NCAL®
NATIONAL CENTER FOR ASSISTED LIVING

Why Data Matters in Assisted Living

Turning Information into Better Care and Better Outcomes

Assisted living (AL) providers have more data available today than ever before. The challenge is transforming that data into meaningful action.

Two Powerful AHCA/NCAL Tools. One Complete Data Strategy.

LTC Trend Tracker ®	LTC Data Cooperative
Provides benchmarking, dashboards, and performance tracking that allow communities to compare outcomes with peers and monitor improvement over time.	Uses electronic health record (EHR) data to provide deeper clinical insights, identify resident risk factors, support quality improvement efforts, and contribute to national research.

Together, these tools help assisted living providers move beyond anecdotal decision-making and use data to strengthen quality, operations, advocacy, and value-based care initiatives.

Why Participate in Both?

1. **Improve Quality with Real Measures**
    a. High-performing AL communities track outcomes – not anecdotes.
    b. LTC Trend Tracker benchmarks you against peers on falls, injuries, and hospital transfers.
    c. In practice, you can spot increases in falls, identify trends, implement interventions, and verify improvement efforts through data tracking.

2. **Manage and Support Population Health with Real Time Clinical Data**
    a. Senior living operators sit on more resident health data than almost any other care setting – vitals, ADLs, medication changes, fall incidents, EHR notes – but most of it stays trapped in daily workflows instead of driving strategy.
    b. The LTC Data Cooperative pools EHR data – diagnoses, meds, vitals, vaccines, labs – and links it to Medicare claims for approved research. The payoff: you act before a resident decline.

c. Use Case: CHF is one of the most "flaggable" conditions in senior living because it throws off measurable signals days before a crisis – the trick is watching the trend, not the snapshot.

3. **Demonstrate Value to Health Plans and ACOs**
    a. **Why it matters:** Value-based care (VBC) shifts senior living from a pure real estate/hospitality model to one that's paid, in part, for keeping residents healthy and out of the hospital.
    b. **Why do communities participate:**
        i. New revenue, not just rent. VBC arrangements let communities capture dollars beyond room-and-board-through shared savings, per-member-per-month (PMPM) payments, or bundled payments tied to outcomes.
        ii. Occupancy protection. Fewer hospitalizations and ED visits mean fewer empty beds from residents who don't return, or who move to a higher level of care.
        iii. Differentiation with payers and referral sources. Accountable Care Organizations (ACOs), Medicare Advantage (MA) plans, and health systems increasingly want to partner with senior living operators who can prove they reduce total cost of care.
        iv. Data as leverage. EHR-generated clinical data (vitals, falls, medication changes) becomes the evidence base communities need to negotiate risk-sharing deals.
    c. **Financial Opportunity:**
        i. Shared savings. Communities partnering with ACOs or MA plans can capture a cut of savings generated from reduced hospitalizations/readmissions.
        ii. PMPM Fees. Payers pay a flat monthly fee per enrolled resident for care coordination – predictable revenue independent of census swings.
    d. **Bottom Line:** Pair LTC Trend Tracker benchmarks with LTC Data Cooperative analytics to show measurable impact.
        i. **Example message:** We had been tracking our ED transfers and noticed a positive trend. Our ED transfers dropped 18% after launching a vitals-triggered protocol.

4. **Strengthen State Survey Preparedness and Performance**
    a. Surveyors respond to clear proof of performance and improvement.
    b. LTC Trend Tracker dashboards help communities show corrective action and reduce repeat deficiencies.

5. **Build Stronger Advocacy Messages**
    a. Legislators and regulators listen to credible, comparative facts, and clear documentation of performance improvement efforts. Comparative data turns your story into evidence they can use.
    b. Example message – Our falls-with-injury rate is 25% below the state median due to targeted changes tracked in LTC Trend Tracker.

6. **Your Data Stack**
    a. LTC Trend Tracker – quality benchmarking, dashboards, Quality Award support
    b. LTC Data Cooperative – Detailed EHR data, analytics, Medicare-linked insights
    c. Workflow –
        i. Focus on priority measures (falls, transfers, medication safety)
        ii. Use LTC Data Cooperative data to guide care; confirm progress in LTC Trend Tracker
        iii. Convert insights into payer scorecards and policy talking points

7. **High-Value KPIs**

GOAL	KPI	SOURCE
Reduce transfers	ED transfers; 30-day readmissions	LTC Trend Tracker
Prevent injury	Falls with injury	LTC Trend Tracker
Improve medication safety	High-risk meds; polypharmacy	LTC Data Cooperative
Support infection control	Vaccination status; antibiotic use	LTC Data Cooperative
Advance equity and access	Demographics; ADLs; social risk	National + internal data

What to do Next:

- Enroll in Trend Tracker and the LTC Data Cooperative;
- Choose a 90-day priority (falls, meds, transfers);
- Build a simple storyboard or dashboard using benchmarks and trendlines; and
- Set weekly reminders on your calendar to update information, run reports, track and trend data, analyze and use the data to make data-informed decisions.

Bottom Line: Assisted living needs proof, and data is the way to show it. Use LTC Trend Tracker to benchmark and the LTC Data Cooperative for clinical intelligence. That combination improves care, proves value, anticipates policy shifts, and strengthens your hand with payers.

Scan Now to Register and Learn More!

LTC trendtracker

Long-Term Care DATA COOPERATIVE