



Engaged  
Generosity

# INFORMING A GRATEFUL PATIENT MAJOR GIFT PROGRAM WITH STRATEGIC DATA

The aim of grateful patient fundraising programs is to establish meaningful connections between healthcare organizations, often hospitals, and their patients through charitable giving to support the hospital's mission, growth and services. These programs help healthcare organizations identify patients who have had positive experiences and possess both the willingness and ability to contribute. But in order to do that, the right information and data on patients is critical to a program's success.

## Finding Insight



Utilizing data to establish or better inform a Grateful Patient program is the ability to use patient metrics to guide strategy. This is an opportunity to gather insight on patient data, either identifiable or de-identifiable, depending on your organization's rules for storing allowable PHI.

This data allows you to assess the patient population you'll be working with in order to better structure your program.



## Getting Organized

Programmatically, patients can be sorted into prospect categories utilizing both personal information (demographics) and allowable protected health information (patient details for fundraising purposes). It's important to use the information to build detailed profiles and identify your prospects for ongoing support.

## Collecting the Information

The data informs how you prioritize prospects and build pipeline, think strategically and build a better partnership with clinicians.

So what data do you need? Once you've worked with your Compliance and IT teams (whoever is responsible for approval of PHI and how you get it), to establish a flow of patient information, consider how this information can be paired with what else you know. This combined data guides how you engage with the prospect.

Because there are so many rules and regulations when it comes to patient data, it's crucial that you plan intentionally and have a secure system in place for managing it. The last thi

### The ideal fields to collect:

- Patient ID
- First, Middle, Last Name
- Address
- DOB
- Email
- Phone
- Age
- Visit Date
- Visit Location
- Visit Provider
- Visit Specialty
- Inpatient vs. Outpatient

### Use this information to submit a screening to get:

- Wealth Capacity
- Income
- Assets
- Giving to Other Orgs
- Giving Likelihood
- Internal Affinity Score
- Internal Donor RFM



## Patients to Include

Cast a wide net on the patients to include in your program. Suppress based on certain insurance statuses, like Medicaid, and fundraising opt-outs, but be judicious in what other areas you want to consider removing.

Include outpatients and inpatients. Don't exclude key outpatient visits that open a door to a larger patient prospect population. It's important to note that healthcare institutions are allowed both past and future visit information.

Ensure you're receiving both at routine intervals, like daily or weekly, so that you can act on the information. Past visit data allows prospects to be segmented, but future visit data also provides valuable information on not how someone has engaged with the organization, but whether they are going to continue engaging. This is an important factor of affinity.

Future visits from certain prospects, note that might not be everyone, also crucially informs a prospect's cultivation plan, allowing gift officers to develop meaningful, informed relationships with both the physician and the patient. Knowing when someone will be coming in helps ensure the proper timing of communication.

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## Analyzing Patient Prospects

Once you've been able to get and combine this data for a comprehensive look at the patient population, you can use it to leverage statistics that inform your program.

As you're enhancing gift officer portfolios, use the data to build profiles on departments and physicians to help identify partnerships that should be prioritized. There's nothing fancy about merging together some spreadsheets and making a few pivot tables to get this data summarized, but there are plenty of services and products that can do it for you.



Looking at these snapshots gives you a high-level view into the makeup of prospects by department, location and/or physician. These statistics may influence which prospects are assessed further, but also show snapshots that can drive which physicians your team reaches out to first. Prioritize both team's time and use data to give the most promising prospects first, building trust with your Major Gift and Clinical teams.

In this departmental analysis, the results breakdown patients by doctors within the cardiology department, providing insight on their population's wealth capacity, likelihood to give, age, top cities, and total patients in the last year. (Any available field of data can be used.)

## Cardiology

	Wealth Capacity	Likelihood to Give	Age	Top Cities	Patients last 12 months
Doctor 1	\$100K-\$500K	781	72	City 1 City 2	592
Doctor 2	\$5M+	892	56	City 3 City 4	344
Doctor 3	\$1M - \$2M	605	64	City 3 City 6	453
Doctor 4	\$500K-\$1M	723	68	City 2 City 5	518
Average	\$1M - \$2M	750	65	-	477

Further looking at the patients of Doctor 1, you can see the total population was ranked into quartiles, allowing for a view into who the top prospects are from different data perspectives. All of this enhances your targeting prospect population and the physician/philanthropy relationship.



# Doctor 1

	Wealth Capacity	Likelihood to Give	Inpatient Visits	Outpatient Visits
Quartile 1	24	21	72	21
Quartile 2	42	35	39	11
Quartile 3	263	230	45	236
Quartile 4	231	286	94	190
Total	560	560	134	458

## Remember

By taking a group of prospects that have both a high wealth capacity and a high inclination and/or affinity you have a method to identify patient suspects that feed a critical fundraising pipeline.

By examining past visit patterns, physician interaction, and possible giving or communication engagement, organizations can tailor their fundraising asks to better resonate with their patient prospects. This personalized approach can lead to higher donor retention rates and increased donations.

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