality Measures

Growing pressure to meet quality standards as patient acuity and complexity rises



Operational Burden

Staffing shortages and rising care demands are pushing facilities to the limits of their capacities

Rising Acuity

Later entry into senior housing, higher complexity

87

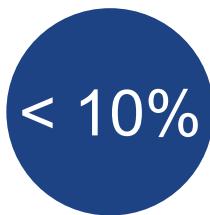
Average age of residents entering senior living

14

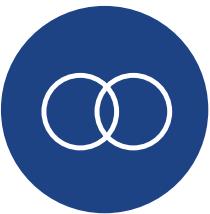
Number of average chronic conditions for AL residents

Regulatory and Quality Pressures

Stricter requirements for SNFs and higher expectations for Senior Living



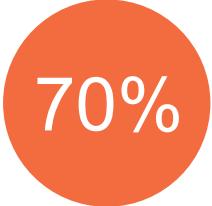
National rate of SNFs who achieve deficiency-free quality surveys



Strict CMS requirements for SNFs (minimum staffing ratios, performance metrics, etc.) and quality expectations for SL

Operational Burden

Labor shortages and administrative inefficiencies are driving staff burnout and turnover

70%

Senior living communities report critical staffing shortages



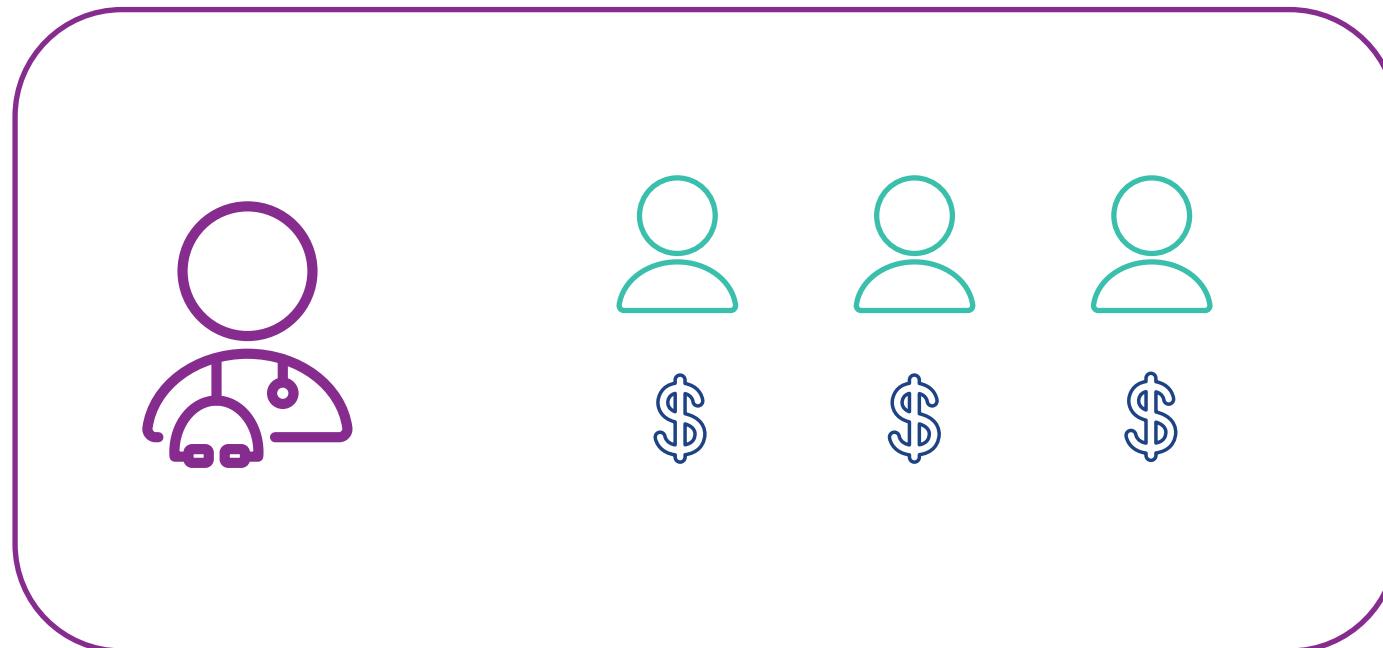
High rates of employee turnover due to burnout and labor shortages



Why Traditional Care Models Struggle

Traditional Care Models: Entirely Fee-for-Service

Prioritizing volume over value results in worse outcomes, inefficiencies, and unnecessary spending



- Pay for service quantity
 - Driven by patient volume
- Focus on acute conditions
 - Reactive care model
 - Siloed treatment

Shortcomings to Fee-for-Service frameworks



Volume over Value
Incentivizing visits over outcomes creates inefficiencies without improving resident health



Fragmented Care
Siloed providers lead to poor communication and care continuity. Staff waste time on administrative reconciliation



Reactive vs Proactive
Focus on treating illness after it occurs rather than prevention. This leads to increased burden when conditions escalate



Financial Pressures
Operators face rising costs without measurable improvements in staff support or resident outcomes. Burnout worsens as staff juggle high caseloads and paperwork.

Ideal State of Care

Driving staff satisfaction and retention, while improving resident outcomes



- 1 Prioritizes driving better clinical outcomes
- 2 Promotes care continuity and breaks down silos
- 3 Treats conditions before they escalate
- 4 Reduce administrative burden and drive down cost

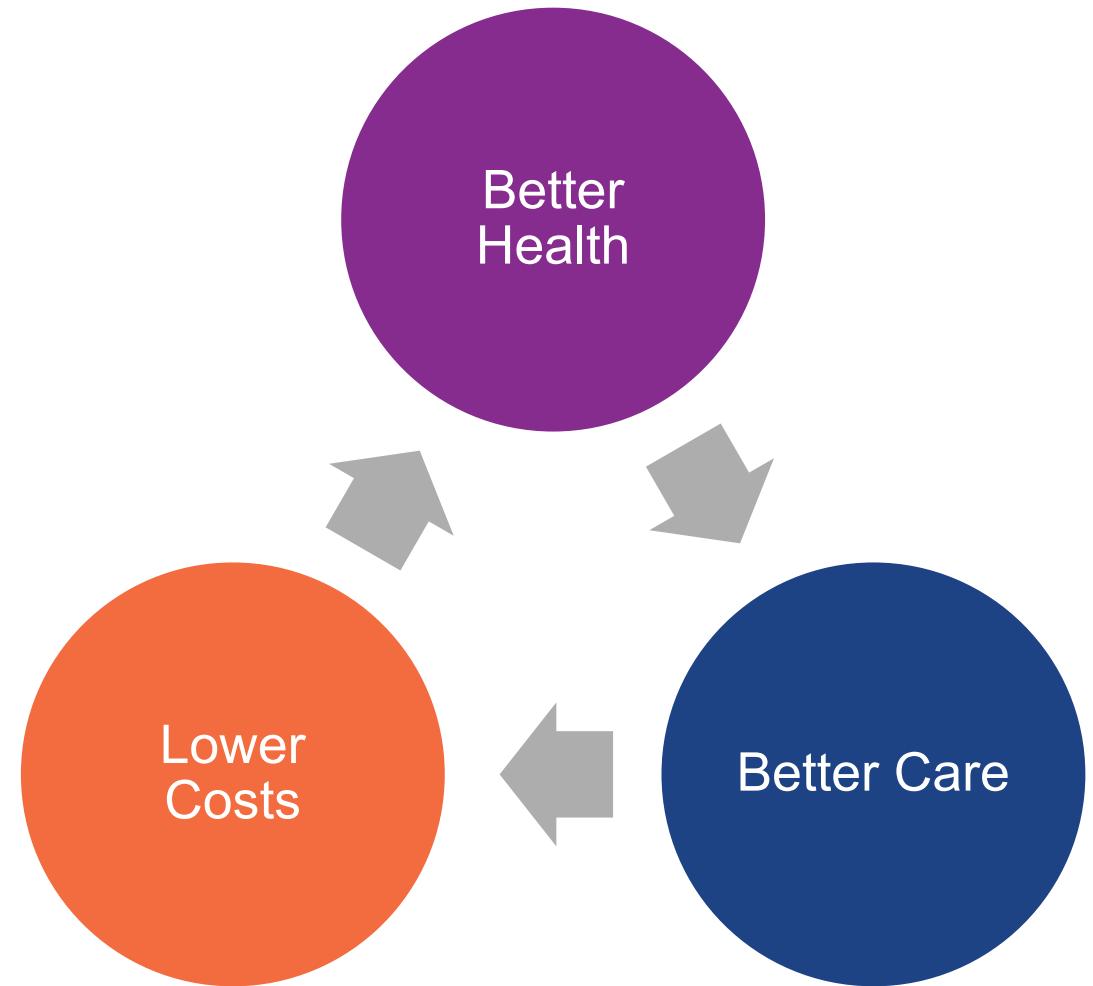


Value-Based Care Models

What is Value-Based Care

The concept that healthcare providers should get paid for keeping people healthy rather than the volume of services they deliver.

The goal is to help seniors maintain the highest possible level of wellness, rather than waiting until they get sick to provide care – which is often more complex and expensive.



Key differences from Fee-for-Service

Fee-for-Service Model



Reactive Care
Focus on Acute Conditions
Pay for Service Quantity
Siloed Care

Value-Based Care Model

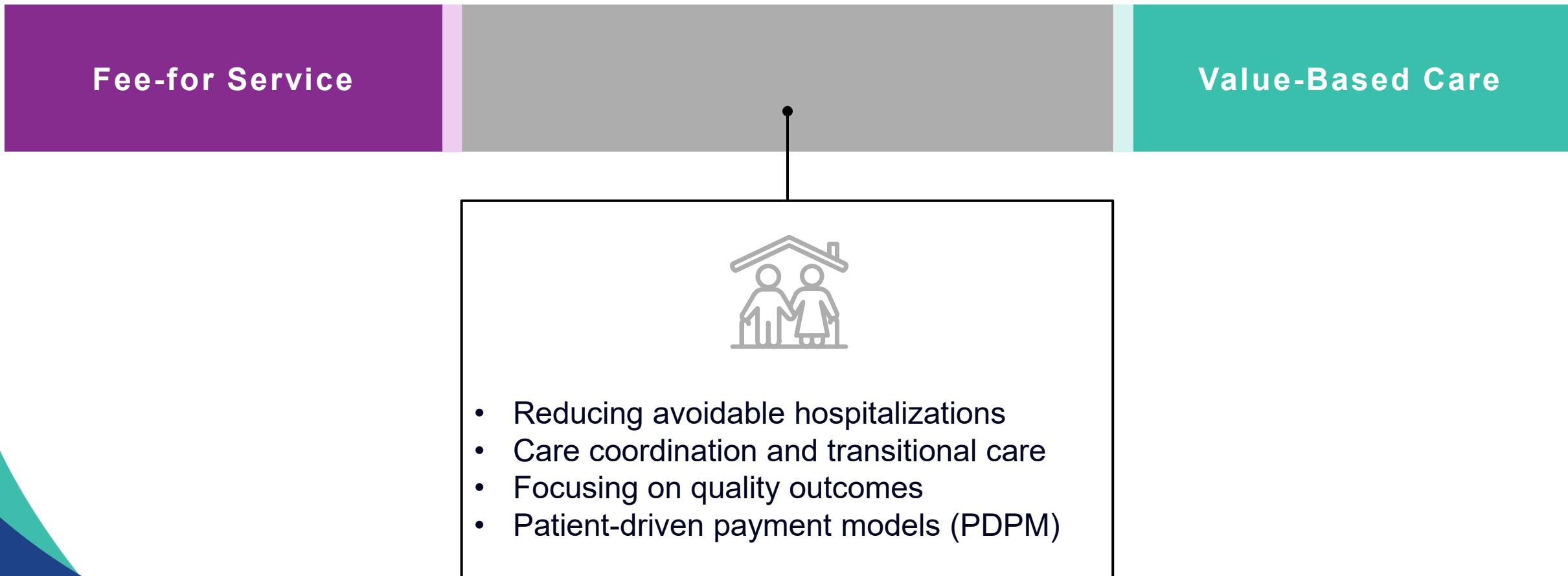


Proactive Care
Focus on Chronic Conditions
Pay for Outcomes
Care Team
Accountable “Quarterback”



Most Facilities Inhabit the ‘Grey Area’ of Care Models

Many communities utilize value-based practices without even realizing it



Many ways to participate more in Value-Based Care

PRIMARY CARE QUALITY MEASURES

Many communities are already participating in VBC without knowing!

SNFs and Senior Living communities likely already participate in value-based programs such as PDPM and value-based payments where facilities are compensated for their quality performance

ACCOUNTABLE CARE ORGANIZATIONS

Ensure care continuity and drive shared savings

Groups of providers work together to coordinate care for patients. By keeping patients healthier and reducing unnecessary costs, they can generate shared savings payouts

I-SNP PLANS

Integrate additional revenue streams with senior-specific benefits

Specialized MA plans for people in institutional settings, which focus on tailored benefits to improve quality and reduce hospitalizations. Offers additional revenue stream opportunities.

... AND MORE

Flexible partnerships and affiliations

Flexible partnerships allow communities to join programs that fit their needs—whether through affiliations, payor partnerships, enablement plans, or innovative care models—all aimed at improving outcomes and lowering costs.

Value-Based Care Offers Flexible Solutions

**PDPM/Quality
Measures**

**Accountable Care
Organizations**

**I-SNP
Plans**

**Additional
Partnerships**

- Configurable to your community's needs and strategic priorities
- Add new revenue streams
- Enhance resident satisfaction and outcomes
- Reduce staff administrative burden so you can focus on delivering high-quality care



How Value-Based Care Models Support Frontline Teams

How do value-based care models drive impact?

Aligned Incentives •

Shared team goals prioritize value over volume



Integrated Care Teams •

Technology integrations promote coordinated, continuous care

• Workforce Support

Additional clinical members improve staff retention and satisfaction

• Proactive Care Management

Identifies risk early to prevent complications and hospitalizations

• Operational Efficiency

Streamlines workflows to free up time for quality care delivery



Aligned Incentives Prioritize Care Quality

WHAT IT MEANS

Aligning Financial and Clinical Goals

Establishing clear guidelines where providers are rewarded for driving outcomes, not patient volume

HOW IT WORKS

Quality-Based Incentives

Incentives focus on keeping residents healthy, preventing unnecessary hospitalizations, and improving quality of life

IMPACT

Engaged, Collaborative Team Culture

Encourages proactive, involved care, fosters collaboration across teams, drives sustainable revenue through better quality performance



Integrated Care Teams Promote Continuity

WHAT IT MEANS

Connected Collaboration

Teams use technology to share data and coordinate care across different settings

HOW IT WORKS

Unified Platforms

Integrated systems, such as facility and patient portals, discharge tracking, and EHR-integrations, enable real-time communication and continuous care plans

IMPACT

Consistent Quality

Easier to access information and fewer communication gaps lighten staff workloads, while residents benefit from consistent care



Workforce Support Reduces Staff Burden

WHAT IT MEANS

Empowered Staff

Additional clinical staff and tools help manage workloads more effectively

HOW IT WORKS

Smart Support and Automation

More providers are available to support existing staff in clinical care, while technology such as ambient listening scribes help streamline documentation and charting tasks

IMPACT

Improved Satisfaction

Staff spend less time on paperwork and more time on meaningful care, enhancing employee morale and resident experience



Proactive Care Prevents Complications

WHAT IT MEANS

Early Intervention

Care teams meet with patients before conditions become severe, lowering clinical complexity

HOW IT WORKS

Predictive Insights

Data-driven alerts through remote monitoring and risk stratification guide timely interventions before symptoms escalate

IMPACT

Lower Clinical Burden

Staff avoid stressful emergency situations while residents enjoy better health outcomes



Operational Efficiency Enables Clinicians to Focus on What Matters— Providing Great Care

WHAT IT MEANS

Simplified Processes

Workflows are optimized through tech and organizational changes to drive speed and simplicity

HOW IT WORKS

Streamlined Systems

Integrated tools reduce redundancies and delays

IMPACT

More Time for Care

Staff reclaim time from administrative tasks, improving focus and reducing burnout, while residents receive more high-touch care

Turning Care Alignment into Impact



Care Continuity

Dependable, coordinated care reduces fragmentation for staff and residents



Clinical Outcomes

Aligned goals improve hospitalizations, health metrics, and overall quality



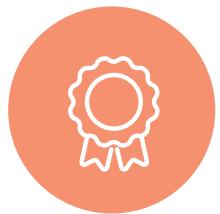
Staff Support

Additional providers lighten frontline workload and improve staff satisfaction



Team Collaboration

Shared priorities strengthen communication and streamline cross-team coordination



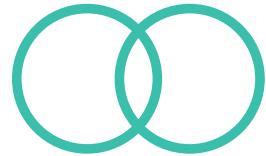
High Value Care

Resources shift towards interventions that improve resident well-being



Implementation Strategies

Value-Based Care Implementation Considerations



Team Alignment

Success starts with shared goals

Ensure leadership, clinical teams, and technology partners are aligned on the purpose, expectations, and workflows—creating a unified approach to care delivery and decision-making.



Data Collection

Real-time insights drive smarter care

Establish systems to monitor, interpret, and act on data—enabling early intervention, patient prioritization, and continuous performance evaluation.



Partnership Over Vendor

Collaboration is key

Strong partnerships foster collaboration and shared accountability. Moving beyond transactional vendor relationships ensures aligned goals, integrated workflows, and support when you face challenges.



Ongoing Education

Building a Resilient Team

Continuous learning empowers teams to adapt to evolving care models. Regular training and knowledge sharing drive consistent quality, innovation, and improved patient experiences.

KPI and Quality Measure Tracking

KPIs immediately after launch



Resident adoption rate with clinical model



Resident satisfaction rate with clinical model



Staff satisfaction rate with clinical model



Adherence to clinical model standards

KPIs tracked over time



Utilization trends:

- ED visits per thousand
- Admits per thousand
- Risk-adjusted total cost of care



Resident outcomes:

- Length of stay
- Medication adherence
- Annual Advanced Care Planning (ACP)
- CMS quality metrics (eg, blood pressure control, screening completion)



Shared savings achievement

Key takeaways on value-based care



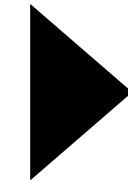
Medical Group

- Onsite physician-led care teams
- Integrated primary care, behavioral health, and care coordination



Value-Based Care Programs

- Choose risk options that match your growth strategy
- Select experienced & realistic partner



Happier Residents

- Better experience
- Better health outcomes

Healthier Communities

- New revenue streams
- Improved census
- Reduced burden on staff



Thank you!

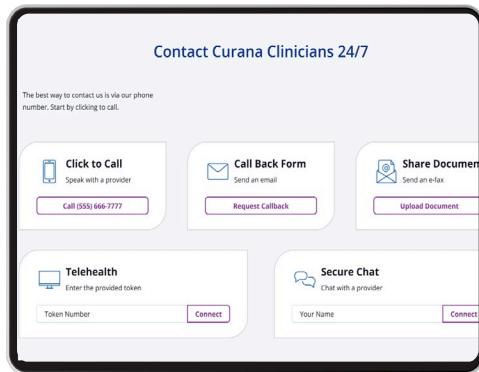
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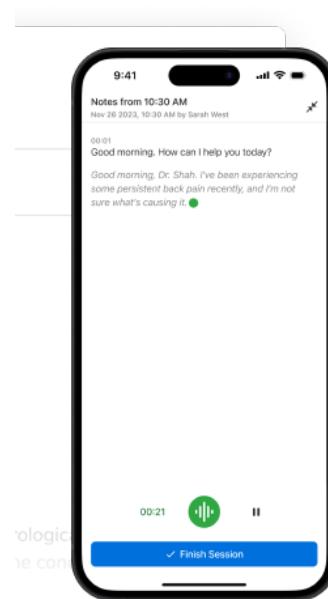
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Value-Based Care Technology

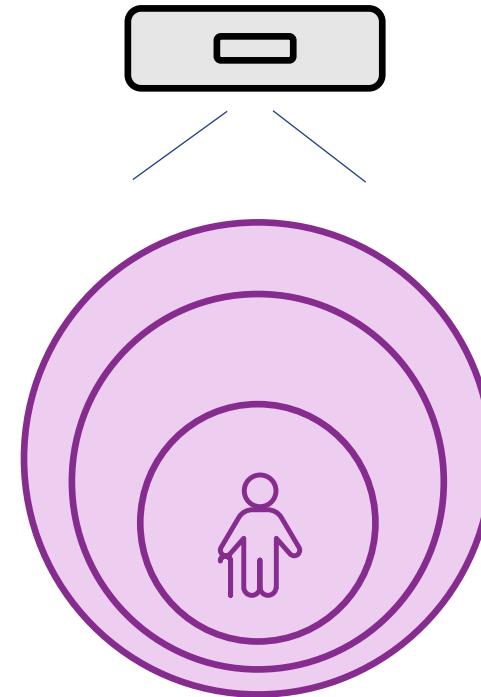
Patient and Facility Portal



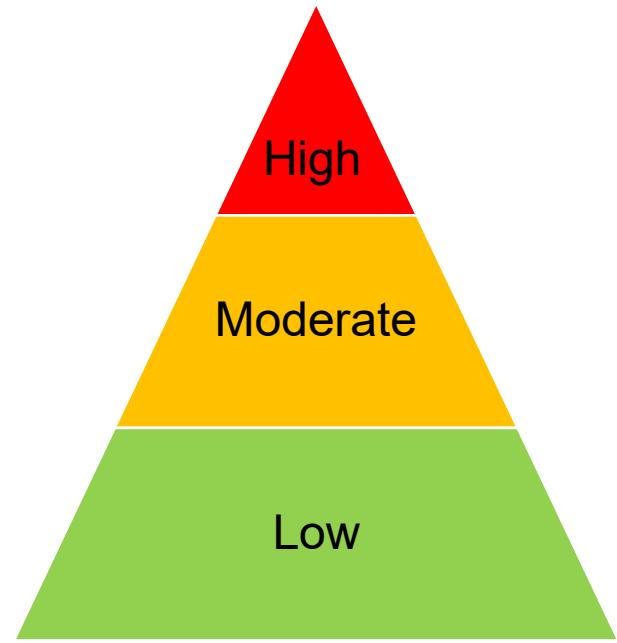
Ambient Scribe Documentation



Remote Monitoring



Risk Stratification



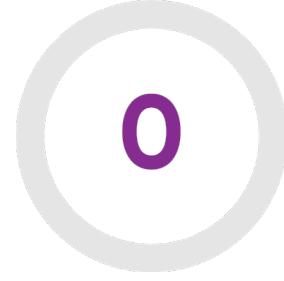
Curana partner saw widespread impact with VBC

Clinical



Reduction in weekly ER visits

Operational



Med errors

Satisfaction



Increase in resident happiness



Reduction in falls with injury



Average daily occupancy went from 89% to 95%



Increase in employee happiness