

# FORMING PHYSICIAN PARTNERSHIPS AND A CULTURE OF GIVING

A Case Study in Successful Fundraising from  
the Geisel School of Medicine at Dartmouth  
and Dartmouth-Hitchcock

---

FEBRUARY 2016

## TABLE OF CONTENTS

Introduction ..... 2  
Setting the Stage for Success ..... 2  
Strengthening Working Relationships ..... 3  
Maintaining Momentum ..... 4  
Overcoming Obstacles ..... 5  
“Sharpening the Saw” ..... 6  
Moving Forward ..... 7

# FORMING PHYSICIAN PARTNERSHIPS AND A CULTURE OF GIVING

A Case Study in Successful Fundraising from the Geisel School of Medicine at Dartmouth and Dartmouth-Hitchcock

---

In 2013, Dartmouth-Hitchcock implemented a strategic initiative to increase physician engagement in philanthropy, increase patient referrals to development, and create a sense of shared ownership in the mission of philanthropy.

As a result of these efforts, by early 2016, Dartmouth-Hitchcock had realized an increase of more than 80 percent in physician engagement, received more than 300 grateful patient referrals, and secured about \$20 million in contributions, as well as an additional \$2.7 million in commitments and \$14.6 million in pending asks.

Dartmouth-Hitchcock is a nonprofit academic health system that serves a patient population of 1.9 million in New England. Anchored by Dartmouth-Hitchcock in Lebanon, NH, the system includes the Norris Cotton Cancer Center, the Children's Hospital at Dartmouth-Hitchcock, 30 outpatient clinic locations, and affiliate hospitals. In partnership with the Audrey and Theodor Geisel School of Medicine at Dartmouth and the VA Medical Center in White River Junction, VT, it trains nearly 400 residents and fellows annually and performs world-class research.

**Rick Peck, Executive Director of Leadership Initiatives & Gift Planning, identified six components leading to the overall success of the program:**

- Gaining leadership buy-in
- Recruiting early adopters strategically
- Assigning primary development liaisons to medical center departments
- Asking the right questions
- Strengthening relationships between health professionals and development professionals
- "Sharpening the saw," maintaining a mindset of continuous learning

By taking a strategic, process-based approach,

and applying lessons learned along the way, the development team is achieving success engaging health professionals, building a robust culture of philanthropy, and creating meaningful experiences for donors.

## SETTING THE STAGE FOR SUCCESS

Training based on a donor-centric model of philanthropy played a strong role in gaining leadership buy-in. "If leaders can endorse philanthropy, then the physicians take it more seriously," Peck says. "There's nothing better than the section chief or the department chair taking their cues from leadership above them and endorsing philanthropy."

*"There's nothing better than the section chief or the department chair taking their cues from leadership above them and endorsing philanthropy."*

– Rick Peck,  
Executive Director of Leadership  
Initiatives & Gift Planning

To build a foundation of support for the initiative, early recruitment for philanthropy training was directed toward chief clinical and research department chairs, section chiefs, physicians, practice managers, chief nursing officers, and nurse managers.

Fifty of these leaders participated in initial Advancement Resources philanthropy education workshops alongside development professionals. Subsequent workshops were customized for broader audiences.

In May 2013, Peck assigned individual development professionals to departments as liaisons. Each liaison met personally with these leaders to discuss the leaders' philanthropic priorities. This type of engagement is about asking the right questions, a different approach from the traditional method of communicating philanthropic priorities from organizational leadership.

"We knew we needed to be really clear that we weren't promising to run out and get a gift right away for the section or department, or that these individual objectives were equally urgent priorities," Peck explains. "We're just asking them open-ended questions. I think that alone was brand new for a lot of the section chiefs and department chairs: development officers coming and asking proactively what these leaders want to do for their respective areas."

### Peck and his team asked the following questions in each initial meeting with a section chief or department chair:

- What are the goals for your department?
- How much do they cost?
- How are you getting your section or department message out there?
- Whom do you know that might be interested in your work, or possibly in supporting your efforts?

In their early meetings, "Healthcare professionals were quite surprised. Some responded: 'I don't know. I really haven't thought about it.' And others, of course, definitely knew and they would be more than ready to discuss it with us," Peck says.

The development team sought to help physicians understand how philanthropy could help them. Derek Brown, Senior Associate Director, Leadership Initiatives, emphasizes the importance of connecting the physician to how philanthropy can help achieve a dream.

"A development professional should never expect referrals if the physician doesn't have a dream," says Brown. "The dream could be audacious or as simple as needing more time to do research. We quantify the dream – put price tags on it. At that point, we have a motivated physician – one ready to consider referrals."

---

## STRENGTHENING WORKING RELATIONSHIPS

The development team's personalized approach reinforced the importance of partnership in achieving these goals. The team continued to build and strengthen working relationships in order to achieve success. Peck says, "Personalized service, that's hard to do. It's hard to come up with a strategy and then deliver it on a personalized level. But that, to me, is the secret. That's the real secret."

The best-laid plans are great, but mutual understanding, the discipline of follow-through, and dedication to good development work are critical to successful partnerships.

"We're all personally dedicated to our physician partners and to meaningful philanthropy. We are true believers in meaningful philanthropy, and we work together to make physicians and other healthcare professionals true believers as well. The personal dedication shows through, and we're trying to really give the message that we want to help," Peck says.

*"Different doctors prefer to handle different tasks. Some want to reach out. Some want the officer in the lead at all times. Others want the officer to be a coach or advisor. We should adjust, so long as we agree upon the plan together."*

– Derek Brown,  
Senior Associate Director,  
Leadership Initiatives

One key to strengthening working relationships is adapting to the physician's personal style. Reflecting on his success engaging physicians, Brown says, "Roll with the doctor's personality and feelings. Different doctors prefer to handle different tasks. Some want to reach out. Some want the officer in the lead at all times. Others want the officer to be a coach or advisor. We should adjust, so long as we agree upon the plan together."

---

## MAINTAINING MOMENTUM

The most successful development partners were consistent in outreach. It was mandatory for each professional to book quarterly meetings with physicians in order to hold each other accountable for next steps and maintain momentum.

### During these meetings, the physician and the development professional would:

- Discuss/revisit department and section goals, as per the leader of that area
- Pair dollar levels with those goals; fine-tune; match with top-down priorities as appropriate and tell the section chiefs and chairs when their priorities match up with top-down priorities
- Discuss referrals and what the cultivation process might look like
- Identify cultivation and stewardship activities and plan for them
- Discuss progress with events and/or individual prospects and donors

Additionally, each development professional would do research on patients and family members whose names were provided, and would follow up with the referrer before or at the next meeting with notes on progress, receptivity, and interest.

### Development professionals and physicians would explore cultivation and stewardship strategies such as:

- Education days (Ophthalmology Education Day, Vascular Surgery Education Day, etc.)
- Meet the hospital CEO event
- Meet the dean (Medical School) event
- Lunch meetings with a favorite physician/nurse to talk about exciting developments/goals
- Tours of specific area of interest
- Birthday cards or holiday cards mailed to identified individuals, signed by a favorite physician/nurse
- Referral cards and/or informational one-pagers to give to potential donors
- Friendly check-in calls from physicians, or department/section/center leaders, to ensure quality care is being provided
- Helping with appointment-setting when difficulties or urgency were a concern

These stewardship and cultivation strategies not only sought to engage interested patients and family members, but they allowed development professionals to engage physicians in tangible and ethical activities that maintained regular contact. Maintaining regular contact with physicians proved to be vital to keeping philanthropy top-of-mind and interested parties engaged in ways that were meaningful to them. Actionable stewardship and cultivation techniques and a formal outreach process were strengthened by follow-up and follow-through.

“I think it’s the formality of the outreach process to physicians, the questions that we ask, and then the follow-through after which build a lot of trust,” Peck says. “Coming back to them with the names of the people they referred and saying, ‘Okay, we did a little research and this is what we know and this is what we think’, and then ‘Let’s talk about an approach.’”

*“I think it’s the formality of the outreach process to physicians, the questions that we ask, and then the follow-through after which build a lot of trust.”*

– Rick Peck,  
Executive Director of Leadership  
Initiatives & Gift Planning

By adhering to consistent follow-through, the Dartmouth-Hitchcock team was sending the message that they’re here to stay. “We’re asking these questions. We expect answers.” Peck explains. “We expect that our key constituents want to help themselves and their sections and departments. We meet with them to show that we are here to do that with them. And we shared stories of success, but we also kept reaching out for more information. It is an iterative process.”

The basic meeting structure provided a framework for working effectively with healthcare professionals, but as relationships developed and trust was built, interactions became more relaxed. Though quarterly meetings remained mandatory, frequent follow-ups via email were one particularly convenient way to provide feedback to physicians.

This two-way communication provided an effective mode of information gathering for physicians, some of whom actively engaged development partners as coaches for

scenarios where patients or family members demonstrated interest in philanthropy or further engagement.

“I see the development team as my partners,” says Richard Enelow, MD, Professor of Medicine and Vice Chair for Research Affairs. “With their guidance and assistance, I’m engaging more deeply with donors who support my work and learning how to cultivate larger gifts.”

*“I see the development team as my partners. With their guidance and assistance, I’m engaging more deeply with donors who support my work and learning how to cultivate larger gifts.”*

– Dr. Richard Enelow, MD  
Professor of Medicine and  
Vice Chair for Research Affairs

Peck points out: “Partnerships resulting in successful engagement are relationships of mutual respect, with orientation toward a higher goal: meaningful engagement with patients and family members. When you have emails going back and forth with the physician asking for advice, that’s when you know you really have a nice partnership. When you sit down with physicians and have a conversation, you feel like you’re huddling and coming up with a game plan. It revolves around mutual respect and a mutual goal of trying to go in and approach the potential donor in the most effective, sophisticated, and ethical way. It has been working for us.”

---

## OVERCOMING OBSTACLES

During the implementation of their strategic plan to engage physicians, the development team encountered physicians who were eager to be involved with philanthropy. However, the team also encountered physicians who were ambivalent or had negative experiences in the past.

Such negative experiences can often cause physicians to have reservations about engaging with development. “It’s not really about apologizing,” Peck says, “but rather talking through what happened and addressing any reservations the physician may be facing.”

In some cases, it might be necessary to show a break with the past.

“Physicians were able to tentatively accept that we were moving toward a new way of doing things. They had a lot of patients coming through the door that were expressing interest in research or clinical work, and they didn’t want to waste that opportunity,” Peck says. “Once we were able to get to that point where we could agree that the past is the past, it was then time to move forward. The most important thing to remember is that we could not and did not drop the ball on follow-ups from that point forward in the relationship with the physicians. We must remain one step ahead.”

Some physicians, while willing to make referrals, remained reticent. Brown explains his approach with those physicians: “A development professional should be willing to demonstrate the process. I usually ask for a ‘test referral’ – who we agree will not be approached – to demonstrate the power of our prospect research. If there is capacity, I talk about the words we would use to ask for a meeting. I then talk about the words we would use during a meeting.”

Each meeting with a development professional is an opportunity for the physician to see how courteous and meaningful the process of engagement can be for patients and families, Brown says. This approach helped build trust with the physician.

Peck and his team quickly learned that success builds on success.

Dorothy Heinrichs, Senior Associate Director, Leadership Initiatives, says it was particularly effective

to share the successes of other departments: “To build momentum, find a champion and succeed with one physician on a single gift. Then take the show on the road with the other physicians. It can be extremely effective.” In some cases, a healthy sense of competition generated interest and a desire to be involved.

*“To build momentum, find a champion and succeed with one physician on a single gift. Then take the show on the road with the other physicians. It can be extremely effective.”*

– Dorothy Heinrich,  
Senior Associate Director,  
Leadership Initiatives

However, a pipeline of expectant physicians can present many challenges.

“So you’re doing exactly what you need to do,” Peck says. “And you’re getting results. And that’s great. And now you have to sustain that. Because that’s your potential donor pipeline now as a development officer. So you have to stay dedicated to maintaining that success with each area you are assigned to.”

It’s important for development professionals to stretch, Peck says. Then, when the number of referrals exceeds the team’s capacity to manage them, the team should grow accordingly. “In the world of business if you start to get more business than you can handle, you can justify it on the bottom line and you can hire more people,” Peck says.

Sometimes, of course, referrals do not lead to contributions. In these cases, development professionals must proceed in a way that builds credibility with the physician and instills trust.

“Being able to give specific reasons why certain engagement faltered or failed to come to fruition is absolutely vital,” Peck notes. “It’s critical that the physician understands that the development professional approaches engagements strategically. Each interaction should be looked at as a learning opportunity. What, if anything, should we do differently next time?”

---

## “SHARPENING THE SAW”

While much progress has been made, Peck says it’s necessary, in the words of Steven Covey, to “sharpen the saw” — to maintain a posture of continuous learning and refinement — in order to advance the culture of philanthropy within the organization.

“Learning is continuous,” he says. “It’s basically part of the way you do business every day, every week, every month.”

Some 250 physicians, nurses, researchers, volunteers, and other health professionals have participated in at least one of the 10 philanthropy workshops conducted to date.

As workshops continue on a rolling basis, the donor-centric curriculum is teaching participants that philanthropy is not merely about the money, but about the meaning it provides to the donor. Staff are internalizing a completely new understanding of philanthropy and their roles in development at the organization.

Evaluations completed by workshop participants show that the framework for ethically responding to gratitude and interest are key takeaways for physicians. Physicians also learn the importance of partnering with development.

“The development team knows how to work with donors — how to find new ones and how to appropriately thank and engage with previous ones,” says Dr. Timothy Gardner, Associate Professor of Medicine and Director of Pancreatic Disorders. “It’s reassuring to know that they will remind me to reach out to particular donors, when a stewardship report is due, or when such contact will move a relationship forward.”

---

## MOVING FORWARD

Physician engagement and philanthropy training remain centerpieces of the strategic initiative at Dartmouth-Hitchcock, along with the continuous education of development partners.

“The dedication of our trained staff, who really believe in the Advancement Resources model of meaningful philanthropy, make the physicians and the others true believers. It’s trying to really communicate that we want to help them. And we know what we’re doing as professional major gift fundraisers. We’re experts in development. They come to respect that over time. And so we will work together and we will come up with some successful outcomes,” Peck says.

Another key area of focus is high-level volunteers. “In the next year, I am working hard to secure referrals from our high-level volunteers, such as past and current Overseers of the Medical School and Trustees of Dartmouth-Hitchcock, as well as referrals from C-suite executives at the hospital,” Peck says. “All of these individuals have a vested interest in seeing the medical school and hospital succeed.”

Moving forward, Peck says, the development team will be “providing the best service and coaching possible to section chiefs, chairs, researchers, nurses, physicians, volunteers, and staff, and increasing the quantity and quality of the referrals.”

Dartmouth-Hitchcock’s solid strategy has proven itself with impressive results. In the next year and beyond, the team is poised to build on what it has accomplished, growing philanthropy that is meaningful to patients, health professionals, and the institution.

ADVANCEMENT RESOURCES

3349 Southgate Court SW  
Cedar Rapids, IA 52404-5424

319.398.3376

319.366.8586 (f)

[www.advancementresources.org](http://www.advancementresources.org)