

HREI

Healthcare Real Estate Insights™

2023-24 Special Edition
HREIResourceGuide.com

SHOW ME THE MONEY

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getting your asking price,
finding financing or raising rents,
HRE firms are finding \$\$\$ harder to come by*

2023-24 HREI Resource Guide™

News, Insights and a Directory of Healthcare Real Estate Professional Services from Industry Leaders



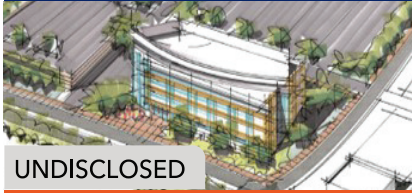
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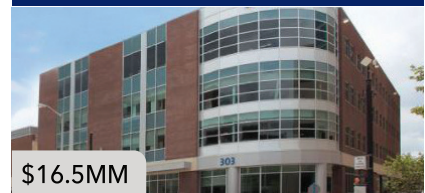
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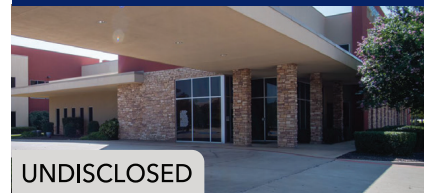
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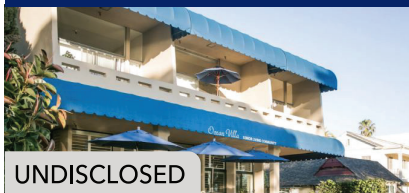
VIRGINIA SNF PORTFOLIO



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PORTFOLIO SALE

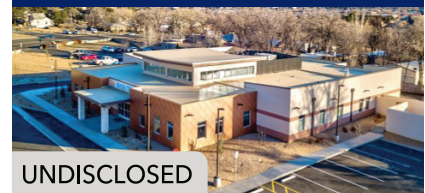
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2023-24 Resource Guide

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Show me the money!

Pricing, debt and rents have all been disrupted

Dear Reader:

In the classic 1996 movie “Jerry Maguire,” there is a scene in which the eponymous sports agent (Tom Cruise) is on the phone with his client, Rod Tidwell (Cuba Gooding Jr.). Trying to make a point that he expects Jerry to secure the most lucrative possible contract for him, Rod insists that Jerry repeat his “family motto,” which is, “Show me the money!”



When Jerry doesn't repeat the phrase with what Rod considers sufficient gusto, Rod tells Jerry he “can do better than that” and urges him to “say it like you mean it.” At Rod's insistence, Jerry says the phrase over and over with increasing intensity, ultimately yelling “Show me the money!” into his phone at the top of his lungs.

In recent months, many healthcare real estate (HRE) professionals have probably felt a little like Jerry or Todd – or maybe both. Whether it's a seller expecting a higher price for an asset, a borrower looking for debt or a landlord trying to negotiate rent increases, finding money is often more difficult than it has been for the past few years.

We all know that the interest rate hikes are the primary reason for this turmoil, so we won't re-plow that familiar ground here. But we will say that we're hearing that the state of finances in the HRE market has started to improve in some respects:

- Most sellers have recognized that they can't command the prices they did in 2021 or early 2022, and they have reduced their expectations accordingly, although some have decided to wait to see if interest rates drop and pricing rebounds.
- Lenders who “put down their pencils” during the second half of 2022 have picked them back up and are “open for business.” That has eased the debt crunch, although borrowers have also needed to adjust their expectations regarding interest rates.
- Most healthcare providers are realizing, albeit reluctantly, that inflation is forcing developers and landlords to demand higher starting rents and escalations than tenants have grown accustomed to in recent years.

Overall, however, the HRE market has seen some positive signs of late – as well as a necessary attitude adjustment on the part of many sellers, borrowers, lenders, developers and tenants, who are gradually (if grudgingly) accepting the simple fact that everything (except their properties) costs more now than it did a year or two ago.

No one can know what's ahead for the rest of 2023 and into 2024. But we do know that, during good times and bad, the HRE space always benefits from the strong fundamentals of the healthcare industry, particularly how the aging of the Baby Boomers continues to drive increases in healthcare spending.

So to borrow – and paraphrase – another famous line from Jerry Maguire (with apologies to Renée Zellweger), “You had me at the demographics.”

Murray W. Wolf
Murray W. Wolf, Publisher

P.S. This **HREI Resource Guide** is also available online at HREIResourceGuide.com. So whether you prefer a printed hard copy or the digital version, we hope this 15th annual guide will be a valuable resource for you from now until spring 2024.

HREI

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CAPITAL MARKETS ARE REQUIRING PATIENCE



A capital markets panel discussion took place at the Revista Medical Real Estate conference in Bonita Springs, Fla., Feb. 28.
Revista

'It was hard to be prepared for how fast things moved.'

Under current market and economic conditions, what with inflation and interest rates on the rise, "patience" is a virtue for those involved in investing in the healthcare real estate (HRE) sector.

"This an environment that we all knew was coming, even though maybe not everybody was prepared for it," said Todd Kibler, principal with Milwaukee-based Hammes Partners, an active private equity investor in the sector.

Mr. Kibler made his comments Feb. 28, 2023, during an HRE capital markets panel discussion at the Revista Medical Real Estate Investment Forum (MREIF) in Bonita Springs, Fla.

He noted that since the country emerged from the Great Financial Crisis (GFC) in about 2010, it seemed as if "interest rates were going to stay low. But we all know that because they were manipulated by the (U.S. Federal Reserve Bank) coming out of the GFC, it couldn't last forever. But even so, as much as many of us tried to prepare, it was hard to be prepared for how fast things moved, particularly in a six-month period during the course of 2022."

Mr. Kibler went on to say, "But what has come with all of this, I think, is perhaps a lot of opportunity. Unless you were heavily investing, putting a lot of your money, from a deployment perspective, in the latter part of 2021 (when pricing was high and capitalization rates were at historic lows), you're probably okay if you remained patient during the course of 2022."

"From our perspective, we're going to be very, very patient. There's no need to rush... even though this period could be prolonged. But you just have to be patient, let the market recalibrate itself."

For more a longer version of this article, please visit HREInsights.com.

ON THE RECORD

What is the current state of the debt market? Are lenders "open for business?"



"In terms of overall market health, we're seeing other lenders participate in syndications where we have agented the deals, and there is competition in the market... Throughout my embarrassingly long (aging myself) career, I've seen borrowers succeed in MOB transactions in every type of interest rate environment, including both historic low rates as well as relatively high rates. In our current landscape, I see the rapid increase in interest rates contributing to the bid-ask spread. I anticipate it may take some time for buyers and sellers to come together, but that borrowers are likely willing to pay higher interest rate loans (largely due to the SOFR index) if they can buy properties at higher cap rates to justify taking on this debt."

Erik Tellefson, Senior Managing Director, Head of HRE Lending, Capital One

NO BONES ABOUT IT: HEALTH SYSTEMS ARE HURTING



A group of healthcare providers shared their thoughts during the InterFace HRE West conference in Los Angeles in Feb. 1.
InterFace Conference Group

Hospitals 'have taken a pounding' but remain optimistic, InterFace conference panel says

After a financially difficult 2022, hospitals and health systems are more likely to be open to third-party financing. That was one of the messages conveyed during a panel discussion at the InterFace HRE West conference Feb. 1 in Los Angeles.

One of panelists, Steven Stubbs of Adventist Health, said, "We're probably not at the point where we'll be ... personally financing (any large medical office projects), as we're in a partnership mode... We will probably look at some monetization of projects going forward."

The panelists noted that about 50 percent of the country's hospitals finished in "the red" in 2022.

For complete coverage of the conference and this panel discussion, please visit HREInsights.com.

HREI REVEALS TOP 2022 HRE PEOPLE AND PROJECTS

The winners of the 10th annual HREI™ Insights Awards™ were announced March 1

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

- Best New MOB (Less than 25,000 square feet): Premier Health Emergency Center - Beavercreek, Beavercreek, Ohio
Developers: Remedy Medical Properties and Premier Health
- Best New MOB (25,000 to 49,999 s.f.): 610 Medical, Brooklyn Park, Minn. Developer: Davis
- Best New MOB (50,000 to 99,999 s.f.): Vancouver Clinic, Vancouver, Wash. Developer: PMB
- Best New MOB (100,000 s.f. or more): Doctors' Pavilion, Houston. Developer: NexCore Group LLC
- Best Renovated or Repurposed HRE Facility: Northwest Medical Center, Atlanta. Developer: HealthAmerica Realty
- Best New Hospital or Other Inpatient Facility: Sierra Sacramento (Calif.) Rehabilitation Institute. Developer: PMB
- Best New Post-Acute or Senior Living Facility: Heartis Buckhead, Atlanta. Developer: Caddis Partners
- HRE Executive of the Year: Todd Meredith, Healthcare Realty
- Lifetime Achievement Award: John W. Sweet, Physicians Realty Trust

For full coverage of the awards, please visit HREInsights.com.

Surprising strength

Development surpassed pre-pandemic levels in 2022

By Murray W. Wolf



HRE developers are hoping they'll be seeing more scenes like this Oct. 20, 2022, topping out ceremony for PMB's 137,000 square foot Helen Caloggero Women's & Family Center on the campus of Providence St. Joseph Hospital in Orange, Calif.

Photo courtesy of PMB

The year 2022 was a challenging one for healthcare real estate (HRE) developers. Steadily rising construction costs and inflation made construction more expensive.

Rising interest rates also made debt more expensive – or unavailable altogether as some lenders “put down their pencils” for a time. Yet tenants generally weren’t willing or able to pick up the slack by paying higher rents, as 2022 was the worst year financially for hospitals and health systems since the pandemic began, with half of U.S. hospitals finishing the year in the red, according to a Kaufman Hall study.

So the result was obvious: HRE development volume was down sharply in 2022, right?

Wrong. According to Revista’s newly released Outpatient Real Estate Development Report, total 2022 development volume was nearly flat – down only 1.1 percent. Overall development including both third-party and self-developed projects was 44.9 million square feet started or completed in 2022, compared with 45.4 million started or completed in 2021.

“The strength of construction starts was a bit surprising,” says Stephen Lindsey, a Revista research analyst. “After the drop in 2020, construction starts have surpassed pre-pandemic levels. With all the economic uncertainty, I would have expected to see a bit of a slowdown.”

Revista, an Arnold, Md.-based firm that specializes in research for the HRE and life sciences real estate (LSRE) sectors, considers outpatient space to include medical office buildings (MOBs), as well as general office buildings and retail centers with a significant amount of medical occupancy.

As noted, Revista’s annual survey found that the total of 44.9 million square feet of outpatient space started and completed in 2022. That included about 27.8 million square feet of projects started and about 17.3 million square feet of projects completed. (The high-level totals don’t quite match due to rounding errors.)

“The smaller amount of completions is on par with the downwards trend over the past few years, which is primarily being driven by less self-developed projects,” Mr. Lindsey says.

Of the projects started, about 10.3 million square feet were started by third-party developers and about 17.5 million square feet were self-developed. About 20.7 million square feet of the starts were on-campus and/or affiliated with a local hospital or health system that plans to occupy the building, and about 7.1 million square feet were off-campus and/or not affiliated.

There were 470 outpatient project construction starts last year, including 170 third-party projects and 300 that were self-developed, Revista says.

Of the projects completed, about 8.6 million square feet were completed by third-party developers and about 8.7 million were self-developed. About 13 million square feet were on-campus and/or affiliated and about 4.3 million were off-campus and/or not affiliated.

In light of all the financial challenges faced by hospitals and health systems in 2022, many industry experts have been predicting that providers would become more willing to use third-party capital. Those predictions appear to have come true.

“Overall, third-party development activity was up slightly in 2022 vs. 2021,” says Mike Hargrave, a Revista co-founder and principal. “Developers started or completed 18.8 million square feet of outpatient medical real estate in 2022 compared to 18 million square feet in 2021.”

This is good news for private developers. When it comes to HRE development, a closely watched metric is the share of projects started and completed by third-party HRE development firms as opposed to projects that are self-developed, i.e., financed and project managed by the associated healthcare providers. The share of projects developed by third-party firms was 41.9 percent in 2022, compared with 39.5 percent the previous year.

2022 ended strong, but activity slowed in Q1 2023

There was also a big increase in the construction value of projects started in 2022, Revista found. Projects started were valued at a total of about \$15.1 billion, compared to \$12.3 billion in 2021.

“The construction value of projects starting in 2022 is quite high,” Mr. Lindsey notes. “This reflects the increase in the amount of construction started, as well as the elevated costs of construction.”

Despite the challenges that emerged during the third and fourth quarters (Q3 and Q4) of 2022, he says, development activity remained robust. “Our data is not showing any tapering off in the second half of 2022. Both starts and completions were strong throughout the year,” he says.

However, Mr. Lindsey says, Q1 2023 data “is showing a noticeable slowdown for both” starts and completions.

“It makes sense that we haven’t really seen much of a slowdown until very recently,” he continues. “A typical project requires a bit over a year for construction, on top of the time spent developing and approving plans... So the effect of higher interest rates may only be just starting to register” for projects that were in planning during the second half of 2022.

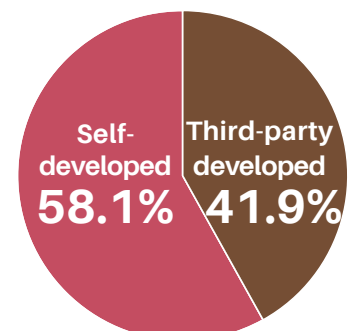
Even so, at the HREI™ Editorial Advisory Board meeting in Nashville, Tenn., in late March 2023, several of the gathered HRE executives expressed optimism that the space would continue to see significant amounts of development activity in 2023-24, including third-party development.

One of those was John Winer, senior managing director of Rethink Capital Partners and president and chief investment officer (CIO) of Rethink Healthcare Real Estate.

“We like development and ... we have quite a bit on our books already,” said Mr. Winer, whose private equity (PE) investment

Third-party developed vs. self-developed medical office buildings (MOBs) started in 2022, based on square feet

Developer category	On-campus or affiliated	Off-campus and not affiliated	2022 total	Change 2022 vs. 2021
Third-party developed	11,908,348	6,924,451	18,832,799	4.9%
Self-developed	21,723,748	4,355,267	26,079,015	-5.0%
2022 total	33,632,096	11,279,718	44,911,814	-1.1%



Includes MOB and other outpatient facilities of more than 7,500 square feet and more than \$2.5 million in value.

Source: Revista 2023 Outpatient HRE Development Report

firm often serves as the capital partner for such projects. “We’ll continue to fund additional development, and I think, you know, for us that’s probably going to be the majority of our activity this year... Development ... will stay strong.”

Another executive from a PE investment firm, Chris Bodnar, CEO and co-founder of Prescriptive Capital, said he is also setting his sights on development.

“We’re just trying to find our openings in the market right now,” Mr. Bodnar said. “What we really like the most is development. You know, we are seeing development yields increase a little bit, seeing a lot of development deals between 7 and 8 percent.

“I think everybody here is of the same mindset, that it requires a lot of patience in this market. And development, if you’re looking at an 18- to 24-month timeline to delivery, hopefully, the choppiness of today’s market will look a little bit different.”

Thomas “Tommy” W. Tift III, president, CEO and founder of HealthAmerica Realty Group LLC and an executive VP at Lincoln Harris CSG, said he doesn’t expect to see many development opportunities in the coming year.

“I think that’s going to slow down this year,” he said.

Richard M. Rendina, chairman and CEO of Rendina Healthcare Real Estate, agreed – to a point.

“On the development side, I think RFPs (requests for proposals) have been a little slow so far this year,” Mr. Rendina acknowledged. “But I have seen more openness to – and a willingness by more health systems to do and consider – third-party development. So we’re having a lot more conversations in and around that.

“I think the benefits of using a third-party developer are, hopefully, going to shine (because) access to capital for health systems is limited, right? You can stretch your capital further by using a third-party developer’s balance sheet. It allows you to do three or four projects instead of one with that same pool of capital, with speed-to-market obviously being a big benefit as well.”

Shawn Janus, national director, Healthcare, for Colliers International (Nasdaq: CIGI), said one of his concerns is that, even if providers want to move ahead with developments, they might not because they won’t be able to staff them. He said Colliers has two separate clients that want to expand, “but they’re just not sure they can staff it.”

One way to address staffing shortages is through partnerships and collaboration, suggested Sharon Harper, CEO and co-founder of HRE developer The Plaza Companies. Specifically, Ms. Harper said that partnerships and closer collaborations between HRE developers, healthcare tenants, academic institutions, municipalities and other stakeholders can drive development and deliver great benefits.

“Partnerships and collaboration are much more of an innovative way to solve the issues,” she said. “In the high-growth markets around the country, healthcare is really essential, and so it’s the growth that we’re going to see and need to accommodate one way or another. So I think the future is bright. The value equation is amazing in this industry, and these collaborations bring credibility and strength to that value equation as well.”

Mark Toothacre, managing partner and CEO of the HRE development firm PMB, said, “I think you’ll see more third-party development as our health system clients are having their financial struggles. I think you’re going to see more build-to-suit construction projects rather than multi-tenant in nature on the MOB side.

“To Sharon’s point, more academic medical center developments. We’re seeing those. We’re also doing deals with municipalities, to your point. So the client base has expanded a little bit. Also, to your point, we’re doing buildings with graduate medical education as the anchor tenants.”

Mr. Toothacre continued, “We love the inpatient rehab space. We think that that’s got quite a bit of room to run. I think behavioral health will rightfully be a focus for healthcare providers and for healthcare real estate development. I think reimbursement and capital will flow to behavioral health.

“Construction costs are going to remain a huge challenge, but I do think that the recent increases will mitigate. I think rental rates have to go up to accommodate the increase in current interest rates and cap rates and construction costs. So they will by necessity have to go up. I see our projects getting bigger. That’s happened already. I see that trend continuing.”

Times like these are when you can make money

Eric Fischer, a managing director with Trammell Crow Company, also expressed optimism.

“First of all, I echo what my brethren have said so far. It is a tricky market,” Mr. Fischer began. “But I’ve been at it for 30, almost 35 years, and have been through quite a number of recessions. This does not feel like 2008 or 2009, but it has some of the similar smells and feels.

“But, with that said, I think it’s one where I always look at lessons learned – which is lean in, recognize the opportunity, tighten up your underwriting, rely on the analytics, trust your partners, educate your partners, believe in your partners – and we have always made the most money.

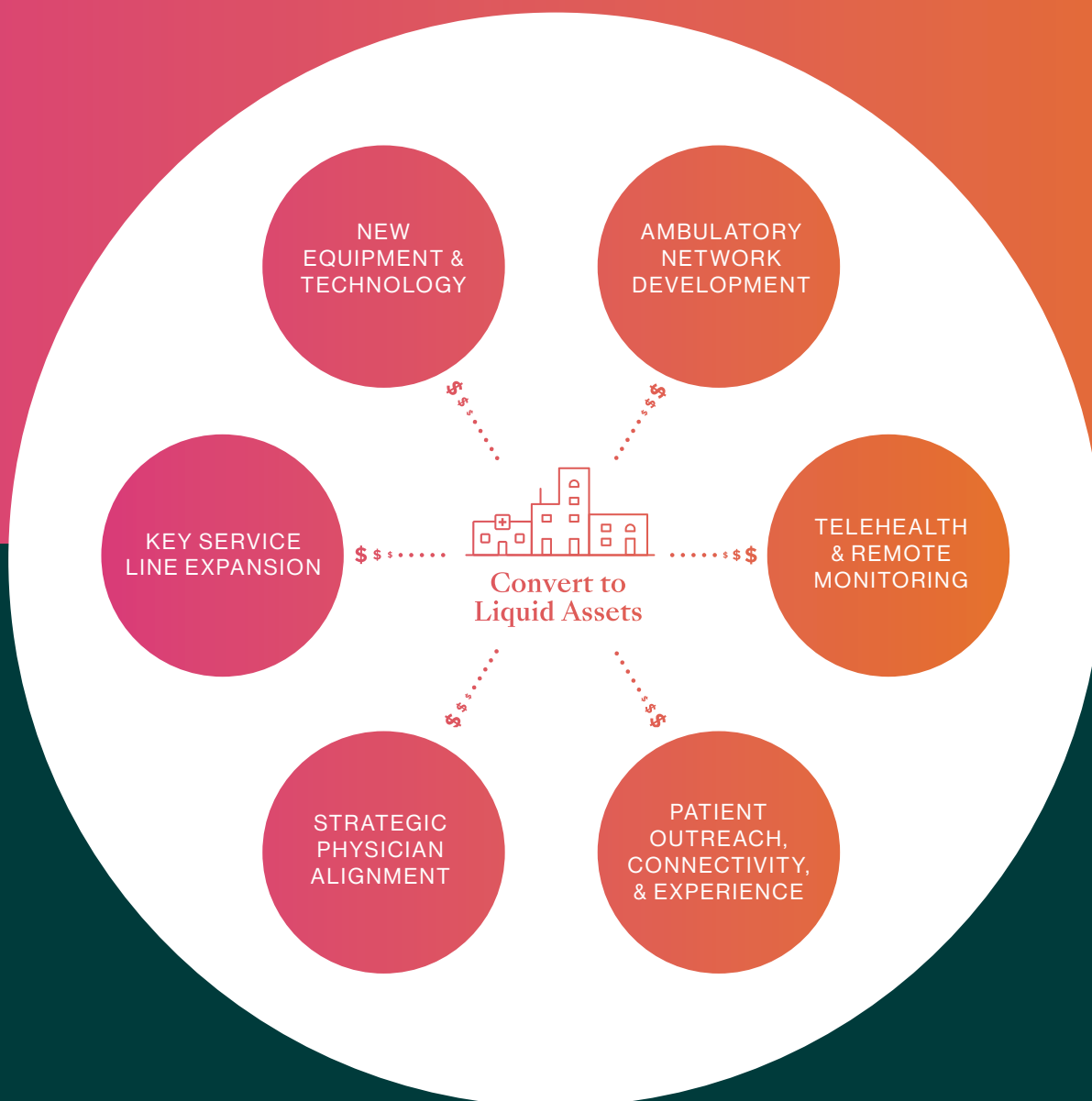
“We’ve always made the best decisions building into this type of market and are thriving as we come out of it. So... I really am very excited about and optimistic about long-term.”

For more insights into HRE development activity, including more comments from developers, please visit HREInsights.com. □

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The \$137.67 million acquisition of the 32nd St. VA Clinic by U.S. Federal Properties at 400 N. 32nd St. in Phoenix in November 2022 was one of the largest single-asset MOB sales of the year. The seller was Easterly Government Properties. Photo courtesy of Hoefer Welker Architecture

This might be ‘the best buying opportunity in a decade’

Investors see historic opportunities in 2023 and beyond

By Murray W. Wolf

When it comes to medical office building (MOB) sales volume, 2022 probably deserves an asterisk. Yes, total MOB sales totaled a record \$25.4 billion, according to data from the healthcare real estate (HRE) research firm Revista. But the 2022 total was greatly inflated by the largest healthcare real estate (HRE) deal ever – the merger of two large, publicly traded real estate investment trusts (REITs), Nashville, Tenn.-based Healthcare Realty Trust (NYSE: HR) and the former Healthcare Trust of America (HTA).

The July 20 closing of the merger technically involved sales of about \$10 billion worth of MOB, accounting for most of the \$12.7 billion in sales during the third quarter (Q3) of 2022, by far the highest volume ever recorded for a single quarter.

But, without the HR-HTA deal, 2022 MOB sales were closer to about \$15 billion, which was a big drop from the \$18.6 billion recorded in 2021. In addition – again, excluding the HR-HTA deal – 2022 sales were heavily front-loaded. Sales during the first half of the year totaled about \$10 billion, but sank to about \$2.7 billion during Q4.

The second half decline in MOB sales volume, of course, was a side effect of the U.S. Federal Reserve’s aggressive increases in the fed funds rate, from near zero in March 2022 to a range of 4.75 to 5 percent about one year later.

Along with recession fears, that had a chilling effect on the debt markets and MOB sales during the second half of 2022.

So what’s ahead for 2023 and beyond? To gain some perspective on the investment market, **HREI™** reached out to our Editorial Advisory Board, which gathered in Nashville, Tenn., March 28, 2023, for its annual meeting. Here are their thoughts on the HRE investment market.

‘The best buying opportunity in a decade’

“This is a tricky market,” Darryl E. Freling, co-founder and managing principal of MedProperties Realty Advisors LLC, said during the board meeting. “A year and a half ago, two years ago, when anybody could get debt and cap rates were coming down, it was easy to play in the space. But this is the type of market where it’s more difficult.

“And if you’re a real estate veteran, if you’ve been around... You have to be able to get debt, and you have to be thoughtful about how you structure your debt. But, to me, these types of challenges create opportunities. When it’s harder, there’s opportunity for those that know what they’re doing.

“I think this is the best buying opportunity we’ve seen in a decade,” Mr. Freling said.



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“When times are good, everyone looks smart”

Lee Asher, vice chairman and head of Healthcare & Life Sciences Capital Markets for CBRE Group Inc. (NYSE: CBRE), said he also foresees plenty of opportunity in the year ahead.

“A year ago, the markets seized up when the interest rates spiked and the banks shut down... and that caused a lot of buyers to walk away from deals, and they blamed their inability to secure debt. And that was really based on what their (pricing) expectations were 12 months ago.

“And 12 months has passed and the sellers have kind of come to the conclusion that, ‘Yeah, there’s a bid-ask gap and, yes, pricing has changed.’ But now they’re willing to transact again because they’re over the fact that they told their investors they were going to achieve certain pricing metrics, and now their investors and everybody else recognize, okay, you can’t do that.

“So I think there’s an opportunity right now for sellers to come to the table and transact at what are probably pretty good returns for their investors. (A year ago) they maybe thought they were going to get a home run or a triple, and (now) they’re just going to get a single. But it’s still a good investment return.”

Jim Kornick, a principal with Avison Young, counseled patience.

“We’re in a very turbulent period, to state the obvious,” Mr. Kornick began. “And the party – the party of ‘21, ‘22 -- we’re now having a hangover from, and I don’t think that the challenges of securing debt and equity are going to abate quickly.

“I think everything takes -- it’s one of my rules – everything takes longer than you think it will. And if I look back at previous cycles – and I’ve seen a couple – they take longer to play out and they’re bumpier than we maybe even remember them.

“That said, I think deals getting done right now are probably going to be great deals that you’re going to celebrate (in the future), like the deals that you did in 2009...”

Richard M. Rendina, chairman and CEO of Rendina Healthcare Real Estate, agreed that this is an opportune time to make shrewd acquisitions.

“I’m interested now in the panels at conferences that we’re attending, which is partially because, you know, when times are good everyone looks smart; when times are tough, it’s a different ball game... and people are looking for insight.

“So I do think it’s a great time to buy – if you can buy it right, which in my mind is north of a 6 percent cap rate. (Do) I think (cap rates will) get back below that sometime in the future? I do. So we’re focused on increasing the yield across our existing portfolio by way of acquisitions, but also with driving increases in NOI on assets that we currently own through leasing – pushing rents and escalators upon renewals if you can...

“On the acquisition side,” Mr. Rendina said, “I think volume in terms of dollars will be down this year, but I think in terms of the number of deals, maybe it may be close. We’ve seen a steady flow of acquisition opportunities this year, and it hasn’t seemed, from my vantage point, to be a slowdown on that side.”

Devereaux “Dev” Gregg, executive VP, Development, for Flagship Healthcare Properties, agreed the market will present opportunities – but maybe not quite yet.

“The way I look at things now, if you look at a lot of the really smart consultants, and people that wrote books starting 10, 15 years ago, they talked about disruptions. And that’s the way you really have success and make big wealth. And I think that’s what we have right now with the interest rate market, with the illiquidity of financing. It’s going to create ... a really good disruption for folks that have capital and have money.

“I don’t think we’re at the bottom yet,” Mr. Gregg continued. “I think we’re going to have better buying opportunities probably in 12 months. But I think ... the next two years, two-and-a-half years, are going to have some opportunities, and (it will) take that long for interest rates to really level back down to where the regular money can be made.”

Elliott Sellers, a senior VP, Investments, and a partner with Anchor Health Properties, attended the board **HREI** board meeting in place of Anchor’s chief investment officer (CIO), James A. Schmid III, who was unable to attend due to a scheduling conflict.

“I think the investable universe in medical office has significant runway,” Mr. Sellers said. “Roughly a third of all medical office inventory is privately owned. That excludes the REITs, private equity owners and health systems, and so this is family offices, high-net-worth individuals – types of groups that are generally not perpetual holders of real estate. And so you know at some point those assets will monetize...”

However, due to cap rates increases and disruptions in the debt and equity markets,” he noted, “This is really probably the worst or most challenging capital environment since 2008... The groups that are going to be successful have long-term equity and are going to have staying power to continue to execute through a choppy market.”

Sales volume is likely to stay lower

In short, several board members said uncertain times like this can be a great buying opportunity. But will there be product available?

“In terms of the general market, I would say (sales) volume will be down substantially this year,” even if the 2022 sales numbers are adjusted to exclude the HR-HTA merger, said John Winer, senior managing director of Rethink Capital Partners and president and CIO of Rethink Healthcare Real Estate. “And cap rates are going to remain flat for the year,” he said.

“Interest rates will be flat, although I do expect that short-term interest rates will decline a bit at the end of the year...”

“I think lending will contract as the year goes on, and I think capital flows are going to be flat to down for the year until, basically, the major institutional investors kind of right-size their portfolios and we see some upward movement in the equity and fixed-income markets.”

Thomas “Tommy” W. Tift III is president, CEO and founder of HealthAmerica Realty Group LLC and an executive VP at Lincoln Harris CSG, said he expects sales volume to remain lower.

Noting that Revista data indicated that acquisitions during the second half of 2022 were down 50 percent over the same period in 2021, Mr. Tift observed, “I think that’s going to continue through this year, primarily because there’s such a delta between the bid and ask on pricing. And that’s probably primarily because the buyers are bidding where they need to be, but the sellers still want those low cap rates – and they just don’t want to budge.

“And I know people like us, you know, we won’t be selling in this market. There will be opportunities out there because there will be people that have to sell, and you just got to dig harder and harder to find them,” he said.

“In general, we’re very bullish on medical office,” said Ryan

Rothaker, senior VP, Medical Office, for Welltower Inc. (NYSE: WELL). “We think it’s a great opportunity to buy right now. And I think finally the fundamentals, you know, prove, have proven and that, you know, it is a great product to invest in.”

Mr. Rothaker also said he expects landlords to be able to get higher rental rate increases than in recent years.

“We are seeing significantly improving fundamentals in the medical office business,” he said. “When I got into this business back in 2007, your average (annual rental rate) escalators were 2 percent, the growth in your portfolio was between 2 and two-and-a-half percent. And I think you’ll see every owner of medical office buildings be able to push those annual escalators and re-leasing spreads to 3 percent and maybe even greater than 3 percent. I think those tailwinds will continue into 2023.”

Stefan Oh, executive VP and CIO for American Healthcare REIT (AHR) Inc., said, “I would say we are very positive on medical office. You know, we have a diversified portfolio, so about one-third of our portfolio is medical office, the rest is other healthcare assets. But, clearly, the medical office space has been the most stable for us, and we think that it is the most fundamentally strong at this point.”

For a longer version of this article with additional insights into the HRE investment market, please visit HREInsights.com. □

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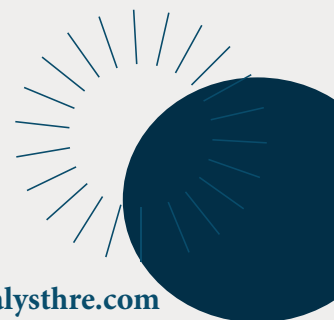
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The panelists for the Revista “Ambulatory Strategies in a Changing Market” panel discussion were (from left to right): HREI™ Publisher Murray W. Wolf, Jaime Northam of Ryan Companies, Mike Conn of Meridian, Kelly Noel of UPMC, and Clayton Mitchell of Thomas Jefferson University and Jefferson Health.

HREI™ photo

Ambulatory strategies

Revista panel discusses the challenges facing health systems

By John B. Mugford

Healthcare real estate (HRE) professionals would like to know if the current financial strains faced by hospitals and health systems will prompt some providers to be more open to third-party investment and ownership of HRE, or whether they will remain committed to owning their real estate.

Both perspectives were shared by healthcare providers during a panel session at the recent Revista Medical Real Estate Investment Forum (MREIF) in Bonita Springs, Fla.

The session, which also included two HRE development executives, was titled, “Ambulatory Strategies in a Changing Market.” The panelists were: Mike Conn, chief development officer (now CEO) of Walnut Creek, Calif.-based Meridian Medical Real Estate Development; Clayton Mitchell, senior VP of real estate and facilities with Philadelphia-based Thomas Jefferson University and Jefferson Health; Kelly Noel, VP of corporate construction and real estate with Pittsburgh-based UPMC (University of Pittsburgh Medical Center); Jaime Northam, VP of healthcare development with Minneapolis-based

Ryan Companies. The moderator was HREI Publisher Murray W. Wolf.

On one hand, Ms. Noel of UPMC, which operates 40 hospitals, 1,000 clinical locations, 40 million square feet of real estate and a 3.7 million member health insurance division, said the system plans to continue to own its outpatient facilities.

However, that doesn’t mean there won’t be opportunities for third-party firms to work with other providers, she noted. “Our system is not looking to monetize our assets,” Ms. Noel said. “Sorry about that. But what is happening is that the community hospitals who are in need of a life raft need to be doing that, and so the first thing they’re doing is disposing of their assets.

“And what’s really important for everybody to understand is that the major systems are getting asked to take on the responsibilities of these community hospitals because they’re out of money, out of resources. As a result, the larger systems like us are getting their sickest patients, which means our outcomes are worse, and our

Medicare reimbursement rates decline because of these outcomes.

“It’s really a vicious cycle, but we are encouraged to help prop them up, figure out ways that they can be successful, and part of that is disposing of assets... Those things are happening and we’re having conversations with them to help think strategically about what they’re doing.”

On the other hand, Mr. Mitchell of Thomas Jefferson University and Jefferson Health, which operates 18 hospitals and about 18 million square feet of space, is committed to utilizing third-party firms to own and develop projects while it looks to create more efficiencies in its delivery model and rebrands itself simply as Jefferson.

“Even though Jefferson’s close to 200 years old, we’re essentially a new startup,” Mr. Mitchell said about the system’s rebranding and subsequent strategy to become more efficient and increase its operating margins.

“So, monetization is something we plan to use. As a result, we’re looking at how do we ... adopt a more asset-based perspective and how can we ... deflect the need for capital on the real estate side (and) use that for the investments in our core mission.

He noted that the system plans to “reposition” its ambulatory footprint “through third-party financing and alternative sources.

It’s just the fact of how things are going to work and as we work to get back into (positive margins). And, in my mind, that’s about a five-year plan for us. Then ... we start getting back to 2 to 3 percent margins, which is kind of ... a normal state.

“From a real estate strategy standpoint, at least as we’re developing it in my shop, we have a chance to enhance our brand immediately by leveraging third-party alternatives to reshape the ambulatory footprint,” Mr. Mitchell continued. “You know, taking money that we’re spending on an ill-positioned, poorly performing, underproducing and ... inherited footprint that we currently have, we want to be more intentional in creating a more retail-oriented footprint that has some method to the madness.”

The system has about 350 sites of service, he noted, adding, “We definitely know we don’t need that many sites of care for our market.”

Finances are tough right now

At the outset of the discussion, Mr. Wolf, the moderator, asked the panelists to provide insight into the financial difficulties currently facing health systems.

Ms. Noel of UPMC said that she thinks 2023 will continue to be “an extremely hard year for healthcare systems. Over the last



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couple of years, we've had hundreds of millions of dollars in CARES Act funding coming into health system organizations. That's all gone. The costs for labor premiums for outside services are numbers that you would not believe, tens of millions of dollars a month, \$50 million, \$70 million dollars a month. Medicare reimbursement rates are going down. The official end of the pandemic, in case everybody didn't know, is going to be May 11th. I think our COVID Medicare reimbursement rates go down 20 percent at that time."

Mr. Mitchell of Jefferson agreed with Ms. Noel, adding that adopting new operating processes and systems could help improve the finances of many systems. He noted that Jefferson, which has added a health insurance plan, is in the midst of a "clinical integration" plan that officials believe will create efficiencies and cost savings.

"People don't like to compare healthcare to things like manufacturing," he said, "but I'm an industrial engineer, and I can't help it, but a lot of the efficiencies that we've seen in the service industry and manufacturing and industries, where firms have a really tight understanding of their costs, are only beginning to hit healthcare ... and the leadership (of health systems) need to (adopt such methods) in order to be able to operate a more-efficient environment."

Health systems, Mr. Mitchell noted, need to "evolve their governance so that we can make quicker decisions ... to become a lot more nimble in making decisions. I believe there are still opportunities to standardize processes and bring other business practices into play within health systems. The work forces really have to go through some evolution."

He also noted that Jefferson needs to consolidate its large, somewhat inefficient footprint, and has plans to do so in coming years. Part of that involves realizing that not every patient needs to be within minutes of a care site.

As the discussion segued from the financial difficulties facing health systems, the developers on the panel noted that they are ready and willing to help health systems with their ongoing need to still expand their ambulatory footprints.

"I think there's an opportunity for the health systems on the real estate side," Ms. Northam of Ryan Companies said. "And that's because up to 40 percent of a hospital's balance sheet can be real estate. As a result, a lot of our hospital clients are looking at their balance sheet and trying to find out where there are opportunities to find capital. And some of them are working with third-party capital groups, private partners, developers, to help them deploy these real estate strategies."

Both she and Mr. Conn of Meridian said that despite the current financial environment for health systems, demand remains robust for outpatient projects in strategic locations.

"The demand is still very strong from our perspective, as we're

probably the busiest that we've been on all on all fronts and for all types of healthcare projects," Ms. Northam said. "And, you know, you're still seeing really strong absorption numbers in the healthcare real estate space, and tremendous investment demand as well.

"What we're looking to do for the health systems is to find those creative solutions and to remain flexible, understanding what the limitations are for our health systems and providing for our clients and best determining how we can navigate their short-term and long-term goals to be able to implement these strategies."

Mr. Conn noted that while HRE developers can help health systems and other clients find creative solutions, health system administrators are the ones with the most difficult jobs.

"Clayton and Kelly have the hard job of operating the hospital and the health system in the most efficient and effective ways possible. That's an incredible task.

"I like to look at us as we're sort of a, maybe a pressure release valve for them," he said. "We can be a tool in your tool belt, where you can either shed some risk to us, or use us as a resource for capital so that you can focus on mergers and acquisitions, purchasing technology, engaging with physician groups – all of the things that really matter to delivering healthcare services."

For a longer version of this article with additional comments from the panelists, please visit [HREInsights.com](https://www.hreinsights.com).



'Show me the money!'

Pricing, debt and rents have all been under pressure. But HRE professionals are adjusting to these new financial realities. So what happens next?

By Murray W. Wolf



Members of the HREI™ Editorial Advisory Board gathered March 28, 2023, in Nashville, Tenn., to discuss the state of the market for healthcare real estate development, financing and investment. Pictured above are (from left to right): John Winer of Rethink Healthcare Real Estate, Stefan Oh and American Healthcare REIT and Tommy Tift of HealthAmerica Realty Group. HREI™ photos

In the 2022-23 HREI Resource Guide™, we commented on the “strange days” the healthcare real estate (HRE) market (and the world) had experienced during the previous two years.

That included a pair of economic shocks: the COVID-19 pandemic and Russia’s war on Ukraine. We were also contending with inflation, supply chain issues and labor shortages, as well as a series of looming interest rate hikes.

A year later, in spring 2023, as we finalize this edition of the **HREI Resource Guide™**, the pandemic has eased but the Russia-Ukraine war continues, and we seem to be in the beginnings of a cold war with China. Supply chain issues and labor shortages have moderated somewhat, as has inflation. The U.S. Federal Reserve raised rates from near zero in March 2022 to a range of 4.75 to 5 percent about one year later.

The Fed’s increases in the fed funds target rate appear to be having their intended effect on inflation. After peaking at 9.1 percent in June 2022, the Consumer Price Index (CPI) has declined steadily and stood at 4.3 percent in March 2023.

Although those higher rates have slowed inflation, they have also increased the cost of doing business by driving up the cost of debt. That eats into profits and discourages capital investment. The stock market doesn’t like high interest rates, either; the S&P

500 fell almost 20 percent last year. There were positive signs during the first quarter (Q1) of 2023, as the S&P 500 had a total return of 7.5 percent, although the Silicon Valley Bank collapse in March injected another form of uncertainty into the financial markets.

In the healthcare real estate (HRE) sector, higher interest rates have caused a whole new kind of strangeness. Since about summer 2022, sellers of medical office buildings (MOBs) and other assets have had trouble getting their asking prices because debt has become expensive for prospective buyers.

Debt also became less available during the second half of 2022 as some lenders began pulling back due to economic uncertainty, including the potential for a recession. That made things difficult for developers and led to a big decline in MOB sales.

Meanwhile, amid rising costs, developers and landlords have had to try to convince reluctant tenants to agree to higher initial rents and escalations – a tough sell coming off of 2022, which was on average the worst year financially for the healthcare industry since the pandemic began.



Darryl Freling of MedProperties, Lee Asher of CBRE and Eric Fischer of Trammell Crow.

HRE market fundamentals remain strong

It should be noted industry sources assure us that the fundamentals of the HRE market remain strong. In recent months, they tell us, debt has become more available, buyer and seller pricing expectations have moved closer to alignment, and tenants are realizing that higher rents are justified in light of inflation. But with higher interest rates and a recession threat that stubbornly refuses to go away, they said, HRE professionals need to be at the top of their game.

So what is the current state of the HRE market and what can we expect for the rest of 2023 and into 2024?

To gain some insights into those questions, **HREI™** convened a meeting of its Editorial Advisory Board in Nashville, Tenn., March 28. The board is comprised of more than two dozen experienced high-level executives from the HRE space, including developers, brokers, investment banks, law firms, private equity (PE) firms, private and public real estate investment trusts (REITs), and more.

But if you are looking for predictions, you've come to the wrong place. Here's what one board member, Daniel M. Klein, senior VP and deputy chief investment officer for Physicians Realty Trust (NYSE: DOC), had to say.

"In the past 36 months," Mr. Klein noted, "we have experienced a global pandemic. A million deaths. Two administrations dropped trillions of dollars into the economy. We have a labor shortage. Five million missing workers. Inflation is running rampant. The Fed is trying to avoid a hard landing. Banks are failing. And we're in the most divisive political environment in our lifetime.

"If anyone thinks they know what happens next, or when things (will) improve, they're outright guessing. Plain and simple.

"We don't trade on guesses," Mr. Klein concluded. "What we do trade on is investing in the most stable real estate sector -- medical office -- for the long-term. So, for now, we are sticking to our knitting and evaluating our capital deployment into the best opportunities that align with our 10-year-old strategy."

A continued shift toward MOBs?

We have already shared many of the board's insights in the preceding articles on development and investment, but here are some of the other important things they told us about what's happening in the HRE space.

Ben Appel, executive managing director with the Healthcare Capital Markets Group of Newmark Group Inc. (Nasdaq: NMRK), said the shortage of deals in the broader commercial real estate market could be a boon for sellers of MOBs and other HRE assets.

"I think interest rates will slowly come down and cap rates will follow," Mr. Appel said. "Liquidity will slowly become more available, but still constrained.

"I think we'll see a lot of the participation in the capitalization come from discretionary capital, less direct LP capital. But with that constraint, I think we'll see a lot of shift -- as we already have -- towards the alternative sectors like medical office."

Mr. Appel continued, "I think we'll see a lot of reconstitution of previously arranged joint ventures (JVs) because they were



Ben Appel of Newmark and Ryan Rothaker of Welltower



John Smelter of Unity Medical Properties REIT

misaligned with what the capital markets look like today. I think that'll include both development and acquisitions, which was a little bit different than prior, where you know development tended to stay in-house, versus acquisitions tended to be third-party or in third-party joint ventures.

"I think we'll see more platform transactions, more monetizations and, slowly but surely, as liquidity grows, I think we'll see transaction size go with it and the portfolio premium start to come back."

Mindy Berman, a senior managing director with the Capital Markets, Americas, group at Jones Lang LaSalle Inc. (NYSE: JLL), said opportunities await for people and organizations who can adapt to the changing capital markets.

"I'm pretty positive," Ms. Berman said. "I think transaction activity is changing, and you have to change with that, and that just is what happens in cycles."

'Medical's going to shine'

"I agree with a lot of points about fundamentals," Ms. Berman continued, "and there are two things I'll additionally point out which I mentioned before. One is just capital moving around, and that's not necessarily bad, we're just not used to it in medical. The positive is that it is more institutional, it is more accepted. That drives liquidity, but we have to be more nimble about moving with that capital. That's number one."

"Number two is, if there is a recession – and I still think there's a risk of that – at that point in time, medical's going to shine for its durability of income and 2, 3 percent escalations are going to look pretty darn good compared to negative NOI (net operating income) movement in other property sectors, which are still continuing to underwrite high rent growth above 3 percent, which is hurting the relative value of medical today."

T. Andrew "Andy" Dow of the law firm Winstead PC, noted,

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Dev Gregg of Flagship Healthcare Properties



Elliott Sellers of Anchor Health Properties, Shawn Janus of Colliers and Sharon Harper of The Plaza Companies

“I think the key continues to be the debt markets. Most of the clients that I’m talking to are concerned about loans that are coming due in the next 12 months, and how they’re going to deal with that. So, that’s a lot of what we’re working on right now.

“To the extent we see any workouts in the space, what we’re starting to see a trend towards is not workouts at the lender level, but at the JV level – the JV partners and the way JVs have been structured over the last several years. I think you’ll see problems be taken care of at the JV level before you get to the debt level, to the extent possible.

“The one thing that I did think is an interesting trend that I’m seeing with a lot of our clients that do have capital is kind of shifting their platform for the next, what I’m hearing is 12 to 18 months, to a preferred equity, to help kind of bridge the gap between the loan-to-value ratios that they’re able to get – if they’re able to get debt right now – deploying that capital in a preferred equity vehicle. And also even senior debt, stepping in where the lenders, you know, traditional lenders, aren’t.”

Providers are taking a closer look at their strategies

“I would say that I’m cautiously optimistic for the healthcare real estate space in terms of where we are right now,” said Shawn Janus, national director, Healthcare, for Colliers International (Nasdaq: CIGI). “I like a lot of what the colleagues here said.

“I will tell you one bright spot from my perspective is our brokers around the country are probably doing more right now with providers relative to advisory work, really looking and focusing on the real estate piece,” Mr. Janus continued. He added that the “liquidity crunch” and the lack of capital has prompted to some healthcare executives to take a closer look at their strategies, asking themselves, “Should we be owning these properties still? Or should we be monetizing these, or enter into other arrangements?” I think that’s very positive relative to what may be coming down the pike.

“From an interest rate perspective, I think we may have one more hike in us in May with the Fed, but after that, I do believe that

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Chris Bodnar of Prescriptive Capital



Mindy Berman of JLL

they will pause and then hopefully in short order, maybe begin to bring rates lower. They may even start with a pause in the May meeting as well. So we'll see what happens there."

Mr. Janus noted that there is disagreement about whether the U.S. economy is in a recession. He pointed out that, during the first half of 2022, the economy did experience what has been a widely accepted definition of a recession: two consecutive quarters of a negative annual rate of the Gross Domestic Product (GDP).

"I think we changed the definition... but I do think we will have a bit of a soft landing, hopefully. The employment market continues to be very strong, which helps everyone all around," he said.

"I do think that healthcare, as everyone has said, is better positioned than many of the other asset classes right now because of all the strong fundamentals and what's going on there," he said.

Collaboration can contribute to success

Sharon Harper, CEO and co-founder of HRE developer The Plaza Companies, said, "So we've talked about the challenges all industries are facing – the challenges of construction costs, of the finance market. But I think we're so well positioned under this umbrella of healthcare. It just needs to be broadened, and it needs to be modified a little bit"

Ms. Harper said collaborations and partnerships with universities, healthcare systems, municipalities and other stakeholders can contribute to a more successful project.

Mark Toothacre, managing partner and CEO of the HRE development firm PMB, said, "I think 18 months from now, maybe even by this time next year, we're going to be back to 2 percent inflation. Because I think the Fed will fix it till they break it. I think they have proven they have the wherewithal to do that... I think cap rates will follow, maybe not in lockstep, but they will follow."



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Jim Kornick of Avison Young, Andy Dow of Winstead and Richard Rendina of Rendina Healthcare Real Estate

Baby Boomers continue to drive the business

“One of the things we haven’t really touched on too much today that has been a theme through my entire career is that the demographic bubble awaits us, and that’s actually hitting right now,” Mr. Toothacre added. “The leading edge of the Baby Boom is, I think, 77 now. So all the Baby Boom is moving into its prime healthcare consumption years. So that’s going to last for the next couple decades at least. So everyone’s talking about fundamentals. That’s going to drive our business for the foreseeable future.”

Chris Bodnar, CEO and co-founder of Prescriptive Capital, said, “I think the good news in our sector ... is that we’re all invested in a market with solid fundamentals. We all kind of have an insurance policy in place based on the size of our market. We are a niche market and there’s only going to be so many transactions in our market per year and the amount of equity that wants to be part of that is much bigger than the number of transactions. I think that’s going to be the case for a long period of time...”

“I’d also say that we do have the terminal rate by the Fed in sight. And I think a couple of people said we might see one more increase. You know, my prediction is that when that does happen, the stock market is going to rally again. That will be the turning point, and that will give some momentum to the market” because publicly traded REITs will become more active again.

Shane Seitz, senior investment officer with Ventas Inc. (NYSE: VTR), noted, “2023 is going to be a tough capital year for everyone to both deploy equity and debt. Cost of debt is now in the 5 percent to 6 percent range depending on the type of capital. Cost of equity has increased as well for both public companies and other equity investors.

“Ventas Core Fund has been a great addition for our investors,” Mr. Seitz noted. “We have the ability to still buy and think 2023 may be great to add quality buildings into our fund.

“(The) overall real estate market may be challenged with difficulties in the office sector, and potentially the industrial sector, really driven by a slowdown in the economy, transformation of office building users and ultimately increased debt costs...”

“That may impact highly levered buyers, which isn’t common in the healthcare real estate sector.” □

RESULTS

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LORIE DAMON
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2023-24 Healthcare & HRE Events

Date (2023)	Event	Organization	Location	Website
April 26-28	BOMA MOB + Healthcare Conference	BOMA	Chicago	MOB.BOMA.org
May 15	National Behavioral Health Conference	Bisnow	Webinar	Bisnow.com/Events
May 16-18	ULI Spring Meeting	ULI	Toronto	ULI.org
May 24	Boston Healthcare Summit	Bisnow	Boston	Bisnow.com/Events
May 25	InterFace Healthcare Real Estate Carolinas	InterFace/France	Charlotte, N.C.	InterFaceConferenceGroup.com
June 6-8	2023 MGMA Summit: Moving Healthcare Forward	MGMA	Webinar	MGMA.com
June 13	Seattle Life Sciences Conference	Bisnow	Seattle	Bisnow.com/Events
June 21	Philadelphia Life Science Update	Bisnow	Philadelphia	Bisnow.com/Events
June 21	Mid-Atlantic Life Sciences & Biotech Summit	Bisnow	Washington, D.C.	Bisnow.com/Events
June 21	Phoenix Healthcare & Life Sciences Summit	Bisnow	Phoenix	Bisnow.com/Events
June 22	New York Healthcare Real Estate Conference	Bisnow	New York	Bisnow.com/Events
June 22	Future of Dallas Healthcare & Life Sciences	Bisnow	Dallas	Bisnow.com/Events
June 25-28	HFMA Annual Conference	HFMA	Nashville, Tenn.	HFMA.org
June 27	Bay Area Life Sciences Conference	Bisnow	San Francisco	Bisnow.com/Events
June 28	Life Sciences Real Estate Forum	IMN	New York	IMN.org
June 28	Denver Healthcare & Life Sciences Conference	Bisnow	Denver	Bisnow.com/Events
June 28-29	REITweek: 2023 Investor Conference	Nareit	Las Vegas	REIT.com
TBD	Colliers National Healthcare Conference	Colliers	TBD	Colliers.com
TBD	InterFace Healthcare Real Estate	InterFace/France	Dallas	InterFaceConferenceGroup.com
Sept. 19-22	AURP International Conference	AURP	Toronto	AURP.net
Oct. 11	International Life Sciences & Biotech Conference	Bisnow	Philadelphia	Bisnow.com/Events
Oct. 23-25	NIC Fall Conference	NIC	Chicago	NIC.org
Oct. 30-Nov. 2	ULI Fall Meeting and Urban Land Expo	ULI	Los Angeles	ULI.org
Nov. 5-7	HCD: Healthcare Design Expo + Conference	CHD & Vendome	New Orleans	HCDE Expo.com
TBD	InterFace Healthcare Real Estate Southeast	InterFace/France	Nashville, Tenn.	InterFaceConferenceGroup.com
Nov. 14-16	REITworld: 2023 Annual Conference	Nareit	Los Angeles	REIT.com
Dec. 11-12	ALM GlobeSt Healthcare	GlobeSt.com/ALM	Scottsdale, Ariz.	GlobeSt.com
Date (2024)	Event	Organization	Location	Website
February	InterFace Healthcare Real Estate West	InterFace/France	Los Angeles	InterFaceConferenceGroup.com
TBD	Medical Real Estate Investment Forum	Revista	TBD	RevistaMed.com
March 5-7	NIC Spring Conference	NIC	Dallas	NIC.org
TBD	Becker's Hospital Review Annual Meeting	Becker's	TBD	BeckersHospitalReview.com
May 13-15	BOMA MOB + Healthcare Conference	BOMA	Orlando, Fla.	MOB.BOMA.org

Disclaimer: All information verified as of March 30, 2023. Please check with listed organizations for updates.



Kleinberg Kaplan has been helping clients achieve their goals in the Commercial Healthcare Real Estate industry for over 20 years.

Our Real Estate Practice blends technical knowledge of legal issues with a practical approach, and a deep appreciation of the business issues that most concern healthcare industry participants. We represent national and local developers, owners, operators, investors, lenders, joint ventures and tenants in capital raising, development, acquisition, financing, joint ventures and leasing of Commercial Healthcare Real Estate. Our core practice areas include:

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- Distressed Real Estate Assets
- Financing
- Joint Venture
- Leasing
- Real Estate Funds
- Real Estate Litigation
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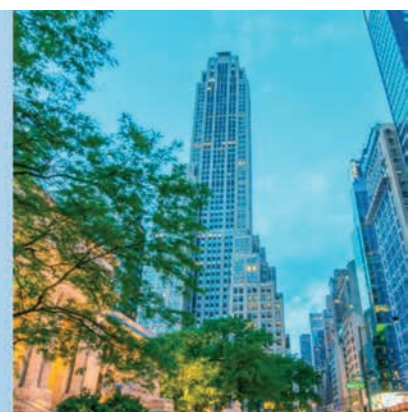
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Acquisitions



American Healthcare REIT

18191 Von Karman Ave., Irvine, CA 92612

949-270-9200 • www.AmericanHealthcareREIT.com

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11780 US Highway One, Suite 305, North Palm Beach, FL 33408

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AW Property Co. is a fully integrated real estate investment company that specializes in acquiring and enhancing medical office properties in major markets throughout the Southeastern United States. We have a highly dedicated, customer-focused team of professionals with expertise in all facets of real estate acquisitions, redevelopment, finance, operations, and asset management.



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 469-949-8300 • www.BigSkyMed.com

Big Sky Medical Real Estate is an investment manager focused on commercial real estate across the United States with an overweight focus on the medical office sector. Over the past 15 years, its principals have invested in nearly 7 million square feet of healthcare property coast to coast valued at over \$2 Billion.



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 2701 Coltsgate Road, Suite 300, Charlotte, NC 28211
 704-442-0222 • www.FlagshipHP.com

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Hammes Partners
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 414-509-2500 • www.HammesPartners.com

Hammes Partners is a relationship-oriented investment platform focused exclusively on healthcare real estate. Our investment capital is used to support healthcare providers' strategic initiatives, including the development of new healthcare facilities and the monetization of existing assets. Hammes is consistently recognized as one of the nation's top healthcare developers by Modern Healthcare's Construction & Design Survey—including 19 years as #1—and by Revista's Outpatient Development Report.



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312-458-4424 • www.HSAPrimeCare.com

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844-DOC REIT • www.DOCREIT.com

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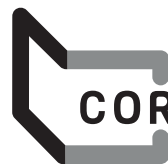
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www.US.JLL.com/Healthcare

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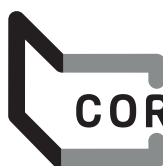
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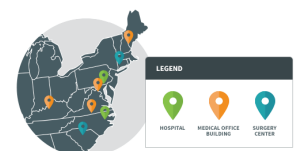
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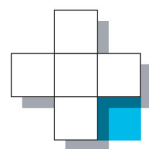
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