

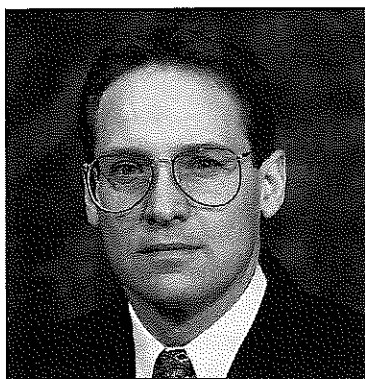
Physician Prospects—an Accurate Diagnosis Creates a Healthy Result

Richard Paul Bragga, FAHP

Physicians are frequently referred to in terms such as highly motivated, energetic, intelligent, extroverted, self confident, affluent, and well educated. This mixture of traits could have been written by a development officer as a prescription for fund raising success. Yet, in fund raising, physicians don't always meet the expectations that the hospital family has from such otherwise high achievers. When these expectations are not fulfilled it creates the perception that physicians are difficult prospects and less than generous givers. Is this a valid perception? Or are we imposing unrealistic expectations on our physicians? These questions and strong opinions on them are often expressed when the topic of physician fund raising is discussed. Only we can determine whether our individual hospitals' physicians are more or less generous than other prospect groups, such as our major donors. As an overall group, however, physicians appear to be very generous.

According to statistics compiled by Ketchum, Inc., physicians do give, solicit, and often participate vigorously in development activities. In multi-hospital campaigns from 1985 to 1990, physicians accounted for 3.4

percent of goal in efforts seeking \$10 million or more; in campaigns of \$5-10 million, physicians contributed 22.7 percent; and in efforts of \$1-5 million that figure was 17.4 percent. During this same period, physician giving to single hospital campaigns exhibited the same pattern as multis.



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While much can be made of the statistical significance or insignificance of these numbers, they do indicate that physician support is being generated at a high level. In fact, this support is as important to a hospital campaign's overall success as is the support of other major gift prospects. Essentially, physician prospects are quite similar to other major gift prospects. If they are not treated as such, their unique potential will not be realized.

Physicians' Unique Potential

Physicians can contribute to a hospital's fund raising effort in many ways. Support could be simply a gift from the doctor or from his/her clinical group or department. A more individual contribution could take the form of leadership in evaluating or soliciting patients, physicians, or others in the community. Because of their involvement with the hospital, many physicians have a wealth of knowledge about the institution. Their first hand description of hospital successes can be very helpful to the solicitation process.

Of course, some physicians will not want to be so involved in fund raising. A less direct means of supporting the hospital might appeal to them—for

example, some physicians could be more amenable to hosting recognition functions for major donors at their home or club.

Advocacy is another unique means by which physicians can support their institutions. Physicians travel in circles to which development officers and, in some cases, even administrators may not have access. And because physicians are often seen to possess both an insider's perspective and independent credibility, their mention of an opportunity to donate to a good cause can lead to additional support for the hospital.

Getting Them Involved

As with most donor prospects, a physician's level of commitment will be based on how closely the cause is related to that individual's personal and professional interests. Equipment, research, fellowships, or other programs associated with the physician's expertise will naturally be of high interest. Getting physicians involved in the support of such programs is a good way to introduce them to the fund raising process and the personal gratification that ensues from it. A physician could then be encouraged to work on a project that is more hospital or community oriented.

Outside of their field of expertise, physicians have families and civic contacts who can interest them in opportunities for support. A disease or impairment affecting a loved one can significantly raise the motivation of anyone. For physicians, who normally provide alleviation of pain and distress, involvement in a program that they intimately identify with can reinforce their desire to be of service.

Other physicians can become interested in support through peer involvement or by a compelling presentation. Annual giving, capital and endowment campaigns, and other funding projects not directly related to the physician's

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specialty may require a heavier emphasis on professional and family linkages—as well as a strong case statement.

Because professional linkages are crucial to many doctors, these relationships should be explored when researching physician prospects. A good place to start is to find out how they generate their personal income. Are they in traditional contract relationships with hospital departments, such as emergency, radiology, pathology? Or do they rely on individual patients? Are they solo practitioners or a part of a group practice? All of these relationships will affect a physician's attitude toward giving.

Another critical bit of information that can help us better understand physician motivation in fund raising deals with how much activity a particular physician conducts at the hospital. A simple delineation of heavy admissions, occasional admissions, and light admissions will be informative. A similar line of research will identify the physician's privilege level—such as attending (more active), consulting (usually sub-specialty), or emeritus (usually retired).

Age, also, can help us understand the physician prospect. John Thurmbold, M.D., who speaks on the changing healthcare environment for physicians, states that “there seems to be three groups of doctors. The older ones, those 60 and above . . . the young ones . . . [and] the doctors in the middle, in their late forties and fifties. . . . It's

this older group that will probably be the most help. They are concerned about their legacy—what mark they'll leave when they're no longer here. They also have the ties and contacts that can make their assistance pure gold to a development officer.”

The last area of research that can help you determine how to get a physician more involved in fund raising deals with the attitude the doctor has toward hospitals in general—are they more than just places to practice medicine? This is difficult to determine but finding the answers to the following questions can help: “Does the physician perceive the administration as cooperative or adversarial?” “Does the physician have a history of fund development experience at any institution?” If the answer to the former question is “cooperative” and the latter, “affirmative,” then you have a likely prospect.

Physicians as Major Donors

If the process of getting physicians involved in fund raising sounds familiar, that's because it is the same tested methodology that is used for major gift prospects. Basically, this is how physicians should be approached. As development officers, we can demystify physician giving by getting rid of any preconceptions about their general unwillingness to give; we should treat them as we do other major gift prospects: they must be cultivated with a well researched, well developed, and highly personalized approach. In other words, development officers should apply the same techniques that physicians use to assess their individual patients. We must gather data on personal history and current symptoms and use this information with care and discretion.



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