

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

Name: Pelin P. Batur, MD, FACP

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	Self	Cleveland Clinic	\$100,001 or more	+ -
	Household	Lubrizol Corporation	\$100,001 or more	+ -
Research & Consulting Roles	Self	None	--	+ -
	Household	None	--	+ -
Investment & Proprietary Interests	Self	None	--	+ -
	Household	None	--	+ -
Committees, Boards, & Workgroups/Panels	Self	I sit on national advisory committees for multiple medical organizations as a volunteer helping to set guidelines, or involved in their national meeting planning, review of educational curricula, etc. These include ASCCP, SGIM, ACOG, ACP and ARHP. With some lectures I do receive an honorarium, on behalf of the medical organization, not a pharmaceutical company.	\$1,001 – 5,000	+ -
	Household	None	--	+ -
Other Interests other affiliations, advocacy, etc.	Self	None	--	+ -
	Household	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)

Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Noninvasive ventilation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income		
Employment	Self	None	--	+ -
	Household	None	--	+ -
Research & Consulting Roles	Self	Allergan advisory panel for a fibroid medication to be FDA approved soon. One time 2 yrs ago	\$1,001 – 5,000	+ -
	Household	None	--	+ -

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

Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

baturp@ccf.org

 Digitally signed by baturp@ccf.org
DN: cn=baturp@ccf.org
Date: 2019.03.26 19:14:16 -04'00'

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

Name: Thomas G. Cooney, MD MACP

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

Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Noninvasive ventilation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

INACTIVE (Last 3 years) <i>Belongs to</i>		Description including amount of value or income			
Employment	<i>Self</i>	Oregon Health & Science University	\$10,001 – 50,000	+	–
		Department of Veterans Affairs	\$100,001 or more	+	–
	<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>	ACP: Chair-elect, and Chair, Board of Governors	\$50,001 – 100,000	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

Thomas G. Cooney MD MACP

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Date: 2019.03.22 11:33:51 -07'00'

Mar 22, 2019

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

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

Name: Carolyn J. Crandall, MD, FACP

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>		University of California, Los Angeles	\$100,001 or more	+	-
	<i>Household</i>		University of California, Los Angeles	\$100,001 or more	+	-
Research & Consulting Roles	<i>Self</i>		National Institutes of Health, osteoporosis, menopause, PI or Co-I	\$50,001 – 100,000	+	-
	<i>Household</i>		National Institutes of Health, PI, brain cancer	\$100,001 or more	+	-
			Miriam N. Sheldon G. Adelson Medical Research Foundation, PI, neural repair and brain cancer	\$100,001 or more	+	-
			California Institute for Regenerative Medicine, spinal cord injury, investigator	\$100,001 or more	+	-
Investment & Proprietary Interests	<i>Self</i>		None	--	+	-
	<i>Household</i>		None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>		North American Menopause society scientific program committee, Menopause Competency Exam Committee, Board of Trustees, menopause	\$1,001 – 5,000	+	-
			International Society for Clinical Densitometry, Scientific Advisory Council	\$0	+	-
			American Society for Bone and Mineral Research Professional Practice Committee	\$0	+	-
	<i>Household</i>		None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>		American Society for Bone and Mineral Research, lectures regarding osteoporosis	\$0	+	-
			North American Menopause Society, lectures regarding menopause and osteoporosis	\$0	+	-
	<i>Household</i>		academic institutions and non-profit foundations, presenting numerous scientific seminars, autism, brain cancer, and neural repair	\$1,001 – 5,000	+	-

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)

Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Noninvasive ventilation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	\$0	+	-
	<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.

Carolyn J. Crandall

 Digitally signed by Carolyn J. Crandall
DN: cn=Carolyn J. Crandall, o, ou, email=ccrandall@mednet.ucla.edu, c=US
Date: 2019.03.22 11:33:23 -07'00'

Mar 22, 2019

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

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

Name: Lauri Hicks, DO

Role:

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

ACTIVE (Current)	<i>Belongs to</i>	Description including amount of value or income			
Employment	<i>Self</i>	Centers for Disease Control and Prevention	\$100,001 or more	+	-
	<i>Household</i>	Spouse: GI Specialists of Georgia	\$100,001 or more	+	-
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>	Society for Healthcare Epidemiology of America, annual conference committee	\$0	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	I regularly speak and present at scientific conferences and meetings related to scientific work completed at CDC.	\$0	+	-
	<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)	
_____	Acute pain <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
_____	Noninvasive ventilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
_____	Point of care ultrasound <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

INACTIVE (Last 3 years)	<i>Belongs to</i>	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	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-


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

Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

Lauri Hicks -S5

 Digitally signed by Lauri Hicks -S5
Date: 2019.03.22 14:50:23 -04'00'

Signature _____ Date _____

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

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

Name: Jennifer S. Lin, MD, MCR, FACP

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	Self	Northwest Permanente	--	+	-
	Household	None	--	+	-
Research & Consulting Roles	Self	Agency for Healthcare Research and Quality contract to support the United States Preventive Services Task Force. Ongoing topics: screening for cognitive impairment behavioral counseling to promote a healthful diet and physical activity for cardiovascular disease prevention in adults screening for pancreatic cancer screening for colorectal cancer prevention of opioid use disorder	--	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Boards, & Workgroups/Panels	Self	Kaiser Permanente National Guideline Directors Committee (non-voting member; I don't work on any of the guidelines per se. My role is basically providing higher level input on methods or processes when appropriate)	\$0	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	None	--	+	-
	Household	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)

Acute pain

☐ Yes
 ☒ No

Noninvasive ventilation

☐ Yes
 ☒ No

Point of care ultrasound

☐ Yes
 ☒ No

For staff use: ADD NEW RESET

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

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>	Agency for Healthcare Research and Quality contract to support the United States Preventive Services Task Force. Previous topics: screening for thyroid cancer screening for colorectal cancer behavioral sexual risk-reduction counseling in primary care to prevent sexually transmitted infections screening for idiopathic scoliosis screening for prostate cancer screening for peripheral artery disease nontraditional cardiovascular disease risk assessment screening for syphilis in pregnant women	--	+	-
	<i>Household</i>	None	--	+	-
	<i>Self</i>	None	--	+	-
Investment & Proprietary Interests	<i>Household</i>	None	--	+	-
	<i>Self</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

linjes

Digitally signed by linjes
Date: 2019.03.25 15:08:52 -07'00'

3/25/2019

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

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

Name: Michael F. Maroto, JD, MBA

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>	The Maroto Law Group, PC	--	+	-
	<i>Household</i>	Advanced Analysts, Inc.	--	+	-
Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	IBM	\$10,001 – 50,000	+	-
		Align Technology	\$10,001 – 50,000	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	None	--	+	-
	<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)

	Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Noninvasive ventilation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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>	Novartis AG	\$10,001 – 50,000	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

Michael Maroto, Esq.

 Digitally signed by Michael Maroto, Esq.
Date: 2019.03.22 14:25:13 -04'00'

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

None

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

Name: Reem A. Mustafa, MD, MPH, PhD

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	Self	University of Kansas Medical Center	--	+ -
	Household	None	--	+ -
Research & Consulting Roles	Self	Patient-centered outcomes in patients with Polycystic kidney disease: community engagement effort	\$1,001 – 5,000	+ -
		American Society of Hematology: Venous Thromboembolism and Von Willebrand Disease	\$100,001 or more	+ -
		American College of Rheumatology	\$100,001 or more	+ -
	Household	None	--	+ -
Investment & Proprietary Interests	Self	None	--	+ -
	Household	None	--	+ -
Committees, Boards, & Workgroups/Panels	Self	Canadian Society of Nephrology: Clinical Guideline Committee	\$0	+ -
		American Gastroenterology Association: Gastric intestinal metaplasia guidelines	\$0	+ -
		Institute for Clinical and Economic Review, Midwest Comparative Effectiveness Public Advisory Council (vice chair)	\$1,001 – 5,000	+ -
		American Society of Hematology: Sickle Cell Disease	\$0	+ -
	Household	None	--	+ -
Other Interests other affiliations, advocacy, etc.	Self	None	--	+ -
	Household	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)

Acute pain

☐ Yes
 ☒ No

Noninvasive ventilation

☐ Yes
 ☒ No

Point of care ultrasound

☐ Yes
 ☒ No

For staff use: ADD NEW RESET

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income		
Employment	Self	None	--	+ -
	Household	None	--	+ -

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

Research & Consulting Roles	<i>Self</i>	Patient-centered outcomes in patients with Polycystic kidney disease: community engagement effort	\$10,001 – 50,000	+	-
		American Congress of Obstetricians and Gynecologists	\$1,001 – 5,000	+	-
		Renal Cyst Burden of Diagnosis	\$10,001 – 50,000	+	-
		American College of Pathology	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	World Health Organization	\$0	+	-
		American Association of Sleep Medicine	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

Reem Mustafa

 Digitally signed by Reem Mustafa
DN: cn=Reem Mustafa, o, ou, email=ramustafa@gmail.com, c=US
Date: 2019.03.26 11:49:57 -04'00'

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

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

Name: Jeffrey A. Tice, MD, San Francisco, CA

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	Self	University of California San Francisco	\$100,001 or more	+	-
	Household	Irving Street Pet Hospital	\$10,001 – 50,000	+	-
Research & Consulting Roles	Self	NIH NCI Grant - Breast Cancer Risk Assessment/BCSC P01	\$10,001 – 50,000	+	-
		PCORI Grant - RCT of risk based breast cancer screening versus annual screening	\$10,001 – 50,000	+	-
		Contract with ICER to perform evidence reviews and assist with cost analyses for new drugs and other medical innovations	\$100,001 or more	+	-
		UCSF CME talks on breast cancer, osteoporosis, and on vitamins/dietary supplements	\$1,001 – 5,000	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Boards, & Workgroups/Panels	Self	Member of the Evidence Based Task Force subcommittee for the Society of General Internal Medicine (SGIM)	\$0	+	-
		NIH Workshop to Facilitate Cancer Systems Epidemiology Research	\$0	+	-
		None	--	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	Fundraising bicycle ride (Waves to Wine) that raises money for the National MS Society	\$0	+	-
	Household	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)

Acute pain

☐ Yes
 ☒ No

Noninvasive ventilation

☐ Yes
 ☒ No

Point of care ultrasound

☐ Yes
 ☒ No

For staff use: ADD NEW RESET

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

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

Employment	<i>Self</i>	None	--	+	-
	<i>Household</i>	Pet Camp	\$1,001 – 5,000	+	-
		Colby College	\$1,001 – 5,000	+	-
Research & Consulting Roles	<i>Self</i>	Creighton University: Honoraria for Distinguished Speaker Lecturer	\$1,001 – 5,000	+	-
		Invited Speaker to the National Society for Genetic Counseling to speak on Polygenic Risk Scores and their use in breast cancer risk assessment	\$1,001 – 5,000	+	-
		SF Public Defenders Office, Expert Witness, Microscopy	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

vpn-10-48-9-23.ucsf.edu

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DN: cn=vpn-10-48-9-23.ucsf.edu
Date: 2019.03.22 11:32:01 -07'00'

3/22/2019

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

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

Name: Janice E. Tufte

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>	Community Projects EMRGs,-ICEC , Measurement Panel projects and Presentations, Patient Partner participation at conferences, local non medical related project consultations	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-
Research & Consulting Roles	<i>Self</i>	Mathematica, NCQA, Brandeis Innovative Accelerator Project TEP 2016-2018 *Honorarium	Up to \$1,000	+	-
		PCORNET Clinical Data Research Networks PORTAL PROJECT Patient Partner *PEC Stipend/ Travel/HCSRN meeting April 2017-18	\$1,001 – 5,000	+	-
		National Quality Forum Adult Medicaid Core Competencies Measurement Applications Partnership development Travel/Meeting May 2018	\$1,001 – 5,000	+	-
		Yale Center for Outcomes Research and Evaluation (CORE)/ NPFP Measurement development panel *Stipend 2018	Up to \$1,000	+	-
		Academy Health Health Datapalooza Conference 2xs April 2016 & April 2018	\$1,001 – 5,000	+	-
		Patient & Family Centered Care (PFCC) Conference BIDMC Open Notes Panel Travel/*Honorarium March 2018	Up to \$1,000	+	-
		Health Literacy Conference Health Literacy Annual Research Conference Travel /Conference/ *Stipend October 2016-2018	\$5,001 – 10,000	+	-
		Institute for Patient and Family Centered Care (IPFCC) Conference ACP CPPH and NAM stakeholders 2 presentation sessions /paper development Travel October 2018	Up to \$1,000	+	-
		Kaiser National Quality Conference \$ Travel / Conference June 2018	\$1,001 – 5,000	+	-
		National Health Information Technology Advisory Group *Stipend 2018-2019	Up to \$1,000	+	-
		Cochrane Colloquium travel	Up to \$1,000	+	-
		Annual Research Meeting 18 registration	Up to \$1,000	+	-
		GRADE AUA workshop training travel 18 + Reg GRADE Denver workshop scholarship 19	\$1,001 – 5,000	+	-
		PCORI Annual Meeting 2015-2018 Travel and stipends	\$5,001 – 10,000	+	-

ACTIVE (Current)		Belongs to	Description including amount of value or income			
			National Center for Complex Care Conference 2018 *stipend	Up to \$1,000	+	-
	<i>Household</i>		None	--	+	-
Investment & Proprietary Interests	<i>Self</i>		None	--	+	-
	<i>Household</i>		None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>		Patient Centered Outcome Research Institute Ambassador 2014-2019	\$0	+	-
			Healthy Washington Consumer Workgroup (member) 2012-2019	\$0	+	-
			Health Care Authority WA State, Title XIX Advisory Committee (member) 2016-2019	\$0	+	-
			Healthy Washington Low Income Populations 2014-2019	\$0	+	-
			Kaiser Washington Senior Caucus program committee 2015-2019	\$0	+	-
			National Quality Forum Innovation Accelerator Program, Long-Term Services and Supports Technical Expert Panel (member) 2017 travel to meeting	\$0	+	-
			NOHLA Northwest Health Law Advocates (patient stakeholder) 2013-2019	\$0	+	-
			Health Care Authority, Notices Work Group Committee (member) 2015-2019	Up to \$1,000	+	-
			Patient and family Leadership Network National Academy of Medicine 2017-2018	\$0	+	-
			Adult Medicaid Measurement Applications Partnerships 2018 NQF	\$0	+	-
			King County Health Care for Homeless Governance Advisory Council and HCH Consumer Advisory Group 2018-2022	\$1,001 – 5,000	+	-
	<i>Household</i>		None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>		Islamic Civic Engagement Project (policy & dissemination)	\$0	+	-
			Seattle University School of Theology and Ministry Ecumenical Interreligious Dialog Council Member 2016-2019	\$0	+	-
			Society for Participator Medicine *membership scholarship 2018-no time set	Up to \$1,000	+	-
			Washington CAN member 2012-2018	\$0	+	-
			Muslims for Evidence Based HealthCare 2017-2019	\$0	+	-
			Step Up Leadership Summit Snohomish County April 2018	Up to \$1,000	+	-
			National Health Council Quality training February 2018	Up to \$1,000	+	-
			UW CERTAIN Patient Advisory Network 2018	\$1,001 – 5,000	+	-
			G-I-N Network Member 12/2018-	\$0	+	-
			Choosing Wisely National PFAC	\$0	+	-

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

		Open Notes National Health Information technology HIT PFAC	Up to \$1,000	+	-
		Kaiser National PFAC	\$0	+	-
	Household	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)

Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Noninvasive ventilation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use:

ADD NEW

RESET

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

Employment	Self	None	--	+	-
	Household	None	--	+	-
Research & Consulting Roles	Self	Kaiser Group Health Research Institutes' Learning to Integrate Neighborhoods with Clinical Care Project (patient co-investigator) 2015-17	\$5,001 – 10,000	+	-
		PFCCpartners, ACC, NYU Langonne Patient Priority Research of Integrated Care (prioritization project person co-designer) Travel and Meetings 2017	\$1,001 – 5,000	+	-
		National Academies of Medicine, Culture Change and Decision Making (patient advisor) Travel/meeting 2017	\$1,001 – 5,000	+	-
		Patient Centered Primary Care Collaborative Support and Alignment Network, Transforming Clinical Practice Initiative, Choosing Wisely Panel (presenter) Travel/ *Honorarium 2017	\$1,001 – 5,000	+	-
		American Board of Internal Medicine-AcademyHealth Low Value Care Research prioritization development Travel /meeting 2017	\$1,001 – 5,000	+	-
		National Quality Forum, Innovation Accelerator Program, Long-Term Services and Supports endorsement recommendations Travel /TEP meeting 2017	\$1,001 – 5,000	+	-
		IMM2017 ACP CPPH Patient Advisors feedback Travel/ *Stipend 2017	\$1,001 – 5,000	+	-
		PCORI Research Annual Meeting Ambassadors Travel/ Meetings/*stipend 2015-2017	\$5,001 – 10,000	+	-
		Consumers United Evidence /E-GAPPS Conferences attended twice Travel /Meeting 2015 & 2017	\$1,001 – 5,000	+	-
		UW CERTAIN INSPIRE Project 2017	Up to \$1,000	+	-
		Hassanah Consulting <3K per year plus above mentioned *Honorariums / Stipends 2015-2017 #3xs	\$5,001 – 10,000	+	-
	Household	None	--	+	-

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

Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	Group Health Advisory Group Assembly (member) 2015	\$0	+	-
		Group Health Medical Center Council (member) 2015	\$0	+	-
		Kaiser Permanente Senior Caucus (program committee/member) 2015-2017	\$0	+	-
		UW CERTAIN Patient Advisory Network 2017	\$0	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	Islamic Health Care presentation Virginia Mason	\$0	+	-
		PCORI Tufte on Communicating Expectations (publication)	\$0	+	-
	<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.



Digitally signed by Janice
Date: 2019.03.29 17:58:36 -07'00'

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

<http://www.thepermanentejournal.org/issues/2018/volume-22-suppl-issue/43-the-permanente-journal/original-research-and-contributions/6890-evaluation-of-the-learning-to-integrate-neighborhoods-and-clinical-care-project-findings-from-implementing-a-new-lay-role-into-primary-care-teams-to-address-social-determinants-of-health.html>

Robbins M, Tufte J, Hsu C. Learning to "Swim" with the Experts: Experiences of Two Patient Co-Investigators for a Project Funded by the Patient-Centered Outcomes Research Institute. The Permanente Journal. 2016;20(2):85-88. doi:10.7812/TPP/15-162. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4867832/>

Connecting Primary Care Patients to Community Resources: Lessons Learned From the Development of a New Lay Primary Care Team Role <https://digitalrepository.aurorahealthcare.org/jpcrr/vol3/iss3/117/>

INITIATIVE TO SUPPORT PATIENT INVOLVEMENT IN RESEARCH (INSPIRE)

<http://becertain.org/sites/default/files/INSPIRE%20Phase%20I%20Report%20Final%202016.09.30.pdf>

<https://annals.org/aim/fullarticle/2674121/hemoglobin-1c-targets-glycemic-control-pharmacologic-therapy-nonpregnant-adults-type>

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

Name: John W. Williams Jr

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>	Duke University	\$50,001 – 100,000	+	-
		Durham VA Medical Center	\$100,001 or more	+	-
		Oak Ridge Associated Universities: Center for Medicare and Medicaid Innovation	\$10,001 – 50,000	+	-
	<i>Household</i>	University of North Carolina-Chapel Hill	\$100,001 or more	+	-
Research & Consulting Roles	<i>Self</i>	VA-Evidence Synthesis Program, Senior Science Advisor, Multiple evidence synthesis topics	\$50,001 – 100,000	+	-
		AHRQ, Evidence Based Practice Center, Associate Editor, Evidence synthesis topics	\$10,001 – 50,000	+	-
		Patient Centered Outcomes Research Institute, Associate Editor, Comparative effectiveness research	\$10,001 – 50,000	+	-
		University of Washington: DSMB Member of Comparative effectiveness trial for people with PTSD or Bipolar disorder	\$1,001 – 5,000	+	-
		UpToDate, Author, Depression Screening Chapter	\$1,001 – 5,000	+	-
		VA HSR&D, Co-Investigator, Smoking Cessation Trial	\$0	+	-
	<i>Household</i>	NIH grant, Principal investigator, cancer research	\$10,001 – 50,000	+	-
		NIH, Co-Investigator, cancer research	\$1,001 – 5,000	+	-
Investment & Proprietary Interests	<i>Self</i>	JWW Scientific, Sole proprietor, Medical Journal Editing and Research Methods Workshops	\$10,001 – 50,000	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	Healthwise, Science Advisory Board, Behavioral Health	\$1,001 – 5,000	+	-
		VA, presenter, cyberseminars medical grand rounds	\$1,001 – 5,000	+	-
	<i>Household</i>	Association for Molecular Pathology, Alliance for Clinical Trials in Oncology, American Society of Clinical Oncology; Speaker and serves on committees; Cancer Research and molecular testing	\$1,001 – 5,000	+	-
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)

Acute pain ☐ Yes ☒ No

Noninvasive ventilation ☐ Yes ☒ No

Point of care ultrasound ☐ 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>	NIH, CSTI Co-investigator, Research Education	\$5,001 – 10,000	+	-
	<i>Household</i>	ArcherDx, Speaker, Cancer testing	\$1,001 – 5,000	+	-
		Promega, Speaker, Cancer testing	\$1,001 – 5,000	+	-
Investment & Proprietary Interests	<i>Self</i>	GE stock ownership	\$10,001 – 50,000	+	-
		Siemens stock ownership	\$10,001 – 50,000	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	VA QUERI for Team-based behavioral health, Executive Committee Member, Mental health	\$0	+	-
		National Academies of Science, Engineering, and Medicine, Health effects of cannabis and cannabinoids; Committee member	\$0	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	Debbie's Dream Foundation, Speaker, Gastric cancer	\$1,001 – 5,000	+	-
		None	--	+	-
		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.

John W Williams Jr

Digitally signed by John W Williams Jr
Date: 2019.03.23 07:25:30 -04'00'

Mar 23, 2019

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

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

Name: Timothy J. Wilt, MD, MPH, MACP

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	Self	University of Minnesota School of Medicine; Minneapolis VA Medical Center	--	+	-
	Household	VA Medical Center and the University of Minnesota	--	+	-
Research & Consulting Roles	Self	Veteran's Administration: Adaptive sports, TBI (systematic reviews)	\$100,001 or more	+	-
		ACP: Low Testosterone	\$50,001 – 100,000	+	-
		AHRQ-EPC: Osteoporosis, Dementia Evidence reports	\$100,001 or more	+	-
		VA: Prostate cancer Intervention Vs Observation Trial	\$100,001 or more	+	-
		AHRQ: Acute pain and caregiver	\$100,001 or more	+	-
		AHRQ: Acute pain evidence map	\$10,001 – 50,000	+	-
		AUA: treatments for BPH	\$100,001 or more	+	-
		NIH: Methodologic Support for Asthma Guideline	\$100,001 or more	+	-
	Household	Multiple grants on osteoporosis through VA Medical Center and the University of Minnesota	\$100,001 or more	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Boards, & Workgroups/Panels	Self	VA Preventive Medical Advisory Committee (member)	\$0	+	-
		Midwest CEPAC-ICER	\$0	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	None	--	+	-
	Household	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)

Acute pain

☒ Yes ☐ No

Noninvasive ventilation

☒ Yes ☐ No

Point of care ultrasound

☐ Yes ☒ No

For staff use:

ADD NEW

RESET

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

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>	International Kidney Foundation; Living Kidney Donors (systematic review)	\$100,001 or more	+	-
		Agency for Healthcare Research and Quality; Insomnia and BPH (systematic review)	\$100,001 or more	+	-
		National Kidney Foundation; Hemodialysis Adequacy (systematic review)	\$100,001 or more	+	-
		Veteran's Administration; Life expectancy calculators, Traumatic Blast Injury, ERAS, Pain Scale Scores	\$100,001 or more	+	-
		American Urological Association: Surgical Treatments for Benign Prostatic Hyperplasia: A systematic review for a clinical practice guideline	\$100,001 or more	+	-
	<i>Household</i>	NIH for Testosterone Trial: PI Salary support	\$5,001 – 10,000	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	NCQA overuse advisory panel for PSA testing (member)	\$0	+	-
		Honoraria: Prostate cancer screening; High Value Care. Portland Providence Health Care System (Grand Rounds)	\$1,001 – 5,000	+	-
		NCQA advisory panel for CRC screening (member)	\$0	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

TIMOTHY J. WILT 445612

Digitally signed by TIMOTHY J. WILT 445612
Date: 2019.03.26 14:06:45 -05'00'

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

AHRQ Acute pain evidence map. Submitted to AHRQ EPC program. We are negotiating a contract with ACP to conduct the evidence report related to "noninvasive ventilation"

Name: Devan Kansagara, MD, MCR

☒ 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	Self	Portland VA Medical Center	--	+	-
	Household	Rheumatologist in community practice	--	+	-
Research & Consulting Roles	Self	Evidence-based Synthesis Program, Portland VA Source: Department of Veterans Affairs, HSR&D Service PI: Devan Kansagara, MD, MCR Period: 2009-present %Effort: 35	\$10,001 – 50,000	+	-
		Center of Innovation: Center to Improve Veteran Involvement in Care (CIVIC) Source: VA Health Services Research and Development PI: Steven Dobscha, MD Period: 2013-(5 year project) %Effort: 5 (co-investigator)	\$5,001 – 10,000	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Boards, & Workgroups/Panels	Self	None	--	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	None	--	+	-
	Household	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)

Topic area	Yes	No
Pain management	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For staff use: ADD NEW RESET

INACTIVE (Last 3 years) <i>Belongs to</i> Description including amount of value or income					
Employment	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

Research & Consulting Roles	<i>Self</i>	Patient-aligned Care Team Demonstration Laboratory PI: Devan Kansagara (12/12-present); David Hickam, MD, MPH (09/09-11/12) Source: Veterans Health Administration Period: 2009-2014 %Effort: 35 (as PI), 10 (as coinvestigator from 09/09-12/12)	\$10,001 – 50,000	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

Devan Kansagara

 Digitally signed by Devan Kansagara
Date: 2019.03.12 10:45:02 -07'00'

Mar 12, 2019

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

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

Name: Nick Fitterman MD, FACP, SFHM

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	Self	Northwell Health	--	+ -
	Household	Mount Sinai Health System	--	+ -
Research & Consulting Roles	Self	None	--	+ -
	Household	None	--	+ -
Investment & Proprietary Interests	Self	None	--	+ -
	Household	None	--	+ -
Committees, Boards, & Workgroups/Panels	Self	none	--	+ -
	Household	None	--	+ -
Other Interests other affiliations, advocacy, etc.	Self	ACP PAC donation	--	+ -
	Household	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)

_____	Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	Noninvasive ventilation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

Please review the list of measures in the attached word document. Within the last 3 years, have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?

☐ Yes ☒ No

Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures?

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

☐ Yes ☒ No

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

Employment	Self	None	--	+ -
	Household	None	--	+ -


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

Research & Consulting Roles	<i>Self</i>	Performed expert chart review for a medical malpractice attorney on a case of missed diagnosis of hip fracture (not treatment, no osteoporotic issues entered into this assessment)	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	American Board of Internal Medicine	\$5,001 – 10,000	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

nick fitterman

 Digitally signed by nick fitterman
DN: cn=nick fitterman, o=northwell health, ou, email=nfitterma@northwell.edu, c=US
Date: 2019.03.22 16:08:09 -04'00'

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

RELEVANT MEASURES

List in box below or highlight in attached document.

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

Name: Sandeep Vijan MD, MS

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	Self	University of Michigan; Ann Arbor VA Health System	--	+	-
	Household	University of Michigan Health System	--	+	-
Research & Consulting Roles	Self	UM: Implementation of Evidence-Based Practice for Benign Paroxysmal Positional Vertigo	\$10,001 – 50,000	+	-
		UpToDate: Screening for hyperlipidemia	\$1,001 – 5,000	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Boards, & Workgroups/Panels	Self	Endocrine society: TEP for quality measures on hypoglycemia risk	\$0	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	None	--	+	-
	Household	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)	
<div>Acute pain</div>	<div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>
<div>Noninvasive ventilation</div>	<div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>
<div>Point of care ultrasound</div>	<div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>

For staff use:

ADD NEW

RESET

Please review the list of measures in the attached word document. Within the last 3 years, have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?	
<div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	
Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures? Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)	
<div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income
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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>	Systematic Design of Meaningful Presentations of Medical Test Data for Patients	\$5,001 – 10,000	+	-
		VA: Technologically Enhanced Coaching (TEC): A Program for Improving Diabetes Outcomes	\$50,001 – 100,000	+	-
		UM: Implementation of Evidence-Based Practice for Benign Paroxysmal Positional Vertigo	\$10,001 – 50,000	+	-
		VA: Promoting Veteran-Centered Colorectal Cancer Screening	\$10,001 – 50,000	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	National Diabetes Education Program Steering Committee (ACP representative)	\$0	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

Sandeep Vijan

 Digitally signed by Sandeep Vijan
Date: 2019.04.05 14:22:22 -04'00'

4/5/2019

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

RELEVANT MEASURES

List in box below or highlight in attached document.

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

Name: Cynthia J. Appley

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>	Mercy One Siouxland Heart and Vascular	\$10,001 – 50,000	+	-
	<i>Household</i>	Appley Farms, Inc.	\$50,001 – 100,000	+	-
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>	None	--	+	-
	<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)

	Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Noninvasive ventilation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

Signature Cynthia J. Appleby

4/30/19

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

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

Name: Larry Curley

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>	National Indian Council on Aging	G
	<i>Household</i>	None	--
Research & Consulting Roles	<i>Self</i>	None	--
		None	--
	<i>Household</i>	None	--
		None	--
Investment & Proprietary Interests	<i>Self</i>	None	--
	<i>Household</i>	None	--
Committees, Boards, & Workgroups/Panels	<i>Self</i>	None	--
		None	--
	<i>Household</i>	None	--
		None	--
Other Interests	<i>Self</i>	None	--
	<i>Household</i>	None	--

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

Acute pain	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Noninvasive ventilation	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Point of care ultrasound	<input type="checkbox"/>		<input checked="" type="checkbox"/>	

IF YES, please copy and paste relevant references into space provided below or you may send as a separate attachment.

†To report amount of value or income, use these ranges:

- | | |
|----------------------|------------------------|
| a) \$0 | e) \$10,001 to 50,000 |
| b) Up to \$1000 | f) \$50,001 to 100,000 |
| c) \$1,001 to 5,000 | g) ≥\$100,001 |
| d) \$5,001 to 10,000 | |

IF YES, please copy and paste relevant references into space provided below or you may send as a separate attachment.

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income†	
Employment	Self	The Navajo Nation	--
	Household	None	--
Research & Consulting Roles	Self	None	--
	Household	None	--
Investment & Proprietary Interests	Self	None	--
	Household	None	--
Committees, Boards, & Workgroups/Panels	Self	None	--
	Household	None	--
Other Interests	Self	None	--
	Household	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.

Signature 

4/30/19
Date

RELEVANT PUBLICATIONS

Copy and paste below or send as attachment.

†To report amount of value or income, use these ranges:

- | | |
|----------------------|------------------------|
| a) \$0 | e) \$10,001 to 50,000 |
| b) Up to \$1000 | f) \$50,001 to 100,000 |
| c) \$1,001 to 5,000 | g) ≥\$100,001 |
| d) \$5,001 to 10,000 | |

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

Name: James G. Pantelas

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	Self	None	--	+	-
	Household	None	--	+	-
Research & Consulting Roles	Self	DOD, CDMRP's Lung Cancer Research Program (LCRP) as a Reviewer (< \$2k/yr)	\$1,001 – 5,000	+	-
		University of Michigan as an IRB member and as a reviewer for their MICHR (Research Institute) (\$8,100 in 2018)	\$5,001 – 10,000	+	-
		PCORI (Patient Centered Outcomes Research Institute) Ambassador Program as an ambassador	\$0	+	-
		Emmes Corporation - the oversight and administration contractor for NCI's CIRB programs. I'm a board member on NCI's Late Phase Emphasis Board, and an alternate on their Early Phase Emphasis Board. (\$9,600 in 2018)	\$5,001 – 10,000	+	-
		Oregon Health System - I am a patient advocate on their Meta-LARK ACP project. (< \$2,000 in 2018)	\$1,001 – 5,000	+	-
		Peer Medical / Doctor Footprint - I am a consultant to a start up medical repository provider. The product is still in pre-release mode, and my role is to provide a patient perspective to the effort. (Probably < \$10,000 in 2019 - nothing in 2018.)	\$5,001 – 10,000	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-

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

Committees, Boards, & Workgroups/Panels	<i>Self</i>	University of Michigan, Mott Children's Hospital: Mott Executive Committee member; Pediatric Ethics Committee member; Continuum of Care Committee member; Dad's Council member; IRB member.	\$0	+	-
		St. Joseph Mercy Health System (Trinity Health), Ann Arbor, MI: Patient Experience Advisory Council chair; Cancer Council member; Pain Management Council member.	\$0	+	-
		NCI-VA Navigate Program Oversight Executive Board Member. My role is as the patient advocate on the executive committee overseeing this joint agency effort to create mechanics to launch NCI cancer research at a select group of VA hospitals, with a goal of being able to replicate the effort at VA hospitals nationally.	\$0	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	Lung Cancer Research Foundation - I work with this non-profit to help select research projects to be funded.	\$0	+	-
		The Lung Cancer Alliance (Lobbied for lung cancer research funding in DC)	\$0	+	-
	<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)

_____	Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	Noninvasive ventilation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

James Pantelas

 Digitally signed by James Pantelas
Date: 2019.04.05 14:44:32 -04'00'

5 APR 2019

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

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

Name: Melissa (Missy) Smith

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>	Traverse Bay Area Intermediate School District	\$10,001 – 50,000	+	-
	<i>Household</i>	Britten Studios	\$100,001 or more	+	-
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>	The University of Michigan Mott Children's Hospital Congenital Heart Center	--	+	-
	<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)	
Acute pain	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Noninvasive ventilation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Point of care ultrasound	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

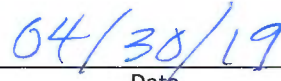
INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income			
Employment	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	Gun Safe Mom	\$0	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.



Signature



Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

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

Name: Douglas M. DeLong, MD, FACP

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	Self	Bassett Healthcare	--	+	-	
	Household	None	--	+	-	
Research & Consulting Roles	Self	None	--	+	-	
	Household	None	--	+	-	
Investment & Proprietary Interests	Self	None	--	+	-	
	Household	None	--	+	-	
Committees, Boards, & Workgroups/Panels	Self	New York Medicaid Basic Benefit Review Committee (member)	\$0	+	-	
	Household	None	--	+	-	
Other Interests		ACP Leadership day (participant)	\$0	+	-	
	Self	NYACP advocacy day (participant)	\$0	+	-	
	other affiliations, advocacy, etc.	Medical Society of the State of New York (member)	\$0	+	-	
	Household	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)

_____	Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	Noninvasive ventilation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use:

ADD NEW

RESET

Please review the list of measures in the attached word document. Within the last 3 years, have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?

☐ Yes ☒ No

Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures?

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

☐ Yes ☒ No

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

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	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

Signature



Date

4/30/19.

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

RELEVANT MEASURES

List in box below or highlight in attached document.

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

Name: Robert M. McLean, MD, FACP

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>	Northeast Medical Group	\$100,001 or more	+	-
	<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>	State of Connecticut Healthcare Innovation Steering Committee	\$0	+	-
	<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)

Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Noninvasive ventilation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

Please review the list of measures in the attached word document. Within the last 3 years, have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?

☐ Yes ☒ No

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

☐ Yes ☒ No

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	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	ACP PAC, Chair	\$0	+	-
		Committee on Rheumatologic Care of American College of Rheumatology	\$0	+	-
		Advisory Committee to Health Insurance Exchange of Connecticut	\$0	+	-
		ABIM Rheumatology Board	\$1,001 – 5,000	+	-
		Board of Directors of Northeast Medical Group of Yale New Haven Health Systems	\$0	+	-
		Quality of Care Committee - American College of Rheumatology	\$0	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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 _____

Copy and paste into box below or send as attachment.

List in box below or highlight in attached document.

Name: Wayne H. Bylsma, PhD

☐ Clinical Guidelines Committee
 ☒ ACP Staff or Leadership

☐ Performance Measurement Committee
 ☐ Guest

☐ High Value Care 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)

Acute pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Noninvasive ventilation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Point of care ultrasound	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For staff use: ADD NEW RESET

☐ Yes ☐ No

☐ Yes ☐ No

INACTIVE (Last 3 years) <i>Belongs to</i>		Description including amount of value or income			
Employment	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

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>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

Wayne H. Bylsma

 Digitally signed by Wayne H. Bylsma
DN: cn=Wayne H. Bylsma, o=ACP, ou=Executive Office, email=wbylsma@acponline.org, c=US
Date: 2019.03.28 14:13:54 -04'00'

03.28.2019

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

RELEVANT MEASURES

List in box below or highlight in attached document.

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

Name: Kate Carroll, 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	Self	American College of Physicians	--	+ -
	Household	The Beasley Firm (personal injury and medical malpractice)	--	+ -
Research & Consulting	Self	None	--	+ -
	Household	None	--	+ -
Investment & Proprietary Interests	Self	None	--	+ -
	Household	None	--	+ -
Committees, Workgroups, & Advisory Roles	Self	None	--	+ -
	Household	None	--	+ -
Other Interests other affiliations, advocacy, etc.	Self	None	--	+ -
	Household	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)

Acute pain

☐ Yes ☒ No

Noninvasive ventilation

☐ Yes ☒ No

Point of care ultrasound

☐ Yes ☒ No

For staff use:

ADD NEW

RESET

Please review the list of measures in the attached word document. Have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?

☐ Yes ☒ No

Have you or any household members published on any of the clinical topic areas covered by these measures?
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

☐ Yes ☒ No

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income		
Employment	Self	None	--	+ -
	Household	None	--	+ -

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

Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Workgroups, & Advisory Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

Kate Carroll

 Digitally signed by Kate Carroll
DN: cn=Kate Carroll, o, ou, email=kcarroll@acponline.org, c=US
Date: 2019.03.28 11:33:35 -04'00'

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

RELEVANT MEASURES

List in box below or highlight in attached document.

Employment	<i>Self</i>	Drexel University	--	+	-
	<i>Household</i>	None	--	+	-

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

Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Workgroups, & Advisory Roles	<i>Self</i>	National Quality Forum, Interoperability Committee (member)	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

Sarah Dinwiddie



Digitally signed by Sarah Dinwiddie
DN: cn=Sarah Dinwiddie, o=American College of Physicians, ou, email=sdinwiddie@acponline.org, c=US
Date: 2019.04.15 11:21:49 -0400

Apr 15, 2019

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

RELEVANT MEASURES

List in box below or highlight in attached document.

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

Name: Steve Majewski

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>	American College of Physicians	--	+ -
	<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>	None	--	+ -
	<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)

Acute pain ☐ Yes ☒ No

Noninvasive ventilation ☐ Yes ☒ No

Point of care ultrasound ☐ 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	--	+ -
Committees, Boards, & Workgroups/Panels	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+ -
	<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.


Signature

4/5/19
Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

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

Name: Darilyn V. Moyer, MD, FACP

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	Self	American College of Physicians	--	+ -
	Household	Inspira Health	--	+ -
Research & Consulting	Self	None	--	+ -
	Household	None	--	+ -
Investment & Proprietary Interests	Self	None	--	+ -
	Household	None	--	+ -
Committees, Workgroups, & Advisory Roles	Self	Council of Medical Subspecialty Societies Board of Directors	\$0	+ -
		Subspecialty Society CEO Council	\$0	+ -
		Vice Chair, Patient-Centered Primary Care Collaborative	\$0	+ -
		Evidence-based Benefit Design/National Business Group on Health	\$0	+ -
		AMA Delegation	\$0	+ -
	Household	None	--	+ -
Other Interests other affiliations, advocacy, etc.	Self	American College of Physicians PAC	\$0	+ -
	Household	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)

_____	Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	Noninvasive ventilation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

Please review the list of measures in the attached word document. Have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?

☐ Yes ☒ No

Have you or any household members published on any of the clinical topic areas covered by these measures?
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

☐ Yes ☒ No

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

Employment	<i>Self</i>	Temple University	--	+	-
	<i>Household</i>	Penn Jersey Pulmonary Associates	--	+	-
Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Workgroups, & Advisory Roles	<i>Self</i>	American College of Physicians, Board of Regents (chair and chair-elect)	\$100,001 or more	+	-
		Alliance for Academic Internal Medicine Advocacy Committee	\$0	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

Darilyn Moyer

Digitally signed by Darilyn Moyer
DN: cn=Darilyn Moyer, o=American College of Physicians, ou=Executive Office,
email=dmoyer@acponline.org, c=US
Date: 2019.04.08 09:47:02 -04'00'

April 8, 2019

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

RELEVANT MEASURES

List in box below or highlight in attached document.

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

Name: Amir Qaseem, MD, PhD, MHA, FACP

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	Self	American College of Physicians	--	+	-
	Household	None	--	+	-
Research & Consulting	Self	Editor (Evidence-based Medicine), DynaMed	\$1,001 – 5,000	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Workgroups, & Advisory Roles	Self	Guidelines International Network's Board of Trustees (member)	\$0	+	-
		Measures Application Partnership Coordinating Committee (member)	\$0	+	-
		DynaMed Board of Executives (member)	\$0	+	-
		MedBiquitous Board of Directors (member)	\$0	+	-
		GRADE Working Group (member)	\$0	+	-
		Reporting Items for Guidelines in Health Systems (RIGHT) Working Group (member)	\$0	+	-
		PCPI Board of Directors (member)	\$0	+	-
		National Quality Forum Physician Advisory Committee (member)	\$0	+	-
		PCPI Measures Advisory Committee (chair)	\$0	+	-
		CDC ACIP Methodology Committee (member)	\$0	+	-
		Women’s Preventive Services Initiative: ACOG/HRSA (Advisory Committee member)	\$0	+	-
		National Quality Forum Prevention and Population Health Committee (co-chair)	\$0	+	-
		AHRQ EPC Reviewer	\$0	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	None	--	+	-
	Household	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)

Acute pain	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Noninvasive ventilation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Point of care ultrasound ☐ Yes ☒ No

For staff use:

ADD NEW

RESET

Please review the list of measures in the attached word document. Have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?

☐ Yes ☒ No

Have you or any household members published on any of the clinical topic areas covered by these measures? Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

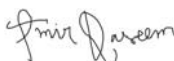
☐ Yes ☒ No

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	--	+	-
Committees, Workgroups, & Advisory Roles	<i>Self</i>	National Quality Forum's Health and Well Being Standing Committee (Chair)	\$0	+	-
		National Quality Forum's Incubator Partnership and Collaboration Committee (Member)	\$0	+	-
		World Health Organization Special Advisor (Complex Health Interventions)	\$0	+	-
		CMS Next Generation Performance Measures Expert Panel (member)	\$0	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.



Signature

Digitally signed by Amir Qaseem
Date: 2019.05.03 10:12:47 -04'00'

5/3/2019

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

RELEVANT MEASURES

List in box below or highlight in attached document.

Name: Jeffrey Shafiroff, PhD

☐ Clinical Guidelines Committee
 ☒ ACP Staff or Leadership

☐ Performance Measurement Committee
 ☐ Guest

☐ High Value Care 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)

Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Noninvasive ventilation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

Please review the list of measures in the attached word document. Have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?

☐ Yes ☒ No

Have you or any household members published on any of the clinical topic areas covered by these measures?
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

☐ Yes ☒ No

INACTIVE (Last 3 years) <i>Belongs to</i>		Description including amount of value or income			
Employment	<i>Self</i>	Hayes Inc	--	+	-
		Kaiser Permanente Medical Group	--	+	-
	<i>Household</i>	None	--	+	-


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

Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Workgroups, & Advisory Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

Jeff2 Shafiroff

 Digitally signed by Jeff2 Shafiroff
DN: cn=Jeff2 Shafiroff, o=American College of Physicians, ou, email=jshafiroff@acponline.org, c=US
Date: 2019.03.28 12:26:24 -0400

March 28 2019

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

RELEVANT MEASURES

List in box below or highlight in attached document.

Name: Patricia Siemion, MS

☐ Clinical Guidelines Committee
 ☒ ACP Staff or Leadership

☐ Performance Measurement Committee
 ☐ Guest

☐ High Value Care 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)

<hr/>	Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<hr/>	Noninvasive ventilation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<hr/>	Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

☐ Yes ☒ No

Have you or any household members published on any of the clinical topic areas covered by these measures?
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

☐ Yes ☒ No

INACTIVE (Last 3 years) <i>Belongs to</i>		Description including amount of value or income			
Employment	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Workgroups, & Advisory Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

Trish Siemion

 Digitally signed by Trish Siemion
DN: cn=Trish Siemion, o=ACP, ou=Clinical Policy, email=tsiemion@acponline.org, c=US
Date: 2019.03.28 11:48:35 -04'00'

3/28/2019

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

RELEVANT MEASURES

List in box below or highlight in attached document.

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

Name: Melissa Starkey, PhD

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	Self	American College of Physicians	\$50,001 – 100,000	+	-
	Household	Teva Pharmaceuticals	\$100,001 or more	+	-
Research & Consulting	Self	None	--	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Workgroups, & Advisory Roles	Self	Council of Medical Specialty Societies, Clinical Practice Guidelines Component Group (vice chair)	\$0	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	None	--	+	-
	Household	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)

_____	Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	Noninvasive ventilation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

Please review the list of measures in the attached word document. Have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?

☐ Yes ☐ No

Have you or any household members published on any of the clinical topic areas covered by these measures?
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

☐ Yes ☐ No

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income			
Employment	Self	None	--	+	-
	Household	None	--	+	-

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

Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Workgroups, & Advisory Roles	<i>Self</i>	Guidelines International Network Membership Committee member	\$0	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

Melissa Starkey, PhD

 Digitally signed by Melissa Starkey, PhD
DN: cn=Melissa Starkey, PhD, o=American College of Physicians, ou, email=mstarkey@acponline.org,
c=US
Date: 2019.03.28 11:50:38 -04'00'

Mar 28, 2019

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

RELEVANT MEASURES

List in box below or highlight in attached document.

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

Name: Farah Sultan, MD, MS

Role:

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

ACTIVE (Current)

	<i>Belongs to</i>	Description including amount of value or income		
Employment	<i>Self</i>	American College of Physicians	\$50,001 – 100,000	+ -
	<i>Household</i>	None	--	+ -
Research & Consulting	<i>Self</i>	Sigma Health Consulting, LLC	\$5,001 – 10,000	+ -
	<i>Household</i>	None	--	+ -
Investment & Proprietary Interests	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
Committees, Workgroups, & Advisory Roles	<i>Self</i>	None	--	+ -
	<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)

	Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Noninvasive ventilation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

Please review the list of measures in the attached word document. Have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?

☐ Yes ☒ No

Have you or any household members published on any of the clinical topic areas covered by these measures?

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

☐ Yes ☒ No

INACTIVE (Last 3 years)

	<i>Belongs to</i>	Description including amount of value or income		
Employment	<i>Self</i>	Fox Chase Cancer Center	--	+ -
		Peripheral Vascular Institute Of Philadelphia	\$10,001 – 50,000	+ -
	<i>Household</i>	University of Pennsylvania	\$10,001 – 50,000	+ -

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

		Christiana Care Hospital	\$10,001 – 50,000	+	-
Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Workgroups, & Advisory Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<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.

Farah Sultan

 Digitally signed by Farah Sultan
Date: 2019.05.01 10:55:29 -04'00'

5/1/2019

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

RELEVANT MEASURES

List in box below or highlight in attached document.

American College of Physicians
Disclosure of Interests

Please respond to the following prompts and then fill in additional detail via the summary table starting on page 4.

1. EMPLOYMENT Use the summary table to report any employment that you or any household members have held during the last 3 years in Row 1 (for self) and Row 6 (for household members).

2. RESEARCH AND CONSULTING SUPPORT

Within the last 3 years, have you or any household members. . .

- 2a. . . received research support for a topic related to health or healthcare?
E.g., grants, contracts, sponsorships, and other research support ☒ Yes ☐ No
- 2b. . . participated on a speaker's bureau, received honoraria, or consulted or
advised for a topic related to health or healthcare? ☒ Yes ☐ No
- 2c. . . provided expert opinion or testimony related to health or healthcare as
part of regulatory, legislative, or judicial process? ☐ Yes ☒ No

ALL YES RESPONSES, 2a-2c

Use the summary table to report details in Row 2 (for self) and Row 7 (for household members).

3. INVESTMENT AND PROPRIETARY INTERESTS

Within the last 3 years, have you or any household members. . .

- 3a. . . held any investments related to health or healthcare?
E.g., stocks, bonds, stock options, or other securities. Please include trusts or holding companies. You may exclude broadly diversified investments such as mutual or pension funds. ☐ Yes ☒ No
- 3b. . . held any commercial business interests related to health or healthcare?
E.g., board membership, proprietorship, joint ventures, controlling interest ☐ Yes ☒ No
- 3c. . . held any patents, trademarks, or copyrights related to health or healthcare?
Please include pending. ☐ Yes ☒ No

ALL YES RESPONSES, 3a-3c

Use the summary table to report details in Row 3 (for self) and Row 8 (for household members).

4. INTELLECTUAL INTERESTS

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American College of Physicians
Disclosure of Interests

Within the last 3 years, have you or any household members. . .

4a. . . participated in workgroups, panels, or committees through other medical societies or healthcare organizations? X_Yes ___No

4b. . . participated in any advocacy or lobbying activities related to health or healthcare, including any roles or relationships with disease advocacy organizations? ___Yes X_No

4c. . . spoken publicly on topics related to health or healthcare? X_Yes ___No

5. **OTHER INTERESTS** Is there any other aspect of your background or present interests not addressed above that might be perceived as affecting your objectivity or independence? ___Yes X_No

ALL YES RESPONSES, 4a-4c

Use the summary table to report details in Row 4 (for self) and Row 9 (for household members).

ALL YES RESPONSES, 5

Use the summary table to report details in Row 5 (for self) and Row 10 (for household members).

**American College of Physicians
Disclosure of Interests**

NAME: CARLOS A. CUELLO

		ACTIVE (Current)	INACTIVE (Last 3 years)
		<i>Organization, role, and amount received*</i>	<i>Organization, role, and amount received*</i>
Reporting for self			
1	Employment	<ul style="list-style-type: none"> Department of Pediatrics. McMaster University. Researcher. Tecnologico de Monterrey School of Medicine, Mexico. Professor of Health Quality Improvement. 	<ul style="list-style-type: none">
2	Research & Consulting Support	<ul style="list-style-type: none"> Co-investigator/Researcher on the PICU Liber8 study. \$70,000 cad/yr. from Grant HAHSO AMOSO. 	<ul style="list-style-type: none">
3	Investment & Proprietary Interests	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
4	Committees, Workgroups, & Advisory Roles	Expert consultant for the development of a clinical practice guideline for the American College of Rheumatology, guideline on Juvenile Idiopathic Arthritis. (≤\$5,000).	<ul style="list-style-type: none"> a) Through McMaster University I received support for conducting research on methods innovation (\$5,001 to 10,000) b) Through McMaster University I was consultant for the development of a clinical practice guideline for the American Society of Hematology (\$5,001 to 10,000). c) Through McMaster University I was expert consultant for the development of three clinical practice guidelines on Allergy Prevention (≤\$5,000) from the World Allergy Organization.
5	Other interests	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
Reporting for household members			
6	Employment	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
7	Research & Consulting Support	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
8	Investment & Proprietary Interests	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
9	Intellectual Interests	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
10	Other interests	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

RANGES FOR REPORTING AMOUNT RECEIVED

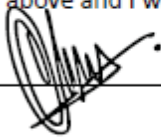
CONFIDENTIAL

**American College of Physicians
Disclosure of Interests**

- | | |
|----------------------|------------------------|
| d) \$0 | g) \$10,001 to 50,000 |
| e) ≤\$5,000 | h) \$50,001 to 100,000 |
| f) \$5,001 to 10,000 | i) ≥\$100,001 |

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



February 13, 2019

Date

Exhibit C
Disclosure of Conflict of Interest Form

BASIC INFORMATION

Full Name Jennifer Marie Yost

Please report all employment positions you have held during the last 3 years:

Status	Employer	Annual Income Range	
Active (current)	Villanova University	\$50,001 to 100,000	<input checked="" type="checkbox"/>
Inactive (last 3 yrs)	McMaster University	\$50,001 to 100,000	<input checked="" type="checkbox"/>
Click to add new row			

Please report all employment positions your household members have held during the last 3 years:

☒ I have no employment to report for household members.

RESEARCH AND CONSULTING

Within the last 3 years, have you or any household members. . .

. . .received research support for a topic related to health or healthcare?
e.g., grants, contracts, sponsorships, and other research support ☒ Yes ☐ No

. . .participated on a speaker's bureau, received honoraria, or consulted or advised for a topic related to health or healthcare? ☒ Yes ☐ No

. . .provided expert opinion or testimony related to health or healthcare as part of a regulatory, legislative, or judicial process? ☐ Yes ☒ No

For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income	
Active (current)	Myself	Canadian Institutes for Health Research; Co-Principal Investigator; Transition Interventions for Adults undergoing Cardiac and Vascular Surgery	\$0	<input checked="" type="checkbox"/>
Inactive (last 3 yrs)	Myself	Canadian Institutes for Health Research; Co-Principal Investigator; Patient Engagement in Research	\$0	<input checked="" type="checkbox"/>
Inactive (last 3 yrs)	Myself	Canadian Institutes for Health Research; Co-Principal Investigator; Transition Interventions for Adults undergoing Cardiac and Vascular Surgery	\$0	<input checked="" type="checkbox"/>
Inactive (last 3 yrs)	Myself	Population Health Research Institute, McMaster University; Co-Principal Investigator; Patient Engagement in Research	\$0	<input checked="" type="checkbox"/>
Inactive (last 3 yrs)	Myself	School of Nursing, McMaster University; Co-Investigator; Knowledge User Engagement in Research	\$0	<input checked="" type="checkbox"/>
Inactive (last 3 yrs)	Myself	Canadian Institutes for Health Research; Co-Principal Investigator; Knowledge Translation in Cancer Prevention	\$0	<input checked="" type="checkbox"/>
Click to add new row				

Status	Reporting for	Details (organization, role, topic area)	Amount of Income	
Inactive (last 3 yrs)	Myself	Grand Challenges Canada; Co-Investigator; Maternal-Child Health Outcomes in Haiti	\$0	<input checked="" type="checkbox"/>
Inactive (last 3 yrs)	Myself	University of Bologna; Taught course in the Master of EBP and Methodology of Clinical and Therapeutic Research Program; Systematic Review Methods	\$5,001 to 10,000	<input checked="" type="checkbox"/>
Click to add new row				

INVESTMENTS AND PROPRIETARY INTERESTS

Within the last 3 years, have you or any household members. . .

- . . .held any investments related to health or healthcare?
e.g., stocks, bonds, stock options, or other securities. Please include trusts or holding companies. You may exclude broadly diversified investments such as mutual or pension funds. ☐ Yes ☒ No
- . . .held any commercial business interests related to health or healthcare?
e.g., board membership, proprietorship, joint ventures, controlling interest ☐ Yes ☒ No
- . . .held any patents, trademarks, or copyrights related to health or healthcare?
Please include pending. ☐ Yes ☒ No

INTELLECTUAL AND OTHER INTERESTS

Within the last 3 years, have you or any household members. . .

- . . .participated in workgroups, panels, or committees through other medical societies or healthcare organizations? ☒ Yes ☐ No
- . . .participated in any advocacy or lobbying activities related to health or healthcare, including any roles or relationships with disease advocacy organizations? ☐ Yes ☒ No
- . . .spoken publicly on topics related to health or healthcare? ☒ Yes ☐ No

Is there any other aspect of your background or present interests not addressed above that might be perceived as affecting your objectivity or independence? ☐ Yes ☒ No

For any "Yes" responses, please provide additional details in the space provided below.

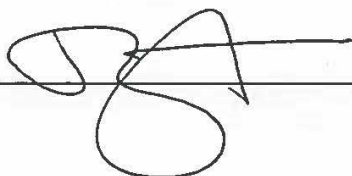
Status	Reporting for	Details (organization, role, topic area)	Amount of Income	
Active (current)	Myself	Sigma Theta Tau International ; President-Elect, Alpha Nu Chapter; Nursing Scholarship	\$0	<input checked="" type="checkbox"/>
Active (current)	Myself	Evidence Synthesis International; Secretariat Member; Production and Use of Systematic Reviews [Note: Salary support to Villanova University provided by Western Norway University of Applied Sciences; No additional income received]	\$0	<input checked="" type="checkbox"/>
Click to add new row				

<i>Status</i>	<i>Reporting for</i>	<i>Details (organization, role, topic area)</i>	<i>Amount of Income</i>	
Active (current)	Myself	Evidence-Based Research Network; Steering Committee Member; Evidence-Based Research/Research Redundancy	\$0	X
Active (current)	Myself	Centre for Evidence-Based Implementation, Hamilton Health Sciences Centre; Advisory Committee Member; Implementation Science in Healthcare	\$0	X
Inactive (last 3 yrs)	Myself	Cochrane; Author; Effective Practice and Organisation of Care	\$0	X
Inactive (last 3 yrs)	Myself	Australian Clinical Trials Network; Presenter; Evidence-Based Research/Research Redundancy	\$0	X
Inactive (last 3 yrs)	Myself	National Health and Medical Research Council; Presenter; Evidence-Based Research/Research Redundancy	\$0	X
Inactive (last 3 yrs)	Myself	Helene Fuld Health Trust National Summit; Presenter; Evidence-Based Practice in Nursing	\$0	X
Inactive (last 3 yrs)	Myself	Global Evidence Summit; Presenter; Evidence-Based Research/Research Redundancy	\$0	X
Inactive (last 3 yrs)	Select	The Ontario Public Health Association; Presenter; Evidence-Informed Decision Making in Public Health	\$0	X
Click to add new row				

DECLARATION

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

Signature



19 February 2019

Date

BASIC INFORMATION

Full Name Arianne K. Baldomero, M.D.

Please report all employment positions you have held during the last 3 years:

Status	Employer	Annual Income Range	
Active (current)	Minneapolis VA Health Care System	≥\$100,001	X
Inactive (last 3 yrs)	University of Minnesota - Division Pulmonary, Allergy, Critical Care, and Sleep Medicine (Fellowship)	\$50,001 to 100,000	X
Click to add new row			

Please report all employment positions your household members have held during the last 3 years:

☐ I have no employment to report for household members.

Status	Relation	Employer	Annual Income Range	
Active (current)	spouse	General Dynamics	≥\$100,001	X
Inactive (last 3 yrs)	spouse	Alliant Techsystems	≥\$100,001	X
Click to add new row				

RESEARCH AND CONSULTING

Within the last 3 years, have you or any household members. . .

. . .received research support for a topic related to health or healthcare?
e.g., grants, contracts, sponsorships, and other research support ☒ Yes ☐ No

. . .participated on a speaker's bureau, received honoraria, or consulted or advised for a topic related to health or healthcare? ☐ Yes ☒ No

. . .provided expert opinion or testimony related to health or healthcare as part of a regulatory, legislative, or judicial process? ☐ Yes ☒ No

For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income	
Inactive (last 3 yrs)	Myself	My research fellowship and Master degree coursework from 2017-2018 was supported by the NIH NHLBI T32 Training Grant (PI: David Ingbar, MD)	\$50,001 to 100,000	X
Click to add new row				

INVESTMENTS AND PROPRIETARY INTERESTS

Within the last 3 years, have you or any household members. . .

. . .held any investments related to health or healthcare?
e.g., stocks, bonds, stock options, or other securities. Please include trusts or holding companies. You may exclude broadly diversified investments such as mutual or pension funds. ☐ Yes ☒ No

Within the last 3 years, have you or any household members. . .

. . .held any commercial business interests related to health or healthcare?
e.g., board membership, proprietorship, joint ventures, controlling interest

☐ Yes ☒ No

. . .held any patents, trademarks, or copyrights related to health or healthcare?
Please include pending.

☐ Yes ☒ No

INTELLECTUAL AND OTHER INTERESTS

Within the last 3 years, have you or any household members. . .

. . .participated in workgroups, panels, or committees through other medical societies or healthcare organizations?

☐ Yes ☒ No

. . .participated in any advocacy or lobbying activities related to health or healthcare, including any roles or relationships with disease advocacy organizations?

☐ Yes ☒ No

. . .spoken publicly on topics related to health or healthcare?

☒ Yes ☐ No

Is there any other aspect of your background or present interests not addressed above that might be perceived as affecting your objectivity or independence?

☐ Yes ☒ No


For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income	
Active (current)	Myself	Poster presentations on my thesis, "The Relationship Between Oral Health and COPD Exacerbations."	\$0	X
				Click to add new row

DECLARATION

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

Arianne Baldomero

 Digitally signed by Arianne Baldomero
Date: 2019.04.09 10:21:18 -05'00'

4-9-2019

Signature

Date

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

Name: Nancy Greer

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	Self	Minneapolis VA Health Care System	\$50,001 – 100,000	+	-
	Household	None	--	+	-
Research & Consulting Roles	Self	None	--	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Boards, & Workgroups/Panels	Self	None	--	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	None	--	+	-
	Household	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)

n/a - only calling in for discussion on noninvasive ventilation evidence review

☐ Yes ☐ No

For staff use:

ADD NEW

RESET

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income			
Employment	Self	None	--	+	-
	Household	None	--	+	-
Research & Consulting Roles	Self	None	--	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-


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

Committees, Boards, & Workgroups/Panels	Self	National Kidney Foundation - member of Evidence Review Team for update of guideline on vascular access	\$0	+	-
		American Urological Association - member of Evidence Review Team for update of guideline on surgical interventions for BPH	\$0	+	-
		American College of Physicians - member of Evidence Review Team for guideline on testosterone treatment in men	\$0	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	None	--	+	-
	Household	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.

Nancy L. Greer 338254

 Digitally signed by Nancy L. Greer 338254
Date: 2019.04.08 10:16:35 -05'00'

Signature _____ Date _____

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

BASIC INFORMATION

Full Name Ken M. Kunisaki

Please report all employment positions you have held during the last 3 years:

Status	Employer	Annual Income Range
Active (current)	Minneapolis VA Health Care System	≥\$100,001 <input checked="" type="checkbox"/>
Click to add new row		

Please report all employment positions your household members have held during the last 3 years:

☐ I have no employment to report for household members.

Status	Relation	Employer	Annual Income Range
Active (current)	Spouse	East Valley Animal Clinic	\$50,001 to 100,000 <input checked="" type="checkbox"/>
Inactive (last 3 yrs)	Child	McDonald's Corporation	≤\$5000 <input checked="" type="checkbox"/>
Click to add new row			

RESEARCH AND CONSULTING

Within the last 3 years, have you or any household members. . .

. . .received research support for a topic related to health or healthcare?
e.g., grants, contracts, sponsorships, and other research support ☒ Yes ☐ No

. . .participated on a speaker's bureau, received honoraria, or consulted or advised for a topic
related to health or healthcare? ☒ Yes ☐ No

. . .provided expert opinion or testimony related to health or healthcare as part of a regulatory,
legislative, or judicial process? ☐ Yes ☒ No

For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income
Active (current)	Myself	NIH and DoD grants to my institution	≥\$100,001 <input checked="" type="checkbox"/>
Inactive (last 3 yrs)	Myself	Consulting; GlaxoSmithKline May 2018	\$5,001 to 10,000 <input checked="" type="checkbox"/>
Click to add new row			

INVESTMENTS AND PROPRIETARY INTERESTS

Within the last 3 years, have you or any household members. . .

. . .held any investments related to health or healthcare?
*e.g., stocks, bonds, stock options, or other securities. Please include trusts or holding
companies. You may exclude broadly diversified investments such as mutual or pension
funds.* ☐ Yes ☒ No

. . .held any commercial business interests related to health or healthcare?
e.g., board membership, proprietorship, joint ventures, controlling interest ☐ Yes ☒ No

Within the last 3 years, have you or any household members. . .

. . .held any patents, trademarks, or copyrights related to health or healthcare?

Please include pending.

☐ Yes ☒ No

INTELLECTUAL AND OTHER INTERESTS

Within the last 3 years, have you or any household members. . .

. . .participated in workgroups, panels, or committees through other medical societies or healthcare organizations?

☒ Yes ☐ No

. . .participated in any advocacy or lobbying activities related to health or healthcare, including any roles or relationships with disease advocacy organizations?

☐ Yes ☒ No

. . .spoken publicly on topics related to health or healthcare?

☐ Yes ☒ No

Is there any other aspect of your background or present interests not addressed above that might be perceived as affecting your objectivity or independence?

☐ Yes ☒ No


For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income
Active (current)	Myself	Active in American Thoracic Society leadership	\$0
Click to add new row			

DECLARATION

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

Ken Kunisaki, MD, MS

 Digitally signed by Ken Kunisaki, MD, MS
Date: 2019.04.10 12:38:51 -05'00'

Apr 10, 2019

Signature

Date

BASIC INFORMATION

Full Name Anne Catherine Melzer

Please report all employment positions you have held during the last 3 years:

Status	Employer	Annual Income Range
Active (current)	Department of Veterans Affairs	≥\$100,001 <input checked="" type="checkbox"/>
Click to add new row		

Please report all employment positions your household members have held during the last 3 years:

☐ I have no employment to report for household members.

Status	Relation	Employer	Annual Income Range
Active (current)	Husband	Regions Hospital	\$50,001 to 100,000 <input checked="" type="checkbox"/>
Click to add new row			

RESEARCH AND CONSULTING

Within the last 3 years, have you or any household members. . .

. . .received research support for a topic related to health or healthcare?
e.g., grants, contracts, sponsorships, and other research support ☒ Yes ☐ No

. . .participated on a speaker's bureau, received honoraria, or consulted or advised for a topic
related to health or healthcare? ☐ Yes ☒ No

. . .provided expert opinion or testimony related to health or healthcare as part of a regulatory,
legislative, or judicial process? ☐ Yes ☒ No

For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income
Active (current)	Myself	NIH grant, coinvestigator	≤\$5000 <input checked="" type="checkbox"/>
Click to add new row			

INVESTMENTS AND PROPRIETARY INTERESTS

Within the last 3 years, have you or any household members. . .

. . .held any investments related to health or healthcare?
*e.g., stocks, bonds, stock options, or other securities. Please include trusts or holding
companies. You may exclude broadly diversified investments such as mutual or pension
funds.* ☐ Yes ☒ No

. . .held any commercial business interests related to health or healthcare?
e.g., board membership, proprietorship, joint ventures, controlling interest ☐ Yes ☒ No

. . .held any patents, trademarks, or copyrights related to health or healthcare?
Please include pending. ☐ Yes ☒ No

INTELLECTUAL AND OTHER INTERESTS

Within the last 3 years, have you or any household members. . .

. . .participated in workgroups, panels, or committees through other medical societies or healthcare organizations? ☒ Yes ☐ No

. . .participated in any advocacy or lobbying activities related to health or healthcare, including any roles or relationships with disease advocacy organizations? ☐ Yes ☒ No

. . .spoken publicly on topics related to health or healthcare? ☐ Yes ☒ No

Is there any other aspect of your background or present interests not addressed above that might be perceived as affecting your objectivity or independence? ☐ Yes ☒ No

For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income
Active (current)	Myself	American Thoracic Society, Program Committee	\$0 <input checked="" type="checkbox"/>
Click to add new row			

DECLARATION

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

Anne C. Melzer 603747

Digitally signed by Anne C. Melzer 603747
Date: 2019.04.10 11:54:35 -05'00'

Signature

Date

BASIC INFORMATION

Full Name John Mark Flack

Please report all employment positions you have held during the last 3 years:

Status	Employer	Annual Income Range
Active (current)	Southern Illinois University	≥\$100,001 X
Click to add new row		

Please report all employment positions your household members have held during the last 3 years:

☐ I have no employment to report for household members.

Status	Relation	Employer	Annual Income Range
Inactive (last 3 yrs)	Wife	Seyburn Khan Law firm	≥\$100,001 X
Active (current)	Wife	Capital City Deal Lawyers (self-employed)	≥\$100,001 X
Click to add new row			

RESEARCH AND CONSULTING

Within the last 3 years, have you or any household members. . .

. . .received research support for a topic related to health or healthcare?
e.g., grants, contracts, sponsorships, and other research support ☒ Yes ☐ No

. . .participated on a speaker's bureau, received honoraria, or consulted or advised for a topic
related to health or healthcare? ☒ Yes ☐ No

. . .provided expert opinion or testimony related to health or healthcare as part of a regulatory,
legislative, or judicial process? ☐ Yes ☒ No

For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income
Active (current)	Myself	Vascular Dynamics (research grant)	\$10,001 to \$50,000 X
Active (current)	Myself	ReCor Medical (research grant)	\$10,001 to \$50,000 X
Active (current)	Myself	Idorsia (research grant)	\$10,001 to \$50,000 X
Active (current)	Myself	Quantam Genomics (research grant)	\$10,001 to \$50,000 X
Active (current)	Myself	Back Beat Hypertension (consultant)	≤\$5000 X
Active (current)	Myself	Nu-Sirt (consultant)	≤\$5000 X
Inactive (last 3 yrs)	Myself	Allegran (consultant)	≤\$5000 X
Active (current)	Myself	Sanofi (consultant on Mock FDA panel)	\$5,001 to 10,000 X
Click to add new row			

INVESTMENTS AND PROPRIETARY INTERESTS

Within the last 3 years, have you or any household members. . .

Within the last 3 years, have you or any household members. . .

- . . .held any investments related to health or healthcare? ☒ Yes ☐ No
e.g., stocks, bonds, stock options, or other securities. Please include trusts or holding companies. You may exclude broadly diversified investments such as mutual or pension funds.
- . . .held any commercial business interests related to health or healthcare? ☐ Yes ☒ No
e.g., board membership, proprietorship, joint ventures, controlling interest
- . . .held any patents, trademarks, or copyrights related to health or healthcare? ☐ Yes ☒ No
Please include pending.

For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income	
Active (current)	Myself	Regeneron (stock)	\$10,001 to \$50,000	X
				Click to add new row

INTELLECTUAL AND OTHER INTERESTS**Within the last 3 years, have you or any household members. . .**

- . . .participated in workgroups, panels, or committees through other medical societies or healthcare organizations? ☒ Yes ☐ No
- . . .participated in any advocacy or lobbying activities related to health or healthcare, including any roles or relationships with disease advocacy organizations? ☐ Yes ☒ No
- . . .spoken publicly on topics related to health or healthcare? ☒ Yes ☐ No

Is there any other aspect of your background or present interests not addressed above that might be perceived as affecting your objectivity or independence? ☐ Yes ☒ No

For any "Yes" responses, please provide additional details in the space provided below.


Status	Reporting for	Details (organization, role, topic area)	Amount of Income	
Inactive (last 3 yrs)	Myself	AHA Resistant Hypertension Scientific Statement	\$0	X
Inactive (last 3 yrs)	Myself	Duke Resistant Hypertension Think Tank	\$0	X
				Click to add new row

DECLARATION

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

John Mark Flack

Signature

 Digitally signed by John Mark Flack
Date: 2019.04.18 11:03:29 -05'00'

4/18/2019

Date

BASIC INFORMATION

Full Name Gerald Gartlehner

Please report all employment positions you have held during the last 3 years:

Status	Employer	Annual Income Range	
Active (current)	Danube University Krems	≥\$100,001	<input checked="" type="checkbox"/>
Active (current)	RTI International	\$10,001 to \$50,000	<input checked="" type="checkbox"/>
Click to add new row			

Please report all employment positions your household members have held during the last 3 years:

☐ I have no employment to report for household members.

Status	Relation	Employer	Annual Income Range	
Active (current)	wife	Specht&Partner Law Firm	\$50,001 to 100,000	<input checked="" type="checkbox"/>
Click to add new row				

RESEARCH AND CONSULTING

Within the last 3 years, have you or any household members. . .

. . .received research support for a topic related to health or healthcare?
e.g., grants, contracts, sponsorships, and other research support ☒ Yes ☐ No

. . .participated on a speaker's bureau, received honoraria, or consulted or advised for a topic
related to health or healthcare? ☐ Yes ☒ No

. . .provided expert opinion or testimony related to health or healthcare as part of a regulatory,
legislative, or judicial process? ☐ Yes ☒ No

For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income	
Active (current)	Myself	Agency for Healthcare Research and Quality	≥\$100,001	<input checked="" type="checkbox"/>
Active (current)	Myself	WHO	\$10,001 to \$50,000	<input checked="" type="checkbox"/>
Active (current)	Myself	Umbrella Organization of Austrian Health Insurances	≥\$100,001	<input checked="" type="checkbox"/>
Click to add new row				

INVESTMENTS AND PROPRIETARY INTERESTS

Within the last 3 years, have you or any household members. . .

. . .held any investments related to health or healthcare?
e.g., stocks, bonds, stock options, or other securities. Please include trusts or holding companies. You may exclude broadly diversified investments such as mutual or pension funds. ☐ Yes ☒ No

Within the last 3 years, have you or any household members. . .

. . .held any commercial business interests related to health or healthcare?
e.g., board membership, proprietorship, joint ventures, controlling interest

☐ Yes ☒ No

. . .held any patents, trademarks, or copyrights related to health or healthcare?
Please include pending.

☐ Yes ☒ No

INTELLECTUAL AND OTHER INTERESTS

Within the last 3 years, have you or any household members. . .

. . .participated in workgroups, panels, or committees through other medical societies or healthcare organizations?

☒ Yes ☐ No

. . .participated in any advocacy or lobbying activities related to health or healthcare, including any roles or relationships with disease advocacy organizations?

☐ Yes ☒ No

. . .spoken publicly on topics related to health or healthcare?

☒ Yes ☐ No

Is there any other aspect of your background or present interests not addressed above that might be perceived as affecting your objectivity or independence?

☐ Yes ☒ No

For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income	
Inactive (last 3 yrs)	Myself	Guideline panels	≤\$5000	X
Active (current)	Myself	Academic presentations	≤\$5000	X
				Click to add new row

DECLARATION

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

Gerald Gartlehner

Digital unterschrieben von Gerald Gartlehner
Datum: 2018.11.14 16:05:40 +01'00'

11/14/2018

Signature

Date

American College of Physicians
Department of Clinical Policy
Disclosure of Interests (DOI) Form

Instructions

Review of Disclosures of Interests

This is a disclosure of interests (DOI) worksheet for the Department of Clinical Policy within the American College of Physicians. All participants in committee meetings and works development must complete this form upon start of work or committee term. This requirement applies to:

- All ACP staff participating in meetings or calls
- All members of any department panel or committee
- Contracted authors or consultants
- Any other individual participating in committee meetings/conferences calls or developing work for the Department of Clinical Policy

Managing Conflicts of Interest

Answering “Yes” to a question on this form does not automatically disqualify an individual from participation. Potential conflicts are graded by staff according to department policy and participation is managed according to level of conflict.

What should I report?

We require disclosure:

- On behalf of self AND household members
- Of financial interests (received direct payments) related to health or healthcare
- Of intellectual interests (no direct payments received) related to health or healthcare
- From the last 3 years

If in doubt, err on the side of full disclosure.

Acknowledgement and Transparency

To maintain transparency, all signed disclosures will be publicly available on ACP's website and a link to the disclosures will be included in each published work.

BASIC INFORMATION

Full Name Melanie D. Bird, PhD

Please report all employment positions you have held during the last 3 years:

Status	Employer	Annual Income Range	
Active (current)	American Academy of Family Physicians	\$50,001 to 100,000	X
Click to add new row			

Please report all employment positions your household members have held during the last 3 years:

☐ I have no employment to report for household members.

Status	Relation	Employer	Annual Income Range	
Active (current)	spouse	American Academy of Family Physicians	\$50,001 to 100,000	X
Click to add new row				

RESEARCH AND CONSULTING

Within the last 3 years, have you or any household members. . .

. . .received research support for a topic related to health or healthcare?
e.g., grants, contracts, sponsorships, and other research support ☒ Yes ☐ No

. . .participated on a speaker's bureau, received honoraria, or consulted or advised for a topic related to health or healthcare? ☐ Yes ☒ No

. . .provided expert opinion or testimony related to health or healthcare as part of a regulatory, legislative, or judicial process? ☐ Yes ☒ No

For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income	
Active (current)	Myself	Project Manager--CDC Grant awarded to AAFP to Increase Awareness of Risky Alcohol Use and Implementation of Alcohol SBI	\$5,001 to 10,000	X
Active (current)	Myself	Project Manager--Quest Diagnostics Grant to AAFP to Provide Resources for Family Physicians to Increase STI Screening Rates	\$5,001 to 10,000	X
Active (current)	Myself	Project Staff--SAMHSA/AAAP Grant to AAFP to serve as a partner to Support the Opioid Response Network (formerly STR-TA)	≤\$5000	X
Click to add new row				

INVESTMENTS AND PROPRIETARY INTERESTS

Within the last 3 years, have you or any household members. . .

Within the last 3 years, have you or any household members. . .

- . . .held any investments related to health or healthcare?
e.g., stocks, bonds, stock options, or other securities. Please include trusts or holding companies. You may exclude broadly diversified investments such as mutual or pension funds. ☐ Yes ☒ No
- . . .held any commercial business interests related to health or healthcare?
e.g., board membership, proprietorship, joint ventures, controlling interest ☐ Yes ☒ No
- . . .held any patents, trademarks, or copyrights related to health or healthcare?
Please include pending. ☐ Yes ☒ No

INTELLECTUAL AND OTHER INTERESTS

Within the last 3 years, have you or any household members. . .

- . . .participated in workgroups, panels, or committees through other medical societies or healthcare organizations? ☒ Yes ☐ No
- . . .participated in any advocacy or lobbying activities related to health or healthcare, including any roles or relationships with disease advocacy organizations? ☐ Yes ☒ No
- . . .spoken publicly on topics related to health or healthcare? ☐ Yes ☒ No

Is there any other aspect of your background or present interests not addressed above that might be perceived as affecting your objectivity or independence? ☐ Yes ☒ No

For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income	
Active (current)	Myself	Council of Medical Specialty Societies Guideline Component Group	\$0	X
Click to add new row				

DECLARATION

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

Melanie D. Bird

 Digitally signed by Melanie D. Bird
Date: 2019.04.05 13:17:40 -05'00'

Apr 5, 2019

Signature

Date

BASIC INFORMATION

Full Name Jason W. Busse

Please report all employment positions you have held during the last 3 years:

Status	Employer	Annual Income Range
Active (current)	McMaster University	≥\$100,001 X
Click to add new row		

Please report all employment positions your household members have held during the last 3 years:

☐ I have no employment to report for household members.

Status	Relation	Employer	Annual Income Range
Active (current)	Wife	Self-employed (lawyer)	≥\$100,001 X
Click to add new row			

RESEARCH AND CONSULTING

Within the last 3 years, have you or any household members. . .

. . .received research support for a topic related to health or healthcare?
e.g., grants, contracts, sponsorships, and other research support ☒ Yes ☐ No

. . .participated on a speaker's bureau, received honoraria, or consulted or advised for a topic related to health or healthcare? ☒ Yes ☐ No

. . .provided expert opinion or testimony related to health or healthcare as part of a regulatory, legislative, or judicial process? ☒ Yes ☐ No

For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income
Active (current)	Myself	I have received multiple government grants to support systematic reviews, guidelines, observational studies, and clinical trials.	≥\$100,001 X
Select	Myself	I was the (unpaid) co-chair for Health Quality Ontario Standards for the use of opioids in both chronic and acute pain.	\$0 X
Select	Myself	I was an invited expert witness called by the House of Commons Standing Committee on Veterans Affairs regarding evidence for medicinal cannabis.	\$0 X
Click to add new row			

INVESTMENTS AND PROPRIETARY INTERESTS

Within the last 3 years, have you or any household members. . .

Within the last 3 years, have you or any household members. . .

- . . .held any investments related to health or healthcare?
e.g., stocks, bonds, stock options, or other securities. Please include trusts or holding companies. You may exclude broadly diversified investments such as mutual or pension funds. ☐ Yes ☒ No
- . . .held any commercial business interests related to health or healthcare?
e.g., board membership, proprietorship, joint ventures, controlling interest ☐ Yes ☒ No
- . . .held any patents, trademarks, or copyrights related to health or healthcare?
Please include pending. ☐ Yes ☒ No

INTELLECTUAL AND OTHER INTERESTS**Within the last 3 years, have you or any household members. . .**

- . . .participated in workgroups, panels, or committees through other medical societies or healthcare organizations? ☒ Yes ☐ No
- . . .participated in any advocacy or lobbying activities related to health or healthcare, including any roles or relationships with disease advocacy organizations? ☐ Yes ☒ No
- . . .spoken publicly on topics related to health or healthcare? ☒ Yes ☐ No

Is there any other aspect of your background or present interests not addressed above that might be perceived as affecting your objectivity or independence? ☐ Yes ☒ No

For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income	
Active (current)	Myself	I am an invited member of an opioid task force organized by the Canadian Pain Society, and a member of the pan-canadian opioid advisory board led by the Canadian College of Family Physicians	\$0	X
Active (current)	Myself	I have given multiple television, radio, print interviews, and conference presentations on the topics of opioids and cannabis - typically regarding their role in the management of chronic pain.	\$0	X
				Click to add new row

DECLARATION

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

Jason W. Busse

Signature

 Digitally signed by Jason W. Busse
Date: 2019.04.16 13:49:26 -04'00'

Apr 16, 2019

Date

**American College of Physicians
Disclosure of Interests**

Please respond to the following prompts and then fill in additional detail via the summary table starting on page 4.

1. EMPLOYMENT Use the summary table to report any employment that you or any household members have held during the last 3 years in Row 1 (for self) and Row 6 (for household members).

2. RESEARCH AND CONSULTING SUPPORT

Within the last 3 years, have you or any household members. . .

- 2a. . . received research support for a topic related to health or healthcare? ☐ Yes ☒ No
E.g., grants, contracts, sponsorships, and other research support
- 2b. . . participated on a speaker's bureau, received honoraria, or consulted or advised for a topic related to health or healthcare? ☒ Yes ☐ No
- 2c. . . provided expert opinion or testimony related to health or healthcare as part of regulatory, legislative, or judicial process? ☐ Yes ☒ No

ALL YES RESPONSES, 2a-2c

Use the summary table to report details in Row 2 (for self) and Row 7 (for household members).

3. INVESTMENT AND PROPRIETARY INTERESTS

Within the last 3 years, have you or any household members. . .

- 3a. . . held any investments related to health or healthcare? ☐ Yes ☒ No
E.g., stocks, bonds, stock options, or other securities. Please include trusts or holding companies. You may exclude broadly diversified investments such as mutual or pension funds.
- 3b. . . held any commercial business interests related to health or healthcare? ☐ Yes ☒ No
E.g., board membership, proprietorship, joint ventures, controlling interest
- 3c. . . held any patents, trademarks, or copyrights related to health or healthcare? ☐ Yes ☒ No
Please include pending.

ALL YES RESPONSES, 3a-3c

Use the summary table to report details in Row 3 (for self) and Row 8 (for household members).

4. INTELLECTUAL INTERESTS

**American College of Physicians
Disclosure of Interests**

Within the last 3 years, have you or any household members. . .

4a. . . .participated in workgroups, panels, or committees through other medical societies or healthcare organizations? X_Yes __No

4b. . . .participated in any advocacy or lobbying activities related to health or healthcare, including any roles or relationships with disease advocacy organizations? __Yes X_No

4c. . . .spoken publicly on topics related to health or healthcare? X_Yes __No

5. OTHER INTERESTS Is there any other aspect of your background or present interests not addressed above that might be perceived as affecting your objectivity or independence? __Yes X_No

ALL YES RESPONSES, 4a-4c

Use the summary table to report details in Row 4 (for self) and Row 9 (for household members).

ALL YES RESPONSES, 5

Use the summary table to report details in Row 5 (for self) and Row 10 (for household members).

**American College of Physicians
Disclosure of Interests**

NAME: Kenneth Lin

		ACTIVE (Current)	INACTIVE (Last 3 years)
<i>Category</i>		<i>Organization, role, and amount received*</i>	<i>Organization, role, and amount received*</i>
Reporting for self			
1	Employment	<ul style="list-style-type: none"> Medstar Georgetown University Hospital 	<ul style="list-style-type: none">
2	Research & Consulting Support	<ul style="list-style-type: none"> Deputy Editor of American Family Physician journal published by American Academy of Family Physicians (\$10,001 to 50,000) Associate Editor for Essential Evidence Plus, published by Wiley-Blackwell (\$10,001 to 50,000) Author of chapter on Screening for Testicular Cancer for UpToDate (<\$5,000) 	<ul style="list-style-type: none"> Consultant for workplace wellness activities for Business Health Services (Baltimore, MD) (<\$5,000)
3	Intellectual Interests	<ul style="list-style-type: none"> Have written and given public lectures on cancer screening, hypertension, diabetes, Choosing Wisely, overdiagnosis 	<ul style="list-style-type: none">
4	Committees, Workgroups, & Advisory Roles	<ul style="list-style-type: none"> American Academy of Family Physicians Science Advisory Panel (2017-present) AAO-HNS Epistaxis Guideline panel (2018-present) CDC Advisory Committee on Breast Cancer in Young Women (appointed March 2019) 	<ul style="list-style-type: none"> AAFP Atrial Fibrillation Guideline panel member (2016-17) AAO-HNS Cerumen Impaction panel member (2016-17)
5	Other interests	<ul style="list-style-type: none"> Expert commentator for Medscape Family Medicine (<\$5,000) 	<ul style="list-style-type: none">
Reporting for household members			
6	Employment	<ul style="list-style-type: none"> Modern Mobile Medicine 	<ul style="list-style-type: none">
7	Research & Consulting Support	<ul style="list-style-type: none"> Fertility Awareness / Natural Family Planning (\$10,001 to 50,000) 	<ul style="list-style-type: none">
8	Investment & Proprietary Interests	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
9	Intellectual Interests	<ul style="list-style-type: none"> Paid lectures on Direct Primary Care model (<\$5,000) 	<ul style="list-style-type: none">
10	Other interests	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

RANGES FOR REPORTING AMOUNT RECEIVED

a) \$0

b) ≤\$5,000

c) \$5,001 to 10,000

d) \$10,001 to 50,000

**American College of Physicians
Disclosure of Interests**


e) \$50,001 to 100,000

f) \geq \$100,001

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

BASIC INFORMATION

Full Name David T. O'Gurek

Please report all employment positions you have held during the last 3 years:

Status	Employer	Annual Income Range
Active (current)	Lewis Katz School of Medicine at Temple University	≥\$100,001 <input checked="" type="checkbox"/>
Click to add new row		

Please report all employment positions your household members have held during the last 3 years:

☒ I have no employment to report for household members.

RESEARCH AND CONSULTING

Within the last 3 years, have you or any household members. . .

. . .received research support for a topic related to health or healthcare?
e.g., grants, contracts, sponsorships, and other research support ☒ Yes ☐ No

. . .participated on a speaker's bureau, received honoraria, or consulted or advised for a topic related to health or healthcare? ☐ Yes ☒ No

. . .provided expert opinion or testimony related to health or healthcare as part of a regulatory, legislative, or judicial process? ☐ Yes ☒ No

For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income
Active (current)	Myself	Pennsylvania PacMAT grant	≤\$5000 <input checked="" type="checkbox"/>
Click to add new row			

INVESTMENTS AND PROPRIETARY INTERESTS

Within the last 3 years, have you or any household members. . .

. . .held any investments related to health or healthcare?
e.g., stocks, bonds, stock options, or other securities. Please include trusts or holding companies. You may exclude broadly diversified investments such as mutual or pension funds. ☐ Yes ☒ No

. . .held any commercial business interests related to health or healthcare?
e.g., board membership, proprietorship, joint ventures, controlling interest ☐ Yes ☒ No

. . .held any patents, trademarks, or copyrights related to health or healthcare?
Please include pending. ☐ Yes ☒ No

INTELLECTUAL AND OTHER INTERESTS

Within the last 3 years, have you or any household members. . .

. . .participated in workgroups, panels, or committees through other medical societies or healthcare organizations? ☒ Yes ☐ No

. . .participated in any advocacy or lobbying activities related to health or healthcare, including any roles or relationships with disease advocacy organizations? ☐ Yes ☒ No

. . .spoken publicly on topics related to health or healthcare? ☒ Yes ☐ No

Is there any other aspect of your background or present interests not addressed above that might be perceived as affecting your objectivity or independence? ☐ Yes ☒ No

For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income	
Inactive (last 3 yrs)	Myself	AAFP, Commission on Health of the Public & Science	\$0	X
Active (current)	Myself	PAFP, Board Chair	\$0	X
Inactive (last 3 yrs)	Myself	PAFP, President	\$0	X
Active (current)	Myself	AMA Pain Task Force	\$0	X
Active (current)	Myself	NQF SDOH Data Integration Workgroup	\$0	X
				Click to add new row

DECLARATION

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


Signature

April 10, 2019

Date