DICTATE

Interview Roadmap

Prepared for Avery Quinn (illustrative sample)

Independent family clinics can dramatically reduce patient dropout and improve health outcomes by running one focused 45-minute chart review every Tuesday, catching at-risk patients before they disappear for good.

56 Interview Questions | ~52,000 Word Manuscript

Question Categories

Your interview questions are organized into six categories, each designed to extract a different layer of your expertise.

I. Foundation: The Problem and the Belief (8 questions)

These questions establish why Avery Quinn wrote this book and what makes the patient dropout problem worth a dedicated methodology. They surface the origin story, the emotional cost of silent patient loss, and the core contrarian belief that the Tuesday Chart is built on. Without a strong foundation, readers have no reason to trust the framework that follows.

II. Framework Extraction: The Tuesday Chart in Full Detail (12 questions)

These questions extract every operational step, decision point, role assignment, and tool in the Tuesday Chart process. Because the Tuesday Chart is the book's named proprietary methodology, this category receives the highest question count. The goal is to capture enough detail that a reader could implement the process without any additional guidance.

III. Story Mining: Anecdotes That Make the Method Real (8 questions)

These questions surface the illustrative narratives, staff dynamics, doubt moments, and composite patient journeys that transform an operational guide into a compelling read. Every framework chapter needs at least one story to carry the reader through the abstract content. This category produces those stories.

IV. Authority and Evidence: Credibility That Earns Trust (8 questions)

These questions ground Avery's claims in observable patterns, professional experience, competitive awareness, and honest engagement with the existing body of knowledge on patient retention. They answer the skeptic's first question: why should I believe you?

V. Reader Connection: Speaking Directly to the Office Manager (10 questions)

These questions build the reader persona, surface the unspoken objections and fears that office managers carry, and develop the empathy that makes the book feel written specifically for its audience. They also generate the objection-handling content that prevents readers from abandoning implementation.

VI. Future Vision: Where This Is All Going (10 questions)

These questions position Avery as a forward-thinking voice in independent clinic administration and give the book a closing section with genuine stakes. They connect the Tuesday Chart to broader trends in healthcare economics, independent clinic survival, and the evolving definition of proactive patient stewardship.

Session Plan

Recommended: 5 sessions x 75 minutes each

Session 1: Origin Story and Core Problem (75 min)

Categories: foundation

- How Avery discovered the patient dropout problem
- The emotional cost of losing patients between visits
- Why standard recall systems fail small clinics
- The contrarian belief that drives the Tuesday Chart approach

Session 2: The Tuesday Chart Framework Deep Dive (75 min)

Categories: framework_extraction

- What the Tuesday Chart is and how it works step by step
- Which data signals flag a patient as going quiet
- Who runs the review and how the meeting is structured
- The tools and templates that make it repeatable

Session 3: Stories and Proof (75 min)

Categories: story_mining

- Illustrative patient journey from quiet to re-engaged
- A staff meeting where the Tuesday Chart changed the conversation
- A moment Avery almost abandoned the system
- The turning point when the approach clicked

Session 4: Evidence, Credibility, and Reader Empathy (75 min)

Categories: authority_evidence, reader_connection

- Data and patterns Avery has observed across chart reviews
- Competitive landscape of patient retention tools
- Objections office managers raise and how to answer them
- What the ideal reader is silently afraid of

Session 5: Future of Independent Clinic Retention (75 min)

Categories: future_vision

- Where patient retention is heading for small independent clinics
- The bold prediction Avery is willing to make
- What clinics that ignore this will face in five years
- The bigger mission behind the Tuesday Chart

Preparation Notes

Before each session, take a few minutes to reflect on these prompts. The more you prepare, the richer your content will be.

Before Session 1:

Before this session, return mentally to the earliest moment you recognized the silent dropout problem. Try to remember specific details -- what you were looking at, who else was in the room, and what you said or thought in that moment. This session is about your origin story, and the more specific and sensory your recollections are, the more powerful the book's opening will be.

Gather: Any early notes, emails, or staff meeting agendas from when you first started thinking about patient retention. If you have a before-and-after snapshot of how the clinic communicated with patients before the Tuesday Chart existed, have that ready to describe.

Mindset: Think of this session as telling your story to a trusted colleague who is genuinely curious -- not pitching a method, just sharing what you discovered and why it mattered.

Before Session 2:

Before this session, mentally walk through a recent Tuesday Chart review from beginning to end as if you are narrating it to someone who has never seen it. Notice every decision point, every tool you reach for, and every judgment call you make instinctively. Those automatic moves are the gold we are after.

Gather: A blank or anonymized version of the actual chart template or spreadsheet used in the review. Any written protocols, staff guides, or onboarding notes you use to train someone new on the process. A list of EHR fields or report filters that feed into the review.

Mindset: Do not filter yourself for simplicity. Give every micro-step, no matter how obvious it seems to you. What feels obvious to you is invisible to your reader -- and that invisible knowledge is what they are buying the book to gain.

Before Session 3:

Before this session, think through three or four moments in the life of the Tuesday Chart that changed how you thought about it -- moments of doubt, surprise, failure, or unexpected success. You do not need to remember every detail; the emotional truth of the moment is what matters most.

Gather: Nothing specific is required for this session. The stories live in your memory. If it helps, jot down five to ten moment-words before the interview -- single words that point to specific scenes -- and let the interviewer draw out the details.

Mindset: Permission to be honest about the hard moments. A story where everything worked perfectly is less useful than a story where something broke and you learned from it. The struggle is the point.

Preparation Notes (continued)

Before Session 4:

Before this session, think about the reader sitting across from you -- the office manager who is tired, slightly skeptical, and quietly worried about the health of their clinic. What does she need to hear first before she can trust you? What objection is she holding that she would not say out loud in a group?

Gather: Any industry articles, conference presentations, or vendor materials you have encountered about patient retention tools for small clinics -- particularly ones that frustrated you with their blind spots. Any data patterns or operational metrics you track that you would use to make the case to a skeptic.

Mindset: Approach this session as an advocate for your reader, not a defender of your method. The goal is to show that you understand her world more completely than she expected.

Before Session 5:

Before this session, ask yourself what you genuinely believe about where independent family medicine is heading -- not the optimistic party line, but your real view. What are you worried about? What are you hopeful about? And where does the Tuesday Chart fit into that larger story?

Gather: Any healthcare industry reports, news items, or policy updates you have read recently that relate to independent clinic viability, value-based care, or patient panel management. These do not need to be formal research -- a newsletter you found compelling is enough.

Mindset: Be willing to make a bold statement you might have to defend. The future vision session rewards conviction over caution. The best closing chapters of authority books say something that readers will remember for years.

I. Foundation Questions

8 questions

Session 1

MUST ASK STORY Ch.1

Take me back to the moment you first realized your clinic was losing patients not because of bad care, but because of silence. What were you looking at, and what did you feel?

Why: This is the book's emotional opening scene. The interviewer should listen for a specific, sensory detail -- a chart number, a name policy, a staff conversation -- that can anchor Chapter 1 and make readers feel the problem instantly.

Follow up: If the answer stays abstract, ask: What was on the screen in front of you? What did you say out loud, if anything?

MUST ASK STORY Ch.1

Before you built the Tuesday Chart, what was the clinic doing to keep patients coming back, and why was it not working?

Why: This sets up the 'before' state that most office managers still live in. The answer should name specific tactics -- phone blasts, birthday cards, automated reminders -- so readers recognize their own clinic.

Follow up: Ask: Which of those tactics felt the most promising but still flopped? Why do you think it flopped?

MUST ASK CONTRARIAN Ch.2

Most people in healthcare administration believe that if a patient wants to come back, they will come back. What do you believe instead, and where did that belief come from?

Why: This surfaces the book's central contrarian premise. The interviewer should push Avery to state the belief as a clear, quotable declaration -- something a chapter epigraph could be built from.

Follow up: If the answer hedges, ask: If you had to put that on a sign in your staff room, what would it say?

MUST ASK FRAMEWORK Ch.2

When you describe a patient 'going quiet,' what exactly does that look like in a chart? What are the specific signals you learned to read?

Why: This introduces the core diagnostic language of the book. Listen for concrete, chart-based indicators -- missed follow-ups, lapsed prescription refills, no-show patterns -- that can become a named checklist.

Follow up: Ask: Is there one signal that surprised you most when you first noticed it? That story might open a chapter.

SHOULD ASK CONTRARIAN Ch.2

What do you wish every office manager understood about the difference between a patient who cancels and a patient who quietly disappears?

Why: This frames a critical distinction that most office managers blur. The answer should produce a sharp, memorable contrast that can be used as a chapter hook or callout box.

Follow up: Ask: Can you think of a composite example where the two looked identical on the surface but led to totally different outcomes?

SHOULD ASK STORY Ch.1

Describe a time when the pressure of running a small clinic made the idea of adding any new process feel completely unreasonable. What was happening in the clinic that week?

Why: This creates empathy with the overwhelmed reader and validates their resistance before the book asks anything of them. Listen for specific staff dynamics, patient volume pressures, or billing chaos.

Follow up: Ask: What made you push through anyway? Was there a person on your team who helped, or was it a decision you made alone?

SHOULD ASK STORY Ch.3

Why Tuesday specifically? Walk me through the reasoning that led you to anchor this process to one particular day of the week.

Why: The name 'Tuesday Chart' will intrigue readers immediately, and this question delivers the satisfying explanation. The answer should feel logical and replicable, not arbitrary.

Follow up: Ask: Have you ever tried a different day? What broke down, and why does Tuesday structurally work better?

SHOULD ASK CONTRARIAN Ch.2

What is the single biggest misunderstanding people in clinic administration have about why patients stop coming in?

Why: This produces the book's inciting provocation. The best answers will challenge a comfortable assumption -- such as 'patients leave because of cost' -- and replace it with something more nuanced and actionable.

Follow up: Ask: Where does that misunderstanding come from? Is it something the industry actively teaches, or is it just never questioned?

II. Framework Extraction

12 questions

Session 2

MUST ASK FRAMEWORK Ch.3

Before we dig into the step-by-step mechanics, describe the Tuesday Chart in one sentence the way you would explain it to a new front-desk hire on their first day.

Why: Every framework needs a plain-language anchor. This one-sentence answer often becomes the most-quoted line in the book. Listen for clarity, specificity, and any phrases that feel original to Avery.

Follow up: Ask: Does that sentence change at all when you explain it to a physician versus an office manager? What shifts?

MUST ASK FRAMEWORK Ch.3

Walk me through the full Tuesday Chart process from the moment someone opens the first chart to the moment the meeting ends. Do not skip anything -- I want every micro-step.

Why: This is the intellectual property extraction question. The interviewer should take detailed notes and ask clarifying questions at every ambiguous step. This answer will generate the core methodology chapters.

Follow up: After each step, ask: What goes wrong here if someone skips it or rushes it? The failure modes are as instructive as the steps.

MUST ASK TOOL Ch.4

What does the chart itself look like during a review? Is there a physical or digital template, and what columns or categories does it use?

Why: Readers of authority books in healthcare operations want to walk away with something tangible. This question surfaces a tool that can become a downloadable resource or a book appendix.

Follow up: Ask: Could you sketch that template on paper right now? Even a rough version will help us recreate it accurately in the book.

MUST ASK FRAMEWORK Ch.3

How do you decide which patients make it onto the Tuesday Chart in the first place? What is the inclusion criteria, and who decides?

Why: Triage criteria are the hidden heart of the framework. This answer will reveal whether the system is instinct-based or rules-based -- and if it is instinct-based, the book needs to translate that instinct into teachable criteria.

Follow up: Ask: Has anyone ever challenged your inclusion criteria? What was the debate, and how was it resolved?

MUST ASK FRAMEWORK Ch.4

Once a patient is flagged in the Tuesday review, what are the exact action categories that come out of that? Walk me through each possible outcome of a flagged patient.

Why: The post-review action phase is where clinics most often break down. This answer should produce a decision tree or at minimum a tiered response protocol that readers can apply directly.

Follow up: Ask: Is there a patient situation that does not fit neatly into any of those action categories? What do you do then?

MUST ASK FRAMEWORK Ch.5

Who is in the room for the Tuesday Chart review, and why those specific roles and not others?

Why: Role clarity is one of the top implementation challenges for small clinics. This answer should name each seat at the table, their specific function in the review, and why excluding other roles is a deliberate design choice.

Follow up: Ask: What happens when the right person is out sick on Tuesday? Does the review happen anyway, and how?

SHOULD ASK FRAMEWORK Ch.6

How long has it taken, historically, for a clinic to get genuinely good at running the Tuesday Chart -- and what does the learning curve look like in the first four to six weeks?

Why: Readers need a realistic timeline so they can set expectations with their own teams. This answer should describe the typical stumbles of weeks one and two without making the process sound discouraging.

Follow up: Ask: What is the clearest sign that a clinic has turned the corner and the process has become natural? What does that look like in practice?

SHOULD ASK TOOL Ch.6

What are the three or four most common ways clinics try to implement the Tuesday Chart and then quietly abandon it? What goes wrong at each point?

Why: Anti-patterns are just as instructive as best practices. This answer will populate a 'common mistakes' section that gives readers a map of the pitfalls before they hit them.

Follow up: Ask: Is there one failure mode that feels almost unavoidable the first time around? What makes it so sticky?

SHOULD ASK TOOL Ch.3

What data does a clinic need to have clean and accessible before the Tuesday Chart can actually function? What are the non-negotiable data hygiene requirements?

Why: Data readiness is a realistic prerequesite most books gloss over. This answer should produce a practical pre-flight checklist that readers can use before scheduling their first Tuesday review.

Follow up: Ask: What does a clinic do if their EHR is a mess? Is there a minimum viable version of this that works even with imperfect data?

SHOULD ASK FRAMEWORK Ch.5

Is there a version of the Tuesday Chart that works for a practice with just one physician and two staff members, and a version for a clinic with six providers? How does the process scale?

Why: The book's audience spans a range of clinic sizes. This answer should produce at least two distinct configurations of the framework so readers in different situations can self-select the right version.

Follow up: Ask: Is there a clinic size at which the Tuesday Chart simply does not work? What is the ceiling or floor?

SHOULD ASK TOOL Ch.4

What does the communication look like after a patient is flagged -- the actual words, channel, and tone used to re-engage someone who has gone quiet?

Why: The outreach script is something readers will want to copy directly. This answer should surface at minimum one sample message and the reasoning behind its tone -- warm but clinical, or personal but professional.

Follow up: Ask: Has a patient ever responded negatively to re-engagement outreach? What happened, and what did it teach you about the messaging?

NICE TO HAVE TOOL Ch.3

How does the Tuesday Chart interact with whatever EHR or practice management software the clinic is already using? Can it run without any new technology?

Why: Technology lock-in is a top objection from office managers. This answer should reassure readers that the framework is software-agnostic while also providing optional tech accelerators for those who want them.

Follow up: Ask: What is the absolute lowest-tech version of this that still produces results? Could someone run this with a spreadsheet and a phone?

III. Story Mining

9 questions

Session 3

MUST ASK STORY Ch.4

Tell me about a composite patient journey -- from first going quiet to being re-engaged through the Tuesday Chart. What does that arc look like from the chart's point of view?

Why: A fictionalized patient arc can serve as the book's recurring narrative thread. This should be rich enough to open multiple chapters and should illustrate the emotional stakes of the dropout problem without naming a real individual.

Follow up: Ask: At what point in that arc was the risk of permanent dropout highest? What made that moment so precarious?

MUST ASK STORY Ch.6

Describe a staff meeting where introducing the Tuesday Chart concept landed badly. What was the pushback, and how did the conversation turn?

Why: Internal resistance stories are deeply relatable for office managers who will face the same conversations with their own teams. The interviewer should listen for specific objections raised by staff -- these become the book's objection-handling material.

Follow up: Ask: Which team member surprised you most with their reaction -- either more resistant or more enthusiastic than you expected?

MUST ASK STORY Ch.1

Walk me through the moment you almost gave up on the Tuesday Chart. What was the lowest point in developing or refining this process?

Why: Vulnerability at the right moment builds enormous reader trust. This story often works well in the book's introduction or at the opening of the chapter on overcoming implementation failure.

Follow up: Ask: What would have been lost -- for patients, for the clinic -- if you had walked away at that point? What kept you going?

MUST ASK STORY Ch.6

Describe the first Tuesday where the review process clicked -- where it finally ran the way you had envisioned it. What was different about that session?

Why: The 'it worked' moment is a classic narrative climax that pays off the reader's emotional investment in the implementation chapters. Listen for concrete details -- who was in the room, what was said, what the chart looked like.

Follow up: Ask: Did anyone on the team acknowledge the shift in that session, or did you notice it privately first?

SHOULD ASK STORY Ch.5

Tell me about a time a staff member fully owned the Tuesday Chart and made it better -- someone who took the process and ran with it in a way you had not anticipated.

Why: Staff ownership stories demonstrate that the framework does not depend solely on the clinic owner or lead physician. This is critical for office managers who need to delegate implementation.

Follow up: Ask: What specifically did that person change or add? Did their version become part of how you teach the process now?

SHOULD ASK EVIDENCE Ch.4

Describe a Tuesday review where the chart flagged someone and the outreach did not work -- the patient did not respond or returned only briefly. What did that teach you?

Why: Honest failure cases inoculate the reader against expecting a perfect system and build trust in the author. This story should lead into a nuanced discussion of what the Tuesday Chart can and cannot do.

Follow up: Ask: Did that experience change the process at all? Did you add a step, adjust the criteria, or simply accept the limit?

SHOULD ASK EVIDENCE Ch.2

Think about the types of patients who are most often flagged by the Tuesday Chart. Without naming anyone, what does that patient profile tend to look like in terms of visit history and health situation?

Why: A composite patient profile humanizes the data and helps readers see the real-world stakes. This answer should also hint at why these patients are at the highest risk of not returning on their own.

Follow up: Ask: Is there a patient type that surprised you -- someone the chart flagged that you would never have guessed was at risk?

SHOULD ASK STORY Ch.7

Has the Tuesday Chart ever surfaced a patient situation that escalated into something urgent -- a health concern that might have been missed entirely without the review?

Why: This story raises the ethical stakes of the book beyond operational efficiency and into genuine patient welfare. Used carefully, it can be the book's most powerful argument for urgency.

Follow up: Ask: How did that situation change how you talk about the Tuesday Chart to skeptical physicians who see it as an admin process rather than a clinical one?

NICE TO HAVE STORY Ch.6

Describe a week when the Tuesday Chart review simply did not happen. What was the ripple effect, and what did it confirm for you about the process?

Why: The absence of the process is sometimes the clearest evidence of its value. This story can appear in the chapter on building the habit and protecting it from operational disruption.

Follow up: Ask: Did the team notice the gap independently, or did you have to point it out? What does that tell you about how embedded the process had become?

IV. Authority Evidence

8 questions

Session 4

MUST ASK EVIDENCE Ch.2

What observable patterns have you noticed across chart reviews that connect specific types of appointment gaps to specific patient outcomes down the line?

Why: Pattern recognition across time is a primary source of an author's authority. This answer should surface at least two or three specific correlations that can be stated as clear observations without overstating causality.

Follow up: Ask: If you had to rank those patterns by how much they surprised you when you first noticed them, which one tops the list?

MUST ASK CONTRARIAN Ch.2

What do you know about patient retention in independent family clinics that most industry consultants or health system administrators simply do not know?

Why: This question positions Avery as an insider with ground-level knowledge that outsiders lack. The best answers will identify a blind spot in the industry conversation that the book corrects.

Follow up: Ask: Where does that blind spot come from? Is it a training gap, a measurement gap, or something else entirely?

MUST ASK CONTRARIAN Ch.2

What standard patient retention metrics do most family clinics track, and which of those metrics are actually misleading or incomplete?

Why: Critiquing flawed metrics is a powerful credibility move. This answer should name specific metrics -- recall rates, no-show percentages, panel size -- and explain exactly what they fail to capture about silent dropout.

Follow up: Ask: If you could replace one of those metrics with something better, what would you measure instead and how?

SHOULD ASK EVIDENCE Ch.2

What tools or software products are sold to clinics specifically to solve patient retention, and where do they fall short for the independent family clinic context?

Why: Competitive awareness signals to readers that the author has done their homework. This answer should be fair but pointed, identifying specific gaps in existing solutions that the Tuesday Chart addresses.

Follow up: Ask: Is there one of those products that is genuinely good at part of the problem but still misses the silent dropout issue specifically? What does it get right?

SHOULD ASK EVIDENCE Ch.1

What professional experience or training gave you the specific lens through which you see the patient retention problem? How did your background shape the Tuesday Chart?

Why: This establishes Avery's earned authority without relying on credentials alone. The answer should connect personal and professional history to the specific insight that makes the Tuesday Chart work.

Follow up: Ask: Was there a role or experience you had earlier in your career that you did not expect to inform this work but turned out to be foundational?

SHOULD ASK EVIDENCE Ch.2

What does the research on patient adherence and appointment dropout tell us -- and where does your direct observation in a clinical setting depart from what the academic literature says?

Why: Grounding the book in existing research while carving out a distinct contribution is a key authority-builder move. This answer should reference at least one real concept from health services research without requiring Avery to be a researcher.

Follow up: Ask: Is there one finding from the literature that actually validated something you had already noticed on your own? How did that feel?

SHOULD ASK EVIDENCE Ch.7

If a skeptical clinic owner asked you for evidence that the Tuesday Chart produces measurable change -- beyond a gut feeling -- what would you point them to?

Why: This question forces Avery to articulate the observable, trackable impact of the process without relying on claimed statistics. The answer should include the specific indicators a clinic can track from week one.

Follow up: Ask: What is the earliest leading indicator that the Tuesday Chart is working -- the thing a clinic would notice in the first two weeks before any lagging outcome data is available?

NICE TO HAVE CONTRARIAN Ch.2

How is the independent family clinic's patient retention challenge meaningfully different from what a large health system or urgent care chain faces? Why does size and independence change everything?

Why: Drawing a sharp boundary around the book's audience validates why a specialized solution is needed. This answer will help the book open with a clear audience declaration that signals 'this book is for you specifically.'

Follow up: Ask: Is there anything a large health system does for retention that independent clinics should borrow -- not just dismiss because they are bigger?

V. Reader Connection

9 questions

Session 4

MUST ASK STORY Ch.1

Paint me a picture of the office manager who will get the most out of this book. What is happening in their clinic right now, and what are they privately worried about?

Why: This generates the reader persona that will shape every editorial decision in the book. The best answers are specific and empathetic -- they name a fear, a frustration, and a hope that the reader has not yet articulated.

Follow up: Ask: What is that reader NOT saying out loud to the physician they work with -- what are they keeping to themselves about the patient dropout problem?

MUST ASK OBJECTION Ch.6

What is the number one reason a capable, motivated office manager would read this entire book and then still not implement the Tuesday Chart? What stops them?

Why: The top implementation barrier should be addressed directly in the book, not glossed over. This answer will generate the critical 'what if you are thinking...' section that earns reader trust.

Follow up: Ask: How would you respond to that person if they said that barrier to your face? What would you tell them?

MUST ASK OBJECTION Ch.6

What objection do you hear most often when you describe the Tuesday Chart to someone who has never tried it -- and what is the truth behind that objection?

Why: Objection reframing is some of the most persuasive content an authority book can contain. Listen for the objection underneath the objection -- the real fear that the stated objection is protecting.

Follow up: Ask: Is there a version of that objection that is actually legitimate -- where you would say, yes, this might not be right for you?

MUST ASK OBJECTION Ch.6

What does an office manager who is already drowning in administrative work need to hear from you before they will even consider adding a weekly review to their schedule?

Why: Bandwidth is the silent objection that underlies almost every other resistance. This answer should reframe the Tuesday Chart as a time investment that pays back, not an addition to an already full plate.

Follow up: Ask: Can you quantify the time cost -- in real minutes per week -- so readers can make a concrete comparison against what they lose to patient dropout?

SHOULD ASK STORY Ch.7

What does the office manager who successfully implements the Tuesday Chart feel six months in that she did not feel before? What has changed in her daily experience of the job?

Why: The emotional outcome of the transformation is often the most motivating content in an authority book. This answer should describe a felt experience -- less reactive chaos, more confidence, a different relationship with physicians and patients.

Follow up: Ask: Is there a moment in that six-month journey where she realizes something has fundamentally shifted? What triggers that realization?

SHOULD ASK OBJECTION Ch.5

What do office managers at independent clinics almost universally misunderstand about their own power to influence patient retention -- even without physician buy-in at the start?

Why: This addresses a power and agency narrative that will resonate strongly with readers who feel constrained by their role. The answer should empower without overpromising.

Follow up: Ask: What is the first Tuesday Chart action an office manager can take entirely on their own authority, without asking anyone's permission?

SHOULD ASK OBJECTION Ch.1

What is the profile of the clinic and office manager who should NOT use the Tuesday Chart -- where would this approach be a bad fit?

Why: Naming who the book is not for increases trust with the audience it IS for. This also protects Avery's authority by showing self-awareness about the limits of the methodology.

Follow up: Ask: If someone in that 'wrong fit' category reads this book anyway, what should they take away from it even if the full system does not apply to them?

SHOULD ASK OBJECTION Ch.5

What does a physician's skepticism about the Tuesday Chart usually sound like, and what do you say to get them from skeptical to supportive?

Why: Office managers must often manage upward to make this work. This answer provides a script and a strategic approach for handling physician resistance that readers can use directly.

Follow up: Ask: Is there a framing of the Tuesday Chart -- in terms of clinical outcomes versus operational efficiency -- that lands better with physicians? What language shifts the conversation?

NICE TO HAVE STORY Ch.1

What fear does the typical reader of this book have that they would almost never say out loud in a team meeting?

Why: Naming the unspoken fear creates an immediate felt connection between author and reader. This content often works best in the introduction or the first chapter as an acknowledgment that the author truly understands the reader's world.

Follow up: Ask: How do you address that fear early in the process of teaching someone the Tuesday Chart? What do you say or do to make it safe to try?

VI. Future Vision

10 questions

Session 5

MUST ASK CONTRARIAN Ch.8

In five years, what will patient retention look like at independent family clinics that have been running systematic chart reviews versus those that have not? What is the gap you see widening?

Why: This paints the high-stakes future that the book's reader is trying to get to -- or avoid. The answer should feel specific and urgent, not vaguely optimistic. Listen for a concrete competitive or financial consequence.

Follow up: Ask: Is that gap something you have already started to see forming? Where are the early signals?

MUST ASK CONTRARIAN Ch.8

What is the most important thing about patient retention that the independent clinic world has not yet figured out but will need to in the next three to five years?

Why: Forward-looking authority requires a bold and specific prediction, not a comfortable hedge. This question should produce a statement that readers will either nod at intensely or argue with -- both responses are good.

Follow up: Ask: What would have to happen in the industry for that prediction to be wrong? What would you be watching for as a counter-signal?

MUST ASK FRAMEWORK Ch.8

Where does the Tuesday Chart go next? Is there a version of this process that evolves as AI scheduling tools and patient communication platforms mature?

Why: Technology-aware future vision shows the author is not precious about their methodology -- they are committed to the outcome, not the tool. This positions the book as a durable resource rather than a trend piece.

Follow up: Ask: What is the core human judgment in the Tuesday Chart that you believe automation should never replace, and why?

MUST ASK CONTRARIAN Ch.8

What is the broader mission behind this book? If every independent family clinic in the country ran a version of the Tuesday Chart, what changes -- beyond individual clinic revenue?

Why: The mission statement is the book's emotional capstone. This answer should expand from the operational to the societal -- community health, chronic disease management, the survival of independent primary care -- without overclaiming.

Follow up: Ask: What would it mean for you personally if that future became real? What is the version of success that matters most to you?

SHOULD ASK FRAMEWORK Ch.8

What trends in value-based care, patient panel management, or insurance reimbursement models make the Tuesday Chart more relevant now than it would have been ten years ago?

Why: Contextualizing the framework within current healthcare economics makes the urgency concrete and financial rather than abstract. This answer should connect patient retention directly to reimbursement and business survival.

Follow up: Ask: Is there a specific regulatory or reimbursement shift on the horizon that would make this approach even more valuable -- or more urgent -- in the next two years?

SHOULD ASK CONTRARIAN Ch.8

If the Tuesday Chart becomes widely adopted, what new problems might emerge that the field would then need to solve? What is the next challenge after this one is addressed?

Why: Acknowledging second-order problems demonstrates sophisticated thinking and prevents readers from seeing the book as a silver bullet. This also positions Avery as someone who will have more to say in future books or programs.

Follow up: Ask: Do you already have any early thinking on how to address those second-order problems, or is that genuinely open territory for you?

SHOULD ASK CONTRARIAN Ch.8

What do you believe about the future of the independent family clinic as an institution -- is it under threat, and does something like the Tuesday Chart contribute to its survival?

Why: Positioning the book as part of a larger defense of independent primary care is a powerful framing for readers who are emotionally invested in the survival of their clinic model. This answer should feel personal, not political.

Follow up: Ask: Do you think independent clinics have what it takes to survive consolidation pressures, or does survival require a fundamental change in how they operate?

SHOULD ASK FRAMEWORK Ch.8

What would you want a reader to say to a colleague after finishing this book? What one sentence do you hope spreads from reader to reader?

Why: This question surfaces the intended word-of-mouth message and often reveals the single most important idea the author has not yet stated explicitly. It is also useful for back-cover copy.

Follow up: Ask: If that sentence was the only thing a reader remembered from the book, would you be satisfied? What would you wish they also remembered?

NICE TO HAVE CONTRARIAN Ch.8

Ten years from now, what does a thriving independent family clinic do on Tuesdays -- and how does that reflect where proactive patient stewardship has evolved as a discipline?

Why: A decade-horizon close allows the book to end with expansive optimism that rewards the reader's investment in the process. This is the closing image of the final chapter.

Follow up: Ask: Is there a clinic out there -- real or imagined -- that is already living in that future? What are they doing that others are not?

NICE TO HAVE FRAMEWORK Ch.8

What is the one thing you would say to the reader who is reading the last page of this book and still has not scheduled their first Tuesday Chart review? What do you want to leave them with?

Why: This is the book's closing argument and often becomes the literal final paragraph. The answer should be warm, direct, and action-oriented without being preachy.

Follow up: Ask: Is there a version of that message that is more urgent -- something you would say if you knew they were about to close the book and never pick it up again?

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