

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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 four parts.

#### 1. 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.

#### 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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

#### 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. Other relationships.

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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Mark                | 2. Surname (Last Name)<br>Hennessey                                 | 3. Effective Date (07-August-2008)<br>07-August-2008 |
| 4. Are you the corresponding author?              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Karen Kmetik          |
| 5. Manuscript Title<br>Cardio-HIT Manuscript      |   |  |
| 6. Manuscript Identifying 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 Publication

| Type  | No                                  | Money Paid to You        | Money to Your Institution*          | Name of Entity | Comments** |     |
|---|-------------------------------------|--------------------------|-------------------------------------|----------------|------------|-----|
| 1. Grant  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | AMA            |            | X   |
|   |                                     |                          |                                     |                |            | ADD |
| 2. Consulting fee or honorarium   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                |            | X   |
|   |                                     |                          |                                     |                |            | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | AMA            |            | X   |
|   |                                     |                          |                                     |                |            | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | AMA            |            | X   |
|   |                                     |                          |                                     |                |            | ADD |
| 5. Payment for writing or reviewing the manuscript  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                |            | X   |
|   |                                     |                          |                                     |                |            | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                |            | X   |

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| The Work Under Consideration for Publication |                                     |                          |                            |                |            |     |
|--|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type   | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
| 7. Other                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | ADD |
|  |                                     |                          |                            |                |            | X   |
|  |                                     |                          |                            |                |            | ADD |

\* This means money that your institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

### Section 3. 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   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |        |          | X   |
|   |                                     |                          |                                     |        |          | ADD |
| 2. Consultancy  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |        |          | X   |
|   |                                     |                          |                                     |        |          | ADD |
| 3. Employment   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |        |          | X   |
|   |                                     |                          |                                     |        |          | ADD |
| 4. Expert testimony   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |        |          | X   |
|   |                                     |                          |                                     |        |          | ADD |
| 5. Grants/grants pending                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | AMA    |          | X   |
|   |                                     |                          |                                     |        |          | ADD |
| 6. Payment for lectures including service on speakers bureaus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |        |          | X   |
|   |                                     |                          |                                     |        |          | ADD |
| 7. Payment for manuscript preparation                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |        |          | X   |

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| Relevant financial activities outside the submitted work                    |                                     |                          |                            |        |          |     |
|---|-------------------------------------|--------------------------|----------------------------|--------|----------|-----|
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |     |
|   |                                     |                          |                            |        |          | ADD |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |

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

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.

Hide All Table Rows Checked 'No'

SAVE

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### Evaluation and Feedback

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### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Gregory   | 2. Surname (Last Name)<br>Wozniak                                   | 3. Effective Date (07-August-2008)<br>16-December-2010 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Karen Kmetik, PhD       |
| 5. Manuscript Title<br>Reporting Cardiovascular Performance Measures from Electronic Health Records: An Analysis of Exception Reporting from the Cardio-HIT Project |   |  |
| 6. Manuscript Identifying 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...)?

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#### The Work Under Consideration for Publication

| Type  | No                                  | Money Paid to You        | Money to Your Institution*          | Name of Entity               | Comments** |     |
|---|-------------------------------------|--------------------------|-------------------------------------|------------------------------|------------|-----|
| 1. Grant  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | American Medical Association |            | X   |
|   |                                     |                          |                                     |                              |            | ADD |
| 2. Consulting fee or honorarium   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                              |            | X   |
|   |                                     |                          |                                     |                              |            | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                              |            | X   |
|   |                                     |                          |                                     |                              |            | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                              |            | X   |
|   |                                     |                          |                                     |                              |            | ADD |
| 5. Payment for writing or reviewing the manuscript  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                              |            | X   |
|   |                                     |                          |                                     |                              |            | ADD |

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|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type  | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 7. Other  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |

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### Section 3.

#### Relevant financial activities outside the submitted work.

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| 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   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 2. Consultancy  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 3. Employment   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 4. Expert testimony   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 5. Grants/grants pending                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 6. Payment for lectures including service on speakers bureaus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |



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| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |     |
|   |                                     |                          |                            |        |          | ADD |
| 7. Payment for manuscript preparation                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |

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Hide All Table Rows Checked 'No'

SAVE

### Evaluation and Feedback

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### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Carmen A  | 2. Surname (Last Name)<br>Brutico, Jr., MD, MBA                     | 3. Effective Date (07-August-2008)<br>15-December-2010 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Karen Kmetik, PhD       |
| 5. Manuscript Title<br>Exceptions to Outpatient Quality Measures for Coronary Artery Disease in Electronic Health Records |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>M10-2184   |   |  |

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| Type  | No                                  | Money Paid to You        | Money to Your Institution*          | Name of Entity             | Comments**  |     |
|---|-------------------------------------|--------------------------|-------------------------------------|----------------------------|---|-----|
| 1. Grant  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Physicians Health Alliance | Agency for Healthcare Research and Quality<br>Project Title:<br>Cardio-HIT Phase II<br>Grant #:<br>R18HS017160<br>2007-2009 | X   |
|   |                                     |                          |                                     |                            |   | ADD |
| 2. Consulting fee or honorarium   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                            |   | X   |
|   |                                     |                          |                                     |                            |   | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Physicians Health Alliance |   | X   |
|   |                                     |                          |                                     |                            |   | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                            |   | X   |
|   |                                     |                          |                                     |                            |   | ADD |

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|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type  | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
| 5. Payment for writing or reviewing the manuscript                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 7. Other  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |

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| 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                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 2. Consultancy   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 3. Employment  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 4. Expert testimony                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 5. Grants/grants pending                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work                    |                                     |                          |                            |        |          |     |
|---|-------------------------------------|--------------------------|----------------------------|--------|----------|-----|
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |     |
|   |                                     |                          |                            |        |          | ADD |
| 6. Payment for lectures including service on speakers bureaus               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 7. Payment for manuscript preparation                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |

\* 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.

### 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):

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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.

Hide All Table Rows Checked 'No'

SAVE

### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Instructions

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#### 1. 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.

#### 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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

#### 3. Relevant financial activities outside the submitted work.

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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.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Heidi      2. Surname (Last Name) Bossley      3. Effective Date (07-August-2008) 17-December-2010

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Karen Kmetik, PhD

5. Manuscript Title  
Exceptions to Outpatient Quality Measures for Coronary Artery Disease in Electronic Health records

6. Manuscript Identifying Number (if you know it)  
M10-2184

### 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 Publication

| Type  | No                                  | Money Paid to You        | Money to Your Institution*          | Name of Entity               | Comments**  |     |
|---|-------------------------------------|--------------------------|-------------------------------------|------------------------------|---|-----|
| 1. Grant  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | American Medical Association | Agency for Healthcare Research and Quality<br>Project Title: Cardio-HIT Phase II<br>Grant #: R18HS017160<br>2007-2009 | X   |
|   |                                     |                          |                                     |                              |   | ADD |
| 2. Consulting fee or honorarium   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                              |   | X   |
|   |                                     |                          |                                     |                              |   | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                              |   | X   |
|   |                                     |                          |                                     |                              |   | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                              |   | X   |
|   |                                     |                          |                                     |                              |   | ADD |
| 5. Payment for writing or reviewing the manuscript  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                              |   | X   |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication  |                                     |                          |                            |                |            |     |
|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type  | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
|   |                                     |                          |                            |                |            | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 7. Other  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |

\* This means money that your institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

### Section 3. 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                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |                        |  | X   |
|  |                                     |                                     |                            |                        |  | ADD |
| 2. Consultancy   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |                        |  | X   |
|  |                                     |                                     |                            |                        |  | ADD |
| 3. Employment  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | National Quality Forum | I am employed by the National Quality Forum, the entity who endorsed the measures implemented in this project. I was employed by the AMA at the time of the work discussed in the paper. | X   |
|  |                                     |                                     |                            |                        |  | ADD |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work                    |                                     |                          |                            |        |          |          |
|---|-------------------------------------|--------------------------|----------------------------|--------|----------|----------|
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |          |
| 4. Expert testimony   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 5. Grants/grants pending  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 6. Payment for lectures including service on speakers bureaus               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 7. Payment for manuscript preparation                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |

\* 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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 4.

#### Other relationships

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Hide All Table Rows Checked 'No'

SAVE

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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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#### 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.

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#### 4. Other relationships.

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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ted

2. Surname (Last Name)  
Pacheco

3. Effective Date (07-August-2008)  
30-December-2010

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Karen Kmetik, PhD

5. Manuscript Title  
Exceptions to Outpatient Quality Measures for Coronary Artery Disease in Electronic Health Records

6. Manuscript Identifying Number (if you know it)  
M10-2184

### 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 Publication

| Type                            | No                                  | Money Paid to You        | Money to Your Institution*          | Name of Entity                | Comments**  |     |
|---------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------|---|-----|
| 1. Grant                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | North Ohio Heart Center, Inc. | Agency for Healthcare Research and Quality<br>Project Title: Cardio-HIT<br>Phase II Grant # R18HS017160<br>2007-2009<br>Received \$25,000 per year times two years paid directly to our organization not to any specific individual | X   |
|                                 |                                     |                          |                                     |                               |   | ADD |
| 2. Consulting fee or honorarium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                               |   | X   |
|                                 |                                     |                          |                                     |                               |   | ADD |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication  |                                     |                          |                                     |                               |   |   |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------|---|---|
| Type  | No                                  | Money Paid to You        | Money to Your Institution*          | Name of Entity                | Comments**  |   |
| 3. Support for travel to meetings for the study or other purposes   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | North Ohio Heart Center, Inc. | Expenses for one overnight travel meeting in Washington D.C. and two day meetings in Chicago. Hotel and airline were booked directly by the AMA. No monies paid to me individually. | X |
| <b>ADD</b>  |                                     |                          |                                     |                               |   |   |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | North Ohio Heart Center, Inc. | Total of \$25,000 per year times two years paid to NOHC to cover all work done by various individuals in completing the project.  | X |
| <b>ADD</b>  |                                     |                          |                                     |                               |   |   |
| 5. Payment for writing or reviewing the manuscript  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | North Ohio Heart Center, Inc. | As Above  | X |
| <b>ADD</b>  |                                     |                          |                                     |                               |   |   |
| 6. Provision of writing assistance, medicines, equipment, or administrative support   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | North Ohio Heart Center, Inc. | As Above  | X |
| <b>ADD</b>  |                                     |                          |                                     |                               |   |   |
| 7. Other  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                               |   | X |
| <b>ADD</b>  |                                     |                          |                                     |                               |   |   |

\* This means money that your institution received for your efforts on this study.

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### Section 3. Relevant financial activities outside the submitted work.

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### Relevant financial activities outside the submitted work

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work                    |                                     |                          |                            |        |          |          |
|---|-------------------------------------|--------------------------|----------------------------|--------|----------|----------|
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |          |
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |          |
| 1. Board membership   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 2. Consultancy  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 3. Employment   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 4. Expert testimony   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 5. Grants/grants pending  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 6. Payment for lectures including service on speakers bureaus               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 7. Payment for manuscript preparation                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |



## ICMJE Form for Disclosure of Potential Conflicts of Interest

|  |                                     |                          |                          |  |  |     |
|--|-------------------------------------|--------------------------|--------------------------|--|--|-----|
| 13. Other (err on the side of full disclosure) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  | ✕   |
|  |                                     |                          |                          |  |  | ADD |

\* This means money that your institution received for your efforts.

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Hide All Table Rows Checked 'No'

SAVE

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

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### Instructions

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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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#### 4. Other relationships.

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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Sarah Hudson  | 2. Surname (Last Name)<br>Scholle                                   | 3. Effective Date (07-August-2008)<br>29-December-2010 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Karen Kmetik, PhD       |
| 5. Manuscript Title<br>Exceptions to Outpatient Quality Measures for Coronary Artery Disease in Electronic Health Records |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>M10-2184   |   |  |

### 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 Publication

| Type     | No                       | Money Paid to You        | Money to Your Institution*          | Name of Entity                             | Comments**   |     |
|----------|--------------------------|--------------------------|-------------------------------------|--|--|-----|
| 1. Grant | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Agency for Healthcare Research and Quality | Project Title: Cardio-HIT Phase II<br>Grant #:<br>R18HS017160<br>2007-2009 | X   |
|          |                          |                          |                                     |  |  | ADD |

\* This means money that your institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 3. 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 |     |
|--|--------------------------|--------------------------|-------------------------------------|---|----------|-----|
| 3. Employment                                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | I work for NCQA which develops quality measures |          | X   |
|  |                          |                          |                                     |   |          | ADD |

\* 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.

### 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):

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.

Show All Table Rows

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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 four parts.

#### 1. 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.

#### 2. The work under consideration for publication.

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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.

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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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) John      2. Surname (Last Name) Schaeffer      3. Effective Date (07-August-2008) \_\_\_\_\_

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
Exceptions to Outpatient Quality Measures for Coronary Artery Disease in Electronic Health Records

6. Manuscript Identifying Number (if you know it)  
M10-2184

### 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 Publication

| Type                            | No                                  | Money Paid to You        | Money to Your Institution*          | Name of Entity          | Comments**  |     |
|---------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------|---|-----|
| 1. Grant                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | North Ohio Heart Center | Received an annual grant of \$25,000 during the years of the project to cover the cost of data collection and participation process and items 4, 5, and 6 in section 2 below. No individual received any monies personally. | X   |
|                                 |                                     |                          |                                     |                         |   | ADD |
| 2. Consulting fee or honorarium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         |   | X   |
|                                 |                                     |                          |                                     |                         |   | ADD |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication  |                                     |                          |                                     |                         |   |     |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------|---|-----|
| Type  | No                                  | Money Paid to You        | Money to Your Institution*          | Name of Entity          | Comments**  |     |
| 3. Support for travel to meetings for the study or other purposes   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | North Ohio Heart Center | 2 meetings, one in Chicago and the other DC to discuss the project and improve the process and outcome with the intent of creating a manuscript of the project and results. Travel, hotel and food expenses only for 3 people | X   |
|   |                                     |                          |                                     |                         |   | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         |   | X   |
|   |                                     |                          |                                     |                         |   | ADD |
| 5. Payment for writing or reviewing the manuscript  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         |   | X   |
|   |                                     |                          |                                     |                         |   | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         |   | X   |
|   |                                     |                          |                                     |                         |   | ADD |
| 7. Other  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         |   | X   |
|   |                                     |                          |                                     |                         |   | ADD |

\* This means money that your institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

### Section 3. 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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work                    |                                     |                          |                            |        |          |          |
|---|-------------------------------------|--------------------------|----------------------------|--------|----------|----------|
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |          |
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |          |
| 1. Board membership   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 2. Consultancy  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 3. Employment   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 4. Expert testimony   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 5. Grants/grants pending  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 6. Payment for lectures including service on speakers bureaus               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 7. Payment for manuscript preparation                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X<br>ADD |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

|  |                                     |                          |                          |  |  |     |
|--|-------------------------------------|--------------------------|--------------------------|--|--|-----|
| 13. Other (err on the side of full disclosure) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  | ✕   |
|  |                                     |                          |                          |  |  | ADD |

\* 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.

### 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
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Hide All Table Rows Checked 'No'

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### Evaluation and Feedback

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

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#### 3. Relevant financial activities outside the submitted work.

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#### 4. Other relationships.

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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Karen   | 2. Surname (Last Name)<br>Murphy, RN, PhD                           | 3. Effective Date (07-August-2008)<br>17-December-2010 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Karen Kmetik, PhD       |
| 5. Manuscript Title<br>Exceptions to Outpatient Quality Measures for Coronary Artery Disease in Electronic Health Records |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>M1--2184   |   |  |

### 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 Publication

| Type  | No                                  | Money Paid to You        | Money to Your Institution*          | Name of Entity                              | Comments**   |     |
|---|-------------------------------------|--------------------------|-------------------------------------|---|--|-----|
| 1. Grant  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Agency for Health care Research and Quality | Project Title: Cardio-HIT Phase II Grant # R18HS917160 2007-2009 | X   |
|   |                                     |                          |                                     |   |  | ADD |
| 2. Consulting fee or honorarium   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |   |  | X   |
|   |                                     |                          |                                     |   |  | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Physicians Health Alliance                  |  | X   |
|   |                                     |                          |                                     |   |  | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Physicians Health Alliance                  |  | X   |
|   |                                     |                          |                                     |   |  | ADD |
| 5. Payment for writing or reviewing the manuscript  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |   |  | X   |
|   |                                     |                          |                                     |   |  | ADD |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication  |                                     |                          |                            |                |            |     |
|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type  | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 7. Other  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |

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| 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   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 2. Consultancy  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 3. Employment   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 4. Expert testimony   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 5. Grants/grants pending                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 6. Payment for lectures including service on speakers bureaus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work                    |                                     |                          |                            |        |          |     |
|---|-------------------------------------|--------------------------|----------------------------|--------|----------|-----|
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |     |
|   |                                     |                          |                            |        |          | ADD |
| 7. Payment for manuscript preparation                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |

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Hide All Table Rows Checked 'No'

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### Evaluation and Feedback

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#### 4. Other relationships.

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.



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>L. Gregory  | 2. Surname (Last Name)<br>Pawlson                                   | 3. Effective Date (07-August-2008)<br>22-December-2010 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Karen Kmetik            |
| 5. Manuscript Title<br>Exceptions to Outpatient Quality Measures for Coronary Artery Disease in Electronic Health Records |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>10-2184  |   |  |

### 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 Publication

| Type  | No                                  | Money Paid to You        | Money to Your Institution*          | Name of Entity  | Comments**                 |     |
|---|-------------------------------------|--------------------------|-------------------------------------|---|----------------------------|-----|
| 1. Grant  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Agency for Healthcare Research and Quality<br>Project Title:<br>Cardio-HIT Phase II<br>Grant #:<br>R18HS017160<br>2007-2009 | Sub-contract from AMA-PCPI | X   |
|   |                                     |                          |                                     |   |                            | ADD |
| 2. Consulting fee or honorarium   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |   |                            | X   |
|   |                                     |                          |                                     |   |                            | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |   |                            | X   |
|   |                                     |                          |                                     |   |                            | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |   |                            | X   |
|   |                                     |                          |                                     |   |                            | ADD |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication  |                                     |                          |                            |                |            |     |
|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type  | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
| 5. Payment for writing or reviewing the manuscript                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 7. Other  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |

\* This means money that your institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

### Section 3. 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                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |   |          | X   |
|  |                                     |                                     |                            |   |          | ADD |
| 2. Consultancy   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |   |          | X   |
|  |                                     |                                     |                            |   |          | ADD |
| 3. Employment  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Employed full time by NCQA which evaluates health care entities and develops performance measures |          | X   |
|  |                                     |                                     |                            |   |          | ADD |
| 4. Expert testimony                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |   |          | X   |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work                    |                                     |                          |                            |        |          |     |
|---|-------------------------------------|--------------------------|----------------------------|--------|----------|-----|
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |     |
|   |                                     |                          |                            |        |          | ADD |
| 5. Grants/grants pending  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 6. Payment for lectures including service on speakers bureaus               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 7. Payment for manuscript preparation                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |

\* This means money that your institution received for your efforts.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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?

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Hide All Table Rows Checked 'No'

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### Instructions

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#### 1. 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.

#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Gary      2. Surname (Last Name) Fischer      3. Effective Date (07-August-2008) 15-December-2010

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Karen S. Kmetik

5. Manuscript Title  
Reporting Cardiovascular Performance Measures from Electronic Health Records: An Analysis of Exception Reporting from the Cardio-HIT Project

6. Manuscript Identifying 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 Publication

| Type  | No                                  | Money Paid to You                   | Money to Your Institution*          | Name of Entity | Comments**  |     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|----------------|-------------|-----|
| 1. Grant  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | AHRQ           |             | X   |
|   |                                     |                                     |                                     |                |             | ADD |
| 2. Consulting fee or honorarium   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                |             | X   |
|   |                                     |                                     |                                     |                |             | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | AHRQ           | Through AMA | X   |
|   |                                     |                                     |                                     |                |             | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                |             | X   |
|   |                                     |                                     |                                     |                |             | ADD |
| 5. Payment for writing or reviewing the manuscript  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                |             | X   |
|   |                                     |                                     |                                     |                |             | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                |             | X   |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication |                                     |                          |                            |                |            |     |
|--|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type   | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
| 7. Other                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | ADD |
|  |                                     |                          |                            |                |            | X   |
|  |                                     |                          |                            |                |            | ADD |

\* This means money that your institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

### Section 3. Relevant financial activities outside the submitted work.

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| 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   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 2. Consultancy  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 3. Employment   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 4. Expert testimony   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 5. Grants/grants pending                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 6. Payment for lectures including service on speakers bureaus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 7. Payment for manuscript preparation                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work                    |                                     |                          |                            |        |          |     |
|---|-------------------------------------|--------------------------|----------------------------|--------|----------|-----|
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |     |
|   |                                     |                          |                            |        |          | ADD |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |

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Hide All Table Rows Checked 'No'

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Bridget

2. Surname (Last Name)  
Gulotta

3. Effective Date (07-August-2008)  
16-December-2010

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Karen S. Kmetik, PhD

5. Manuscript Title  
Exceptions to Outpatient Quality Measures for Coronary Artery Disease

6. Manuscript Identifying Number (if you know it)  
M10-2184

### 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 Publication

| Type  | No                                  | Money Paid to You        | Money to Your Institution*          | Name of Entity               | Comments**   |     |
|---|-------------------------------------|--------------------------|-------------------------------------|------------------------------|--|-----|
| 1. Grant  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | American Medical Association | Agency for Healthcare Research and Quality<br>Project Title: Cardio-HIT Phase II<br>Grant #: R18HS017160<br>Timeframe: 2007-2009 | X   |
|   |                                     |                          |                                     |                              |  | ADD |
| 2. Consulting fee or honorarium   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                              |  | X   |
|   |                                     |                          |                                     |                              |  | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                              |  | X   |
|   |                                     |                          |                                     |                              |  | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                              |  | X   |
|   |                                     |                          |                                     |                              |  | ADD |

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| The Work Under Consideration for Publication  |                                     |                          |                            |                |            |     |
|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type  | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
| 5. Payment for writing or reviewing the manuscript                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 7. Other  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |

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| 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                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 2. Consultancy   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 3. Employment  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 4. Expert testimony                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 5. Grants/grants pending                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work                    |                                     |                          |                            |        |          |     |
|---|-------------------------------------|--------------------------|----------------------------|--------|----------|-----|
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |     |
|   |                                     |                          |                            |        |          | ADD |
| 6. Payment for lectures including service on speakers bureaus               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 7. Payment for manuscript preparation                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |

\* This means money that your institution received for your efforts.

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Hide All Table Rows Checked 'No'

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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.

#### 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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Patricia      2. Surname (Last Name) Schwamberger      3. Effective Date (07-August-2008) 16-December-2010

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Karen Kmetik, PhD

5. Manuscript Title  
Exceptions to Outpatient Quality Measures for Coronary Artery Disease in Electronic Health Records

6. Manuscript Identifying Number (if you know it)  
M10-2184

### 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 Publication

| Type  | No                                  | Money Paid to You        | Money to Your Institution*          | Name of Entity            | Comments**   |     |
|---|-------------------------------------|--------------------------|-------------------------------------|---------------------------|--|-----|
| 1. Grant  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Midwest Heart Specialists | Agency for Healthcare Research and Quality<br>Project Title: Cardio-HIT Phase II<br>Grant # R18HS017160<br>2007-2007 | X   |
|   |                                     |                          |                                     |                           |  | ADD |
| 2. Consulting fee or honorarium   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                           |  | X   |
|   |                                     |                          |                                     |                           |  | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                           |  | X   |
|   |                                     |                          |                                     |                           |  | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                           |  | X   |
|   |                                     |                          |                                     |                           |  | ADD |
| 5. Payment for writing or reviewing the manuscript  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                           |  | X   |



## ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication  |                                     |                          |                            |                |            |     |
|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type  | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
|   |                                     |                          |                            |                |            | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 7. Other  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |

\* This means money that your institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

### Section 3. 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.

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| 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                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 2. Consultancy   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 3. Employment  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 4. Expert testimony                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 5. Grants/grants pending                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work                    |                                     |                          |                            |        |          |     |
|---|-------------------------------------|--------------------------|----------------------------|--------|----------|-----|
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |     |
| 6. Payment for lectures including service on speakers bureaus               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 7. Payment for manuscript preparation                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |

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

### 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):

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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.

Hide All Table Rows Checked 'No'

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### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sherry      2. Surname (Last Name) Grund      3. Effective Date (07-August-2008) 16-December-2010

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Karen S. Kmetik, PhD

5. Manuscript Title  
Exceptions to Outpatient Quality Measures for Coronary Artery Disease in Electronic Health Records

6. Manuscript Identifying Number (if you know it)  
#M10-2184

### 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...)?

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#### The Work Under Consideration for Publication

| Type  | No                                  | Money Paid to You        | Money to Your Institution*          | Name of Entity | Comments**        |     |
|---|-------------------------------------|--------------------------|-------------------------------------|----------------|-------------------|-----|
| 1. Grant  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | AHRQ           |                   | X   |
|   |                                     |                          |                                     |                |                   | ADD |
| 2. Consulting fee or honorarium   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                |                   | X   |
|   |                                     |                          |                                     |                |                   | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | AHRQ           | Monies from grant | X   |
|   |                                     |                          |                                     |                |                   | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | AHRQ           | Monies from grant | X   |
|   |                                     |                          |                                     |                |                   | ADD |
| 5. Payment for writing or reviewing the manuscript  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                |                   | X   |
|   |                                     |                          |                                     |                |                   | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                |                   | X   |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication |                                     |                          |                            |                |            |     |
|--|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type   | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
| 7. Other                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | ADD |
|  |                                     |                          |                            |                |            | X   |
|  |                                     |                          |                            |                |            | ADD |

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|---|-------------------------------------|--------------------------|----------------------------|--------|----------|-----|
| Type of Relationship (in alphabetical order)                  | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |     |
| 1. Board membership   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 2. Consultancy  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 3. Employment   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 4. Expert testimony   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 5. Grants/grants pending                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
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|   |                                     |                          |                            |        |          | ADD |
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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|   |                                     |                          |                            |        |          | ADD |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |

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Hide All Table Rows Checked 'No'

SAVE

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---

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Michael      2. Surname (Last Name) OToole      3. Effective Date (07-August-2008) 16-December-2010

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Karen Kmetik, PhD

5. Manuscript Title  
Exceptions to Outpatient Quality Measures for Coronary Artery Disease in Electronic Health Records

6. Manuscript Identifying Number (if you know it)  
M10-2184

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#### The Work Under Consideration for Publication

| Type  | No                                  | Money Paid to You        | Money to Your Institution*          | Name of Entity            | Comments**  |     |
|---|-------------------------------------|--------------------------|-------------------------------------|---------------------------|---|-----|
| 1. Grant  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Midwest Heart Specialists | Agency for Healthcare Research and Quality<br>Project Title: Cardio-HIT Phase II<br>Grant # R18HSO1760<br>2007-2009 | X   |
|   |                                     |                          |                                     |                           |   | ADD |
| 2. Consulting fee or honorarium   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                           |   | X   |
|   |                                     |                          |                                     |                           |   | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                           |   | X   |
|   |                                     |                          |                                     |                           |   | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                           |   | X   |
|   |                                     |                          |                                     |                           |   | ADD |
| 5. Payment for writing or reviewing the manuscript  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                           |   | X   |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication  |                                     |                          |                            |                |            |     |
|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type  | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
|   |                                     |                          |                            |                |            | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 7. Other  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |

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| 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                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 2. Consultancy   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 3. Employment  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 4. Expert testimony                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 5. Grants/grants pending                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work                    |                                     |                          |                            |        |          |     |
|---|-------------------------------------|--------------------------|----------------------------|--------|----------|-----|
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |     |
| 6. Payment for lectures including service on speakers bureaus               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 7. Payment for manuscript preparation                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |

\* 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.

### 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):

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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.

Hide All Table Rows Checked 'No'

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### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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 four parts.

#### 1. 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.

#### 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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

#### 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. Other relationships.

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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Stasia      2. Surname (Last Name) Kahn      3. Effective Date (07-August-2008) 16-December-2010

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Exceptions to Outpatient Quality Measures for Coronary Artery Disease in Electronic Health Records

6. Manuscript Identifying 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 Publication  |                                     |                          |                                     |                                |            |     |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------------|------------|-----|
| Type  | No                                  | Money Paid to You        | Money to Your Institution*          | Name of Entity                 | Comments** |     |
| 1. Grant  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fox Prairie Medical Group P.C. |            | X   |
|   |                                     |                          |                                     |                                |            | ADD |
| 2. Consulting fee or honorarium   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                |            | X   |
|   |                                     |                          |                                     |                                |            | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fox Prairie Medical Group P.C. |            | X   |
|   |                                     |                          |                                     |                                |            | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                |            | X   |
|   |                                     |                          |                                     |                                |            | ADD |
| 5. Payment for writing or reviewing the manuscript  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                |            | X   |
|   |                                     |                          |                                     |                                |            | ADD |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication  |                                     |                          |                            |                |            |     |
|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type  | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 7. Other  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |

\* This means money that your institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

### Section 3. 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   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 2. Consultancy  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 3. Employment   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 4. Expert testimony   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 5. Grants/grants pending                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 6. Payment for lectures including service on speakers bureaus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |



## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work                    |                                     |                          |                            |        |          |     |
|---|-------------------------------------|--------------------------|----------------------------|--------|----------|-----|
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |     |
|   |                                     |                          |                            |        |          | ADD |
| 7. Payment for manuscript preparation                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |

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Hide All Table Rows Checked 'No'

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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.

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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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Effective Date (07-August-2008)  
 Karen Kmetik 16-December-2010

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
 Exceptions to Outpatient Quality Measures for Coronary Artery Disease in Electronic Health Records

6. Manuscript Identifying Number (if you know it)  
 M10-2184

### 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 Publication

| Type  | No                                  | Money Paid to You        | Money to Your Institution*          | Name of Entity               | Comments**  |     |
|---|-------------------------------------|--------------------------|-------------------------------------|------------------------------|---|-----|
| 1. Grant  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | American Medical Association | grant from the Agency for Healthcare Research and Quality, Cardio-HIT Phase II Project, #R18HS017160, 2007-2009 | X   |
|   |                                     |                          |                                     |                              |   | ADD |
| 2. Consulting fee or honorarium   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                              |   | X   |
|   |                                     |                          |                                     |                              |   | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                              |   | X   |
|   |                                     |                          |                                     |                              |   | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                              |   | X   |
|   |                                     |                          |                                     |                              |   | ADD |
| 5. Payment for writing or reviewing the manuscript  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                              |   | X   |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication  |                                     |                          |                            |                |            |     |
|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type  | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
|   |                                     |                          |                            |                |            | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 7. Other  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |

\* This means money that your institution received for your efforts on this study.

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| 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                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 2. Consultancy   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 3. Employment  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 4. Expert testimony                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |
| 5. Grants/grants pending                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|  |                                     |                          |                            |        |          | ADD |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work                    |                                     |                          |                            |        |          |     |
|---|-------------------------------------|--------------------------|----------------------------|--------|----------|-----|
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |     |
| 6. Payment for lectures including service on speakers bureaus               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 7. Payment for manuscript preparation                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | ×   |
|   |                                     |                          |                            |        |          | ADD |

\* 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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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):

I am the Vice President for Performance Improvement at the American Medical Association-convened Physician Consortium for Performance Improvement (PCPI), a co-developer of the quality measures referenced in this manuscript.

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.

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### Evaluation and Feedback

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