

The Changing Dynamics of Clinician Engagement

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I was 22 years old and just starting my career in health care philanthropy in Columbus, Ohio. One of my first projects was to start a physician philanthropy council that would champion philanthropy among the physicians at our health care system. This group of physicians worked side-by-side with me to help exponentially increase physician giving to the foundation and elevate physician support of and attendance at our black-tie gala. At the same time, we also created a physician philanthropy award to recognize incredible physicians for their career accomplishments and philanthropic contributions of time, talent and treasure to the foundation. The council was comprised of physicians of all ages, from those just starting their careers to others who had been practicing more than 30 years. This group included some of the most generous and engaged physicians I have ever worked with, even to this day. Their passion for their clinical work coupled with their drive to truly make a difference in the community was extraordinary. When it came to working with physicians, I was hooked.

After 12 years advancing philanthropy and creating the first grateful patient program for this same system, I joined Accordant to focus primarily on what I love most...working with physicians and other clinicians while connecting them with health care philanthropy colleagues. In 2013, when HIPAA laws allowed more philanthropy access through the HITECH Act, clinician engagement in philanthropy quickly became, and still is, one of health care philanthropy's most important strategies to identify prospects and raise significant funds for our missions.

Focusing on something so timely and critical, while also quite challenging, remains both exciting and energizing.

Helping more than 50 hospitals and health care systems engage clinicians and grateful patients in philanthropy, I have met with at least 225 physicians and hundreds of nurses, other clinicians and health care leaders to explore their interest in working with their foundations on a deeper level. I have learned the overwhelming majority of clinicians, when asked, have a true desire to learn more about how they can partner with the foundation in a meaningful way. The challenge has simply been how to do this.

One of the most important things we can do is to start by having one-on-one conversations with prospective clinician partners to discuss gratitude and how grateful patients are seeking meaningful ways to express their gratitude. Asking clinicians how, where and when their patients express gratitude, as well as how these expressions make them feel as care providers, has uncovered how deeply clinicians care about their patients' gratitude. Many of these conversations have been quite powerful. It is through these hundreds of conversations—some of which I share below—that I have developed a greater understanding of what it means to truly engage clinicians in philanthropy and how those dynamics have changed over the years.

CLINICIAN ENGAGEMENT ISN'T A PROGRAM

It can be a challenge to stop ourselves from viewing clinician engagement as a program with a magic wand solution that could unleash the rampant success we so desire for our missions. Clinician engagement is a strategy, not a program.

A great resource for engaging clinicians is Dr. Mo Kasti's book, *Beyond Physician Engagement: A Roadmap to Partner with Physicians to be All In*. Dr. Kasti explains, "Engagement is a two-way commitment between professionals. It is situational and ever changing. We've made it a metric to hold our managers accountable...**to put it plainly—it simply cannot be crossed off a to-do list.**"¹

If we look at clinician engagement as simply a program, a tactic or something we can cross off of a to-do list, we run the high risk of losing continuity in our efforts when competing priorities arise or when staffing changes occur. "This has been tried before," said one physician champion in my work. "The foundation was there, then went away, then was there, then went away. We need consistency."

No amount of strategies and tactics can replace the effectiveness of doing what we as philanthropy officers do best- building deep, meaningful, mutually beneficial relationships with our partners and stakeholders. This is of utmost importance with our physician and clinician partners as well.

Just like grateful patients should not be considered a program (but instead be viewed as a constituent that should be engaged through every aspect of your development efforts) clinicians, clinician engagement and clinician referrals are not programs either. Clinicians are our allies—**our best allies**—to help us advance our philanthropic missions. Building relationships



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IT'S NO LONGER JUST ABOUT THE PHYSICIANS

It is no secret that clinician engagement efforts have focused on physicians over the past decade. Admittedly, my work has primarily been with physicians over the years; however, that is changing...and changing quickly.

Health care providers' use of PAs (physician associates, formerly known as physician assistants) and APRNs (advanced practice registered nurses like nurse practitioners, nurse anesthetists and nurse midwives) has been increasing for years. The US Bureau of Labor Statistics reports the employment of APRNs is projected to grow 45% from 2020 to 2030 as compared to 12% for health care diagnosing or treating professionals and 8% for all other occupations.² The National Commission on Certification of PAs indicated in their most recent annual report that the PA profession grew 29% between 2016 and 2020.³ Increasingly, patients aren't just cared for by their physicians; they are cared for by an entire team that combines physicians, nurses, PAs, APRNs, pharmacists, social workers, case managers and other health care professionals,⁴ especially complex patients with chronic diseases.

This trend was confirmed in a recent conversation with an interventional cardiologist who said to me, "Most of the time my patients wait until they are home or at their follow-up appointment to express gratitude. However, their follow-up appointment will be with the nurse practitioner the majority of the time. If you want to talk to me [about patient gratitude], you need to talk to my whole group. That gives us a much higher chance of reaching more patients."

It is becoming increasingly common to hear this type of recommendation from physicians. They want the foundation to also engage the nurses and other clinicians who surround them and jointly care for their patients. This same interventional cardiologist also added his patients have the longest relationship with cardiac rehab because they go there three times a week for three to four months at a time. The care team indeed goes well beyond the physician.

Your physician partners can provide information about who works side-by-side with them to care for their patients. It could include PAs, APRNs, nurse navigators, practice managers

and more. Find out what nursing units and other clinical departments help treat and care for their patients and begin building relationships with the leaders of those departments and units. Making a concerted effort to engage clinicians and nurses can pay off threefold. In one organization I am working with that has made engaging nursing leaders and their units a top priority, 66% of the grateful patient and family referrals that have happened in the past year have come from nurse leaders. It's time to expand your reach.

INCLUDE THE FORMAL AND THE INFORMAL

As health care philanthropy officers, we are conditioned to complete formal strategies and tasks to meet our goals such as:

- ✓ Send agenda for board meetings
- ✓ Schedule three face-to-face meetings with donors each week
- ✓ Attend hospital leadership meetings

When it comes to advancing grateful engagement, our efforts also center around formal strategies and tasks such as:

- ✓ Identify physician partners
- ✓ Pull patient lists for wealth screening
- ✓ Train physician partners in gratitude
- ✓ Schedule monthly 1:1 strategy meetings with physician partners

While formal strategies and tactics guide our work, it's often what happens in between those that make the biggest difference. Think about the times a breakthrough has occurred in a side conversation after a meeting. How many times has running into a donor at dinner or occasion outside of philanthropy events moved the relationship forward?

One of my most impactful relationships with a physician partner occurred when I was a major gifts officer in Columbus. This physician had a standing meeting with our hospital president every other week. Knowing he would pass my office on his way to and from this meeting, I would often wait for him to leave and engage him when he walked past. He would typically sit in my office for about 20 minutes and together we would strategize how to advance philanthropy for our hospital. It's likely I never had one formal, planned, 1:1 meeting with this physician, but together, we raised hundreds of thousands of dollars. Our most important project was raising funds to rename the hospital's maternity pavilion in honor of a legendary physician. This would have never happened without our informal office chats.

Our formal practices give us credibility and ensure we remain accountable when it comes to advancing our work. Yet the informal things we do between meetings—going to dinner and drinks, sending the happy birthday text or visiting the physician lounge from time to time—can make a huge positive impact.

FOCUS ON THE PHYSICIAN'S GRATITUDE TOO... AND YOUR OWN

With our patients' gratitude driving so much of the giving that comes to our organizations, it's no surprise we exponentially focus on acquiring and sharing our patients' and families' stories of gratitude. I have found, however, that exploring the clinician's own gratitude is not only equally as gratifying but has also helped these clinicians better understand why it is so important to accept their patient's gratitude and help their patients express gratitude in a meaningful way.

I learned this early in my Accordant career during a conversation with a general surgeon. This surgeon walked into our first meeting several minutes late, sat down with his arms folded and immediately asked me the real meaning behind our meeting. I quickly assured him I was not there to ask him for money. I then began to ask him questions about how and where he sees gratitude and how his patients express their gratitude. Most importantly, I asked him how it makes him feel when his patients express their gratitude. What started as a perilous meeting blossomed into a truly remarkable and moving conversation. I discovered how much compassion this surgeon has for his patients and their families, many who live in rural, farming areas and can suffer devastating financial consequences if a member of the family gets injured or sick. I learned that while this surgeon often hears gratitude from his patients, he had never taken a moment to reflect about the importance of gratitude and how it makes him feel. "No one has ever asked me this before," he said, and then went on to share perhaps the most powerful statement of our entire conversation, "I am so grateful to my patients for showing gratitude."

This type of response is not uncommon. An OB/GYN physician once told me, "I have kept a folder of every thank you note anyone has ever sent to me. I pull it out on the days I don't feel like a good doctor." During the height of the pandemic's spread, a cardiologist told me, "It struck me early on during the pandemic, as we were home doing telemedicine, just how genuinely concerned my patients were of MY well-being and worried that I was going to get sick." On a recent virtual training call, a pediatric transplant surgeon showed me the bookcase next to her desk that proudly displays artwork that her grateful patients have made for her. Gratitude is important...to everyone.

In my experience, when the clinician thinks about how much their patients' gratitude means to them, it helps them understand why it is important to help their patients meaningfully express gratitude. By connecting them to the foundation, the foundation can then help their patients best express these feelings of appreciation. This type of realization can occur by the physician or other clinician simply asking a few thoughtful questions and being genuinely interested in hearing the patients' answers.



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Dr. Leif Hass is a family medicine physician and hospitalist for Sutter Health in Oakland, CA. Dr. Hass advises the Greater Good Science Center on health care matters. In his July 2017 article “Why Health Professionals Should Cultivate Gratitude,” he wrote about how his burnout from caring for many of his complex patients was alleviated through developing and expressing genuine feelings of gratitude for caring for these patients. In one example, he shared how an exhaustive planning session with a family over how to treat and ultimately be able to send home his 90-year-old patient caused him to first to feel frazzled and overwhelmed. But through witnessing this family’s devotion to her and her challenging situation, he became grateful to the family for allowing him to be a part of caring for her. He expressed to her and her family, “I wanted to let you know that I think you have a beautiful family. Your efforts to help your mom are inspiring. I want to thank you for letting me play a role in caring for her.”⁵

Dr. Hass went on to explain that intentionally finding a reason to be grateful for caring for each patient and saying so to the patient and family through a “thank you” not only helped his patients feel comforted by the exchange but also “gave me an immediate burst of energy and renewed passion for my work.”⁶

Just like Dr. Hass finds renewed energy and passion for his work through gratitude, it is through the many extraordinary conversations I have had with clinicians about their own gratitude that gives me renewed energy and passion for the work we do in health care philanthropy. It has been and continues to be extraordinary. I am grateful.

The strategic engagement of our clinicians is so important for the work we do in health care philanthropy. Committing to taking the time to build authentic, meaningful relationships with our clinician partners—champions from all clinician areas—is where we will find the most success. Asking our clinician partners meaningful questions will not only provide answers needed to move forward as partners but can also help inspire you as philanthropy professionals to find renewed energy and passion in your work, just as I have.

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¹ Kasti, Mo, *Beyond Physician Engagement: A Roadmap to Partner with Physicians to be All In*, Halo Publishing International, 2018.

² Nurse Anesthetists, Nurse Midwives and Nurse Practitioners, US Bureau of Labor Statistics.

³ Statistical Profile of Certified PAs Annual Report, 2020.

⁴ Physician-led team-based care, AMA.

^{5,6} *Why Health Professionals Should Cultivate Gratitude*, Greater Good Magazine