

Family Practice Management®

Peer Reviewed • Practical • Published by the American Academy of Family Physicians

Editorial Profile

Why *FPM*? Ask our readers!

- 'I love the digital edition, and the articles are just as good as they used to be ... better even.'
- 'I will be recommending your site to the students I teach and to my colleagues.'
- 'Bravo! There is nothing more that needs said.'

FPM is the only journal dedicated to everything family physicians care about: taking the best possible care of patients, working in a smoothly functioning practice, making a living and getting home in time for dinner.

We know what moves physicians:

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



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 AAFP. We are accorded the respect commanded by the AAFP logo on the cover and by our status as the sister publication of *American Family Physician*.

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 David Kibbe, MD, MBA, Thomas Bodenheimer, MD, MPH, and Barbara Starfield, MD, MPH. Thought leaders value *FPM* as much as "in-the-trenches" physicians do, and primary care decision-makers count on *FPM* to offer insight and direction on the topics that matter most to them.

Coding expertise. *FPM*'s advice on diagnosis and procedure coding translates to dollars for the readers. That's because the codes they submit on insurance claims determine how much they get paid. The complexity of the coding systems involved makes *FPM*'s coding advice invaluable.



Practice improvement focus. Ensuring that patients get the care they need when they need it is the cornerstone of quality health care. Skyrocketing health care costs and declining physician reimbursement make efficient, effective health care delivery more challenging, and more important, than ever. Our authors describe proven approaches to managing the care of patients with chronic diseases such as diabetes and asthma, communicating effectively with patients, and implementing electronic health record systems, with practical advice that readers can begin using immediately.





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

Regular departments of *FPM*

From the Editor and Opinion: Provocative editorials and essays on issues important to family physicians.

Coding & Documentation: Questions and authoritative answers about issues that directly affect physicians' pocketbooks. Always 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.

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."*

Tentative schedule for upcoming issues

ISSUE	EDITORIAL PLAN
November/December 2010	
Closing: Oct. 1, 2010	CME content Regular departments
January/February 2011	
Closing: Dec. 1, 2010	The 2011 <i>FPM</i> Survey of User Satisfaction with Electronic Health Record Systems Annual procedure codes update CME content Regular departments
March/April 2011	
Closing: Feb. 1, 2011	CME content Regular departments
May/June 2011	
Closing: Apr. 1, 2011	Special Issue: Chronic Disease Care CME content Regular departments
July/August 2011	
Closing: Jun. 1, 2011	Results from the 2011 <i>FPM</i> Survey of User Satisfaction with Electronic Health Record Systems CME content Regular departments
September/October 2011	
Closing: Aug. 1, 2011	Bonus distribution at AAFP Assembly Annual diagnosis codes update CME content Regular departments
November/December 2011	
Closing: Oct. 1, 2011	CME content Regular departments

* Accreditation Council for Continuing Medical Education. *Standards for Commercial Support*. Available online at <http://accme.org>.