

# Robert E Burke

## List of Publications by Year in descending order

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Version: 2024-02-01

88  
papers

2,045  
citations

257101

24  
h-index

276539

41  
g-index

89  
all docs

89  
docs citations

89  
times ranked

2343  
citing authors

#	ARTICLE	IF	CITATIONS
1	Moving beyond readmission penalties: Creating an ideal process to improve transitional care. <i>Journal of Hospital Medicine</i> , 2013, 8, 102-109.	0.7	142
2	Hospital Readmission From Post-Acute Care Facilities: Risk Factors, Timing, and Outcomes. <i>Journal of the American Medical Directors Association</i> , 2016, 17, 249-255.	1.2	112
3	Identifying keys to success in reducing readmissions using the ideal transitions in care framework. <i>BMC Health Services Research</i> , 2014, 14, 423.	0.9	110
4	Using the Practical, Robust Implementation and Sustainability Model (PRISM) to qualitatively assess multilevel contextual factors to help plan, implement, evaluate, and disseminate health services programs. <i>Translational Behavioral Medicine</i> , 2019, 9, 1002-1011.	1.2	110
5	Rise of Post-acute Care Facilities as a Discharge Destination of US Hospitalizations. <i>JAMA Internal Medicine</i> , 2015, 175, 295.	2.6	104
6	Interventions to Decrease Hospital Readmissions. <i>JAMA Internal Medicine</i> , 2013, 173, 695.	2.6	101
7	Systematic, Multimethod Assessment of Adaptations Across Four Diverse Health Systems Interventions. <i>Frontiers in Public Health</i> , 2018, 6, 102.	1.3	89
8	Identifying Potentially Preventable Emergency Department Visits by Nursing Home Residents in the United States. <i>Journal of the American Medical Directors Association</i> , 2015, 16, 395-399.	1.2	77
9	Patient and Hospitalization Characteristics Associated With Increased Postacute Care Facility Discharges From US Hospitals. <i>Medical Care</i> , 2015, 53, 492-500.	1.1	69
10	Role of Physical Therapists in Reducing Hospital Readmissions: Optimizing Outcomes for Older Adults During Care Transitions From Hospital to Community. <i>Physical Therapy</i> , 2016, 96, 1125-1134.	1.1	66
11	How Hospital Clinicians Select Patients for Skilled Nursing Facilities. <i>Journal of the American Geriatrics Society</i> , 2017, 65, 2466-2472.	1.3	62
12	Characteristics Associated with Home Health Care Referrals at Hospital Discharge: Results from the 2012 National Inpatient Sample. <i>Health Services Research</i> , 2017, 52, 879-894.	1.0	40
13	Hospital to Post-Acute Care Facility Transfers: Identifying Targets for Information Exchange Quality Improvement. <i>Journal of the American Medical Directors Association</i> , 2017, 18, 70-73.	1.2	39
14	Influence of Nonindex Hospital Readmission on Length of Stay and Mortality. <i>Medical Care</i> , 2018, 56, 85-90.	1.1	38
15	Contribution of psychiatric illness and substance abuse to 30-day readmission risk. <i>Journal of Hospital Medicine</i> , 2013, 8, 450-455.	0.7	34
16	Caregivers' Perceived Roles in Caring for Patients With Heart Failure: What Do Clinicians Need to Know?. <i>Journal of Cardiac Failure</i> , 2014, 20, 731-738.	0.7	34
17	Factors Associated With Early Readmission Among Patients Discharged to Post-acute Care Facilities. <i>Journal of the American Geriatrics Society</i> , 2017, 65, 1199-1205.	1.3	34
18	The HOSPITAL Score Predicts Potentially Preventable 30-Day Readmissions in Conditions Targeted by the Hospital Readmissions Reduction Program. <i>Medical Care</i> , 2017, 55, 285-290.	1.1	34

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19	Increasing Home Healthcare Referrals upon Discharge from U.S. Hospitals: 2001–2012. <i>Journal of the American Geriatrics Society</i> , 2015, 63, 1265-1266.	1.3	33
20	Implementation and dissemination of a transition of care program for rural veterans: a controlled before and after study. <i>Implementation Science</i> , 2017, 12, 123.	2.5	30
21	Home-Health-Care Physical Therapy Improves Early Functional Recovery of Medicare Beneficiaries After Total Knee Arthroplasty. <i>Journal of Bone and Joint Surgery - Series A</i> , 2018, 100, 1728-1734.	1.4	30
22	Evaluating the Quality of Patient Decision-Making Regarding Post-Acute Care. <i>Journal of General Internal Medicine</i> , 2018, 33, 678-684.	1.3	29
23	Trends in Use of Low-Value Care in Traditional Fee-for-Service Medicare and Medicare Advantage. <i>JAMA Network Open</i> , 2021, 4, e211762.	2.8	29
24	Post-Acute Care Reform: Implications and Opportunities for Hospitalists. <i>Journal of Hospital Medicine</i> , 2017, 12, 46-51.	0.7	24
25	Brainwriting Premortem. <i>Journal of Nursing Care Quality</i> , 2019, 34, 94-100.	0.5	23
26	Predicting Potential Adverse Events During a Skilled Nursing Facility Stay: A Skilled Nursing Facility Prognosis Score. <i>Journal of the American Geriatrics Society</i> , 2018, 66, 930-936.	1.3	22
27	Perceived Costs of Care Influence Post-Acute Care Choices by Clinicians, Patients, and Caregivers. <i>Journal of the American Geriatrics Society</i> , 2019, 67, 703-710.	1.3	20
28	Operationalizing an Implementation Framework to Disseminate a Care Coordination Program for Rural Veterans. <i>Journal of General Internal Medicine</i> , 2019, 34, 58-66.	1.3	20
29	Systems Approach Is Needed for In-Hospital Mobility: A Qualitative Metasynthesis of Patient and Clinician Perspectives. <i>Archives of Physical Medicine and Rehabilitation</i> , 2021, 102, 984-998.	0.5	20
30	Study protocol: improving the transition of care from a non-network hospital back to the patient's medical home. <i>BMC Health Services Research</i> , 2017, 17, 123.	0.9	19
31	Practical Use of Process Mapping to Guide Implementation of a Care Coordination Program for Rural Veterans. <i>Journal of General Internal Medicine</i> , 2019, 34, 67-74.	1.3	19
32	Quality measurement and nursing homes: measuring what matters. <i>BMJ Quality and Safety</i> , 2019, 28, 520-523.	1.8	18
33	Effect of a hospitalist-run postdischarge clinic on outcomes. <i>Journal of Hospital Medicine</i> , 2014, 9, 7-12.	0.7	16
34	Discharge Destination and Disparities in Postoperative Care. <i>JAMA - Journal of the American Medical Association</i> , 2018, 319, 1653.	3.8	16
35	Improving Transitions of Care for Veterans Transferred to Tertiary VA Medical Centers. <i>American Journal of Medical Quality</i> , 2018, 33, 147-153.	0.2	16
36	Rigorous evaluations of evolving interventions: can we have our cake and eat it too?. <i>BMJ Quality and Safety</i> , 2018, 27, 254-257.	1.8	16

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37	Assessing First Visits By Physicians To Medicare Patients Discharged To Skilled Nursing Facilities. <i>Health Affairs</i> , 2019, 38, 528-536.	2.5	16
38	Use of post-acute care after hospital discharge in urban and rural hospitals. <i>American Journal of Accountable Care</i> , 2017, 5, 16-22.	1.0	16
39	Involvement of Acute Care Physical Therapists in Care Transitions for Older Adults Following Acute Hospitalization: A Cross-sectional National Survey. <i>Journal of Geriatric Physical Therapy</i> , 2019, 42, E73-E80.	0.6	15
40	Outcomes of post-acute care in skilled nursing facilities in Medicare beneficiaries with and without a diagnosis of dementia. <i>Journal of the American Geriatrics Society</i> , 2021, 69, 2899-2907.	1.3	15
41	Sustaining quality improvement efforts: emerging principles and practice. <i>BMJ Quality and Safety</i> , 2021, 30, 848-852.	1.8	14
42	Coordinating Care Across VA Providers and Settings: Policy and Research Recommendations from VA's State of the Art Conference. <i>Journal of General Internal Medicine</i> , 2019, 34, 11-17.	1.3	13
43	Internal Medicine Residents' Perceived Responsibility for Patients at Hospital Discharge: A National Survey. <i>Journal of General Internal Medicine</i> , 2016, 31, 1490-1495.	1.3	12
44	Transitional Care Outcomes in Veterans Receiving Post-acute Care in a Skilled Nursing Facility. <i>Journal of the American Geriatrics Society</i> , 2019, 67, 1820-1826.	1.3	12
45	Impaired Physical Performance Predicts Hospitalization Risk for Participants in the Program of All-Inclusive Care for the Elderly. <i>Physical Therapy</i> , 2019, 99, 28-36.	1.1	12
46	Integration Activities Between Hospitals and Skilled Nursing Facilities: A National Survey. <i>Journal of the American Medical Directors Association</i> , 2021, 22, 2565-2570.e4.	1.2	12
47	Selecting implementation strategies to drive <sc>Age-Friendly</sc> Health System Adoption. <i>Journal of the American Geriatrics Society</i> , 2022, 70, 313-318.	1.3	12
48	Postdischarge clinics: Hospitalist attitudes and experiences. <i>Journal of Hospital Medicine</i> , 2013, 8, 578-581.	0.7	11
49	Nurses' Role in Managing "The Fit" of Older Adults in Skilled Nursing Facilities. <i>Journal of Gerontological Nursing</i> , 2017, 43, 11-20.	0.3	11
50	Perspectives of Clinicians, Staff, and Veterans in Transitioning Veterans from non-VA Hospitals to Primary Care in a Single VA Healthcare System. <i>Journal of Hospital Medicine</i> , 2020, 14, 133-139.	0.7	11
51	Residents' Exposure to Educational Experiences in Facilitating Hospital Discharges. <i>Journal of Graduate Medical Education</i> , 2017, 9, 184-189.	0.6	10
52	Hospital Readmission From the Perspective of Medicaid and Uninsured Patients. <i>Journal for Healthcare Quality: Official Publication of the National Association for Healthcare Quality</i> , 2018, 40, 44-50.	0.3	10
53	Variability in skilled nursing facility screening and admission processes: Implications for value-based purchasing. <i>Health Care Management Review</i> , 2020, 45, 353-363.	0.6	10
54	Telehealth Benefits Offered by Medicare Advantage Plans in 2020. <i>Medical Care</i> , 2021, 59, 53-57.	1.1	9

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55	Association of Medicare-Medicaid Dual Eligibility and Race and Ethnicity With Ischemic Stroke Severity. <i>JAMA Network Open</i> , 2022, 5, e224596.	2.8	9
56	Differences in transitional care processes among high-performing and low-performing hospital-SNF pairs: a rapid ethnographic approach. <i>BMJ Quality and Safety</i> , 2021, 30, 648-657.	1.8	7
57	Gaps in Hospital and Skilled Nursing Facility Responsibilities During Transitions of Care: a Comparison of Hospital and SNF Clinicians' Perspectives. <i>Journal of General Internal Medicine</i> , 2021, 36, 2251-2258.	1.3	7
58	Postacute care outcomes in home health or skilled nursing facilities in patients with a diagnosis of dementia. <i>Health Services Research</i> , 2022, 57, 497-504.	1.0	7
59	Variability in Transitional Care Outcomes Across Hospitals Discharging Veterans to Skilled Nursing Facilities. <i>Medical Care</i> , 2020, 58, 301-306.	1.1	7
60	Reducing SNF Readmissions: At What Cost?. <i>Journal of Hospital Medicine</i> , 2018, 13, 285-286.	0.7	7
61	Can we engage caregiver spouses of patients with heart failure with a low-intensity, symptom-guided intervention?. <i>Heart and Lung: Journal of Acute and Critical Care</i> , 2016, 45, 114-120.	0.8	6
62	Cognitive Biases Influence Decision-Making Regarding Postacute Care in a Skilled Nursing Facility. <i>Journal of Hospital Medicine</i> , 2020, 15, 22-27.	0.7	6
63	Cognitive Biases Influence Decision-Making Regarding Postacute Care in a Skilled Nursing Facility. <i>Journal of Hospital Medicine</i> , 2020, 15, 22-27.	0.7	6
64	Ready to Go Home? Assessment of Shared Mental Models of the Patient and Discharging Team Regarding Readiness for Hospital Discharge. <i>Journal of Hospital Medicine</i> , 2021, 16, 326-332.	0.7	6
65	Skilled Nursing Facility Performance and Readmission Rates Under Value-Based Purchasing. <i>JAMA Network Open</i> , 2022, 5, e220721.	2.8	6
66	External Validation of the Skilled Nursing Facility Prognosis Score for Predicting Mortality, Hospital Readmission, and Community Discharge in Veterans. <i>Journal of the American Geriatrics Society</i> , 2020, 68, 2090-2094.	1.3	5
67	Social and Health-Related Factors Associated with Enrollment in Medicare Advantage Plans in Older Adults. <i>Journal of the American Geriatrics Society</i> , 2020, 68, 313-320.	1.3	4
68	Improving end-of-rotation transitions of care among ICU patients. <i>BMJ Quality and Safety</i> , 2020, 29, 250-259.	1.8	4
69	Association of Medicare Advantage Penetration With Per Capita Spending, Emergency Department Visits, and Readmission Rates Among Fee-for-Service Medicare Beneficiaries With High Comorbidity Burden. <i>Medical Care Research and Review</i> , 2021, 78, 703-712.	1.0	4
70	Association of Discharge to Home vs Institutional Postacute Care With Outcomes After Lower Extremity Joint Replacement. <i>JAMA Network Open</i> , 2020, 3, e2022382.	2.8	4
71	How Context Influences Hospital Readmissions from Skilled Nursing Facilities: A Rapid Ethnographic Study. <i>Journal of the American Medical Directors Association</i> , 2021, 22, 1248-1254.e3.	1.2	4
72	Use of Post-Acute Care by Medicare Beneficiaries With a Diagnosis of Dementia. <i>Journal of the American Medical Directors Association</i> , 2022, 23, 877-879.e3.	1.2	4

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73	Facility-Level Percutaneous Coronary Intervention Readmission Rates Are Not Associated With Facility-Level Mortality: Insights From the VA Clinical Assessment, Reporting, and Tracking (CART) Program. <i>Journal of the American Heart Association</i> , 2016, 5, .	1.6	3
74	Identifying Patient Readmissions: Are Our Data Sources Misleading?. <i>Journal of the American Medical Directors Association</i> , 2019, 20, 1042-1044.	1.2	3
75	Improving the Transition of Care Process for Veterans Hospitalized at Non-VHA Facilities. <i>Journal for Healthcare Quality: Official Publication of the National Association for Healthcare Quality</i> , 2019, 41, 68-74.	0.3	3
76	<scp>Age-friendly</scp> learning health systems: Opportunities for model synergy and care improvement. <i>Journal of the American Geriatrics Society</i> , 2022, 70, 2458-2461.	1.3	3
77	Electronic Communication Capabilities of Residential Care Facilities at Times of Transition. <i>Journal of the American Geriatrics Society</i> , 2014, 62, 1381-1383.	1.3	2
78	Annals for Hospitalists Inpatient Notes - The Role of Hospitalists in the Creation of Learning Healthcare Systems. <i>Annals of Internal Medicine</i> , 2020, 172, HO2.	2.0	2
79	A Cross-Sectional Survey of Internal Medicine Residents'™ Knowledge, Attitudes, and Current Practices Regarding Patient Transitions to Post-Acute Care. <i>Journal of the American Medical Directors Association</i> , 2021, 22, 2344-2349.	1.2	2
80	Physical Function and Hospital Readmissions. <i>JAMA Internal Medicine</i> , 2015, 175, 1722.	2.6	1
81	Annals for Hospitalists Inpatient Notes - Research Highlights From Hospital Medicine 2017. <i>Annals of Internal Medicine</i> , 2017, 166, HO2.	2.0	1
82	Within-Hospital Variation in 30-Day Adverse Events: Implications for Measuring Quality. <i>Journal for Healthcare Quality: Official Publication of the National Association for Healthcare Quality</i> , 2018, 40, 147-154.	0.3	1
83	Annals for Hospitalists Inpatient Notes - Getting Past the "Black Box" Opportunities for Hospitalists to Improve Postacute Care Transitions. <i>Annals of Internal Medicine</i> , 2018, 168, HO2.	2.0	1
84	Addressing the "Total Taxpayer" Problem to Translate Veterans Health Administration Innovations in Long-Term Supports. <i>The Public Policy and Aging Report</i> , 2020, 30, 24-28.	0.8	1
85	"What Would It Take to Transform Post-Acute Care?" 2019 Conference Proceedings on Re-envisioning Post-Acute Care. <i>Journal of the American Medical Directors Association</i> , 2020, 21, 1012-1014.	1.2	1
86	<scp>VA</scp> nursing home compare metrics as an indicator of skilled nursing facility quality for veterans. <i>Journal of the American Geriatrics Society</i> , 2022, 70, 2269-2279.	1.3	1
87	Waiting for Godot: The Quest to Promote Scholarship in Hospital Medicine. <i>Journal of Hospital Medicine</i> , 2019, 14, 508-509.	0.7	0
88	Early Career Outcomes following a Quality Improvement Leadership Track in Graduate Medical Education. <i>Journal of General Internal Medicine</i> , 2022, , 1.	1.3	0