Name: George M Abraham	, MD, MPH,	FACP				
Role:  Clinical Guidelines Commit Performance Measuremen High Value Care Committee	nt Committee	☐ ACP Staff or Leadership □ Guest				
ACTIVE (Current)	Belongs to	Description including amount of value or incom-	e			
	Self	Partners in Internal Medicine, PC			+	-
Employment	Household	Partners in Internal Medicine, PC			+	-
Research & Consulting	Self	Malpractice case review - standards of care for general internal medicine or infectious disease	\$10,001 -	50,000	+	-
	Household	None			+	-
Investment & Proprietary	Self	None			+	-
Interests	Household	None			+	-
Committees, Workgroups,	Self	ABIM Infectious Disease Board	\$1,001 – 5,000		+	-
& Advisory Roles	Household	None			+	-
Other Interests	Self	None			+	-
$other\ affiliations, advocacy, etc.$	Household	None			+	-
		usehold members published on any of the followinon-peer-reviewed sources (e.g. newspaper op-ed Diabetes		eas?		
		For staff use: A	DD NEW	RESET		
INACTIVE (Last 3 years)	1	Description including amount of value or incom	e			
Employment	Self	None			+	-
	Household	None			+	-
Research & Consulting	Self	None			+	-
Roles	Household	None			+	-
<b>Investment &amp; Proprietary</b>	Self	None			+	_
Interests	Household	None			+	-
Committees, Workgroups,	Self	Massachusetts Medical Society (member)	\$0		+	_
& Advisory Roles	Household	None			+	-
Other Interests	Self	None			+	-
$other\ affiliations,\ advocacy,\ etc.$	Household	None			+	-

+ -

DECLARATION	
I certify that to my knowledge and belief that I had will promptly disclose any changes.	nave disclosed my financial and non-financial interests above and I
George M. Abraham, MD, MPH, FACP, FIDSA Digitally signe Date: 2018.01.	d by George M. Abraham, MD, MPH, FACP, FIDSA 28 19:09:58 -05'00'
Signature	Date
RELEVANT PUBLICATIONS	
Copy and paste into box below or send as attack	nment.

Name: Robert M. Centor, N	ID, MACP				
Role:  ☐ Clinical Guidelines Commit ☐ Performance Measuremen ☐ High Value Care Committe	nt Committee	☐ ACP Staff or Leadership ☐ Guest			
ACTIVE (Current)	Belongs to	Description including amount of value or income			
Self B		Birmingham VA Hospital		+	-
Linployment	nployment  Household Valley Foundation			+	-
Research & Consulting	Self	None		+	-
research & consuming	Household	None		+	-
Investment & Proprietary	Self	None		+	-
Interests	Household	None		+	-
Committees, Workgroups,	Workgroups, Self MDCalc Advisory Board (member) \$0		\$0	+	-
& Advisory Roles	Household	The Curbsiders Podcast (contributor)	\$0	+	-
Other Interests	Self	None		+	-
other affiliations, advocacy, etc.	Household	None		+	-
Please include both peer-re	viewed and	se relations published on any of the following topi non-peer-reviewed sources (e.g. newspaper op-ed; cardiac imaging ☐ Yes ☒ No ne delivery systems ☐ Yes ☒ No			
		For staff use: AD	D NEW RESET		
Tes ⊠ No  Have you or any close relate Please include both peer-re	of one of th	ne attached word document. Have you or any close ese measures or a competing measure (measure of measure of the clinical topic areas covered by the non-peer-reviewed sources (e.g. newspaper op-ed)	n the same topic)? ese measures?	ed	
☐Yes ⊠ No					
INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income			
Employment	Self	University of Alabama at Birmingham		+	-
1 /	Household	None		+	-

Pacagraph & Conculting		Provided expert opinion for malpractice case related to sore throats			+
	Self	Diatherix, gave speech related to sore throats			+
Research & Consulting Roles	Jen	Diatherix, designing a clinical study of their new product for diagnosing bacterial infection in sore throats		-	+
	Household	None			+
Investment & Proprietary	Self	None			+
Interests	Household	None			+
Committees, Workgroups,	Self		\$0		+
& Advisory Roles	Household	None			+
Oth an Internate	Self	None			+
Other Interests	_				
other affiliations, advocacy, etc.	Household	None			+
other affiliations, advocacy, etc.  DECLARATION	dge and bel	lief that I have disclosed my financial and non-fina	ancial interests a		
DECLARATION I certify that to my knowle will promptly disclose any	dge and bel	Digitally signed by Centor, Robert M (Campus)	ancial interests a		
DECLARATION I certify that to my knowle will promptly disclose any Centor, Robert M (	dge and bel changes. Campus)	Digitally signed by Centor, Robert M (Campus) Date: 2018.01.10 09:26:05 -06'00'  Jan 10, 20	ancial interests a		

**RELEVANT MEASURES** 

List in box below or highlight in attached document.

Name: Douglas M. DeLong	, MD, FACP				
Role:  Clinical Guidelines Commi Performance Measureme High Value Care Committee	nt Committe	☐ ACP Staff or Leadership e ☐ Guest			
ACTIVE (Current)	Belongs to	Description including amount of value or income	e		
Employment	Self Household	Bassett Healthcare None	<b></b>	+	-
Research & Consulting	Self Household	None None		+	-
Investment & Proprietary Interests	Self Household	None None		+	-
Committees, Workgroups, & Advisory Roles	Self Household	New York Medicaid Basic Benefit Review Committee (member)  None	\$0	+	-
Other Interests other affiliations, advocacy, etc.	Self Household	ACP Leadership day (participant)  NYACP advocacy day (participant)  Medical Society of the State of New York (member)  None	\$0 \$0 \$0	+ + +	
		usehold members published on any of the following the following non-peer-reviewed sources (e.g. newspaper op-ed Diabetes Tyes X No			
INACTIVE (Last 2 years)			DD NEW RESET		
INACTIVE (Last 3 years)	Self	Description including amount of value or income None		+	
Employment	Household	None		+	
Research & Consulting	Self	None		1	
Roles	Household	None		3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Investment & Proprietary	Self	None		+	
Interests	Household	None		+	
Committees, Workgroups,	Self	None		+	
& Advisory Roles	Household	None		+	2002 2003 2003
Other Interests	Self	None		4	

other affiliations, advocacy, etc. | Household | None

DECLARATION	
	disclosed my financial and non-financial interests above and I
will promptly disclose any changes.	
Qualos	Vred18
Signature	Date
RELEVANT PUBLICATIONS	
Copy and paste into box below or send as attachmen	nt.

Name: <u>Heather E. Gantzer, MD, FACP</u>	
Role:	
Clinical Guidelines Committee	ACP Staff or Leadership
Performance Measurement Committee	Guest
X High Value Care Committee	

ACTIVE (Current)	Belongs to	Description including amount of value or income†	
Faculty	Self	Park Nicollet Clinic and Methodist Hospital, St. Louis Park Minnesota	
Employment	Household		
	riouserioiu		
Research & Consulting	Self	None	
Support	Household	None	
Investment & Proprietary	Self	None	
Interests	Household		
Committees, Workgroups, & Advisory Roles	Self	I have received reimbursement from ACP for travel expenses, but no honoraria or other compensation. I was MN ACP Governor 2011 to 2015, and have been on the ACP BOR since 2015, and multiple ACP committees.	Up to \$1,000
	Household	None	
		ACP Services member more than 3 years, attend Leadership Day each year	\$0
Other Interests	Self	Minnesota Medical Association member more than three years, attend Day at the Capitol (in St. Paul) each year	\$0
	Household	None	

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

Diabetes	Yes	Х	No

**†**To report amount of value or income, use these ranges: a) \$0 d) \$10,001 to 50,000 b) \$5,000 e) \$50,000

- e) \$50,001 to 100,000
- c) \$5,001 to 10,000 f) ≥\$100,001

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

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or	income†
Employment	Self	None	
	Household	None	
Research & Consulting	Self	None	
Support	Household	None	
Investment & Proprietary	Self	None	
Interests	Household	None	
Committees, Workgroups,	Self	None	
& Advisory Roles	Household	None	
Other delegants	Self	None	
Other Interests	Household	None	

#### **DECLARATION**

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

Heather E. Gantzer	1-31-2018

Signature	Date

#### **RELEVANT PUBLICATIONS**

Copy and paste below or send as attachment.

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

a) \$0 d) \$10,001 to 50,000 b) ≤\$5,000 e) \$50,001 to 100,000 c) \$5,001 to 10,000 f) ≥\$100,001

Name: Carrie Horwitch, MI	O, MPH, FAC	P			
Role:  Clinical Guidelines Commit Performance Measuremen High Value Care Committee	nt Committee	☐ ACP Staff or Leadership □ Guest			
Z mgm value date dominico					
ACTIVE (Current)	Belongs to	Description including amount of value or income			
Employment	Self	Virginia Mason Medical Center		+	-
Employment	Household	None		+	-
December 9 Committing	Self	Virginia Mason Medical Center (speaker's bureau)	\$100,001 or more	+	-
Research & Consulting	Household	None		+	-
Investment & Proprietary	Self	None		+	-
Interests	Household	None		+	-
Committees, Workgroups,		ACP, Board of Regents (member)	\$0	+	-
		ACP Clinical Guidelines Committee (member)	\$0	+	-
	Self	Alliance for Academic Internal Medicine, Collaborative for Healing and Renewal in Medicine (CHARM) Committee (member)	\$0	+	-
& Advisory Roles		Virginia Mason Medical Center, CME committee (member)	\$0	+	-
		ACP High Value Care Task Force (member)	\$0	+	-
		ACP Services PAC (chair)	\$0	+	-
	Household	None		+	-
Other Interests	Self	None		+	-
other affiliations, advocacy, etc.	Household	None		+	-
	eviewed and Brea	se relations published on any of the following topi non-peer-reviewed sources (e.g. newspaper op-ed st cancer screening ☐ Yes ☒ No Obesity ☐ Yes ☒ No			
	Low test	osterone treatment			
		For staff use: AD	D NEW RES	SET	

Employment	Self	None		+	_
	Household	None		+	_
Research & Consulting	Self	Oakstone publishing	\$1,001 – 5,000	+	_
Roles	Household	None		+	_

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

Investment & Proprietary	Self	leMaitre	Up to \$1,000	+	_
Interests	Household	None		+	_
Committees, Workgroups, & Advisory Roles		ACP Services, Treasurer	\$0	+	_
	Self	Virginia Mason Medical Center, University of Washington Ethics Committee (member)	\$0	+	_
		ACP Ethics, Professionalism and Human Rights Committee (member)	\$0	+	-
	Household	None		+	_
Other Interests	Self	None		+	_
other affiliations, advocacy, etc.	Household	None		+	_

#### **DECLARATION**

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

Carrie A. Horwitch	Digitally signed by Carrie A. Horwitch Date: 2017.12.17 09:59:57 -08'00'	
Signature		Date

#### **RELEVANT PUBLICATIONS**

(	Copy and paste into box below or send as attachment.									

Name: Linda L. Humphrey,	MD, MPH, N	MACP			
Role:					
	ttee	☐ ACP Staff or Leadership			
Performance Measuremen	nt Committee	Guest			
☐ High Value Care Committe	ee	_			
ACTIVE (Current)	Belongs to	Description including amount of value or income	·		
For all a contact	Self	Portland VA Medical Center		+	-
Employment	Household	Spouse: Cardiologist at Legacy Health System		+	-
Research & Consulting	Colf	University of Texas grant on harms of breast cancer screening in older women	\$1,001 – 5,000	+	-
	Self	PCORI peer review (I am an associate editor, so many topics)	\$10,001 – 50,000	+	-
	Household	None		+	-
Investment & Proprietary	Self	UpToDate	\$1,001 – 5,000	+	-
Interests	Household	None		+	-
	Colf	VA Preventive Medicine Advisory Committee (member)	\$0	+	-
Committees, Workgroups, & Advisory Roles	Seij	Women's Preventive Services Initiative Committee (member)	\$0	+	-
	Household	None		+	-
Other Interests	Self	None		+	-
other affiliations, advocacy, etc.	Household	None		+	-
	eviewed and	se relations published on any of the following top non-peer-reviewed sources (e.g. newspaper op-ed st cancer screening ⊠Yes □ No			
	Біса				
		Obesity			
	Low test	osterone treatment			
		For staff use:	DD NEW RESE	Т	

Employment	Self	None		+	_
	Household	None		+	_
Research & Consulting Roles	Colf	US Preventive Services Task Force grant on lung and breast cancer screening	\$1,001 – 5,000	+	_
	Self	Agency for Healthcare Research and Quality grant on lung and breast cancer screening	\$10,001 – 50,000	+	_
	Household	None		+	-

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

Investment & Proprietary	Self	Gilead Sciences 10 shares	Up to \$1,000	+	_
Interests	Household	None		+	-
Committees, Workgroups,	Self	None		+	-
& Advisory Roles	Household	None		+	-
Other Interests	Self	None		+	-
other affiliations, advocacy, etc.	Household	None		+	-

#### **DECLARATION**

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

Linda L Humphrey 387759 Digitally signed by Linda L Humphrey 387759 Date: 2017.12.18 09:10:08 -08'00'	
Signature	Date

#### **RELEVANT PUBLICATIONS**

#### Copy and paste into box below or send as attachment.

- 36. Nelson HD, Fu R, Cantor A, Pappas M, Daeges M, Humphrey LL. Effectiveness of breast cancer screening: systematic review to update the 2009 U.S. Preventive Services Task Force recommendation. Annals of Internal Med. 2016: 164(4): 244-255.
- 37. Nelson HD, Fu R, Cantor A, Pappas M, Daeges M, Humphrey LL. Harms of breast cancer screening: systematic review to update the 2009 U.S. Preventive Services Task Force recommendation. Annals of Internal Med. 2016: 164(4): 256-267.
- 36. Nelson HD, Fu R, Cantor A, Pappas M, Daeges M, Humphrey LL. Effectiveness of breast cancer screening: systematic review to update the 2009 U.S. Preventive Services Task Force recommendation. Annals of Internal Med. 2016: 164(4): 244-255.

Name: Janet A. Jokela, MD,	, MPH, FACP				
Role:	ttee	☐ ACP Staff or Leadership			
Performance Measuremer		<u> </u>			
	ee				
ACTIVE (Current)	Belongs to	Description including amount of value or income			
Employment	Self	University of Illinois College of Medicine; VA Illiana Healthcare System, Danville, IL	\$100,001 or more	+	-
	Household	Spouse: University of Illinois at Urbana-Champaign	\$100,001 or more	+	-
	Self	None		+	-
Research & Consulting	Household	Spouse: National Science Foundation, Broader Impact Initiative; Air Force Office of Scientific Research, real-time decision making under certainty, until 02/2018	\$100,001 or more	+	-
Investment & Proprietary	Self	None		+	-
Interests	Household	None		+	-
		Association of American Medical Colleges, Entrustable Professional Activities Core Working Group, University of Illinois College of Medicine Team (member)	\$0	+	-
Committees, Workgroups, & Advisory Roles	Self	American Board of Medical Specialties, Committee on Certification (COCERT, member)	\$0	+	_
		Champaign County Audubon Board member	\$0	+	-
	Household	None		+	-
Other Interests	Self	None		+	-
other affiliations, advocacy, etc.	Household	None		+	-
		usehold members published on any of the followin non-peer-reviewed sources (e.g. newspaper op-ed		,	
		Diabetes ☐Yes ☒ No			
		For staff use: AD	D NEW RES	SET	

Employment	Self	None		+	-	
	Household	None		+	-	
Research & Consulting Roles	Self	None		+	-	
	Household	Spouse: Law firm, expert witness (issue pertaining to pharmaceuticalsI do not know anything further about this due to confidentiality constraints)	\$10,001 – 50,000	+	_	
		Spouse: National Science Foundation, pediatric vaccine research, ended August 2017	\$100,001 or more	+		

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

Investment & Proprietary   Self   Interests   Household		None		+	_
		None		+	_
	Self	None		+	_
& Advisory Roles Household		Spouse: National Academy of Medicine, standing committee for the CDC Strategic National Stockpile (member)	\$0	+	-
Other Interests	Self	None		+	_
other affiliations, advocacy, etc.	Household	None		+	-

#### **DECLARATION**

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

Janet A. Jokela, MD	Digitally signed by Janet A. Jokela, MD DN: cn=Janet A. Jokela, MD, o=U of 1 College of Medicine at Urbana, ou=Administration, Dean's Office, email-jokela@illios.edu, c=US Date: 2018.01.26 14:38:16-06'00'	01//26/2018
Signature		Date

#### **RELEVANT PUBLICATIONS**

(	Copy and paste into box below or send as attachment.				

Name: Joseph Ming Wah Li	, IVID, FACP				
Role:					
Clinical Guidelines Commit	tee	ACP Staff or Leadership			
Performance Measuremer	nt Committee	<del></del>			
☐ High Value Care Committe		_			
ACTIVE (Current)	Belongs to	Description including amount of value or income			
Employment	Self	Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center		+	1
• •	Household	None		+	-
D	Self	None	<b></b>	+	-
Research & Consulting	Household	None		+	-
Investment & Proprietary	Self	None		+	-
Interests	Household	None		+	-
Committees, Workgroups, & Advisory Roles		Advisory Board, Elsevier Clinical Key	\$1,001 – 5,000	+	-
	Self	Neuroendocrine Tumor Research Foundation Board of Directors	\$0	+	-
		Editorial board member - Journal of Hospital Medicine	\$0	+	-
	Household	None		+	-
Other Interests	Self	None		+	
other affiliations, advocacy, etc.	Household	None		+	
La contraction of the contractio		usehold members published on any of the followir non-peer-reviewed sources (e.g. newspaper op-ed Diabetes Yes No			
		For staff use: AD	D NEW RESE	ET	
<b>INACTIVE</b> (Last 3 years)	Belongs to	Description including amount of value or income			
Employment	Self	None		+	-
Employment	Household	None		+	-
Research & Consulting	Self	None		+	-
Roles	Household	None		+	-
Investment & Proprietary	Self	None	-	+	-
Interests	Household	None		+	- [

Committees, Workgroups, Self & Advisory Roles  House	Self	Editor - Hospital Medicine Clinics	\$0	+	-
		Member, ABIM Hospital Medicine MOC Exam Test writing committee	\$0	+	-
		Boston Chapter leadership, Society of Hospital Medicine	\$0	+	-
	Household	None		+	-
Other Interests	Self	None		+	
other affiliations, advocacy, etc.	Household	None		+	-

DECLARATION	
	have disclosed my financial and non-financial interests above and I
will promptly disclose any changes.	
- Soupe I	2/2/18
Signature	Date
RELEVANT PUBLICATIONS	
Copy and paste into box below or send as attach	nment.

Name: Robert H. Lohr, MD, FACP	
Role:	
Clinical Guidelines Committee	
Performance Measurement Committee	
X High Value Care Committee	
ACP Staff or Leadership	
Guest	

ACTIVE (Current)	Belongs to	Description including amount of value of	r income†
_	Self	Mayo Clinic	••
Employment	Household	None	
Research & Consulting	Self	None	
Support	Household	None	
Investment & Proprietary	Self	None	
Interests	Household	None	
Committees, Workgroups, & Advisory Roles	Self	ACP Board of Regents – expenses only, no direct compensation	Up to \$1,000
		ACP Volunteerism Committee, member	\$0
		ACP Financial Planning and Audit Committee, Chair	\$0
& Advisory Noics		ACP Compensation Committee, Chair	\$0
		ACP, Treasurer	\$50,001 – 100,000
	Household	None	
	Self	None	
Other Interests	Household	None	

In the last 3 years, have you or any close rela	itions published on any	of the following t	opic a	reas
Please include both peer-reviewed and non-p	eer-reviewed sources (e	e.g. newspaper op	-ed; bl	og)
	Diabetes	Yes	Ý	No

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

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

- a) \$0 d) \$10,001 to 50,000 b) ≤\$5,000 e) \$50,001 to 100,000 c) \$5,001 to 10,000 f) ≥\$100,001

INACTIVE (Last 3 years)	Belongs to	Description including amount of value of	r income†
	Self	None	
Employment	Household	None	· ••
Research & Consulting	Self	Research Grants, Department of Medicine, Mayo Clinic	\$5,001 – 10,000
Support	Household	None	
Investment & Proprietary Interests	Self	None	
	Household	None	
Committees, Workgroups,	Self	ACP Governance; Health and Public Policy Committees	\$0
& Advisory Roles	Household	None	
_	Self	None	
Other Interests	Household	None	

#### **DECLARATION**

I certify that to my knowledge and belief that I have dis	sclosed my financial and non-financial interests
above and \ will promptly disclose any changes.	
Rolet W. Loly up.	02/06/2018
Signature	Date 1

#### **RELEVANT PUBLICATIONS**

Copy and paste below or send as attachment.

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

a) \$0

d) \$10,001 to 50,000

b) ≤\$5,000

e) \$50,001 to 100,000

c) \$5,001 to 10,000

f) ≥\$100,001

Name: Ana Maria Lopez, MD, MPH, FAC	<u>CP</u>
Role:	
☐ Clinical Guidelines Committee	☐ ACP Staff or Leadership
☐ Performance Measurement Committee	☐ Guest

ACTIVE (Current)	Belongs to	Description including amount of value or income	
	Self	University of Utah, Huntsman Cancer Institute	

Employment	Self	University of Utah, Huntsman Cancer Institute		+	-
Employment	Household	None		+	-
		NIH/NCATS University of Utah Center for Clinical and Translational Science (CCTS)	\$100,001 or more	+	-
		NIH/NCI Cancer Center Support Grant: Geographical Management of Cancer Health Disparities Program (GMaP)	\$100,001 or more	+	-
		NIH/NCI Cancer Center Support Grant: Community Outreach Capacity through Community Health Educator (CHE)	\$100,001 or more	+	
Research & Consulting	Self	NIH/NIMHD Salud Juntos!: A Promotora-Led Home- Based Cancer Care Support Solution	\$100,001 or more	+	-
		NIH/NCI PathMaker Summer Research Program for URM high school/ undergraduate students (CURE)	\$100,001 or more	+	
		Utah Department of Health Utah Telehealth Network	\$100,001 or more	+	
		NIH/NCI Cancer Center Support Grant: Fostering Research Training & Education Programs for High School and Undergraduate Students at NCI- Designated Cancer Centers (FRTEP)	\$50,001 – 100,000	+	1
	Household	None		+	-
Investment & Proprietary	Self	None		+	-
Interests	Household	None		+	
Committees, Workgroups,	Self	Bryn Mawr College executive board (member; only reimbursed for expenses)	Up to \$1,000	+	
& Advisory Roles	Household	None	55	+	
		American Society of Clinical Oncology (Chair of committee)	\$0	+	
	e ie	PCORI (member)	\$0	+	١.
Other Interests other affiliations, advocacy, etc.	Self	National Hispanic Medical Association (member of the board of directors)	\$0	+	
		Hispanic Serving Health Profession Schools (member)	\$0	+	
	Household	None	**	+	

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

		Diabetes Yes No			
		For staff use:	DD NEW RESI	ET	
NACTIVE (Last 3 years)	Belongs to	Description including amount of value or income			
Employment	Self	University of Arizona	F	+	
mployment	Household	None	20	+	-
		Arizona Center of Excellence (AZ-COE)Health Resources and Services Administration	\$100,001 or more	+	-
		Phase 1 Dose Finding Trial of Letrozole in Postmenopausal Women at High Risk for Breast Cancer, NCI, National Institutes of Health	\$100,001 or more	+	-
		ACS	\$100,001 or more	+	-
Describe & Consulting	Self	Hope Foundation	\$50,001 - 100,000	+	-
Research & Consulting	July	Southern Arizona Susan G. Komen Foundation	\$10,001 – 50,000	+	
Roles		NIH/NCATS University of Utah Center for Clinical and Translational Sciences (CCTS) Supplement to promote diversity in health related research, supports the mentorship and growth of Dr. Candace Show	\$100,001 or more	+	
		Arizona Health Opportunities Pathways to Excellence (AZ-HOPE) – HCOP U.S. DHHS – HRSA	\$100,001 or more	+	-
	Household	None		+	-
Investment & Proprietary	Self	None		+	
nterests	Household	None		+	
Committees, Workgroups,	Self	Pima County Medical Society (member)	\$0	+	-
& Advisory Roles	Household	None		+	-
Other Interests	Self	None	**	+	-
other affiliations, advocacy, etc.	Household	None		+	1
DECLARATION  certify that to my knowle will promptly disclose any		lief that I have disclosed my financial and non-fina	ncial interests abov	e and	d I
QuaMaria ( Signature	Doro	1/29/18 Date	•		
RELEVANT PUBLICATIO		d as attachment.			_
copy and paste into box be	LIOW OF SELL				_

Name: Robert M. McLean, MD, FACP

Role:  Clinical Guidelines Commit Performance Measuremen High Value Care Committe	t Committee	☐ ACP Staff or Leadership ☐ Guest		
ACTIVE (Current)	Belongs to	Description including amount of value or income		500-450-10-50-10-10-10-10-10-10-10-10-10-10-10-10-10
Employment	Self	Northeast Medical Group	\$100,001 or more	
Linbiolineire	Household	None		
Bosopreh & Consulting	Self	None		# <b></b>
Investment & Proprietary	Household	None		- International Assessment
Investment & Proprietary	Self	None		<b>. . .</b> .
Interests	Household	None		1
		ABIM Rheumatology Board	\$1,001 - 5,000	+ -
Committees, Workgroups, & Advisory Roles	· · · · · · · · · · · · · · · · · · ·	State of Connecticut Healthcare Innovation Steering Committee	\$0	+
	Self	Board of Directors of Northeast Medical Group of Yale New Haven Health Systems	<b>\$0</b>	
		Quality of Care Committee - American College of Rheumatology	\$0	
	Household	None		44
Other Interests	Self	None	-	141
other affiliations, advocacy, etc.	Household	None		1
Please include both peer-re	eviewed and Brea Low test	se relations published on any of the following top non-peer-reviewed sources (e.g. newspaper op-ed ist cancer screening	); blog) DD NEW RES	
INACTIVE (Last 3 years	Self	Description including amount of value or income  None		+
Employment	Household	None		+ -
Research & Consulting	Self	none	\$0	4
Roles	Household	None		1
	- 15	None		1
Investment & Proprietary Interests	Household	None		

INACTIVE (Last 3 years) Relangs to	Description including amount of value or income
INACTIVE (Last 5 Years) belongs to	DC3C11P41011 III DI BATTI B CTTT TILL

Committees, Workgroups,		ACP PAC, Chair	\$0	+
	Self	Committee on Rheumatologic Care of American College of Rheumatology	\$0	+
& Advisory Roles		Advisory Committee to Health Insurance Exchange of Connecticut	\$0	+
	Household	None		4
Other Interests	Self	None	**	
other affiliations, advocacy, etc.	Household	None	-	+

DECLARATION	4	
I certify that to my knowledge and bel	lief that I have disclosed my finan	cial and non-financial interests above and I
Signature	Mada	12/15/17 Date
RELEVANT PUBLICATIONS		
Copy and paste into box below or sen	d as attachment.	

Name: Jack Ende, MD, MA	СР			
Role:  Clinical Guidelines Commi	ttee			
Performance Measuremen	nt Committee	e 🔲 Guest		
☐ High Value Care Committe	ee			
ACTIVE (Current)	Belongs to	Description including amount of value or income	e	
Employment	Self	Professor, Perelman School of Medicine, University of Pennsylvania		7.00 2.00 1.00 1.00 1.00 1.00 1.00 1.00 1
****	Household	Support Center for Child Advocates		
December 9 Committing	Self	None		96203 90000 90000
Research & Consulting	Household	None		
Investment & Proprietary	Self	None		
Interests	Household	None		
Committees, Workgroups, & Advisory Roles	GAIS TO THE REST	American College of Physicians, President	\$100,001 or more	
		American College of Physicians, committee work	\$0	
	Household	None		
Other Interests	Self	None		
other affiliations, advocacy, etc.	Household	None		
	eviewed and Brea	usehold members published on any of the following non-peer-reviewed sources (e.g. newspaper opeost cancer screening Yes No  Obesity Yes No  osterone treatment Yes No		
		For staff use:		
		he attached word document. Have you or any hole of one of these measures or a competing measur		ame
□Yes 🗹 No				100
Please include both peer-re	d members provided and	oublished on any of the clinical topic areas covere non-peer-reviewed sources (e.g. newspaper op-ed	d by these measures i; blog)	5?
□Yes 🗹 No				
INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income	)	
Employment	Self	None		
proyment	Household	None		

INACTIVE (Last 3 years) Research & Consulting	Self	None			
Roles	Household	None		-	
nvestment & Proprietary	Self	None		1	
nterests	Household	None			519 613
Committees, Workgroups,	Self	None			
& Advisory Roles	Household	None		<b> </b>	
Other Interests	Self	None		1	
other affiliations, advocacy, etc.	Household	None			
certify that to my knowled	dge and belichanges.	ief that I have disclosed my financial			sts above an
certify that to my knowled will promptly disclose any	dge and belichanges.	ief that I have disclosed my financial	and non-fina		sts above and
DECLARATION  certify that to my knowled will promptly disclose any dis	noh	ief that I have disclosed my financial	1/8/1		sts above and
certify that to my knowled will promptly disclose any dis	noh NS		1/8/1		sts above and
certify that to my knowled vill promptly disclose any dis	noh NS		1/8/1		sts above an
certify that to my knowled will promptly disclose any dis	noh NS		1/8/1		sts above and
certify that to my knowled vill promptly disclose any dis	noh NS		1/8/1		sts above and
certify that to my knowled will promptly disclose any dis	NS elow or send	as attachment.	1/8/1		sts above and

Name: Susan Thompson Hi					
Role:					
☐ Clinical Guidelines Commi	ttee	ACP Staff or Leadership			
Performance Measureme	nt Committee	e 🔲 Guest			
☐ High Value Care Committe	ee				
ACTIVE (Current)	Balanasa	Description in bullion and of all the state of			
ACTIVE (Current)	Belongs to	Description including amount of value or income	· · · · · · · · · · · · · · · · · · ·	- 3	.
	Self	Southern Illinois University School of Medicine		-	-
Employment	Jen	American College of Physicians, Board of Regents (chair)	141/2	4	
	Household	None		4	
0	Self	None		T-	
Research & Consulting	Household	None		4	
Investment & Proprietary Interests	Self	Royalties from McGraw Hill for book, Internal Medicine Residency Readiness	\$1,001 – 5,000	-	
interests	Household	None		-1	H -
Committees, Workgroups, & Advisory Roles	Self	Alliance for Academic Medicine, Clerkship Directors of Internal Medicine treasurer and council member (travel expenses for two council meetings per year are covered and travel expenses to one finance committee meeting was covered)		4	-
	Household	None	itte.i	+	-   -
Other Interests other affiliations, advocacy, etc.	Self	American College of Physicians, attended ACP Leadership Day and participated in one other event where we lobbied the Senate regarding healthcare legislation	-	4	-
	Household	None		+	
	eviewed and	usehold members published on any of the following non-peer-reviewed sources (e.g. newspaper op-ed st cancer screening  Yes No			1
	Low testo	osterone treatment			
		For staff use: AD	DD NEW	RESET	
		-			
		he attached word document. Have you or any hou of one of these measures or a competing measure			
□Yes 🛛 No					

Have you or any household	l marchaus	nüblishad an any of the	alinical tonic areas cov	arad by those m	logethrae 3	
Please include both peer-re					icasules:	
□Yes ⊠ No		<u> </u>				
		M:	The latter of the second			
INACTIVE (Last 3 years)	Belongs to	Description including a	mount of value or inc	ome		
Employment	Self	None			+	-
Employment	Household	None			+	-
Research & Consulting	Self	None			+	-
Roles	Household	None		m- r	+	-
Investment & Proprietary	Self	None			+	-
Interests	Household	None			+	-
Committees, Workgroups,	Self	None		dia see	+	-
& Advisory Roles	Household	None			+	-
Other Interests	Self	None			+	-
other affiliations, advocacy, etc.	Household	None		w	+	-
I certify that to my knowle will promptly disclose any		lief that I have disclosed	my financial and non-		ts above and	IT
Signature	Ormo	1	Date		_	
		7				
RELEVANT PUBLICATIO	NS					
Copy and paste into box be	elow or sen	d as attachment.				
RELEVANT MEASURES						
List in box below or highlig						-
	tht in attacl	ned document.				
	tht in attacl	ned document.				_

Name: Kate Carroll, MPH					
Role:					
☐ Clinical Guidelines Commit	tee	□ ACP Staff or Leadership			
Performance Measuremer		<u> </u>			
☐ High Value Care Committe					
_ 0					
ACTIVE (Current)	Belongs to	Description including amount of value or income	2		
	Self	American College of Physicians		+	-
Employment	Household	The Beasley Firm (personal injury and medical malpractice)		+	-
Research & Consulting	Self	None		+	-
	Household	None		+	-
Investment & Proprietary	Self	None		+	-
Interests	Household	None		+	-
Committees, Workgroups,	Self	None		+	-
& Advisory Roles	Household	None		+	-
Other Interests	Self	None		+	-
other affiliations, advocacy, etc.	Household	None		+	-
	viewed and	usehold members published on any of the following non-peer-reviewed sources (e.g. newspaper op-edst cancer screening			
		Obesity 🗌 Yes 🔀 No			
	Low test	osterone treatment   Yes   No			
-					
		For staff use: AD	DD NEW RESE	T	
		ne attached word document. Have you or any hou of one of these measures or a competing measure		ame	
□Yes ⊠ No					
		oublished on any of the clinical topic areas covered non-peer-reviewed sources (e.g. newspaper op-ed		?	
☐Yes ⊠ No			,		
INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income	!		

Self

Household

**Employment** 

None

None

<b>INACTIVE</b> (Last 3 years)	Belongs to	Description including amount of value or income	<b>!</b>		
Research & Consulting	Self	None		+	-
Roles	Household	None		+	-
Interests	Self	None		+	-
	Household	None		+	-
Committees, Workgroups,	Self	None		+	-
& Advisory Roles	Household	None		+	-
Other Interests	Self	None		+	-
other affiliations, advocacy, etc.	Household	None		+	-
Kate Carroll Signature	J	Digitally signed by Kate Carroll DN: cn=Kate Carroll, o, ou, email=kcarroll@acponline.org, c=US Date: 2018.01.08 10:28:13 -05'00'			
RELEVANT PUBLICATIO	NS				
Copy and paste into box be	elow or send	d as attachment.			
RELEVANT MEASURES					
List in box below or highlig	ht in attach	ed document.			

Name: Sarah Dinwiddie, RN	I, MSN						
Role:							
☐ Clinical Guidelines Commi	ttee						
Performance Measuremer							
☐ High Value Care Committe							
_ •							
ACTIVE (Current)	Belongs to	Description including am	ount of value or income	2			
Formula and	Self	American College of Physicia	ns			+	-
Employment	Household	None				+	-
- 100 h:	Self	None				+	-
Research & Consulting	Household	None				+	-
Investment & Proprietary	Self	None				+	-
Interests	Household	None				+	-
Committees, Workgroups,	Self	National Quality Forum, Inte (member)	roperability Committee	\$0		+	-
& Advisory Roles	Household	None				+	-
Other Interests	Self	None				+	-
other affiliations, advocacy, etc.	Household	None				+	-
In the last 3 years, have yo Please include both peer-re	viewed and		es (e.g. newspaper op-ed		eas?		
		Obesity ☐Yes	⊠ No				
	Low test	osterone treatment \( \subseteq Yes \)	⊠ No				
			For staff use: AL	DD NEW	RESET		
Please review the list of me contributed towards the detopic)?						ne	
□Yes ⊠ No							
Have you or any household					measures?		
Please include both peer-re	viewed and	non-peer-reviewed source	s (e.g. newspaper op-ed	l; blog)			
□Yes ⊠ No							
INACTIVE (Last 3 years)	Belongs to	Description including am	ount of value or income	<b>.</b>			
	- 15	Drexel University				+	-

Self

Household

Ranawat Orthopaedics

+

None

**Employment** 

Research & Consulting	Self	None				+
Roles	Household	None				+
Investment & Proprietary Interests	Self	None				+
	Household	None				+
Committees, Workgroups,	Self	American Nurse's Association: Code of E-Committee (member)	thics			+
& Advisory Roles	Household	None				+
Other Interests	Self	The Alliance-Nursing Organization Alliand Staffing Laws (member)	ce: Safe			+
other affiliations, advocacy, etc.	Household	None				+
I certify that to my knowle	_	lief that I have disclosed my financial a	and non-fina	incial interes	ts above a	nd
will promptly disclose any	_	Digitally signed by Sarah Dinwiddle DN: cn=Sarah Dinwiddle, o=American College of Physicians, ou=Clinical Policy Department, email=sdinwiddle@exponition=oru, c=US	and non-fina Jan 5, 2018		ts above a	nd
I certify that to my knowle will promptly disclose any Sarah Dinwiddie	_	Digitally signed by Sarah Dinwiddie  DN: cn=Sarah Dinwiddie, o=American College of Physicians, ou=Clinical Policy Department,			ts above a	nd
I certify that to my knowle will promptly disclose any Sarah Dinwiddie	changes.	Digitally signed by Sarah Dinwiddle DN: cn=Sarah Dinwiddle, o=American College of Physicians, ou=Clinical Policy Department, email=sdinwiddle@exponition=oru, c=US	Jan 5, 2018		its above a	nd
I certify that to my knowle will promptly disclose any Sarah Dinwiddie Signature  RELEVANT PUBLICATIO	changes.	Digitally signed by Sarah Dinwiddie  Dic cn=Sarah Dinwiddie, o=American College of Physicians, ou=Clinical Policy Department, email=sdnwiddie@exponline.org, c=US  Date: 2018.01.05 13:08:43-95'00'	Jan 5, 2018		ts above a	nd
I certify that to my knowle will promptly disclose any Sarah Dinwiddie Signature  RELEVANT PUBLICATIO	changes.	Digitally signed by Sarah Dinwiddie  Dic cn=Sarah Dinwiddie, o=American College of Physicians, ou=Clinical Policy Department, email=sdnwiddie@exponline.org, c=US  Date: 2018.01.05 13:08:43-95'00'	Jan 5, 2018		ts above a	nd
I certify that to my knowle will promptly disclose any Sarah Dinwiddie	changes.	Digitally signed by Sarah Dinwiddie  Dic cn=Sarah Dinwiddie, o=American College of Physicians, ou=Clinical Policy Department, email=sdnwiddie@exponline.org, c=US  Date: 2018.01.05 13:08:43-95'00'	Jan 5, 2018		ts above a	nd

List in box below or highlight in attached document.

Name: Darilyn V. Moyer, M	ID, FACP				
Role:					
☐ Clinical Guidelines Commit	ttee				
Performance Measuremer	nt Committee	e 🔲 Guest			
☐ High Value Care Committe	e				
ACTIVE (Current)	Belongs to	Description including amount of value or incor	me		
Employment	Self	American College of Physicians		+	-
Employment	Household	Inspira Health		+	-
December 9 Consulting	Self	None		+	-
Research & Consulting	Household	None		+	-
Investment & Proprietary	Self	None		+	-
Interests	Household	None		+	-
		Council of Medical Subspecialty Societies	\$0	+	-
		Subspecialty Society CEO Council	\$0	+	-
Committees, Workgroups,	Self	Patient-Centered Primary Care Collaborative	\$0	+	-
& Advisory Roles		Evidence-based Benefit Design/National Business Group on Health	\$0	+	-
	Household	None		+	-
Other Interests	Self	American College of Physicians PAC	\$0	+	-
other affiliations, advocacy, etc.	Household	None		+	-
					_
		usehold members published on any of the follow non-peer-reviewed sources (e.g. newspaper op-			
Tiedse meidde both peer re		st cancer screening \(\subseteq\text{Yes}\) \(\subseteq\text{No}\)	cu, blogj		
		Obesity Tyes No			
		<u> </u>			
		Low testosterone Yes No			
		For staff use:	ADD NEW R	RESET	
		ror stajj use.	ADDITE	(LJL I	
Please review the list of mo	easures in t	he attached word document. Have you or any h	ousehold members		
		of one of these measures or a competing meas			
☐Yes ⊠ No					
		published on any of the clinical topic areas cover		res?	
·	viewed and	non-peer-reviewed sources (e.g. newspaper op-	eu; blog)		
□Yes ⊠ No					

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

DECLARATION		
I certify that to my knowledge and belief that I have d will promptly disclose any changes.	isclosed my financial and non-financial inte	erests above and I
Douilyn Mayer	January 9, 2018	
Signature	Date	
RELEVANT PUBLICATIONS		
Copy and paste into box below or send as attachment	•	
RELEVANT MEASURES		
List in box below or highlight in attached document.		

Name: Amir Qaseem, MD,	PhD, MHA,	FACP			
Role:					
Clinical Guidelines Commi	ttee				
Performance Measureme	nt Committee	e 🔲 Guest			
☐ High Value Care Committe	ee				
		•			
ACTIVE (Current)	Belongs to	Description including amount of value or income	:		883333
Employment	Self	American College of Physicians		+ -	_
	Household	None		+  -	_
	Self	Editor (Evidence-based Medicine), DynaMed	\$1,001 – 5,000	+ .	-
Research & Consulting	Household	None		+ -	-
Investment & Proprietary	Self	None		+ -	-
Interests	Household	None	<del></del>	+ -	_
		Guidelines International Network's Board of Trustees (Member)	\$0	+	-
		Measures Application Partnership (Member)	\$0	+ -	-
		DynaMed Board of Executives (Member)	\$0	+	-
		MedBiquitous Board of Directors (Member)	\$0	+	-
		GRADE Working Group (Member)	\$0	+ .	-
		Reporting Items for Guidelines in Health Systems (RIGHT) Working Group (Member)	\$0	+	_
	C-IF	American Medical Association PCPIF Board of Directors (Member)	\$0	+	
Committees, Workgroups, & Advisory Roles	Self	National Quality Forum Physician Advisory Committee (Member)	\$0	+	_
	1	PCPIF Measures Advisory Committee (Chair)	\$0	+	

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)	
Breast cancer screening Yes No	

by HRSA (Advisory Committee member)

NQF Prevention and Population Health (Chair)

CDC ACIP Methodology Committee (Member)

Panel (Member)

None

None

None

Household

Self

other affiliations, advocacy, etc. Household

Other Interests

WHO Special Advisor (Complex Health Interventions)

CMS Next Generation Performance Measures Expert

ACOG Women's Preventive Services Initiative, funding

\$0

\$0

\$0

\$0

\$0

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+

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+

	Lautosta	Obesity Yes No		M1722792	
	Low testo	osterone treatment  Yes  No		y	]
		For staff use:	DD NEW RESE	<b>:T</b>	
contributed towards the detopic)? Yes No Have you or any household	evelopment I members (	ne attached word document. Have you or any how of one of these measures or a competing measur published on any of the clinical topic areas covere non-peer-reviewed sources (e.g. newspaper op-ec	e (measure on the sa d by these measures		
☐Yes ☐ No		non peer restewed sources (e.g. newspaper op a.	2 7 6 2 1		
	Belongs to	Description including amount of value or income	9		
	Self	None		+	-
Employment	Household	None		+	-
Research & Consulting	Self	None		+	-
Roles	Household	None		+	-
Investment & Proprietary	Self	None .		+	-
Interests	Household	None		+	-
		National Quality Forum's Health and Well Being Standing Committee (Chair)	\$0	+	-
Committees, Workgroups, & Advisory Roles	Self	National Quality Forum's Incubator Partnership and Collaboration Committee (Member)	\$0	+	-
	Household	None		+	-
Other Interests	Self	None		+	-
other affiliations, advocacy, etc.	Household	None		+	-
DECLARATION		iof that I have displaced my financial and non-fina	nncial interests above	e and	
will promptly disclose any		ief that I have disclosed my financial and non-fina	anciai interests above	z anu	•
40		1/9/19	<u> </u>		
Signature		Date			
RELEVANT PUBLICATIO	)NS			);cooocooocooocoo	***************************************
Copy and paste into box be	elow or sen	d as attachment.			

Name: <u>Patricia Siemion, MS</u>	5				
Role:					
☐ Clinical Guidelines Commit	ttee	□ ACP Staff or Leadership			
Performance Measuremer	nt Committee	 □ Guest			
☐ High Value Care Committe	e	_			
ACTIVE (Current)	Belongs to	Description including amount of value or income	<u> </u>		
	Self	American College of Physicians	\$50,001 – 100,000	+	-
Employment	Household	International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers (Local 401)	\$50,001 – 100,000	+	-
Possarch & Consulting	Self	None		+	-
Research & Consulting	Household	None		+	-
Investment & Proprietary	Self	None		+	-
Interests	Household	None		+	-
Committees, Workgroups,	Self	None		+	-
& Advisory Roles	Household	None		+	-
Other Interests	Self	None		+	-
other affiliations, advocacy, etc.	Household	None		+	-
	viewed and	usehold members published on any of the followir non-peer-reviewed sources (e.g. newspaper op-ed st cancer screening			
	Low test	osterone treatment   Yes   No			
		For staff use: AD	DD NEW RESI	ET	
			''		
contributed towards the detopic)?		ne attached word document. Have you or any house of one of these measures or a competing measure		ame	
☐Yes ⊠ No					
		published on any of the clinical topic areas covered non-peer-reviewed sources (e.g. newspaper op-ed		s?	
□Yes ⊠ No					
INACTIVE (Last 3 years)	Belonas to	Description including amount of value or income	<u> </u>		

Self

Household

**Employment** 

**Thomson Reuters** 

None

Research & Consulting	Self	None			+	
Roles	Household	None			+	Ī
nvestment & Proprietary	Self	None			+	
nterests	Household	None			+	
Committees, Workgroups,	Self	None			+	
& Advisory Roles	Household	None			+	
Other Interests	Self	None			+	
other affiliations, advocacy, etc.	Household	None			+	
will promptly disclose any	_	lief that I have disclosed my financia	al and non-finan	ncial interests abov	e an	d
certify that to my knowle	_	Digitally signed by Trish Siemion DN: cn=Trish Siemion, o=American College of Physicians, ou=Clinical Policy, email=rusemion@acponline.org.c=US Date: 2018.01.05 12:12:29 a 5000°	al and non-finan	ncial interests abov	e an	d
certify that to my knowle will promptly disclose any	_	Digitally signed by Trish Siemion DN: cn=Trish Siemion, o=American College of Physicians, ou=Clinical Policy, email=t-siemion@exponline.org, c=US		ncial interests abov	e an	d
certify that to my knowle will promptly disclose any Trish Siemion	changes.	Digitally signed by Trish Siemion DN: cn=Trish Siemion, o=American College of Physicians, ou=Clinical Policy, email=t-siemion@exponline.org, c=US	Jan 5, 2018	ncial interests abov	e an	d
certify that to my knowle will promptly disclose any Trish Siemion	changes.	Digitally signed by Trish Siemion DN: cn=Trish Siemion, o=American College of Physicians, ou=Clinical Policy, emailt-siemion@acponline.org c=US Date: 2018.01.05 12:12:39-45'00'	Jan 5, 2018	ncial interests abov	e an	d
certify that to my knowled will promptly disclose any Trish Siemion Gignature	changes.	Digitally signed by Trish Siemion DN: cn=Trish Siemion, o=American College of Physicians, ou=Clinical Policy, emailt-siemion@acponline.org c=US Date: 2018.01.05 12:12:39-45'00'	Jan 5, 2018	ncial interests abov	e an	<u>d</u>
certify that to my knowled will promptly disclose any Trish Siemion Gignature	changes.	Digitally signed by Trish Siemion DN: cn=Trish Siemion, o=American College of Physicians, ou=Clinical Policy, emailt-siemion@acponline.org c=US Date: 2018.01.05 12:12:39-45'00'	Jan 5, 2018	ncial interests abov	e an	<b>d</b>
certify that to my knowled will promptly disclose any Trish Siemion Gignature	changes.	Digitally signed by Trish Siemion DN: cn=Trish Siemion, o=American College of Physicians, ou=Clinical Policy, emailt-siemion@acponline.org c=US Date: 2018.01.05 12:12:39-45'00'	Jan 5, 2018	ncial interests abov	e an	

Name: Melissa Starkey, Phi	D				
Role:  Clinical Guidelines Commit Performance Measuremer High Value Care Committe	nt Committee				
ACTIVE (Current)	Belongs to	Description including amount of value or income	е		
Employment	Self	American College of Physicians	\$50,001 – 100,000	+	-
Linployment	Household	Teva Pharmaceuticals	\$100,001 or more	+	-
Research & Consulting	Self	None		+	-
	Household	None		+	-
Investment & Proprietary	Self	None		+	-
Interests	Household	None		+	-
Committees, Workgroups,	Self	CMSS Clinical Practice Guidelines Component Group Vice Chair	\$0	+	-
& Advisory Roles	Household	None		+	-
Other Interests	Self	None		+	-
other affiliations, advocacy, etc.	Household	None		+	-
	eviewed and Brea	usehold members published on any of the followinon-peer-reviewed sources (e.g. newspaper opecst cancer screening			
		For staff use: Al	DD NEW RES	SET	
contributed towards the detopic)?  ☐ Yes ☑ No  Have you or any household	evelopment I members	he attached word document. Have you or any house of one of these measures or a competing measure or a competing measure of the clinical topic areas covered non-peer-reviewed sources (e.g. newspaper op-eco	e (measure on the s		
<b>INACTIVE</b> (Last 3 years)	Belongs to	Description including amount of value or income	e		

Self

Household

**Employment** 

None

None

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and will promptly disclose any changes.  Melissa Starkey  Digitally signed by Melissa Starkey  Discremental interests above and paste into box below or send as attachment.	Research & Consulting	Self	None				+	ŀ
Household   None     +	Roles	Household	None				+	
Guidelines International Network Membership  Self Guidelines International Network Membership Committee member  Household None	Investment & Proprietary	Self	None				+	
Committees, Workgroups, & Advisory Roles  Household None  Self None  Household None  Self None  Household None  Ditter Interests Other Interests Other affiliations, advocacy, etc.  Household None  DECLARATION  I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and will promptly disclose any changes.  Melissa Starkey  Digitally signed by Melissa Starkey  Date  Digitally signed by Melissa Starkey  Date  Date  RELEVANT PUBLICATIONS  Copy and paste into box below or send as attachment.	Interests	Household	None				+	
Other Interests Other affiliations, advocacy, etc.  Self None + Household None + Household None + Household None +  DECLARATION I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and will promptly disclose any changes.  Melissa Starkey   Digitally signed by Meliss		Self		hip	\$0		+	
DECLARATION It certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and will promptly disclose any changes.  Melissa Starkey  Digitally signed by Melissa Starkey  Digitally sign	& Advisory Roles	Household	None				+	
DECLARATION I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and will promptly disclose any changes.  Melissa Starkey  Digitally signed by Melissa Starkey Disc 2018.01.05 12:10:14-0500 Date: 2018.01.05 12:10:14-0500  Date  RELEVANT PUBLICATIONS  Copy and paste into box below or send as attachment.	Other Interests	Self	None				+	
Melissa Starkey  Dit: cn=Melissa Starkey, o=ACP, ou, email=mstarkey@acponline.org, c=US Date: 2018.01.05 12:10:14-05'00'  Date  RELEVANT PUBLICATIONS  Copy and paste into box below or send as attachment.	other affiliations, advocacy, etc.	Household	None				+	
RELEVANT PUBLICATIONS  Copy and paste into box below or send as attachment.	I certify that to my knowle will promptly disclose any			l non-fina	ncial inte	rests above	and	<u>-</u>
Copy and paste into box below or send as attachment.	I certify that to my knowle will promptly disclose any		Digitally signed by Melissa Starkey  DN: cn=Melissa Starkey, o=ACP, ou, email=mstarkey@acponline.org, c=US			rests above a	and	ī
	I certify that to my knowled will promptly disclose any Melissa Starkey		Digitally signed by Melissa Starkey DN: cn=Melissa Starkey, o=ACP, ou, email=mstarkey@acponline.org, c=US Date: 2018.01.05 12:10:14 -05'00'	Jan 5, 2018		rests above a	anc	-
RELEVANT MEASURES	I certify that to my knowled will promptly disclose any Melissa Starkey Signature	changes.	Digitally signed by Melissa Starkey DN: cn=Melissa Starkey, o=ACP, ou, email=mstarkey@acponline.org, c=US Date: 2018.01.05 12:10:14 -05'00'	Jan 5, 2018		rests above a	anc	
RELEVANT MEASURES	Melissa Starkey Signature  RELEVANT PUBLICATIO	changes.	Digitally signed by Melissa Starkey DN: cn=Melissa Starkey, o=ACP, ou, email=mstarkey@acponline.org, c=US Date: 2018.01.05 12:10:14 -05'00'	Jan 5, 2018		rests above	anc	Ī
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	Melissa Starkey Signature  RELEVANT PUBLICATIO	changes.	Digitally signed by Melissa Starkey DN: cn=Melissa Starkey, o=ACP, ou, email=mstarkey@acponline.org, c=US Date: 2018.01.05 12:10:14 -05'00'	Jan 5, 2018		rests above	anc	

Name: <u>Devan Kansagara, N</u>	ID, MCR				
Role:					
	ttee	☐ ACP Staff or Leadership			
Performance Measuremen	nt Committee	e 🗌 Guest			
☐ High Value Care Committe	ee				
ACTIVE (Current)	Belongs to	Description including amount of value or incom	ne		d
Employment	Self	Portland VA Medical Center		+	-
Linployment	Household	Rheumatologist in community practice		+	-
		Evidence-based Synthesis Program, Portland VA Source: Department of Veterans Affairs, HSR&D Service PI: Devan Kansagara, MD, MCR Period: 2009-present %Effort: 35	\$10,001 – 50,000	+	-
Research & Consulting	Self	Center of Innovation: Center to Improve Veteran Involvement in Care (CIVIC) Source: VA Health Services Research and Development PI: Steven Dobscha, MD Period: 2013-(5 year project) %Effort: 5 (co-investigator)	\$5,001 – 10,000	+	_
	Household	None		+	-
Investment & Proprietary	Self	None		+	-
Interests	Household	None		+	-
Committees, Workgroups,	Self	None		+	-
& Advisory Roles	Household	None		+	-
Other Interests	Self	None		+	-
other affiliations, advocacy, etc.	Household	None		+	-
		ose relations published on any of the following to I non-peer-reviewed sources (e.g. newspaper op-e			
	Brea	nst cancer screening □Yes ⊠ No			
		Obesity ☐Yes ⊠ No			
	Low test	osterone treatment Yes No			
		For staff use:	ADD NEW RES	ET	

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

None

None

Self

Household

**Employment** 

INACTIVE (	Last 3 y	ears)	Belongs to	Descri	ption inclu	uding amo	ount of v	alue or income
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Research & Consulting	Self	Patient-aligned Care Team Demonstration Laboratory PI: Devan Kansagara (12/12-8/15); David Hickam, MD, MPH (09/09-11/12) Source: Veterans Health Administration Period: 2009-2015 %Effort: 35 (as PI), 10 (as coinvestigator from 09/09-12/12)	\$10,001 – 50,000	+	_
Roles		Redesigning service delivery through the Tri-County Health Commons Source: Center for Medicaid and Medicare Innovation PI: Bill Wright, PhD Period: 2012-2015 %Effort: 5 (consultant) (in-kind)	\$0	+	_
	Household	None		+	-
Investment & Proprietary	Self	None		+	-
Interests	Household	None		+	-
Committees, Workgroups,	Self	None		+	-
& Advisory Roles	Household	None		+	-
Other Interests	Self	None		+	-
other affiliations, advocacy, etc.	Household	None		+	-

#### **DECLARATION**

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

Devan Kansagara	Date: 2018.01.02 12:19:38 -08'00'	Jan 2, 2018
Signature		Date

#### **RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

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