

Disclosure Purpose: Annual Governance Disclosure 2019, Annual Governance Disclosure 2020

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.

a. Are you submitting your disclosures to ACP as a member of one of the following groups:

■ ACP board, committee, council, task force, and/or other governance group?

■ Chapter Council or other Chapter leadership role?

■ National or chapter staff?

■ Annals of Internal Medicine editorial staff?

■ Other (meeting guests, contractors, authors, etc.)

Yes.

i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Disclosure of Interests and Management of Conflicts Policy.

Yes

ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

Yes

iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.

Yes

iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Anti-Harassment Policy.

Yes

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)

● Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)

- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence



Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
General Dynamics	Employment	Spouse/Partner	-
Title: Sr. Advanced Systems Engineer Start Date: 04/04/2019End Date:		Position Description: Engineer Additional Information:	
Minneapolis VA Health CareSystem	Employment	Self	-
Title: Staff Physician Start Date: 08/06/2018End Date:		Position Description: Staff Physician. Pulmonary and Critical Care Section. Additional Information:	
Northrop Grumman	Employment	Spouse/Partner	-
Title: SIGNAL AND IMAGE PROCESSING ENGINEER Start Date: 06/11/2012End Date:		Position Description: ENGINEER Additional Information: ORIGINALLY ATK, MERGED WITH ORBITAL TO BECOME ORBITAL ATK, ACQUIRED BY NORTHROP GRUMMAN	

Additional Information:

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**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplement**

Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Pelin Batur MD

For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Point of Care Ultrasound	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High flow nasal oxygen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Hematuria	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature Pelin Batur MD

Date 12/23/19

Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
<i>Title:</i> Chief Operating Officer <i>Start Date:</i> 10/15/1997 <i>End Date:</i> <i>Additional Information:</i>			
Ewing Cole	Employment	Spouse/Partner	-
<i>Title:</i> Project Manager <i>Start Date:</i> 01/01/1998 <i>End Date:</i> <i>Additional Information:</i>			

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process.

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Yes

iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Anti-Harassment Policy.

Yes

I certify that to my knowledge and belief that the foregoing disclosure of financial and intellectual interests is complete and truthful, and I will promptly disclose any changes.

Disclosure Purpose: CGC/PMC/SMPC, Entry

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
Title: Manager, Clinical Policy Start Date: 08/26/2014 End Date:		Position Description: Additional Information:	
The Beasley Firm, LLC	Employment	Spouse/Partner	-
Title: Technology Specialist Start Date: 09/01/2009 End Date:		Position Description: Additional Information:	

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
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Yes.

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Yes

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Yes

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Yes

Certification

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Summary Report**

Name: Stephanie M. Chang, MD, MPH

Role:

- ☐ Clinical Guidelines Committee
 ☐ ACP Staff or Leadership
☐ Performance Measurement Committee
 ☒ Guest
☐ High Value Care Committee

ACTIVE (Current) *Belongs to* **Description including amount of value or income**

Employment	<i>Self</i>	Department of Health and Human Services/Agency for Healthcare Research and Quality	\$100,001 or more	+	-
		Arlington Free Clinic Volunteer	\$0	+	-
	<i>Household</i>	None	--	+	-
Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	Member of following Guidelines International Network workgroups: Allied Health; Implementation; Membership; Conference	\$0	+	-
		Patient-Centered Outcomes Research Institute: Methodology Committee (member)	\$0	+	-
		Great Commission Community Church Board of Governors; Assistant Treasurer	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

In the last 3 years, have you or any household members published on any of the following topic areas?
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

Hepatitis C ☐ Yes ☐ No

For staff use:

ADD NEW

RESET

INACTIVE (Last 3 years) *Belongs to* **Description including amount of value or income**

Employment	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-


INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income

Committees, Boards, & Workgroups/Panels	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	Led workshop at Global Evidence Summit on updating reviews	\$0	+	-
		Presented on systematic reviews to National Academies of Medicine	--	+	-
	<i>Household</i>	None	--	+	-

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Stephanie M. Chang -S

 Digitally signed by Stephanie M. Chang -S
DN: c=US, o=U.S. Government, ou=HHS, ou=AHRQ, ou=People, 0.9.2342.19200300.100.1.1=2000008029,
cn=Stephanie M. Chang -S
Date: 2018.12.14 13:59:31 -05'00'

Dec 14, 2018

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
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■ Chapter Council or other Chapter leadership role?

■ National or chapter staff?

■ Annals of Internal Medicine editorial staff?

■ Other (meeting guests, contractors, authors, etc.)

Yes.

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Yes

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Yes
- Certification
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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence



Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
1. I am a current member of ACP Board of Regents 2. I am an Associate Editor of the Journal of Graduate Medical Education
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, *Annals of Internal Medicine* editorial staff or other governance group as part of ACP's annual governance disclosure process.**

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**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplement**

Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Thomas G. Cooney MD

For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Point of Care Ultrasound	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High flow nasal oxygen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

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	YES	NO
Hematuria	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
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DECLARATION

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Signature

Date 12/23/2019

RELEVANT PUBLICATIONS

If you have published on any of the above topics within the last 3 years, please copy and paste relevant publications below or you may also upload your CV or bibliography into Convey as a separate attachment.

Disclosure Purpose: Annual Governance Disclosure 2019, Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American Society for Bone and Mineral Research	Other	Self	-
<div><div><div>Category: Other</div><div>Start Date: 01/01/2017</div><div>End Date:</div><div>Other Compensation:</div><div>Additional Information: Professional Practice Committee</div></div><div><div>Consultant Description:</div><div>Compensation Type: Unpaid</div><div>Annual Compensation:</div></div></div>			
California Institute for Regenerative Medicine	Grant / Contract	Spouse/Partner	\$100,000.00
<div><div><div>Recipient Name: Harley Kornblum</div><div>Grant / Contract Description: Spinal cord injury basic science research</div><div>Grant / Contract Amount: \$100,000.00</div><div>Contract Start Date: 01/01/2017</div><div>Contract End Date:</div></div><div><div>Recipient Type: Institution</div><div>Grant / Contract Purpose: Research</div><div>Grant / Contract Valuation Date: 12/23/2019</div><div>Additional Information:</div></div></div>			
David Geffen School of Medicine, University of California, Los Angeles	Employment	Self	-
<div><div><div>Title: Professor of Medicine</div><div>Start Date: 07/01/2017</div><div>End Date:</div></div><div><div>Position Description: Professor in the Dept. Of Internal Medicine</div><div>Additional Information:</div></div></div>			
David Geffen School of Medicine, University of California, Los Angeles	Employment	Spouse/Partner	-
<div><div><div>Title: Professor</div><div>Start Date: 01/01/2017</div><div>End Date:</div></div><div><div>Position Description: Professor on Faculty</div><div>Additional Information:</div></div></div>			
Dr. Miriam and Sheldon G. Adelson Medical Research Foundation	Grant / Contract	Spouse/Partner	\$100,000.00
<div><div><div>Recipient Name: Harley Kornblum</div><div>Grant / Contract Description: Neural repair and brain cancer</div><div>Grant / Contract Amount: \$100,000.00</div><div>Contract Start Date: 01/01/2017</div><div>Contract End Date:</div></div><div><div>Recipient Type: Institution</div><div>Grant / Contract Purpose: Research</div><div>Grant / Contract Valuation Date: 12/23/2019</div><div>Additional Information:</div></div></div>			
International Society for Clinical Densitomnetry	Consultant	Self	-
<div><div><div>Category: Consultant</div><div>Start Date: 01/01/2019</div><div>End Date:</div><div>Other Compensation:</div><div>Additional Information:</div></div><div><div>Consultant Description:</div><div>Compensation Type: Unpaid</div><div>Annual Compensation:</div></div></div>			
National Institutes of Health	Grant / Contract	Spouse/Partner	\$100,000.00
<div><div><div>Recipient Name: Harley Kornblum</div><div>Grant / Contract Description: Research on brain cancer</div><div>Grant / Contract Amount: \$100,000.00</div><div>Contract Start Date: 01/01/2017</div><div>Contract End Date:</div></div><div><div>Recipient Type: Institution</div><div>Grant / Contract Purpose: Research</div><div>Grant / Contract Valuation Date: 12/23/2019</div><div>Additional Information: Brain cancer research</div></div></div>			
National Institutes of Health	Grant / Contract	Self	\$25,000.00

- iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**

Yes

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Department of Clinical Policy
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Thank You.

If in doubt, err on the side of full disclosure

Name: Carolyn J. Crandall

For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Point of Care Ultrasound	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High flow nasal oxygen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

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Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
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DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature



Date 1/22/2020

Disclosure Purpose: ANNUAL GOVERNANCE DISCLOSURE 2019

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, *Annals of Internal Medicine* editorial staff or other governance group as part of ACP's annual governance disclosure process.**
 - a. **Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?**

Yes.

 - i. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).**

Yes
 - ii. **I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."**

Yes
 - iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).**

Yes
 - iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**

Yes

Certification

I certify that to my knowledge and belief that the foregoing disclosure of financial and intellectual interests is complete and truthful, and I will promptly disclose any changes.

Disclosure Purpose: Annual Staff Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
<div><div>Title: Associate, Performance Measurement</div><div>Start Date: 11/14/2014End Date:</div></div> <div>Position Description: Assist the clinical policy department in the execution of all performance measurement-related activities</div> <div>Additional Information:</div>			
smartworkingmom.com	Other Business Ownership	Self	-
<div><div>Form of Business Description: Educational resource offering proven strategies on how to build an online business and monetize it for passive income</div><div>Investment Amount Valuation Date: 01/14/2020</div><div>Additional Information:</div></div> <div>Ownership Category: Founder</div> <div>Partnership Category:</div> <div>Investment Amount: \$1,000.00</div> <div>Annual Compensation:</div>			
Town Sports International	Employment	Spouse/Partner	-
<div><div>Title: Fitness Manager</div><div>Start Date: 09/01/2013End Date:</div></div> <div>Position Description: Manage the personal training programs for Philadelphia Sports Clubs within the PA region</div> <div>Additional Information:</div>			

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP's annual governance disclosure process.

a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?

Yes.

i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Disclosure of Interests and Management of Conflicts Policy.

Yes

ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

Yes

- iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).**

Yes

- iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**

Yes

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.**

a. **Are you submitting your disclosures to ACP as a member of one of the following groups:**

- ACP board, committee, council, task force, and/or other governance group?
- Chapter Council or other Chapter leadership role?
- National or chapter staff?
- Annals of Internal Medicine editorial staff?
- Other (meeting guests, contractors, authors, etc.)

Yes.

- i. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).**

Yes

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Yes

- iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).**

Yes

- iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**

Yes

Certification

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence



Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, *Annals of Internal Medicine* editorial staff or other governance group as part of ACP's annual governance disclosure process.**
 - a. **Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?**

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 - i. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).**

Yes
 - ii. **I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."**

Yes
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Yes
 - iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**

Yes

Certification

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplement**

Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: nick fitterman

For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Point of Care Ultrasound	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High flow nasal oxygen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Hematuria	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature nick fitterman

Date 1/21/2020

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.**
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 - **Chapter Council or other Chapter leadership role?**
 - **National or chapter staff?**
 - **Annals of Internal Medicine editorial staff?**
 - **Other (meeting guests, contractors, authors, etc.)**

No.

Certification

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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
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 - a. **Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?**

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Yes
 - iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).**

Yes
 - iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**

Yes

Certification

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

Disclosure Purpose: Annual Governance Disclosure 2019, Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Centers for Disease Control and Prevention	Employment	Self	-
Title: Director, Office of Antibiotic Stewardship Start Date: 07/15/2007 End Date: Position Description: I lead CDC's public health efforts related to improving antibiotic use. Additional Information:			
GI Specialists of Georgia	Employment	Spouse/Partner	-
Title: Physician Start Date: 09/01/2010 End Date: Position Description: Patient care Additional Information:			
Society for Healthcare Epidemiology of America	Other	Self	-
Category: Other Start Date: 09/01/2018 End Date: Consultant Description: Compensation Type: Annual Compensation: Additional Information: Participation on annual conference committee			

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.

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■ Chapter Council or other Chapter leadership role?

■ National or chapter staff?

■ Annals of Internal Medicine editorial staff?

■ Other (meeting guests, contractors, authors, etc.)

Yes.

i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Disclosure of Interests and Management of Conflicts Policy.

Yes

ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

Yes

- iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).**

Yes

- iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**

Yes

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplement**

Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Lauri Hicks

For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Point of Care Ultrasound	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High flow nasal oxygen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Hematuria	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Antibiotics	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature Lauri Hicks

Date 1/9/2020

RELEVANT PUBLICATIONS

If you have published on any of the above topics within the last 3 years, please copy and paste relevant publications below or you may also upload your CV or bibliography into Convey as a separate attachment.

Antibiotic-related publications 2016-2019

1. Stenehjem E, Wallin A, Fleming-Dutra KE, Buckel WR, Stanfield V, Brunisholz KD, Sorensen J, Samore MH, Srivastava R, **Hicks LA**, Hersh AL. Antibiotic Prescribing Variability in a Large Urgent Care Network: A New Target for Outpatient Stewardship. Clin Infect Dis. 2019 Oct 23. pii: ciz910. doi: 10.1093/cid/ciz910.
2. Danielle L. Palms, **Lauri A. Hicks**, Monina Bartoces, Adam L. Hersh, Rachel Zetts, David Y. Hyun, Katherine E. Fleming-Dutra. First-line antibiotic selection in outpatient settings. Antimicrobial Agents and Chemotherapy Sep 2019, AAC.01060-19; DOI: 10.1128/AAC.01060-19.
3. Fabio D'Atri, Jacqueline Arthur, Hege Salvesen Blix, **Lauri A Hicks**, Diamantis Plachouras, Dominique L Monnet and the European Survey on Transatlantic Task Force on Antimicrobial Resistance (TATFAR) action 1.2 group. Targets for the reduction of antibiotic use in humans in the Transatlantic Taskforce on Antimicrobial Resistance (TATFAR) partner countries. Eurosurveillance 24, 1800339 (2019); <http://dx.doi.org/10.2807/1560-7917.ES.2019.24.28>.
4. Dyer AP, Dodds Ashley E, Anderson DJ, Sarubbi C, Wrenn R, **Hicks LA**, Srinivasan A, Moehring RW. Total duration of antimicrobial therapy resulting from inpatient hospitalization. Infect Control Hosp Epidemiol. 2019 May 28:1-8. doi: 10.1017/ice.2019.118. [Epub ahead of print]. PMID: 31134880.
5. Kabbani S, Palms DL, Bartoces M, Marek J, Stone ND, **Hicks LA**, Jump RLP. Potential utility of pharmacy data to measure antibiotic use in nursing homes. Infect Control Hosp Epidemiol. 2019 Apr 24:1-2. doi: 10.1017/ice.2019.95.
6. Palms DL, Kabbani S, Bell JM, Anttila A, **Hicks LA**, Stone ND. Implementation of the Core Elements of Antibiotic Stewardship in Nursing Homes Enrolled in the National Healthcare Safety Network. Clin Infect Dis. 2019 Apr 4. pii: ciz102. doi: 10.1093/cid/ciz102.
7. King LM, Bartoces M, Fleming-Dutra KE, Roberts RM, **Hicks LA**. Changes in US Outpatient Antibiotic Prescriptions from 2011-2016. Clin Infect Dis. 2019 Mar 16. pii: ciz225. doi: 10.1093/cid/ciz225.
8. **Hicks LA**, King LM, Fleming-Dutra KE. Improving outpatient antibiotic prescribing. BMJ. 2019 Feb 12;364:l289. doi: 10.1136/bmj.l289.
9. King LM, Talley P, Kainer MA, Evans CD, Adre C, **Hicks LA**, Fleming-Dutra KE. Inappropriate ceftriaxone use in outpatient acute respiratory infection management. Infect Control Hosp Epidemiol. 2019 Feb 15:1-3. doi: 10.1017/ice.2019.21

10. Poole NM, Shapiro DJ, Fleming-Dutra KE, **Hicks LA**, Hersh AL, Kronman MP. Antibiotic Prescribing for Children in United States Emergency Departments: 2009-2014. *Pediatrics*. 2019 Jan 8. pii: e20181056. doi: 10.1542/peds.2018-1056.
11. King Laura M, Fleming-Dutra Katherine E, **Hicks Lauri A**. Advances in optimizing the prescription of antibiotics in outpatient settings *BMJ* 2018; 363 :k3047.
12. Agiro A, Gautam S, Wall E, Hackell J, Helm M, Barron J, Zaoutis T, Fleming-Dutra KE, **Hicks LA**, Rosenberg A. Variation in Outpatient Antibiotic Dispensing for Respiratory Infections in Children by Clinician Specialty and Treatment Setting. *Pediatr Infect Dis J*. 2018 Dec;37(12):1248-1254. doi: 10.1097/INF.0000000000002004. PMID: 30408006
13. Roberts RM, Hersh AL, Shapiro DJ, Fleming-Dutra KE, **Hicks LA**. Antibiotic Prescriptions Associated With Dental-Related Emergency Department Visits. *Ann Emerg Med*. 2018 Nov 1. pii: S0196-0644(18)31279-4. doi: 10.1016/j.annemergmed.2018.09.019. [Epub ahead of print]
14. Kabbani S, Palms D, Bartoces M, Stone N, **Hicks LA**. Outpatient Antibiotic Prescribing for Older Adults in the United States: 2011 to 2014. *J Am Geriatr Soc*. 2018 Sep 17. doi: 10.1111/jgs.15518.
15. Reply to Mercurio et al. Kabbani S, Hersh AL, Shapiro DJ, Fleming-Dutra KE, Pavia AT, **Hicks LA**. *Clin Infect Dis*. 2018 Sep 28;67(8):1307-1308. doi: 10.1093/cid/ciy275.
16. King LM, **Hicks LA**, Fleming-Dutra KE. Further Considerations Regarding Duration of Antibiotic Therapy for Sinusitis-Reply. *JAMA Intern Med*. 2018 Aug 1;178(8):1138-1139. doi: 10.1001.
17. Palms DL, **Hicks LA**, Bartoces M, et al. Comparison of Antibiotic Prescribing in Retail Clinics, Urgent Care Centers, Emergency Departments, and Traditional Ambulatory Care Settings in the United States. *JAMA Intern Med*. Published online July 16, 2018. doi:10.1001/jamainternmed.2018.1632.
18. Havers FP, **Hicks LA**, Chung JR, et al. Outpatient Antibiotic Prescribing for Acute Respiratory Infections During Influenza Seasons. *JAMA Netw Open*. 2018;1(2):e180243. doi:10.1001/jamanetworkopen.2018.0243.
19. Fleming-Dutra KE, Bartoces M, Roberts RM, **Hicks LA**. Characteristics of Primary Care Physicians Associated With High Outpatient Antibiotic Prescribing Volume. *Open Forum Infect Dis*. 2018 Jan 5;5(1):ofx279. doi: 10.1093/ofid/ofx279.
20. Geller AI, Lovegrove MC, Shehab N, **Hicks LA**, Sapiiano MRP, Budnitz DS. *J Gen Intern Med*. 2018 Apr 20. doi: 10.1007/s11606-018-4430-x. [Epub ahead of print]. National Estimates of Emergency Department Visits for Antibiotic Adverse Events Among Adults-United States, 2011-2015. PMID: 29679226
21. King LM, Bartoces M, Hersh AL, **Hicks LA**, Fleming-Dutra KE. National Incidence of Pediatric Mastoiditis in the United States, 2000-2012: Creating a Baseline for Public Health Surveillance. *Pediatr Infect Dis J*. 2018 Mar 27.
22. King LM, Sanchez GV, Bartoces M, **Hicks LA**, Fleming-Dutra KE. Antibiotic Therapy Duration in US Adults With Sinusitis. *JAMA Intern Med*. 2018 Mar 26. doi: 10.1001/jamainternmed.2018.0407.

23. Kabbani S, Baggs J, **Hicks LA**, Srinivasan A. Potential Impact of Antibiotic Stewardship Programs on Overall Antibiotic Use in Adult Acute-Care Hospitals in the United States. *Infect Control Hosp Epidemiol*. 2018 Feb 15;1-4. doi: 10.1017/ice.2017.273.
24. Kabbani S, Hersh AL, Shapiro DJ, Fleming-Dutra KE, Pavia AT, **Hicks LA**. Opportunities to Improve Fluoroquinolone Prescribing in the United States for Adult Ambulatory Care Visits. *Clin Infect Dis*. 2018 Jan 24. doi: 10.1093/cid/ciy035. [Epub ahead of print].
25. Yi SH, Hatfield KM, Baggs J, **Hicks LA**, Srinivasan A, Reddy S, Jernigan JA. Reply to Dinh, et al. *Clin Infect Dis*. 2018 Jan 23. doi: 10.1093/cid/ciy049. [Epub ahead of print].
26. Hersh AL, Shapiro DJ, Pavia AT, Fleming-Dutra KE, **Hicks LA**. Geographic Variability in Diagnosis and Antibiotic Prescribing for Acute Respiratory Tract Infections. *Infect Dis Ther*. 2017 Dec 22. doi: 10.1007/s40121-017-0181-y.
27. Sanchez GV, Shapiro DJ, Hersh AL, **Hicks LA**, Fleming-Dutra KE. Outpatient Macrolide Antibiotic Prescribing in the United States, 2008-2011. *Open Forum Infect Dis*. 2017 Oct 8;4(4):ofx220. doi: 10.1093/ofid/ofx220.
28. Williams DJ, Edwards KM, Self WH, Zhu Y, Arnold SR, McCullers JA, Ampofo K, Pavia AT, Anderson EJ, **Hicks LA**, Bramley AM, Jain S, Grijalva CG. Effectiveness of β -Lactam Monotherapy vs Macrolide Combination Therapy for Children Hospitalized With Pneumonia. *JAMA Pediatr*. 2017 Oct 30. doi: 10.1001/jamapediatrics.2017.3225.
29. Yi SH, Hatfield KM, Baggs J, **Hicks LA**, Srinivasan A, Reddy S, Jernigan JA. Duration of Antibiotic Use among Adults with Uncomplicated Community-Acquired Pneumonia Requiring Hospitalization in the United States. *Clin Infect Dis*. 2017 Nov 6. doi: 10.1093/cid/cix986.
30. Suda KJ, **Hicks LA**, Roberts RM, Hunkler RJ, Matusiak LM, Schumock GT. Antibiotic Expenditures by Medication, Class, and Health Care Setting in the United States, 2010-2015. *Clin Infect Dis*. 2017 Aug 25. doi: 10.1093/cid/cix773.
31. Kirkcaldy RD, Bartoces MG, Soge OO, Riedel S, Kubin G, Del Rio C, Papp JR, Hook EW 3rd, **Hicks LA**. Antimicrobial Drug Prescription and *Neisseria gonorrhoeae* Susceptibility, United States, 2005-2013. *Emerg Infect Dis*. 2017 Oct;23(10):1657-1663. doi: 10.3201/eid2310.170488
32. Fleming-Dutra KE, Demirjian A, Bartoces M, Roberts RM, Taylor TH Jr, **Hicks LA**. Variations in Antibiotic and Azithromycin Prescribing for Children by Geography and Specialty - United States, 2013. *Pediatr Infect Dis J*. 2017 Jul 19.
33. Tomczyk S, Jain S, Bramley AM, Self WH, Anderson EJ, Trabue C, Courtney DM, Grijalva CG, Waterer GW, Edwards KM, Wunderink RG, **Hicks LA**. Antibiotic Prescribing for Adults Hospitalized in the Etiology of Pneumonia in the Community Study. *Open Forum Infect Dis*. 2017 Jun 20;4(2):ofx088.

Disclosure Purpose: committee membership

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, *Annals of Internal Medicine* editorial staff or other governance group as part of ACP's annual governance disclosure process.**
 - a. **Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?**

Yes.

 - i. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).**

Yes
 - ii. **I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."**

Yes
 - iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).**

Yes
 - iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**

Yes

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplement**

Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Devan Kansagara

For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Point of Care Ultrasound	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High flow nasal oxygen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Hematuria	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature



Date

1/9/20

Disclosure Purpose: Annual Governance Disclosure 2019, Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Kaiser Permanente	Employment	Self	-
Title: research physician, investigator		Position Description: investigator, center for health research, Kaiser Permanente NW	
Start Date: 11/28/2005 End Date:		Additional Information: also practicing NW Permanente general internal medicine physician since 2011	

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
I am the PI on several AHRQ contracts to support the USPSTF I am a non-voting member on Kaiser Permanente's National Guideline Directors primarily in a consultancy role
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.**

a. **Are you submitting your disclosures to ACP as a member of one of the following groups:**
 - ACP board, committee, council, task force, and/or other governance group?
 - Chapter Council or other Chapter leadership role?
 - National or chapter staff?
 - Annals of Internal Medicine editorial staff?
 - Other (meeting guests, contractors, authors, etc.)

Yes.

i. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Disclosure of Interests and Management of Conflicts Policy.**

Yes

ii. **I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."**

Yes

iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.**

Yes

iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Anti-Harassment Policy.**

Yes

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplement**

Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Jennifer S Lin

For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Point of Care Ultrasound	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High flow nasal oxygen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Hematuria	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature



Date 12/26/19

RELEVANT PUBLICATIONS

If you have published on any of the above topics within the last 3 years, please copy and paste relevant publications below or you may also upload your CV or bibliography into Convey as a separate attachment.

No relevant publications to the above mentioned topics.

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.**

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- Chapter Council or other Chapter leadership role?
- National or chapter staff?
- Annals of Internal Medicine editorial staff?
- Other (meeting guests, contractors, authors, etc.)

Yes.

- i. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).**

Yes

- ii. **I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."**

Yes

- iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).**

Yes

- iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**

Yes

Certification

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- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations

- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence



Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.**
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 - Chapter Council or other Chapter leadership role?
 - National or chapter staff?
 - Annals of Internal Medicine editorial staff?
 - Other (meeting guests, contractors, authors, etc.)
 - Yes.
 - i. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).**

Yes
 - ii. **I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."**

Yes
 - iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).**

Yes
 - iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**

Yes

Certification

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- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence



Disclosure Purpose: Annual Staff Disclosure 2019

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, *Annals of Internal Medicine* editorial staff or other governance group as part of ACP's annual governance disclosure process.**
 - a. **Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?**

Yes.

 - i. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).**

Yes
 - ii. **I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."**

Yes
 - iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).**

Yes
 - iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**

Yes

Certification

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- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**

None

2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process.**

- a. **Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?**

Yes.

- i. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).**

Yes

- ii. **I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."**

Yes

- iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).**

Yes

- iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**

Yes

Certification

I certify that to my knowledge and belief that the foregoing disclosure of financial and intellectual interests is complete and truthful, and I will promptly disclose any changes.

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplement**

Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Michael Maroto

For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Point of Care Ultrasound	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High flow nasal oxygen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Hematuria	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature **Michael Maroto, Esq.** Digitally signed by Michael Maroto, Esq.
Date: 2020.01.23 14:44:25 -05'00'

Date

Disclosure Purpose: annual disclosure

Summary of Financial Interests

Entity	Type	Interest Held By	Value
North east Medical Group	Employment	Self	-
Title: Employed Physician Start Date: 11/01/2012		Position Description: Physician & Medical Director of Clinical Quality Additional Information:	
End Date:			

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.

American College of Rheumatology Quality of Care Committee term was Nov 2015-Nov 2018 ABIM Rheumatology Sub-specialty Board term was April 2014- June 2018
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP's annual governance disclosure process.

a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?

Yes.

i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Disclosure of Interests and Management of Conflicts Policy.

Yes

ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

Yes

iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.

Yes

iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Anti-Harassment Policy.

Yes

Certification

I certify that to my knowledge and belief that the foregoing disclosure of financial and intellectual interests is complete and truthful, and I will promptly

disclose any changes.

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.

a. Are you submitting your disclosures to ACP as a member of one of the following groups:

■ ACP board, committee, council, task force, and/or other governance group?

■ Chapter Council or other Chapter leadership role?

■ National or chapter staff?

■ Annals of Internal Medicine editorial staff?

■ Other (meeting guests, contractors, authors, etc.)

Yes.

i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Disclosure of Interests and Management of Conflicts Policy.

Yes

ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

Yes

iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.

Yes

iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Anti-Harassment Policy.

Yes
- Certification
- By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:
- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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 - Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations

- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence



Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
Title: EVP/CEO Start Date: 01/01/2017End Date:Position Description: EVP/CEO Additional Information:			
American Medical Association	Other	Self	-
Category: Other Start Date: 01/01/2017End Date:Consultant Description: Compensation Type: Unpaid Annual Compensation: Other Compensation: Additional Information:			
Council of Medical Subspecialty Societies	Fiduciary Officer	Self	-
Official Title: CMSS Board Member Compensation Type: Unpaid Start Date: 07/01/2018End Date:Position Description: CMSS Board member Other Compensation:			
Department of Internal Medicine, University of Nebraska Medical Center	Other	Self	-
Category: Other Start Date: 03/18/2018End Date: 03/19/2018Consultant Description: Compensation Type: Annual Compensation: Other Compensation: Additional Information:			
Inspira Health Woodbury	Employment	Spouse/Partner	-
Title: Physician Staff- Inspira Medical Group Start Date: 01/01/2017End Date:Position Description: Salaried Pulmonary Critical Care Sleep Physician Additional Information: Inspira Group Physicians 2950 College Drive Suite 1E Vineland, NJ 08360			
PCPCC	Fiduciary Officer	Self	-
Official Title: PCPCC Board Compensation Type: Unpaid Start Date: 01/01/2017End Date:Position Description: PCPCC Board Chair Elect Other Compensation:			
Temple University	Fiduciary Officer	Self	-
Official Title: Lewis Katz School of Medicine at Temple University Medical Alumni Board Other Compensation: Annual Compensation: Additional Information:Position Description: Board member Compensation Type: Unpaid Start Date: 01/01/2017End Date:			
University of Texas Southwestern Medical Center	Other	Self	-

Category: Other
Start Date: 03/04/2018
Other Compensation:
Additional Information:

End Date: 03/05/2018

Consultant Description:
Compensation Type: Cash
Annual Compensation:

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process.
 - a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?

Yes.

 - i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).

Yes
 - ii. I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

Yes
 - iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).

Yes
 - iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).

Yes

Certification

I certify that to my knowledge and belief that the foregoing disclosure of financial and intellectual interests is complete and truthful, and I will promptly disclose any changes.

Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process.**
 - a. **Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?**

Yes.

 - i. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).**

Yes
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Yes
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Yes
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Yes

Certification

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**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplement**

Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Reem Mustafa

For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Point of Care Ultrasound	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High flow nasal oxygen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

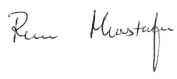
For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Hematuria	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature 

Date Jan 9th 2020

Disclosure Purpose: Clinical Policy, test

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
Title: Vice President Start Date: 12/07/2003End Date:Position Description: Clinical Policy Additional Information:			
Centers for Disease Control and Prevention	Other	Self	-
Category: Other Start Date: 01/01/2016End Date:Consultant Description: Compensation Type: Unpaid Other Compensation: Annual Compensation: Additional Information: don't have the exact dates			
Cochrane	Other	Self	-
Category: Other Start Date: 06/01/2019End Date:Consultant Description: Compensation Type: Annual Compensation:			
Dynamed	Other	Self	-
Category: Other Start Date: 07/01/2014End Date:Consultant Description: Compensation Type: Other Annual Compensation:			
Dynamed	Other	Self	-
Category: Other Start Date: 01/01/2013End Date:Consultant Description: Compensation Type: Unpaid Annual Compensation: Additional Information: I do not know the exact start date.			
GRADE Working Group	Other	Self	-
Category: Other Start Date: 01/01/2003End Date:Consultant Description: Compensation Type: Unpaid Annual Compensation: Additional Information: I do not have the exact start date			
Measures Application Partnership	Other	Self	-
Category: Other Start Date: 01/01/2014End Date:Consultant Description: Compensation Type: Unpaid Annual Compensation: Additional Information: I do not remember the exact start date.			
MedBiquitous	Other	Self	-

Category: Other Start Date: 01/01/2013 End Date: 01/01/2019 Other Compensation: Additional Information: Do not have exact start or end dates Consultant Description: Compensation Type: Annual Compensation:			
National Academies of Sciences, Engineering, and Medicine	Other	Self	-
Category: Other Start Date: 01/01/2019 End Date: Other Compensation: Additional Information: don't have the exact dates Consultant Description: Compensation Type: Unpaid Annual Compensation:			
National Quality Forum	Other	Self	-
Category: Other Start Date: 01/01/2019 End Date: Other Compensation: Additional Information: don't have the exact dates Consultant Description: Compensation Type: Unpaid Annual Compensation:			
National Quality Forum	Other	Self	-
Category: Other Start Date: 01/01/2018 End Date: Other Compensation: Additional Information: don't have the exact dates Consultant Description: Compensation Type: Unpaid Annual Compensation:			
National Quality Forum	Other	Self	-
Category: Other Start Date: 01/01/2015 End Date: Other Compensation: Additional Information: Don't have the exact start date Consultant Description: Compensation Type: Unpaid Annual Compensation:			
PCPI	Other	Self	-
Category: Other Start Date: 01/01/2017 End Date: Other Compensation: Additional Information: don't have the exact start date Consultant Description: Compensation Type: Unpaid Annual Compensation:			
PCPI	Other	Self	-
Category: Other Start Date: 01/01/2015 End Date: Other Compensation: Additional Information: Do not have exact start date Consultant Description: Compensation Type: Unpaid Annual Compensation:			
RIGHT Working Group	Other	Self	-
Category: Other Start Date: 01/01/2014 End Date: Other Compensation: Additional Information: I do not have the exact start date Consultant Description: Compensation Type: Unpaid Annual Compensation:			
Thomas Jefferson University	Other	Self	-
Category: Other Start Date: 01/01/2017 End Date: Other Compensation: Additional Information:			
Women's Preventive Services Initiative	Other	Self	-

Category: Other

Start Date: 05/01/2016

End Date:

Other Compensation:

Additional Information: don't have the exact dates

Consultant Description:

Compensation Type: Unpaid

Annual Compensation:

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, *Annals of Internal Medicine* editorial staff or other governance group as part of ACP's annual governance disclosure process.**
 - a. **Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?**

No.

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

Convey
Global Disclosure System

 **AAMC**

Disclosure Purpose: Clinical Policy Committees ACP Staff

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
Title: Senior Analyst Start Date: 11/07/2016		Position Description: Additional Information:	
End Date:			

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
No information to report
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP's annual governance disclosure process.

a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?

Yes.

i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Disclosure of Interests and Management of Conflicts Policy.
Yes

ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."
Yes

iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.
Yes

iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Anti-Harassment Policy.
Yes

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

Disclosure Purpose: Annual Staff Disclosure 2019, Annual Staff Disclosure 2020

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, *Annals of Internal Medicine* editorial staff or other governance group as part of ACP's annual governance disclosure process.**
 - a. **Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?**

Yes.

 - i. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).**

Yes
 - ii. **I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."**

Yes
 - iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).**

Yes
 - iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**

Yes

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations

- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence



Disclosure Purpose: Annual Staff Disclosure 2019

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
<div><div>Title: Research Associate</div><div>Start Date: 02/06/2016End Date:</div><div>Position Description: Provide clinical input on evidence reviews, guidelines, performance measures, and high value care topics. Lead Scientific Medical Policy Committee (SMPC), and support the work of the SMPC, and other</div><div>Additional Information:</div></div>			
Sigma Heath Consulting LLC	Other	Self	-
<div><div>Category: Other</div><div>Start Date: 05/16/2019End Date: 12/16/2019</div><div>Other Compensation:</div><div>Additional Information: Part-time contract position (inactive)</div><div>Consultant Description:</div><div>Compensation Type: Cash</div><div>Annual Compensation:</div></div>			

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
None
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP's annual governance disclosure process.

a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?
Yes.

i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Disclosure of Interests and Management of Conflicts Policy.
Yes

ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."
Yes

iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.

Yes

- iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**

Yes

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Division of Cancer Epidemiology and Genetics, National Cancer Institute	Grant / Contract	Self	\$4,000,000.00
<div><div>Recipient Name: UCSF</div><div>Grant / Contract Description: P01: The future of breast cancer screening in community practice: Advanced technologies performance,</div><div>Grant / Contract Valuation Date: 05/22/2019</div><div>Additional Information: Co-investigator</div></div> <div><div>Recipient Type: Institution</div><div>Grant / Contract Purpose: Research</div><div>Grant / Contract Amount: \$4,000,000.00</div><div>Contract Start Date: 09/27/2011Contract End Date: 05/31/2022</div></div>			
institute for clinical and economic review	Grant / Contract	Self	\$495,000.00
<div><div>Recipient Name: UCSF</div><div>Grant / Contract Description: Produce comparative effectiveness reviews in support of ICER</div><div>Grant / Contract Valuation Date: 05/22/2019</div><div>Additional Information:</div></div> <div><div>Recipient Type: Institution</div><div>Grant / Contract Purpose: Research</div><div>Grant / Contract Amount: \$495,000.00</div><div>Contract Start Date: 01/01/2018Contract End Date:</div></div>			
Irving Street Pet Hospital	Other	Dependent Child	-
<div><div>Category: Other</div><div>Start Date: 08/01/2018End Date: 06/14/2020</div><div>Other Compensation:</div><div>Additional Information:</div></div> <div><div>Consultant Description:</div><div>Compensation Type: Cash</div><div>Annual Compensation:</div></div>			
National MS Society	Other	Self	-
<div><div>Category: Other</div><div>Start Date: 01/01/2012End Date:</div><div>Other Compensation:</div><div>Additional Information:</div></div> <div><div>Consultant Description:</div><div>Compensation Type: Unpaid</div><div>Annual Compensation:</div></div>			
Patient-Centered Outcomes Research Institute	Grant / Contract	Self	\$10,000,000.00
<div><div>Recipient Name: UCSF</div><div>Grant / Contract Description: Enabling a Paradigm Shift: A Preference-Tolerant RCT of Personalized vs. Annual Screening for Breast</div><div>Grant / Contract Valuation Date: 05/22/2019</div><div>Additional Information: Co-investigator</div></div> <div><div>Recipient Type: Institution</div><div>Grant / Contract Purpose: Research</div><div>Grant / Contract Amount: \$10,000,000.00</div><div>Contract Start Date: 09/15/2015Contract End Date:</div></div>			
Society of General Internal Medicine	Other	Self	-
<div><div>Category: Other</div><div>Start Date: 01/01/2017End Date:</div><div>Other Compensation:</div><div>Additional Information:</div></div> <div><div>Consultant Description:</div><div>Compensation Type: Unpaid</div><div>Annual Compensation:</div></div>			
University of California San Francisco	Employment	Self	-
<div><div>Title: Professor of Medicine</div><div>Start Date: 07/01/1999End Date:</div><div>Additional Information: Primary job</div></div> <div><div>Position Description: Faculty</div></div>			
University of California San Francisco	Other	Self	\$1,000.00

Category: Other
Start Date: 07/01/1999
Other Compensation:

End Date:

Consultant Description:
Compensation Type: Cash
Annual Compensation:

Year	Amount	Type
2019	\$1,000.00	Estimated

Additional Information:

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.
 - a. Are you submitting your disclosures to ACP as a member of one of the following groups:
 - ACP board, committee, council, task force, and/or other governance group?
 - Chapter Council or other Chapter leadership role?
 - National or chapter staff?
 - Annals of Internal Medicine editorial staff?
 - Other (meeting guests, contractors, authors, etc.)

Yes.

- i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).

Yes

- ii. I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

Yes

- iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).

Yes

- iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).

Yes

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence



**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplement**

Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Jeffrey A. Tice, MD

For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Point of Care Ultrasound	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High flow nasal oxygen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Hematuria	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature



Date 1/21/2020

Disclosure Purpose: ACP CGC

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value												
AcademyHealth	Travel	Self	\$3,000.00												
Location(s): Seattle to DC Estimated Value: \$3,000.00 Purpose: Meetings & Conferences		Travel Start Date: 03/08/2017 Travel End Date: 01/24/2020 Valuation Date: 01/23/2020 Additional Information: Attended Health Data Palooza, Annual Research Meeting and Project Paradigm co sponsored and 2xs listed as RWJ conferences and Meetings													
Acumen LLC	Travel	Self	\$380.00												
Location(s): Seattle to DC Estimated Value: \$380.00 Purpose: PCMP CMS Measures		Travel Start Date: 02/05/2020 Travel End Date: 02/08/2020 Valuation Date: 01/23/2020 Additional Information: Physician Cost Measure Patient Relationship Code TEP Patient Panel member													
American College of Physicians	Other	Self	\$3,000.00												
Category: Other Start Date: 01/01/2017 Other Compensation:		Consultant Description: Compensation Type: Cash Annual Compensation: <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2019</td><td>\$1,000.00</td><td>Estimated</td></tr><tr><td>2018</td><td>\$1,000.00</td><td>Estimated</td></tr><tr><td>2017</td><td>\$1,000.00</td><td>Estimated</td></tr></table>		Year	Amount	Type	2019	\$1,000.00	Estimated	2018	\$1,000.00	Estimated	2017	\$1,000.00	Estimated
Year	Amount	Type													
2019	\$1,000.00	Estimated													
2018	\$1,000.00	Estimated													
2017	\$1,000.00	Estimated													
Additional Information: Clinical Guidelines Committee Public Panel Member Travel also was reimbursed flights															
Boston Medical Center	Other	Self	\$500.00												
Category: Other Start Date: 09/18/2018 Other Compensation:		Consultant Description: Compensation Type: Cash Annual Compensation: <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2018</td><td>\$500.00</td><td>Estimated</td></tr></table>		Year	Amount	Type	2018	\$500.00	Estimated						
Year	Amount	Type													
2018	\$500.00	Estimated													
Additional Information: \$500 stipend Open Notes BIDMC presenting PFCC conference and \$750 total for Patient Advisory Position stipends															
Camden Coalition	Other	Self	\$500.00												

Category: Other Start Date: 01/01/2018 Other Compensation:		End Date:		Consultant Description: Compensation Type: Cash Annual Compensation:													
		<table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2019</td><td>\$500.00</td><td>Estimated</td></tr></table>	Year	Amount	Type	2019	\$500.00	Estimated									
Year	Amount	Type															
2019	\$500.00	Estimated															
Additional Information: Consumer Scholar work and Travel for Putting Care at the Center conference																	
Hassanah Consulting		Consultant	Self	\$25,000.00													
Category: Consultant Start Date: 01/01/2017 Other Compensation:		End Date: Consultant Description: Compensation Type: Cash Annual Compensation:															
		<table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2019</td><td>\$9,000.00</td><td>Actual</td></tr><tr><td>2018</td><td>\$8,000.00</td><td>Estimated</td></tr><tr><td>2017</td><td>\$8,000.00</td><td>Estimated</td></tr></table>	Year	Amount	Type	2019	\$9,000.00	Actual	2018	\$8,000.00	Estimated	2017	\$8,000.00	Estimated			
Year	Amount	Type															
2019	\$9,000.00	Actual															
2018	\$8,000.00	Estimated															
2017	\$8,000.00	Estimated															
Additional Information: This is total income, and includes compensation such as stipends listed on CVM, Muslim Resource Guides, Islamic Civic Engagement, general consulting 1099s https://janicetufte.com/cvm-patient-partner																	
Healthcare for the Homeless Seattle King County		Other	Self	\$2,200.00													
Category: Other Start Date: 01/01/2018 Other Compensation:		End Date: Consultant Description: Compensation Type: Cash Annual Compensation:															
		<table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2019</td><td>\$2,200.00</td><td>Estimated</td></tr></table>	Year	Amount	Type	2019	\$2,200.00	Estimated									
Year	Amount	Type															
2019	\$2,200.00	Estimated															
Additional Information: Consumer Representative advisor																	
Humana Foundation		Travel	Self	\$500.00													
Location(s): Seattle to DC Estimated Value: \$500.00 Purpose: Food Insecurity Brochure development		Travel Start Date: 08/01/2019 Valuation Date: 01/23/2020 Travel End Date: 08/03/2019 Additional Information: Patient Partner informing on food insecurity for a brochure to accompany measures															
IHI		Travel	Self	\$1,050.00													
Location(s): Seattle-Florida Estimated Value: \$1,050.00 Purpose: IHI Forum Scholarship as a Patient Advisor		Travel Start Date: 12/05/2019 Valuation Date: 01/23/2020 Travel End Date: 12/09/2019 Additional Information: IHI Forum Scholarship as a Patient Advisor															
National Institute on Aging		Other	Self	\$750.00													
Category: Other Start Date: 06/01/2019 Other Compensation:		End Date: Consultant Description: Compensation Type: Cash Annual Compensation:															
		<table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2020</td><td>\$500.00</td><td>Actual</td></tr><tr><td>2019</td><td>\$250.00</td><td>Actual</td></tr></table>	Year	Amount	Type	2020	\$500.00	Actual	2019	\$250.00	Actual						
Year	Amount	Type															
2020	\$500.00	Actual															
2019	\$250.00	Actual															
Additional Information: Aging Initiative Advisor																	
Patient CenteredResearch Institute		Travel	Self	\$3,000.00													

Location(s): Seattle to DC Estimated Value: \$3,000.00 Purpose: Conference Attendance		Travel Start Date: 01/01/2017 Valuation Date: 01/23/2020 Additional Information: PCORI paid for multiple conference scholarships and prioritization projects		Travel End Date: 09/20/2019	
Robert Wood Johnson Foundation		Travel	Self	\$1,000.00	
Location(s): Seattle to DC Estimated Value: \$1,000.00 Purpose: Paradigm Project HSR		Travel Start Date: 06/14/2019 Valuation Date: 01/23/2020 Additional Information: Travel only, no stipends, Health Services Research project (also listed under Academy Health)		Travel End Date: 06/28/2021	
Society for Participatory Medicine		Travel	Self	\$650.00	
Location(s): Seattle to Boston Estimated Value: \$650.00 Purpose: Panel Organizer and presenter SDoH		Travel Start Date: 09/07/2019 Valuation Date: 01/23/2020 Additional Information: Travel to Boston as a SPM Planning Committee member and panel presenter		Travel End Date: 09/10/2019	
University of Washington SORCE		Other	Self	\$1,250.00	
Category: Other Start Date: 01/01/2017 Other Compensation:		End Date: Consultant Description: Compensation Type: Cash Annual Compensation:			
		Year	Amount	Type	
		2020	\$900.00	Estimated	
		2018	\$350.00	Estimated	
Additional Information: Patient Advisor on the COSMID project started 2019 on going and Patient Advisor on CERTAIN Patient Advisory Group					

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**

All details are included in CVM I filled this out correctly to the best of my abilities

2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.**

- a. **Are you submitting your disclosures to ACP as a member of one of the following groups:**

- ACP board, committee, council, task force, and/or other governance group?
- Chapter Council or other Chapter leadership role?
- National or chapter staff?
- Annals of Internal Medicine editorial staff?
- Other (meeting guests, contractors, authors, etc.)

Yes.

- i. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).**

Yes

- ii. **I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."**

Yes

- iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).**

Yes

- iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**

Yes

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

Convey
Global Disclosure System



**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplement**

Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Janice Tufte

For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Point of Care Ultrasound	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High flow nasal oxygen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Hematuria	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature

Janice E. Tufts

Date 1/21/2020

Disclosure Purpose: Annual Governance Disclosure 2019, Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Endocrine Society	Other	Self	-
Category: Other Start Date: 02/01/2019 End Date: 12/31/2019 Other Compensation: Additional Information: Hypoglycemia performance measure development Consultant Description: Compensation Type: Unpaid Annual Compensation:			
Medical School, University of Michigan	Employment	Self	-
Title: Professor, Medical Director Start Date: 06/24/1992 End Date: Position Description: Professor of Internal Medicine, Director of Analytics/Quality Additional Information:			
National Institute of Health	Grant / Contract	Self	-
Recipient Name: Regents of the University of Michigan Grant / Contract Description: Systematic design of meaningful presentation of medical test data for patients Grant / Contract Valuation Date: 09/30/2013 Additional Information: Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$5,000.00 Contract Start Date: 09/30/2013 Contract End Date: 09/30/2016			
National Institute of Health	Grant / Contract	Self	\$1,820,000.00
Recipient Name: Regents of the University of Michigan Grant / Contract Description: Implementation of Evidence-Based Practice for Benign Paroxysmal Positional Vertigo Grant / Contract Valuation Date: 01/28/2020 Additional Information: Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$1,820,000.00 Contract Start Date: 08/01/2013 Contract End Date: 07/31/2019			
U.S. Department of Veterans Affairs	Employment	Self	-
Title: Physician Start Date: 07/01/1997 End Date: Position Description: Physician Additional Information:			
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$900,000.00
Recipient Name: Michele Heisler Grant / Contract Description: Technologically Enhanced Coaching (TEC): A Program for Improving Diabetes Outcomes Grant / Contract Valuation Date: 02/01/2014 Additional Information: Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Amount: \$900,000.00 Contract Start Date: 02/01/2014 Contract End Date: 01/31/2018			
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$615,000.00
Recipient Name: Sameer Saini Grant / Contract Description: Promoting Veteran-Centered Colorectal Cancer Screening Grant / Contract Valuation Date: 01/28/2020 Additional Information: Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Amount: \$615,000.00 Contract Start Date: 04/01/2014 Contract End Date: 03/31/2018			
Wolters Kluwer Health, Inc.	Consultant	Self	\$4,900.00

Category: Consultant
Start Date: 11/15/2011
Other Compensation:

End Date:

Consultant Description:
Compensation Type: Cash
Annual Compensation:

Year	Amount	Type
2019	\$1,800.00	Estimated
2018	\$1,600.00	Estimated
2017	\$1,500.00	Estimated

Additional Information:

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.

None

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.

- a. Are you submitting your disclosures to ACP as a member of one of the following groups:

- ACP board, committee, council, task force, and/or other governance group?
- Chapter Council or other Chapter leadership role?
- National or chapter staff?
- Annals of Internal Medicine editorial staff?
- Other (meeting guests, contractors, authors, etc.)

Yes.

- i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).

Yes

- ii. I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

Yes

- iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).

Yes

- iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).

Yes

Certification

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplement**

Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Sandeep Vijan

For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Point of Care Ultrasound	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High flow nasal oxygen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Hematuria	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature

Sandeep Vij

Date 1/28/20

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.**
 - a. **Are you submitting your disclosures to ACP as a member of one of the following groups:**
 - ACP board, committee, council, task force, and/or other governance group?
 - Chapter Council or other Chapter leadership role?
 - National or chapter staff?
 - Annals of Internal Medicine editorial staff?
 - Other (meeting guests, contractors, authors, etc.)
 - Yes.
 - i. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).**

Yes
 - ii. **I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."**

Yes
 - iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).**

Yes
 - iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**

Yes

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations

- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence



Disclosure Purpose: Annual Governance Disclosure 2019, Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Agency for Health Care Policy and Research	Grant / Contract	Self	\$4,500.00
Recipient Name: Gillian Sanders Grant / Contract Description: Evidence Based Practice Center, Associate Editor Grant / Contract Valuation Date: 03/15/2019 Additional Information:		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$4,500.00 Contract Start Date: 10/01/2014 Contract End Date: 09/30/2019	
ArcherDx	Other	Spouse/Partner	-
Category: Other Start Date: 07/01/2018 End Date: 12/31/2018 Other Compensation: Additional Information:		Consultant Description: Compensation Type: Cash Annual Compensation:	
Associate for Molecular Pathology	Other	Spouse/Partner	-
Category: Other Start Date: 09/01/1995 End Date: Other Compensation: Additional Information:		Consultant Description: Compensation Type: Cash Annual Compensation:	
Debbie's Dream Foundation	Other	Spouse/Partner	\$500.00
Category: Other Start Date: 05/13/2018 End Date: 05/13/2018 Other Compensation:		Consultant Description: Compensation Type: Cash Annual Compensation:	
		Year	Amount
		2018	\$500.00
Additional Information: Honorarium for a scientific presentation		Type	
		Estimated	
Duke University	Employment	Self	-
Title: Professor of Medicine and Psychiatry Start Date: 07/01/2001 End Date:		Position Description: Faculty Additional Information:	
DurhamVeterans Affairs Medical Center	Employment	Self	-
Title: Staff Physician Start Date: 07/01/2001 End Date:		Position Description: Physician and HSR&D Researcher Additional Information:	
General Electric	Stock	Self	\$0.00
Percentage Ownership: 0 Valuation Date: Additional Information:		Estimated Value: \$0.00 Divestment Date: 12/26/2018	
Healt hwise	Other	Self	-

Category: Other Start Date: 05/25/2017 End Date: 06/01/2019 Other Compensation: Additional Information:		Consultant Description: Compensation Type: Cash Annual Compensation:	
HSR&D, U.S.Department of Veterans Affairs	Grant / Contract	Self	\$825,000.00
Recipient Name: John W. Williams Jr Grant / Contract Description: Evidence Synthesis Program Grant / Contract Amount: \$825,000.00 Contract Start Date: 10/01/2017 Contract End Date: 09/30/2020		Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Valuation Date: 03/15/2019 Additional Information:	
HSR&D, U.S.Department of Veterans Affairs	Other	Self	-
Category: Other Start Date: 07/08/1995 End Date: 05/01/2018 Other Compensation: Additional Information:		Consultant Description: Compensation Type: Unpaid Annual Compensation:	
JWW Scientific Consulting, LLC	Other Business Ownership	Self	\$26,500.00
Form of Business Description: Provide Medical/Scientific editing and research methods education Investment Amount: \$0.00 Annual Compensation:		Ownership Category: Sole Proprietor Partnership Category: LLC Investment Amount Valuation Date: Additional Information:	
Year	Amount	Type	
2019	\$8,000.00	Estimated	
2018	\$18,500.00	Actual	
National Academies of Sciences, Engineering, and Medicine	Other	Self	-
Category: Other Start Date: 06/22/2016 End Date: 01/12/2017 Other Compensation: Travel Expenses Additional Information: No compensation; travel expenses only		Consultant Description: Compensation Type: Other Annual Compensation:	
National Institutes of Health	Grant / Contract	Self	\$45,000.00
Recipient Name: Duke University Grant / Contract Description: Clinical Translational Science Award Grant / Contract Amount: \$45,000.00 Contract Start Date: 10/01/2013 Contract End Date: 09/30/2018		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 03/15/2019 Additional Information: JWW Salary support only	
Oak Ridge Associated Universities	Employment	Self	-
Title: Consultant Start Date: 03/12/2015 End Date:		Position Description: Consultant to CMMI for CPC+ Program: Behavioral health integration Additional Information:	
Patient Centered Outcomes Research Institute	Grant / Contract	Self	\$46,899.00
Recipient Name: John W Williams Jr Grant / Contract Description: Subcontract from Oregon Health Sciences Center; Associate Editor for PCORI Grant / Contract Valuation Date: 12/26/2019 Additional Information: Total Costs - 2020		Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Amount: \$46,899.00 Contract Start Date: 06/08/2015 Contract End Date: 12/31/2020	
Promega	Other	Spouse/Partner	-
Category: Other Start Date: 06/01/2018 End Date: 12/31/2018 Other Compensation: Additional Information:		Consultant Description: Compensation Type: Cash Annual Compensation:	

Siemens	Stock	Self	\$0.00
Percentage Ownership: 0		Estimated Value: \$0.00	
Valuation Date:		Divestment Date: 03/15/2019	
Additional Information:			
Tiantan Hospital	Other	Self	\$2,500.00
Category: Other		Consultant Description:	
Start Date: 12/12/2019		Compensation Type: Cash	
End Date: 12/12/2019		Annual Compensation:	
Other Compensation:			
		Year	Amount
		2019	\$2,500.00
			Type
			Actual
Additional Information: Honoraria for teaching a research methods workshop			
University of Washington	Data And Safety Monitoring	Self	\$500.00
Category: Data And Safety Monitoring		Consultant Description:	
Start Date: 06/22/2016		Compensation Type: Cash	
End Date:		Annual Compensation:	
Other Compensation:			
		Year	Amount
		2019	\$500.00
			Type
			Actual
Additional Information:			

Intellectual Property

Type	Is Licensed	Interest Held By	Value								
Other Intellectual Property - Chapter in UpToDate (Depression Screening)	-	Self	\$935.00								
Description: Chapter in UpToDate (Depression Screening) Yearly Income: <table> <tr> <th>Amount</th><th>Type</th><th>Year</th><th>Payment Receipt</th></tr> <tr> <td>\$935.00</td><td>Actual</td><td>2018</td><td>Direct Payment</td></tr> </table>		Amount	Type	Year	Payment Receipt	\$935.00	Actual	2018	Direct Payment	Income Source: Wolters Klewler Additional Information:	
Amount	Type	Year	Payment Receipt								
\$935.00	Actual	2018	Direct Payment								

Additional Information:

- Please specify any additional information which you consider relevant to this disclosure.
 - ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.
 - Are you submitting your disclosures to ACP as a member of one of the following groups:
 - ACP board, committee, council, task force, and/or other governance group?
 - Chapter Council or other Chapter leadership role?
 - National or chapter staff?
 - Annals of Internal Medicine editorial staff?
 - Other (meeting guests, contractors, authors, etc.)
- Yes.
- I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).
- Yes

- ii. **I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."**
- Yes
- iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).**
- Yes
- iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**
- Yes

Certification

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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplement**

Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: John W Williams Jr.

For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Point of Care Ultrasound	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High flow nasal oxygen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Hematuria	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature



Date 12/26/2019

Disclosure Purpose: ACP-CGC January 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Other	Self	-
<div><div>Category: Other</div><div>Start Date: 01/01/2018End Date:</div><div>Other Compensation: 100000</div><div>Additional Information: Support for our research group to conduct reviews</div></div> <div>Consultant Description: Compensation Type: Other Annual Compensation:</div>			
American Urological Association Foundation	Other	Self	-
<div><div>Category: Other</div><div>Start Date: 01/01/2018End Date: 01/01/2021</div><div>Other Compensation:</div><div>Additional Information: I receive support (approximately \$150,000) for our research group to conduct reviews. I receive no personal financial support</div></div> <div>Consultant Description: Compensation Type: Unpaid Annual Compensation:</div>			
Midwest CEPAC-ICER	Other	Self	-
<div><div>Category: Other</div><div>Start Date: 01/01/2020End Date:</div><div>Other Compensation:</div><div>Additional Information:</div></div> <div>Consultant Description: Compensation Type: Unpaid Annual Compensation:</div>			
Midwest CEPAC-ICER	Other	Self	-
<div><div>Category: Other</div><div>Start Date: 01/01/2018End Date:</div><div>Other Compensation:</div><div>Additional Information:</div></div> <div>Consultant Description: Compensation Type: Unpaid Annual Compensation:</div>			
NHLBI	Other	Self	-
<div><div>Category: Other</div><div>Start Date: 01/01/2019End Date: 01/01/2021</div><div>Other Compensation:</div><div>Additional Information:</div></div> <div>Consultant Description: Compensation Type: Unpaid Annual Compensation:</div>			
U.S. Department of Veterans Affairs	Employment	Self	-
<div><div>Title: Professor</div><div>Start Date: 06/15/2018End Date:</div><div>Additional Information:</div></div> <div>Position Description: Staff Physician</div>			
VA Preventive Medical Advisory Committee	Consultant	Self	-
<div><div>Category: Consultant</div><div>Start Date: 01/01/2018End Date:</div><div>Other Compensation:</div><div>Additional Information:</div></div> <div>Consultant Description: Compensation Type: Unpaid Annual Compensation:</div>			

Intellectual Property

Type	Is Licensed	Interest Held By	Value
Other Intellectual Property - Research grants/contracts from VA, AHRQ, AUA, and ...	-	Self	\$210,000.00

Description: Research grants/contracts from VA, AHRQ, AUA, and ACP to conduct evidence synthesis reports.

Income Source: Funds paid to my institution to support work of our evidence review team. AHRQ contracts can support my salary. Others do not.

Yearly Income:

Amount	Type	Year	Payment Receipt
\$10,000.00	Estimated	2020	Direct Payment
\$200,000.00	Estimated	2019	Payment through home institution

Additional Information: The funds of payment through home institution are research support for programs NOT personal salary. I receive approximately 5-10000 annually as additional salary beyond my VA salary for grant support.

Additional Information:

- Please specify any additional information which you consider relevant to this disclosure.
- ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.
 - Are you submitting your disclosures to ACP as a member of one of the following groups:
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 - National or chapter staff?
 - Annals of Internal Medicine editorial staff?
 - Other (meeting guests, contractors, authors, etc.)

Yes.

 - I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).

Yes
 - I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

Yes
 - I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).

Yes
 - I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).

Yes

Certification

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participation, or expert as part of regulatory, legislative, or judicial process)

- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
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Department of Clinical Policy
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Thank You.

If in doubt, err on the side of full disclosure

Name: Timothy J. Wilt

For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Point of Care Ultrasound	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High flow nasal oxygen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

	YES	NO
Hematuria	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature

Timothy J. Wilt, e-signed

Date 12/26/19

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Canadian Institutes of Health Research	Grant / Contract	Self	\$9,310,000.00
Recipient Name: Dr. Michael McGillion Grant / Contract Description: The SMaRT VIEW, CoVeRed Grant / Contract Amount: \$9,310,000.00 Contract Start Date: 10/15/2015 Contract End Date: 09/30/2019		Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Valuation Date: 10/15/2015 Additional Information:	
Canadian Institutes of Health Research	Grant / Contract	Self	\$22,600.00
Recipient Name: Dr. Sandra Carroll Grant / Contract Description: Following the C-SPIN Roadmap: Realizing Meaningful Patient Engagement Grant / Contract Valuation Date: 03/01/2016 Additional Information:		Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Amount: \$22,600.00 Contract Start Date: 03/01/2016 Contract End Date: 02/28/2018	
Canadian Institutes of Health Research	Grant / Contract	Self	\$226,000.00
Recipient Name: Dr. Michael McGillion Grant / Contract Description: THE SMaRT VIEW, CoVeRed Grant / Contract Amount: \$226,000.00 Contract Start Date: 03/01/2016 Contract End Date: 02/28/2018		Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Valuation Date: 03/01/2016 Additional Information:	
Canadian Institutes of Health Research	Grant / Contract	Self	\$22,450.00
Recipient Name: Dr. Sandra Carroll Grant / Contract Description: PrEPARE: Preparing for Meaningful Patient Engagement at the PopulAtion Health REsearch Grant / Contract Valuation Date: 03/01/2016 Additional Information:		Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Amount: \$22,450.00 Contract Start Date: 03/01/2016 Contract End Date: 02/28/2017	
Evidence Based Research Network	Fiduciary Officer	Self	-
Official Title: Steering Committee Member Compensation Type: Start Date: 10/01/2016 End Date: Annual Compensation: Additional Information:		Position Description: Other Compensation:	
Evidence Synthesis International	Fiduciary Officer	Self	-
Official Title: Secretariat Compensation Type: Start Date: 03/01/2018 End Date: Annual Compensation: Additional Information:		Position Description: Organize and support activities of the organisation Other Compensation:	
McMaster University	Employment	Self	-
Title: Assistant Professor Start Date: 06/01/2010 End Date: 06/30/2017		Position Description: Additional Information:	
Sigma Theta Tau International	Fiduciary Officer	Self	-

Official Title: President - Alpha Nu Chapter

Position Description: President - Alpha Nu Chapter

Compensation Type:

Other Compensation:

Start Date: 09/01/2019

End Date: 08/31/2021

Annual Compensation:

Additional Information:

University of Bologna

Other

Self

\$5,213.19

Category: Other

Start Date: 11/16/2019

End Date: 11/22/2019

Consultant Description:

Compensation Type: Cash

Annual Compensation:

Year	Amount	Type
2019	\$5,213.19	Actual

Additional Information: Guest Lecturer

Villanova University

Employment

Self

-

Title: Associate Professor

Start Date: 08/22/2017

End Date:

Position Description:

Additional Information:

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.

N/A

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.

- a. Are you submitting your disclosures to ACP as a member of one of the following groups:

- ACP board, committee, council, task force, and/or other governance group?
- Chapter Council or other Chapter leadership role?
- National or chapter staff?
- Annals of Internal Medicine editorial staff?
- Other (meeting guests, contractors, authors, etc.)

Yes.

- i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).

Yes

- ii. I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

Yes

- iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).

Yes

- iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).

Yes

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence