

James C Robinson

List of Publications by Year in descending order

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67
papers

3,764
citations

159585

30
h-index

128289

60
g-index

69
all docs

69
docs citations

69
times ranked

1887
citing authors

#	ARTICLE	IF	CITATIONS
1	External Incentives, Information Technology, and Organized Processes to Improve Health Care Quality for Patients With Chronic Diseases. JAMA - Journal of the American Medical Association, 2003, 289, 434.	7.4	382
2	The impact of hospital market structure on patient volume, average length of stay, and the cost of care. Journal of Health Economics, 1985, 4, 333-356.	2.7	326
3	Theory and Practice in the Design of Physician Payment Incentives. Milbank Quarterly, 2001, 79, 149-177.	4.4	300
4	The End of Managed Care. JAMA - Journal of the American Medical Association, 2001, 285, 2622.	7.4	211
5	Vertical Integration and Organizational Networks in Health Care. Health Affairs, 1996, 15, 7-22.	5.2	202
6	The Growth of Medical Groups Paid through Capitation in California. New England Journal of Medicine, 1995, 333, 1684-1687.	27.0	144
7	As good as it gets? Chronic care management in nine leading US physician organisations. BMJ: British Medical Journal, 2002, 325, 958-961.	2.3	136
8	Competition and the Cost of Hospital Care, 1972 to 1982. JAMA - Journal of the American Medical Association, 1987, 257, 3241.	7.4	116
9	Consolidation And The Transformation Of Competition In Health Insurance. Health Affairs, 2004, 23, 11-24.	5.2	110
10	Decline in Hospital Utilization and Cost Inflation Under Managed Care in California. JAMA - Journal of the American Medical Association, 1996, 276, 1060.	7.4	99
11	Competition, Regulation, and Hospital Costs, 1982 to 1986. JAMA - Journal of the American Medical Association, 1988, 260, 2676.	7.4	81
12	Increases In Consumer Cost Sharing Redirect Patient Volumes And Reduce Hospital Prices For Orthopedic Surgery. Health Affairs, 2013, 32, 1392-1397.	5.2	81
13	Reinvention of Health Insurance in the Consumer Era. JAMA - Journal of the American Medical Association, 2004, 291, 1880.	7.4	74
14	Physician-Hospital Integration and the Economic Theory of the Firm. Medical Care Research and Review, 1997, 54, 3-24.	2.1	72
15	Total Expenditures per Patient in Hospital-Owned and Physician-Owned Physician Organizations in California. JAMA - Journal of the American Medical Association, 2014, 312, 1663.	7.4	70
16	Improving Chronic Illness Care: Findings From a National Study of Care Management Processes in Large Physician Practices. Medical Care Research and Review, 2010, 67, 301-320.	2.1	69
17	What Are the Facilitators and Barriers in Physician Organizationsâ€™ Use of Care Management Processes?. Joint Commission Journal on Quality and Safety, 2004, 30, 505-514.	1.3	66
18	Improving Chronic Illness Care. Medical Care, 2009, 47, 932-939.	2.4	64

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19	Managed Consumerism In Health Care. Health Affairs, 2005, 24, 1478-1489.	5.2	59
20	Consolidation of Medical Groups Into Physician Practice Management Organizations. JAMA - Journal of the American Medical Association, 1998, 279, 144.	7.4	45
21	Implications of OSHA's reliance on TLVs in developing the air contaminants standard. American Journal of Industrial Medicine, 1991, 19, 3-13.	2.1	44
22	Value-Based Purchasing For Medical Devices. Health Affairs, 2008, 27, 1523-1531.	5.2	44
23	Reference-Based Benefit Design Changes Consumers' Choices And Employers' Payments For Ambulatory Surgery. Health Affairs, 2015, 34, 415-422.	5.2	42
24	Financial Incentives, Quality Improvement Programs, and the Adoption of Clinical Information Technology. Medical Care, 2009, 47, 411-417.	2.4	41
25	Association of Reference Pricing for Diagnostic Laboratory Testing With Changes in Patient Choices, Prices, and Total Spending for Diagnostic Tests. JAMA Internal Medicine, 2016, 176, 1353.	5.1	40
26	ORGANIZATIONAL DIVERSIFICATION IN THE AMERICAN HOSPITAL. Annual Review of Public Health, 1998, 19, 417-453.	17.4	38
27	The Alignment and Blending of Payment Incentives within Physician Organizations. Health Services Research, 2004, 39, 1589-1606.	2.0	37
28	Physician Organization In California: Crisis And Opportunity. Health Affairs, 2001, 20, 81-96.	5.2	35
29	Marketwatch: Use And Abuse Of The Medical Loss Ratio To Measure Health Plan Performance. Health Affairs, 1997, 16, 176-187.	5.2	34
30	Hospital Tiers In Health Insurance: Balancing Consumer Choice With Financial Incentives. Health Affairs, 2003, 22, W3-135-W3-146.	5.2	34
31	Consumer Choice Between Hospital-Based and Freestanding Facilities for Arthroscopy. Journal of Bone and Joint Surgery - Series A, 2015, 97, 1473-1481.	3.0	33
32	Quality-Based Payment for Medical Groups and Individual Physicians. Inquiry (United States), 2009, 46, 172-181.	0.9	31
33	Hospital Behavior in a Local Market Context. Medical Care Review, 1986, 43, 217-251.	0.9	30
34	Renewed Emphasis On Consumer Cost Sharing In Health Insurance Benefit Design. Health Affairs, 2002, 21, W139-W154.	5.2	30
35	Improving Quality in Medicaid. Medical Care, 2006, 44, 47-54.	2.4	30
36	Insurers' Strategies For Managing The Use And Cost Of Biopharmaceuticals. Health Affairs, 2006, 25, 1205-1217.	5.2	30

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37	Health Care Purchasing and Market Changes in California. Health Affairs, 1995, 14, 117-130.	5.2	28
38	Reference Pricing Changes The "Choice Architecture" Of Health Care For Consumers. Health Affairs, 2017, 36, 524-530.	5.2	27
39	Financial Capital And Intellectual Capital In Physician Practice Management. Health Affairs, 1998, 17, 53-74.	5.2	26
40	Variation in Hospital Costs, Payments, and Profitability for Cardiac Valve Replacement Surgery. Health Services Research, 2011, 46, 1928-1945.	2.0	26
41	Alternative Models of Hospital-Physician Affiliation as the United States Moves Away from Tight Managed Care. Milbank Quarterly, 2003, 81, 331-351.	4.4	25
42	The Commercial Health Insurance Industry In An Era Of Eroding Employer Coverage. Health Affairs, 2006, 25, 1475-1486.	5.2	25
43	Financing The Health Care Internet. Health Affairs, 2000, 19, 72-88.	5.2	24
44	How Different Is California? A Comparison Of U.S. Physician Organizations. Health Affairs, 2003, 22, W3-492-W3-502.	5.2	24
45	Applying Value-Based Insurance Design To High-Cost Health Services. Health Affairs, 2010, 29, 2009-2016.	5.2	22
46	Risk Adjusting Community Rated Health Plan Premiums: A Survey of Risk Assessment Literature and Policy Applications. Annual Review of Public Health, 1995, 16, 401-430.	17.4	18
47	Biomedical Innovation In The Era Of Health Care Spending Constraints. Health Affairs, 2015, 34, 203-209.	5.2	18
48	Reference Pricing, Consumer Cost-Sharing, and Insurer Spending for Advanced Imaging Tests. Medical Care, 2016, 54, 1050-1055.	2.4	18
49	Funding of Pharmaceutical Innovation During and After the COVID-19 Pandemic. JAMA - Journal of the American Medical Association, 2021, 325, 825.	7.4	18
50	Reevaluation Of Capitation Contracting In New York And California. Health Affairs, 2001, 20, W11-W19.	5.2	16
51	From Managed Care To Consumer Health Insurance: The Fall And Rise Of Aetna. Health Affairs, 2004, 23, 43-55.	5.2	16
52	US Hospital Payment Adjustments For Innovative Technology Lag Behind Those In Germany, France, And Japan. Health Affairs, 2015, 34, 261-270.	5.2	16
53	Value-Based Physician Payment in Oncology: Public and Private Insurer Initiatives. Milbank Quarterly, 2017, 95, 184-203.	4.4	14
54	Bond-Market Skepticism And Stock-Market Exuberance In The Hospital Industry. Health Affairs, 2002, 21, 104-117.	5.2	13

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55	Why Is Aducanumab Priced at \$56,000 per Patient? Lessons for Drug-Pricing Reform. <i>New England Journal of Medicine</i> , 2021, 385, 2017-2019.	27.0	13
56	Correlates of Union Support in NLRB Elections. <i>Industrial Relations</i> , 1987, 26, 240-252.	1.6	12
57	Medical Management After Managed Care. <i>Health Affairs</i> , 2004, 23, W4-269-W4-280.	5.2	11
58	Specialty Pharmaceuticals: Policy Initiatives To Improve Assessment, Pricing, Prescription, And Use. <i>Health Affairs</i> , 2014, 33, 1745-1750.	5.2	11
59	Lower Prices and Greater Patient Access “ Lessons from Germany’s Drug-Purchasing Structure. <i>New England Journal of Medicine</i> , 2020, 382, 2177-2179.	27.0	11
60	Rejoinder to Dranove and Shanley. <i>Journal of Health Economics</i> , 1990, 8, 479-483.	2.7	10
61	Reference Pricing with Endogenous or Exogenous Payment Limits: Impacts on Insurer and Consumer Spending. <i>Health Economics (United Kingdom)</i> , 2016, 25, 740-749.	1.7	8
62	The role of threshold limit values in U.S. air pollution policy. <i>American Journal of Industrial Medicine</i> , 1992, 21, 383-396.	2.1	7
63	Increasing Divergence in Drug Prices Between the United States and Germany After Implementation of Comparative Effectiveness Analysis and Collective Price Negotiations. <i>Journal of Managed Care & Specialty Pharmacy</i> , 2019, 25, 1310-1317.	0.9	7
64	Drug Pricing With Evidence Development. <i>JAMA - Journal of the American Medical Association</i> , 2022, 327, 1545.	7.4	7
65	Comparative Effectiveness Research: From Clinical Information To Economic Incentives. <i>Health Affairs</i> , 2010, 29, 1788-1795.	5.2	6
66	Value-based payment for oncology services in the United States and France. <i>Journal of Cancer Policy</i> , 2017, 11, 38-41.	1.4	4
67	Slouching Toward Integrated Health Care. <i>Health Affairs</i> , 1995, 14, 313-316.	5.2	0