

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.¹⁻²⁹ 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.¹⁻³⁰

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 For Septoplasty

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Table of Contents Milliman Guidelines For Septoplasty

1. Understanding the eBook Milliman Guidelines For Septoplasty
 - The Rise of Digital Reading Milliman Guidelines For Septoplasty
 - Advantages of eBooks Over Traditional Books
2. Identifying Milliman Guidelines For Septoplasty
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Milliman Guidelines For Septoplasty
 - User-Friendly Interface
4. Exploring eBook Recommendations from Milliman Guidelines For Septoplasty
 - Personalized Recommendations
 - Milliman Guidelines For Septoplasty User Reviews and Ratings
 - Milliman Guidelines For Septoplasty and Bestseller Lists
5. Accessing Milliman Guidelines For Septoplasty Free and Paid eBooks

- Milliman Guidelines For Septoplasty Public Domain eBooks
- Milliman Guidelines For Septoplasty eBook Subscription Services
- Milliman Guidelines For Septoplasty Budget-Friendly Options
- 6. Navigating Milliman Guidelines For Septoplasty eBook Formats
 - ePub, PDF, MOBI, and More
 - Milliman Guidelines For Septoplasty Compatibility with Devices
 - Milliman Guidelines For Septoplasty Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Milliman Guidelines For Septoplasty
 - Highlighting and Note-Taking Milliman Guidelines For Septoplasty
 - Interactive Elements Milliman Guidelines For Septoplasty
- 8. Staying Engaged with Milliman Guidelines For Septoplasty
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Milliman Guidelines For Septoplasty
- 9. Balancing eBooks and Physical Books Milliman Guidelines For Septoplasty
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Milliman Guidelines For Septoplasty
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Milliman Guidelines For Septoplasty
 - Setting Reading Goals Milliman Guidelines For Septoplasty
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Milliman Guidelines For Septoplasty
 - Fact-Checking eBook Content of Milliman Guidelines For Septoplasty
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development

- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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