

Manual of Style

For

MANAGED CARE magazine
Supplements to MANAGED CARE
BIOTECHNOLOGY HEALTHCARE magazine
Executive Edition newsletter
P&T Digest
and
Other custom publications and newsletters

MediMediaUSA
Managed Markets Publishing Group

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Introduction

This manual was created to improve the content, appearance, and consistency of our publications. Please take the time to read it. Refer to it often. Get it dog-eared and dirty, then beg us for a new one. It will improve the quality of your work and the impression you make on your editor.

Style and usage discussions are important to preserve the integrity and reputation of the publication. MANAGED CARE magazine's approach is always to write at a level compatible with our readers who have medical and pharmacy degrees. We do not talk down, explaining ordinary medical terms and statistical concepts, for example. If the occasional reader misses something, he will feel that he is deficient, not that the magazine failed. In any event, the patient in the waiting room and the receptionist are not our valued readers. Having respect for the reader does not mean using insurance and misguided or pretentious business jargon (see, especially, the discussions of *reimbursement* and *payor*).

Most publications in MediMedia USA's Managed Markets Publishing Group follow a similar style, though the finer points of that style differ slightly among certain publications. MANAGED CARE, BIOTECHNOLOGY HEALTHCARE, and nonclinical newsletters (e.g., *Executive Edition*) follow the *U.S. News & World Report* stylebook. Supplements to MANAGED CARE began this way, too, in 1999, but it soon became apparent that supplements and other clinical custom publications would have to follow some elements of AMA style if they were to be credible among clinical audiences. This hybrid style creates some confusion both internally and among freelancers.

We hope that this manual will reduce that confusion. It is divided into two sections: One for MANAGED CARE, BIOTECHNOLOGY HEALTHCARE, and nonclinical newsletters, the other for custom publications (supplements to MANAGED CARE, *P&T Digest*, clinical newsletters, and *ad hoc* clinical projects.) Our sister journal, *P&T*, follows a separate style and is not included in this volume, though a full *P&T* style guide may be included in future editions of this manual.

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Section 1

Style Guide for

MANAGED CARE

BIOTECHNOLOGY HEALTHCARE

Nonclinical supplements, newsletters, and other publications

For peer-reviewed articles in MANAGED CARE and BIOTECHNOLOGY HEALTHCARE, clinical supplements to both magazines, *P&T Digest*, and other clinical publications, see section 2.

Voice

MANAGED CARE and BIOTECHNOLOGY HEALTHCARE are magazines about the ever-changing health care marketplace. Articles are written in conversational prose rather than the formal language of academic monographs. A clever turn of phrase, even a bit of attitude (where appropriate) is welcome. There is a fine line, however, between lively, even pithy, presentation and copy that over relies on sizzle but is devoid of substance. At MANAGED CARE and BIOTECHNOLOGY HEALTHCARE, we recognize that our readers are highly educated professionals. We strive to write up, not down, to their level, and in our presentation we avoid clichés and substandard use of the language that might be acceptable in consumer publications or in spoken English.

Style

In MANAGED CARE'S early years, the editors selected the *U.S. News & World Report* stylebook as their standard. While some editors in later years have cursed "that crummy stylebook" for its silence on many issues, the founding editors' thinking was that, for magazines, *U.S. News* style is better suited than Associated Press style (and more appropriate than AMA style). Evidence of this can be found in certain entries in the *U.S. News* stylebook (ninth edition) that are not found in the AP stylebook, such as headlines, various references to decks and callouts, and sections that address appropriate sentence length and rhythm for newsmagazines. Magazine style tends to be more conversational than newspaper style, in terms of both writing and article organization. If you were raised on AP style, we encourage you to take an hour to read the *U.S. News* stylebook cover to cover. You'll be surprised at how many subtle departures there are from AP style.

That said, the *Associated Press Stylebook and Libel Manual*, fourth edition, is the fallback for words and uses that cannot be found in this manual or the *U.S. News* stylebook. Where *U.S. News* or AP style conflict with entries in this manual, please use this as your guiding source.

Spelling

Webster's New World College Dictionary, third edition, is our authority and should be consulted for hyphenated words, words with multiple spellings, and two-word nouns.

Quick Reference: *U.S. News* Style and Our Variances From It

U.S. News style cheat sheet

There are basics of *U.S. News* style that MANAGED CARE/BIO TECHNOLOGY HEALTHCARE editors understand but that contributing writers and freelance proofreaders often do not know (e.g., capitalization, including headlines and people's titles). While it would be useful to them for us to list all of those elements of style here, it is beyond the scope of this manual to regurgitate the *U.S. News* stylebook. We will buy a *U.S. News* stylebook for frequent contributors who are interested in saving staff editors' time spent making changes to basic style points in manuscripts.



Calvin and Hobbes © 1993 Bill Watterson

Because some *U.S. News* style elements are unique to *U.S. News*, a handful of them frequently are overlooked — even by our own staff editors who learned AP style in earlier journalistic endeavors. Here, then, is the Dirty Dozen: 12 little-known entries from the *U.S. News* stylebook:

- **Baby boom, baby boomer.** No capitalization.
- **Black.** No capitalization as a racial designation, but *Hispanic*.
- **Colleges with multiple campuses.** Distinguish campuses by using an en dash between the name of the school and the campus, regardless of how the school does it: *University of California–Los Angeles*. Abbreviate state names, if necessary, per *U.S. News* abbreviations.
- **Forgo** (to relinquish) vs. forego (to precede).
- **Foreign words.** Italicize if they appear that way in the dictionary. Note that et al. and vice versa are not italicized in our standard dictionary.
- **Headlines.** Prepositions of three letters or fewer should be lower case, unless they begin a new line. Use en dashes (not em dashes) in headlines and decks (em dashes are reserved for subheads, callouts, and text).
- **Percent** is not the same as a percentage point. Example:
Most working-age adults (60 percent) were covered under some form of employer-sponsored insurance in 2004, down 5 points from 2003.
Share of adults covered by employer-sponsored insurance, year 1 65 percent
Share of adults covered by employer-sponsored insurance, year 2 60 percent
The difference is 5 percentage points, but the drop in coverage is 7.7 percent ($5/65=0.769$) because the base is 65, not 100.

- **Possessive nouns.** Singular nouns ending in S get 's at the end (*Los Angeles's weather*). Plural nouns ending in S receive only an apostrophe (*the cars' bumpers*).
- **Periods** go at the ends of notes and footnotes in graphics, even when not a complete sentence. (No periods, however, on source lines at bottoms of charts.)
- **Quotation marks.** Do not put them around slang and other “nonstandard” (get it?) words. Introduce new terminology using italics.
- **Ratios.** Use numerals (e.g., 3 of every 4 dentists recommend Crest) unless the first number is spelled out.
- **“United States,”** never “U.S.,” when used as a noun in copy, unless it is in quotes. U.S. is acceptable as an adjective (e.g., U.S. Food and Drug Administration).
- **Washington, D.C.** Drop the D.C. when there is no confusion with the state. Similarly, certain cities need no state designation; see *U.S. News* section on cities.

MANAGED CARE'S and BIOTECHNOLOGY HEALTHCARE'S variances from *U.S. News* style

U.S. News isn't the ultimate authority — we are. In formal style meetings and in less-than-formal-on-the-spot decisions, we have agreed to specific deviations from *U.S. News* style. This does not include when to employ our own or AMA style, as discussed in the following pages.

Ad hoc (italicized, as should be any foreign phrases that are italicized in the dictionary)

Adjectives. Use no comma to separate them if an adjective modifies another: *Long red hair*, not *long, red hair*. Use commas to separate adjectives that modify nouns or hyphenated adjectives: *He was a happy, healthy, hopeful guy; a per-member, per-month basis*.

Months. *U.S. News* requires that when a month and year are written together (e.g., *December 1955*), the month be spelled out. Deviate from *U.S. News* style by abbreviating the name of the month only when it appears with or without a year in a reference list, bibliography, or an editorial index: *Dec. 1993*. Abbreviate only September through February.

Numerical ranges. Following *U.S. News* convention, en dashes should be used in numerical ranges (e.g., dates, time, or page numbers in the ad index or in references at the end of academic articles). Use hyphens for noninclusive numbers, such as telephone numbers and Social Security numbers. *Deviation from U.S. News:* If using “from” or “between” in text, use “to” and “and” and not en dashes: *The situation lasted from 1982 to 1984* (source: *Chicago Manual of Style*).

Page. Lower case when referring to a page number in text.

Special style considerations for peer-reviewed articles

The peer review sections of MANAGED CARE and BIOTECHNOLOGY HEALTHCARE are different in content and appearance from other articles in these publications. These academic articles should follow the style we employ for supplements and other clinical publications, as described in section 2 of this stylebook.

Elements of Style: Supplementing *U.S. News*

There are many words, phrases, and points of style that are useful to us as medical and business writers and editors but are not addressed in the *U.S. News* stylebook. Here, then, is the meat of this stylebook: how we treat what *U.S. News* leaves unsaid.

Academic degrees.

- Identify people using their doctoral degrees (e.g.: Marvin Moser, MD; Mark Vanelli, MD, PhD; never “Dr. Marvin Moser.”)
- We use all doctoral degrees (EdD, PharmD, PsyD, etc.) and the following: MSW, MBA, MPH, and other relevant master’s degrees; RPh; and RN.
- We use JD (but never Esq.) to identify lawyers when the lawyer has the degree.
- Do not use fellowships (FACP, etc.).
- Do not place periods in degrees.

Acronyms. Do not use periods. Also, see *billing codes*, *corporate names*, and *first reference*.

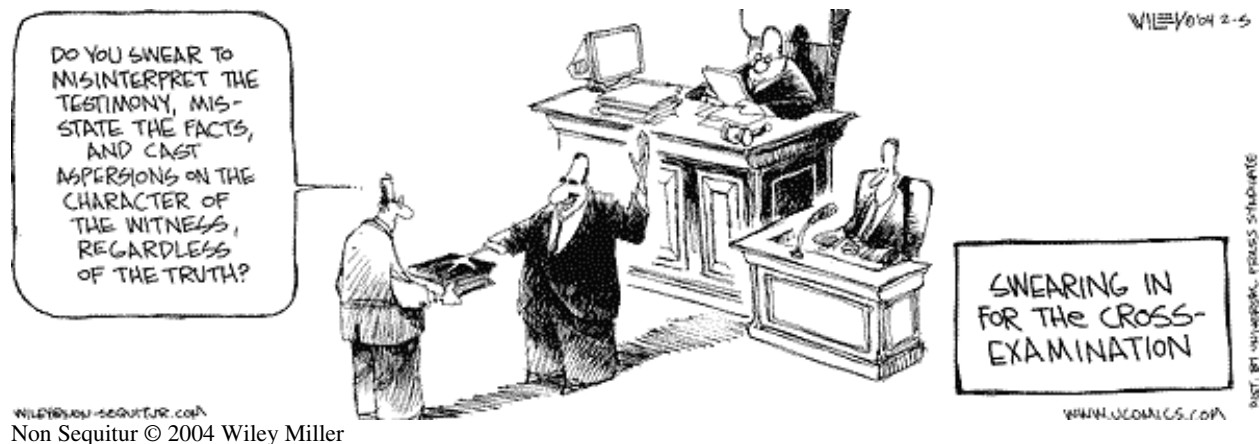
Adviser. Not advisor. Also, see *payer*.

All of. *Of* is usually superfluous.

All-time. Avoid, as in *all-time high*; use *highest* or *record high* instead.

Anticipate. Not to be used for *expect*. It means to deal with, or use, in advance of or before the due time. To anticipate marriage is different from expecting to marry.

Attorney. We prefer *lawyer*.



Balanced Budget Act of 1997 (on second reference, *the act* is preferred rather than *BBA*)

Because vs. since. “Since” relates to time. “Because” is a consequence or reason.

Benefit consultant. Not benefits consultant. A salesman who sells cars is not a cars salesman. Only the Brits would say that Pfizer is a drugs company. However, a writer about sports is a sportswriter, so yes, there are some exceptions to this pattern.

BIOTECHNOLOGY HEALTHCARE (note large and small caps for title of our magazine)

Billing codes. We assume that our audiences are familiar with HCPCS, CPT, NDC, ICD-9 (and ICD-10), and J-codes, so we do not need to spell out these acronyms on first reference.

Both. Often, this word is both unnecessary and redundant. *Capisce?*

Bullets.

- Capitalize the first letter after a bullet.
- Use parallel construction.
- Do not place periods at the end of bulleted phrases; if full sentences follow a bullet, however, then end those sentences with periods.
- Use bullets sparingly in copy, and keep bullet points brief.

Explaining bullets. Bullets should help a reader get a grasp of something by introducing ideas quickly; it defeats the purpose to follow a bullet with a long paragraph. If lengthy explanatory text is needed after a bullet point, then follow the example set in this paragraph: Set the idea in italic type at the beginning of a paragraph, end the idea with a period, then set the subsequent explanation in Roman type.

Callouts. It is OK to shorten a quotation or to paraphrase someone.

Carve-out, not carveout, when used as a noun. *Carve out* when used as a verb.

Cesarean section

CHIP. The acronym for the state Children’s Health Improvement Program is the same as the high-fat, salty snack food. Avoid SCHIP.

Claim form. Not “claims” form. But, *claims data* is correct. Also, see *benefit consultant*.

Clichés. Occasional use of a cliché with panache is not necessarily bad, but over reliance on hackneyed lines makes writing stale. A good source for cliché alternatives is the *Dimwit’s Dictionary*, by R. H. Fiske. These new clichés are forbidden in *MANAGED CARE: a good [or bad] thing; anytime soon*. See the paragraph below for some food for thought.

TIMES OF LONDON TAKES A HARD LINE:

Clichés have no place in *The Times*. Some of the most common, to be resisted strongly in almost every context, are: backlash, basically, beleaguered, blueprint, bombshell, bonanza, brainchild, chaos, charisma, clampdown, consensus, crackdown, crisis, crunch, drama/dramatic, escalate, facelift, gunned down, hopefully, ironically, legendary, major, massive, mega-, nightmare, prestigious, quantum leap, reportedly, shambles, shock, shoot-out, situation, trauma/traumatic, and unique.

Clinical trials. Use lower-case “phase” and Arabic numerals (e.g., *phase 2* trials). Do not hyphenate.

Commas. Use the serial comma before *and* and *or*: *John enjoys jazz, classical music, and opera.* Use the serial comma before an ampersand (&) when separating three or more elements (e.g., Merrill Lynch, Pierce, Fenner, & Smith.) Refer to *U.S. News* for other points governing use of commas to separate groupings of people, events, and the like.

Commas and conjunctions. Serial commas aside, it is helpful to discuss proper use of the comma before the conjunctions *and*, *but*, and *or*. The comma is required if the clause after the conjunction is independent (i.e., if it has a subject and verb) and is more than a few words long: *The baby opened its arms, and it cried for its mother.* If it helps to think of this usage in terms of unrelated events, this, too, is generally an appropriate time to use the comma: *Frank caught a glimpse of the worst karaoke act he’d ever seen, and then he covered his ears.* If the clause following the conjunction is dependent (i.e., it lacks a subject and therefore depends on the subject of the preceding clause), no comma is used: *The baby opened its arms and cried. John enjoys jazz, classical music, and opera but despises rap.* Be sure not to use a comma before the conjunction in a compound sentence. There have been many such sightings.

Introductory expressions. In general, use a comma before all introductory expressions. Happily, this is the way we speak. After a while, it is easy to do. You just read three examples.

Former MANAGED CARE Editor Tim Kelley used to say, “Think of punctuation as the reader’s friend.” If a comma improves clarity, use it. See also *verb*.

Company, corporation. Abbreviated in a name, even if the company complains. (This does not apply to supplements, which are funded by private companies; see section 2.) Also, see *corporate names* and *firm*.

Company location. If it is a national company — think Aetna, WebMD, U.S. Department of Defense — there is no need to provide a home city. This information is extraneous when we all have immediate access to the Web. But small operations (and individuals) often should be given a geographical locator.

Compared with versus compared to. *Compared with* refers to differences or similarities between two or more things in the same category; *compared to* calls attention to the differences or similarities between two or more unlike items.

Comparative degree. Avoid when nothing is being compared, as in “older people” or “less-affluent people.” Go for as much specificity as you can, as: “people over 65” or “those with incomes below \$30,000 a year.” Or middle-income people, or poor people. Such “noncomparative comparatives” are increasingly used euphemistically. We eschew euphemism, unless it is part of a particularly felicitous turn of phrase or applies to one of our bosses.

Consumer-driven. We use consumer-directed, because consumers are not driving the change (consultants and employers are doing it).

Contractions. Avoid the colloquial ones that combine a pronoun and a verb, such as he'll, he's, he'd, they'd, they'll. These that combine an auxiliary verb with “not” are OK: Can't wouldn't, don't, shouldn't, couldn't, didn't (see differing rules for supplements in section 2).

Copayment. Never “copay” or “co-payment.” Change in quotations if the source will review the copy.

Corporate names. Use of internal capital letters (or ALL capital letters) in corporate names has become a popular marketing strategy in the past decade. How to print such names as RAND Corp., NASDAQ, or Aetna U.S. HealthCare is the source of ongoing debate in our office; we tend to grant individual exceptions on the fly. Generally, follow *U.S. News* style, which (1) forbids ALL CAPS when the name is pronounceable unless the letters stand for something and (2) prohibits internal capitals at all — but with internal caps, it is acceptable for us to bow to the company's convention if it's a usage that appears frequently in most trade publications and makes some sense (e.g., *HealthChoice* but not *HealthHchoice*). For instance, URAC, CalPERS and HealthPartners break *U.S. News* rules, but it's how our readers know those entities, and we risk looking foolish if we spell them as Urac, Calpers, or Health Partners. As for RAND: Write it Rand, per *U.S. News* style, because RAND does not stand for anything. The same is true of Nasdaq. This stock exchange spells its name all in caps for marketing purposes, but Nasdaq does not stand for anything. Thus, Nasdaq — a convention the *Wall Street Journal* also follows.

Cost-effective, cost-effectiveness. Hyphenate, whether these are used as nouns or adjectives.

Currently. This almost always superfluous. The verb tense should suffice. The same goes for “at present.”

Data. These are always plural.

Database

Decimal points. See *U.S. News* rules. Additional suggestions, though not mandatory:

- Generally, use one decimal place; in some cases in text or charts, two may be necessary. Otherwise, round two or more down to one.
- In a chart, if you use tenths for other figures, then include a placeholder when the tenths column after the decimal point is zero (e.g., 5.0, not 5).
- Consider how much precision is really necessary. Is anything gained by writing that, “72.1 percent of physicians say...” as opposed to, “72 percent of physicians say...”?

Decision maker, decision making (noun); decision-making (adjective)

Dialogue

Disease management. Do not hyphenate. DM is acceptable on second reference or in headlines. Avoid use of *disease state management*.

Disk (back anatomy); disc (all other uses)

Display quotes. See *callouts* and *captions* in Makeup section at the end of section 1.

DNA, RNA. Acceptable on first reference. No need to spell out the full names.

Doctor vs. physician. Our readers tend to prefer *physician*. We respect our readers. *Doctor* is acceptable in quotations or in a clever turn of phrase, or to break up the monotony in copy.

Drug names. Brand names are acceptable and often preferable in MANAGED CARE when there is no generic product on the market and when people in the industry are likely to use the brand name themselves: *Lipitor*, *Crestor*. Exception: peer-reviewed articles, where generic names are used, but a table may be provided to link the brand and generic names. See section 2 for drug name usage in custom publications and in BIOTECHNOLOGY HEALTHCARE.

Drug utilization review. DUR is acceptable on second reference.

Druggist. An old term that should be avoided unless in quotes. Use pharmacist.

Drugstore. Not *drug store*.

Ellipses. Use 3 dots, not the three-dot character that Microsoft Word creates. Also turn off Word's factory-set preference to render 20th as 20th (tools>autocorrect>autoformat as you type).

e-mail. Lower case *e*, but upper case at the start of a sentence or in an upstyle headline, despite what you see at the start of this entry. There is some debate whether e-mail is an adjective as well as a noun. That will not be resolved here.

Em dash. Use a single space before and after em dashes to avoid problems that automatic hyphenation programs can create.

En dash. No space is required before and after en dashes. En dashes should be used in numerical ranges: *Abraham Lincoln, 1809–1865; pages 45–84*. Never “from 1809–1865.”

Federal Employees Health Benefits Program. FEHBP is acceptable on second reference.

Fee-for-service. Hyphenated, this is always an adjective requiring a noun behind it, as in fee-for-service compensation. The unhyphenated *fee for service* is not a synonym for indemnity insurance, because physicians in HMOs are usually paid fees for service.

Firm. A firm is a business partnership (LP or LLP). Entities that refer to themselves as *Corp.*, *Co.*, *Inc.*, and *PC* are not firms. These are companies. Do not use *LP*, *LLP*, or *PC* unless you have a compelling reason to do so (they may not exist in some states), and avoid *Inc.*, *Co.*, & *Corp.* wherever it is practical to drop them. (This may be less feasible in custom publications; see *companies*, section 2.)

First references. Only AMA, CEO, DNA, ER, HIPAA, HMO, MCO, and PPO, RNA are acceptable on first reference. HEDIS is a special exception; in an article about quality measurement, HEDIS is generally acceptable on first reference but it is not in general articles. NCQA is familiar enough to our audiences to be acceptable as a first references in charts, graphs, tables, and figures, as well as in sidebars to articles where the National Committee for Quality Assurance has been identified on first reference. Also, see *billing codes* for more on acronyms on first reference.

For example. Spell it out in text. In parenthetical expressions and graphics, *e.g.* is acceptable.

Forward. Not forwards. A foreword comes in front; in MANAGED CARE, we call it the Editor's Memo.

Health care, healthcare.

- In MANAGED CARE and most of its supplements, *health care* is always two words unless it is part of a proper noun (e.g., United Healthcare). Do not hyphenate.
- In supplements in which the sponsor insists on *healthcare* as one word (e.g., the annual AstraZeneca Managed Healthcare Symposium), follow the will of the sponsor.
- In BIOTECHNOLOGY HEALTHCARE, healthcare is one word to match the name of the publication.

Health Insurance Portability and Accountability Act of 1996. HIPAA — with two A's, not two P's — is acceptable on first or subsequent references.

Headlines. We use an “up” style in articles and a “down” style in sidebars, including tables, figures, and charts; review *U.S. News* for details. Also see the Makeup page at the end of this section.

Hyphenated words. No matter the context, we do not hyphenate disease management, health care, mail order, managed care, or prescription drug. We generally refrain from hyphenating compound modifiers unless there is a risk of misunderstanding.

Impact. A noun, not a verb. Do not use as a replacement for *effect* unless what is being described has *impact*. A hammer makes an impact. Substituting one statin for another has an effect.

Injectable. Not injectible.

Italics. Use sparingly. A strong sentence or phrase stands on its own. Use for emphasis or comparison when necessary. Use italics, not quotations marks, to introduce unusual terms.

Lawmaker. Use *legislator*.

Mail order

MANAGED CARE (note large and small caps for title of our magazine)

Managed care (do not hyphenate the generic use of this term, ever)

Medical loss ratio

Medicare Advantage. Not MedicareAdvantage.

Mental health, behavioral health. Use appropriate term, depending on context. *Mental health* generally refers to one's condition. *Behavioral health* refers to treatment in a managed care setting. Treat both as a two-word noun, i.e., do not hyphenate.

Mindset

Numbers (also see *numerals* in *U.S. News* and below). Do not hyphenate when a word is substituted for zeros in a large number: 99 million served.

Numerals in quotations. Follow *U.S. News* rules about use of numerals below 10. Above 10, use the numeral: "Sally," said Sandy, "I've told you 20 times not to spell out two-digit numbers in a quotation."

Ob/Gyn

Outcome vs. outcomes. An outcome is what you get from a specific process (outcome data). Outcomes is used in a more general sense (e.g., clinical and financial outcomes).

Paperwork

Patients' rights, Patients' Bill of Rights, but patient-rights legislation

Payer. Not payor, unless you have a very persuasive reason to use it that way.

Percent. Spell out the word in text, but the % symbol is OK in graphics and tables. Do not hyphenate in any circumstance. *Percentage* is the correct word to use when preceding *of*.

Periods. Generally, we do not use them in acronyms and abbreviations (HMO, HEDIS, ALLHAT, Operation PUSH, or LLC) or academic degrees (MD, PhD). We do, however, use them in U.S., where use of "U.S." is acceptable per *U.S. News*.

Persuade (cause me, you, etc., to do something) vs. convince (an intellectual or argumentational action)

Pharmaceutical can be used as a noun or an adjective. "Drug" may be a better choice, depending on the tone of the article.

Pharmacy benefit manager. Spell out on first reference and do not hyphenate. PBM is acceptable on second reference or in headlines.

Physician practice management company. PPM is acceptable on second reference or in headlines.

PMPM. *Per member per month* are prepositional phrases. *Per-member, per-month* is an adjective.

Prescription drug. Do not hyphenate or use Rx in body text.



Dana Summers © 2004 the Orlando Sentinel

Preventive. Not “preventative.”

Preexisting, as in “preexisting condition.” Medical insurance jargon and redundant. Try *existing* when you can safely do so.

Primary care physician. In a break from preview versions of this stylebook, PCP is acceptable on second reference. Do not use PCP in a headline.

Pull quotes. See *callouts* on Makeup page at the end of section 1.

Quotations. It’s OK to adjust them slightly to correct grammar or to aid comprehension.

Quotation marks. Use sparingly for words and phrases that are not quotations. Introduce unusual terms in italics.

Reimbursement. Use discretion when using this to describe payment to physicians, hospitals, and other health care providers. *Reimbursement* is senseless and confusing industry jargon for virtually any form of payment. Reimburse, in standard English, means repayment of money spent or to compensate a person for expenses or losses. Unless qualified, it is 1 for 1 and does not include the concept of profit. It does not mean payment for time or a service or product. You are not reimbursed for the time you spend writing an article for MANAGED CARE; you are paid for it. Similarly, physicians are rarely reimbursed for treating patients any more than mechanics are reimbursed for fixing cars. In a capitated environment, physicians are never reimbursed — they are paid a fixed amount per patient on a monthly basis regardless of how much or little they interact with that patient.

Return on investment. Use parallel construction: “Every \$1 spent resulted in a return of \$3.50,” rather than “for every dollar spent, a return of \$3.50...”

Seniors, senior citizens. Do not use this condescending term unless it is in a quotation.

Solution. This is how a problem is resolved. It is not a product or service. Therefore, we never say that someone sells a solution. This is marketspeak.

Sometime. Often unneeded. “Sometime this month” means “this month.” “Sometime in the near future” means “soon.” Likewise, “anytime soon.” *Anywhere* is similar. Spot the superfluous word: “Dues can run anywhere from \$100 to \$1,000.”

Source attribution.

- In charts, use this format: Document name (if applicable), organization or origin and year or date (do not italicize and do not place a period at the end):
SOURCE: “OUT-OF-POCKET EXPENSES FOR MEDICARE BENEFICIARIES,” KAISER FAMILY FOUNDATION, 2003
- Add location if it makes sense:
SOURCE: LTC CAFÉ, LAMBERTVILLE, N.J., 2003
- In text of business articles, generally avoid use of journal-style citations.
- Peer-reviewed articles should follow source attribution and citation formats for custom publications, as described in section 2 of this manual.

Spaces. After a period, use one space, not two.

Tables. Use the Microsoft Word table functions, which are quite flexible. Please create a style (Format>style menu) using a san-serif typeface with no indent. This will make it easier to handle. Consider using 9-point type.

They and their. Do not use in reference to singular nouns. A company is an it, not a they.

Titles of persons. Lower case when behind a name; upper case when preceding a name or in a table. Don’t use dashes or commas. People work “for” or “at” places, not “with” them. A person

is a [title] “for” [process or function], not “of” it. (Example: Cary Sennett, MD, PhD, executive vice president for quality measurement at the National Committee for Quality Assurance.)

One, however, may be director of a process or, sometimes, a department. She directs the cardiology department; she is director of cardiology. He doesn’t vice president sales; therefore he is vice president for sales. If editorial license allows us to change “vice president — widgets” to something else, and it does, then we certainly can change “vice president of.” Also, use of “for” often implies that the person is not actually an employee. So Jeff Brown isn’t sales manager “for” Big Widgets Inc. But an independent lawyer may be “a lawyer for Big Widgets.” He’s sales manager at Big Widgets. Do not feel required to use the exact terminology that the source supplies. Job descriptions are not titles.

Toward. Never towards.

Verb. No comma between subject and verb, no matter how long the subject. Appositives and nonrestrictive modifying phrases and clauses are exceptions. Incorrect: *The man in the red coat who walked down the street and into the pub at midnight last Thursday, was unhappy.*



Doonesbury © 1980 G.B. Trudeau

Web, Web site

While vs. although. Restrict *while* to matters of simultaneity.

Work force

Workplace

WWW addresses. Using Web addresses in a sentence can be confusing, especially if used at the end of a sentence. Set Web addresses in same typeface as surrounding text and place them within European quotation marks (« »). Be careful not to include a period at the end of a sentence inside the European quotation marks. In text, delete “http:” but leave it in when writing Web references at the ends of peer-reviewed articles.

Section 1 Makeup and Editing Tips for In-house Editors

Before finalizing a page, run a spelling check, search for two spaces in a row, examine for loose lines, and check the folio against the imposition.

Callouts. When setting large display text, use **boldface** type for quotations or paraphrases; use Roman (normal) type for attribution. Callouts should use catchy material that will appear in text on subsequent pages; do not present material the reader already has seen in text. The idea is to keep the reader continuing to the end. A callout may be a direct quotation or a paraphrase. It may have attribution or not, as needed.

Captions (or “cutlines,” if you were raised in a newspaper newsroom). The first few words of a caption are set in color type, usually in a face different from the rest of the caption. The color section should not extend to the second line of the caption. When using a quotation as a caption, speaker attribution should follow the quote; that is, do not start the caption with the speaker’s name. It is best not to lift a quotation from the text. Use fresh material if possible.

Drop Caps. Use Roman type, even if the rest of the word is in italics. Quotation marks before a drop cap should match the typeface and size of the rest of the word after the drop cap.

Headlines. If upstyle, begin with capital letters, even if the letter would be otherwise down: *DeGaulle Drinks Diet Mr. Pibb* (regardless of his choice of beverage, the Frenchman’s name is correctly spelled *deGaulle*). In MANAGED CARE, headlines should extend at least two thirds of the way across the allotted space. In a three-column format, such as News & Commentary, headlines should fill the column.

Jump lines. Use a device to indicate that a story continues on page ___ when more than four pages of numbered-page advertising (as opposed to inserts) interrupt the flow of the article.

Proper typesetting. Carefully breaking words from one line to the next aids reading and comprehension. On the printed page:

- Avoid breaking hyphenated words over a line except at the hyphen.
- Similarly, break words with prefixes at the prefix (e.g., anti-hypertensive) and compound words where the first word ends (e.g., motor-cycle or psycho-therapy [as opposed to motorcycle or psychother-apy]).
- In most cases where “i” or “o” are syllables unto themselves, words should be broken in such a way that “i” or “o” is the last letter on the line, not the first letter on the next line (e.g., medi-cations, not med-ications.)
- Words should be broken with a minimum of two characters before the line break and three after the line break. You can adjust this in Quark under H&Js.
- Medi-care and Medic-aid should be broken only as shown, in deference to the words that were combined when these terms were created.
- Web addresses should be broken only at slashes and dots. Never add a hyphen when breaking Web addresses over a line.

- When using ellipsis points in Quark, use three or four periods (not the three-period ellipsis symbol) and set tracking to +8.

Punctuation. This should take the typeface and the size of the word that it belongs with. For instance, *if I am writing a phrase that is set in italic type*, the comma (in this example, after *type*) should also be in italics. Another example would be making periods and colons boldface after a boldface word, as in Q&A sections:

McCain: The quick brown fox jumped over the lazy dog.

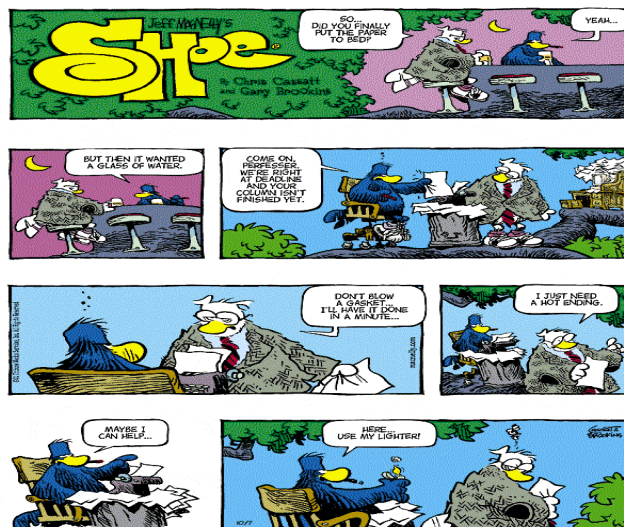
Small Caps. In Quark 5, set to 75% (edit>preferences>preferences>character).

Subscript/superscript. In Quark 5, use the following formula (edit>preferences>preferences>character): Offset 40% for superscript and 20% for subscript; Vertical Scale 50% for both; Horizontal Scale 67% for both.

Superior. In Quark 5, set to 50% (edit>preferences>preferences>character).

Subheads. There should be a minimum of two lines of text between a subhead and the top or bottom of a column.

Widows and orphans. There should be a minimum of five characters on each line of text. Where a paragraph begins near the bottom of a column, a single line is permissible, but where a paragraph ends near the top of a column, there should be a minimum of two lines of text at the top.



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Section 2

Style Guide for

CUSTOM PUBLICATIONS

Academic supplements

P&T Digest

Clinical newsletters/other clinical projects

Custom Publications

What we do

The Custom Publications division of MediMedia's Managed Markets Publishing Group produces supplements to MANAGED CARE and a variety of one-time and recurring print and electronic products or publications. Each of these has a single sponsor; most offer continuing education credit. This creates a delicate balance: While we strive for objectivity, we realize that clients have specific reasons for wanting to produce a custom publication. Thus, we must consider the client's strategic objectives for a publication when developing its content. We are sensitive to clients' needs and hot buttons, yet each piece undergoes peer and CE review— so the content must be factual and unbiased, the science sound, and the key message backed by evidence.

Types of publications

We produce two styles of print and electronic products. The first style is academic — what you would think of when you think “journal.” We try to not to look as stuffy as *The New England Journal of Medicine* — the *Western Journal of Medicine* is closer to what we do — but the content must be every bit as credible with academic audiences. These publications generally cover clinical issues. The second style is what you might call the MANAGED CARE magazine model — a more informal piece with a casual but authoritative feel to the content and look. These are usually policy publications or managed care industry newsletters.

Style

Projects that fall under the aegis of Custom Publications, including supplements to MANAGED CARE, *P&T Digest*, and clinical newsletters, follow a hybrid *U.S. News/AMA* style. This creates some confusion, but in general, the five bullets below serve as good rules of thumb. Of course, there will be exceptions, and those exceptions are described later in this section.

- In headlines and text, we tend to follow *U.S. News* style (it would be wise, then, to read section 1). This is to create a seamless look with the magazine. There are exceptions, though, where this style will differ from that in MANAGED CARE (conforming instead to either AMA style or our own preferences). These exceptions are detailed in this section.
- In tables and figures, use AMA style.
- In all copy, follow AMA convention for nomenclature (AMA stylebook chapter 12) and units of measure (AMA chapter 15).
- References at the ends of articles generally follow AMA style, though we employ slight differences (see *references*). In the text of an article, do not use numerical footnotes; rather, cite the last name of the first author and the year of publication in parentheses.
- Use generic drug names in text, except in roundtable discussions. A table can be created to list trade names.

Spelling

Our standard is *Stedman's Medical Dictionary*, 26th edition, which should be consulted for hyphenated words, words with multiple spellings, and two-word nouns.

Custom Publications: Elements of style

ACE inhibitor (never ACEI)

Acronyms and abbreviations. As medicine is full of long words, medical writing is full of ways to shorten them. This is seen frequently with clinical trials (e.g., ALLHAT), drugs (e.g. HCTZ), and consensus committee names (e.g., JNC-7). The starkly different ways that AMA and *U.S. News* treat use of acronyms and abbreviations create a style dilemma for our custom publications — which try to achieve a seamless look with MANAGED CARE but retain the feel of clinical authority.

It is useful to explain this dichotomy. In AMA style, it is common to make heavy use of acronyms and abbreviations, to introduce each one in parentheses after a first reference, and to treat the use of each again as a first reference in abstracts, in text, and in each figure and table. *U.S. News*, on the other hand, counsels that while judicious use of abbreviations and acronyms can save space (*FM* is a good example; no need to write out *frequency modulation*), overuse of abbreviations and acronyms clutters an article. (See “Beyond Style” in section 1 of this manual for additional thoughts on the preferences of MANAGED CARE editors.)

However common the practice may be in academia, it is our stance that treating acronyms or abbreviations as first reference many times over in the same article is unnecessarily repetitive. Take the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT). Writing the name of the trial and following it with its abbreviation in parentheses is acceptable in a formal abstract and again the first time it appears in the body of the article. It is not always necessary, however, to repeat this exercise in each table or figure in which ALLHAT appears; ostensibly, a reader’s eyes move from text to a corresponding figure, and if ALLHAT already has been introduced in the text, the reader knows what ALLHAT means. Thus, to write “ALLHAT=Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial” at the bottom of, say, three or four different figures is an exercise in academic, pointy-headed silliness. This would be particularly so if the article is about ALLHAT.

Rule of thumb: Explain abbreviations and acronyms in tables and figures judiciously. If it aids comprehension to explain a particular abbreviation or acronym at the bottom of a figure (this is common with drug names not frequently mentioned in an article), then do so — even if it already has been referenced in text. Where it adds only clutter, avoid it, such as in cases where a drug is frequently mentioned throughout an article (if the article is about ACE inhibitors, for instance, then it only wastes space to write “ACE=angiotensin-converting enzyme” at the bottom of each figure in which “ACE inhibitor” appears).

Rules of style: Nonclinical custom publications should follow MANAGED CARE style, which generally steers clear of abbreviations and acronyms and avoids placing most in parentheses after the first reference. Clinical custom publications should follow AMA style for abstracts and text, placing abbreviations and acronyms in parentheses immediately following the first reference. In clinical publications, abbreviations and acronyms may be used without explanation in summaries, callouts, and — where appropriate — figures and tables, as described above. Also, see *first references* in section 1.

Adherence vs. compliance. The term compliance is falling out of vogue, as it suggests that patients are subservient to physicians. Today, adherence is generally the preferred term when

referring to a patient's ability to stick to a therapeutic regimen. We prefer adherence but do not insist on it; for word variety, the two terms may be used interchangeably. See *persistence*.

Beta blockers

Calcium channel blockers

Citations (in text, figures, and tables). See *references*.

Clinical trials. See *clinical trials* in section 1.

Companies. Read the entry for *firm* in section 1 of this manual, then read the paragraph below for variations for custom publications.

The nature of custom publishing is that we have to do what the client wants us to do, even if it breaks style. Occasionally, a client's legal department has valid reasons for wanting LP, PC, and the like to be included with references to its company name. It may also want periods included in these abbreviations, as in L.P. Ask every client how it specifically wants its own company name to appear in print. Do not assume that following our own style (e.g., dropping periods, deleting LLP, etc.) will suffice. For some companies, it won't matter; for others, it matters a great deal.

Contractions. Generally, these are *verboten* in academic text, and in clinical publications we follow this convention. For policy publications, which are less formal — and in particular when we are reporting on an oral presentation — contractions are acceptable and, in some contexts, desirable. In this instance, see *contractions* in section 1.

Consensus committees. Use all caps, and if necessary, hyphenate and add an Arabic numeral to the name: JNC-7, EPR-2, ATP-3, etc. Roman numerals are reserved for instances shown in the *U.S. News* stylebook.

Decreases in measurement units. In text, write out; do not use a minus sign to indicate a decrease. In a figure or table, a minus sign (en dash) is acceptable.

dL

Dosage, dose. Follow AMA convention: A *dose* is the quantity to be administered at one time, while *dosage* refers to a treatment regimen.

Dose designations. Avoid use of “qd,” “qod,” etc. in text; write “daily,” “every other day,” etc. In tables and figures, such abbreviations are acceptable, but be very careful about accuracy. It would be easy to write, accidentally, *qid* instead of *qd*, which would result in a 4-fold overdose. Use a zero before a decimal dose that is less than 1: *0.5 mg*. Do not use μg for “micrograms”; write *micrograms* in text and abbreviate as *m_{cg}* in tables and figures.

Et al. Lower case. Do not italicize. In references, place a period after al. No periods in text.

Figures. See *Tables and figures*.

Footnotes. Numerical footnotes should be used to explain a subject without interrupting the flow of text.¹

Lower vs. reduce. Consider using *reduce* if *lower* is being used as a verb and the context supports the substitution, especially if it makes the sentence easier to read.

MAO inhibitor (never MAOI)

mg, mcg (no periods)

mm Hg

Number. When used to define a group, such as number of subjects in a group, capital N represents a total population; lower-case n represents a subpopulation. Use Roman type.

Numerals.

- Use numerals, even if below 10, to indicate time and doses. *U.S. News* style applies to other references to cardinal and ordinal numbers below 10. Example: “We studied six subjects over a 1-month period, giving each subject 600 mg of ibuprofen when headaches occurred.”
- Cardinal numerals should indicate days, weeks, etc., of a clinical study or other treatment regimen but spell out ordinal numbers below 10: *day 2*, *week 4*, but *the sixth month*.
- Use a comma before the first digit of a four-digit number: *1,000*.

Persistence (with a therapeutic regimen). *Compliance* (or adherence) refers to one’s general ability to stick to a therapeutic regimen; *persistence* (persistence rates, etc.) refers to how well or long a patient or group stay(s) on a specific regimen (usually, an initially prescribed regimen before the dosage is titrated, or the patient switches to another therapy or drops out of therapy).

Probability (*P* values.) In text and graphics, follow AMA style, using italicized upper-case *P* (e.g., *P*=.005). Here, we break with *U.S. News* style in text (instead, following AMA recommendations) in deleting the zero that would precede the decimal point (rationale: *P* values can’t be >1). Do not place a space between the *P* and “equals” signs or signs of inequality. The word *significant* should not be used to describe a *P* value, but rather, a statistical result.

References. Generally, citations in text are not footnoted; rather, list the last name of the first author and the year of publication. Reference lists at the ends of articles should be in alphabetical order, by last names of first authors.

In text:

- Citations in text are placed in parentheses with no comma to separate the author and year. Example: (Sirois 2003).
- Periods go outside the parentheses.

¹ The explanation should be at the bottom of the same page on which the footnote appears. Place a space between the numeral and the explanatory text, as per this example.

- When using more than one reference to a first author from the same year, append the year with “a,” “b,” “c,” etc., in order of appearance in text. Example: (Dalzell 2001a) and (Dalzell 2001b).
- Where more than three citations appear in a single place in text, use a numerical footnote instead and list the citations at the bottom of the page, as in this example.²
- If the citation relates to a manuscript that has been accepted for publication but not yet published, write “in press” in place of the year. Example: (Marcille in press).
- When referring to a table or figure, do not cite the source of the material in the table or figure if the table or figure already has a citation. That is, to say “... early years (Table 1) (Mullen 1996)” would be unnecessary if Table 1 already has the citation “MULLEN 1996.” Just “... early years (Table 1)” will suffice.

In tables and figures:

- Citations follow text style (last name of first author and year) but place the name in CAPS, delete the parentheses, and do not use a period. Example: SIROIS 2003
- Follow the convention above for citations in press.

In reference lists at ends of articles:

- Generally, follow AMA style for articles, journals, and books. This includes rules of capitalization (article titles are in lower case) and abbreviations of the titles of journals. Slight exception from AMA regarding authors: If a reference has four authors, list all four. If a reference has five or more authors, list the first three and then write “et al.” Example: Wood KM, Prior MC, Zambrano CJ, et al. Rotator cuff wear in right-handed individuals. *JAMA*. 2003;290:154–162.
- Use en dashes to indicate page ranges.
- In general, list the publication year and volume, omitting months, dates, and issue numbers. Exceptions are acceptable if a publication does not number its pages consecutively in subsequent issues. For instance, the page numbers in each weekly issue of *JAMA* pick up where the previous week’s issue left off therefore, it is unnecessary to include the issue number in the reference. Each monthly issue of *MANAGED CARE*, however, begins with page 1. Thus, to cite *MANAGED CARE*, volume 10, pages 22–37 [*Manag Care*. 2001;10:22–37] would be inaccurate because there are 12 issues of volume 10 with a page 22; in this case, add the issue number in parentheses after the volume [*Manag Care*. 2001;10(5):22–37]. In these cases and where a journal does not use issue numbers, list the month or date of publication after the year [*Manag Care*. 2001 May;10:22–37].
- For multiple articles by a single author, list the references in chronological order. If there are two references published in a given year, list them in order of appearance in your article, using the lettering convention described earlier. (Dalzell 2001a) would appear in the reference list before (Dalzell 2001b.) Include the letter suffix in the year. Example: Dalzell MD. Genetic medicine: opportunities for good and greed. *Manag Care*. 2001a;10(5):22–37.
- Where the first-listed author of a reference appears more than once, list in alphabetical order as determined by the second author, then the third, then the fourth if necessary. If all authors are the same, list references in chronological order.

² Berberabe 2004, Marcille 2002, Diamond 2001, Sherritze 2004, Robins 1999.

- Where a long organizational name, study group, or such is cited as a reference, it is appropriate to abbreviate the name in a text reference. For instance, instead of writing out “... 15 percent of patients (National Committee for Quality Assurance 2004),” it is preferable to use an accepted acronym or abbreviation: “... 15 percent of patients (NCQA 2004). In the reference table, list the acronym or abbreviation first, then put the full name in parentheses: NCQA (National Committee for Quality Assurance). On subsequent references in the reference list, only the acronym or abbreviation should be listed.
- Internet references. Follow AMA style. Place Web address «between European quotes» with the period outside the quotes. Include `http://` as per the entry for *Web addresses* in section 1.

Significant. Caution is indicated when using this term; significant is in the eye of the beholder, but to a statistician, it has narrow meaning. If comparing outcomes, avoid the use of the word unless discussing statistical significance. Use discretion when editing passages such as “the results achieved numerical superiority but not statistical significance,” which suggests that the writer has entered the realm of marketing; the point of statistical analysis is to help determine whether numerical differences are meaningful.

Stage (referring to disease state). Lower case s, no hyphen, Arabic numeral: *stage 5 renal disease*.

Symbols of equality and inequality (= and <, ≤, >, and ≥). Generally, these are used liberally in tables and figures but should be used only sparingly in text. It is acceptable to use these symbols in text in parenthetical phrases or when referring to dosages and other medical measurements (e.g., <60 mg, SBP>160/100 mm Hg, HbA_{1c} <7 percent). For all other uses, including time and when people or things can be counted, spell out the words: *We examined more than 1,000 medical charts; This subpopulation persisted with therapy less than 7 days*. Do not place spaces between the symbol and a number that follows or precedes it.

Tables and figures. Number them if there are two or more; otherwise, refer in text to single tables and figures as “table” or “figure.” There are many nuances to how we treat tables and figures. Basically, think AMA style when developing tables and figures themselves. When it comes to references to tables and figures in body text or display text (e.g., titles of tables or column headings) in tables and figures, however, think *U.S. News* style; this helps us to achieve the consistency that we strive for between the magazine and its supplements.

- In text, do not abbreviate “Table” or “Figure.” Capitalize them when a number follows them (e.g., “Table 2”) but make them lower case when they are unnumbered and refer to the only table or figure in the article. *Variation from AMA style:* AMA uses SMALL CAPS to refer to tables and figures in text, but we do not.
- AMA recommends avoiding the use of descriptive terms regarding the location of tables and figures (such as “on the opposite page” or “above”). Our staff will cross-check text references to tables and figures; in the final layout, if a table or figure does not appear on the same two-page spread as the text reference to it, we will add the page number to the text reference (e.g., “Figure 4, page 18”).

- In tables and figures, the words TABLE and FIGURE are all capitals. Do not place a period after “Table 2,” etc. Place two spaces between “Table 2,” etc., and the title of the table or figure; our page designer will adjust the tracking as needed.
- In tables and figures, the title of the table or figure follows the style that *U.S. News* employs for headlines of sidebars and charts: Only the first word only is capitalized, except for proper nouns. Do not place a period after the title of the table or chart.
- In column headings and legends, follow *U.S. News* style: Capitalize only the first word. If a column heading begins with a numeral or a symbol, capitalize the next word, unless the first word is an abbreviation for a measurement (e.g., 36 mo.)

Section 2 Makeup and Editing Tips for In-house Editors

Before finalizing a page, run a spelling check, search for two spaces in a row, examine for loose lines, and check the folio against the imposition. On supplements, two consecutive spaces between “Table [number]” or “Figure [number]” and the figure or table headline is the style, so be careful not to remove them.

Captions. In general, follow the entry for *captions* in the makeup subsection of Section 1 of this manual. In roundtable discussions in clinical supplements and newsletters, it is permissible, when using a quotation as a caption, to begin the caption with the person’s last name, followed by a colon and the quotation. When doing this, try to follow this format consistently throughout the article. Such captions should be set in two typefaces: One for the last name and colon, followed by a lighter typeface for the rest of the caption.

Folios. In supplements and *P&T Digest*, left-side pages say either SUPPLEMENT or P&T DIGEST. Right-side pages carry the name of the publication (e.g., IS HEALTH CARE PREPARED FOR BIOTERRORISM or HYPERTENSION). Page numbers are all the way on the left on left-facing pages, and all the way on the right on right-facing pages.

Subheads. The composition rules under *subheads* in section 1 of this manual do not strictly apply to academic custom publications, as it can be difficult to make line breaks occur this way. Subheads at the tops of column are acceptable if necessary. Try to achieve a minimum of two lines of text above a subhead that occurs near the top of a column.

Tables and figures.

- Indent runover lines of title of table or figure so that they are flush with the first letter of the title. Notice in the example below that the word “development” begins under “Global,” not “FIGURE 1.” Indentation is achieved by hitting the Apple and backslash keys together.

FIGURE 1 Global pharmaceutical research and
development spending, 2000

- Cross-check text references to tables and figures; in the final layout, if a table or figure does not appear on the same two-page spread as the text reference to it, add the page number to the text reference (e.g., “Figure 4, page 18”).
- In tables and figures, the words TABLE and FIGURE are all capitals. Do not place a period after “Table 2,” etc. Place two spaces between “Table 2,” etc., and the title of the table or figure; Philip will adjust the tracking as needed.

Web addresses. Break over a line only after a period or a slash.

Section 3

Beyond Style

Beyond Style

Abbreviations and acronyms. In general, try to avoid alphabet soup in nonacademic publications and articles. We prefer to use a shorter noun, rather than an acronym, on second and subsequent references. Example: The Joint Commission on Accreditation of Healthcare Organizations should be *the Joint Commission* on second reference, not JCAHO. (Note that if it becomes “the commission,” which is allowable, it becomes lower case, as *commission* is generic; Joint Commission is specific.)

In some cases, when the abbreviation or acronym is well known and its use is acceptable, in nonacademic articles it is unnecessary to put it in parentheses immediately after the first reference. For instance: *Smith thinks the Department of Health and Human Services’ injectables demonstration project is intriguing. HHS officials would agree.* If HHS is to be used again and again, its first use could reasonably be a paragraph or two from the first use of Health and Human Services. But, if HHS doesn’t reappear for seven or eight paragraphs, then retain the parenthetical presentation.

See section 2 for discussion of acronyms and abbreviations in custom publications.

Apostrophes. The sophomoric usage of an apostrophe-S to create a plural noun is Mike Dalzell’s number one grammatical pet peeve and merits a special entry in this stylebook:



Bob the Angry Flower © 2002 Stephen Notley; <www.angryflower.com>

Attribution. Use only one quotation attribution per paragraph. Quotes from different people should be in different paragraphs.

Jargon. Be judicious. Much of it is technical gibberish and should be shunned unless it’s the only way to avoid wordiness. Some of it is acceptable, depending on the blend of the term,

content, and audience — but be sure your audience will understand it. Don't get suckered into using information technology jargon — *Web-enabled, B2B-portal solutions* don't mean much to most of our readers. Or us. And then there's general business-speak: *Going forward, 24/7*, and the like. This junk will be stricken from your copy, so save us both the trouble. One of our favorite stinkers: *Across the health care continuum*.

Numbers to start sentences. Don't start sentences with an Arabic number, even if it is a year.

Only. Such a misplaced word! Be careful to place it *only* where it belongs.

Passive construction. Minimize or avoid it — even in peer-reviewed articles, where academic writing tends to rely heavily on it.

Quotations. Often, you can say something more effectively and succinctly than the source says it. If so, there's no reason to use a dreary quotation. But the need to vary the texture of the writing will sometimes override this advice. Gratuitous lifting of quotes, even inconsequential ones, from newspapers, should be avoided. Borrow quotations sparingly, when they have impact and when they add substance to your article that paraphrasing cannot.

Sources. The phrase “consider the source” applies here. Beware of special interest groups with spurious names that sound good; check them out before assuming they are what the seem. For instance, United Seniors Association, Seniors Coalition, and 60-Plus Association are considered to be fronts for the pharmaceutical industry. We have no problem with any interest group speaking for itself; our problem is with the interest group purporting to have some other interest at heart. We also see health insurers masquerading as consumer groups that try to promote specific changes in laws relating to coverage. If you find others in your research, please alert us.

The following have been banned as sources in MANAGED CARE: political parties (but not office holders), Sidney Wolfe, MD, and Public Citizen.



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Split infinitives. Do it if you have a *damn good reason to freakin' do so*. Otherwise, please avoid “to better serve,” “to appropriately assist you,” “to boldly go where no man has gone before,” and their ilk. The same applies to past and future tenses with helpers: *has gone, will go*.

Try to, try and. Not so much a style point as a commonly abused element of basic grammar. You can't *try and* do anything. You *try to* do something. Think of "to" as part of the infinitive verb.

Zeal. All good writers have a passion for learning their craft. Admit you don't know it all! We sure don't! Some suggested reading:

A Dictionary of American-English Usage
Margaret Nicholson

A Dictionary of Modern American Usage
Bryan A. Garnerr

Chicago Manual of Style
Neither glamorous nor easy to use, but a good reference book for when *U.S. News*, AMA, and AP are silent

The Copy Editing and Headline Handbook
Barbara G. Ellis, PhD

The Dimwit's Dictionary
Clever reference of clichés and replacement words/phrases

The Elements of Style
Strunk and White classic

Grammar: a Handy Guide
«<http://www.pnl.gov/ag/usage/grammar.html>»

On Writing Well
William Zinsser

Words Into Type, 3rd Edition
Marjorie E. Skillen and Robert Malcom Gay