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Investing in Skilled Nursing Tech Isn't Worth Much Without Employee, Leadership Acceptance

By **Alex Spanko** | August 25, 2019

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Data continues to be the watchword in a skilled nursing marketplace where hospitals and other referral partners demand increasingly concrete information about post-acute outcomes.

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they escalate to a hospitalization, to tracking software that alerts SNFs when one of their former residents shows up at a hospital. [Share](#)

But all of this flashy new technology doesn't mean much if the frontline employees at a SNF don't actually use it. For Scott Rifkin, founder and executive chairman of skilled nursing tech provider Real Time Medical Systems, this concept usually takes the form of an admonition from the operators to which he pitches his product.

"If you create more work for my staff, I'll kill you," Rifkin said, paraphrasing skeptical providers during a panel discussion at Zimmet Healthcare Services Group's annual conference in Atlantic City, N.J. earlier this month.

Rifkin's platform has seen rapid expansion in the last few months, with Real Time [scoring a \\$10 million funding round](#) in March and inking a deal to bring its platform to [all of Creative Solutions in Healthcare's](#) more than 70 facilities in Texas earlier this month.

Real Time works by seeking to identify patterns in residents' medical records and th treatments within the SNF — instead of

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nursing facility owner and operator — says [Share](#)
the program has helped participating
properties cut hospital readmissions by 40%
to 50%, with 60,000 residents covered as of
this past spring.

“If you create work for nursing staff, it’s not
going to work. They’re not going to be able
to do it,” Rifkin told SNN at the time of the
\$10 million funding round. “We understood
that workflow. We built it for our own
facilities.”

Reducing readmissions has long been a goal
of tech providers; with the SNF Value-Based
Purchasing (VBP) program penalizing
operators for failing to reduce hospital
admissions, and referral partners putting
increasing pressure on SNFs to keep
residents out of the hospital, the stat has
proven to be a fruitful target for software
innovation. But as the Patient-Driven Patient
Model (PDPM) looms, there has been
increasing focus on securing proper
reimbursements under the new payment
structure.

To that end, consulting firm Zimmet has
positioned its new product, CORE Analytics,
as a way to prevent missed PDPM

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Fedele, CORE’s chief operating officer, said

“A product that found a PDPM mistake could [Share](#) pay for it for the whole year,” Fedele said.

For Barry Munk, chief operating officer of the Brick, N.J.-based operator Marquis Health Services, ensuring that any tech solutions fit seamlessly into his buildings’ workflows is essential when he considers rolling out a new program.

While many technology and data providers throw around gaudy return-on-investment numbers when trying to pitch operators, Munk said he tends to view those figures as ephemeral; given the complex matrix of factors that go into a SNF’s bottom line, it can be incredibly difficult to pinpoint exactly how many dollars a given tech product saved.

“We like when the team embraces it and uses it,” Munk said. “And if there’s a software where we’re not really sure what the ROI is, but the team is using it, we’re going to keep it.”

That said, SNFs haven’t always had a choice when it comes to adopting data. Some hospital systems and referral partners, according to PointRight president and CEO

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nursing operators to invest in data platforms

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referrals, that the operator should pay for that,” Scott said. [Share](#)

That isn’t necessarily a dealbreaker for operators, especially if the relationship with the referral partner is fruitful.

“You sign up with them, you’re in; you don’t sign up with them, you’re not in,” Munk said. “For us, it’s a price tag of being in a preferred network.”

Either way, the tide seems to be turning, with Scott — whose company offers a range of analytics services targeted at post-acute providers — noting that more and more acute networks and accountable care organizations (ACOs) are beginning to pick up the tab for rolling out tech platforms.

“We’re seeing more systems and ACOs and health plans now that are looking to provide that service as a value-add,” Scott said.

But no matter who eventually pays for the service, Munk emphasized that employee buy-in is the deciding factor in whether or not he elects to use a given program in his buildings.

“I By continuing to use the site, you agree to the use of cookies. [More Information](#) adopting it,” he said. “Scott promises a

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**Alex Spanko**

Alex covers the skilled nursing industry for Aging Media Network, with a particular focus on the intersection of finance and policy. Outside of work, he reads nonfiction, experiments in the kitchen, enjoys pretty much any type of whiskey or scotch, and yells at Mets games from his couch — often all at once.

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