Andrew M Ryan

List of Publications by Year in descending order

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131	4,718	33	65
papers	citations	h-index	g-index
132	132	132	5418
all docs	docs citations	times ranked	citing authors

#	Article	IF	CITATIONS
1	Bundled Payments for Care Improvement Efficacy Across 3 Common Operations. Annals of Surgery, 2023, 277, e16-e23.	4.2	2
2	Medicare's Hospital Value-Based Purchasing Program Values Quality over QALYs. Medical Decision Making, 2022, 42, 51-59.	2.4	2
3	ACO Awareness and Perceptions Among Specialists Versus Primary Care Physicians: a Survey of a Large Medicare Shared Savings Program. Journal of General Internal Medicine, 2022, 37, 492-494.	2.6	2
4	Association of Primary Care Engagement in Value-Based Reform Programs With Health Services Outcomes. JAMA Health Forum, 2022, 3, e220005.	2.2	3
5	Hispanic-White Differences in Double Bonuses for Quality of Care in Medicare Advantage. JAMA Health Forum, 2022, 3, e215281.	2.2	2
6	Value-Based Payment Models In The Commercial Insurance Sector: A Systematic Review. Health Affairs, 2022, 41, 540-548.	5.2	12
7	Medicare's Bundled Payment Models—Progress and Pitfalls. JAMA - Journal of the American Medical Association, 2022, 327, 1761.	7.4	8
8	Hospitalâ€physician integration and riskâ€coding intensity. Health Economics (United Kingdom), 2022, 31, 1423-1437.	1.7	4
9	Long-term comparative effectiveness of gastric bypass and sleeve gastrectomy on use of antireflux medication: a difference-in-differences analysis. Surgery for Obesity and Related Diseases, 2022, 18, 1033-1041.	1.2	2
10	Individualized Out-of-Pocket Price Estimators for "Shoppable―Surgical Procedures: A Nationwide Cross-Sectional Study of US Hospitals. Annals of Surgery Open, 2022, 3, e162.	1.4	1
11	Alzheimer's Disease and Related Dementias and Episode Spending Under Medicare's Bundled Payment for Care Improvements Advanced (BPCI-A). Journal of General Internal Medicine, 2021, 36, 2499-2502.	2.6	1
12	Continuous quality improvement in statistical code: avoiding errors and improving transparency. BMJ Quality and Safety, 2021, 30, 240-244.	3.7	4
13	Surprise Billing for Colonoscopy: The Scope of the Problem. Annals of Internal Medicine, 2021, 174, 426-428.	3.9	8
14	Hospitalâ€physician integration and Medicare's siteâ€based outpatient payments. Health Services Research, 2021, 56, 7-15.	2.0	16
15	Longitudinal participation in delivery and payment reform programs among US Primary Care Organizations. Health Services Research, 2021, , .	2.0	3
16	Predicting Losses from Medicare Shared Savings Program Departures. Journal of General Internal Medicine, 2021, 36, 2490-2491.	2.6	1
17	Medicare managed care: further reform needed to deliver on promise. American Journal of Managed Care, 2021, 27, 53-56.	1.1	0
18	Medicare Accountable Care Organizations and the Adoption of New Surgical Technology. Journal of the American College of Surgeons, 2021, 232, 138-145e2.	0.5	1

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19	Predictive Model-Driven Hotspotting to Decrease Emergency Department Visits: a Randomized Controlled Trial. Journal of General Internal Medicine, 2021, 36, 2563-2570.	2.6	6
20	No More Surprises â€" New Legislation on Out-of-Network Billing. New England Journal of Medicine, 2021, 384, 1381-1383.	27.0	15
21	Improving target price calculations in Medicare bundled payment programs. Health Services Research, 2021, 56, 635-642.	2.0	3
22	Hospital Participation Decisions In Medicare Bundled Payment Program Were Influenced By Third-Party Conveners. Health Affairs, 2021, 40, 1286-1293.	5.2	3
23	Access to Mechanical Thrombectomy for Ischemic Stroke in the United States. Stroke, 2021, 52, 2554-2561.	2.0	31
24	Changes in Dialysis Center Quality Associated With the End-Stage Renal Disease Quality Incentive Program. Annals of Internal Medicine, 2021, 174, 1058-1064.	3.9	7
25	Medicare Advantage Plan Double Bonuses Drive Racial Disparity In Payments, Yield No Quality Or Enrollment Improvements. Health Affairs, 2021, 40, 1411-1419.	5. 2	5
26	Hospital-specific Template Matching for Benchmarking Performance in a Diverse Multihospital System. Medical Care, 2021, Publish Ahead of Print, 1090-1098.	2.4	1
27	The Medicare Advantage Quality Bonus Program Has Not Improved Plan Quality. Health Affairs, 2021, 40, 1918-1925.	5. 2	7
28	Low-Value Care and Clinician Engagement in a Large Medicare Shared Savings Program ACO: a Survey of Frontline Clinicians. Journal of General Internal Medicine, 2020, 35, 133-141.	2.6	5
29	Grade pending: the effect of the New York City restaurant sanitary grades inspection program on Salmonellosis. Zeitschrift Fur Gesundheitswissenschaften, 2020, , $1.$	1.6	1
30	Target Prices Influence Hospital Participation And Shared Savings In Medicare Bundled Payment Program. Health Affairs, 2020, 39, 1479-1485.	5.2	10
31	Is social capital protective against hospital readmissions?. BMC Health Services Research, 2020, 20, 248.	2.2	0
32	A Comparison of Estimated Cost Savings from Potential Reductions in Hospital-Acquired Conditions to Levied Penalties Under the CMS Hospital-Acquired Condition Reduction Program. Joint Commission Journal on Quality and Patient Safety, 2020, 46, 438-447.	0.7	4
33	Out-of-Network Bills for Privately Insured Patients Undergoing Elective Surgery With In-Network Primary Surgeons and Facilities. JAMA - Journal of the American Medical Association, 2020, 323, 538.	7.4	55
34	Accuracy of quality measurement for the Hospital Acquired Conditions Reduction Program. BMJ Quality and Safety, 2020, 29, 605-607.	3.7	4
35	Out-Of-Network Primary Care Is Associated With Higher Per Beneficiary Spending In Medicare ACOs. Health Affairs, 2020, 39, 310-318.	5 . 2	10
36	Most Patients Undergoing Ground And Air Ambulance Transportation Receive Sizable Out-Of-Network Bills. Health Affairs, 2020, 39, 777-782.	5 . 2	26

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37	Predicting 30-day hospital readmissions using artificial neural networks with medical code embedding. PLoS ONE, 2020, 15, e0221606.	2.5	27
38	Improving the Hospital-Acquired Condition Reduction Program Through Rulemaking. JAMA Health Forum, 2020, 1, e200416.	2.2	7
39	Developing a template matching algorithm for benchmarking hospital performance in a diverse, integrated healthcare system. Medicine (United States), 2020, 99, e20385.	1.0	3
40	Title is missing!. , 2020, 15, e0221606.		0
41	Title is missing!. , 2020, 15, e0221606.		O
42	Title is missing!. , 2020, 15, e0221606.		0
43	Title is missing!. , 2020, 15, e0221606.		O
44	Title is missing!. , 2020, 15, e0221606.		0
45	Title is missing!. , 2020, 15, e0221606.		O
46	Early Impact of Medicare Accountable Care Organizations on Inpatient Surgical Spending. Annals of Surgery, 2019, 269, 191-196.	4.2	31
47	Impact Of Medicare Readmissions Penalties On Targeted Surgical Conditions. Health Affairs, 2019, 38, 1207-1215.	5.2	15
48	Changes in hospital safety following penalties in the US Hospital Acquired Condition Reduction Program: retrospective cohort study. BMJ: British Medical Journal, 2019, 366, I4109.	2.3	31
49	Changes in coding of pneumonia and impact on the Hospital Readmission Reduction Program. Health Services Research, 2019, 54, 1326-1334.	2.0	4
50	Hospital-Acquired Condition Reduction Program Is Not Associated With Additional Patient Safety Improvement. Health Affairs, 2019, 38, 1858-1865.	5.2	16
51	A delicate balance: Accountability for very high-cost patients in new payment models. Healthcare, 2019, 7, 100366.	1.3	O
52	ACOs and the 1%: Changes in Spending Among High-Cost Patients Following the Medicare Shared Savings Program. Journal of General Internal Medicine, 2019, 34, 1116-1118.	2.6	2
53	Intensive care use and mortality among patients with ST elevation myocardial infarction: retrospective cohort study. BMJ: British Medical Journal, 2019, 365, l1927.	2.3	31
54	Variation in Physicians' Electronic Health Record Documentation and Potential Patient Harm from That Variation. Journal of General Internal Medicine, 2019, 34, 2355-2367.	2.6	61

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55	Association Between Medicare Policy Reforms and Changes in Hospitalized Medicare Beneficiaries' Severity of Illness. JAMA Network Open, 2019, 2, e193290.	5.9	24
56	Risk Adjustment In Medicare ACO Program Deters Coding Increases But May Lead ACOs To Drop High-Risk Beneficiaries. Health Affairs, 2019, 38, 253-261.	5.2	26
57	Performance in the Medicare Shared Savings Program After Accounting for Nonrandom Exit. Annals of Internal Medicine, 2019, 171, 27.	3.9	28
58	Template matching for benchmarking hospital performance in the veterans affairs healthcare system. Medicine (United States), 2019, 98, e15644.	1.0	5
59	Changes in Hospital-Acquired Conditions and Mortality Associated With the Hospital-Acquired Condition Reduction Program. Annals of Surgery, 2019, Publish Ahead of Print, e301-e307.	4.2	3
60	Cardiologist Participation in Accountable Care Organizations and Changes in Spending and Quality for Medicare Patients With Cardiovascular Disease. Circulation: Cardiovascular Quality and Outcomes, 2019, 12, e005438.	2.2	13
61	Physician Participation in Medicare Accountable Care Organizations and Spillovers in Commercial Spending. Medical Care, 2019, 57, 305-311.	2.4	4
62	Now trending: Coping with non-parallel trends in difference-in-differences analysis. Statistical Methods in Medical Research, 2019, 28, 3697-3711.	1.5	85
63	Real-World Impact of Minimally Invasive Versus Open Radical Cystectomy on Perioperative Outcomes and Spending. Urology, 2019, 125, 86-91.	1.0	12
64	Association Between Hospital Participation in Medicare Shared Savings Program Accountable Care Organizations and Readmission Following Major Surgery. Annals of Surgery, 2019, 269, 873-878.	4.2	23
65	Geographical epidemiology of health and overall deprivation in England, its changes and persistence from 2004 to 2015: a longitudinal spatial population study. Journal of Epidemiology and Community Health, 2018, 72, 140-147.	3.7	44
66	Linking Quality and Spending to Measure Value for People with Serious Illness. Journal of Palliative Medicine, 2018, 21, S-74-S-80.	1.1	7
67	Increasing socioeconomic gap between the young and old: temporal trends in health and overall deprivation in England by age, sex, urbanity and ethnicity, 2004–2015. Journal of Epidemiology and Community Health, 2018, 72, 636-644.	3.7	5
68	Chronic morbidity, deprivation and primary medical care spending in England in 2015-16: a cross-sectional spatial analysis. BMC Medicine, 2018, 16, 19.	5.5	23
69	Spending per Medicare Beneficiary Is Higher in Hospitalâ€Owned Small―and Medium‧ized Physician Practices. Health Services Research, 2018, 53, 2133-2146.	2.0	14
70	Financial Incentives and Physician Practice Participation in Medicare's Valueâ€Based Reforms. Health Services Research, 2018, 53, 3052-3069.	2.0	6
71	Vertical Integration of Hospitals and Physicians: Economic Theory and Empirical Evidence on Spending and Quality. Medical Care Research and Review, 2018, 75, 399-433.	2.1	79
72	Association of the Hospital Readmissions Reduction Program With Surgical Readmissions. JAMA Surgery, 2018, 153, 243.	4.3	45

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73	Association of Coded Severity With Readmission Reduction After the Hospital Readmissions Reduction Program. JAMA Internal Medicine, 2018, 178, 290.	5.1	129
74	Modelling the cost-effectiveness of pay-for-performance in primary care in the UK. BMC Medicine, 2018, 16, 135.	5.5	22
75	Medicare Bundled Payment Programs for Joint Replacement. JAMA - Journal of the American Medical Association, 2018, 320, 877.	7.4	15
76	Sprint to work: AÂnovel model for team science collaboration in academic medicine. Perspectives on Medical Education, 2018, 7, 281-285.	3.5	3
77	Variation in payments for spine surgery episodes of care: implications for episode-based bundled payment. Journal of Neurosurgery: Spine, 2018, 29, 214-219.	1.7	37
78	Wellâ€Balanced or too Matchy–Matchy? The Controversy over Matching in Differenceâ€inâ€Differences. Health Services Research, 2018, 53, 4106-4110.	2.0	13
79	Pay-for-Performance. Medical Care Research and Review, 2017, 74, 3-78.	2.1	53
80	Linking Spending and Quality Indicators to Measure Value and Efficiency in Health Care. Medical Care Research and Review, 2017, 74, 452-485.	2.1	10
81	Impact of Provider Incentives on Quality and Value of Health Care. Annual Review of Public Health, 2017, 38, 449-465.	17.4	67
82	Association Between Hospitals' Engagement in Value-Based Reforms and Readmission Reduction in the Hospital Readmission Reduction Program. JAMA Internal Medicine, 2017, 177, 862.	5.1	55
83	Patterns of Readmissions for Three Common Conditions Among Younger US Adults. American Journal of Medicine, 2017, 130, 1220.e1-1220.e16.	1.5	16
84	Changes in Hospital Quality Associated with Hospital Value-Based Purchasing. New England Journal of Medicine, 2017, 376, 2358-2366.	27.0	116
85	Hospital Quality and Hospital Value-Based Purchasing. New England Journal of Medicine, 2017, 377, 1500-1502.	27.0	3
86	Implications of the Definition of an Episode of Care Used in the Comprehensive Care for Joint Replacement Model. JAMA Surgery, 2017, 152, 49.	4.3	30
87	Rising Use Of Observation Care Among The Commercially Insured May Lead to Total And Out-Of-Pocket Cost Savings. Health Affairs, 2017, 36, 2102-2109.	5.2	9
88	Incremental effects of antihypertensive drugs: instrumental variable analysis. BMJ: British Medical Journal, 2017, 359, j5542.	2.3	12
89	Risk Adjustment May Lessen Penalties On Hospitals Treating Complex Cardiac Patients Under Medicare's Bundled Payments. Health Affairs, 2017, 36, 2165-2174.	5.2	20
90	Out-of-Pocket Spending for Hospitalizations Among Nonelderly Adults. JAMA Internal Medicine, 2016, 176, 1325.	5.1	31

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91	Long-term evidence for the effect of pay-for-performance in primary care on mortality in the UK: a population study. Lancet, The, 2016, 388, 268-274.	13.7	112
92	Regional variations in spine surgery: current challenges and potential solutions. Spine Journal, 2016, 16, 797-799.	1.3	2
93	Adding A Spending Metric To Medicare's Value-Based Purchasing Program Rewarded Low-Quality Hospitals. Health Affairs, 2016, 35, 898-906.	5.2	29
94	Medicareâ \in ™s New Bundled Payment For Joint Replacement May Penalize Hospitals That Treat Medically Complex Patients. Health Affairs, 2016, 35, 1651-1657.	5.2	68
95	Estimating causal effects for multivalued treatments: a comparison of approaches. Statistics in Medicine, 2016, 35, 534-552.	1.6	94
96	Current State of Value-Based Purchasing Programs. Circulation, 2016, 133, 2197-2205.	1.6	131
97	A Randomized, Controlled Trial of a Shared PanelÂManagement Program for Small Practices. Health Services Research, 2016, 51, 1796-1813.	2.0	1
98	No hospital left behind? Education policy lessons for valueâ€based payment in healthcare. Journal of Hospital Medicine, 2016, 11, 62-64.	1.4	1
99	Surgery and Medicare Shared Savings Program Accountable Care Organizations. JAMA Surgery, 2016, 151, 5.	4.3	21
100	Grade pending: Lessons for hospital quality reporting from the <scp>N</scp> ew <scp>Y</scp> ork <scp>C</scp> ity restaurant sanitation inspection program. Journal of Hospital Medicine, 2015, 10, 116-119.	1.4	1
101	Higher Incentive Payments in Medicare Advantage's Payâ€forâ€Performance Program Did Not Improve Quality But Did Increase Plan Offerings. Health Services Research, 2015, 50, 1810-1828.	2.0	25
102	Salary and Quality Compensation for Physician Practices Participating in Accountable Care Organizations. Annals of Family Medicine, 2015, 13, 321-324.	1.9	25
103	Defining Value in Percutaneous Coronary Intervention. Journal of the American College of Cardiology, 2015, 65, 243-245.	2.8	0
104	Association of Hospital Participation in a Quality Reporting Program With Surgical Outcomes and Expenditures for Medicare Beneficiaries. JAMA - Journal of the American Medical Association, 2015, 313, 496.	7.4	274
105	The Early Effects of Medicare's Mandatory Hospital Payâ€forâ€Performance Program. Health Services Research, 2015, 50, 81-97.	2.0	70
106	Early impact of the 2011 ACGME duty hour regulations on surgical outcomes. Surgery, 2015, 158, 1453-1461.	1.9	34
107	Why We Should Not Be Indifferent to Specification Choices for Differenceâ€inâ€Differences. Health Services Research, 2015, 50, 1211-1235.	2.0	232
108	Setting performance targets in pay for performance programmes: what can we learn from QOF?. BMJ, The, 2014, 348, g1595-g1595.	6.0	38

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109	Physician Practice Participation in Accountable Care Organizations: The Emergence of the Unicorn. Health Services Research, 2014, 49, 1519-1536.	2.0	67
110	The Intended and Unintended Consequences of Quality Improvement Interventions for Small Practices in a Community-based Electronic Health Record Implementation Project. Medical Care, 2014, 52, 826-832.	2.4	21
111	Methods for Evaluating Changes in Health Care Policy. JAMA - Journal of the American Medical Association, 2014, 312, 2401.	7.4	875
112	Does Winning a Payâ€forâ€Performance Bonus Improve Subsequent Quality Performance? Evidence from the Hospital Quality Incentive Demonstration. Health Services Research, 2014, 49, 568-587.	2.0	30
113	Small Primary Care Physician Practices Have Low Rates Of Preventable Hospital Admissions. Health Affairs, 2014, 33, 1680-1688.	5. 2	83
114	Electronic health records and technical assistance to improve quality of primary care: Lessons for regional extension centers. Healthcare, 2014, 2, 103-106.	1.3	16
115	The Zigzagging zeitgeist of health services research: Rapidly changing priorities in the field. Healthcare, 2014, 2, 99-102.	1.3	0
116	Value-Based Payment for Physicians in Medicare: Small Step or Giant Leap?. Annals of Internal Medicine, 2014, 160, 565.	3.9	10
117	What can the past of pay-for-performance tell us about the future of Value-Based Purchasing in Medicare?. Healthcare, 2013, 1, 42-49.	1.3	25
118	Profiling Provider Outcome Quality for Pay-for-Performance in the Presence of Missing Data: A Simulation Approach. Health Services Research, 2013, 48, 810-825.	2.0	3
119	Bariatric Surgery Complications Before vs After Implementation of a National Policy Restricting Coverage to Centers of Excellence. JAMA - Journal of the American Medical Association, 2013, 309, 792.	7.4	175
120	Will Value-Based Purchasing Increase Disparities in Care?. New England Journal of Medicine, 2013, 369, 2472-2474.	27.0	85
121	Small Physician Practices In New York Needed Sustained Help To Realize Gains In Quality From Use Of Electronic Health Records. Health Affairs, 2013, 32, 53-62.	5.2	61
122	Independent Practice Associations And Physician-Hospital Organizations Can Improve Care Management For Smaller Practices. Health Affairs, 2013, 32, 1376-1382.	5.2	37
123	Limits Of Readmission Rates In Measuring Hospital Quality Suggest The Need For Added Metrics. Health Affairs, 2013, 32, 1083-1091.	5.2	63
124	Composite Quality Measures for Common Inpatient Medical Conditions. Medical Care, 2013, 51, 832-837.	2.4	24
125	Medicare's Flagship Test Of Pay-For-Performance Did Not Spur More Rapid Quality Improvement Among Low-Performing Hospitals. Health Affairs, 2012, 31, 797-805.	5.2	52
126	Medicare's Public Reporting Initiative On Hospital Quality Had Modest Or No Impact On Mortality From Three Key Conditions. Health Affairs, 2012, 31, 585-592.	5 . 2	108

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127	The Effect of Improving Processes of Care on Patient Outcomes. Medical Care, 2012, 50, 191-199.	2.4	59
128	What Is the Best Way to Estimate Hospital Quality Outcomes? A Simulation Approach. Health Services Research, 2012, 47, 1699-1718.	2.0	18
129	The Effect of the MassHealth Hospital Pay-for-Performance Program on Quality. Health Services Research, 2011, 46, 712-728.	2.0	45
130	Effects of the Premier Hospital Quality Incentive Demonstration on Medicare Patient Mortality and Cost. Health Services Research, 2009, 44, 821-842.	2.0	122
131	Commercial Prices for Prostatectomy and Treatment among Younger, Privately Insured Men with Prostate Cancer. Urology Practice, 0, , .	0.5	0