GAME

Welcome to GAME news

GAME newsletter - Inaugural Issue is Here

Welcome to the first issue of GAME News. This publication is part of a comprehensive plan to improve and promote services for all members. "Through this publication we aim to keep members up-to-date on news not only relating to GAME, but also to international activities and innovations in medical and health education," says president Lewis Miller.

Over the following pages, you will find a report on GAME's recent Annual Meeting, an update on CME global activities, words from a leading CME researcher, practical tips on selling a CME company, and much more.

This newsletter will be published on a quarterly basis with regular updates in betwee. It will be posted on the GAME web site and a faxed edition will be available on request.

We encourage your comments on this inaugural issue as well as ideas for future issues. You can contact Christopher West, chairman of the newsletter committee, through E-mail (cwest@pegasus.ca) or by fax (514-284-0415).

We Need a New Moniker

We've kicked off our first issue under the banner of GAME News. But does a more inspired name come to mind? If so, we want to hear from you. The creator of the winning entry will receive a **prize** of one free renewal year of membership in GAME (worth $300). Deadline for submissions is October 31, 1999, so put your thinking caps on.

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Global Alliance for Medical Education

Newsletter

Vol 1 / Number 1 / Autum 1999

Newsletter

Vol 2 / Number 1 / Spring 2000

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About GAME

The Global Alliance for Medical Education (GAME) was established in June 1995 to serve as a forum for the exchange of ideas among nonprofit and for-profit organizations involved internationally in the development and marketing of CME and health education programs. The original name, International Alliance for Health Education, was changed in 1998 because of possible confusion with another organization (International Association of Healthcare Educators).

Our Objectives

By participating in GAME meetings and programs, you will be able to achieve the following membership objectives:

- To share market experiences in the continuing globalization of physician and consumer health education.
- To meet new potential partners in educational and/or business development.
- To learn from experts about new trends and how they may affect you.

GAME Membership

Membership in GAME will pay for itself through increased knowledge and skills, as well as through opportunities to be more effective as a developer, marketer, or purchaser of CME and health education.

As a member you have access to several key benefits:

- Reduced fee for the annual meeting
- Copies of available presentations from the annual meeting
- Access to the Internet World Wide Web site for discussion groups.
- Opportunity for interchange with other members
- Regular newsletter
- Exchange of information on trends in CME and health education around the world.

A GAME membership application is available on-line (link to application). Print out the application and mail it together with memebership dues. You can benefit from substantially reduced rates by including additional members from your organization.

Download Membership Application (PDF format, Acrobat Reader required)

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GAME Annual Meeting

Speakers call for a new CME pathways

Annual Meeting | Meeting Highlights | Incoming...Outgoing | Word of Mouth

Meeting attendees Denis Wentz and Mark Kuhns of the AMA, and Pedro Vera Cervera of Intersistemas, Mexico.

"Patient outcomes, local opinion leaders, collaborative partnerships." These were some of the progressive trends in CME parlayed at the recent GAME Annual Meeting, held in New York City on June 27 to 29. Many presenters called for change in CME, from traditional, often ineffective programs to newer, innovative activities that will successfully achieve CME's ultimate goal-to change physician behavior and improve health outcomes.

Case studies of three stellar companies provided the "nuts and bolts" of CME success. An analysis of the worldwide marketplace in pharmaceuticals pointed the way to new business opportunities, while a presentation on the valuation of CME businesses offered a "how to" perspective for buyers and sellers.

The meeting was not without some levity. A lively CME quiz challenged-and often stumped-contestants chosen from the crowd.

Networking with global CME compatriots was an unofficial but critical item on the agenda. GAME President Lewis Miller said: "As well as learning more about the business of CME, attendees had the time to meet others and investigate possibilities for future collaboration. This networking is one of the most beneficial aspects of GAME gatherings."

Annual Meeting | Meeting Highlights | Incoming...Outgoing | Word of Mouth

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Trend Lines

Richard Fehring

1998 was a banner year for the pharmaceutical industry in the United States. Who were the leading corporations? How did therapeutic categories fare? Which products topped the list? Richard Fehring, formerly of IMS Health, answered these questions and more, providing attendees with a thought-provoking review of the U.S. pharmaceutical market in 1998. Below are some of the key trends identified by Fehring-useful information for those looking to develop more business from the U.S.-based pharmaceutical industry.

LEADING CORPORATIONS
GLOBAL PHARMACEUTICAL SALES
1998

CORPORATION	US$B
MERCK	12.4
NOVARTIS	11.4
GLAXOWELLCOME	11.3
PFIZER	11.0
BRISTOL-MYERS SQUIBB	10.8
JOHNSON & JOHNSON	9.7
AMERICAN HOME	8.8
ROCHE	8.2
LILLY	8.0
SMITHKLINE BEECHAM	7.8

SOURCE: IMS Health
Pharmaceutical Market Review
INTERNET, May 17, 1999

LEADING CORPORATIONS (U.S.)
PRESCRIPTION PRODUCTS
DOLLARS MILLIONS ALL AUDITED CHANNELS
1998

CORPORATION	DOLLARS	PERCENT	CHANGE
Pfizer	6,085	6.5	+ 28
Merck	6,076	6.5	+ 8
Bristol-Myers Squibb	5,905	6.3	+ 16
Glaxo Wellcome	5,376	5.7	- 3
Johnson & Johnson	4,857	5.2	+ 19
Lilly	4,517	4.8	+ 23
American Home Products	4,494	4.6	+ 1
Schering Plough	4,270	4.5	+ 19
Novartis	3,995	4.2	+ 12
Smithkline Beecham	3,815	4.1	+ 14
Warner-Lambert	3,568	3.8	+ 73
Abbott	3,111	3.3	+ 8
Astra Merck	3,076	3.3	+ 28
Hoffmann-Laroche	2,691	2.4	+ 2
Amgen	2,261	2.4	+ 20
Tap	1,945	2.1	+ 34
Zeneca	1,879	2.0	+ 24
Pharmacia & Upjohn	1,820	1.9	+ 10

Hmr	1,806	1.9	- 1
Bayer	1,489	1.6	+ 3

SOURCE: IMS HEALTH
Pharmaceutical Market Review
MM&M, P 50, MAY, 1999

LEADING CATEGORIES (U.S.)
ALL AUDITED CHANNELS
ACQUISITION $ MILLIONS
1998

CATEGORY	DOLLARS	% CHG
Antiulcerants	6,215	+ 8
Sp neurotrans mod	5,638	+ 21
Cholesterol red. stat.	4,596	+ 26
Calcium blocking agents	3,825	- 1
Cytostatics	3,683	+ 10
Ace inhibitors	2,634	+ 7
Antipsychotics	2,257	+ 44
Cephalosporins	2,235	- 7
Erythropoietins	2,133	+ 29
Seizure disorders	2,079	+ 18

SOURCE: IMS HEALTH MM&M, P 50, MAY, 1999
Pharmaceutical Market Review

LEADING PRODUCTS (U.S.)
DOLLARS MILLIONS
1998

PRODUCT	$$$$	% CHG
Prilosec	2,933	+ 29
Prozac	2,181	+ 12
Lipitor	1,544	+ 165
Zocor	1,481	+ 7
Epogen	1,455	+ 21
Zoloft	1,392	+ 16
Prevacid	1,245	+ 86
Paxil	1,190	+ 25
Claritin	1,150	+ 27
Norvasc	1,086	+ 19

SOURCE: IMS HEALTH MM&M, P 50, MAY, 1999
Pharmaceutical Market Review

PHARMACEUTICAL PROMOTIONAL SPEND (U.S.)
1998

TOTAL SPEND	$5.8 Billion	+ 19%
Physician Directed	$4.6 Billion	+ 18%
Face-To-Face	$4.1 Billion	+ 20%
Direct To Consumer	$1.3 Billion	+ 23%
TOP PRODUCTS SPEND		
Claritin	$185.1 Million	
Propecia	$ 92.0 Million	
Zyrtec	$ 75.6 Million	
Zyban	$ 64.4 Million	

SOURCE: IMS HEALTH
MM&M, P 50, MAY, 1999

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Global Update

The following updates were gleaned from panel discussions as the GAME Annual Meeting.

Latin America

Mario Henrique Aguiar,
CME Coordinator,
Editora de Publicacoes Cientificas Ltda

Mario Henrique Aguiar, coordenador de EMC, Editora de Publicacoes Cientificas Ltda**,** reports there is no accreditation of CME in Brazil (where doctors number 130,000), although the Brazilian federation of medicine is looking at CME. There is, however, an opportunity for the pharmaceutical industry to provide a service to doctors. Areas of major interest include cardiology, diabetes and hematology. There is a 50/50 split between GPs and specialists (who generally understand English). Due to the recent devaluation, the industry wants simpler, cheaper projects.

Gonzalo Lopez,
Manager,
Educacion Medica Continua

The pharmaceutical industry in Colombia and the Andean countries has no budget for CME programs, says Gonzalo Lopez, manager, Educacion Medica Continua. Instead, the companies invest promotional dollars in educational programs for doctors and patients.

In Mexico, CME will soon be mandatory for the recertification of GPs and physicians in government hospitals, says Alejandro Vera Garduno, commercial director of Intersistemas. Reciprocity of accreditation between Mexico and the U.S. does not exist, but there is movement in this direction. Mexico will be adopting the HMO model, so a large demand for patient education materials and systems is likely.

Europe

Richard Derrick,
Director, Europe,
Thomson Healthcare Information Group

Richard Derrick, director, Europe, Thomson Healthcare Information Group, reports that GPs predominate in the UK, although pharmaceutical representatives find it difficult to see them. Some 80-90% of doctors are computerized-an impressive figure, although the equipment is primarily for administrative purposes. As DTC marketing is illegal, there is a strong impetus to use PR, public education campaigns and web sites to support

pharmaceutical marketing programs. Physicians in the UK are facing state regulation in six to nine months, unless they can implement a convincing plan for self-regulation.

Rick Lione,
President, Infomedica

With 200,000 doctors-150,000 GPs and 50,000 specialists, Italy is slowly joining the European trend towards standardized, formalized, accredited CME, according to Rick Lione, president, Infomedica. This move is evidenced by an official assignment from the Minister of Health to the Council of Physicians to develop a system of CME accreditation. A number of specialty societies are involved.

Asia

Michael Sarajian,
Director of International Development
for Thomson Healthcare Information Group

The best CME opportunities in Asia are with associations or, as in Korea, with private hospitals, says Michael Sarajian, director of International Development for Thomson Healthcare Information Group. The print medium continues to dominate the scene. Japan will prove to be a major market for CME providers, particularly through the Internet. Unlike their Chinese counterparts, Japanese doctors will not use U.S.-based information. As a result, partnering is key.

North America

Dr. Joseph Green,
Associate dean of CME
at Duke University Medical Center

Dr. Joseph Green, associate dean of CME at Duke University Medical Center, reports that CME in the U.S. is in a rut. "We're doing too much of the same old thing." How can this be changed? With more rigorous standards, says Dr. Green. He adds that a Web site presence for CME providers is critical. Duke University is currently repurposing the best of its grand rounds for the Web.

We encourage your comments on this global update. You can contact Christopher West, chairman of the newsletter committee, through E-mail (cwest@pegasus.ca) or by fax (514-284-0415).

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Opinion

CME-What's Good, What's Bad and What's Ahead

Dave Davis

GAME News recently spoke to Dave Davis, associate dean of Continuing Education, Department of Family and Community Medicine, University of Toronto, about the state of CME and the route to successful interventions.

What are the main principles behind effective CME interventions?

The first principle is needs assessment. The gap between where a physician is now and where he/she should be is very important to determine-not only in a subjective way, but also objectively by chart review or performance review. It's also important to identify the barriers to change that exist within the system.

The other principle relates to the type of CME intervention. To create an effective CME activity, it must be predisposing, enabling and reinforcing. Predisposing assumes a basic level of knowledge. Enabling facilitates a change to be made within the practice environment. Check-list guidelines and patient education hand-outs are examples of enabling materials. Finally, reinforcing helps to support the change once it's been made. This could be provided in the form of a reminder system, performance feedback, or a successful patient outcome.

This multi-faceted, systematic approach is vital for producing effective CME interventions.

How important are opinion leaders?

It isn't national or international opinion leaders, but the community-identified opinion leaders who play a vital role in effecting lasting change. These are respected clinicians within the community, not necessarily in positions of authority, who are identified by their colleagues as possessing good clinical skills, humanistic, communications skills and teaching skills.

These clinicians can be removed from their community, trained to be opinion leaders or "change agents" in a particular disease entity, and then put back into the community to do what they naturally do. They're very well connected in the community, so they communicate regularly with other clinicians, and are often in positions where they can create policy changes.

These local opinion leaders work at a very effective level in providing the predisposing, enabling and reinforcing aspects of change. The support of the national/international expert helps-it would be ideal to have them congruent. But, in the end, people will listen to the local opinion leader.

It's not particularly labour intensive to identify local experts. We mail out a questionnaire to community-based practitioners and usually get a good response. Often the identified local experts are surprised and honoured that their communities have identified them in this way.

Which type of CME interventions are ineffective?

Didactic lectures and unsolicited mailed pieces don't work well. But that's what CME providers usually offer. Why? They're easy to do. And there's a naïve assumption that if you tell someone something, they'll know all about it and do it.

My colleagues and I recently conducted a study (to be published in an upcoming issue of a journal) that examined randomized controlled trials of formal CME interventions. We learned that didactic teaching by itself didn't have a marked affect on physician performance or health care outcomes. Interestingly, those courses with only an interactive component didn't change behaviour either. You need some of the didactic learning to establish a common knowledge base, and then the interactivity to work with the knowledge in a hands-on manner.

We also learned that sequenced courses (such as four, half-day sessions) were more effective than one-day courses. There's something in the learn/work cycle that may be creating change, where physicians learn about something; then go back and apply it within their practice. In a month's time, they meet again to assess what had been forgotten, to shore up what had learned and to address the barriers to change.

Anecdotally, we also found that small-group learning was superior to large-group environments, that needs assessments were important and that distributing enabling materials was useful.

What will help close the gap between what is being done now and what should be done in CME?

At the front end, it can be done with needs assessments-both subjective and objective. With the new managed care systems and integrated hospital systems that are population-health driven, we now have objective determinations of health care needs and provider gaps. This data will drive newer, more effective CME interventions.

The newer generation of physicians aren't necessarily trained in the traditional format, but rather in small-group learning and other interactive activities. They're going to be more educated consumers of CME.

And, of course, the CME providers are becoming more educated. They have learned from their adult education colleagues that there are different ways to do a traditional course, including breakouts, small groups and case discussions.

We're also putting CME into the practice environment, instead of the hotel next door. Traditionally, the sites of learning and practice have been two entirely different worlds. Now we're integrating them. In our clinics, for instance, we have learning resource centres and we're using computer-generated reminders for patient charts.

How can CME providers take the next step towards more effective programs?

First, with a greater emphasis on evaluation. We tend to go through things by rote and then stand back and evaluate them according to traditional measurements like attendance. It's more important, however, to evaluate the level of practice change produced by the intervention. This research aspect is something we need to pay more attention to. To do that, we have to link with the practice environment better. We have to be much more integrated.

CME providers must also be risk takers and not be afraid to try new, experimental approaches. Granted, this can be difficult within a big system. CME has always been marginal, at least in the academic environment and in large hospitals. We haven't received substantial funding. But one of the good things about being small is that we can be flexible, and we can-and must-take risks.

As CME moves forward, there is a need for collaboration. How can this be achieved?

In part, by making other partners aware that you share the same goals. And then by understanding that CME now has the tools (such as reminders, academic detailers and opinion leaders) to achieve this shared vision.

Still, collaboration remains a challenge. A silo environment exists, particularly in some hospitals, where the CME office is at the end of one hallway and the CQI is at the other. And "never the twain shall meet." The first thing you must do is merge these two offices.

Collaboration between for-profit and not-for-profit is more of a challenge, but by promoting a shared vision, it can work. Partnerships between the pharmaceutical industry and academia is one of the best examples of collaboration that can benefit both

parties. On one hand, product sales can increase, boosting the confidence of shareholders on the industry side. On the other hand, CME providers are provided with sufficient funding to properly evaluate an outcome and to innovate with small group learning or academic detailing.

What does the future hold for CME?

The future holds great promise for CME. I envisage an integration of practice-based interventions with more traditional learning modes. Interactivity will feature more prominently and the range of CME tools will be much broader. Finally, the scope of CME activities will increasingly take on an international focus. You just have to look at the Internet to see that this is already occurring at a rapid rate. Without a doubt, this is one of the most exciting times to be involved in CME.

Want to comment on this Opinion piece? At GAME we welcome your feedback. You can contact Christopher West, chairman of the newsletter committee, through E-mail (cwest@pegasus.ca) or by fax (514-284-0415). You can also communicate directly with Dr. Davis at dave.davis@utoronto.ca

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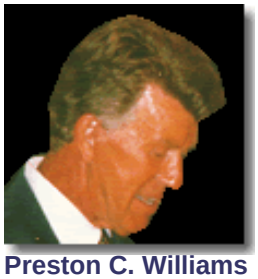
CME Companies-The Art of Buying and Selling



Preston C. Williams

Presentation:

How Investment Bankers Value CME Companies

Download Presentation

What are the buyers of CME companies looking for? And how can you, as a seller, achieve the best purchase price? At the recent GAME Annual Meeting, Preston C. Williams, managing director of media investment bankers, DeSilva & Phillips, divulged a buyer's key criteria and identified how sellers can increase the value of their CME companies.

The CME Marketplace

Consolidation has, and continues to be, the big story in health care, at least for pharmaceutical companies (the largest underwriters of CME activities) and medical advertising agencies. CME companies, however, have not been part of this consolidation wave. "Typically, CME companies don't acquire each other," said Williams.

Instead, CME companies are being acquired by diversified marketing companies, which can then offer a whole host of related but distinct kinds of services to the pharmaceutical industry. "CME companies have become an important part of the mix; vital links in successful strategic partnerships," said Williams.

Strategic Partnering

When assessing a CME company as a potential strategic partner, there are several key factors which increase its appeal and worth-from diversified products and clients to early stage involvement in a product life cycle. "The highest valuations go to companies who succeed in linking pharmaceutical sponsors with medical professionals," said Williams.

Buyers' Shopping List

When looking at a CME company, a buyer is looking for:

- Strong management team
- Diversified client base
- Solid infrastructure capable of supporting programs
- Effective marketing activity to both sponsors and medical professionals
- Established line of products
- Strong contractual relationships with major clients
- Efficient management of suppliers
- International assignments and possibilities
- A strong and growing E-presence
- A proprietary database

Sellers' Considerations

A seller of a CME company, you should take the time to consider the following issues:

- Cultural fit for you and your staff
- Growth strategy that is complementary to the buyer's
- How buyer's capabilities will fuel your services
- Professional advice-looking for a specialist in the mergers and acquisitions field to help you through the process and achieve the best deal.

Williams quoted: "As a result of good economic times and free flowing capital, coupled with consolidation, it is expected that 77% of entrepreneurs with companies worth between $5mm and $50mm will either buy another company, or be acquired…"[1]

If this prediction holds true, you could be in a buying or selling position sooner than you think. By approaching the process in a sound and strategic manner-as outlined above-"clinching the deal" may be well within reach.

[1] Business Week's Frontier Section: "The Resource for Entrepreneurs", May 28, 1999.

We encourage your comments on this Practical Matters piece. You can contact Christopher West, chairman of the newsletter committee, through E-mail (cwest@pegasus.ca) or by fax (514-284-0415).

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GAME Watch

IMS Health recently announced the launch of hospital test data to track the consumption of pharmaceuticals in hospitals in Spain, and a new audit of hospitals in Portugal. According to the company, Spain in the eight largest pharmaceutical marketing in the world, growing 11 percent in 1998, while Portugal is ranked as the 24th largest market, growing at 6 percent (based on local currency dollars).

Pedro Vera G., president of Intermedica, Inc., Darien, Ct, reports that Wyeth-Ayerst International has contracted with Intermedica and its joint venture partner, Dowden Publishing Co., Montvale, NJ, to produce a second edition of "Estrogen Deficiency", a home study program for physicians around the world.

Pegasus Healthcare International has been chosen by the Canadian Psychiatric Association to develop a national CME workshop program, complement to the Canadian Schizophrenia Guidelines, developed and published last year in the Canadian Journal of Psychiatry. According to CEO Christopher West, the guideline program will consist of a national workshop program, one of which will be held at the 4th International CME Conference in Puerto Vallart, Mexico in March 2000.

Pegasus is also beginning work on the Canadian Smoking Cessation Guidelines in conjunction with the Department of Family and Community Medicine at the University of Toronto. Novartis Consumer Health Canada is sponsoring this important educational initiative. An national body of smoking cessation experts will gather this fall to begin work on the guidelines, the first of their kind in Canada.

GAME president and Intermedica chairman, Inc., Lew Miller, will be attending two key European meetings this year:

- The Association for Medical Education in Europe (AMEE), in Linkoeping Sweden, August 29-September 1
- The European Academy for Medical Training, in London, October 22-23.

Lew will be chairing a CME session at AMEE. Bruce Bellande, executive director of the Alliance for CME, will also be participating.

Intersistemas, based in Mexico City, announces that the first Latin American CME home study program for internal medicine is underway. Company president Pedro Vera-Cervera recently signed a publishing agreement for the PAC MI-1 Program with Dr. Antonio Akaki, president of Latin American Society of Internal Medicine. Fifteen authors from Argentina, Chile, Colombia, Guatemala, México, Perú and Venezuela will be participating in this program. PAC MI-1 reviews the state-of-the-art in the most common problems in internal medicine.

Coming September 1999, Cancer Pain Management in Children (www.childcancerpain.org). Few health care professionals have experience in or preparation for managing severe pain in the pediatric population. To address this need the
Texas Children's Cancer Center in collaboration with the Center for Collaborative and Interactive Technologies-both at Baylor College of Medicine, Houston, Texas-are developing a web site to provide professionals caring for terminally ill children with educational and information resources to improve pain management practices. This web site will become a venue for offering online CME & CEUs. To access other CME offerings from Baylor, visit our web site at www.bcm.tmc.edu/cme

We encourage your input into GAME Watch-recent news about you and your fellow members. You can contact Christopher West, chairman of the newsletter committee, through E-mail (cwest@pegasus.ca) or by fax (514-284-0415).

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Coming up

The 10th National Conference on CME Provider/Industry Collaboration: "Opportunities for Effective CME: Translating Physician Learning Into Practice", will be held on September 22-24, 1999, Washington Hilton Hotel, Washington, DC. This conference will provide new insight into how doctors identify meaningful CME and make it relevant to their practice. It was also explore the frontiers of continuing physician professional development. Using a variety of formats of plenary sessions and small group workshops, the conference provides many unique networking opportunities with CME providers, industry, and the FDA. A "basics" session occurs on the morning of Sept 22. Two lunches, two breakfasts, and two cocktail receptions are included in the registration fee of $585. For more information call or e-mail Jose Fragoso at 312-464-4668 or Jose_Fragoso@ama-assn.org. You may also see the entire program on the CME portion of the AMA Web site: http://www.ama-assn.org/

Association for Medical Education in Europe meeting is in Linkoping Sweden 29 August - 1 September. Theme is Evidence Based Medicine in medical education, with several sessions on CME. Contact Pat Lilley at AMEE Office, University of Dundee, Scotland. Tel: 44 1382 631967. Fax 44 1382 645748. E-mail: p.m.lilley@dundee.ac.uk

European Academy for Medical Training (EAMF) meeting is in London 22 October - 23 October. Theme is Quality Assurance in CME. Contact Secretariat of the EAMF, c/o Bundesartzekammer, Herbert-Lewin- Str. 1, D-50931 Koln, Germany. Tel: 49 221 4004368. Fax: 49 221 4004387. E-mail: eamf@baek.dgn.de

We encourage you to submit content for Coming Up. You can contact Christopher West, chairman of the newsletter committee, through E-mail (cwest@pegasus.ca) or by fax (514-284-0415).

American Medical Association

Information for:

Physicians & Med Students

Health Professionals

Patients

Highlights

For the Media:

AMA To Congress: Pass Mental Health Parity

AMA: St Paul Insurance Company Announcement Highlights Need for Action on Professional Liability Insurance Reform

Group Practice:

Put Your Medical Group Web Site on the Map

My AMA

AMA Members Can Customize the AMA Homepage

AMA meetings/workshops let residents speak out on work hours and conditions

-Read More-

- HHS: New Options for Responding to Anthrax Exposure
- AMA Says The Only Safe Smoke Is No Smoke
- View AMA's PSA on Bioterrorism

For Our Members

Save on Best Books From 2001 AMA Press' clinical, coding, statistics, practice management, & medical education titles are discounted for AMA members.

Special Feature From AMA Press

New Resource Helps Physicians Manage Stress *The Resilient Physician* offers physicians strategies and coping techniques to manage today's challenges.

This Week From American Medical News (December 24/31, 2001)

House Adopts Package for Medicare Regulatory Relief Physicians and House leaders look to the Senate for passage before year's end.

This Week From (December 19, 2001)

Comparison of SSRIs in Primary Care Patients Similar Effectiveness of Paroxetine, Fluoxetine, and Sertraline in Primary Care: A Randomized Trial

From the Archives of Pediatrics & Adolescent Medicine (December 15, 2001)

Care for Bronchiolitis Inpatient Care for Uncomplicated Bronchiolitis: Comparison With Milliman and Robertson Guidelines