

Disclosure Purpose: Internal Medicine Meeting 2022 faculty,
Annual Governance Disclosure 2021-2022, CME Contributor

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
nick fitterman	Employment Current Employment	Self	-
<i>Title:</i> executive director Huntington Hospital <i>Start Date:</i> 10/03/2018		<i>Position Description:</i> executive director <i>Additional Information:</i>	
<i>End Date:</i> Ongoing / No Known End Date			

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee

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

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

Topic Areas: Depression, Osteoporosis

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy

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

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

☐ Yes (please provide additional details below).

☒ No

☐ n/a (no clinical topics or specific measures under discussion on upcoming agenda)

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

☐ Yes (please provide additional details below).

☒ No

☐ n/a (no clinical topics or specific measures under discussion on upcoming agenda)

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Nick Fitterman

Print Name

Signature

Date

12/17/2021

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Jacob Cross	Employment Current Employment	Self	-
<div><div>Title: President</div><div>Start Date: 01/01/2012</div><div>End Date:</div></div> <div>Position Description: President and CEO</div> <div>Additional Information:</div>			
Ochsner Health System	Consultant Current Employment	Self	-
<div><div>Category: Consultant</div><div>Compensation Type: Cash</div><div>Additional Information:</div></div> <div>Start Date: 04/01/2020</div> <div>Annual Compensation:</div> <div>End Date:</div>			

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee

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

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

Topic Areas: Depression, Osteoporosis

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy

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

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Jacob Cross

Print Name

Jacob Cross

Digitally signed by Jacob Cross
Date: 2021.12.30 21:05:21 -07'00'

12/30/2021

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022, planning committee **Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
MedStar Health	Employment Current Employment	Self	-
<i>Title:</i> Senior Director, IT Quality and Safety <i>Start Date:</i> 07/01/1995		<i>Position Description:</i> <i>Additional Information:</i>	
<i>End Date:</i>			

Certification

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

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

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

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

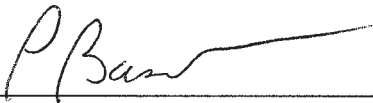
Acknowledgements and Attestations

By signing this form,

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

Peter Basch

Print Name



Signature

12/21/2021

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American Physicians Group	Fiduciary Officer	Self	-
<div>Official Title: Board Member</div> <div>Compensation Type: Unpaid</div> <div>Annual Compensation:</div> <div>Additional Information:</div> <div>Position Description: serve as board member for Board of Directors for non-profit advocacy organization</div> <div>Start Date: 01/01/2019</div> <div>End Date:</div>			
Cedars-Sinai	Employment Current Employment	Self	-
<div>Title: Chief Medical Officer</div> <div>Start Date: 09/19/2016</div> <div>End Date:</div> <div>Position Description: oversee clinical care and clinical strategy for medical care foundation</div> <div>Additional Information:</div>			
Cedars-Sinai	Fiduciary Officer	Self	-
<div>Official Title: Board member</div> <div>Compensation Type: Unpaid</div> <div>Annual Compensation:</div> <div>Additional Information:</div> <div>Position Description: Serve as member of Cedars-Sinai Medical Care Foundation Board of Directors</div> <div>Start Date: 01/01/2018</div> <div>End Date:</div>			

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

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

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

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

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Caroline L. Goldzweig

Print Name

Caroline Goldzweig

Digitally signed by Caroline Goldzweig
Date: 2021.12.17 12:16:29 -08'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Health Sciences Center New Orleans, Louisiana State University	Employment Current Employment	Self	-
<i>Title:</i> Associate Professor of Clinical Medicine <i>Start Date:</i> 07/01/2000 <i>End Date:</i>		<i>Position Description:</i> clinical teaching faculty, director of ambulatory clinics, chief of medicine for branch campus <i>Additional Information:</i>	
solenis, inc	Employment	Spouse/Partner	-
<i>Title:</i> water treatment consultant <i>Start Date:</i> 01/01/2010 <i>End Date:</i>		<i>Position Description:</i> technical sales for water treatment at petroleum refinery <i>Additional Information:</i> approximate date of hire -- has been employed by same company for greater than 10 years. no medical conflict of interest.	

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

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

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Angela Johnson, MD

Print Name

Signature

1/3/2022

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
AMGA	Consultant	Self	\$6,000.00
Category: Consultant Compensation Type: Cash		Start Date: 09/28/2020 Annual Compensation:End Date: 09/28/2020	
		Year	AmountType
		2020	\$6,000.00Actual
Additional Information:			
CIGNA Corporation	Stock	Self	\$246.00
Percentage Ownership: 0 Valuation Date: 04/13/2021 Additional Information:		Estimated Value: \$246.00 Divestment Date: 04/27/2021	
Merck	Stock	Self	\$2,363.00
Percentage Ownership: 0 Valuation Date: 04/13/2021 Additional Information:		Estimated Value: \$2,363.00 Divestment Date: 04/27/2021	
Pfizer	Stock	Self	\$1,665.00
Percentage Ownership: 0 Valuation Date: 04/13/2021 Additional Information:		Estimated Value: \$1,665.00 Divestment Date: 04/27/2021	
University of California, Davis Health	EmploymentCurrent Employment	Self	-
Title: Medical Director, Clinical informatics		Position Description: Direct projects and programs relating to informatics education, EHR usage and configuration	
Start Date: 07/01/2000End Date:		Additional Information:	
viatris	Stock	Self	\$65.00
Percentage Ownership: 0 Valuation Date: 04/13/2021 Additional Information:		Estimated Value: \$65.00 Divestment Date: 04/27/2021	

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

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

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Scott MacDonald

Print Name



12/20/21

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Hospital for Special Surgery	Employment Current Employment	Self	-
<i>Title:</i> Senior VP and Chief Value Medical Officer <i>Start Date:</i> 07/01/2015 <i>End Date:</i>		<i>Position Description:</i> Strategic oversight for value strategy and operations. <i>Additional Information:</i>	

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

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

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Catherine MacLean

Print Name

Catherine H MacLean

Digitally signed by Catherine H MacLean
Date: 2022.01.20 11:18:16 -07'00'

January 20, 2021

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022, Contractor Disclosure, Education Committee

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value						
American Medical Association	Consultant <div>Current Employment</div>	Self	\$3,000.00						
<div>Category: Consultant</div> <div>Compensation Type: Cash</div>		<div>Start Date: 09/01/2019</div> <div>End Date:</div> <div>Annual Compensation:</div> <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2021</td><td>\$3,000.00</td><td>Estimated</td></tr></table>		Year	Amount	Type	2021	\$3,000.00	Estimated
Year	Amount	Type							
2021	\$3,000.00	Estimated							
<div>Additional Information:</div>									
Cook County	Employment <div>Current Employment</div>	Self	-						
<div>Title: Chair of Medicine</div> <div>Start Date: 07/01/2014</div> <div>End Date:</div>		<div>Position Description: Oversee internal medicine, neurology, dermatology for the health system</div> <div>Additional Information:</div>							
MBOS	Employment	Spouse/Partner	-						
<div>Title: Owner</div> <div>Start Date: 07/15/2003</div> <div>End Date:</div>		<div>Position Description: Owner</div> <div>Additional Information:</div>							

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

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

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Suja Mathew

Print Name

Signature

1/20/2022

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value						
Dynamed	Other	Self	\$1,625.00						
Category: Other Compensation Type: Cash		Start Date: 05/01/2020 Annual Compensation:	End Date:						
		<table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2020</td><td>\$1,625.00</td><td>Actual</td></tr></table>	Year	Amount	Type	2020	\$1,625.00	Actual	
Year	Amount	Type							
2020	\$1,625.00	Actual							
Additional Information: Rheumatology subject reviewer									
Northeast Medical Group	Employment <div>Current Employment</div>	Self	-						
Title: Employed Physician Start Date: 11/01/2012		Position Description: Physician & Medical Director Additional Information:							
End Date:									

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

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

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Robert McLean

Print Name



Signature

1/2/22

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022, Planning Committee **Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
US Army	Employment Current Employment	Self	-
<i>Title:</i> Staff Physician <i>Start Date:</i> 08/01/1999 <i>End Date:</i>		<i>Position Description:</i> I am a staff physician in the US Army <i>Additional Information:</i>	

Certification

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

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

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



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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

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

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Cristin Mount, MD

Print Name



Signature

21 December 2021

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Gastroenterology	Employment	Self	-
Title: Associate Editor, American Journal of Gastroenterology Start Date: 01/01/2015 End Date: 12/31/2021		Position Description: Associate Editor Additional Information:	
Michigan Medicine	Employment Current Employment	Self	-
Title: Associate Professor Start Date: 07/01/2008 End Date:		Position Description: Division of Gastroenterology Additional Information:	
U.S. Department of Veterans Affairs	Employment Current Employment	Self	-
Title: Staff Physician and Research Scientist Start Date: 07/01/2008 End Date:		Position Description: Gastroenterologist at VA Ann Arbor Healthcare System Research Scientist at the VA Ann Arbor Center for Clinical Management Research Additional Information: Primary employer	
U.S. Department of Veterans Affairs	Employment	Spouse/Partner	-
Title: Staff Physician Start Date: 07/01/2005 End Date:		Position Description: General internist at VA Ann Arbor Healthcare System Additional Information:	
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$5,500,000.00
Recipient Name: Sameer D Saini Grant / Contract Description: VA Center of Innovation Grant Grant / Contract Amount: \$5,500,000.00 Contract Start Date: 10/01/2018 Contract End Date: 09/30/2023		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 08/21/2020 Additional Information:	
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$1,099,389.00
Recipient Name: Sameer D Saini, Grace Su Grant / Contract Description: Using Analytic Morphomics to Predict Outcomes and Improve Access in Chronic Liver Disease Grant / Contract Valuation Date: 01/08/2021 Additional Information:		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$1,099,389.00 Contract Start Date: 05/01/2019 Contract End Date: 04/30/2023	
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$500,000.00
Recipient Name: Sameer D Saini Grant / Contract Description: Reducing use of low value colonoscopy Grant / Contract Amount: \$500,000.00 Contract Start Date: 10/01/2019 Contract End Date: 09/30/2024		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 08/21/2020 Additional Information:	
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$1,100,000.00
Recipient Name: Sameer Saini Grant / Contract Description: PI on multiple grants / contracts from VA related to performance measure development and evaluation Grant / Contract Valuation Date: 04/24/2019 Additional Information:		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$1,100,000.00 Contract Start Date: 05/01/2014 Contract End Date: 09/30/2018	
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$1,099,615.00
Recipient Name: Sameer Saini, Loren Laine, Yu-Xiao Yang Grant / Contract Description: Evaluation of the National Randomized Proton Pump Inhibitor De-Prescribing Program Grant / Contract Valuation Date: 01/08/2021 Additional Information:		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$1,099,615.00 Contract Start Date: 11/01/2018 Contract End Date: 10/31/2021	
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$1,085,144.00
Recipient Name: Sameer D Saini, Michael Ho, Peter Kaboli, Stephanie Shimada Grant / Contract Description: Improving Access to Care for Veterans through Partnered Research Grant / Contract Amount: \$1,085,144.00 Contract Start Date: 01/01/2020 Contract End Date: 12/31/2023		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 01/08/2021 Additional Information:	
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$50,000.00

Recipient Name: Sameer D Saini

Grant / Contract Description: Grant related to performance measure refinement on colorectal cancer screening overuse

Grant / Contract Valuation Date: 08/21/2020

Additional Information:

Recipient Type: Institution

Grant / Contract Purpose: Other - Operational development

Grant / Contract Amount: \$50,000.00

Contract Start Date: 09/01/2019

Contract End Date:

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

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

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

☒

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☐

No

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

☒

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☐

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

My VA-supported operational work has included development and testing of a colonoscopy overuse measure. This measure has not been adopted by the VA or any other healthcare system to my knowledge.

I am a co-author on 2020 paper:

Identifying Recommendations for Stopping or Scaling Back Unnecessary Routine Services in Primary Care. JAMA Intern Med. 2020 Nov 1;180(11):1500-1508. doi: 10.1001/jamainternmed.2020.4001.
PMID: 32926088

Kerr EA, Klamers ML, Markovitz AA, Sussman JB, Bernstein SJ, Caverly TJ, Chou R, Min L, Saini SD, Lohman SE, Skurla SE, Goodrich DE, Froehlich W, Hofer TP.

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

Acknowledgements and Attestations

By signing this form,

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

Sameer D. Saini

Print Name



Jan 14, 2022

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022, Annual Governance Disclosure 2020-21

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Kaiser Permanente	Employment Current Employment	Self	-
<i>Title:</i> GI Physician <i>Start Date:</i> 09/01/2018		<i>Position Description:</i> <i>Additional Information:</i>	
<i>End Date:</i>			

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

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

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Lavanya Viwanathan, MD, MS, FACP

Print Name

VISWANATHAN.LAVANYA.1298
867571

Digitally signed by
VISWANATHAN.LAVANYA.1298867571
Date: 2022.01.11 10:18:34 -08'00'

1/11/2022

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022, Planning Committee, 2020 Annual Meeting Faculty Disclosures, Faculty List, KsACP Faculty

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Partners in Internal Medicine, PC,PC	Employment Current Employment	Self	-
<i>Title:</i> President <i>Start Date:</i> 11/01/2004 <i>End Date:</i>		<i>Position Description:</i> Physician in independent practice <i>Additional Information:</i> Self and spouse are employees (self-employed)	

Certification

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

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

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

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

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and
Performance Measurement Committee**

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

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

Topic Areas: Depression, Osteoporosis, Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: n/a; no clinical topics or specific measures under discussion on upcoming agenda

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

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

☐

Yes (please provide additional details below).

☒

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☐

No

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

☐

Yes (please provide additional details below).

☒

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☐

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

George M. Abraham, MD, MPH, FACP, FIDSA, FRCP

Print Name

George M. Abraham, MD,
MPH, FACP, FIDSA

Digitally signed by George M. Abraham,
MD, MPH, FACP, FIDSA
Date: 2022.01.08 17:31:12 -05'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Fiduciary Officer	Self	-
<div>Official Title: Chair-elect, Board of Regents Position Description: As above Compensation Type: Cash Start Date: 04/22/2020 End Date: 04/19/2021 Annual Compensation: Additional Information:</div>			
U.S. Department of Veterans Affairs	Employment Current Employment	Self	-
<div>Title: Staff Physician Position Description: Attending physician, supervising residents and medical students Start Date: 08/08/1979 End Date: Additional Information:</div>			

Certification

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

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

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

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

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and
Performance Measurement Committee**

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

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

Topic Areas: Depression, Osteoporosis, Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: n/a; no clinical topics or specific measures under discussion on upcoming agenda

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

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Thomas G Cooney

Print Name

Thomas G Cooney MD

Digitally signed by Thomas G Cooney MD
Date: 2022.01.11 16:25:48 -08'00'

01/10/2022

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2021 - 2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
Title: Chief Operating Officer Start Date: 10/15/1997 End Date:		Position Description: Oversees operations of the organization Additional Information:	
Ewing Cole	Employment	Spouse/Partner	-
Title: Project Manager Start Date: 01/01/1998 End Date:		Position Description: Manages building/renovation of health care facilities Additional Information:	

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee

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

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

Topic Areas: Depression, Osteoporosis

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy

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

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Wayne H. Bylsma

Print Name

Wayne H. Bylsma Digitally signed by Wayne H. Bylsma
Date: 2022.01.10 14:13:57 -05'00'

01.10.2022

Signature

Date

Disclosure Purpose: CGC/PMC/SMPC, Entry

Summary of Interests

Company or Organization

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

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee

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

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

Topic Areas: Depression, Osteoporosis

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy

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

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Kate Carroll

Print Name

Kate Carroll

Digitally signed by Kate Carroll
Date: 2022.01.12 12:11:22 -05'00'

1/12/2022

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
Title: Associate-Performance Measurement Start Date: 03/22/2021 End Date:		Position Description: Additional Information:	
Mesirow Financial	Employment	Spouse/Partner	-
Title: Vice President, Quantitative Research Start Date: 03/28/2010 End Date: 09/07/2018		Position Description: Additional Information:	
University of Illinois, Chicago	Employment	Self	-
Title: Associate Director of Clinical Strategy, Analysis, and Practice Start Date: 05/15/2015 End Date: 03/15/2019		Position Description: Assisted in the development and implementation of structured quality improvement program for the ambulatory group. Successfully led the MACRA-MIPS project from inception, avoided CMS penalty and obtained significant incentive for the physician group. Additional Information:	
University of Pennsylvania Health System	Employment	Self	-
Title: Quality Analyst Start Date: 04/01/2019 End Date: 07/12/2019		Position Description: Conducted, studied, and analyzed healthcare data to evaluate providers' performance in quality improvement - Tracked Penn Medicine-Primary Care's internal quality improvement program and provided detailed gap analysis regularly to all 25 PCP clinics Additional Information:	
Vanguard	Employment	Spouse/Partner	-
Title: Investment Risk Manager Start Date: 09/10/2018 End Date:		Position Description: Additional Information:	

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee

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

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

Topic Areas: Depression, Osteoporosis

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy

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

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Somosree Dutt

Print Name

Somosree Dutt

Digitally signed by Somosree Dutt
Date: 2022.01.18 16:40:54 -05'00'

01/18/2022

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2021 - 2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

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

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee

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

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

Topic Areas: Depression, Osteoporosis

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy

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

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

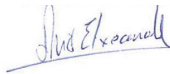
Acknowledgements and Attestations

By signing this form,

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

Itziar Etxeandia Ikobaltzeta

Print Name



2022.01.10 15:06:55
+01'00'

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2020, Annual Staff Disclosure 2021 - 2022, Planners and Faculty

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<i>Title:</i> Vice President, Marketing & PR <i>Start Date:</i> 06/10/1996 <i>End Date:</i>		<i>Position Description:</i> <i>Additional Information:</i>	

Certification

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

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

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



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

Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee

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

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

Topic Areas: Depression, Osteoporosis

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy

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

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Allison Ewing

Print Name

Allison Ewing

Signature

12-17-21

Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<div><div>Title: Manager of Media Relations Start Date: 04/27/2020</div><div>End Date: Ongoing / No Known End Date</div><div>Position Description: I manage media relations for the College. Additional Information:</div></div>			

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee

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

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

Topic Areas: Depression, Osteoporosis

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy

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

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

☐ Yes (please provide additional details below).

☒ No

☐ n/a (no clinical topics or specific measures under discussion on upcoming agenda)

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

☐ Yes (please provide additional details below).

☒ No

☐ n/a (no clinical topics or specific measures under discussion on upcoming agenda)

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

ANDREW HACHADORIAN

Print Name

Andrew Hachadorian

Signature

12-20-21

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

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

Intellectual Property

Type	Is Licensed	Interest Held By	Value
Other Intellectual Property - Multiple presentations and publications	-	Self	-
Description: Multiple presentations and publications Yearly Income: Income Source: None Additional Information:			
Other Intellectual Property - Multiple presentations	-	Self	-
Description: Multiple presentations Yearly Income: Income Source: Board of Regents Additional Information:			

Certification

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

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

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

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

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and
Performance Measurement Committee**

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

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

Topic Areas: Depression, Osteoporosis, Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: n/a; no clinical topics or specific measures under discussion on upcoming agenda

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

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

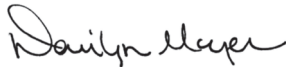
Acknowledgements and Attestations

By signing this form,

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

Darilyn V. Moyer

Print Name



Signature

1.25.2022

Date

Disclosure Purpose: Annual Staff Disclosure 2021 - 2022, Planners and Faculty

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<div>Title: Vice President, Clinical Policy Start Date: 12/07/2003 End Date: Ongoing / No Known End Date Position Description: Additional Information:</div>			
American College of Physicians	Other	Self	-
<div>Category: Other Compensation Type: Additional Information: I regularly represent ACP in external initiatives related to clinical and medical policies (such as meetings, workgroups, committees, governance boards). Start Date: 12/07/2003 Annual Compensation: End Date:</div>			

Certification

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

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

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

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

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and
Performance Measurement Committee**

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

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

Topic Areas: Depression, Osteoporosis, Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: n/a; no clinical topics or specific measures under discussion on upcoming agenda

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

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Amir Qaseem

Print Name

Amir Qaseem

Digitally signed by Amir Qaseem
DN: cn=Amir Qaseem, o, ou,
email=aqaseem@acponline.org, c=US
Date: 2022.01.19 10:43:51 -05'00'

1/19/2022

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021, Annual Staff Disclosure 2021 - 2022

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<i>Title:</i> Senior Research Associate <i>Start Date:</i> 01/13/2021 <i>End Date:</i>		<i>Position Description:</i> Center for Evidence Reviews <i>Additional Information:</i>	

Certification

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

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

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



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

Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee

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

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

Topic Areas: Depression, Osteoporosis

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

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

☐ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy

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

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Tatyana Shamliyan

Print Name

Tatyana A Shamliyan Digitally signed by Tatyana A Shamliyan
Date: 2021.12.17 16:06:44 -05'00'

12/17/2021

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2021 - 2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Other Current Employment	Self	-
<div>Category: Other<div>Compensation Type: Cash</div><div>Additional Information:</div></div> <div>Start Date: 08/17/2021</div> <div>Annual Compensation: No</div> <div>End Date:</div>			

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee

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

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

Topic Areas: Depression, Osteoporosis

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy

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

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Yasmine Sust

Print Name

Yasmine Sust Digitally signed by Yasmine Sust
Date: 2022.01.11 21:45:41 -05'00'

1/11/2022

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2021 - 2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<i>Title:</i> Senior Scientist, Clinical Policy <i>Start Date:</i> 06/15/2020 <i>End Date:</i> Ongoing / No Known End Date <i>Position Description:</i> Leading the performance measurement strategy <i>Additional Information:</i>			
Boehringer Ingelheim	Other	Self	-
<i>Category:</i> Other <i>Compensation Type:</i> Cash <i>Additional Information:</i> As a result of my participation at the following stakeholder meeting, my former employer received honoraria: Boehringer Ingelheim, Stakeholder, Advancing Quality for Patients with Type 2 Diabetes and Established Cardiovascular Disease, 2018 <i>Start Date:</i> 01/01/2018 <i>End Date:</i> 12/31/2018 <i>Annual Compensation:</i>			
Discern Health	Other	Self	-
<i>Category:</i> Other <i>Compensation Type:</i> Cash <i>Additional Information:</i> As a result of my participation on the following roundtables/stakeholder meetings/work groups, my former employer has received honoraria: Discern Health, interviewee, Understanding Quality Measurement Priorities for Breast Cancer, 2020 Discern Health, Expert Panel Member, Cancer Immunotherapy Quality Measurement, 2019 Discern, Advisor, Telehealth Measurement Gaps, 2018 <i>Start Date:</i> 01/01/2018 <i>End Date:</i> 03/01/2020 <i>Annual Compensation:</i>			
PCPI Foundation	Employment	Self	-
<i>Title:</i> Senior Director, Measurement Science <i>Start Date:</i> 01/01/2017 <i>End Date:</i> 06/12/2020 <i>Position Description:</i> Orchestrate daily activities of the Measurement Science Program, developing and implementing key performance measures, and monitoring performance to uphold market competitiveness. <i>Additional Information:</i> My salary at the PCPI was supported by services provided as a contractor and subcontractor to CMS and non-profit organizations for measure development, specification, testing and endorsement.			
Pharmacy Quality Alliance (PQA)	Other	Self	-
<i>Category:</i> Other <i>Compensation Type:</i> Cash <i>Additional Information:</i> As a result of my participation on the following roundtable, my former employer has received honoraria: PQA, roundtable member, Patient Engagement Rubric, 2019 <i>Start Date:</i> 01/01/2019 <i>End Date:</i> 12/31/2019 <i>Annual Compensation:</i>			

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee

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

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

Topic Areas: Depression, Osteoporosis

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

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

☒ I have no publications to report.

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

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

☐ I have no interest to report.

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

I oversaw a team that worked on a measure related to depression screening and follow up.

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, and Appropriate Follow-up for Colonoscopy

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

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Samantha Tierney

Print Name

Samantha Tierney

Digitally signed by Samantha Tierney
Date: 2022.01.18 16:59:48 -05'00'

1/18/2022

Signature

Date

Disclosure Purpose: Contractor/Guest Annual Disclosure 2021 - 22 **Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Canadian Institutes of Health Research	Grant / Contract	Self	\$9,310,000.00
Recipient Name: Dr. Michael McGillion Grant / Contract Description: The SMArT VIEW, CoVeRed Grant / Contract Amount: \$9,310,000.00 Contract Start Date: 10/15/2015 Contract End Date: 09/30/2019		Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Valuation Date: 10/15/2015 Additional Information:	
COVID-END	Other	Self	-
Category: Other Compensation Type: Unpaid Additional Information:		Start Date: 05/01/2020 Annual Compensation: No	End Date: Ongoing / No Known End Date
Evidence Based Research Network	Fiduciary Officer	Self	-
Official Title: Steering Committee Member Compensation Type: Unpaid Annual Compensation: No Additional Information:		Position Description: Start Date: 10/01/2016	End Date: Ongoing / No Known End Date
Evidence Synthesis International	Fiduciary Officer	Self	-
Official Title: Secretariat Compensation Type: Unpaid Annual Compensation: Additional Information:		Position Description: Organize and support activities of the organisation Start Date: 03/01/2018	End Date: Ongoing / No Known End Date
Sigma Theta Tau International	Fiduciary Officer	Self	-
Official Title: President - Alpha Nu Chapter Compensation Type: Unpaid Annual Compensation: No Additional Information:		Position Description: President - Alpha Nu Chapter Start Date: 09/01/2019	End Date: 09/30/2021
Sigma Theta Tau International	Fiduciary Officer	Self	-
Official Title: Immediate Past President Compensation Type: Annual Compensation: No Additional Information:		Position Description: Start Date: 10/01/2021	End Date: 09/30/2022
University of Bologna	Other	Self	-
Category: Other Compensation Type: Cash Additional Information: Guest Lecturer		Start Date: 11/16/2019 Annual Compensation: No	End Date: 11/22/2019
Villanova University	Employment Current Employment	Self	-
Title: Associate Professor Start Date: 08/22/2017 End Date: Ongoing / No Known End Date		Position Description: Additional Information:	
Villanova University	Grant / Contract	Self	\$50,000.00
Recipient Name: M. Louise Fitzpatrick College of Nursing Grant / Contract Description: COVID-19 Caring About Health for All Study (CHAMPS) Grant / Contract Amount: \$50,000.00 Contract Start Date: Contract End Date:		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 03/31/2020 Additional Information: Principal Investigators: Kaufman, P., Havens, D., Mensinger, J.; Co-Investigators: Bradley, P., Brom, H., Copel, L., Maldonado, L., Smeltzer, S., Yost, J.	

Certification

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

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

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



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

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and
Performance Measurement Committee**

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

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

Topic Areas: Depression, Osteoporosis, Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: n/a; no clinical topics or specific measures under discussion on upcoming agenda

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

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

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

- | | |
|---|--|
| <input type="checkbox"/> Yes (please provide additional details below). | <input type="checkbox"/> n/a (no clinical topics or specific measures under discussion on upcoming agenda) |
| <input checked="" type="checkbox"/> No | |

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Jennifer Yost

Print Name

Signature



1/19/2022

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022 Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Agency for Healthcare Research and Quality	Grant / Contract	Other - Institution	\$400,000.00
<div><div><div>Recipient Name: University of Minnesota and Center for Veterans Research and Education</div><div>Grant / Contract Description: Contracts from AHRQ through their EPC program to conduct evidence reports</div><div>Grant / Contract Valuation Date: 04/16/2021</div><div>Additional Information: I provide approx. 10% effort as co-director of our MN-EPC on the oversight and operations of our center, contribution to AHRQ-EPC methods workgroups and leadership on topic contracts awarded to our EPC through a competitive bidding process.</div></div><div><div>Recipient Type: Institution</div><div>Grant / Contract Purpose: Research</div><div>Grant / Contract Amount: \$400,000.00</div><div>Contract Start Date: 01/01/2020</div><div>Contract End Date:</div></div></div>			
American College of Physicians	Other	Other - Minneapolis VA CVRE	-
<div><div>Category: Other</div><div>Compensation Type: Other</div><div>Annual Compensation:</div></div> <div><div>Start Date: 01/01/2018</div><div>Other Compensation: 100,000</div><div>Additional Information: Support for our research group to conduct reviews</div><div>End Date:</div></div>			
American Urological Association Foundation	Other	Other - Minneapolis VA CVRE	-
<div><div>Category: Other</div><div>Compensation Type: Unpaid</div><div>Additional Information: I receive support (approximately \$30,000) for our research group to conduct reviews under contract with the AUA for their clinical guideline development. I receive no personal financial support</div></div> <div><div>Start Date: 01/01/2018</div><div>Annual Compensation:</div><div>End Date: 05/01/2021</div></div>			
Merck	Grant / Contract	Other - Subcontract to UM	\$263,892.00
<div><div>Recipient Name: Kristine Ensrud</div><div>Grant / Contract Description: Subcontract to UM from Pacific Medical University. FUNds to UM are NOT directly from Merck.</div><div>Grant / Contract Valuation Date: 01/08/2021</div><div>Additional Information: Funding for research team. FUNds are provided by PAcific Medical not Merck. No salary support to Dr. Ensrud</div></div> <div><div>Recipient Type: Institution</div><div>Grant / Contract Purpose: Research</div><div>Grant / Contract Amount: \$263,892.00</div><div>Contract Start Date: 09/07/2017</div><div>Contract End Date: 02/29/2020</div></div>			
Midwest CEPAC-ICER	Other	Self	-
<div><div>Category: Other</div><div>Compensation Type: Unpaid</div><div>Additional Information:</div></div> <div><div>Start Date: 01/01/2018</div><div>Annual Compensation:</div><div>End Date:</div></div>			
U.S. Department of Veterans Affairs	Employment <div>Current Employment</div>	Self	-
<div><div>Title: Professor</div><div>Start Date: 06/15/2018</div><div>End Date:</div></div> <div><div>Position Description: Staff Physician</div><div>Additional Information:</div></div>			
VA Preventive Medical Advisory Committee	Consultant	Self	-
<div><div>Category: Consultant</div><div>Compensation Type: Unpaid</div><div>Additional Information:</div></div> <div><div>Start Date: 01/01/2018</div><div>Annual Compensation:</div><div>End Date:</div></div>			

Intellectual Property

Type	Is Licensed	Interest Held By	Value												
Other Intellectual Property - Research grants/contracts from VA, AHRQ, and ACP ...	-	Self	\$210,000.00												
<div><div>Description: Research grants/contracts from VA, AHRQ, and ACP to conduct evidence synthesis reports.</div><div>Yearly Income:</div><table><tr><th>Amount</th><th>Type</th><th>Year</th><th>Payment Receipt</th></tr><tr><td>\$10,000.00</td><td>Estimated</td><td>2020</td><td>Direct Payment</td></tr><tr><td>\$200,000.00</td><td>Estimated</td><td>2019</td><td>Payment through home institution</td></tr></table><div>Income Source: Funds paid to my institution to support work of our evidence review team. AHRQ contracts can support my salary. Others do not.</div><div>Additional Information: The funds of payment through home institution are research support for programs NOT personal salary. I receive approximately 5-10000 annually as additional salary beyond my VA salary for grant support through AHRQ for Evidence-based Practice Center reports as part of my role as co-director of the MN-EPC</div></div>				Amount	Type	Year	Payment Receipt	\$10,000.00	Estimated	2020	Direct Payment	\$200,000.00	Estimated	2019	Payment through home institution
Amount	Type	Year	Payment Receipt												
\$10,000.00	Estimated	2020	Direct Payment												
\$200,000.00	Estimated	2019	Payment through home institution												
Other Intellectual Property - Evidence reports and manuscripts written on oste ...	-	Self	-												

Description: Evidence reports and manuscripts written on osteoporosis based on AHRQ-funded research
Yearly Income:

Income Source: AHRQ-EPC program

Additional Information: Director of AHRQ-EPC site that was awarded contract. Wife was a collaborating investigator on this project and received salary support from AHRQ. I was not the PI of this project but rather overall EPC director and project collaborator

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

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

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

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

☒

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☐

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

Timothy J. Wilt

Print Name

TIMOTHY J. WILT 445612

Digitally signed by TIMOTHY J. WILT
445612
Date: 2022.01.20 12:20:20 -06'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022,
2021 ANNUAL MEETING EDUCATION, Annual Governance
Disclosure 2021

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Fox & Brantley Internal Medicine	Employment Current Employment	Self	-
Title: MD Managing Partner Start Date: 11/01/2003 End Date:		Position Description: MD Managing Partner Additional Information:	
Obagi Cosmeceuticals LLC	Other	Self	-
Category: Other Compensation Type: Other Annual Compensation:		Start Date: 11/01/2003 Other Compensation: Reseller of Obagi Products Additional Information: End Date:	
Premier Consulting	Other	Self	-
Category: Other Compensation Type: Unpaid Additional Information:		Start Date: 02/18/2018 Annual Compensation: End Date: 09/21/2018	

Certification

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

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

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas: Breast, Cervical, and Colorectal Cancer Screening, Age-Appropriate Screening Colonoscopy, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

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

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

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

☐

Yes (please provide additional details below).

☐

n/a (no clinical topics or specific measures under discussion on upcoming agenda)

☒

No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.

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

Acknowledgements and Attestations

By signing this form,

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

William Fox MD FACP

Print Name



Signature

1/20/2022, 2:26:31 PM

Date