

QUESTIONS

A N D

ANSWERS

MILLIMAN®

Care Guidelines®

Delivering evidence-based knowledge at the point of care

WHAT ARE THE **MILLIMAN CARE GUIDELINES**[®] AND WHO USES THEM?

A series that spans the continuum of patient care, the *Care Guidelines* describe the best practices for treating common conditions in a variety of care settings.

The *Care Guidelines* are written by an experienced editorial staff of physicians, nurses and other healthcare professionals, and represent a compilation of best practices drawn from the current best medical evidence. The purpose of these clinical tools, which are updated on a regular basis, is to assist healthcare professionals in providing quality care by reducing the underuse, overuse and misuse of medical resources. This reduction is accomplished by:

- Describing the right care, at the right time, at the right place
- Avoiding delays in care
- Incorporating nationally-recognized quality measures
- Providing planning tools to coordinate care and anticipate patients' needs
- Providing patient education tools

Written in a clear, direct style, the *Care Guidelines* are, quite simply, guidelines for providing the right care, at the right time and in the right setting. They are not a prescription, a decision tree or a set of rules for the practice of medicine. Based on medical literature and the actual practice of physicians across the United States, the *Care Guidelines* are a picture of what is possible and – most importantly – what is actually being done.

The *Care Guidelines* are used by more than 1,000 hospitals, physician groups, health plans and other healthcare managers. They are so broadly-accepted that the *Care Guidelines* are used to support the care of one in three Americans.

The *Care Guidelines* are used most effectively when they are reviewed by local physicians and care managers and adapted, as necessary, depending on the availability of local healthcare resources. We believe physicians need to understand, have input into and accept guidelines to achieve optimal results.

For some conditions, the *Care Guidelines* assume that certain infrastructure, including pre- and post-hospital care services, are available in the local healthcare delivery system to achieve the *Care Guidelines*' Goal Lengths of Stay. If services such as home healthcare or skilled nursing facilities are not available, longer in-hospital stays may be required. Use of the *Care Guidelines* often helps identify needed outpatient care services not available in a system or community.

WHAT IS THE AUTHORITY OF THE CARE GUIDELINES? HOW ARE THEY DERIVED?

The *Care Guidelines* are founded on the use of evidence-based research methodology to support the development and understanding of medical care processes. Milliman Care Guidelines takes its definition of evidence-based medicine from David Sackett's article, "Evidence-Based Medicine: What It Is and What It Isn't," which appeared in the British Medical Journal in January, 1996: "Evidence-based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients."

Sources of information for all *Care Guidelines* include medical literature and textbooks, nationally recognized guidelines published in all fields of medicine, practice observations and database analyses. In weighing and grading the evidence, Milliman Care Guidelines uses the following generally accepted hierarchy of evidence (in condensed form), with the first level being the most important:

- **Evidence Grade 1:** Randomized controlled trials
- **Evidence Grade 2:** Other published sources
- **Evidence Grade 3:** Unpublished research, large databases, quality improvement projects, expert practitioner reports

WHAT IS THE PURPOSE OF THE CARE GUIDELINES?

Essentially, the *Care Guidelines* were developed as a tool to chronicle and document the effective, efficient delivery of care, i.e., delivery that achieves desired patient care outcomes using an optimal level of resources. The goal of the *Care Guidelines* is to provide patients with the best care possible, by assisting providers to identify quality care practices in use today – practices that effectively marshal treatment resources, while helping to minimize waste and inefficiency.

Since the early 1980s, our industry has been caught between rising demand on one side of the healthcare equation, and rising costs on the other. Medical research has shown that one way to cut spiraling costs is to reduce wasteful and unnecessary practices. It has been amply demonstrated that there is tremendous variation in healthcare practices throughout the United States. The existence of marked variation – such as differing lengths of hospital stay for the same condition in different regions of the country – is a strong indication that there is sizable potential for improving both the quality and efficiency of care.

WHAT IS THE SPECTRUM OF HEALTHCARE SERVICES COVERED BY THE CARE GUIDELINES?

Milliman's series of *Care Guidelines* cover virtually the entire continuum of healthcare delivery and are accessible through a wide variety of software options, from web-based applications, to interactive software producing real-time management reports, to handheld versions:

- *Ambulatory Care*
- *Inpatient and Surgical Care*
- *General Recovery Guidelines*
- *Recovery Facility Care*
- *Home Care*
- *Chronic Care Guidelines*
- *Behavioral Health Guidelines*

It is important to note that *Ambulatory Care*, *Inpatient and Surgical Care*, *Recovery Facility Care* and *Home Care* are closely interrelated. They describe a cohesive continuum of care in different settings, underscoring how well-managed transitional care – both home care and sub-acute care – along with ambulatory services, can reduce the unnecessary use of scarce and expensive in-hospital acute care resources.

The series consists of complementary tools to be used together. Employed in this manner, they provide a basis for organizing care in the most efficient way across the entire spectrum of care delivery.

HOW CAN THE CARE GUIDELINES IMPROVE THE QUALITY AND EFFICIENCY OF HEALTH CARE?

We define quality as the attainment of the desired health status with patient satisfaction. We define efficiency as bringing about the desired outcome for the patient without wasting resources, effort or expense.

Efficiency and quality converge. Higher quality care can be achieved when patients are diagnosed and treated quickly and effectively. Much of the waste and/or inefficiency in our healthcare system is due to delays and lack of appropriate infrastructure support. For example, a patient with chest pain is admitted to a hospital on Friday and is forced to wait until Monday for a cardiac stress test because that service is not available on the weekend. Better quality and efficiency of care would allow the patient to have the stress test on Friday and receive appropriate treatment immediately.

WHAT ARE THE ADVANTAGES OF USING THE CARE GUIDELINES RATHER THAN TRADITIONAL SYMPTOM-BASED CRITERIA?

Milliman Care Guidelines uses a diagnosis-based approach; *Care Guidelines* products are organized by diagnoses or diagnostic groups such as community-acquired pneumonia or substance abuse disorders. Another approach is traditional symptom-based criteria, organized by manifestations of illness such as symptoms, behaviors, or functional deficits.

Advantages of a diagnosis-based approach include:

- It outlines disease-specific best practices such as timing of antibiotic therapy for community-acquired pneumonia or surgical procedures.
- It provides disease-specific length of stay benchmarks (Goal Length of Stay).
- It provides greater depth of content employing a larger evidence base.
- It is useful in managing recovery delays.
- It promotes consistent, proactive care management, not simply a snapshot.
- It stimulates questions:
 - “Is plan of care in place?”
 - “Is the patient making progress toward the goal?”
 - “What additional services does the patient require?”
 - Not simply “Does the patient meet criteria?”
- Users require greater sophistication because of greater depth of content and longitudinal approach to care.

HOW HAS OUR METHODOLOGY EVOLVED FROM THE FIRST EDITION IN 1990 TO THE CURRENT EDITION?
HOW RIGOROUS IS THE *CARE GUIDELINES*' METHODOLOGY?

In 1990, the standard method of writing guidelines was consensus-based, using a predominance of expert opinion supplemented by the medical literature. As evidence-based methodologies developed in the 1990s, Milliman Care Guidelines adopted a process that includes:

- Full-time faculty of clinicians, epidemiologists, and librarians
- Evidence collection with standardized searches of medical literature
- Analysis of medical literature based on evidence hierarchy and explicit criteria
- Analysis of state, national, and proprietary databases for real-world corroboration of research literature
- Outside expert review by independent practicing clinicians
- Formal group process when evidence is inconclusive
- Application of an evidence grade to key guideline recommendations
- Field testing and continual feedback by users
- Annual update and publication of all guideline content

WHAT IS THE ADMINISTRATIVE BURDEN FOR PROVIDERS USING THE CARE GUIDELINES? SPECIFICALLY, HOW DO THEY WORK IN THE COMMUNITY?

To provide a decision support tool for busy clinicians, functionality is an essential attribute. *Care Guidelines* recommendations are designed to be concise, actionable, and measurable. The supporting evidence is easily accessible but not obtrusive. *Care Guidelines* content is distributed in a variety of software options, including Web, Handheld, and interactive technologies to support on-site and remote care management.

While the *Care Guidelines* communicate the best clinical practices in a form easily used by busy healthcare professionals, the content is advanced. Appropriate training and sound clinical judgment are required if they are to be used properly. Milliman offers a wide variety of educational and training opportunities intended to help *Care Guidelines* users understand the purpose and proper use of the *Care Guidelines*.

The *Care Guidelines* themselves provide background information and a description of their appropriate use. In addition, training seminars are held throughout the United States, focusing on the interpretation and implementation of each product. Milliman trainers also conduct hundreds of client-specific training sessions for those who have licensed the *Care Guidelines*, either on-site or via the Internet.

Our Client Forum, to which we invite *Care Guidelines* clients and other interested healthcare professionals, is held regularly. Industry experts lead interactive sessions regarding the use of the *Care Guidelines* to improve patient care and to more appropriately use medical resources. Contact us for more information about this highly rated conference and other training opportunities.

**WILL THE USE OF GUIDELINES RESULT IN “COOKBOOK MEDICINE”
AND IMPEDE THE JUDGMENT OF THE ATTENDING PHYSICIAN?**

The *Care Guidelines* and other guidelines are widely used by physicians and providers in this country as tools to assist them in medical decision-making. Best described as a body of literature compiled into a form readily usable by busy physicians, nurses and other providers, the *Care Guidelines* – like other guidelines – require the use of clinical judgment. In no situation are they intended to be a substitute for sound clinical judgment applied to an individual patient's condition.

WHAT ARE SOME OF THE WAYS THE CARE GUIDELINES CAN BE USED TO REDUCE WASTE AND IMPROVE A PATIENT'S HEALTH STATUS?

The *Care Guidelines* are used as tools in medical decision-making for a patient at home, in a doctor's office, in a hospital, or at another care facility. *Inpatient and Surgical Care* begins by describing the training and treatment a patient scheduled to enter a hospital receives, prior to admission.

Once the patient is admitted, the *Care Guidelines* help track day-to-day progress. Care managers are able to identify omissions in treatment and bring them to the attention of the attending physician, as well as plan for the next step in care and prepare for discharge. In this way, the *Care Guidelines* function much like a safety checklist.

As part of the healthcare delivery process, the *Care Guidelines* are also used to coordinate care with other disciplines, such as ambulatory case management and disease management. This approach is important in making the patient's transition from a hospital setting to another level of care in a safe and effective manner.

Most importantly, the *Care Guidelines* can be used by hospital staff and physician groups to examine their own processes and performance, as they seek ways to improve what they do. These and many other uses contribute to reducing waste and improving the quality of healthcare a patient receives.

HOW ARE THE CARE GUIDELINES USED IN THE MEDICAL MANAGEMENT PROCESS?

Accrediting organizations, such as NCQA, URAC and The Joint Commission, provide oversight of the care delivery processes of health plans and managed care organizations, as well as other healthcare claims payors in the United States. One of the requirements of the accrediting organizations is the use of guidelines in making medical management decisions. The intent is to assure informed medical decision-making, thereby maintaining a high quality of healthcare. The *Care Guidelines* are among the most widely used tools of this type.

Denial of payment procedures are contractual issues between payors and providers. The way in which payors make decisions regarding the necessity of care or the level of care is routinely evaluated by the accrediting organizations, and there are defined processes that govern how denial notices should be given.

When the *Care Guidelines* are cited to the provider in the context of a denial notice, that notice must contain reasons for denial, including an easily understood summary of the applicable utilization management decision criteria from the guideline used. It must also include how the guideline cited is applied to the specific patient's condition. When a payor adopts this approach, both the provider and the patient are able to understand fully the rationale for the healthcare organization's decision.

Our licensing agreements require that all coverage decision communications that reproduce or cite any part of the *Care Guidelines* must contain the following statement: "*Milliman Care Guidelines* are not intended to be used without the judgment of a qualified healthcare professional, taking into account the individual circumstances of each patient's case."

Use of the *Care Guidelines* as the sole basis for denying authorization for treatment, without proper consideration of the unique characteristics of each patient, or as the sole basis for denying payment for treatment received, represents inappropriate use of the *Care Guidelines*.

DOESN'T THE GOAL LENGTH OF STAY DICTATE HOW LONG PATIENTS MAY STAY IN A HOSPITAL?

The Goal Length of Stay information provides a snapshot of the recovery times possible in the most efficient healthcare delivery systems. These target lengths of stay cover the entire spectrum of medical and surgical patients so long as the patient experiences optimal care and optimal recovery.

These guidelines are typically used in planning for inpatient care and projecting the length of stay a patient may require. If the patient has an optimal recovery, if an extended stay is not required and if adequate discharge planning has occurred, the patient can often go home within the Goal Length of Stay. Most importantly, the *Care Guidelines* provide clinical indicators of when it is appropriate to transition a patient to the next level of care. As is the case with coverage and payment decisions, the individual circumstances of each patient must be evaluated in the context of the attending healthcare professional's clinical judgment in determining treatment patterns and goal lengths of stay.

For more information on the *Care Guidelines*,
licensing or training, please call us at 888 464.4746
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