Community IMPACT

(Intelligent Metrics and Performance Analysis for Community Transformation)

Executive Summary

Community IMPACT is a healthcare software solution developed by Children's Mercy Kansas City. The software aims to strengthen the way nonprofit, charitable hospital organizations document, track, and report their community benefit programs, activities, and services.

At Children's Mercy, we believe in the power of data to drive positive change. We strive to empower nonprofit hospitals to use their data to build healthier communities. We believe we can do that by providing an innovative software solution that streamlines the complex process of community benefit documentation and reporting.

Our product offers a user-friendly platform with customizable reporting capabilities, compliance monitoring, and AI-driven insights. We address the challenges hospitals face in complying with complex community benefit regulatory requirements, reducing documentation burdens, and demonstrating the impact of their community initiatives.

We aim to introduce this software solution to a national market, targeting nonprofit, charitable hospital organizations required by federal and state statute to provide certain benefits to enhance the health and well-being of the communities they serve. We plan to collaborate with healthcare organizations to understand evolving needs, continuously enhancing our product, and fostering a community of users who share best practices. Our roadmap includes strategic partnerships, targeted marketing efforts, and iterative product development to remain at the forefront of community benefit program documenting, tracking, and reporting.

Team Description

Children's Mercy is a leading independent children's health organization dedicated to holistic care, translational research, breakthrough innovation, and educating the next generation of caregivers. We believe every kid has amazing potential. This potential inspires us to offer more leading specialties, to research game-changing innovations, and to provide only the most compassionate, comprehensive care to every child.

With support and guidance from the Children's Mercy Center for Pediatric Innovation, 'Community IMPACT' originated and is managed by the Office for Community Impact. Our goal is to distinguish ourselves as growth leaders and advance innovations in community benefit in faster, smarter, and better ways.

Our competitive advantage lies in the unique understanding of the challenges faced by healthcare institutions with meaningfully documenting, tracking, and reporting community benefit. The product's origination in a hospital environment ensure that it addresses the specific needs of healthcare organizations.

Team Members

Office for Community Impact:

Austin Strassle, MUP, Community Benefit Manager, oversees all facets of the organization's community benefit planning, documentation, and reporting processes. He comes to this work with a background in social services, most recently as a housing support specialist providing direct care to unhoused adults and families transitioning into permanent supportive housing.

An alumnus of the University of Kansas, Austin holds a Master's degree in Urban Planning. He possesses a keen interest in exploring the relationship between the built environment and health outcomes. He believes that nonprofit healthcare organizations can leverage their resources to implement positive and meaningful changes to the built environment, ultimately contributing to improved health outcomes for the community.

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Jeff Hughley, MBA, Senior Director, is a focused thought leader with 20 years of community facing public service experience. With experience in management and honed skills in critical thinking, Jeff is an effective leader with a passion for building strong teams and focusing on relationships. Jeff is currently the Senior Director of the Office for Community Impact at Children's Mercy Kansas City. He has previous experience in federal government, with the Environmental Protection Agency as a Senior Advisor to the Regional Administrator in Region 7, covering Kansas, Missouri, Iowa, Nebraska, and nine Tribal Nations. Prior to that, Jeff had a lengthy career with the Kansas City Missouri Police Department working in various divisions and retiring as a Captain.

Jeff holds an Executive MBA from Rockhurst University, has completed the Kansas City Chamber of Commerce Centurions leadership development program, serves/served on several boards, and previously on a state commission. Jeff's focus is to move "upstream" and work with the community throughout the process.

Center for Pediatric Innovation:

- Dawn Wolff, MBA, Vice President of Strategy, Innovation, and Partnerships
- Krista Nelson, Director of the Center for Pediatric Innovation
- Laura Sarff, MBA, Program Manager of Innovation Solutions
- Meagan Dorton-Allison, MSN, MBA, Program Manager of Innovation Solutions
- Alexandra Troike, Innovation Insights Coordinator

Transfer Technology & Commercialization:

- Marcia Molina, JD, Director of Technology Transfer & Commercialization

Information Systems:

- Dao Dang, Chief Digital Officer, Information Systems

Market Analysis

Federal statute requires all nonprofit, charitable hospital organizations to provide certain community benefits that enhance the health and well-being of the communities they serve. By doing this, hospitals are able to maintain their tax-exempt status. In certain circumstances, state statutes may also require nonprofit hospital organizations to report community benefit in exchange for exemption of state and local taxes (See California or Colorado). At the federal level, the Internal Revenue Service (IRS) promulgates and enforces regulations related to community benefit.

Just how many nonprofit hospitals are there in the United States though? In 2022, the United States Department of Health & Human Services released a report showing that of the 4,644 Medicare-enrolled hospitals in the United States, almost half (49.2%) are tax-exempt under Internal Revenue Code (IRC) 501(c)3. The American Hospital Association estimates there are just under 3,000 hospital organizations in the United States that can be considered not-for-profit.

Together, nonprofit hospitals receive significant benefits due to their tax-exempt status. KFF (Formerly Kaiser Family Foundation) estimates the total value of tax exemption for nonprofit hospitals was about $28 billion in 2020. This figure has caused some policymakers to question whether nonprofit hospitals provide sufficient benefit to their communities to justify the total exemption they receive from federal, state, and local taxes. In April 2023, the U.S. House Ways & Means Committee held a hearing on tax-exempt hospitals and the community benefit standard.

All of this suggests a complex regulatory and political landscape, one that nonprofit hospital organizations must consider as they document and report out their annual community benefits. Yet, hospitals also tend not to have the staff resources to be able to dedicate fully to community benefit documentation and reporting. A 2018 national survey of 131 community benefit professionals by Community Benefit Connect, a service provided by the Institute for Healthcare Advancement, found that almost 80% of respondents had other job responsibilities in addition to community benefit reporting. A third of respondents also indicated that their hospital or health system did not have a dedicated budget to support community benefit operations.

Certain software solutions have been created to assist hospitals with their community benefit reporting. The goal of these software solutions is to help hospitals reduce administrative workloads and streamline the process of collecting and reporting data. The most widely known and used is a tool call CBISA, developed by Lyon Software. Developed by the Michigan Health & Hospital Association, another tool is CB Tracker. We do not currently know how many health systems use each software tool, but at a recent Children's Hospital Association – Community Health Affinity group meeting, attendees were asked this question. Of the respondents, about 60% used CBISA. Only one health system used CB Tracker. About a third used neither. All respondents indicated that they used Excel and other spreadsheet tools in addition to the tools available to them in CBISA or CB Tracker.

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At Children's Mercy, we have used CBISA to track our own community benefit contributions. During this time, we have identified numerous barriers that have limited the extent we can use community benefit data to further our community health goals. Those limitations include:

- **User-Friendliness:** One of the prominent limitations of CBISA is its lack of user-friendliness. Navigating through the platform can be confusing, particularly for users who are not familiar with the intricacies of the software. The interface is not intuitive, making it challenging for new users to efficiently utilize its features.

- **Limited Data Visualization Tools:** CBISA lacks any data visualization tools that can effectively showcase trends and patterns in community benefit data. It is also unable to pull data from external, secondary sources like the CDC, NIH, or U.S. Census. Visualizing data and being able to identify trends are important in program development. It's also important in the development of a hospital organization's community health needs assessment.

- **Complex Data Entry:** While data entry in CBISA is a relatively straightforward process, it requires some previous knowledge about the specific data types and formats. Users may find it challenging to input data correctly. Perhaps they input an entry in an incorrect IRS category, requiring the Community Benefit Manager to spend time correcting mistakes to minimize reporting errors.

- **Limited Reporting Tools:** The reporting tools in CBISA are limited in their functionality. Oftentimes, we find ourselves transferring data into Excel or other third-party software tools in order to use and manipulate the data effectively. Generating comprehensive reports that meet the specific needs of different stakeholders can be cumbersome. There is also no tools that can assist with the community health needs assessment requirements. The lack of flexibility in reporting hinders the ability of hospitals to communicate the full scope and impact of their community benefit initiatives.

- **Automation Functionality:** CBISA lacks any automation functionalities. Data is entered manually and data is exported manually. There's no automatic compliance monitoring features like reminders to reporters to input data or alerts of important deadlines. The absence of any automated features results in increased manual effort, leading to potential errors and inefficiencies in reporting.

- **Customization Constraints:** The platform has limited customization features, limiting how hospitals can tailor CBISA to their unique needs. The customizable features it does have are not intuitive and confusing to use.

- **Integration Challenges:** CBISA does not integrate or interact with other software tools. For a hospital who may want to pull data directly from their electronic health record (HER), CBISA does not do that. CBISA is also not secure enough to be HIPAA compliant, meaning hospitals can't store personal health information on the platform even if they wanted.

The limitations and challenges we experienced using CBISA are similar to the ones experienced at other health systems. Below are some comments from some of our peer hospitals on what they wish CBISA (the tool they used) offered:

"I want to be able to keep track of contacts at the community-based organization (CBO) – name, role, and contact info, as well as key relationships within our organization."

"I'd like the ability to create comprehensive reports that allow us to better tell the story of the work we are doing in the community."

"I need the ability to customize categories and track certain activities over time."

"I want to be able to view data and trends in a simple dashboard. I need the ability to enter information quickly and be able to store photos and other files."

"I need a tool that can tie into other systems and data warehouses. I'd love to be able to pull volunteer data from the YourCause software tool we use."

"I wish there was more of a customer relationship management system built in to help track contacts and efforts to collect information from departments and/or track partnership engagements."

"The ability to query reports on any fields and build custom reports would be a great feature."

"Being able to track grant outcomes and stories and easily export for grant reporting would also be great."

"Being able to create and export dashboards on various activities and data would be a useful tool."

Service & Product

'Community IMPACT' aims to address the limitations associated with CBISA and other tools currently available by offering a more user-friendly, intuitive, and feature-rich platform for tracking, documenting, and reporting community benefit programs.

- **User-Friendly Interface:** Community IMPACT is designed with a user-friendly interface, making it intuitive and easy to navigate for users at all levels (Think TurboTax for Community Benefit). The emphasis on user experience ensures that individuals, regardless of their familiarity with the platform or community benefit, can efficiently and confidently use and navigate the system.

- **Intuitive Data Entry:** The data entry process in the platform is designed to be simple and informative, reducing the learning curve for users by explaining the "Why" behind the questions the system asks. The platform provides clear guidance on the type of data required and how to input it, making it accessible for all users with varying levels of expertise.

- **Advanced Data Visualization Tools:** We envision a platform with robust data visualization tools that allow users to showcase trends, patterns, and derive key insights from community benefit data. We also believe there is opportunity for the platform to pull data from secondary sources, including U.S. Census data or a hospital's electronic health records, to further enhance any data dashboards. Ultimately, we believe this feature will allow hospitals to present data in a compelling and understandable manner, facilitating better program development and decision-making.

- **Customizable Reporting Capabilities:** We want users to be able to customize and tailor reports to meet the specific requirements of different stakeholders. For more longform, narrative reports, we envision users being assisted by generative writing tools to describe their impact in the community.

- **Automation Functionality:** Whenever possible, we envision this new software tool automating the tracking, documentation, and reporting process. We believe that automation reduces manual effort, minimizes errors, and enhances the overall efficiency in managing community benefit reporting.

- **Integration with Other Systems:** We believe it's important that this tool support seamless integration with other software solutions. This could include the electronic health record or external tools that support a hospital's community benefit initiatives.

Data Entry Script

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Hi [User First Name], before we dive in, would you like to enter a new community benefit activity, or do you just want to copy an entry from last year?

[User chooses "Submit New Entry"]

Great! Let's get started. First, is this entry for a program or a one-time activity?

[User chooses "Program"]

Alright. We need to make sure that your program can be reported as a community benefit. Does your program respond to an identified community need?

[User chooses "Yes"]

What community need is your program responding?

[User chooses from customizable option]

Does your program fulfill any of the following community benefit objectives?

- Improve access to healthcare services.
- Improve public health.
- Advance medical or health knowledge.
- Relieve or reduce the burden of government.

[User chooses 'Improve public health"]

Is there a measurable cost to the organization that we can document? This can include paid staff time or other expenses that supported your program.

[User chooses "Yes"]

Great! It looks like your program can count as a community benefit. Since you're submitting data for a program that occurred over multiple dates, could you clarify whether this program spanned the entire reporting year or if it only occurred during a certain time period?

[User chooses "Entire Reporting Year"]

Perfect! Now, please type the name of your program.

[User types in program name]

If you'd like, you can document the location where your program operated. It's okay if you don't know. Just go ahead and choose the 'Skip' option.

[User types in the zip codes where the program operated]

Certain programs are intended to serve the broader community. Others are more targeted. Can you tell us who your program targeted last year?

[User chooses from customizable option]

Now we're going to ask about the time dedicated to support your program. Would you like to report only your hours, or are you submitting hours on behalf of multiple people?

[User chooses "For Multiple People"]

Sounds good. Since you're reporting hours on behalf of multiple people, we want to ensure we capture the full scope of effort. Could you please provide the total time invested by the entire team. Don't forget about any planning or travel time involved.

[User types in the names of all employees involved in supporting the program. They are able to input the total hours each staff person dedicated to the program. As they input the hours, the system automatically calculates staff expenses based on each person's actual pay rate/fringe benefit percent.]

You're on a roll! Now, were there any additional expenses incurred to support the program? This could include supply purchases, contract payments, or any other relevant costs. Providing these details helps us create a holistic view of the resources dedicated to your program.

[User chooses "Yes"]

Alright. If you have any documentation showing your expenses, you can upload them here. Or, you can manually enter them too.

[User uploads receipts, purchase orders, etc. The system automatically adds those additional expenses to the total community benefit contribution]

Before we move on, one final question to ask about expenses. Would you like to designate an indirect method?

[User chooses "Yes"]

Okay! Did your program happen onsite at the hospital or did it happen in the community?

[User chooses "In the Community". The system automatically calculates the indirect expenses based on this decision]

Now, let's move on to offsetting revenue. Did your program receive any revenue in the last year?

[User chooses "Yes"]

Awesome! What type of revenue did your program receive? Choose all that apply.

- Grants
- Philanthropic Donations
- Fees
- Contracts

[User chooses "Grants"]

Who gave you the grant?

[User can input the name of the grantor. If the grantor is affiliated with an IRS-designated nonprofit, details about the organization will auto-populate. Users can also manually input information about the grantor]

How much revenue did your program receive in the last year? Be mindful only to include the actual amounts received and not the expected amount.

[User inputs revenue amount. The system will automatically subtract this from the total expense]

There's only a few things left. Do you have any files, photos, or other documents you'd like to attach?

[User chooses "No"]

Okay! Would you like to input another entry?

[User chooses "No"]

Okay! We're almost done then. We're just doing final checks to make sure nothing is missing.

[System does an automatic compliance check to verify reported information. The system also generates a narrative to describe the community benefit contributions made by the person and/or department.]

Does everything look good?

[User chooses "Yes"]

Great! You're all done. Thank you for your ongoing commitment to community health. You're now free to go back to the Home Page at any time.

[User exits]