

Grateful Patient
Programs:
A Nationwide
Healthcare Report

Campbell & Company

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Grateful Patient Programs: A Nationwide Healthcare Report

The landscape of healthcare philanthropy continues to change rapidly. Facing challenging economic conditions, healthcare institutions have increasingly turned to philanthropy to combat declining overall revenues and help bridge a period of uncertainty with the advent of the Affordable Care Act (ACA). In particular, grateful patient programs have become a crucial source and pipeline of philanthropic revenue for many healthcare institutions. While many still view these programs as a rising trend, grateful patient fundraising is already a standard practice for many hospital foundations with comprehensive fundraising programs.

In 2008, 85 percent of the \$8.6 billion raised by healthcare institutions came from individuals.¹ In 2011, that number grew to \$8.9 billion.² Patients represented 21 percent of those individuals in 2008, and have been the only group of individuals to increase their share of giving over this time.³ This has positioned patients as the focal point of healthcare institutions' fundraising programs, motivating many hospital foundations to adopt or strengthen grateful patient programs to engage patients in philanthropy.

While many foundations have initiated grateful patient programs, some produce considerably better results than others. Why is this so?

Campbell & Company, a national fundraising and executive search consulting firm for nonprofits, surveyed and interviewed individuals in the development offices and foundations of 18 hospitals and health systems across the country to answer this question. The objectives of this process were to:

- Identify which practices produce the most robust results.
- Determine whether best practices vary across different types of institutions, including academic medical centers, large systems, children's hospitals, and community hospitals.
- Illustrate an Institutional Growth Matrix to measure institutions' progress with their program.

¹AHP Report on Giving FY2008.

²AHP Report on Giving FY2011.

³Ibid.

The results of this work underscore the challenges of large-scale coordination, including acquiring intra-institutional trust, abiding by strict hospital and HIPAA protocols, optimizing the patient experience, and cultivating prospects over the long term. Yet despite these challenges, the results also highlight the abundant opportunities that can stem from a successfully coordinated program.

Our discoveries include the following:

1. **Rounding on inpatients should be done selectively, focusing on the greatest return and improving the overall patient experience.** Our findings indicated a small return from inpatient visits with “cold” prospects; a greater return was noted for ensuring the quality of care that current prospect and major donors received.
2. **Building trust with physicians and other clinicians** and educating them on the importance and potential impact of philanthropy are critical to effectively engaging and building philanthropic relationships with patients.
3. **Direct mail is inefficient**, though when implemented, foundations should use an **“Honor Your Caregiver”** model.
4. Having a foundation staff member who is either a former physician or hospital staff member act as a **clinical liaison can nurture strong clinical staff engagement** and provide significant benefit to current and prospective donors.
5. **Fostering a culture of philanthropy** within the institution is imperative so that hospital staff understand that they too can have an impact on building relationships that lead to gifts.

Our findings and results ultimately rely on the assumption that the strategies described below are only the beginning of a relationship that may ultimately result in the solicitation of a gift. Grateful patient programs are designed to be an engine of identification and qualification of an institution’s largest constituent base. The success of these programs relies both on the specific processes we discuss here, as well as subsequent dedicated, focused and consistent relationship building, led by all fundraising staff.

Methodology

Four academic medical centers, seven large systems, three children’s hospitals, and four community hospitals from across the United States participated in the study. Some operate a number of facilities across large regions, while others serve local communities. A more detailed breakdown of financial, foundation, and other institutional statistics is provided directly below.

Institutional Statistics

Those responding on behalf of an institution participating in the study work in either the development or philanthropy departments of their institutions or for their institutions’ supporting foundations. Their positions include executive directors, vice presidents, major gift officers, prospect researchers, and related positions.

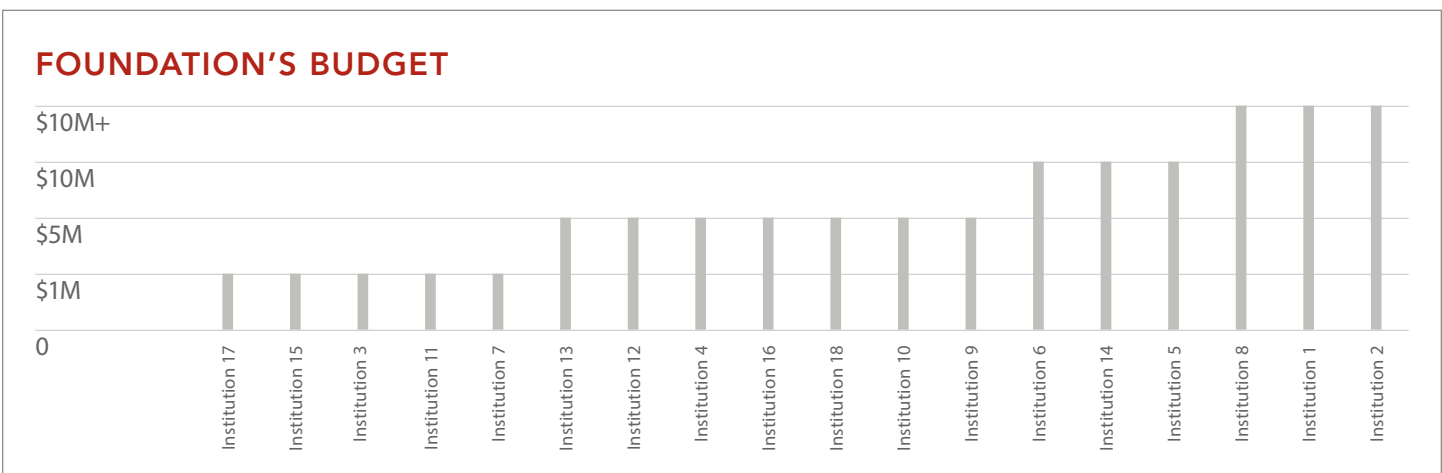
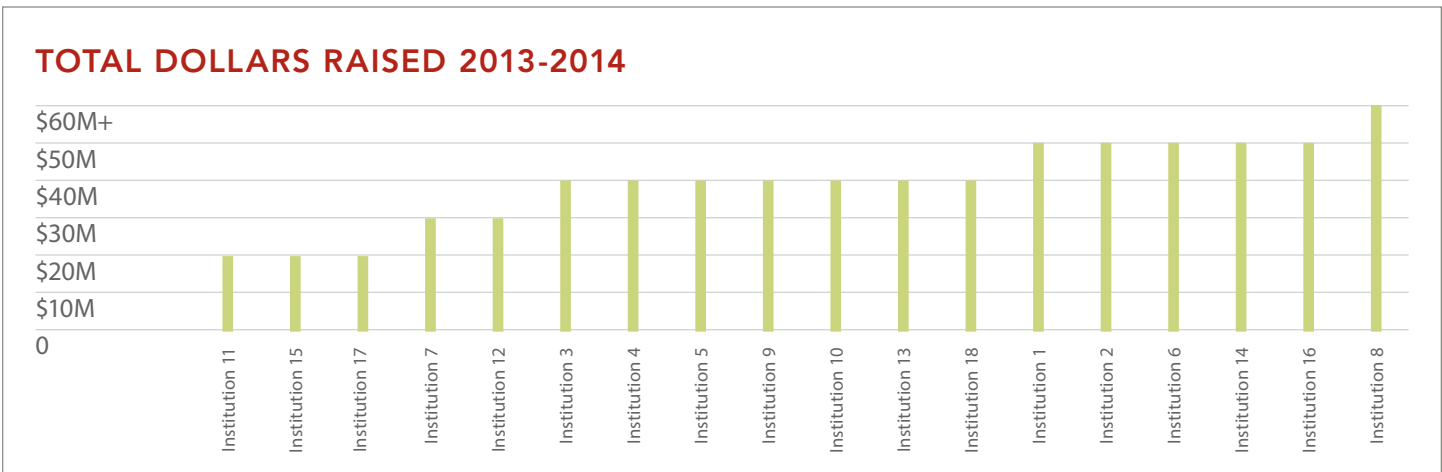
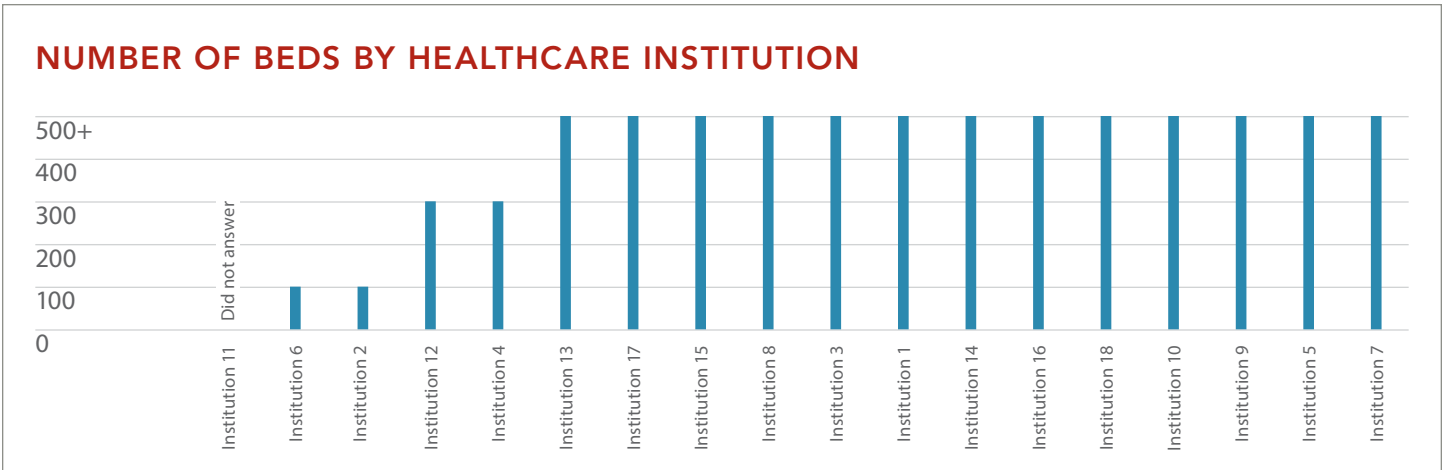
List of Participating Institutions*

Ann & Robert H. Lurie
Children’s Hospital of Chicago
Aurora Health Care
The Foundation for
Barnes-Jewish Hospital
Cadence Health Foundation
Children’s Hospital of Wisconsin
Christiana Care Health System
Einstein Healthcare Network
Foundations of MultiCare
Geisinger Health System
Methodist Health Foundation
Monmouth Medical Center /
Barnabas Health
Northwestern Memorial
Foundation
PeaceHealth Southwest
Medical Center
Rush University Medical Center
St. Elizabeth Hospital /
Affinity Health System

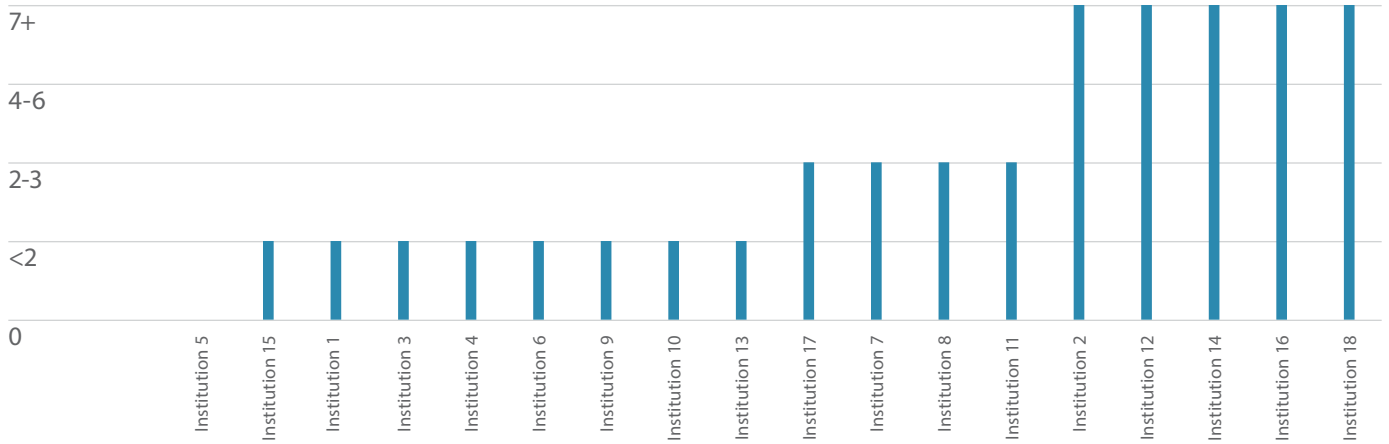
*Not all participating institutions are listed above. Some institutions did not wish to be identified in this sidebar. Participating institutions do not necessarily have a working relationship with Campbell & Company

The study consisted of two parts: a survey and a phone interview. Participants took the survey between July and August 2014 and participated in phone interviews between August and September 2014. We utilized both a survey and interview because each gave us unique information about each institution. The survey primarily supplied quantitative data, which is organized in the Aggregated Institutional Statistics section below. The phone interviews provided complementary qualitative information, including understanding how grateful patient programs at institutions were started; how data is used in these programs; how (or if) rounding occurs; and the relationship the foundation has with hospital physicians, nurses, and executive staff.

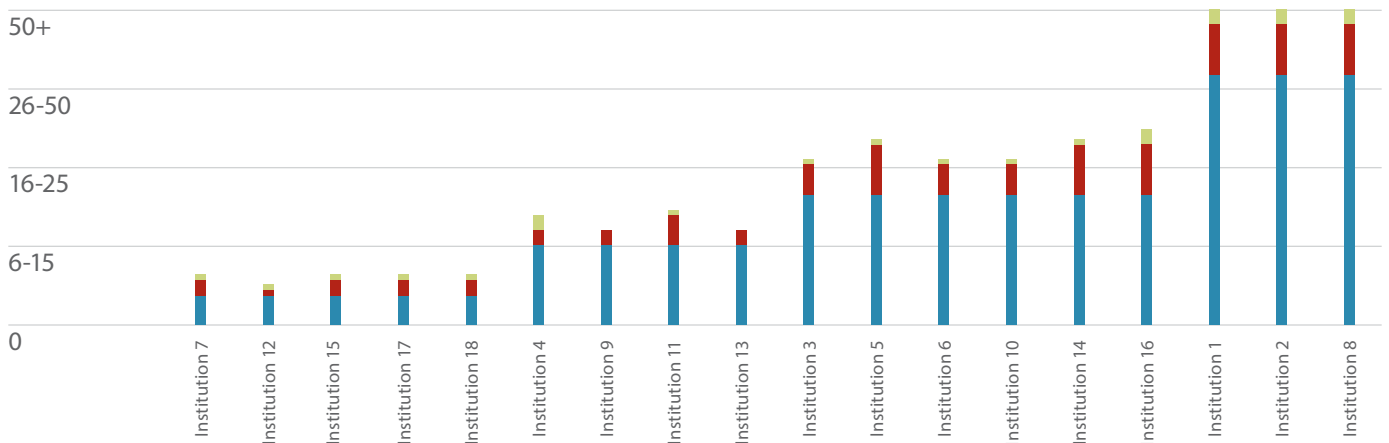
For all interviews, Campbell & Company drafted transcripts, which were subsequently sent to study participants to verify that all recorded information was correct and that their institutions were represented appropriately.



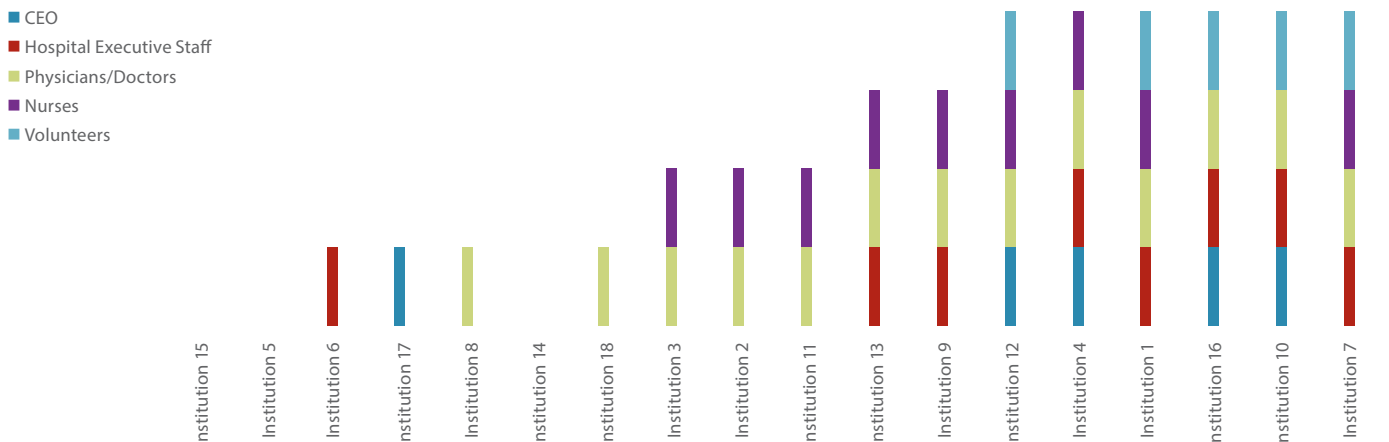
YEARS OF GRATEFUL PATIENT PROGRAM OPERATION



SIZE OF FOUNDATION STAFF



WHO IS INVOLVED IN THE PROGRAM?



The Pillars of Grateful Patient Programs

Through our research, we identified four pillars that consistently characterize grateful patient programs, each of which is briefly described in this section. In the section *Strategies for Building a Robust Grateful Patient Program*, we provide recommendations of actionable activities that foundations may take to build a robust program that aligns with these core pillars.

1. Institutional Involvement and Commitment

Without institutional commitment, efforts to start and build philanthropic relationships with patients will fail. This commitment starts at the top with the Board and the CEO of the hospital or health system and trickles down to executive leadership, physicians, nurses, other clinicians, and directors and managers within IT, marketing, risk and legal. A comprehensive grateful patient program relies on all of these partners playing a supporting, and sometimes direct, role.

2. Data Capture & Analysis

Changes in HIPAA laws over the past decade have granted fundraisers increased access to patient data. Foundations often screen basic data from the patient census to identify the giving capacity of patients in the hospital. Additionally, in March 2013, HIPAA privacy laws were modified further so that foundations now have access to a patient's treating physicians' names and the outcomes of in-hospital stays.

3. Rounding and Concierge/VIP Programs

This pillar denotes the in-hospital actions that foundation and other hospital staff take to enhance patients' in-hospital experiences. Concierge and VIP Programs provide patients extra in-hospital amenities.

4. Engagement of Physicians and Nurses

Depending on the scope of program, this engagement can run the gamut from understanding to referring to direct involvement with fundraising.

5. Follow up

This describes foundations' engagement with patients post-discharge. Follow up can include direct mail, email, phone calls, and personal visits.

Strategies for Building a Robust Grateful Patient Program

FOSTERING A CULTURE OF PHILANTHROPY

Fostering a culture of philanthropy within an institution entails working in partnership with leadership and operations to connect the impact of philanthropy to the goals of the institution's mission and vision. Fostering this culture incorporates two parts. The first stipulates that **everyone in the hospital knows how to respond and who to reach out to if a patient asks, "What can I do to give back?"** This requires a level of trust between the hospital staff and foundation staff so that when a referral is made, all involved believe that communications with patients will have a positive outcome.

In the second part, the **entire hospital staff acknowledges they are working for a nonprofit organization** where philanthropy makes a difference in the service and experience of patients. One study participant explained this idea as follows:

“When you enter the building of [other nonprofit sector facility], it is immediately understood that everyone is working for a nonprofit organization and why giving is important. In healthcare, however, it’s hard to achieve that same understanding.”

Beyond clinical care, philanthropy in healthcare institutions often serves as the “margin of excellence” that sets each institution apart. Patients want to know that the purpose of the hospital is to provide the best all-around care possible for them, and the foundation staff can help ensure this sentiment.

Below, we describe four strategies for implementation that institutions can pursue to foster a culture of philanthropy that supports strong grateful patient fundraising.

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Establish a beneficial role for fundraisers in the patient experience

It is a well-known reality that building relationships with prospective donors greatly increases their likelihood of making a gift. Thus, one of the first questions the foundation staff asks when establishing a grateful patient program is, “How can we use this program to build relationships with patients?”

One answer is for foundation staff to **round on patients in the hospital**. When deciding on whom to round, staff usually focus on only donors and individuals with a close relationship to those at the hospital or non-donor, high-net-worth individuals, regardless of whether they have an existing relationship. Our findings show that a variety of rounding practices can produce successful results. Therefore, each institution must tailor rounding practices to what suits the institution best, and often, a hybrid of both methods can be implemented. Some factors to consider include institution size, staff size, geography, cultural context, size of the donor base, and program maturity.

1. *Rounding on donors and individuals with a close relationship to the hospital.* Foundations may wish to use this method if there are often a sufficient number of prospects in the hospital who have pre-established relationships with the foundation staff, hospital executive leadership, or board members. Active review of the daily census in comparison with giving records is required to carry out this practice effectively. The practice also relies heavily on having foundation staff “on-call” and proactive involvement by the hospital leadership.
2. *Rounding on all high-net-worth individuals.* This method relies heavily on wealth screening of patient data (as described more fully in a subsequent strategy) to identify prospects. It is often pursued when foundations would otherwise not have many prospects to visit purely based on current donor relationships and referrals from the hospital executive leadership or the Board. When meeting new patient prospects for the first time, fundraisers will use a pre-determined set of talking points to initiate conversations, including encouraging patients to let them know if the foundation can help do anything to improve their stay.
3. *Hybrid rounding model.* Successful fundraising programs can also employ a hybrid of these two models. This can involve a significant reliance on the first model, supplemented by wealth screening to identify new high-net-worth prospects. In addition, depending on how the foundation wants to engage new prospects, they can either round on patients as they would donors and those with a close relationship with to the hospital or send a welcome letter to the patient introducing them to the foundation.

Another element of patient rounding includes providing patients extra in-hospital amenities, often through a program or service that caters specifically to high-net-worth patients who are donors or prospective donors to the hospital. Many foundations may refer to this as a **Concierge or VIP Program**, though other names that foundations in our study use include Benefactor Relations Service, Diplomat Program, Patient Special Services Program, and President's Society. This program or service can provide patients with amenities such as valet parking for the patient and their family members, free Wi-Fi, a complimentary newspaper, specific food requests, and more. A study participant at one hospital we interviewed recounted a story with a patient who loved animals, and the foundation was able to ensure that the patient played with a dog every day of her stay in the hospital. Programs like this have proven the most successful practice across all types of institutions to cultivate and steward patients as benefactors of the hospital.

Create a positive environment for physician and nurse engagement

Engaging physicians and nurses in the fundraising process can greatly enhance the hospital foundation's fundraising efforts. As the frontline clinicians, they interact with patients on a daily basis and can provide insight into a patient's propensity and capacity to give, providing more focus to the foundation's fundraising efforts. The best way physicians and nurses can get involved is to **train them how to respond and who to reach out to if a patient asks, "What can I do to give back?"** Developing a community of trust between clinicians and members of the hospital foundation is also vital to ensuring that such referrals are made.

This trust is best developed via two methods:

1. *Develop a role for a clinical liaison* within the foundation to build strong clinical staff engagement. Some foundations have clinical liaisons who are retired or former physicians, clinicians or administrators of the hospital and have a notable reputation amongst their colleagues. These individuals can be crucial to helping the foundation with intra-institutional outreach and getting key hospital constituents on board with the program, and they have the benefit of knowing how to navigate various hospital protocols and can draw on pre-established relationships with a number of constituents in the hospital. One study participant described the importance of having a clinical liaison as follows:

"You shouldn't even consider physician engagement if you don't have a physician in your office."

2. *Develop relationships.* Frontline fundraisers should consider developing relationships with physicians in the same way they develop relationships with donor prospects. This can be done via training sessions, rounding alongside physicians, and acquiring an office for members of the foundation in clinical spaces. Advisory councils or boards organized by service lines can also be helpful in engaging physicians.

While some physicians and nurses may be opposed to participating in fundraising, three strategies can help overcome their resistance:

1. *Begin by working with the physicians and nurses who support the grateful patient program from the beginning.* This can allow the foundation to build relationships and demonstrate success among a few supporting clinicians. In time, the participating clinicians may advocate to their colleagues that this program can also be beneficial for other patients and can address any concerns they might raise on a peer-to-peer basis, ultimately expanding the scope of the program throughout the hospital.
2. *Work with hospital executive leadership to make it required for all physicians to have training about how to refer patients to the foundation and/or meet with foundation staff.* While some physicians may still be opposed to actively participating despite training, many will not fully oppose it. A good policy when building a program is to make training and/or meeting with the foundation staff a regular occurrence and not a one-time event so that all involved are consistently reminded of the program and to be on the lookout for potential donors to the hospital.

3. *Give patients the opportunity to donate on behalf of their caregiver.* This greatly aids the development of a positive environment for physician and nurse engagement because if a patient makes such a donation, physicians and nurses can receive institutional recognition for providing quality care to their patients. This type of model is especially effective for programs that include a direct mail strategy.

Cultivate high-quality prospects instead of a high quantity of prospects

One of the greatest challenges in fundraising is deciding which prospects to pursue. Thousands of patients come through hospitals every year, and due to sheer volume, not every patient can be cultivated by a hospital foundation as a potential donor. To identify quality prospects, foundations should focus their cultivation efforts on those most interested in and capable of giving back to the hospital. We recommend pursuing the following five methods for identifying and pursuing quality prospects.

To identify quality prospects, foundations should focus their cultivation efforts on those most interested in and capable of giving back to the hospital.

1. *Wealth screening.* With changes in HIPAA laws, hospital foundations are able to receive patient data and subsequently wealth-screen that data to identify patients' approximate wealth status and history of giving. Different foundations set different wealth capacity thresholds when choosing which prospects to visit, meaning some foundations will pursue patients with the capacity to give more than \$50,000 whereas others set that threshold at \$10,000. Yet, we found that there is no particular threshold that is better than others.
2. *Pursue prospects within the high-satisfaction service lines.* Using patient satisfaction scores to identify which physicians and service lines receive the highest satisfaction ratings can be a helpful strategy for pinpointing which physicians to engage and patients to pursue as prospects. Institutions have recognized the correlation that patients of physicians with high-satisfaction ratings are more likely to give than patients of physicians with lower ratings.
3. *Physician referrals.* As mentioned earlier, engaging physicians in the fundraising process can be crucial to identifying prospective donors with a high propensity and capacity to give. Since members of the foundation often have limited time and resources, physicians can be a very valuable resource for directing foundation efforts and expediting the fundraising process by referring patients interested in making a gift to the foundation.
4. *Recommendations from the hospital executive leadership and board.* Getting hospital executive leadership and board members engaged with the program can also help identify potential donors to the hospital. In our research, we found that successful programs have board members and executive leadership refer friends or acquaintances to the foundation. These individuals can sometimes be initiated into the foundation's Concierge/VIP Program or equivalent, as well.
5. *Direct Mail.* From our research, we found that these mailings do not often produce significant results and are very time-consuming and resource-exhausting. Nonetheless, **if foundations include direct mail in their programs, we found three practices that help boost success for these initiatives:**
 - a) *Give patients the opportunity to make a donation on behalf of their caregiver.* This promotes physician and nurse engagement and compliance with the program as they can be recognized by patients for their care, and it often provides a more emotional and human connection for patients to motivate their giving.
 - b) *Use it to build a donor base and pipeline.* Foundations with small donor bases can use direct mail as a way to find new donors and incorporate them in their donor pipeline.

c) *Send service-line appeals to bolster a segment of the hospital.* In some programs, periodic appeals to patients, such as an annual appeal to those who received cardiovascular care or a Mother’s Day Appeal for breast cancer patients, are sent to the appropriate patients, asking them to share their story and make a donation to the foundation’s efforts in support of hospital initiatives to bolster the relevant service-line care. We found that this type of appeal produces much better results than a general post-discharge follow-up email or letter.

Tie Grateful Patient efforts to the institution’s mission and goals

There are three reasons why this strategy is important:

1. *To be successful, programs require the support of the hospital executive leadership and the board.* These constituents will not help the program if they do not see it as a necessary component of the hospital. Thus, foundation staff must make the case that a grateful patient program can help the institution achieve its goals.
2. *The foundation can play an important role in the patient experience.* This is how the foundation can make the case to hospital leadership that the grateful patient program is important to achieving the institution’s mission and goals.
3. *It is the responsibility of the hospital to provide patients with an opportunity to give back.* Fostering a culture of philanthropy is not just a one-way road. Since healthcare institutions provide a service to the community, it is important that they provide patients with the opportunity to give back to the hospital.

Best Practices in Children’s Hospitals

While our research hypothesis was that the best practices of grateful patient programs would vary by institution type, including academic medical centers, large systems, children’s hospitals, and community hospitals, the only difference we found was between children’s hospitals and other types of institutions. Other factors that may determine differences in best practices more distinctly are institution size, staff size, geography, cultural context, size of donor base, and program maturity.

Children’s hospitals are unique because hospital foundations cannot solicit their patients for donations due to the fact their patients are children. Instead, foundations steward the parents or guardians of patients. For this reason, **children’s hospitals should also not refer to their programs as “grateful patient programs,” but rather as Grateful Family Programs.**

While the four pillars of a program are still present in children’s hospitals, rounding and follow-up are implemented in different ways, placing the foundation an extra degree of separation away from prospective donors.

Foundation staff at children’s hospitals should know that appropriate times for rounding are only when parents or guardians are in patients’ rooms. Further, due to the extra degree of separation from the patient, **it is a best practice to only round on particular patients or families when the foundation receives recommendations from the Board or hospital executive leadership to visit a patient or family in the hospital**, rather than basing rounding on any wealth screening of parents or guardians.

Since in-hospital actions are much more limited in scope in children’s hospitals than at other institutions, **follow-up post-discharge with prospective donor families is more important as a way to cultivate parents or guardians as donors.** Follow-up involves gift officers reaching out to prospects via phone, mail, or email, or setting up face-to-face meetings with prospects outside of the hospital. We found that phone calls and face-to-face meetings were most successful.

INSTITUTIONAL GROWTH MATRIX

During our research, we noted those foundations with highly successful grateful patient programs and those with programs that were just beginning. Based on these notes, we were able to delineate the features of beginning, growing, and advanced programs. We compiled these results into the following Matrix.

Institutional Growth Matrix – Strategies for Implementation

<i>Beginning</i>	CEO and Hospital Executive Leadership Buy-in – To gain approval and support to pursue the Grateful Patient initiative
	Wealth Screening – Identifying patients’ approximate wealth status to be able to pursue prospects with a high ability to give
	Direct Mail – Soliciting donations from patients in annual appeals and/or post-discharge
<i>Growing</i>	Rounding Capability – Gift officers round on specific patients using wealth screening metrics and ask them if there is anything the foundation can do to enhance their stay
	CEO and Hospital Executive Leadership Proactive Involvement – To assist the prospect stewardship process by participating in rounding on patients, making referrals to the foundation, and other stewardship activities
	Minimal Physician and Nurse Involvement – Some physicians and nurses or some service lines have received training on how to respond and who to reach out to if a potential donor asks, “What can I do to give back?,” and sometimes make referrals to the foundation
<i>Advanced</i>	Concierge/VIP Program – A program that caters specifically to high net worth donors and prospective donors to the hospital and provides extra in-hospital amenities
	Clinical Liaison – A retired physician who works in the foundation and can help navigate various hospital protocols and recruit various hospital constituents including physicians, nurses, and hospital executive leadership, to get involved in the active sustainment and development of the program
	Substantial Physician and Nurse Involvement – All or most physicians and nurses have received training on how to respond and who to reach out to if a potential donor asks, “What can I do to give back?,” and frequently make referrals to the foundation
	Board Involvement – To assist the prospect stewardship process by participating in rounding on patients, making referrals to the foundation, and other stewardship activities

Conclusion

Intentionally identifying and qualifying patients is and will continue to be a hallmark of mature healthcare fundraising programs. What are the processes and initiatives you can begin today to ensure you're most effectively engaging your patient base as potential donors?

Begin a program of physician engagement today. Add physicians to relationship manager or gift officer portfolios, review their patient lists with them, ask them how they would like to and are willing to be engaged in the fundraising process. Think about how philanthropy might positively benefit their work.

Determine a strategy for identifying and potentially visiting donors and high-net worth prospects when they are utilizing your institution's facilities. Leverage your data. Most helpful is a report that lists patients, their wealth and giving capacity, and previous giving history.

Create a measurable process for next steps. Now that you have identified and qualified a patient who seems interested and philanthropically capable – it's time to take the next step. Are they assigned to a gift officer? Do they receive a call or survey? The higher and more personal the touch, the better.

The science of grateful patient fundraising is still evolving.

If you are interested in learning more about this study or want to consider joining our grateful patient cohort, please contact Adam Wilhelm at adam.wilhelm@campbellcompany.com. Our cohort will continue to explore the most efficient and effective ways to build engagement with current and former patients that lead to gifts. We welcome your participation.

ABOUT THE CAMPBELL & COMPANY HEALTHCARE PRACTICE

The Campbell & Company Healthcare Team are experts in healthcare philanthropy and staff management. We understand the context in which healthcare organizations operate, and create a structure and process within that context, tailored to your community, that allows philanthropy to grow. For 38 years, we have helped hundreds of healthcare institutions succeed in growing and sustaining their programs.

Campbell & Company maintains offices in Chicago, Los Angeles, Portland, the San Francisco Bay Area, Seattle and Washington, DC. For more information, visit www.campbellcompany.com.

APPENDIX

