

Cardiac Rehabilitation Enrollment Strategy

Establish a Philanthropic Fund: Spotlight on Henry Ford Health System

Subject	Content
Definition/Description	Establish philanthropic fund to <i>partly</i> underwrite CR costs for patients without health insurance or high co-payments
Key Terms/ Abbreviations	<ul style="list-style-type: none"> • CR = cardiac rehabilitation • HFpEF = Heart Failure with a Preserved Ejection Fraction
Background and Purpose	<ul style="list-style-type: none"> • Patients who participate in or complete CR are often grateful and pleased with the program, staff, and the care they received. Many of these patients also have the means to make a financial donation and when asked, are willing to contribute back to the program as a way to help those patients less able to participate due to either no insurance, insurance that does not cover their diagnosis (e.g., for the HFpEF patient), or a co-payment amount that precludes or limits their participation in CR. • This strategy involves sending a one-page letter to former CR “graduates” that directly asks them to donate monies back to the program to help the aforementioned patients.
Relevant Metric(s)	<ul style="list-style-type: none"> • Log/track the number of patients or total patient-visits completed each year that are partially funded through this fund. Such information can be shared with Administration to demonstrate the success of the endeavor, as well as with patients to demonstrate how the fund is helping others. • For every 100 letters sent out with each solicitation mailing, expect a response from between 5 and 15 recipients, with an average donation amount of approximately \$75.
Process Description/ Processes Impacted	<p>There are essentially two components to this strategy. One is sending out the letters and receiving the monies, and the other component is distributing the money. Your Development or Philanthropy office can help you.</p> <ol style="list-style-type: none"> 1. Sending out the letters and receiving the monies <ul style="list-style-type: none"> • Work with your Philanthropy office to craft the solicitation letter, mail it, receive the donated monies using a pre-addressed envelope, and deposit received monies into a grant account that your CR manager or supervisor oversees. Consider having a CR staff person that the patients are familiar with sign the letter, which is especially important if your program offers more than one service location. Alternately, have a CR “graduate” work with you and your Philanthropy officer to draft the letter and tell “their story” as to how CR helped them and

	<p>explain how donating to the program is important in order to help others.</p> <ul style="list-style-type: none"> • The letter should be short and to the point and state broadly how the monies will be used (e.g., help those patients that cannot afford CR, purchase new equipment to be used in CR). <p>2. Distributing the money</p> <ul style="list-style-type: none"> • Administratively this may be the most difficult issue to solve and will likely vary across hospitals. Take the initiative to develop a system that benefits the CR patient in financial hardship with the least amount of burden on the CR staff, administration, billing department, or the patient. • Consider not allowing monies from the grant to cover a full 36 session for any one patient. Instead, money should be distributed in a manner that allows the greatest number of patients to get involved with CR, even if it is just for 6, 9 or 12 visits (to improve their function and independence). • Consider a practice where-by patients pay some portion of their CR, to have them vested in their care. For patients with no insurance, perhaps have them pay for the first one or two visits (which is one way to demonstrate adherence to CR) and then let the Fund pay for the remaining 5 or more visits. For patients with insurance that “covers” CR but they have a high or limiting co-pay, have them pay for the first 2-4 co-payments and then have your billing system electronically set-up to “kick-in” and charge the Fund for the remaining co-payments. • Suggest the monies not be used to pay for program supplies or staff travel and education, such expenses are operational costs and are often viewed by donors as not directly helping the patients. • Getting the mechanics of having the money distributed correctly will vary across hospitals. It takes time to work with the right people and put the process steps in place. • Be prepared for the rare instance where a donor sends in a large gift, such as \$1,000, \$10,000, or more. Consider a “donor wall” in the CR area, where larger gifts are recognized. Or, in the instance of a very large donation (\$100,000), consider naming the fund after the individual donor. At Henry Ford Health System, this grant is called the Gil Conger Rehabilitation Fund. • If the letter is mailed out near the end of a year holiday season, have your dietician work-up a heart healthy holiday entrée or dessert, and include the recipe card for such in your mailing.
<p>Key People/ Departments to Engage</p>	<ul style="list-style-type: none"> • Development/Philanthropy office/officer to help review letter, send the letter out via US mail, receive donated monies, and establish an account to deposit donated monies. Suggest

	<p>cardiac rehabilitation supervisor/manager (not hospital administrator) be the named “manager” on the fund, so a person proximal to CR can approve use of monies.</p> <ul style="list-style-type: none"> • Hospital/clinic administrator or billing person to assist with money “crossing-over” from fund or grant to patient’s account.
Data Sources	<ul style="list-style-type: none"> • Need to provide (e.g., via Excel or Access database file) the Philanthropy office with the full name and correct address of all patients who “graduated” from your CR program over a prior defined period of time (e.g., 6, 12 18, 24 months). This information can be gathered from any administrative database(s) you keep on patients in your CR unit. If none exist, ask the hospital billing staff to generate a list using their database(s). • Be sure to look over any list before sending to Philanthropy for mailing, to remove any patients you are aware of that have passed away; also, consider removing the very rare patient that might have been disgruntled with CR.
Cost Concerns	Mailing costs and paper/envelope supplies.
Timeline	One mailing in November, when people are looking to donate for year-end tax purposes. A second letter can be sent out mid-year as well.
Supporting Material	Example development letter attached.
References	Not applicable.

Questions should be directed to: aacvpr@aacvpr.org



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Preventive Cardiology

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Date _____

Name:
Address:
City/State:

Dear:

Each year the Henry Ford Cardiac Rehabilitation and Preventive Cardiology Programs continue to grow and this year has been no exception. In 2013, our programs in Detroit, Livonia, West Bloomfield and Clinton Township helped more than 1,000 patients return to active, healthy and productive lives. However, such growth and our ability to continue to provide the best care possible require additional assistance.

Would you consider giving a gift to our department this year? The monies received through your generous support will be used to help pay partial program costs for those patients with financial hardship. These are people just like yourself who have suffered a heart problem and would benefit greatly from the program. Would you consider a gift of \$20, \$35, \$50, \$100 or more at this time? Of course, any size gift would be greatly appreciated.

Please make your tax-deductible gift payable to Henry Ford Health System and return it with the coupon in the easy-to-mail enclosed envelope. Please help our patients return to active lives!

On behalf of all the nurses, dieticians, exercise specialists and physicians in our department, I pass along our best wishes to you and your family in 2014.

Sincerely,