Pedro J Caraballo

List of Publications by Citations

47 papers	942 citations	15 h-index	30 g-index
50 ext. papers	1,206 ext. citations	4.3 avg, IF	3.97 L-index

#	Paper	IF	Citations
47	Preemptive genotyping for personalized medicine: design of the right drug, right dose, right time-using genomic data to individualize treatment protocol. *Mayo Clinic Proceedings*, **2014**, 89, 25-33	6.4	213
46	Institution-wide QT alert system identifies patients with a high risk of mortality. *Mayo Clinic Proceedings*, **2013**, 88, 315-25	6.4	111
45	Preemptive Pharmacogenomic Testing for Precision Medicine: A Comprehensive Analysis of Five Actionable Pharmacogenomic Genes Using Next-Generation DNA Sequencing and a Customized CYP2D6 Genotyping Cascade. *Journal of Molecular Diagnostics*, **2016**, 18, 438-445	5.1	108
44	Multidisciplinary model to implement pharmacogenomics at the point of care. *Genetics in Medicine*, **2017**, 19, 421-429	8.1	54
43	Integrating Pharmacogenomics into Clinical Practice: Promise vs Reality. *American Journal of Medicine*, **2016**, 129, 1093-1099.e1	2.4	42
42	Participant-perceived understanding and perspectives on pharmacogenomics: the Mayo Clinic RIGHT protocol (Right Drug, Right Dose, Right Time). *Genetics in Medicine*, **2017**, 19, 819-825	8.1	35
41	Type 2 Diabetes Mellitus Trajectories and Associated Risks. *Big Data*, **2016**, 4, 25-30	3.1	31
40	Impact of clinical decision support preventing the use of QT-prolonging medications for patients at risk for torsade de pointes. *Journal of the American Medical Informatics Association: JAMIA*, **2015**, 22, e21-7	8.6	30
39	Extending Association Rule Summarization Techniques to Assess Risk of Diabetes Mellitus. *IEEE Transactions on Knowledge and Data Engineering*, **2015**, 27, 130-141	4.2	29
38	The challenges of implementing pharmacogenomic testing in the clinic. *Expert Review of Pharmacoeconomics and Outcomes Research*, **2017**, 17, 567-577	2.2	28
37	The Return of Actionable Variants Empirical (RAVE) Study, a Mayo Clinic Genomic Medicine Implementation Study: Design and Initial Results. *Mayo Clinic Proceedings*, **2018**, 93, 1600-1610	6.4	20
36	phenotypes are associated with adverse outcomes related to opioid medications. *Pharmacogenomics and Personalized Medicine*, **2017**, 10, 217-227	2.1	19
35	Cohort Profile: The Right Drug, Right Dose, Right Time: Using Genomic Data to Individualize Treatment Protocol (RIGHT Protocol). *International Journal of Epidemiology*, **2020**, 49, 23-24k	7.8	19
34	Statin Use, Diabetes Incidence and Overall Mortality in Normoglycemic and Impaired Fasting Glucose Patients. *Journal of General Internal Medicine*, **2016**, 31, 502-8	4	17
33	An automated clinical alert system for newly-diagnosed atrial fibrillation. *PLoS ONE*, **2015**, 10, e0122153	3.7	17
32	Empowering genomic medicine by establishing critical sequencing result data flows: the eMERGE example. *Journal of the American Medical Informatics Association: JAMIA*, **2018**, 25, 1375-1381	8.6	14
31	Prevalence and Outcome of High-Risk QT Prolongation Recorded in the Emergency Department from an Institution-Wide QT Alert System. *Journal of Emergency Medicine*, **2018**, 54, 8-15	1.5	14

30	Evaluation of the use of clinical decision support and online resources for pharmacogenomics education. *Pharmacogenomics*, **2015**, 16, 1595-603	2.6	13
29	Pharmacogenomic clinical decision support design and multi-site process outcomes analysis in the eMERGE Network. *Journal of the American Medical Informatics Association: JAMIA*, **2019**, 26, 143-148	8.6	12
28	ProvidersTResponse to Clinical Decision Support for QT Prolonging Drugs. *Journal of Medical Systems*, **2017**, 41, 161	5.1	12
27	A Clinical Decision Support Tool for Familial Hypercholesterolemia Based on Physician Input. *Mayo Clinic Proceedings Innovations, Quality & Outcomes*, **2018**, 2, 103-112	3.1	12
26	Towards more Accessible Precision Medicine: Building a more Transferable Machine Learning Model to Support Prognostic Decisions for Micro- and Macrovascular Complications of Type 2 Diabetes Mellitus. *Journal of Medical Systems*, **2019**, 43, 185	5.1	11
25	Integrating pharmacogenomics into the electronic health record by implementing genomic indicators. *Journal of the American Medical Informatics Association: JAMIA*, **2020**, 27, 154-158	8.6	10
24	Automated T-wave analysis can differentiate acquired QT prolongation from congenital long QT syndrome. *Annals of Noninvasive Electrocardiology*, **2017**, 22,	1.5	5
23	Phenotype of Children with QT Prolongation Identified Using an Institution-Wide QT Alert System. *Pediatric Cardiology*, **2015**, 36, 1350-6	2.1	5
22	Frequency and cause of transient QT prolongation after surgery. *American Journal of Cardiology*, **2015**, 116, 1605-9	3	5
21	Predicting diabetes clinical outcomes using longitudinal risk factor trajectories. *BMC Medical Informatics and Decision Making*, **2020**, 20, 6	3.6	5
20	Genomic considerations for FHIR ; eMERGE implementation lessons. *Journal of Biomedical Informatics*, **2021**, 118, 103795	10.2	5
19	Concepts Driving Pharmacogenomics Implementation Into Everyday Healthcare. *Pharmacogenomics and Personalized Medicine*, **2019**, 12, 305-318	2.1	5
18	Evaluation of prescriber responses to pharmacogenomics clinical decision support for thiopurine -methyltransferase testing. *American Journal of Health-System Pharmacy*, **2018**, 75, 191-198	2.2	4
17	Evaluating the Impact of Data Representation on EHR-Based Analytic Tasks. *Studies in Health Technology and Informatics*, **2019**, 264, 288-292	0.5	3
16	An Implementation Science Framework to Develop a Clinical Decision Support Tool for Familial Hypercholesterolemia. *Journal of Personalized Medicine*, **2020**, 10,	3.6	3
15	Development and Validation of a Risk Stratification Model Using Disease Severity Hierarchy for Mortality or Major Cardiovascular Event. *JAMA Network Open*, **2020**, 3, e208270	10.4	3
14	Decline in ACEI/ARB Prescribing as Heart Failure Core Metrics Improve During Computer-Based Clinical Decision Support. *American Journal of Medical Quality*, **2014**, 29, 300-7	1.1	2
13	Challenges in returning results in a genomic medicine implementation study: the Return of Actionable Variants Empirical (RAVE) study. *Npj Genomic Medicine*, **2020**, 5, 19	6.2	2

12	Preferences for Updates on General Research Results: A Survey of Participants in Genomic Research from Two Institutions. *Journal of Personalized Medicine*, **2021**, 11,	3.6	2
11	CLINICAL RECOGNITION AND MANAGEMENT OF PATIENTS WITH PREDIABETES. *Endocrine Practice*, **2019**, 25, 545-553	3.2	1
10	Estimating Disease Onset Time by Modeling Lab Result Trajectories via Bayes Networks **2017**, 2017, 374-379	0.6	1
9	Improving Recognition, Diagnosis, and Management Of Heparin Induced Thrombocytopenia By Implementing a Computer-Based Clinical Decision Support System. *Blood*, **2013**, 122, 2966-2966	2.2	1
8	Deploying Clinical Decision Support for Familial Hypercholesterolemia. *ACI Open*, **2020**, 04, e157-e161	0.8	1
7	A Computational Method for Learning Disease Trajectories From Partially Observable EHR Data. *IEEE Journal of Biomedical and Health Informatics*, **2021**, 25, 2476-2486	7.2	1
6	Pharmacogenomics testing in patients with liver transplant and potential impact on prospective management. *Pharmacogenomics*, **2021**, 22, 1177-1183	2.6	1
5	Establishing an interdisciplinary research team for cardio-oncology artificial intelligence informatics precision and health equity.. *American Heart Journal Plus*, **2022**, 13, 100094-100094		0
4	A novel method for causal structure discovery from EHR data and its application to type-2 diabetes mellitus. *Scientific Reports*, **2021**, 11, 21025	4.9	0
3	Pharmacogenomics education and perceptions: is there a gap between internal medicine resident and attending physicians?. *Pharmacogenomics*, **2021**, 22, 195-201	2.6	0
2	Association of BMI, comorbidities and all-cause mortality by using a baseline mortality risk model. *PLoS ONE*, **2021**, 16, e0253696	3.7	0
1	Frequent Causal Pattern Mining: A Computationally Efficient Framework For Estimating Bias-Corrected Effects **2019**, 2019, 1981-1990		0