



Physician Partners

Informal and formal engagement strategies
and tactics that transcend today's
challenging landscape.

Presented by Jay Angeletti

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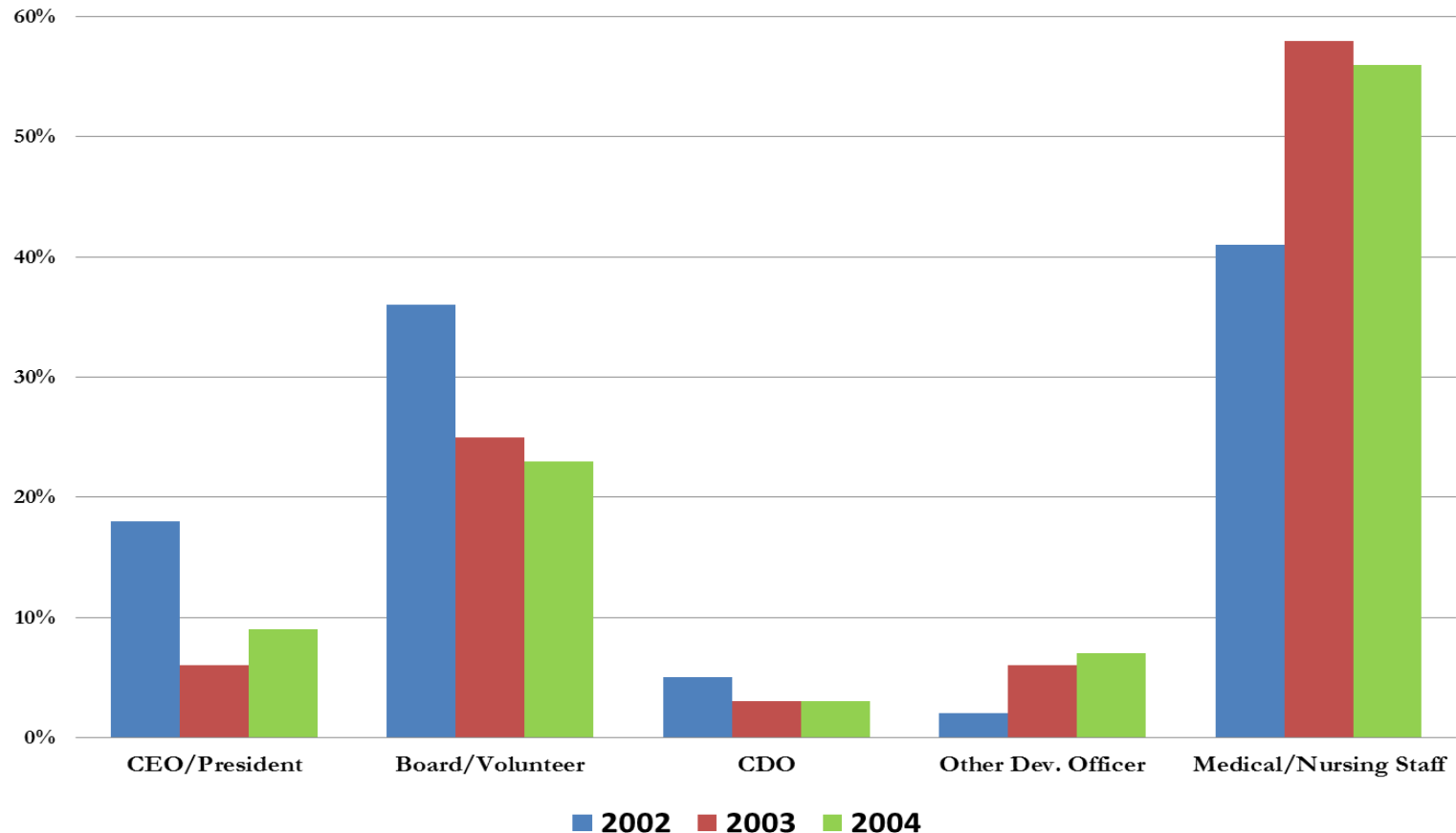
How Top Donors Are First Identified

Studies show that physicians are the leading connectors among donors



Why Physician Participation Matters

Primary Influence on Giving Decisions



Source: Bentz Whaley Flessner, Zoomerage Survey

Physician Engagement Realities

- Emphasis on seeing more patients while receiving less patient revenue.
- Challenging, sometimes acrimonious contract negotiations.
- “Revered physicians” who once ran hospitals now function as “line workers” while “the suits” reap big paydays.
- Perceptions of HIPAA, even if dated, hinder cooperation.
- Physicians, like most people, don’t want to compromise their relationships—and development work scares them.

Elevating Physician Partnerships

- Start with the physicians who are favorably inclined—especially those respected by their peers.
- Appoint a Physicians' Philanthropy Council with representation from senior and star physicians as well as new clinical recruits.
- Design a specific physician engagement strategy including informal and formal communications to support this initiative:
 - individual and group education, internal newsletters, prospect referral forms, and service line development tools highlighting HIPAA compliant development guidelines.

Incentives for Physicians to Participate

- The ability to raise funds for endowments/programs that live within their service lines.
- Find opportunities and venues that highlight the physician's revered role and recognize, recognize, recognize—in front of the highest profile leaders and at the most exclusive venues you have access to.
- Provide matching funds to physicians who raise philanthropy for system-endorsed service line priorities.

Characteristics of Successful Physician Engagement Programs

- Recruit senior, revered physician as well as up-and-coming clinical star to co-chair Physician's Philanthropy Council.
- Convene semi-annual meetings with “celebrity” involvement (board member's estate or ranch, athletes, business people, actors...).
- Begin by highlighting broad successes that have impacted the hospital as a whole as well as specific programs.
- Develop themed program including collateral that encompasses annual, major, and planned giving.
- Educate and cultivate “your colleagues on the floor.”
- Make in-person presentations that disseminate HIPAA policies.

Successful Physician Engagement Programs

1. Establish a baseline of trust
2. Craft a physician-driven agenda
3. Make fundraising easy
4. Ensure positive experiences
5. Partner with a senior physician

THE ANATOMY OF A GRATEFUL PATIENT/PHYSICIAN ENGAGEMENT PROGRAM

Quarter 1

- Work with system leadership and counsel to confirm HIPAA compliant Grateful Patient Program (GPP) policies.
- Introduce Foundation staff to the GPP program (quarterly meetings thereafter).
- Develop specific staff responsibilities (site and/or service line organization).
- Fully integrate into development program including prospect management system and in prospect clearance/moves process.
- Identify Clinical Senior Statesmen and stars with largest and most affluent practices.
- Develop roles and responsibilities document for Physicians' Philanthropy Council (PPC).
- Identify high profile and revered trustee liaison(s) to work with PPC.
- Begin formation with system leadership regarding informal/formal Concierge Program.

Quarter 2

- Identify and recruit PPC.
- Review wealth screening practices (inpatient/outpatient; timing in advance of admittance) and pre admittance contact.
- Convene inaugural meeting of PPC (quarterly in year 1 and semi-annual meetings thereafter).
 - Discuss concept of system champions to promote “soft” visibility throughout system sites.
 - Emphasize role as advocates, champions and story tellers—not as solicitors.
 - Determine first tools (honor caregiver piece; referral tools including technology).
 - Consider GPP theme/name.
 - Announce initial successes and/or include patient testimonial(s) (in person/video/case studies).
 - Address physician-driven agenda/incentive.
 - Determine service lines and key nursing staff to include in initial “floor presentations”.

Quarter 2 (continued)

- Develop process for unknown patient contacts and existing donors (including notification and VIP services).
- Determine rounding policies including funding—Foundation staff, System Patient Relations staff, Clinical Senior Statesmen.
 - Emphasize importance of multi-layered relationships.
- Determine and implement seamless policies moving prospects between prospect management system and direct response program (highly personalized invitation for prospects with \$250,000+ capacity who do not respond to leadership gift outreach).

Quarter 3

- Evaluate GPP and consider value of integrating with system patient satisfaction follow up.
- Begin education sessions with nursing staff.
- Determine internal and external communications to promote GPP.
- Hold recognition event (hosted by trustee liaison and/or local celebrity) (annual).
- Begin educational program for public (target \$250,000+ and planned giving prospects).
- Set metrics and goals for GPP (referrals, patient visits, requests, \$; also for direct response program).

ABOUT THE ANGELETTI GROUP, LLC

Our Services

Feasibility Studies/Campaigns

- Executive Counsel
- Metrics-driven Moves Management
- Planned Giving Counsel
- Recognition and Stewardship Strategies
- Insider's Briefings
- Signature Campaign Launches

Direct Response

- Cross Media Strategies including Direct Response, Telemarketing & Social Media
- Predictive Modeling

Corporations & Foundations

- Identification
- Grant writing
- Board of Visitors and other leadership programs

Events & Communications

- Case Development
- Internal/External Campaign Marketing
- Targeted Events/ Briefings

Advancement Services

- Prospect Research & Wealth Screening
- Raiser's Edge and other information database expertise

The TAG Difference

- Organized as a development office rather than a typical consulting firm
 - Fewer assignments with deeper engagement
 - Support all aspects of the development function
- Principal involvement and supervision
- Built on professionals with real development experiences
 - Consulting after experiences on the other side of the desk
 - “Best practice” AND “off template”
- Founded with experience from the nation’s best development programs
- Dedicated team for each client partner



About Jay Angeletti

- 30 years as a development professional prior to serving clients as a consultant
 - Choate School
 - Yale School of Medicine
 - University of Pennsylvania Health System
 - Drew University
 - New York-Presbyterian Health System
 - Led historic \$1 billion campaign
 - Completed 3 years ahead of schedule
 - Conceived and managed first campaign of the merged hospitals
 - Instituted best practices\metrics\new culture of philanthropy for merged board and across all sites

THANK YOU.

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