

Community health centers (CHCs) serve as crucial health care access points for underserved, uninsured, and underinsured people. These nonprofit organizations provide affordable, comprehensive primary care to all regardless of income level or insurance status. As important as their services are, however, these health centers face persistent challenges with provider shortages and burnout that predate, and have been exacerbated by, the COVID pandemic.<sup>1</sup> While reimbursement for telemedicine services during the pandemic has created additional workforce flexibility, community health centers remain in need of staffing solutions. A promising approach to addressing these workforce issues is to deploy retired physicians into paid staffing positions at community health centers.

**The Encore Physicians Program** represents one strategy that funders and their partners can employ to address CHC workforce shortages. It recruits retired physicians to fill staffing needs at CHCs while providing the physicians with a meaningful work opportunity in their retirement.<sup>2</sup> The program was born out of a partnership between Kaiser Permanente and the Encore Fellowship Program at Encore.org. The former has provided critical funding and other support for the program, while the latter has served as the implementation partner, drawing on its fellowship model for matching skilled, seasoned professionals with social sector organizations in high impact, paid leadership engagements.

**“We’ve been short-staffed. Encore was a good way for us to get an experienced clinician hired quickly.”**

**- participating health center**

Starting with a pilot in early 2018 in the San Francisco Bay Area, the Encore Physicians Program attracted considerable interest. While the program initially aimed to place three physicians during its pilot year, it ultimately placed nine at health centers throughout the East Bay and North Bay regions. Although participation by health centers and retired physicians slowed in spring 2020 due to the COVID pandemic, interest and recruitment rebounded by late 2020 as vaccines became available and health centers moved to conducting more patient interactions via telehealth. The program continues to grow and has now hosted over a dozen physicians in five health center systems throughout the Bay Area, and in 2021 began an expansion to the South Bay and San Francisco.

From 2018 through 2021, the California Health Care Foundation partnered with Engage R+D to conduct an evaluation of the Encore Physicians Program. This brief report provides a summary of the evaluation findings, offering funders and others interested in learning from the Encore Physicians Program model with: 1) a summary of the program’s key impacts, 2) a description of its key components, and 3) considerations for scaling or replicating the model in other settings.

Overall, the evaluation found that health centers and physicians reported positive experiences with the program. It also yielded useful insights for replicating and scaling the model, including elevating the following as core components of the program explored in this brief:

**CORE PROGRAM COMPONENTS FOR REPLICATION AND SCALING**

- Intentional model for physician support and program operations
- High-touch matching and onboarding process for health centers and retired physicians
- Capacities in place at health centers that help them to partner effectively with the program

<sup>1</sup> Nelson, Hannah. “[More FQHC Docs Report Physician Burnout Than Independent Docs.](#)” EHR Intelligence. June 22, 2021.

<sup>2</sup> For further information on the Encore Physicians Program, visit <https://encore.org/encore-physicians-program>.

## IMPACT

# A PROMISING STRATEGY FOR ADDRESSING WORKFORCE NEEDS AND INCREASING ACCESS TO CARE

A summary of the Encore Physicians Program's early impacts demonstrates how this model can fill community health center's workforce needs. Overall, participating physicians and health centers have offered strongly positive feedback on the program, and it has shown initial evidence of addressing workforce shortages.

**The Encore Physicians Program fills health center workforce needs by facilitating connections with retired physicians capable of performing high-quality, values-driven care.**

While health-center workforce needs have fluctuated over time and especially during the pandemic, by the end of 2021 many health centers were looking to hire both primary care and some kinds of specialty care physicians. To meet these needs, health centers reported that the Encore Physicians Program helped to match them with experienced professionals (herein referred to as Encore physicians) who provided high-quality, values-driven care. Specifically, health centers noted that:

- The Encore Physicians Program offers them a **connection to qualified physicians**, with Encore.org staff taking a great deal of care to find matches that work well for health center needs and **integrate well into health center work environments**.
- Encore physicians are a **good fit for health centers' mission and population** because they provide compassionate, values-based care to patients.
- Encore physicians **provide experienced patient care** and receive positive feedback from supervising staff and patients.

**“Encore is very good in terms of knowing who good candidates are and who wants to serve this population.”**

**- participating health center**

Encore physicians, in turn, reported **benefitting from the opportunity** to provide patient care and serve their community on a part-time schedule into their retirement.

The evaluation also identified program specifics that participants found **more challenging**, detailed later in this brief. In short, health centers reported needing to adjust to managing retired physicians' part-time schedules, and feedback from Encore physicians suggests a need to provide more support during the onboarding and credentialing process.

**Encore physicians expand access to care at community health centers.**

Participating health centers reported that Encore physicians helped expand their capacity to see patients and provide greater access to care. In particular, evaluation findings underscored the following program benefits for health centers:

- Retired physicians **expand access to primary care** by seeing patients, helping with patient overflow and urgent care, and covering for staff on leave.
- Certain kinds of specialists can help **fill gaps in specialized care** by offering in-house services and providing consultations and training for primary care physicians and other health center staff.
- Encore physicians **contribute experience and mentorship**, providing health centers with valuable guidance and support and serving as go-to resources on certain medical topics.
- While health centers do not typically track their return on investment from hiring an Encore physician, they reported that Encore physicians see patients and **generate revenue** from reimbursements at similar rates as other health center physicians.

## DATA SOURCES FOR THIS BRIEF

Through evaluations of the Encore Physicians Program pilot phase (2018-2019), the impact of COVID on the program and its participants (2020), and outcomes and insights (2021-2022), Engage R+D collected and analyzed data from numerous sources that inform this brief:

- Interviews with Encore.org staff, retired physicians participating (or awaiting placement) in the Encore Physicians Program, health center staff, health consortia leadership, and health center safety net experts;
- Surveys of participating Encore physicians and health centers;
- Data from Encore.org on the physician selection process; and
- Data from health centers related to Encore physician performance and patient load.

## COMPONENT 1

# INTENTIONAL MODEL FOR PHYSICIAN SUPPORT AND PROGRAM OPERATIONS

The Encore Physicians Program is based on the Encore Fellowship model, an initiative that addresses leadership gaps in social sector organizations by matching nonprofits with experienced, retired professionals. The model provided a useful structure to support the development of the Encore Physicians Program and was further adapted for a health care setting. For funders and other parties interested in replicating this model, Encore.org staff have identified the following as essential components of the Encore Physicians Program:

### Supporting the Encore Physicians

- **Part-time, year-long positions.** Encore physicians are typically contracted to work part-time for one year with the opportunity to continue longer. Part-time hours provide flexibility and a more desirable schedule for physicians in retirement, while a one-year placement allows health centers to plan their staffing. While some health centers are accustomed to working with part-time physicians, the evaluation showed that some may benefit from program support in managing part-time schedules.
- **Paid placements.** Although the program initially intended to compensate Encore physicians with stipends, health centers' desire to meet pay parity and labor union standards led to Encore physicians being paid at rates similar to other physicians at the same organizations.
- **Centralized onboarding and support.** The Encore Physicians Program evaluation showed that, once paired with a health center, the Encore physicians benefit from centralized support to help them with the credentialing process and onboarding to the program. The Encore Physicians Program provides participating physicians with a general orientation to the program and history of community health centers, which may be an unfamiliar setting for them. The health centers then conduct site-specific onboarding to their center's history, culture, language(s), and operations, supporting a quick transition.

**“[Encore physicians] are very passionate about providing their clinical expertise and really ready to serve.”**

**–participating health center**

### Establishing a Structure for Program Operations

- **Retired physician pipeline.** The model requires a recruitment source for retired physicians, which can be greatly aided by a centralized channel for communicating with new retirees. In the Bay Area, The Permanente Medical Group (TPMG) has a centralized process for supporting physicians as they transition to retirement. In addition, the Retired Physicians' Association of TPMG of Northern California, a membership group run by retired physicians, provided a centralized communication channel for retired TPMG physicians. The group maintains regular communication with its member retired physicians, creating a pool of ideal candidates for the Encore Physicians Program. While the Encore Physicians Program is open to all retired physicians, the pipeline for retired physicians from Kaiser Permanente and the TPMG Retired Physicians' Association helped create a substantial pool of applicants, allowing Encore.org staff to find a good fit with each interested health center.
- **Capable program leadership.** To manage the recruitment, matching, and interactions with physicians and health centers, capable program leadership is essential. The Encore Physicians Program operations rely on Encore.org program directors with support from other Encore.org staff and contractors.<sup>3</sup> These program directors - retired physicians themselves - handle day-to-day operations, recruitment, and provision of ongoing support to participants. The lean staffing approach has allowed the program to scale to new geographies by hiring a program director for the region while keeping administrative costs low and providing Encore physicians and

<sup>3</sup> Note that during the pilot phase, operating the Encore Physicians Program required more staff involvement and a high degree of coordination. Multiple contractors, Encore.org staff members, and a steering committee were involved in operating and advising on the program's structure and evaluation during the pilot phase.

health centers with a knowledgeable primary contact. In this model, Program Directors, responsible for the heavy lifting of managing the program, need specific experience and capabilities for the job. According to interview participants, a successful leader brings:

- **Medical expertise** through previous experience **working as physicians**, which allows them to optimize matches (particularly with specialty physicians) and build rapport with participants;
- Ability to **assess character** of incoming physicians and their potential to succeed in the program;
- Ability to **assess health center** needs and culture to make appropriate matches;
- Personal **attributes** such as energy, enthusiasm, commitment, and patience, and
- Willingness to invest intensively in **relationship-building** with retired physicians and health centers.
- **High-touch matching process.** The program must identify a strong fit between a physician’s skills and characteristics (area of medicine, location, and individual qualities) and a health center’s specific staffing needs and workplace culture. To that end, the program uses a high-touch matching process, including extensive outreach, careful screening, and purposeful matching. The process is more fully explored in Component 2, below.

## COMPONENT 2

# HIGH-TOUCH MATCHING AND ONBOARDING PROCESS

A core component of the Encore Physicians Program is careful screening and matching of retired physicians with participating health centers. To create a successful match, the program must identify a strong fit between a physician’s skills and characteristics (area of medicine, location, and individual qualities) and a health center’s specific staffing needs and workplace culture. To that end, the program uses a high-touch matching process, including extensive outreach, careful screening, and purposeful matching (see Exhibit 1).



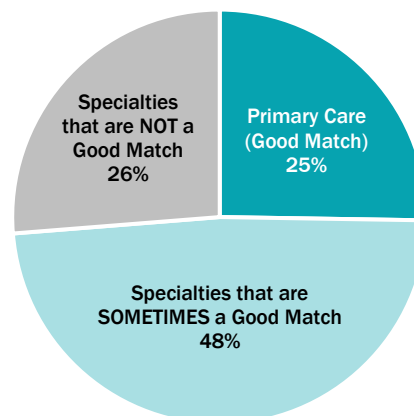
The program has found that these considerations are key in reviewing physician applicants:

- **Area of medicine.** Health centers in the Encore Physicians Program most often needed primary care staffing, but **primary care physicians accounted for only 19 percent of program applicants** in 2021, while the remainder were specialists (see Exhibit 2). For health centers, hiring some types of specialists could require purchasing new equipment, setting up new support systems, or amending their federal scope of practice. However, Encore.org staff did find that some specialties - such as obstetrics and gynecology, cardiology, podiatry, and orthopedics - were a good fit for the program. (Specialties such as anesthesiology, radiology, oncology, and others were not.)
- **Geography.** Retired physicians were largely only interested in being matched with health centers within what they would consider to be a reasonable commuting distance from where they lived. With the initial phases of the Encore Physicians Program situated primarily in densely populated urban settings, geography was not a barrier except for a few clinics in more rural outlying areas. **Geography could pose a greater challenge in areas where**

retired physicians tend to live farther from health centers in underserved communities, including in rural areas.

- **Expectations of job parameters.** A good match between a physician and health center will include **alignment in their expectations** about the number of hours they want to work and on what schedule, as well as whether care will be delivered onsite or via telemedicine—an issue that has gained relevance amidst the COVID-19 pandemic. While Encore physicians typically work 12-16 hours a week for a minimum one-year commitment, it can be helpful to clarify exactly what physicians are looking for in their placement. At the time of this brief, some positions could accommodate a combination of remote and in-person service delivery.
- **Core skills.** To manage retired physicians' shift to a new organizational culture and a different workflow than many were accustomed to, the Encore Physicians Program found it helpful to seek applicants with **core skills**, such as cultural competency, humility, and flexibility, to navigate the environment at community health centers. In addition, the Encore Physicians Program directors identified specialty physicians who were comfortable providing **primary care support** as part of their patient care, helping to make them a better match for health centers.

Exhibit 2. Physician Applicant's Areas of Specialty (2018-2021)



The Encore Physicians Program has received steady interest from both retired physicians and community health centers, fielding inquiries from over one hundred retired physicians and working with more than twenty health centers to date. Throughout the program, about half of the physician applicants either found placements at health centers or were in the process of being matched with health centers, including during the pandemic. The main reason physicians were not placed in the program is that their specialty was not needed; most health centers were looking for primary care physicians. Although there was some concern that physicians would not be located where health centers needed them, within the San Francisco Bay Area, the program has generally found a supply of interested physicians within commuting distance of participating clinics. Because not all retired physicians are a good fit for health centers' needs, finding the right matches takes care and time spent on a high-touch matching process. Although time-consuming, this process received high praise from health centers and retired physicians alike and was key to successful integration of Encore physicians into clinics.

### COMPONENT 3

## CAPACITIES IN PLACE AT HEALTH CENTERS THAT HELP THEM TO PARTNER EFFECTIVELY WITH THE PROGRAM

Community health centers can vary widely in their readiness to take on an Encore physician. Evaluation findings and observations from program staff suggest that the following criteria help community health centers successfully integrate Encore physicians:

- **Onboarding capacity.** Orientations helped Encore physicians feel welcome and well-supported at their health centers. Onboarding included electronic health record training and review of responsibilities, schedule, and performance assessment. However, some also reported that this process was time-consuming; health centers and program directors worked to streamline onboarding processes through the program over time. Encore physicians reported that they particularly benefitted from support provided by the health centers to address their emerging questions, including about systems for electronic medical records, as described below.

- **Physician support.** As they would with other new staff positions, health centers need the administrative structure and capacity to provide ongoing support to Encore physicians. Health centers reported that retired physicians brought relevant experience that allowed them to come up to speed quickly with providing patient care as well as mentorship to other staff. However, they benefitted from more support in other areas, such as hands-on support with the electronic health records system beyond the initial orientation, since they had used different systems prior to their retirement. In addition, credentialing was an area that could take additional time for retired physicians, since most had not been through that process in a while. (Centralized support from Encore helped to address challenges with credentialing, as described in Component 1.) Health centers reported that, as with other new staff members, Encore physicians also benefitted from support buddies, supervisor check-ins, and early performance feedback to reinforce their effectiveness and understanding.
- **Creativity in integrating part-time schedules.** Early in the program, some health centers reported difficulty ensuring continuity of care with Encore physicians' part-time schedules. However, these partners subsequently found creative ways to employ part-time physicians. Some clinics found solutions to ensuring quality by pairing the Encore physicians with other part-time physicians to share a panel of patients. Others assigned them to urgent care or to cover other physicians during their time off rather than have them carry their own patient panel. Encore physicians reported overall satisfaction with their schedules and health centers have affirmed that they meet productivity expectations.
- **Openness to specialists.** A health center's ability to provide specialty services can expand access to important types of care for its patients. The Encore Physicians Program has had success in matching specialists with health centers that were able to expand the services they offer. For example, 5 of the first 12 physicians matched in the program specialized in areas of medicine other than internal and family medicine. Indeed, offering part-time specialty care has helped some health centers meet a patient demand that was present but not large enough to support a full-time hire.
- **Considered compensation.** Participating health centers need an approach to compensation that accommodates both Encore physicians and existing health center structures. Most health centers hired Encore physicians as part-time employees and paid standard wages for the time worked, though without benefits. Health centers identified pay parity and labor union standards as guiding factors in their compensation approach. Encore physicians also highlighted the value of having a fair and transparent approach to compensation.

**“Encore opens up access to specialties that [clinics] may not otherwise have within their walls.”**

**–participating health center**

In addition to the CHCs themselves, **health care consortia** in the Bay Area have been critical to supporting the program. Consortia are regional associations that provide advocacy and support for community health centers within individual counties. In the Encore Physicians Program, leadership from local consortia served on a Steering Committee that advised on the program's design, implementation, and evaluation. Encore.org staff and contractors reflected that strong partnerships with consortia can help support the program's success. Leadership from health care consortia can facilitate introductions between health centers and Encore Physicians Program directors and help with troubleshooting (i.e., health center follow-up) as needed. They also noted that consortia meetings can be a valuable place to disseminate information about the Encore Physicians Program, particularly as it expands to new geographies.

## CONCLUSION

# THE MODEL HAS THE MAKINGS FOR SCALING AND REPLICATION IN OTHER SETTINGS

Placing retired physicians into paid positions at community health centers is a promising strategy to address health center workforce needs and increase access to care. Encore physicians have successfully provided primary and specialty care at health centers, with CHCs able to accommodate part-time schedules and provide onboarding support. Further, Encore physicians can potentially provide both onsite and telehealth services.

Findings from the evaluation suggest this approach can serve as a useful model for helping to address community health center provider shortages in other geographies. To successfully translate to other settings, the program requires access to an available pool of retired physicians located within reasonable commuting distance of community health centers facing provider shortages. The program's leaders must possess broad capabilities to manage the program and matching process, as well as bring and build strong relationships. These core components require careful planning and attention for successful roll-out.