



Philanthropy Leadership Council



2016 Snapshot of **Grateful Patient** Fundraising Programs

Top Insights from a Survey of Health Care
Foundation and Development Leaders

Philanthropy Leadership Council

Upon its launch in 2005, the Philanthropy Leadership Council – a partnership with the nation’s hospital and health system foundations and development offices – has sought to bring its insight and rigor to the most important issues facing philanthropy executives, with a focus on exceptional practices and leading-edge strategies. The Philanthropy Leadership Council helps members deliver on their goals by translating market insights into action steps, providing tools and benchmarks to prioritize their most promising improvement opportunities, offering pressure-tested health care fundraising practices and pragmatic resources to accelerate implementation, and enfranchising fundraising allies, volunteers, and staff in the process through direct education and support materials.

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WealthEngine

WealthEngine, Inc. is the leading provider of predictive marketing analytics, audience development and wealth intelligence services to nonprofit organizations, financial services, and luxury brands. Recently named a Cool Vendor in Data-Driven Marketing by Gartner, marketers and fundraisers use WealthEngine’s comprehensive insights to understand what drives consumer decisions and when best to engage them. WealthEngine has been helping fundraisers in the healthcare industry identify top donors through Grateful Patient Programs for the past 15 years. We effectively identify top major gift prospects through daily, weekly, or monthly wealth screenings that provide insights, including net worth, propensity to give, gift capacity, and more. Headquartered in Bethesda, MD, WealthEngine serves both the United States and the United Kingdom. To learn more visit www.wealthengine.com.

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The State of Grateful Patient Programs Today

Assessing the Industry's Current Landscape and Plans for the Future

Patients represent ideal prospects for hospital and health system fundraising teams. These individuals often receive life-changing care and, through their course of treatment, develop affinity for the institution. Many patients seek a means to express their gratitude, including through a philanthropic gift.

Ten years ago, a small but growing number of progressive institutions began to adopt a more active approach to grateful patient fundraising, focused on improving service levels during the hospital stay and leveraging patient gratitude post-discharge to deepen the development relationship. Across the ensuing decade, more and more philanthropy leaders invested heavily in launching and advancing grateful patient fundraising programs, which are now a mainstay of health care fundraising operations.

In late 2015, the Advisory Board and WealthEngine set out to better understand the current nature of grateful patient fundraising programs, how they have evolved over time, and where they are heading in the next few years.

Study Methodology in Brief

Components



Phase I: Online Survey
n=108



Processes and Outputs

Respondents asked to describe their grateful patient fundraising tactics, metrics, results, and investment plans



Phase II: Follow-up Interviews
n=15



Calls with a subset of survey respondents to contextualize and deepen understanding of their grateful patient program components, goals, and results

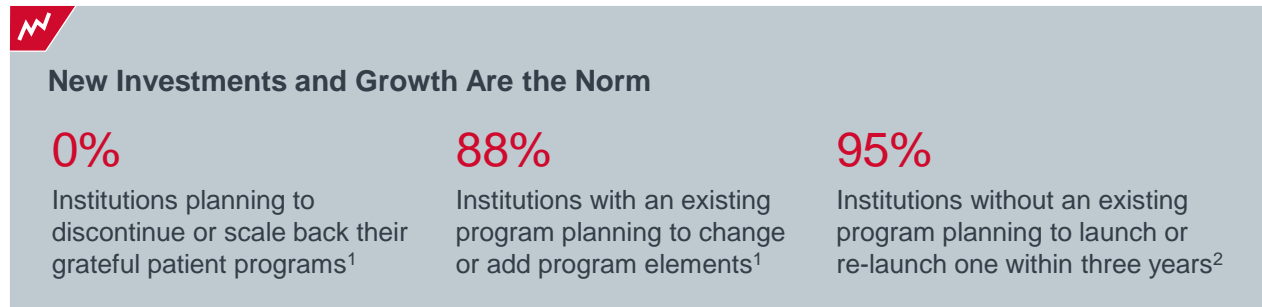
The pages that follow contain key findings from the research, organized around the six top insights identified at the bottom of this page. Additional survey response data, in the form of charts and graphs, are available in the appendix.

Top Six Insights

1. Grateful patient programs are in growth mode
2. Today's top investment: engaging physicians in referrals
3. Providers in affluent communities are more likely to round on patients
4. Pipeline growth is a secondary concern to revenue
5. Outpatient setting remains a largely untapped opportunity
6. Measuring program ROI is uncommon and unstandardized

Grateful Patient Programs in Growth Mode

Most health care development leaders view grateful patient programs as a fundamental and necessary component of fundraising. The vast majority of survey respondents are planning new investments in their grateful patient programs, from adding elements to launching a new program entirely. In fact, no institutions reported immediate plans to discontinue or scale back their efforts.



Of those who are planning modifications to – or investments in – their grateful patient programs, by far the largest share are prioritizing physician and clinical staff engagement, particularly as it relates to prospect referrals. Relatively few are planning more resource intensive investments, like adding an FTE, adding concierge services, or engaging a consultant.

Top Planned Investments and Modifications³

n=67

Rank



"We relaunched our grateful patient program last year.

Chief Philanthropy Officer,
Health System in the Southeast

"We have invested a lot in training physicians in the service lines that align with the strategic plan of our organization.

Chief Development Officer,
Health System in the South

"The official launch of our grateful patient program is scheduled for March 2016. We have been designing and planning our program for a year and a half.

Senior Director of Donor Services,
Academic Medical Center in the Mid-Atlantic

1) n=67
2) n=20
3) As indicated by answer to the question: "Are you planning to make any changes to your patient fundraising program in the near future?"

Sources: Philanthropy Leadership Council and WealthEngine Survey; Philanthropy Leadership Council interviews and analysis.

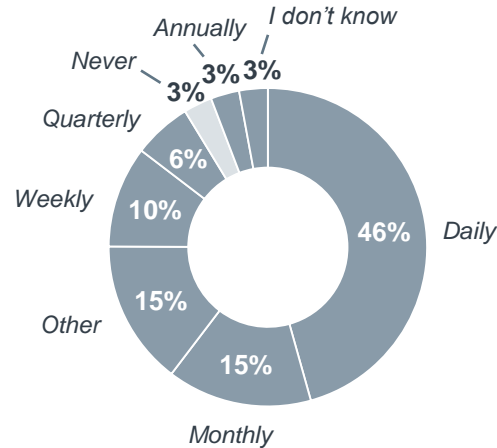
Physicians Are Critical to Uncovering Best Prospects

Recommendation: With Good Data Practices, Overinvest in Clinician Engagement

In 2016, wealth screening is a near ubiquitous tool among philanthropy teams operating a grateful patient program. The vast majority of survey respondents indicated that they screen patient names in some manner, with nearly half doing so on a daily basis. Almost no institutions – just 3% of respondents – never screen their prospects for capacity.

Frequency of Wealth Screening Prospects/Patients

n=68



With the support of better data assets than ever before, institutions are increasing their focus on physician and clinical staff referrals as sources of grateful patient prospects. As indicated on the previous page, physician engagement is the top concern for future investment. Best practice organizations have learned that these referrals should work hand-in-hand with wealth capacity data, rather than in silos. At some institutions, only patients that screen for high capacity are reviewed with physicians, who then bring their own knowledge and relationships to the identification process. At others, patients are screened only after identification by a physician.

82%
 Percentage of respondents who rely on referrals from physicians and clinical staff for new prospect identification¹

“Physician engagement is a key fix to all pipeline problems...if I could successfully work with 10% of my physicians, I would have a much stronger pipeline.”

Vice President of Development,
 Teaching Hospital in the Northeast

Post-referral Screening at MedStar Health

At MedStar Health, a 10-hospital system in DC and Maryland, physician referrals are the main drivers of the grateful patient pipeline. Wealth screening still plays an important role in isolating the best prospects, but it is particularly valuable after referrals are made, rather than before. Following the identification process, physicians are involved in patient cultivation at a level consistent with their comfort, provided regular updates on the status of their referrals, and celebrated when gifts come in.

80% Percentage of MedStar donors with a physician relationship

“People are engaged because of gratitude for their physician and other caregivers. Through these relationships, our grateful patient program blossoms.”

Chief Philanthropy Officer

¹) n=68; as indicated by answer to the prompt: “Check all the components that are currently part of your program.”

Sources: MedStar Health System, Columbia, MD; Philanthropy Leadership Council and WealthEngine Survey; Philanthropy Leadership Council interviews and analysis.

Providers in Affluent Communities More Likely to Round on Patients

Recommendation: Select Patient Services Based on Market

Hospitals and health systems in high net worth markets are more likely to provide certain services to patients as part of their grateful patient programs, particularly rounding. While less than half of all survey respondents indicated that development staff round on patients during their stays, a full three quarters of respondents use this approach in markets where the average individual net worth is \$1 million or more. These providers prefer rounding significantly over offering more resource-intensive medical concierge services, with only 38% of the same group using the latter strategy. A more counterintuitive finding is that providers in low net worth markets (average net worth below \$300,000) are the most likely to provide care coordination services as part of a grateful patient program.

Percentage of Institutions Offering Services by Market Capacity¹

	Average Individual Net Worth	Patient Rounding by Development	Patient Rounding by Execs	Care Coordination Services	Medical Concierge Program	Non-clinical Amenities
Patient rounding is most common in high net worth markets	\$1M+ (n=8)	75%	63%	38%	38%	50%
	\$500K-\$1M (n=19)	55%	50%	25%	25%	45%
Care coordination and non-clinical amenities are most common in low net worth markets	\$300K-\$500K (n=25)	35%	27%	15%	23%	35%
	<\$300K (n=14)	36%	43%	43%	21%	50%
	Overall (n=66)	46%	41%	26%	25%	43%

These data indicate that market capacity may serve as a barometer for the extent to which development teams deploy certain service inflection tactics. Similarly, survey findings showed tendencies towards different types of service inflection based on institution type, though the sample sizes in both cases are not significant enough to draw statistical conclusions.

Most and Least Common Service Inflection Components² by Institution Type

	Most Common	Least Common
AMCs n=24	Medical concierge (42%)	Patient rounding by development (25%)
System central offices n=14	Patient rounding by development (64%)	Care coordination services/ Medical concierge (29%)
System affiliates n=6	Patient rounding by development/ Non-clinical amenities (67%)	Medical concierge (0%)
Children's hospitals n=11	Patient rounding by development (45%)	Care coordination services/ Medical concierge (9%)
Public hospitals n=11	Non-clinical amenities (36%)	Care coordination services/ Medical concierge (9%)
Community hospitals n=24	Patient rounding by development (54%)	Medical concierge (21%)

1) As indicated by answers to the prompt: "Check all the components that are currently part of your program."

2) Most and least common within 5 specific types of service inflection tested: patient rounding by development, patient rounding by executives, care coordination, medical concierge programs, and non-clinical amenities

Sources: Philanthropy Leadership Council and WealthEngine Survey; Philanthropy Leadership Council interviews and analysis; WealthEngine analysis.

Pipeline Growth a Secondary Concern to Revenue

Recommendation: Deploy Follow-Up to Generate Relationships, Not Just Cash






Still largely centered upon mailing campaigns, grateful patient follow-up strategies prioritize revenue over pipeline growth. The principal deployment of these “first touches” towards securing new gifts is reflected in the top metrics that institutions use to measure program success. Revenue metrics are more common than pipeline metrics, though the two are not necessarily mutually exclusive of each other.

Top Follow-Up Strategies¹

- 1 Doctor's Day mailing
- 2 Caregiver recognition mailing
- 3 Phone/mail request for in-person meeting

Top Five Metrics Currently Tracked²

n=66

65%	Total revenue generated from grateful patients		Revenue metric
62%	Number of first time gifts from grateful patients		Revenue metric
61%	Number of new prospects identified		Pipeline metric
49%	Number of major gifts from grateful patients		Revenue metric
44%	Number of new prospects moved to major gift portfolios		Pipeline metric

To improve gift acquisition, institutions are segmenting mailings by service line and care providers, as permitted by HIPAA regulations. But, the question of what to do with new grateful patient donors after these first touches remains top of mind. Chief Development Officers are looking for more cost-effective and meaningful ways to deepen the relationship with a donor following acquisition. In some cases, those who screen for high capacity are placed into an MGO's portfolio and the moves management process takes over. For those whose capacity is more modest, the path forward is less clear. Often times these names are put into an annual fund pool and their contact with the institution remains limited to the receipt of occasional mailed solicitations. With the donor's affinity to the institution largely centered upon a single care episode, this limited and impersonal engagement strategy does little to build loyalty over time.

To fully realize the opportunity in grateful patient fundraising, CDOs and their teams must invest in engagement beyond the initial window of gratitude. Acquisition, after all, is an expensive pursuit, especially when it is not paired with a good retention strategy.

“Our docs and staff are incentivized by the number of prospects identified. What we've found is that this has led to thousands of names, but it is difficult to determine what happens next with these prospects. We call it 'the valley of death'. It feels like we are leaving money on the table.

Senior Executive Director of Development & Alumni Relations,
Academic Medical Center in the Northeast

1) As indicated by answer to the prompt: "Check all the components that are currently part of your program."
2) As indicated by answer to the question: "What metrics do you use to evaluate program success?"

Sources: Philanthropy Leadership Council and WealthEngine Survey;
Philanthropy Leadership Council interviews and analysis.

Outpatient Setting Remains a Largely Untapped Opportunity

Recommendation: Audit Potential to Scale Beyond Inpatient Fundraising

On average, responding institutions experience a more than 6:1 ratio of outpatient to inpatient volumes annually. Nevertheless, only a small number deploy tactics specifically designed for the outpatient setting, such as wealth screening future outpatient appointments or placing pre-appointment calls to begin inflecting the care experience.

Comparing Average Visits and Screening Methods Across Care Settings

<i>Inpatient Setting</i>		<i>Outpatient Setting</i>
99,645 Average annual visits ¹	vs.	636,077 Average annual visits ¹
57.4% Screening current inpatient census ²	vs.	13.2% Screening future outpatient appointments ²

The opportunity in the outpatient setting is sometimes indistinguishable from the challenge. Scaling a grateful patient program to account for the massive number of inputs is no easy task, and one that many organizations have not fully endeavored to take on. Nevertheless, as health system strategy continues to move outside of the hospital, so too must fundraising strategy.



Sizing the Outpatient Opportunity

“This is an area we are going to have to continue to work towards. How do you develop a grateful patient program with a million outpatients? That’s a factor of ten [over our inpatients] in a given year. Tapping into the network and the clinics; that’s a whole other realm of the grateful relationship dynamic. We believe there is going to be a big role for e-philanthropy here. We think there is a great pool in the outpatient clinic group for annual gifts, but also for planned gifts. Over a thirty year period, someone may have two or three hospital experiences, but may have two hundred health care experiences with the organization. We have to take the long view here.”

*Chief Development Officer
Health System in the West*

1) As indicated by answer to the question: “How many patients does your institution see annually?”
2) n=68; as indicated by answer to the prompt: “Check all the components that are currently part of your program.”

Sources: Philanthropy Leadership Council and WealthEngine Survey; Philanthropy Leadership Council interviews and analysis.

Patient Fundraising Results Are Largely Positive

Evidence of Success Validates Continued Investment

Many institutions are generating positive results through their grateful patient fundraising programs. Survey and interview responses show that development shops and foundations are identifying new prospects, sourcing first time donors, and raising significant funds. The amount of strategic energy and financial resources allocated to grateful patient programs is matched, in large part, by the meaningful and quantitative value that they deliver. These findings both validate and encourage a central position of grateful patient programs within the broader health care fundraising enterprise.

Grateful Patient Programs Are Producing Meaningful Results



Nevertheless, there exist real challenges and opportunities to be explored with regards to benchmarking and tracking program returns. The next two pages will address each of these issues in turn.

Overall ROI Measurement Proves Difficult to Benchmark

Recommendation: Define and Track Program Revenue and Expenses

Evidence from the survey indicates that establishing an industry-wide benchmark on ROI (i.e., revenue over cost) is complicated. Institutions maintain varying definitions for what counts as grateful patient revenue, and they do not consistently track the specific expenses allocated towards the program. The latter is understandably difficult, particularly where staff time or resources are split across various revenue streams, including but not limited to grateful patient fundraising. Compounding this challenge is the reality that grateful patient program ROI is typically realized over an extended period of time. New investments in one year may not show a return until future years, when relationships convert to revenue.

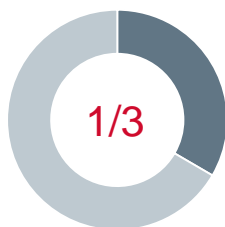
Definitions of grateful patient revenue vary widely...

- A** First time gifts from grateful patients
- B** Revenue from all donors who have had a care experience
- C** Revenue from individuals who received intentional grateful patient engagement strategy

“Are you looking for data on grateful patients that we are “intentionally” cultivating? OR, are you looking for data on any grateful patient that has made a first time gift? I would have to look into how and if we track this information.”

Senior Development Officer,
Community Hospital in the Northeast

...as does expense tracking



Responding organizations with a grateful patient program that were unable to provide any expense data¹

\$400 to \$7,500,000

The range of grateful patient program budgets reported by survey respondents¹

“We do not break out budget specifically for this program; it is rolled into the annual giving budget.”

Foundation President,
Community Hospital in the West

To effectively measure ROI on grateful patient programs, individual institutions should seek a revenue and expense tracking formula that works for them. Only counting revenue from individuals who received an intentional grateful patient engagement strategy is the method most likely to illuminate the actual value of those strategies. On the expense side, institutions should attempt separate accounting for grateful patient program expenses. For shared resources, like staff, even an approximation of the percentage of time an individual spends on grateful patient fundraising initiatives will help generate a more accurate ROI figure than not counting staff time at all.

1) n=78; as indicated by answer to the question: “What was the total annual budget for your grateful patient program?”

Sources: Philanthropy Leadership Council and WealthEngine Survey; Philanthropy Leadership Council interviews and analysis.

Discord Between Program Components and Metrics

Recommendation: Double-Down on Metrics to Design Smarter Strategies

The impact of individual program components on outcomes is arguably just as important to understand as pure ROI, especially when determining the right strategies and resource allocation. Unfortunately, it appears as though many organizations do not track metrics that align with their activities.

Missing Links Between Grateful Patient Activities and Metrics

59% Round on patients¹ **vs.** **26%** Track number of rounding visits³
82% Seek physician referrals² **vs.** **34%** Track number of physician referrals³

Institutions should assess the utility of each unique process in achieving desired goals, such as identifying new prospects, acquiring new donors, and generating revenue. Metrics must be reflective of the strategies that are actually in place, tracking both the underlying activities and the resulting outcomes.

To ensure consistent and regular program evaluation, fundraising teams should develop a dashboard and implement formal processes for keeping it up to date. Mission Health System in Asheville, NC has a robust report card for its grateful patient program. Their template, replicated below, provides a layered and multi-dimensional understanding of their results.

Mission Health System Grateful Patient Program Report Card Template

Grateful Patient Program Report Card		Jan	Feb	Mar
Include pure activity metrics to track volume of solicitations and touches	Patient count processed each month (#)			
	GPDM1 mailings each month (#)			
	GPDM2 mailings each month (#)			
	GPs discovered with capacity (1-4)			
Track the movement of grateful patients into major gift portfolios	GPs assigned to gift officer as a result of process (#)			
	GP cultivation actions since initial contact (<i>Arc of Cultivation</i>)			
	Discovery (# in Portfolio Phase)			
	Cultivation (# in Portfolio Phase)			
Measure revenue associated with specific program strategies	Solicitation (# in Portfolio Phase)			
	Total raised through GP program (direct mail)			
	Average gift amount from GP appeal			
	Total GP donations (#)			
Summarize strength of identified grateful patient prospects based on capacity or other markers	GP donors: new to Mission Health System (#)			
	GP donors: previous donor to Mission Health System (#)			
	% GPs with capacity = donor			
	GP donors with high-capacity (1-2.5)			
	% donors with high-capacity			
	% discovered high-capacity made a gift			
	GP donors with medium-capacity (3-4)			
	% donors with medium-capacity			
	Major/planned gifts from GPs (\$)			
	Annual gifts from GPs (\$)			
Planned gift prospects generated (#)				
Total grateful patient Thank You replies (#)				

1) n=66
2) n=68
3) n=66; as indicated by answer to the question: "What metrics do you use to evaluate program success?"

Sources: Mission Health System, Asheville, NC; Philanthropy Leadership Council and WealthEngine Survey; Philanthropy Leadership Council interviews and analysis.

Converting Learning into Action

Implementation Support from the Philanthropy Leadership Council

Recommendations

Invest in and evolve your grateful patient strategies to avoid stagnation.

Overinvest in clinical ally engagement in the prospect identification process through targeted recruitment and education on grateful patient referrals.

Use market capacity (i.e. patient wealth) and institution type as barometers for the types and extent of service inflection you offer.

Test more personalized, targeted follow-up approaches after initial donor acquisition that seek to build affinity over time.

Audit the potential to scale the grateful patient program into the outpatient setting, and invest accordingly.

Measure program ROI by developing a consistent methodology for counting grateful patient revenue and tracking discrete program expenses.

Identify and track metrics that align with current strategies in order to evaluate the relationship between activities and outcomes.

Resources and Tools

Strategic Decision Guide in [Patient Fundraising Program Toolkit](#)

[Philanthropy-Physician Partnership Toolkit](#)

Ally Relationship Building course in [Fundraiser Virtual Academy](#)

Philanthropic Power of the Patient Experience onsite presentation for clinicians

Payer Mix Assessment in [Patient Fundraising Program Toolkit](#)

Service Inflection section in [Patient Fundraising Program Toolkit](#)

Follow-up Outreach section in [Patient Fundraising Program Toolkit](#)

Frequent Flyer Affinity Survey in [Expanding the Patient-Donor Pipeline](#)

[Expanding the Patient-Donor Pipeline](#)

ROI Calculator in [Patient Fundraising Program Toolkit](#)

Success Metrics in [Patient Fundraising Program Toolkit](#)



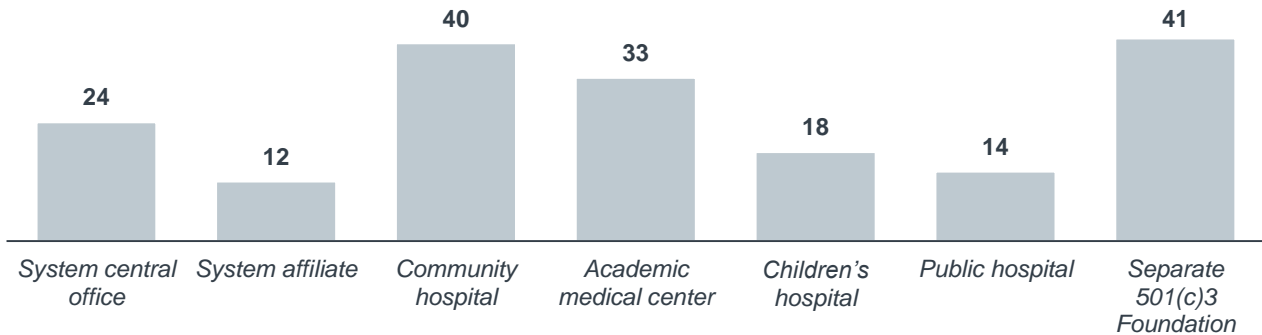
Appendix

Respondents and Results from the Survey of Grateful Patient Fundraising Programs

Demographics of Surveyed Institutions

Type of Institution

n=108



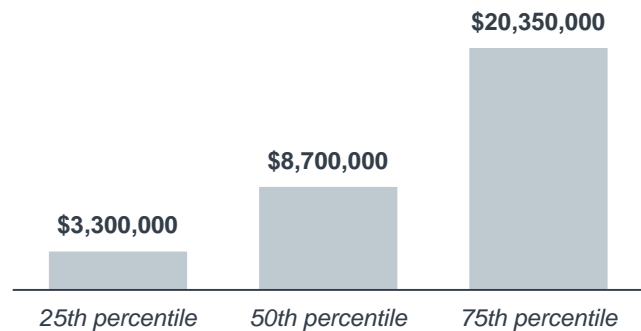
Number of Annual Patient Visits

n=97

Patient Type	Average # of Annual Visits
Inpatient (non-emergency)	99,645
Emergency Room	132,920
Outpatient	636,077

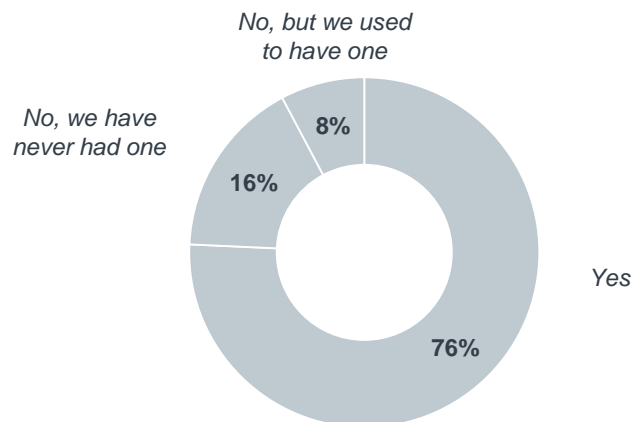
Institution Total Funds Raised

Previous Fiscal Year



Operating a Grateful Patient Program

n=103

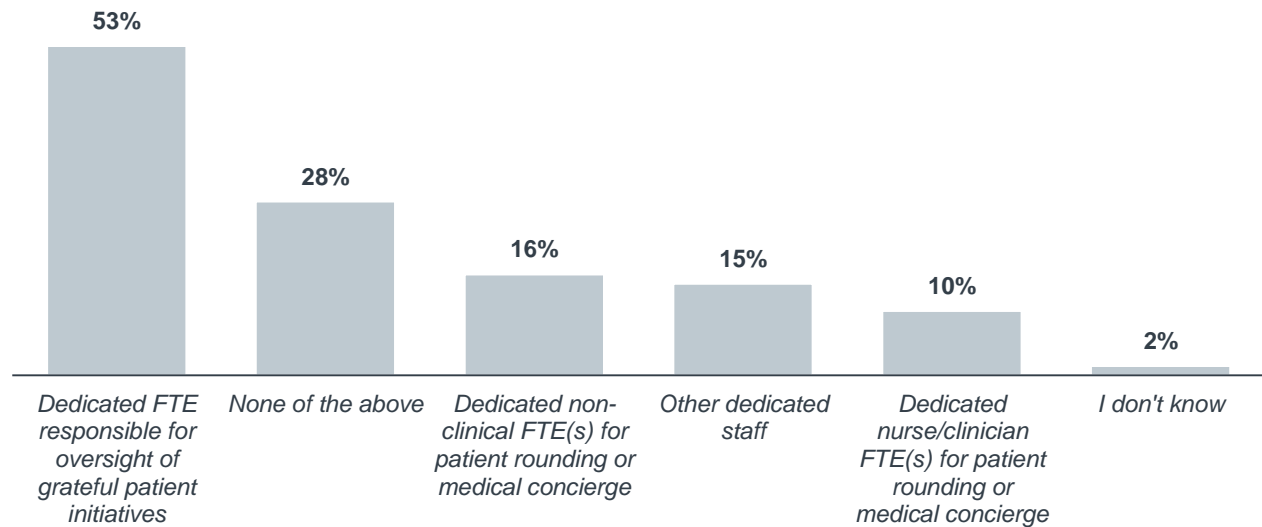


Source: Philanthropy Leadership Council and WealthEngine Survey.

Program Staffing and Prospect Identification

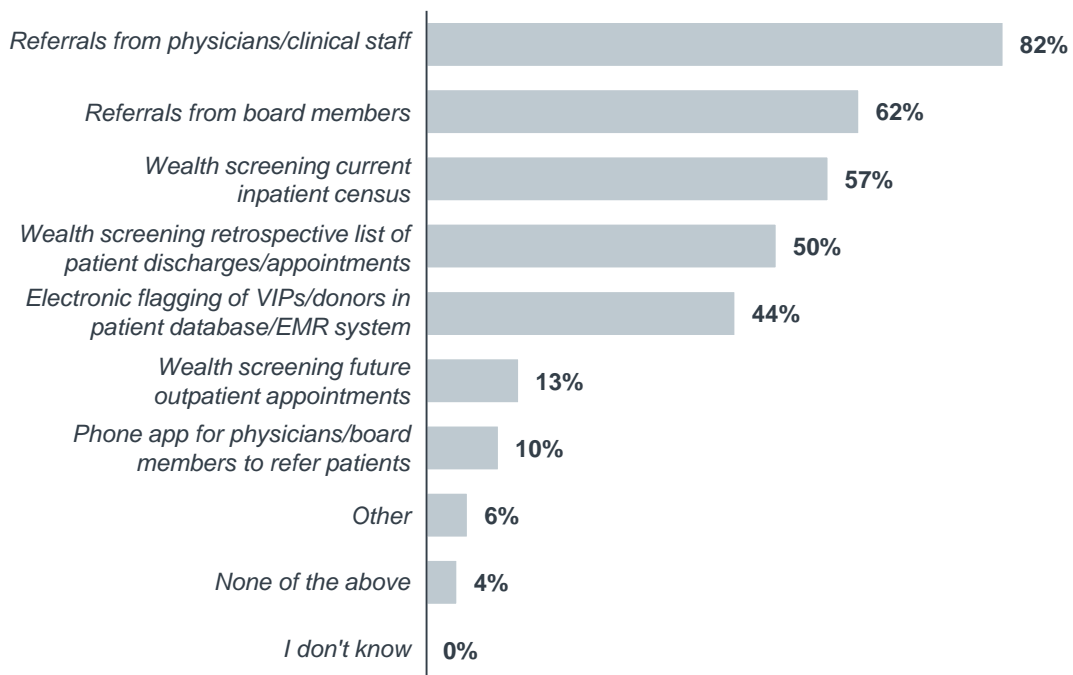
How are you staffing your grateful patient program?

n=68



What methods do you use to identify grateful patient prospects?

n=68

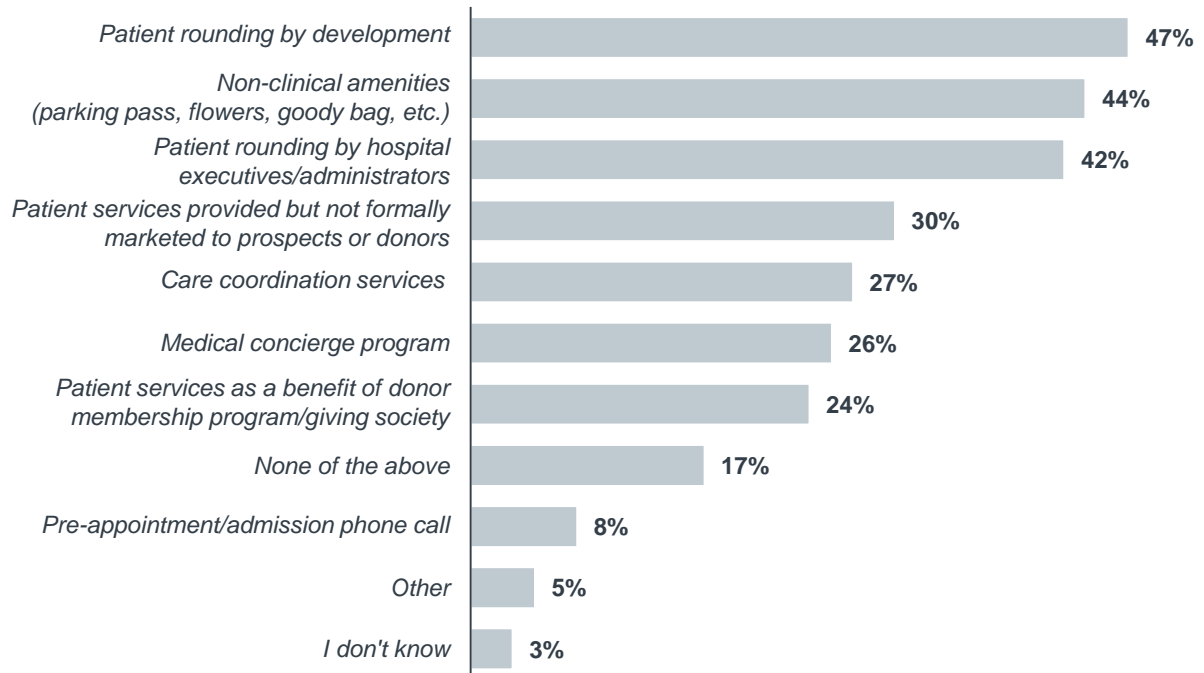


Source: Philanthropy Leadership Council and WealthEngine Survey.

Service Inflection and Follow-Up Outreach

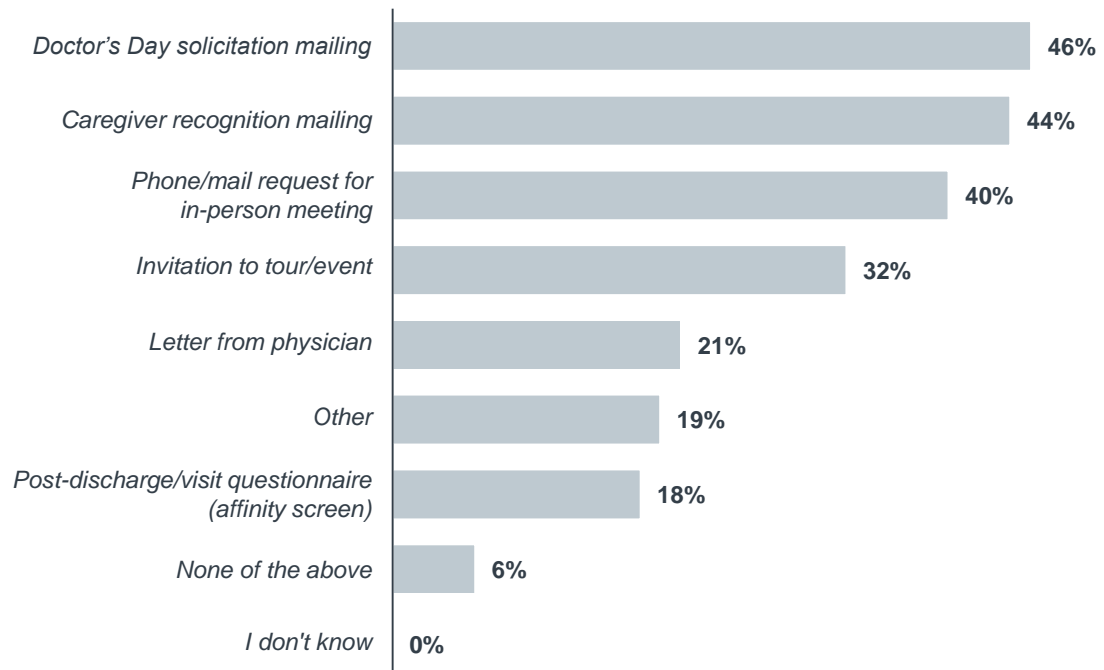
What methods do you use to inflect patient service?

n=68



What methods do you use in post-discharge follow-up communications?

n=68

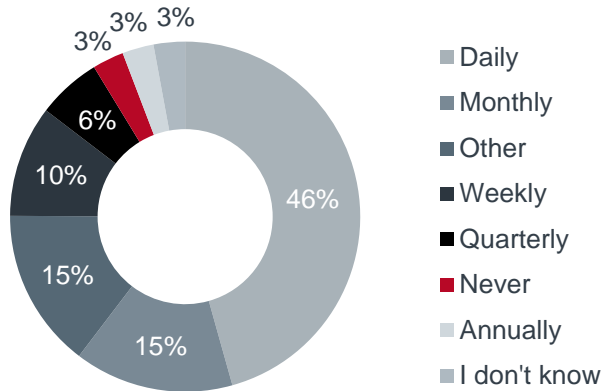


Source: Philanthropy Leadership Council and WealthEngine Survey.

Screening Frequency and Outsourcing

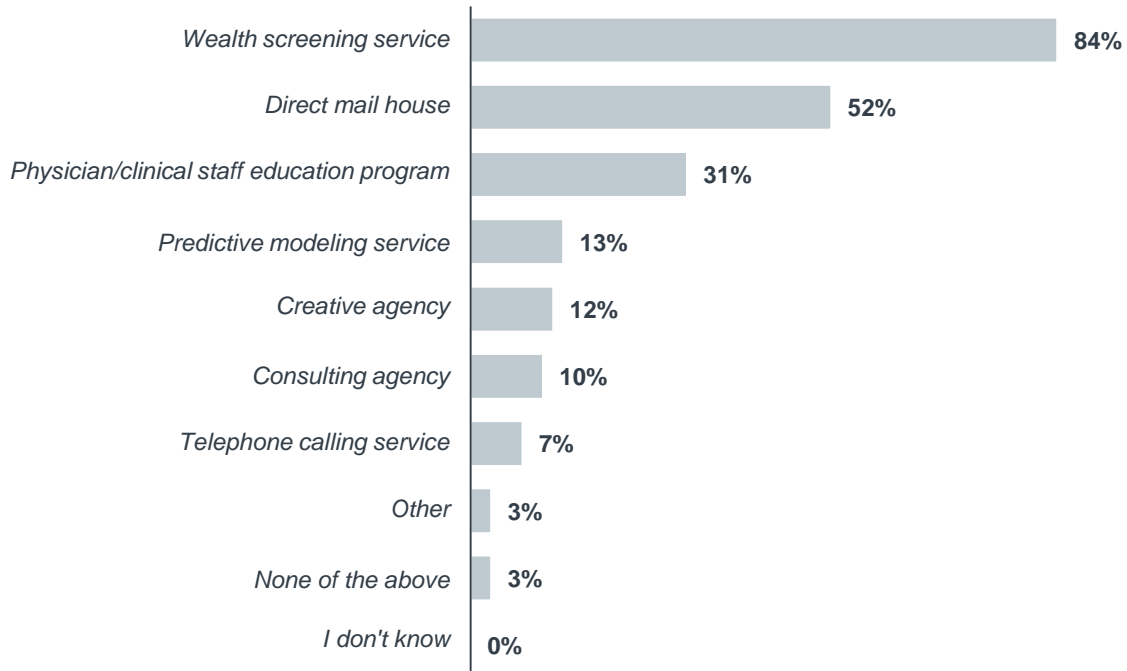
How frequently do you wealth screen prospects/patients?

n=68



Which professional services do you use specifically for patient fundraising?

n=68

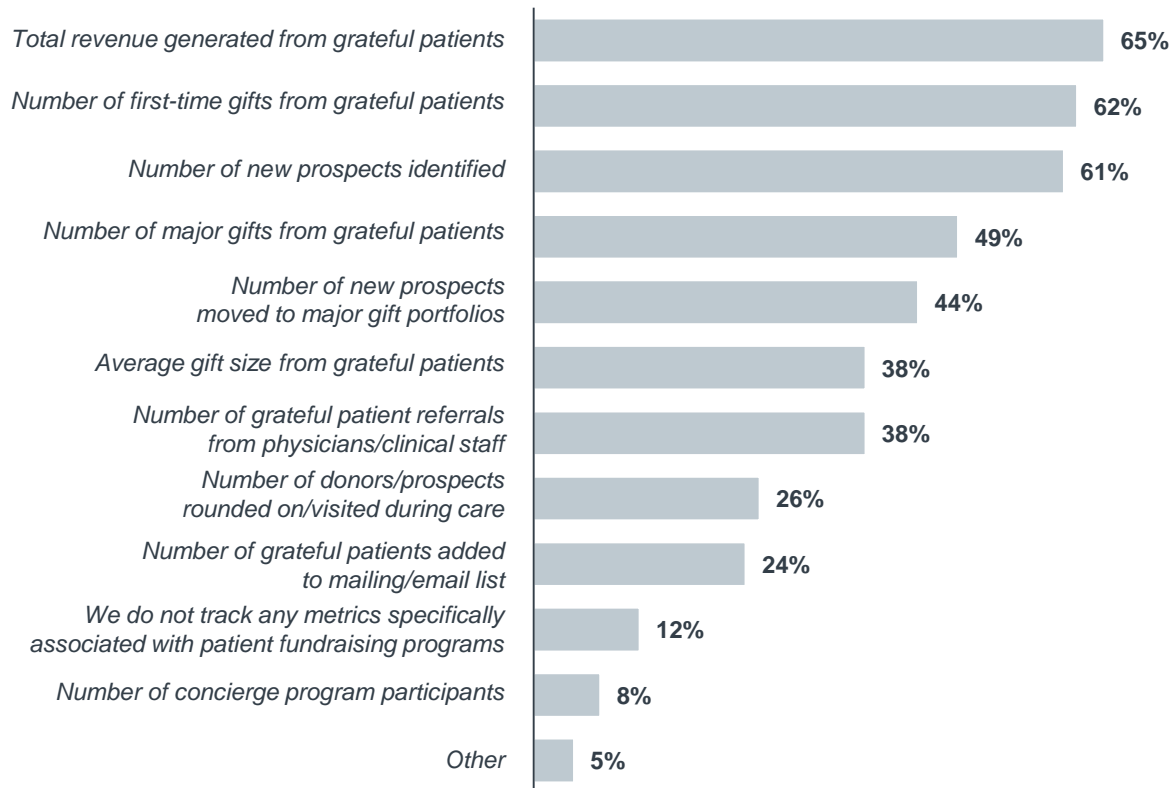


Source: Philanthropy Leadership Council and WealthEngine Survey.

Program Success Metrics

Which metrics do you use to evaluate program success?

n=66

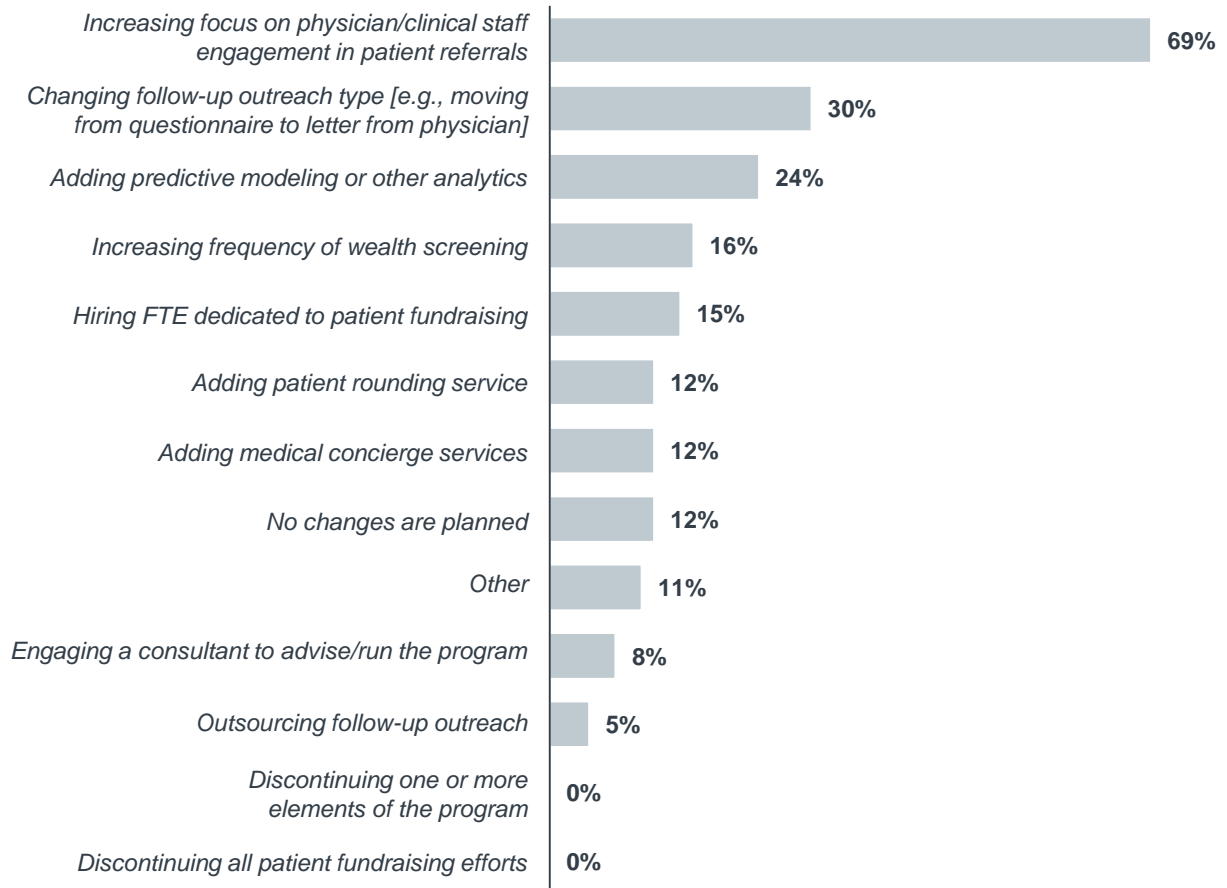


Source: Philanthropy Leadership Council and WealthEngine Survey.

Planned Changes and Investments

Are you planning to make any changes to your patient fundraising program in the near future?

n=66



Source: Philanthropy Leadership Council and WealthEngine Survey.



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