

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether

earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent

Lauffenburger 1



Section 1. Ide	ntifying Inform	ation				
1. Given Name (First Na Julie	me)	2. Surnan Lauffenb	ne (Last Name ourger	<u>e</u>)		3. Date 19-January-2016
4. Are you the correspon	nding author?	Yes	or's Name			
5. Manuscript Title Nationwide evidence homes on medication	•	National Co	ommittee fo	r Quality Assura	ance-reco	gnized patient-centered medical
6. Manuscript Identifyin M15-2659	g Number (if you kno	ow it)				
Sortion 3						
Section 2. The	Work Under Co	nsiderat	tion for Pul	blication		
	ted work (including	but not lim	ited to grants	s, data monitoring		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
•	e appropriate info	rmation b	elow. If you		n one enti	ty press the "ADD" button to add a row.
Name of Institution/C	Company	Grant?	Personal I	Non-Financial Support [?]	Other?	Comments
CVS Health		✓				This project was supported by an unrestricted grant from CVS Health to Brigham and Women's Hospital.
Section 3. Rel	evant financial a	activities	outside th	ne submitted	work.	
of compensation) with	n entities as descril ox. You should rep	oed in the ort relatio	instructions	. Use one line fo were present d	or each er	cial relationships (regardless of amount ntity; add as many lines as you need by a 36 months prior to publication .
Section 4. Inte	ellectual Proper	ty Pate	nts & Copy	yrights		
Do you have any pate	nts, whether planr	ned, pendi	ng or issued	, broadly releva	nt to the	work? Yes 🗸 No

Lauffenburger 2



Section 5. Relationships not covered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Lauffenburger reports that this project was supported by unrestricted funding from CVS Health to Brigham and Women's Hospital during the conduct of the study.

Evaluation and Feedback

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Lauffenburger 3



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Royalties: Funds are coming in to you or your institution due to your patent

Choudhry 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Niteesh	2. Surname (Last Nam Choudhry	ne)		3. Date 22-September-2016
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Association between patient-centered r	nedical homes and ac	dherence to chro	nic medio	cations
6. Manuscript Identifying Number (if you kn M15-2659	ow it)			
Section 2. The Work Under Co	onsideration for Pu	ıblication		
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grantst? Yes 15 rmation below. If you	ts, data monitoring	g board, stu	udy design, manuscript preparation,
Name of Institution/Company		Non-Financial Support?	Other?	Comments
CVS Caremark	✓			Unrestricted grant payable to my institution.
Section 3. Relevant financial a	activities outside t	he submitted	work.	
Place a check in the appropriate boxes in of compensation) with entities as describle clicking the "Add +" box. You should rep	bed in the instruction	s. Use one line fo	or each er	ntity; add as many lines as you need by
Are there any relevant conflicts of intere		No		
If yes, please fill out the appropriate info	rmation below.			
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments
Sanofi	✓			Unrestricted grant payable to my institution to study a medication adherence improvement intervention

Choudhry 2



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments			
AstraZeneca	✓				Unrestricted grant payable to my institution to study a medication adherence improvement intervention	_		
Medisafe	✓				Unrestricted grant payable to my institution to study a medication adherence improvement intervention			
NHLBI	✓				Unrestricted grant payable to my institution to study a medication adherence improvement intervention			
Merck	✓				Unrestricted grant payable to my institution to study medication adherence prediction			
PhRMA	✓				Unrestricted grant payable to my institution to study the impact of interventions and health insurance design on adherence improvement			
Section 4. Intellectual Property Patents & Copyrights								
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V								
Section 5. Relationships not c	overed	above						
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?								
Yes, the following relationships/conditions/circumstances are present (explain below): Voother relationships/conditions/circumstances that present a potential conflict of interest								
At the time of manuscript acceptance, jo	urnals wi	ll ask autho	ors to confirm and	l, if neces	sary, update their disclosure statement	ts.		

Choudhry 3

On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Choudhry reports grants from CVS Caremark, during the conduct of the study; grants from Sanofi, grants from AstraZeneca, grants from Medisafe, grants from NHLBI, grants from Merck, grants from PhRMA, outside the submitted work;

Evaluation and Feedback

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Choudhry 4



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Royalties: Funds are coming in to you or your institution due to your patent

Glynn 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Robert	rst Name)	2. Surname (Last Na Glynn	me) 3. Date 04-October-2016
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Julie Lauffenburger
5. Manuscript Title Association betw		medical homes and	adherence to chronic medications
6. Manuscript Ider M15-2659	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for F	Publication
any aspect of the s statistical analysis, Are there any relo	ubmitted work (including	g but not limited to gra	s from a third party (government, commercial, private foundation, etc.) for nts, data monitoring board, study design, manuscript preparation, No
Section 3.	Relevant financial	activities outside	the submitted work.
of compensation clicking the "Add Are there any rele) with entities as descr	ibed in the instruction port relationships the est? Yes	te whether you have financial relationships (regardless of amount ons. Use one line for each entity; add as many lines as you need by at were present during the 36 months prior to publication . No
ii yes, piease iiii e	at the appropriate inv	offilation below.	
Name of Entity		Grant? Persona Fees?	Non-Financial Other? Comments
Novartis Pharmaceut	icals	✓	For clinical trial monitoring
Pfizer Pharmaceutica	ls	✓	For clinical trial analysis
Section 4.	Intellectual Proper		pyrights ed, broadly relevant to the work? Yes V No
Do you have ally	paterits, wrietilei plan	neu, penung or issu	eu, broadiy relevant to the work:

Glynn 2



Section 5. Polationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Glynn reports grants from Novartis Pharmaceuticals, grants from Pfizer Pharmaceuticals, outside the submitted work; .

Evaluation and Feedback

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Glynn 3



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Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Bitton		3. Effective Date (07-August-2008) 27-September-2016
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Na Julie Lauffenberger	me
5. Manuscript Title Association betw		d medical homes and adhe	erence to chronic medication	ns
6. Manuscript Ide M15-2659	ntifying Number (if you	know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	✓					×		
						ADD		

Section 3. Rel

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	✓					×		
						ADD		
2. Consultancy		✓		Center for Medicare and Medicaid Innovation	Senior Advisor to the Comprehensive Primary Care initiative	×		
						ADD		
3. Employment		✓	V	Brigham and Women's Hospital, Ariadne Labs (BWH and Harvard TH Chan School of Public Health)	Staff Physician at BWH, and Director of Primary Health Care at Ariadne Labs	×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending			✓	Bill and Melinda Gates Foundation; World Bank Group		×		
						ADD		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
Payment for lectures including service on speakers bureaus	✓					×	
						ADD	
Payment for manuscript preparation	✓					×	
						ADD	
Patents (planned, pending or issued)	✓					×	
						ADD	
9. Royalties	✓					X	
						ADD	
10. Payment for development of educational presentations	✓					×	
						ADD	
11. Stock/stock options	✓					×	
						ADD	
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×	
						ADD	
Other (err on the side of full disclosure)	✓					×	
* This means money that your institution		fau	Sa unha			ADD	

Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

^{*} This means money that your institution received for your efforts.

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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Hide All Table Rows Checked 'No'

SAVE

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Pezalla 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fire	st Name)	2. Surname (Last Name) Pezalla	3. Date 19-January-2016					
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Name Neteesh Choudhry					
5. Manuscript Title Nationwide evidence for the impact of National Committee for Quality Assurance-recognized patient-centered medical homes on medication adherence								
6. Manuscript Iden M15-2659	tifying Number (if you kn	ow it)						
Section 2.	The Work Under Co	onsideration for Public	ation					
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No								
Section 3.	Relevant financial	activities outside the s	ubmitted work.					
of compensation) clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardle e one line for each entity; add as many lines as e present during the 36 months prior to pub	you need by				
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts					
Do you have any			oadly relevant to the work? Yes V					

Pezalla 2



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Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Pezalla has nothing to disclose.

Evaluation and Feedback

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Pezalla 3



Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

Brill 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Gregory	rst Name)	2. Surname (Last Name) Brill	3. Date 19-January-2016		
4. Are you the cor	4. Are you the corresponding author? Yes ✓ No		Corresponding Author's Name Niteesh Choudhry		
		National Committee for Qu	uality Assurance-recognized patient-centered medical		
6. Manuscript Ide M15-2659	ntifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration for Public	ation		
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No					
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes You					
Section 4.	Intellectual Proper	rty Patents & Copyri <u>c</u>	yhts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No		

Brill 2



Section 5. Polationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Brill has nothing to disclose.

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Brill 3



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earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent

Spettell 1



Section 1.	Identifying Inform	ation			
1. Given Name (Firs Claire		2. Surname (Last Name) Spettell		3. Date 26-January-2016	
4. Are you the corre	esponding author?	Yes ✓ No	Correspondin Niteesh Cho	ng Author's Name udhry	
5. Manuscript Title Nationwide evide homes on medica	-	National Committee for (Quality Assurand	ce-recognized patient-centered medical	
6. Manuscript Ident M15-2659	ifying Number (if you kn	now it)			
Section 2.	The Work Under Co	onsideration for Publ	ication		
	bmitted work (including			overnment, commercial, private foundation, e oard, study design, manuscript preparation,	tc.) for
=	vant conflicts of intere	est?			
Section 3.	Relevant financial	activities outside the	submitted w	ork.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication .					
Are there any relevant conflicts of interest? Yes No If yes, please fill out the appropriate information below.					
ii yes, piease iiii oi	и те арргорнате ппо	ormation below.			
Name of Entity		Grant? Personal No	on-Financial Support?	Other? Comments	
Aetna				I am employed by Aetna and receive compensation not tied to the completion of this study	
Section 4.	Intellectual Proper	ty Patents & Copyr	ights		
Do you have any إ	patents, whether plan	ned, pending or issued, k	proadly relevant	to the work? Yes Vo	

Spettell 2



Section 5. Polationships not sovered above
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Royalties: Funds are coming in to you or your institution due to your patent

Matlin 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Olga	rst Name)	2. Surname (Last Name Matlin)	3. Date 16-February-2016	
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Authory	or's Name	
Manuscript Title Nationwide evid homes on medic	ence for the impact of	National Committee for	Quality Assurance-reco	gnized patient-centered medical	
6. Manuscript Ider M15-2659	ntifying Number (if you kr	now it)			
	l				
Section 2.	The Work Under C	onsideration for Puk	olication		
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No					
Section 3.	Relevant financial	activities outside th	e submitted work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest?					
Name of Entity		Grant? Personal Fees?	Ion-Financial Support?	Comments	
CVS Health				Employee of CVS Health	
Section 4.	Intellectual Prope	rty Patents & Copy	rights		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Matlin 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
I am employed b	y CVS Health and own company stock.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

Krumme 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Krumme		3. Date 25-Januar	y-2016
4. Are you the cor	responding author?	or? Yes No Corresponding Author's Name Niteesh Choudhry			
		National Committee for	Quality Assuran	ce-recognized patient-ce	entered medical
6. Manuscript Ider M15-2659	ntifying Number (if you kn	now it)			
Section 2.	The Work Under Co	onsideration for Pub	lication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	est? Yes No	data monitoring b	overnment, commercial, proportion of the proport	cript preparation,
Name of Institut	ion/Company	Grant? Personal N	on-Financial Support?	Other? Comments	
CVS Health		V			
	1				
Section 3.	Relevant financial	activities outside the	submitted w	ork.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo					
Section 4.	Intellectual Proper	ty Patents & Copyr	rights		
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevant	t to the work? Yes	✓ No

Krumme 2



Section 5.	Relationships not covered above			
	relationships or activities that readers could perceive to have influenced, or that give the appearance of uencing, what you wrote in the submitted work?			
Yes, the foll	owing relationships/conditions/circumstances are present (explain below):			
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(JCL, AAK, G	was supported by an unrestricted grant from CVS Health to Brigham and Women's Hospital 3, NKC). AB did not receive any funding for this work. WHS and OSM are employees of CVS and EJP are employees of Aetna.			

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Krumme 3



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Shrank 1



Section 1. Identifying Inform	ation				
			2.0.		
1. Given Name (First Name) William	2. Surname (Last Name) Shrank		3. Date 26-September-2016		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author	's Name		
5. Manuscript Title Association between patient-centered r	medical homes and adher	ence to chronic medica	ations		
6. Manuscript Identifying Number (if you kn	ow it)				
		_			
Section 2. The Work Under Co	onsideration for Publi	cation			
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No					
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Name of Entity	Grant? Personal Fees? S	n-Financial upport?	Comments		
ohnson and johnson			participated in an educational meeting		
Section 4. Intellectual Proper	ty Patents & Copyri	ghts			
Do you have any patents, whether plant	ned, pending or issued, bi	oadly relevant to the w	vork? Yes V No		

Shrank 2



Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below): No other relationships/conditions/circumstances that present a potential conflict of interest
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I was employed by CVS Health at the time of this work, a company that works with patient centered medical homes to improve adherence to medicaitions
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Dr. Shrank reports personal fees from johnson and johnson, outside the submitted work; and I was employed by CVS Health at the time of this work, a company that works with patient centered medical homes to improve adherence to medicaitions.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Inform	nation				
Given Name (First Name) Jessica	2. Surname (Last Name) Franklin	3. Date 27-September-2016			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Julie Lauffenburger			
5. Manuscript Title Association between patient-centered	medical homes and adher	ence to chronic medications			
6. Manuscript Identifying Number (if you ki M15-2659	now it)				
Section 2. The Work Under C	onsideration for Public	cation			
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No					
Section 3. Relevant financial	activities outside the s	submitted work.			
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo					
Section 4. Intellectual Prope	rty Patents & Copyri	ghts			
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No			

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Section 5. Relationships not covered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Franklin has nothing to disclose.

Evaluation and Feedback

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