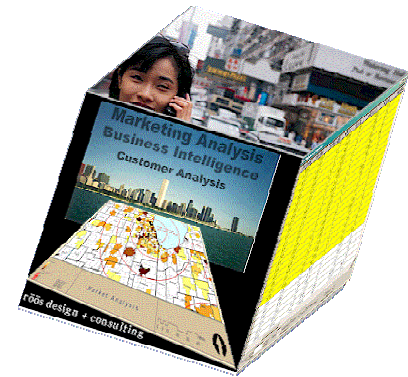




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ACHE's Use of GIS Supports Healthcare Executive Network

Business GeoInfo Summit

June 29, 2004

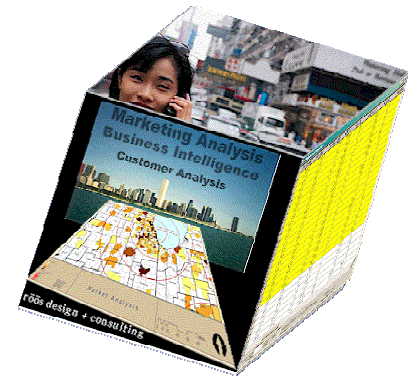
Drake Hotel, Chicago

Thom, Freyer, ACHE

Ross Capaccio, röö design + consulting



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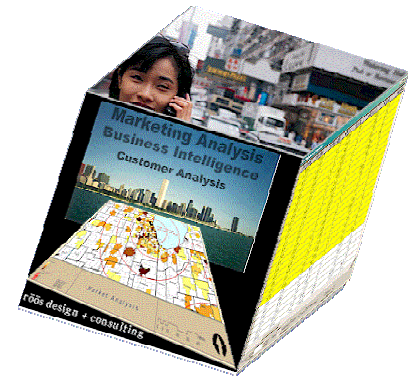


ACHE Background

- **Mission:** To advance our members and healthcare management through high ethical standards, pertinent knowledge, and relevant credentialing program
- Founded in 1933



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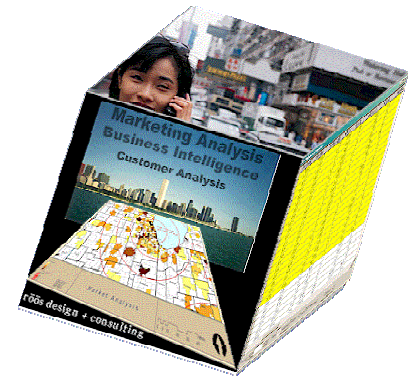


ACHE Background

- 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



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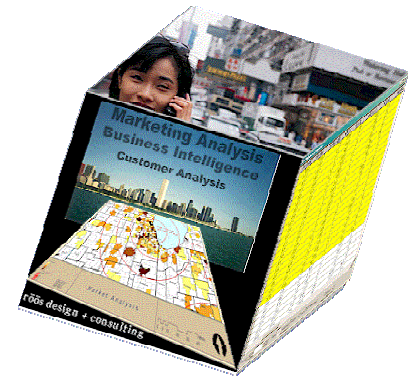


Partners for Success Project

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



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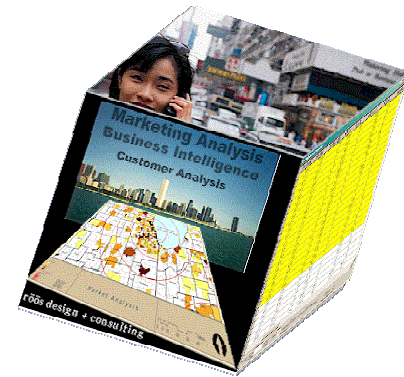


A Changing Landscape

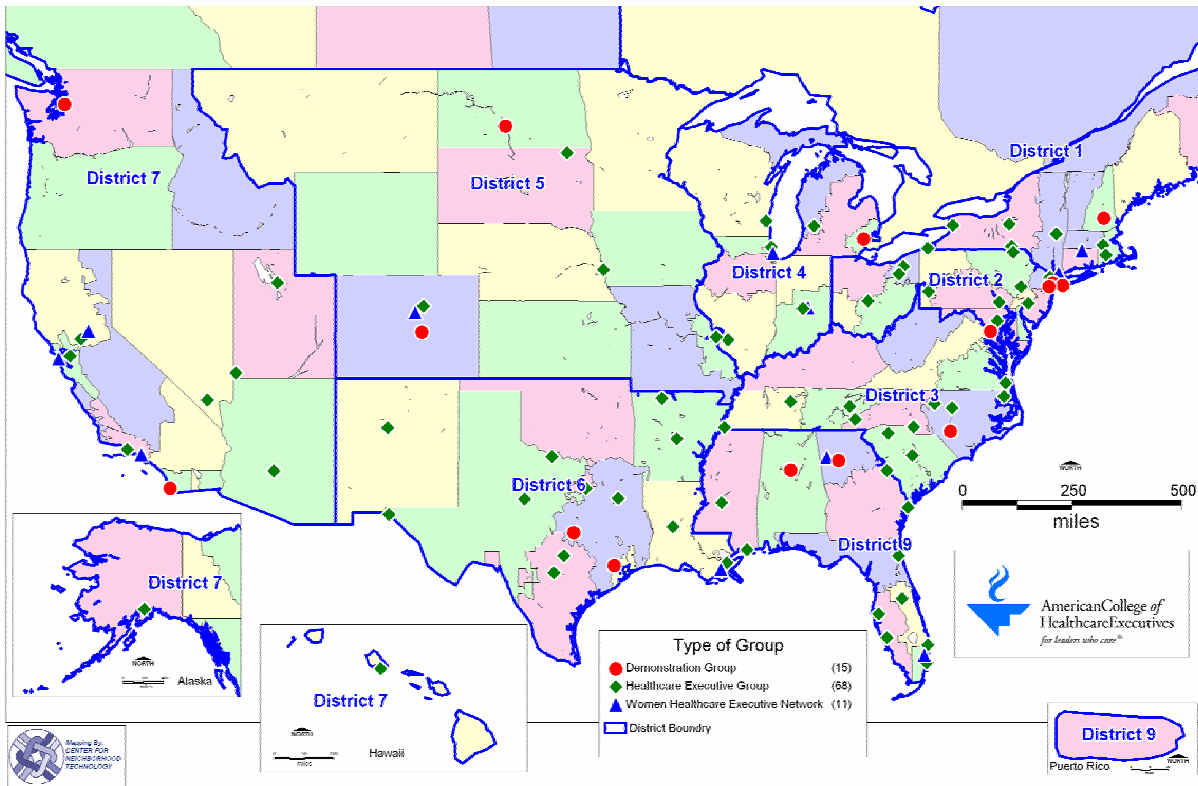
- Changes in the healthcare industry
 - Growth of systems, consolidation
 - Increasing cost pressure
 - Increased competition
- Changes in the healthcare management profession
 - Diverse academic preparation
 - Longer career curve, more diverse roles
 - Less time and money for continuing education



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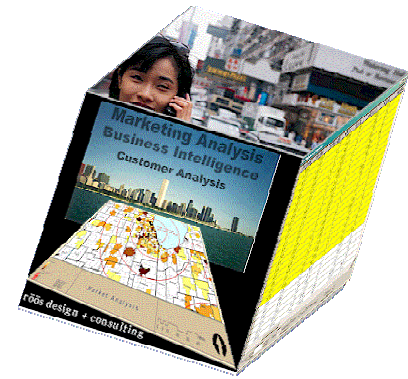


The Current Situation





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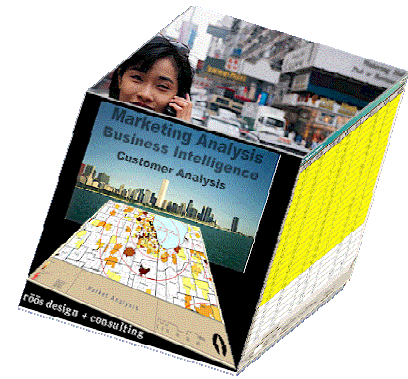


The Current Situation

- 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

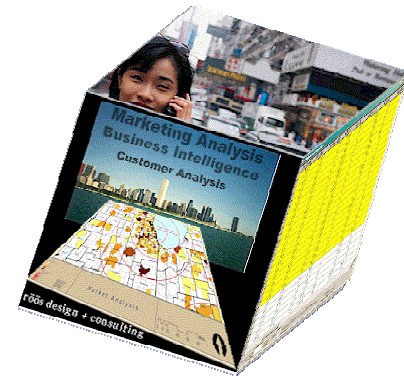


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Deployment Goal

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

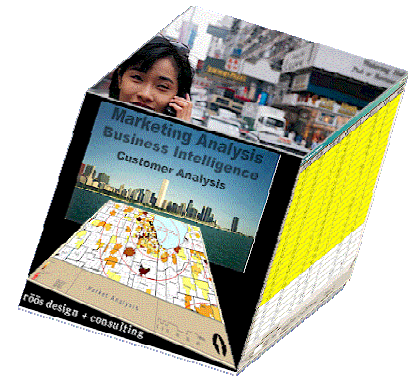
- 95 US affiliated groups
- 10 to 850 members
- About 46% of HEG members are affiliates, 18% of WHENs
- About 13% of ACHE affiliates are HEG members, <1% in WHENs
- Uneven service and quality
- Confusing local presence

• 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



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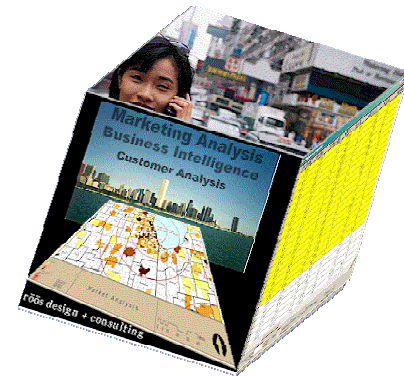


Three Project Phases

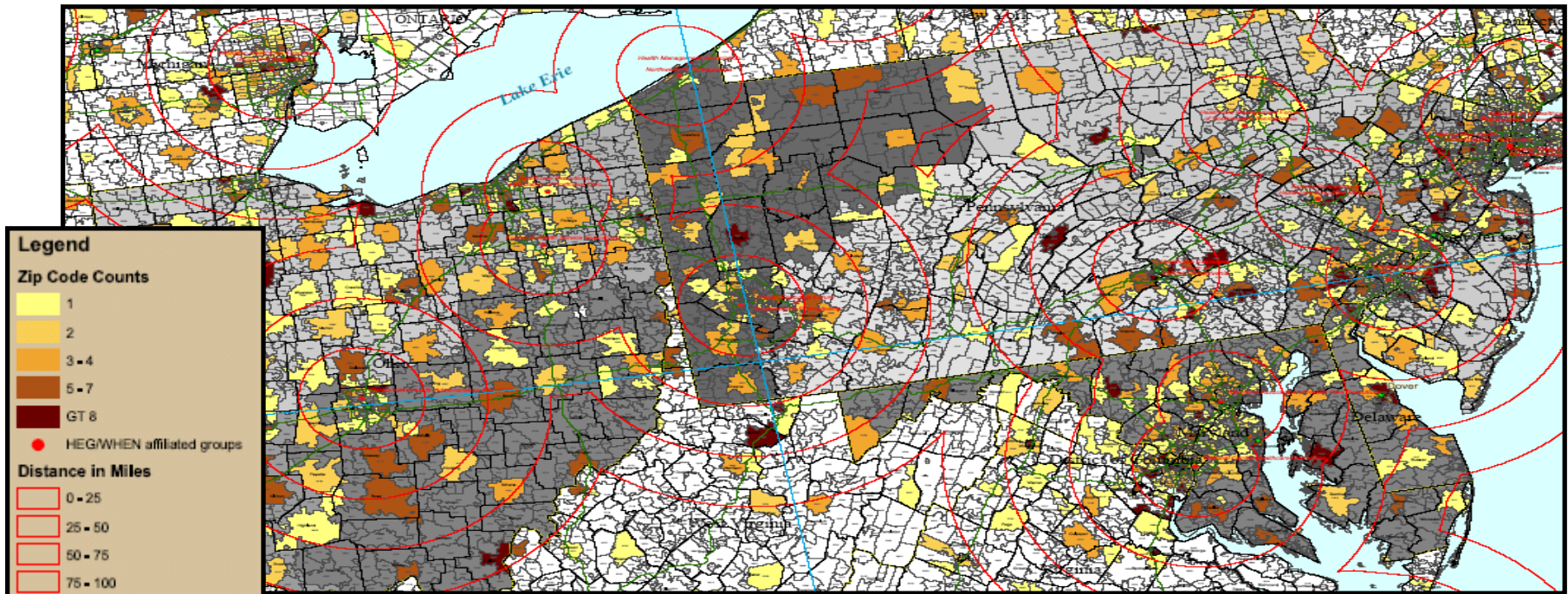
- Prospectus/Letter of Intent
 - Invitation to become a chapter
 - Leveraged elected leadership
- District Geographic Service Plan
 - Resolved territory conflicts
 - Commit to meet criteria
- Chartering/Documentation
 - Submit documentation
 - Formal action by Board



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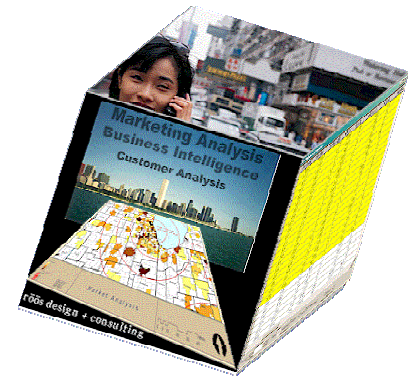


Phase One Map – District Two



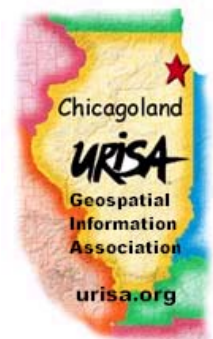


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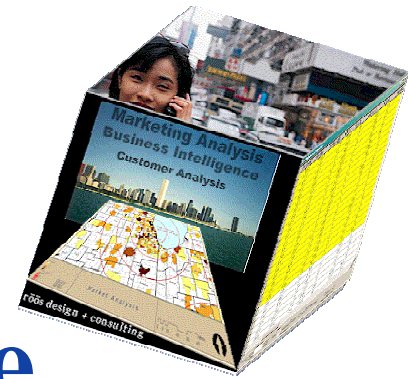
Phase One Mapping, 4-step process

- 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





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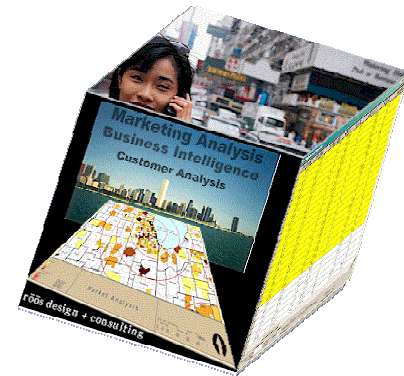


Phase One Map – Prepare ACHE membership data for mapping

- Convert Excel table to DBF file
- Standardize field names between dbf file and zip code file
- Create frequency distribution on variable = zip code

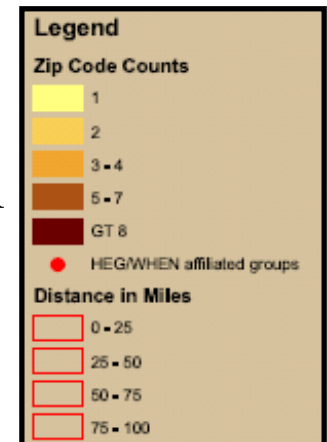


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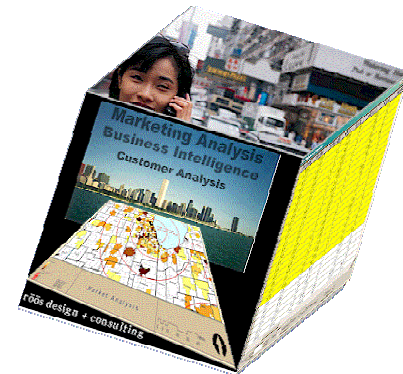
Phase One Map – Link data to map

- Used database RELATE (many-to-one relationship)
- Create map theme using a “Quantile data classification scheme”, with 5 categories
- Choose map theme color scheme



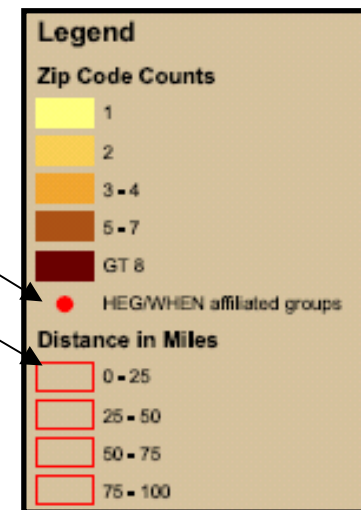


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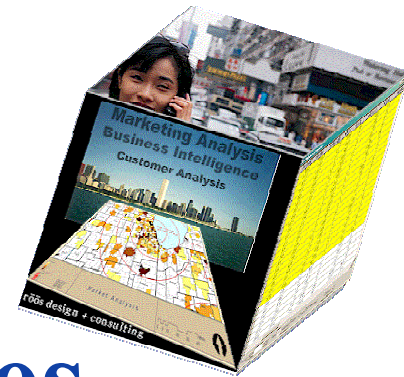
Phase One Map – GIS Data Creation

- Geocode physical addresses
- Buffer around physical addresses





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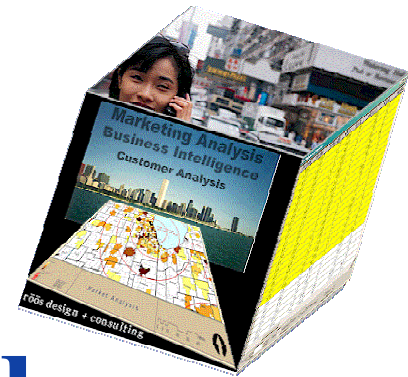


Geocode physical addresses

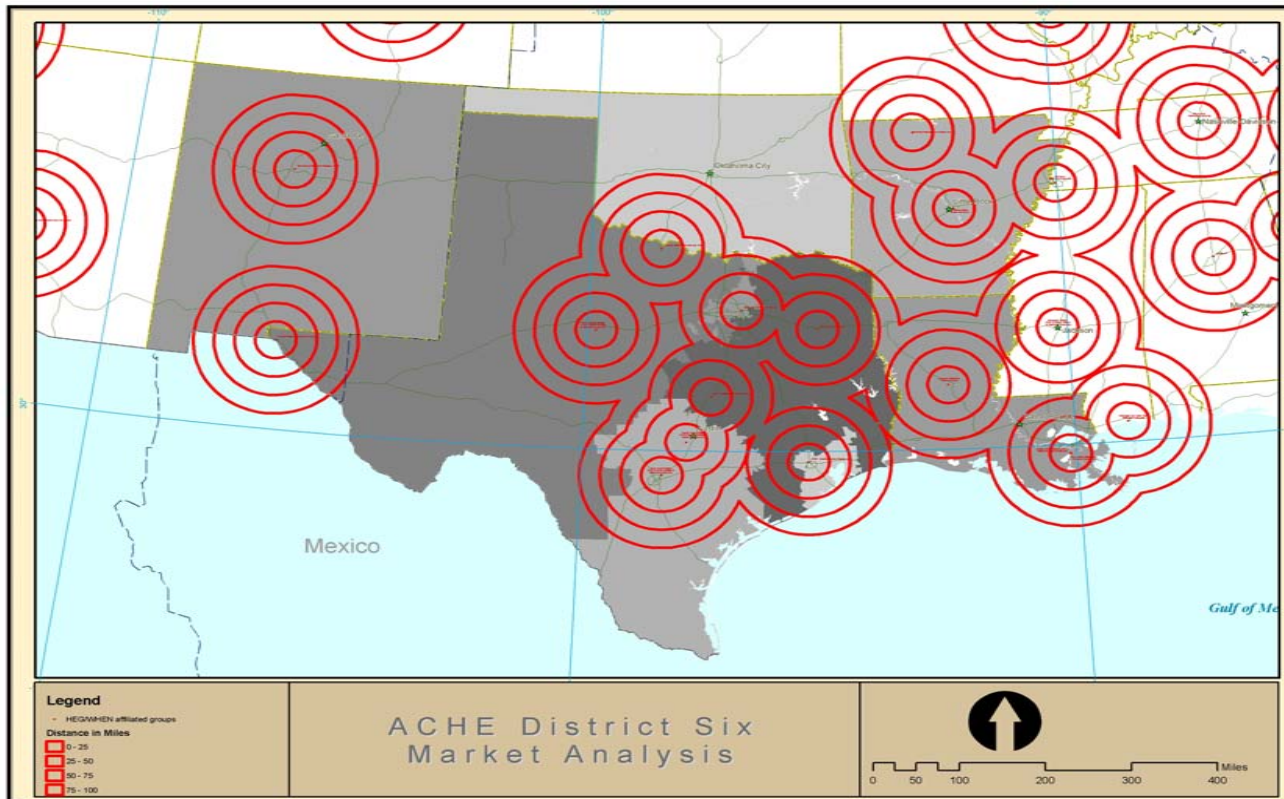




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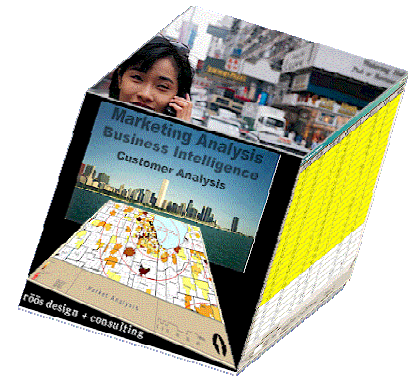


Buffer around physical addresses

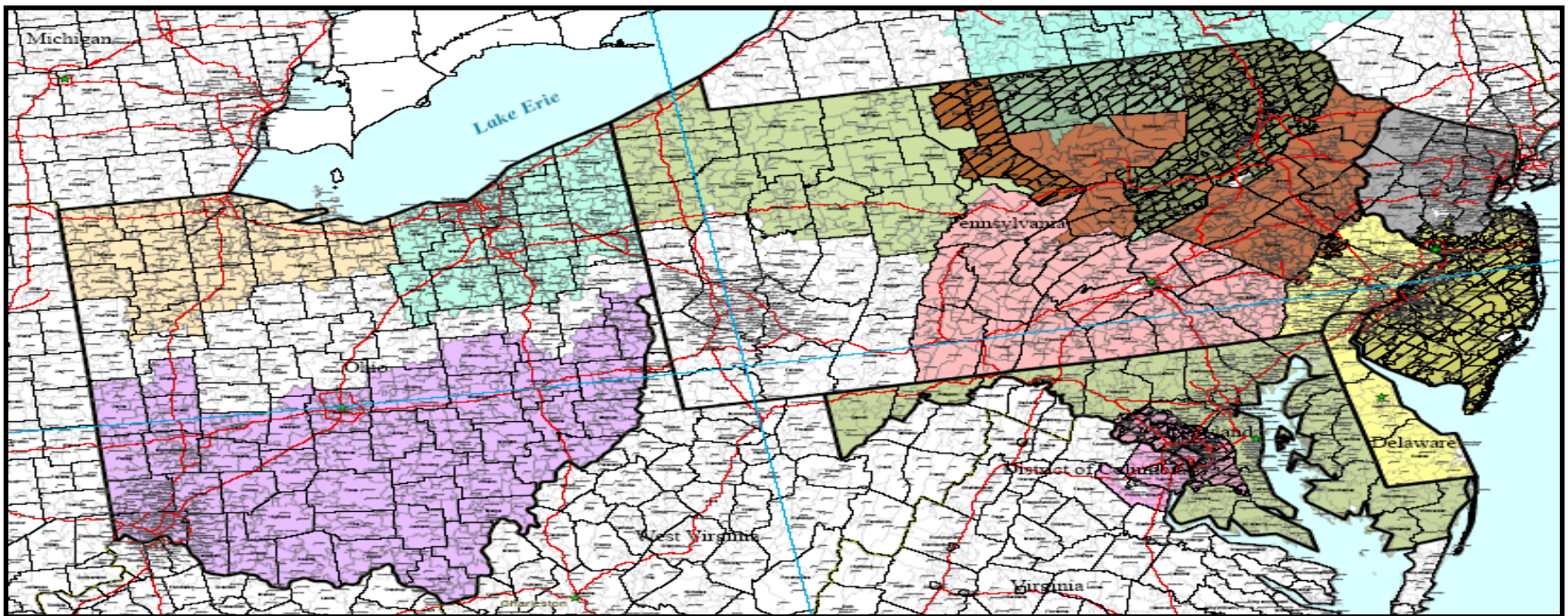




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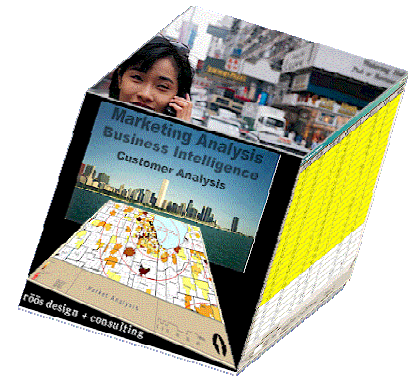


Phase Two Map, Territory Overlap





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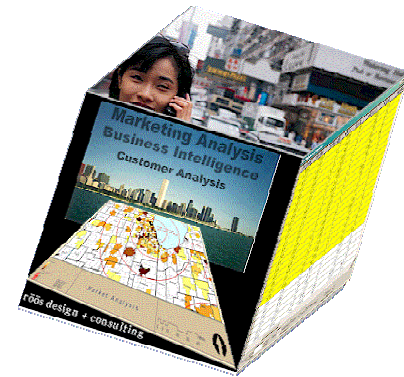


Phase Two Map – Overlay Analysis

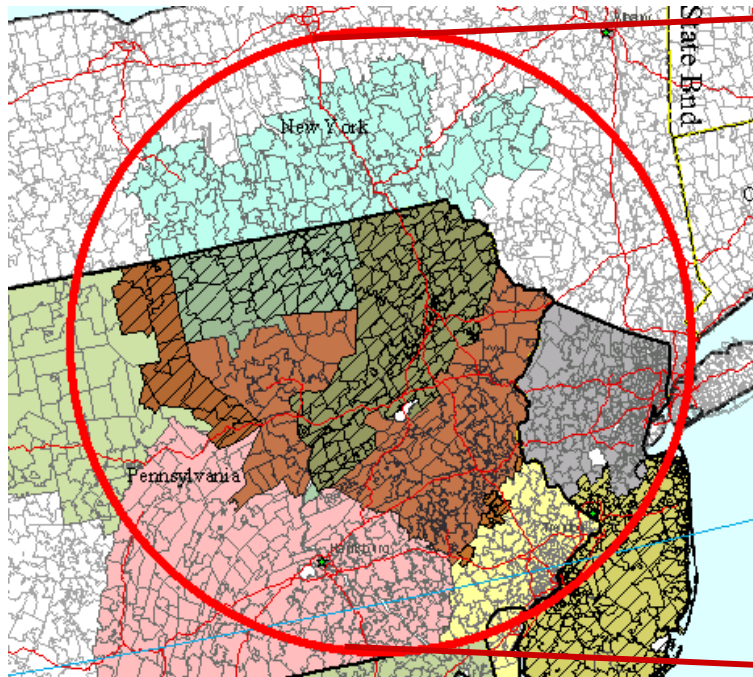
- Create individual map layers
- Identify overlapping territories



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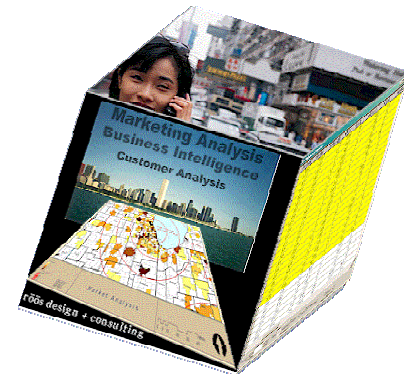
Identify overlapping territories



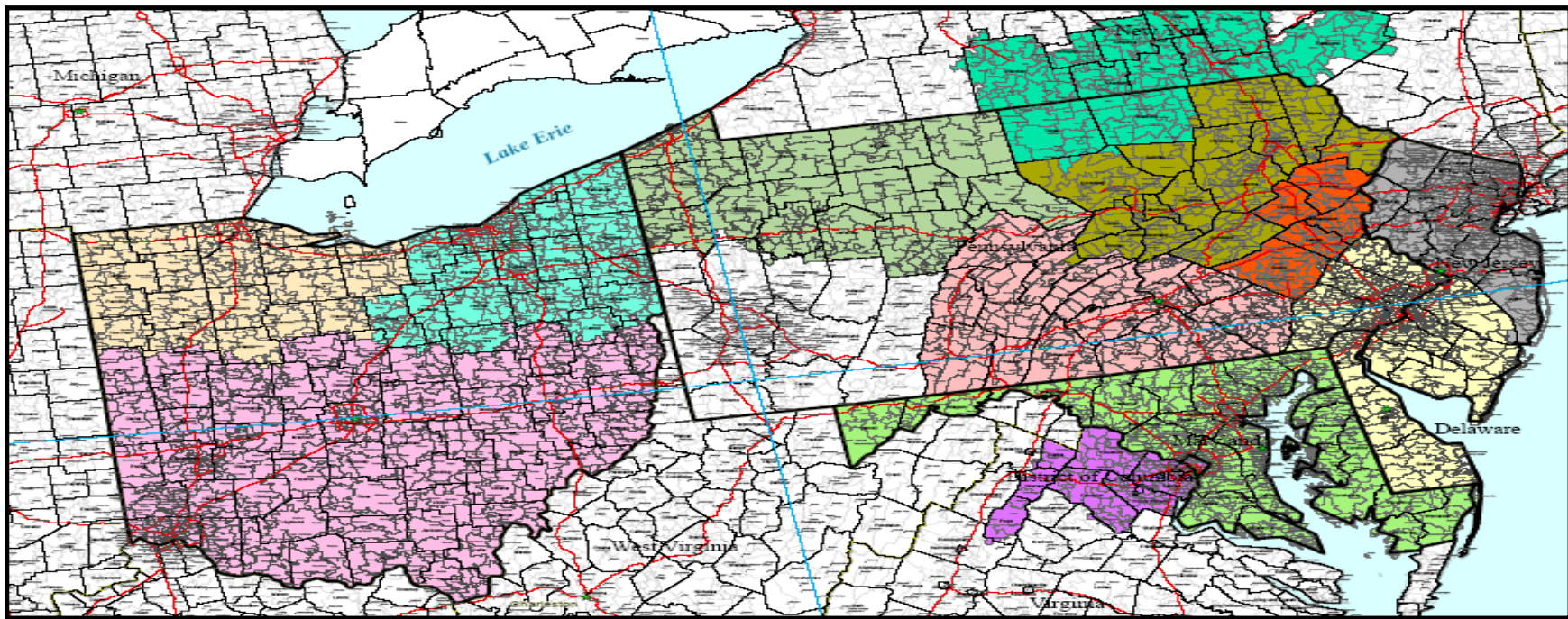
- timezone
- Cities
- Overlapping Areas
- National Capital Healthcare Executives
- Maryland Association of Healthcare Executives
- Central Ohio Health Administration's Association
- Twin Tier Healthcare Executive Association
- Healthcare Executives of Northeast Ohio
- Hospital Council of Northwest Ohio
- Healthcare Management Forum of Northeastern Pennsylvania
- Eastern Pennsylvania Healthcare Executive Network
- Greater Philadelphia Health Assembly
- Association of Healthcare Executives of New Jersey
- Health Management Association of Northwestern Pennsylvania
- Healthcare Executives Forum of Central Pennsylvania
- Zip Code Overlay with Related one: many



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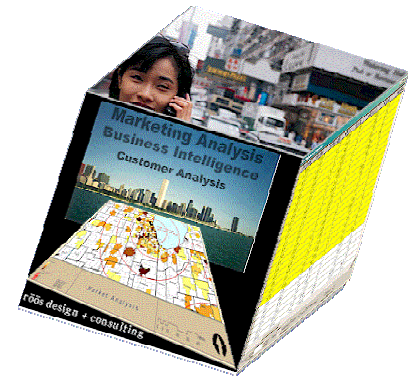


District Two Geographic Service Plan





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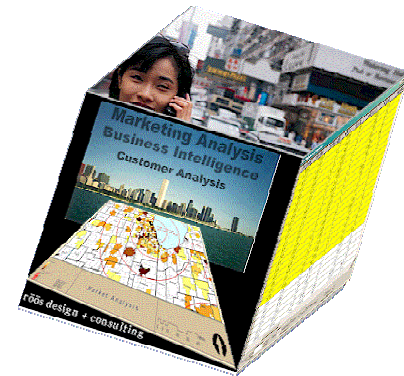


Final Cartographic Products

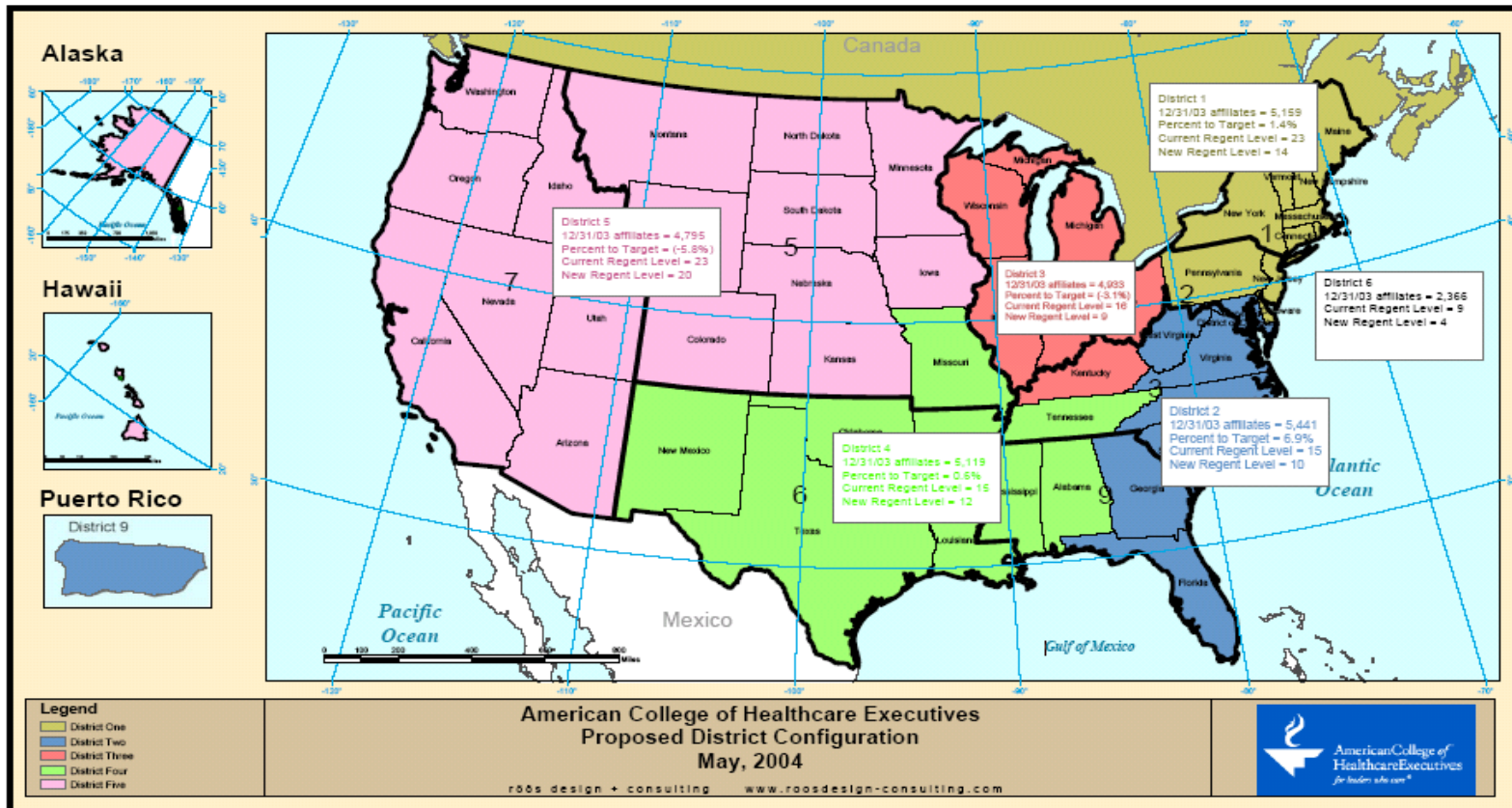
- Maps at 4 levels of geography
- Active link to database allows drill down to: district, state, county, zip code geography



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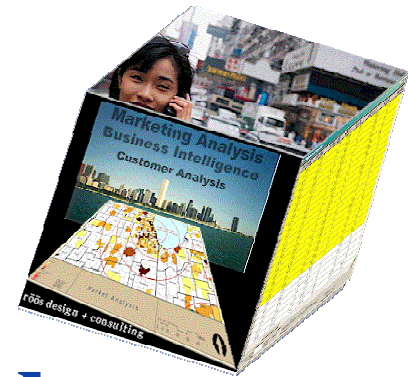


District level geography

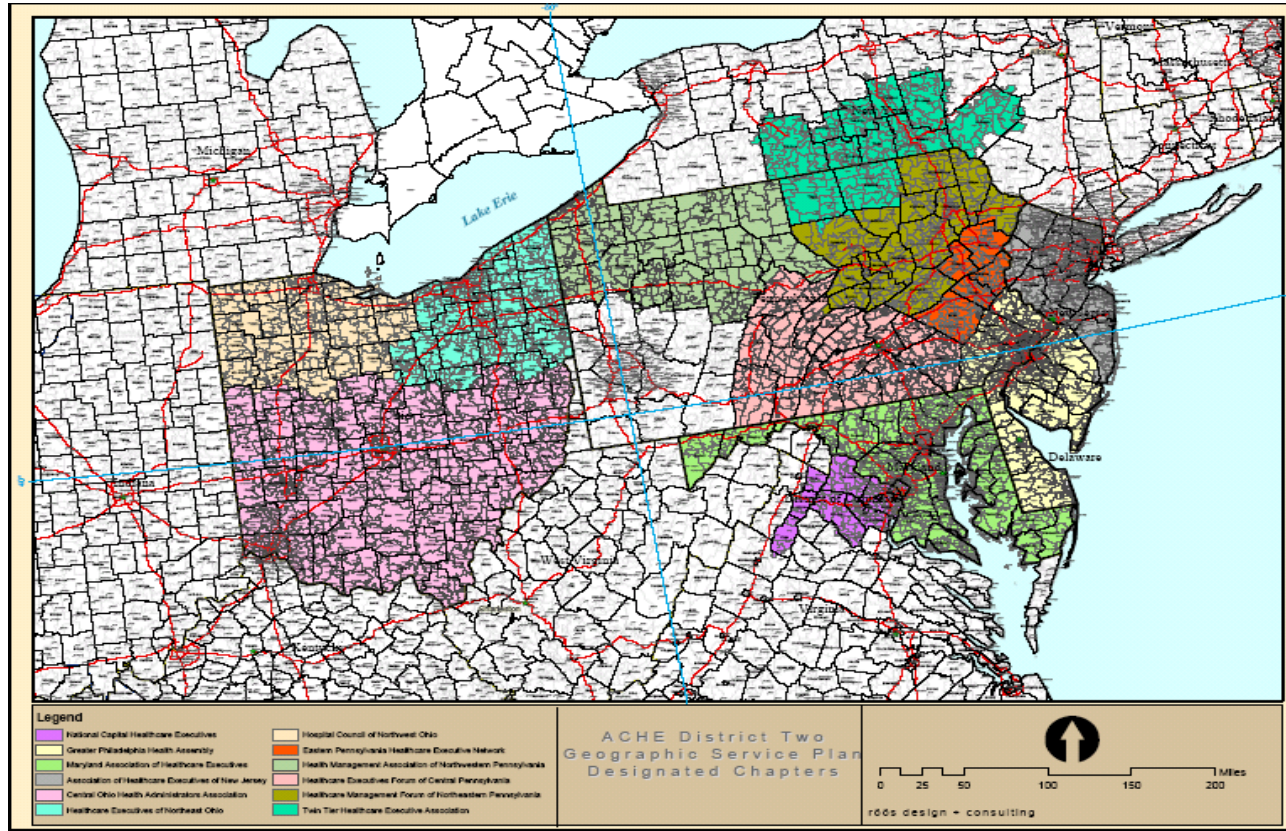




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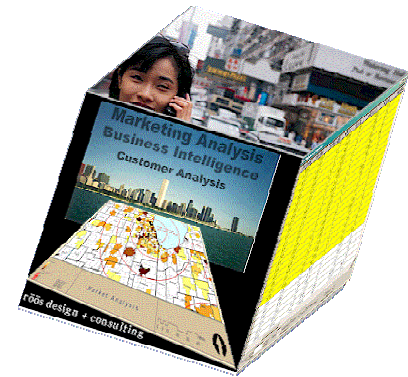


State, county level geography

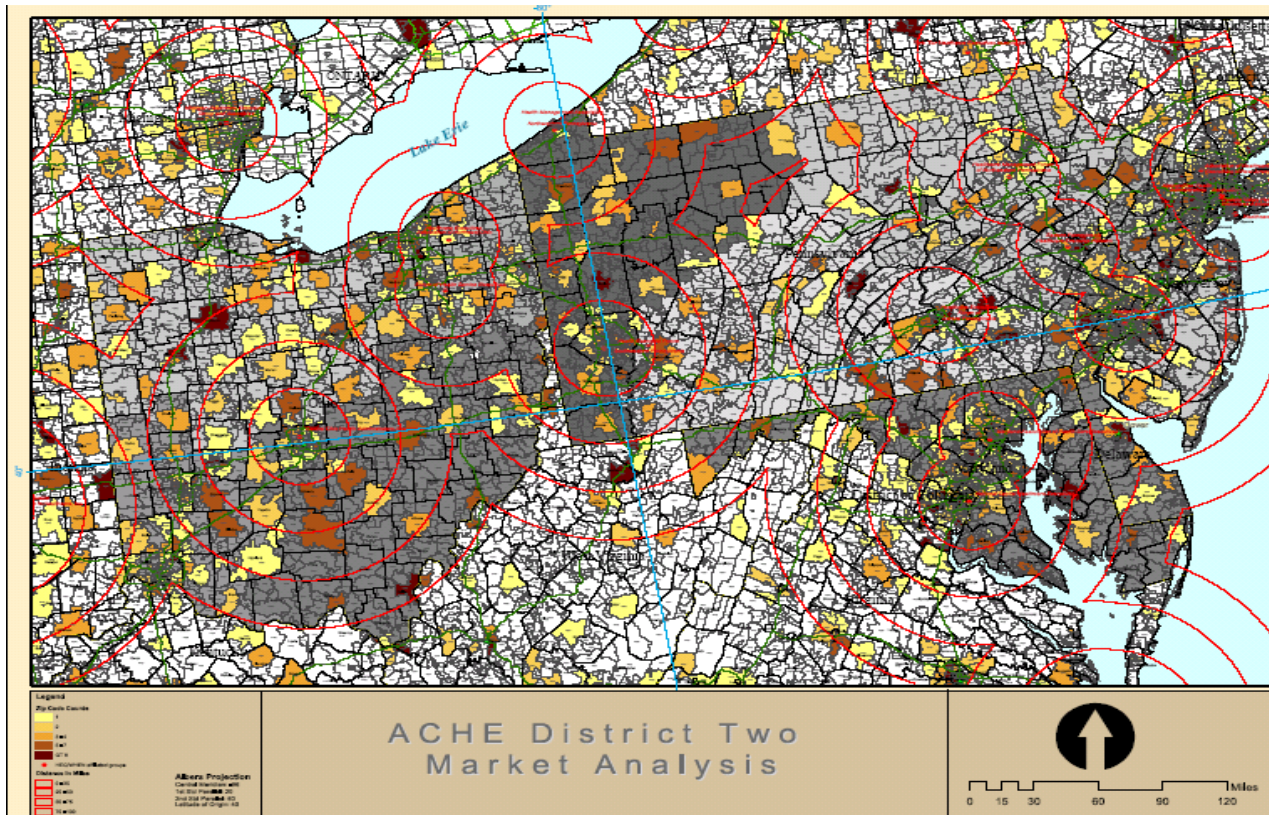




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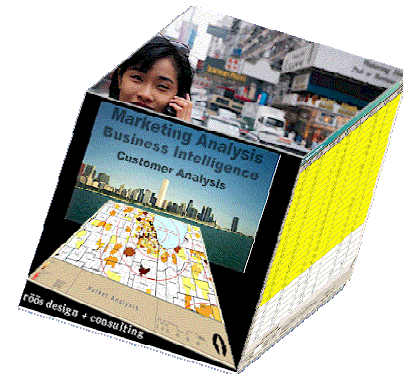


Zip code level geography





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Geographic Service Plan

District Two

August 15, 2003

Designated Chapters

Group ID	Designated Chapters	Projected Status	Affiliates (M,D,F)	Percent of District	Notes:
742791	Twin Tier Healthcare Executive Association	Chartered	19		(1)
742863	Central Ohio Health Administrator's Association	Chartered	522		
742872	Healthcare Executives of Northeast Ohio	Provisional	363		
742873	Hospital Council of Northwest Ohio	Provisional	118		
742958	Maryland Association of Health Care Executives	Chartered	582		(3)
742959	Association of Healthcare Executives of New Jersey	Chartered	557		(4)
742961	National Capital Healthcare Executives	Chartered	345		(2), (3)
742963	Greater Philadelphia Health Assembly	Chartered	635		(4)
742964	Eastern Pennsylvania Healthcare Executive Network	Provisional	101		
742965	Health Management Association of Northwestern Pennsylvania	Chartered	84		
742966	Healthcare Management Forum of Northeastern Pennsylvania	Provisional	111		
742967	Healthcare Executives Forum of Central Pennsylvania	Provisional	193		
	Subtotal		3630	94%	

Unassigned Territories by State

Assignment of these territories will be addressed by ACHE in 2004 through the development of new chapter organizations or the expansion of existing chapters.

State	State Name	Comment	Affiliates (M,D,F)	Percent of District	Notes:
PA	Pennsylvania	Partial State	235		
	Subtotal		235	6%	
	Grand Total		3865	100%	

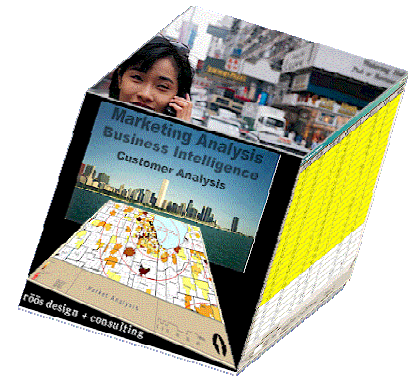
Notes:

- (1) The Twin Tier Healthcare Executive Association chapter territory also includes eight counties in New York which is in District 1. The ACHE affiliates in those counties are not included in the total shown here.
- (2) The National Capital Healthcare Executives chapter territory also includes 13 counties in Virginia which is in District 3. The ACHE affiliates in those 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 the ACHE 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 the ACHE 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.

Geographic Service Plan – District Two



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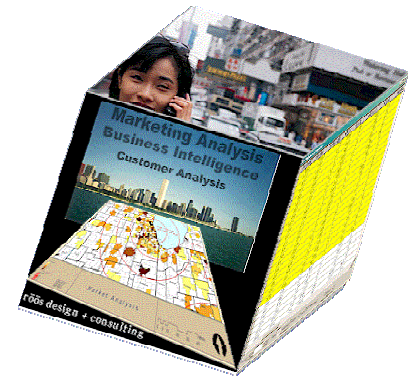


Progress Made in 2003

- 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



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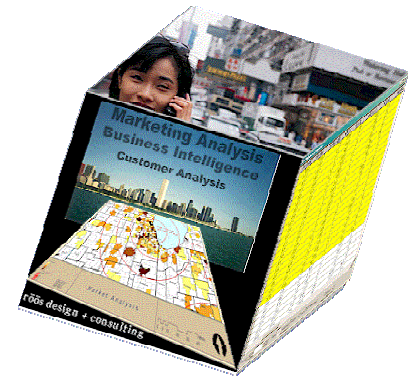


Due Diligence & Chapter Charters

- 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



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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