

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

5. Relationships not covered above.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Cheryl	2. Surname (Last Name) Damberg	3. Date 30-November-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Aaron Mendelson
5. Manuscript Title The effects of pay-for-performance programs on health, health care use, and processes of care: A systematic review		
6. Manuscript Identifying Number (if you know it) M16-1881		

Section 2. The Work Under Consideration for Publication

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
The U.S. Department of Veterans Affairs, Veterans Health Administration, Office of Research and Development, Quality Enhancement Research Initiative, Evidence-based Synthesis Program (project 05-225)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Damberg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Michele

2. Surname (Last Name)
Freeman

3. Date
23-November-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Aaron Mendelson

5. Manuscript Title
The effects of pay for performance programs on health, health care use, and processes of care: a systematic review

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Dr. Freeman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Devan

2. Surname (Last Name)

Kansagara

3. Date

04-December-2016

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

The effects of pay for performance programs on health, health care use, and processes of care: a systematic review

6. Manuscript Identifying Number (if you know it)

M16-1881

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Dr. Kansagara has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Karli	2. Surname (Last Name) Kondo	3. Date 02-December-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Devan Kansagara
5. Manuscript Title The effects of pay for performance programs on health, health care, use, and processes of care: a systematic review		
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Section 1. Identifying Information

1. Given Name (First Name) Allison	2. Surname (Last Name) Low	3. Date 23-November-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Devan Kansagara
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Ms. Low has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Aaron

2. Surname (Last Name)
Mendelson

3. Date
28-November-2016

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
The effects of pay for performance programs on health, health care use, and processes of care: a systematic review

6. Manuscript Identifying Number (if you know it)
M16-1881

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Mendelson has nothing to disclose.

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1. Given Name (First Name) Makalapua	2. Surname (Last Name) Motuapuaka	3. Date 05-December-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Karli Kondo
5. Manuscript Title The effects of pay for performance programs on health, health care use, and processes of care: a systematic review		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)
Maya

2. Surname (Last Name)
O'Neil

3. Date
23-November-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Aaron Mendelson

5. Manuscript Title

The effects of pay for performance programs on health, health care use, and processes of care: a systematic review

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rose	2. Surname (Last Name) Relevo	3. Date 29-November-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Corresponding Author's Name		
5. Manuscript Title The effects of pay for performance programs on health, health care use, and processes of care: a systematic review.		
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