

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Agency for Healthcare Research and Quality	Grant / Contract	Other - Institution	\$400,000.00
<div><div>Recipient Name: University of Minnesota and Center for Veterans Research and Education Grant / Contract Description: Contracts from AHRQ through their EPC program to conduct evidence reports Grant / Contract Valuation Date: 04/16/2021 Additional Information: I provide approx. 10% effort as co-director of our MN-EPC on the oversight and operations of our center, contribution to AHRQ-EPC methods workgroups and leadership on topic contracts awarded to our EPC through a competitive bidding process.</div><div>Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$400,000.00 Contract Start Date: 01/01/2020 Contract End Date:</div></div>			
American College of Physicians	Other	Other - Minneapolis VA CVRE	-
<div><div>Category: Other Compensation Type: Other Annual Compensation:</div><div>Start Date: 01/01/2018 Other Compensation: 100,000 Additional Information: Support for our research group to conduct reviews</div><div>End Date:</div></div>			
American Urological Association Foundation	Other	Other - Minneapolis VA CVRE	-
<div><div>Category: Other Compensation Type: Unpaid Additional Information: I receive support (approximately \$30,000) for our research group to conduct reviews under contract with the AUA for their clinical guideline development. I receive no personal financial support</div><div>Start Date: 01/01/2018 Annual Compensation:</div><div>End Date: 05/01/2021</div></div>			
Merck	Grant / Contract	Other - Subcontract to UM	\$263,892.00
<div><div>Recipient Name: Kristine Ensrud Grant / Contract Description: Subcontract to UM from Pacific Medical University. FUNds to UM are NOT directly from Merck. Grant / Contract Valuation Date: 01/08/2021 Additional Information: Funding for research team. FUNds are provided by PAcific Medical not Merck. No salary support to Dr. Ensrud</div><div>Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$263,892.00 Contract Start Date: 09/07/2017 Contract End Date: 02/29/2020</div></div>			
Midwest CEPAC-ICER	Other	Self	-
<div><div>Category: Other Compensation Type: Unpaid Additional Information:</div><div>Start Date: 01/01/2018 Annual Compensation:</div><div>End Date:</div></div>			
U.S. Department of Veterans Affairs	Employment Current Employment	Self	-
<div><div>Title: Professor Start Date: 06/15/2018 End Date:</div><div>Position Description: Staff Physician Additional Information:</div></div>			
VA Preventive Medical Advisory Committee	Consultant	Self	-
<div><div>Category: Consultant Compensation Type: Unpaid Additional Information:</div><div>Start Date: 01/01/2018 Annual Compensation:</div><div>End Date:</div></div>			

Intellectual Property

Type	Is Licensed	Interest Held By	Value												
Other Intellectual Property - Research grants/contracts from VA, AHRQ, and ACP ...	-	Self	\$210,000.00												
<div><div>Description: Research grants/contracts from VA, AHRQ, and ACP to conduct evidence synthesis reports. Yearly Income:<table><tr><th>Amount</th><th>Type</th><th>Year</th><th>Payment Receipt</th></tr><tr><td>\$10,000.00</td><td>Estimated</td><td>2020</td><td>Direct Payment</td></tr><tr><td>\$200,000.00</td><td>Estimated</td><td>2019</td><td>Payment through home institution</td></tr></table></div><div>Income Source: Funds paid to my institution to support work of our evidence review team. AHRQ contracts can support my salary. Others do not. Additional Information: The funds of payment through home institution are research support for programs NOT personal salary. I receive approximately 5-10000 annually as additional salary beyond my VA salary for grant support through AHRQ for Evidence-based Practice Center reports as part of my role as co-director of the MN-EPC</div></div>				Amount	Type	Year	Payment Receipt	\$10,000.00	Estimated	2020	Direct Payment	\$200,000.00	Estimated	2019	Payment through home institution
Amount	Type	Year	Payment Receipt												
\$10,000.00	Estimated	2020	Direct Payment												
\$200,000.00	Estimated	2019	Payment through home institution												
Other Intellectual Property - Evidence reports and manuscripts written on oste ...	-	Self	-												

Description: Evidence reports and manuscripts written on osteoporosis based on AHRQ-funded research
Yearly Income:

Income Source: AHRQ-EPC program

Additional Information: Director of AHRQ-EPC site that was awarded contract. Wife was a collaborating investigator on this project and received salary support from AHRQ. I was not the PI of this project but rather overall EPC director and project collaborator

Certification

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

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

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

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and Scientific
Medical Policy Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

Topic Areas: depression, osteoporosis, COVID-19

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

☒ I have publications to report (please list in space below).

☐ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☒ I have interests to report (please list in space below).

☐ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

My wife, Kristine Ensrud is a member of the osteoporosis TEP and has published numerous articles relevant to the topic. These have been previously disclosed.

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

By signing this form,

- I acknowledge that in order to maintain transparency, all participants' disclosure of interests will be publicly available on ACP's website and a link to the disclosures will be included in each published work.
- I attest that I have reviewed the attached Convey disclosures report and that my disclosures are up to date.
- I attest that I have disclosed all healthcare-related financial and intellectual interests for myself and any household members from the last 3 years and I will promptly disclose any changes. These include but are not limited to: research and consulting roles; investments and proprietary interests, and intellectual interests such as participation in workgroups, panels, or committees through other medical societies or healthcare organizations.

Timothy J. Wilt

Print Name

TIMOTHY J. WILT 445612

Digitally signed by TIMOTHY J. WILT
445612
Date: 2021.08.16 09:05:27 -05'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American Society for Bone and Mineral Research	Other	Self	-
Category: Other Compensation Type: Unpaid Additional Information:	Start Date: 01/01/2017 Annual Compensation:	End Date:	
David Geffen School of Medicine, University of California, Los Angeles	Employment Current Employment	Self	-
Title: Professor of Medicine Start Date: 07/01/2017 End Date:	Position Description: Professor in the Dept. Of Internal Medicine Additional Information:		
David Geffen School of Medicine, University of California, Los Angeles	Employment	Spouse/Partner	-
Title: Professor Start Date: 01/01/2017 End Date:	Position Description: Professor on Faculty Additional Information:		
Dr. Miriam and Sheldon G. Adelson Medical Research Foundation	Grant / Contract	Spouse/Partner	\$350,000.00
Recipient Name: Harley Kornblum Grant / Contract Description: Neural repair and brain cancer Grant / Contract Amount: \$350,000.00 Contract Start Date: 01/01/2017 Contract End Date:	Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 12/23/2019 Additional Information:		
International Society for Clinical Densitometry	Consultant	Self	-
Category: Consultant Compensation Type: Unpaid Additional Information:	Start Date: 01/01/2019 Annual Compensation:	End Date:	
National Institutes of Health	Grant / Contract	Spouse/Partner	\$200,000.00
Recipient Name: Harley Kornblum Grant / Contract Description: Research on brain cancer Grant / Contract Amount: \$200,000.00 Contract Start Date: 01/01/2017 Contract End Date:	Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 12/23/2019 Additional Information: Brain cancer research		
National Institutes of Health	Grant / Contract	Self	\$25,000.00
Recipient Name: Carolyn J. Crandall Grant / Contract Description: Contract from Western Regional Center for NHLBI-funded Women's Health Initiative Study Grant / Contract Valuation Date: 12/23/2019 Additional Information:	Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$25,000.00 Contract Start Date: 01/01/2019 Contract End Date:		
North American Menopause Society	Fiduciary Officer	Self	-
Official Title: member Board of Trustees Compensation Type: Unpaid Annual Compensation: Additional Information:	Position Description: Board of Trustees member Start Date: 10/13/2017 End Date:		

Certification

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

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

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

**American College of Physicians
Clinical Guidelines Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

Topic Areas: depression, osteoporosis

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

☒ I have publications to report (please list in space below).

☐ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interests to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

See enclosed list

**American College of Physicians
Clinical Guidelines Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

By signing this form,

- I acknowledge that in order to maintain transparency, all participants' disclosure of interests will be publicly available on ACP's website and a link to the disclosures will be included in each published work.
- I attest that I have reviewed the attached Convey disclosures report and that my disclosures are up to date.
- I attest that I have disclosed all healthcare-related financial and intellectual interests for myself and any household members from the last 3 years and I will promptly disclose any changes. These include but are not limited to: research and consulting roles; investments and proprietary interests, and intellectual interests such as participation in workgroups, panels, or committees through other medical societies or healthcare organizations.

Carolyn J. Crandall

Print Name

Carolyn J. Crandall

Digitally signed by Carolyn J. Crandall
DN: cn=Carolyn J. Crandall, o=University of California, Los
Angeles, ou, email=ccrandall@mednet.ucla.edu, c=US
Date: 2021.08.18 18:37:55 -07'00'

Signature

Date

1. Watts, N.B., Cauley, J.A., Jackson, R.D., LaCroix, A.Z., Lewis, C.E., Manson, J.E., Neuner, J., Phillips, L.S., Stefanick, M.L., Wactawski-Wende, J., **Crandall, C.** No Increase in Fractures after Stopping Hormone Therapy: Results from the Women's Health Initiative. *J Clin Endocrinol Metab.* 2017;102(1):302–308. PMID: 27820659 PMCID: PMC6287395.
2. Mori, T., **Crandall, C.J.**; Ganz, D.A., Cost-Effectiveness of Combined Oral Bisphosphonate Therapy and Falls Prevention Exercise for Fracture Prevention in the USA. *Osteoporos Int.* 2016;28(2):585-595. PMID: 27726000.
3. Cauley, J.A., Smagula, S.F., Hovey, K.M., Wactawski-Wende, J., Andrews, C.A., **Crandall, C.J.**, LeBoff, M., Li, W., Coday, M., Sattari, M., Tindle, H.A. Optimism, Cynical Hostility, Falls, and Fractures: The Women's Health Initiative Observational Study (WHI-OS). *Journal of Bone and Mineral Research.* 2017;32(2):221–229. PMID: 27566996
4. Ensrud, K.E., Harrison, S.L., Cauley, J.A., Langsetmo, L., Schousboe, J.T., Kado, D.M., Lewis, C.E., Hoffman, A.R., Orwoll, E.S., **Crandall, C.J.**, Stefanick, M.L., Napoli, N., Cawthon, P.M. for the Osteoporotic Fractures in Men (MrOS) Research Group. Impact of competing risk of mortality on association of weight loss with risk of central body fractures in older men. *Journal of Bone and Mineral Research. J Bone Miner Res.* 2017; Mar; 32(3):624-632. PMID: 27739103 PMCID: PMC5425153
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6. Gourlay, M.L., Overman, R.A., Fine, J.P., **Crandall, C.J.**, Ensrud, K.E., Gass, M.L., Johnson, K.C., LeBlanc, E.S., Robbins, J., Womack, C.R., Schousboe, J.T., LaCroix, A.Z. Time to clinically relevant fracture risk scores in postmenopausal women. *American Journal of Medicine.* 2017 Jul;130(7):862.e15-862.e23. doi: 10.1016/j.amjmed.2017.02.012. Epub 2017 Mar 9. PubMed PMID: 28285070; PubMed Central PMCID: PMC5474146.
7. Wang, Y., Wactawski-Wende, J., Sucheston-Campbell, L.E., Hovey, K.M., Nie, J., Jackson, R.D., Handelman, S.K., Nassir, R., **Crandall, C.J.**, Ochs-Balcom. The influence of genetic susceptibility and calcium plus vitamin D supplementation on fracture risk. *Am J Clin Nutr.* 2017; Apr;105(4):970-979. PMID: 28148500 PMCID: PMC5366049
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- Mineral Density and Fracture Incidence in the Women's Health Initiative. *Obstetrics and Gynecology*, 2017 Jul;130(1):171-180. PMID 28594759 PMCID: PMC5484587
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 15. Beavers, K.M., Neiberg, R.H., Johnson, K.C., Davis, C.H., Casanova, R., Schwartz, A.V., **Crandall, C.J.**, Lewis, C.E., Pi-Sunyer, X., Kritchevsky, S.B. Impact of body weight dynamics following intentional weight loss on fracture risk: Results from The Action for Health in Diabetes Study, *JBM Res Plus*. 2018 Oct 25;3(5):e10086. PMID: 31131339 PMCID: PMC6524677
 16. Cauley, J.A., Hovey, K.M., Stone, K.L., Andrews, C.A., Barbour, K.E., Hale, L., Jackson, R.D., Johnson, K.C., LeBlanc, E.S., Li, W., Zaslavsky, O., Ochs-Balcom, H., Wactawski-Wende, J., **Crandall, C.J.** Characteristics of self-reported sleep and the risk of falls and fractures: The Women's Health Initiative (WHI), *J Bone Miner Res*. 2019 Mar;34(3):464-474. PMID: 30461066. PMCID: PMC6563041
 17. **Crandall, C.J.**, Larson, J., Manson, J.E., Cauley, J.A., LaCroix, A., Wactawski-Wende, J., Datta, M., Sattari, M., Schousboe, J.T., Leslie, W.D., Ensrud, K.E. A Comparison of U.S. and Canadian Osteoporosis Screening and Treatment Strategies in Postmenopausal Women, *Journal of Bone and Mineral Research*, 2019 Apr;34(4):607-615. PMID: 30536628 PMCID: PMC7354844
 18. **Crandall, C.J.**, Schousboe, J.T., Morin, S., Lix, L.M., Leslie, W. Performance of FRAX and FRAX-Based Treatment Thresholds in Women Aged 40 and Older: The Manitoba BMD Registry, *Journal of Bone and Mineral Research*, 2019 Aug;34(8):1419-1427. PMID: 30920022
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27. **Crandall, C.J.**, Larson, J., Wright, N.C., Laddu, D., Stefanick, M., Kaunitz, A.M., Watts, N.B., Wactawski-Wende, J., Womack, C.R., Johnson, K.C., Carbone, L.D., Jackson, R.D., Ensrud, K.E. Does serial bone density measurement meaningfully improve incident fracture risk prediction in postmenopausal women? Results from the Women's Health Initiative Observational Study and Clinical Trials, *JAMA Intern Med*. 2020; 180(9): 1232-1240, PMID: 32730575 PMCID: PMC7385675¹
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¹ Selected for New England Journal of Medicine Journal Watch General Medicine Sept. 15, 2020

- P, Hochberg, MC, Javaid, M., Jeray, KJ, Kearns, AE, King, T, Koinis, TF, Koontz, JS, Kuzma, M, Lindsey, C, Lorentzon, M, Lyritis, GP, Michaud, LB, Miciano, A, Morin, SN, Mujahid, N, Napoli, N, Olenginski, TP, Puzas, JE, Rizou, S, Rosen, CJ, Saag, K, Thompson, E., Tosi, L, Tracer, H, Khosla, S, Kiel, DP. Secondary Fracture Prevention: Consensus Clinical Recommendations From a Multistakeholder Coalition. *Orthop Nurs.* 2020;39(3):145-161. PMID: 32443087
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Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Fiduciary Officer	Self	-
<div>Official Title: Chair-elect, Board of Regents Position Description: As above</div> <div>Compensation Type: Cash Start Date: 04/22/2020 End Date: 04/19/2021</div> <div>Annual Compensation:</div> <div>Additional Information:</div>			
U.S. Department of Veterans Affairs	Employment Current Employment	Self	-
<div>Title: Staff Physician Position Description: Attending physician, supervising residents and medical students</div> <div>Start Date: 08/08/1979 End Date: Additional Information:</div>			

Certification

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

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

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

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and Scientific
Medical Policy Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

Topic Areas: depression, osteoporosis, COVID-19

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

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

Topic Areas: n/a; no clinical topics or specific measures under discussion on upcoming agenda

Please review the list of measures in the attached Word/Excel document and other topic areas listed above. The PMC will review these measures and other topics during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

- | | |
|---|---|
| <input type="checkbox"/> Yes (please provide additional details below). | <input checked="" type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|---|
| <input type="checkbox"/> Yes (please provide additional details below). | <input checked="" type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

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- I attest that I have disclosed all healthcare-related financial and intellectual interests for myself and any household members from the last 3 years and I will promptly disclose any changes. These include but are not limited to: research and consulting roles; investments and proprietary interests, and intellectual interests such as participation in workgroups, panels, or committees through other medical societies or healthcare organizations.

Thomas G. Cooney MD MACP

Print Name

Thomas G Cooney MD

Digitally signed by Thomas G Cooney MD
Date: 2021.08.16 16:39:41 -07'00'

8/16/2021

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Jacob Cross	Employment Current Employment	Self	-
<div><div>Title: President</div><div>Start Date: 01/01/2012</div><div>End Date:</div></div> <div><div>Position Description: President and CEO</div><div>Additional Information:</div></div>			
Ochsner Health System	Consultant Current Employment	Self	-
<div><div>Category: Consultant</div><div>Compensation Type: Cash</div><div>Additional Information:</div></div> <div><div>Start Date: 04/01/2020</div><div>Annual Compensation:</div><div>End Date:</div></div>			

Certification

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

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

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

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

Topic Areas: depression, osteoporosis, COVID-19

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

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

Jacob T. Cross, MD

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

Topic Areas: n/a; no clinical topics or specific measures under discussion on upcoming agenda

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Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

- | | |
|---|---|
| <input type="checkbox"/> Yes (please provide additional details below). | <input checked="" type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|---|
| <input type="checkbox"/> Yes (please provide additional details below). | <input checked="" type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

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Jacob T. Cross, MD

Print Name

Jacob Cross  Digitally signed by Jacob Cross
Date: 2021.08.16 15:04:40 -06'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022, CME Contributor, Annual Governance Disclosure 2020-21

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
nick fitterman	Employment Current Employment	Self	-
Title: executive director Huntington Hospital Start Date: 10/03/2018		Position Description: executive director Additional Information:	
End Date:			

Certification

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

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker’s bureau participation, or expert as part of regulatory, legislative, or judicial process)
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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence



**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

Topic Areas: depression, osteoporosis, COVID-19

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

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

Nick Fitterman

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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Topic Areas: n/a; no clinical topics or specific measures under discussion on upcoming agenda

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☐ Yes (please provide additional details below).

☒ No

☒ n/a (no clinical topics or specific measures under discussion on upcoming agenda)

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☒ No

☒ n/a (no clinical topics or specific measures under discussion on upcoming agenda)

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**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

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Nick Fitterman

Print Name

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Centers for Disease Control and Prevention	Employment <div>Current Employment</div>	Self	-
Title: Director, Office of Antibiotic Stewardship		Position Description: I lead CDC's public health efforts related to improving antibiotic use. I am also leading efforts related to the COVID-19 pandemic response.	
Start Date: 07/15/2007	End Date:	Additional Information:	
GI Specialists of Georgia	Employment	Spouse/Partner	-
Title: Physician		Position Description: Patient care	
Start Date: 09/01/2010	End Date:	Additional Information:	
Society for Healthcare Epidemiology of America	Other	Self	-
Category: Other		Start Date: 01/01/2021	
Compensation Type: Unpaid		End Date:	
Additional Information: Board Member, Councilor		Annual Compensation:	

Certification

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

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

**American College of Physicians
Clinical Guidelines Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions

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Topic Areas: depression, osteoporosis

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

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

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☒ I have no interests to report.

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**American College of Physicians
Clinical Guidelines Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

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- I attest that I have disclosed all healthcare-related financial and intellectual interests for myself and any household members from the last 3 years and I will promptly disclose any changes. These include but are not limited to: research and consulting roles; investments and proprietary interests, and intellectual interests such as participation in workgroups, panels, or committees through other medical societies or healthcare organizations.

Lauri Hicks

Print Name

Lauri Hicks -S7 Digitally signed by Lauri Hicks -S7
Date: 2021.08.23 15:38:31 -04'00' **8/23/2021**

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

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

Certification

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

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker’s bureau participation, or expert as part of regulatory, legislative, or judicial process)
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**American College of Physicians
Clinical Guidelines Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions

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Topic Areas: depression, osteoporosis

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

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☐ I have interests to report (please list in space below).

☒ I have no interests to report.

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**American College of Physicians
Clinical Guidelines Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

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Jennifer S Lin

Print Name

linjes

Signature



Digitally signed by linjes
Date: 2021.08.17 08:40:25 -07'00'

8-17-2021

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 **Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
The Maroto Law Group, PC	Employment Current Employment	Self	-
<i>Title:</i> Managing Partner <i>Start Date:</i> 12/01/1994 <i>End Date:</i>		<i>Position Description:</i> Attorney <i>Additional Information:</i>	

Certification

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

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**American College of Physicians
Clinical Guidelines Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

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Topic Areas: depression, osteoporosis

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

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interests to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

**American College of Physicians
Clinical Guidelines Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

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Michael Maroto

Print Name

Michael Maroto

Digitally signed by Michael Maroto
Date: 2021.08.23 13:46:56 -04'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-21., Annual Governance Disclosure 2021-2022

Employment Information: Currently Retired/Unemployed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Rheumatology	Grant / Contract	Self	-
Recipient Name: Grant / Contract Description: Grant / Contract Amount: Contract Start Date:Contract End Date:Recipient Type: Grant / Contract Purpose: Grant / Contract Valuation Date: 07/28/2020 Additional Information:			
American Gastroenterological Association	Grant / Contract	Self	-
Recipient Name: Grant / Contract Description: Grant / Contract Amount: Contract Start Date:Contract End Date:Recipient Type: Grant / Contract Purpose: Grant / Contract Valuation Date: 07/28/2020 Additional Information:			
American Society of Hematology	Grant / Contract	Self	-
Recipient Name: Reem Mustafa Grant / Contract Description: Grant / Contract Amount: Contract Start Date:Contract End Date:Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: Additional Information:			
ICER	Grant / Contract	Self	-
Recipient Name: Grant / Contract Description: Grant / Contract Amount: Contract Start Date:Contract End Date:Recipient Type: Grant / Contract Purpose: Grant / Contract Valuation Date: 07/28/2020 Additional Information:			
University of Kansas Medical Center	Employment	Self	-
Title: Associate Professor of Internal Medicine Start Date: 02/28/2017End Date:Position Description: Additional Information:			
World Health Organization	Grant / Contract	Self	-
Recipient Name: Grant / Contract Description: Grant / Contract Amount: Contract Start Date:Contract End Date:Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 07/28/2020 Additional Information:			

Certification

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

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

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

**American College of Physicians
Clinical Guidelines Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions

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- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

Topic Areas: depression, osteoporosis

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

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

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☐ I have interests to report (please list in space below).

☒ I have no interests to report.

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**American College of Physicians
Clinical Guidelines Committee
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Reem Mustafa

Print Name

Reem Mustafa

Digitally signed by Reem Mustafa
Date: 2021.08.16 14:45:31 -05'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Adventist Health Portland	Other	Self	\$2,500.00
Category: Other Compensation Type: Cash		Start Date: 09/26/2018 Annual Compensation:End Date: 09/26/2018	
		Year	AmountType
		2018	\$2,500.00Actual
Additional Information: Speaking honorarium			
Center for Evidence-based Policy	EmploymentCurrent Employment	Self	-
Title: Clinical Epidemiologist Start Date: 08/01/2014End Date:		Position Description: CEbP supported 0.5 FTE until August 2020 CEbP supports 0.05 FTE since August 2020 Additional Information:	
Medical Society of Metropolitan Portland	Fiduciary Officer	Self	-
Official Title: Trustee Compensation Type: Unpaid Annual Compensation: Additional Information:		Position Description: Trustee Start Date: 08/01/2015End Date: 01/01/2021	
Milbank Memorial Fund	Travel	Self	\$10,000.00
Location(s): Various meetings and state workshops (as faculty) Estimated Value: \$10,000.00 Purpose: Faculty for Evidence-informed Health Policy Workshops		Travel Start Date: 01/01/2015 Valuation Date: 12/26/2019 Travel End Date: 06/01/2019 Additional Information:	
National Conference of State Legislatures	Travel	Self	\$2,000.00
Location(s): Nashville, TN; New York, NY Estimated Value: \$2,000.00 Purpose: Faculty for Evidence-informed Health Policy Workshop May 2018 and March 2020		Travel Start Date: 05/05/2018 Valuation Date: 04/02/2021 Travel End Date: 03/01/2020 Additional Information:	
Oregon Medical Association	Fiduciary Officer	Self	-
Official Title: Trustee at-large Compensation Type: Unpaid Annual Compensation: Additional Information:		Position Description: Trustee Start Date: 01/01/2021End Date:	
Portland VA Medical Center	EmploymentCurrent Employment	Self	-
Title: Associate Chief of Staff for Community Care and Staff Physician Start Date: 07/01/2013End Date:		Position Description: ACOS for Community Care, Chief of Staff Office Staff Physician, Division of General Medicine, Department of Hospital and Specialty Medicine Additional Information:	
School of Medicine, Oregon Health and Science University	Employment	Self	-
Title: Associate Professor of Medicine Start Date: 07/01/2013End Date:		Position Description: Faculty appointment, not compensated Additional Information:	

Certification

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**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and Scientific Medical Policy Committee

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

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Topic Areas: depression, osteoporosis, COVID-19

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

☒ I have publications to report (please list in space below).

☐ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

Qaseem, A., Yost, J., Forciea, M. A., Jokela, J. A., Miller, M. C., Obley, A., & Humphrey, L. L. (2021). The Development of Living, Rapid Practice Points: Summary of Methods From the Scientific Medical Policy Committee of the American College of Physicians. *Annals of Internal Medicine*, 10.7326/M20-7641. Advance online publication. <https://doi.org/10.7326/M20-7641>

Kaka, A. S., MacDonald, R., Greer, N., Vela, K., Duan-Porter, W., Obley, A., & Wilt, T. J. (2021). Major Update: Remdesivir for Adults With COVID-19 : A Living Systematic Review and Meta-analysis for the American College of Physicians Practice Points. *Annals of Internal Medicine*, 174(5), 663–672. <https://doi.org/10.7326/M20-8148>.

Wilt, T. J., Kaka, A. S., MacDonald, R., Greer, N., Obley, A., & Duan-Porter, W. (2021). Remdesivir for Adults With COVID-19 : A Living Systematic Review for American College of Physicians Practice Points. *Annals of Internal Medicine*, 174(2), 209–220. <https://doi.org/10.7326/M20-5752>.



**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

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Adam J Obley

Print Name

Adam J. Obley 564252 Digitally signed by Adam J. Obley 564252
Date: 2021.08.20 14:16:31 -07'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Centers for Disease Control and Prevention	Grant / Contract	Self	\$960,000.00
<div>Recipient Name: Stanford University</div> <div>Grant / Contract Description: The goals are to conduct health and economic modeling to inform decision-making on HIV, HCV, STDs</div> <div>Grant / Contract Valuation Date: 04/26/2021</div> <div>Additional Information:</div> <div>Recipient Type: Institution</div> <div>Grant / Contract Purpose: Research</div> <div>Grant / Contract Amount: \$960,000.00</div> <div>Contract Start Date: 09/30/2019</div> <div>Contract End Date:</div>			
NIH	Grant / Contract	Self	\$4,000,000.00
<div>Recipient Name: Stanford University</div> <div>Grant / Contract Description: Grant to study opioid use, HIV, HCV.</div> <div>Grant / Contract Amount: \$4,000,000.00</div> <div>Contract Start Date: 11/01/2019</div> <div>Contract End Date:</div> <div>Additional Information:</div> <div>Recipient Type: Institution</div> <div>Grant / Contract Purpose: Research</div> <div>Grant / Contract Valuation Date: 04/26/2021</div> <div>Additional Information:</div>			
NIH	Grant / Contract	Self	\$1,000,000.00
<div>Recipient Name: Stanford University</div> <div>Grant / Contract Description: Grant to study implicit bias in diagnostic decision making</div> <div>Grant / Contract Amount: \$1,000,000.00</div> <div>Contract Start Date: 01/01/2020</div> <div>Contract End Date:</div> <div>Additional Information: Co-investigator on NIH grant, i don't know full amount, I get salary support</div> <div>Recipient Type: Institution</div> <div>Grant / Contract Purpose: Research</div> <div>Grant / Contract Valuation Date: 04/26/2021</div> <div>Additional Information:</div>			
School of Medicine, Stanford University	Employment Current Employment	Self	-
<div>Title: Professor</div> <div>Start Date: 07/01/1991</div> <div>End Date:</div> <div>Position Description: Professor</div> <div>Additional Information:</div>			
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$321,000.00
<div>Recipient Name: VA Palo Alto Health Care System</div> <div>Grant / Contract Description: Grant to study the cost effectiveness of treatment for opioid use disorder</div> <div>Grant / Contract Valuation Date: 04/26/2021</div> <div>Additional Information:</div> <div>Recipient Type: Institution</div> <div>Grant / Contract Purpose: Research</div> <div>Grant / Contract Amount: \$321,000.00</div> <div>Contract Start Date: 04/01/2018</div> <div>Contract End Date: 12/31/2021</div>			

Intellectual Property

Type	Is Licensed	Interest Held By	Value
Other Intellectual Property - USPSTF	-	Self	-
<div>Description: USPSTF</div> <div>Yearly Income:</div> <div>Income Source: NONE</div> <div>Additional Information: Guideline development</div>			

Certification

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Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

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

Certification

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**American College of Physicians
Clinical Guidelines Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions

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Topic Areas: depression, osteoporosis

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Jeffrey A. Tice, MD

Print Name

Jeffrey Tice



Digitally signed by Jeffrey Tice
Date: 2021.08.25 18:03:57 -07'00'

8/25/2021

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Academy Health	Consultant	Self	-
Category: Consultant Compensation Type: Unpaid Additional Information: Developing Guidance with Learning Health System Stakeholders for Evaluation of COVID19 projects for national Foundations future funding of projects		Start Date: 03/30/2020 Annual Compensation: End Date:	
AcademyHealth	Travel	Self	\$5,000.00
Location(s): Seattle to DC Estimated Value: \$5,000.00 Purpose: Meetings & Conferences		Travel Start Date: 02/06/2018 Valuation Date: 01/23/2020 Travel End Date: 02/24/2020 Additional Information: Attended Health Data Palooza, Annual Research Meeting and Project Paradigm co sponsored and 2xs listed as RWJ conferences and Meetings	
Acumen LLC	Travel	Self	\$380.00
Location(s): Seattle to DC Estimated Value: \$380.00 Purpose: PCMP CMS Measures		Travel Start Date: 02/05/2020 Valuation Date: 01/23/2020 Travel End Date: 02/08/2020 Additional Information: Physician Cost Measure Patient Relationship Code TEP Patient Panel member	
AHRQ	Consultant	Self	-
Category: Consultant Compensation Type: Unpaid Additional Information: https://digital.ahrq.gov/acts ACTS AHRQ evidence based care transforming supports stakeholder		Start Date: 04/05/2020 Annual Compensation: End Date:	
Boston Medical Center	Other	Self	\$500.00
Category: Other Compensation Type: Cash		Start Date: 09/18/2018 Annual Compensation: End Date: 12/19/2019	
		Year	Amount
		2018	\$500.00
Additional Information: \$500 stipend Open Notes BIDMC presenting PFCC conference and \$750 total for Patient Advisory Position stipends		Type	Estimated
Camden Coalition	Other	Self	\$2,300.00
Category: Other Compensation Type: Cash		Start Date: 01/01/2018 Annual Compensation: End Date:	
		Year	Amount
		2020	\$1,800.00
		2019	\$500.00
Additional Information: Consumer Scholar work and Travel for Putting Care at the Center conference		Type	Estimated
Cochrane Consumers	Consultant	Self	-
Category: Consultant Compensation Type: Unpaid Additional Information: Reviewing guidance materials for consumer involvement in reviews for crisis management		Start Date: 04/11/2020 Annual Compensation: End Date:	
Hassanah Consulting	Consultant	Self	\$17,000.00
Category: Consultant Compensation Type: Cash		Start Date: 01/01/2018 Annual Compensation: End Date:	
		Year	Amount
		2019	\$9,000.00
		2018	\$8,000.00
		Type	Actual

Additional Information: This is total income, and includes compensation such as stipends listed on CVM, Muslim Resource Guides, Islamic Civic Engagement, general consulting 1099s <https://janicetufte.com/cvm-patient-partner>

Healthcare for the Homeless Seattle King County	Consultant	Self	-									
Category: Consultant Compensation Type: Other, Cash Annual Compensation:	Start Date: 01/01/2021 Other Compensation: 1000. End Date: 06/01/2021 Additional Information: Honorariums work with HCHN											
Healthcare for the Homeless Seattle King County	Other	Self	\$4,700.00									
Category: Other Compensation Type: Cash	Start Date: 01/01/2018 End Date: Annual Compensation:											
<table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2020</td><td>\$2,500.00</td><td>Estimated</td></tr><tr><td>2019</td><td>\$2,200.00</td><td>Estimated</td></tr></table>				Year	Amount	Type	2020	\$2,500.00	Estimated	2019	\$2,200.00	Estimated
Year	Amount	Type										
2020	\$2,500.00	Estimated										
2019	\$2,200.00	Estimated										
Additional Information: Consumer Representative advisor												
Humana Foundation	Travel	Self	\$500.00									
Location(s): Seattle to DC Estimated Value: \$500.00 Purpose: Food Insecurity Brochure development	Travel Start Date: 08/01/2019 Travel End Date: 08/03/2019 Valuation Date: 01/23/2020 Additional Information: Patient Partner informing on food insecurity for a brochure to accompany measures											
IHI	Travel	Self	\$1,050.00									
Location(s): Seattle-Florida Estimated Value: \$1,050.00 Purpose: IHI Forum Scholarship as a Patient Advisor	Travel Start Date: 12/05/2019 Travel End Date: 12/09/2019 Valuation Date: 01/23/2020 Additional Information: IHI Forum Scholarship as a Patient Advisor											
Infectious Disease Society of America	Consultant	Self	\$0.00									
Category: Consultant Compensation Type: Unpaid	Start Date: 09/24/2021 End Date: Annual Compensation:											
<table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2020</td><td>\$0.00</td><td>Actual</td></tr></table>				Year	Amount	Type	2020	\$0.00	Actual			
Year	Amount	Type										
2020	\$0.00	Actual										
Additional Information: The Guideline TEP had not been initiated when expected to												
ITHS University of Washington	Other	Self	-									
Category: Other Compensation Type: Unpaid Additional Information: COVID 19 Research Prioritization Public Reviewer https://www.iths.org/iths-covid-19-research-resources/covid-19-research-portal/	Start Date: 03/20/2020 End Date: Annual Compensation:											
Ludwig Boltzmann Institut für Experimentelle und Klinische Traumatologie	Consultant	Self	-									
Category: Consultant Compensation Type: Unpaid Additional Information:	Start Date: 06/01/2020 End Date: Annual Compensation:											
Mathematica	Other	Self	\$200.00									
Category: Other Compensation Type: Cash	Start Date: 01/01/2016 End Date: 12/31/2018 Annual Compensation:											
<table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2018</td><td>\$200.00</td><td>Actual</td></tr></table>				Year	Amount	Type	2018	\$200.00	Actual			
Year	Amount	Type										
2018	\$200.00	Actual										
Additional Information:												
McMaster University	Consultant	Self	-									
Category: Consultant Compensation Type: Unpaid Additional Information: Public stakeholder on COVID-END Horizon Scan panel looking at Emerging Issues and Long Covid 19 https://www.mcmasterforum.org/networks/covid-end/resources-to-support-decision-makers/horizon-scans-for-emerging-issues	Start Date: 10/15/2020 End Date: Annual Compensation:											
Minnesota Evidence Practice Center	Other	Self	-									
Category: Other Compensation Type: Unpaid Additional Information: CLPC TEP MN-EPC Public perspective Prostrate Cancer Systematic Review/ Protocol	Start Date: 01/01/2019 End Date: Annual Compensation:											
National Institute on Aging	Other	Self	\$750.00									

Category: Other
Compensation Type: Cash

Start Date: 06/01/2019

End Date:

Annual Compensation:

Year	Amount	Type
2020	\$500.00	Actual
2019	\$250.00	Actual

Additional Information: Aging Initiative Advisor

National Quality Forum

Consultant

Current Employment

Self

-

Category: Consultant

Compensation Type: Unpaid

Additional Information: Serving on NQF MAP CC Measurement

http://www.qualityforum.org/Project_Pages/MAP_Coordinating_Committee.aspx

Start Date: 09/15/2020

End Date:

Annual Compensation:

National Quality Forum

Consultant

Current Employment

Self

-

Category: Consultant

Compensation Type: Unpaid

Additional Information: NQF Risk Adjustment Guidance Committee

https://www.qualityforum.org/Risk_Adjustment_Guidance.aspx

Start Date: 11/10/2020

End Date:

Annual Compensation:

National Quality Forum

Other

Self

-

Category: Other

Compensation Type: Other

Annual Compensation:

Start Date: 08/30/2020

End Date:

Other Compensation: Stipend

Additional Information:

National Quality Forum

Consultant

Self

-

Category: Consultant

Compensation Type: Cash

Additional Information: 2,000 for serving on MAP CC and Risk Adjustment

Start Date: 01/01/2021

End Date: 12/31/2021

Annual Compensation:

National Quality Forum

Travel

Self

\$1,000.00

Location(s): Seattle to DC to Seattle

Estimated Value: \$1,000.00

Purpose: LTSS work group and Core Set MAP

Travel Start Date: 01/01/2017

Travel End Date: 12/31/2018

Valuation Date: 01/29/2020

Additional Information: See CVM

Patient CenteredResearch Institute

Travel

Self

\$3,000.00

Location(s): Seattle to DC

Estimated Value: \$3,000.00

Purpose: Conference Attendance

Travel Start Date: 01/01/2017

Travel End Date: 09/20/2019

Valuation Date: 01/23/2020

Additional Information: PCORI paid for multiple conference scholarships and prioritization projects

Robert Wood Johnson Foundation

Consultant

Self

\$1,000.00

Category: Consultant

Compensation Type: Cash

Start Date: 02/01/2021

End Date: 09/30/2021

Annual Compensation:

Year	Amount	Type
2021	\$1,000.00	Actual

Additional Information: Convening project with Dana Lewis and John Harlow

Robert Wood Johnson Foundation

Travel

Self

\$1,000.00

Location(s): Seattle to DC

Estimated Value: \$1,000.00

Purpose: Paradigm Project HSR

Travel Start Date: 06/14/2019

Travel End Date: 06/28/2021

Valuation Date: 01/23/2020

Additional Information: Travel only, no stipends, Health Services Research project (also listed under Academy Health)

Society for Participatory Medicine

Travel

Self

\$650.00

Location(s): Seattle to Boston

Estimated Value: \$650.00

Purpose: Panel Organizer and presenter SDoH

Travel Start Date: 09/07/2019

Travel End Date: 09/10/2019

Valuation Date: 01/23/2020

Additional Information: Travel to Boston as a SPM Planning Committee member and panel presenter

University of Washington Institute for Translational Health Sciences

Consultant

Self

-

Category: Consultant

Compensation Type: Unpaid

Additional Information: A professional review committee for COVID19 studies for possible work done at University of Washington

Start Date: 03/22/2020

End Date:

Annual Compensation:

University of Washington SORCE

Consultant

Self

-

Category: Consultant

Compensation Type: Cash

Additional Information: COSMID Study Patient Advisory Co Chair Executive and Clinical Committee

Start Date: 01/01/2021

End Date: 12/31/2021

Annual Compensation:

University of Washington SORCE

Other

Self

\$2,475.00

Category: Other Compensation Type: Cash	Start Date: 01/01/2017 Annual Compensation: <table> <tr> <th>Year</th><th>Amount</th><th>Type</th></tr> <tr> <td>2020</td><td>\$900.00</td><td>Estimated</td></tr> <tr> <td>2019</td><td>\$1,225.00</td><td>Actual</td></tr> <tr> <td>2018</td><td>\$350.00</td><td>Actual</td></tr> </table>	Year	Amount	Type	2020	\$900.00	Estimated	2019	\$1,225.00	Actual	2018	\$350.00	Actual	End Date:
Year	Amount	Type												
2020	\$900.00	Estimated												
2019	\$1,225.00	Actual												
2018	\$350.00	Actual												
Additional Information: Patient Advisor on the COSMID project started 2019 on going and Patient Advisor on CERTAIN Patient Advisory Group https://www.becertain.org/projects/diverticulitis-care/cosmid-study (2018 and 2019 has general advising \$\$ included)														

Intellectual Property

Type	Is Licensed	Interest Held By	Value
Other Intellectual Property - https://nam.edu/patient-and-family-engaged-care- ...	-	Self	-
Description: https://nam.edu/patient-and-family-engaged-care-an-essential-element-of-health-equity/ paper Yearly Income:			
Income Source: 0		Additional Information: https://nam.edu/patient-and-family-engaged-care-an-essential-element-of-health-equity/	
Other Intellectual Property - IHI Institute for Health Improvement Developed ...	-	Self	-
Description: IHI Institute for Health Improvement Developed out webinars for Goals Driven Care / Patient Safety Yearly Income:			
Income Source: 1000		Additional Information: Honorarium though MEF Doha, Qatar conference was cancelled	
Other Intellectual Property - Food Insecurity Brochure to accompany NQF measur	-	Self	-
Description: Food Insecurity Brochure to accompany NQF measures Yearly Income:			
Income Source: NQF/ Human travel only		Additional Information: https://store.qualityforum.org/products/food-insecurity-and-health-overcoming-food-insecurity-through-healthcare-based-interventions document I am included in as a co author	
Other Intellectual Property - Building out Core Competencies for Complex Care ...	-	Self	-
Description: Building out Core Competencies for Complex Care meetings and build out of documents Yearly Income:			
Income Source: Camden Coalition Travel		Additional Information: https://www.nationalcomplex.care/our-work/blueprint-for-complex-care/core-competencies-working-group/ A member	
Other Intellectual Property - Mitre HealthLab	-	Self	-
Description: Mitre HealthLab Yearly Income:			
Income Source:		Additional Information: Webinar provided to Mitre HealthLab on COVID19 Response and Vulnerable Populations King County WA https://janicetufte.com/covid19-vulnerable	
Other Intellectual Property - Peer Reviewer of Cochrane Protocol Musculoskelet ...	-	Self	-
Description: Peer Reviewer of Cochrane Protocol Musculoskeletal Group for Systematic Review Yearly Income:			
Income Source: none		Additional Information:	
Other Intellectual Property - Restoring the Story and Creating a Valuable Clin ...	-	Self	-
Description: Restoring the Story and Creating a Valuable Clinical Note Yearly Income:			
Income Source: 0		Additional Information: https://www.acpjournals.org/doi/10.7326/M20-0934	
Other Intellectual Property - Paradigm Project RWJ Academy Health	-	Self	-
Description: Paradigm Project RWJ Academy Health Yearly Income:			
Income Source: Academy Health for travel		Additional Information: https://www.academyhealth.org/ParadigmProject I am serving on Design Team 3 B	
Other Intellectual Property - MuSE Systematic Review Paper	-	Self	-
Description: MuSE Systematic Review Paper Yearly Income:			
Income Source:		Additional Information: https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-020-1272-5	
Other Intellectual Property - Development of Communication Resource Guide for ...	-	Self	-
Description: Development of Communication Resource Guide for Low income Individuals, Internet and Phone services Yearly Income:			
Income Source: none		Additional Information: Development of communication resources available for low income individuals compiled for COVID19 telehealth and more for WA State Health Care Authority and other organizations	
Other Intellectual Property - Low Value Research Work Group AA/Latinx Donaghue ...	-	Self	-
Description: Low Value Research Work Group AA/Latinx Donaghue Foundation Yearly Income:			
Income Source: Travel for meeting			

Additional Information: <https://www.academyhealth.org/blog/2019-12/focus-patients-key-reducing-low-value-care> Continuation of this work

Other Intellectual Property - MuSE Systematic Review Protocol and Reviews

-

Self

-

Description: MuSE Systematic Review Protocol and Reviews
Yearly Income:

Income Source: 0
Additional Information: Under Development

Certification

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

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

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

**American College of Physicians
Clinical Guidelines Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

Topic Areas: depression, osteoporosis

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

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interests to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

**American College of Physicians
Clinical Guidelines Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

By signing this form,

- I acknowledge that in order to maintain transparency, all participants' disclosure of interests will be publicly available on ACP's website and a link to the disclosures will be included in each published work.
- I attest that I have reviewed the attached Convey disclosures report and that my disclosures are up to date.
- I attest that I have disclosed all healthcare-related financial and intellectual interests for myself and any household members from the last 3 years and I will promptly disclose any changes. These include but are not limited to: research and consulting roles; investments and proprietary interests, and intellectual interests such as participation in workgroups, panels, or committees through other medical societies or healthcare organizations.

Janice Tufte

Print Name



Signature

08.18.21

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Agency for Health Care Policy and Research	Grant / Contract	Self	\$4,500.00
Recipient Name: Gillian Sanders Grant / Contract Description: Evidence Based Practice Center, Associate Editor Grant / Contract Amount: \$4,500.00 Contract Start Date: 10/01/2014Contract End Date: 06/30/2020		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 03/15/2019 Additional Information:	
ArcherDx	Other	Spouse/Partner	-
Category: Other Compensation Type: Cash Additional Information:		Start Date: 07/01/2018End Date: 12/31/2018 Annual Compensation:	
Associate for Molecular Pathology	Other	Spouse/Partner	-
Category: Other Compensation Type: Cash Additional Information:		Start Date: 09/01/1995End Date: Annual Compensation:	
Debbie's Dream Foundation	Other	Spouse/Partner	\$500.00
Category: Other Compensation Type: Cash		Start Date: 05/13/2018End Date: 05/13/2018 Annual Compensation:	
		Year	AmountType
		2018	\$500.00Estimated
Additional Information: Honorarium for a scientific presentation			
Duke University	EmploymentCurrent Employment	Self	-
Title: Professor of Medicine and Psychiatry Start Date: 07/01/2001End Date:		Position Description: Faculty Additional Information:	
DurhamVeterans Affairs Medical Center	EmploymentCurrent Employment	Self	-
Title: Staff Physician Start Date: 07/01/2001End Date:		Position Description: Physician and HSR&D Researcher Additional Information:	
General Electric	Stock	Self	\$0.00
Percentage Ownership: 0 Valuation Date: Additional Information:		Estimated Value: \$0.00 Divestment Date: 12/26/2018	
Healthwise	Other	Self	-
Category: Other Compensation Type: Cash Additional Information:		Start Date: 05/25/2017End Date: 06/01/2019 Annual Compensation:	
HSR&D, U.S.Department of Veterans Affairs	Grant / Contract	Self	\$825,000.00
Recipient Name: John W. Williams Jr Grant / Contract Description: Evidence Synthesis Program Grant / Contract Amount: \$825,000.00 Contract Start Date: 10/01/2017Contract End Date: 09/30/2020		Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Valuation Date: 03/15/2019 Additional Information:	
HSR&D, U.S.Department of Veterans Affairs	Other	Self	-
Category: Other Compensation Type: Unpaid Additional Information:		Start Date: 07/08/1995End Date: 05/01/2018 Annual Compensation:	
JWW Scientific Consulting,LLC	Other Business Ownership	Self	\$33,375.00
Form of Business Description: Provide Medical/Scientific editing and research methods education Percentage Ownership: 99		Ownership Category: Sole Proprietor Partnership Category: LLC	

Investment Amount Valuation Date:

Annual Compensation:

Year	Amount	Type
2020	\$1,250.00	Actual
2019	\$13,625.00	Actual
2018	\$18,500.00	Actual

Additional Information: Business dissolved 12/2020

National Institutes of Health	Grant / Contract	Self	\$45,000.00
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Recipient Name: Duke University

Grant / Contract Description: Clinical Translational Science Award

Grant / Contract Amount: \$45,000.00

Contract Start Date: 10/01/2013

Contract End Date: 09/30/2018

Recipient Type: Institution

Grant / Contract Purpose: Research

Grant / Contract Valuation Date: 03/15/2019

Additional Information: JWW Salary support only

Oak Ridge Associated Universities	Employment Current Employment	Self	-
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Title: Consultant

Start Date: 03/12/2015

End Date:

Position Description: Consultant to CMML for CPC+ Program: Behavioral health integration

Additional Information:

Patient Centered Outcomes Research Institute	Grant / Contract	Self	\$46,899.00
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Recipient Name: John W Williams Jr

Grant / Contract Description: Subcontract from Oregon Health Sciences Center; Associate Editor for PCORI

Grant / Contract Valuation Date: 12/26/2019

Additional Information: Total Costs - 2020

Recipient Type: Individual

Grant / Contract Purpose: Research

Grant / Contract Amount: \$46,899.00

Contract Start Date: 06/08/2015

Contract End Date: 12/31/2020

Promega	Other	Spouse/Partner	-
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Category: Other

Compensation Type: Cash

Additional Information:

Start Date: 06/01/2018

End Date: 12/31/2018

Annual Compensation:

Siemens	Stock	Self	\$0.00
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Percentage Ownership: 0

Valuation Date:

Additional Information:

Estimated Value: \$0.00

Divestment Date: 03/15/2019

SQZ Biotech	Consultant	Spouse/Partner	\$13,000.00
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Category: Consultant

Compensation Type: Cash

Start Date: 11/20/2019

End Date: 04/30/2020

Annual Compensation:

Year	Amount	Type
2020	\$13,000.00	Actual

Additional Information:

Tiantan Hospital	Other	Self	\$2,500.00
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Category: Other

Compensation Type: Cash

Start Date: 12/12/2019

End Date: 12/12/2019

Annual Compensation:

Year	Amount	Type
2019	\$2,500.00	Actual

Additional Information: Honoraria for teaching a research methods workshop

University of Washington	Data And Safety Monitoring	Self	\$500.00
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Category: Data And Safety Monitoring

Compensation Type: Cash

Start Date: 06/22/2016

End Date: 12/01/2020

Annual Compensation:

Year	Amount	Type
2019	\$500.00	Actual

Additional Information:

Viracta Therapeutics, Inc	Consultant	Spouse/Partner	\$3,000.00
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Category: Consultant

Compensation Type: Cash

Start Date: 11/10/2020

End Date:

Annual Compensation:

Year	Amount	Type
2021	\$3,000.00	Estimated

Additional Information:

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

Certification

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

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

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

**American College of Physicians
Clinical Guidelines Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

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Topic Areas: depression, osteoporosis

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

☒ I have publications to report (please list in space below).

☐ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☒ I have interests to report (please list in space below).

☐ I have no interests to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

Presentations/Podcasts:

1. What has integrating behavioral health into primary care shown us in CPC+? Comprehensive Primary Care Plus 2018 National Meeting. Baltimore, MD. May 8, 2018.
2. Care Management for Behavioral Health in Small or Rural Practices. CPC+ National Meeting, Baltimore, MD. May 2019
3. From co-location to Integration: Taking Primary Care Behaviorists to the Next Level. CPC+ National Meeting, Baltimore, MD. May 2019
4. Bradley W, Williams JW Jr (Discussant), Boaz J. Behavioral Health Integration Episode 1: Identifying Patients for Behavioral Health Services. Center for Medicare and Medicaid – Comprehensive Primary Care Plus Program. Podcast. November 2020.
5. Williams JW Jr (Discussant), Bradley W, Boaz J. Behavioral Health Integration Episode 2: Care Management for Patients with Mental Health Conditions. Center for Medicare and Medicaid – Comprehensive Primary Care Plus Program. Podcast.



John W Williams Jr

**American College of Physicians
Clinical Guidelines Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

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John W Williams Jr

Print Name

John W Williams Jr, M.D.

Digitally signed by John W Williams Jr,
M.D.
Date: 2021.08.16 13:20:08 -04'00'

Signature

Date

John W Williams Jr, Publications

Presentations/Podcasts:

1. What has integrating behavioral health into primary care shown us in CPC+? Comprehensive Primary Care Plus 2018 National Meeting. Baltimore, MD. May 8, 2018.
2. Care Management for Behavioral Health in Small or Rural Practices. CPC+ National Meeting, Baltimore, MD. May 2019
3. From co-location to Integration: Taking Primary Care Behaviorists to the Next Level. CPC+ National Meeting, Baltimore, MD. May 2019
4. Bradley W, Williams JW Jr (Discussant), Boaz J. Behavioral Health Integration Episode 1: Identifying Patients for Behavioral Health Services. Center for Medicare and Medicaid – Comprehensive Primary Care Plus Program. Podcast. November 2020.
5. Williams JW Jr (Discussant), Bradley W, Boaz J. Behavioral Health Integration Episode 2: Care Management for Patients with Mental Health Conditions. Center for Medicare and Medicaid – Comprehensive Primary Care Plus Program. Podcast. December 2020.
6. Bradley W, Williams JW Jr (Discussant), Boaz J. Behavioral Health Integration Episode 3: Integrating the Behaviorist into the Primary Care Team. Center for Medicare and Medicaid – Comprehensive Primary Care Plus Program. Podcast. January 2021.

Publications:

1. Goldstein KM, Zullig LL, Alishahi A, Brearly T, Dedert EA, Raitz G, Sata SS, Whited JD, Bosworth HB, Williams JW, Gierisch JM. Telehealth Interventions Designed for Women: An Evidence Map. J Gen Intern Med. 2018 Oct 3. doi: 10.1007/s11606-018-4655-8. [Epub ahead of print] [One of the conditions examined was depressive disorder]
2. Williams JW Jr, Nieuwsma JA. Screening for Depression, In Fletcher RH (Section Editor), Sokok HN (Senior Deputy Editor) UpToDate, 2013, UpToDate Inc.

Disclosure Purpose: Annual Governance Disclosure 2021-2022, Planning Committee, 2020 Annual Meeting Faculty Disclosures, Faculty List, KsACP Faculty

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Partners in Internal Medicine, PC,PC	Employment Current Employment	Self	-
<i>Title:</i> President <i>Start Date:</i> 11/01/2004 <i>End Date:</i>		<i>Position Description:</i> Physician in independent practice <i>Additional Information:</i> Self and spouse are employees (self-employed)	

Certification

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

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker’s bureau participation, or expert as part of regulatory, legislative, or judicial process)
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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and Scientific
Medical Policy Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

Topic Areas: depression, osteoporosis, COVID-19

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

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

- ☐ I have interests to report (please list in space below).
- ☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

Topic Areas: n/a; no clinical topics or specific measures under discussion on upcoming agenda

Please review the list of measures in the attached Word/Excel document and other topic areas listed above. The PMC will review these measures and other topics during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

- | | |
|---|---|
| <input type="checkbox"/> Yes (please provide additional details below). | <input checked="" type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|---|
| <input type="checkbox"/> Yes (please provide additional details below). | <input checked="" type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

By signing this form,

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George M. Abraham

Print Name

George M. Abraham, MD,
MPH, FACP, FIDSA

Digitally signed by George M. Abraham,
MD, MPH, FACP, FIDSA
Date: 2021.08.16 21:03:37 -04'00'

August 16, 2021

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2019

Summary of Financial Interests

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

Additional Information:

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

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

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

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

Yes

Certification

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

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

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



Disclosure Purpose: Annual Staff Disclosure 2021 - 2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
Title: Chief Operating Officer Start Date: 10/15/1997 End Date:		Position Description: Oversees operations of the organization Additional Information:	
Ewing Cole	Employment	Spouse/Partner	-
Title: Project Manager Start Date: 01/01/1998 End Date:		Position Description: Manages building/renovation of health care facilities Additional Information:	

Certification

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

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

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

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and Scientific
Medical Policy Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

Topic Areas: depression, osteoporosis, COVID-19

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

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

Wayne H. Bylsma

August 18, 2021

American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

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Topic Areas: n/a; no clinical topics or specific measures under discussion on upcoming agenda

Please review the list of measures in the attached Word/Excel document and other topic areas listed above. The PMC will review these measures and other topics during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

- | | |
|---|---|
| <input type="checkbox"/> Yes (please provide additional details below). | <input checked="" type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|---|
| <input type="checkbox"/> Yes (please provide additional details below). | <input checked="" type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

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Wayne H. Bylsma

Print Name

Wayne H. Bylsma

Digitally signed by Wayne H. Bylsma
Date: 2021.08.18 08:57:38 -04'00'

August 18, 2021

Signature

Date

Disclosure Purpose: January 2021 CGC, PMC, SMPC meetings,
September 2020 CGC, PMC, SMPC meetings

Employment Information: Currently Retired/Unemployed

Summary of Interests

Company or Organization

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

Certification

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

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and Scientific
Medical Policy Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

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Topic Areas: depression, osteoporosis, COVID-19

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

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

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☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

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Topic Areas: n/a; no clinical topics or specific measures under discussion on upcoming agenda

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Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

- | | |
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- | | |
|---|---|
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**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

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Kate Carroll

Print Name

Kate Carroll

 Digitally signed by Kate Carroll
Date: 2021.08.26 12:44:15 -04'00'

8/26/2021

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
Title: Associate-Performance Measurement Start Date: 03/22/2021 End Date:		Position Description: Additional Information:	
Mesirow Financial	Employment	Spouse/Partner	-
Title: Vice President, Quantitative Research Start Date: 03/28/2010 End Date: 09/07/2018		Position Description: Additional Information:	
University of Illinois, Chicago	Employment	Self	-
Title: Associate Director of Clinical Strategy, Analysis, and Practice Start Date: 05/15/2015 End Date: 03/15/2019		Position Description: Assisted in the development and implementation of structured quality improvement program for the ambulatory group. Successfully led the MACRA-MIPS project from inception, avoided CMS penalty and obtained significant incentive for the physician group. Additional Information:	
University of Pennsylvania Health System	Employment	Self	-
Title: Quality Analyst Start Date: 04/01/2019 End Date: 07/12/2019		Position Description: Conducted, studied, and analyzed healthcare data to evaluate providers' performance in quality improvement - Tracked Penn Medicine-Primary Care's internal quality improvement program and provided detailed gap analysis regularly to all 25 PCP clinics Additional Information:	
Vanguard	Employment	Spouse/Partner	-
Title: Investment Risk Manager Start Date: 09/10/2018 End Date:		Position Description: Additional Information:	

Certification

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**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and Scientific
Medical Policy Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

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Topic Areas: depression, osteoporosis, COVID-19

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

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

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☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

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Topic Areas: n/a; no clinical topics or specific measures under discussion on upcoming agenda

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- | | |
|---|---|
| <input type="checkbox"/> Yes (please provide additional details below). | <input checked="" type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
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**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

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SOMOSREE DUTT

Print Name

Somosree Dutt Digitally signed by Somosree Dutt
Date: 2021.08.20 12:57:34 -04'00'

08-20-2021

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2021 - 2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Consultant Current Employment	Self	-
Category: Consultant Compensation Type: Cash Additional Information: Start Date: 09/01/2018 Annual Compensation: End Date:			
Cochrane Response	Consultant	Self	-
Category: Consultant Compensation Type: Cash Additional Information: Start Date: 07/01/2018 Annual Compensation: End Date: 02/15/2019			
INSTIT.SALUD PUBLICAY LABORAL NAVARRA	Consultant	Self	-
Category: Consultant Compensation Type: Cash, Unpaid Additional Information: Start Date: 01/01/2018 Annual Compensation: End Date: 12/31/2019			
McMaster University MacGRADE Centre	Consultant	Self	-
Category: Consultant Compensation Type: Cash, Unpaid Additional Information: Start Date: 01/01/2018 Annual Compensation: End Date: 07/31/2019			

Certification

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

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

Disclosure Purpose: Annual Staff Disclosure 2020, Annual Staff Disclosure 2021 - 2022, Planners and Faculty **Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<i>Title:</i> Vice President, Marketing & PR <i>Start Date:</i> 06/10/1996 <i>End Date:</i>		<i>Position Description:</i> <i>Additional Information:</i>	

Certification

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

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**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and Scientific
Medical Policy Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

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Topic Areas: depression, osteoporosis, COVID-19

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

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

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**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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Topic Areas: n/a; no clinical topics or specific measures under discussion on upcoming agenda

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- | | |
|---|---|
| <input type="checkbox"/> Yes (please provide additional details below). | <input checked="" type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|---|
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**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

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Allison Ewing

Print Name

Allison Ewing Digitally signed by Allison Ewing
Date: 2021.08.26 12:26:35 -04'00' **8-26-21**

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<div><div>Title: Manager of Media Relations Start Date: 04/27/2020</div><div>End Date: Ongoing / No Known End Date</div><div>Position Description: I manage media relations for the College. Additional Information:</div></div>			

Certification

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**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and Scientific
Medical Policy Committee**

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Topic Areas: depression, osteoporosis, COVID-19

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Andrew Hachadorian

8/17/2021

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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Topic Areas: n/a; no clinical topics or specific measures under discussion on upcoming agenda

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- | | |
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- | | |
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Andrew Hachadorian

Print Name

Andrew Hachadorian Digitally signed by Andrew Hachadorian
Date: 2021.08.16 15:28:37 -04'00'

8/17/2021

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021 Employment Information: Currently Retired/Unemployed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American Academy of Neurology	Employment	Self	-
Title: Senior Guideline Development Program Manager		Position Description: Manage and coordinate development of clinical practice guidelines on topics relevant to neurological disease treatment, diagnosis, prognosis, and screening	
Start Date: 11/12/2014 End Date: 08/21/2020		Additional Information:	
Health Dimensions Group	Employment	Spouse/Partner	-
Title: Document Production Coordinator		Position Description: Responsible for all aspects of document and presentation preparation and production	
Start Date: 08/20/2020 End Date:		Additional Information: https://healthdimensionsgroup.com/about/	
HealthPartners	Employment	Spouse/Partner	-
Title: Purchasing Agent		Position Description: Procurement of medical equipment and supplies and contract management for orthopedic and laboratory service lines.	
Start Date: 03/13/2018 End Date: 08/14/2020		Additional Information: Health Partners is an integrated, nonprofit health care provider and health insurance company https://www.healthpartners.com/about/	
M*Modal	Employment	Spouse/Partner	-
Title: Product Marketing Specialist		Position Description: Developed white papers and marketing materials	
Start Date: 12/15/2017 End Date: 03/09/2018		Additional Information: https://www.3m.com/3M/en_US/company-us/about-3m/	

Certification

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Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and Scientific
Medical Policy Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

Topic Areas: depression, osteoporosis, COVID-19

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

☐ I have publications to report (please list in space below).

☒ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

Topic Areas: n/a; no clinical topics or specific measures under discussion on upcoming agenda

Please review the list of measures in the attached Word/Excel document and other topic areas listed above. The PMC will review these measures and other topics during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

- | | |
|---|---|
| <input type="checkbox"/> Yes (please provide additional details below). | <input checked="" type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|---|
| <input type="checkbox"/> Yes (please provide additional details below). | <input checked="" type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

By signing this form,

- I acknowledge that in order to maintain transparency, all participants' disclosure of interests will be publicly available on ACP's website and a link to the disclosures will be included in each published work.
- I attest that I have reviewed the attached Convey disclosures report and that my disclosures are up to date.
- I attest that I have disclosed all healthcare-related financial and intellectual interests for myself and any household members from the last 3 years and I will promptly disclose any changes. These include but are not limited to: research and consulting roles; investments and proprietary interests, and intellectual interests such as participation in workgroups, panels, or committees through other medical societies or healthcare organizations.

Shannon Merillat

Print Name

Shannon Merillat Digitally signed by Shannon Merillat
Date: 2021.08.26 12:27:47 -04'00'

8/26/2021

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
Title: EVP/CEO Start Date: 01/01/2017 End Date: Position Description: EVP/CEO Additional Information:			
American Medical Association	Other	Self	-
Category: Other Compensation Type: Unpaid Start Date: 01/01/2017 End Date: Additional Information: Annual Compensation:			
Council of Medical Subspecialty Societies	Fiduciary Officer	Self	-
Official Title: CMSS Board Member/President Compensation Type: Unpaid Position Description: CMSS Board member/President Annual Compensation: Start Date: 10/27/2020 End Date: Additional Information:			
Inspira Health Woodbury	Employment	Spouse/Partner	-
Title: Physician Staff- Inspira Medical Group Start Date: 01/01/2017 End Date: Position Description: Salaried Pulmonary Critical Care Sleep Physician Additional Information: Inspira Group Physicians 2950 College Drive Suite 1E Vineland, NJ 08360			
PCPCC	Fiduciary Officer	Self	-
Official Title: PCPCC Board Chair Compensation Type: Unpaid Position Description: PCPCC Board Chair Annual Compensation: Start Date: 01/01/2017 End Date: Additional Information:			
Temple University	Fiduciary Officer	Self	-
Official Title: Lewis Katz School of Medicine at Temple University Medical Alumni Board Compensation Type: Unpaid Position Description: Board member Annual Compensation: Start Date: 01/01/2017 End Date: Additional Information:			

Intellectual Property

Type	Is Licensed	Interest Held By	Value
Other Intellectual Property - Multiple presentations and publications	-	Self	-
Description: Multiple presentations and publications Yearly Income: Income Source: None Additional Information:			
Other Intellectual Property - Multiple presentations	-	Self	-
Description: Multiple presentations Yearly Income: Income Source: Board of Regents Additional Information:			

Certification

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

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

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

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and Scientific Medical Policy Committee

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

Topic Areas: depression, osteoporosis, COVID-19

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

☒ I have publications to report (please list in space below).

☐ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

1) Christine Laine, MD, MPH; Deborah Cotton, MD, MPH; Darilyn V. Moyer, MD; "COVID-19 Vaccine Distribution and Allocation: What Physicians Need to Know" A special article in Annals of Internal Medicine, 2021; doi:10.7326/M21-0331, 03/21

2) Christine Laine, MD, MPH; Deborah Cotton, MD, MPH; Darilyn V. Moyer, MD; "COVID-19 Vaccine Distribution and Allocation: Promoting Vaccine Acceptance" A special article in Annals of Internal Medicine, 2021; doi.org/10.7326/M20-8008, 02/21

3) Christine Laine, MD, MPH; Deborah Cotton, MD, MPH; Darilyn V. Moyer, MD; "COVID-19 Vaccine: What Physicians Need to Know" A special article in Annals of Internal Medicine, 2020; 173:830. doi:10.7326/M20-6841, 11/20

4) Christine Laine, MD, MPH; Deborah Cotton, MD, MPH; Darilyn V. Moyer, MD; "COVID-19 Vaccine: Practical Clinical Considerations" A special article in Annals of Internal Medicine, 2021; doi.org/10.7326/M21-1260, 03/21

5) Jain, S. & Kim, D. (Eds.). (2020). An evolution of empowerment: A women in medicine summit compendium. "Perfect Prescription for Inequity: The intersection of COVID-19 and the U.S. health care system" Darilyn V. Moyer. Wiley, 09/20

Darilyn Moyer

8/17/21

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

Topic Areas: n/a; no clinical topics or specific measures under discussion on upcoming agenda

Please review the list of measures in the attached Word/Excel document and other topic areas listed above. The PMC will review these measures and other topics during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

- | | |
|---|---|
| <input type="checkbox"/> Yes (please provide additional details below). | <input checked="" type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|---|
| <input type="checkbox"/> Yes (please provide additional details below). | <input checked="" type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**


Acknowledgements and Attestations

By signing this form,

- I acknowledge that in order to maintain transparency, all participants' disclosure of interests will be publicly available on ACP's website and a link to the disclosures will be included in each published work.
- I attest that I have reviewed the attached Convey disclosures report and that my disclosures are up to date.
- I attest that I have disclosed all healthcare-related financial and intellectual interests for myself and any household members from the last 3 years and I will promptly disclose any changes. These include but are not limited to: research and consulting roles; investments and proprietary interests, and intellectual interests such as participation in workgroups, panels, or committees through other medical societies or healthcare organizations.

Darilyn Moyer

Print Name



Signature

8/17/21

Date

Disclosure Purpose: Annual Staff Disclosure 2021 - 2022, Planners and Faculty

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
Title: Vice President, Clinical Policy Start Date: 12/07/2003End Date:Position Description: Additional Information:			
Centers for Disease Control and Prevention	Other Current Employment	Self	-
Category: Other Compensation Type: Unpaid Additional Information: don't have the exact dates			
Cochrane	Other Current Employment	Self	-
Category: Other Compensation Type: Unpaid Additional Information: don't have exact start date			
Cochrane	Other Current Employment	Self	-
Category: Other Compensation Type: Additional Information:			
COVID-19 Evidence Network to support Decision-making	Other Current Employment	Self	-
Category: Other Compensation Type: Unpaid Additional Information: Dont have exact start date			
Dynamed	Other Current Employment	Self	-
Category: Other Compensation Type: Unpaid Additional Information: I do not know the exact start date.			
Dynamed	Other Current Employment	Self	-
Category: Other Compensation Type: Other Annual Compensation:			
European Commission	Other Current Employment	Self	-
Category: Other Compensation Type: Additional Information:			
GRADE Working Group	Other Current Employment	Self	-
Category: Other Compensation Type: Unpaid Additional Information: I do not have the exact start date			
Guidelines International Network	Other Current Employment	Self	-
Category: Other Compensation Type: Unpaid Additional Information: don't have exact start date			
Measures Application Partnership	Other Current Employment	Self	-
Category: Other Compensation Type: Unpaid Additional Information: I do not remember the exact start date.			
MedBiquitous	Other	Self	-

Category: Other Compensation Type: Additional Information: Do not have exact start or end dates	Start Date: 01/01/2013 Annual Compensation:	End Date: 01/01/2019	
National Academies of Sciences, Engineering, and Medicine	Other Current Employment	Self	-
Category: Other Compensation Type: Unpaid Additional Information: don't have the exact dates	Start Date: 01/01/2019 Annual Compensation:	End Date:	
National Quality Forum	Other Current Employment	Self	-
Category: Other Compensation Type: Unpaid Additional Information: don't have the exact dates	Start Date: 01/01/2018 Annual Compensation:	End Date:	
National Quality Forum	Other	Self	-
Category: Other Compensation Type: Unpaid Additional Information: Don't have the exact start or end date	Start Date: 01/01/2015 Annual Compensation:	End Date: 01/01/2021	
National Quality Forum	Other	Self	-
Category: Other Compensation Type: Unpaid Additional Information: don't have the exact dates	Start Date: 01/01/2019 Annual Compensation:	End Date: 07/01/2020	
PCPI	Other	Self	-
Category: Other Compensation Type: Unpaid Additional Information: Do not have exact start date	Start Date: 01/01/2015 Annual Compensation:	End Date: 07/31/2020	
PCPI	Other	Self	-
Category: Other Compensation Type: Unpaid Additional Information: don't have the exact start date	Start Date: 01/01/2017 Annual Compensation:	End Date: 07/31/2020	
RIGHT Working Group	Other Current Employment	Self	-
Category: Other Compensation Type: Unpaid Additional Information: I do not have the exact start date	Start Date: 01/01/2014 Annual Compensation:	End Date:	
Thomas Jefferson University	Other Current Employment	Self	-
Category: Other Compensation Type: Additional Information:	Start Date: 01/01/2017 Annual Compensation:	End Date:	
Women's Preventive Services Initiative	Other Current Employment	Self	-
Category: Other Compensation Type: Unpaid Additional Information: don't have the exact dates	Start Date: 05/01/2016 Annual Compensation:	End Date:	

Certification

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

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

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

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021, Annual Staff Disclosure 2021 - 2022 **Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<i>Title:</i> Senior Research Associate <i>Start Date:</i> 01/13/2021 <i>End Date:</i>		<i>Position Description:</i> Center for Evidence Reviews <i>Additional Information:</i>	

Certification

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

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

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and Scientific
Medical Policy Committee**

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

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Topic Areas: depression, osteoporosis, COVID-19

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

☒ I have publications to report (please list in space below).

☐ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

1. Aronow WS, Shamliyan TA. Effects of antidepressants on QT interval in people with mental disorders. Arch Med Sci. 2020;16(4):727-41.
2. Aronow WS, Shamliyan TA. Effects of atypical antipsychotic drugs on QT interval in patients with mental disorders. Ann Transl Med. 2018;6(8):147.

Tatyana A Shamliyan

08/16/2021

American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

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Topic Areas: n/a; no clinical topics or specific measures under discussion on upcoming agenda

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Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of one of these measures or a competing measure (measure on the same topic)?

- | | |
|---|---|
| <input type="checkbox"/> Yes (please provide additional details below). | <input checked="" type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|---|
| <input type="checkbox"/> Yes (please provide additional details below). | <input checked="" type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation**

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Tatyana A Shamliyan

Print Name

Tatyana Shamliyan Digitally signed by Tatyana Shamliyan
Date: 2021.08.16 14:28:19 -04'00'

08/16/2021

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
Title: Senior Scientist, Clinical Policy Start Date: 06/15/2020 End Date:		Position Description: Leading the performance measurement strategy Additional Information:	
Boehringer Ingelheim	Other	Self	-
Category: Other Start Date: 01/01/2018 End Date: 12/31/2018 Other Compensation: Additional Information: As a result of my participation at the following stakeholder meeting, my former employer received honoraria: Boehringer Ingelheim, Stakeholder, Advancing Quality for Patients with Type 2 Diabetes and Established Cardiovascular Disease, 2018		Consultant Description: Compensation Type: Cash Annual Compensation:	
Discern Health	Other	Self	-
Category: Other Start Date: 01/01/2018 End Date: 03/01/2020 Other Compensation: Additional Information: As a result of my participation on the following roundtables/stakeholder meetings/work groups, my former employer has received honoraria: Discern Health, interviewee, Understanding Quality Measurement Priorities for Breast Cancer, 2020 Discern Health, Expert Panel Member, Cancer Immunotherapy Quality Measurement, 2019 Discern, Advisor, Telehealth Measurement Gaps, 2018		Consultant Description: Compensation Type: Cash Annual Compensation:	
PCPI Foundation	Employment	Self	-
Title: Senior Director, Measurement Science Start Date: 01/01/2017 End Date: 06/12/2020		Position Description: Orchestrate daily activities of the Measurement Science Program, developing and implementing key performance measures, and monitoring performance to uphold market competitiveness. Additional Information: My salary at the PCPI was supported by services provided as a contractor and subcontractor to CMS and non-profit organizations for measure development, specification, testing and endorsement.	
Pharmacy Quality Alliance (PQA)	Other	Self	-
Category: Other Start Date: 01/01/2019 End Date: 12/31/2019 Other Compensation: Additional Information: As a result of my participation on the following roundtable, my former employer has received honoraria: PQA, roundtable member, Patient Engagement Rubric, 2019		Consultant Description: Compensation Type: Cash Annual Compensation:	

Additional Information:

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

None
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.

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

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

Chapter Council or other Chapter leadership role?

National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes
- 117

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

Yes

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

Yes

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

Yes

Certification

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

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

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

Disclosure Purpose: Annual Staff Disclosure 2021 - 2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
Title: Chief Strategy Officer Start Date: 07/12/2021 End Date: Ongoing / No Known End Date		Position Description: Chief Executive with oversight of strategy design and operational alignment for the college Additional Information:	
Comprehensive Cancer Center, City of Hope	Fiduciary Officer	Self	-
Official Title: Board of Directors Compensation Type: Annual Compensation: No Additional Information:		Position Description: Serve on Board for City of Hope Hospitals Start Date: 06/15/2021 End Date:	
Innovaccer Tech	Consultant	Self	-
Category: Consultant Compensation Type: Equity Options Additional Information: Serve on Strategic Advisory Board		Start Date: 06/01/2019 End Date: Ongoing / No Known End Date Annual Compensation: No	

Certification

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

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Attestation**

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Adrienne White-Faines

Print Name

Adrienne White-Faines

Signature

09/20/2021

Date

Disclosure Purpose: Contractor/Guest Annual Disclosure 2021 - 22 **Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Canadian Institutes of Health Research	Grant / Contract	Self	\$9,310,000.00
Recipient Name: Dr. Michael McGillion Grant / Contract Description: The SMArT VIEW, CoVeRed Grant / Contract Amount: \$9,310,000.00 Contract Start Date: 10/15/2015 Contract End Date: 09/30/2019		Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Valuation Date: 10/15/2015 Additional Information:	
COVID-END	Other	Self	-
Category: Other Compensation Type: Unpaid Additional Information:		Start Date: 05/01/2020 Annual Compensation: No	End Date: Ongoing / No Known End Date
Evidence Based Research Network	Fiduciary Officer	Self	-
Official Title: Steering Committee Member Compensation Type: Unpaid Annual Compensation: No Additional Information:		Position Description: Start Date: 10/01/2016	End Date: Ongoing / No Known End Date
Evidence Synthesis International	Fiduciary Officer	Self	-
Official Title: Secretariat Compensation Type: Unpaid Annual Compensation: Additional Information:		Position Description: Organize and support activities of the organisation Start Date: 03/01/2018	End Date: Ongoing / No Known End Date
Sigma Theta Tau International	Fiduciary Officer	Self	-
Official Title: President - Alpha Nu Chapter Compensation Type: Unpaid Annual Compensation: No Additional Information:		Position Description: President - Alpha Nu Chapter Start Date: 09/01/2019	End Date: 09/30/2021
Sigma Theta Tau International	Fiduciary Officer	Self	-
Official Title: Immediate Past President Compensation Type: Annual Compensation: No Additional Information:		Position Description: Start Date: 10/01/2021	End Date: 09/30/2022
University of Bologna	Other	Self	-
Category: Other Compensation Type: Cash Additional Information: Guest Lecturer		Start Date: 11/16/2019 Annual Compensation: No	End Date: 11/22/2019
Villanova University	Employment Current Employment	Self	-
Title: Associate Professor Start Date: 08/22/2017 End Date: Ongoing / No Known End Date		Position Description: Additional Information:	
Villanova University	Grant / Contract	Self	\$50,000.00
Recipient Name: M. Louise Fitzpatrick College of Nursing Grant / Contract Description: COVID-19 Caring About Health for All Study (CHAMPS) Grant / Contract Amount: \$50,000.00 Contract Start Date: Contract End Date:		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 03/31/2020 Additional Information: Principal Investigators: Kaufman, P., Havens, D., Mensinger, J.; Co-Investigators: Bradley, P., Brom, H., Copel, L., Maldonado, L., Smeltzer, S., Yost, J.	

Certification

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

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

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



Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

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

Additional Information:

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

No.

Certification

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

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

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

Acknowledgements and Attestations

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Gerald Gartlehner

Print Name

Gerald Gartlehner

Digital unterschrieben von Gerald
Gartlehner
Datum: 2021.08.25 11:03:30 +02'00'

25.08.2021

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Grant / Contract	Other - Portland VA Research Foundation	\$174,000.00
<i>Recipient Name:</i> Portland VA Research Foundation <i>Grant / Contract Description:</i> Osteoporosis treatment systematic review for ACP Clinical Guideline Committee <i>Grant / Contract Valuation Date:</i> 12/16/2020 <i>Additional Information:</i> Serving as PI of this project; member of ACP Clinical Guideline Committee		<i>Recipient Type:</i> Institution <i>Grant / Contract Purpose:</i> Research <i>Grant / Contract Amount:</i> \$174,000.00 <i>Contract Start Date:</i> 10/01/2020 <i>Contract End Date:</i>	
VA Portland Health Care System	Employment Current Employment	Self	-
<i>Title:</i> VA Portland Health Care System <i>Start Date:</i> 07/01/2005 <i>End Date:</i>		<i>Position Description:</i> Staff physician <i>Additional Information:</i>	

Certification

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

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

**American College of Physicians
Scientific Medical Policy Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual interests held by you or any household members that may be relevant to the topic areas.

- *Intellectual interests* are defined as academic ideas or activities or specific viewpoints and relate to such issues as academic advancement, clinical revenue streams, or community standing. Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

Topic Areas: COVID-19

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

☒ I have publications to report (please list in space below).

☐ I have no publications to report.

Do you or any household members have any other intellectual interests related to any of the above areas?

☐ I have interests to report (please list in space below).

☒ I have no interests to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).

94. Mackey, K., Ayers, C. K., Kondo, K. K., Saha, S., Advani, S. M., Young, S., ... & Kansagara D. Racial and Ethnic Disparities in COVID-19–Related Infections, Hospitalizations, and Deaths: A Systematic Review. *Annals of internal medicine*. 2020. PMID: 33253040

86. Mackey K, King VJ, Gurley S, Kiefer M, Liederbauer E, Vela K, Sonnen P, and Kansagara D. Risks and impact of angiotensin-converting enzyme inhibitors or angiotensin-receptor blockers on SARS-CoV-2 infection in adults. A living systematic review *Ann Int Med*. 2020. PMID: 32422062 [E-pub ahead of print]

101. Ayers CK, Kondo KK, Williams BE, Kansagara D, Advani SM, Smith M, Young S, Saha S. Disparities in H1N1 Vaccination Rates: Systematic Review and Evidence Synthesis to Inform COVID-19 Vaccination Efforts. *J Gen Intern Med*. 2021. 36(6): 1734-1745. PMID:

**American College of Physicians
Scientific Medical Policy Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

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Print Name

Devan Kansagara Digitally signed by Devan Kansagara
Date: 2021.08.20 10:02:45 -07'00'

Signature

Date

Disclosure Purpose: Contractor/Guest Annual Disclosure 2020 - 21

Summary of Interests

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

Additional Information:

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

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

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

■ Chapter Council or other Chapter leadership role?

■ National or chapter staff?

■ Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

You are not disclosing any interests to this organization.

Certification

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

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

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

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Chelsea Ayers

Print Name

Chelsea K Ayers 1566561

Digitally signed by Chelsea K Ayers
1566561
Date: 2021.08.19 16:05:32 -07'00'

8/19/2021

Signature

Date

Disclosure Purpose: Contractor/Guest Annual Disclosure 2021 - 22

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Oregon Health & Science University	Employment Current Employment	Self	-
<div><div>Title: Professor of Biostatistics</div><div>Start Date: 10/28/2003</div><div>End Date: Ongoing / No Known End Date</div><div>Position Description:</div><div>Additional Information:</div></div>			

Certification

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

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Rongwei (Rochelle) Fu

Print Name

Rongwei (Rochelle) Fu

Digitally signed by Rongwei (Rochelle) Fu
Date: 2021.08.19 15:36:41 -07'00'

8/19/2021

Signature

Date

Disclosure Purpose: Contractor/Guest Annual Disclosure 2020 - 21

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Oregon Health & Science University	Employment	Self	-
Title: Research Director Start Date: 11/17/2014		Position Description: I provide oversight on methods and direct supervision to researchers. Additional Information:	

Additional Information:

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

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Chapter Council or other Chapter leadership role?

National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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

Yes

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

Yes

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Yes

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

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130

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

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Curtis Harrod

Print Name

Curtis Harrod

Digitally signed by Curtis Harrod
Date: 2021.08.16 11:00:23 -07'00'

8/16/2021

Signature

Date

Disclosure Purpose: Contractor/Guest Annual Disclosure 2020 - 21

Summary of Interests

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

Certification

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**American College of Physicians
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Brittany Lazur

Print Name

Brittany Lazur

Digitally signed by Brittany Lazur
Date: 2021.08.16 11:01:41 -07'00'

8-16-2021

Signature

Date

Disclosure Purpose: Contractor/Guest Annual Disclosure 2020 - 21

Summary of Interests

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Certification

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Mandi Mizuta

Print Name

Mandi Mizuta Digitally signed by Mandi Mizuta
Date: 2021.08.16 16:46:21 -07'00'

Signature

Date