



## THE RESULTS ARE IN: 2019 ACCORDANT PHILANTHROPY® GRATEFUL ENGAGEMENT SURVEY

### Background: A History of Grateful Patient Philanthropy

In 2007, Advisory Board published a study indicating 88% of large gifts to health care come from grateful patients and families—changing the landscape of health care philanthropy forever. Overnight, health care development organizations began launching “grateful patient programs” utilizing a host of new strategies to purposefully identify, cultivate and solicit grateful patients and families.

The driving force shaping efforts has been the Health Insurance Portability and Accountability Act (HIPAA). HIPAA was enacted by United States Congress in 1996 to provide data privacy and security provisions for safeguarding medical information.<sup>1</sup> The privacy rule component of the law sets limits and conditions for which a patient’s information is used, including how

this information can be used for fundraising purposes. From 1996 to 2013, only a patient’s demographic information (name, address, phone/ email, date of birth, gender), health insurance status and dates of service could be used for philanthropy purposes.

During this time, health care philanthropy organizations launched post-discharge mailing programs asking former patients to consider a gift to the organization to express gratitude for the care received. The development department would also screen nearly every inpatient admitted to the hospital and utilize rounding programs to visit highly-rated patients to provide an elevated service experience and to build relationships with prospective and current grateful patient donors.

Both these strategies required extensive staffing and financial resources due to the constraints of

→ Today, health care development organizations are legally allowed access to the following pieces of Personal Health Information (PHI):

- Name
- Addresses
- Other contact information
- Age / Birthdate
- Gender
- Insurance status
- Department of service (“such as cardiology, oncology, or pediatrics”)
- Treating physician information
- Dates of service
- Outcome information (ex. “death...or any sub-optimal result of treatment or services”)

**The 2019 Accordant Philanthropy® Grateful Engagement survey report highlights insights from five main focus areas:**

- 1 Caregiver Recognition**
- 2 Direct Mail/Donor Acquisition Mailings**
- 3 Rounding**
- 4 Clinician Engagement**
- 5 Data Screening & Analytics**

*It should be noted questions were asked regarding only strategies and tactics utilized. Organizations were not asked to report monetary philanthropic results.*

having only demographic filters to screen thousands of patient records to create contact lists.

In 2013, HIPAA privacy rules were updated and made significantly friendlier for development.

Provisions of the Health Information Technology for Economic and Clinical Health Act (HITECH) expanded accessible information to include area/department of clinical service, treating physician name and patient outcome.

This additional information has been instrumental in the purposeful identification and cultivation of prospective grateful patient donors. Instead of screening and mailing to every patient, organizations can now target efforts to specific service lines, hospitals or care sites. Most importantly, development can also work directly with physicians. Physicians, who are widely known to have the closest relationship with patients, can become purposefully engaged in the identification and cultivation of prospective grateful patient donors. Multiple research studies over the past five years indicate physician engagement in philanthropy as the most effective way for health care philanthropy organizations to identify new major gift prospects.

## **Grateful Patient Philanthropy Today**

Today, grateful patient philanthropy strategies, approaches and results are widespread, yet significantly vary among organizations. Therefore, development leaders strive to gain clarity around what strategies and tactics have become operationally insignificant versus what should be continued to advance a successful comprehensive grateful patient strategy.

The 2019 Accordant Philanthropy® Grateful Engagement survey was launched to gain insights into current grateful patient strategies and tactics utilized by health care philanthropy organizations.

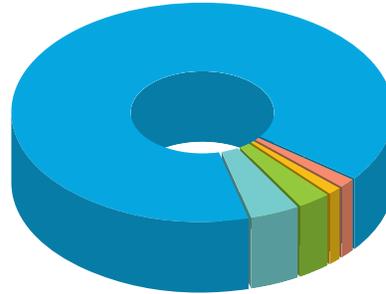
## HERE ARE THE HIGHLIGHTS:

### Survey Demographics: Who Took the Survey?

A total of 69 organizations took the survey from five different countries.

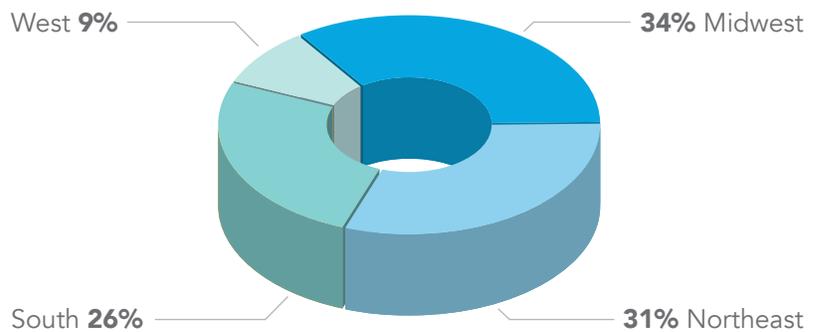
#### PARTICIPATING COUNTRIES

- US **61**
- UK **4**
- Canada **2**
- Ireland **1**
- Switzerland **1**



The following is a breakdown of participating organizations by region in the United States:

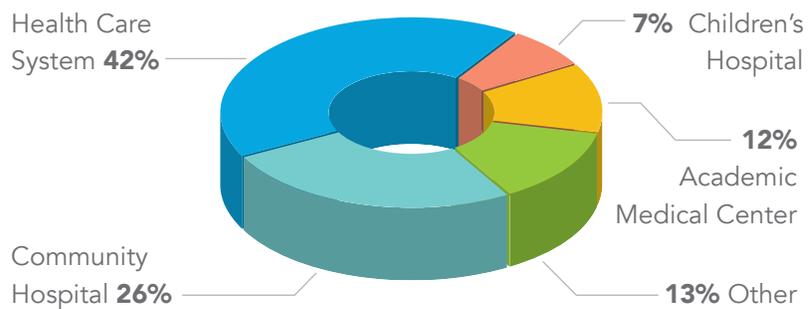
#### PARTICIPATING ORGANIZATIONS BY REGION



The following types of organizations participated in the survey:

#### ORGANIZATION TYPE

Organizations that comprised the "Other" category were primarily hospice organizations, charities that support one or multiple hospitals in the UK and *Medecins Sans Frontiers* (Doctors Without Borders).

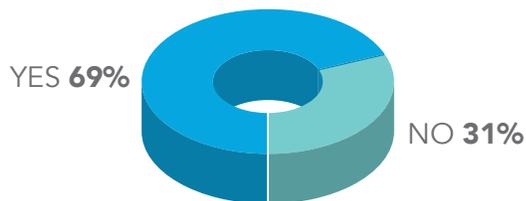


Data is from 69 health care organizations who participated in a survey conducted in June & August 2019 by Accordant Philanthropy®.

## Who Has a Formalized Grateful Patient Strategy?

When asked about a grateful patient strategy, the majority (69%) of respondents indicate having a formalized strategy. Those (31%) who say they have no formal program cite the most prevalent reason as “Lack of knowledge/don’t know where to start,” with the next most prevalent reason being “Lack of buy-in with the C-Suite.” Many of the 16% of responding organizations that indicate no formalized strategy due to “Other” reasons note “being in a re-building phase with plans of relaunching a formal strategy in the near future.”

### DOES YOUR ORGANIZATION HAVE A FORMALIZED GRATEFUL PATIENT STRATEGY?



Data is from 69 health care organizations who participated in a survey conducted in June & August 2019 by Accordant Philanthropy®.

## Grateful Patient Strategies & Tactics

Four common grateful patient strategies were examined in the survey. The findings for each are as follows:

### STRATEGY 1: Caregiver Recognition Programs

For the purposes of this survey, the definition of a “caregiver recognition program” is a program coordinated and managed by the philanthropy department to raise charitable contributions in recognition of the health care organization’s clinicians and staff. Caregiver recognition programs provide a way for grateful patients and families to express gratitude and to become involved in philanthropy at the organization through a gift in

honor of a clinician or staff person who made a difference in their care experience. While caregiver recognition programs typically do not surface large gifts (a typical average gift is \$25), caregiver recognition programs do provide a way to engage clinicians and front-line staff by providing them with recognition for the excellent care they are providing their patients.

Of the 69 participating organizations, 62% indicate having a caregiver recognition program, while 25% indicate never having one, with the remaining organizations reporting a past caregiver recognition program that was discontinued. The most prevalent reason for discontinuation (18%) was due to “competing interests/could not compete with the health care organization’s employee and/or physician recognition programs.”

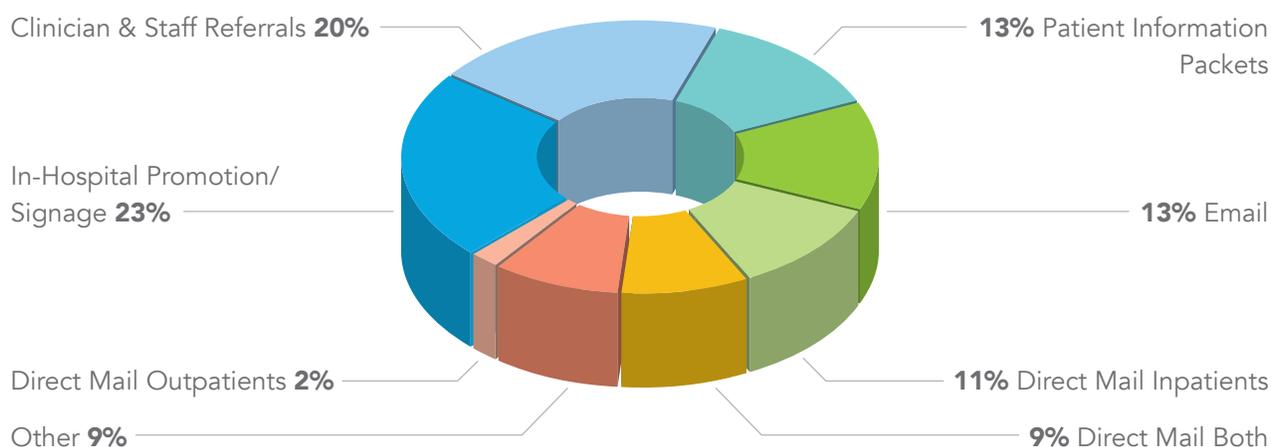
Over the past ten years, health care organizations have sponsored recognition programs and purposeful employee engagement focus that has increased threefold. The Beryl Institute reported in their 2017 annual State of the Patient Experience report titled “Return to Purpose” that for the first time in seven years, employee engagement was rated as the most important factor in achieving a positive patient experience among US hospitals.<sup>2</sup> An article published by Becker’s Hospital’s Review in May 2018, reported US companies are projected to spend at least \$1.5 billion on employee engagement.<sup>3</sup> This is not surprising given that recognition is widely known as one of the biggest drivers of employee engagement.

With so many health care organizations investing hundreds of thousands of dollars in their own internal programs and ideologies to effect culture—Studer, Language of Caring and Institute for Healthcare Improvement Joy in Work to name a few—it can be hard for the philanthropy department to compete with an additional

recognition program of their own. Before initiating a caregiver recognition program, it is wise to ensure there is not already a competing employee recognition program. If an employee recognition program is alive and thriving, consider aligning your philanthropy initiatives there for greater impact on the employees and the organization. This will ensure that the efforts of philanthropy aren't viewed as competing with the overall health care organization or seen as a "flavor of the month" initiative.

When it comes to soliciting and receiving contributions to a caregiver recognition program, internal communication, promotional signage and word-of-mouth referrals by clinicians and staff reign supreme. These methods, in addition to patient emails and patient information packets (pre/post-op surgery packets, discharge packets, etc.) ranked higher in utilization by survey respondents than direct mail sent to both inpatients and outpatients, which is a much more resource-intensive strategy, as outlined in the below chart.

### WAYS YOUR ORGANIZATION SOLICITS & RECEIVES CAREGIVER RECOGNITION PROGRAM CONTRIBUTIONS



Data is from 69 health care organizations who participated in a survey conducted in June & August 2019 by Accordant Philanthropy®.

### STRATEGY 2: Direct Mail/Donor Acquisition

Is direct mail dead? This is an age-old question in health care philanthropy. Some might say "yes"—while others say quite the opposite. Before HIPAA laws changed in 2013, sending out general mailings on a monthly basis to former (discharged) patients was one of the only ways health care philanthropy organizations could proactively reach prospective grateful patient donors. Today, however, with the expansion of access to permitted patient information under HIPAA laws,

organizations can be much more strategic and engage prospective grateful patient donors in other ways.

The survey's definition of a "direct mail/donor acquisition program" is any type of mailing in which some or all of the recipients are previously discharged patients who have never given to the organization. Recent direct mail results produce an average response rate from a house list being 3.7% with prospect lists being just 1%.<sup>4</sup> Many organizations question whether direct mail, especially to former patients, is worth the time and investment.

Today, 63% of respondents to this survey indicate having a current direct mail/donor acquisition program. Sixteen percent indicate never having a direct mail/donor acquisition program, with 70% citing a discontinued direct mail/donor acquisition program due to low ROI or too little ROI to justify the cost of mailings.

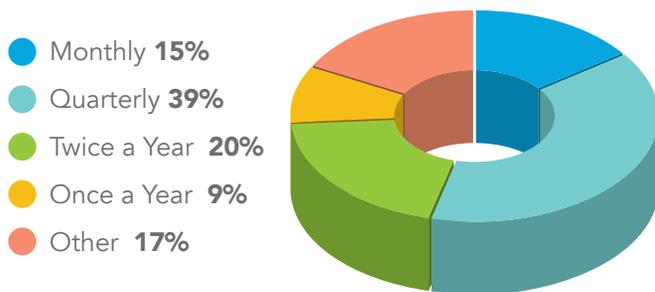
*“We’ve tested this a few times but since we are a Children’s Hospital, younger patients did not have a huge response rate to direct mail, so we discontinued it.”*

*“We are testing moving forward with more e-appeals for our acquisition program (and little to no direct mail).”*

Of the 63% of respondents who indicate having a direct mail/donor acquisition program, it is important to examine how and when they utilize direct mail.

Nearly 40% of respondents indicate doing mailings on a quarterly basis (four times a year). Twenty percent mail just twice a year, and 15% mail monthly or at least ten times per year.

### HOW OFTEN DOES YOUR ORGANIZATION UTILIZE DIRECT MAIL TO SOLICIT PROSPECTIVE GRATEFUL PATIENT & FAMILY PROSPECTS?

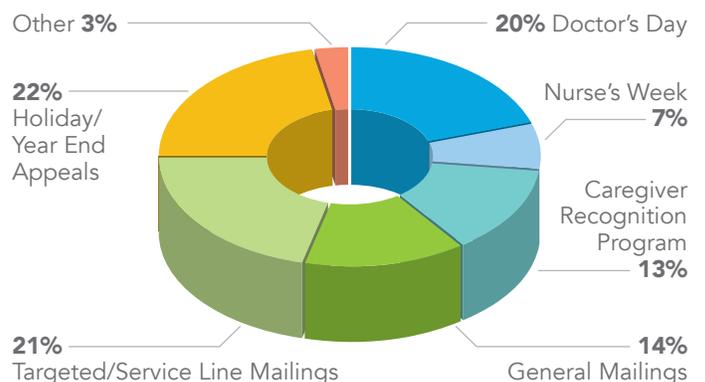


Data is from 69 health care organizations who participated in a survey conducted in June & August 2019 by Accordant Philanthropy®.

When asked to select ways in which their organization utilizes direct mail/donor acquisition mailings to acquire and solicit grateful patients, the top three ways indicated were Holiday/Year End appeals (22%), Targeted/Service Line mailings (21%) and Doctor’s Day (20%).

Let’s take a deeper dive into Doctor’s Day mailings, as those have become a prevalent method for utilizing direct mail/donor acquisition mailing in order to identify prospective new grateful patient donors while continuing to reach existing grateful patient donors. Those who want to honor their doctor in a meaningful way often do so to celebrate this special day. One survey respondent indicated that Doctor’s Day is the only time each year they mail to former patients. With Doctor’s Day recognized each March 30th, mail is sent out a few months prior to former patients and former Doctor’s Day donors asking them to support the mission by making a gift to honor their physician. Each March, handwritten cards are delivered to all physicians receiving a gift in their honor. This past year, this organization raised \$134,000 from their Doctor’s Day mailing, with a 1.84% response rate among former patients and an 18.4% response rate from previous Doctor’s Day appeal donors.

### HOW DOES YOUR ORGANIZATION UTILIZE DIRECT MAIL TO SOLICIT GRATEFUL PATIENTS?



Data is from 69 health care organizations who participated in a survey conducted in June & August 2019 by Accordant Philanthropy®.

### STRATEGY 3: Rounding

Like mail, in-hospital development rounding programs used to be one of a handful of ways philanthropy organizations could proactively identify grateful patient and family prospects. This survey's definition of an "in-hospital development rounding program" is when philanthropy colleagues visit highly-rated, non-donor patient and family prospects during their hospital stay. Today, 40% of survey respondents indicate having an in-hospital development rounding program, while 45% indicate never having one. Of the 15% who indicate their rounding programs being discontinued, the most prevalent reason was due to the program being too labor intensive on the staff.

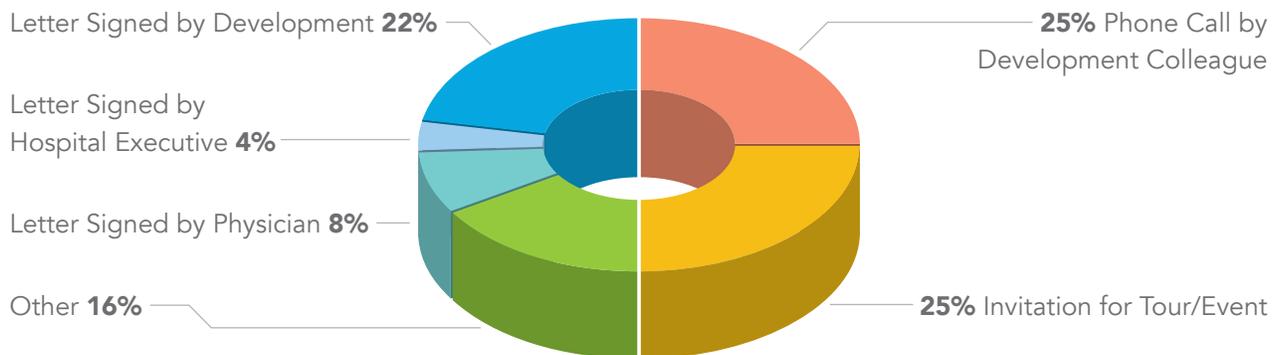
*"Rounding is done through the engagement and experience team, not philanthropy."*

For those organizations that do have an in-hospital development rounding program, capacity rating is the largest factor in the development team's decision to visit a patient (63%). It's interesting to see the various methods the development teams used to follow up with patients who received an initial visit (below):

It should be noted that in addition to "colder" calls to patients based upon screening, many respondents additionally visit donors and others with existing relationships with the organization.

With the exponential increase in focus on patient experience, patient satisfaction scores and employee engagement, rounding by health care organization administrative and clinical leaders has become commonplace. It is not uncommon for patients to receive multiple visits daily from nurse leaders, administrative leaders, volunteers and patient experience team members to gain feedback on their stay. Some philanthropy programs also participate in rounding, but, regardless of formal involvement, ample opportunity exists for philanthropy to work with their organization's clinical and administrative leaders to identify grateful patient opportunities through rounding initiatives. Providing education, scripting and building close relationships with professionals who are interacting with patients on a regular basis can help progress these strategies.

#### HOW DOES YOUR ORGANIZATION FOLLOW UP WITH PROSPECTS VISITED?



Data is from 69 health care organizations who participated in a survey conducted in June & August 2019 by Accordant Philanthropy®.

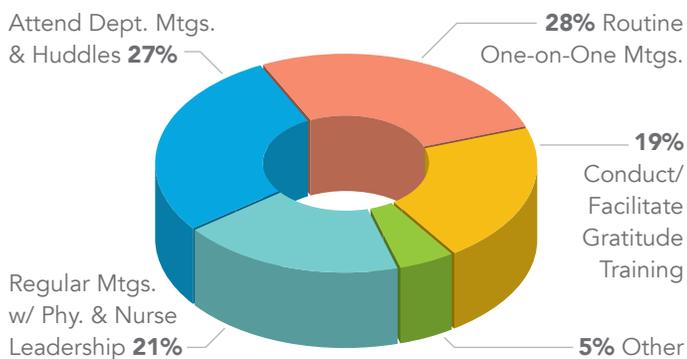
## STRATEGY 4: Clinician Engagement

The purposeful engagement of physicians for philanthropy purposes became commonplace when the HITECH Act of 2013 allowed development access to additional PHI like area of clinical service and treating physician name. Organizations began working directly with clinician partners to identify and cultivate grateful patient and family donors. Over the years, apps, training programs, referrals programs and strategies have been developed and implemented to engage in making grateful patient referrals for philanthropy.

Today, regardless of how an organization approaches clinician engagement in philanthropy, eliciting physician participation and involvement in philanthropy is absolutely critical. In fact, 67% of survey respondents indicate currently partnering with clinicians to help identify and to cultivate prospective grateful patient donors. The most prevalent reason why an organization does not utilize clinician partners is a lack of financial and staffing resources to advance a clinician engagement effort (20%).

Clinician partners can be engaged in many ways, as indicated in the survey:

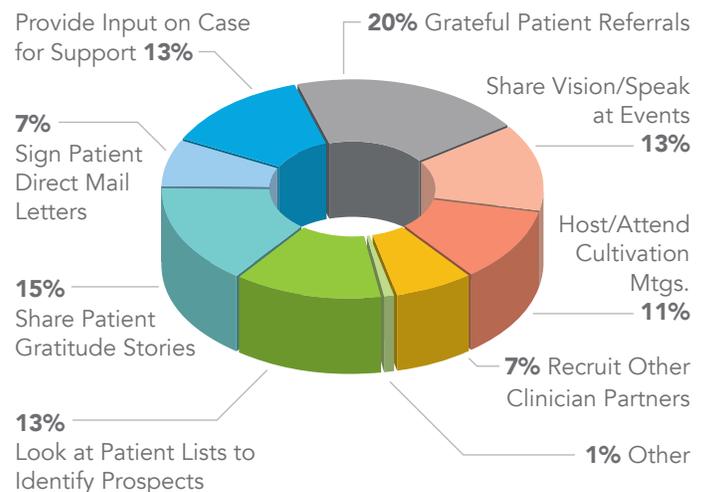
### HOW DOES YOUR ORGANIZATION ENGAGE CLINICIAN PARTNERS?



Data is from 69 health care organizations who participated in a survey conducted in June & August 2019 by Accordant Philanthropy®.

There is little doubt regarding the importance of engaging clinicians in philanthropy. When gratitude is sparked between a patient and a clinician, bringing them together to build philanthropy around an inspired and meaningful project or service is truly the definition of grateful patient philanthropy. It is important to remember that when engaging clinicians in philanthropy, nothing is more impactful than regular facetime and one-on-one engagement. It is also important to note that clinicians can be engaged in multiple ways. Find how your clinician partners want to be engaged and take that journey with them. As noted here, organizations are Involving one of their most valuable philanthropic assets in a number of ways:

### HOW DO CLINICIANS AT YOUR ORGANIZATION ENGAGE IN PHILANTHROPY?



Data is from 69 health care organizations who participated in a survey conducted in June & August 2019 by Accordant Philanthropy®.

With gratitude being the number one driver of philanthropic giving in health care, and physicians being the essential influencer for giving, development professionals can and should focus their work around partnering with physicians and clinicians to best identify and cultivate grateful

## “ Grateful patients and physicians should be at the forefront of everything we do.

patient prospects. Grateful patients and physicians should be at the forefront of everything we do.

However, remember clinicians aren't the only ones who interact with patients on a regular basis. One survey respondent indicated they receive more grateful patient referrals from their patient experience team members than their physicians. As health care philanthropy professionals, it is important that we spend significant time building relationships with key internal constituents and partners inside the four walls of the hospital Building relationships and building philanthropy positively supports our important missions.

### The Role of Data, Data Screening & Analytics

There are hundreds or even thousands of patients walking through the doors of our health care organizations on a daily basis. How an organization accesses, screens and analyzes HIPAA-compliant Protected Health Information (PHI) from these patients is the foundation of grateful patient strategies. With grateful patient approaches ever-changing and ever-evolving, it makes sense organizations constantly review how they access, screen and analyze patient data.

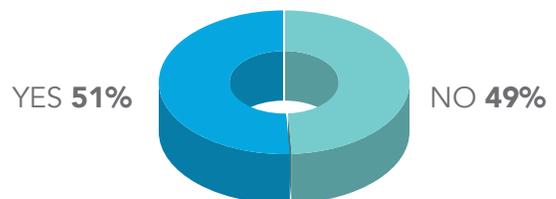
According to the survey, the overwhelming majority (92%) of respondents reveal having access to HIPAA-compliant PHI for philanthropy purposes. Because privacy laws vary from country to country,

the majority of organizations who indicate having little or no access to patient information were from countries other than the U.S., where data privacy laws are much stricter. Of the 92% who indicate having access to HIPAA-compliant PHI, nearly 20% of those organizations cite limited access and often much less accessibility than what is legally allowed. Of the various elements of allowable PHI, patient outcome information is utilized most infrequently, with only 29% of respondents indicating routine access to this; this may in part be due to lack of a clear and agreed upon definition for this data point within HITECH.

Let's examine how patient data is utilized once it is accessed. It is not surprising 85% of respondents indicate partnering with an outside vendor for electronic wealth screening services. Screening for capacity has been fairly commonplace since the mid-2000s when grateful patient strategies began to take hold. About 30% of respondents indicate simultaneously utilizing more than one vendor for electronic wealth screening services.

Today, additional tools such as psychographic screening and custom modeling exist to analyze and model data beyond simple capacity screening. In fact, 50% of respondents indicate utilizing other data analytics and/or modeling solutions beyond capacity screening to better target their efforts.

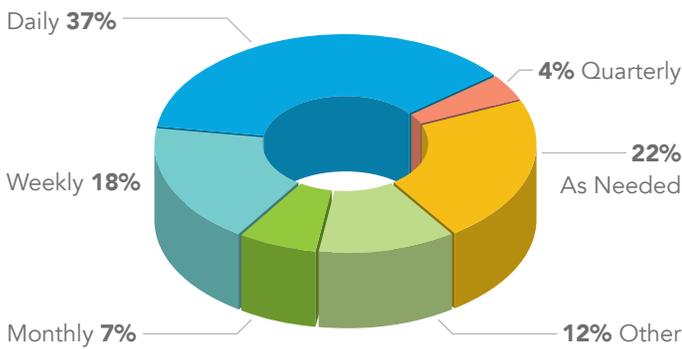
#### ASIDE FROM WEALTH SCREENING, DOES YOUR ORGANIZATION UTILIZE OTHER DATA ANALYTICS/MODELING SOLUTIONS?



Data is from 69 health care organizations who participated in a survey conducted in June & August 2019 by Accordant Philanthropy®.

The frequency in which organizations are screening their data is also a factor. With only 40% of survey respondents indicating they have an in hospital development rounding program, it makes sense that 37% also indicated screening PHI daily. The 63% of respondents who don't screen PHI daily indicated screening data on an as-needed basis (22%) and weekly basis (18%) as the next most frequent responses noted below:

### WHAT FREQUENCY DOES YOUR ORGANIZATION UTILIZE CAPACITY SCREENING?



Data is from 69 health care organizations who participated in a survey conducted in June & August 2019 by Accordant Philanthropy®.

In the past, it was common to routinely screen only inpatients upon their admission to the hospital. Organizations now may no longer need to screen daily and may not need to screen everyone. Let's take a look at some different thoughts on why.

According to the American Hospital Association in a January 2019 Modern Healthcare article, hospital outpatient revenue is nearing that of inpatient revenue.<sup>5</sup> It is incumbent that health care development organizations do not overlook outpatients as an important constituency, and the survey indicates this with 50% of survey respondents saying they screen both inpatients and outpatients.

Many organizations now utilize a targeted approach to screening inpatient and outpatient data. While

screening all inpatients and all outpatients is still the most common answer when asked to describe their organization's screening efforts, it should be noted 28% of survey respondents indicate only screening select inpatients based upon non-demographic factors like service line, department and physician, while 30% indicate a similarly focused strategy when screening outpatients.

With ever-changing grateful patient strategies and methods, health care philanthropy organizations need to consistently examine who, what, when and how patient data is being accessed, screened and analyzed. With often limited resources, it's important to be as effective and efficient as the data will allow.

### In Conclusion

While the term "grateful patient program" is still routinely used, it is important to understand "grateful patients" are not a program. They are a key constituency that should can be engaged in every aspect of the development program, utilizing many of the strategies examined in this survey. As health care philanthropy continues to rapidly evolve and change, it will be increasingly important for health care organizations to routinely examine how grateful prospects and donors are identified and engaged.

---

About the Author: Erin Stitzel, FAHP, CFRE is a Principal Consultant with Accordant Philanthropy. You can reach her at [Erin@AccordantPhilanthropy.com](mailto:Erin@AccordantPhilanthropy.com).

<sup>1</sup> <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

<sup>2</sup> <https://www.theberylinstitute.org/store/download.aspx?id=E0712F5F-E4C4-4D03-A8A6-7180429C1389>

<sup>3</sup> <https://www.beckershospitalreview.com/finance/stop-spending-money-on-employee-engagement.html>

<sup>4</sup> <https://www.campaignnowonline.com/nonprofitblog/typical-response-rates-for-direct-marketing-efforts>

<sup>5</sup> <https://www.modernhealthcare.com/article/20190103/TRANSFORMATION02/190109960/aha-data-showhospitals-outpatient-revenue-nearing-inpatient>

**Accordant Philanthropy® would like to thank the 69 organizations that participated in this survey in June & August 2019.**

AdventHealth Foundation (Orlando, FL)	Grand View Health Foundation (Sellersville, PA)	NCH&C NHS Trust Charitable Fund (Norfolk, UK)
AdventHealth Waterman Foundation (Tavares, FL)	Greater Baltimore Medical Center (Towson, MD)	Norwegian American Hospital (Humboldt Park, Chicago)
Advocate Aurora Health Foundations (Chicago, IL)	Hackensack Meridian Health Foundation (Hackensack, NJ)	Nuvance Health (Danbury, CT)
Ann & Robert H. Lurie Children's Hospital of Chicago (Chicago, IL)	Hospice of Chattanooga (Chattanooga, TN)	OhioHealth Foundation (Columbus, OH)
Baptist Health Care Foundation (Paducah, KY)	Harrison County Hospital (Corydon, IN)	Orlando Health (Orlando, FL)
Baystate Health Foundation (Springfield, MA)	HSHS St. John's Foundation (Springfield, IL)	Our Lady of Lourdes Health Foundation (Camden, NJ)
Capital Caring (Falls Church, VA)	Hill Country Memorial (Fredericksburg, Texas)	Parker Health (Fort Wayne, IN)
Catholic Medical Center (Manchester, NH)	Humber River Hospital Foundation (Toronto, ON)	PeaceHealth (Vancouver, WA)
Centura Health, Rocky Mountain Adventist Health Care Foundation (Denver, CO)	Intermountain Foundation (Salt Lake City, UT)	Peconic Bay Medical Center – Northwell Health (Riverhead, NY)
Cheshire Medical Center Dartmouth Hitchcock (Keene, NH)	Kettering Medical Center Foundation (Dayton, OH)	Penn State Health (Hershey, PA)
The Christ Hospital Foundation (Cincinnati, OH)	LifeBridge Health (Baltimore, MD)	Phoebe Foundation/ Phoebe Putney Health System (Albany, GA)
Colchester and Ipswich Hospitals Charity (Colchester, UK)	Lifespan Newport Hospital (Newport, RI)	Presence Health Foundation (Lisle, IL)
Concord Hospital Trust (Concord, NH)	McLaren Northern Michigan Foundation (Petoskey, MI)	Sharp Health care (San Diego, CA)
Cooley Dickinson Health Care (Northampton, MA)	Medecins Sans Frontiers (Doctors Without Borders) (Geneva, Switzerland)	Sheffield Hospital Charity (Sheffield, UK)
Davis Health System Foundation (Elkins, WV)	MedStar Health (Baltimore, MD)	SoutheastHEALTH Foundation (Cape Girardeau, MO)
Dayton Children's Hospital (Dayton, OH)	Memorial Hermann Foundation (Houston, TX)	SwedishAmerican Health System (Rockford, IL)
East and North Hertfordshire NHS Trust (Stevenage, UK)	Mercy Health Foundation (Cincinnati, OH)	Tampa General Hospital (Tampa, FL)
Emory Decatur Hospital (Decatur, GA)	Mercy Health St. Mary's, St. Mary's Foundation (Grand Rapids, MI)	The Foundation for Barnes-Jewish Hospital (St. Louis, MO)
Emory Hillandale Hospital (Lithonia, GA)	Mercy University Hospital Foundation (Cork, Ireland)	The Ohio State University Wexner Medical Center (Columbus, OH)
Emory Long-Term Acute Care (Decatur, GA)	Missouri Baptist Health care Foundation (St. Louis, MO)	Trillium Health Partners Foundation (Mississauga, Ontario)
Geisinger Health Foundation (Danville, PA)	Mount Carmel Foundation (Columbus, OH)	UCHealth Memorial Hospital Foundation (Colorado Springs, CO)
Good Samaritan Foundation (Cincinnati, OH)	Mt. Ascutney Hospital and Health Center (Windsor, VT)	UnityPoint Health – Finley Health Foundation (Dubuque, IA)
Good Shepherd Rehabilitation Network (Allentown, PA)		VCU Health Community Memorial Hospital (South Hill, VA)
		Yale New Haven Hospital (New Haven, CT)