

Disclosure Purpose: Annual Governance Disclosure 2020-21

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Other	Self	-
Category: Other Start Date: 01/01/2018End Date: Other Compensation: 100000 Additional Information: Support for our research group to conduct reviews			
Consultant Description: Compensation Type: Other Annual Compensation:			
American Urological Association Foundation	Other	Self	-
Category: Other Start Date: 01/01/2018End Date: 07/01/2020 Other Compensation: Additional Information: I receive support (approximately \$150,000) for our research group to conduct reviews. I receive no personal financial support			
Consultant Description: Compensation Type: Unpaid Annual Compensation:			
Midwest CEPAC-ICER	Other	Self	-
Category: Other Start Date: 01/01/2018End Date: Other Compensation: Additional Information:			
Consultant Description: Compensation Type: Unpaid Annual Compensation:			
U.S. Department of Veterans Affairs	Employment	Self	-
Title: Professor Start Date: 06/15/2018End Date: Additional Information:			
Position Description: Staff Physician			
VA Preventive Medical Advisory Committee	Consultant	Self	-
Category: Consultant Start Date: 01/01/2018End Date: Other Compensation: Additional Information:			
Consultant Description: Compensation Type: Unpaid Annual Compensation:			

Intellectual Property

Type	Is Licensed	Interest Held By	Value
Other Intellectual Property - Research grants/contracts from VA, AHRQ, and ACP ...	-	Self	\$210,000.00
Description: Research grants/contracts from VA, AHRQ, and ACP to conduct evidence synthesis reports. Yearly Income:			
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.			
Amount	Type	Year	Payment Receipt
\$10,000.00	Estimated	2020	Direct Payment
\$200,000.00	Estimated	2019	Payment through home institution

Additional Information:

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

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

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

Chapter Council or other Chapter leadership role?

National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

Disclosures of Interests: Supplemental Questions

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

diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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

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Timothy J. Wilt

Print Name

TIMOTHY J. WILT 445612

Digitally signed by TIMOTHY J. WILT
445612
Date: 2020.08.10 14:05:07 -05'00'

Signature

Date

Disclosure Purpose: committee membership

Summary of Financial Interests

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

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
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Yes
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Yes
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Yes
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Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

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none

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

Disclosures of Interests: Supplemental Questions

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Pelin Batur

Print Name

Pelin Batur MD

Digitally signed by Pelin Batur MD
Date: 2020.08.03 12:16:31 -04'00'

8/3/20

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021, Faculty

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Fiduciary Officer	Self	-
<div><div>Official Title: Chair, Board of Governors</div><div>Compensation Type: Cash</div><div>Start Date: 04/22/2017</div><div>Annual Compensation:</div><div>Additional Information:</div><div>End Date: 04/19/2018</div></div> <div>Position Description: As above</div> <div>Other Compensation:</div>			
U.S. Department of Veterans Affairs	Employment	Self	-
<div><div>Title: Staff Physician</div><div>Start Date: 08/08/1979</div><div>End Date:</div></div> <div>Position Description: Attending physician, supervising residents and medical students</div> <div>Additional Information:</div>			

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
1. I am a current member of ACP Board of Regents 2. I am an Associate Editor of the Journal of Graduate Medical Education
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP 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.
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Yes

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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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Thomas G. Cooney, M.D.

Print Name

member:
C5C9D906-543B-4271-90AB-965533CBA5C9
24F82667-5F64-4F60-B3BC-B1714DBE0856

Digitally signed by member:
C5C9D906-543B-4271-90AB-965533CBA5C9
24F82667-5F64-4F60-B3BC-B1714DBE0856
Date: 2020.08.12 07:43:50 -07'00'

7/12/2020

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

Company or Organization

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

North American Menopause Society		Fiduciary Officer	Self	-						
Official Title: Secretary Compensation Type: Unpaid Start Date: 01/01/2019 End Date: Annual Compensation: Additional Information:		Position Description: Secretary of the Board of Trustees, not compensated Other Compensation:								
North American Menopause Society		Consultant	Self	\$1,000.00						
Category: Consultant Start Date: 01/01/2017 End Date: Other Compensation:		Consultant Description: Compensation Type: Cash Annual Compensation: <table border="1"> <thead> <tr> <th>Year</th> <th>Amount</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>\$1,000.00</td> <td>Estimated</td> </tr> </tbody> </table>			Year	Amount	Type	2019	\$1,000.00	Estimated
Year	Amount	Type								
2019	\$1,000.00	Estimated								
Additional Information: Menopause competency exam committee										

Additional Information:

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Yes

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Yes

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Yes

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32

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Disclosure of Interests: Supplemental Questions and Attestation**

Disclosures of Interests: Supplemental Questions

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Carolyn 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: 2020.07.28 12:05:07 -07'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

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

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nick fitterman

Print Name

nick fitterman

Digitally signed by nick fitterman
Date: 2020.07.28 15:43:30 -04'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

Company or Organization

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

Additional Information:

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

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

Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations

Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations
- 38

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

Disclosures of Interests: Supplemental Questions

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

diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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

☒ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Disclosures of Interests: Acknowledgements and Attestations

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Lauri Hicks

Print Name

Lauri Hicks -S5

Digitally signed by Lauri Hicks -S5
Date: 2020.08.10 14:42:26 -04'00'

8/10/2020

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

Company or Organization

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

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
- I am the PI on several AHRQ contracts to support the USPSTF I am a non-voting member on Kaiser Permanente's National Guideline Directors primarily in a consultancy role Please see my CV for publications/presentations and contracts for any DOI in addition to topics on CV: involvement in ongoing topics not yet published include prevention of opioid misuse, healthy lifestyle counseling, screening for colorectal cancer, screening for COPD, COVID-19 forecasting
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.
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■ Chapter Council or other Chapter leadership role?

■ National or chapter staff?

■ Annals of Internal Medicine editorial staff?

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

Certification

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- 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

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

diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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

☒ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

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Jennifer S. Lin

Print Name

Signature



8/7/2020

Date

Disclosure Purpose: Annual Governance Disclosure 2020-21

Summary of Financial Interests

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

Additional Information:

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

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

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

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

Chapter Council or other Chapter leadership role?

National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

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

Convey

Global Disclosure System

AAMC

43

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

Disclosures of Interests: Supplemental Questions

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

diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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

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Michael Maroto

Print Name

Michael Maroto, Esq.

Digitally signed by Michael Maroto, Esq.
Date: 2020.08.12 08:53:28 -04'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-21.

Summary of Financial 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:	

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.

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Yes

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Yes
- 45

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

Yes

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

Yes

Certification

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

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

Disclosures of Interests: Supplemental Questions

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

diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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Reem Mustafa

Print Name

Reem Mustafa Digitally signed by Reem Mustafa
Date: 2020.07.28 15:40:13 -05'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

Company or Organization

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

Additional Information:

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

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

Yes.

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Yes

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

Disclosures of Interests: Supplemental Questions

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

diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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Jeffrey A. Tice, MD

Print Name

dgim-2r5gtdy-lt.ucsf.edu Digitally signed by dgim-2r5gtdy-lt.ucsf.edu
Date: 2020.08.16 13:21:18 -07'00'

Signature

8/16/2020

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value									
Academy Health	Consultant	Self	-									
<div><div><div>Category: Consultant</div><div>Start Date: 03/30/2020</div><div>Other Compensation:</div><div>Additional Information: Developing Guidance with Learning Health System Stakeholders for Evaluation of COVID19 projects for national Foundations future funding of projects</div></div><div><div>Consultant Description:</div><div>Compensation Type: Unpaid</div><div>Annual Compensation:</div></div></div>												
AcademyHealth	Travel	Self	\$3,000.00									
<div><div><div>Location(s): Seattle to DC</div><div>Estimated Value: \$3,000.00</div><div>Purpose: Meetings & Conferences</div></div><div><div>Travel Start Date: 03/08/2017</div><div>Travel End Date: 01/24/2020</div><div>Valuation Date: 01/23/2020</div><div>Additional Information: Attended Health Data Palooza, Annual Research Meeting and Project Paradigm co sponsored and 2xs listed as RWJ conferences and Meetings</div></div></div>												
Acumen LLC	Travel	Self	\$380.00									
<div><div><div>Location(s): Seattle to DC</div><div>Estimated Value: \$380.00</div><div>Purpose: PCMP CMS Measures</div></div><div><div>Travel Start Date: 02/05/2020</div><div>Travel End Date: 02/08/2020</div><div>Valuation Date: 01/23/2020</div><div>Additional Information: Physician Cost Measure Patient Relationship Code TEP Patient Panel member</div></div></div>												
Boston Medical Center	Other	Self	\$500.00									
<div><div><div>Category: Other</div><div>Start Date: 09/18/2018</div><div>Other Compensation:</div><div>End Date: 12/19/2019</div></div><div><div>Consultant Description:</div><div>Compensation Type: Cash</div><div>Annual Compensation:</div></div><table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2018</td><td>\$500.00</td><td>Estimated</td></tr></table><div><div>Additional Information: \$500 stipend Open Notes BIDMC presenting PFCC conference and \$750 total for Patient Advisory Position stipends</div></div></div>				Year	Amount	Type	2018	\$500.00	Estimated			
Year	Amount	Type										
2018	\$500.00	Estimated										
Camden Coalition	Other	Self	\$1,250.00									
<div><div><div>Category: Other</div><div>Start Date: 01/01/2018</div><div>Other Compensation:</div><div>End Date:</div></div><div><div>Consultant Description:</div><div>Compensation Type: Cash</div><div>Annual Compensation:</div></div><table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2020</td><td>\$750.00</td><td>Estimated</td></tr><tr><td>2019</td><td>\$500.00</td><td>Actual</td></tr></table><div><div>Additional Information: Consumer Scholar work and Travel for Putting Care at the Center conference</div></div></div>				Year	Amount	Type	2020	\$750.00	Estimated	2019	\$500.00	Actual
Year	Amount	Type										
2020	\$750.00	Estimated										
2019	\$500.00	Actual										
Cochrane Consumers	Consultant	Self	-									

Category: Consultant Start Date: 04/11/2020 Other Compensation: Additional Information: Reviewing guidance materials for consumer involvement in reviews for crisis management		Consultant Description: Compensation Type: Unpaid Annual Compensation:													
Hassanah Consulting	Consultant	Self	\$25,000.00												
Category: Consultant Start Date: 01/01/2017 Other Compensation:		Consultant Description: Compensation Type: Cash Annual Compensation: <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2019</td><td>\$9,000.00</td><td>Actual</td></tr><tr><td>2018</td><td>\$8,000.00</td><td>Estimated</td></tr><tr><td>2017</td><td>\$8,000.00</td><td>Estimated</td></tr></table>		Year	Amount	Type	2019	\$9,000.00	Actual	2018	\$8,000.00	Estimated	2017	\$8,000.00	Estimated
Year	Amount	Type													
2019	\$9,000.00	Actual													
2018	\$8,000.00	Estimated													
2017	\$8,000.00	Estimated													
Additional Information: This is total income, and includes compensation such as stipends listed on CVM, Muslim Resource Guides, Islamic Civic Engagement, general consulting 1099s https://janicetufte.com/cvm-patient-partner															
Healthcare for the Homeless Seattle King County	Other	Self	\$2,200.00												
Category: Other Start Date: 01/01/2018 Other Compensation:		Consultant Description: Compensation Type: Cash Annual Compensation: <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2019</td><td>\$2,200.00</td><td>Estimated</td></tr></table>		Year	Amount	Type	2019	\$2,200.00	Estimated						
Year	Amount	Type													
2019	\$2,200.00	Estimated													
Additional Information: Consumer Representative advisor															
Humana Foundation	Travel	Self	\$500.00												
Location(s): Seattle to DC Estimated Value: \$500.00 Purpose: Food Insecurity Brochure development		Travel Start Date: 08/01/2019 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													
Mathematica	Other	Self	\$800.00												
Category: Other Start Date: 01/01/2016 Other Compensation:		Consultant Description: Compensation Type: Cash Annual Compensation: <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2018</td><td>\$200.00</td><td>Actual</td></tr><tr><td>2017</td><td>\$600.00</td><td>Actual</td></tr></table>		Year	Amount	Type	2018	\$200.00	Actual	2017	\$600.00	Actual			
Year	Amount	Type													
2018	\$200.00	Actual													
2017	\$600.00	Actual													
Additional Information:															
Minnesota Evidence Practice Center	Other	Self	-												

Category: Other Start Date: 01/01/2019 Other Compensation: Additional Information: CLPC TEP MN-EPC Public perspective Prostrate Cancer Systematic Review/ Protocol		Consultant Description: Compensation Type: Unpaid Annual Compensation:										
National Institute on Aging	Other	Self	\$750.00									
Category: Other Start Date: 06/01/2019 Other Compensation:		Consultant Description: Compensation Type: Cash Annual Compensation: <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2020</td><td>\$500.00</td><td>Actual</td></tr><tr><td>2019</td><td>\$250.00</td><td>Actual</td></tr></table>		Year	Amount	Type	2020	\$500.00	Actual	2019	\$250.00	Actual
Year	Amount	Type										
2020	\$500.00	Actual										
2019	\$250.00	Actual										
Additional Information: Aging Initiative Advisor												
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 Valuation Date: 01/29/2020 Travel End Date: 12/31/2018 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 Valuation Date: 01/23/2020 Travel End Date: 09/20/2019 Additional Information: PCORI paid for multiple conference scholarships and prioritization projects										
Robert Wood Johnson Foundation	Travel	Self	\$1,000.00									
Location(s): Seattle to DC Estimated Value: \$1,000.00 Purpose: Paradigm Project HSR		Travel Start Date: 06/14/2019 Valuation Date: 01/23/2020 Travel End Date: 06/28/2021 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 Valuation Date: 01/23/2020 Travel End Date: 09/10/2019 Additional Information: Travel to Boston as a SPM Planning Committee member and panel presenter										
University of Washington Instituite for Translational Health Sciences	Consultant	Self	-									
Category: Consultant Start Date: 03/22/2020 Other Compensation: Additional Information: A professional review committee for COVID19 studies for possible work done at University of Washington		Consultant Description: Compensation Type: Unpaid Annual Compensation:										
University of Washington SORCE	Other	Self	\$1,250.00									
Category: Other Start Date: 01/01/2017 Other Compensation:		Consultant Description: Compensation Type: Cash Annual Compensation: <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2020</td><td>\$900.00</td><td>Estimated</td></tr><tr><td>2018</td><td>\$350.00</td><td>Estimated</td></tr></table>		Year	Amount	Type	2020	\$900.00	Estimated	2018	\$350.00	Estimated
Year	Amount	Type										
2020	\$900.00	Estimated										
2018	\$350.00	Estimated										
Additional Information: Patient Advisor on the COSMID project started 2019 on going and Patient Advisor on CERTAIN Patient Advisory Group												

Intellectual Property

Type	Is Licensed	Interest Held By	Value
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 - 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	
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 - 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 - 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 - 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 - 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 - 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:

Additional Information:

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

All details are included in CVM I filled this out correctly to the best of my abilities <https://janicetufte.com/cvm-patient-partner>

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

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

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions

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

diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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

☒ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Disclosures of Interests: 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

08/08/20

Date

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

Summary of Financial Interests

Company or Organization

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

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

End Date:

Consultant Description:
Compensation Type: Cash
Annual Compensation:

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

Additional Information:

Additional Information:

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

None

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

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

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions

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

diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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

☒ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Disclosures of Interests: 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.

Sandeep Vijan

Print Name

Sandeep Vijan Digitally signed by Sandeep Vijan
Date: 2020.08.14 15:29:29 -04'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Agency for Health Care Policy and Research	Grant / Contract	Self	\$4,500.00
Recipient Name: Gillian Sanders Grant / Contract Description: Evidence Based Practice Center, Associate Editor Grant / Contract Amount: \$4,500.00 Contract Start Date: 10/01/2014Contract End Date: 09/30/2019 Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 03/15/2019 Additional Information:			
ArcherDx	Other	Spouse/Partner	-
Category: Other Start Date: 07/01/2018End Date: 12/31/2018 Other Compensation: Additional Information:Consultant Description: Compensation Type: Cash Annual Compensation:			
Associate for Molecular Pathology	Other	Spouse/Partner	-
Category: Other Start Date: 09/01/1995End Date: Other Compensation: Additional Information:Consultant Description: Compensation Type: Cash Annual Compensation:			
Debbie's Dream Foundation	Other	Spouse/Partner	\$500.00
Category: Other Start Date: 05/13/2018End Date: 05/13/2018 Other Compensation: Consultant Description: Compensation Type: Cash Annual Compensation:			
Additional Information: Honorarium for a scientific presentation			
Duke University	Employment	Self	-
Title: Professor of Medicine and Psychiatry Start Date: 07/01/2001End Date: Position Description: Faculty Additional Information:			
DurhamVeterans Affairs Medical Center	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 Start Date: 05/25/2017End Date: 06/01/2019 Other Compensation: Additional Information:Consultant Description: Compensation Type: Cash Annual Compensation:			
HSR&D, U.S.Department of Veterans Affairs	Grant / Contract	Self	\$825,000.00
Recipient Name: John W. Williams Jr Grant / Contract Description: Evidence Synthesis Program Grant / Contract Amount: \$825,000.00 Contract Start Date: 10/01/2017Contract 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 Start Date: 07/08/1995End Date: 05/01/2018 Other Compensation: Additional Information:Consultant Description: Compensation Type: Unpaid Annual Compensation:			

JWW Scientific Consulting,LLC	Other Business Ownership	Self	\$32,125.00
Form of Business Description: Provide Medical/Scientific editing and research methods education Percentage Ownership: 99 Investment Amount: \$0.00 Annual Compensation:		Ownership Category: Sole Proprietor Partnership Category: LLC Investment Amount Valuation Date: Additional Information:	
Year	Amount	Type	
2019	\$13,625.00	Actual	
2018	\$18,500.00	Actual	
National Institutes of Health	Grant / Contract	Self	\$45,000.00
Recipient Name: Duke University Grant / Contract Description: Clinical Translational Science Award Grant / Contract Amount: \$45,000.00 Contract Start Date: 10/01/2013		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 03/15/2019 Additional Information: JWW Salary support only	
Contract End Date: 09/30/2018			
Oak Ridge Associated Universities	Employment	Self	-
Title: Consultant Start Date: 03/12/2015		Position Description: Consultant to CMMI for CPC+ Program: Behavioral health integration Additional Information:	
End Date:			
Patient Centered Outcomes Research Institute	Grant / Contract	Self	\$46,899.00
Recipient Name: John W Williams Jr Grant / Contract Description: Subcontract from Oregon Health Sciences Center; Associate Editor for PCORI Grant / Contract Valuation Date: 12/26/2019 Additional Information: Total Costs - 2020		Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Amount: \$46,899.00 Contract Start Date: 06/08/2015	
		Contract End Date: 12/31/2020	
Promega	Other	Spouse/Partner	-
Category: Other Start Date: 06/01/2018		Consultant Description: Compensation Type: Cash Annual Compensation:	
Other Compensation: Additional Information:			
End Date: 12/31/2018			
Siemens	Stock	Self	\$0.00
Percentage Ownership: 0 Valuation Date: Additional Information:		Estimated Value: \$0.00 Divestment Date: 03/15/2019	
Tiantan Hospital	Other	Self	\$2,500.00
Category: Other Start Date: 12/12/2019		Consultant Description: Compensation Type: Cash Annual Compensation:	
Other Compensation:			
End Date: 12/12/2019			
		Year	Amount
		2019	\$2,500.00
		Type	
		Actual	
Additional Information: Honoraria for teaching a research methods workshop			
University of Washington	Data And Safety Monitoring	Self	\$500.00
Category: Data And Safety Monitoring Start Date: 06/22/2016		Consultant Description: Compensation Type: Cash Annual Compensation:	
Other Compensation:			
End Date:			
		Year	Amount
		2019	\$500.00
		Type	
		Actual	
Additional Information:			

Intellectual Property

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

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 Physicians' [Disclosure of Interests and Management of Conflicts Policy](#).

Yes

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

Yes

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

Yes

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

Yes

Certification

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- 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

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

diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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

☐ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Disclosures of Interests: Acknowledgements and Attestations

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- I attest that I have reviewed the attached Convey disclosures report and that my disclosures are up to date.
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Print Name



Signature

Date

Disclosure Purpose: submitting an article to Annals of Internal Medicine

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Abbott	Employment	Other - Daughter Emma Gantzer	-
Title: Biomedical Engineer		Position Description: designs medical devices currently cardiac ablation catheters	
Start Date: 04/01/2018		End Date:	
		Additional Information:	
Barr Engineering	Employment	Spouse/Partner	-
Title: Senior environmental scientist		Position Description: engineer	
Start Date: 08/08/2004		End Date:	
		Additional Information:	
NelsonSmith LLP	Employment	Other - daughter Edwina Gantzer	-
Title: legal office assistance		Position Description: assists in immigration law firm	
Start Date: 08/01/2015		End Date:	
		Additional Information:	
Nordson	Employment	Other - daughter Beatrice Gantzer	-
Title: Quality Systems Specialist		Position Description: documentation and regulatory issues re medical devices	
Start Date: 05/01/2015		End Date:	
		Additional Information:	

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
- I am the Chair of the Board of Regents of the ACP and I receive a stipend for this. I am employed as a primary care internist at Park Nicollet Clinic in St. Louis Park MN, and also a nocturnist on the Methodist Hospital Hospitalist Service in St. Louis Park MN
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.
- a. Are you submitting your disclosures to ACP as a member of one of the following groups:
- ACP board, committee, council, task force, and/or other governance group?

■ Chapter Council or other Chapter leadership role?

■ National or chapter staff?

■ Annals of Internal Medicine editorial staff?

■ Other (meeting guests, contractors, authors, etc.)
- Yes.
- i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Disclosure of Interests and Management of Conflicts Policy.
- Yes
- ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board

of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

Yes

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

Yes

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

Yes

Certification

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- 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, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

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

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

appropriate use of antibiotics; methods related to rapid and/or living systematic reviews and/or guidelines; diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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

☒ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the list of measures in the attached word document. The PMC will review these measures during the upcoming meeting.

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ 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
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

Disclosures of Interests: 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.

Heather E. Gantzer

Print Name

Heather Gantzer Digitally signed by Heather Gantzer
Date: 2020.08.06 09:49:11 -05'00'

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

American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions

Guest Disclosures of Interests: Acknowledgements and Attestations

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Laura Baldwin

Print Name



Signature

8/10/20

Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021, Annual Staff Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	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:	

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

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Yes

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Yes

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

Yes

Certification

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- 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, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

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

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

appropriate use of antibiotics; methods related to rapid and/or living systematic reviews and/or guidelines; diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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

☐ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the list of measures in the attached word document. The PMC will review these measures during the upcoming meeting.

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

☐ Yes (please provide additional details below).

☐ No

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

☐ Yes (please provide additional details below).

☐ 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
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

Disclosures of Interests: Acknowledgements and Attestations

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Wayne H. Bylsma

Print Name

Wayne H. Bylsma

Digitally signed by Wayne H. Bylsma
Date: 2020.08.05 18:40:57 -04'00'

Signature

Date

Disclosure Purpose: CGC/PMC/SMPC, Entry

Summary of Financial Interests

Company or Organization

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

Additional Information:

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

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

Yes.

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

Yes

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

Yes

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Yes

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

Yes

Certification

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
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

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

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

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

☒ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the list of measures in the attached word document. The PMC will review these measures during the upcoming meeting.

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ 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
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

Disclosures of Interests: Acknowledgements and Attestations

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Kate Carroll

Print Name

Kate Carroll



Digitally signed by Kate Carroll
Date: 2020.08.21 13:11:43 -04'00'

8/21/2020

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2020

Summary of Financial Interests

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

Additional Information:

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

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■ National or chapter staff?

■ Annals of Internal Medicine editorial staff?

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

Yes.

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Yes

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Yes

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Yes

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

Yes

Certification

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**American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

Guest Disclosures of Interests: Acknowledgements and Attestations

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Allison Ewing

Print Name

Allison Ewing

Digitally signed by Allison Ewing
Date: 2020.08.11 13:33:57 -04'00'

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021

Summary of Financial Interests

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

Additional Information:

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

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Chapter Council or other Chapter leadership role?

National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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Yes

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Yes

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American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee,
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Disclosure of Interests: Attestation and Supplemental Questions

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

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

appropriate use of antibiotics; methods related to rapid and/or living systematic reviews and/or guidelines; diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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

☒ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the list of measures in the attached word document. The PMC will review these measures during the upcoming meeting.

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ 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.

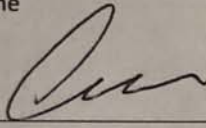
American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee,
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Disclosure of Interests: Attestation and Supplemental Questions

Disclosures of Interests: Acknowledgements and Attestations

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Andrew Hachadorian
Print Name


Signature

8-11-2020
Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Abbott Laboratories	Employment	Spouse/Partner	-
Title: Technical Writer Start Date: 07/17/2017End Date: 12/08/2017		Position Description: Wrote letters for customer complaints on cardiovascular product failures Additional Information: https://www.abbott.com/about-abbott.html	
American Academy of Neurology	Employment	Self	-
Title: Senior Guideline Development Program Manager Start Date: 11/12/2014End Date: 08/21/2020		Position Description: Manage and coordinate development of clinical practice guidelines on topics relevant to neurological disease treatment, diagnosis, prognosis, and screening Additional Information:	
Health Dimensions Group	Employment	Spouse/Partner	-
Title: Document Production Coordinator Start Date: 08/20/2020End Date:		Position Description: Responsible for all aspects of document and presentation preparation and production Additional Information: https://healthdimensionsgroup.com/about/	
HealthPartners	Employment	Spouse/Partner	-
Title: Purchasing Agent Start Date: 03/13/2018End Date: 08/14/2020		Position Description: Procurement of medical equipment and supplies and contract management for orthopedic and laboratory service lines. 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 Start Date: 12/15/2017End Date: 03/09/2018		Position Description: Developed white papers and marketing materials Additional Information: https://www.3m.com/3M/en_US/company-us/about-3m/	

Additional Information:

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

National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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Yes

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Yes

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Yes

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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
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

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

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

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

☒ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the list of measures in the attached word document. The PMC will review these measures during the upcoming meeting.

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

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

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Shannon Merillat

Print Name

Shannon Merillat Digitally signed by Shannon Merillat
Date: 2020.08.31 12:53:35 -05'00'

08/31/2020

Signature

Date

Disclosure Purpose: Clinical Policy Committees

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
Title: Vice President Start Date: 12/07/2003End Date:Position Description: Clinical Policy Additional Information:			
Centers for Disease Control and Prevention	Other	Self	-
Category: Other Start Date: 01/01/2016End Date:Consultant Description: Compensation Type: Unpaid Other Compensation:Annual Compensation: Additional Information: don't have the exact dates			
Cochrane	Other	Self	-
Category: Other Start Date: 01/01/2020End Date:Consultant Description: Compensation Type: Unpaid Other Compensation:Annual Compensation: Additional Information: dont have exact start date			
Cochrane	Other	Self	-
Category: Other Start Date: 06/01/2019End Date:Consultant Description: Compensation Type: Other Compensation:Annual Compensation: Additional Information:			
COVID-19 Evidence Network to support Decision-making	Other	Self	-
Category: Other Start Date: 05/01/2020End Date:Consultant Description: Compensation Type: Unpaid Other Compensation:Annual Compensation: Additional Information: Dont have exact start date			
Dynamed	Other	Self	-
Category: Other Start Date: 01/01/2013End Date:Consultant Description: Compensation Type: Unpaid Other Compensation:Annual Compensation: Additional Information: I do not know the exact start date.			
Dynamed	Other	Self	-
Category: Other Start Date: 07/01/2014End Date:Consultant Description: Compensation Type: Other Other Compensation: honorarium Additional Information:			
GRADE Working Group	Other	Self	-
Category: Other Start Date: 01/01/2003End Date:Consultant Description: Compensation Type: Unpaid Other Compensation:Annual Compensation: Additional Information: I do not have the exact start date			
Guidelines International Network	Other	Self	-
Category: Other Start Date: 08/01/2010End Date:Consultant Description: Compensation Type: Unpaid Other Compensation:Annual Compensation: Additional Information: dont have exact start date			
Measures Application Partnership	Other	Self	-
Category: Other Start Date: 01/01/2014End Date:Consultant Description: Compensation Type: Unpaid Other Compensation:Annual Compensation: Additional Information: I do not remember the exact start date.			

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

Additional Information:

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

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

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

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

Chapter Council or other Chapter leadership role?

National or chapter staff?

- Annals of Internal Medicine editorial staff?
- Other (meeting guests, contractors, authors, etc.)

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

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

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

**American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

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

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

appropriate use of antibiotics; methods related to rapid and/or living systematic reviews and/or guidelines; diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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

☐ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the list of measures in the attached word document. The PMC will review these measures during the upcoming meeting.

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

☐ Yes (please provide additional details below).

☐ No

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

☐ Yes (please provide additional details below).

☐ 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
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

Disclosures of Interests: 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.

Amir Qaseem

Print Name



Digitally signed by Amir Qaseem
Date: 2020.08.05 15:31:58 -04'00'

Signature

Date

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

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
Title: Coordinator, Clinical Policy		Position Description: Provides administrative support to the Clinical Policy Department and CGC, PMC and SMPC meetings and webinars.	
Start Date: 04/14/2014		End Date:	
Additional Information:			

Additional Information:

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

Yes.

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

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

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

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

Yes

Certification

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, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

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

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

appropriate use of antibiotics; methods related to rapid and/or living systematic reviews and/or guidelines; diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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

☒ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the list of measures in the attached word document. The PMC will review these measures during the upcoming meeting.

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ 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
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

Disclosures of Interests: 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.

Trish Siemion

Print Name

Trish Siemion

Digitally signed by Trish Siemion
Date: 2020.08.04 14:32:09 -04'00'

8/4/2020

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
- 97

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

Yes

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

Yes

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

Yes

Certification

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

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

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

**American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

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

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

appropriate use of antibiotics; methods related to rapid and/or living systematic reviews and/or guidelines; diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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

☒ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the list of measures in the attached word document. The PMC will review these measures during the upcoming meeting.

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

☒ Yes (please provide additional details below).

☐ No

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

☐ Yes (please provide additional details below).

☒ 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.

As part of PCPI staff:

I have been involved in the maintenance of the following measures: 005, 008, 007, 107, 387, 400, 226, 431, 110.

I have also been involved in the development of competing measures for 118 and 438. Finally, I have been involved in the testing of 320 for NQF endorsement.

**American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

Disclosures of Interests: Acknowledgements and Attestations

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Samantha Tierney

Print Name

Samantha Tierney Digitally signed by Samantha Tierney
Date: 2020.08.04 15:59:30 -04'00'

8/4/2020

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

Company or Organization

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

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP 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
- 101

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, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

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

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

appropriate use of antibiotics; methods related to rapid and/or living systematic reviews and/or guidelines; diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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

☐ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

1. Kowalski SC, Morgan RL, Falavigna M, Florez ID, Etzeandia-Ikobaltzeta I, Wiercioch W, et al. Development of rapid guidelines: 1. Systematic survey of current practices and methods. Health Research Policy and Systems. 2018;16(1).

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the list of measures in the attached word document. The PMC will review these measures during the upcoming meeting.

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

☐ Yes (please provide additional details below).

☒ No

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

☒ Yes (please provide additional details below).

☐ 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.

1. Brozek JL, Bousquet J, Agache I, Agarwal A, Bachert C, Bosnic-Anticevich S, et al. Allergic Rhinitis and its Impact on Asthma (ARIA) guidelines-2016 revision. J Allergy Clin Immunol. 2017.

**American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

Disclosures of Interests: Acknowledgements and Attestations

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- 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.

Itziar Etxeandia Ikobaltzeta

Print Name



2020.08.13 12:21:12
+02'00'

Signature

Date

1. Kowalski SC, Morgan RL, Falavigna M, Florez ID, Etxeandia-Ikobaltzeta I, Wiercioch W, et al. Development of rapid guidelines: 1. Systematic survey of current practices and methods. *Health Research Policy and Systems*. 2018;16(1).
2. Florez ID, Morgan RL, Falavigna M, Kowalski SC, Zhang Y, Etxeandia-Ikobaltzeta I, et al. Development of rapid guidelines: 2. A qualitative study with \ WHO \ guideline developers. *Health Research Policy and Systems*. 2018;16(1).
3. Zhang Y, Coello PA, Brozek J, Wiercioch W, Etxeandia-Ikobaltzeta I, Akl EA, et al. Using patient values and preferences to inform the importance of health outcomes in practice guideline development following the GRADE approach. *Health Qual Life Outcomes*. 2017;15(1):52.
4. Schunemann HJ, Wiercioch W, Brozek J, Etxeandia-Ikobaltzeta I, Mustafa RA, Manja V, et al. GRADE Evidence to Decision (EtD) frameworks for adoption, adaptation, and de novo development of trustworthy recommendations: GRADE-ADOLOPMENT. *J Clin Epidemiol*. 2017;81:101--10.
5. Akl EA, Meerpohl JJ, Elliott J, Kahale LA, Schnemann HJ, Agoritsas T, et al. Living systematic reviews: 4. Living guideline recommendations. *Journal of Clinical Epidemiology*. 2017;91.
6. Martínez García L, Pardo-Hernández H, Sanabria AJ, Alonso-Coello P, Martínez García L, Pardo-Hernández H, et al. Continuous surveillance of a pregnancy clinical guideline: an early experience. *Systematic Reviews*. 2017;6(1):143.

Disclosure Purpose: CGC/PMC/SMPC Meetings

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Canadian Institutes of Health Research	Grant / Contract	Self	\$22,600.00
<div><div>Recipient Name: Dr. Sandra Carroll</div><div>Grant / Contract Description: Following the C-SPIN Roadmap: Realizing Meaningful Patient Engagement</div><div>Grant / Contract Valuation Date: 03/01/2016</div><div>Additional Information:</div></div> <div><div>Recipient Type: Individual</div><div>Grant / Contract Purpose: Research</div><div>Grant / Contract Amount: \$22,600.00</div><div>Contract Start Date: 03/01/2016</div><div>Contract End Date: 02/28/2018</div></div>			
Canadian Institutes of Health Research	Grant / Contract	Self	\$226,000.00
<div><div>Recipient Name: Dr. Michael McGillion</div><div>Grant / Contract Description: THE SMaRT VIEW, CoVeRed</div><div>Grant / Contract Amount: \$226,000.00</div><div>Contract Start Date: 03/01/2016</div><div>Contract End Date: 02/28/2018</div><div>Additional Information:</div></div> <div><div>Recipient Type: Individual</div><div>Grant / Contract Purpose: Research</div><div>Grant / Contract Valuation Date: 03/01/2016</div><div>Additional Information:</div></div>			
Canadian Institutes of Health Research	Grant / Contract	Self	\$9,310,000.00
<div><div>Recipient Name: Dr. Michael McGillion</div><div>Grant / Contract Description: The SMaRT VIEW, CoVeRed</div><div>Grant / Contract Amount: \$9,310,000.00</div><div>Contract Start Date: 10/15/2015</div><div>Contract End Date: 09/30/2019</div><div>Additional Information:</div></div> <div><div>Recipient Type: Individual</div><div>Grant / Contract Purpose: Research</div><div>Grant / Contract Valuation Date: 10/15/2015</div><div>Additional Information:</div></div>			
COVID-END	Other	Self	-
<div><div>Category: Other</div><div>Start Date: 05/01/2020</div><div>End Date:</div><div>Other Compensation:</div><div>Additional Information:</div></div> <div><div>Consultant Description:</div><div>Compensation Type: Unpaid</div><div>Annual Compensation:</div></div>			
Evidence Based Research Network	Fiduciary Officer	Self	-
<div><div>Official Title: Steering Committee Member</div><div>Compensation Type: Unpaid</div><div>Start Date: 10/01/2016</div><div>Annual Compensation:</div><div>Additional Information:</div></div> <div><div>Position Description:</div><div>Other Compensation:</div></div>			
Evidence Synthesis International	Fiduciary Officer	Self	-
<div><div>Official Title: Secretariat</div><div>Compensation Type: Unpaid</div><div>Start Date: 03/01/2018</div><div>Annual Compensation:</div><div>Additional Information:</div></div> <div><div>Position Description: Organize and support activities of the organisation</div><div>Other Compensation:</div></div>			
McMaster University	Employment	Self	-
<div><div>Title: Assistant Professor</div><div>Start Date: 06/01/2010</div><div>End Date: 06/30/2017</div><div>Additional Information:</div></div> <div><div>Position Description:</div><div>Additional Information:</div></div>			
Sigma Theta Tau International	Fiduciary Officer	Self	-
<div><div>Official Title: President - Alpha Nu Chapter</div><div>Compensation Type: Unpaid</div><div>Start Date: 09/01/2019</div><div>Annual Compensation:</div><div>Additional Information:</div></div> <div><div>Position Description: President - Alpha Nu Chapter</div><div>Other Compensation:</div></div>			
University of Bologna	Other	Self	\$5,213.19
<div><div>Category: Other</div><div>Start Date: 11/16/2019</div><div>End Date: 11/22/2019</div><div>Other Compensation:</div></div> <div><div>Consultant Description:</div><div>Compensation Type: Cash</div><div>Annual Compensation:</div></div>			
Year		Amount	Type
2019		\$5,213.19	Actual

Additional Information: Guest Lecturer

Villanova University

Employment

Self

-

Title: Associate Professor

Start Date: 08/22/2017

End Date:

Position Description:

Additional Information:

Additional Information:

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

N/A

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

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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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, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

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

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

appropriate use of antibiotics; methods related to rapid and/or living systematic reviews and/or guidelines; diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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

☐ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the list of measures in the attached word document. The PMC will review these measures during the upcoming meeting.

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

☐ Yes (please provide additional details below).

☐ No

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

☐ Yes (please provide additional details below).

☐ 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
Clinical Guidelines Committee, Performance Measurement Committee,
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Disclosure of Interests: Attestation and Supplemental Questions**

Disclosures of Interests: Acknowledgements and Attestations

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Jennifer Yost

Print Name



Signature

August 21, 2020

Date

Disclosure Purpose: Contractor/Guest Disclosure 2020-21

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value									
American Society of Hematology	Consultant	Self	\$10,000.00									
<div>Category: Consultant</div> <div>Start Date: 10/01/2015</div> <div>Other Compensation:</div> <div>End Date:</div>		<div>Consultant Description:</div> <div>Compensation Type: Cash</div> <div>Annual Compensation:</div> <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2019</td><td>\$5,000.00</td><td>Estimated</td></tr><tr><td>2018</td><td>\$5,000.00</td><td>Estimated</td></tr></table>		Year	Amount	Type	2019	\$5,000.00	Estimated	2018	\$5,000.00	Estimated
Year	Amount	Type										
2019	\$5,000.00	Estimated										
2018	\$5,000.00	Estimated										
Additional Information:												
Chinese Academy of Medical Sciences	Employment	Self	-									
<div>Title: Visiting Professor</div> <div>Start Date: 03/01/2020</div> <div>End Date:</div>		<div>Position Description: Part-time</div> <div>Additional Information:</div>										
Doctor Evidence, LLC	Employment	Self	-									
<div>Title: Associate Director and Principal Scientist</div> <div>Start Date: 01/01/2017</div> <div>End Date: 09/30/2017</div>		<div>Position Description:</div> <div>Additional Information:</div>										
E2O solutions	Consultant	Self	\$40,000.00									
<div>Category: Consultant</div> <div>Start Date: 01/01/2018</div> <div>Other Compensation:</div> <div>End Date:</div>		<div>Consultant Description:</div> <div>Compensation Type: Cash</div> <div>Annual Compensation:</div> <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2019</td><td>\$30,000.00</td><td>Estimated</td></tr><tr><td>2018</td><td>\$10,000.00</td><td>Estimated</td></tr></table>		Year	Amount	Type	2019	\$30,000.00	Estimated	2018	\$10,000.00	Estimated
Year	Amount	Type										
2019	\$30,000.00	Estimated										
2018	\$10,000.00	Estimated										
Additional Information:												
Guangzhou University of Chinese Medicine	Other	Self	\$17,000.00									
<div>Category: Other</div> <div>Start Date: 01/01/2018</div> <div>Other Compensation:</div> <div>End Date: 12/31/2019</div>		<div>Consultant Description:</div> <div>Compensation Type: Cash</div> <div>Annual Compensation:</div> <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2018</td><td>\$17,000.00</td><td>Estimated</td></tr></table>		Year	Amount	Type	2018	\$17,000.00	Estimated			
Year	Amount	Type										
2018	\$17,000.00	Estimated										
Additional Information: Methodological support, Acupuncture trial												
McMaster University	Employment	Self	-									
<div>Title: Assistant Professor</div> <div>Start Date: 03/01/2016</div> <div>End Date:</div>		<div>Position Description: Part-time</div> <div>Additional Information:</div>										

University Of Nottingham	Employment	Self	-
Title: Honorary Assistant professor Start Date: 10/20/2018		Position Description: Faculty at Ningbo Nottingham GRADE center Additional Information:	
End Date:			

Intellectual Property

Type	Is Licensed	Interest Held By	Value
Other Intellectual Property - Grant	-	Self	-
Description: Grant		Income Source: Methodologist for World Federation of Acupuncture-Moxibustion Societies (WFAMS) and the China Association of Acupuncture-Moxibustion (CAAM)	
Yearly Income:		Additional Information: A grant for providing methodological support	

Additional Information:

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

Yes
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Yes
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Yes
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Yes

Certification

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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
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

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

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

appropriate use of antibiotics; methods related to rapid and/or living systematic reviews and/or guidelines; diverticulitis; point-of-care ultrasound; acute dyspnea; high flow nasal oxygen; acute respiratory failure

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

☐ I have no publications to report.

Please list any relevant publications in space below (or send list of relevant publications as attachment).
see attached word document.

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

Please review the list of measures in the attached word document. The PMC will review these measures during the upcoming meeting.

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ 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
Clinical Guidelines Committee, Performance Measurement Committee,
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Disclosure of Interests: Attestation and Supplemental Questions**

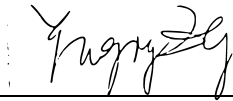
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Yuqing Zhang

Print Name



2020.08.09

Signature

Date

Guideline related method papers

1. Schünemann HJ, Zhang Y, Oxman AD, Expert Evidence in Guidelines Group. Distinguishing opinion from evidence in guidelines. *BMJ*. 2019 Jul 19;366:l4606.
2. Zhang Y, Rojas M, Akl E, et al (Including **Zhang Y**). GRADE Guidelines: 20. Assessing the certainty of evidence in the importance of outcomes or values and preferences-inconsistency, imprecision, and other domains. *J Clin Epidemiol*. 2018 May 22. pii: S0895-4356(17)31061-2.
3. Zhang Y, Rojas M, Akl E, et al (Including **Zhang Y**) GRADE Guidelines: 19. Assessing the certainty of evidence in the importance of outcomes or values and preferences-Risk of bias and indirectness. *J Clin Epidemiol*. 2018 Feb 13. pii: S0895-4356(17)31036-3.

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

Summary of Financial Interests

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

Additional Information:

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

Certification

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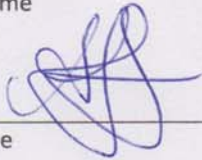
Guest Disclosures of Interests: Acknowledgements and Attestations

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Lisa Affengruber

Print Name



Signature

24.8.2020

Date

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

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

Additional Information:

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

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Yes

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

Guest Disclosures of Interests: Acknowledgements and Attestations

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Andrea Lynn Chapman
Print Name

An Chapman
Signature

Aug. 24, 2020
Date

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

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

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
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No.

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American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee,
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Disclosure of Interests: Attestation and Supplemental Questions

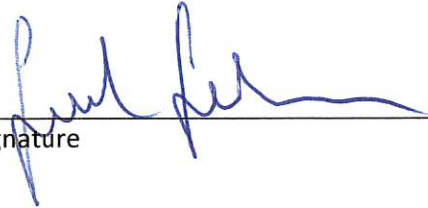
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GERARD GARTLEWER

Print Name



Signature

May 20, 2010

Date

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

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

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
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American College of Physicians
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GERNOT WAGNER
Print Name

 08-20-2020
Signature Date

Disclosure Purpose: Contractor/Guest Annual Disclosure 2020 - 21

Summary of Financial Interests

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

Additional Information:

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

National or chapter staff?

Annals of Internal Medicine editorial staff?

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

No.

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, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

Guest Disclosures of Interests: Acknowledgements and Attestations

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Gaelen P. Adam

Print Name

Gaelen Adam

Digitally signed by Gaelen Adam
Date: 2020.08.24 08:38:52 -04'00'

8/24/2020

Signature

Date

Disclosure Purpose: Contractor/Guest Annual Disclosure 2020 - 21

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Agency for Healthcare Research and Quality	Grant / Contract	Self	\$350,000.00
<div>Recipient Name: Brown Evidence-based Practice Center Grant / Contract Description: Multi year contract. Specific contract to conduct systematic review (nominated by ACP) Grant / Contract Valuation Date: 03/29/2019 Additional Information:</div> <div>Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$350,000.00 Contract Start Date: 03/29/2019Contract End Date:</div>			
Brown University	Employment	Self	-
<div>Title: Associate Professor Start Date: 07/01/2014End Date:</div> <div>Position Description: Center Co-Director Additional Information:</div>			

Additional Information:

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

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

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National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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Yes

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Yes

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

Yes

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

Yes
- Certification
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- 129

**American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

Guest Disclosures of Interests: Acknowledgements and Attestations

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Ethan Balk

Print Name

Ethan Balk



Digitally signed by Ethan Balk
Date: 2020.08.24 10:27:54 -04'00'

8/24/2020

Signature

Date

Disclosure Purpose: Contractor/Guest Annual Disclosure 2020 - 21

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Duke University	Employment	Spouse/Partner	-
<div><div>Title: Associate Professor Start Date: 01/01/2013</div><div>End Date:</div><div>Position Description: Academic Additional Information:</div></div>			
Private Diagnostic Clinic (PDC), PLLC	Other Business Ownership	Spouse/Partner	-
<div><div>Form of Business Description: PDC is the integrated faculty practice of Duke University Health System. Physicians are partners of the PLLC Partnership Category: Other - PLLC Investment Amount Valuation Date: Additional Information:</div><div>Ownership Category: Partnership Percentage Ownership: 0 Investment Amount: \$0.00 Annual Compensation:</div></div>			

Additional Information:

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

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Yes

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Yes

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Yes

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**American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

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Lionel L. Bañez, MD

Print Name

Lionel L. Banez -S

Digitally signed by Lionel L. Banez -S
Date: 2020.08.20 10:20:42 -04'00'

8/20/2020

Signature

Date

Disclosure Purpose: Contractor/Guest Annual Disclosure 2020 - 21

Summary of Financial Interests

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

Additional Information:

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

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■ Chapter Council or other Chapter leadership role?

■ National or chapter staff?

■ Annals of Internal Medicine editorial staff?

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

Yes.

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Yes

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Yes

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Yes

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Yes

Certification

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

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Ian Jude Saldanha

Print Name

Ian Saldanha

Digitally signed by Ian Saldanha
Date: 2020.08.19 15:48:19 -04'00'

August 19, 2020

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

Company or Organization

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

Additional Information:

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

National or chapter staff?

Annals of Internal Medicine editorial staff?

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Yes.

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Yes

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Yes

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Yes

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Yes
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Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations
- 135

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

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Arianne Baldomero, MD, MS

Print Name

Arianne Baldomero

Digitally signed by Arianne Baldomero
Date: 2020.08.06 15:32:52 -05'00'

08/06/2020

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

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

Additional Information:

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- Convey

Global Disclosure System

AAMC
- 138

**American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

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Nancy Greer

Print Name

Nancy L. Greer 338254
(affiliate)

Digitally signed by Nancy L. Greer
338254 (affiliate)
Date: 2020.08.04 15:17:42 -05'00'

August 4, 2020

Signature

Date

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.

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.

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Yes

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Convey

Global Disclosure System

AAMC

140

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

Guest Disclosures of Interests: Acknowledgements and Attestations


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Eric Linskens

Print Name

ERIC J. LINSKENS
1677627 (affiliate)

 Digitally signed by ERIC J. LINSKENS
1677627 (affiliate)
Date: 2020.08.07 11:48:28 -05'00'

08-07-2020

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

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

Additional Information:

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Roderick MacDonald, July 29, 2020

Convey

Global Disclosure System



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**American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

Guest Disclosures of Interests: Acknowledgements and Attestations


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Roderick MacDonald

Print Name

Roderick Macdonald
339264

 Digitally signed by Roderick Macdonald
339264
Date: 2020.08.06 15:23:47 -05'00'

August 6, 2020

Signature

Date

Summary of Financial Interests

Additional Information:

- Yes.

- Yes

- Yes

- Yes

- Yes

- 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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Anne Melzer MD, MS

Print Name

Anne C. Melzer 603747

Digitally signed by Anne C. Melzer
603747
Date: 2020.08.13 09:28:50 -05'00'

Signature

Date