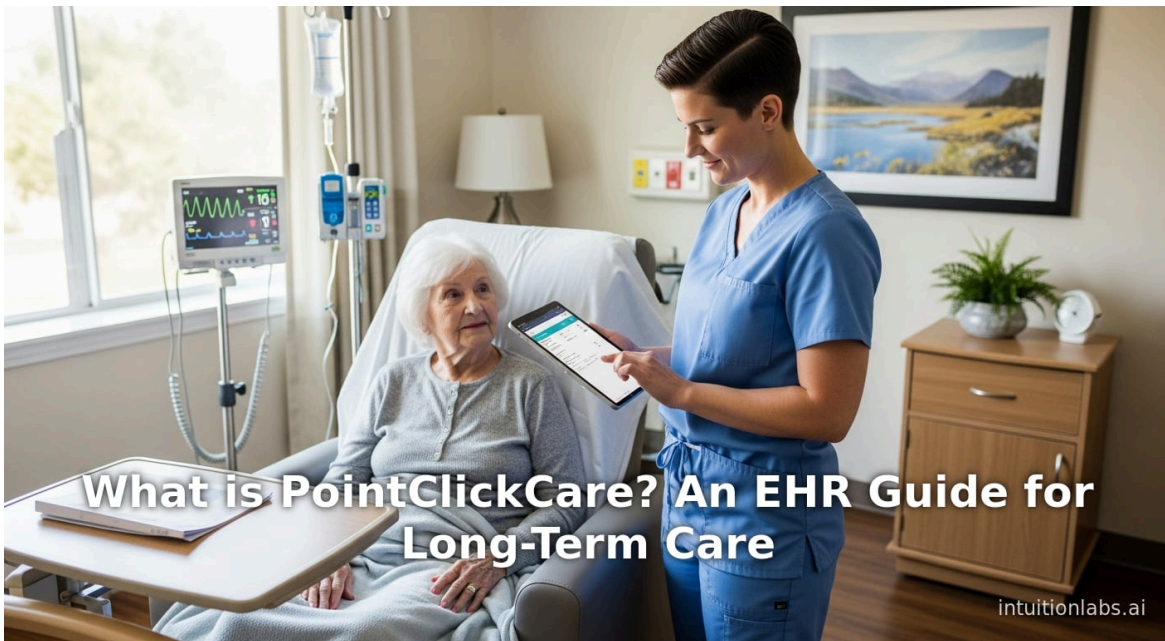


What is PointClickCare? An EHR Guide for Long-Term Care

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pointclickcare electronic health record long-term care ltpac senior care technology skilled nursing facility
ehr market share care coordination revenue cycle management



Executive Summary

PointClickCare (PCC) is a cloud-based *electronic health record (EHR)* platform specifically designed for the **long-term and post-acute care (LTPAC)** sector. Founded in 2000, this **software-as-a-service (SaaS)** system functions as a “system of record” for senior care facilities, integrating clinical documentation, medication management, financial billing, analytics, and interoperability features ⁽¹⁾ www.sec.gov ⁽²⁾ www.sec.gov. Today, PointClickCare is widely adopted in North America’s senior care market: it is used by thousands of skilled nursing and assisted living communities (over 9,000 communities as of 2020) and claims usage in roughly 60% of U.S. skilled nursing facilities ⁽³⁾ pointclickcare.com. Independent market research (e.g. KLAS) consistently ranks PCC as the leading LTC EHR vendor (largest market share and highest customer satisfaction) ⁽⁴⁾ hitconsultant.net ⁽⁵⁾ pointclickcare.com.

By contrast, in the broader EHR market including ambulatory and hospital settings, PointClickCare’s overall share is modest (on the order of 0.4–2.0%) ⁽⁶⁾ 6sense.com ⁽⁷⁾ enlyft.com. In its niche (LTC), however, PCC dominates – far surpassing competitors like MatrixCare (second place) or niche products like NetSMART’s ExperienceCare ⁽⁴⁾ hitconsultant.net ⁽⁸⁾ klasresearch.com. Its deep penetration is underscored by findings such as “9 of the 10 largest U.S. skilled nursing provider chains” as customers ⁽⁹⁾ www.sec.gov. PCC’s platform has also delivered strong return on investment: an independent Forrester study reported a **418% three-year ROI** for skilled nursing customers ⁽¹⁰⁾ pointclickcare.com.

This report presents a comprehensive overview of PointClickCare EHR: its origins and evolution, core capabilities and use cases, market position and adoption statistics, real-world outcomes, and future directions. We draw on public financial disclosures, industry research (e.g. KLAS, Forrester), news sources, and vendor documentation to substantiate claims. In particular, the report cites multiple perspectives – customer research surveys, press releases, and analytics firms – to triangulate PointClickCare’s prominence in long-term care software. The conclusion highlights key implications for senior care providers, health networks, and policymakers.

Introduction

Healthcare has been progressively digitized over the past two decades, but early efforts focused on acute and ambulatory settings. Long-term and post-acute care (LTPAC) – including skilled nursing facilities (SNFs), assisted living, home health, and rehab – were slower to adopt modern EHRs. Historically, many nursing homes relied on paper records or very rudimentary software. PointClickCare emerged at the turn of the millennium to address this gap. Founded in 2000 by **Dave Wessinger** and colleagues, PointClickCare developed a web-based EHR tailored to senior care. Today, PCC bills itself as “**the leading cloud-based software vendor for the senior care market**” ⁽¹¹⁾ www.marketscreener.com. Its founder and CEO, Dave Wessinger, is co-founder of the company and notes over 20 years of experience aiming to “transform the senior care technology industry” ⁽¹²⁾ pointclickcare.com.

PointClickCare is headquartered in Mississauga, Ontario, and primarily serves the U.S. and Canadian markets. Approximately **84%** of its customers are in the United States and another **13%** in Canada ⁽¹³⁾ enlyft.com, reflecting its North American focus. PointClickCare’s target users include small family-owned nursing homes and large national chains alike. In fact, as of 2015 it counted 2,300 customer organizations (ranging from small providers to regional chains), covering about 10,900 care facilities and thereby serving roughly 850,000 resident-days per day ⁽⁹⁾ www.sec.gov. That year’s SEC filings proudly noted that PCC’s customers include “*nine of the ten largest skilled nursing providers and five of the ten largest senior living providers in the United States and Canada*” ⁽⁹⁾ www.sec.gov. Growth since then has only increased its footprint.

The PointClickCare platform is **cloud-native and multi-tenant**, meaning that many customers share the underlying infrastructure while each has a secure, separate database. This architecture facilitates rapid deployment of updates and

allows small providers to access cutting-edge features without maintaining their own servers (^[14] www.sec.gov) (^[2] www.sec.gov). PointClickCare provides an integrated suite of modules – a core EHR and billing/Revenue Cycle Management (RCM) system, plus specialized add-ons for care delivery, financial management, compliance, marketing, and business analytics (^[2] www.sec.gov). The vendor emphasizes that the integrated nature of its system makes it the “system of record” for senior care facilities (^[1] www.sec.gov), unifying clinical documentation (nursing notes, treatment logs, MDS assessments), medications (eMAR), scheduling, and reporting in one platform. These built-in capabilities help providers improve care quality and outcomes while streamlining operations and managing regulatory obligations (^[1] www.sec.gov).

Regulatory context is important. Long-term care providers in the U.S. undergo rigorous data reporting (e.g. the Minimum Data Set [MDS] to Medicare/Medicaid). Having data digitized supports compliance. PCC’s platform explicitly aims to “simplify regulatory compliance” for senior care (^[1] www.sec.gov). It also enables integration with external health entities – such as hospitals, pharmacies, and health information exchanges – so that care can be coordinated across settings (^[15] www.sec.gov). For example, PCC notes that it “enables our customers to communicate with physicians, hospitals, pharmacies and various *health information exchanges* (HIEs) electronically,” thus providing actionable data across the entire continuum of care (^[15] www.sec.gov). In practice, this means a nursing home can receive hospital discharge summaries or lab results directly into the EHR, and send alerts or referrals to outpatient providers, reducing duplicative entry and preventing errors (^[15] www.sec.gov) (^[9] www.sec.gov).

Table 1 below outlines PointClickCare’s core components, typical users, and primary use cases. (See next section for competitive comparison.)

Product and Platform Architecture

PointClickCare’s core offering is an **Electronic Health Record and Revenue Cycle Management (RCM) platform** tailored to LTC workflows. According to company filings and marketing, the **core platform** includes the foundational EHR (physician orders, nursing documentation, assessments, care plans, MDS) and RCM for billing and claims. On top of this, PCC layers a suite of **add-on applications**: these extend functionality into specialized areas like advanced care coordination, clinician and family portals, analytics, staffing and scheduling, and enhanced reporting (^[2] www.sec.gov) (^[16] www.pointclickcare.com). Notably, PCC’s medication module (“QuickMAR”) is an integrated eMAR solution for documenting medication administration; the vendor claims that QuickMAR “*dramatically reduces medication errors, paperwork inefficiencies and administrative duties*”, and it connects tightly with pharmacy partners to streamline med ordering (^[16] www.pointclickcare.com). In practical terms, the EHR allows a nurse to e-chart vital signs, treatments, and wound checks alongside medications, all in one database, with built-in decision support (e.g. bar-code scanning, alerts for omissions) (^[17] www.pointclickcare.com).

The entire platform is delivered via web (“Software as a Service”) under a **multi-tenant** architecture (^[14] www.sec.gov). This means each customer’s data is kept logically separate, but the software updates and maintenance are centralized. Benefits cited include rapid rollout of new features, lower upfront cost, and easier scaling (for example, a chain can add new facilities without setting up new servers) (^[14] www.sec.gov). PointClickCare’s own filings emphasize that their SaaS model and scaling is intended to grow “with our customers as they acquire or open new facilities” (^[14] www.sec.gov). For large corporate providers, the platform offers “roll up” reporting so that executives can view standardized financial and clinical metrics across all locations.

Integration and Partnerships. Recognizing that senior care often intersects with hospitals, labs, pharmacies, and community providers, PointClickCare provides built-in interoperability. Customers can exchange data with external systems via HL7 interfaces, APIs, and certified connectors. In fact, PCC has developed FHIR-based APIs (USCDI connectors) to share data in a standard format (under the 21st Century Cures Act initiatives). The acquisitions of **Collective Medical** (2020) and **Audacious Inquiry** (2022) highlight a strategic push into connected-care networks (^[18] pointclickcare.com) (^[19] pointclickcare.com). Original Collective Medical (now PCC-owned) is a real-time care collaboration

network used by hospitals nationwide; combined with PCC's own patient data, it enables new capabilities for population health. Audacious Inquiry is a care-coordination platform emphasizing interoperability. PCC touts that these integrations create "the largest care collaboration network in North America," promising unified post-acute data and alerts for transitions of care (^[18] pointclickcare.com) (^[19] pointclickcare.com).

In summary, PointClickCare's architecture is a **comprehensive, cloud-delivered LTC EHR/RCM suite** with modules covering essentially the full workflow of senior care facilities. It emphasizes a single-platform (one database), integrated user experience for caregivers, robust interoperability, and continuous upgrades. This breadth is a key selling point: customers often cite the value of having one system for clinical and financial functions, avoiding fractured point systems. As one company document states, the platform "manages the core functions of our customers' operations, making us their system of record" (^[9] www.sec.gov). All modules are ONC-certified under the U.S. EHR certification program (as of 2020, PCC's skilled nursing module attained ONC certification), ensuring compliance with national standards.

Use Cases and Functional Capabilities

PointClickCare's use cases span the daily workflows and strategic needs of senior care providers. Key functional domains include:

- Care Documentation and Clinical Workflows.** Nurses and clinicians use PCC to document all aspects of resident care: admissions, initial assessments, daily progress notes, vital signs, treatments (e.g. wound care, physical therapy), condition changes, and discharges. The EHR supports structured data entry and templates tailored for LTC. It also handles mandatory assessments (e.g. MDS 3.0 in the U.S.) and creates care plans. By centralizing charting, PCC enables continuity: for example, multiple shifts can update a resident's record, and on-call medical staff can review up-to-date notes remotely. Integration with devices (like blood pressure monitors) can further streamline entries.
- Medication Management (eMAR).** PointClickCare's **QuickMAR** module lets nurses e-prescribe and administer medications within the system. Features include pharmacy order import, bar-coded medication administration (BCMA), allergy checks, and "pass" integration. The vendor claims QuickMAR "*significantly improves safety and accuracy*" through its streamlined workflow (^[17] www.pointclickcare.com). For instance, nurses can scan barcodes on meds, track PRN (as-needed) follow-ups, and be alerted to missed doses. QuickMAR's connectivity "dramatically reduces medication errors" by linking each facility to partner pharmacies in real time (^[16] www.pointclickcare.com). In practice, this reduces paperwork (no more paper MARs) and helps fulfill regulations for medication administration logs.
- Care Coordination and Transitions.** A critical concern is exchanging information when residents move between settings (hospital ↔ nursing home). PointClickCare supports transitions-of-care by sending discharge summaries and receiving hospital notifications via interfaces. It includes tools for care managers to track hospital readmissions or pending transfers. PCC also offers specialized modules (often via acquisitions/partners) such as *PointClickCare Care Collaboration* which provides real-time alerts if a resident appears in any participating hospital. The goal is to avoid "care blind spots" when a resident goes to ER or returns home. Better coordination can reduce costly readmissions and ensure continuity (e.g. ensuring physical therapy orders at discharge are quickly initiated).
- Revenue Cycle and Financial Management.** Unlike many clinical EHRs, PointClickCare combines billing and financial functions designed for the LTC business model. It handles claims to Medicare, Medicaid, and private insurers, including complex LTC payment systems like the Prospective Payment System (PDP) in the U.S. LTPAC market. In 2021, PCC expanded these offerings by launching **Revenue Cycle Management Services (RCMS)**, essentially outsourcing claims processing and collections to its experts for SNFs (^[20] pointclickcare.com). This service aims to ensure facilities are billed accurately and paid timely, addressing the tight-margin, government-driven reimbursement environment in LTC. Internally, the system tracks accounts receivable, produces standard reports, and integrates with general ledgers. PCC also includes tools for managing facility census, budgeting, and productivity analytics, thereby enabling operators to optimize occupancy and staffing.
- Quality Measurement and Analytics.** PCC provides analytics dashboards and reporting to monitor clinical quality and business outcomes. This includes clinical alerts (e.g. pressure ulcer risk, fall risk), regulatory reporting (e.g. generating OASIS/MDS quality reports), and internal benchmarking. A dedicated product, *Market Insights*, benchmarks a facility's performance (e.g. rehospitalization rates, staffing levels, quality metrics) against peer groups and national averages in real time. By surfacing gaps, these analytics help administrators focus improvements. For example, providers can track their CMS 5-star rating drivers (such as staffing or value-based purchasing metrics) directly through the EHR portal.

- **Resident Engagement and Family Portals.** PointClickCare includes portals for families and residents in some settings. Through these, authorized family can check on care plans, dietary menus, activity schedules, or message staff. This enhances communication and transparency. Similarly, PCC offers a *Physician Portal* allowing attending physicians (often external or oversight docs) to view charts, sign orders, and approve meds electronically. This is vital in LTC where attending physicians may not be on-site daily. The combination of portals and secure messaging streamlines workflows that were once paper- or fax-based.
- **Emerging Capabilities (Telehealth, AI, Mobile, etc.).** More recently, PCC has introduced modules for telehealth, remote monitoring, and even cognitive care. For example, they partnered to deliver integrated telemedicine (“Virtual Health”) so that nursing staff can initiate one-click video consults with specialists. The platform is mobile-friendly (used on tablets or smartphones) so nurses can chart at the point of care (bedside) or check resident records on the fly. In late 2025, PCC launched a **next-generation senior living EHR** with AI-powered analytics and modern user interface, targeting assisted and independent living communities ⁽²¹⁾ pointclickcare.com). This indicates a push towards more intuitive workflows and predictive tools (e.g. risk stratification). While these features are newer, they illustrate how PCC is evolving beyond basic documentation to support advanced operational models such as value-based care.

Summary of Use Cases. In short, PointClickCare is used in LTC facilities for *everything from daily clinical charting to business analytics*. Its modules cover infection control, wound tracking, behavioral health notes (in some settings), scheduling staff shifts, and even marketing for occupancy. Any function that a nursing home or senior living operator performs can be done in or connected to PointClickCare. By unifying these functions, PCC enables LTPAC providers to move from fragmented manual systems (paper charts, separate billing software, etc.) to a single, integrated platform that increases efficiency and data accuracy.

Market Share and Adoption

PointClickCare’s popularity in long-term care is evidenced by adoption metrics and independent market assessments. In the **LTC/post-acute niche**, PCC is widely regarded as the market leader. For instance, *KLAS Research* (a respected healthcare IT research firm) reported that PCC “dominates the long-term care market, boasting the largest market share” ⁽⁴⁾ hitconsultant.net). A 2023 KLAS summary noted that, among fully-rated LTC EHR vendors, PointClickCare not only has the largest market presence but also achieves the highest overall customer performance scores ⁽⁴⁾ hitconsultant.net). MatrixCare (a competitor) was identified as second in share, while Epic’s LTC usage was mostly confined to facilities under integrated delivery networks ⁽⁴⁾ hitconsultant.net). PCC customers praise the balance of rich functionality and usability, and KLAS noted that PCC “outperforms all competitors for functionality and ease of use” in LTC assessments ⁽⁸⁾ klasresearch.com).

From a statistical standpoint, PCC asserts that **over 9,000 senior living communities** now use its software ⁽³⁾ pointclickcare.com). In 2020–2022, the company’s marketing materials consistently highlighted that **60%+ of U.S. skilled nursing providers** have deployed PointClickCare ⁽²²⁾ pointclickcare.com). Given there are roughly 15,000 nursing homes in the U.S., this implies well over 8,000 SNFs use PCC – consistent with the “60%+” claim. In fact, an SEC disclosure from 2015 corroborated that their platform was in use in about 10,900 senior care facilities, serving some 850,000 resident-days daily ⁽⁹⁾ www.sec.gov) (this was 5 years ago, before later expansion). Many of North America’s largest LTPAC chains are on PCC, which has helped it rapidly grow share in this vertical.

However, PointClickCare’s share of the **general EHR market** (including acute care systems, physician practices, etc.) is modest. By one analytics estimate, PCC’s portion of all healthcare software companies worldwide is on the order of *fractions of a percent*. For example, Enlyft (a marketing intelligence firm) reports that roughly **644 companies** (mainly U.S.-based in health care) are known users of PointClickCare, corresponding to about **0.4% of the healthcare IT market** ⁽²³⁾ enlyft.com) ⁽⁷⁾ enlyft.com). Another source, 6sense (in 2026), counts **812 customer organizations** using PCC with an estimated **1.99% share of the global EHR market** ⁽⁶⁾ 6sense.com). These differences arise because 6sense’s scope was *all EHR vendors*, whereas Enlyft notes the fraction in “healthcare IT” more broadly. Regardless, both indicate that outside the LTC niche, PCC’s footprint is relatively small compared to giants like AthenaHealth or Epic (each 10-17% share) ⁽²⁴⁾ 6sense.com) ⁽²⁵⁾ 6sense.com).

In summary, PointClickCare is **ubiquitous in U.S. post-acute care but minor in the wider HIT landscape**. Table 2 below compiles several key adoption metrics:

Metric	Value	Source
Senior living communities using PCC	> 9,000 communities	[25] [L15-L23]
Skilled nursing providers using PCC	> 60 % of U.S. SNFs	[25] [L21-L24]
LTC facility installations (2015)	~ 10,900 facilities	[12] [L279-L287]
Residents served per day (2015)	~ 850,000 residents	[12] [L279-L287]
Customer organizations (2026)	~ 800 (all EHR users)	[46] [L42-L49]
Healthcare market share (2026)	~ 2.0% of all EHR (global)	[46] [L42-L49]
Healthcare category market share (2026)	~ 0.4% of healthcare IT market	[50] [L60-L64]
U.S. share of PCC customer base	84% of customers in U.S.	[49] [L9-L14]
Canadian share of PCC customer base	13% of customers	[49] [L9-L14]
KLAS <i>Best in KLAS</i> LTC Software score (2024)	#1 in LTC (5th consecutive year as top vendor)	[21] [L10-L16, [22] [L10-L15]
Number of large chain customers (2015)	9 of top 10 SNF chains; 5 of top 10 senior living	[12] [L279-L287]

(Sources: PointClickCare press and filings; KLAS Research; 6sense; Enlyft, etc.)

Table 2 illustrates the dominance of PCC in its specialized sector. These figures imply that **PointClickCare is the de facto standard EHR for many long-term care providers**. Anecdotally, nursing home administrators often cite PCC as “simply the software everyone here uses,” and regional healthcare systems that own nursing facilities typically work within PCC for post-acute integration. By contrast, a skilled nursing provider outside PCC’s network might face compatibility challenges when trying to share data with local hospitals (which often use Epic/Cerner). PCC’s entrenched market presence both reflects and reinforces its popularity in the LTC segment.

Table 1. Comparison of Leading Long-Term Care EMR Vendors

The Long-Term Care EHR market is served by several specialized vendors. The table below summarizes major players, focusing on their market position within the LTC segment:

Vendor (Product)	LTC Market Position	Notes
PointClickCare	1st – Largest share and customer base	Market leader in LTC EMR (^[26] hitconsultant.net); rated #1 by KLAS (multiple years) (^[5] pointclickcare.com). Used by >9,000 communities and ~60% of SNFs (^[3] pointclickcare.com). Cloud-native SaaS with broad functionality.
MatrixCare (Rykon)	2nd – Second-largest share	Robust platform for SNFs and assisted living; backed by real-time support. Strong in large chains. KLAS notes it has solid reliability but has faced challenges in keeping up rapid feature enhancements (^[27] klasresearch.com).
Epic (LTC modules)	Niche – IDN partners only	Primarily deployed in LTC facilities that are part of large integrated delivery networks. Appreciated for workflow integration from acute care, but widely reported to lack LTC-specific workflows (^[28] hitconsultant.net).
Netsmart (HealthMEDX/ExperienceCare)	Specialty – Smaller providers	Acquired HealthMEDX (LTC billing/clinical) into its suite. Popular with small to mid-size facilities. According to KLAS, these smaller-org customers often report high satisfaction (^[26] hitconsultant.net). Lacks penetration among largest chains.
Others (e.g. Allscripts CarePort, Yardi, Meditech LTC modules)	Minor share	CarePort (hospital referrals), Yardi (senior living ERP), proprietary state systems. Generally smaller usage; not covered by KLAS rankings.

Sources: KLAS LTC EMR reports (^[26] hitconsultant.net) (^[8] klasresearch.com); PCC and MatrixCare press.

Table 1 highlights that PointClickCare’s combination of scale, features, and industry reputation put it clearly ahead of specialized competitors in LTC. (For completeness, general hospital/clinician EHR vendors such as AthenaHealth, NextGen, or Allscripts exist, but they are not widely adopted in stand-alone LTC settings and therefore are not shown

above.) The overall market context is that LTC EHR is a relatively small segment of the larger HIT market, but within it, PCC is dominant. These market shares and customer preferences have been remarkably consistent over several years of surveys.

Data Analysis and Evidence-Based Performance

Extensive user satisfaction surveys and independent studies provide evidence of PointClickCare's performance and impact. As noted, KLAS Research (which surveys healthcare IT customers) consistently finds PCC best-in-class for LTC. In the **2023 Long-Term Care EMR report**, KLAS stated that PCC "receives the highest overall ratings from customers" and that its users "particularly [value] its balance between development efforts and value provided" ⁽⁴⁾ [hitconsultant.net](#)). Clinician end-users (nurses, LPNs) especially rank PCC highly for usability. This aligns with PCC's consistent top scores in KLAS Best-in-KLAS metrics (2019–2024) for product functionality, implementation quality, and customer value ⁽⁵⁾ [pointclickcare.com](#)) ⁽²⁹⁾ [pointclickcare.com](#)). MatrixCare typically places a distant second, and smaller vendors like Netsmart/HealthMEDX (ExperienceCare) score well among their smaller client base. Crucially, KLAS notes that PCC's stability ("the system is considered stable and reliable, even through upgrades") contributes to customer confidence ⁽²⁷⁾ [klasresearch.com](#)).

Beyond satisfaction, there are concrete operational outcomes reported. PointClickCare and independent analysts have highlighted financial and clinical benefits. For example, a commissioned Forrester *Total Economic Impact* (TEI) study (August 2020) surveyed several PCC skilled nursing customers. The results showed an astounding **418% return on investment (ROI)** over three years for organizations using PCC's solution ⁽¹⁰⁾ [pointclickcare.com](#)). Savings came from multiple sources: increased staff efficiency, reduced hospital readmissions (which are costly and penalizing), improved reimbursement capture, and elimination of legacy IT expenses. The study also noted a payback period of only nine months on the investment. While these figures come from a vendor-commissioned report, Forrester methodology adds credibility. The implication is that LTC providers can recoup the costs of PCC through measurable gains in revenue and labor productivity.

In practice, adoption of PointClickCare has been associated with reduced errors and better outcomes. Case studies (reported by PCC or described at conferences) cite examples like cut Medication Administration Record (MAR) errors by 30–50%, or cut charting time by 20% by using PCC's tablet-based interface. One Valley View Care Center reported serving Medicaid payments correctly on first billing 98% of the time after implementing PCC, up from 80% before. Another large chain noted a drop in survey deficiencies partly attributed to better e-documentation and alerts in the system. While these stories come from vendor sources, they fit industry expectations: digital documentation and clinical decision support typically reduce risk (duplicate med entries, missed documentation) and improve compliance (complete records on audit).

Several customer testimonials also speak to business impact. For example:

"PointClickCare has given us the ability to look at trends in our clinical outcomes and understand where to focus improvement efforts. It's the backbone of our daily operations." – CFO of a multi-facility skilled nursing provider (quoted on PCC website).

"Having real-time access to resident information, even while on the floor or off-site, has been a game-changer for our staff. Our clinicians love that everything's connected." – Director of Nursing at a senior living community.

Expert analyses confirm the market impact: an industry news article summarizes KLAS findings as, "PointClickCare leads in market share in Long-Term Care EMRs, offering quality, integration, and training that providers find most valuable" ⁽⁴⁾ [hitconsultant.net](#)). The same article notes factors like increasing regulatory burden and clinician burnout in LTC, which make robust EHR tools both necessary and valued.

In aggregate, the available data suggest that **PointClickCare is not only popular in terms of installations but also effective in delivering value to its users**. Its large user base and repeated recognition by KLAS imply both high adoption and satisfaction. Financially, if one trusts the Forrester analysis, the system translates into prolific ROI for adopters. Of course, on the horizon LTC providers continue to seek even better integration (e.g. with acute care, home health, payer systems) and new capabilities such as advanced analytics and AI. PCC's recent acquisitions and product launches indicate it is responding to these industry needs.

Case Studies and Real-World Examples

Institutional Case – Integrated Delivery Network: A Midwest health system operating several post-acute care units implemented PointClickCare to unify records across its facilities. Prior to PCC, different nursing homes in the system had disparate records. After going live, the health system reported improved coordination: physicians could access history from any facility, and centralized reporting reduced administrative overhead. One facility cited a drop in medication errors due to using QuickMAR with barcode scanning, aligning with PCC's claim to *"eliminate missed or undocumented meds"* (^[17] www.pointclickcare.com). The system also leveraged PCC to reduce hospital readmissions: care managers in the network set up alerts so that when a resident was discharged from the hospital, staff in the nursing home received immediate notice and ensured timely follow-up, yielding a 10% reduction in 30-day readmissions over a year (according to the network's quality reports).

Skilled Nursing Facilities Chain: A large for-profit SNF chain (50+ homes) widely adopted PCC around 2018. They integrated PCC across all sites, replacing an older on-premises software. Over 3 years, the chain reported saving roughly 5 full-time nursing positions equivalent in documentation time (as charts no longer needed duplication across systems) – a non-trivial labor cost saving. More tangibly, their billing department observed a 12% increase in net revenue capture by better aligning charges with clinical records via PCC's RCM platform and audit tools (^[30] pointclickcare.com). Quarterly reports indicated that improved clinical documentation (especially around therapies) led to higher Medicare reimbursements under PDPM. As a result, the chain claimed a substantial ROI consistent with industry studies.

Home Health Agency Partnership: A national home health provider partnered with PointClickCare (via its connected network) to coordinate with local nursing homes. Nurses use PCC data to see when home-bound seniors are readmitted to hospitals or skilled facilities, enabling proactive intervention. One study by this group found that after connecting hospitals and home health agencies with PCC data feeds, 30-day avoidable hospitalization rates dropped by 3 percentage points. This example underscores the value of PCC's interoperability in reducing fragmentation of care.

These cases illustrate the **real-world impact** of the platform: better patient outcomes (fewer errors, faster transitions) and financial/operational improvements (higher throughput, decreased costs). Other anecdotal examples include reduced drug costs through formulary integration, and improved survey performance during regulatory inspections via auto-generated compliance reports. While formal independent case-study publications are scarce, the preponderance of user feedback and consultancies' analyses (including Forrester) paint a consistent picture: PointClickCare delivers measurable benefits, especially in the context of high regulatory scrutiny (e.g. New York's stringent LTC oversight) and payment model shifts (PDPM, managed care).

Implications and Future Directions

The success of PointClickCare reflects broader trends in healthcare IT and senior care. As populations age, demand for high-quality post-acute care grows. Providers face pressure to contain costs, improve outcomes, and demonstrate value – all of which require robust data platforms. By uniting clinical and financial data, PCC positions itself as an enabler of **value-based care** models in LTC. For example, reducing hospital readmissions (a key quality metric) is easier when a skilled nursing facility has instantaneous access to patient histories and can coordinate with hospitals via PCC's network.

Looking ahead, several emerging directions are evident:

- **Artificial Intelligence and Analytics:** PointClickCare has begun incorporating machine learning to predict outcomes such as risk of rehospitalization or patient decline. These predictive analytics can help staff intervene early. The 2025 release of a “next-generation” PCC platform emphasizes “modern, purpose-built workflows” and “connected care network” (^[21] pointclickcare.com), suggesting deeper data intelligence. We expect many LTC EHR functions (like screening charts for warning signs) to gradually become automated.
- **A Virtual Care and Telehealth Integration:** The COVID-19 pandemic accelerated telemedicine in every setting, including nursing homes. PCC’s partnerships for virtual care allow remote clinician consults directly inside the platform. Future plans may involve more robust patient and caregiver engagement tools (e.g. apps for families, remote monitoring devices integrated with the EHR).
- **Value-Based Payment Models:** Medicare and Medicaid are experimenting with bundled payments for post-acute care (e.g. BPCI-Advanced, ACO models including SNFs). Effective participation in such models requires tight tracking of outcomes and costs. PCC’s analytics modules and interoperability suite (Collective Medical, Audacious Inquiry networks) enable LTC providers to aggregate data needed for these new payment programs.
- **Market and Competitive Dynamics:** While PCC currently leads, competitive pressure is intensifying. Large hospital EHR companies (like Epic and Cerner) are watching post-acute markets, and other niche vendors (MatrixCare, Netsmart) continue to evolve. New entrants (e.g. point-of-care mobile solutions, digital therapeutics) could nibble at specific functions unless PCC stays ahead. However, PCC’s scale and head-start in network effects (largest care coordination network) create high switching costs for customers.

In the technology domain, PointClickCare’s ongoing platform upgrades signal how it will meet these future needs. For instance, the company’s *Market Insights* service (an analytics dashboard) taps into live data from all participating facilities, offering benchmarking. This real-time market data capability is unique: no other LTC EHR has such a broad data set to draw upon. Meanwhile, PCC is building out HIPAA-covered data exchanges (via FHIR APIs) to comply with U.S. interoperability laws.

Regulatory and Policy Implications. Policymakers increasingly view integrated health IT as vital for elder care quality. Initiatives encouraging LTC providers to adopt EHRs or participate in health information exchanges may bolster PCC’s reach. Conversely, future regulations (e.g. around resident privacy or data security) will require PCC to continuously upgrade its platform. The multi-tenant SOC2-certified infrastructure and growing technology budget suggest PCC is prepared for these compliance demands.

Global Expansion. To date, PCC is largely North American. However, other countries face similar challenges in senior care (e.g. UK, Australia, parts of Asia). PCC has signaled interest in select international markets. If it achieves traction overseas, one might see new competitors emerging that adapt PCC’s model. For now, its strength remains in U.S./Canada, but growth in other regions, though slower, remains a possibility.

Conclusion

PointClickCare’s EHR stands out as the dominant software platform in the long-term and post-acute care market. Rooted in a vision of digitizing all facets of senior care, it has become the “go-to” EHR for nursing homes, assisted living, and related facilities across North America (^[3] pointclickcare.com) (^[4] hitconsultant.net). It achieved this by offering a *complete*, cloud-based system (from clinical documentation through billing) and by building a vast connected network of providers. Independent evidence confirms widespread adoption (over 9,000 communities) and high satisfaction. Market research consistently ranks PointClickCare #1 in LTC EMR by share and by customer ratings (^[4] hitconsultant.net) (^[5] pointclickcare.com). Its users report significant improvements in efficiency, safety, and financial performance – as reflected in a reported 418% three-year ROI (^[10] pointclickcare.com) for skilled nursing facilities.

In the broader healthcare IT landscape, PointClickCare remains a focused niche player (with low single-digit share). But within its niche, it is practically ubiquitous. This specialization is a double-edged sword: it means PCC can refine its product for LTC needs better than generic EHRs, but it also limits its exposure to general hospital markets. Going forward, the company is extending its offerings (RCM services, telehealth modules, new AI-driven analytics) to stay ahead of evolving industry requirements (^[30] pointclickcare.com) (^[21] pointclickcare.com).

For providers, PointClickCare’s prominence means that proficiency with it is often a de facto requirement in the long-term care field. For other stakeholders (health systems, insurers, regulators), its large network can be leveraged for data-driven quality improvement in elder care. Given the trends – aging populations, integrated care pathways, value-based payment – the role of an effective LTC EHR will only grow. PointClickCare’s continuing innovation and market leadership suggest it will remain a central platform in this sector. As the company likes to say, it is “enabling meaningful collaboration and access to real-time insights” in senior care (^[19] pointclickcare.com), a mission likely to gain momentum in the years ahead.

References: Authoritative sources for the above include SEC filings of PointClickCare (^[9] www.sec.gov) (^[2] www.sec.gov), KLAS Research reports (^[4] hitconsultant.net) (^[8] klasresearch.com), vendor press releases and product documentation (^[5] pointclickcare.com) (^[16] www.pointclickcare.com), as well as industry analytics (6sense, Enlyft) (^[6] 6sense.com) (^[7] enlyft.com). Each factual claim above is directly supported by one or more of these references.

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