

# HREI

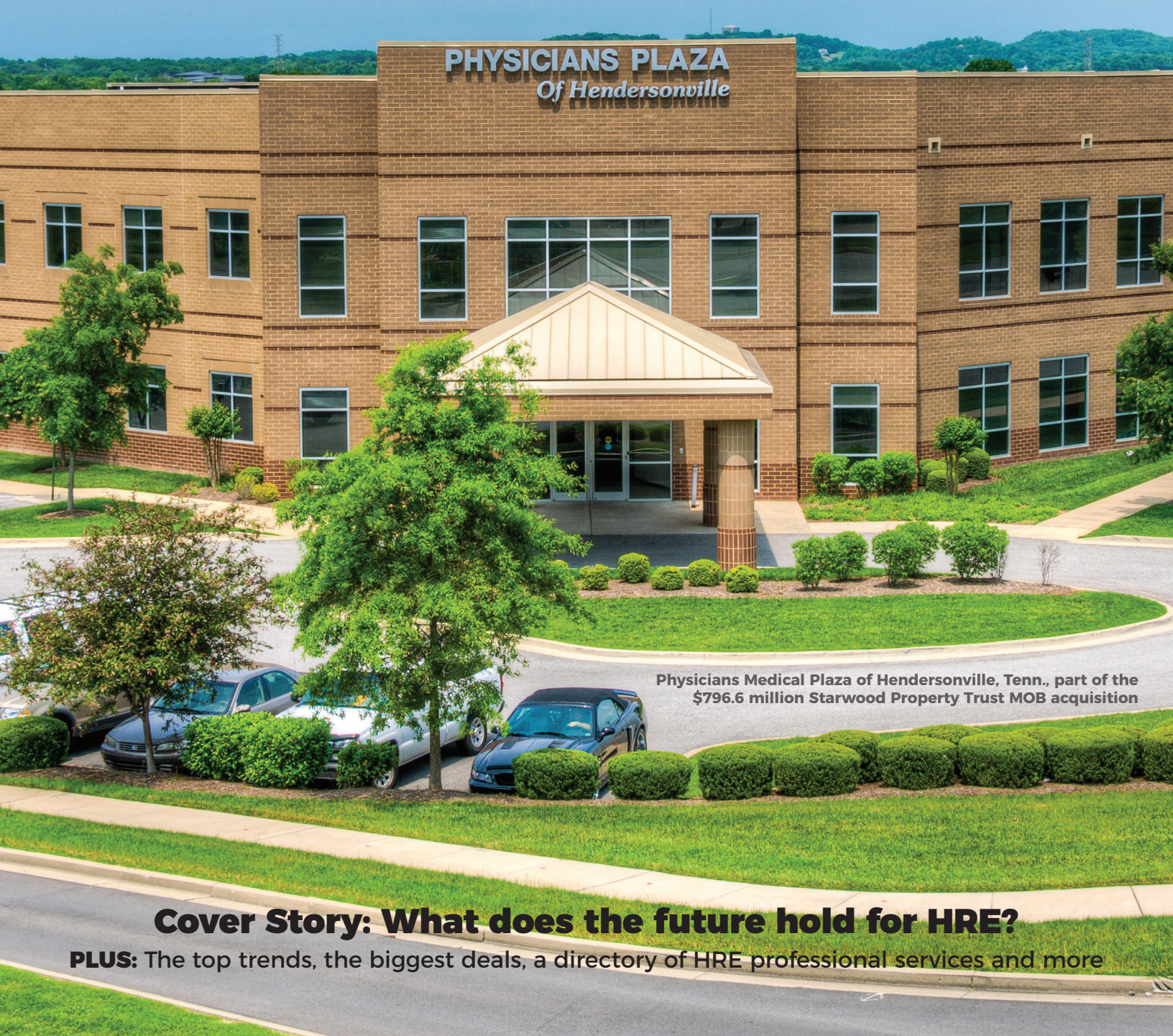
Healthcare Real Estate **Insights**™

2017 Special Edition

[HREIResourceGuide.com](http://HREIResourceGuide.com)

# Resource Guide™

News, Insights and a Directory of Services from the Leaders in Healthcare Real Estate



Physicians Medical Plaza of Hendersonville, Tenn., part of the \$796.6 million Starwood Property Trust MOB acquisition

**Cover Story: What does the future hold for HRE?**

**PLUS:** The top trends, the biggest deals, a directory of HRE professional services and more





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Agilitas Property Development

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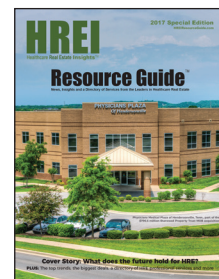
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On the cover: The two-story, 35,000 square foot Physicians Medical Plaza of Hendersonville, Tenn., was part of the \$796.6 million Starwood Property Trust MOB acquisition (Photo courtesy of Agilitas Property Development)





# Top gear for HRE

Fast pace continues for development and investment



Dear Reader:

When you're an automobile enthusiast like I am (my current project is a 1965 Plymouth Barracuda), you look for every opportunity to incorporate your passion into your daily life.

Such an opportunity presented itself last November, as **Healthcare Real Estate Insights™** hosted its annual Editorial Advisory Board meeting at the Lane Motor Museum in Nashville, Tenn. One of the privileges of being the publisher is that I have the final say on where we'll meet. So by meeting at the Lane, amid about 150 exotic vehicles, I was able to combine my passions for healthcare real estate and cars.

Lest you think meeting at the Lane was merely some sort of gearhead boondoggle, I am pleased to report that it was highly productive. Several of our board members came away for the gathering saying things like "This was the best healthcare real estate meeting of any kind this year" and "This was the best HREI™ board meeting ever." The success of the meeting was primarily due to the high caliber of our board members. But I also like to think meeting in an interesting, unusual venue relaxes people and helps to get their creative juices flowing.



Darryl Freling checks out a Nissan GT-R Nismo race car prototype.



Keith Konkoli, Greg Venn, Andy Dow, Jud Jacobs and Mark Toothacre pose by a luxurious 1963 BMW 3200S.

But you can judge for yourself with the Cover Story on Page 12, "What does the future hold for healthcare real estate," which includes a comprehensive report on our board's insights into what's ahead for HRE development, financing and investment. This special edition of HREI™ also includes our popular annual directory of HRE professional services, a detailed look at recent development and investment activity, and more. (I had initially pushed for an automotive

themed edition, but cooler heads prevailed. So even if the thought of muscle cars or exotic coupes doesn't tickle your fancy, you'll find plenty to interest you.)

*Murray W. Wolf*  
Murray W. Wolf, Publisher

P.S. This HREI™ **Resource Guide™** is also available at [HREIResourceGuide.com](http://HREIResourceGuide.com). The website includes all of editorial content, as well as a searchable database of the directory listings. So whether you prefer a printed hard copy or the online version, we hope this 10th annual guide will be a valuable resource for you throughout 2017.

# HREI

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## MORE HEALTHCARE REITs ARE BUYING HOSPITALS



The Advanced Diagnostics Hospital East (ADHE) in Houston was part of the recent MedEquities Realty Trust Inc. acquisition.

(Photo courtesy of ADHE)

### Financially strapped providers are finding it more acceptable to sell their real estate

Healthcare real estate investment trusts (REITs) seem to be increasingly acquiring inpatient hospital buildings. A recent report from *Healthcare M&A News* says that eight deals involving 19 hospitals totaling about \$1.5 billion were announced by REITs last year – although one large deal accounted for most of the total.

At least two REIT deals for hospitals have been announced so far this year. Global Medical REIT Inc. (NYSE: GMRE) paid \$24.5 million for the Great Bend Regional Hospital building in Great Bend, Kan. And MedEquities Realty Trust Inc. (NYSE: MRT) acquired the Advanced Diagnostics Hospital East building in Houston for \$12.5 million. Both deals were sale-leasebacks.

Many of the 2016 sales were by private equity firms that “wanted out,” *Healthcare M&A News* says. To read the article, please visit [Healthcare.LevinAssociates.com](http://Healthcare.LevinAssociates.com).

## TOP HRE DEVELOPMENTS AND LEADERS RECOGNIZED

### The winners of the fourth annual HREI™ Insights Awards™ were announced Dec. 3.

The nine awards honored excellence in healthcare real estate (HRE) development and executive leadership:

- Best New MOB (Less than 25,000 square feet), Five Star ER Pflugerville, Texas, Lockard.
- Best New MOBs and Other Outpatient Facilities (25,000 to 49,999 s.f.), Buck Creek Medical Plaza, Avon, Colo., NexCore
- Best New MOB (50,000 to 99,999 s.f.), Penn Medicine S. Chester County, West Grove, Pa., Anchor Health Properties
- Best New MOB (100,000 square feet or more), Hoag Health Center Irvine-Sand Canyon, Irvine, Calif., PMB
- Best Renovated or Repurposed Healthcare Facility, Clara Maass Medical Center MOBs, Belleville, N.J., Rendina
- Best New Hospital or Other Inpatient Facility, TriHealth Bethesda Butler Hospital, Hamilton, Ohio, Duke Realty
- Post-Acute & Senior Living Facilities Best New Ground-Up Development, Beach House Assisted Living and Memory Care, Naples, Fla., Prevarian Companies LP
- HRE Executive of the Year, Jason Signor, Caddis
- Lifetime Achievement Award, Tim Oliver, NexCore

For full coverage of the awards, please see “[Insights Awards winners announced](#)” in the January 2017 edition of HREI™.

### ON THE RECORD

What provider trends are you seeing recently?



“A lot of the deals that I have been working on there’s been what I call de-monetizations, where hospitals are actually exercising ROFOs (rights of first offer) and ROFRs (rights of first refusal)...”

**Jeff Cooper**,  
Managing Director,  
Healthcare Real  
Estate Capital

Do you think the shift to outpatient care is short-term or here to stay?



“The train has left the station in terms of modern outpatient efficient strategy for medicine. I think that that is demographically motivated, and I think that that is going to continue on for years to come.”  
**James A. Schmid**,  
chief investment  
officer, Anchor  
Health Properties

## MOB SALES STILL STRONG DESPITE DIP

Average cap rate converged with office for the first time

Investor demand for medical office buildings (MOBs) remains strong, according to the newly released “Medical Office Building Quarterly Update” from the healthcare-focused strategic advisory and investment banking firm Hammond Hanlon Camp (H2C).

About \$1.925 billion in sales were recorded during the third quarter (Q3), a 14 percent decrease from the prior quarter and a 16 percent decrease from the same time last year, H2C reported, citing data from Real Capital Analytics (RCA) Inc.

Perhaps even more interesting, during Q2 of 2016, the average MOB cap rate converged with the commercial office average for the first time since RCA began tracking the data in 2001.

The average MOB cap rate decreased 16 basis points from Q1 and 52 basis points from the same time last year to 6.3 percent. The trend continued into Q3, widening an additional 10 basis points from the prior quarter.

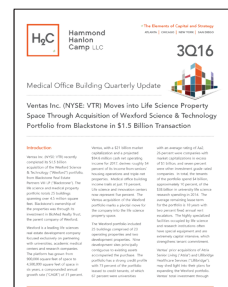
However, H2C noted, the average price per square foot (PSF) in the commercial office sector still exceeds the medical office properties average, at \$264 PSF and \$251 PSF, respectively.

“The sequential decline in cap rate year to date softens the stark decline in sales volume for the year to date in contrast to 2015, possibly indicating a more selective buyer pool for higher-quality assets,” H2C stated in its report.

“As the broader commercial office asset class begins to slow after five years of robust cap rate compression, average MOB cap rates are now lower than commercial office despite a long history of trading wider than the commercial office average.

“This pricing trend suggests that MOBs have now emerged as a safer investment due to future demand and growth in the sector, supported by a rapidly growing aging population that will require exponentially more healthcare services, and precedent transactions by major medical providers in outpatient settings.”

To download the complete report, please visit [H2C.com](http://H2C.com).





# MOB CONSTRUCTION ON THE RISE

An estimated 345 MOBs with 17 million square feet were delivered last year

By John B. Mugford



MOB developments in various stages of construction in 2016 included (clockwise from top) VA Kernersville Health Care Center in Kernersville, N.C.; the Orange Regional Medical Center (ORMC) Physicians Office Building in Middletown, N.Y., and California Pacific Medical Center MOB in San Francisco.

Images courtesy of Lendlease, ORMC and Pacific Medical Buildings



## The construction of medical office buildings (MOBs) is in the midst of a strong upward trend, with 2017's final numbers likely to continue on this path.

According to data compiled by Arnold, Md.-based Revista, a healthcare real estate (HRE) research and data firm, a total of 345 MOBs with about 17 million square feet of space were expected to be delivered in 2016; the value of those projects was estimated at \$7 billion, according to Revista's U.S. Construction Report for January 2017.

Those numbers, while expected to be very close to the actual figures, could change slightly as more year-end data is gathered, according to Mike Hargrave, principal and one of the founders of Revista.

The construction numbers for 2016 represent significant increases from the previous two years in which Revista compiled MOB construction data.

In 2014, \$4.1 billion worth of projects with a total of 10.9 million square feet were delivered. In 2015, those figures rose to \$6.6 billion worth of projects with a total of 15.3 million square feet of space.

As for this year, Revista projects that 444 MOBs worth \$10.4 billion will be delivered. Those facilities would have a total of 25.7 million square feet.

According to Colliers International's 2017 Healthcare Marketplace report, the average value of new MOBs being developed is \$15 million; the average size is 45,000 square feet.

It should be noted that, as we looked at MOB construction data, we found some differences in the numbers in various reports. Colliers International projected that about 22 million square feet of space was delivered in 2016. Marcus & Millichap's Research Services reports that, as a projection, about 7.5 million square feet was delivered.

The reason for the discrepancies is, perhaps, a difference in the way the data is gathered and the parameters used, such as the minimum size of the buildings used to calculate the total number of projects, square footage and dollar value.

Marcus & Millichap, it should be noted, uses data from CoStar as a starting point before evaluating that data and calculating its own figures. CoStar only reports projects that are 20,000 square feet or larger, according to Marcus & Millichap.

Revista uses a variety of sources to gather its data, including public filings, developer news and Google Alerts, as well as other sources, to build its database of projects, according to Mr. Hargrave, who notes that the firm includes in its data any MOB larger than 7,500 square feet.

It includes facilities such as outpatient cancer centers, on-campus outpatient pavilions, hospital-owned projects and others.

But no matter whose data you prefer, there is no denying that MOB construction is on the upswing. Industry executives say there are a number of reasons for that, despite the potential for uncertainty in the healthcare sector as a result of President Donald Trump's call for repealing, or at least drastically changing, the Patient Protection and Affordable Care Act (PPACA) of 2010.

Those include the fact that the U.S. population continues to age, which increases the demand for the delivery of healthcare services. According to the Colliers report, healthcare expenditures per capita topped \$10,000 in 2016 and are projected to grow at an average of 5.8 percent through 2025.

At the same, according to numerous healthcare real estate (HRE) professionals with whom **Healthcare Real Estate Insights™** has spoken, providers are preparing to receive decreases in insurance and reimbursement incomes in coming years while still feeling a need to expand their market shares. In order to improve their offerings and attract new customers, many health systems are looking to provide higher quality services in new, attractive facilities. Many are looking to do so in MOBs, where costs are not as high as in hospital settings.

While demand for services continues to rise, MOB vacancies continue to drop, reaching an all-time low of 7.4 percent nationally at the end of 2016, according to Colliers. Low vacancy rates in any real estate sector typically lead to more development.

In addition, despite the rise in MOB construction in recent years, Mr. Hargrave and his colleagues at Revista have determined that new construction has not kept up with the recent increase in the number of people gaining health insurance through the PPACA.

According to the U.S. Census Bureau, the number of people with insurance rose to 289.9 million in 2015 (the most recent year for which data is available) from 271.6 million in 2013, an increase of 6.7 percent. Yet, during that same time the country's MOB stock has grown just 1.9 percent, to a total of 1.33 billion square feet of MOB space in 2015 – or about 4.6 square feet of space per insured U.S. resident – from a total of 1.308 billion square feet in 2013, or 4.82 square feet per insured U.S. resident.

### Developer/owner opportunities?

With MOB construction numbers on the rise, however, the question for healthcare development firms is whether the number of opportunities to build, own, manage and lease such projects is on the rise as well. Or are more and more health systems – because they continue to employ more physicians and subsequently take up more space in outpatient facilities – choosing to finance and own such buildings themselves?



It makes sense for health systems to engage with third-party firms to finance and develop MOBs for them when there will be considerable risk involved with filling up the space that will not be filled by the health system itself. But with some health systems often occupying more than half of a new building, there is less risk involved in filling the remaining space.

In addition, as many HRE professionals note, health systems are typically able to occupy their own projects for considerably less than the cost of leasing space, in large part because their cost of capital is often less than that of developers.

However, many HRE professionals also note there are many reasons why health systems should look at more than just rents versus occupancy rates when deciding how to finance new MOB projects. They say that investing the money that would be used to develop a new facility into other initiatives, such as new technology, equipment, service lines, hospitals, health systems or physician groups is likely to garner far better returns than owning MOBs.

There's also the notion that owning real estate, especially ancillary facilities, is a distraction for health systems, whose main focus should be on providing healthcare services.

While Revista does not currently have statistics determining how many new developments are developer or investor owned, as opposed to being health system owned, it does note that the country's real estate investment trusts (REITs) own about 9 percent to 10 percent of the current inventory of such facilities. About 15 percent are owned by developers/private equity, while the vast majority are owned by health systems, government or others.

In some instances, longtime, experienced healthcare development firms, especially more regional or local ones, are being hired to develop projects on a fee basis instead of as an owner.

Although some firms are willing to be awarded fee assignments in order to stay busy and develop relationships with providers, many entrepreneurial development firms prefer the higher risk and bigger potential returns of developing and owning MOBs instead of building them for someone else.

Thomas W. "Tommy" Tift III, president of Atlanta-based HealthAmerica Realty Group, says his market is seeing more and more health systems self-developing MOBs.

"As the health systems get bigger and acquire physician groups in certain markets, perhaps a suburb where they did not have a presence before, many of them look to build large, comprehensive outpatient centers offering lots of services in one location in order to gain market share and get a step ahead of competitors looking to enter that market," Mr. Tift says.

"But in many cases, especially here in Atlanta, construction costs

have gotten to the point where it's too expensive for a developer to buy the land and pay for the construction of a building and be able to keep rents low enough for the health system tenants," he notes.

"For many health systems that plan to occupy most of a building, or 100 percent of a building, they're saying their occupancy costs can be quite a bit less than what they would pay in rent in a new building owned by a developer."

While that might certainly be the case in some markets, industry sources tell HREI™ that many of the country's larger, national development firms have strong pipelines of projects that they will own upon completion.

## It depends on the market and system

The executive VP of development firm with a national footprint – Keith Konkoli of Duke Realty Corp. (NYSE: DRE) – says the question of who will own a new MOB varies from market to market and health system to health system. Some markets have a good mix of independent physician groups and hospital systems, giving developers more of a chance to own such projects.

"We're definitely seeing construction activity on the rise," Mr. Konkoli says.

"When it comes to having a developer versus a non-developer develop a project, it is still very dependent on the health system. Some systems will only use their own capital while others use a mix of developer and self-funding. In general I would say the balance is pretty even on developer owned versus system owned."

Richard Rendina, chairman and CEO of Jupiter, Fla.-based Rendina Healthcare Real Estate, notes that deal sizes and the square footage in new MOBs have increased in the past couple of years.

"Deal flow has been steady, as we've got 230,000 square feet under construction today, which is about our average, and we've got about 400,000 to 500,000 square feet in the pipeline, some of which, of course, have been in the pipeline for a while," he says.

"A good share, perhaps a majority, of the deals we're seeing are coming through our fee process, as we expect two or three of those in any given year."

Mr. Rendina notes that his firm has seen an "uptick in opportunities in just the past six months.

"However, it is clear that the vast majority of them are coming from the not-for-profit sector. We have also seen a rise in the interest level towards using a third-party developer from health systems that have traditionally self-developed.



“To this end, we have seen this in the form of a joint venture, co-ownership and straight fee-for-service type arrangements.”

Philip J. “PJ” Camp, principal with New York-based Hammond Hanlon Camp LLC (H2C), says his firm is advising health systems on new, creative ownership structures for new outpatient projects.

“We’re seeing a bit of a trend of joint ventures, with hospital systems, looking to bring in outside capital,” he said during the HREI™ Editorial Advisory Board meeting in November in Nashville, Tenn. “Not necessarily to own an entire building or to develop an entire building, but to come into the development and own part of it.”

Also speaking at the HREI™ Editorial Advisory Board meeting, Aole Ansari, executive general manager, Lendlease Healthcare Development, said: “I find this space both scary and attractive, because I come from a multifamily background where you’re doing deals at 150 to 250 basis point spreads and to walk into a business where apparently it seems sane to do deals at 50 to 75 basis point spreads actually blows my mind. So I’m still trying to get myself around that part of it.

“But at the same time, it’s pretty attractive, and for 2016 it’s been a year of transition for Lendlease Healthcare ... We’ve educated our board on what this space is and what it needs to look like.

“And so I just explain it to them that this is a space where spending is going to increase as a percentage of the GDP, and it’s a space where there are a lot of people, baby boomers, and they’re going to spend a lot on healthcare and somebody has to serve them,” Mr. Ansari added.

“The pipeline’s good moving forward, but I think it’s getting harder to get deals executed,” Mr. Konkoli said during the e HREI™ Editorial Advisory Board meeting. “I think there are really three different reasons why that is.

“There are a lot of leadership transitions at healthcare systems, and as a result strategy can change,” Mr. Konkoli said.

“Regulatory: we’re seeing a loosening of Certificate of Need in some states but in other states they’re getting more and more diligent.

“And then there mergers and acquisitions, where you can get awarded a project and then an M&A is announced and it puts stuff on hold.

“But on the other hand, health systems have to put those folks somewhere and they’re creating these centers of excellence to support the population health management.

“So, I think that bodes well for those of us who are in this space.” □



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# MOB SALES DOWN, BUT JUST A BIT

## 2016 volume of \$10.2 billion was within 1.1 percent of the record high

By John B. Mugford

**They said it couldn't happen again – and it didn't. 2016 MOB sales failed to equal the record volume of 2015. But the market remains red hot and observers are optimistic.**

**W**hen 2015 came to a close and all of the records for medical office building (MOB) sales had been shattered, healthcare real estate (HRE) professionals told **Healthcare Real Estate Insights™** that even though they were predicting strong sales in 2016, the year ahead certainly could not top 2015.

After all, 2015 was considered a year in which a fortuitous mix of market conditions, including high demand from a wide variety of investors – including some who were new to the space – coupled with a strong supply, drove MOB sales volume above \$10.2 billion, according to commercial real estate research firm Real Capital Analytics (RCA) Inc.

(Initially, we reported sales volume for 2015 was \$9.98 billion, but RCA's sales data changed since then to total \$10.27 billion as additional deals were discovered and added.)

As for 2016, the total sales volume was \$10.15 billion, according to RCA, a drop of just 1.1 percent from the record-setting year of 2015.

Now, before we go any further, we would like to provide an explanation concerning the data we are presenting.

Most HRE professionals tell us they believe MOB sales were down anywhere from 10 percent to 20 percent in 2016 compared to what they all agree was a record-setting year in 2015. Several firms, in fact, compile their own quarterly and year-end MOB sales statistics, and they often start with RCA's figures and cull out transactions they do not consider to have involved "true MOB" included in RCA's data. Those might include health system administrative office buildings, research facilities or buildings with a large portion of non-clinical tenants.

However, since HREI™ has used RCA's data since the early 2000s, we feel that using the firm's 2016 data – even if total sales are somewhat overstated – provides a more meaningful historical comparison in terms of total volume changes from year to year, as RCA has used a consistent approach to how it has gathered its data.

As we look at the historical MOB sales data, 2016 saw the second-highest volume since RCA began compiling such statistics in 2001, when the total volume was \$1.08 billion. The third best year for MOB sales, according to RCA, was 2014, meaning the sector is in the midst of an unprecedented run the likes of which have not been seen since 2005-08, before the onset of the Great Recession.

"Yes, 2016 was a great year when compared to the last five years," says John Smelter, senior director, Healthcare Real Estate Group with Marcus & Millichap. "But as I believed at the time, I'm sure 2015 was the pinnacle year for quite some time."

Even so, with available MOB's perhaps in even shorter supply to meet demand in 2016 than in 2015, year-over-year pricing rose in the past year, with the average capitalization (cap) rate, or the first year expected return, dropping from 6.8 percent in 2015 to a record low of 6.5 percent in 2016, according to RCA's data. (RCA's cap rate averages, it should be noted, do not include data from all deals.)

The price per square foot (PSF) in 2016 was right at about the average for the last three-period, coming in at \$256. The PSF in 2014 was \$230 and in 2015 it was \$270.

As for the number of properties trading in 2016, 694 of them topped \$5 million, according to RCA. That continued a current run of three straight years in which the number of properties changing hands topped 600, the only three years since 2001 when RCA began compiling MOB sales data in which that has happened. In 2014, 655 properties changed hands, and that number jumped to 767 properties in 2015.

It should be RCA lists property sales individually. If a 10-building portfolio trades hands, RCA lists each of those 10 properties in its data as single sale entries.

### Why the slight drop off?

The MOB sales total of 2016 was bolstered by two of the largest deals in the sector's history.

One of those was an acquisition by Greenwich, Conn.-based Starwood Property Trust Inc. (NYSE: STWD), which paid \$796.6 million for 35 MOB properties from New York-based North Star Realty Finance (NYSE: NRF), according to RCA's data. The deal, for the most part, marked Starwood's entry into the MOB space, as the real estate investment trust (REIT) has long been focused on being a mortgage lender and servicer as well as a buyer of net-leased properties.

For NorthStar, the sale represented a disposition of a portion of its MOB portfolio, as it had gained ownership of the facilities in a \$4 acquisition in 2014 of Irvine, Calif.-based Griffin-American



Healthcare REIT II (G-A REIT II). G-A REIT II's portfolio at the time comprised 145 MOBs, 91 senior housing properties, 45 skilled nursing facilities and 14 hospitals scattered across 31 states and the United Kingdom.

Many reports concerning the Starwood-NorthStar deal, it should be noted, indicate that Starwood paid \$837.9 million for a portfolio of 38 MOBs. However, RCA's year-end data indicates that the transaction, which the research firm indicates closed in December 2016, was slightly smaller, perhaps because the acquisitions of one or more properties in the portfolio did not close by Dec. 31, 2016.

The other major deal of 2016 was one of the largest all-time sales, or monetizations, by a health system. In the deal, Milwaukee-based Physicians Realty Trust Inc. (NYSE: DOC) acquired 51 properties with 3.1 million square feet of space from Englewood, Colo.-based Catholic Health Initiatives (CHI). The price was \$718.5 million, or \$229 per square foot (PSF).

If one were to leave those two deals, which totaled more than \$1.5 billion, out of the 2016 total volume, sales would have been about \$8.5 billion. Although doing so is not necessarily fair – as the deals were part of the total volume in 2016 – that is part of the reason why HRE professionals say that 2016 was just not as active, sales-wise, as 2015, as those two large deals represented a large share of the total volume, but not the activity.

According to some of the HRE sector's seasoned veterans, the

record-setting 2015 represented the aforementioned fortuitous mix of investor demand, coupled with a strong supply of MOB properties placed on the market, probably because owners saw an opportunity to sell while prices were at historic highs and interest rates remained low.

"Almost everyone with an opportunity to sell in 2015 decided to do so, resulting in an off-the-charts year," notes Mindy Berman, managing director and leader of the healthcare team Jones Lang LaSalle (NYSE: JLL). "While 2016 was still a very good year and demand from investors remained very strong, the supply just didn't match that of the year before." Had the supply matched that in 2015, she noted, sales likely would have as well.

E. Hunter Beebe, managing principal of West Palm Beach, Fla.-based Healthcare Real Estate Capital (HRE Capital), adds that while 2016 was indeed a good year, "there certainly was a slowdown in volume across the entire sector when compared to 2015. This could be attributed to a variety of variables – the election, lower development numbers from several years ago, investors with longer-term horizons holding their assets, a pullback from certain players, etc."

Among the investors pulling back were the non-traded real estate investment trusts (REITs), which faced heightened scrutiny and a slowdown in fundraising – and subsequently, investment activity – following an accounting scandal in 2014 at a non-traded REIT sponsored by New York-based American Realty Capital

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Properties Inc. (ARCP). No non-traded HRE REITs were directly involved, but fundraising suffered nonetheless.

Now, however, a few of the non-traded, healthcare-focused REITs are increasing their acquisitions of late, according to several professionals involved in the MOB sector. So are the publicly traded REITs. Mr. Beebe also notes that some investors who aggressively pursued and acquired MOBs in secondary and tertiary markets in 2014-15, slowed their activity a bit in 2016.

## More of the same in 2017?

A number of professionals involved in the MOB sector believe that 2017 will see sales figures similar to and perhaps slightly lower than 2016, especially if interest rates remain relatively low. However, if rates spike significantly, in the 50 to 100 basis points range – a possibility under Donald Trump’s presidency – that could change things, professionals say.

“Looking into my crystal ball, we will have another very good year in 2017,” predicts Mr. Smelter of Marcus & Millichap. “With the continued shortage of inventory and more new buyers entering the space, I do not think cap rates will rise much, even with the increases in interest rates, because of the continued, increased competition for MOBs.”

Even though MOBs remain in strong demand from a wide variety of investors, including foreign capital and those new to the space, supply, while remaining strong in a historical sense, is still not likely to keep up with demand in the year or two ahead. And that restricted supply is likely to keep sales from breaking the record set in 2015.

Chris Bodnar, co-leader of the National Healthcare Capital Markets Group with CBRE Group Inc. (NYSE: CBG), adds that the future of the sector – as well as the MOB sales market – should remain strong, in large part because healthcare real estate (HRE), while not recession-proof, held up better than other

# TOP 10 MOB PORTFOLIO SALES (2016)

Property Name/ Address/City, State	Year Built	Price (000s)	Square Feet	Price/ S.F.	Buyer/Seller/Broker
NorthStar Portfolio 35 properties 14 states	N/A	\$796,600	2,024,668	\$381	Buyer: Starwood Property Trust Seller: NorthStar Realty Finance Broker: N/A
Catholic Health Initiatives (CHI) Portfolio 51 properties 10 states	N/A	\$718,500	3,132,263	\$229	Buyer: Physicians Realty Trust Seller: Catholic Health Initiatives Broker: CBRE
First Hill Medical Pavilion 1124 Columbia St. Seattle (3 buildings)	1976/ 2015	\$192,300	228,000	\$844	Buyer: Heitman/NexCore Seller: Trammell Crow/Wash Mgmt. Broker: CBRE
Connecticut MOB Portfolio 26 buildings Hartford and New Haven, Conn.	N/A	\$178,000 (est.)*	588,000	\$303	Buyer: Healthcare Trust of America Seller: Casle Corp. Broker: N/A
O’Quinn and Baylor buildings Texas Medical Center Houston	1991, 2003	\$173,367	673,395	N/A	Buyer: Texas Children’s Hospital Seller: Baylor St. Luke’s Broker: CBRE
Mission Viejo Portfolio St. Joseph Mission Hospital Mission Viejo, Calif.	N/A	\$150,000	262,429	\$572	Buyer: Healthcare Trust of America Seller: Innovation Institute LLC Broker: CBRE
Lake Shore Place 680 N. Lake Shore Drive Chicago	1923/ 1992	\$109,500	493,064	\$222	Buyer: TopMed Realty Seller: Golub & Co. Broker: HFF
Welltower Portfolio Eight properties Fla., Va., Ga., Tenn., Ohio	1992- 2007	\$99,400	403,777	\$246	Buyer: MB Real Estate Seller: Welltower Broker: JLL
Altera Portfolio Four properties Houston and El Paso, Texas	1970- 1984	\$82,000	416,383	\$197	Buyer: Healthcare Trust of America Seller: Altera Development Broker: N/A
Penn Medicine Cherry Hill 1865 N.J. Route 70 Cherry Hill, N.J.	2016	\$81,770	155,308	\$527	Buyer: LaSalle Investment Mgmt. Seller: Finmarc Management Broker: CBRE

**Source:** Most data provided by Real Capital Analytics Inc., except some information and additional details obtained by **Healthcare Real Estate Insights™**.  
**Disclaimer:** This data is based on independent reports of properties and portfolios \$5 million and greater. The data is believed to be accurate but is not guaranteed. Wolf Marketing & Media LLC, publisher of **HREI™**, is not responsible for its accuracy.  
 \*Estimated price based on 2016 yearly average PSF of \$253.



sectors during the last recession.

“We’ll have a deal out to market for a very large physician group, a deal out to market for a health system, and then we will have a deal out to the market for a private equity group,” Mr. Bodnar says. “Seeing that type of activity from a variety of sellers makes me excited about the prospects of this market.”

Others note that health systems, while facing even more pressures and constraints on their capital, might start shifting to

a more corporate-like strategy when it comes to occupying their real estate. Most corporations, real estate professionals note, lease the space they occupy rather than own it.

Mr. Beebe of HRE Capital adds that his firm is seeing a “noticeable uptick in discussions with healthcare systems about monetizations. While the signs are positive, it’s still early to predict a significant volume of this activity. However, there is more noise in the system on this front today than there has been in the last six or seven years.” □

## TOP 10 MOB INVESTORS (2016)

Investor Name/ Corporate Headquarters	Buyer Type	Number of Properties	Total Square Feet	Total Investments
Physicians Realty Trust Milwaukee	Public REIT	82	4,467,159	\$1.125 billion
Starwood Property Trust Greenwich, Conn.	Public REIT	33	2,024,668	\$796.6 million
Healthcare Trust of America Scottsdale, Ariz.	Public REIT	44	2,024,642	\$641 million
USAA Real Estate San Antonio	Investment Manager	6	792,033	\$470 million
Hammes Partners Brookfield, Wis.	Equity Fund	11	704,234	\$259 million
Healthcare Realty Trust Nashville, Tenn.	Public REIT	10	580,499	\$238 million
MB Real Estate Chicago	Developer/Owner	19	824,802	\$200 million
Heitman/NexCore Group Chicago/Denver	JV/ Private Equity	1	228,00	\$192 million
Texas Children’s Hospital Houston	Health System	2	794,000	\$173.4 million*
HCP Inc. Irvine, Calif.	Public REIT	10	494,790	\$173 million

**Source:** Most data provided by Real Capital Analytics Inc., except some information and additional details obtained by **Healthcare Real Estate Insights™**.  
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# WHAT DOES THE FUTURE HOLD FOR HEALTHCARE REAL ESTATE?

**HREI Editorial Advisory Board ponders the possibilities, potential pitfalls**  
By John B. Mugford

**The healthcare real estate (HRE) sector continues to race along, with the sale of medical office buildings (MOBs) remaining strong and the construction of new facilities accelerating during the past couple of years and, as forecasted, in the year ahead.**

**A**t **Healthcare Real Estate Insights™**, we pride ourselves on holding our annual Editorial Advisory Board receptions and meetings in somewhat quirky locations. We figure our board members have already seen the insides of more than enough corporate and hotel meeting rooms, so we try to liven things up by hosting our events in more stimulating spaces. Last year's **HREI™** board meeting was no exception, as we gathered at Lane Motor Museum on the outskirts of downtown Nashville, Tenn.

But it was also perhaps fitting that we met in a space displaying historic race cars and other exotic automobiles, as the general consensus of the board seemed to be that the HRE sector will continue to race ahead in high gear.

Of course, the pace of HRE development, financing and investment is strongly tied to what's taking place in the healthcare sector itself. So board members acknowledged that there are some potential yellow flags looming. But, surrounded by checkered flag tablecloths and car memorabilia, most seemed to agree that demand will keep accelerating for outpatient space – their core product – as healthcare providers continue to seek ways to provide services to a growing, aging population in lower-cost settings.

## Demand likely to continue in 2017

The **HREI™** Editorial Advisory Board met in mid-November 2016, a week after Donald Trump was elected president, and the 25 or so board members in attendance generally predicted more good days ahead for the HRE sector, at least for the next year or more. Most of the concerns that the board members have about the sector are more tied to external factors, such as a potential economic downturn or black swan-type of events, rather than the health and long-term growth prospects for healthcare itself.

Granted, changes in regulations and a potential unraveling of the Patient Protection and Affordable Care Act (PPACA) by President Trump and the Republican majority in Congress could cause hiccups, or hesitations, along the way, board members noted,

especially if the replacement law removes people from the ranks of the insured, which would require health systems and providers to make adjustments to the strategies they've embraced in recent years.

But for now, healthcare and HRE remain desirable industries.

"We are in a sector that is in demand," said Chris Bodnar, co-leader of the National Healthcare Capital Markets Group with CBRE Group Inc. (NYSE: CBG). "We're in a market right now where there is some certainty, and if you look backward to a time when there was a downturn in 2008 and 2009, healthcare performed much better than all of the other product types at that time. That creates continued interest in this sector."

Eric Fischer, managing director with Dallas-based Trammell Crow Co., which focuses on development, added: "I feel as though in the healthcare sector and in our world at Trammell Crow, we're really starting to realize some good times after coming out of a very deep and tough recession. And that's across all sectors, from multifamily, industrial, office; we're at levels of production that we've never seen in our careers. And that is the same for healthcare."

"For 2017 I really expect things to continue to carry on," said Erik Tellefson, managing director of Capital One Healthcare. "We'll see our industry shake out a bit. But, you know, I'm bullish on the MOB industry overall."

While other board members, most of whom work for investment banking firms, development companies, real estate investment trusts (REITs), and other firms that provide services to health systems and providers, see stability in the years ahead, there are those who expressed a bit more caution.

"If I look back to 2016, the biggest thing we're seeing is lots of new investors entering the space, which I think is generally good for all of us," Justin Hill, senior VP of business development with Toledo, Ohio-based Welltower (NYSE: HCN). "And that should carry over into 2017. But there is some uncertainty for the sector."





**Aole Ansari and Jim Kornick**



**Erik Tellefson, Vince Cozzi and John Smelter**

HREI™ photos

On the subject of capitalization (cap) rates, or the estimated first-year return on an investment, Mr. Hill said: “I believe that yields and cap rates might tick up slightly, but they’re not going to go really, really high again, because you’ve got a lot of capital coming into this space, and there’s really an overall lack of quality product to invest in to keep up with demand.”

“I didn’t think that cap rates and development yields could just keep going down forever, but they have done that,” said Jud Jacobs, senior VP of development for Dallas-based Caddis.

“This is the first year that we thought they might be bottoming out or topping out in terms of the value. It seems that maybe we hit the bottom and people are starting to be a little bit more cautious on the low yield deals. But I’m real optimistic about 2017. Notwithstanding the big surprise in Washington. I think the fundamentals are still there for our business lines.”

“As far as interest rates go, I’ve sat at this meeting for the last three years in a row and predicted rising cap rates and rising interest rates, I’ve been wrong every single time,” said Devereaux “Dev” Gregg, senior VP of development with Madison, Wis.-based Erdman. “But I’m going to double down again and say I think I’m going to be right this time. I think rates and cap rates will go up a little bit, enough to make people at this table really frown and upset, I don’t think so, but I gotta think we’ve hit the peak and got to have a little bit of movement back in 2017.”

“I think for 2017, I’m going to be on the side that says that I think this bump we’ve had in interest rates will recede a little bit,” said Mark Toothacre, president of San Diego-based Pacific Medical Buildings (PMB) LLC.

“And I kind of base that on the lack of inflation and the low level of global interest rates that I think put a lid on long-term rates, at least that’s what I hope happens. And then consequently we’re hoping the cap rates stay low and we can complete a big project that we’re doing in San Francisco that we committed to a fairly low cost capital at the time, a year and half ago, that won’t be delivered until 2018, before the market changes too much.”

Several of the board members are real estate executives with major health systems, and although they say they continue to see strong demand for healthcare services, new regulations and falling reimbursement rates could cause headaches along the way.

“I’ve talked about having to navigate the white waters that are part of being in healthcare before,” said Ross Caulum, senior director of corporate real estate at Scripps Health in San Diego. “In 2017, those whitewater rapids are going to increase from class three rapids or class four rapids to class five rapids. But I believe that we at Scripps will figure out how to get through it, as will other strong healthcare systems. Healthcare still has to be delivered regardless of what the people inside the Washington Beltway do or do not do.”

## Health systems are watchful

Mr. Caulum wasn’t the only health system executive at the meeting to predict that, despite concerns that many health systems might be feeling some trepidation about what could happen under the Trump administration, large providers will continue to move forward on needed capital investments, be they for technology, equipment or facilities.

There are some professionals involved in the HRE sector who are concerned that health systems might postpone projects while waiting for new legislation from Washington to emerge, while others say many health systems have already committed to strategies that entail expanding their outpatient footprints and investing in technology and acquiring and hiring new physicians.

“I would characterize 2016 as probably the busiest year that I’ve had in the 21 years that I’ve worked with THR,” said Jon Sullivan, VP of real estate operations with Arlington, Texas-based Texas Health Resources.

“We have about five million square feet of properties, and do a lot of leasing, a lot of construction management. We have a number of medical office buildings that we’ve built. They’re in





**John Smelter, Dan Klein and Peter Volas**



**Malcolm Sina, Darryl Freling and Richard Rendina**

various phases, some of them just finishing up, and some of them just now starting. Our outpatient activity with our joint venture partners grew exponentially in 2016. It's been amazing. The other thing that's kind of interesting is not only are we building hospitals for ourselves, but we have other systems that we've joint ventured with that are building new greenfield hospitals that will be opening in 2017."

Peter Volas, senior director of real estate for Cleveland-based Cleveland Clinic, noted that the system will certainly be watching as events affecting healthcare unfold in the nation's capital. However, the system has too many initiatives, new affiliations and joint ventures underway to hold back now.

"As I think about 2017, it's full speed ahead for the Cleveland Clinic," Mr. Volas noted. "I just don't see anything changing. We can talk about the repeal of the Affordable Care Act, and if that happens we're going to have to self-correct just like every other health system is going to self-correct."

The health system, in fact, is currently focusing on what Mr. Volas referred to as four initiatives starting with the letter "C": consolidation, collaboration, care-affordability and capital.

"As for consolidation, we are still dealing with the integration of a health system (Akron General), and all of the implications of what that requires," Mr. Volas said. "It's much more difficult than you would think, what will all of the different systems and people to integrate. Of course, consolidation also includes acquiring physician practices, and, actually there seems to be more of a focus on primary care physicians than there are on specialists at this point in time."

He noted that collaboration entails forming affiliations with other hospital systems and a variety of provider types, as well as forming joint ventures with them.

"We're starting our third joint venture for a rehabilitation hospital with Select Medical and it's been very successful," he said. "We're in the process of completing a build to suit hospital

as a joint venture with them. We are learning how to be a partner, whereas before, for us, we always looked to command and control. But for a number of reasons, we're no longer that way."

"Much of our effort is focused on providing quality care while taking costs out of our health system," he continued. "For 2017, we have an intense focus on protecting our margins. And when the revenues aren't there, the expenses have to come out, too."

"But my biggest concern is capacity. How are we going to do all this with the limited resources that we and all of the health systems are facing? And that's where a lot of the people in this room, the developers, the investment bankers, the consultants, come in and provide us with their expertise."

"There will be a pause as hospital systems are going to take a breath to figure out what the future may hold," said Phillip J. "PJ" Camp, principal with New York-based healthcare advisory firm Hammond Hanlon Camp (H2C) LLC.

"But we work with healthcare systems on a lot of different levels, not only on the real estate side but on the advisory side as well, and we see the same issues a lot ... a lack of capital at the same time as feeling a need to defend market share and expand, to provide more efficient, more productive, more convenient locations for healthcare."

"The story we hear is that although they'd rather own it ... they can't afford to own because they don't have enough capital to go around because they have very expansive plans to grow. Even some of the very wealthiest hospital systems in the country are considering and doing joint ventures, bringing in the developers, despite what may occur with the ACA."

"I think the large multispecialty groups, the large physician practices are going to continue to drive development projects, or to be the tenants in the projects," said Richard Rendina, chairman and CEO of Jupiter, Fla.-based Rendina Healthcare Real Estate. "And I think that is an important component to focus on in looking at a new development project and sizing it accordingly."





PJ Camp, John Winer and Greg Venn



Jon Sullivan, Dev Gregg and Ross Caulum

## Development on the rise

As Mr. Fisher of Trammell Crow noted, development firms focused on the healthcare sector saw an uptick in opportunities in 2016 and were feeling optimistic heading into 2017. Many health systems are in need of new, technologically advanced outpatient facilities after a period in which new development had slowed, in part because of the Great Recession and in part because health systems were hesitant to commit to projects while they determined the impact of the PPACA.

As noted in the article “MOB construction on the rise” on Page 4, the data backs up the notion that MOB development is increasing, as a number of real estate research firms show increases in the square footage being delivered during the past three years.

Development is picking up, according to HRE professionals, because medical office buildings (MOBs) have been slowly but surely filling up, with most real estate data reports indicating that national vacancy rates have fallen to less than 10 percent.

“I would say that 2016, for us, was maybe a bit of a turning point from coming out of the recession,” said Mr. Toothacre of PMB. “We’ve been fortunate to get some really good-sized deals. From a number-of-projects perspective, our volume had been down, going all the way back to the recession, but we’re seeing a strong upturn.”

“The top of the funnel for lead generation is better than it’s ever been at PMB,” he added. “So, when I hear some of the discussion about whether healthcare development is going to go into a pause as a result of uncertainty concerning the Affordable Care Act, it certainly doesn’t seem like it to me, at least from the development standpoint.”

“Our properties that we manage, and we manage about 3.5 million square feet, have continued to lease up, so we’re seeing good activity in terms of the performance fundamentals of our existing portfolio, and we’re also seeing a renewed entry of health systems and big groups and so forth into being aggressive and taking space.”

Dallas-based HRE developer and owner Caddis, like others, is seeing more development opportunities than it has in a long time, and from a variety of sources.

“Caddis had a terrific year in 2016,” Mr. Jacobs said. “We’ve been seeing more new looks at hospital-led opportunities from advisors and brokers working with hospitals more than I’ve seen in a long time. And that’s great because we’ve developed a number of new relationships.”

“We just agreed to terms with a major academic medical center, and we’re working with one of the big for-profit systems on new



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**Chris Bodnar and Andy Dow**

deals. We just broke ground on our third building for (Houston-based) Memorial Hermann. One was an acquisition and two are developments.”

Mr. Jacobs added that the company was in the process of joining with a “new and important” capital partner, and “we’re all just thrilled about what this will mean for us moving forward.”

Other developers expressed the same sentiment, that their firms were in the midst of strong periods as well.

“Erdman had its best year in 2016 since we went private again in 2012,” Mr. Gregg added.

## **MOB sales stay strong, but ...**

For the most part, MOB sales in 2016 nearly matched the total dollar volume in 2015, considered by many to be the all-time record setter. According to real estate research firm Real Capital Analytics (RCA) Inc., MOB sales approached \$10 billion in 2016, just shy of 2015’s total of nearly \$10.2 billion.

However, John’s Smelter’s healthcare real estate group at Marcus & Millichap (NYSE: MM), which takes a different approach to analyzing the data, found that MOB sales in 2016 actually surpassed those in 2015. Doing its own research and eliminating sales that it determines are not true MOB transactions, Marcus & Millichap’s figures show that MOB sales totaled \$5.97 billion in 2016 compared to \$5.87 billion in 2015.

“I think in 2017 that we will see a little bit of a slowdown because there’s no way we can’t see a little bit of a slowdown with the uncertainty we’re experiencing, and uncertainty causes things to slow down,” said Mr. Smelter, a senior director at Marcus & Millichap.

“And there’s no way that I think that we can say that there isn’t uncertainty. Will it be the same impact that we had in 2008, 2009, before the passage of the ACA? Who knows? I don’t think



**Eric Fischer and Mark Toothacre**

so because we’re still going to have healthcare.”

But Mr. Smelter said he foresees interest rates rising, “maybe not at the pace that we saw in the four days after the election, but in conjunction with uncertainty, and the fact that we’ve already hit the top of the cycle, we’ll see less velocity for MOB sales moving forward into 2017.”

He added that there is a potential for a “disconnect” between buyers and sellers in the year ahead, what with sellers wanting the old pricing from the height of the market and buyers looking for lower prices.

“I don’t want to be too negative, because I don’t see, at the end of the day, 2017 being drastically far off from 2016,” he said. “I think it’s going to be a very minor correction.”

The year ahead, he noted, will probably see higher interest rates and some inflation. “A number of things are going to happen under the new Trump administration that could cause some inflationary pressures, but I don’t see it going up at a significant pace to really dramatically impact our industry. I think it will be slow moving, mostly if you look at the world economy.”

Dan Klein, senior VP of investments with Milwaukee-based Physicians Realty Trust (NYSE: DOC), said the real estate investment trust (REIT), which was the largest investor in MOBs in 2016, is “bullish on 2017.”

“We are going to watch carefully, along with everyone, what’s going to happen with Trumpcare 1.0 and its impact on the markets,” he said. “We’ll watch even more closely what happens with interest rates, pricing and inflation, and see what happens there. That, to us, maybe has more of a meaningful impact than what happens with the Affordable Care Act.”

Phillip Mahler, senior director with the healthcare team at Pittsburgh-based HFF Inc. (NYSE: HF), said the growth of the team at his firm is a reflection of how strong the MOB sales market is and the strong demand coming from investors to buy product.





**Jim Kornick and Tommy Tift**



**Matt Nurkin and Keith Konkoli**

“There’s a lot of interest in this sector, and we at HFF are still in very much of a growth phase to respond to that,” he said. “Like everyone else has been saying, the capital that’s been coming into this space is very aggressive. The last three deals I’ve closed have been with capital that never invested in medical office, which is a blessing and a curse.”

As for 2017, Mr. Mahler said he did not foresee cap rates changing much, especially for the highest quality, or Class A, facilities. Cap rates have been lingering at record low rates for a number of years, hovering between 6 percent and 7 percent. HRE professionals say transactions involving high-quality assets housing strong tenants, such as credit-rated tenants, often trade for less than 6 percent.

“I don’t see cap rates changing on Class A product in 2017,” Mr. Mahler said. “There might be some slippage in cap rates for Class B and C product. We are still seeing very aggressive cap rates for ‘core’ deals. So, we remain bullish for 2017.”

Mr. Bodnar noted that the healthcare capital markets group at CBRE had its best year on record in 2016, when it sold properties for clients ranging from health systems to physician groups to REITs and developers.

“I don’t know if we can replicate the amount of business we did

in 2016 in 2017, when we were fortunate to work on some larger portfolio deals” he said. “At the same time, we are seeing more money being allocated to the space. We do have a number of listings coming out early in 2017 and it still runs the gamut of seller types, from a very large physician group, a health system, and then we will have a deal out to the market with a private equity group.

“Seeing that type of activity makes me excited about the prospects for this sector.”

But he added, “I think we are going to be living with the new normal of interest rates and what that means. I think we’ve got probably about a 50 basis point swing from where we are today before we start seeing a pretty serious price impact to our sector.”

While others see MOB sales and the overall economy perhaps entering the ninth inning, as many like to call the end of the current strong cycle, Mr. Camp, of H2C, says that the ninth inning might go out with quite a bang.

“There may be a rush actually to get more product out the door now that we see interest rates and cap rates probably inching up,” he said. “Sellers may decide that’s now the time to sell and before it gets any worse and they will try to sell their product. So, we might actually see a jump in MOB sales. After that, I think things are probably going to chill out a little bit.”



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**Peter Volas and Justin Hill**



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## Possible clouds on the horizon?

Most of the HREI™ Editorial Advisory Board members remain optimistic about the HRE sector, as they note that the country's aging population will continue to drive demand for healthcare services in less-expensive settings such as outpatient facilities. However, a number of the board members believe there are some potential pitfalls that could cause a bit of downturn in the sector.

Several expressed concern that the economy could weaken in the next year or two, adding that they believe the current bull market on Wall Street is in the "ninth inning." Others noted that rising interest rates and cap rates could have an impact on the sector.

They also note that pending regulations affecting health systems and providers could put a damper on the third-party ownership of MOBs, which is a major lifeblood of the HRE sector.

Those regulations and changes include the looming change in the way health systems must report leases under regulations to be enacted by the Financial Accounting Standards Board (FASB). As a result, health systems would have to report leases on their balance sheets, causing them to perhaps choose owning their outpatient space instead of leasing it from third-party owners.

Others added that if lawmakers indeed repeal the PPACA, which several believe is a flawed plan to begin with, there could be a reduction in the number of people with health insurance, thereby reducing revenue for health systems and reducing demand for new MOBs and other healthcare facilities. All of the talk about repealing the PPACA could also cause health systems to "pause" a bit in their planning for new facilities or initiatives, board members noted.

Mr. Rendina added that the looming "site neutral payment" legislation could have an impact on health systems and their development plans.

"We've already seen it affect some projects and had it not affect others," he said.

"We had a cancer center project that was going to be off campus get moved to on campus just so it could be within 250 yards of the inpatient facility."

"Another thing that I think that is concerning is the coming shortage in physicians," Mr. Rendina continued. "The statistics show that over half of physicians out there today, if they were to do it over again, or to tell their children, they would tell them not to become physicians. That could pose a problem for all of us."

Jonathan L. "John" Winer, senior managing director and chief investment officer with White Plains, N.Y.-based Seavest Healthcare Properties, said that it seems "reasonable to believe that the health systems' uncertainty could cause them to pause in deploying capital and could also cause an increase in interest rates. The sooner we can defuse the uncertainty -- so the sooner the new administration gets to work and lays out an agenda that people can get behind -- the better it will be for all of us in this business."

But Mr. Winer also added that he, too, believes the economy is "late in the game," the new presidential administration and Republican majority in Congress "can extend the game, can go into extra innings, if we can get some infrastructure spending going early."

Home healthcare, Mr. Winer noted, could also be a concern for the people and companies focused on developing and owning outpatient facilities.

"You can already see how much is being done to provide care in the home," he said. "In our sector, we have all benefitted from the hospitals pushing more services out of the hospital and into our buildings over a number of years, and that will undoubtedly continue. But we're also starting to see this new trend of services getting pushed out of our buildings and into the home. So I think we need to keep an eye on that."

Jim Kornick, a principal in the Washington, D.C., office of Avison Young, said that he foresees the first half of 2017 as "being much like the last couple of years" in HRE.





**Jud Jacobs and Eric Fischer**



**Andy Dow and Michael Bennett**

“However, beyond that I think the uncertainty will dampen a lot of health systems’ decision making abilities,” he said.

“This will especially be true for the hospital systems that are not in a booming metropolitan area on the East or West Coast that would like to grow but rather have to deal with financial security; they are the ones who are really going to have a hard time making decisions.”

## But then again ... optimism

Despite the concerns, many on the board remain optimistic, noting that all industries and sectors go through downturns at times. Healthcare, however, will continue to grow and be an important part of the economy, they noted.

“I would expect that the kind of transactional volume that we have next year will be less,” Mr. Kornick noted. “It goes back to the point about this being close to the end of this particular baseball game regardless of what happens in Washington. But I expect this business to do better because the best people in this business continue to get better, even though the market will be down a bit in the year ahead.”

Mr. Hill of Welltower said he is confident that the sector will adjust to potential changes on the horizon.

“So, whether we’re REITs who know how to invest capital wisely, or the developers who know how to build the right buildings, whatever it might be, there is cheaper, more efficient and more effective capital coming into our space, which I think is a positive for all of us,” he said. “I think pricing was pretty aggressive this year in general, and that’s because we’ve got this supply and demand curve that’s a little bit out of whack with lots of new capital coming into the space.”

Even with uncertainty facing the HRE sector, Greg Venn, president and CEO of Denver-based NexCore Group, said the smartest, most innovative firms can use it to their advantage.

“There’s so much talk about uncertainty,” he said. “But I like to look at uncertainty and say that it can also provide opportunities as well. I think there’s no way to predict what’s really going to happen because there are so many competing variables about what can happen. And while there are a bunch of things to worry about, I’m probably more optimistic than I’ve ever been about how to get through those things because of the people that are around us and around me and the capital partners that we’ve got, people who really do want to see us succeed.” □



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# 2017 HEALTHCARE & HEALTHCARE REAL ESTATE EVENTS



BOMA

Date	Event	Organization	Location	Website
Jan. 26	2017 Greater New York Healthcare Real Estate Summit	CapRate Events	New York City	<a href="http://CRE-events.com">CRE-events.com</a>
Jan. 30-Feb. 1	Annual Meeting	ASHA	Palm Springs	<a href="http://seniorshousing.org">seniorshousing.org</a>
Feb. 22	Hospitals & Medical Facilities Program	HCI/IFMA	Denver	<a href="http://www.squarefootage.net">www.squarefootage.net</a>
Feb. 24	Hospitals & Medical Facilities Program	HCI/IFMA	Houston	<a href="http://www.squarefootage.net">www.squarefootage.net</a>
March 7	Bisnow's Big South Healthcare Event	Bisnow	Houston	<a href="http://Bisnow.com">Bisnow.com</a>
March 8	InterFace Healthcare Real Estate West	InterFace/France	Los Angeles	<a href="http://InterfaceConferenceGroup.com">InterfaceConferenceGroup.com</a>
March 8-10	Health Facilities Design & Development	IQPC	Sydney, Australia	<a href="http://lqpc.com">lqpc.com</a>
Mar 12-15	ASHE PDC Summit	ASHE	Orlando	<a href="http://www.ashe.org">www.ashe.org</a>
March 15	Northern California Healthcare Real Estate Summit	CapRate Events	San Francisco	<a href="http://CRE-Events.com">CRE-Events.com</a>
March 22-24	REIT Wise 2017	NAREIT	LaQuinta	<a href="http://nareit.com">nareit.com</a>
March 22-24	Spring Investment Forum	NIC	San Diego	<a href="http://NIC.org">NIC.org</a>
March 22-25	AMGA Annual Conference	AMGA	Grapevine, TX	<a href="http://AMGA.org">AMGA.org</a>
March 26-29	Congress on Healthcare Leadership	ACHE	Chicago	<a href="http://ACHE.org">ACHE.org</a>
April 4	Third Annual Northern California Healthcare Real Estate Summit	CapRate Events	San Francisco	<a href="http://capremedia.com">capremedia.com</a>
April 12	Hospitals and Medical Facilities Program	HCI/IFMA	Minneapolis	<a href="http://www.squarefootage.net">www.squarefootage.net</a>
April 17-20	Becker's Hospital Review Annual Meeting	Becker's Hospital Review	Chicago	<a href="http://BeckersHospitalReview.com">BeckersHospitalReview.com</a>
April 25	Hospital and Medical Facilities Summit	HCI/IFMA	Chicago	<a href="http://SquareFootage.net">SquareFootage.net</a>
April 27-29	AIA Conference on Architecture 2017	AIA	Orlando	<a href="http://AIA.org">AIA.org</a>
May 2-4	Spring Meeting	ULI	Seattle	<a href="http://ULI.org">ULI.org</a>
May 10-12	MOB & Healthcare Facilities Conference	BOMA	Denver	<a href="http://BOMA.org">BOMA.org</a>
June 1	InterFace Healthcare Real Estate Carolinas	InterFace/France	Charlotte, N.C.	<a href="http://InterfaceConferenceGroup.com">InterfaceConferenceGroup.com</a>
June 6-8	REIT Week	NAREIT	New York City	<a href="http://NAREIT.com">NAREIT.com</a>
June 7-8	Investment and M&A Opportunities in Healthcare	iiBIG	Nashville	<a href="http://iiBIG.com">iiBIG.com</a>
June 25-28	ANI: The Healthcare Finance Conference	HFMA	Orlando	<a href="http://HFMA.org">HFMA.org</a>
June 28	North Texas Hospital, Outpatient Facilities & Medical Office Buildings Summit	CRDMI/IFMA	Dallas	<a href="http://SquareFootage.net">SquareFootage.net</a>
July 25	Greater St. Louis Hospital, Outpatient & MOBs Summit	CRDMI/IFMA	St. Louis	<a href="http://SquareFootage.net">SquareFootage.net</a>
June 25-28	ANI: The Healthcare Finance Conference	HFMA	Orlando	<a href="http://HFMA.org">HFMA.org</a>
July 27-29	Annual Leadership Summit	Health Forum/AHA	San Diego	<a href="http://AHA.org">AHA.org</a>
Aug 6-9	Annual Conference and Technical Exhibition	ASHE	Indianapolis	<a href="http://ASHE.org">ASHE.org</a>
Sept. 18-20	Healthcare Facilities Symposium and Expo	JD Events	Austin	<a href="http://HCareFacilities.com">HCareFacilities.com</a>
Sept. 24-27	SHSMD Connections 2017	SHSMD	Orlando	<a href="http://SHSMD.org">SHSMD.org</a>
Sept. 26-28	Fall Conference	NIC	Chicago	<a href="http://NIC.org">NIC.org</a>
September	InterFace Healthcare Real Estate Southwest	InterFace/France	TBD	<a href="http://InterfaceConferenceGroup.com">InterfaceConferenceGroup.com</a>
Oct. 8-11	Annual Conference	MGMA	Anaheim	<a href="http://MGMA.com">MGMA.com</a>
Oct. 10-12	CRE Converge	NAIOP	Chicago	<a href="http://NAIOP.org">NAIOP.org</a>
Oct. 23-26	Fall Meeting and Urban Land Expo	ULI	Los Angeles	<a href="http://ULI.org">ULI.org</a>
Nov. 11-14	Healthcare Design Conference	CHD & Vendome Group	Orlando	<a href="http://HealthcareDesignMagazine.com">HealthcareDesignMagazine.com</a>
November	InterFace Healthcare Real Estate Southeast	InterFace/France	TBD	<a href="http://InterfaceConferenceGroup.com">InterfaceConferenceGroup.com</a>
December	RealShare Healthcare Real Estate 2016	RealShare /ALM	TBD	<a href="http://RealShareConferences.com">RealShareConferences.com</a>
early 2018	Medical Real Estate Investment Forum	Revista	TBD	<a href="http://RevistaMed.com">RevistaMed.com</a>

**Disclaimer:** All information verified as of Jan. 15, 2017. Please check with listed organizations for updates.



# 2017 HREI™ Resource Guide™

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## Acquisitions

### Alliance Consolidated Group of Companies LLC

2201 Waukegan Road, #120  
Bannockburn, IL 60015  
847-393-4201  
[AllianceCGC.com](http://AllianceCGC.com)



### American Healthcare Investors

18191 Von Karman Ave., Third Floor, Irvine, CA 92612  
949-270-9200 • [www.AHInvestors.com](http://www.AHInvestors.com)

American Healthcare Investors is an investment management firm that specializes in the acquisition and management of healthcare-related real estate, including medical office buildings, senior housing, skilled nursing and hospitals. The company has acquired approximately \$5.5 billion of healthcare real estate since January 2012 and currently manages more than \$8 billion worth of assets throughout the US and the UK on behalf of thousands of individual and institutional investors.

## ANCHOR

### HEALTH PROPERTIES

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302-655-1010 • [www.AnchorHealthProperties.com](http://www.AnchorHealthProperties.com)

A national, full-service healthcare real estate development, management and acquisitions firm focused exclusively on medical facilities. Anchor thinks outside the medical office box by taking a strategic approach to the navigation of the competitive healthcare marketplace and considering all angles, such as retail drivers, customer experience, branding and efficiency of the project. Offices based in Wilmington, DE; Charlottesville, VA; Nashville and Knoxville, TN; and Washington, DC.



### Atkins Companies

101 Old Short Hills Road, Suite PH1, West Orange, NJ 07052  
973-325-7900 • [www.AtkinsCompanies.com](http://www.AtkinsCompanies.com)

The Atkins Companies is an industry-leading, award-winning, New Jersey-based real estate organization that most notably specializes in the development, acquisition and management of medical office properties throughout the northeast and beyond. Proud of the longevity of our family enterprise, we continue to cherish our strong relationships with health systems, hospitals and physician groups. For more information, visit [www.atkinscompanies.com](http://www.atkinscompanies.com) or contact Cory Atkins at (973) 325-7900.





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## EVEREST MEDICAL CORE PROPERTIES

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7201 E Camelback Road, Scottsdale, AZ 85251  
317-313-9525 • [www.EverestMCP.com](http://www.EverestMCP.com)

Everest Medical Core Properties is an institutional real estate manager focusing on medical core real estate properties across the United States. Its mission is to provide high current and total returns to institutional and individual investors by acquiring high-quality medical office properties throughout the country. Everest offers over 100 years of combined Principal commercial real estate and finance experience.



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Flagship Healthcare Properties is dedicated to healthcare real estate. Flagship provides its hospital and physician partners with a broad range of resources and solutions including capital investment for acquisitions and development through its partnership with USAA Real Estate Co., as well as leasing, asset and property management services. Operating an integrated platform, Flagship has developed over 1.6 million square feet and currently manages more than 80 properties in the Southeastern US.



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214.953.1722 • [www.HealthCap.com](http://www.HealthCap.com)

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The Keith Corporation is a full-service commercial real estate development firm headquartered in Charlotte, North Carolina with extensive experience in Healthcare and Medical Office development throughout the United States, Canada and Europe. In 2015, The Keith Corporation's Mauzy-Phillips Medical Center at Blue Ridge Regional Hospital in Spruce Pine, North Carolina was awarded the HREI Insights Award for Best New Medical Office in the 25k-50k SF Category.



**Lendlease Healthcare**

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312-558-3877 • [MBREHealthcare.com](http://MBREHealthcare.com)

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Stage Equity Partners LLC is a leading healthcare real estate investment company, specializing in medical office acquisitions throughout the country between \$5 Million and \$25 Million. Headquartered in Chicago, Stage seeks to grow its portfolio of high quality medical facilities located both on and off hospital campuses, and including both hospital and physician partners. Please visit [www.stageequity.com](http://www.stageequity.com) for more information, and contact Brian Howard, President of Stage, at (847) 410-1076.



**TOPMED REALTY**

**TopMed Realty LLC**  
500-506 S. Dixie Highway, Hallandale Beach, FL 33009  
305-632-0737 • Email: [Info@TopMedRealty.com](mailto:Info@TopMedRealty.com)

TopMed Realty is a full-service investment firm that acquires healthcare real estate properties, primarily medical office buildings (MOBs) in growing, high barrier-to-entry markets with strong demographics and affiliations with best-in-class medical tenants, hospital systems and academic/medical universities. Our objective is to generate superior risk-adjusted returns and stable cash flows for our investors by capitalizing on the positive demographic trends and other strong tailwinds benefitting MOBs.

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NexCore Group develops facilities for hospitals and health systems. We solve complex real estate challenges through innovative building solutions and creative financial structures. NexCore has the superior expertise to deliver quality environments and flexible spaces that help grow your business, lower expenses and mitigate risk. Each year over 2 million patients walk through our buildings, which have been designed to help providers facilitate the diagnosis, treatment and prevention of disease.

# Seavest<sup>+</sup>

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500-506 S. Dixie Highway, Hallandale Beach, FL 33009  
305-632-0737 • Email: [Info@TopMedRealty.com](mailto:Info@TopMedRealty.com)

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