SENIORCRE • INDUSTRY FINDINGS

What the 2026 buyer asks that the 2023 buyer didn’t

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Bain\u2019s 2026 healthcare IT buyer is funding outcomes, not feature counts. Why senior housing & care operators should contract on governed definitions, declared source authority, reconciliation of differences, and preserved lineage — and how SeniorCRE validates them before production claims.

Bain's 2025 healthcare IT buyer survey draws a line through a decade of feature-list selling. The buyer no longer asks how many modules ship in the box. The buyer asks which outcome the vendor will sign up for — and whether the AI behind it is in production or in a deck.

The framing

Operators have been sold “all-in-one suites” for fifteen years and are still running five to twelve disconnected systems per community. The 2026 thesis is the opposite of that catalog: a small number of high-impact outcomes paired with workflow change the operator can contract on.

We believe four outcomes are sufficient. Governed definitions, declared source authority, reconciliation of differences, and preserved lineage. Everything else is implementation detail.

The Four Outcomes Operators Contract On

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AI in Production, Not in a Deck

The 2026 buyer has been burned by AI demoware. The discipline is governance first → intelligence second → execution last , and every AI surface graduates the same three gates.

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SeniorCRE's AI surfaces are designed inside this frame: WebRTC ambient voice documentation, PIIEL physician-intent intake, WRIE workforce retention intelligence, LCIFS labor-cost forecasting, ALIRP asset lifecycle intelligence, and the moral-injury workload alert. Four governance non-negotiables hold across all of them — no external user logins, action-based query parameters, human-in-the-loop on every clinical decision, and a hard ban on synthetic data in production.

What We Will Not Build

Bain's 2025 buyer is funding AI that augments the clinician, not AI that replaces the clinician. The risk discipline is explicit and contractable:

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The fastest way to lose a clinical license — and the operator's trust — is to build software that crosses the line. We do not cross it.

Senior Housing & Care Was Not in Bain's Dataset

That is the opening, not a problem. The Big-3 hospital EHR, RCM, and VBC vendors do not serve SNF, AL, Memory Care, and IL natively. PDPM, MDS 3.0, QM Engine 2026, M32 controlled substances, Five-Star survey readiness, and HCBS waiver workflows are first-class in our stack — not bolt-ons retrofitted from acute care.

The clean position

The operator declares which system holds authority for each operating domain; SeniorCRE holds that declaration and keeps the reasoning attached to it, so a figure can be traced back to the rule it was produced under.

What Changes for the Operator

The procurement conversation changes. Instead of an RFI scoring features, the operator scopes a 60-day pilot tied to one of four outcomes, with a day-60 go / no-go threshold. The vendor signs up for the metric. The CFO models the savings against the published ROI calculator. The CCO reviews the governance posture against the four non-negotiables. The board reviews the Governance First → Intelligence Second → Execution Last frame as a risk-managed AI rollout — not a leap.

This is what the 2026 buyer is buying. We built for it.

The Bottom Line

The 2026 buyer is funding outcomes, not module counts. Operators who contract on governed definitions, declared source authority, reconciliation of differences, and preserved lineage will be the ones whose portfolios get capital — and whose clinicians stay.

- See the 4 outcomes mapped to the 2026 buyer priorities →
- Review the Governance First → Intelligence Second → Execution Last AI frame →
- Quantify hard-dollar ROI on your portfolio →

Related research: Bain Healthcare Insights · CMS · NIC MAP

See how SeniorCRE makes this operational

SeniorCRE unifies clinical, financial, and operating signals into one platform — so the analysis above becomes a daily workflow, not a one-time report.

https://seniorcre.com