Philanthropy and Physician Engagement: The Focused Approach

Part 1 of our series on productive physician-philanthropy partnerships
Elevating Philanthropy’s Strategic Value

Providing 360° Value

Clinicians

Foundation

Executives

Donors

Source: Philanthropy Leadership Council interviews and analysis.
A New Mandate for Physician Alliance

Regulation, Relationship, and Care Model Evolutions Change Dynamics

Forces Driving Renewed Focus on Physician-Philanthropy Partnership

- Cross-continuum patient fundraising
- Evolving funding priorities
- New clinical care roles
- Increased physician and practice affiliation or employment
- Permission of patients’ physician identification in HIPAA updates
- Physician involvement in strategic planning
- Baseline culture of philanthropy across institution

Source: Philanthropy Leadership Council interviews and analysis.
Road Map

1. Understanding Today’s Physician Mindset

2. Clarifying Our Terms

3. The Focused Approach to Physician Engagement
Not Yesterday’s CMO

Emerging Priorities Crowding Out Traditional Responsibilities

Expanding CMO Responsibilities

Traditional Responsibilities

- Credentialing
- Medical staff liaison
- Quality improvement
- Peer review
- CME
- Utilization review
- Reviewing payer contracts
- Program growth and development
- Budgeting

Emerging Responsibilities

- Enterprise quality strategy, efforts
- Population health management
- Adapting to new reimbursement models
- Enterprise physician performance management
- Leveraging data, IT to inflect outcomes
- Chronic disease management
- Cultivating next generation physician leaders
- System clinical standardization
- Integrating cost implications into clinical decision-making

Source: Physician Executive Council interviews and analysis

1) Continuing medical education.
Physician Leadership Structure Evolving

Responsibilities Spread Across Expanded Senior Physician Team

CMOs Seeking to Offload Responsibilities to Other Leaders

1) Based on the survey question, “Please indicate the extent to which you agree with the statement: I am seeking ways to delegate some of my traditional responsibilities to other clinical leaders in order to prioritize my most strategic responsibilities.”

Graphic includes responses of strongly agree, agree, and tend to agree.

Emerging Physician Executive Positions

Source: 2012 Physician Executive Survey; Philanthropy Executive Council interviews and analysis.
Understanding the Mixed Medical Staff

Partnership Strategy, Goals Vary by Physician-Institution Relationship

Setting Relationship-Based Goals

Independent
Alignment
Support shared business interests by generating profitable volumes

Employed
Engagement
Expend discretionary effort to advance organizational strategy

Source: Advisory Board Survey Solutions, Physician Engagement Initiative.
Physicians Increasingly Seeking Employment

Driven by Economics, Lifestyle, Not Partnership Opportunity

Medical Group Ownership

- 69% in 2005 to 58% in 2010 (Physician Owned)
- 26% in 2005 to 39% in 2010 (Hospital Owned)

Top Reasons Physicians Seek Employment

1. Economic and reimbursement concerns
2. Quality of life motivations

Increase in physicians employed by hospitals since 2000: 75%
Hospitals reporting increase in physician employment requests: 70%

### An Opportunity to Get on Physicians’ Agendas

<table>
<thead>
<tr>
<th>Top Alignment Drivers for Independents¹</th>
<th>Top Engagement Drivers for Economic Affiliates²</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am interested in physician leadership opportunities at this organization</td>
<td>1. I would recommend this organization to a friend or relative to receive care</td>
</tr>
<tr>
<td>2. The organization provides excellent clinical care to patients</td>
<td>2. The actions of this organization’s executive team reflect the goals and priorities of participating clinicians</td>
</tr>
<tr>
<td>3. I view this organization as a strategic partner in navigating the changing healthcare landscape</td>
<td>3. This organization provides excellent clinical care to patients</td>
</tr>
<tr>
<td>4. I have a high degree of confidence in this organization’s medical staff</td>
<td>4. I am interested in physician leadership opportunities at this organization</td>
</tr>
<tr>
<td>5. This organization accepts the insurance most commonly used by my patients</td>
<td>5. This organization is open and responsive to my input</td>
</tr>
</tbody>
</table>

¹ Determined by multivariate regression analysis of 21 alignment drivers.
² Determined by multivariate regression analysis of 28 engagement drivers.

Road Map

1. Understanding Today’s Physician Mindset
2. Clarifying Our Terms
3. The Focused Approach to Physician Engagement
Key Distinction #1

**Physician Donors vs. Physician Partners**

Waiting for Signal Gifts Hinders Partnership Development

<table>
<thead>
<tr>
<th><strong>Physician Donor</strong></th>
<th><strong>Physician Partner</strong></th>
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<tbody>
<tr>
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</table>

- Asked to make a gift, to signal institution and philanthropy support
- Focus on numbers of physician donors, not depth of philanthropy relationship
- Not cultivated or taught how else to assist philanthropy

- Taught the value and impact of philanthropy, asked to assist in donor, peer cultivation
- Focus on depth of individual physician relationships, roles as allies
- Personal gifts may result

Source: Philanthropy Leadership Council interviews and analysis.
# Champions vs. Allies

## Champions Lead Allies in Action

<table>
<thead>
<tr>
<th></th>
<th>Physician Champion</th>
<th>Physician Ally</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level of Commitment</strong></td>
<td>Philanthropy always top of mind</td>
<td>Philanthropy on their minds at key moments</td>
</tr>
<tr>
<td><strong>Desired Characteristics</strong></td>
<td>Well-respected physician leader who understands value of philanthropy</td>
<td>Physicians in funding priority service lines and with qualified patient prospects</td>
</tr>
<tr>
<td><strong>Primary Fundraising Role</strong></td>
<td>Serves as an advocate for philanthropy to peer clinicians, executives, and patients</td>
<td>Identifies, cultivates patient (or community member) prospects; builds case for funding priorities</td>
</tr>
</tbody>
</table>

Source: Philanthropy Leadership Council interviews and analysis.
Key Distinction #3

Culture Building vs. Targeted Engagement

Broad Engagement Not Sufficient; Mandate Requires Selective Approach

Two Paths to Advance Physicians in Philanthropy

**Approach 1: Culture Building**

Strive to build philanthropy culture institution-wide

Clinical champions and allies emerge

**Approach 2: Targeted Engagement**

Selectively recruit key champions and allies

Philanthropy culture spreads organically

Source: Philanthropy Leadership Council interviews and analysis.
What We Heard and Found

The Status Quo in Clinicians’ Philanthropy Engagement

Clinical Champions

Clinical Allies

Aware, but Not Actively Engaged, Staff

Staff Unaware of Foundation

Targeted Engagement

Broad Culture-Building

Source: Philanthropy Leadership Council interviews and analysis.
What to Aim For

Broader Champion and Ally Engagement Requires Targeted Approach

Clinical Champions
Clinical Allies
Aware, but Not Actively Engaged, Staff

Staff Unaware of Foundation

Targeted Engagement
Broad Culture-Building

Source: Philanthropy Leadership Council interviews and analysis.
Road Map

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Target Engagement to Accelerate Clinical Alliances

Four Key Imperatives

Establish High-Functioning Champion Core

- Are each of your champions dedicating at least two hours per week to philanthropy?
- Have each of your champions enlisted at least five peers as allies?
- Can every physician on your medical staff name a champion they respect?

Over-Invest in Highest-Value Allies

- Do you have physician allies to assist in closing a gift in each of your top five funding priorities?
- Can each of your allies give an elevator pitch to a patient prospect on the need for philanthropy?
- Have all of your allies referred at least two patients in the past two months?

Hardwire Physician Stewardship and Impact Tracking

- Do you have data to show the number of physician-accompanied donor visits and gifts in the past year?
- Can you name three things you’ve done for each physician ally to “keep them warm” with philanthropy?
- Can you pull a database report today showing the steps MGOs have taken with physician allies?

Build Low-Maintenance Ally and Champion Pipeline

- Have you sat in on interviews or hiring meetings for prospective physician leaders?
- Are you regularly auditing your service lines’ patient payer mix to identify those with greatest potential for qualified referrals?
- In the past six months, have you publicly announced caregiver recognition gifts to the medical staff?

Source: Philanthropy Leadership Council interviews and analysis.
Target Engagement to Accelerate Clinical Alliances

Ten Steps for Achieving Key Imperatives

Establish High-Functioning Champion Core

#1 Frontload champion engagement
#2 Marshal collective power of champion core

Over-Invest in Highest-Value Allies

#3 Right-size ally pool
#4 Focus on representation in emerging priorities
#5 Flex to include new care roles
#6 Find the hook
#7 Deploy around prospects, peers, and priorities

Hardwire Physician Stewardship and Impact Tracking

#8 Create purposeful stewardship plans
#9 Quantify value and impact

Build Low-Maintenance Ally and Champion Pipeline

#10 Prime new physician prospect pockets
Step #1: Frontload Champion Engagement

Who Is Your Physician “Godfather”?

Champions’ Influence Over Peers Irreplaceable

Finding the “Godfather”

“In the beginning, you’ve got to have someone who’s very well-respected, not only by the physicians but by the administration. We refer to ours as the “Godfather.” He says [philanthropy] is important, and everybody listens.”

Susan Keenan, Executive Director
Roper St. Francis Foundation

Source: Roper St. Francis Foundation, Charleston, SC; Philanthropy Leadership Council interviews and analysis.
Who Passes the “Godfather” Test?

Look for Peer Leaders and Exemplars

Recruitment Criteria for Physician Champions

**Mandatory Characteristics**

- **Recognized leader**: If you asked ten medical staff members to list informal or formal physician leaders, would this individual be included on eight out of ten lists?
- **Well-respected**: If you asked any medical staff member, would they speak highly of this physician?
- “**Gets**” philanthropy: If you asked this physician to talk to a prospective donor, would he or she immediately agree?

**Highly Desired**

- **Strategic priority alignment**: Is a priority in the physician’s service area included in the foundation’s top five current funding priorities?
- **Patient donor potential**: Has the physician’s service area yielded at least five patients with affinity and means who have made a major gift?

Source: Philanthropy Leadership Council interviews and analysis.
It’s About Sophistication, Not Institution Size

Proposed Number of Physician Champions per Entity

Number of physician champions

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

A Secondary Consideration

While institution size is not the primary factor in right number of champions—smaller foundations may actually rely more heavily on physician partners—it can impact the size of the pool from which to select champions.

Source: Philanthropy Leadership Council interviews and analysis.
Filling the Champion Gap

New Members Align with Strategic Priorities

Evolution of Physician Philanthropy Champions Executive Committee at NorthShore University HealthSystem Foundation

2008–present

Foundation staff identified six physicians with “signature behaviors” of champions; all formed executive committee

Identified gaps in committee membership based on foundation’s strategic priorities

Decided to expand committee to ensure quorum at quarterly committee meetings

Family Medicine Department Chair

• Part of strategy to expand their traditionally hospital-based grateful patient program to the outpatient setting, moving towards a truly all-patient approach

Orthopedic Surgeon

• Signature service line not previously represented on the executive committee
• Orthopedic surgeon is currently the executive committee chairman

“I can think of a number of engaged physicians … but it was about looking strategically at where we are going with philanthropy and what is not represented on the committee from a physician perspective.”

Lauren B. Bergquist, AVP Fund Development
NorthShore University HealthSystem Foundation

Source: NorthShore University HealthSystem Foundation, Evanston, IL; Philanthropy Leadership Council interviews and analysis.
When Champions Fall Short

The CDO’s Dilemma

An All Too Common Reality

CDO

Three “born” champions

25 physicians better-suited as allies

More champions?

Source: Philanthropy Leadership Council interviews and analysis.
How to Build Your Champion Core

Formalizing Role Through Goals, Compensation

Three Likely Candidates

1. Department Chairs
2. CMO
3. Compensated Physician Role

Source: Philanthropy Leadership Council interviews and analysis.
Philanthropy Elevated in Chairs’ Bonuses

Fundraising Goal Achievement Impacts Payout

Department Chairs Own Development Planning at University of Pennsylvania Health System

- Chairs assess and set fundraising priorities for their clinical department
- Chairs create a five-year development plan with specific fundraising-related goals

Bonus Structure Encourages Philanthropy Support

Percent of bonus driven by philanthropy

Source: University of Pennsylvania Health System, Philadelphia, PA; Philanthropy Leadership Council interviews and analysis.
# Baking Chairs’ Input into Plans

Exposé Department Chairs to Philanthropy’s Potential Impact

## Funding Priorities Assessment

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Priority Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transplant House ($3M)</td>
<td></td>
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<tr>
<td>Medical Education Center ($25M)</td>
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<table>
<thead>
<tr>
<th>Faculty Support</th>
<th>Priority Rank</th>
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</thead>
<tbody>
<tr>
<td>Endowed Professorship Retinal Degeneration ($3M)</td>
<td></td>
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<table>
<thead>
<tr>
<th>Research</th>
<th>Priority Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Research Trial Funding ($1M)</td>
<td></td>
</tr>
<tr>
<td>Brain Tumor Tissue Bank ($500K)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional Advancement</th>
<th>Priority Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowed Fellowship in Community Outreach ($1M)</td>
<td></td>
</tr>
<tr>
<td>International Initiative ($100K)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th>Priority Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Resource Room for Patients ($500K)</td>
<td></td>
</tr>
<tr>
<td>Oncofertility Program ($500K)</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

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1) Illustrative example.

Source: University of Pennsylvania Health System, Philadelphia, PA; Philanthropy Leadership Council interviews and analysis.
Chairs, Development Collaborate on Plans

Meetings with Executive, Medical Leaders Ensure Priority Alignment

Creation and Approval Process for Department Plans

Assessment

Development officer and physician ambassador meet individually with each department chair to review online survey responses

Chairs create five-year development plan for their department, with guidance from development officer

Hospital CEO and Dean of Medical School sign-off on each five-year development plan; ensures that chairs’ funding priorities are aligned with overall system goals

Source: University of Pennsylvania Health System, Philadelphia, PA; Philanthropy Leadership Council interviews and analysis.
Chairs Have Fundraising Activity, Outcome Goals

Success Hinges on Building Ally Team

Development Plan for Orthopedics Surgery

Objective: Increase number of qualified prospects:
- FY09: 35 prospects
- FY10: 40 prospects
- FY11: 45 prospects
- FY12: 50 prospects
- FY13: 55 prospects

Objective: Faculty members development staff should meet with:
- Dr. Seth Cohen
- Dr. Julie Cooper
- Dr. Caleb Nichol
- Dr. Taylor Townsend

Objective: Total dollars raised in next five years:
- FY09: $1M
- FY10: $1.25M
- FY11: $1.5M
- FY12: $1.75M
- FY13: $2M

Source: University of Pennsylvania Health System, Philadelphia, PA; Philanthropy Leadership Council interviews and analysis.

1) Illustrative example.
Give Chairs Financial Stake in Goal Achievement

Performance Management for Department Chairs

- Development staff assess chairs every six months
- Development goals comprise 10% of chair’s bonus potential
- Department chairs personally motivated to engage other physicians to support these fundraising goals

Impact on Penn Medicine, 2003 to 2012

- 1,073% Increase in physician involvement with development
- 312% Increase in grateful patient prospects
- 95% Increase in gifts >$25K from grateful patients
- $260M Total dollars raised by clinical departments (in past five years)

Source: University of Pennsylvania Health System, Philadelphia, PA; Philanthropy Leadership Council interviews and analysis.
### Bonus Structure Reinforces Fundraising Role

#### CMO, Executive Performance Goals at Legacy Health

<table>
<thead>
<tr>
<th>Performance Goal</th>
<th>Metric Definition</th>
<th>Min</th>
<th>Target</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responsible Financial Management</strong></td>
<td>Achieve budgeted operating margin</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Outstanding Clinical Quality</strong></td>
<td>Improve culture of safety</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Decrease preventable harm</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Strategic Initiatives</strong></td>
<td>Be on track for Legacy’s 5-year, $60M philanthropy goal (5% weight)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Utilizes industry standards</td>
<td>$35M</td>
<td>$36M</td>
<td>$38M</td>
</tr>
<tr>
<td></td>
<td>• All dollars raised from April 1, 2011 through March 31, 2014</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Please see Appendix for a complete version of Legacy Health’s Executive Performance Goals.

Source: Legacy Health, Portland, OR; Philanthropy Leadership Council interviews and analysis.
Physician Leadership Structure Evolving

Consider the Expanded Senior Physician Team for Champions

CMOs Seeking to Offload Responsibilities to Other Leaders

2012 Physician Executive Survey

n=60

83%

Emerging Physician Executive Positions

Medical Director
Ambulatory Network

Medical Director
Accountable Care

VP Clinical Integration

Medical Director
Post-Acute Care

Director
Population Health

VP Innovation,
Data Analytics

Source: 2012 Physician Executive Survey; Philanthropy Executive Council interviews and analysis.

1) Based on the survey question, “Please indicate the extent to which you agree with the statement: I am seeking ways to delegate some of my traditional responsibilities to other clinical leaders in order to prioritize my most strategic responsibilities.” Graphic includes responses of strongly agree, agree, and tend to agree.
Fund a Physician to Advance Philanthropy

Formal, Compensated Role Secures Champion Time

**Overcoming Champion Barriers of Time, Money**

- Must be economically worthwhile for physicians to take time away from practice
- Physician paid for time spent on development activities

**Medical Director of Philanthropy Key Duties**

- Assists philanthropy staff in setting culture-building strategy for clinics, hospital region
- Coaches physicians participating in philanthropy projects
- Participates in all steps of prospect and donor pipeline process; refers grateful patients, speaks at fundraising events, and attends solicitation visits
- Attends quarterly Regional Philanthropy Committee meetings

Please see Appendix for a complete version of Sutter Peninsula Coastal Region’s Medical Director of Philanthropy Job Description.

Source: Sutter Peninsula Coastal Region, Burlingame, CA; Philanthropy Leadership Council interviews and analysis.
Competitive Hiring Process Secures Best-Fit Champion

Philanthropy Allowed to Engage with All Interested Physicians

Hiring Process for Medical Director of Philanthropy at Palo Alto Medical Foundation, Sutter Peninsula Coastal Region

- Advertise to all physicians
  - Broad advertisement spreads awareness, generates multiple applications

- Panel interviews candidates
  - Physician leadership, division president, and medical directors conduct interviews, demonstrating importance of role to leaders across institution

- Development provides input
  - Development ensures candidates are good team fit

- Medical leaders make final hire
  - “Blame” for declines shifted away from development; enables engagement as allies, fundraising for their priorities

Source: Palo Alto Medical Foundation, Palo Alto, CA; Sutter Peninsula Coastal Region, Burlingame, CA; Philanthropy Leadership Council interviews and analysis.
Lessons Learned from Sutter Health

Implementation Recommendations

- Buy-in from medical leadership critical for credibility and ownership of hiring process
- Ideal candidates may be tenured physicians looking to reduce work schedule
- Naturally-arising champions may be right for the role in the short term, but development and medical leaders should communicate future plans for a formal interview and performance review process
- Formal goal-setting process should complement regular performance reviews

Source: Sutter Peninsula Coastal Region, Burlingame, CA; Philanthropy Leadership Council interviews and analysis.
Target Engagement to Accelerate Clinical Alliances

Ten Steps for Achieving Key Imperatives

1. Frontload champion engagement
2. Marshal collective power of champion core
3. Right-size ally pool
4. Focus on representation in emerging priorities
5. Flex to include new care roles
6. Find the hook
7. Deploy around prospects, peers, and priorities
8. Create purposeful stewardship plans
9. Quantify value and impact
10. Prime new physician prospect pockets
Proven Physician Philanthropy Champions Serve on Executive Committee

Physician Philanthropy Champions Executive Committee Charter at NorthShore University HealthSystem

The Executive Committee shall advise the Foundation on how to effectively encourage and support physician engagement with fundraising for the benefit of the institution and, ultimately, the patients served ... The committee shall be comprised of physicians who exemplify best practices as champions of philanthropy.

PPC Executive Committee Structure

- **Physician Leaders**: Eight well-respected physician leaders with history of partnering with foundation
- **Service Areas**: Represent strategic service areas for the system and foundation
- **Term Limits**: Three-year term limit for committee chair; no term limits for other committee members
- **Meetings**: Quarterly meetings; quorum consists of five physicians

Source: NorthShore University HealthSystem Foundation, Evanston, IL; Philanthropy Leadership Council interviews and analysis.
Champions Engage Physician Peers in Philanthropy

Work of Council Increases Number of Physician Allies

Chief Responsibilities of PPC Executive Committee Members

- **Physician Exemplar**: 50%
- **Philanthropy Advocate; Ally Identification**: 40%
- **Foundation Advisor**: 10%

By Time Allocation

Number of Physician Allies

- FY13 goal: 175
- 2013: 178
- 2008: ~20

Outreach to new allies comes from physician champions on executive committee, in partnership with foundation staff

“The best advertisement for PPC involvement? Physicians seeing the clinical and research efforts of their peers benefit from philanthropy.”

Lauren B. Bergquist, AVP Fund Development
NorthShore University HealthSystem Foundation

Source: NorthShore University HealthSystem Foundation, Evanston, IL; Philanthropy Leadership Council interviews and analysis.
Formality Elevates Champions

Signed Pact Solidifies Physician and Foundation Expectations

<table>
<thead>
<tr>
<th>Roper St. Francis Foundation’s Physician Advisory Council</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statement of Understanding</strong></td>
</tr>
</tbody>
</table>

**Council responsibilities:**
- Serve as an ambassador and champion for the foundation’s philanthropic work and values
- Take responsibility for making decisions on issues regarding physician involvement in philanthropy
- Identify potential donors; communicate the importance of a project to improve patient care
- Participate in recognition for those who make gifts
- Attend quarterly council meetings
- Make an annual gift; encourage peers to make an annual gift

**Foundation responsibilities:**
- Provide quarterly financial reports and updates of organization activities
- Executive Director and board chair will be available to discuss programs and goals
- Offer resources and professional development to be a successful champion

Signed: ______________________________  Signed: ___________________________
Member, Physician Advisory Council  Executive Director

Source: Roper St. Francis Foundation, Charleston, SC; Philanthropy Leadership Council interviews and analysis.
The Power of Peer Pressure at Play

Consider Group Accountability When Crafting Goals

Group Accountability

- Foundation staff evaluate council members as a group
- Group reports include individual results
- “Peer pressure” at play because no one wants to “bring the group down”

Potential Executive Committee Goals

Ally Building:
- Number of physician allies recruited
- Number of grateful patient referrals (by champions and allies)

Serving as Peer Exemplar:
- Number of cultivation events at which champions speak
- Number of major gift meetings attended
- Number of solicitation meetings attended

Other:
- ________________________________
- ________________________________
- ________________________________

Source: Philanthropy Leadership Council interviews and analysis.
What Deployment Strategies Work Best for You?

Council Practices Ready for Implementation

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Description</th>
<th>Strengths</th>
<th>Considerations</th>
<th>Source</th>
</tr>
</thead>
</table>
| Executive Champion Council             | Formal structure to engage core physician champions as peer influencers and exemplars | • Power of group accountability  
• Leaders across various areas | • Requires formalized infrastructure and staff management of council  
• Physician commitment of time | Blueprint for Optimizing Physician Engagement in Philanthropy  
(slides 46-52) |
| Mini-Campaign Chair                    | Physician champion can serve as co-chair of a smaller-scale campaign, with a donor or community leader co-chair | • Gives physician a leadership role, but spreads responsibilities across volunteers | • Requires commitment to serve across entire campaign, especially as co-chairs may be the only campaign volunteers | Mini-Campaign Playbook  
(page 19) |
| Clinician-Guided Fundraising Priority Setting | All physicians leaders invited to serve on priority selection council; all physicians invited to submit priority proposals | • Gives physician leaders a stake in philanthropy to have priority input  
• Requires executive, planning, physician leader buy in  
• Ideal during organizational redirection, turnover | | Expanding the Patient-Donor Pipeline  
(page 30 or Practice Briefing #7) |
| Physician-Driven Fundraising Appeal   | Development supports physicians interested in leading prospect education, outreach initiative to raise funds for their clinical area | • Raises funds for particular clinical area  
• Inspires other clinicians to do so to fund their areas | • Must ensure that fundraising priorities align with hospital strategic needs | Connecting Through Care  
(pages 167-172) |

Source: Philanthropy Leadership Council interviews and analysis.
Target Engagement to Accelerate Clinical Alliances

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1. Frontload champion engagement
2. Marshal collective power of champion core
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4. Focus on representation in emerging priorities
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10. Prime new physician prospect pockets

Establish High-Functioning Champion Core

Over-Invest in Highest-Value Allies

Hardwire Physician Stewardship and Impact Tracking

Build Low-Maintenance Ally and Champion Pipeline
Introducing the Council’s Newest Toolkit

Strategy Development and Implementation Tool

Access the Toolkit

View online or download the toolkit at:
www.advisory.com/plc/2013PhysicianToolkit

Source: Philanthropy Leadership Council interviews and analysis.
State of the Industry 2013: Current Challenges to the Case for Support of Hospitals and Health Systems

Reinforce Philanthropy’s Strategic Importance: Metrics and Alignment Strategies

Grow Philanthropy’s Role in Business Planning and Capital Allocation

Final Installment

Fundraisers’ Top Strategies for Recruiting and Retaining High-Value Physician Allies

Tuesday, March 11, 2014: 1 – 2 PM EST