



# 2019 Media Kit





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# About Us

## **FPM**

Better practice. Healthier patients. Rewarding career.

*FPM* is the official practice improvement journal of the American Academy of Family Physicians (AAFP), focused on what family physicians need today: practical, peer-reviewed advice on patient care and practice.

*FPM* articles and tools are developed by physicians for physicians and provide solutions to the challenges they encounter daily, helping them to deliver excellent patient care and service, enhance efficiency and revenue, and increase their professional satisfaction. *FPM* provides the authoritative guidance that physicians can rely on and use to enhance all aspects of their practice.

Through print and digital channels, *FPM* delivers concise, timely content in easy-to-consume formats. “Quick Tips & Insights,” a new weekly eNewsletter, highlights strategies for more successful and satisfying practice.

*FPM* is delivered bi-monthly in print and digital formats to AAFP members and subscribers and viewed online by more than 170,000 unique visitors monthly.

- #1 Most Visited Practice Management Publication Website—Kantar Media, Website Usage and Qualitative Evaluations, June 2018 Family Medicine
- #1 Ad Page Exposure among practice management publications—Kantar Media, Medical/Surgical Readership Study, June 2018
- Best peer-reviewed journal, Bronze Award—American Society of Healthcare Publication Editors, 2016

Through print and digital channels,  
*FPM* delivers concise, timely content  
in easy-to-consume formats.

## **American Academy of Family Physicians**

The AAFP represents 131,400 physicians and medical students nationwide. It is the only medical society devoted solely to primary care. Approximately one in five of all office visits are made to family physicians. That is nearly 193 million office visits each year—nearly 54 million more than the next largest medical specialty.<sup>1</sup> Today, family physicians provide more care for America’s underserved and rural populations than any other medical specialty. Family medicine’s cornerstone is an ongoing, personal patient-physician relationship focused on integrated care.

<sup>1</sup> National Ambulatory Medical Care Survey: 2015 State and National Summary Tables, Table 1. Physician office visits, by selected physician characteristics: United States, 2015

# Print Advertising Rates, Specifications, and Discounts

## Full-Run, Run-of-Book Rates

RATES EFFECTIVE JANUARY 1, 2019

B&W RATES	1-X	6-X	12-X	18-X	24-X	36-X	48-X
1 PAGE	\$3,320	\$3,240	\$3,130	\$3,020	\$2,940	\$2,830	\$2,720
2/3 PAGE	2,510	2,430	2,350	2,920	2,210	2,130	2,050
1/2 PAGE	2,330	2,270	2,200	2,120	2,050	1,990	1,930
1/3 PAGE	1,670	1,630	1,590	1,520	1,480	1,440	1,370

## Full-Run Insert Rates

INSERTS	1-X	6-X	12-X	18-X	24-X	36-X	48-X
2-PAGE	\$6,440	\$6,480	\$6,260	\$6,040	\$5,880	\$5,660	\$5,440
4-PAGE	13,280	12,960	12,520	12,080	11,760	11,320	10,880
6-PAGE		19,440	18,780	18,120	17,640	16,980	16,320
8-PAGE		25,920	25,040	24,160	23,520	22,640	21,760

## Color Charges CHARGE PER COLOR PER PAGE OR FRACTION

Individual Color Process .....	\$160
Matched Color .....	\$330
Matched Color-Metallic .....	\$560
Three- and Four-color Process .....	\$780
Five-color Process	
(FOUR-COLOR PROCESS + NONMETALLIC MATCHED) .....	\$890
Six-color Process	
(FOUR-COLOR PROCESS + TWO NONMETALLIC MATCHED) .....	\$1,220

## Preferred Position Rates

2nd Cover (PREMIUM ON B/W SPACE ONLY) .....	35%
3rd Cover (PREMIUM ON B/W SPACE ONLY) .....	10%
4th Cover (PREMIUM ON B/W SPACE ONLY) .....	45%
Opposite Table of Contents	
(PREMIUM ON B/W SPACE ONLY) .....	15%
Preceding Lead Article (PREMIUM ON B/W SPACE ONLY) .....	10%
Consecutive Right-hand Pages	
(FULL OR FRACTIONAL) .....	5%

### ► FULL-RUN RATE INFORMATION

**FULL-RUN, RUN-OF-BOOK RATES** Effective Rate Date: January 1, 2019.

**Agency commission:** 15% of gross billing for space and color. Subject to withdrawal on accounts not paid within 30 days of invoice date. • **Short Rates and Rebates:** Advertisers who contract for a specific frequency or discount program, but do not meet those terms within the contract period will be short-rated except for those who qualify for the Guaranteed Frequency Plan. Advertisers who exceed their contracted frequency will be rebated. All paid ad pages count towards earned frequency rate.

**Bleed:** No charge. • **First-time Advertisers:** First-time advertisers/agencies must complete a credit applications and prepay advertising to ensure

placement. Call Advertising Services at 913-906-6000 ext. 5142 for more information.

**EARNED RATES Policy:** Rates subject to change with 90-days notice.

Frequency discounts are based on the actual number of paid pages placed during one contract year. Full-page or fractional units are counted as one page. Split run pages run in *AFP* count toward the earned rate as one page. Contracts are accepted with the understanding that rates will be guaranteed beyond the last issue closed. Advertising is sold only at earned published rates. Contracts and insertion orders issued for units at less than published rates are not accepted. • **Combined Frequency Savings:** Insertions in *FPM* count

toward earned frequency in *American Family Physician (AFP)*. Each ROB advertising page counts as three (3) units in *AFP*. A 2-page spread counts as six (6) units in *AFP*. Each fractional unit, regardless of size, counts as three (3) units in *AFP*. • **COVERS, PREMIUM POSITIONS:** Covers and positions are sold annually on a contract basis to individual advertisers. Premiums are charged on one page of the ad unit when multiple page units are acceptable. Covers and positions near other positions are not bound by normal product conflict guidelines. Cancellations of less than 60 days written notice will incur a fee equal to the cost of the premium for one month.



# More Opportunities

## Content Marketing

Employ a variety of content marketing tactics to engage family physicians in the information and awareness campaign by reaching the maximum number of family physicians to build awareness, engage family physicians to download your content from the AAFP website and act as a catalyst to start a patient/physician conversation about a patient-centered care plan and influence family physicians.

## Sponsored Resource Center

Your educational materials hosted on [aafp.org](http://aafp.org) and pushed out to members via a regular AAFP eNewsletter and other traffic-driving mechanisms.

## Advertorials

Information-rich promotion, designed to educate rather than sell, is highly valued by physicians and accepted by *FPM* and *American Family Physician*.

## FMX Family Medicine Experience

The AAFP Family Medicine Experience (FMX) is the largest annual gathering of family physicians. It's where 4,000+ physicians come for solutions to amplify their patient care, live CME that challenges their knowledge, inspiration from keynote speakers, and powerful peer connections. Exhibit and sponsorship opportunities are available.

## Anthologies

*FPM* Anthologies are collections of popular articles that cover a range of practice improvement topics and offer helpful how-to advice on developing and enhancing practices. Physicians and other health care professionals keep these collections for guidance and refer to them time and time again. Attach your company or product to this valuable tool designed for and used by family physicians.

## Sponsored Subscriptions

This opportunity provides unmatched promotional visibility and goodwill!

- Your brochure or sales materials are mailed in a polybag with each sponsored issue
- Your 4-color ad page appears in both the sponsored and standard version of *FPM* in both print and digital app formats
- Sponsor credit on the cover of *FPM*

Three and six issue programs are available. Contact publisher for more information.



Better practice.  
Healthier patients.  
Rewarding career.

The award-winning practice improvement journal of the AAFP, *FPM* is the #1 most visited practice management publication website according to KANTAR's Website Usage and Qualitative Evaluations (June 2018 Family Medicine). Expand your footprint in family medicine through a variety of innovative sponsorship, content marketing, and advertising opportunities.

## FamilyDoctor.org([familydoctor.org](http://familydoctor.org))

AAFP's direct-to-patient site delivers more than 3 million page views every month.

## AAFP Foundation Corporate Partnerships

Build new and deeper networks within the family medicine community while allowing the AAFP Foundation to create programs that support family physicians and the patients they serve.

Call or visit [aafp.org/journals/adinfo](http://aafp.org/journals/adinfo) to link to more details

# Advertising Discount Programs

## 2/15 Plan:

Pay early and earn credit! Advertisers will receive a 2% credit on the invoice net to be used toward a future insertion, provided payment is received at the publisher's office within 15 days of invoice date. The credit will only be applied to future insertion.

## Continuity Rewards:

**Buy five issues, get one free!** Advertise the same product with five consecutive insertions and/or in consecutive issues and get the sixth insertion free. If consecutive insertions are of varied ad sizes, then award is given as an average of the consecutive ads, rounded up to the next full-page. The free ad supersedes any other discounts for that ad unit. Free ad units count toward earned frequency. Continuity schedules that go beyond the calendar year are not rate-protected. Adjustments will not be made to the reward invoice(s).

## Corporate Rewards:

An individual advertiser (and its divisions or subsidiaries) whose 2018 accumulative ad units in *FPM*, *AFP* and associated publisher billings\* equaling 72 units or more will earn a discount on gross billings in 2019 as follows:

2018 AD UNITS	2019 DISCOUNT
72 -105	1%
106-150	2%
151-255	3%
256-315	4%
316 or more	5%

Corporate Rewards are taken after all other discounts. An individual advertiser (and its divisions or subsidiaries) whose 2018 accumulative ad units in *AFP*, *FPM*, and associated publisher billings\* equaling 316 or more units qualifies to receive, in lieu of all other discounts, a total discount of 10% on the gross billings of *AFP* and *FPM* in 2019. A 15% agency commission will be given on the adjusted gross billings. This discount supersedes all other discounts for the advertiser and is by option only. A qualifying advertiser not requesting this option prior to the first ad insertion in 2019 will receive all standard discounts for which the advertiser is qualified.

## Guaranteed Frequency Plan:

Corporate Rewards advertisers qualify for a guaranteed frequency equal to one (1) frequency above the prior year's actual earned frequency. If the guaranteed frequency is exceeded, the advertiser's rate will be adjusted to that higher frequency, but no short-rate will occur in the event of a shortfall. Qualification for Corporate Rewards in subsequent years is based on actual earned frequency (units placed) for the prior year, not on the guaranteed frequency granted for the prior year.

## Prescribing Information (PI) Important Safety Information (ISI) Discount

Advertisers earn a 50% discount with the 3rd PI/ISI page.

\*Associated publisher billings include advertising in *FPM*, American Family Physician, online advertising on *aafp.org* and *eTOC* and *eNewsletter* advertising along with other sponsorship opportunities. *eTOC*/*eNewsletter* insertions count as one unit toward frequency. Each \$10,000 spent online counts as one unit.

## Additional Opportunities

### Reprints and ePrints

Reprints of FPM articles are available in black and white or full color and may be ordered in multiple quantities starting at 25. ePrints are delivered as a URL link via e-mail and set for a specified number of views or length of time. For more information on availability and options, please contact Sheridan Content Solutions at [scsreprints@sheridan.com](mailto:scsreprints@sheridan.com).

### AAFP CareerLink - Classified Advertising

FPM Classifieds and AAFP's CareerLink are the premier resource for physicians looking for opportunities in primary care. We offer a variety of print and digital offerings to market your offering or to help you reach active and passive jobseekers. For information, call 727-497-6568 or e-mail [AAFP@communitybrands.com](mailto:AAFP@communitybrands.com).

### List Rentals

You can rent the AAFP member list (minimum 3,000 names) for direct mail campaigns. For details, contact INFOCUS Marketing at (800) 708-5478, press 2 to speak to sales or e-mail [sales@infocusmarketing.com](mailto:sales@infocusmarketing.com).

Visit [www.infocusmarketing.com/datacard/aafp](http://www.infocusmarketing.com/datacard/aafp) for more information. **We do not offer rental of the AAFP email subscriber list.**

## Production

**First Issue:** October 1993

**Issuance:** Published six (6) times per year

**Issue Dates:** Bi-monthly as combined issues

**Mailing Date/Class:** Second week following issue date/Periodicals

### Ad Space Sizes

Full page ..... 7" x 10"  
2/3 page ..... 4 3/8" x 10"  
1/2 page vertical ..... 3 1/4" x 10"  
1/2 page horizontal ..... 7" x 4 1/2"  
1/3 page vertical ..... 2 1/8" x 10"

### Bleed Ad Space Sizes

Full page ..... 8" x 10 3/4"  
2/3 page ..... 4 3/4" x 10 3/4"  
1/2 page vertical ..... 3 7/8" x 10 3/4"  
1/2 page horizontal ..... 8" x 5 1/8"  
1/3 page vertical ..... 2 3/4" x 10 3/4"

Keep live matter 3/8" away from trim edges.

Trim size of journal: 7 3/4" x 10 1/2"

### Issue and Closing Dates

- Insertion orders and all reproduction materials are due as indicated in production deadlines table. For dates that fall on weekends or holidays, use the next business day.
- No cancellations after closing date of publication.
- Send insertion orders to: Linda Porter at [lporter@aafp.org](mailto:lporter@aafp.org)

### Ad Placement Policy

Advertising is rotated and interspersed throughout the issue—within departments and between articles. Advertising placement is split equally between the first- and second-half.

### Production Deadlines

ISSUE	SPACE CLOSING DATE	MATERIALS CLOSING DATE
Jan/Feb	Dec 1	Dec 10
Mar/Apr	Feb 1	Feb 10
May/Jun	Apr 1	Apr 10
Jul/Aug	Jun 1	Jun 10
Sep/Oct	Aug 1	Aug 10
Nov/Dec	Oct 1	Oct 10

# Mechanical Requirements

## Paper Stock

**A. Inside pages (body pages):** 60#

**B. Covers:** 80#

**Type of Binding:** Perfect bound

## Specifications

File types accepted are PDF/X-1a or PDF. Acceptable media is CD-ROM.

Files may also be emailed to [btaylor@aafp.org](mailto:btaylor@aafp.org).

- Format files as PDF/X-1a
- Flatten transparencies
- All images at least 300 dpi
- 4/C solids should not exceed ink density of 320%
- Single-page size should not exceed bleed size
- Color bars, crop, and registration marks must be kept outside the bleed size
- Prepare spread ads as individual pages
- After one year of storage, digital files will be deleted

One actual-size, SWOP certified color proof is required and must match the digital file. Contact Bret Taylor at (913) 906-6000 or [btaylor@aafp.org](mailto:btaylor@aafp.org) for additional specifications.

## Advertising Materials

Send CDs and color proofs to:

*FPM* c/o American Academy of Family Physicians

Bret Taylor

11400 Tomahawk Creek Parkway

Leawood, KS 66211-2680

## Classified and Recruitment Advertising

Community Brands

AAFP Classified Ad Sales Team (727) 497-6568

[AAFP@communitybrands.com](mailto:AAFP@communitybrands.com)

## Digital (App Edition) Advertising for Tablets & Smartphones

1. Run-of-book advertisements appearing in the journal's print edition are automatically entitled to run in the digital/app edition of that same issue in the "Enhanced Print Replica" format. Alternatively, the advertiser may provide a different version of the ad to use in the digital/app edition up to the size of the original print ad.
2. Pre-printed inserts also qualify for inclusion in the digital/app versions, but separate ad materials must be provided. Contact *FPM* production for more details.
3. URLs that exist in the ad creative will be activated in the digital versions unless otherwise requested by the advertiser.
4. Additional charges apply for digital enhancements, such as video or audio. Contact your *FPM* sales representative for more details.
5. The publisher will make every attempt to keep the same running order, special positions, and competitive separation of advertisements in the digital versions as in the print edition, but cannot guarantee this. The publisher's inability or failure to comply with the foregoing shall not relieve the agency or advertiser of its payment obligation.

## Editorial

The mission of *FPM* is to give family physicians the tools and information they need to build rewarding practices and improve patient care.

## General Editorial Direction

*FPM* publishes articles designed to help family physicians with every aspect of their practice from patient satisfaction to personal satisfaction and from payment to patient care. *FPM* brings the resources of the AAFP to bear on the challenges that family physicians face. Each issue contains a quiz that AAFP members and paid subscribers can take to earn continuing medical education (CME) credit.

## Award-Winning Content

*FPM* was honored by the American Society of Healthcare Publication Editors in 2016, with a Bronze Award for Best Peer-Reviewed Journal. The article "Physician Burnout: Its Origin, Symptoms, and Five Main Causes" won a Gold Award from Association Media and Publishing.



## Editorial Highlights

### CME Credit

*FPM* offers at least five (5) CME credits free in each issue. The CME quiz that readers complete covers most of the content of the issue, therefore encouraging cover-to-cover reading.

### The AAFP Connection

*FPM* is wired into all the resources AAFP offers and is accorded the respect commanded by the AAFP logo on the cover and by its status as the sister publication of *American Family Physician*.

### Influential Authors

*FPM's* reputation, the quality of its content, and the strength of its editors, Ranit Mishori MD, MHS, and Kenny Lin, MD, MPH, have attracted many of the best experts in primary care including recent articles by Farzad Mostashari, MD, and Dike Drummond, MD. *FPM* offers insight and direction on the topics that matter the most to decision makers, thought leaders, and “in the trenches” physicians.

### Coding and Billing Expertise

*FPM's* advice on diagnosis and procedure coding translates to dollars for readers. Every code they submit on insurance claims determines how much they get paid. The complexity of the coding systems and ever-changing billing rules makes *FPM's* coding advice invaluable.

### Patient Care Focus

Skyrocketing health care costs and declining physician reimbursement make efficient, effective health care delivery more challenging, and more important, than ever. *FPM* authors

describe proven approaches to managing the care of patients with chronic diseases, communicating effectively with patients, providing team-based care, and achieving quality metrics.

### How-To Focus

*FPM* is a practical journal that prioritizes publishing articles that not only build knowledge but that are also useful. The journal provides actionable guidance that can be used to spearhead improvement. Articles are written in an informal, conversational style that enhances readability and encourages engagement.

### The *FPM* Toolbox

Tools, from encounter forms to quick-reference tables to patient handouts, accompany selected articles to help readers implement new knowledge and best practices.

### Regular Departments

- **Opinion:** Viewpoints on issues of importance to the specialty
- **Coding & Documentation:** Questions and authoritative answers about issues that directly affect physicians' pocketbooks—always rated among the most valuable content in the issue
- **Practice Pearls:** Tips from physicians and from the literature—good ideas in small packages
- **The Last Word:** A variety of one-page essays—humorous and/or thought-provoking
- ***FPM* Quiz:** The key to unlocking *FPM's* CME credit *FPM* gets thousands of quiz submissions per year
- **From the Editor:** Kenneth G. Adler, MD, MMM, *FPM's* Medical Editor, describes issue highlights and practice challenges

### New Product Releases

None will be accepted.

# Online Advertising Rates/Opportunities

## 2019 Tentative Editorial Schedule for Upcoming Issues

### Jan/Feb 2019

Closing: Dec 1, 2018

*CPT Code Changes*

### Mar/Apr 2019

Closing: Feb 1, 2019

### May/Jun 2019

Closing: Apr 1, 2019

### Jul/Aug 2019

Closing: Jun 1, 2019

### Sep/Oct 2019

Closing: Aug 1, 2019

*Bonus distribution at AAFP FMX  
ICD-10 Code Changes*

### Nov/Dec 2019

Closing: Oct 1, 2019

## Circulation

*FPM* is received by family physicians and other allied health care professionals through paid print subscriptions (est. 3,300 as of 9/18) and digital/app editions (pushed weekly via e-mail to an average audience of approximately 86,000 AAFP members and others as of 8/18). For circulation updates, please contact Rebecca Harp, Subscription Strategist, at (800) 274-2237.

## Email Sponsorships: *FPM* eTOC and *FPM* Quick Tips & Insights eNewsletter

**Total distribution:** Includes active AAFP member physicians and subscribers.

**Average Weekly Distribution:** 86,000

The *FPM* eTOC and Quick Tips & Insights eNewsletter mail every Wednesday.

*FPM*'s eTOC alerts readers to new content published in *FPM*. Quick Tips & Insights give family physicians ideas they can put into use right away.

**Semi-exclusive opportunity:** Only one display ad (300x250 medium box) & one inline text ad (headline/copy = 350 characters) are accepted per eTOC. High SOV.

All *FPM* and *AFP* box and text ads combine for the highest-earned frequency.

Advertising frequencies earned via print placements in *FPM* and *AFP* also apply toward earned frequency pricing for the eTOCs and eNewsletters.

AAFP

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JULY/AUGUST 2018

**Quality Measures: How to Get Them Right**  
Pay-for-performance programs have produced disappointing results. Fewer and more appropriate, evidence-based quality measures could help. [Read on »](#)  
FPM Topic Collection: Coding

**99213 or 99214? Three Tips for Navigating the Coding Conundrum**  
Here's how to quickly identify whether you're on the path to a 99214 versus a 99213. [Read on »](#)

**How to Create a Culture of Well-Being in Your Practice**  
Every organization has a culture, either by default or by design. Why not cultivate one that helps people thrive? [Read on »](#)

**Patient Inducements: The New Dos and Don'ts**  
The limits on giving free goods and services to Medicare and Medicaid patients are complex. Here's how to avoid regulatory trouble. [Read on »](#)

**Teach-Back: A Simple Technique to Enhance Patients' Understanding**  
Half of patients leave their visit without understanding what their physician told them, but this simple technique can help. [Read on »](#)

**Four Mobile Apps for Pain Management**  
These apps can help you and your patients more effectively manage their acute and chronic pain. [Read on »](#)

300x250

Inline Text

CODING & DOCUMENTATION

Medicare billing for well-woman exams  
Peak flow testing  
Pediatric hearing screening  
Student documentation

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Quick Tips & Insights

**Six Keys to Coding 99211 Visits**  
Many family medicine practices struggle with when – or why – to bill for level-one established patient office visits. Six guidelines can help you decide whether a service qualifies for billing CPT code 99211, document it appropriately, and begin capturing this lost revenue. [Read on »](#)

**Four Mobile Apps for Pain Management**  
These four apps can help you and your patients more effectively manage their acute and chronic pain. [Read on »](#)

**How Does Your Benefits Package Stack Up?**  
Your employment contract needs to provide more than a competitive salary. Find out whether the benefits are competitive with a quick comparison to these national averages. [Read on »](#)

300x250

Inline Text

Read the latest issue of *FPM*. Earn 6 CME credits.

- Quality Measures: How to Get Them Right
- Coding Tips for 99213 vs. 99214
- How to Create a Culture of Well-Being
- A Technique to Enhance Patients' Understanding

[Read Online](#) [Get Print](#) [Get the App](#)

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## eTOC/eNewsletter Production Dates

ISSUE	SPACE CLOSING DATE	AD MATERIALS DUE	DELIVERY DATE
Jan - eNewsletter 1	Dec-10-18	Jan-2-19	Jan-9-19
Jan/Feb Issue - eTOC	Dec-17-18	Jan-4-19	Jan-16-19
Jan - eNewsletter 2	Dec-19-18	Jan-9-19	Jan-23-19
Jan - eNewsletter 3	Dec-21-18	Jan-16-19	Jan-30-19
Feb - eNewsletter 1	Jan-2-19	Jan-23-19	Feb-6-19
Feb - eNewsletter 2	Jan-8-19	Jan-30-19	Feb-13-19
Feb - eNewsletter 3	Jan-15-19	Feb-6-19	Feb-20-19
Feb - eNewsletter 4	Jan-2-19	Feb-13-19	Feb-27-19
March - eNewsletter 1	Feb-1-19	Feb-20-19	Mar-6-19
Mar/Apr Issue - eTOC	Feb-18-19	Feb-27-19	Mar-13-19
March - eNewsletter 2	Feb-15-19	Mar-6-19	Mar-20-19
March - eNewsletter 3	Feb-22-19	Mar-13-19	Mar-27-19
April - eNewsletter 1	Mar-1-19	Mar-20-19	Apr-3-19
April - eNewsletter 2	Mar-8-19	Mar-27-19	Apr-10-19
April - eNewsletter 3	Mar-15-19	Apr-3-19	Apr-17-19
April - eNewsletter 4	Mar-22-19	Apr-10-19	Apr-24-19
May - eNewsletter 1	Apr-1-19	Apr-17-19	May-1-19
May - eNewsletter 2	Apr-8-19	Apr-24-19	May-8-19
May/June Issue - eTOC	Apr-23-19	May-1-19	May-15-19
May - eNewsletter 3	Apr-15-19	May-8-19	May-22-19
May - eNewsletter 4	Apr-22-19	May-15-19	May-29-19
June - eNewsletter 1	May-1-19	May-22-19	Jun-5-19
June - eNewsletter 2	May-8-19	May-29-19	Jun-12-19
June - eNewsletter 3	May-15-19	Jun-5-19	Jun-19-19
June - eNewsletter 4	May-22-19	Jun-12-19	Jun-26-19

ISSUE	SPACE CLOSING DATE	AD MATERIALS DUE	DELIVERY DATE
July - eNewsletter 1	Jun-1-19	Jun-19-19	Jul-3-19
Jul/Aug Issue - eTOC	Jun-14-19	Jun-26-19	Jul-10-19
July - eNewsletter 2	Jun-15-19	Jul-3-19	Jul-17-19
July - eNewsletter 3	Jun-22-19	Jul-10-19	Jul-24-19
July - eNewsletter 4	Jul-1-19	Jul-17-19	Jul-31-19
Aug - eNewsletter 1	Jul-2-19	Jul-24-19	Aug-7-19
Aug - eNewsletter 2	Jul-8-19	Jul-31-19	Aug-14-19
Aug - eNewsletter 3	Jul-15-19	Aug-7-19	Aug-21-19
Aug - eNewsletter 4	Jul-22-19	Aug-14-19	Aug-28-19
Sept - eNewsletter 1	Aug-1-19	Aug-21-19	Sep-4-19
Sept/Oct Issue - eTOC	Aug-16-19	Aug-28-19	Sep-11-19
Sept - eNewsletter 2	Aug-15-19	Sep-4-19	Sep-18-19
Sept - eNewsletter 3	Aug-22-19	Sep-11-19	Sep-25-19
Oct - eNewsletter 1	Sep-1-19	Sep-18-19	Oct-2-19
Oct - eNewsletter 2	Sep-8-19	Sep-25-19	Oct-9-19
Oct - eNewsletter 3	Sep-15-19	Oct-2-19	Oct-16-19
Oct - eNewsletter 4	Sep-22-19	Oct-9-19	Oct-23-19
Oct - eNewsletter 5	Oct-1-19	Oct-16-19	Oct-30-19
Nov - eNewsletter 1	Oct-1-19	Oct-23-19	Nov-6-19
Nov/Dec Issue - eTOC	Oct-22-19	Oct-30-19	Nov-13-19
Nov - eNewsletter 2	Oct-15-19	Nov-6-19	Nov-20-19
Nov - eNewsletter 3	Oct-22-19	Nov-13-19	Nov-27-19
Dec - eNewsletter 1	Nov-1-19	Nov-20-19	Dec-4-19
Dec - eNewsletter 2	Nov-8-19	Nov-27-19	Dec-11-19
Dec - eNewsletter 3	Nov-15-19	Dec-4-19	Dec-18-19

## 2019 eTOC-eNewsletter Rates

	1-X	3-X	6-X	12-X	18-X	24-X
MEDIUM BOX (300x250)	\$6,650	\$6,130	\$5,840	\$5,520	\$5,230	\$4,970
INLINE TEXT	\$4,520	\$4,300	\$4,100	\$3,870	\$3,670	\$3,490
MEDIUM BOX & INLINE	\$10,580	\$10,060	\$9,580	\$9,050	\$8,570	\$8,150

# Online Advertising Rates/Opportunities Continued

## #1 Journal Website in Family Medicine<sup>1</sup>

The websites for *American Family Physician* (aafp.org/afp) and *FPM* (aafp.org/fpm) are industry leaders in primary care and family medicine. Kantar Media rates *AFP* as the #1 “most-visited journal website” in primary care.<sup>1</sup> The most recent DRG | Manhattan Research, HCP Sources, 2018<sup>2</sup> rates *AFP* #1 in the following categories:

- Top websites accessed for professional purposes (past 3 months) FP/GP
- Specialty specific websites visited (past 3 months) among PCPs and FP/GP
- Top online and offline sources used for scientific and clinical research among PCPs and FP/GP
- Website used for online Continuing Medical Education (eCME) among PCPs and FP/GP

Kantar Media rates *FPM* as the #1 practice improvement journal website in family medicine.<sup>1</sup> The combination makes *AFP/FPM* the perfect choice to reach/engage primary care physicians.

Engagement: More than 131,000 AAFP member physicians are registered users of the website.



## AAFP.org COMBO<sup>3</sup>

Page views .....	4,070,350
Visits .....	3,248,817

## AAFP.org/afp<sup>3</sup>

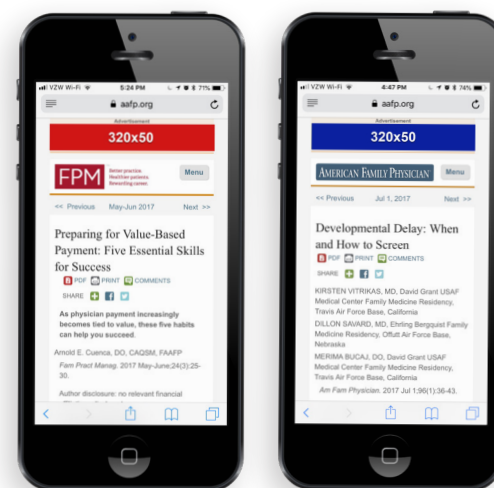
Page views .....	3,774,057
Visits .....	3,046,660

## AAFP.org/fpm<sup>3</sup>

Page views .....	296,293
Visits .....	208,898

## Earned Frequency Discounts in *AFP* and *FPM*

Every \$10k purchased online on the aafp.org/afp and aafp.org/fpm websites equals one unit toward earned frequency in *AFP* and *FPM* in print. Every eTOC or eNewsletter placement with *AFP* and *FPM* counts as one-unit toward frequency discounts in print.



<sup>1</sup>KANTAR, Website Usage and Qualitative Evaluations, December 2018, Primary Care

<sup>2</sup>DRG Digital | Manhattan Research, Digital HCP Sources June 2018

<sup>3</sup>Adobe Site Catalyst, 6-month average July-December 2018

## AAFP.org Advertising Rates

RATES EFFECTIVE JANUARY 1, 2019

AD UNIT	COST/BASIS	DISCOUNT OPTIONS
AFP/FPM Brand COMBO - BEST BUY! (Banners*)	\$100 CPM	5% Discount on 100K+ impressions per month
AFP/FPM Brand COMBO - BEST BUY! Half Page (300x600)	\$110 CPM	5% Discount on 100K+ impressions per month
FPM -Brand Specific (Banners*)	\$110 CPM	5% Discount on 100K+ impressions per month
FPM -Brand Specific - Half Page (300x600)	\$140 CPM	5% Discount on 100K+ impressions per month
Interstitial AFP/FPM Brand Combo	\$180 CPM	When purchased in conjunction with equivalent banner impressions in the same month
Interstitial AFP Brand-Specific	\$200 CPM	When purchased in conjunction with equivalent banner impressions in the same month
Home Page COMBO Roadblock**	\$10,400/month, flat rate	

\*Leaderboard (728x90), medium box (300x250)

\*\*Leaderboard (728x90), medium box (300x250) or half page (300x600)

## Website and eTOC Advertising Specifications

CREATIVE UNIT NAME	INITIAL DIMENSIONS (WxH IN PIXELS)	MAXIMUM EXPANDED DIMENSIONS (WxH IN PIXELS)	MAX INITIAL FILE LOAD SIZE	HOST-INITIATED SUBLOAD	ANIMATION/VIDEO GUIDELINES	Z-INDEX RANGES	UNIT-SPECIFIC NOTES
Medium Rectangle	300x250	Expansion not allowed for this unit	200 KB	Not allowed for this unit	15 sec max animation length Max loop 3 times	0 - 4,999	Ad unit content must be clearly distinguishable from normal webpage content (ad unit must have clearly defined borders and not be confused with normal page content)
Leaderboard	728x90	Expansion not allowed for this unit	200 KB	Not allowed for this unit	15 sec max animation length Max loop 3 times	0 - 4,999	Ad unit content must be clearly distinguishable from normal webpage content (ad unit must have clearly defined borders and not be confused with normal page content).
Half Page	300x600	Expansion not allowed for this unit	200 KB	Not allowed for this unit	15 sec max animation length Max loop 3 times	0 - 4,999	Ad unit content must be clearly distinguishable from normal webpage content (ad unit must have clearly defined borders and not be confused with normal page content).
Expandable/Retractable	300x250 to 600x250 300x600 to 600x600 728x90 to 728x315	Expansion must be user-initiated	200 KB	300 KB	Minimum 24 fps for video 15 sec max length (unlimited user-initiated); 1.1 MB additional file size allowed for host-initiated video; Unlimited size for user-initiated video	5,000 - 1,999,999 (for entire ad unit)	Retract Feature = Either Click to close/expand or Enable Mouse-Off Retraction
Smartphone Static Wide Banner	320x50	Expansion not allowed for this unit	50 KB	Not allowed for this unit	15 sec max length for animation Video not allowed for this unit See "In-Banner Video" & Rich Media units below for video	0 - 4,999	Ad unit content must be clearly distinguishable from normal webpage content (ad unit must have clearly defined borders and not be confused with normal page content).
Between-the-Page (aka "Interstitial")	Variable	Expansion not applicable for this unit	200 KB	300 KB	Minimum 24 fps for video 15 sec max length (unlimited user-initiated); 1.1 MB additional file size allowed for host-initiated video; Unlimited size for user-initiated video	N/A unless the ad covers content on the target page, then use range for overlays: 6,000,000+	Label = "Advertisement" Font = 8pt (11px) by 16pt (21px); "Close" control provided by browser window if ad displays in its own browser window. If overlaid on target page, include "Close X" button. Font = 8pt (11px) by 16pt (21px)
eTOC, eNewsletter	300x250	N/A	N/A		130 characters		Static Gif or JPEG
eTOC, eNewsletter	Inline Text	N/A	N/A		Headline 50 characters, body copy 300 characters. Up to 2 URL links allowed		



# Print Advertising Policy

**The purpose of *FPM* is to serve the medical profession and provide continuing medical education (CME). The information and opinions presented in *FPM* reflect the views of the authors, not those of the journal or the American Academy of Family Physicians (AAFP), unless so stated. Advertising is generally accepted if judged to be in harmony with the purpose of the journal; however, *FPM* reserves the right to reject any advertising at its sole discretion.**

**A.** Products and services to be advertised must meet the standards of generally accepted medical practice, be relevant to the clinical or socioeconomic practice of medicine, or be of special interest to the physician readership.

**B.** Products that require approval by the U.S. Food and Drug Administration for marketing must receive FDA approval before being eligible and must include “full disclosure” when required. It is the responsibility of the advertiser to conform to regulations of the FDA and all legal requirements for the content of claims made for products.

**C.** Technical data and scientific documentation may be required for products not regulated by the FDA or other government agencies.

**D.** Ads for nutritional supplements and vitamin preparations are not eligible unless the product is approved for marketing by the FDA or its efficacy and safety are substantiated by clinical studies acceptable to the AAFP—generally meaning studies that have independent support in authoritative, evidence-based medical literature. More specific guidelines are available at [aafp.org/journals/adinfo](http://aafp.org/journals/adinfo).

**E.** General purpose foods such as bread, meats, fruits, and vegetables are eligible. Special purpose foods (e.g., foods for carbohydrate-restricted diets and other therapeutic diets) are eligible when their uses are supported by acceptable data. Only diet programs prescribed and controlled by physicians may be eligible.

**F.** CME courses, seminars, and conferences are eligible for advertisement. If CME accreditation is advertised, AAFP Prescribed credit must be approved and specified.

**G.** For enduring materials (e.g., books, audio- and videotapes, computer software, etc.), submission of a sample for review to establish eligibility may be required.

**H.** *FPM* follows the American Medical Association’s Code of Medical Ethics Opinion 8.063 regarding the sale of health-related products from physicians’ offices. Consequently, no ad will be accepted that promotes the sale of health-related products from a physician’s office unless documentation submitted to the advertising business manager with an ad clearly meets the guidelines set forth in Opinion 8.063.

**I.** *FPM* follows the American Medical Association’s Code of Medical Ethics Opinion 8.03 prohibiting physicians from placing their own financial interests above the welfare of their patients. Ads for products or services that assist the physician in running a more efficient practice, thus enabling the physician more time for patient care, will generally be accepted. Included here would be categories such as office equipment, medical billing systems, or other software products. Ads that focus solely on increasing profitability are not acceptable.

**J.** Institutional advertising germane to the practice of medicine may be considered eligible.

**K.** Other products and services not covered above will generally be accepted if they are determined to be in harmony with the stated purpose of the publication.

**L.** Ads containing comparative claims for competitive products must be substantiated by supporting data.

**M.** Ads for tobacco products and alcoholic beverages will not be

accepted. The AAFP has no direct association with organizations involved in the manufacturing of tobacco products and urges its members to avoid such association.

**N.** All ads must clearly and prominently identify the advertiser by trademark or signature.

**O.** In consideration of publication of an ad, the advertiser and the agency, jointly and severally, agree to indemnify and hold harmless publisher, its officers, agents and employees against expenses (including legal fees) and losses resulting from the publication of the contents of the ad, including, without limitation, claims or suits for libel, violation of privacy, copyright infringement, or plagiarism.

**P.** Publisher shall not be liable for any failure to print, publish, or circulate any ad accepted by publisher; however, publisher shall use its reasonable efforts to place such ad in subsequent available space.

**Q.** Publisher is not responsible for incidental or consequential damage for errors in printing an ad.

**R.** Publisher will not be bound by any condition, printed or otherwise, appearing on order blanks or copy instructions when such conditions conflict with the conditions set forth in this rate card.

**S.** Because editorial requirements change as issue production progresses, all advertising insertion order position clauses are treated as requests.

**T.** In the event of nonpayment, advertiser and/or its advertising agency shall be jointly and severally liable for such monies as are due and payable to publisher.

**U.** Ads must conform to mechanical specifications as indicated in this rate card.

# Online Advertising Policy

**V.** The placement of advertising adjacent to articles discussing the advertised company or products in the same class as the advertising product is prohibited.

**W.** All ads are subject to approval of publisher and editor, who each reserve the right to reject or cancel any ad at any time, and/or to evaluate ad copy to ensure that it does not contain any false or misleading statements or that is not in poor taste—offensive in either artwork or text. New copy must be received by the advertising department 10 days before the closing date.

**X.** *FPM* defines the word “advertorial” to mean an advertisement or other paid content that resembles editorial content in style, intent, and format. While *AFP* welcomes such advertisements, we will publish no advertisement that, in the judgment of the publisher and editor, resembles our editorial content enough to be mistaken for an article. The company or brand logo must appear prominently on the first page of the advertorial (or, in the case of an opening spread, somewhere on the spread) and display the word “ADVERTISEMENT” in 14 pt. bold type (min.), all caps, at the top center of each page, and are also subject to editor review.

The publisher must preapprove any piece that might be considered advertorial. At the discretion of the publisher, the advertisement may need to be reformatted to minimize its resemblance to our editorial content. All other guidelines pertaining to advertising in *AFP* also apply to advertorials.

**Y.** *FPM* further adheres to the advertising policies of the American Academy of Family Physicians (AAFP), the Council of Medical Specialty Societies (CMSS), the Accreditation Council for Continuing Medical Education (ACCME), the World Association of Medical Editors (WAME), and the International Committee of Medical Journal Editors (ICMJE).

**Z.** Publisher may change the terms set forth herein at any time, provided that no such change applies to ads whose closing date precedes announcement of the change.

**The American Academy of Family Physicians (AAFP) accepts advertising on the American Family Physician (AFP) and FPM websites. The appearance of advertising on these websites does not imply endorsement of the advertised company or product, nor is advertising allowed to affect editorial decisions or editorial content.**

## Advertising Acceptance

The AAFP has the right to refuse any advertisement that it seems inappropriate or incompatible with its mission and to stop accepting any advertisement previously accepted.

The following types of advertisements are prohibited on *AFP* and *FPM* websites:

- Alcohol and tobacco
- Weapons, firearms, ammunition, and fireworks
- Gambling and lottery
- Pornography and related materials and services
- Political and religious
- Advertisements that claim to offer a “miracle” cure or method
- Advertisements that make unsubstantiated health claims for the products advertised
- Advertisements directed at children

The following advertisement formats are prohibited:

- Pop-ups and floating ads
- Advertisements that are designed to collect personally identifiable information from visitors to the *AFP* or *FPM* website without their knowledge or permission
- Ads that expand across or down the page or send visitors to another site without the visitor having clicked on the ad

## Online Advertising Policy

**1.** Advertisements new to the *AFP* or *FPM* websites require AAFP approval before they can appear on the sites. Such review will extend to any landing page(s) the advertisement links to. The company sponsoring the website of any landing page must be clearly identified on that page.

**2.** Advertisements, advertising icons, and advertiser logos must be clearly distinguishable from editorial content. In addition, *AFP* or *FPM* web pages are designed to label all advertisements with the word “advertisement.”

**3.** Advertisers may be required to submit supporting documentation to substantiate claims.

**4.** The AAFP does not allow targeted placement of advertising adjacent to editorial content of similar nature. Advertisements are placed at random and do not appear adjacent to relevant editorial except by chance.

**5.** Advertisements may not imply endorsement by the AAFP or its journals.

**6.** Neither advertisers nor their agents may collect any personal information from any user viewing the *AFP* or *FPM* website except with the user’s knowledge and permission and only after giving the user substantive information about the uses to which the information will be put. Similarly, cookies, applets, and other such files are prohibited if those files transmit any personally identifiable information to the advertisers or agencies without the user’s knowledge and permission.

**7.** The full rules for any market research or promotion associated with an advertisement must be displayed in the ad or available via a prominent link.

Advertising revenue is used to support the AAFP.

Focused on what family  
physicians need today –  
practical, peer-reviewed advice



## ADVERTISING SALES OFFICE

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