DICTATE

Competitive Gap Report

Prepared for Avery Quinn (illustrative sample)

September 21, 2026

Strategic shelf positioning for an aspiring author

HOW TO USE THIS REPORT

Executive Brief

This report is designed to help you see the shelf clearly before you write. The goal is not to copy the books already winning attention. The goal is to understand what they own, what they miss, and where your lived authority can give readers something they are not already getting.

8	4	5
real competing or adjacent books reviewed	actionable content gaps identified	positioning hooks to test

Market read

The medical practice management shelf is crowded at the top with books written for physicians, hospital administrators, or marketing consultants, not for the office manager who opens the clinic on Tuesday morning and wonders which patients have quietly disappeared. The books that do address patient retention almost universally frame it as a marketing challenge: build your brand, run a referral campaign, improve your Google reviews. What the shelf is missing, and what readers in practice management communities are actively asking for, is a calm, operational answer to a very specific problem: the patient who was seen six months ago, should have come back by now, and nobody noticed.

Core opportunity

Avery Quinn can credibly own the position of the first book that treats between-visit patient retention as a practice operations discipline. The Tuesday chart review, the idea of a scheduled, repeatable, staff-executable process for catching patients who have gone quiet, is a concrete operational mechanism that no existing book offers. This is not a marketing angle. It is a workflow angle, and that distinction is the entire competitive opening.

Recommended next move

Sharpen the book's framing around a single operational artifact: the Tuesday chart review. Every chapter should answer the question 'what does the office manager actually do on Tuesday morning?' This transforms the book from a retention philosophy into a retention system, and systems sell to office managers in a way that strategies never do.

THE SHELF YOU ARE ENTERING

Market Overview

This book sits at the intersection of two established but rarely connected shelves: independent medical practice management and patient retention strategy. The medical practice management category covers operational systems for running small-to-midsize clinical practices, while the patient retention shelf is dominated by marketing-forward titles focused on acquisition funnels, referral programs, and digital advertising. Books that treat the space between patient visits as an operations discipline, rather than a marketing opportunity, are virtually absent. The category is well-established for large health systems and hospital administrators, but independent and family clinic office managers are persistently underserved by books written at their scale and with their daily constraints in mind.

Market size signal
growing

TRENDS SHAPING READER EXPECTATIONS

- Rising patient attrition rates at independent practices following pandemic-era disruptions to care routines, creating urgent demand for retention systems
- Increased emphasis on value-based care and panel management, which rewards practices for keeping patients engaged between visits rather than simply billing for encounters
- Growing recognition among independent practice owners that competing with hospital-owned clinic networks requires operational excellence, not just clinical quality
- Surge in interest around 'practice efficiency' and 'lean clinic operations' as independent clinics face tightening margins and staffing shortages
- A shift among practice management readers from aspirational marketing books toward operational playbooks they can implement with their existing staff and tools

READER DEMAND SIGNALS

- Medical practice management titles consistently rank in Amazon's top 10,000 to 50,000 in Business and Money, signaling a small but highly motivated readership with strong purchase intent
- Review patterns on existing practice management titles reveal consistent frustration: readers praise strategy but beg for step-by-step processes they can hand to a front-desk coordinator
- Online communities for practice managers and medical office administrators (MGMA forums, LinkedIn groups for independent practice owners) regularly surface the 'patients who fall through the cracks' problem as a top operational pain point
- Search interest in terms like 'patient reactivation', 'overdue patient outreach', and 'between-visit patient engagement' has grown consistently, reflecting real operational need
- Books on adjacent operational systems (scheduling optimization, referral tracking, insurance verification workflows) perform reliably in the niche, confirming that office managers buy operations-focused content

SHELF INTELLIGENCE

Competitor Deep Dive

These comparison points show the language, promises, reader expectations, and blind spots already present in the market. Your book does not need to be louder than these titles. It needs to be clearer about the specific reader problem it solves and why you are the person to solve it.

1. The E-Myth Physician by Michael E. Gerber and Robert Harrington (2003)

Core promise: Independent medical practices fail not because of clinical incompetence but because physicians try to run businesses without systems. The solution is to...

What works: Powerful framing of the 'technician vs. entrepreneur' mindset shift that resonates deeply with practice owners who feel trapped in the day-to-day

Opening: Written primarily for physician-owners, not for office managers or administrative staff who actually execute daily workflows

Why it matters: This is the category's foundational systems book. Avery Quinn's book does not need to compete with it. It can position itself as the operational...

2. Practice Perfect: 42 Rules for Getting Better at Getting Better by Doug Lemov, Erica Woolway, and Katie Yezzi (2012)

Core promise: Improvement in any professional environment comes from deliberate, structured practice of specific skills, not from general effort or motivation. Breaking workflows into...

What works: Exceptional clarity around the idea that specific, repeatable routines are the mechanism of improvement, a frame directly applicable to clinical office operations

Opening: Not written for medical practice at all. Readers must do significant translation work to apply the frameworks

Why it matters: This book validates the intellectual premise behind the Tuesday chart review: that naming and systematizing a specific, repeatable action is how organizations get better...

3. Medical Practice Management in the 21st Century by Marjorie Satinsky (2007)

Core promise: Running a successful independent medical practice requires mastery across business planning, financial management, human resources, marketing, and compliance, treated as integrated management...

What works: Comprehensive coverage of the full practice management landscape, making it a credible reference tool

Opening: As a comprehensive survey text, it covers patient retention in only a few pages, with no actionable process detail

Why it matters: Demonstrates that comprehensive practice management texts do not go deep on patient retention as an operational system. The gap is real, documented, and acknowledged...

4. How to Market a Medical Practice by Neil Baum (2004)

Core promise: Independent physicians can and should market their practices using the same principles that drive successful consumer businesses, including branding, referral generation, community...

What works: One of the few books that takes the 'small independent practice needs marketing' argument seriously and provides tactical guidance

Opening: Frames patient retention entirely as a marketing and communication problem, ignoring the operational and scheduling systems that determine whether outreach...

Why it matters: This is the clearest example of the contrarian angle Avery Quinn is working against. This book says retention is a marketing problem. Quinn's book...

5. The Patient Experience Revolution by Brian Lee (2016)

Core promise: Patient loyalty and retention are driven by emotional experience, and healthcare organizations that prioritize service excellence at every touchpoint will outperform those...

What works: Brings a customer service and hospitality lens to patient retention that resonates with practice owners who have worked in or studied consumer-facing industries

Opening: Almost entirely focused on the in-visit experience. The between-visit period, the 30, 60, or 180 days after discharge, is treated...

Why it matters: Confirms that the patient experience category is well-populated with philosophy and culture change books, but conspicuously empty of operational systems for the between-visit period...

6. Patients Come Second: Leading Change by Changing the Way You Lead by Paul Spiegelman and Britt Berrett (2013)

Core promise: Healthcare organizations improve patient outcomes and loyalty not by focusing directly on patients, but by building cultures where employees are engaged, empowered...

What works: Counterintuitive thesis that resonates with practice managers who sense that staff morale and patient retention are connected

Opening: Written for hospital executives and C-suite healthcare leaders, not for independent practice office managers with 3 to 8 staff members

Why it matters: Useful as a category marker showing that the shelf is populated with leadership philosophy books that reach toward patient retention without ever producing a...

7. The Medical Practice Start-Up Guide by Ron Sterling (2010)

Core promise: Launching a successful independent medical practice requires careful planning across legal structure, financial modeling, staffing, technology selection, and operational workflows before the...

What works: One of the few books that takes operational detail seriously at the independent practice level, treating the office manager role as essential

Opening: Patient recall and retention are treated as set-up tasks, not ongoing operational disciplines. The book builds the systems but does...

Why it matters: Defines the adjacent market. Readers who grew out of this book and are now running established practices with eroding retention are exactly the audience...

8. Engaged: The Neuroscience Behind Creating Productive People in Successful Organizations by Linda Ray (2018)

Core promise: Organizational performance improves when leaders understand the neuroscience of engagement and design workflows and feedback loops that align with how human brains...

What works: Provides a credible scientific framing for why routine, repeatable workflows improve team performance, which directly supports the Tuesday chart review concept

Opening: Not written for healthcare at all. Significant translation work is required to apply its frameworks to a clinical operations context

Why it matters: Supports the intellectual scaffolding for the Tuesday chart review without being a direct competitor. Reinforces the insight that scheduled, named routines are how organizations...

WHERE YOUR BOOK CAN BE MORE USEFUL

Market Gap Analysis

The white space

The medical practice management shelf has robust coverage at the philosophical and aspirational level and reasonable coverage of start-up operations and marketing strategy. What it conspicuously lacks is a book written for the office manager at an independent or small family clinic that treats patient retention between visits as an operational discipline with a specific, executable weekly process. No existing book describes a chart review methodology, defines what a 'quiet patient' looks like in operational terms, or provides a staff-executable workflow for identifying and re-engaging lapsed patients as a routine practice rhythm. This gap is confirmed both by what is missing from the shelf and by the recurring 'I wish it told me what to actually do on Monday morning' complaints in reviews of the most popular competing titles.

Gap 1: No book in this category provides a specific, scheduled, repeatable operational process for identifying patients who have gone quiet between visits. Retention is discussed as an outcome to pursue, but the triggering mechanism, the moment in the week when a staff member sits down and runs the review, is absent from every competing title.

Why it matters: Office managers cannot implement a philosophy. They can implement a Tuesday morning routine. The absence of a named, scheduled process is why retention systems that clinics build from scratch erode within months. Without a ritual, there is no ownership.

Your advantage: The Tuesday chart review is exactly this mechanism. It is the scheduled, named, staff-executable process that the entire category is missing. This is not an abstract concept Avery Quinn is introducing. It is a practical artifact that an office manager can add to this Tuesday's calendar.

Gap 2: No competing book defines 'patient silence' as a clinically and operationally meaningful signal. Existing books discuss retention in terms of satisfaction scores and marketing touchpoints. None of them frame a patient's absence from the schedule as a gap that a practice has an operational responsibility to notice and address.

Why it matters: For office managers working in value-based care environments, unnoticed patient attrition is not just a revenue concern. It is a care quality issue. Patients with chronic conditions who go quiet are often the patients whose conditions are deteriorating. Framing silence as a signal, not an absence, elevates the stakes and the urgency of the operational system.

Your advantage: Avery Quinn's contrarian framing, that the gap between visits is an operations problem, not a marketing campaign, reframes the entire category in a way that gives office managers both a new mental model and a concrete tool. The Tuesday chart review is the operational response to the signal of patient silence.

Gap 3: The market has no book written specifically for office managers at independent or small family clinics, as opposed to hospital administrators, practice owners, or marketing directors. The scale, staffing constraints, technology stack, and decision-making dynamics of a 3 to 8 person clinic team are fundamentally different from those of a large health system, and no existing book addresses them at that level of specificity.

Why it matters: Office managers at small independent clinics buy and read books, but they often have to mentally resize the advice from the books available to them. A book written at their scale, using examples and constraints they immediately recognize, reduces that translation burden and dramatically increases implementation rates.

Your advantage: This book is built from the ground up for the independent clinic environment. Every process described assumes limited staff, overlapping roles, and a schedule that does not have three hours per week to spare. That specificity is a feature, not a limitation.

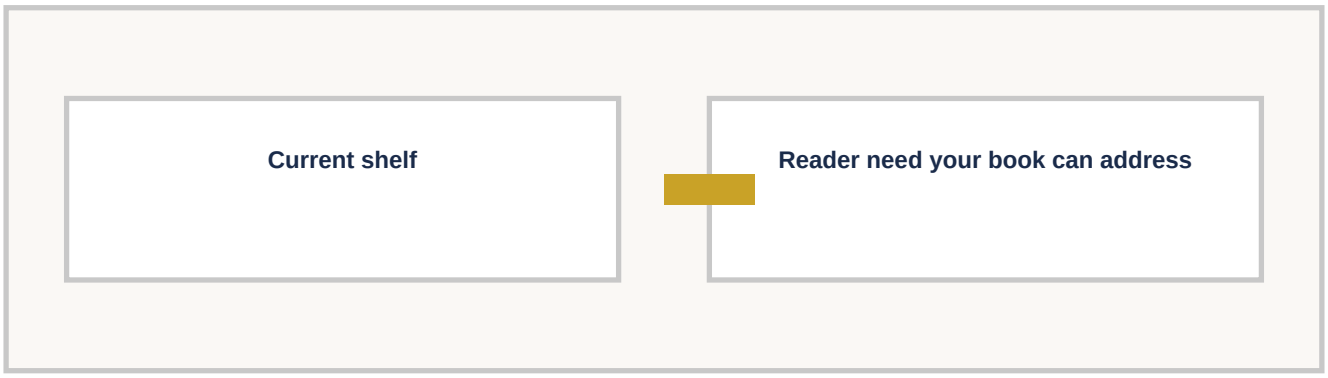
Gap 4: No competing title addresses the internal data already available in an EHR or practice management system as a retention tool. Existing books discuss patient communication and marketing outreach, but they do not describe how to use the practice's own scheduling and visit data to identify who to contact, when, and why.

Why it matters: Office managers do not need to buy new software to run a patient retention system. They need to use the data they already have in a more intentional way. A book that teaches them to read their own charts differently is immediately actionable without a budget conversation.

Your advantage: The Tuesday chart review is built on existing EHR and scheduling data. It does not require new technology, new staff, or new budget. This makes the book's promise immediately credible to office managers who are skeptical of retention 'solutions' that require a new vendor relationship.

TURN WHITE SPACE INTO CHAPTER CHOICES

Reader Gap Map



A clear, low-effort way to know which patients need follow-up before the week gets away from them

Competitors offer: General advice to 'build a recall system' or 'send reactivation campaigns,' with no guidance on how to identify which patients to contact or how to make that identification a routine part of the week

You can offer: A specific Tuesday morning chart review process that surfaces quiet patients using data the office manager already has, fits into an existing weekly rhythm, and produces a short, actionable call or message list before noon

Book implication: The book's core promise is operational: 'After reading this, you will know exactly what to do on Tuesday morning.' Every chapter should build toward or support that specific outcome.

A frame that helps them explain to the physician-owner why investing time in patient retention is worth it without framing it as a marketing expense

Competitors offer: Marketing-forward arguments about brand building, referral generation, and Google reviews that require the physician to think of the clinic as a consumer business, which many are resistant to

You can offer: An operations argument: patient attrition is a workflow failure, not a marketing gap. Catching it requires the same rigor as catching a scheduling error or a billing discrepancy. This framing is more credible to clinically trained physicians who respect operational precision over marketing persuasion.

Book implication: Include a chapter or early framing section that gives office managers the language to have this conversation with their physician-owner. The book is not just a how-to guide. It is also a persuasion tool the office manager can use internally.

Confidence that a patient retention system will not collapse the moment they go on vacation or the clinic gets slammed with a busy season

Competitors offer: Culture-change and leadership books that require sustained organizational commitment and strong management backing. Systems that work when conditions are ideal but erode when staff turnover or volume spikes hit

You can offer: A process durable enough that any trained staff member can run it in a physician's or manager's absence. The Tuesday chart review is designed to be teachable, transferable, and simple enough to survive staff turnover

Book implication: Include a section on how to train a second person to run the chart review and what to do when the person who runs it is out. Durability and transferability are a selling point that no competing book currently owns.

Reassurance that focusing on retention is not abandoning new patient acquisition but is actually the smarter first investment

Competitors offer: Books that treat retention and acquisition as separate strategies with separate budgets, implying that a practice must choose where to invest or manage both tracks simultaneously

You can offer: A clear argument that a practice's existing patient panel is its most under-monetized and under-protected asset, and that fixing attrition produces faster, lower-cost panel growth than any acquisition campaign

Book implication: Open with economics, not operations. Show the reader what one quiet patient per week costs the practice annually before introducing the Tuesday chart review as the solution. The math is the hook.

A sense that the book was written for someone who works in a small clinic, not a hospital system or a corporate health network

Competitors offer: Books written at hospital system scale with case studies from 200-bed institutions, requiring office managers at 3-provider clinics to mentally resize every example before applying it

You can offer: A book that assumes limited staff, overlapping roles, a single EHR system, and a schedule that cannot accommodate a new full-time patient engagement coordinator. Every example fits in a clinic with 5 people on staff.

Book implication: Be explicit in the introduction about who this book is and is not for. Office managers who feel 'seen' by the first chapter will buy the book and recommend it to colleagues.

UNDERSERVED READERS

- Office managers at independent family medicine clinics (2 to 6 providers) who are responsible for both operations and patient experience without a dedicated marketing or patient engagement staff member
- Front office leads and practice administrators at clinics transitioning from fee-for-service to value-based care models who need to build patient panel management habits
- New office managers at established clinics who have inherited eroding retention systems and need a starting point for rebuilding them
- Physicians who are also their own practice managers at small solo or two-provider practices who need an office operations book that respects their limited time
- Practice consultants and healthcare coaches who work with independent clinic owners and need a practical reference to recommend to their clients

FORMAT OPPORTUNITIES

- No workbook-style practice management title exists that gives office managers a fill-in-the-blank version of a patient retention workflow they can adapt to their clinic's specific EHR and scheduling system
- No short, single-problem book (under 200 pages) addresses between-visit patient retention specifically, as opposed to comprehensive practice management surveys
- No audiobook in this category is written specifically for office managers commuting to or from a clinic, a format well-suited to a focused, practical listen
- No book in this space uses a single operational ritual (like the Tuesday chart review) as the structural spine of the entire book, creating a memorable, referable single idea

THE ANGLE TO SHARPEN

Positioning Strategy

Recommended angle

The first practice management book that treats patient retention between visits as an operations problem with a specific, weekly, staff-executable solution, not a marketing campaign that requires a budget.

Core framing of the retention problem

YOUR BOOK

Patient attrition is an operations failure. Quiet patients are a workflow signal that the practice has not built a detection mechanism to catch. The solution is a scheduled operational routine, not a marketing investment.

CURRENT SHELF

Competing books frame retention as a marketing, branding, or patient experience challenge. The solution they offer is always outward-facing: better messaging, more referrals, improved service culture.

Target reader

YOUR BOOK

Written specifically for the office manager or practice administrator at an independent or small family clinic, the person who actually runs the day-to-day and makes the operational decisions on the ground.

CURRENT SHELF

Competing books target physicians, hospital executives, patient experience officers, or general healthcare leaders. Office managers are rarely the primary intended reader.

Scale of advice

YOUR BOOK

Every process, example, and recommendation is sized for a clinic with 2 to 6 providers and 3 to 8 staff members. No new technology purchases, no new hires, no budget approvals required.

CURRENT SHELF

Competing books use examples from large health systems or multi-location group practices, requiring small clinic readers to do significant mental resizing before applying any advice.

Operational specificity

YOUR BOOK

Delivers a single, named, scheduled process (the Tuesday chart review) that a reader can implement this week using tools they already have.

CURRENT SHELF

Competing books offer frameworks, principles, and cultural recommendations. Implementation detail is consistently the gap readers complain about in reviews.

Technology assumption

YOUR BOOK

Assumes the office manager already has an EHR and scheduling system and teaches them to use existing data differently, not to buy new patient engagement software.

CURRENT SHELF

Competing books either ignore technology entirely (older titles) or recommend new software platforms that require vendor evaluation, procurement, and budget approval.

LANGUAGE WORTH TESTING

Messaging Hooks

These are not final subtitles or ad claims. Treat them as positioning clay: phrases that can help you hear which promise feels most honest, urgent, and distinctive for the reader you want to serve.

Hook 1
"The patients who stopped coming back are still in your chart. The Tuesday review finds them before they are gone for good."

Hook 2
"Retention is not a marketing problem. It is a Tuesday morning problem."

Hook 3
"Most practices lose patients quietly. This book teaches your team to notice."

Hook 4
"Written for the office manager who runs the clinic, not the consultant who visits it once a quarter."

Hook 5
"One weekly process. Built from data you already have. Designed for a team of five."

DISCOVERY MECHANICS

Amazon, Keyword & Format Plan

The primary Healthcare Administration category on Amazon captures the serious practice management reader who is browsing for operational tools, not motivational content. This reader has high purchase intent and low price sensitivity. The Management and Leadership > Systems and Planning secondary path captures readers who are approaching the problem from an operational efficiency angle rather than a clinical one, broadening discovery without diluting the core audience. The Small Business > Running a Business path is a strong secondary option because many independent clinic office managers think of themselves as small business operators first and healthcare administrators second, and this category has significantly higher browsing traffic. Keyword strategy should emphasize 'office manager' and 'small clinic' modifiers aggressively, because these terms distinguish the book from hospital administration titles that dominate broad healthcare management searches.

PRIMARY CATEGORIES

- Books > Business & Money > Industries > Healthcare > Administration & Medicine Economics
- Books > Business & Money > Management & Leadership > Systems & Planning

SECONDARY CATEGORIES

- Books > Medical Books > Administration & Medicine Economics > Health Care Administration
- Books > Business & Money > Small Business & Entrepreneurship > Running a Business

KEYWORD OPPORTUNITIES

- medical practice management for office managers
- patient retention small clinic
- independent medical practice operations
- family clinic office manager guide
- patient reactivation system
- between visit patient engagement
- healthcare practice workflow
- medical office operations book
- patient attrition prevention
- primary care practice management

COMPETITIVE PRICING CONTEXT

Medical practice management titles in the authority builder niche typically launch between $9.99 and $24.99 depending on author platform, format, and whether the book is affiliated with a professional organization. Comprehensive textbook-style references price higher ($34.99 and above) but sell in lower volume. Focused, single-topic operational guides, the closest analog to this book, price in the $17 to $22 paperback range and perform best when positioned as must-reads for a specific professional role rather than as general interest purchases.

Kindle

$9.99. This is the standard price point for focused, single-topic business how-to books in the medical practice management niche. It is high enough to signal credibility over a self-published pamphlet and low enough to be an impulse purchase for an office manager who finds the book through a search or recommendation. Competing titles in this niche range from $7.99 to $14.99 for Kindle editions, with the most downloaded titles clustering at $9.99.

Paperback

$18.99 to $21.99. Independent practice management paperbacks in this niche price between $16.99 and $24.99. A focused, practical book of 150 to 200 pages should price in the middle of that range. The paperback format is especially important here because office managers frequently pass physical books to colleagues, physician-owners, or front desk staff. The book will function as a team artifact, not just a personal read, which justifies the paperback investment.

Hardcover

Not recommended at launch. The independent clinic office manager audience is a practical, value-oriented buyer. Hardcover pricing ($28 and above) would create a purchasing friction point that is not justified by the audience's reading habits or the book's role as an operational reference tool rather than a leadership prestige purchase. If the book gains traction and develops a practitioner community around it, a hardcover edition could be introduced as a premium gift or bulk-purchase option for practice management conferences.

FORMAT RECOMMENDATIONS

- Audiobook: Strongly recommended. Office managers frequently commute, and a crisp, practical audiobook under 4 hours is a highly consumable format for this audience. The conversational, step-by-step nature of the Tuesday chart review methodology narrates well. Price at $17.99 to $19.99 through Audible.
- Workbook companion or downloadable toolkit: Consider making the Tuesday chart review template, a sample patient silence criteria checklist, and a simple staff training guide available as a downloadable companion to the book. This increases perceived value, drives email list signups, and gives office managers an immediate implementation artifact.
- Bulk and institutional sales: Pitch the book to medical practice management consultants, MGMA local chapters, and healthcare staffing agencies as a training resource for new office managers. A bulk purchase program at $12 to $14 per copy makes it viable for organizational adoption.

WHAT TO DO WITH THIS INSIGHT

Author Action Plan

Before writing Chapter 1

Write a one-page 'Reader Portrait' that describes a specific day in the life of the target reader: the Tuesday morning an office manager arrives at the clinic, opens the EHR, and has no system for knowing which patients need follow-up. Make this portrait specific enough that a reader recognizes themselves in the first paragraph of the book's introduction. Every chapter decision should be tested against this portrait.

Why it matters: The biggest risk for an authority builder in a niche market is writing for a slightly wrong reader and missing the exact audience who would have bought, read, and recommended the book to colleagues. The reader portrait prevents this by keeping the specific person, not the abstract audience, in view throughout the writing process.

Before writing Chapter 1

Open the five competing books most relevant to this topic (The E-Myth Physician, How to Market a Medical Practice, The Patient Experience Revolution, The Medical Practice Start-Up Guide, and Medical Practice Management in the 21st Century) and find the page or section in each that comes closest to describing the between-visit patient retention problem. Photograph or copy those pages. These are your 'this is what the shelf offers' evidence, and they will sharpen your introduction and your differentiation argument.

Why it matters: A contrarian positioning angle is only powerful if it is grounded in specific evidence that the alternative framing exists and is dominant. Showing readers exactly where the existing books fall short, without dismissing them, builds credibility and makes the gap this book fills feel real and urgent.

During writing

Structure the book around the Tuesday chart review as a through-line. Every chapter should either build toward the review (why it matters, what it catches, how to prepare), describe the review itself (the actual process, the criteria, the outputs), or support the review (how to train staff, how to handle what the review surfaces, how to sustain the habit over time). If a chapter does not connect directly to this through-line, reconsider whether it belongs in the book.

Why it matters: The single-process book structure is the format gap this market is missing. Staying tightly organized around one operational ritual makes the book memorable, referable, and distinct from the survey-style practice management texts that dominate the shelf. It also makes the book's promise to the reader completely clear: by the end of this book, you will run the Tuesday chart review.

During writing

Write a chapter or substantial section that gives the office manager the language and the argument to pitch the Tuesday chart review to the physician-owner or clinic principal who must approve new operational routines. Include the retention math (what one lost patient per week costs annually), the time investment (how long the review actually takes), and the staff ownership model (who runs it when the office manager is out).

Why it matters: Office managers at independent clinics rarely have unilateral authority to implement new operational systems. They need physician buy-in. A book that equips them with the internal sales pitch dramatically increases real-world implementation rates, which drives word-of-mouth among office managers who share tools that actually worked.

At launch

Identify three to five online communities where independent practice office managers are active: MGMA Connect, LinkedIn groups for medical office managers, Facebook groups for independent practice owners, and relevant subreddits. Participate in these communities for at least 30 days before launch by answering questions about patient retention and scheduling workflows. Introduce the Tuesday chart review concept as a solution to specific problems being discussed, and let the book be a natural extension of that conversation.

Why it matters: The office manager audience does not buy books through general business book channels. They buy through peer recommendation and professional community trust. A pre-launch presence in the communities where this reader lives is more valuable than any advertising spend for an authority builder at this stage.

After launch

Create a simple, free downloadable Tuesday chart review starter template and make it available through a book landing page or email opt-in. The template should include: the criteria for flagging a patient as 'quiet,' a sample outreach message script, and a tracking column for recording the outcome of each contact. Promote this as the book's companion toolkit.

Why it matters: An immediately usable artifact tied to the book's core process creates a second path to reader acquisition (people who find the template before the book), deepens the relationship with readers who have already purchased, and provides a tangible proof point that the Tuesday chart review is a real, implementable system.

GUARDRAILS

Market Warning Signs

These warnings are not reasons to stop. They are guardrails. The point is to avoid the angles readers have already heard and protect the originality of your promise.

- The phrase 'patient engagement' is heavily owned by health tech software companies and their content marketing. Positioning this book as a 'patient engagement' solution risks conflating it with software products the reader either already has or does not want to evaluate. Use 'patient retention' and 'between-visit operations' as the primary language instead.
- Avoid framing the Tuesday chart review as a 'reactivation campaign.' The word 'campaign' signals marketing, which is exactly the framing this book is pushing against. The review is a routine, a process, a discipline. Language matters here.
- The 'improve patient experience' angle is saturated and associated with large health system culture-change initiatives. Positioning this book as a patient experience book risks losing the office manager reader to a shelf crowded with titles that feel more aspirational than operational.
- Do not attempt to cover the full practice management landscape. The temptation to expand the book's scope to include billing, staffing, scheduling optimization, and marketing will dilute the single-process promise that makes this book distinctive. The narrowness is the strength, not a weakness to overcome.
- Avoid making clinical outcome claims. The book's promise is operational: the office manager will have a system for noticing and re-engaging quiet patients. It should not claim to improve patient health outcomes, reduce readmissions, or decrease chronic disease burden. These are outcomes that depend on clinical factors beyond the office manager's control, and overclaiming will erode the book's credibility with its audience.
- Be careful with the contrarian angle. 'This is not a marketing problem' is a powerful opening, but it risks alienating readers who have invested in marketing solutions and feel implicitly criticized. Frame the contrast as 'marketing is incomplete without operations' rather than 'marketing is wrong.' The goal is to expand the reader's model, not dismiss their prior efforts.
- Do not use fictional or composite clinic examples without clearly labeling them as illustrative. The office manager audience is skeptical and practical. A case study that feels invented will undermine trust faster than having no case study at all.

WHY THIS IS WORTH PURSUING

Final Encouragement

A positive final note

What makes this book worth pursuing is not just that the gap is real, though it clearly is. It is that the gap is actionable at exactly the level Avery Quinn is working at. The Tuesday chart review is not a concept that needs a decade of academic research behind it. It is a workflow that needs a clear, credible voice to name it, describe it, and hand it to the office manager who has been doing a version of it ad hoc for years without knowing it had a name or a structure.

That is the quiet power of this book. The reader who picks it up will almost certainly recognize the problem from the first page. They have seen patients go quiet. They have felt the nagging sense that someone they should have called last month has not been in. They have wanted a system and settled for a to-do list that never gets done. This book does not introduce them to a new problem. It gives their existing problem a shape, a schedule, and a solution they can execute this Tuesday.

A book that does that for its reader is a book that gets shared, recommended, kept on the desk rather than the shelf, and handed to the new office manager who just started last week. The shelf needs it. The reader is ready for it. The gap is yours to fill.

The best version of this book will not come from trying to sound like the market. It will come from letting the market teach you where readers are still underserved, then answering that need with your own stories, convictions, and hard-won clarity.