

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.

1. Identifying information.

2. The work under consideration for publication.

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.

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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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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

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



Section 1.	Identifying Infor	mation		
1. Given Name (Fi Colleen	rst Name)	2. Surname (Last Name) Carey		Date March-2018
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Michael L. Barnett	
5. Manuscript Title Patterns of Pote		nd Subsequent Adverse O	utcomes in Medicare, 2008-2012	
6. Manuscript Ide M17-3065	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 (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.)?

🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	\checkmark	No



Section 5. Relationships not covered above

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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. Carey has nothing to disclose.

Evaluation and Feedback

Please visit <u>http://www.icmje.org/cgi-bin/feedback</u> to provide feedback on your experience with completing this form.



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



Section 1. Identify	ying Information	
1. Given Name (First Name) Michael	2. Surname (Last Name) Barnett	3. Date 14-March-2018
4. Are you the corresponding	author? 🖌 Yes 🗌 No	
5. Manuscript Title Patterns of Potential Opioi	d Misuse and Subsequent Adverse Outcomes in	n Medicare, 2008-2012
6. Manuscript Identifying Nui M17-3065	mber (if you know it)	

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✓ No

Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? Yes 🗸 No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 📝 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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
Method for using Physician Social Networks Based on Common Patients to Predict Cost and Intensity of Care in Hospitals	\checkmark			\checkmark		20,130,073,313	



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Dr. Barnett reports In addition, Dr. Barnett has a patent Method for using Physician Social Networks Based on Common Patients to Predict Cost and Intensity of Care in Hospitals with royalties paid, and a patent null pending.

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Section 1. Identifying Inf	ormation	
1. Given Name (First Name) Anupam	2. Surname (Last Name) Jena	3. Date 08-January-2018
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Michael Barnett
5. Manuscript Title Patterns of Potential Opioid Misuse	and Subsequent Adverse O	utcomes in Medicare, 2008-2012
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Are there any relevant conflicts of interest? \checkmark Yes \square 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 <mark>?</mark>	Other?	Comments	
NIH	\checkmark				1DP5OD017897-01	

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No

Are there any relevant conflicts of interest? \checkmark Yes

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Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
Pfizer		\checkmark			Consulting fee re: assessing the value of unmet need in health care
Hill Rom Services, Inc		\checkmark			Consulting fee re: assessing the value of early mobility programs



Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments
Bristol Myers Squibb		\checkmark			Consulting fee re: new approaches to valuing improvements in cancer treatment
Novartis Pharmaceuticals		\checkmark			Consulting fee re: new approaches to valuing improvements in cancer treatment
Vertex Pharmaceuticals		\checkmark			Consulting fee re: assessing the value of new cystic fibrosis therapies
Precision Health Economics		\checkmark			General health economics consulting

Section 4.

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Dr. Jena reports grants from NIH, during the conduct of the study; personal fees from Pfizer, personal fees from Hill Rom Services, Inc, personal fees from Bristol Myers Squibb, personal fees from Novartis Pharmaceuticals, personal fees from Vertex Pharmaceuticals, personal fees from Precision Health Economics, outside the submitted work; .

🖌 No



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