

# An Analysis of 25 Milliman & Robertson Guidelines for Surgery

## Data-Driven Versus Consensus-Derived Clinical Practice Guidelines

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### Summary Background Data

Managed care guidelines such as those by Milliman & Robertson (M&R) are being implemented with increasing frequency. Many fellows of the American College of Surgeons have raised concerns that the targets set by the M&R guidelines are too aggressive. Uninformed attempts to reach these targets may harm patients. The primary hypothesis of this study was that many of the M&R guidelines are at wide variance from the actual length of stay of patients treated for these diseases.

### Methods

Data for the determination of the present practice of care for patients in 25 M&R guidelines were obtained from the hospital discharge data base for North Carolina for 1996. Twenty-five of the M&R guidelines were compared to the actual patient mean, mode, and median length of stay.

### Results

In 8 of the 25 patient groups, the difference between the actual mean length of stay and M&R guidelines exceeded 5 days.

### Conclusions

Many of the M&R guidelines were found to be at wide variance from the actual length of stay of patients treated for these diseases in North Carolina. For many patients, the M&R guidelines are not applicable. Applying them in an uninformed way—in other words, discharging patients from the hospital too early—may hurt some patients. This study should not be interpreted as a criticism of the trend to use guidelines in general; rather, it should be considered a cautionary note that all guidelines must be reviewed scientifically to determine their soundness, applicability, and credibility.

There is increasing national interest in the potential of clinical practice guidelines to promote the effectiveness and efficiency of health care.<sup>1-29</sup> Known by various names and in a variety of formats—practice standards, practice protocols, critical paths, practice guidelines—all have evolved from differing attempts to monitor the quality and the cost of health care.<sup>1-30</sup>

Various factors, such as the explosion in medical technology, the variety of treatments offered in different geographic locations, and evidence that some treatments

and procedures performed may be unnecessary, have brought about major initiatives to standardize treatment and control costs while delivering superior care. It is easy to understand why guideline development has become a major initiative in the delivery of health care in the United States. Guidelines are used to guide patient management and to assist physicians in making clinical decisions, decreasing variations in practice, improving the quality of care, and cutting costs. Properly developed guidelines may provide a mechanism to rationalize clinical practice and improve the value of health care services.

Most of those involved in guideline development believe that for clinical practice guidelines to be useful, they must be based on sound clinical and scientific evidence. Guidelines must clearly demonstrate that they promote improved patient outcomes and do not harm patients by limiting access to resources and care.

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# Milliman Guidelines Study Guide

**Duncan S. Ballantyne**



## **Milliman Guidelines Study Guide:**

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the sociology of medicine Arnold R Eiser develops a new understanding of healthcare delivery in the twenty first century and suggests positive developments that might be nurtured to avoid the barren Silicon Cage of corporate bureaucratized medical practice Central to this analysis are current healthcare issues such as the patient centered medical home clinical practice guidelines and electronic health records This interdisciplinary examination reveals insights valuable to anyone working in postmodern thought medical sociology bioethics or health services research Pediatric Nurse Practitioner Certification Review Guide Virginia Layng Millonig, Mary Baroni, 1998-06 *West's New York Supplement*, 2001 **The Managed**

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**Developing Countries: Methodology and case studies** Organisation for Economic Co-operation and Development.

Development Centre, 1968 **Principles and Practice of Emergency Medicine** George R. Schwartz, 1999 **Chicago**

**Medicine**, 1998 2008 Healthcare Standards Official Directory ECRI Institute Staff, EcRI, 2007-12 **ILSA Journal of International & Comparative Law**, 2001 **Managed Care and Medical Cost Containment in Workers'**

**Compensation**, 2001 *The Case Manager's Survival Guide* Toni G. Cesta, Hussein A. Tahan, 2003 This practical hands on guide includes vital information every case manager and administrator of a case management program need to be successful A useful resource for working in the changing face of healthcare it addresses case managers in all settings with an emphasis on nurse case managers and their role in providing patient care and containing costs Focusing on the nuts and bolts aspects of case management it discusses the operations of case management programs based on the authors first hand experiences Case Management Tip boxes in each chapter highlight important tips and provide easy access to this information Case studies in several chapters address possible situations the case manager may confront along with the most effective solutions Key points at the end of each chapter summarize pertinent information Appendices provide extensive examples of forms and multi disciplinary action plans used in various healthcare settings **Workers' Compensation in Ohio** Duncan S. Ballantyne, 2000

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