linda humphrey

Jan 13, 2020 17:04:33 EST
American College of Physicians

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Up to Date	Consultant	Self	$3,000.00

Category: Consultant
Start Date: 01/01/2010
End Date:
Other Compensation:
Consultant Description:
Compensation Type: Cash
Annual Compensation:

Year	Amount	Type
2019	$3,000.00	Estimated

Additional Information: I write a chapter on lung cancer screening and receive royalties that typically are around 3k per year

Additional Information:

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

   as above.

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

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

      Yes.

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

         Yes

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

         Yes

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

         Yes

      iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of**

Physician's Anti-Harassment Policy.

Yes

Certification

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

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

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

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

Please enter your name: (You will need to sign on the second page)

Name: Linda Humphrey

Disclosures of Interests: Supplemental Questions

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

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

Topic Areas: COVID-19

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

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

☐ I have no publications to report.

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

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

☒ I have no interest to report.

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

The only publications I have related to Covid 19 are derived from my work on SMPC

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

Acknowledgements and Attestations

By signing this form,

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

Linda Humphrey

Print Name

Linda Humphrey

Signature

Jan 5, 2021

Date

Robert Centor

Jan 23, 2020 10:04:46 EST
American College of Physicians

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Dynamed	Consultant	Self	$1,000.00

Category: Consultant
Start Date: 01/01/2019 ***End Date:***
Other Compensation:
Consultant Description:
Compensation Type: Cash
Annual Compensation:

Year	Amount	Type
2019	$1,000.00	Estimated

Additional Information: Review chapters for Dynamed - receive $500 per chapter review

MDCalc	Consultant	Self	-

Category: Consultant
Start Date: 01/01/2018 ***End Date:***
Other Compensation:
Additional Information: On the advisory board
Consultant Description:
Compensation Type: Unpaid
Annual Compensation:

Medscape	Consultant	Self	-

Category: Consultant
Start Date: 01/01/2019 ***End Date:***
Other Compensation:
Additional Information: Occasionally I write a piece and they pay me up to $1000
Consultant Description:
Compensation Type: Cash
Annual Compensation:

NKF	Consultant	Self	-

Category: Consultant
Start Date: 01/01/2019 ***End Date:***
Other Compensation:
Additional Information: Member of an NKF performance measure development committee
Consultant Description:
Compensation Type: Unpaid
Annual Compensation:

The Curbsiders	Consultant	Self	-

Category: Consultant
Start Date: 01/01/2018 ***End Date:***
Other Compensation:
Additional Information: Appear as a guest discussant on their podcast
Consultant Description:
Compensation Type: Unpaid
Annual Compensation:

U.S.Department of Veterans Affairs	Employment	Self	-

Title: Physician
Start Date: 07/01/1993 ***End Date:***
Position Description: Inpatient ward attending 3.5 months each year
Additional Information:

Additional Information:

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

   I excluded activities greater than 3 years old

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

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

Please enter your name: (You will need to sign on the last page)

Name: Robert M. Centor, MD

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

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

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

Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis

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

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

☐ I have no publications to report.

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

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

☒ I have no interest to report.

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

Podcast
Annals On Call - Diverticulitis: Myth Versus Evidence
Robert M. Centor, MD, Lisa L. Strate, MD, MPH
January 1, 2019

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas:

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

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

☐ 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 or other topics areas? 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
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Acknowledgements and Attestations

By signing this form,

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

Robert M Centor, MD, MACP

Print Name

Robert M Centor, MD	1/5/21
Signature	Date

Elie Akl

May 06, 2020 17:34:17 EDT
American College of Physicians

Disclosure Purpose: Annual Governance Disclosure 2019, Annual Governance Disclosure 2020-2021

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Alliance for Health Policy and Systems Research	Grant / Contract	Self	$180,119.00
Recipient Name: Center for systematic reviews of health policy and systems research (SPARK), American University of ***Grant / Contract Purpose:*** Research ***Grant / Contract Valuation Date:*** 04/05/2019 ***Additional Information:***	***Recipient Type:*** Institution ***Grant / Contract Description:*** Establishing a rapid response service to address requests from policymakers for HPSR in LMICs in the ***Grant / Contract Amount:*** $180,119.00 ***Contract Start Date:*** 09/01/2016 ***Contract End Date:*** 12/18/2018		
American College of Rheumatology	Grant / Contract	Self	$96,276.00
Recipient Name: AUB GRADE center ***Grant / Contract Description:*** Conducting systematic reviews for the 2020 udpate of the American College of Rheumathology (ACR) gui ***Grant / Contract Valuation Date:*** 04/05/2019 ***Additional Information:***	***Recipient Type:*** Institution ***Grant / Contract Purpose:*** Research ***Grant / Contract Amount:*** $96,276.00 ***Contract Start Date:*** 08/01/2018 ***Contract End Date:*** 12/01/2020		
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Grant / Contract	Self	$1,275.00
Recipient Name: AUB GRADE Center, American University of Beirut (AUB) ***Grant / Contract Description:*** Support INASanté in Tunisia in developing the capacity to adapt clinical practice guidelines ***Grant / Contract Valuation Date:*** 04/05/2019 ***Additional Information:***	***Recipient Type:*** Individual ***Grant / Contract Purpose:*** Research ***Grant / Contract Amount:*** $1,275.00 ***Contract Start Date:*** 07/01/2018 ***Contract End Date:*** 12/01/2018		
eil National De Recherches Scientifiques (CNRS)	Grant / Contract	Self	$25,082.00
Recipient Name: Center for Systematic Reviews in Health Policy and Systems Research (SPARK) ***Grant / Contract Description:*** Applying an impact-oriented approach to support, protect and address the needs of Health Care Worker ***Grant / Contract Valuation Date:*** 04/05/2019 ***Additional Information:***	***Recipient Type:*** Institution ***Grant / Contract Purpose:*** Research ***Grant / Contract Amount:*** $25,082.00 ***Contract Start Date:*** 01/01/2018 ***Contract End Date:*** 12/30/2019		
Faculty of Medicine Medical Practice Plan (MPP), American University of Beirut	Grant / Contract	Self	$36,000.00
Recipient Name: Elie Akl ***Grant / Contract Description:*** Developing a methodology for verifying the accuracy and completeness of conflict of interest disclos ***Grant / Contract Valuation Date:*** 04/05/2019 ***Additional Information:***	***Recipient Type:*** Individual ***Grant / Contract Purpose:*** Research ***Grant / Contract Amount:*** $36,000.00 ***Contract Start Date:*** 07/01/2017 ***Contract End Date:*** 06/01/2019		
Global Evidence Synthesis Initiative	Grant / Contract	Self	$255,550.00
Recipient Name: Center for systematic reviews of health policy and systems research (SPARK), American University of ***Grant / Contract Purpose:*** Research ***Grant / Contract Valuation Date:*** 04/05/2019 ***Additional Information:***	***Recipient Type:*** Institution ***Grant / Contract Description:*** Hosting Secretariat for the Global Evidence Synthesis Initiative (GESI) ***Grant / Contract Amount:*** $255,550.00 ***Contract Start Date:*** 06/01/2016 ***Contract End Date:*** 06/01/2019		
International League Against Rheumatism (ILAR)	Grant / Contract	Self	$25,000.00
Recipient Name: AUB GRADE center ***Grant / Contract Description:*** Adaptation of the 2015 American College of Rheumatology (ACR) Rheumatoid Arthritis guidelines for th ***Grant / Contract Valuation Date:*** 04/05/2019 ***Additional Information:***	***Recipient Type:*** Institution ***Grant / Contract Purpose:*** Research ***Grant / Contract Amount:*** $25,000.00 ***Contract Start Date:*** 02/01/2017 ***Contract End Date:*** 02/01/2018		
National Institute for Health Research	Grant / Contract	Self	$13,083.00
Recipient Name: Clinical Research Institute (AUB) ***Grant / Contract Description:*** Updating Cochrane systematic reviews on anticoagulation in patients with cancer ***Grant / Contract Valuation Date:*** ***Additional Information:***	***Recipient Type:*** Institution ***Grant / Contract Purpose:*** Research ***Grant / Contract Amount:*** $13,083.00 ***Contract Start Date:*** 01/01/2018 ***Contract End Date:*** 12/31/2018		
World Health Organization	Grant / Contract	Self	$5,400.00

Recipient Name: Elie Akl
Recipient Type: Individual
Grant / Contract Description: serve as a guideline methodologist for the WHO guidelines on African Trypanosomiasis
Grant / Contract Purpose: Research
Grant / Contract Amount: $5,400.00
Grant / Contract Valuation Date: 04/05/2019
Contract Start Date: 02/22/2019
Contract End Date: 03/30/2019
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

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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
Scientific Medical Policy Committee
Disclosure of Interests: Supplemental Questions and Attestation

Please enter your name: (You will need to sign on the second page)

Name: Elie Akl

Disclosures of Interests: Supplemental Questions

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

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

Topic Areas: COVID-19

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

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

☑ I have no publications to report.

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

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

☑ I have no interest to report.

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

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

Acknowledgements and Attestations

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Elie Akl

Print Name

Elie Akl

Digitally signed by Elie Akl
DN: cn=Elie Akl, o, ou, email=ea32@aub.edu.lb, c=US
Date: 2021.01.11 21:18:38 +02'00'

January 11, 2021

Signature | Date

Rebecca Andrews

Dec 02, 2020 15:45:51 EST
American College of Physicians

Disclosure Purpose: Annual Governance Disclosure 2020-2021, Planning Committee

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Consultant	Self	$2,000.00

Category: Consultant
Compensation Type: Cash
Annual Compensation:

Year	Amount	Type
2020	$2,000.00	Actual

Start Date: 03/01/2020 *End Date:* 12/22/2020
Other Compensation:
Additional Information:

Center for Integrated Healthcare, U.S. Department of Veterans Affairs	Employment	Self	-

Title: Staff physician
Start Date: 10/01/2009 *End Date:*
Position Description: Rocky HIll VA in CT - staff physician
Additional Information: Salaried employment

uconn health	Employment	Self	-

Title: Assoc Program Director, Lead physician CCPC and PCMH
Start Date: 09/30/2009 *End Date:*
Position Description: primary care practitioner also assoc program director for IM residency program and lead clinician for the comprehensive pain center and pcmh
Additional Information:

various entities for expert witness	Expert Witness	Self	$9,000.00

Category: Expert Witness
Compensation Type: Cash
Annual Compensation:

Year	Amount	Type
2019	$9,000.00	Estimated

Start Date: 01/01/2017 *End Date:*
Other Compensation:
Additional Information:

Additional Information:

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

      Yes.

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

         Yes

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

         Yes

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

         Yes

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

         Yes

Certification

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

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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

Convey
Global Disclosure System
AAMC

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

Please enter your name: (You will need to sign on the second page)

Name: Rebecca Andrews

Disclosures of Interests: Supplemental Questions

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

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

Topic Areas: COVID-19

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

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

- I did a pod cast surrounding use of remdesevir
- Should Clinicians Use Chloroquine or Hydroxychloroquine Alone or in Combination With Azithromycin for the Prophylaxis or Treatment of COVID-19? Living Practice Points From the American College of Physicians (Version 1 and 2) – as a member of SMPC committee
- Should Remdesivir Be Used for the Treatment of Patients With COVID-19? Rapid, Living Practice Points From the American College of Physicians
- Use of N95, Surgical, and Cloth Masks to Prevent COVID-19 in Health Care and Community Settings: Living Practice Points From the American College of Physicians

☐ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

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Rebecca Andrews

Print Name

12/22/2020

Signature

Date

Thomas Bledsoe

Jan 05, 2021 08:47:44 EST
American College of Physicians

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Brown Medicine of Brown Physicians,Inc.	Fiduciary Officer	Self	-
Official Title: Board of Directors member *Compensation Type:* Unpaid *Start Date:* 01/24/2018 *End Date:* *Annual Compensation:* *Additional Information:*	*Position Description:* same *Other Compensation:*		
CTC-RI	Fiduciary Officer	Self	-
Official Title: President *Compensation Type:* Unpaid *Start Date:* 01/01/2017 *End Date:* *Annual Compensation:* *Additional Information:*	*Position Description:* same *Other Compensation:*		
Rhode Island Medical Society	Fiduciary Officer	Self	-
Official Title: Secretary *Compensation Type:* Unpaid *Start Date:* 09/01/2018 *End Date:* *Annual Compensation:* *Additional Information:*	*Position Description:* same *Other Compensation:*		

Additional Information:

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

   no

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

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

      Yes.

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

         Yes

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

         Yes

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

         Yes

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

         Yes

Certification

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

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

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

Convey
Global Disclosure System
AAMC

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

Please enter your name: (You will need to sign on the second page)

Name: Thomas A Bledsoe MD

Disclosures of Interests: Supplemental Questions

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

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

Topic Areas: COVID-19

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

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

☑ I have no publications to report.

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

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

☑ I have no interest to report.

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

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

Acknowledgements and Attestations

By signing this form,

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

Thomas A Bledsoe

Print Name

Thomas a Bledsoe Digitally signed by Thomas a Bledsoe Date: 2021.01.05 08:57:20 -05'00'

Signature

January 5, 2021

Date

Mary Forciea

Mar 19, 2020 10:05:09 EDT
American College of Physicians

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Center for Medicare Services	Grant / Contract	Self	-
Recipient Name: University of Pennsylvania ***Grant / Contract Description:*** Demonstration Project - Independence at Home ***Grant / Contract Valuation Date:*** 05/03/2019 ***Additional Information:*** ***Recipient Type:*** Institution ***Grant / Contract Purpose:*** Other - Health Services Research ***Grant / Contract Amount:*** ***Contract Start Date:*** ***Contract End Date:*** 06/30/2020			
National Board of Medical Examiners	Consultant	Self	-
Category: Consultant ***Start Date:*** 08/01/2005 ***End Date:*** ***Other Compensation:*** ***Additional Information:*** ***Consultant Description:*** ***Compensation Type:*** Cash ***Annual Compensation:***			
Perelman School of Medicine, University of Pennsylvania	Employment	Spouse/Partner	-
Title: Professor of Pediatrics ***Start Date:*** 07/01/1980 ***End Date:*** ***Position Description:*** Faculty ***Additional Information:***			
Perelman School of Medicine, University of Pennsylvania	Employment	Self	-
Title: Clinical Professor of Medicine ***Start Date:*** 07/01/2000 ***End Date:*** 06/28/2019 ***Position Description:*** Clinical Faculty ***Additional Information:***			
The Ralston Center	Fiduciary Officer	Self	-
Official Title: Member, Board of Managers ***Compensation Type:*** Unpaid ***Start Date:*** 05/01/2006 ***End Date:*** ***Annual Compensation:*** ***Additional Information:*** ***Position Description:*** Board Member ***Other Compensation:***			
TIAA-CREF Institute	Stock	Self	-
Percentage Ownership: ***Valuation Date:*** ***Additional Information:*** Retirement account ***Estimated Value:*** ***Divestment Date:***			

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

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

Please enter your name: (You will need to sign on the second page)

Name:Mary Ann Forciea

Disclosures of Interests: Supplemental Questions

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

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

Topic Areas: COVID-19

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

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

☒ I have no publications to report. xx

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

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

☒ I have no interest to report. xx

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

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

Acknowledgements and Attestations

By signing this form,

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  published work.
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  up to date.
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  and any household members from the last 3 years and I will promptly disclose any ch
  These include but are not limited to: research and consulting roles; investments and
  interests, and intellectual interests such as participation in workgroups, panels, or co
  through other medical societies or healthcare organizations.

Mary Ann Forciea MD

Print Name

Mary Ann Forciea 12/18/20

Signature Date

Ray Haeme

Mar 16, 2020 17:53:19 EDT
American College of Physicians

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:

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

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commercial business interests, patents, trademarks, copyrights)

- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
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Convey
Global Disclosure System
AAMC

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

Please enter your name: (You will need to sign on the second page)

Name: Ray Haeme

Disclosures of Interests: Supplemental Questions

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

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

Topic Areas: COVID-19

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

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

☑ I have no publications to report.

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

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

☑ I have no interest to report.

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

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

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

Raymond A Haeme

Print Name

Raymond A Haeme Digitally signed by Raymond A Haeme Date: 2020.12.17 17:17:17 -05'00' 12-17-2020

Signature Date

Janet Jokela

Dec 16, 2020 10:23:53 EST
American College of Physicians

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
AAMC,Entrustable Professional Activities Core Working Group,Univ IL College of Med team (member)	Other	Self	-

Category: Other
Compensation Type: Unpaid
Annual Compensation:
Start Date: 07/01/2014
End Date:
Other Compensation:
Additional Information:

American Board of Medical Specialties, Committee on Certification (COCERT) member	Other	Self	-

Category: Other
Compensation Type: Unpaid
Annual Compensation:
Start Date: 03/01/2017
End Date:
Other Compensation:
Additional Information:

American College of Physicians	Other	Self	$15,000.00

Category: Other
Compensation Type: Cash
Annual Compensation:

Year	Amount	Type
2020	$15,000.00	Estimated

Start Date: 01/22/2020
End Date:
Other Compensation:
Additional Information: MKSAP Deputy Editor

Champaign County Audubon Board member	Other	Self	-

Category: Other
Compensation Type: Unpaid
Annual Compensation:
Start Date: 02/01/2000
End Date:
Other Compensation:
Additional Information:

Mississippi Valley Regional Blood Center	Fiduciary Officer	Self	-

Official Title: Board member
Compensation Type: Unpaid
Start Date: 02/01/2018
End Date:
Annual Compensation:
Additional Information:
Position Description: serve as a member of the MVRBC Board as a fiduciary officer
Other Compensation:

University of Illinois at Urbana-Champaign	Employment	Spouse/Partner	-

Title: Professor
Start Date: 08/15/1999
End Date:
Position Description: Founders Professor, College of Engineering, Department of Computer Science
Additional Information:

University of Illinois College of Medicine at Urbana-Champaign	Employment	Self	-

Title: Acting Regional Dean
Start Date: 02/16/2017
End Date:
Position Description: Chief Academic and Fiduciary Officer for the regional campus of the University of Illinois College of Medicine in Urbana
Additional Information: my primary employment

VA Illiana Healthcare Center	Employment	Self	-

Title: Infectious Disease consultant
Start Date: 02/01/2000
End Date:
Position Description: physician subspecialist
Additional Information:

Intellectual Property

Type	Is Licensed	Interest Held By	Value
Other Intellectual Property - "What will spring 2021 semester look like?"	-	Self	-

Description: "What will spring 2021 semester look like?"
Yearly Income:
Income Source: N/A
Additional Information: Jacobson SH, Jokela JA. Op-Ed, Newsday. https://www.newsday.com/opinion/coronavirus/spring-college-semester-covid-19-pandemic-2021-students-lessons-learned-1.50089008

Other Intellectual Property - "With COVID-19, now's no time to rest on our lau ...	-	Self	-

Description: "With COVID-19, now's no time to rest on our laurels," News-Gazette, Champaign, IL. 7/14/20
Income Source: N/A

Yearly Income:	***Additional Information:*** Jacobson SH, Jokela JA https://www.news-gazette.com/with-covid-19-nows-no-time-to-rest-on-our-laurels/article_9b9359b0-c15b-54cb-9b0d-0ff977cbcb74.html#utm_source=news-gazette.com&utm_campaign=%2Fnewsletter%2Foptimize%2Fdaily-headlines%2F%3F-dc%3D1594731614&utm_medium=email&utm_content=headline		
Other Intellectual Property - "The sensible way to return to college during th ...		-	Self	-
Description: "The sensible way to return to college during the COVID-19 pandemic" ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** Jacobson SH, Jokela JA, Opinion, The Washington Times, September 9, 2020. https://www.washingtontimes.com/news/2020/sep/9/the-sensible-way-to-return-to-college-during-the-c/		
Other Intellectual Property - "Six lessons Colleges are teaching us about COVI ...		-	Self	-
Description: "Six lessons Colleges are teaching us about COVID-19" ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** Jacobson SH, Jokela JA. Op-Ed, The Hill, September 25, 2020. https://thehill.com/opinion/education/518084-six-lessons-colleges-are-teaching-us-about-covid-19		
Other Intellectual Property - Press Conference, expert panelist, 1st Covid-19 ...		-	Self	-
Description: Press Conference, expert panelist, 1st Covid-19 patient in Champaign County, IL ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** 2020 Champaign-Urbana Public Health District Press Conference, 1st case Covid-19 in Champaign County. March 15, 2020.		
Other Intellectual Property - "The Time is Right for People at High Risk to Sh ...		-	Self	-
Description: "The Time is Right for People at High Risk to Shelter in Place," opinion, Morning Consult, 7/10/20 ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** Jacobson SH, Jokela JA. https://morningconsult.com/opinions/the-time-is-right-for-people-at-high-risk-to-shelter-in-place/		
Other Intellectual Property - Virtual Town Hall, State Senator Scott Bennett & ...		-	Self	-
Description: Virtual Town Hall, State Senator Scott Bennett & State Rep. Carol Ammons, Covid-19, expert panelist ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** 2020 Virtual Town Hall Covid-19, with State Senator Scott Bennett and Rep. Carol Ammons; panelist. Fire Service Institute, University of Illinois at Urbana-Champaign. March 11, 2020. https://www.youtube.com/watch?v=XhGvGajrMp0&feature=youtu.be		
Other Intellectual Property - "If the University of Illinois can't prevail ove ...		-	Self	-
Description: "If the University of Illinois can't prevail over COVID-19, no other big university will be able..." ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** Jacobson SH, Jokela JA, Opinion, Chicago Sun Times, August 24, 2020. https://chicago.suntimes.com/2020/8/24/21399564/university-illinois-campus-covid-19-rapid-saliva-testing-champaign-urbana-sheldon-jacobson		
Other Intellectual Property - "We Need Better Face Masks, Now." Opinion, Morn ...		-	Self	-
Description: "We Need Better Face Masks, Now." Opinion, Morning Consult, June 10, 2020 ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** Jacobson SH, Jokela JA. https://morningconsult.com/opinions/we-need-better-face-masks-now/		
Other Intellectual Property - Jacobson SH, Jokela JA. "Non-Covid-19 Excess Dea ...		-	Self	-
Description: Jacobson SH, Jokela JA. "Non-Covid-19 Excess Deaths..." doi: 10.1016/j.puhe.2020.10.004 ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** 1. Jacobson SH, Jokela JA. "Non-Covid-19 Excess Deaths by Age and Gender in the United States During the First Three Months of the Covid-19 Pandemic," Public Health, Oct. 10, 2020, Epub ahead of print; doi: 10.1016/j.puhe.2020.10.004		
Other Intellectual Property - quoted as an expert on Covid-19 for multiple sho ...		-	Self	-
Description: quoted as an expert on Covid-19 for multiple short answer questions in the newspaper ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** 2020 Multiple short-answers to Covid-19 questions, News-Gazette, Champaign, IL. March 27, April 1, April 7, May 1. www.new-gazette.com		
Other Intellectual Property - "Rural Illinois must embrace CDC guidelines and ...		-	Self	-
Description: "Rural Illinois must embrace CDC guidelines and more testing for CVOID-19" ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** Jacobson SH, Jokela JA. Chicago Tribune, September 23, 2020. https://www.chicagotribune.com/opinion/commentary/ct-opinion-coronavirus-rural-counties-illinois-testing-20200922-7ufjqwnhevahza7rgit6xkwmjy-story.html		
Other Intellectual Property - No Description Provided		-	Self	-
Description: ***Yearly Income:***	***Income Source:*** ***Additional Information:***		
Other Intellectual Property - National Academy of Medicine, standing committee ...		-	Spouse/Partner	-
Description: National Academy of Medicine, standing committee CDC Strategic National Stockpile (member) ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:***		

Other Intellectual Property - quoted as an expert in an article at travelweekl ...	-	Self	-
Description: quoted as an expert in an article at travelweekly.com regarding Covid-19 ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** 2020 Quoted by Robert Silk, Travel Weekly, July 10, 2020. "'Important step' or 'gimmick'? No consensus on seat blocking." https://www.travelweekly.com/Travel-News/Airline-News/Important-step-or-gimmick-No-consensus-on-seat-blocking		
Other Intellectual Property - Virtual Live Townhall with State Senator Scott B ...	-	Self	-
Description: Virtual Live Townhall with State Senator Scott Bennett, expert panelist ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** 2020 Virtual Town Hall Covid-19, with State Senator Scott Bennett, panelist. Illini Terminal, Champaign, IL. June 25, 2020. https://www.youtube.com/watch?v=c7Em3Wq2sBs		
Other Intellectual Property - "'With COVID-19, the best strategy forward is th ...	-	Self	-
Description: "With COVID-19, the best strategy forward is the simplest one" ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** Jacobson SH, Jokela JA. Guest commentary, News-Gazette, Champaign, IL, November 3, 2020. https://www.news-gazette.com/coronavirus/the-best-strategy-forward-is-the-simplest-one/article_99e8ddf4-81d3-5bc2-920f-bb74b2e31f45.html		
Other Intellectual Property - "Second Wave of Coronavirus infections could hit ...	-	Self	-
Description: "Second Wave of Coronavirus infections could hit Big Ten campuses hard." April 19, 2020 ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** Jacobson SH, Jokela JA. Guest article. Wisconsin State Journal, Madison, WI. https://madison.com/wsj/opinion/column/sheldon-h-jacobson-and-janet-a-jokela-second-wave-of-coronavirus-infections-could-hit-big/article_5aeb3afc-8249-56b8-9afe-a0924848a0b6.html		
Other Intellectual Property - "Three questions every university must ask as th ...	-	Self	-
Description: "Three questions every university must ask as they plan to reopen," Opinion, The Hill, June 18, 2020 ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** Jacobson SH, Jokela JA. https://thehill.com/opinion/education/503377-three-questions-every-university-must-ask-as-they-plan-to-reopen		
Other Intellectual Property - "Partnership, not punishment, is the key to keep ...	-	Self	-
Description: "Partnership, not punishment, is the key to keeping colleges open" ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** Commentary, Jacobson SH, Jokela JA, Northwest Indiana Times, August 30, 2020. https://www.nwitimes.com/opinion/columnists/guest-commentary/guest-commentary-partnership-not-punishment-is-the-key-to-keeping-colleges-open/article_1acb6963-baff-55ae-b6fc-6519b72d4317.html		
Other Intellectual Property - Expert panelist, Health Forum, University of Ill ...	-	Self	-
Description: Expert panelist, Health Forum, University of Illinois at Urbana-Champaign ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** 2020 University of Illinois Health Forum, 2019 novel coronavirus, expert panelist, Fire Service Institute, Champaign, IL		
Other Intellectual Property - Facebook Live Event, WILL public radio, Covid-19 ...	-	Self	-
Description: Facebook Live Event, WILL public radio, Covid-19, expert panelist ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** 2020 Facebook Live Event, Covid-19, hosted by WILL public radio. Panelist. May 14, 2020. https://www.facebook.com/WILLradiotvonline/posts/10158486707597445		
Other Intellectual Property - NSF, Broader Impact Initiative; Air Force Office ...	-	Spouse/Partner	-
Description: NSF, Broader Impact Initiative; Air Force Office of Scientific Research, ended 02/2018 ***Yearly Income:***	***Income Source:*** NSF ***Additional Information:***		
Other Intellectual Property - "COVID-19, the new STD," Opinion & Editorial, Th ...	-	Self	-
Description: "COVID-19, the new STD," Opinion & Editorial, The Daily Californian, July 21, 2020 ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** https://www.dailycal.org/2020/07/21/covid-19-the-new-std/ Jacobson SH, Jokela JA		
Other Intellectual Property - "For maximum COVID compliance, build bridges wit ...	-	Self	-
Description: "For maximum COVID compliance, build bridges with students, not barriers" ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** Jacobson SH, Jokela JA, Opinion, Times Higher Education, September 6, 2020. https://www.timeshighereducation.com/blog/maximum-covid-compliance-build-bridges-students-not-barriers		
Other Intellectual Property - opinion-editorials, interviews, news media quote ...	-	Spouse/Partner	-
Description: opinion-editorials, interviews, news media quotes about Covid-19: husband, Sheldon Jacobson, PhD ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** http://shj.cs.illinois.edu/		
Other Intellectual Property - "Get your flu vaccine in the fall," Opinion & Ed ...	-	Self	-
Description: "Get your flu vaccine in the fall," Opinion & Editorial, Modern Healthcare, July 15, 2020 ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** Jacobson SH, Jokela JA. https://www.modernhealthcare.com/opinion-editorial/get-your-flu-vaccine-fall		
Other Intellectual Property - quoted in the newspaper as an expert regarding C ...	-	Self	-

Description: quoted in the newspaper as an expert regarding Covid-19, "Covid-19 killing more men than women." ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** Quoted by News-Gazette columnist Debra Pressey, News-Gazette, June 9, 2020. Champaign, IL. "Covid-19 killing more men than women." https://www.news-gazette.com/coronavirus/covid-19-killing-more-men-than-women/article_97045c19-4a8b-59ce-9773-401c8acc029d.html		
Other Intellectual Property - NSF, pediatric vaccine research, ended August 20		-	Spouse/Partner	-
Description: NSF, pediatric vaccine research, ended August 2017 ***Yearly Income:***	***Income Source:*** National Science Foundation ***Additional Information:***		
Other Intellectual Property - "Non-urban areas in Illinois are the new Covid-1 ...		-	Self	-
Description: "Non-urban areas in Illinois are the new Covid-19 problem," Opinion, 8/14/20 ***Yearly Income:***	***Income Source:*** N/A ***Additional Information:*** The McDonough County Voice, August 14, 2020. https://www.mcdonoughvoice.com/news/20200814/non-urban-areas-in-illinois-are-new-covid-19-problem		

Additional Information:

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

   no additional relevant info

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)
- 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
Scientific Medical Policy Committee
Disclosure of Interests: Supplemental Questions and Attestation

Please enter your name: (You will need to sign on the second page)

Name: Janet Jokela

Disclosures of Interests: Supplemental Questions

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

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

Topic Areas: COVID-19

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

- [x] I have publications to report (please list in space below).
- [ ] I have no publications to report.

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

- [ ] I have interests to report (please list in space below).
- [x] I have no interest to report.

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

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

Acknowledgements and Attestations

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Janet Jokela

Print Name

Janet Jokela Digitally signed by Janet Jokela
Date: 2020.12.16 08:33:30 -06'00'

Signature Date

Devan Kansagara

Dec 16, 2020 17:08:40 EST
American College of Physicians

Disclosure Purpose: clinical guidelines committee conflict

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Grant / Contract	Other - Portland VA Research Foundation	$174,000.00

Recipient Name: Portland VA Research Foundation
Grant / Contract Description: Osteoporosis treatment systematic review for ACP Clinical Guideline Committee
Grant / Contract Valuation Date: 12/16/2020
Additional Information: Serving as PI of this project; member of ACP Clinical Guideline Committee
Recipient Type: Institution
Grant / Contract Purpose: Research
Grant / Contract Amount: $174,000.00
Contract Start Date: 10/01/2020
Contract End Date:

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.

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

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

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

Please enter your name: (You will need to sign on the last page)

Name: Devan Kansagara

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

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

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

Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis

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

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

☐ I have no publications to report.

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

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

☐ I have no interest to report.

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

Publication re: depression screening in patients with End Stage Renal Disease:
Kondo, K., Antick, J. R., Ayers, C. K., Kansagara, D., & Chopra, P. (2020). Depression screening tools for patients with kidney failure: A systematic review. Clinical Journal of the American Society of Nephrology, 15(12), 1785-1795.

COVID-19 publications:
86. Mackey K, King VJ, Gurley S, Kiefer M, Liederbauer E, Vela K, Sonnen P, and Kansagara D. Risks and impact of angiotensin-converting enzyme inhibitors or angiotensin-receptor clockers on SARS-CoV-2 infection in adults. A living systematic review Ann Int Med. 2020. PMID: 32422062 [E-pub ahead of print]

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas:

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

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

☐ 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 or other topics areas? 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
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Acknowledgements and Attestations

By signing this form,

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Devan Kansagara

Print Name

Devan Kansagara Digitally signed by Devan Kansagara Date: 2020.12.16 14:53:08 -08'00' 12/16/20

Signature Date

Maura Marcucci

Mar 25, 2020 06:49:33 EDT
American College of Physicians

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Canadian Institutes of Health Research	Grant / Contract	Self	$380,000.00
Recipient Name: Maura Marcucci ***Grant / Contract Description:*** Grant to support a trial on interventions to reduce postoperative delirium and cognitive outcome ***Grant / Contract Valuation Date:*** ***Additional Information:***	***Recipient Type:*** Individual ***Grant / Contract Purpose:*** Research ***Grant / Contract Amount:*** $380,000.00 ***Contract Start Date:*** 10/01/2019 ***Contract End Date:***		
European Commission	Grant / Contract	Self	-
Recipient Name: Fondazione IRCCS Ca' Granda, Milan, Italy ***Grant / Contract Description:*** ***Grant / Contract Amount:*** ***Contract Start Date:*** 05/01/2015 ***Contract End Date:*** 04/30/2018	***Recipient Type:*** Institution ***Grant / Contract Purpose:*** ***Grant / Contract Valuation Date:*** 01/25/2020 ***Additional Information:***		
McMaster University	Employment	Self	-
Title: Assistant Professor ***Start Date:*** 07/01/2017 ***End Date:***	***Position Description:*** ***Additional Information:***		
Network of Canadian Emergency Researchers	Other	Spouse/Partner	-
Category: Other ***Start Date:*** 01/01/2018 ***End Date:*** ***Other Compensation:*** ***Additional Information:***	***Consultant Description:*** ***Compensation Type:*** ***Annual Compensation:***		
PSI Foundation	Grant / Contract	Self	$230,000.00
Recipient Name: Maura Marcucci ***Grant / Contract Description:*** Career Award ***Grant / Contract Amount:*** $230,000.00 ***Contract Start Date:*** 03/01/2020 ***Contract End Date:*** 02/28/2023	***Recipient Type:*** Individual ***Grant / Contract Purpose:*** Research ***Grant / Contract Valuation Date:*** 01/05/2020 ***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.**

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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

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

Please enter your name: (You will need to sign on the second page)

Name: Maura Marcucci

Disclosures of Interests: Supplemental Questions

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

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

Topic Areas: COVID-19

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

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

☐ I have no publications to report.

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

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

☑ I have no interest to report.

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

Published: Siemieniuk RA, Bartoszko JJ, Ge L, Zeraatkar D, Izcovich A, Kum E, Pardo-Hernandez H, Rochwerg B, Lamontagne F, Han MA, Liu Q, Agarwal A, Agoritsas T, Chu DK, Couban R, Darzi A, Devji T, Fang B, Fang C, Flottorp SA, Foroutan F, Heels-Ansdell D, Honarmand K, Hou L, Hou X, Ibrahim Q, Loeb M, Marcucci M, McLeod SL, Motaghi S, Murthy S, Mustafa RA, Neary JD, Qasim A, Rada G, Riaz IB, Sadeghirad B, Sekercioglu N, Sheng L, Sreekanta A, Switzer C, Tendal B, Thabane L, Tomlinson G, Turner T, Vandvik PO, Vernooij RW, Viteri-García A, Wang Y, Yao L, Ye Z, Guyatt GH, Brignardello-Petersen R. Drug treatments for covid-19: living systematic review and network meta-analysis. BMJ. 2020 Jul 30;370:m2980. doi: 10.1136/bmj.m2980.
I am also co-author of a SR and NMA on drugs for prophylaxis against covid-19, and of a SR and NMA on blood products and antibodies against covid-19 (both submitted for publication).

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

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Maura Marcucci

Print Name

Maura Marcucci Digitally signed by Maura Marcucci
Date: 2021.01.04 22:02:15 -05'00'

Signature Date

Matthew Miller

Aug 11, 2020 21:49:19 EDT
American College of Physicians

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Exact Sciences Corp	Stock	Self	$3,100.00

Percentage Ownership:
Valuation Date: 03/25/2020
Additional Information:

Estimated Value: $3,100.00
Divestment Date: 03/25/2020

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
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      - **Annals of Internal Medicine editorial staff?**
      - **Other (meeting guests, contractors, authors, etc.)**

      Yes.

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

Please enter your name: (You will need to sign on the second page)

Name: Matthew Miller

Disclosures of Interests: Supplemental Questions

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

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Topic Areas: COVID-19

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

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

☑ I have no publications to report.

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

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

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Matthew Miller MD

Print Name

Matthew Miller Digitally signed by Matthew Miller
Date: 2021.01.10 16:42:43 -05'00'

Signature Date

Adam Obley

Aug 10, 2020 16:22:01 EDT
American College of Physicians

Disclosure Purpose: Annual Governance Disclosure 2020-21

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Adventist Health Portland	Other	Self	$2,500.00

Category: Other
Start Date: 09/26/2018 *End Date:* 09/26/2018
Other Compensation:
Consultant Description:
Compensation Type: Cash
Annual Compensation:

Year	Amount	Type
2018	$2,500.00	Actual

Additional Information: Speaking honorarium

Center for Evidence-based Policy	Employment	Self	-

Title: Clinical Epidemiologist
Start Date: 08/01/2014 *End Date:*
Position Description: CEbP supports 0.5 FTE
Additional Information:

Medical Society of Metropolitan Portland	Fiduciary Officer	Self	-

Official Title: Trustee
Compensation Type: Unpaid
Start Date: 08/01/2015 *End Date:*
Annual Compensation:
Additional Information:
Position Description: Trustee
Other Compensation:

Milbank Memorial Fund	Travel	Self	$10,000.00

Location(s): Various meetings and state workshops (as faculty)
Estimated Value: $10,000.00
Purpose: Faculty for Evidence-informed Health Policy Workshops
Travel Start Date: 01/01/2015 *Travel End Date:* 06/01/2019
Valuation Date: 12/26/2019
Additional Information:

National Conference of State Legislatures	Travel	Self	$1,000.00

Location(s): Nashville, TN
Estimated Value: $1,000.00
Purpose: Faculty for Evidence-informed Health Policy Workshop
Travel Start Date: 05/05/2018 *Travel End Date:* 05/07/2018
Valuation Date: 12/26/2019
Additional Information:

Portland VA Medical Center	Employment	Self	-

Title: Staff Physician
Start Date: 07/01/2013 *End Date:*
Position Description: Division of General Medicine, Department of Hospital and Specialty Medicine
Additional Information:

School of Medicine, Oregon Health and Science University	Employment	Self	-

Title: Associate Professor of Medicine
Start Date: 07/01/2013 *End Date:*
Position Description: Faculty appointment, not compensated
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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    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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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

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

Please enter your name: (You will need to sign on the second page)

Name: Adam Obley

Disclosures of Interests: Supplemental Questions

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

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

Topic Areas: COVID-19

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

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

☐ I have no publications to report.

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

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

☑ I have no interest to report.

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

Wilt TJ, Kaka AS, MacDonald R, Greer N, Obley A, Duan-Porter W. Remdesivir for Adults With COVID-19 : A Living Systematic Review for an American College of Physicians Practice Points. Ann Intern Med. 2020 Oct 5:M20-5752. doi: 10.7326/M20-5752. Epub ahead of print. PMID: 33017170; PMCID: PMC7564604.

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

Acknowledgements and Attestations

By signing this form,

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

Adam J Obley

Print Name

Adam J. Obley 564252 Digitally signed by Adam J. Obley 564252
Date: 2021.01.04 19:46:55 -08'00'

Signature Date

Jacqueline Fincher

Aug 14, 2020 14:25:51 EDT
American College of Physicians

Disclosure Purpose: Annual Governance Disclosure 2020-2021, 2020 ACP Georgia Chapter Meeting Faculty and Planning Committee

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Cadence	Stock	Spouse/Partner	$1,200,000.00
Percentage Ownership: *Valuation Date:* 04/08/2019 *Additional Information:* self and spouse		*Estimated Value:* $1,200,000.00 *Divestment Date:*	
Center for Primary Care	Employment	Spouse/Partner	-
Title: Partner, Staff Physician *Start Date:* 06/01/2015 *End Date:*		*Position Description:* Fiduciary, Clinical Care of patients *Additional Information:*	
Center for Primary Care	Employment	Self	-
Title: Partner, Staff Physician *Start Date:* 06/01/2015 *End Date:*		*Position Description:* Fiduciary responsibility as Partner, Full time clinical work taking care of patients *Additional Information:*	
Johnson and Johnson	Stock	Spouse/Partner	$17,000.00
Percentage Ownership: *Valuation Date:* 04/08/2019 *Additional Information:* spouse and self		*Estimated Value:* $17,000.00 *Divestment Date:*	
Procter and Gamble	Stock	Self	$33,000.00
Percentage Ownership: *Valuation Date:* 04/08/2019 *Additional Information:* held by spouse and me		*Estimated Value:* $33,000.00 *Divestment Date:*	

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

Convey
Global Disclosure System
AAMC

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

Please enter your name: (You will need to sign on the last page)

Name: Jacqueline W. Fincher, MD

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

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

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

Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis

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

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

☑ I have no publications to report.

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

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

☑ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas:

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

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

☐ 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 or other topics areas? 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
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Acknowledgements and Attestations

By signing this form,

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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.

Jacqueline W. Fincher, MD

Print Name

Jacqueline W Fincher MD

Signature

1/26/21

Date

Heather Gantzer

Apr 29, 2020 17:41:01 EDT
American College of Physicians

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

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

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

Convey
Global Disclosure System
AAMC

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

Please enter your name: (You will need to sign on the last page)

Name: Heather E. Gantzer

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

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

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

Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis

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

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

☑ I have no publications to report.

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

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

☑ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas:

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

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

☐ 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 or other topics areas? 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
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Acknowledgements and Attestations

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Heather E Gantzer

Print Name

Heather Gantzer Digitally signed by Heather Gantzer Date: 2021.01.12 07:40:07 -06'00' 1-12-2021

Signature Date

Darilyn Moyer

Nov 06, 2020 11:43:18 EST
American College of Physicians

Disclosure Purpose: Annual Governance Disclosure 2020-2021, Faculty - MA ACP Annual Chapter Mtg

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
Title: EVP/CEO ***Start Date:*** 01/01/2017 ***End Date:*** ***Position Description:*** EVP/CEO ***Additional Information:***			
American Medical Association	Other	Self	-
Category: Other ***Compensation Type:*** Unpaid ***Annual Compensation:*** ***Start Date:*** 01/01/2017 ***End Date:*** ***Other Compensation:*** ***Additional Information:***			
Council of Medical Subspecialty Societies	Fiduciary Officer	Self	-
Official Title: CMSS Board Member/President ***Compensation Type:*** Unpaid ***Start Date:*** 10/27/2020 ***End Date:*** ***Annual Compensation:*** ***Additional Information:*** ***Position Description:*** CMSS Board member/President ***Other Compensation:***			
Department of Internal Medicine, University of Nebraska Medical Center	Other	Self	-
Category: Other ***Compensation Type:*** Other ***Annual Compensation:*** ***Start Date:*** 03/18/2018 ***End Date:*** 03/19/2018 ***Other Compensation:*** Stipend turned over to ACP ***Additional Information:***			
Inspira Health Woodbury	Employment	Spouse/Partner	-
Title: Physician Staff- Inspira Medical Group ***Start Date:*** 01/01/2017 ***End Date:*** ***Position Description:*** Salaried Pulmonary Critical Care Sleep Physician ***Additional Information:*** Inspira Group Physicians 2950 College Drive Suite 1E Vineland, NJ 08360			
PCPCC	Fiduciary Officer	Self	-
Official Title: PCPCC Board Chair ***Compensation Type:*** Unpaid ***Start Date:*** 01/01/2017 ***End Date:*** ***Annual Compensation:*** ***Additional Information:*** ***Position Description:*** PCPCC Board Chair ***Other Compensation:***			
Temple University	Fiduciary Officer	Self	-
Official Title: Lewis Katz School of Medicine at Temple University Medical Alumni Board ***Compensation Type:*** Unpaid ***Start Date:*** 01/01/2017 ***End Date:*** ***Annual Compensation:*** ***Additional Information:*** ***Position Description:*** Board member ***Other Compensation:***			

Certification

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

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

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

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

Please enter your name: (You will need to sign on the last page)

Name: Darilyn Moyer

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

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

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

Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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Topic Areas:

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

☐ 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 or other topics areas? 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
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Acknowledgements and Attestations

By signing this form,

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

Darilyn V. Moyer

Print Name

Darilyn V. Moyer 1/5/21

Signature Date

Amir Qaseem

Jan 11, 2021 19:06:11 EST
American College of Physicians

Disclosure Purpose: staff

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
Title: Vice President ***Start Date:*** 12/07/2003 ***End Date:*** ***Position Description:*** Clinical Policy ***Additional Information:***			
Centers for Disease Control and Prevention	Other	Self	-
Category: Other ***Compensation Type:*** Unpaid ***Annual Compensation:*** ***Start Date:*** 01/01/2016 ***End Date:*** ***Other Compensation:*** ***Additional Information:*** don't have the exact dates			
Cochrane	Other	Self	-
Category: Other ***Compensation Type:*** ***Annual Compensation:*** ***Start Date:*** 06/01/2019 ***End Date:*** ***Other Compensation:*** ***Additional Information:***			
Cochrane	Other	Self	-
Category: Other ***Compensation Type:*** Unpaid ***Annual Compensation:*** ***Start Date:*** 01/01/2020 ***End Date:*** ***Other Compensation:*** ***Additional Information:*** dont have exact start date			
COVID-19 Evidence Network to support Decision-making	Other	Self	-
Category: Other ***Compensation Type:*** Unpaid ***Annual Compensation:*** ***Start Date:*** 05/01/2020 ***End Date:*** ***Other Compensation:*** ***Additional Information:*** Dont have exact start date			
Dynamed	Other	Self	-
Category: Other ***Compensation Type:*** Unpaid ***Annual Compensation:*** ***Start Date:*** 01/01/2013 ***End Date:*** ***Other Compensation:*** ***Additional Information:*** I do not know the exact start date.			
Dynamed	Other	Self	-
Category: Other ***Compensation Type:*** Other ***Annual Compensation:*** ***Start Date:*** 07/01/2014 ***End Date:*** ***Other Compensation:*** honorarium ***Additional Information:***			
European Commission	Other	Self	-
Category: Other ***Compensation Type:*** ***Annual Compensation:*** ***Start Date:*** 01/01/2021 ***End Date:*** ***Other Compensation:*** ***Additional Information:***			
GRADE Working Group	Other	Self	-
Category: Other ***Compensation Type:*** Unpaid ***Annual Compensation:*** ***Start Date:*** 01/01/2003 ***End Date:*** ***Other Compensation:*** ***Additional Information:*** I do not have the exact start date			
Guidelines International Network	Other	Self	-
Category: Other ***Compensation Type:*** Unpaid ***Annual Compensation:*** ***Start Date:*** 08/01/2010 ***End Date:*** ***Other Compensation:*** ***Additional Information:*** dont have exact start date			
Measures Application Partnership	Other	Self	-
Category: Other ***Compensation Type:*** Unpaid ***Annual Compensation:*** ***Start Date:*** 01/01/2014 ***End Date:*** ***Other 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			

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

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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- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

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

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

Please enter your name: (You will need to sign on the last page)

Name: Amir Qaseem

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

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

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

Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis

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

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

☑ I have no publications to report.

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

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

☑ I have no interest to report.

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

N/A

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas:

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

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

☐ 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 or other topics areas? 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.

N/A

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

Acknowledgements and Attestations

By signing this form,

- I acknowledge that in order to maintain transparency, all participants' disclosure of interests will be publicly available on ACP's website and a link to the disclosures will be included in each published work.
- I attest that I have reviewed the attached Convey disclosures report and that my disclosures are up to date.
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Amir Qaseem

Print Name

Amir Qaseem Digitally signed by Amir Qaseem
Date: 2021.01.12 11:05:11 -05'00'

Signature Date

Laura Baldwin

Jan 02, 2020 11:44:34 EST
American College of Physicians

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:

- 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

Convey
Global Disclosure System
AAMC

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

1/4/21

Date

Kate Carroll

Jan 05, 2021 15:40:31 EST
American College of Physicians

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

Summary of Interests

Company or Organization

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

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
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      - **Other (meeting guests, contractors, authors, etc.)**

      Yes.

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         Yes

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         Yes

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

Please enter your name: (You will need to sign on the last page)

Name: Kate Carroll

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

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

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Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis

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

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

☑ I have no publications to report.

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

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

☑ I have no interest to report.

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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☐ 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 or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

☐ Yes (please provide additional details below).

☑ No

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

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Kate Carroll

Print Name

Kate Carroll Digitally signed by Kate Carroll Date: 2021.01.05 15:34:50 -05'00' 1/5/2021

Signature Date

Allison Ewing

Jan 23, 2020 13:28:43 EST
American College of Physicians

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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      - **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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Certification

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Convey
Global Disclosure System
AAMC

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: 2021.01.05 13:56:44 -05'00'

Signature Date

Andrew Hachadorian

Aug 07, 2020 10:17:31 EDT
American College of Physicians

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

      Yes.

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      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.**

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

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

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

Please enter your name: (You will need to sign on the last page)

Name: Andrew Hachadorian

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

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

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

Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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Topic Areas:

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☐ 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 or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

☐ Yes (please provide additional details below).

☒ No

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

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Andrew Hachadorian
Print Name

Andrew Hachadorian 1/4/2021
Signature Date

Shannon Merillat

Jan 05, 2021 10:05:15 EST
American College of Physicians

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American Academy of Neurology	Employment	Self	-
Title: Senior Guideline Development Program Manager ***Start Date:*** 11/12/2014 ***End 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:*** 08/20/2020 ***End 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:*** 03/13/2018 ***End 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:*** 12/15/2017 ***End 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:

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      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.**

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         Yes

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Convey
Global Disclosure System
AAMC

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

Please enter your name: (You will need to sign on the last page)

Name: Shannon Merillat

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

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

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

Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis

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

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

☑ I have no publications to report.

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

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

☑ I have no interest to report.

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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☐ 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 or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

☐ Yes (please provide additional details below).

☑ No

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

Shannon Merillat

Print Name

Shannon Merillat Digitally signed by Shannon Merillat Date: 2021.01.05 08:54:51 -06'00' 1/5/2021

Signature Date

Tatyana Shamliyan

Jan 13, 2021 16:42:14 EST
American College of Physicians

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021

Summary of Interests

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

Additional Information:

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

      Yes.

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

         Yes

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

         Yes

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

         Yes

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

         Yes

   You are not disclosing any interests to this organization.

Certification

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

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

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

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

Please enter your name: (You will need to sign on the last page)

Name: Tatyana Shamliyan

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

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

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

Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis

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

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

☐ I have no publications to report.

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

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

☑ I have no interest to report.

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

1: Aronow WS, Shamliyan TA. Effects of antidepressants on QT interval in people with mental disorders. Arch Med Sci. 2020 May 29;16(4):727-741. doi: 10.5114/aoms.2019.86928. PMID: 32542073; PMCID: PMC7286318.

2: Aronow WS, Shamliyan TA. Effects of atypical antipsychotic drugs on QT interval in patients with mental disorders. Ann Transl Med. 2018 Apr;6(8):147. doi: 10.21037/atm.2018.03.17. PMID: 29862236; PMCID: PMC5952011.

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas:

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

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

☐ 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 or other topics areas? 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
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Acknowledgements and Attestations

By signing this form,

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

Tatyana A Shamliyan

Print Name

Tatyana Shamliyan Digitally signed by Tatyana Shamliyan
Date: 2021.01.14 08:24:14 -05'00'

Signature Date

Patricia Siemion

Jan 05, 2021 10:03:50 EST
American College of Physicians

Disclosure Purpose: Annual Staff Disclosure 2019, Annual Staff Disclosure 2020 - 2021

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
Title: Coordinator, Clinical Policy ***Start Date:*** 04/14/2014 ***End Date:***	***Position Description:*** Provides administrative support to the Clinical Policy Department and CGC, PMC and SMPC meetings and webinars. ***Additional Information:***		
International Association of Bridge, Structural, Ornamental and Reinforcing Ironworkers	Employment	Spouse/Partner	-
Title: ***Start Date:*** 06/01/1989 ***End Date:***	***Position Description:*** ***Additional Information:***		

Additional Information:

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

    Yes.

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

    Yes

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

    Yes

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

    Yes

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

    Yes

Certification

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

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

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

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

Please enter your name: (You will need to sign on the last page)

Name: Patricia Siemion

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

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

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

Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis

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

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

☑ I have no publications to report.

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

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

☑ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas:

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

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

☐ 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 or other topics areas? 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
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Acknowledgements and Attestations

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Patricia Siemion

Print Name

Patricia Siemion Digitally signed by Patricia Siemion Date: 2021.01.05 10:12:07 -05'00'

Signature

January 5, 2021

Date

Samantha Tierney

Jul 28, 2020 13:03:32 EDT
American College of Physicians

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.**

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

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

Convey
Global Disclosure System
AAMC

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

Please enter your name: (You will need to sign on the last page)

Name: Samantha Tierney

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

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

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

Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis

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

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

☑ I have no publications to report.

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

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

☐ I have no interest to report.

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

I have developed measures related to depression around 2010 and maintained a CMS stewarded measure related to screening and follow up for depression.

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas:

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

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

☐ 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 or other topics areas? 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
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Acknowledgements and Attestations

By signing this form,

- I acknowledge that in order to maintain transparency, all participants' disclosure of interests will be publicly available on ACP's website and a link to the disclosures will be included in each published work.
- I attest that I have reviewed the attached Convey disclosures report and that my disclosures are up to date.
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Samantha Tierney

Print Name

Samantha Tierney Digitally signed by Samantha Tierney Date: 2021.01.09 13:04:30 -05'00' 1/9/2020

Signature Date

Jennifer Yost

Aug 21, 2020 13:53:05 EDT
American College of Physicians

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

Recipient Name: Dr. Sandra Carroll
Recipient Type: Individual
Grant / Contract Description: Following the C-SPIN Roadmap: Realizing Meaningful Patient Engagement
Grant / Contract Purpose: Research
Grant / Contract Amount: $22,600.00
Grant / Contract Valuation Date: 03/01/2016
Contract Start Date: 03/01/2016
Contract End Date: 02/28/2018
Additional Information:

Canadian Institutes of Health Research	Grant / Contract	Self	$226,000.00

Recipient Name: Dr. Michael McGillion
Recipient Type: Individual
Grant / Contract Description: THE SMArT VIEW, CoVeRed
Grant / Contract Purpose: Research
Grant / Contract Amount: $226,000.00
Grant / Contract Valuation Date: 03/01/2016
Contract Start Date: 03/01/2016
Contract End Date: 02/28/2018
Additional Information:

Canadian Institutes of Health Research	Grant / Contract	Self	$9,310,000.00

Recipient Name: Dr. Michael McGillion
Recipient Type: Individual
Grant / Contract Description: The SMArT VIEW, CoVeRed
Grant / Contract Purpose: Research
Grant / Contract Amount: $9,310,000.00
Grant / Contract Valuation Date: 10/15/2015
Contract Start Date: 10/15/2015
Contract End Date: 09/30/2019
Additional Information:

COVID-END	Other	Self	-

Category: Other
Consultant Description:
Start Date: 05/01/2020
End Date:
Compensation Type: Unpaid
Other Compensation:
Annual Compensation:
Additional Information:

Evidence Based Research Network	Fiduciary Officer	Self	-

Official Title: Steering Committee Member
Position Description:
Compensation Type: Unpaid
Other Compensation:
Start Date: 10/01/2016
End Date:
Annual Compensation:
Additional Information:

Evidence Synthesis International	Fiduciary Officer	Self	-

Official Title: Secretariat
Position Description: Organize and support activities of the organisation
Compensation Type: Unpaid
Other Compensation:
Start Date: 03/01/2018
End Date:
Annual Compensation:
Additional Information:

McMaster University	Employment	Self	-

Title: Assistant Professor
Position Description:
Start Date: 06/01/2010
End Date: 06/30/2017
Additional Information:

Sigma Theta Tau International	Fiduciary Officer	Self	-

Official Title: President - Alpha Nu Chapter
Position Description: President - Alpha Nu Chapter
Compensation Type: Unpaid
Other Compensation:
Start Date: 09/01/2019
End Date: 08/31/2021
Annual Compensation:
Additional Information:

University of Bologna	Other	Self	$5,213.19

Category: Other
Consultant Description:
Start Date: 11/16/2019
End Date: 11/22/2019
Compensation Type: Cash
Other Compensation:
Annual Compensation:

Year	Amount	Type
2019	$5,213.19	Actual

Additional Information: Guest Lecturer

Villanova University	Employment	Self	-

Title: Associate Professor
Start Date: 08/22/2017 *End Date:* *Position Description:* *Additional Information:*

Additional Information:

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

   N/A

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

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

      Yes.

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

         Yes

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

         Yes

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

         Yes

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

         Yes

Certification

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

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

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

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

Please enter your name: (You will need to sign on the last page)

Name: Jennifer Yost

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

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

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

Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis

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

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

☐ I have no publications to report.

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

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

☑ I have no interest to report.

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

Qaseem, A., Yost, J., Etxeandia-Ikobaltzeta, I., Miller, M., Abraham, G. M., Obley, A. J., Forciea, M. A., Jokela, J. A., Humphrey, L. L., for the Scientific Medical Policy Committee of the American College of Physicians. Should remdesivir be used for the treatment of patients with COVID-19? Rapid, living practice points from the American College of Physicians (Version 2). Submitted to Annals of Internal Medicine December 18, 2020.

Qaseem, A., Yost, J., Forciea, M., Jokela, J., Miller, M., Obley, A. J., Humphrey, L. L., for the Scientific Medical Policy Committee of the American College of Physicians. The Development of Rapid, Living Practice Points: Summary of Methods from the Scientific

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas:

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

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

☐ 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 or other topics areas? 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
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Acknowledgements and Attestations

By signing this form,

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

Jennifer Yost

Print Name

Jennifer Yost Digitally signed by Jennifer Yost Date: 2021.01.11 09:27:23 -05'00' Jan 11, 2021

Signature Date

Yost - Biblio

Qaseem, A., Yost, J., Etxeandia-Ikobaltzeta, I., Miller, M., Abraham, G. M., Obley, A. J., Forciea, M. A., Jokela, J. A., Humphrey, L. L., for the Scientific Medical Policy Committee of the American College of Physicians. Should remdesivir be used for the treatment of patients with COVID-19? Rapid, living practice points from the American College of Physicians (Version 2). Submitted to Annals of Internal Medicine December 18, 2020.

Qaseem, A., Yost, J., Forciea, M., Jokela, J., Miller, M., Obley, A. J., Humphrey, L. L., for the Scientific Medical Policy Committee of the American College of Physicians. The Development of Rapid, Living Practice Points: Summary of Methods from the Scientific Medical Policy Committee of the American College of Physicians. Submitted to Annals of Internal Medicine November 23, 2020.

Qaseem, A., Etxeandia-Ikobaltzeta, I., Yost, J., Humphrey, L. L., for the Scientific Medical Policy Committee of the American College of Physicians. (2020). Update alert: What is the effectiveness of N95 respirators, surgical masks, and cloth masks in community and healthcare settings for prevention of COVID-19? What is the effectiveness for re-use or extended use of N95 respirators for prevention of COVID-19? Living Practice Points from the American College of Physicians. Submitted to Annals of Internal Medicine. doi: 10.7326/L20-1268.

Qaseem, A., Yost, J., Etxeandia-Ikobaltzeta, I., Miller, M., Abraham, G. M., Obley, A. J., Forciea, M. A., Jokela, J. A., Humphrey, L. L., for the Scientific Medical Policy Committee of the American College of Physicians. Should remdesivir be used for the treatment of patients with COVID-19? Rapid, living practice points from the American College of Physicians (Version 1). (2020). Annals of Internal Medicine. doi: 10.7326/M20-5831

Qaseem, A., Yost, J., Etxeandia-Ikobaltzeta, I., Humphrey, L. L., for the Scientific Medical Policy Committee of the American College of Physicians. (2020). Update alert 2: Should clinicians use chloroquine or hydroxychloroquine alone or in combination with azithromycin for the prophylaxis or treatment of COVID-19? Living practice points from the American College of Physicians. Annals of Internal Medicine, 173(5), W88-W89. doi: 10.7326/L20-1007

Qaseem, A., Etxeandia-Ikobaltzeta, I., Yost, J., Miller, M., Abraham, G. M., Obley, A. J., Forciea, M. A., Jokela, J. A., Humphrey, L. L., for the Scientific Medical Policy Committee of the American College of Physicians. (2020). What is the effectiveness of N95 respirators, surgical masks, and cloth masks in community and healthcare settings for prevention of COVID-19? What is the effectiveness for re-use or extended use of N95 respirators for prevention of COVID-19? Living Practice Points from the American College of Physicians (Version 1). Annals of Internal Medicine. doi: 10.7326/M20-3234

Qaseem, A., Yost, J., Etxeandia-Ikobaltzeta, I., Humphrey, L. L., for the Scientific Medical Policy Committee of the American College of Physicians. (2020). Update alert: Should clinicians use chloroquine or hydroxychloroquine alone or in combination with azithromycin for the prophylaxis or treatment of COVID-19? Living practice points from the American College of Physicians. Annals of Internal Medicine, 173(2), W48-W51. doi: 10.7326/M20-3862

Qaseem, A., Yost, J., Etxeandia-Ikobaltzeta, I., Miller, M., Abraham, G. M., Obley, A. J., Forciea, M. A., Jokela, J. A., Humphrey, L. L., for the Scientific Medical Policy Committee of the American College of Physicians. (2020). Should clinicians use chloroquine or hydroxychloroquine alone or in combination with azithromycin for the prophylaxis or treatment of COVID-19? (Version 1) Annals of Internal Medicine. doi: 10.7326/M20-1998

Itziar Etxeandia Ikobaltzeta

Mar 17, 2020 14:11:28 EDT
American College of Physicians

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

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

Convey
Global Disclosure System
AAMC

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

Please enter your name: (You will need to sign on the last page)

Name: Itziar Etxeandia Ikobaltzeta

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

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

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

Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis

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

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

☑ I have no publications to report.

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

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

☑ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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Topic Areas:

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☐ 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 or other topics areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

☐ Yes (please provide additional details below).

☑ No

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

Acknowledgements and Attestations

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Itziar Etxeandia Ikobaltzeta

Print Name

2021.01.05 16:16:49 +01'00'

Signature Date

Elise Berliner

Jan 06, 2021 17:19:06 EST
American College of Physicians

Disclosure Purpose: Contractor/Guest Annual Disclosure 2020 - 21

Summary of Interests

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

Additional Information:

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

    No.

    You are not disclosing any interests to this organization.

Certification

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

- 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

Convey
Global Disclosure System
AAMC

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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Elise Berliner

Print Name

Elise R. Berliner -S Digitally signed by Elise R. Berliner -S
DN: c=US, o=U.S. Government, ou=HHS, ou=AHRQ, ou=People, 0.9.2342.19200300.100.1.1=2000012394, cn=Elise R. Berliner -S
Date: 2021.01.26 16:39:29 -05'00'

1/26/2021

Signature Date

Christine Chang

Dec 21, 2020 14:32:36 EST
American College of Physicians

Disclosure Purpose: Contractor/Guest Annual Disclosure 2020 - 21

Summary of Interests

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

Additional Information:

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

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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

Guest Disclosures of Interests: Acknowledgements and Attestations

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Christine Chang

Print Name

Christine S. Chang -S Digitally signed by Christine S. Chang -S
DN: c=US, o=U.S. Government, ou=HHS, ou=AHRQ, ou=People, 0.9.2342.19200300.100.1.1=2000366491, cn=Christine S. Chang -S
Date: 2020.12.21 14:33:42 -05'00'

12/21/2020

Signature Date

Mark Helfand

Dec 25, 2020 19:21:46 EST
American College of Physicians

Disclosure Purpose: Contractor/Guest Annual Disclosure 2020 - 21

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Blue Cross and Blue Shield Association	Consultant	Self	$0.00

Category: Consultant
Compensation Type: Cash
Annual Compensation:

Year	Amount	Type
2020	$0.00	Actual

Start Date: 01/01/2018 *End Date:*
Other Compensation:
Additional Information: Contract has not been terminated but work was completed in 2019.

School of Medicine, Oregon Health and Science University	Employment	Self	-

Title: Professor
Start Date: 07/01/1990 *End Date:*
Position Description: Professor
Additional Information:

Additional Information:

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

Print Name

Mark Helfand 555013 Digitally signed by Mark Helfand 555013
Date: 2020.12.25 20:03:57 -08'00'

Signature Date

Katherine Mackey

Jan 20, 2021 18:34:10 EST
American College of Physicians

Disclosure Purpose: Contractor/Guest Annual Disclosure 2020 - 21

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
U.S. Department of Veterans Affairs	Employment	Self	-
Title: Physician *Start Date:* 08/08/2015 *End Date:*	*Position Description:* *Additional Information:*		

Additional Information:

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

   None

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

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

   Yes.

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

      Yes

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

      Yes

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

      Yes

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

      Yes

Certification

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- 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