

LTC~HIT



A Snap-Shot of the Use of Health Information Technology in Long Term Care

December, 2006



A White Paper completed by the AHCA HIT Committee

Survey Summary

During August and September 2006, the American Health Care Association (AHCA) and the National Center for Assisted Living (NCAL) developed and fielded a survey to gain a greater understanding of the level of health information technology (HIT) usage in nursing facilities and assisted living residences.

Key Survey Observations

- Nursing facilities and assisted living residences, particularly among independent companies and regional multi-facility companies¹, may be further behind in transitioning to HIT than conventional wisdom may have suggested.
- Today, there remains a predominant reliance on paper communication as opposed to digital communication among a majority of the nursing facilities and assisted living residences participating in this survey.
- While there are efforts among most of the nursing facility and assisted living companies included in this survey to increase their HIT capabilities, clearly, three years from now, the majority of those companies will still be in the early stages of transitioning to HIT.
- A number of national multi-facility companies² are leading and will continue to lead the HIT transition and, in three years, are expected to be highly sophisticated in their use of HIT.

Survey Design

The survey relied on a “persona” approach. Six “personas” or descriptions of HIT usage were developed by the committee and respondents were asked identify the description that best described their level of usage today and again what they thought it might be in three years. Each of the “personas” is listed below.

A. We do most of our work on paper, meaning...

- We have a few desktop computers that we use for census, billing and (as appropriate) MDS and/or service plans.
- But we communicate with our physicians, hospitals, pharmacy, lab, and insurance companies via telephone, paper, and fax.

B. We are starting to do more of our work on a computer, meaning...

- We have enough desktop computers for our staff and use them for census, progress notes, quality-monitoring, billing and (as appropriate) MDS and/or service plans.
- But we communicate with our physicians, hospitals, pharmacy, lab, and insurance companies via telephone, paper, and fax.

¹ Independent companies are comprised of 10 facilities or less. Regional multi-facilities are those companies comprising 11 to 50 individual facilities in one or more states.

² National multi-facility companies are those with 50 or more facilities in multiple states.

- C. We do most of our work on a computer, meaning...
- We have enough desktop computers as well as portable computers that we use to work with residents to document activities at the point of care and for traditional activities: census, progress notes, quality monitoring, billing and (as appropriate) MDS and/or service plans.
 - But we communicate with our physicians, hospitals, pharmacy, lab, and insurance companies via telephone, paper, and fax.
- D. We are paperless – we do all of our work on a computer, meaning...
- We have desktop computers and/or portable computers for traditional activities: census, progress notes, billing and (as appropriate) MDS and service plans.
 - We use our computers at the point of care to document our work with residents, plus we are also electronically charting and recording medication delivery with an electronic MAR.
 - But we communicate with our physicians, hospitals, pharmacy, lab, and insurance companies via telephone, paper, and fax.
- E. We are paperless and we communicate electronically with some of our healthcare partners, meaning...
- We have desktop computers and/or portable computers used for traditional activities: census, progress notes, billing and (as appropriate) MDS and/or service plans.
 - We use our computers at the point of care to document our activities and for electronically charting and recording medication delivery with an electronic MAR.
 - But we have replaced some of our telephone, paper, and fax communication with electronic links between our systems and our physicians, hospitals, pharmacy, lab, and insurance companies.
- F. We are paperless and we communicate electronically with all of our healthcare partners through a national or regional health information network, meaning...
- We have desktop computers and/or portable computers used for traditional activities: census, progress notes, billing and (as appropriate) MDS and/or service plans.
 - We use our computers at the point of care to document our activities and for electronically charting and recording medication delivery with an electronic medication administration record (MAR).
 - But we have replaced all of our telephone, paper, and fax communication with electronic links to all of our physicians, hospitals, pharmacy, lab, and insurance companies through a national or regional health information network.

This was a web-based survey, but to accommodate for providers who could not access the web, hard copies were provided to AHCA's 50 affiliated associations for distribution to individual facilities with instructions for returning the survey by mail or by fax. A total of 916 nursing facilities and 166 assisted living residences responded to the survey. 83 responses (7.6%) were received by mail or fax and were entered into the web data base.

The total of 1,082 nursing facility and assisted living residence responses includes surveys from 345 nursing facilities and 18 assisted living residences owned and operated by Golden Gate National Senior Care³ (GGNSC), a national multi-facility company.

GGNSC responded for all its facilities "in bulk", that is, by submitting a spread sheet detailing outlining persona levels for each of its facilities and residences. GGNSC reported that all of its facilities/residences are currently at the "C" persona level (where most work is now being done on computer) and, then in three years, all would be at the "E" persona level (which is paperless and operating with some of healthcare partners electronically).

Because GGNSC responses equaled one-third of the total number of responses received, a decision was made to examine the responses, first without GGNSC being included, then by including GGNSC.

Where a Majority of Responses Came From⁴

719 web survey responses from nursing facility and assisted living residence providers in 40 states are included in this survey. More two-thirds of the responses (67.6%) were received from 11 states.

• New Jersey	65 responses	9.0% of sample
• Iowa	63 responses	8.8% of sample
• Georgia	52 responses	7.2% of sample
• North Carolina	52 responses	7.2% of sample
• North Dakota	50 responses	7.0% of sample
• Missouri	45 responses	6.3% of sample
• Louisiana	35 responses	4.9% of sample
• Ohio	34 responses	4.7% of sample
• Arkansas	31 responses	4.3% of sample
• Oklahoma	30 responses	4.2% of sample
• Maine	29 responses	4.0% of sample
Total	486 of 719 Web Responses	67.6% of sample

LTC HIT Survey Findings

Nursing Facilities Today

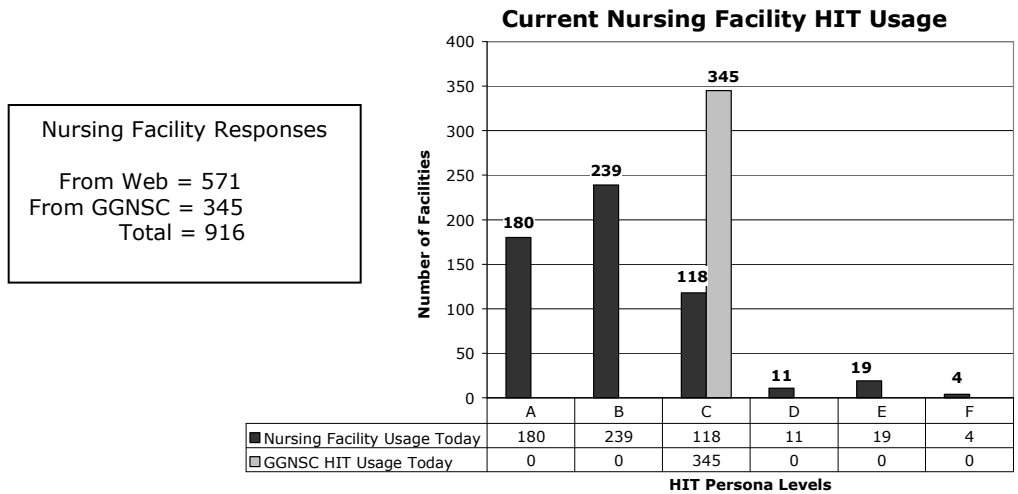
In the first question, facility respondents were asked, "Which of the persona descriptions (A, B, C, D, E or F) did they feel most closely matched their current use of technology in their

³ Formerly Beverly Enterprises

⁴ Note: These responses do not represent states where there is the greatest movement to adopt HIT, but states where individual providers responded to the survey in the greatest number.

nursing facilities?" 571 responses were received via the web and GGNSC provided another 345 responses.

419 facilities (46%) responded that they still did most of their work on paper or were just starting to do more of their work by computer ("A" & "B" persona levels). All 345 GGNSC facilities and 118 facilities responding on the web are currently doing most of their work on computers (persona level "C"). 11 facilities (1%) report being paperless and doing all work on computers (persona level "D"). 23 facilities (2%) are fully computerized and are just beginning to communicate or are communicating fully with their outside health care partners (Persona levels "E" & "F").



- A - We do most of our work on paper.
- B - We are starting to do more of our work on a computer.
- C - We do most of our work on computer.
- D - We are paperless - we do all of our work on a computer.
- E - We are paperless and we communicate electronically with some of our healthcare partners.
- F - We are paperless and we communicate electronically with all our healthcare partners through a national or regional information network.

4 nursing facilities (<1% of the sample) indicated that they are now at the "F" persona level and are fully communicating electronically with all their healthcare partners through a national or regional Health Information Technology network.

The GGNSC corporate push to computerize its facilities is not unique. Many of the top, national multi-facility companies are undergoing similar aggressive computerization.

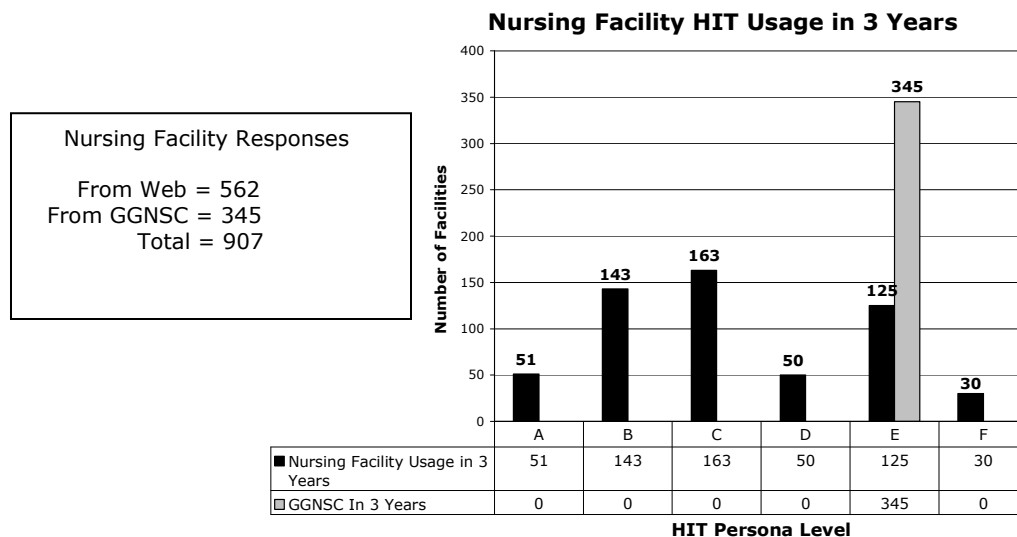
Independent facility owners are moving into the computer age, but at a far less aggressive pace.

Provider Comments:⁵

- “We have checked on upgrading to more computer usage and it is just not affordable for most small facilities such as ours.”
- “I would be interested in being paperless, but as of now this is only starting to come from corporate.”
- “We haven’t gotten completely away from faxing changes in condition, but our physician offices, the hospital, emergency department and home care agencies all have access to an electronic medical record that integrated with our LTC record.”
- “This takes lots of money which is nearly impossible for homes that are struggling to keep their doors open.”
- “Integration is key. The upfront cost of servers, PCs, laptops, etc. It is a very difficult hurdle to overcome given the cash flow issues we faces and the limited reimbursement for services provided.”
- “The facility is a chain and our IT services are directed by that chain.”
- “Currently planning to do bedside charting, electronic communication, and paperless workplace.”
- “The staff learning curve we have found to be slow, but worthwhile and once trained they are wonderful and don’t look back at documenting on paper. Our last state survey went very smoothly.”

Nursing Facilities in 3 Years

The second survey question asked nursing facility respondents, “Which of the persona descriptions (A,B,C,D,E or F) did they expect to most closely match their use of technology in 3 years?”



Nursing Facility Responses

From Web = 562
From GGNSC = 345
Total = 907

A - We do most of our work on paper.

B - We are starting to do more of our work on a computer.

⁵ Respondents were given an opportunity to make open-ended comments on the survey, its questions and their use of HIT. The Provider Survey Comments used throughout this report are representative examples of the comments received.

C - We do most of our work on computer.

D - We are paperless - we do all of our work on a computer.

E - We are paperless and we communicate electronically with some of our healthcare partners.

F - We are paperless and we communicate electronically with all our healthcare partners through a national or regional information network.

There were 562 web-based responses which found the majority of facilities indicating that their use of computers would be increasing. Of the 180 facilities doing most of their work on paper today, 51 nursing facilities (6%) expected no change in their use of computers over the next three years. But, 129 (14%) of responding facilities indicated one or two level growth in their use of computers over the next 3 years. Across the persona levels, most facilities saw their use of computers growing one or two persona levels, but 357 facilities (39%) in persona levels A, B and C, still will have a reliance on paper for day-to-day communications.

GGNSC expects to have its 345 nursing facilities (38% of the total responses) doing all work by computer and communicating electronically (movement from persona level "C" today, to persona level "E" in 3 years). Another 125 nursing facilities (14%) indicated they will also be at this level. 30 (3%) facilities expect to be at the "F" persona level, that is, paperless and communicating electronically with all their healthcare partners through a national or regional HIT network.

Provider Comments:

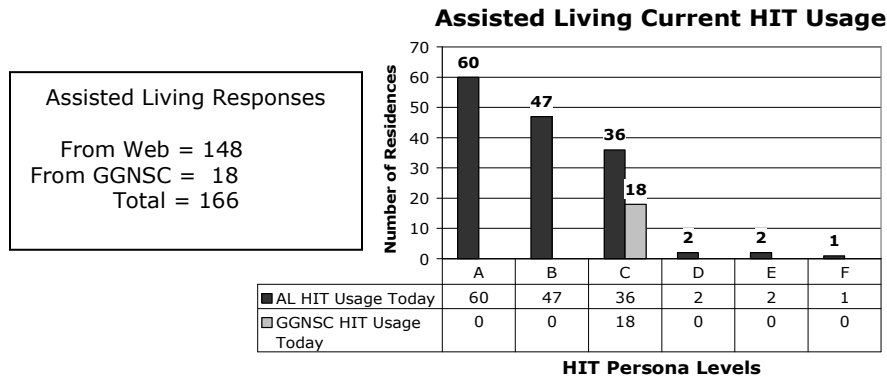
- "We have internal capacities to do much more. All key actors have computer stations at the desk and nurse's stations are prepared. However, our corporate office is slow to implement new technology. We experiment a lot, but slow to implement."
- "We are part of a healthcare system and are unable to connect with most parts of the main system due to our technology being too old and incompatible to 'talk' to each other."
- "We are part of a huge for-profit company and we will only advance as the rest of the company does."
- "While very interesting and desirable, the cost of hardware, software and training is just too much for a small LTC provider at this time."
- "We are currently using computers for our med administration and MAR's as well as MDS, billing, certain physician orders. We will begin nursing documentation in 2006. Our three year goal is to be paperless."

Assisted Living Residences Today

This survey asked the same questions of assisted living residences, how they see their current level of computerization today and what HIT usage growth they expect three in years.

166 assisted living residences responded to the survey. 148 (89%) responses were via the web. GGNSC responded for 18 of its residences separately. 60 residences (36%) of the total identified themselves as doing most of their work on paper (persona level "A"). 47 residences (28%) were just starting to do more of their work on computers. Proportionally, assisted living residences may be entering the HIT era slightly faster than nursing facilities as found when comparing persona level "B" responses. 28% of assisted living responses compared to 26% from nursing facilities at the "B" persona level.

54 assisted living residences (33%), including 18 GGNSC residences, reported doing most of their work on computers (at the "C" persona level). Three residences reported that they were fully computerized and ("E" and "F" persona levels) and are beginning or are fully communicating electronically with all their healthcare partners through a national or regional HIT network.



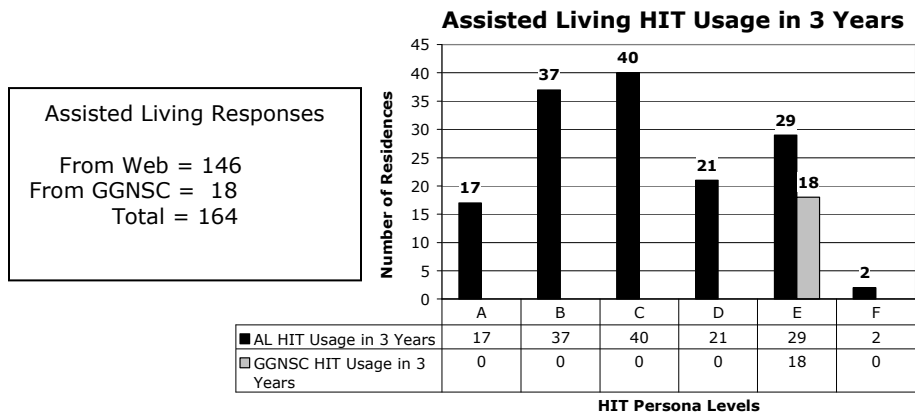
- A - We do most of our work on paper.
- B - We are starting to do more of our work on a computer.
- C - We do most of our work on computer.
- D - We are paperless - we do all of our work on a computer.
- E - We are paperless and we communicate electronically with some of our healthcare partners.
- F - We are paperless and we communicate electronically with all our healthcare partners through a national or regional information network.

Provider Comments:

- "We are currently shopping for an integrated system that will be user friendly in both our assisted living and long term care settings."
- "We want to be a totally paperless setting, but are not finding one software application that will make all this possible."
- "Our residents have computer access through several computers."
- "We monitor lab results via internet, most suppliers are set with online accounts for purchasing and performance improvement monitoring. All our departments have email and internet for all supervisors."
- "We are very limited in our computer use, but I would love to do more. I believe our company is working on this, so I will be updated as it goes along."

Assisted Living Residences in 3 Years

As with nursing facilities, question #2 asked assisted living providers "which HIT persona level they might expect to most closely match in 3 years?" A total of 164 residences responded to this question, 146 (89%) came via in the web survey and GGNSC responded for 18 (11%) of it's residences.



- A - We do most of our work on paper.
- B - We are starting to do more of our work on a computer.
- C - We do most of our work on computer.
- D - We are paperless - we do all of our work on a computer.
- E - We are paperless and we communicate electronically with some of our healthcare partners.
- F - We are paperless and we communicate electronically with all our healthcare partners through a national or regional information network.

Fewer residences (17 residences or 10% of the total responses) saw themselves still doing most of their work on paper in three years compared to the 60 residences at that persona "A" usage today. Most residences saw themselves using computers more, advancing by one or two persona levels over the next three years. 77 residences (46%) saw themselves at persona levels "B" or "C" – levels where more work is being completed on computers.

21 residences (13%) expected to be paperless and doing all work on computers in three years (persona level "D").

47 assisted living residences (29%), including the 18 GGNSC residences, expected to be completely paperless in three years and beginning to communicate with some of their healthcare partners (persona level "E"). Two residences (1%) expect to be paperless and communicating with all external healthcare partners (persona level F) in three years.

Connecting with Outside Healthcare Partners

National, regional and state health information networks are in the early stages of development. A national network does not now exist, but regional and state health information networks (RHIOs) are beginning to operate. These networks are designed to allow the exchange of health records and information between the whole health care community including hospitals, doctor's offices, pharmacies, labs and clinics.

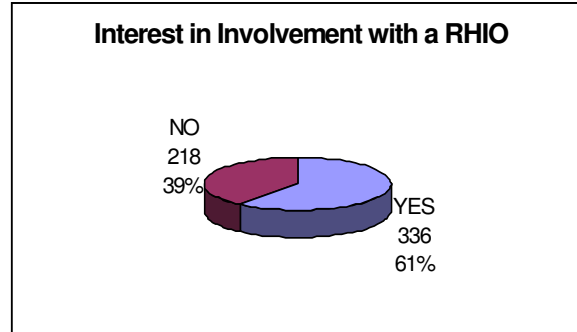
For the most part, in the early development stages, long term care settings (nursing facilities, assisted living residences and homecare) are absent. Only a few networks are including long term care, perhaps in part because national network planning efforts have viewed long term care as a profession to be added later. This is problematic because the

special needs of a long term care setting cannot be adequately addressed in a network designed only for acute care.

Question #3 of the survey asked whether responding facilities were interested in becoming involved with a regional (RHIO), state or local health information network.

A total of 554 facilities responded to this question, about half of those responding to the earlier questions. GGNSC did not provide a response. 336 facilities said "Yes" they were interested and 218 said "No".

State	Total Responses	# Interested
Overall	554	336
AL	1	1
AR	16	15
AZ	3	1
CA	6	4
CT	5	3
DC	2	1
DE	6	2
FL	17	11
GA	37	23
IA	41	26
IL	3	2
IN	9	6
KS	3	0
LA	32	12
MA	2	0
MD	6	4
ME	21	12
MI	11	5
MN	19	10
MO	36	29
MS	24	14
NC	40	30
ND	42	22
NE	7	6
NJ	46	34
NM	2	1
NV	8	3
NY	1	1
OH	21	4
OK	25	18
PA	16	7
RI	3	3
SC	14	10
SD	2	1
TN	3	2
TX	7	2
UT	12	7
VA	3	3
WI	1	1
WV	1	0



States with Prominent RHIO Activity

Avalere Health LLC, a Washington-based Health Policy Consulting firm, is assisting AHCA's HIT Committee in identifying RHIO activity all across the country. From this, AHCA's HIT Committee will prepare a "Guide to RHIOs" to help AHCA and NCAL members better understand these networks to exchanging health information and how to get involved.

Currently, Avalere has identified the following states with prominent RHIO development activity.

California
Florida
Indiana
Massachusetts
New York
North Carolina
Oregon
Rhode Island
Tennessee
Washington State

The "Guide to RHIOs" will be published in 2006.

The low response rate to this question and the comments received makes it clear that many providers do not understand the purpose and value of a national, regional or local health information network.

Provider Comments:

- "Unable to respond to #3 without more information about what such an information network would/could provide."
- "Probably interested in becoming involved with a RHIO depending on what the goals are for this network."
- "We are part of a corporate chain, so membership in any regional group would be subject to their approval."
- "Yes, if we can tie in our IT system ... that would be of great benefit."
- "Don't know"
- "Must know more about a RHIO, if it would benefit us."
- "Don't know what this RHIO would involve."
- "We are part of a hospital-based, rural health care system that includes a home health agency and multiple physician practices. We are working together to create a system-wide Electronic Medical Record."

Survey Observations

- Nursing facilities and assisted living residences are not as technically advanced as many might have thought, but there is growing HIT interest among providers.
- Independent owners and regional multi-facility companies are less likely to be advancing quickly into the HIT era than providers who are part of a large national multi-facility company.
- The lack of HIT investment dollars will make it harder for smaller companies to acquire and maintain HIT than large national companies.
- This lack of capital will slow the transition of HIT in nursing facilities and assisted living residences, leaving those companies that have not made the transition at a competitive disadvantage.
- There is a large knowledge gap between those who understand HIT and its benefits and those who do not. The gap does not appear to be exclusive to the independent companies, but to some larger companies as well.
- Of the total number of respondents to this survey, the majority indicated that their use of computers would be increasing over the next three years. These technology upgrades may very well position those facilities to help expand and shape their state's efforts to connect health care partners.
- Concern was expressed about software integration, finding the right elements to fit the facility/residence needs in a single, interoperable package.
- The confusion that question #3 seemed to cause and the lack of a larger number of responses to the question can be interpreted as a lack of understanding what the purpose of a RHIO is, as well as, a lack of understanding of the national goal of having all health care providers connected electronically by 2015.

Final Note

This survey was not designed to be a comprehensive and exhaustive survey of HIT usage in nursing facilities and assisted living residences, but just a snap shot of the current and 3 year projection of HIT usage. The sample included in this survey includes only 916 of the more than 16,000 nursing facilities nationwide and 166 assisted living residences of the more than 36,000 residences that are defined by states as assisted living.

Nursing Facility Current IT Usage – Percentage of Respondents

Number of Nursing Facility Responses by IT Usage Category and State						
State	A	B	C	D	E	F
Overall	180	239	118	11	19	4
AL	1	0	0	0	0	0
AR	0	28	1	0	0	0
AZ	1	2	0	0	0	0
CA	1	3	0	1	1	0
CT	1	3	0	1	0	0
DC	0	1	1	0	0	0
DE	4	1	2	0	0	0
FL	8	3	4	1	0	0
GA	24	13	4	0	1	0
IA	12	22	11	0	0	0
IL	2	1	0	0	0	0
IN	6	1	0	1	1	0
KS	2	1	0	0	0	0
LA	11	17	7	0	0	0
MA	0	1	1	0	0	0
MD	3	2	1	0	0	0
ME	4	7	4	0	0	0
MI	3	4	2	0	0	0
MN	1	10	3	1	2	0
MO	12	13	5	1	7	0
MS	14	8	3	0	0	1
NC	13	21	9	0	1	0
ND	6	19	10	0	2	0
NE	0	1	1	1	0	0
NJ	12	16	9	1	1	1
NM	1	1	0	0	0	0
NV	4	3	2	0	0	0
OH	1	2	19	0	0	0
OK	13	10	3	2	1	0
PA	8	2	9	0	1	1
RI	1	2	0	0	0	0
SC	5	9	0	0	0	0
SD	1	1	0	0	0	0
TN	0	2	0	1	0	0
TX	1	3	3	0	0	0
UT	2	5	3	0	0	1
VA	2	0	1	0	0	0
WI	0	0	0	0	1	0
WV	0	1	0	0	0	0

Category Description

A - We do most of our work on paper.

B - We are starting to do more of our work on a computer.

C - We do most of our work on computer.

D - We are paperless - we do all of our work on a computer.

E - We are paperless and we communicate electronically with some of our healthcare partners.

F - We are paperless and we communicate electronically with all our healthcare partners through a national or regional information network.

Nursing Facility IT Usage in Three Years – Number of Respondents

State	Number of Nursing Facility Responses by IT Usage Category and State					
	A	B	C	D	E	F
Overall	51	143	163	50	125	30
AL	0	0	1	0	0	0
AR	0	14	0	0	15	0
AZ	0	3	0	0	0	0
CA	0	2	2	1	0	1
CT	0	1	1	0	2	0
DC	0	0	1	0	1	0
DE	0	3	3	0	1	0
FL	3	3	6	2	2	0
GA	4	17	13	3	4	1
IA	1	12	21	7	2	1
IL	1	0	1	1	0	0
IN	2	5	0	0	1	1
KS	1	1	1	0	0	0
LA	6	8	16	1	4	0
MA	0	0	1	0	1	0
MD	1	2	2	1	0	0
ME	0	0	4	6	4	0
MI	0	4	1	3	1	1
MN	1	2	7	2	3	1
MO	4	10	13	1	3	6
MS	3	10	7	2	2	1
NC	5	5	15	3	12	2
ND	1	5	9	4	13	6
NE	0	0	1	1	1	0
NJ	6	5	19	3	4	1
NM	1	1	0	0	0	0
NV	2	4	0	2	1	0
OH	1	0	0	3	18	0
OK	3	10	3	3	5	3
PA	2	6	4	0	7	1
RI	0	1	2	0	0	0
SC	3	3	0	0	9	0
SD	0	0	1	0	1	0
TN	0	0	2	1	0	0
TX	0	3	4	0	0	0
UT	0	2	2	0	5	3
VA	0	1	0	0	1	1
WI	0	0	0	0	1	0
WV	0	0	0	0	1	0

Category Description

A - We do most of our work on paper.

B - We are starting to do more of our work on a computer.

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E - We are paperless and we communicate electronically with some of our healthcare partners.

F - We are paperless and we communicate electronically with all our healthcare partners through a national or regional information network.

Assisted Living Current IT Usage – Number of Respondents

State	Number of Assisted Living Facility Responses by IT Usage Category and State					
	A	B	C	D	E	F
Overall	60	47	36	2	2	1
AR	1	1	0	0	0	0
DC	0	1	0	0	0	0
DE	2	1	0	0	0	0
FL	1	1	1	0	1	0
GA	7	2	1	0	0	0
IA	7	8	3	0	0	0
MD	2	0	0	0	0	0
ME	7	6	1	0	0	0
MI	1	1	0	0	0	0
MN	3	4	0	1	0	0
MO	2	2	3	0	0	0
MS	1	0	1	0	0	0
NC	4	3	1	0	0	0
ND	8	3	2	0	0	0
NE	3	1	0	1	0	0
NJ	7	8	8	0	1	1
NV	0	1	0	0	0	0
NY	0	0	1	0	0	0
OH	0	2	10	0	0	0
OK	1	0	0	0	0	0
PA	2	0	3	0	0	0
SC	0	1	0	0	0	0
SD	1	1	0	0	0	0
UT	0	0	1	0	0	0

Category Description

A - We do most of our work on paper.

B - We are starting to do more of our work on a computer.

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E - We are paperless and we communicate electronically with some of our healthcare partners.

F - We are paperless and we communicate electronically with all our healthcare partners through a national or regional information network.

American Health Care Association, Reimbursement and Research Department,
September 2006

Assisted Living IT Usage in Three Years – Number of Respondents

State	Number of Assisted Living Facility Responses by IT Usage Category and State					
	A	B	C	D	E	F
Overall	17	37	40	21	29	2
AR	0	1	0	0	1	0
CT	0	0	1	0	0	0
DC	0	0	0	0	1	0
DE	0	2	1	0	0	0
FL	0	1	0	1	1	1
GA	0	6	4	0	0	0
IA	3	5	7	2	1	0
MD	0	1	0	1	0	0
ME	2	3	5	1	2	0
MI	0	1	0	0	0	0
MN	2	2	1	1	2	0
MO	0	3	3	0	1	0
MS	0	1	1	0	0	0
NC	2	2	4	0	1	0
ND	2	4	3	3	1	0
NE	1	0	3	1	0	0
NJ	4	3	6	8	1	1
NV	0	0	0	1	0	0
NY	0	0	0	1	0	0
OH	0	0	0	1	11	0
OK	0	1	0	0	0	0
PA	1	0	1	0	3	0
SC	0	0	0	0	1	0
SD	0	1	0	0	1	0
UT	0	0	0	0	1	0

Category Description

A - We do most of our work on paper.

B - We are starting to do more of our work on a computer.

C - We do most of our work on computer.

D - We are paperless - we do all of our work on a computer.

E - We are paperless and we communicate electronically with some of our healthcare partners.

F - We are paperless and we communicate electronically with all our healthcare partners through a national or regional information network.

American Health Care Association, Reimbursement and Research Department, September 2006

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