

A Fresh Look at Our Clinician Ally Relationships

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In October 2010, the Association for Healthcare Philanthropy (AHP) published the article “Major Gift Officers: A Valuable Commodity.” It highlighted how Virginia Mason Foundation transformed the foundation’s major gifts process by focusing “on how work loads are formed, the most productive sources for prospects and the most effective use of major gift officer time.” The examination of the most productive sources for prospects found that prospects identified by major gift officers—*typically patient prospects identified by research*—took the longest amount of time to cultivate and were the least productive with an average gift over the study period of \$49,000. Prospects identified through a relationship with a board member took nearly as much time to cultivate, but the average gift grew to \$242,000. Physician-referred prospects were by far the most productive taking the least time and energy to cultivate with the average gift nearly doubling to \$455,000.¹

Prospect Type	Lead Time	Average # of Steps (Including Ask)	Average Amount
Foundation Identified	5.7 months	3 steps	\$49,000
Board Connected	6.9 months	2 steps	\$242,000
Physician Identified	2.9 months	2 steps	\$455,000

Source: AHP Journal, Fall 2010.

I was introduced to this article and research during my time as a major gifts officer. I will never forget sitting in my office literally asking myself, “Why have I been banging my head against the wall for so long trying to do this on my own?” At times, it is not uncommon to feel isolated and alone as a major gifts officer trying to build and maintain a portfolio. However, looking back, I know I wasn’t alone. There was help along the way. My first seven-figure gift was from a prospect introduced by our board chair. My largest-ever physician practice gift was secured with a physician sitting by my side. I quickly learned to never work with a grateful patient or family without involving one or several physicians, clinicians or nurses who cared for that patient or family.



We can’t and shouldn’t try to go about raising philanthropy awareness and contributions for our organizations and communities alone. Our allies—*whether they be our board members, C-Suite leaders, physicians, clinicians, nurses or community influencers*—play significant roles in our success. Ally engagement, especially physician and clinician engagement, should be a top priority for health care philanthropy organizations and is an area of expertise and focus I am blessed to share and lead through my work with Accordant.

Entering a new year provides the opportunity for new beginnings...to assess how we are doing things and how we can be more effective and efficient. Let’s start with our allies. As we begin 2022, let’s take a fresh look at how we are partnering with, utilizing and advancing our incredibly important physician and clinician ally relationships.

Let’s first look at and understand the definition of an ally. Webster’s Dictionary states the essential meaning of **ally** is “to join (yourself) with another person, group, etc., in order to get or give support.”²

To expand this to include our philanthropy allies, the best definition I have found is this:

To be an ally is to unite oneself with another to promote a common interest. People who are allies are not just helpers, but also have a common interest with those they desire to help. In an alliance, both parties stand to benefit from a bond or connection they share.³

In health care philanthropy, this means to unite ourselves with partners who are as passionate about fulfilling our missions as we are. This means uniting ourselves with partners who share the common belief that philanthropy is not only a mechanism to fund growth, programs and services for our patients and families at our institutions but also a joyful way to help people combine their passions with purpose to have extraordinary impact in their communities.

But we must take this beyond merely partnering with people who share our passions and beliefs.

Multiple research studies, including the one referenced above, point to physicians and clinicians being health care philanthropy’s most important allies. Physicians and clinicians

are at the bedside and in the care settings hearing patients' and families' expressions of gratitude that philanthropy officers will never hear unless the physician or clinician tells us. Their introduction of these grateful patients and families to us is invaluable. In a world of ever-increasing philanthropy goals, it can be a challenge to see past anything other than our intense desire to simply obtain grateful patient referrals. But we must see beyond this, and we must do better.

Let's go back to our definition of an ally and review the last—and most important—statement: **"In an alliance, both parties stand to benefit from a bond or connection they share."** If the relationships with your physician and clinician allies is based solely upon you receiving referrals, that is a one-sided relationship, not an ally relationship where both parties stand to benefit from the bond or connection.

We must instead ensure our physician and clinician ally relationships are two-way. We must work with these partners to ensure they are equally benefitting from the ally relationship. For example, instead of basing your reasoning for needing referrals solely around philanthropy, focus on gratitude and help clinicians fully understand the science behind gratitude. This can help enhance their appreciation for why their patients are expressing gratitude and instill a greater sense of accomplishment and purpose, helping them benefit from the process as well.



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There are many ways to involve your physician and clinician allies even beyond asking for referrals. Invite them to strategy sessions. Ask them to speak at donor cultivation events about their work and how it is impacting the community. Ask for their input on funding priorities. Invite them to participate in engaging their grateful patient and family prospects if they are comfortable doing so. Learn about their passions and work together in partnership as opposed to just holding out your hand to ask for referrals.

Let's take this a step further. As we move through 2022, it's important to realize we must also look *beyond* our physicians and nurses when strategically partnering with clinician allies. Who else can you include in your partnership initiatives?

Recently, I was speaking with a highly accomplished, experienced and well-known interventional cardiologist who, unprompted, spent nearly half of our 35-minute conversation

talking about the catheter lab staff at the hospital. He described how important these highly skilled clinicians are. He emphasized that it takes 15–20 years of experience to hone their craft and skills and how invaluable they are to the patient care this physician provides. Imagine the input and feedback clinicians such as these can also provide regarding patient gratitude!

These types of conversations are becoming increasingly common. Patient care happens in teams and, nine times out of ten, when I ask a physician who else I should be talking with to identify patient and family gratitude, they will start naming the clinicians around them—the nurse practitioners, physician associates, perfusionists, nurses, therapists, nurse navigators, technicians, infusion specialists, case managers and more—who help take care of their patients.

“ Patient care happens in teams...”

It’s a new year. Taking a fresh look at ally partnerships can lead to fresh and beneficial philanthropic strategies. Let’s ensure that we are truly partnering with our clinician allies in a way that is as beneficial for them as it is for our initiatives and goals. Let’s also ensure we aren’t missing valuable opportunities by not exploring the engagement of all clinicians that work alongside our physician partner allies.

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¹ Jachim, Jeanne, AHP Journal, Association for Healthcare Philanthropy, Fall 2010.
https://www.ahp.org/docs/default-source/resource-center/healthcare-philanthropy-journal/fall2010ahpjournalfinal.pdf?sfvrsn=15960673_2

² <https://www.merriam-webster.com/dictionary/ally>

³ https://opseu.org/wp-content/uploads/2015/10/what_does_it_mean_to_be_an_ally.pdf