Overcoming barriers to physician engagement

Five keys for developing an effective referral-based philanthropy system

Most articles about physician engagement either focus on the process or capture a tale of, "Here's how we did it." We decided to examine a different perspective by asking the question, "Why is it so difficult to engage physicians in fundraising?"

The University of Texas MD Anderson Cancer Center in Houston raises more than $250 million per year, with giving by patients and families accounting for more than 85 percent of our philanthropic dollars. As development professionals know, powerful emotions such as gratitude are important motivators in deciding to donate funds—and physician engagement is often key to maximizing "grateful patient" philanthropy. Yet physicians tend to resist becoming involved in fundraising. And few development professionals really understand why.

By "physician engagement" we refer to physicians who are:

- Eager to refer patients to development professionals for philanthropic conversations.
- Willing to meet and engage with patients and families to discuss their experiences and their desires to become philanthropically involved.

Training builds understanding

The MD Anderson development office has a staff of 150, with five full-time employees in physician engagement. But we weren't always this large. Over the years we have grown, overcome barriers and learned lessons that any size organization can use. Advancement Resources, a professional education firm, first started conducting workshops for MD Anderson in 2007 to teach development professionals how to work more effectively with both donors and physicians—and to educate physicians about the benefits of getting involved in philanthropy. The firm's expertise and training programs are built on years of internal data collection, including research among 2,850 physicians.

It's certainly no surprise to development professionals that physicians are often reluctant to talk about philanthropy with patients and families. If you ask them why, their reasons include ethical concerns, time constraints, fear of harming the physician–patient relationship, general lack of knowledge about philanthropy and no clear understanding of the role they could play.

MD Anderson has more than 1,500 physicians; we often refer to them as "faculty" for the multiple roles they play. Our physician engagement education program involves training sessions for the development team and workshops for faculty, as well as videos of real patients discussing what their doctors mean to them, the value of being able to say thank you in a tangible form and how donating helps them feel "in control" again.

So far, more than 300 faculty have gone through the program. Without help understanding the patient perspective—and coaching on how to respond in a productive way—physicians are likely to respond to patients' thank yous with door-closing words such as, "It's my job," or, "Think nothing more of it."

From resistance to cooperation

Based on lessons learned over the years, we piloted a new 16-hour workshop in 2014 to further the team's grasp of physicians' resistance and improve working relationships. Says Diane Chuoke, director of philanthropic resources and leader of MD Anderson's physician engagement program, "Truly understanding how physicians see the world and applying this understanding to building better relationships with them has enabled us to achieve a higher level of physician engagement."

One physician who moved from resistance to cooperation is Jay Bakul Shah, M.D., assistant professor of urology at MD Anderson. "I had many of the same trepidations all physicians experience because I didn't want to ask my patients for money," he explains. "Understanding that I didn't have to ask—that, in fact, in almost every situation, it would be unethical to do so—changed everything. I learned what to say to patients and family members who express gratitude or indicate some desire to be engaged in the battle against cancer."

Shah notes that shortly after he attended a physician workshop, "a couple expressed a lot of interest in our work—interest beyond just [the patient's] own treatment. I felt comfortable saying, 'If you'd like to learn more about my research, I can arrange for you to receive some information.' That became a magical moment."

Recalling the same moment, Shah's patient says, "We were so impressed with the care we received at MD Anderson that our family discussed how blessed we felt that I was Dr. Shah's patient." When Shah offered the opportunity to learn about his research, "We were thrilled to hear about his dreams for the future. It didn't take long for us to know we wanted to be a part of it—and to us that meant a philanthropic contribution."

Five ideas for overcoming physician resistance

Working together, MD Anderson and Advancement Resources came to understand that the following five factors must be understood and acted upon to engage physicians in an effective referral-based philanthropy system.

Factor 1: Understand physician stress. According to a physician who has transitioned to a development

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role at a major university, "It is impossible to overestimate the degree to which physicians today feel embattled, exhausted, overwhelmed and beleaguered." Consider this typical scenario for a physician's life:

- Decides at around age 10 to become a physician.
- Makes tremendous sacrifices for the next two or three decades—through high school, college, medical school and residency. Lives a life that is highly focused, modest, high-pressure and sleep-deprived—all to begin practice while being perhaps $100,000 or more in debt.
- Is stunned by how different the "real world" of practicing medicine is compared to the dreams that led the physician into the field in the first place—including bureaucracy, clinical demand to see more patients per hour, record-keeping, insurance hassles, administrative pressures, etc.—on top of the immense pressure of practicing medicine itself. The days are long. The work is exhausting.
- Often feels, amid the rush of getting it all done, that something is being shortchanged—quality, face-to-face patient time for an extra probing question, the moment of inspiration or the breakthrough diagnosis that makes all the difference.

According to Ethan Dmitrovsky, M.D., provost and executive vice president at MD Anderson, "Development professionals need to recognize that physicians in today's world are under tremendous stress—and what keeps many of them going is the reward from a great physician–patient relationship. Physicians do not want to do anything that will damage that relationship."

Factor 2: Develop a working relationship. Workshops for physicians can be critical steps in beginning the process of physician engagement. But workshops alone seldom result in significant or ongoing physician referrals and willingness to work closely with development professionals.

Post-workshop meetings with physicians are key to building strong relationships. "We meet with every faculty member as soon as possible after each workshop," Chuoke explains. "Sometimes they are ready to talk about patients they would like to refer to us and they just want to learn how to do that in an ethical and appropriate way." More often, though, physicians have questions about how development will work with their patients—in which case the development officer must seek to understand their views and make them comfortable. "We see it as our job to adapt to them as opposed to trying to force them into a one-size-fits-all model of faculty engagement."

Unfortunately, many physicians' past experiences with development personnel have been less than positive. According to surveys, focus groups and individual interviews with physicians conducted by Advancement Resources, physicians cite high turnover among development professionals as highest on their list of negative experiences. Other negative factors for physicians include the following:

- Mishandled referrals.
- Lack of communication and follow-through.
- Little respect for the physician's time.
- Lack of interest in the physician's work.

Furthermore, development officers sometimes say things that undermine their own professionalism. For example, to physicians, becoming a professional means relentless education, enormous debt, tremendous sacrifice and laser focus on goals. You must have an appropriate response ready when a physician asks, "So, how did you get into development?" (Hint: It's not, "Well, I just sorta fell into it.") You should be prepared to talk about the meaning you experience in your work and the inspiration you receive from helping patients find ways to express gratitude.

Factor 3: Be realistic about physician engagement goals. Despite your best efforts, many physicians will never become your development partners. That's okay. Find the ones who, with proper work on your part, will become truly engaged. When prioritizing physicians to target for engagement, focus on those who:

- Have shown an interest in development.
- Have already had some success in philanthropy.
- Work in an area with readily identifiable funding priorities. They may be conducting key research, working in a facility that needs equipment or upgrades, or launching a program that will provide better patient care in the future.

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Also consider your development operation's capacity to engage physicians. To build strong working relationships, you need time for:

- One-on-one meetings with physicians.
- Rapid response to referrals.
- Progress updates to physicians regarding patients they have referred.

Factor 4: Send the right message all the time, in every way. Most development professionals know there is a wide spectrum of donor motivators and donor experiences (from "ought to" to "deeply meaningful") and that meaningful contributions are based on life-changing experiences.

Physicians, however, seldom donate on the right end of the continuum and tend not to understand the joy donors get from making deeply meaningful contributions. Instead, physicians are regularly solicited for "ought to" contributions by their undergraduate colleges, graduate institutions and community organizations via telephone, mail and email. No wonder physicians' understanding of philanthropy is based on transactional, often uncomfortable, solicitations!

"Part of patient-centered care is keeping my patients protected from those development people," said a physician at a West Coast hospital during a recent research interview. When asked why he believed that, he responded that development personnel regularly solicit him for gifts to the hospital's physician giving campaign and it makes him uncomfortable. He finds development personnel "pushy" as they try to convince him that giving is an obligation.

Factor 5: Never put physicians in embarrassing positions with patients. The physician–patient relationship is "a precious thing," says one physician. "It's what keeps most physicians going during tough times." Development professionals must understand this sentiment and recognize that physicians will

naturally resist any activity they perceive may damage their sacred relationship or cause embarrassment. Physicians need good, solid answers to the question, "What is development going to do to my patient?"

For example, imagine you are a physician who has referred a patient to development, but you hear nothing back. The next time your patient is in the clinic, she mentions the wonderful meeting she had with the development professional and the contribution they are working on together. Yet you know nothing about it. How would you feel?

A team effort

Like so many things in medicine, fundraising is a team effort—with physicians and development professionals the key players. "The best outcomes occur when all team members understand their roles, respect one another and know how to interact with one another," says one physician who also is dean of a college of medicine.

As development professionals working with physicians, we are responsible for understanding them and their views before we can earn their respect and partner with physicians effectively. AHP

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