

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

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

Thank You.

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

Name: Elie Akl, MD, MPH, PhD

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

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

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

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

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

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

## DECLARATION

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

Signature She AKI

Date December 30, 2019

Disclosure Purpose: Annual Governance Disclosure 2019

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
<div><div><b>Recipient Name:</b> Center for systematic reviews of health policy and systems research (SPARK), American University of</div><div><b>Grant / Contract Purpose:</b> Research</div><div><b>Grant / Contract Valuation Date:</b> 04/05/2019</div><div><b>Additional Information:</b></div></div> <div><b>Recipient Type:</b> Institution</div> <div><b>Grant / Contract Description:</b> Establishing a rapid response service to address requests from policymakers for HPSR in LMICs in the</div> <div><b>Grant / Contract Amount:</b> \$180,119.00</div> <div><b>Contract Start Date:</b> 09/01/2016      <b>Contract End Date:</b> 12/18/2018</div>			
American College of Rheumatology	Grant / Contract	Self	\$96,276.00
<div><div><b>Recipient Name:</b> AUB GRADE center</div><div><b>Grant / Contract Description:</b> Conducting systematic reviews for the 2020 update of the American College of Rheumatology (ACR) gui</div><div><b>Grant / Contract Valuation Date:</b> 04/05/2019</div><div><b>Additional Information:</b></div></div> <div><b>Recipient Type:</b> Institution</div> <div><b>Grant / Contract Purpose:</b> Research</div> <div><b>Grant / Contract Amount:</b> \$96,276.00</div> <div><b>Contract Start Date:</b> 08/01/2018      <b>Contract End Date:</b> 12/01/2020</div>			
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Grant / Contract	Self	\$1,275.00
<div><div><b>Recipient Name:</b> AUB GRADE Center, American University of Beirut (AUB)</div><div><b>Grant / Contract Description:</b> Support INASanté in Tunisia in developing the capacity to adapt clinical practice guidelines</div><div><b>Grant / Contract Valuation Date:</b> 04/05/2019</div><div><b>Additional Information:</b></div></div> <div><b>Recipient Type:</b> Individual</div> <div><b>Grant / Contract Purpose:</b> Research</div> <div><b>Grant / Contract Amount:</b> \$1,275.00</div> <div><b>Contract Start Date:</b> 07/01/2018      <b>Contract End Date:</b> 12/01/2018</div>			
eil National De Recherches Scientifiques (CNRS)	Grant / Contract	Self	\$25,082.00
<div><div><b>Recipient Name:</b> Center for Systematic Reviews in Health Policy and Systems Research (SPARK)</div><div><b>Grant / Contract Purpose:</b> Research</div><div><b>Grant / Contract Valuation Date:</b> 04/05/2019</div><div><b>Additional Information:</b></div></div> <div><b>Recipient Type:</b> Institution</div> <div><b>Grant / Contract Description:</b> Applying an impact-oriented approach to support, protect and address the needs of Health Care Worker</div> <div><b>Grant / Contract Amount:</b> \$25,082.00</div> <div><b>Contract Start Date:</b> 01/01/2018      <b>Contract End Date:</b> 12/30/2019</div>			
Faculty of Medicine Medical Practice Plan (MPP), American University of Beirut	Grant / Contract	Self	\$36,000.00
<div><div><b>Recipient Name:</b> Elie Akl</div><div><b>Grant / Contract Description:</b> Developing a methodology for verifying the accuracy and completeness of conflict of interest disclos</div><div><b>Grant / Contract Valuation Date:</b> 04/05/2019</div><div><b>Additional Information:</b></div></div> <div><b>Recipient Type:</b> Individual</div> <div><b>Grant / Contract Purpose:</b> Research</div> <div><b>Grant / Contract Amount:</b> \$36,000.00</div> <div><b>Contract Start Date:</b> 07/01/2017      <b>Contract End Date:</b> 06/01/2019</div>			
Faculty of Medicine Medical Practice Plan (MPP), American University of Beirut	Grant / Contract	Self	\$18,000.00
<div><div><b>Recipient Name:</b> Clinical Research Institute, American University of Beirut</div><div><b>Grant / Contract Description:</b> Intellectual conflict when considering treatment options (IN CONFLICT)</div><div><b>Grant / Contract Valuation Date:</b> 04/05/2019</div><div><b>Additional Information:</b></div></div> <div><b>Recipient Type:</b> Institution</div> <div><b>Grant / Contract Purpose:</b> Research</div> <div><b>Grant / Contract Amount:</b> \$18,000.00</div> <div><b>Contract Start Date:</b> 02/01/2015      <b>Contract End Date:</b> 02/01/2017</div>			
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

**Grant / Contract Description:** serve as a guideline methodologist for the WHO guidelines on African Trypanosomiasis

**Grant / Contract Valuation Date:** 04/05/2019

**Additional Information:**

**Recipient Type:** Individual

**Grant / Contract Purpose:** Research

**Grant / Contract Amount:** \$5,400.00

**Contract Start Date:** 02/22/2019

**Contract End Date:** 03/30/2019

#### Additional Information:

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

None

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

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

Yes.

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

Yes

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

Yes

- iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of

participation in the ACP Group activities of ACP as specified in the [ACP Intellectual Property Policy](#).

Yes

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

Yes

## Certification

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

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

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

**Disclosure Purpose:** Annual Staff Disclosure 2019

Summary of Financial Interests

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

Additional Information:

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

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

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

■ Chapter Council or other Chapter leadership role?

■ National or chapter staff?

■ Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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

Yes

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

Yes

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

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

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



## Summary of Financial Interests

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

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

Yes.

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

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

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

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

Yes

## Certification

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

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

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

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

Thank You.

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

Name: Robert M. Centor, MD, MACP

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

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

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

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

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

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

## DECLARATION

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

Signature Robert M. Centor, MD, MACP

Date 1/9/20

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						
<b>Category:</b> Consultant <b>Start Date:</b> 01/01/2019 <b>Other Compensation:</b>		<b>Consultant Description:</b> <b>Compensation Type:</b> Cash <b>Annual Compensation:</b> <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2019</td><td>\$1,000.00</td><td>Estimated</td></tr></table>		Year	Amount	Type	2019	\$1,000.00	Estimated
Year	Amount	Type							
2019	\$1,000.00	Estimated							
<b>Additional Information:</b> Review chapters for Dynamed - receive \$500 per chapter review									
MDCalc	Consultant	Self	-						
<b>Category:</b> Consultant <b>Start Date:</b> 01/01/2018 <b>Other Compensation:</b>		<b>Consultant Description:</b> <b>Compensation Type:</b> Unpaid <b>Annual Compensation:</b>							
<b>Additional Information:</b> On the advisory board									
Medscape	Consultant	Self	-						
<b>Category:</b> Consultant <b>Start Date:</b> 01/01/2019 <b>Other Compensation:</b>		<b>Consultant Description:</b> <b>Compensation Type:</b> Cash <b>Annual Compensation:</b>							
<b>Additional Information:</b> Occasionally I write a piece and they pay me up to \$1000									
NKF	Consultant	Self	-						
<b>Category:</b> Consultant <b>Start Date:</b> 01/01/2019 <b>Other Compensation:</b>		<b>Consultant Description:</b> <b>Compensation Type:</b> Unpaid <b>Annual Compensation:</b>							
<b>Additional Information:</b> Member of an NKF performance measure development committee									
The Curbsiders	Consultant	Self	-						
<b>Category:</b> Consultant <b>Start Date:</b> 01/01/2018 <b>Other Compensation:</b>		<b>Consultant Description:</b> <b>Compensation Type:</b> Unpaid <b>Annual Compensation:</b>							
<b>Additional Information:</b> Appear as a guest discussant on their podcast									
U.S.Department of Veterans Affairs	Employment	Self	-						
<b>Title:</b> Physician <b>Start Date:</b> 07/01/1993		<b>Position Description:</b> Inpatient ward attending 3.5 months each year <b>Additional Information:</b>							

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

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

**Disclosure Purpose:** ANNUAL GOVERNANCE DISCLOSURE 2019

## Summary of Financial Interests

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

## Additional Information:

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

Yes.

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Yes
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Yes

## Certification

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

Disclosure Purpose: Annual Staff Disclosure 2020

Summary of Financial Interests

Company or Organization

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

Additional Information:

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

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

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Yes

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Yes

## Certification

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

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

Thank You.

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

Name: Mary Ann Forciea MD MACP

---

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

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

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

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

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

## DECLARATION

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

Signature Mary Ann Forciea MD MACP

Date 1/9/2020

Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

Company or Organization

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

Additional Information:

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

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

## Certification

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

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

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

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

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

Thank You.

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

Name: Raymond A Haeme

---

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

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

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

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

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

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

## DECLARATION

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

Signature



Date: Jan 3, 2020

**Disclosure Purpose:** Annual Governance Disclosure 2019

Summary of Financial Interests

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

Additional Information:

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

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

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

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

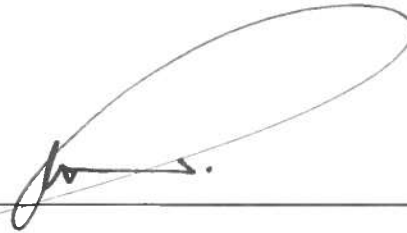
**American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Supplement**

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

Thank You.

If in doubt, err on the side of full disclosure

Name: PETER HAMILTON MD.

A handwritten signature in black ink, appearing to read 'P. Hamilton', is written over a horizontal line. The signature is stylized with a large loop at the end.

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

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

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

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

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

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

## DECLARATION

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

Signature

Date

09 JANUARY 2020.

**Disclosure Purpose:** Annual Governance Disclosure 2019

Summary of Financial Interests

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

Additional Information:

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

**Convey**  
Global Disclosure System



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

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

Thank You.

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

Name: Russell Harris

---

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

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

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

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

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

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

## DECLARATION

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

Signature Russell Harris

Date December 24, 2019

**Disclosure Purpose:** Annual Governance Disclosure 2019

## Summary of Financial Interests

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

## Additional Information:

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

Yes.

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

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

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

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

Yes

## Certification

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

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

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

Thank You.

If in doubt, err on the side of full disclosure

Name:

Jan 10  
ACP Pickle  
Call 800 523-1546 to  
get him for phone  
215-351-2799

Jan Gregory Hood

G. Hood 2020  
Jan

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

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

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

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

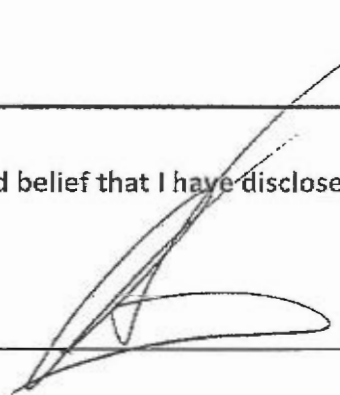
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

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

## DECLARATION

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

Signature



Date

12/30/15

**Disclosure Purpose:** Annual Governance Disclosure 2019

Summary of Financial Interests

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

Additional Information:

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

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

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

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

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

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

Thank You.

If in doubt, err on the side of full disclosure

Name:

A handwritten signature in cursive script, appearing to read "J. M. Thompson", written over a horizontal line.

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

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

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

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

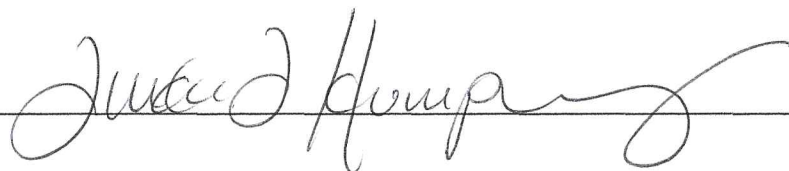
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

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

## DECLARATION

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

Signature



Date

1-9-20

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value						
Up to Date	Consultant	Self	\$3,000.00						
<div><div><div>Category: Consultant</div><div>Start Date: 01/01/2010</div><div>Other Compensation:</div></div><div>End Date:</div><div><div>Consultant Description:</div><div>Compensation Type: Cash</div><div>Annual Compensation:</div><table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2019</td><td>\$3,000.00</td><td>Estimated</td></tr></table></div></div> <div>Additional Information: I write a chapter on lung cancer screening and receive royalties that typically are around 3k per year</div>				Year	Amount	Type	2019	\$3,000.00	Estimated
Year	Amount	Type							
2019	\$3,000.00	Estimated							

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  
Department of Clinical Policy  
Disclosure of Interests: Supplement**

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

Thank You.

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

Name: Janet Jokela

---

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

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

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

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

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

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

## DECLARATION

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

Signature Janet Jokela

Date 01/09/2020

Disclosure Purpose: January 2020 Governance Disclosure

Summary of Financial 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	-						
<div><div>Category: Other</div><div>Start Date: 07/01/2014</div><div>Other Compensation:</div><div>Additional Information:</div></div> <div>End Date:</div> <div>Consultant Description:</div> <div>Compensation Type:</div> <div>Annual Compensation:</div>									
American Board of Medical Specialties, Committee on Certification (COCERT) member	Other	Self	-						
<div><div>Category: Other</div><div>Start Date: 03/01/2017</div><div>Other Compensation:</div><div>Additional Information:</div></div> <div>End Date:</div> <div>Consultant Description:</div> <div>Compensation Type:</div> <div>Annual Compensation:</div>									
American College of Physicians	Other	Self	\$15,000.00						
<div><div>Category: Other</div><div>Start Date: 01/22/2020</div><div>Other Compensation:</div><div>Additional Information:</div></div> <div>End Date:</div> <div>Consultant Description:</div> <div>Compensation Type: Cash</div> <div>Annual Compensation:</div>									
<table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2020</td><td>\$15,000.00</td><td>Estimated</td></tr></table>				Year	Amount	Type	2020	\$15,000.00	Estimated
Year	Amount	Type							
2020	\$15,000.00	Estimated							
Additional Information: MKSAP Deputy Editor									
Champaign County Audubon Board member	Other	Self	-						
<div><div>Category: Other</div><div>Start Date: 02/01/2000</div><div>Other Compensation:</div><div>Additional Information:</div></div> <div>End Date:</div> <div>Consultant Description:</div> <div>Compensation Type:</div> <div>Annual Compensation:</div>									
Mississippi Valley Regional Blood Center	Fiduciary Officer	Self	-						
<div><div>Official Title: Board member</div><div>Compensation Type: Unpaid</div><div>Start Date: 02/01/2018</div><div>Annual Compensation:</div><div>Additional Information:</div></div> <div>End Date:</div> <div>Position Description: serve as a member of the MVRBC Board as a fiduciary officer</div> <div>Other Compensation:</div>									
University of Illinois at Urbana-Champaign	Employment	Spouse/Partner	-						
<div><div>Title: Professor</div><div>Start Date: 08/15/1999</div><div>Additional Information:</div></div> <div>End Date:</div> <div>Position Description: Founders Professor, College of Engineering, Department of Computer Science</div> <div>Additional Information:</div>									
University of Illinois College of Medicine at Urbana-Champaign	Employment	Self	-						

**Title:** Acting Regional Dean

**Position Description:** Chief Academic and Fiduciary Officer for the regional campus of the University of Illinois College of Medicine in Urbana

**Start Date:** 02/16/2017

**End Date:**

**Additional Information:** my primary employment

**VA Illiana Healthcare Center**

Employment

Self

-

**Title:** Infectious Disease consultant

**Position Description:**

**Start Date:** 02/01/2000

**End Date:**

**Additional Information:**

## Intellectual Property

Type	Is Licensed	Interest Held By	Value
<b>Other Intellectual Property - National Academy of Medicine, standing committee ...</b>	-	Spouse/Partner	-
<b>Description:</b> National Academy of Medicine, standing committee CDC Strategic National Stockpile (member) <b>Yearly Income:</b>			
<b>Income Source:</b> <b>Additional Information:</b>			
<b>Other Intellectual Property - NSF, pediatric vaccine research, ended August 20</b>	-	Spouse/Partner	-
<b>Description:</b> NSF, pediatric vaccine research, ended August 2017 <b>Yearly Income:</b>			
<b>Income Source:</b> <b>Additional Information:</b>			
<b>Other Intellectual Property - NSF, Broader Impact Initiative; Air Force Office ...</b>	-	Spouse/Partner	-
<b>Description:</b> NSF, Broader Impact Initiative; Air Force Office of Scientific Research, ended 02/2018 <b>Yearly Income:</b>			
<b>Income Source:</b> NSF <b>Additional Information:</b>			

## 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:**

- **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: Supplement**

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

Thank You.

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

Name: Devan Kansagara

---

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

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

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

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

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

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

## DECLARATION

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

Signature



Date

1/9/20

**Disclosure Purpose:** committee membership

## Summary of Financial Interests

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

## Additional Information:

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

Yes.

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

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

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

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

Yes

## Certification

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

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

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

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

Intellectual Property

Type	Is Licensed	Interest Held By	Value
Other Intellectual Property - Honoraria	-	Self	\$5,000.00
Description: Honoraria		Income Source:	
Yearly Income:		Additional Information: Honoraria for webinar and live meeting on influenza	
Amount	Type	Year	Payment Receipt
\$5,000.00	Actual	2019	Direct Payment

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.  
I did one webinar and one live meeting on influenza for Prime Education LLC that is not related to work for ACP
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP's annual governance disclosure process.

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

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

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

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

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

## Certification

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

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

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

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

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

Thank You.

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

Name: Maura Marcucci

---

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

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

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

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

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

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

## DECLARATION

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

Signature

*Maura Mercuri*

Date January 5<sup>th</sup>, 2020

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

## Summary of Financial Interests

## Company or Organization

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

## Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**  
none
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.**
  - a. **Are you submitting your disclosures to ACP as a member of one of the following groups:**
    - ACP board, committee, council, task force, and/or other governance group?
    - Chapter Council or other Chapter leadership role?

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

## Certification

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

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

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

Disclosure Purpose: annual disclosure

Summary of Financial Interests

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

Additional Information:

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

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

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

disclose any changes.

Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value						
Adventist Health Portland	Other	Self	\$2,500.00						
<div>Category: Other</div> <div>Start Date: 09/26/2018</div> <div>Other Compensation:</div> <div>End Date: 09/26/2018</div>		<div>Consultant Description:</div> <div>Compensation Type: Cash</div> <div>Annual Compensation:</div> <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2018</td><td>\$2,500.00</td><td>Actual</td></tr></table>		Year	Amount	Type	2018	\$2,500.00	Actual
Year	Amount	Type							
2018	\$2,500.00	Actual							
Additional Information: Speaking honorarium									
Center for Evidence-based Policy	Employment	Self	-						
<div>Title: Clinical Epidemiologist</div> <div>Start Date: 08/01/2014</div> <div>End Date:</div>		<div>Position Description: CEBP supports 0.5 FTE</div> <div>Additional Information:</div>							
Medical Society of Metropolitan Portland	Fiduciary Officer	Self	-						
<div>Official Title: Trustee</div> <div>Compensation Type: Unpaid</div> <div>Start Date: 08/01/2015</div> <div>Annual Compensation:</div> <div>Additional Information:</div> <div>End Date:</div>		<div>Position Description: Trustee</div> <div>Other Compensation:</div>							
Milbank Memorial Fund	Travel	Self	\$10,000.00						
<div>Location(s): Various meetings and state workshops (as faculty)</div> <div>Estimated Value: \$10,000.00</div> <div>Purpose: Faculty for Evidence-informed Health Policy Workshops</div>		<div>Travel Start Date: 01/01/2015</div> <div>Travel End Date: 06/01/2019</div> <div>Valuation Date: 12/26/2019</div> <div>Additional Information:</div>							
National Conference of State Legislatures	Travel	Self	\$1,000.00						
<div>Location(s): Nashville, TN</div> <div>Estimated Value: \$1,000.00</div> <div>Purpose: Faculty for Evidence-informed Health Policy Workshop</div>		<div>Travel Start Date: 05/05/2018</div> <div>Travel End Date: 05/07/2018</div> <div>Valuation Date: 12/26/2019</div> <div>Additional Information:</div>							
Portland VA Medical Center	Employment	Self	-						
<div>Title: Staff Physician</div> <div>Start Date: 07/01/2013</div> <div>End Date:</div>		<div>Position Description: Division of General Medicine, Department of Hospital and Specialty Medicine</div> <div>Additional Information:</div>							
School of Medicine, Oregon Health and Science University	Employment	Self	-						
<div>Title: Associate Professor of Medicine</div> <div>Start Date: 07/01/2013</div> <div>End Date:</div>		<div>Position Description: Faculty appointment, not compensated</div> <div>Additional Information:</div>							

Additional Information: Speaking honorarium

Additional Information:

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

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

## Certification

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

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

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

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

Thank You.

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

Name: Adam Obley

---

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

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

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

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

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

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

## DECLARATION

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

Signature

Date

Disclosure Purpose: Clinical Policy, test

Summary of Financial Interests

Company or Organization

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

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

**Category:** Other

**Start Date:** 05/01/2016

**End Date:**

**Other Compensation:**

**Additional Information:** don't have the exact dates

**Consultant Description:**

**Compensation Type:** Unpaid

**Annual Compensation:**

#### Additional Information:

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

No.

#### Certification

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

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

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

**Disclosure Purpose:** Clinical Policy Committees ACP Staff

Summary of Financial Interests

Company or Organization

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

Additional Information:

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

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

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

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

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

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

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

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

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

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

Summary of Financial Interests

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

Additional Information:

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

Yes.

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

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

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

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

Yes

Certification

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

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

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

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



Disclosure Purpose: Annual Staff Disclosure 2019

Summary of Financial Interests

Company or Organization

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

Additional Information:

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

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

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

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

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

Yes

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

Yes

## Certification

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

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

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

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

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

**Official Title:** President - Alpha Nu Chapter

**Position Description:** President - Alpha Nu Chapter

**Compensation Type:**

**Other Compensation:**

**Start Date:** 09/01/2019

**End Date:** 08/31/2021

**Annual Compensation:**

**Additional Information:**

University of Bologna

Other

Self

\$5,213.19

**Category:** Other

**Start Date:** 11/16/2019

**End Date:** 11/22/2019

**Consultant Description:**

**Compensation Type:** Cash

**Annual Compensation:**

Year	Amount	Type
2019	\$5,213.19	Actual

**Additional Information:** Guest Lecturer

Villanova University

Employment

Self

-

**Title:** Associate Professor

**Start Date:** 08/22/2017

**End Date:**

**Position Description:**

**Additional Information:**

#### Additional Information:

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

N/A

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

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

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

## Certification

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