

Lawrence P Casalino

List of Publications by Year in descending order

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Version: 2024-02-01

170
papers

7,803
citations

50276

46
h-index

60623

81
g-index

170
all docs

170
docs citations

170
times ranked

5471
citing authors

#	ARTICLE	IF	CITATIONS
1	Telehealth Use for Mental Health Conditions Among Enrollees in Commercial Insurance. <i>Psychiatric Services</i> , 2022, 73, 239-240.	2.0	0
2	Association of Physician Management Companies and Private Equity Investment With Commercial Health Care Prices Paid to Anesthesia Practitioners. <i>JAMA Internal Medicine</i> , 2022, 182, 396.	5.1	23
3	Relationship Between Physician Burnout And The Quality And Cost Of Care For Medicare Beneficiaries Is Complex. <i>Health Affairs</i> , 2022, 41, 549-556.	5.2	9
4	Defining the Role and Value of Physicians Who Primarily Practice in Nursing Homes: Perspectives of Nursing Home Physicians. <i>Journal of the American Medical Directors Association</i> , 2022, 23, 962-967.e2.	2.5	3
5	Perspectives of Patients About Artificial Intelligence in Health Care. <i>JAMA Network Open</i> , 2022, 5, e2210309.	5.9	36
6	The Prevalence and Characteristics of Clinicians Who Provide Care in Assisted Living Facilities, 2014-2017. <i>Journal of General Internal Medicine</i> , 2021, 36, 2514-2516.	2.6	4
7	Healthcare Fragmentation and Incident Acute Coronary Heart Disease Events: a Cohort Study. <i>Journal of General Internal Medicine</i> , 2021, 36, 422-429.	2.6	8
8	The Characteristics of Physicians Who Primarily Practice in Nursing Homes. <i>Journal of the American Medical Directors Association</i> , 2021, 22, 468-469.e1.	2.5	8
9	County-Level Unemployment Rates and Service Intensity in Primary Care Physician Offices for Medicare Patients. <i>Medical Care Research and Review</i> , 2021, 78, 218-228.	2.1	0
10	Differences in ambulatory care fragmentation by race. <i>BMC Health Services Research</i> , 2021, 21, 154.	2.2	5
11	Physician Practice Leaders' Perceptions of Medicare's Merit-Based Incentive Payment System (MIPS). <i>Journal of General Internal Medicine</i> , 2021, 36, 3752-3758.	2.6	18
12	Ambulatory Care Fragmentation and Incident Stroke. <i>Journal of the American Heart Association</i> , 2021, 10, e019036.	3.7	7
13	Public vs physician views of liability for artificial intelligence in health care. <i>Journal of the American Medical Informatics Association: JAMIA</i> , 2021, 28, 1574-1577.	4.4	15
14	Time and Financial Costs for Physician Practices to Participate in the Medicare Merit-based Incentive Payment System. <i>JAMA Health Forum</i> , 2021, 2, e210527.	2.2	19
15	Private Equity In Dermatology: Effect On Price, Utilization, And Spending. <i>Health Affairs</i> , 2021, 40, 727-735.	5.2	34
16	Social Determinants of Health and Geographic Variation in Medicare per Beneficiary Spending. <i>JAMA Network Open</i> , 2021, 4, e2113212.	5.9	22
17	Association of Surprise-Billing Legislation with Prices Paid to In-Network and Out-of-Network Anesthesiologists in California, Florida, and New York. <i>JAMA Internal Medicine</i> , 2021, 181, 1324.	5.1	12
18	Ambulatory Care Fragmentation and Subsequent Hospitalization. <i>Medical Care</i> , 2021, 59, 334-340.	2.4	10

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19	Association of Private Equity Investment in US Nursing Homes With the Quality and Cost of Care for Long-Stay Residents. <i>JAMA Health Forum</i> , 2021, 2, e213817.	2.2	27
20	Are Changes in Medical Group Practice Characteristics Over Time Associated With Medicare Spending and Quality of Care?. <i>Medical Care Research and Review</i> , 2020, 77, 402-415.	2.1	5
21	Health Care Fragmentation in Medicaid Managed Care vs. Fee for Service. <i>Population Health Management</i> , 2020, 23, 53-58.	1.7	5
22	The complementary nature of query-based and directed health information exchange in primary care practice. <i>Journal of the American Medical Informatics Association: JAMIA</i> , 2020, 27, 73-80.	4.4	5
23	Private Equity Investment in Behavioral Health Treatment Centers. <i>JAMA Psychiatry</i> , 2020, 77, 229.	11.0	15
24	Association Between Patients' Self-Reported Gaps in Care Coordination and Preventable Adverse Outcomes: a Cross-Sectional Survey. <i>Journal of General Internal Medicine</i> , 2020, 35, 3517-3524.	2.6	14
25	Identifying Patients with Persistent Preventable Utilization Offers an Opportunity to Reduce Unnecessary Spending. <i>Journal of General Internal Medicine</i> , 2020, 35, 3534-3541.	2.6	5
26	Association Between Patient Social Risk and Physician Performance Scores in the First Year of the Merit-based Incentive Payment System. <i>JAMA - Journal of the American Medical Association</i> , 2020, 324, 975.	7.4	45
27	How Physicians Spend Their Work Time: an Ecological Momentary Assessment. <i>Journal of General Internal Medicine</i> , 2020, 35, 3166-3172.	2.6	13
28	Private Equity, Women's Health, and the Corporate Transformation of American Medicine. <i>JAMA Internal Medicine</i> , 2020, 180, 1545.	5.1	8
29	Comparative Performance of Private Equity-Owned US Nursing Homes During the COVID-19 Pandemic. <i>JAMA Network Open</i> , 2020, 3, e2026702.	5.9	45
30	The Growth Of Private Equity Investment In Health Care: Perspectives From Ophthalmology. <i>Health Affairs</i> , 2020, 39, 1026-1031.	5.2	35
31	Physician Prices And The Cost And Quality Of Care For Commercially Insured Patients. <i>Health Affairs</i> , 2020, 39, 800-808.	5.2	10
32	Meaningful Use And Medical Home Functionality In Primary Care Practice. <i>Health Affairs</i> , 2020, 39, 1977-1983.	5.2	7
33	Value-Based Purchasing and Physician Professionalism. <i>JAMA - Journal of the American Medical Association</i> , 2019, 322, 1647.	7.4	10
34	The associations between query-based and directed health information exchange with potentially avoidable use of health care services. <i>Health Services Research</i> , 2019, 54, 981-993.	2.0	10
35	Patient-Centered Performance Metrics"Reply. <i>JAMA - Journal of the American Medical Association</i> , 2019, 321, 1829.	7.4	0
36	Private Equity Acquisition of Physician Practices. <i>Annals of Internal Medicine</i> , 2019, 171, 78.	3.9	22

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37	Use of Advance Directives among Older U.S. Adults by Dementia Status: 2012–2016. <i>Journal of Palliative Medicine</i> , 2019, 22, 1493-1494.	1.1	3
38	Private Equity Acquisition of Physician Practices. <i>Annals of Internal Medicine</i> , 2019, 170, 114.	3.9	34
39	Spending per Medicare Beneficiary Is Higher in Hospital-Owned Small- and Medium-Sized Physician Practices. <i>Health Services Research</i> , 2018, 53, 2133-2146.	2.0	14
40	Can Small Physician Practices Survive?. <i>JAMA - Journal of the American Medical Association</i> , 2018, 319, 1321.	7.4	12
41	Professionalism, Performance, and the Future of Physician Incentives. <i>JAMA - Journal of the American Medical Association</i> , 2018, 320, 2419.	7.4	29
42	Medical Group Characteristics and the Cost and Quality of Care for Medicare Beneficiaries. <i>Health Services Research</i> , 2018, 53, 4970-4996.	2.0	13
43	Technical Assistance for Primary Care Practice Transformation: Free Help to Perform Unpaid Labor?. <i>Annals of Family Medicine</i> , 2018, 16, S12-S15.	1.9	8
44	Increased Health Information Technology Adoption and Use Among Small Primary Care Physician Practices Over Time: A National Cohort Study. <i>Annals of Family Medicine</i> , 2017, 15, 56-62.	1.9	30
45	The Medicare Access And CHIP Reauthorization Act And The Corporate Transformation Of American Medicine. <i>Health Affairs</i> , 2017, 36, 865-869.	5.2	35
46	Healthcare Fragmentation and the Frequency of Radiology and Other Diagnostic Tests: A Cross-Sectional Study. <i>Journal of General Internal Medicine</i> , 2017, 32, 175-181.	2.6	50
47	Physician Participation in Meaningful Use and Quality of Care for Medicare Fee-for-Service Enrollees. <i>Journal of the American Geriatrics Society</i> , 2017, 65, 608-613.	2.6	7
48	Meaningful Use of Electronic Health Records by Outpatient Physicians and Readmissions of Medicare Fee-for-Service Beneficiaries. <i>Medical Care</i> , 2017, 55, 493-499.	2.4	8
49	Medical Group Structural Integration May Not Ensure That Care Is Integrated, From The Patient's Perspective. <i>Health Affairs</i> , 2017, 36, 885-892.	5.2	35
50	Independent practice associations: Advantages and disadvantages of an alternative form of physician practice organization. <i>Healthcare</i> , 2017, 5, 46-52.	1.3	2
51	Medical Home Characteristics and Quality of Diabetes Care in Safety Net Clinics. <i>Journal of Community Health</i> , 2017, 42, 303-311.	3.8	6
52	Using multi-stakeholder alliances to accelerate the adoption of health information technology by physician practices. <i>Healthcare</i> , 2016, 4, 86-91.	1.3	5
53	A Longitudinal Study of Medical Practices' Treatment of Patients Who Use Tobacco. <i>American Journal of Preventive Medicine</i> , 2016, 50, 328-335.	3.0	13
54	Large Independent Primary Care Medical Groups. <i>Annals of Family Medicine</i> , 2016, 14, 16-25.	1.9	10

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55	Characteristics Associated with Patient-Centered Medical Home Capability in Health Centers: A Cross-Sectional Analysis. <i>Journal of General Internal Medicine</i> , 2016, 31, 1041-1051.	2.6	13
56	A Randomized, Controlled Trial of a Shared Panel Management Program for Small Practices. <i>Health Services Research</i> , 2016, 51, 1796-1813.	2.0	1
57	Increased Use of Care Management Processes and Expanded Health Information Technology Functions by Practice Ownership and Medicaid Revenue. <i>Medical Care Research and Review</i> , 2016, 73, 308-328.	2.1	24
58	Patient-Centered Medical Home Adoption: Results From Aligning Forces For Quality. <i>Health Affairs</i> , 2016, 35, 141-149.	5.2	12
59	US Physician Practices Spend More Than \$15.4 Billion Annually To Report Quality Measures. <i>Health Affairs</i> , 2016, 35, 401-406.	5.2	214
60	Care Management Processes Used Less Often For Depression Than For Other Chronic Conditions In US Primary Care Practices. <i>Health Affairs</i> , 2016, 35, 394-400.	5.2	36
61	Electronic Health Records and Patient Activation – Their Interactive Role in Medication Adherence. <i>Lecture Notes in Computer Science</i> , 2016, , 219-230.	1.3	1
62	Associations between patients' perceptions of care integration and organizational features of medical groups in the United States. <i>International Journal of Integrated Care</i> , 2016, 16, 273.	0.2	0
63	Trends in hospital ownership of physician practices and the effect on processes to improve quality. <i>American Journal of Managed Care</i> , 2016, 22, 172-6.	1.1	35
64	Apple Pickers or Federal Judges: Strong versus Weak Incentives in Physician Payment. <i>Health Services Research</i> , 2015, 50, 2049-2056.	2.0	8
65	Postdischarge Communication Between Home Health Nurses and Physicians: Measurement, Quality, and Outcomes. <i>Journal of the American Geriatrics Society</i> , 2015, 63, 1299-1305.	2.6	25
66	Physician Networks and Ambulatory Care-sensitive Admissions. <i>Medical Care</i> , 2015, 53, 534-541.	2.4	45
67	Differences in Medicare Billing of Internal Medicine Physicians According to Sex. <i>Journal of the American Geriatrics Society</i> , 2015, 63, 2216-2217.	2.6	0
68	Physician Satisfaction and Physician Well-Being: Should Anyone Care?. <i>Professions and Professionalism</i> , 2015, 5, .	0.3	20
69	Accountable Care Organizations and Population Health Organizations. <i>Journal of Health Politics, Policy and Law</i> , 2015, 40, 821-837.	1.9	47
70	Salary and Quality Compensation for Physician Practices Participating in Accountable Care Organizations. <i>Annals of Family Medicine</i> , 2015, 13, 321-324.	1.9	25
71	Pioneer Accountable Care Organizations. <i>JAMA - Journal of the American Medical Association</i> , 2015, 313, 2126.	7.4	6
72	The Results Are Only as Good as the Sample: Assessing Three National Physician Sampling Frames. <i>Journal of General Internal Medicine</i> , 2015, 30, 595-601.	2.6	61

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73	Symbol of Health System Transformation? Assessing the CMS Innovation Center. <i>New England Journal of Medicine</i> , 2015, 372, 1984-1985.	27.0	8
74	Managing Chronic Illness: Physician Practices Increased The Use Of Care Management And Medical Home Processes. <i>Health Affairs</i> , 2015, 34, 78-86.	5.2	55
75	Do provider attitudes about electronic health records predict future electronic health record use?. <i>Healthcare</i> , 2015, 3, 5-11.	1.3	10
76	Accountable Care Organizations â€” The Risk of Failure and the Risks of Success. <i>New England Journal of Medicine</i> , 2014, 371, 1750-1751.	27.0	19
77	Improving population health one person at a time? Accountable care organisations: perceptions of population healthâ€”a qualitative interview study. <i>BMJ Open</i> , 2014, 4, e004665.	1.9	16
78	Physician Practice Participation in Accountable Care Organizations: The Emergence of the Unicorn. <i>Health Services Research</i> , 2014, 49, 1519-1536.	2.0	67
79	Associations Between Medical Home Characteristics and Support for Patient Activation in the Safety Net. <i>Medical Care</i> , 2014, 52, S48-S55.	2.4	9
80	The Intended and Unintended Consequences of Quality Improvement Interventions for Small Practices in a Community-based Electronic Health Record Implementation Project. <i>Medical Care</i> , 2014, 52, 826-832.	2.4	21
81	Pay-for-Performance and Public Reporting Program Participation and Administrative Challenges Among Small- and Medium-Sized Physician Practices. <i>Medical Care Research and Review</i> , 2014, 71, 299-312.	2.1	6
82	Small Primary Care Physician Practices Have Low Rates Of Preventable Hospital Admissions. <i>Health Affairs</i> , 2014, 33, 1680-1688.	5.2	83
83	Electronic health records and technical assistance to improve quality of primary care: Lessons for regional extension centers. <i>Healthcare</i> , 2014, 2, 103-106.	1.3	16
84	Categorizing Accountable Care Organizations: Moving Toward Patient-Centered Outcomes Research That Compares Health Care Delivery Systems. <i>Health Services Research</i> , 2014, 49, 1875-1882.	2.0	5
85	Behavioral Health and Health Care Reform Models: Patient-Centered Medical Home, Health Home, and Accountable Care Organization. <i>Journal of Behavioral Health Services and Research</i> , 2013, 40, 121-132.	1.4	94
86	Use of Care Management Practices in Smallâ€”and Mediumâ€”Sized Physician Groups: Do Public Reporting of Physician Quality and Financial Incentives Matter?. <i>Health Services Research</i> , 2013, 48, 376-397.	2.0	13
87	When does adoption of health information technology by physician practices lead to use by physicians within the practice?. <i>Journal of the American Medical Informatics Association: JAMIA</i> , 2013, 20, e26-e32.	4.4	33
88	Professionalism and Caring for Medicaid Patients â€” The 5% Commitment?. <i>New England Journal of Medicine</i> , 2013, 369, 1775-1777.	27.0	11
89	Small Physician Practices In New York Needed Sustained Help To Realize Gains In Quality From Use Of Electronic Health Records. <i>Health Affairs</i> , 2013, 32, 53-62.	5.2	61
90	Facilitators and Barriers to Survey Participation by Physicians. <i>Evaluation and the Health Professions</i> , 2013, 36, 279-295.	1.9	44

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91	Independent Practice Associations And Physician-Hospital Organizations Can Improve Care Management For Smaller Practices. Health Affairs, 2013, 32, 1376-1382.	5.2	37
92	Population Health and Accountable Care Organizationsâ€™ Reply. JAMA - Journal of the American Medical Association, 2013, 310, 324.	7.4	2
93	Can Accountable Care Organizations Improve Population Health?. JAMA - Journal of the American Medical Association, 2013, 309, 1119.	7.4	48
94	Electronic Communication Improves Access, But Barriers To Its Widespread Adoption Remain. Health Affairs, 2013, 32, 1361-1367.	5.2	108
95	Continuity of Care and the Risk of Preventable Hospitalization in Older Adults. JAMA Internal Medicine, 2013, 173, 1879.	5.1	246
96	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
97	Medicareâ€™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
98	The cultural complexity of medical groups. Health Care Management Review, 2012, 37, 200-213.	1.4	25
99	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
100	The Patientâ€™Centered Medical Home and Patient Experience. Health Services Research, 2012, 47, 2273-2295.	2.0	45
101	Patient-Centered Medical Home Characteristics and Staff Morale in Safety Net Clinics. Archives of Internal Medicine, 2012, 172, 23.	3.8	66
102	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
103	Designing Payment for Collaborative Care for Depression in Primary Care. Health Services Research, 2011, 46, 1436-1451.	2.0	22
104	Patient Care Outside of Office Visits: A Primary Care Physician Time Study. Journal of General Internal Medicine, 2011, 26, 58-63.	2.6	65
105	Patient Care Outside of Office Visits. Journal of General Internal Medicine, 2011, 26, 235-235.	2.6	1
106	Development of a Safety Net Medical Home Scale for Clinics. Journal of General Internal Medicine, 2011, 26, 1418-1425.	2.6	35
107	Paid Malpractice Claims for Adverse Events in Inpatient and Outpatient Settings. JAMA - Journal of the American Medical Association, 2011, 305, 2427.	7.4	128
108	Small And Medium-Size Physician Practices Use Few Patient-Centered Medical Home Processes. Health Affairs, 2011, 30, 1575-1584.	5.2	179

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109	Patient-Centered Medical Homes: The Authors Reply. Health Affairs, 2011, 30, 2217-2217.	5.2	0
110	US Physician Practices Versus Canadians: Spending Nearly Four Times As Much Money Interacting With Payers. Health Affairs, 2011, 30, 1443-1450.	5.2	88
111	Collaborative Depression Care Management and Disparities in Depression Treatment and Outcomes. Archives of General Psychiatry, 2011, 68, 627.	12.3	52
112	Positive and Negative Spillovers of the Health Disparities Collaboratives in Federally Qualified Health Centers. Medical Care, 2010, 48, 1050-1056.	2.4	10
113	Effects of provider characteristics on care coordination under comanagement. Journal of Hospital Medicine, 2010, 5, 508-513.	1.4	25
114	analysis & commentary A Martians Prescription For Primary Care: Overhaul The Physicians Workday. Health Affairs, 2010, 29, 785-790.	5.2	15
115	Higher Health Care Quality And Bigger Savings Found At Large Multispecialty Medical Groups. Health Affairs, 2010, 29, 991-997.	5.2	79
116	Implementing Qualifications Criteria and Technical Assistance for Accountable Care Organizations. JAMA - Journal of the American Medical Association, 2010, 303, 1747.	7.4	43
117	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
118	How The Center For Medicare And Medicaid Innovation Should Test Accountable Care Organizations. Health Affairs, 2010, 29, 1293-1298.	5.2	96
119	Specialist Physician Practices as Patient-Centered Medical Homes. New England Journal of Medicine, 2010, 362, 1555-1558.	27.0	51
120	Adoption of Policies to Treat Tobacco Dependence in U.S. Medical Groups. American Journal of Preventive Medicine, 2010, 39, 449-456.	3.0	12
121	Giving Patients Their Results Online Might Be the Answer Reply. Archives of Internal Medicine, 2009, 169, 1806.	3.8	0
122	What Does It Cost Physician Practices To Interact With Health Insurance Plans?. Health Affairs, 2009, 28, w533-w543.	5.2	177
123	Financial Incentives, Quality Improvement Programs, and the Adoption of Clinical Information Technology. Medical Care, 2009, 47, 411-417.	2.4	41
124	Improving Chronic Illness Care. Medical Care, 2009, 47, 932-939.	2.4	64
125	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
126	Toward a 21st-Century Health Care System: Recommendations for Health Care Reform. Annals of Internal Medicine, 2009, 150, 493.	3.9	68

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127	Frequency of Failure to Inform Patients of Clinically Significant Outpatient Test Results. Archives of Internal Medicine, 2009, 169, 1123.	3.8	122
128	Quality-Based Payment for Medical Groups and Individual Physicians. Inquiry (United States), 2009, 46, 172-181.	0.9	31
129	Health Care Reform Requires Accountable Care Systems. JAMA - Journal of the American Medical Association, 2008, 300, 95.	7.4	133
130	Hospital-Physician Relations: Two Tracks And The Decline Of The Voluntary Medical Staff Model. Health Affairs, 2008, 27, 1305-1314.	5.2	44
131	Measuring The Medical Home Infrastructure In Large Medical Groups. Health Affairs, 2008, 27, 1246-1258.	5.2	117
132	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
133	Sustaining Quality Improvement in Community Health Centers. Journal of Ambulatory Care Management, 2008, 31, 319-329.	1.1	35
134	Will Pay-For-Performance And Quality Reporting Affect Health Care Disparities?. Health Affairs, 2007, 26, w405-w414.	5.2	226
135	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
136	Pay for Performance, Public Reporting, and Racial Disparities in Health Care. Medical Care Research and Review, 2007, 64, 283S-304S.	2.1	108
137	Which Type of Medical Group Provides Higher-Quality Care?. Annals of Internal Medicine, 2006, 145, 860.	3.9	29
138	Should Our Well-Child Care System Be Redesigned? A National Survey of Pediatricians. Pediatrics, 2006, 118, 1852-1857.	2.1	32
139	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
140	Physician Strategies to Reduce Patients'™ Out-of-pocket Prescription Costs. Archives of Internal Medicine, 2005, 165, 633.	3.8	79
141	Disease Management and the Organization of Physician Practice. JAMA - Journal of the American Medical Association, 2005, 293, 485.	7.4	113
142	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
143	Growth Of Single-Specialty Medical Groups. Health Affairs, 2004, 23, 82-90.	5.2	47
144	Organizational Factors Affecting the Adoption of Diabetes Care Management Processes in Physician Organizations. Diabetes Care, 2004, 27, 2312-2316.	8.6	50

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145	The Alignment and Blending of Payment Incentives within Physician Organizations. Health Services Research, 2004, 39, 1589-1606.	2.0	37
146	Barriers to patient-physician communication about out-of-pocket costs. Journal of General Internal Medicine, 2004, 19, 856-860.	2.6	157
147	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
148	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
149	Physicians and Corporations: A Corporate Transformation of American Medicine?. Journal of Health Politics, Policy and Law, 2004, 29, 869-884.	1.9	13
150	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
151	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
152	Hospitals' Negotiating Leverage with Health Plans: How and Why Has It Changed?. Health Services Research, 2003, 38, 419-446.	2.0	42
153	Changes in Hospital Competitive Strategy: A New Medical Arms Race?. Health Services Research, 2003, 38, 447-469.	2.0	119
154	Something Old, Something New: Recent Developments in Hospital-Physician Relationships. Health Services Research, 2003, 38, 471-488.	2.0	33
155	Focused Factories? Physician-Owned Specialty Facilities. Health Affairs, 2003, 22, 56-67.	5.2	174
156	How Different Is California? A Comparison Of U.S. Physician Organizations. Health Affairs, 2003, 22, W3-492-W3-502.	5.2	24
157	Patient-Physician Communication About Out-of-Pocket Costs. JAMA - Journal of the American Medical Association, 2003, 290, 953.	7.4	353
158	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
159	Benefits of and Barriers to Large Medical Group Practice in the United States. Archives of Internal Medicine, 2003, 163, 1958.	3.8	86
160	Markets and Medicine: Barriers to Creating a "Business Case for Quality". Perspectives in Biology and Medicine, 2003, 46, 38-51.	0.5	20
161	A Longitudinal Perspective On Health Plan "Provider Risk Contracting. Health Affairs, 2002, 21, 144-153.	5.2	32
162	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

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163	Canaries In A Coal Mine: California Physician Groups And Competition. Health Affairs, 2001, 20, 97-108.	5.2	14
164	Reevaluation Of Capitation Contracting In New York And California. Health Affairs, 2001, 20, W11-W19.	5.2	16
165	Managing Uncertainty: Intermediate Organizations as Triple Agents. Journal of Health Politics, Policy and Law, 2001, 26, 1055-1068.	1.9	13
166	Executives with White Coats â€” The Work and World View of Managed-Care Medical Directors. New England Journal of Medicine, 1999, 341, 1945-1948.	27.0	14
167	Executives with White Coats â€” The Work and World View of Managed-Care Medical Directors. New England Journal of Medicine, 1999, 341, 2029-2032.	27.0	18
168	The Unintended Consequences of Measuring Quality on the Quality of Medical Care. New England Journal of Medicine, 1999, 341, 1147-1150.	27.0	171
169	Vertical Integration and Organizational Networks in Health Care. Health Affairs, 1996, 15, 7-22.	5.2	202
170	The Growth of Medical Groups Paid through Capitation in California. New England Journal of Medicine, 1995, 333, 1684-1687.	27.0	144