Lawrence P Casalino

List of Publications by Year in descending order

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#	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	Patient-Physician Communication About Out-of-Pocket Costs. JAMA - Journal of the American Medical Association, 2003, 290, 953.	7.4	353
3	Continuity of Care and the Risk of Preventable Hospitalization in Older Adults. JAMA Internal Medicine, 2013, 173, 1879.	5.1	246
4	Will Pay-For-Performance And Quality Reporting Affect Health Care Disparities?. Health Affairs, 2007, 26, w405-w414.	5.2	226
5	US Physician Practices Spend More Than \$15.4ÂBillion Annually To Report Quality Measures. Health Affairs, 2016, 35, 401-406.	5.2	214
6	Vertical Integration and Organizational Networks in Health Care. Health Affairs, 1996, 15, 7-22.	5.2	202
7	Small And Medium-Size Physician Practices Use Few Patient-Centered Medical Home Processes. Health Affairs, 2011, 30, 1575-1584.	5.2	179
8	What Does It Cost Physician Practices To Interact With Health Insurance Plans?. Health Affairs, 2009, 28, w533-w543.	5.2	177
9	Focused Factories? Physician-Owned Specialty Facilities. Health Affairs, 2003, 22, 56-67.	5.2	174
10	The Unintended Consequences of Measuring Quality on the Quality of Medical Care. New England Journal of Medicine, 1999, 341, 1147-1150.	27.0	171
11	Barriers to patient-physician communication about out-of-pocket costs. Journal of General Internal Medicine, 2004, 19, 856-860.	2.6	157
12	The Growth of Medical Groups Paid through Capitation in California. New England Journal of Medicine, 1995, 333, 1684-1687.	27.0	144
13	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
14	Health Care Reform Requires Accountable Care Systems. JAMA - Journal of the American Medical Association, 2008, 300, 95.	7.4	133
15	Paid Malpractice Claims for Adverse Events in Inpatient and Outpatient Settings. JAMA - Journal of the American Medical Association, 2011, 305, 2427.	7.4	128
16	Frequency of Failure to Inform Patients of Clinically Significant Outpatient Test Results. Archives of Internal Medicine, 2009, 169, 1123.	3.8	122
17	Changes in Hospital Competitive Strategy: A New Medical Arms Race?. Health Services Research, 2003, 38, 447-469.	2.0	119
18	Measuring The Medical Home Infrastructure In Large Medical Groups. Health Affairs, 2008, 27, 1246-1258.	5.2	117

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19	Disease Management and the Organization of Physician Practice. JAMA - Journal of the American Medical Association, 2005, 293, 485.	7.4	113
20	Pay for Performance, Public Reporting, and Racial Disparities in Health Care. Medical Care Research and Review, 2007, 64, 283S-304S.	2.1	108
21	Electronic Communication Improves Access, But Barriers To Its Widespread Adoption Remain. Health Affairs, 2013, 32, 1361-1367.	5.2	108
22	An Empirical Assessment of High-Performing Medical Groups: Results from a National Study. Medical Care Research and Review, 2005, 62, 407-434.	2.1	100
23	General Internists' Views On Pay-For-Performance And Public Reporting Of Quality Scores: A National Survey. Health Affairs, 2007, 26, 492-499.	5.2	99
24	How The Center For Medicare And Medicaid Innovation Should Test Accountable Care Organizations. Health Affairs, 2010, 29, 1293-1298.	5.2	96
25	Behavioral Health and Health Care Reform Models: Patient-Centered Medical Home, Health Home, and Accountable Care Organization. Journal of Behavioral Health Services and Research, 2013, 40, 121-132.	1.4	94
26	US Physician Practices Versus Canadians: Spending Nearly Four Times As Much Money Interacting With Payers. Health Affairs, 2011, 30, 1443-1450.	5.2	88
27	Benefits of and Barriers to Large Medical Group Practice in the United States. Archives of Internal Medicine, 2003, 163, 1958.	3.8	86
28	Small Primary Care Physician Practices Have Low Rates Of Preventable Hospital Admissions. Health Affairs, 2014, 33, 1680-1688.	5.2	83
29	Physician Strategies to Reduce Patients' Out-of-pocket Prescription Costs. Archives of Internal Medicine, 2005, 165, 633.	3.8	79
30	Higher Health Care Quality And Bigger Savings Found At Large Multispecialty Medical Groups. Health Affairs, 2010, 29, 991-997.	5.2	79
31	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
32	Toward a 21st-Century Health Care System: Recommendations for Health Care Reform. Annals of Internal Medicine, 2009, 150, 493.	3.9	68
33	Physician Practice Participation in Accountable Care Organizations: The Emergence of the Unicorn. Health Services Research, 2014, 49, 1519-1536.	2.0	67
34	What Are the Facilitators and Barriers in Physician Organizations' Use of Care Management Processes?. Joint Commission Journal on Quality and Safety, 2004, 30, 505-514.	1.3	66
35	Patient-Centered Medical Home Characteristics and Staff Morale in Safety Net Clinics. Archives of Internal Medicine, 2012, 172, 23.	3.8	66
36	Patient Care Outside of Office Visits: A Primary Care Physician Time Study. Journal of General Internal Medicine, 2011, 26, 58-63.	2.6	65

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37	Improving Chronic Illness Care. Medical Care, 2009, 47, 932-939.	2.4	64
38	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
39	The Results Are Only as Good as the Sample: Assessing Three National Physician Sampling Frames. Journal of General Internal Medicine, 2015, 30, 595-601.	2.6	61
40	Managing Chronic Illness: Physician Practices Increased The Use Of Care Management And Medical Home Processes. Health Affairs, 2015, 34, 78-86.	5.2	55
41	Collaborative Depression Care Management and Disparities in Depression Treatment and Outcomes. Archives of General Psychiatry, 2011, 68, 627.	12.3	52
42	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
43	Relationship of Primary Care Physicians' Patient Caseload With Measurement of Quality and Cost Performance. JAMA - Journal of the American Medical Association, 2009, 302, 2444.	7.4	51
44	Specialist Physician Practices as Patient-Centered Medical Homes. New England Journal of Medicine, 2010, 362, 1555-1558.	27.0	51
45	Organizational Factors Affecting the Adoption of Diabetes Care Management Processes in Physician Organizations. Diabetes Care, 2004, 27, 2312-2316.	8.6	50
46	Healthcare Fragmentation and the Frequency of Radiology and Other Diagnostic Tests: A Cross-Sectional Study. Journal of General Internal Medicine, 2017, 32, 175-181.	2.6	50
47	Can Accountable Care Organizations Improve Population Health?. JAMA - Journal of the American Medical Association, 2013, 309, 1119.	7.4	48
48	Growth Of Single-Specialty Medical Groups. Health Affairs, 2004, 23, 82-90.	5.2	47
49	Accountable Care Organizations and Population Health Organizations. Journal of Health Politics, Policy and Law, 2015, 40, 821-837.	1.9	47
50	The Patient entered Medical Home and Patient Experience. Health Services Research, 2012, 47, 2273-2295.	2.0	45
51	Physician Networks and Ambulatory Care-sensitive Admissions. Medical Care, 2015, 53, 534-541.	2.4	45
52	Association Between Patient Social Risk and Physician Performance Scores in the First Year of the Merit-based Incentive Payment System. JAMA - Journal of the American Medical Association, 2020, 324, 975.	7.4	45
53	Comparative Performance of Private Equity–Owned US Nursing Homes During the COVID-19 Pandemic. JAMA Network Open, 2020, 3, e2026702.	5.9	45
54	Hospital-Physician Relations: Two Tracks And The Decline Of The Voluntary Medical Staff Model. Health Affairs, 2008, 27, 1305-1314.	5.2	44

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55	Facilitators and Barriers to Survey Participation by Physicians. Evaluation and the Health Professions, 2013, 36, 279-295.	1.9	44
56	Implementing Qualifications Criteria and Technical Assistance for Accountable Care Organizations. JAMA - Journal of the American Medical Association, 2010, 303, 1747.	7.4	43
57	Hospitals' Negotiating Leverage with Health Plans: How and Why Has It Changed?. Health Services Research, 2003, 38, 419-446.	2.0	42
58	Financial Incentives, Quality Improvement Programs, and the Adoption of Clinical Information Technology. Medical Care, 2009, 47, 411-417.	2.4	41
59	The Alignment and Blending of Payment Incentives within Physician Organizations. Health Services Research, 2004, 39, 1589-1606.	2.0	37
60	Independent Practice Associations And Physician-Hospital Organizations Can Improve Care Management For Smaller Practices. Health Affairs, 2013, 32, 1376-1382.	5.2	37
61	Care Management Processes Used Less Often For Depression Than For Other Chronic Conditions In US Primary Care Practices. Health Affairs, 2016, 35, 394-400.	5.2	36
62	Perspectives of Patients About Artificial Intelligence in Health Care. JAMA Network Open, 2022, 5, e2210309.	5.9	36
63	Sustaining Quality Improvement in Community Health Centers. Journal of Ambulatory Care Management, 2008, 31, 319-329.	1.1	35
64	Development of a Safety Net Medical Home Scale for Clinics. Journal of General Internal Medicine, 2011, 26, 1418-1425.	2.6	35
65	The Medicare Access And CHIP Reauthorization Act And The Corporate Transformation Of American Medicine. Health Affairs, 2017, 36, 865-869.	5.2	35
66	Medical Group Structural Integration May Not Ensure That Care Is Integrated, From The Patient's Perspective. Health Affairs, 2017, 36, 885-892.	5.2	35
67	The Growth Of Private Equity Investment In Health Care: Perspectives From Ophthalmology. Health Affairs, 2020, 39, 1026-1031.	5.2	35
68	Trends in hospital ownership of physician practices and the effect on processes to improve quality. American Journal of Managed Care, 2016, 22, 172-6.	1.1	35
69	Private Equity Acquisition of Physician Practices. Annals of Internal Medicine, 2019, 170, 114.	3.9	34
70	Private Equity In Dermatology: Effect On Price, Utilization, And Spending. Health Affairs, 2021, 40, 727-735.	5.2	34
71	Something Old, Something New: Recent Developments in Hospital-Physician Relationships. Health Services Research, 2003, 38, 471-488.	2.0	33
72	The Cost Consequences of Improving Diabetes Care: The Community Health Center Experience. Joint Commission Journal on Quality and Patient Safety, 2008, 34, 138-146.	0.7	33

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73	When does adoption of health information technology by physician practices lead to use by physicians within the practice?. Journal of the American Medical Informatics Association: JAMIA, 2013, 20, e26-e32.	4.4	33
74	A Longitudinal Perspective On Health Plan–Provider Risk Contracting. Health Affairs, 2002, 21, 144-153.	5.2	32
75	The use of patient and physician reminders for preventive services: results from a National Study of Physician Organizations. Preventive Medicine, 2004, 39, 1000-1006.	3.4	32
76	Should Our Well-Child Care System Be Redesigned? A National Survey of Pediatricians. Pediatrics, 2006, 118, 1852-1857.	2.1	32
77	Do Physician Organizations Located in Lower Socioeconomic Status Areas Score Lower on Pay-for-Performance Measures?. Journal of General Internal Medicine, 2012, 27, 548-554.	2.6	32
78	Quality-Based Payment for Medical Groups and Individual Physicians. Inquiry (United States), 2009, 46, 172-181.	0.9	31
79	Increased Health Information Technology Adoption and Use Among Small Primary Care Physician Practices Over Time: A National Cohort Study. Annals of Family Medicine, 2017, 15, 56-62.	1.9	30
80	Which Type of Medical Group Provides Higher-Quality Care?. Annals of Internal Medicine, 2006, 145, 860.	3.9	29
81	Professionalism, Performance, and the Future of Physician Incentives. JAMA - Journal of the American Medical Association, 2018, 320, 2419.	7.4	29
82	Undergoing transformation to the patient centered medical home in safety net health centers: perspectives from the front lines. Ethnicity and Disease, 2013, 23, 356-62.	2.3	28
83	Association of Private Equity Investment in US Nursing Homes With the Quality and Cost of Care for Long-Stay Residents. JAMA Health Forum, 2021, 2, e213817.	2.2	27
84	Alternative Models of Hospitalâ€Physician Affiliation as the United States Moves Away from Tight Managed Care. Milbank Quarterly, 2003, 81, 331-351.	4.4	25
85	Effects of provider characteristics on care coordination under comanagement. Journal of Hospital Medicine, 2010, 5, 508-513.	1.4	25
86	The cultural complexity of medical groups. Health Care Management Review, 2012, 37, 200-213.	1.4	25
87	Postdischarge Communication Between Home Health Nurses and Physicians: Measurement, Quality, and Outcomes. Journal of the American Geriatrics Society, 2015, 63, 1299-1305.	2.6	25
88	Salary and Quality Compensation for Physician Practices Participating in Accountable Care Organizations. Annals of Family Medicine, 2015, 13, 321-324.	1.9	25
89	How Different Is California? A Comparison Of U.S. Physician Organizations. Health Affairs, 2003, 22, W3-492-W3-502.	5.2	24
90	The Federal Trade Commission, Clinical Integration, and the Organization of Physician Practice. Journal of Health Politics, Policy and Law, 2006, 31, 569-585.	1.9	24

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91	Increased Use of Care Management Processes and Expanded Health Information Technology Functions by Practice Ownership and Medicaid Revenue. Medical Care Research and Review, 2016, 73, 308-328.	2.1	24
92	The Effect of Phase 2 of the Premier Hospital Quality Incentive Demonstration on Incentive Payments to Hospitals Caring for Disadvantaged Patients. Health Services Research, 2012, 47, 1418-1436.	2.0	23
93	Association of Physician Management Companies and Private Equity Investment With Commercial Health Care Prices Paid to Anesthesia Practitioners. JAMA Internal Medicine, 2022, 182, 396.	5.1	23
94	Designing Payment for Collaborative Care for Depression in Primary Care. Health Services Research, 2011, 46, 1436-1451.	2.0	22
95	Private Equity Acquisition of Physician Practices. Annals of Internal Medicine, 2019, 171, 78.	3.9	22
96	Social Determinants of Health and Geographic Variation in Medicare per Beneficiary Spending. JAMA Network Open, 2021, 4, e2113212.	5.9	22
97	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
98	Markets and Medicine: Barriers to Creating a "Business Case for Quality". Perspectives in Biology and Medicine, 2003, 46, 38-51.	0.5	20
99	Physician Satisfaction and Physician Well-Being: Should Anyone Care?. Professions and Professionalism, 2015, 5, .	0.3	20
100	Accountable Care Organizations — The Risk of Failure and the Risks of Success. New England Journal of Medicine, 2014, 371, 1750-1751.	27.0	19
101	Time and Financial Costs for Physician Practices to Participate in the Medicare Merit-based Incentive Payment System. JAMA Health Forum, 2021, 2, e210527.	2.2	19
102	Executives with White Coats — The Work and World View of Managed-Care Medical Directors. New England Journal of Medicine, 1999, 341, 2029-2032.	27.0	18
103	Physician Practice Leaders' Perceptions of Medicare's Merit-Based Incentive Payment System (MIPS). Journal of General Internal Medicine, 2021, 36, 3752-3758.	2.6	18
104	Reevaluation Of Capitation Contracting In New York And California. Health Affairs, 2001, 20, W11-W19.	5.2	16
105	Improving population health one person at a time? Accountable care organisations: perceptions of population health—a qualitative interview study. BMJ Open, 2014, 4, e004665.	1.9	16
106	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
107	analysis & commentary A Martian's Prescription For Primary Care: Overhaul The Physician's Workday. Health Affairs, 2010, 29, 785-790.	5.2	15
108	Private Equity Investment in Behavioral Health Treatment Centers. JAMA Psychiatry, 2020, 77, 229.	11.0	15

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109	Public vs physician views of liability for artificial intelligence in health care. Journal of the American Medical Informatics Association: JAMIA, 2021, 28, 1574-1577.	4.4	15
110	Executives with White Coats — The Work and World View of Managed-Care Medical Directors. New England Journal of Medicine, 1999, 341, 1945-1948.	27.0	14
111	Canaries In A Coal Mine: California Physician Groups And Competition. Health Affairs, 2001, 20, 97-108.	5.2	14
112	Spending per Medicare Beneficiary Is Higher in Hospitalâ€Owned Small―and Mediumâ€Sized Physician Practices. Health Services Research, 2018, 53, 2133-2146.	2.0	14
113	Association Between Patients' Self-Reported Gaps in Care Coordination and Preventable Adverse Outcomes: a Cross-Sectional Survey. Journal of General Internal Medicine, 2020, 35, 3517-3524.	2.6	14
114	Use of Care Management Practices in Small―and Medium‣ized Physician Groups: Do Public Reporting of Physician Quality and Financial Incentives Matter?. Health Services Research, 2013, 48, 376-397.	2.0	13
115	A Longitudinal Study of Medical Practices' Treatment of Patients Who Use Tobacco. American Journal of Preventive Medicine, 2016, 50, 328-335.	3.0	13
116	Characteristics Associated with Patient-Centered Medical Home Capability in Health Centers: A Cross-Sectional Analysis. Journal of General Internal Medicine, 2016, 31, 1041-1051.	2.6	13
117	Medical Group Characteristics and the Cost and Quality of Care for Medicare Beneficiaries. Health Services Research, 2018, 53, 4970-4996.	2.0	13
118	How Physicians Spend Their Work Time: an Ecological Momentary Assessment. Journal of General Internal Medicine, 2020, 35, 3166-3172.	2.6	13
119	Managing Uncertainty: Intermediate Organizations as Triple Agents. Journal of Health Politics, Policy and Law, 2001, 26, 1055-1068.	1.9	13
120	Physicians and Corporations: A Corporate Transformation of American Medicine?. Journal of Health Politics, Policy and Law, 2004, 29, 869-884.	1.9	13
121	Adoption of Policies to Treat Tobacco Dependence in U.S. Medical Groups. American Journal of Preventive Medicine, 2010, 39, 449-456.	3.0	12
122	Patient-Centered Medical Home Adoption: Results From Aligning Forces For Quality. Health Affairs, 2016, 35, 141-149.	5.2	12
123	Can Small Physician Practices Survive?. JAMA - Journal of the American Medical Association, 2018, 319, 1321.	7.4	12
124	Association of Surprise-Billing Legislation with Prices Paid to In-Network and Out-of-Network Anesthesiologists in California, Florida, and New York. JAMA Internal Medicine, 2021, 181, 1324.	5.1	12
125	Professionalism and Caring for Medicaid Patients — The 5% Commitment?. New England Journal of Medicine, 2013, 369, 1775-1777.	27.0	11
126	Positive and Negative Spillovers of the Health Disparities Collaboratives in Federally Qualified Health Centers. Medical Care, 2010, 48, 1050-1056.	2.4	10

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127	Do provider attitudes about electronic health records predict future electronic health record use?. Healthcare, 2015, 3, 5-11.	1.3	10
128	Large Independent Primary Care Medical Groups. Annals of Family Medicine, 2016, 14, 16-25.	1.9	10
129	Value-Based Purchasing and Physician Professionalism. JAMA - Journal of the American Medical Association, 2019, 322, 1647.	7.4	10
130	The associations between queryâ€based and directed health information exchange with potentially avoidable use of health care services. Health Services Research, 2019, 54, 981-993.	2.0	10
131	Ambulatory Care Fragmentation and Subsequent Hospitalization. Medical Care, 2021, 59, 334-340.	2.4	10
132	Physician Prices And The Cost And Quality Of Care For Commercially Insured Patients. Health Affairs, 2020, 39, 800-808.	5.2	10
133	Associations Between Medical Home Characteristics and Support for Patient Activation in the Safety Net. Medical Care, 2014, 52, S48-S55.	2.4	9
134	Relationship Between Physician Burnout And The Quality And Cost Of Care For Medicare Beneficiaries Is Complex. Health Affairs, 2022, 41, 549-556.	5.2	9
135	Apple Pickers or Federal Judges: Strong versus Weak Incentives in Physician Payment. Health Services Research, 2015, 50, 2049-2056.	2.0	8
136	Symbol of Health System Transformation? Assessing the CMS Innovation Center. New England Journal of Medicine, 2015, 372, 1984-1985.	27.0	8
137	Meaningful Use of Electronic Health Records by Outpatient Physicians and Readmissions of Medicare Fee-for-Service Beneficiaries. Medical Care, 2017, 55, 493-499.	2.4	8
138	Technical Assistance for Primary Care Practice Transformation: Free Help to Perform Unpaid Labor?. Annals of Family Medicine, 2018, 16, S12-S15.	1.9	8
139	Private Equity, Women's Health, and the Corporate Transformation of American Medicine. JAMA Internal Medicine, 2020, 180, 1545.	5.1	8
140	Healthcare Fragmentation and Incident Acute Coronary Heart Disease Events: a Cohort Study. Journal of General Internal Medicine, 2021, 36, 422-429.	2.6	8
141	The Characteristics of Physicians Who Primarily Practice in Nursing Homes. Journal of the American Medical Directors Association, 2021, 22, 468-469.e1.	2.5	8
142	Physician Participation in Meaningful Use and Quality of Care for Medicare Feeâ€forâ€ S ervice Enrollees. Journal of the American Geriatrics Society, 2017, 65, 608-613.	2.6	7
143	Ambulatory Care Fragmentation and Incident Stroke. Journal of the American Heart Association, 2021, 10, e019036.	3.7	7
144	Meaningful Use And Medical Home Functionality In Primary Care Practice. Health Affairs, 2020, 39, 1977-1983.	5.2	7

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145	Pay-for-Performance and Public Reporting Program Participation and Administrative Challenges Among Small- and Medium-Sized Physician Practices. Medical Care Research and Review, 2014, 71, 299-312.	2.1	6
146	Pioneer Accountable Care Organizations. JAMA - Journal of the American Medical Association, 2015, 313, 2126.	7.4	6
147	Medical Home Characteristics and Quality of Diabetes Care in Safety Net Clinics. Journal of Community Health, 2017, 42, 303-311.	3.8	6
148	Categorizing Accountable Care Organizations: Moving Toward Patient-Centered Outcomes Research That Compares Health Care Delivery Systems. Health Services Research, 2014, 49, 1875-1882.	2.0	5
149	Using multi-stakeholder alliances to accelerate the adoption of health information technology by physician practices. Healthcare, 2016, 4, 86-91.	1.3	5
150	Are Changes in Medical Group Practice Characteristics Over Time Associated With Medicare Spending and Quality of Care?. Medical Care Research and Review, 2020, 77, 402-415.	2.1	5
151	Health Care Fragmentation in Medicaid Managed Care vs. Fee for Service. Population Health Management, 2020, 23, 53-58.	1.7	5
152	The complementary nature of query-based and directed health information exchange in primary care practice. Journal of the American Medical Informatics Association: JAMIA, 2020, 27, 73-80.	4.4	5
153	Identifying Patients with Persistent Preventable Utilization Offers an Opportunity to Reduce Unnecessary Spending. Journal of General Internal Medicine, 2020, 35, 3534-3541.	2.6	5
154	Differences in ambulatory care fragmentation by race. BMC Health Services Research, 2021, 21, 154.	2.2	5
155	The Prevalence and Characteristics of Clinicians Who Provide Care in Assisted Living Facilities, 2014–2017. Journal of General Internal Medicine, 2021, 36, 2514-2516.	2.6	4
156	Use of Advance Directives among Older U.S. Adults by Dementia Status: 2012–2016. Journal of Palliative Medicine, 2019, 22, 1493-1494.	1.1	3
157	Unfamiliar tasks, contested jurisdictions: the changing organization field of medical practice in the United States. Journal of Health and Social Behavior, 2004, 45 Suppl, 59-75.	4.8	3
158	Defining the Role and Value of Physicians Who Primarily Practice in Nursing Homes: Perspectives of Nursing Home Physicians. Journal of the American Medical Directors Association, 2022, 23, 962-967.e2.	2.5	3
159	Population Health and Accountable Care Organizations—Reply. JAMA - Journal of the American Medical Association, 2013, 310, 324.	7.4	2
160	Independent practice associations: Advantages and disadvantages of an alternative form of physician practice organization. Healthcare, 2017, 5, 46-52.	1.3	2
161	Patient Care Outside of Office Visits. Journal of General Internal Medicine, 2011, 26, 235-235.	2.6	1
162	A Randomized, Controlled Trial of a Shared PanelÂManagement Program for Small Practices. Health Services Research, 2016, 51, 1796-1813.	2.0	1

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163	Electronic Health Records and Patient Activation – Their Interactive Role in Medication Adherence. Lecture Notes in Computer Science, 2016, , 219-230.	1.3	1
164	Giving Patients Their Results Online Might Be the Answer—Reply. Archives of Internal Medicine, 2009, 169, 1806.	3.8	0
165	Patient-Centered Medical Homes: The Authors Reply. Health Affairs, 2011, 30, 2217-2217.	5.2	0
166	Differences in Medicare Billing of Internal Medicine Physicians According to Sex. Journal of the American Geriatrics Society, 2015, 63, 2216-2217.	2.6	0
167	Patient-Centered Performance Metrics—Reply. JAMA - Journal of the American Medical Association, 2019, 321, 1829.	7.4	0
168	County-Level Unemployment Rates and Service Intensity in Primary Care Physician Offices for Medicare Patients. Medical Care Research and Review, 2021, 78, 218-228.	2.1	0
169	Telehealth Use for Mental Health Conditions Among Enrollees in Commercial Insurance. Psychiatric Services, 2022, 73, 239-240.	2.0	0
170	Associations between patients' perceptions of care integration and organizational features of medical groups in the United States. International Journal of Integrated Care, 2016, 16, 273.	0.2	0