

# Guidelines for Authors

## Including Copyediting Style



A Private Foundation Working Toward a High Performance Health System

THE PUBLICATIONS PRODUCED by The Commonwealth Fund and published on its Web site, [www.commonwealthfund.org](http://www.commonwealthfund.org), draw from the health care policy research and analysis conducted by the foundation’s grantees and professional staff. Fund publications are geared toward multiple audiences, including federal and state policymakers and officials, health care provider organizations, health care industry leaders, journalists, and health policy researchers.

To ensure that our publications meet the needs of our target audiences and are released in a timely fashion, we ask that all prospective authors read and adhere to the following guidelines covering content, format, and style. Although not all of these guidelines are hard-and-fast rules, following them as closely as possible will help expedite the editing, review, and production processes and minimize the time between manuscript submission and publication.

## I. THE KEYS TO AN EFFECTIVE PAPER

In preparing any manuscript for Commonwealth Fund publication—whether it is a report, issue brief, or case study—authors should keep in mind the following:

- **Highlight, up front, the most important two or three findings and/or takeaway messages.** Don’t bury the lead! “Deliver the goods” for readers right at the beginning of the [overview](#) (in issue briefs) or [executive summary](#) (in reports).
- **Be concise.** These days, people prefer to read shorter pieces that get to the point quickly (and our own audience surveys back that up). For issue briefs, that means an upper limit of 6,000 words (about 15 typed pages at 1.25 line spacing), and for reports, 12,000 words (about 30 pp.). *The Commonwealth Fund may return to authors any manuscript that exceeds these limits.* See [Overview of Fund Publication Types](#).
- **Write in clear, simple prose and avoid jargon whenever possible.** Don’t assume your readers are as well versed in the subject as you are. Define technical terminology when it needs to be used, and try to substitute plain language for insider-speak.
- **Organize your paper.** Your paper should have a logical structure, making ample use of pithy heads, subheads, and, when appropriate, sidebar boxes. See [page 12](#) for more detail.
- **Present data and special information in visually compelling ways.** Make use of graphic elements, such as [charts](#), [tables](#), maps, and [sidebar boxes](#). And be sure your exhibits have clear labels and legends; readers should be able to understand exhibits on their own, independent of the text.
- **Follow Commonwealth Fund copyediting style.** This is especially true for [endnotes and citations](#), but applies to the rest of the text as well. See [page 14](#) for the Fund’s [Copyediting Style Manual](#).

**Note:** All of the Commonwealth Fund publications referenced in this guide can be found online at [www.commonwealthfund.org/publications](http://www.commonwealthfund.org/publications).

## II. OVERVIEW OF FUND PUBLICATION TYPES

Following are brief descriptions of each type of publication The Commonwealth Fund produces. For specifications on the specific elements of each publication type, see “[Elements of Fund Publications](#),” below.

### Issue Briefs

Issue Briefs are the most common Fund publication type. As their name implies, they are shorter than traditional white paper or report and generally focused on a single topic, whether a health policy concern, a recent law or regulatory statute, or an innovative policy or program.

#### *Required Elements*

- [Abstract](#)
- [About the authors](#)
- [Overview](#)
- Research findings
- Policy implications/recommendations
- Discussion/conclusion
- [Endnotes/citations](#)

#### *Optional Elements*

- [Exhibits](#) (up to eight graphs and/or tables)
- Acknowledgments
- Methodology box

#### *Length*

Up to 6,000 words (inclusive of endnotes and appendices)

#### *Examples*

- *Women at Risk: Why Many Women Are Forgoing Needed Health Care*
- *State Trends in Premiums and Deductibles, 2003–2009*
- *Scaling Up: Bringing the Transitional Care Model into the Mainstream*

### Realizing Health Reform’s Potential (Brief)

One of our newest publication types, *Realizing Health Reform’s Potential* briefs investigate how the Affordable Care Act and other federal health care reforms will likely affect specific populations as well as the functioning of the health care system.

#### *Required Elements*

- [Abstract](#)
- [Overview](#)
- Summary of relevant Affordable Care Act reforms
- Discussion of projected impact of reforms, including numerical estimates where possible
- Challenges in successfully implementing law’s provisions
- Recommendations for future reforms
- [Endnotes/citations](#)
- [About the authors](#)

#### *Optional Elements*

- [Exhibits](#) (up to eight graphs and/or tables)

- Acknowledgments
- Methodology box

#### Length

Up to 6,000 words (inclusive of endnotes and appendices)

#### Examples

- [Realizing Health Reform’s Potential: Small Businesses and the Affordable Care Act of 2010](#)
- [Realizing Health Reform’s Potential: Adults Ages 50–64 and the Affordable Care Act of 2010](#)
- [Realizing Health Reform’s Potential: How the Affordable Care Act Will Strengthen Primary Care and Benefit Patients, Providers, and Payers](#)

## Data Briefs

Similar to [Issue Briefs](#) in format and style, but generally shorter in length, Data Briefs focus on reporting the results of a research study and include only limited discussion of their implications. Unlike Issue Briefs, they do not offer policy recommendations. A Data Brief may report findings from a Fund-conducted survey, or it may report on health care data released by a federal agency or a national organization.

#### Required Elements

- [Abstract](#)
- [About the authors](#)
- [Overview](#)
- Research findings
- Discussion/conclusion
- [Endnotes/citations](#)
- Methodology box
- [Exhibits](#) (up to eight graphs and/or tables)

#### Optional Element

- Sidebar boxes
- Acknowledgments

#### Length

Up to 4,000 words (inclusive of endnotes and appendices)

#### Examples

- [Health Care Opinion Leaders’ Views on Congressional Priorities](#)
- [Paying the Price: How Health Insurance Premiums Are Eating Up Middle-Class Incomes—State Health Insurance Premium Trends and the Potential of National Reform](#)
- [Measuring Hospital Performance: The Importance of Process Measures](#)

## Reports

Commonwealth Fund Reports provide a greater level of depth and cover a wider range of subtopics than Issue Briefs do. They often contain a larger number of exhibits, and may also include supplementary material as appendices.

#### Required Elements

- Title page

- Abstract
- Table of contents
- About the authors
- Executive summary
- Introduction
- Research findings
- Policy recommendations
- Discussion/conclusion
- Endnotes/citations
- Methodology appendix
- Other appendices
- Exhibits (minimum of three graphs and/or tables)

#### *Optional Elements*

- Appendices (other than methodology)
- Sidebar boxes
- Acknowledgments

#### *Length*

6,000–12,000 words (inclusive of endnotes and appendices)

#### *Examples*

- *Front and Center: Ensuring that Health Reform Puts People First*
- *Coming Out of Crisis: Patient Experiences in Primary Care in New Orleans, Four Years Post-Katrina*
- *Harnessing Health Care Markets for the Public Interest: Insights for U.S. Health Reform from the German and Dutch Multipayer Systems*

## **Case Studies**

The Commonwealth Fund publishes a variety of case studies of high-performing health care organizations and innovative programs, policies, initiatives, interventions, and practices designed to improve health care quality, access, or efficiency. Subjects for case studies that are to be published as a discrete series are typically selected through a multistep process that includes the identification of potential candidate organizations or programs by an expert panel, a review of the professional literature and performance benchmarking data, and screening for geographical diversity and other characteristics.

To gather information for the case study, authors often interview key personnel, conduct a site visit, and/or glean data from presentations, published research, regulatory filings, and other relevant sources. When possible, the results achieved by the organization or program are judged against objective, recognized measures of quality or other relevant aspects of performance. In general, case study subjects are offered the opportunity to review and comment on the manuscript before it is published.

#### *Required Elements*

- Abstract
- Overview of case study findings
- Background information on organization or program
- Findings, including data providing evidence of results achieved by the organization/program
- Lessons and implications for other organizations or potential program adopters
- Discussion/conclusion

- Endnotes/citations
- Case study methodology box
- About the authors

#### Optional Elements

- Exhibits (up to eight graphs and/or tables)
- Sidebar boxes
- Acknowledgments

#### Length

Up to 10,000 words (inclusive of endnotes and appendices)

#### Examples

- *Geisinger Health System: Achieving the Potential of System Integration Through Innovation, Leadership, Measurement, and Incentives*
- *The Massachusetts Child Psychiatry Access Project: Supporting Mental Health Treatment in Primary Care*
- *OSF HealthCare: Promoting Patient Safety Through Education and Staff Engagement*

## In the Literature

These are two-page summaries of studies or analyses published by Commonwealth Fund grantees or staff in peer-reviewed journals. Prepared by Fund editors with a nonexpert audience in mind, “In the Literature” summaries provide the key findings, implications, and conclusions of timely and important health policy research.

All “ITLs” are reviewed and approved by the original study’s authors prior to posting on the Fund’s Web site.

#### Required Elements

- Synopsis
- The Issue
- Key Findings
- Addressing the Problem
- About the Study
- The Bottom Line
- Key quote
- Complete citation to original journal article
- Author contact information

#### Optional Element

- Exhibit (chart or simple table)

#### Length

700–900 words

#### Examples

- *What Changes in Survival Rates Tell Us About U.S. Health Care*
- *Associations Between Physician Characteristics and Quality of Care*
- *What Does It Cost Physician Practices to Interact with Health Insurance Plans*

## In Brief

Similar to the [In the Literature](#) series, the In Brief line was created to provide short summaries of journal articles supported by The Commonwealth Fund or authored by Fund staff. An In Brief is shorter, however, with content organized under three basic headings (see below), and it does not contain an exhibit.

In general, In Brief is the preferred vehicle for summarizing a study whose subject and/or findings are likely of interest to only a narrow audience. It is also the summary format most often used for older articles.

### *Required Elements*

- The Issue
- What the Study Found
- Conclusion
- Complete citation to original journal article

### *Length*

175–275 words

### *Examples*

- *The Individual Insurance Market Before Reform: Low Premiums and Low Benefits*
- *How CER Could Pay for Itself—Insights from Vertebral Fracture Treatments*
- *Delivery of Well-Child Care: A Look Inside the Door*

## Perspectives on Health Reform

In these brief essays, prominent health policy researchers and thought leaders, including The Commonwealth Fund's own experts, offer commentary on an important, timely health reform issue. Examples include David Blumenthal on the federal government's role in promoting health information technology, Lucian Leape on transparency and public reporting on quality of care, and the Fund's Mark Zezza and Stuart Guterman on the new federal rules governing accountable care organizations.

### *Length*

1,500 words or less

Perspectives generally do not contain exhibits.

### *Examples*

- *The Federal Role in Promoting Health Information Technology*
- *Transparency and Public Reporting Are Essential for a Safe Health Care System*
- *Achieving Accountable Care: Are We on the Right Path?*

## Policy Points

Aimed at policymakers, these two-to-four-pagers, prepared by Commonwealth Fund staff, briefly summarize the key findings of a major Fund publication and highlight its key policy messages.

### *Length*

800–2,000 words

### *Examples*

- *Options for Financing Health Reform: Comparing the Impact of Selected Policy Options*

- *Alternative Paths to a High Performance U.S. Health System: Impact of Three Approaches on Health Care Spending*
- *Key Elements in Developing and Implementing Payment Innovations*

## Newsletters

The Commonwealth Fund produces and publishes six e-newsletters on a regular basis.

- *The Commonwealth Fund Connection*: A roundup of all Fund publications, charts, and multimedia added to the Commonwealth Fund Web site in the last two weeks, with links to other timely content.
- *States in Action*: Articles on successful state health care policy and program initiatives, geared to policymakers, researchers, administrators, and providers. Bimonthly. For more information, contact managing editor Martha Hostetter at [mh@cmwf.org](mailto:mh@cmwf.org).
- *Quality Matters*: A bimonthly report on quality improvement activities in health care, aimed at providers, state and federal officials, and consumer groups. For more information, contact managing editor Martha Hostetter at [mh@cmwf.org](mailto:mh@cmwf.org).
- *Washington Health Policy Week in Review*: Selected stories from the daily newsletter *CQ HealthBeat*. Provided as a weekly service under rights licensed by The Commonwealth Fund.
- *Purchasing High Performance*: Produced in partnership with the National Business Coalition on Health, this newsletter is aimed at employers and others interested in promoting value in health care. Published three times a year.

## Commonwealth Fund Blog

The Commonwealth Fund Blog provides a venue for short pieces—which we know our audience is seeking—and promotes health policy dialogue on [commonwealthfund.org](http://commonwealthfund.org).

Commonwealth Fund staff, fellows, and grantees are encouraged to propose ideas for posts to *The Commonwealth Fund Blog*. Topics may include health care–related stories in the news, health reform implementation, Fund-supported research, and more. The Fund encourages use of this format to present timely analyses requiring rapid publication; to inform the public about grant products that may not lend themselves to full-length publications; to explore a policy angle not explored in the primary Fund publication; and to provide updates on Fund-supported work.

The posts, which may express a point of view, should be written in a conversational, jargon-free style that will be understandable to many audiences. Posts will be edited by Communications staff.

Blog posts are promoted through alerts, tweets, and Facebook, and all posts are open for commenting (comments must be approved by the Fund prior to publication).

### Length

300–800 words

### Examples

- *The Promise of Comparative-Effectiveness Research: Empowering Patients and Providers*
- *Why Congress Should Not Continue to Postpone Physician Payment Reform*
- *New Review Process for “Unreasonable” Premium Hikes*

### III. ELEMENTS OF FUND PUBLICATIONS

This section describes the required elements for each major Commonwealth Fund publication.

#### **Title Page** (*Reports only*)

- Report title and subtitle, if applicable.
- Authors. Full names, no degrees. Include affiliation only if single author.
- Month and year of publication.
- Abstract; see below.
- Acknowledgment of Commonwealth Fund support and disclaimer; see below.

#### **Abstract** (*All publication types except In the Literature and In Brief*)

Maximum length: 150 words. The abstract should briefly describe the following:

- The purpose of the paper
- Central findings and conclusions
- Principal policy recommendations, if any
- Study methodology and major data sources, if applicable

Here is an example of an abstract:

Rapidly rising health insurance costs have strained U.S. families and employers in recent years. This issue brief examines data for all states on changes in private employer premiums and deductibles for 2003 and 2009. The analysis finds that premiums for businesses and their employees increased 41 percent across states from 2003 to 2009, while per-person deductibles jumped 77 percent in large as well as small firms. If these trends continue at the rate prior to enactment of the Affordable Care Act, the average premium for family coverage will rise 79 percent by 2020, to more than \$23,000. The authors describe how health reform offers the potential to reduce insurance cost growth while improving value and protection. If reforms succeed in slowing premium growth by 1 percentage point annually in all states, by 2020 employers and families together will save \$2,323 annually for family coverage, compared with projected trends.

[148 words; from *State Trends in Premiums and Deductibles, 2003–2009: How Building on the Affordable Care Act Will Help Stem the Tide of Rising Costs and Eroding Benefits*]

#### **Acknowledgment of Commonwealth Fund Support and Disclaimer**

Every Fund publication must contain the following statement:

**Support for this research was provided by The Commonwealth Fund. The views presented here are those of the author(s) and not necessarily those of The Commonwealth Fund or its directors, officers, or staff.**

This statement may be amended as necessary to acknowledge cofunding from other organizations or to expand the scope of the disclaimer.

## Table of Contents (*Reports only*)

- First- and second-level heads only; indent the latter 0.25 in.
- Titles of appendices
- List of exhibits

The Contents and List of Exhibits pages should look something like this.

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### **About the Authors** (*Reports, Briefs, Case Studies*)

This section contains short bios (two to six sentences) for each credited author. The following information should be included:

- Full name followed by abbreviated graduate degree(s)
- Current title and organization
- Principal research focus
- Previous positions, major accomplishments and awards
- Name(s) of graduate school(s) attended and degree(s) completed.

Here is an [example](#) of an author bio.

### **Acknowledgments** (*Reports, Briefs, Case Studies*)

Optional.

### **Executive Summary** (*Reports only*)

The Executive Summary, as well as the similar Overview (see below) in Issue Briefs and Data Briefs, is perhaps the single most important component of a Commonwealth Fund paper. As the opening section of the text, it provides the reader with a concise summary of the key findings and “takeaway” messages that are to be discussed in greater detail in the main body.

When writing the Executive Summary or Overview, authors should keep in mind that some readers may choose to read only this section of the paper, while others will continue reading only if their interest is sufficiently peaked by the summary. ***It is therefore imperative that the summary conveys with economy and clarity all the essential points made in the paper.*** It should include:

- The major findings, conclusions, and policy recommendations that are in the main body of the paper.
- Enough background information to provide context for the study/analysis.
- One or two key exhibits from the main report, if there are any.

Note that everything discussed in the Executive Summary must also appear in the main body of the report. The length of the Executive Summary will depend partly on the complexity and comprehensiveness of the report itself, but should generally run between one and three pages (at 1.25 line spacing).

An example of an Executive Summary can be found [here](#).

### **Overview** (*Briefs only*)

The Overview section of an Issue Brief or Data Brief is essentially an abbreviated version of an Executive Summary, or an expanded version of the [Abstract](#). Like an Executive Summary, the Overview should provide the reader with the paper’s key findings and messages, along with minimal background about the issue being discussed and a very brief description of the study’s methods.

The Overview should not exceed one full page. An example of can be found [here](#).

### **Introduction/Background** (*Reports, Briefs*)

The Introduction or Background section can be a just a paragraph or two (as in the case of an issue brief) or, in a report, as long as two pages. This is the section for defining key concepts, discussing how the paper’s subject fits in with the current policy environment, and providing relevant historical context. The report’s findings, conclusions, and recommendations should not be discussed here.

## About This Study (*Reports, Briefs*)

Only a brief methodology section should be included in the main body of the paper—one to three paragraphs. If, in addition, a more extensive methodology is required, that more detailed version should be included as an appendix.

## Study Findings/Results (*Reports, Briefs*)

Please think carefully about the best way to organize and present your findings for the reader.

Always discuss the **most important findings first**. Group secondary findings in a separate section.

Make generous use of **pithy subheads** to help readers find the information they want quickly.

Create simple, clear compelling **exhibits** (Powerpoint or Excel)—bar or line graphs, pie charts, basic tables—to highlight your results and depict trends. Each exhibit should be simple, easily readable, and, ideally, understandable without having to refer back to the text. Each exhibit should have a short, descriptive title and a complete source line.

In charts or graphs, each axis should be clearly labeled, and data points should be provided for each bar, trend line, pie wedge, etc.

Make use of brief **sidebar boxes** to provide examples, define an important concept, provide an anecdote, or highlight a law, program, or intervention without interrupting the main narrative. Text boxes should not exceed 250 words.

If appropriate, consider including a handful of select **quotes** from interviewees or key informants. Be judicious in your use of quotes; choose ones that are insightful and succinct. All quotes should include an attribution, ideally the person's name, title, and affiliation.

## Implications/Conclusions

Study results should be discussed in light of their potential impact on the health care system and their relevance to national, state, or local health policy.

## Recommendations

The report should provide specific suggestions for policy change, informed by the study's findings. Future avenues of research, if applicable, may also be discussed.

## Notes/References

Citations, references, and notes should be grouped together as **endnotes** at the back of the paper—unless there are five or fewer, in which case footnotes may be used instead.

Be sure to use Microsoft Word's automatic endnote function. Please do not insert parenthetical references within the text (e.g., "Jones, 2006"). The Commonwealth Fund follows an adapted version of the citation style advocated by the *Chicago Manual of Style*. For specific guidelines on creating endnote citations, see the [Copyediting Style](#) section of this manual.

## Appendices

Include as appendices any nonessential and/or supplementary material, such as a detailed methodology, list of key informants, large tables, etc. Each appendix should have a descriptive title.

## IV. SUBMITTING YOUR MANUSCRIPT: FORMAT

The Commonwealth Fund requests that authors submit their manuscripts in the following formats described below.

### Text

Please create your manuscript in Microsoft Word 2007 (preferred) or 2003.

**Font:** 12-point Times New Roman.

**Line spacing:** 1.25 (under “Multiple” in MS Word). One line space between paragraphs; indent first line 0.5 in.

### Exhibits

All figures, whether charts or tables, should be labeled “Exhibit” (except tables included in an appendix) and numbered consecutively. Each exhibit must also have a concise, descriptive title.

Example: **Exhibit 1. Proportion of U.S. Populations with Health Insurance, 2009**

### Charts

All charts and graphs should be supplied as PowerPoint 2007 (preferred) or 2003. Excel 2007 or 2003 also acceptable.

Provide original, editable file(s) in which charts were created; do not simply embed them in the Word document.

**Font:** Arial, with the bold attribute turned on. Title should be 20 pt. All text in the body of the chart should be at least 14 pt if it will fit. Source line should be 12 pt (but *not* bolded).

### Tables

Word or Excel tables are acceptable. Tables placed with the main body should not exceed one page in length. Longer tables should be included as an appendix at the back of the paper.

**Font:** Arial 10 pt. Use boldface for column/row headings as necessary.

## V. RESOURCES FOR AUTHORS

Please be sure to explore The Commonwealth Fund’s Web site, [www.commonwealthfund.org](http://www.commonwealthfund.org), for examples of all our publication formats. In addition, you are welcome to contact an expert in the Fund’s Publications Department for one-on-one assistance in preparing your manuscript:

Chris Hollander, Director of Publications, [cah@cmwf.org](mailto:cah@cmwf.org)

Deborah Lorber, Editor, [dl@cmwf.org](mailto:dl@cmwf.org)

Paul Frame, Senior Production Editor, [pf@cmwf.org](mailto:pf@cmwf.org)

Suzanne Augustyn, Graphic Designer, [sba@cmwf.org](mailto:sba@cmwf.org)

# Copyediting Style

## I. SPELLING, ABBREVIATIONS, AND ACRONYMS

The Commonwealth Fund follows *Merriam-Webster* (the print version is *Merriam-Webster's Collegiate Dictionary*). Please also consult our [Word List](#) below for spelling, capitalization, and hyphenation of specific terms, including those use in health care contexts.

### Abbreviations/Acronyms

Introduce all abbreviations and acronyms prior to their first standalone appearance in the text. For example: “Hospitals are increasingly using electronic medical records (EMRs), but patient-accessible EMRs are used on a much more limited basis.” Use abbreviations sparingly; try to use them only for long or unwieldy terms that appear repeatedly, or for terms that are better known by their abbreviation (e.g., HMO for health maintenance organization, or COBRA for Consolidated Omnibus Budget Reconciliation Act).

If the term is used in different sections of a report, reintroduce the acronym in the new sections.

It is not necessary to introduce an abbreviation/acronym if the term is used only once or twice in the paper.

When listing states in text, spell them out; do not use abbreviations. When naming cities with states, spell out a single mention but abbreviate the state for a list of two or more.

“The representatives were from Albany, New York.”

“The president visited Atlanta, Ga., Seattle, Wash., and Topeka, Kan.”

For state abbreviations in text, use Associated Press–style abbreviations: Ala., Alaska, Ariz., Ark., Calif., Colo., Conn., Del., D.C., Fla., Ga., Hawaii, Idaho, Ill., Ind., Iowa, Kan., Ky., La., Maine, Md., Mass., Mich., Minn., Miss., Mo., Mont., Neb., Nev., N.H., N.J., N.M., N.Y., N.C., N.D., Ohio, Okla., Ore., Pa., R.I., S.C., S.D., Tenn., Texas, Utah, Vt., Va., Wash., W.Va., Wis., Wyo.

In all exhibits, use postal code abbreviations (please note that periods are not used with these abbreviations): AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY.

## Numbers/Percentages

- Spell out numbers of nine or less in text and footnotes, except percentages, dollar amounts, and ages (e.g., “ages 3 to 5,” but “five years old”). Use arabic numerals for 10 and above.
- Always spell out numbers at the beginning of a sentence: “Ten percent of respondents had not visited a doctor in the past two years.”
- When citing **proportions**, use the convention “one of four,” “two of five,” etc., instead of “one in four,” “two out of five,” etc.
- Spell out “percent” in main body text and footnote text, but use “%” in parentheticals, e.g., “The majority of those surveyed (52%) lost their health benefits because they or their spouse lost their job. Another 12 percent lost their coverage because....”
- When indicating a range in text, use “percent” or “%” for both ends of the range, e.g., “From 27 percent to 55 percent of employees chose the less-expensive option.” and “Most young adults (68%–83%) were covered under their parents’ plans.” This thinking also applies to monetary ranges such as “\$5 million to \$9 million.”
- When using in text to mean proportion or share, use “percentage,” not “percent.” For example: “Only a small percentage of the U.S. population has health coverage purchased in the individual insurance market.”

## II. CAPITALIZATION

In general, The Commonwealth Fund prefers the “down” style of capitalization—that is, capitalizing only proper nouns and some of the terms derived from, or associated with, proper nouns. Thus, “President Obama” is capitalized but “the president” is not.

### Titles of Individuals

In capitalizing titles of individuals, The Commonwealth Fund follows the preference set forth in the *Chicago Manual of Style*:

“When a title is used in apposition before a personal name—that is, not alone and as part of the name but as an equivalent to it, usually preceded by the or by a modifier—it is considered not a title but rather a descriptive phrase and is therefore lowercased.”

Examples:

*President Alex Jamison of Collier College*

*Collier College president Alex Jamison*

*Alex Jamison, president of Collier College*

*Chancellor Angela Merkel*

*German chancellor Angela Merkel*

*former president Jimmy Carter*

## Titles of Publications

In publication titles and headings in text and exhibits, follow these rules:

- Capitalize the first and last words.
- Capitalize all words that have five letters or more.
- Capitalize all nouns, pronouns, verbs, and adverbs.
- Do not capitalize short (less than five letters) coordinating conjunctions, prepositions, or articles such as “and,” “or,” “but,” “a,” “an,” “the,” “in,” “on,” “of,” or “from.”
- For hyphenated words in titles and headings, capitalize the word after the hyphen, too, e.g., “Employer-Based” and “Long-Term.”

## Lists in Text

For **bulleted** lists in text, follow these rules:

- If any item in the list forms a complete sentence, then the first word of all items in the list should be capitalized.
- If no item in the list forms a complete sentence, then the first word should be lowercased.

In **numbered** lists, capitalize the first word of all items.

See “Punctuation,” below, for rules regarding end-punctuation of lists.

## III. PUNCTUATION

### Serial Comma

Use a serial or series comma (also known as the Oxford comma or Harvard comma) following the penultimate item in a list, e.g., “national, state, and local officials.”

### Em and En Dashes

For ranges of numbers in endnotes, tables, and figures (e.g., “pp. 14–22,” “1997–99”), use **en dashes** (in Microsoft Word: Insert > Symbol > Special Characters), as in the examples, not hyphens.

In main text, however, do not use en dashes, but spell out: “from 1997 to 1999.”

Also use an en dash to show a relationship between two things, e.g., “McCain–Feingold bill” or “patient–doctor relationship.”

For a regular, long dash, use the **em dash** symbol (in Microsoft Word: Insert > Symbol > Special Characters), not double hyphens, with no space around the dash.

Example: “More than 7 million adults—a third of this population—reported access problems.”

Use em dashes sparingly, and never use more than one set of em dashes in a sentence.

For both en and em dashes, do not leave spaces around the dash. You can create your own shortcuts for the em dash and the en dash by following the directions in the Symbol section.

## Hyphenation

Most questions about whether to hyphenate can be answered by consulting *Merriam-Webster*. In general, use a hyphen for:

- Fractions (whether nouns or adjectives): two-thirds, four-fifths, one-sixth
- Compound adjectives (i.e., those formed from two or more words): single-payer system, low-income adults
- Compound adjectives with numbers or numerals: 28-year-old woman, five-nation survey

Do not use a hyphen for a compound adjective that includes an adverb ending in “ly.” For instance: remarkably improved program, highly rated care.

Check our [Word List](#) to see whether a term not in *Merriam-Webster* is hyphenated.

## Periods in Abbreviations

Use periods in:

Degrees: Ph.D., M.P.H. (not PhD, MPH)

Geographical entities: N.J., D.C., B.C.

Initials in names: R. L. Peterson (note space between first and middle initials)

## Lists in Text

Follow the punctuation rules for bulleted or numbered lists in text

- If any item in the list forms a complete sentence, then all items in that list should end with a period.
- If each item in the list is five or fewer words, no end punctuation is needed, except for the final item, which should end in a period.
- For all other lists, end each item with a semicolon (again, except for the final item). The word “and” or “or” should follow the semicolon in the penultimate item.
- Bulleted lists should take round, solid bullets, such as those in this list.
- The numerals that begin a numbered list should end in a period; do not use parentheses. Example:
  1. The importance of physician leadership cannot be understated....
  2. Quality improvement systems are essential for....

### III. NOTES AND REFERENCES

Commonwealth Fund publications use endnotes, not footnotes, for any paper with more than five citations or notes. Please convert all footnotes to endnotes before submitting your manuscript. Be sure to use Microsoft Word's automatic endnote function. Please do not insert parenthetical references within the text (e.g., "Jones, 2006"). The Fund follows a modified version of the note style recommended by *Chicago Manual of Style* (note: the Fund has an online subscription to Chicago, which is available to all Fund staff; contact [dl@cmwf.org](mailto:dl@cmwf.org) for access information).

Whenever possible, integrate bibliographic references with the endnotes.

- List only the first three authors followed by "et al." (Note: no comma between third author and "et al.")
- Use first initials only, with periods (and a space between the initials).
- Separate multiple citations in the same note with semicolons; include "and" before the last citation.
- Abbreviate months, except for March, April, May, June, and July.
- Shorten the end page number in a range to the last two digits.
- Use a **short form** of the citation in subsequent references (see examples below).
- Use "Ibid." for a repeated citation if it immediately follows (if page numbers are different, include them after "Ibid.").
- Do not use "op. cit."

#### Journal Article

T. P. Gilmer, P. J. O'Connor, W. A. Rush et al., "Predictors of Health Care Costs in Adults with Diabetes," *Diabetes Care*, Jan. 2005 28(1):59–64.

*Subsequent reference (short form):*

Gilmer, O'Connor, Rush et al., "Predictors of Health Care Costs," 2005.

#### Book

Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the Twenty-first Century* (Washington, D.C.: National Academies Press, 2001).

*Subsequent reference (short form):*

Institute of Medicine, *Crossing the Quality Chasm*, 2001.

#### Report/Brief

C. Copeland, *Employment-Based Retirement Plan Participation: Geographic Differences and Trends*, 2008, No. 336 (Washington, D.C.: Employee Benefit Research Institute, Nov. 2009).

*Subsequent reference (short form):*

Copeland, *Employment-Based Retirement Plan*, 2009.

### **Report where author and publisher are the same:**

Medicare Payment Advisory Commission, *Report to the Congress: Promoting Greater Efficiency in Medicare* (Washington, D.C.: MedPAC, June 2007). [Please note the shortened organization name in the second instance.]

*Subsequent reference (short form):*

MedPAC, *Promoting Greater Efficiency in Medicare*, 2007.

### **Presentation**

N. Turnbull, “Health Insurance Connectors: Lessons from Massachusetts,” Presentation at the Alliance for Health Reform and Commonwealth Fund Briefing on Health Insurance Exchanges, May 11, 2009.

*Subsequent reference (short form):*

Turnbull, “Health Insurance Connectors,” 2009.

### **Testimony**

S. R. Collins, “The Growing Problem of Underinsurance in the United States: What It Means for Working Families and How Health Reform Will Help,” Invited Testimony, Committee on Energy and Commerce, Subcommittee on Oversight and Investigations, United States House of Representatives, Hearing on “Insured But Not Covered: The Problem of Underinsurance,” Oct. 15, 2009.

*Subsequent reference (short form):*

Collins, “Growing Problem of Underinsurance,” 2009.

### **Online Source**

Kaiser Family Foundation, Health Reform Subsidy Calculator—Premium Assistance for Coverage in Exchanges/Gateways, <http://healthreform.kff.org/Subsidycalculator.aspx>.

*Subsequent reference:*

Kaiser Family Foundation, Health Reform Subsidy Calculator.

*When creating a shortened reference, omit the first word if “The,” “A,” or “An” as well as other nonessential words in the title. However, do not change the order of words. The date included at the end of a shortened citation should be the year only.*

### **References to Exhibits in Text**

Enclose callout references in text to exhibits and appendices within parentheses and place at the end of relevant sentence or paragraph, before the period, as in this example:

Example: The same was true for as many as four-fifths of patients surveyed (Exhibit 4).

## IV. WORD LIST

The Commonwealth Fund follows spellings in the *Merriam-Webster Dictionary* in the vast majority of cases. There are exceptions, however, some of which are listed below, along with other terms commonly found in Fund publications.

Affordable Care Act (do not abbreviate)	federal
African American (no hyphen)	Federal Employees Health Benefits Program (FEHBP)
Asian American (no hyphen)	federal poverty level (FPL)
	fee-for-service (n., adj.)
benefits package	first-dollar coverage
beta-blocker	
	group health insurance
census, but U.S. Bureau of the Census	graduate medical education (GME)
ChartCart	
Children's Health Insurance Program (CHIP)	health care (n., adj.)
Centers for Medicare and Medicaid Services (CMS) (this takes a singular verb)	Health Insurance Portability and Accountability Act (HIPAA)
The Commonwealth Fund	health maintenance organization (HMO)
The Commonwealth Fund Commission on a High Performance Health System	health plan (n., adj.)
community health center	Healthcare Effectiveness Data and Information Set (HEDIS)
Congress	HEDIS measure
congressional	high performance health care system (do not hyphenate in this instance)
Consumer Assessment of Healthcare Providers and Systems (CAHPS)	high-quality care
copay, copayment	Hispanic (not Hispanic American)
cost-sharing (n., adj.)	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
cultural competence, culturally competent care	hospitalist
culture change	
Current Population Survey (CPS)	
	individual health insurance
decision-maker, decision-making	intensive care unit (ICU)
Department of Health and Human Services (HHS)	intensivist
doctor–patient relationship (use en dash, not hyphen)	Internet
dual eligible (individual who qualifies for both Medicare and Medicaid benefits)	listserv
	long-term (adj.)
electronic health record (EHR)	low-income (adj.)
e-mail	
employer-sponsored insurance	

managed care plan/organization	preferred provider organization (PPO)
Medicare Advantage	pretax
Medicaid beneficiary (not “Medicaid recipient”)	preventive
Medicare beneficiary	primary care physician (PCP)
Medicare Payment Advisory Commission (MedPAC)	rollout (n.)
Native American (no hyphen)	quality of care (n.)
National Committee for Quality Assurance (NCQA)	quality-of-care (adj.)
near-elderly	
nonelderly	safety net
non-English-speaking	safety-net hospital
nonprofit	site visit
not-for-profit	Social Security
	Supplemental Security Income (SSI)
one-half, one-third, etc.	specialist physician
one-year, nine-year, 10-year, etc. (adj.)	standalone (adj.)
out-of-pocket	
	21st century
pay-for-performance (do not use abbreviation P4P)	
payer	underinsured
patient-centered care	under way (adv.)
Patient Protection and Affordable Care Act (do use abbreviate as “PPACA” or “ACA”; use “Affordable Care Act” as short form)	uninsured, the uninsured
per capita spending	upper-income (adj.)
person-centered care	up-to-date (adj.)
policymaker	
	webinar
	Web site