

QUESTIONS

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ANSWERS

MILLIMAN®

Care Guidelines®

Helping You Drive Effective Care

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

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

The *Care Guidelines*[®] are written by an experienced editorial staff of physicians and nurses, and represent a compilation of best practices drawn from the current best medical evidence. These clinical tools, which are regularly updated, are designed to help healthcare professionals provide quality care by reducing the underuse, overuse and misuse of medical resources. This is accomplished by:

- Providing planning tools to coordinate care, anticipate patients' needs, and avoid care delays
- Incorporating nationally recognized quality measures
- Providing patient education tools

Written in a clear, direct style, the *Care Guidelines*[®] are 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 medical practice. Based on medical literature and the actual practice of physicians across the country, the *Care Guidelines*[®] are a picture of what is possible and—most importantly—what is actually being done.

More than 1,900 hospitals, physician groups, health plans and other healthcare managers use the *Care Guidelines*[®] to support the care of a majority of Americans.

The *Care Guidelines*[®] are most effective when they are adapted to local healthcare resources by local physicians and care managers. Physicians need to understand, have input into, and accept guidelines to achieve optimal results.

For some conditions, the *Care Guidelines*[®] products assume that certain infrastructure, including pre- and post-hospital care services, are available locally to achieve the described Goal Lengths of Stay. In-hospital stays may be longer if services such as home healthcare or skilled nursing facilities are unavailable.

WHAT IS THE AUTHORITY OF THE *CARE GUIDELINES*[®]? HOW ARE THEY DERIVED?

The *Care Guidelines*[®] use evidence-based research to develop guidelines supporting optimal medical care. Evidence-based medicine was best defined in David Sackett's January 1996 British Medical Journal article, "Evidence-Based Medicine: What It Is and What It Isn't," which said, "Evidence-based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients."

Information sources for all *Care Guidelines*[®] products include medical literature and textbooks, nationally recognized guidelines published in all fields of medicine, practice observations and database analyses. Milliman Care Guidelines uses this generally accepted hierarchy to weigh and grade the evidence, 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*[®]?

The *Care Guidelines*[®] were developed as a tool to chronicle and document effective, efficient care delivery that achieves desired patient outcomes using an optimal level of resources. The *Care Guidelines*[®] goal is to provide patients with the best care possible, by helping providers identify quality care practices—those that effectively marshal treatment resources, while minimizing waste and inefficiency.

Since the early 1980s, healthcare has been caught between rising demand on one hand, and rising costs on the other. Medical research has shown that one way to cut spiraling costs is to reduce wasteful and unnecessary practices. There is tremendous variation in healthcare practices throughout the United States. This marked variation—such as differing hospital stay lengths for the same condition in different regions of the country—strongly indicates 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*®?

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

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

The closely related *Ambulatory Care*, *Inpatient and Surgical Care*, *Recovery Facility Care* and *Home Care* products describe a cohesive continuum of care in different settings. They work together to underscore how well-managed transitional care can reduce unnecessary use of scarce and expensive in-hospital acute care resources.

Using these complementary tools together can help efficiently organize care across the entire spectrum of care delivery.

HOW CAN THE *CARE GUIDELINES*[®] IMPROVE THE QUALITY AND EFFICIENCY OF HEALTH CARE?

We define quality as attaining the desired health status with patient satisfaction. We define efficiency as achieving the desired patient outcome 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 waste and inefficiency in our healthcare system is due to care delays and the lack of appropriate infrastructure support. A patient with chest pain admitted to a hospital on Friday may have to wait until Monday for a cardiac stress test because that service is unavailable on the weekend. Better care quality and efficiency 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[®] products are organized by diagnoses or diagnostic groups, as opposed to symptom-based criteria organized by illness manifestations 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 clinical expertise because of the depth of content and longitudinal approach to care.

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

In 1990, the standard guidelines were 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 guidelines recommendations
- Field testing and continual client feedback
- 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?

Functionality is an essential attribute for decision-support tools for busy clinicians. *Care Guidelines*[®] recommendations are concise, actionable and measurable. Supporting evidence is easily accessible but not obtrusive. *Care Guidelines*[®] content is distributed in a variety of software options, including interactive, web and handheld 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 to properly use them. Milliman Care Guidelines offers a wide variety of educational and training opportunities intended to help *Care Guidelines*[®] users understand the purpose and proper use of each product.

The *Care Guidelines*[®] themselves provide background information and a description of their appropriate use. In addition, web-based and on-site training focuses on interpreting and implementing each product.

Our Client Forum offers the opportunity for *Care Guidelines*[®] clients and other interested healthcare professionals to participate in interactive sessions on how to best use the *Care Guidelines*[®] and other medical resources to improve patient care. 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 the United States as tools to help in medical decision-making. As a body of literature in a form readily usable by busy physicians, nurses and other providers, the *Care Guidelines*[®]—like other guidelines—require 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 WAYS THE *CARE GUIDELINES*[®] CAN BE USED TO REDUCE WASTE AND IMPROVE A PATIENT'S HEALTH STATUS?

The *Care Guidelines*[®] are medical decision-making tools for use in a patient's home, a doctor's office, a hospital or other care facility. *Inpatient and Surgical Care*, for example, begins by describing the training and treatment a patient receives prior to hospital admission.

Once the patient is admitted, the *Care Guidelines*[®] help track day-to-day progress. Care managers can identify treatment omissions and alert the attending physician, as well as plan for the next care step, and prepare the patient for discharge. In this way, the *Care Guidelines*[®] function much like a safety checklist.

As part of the healthcare delivery process, the *Care Guidelines*[®] can also help coordinate care with other disciplines, such as ambulatory case management and disease management. This approach helps make the patient's transition from a hospital to another level of care safe and effective.

Most importantly, hospital staff and physician groups can use the *Care Guidelines*[®] to examine their own processes and performance as they seek ways to improve what they do. These and many other uses help reduce waste and improve the quality of healthcare a patient receives.

HOW ARE THE *CARE GUIDELINES*[®] USED IN THE MEDICAL MANAGEMENT PROCESS?

Accrediting organizations, such as NCOA and URAC, provide oversight of the care delivery processes of health plans, managed-care organizations and other healthcare claims payors in the US. One of the accrediting organizations' requirements is the use of guidelines in making medical management decisions to assure informed medical decision-making and maintain 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 payors make decisions about the necessity or the level of care is routinely evaluated by accrediting organizations, and there are defined processes governing how denial notices should be given.

When the *Care Guidelines*[®] are cited to the provider in 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 can fully understand the healthcare organization's rationale.

Our licensing agreements require that all coverage decision communications that reproduce or cite any part of the *Care Guidelines*[®] must include this 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."

Using 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, is an 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 recovery times possible in the most efficient healthcare 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 to plan inpatient care and project the length of stay a patient may need. If the patient has an optimal recovery, if an extended stay is not required and if adequate discharge planning has been done, the patient often can 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 with coverage and payment decisions, each patient's individual circumstances must be evaluated in the context of the attending healthcare professional's clinical judgment to determine treatment patterns and goal length of stay.

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