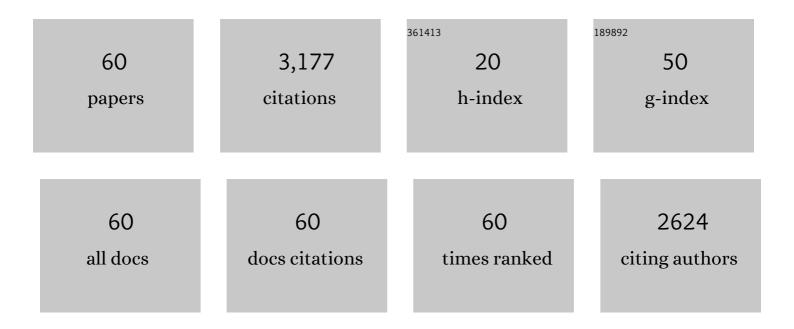
List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	Claims, Errors, and Compensation Payments in Medical Malpractice Litigation. New England Journal of Medicine, 2006, 354, 2024-2033.	27.0	722
2	Missed and Delayed Diagnoses in the Ambulatory Setting: A Study of Closed Malpractice Claims. Annals of Internal Medicine, 2006, 145, 488.	3.9	549
3	Missed and Delayed Diagnoses in the Emergency Department: A Study of Closed Malpractice Claims From 4 Liability Insurers. Annals of Emergency Medicine, 2007, 49, 196-205.	0.6	401
4	Liability Claims and Costs Before and After Implementation of a Medical Error Disclosure Program. Annals of Internal Medicine, 2010, 153, 213.	3.9	302
5	Rates and Characteristics of Paid Malpractice Claims Among US Physicians by Specialty, 1992-2014. JAMA Internal Medicine, 2017, 177, 710.	5.1	153
6	New Directions in Medical Liability Reform. New England Journal of Medicine, 2011, 364, 1564-1572.	27.0	97
7	Physician and Patient Views on Public Physician Rating Websites: A Cross-Sectional Study. Journal of General Internal Medicine, 2017, 32, 626-631.	2.6	83
8	The Medical Liability Climate and Prospects for Reform. JAMA - Journal of the American Medical Association, 2014, 312, 2146.	7.4	75
9	Does Full Disclosure of Medical Errors Affect Malpractice Liability? The Jury Is Still Out. Joint Commission Journal on Quality and Safety, 2003, 29, 503-511.	1.3	70
10	Professional Liability Issues in Graduate Medical Education. JAMA - Journal of the American Medical Association, 2004, 292, 1051.	7.4	68
11	Improving Patient Safety through Transparency. New England Journal of Medicine, 2013, 369, 1677-1679.	27.0	56
12	Increasing pneumococcal vaccination for immunosuppressed patients: A cluster quality improvement trial. Arthritis and Rheumatism, 2013, 65, 39-47.	6.7	52
13	Malpractice claims related to diagnostic errors in the hospital. BMJ Quality and Safety, 2018, 27, 53-60.	3.7	46
14	Routinely measuring and reporting pneumococcal vaccination among immunosuppressed rheumatology outpatients: the first step in improving quality. Rheumatology, 2011, 50, 366-372.	1.9	32
15	Effects Of A Communication-And-Resolution Program On Hospitals' Malpractice Claims And Costs. Health Affairs, 2018, 37, 1836-1844.	5.2	32
16	Cognitive Errors and Logistical Breakdowns Contributing to Missed and Delayed Diagnoses of Breast and Colorectal Cancers: A Process Analysis of Closed Malpractice Claims. Journal of General Internal Medicine, 2012, 27, 1416-1423.	2.6	31
17	Operational Recommendations for Scarce Resource Allocation in a Public Health Crisis. Chest, 2021, 159, 1076-1083.	0.8	26
18	Outcomes In Two Massachusetts Hospital Systems Give Reason For Optimism About Communication-And-Resolution Programs. Health Affairs, 2017, 36, 1795-1803.	5.2	25

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19	The Incorporation of Patient Safety into Board Certification Examinations. Academic Medicine, 2006, 81, 317-325.	1.6	21
20	Defensive Medicine—Legally Necessary but Ethically Wrong?. JAMA Internal Medicine, 2013, 173, 1056.	5.1	21
21	Disclosing medical errors: The view from the USA. Journal of the Royal College of Surgeons of Edinburgh, 2014, 12, 64-67.	1.8	21
22	Implementation of a Comprehensive Post-Discharge Venous Thromboembolism Prophylaxis Program for Abdominal and Pelvic Surgery Patients. Journal of the American College of Surgeons, 2016, 223, 804-813.	0.5	21
23	Physician Responses to the Malpractice Crisis: From Defense to Offense. Journal of Law, Medicine and Ethics, 2005, 33, 416-428.	0.9	20
24	Greatest Impact Of Safe Harbor Rule May Be To Improve Patient Safety, Not Reduce Liability Claims Paid By Physicians. Health Affairs, 2014, 33, 59-66.	5.2	20
25	Evaluating inpatient mortality: a new electronic review process that gathers information from from front-line providers. BMJ Quality and Safety, 2015, 24, 31-37.	3.7	20
26	Legal and Policy Interventions to Improve Patient Safety. Circulation, 2016, 133, 661-671.	1.6	18
27	Health equity and distributive justice considerations in critical care resource allocation. Lancet Respiratory Medicine,the, 2020, 8, 758-760.	10.7	18
28	Breast Cancer Screening. JAMA - Journal of the American Medical Association, 2013, 309, 2555.	7.4	16
29	Classifying Safety Events Related to Diagnostic Imaging From a Safety Reporting System Using a Human Factors Framework. Journal of the American College of Radiology, 2019, 16, 282-288.	1.8	15
30	Improving Patient Experience in Radiology: Impact of a Multifaceted Intervention on National Ranking. Radiology, 2019, 291, 102-109.	7.3	13
31	Medical Liability — Prospects for Federal Reform. New England Journal of Medicine, 2017, 376, 1806-1808.	27.0	12
32	Reflections on implementing a hospital-wide provider-based electronic inpatient mortality review system: lessons learnt. BMJ Quality and Safety, 2020, 29, 304-312.	3.7	12
33	Rescuing Failure to Rescue—Patient Safety Indicator 04 on the Brink of Obsolescence. JAMA Surgery, 2021, 156, 115.	4.3	12
34	Building a Departmental Quality Program: A Patient-Based and Provider-Led Approach. Academic Medicine, 2011, 86, 314-320.	1.6	11
35	Liability impact of the hospitalist model of care. Journal of Hospital Medicine, 2014, 9, 750-755.	1.4	11
36	Ensuring successful implementation of communication-and-resolution programmes. BMJ Quality and Safety, 2020, 29, 895-904.	3.7	11

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37	Perception of Resources Spent on Defensive Medicine and History of Being Sued Among Hospitalists: Results from a National Survey. Journal of Hospital Medicine, 2018, 13, 26-29.	1.4	10
38	Meaningful measurement: developing a measurement system to improve blood pressure control in patients with chronic kidney disease. Journal of the American Medical Informatics Association: JAMIA, 2013, 20, e97-e101.	4.4	9
39	Assessing information sources to elucidate diagnostic process errors in radiologic imaging — a human factors framework. Journal of the American Medical Informatics Association: JAMIA, 2018, 25, 1507-1515.	4.4	8
40	Financial incentives and mortality: taking pay for performance a step too far. BMJ Quality and Safety, 2017, 26, 164-168.	3.7	6
41	Apology laws and malpractice liability: what have we learned?. BMJ Quality and Safety, 2021, 30, 64-67.	3.7	5
42	Creating a Fellowship Curriculum in Patient Safety and Quality. American Journal of Medical Quality, 2016, 31, 27-30.	0.5	4
43	Challenges to implementing expanded team models: lessons from a centralised nurse-led cholesterol-lowering programme. BMJ Quality and Safety, 2014, 23, 338-345.	3.7	3
44	Design and Implementation of the Harvard Fellowship in Patient Safety and Quality. American Journal of Medical Quality, 2016, 31, 22-26.	0.5	3
45	Quality measurement for <i>Clostridium difficile</i> infection: turning lemons into lemonade. BMJ Quality and Safety, 2018, 27, 414-416.	3.7	3
46	Addressing the Lack of Competition in Generic Drugs to Improve Healthcare Quality and Safety. Journal of General Internal Medicine, 2018, 33, 2005-2007.	2.6	3
47	To improve quality, keep your eyes on the road. BMJ Quality and Safety, 2020, 29, 943-946.	3.7	3
48	Medical Liability and Reporting Malpractice Payments—Reply. JAMA - Journal of the American Medical Association, 2015, 313, 1058.	7.4	2
49	Early Performance Trends After the Public Posting of Ambulatory Patient Satisfaction Reviews. Journal of Patient Experience, 2019, 6, 329-332.	0.9	2
50	Body of Evidence. Journal of Patient Safety, 2020, Publish Ahead of Print, 576-582.	1.7	2
51	Lessons Learned From Rapid Deployment of 100% Mortality Review for Patients With COVID-19 Across a Health System. American Journal of Medical Quality, 2022, 37, 422-428.	0.5	1
52	The Medical Liability System: Essential Information for the Hospitalist. Hospital Medicine Clinics, 2012, 1, e276-e287.	0.2	0
53	Annals for Hospitalists Inpatient Notes - Mistakes in the Hospital—Communicating, Apologizing, and Beyond. Annals of Internal Medicine, 2016, 165, HO2.	3.9	0
54	Association of Unsolicited Patient Observations With the Quality of a Surgeon's Care. JAMA Surgery, 2017, 152, 530.	4.3	0

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55	The Role of Transparency in Patient Safety Improvement. , 2019, , 244-259.		Ο
56	Closing the Loop with Ambulatory Staff on Safety Reports. Joint Commission Journal on Quality and Patient Safety, 2020, 46, 44-50.	0.7	0
57	Development of a Web-Based Nonoperative Small Bowel Obstruction Treatment Pathway App. Applied Clinical Informatics, 2020, 11, 535-543.	1.7	Ο
58	Building an Ambulatory Safety Program at an Academic Health System. Journal of Patient Safety, 2021, 17, e84-e90.	1.7	0
59	Covid-19 has made clear why all physicians need to know about the business of healthcare. Journal of Patient Safety and Risk Management, 2021, 26, 51-55.	0.6	Ο
60	The Medical Liability Environment: Is It Really Any Worse for Hospitalists?. Journal of Hospital Medicine, 2021, 16, 446.	1.4	0