“Transparent” Power: The New Milliman Guidelines

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A quiet revolution has occurred in the past two years, and I am confident that many readers of P&T are unaware of its magnitude and impact. I am referring to the appearance of the 8th edition of the Milliman Care Guidelines, published by Milliman USA in Seattle—that’s right, the often vilified and rarely lauded work of what used to be called the “Milliman and Robertson guidelines.” Those were the “bad guys” of managed care, skrewered at the national level as the “black box” behind decisions made by managed care medical directors, the dark side of the force that enabled insurers to deny payment for seemingly appropriate hospitalization and medications.

While we could debate the merits of this vilification, the new Milliman guidelines are now available for everyone to inspect, critique, and use. P&T committee members can go to the Web site, www.careguidelines.com, and decide for themselves the value of the once clandestine guidelines promulgated by Milliman.

The new 8th edition has greatly expanded the number of conditions and procedures discussed and provides the best up-to-date information on clinical indications for a wide range of categories. Many new chapters are organized according to the appropriate International Classification of Diseases, Ninth Revision (ICD-9) codes. The publication provides quick access to the most frequently used categories, including ambulatory surgery, invasive treatment, injectables, and even bone marrow transplantation. The Milliman Care Guidelines addresses specific emerging and high-cost technologies and should be helpful to P&T decision-makers throughout the U.S.

Milliman presents what are termed Optimal Treatment Guidelines (OTGs) for the more than 170 clinical conditions covered in the 8th edition. I felt like a treasure hunter who had uncovered long-buried booty as I sifted through the clinical conditions detailed in the documents. These OTGs were created by panels of expert clinicians, many of whom were full-time employees who worked exclusively on creating the new edition.

I was especially intrigued by the sections on inpatient and surgical care. These are the infamous length-of-stay goals and care templates for patients facing hospitalization or surgery. The 8th edition incorporates the most current medical research along with benchmarks to help organizations accomplish optimal health outcomes, continuous quality improvement, and enhanced utilization of resources. Often, these Optimal Recovery Guidelines (ORGs) are cited nationally as a resource for best-practice information. The new ORGs are also buttressed by evidence-based, annotated bibliographies that are current, broad in scope, and comprehensive in nature.

Many clinicians worked long hours to create this compelling snapshot of current best practices. No longer can we wrap ourselves in the shroud of “only we know best” and roundly criticize Milliman as lacking a scientific basis. We might be surprised at the care pathway format and the painstaking level of evidence compiled to support specific clinical decisions.

The section on Optimal Recovery Course (ORC) describes the key care steps and milestones for the best possible treatment and recovery and is now presented in the care pathway table. Most P&T committee members should consider this section to be required reading so that they might become conversant with the status of recommended treatments for numerous inpatient conditions.

Is this 8th edition a “Rosetta stone” of sorts, unlocking mysteries that have plagued the old Milliman and Robertson could ever assemble a document of comparable value unless its members dedicated themselves to such a task for months to years on end.

No single P&T committee could ever assemble a document of comparable value unless its members dedicated themselves to such a task for months to years on end. As P&T committees around the country, are we magnanimous enough to take the big step of purchasing the 8th edition and using the key chapters appropriate to our own local needs? Can we put aside years of hardened antagonism and recognize a good thing when we see it? I, for one, plan to bring this new edition to the next meeting of our P&T committee, and I will do my best to convince the members of its long-term utility at our university hospital.

Although the new edition might not be appropriate for every committee in every institution, I do think aspects of the publication are certainly worth at least a cursory evaluation by P&T committee chairpersons and others.

Finally, these guidelines can give us an unbiased benchmark against which we can measure the work that we all diligently perform. The revised edition of Milliman Care Guidelines has given us “transparent” power—the power to see through our own prejudices and to evaluate the care delivered in our own institutions. The question remains: are we up to the challenge?

As usual, I am interested in your views. You can reach me at my e-mail address, david.nash@mail.tju.edu.

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