ACHE’s Use of GIS Supports Healthcare Executive Network

Business GeoInfo Summit

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Thom, Freyer, ACHE
Ross Capaccio, röös design + consulting
ACHE Background

• **Mission:** To advance our members and healthcare management through high ethical standards, pertinent knowledge, and relevant credentialing program

• Founded in 1933
ACHE Background

- 32,589 members, 33% are credentialed
- Members are primarily employed by hospitals in mid to senior level positions
- 15,000 attend education programs annually
- 42,000 books sold annually
- $17 million annual budget
Partners for Success Project

ACHE’s concentrated effort to rapidly deploy a chapter network across the United States to serve the professional development and career management needs of healthcare executives
A Changing Landscape

- Changes in the healthcare industry
  - Growth of systems, consolidation
  - Increasing cost pressure
  - Increased competition
- Changes in the healthcare management profession
  - Diverse academic preparation
  - Longer career curve, more diverse roles
  - Less time and money for continuing education
The Current Situation
The Current Situation

• 33% of ACHE affiliates have no affiliated group within the Regent jurisdiction

• 26% of ACHE affiliates have 2 or more affiliated groups in the Regent jurisdiction
Deployment Goal

Our goal is to ensure that every United States based ACHE affiliate has the opportunity to join and participate in a local ACHE chapter by the end of 2004.
What changes?

**Before**
- 95 US affiliated groups
- 10 to 850 members
- About 46% of HEG members are affiliates, 18% of WHENs
- About 13% of ACHE affiliates are HEG members, <1% in WHENs
- Uneven service and quality
- Confusing local presence

**Future**
- 75-85 chapters
- 100 to 1000+ members
- More than 50% of group members are affiliates
- Most ACHE affiliates belong to chapters
- Consistent services and quality
- Clear local presence
Three Project Phases

• Prospectus/Letter of Intent
  ▪ Invitation to become a chapter
  ▪ Leveraged elected leadership

• District Geographic Service Plan
  ▪ Resolved territory conflicts
  ▪ Commit to meet criteria

• Chartering/Documentation
  ▪ Submit documentation
  ▪ Formal action by Board
Phase One Map – District Two
Phase One Mapping, 4-step process

- Prepare ACHE membership data for mapping
- Link membership data to GIS map layers
- Create new data using GIS geoprocessing tools, geocoding and buffering
- Finished cartographic products
Phase One Map – Prepare ACHE membership data for mapping

- Convert Excel table to DBF file
- Standardize field names between dbf file and zip code file
- Create frequency distribution on variable = zip code
Phase One Map – Link data to map

• Used database RELATE (many-to-one relationship)

• Create map theme using a “Quantile data classification scheme”, with 5 categories

• Choose map theme color scheme
Phase One Map – GIS Data Creation

- Geocode physical addresses
- Buffer around physical addresses
Geocode physical addresses
Buffer around physical addresses
Phase Two Map, Territory Overlap
Phase Two Map – Overlay Analysis

- Create individual map layers
- Identify overlapping territories
Identify overlapping territories
District Two Geographic Service Plan
Final Cartographic Products

• Maps at 4 levels of geography

• Active link to database allows drill down to: district, state, county, zip code geography
District level geography
State, county level geography
Zip code level geography
**Geographic Service Plan – District Two**

- **Group ID**: 742791
  - **Designated Chapters**: Twin Tier Healthcare Executive Association
  - **Projected Status**: Chartered
  - **Affiliates (M,D,P)**: 19
  - **Percent of District**: (1)

- **Group ID**: 742963
  - **Designated Chapters**: National Capital Healthcare Executives
  - **Projected Status**: Chartered
  - **Affiliates (M,D,P)**: 345
  - **Percent of District**: (2), (3)

- **Group ID**: 742964
  - **Designated Chapters**: Eastern Pennsylvania Healthcare Executive Network
  - **Projected Status**: Provisional
  - **Affiliates (M,D,P)**: 101
  - **Percent of District**: (4)

- **Group ID**: 742965
  - **Designated Chapters**: Health Management Association of Northeastern Pennsylvania
  - **Projected Status**: Provisional
  - **Affiliates (M,D,P)**: 84
  - **Percent of District**: (5)

- **Group ID**: 742966
  - **Designated Chapters**: Healthcare Management Forum of Northeastern Pennsylvania
  - **Projected Status**: Provisional
  - **Affiliates (M,D,P)**: 111
  - **Percent of District**: (6)

- **Group ID**: 742967
  - **Designated Chapters**: Healthcare Executives Forum of Central Pennsylvania
  - **Projected Status**: Provisional
  - **Affiliates (M,D,P)**: 102
  - **Percent of District**: (7)

**Subtotal**: 3630

**Percent of District**: 94%

**Unassigned Territories by State**

<table>
<thead>
<tr>
<th>State</th>
<th>State Name</th>
<th>Comment</th>
<th>Affiliates (M,D,P)</th>
<th>Percent of District</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA</td>
<td>Pennsylvania</td>
<td>Partial State</td>
<td>236</td>
<td>6%</td>
<td></td>
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<tr>
<td></td>
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</tbody>
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Notes:

1. The Twin Tier Healthcare Executive Association chapter territory also includes eight counties in New York which is in District 1. TheACHE affiliates in these counties are not included in the total shown here.

2. The National Capital Healthcare Executives chapter territory also includes 15 counties in Virginia which is in District 3. TheACHE affiliates in these counties are not included in the total shown here.

3. The National Capital Healthcare Executives and the Maryland Association of Healthcare Executives share a strong historical affinity with theACHE affiliates and other healthcare executives in the Maryland counties of Montgomery and Prince George’s. This plan assigns these counties to the Maryland Association of Healthcare Executives. However,ACHE expects the two designated chapters to develop a collaboration agreement prior to the granting of a charter to either designated chapter. This agreement should specify a means by which healthcare executives in these two counties will be able to make an informed choice of affiliation and participation based on fair and balanced information. The goal of the chapters should be to ensure long-term collaboration between the chapters in serving this market rather than nonproductive competition.

4. The Association of Healthcare Executives of New Jersey and the Greater Philadelphia Health Assembly share a strong historical affinity with theACHE affiliates and other healthcare executives in the New Jersey counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem. This plan assigns these counties to the Greater Philadelphia Health Assembly. However,ACHE expects the two designated chapters to develop a collaboration agreement prior to the granting of a charter to either designated chapter. This agreement should specify a means by which healthcare executives in these two counties will be able to make an informed choice of affiliation and participation based on fair and balanced information. The goal of the chapters should be to ensure long-term collaboration between the chapters in serving this market rather than nonproductive competition.
Progress Made in 2003

- Geographic Service Plans
  - All eight geographic District plans completed on schedule
  - Identified 68 prospective chapters, 2 were identified later increasing the total to 70
  - 83% of ACHE affiliates reside in prospective chapter areas
Due Diligence & Chapter Charters

- Of the 70 prospective chapters:
  - 60 chapters were chartered on February 27, 2004
    - 40 provisional charters
    - 20 fully chartered
  - 3 submitted documentation, but some was missing or not acceptable and not approved
  - 7 did not submit documentation
Final Outcomes

• 78% of US affiliates reside in the chapter service areas
• 21% of ACHE affiliates are members of chartered chapters
• 54% of chartered chapter members are ACHE affiliates