

Changing culture to promote philanthropy

The University of Rochester's 'Philanthropy Champions' become advocates for a sustained approach to grateful patient fundraising

At the University of Rochester Medical Center (URMC), we had tried various “grateful patient” fundraising efforts since 2007, but we lacked a formal, disciplined program headed by a dedicated staff member. All that changed in July 2015, when we established our Patient and Family Giving Department (headed by Elizabeth Dollhopf-Brown) and built a sustainable “Philanthropy Champions” program in which physicians, nurses, dentists and other health professionals become philanthropy advocates.



Our overall goal: to change our culture so that valuing and promoting philanthropy becomes the norm for executives and caregivers throughout our health system.

“What will be different?”

URMC is an integrated academic medical center made up of The School of Medicine and Dentistry, School of Nursing, Strong Memorial Hospital, Golisano Children’s Hospital, Wilmot Cancer Institute and other affiliated institutions. URMC treats

more than 600,000 patients annually. Our advancement team comprises 60 people, some based at the academic medical center and others staffing the affiliates’ foundations.

Our first step in establishing a grateful patient fundraising program was to ask ourselves, “What will be different from past attempts at increasing patient giving and physician involvement in philanthropy?” We had already tried many things, including supplying physicians with “prescription pads” for referring patients to advancement,



We found that “one-off” training of caregivers had demonstrably less impact than 1:1 coaching models in which individual caregivers were engaged over time with advancement professionals.

hosting seminars with role-playing and video testimonials, and establishing ad hoc partnerships with physicians. By 2008 we had developed an excellent patient database—called the Medical Advancement System (MAS)—but the coding and tracking were so undisciplined that we couldn’t quantify results or accurately assess the pipeline.

So what did we do?

- **We began with clean data and good reporting.** Over the course of 18 months we reviewed and updated the patient data; determined which reports we wanted to obtain to show the results of our efforts; and established a disciplined process for tracking and coding patient prospects, referrals and gifts.
- **We looked for other successful programs.** We attended an intensive training program at the Johns Hopkins Medicine Philanthropy Institute and researched approaches other institutions were using for grateful patient fundraising. We found that “one-off” training of caregivers had demonstrably less impact than 1:1 coaching models in which

individual caregivers were engaged over time with advancement professionals. We concluded that a formal program that included a partnership between caregivers and advancement professionals as well as training and coaching would yield the best results.

- **We engaged a leading fundraising consulting firm.**

After interviewing four different candidates we selected Marts & Lundy. What most won us over was the firm’s willingness to work with us in a flexible way and let us try our own ideas. Its role was to guide us during the first year of the program, set the schedule, lead the general learning sessions and participate in individual coaching.

First cohort launched in 2016

Our dean and chief executive officer, Mark Taubman, M.D., suggested the name “Philanthropy Champions” for our program, which we rolled out in March 2016. He invited our inaugural cohort of 19 caregivers, mostly department chairs and highly regarded leaders, to a special kick-off dinner and “Advancement 101” session, which was also attended by the university’s chief advancement officer and the 13 gift officers who would be assigned



The role of “advancement partners”

The major gift officers—called advancement partners—assigned to each Champion play a critical ongoing role in moving Champions from the theory of grateful patient fundraising into practice. Typically, each advancement partner works with no more than three Champions at a time and handles these responsibilities:

- Attend each training session with the Champion and meet regularly to build mutual trust and understanding.
- Receive referrals of patient names from the Champion and seek guidance on the best way to engage those patients.
- Contact referred patients and set up personal visits to ascertain their philanthropic capacity and inclinations.

to the Champions as “advancement partners” (see sidebar).

The key role of a Philanthropy Champion is to alert advancement staff to potential patient prospects. During our two-hour kick-off session, which included dinner at a popular club off campus, we covered the following topics:

- Overview of the donor giving cycle and the Champion’s role during each stage.
- What the fundraising process looks like.
- How to recognize philanthropic interest.
- Working with the advancement partners.
- Making referrals to advancement.
- Participating in early prospect conversations.
- What to know about patient donor privacy, confidentiality and the Health Insurance Portability and Accountability Act (HIPAA).

Over the next eight months we presented three additional training sessions, a panel discussion with patient donors, a role-play session to help Champions learn to engage patients comfortably and monthly individual and team coaching sessions. The three major training sessions—roughly one every other month—covered the topics below and involved discussion, demonstration and practice of specific skills.

1. **Engaging with donors and developing partnerships**—What to listen for when talking with a patient and how to respond to comments such as, “I wish there were something I could do to thank you.”
2. **Articulating your case**—How to talk about your research or projects in ways a lay audience can

relate to and how to adapt your case to various audiences.

3. **Securing gifts and stewarding relationships**—What Champions’ roles in cultivating donors are, how to work with families and multiple generations and how to recognize signs of interest in additional giving.

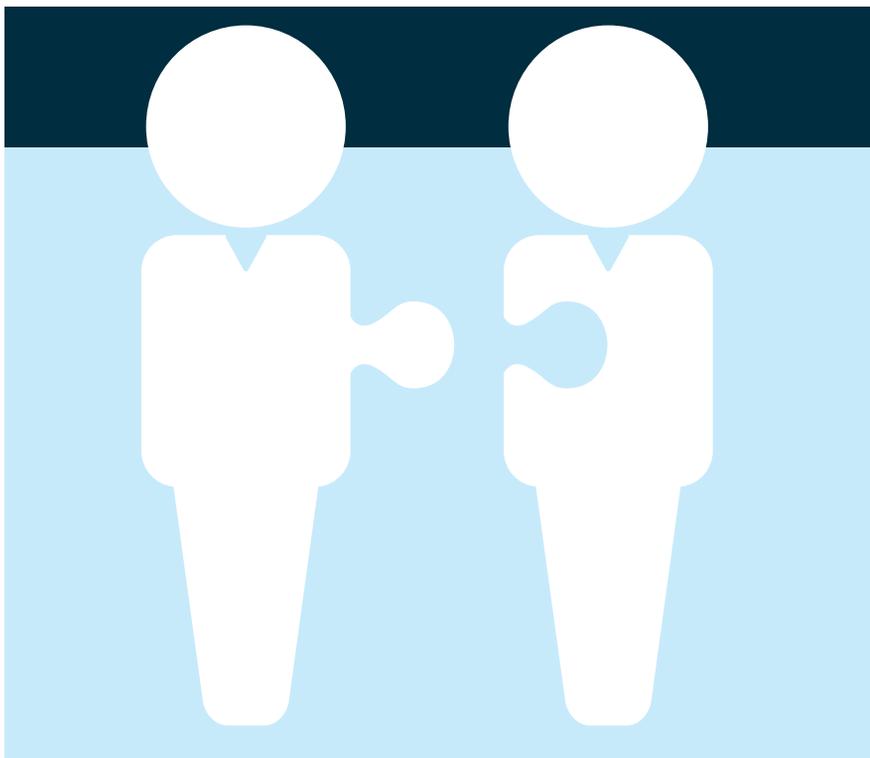
Guiding principles

We understood from the start that the program must mirror the values of the institution. This grounding not only is the proper and humane way to approach patient philanthropy, it also gives the program greater credibility. In addition, we emphasized that ethical and legal considerations are paramount. University Advancement works closely with the URM C Compliance Office

to receive, safeguard and manage patient data, and we strictly adhere to federal regulations. Everyone on our advancement team must receive annual HIPAA training that is audited by URM C compliance.

As we developed the program, we stressed to leadership four important principles that would be part of its fabric.

1. **Patients come first.** Patient care and comfort are fundamental. The referral process must honor caregivers’ deep knowledge of their patients, and caregivers should never feel compelled to engage in activities that make them uncomfortable. In keeping with the patient-centered biopsychosocial model of medicine first articulated at URM C—which focuses on the interaction of biological,





One of our Champions said, “This is part of continual improvement. Most of us aren’t good at it. We all have skill sets we can build.”

psychological and social factors in disease and its treatment—philanthropy can complement the healing process by providing patients and families an avenue to express gratitude or grief. Even so, nothing should compromise the caregiver–patient relationship, caregiver efficacy or treatment itself. We seek to instill our fundraising efforts with the same commitment to patients for which

URMC medical professionals are known.

2. **Three key skills for every Champion.** These skills, covered in the three training sessions that follow the kick-off (described above), boil down to understanding what to listen for, what to say and what to do. We received many comments from physicians, nurses and dentists indicating that—although they

are highly educated, skilled and practiced in difficult, heartfelt conversations with patients and their families—they had little grounding for how to approach conversations about gratitude and giving. One of our Champions said, “This is part of continual improvement. Most of us aren’t good at it. We all have skill sets we can build.” They welcomed a deeper understanding of the personal dynamics of each situation and were eager to learn and practice new communication techniques.

3. **Individualized approach.** Our analysis of best practices in working with providers for grateful patient fundraising found that individualized approaches are most effective. For example, a randomized, controlled trial at Johns Hopkins showed that physicians with individualized coaching in fundraising raised nearly \$220,000 over three months, compared with a group of 32 physicians who received less intense training.¹ We provide training and opportunities that are differentiated according to professional role and comfort level. We try to meet Champions where they are: Have they worked with donors before? Are they afraid that becoming involved in philanthropy is unethical? We make sure that Champions achieve comfort with fundamental skills before advancing to deeper engagement. By offering one-on-one and small-group strategy sessions for Champions and advancement partners, we provide the opportunity to discuss specific prospects, processes or questions



Recruiting the right people

Changing our culture at URMC so physicians, nurses and other caregivers recognize when patients and families wish to express gratitude through giving—and can respond in a way that opens the door to philanthropy—means having the right people on board from the start. Research indicated that we should look for Philanthropy Champions who²:

1. Are recognized leaders respected by peers and institutional leaders.
2. Are open to talking to the advancement team and may see positives for themselves in partnering.
3. Serve a patient population with financial resources or qualities correlated with giving.
4. Work in an area of strategic importance to the institution so that giving opportunities align well with the institution’s direction and have lasting impact.



while reinforcing content from general training sessions.

4. **Data and analysis are essential.**

Our Champions are clinicians and scientists who have been trained to make evidence-based decisions, so we knew our program must involve solid data and clear analysis of our activity and outcomes. Data collection and tracking allows us to measure our activity, evaluate new approaches (hypotheses) and make informed strategic decisions. The dashboard we created, which is shared monthly with URM and advancement leadership, shows five years of activity and goals for eight metrics:

- Number of patients contacted.
- Number of patients visited.
- Number of new patient prospects identified.
- Number of major gifts solicited.
- Number of Philanthropy Champions.

Our Champions have helped us raise more than \$4 million by referring patients or participating in the gift process with patient donors.

- Number of caregiver referrals.
- Medical center dollars raised from patient prospects.
- Number of patient donors.

Our Medical Advancement System accommodates tracking HIPAA-allowed medical interactions of current donors and potential prospects as well as patient referrals, contacts, appeals prior to qualification and other advancement activities. Coupled with our advancement database, MAS allows us to

track a patient’s relationship with us from first medical visit to eventual gift. Thanks to rigorous coding, we can delineate donors who first gave because of their patient experience versus other categories, such as university alumni or parents.

We also carefully track how patient prospects enter and progress through the donor cycle and the outcomes achieved, regularly reviewing, auditing and analyzing our information to identify trends, inform strategy and report on activity and progress. We developed a detailed data audit process to ensure we catch errors and gaps early and can work with gift officers and staff to make updates.

Results and lessons

We launched our second cohort in September 2017, with 10 participants. As of this writing, the third is being planned, with a target number of 35 participants. As we move forward, we expect to bring on roughly 35 new Champions each year.

Table 1 lists the results from the first two years. Some significant improvements since 2015 include:

- Referrals to advancement from caregivers increased 10-fold.

Table 1. Results of Philanthropy Champions program—first two years

	FY2015	FY2016*	FY2017
Number of Philanthropy Champions	0	19	28
Number of new patient prospects	125	316	405
Number of patient referrals from caregivers	33	288	326
Number of major gifts solicited	22	29	46
Dollars raised	\$5.38 million	\$5.08 million	\$8.2 million
Number of donors	274	385	509

*First year of Philanthropy Champions program.

- Dollars raised from patients increased 50 percent.
- More than three times as many patient prospects were identified compared to 2015.

In addition, since March 2016, our Champions have helped us raise more than \$4 million by referring patients or participating in the gift process with patient donors.

One key lesson we learned is that participants truly appreciate the cohort approach. We ask our best health professionals to take part—and they know each other by reputation—but they are so busy, they rarely get a chance to meet in person. When we invite people to the program and they learn who is in their cohort, they often say things like, “I’ll go because I love Dr. (So-and-so) and it will be so great to see him.” Other important lessons to keep in mind:

- **Flexibility is important.** Because our Champions are so busy, we do our best to make the program fit their schedule, including planning early-morning breakfasts or evening sessions with dinner at the medical center so they don’t have to leave the building. We streamlined the program from our original plan, which called for more sessions and a fairly rigid individual schedule for each Champion. From their feedback we also learned that an academic year calendar, with all sessions laid out in advance, will increase attendance.
- **A sustained commitment from leadership is critical.** To make this program part of the culture, not just a technique of

the moment, we need ongoing institutional support—and are grateful to have it.

- **The “multiplier effect” magnifies the program’s power.** Department chairs in the first cohort wanted us to educate their staff about the three skills and other program aspects. Whether talking with the Department of Surgery, the School of Nursing or basic scientists, our core message was the same, and we were able to spread our message far beyond our Champions.

Looking ahead

The first year of the Philanthropy Champions program involved a great deal of on-the-go improvisation. As we shaped the elements and determined what worked best, we recognized the program’s huge potential and realized we needed a road map. Now we have a three-year strategic plan that establishes the program’s hallmarks and sets targets for annual cohorts, new audiences and a curriculum that will engage “graduates” of the program so they remain involved as Philanthropy Champions.

For others interested in launching a similar program, whether at a large medical center or a community institution, our advice is: Start somewhere. Try things and see what works. You won’t get everything right immediately. We certainly didn’t. Start with solid data and processes to measure results, and think about how to engage participants over a long period, rather than a “one and done” effort.

Aim for a program that takes root and grows, as ours has.

Driving our institution to a stronger culture of philanthropy has not been easy but is paying dividends beyond our expectations. 

References

1. Rum, S., and S.M. Wright. 2012. A randomized trial to evaluate methodologies for engaging academic physicians in grateful patient fundraising. *Acad Med.* 87(1): 55–9.
2. Philanthropy Leadership Council. 2015. *Philanthropy-Physician Partnership Toolkit*. Washington, DC: The Advisory Board Company.



Elizabeth Dollhopf-Brown is assistant vice president for patient and family giving at the University of Rochester. She manages grateful patient fundraising and oversees fundraising for the University of Rochester Medical Center hospitals and affiliates.



Frank Interlichia joined Marts & Lundy as senior consultant in 2017 with more than 30 years of experience building and leading health care and university development programs. He was previously senior associate vice president and chief advancement officer at the University of Rochester Medical Center.



Jon Sussman is senior associate director of advancement at the University of Rochester. He previously served at the Fund for Johns Hopkins Medicine and is a past AHP Madison Institute scholarship recipient.