Your Rx for success:
Physicians as Philanthropic Partners in Community Hospital Foundations

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Incredibly positive attributes of your physicians...
...a backdrop of challenging issues, perspectives...

PLUS
...the right strategies for authentically engaging...
...a prescription for successful physician involvement in your campaign
Positive attributes...

- Ambassadors/champions
- Credible experts/have the moral authority
- Link patient to hospital
- Donors
- Cultivation/solicitation/stewardship
- Patient/prospect ID
- Influencers
Unique opportunities

- Physicians as donors – Viewing Fdn/development staff as sources of help/revenue
- Fund areas of interest
- Inspire donor and community confidence
- Populate your pipeline
...Unique opportunities

- Help secure larger donor gifts
- Reinforce ‘Culture of Philanthropy’
- Promote ‘good news’ and profile
- Providing visible leadership
Challenging issues...

- Mistrust, lack of engagement with hospital admin
- Level of input into future direction of Hospital
- Low morale among physicians
- Heightened expectation to be ‘big’ donors
- Lack of connection: ‘THE Hospital vs. MY Hospital’
Challenging issues...

- Foundation can become mediator between physicians & hospital
- Sense that government should ‘pay for everything’
- Billing issues with MOH
- Feeling underappreciated: internally & externally
First, what doesn’t work...

• Assuming alignment… *i.e. that all Doctors:*
  – Will speak positively about the Hospital
  – Understand the need for philanthropy
  – Understand and endorse the current case for support
First, what doesn’t work…

- Assuming commitment…*i.e.* that all Doctors:
  - Will give simply because it’s their ‘duty’
  - Will make big gifts
  - Will successfully solicit other doctors
  - Will identify wealthy patients
Second, what also doesn’t work

- Presentations to departments as the complete strategy
- “Just In Time” cultivation and solicitation
- Not laying the ground work prior to solicitation
- Arbitrary financial and participation goals with no physician ownership (lacks IKEA effect)
- Lack of rigour in planning and follow-up
- Over promising
- ‘Guilt Trip’ from Foundation/Campaign volunteers
...because this will be result

- No participation in special events
- Lack of involvement in hospital activities
- Uniformed about activities etc.
- Negative ambassadors for the hospital & foundation
- Disappointing financial and non-financial results
Key success factors

1. Enlistment of opinion leaders/influencers
2. Treat physicians as ‘special donors’
3. Position the case to benefit them
4. Promote unique engagement opportunities
5. Plan and Follow-up
Key success factors

1. Enlistment of opinion leaders/influencers
   – Champions are essential
   – Well-liked, respected
   – See the ‘big picture’ vs. their own area
Key success factors

2. Treat physicians as ‘special donors’
   – Designate gifts (if requested)
   – Need cultivation – one-to-one/group
   – Interest in their area vs. ‘the campaign’
   – Thank you – publicly & individually
Key success factors

3. Position the case to benefit them
   – Back to patient care
   – Fostering excellence and innovation
   – Better healthcare for our community
   – Designate to your area (if desired)
   – Fundraising is a Hospital priority
Key success factors

4. Promote unique engagement opportunities
   – Doc Talks, Vision Breakfasts, Dinners with Docs
   – Experiential hospital tours
   – Showcase their expertise and knowledge
   – Interaction with senior volunteers and donors
   – Position as an opportunity vs. a duty
Key success factors

5. Plan and Follow-up
   – Planning and Rigorous structured follow-up
   – Ownership at Foundation Staff level
   – Committee Structure
   – Ongoing Coaching
   – Strategic Communications
Case study 1

- 100% physician participation achieved (3 times)
- Good relationship: hospital administration and physicians is critical
- Physicians on key hospital committees
- Enlist help of hospital CEO
- Recruit highly regarded physicians to lead
Case study 1

• Ensure gifts can be directed to particular area or department
• Promote excellence: direct impact of gift
• Donor recognition not at forefront of giving
• Make them feel great about their role
• Timing: 2 years
Case study 2

- 100% physician participation achieved (twice)
- Participation highlighted vs. financial objective
- Well-liked and respected physician leaders needed
- Pride in 100% participation fostered and promoted
- Recognition in Toronto Life magazine
- Significant preparation and effort: department presentations, education materials, etc.
Case study 2

- Make giving easy and convenient
- Need to build trust factor with Foundation
- Communications: direct mail, email blasts
- Gifts largely not designated to any area
- Fun with friendly challenge between departments
- Timing = 8-9 months
Case study 3

- First formalized physician campaign
- Financial objective highlighted vs. participation
- Relationship between admin and physicians was strained
- Prep time of 12 – 18 months to focus on building relationship between doctors and Hospital admin
- Recruited physician leader to both Foundation Board and Campaign Cabinet in advance of launching campaign
- Recruited influential physician leaders to mini-cabinet for physician campaign
- Gifts not designated to area – only campaign as a whole
Case study 3

• Making giving as easy as possible – stock donations, monthly direct debits, quarterly payments etc.
• Emphasized tax benefits to giving
• Donor recognition very important, and promoted
• Physicians have partnered with each other to make solicitations (majority are peer to peer)
• Department presentations made prior to face-to-face solicitations
• Foundation playing a supportive role
• Solicitation period – 8 – 12 months
More real world examples

- Oakville HF: “Doc Talks”\”Dinners with Docs”
- Markham Stouffville HF: $1M gift through patient identification
- William Osler HSF:$1M gift through patient identification
- Lions Gate HF: physician gift matching challenge
- London HSF: physicians as case cabinet Co-Chairs
- QEII HSCF: “Operation QEII”
- Members of the Foundation Board
- Invitations to campaign cabinet meetings/tours, etc. as inspiring content experts
- Promoting excellence & innovation
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LIONS GATE HOSPITAL FOUNDATION

Dr. Philip Cohen  
Clinical Director  
LGH Nuclear Medicine Dept.

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What Does Work

• Specific designation of gift to their area
• Consider collective departmental gifts
• “Everything Counts” – all support equals campaign support
• Engage through participation in experiential cultivation with other donors
• Get a Physician Ambassador/Champion to lead the cause
• Highlight hospital senior administration giving and its support of philanthropy
Prescription for success

1. Understand the positive potential of Doctors
2. Do not take Doctors for granted
3. Focus key success factors
4. Build, deepen, enhance your culture of giving
Prescription for success

1. Understand the positive potential of Doctors
   - Doctors can be amongst your most valuable ambassadors, volunteers, donors and connectors
   - Community equates doctors with the hospital: intertwined relationship
2. Do not take Doctors for granted
   – Cannot assume that Doctors are aligned and committed without you helping them get there
   – Ask for advice and treat like other key donors
   – Provide donor/departmental collective recognition
   – Thank them and make them feel valued
Prescription for success

3. Focus key success factors
   – Enlistment of opinion leaders/influencers
   – Position the case to benefit them
   – Promote unique engagement opportunities
   – Plan and Follow-up
Prescription for success

4. Build, deepen, enhance your culture of giving
   – Donor Centred fundraising
   – Individual philanthropy & departmental giving
   – Recognition of physicians giving and participation
   – Celebrate success
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