Overcoming Physician Objections to Grateful Patient Fundraising

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Outcomes

- Understand the WHY
- Execute on the HOW
- Values driven
  - Gratitude
  - Respect
WHY?

Why is it so difficult to engage physicians in fundraising?
Physician Engagement

- Eager to refer
- Willing to meet and engage
...Physician, (Help) Fund Thyself...

Who here has worked with an exceptional physician-fundraiser?

...what about a bad one?
Frequent Objections

- Ethical Concerns
- Time
- Fear of Damage
- Lack of knowledge
  - Philanthropy
  - Role it plays
Accepting Gratitude

- Door Closers
  - “It’s my job”
  - “Think nothing more of it”
A Culture of Gratitude

Equity Theory

J. Stacy Adams

- Equity theory focuses on determining if resource distribution is fair to both partners in a relationship.
Equity Theory
Equity Theory

- People become distressed if they discover they are in an inequitable relationship.
- In inequitable relationships, participants endeavor to restore equity to eliminate distress. The higher the inequity perception, the more distress experienced and the more people work to restore equity.
- Distress is experienced by both parties.

Adams (1963)
Who Are Your Physicians?

- They personify the mission.
- They hold the relationships.
- They can be powerful fundraising volunteers, like your Board members.
Overcoming Resistance: It’s All About:

- Understanding
- Communication
- Empathy

...for Donors...and your Physicians
#1 – Understand Your Physicians

- Who are they?
- How did they get here?
A Day in the Life…

- “Emotionally exhausted.”  “Ineffective.”
- What is keeping your docs coming to work?
- How do you want them to see you?
“Time is a rabid lunatic running naked.”

Yale: Shrinking Brain

Besieged, confused, suicidal
#2 – Develop and Maintain Relationships

- Your donors cannot be your only “prospects” to manage.

- As a field, we do this to ourselves.

- “How did you get into this line of work?”
What does this look like?

- Be proactive and professional.
  - Portfolio management – referral etiquette

- Know your place.
  - You are partners, but not equal partners.

- Add value to the doctor/patient/mission relationship.
#3 – Be realistic.

- Not everyone wants to volunteer, and not every doctor wants to fundraise.

- Likewise, this is an exercise in change management. A slow one.
Prioritize:

- Those who demonstrate interest.
- Those who have demonstrated success in raising money.
- Work in an area with fundable priorities.
- Need money…but say they don’t want to fundraise
Maximization NOT Conversion

- Donors v Prospects
- Prospects v Suspects
Success breeds success

- 1-on-1 meetings with physicians
- Rapid response to referrals
- Progress updates to physicians
#4 – Communicate consistently.

The single biggest problem in communication is the illusion that it has taken place.

George Bernard Shaw
Touching Base:

- Coin of the Realm – consistent communication throughout

- Remember – you have a PR job to do for the profession!
Through a Glass Darkly

- Life-changing experiences
- Not “ought to” gifts
- Philanthropy not fundraising
#5 – Set physicians up for success.

- …and never put them in embarrassing situations.

- Doctors will resist requests that interfere with the relationship, the mission or at the least, billable activity.
Shift the Question:

- “What is Development going to do to my patient?
- “How will Development help me work with my patient?”
“The best outcomes occur when all team members understand their roles, respect one another and know how to interact with one another”

Dean, College of Medicine
Speaking of Team

- Nurses
  - Gallup Poll
    - Rated highest on honesty and ethical standards
    - Since 1990
Conclusions

- You are a key member of the team.
- Be as expert in what you do as the doc is in what they do.
- You may have to overcome the bad work of others. Excel anyway!
Questions?

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