

New AHCA Chair Speaks Out

Leader Asks Providers To Step Up In Funding Fight

Provider recently interviewed Robert (Bob) Van Dyk, newly elected chairman of the American Health Care Association (AHCA) and president and chief executive officer of Van Dyk Health Care, Ridgewood, N.J., regarding his priorities for AHCA members and what the future holds for long term care.

Q: Your election comes at a particularly crucial time, when major cuts to Medicare are being considered as part of the health care reform debate. What is at stake in the outcome of this debate?

Van Dyk: Our future. I'm personally very concerned about the direction that the health care reform debate is taking us. And I'm troubled by the fact that our congressional leadership, as well as the public, do not understand, or seem to value, what we do in long term care. We have a lot of work ahead of us, and the public perception of long term care creates a sizable disadvantage for us.

We're trying to hold on to the revenue that's needed to care for our seniors. You don't hear long term care mentioned as part of any debate. You don't read about us in the newspaper when Congress is talking about key stakeholders, such as hospitals, doctors, pharmacists, and insurance companies. Yet, long term care is expected to pay for a disproportionate share of the costs compared to what we gain from health care reform.

When I think about the people we serve—the elderly, people who fought in wars to secure our freedom, ladies whose husbands, sons, and daughters didn't come home from war—it's like we are somehow asking them to pay for reform. That isn't respectful of their contributions and ignores how these reforms are going to affect them.



Van Dyk

Q: What is AHCA's role in helping members to ensure their voices are heard in this debate?

Van Dyk: All we can do is work very, very hard to make sure that our nation's elected leadership understands the issues and concerns of our

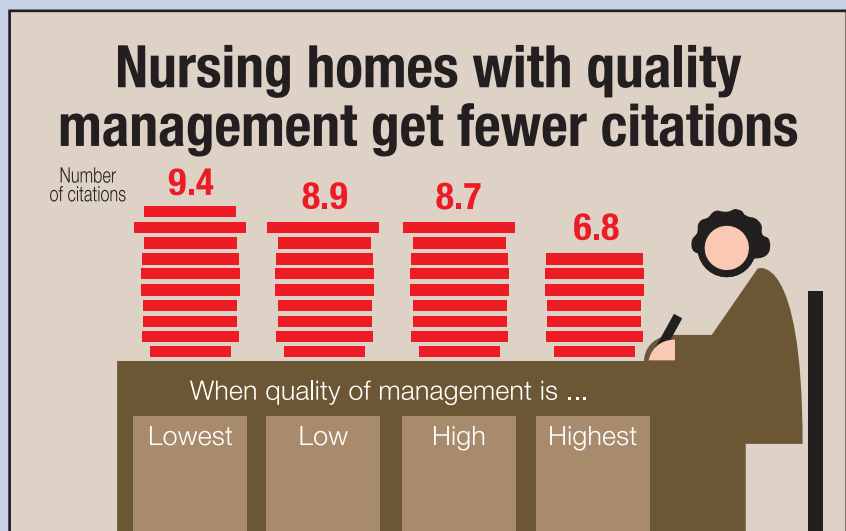
profession. This is not about me, as a provider. It's about the people I care for; it's about the staff that I employ. AHCA has a responsibility to communicate with our members and to explain

what we are facing, which is probably one of the biggest crises that I can remember in the 30 years that I've been in this profession.

But AHCA cannot do all that needs to be done on its own. We need our members to be more active. They need to come out of their buildings and bring their staff with them. They need to bring residents, if they can, and bring residents' families, too. They don't even have to come to Washington, D.C. Our legislators all go back home to their districts. Still, our members have to make the effort.

The other thing that AHCA can do, and what I'd like to focus on, is to eliminate what I call the Rodney Dangerfield complex. We need long term care to be respected, we need to be understood for what we do and seen for who we are—true health care ►

By The Numbers



The average number of state survey citations from the previous health surveys for nursing homes, ranked into quartiles (lowest, low, high, and highest), based on responses to management-related satisfaction survey items.

Source: Quality Profile™ data and Skilled Nursing Employee Satisfaction Surveys collected in 2008 by My InnerView

providers. I want our profession to be recognized for what it is, probably the most effective, most efficient health care providers in the care continuum.

Q: What additional priorities do you have for the organization?

Van Dyk: Taking care of employees. They are on the frontlines of care. They are the backbone of who and what we are. The quality of care we provide is really the result of their

work. I've always operated under the premise that you have to take care of staff first, because if your staff are happy, your residents are happy.

Q: What can providers do to adapt and thrive in a changing long term care environment?

Van Dyk: Pay attention. Watch where the future is going. Nursing homes are not the only providers in the continuum—there's hospice, home care, and

long-term acute care hospitals. Preparing for the future means being willing to look outside the box. You have to be involved and engaged. You have to give customers what they want.

Yes, providers should diversify, but how they diversify depends on the market. Don't diversify for the sake of diversifying, but to be part of the continuum.

Providers must recognize that long term care is only one part of the continuum of care.

Seniors Housing Construction Slips 44 Percent Over Two Years

Construction starts in the seniors housing industry declined dramatically during the past two years, according to a report recently published by the American Seniors Housing

PROPERTIES UNDER CONSTRUCTION IN TOP FIVE METRO AREAS

Between April 1, 2008, and Mar. 31, 2009

Metro Area	No. Of Seniors Housing Properties Under Construction*
New York	22
Chicago	20
Los Angeles	16
Boston	15
Austin	11

*Includes senior apartments, independent living units, assisted living units, and nursing care units.

Source: "2009 NIC/ASHA Seniors Housing Construction Trends Report"

Association and the National Investment Center for the Seniors Housing & Care Industry. A total of 21,475 units had begun construction between April 1, 2008, and Mar. 31, 2009, compared with 38,827 units that started construction over the same period two years ago, representing a 44 percent decline.

All sectors of the seniors housing industry are examined in the report,

which includes construction starts and current supply for seniors housing units/beds and properties that were started in the past year in the 100 largest metro areas or under construction as of March 31, 2009.

All property types—majority independent living, majority assisted living, memory care units, and nursing care beds—are covered in the report.

Under construction as of Mar. 31, 2009, were a total of 12,656 independent living units, 11,172 senior apartments, 6,609 nursing care beds, 2,810 memory care units, and 7,793 assisted living units.

Among the 3,866 majority nursing care beds that started construction over the past year (April 1, 2008, to Mar. 31, 2009), the largest percentage was in Greensboro, N.C., with 419 beds, followed by Austin, Texas, with 374 beds, and Oklahoma City, where 256 units were under construction.

Among the 100 markets with the greatest number of nursing beds currently under construction, Houston ranked highest, with an accumulative 1,826 beds between 2003 and 2008.

Minneapolis had the largest number of new assisted living units under construction, at 462.

Eighty new majority assisted living properties accounted for 7,415 units,

with 987 units being added to existing properties.

Continuing care retirement communities (CCRCs) accounted for 30 percent of the 29,868 units under construction in majority independent living, majority assisted living, and majority nursing care properties, compared with 36 percent in 2008.

Chicago has five CCRCs under construction—the most of any metro area. Coming in second are Boston and Pittsburgh, with four CCRCs each. New York City, Philadelphia, Phoenix, and Washington, D.C. each have three CCRCs being built.

—Meg LaPorte and Lisa Gelhaus

METRO AREAS WITH HIGHEST NUMBER OF CCRC UNITS UNDER CONSTRUCTION

Between April 1, 2008, and Mar. 31, 2009

Metro Area	No. Of CCRC Units Under Construction*
Boston	900
Chicago	869
Phoenix	757
Washington, D.C.	585
Pittsburgh	582

Source: "2009 NIC/ASHA Seniors Housing Construction Trends Report"