| Name: Elie A. Akl, MD, MPH, PhD | | | | |
|-------------------------------------|---------------------------|--|--|--|
| | | | | |
| Role: | | | | |
| ☐ Clinical Guidelines Committee | ☐ ACP Staff or Leadership | | | |
| ☐ Performance Measurement Committee | Guest | | | |
| | | | | |
| | | | | |

ACTIVE (Current) Belongs to Description including amount of value or income

| Employment | Self | American University of Beirut | \$100,001 or more | + | - |
|---|-----------|--|---------------------------|---|---|
| Employment | Household | None | | + | - |
| | | CO-PI. Grant by: Alliance for Health Policy & Systems Research (AHPSR) at WHO. Title:Hosting Secretariat for the Global Evidence Synthesis Initiative (GESI) | \$10,001 – 50,000 | + | _ |
| Research & Consulting Roles | Self | Co-I. Grant by: Conseil National De Recherches Scientifiques (CNRS). Title: Applying an impact- oriented approach to support, protect and address the needs of Health Care Workers in Conflict and Post- Conflict Settings | \$10,001 – 50,000 ost- | + | - |
| | | PI. conducting systematic reviews for the American College of Rheumatology (ACR) guidelines for Rheumatoid Arthritis | \$50,001 – 100,000 | + | - |
| | Household | None | | + | - |
| Investment & Proprietary | Self | None | | + | - |
| Interests | Household | None | | + | - |
| Committees, Boards, & | Self | GRADE Working Group (member) | \$0 | + | - |
| Workgroups/Panels | Household | None | | + | - |
| Other Interests | Self | None | | + | - |
| $other\ affiliations,\ advocacy,\ etc.$ | 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) |
| n/a - no clinical topics on upcoming agenda ☐ Yes ☒ No |

For staff use: ADD NEW RESET

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

| | Self | None | | + | - |
|------------|-----------|---|--------------------|---|---|
| Employment | Household | United Nations Development Programme (UNDP) | \$10,001 - 50,000 | + | - |
| | Housenoia | Mercy Corps (wife) | \$50,001 – 100,000 | + | _ |

| THE (Last 5 years) | belongs to | Description including amount of value of income | | | |
|------------------------------------|--|--|-------------------|---|---|
| | | PI. Grant by: Faculty of Medicine Medical Practice Plan (MPP), American University of Beirut. Title: Intellectual conflict when considering treatment options (IN CONFLICT) | \$10,001 – 50,000 | + | _ |
| | | CO-PI. Grant by: International League Against Rheumatism (ILAR). Title: Adaptation of the 2015 American College of Rheumatology (ACR) Rheumatoid Arthritis guidelines for the Eastern Mediterranean Region | \$10,001 – 50,000 | + | _ |
| Research & Consulting Roles | for He Establ Consulting Self reque: | CO-PI. Grant by: World Health Organization Alliance for Health Policy and Systems Research. Title: Establishing a rapid response service to address requests from policymakers for HPSR in LMICs in the Eastern Mediterranean Region | \$100,001 or more | + | _ |
| | | CO-PI. Grant by: Global Evidence Synthesis Initiative (GESI). Title:Hosting Secretariat for the Global Evidence Synthesis Initiative (GESI) | \$100,001 or more | + | - |
| | (MPP), American University of Beirut. Title: Developing a methodology for verifying the | PI. Grant by: Faculty of Medicine Medical Practice Plan (MPP), American University of Beirut. Title: Developing a methodology for verifying the accuracy and completeness of conflict of interest disclosures in health research | \$10,001 – 50,000 | + | _ |
| | | PI. Contract to serve as methodologist for the World Health Organizations guidelines | \$5,001 – 10,000 | + | - |
| | Household | None | | + | - |
| Investment & Proprietary | Self | None | | + | - |
| Interests | Household | None | | + | - |
| Committees, Boards, & | Self | None | | + | - |
| Workgroups/Panels | 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.

| Elie A. Akl | DN: cn=Elie A. Aki, o, ou, email=ea32@aub.edu.lb, c=US Date: 2019.07.26 02:53:03 +03'00' | Jul 26, 2019 |
|-------------|---|--------------|
| Signature | | Date |

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

| Name: Robert M. Centor, N | MD, MACP | | | | |
|---|-------------------------------------|--|---------------------|-----|---|
| Role: | | | | | |
| ☐ Clinical Guidelines Commi | ttee | ☐ ACP Staff or Leadership | | | |
| Performance Measurement | nt Committee | e 🔲 Guest | | | |
| | ee | | | | |
| | | | | | |
| ACTIVE (Current) | Belongs to | Description including amount of value or incom- | e | | |
| Employment | Self | Birmingham VA Hospital | \$50,001 – 100,000 | + | - |
| Employment | Household | Valley Foundation | \$0 | + | - |
| | Colf | Medscape (contributor) | Up to \$1,000 | + | - |
| Research & Consulting Roles | Self | Dynamed Plus (reviewer) | Up to \$1,000 | + | - |
| Roles | Household | None | | + | - |
| Investment & Proprietary | Self | None | | + | - |
| Interests | Household | None | | + | - |
| | | MDCalc Advisory Board (member) | \$0 | + | - |
| | | The Curbsiders Podcast (contributor) | \$0 | + | - |
| Committees, Boards, & Workgroups/Panels | Self | NKF performance measure development - screening for CKD in diabetes mellitus (member representing ACP) | \$0 | + | - |
| | Household | None | | + | - |
| Other Interests | Self | None | | + | - |
| $other\ affiliations,\ advocacy,\ etc.$ | Household | None | | + | - |
| Please include both peer-re | eviewed and | usehold members published on any of the following non-peer-reviewed sources (e.g. newspaper op-ed nupcoming agenda Yes No | | | |
| | | For staff use: A | DD NEW RES | ET | |
| household members continuous (measure on the same top Yes No Within the last 3 years, has by these measures? Please include both peer-re | ributed tow ic)? ve you or ar | he attached word document. Within the last 3 yeards the development of one of these measures on any of the climbers published on any | or a competing meas | ure | |
| □Yes ⊠ No | | | | | |
| INACTIVE (Last 3 years) | Belongs to | Description including amount of value or incom- | e | | |

| Employment | Self | University of Alabama at Birmingham | \$0 | + | _ |
|------------------------------------|-----------|---|-----|---|---|
| | Household | None | | + | - |
| Research & Consulting Roles | Self | Diatherix, designing a clinical study of their new product for diagnosing bacterial infection in sore throats | \$0 | + | - |
| | Household | None | | + | - |
| Investment & Proprietary | Self | None | | + | - |
| Interests | Household | None | | + | - |
| Committees, Boards, & | Self | None | | + | _ |
| Workgroups/Panels | 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.

| Centor, Robert M (Campus) Digitally signed by Centor, Robert M (Campus) Date: 2019.08.01 08:49:14 -05'00' | |
|---|------|
| Signature | Date |

RELEVANT PUBLICATIONS

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

RELEVANT MEASURES

| L | List in box below or highlight in attached document. | | | | |
|---|--|--|--|--|--|
| _ | | | | | |
| | | | | | |
| Į | | | | | |

| Name: Mary Ann Forciea, MD, MACP | |
|---|----------------------------------|
| Role: X Clinical Guidelines Committee Performance Measurement Committee High Value Care Committee | ACP Staff or Leadership Guest |

| ACTIVE (Current) | Belongs to | Description including amount of value or | income† |
|---|------------|--|-------------------|
| | Self | University of Pennsylvania, Geriatric Medicine Division | |
| Employment | Household | Children's Hospital of Philadelphia, University of Pennsylvania School of Medicine | |
| | | Health Resources and Services Administration | \$10,001 – 50,000 |
| Research & Consulting Roles | Self | Centers for Medicare and Medicaid Services Independence at Home project (lead clinician) | ≥\$100,001 |
| | | National Institutes of Health grant | ≥\$100,001 |
| | Household | National Institute of Mental Health | ≥\$100,001 |
| Investment & Proprietary | Self | None | - |
| Interests | Household | None | |
| | | National Board of Medical Examiners | Up to \$1,000 |
| Committees Boards 9 | Self | The Ralston Center, Philadelphia Board of Directors | \$0 |
| Committees, Boards, & Workgroups/Panels | | National Institutes of Health Advisory Board: Adolescent AIDS Network | \$0 |
| | Household | National Institutes of Health Advisory Board: Pediatric AIDS Network | \$0 |
| Other Interests | Self | None | - |
| Other Interests | Household | None | - |

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

a) \$0

- e) \$10,001 to 50,000
- b) Up to \$1000
- f) \$50,001 to 100,000 g) ≥\$100,001
- c) \$1,001 to 5,000
- d) \$5,001 to 10,000

| | | relations published on any of the follo on-peer-reviewed sources (e.g. newspa | |
|--|--------------|--|-------------------------|
| n/a – no clinical topics on up | | | No No |
| IF YES , please copy and pa as a separate attachment | | references into space provided below o | r you may send |
| INACTIVE (Last 3 years) | Belongs to | Description including amount of value | ue or income† |
| Employment | Self | None | |
| cinployment | Household | None | |
| Research & Consulting | Self | Consultant to Agency for Healthcare Research and Quality | Up to \$1,000 |
| Roles | | Springer Aging Series Consultant | Up to \$1,000 |
| | Household | None | |
| Investment & Proprietary | Self | None | |
| Interests | Household | None | |
| Committees, Boards, & | Self | None | |
| Workgroups/Panels | Household | None | |
| | Self | None | |
| Other Interests | Household | None | |
| DECLARATION | | | |
| certify that to my knowled above and I will promptly di | | that I have disclosed my financial and in anges. | non-financial interests |
| May Australia | iu | 7/2 | 4/19 |
| Signature | | Date | |
| RELEVANT PUBLICATIONS | | | |
| any and pasta balaw or say | d ac attachm | ont | |

Copy and paste below or send as attachment.

 $\ensuremath{^{\dagger}}\xspace$ To report amount of value or income, use these ranges:

- a) \$0
- e) \$10,001 to 50,000
- b) Up to \$1000
- f) \$50,001 to 100,000
- c) \$1,001 to 5,000
- g) ≥\$100,001
- d) \$5,001 to 10,000

| Name: Raymond A. Haeme | ! | | | | |
|---------------------------------------|----------------|---|--------------|---|---|
| Role: | | | | | |
| Clinical Guidelines Commi | ttee | ☐ ACP Staff or Leadership | | | |
| Performance Measuremen | nt Committee | e 🗌 Guest | | | |
| | ee | | | | |
| | | | | | |
| ACTIVE (Current) | Belongs to | Description including amount of value or income | <u></u> | | |
| Fuels west | Self | Retired | | + | - |
| Employment | Household | Retired | | + | - |
| Research & Consulting | Self | None | | + | - |
| Roles | Household | None | | + | - |
| Investment & Proprietary | Self | None | | + | - |
| Interests | Household | None | | + | - |
| Committees, Boards, & | Self | North American Primary Care Research Group - Patient and Clinician Engagement (PaCE) project | \$0 | + | - |
| Workgroups/Panels | Household | None | | + | - |
| Other Interests | Self | None | | + | - |
| $other\ affiliations, advocacy, etc.$ | Household | None | | + | - |
| | | usehold members published on any of the following non-peer-reviewed sources (e.g. newspaper op-ed | | | |
| n/a - no clini | ical topics or | n upcoming agenda | | | |
| | | For staff use: AD | DD NEW RESET | Γ | |
| INACTIVE (Last 3 years) | Belongs to | Description including amount of value or income | | | 1 |
| Employment | Self | None | | + | - |
| | Household | None | | + | - |
| Research & Consulting | Self | None | | + | - |

Roles Household None + Self None --**Investment & Proprietary** + **Interests** Household None + -Self None Committees, Boards, & + -Workgroups/Panels Household None + -

+

Self

other affiliations, advocacy, etc. | Household

Other Interests

None

None

| I certify that to my knowledge a will promptly disclose any chang | - | ncial and non-financial interests above and | 11 |
|---|--|---|----|
| Ray Haeme | Digitally signed by Ray Haeme Date: 2019.08.01 14:51:12 -04'00' | Aug 1,2019 | |
| Signature | | Date | |
| RELEVANT PUBLICATIONS | | | |
| Copy and paste into box below of | or send as attachment. | | |

DECLARATION

Name: Peter G. Hamilton, MBBCh, FACP

| ACTIVE (Current) | Belongs to | Description including amount of value or income† | | |
|------------------------------------|------------|--|-------------------|--|
| Fundament | Self | University of Alberta | ≥\$100,001 | |
| Employment | Household | None | | |
| Research & Consulting | Self | None | | |
| Roles | Household | None | | |
| Investment & Proprietary Interests | Self | None | 7 22 7 | |
| | Household | None | | |
| Committees, Boards, & | Self | Royal College of Physicians and Surgeons of Canada Awards committee member | \$0 | |
| Workgroups/Panels | Household | None | | |
| | Self | None | | |
| Other Interests | Household | None | | |

| In the last 3 years, have you or any close relations publish | hed on any of the following | topic areas? |
|--|--|--------------|
| Please include both peer-reviewed and non-peer-reviewed | d sources (e.g. newspaper o _l | p-ed; blog) |
| n/a – no clinical topic areas on upcoming agenda | Yes | No |

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 | |

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

- a) \$0 e) \$10,001 to 50,000 b) Up to \$1000 f) \$50,001 to 100,000 c) \$1,001 to 5,000 g) ≥\$100,001 d) \$5,001 to 10,000

- d) \$5,001 to 10,000

| Roles | Household | None | |
|---|-----------|----------------------------|---|
| Investment & Proprietary | Self | None | |
| Interests | Household | None | - |
| Committees, Boards, & Workgroups/Panels | Self | None | |
| | Household | None | |
| Other Interests | Self | None | |
| | Household | Volunteer at Zebra Society | |

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

23 July 2019

Date

RELEVANT PUBLICATIONS

Copy and paste below or send as attachment.

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

1) \$0

e) \$10,001 to 50,000

b) Up to \$1000

f) \$50,001 to 100,000

c) \$1,001 to 5,000

g) ≥\$100,001

d) \$5,001 to 10,000

| Name: Russell P. Harris, MI |), MPH, FAC | P | | | |
|--|---------------|--|-------------------|--------|---|
| Role: | | | | | |
| ☐ Clinical Guidelines Commit | tee | ACP Staff or Leadership | | | |
| ☐ Performance Measuremer | | | | | |
| | | | | | |
| | | | | | |
| ACTIVE (Current) | Belongs to | Description including amount of value or income | <u>.</u> | | |
| · · · | Self | Retired | | + | - |
| Employment | Household | None | | + | - |
| Research & Consulting | Self | None | | + | - |
| Roles | Household | None | | + | - |
| Investment & Proprietary | Self | None | | + | - |
| Interests | Household | None | | + | - |
| Committees, Boards, & Workgroups/Panels | Self | None | | + | - |
| | Household | None | | + | - |
| Other Interests | Self | None | | + | - |
| other affiliations, advocacy, etc. | Household | None | | + | - |
| | <i>}</i> | | | الصدار | |
| | | usehold members published on any of the followir | | | |
| Please include both peer-re | viewed and | non-peer-reviewed sources (e.g. newspaper op-ed | ; blog) | | |
| n/a - no clini | cal topics or | n upcoming agenda | | | |
| | | | | | |
| | | For staff use: AD | DD NEW RESET | | |
| | | | | | |
| INACTIVE (Last 3 years) | Belongs to | Description including amount of value or income | 1 | | |
| Employment | Self | University of North Carolina | \$100,001 or more | + | - |
| Linployment | Household | None | | + | - |
| Research & Consulting | Self | None | | + | - |
| Roles | Household | None | | + | - |
| Investment & Proprietary | Self | None | | + | - |
| Interests | Household | None | | + | - |
| Committees. Boards. & | Self | None | | + | - |

Workgroups/Panels

other affiliations, advocacy, etc. Household

Other Interests

Household

Self

None

None

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. |

| Russell Harris | Digitally signed by Russell Harris Date: 2019.08.02 20:29:04 -04'00' | Aug 2, 2019 | |
|-------------------------------|---|-------------|--|
| Signature | | Date | |
| RELEVANT PUBLICATIONS | | | |
| Copy and paste into box below | v or send as attachment. | | |
| | | | |

| Name: Gregory Hood, MD, MACP, FRCP | |
|------------------------------------|-------------------------|
| Role: | |
| Clinical Guidelines Committee | ACP Staff or Leadership |
| Performance Measurement Committee | Guest |
| X High Value Care Committee | |

| ACTIVE (Current) Belong | | Description including amount of value or incomet | | |
|--|-----------|---|-----------------------|--|
| | | MDVIP 400F | Add value/income | |
| Employment | Self | Medscape (columnist) | Add value/income | |
| | Household | None | | |
| Research & Consulting Roles | Self | Sustainably Health Communities — principal investigator on study to improve smoking cessation and lung cancer screening for PCPs | Add value/income / | |
| | Household | None | | |
| Investment & Proprietary | Self | None | | |
| Interests | Household | None | | |
| Committees, Boards, & Workgroups/Panels | Self | PCSS (Providers Clinical Support System) — funded by SAMHSA to train PCPs in evidence-based prevention and treatment of opioid use disorders, Clinical Expert (ACP | Add value/income | |
| | | representative) ACP IM annual meeting workshop presenter | Add value/income | |
| | Household | None None | | |
| | Self | None | | |
| Other Interests | 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 so | ources (e.g. newspaper op-ed; blog | 3) | | |
| n/a no clinical topic areas on upcoming agenda | Yes | No | | |
| IF YES, please copy and paste relevant references int | to space provided below or you | may send | | |
| as a separate attachment. | (| | | |

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

a) \$0

- e) \$10,001 to 50,000
- b) Up to \$1000
- f) \$50,001 to 100,000
- c) \$1,001 to 5,000
- g) ≥\$100,001
- d) \$5,001 to 10,000

| INACTIVE (Last 3 years) | Belongs to | Description including amount of value or inc | ome† |
|-----------------------------|------------|--|------------------|
| | Self | None | |
| Employment | Household | None | |
| Research & Consulting Roles | Self | Expert witness for 2 patients in injury legal proceedings | Add value/income |
| | Household | None | |
| Investment & Proprietary | Self | None | |
| Interests | Household | None | |
| Committees, Boards, & | Self | ACP Services PAC — attended congressional fundraiser as ACP representative | |
| Workgroups/Panels | Household | None | |
| Other Interests | Self | None | |
| | Household | None | |

| DË | c_1 | Α | Γł | Δ, | TI | O | N |
|----|-------|---|----|----|----|---|---|
| | | | | | | | |

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

RELEVANT PUBLICATIONS

Copy and paste below or send as attachment.

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

a) \$0

- e) \$10,001 to 50,000
- b) Up to \$1000
- f) \$50,001 to 100,000
- c) \$1,001 to 5,000
- g) ≥\$100,001
- d) \$5,001 to 10,000

| Name: Linda L. Humphrey, MD, MPH, MACP | | | | |
|--|---------------------------|--|--|--|
| | | | | |
| Role: | | | | |
| ☐ Clinical Guidelines Committee | ☐ ACP Staff or Leadership | | | |
| ☐ Performance Measurement Committee | ☐ Guest | | | |
| | | | | |

ACTIVE (Current) Belongs to Description including amount of value or income

| Employment | Self | Portland VA Medical Center | | + | - |
|------------------------------------|-----------|---|-----------------|---|---|
| Employment | Household | Spouse: Cardiologist at Legacy Health System | | + | - |
| Research & Consulting Roles | Self | University of Texas grant on harms of breast cancer screening in older women | \$1,001 – 5,000 | + | _ |
| Roles | Household | None | | + | - |
| Investment & Proprietary | Self | UpToDate royalties | \$1,001 – 5,000 | + | - |
| Interests | Household | None | | + | - |
| Committees, Boards, & | Self | None | | + | - |
| Workgroups/Panels | Household | None | | + | - |
| Other Interests | Self | Women's Preventive Services Initiative Committee (member, ACP representative) | \$0 | + | _ |
| other affiliations, advocacy, etc. | 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) | |
| n/a - no clinical topics on upcoming agenda | |

For staff use: ADD NEW RESET

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

| Employment — | Self | None | | + | - |
|----------------------------------|---|--|-------------------|---|---|
| | Household | None | | + | _ |
| Research & Consulting Self Roles | | 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 | + | - |
| | Patient-Centered Outcomes Research Institute peer review (I am an associate editor, so many topics) | \$10,001 – 50,000 | + | _ | |
| | Household | None | | + | - |

| Investment & Proprietary Self Interests | Self | Gilead Sciences 10 shares | Up to \$1,000 | + | - |
|---|-----------|--|-----------------|---|---|
| | | Stock in Pfizer | \$1,001 – 5,000 | + | - |
| | | Stock in Shinogi | \$1,001 – 5,000 | + | - |
| | | Stock in Biogen | \$1,001 – 5,000 | + | - |
| | Household | None | | + | - |
| Committees, Boards, & | Self | None | | + | - |
| Workgroups/Panels | Household | None | | + | - |
| Other Interests | Self | VA Preventive Medicine Advisory Committee (member) | \$0 | + | - |
| 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: 2019.07.26 15:02:58 -07'00' | |
|---|------|
| Signature | Date |

RELEVANT PUBLICATIONS

| Copy and paste into box below or send as attachment. | |
|--|--|
| | |

| Name: Janet A. Jokela, MD | , MPH, FACP | | | | |
|--|-----------------------------------|--|-----------------------------|---|---|
| Role: Clinical Guidelines Commi | | ☐ ACP Staff or Leadership | | | |
| Performance Measureme | | e ☐ Guest | | | |
| ☐ High Value Care Committe | 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 | + | - |
| esearch & Consulting | Household | Spouse: University of Illinois at Urbana-Champaign | \$100,001 or more | + | - |
| Research & Consulting | Self | ACP MKSAP 2019 Deputy Editor | \$10,001 - 50,000 | + | - |
| Roles | Household | None | | + | - |
| 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, Boards, & Workgroups/Panels | Self | American Board of Medical Specialties, Committee on Certification (COCERT, member) | \$0 | + | - |
| | | Champaign County Audubon Board member | \$0 | + | - |
| | | Mississippi Valley Regional Blood Center Board Member | \$0 | + | - |
| | Household | None | | + | - |
| Other Interests | Self | None | | + | - |
| other affiliations, advocacy, etc. | Household | None | | + | - |
| other affiliations, advocacy, etc. In the last 3 years, have yo | Self Household ou or any ho | Member None None | ng topic areas? | + | |
| • | | | ; blog) | | |
| n/a - no clin | ical topics or | n upcoming agenda | | | |
| | | For staff use: | DD NEW RESE | T | |
| INACTIVE (Last 3 years) | Belonas to | Description including amount of value or income | ! | | |
| | Self | None | | + | _ |
| Employment | | | | | |

Household None

| | Self | None | | + | - |
|---|-----------|---|-------------------|---|---|
| Research & Consulting Roles | | 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 | + | - |
| | 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 | + | - |
| Investment & Proprietary | Self | None | | + | - |
| Interests | Household | None | | + | - |
| | Self | None | | + | - |
| Committees, Boards, & Workgroups/Panels | 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 Date: 2019.07.23 11:42:07 -05'00' | Jul 23, 2019 |
|---------------------|--|--------------|
| Signature | | Date |

RELEVANT PUBLICATIONS

| Copy and paste into box below or send as attachment. | | | | | | |
|--|--|--|--|--|--|--|
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| | | | | | | |
| | | | | | | |

| Name: Devan Kansagara, N | ЛD, MCR | | | |
|---|-------------|---|-------------------|-------|
| Role: | | | | |
| | | ACP Staff or Leadership | | |
| Performance Measureme | | e 🔲 Guest | | |
| ☐ High Value Care Committe | ee | | | |
| ACTIVE (Current) | Belongs to | Description including amount of value or incom | e | |
| 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 Roles | 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, Boards, & | Self | None | | + - |
| Workgroups/Panels | Household | None | | + - |
| Other Interests | Self | None | | + - |
| $other\ affiliations,\ advocacy,\ etc.$ | Household | None | | + - |
| | eviewed and | usehold members published on any of the following in the | | |
| | | t of care ultrasound TYes No | | |
| | | | | |
| | | For staff use: A | DD NEW R | RESET |

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

| Employment | Self | None | + | _ |
|-------------|-----------|------|-------|---|
| Linployment | Household | None | + | - |

| Research & Consulting Roles | Self | Patient-aligned Care Team Demonstration Laboratory PI: Devan Kansagara (12/12-present); David Hickam, MD, MPH (09/09-11/12) Source: Veterans Health Administration Period: 2009-2014 %Effort: 35 (as PI), 10 (as coinvestigator from 09/09 -12/12) | \$10,001 – 50,000 | + | - |
|------------------------------------|-----------|--|-------------------|---|---|
| | Household | None | | + | - |
| Investment & Proprietary | Self | None | | + | - |
| Interests | Household | None | | + | - |
| Committees, Boards, & | Self | None | | + | - |
| Workgroups/Panels | 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 | Digitally signed by Devan Kansagara Date: 2019.08.12 13:43:37 -07'00' |
|-----------------|--|
| Signature | Date |

Digitally signed by Devan Kansagara

RELEVANT PUBLICATIONS

| (| opy and paste into box below or send as attachment. | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Name: Maura Marcucci, M | D, MSc | | | | | |
|---|--------------|---|-------------|--------|---|---|
| Role: Clinical Guidelines Commi 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 | McMaster University, Hamilton, Canada | | | + | - |
| Employment | Household | MSc Candidate at McMaster University—only part-time research work | | | + | - |
| Roles | | Co-investigator on a public grant funded by the European Commission on strategies to prevent or delay age-related frailty | \$100,001 o | r more | + | - |
| | Self | Principal Investigator on a public grant funded by the Canadian Institutes of Health Research on interventions to reduce postoperative delirium and cognitive outcome | \$100,001 o | r more | + | - |
| | Household | None | | | + | - |
| Investment & Proprietary | Self | None | | | + | - |
| , | Household | None | | | + | - |
| Committees, Boards, & | Self | None | | | + | - |
| Workgroups/Panels | Household | None | | | + | - |
| Other Interests | Self | None | | | + | - |
| other affiliations, advocacy, etc. | Household | Member of Network of Canadian Emergency Researchers | \$0 | | + | - |
| Please include both peer-re | eviewed and | usehold members published on any of the following non-peer-reviewed sources (e.g. newspaper op-ed nupcoming agenda | | as? | | |
| | | For staff use: | DD NEW | RESET | | |
| INACTIVE (Last 3 years) | Belongs to | Description including amount of value or incom- | e | | | |
| | Self | University of Milan & Fondazione IRCCS Ca'Granda | | | + | _ |
| | 001 | | 1 | | | |

| Employment | Self | Ospedale Maggiore Policlinico, Milan, Italy | + | - |
|--------------------------|-----------|---|-------|---|
| | Household | Emergency Medicine physician at Fondazione IRCCS Ca'Granda Ospedale Maggiore Policlinico, Milan, Italy | + | - |
| Research & Consulting | Self | None | + | - |
| Roles | Household | None | + | - |
| Investment & Proprietary | Self | None | + | - |
| Interests | Household | None | + | - |

| Committees, Boards, & Workgroups/Panels Other Interests | | Member of the European partnership on Active Health and Aging – work groups on Frailty and on Cognitive Decline (an European Commission initiative) | \$0 | + | _ |
|--|-----------|--|-----|---|---|
| | Self | Member of the Scientific Sub-Committee for the International Society of Thrombosis And Haemostasis (ISTH) on Predictors of Venous and Arterial Thromboembolism | \$0 | + | _ |
| | Household | Member of the European partnership on Active Health and Aging – work groups on Frailty | \$0 | + | - |
| | Self | None | | + | - |
| | 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.

| Maura Marcucci | Date: 2019.08.06 12:14:33 +02'00' |
|----------------|-----------------------------------|
| Signature | Date |

RELEVANT PUBLICATIONS

| Copy and paste into box below or send as attachment. | |
|--|--|
| | |

| Name: Adam J. Obley, MD | | | | | |
|------------------------------------|--------------|--|----------------|---|---|
| Role: Clinical Guidelines Commit | ttee | ☐ ACP Staff or Leadership | | | |
| Performance Measuremer | nt Committee | P. ☐ Guest | | | |
| | | | | | |
| Maria Care Committee | | | | | |
| ACTIVE (Current) | Belongs to | Description including amount of value or income | e _. | | d |
| | | Portland VA Medical Center | | + | - |
| Employment | Self | Center for Evidence-based Policy, Oregon Health & Science University | | + | - |
| | Household | None | | + | - |
| December 9 Communities | Colf | Oregon Health Evidence Review Commission, Clinical Evidence Consultant | \$0 | + | - |
| Research & Consulting Roles | Self | Milbank Memorial Fund Evidence-informed Health Policy workshops (faculty) | \$0 | + | - |
| | Household | None | | + | - |
| Investment & Proprietary | Self | None | | + | - |
| Interests | Household | None | | + | - |
| Committees, Boards, & | Self | None | | + | - |
| Workgroups/Panels | Household | None | | + | - |
| | | ACP Oregon Chapter Health Policy Committee (chair) | \$0 | + | - |
| Other Interests | Self | Oregon Medical Association (trustee) | \$0 | + | - |
| other affiliations, advocacy, etc. | | Medical Society of Metropolitan Portland (trustee) | \$0 | + | - |
| | Household | None | | + | _ |
| Please include both peer-re | eviewed and | usehold members published on any of the followi non-peer-reviewed sources (e.g. newspaper op-ed | | | |
| n/a - no clinical to | opic areas o | n upcoming agenda | | | |
| | | For staff use: | DD NEW RESET | Т | |
| INACTIVE (Last 3 years) | Belongs to | Description including amount of value or income | e | | |
| Employment | Self | None | | + | - |
| Employment | Household | None | | + | - |
| Research & Consulting | Self | None | | + | - |
| Roles | Household | None | | + | - |
| Investment & Proprietary | Self | None | | + | - |
| Interests | Household | None | | + | - |

| Committees, Boards, & | Self | None | + | _ |
|------------------------------------|-----------|------|-------|---|
| Workgroups/Panels | 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.

| Adam J. Obley 564252 | Digitally signed by Adam J. Obley 564252 Date: 2019.08.12 16:36:27 -07'00' | |
|----------------------|---|--|
| Signature | Date | |
| | | |

RELEVANT PUBLICATIONS

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

| Name: Douglas M. DeLong | g, MD, FACP | | | |
|--|--------------|--|---------------------|-------------|
| Role: Clinical Guidelines Comm Performance Measureme High Value Care Committe | ent Committe | ☐ ACP Staff or Leadership ☐ Guest | | |
| ACTIVE (Current) | Belongs to | Description including amount of value or income | <u>.</u> | |
| Crawleymout | Self | Bassett Healthcare | | 4 - |
| Employment | Household | None | ** | . + - |
| Research & Consulting | Self | None | | +- |
| Roles | Household | None | Tal. | +- |
| Investment & Proprietary | Self | None | | +- |
| Interests | Household | None | | : +- |
| Committees, Boards, & Workgroups/Panels | Self | New York Medicaid Basic Benefit Review Committee (member) | \$0 | +- |
| workgroups/ ratiess | Household | None | | ++ |
| | | ACP Leadership day (participant) | \$0 | + - |
| Other Interests | Self | NYACP advocacy day (participant) | \$0 | + - |
| other affiliations, advocacy, etc. | | Medical Society of the State of New York (member) | \$0 | + - |
| | Household | None | - | 4 - |
| In the last 3 years, have yo Please include both peer-re | viewed and | usehold members published on any of the followin non-peer-reviewed sources (e.g. newspaper oper Acute pain Yes XNo | ng topic areas? | |
| household members contri | buted towa | For staff use: All he attached word document. Within the last 3 yeards the development of one of these measures or | rs. have you or a | ny asure |
| (measure on the same topi Yes X No Within the last 3 years, hav by these measures? | | y household members published on any of the clir | nical topic areas o | overed |
| Please include both peer-re Yes X No | | non-peer-reviewed sources (e.g. newspaper op-ed | ; blog) | 1 |
| INACTIVE (Last 3 years) | Belongs to | Description including amount of value or income | | |

| Employment | Self | Bassett Healthcare | - | +- |
|------------------------------------|-----------|----------------------|---|----|
| | Household | None | | +- |
| Research & Consulting | Self | None | | +- |
| Roles | Household | None | | +- |
| Investment & Proprietary | Self | None | - | +- |
| Interests | Household | None | | +- |
| Committees, Boards, & | Self | ACP Board of Regents | _ | +- |
| Workgroups/Panels | Household | None | | +- |
| Other Interests | Self | AMA | | +- |
| other affiliations, advocacy, etc. | Household | None | | +- |

| | Housenoia | None | | +- |
|------------------------------------|--------------|--|-------------------------------|----------|
| Other Interests | Self | AMA | | +- |
| other affiliations, advocacy, etc. | Household | None | | +- |
| | | | | 8 |
| | | | | |
| | | | | |
| DECLARATION | | | | |
| I certify that to my knowled | dge and bel | ief that I have disclosed my financial and | non-financial interests above | ve and I |
| will promptly disclose any | changes. | | | |
| Signature Signature | lma | | 01.119 | |
| Signature | 7 | | 8/1/19 | |
| | 1 | | ate | |
| RELEVANT PUBLICATION | NS | | | |
| Copy and paste into box be | low or send | as attachment. | | |
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| RELEVANT MEASURES | | | | |
| List in box below or highligh | t in attache | d document. | | |
| | | | | |
| | | | | |
| | | | | |

| Name: Robert M. McLean, | MD, FACP | | | |
|---|--------------|--|-------------------|-----------------------|
| Role: | | | | |
| Clinical Guidelines Commi | ttee | | | |
| Performance Measuremen | nt Committee | Guest | | |
| High Value Care Committe | ee | | | |
| | | | | |
| ACTIVE (Current) | Belongs to | Description including amount of value or income | 2 | |
| Employment | Self | Northeast Medical Group | \$100,001 or more | + - |
| Linproyment | Household | None | | + - |
| Research & Consulting | Self | None | *** | + - |
| Roles | Household | None | | 1 - |
| Investment & Proprietary | Self | None | | + - |
| Interests | Household | None | | + - |
| Committees, Boards, & | Self | State of Connecticut Healthcare Innovation Steering Committee | \$0 | + - |
| Workgroups/Panels | Household | None | | + - |
| Other Interests | Self | None | : | + - |
| other affiliations, advocacy, etc. | Household | None | | + - |
| | eviewed and | usehold members published on any of the followinon-peer-reviewed sources (e.g. newspaper op-ed Acute pain | | |
| | Point | t of care ultrasound Yes No | | |
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| | ributed tow | he attached word document. Within the last 3 yea ards the development of one of these measures o | | |
| Within the last 3 years, had by these measures? | | ny household members published on any of the cline non-peer-reviewed sources (e.g. newspaper op-ec | | vered |
| INACTIVE (Last 3 years) | Belongs to | Description including amount of value or income | e | |
| | Self | None | | + - |
| Employment | Household | None | | + - |
| | | i. | | www.lementiilienmisi. |

| Research & Consulting | Self | None | | į,† | - |
|---|-----------|---|-----------------|-----|---|
| Roles | Household | None | | + | - |
| Investment & Proprietary | Self | None | | + | - |
| Interests | Household | None | | + | - |
| | | ACP PAC, Chair | \$0 | + | - |
| | | Committee on Rheumatologic Care of American College of Rheumatology | \$0 | + | - |
| | Self | Advisory Committee to Health Insurance Exchange of Connecticut | \$0 | + | - |
| Committees, Boards, & Workgroups/Panels | | ABIM Rheumatology Board | \$1,001 - 5,000 | + | - |
| workgroupsy rancis | | Board of Directors of Northeast Medical Group of Yale New Haven Health Systems | \$0 | + | - |
| | | Quality of Care Committee - American College of Rheumatology | \$0 | + | - |
| | Household | None | | + | - |
| Other Interests | Self | None | | + | - |
| other affiliations, advocacy, etc. | Household | None | | + | - |

| I certify that to my knowledge and belief that I have disclosed m will promptly disclose any changes. | ny financial and non-financial interests above and I Aug 8, 2019 |
|---|---|
| Signature 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: Wayne H. Bylsma, P | hD | | | | |
|------------------------------------|---------------------|---|----------------------|----|---|
| 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 | 9 | | |
| Employment | Self | American College of Physicians | | + | - |
| Employment | Household | Ewing Cole | | + | - |
| Research & Consulting | Self | None | | + | - |
| Roles | Household | None | | + | - |
| Investment & Proprietary | Self | None | | + | - |
| Interests | Household | None | | + | - |
| Committees, Boards, & | Self | None | | + | - |
| Workgroups/Panels | Household | None | | + | - |
| Other Interests | Self | None | | + | - |
| other affiliations, advocacy, etc. | Household | None | | + | - |
| | eviewed and High | usehold members published on any of the followinon-peer-reviewed sources (e.g. newspaper opecation and the following sources) Acute pain | | | |
| | | | | | |
| | | For staff use: Al | DD NEW RESET | Γ | |
| | | | | | |
| | | he attached word document. Have you or any house of these measures or a competing measur | | me | |
| □Yes ⊠ No | | | | | |
| Have you or any household | d members | published on any of the clinical topic areas covere | d by these measures? | ? | |
| Please include both peer-re | viewed and | non-peer-reviewed sources (e.g. newspaper op-ed | l; blog) | | |
| □Yes ⊠ No | | | | | |
| | | | | | |
| INACTIVE (Last 3 years) | Belongs to | Description including amount of value or income | 9 | | |
| Employment | Self | None | | + | - |
| Employment | Household | None | | + | - |

| Research & Consulting | Self | None | | + | F |
|--|-----------|--|-----------------------|----------|-----|
| Roles | Household | None | | + | |
| nvestment & Proprietary | Self | None | | + | F |
| nterests | Household | None | | + | F |
| Norkgroups/Panels | Self | None | | + | F |
| Workgroups/Panels | Household | None | | + | F |
| Other Interests | Self | None | | + | |
| other affiliations, advocacy, etc. | Household | None | | + | F |
| certify that to my knowle will promptly disclose any | _ | ief that I have disclosed my financial and noi | n-financial interests | above an | ıd |
| certify that to my knowle will promptly disclose any | _ | ief that I have disclosed my financial and nor Digitally signed by Wayne H. Bylsma Date: 2019.08.02 10:17:11 -04'00' | n-financial interests | above an | nd |
| l certify that to my knowle will promptly disclose any Wayne H. Bylsma | _ | Digitally signed by Wayne H. Bylsma | n-financial interests | above an | ıd |
| DECLARATION I certify that to my knowle will promptly disclose any Wayne H. Bylsma Signature RELEVANT PUBLICATIO | changes. | Digitally signed by Wayne H. Bylsma Date: 2019.08.02 10:17:11 -04'00' | n-financial interests | above an | ıd |
| Certify that to my knowle will promptly disclose any Wayne H. Bylsma Signature RELEVANT PUBLICATIO | changes. | Digitally signed by Wayne H. Bylsma Date: 2019.08.02 10:17:11 -04'00' Date | n-financial interests | above an | 10 |
| Certify that to my knowle will promptly disclose any Wayne H. Bylsma Signature RELEVANT PUBLICATIO | changes. | Digitally signed by Wayne H. Bylsma Date: 2019.08.02 10:17:11 -04'00' Date | n-financial interests | above an | ıd |
| I certify that to my knowle will promptly disclose any Wayne H. Bylsma | changes. | Digitally signed by Wayne H. Bylsma Date: 2019.08.02 10:17:11 -04'00' Date | n-financial interests | above an | nd |
| certify that to my knowle will promptly disclose any Wayne H. Bylsma | changes. | Digitally signed by Wayne H. Bylsma Date: 2019.08.02 10:17:11 -04'00' Date | n-financial interests | above an | 1 d |
| Certify that to my knowle will promptly disclose any Wayne H. Bylsma Signature RELEVANT PUBLICATIO | changes. | Digitally signed by Wayne H. Bylsma Date: 2019.08.02 10:17:11 -04'00' Date | n-financial interests | above an | 1 d |

| Name: Kate Carroll, MPH | | | | | | |
|---|--------------|---|-------------|-------------|----|---|
| Role: Clinical Guidelines Commit Performance Measuremer High Value Care Committe | nt Committee | | | | | |
| ACTIVE (Current) | Belongs to | Description including amount of value or incom | е | | | |
| | Self | American College of Physicians | | | + | - |
| Employment | Household | The Beasley Firm (personal injury and medical malpractice) | | | + | - |
| Research & Consulting | Self | None | | | + | - |
| Research & Consuming | 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 | | | + | - |
| | eviewed and | usehold members published on any of the follow non-peer-reviewed sources (e.g. newspaper op-er Acute pain ☐ Yes ☒ No ☐ flow nasal oxygen ☐ Yes ☒ No | | as? | | |
| | | For staff use: | DD NEW | RESET | • | |
| | | he attached word document. Have you or any ho of one of these measures or a competing measu | | | ne | |
| | members | published on any of the clinical topic areas covere | nd by these | meacurecy | | |
| | | non-peer-reviewed sources (e.g. newspaper op-e | | illeasules: | | |
| □Yes □ No | | | , | | | |
| | | | | | | |
| INACTIVE (Last 3 years) | Belongs to | Description including amount of value or incom | e | | | |
| , , , , , | Self | None | | | + | _ |

+ -

Employment

Roles

Research & Consulting

Household

Household

Self

None

None

None

| Interests | | Self | None | - | + |
|--|------------------------------------|-------------|-----------------------------------|------|-------|
| Advisory Roles Household None Self None Household None | nterests | Household | None | | + |
| Declarations, advocacy, etc. Self None | Committees, Workgroups, | Self | None | | + |
| DECLARATION certify that to my knowledge and belief that I have disclosed my financial and non-financial in will promptly disclose any changes. Kate Carroll Digitally signed by Kate Carroll Date: 2019.08.05 10:13:30 -04'00' Date RELEVANT PUBLICATIONS | & Advisory Roles | Household | None | | + |
| DECLARATION certify that to my knowledge and belief that I have disclosed my financial and non-financial in will promptly disclose any changes. Kate Carroll Digitally signed by Kate Carroll Date: 2019.08.05 10:13:30 -04'00' Date Date RELEVANT PUBLICATIONS | Other Interests | Self | None | | + |
| Certify that to my knowledge and belief that I have disclosed my financial and non-financial in will promptly disclose any changes. Kate Carroll Digitally signed by Kate Carroll Date: 2019.08.05 10:13:30 -04'00' Date Date PELEVANT PUBLICATIONS | other affiliations, advocacy, etc. | Household | None | | + |
| RELEVANT PUBLICATIONS | | changes. | | | |
| | | <i>J</i> | Date: 2019.08.05 10:13:30 -04'00' | Date | |
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| DELEVANT NACACLIDEC | | | | | |
| RELEVANT IVIEASURES | RELEVANT MEASURES | | | | |

| Name: Sarah Dinwiddie, RN | I, MSN | | | |
|---|--------------------|--|--------------------|-----|
| Role: Clinical Guidelines Commit Performance Measuremer High Value Care Committe | nt Committee | ☑ ACP Staff or Leadership ☑ Guest | | |
| ACTIVE (Current) | Belongs to | Description including amount of value or income | | |
| Employment | Self | American College of Physicians | \$50,001 – 100,000 | + - |
| Employment | Household | Town Sports International | \$50,001 – 100,000 | + - |
| Decearsh & Consulting | Self | None | | + - |
| Research & Consulting | Household | None | | + - |
| Investment & Proprietary | Self | None | | + - |
| Interests | Household | None | | + - |
| Committees, Workgroups, | Self | Core Quality Measures Workgroup | | + - |
| & Advisory Roles | Household | None | | + - |
| Other Interests | Self | American Nurses Association | \$0 | + - |
| other affiliations, advocacy, etc. | Household | None | | + - |
| | viewed and High | usehold members published on any of the following non-peer-reviewed sources (e.g. newspaper op-ed) Acute pain Yes No In flow nasal oxygen Yes No It of care ultrasound Yes No | | |
| | | For staff use: AD | D NEW RESET | Γ |
| contributed towards the detopic)? | | he attached word document. Have you or any hou of one of these measures or a competing measure | | me |
| ☐Yes ⊠ No | | | | |
| | | published on any of the clinical topic areas covered non-peer-reviewed sources (e.g. newspaper op-ed | | |
| Yes □ No | viewed and | Tion peer reviewed sources (e.g. newspaper op ed | , 5108) | |
| <u> </u> | | | | |
| INACTIVE (Last 3 years) | Belongs to | Description including amount of value or income | r | |
| | Self | None | | + - |
| Employment | Household | None | | + - |

| Research & Consulting | Self | None | + | _ |
|------------------------------------|-----------|---|-------|---|
| Roles | Household | None | + | _ |
| Investment & Proprietary | Self | None | + | - |
| Interests | Household | None | + | _ |
| Committees, Workgroups, | Self | National Quality Forum, Interoperability Committee (member) | + | _ |
| & 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.

Signature

Digitally signed by Sarah J. Dinwiddie
Date: 2019.08.14 12:08:14 -04'00'

Aug 14, 2019

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

https://www.nejm.org/doi/full/10.1056/NEJMp1802595?_ga=2.5533877.723990788.1564498422-638981602.1563892757

RELEVANT MEASURES

| List in box below or highlight in attached | document. | |
|--|-----------|--|
| | | |

| Name: Amir Qaseem, MD, PhD, MHA, FACP | | | | |
|---------------------------------------|---------|--|--|--|
| | | | | |
| Role: | | | | |
| ☐ Clinical Guidelines Committee | | | | |
| ☐ Performance Measurement Committee | ☐ Guest | | | |
| ☐ High Value Care Committee | | | | |

| ACTIVE (Current) | Belongs to | Description including amount of value or income |
|------------------|------------|---|
|------------------|------------|---|

| ACTIVE (Current) | Belongs to | Description including amount of value or income | | | 1 |
|---|------------|---|-----------------|---|---|
| Employment | Self | American College of Physicians | | + | - |
| Employment Research & Consulting | Household | None | | + | - |
| Research & Consulting Investment & Proprietary | Self | Editor (Evidence-based Medicine), DynaMed | \$1,001 – 5,000 | + | - |
| | Household | None | | + | - |
| Investment & Proprietary | Self | None | | + | - |
| Interests | Household | None | | + | - |
| Committees, Workgroups, & Advisory Roles | | Guidelines International Network's Board of Trustees (member) | \$0 | + | - |
| | | Measures Application Partnership Coordinating Committee (member) | \$0 | + | - |
| | | DynaMed Board of Executives (member) | \$0 | + | - |
| | | GRADE Working Group (member) | \$0 | + | - |
| | Self | Reporting Items for Guidelines in Health Systems (RIGHT) Working Group (member) | \$0 | + | - |
| | | PCPI Board of Directors (member) | \$0 | + | - |
| | | National Quality Forum Physician Advisory Committee (member) | \$0 | + | - |
| | | PCPI Measures Advisory Committee (chair) | \$0 | + | - |
| | | CDC ACIP Methodology Committee (member) | \$0 | + | - |
| | | Women's Preventive Services Initiative: ACOG/HRSA (Advisory Committee member) | \$0 | + | - |
| | | National Quality Forum Prevention and Population Health Committee (co-chair) | \$0 | + | - |
| | | AHRQ EPC VI Selection Group (Member) | Up to \$1,000 | + | - |
| | | National Quality Forum's Clinical & Quality Allignment Committee (Member) | \$0 | + | - |
| | | National Academy of Medicine's Overcoming Challenges in Validation and Use of Performance Measures (Member) | \$0 | + | _ |
| | Household | None | | + | - |
| | Colf | Thomas Jefferson University (Adjunct) | \$0 | + | - |
| Other Interests other affiliations, advocacy, etc. | Self | Cochrane US Network Affiliate (Director) | \$0 | + | - |
| other armations, advocacy, etc. | Household | None | | + | - |

| | Acute pain ☐Yes ☒ No | |
|-----------------------|---|-------|
| | High flow nasal oxygen ☐ Yes ☒ No | |
| | Point of care ultrasound ☐Yes 区 No | |
| | | RESET |
| ontributed towards th | measures in the attached word document. Have you or any household members development of one of these measures or a competing measure (measure on the | |
| | | |

| Employment | Self | None | | + | - |
|---|-----------|---|-----|---|---|
| | Household | None | | + | - |
| Roles | Self | None | | + | - |
| | Household | None | | + | - |
| Investment & Proprietary Interests | Self | None | | + | - |
| | Household | None | | + | - |
| Committees, Workgroups, & Advisory Roles | Self | National Quality Forum's Health and Well Being Standing Committee (Chair) | \$0 | + | - |
| | | National Quality Forum's Incubator Partnership and Collaboration Committee (Member) | \$0 | + | - |
| | | World Health Organization Special Advisor (Complex Health Interventions) | \$0 | + | - |
| | | CMS Next Generation Performance Measures Expert Panel (Member) | \$0 | + | - |
| | | MedBiquitous Board of Directors (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.

Digitally signed by Amir Qaseem Date: 2019.08.07 12:23:20 -04'00'

Signature Date

| Copy and paste into box below or send as attachment. | |
|--|--|
| | |
| RELEVANT MEASURES | |
| List in box below or highlight in attached document. | |
| | |

RELEVANT PUBLICATIONS

| Name: Jeffrey Shaffroff, Ph | ט | | | | |
|------------------------------------|------------|---|--------------|----|---|
| Role: | | | | | |
| ☐ Clinical Guidelines Commit | tee | □ ACP Staff or Leadership | | | |
| Performance Measuremer | | | | | |
| ☐ High Value Care Committe | | | | | |
| | | | | | |
| ACTIVE (Current) | Belongs to | Description including amount of value or income | | | |
| Freedom ent | Self | American College of Physicians | | + | - |
| Employment | Household | None | | + | - |
| | 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 | | + | - |
| Please include both peer-re | High | non-peer-reviewed sources (e.g. newspaper op-ed Acute pain ☐ Yes ☒ No flow nasal oxygen ☐ Yes ☒ No of care ultrasound ☐ Yes ☒ No | ; blog) | | |
| | | | | | |
| | | For staff use: | DD NEW RESET | | |
| | | ne attached word document. Have you or any hou of one of these measures or a competing measure | | me | |
| □Yes ⊠ No | | | | | |
| | | published on any of the clinical topic areas covered | | | |
| · | viewed and | non-peer-reviewed sources (e.g. newspaper op-ed | ; blog) | | |
| □Yes ⊠ No | | | | | |
| INACTIVE (Last 3 years) | Belongs to | Description including amount of value or income | | | |
| Employment | Self | Kaiser Permanente Medical Group | | + | - |
| Lingioyinent | Household | None | | + | - |

| Research & Consulting | Self | None | | | + |
|--|-------------|--|--|--------------------|---------|
| Roles | Household | None | | | + |
| nvestment & Proprietary | Self | None | | | + |
| nterests | Household | None | | | + |
| Committees, Workgroups, | Self | None | | | + |
| & Advisory Roles | Household | None | | | + |
| Other Interests | Self | None | | | + |
| ther offiliations advances at | | NI | | | |
| DECLARATION certify that to my knowled | dge and bel | None | ncial and non-fina | ncial interests ak | |
| DECLARATION certify that to my knowled will promptly disclose any of the control | dge and bel | lief that I have disclosed my fina Digitally signed by Jeff Shafiroff | ncial and non-fina August 2, 2 | ncial interests ak | n (|
| DECLARATION certify that to my knowled will promptly disclose any of the standard signature | dge and bel | lief that I have disclosed my fina | | ncial interests ak | |

RELEVANT MEASURES

List in box below or highlight in attached document.

| Name: Patricia Siemion, MS | S | | | | |
|--|---------------------------|--|---|---|---|
| Role: Clinical Guidelines Commit Performance Measuremen High Value Care Committee | nt Committee | | | | |
| ACTIVE (Current) | Belongs to | Description including amount of value or income | | | |
| | 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 | + | - |
| Decearsh & Consulting | Self | None | | + | - |
| Research & Consulting | Household | None | | + | - |
| | Self | None | | + | - |
| Interests | Household | None | | + | - |
| Committees, Workgroups, | Self | None | | + | - |
| & Advisory Roles | Household | None | | + | - |
| Other Interests | Self | None | | + | - |
| other affiliations, advocacy, etc. | Household | None | | + | - |
| | eviewed and High | usehold members published on any of the following non-peer-reviewed sources (e.g. newspaper op-ed Acute pain Yes No No Yes No Yes No Yes No No Yes No | | | |
| | | For staff use: AD | DD NEW RESE | T | |
| contributed towards the detopic)? ☐ Yes ☑ No Have you or any household | evelopment d members (| ne attached word document. Have you or any hou of one of these measures or a competing measure oublished on any of the clinical topic areas covered non-peer-reviewed sources (e.g. newspaper op-ed | e (measure on the sa d by these measures | | |
| INACTIVE (Last 3 years) | Belongs to | Description including amount of value or income | ! | | |
| Employment | Self | None | | + | - |

Household None

| Research & Consulting | Self | None | | | - | F |
|--|-----------|---|--------------------------------|--------------------|----------|-----------|
| Roles | Household | None | | | + | F |
| nvestment & Proprietary | Self | None | | | 4 | F |
| nterests | Household | None | | | - | F |
| Committees, Workgroups, | Self | None | | | - | F |
| & Advisory Roles | Household | None | | | + | H |
| Other Interests | Self | None | | | - | F |
| other affiliations, advocacy, etc. | Household | None | | | - | F |
| certify that to my knowle | • | ief that I have disclosed my fina | ncial and non-fina | ncial interests | above ar | ıd |
| I certify that to my knowled will promptly disclose any | • | Digitally signed by Trish Siemion Date: 2019.08.02 08:26:33 -04'00' | ncial and non-fina 8/2/2019 | incial interests a | above ar | ıd |
| DECLARATION I certify that to my knowled will promptly disclose any of the Trish Siemion Signature | • | ∫ Digitally signed by Trish Siemion | | incial interests a | above ar | nd |
| I certify that to my knowled will promptly disclose any Trish Siemion Signature | changes. | ∫ Digitally signed by Trish Siemion | 8/2/2019 | incial interests a | above ar | nd |
| Trish Siemion Signature RELEVANT PUBLICATIO | changes. | Digitally signed by Trish Siemion Date: 2019.08.02 08:26:33 -04'00' | 8/2/2019 | incial interests a | above ar | nd |
| Trish Siemion Signature RELEVANT PUBLICATIO | changes. | Digitally signed by Trish Siemion Date: 2019.08.02 08:26:33 -04'00' | 8/2/2019 | incial interests a | above ar | nd |
| Trish Siemion Signature RELEVANT PUBLICATIO | changes. | Digitally signed by Trish Siemion Date: 2019.08.02 08:26:33 -04'00' | 8/2/2019 | incial interests a | above ar | nd |
| I certify that to my knowled will promptly disclose any of the Trish Siemion | changes. | Digitally signed by Trish Siemion Date: 2019.08.02 08:26:33 -04'00' | 8/2/2019 | ncial interests | above ar | nd |

| Name: Farah Sultan, MD, M | 1S | | | | |
|--|---|--|--|-------|---|
| Role: Clinical Guidelines Commit Performance Measuremer High Value Care Committe | nt Committee | | | | |
| ACTIVE (Current) | Belongs to | Description including amount of value or income | <u> </u> | | |
| Employment | Self | American College of Physicians Sigma Health Consulting LLC (Systematic Review on Generalized Anxiety Disorder) | \$50,001 – 100,000 \$5,001 – 10,000 | + + | - |
| | Household | | | + | - |
| Research & Consulting | Self | | | + | - |
| Roles | Household | | | + | - |
| Investment & Proprietary | Self | | | + | - |
| Interests | Household | | | + | _ |
| Committees, Boards, & | Self | | | + | - |
| | Household | | | + | - |
| Other Interests | Self | | | + | - |
| other affiliations, advocacy, etc. | Household | | | + | - |
| | viewed and Higl | usehold members published on any of the followinon-peer-reviewed sources (e.g. newspaper operations) Acute pain | | | |
| | | For staff use: Al | DD NEW R | RESET | |
| household members contr (measure on the same topi Yes No Within the last 3 years, have by these measures? Please include both peer-re | ributed towards: c)? ve you or an | he attached word document. Within the last 3 year ards the development of one of these measures on the development of one of these measures or the development of the cline of | r a competing mea | asure | t |
| □Yes ⊠ No | | | | | |

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

| | Self | Fox Chase Cancer Center | | | + |
|---|-----------------------|--|--------------------------------------|-----------------------|------|
| | | Peripheral Vascular Institute Of Philad | delphia | \$10,001 - 50,000 | + |
| Employment | Household | University of Pennsylvania | | \$10,001 - 50,000 | + |
| | | Christiana Care Hospital | | \$10,001 – 50,000 | + |
| Research & Consulting | Self | | | | + |
| Roles | Household | | | | + |
| nvestment & Proprietary | Self | | | | + |
| nterests | Household | | | | + |
| Committees, Boards, & | Self | | | | + |
| Norkgroups/Panels | Household | | | | + |
| Other Interests | Self | | | | + |
| Juliei iliterests | - | | | | |
| other affiliations, advocacy, etc. | Household | | | | + |
| DECLARATION I certify that to my knowle will promptly disclose any | Household dge and be | Digitally signed by Farah Sultan | al and non-fina 08/05/2019 | incial interests abov | e an |
| DECLARATION I certify that to my knowle will promptly disclose any Farah Sultan | Household dge and be | | | incial interests abov | |
| DECLARATION I certify that to my knowle will promptly disclose any | dge and bel | 〕 Digitally signed by Farah Sultan | 08/05/2019 | incial interests abov | |
| DECLARATION I certify that to my knowle will promptly disclose any Farah Sultan Signature | dge and be changes. | Digitally signed by Farah Sultan Date: 2019.08.05 12:24:29 -04'00' | 08/05/2019 | incial interests abov | |

RELEVANT MEASURES

List in box below or highlight in attached document.

Name: Itziar Etxeandia Ikobaltzeta

| Role: Clinical Guidelines Commi Performance Measuremen High Value Care Committee | nt Committee | ☐ ACP Staff or Leadership E ☑ Guest | | | | |
|---|---------------------|--|-------------|---------|---|---|
| ACTIVE (Current) | Belongs to | Description including amount of value or incom | ne | | | |
| Employment | Self | Self-employed | \$50,001 - | 100,000 | + | - |
| | Household | | | | + | - |
| Research & Consulting Roles | Self | Consultant contracts for CPG developmetn projects with MacGRADE Center, McMaster University | \$50,001 - | 100,000 | + | - |
| | Household | | | | + | - |
| Investment & Proprietary | Self | | | | + | - |
| Interests | Household | | | | + | - |
| Committees, Boards, & | Self | Participated in work groups related to CPG development projects, as part of consultancy work | \$1,001 – 5 | ,000 | + | - |
| Workgroups/Panels | Household | | | | + | - |
| Other Interests | Self | | | | + | - |
| $other\ affiliations,\ advocacy,\ etc.$ | Household | | | | + | - |
| | eviewed and High | usehold members published on any of the follow non-peer-reviewed sources (e.g. newspaper op-eactive pain | | eas? | | |
| | | For staff use: | ADD NEW | RESET | • | |
| INACTIVE (Last 3 years) | | Description including amount of value or incom | ne | | | |
| Employment | Self | | | | + | - |
| | Household | | | | + | - |
| Research & Consulting | Self | Travel grant to participate in GRADE working froup meetings in Rome (2017) | \$1,001 - 5 | 5,000 | + | - |
| Roles | | Teaching workshops in the Basque office of occupational health - Osalan | \$1,001 – 5 | 5,000 | + | - |
| | Household | | | | + | - |
| | Household | | | | | |
| Investment & Proprietary Interests | Self | | | | + | - |

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

| Committees, Boards, & | Self | | + | _ |
|------------------------------------|-----------|--|---|---|
| Workgroups/Panels | Household | | + | - |
| Other Interests | Self | | + | _ |
| other affiliations, advocacy, etc. | Household | | + | - |

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.

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|) IVa |

2019.08.01 20:09:13 +02'00'

Signature

RELEVANT PUBLICATIONS

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| | |
| | |

| Name: Francesco Nonino | | | | | |
|---|---------------------|---|-------------------|------|---|
| Role: Clinical Guidelines Commi Performance Measuremen High Value Care Committee ACTIVE (Current) | nt Committee ee | ☐ ACP Staff or Leadership ☑ Guest Description including amount of value or income | | | |
| ACTIVE (Current) | | Italian National Health Service (Local Health Care Trust | ¢100 001 | | |
| Employment | Self | of Bologna) | \$100,001 or more | + | |
| | Household | | | + | - |
| Research & Consulting | Self | | | + | _ |
| Roles | Household | | | + | - |
| Investment & Proprietary | Self | | | + | - |
| Interests | Household | | | + | - |
| | | Member of the Technical Team of the Regional Drug and Therapeutic Committee (Emilia-Romagna Region) | \$0 | + | _ |
| Committees, Boards, & Workgroups/Panels | Self | Director, WHO Collaborating Centre in Evidence-Based Research Synthesis and Guideline Development | \$0 | + | - |
| . , | | Director, Unit of Epidemiology and Biostatistics Institute of Neurological Science, IRCCS, Bologna | \$0 | + | - |
| | Household | | | + | - |
| Other Interests | Self | | | + | - |
| other affiliations, advocacy, etc. | Household | | | + | |
| | eviewed and Higi | usehold members published on any of the following non-peer-reviewed sources (e.g. newspaper op-ed Acute pain Yes No No Yes No Yes No Yes No Yes No Yes No | | | |
| | | For staff use: AD | DD NEW RES | SET | |
| | ributed tow | he attached word document. Within the last 3 yea ards the development of one of these measures or | | | |
| Within the last 3 years, ha by these measures? | | ny household members published on any of the clin | | vere | |

| □Yes ⊠ No | | P | | | |
|---|--------------|--|-----------------------|-------|----|
| INACTIVE (Last 3 years) | Belongs to | Description including amount of value or income | | | |
| Employment | Self | Italian National Health Service (Local Health Care Trust of Modena) | \$50,001 – 100,000 | + | - |
| | Household | | | + | - |
| Research & Consulting Roles | Self | Montecatone Rehabilitation Institute (Private Hospital); Role: consultant as methodologist of the Drug and Therapeutic Board. Topic area: hospital drug formulary, guideline implementation on appropriate use of drugs Member of AVEN Ethical Committee (North Emilia- | \$1,001 – 5,000 | + | - |
| | • | Romagna Region); Role: neurologist | \$1,001 – 5,000 | + | - |
| | Household | | - | + | - |
| Investment & Proprietary | Self | | | + | - |
| Interests | Household | | - | + | - |
| Committees, Boards, & | Self | Member of the Technical Team of the Regional Drug and Therapeutic Committee (Emilia-Romagna Region) | \$0 | + | - |
| Workgroups/Panels | | Director, WHO Collaborating Centre in Evidence-Based Research Synthesis and Guideline Development | \$0 | + | - |
| | Household | | | + | - |
| Other Interests | Self | | | + | - |
| other affiliations, advocacy, etc. | Household | | | + | - |
| DECLARATION I certify that to my knowle will promptly disclose any | | ief that I have disclosed my financial and non-fina | ncial interests above | e and | 11 |
| Signature War | عر | Aug 5, 2019 | | | |
| Signature | | Date | | | |
| RELEVANT PUBLICATIO | NS | | | | |
| Copy and paste into box be | elow or sen | d as attachment. | | | |
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| RELEVANT MEASURES | | | | | |
| List in box below or highlig | ht in attach | ed document. | | | |
| | | | | | |
| | | | | | |

| Name: Jennifer Marie Yost, | , PhD, RN | | | | |
|---|---------------------|---|--------------------|---|---|
| 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 | | | |
| Employment | Self | Villanova University | \$50,001 – 100,000 | + | _ |
| Research & Consulting Roles | Household Self | Canadian Institutes for Health Research; Co-Principal Investigator; Transition Interventions for Adults undergoing Cardiac and Vascular Surgery | \$0 | + | - |
| | Household | | | + | - |
| Investment & Proprietary | Self | | | + | - |
| Interests | Household | | | + | - |
| Committees, Boards, & | Self | | | + | _ |
| Workgroups/Panels | Household | | | + | - |
| Other Interests other affiliations, advocacy, etc. | Self | Sigma Theta Tau International; President-Elect, Alpha Nu Chapter; Nursing Scholarship | \$0 | + | - |
| | | Evidence Synthesis International; Secretariat Member; Production and Use of Systematic Reviews (Note: Salary support to Villanova provided by Western Norway University of Applied Sciences; no additional income received) | \$0 | + | - |
| | | Evidence-Based Research Network; Steering Committee Member; Evidence-Based Reserach/ Reserach Redundancy | \$0 | + | - |
| | | Centre for Evidence-Based Implementation, Hamilton Health Sciences Centre; Advisory Committee Member; Implementation Science in Healthcare | \$0 | + | - |
| | Household | | | + | - |
| | eviewed and High | usehold members published on any of the following non-peer-reviewed sources (e.g. newspaper op-ed Acute pain Yes No | | | |
| | | | | | — |

For staff use:

ADD NEW

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| | contributed t | in the attached word document. With towards the development of one of the | in the last 3 years, have you or any ese measures or a competing measure |
|--------------------|---------------|--|--|
| □Yes ⊠ No | | | |
| by these measures? | | ar any household members published of and non-peer-reviewed sources (e.g. no | on any of the clinical topic areas covered ewspaper op-ed; blog) |
| □Yes ⊠ No | | | |
| INACTIVE (Last 3 y | | s to Description including amount of | |
| | Self | McMaster University | \$50,001 - 100,000 + - |

| Employment | Self | McMaster University | \$50,001 – 100,000 | + | - |
|--|-----------|---|--------------------|---|---|
| Employment | Household | | | + | - |
| | | Canadian Institutes for Health Research; Co-Principal Investigator; Patient Engagement in Research | \$0 | + | _ |
| | Self | Canadian Institutes for Health Research; Co-Principal Investigator; Transition Interventions for Adults undergoing Cardiac and Vascular Surgery | \$0 | + | - |
| | | Population Health Research Institute, McMaster University; Co-Principal Investigator; Patient Engagement in Reserach | \$0 | + | - |
| Research & Consulting Roles | | School of Nursing, McMaster University; Co- Investigator; Knowledge User Engagement in Research | \$0 | + | - |
| | | Canadian Institutes for Health Research; Co-Principal Investigator; Knowledge Translation in Cancer Prevention | \$0 | | - |
| | | Grand Challenges Canada; Co-Investigator; Maternal-Child Health Outcomes in Haiti | \$0 | + | - |
| | | University of Bologna; Taught course in the Master of EBP and Methodology of Clinical and Therapeutic Research Program; Systematic Review Methods | \$5,001 – 10,000 | + | - |
| | Household | | | + | - |
| Investment & Proprietary | Self | | | + | - |
| Interests | Household | | | + | - |
| Committees, Boards, & | Self | | | + | - |
| Workgroups/Panels | Household | | | + | - |
| | Self | Cochrane; Author; Effective Practice and Organisation of Care | \$0 | + | - |
| Other Interests other affiliations, advocacy, etc. | | Australian Clinical Trials Network; Presenter; Evidence-Based Research/Research Redundancy | \$0 | + | - |
| | | National Health and Medical Research Council; Presenter; Evidence-Based Research/Research Redundancy | \$0 | + | _ |
| | | Helene Fuld Health Trust National Summit; Presenter; Evidence-Based Practice in Nursing | \$0 | + | - |
| | | Global Evidence Summit; Presenter; Evidence-Based Research/Research Redundancy | \$0 | + | - |

| INACTIVE (Last 3 years) Be | elongs to Description including amo | unt of value or incom | e | |
|--------------------------------|--|------------------------|----------------|-----------------|
| | The Ontario Public Health Asso Evidence-Informed Decision N | | \$0 | + - |
| Ho | pusehold | | | + - |
| DECLARATION | | | | |
| | e and belief that I have disclosed my anges. | financial and non-fina | ancial interes | sts above and I |
| Jennifer Yost | Digitally signed by Jennifer Yost Date: 2019.08.06 16:01:54 -04'00' | 6 Aug 2019 | 6 Aug 2019 | |
| Signature | | Date | | _ |
| RELEVANT PUBLICATIONS | 5 | | | |
| Copy and paste into box belo | w or send as attachment. | | | |
| | | | | |
| | | | | |
| RELEVANT MEASURES | | | | |
| List in box below or highlight | in attached document. | | | |
| | | | | |