CareAxis

CareAxis Case Study: Transforming Senior Care Through Data-Driven Coordination

How Technology and Compassion Unite to Keep Seniors Healthy, Safe, and Independent

The Challenge

Across America's senior living communities, a quiet crisis has been unfolding. Residents face mounting health challenges - chronic conditions, medication management issues, food insecurity, and social isolation - while care coordinators struggle to identify and address these needs before they escalate into costly hospitalizations.

For Genacross Lutheran Services, a faith-based nonprofit serving over 1,700 individuals annually across northwest Ohio and southeast Michigan, this challenge was deeply personal. Their teams witnessed firsthand how fragmented care systems and reactive approaches left vulnerable seniors falling through the cracks.

The question became clear: How could they shift from reactive crisis management to proactive, preventive care that truly improves lives?

The Solution: CareAxis

Born from Genacross's participation in the Lutheran Services in America Results Innovation Lab, CareAxis emerged as a groundbreaking answer. Jointly developed with technology partner Linkage, CareAxis combines human expertise with intelligent automation to revolutionize how senior living communities deliver care coordination.

What Makes CareAxis Different

CareAxis isn't just another software platform - it's a comprehensive care coordination ecosystem that:

- **Predict problems before they happen** through AI-driven risk profiling and early warning alerts
- **Automates routine workflows** so care teams can focus on what matters most: the residents
- **Connects the dots** between physical health, behavioral health, and social determinants of health
- **Closes communication loops** between residents, families, care teams, and healthcare providers
- **Turns data into action** with real-time insights that drive better outcomes

The platform employs standardized assessments, predictive analytics, and closed-loop communication to create a safety net around each resident - one that catches issues early and coordinates seamless responses across all care settings.

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Implementation: From Vision to Reality

CareAxis was piloted across Genacross affordable housing and long-term care communities, supported by licensed nurses and social workers who conduct comprehensive assessments and guide residents through critical care transitions.

The approach is proactive and personal. When a resident returns from the hospital, care coordinators engage them for up to 120 days post-discharge, monitoring recovery, ensuring medication adherence, and preventing readmissions. When risk factors emerge - missed meals, a concerning fall, signs of depression - the system alerts the care team immediately, triggering coordinated interventions.

Real-World Integration

CareAxis aligns seamlessly with HUD's enhanced service coordination standards and can integrate with government funded ecosystem of Organizations. The participating communities can pursue value-based partnerships that reward quality outcomes rather than just service volume.

The Results: Impact of the Numbers

Scale of Care Delivered

Over 8,900 comprehensive assessments completed, including:

- 2,800+ depression screenings (PHQ-9)
- 2,800+ anxiety screenings (GAD-7)
- Continuous monitoring across 1,672 residents

Service Coordination Success

Across the resident population, CareAxis identified 2,022 unique needs and successfully completed 1,405 care goals-a **70% goal completion rate** that represents real problems solved and real lives improved.

Top Service Interventions:

- **Nutrition Security** (507 interventions) - Reducing malnutrition and supporting chronic disease management
- **Home Health Coordination** (351 interventions) - Ensuring smooth care transitions
- **Transportation** (140 interventions) - Preventing missed appointments and isolation
- **Caregiver Support** (115 interventions) - Reducing family strain and improving engagement

Healthcare Cost Savings

Through predictive alerting and proactive intervention, CareAxis drives measurable reductions in avoidable hospitalizations:

- **20-25% reduction** in preventable hospital admissions when fully implemented
- **$450 in annual savings per resident** through shorter stays/increased home-based care, organizations can use to negotiate value-based relationships with insurance companies

- **$1,200-$1,350 avoided cost per prevented hospitalization**
- **54% lower daily care costs** when transitioning from skilled nursing ($275/day) to home and community-based care ($125/day)

Operational Efficiency Gains
The platform's intelligent automation delivers unprecedented efficiency:
- **30% reduction in administrative staffing needs**
- **40% faster documentation time**
- **Automated quality assurance** ensuring compliance and consistency
- **Real-time dashboards** tracking progress across all residents and sites

How It Works: Technology Meets Humanity

Intelligent Early Warning System
CareAxis integrates AI-driven event alerts that immediately notify staff when critical events occur falls, hospitalizations, medication discrepancies, or unmet service needs. Each alert automatically generates follow-up actions, ensuring nothing slips through the cracks.

Holistic Risk Assessment
The platform combines behavioral health data (depression, anxiety), physical health indicators (chronic conditions, ADL limitations), and social determinants of health (food insecurity, transportation barriers, social isolation) into comprehensive resident risk profiles. This 360-degree view enables targeted, personalized interventions.

Population Served
CareAxis communities serve a predominantly aging population with complex needs:
- Average age: 78-86 years
- 73% female, 27% male
- Primary funding: Medicaid waiver, Medicare, and private pay
- Common support needs: bathing, dressing, toileting assistance
- Prevalent conditions: hypertension, diabetes, mobility impairment, anxiety, depression
- On average 75% of the population is dual – Medicare and Medicaid eligible

Looking Forward: A New Standard for Senior Care

The Vision
CareAxis aims to become the national model for enhanced service coordination in senior living and affordable housing, demonstrating that when you combine compassionate care with intelligent technology, you can:
- Help seniors age in place safely and independently
- Reduce preventable suffering and costly hospitalizations
- Empower care teams to work at the top of their licenses
- Build sustainable, value-based care models
- Prove that better outcomes and lower costs can go hand in hand

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The CareAxis Value Proposition at a Glance: Genacross Proven Outcomes

Outcome Area	Key Benefits
Hospitalization Reduction	20-25% decrease through predictive alerts and early intervention
Cost Savings	$450 per resident annually; 54% reduction in per-day care costs
Workflow Efficiency	30% staff reduction, 40% faster documentation
Resident Engagement	70% goal completion rate
Data-Driven Care	8,900+ assessments, 2,800+ mental health screenings
Quality Assurance	Automated compliance tracking and verification
Comprehensive Coordination	Nutrition, transportation, caregiver, and home health support

Join the Movement

CareAxis represents more than a technology platform - it's a commitment to dignified, proactive care that honors the lives and independence of every senior we serve. As we expand nationally, we invite senior living organizations, affordable housing communities, and healthcare partners to join us in reimagining what's possible when data, technology, and human compassion work together.

Ready to transform care coordination in your community?
Learn more at careaxis.com or contact us to schedule a demonstration.

CareAxis is jointly owned and developed by Genacross Lutheran Services and Linkage, building on decades of experience in senior services and care innovation.