

Family Practice Management[®]

Editorial Profile

Why *FPM*? Our readers have the answer:

'I would not be able to manage being in practice without your magazine.'

'I find your publication invaluable in my day-to-day practice – informative, concise, up-to-date.'

'The articles are great. The CME credits are indispensable. Thank you. Thank you.'

'Thank you for keeping me happy in medicine.'



To put it another way, *FPM* is the only journal dedicated to everything family physicians care about: taking the best possible care of patients, making a decent living, working in a pleasant environment and getting home in time for dinner.

We know what moves physicians. No wonder they like *FPM*!

And there's more!

CME credit. The fact that *FPM* offers several continuing medical education (CME) credits *free* in each issue makes it even more attractive to physicians. And because the CME quiz that readers must complete covers most of the content of the issue, CME encourages cover-to-cover reading.



AAFP

The Academy connection. Since *FPM* is published by the American Academy of Family Physicians, the national membership organization for family physicians, we're wired into all the resources of the Academy and accorded the respect commanded by the AAFP logo on the cover. For family physicians, it's the seal of approval.

Author connections. *FPM*'s reputation, the quality of its content and the strength of its editors have attracted many of the best experts and most remarkable trendsetters in family medicine. Our pages boast articles from such authorities as Richard G. Roberts, MD, JD, and Mark Murray, MD, MPA. Our 2002 article on the innovative practice of Gordon Moore, MD, marked him as the authority on what has become a nationwide movement toward ultra-low-overhead "micro practices." The experts value *FPM* as much as the physician reader does.

Coding expertise. *FPM*'s advice on diagnosis and procedure coding translates to dollars for the physicians who read it. That's because the codes a physician submits on insurance claims determine how much he or she is paid. The complexity of the coding systems involved makes *FPM*'s coding advice invaluable; physicians can't get enough.





Tools. Family physicians know their medicine, but they don't have the skills or the tools they need to manage their practices the way they want. *FPM* gives them both. Every issue contains advice that can be implemented

immediately, and at least one quick-reference guide, medical record form, spreadsheet calculator, patient information handout or other tool the physician won't just read but keep and *use*.

The Quintessential *FPM* Tool

We've published *FPM's* Pocket Guide to Medicare's Documentation Guidelines four times over the years. That's more than 400,000 free copies in circulation. But we have also **sold** more than 30,000 additional copies.

Do physicians find our tools useful? You'd better believe it.

Regular departments of *FPM*

From the Editor and Opinion:

Provocative editorials and essays on issues important to family physicians.

News & Trends: Not all the news – just the news important to practicing family physicians.

Coding & Documentation: Questions and authoritative answers about issues that directly affect physicians' pocketbooks. Often rated among the most valuable parts of the issue.

Practice Pearls: Tips from physicians and from the literature – good ideas in small packages. No wonder "Pearls" is always highly valued by *FPM* readers.

The Last Word: A variety of one-page essays – humorous, thought-provoking, or both.

***FPM* Quiz:** The key to unlocking our CME credit. Is it popular? We get *tens of thousands* of quiz responses per year.

This year in *FPM*

ISSUE	CLOSING	EDITORIAL PLAN
January	Dec. 1, 2007	Continuation of series on Idealized Medical Practices Annual procedure codes update CME content Regular departments
February	Jan. 1, 2008	Electronic Health Records (EHR) User-Satisfaction Survey results CME content Regular departments
March	Feb. 1	CME content Regular departments
April	Mar. 1	CME content Regular departments
May	Apr. 1	CME content Regular departments
June	May 1	Special "How to" issue CME content Regular departments
July-August	Jun. 1	CME content Regular departments
September	Aug. 1	Special Reader Challenge issue: Big Ideas to Help Your Practice Thrive Annual diagnosis codes update: a perennially popular tear-out reference CME content Regular departments
15th Anniversary issue		<i>FPM's</i> Best Coding Articles CME content Regular departments
October	Sept. 1	CME content Regular departments
November-December	Oct. 1	CME content Regular departments

Bonus distribution at AAFP Annual Assembly

What about placing ads in related editorial content?

Medical publishing may be unusual in this respect, but such placement would actually be counterproductive. If physicians sense that advertising and editorial may be related, they will not trust either. In any case, we're bound by continuing medical education rules that forbid it: "Advertisements and promotional materials will not be interleaved within the pages of the CME content. [They] may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face."*

* ACCME Standards for Commercial Support. Available online at <http://accme.org>.