



# Operationalizing Transformation in Physician Practice: Introducing *“The Protocol Machine”*

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# Presenters



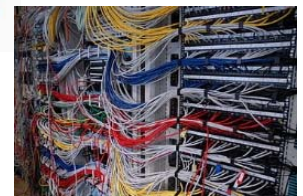
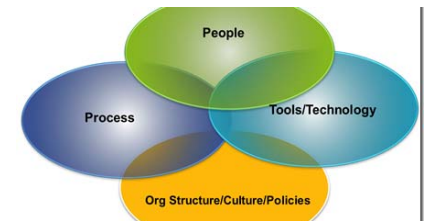
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# Objectives

1. Better describe provider challenges
2. Utilize tools for transformation: people, processes, and technology
3. Implement a system using skill-task alignment and multi-disciplinary teams using examples such as the *Protocol Machine*



# Cooper University Health Care



- 635-bed academic tertiary care hospital
- Only Level I Trauma Center in South Jersey
- 630+ employed physicians
- 100+ outpatient facilities across South Jersey
- Cooper Medical School of Rowan University
- MD Anderson Cancer Center at Cooper
- Children's Regional Hospital
- AllCare Health Alliance ACO

# Cooper University Health Care

2018

- Employees: 7,600+
- Hospital Admissions: 28,000+
- Outpatient Encounters (hospital & physicians): 1.7+ million
- Emergency Department visits: 80,802
- Trauma Cases: 3,766
- Urgent Care visits: 46,511
- Attributed Patients: 110,000







# The Challenge



# Mitigating Physician Burnout

## DRIVERS

### Increased regulatory burden

*21% of physicians work hours spent on non-clinical paperwork (~11 hours)*

### Overextended & undervalued

*14% of physicians believe they have the time needed to provide the highest standards of care*

### Lack of clinical autonomy

*69% of physicians believe their clinical decision-making is limited & care may be compromised*

### Emotionally exhausted

*54% of physicians rate their morale as somewhat or very negative*



## KEY STRATEGIES

- Create safe spaces for discussion
- Address “quick win” operational issues
- Start tracking and acknowledging work outside patient visit
- Skill-task alignment
- As appropriate, give physicians a choice in how new initiatives impact them
- Provide physicians an active role in decision making
- Provide resources for physicians—professional and personal



# Best Practices for Population Health Success



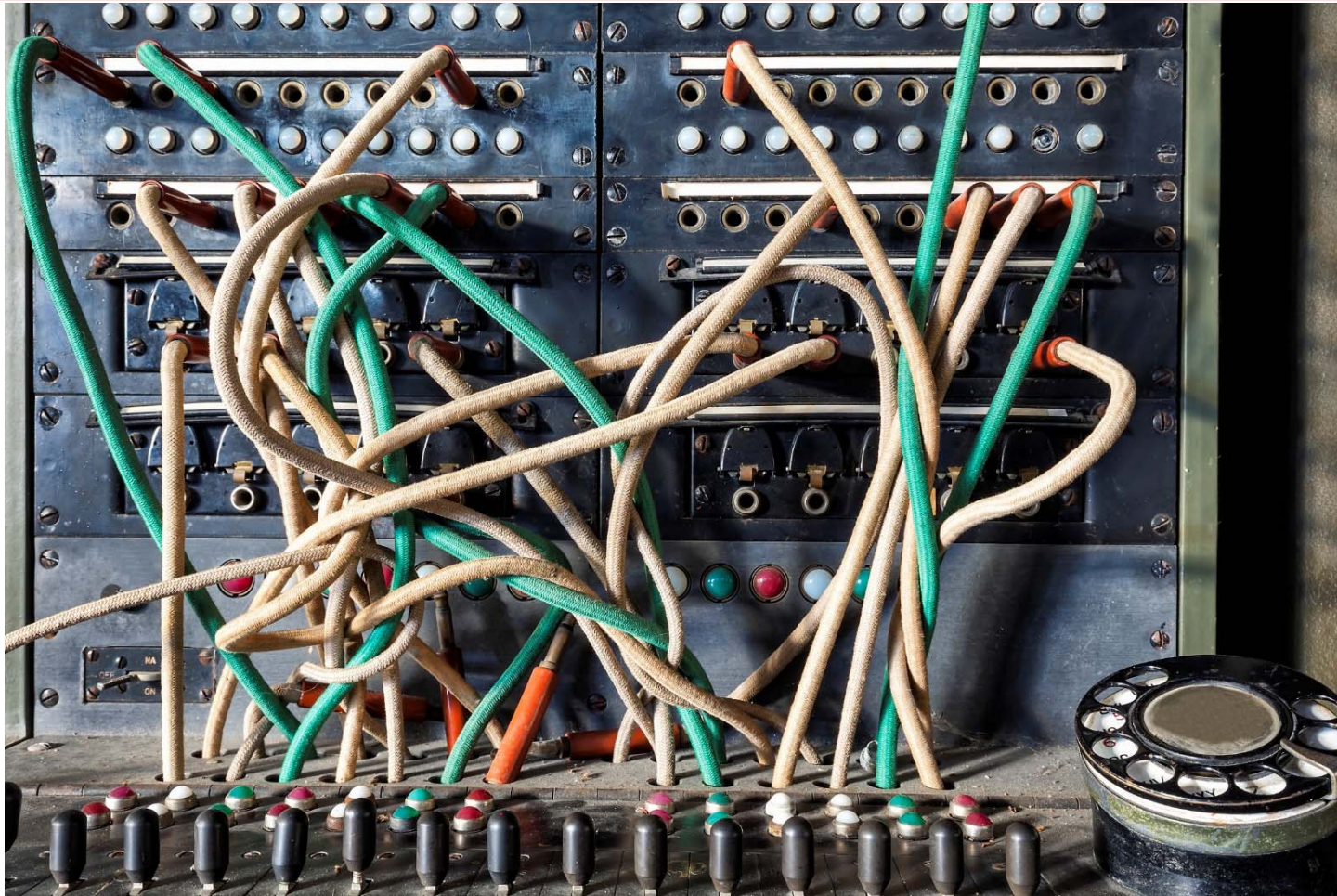
- Hire the appropriate staff
- Introduce new processes into practice workflows
- Managing technology and data
- Provide ongoing training and support
- Create a sustainable program

# Best Practices for Population Health Success



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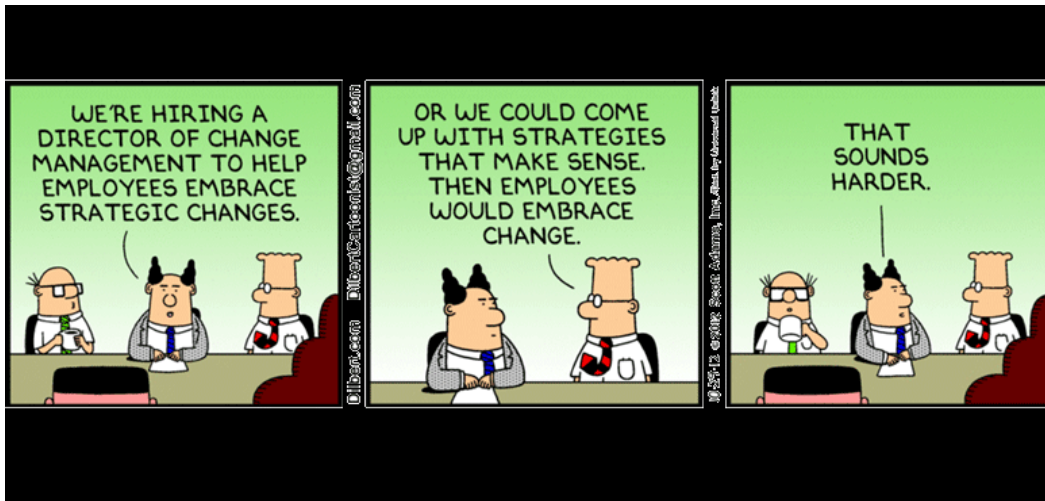
# Creation of a protocol





# Dealing with Resistance

re-sist-ance: *the refusal to accept or comply with something; the attempt to prevent something by action or argument*



## Technical Resistance

Staff

Medical Informatics

## Political Resistance

Ambulatory Operations

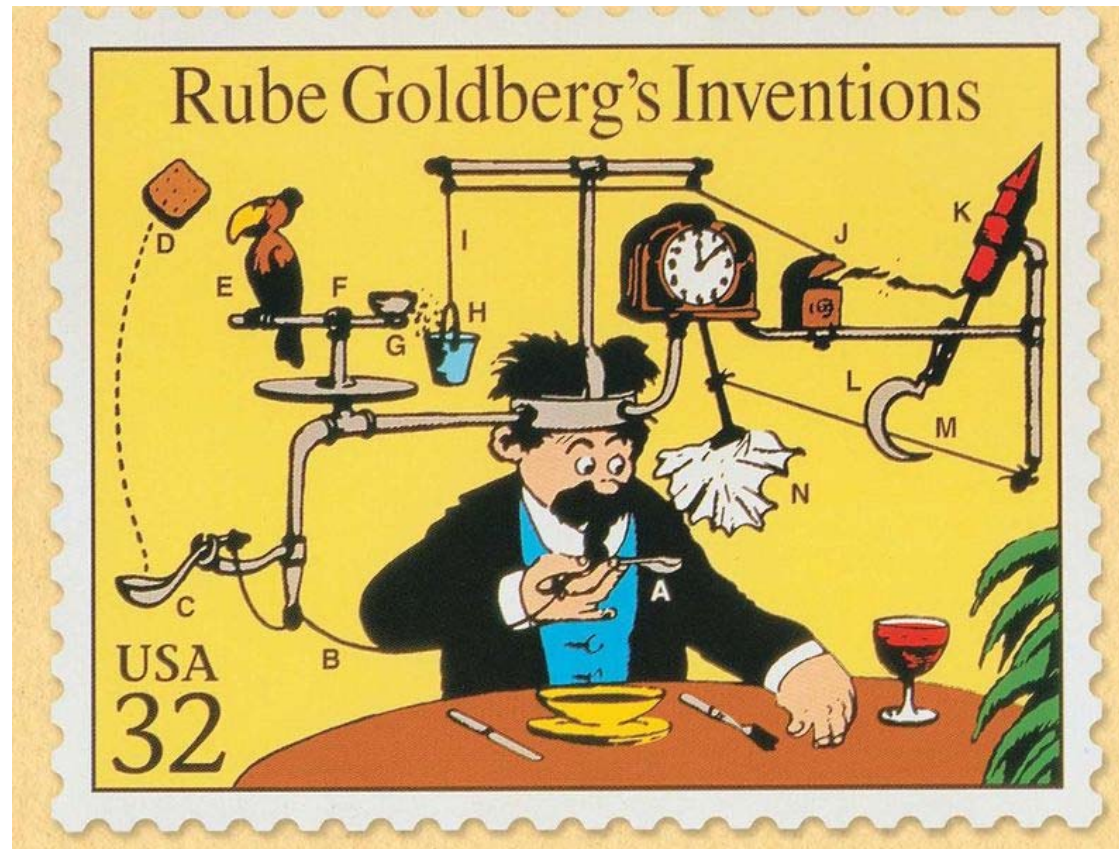
Physicians/Providers

## Cultural Resistance

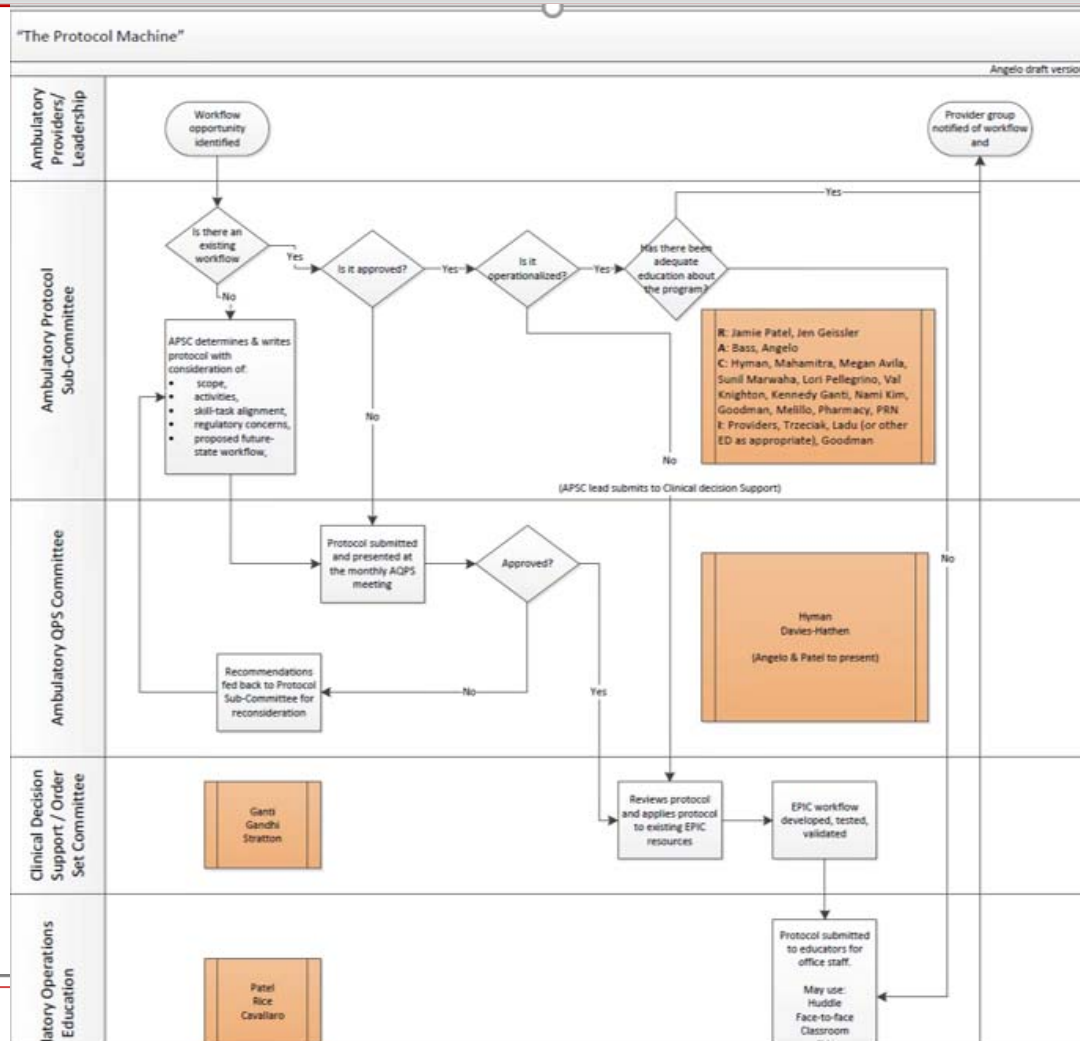
Compliance / Legal

Legacy

# Reorganize to Create the Protocol Machine

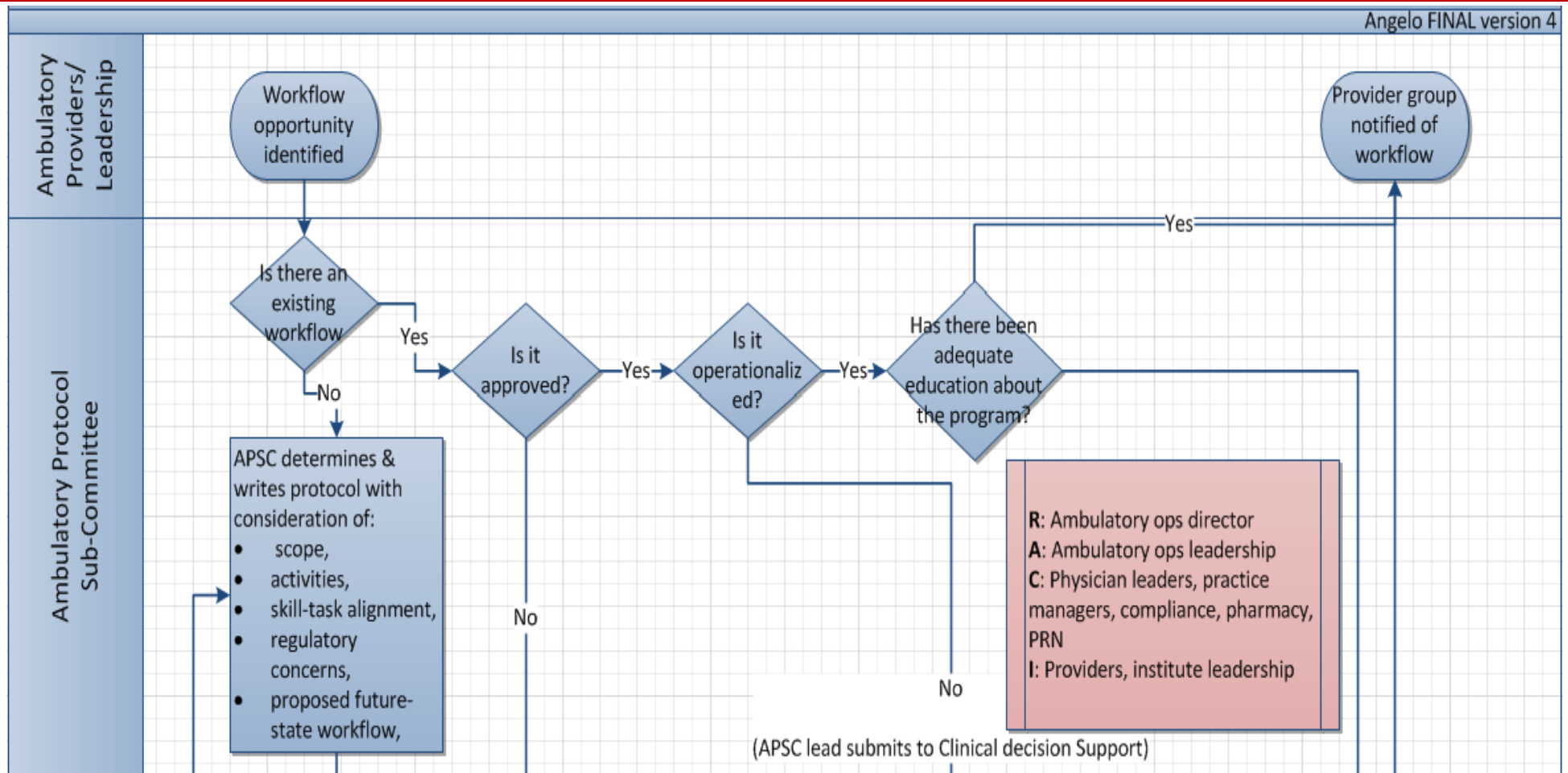


# High Level Process Map—Protocol Machine

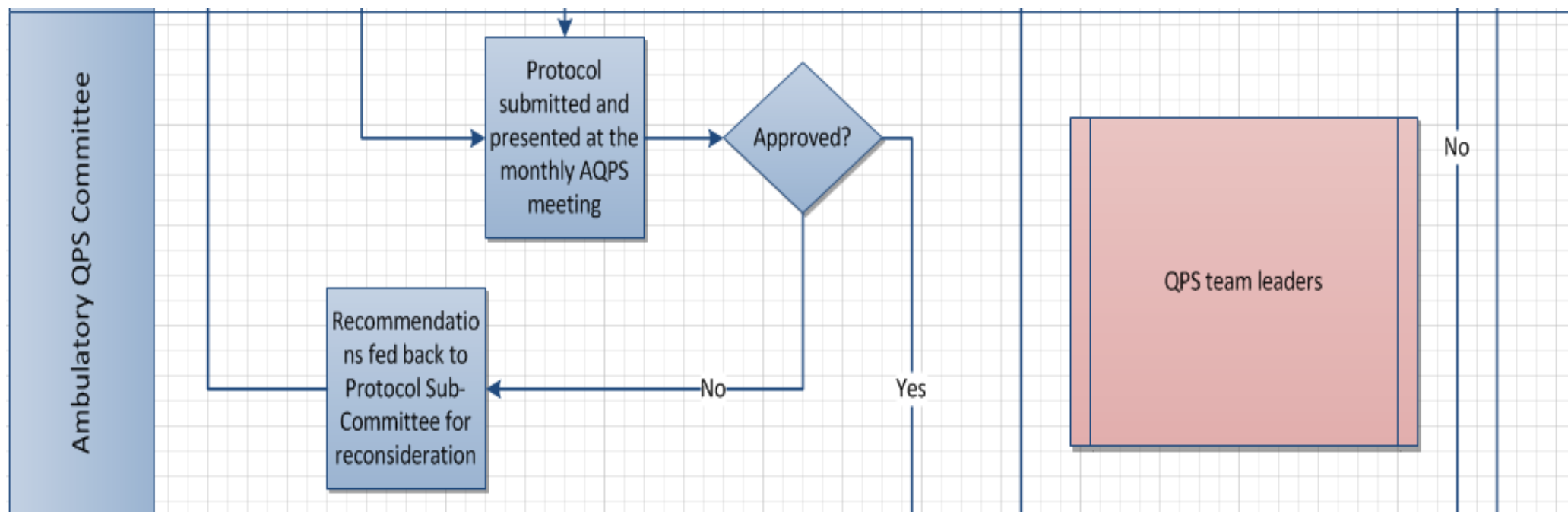




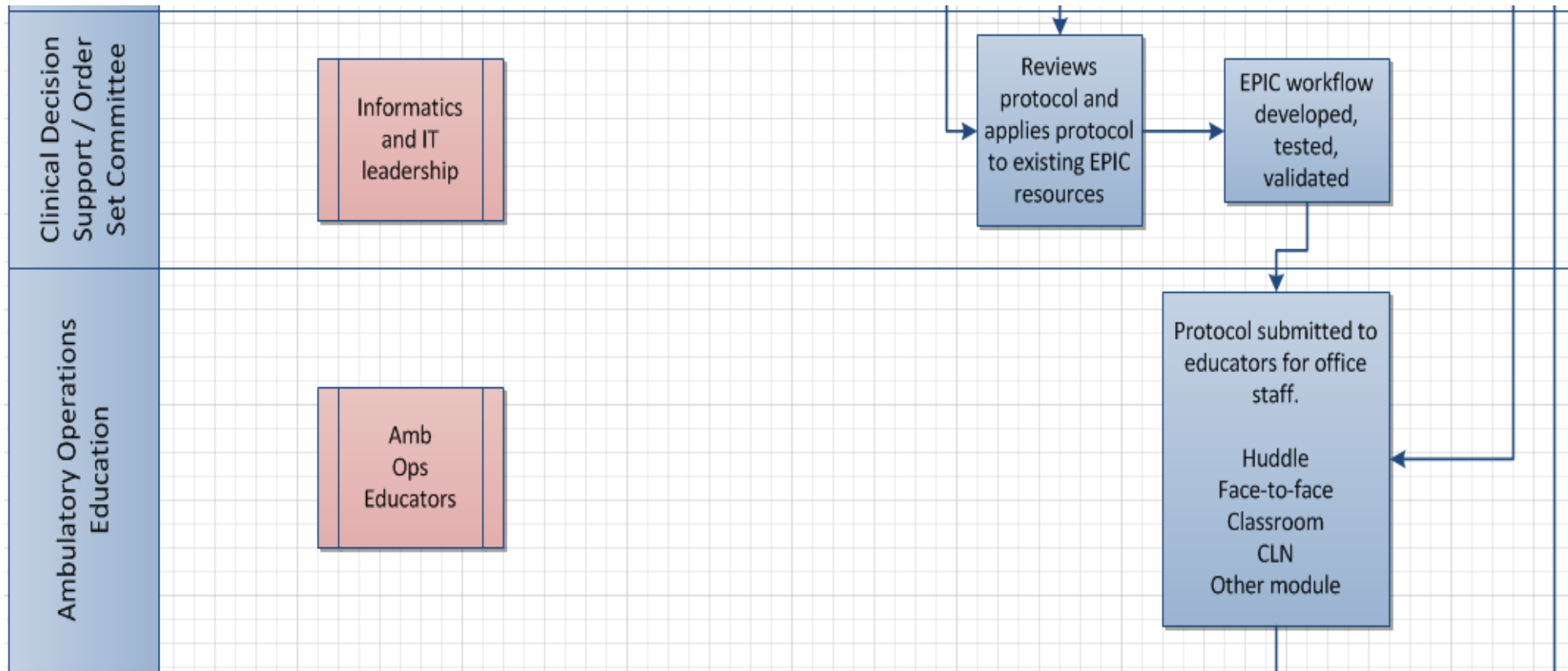
# Identification and Design Phase



# Approval Phase



# Optimize and Verify Phases



## Protocols Implemented

- Routine Mammogram
- Influenza Vaccine
- Point of Care Testing (UA, UCG, rapid strep)
- EKG
- Refill protocols



# Refill Protocol

## Requested Medications

### METOPROLOL SUCCINATE ER TABS 100MG

Will file in chart as: metoprolol succinate-XL (TOPROL-XL) 100 mg Oral extended release tablet  
TAKE 2 TABLETS DAILY

Disp: 180 Tab                      Refills: 0  
Class: Normal                      Start: 3/5/2019  
Originally ordered: 9 years ago by Nami Kim, DO  
Last refill: 12/5/2018

**Beta Blocker 90 day Refill Protocol – Confirm correct prescriber, pharmacy and dispense amount (30 or 90days). Passed** 3/5 12:49 AM 

- ✓ Last Pulse greater than or equal to 55
- ✓ Active on medication list(Confirm Dosage)
- ✓ Not pregnant
- ✓ Negative or no pregnancy test in past 9 months
- ✓ Recent(6 Mo) or future(3 Mo) appointment-- If "X", make an appt within 90 days
- ✓ Past appointment(6 Mo)-- If "X", make an appt within 90 days
- ✓ Last BP at goal


[Protocol Details](#)

## Requested Medications

### ROSUVASTATIN CALCIUM 10 MG TAB

Will file in chart as: rosuvastatin (CRESTOR) 10 mg Oral tablet  
TAKE 1 TABLET BY MOUTH EVERY DAY

Disp: 30 Tab                      Refills: 5  
Class: Normal                      Start: 3/5/2019  
Originally ordered: 4 years ago by Daniel Hyman, DO  
Last refill: 2/5/2019

**HMG-CoA Reductase Inhibitors 6 Months Refill Protocol -- Confirm correct prescriber, pharmacy and dispense amount (30 or 90days). Failed** 3/5 12:20 AM 

- ✗ Recent(6Mo) or future appt(3Mo)-- If "X", make an appt in 90 days
- ✗ Past appointment(6Mo)-- If "X", make an appt in 90 days
- ✓ Active on medication list(Confirm Dosage)
- ✓ Lipid panel in past 2 years
- ✓ Normal or no creatine kinase in past
- ✓ Normal or no AST or ALT in past

[Protocol Details](#)

## Outcomes – Refill Protocol

Refills completed by the provider (avg per month):

	Pre Go-Live	Post Go Live
Primary Care (IM/FM)	289	177

Decreased refills requiring physician authorization  
by **112** per provider per month

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Time Saved: **560 minutes (>9 hours)** saved  
per provider per month



- Managing large populations requires the right people, processes, and technology to create the future state
- Skill-task alignment is integral to creating a practice where everyone practices to the top of their license.
- Operationalize activities that do not need to be done by providers

## QUESTIONS?



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