

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

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

Additional Information:

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

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

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

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

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

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

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

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

Name: Nick Fitterman

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

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

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

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

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas:

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

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

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

Acknowledgements and Attestations

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- 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

nick fitterman Digitally signed by nick fitterman
Date: 2020.12.21 11:11:38 -05'00'

12212020

Signature

Date

Disclosure Purpose: Meeting

Summary of Interests

Company or Organization

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

Additional Information:

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Chapter Council or other Chapter leadership role?

National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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Yes

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Yes

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Yes

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

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

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
- 21

**American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

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

Name: J. Thomas Cross

Disclosures of Interests: Supplemental Questions

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

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Topic Areas:

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

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

**American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

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J. Thomas Cross, Jr., MD, MPH

Print Name

J. Thomas Cross, Jr., MD

Digitally signed by J. Thomas Cross, Jr., MD
DN: cn=J. Thomas Cross, Jr., MD, o, ou,
email=jtcrossjr1961@gmail.com, c=US
Date: 2020.12.21 08:26:49 -07'00'

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

Company or Organization

| Entity | Type | Interest Held By | Value |
|---|-------------------|------------------|-------|
| ACGME | Other | Self | - |
| Category: Other Start Date: 06/01/2017 End Date: 12/31/2017 Other Compensation: Additional Information:Consultant Description: Compensation Type: Unpaid Annual Compensation: | | | |
| ACP Services | Fiduciary Officer | Self | - |
| Official Title: Board Chair Compensation Type: Unpaid Start Date: 05/07/2016 End Date: 04/23/2020 Annual Compensation: Additional Information:Position Description: Chair of the Board of Directors Other Compensation: | | | |
| ACP Services PAC | Fiduciary Officer | Self | - |
| Official Title: Board Chair Compensation Type: Unpaid Start Date: 04/13/2019 End Date: Annual Compensation: Additional Information:Position Description: Chair of the PAC Board Other Compensation: | | | |
| American College of Physicians | Fiduciary Officer | Self | - |
| Official Title: Regent Compensation Type: Unpaid Start Date: 05/07/2016 End Date: 04/23/2020 Annual Compensation: Additional Information:Position Description: Member of the Board of Regents Other Compensation: | | | |
| American Medical Association | Other | Self | - |
| Category: Other Start Date: 01/01/2016 End Date: 01/01/2018 Other Compensation: Additional Information:Consultant Description: Compensation Type: Cash Annual Compensation: | | | |
| CMS Technical Expert Panel | Consultant | Self | - |
| Category: Consultant Start Date: 01/01/2017 End Date: 12/31/2017 Other Compensation: Additional Information:Consultant Description: Compensation Type: Unpaid Annual Compensation: | | | |
| Greater Albuquerque Medical Association | Other | Spouse/Partner | - |
| Category: Other Start Date: 09/01/2018 End Date: Other Compensation: Additional Information:Consultant Description: Compensation Type: Unpaid Annual Compensation: | | | |
| New Mexico Health Resources | Fiduciary Officer | Spouse/Partner | - |
| Official Title: Board member Compensation Type: Unpaid Start Date: 06/15/2018 End Date: Annual Compensation: Additional Information:Position Description: Member of the Board of Directors Other Compensation: | | | |
| PCPI | Other | Spouse/Partner | - |
| Category: Other Start Date: 01/01/2020 End Date: Other Compensation: Additional Information:Consultant Description: Compensation Type: Unpaid Annual Compensation: | | | |
| Rehoboth McKinley Christian Health Care Services | Employment | Spouse/Partner | - |

| | | | |
|--|--|-----------------------------|---|
| Title: Physician Start Date: 09/01/2014 | | End Date: 11/01/2018 | Position Description: Physician, CMO Additional Information: |
| Society of Hospital Medicine | | Other | Self - |
| Category: Other Start Date: 05/01/2014 Other Compensation: Additional Information: | | End Date: | Consultant Description: Compensation Type: Unpaid Annual Compensation: |
| Syrian American Medical Society | | Other | Spouse/Partner - |
| Category: Other Start Date: 02/01/2018 Other Compensation: Additional Information: | | End Date: 03/15/2018 | Consultant Description: Compensation Type: Unpaid Annual Compensation: |
| Thai Burmese Border Health Initiative | | Consultant | Self - |
| Category: Consultant Start Date: 04/26/2018 Other Compensation: Additional Information: | | End Date: | Consultant Description: Compensation Type: Unpaid Annual Compensation: |
| University of New Mexico | | Employment | Spouse/Partner - |
| Title: Physician Start Date: 05/01/2014 | | End Date: | Position Description: Section Chief, Hospital Medicine Additional Information: |
| University of New Mexico | | Employment | Self - |
| Title: Physician Start Date: 05/01/2015 | | End Date: | Position Description: Associate Professor of Medicine Additional Information: |

Intellectual Property

| Type | Is Licensed | Interest Held By | Value |
|---|-------------|--|-----------------|
| Other Intellectual Property - AMA practice transformation module | - | Self | \$1,000.00 |
| Description: AMA practice transformation module Yearly Income: | | Income Source: American Medical Association Additional Information: | |
| Amount | Type | Year | Payment Receipt |
| \$1,000.00 | Actual | 2019 | Direct Payment |

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
None
 2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.
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 - Annals of Internal Medicine editorial staff?
 - Other (meeting guests, contractors, authors, etc.)
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Yes
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**American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

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

Name: Eileen Barrett

Disclosures of Interests: Supplemental Questions

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

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☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

**American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

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Eileen Barrett

Print Name

Eileen Barrett

12-31-20

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

Company or Organization

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

Additional Information:

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Yes
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**American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

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

Name: Peter Basch, MD, MACP

Disclosures of Interests: Supplemental Questions

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

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☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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Peter Basch, MD, MACP

Print Name

Peter Basch

Digitally signed by Peter Basch
Date: 2020.12.22 13:32:01 -05'00'

12/22/2020

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

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

Additional Information:

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

I excluded activities greater than 3 years old

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

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

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Yes

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

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

Name: Robert M. Centor, MD

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

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

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

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

- ☒ I have publications to report (please list in space below).
- ☐ I have no publications to report.

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

- ☐ I have interests to report (please list in space below).
- ☒ I have no interest to report.

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

Podcast

Annals On Call - Diverticulitis: Myth Versus Evidence

Robert M. Centor, MD, Lisa L. Strate, MD, MPH

January 1, 2019

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas:

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

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

- ☐ Yes (please provide additional details below).
- ☒ No

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

- ☐ Yes (please provide additional details below).
- ☒ No

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

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

Acknowledgements and Attestations

By signing this form,

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

Robert M Centor, MD, MACP

Print Name

Robert M Centor, MD

Signature

1/5/21

Date

Disclosure Purpose: Annual Governance Disclosure 2020-21

Summary of Financial Interests

Company or Organization

| Entity | Type | Interest Held By | Value | | | | | | |
|---|------------------|---|--------------|------|--------|------|------|------------|-----------|
| Bristol-Myers Squibb | Consultant | Self | \$1,000.00 | | | | | | |
| Category: Consultant Start Date: 01/01/2018 Other Compensation: | | Consultant Description: Compensation Type: Cash Annual Compensation: <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2018</td><td>\$1,000.00</td><td>Estimated</td></tr></table> | | Year | Amount | Type | 2018 | \$1,000.00 | Estimated |
| Year | Amount | Type | | | | | | | |
| 2018 | \$1,000.00 | Estimated | | | | | | | |
| Additional Information: BMS-Pfizer supports ACP Atrial fibrillation quality improvement module. | | | | | | | | | |
| McClung Foundation | Grant / Contract | Self | \$334,000.00 | | | | | | |
| Recipient Name: Andrew Dunn Grant / Contract Description: Grant to fund study of innovative lighting on sleep for hospitalized patients Grant / Contract Valuation Date: 12/30/2019 Additional Information: | | Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$334,000.00 Contract Start Date: 11/01/2019Contract End Date: | | | | | | | |
| National Institute of Health | Grant / Contract | Self | \$15,000.00 | | | | | | |
| Recipient Name: Andrew Dunn Grant / Contract Description: Co-investigator, 5% funded role Grant / Contract Amount: \$15,000.00 Contract Start Date: 05/01/2020Contract End Date: | | Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 08/10/2020 Additional Information: Grant initiated Sept 2018. I was added as co-Investigator May 2020. | | | | | | | |
| Pfizer | Grant / Contract | Self | \$500,000.00 | | | | | | |
| Recipient Name: Horatio Holzer Grant / Contract Description: Funding for research study on transitions of care for patients with acute venous thromboembolism Grant / Contract Valuation Date: Additional Information: | | Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Amount: \$500,000.00 Contract Start Date: 10/01/2015Contract End Date: 12/31/2018 | | | | | | | |

Additional Information:

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

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

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

Chapter Council or other Chapter leadership role?

National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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

Yes

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

Yes
- 38

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

Yes

Certification

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

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

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

**American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

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

Name: Andrew Dunn

Disclosures of Interests: Supplemental Questions

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

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

Topic Areas:

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

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

**American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

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Andrew Dunn

Print Name

Andrew Dunn Digitally signed by Andrew Dunn
Date: 2020.12.21 14:08:19 -05'00'

Dec 21, 2020

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

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

Additional Information:

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

None
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.

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Chapter Council or other Chapter leadership role?

National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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

Yes

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Yes

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

Yes

Certification

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

Convey

Global Disclosure System

AAMC

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**American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

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

Name: Catherine MacLean

Disclosures of Interests: Supplemental Questions

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.

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☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

**American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

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Catherine MacLean

Print Name

Catherine H MacLean

Digitally signed by Catherine H MacLean
Date: 2020.12.21 09:03:04 -07'00'

12/21/2021

Signature

Date

Disclosure Purpose: Annual Governance disclosure 2020-21

Summary of Interests

Company or Organization

| Entity | Type | Interest Held By | Value |
|---|------------|---|-------|
| Northeast Medical Group | Employment | Self | - |
| Title: Employed Physician Start Date: 11/01/2012 | | Position Description: Physician & Medical Director Additional Information: | |

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
none in particular
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.

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Chapter Council or other Chapter leadership role?

National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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

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

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

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

Certification

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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
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

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

Name: Robert M. McLean

Disclosures of Interests: Supplemental Questions

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

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☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation

Acknowledgements and Attestations

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Robert M. McLean

Print Name

Signature

12/26/20

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021, COIs for meeting Faculty and Planning Committee, Annual Governance Disclosure 2020-21

Summary of Financial Interests

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

Additional Information:

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

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Annals of Internal Medicine editorial staff?

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

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Yes

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Yes

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Yes

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Yes

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

Convey

Global Disclosure System

AAMC

48

**American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

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

Name:

Disclosures of Interests: Supplemental Questions

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

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Topic Areas

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

**American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

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Danny Newman

Print Name

1/7/21

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-21

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: 01/01/2015End Date: 12/31/2021 | | Position Description: Associate Editor Additional Information: | |
| Michigan Medicine | Employment | Self | - |
| Title: Associate Professor Start Date: 07/01/2008End Date: | | Position Description: Division of Gastroenterology Additional Information: | |
| U.S. Department of Veterans Affairs | Employment | Spouse/Partner | - |
| Title: Staff Physician Start Date: 07/01/2005End Date: | | Position Description: General internist at VA Ann Arbor Healthcare System Additional Information: | |
| U.S. Department of Veterans Affairs | Employment | Self | - |
| Title: Staff Physician and Research Scientist Start Date: 07/01/2008End 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 | 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: 10/01/2018Contract 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 | \$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: 10/01/2019Contract 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 | \$1,099,615.00 |
| 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: 11/01/2018Contract End Date: 10/31/2021 | |
| 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: 05/01/2014Contract End Date: 09/30/2018 | |
| 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: 01/01/2020Contract 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 | \$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: 05/01/2019Contract End Date: 04/30/2023 | |
| 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:

Additional Information:

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

None

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

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Yes.

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

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Yes

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

Yes

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Yes

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

**American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

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

Name: Sameer Saini

Disclosures of Interests: Supplemental Questions

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

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Topic Areas:

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

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

**American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

By signing this form,

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

Sameer Saini

Print Name

Sameer D. Saini Digitally signed by Sameer D. Saini
Date: 2021.01.08 15:36:30 -05'00'

1/8/2021

Signature

Date

**American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Summary Report**

Name: Paul Shekelle, MD, MPH, PhD, FACP

Role:

- ☐ Clinical Guidelines Committee
 ☐ ACP Staff or Leadership
☒ Performance Measurement Committee
 ☐ Guest
☐ High Value Care Committee

| ACTIVE (Current) | Belongs to | Description including amount of value or income | | | |
|---|------------|--|-------------------|---|---|
| Employment | Self | Veterans Affairs; UCLA | -- | + | - |
| | Household | None | -- | + | - |
| Research & Consulting Roles | Self | Veterans Affairs: Evidence Synthesis Program: Topics include: Evidence Maps for Complementary and Alternative Medicine | \$100,001 or more | | |
| | | Systematic reviews for: Chronic Limb Ischemia - 2018 Spread to Low Performers - 2018 Robotic surgery - 2018 Art therapy - 2018 One-to-one monitoring - 2019 Panel size - 2019 Team based primary care - 2020 Creating a culture of innovation - 2020 | | + | - |
| | | AHRQ: Understanding Health Care Delivery Systems PCOR Adoption and System Performance | | + | - |
| | | Humana Project (Systematic Review of Interventions for Social Determinants of Health) | | + | - |
| | Household | None | -- | + | - |
| Investment & Proprietary Interests | Self | Royalties: UpToDate chapter on Spinal Manipulation Clinical Practice Guidelines | Up to \$1,000 | + | - |
| | Household | None | -- | + | - |
| Committees, Boards, & Workgroups/Panels | Self | Committee on Evidence-Based Practices for Public Health Emergency Preparedness and Response | \$0 | + | - |
| | Household | None | -- | + | - |
| Other Interests other affiliations, advocacy, etc. | Self | None | -- | + | - |
| | Household | None | -- | + | - |

Please review the list of measures in the attached word document. Within the last 3 years, have you or any household members contributed towards the development of one of these measures or a competing measure (different measure on the same topic)?

☐ Yes ☐ No

Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures?

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

☐ Yes ☐ No

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

| | | | | | |
|--|------------------|------|----|---|---|
| Employment | <i>Self</i> | None | -- | + | - |
| | <i>Household</i> | None | -- | + | - |
| Research & Consulting Roles | <i>Self</i> | | -- | + | - |
| | <i>Household</i> | None | -- | + | - |
| Investment & Proprietary Interests | <i>Self</i> | None | -- | + | - |
| | <i>Household</i> | None | -- | + | - |
| Committees, Boards, & Workgroups/Panels | <i>Self</i> | | -- | + | - |
| | <i>Household</i> | None | -- | + | - |
| Other Interests other affiliations, advocacy, etc. | <i>Self</i> | None | -- | + | - |
| | <i>Household</i> | None | -- | + | - |

DECLARATION

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

Paul Shekelle

Signature

12/22/20

Date

RELEVANT MEASURES

List in box below or highlight in attached document.

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

**American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

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

Name: Paul Shekelle

Disclosures of Interests: Supplemental Questions

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

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Topic Areas:

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

- ☐ Yes (please provide additional details below).
- ☒ No

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

- ☐ Yes (please provide additional details below).
- ☒ No

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**American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

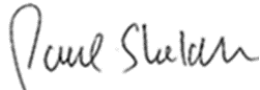
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Paul Shekelle

Print Name



Signature

12/22/20

Date

Disclosure Purpose: Guidelins committee/Performance measurement committee

Summary of Interests

Company or Organization

| Entity | Type | Interest Held By | Value |
|---|------------------|--|----------------------|
| Endocrine Society | Other | Self | - |
| Category: Other Compensation Type: Unpaid Annual Compensation: | | Start Date: 02/01/2019 Other Compensation: Additional Information: Hypoglycemia performance measure development | End Date: 12/31/2019 |
| Medical School, University of Michigan | Employment | Self | - |
| Title: Professor, Medical Director Start Date: 06/24/1992 End Date: | | Position Description: Professor of Internal Medicine, Director of Analytics/Quality Additional Information: | |
| National Institute of Health | Grant / Contract | Self | \$1,820,000.00 |
| Recipient Name: Regents of the University of Michigan Grant / Contract Description: Implementation of Evidence-Based Practice for Benign Paroxysmal Positional Vertigo Grant / Contract Valuation Date: 01/28/2020 Additional Information: | | Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$1,820,000.00 Contract Start Date: 08/01/2013 Contract End Date: 07/31/2019 | |
| U.S. Department of Veterans Affairs | Employment | Self | - |
| Title: Physician Start Date: 07/01/1997 End Date: | | Position Description: Physician Additional Information: | |
| U.S. Department of Veterans Affairs | Grant / Contract | Self | \$615,000.00 |
| Recipient Name: Sameer Saini Grant / Contract Description: Promoting Veteran-Centered Colorectal Cancer Screening Grant / Contract Amount: \$615,000.00 Contract Start Date: 04/01/2014 Contract End Date: 03/31/2018 | | Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Valuation Date: 01/28/2020 Additional Information: | |
| U.S. Department of Veterans Affairs | Grant / Contract | Self | \$900,000.00 |
| Recipient Name: Michele Heisler Grant / Contract Description: Technologically Enhanced Coaching (TEC): A Program for Improving Diabetes Outcomes Grant / Contract Valuation Date: 02/01/2014 Additional Information: | | Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Amount: \$900,000.00 Contract Start Date: 02/01/2014 Contract End Date: 01/31/2018 | |
| Wolters Klew Health, Inc. | Consultant | Self | \$4,900.00 |
| Category: Consultant Compensation Type: Cash Annual Compensation: | | Start Date: 11/15/2011 Other Compensation: Additional Information: | End Date: |
| Year | Amount | Type | |
| 2019 | \$1,800.00 | Estimated | |
| 2018 | \$1,600.00 | Estimated | |
| 2017 | \$1,500.00 | Estimated | |

Additional Information:

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

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

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

Chapter Council or other Chapter leadership role?

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

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

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

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

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

Name: Sandeep Vijan

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

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

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

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

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

- ☐ I have publications to report (please list in space below).
- ☐ I have no publications to report.

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

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

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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Topic Areas:

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

- ☐ Yes (please provide additional details below).
- ☐ No

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

- ☐ Yes (please provide additional details below).
- ☐ No

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

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Print Name

Sandeep Vijan

Signature

Date

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

Summary of Financial Interests

Company or Organization

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

Additional Information:

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

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Chapter Council or other Chapter leadership role?

National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes
- 64

Certification

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

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

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

Name: Jacqueline W. Fincher, MD

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

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

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

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

☐

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

☒

I have no publications to report.

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

☐

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

☒

I have no interest to report.

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

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☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

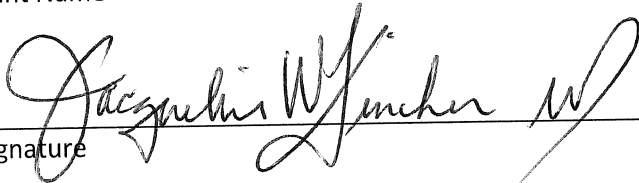
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Jacqueline W. Fincher, MD

Print Name

Signature 

1/26/21

Date

Disclosure Purpose: submitting an article to Annals of Internal Medicine

Summary of Financial Interests

Company or Organization

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

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
I am the Chair of the Board of Regents of the ACP and I receive a stipend for this. I am employed as a primary care internist at Park Nicollet Clinic in St. Louis Park MN, and also a nocturnist on the Methodist Hospital Hospitalist Service in St. Louis Park MN
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.**

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

Yes.

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

Yes

ii. **I, the undersigned, enter into the [Non-Disclosure Agreement](#) between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board**

of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

Yes

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

Yes

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

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

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

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

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

Name: Heather E. Gantzer

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

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

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

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

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

Acknowledgements and Attestations

By signing this form,

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

Heather E Gantzer

Print Name

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

1-12-2021

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2019

Summary of Financial Interests

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

Additional Information:

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

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

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

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

Yes

Certification

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

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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- 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
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

Guest Disclosures of Interests: Acknowledgements and Attestations

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Print Name



Signature

Date

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

Summary of Financial Interests

Company or Organization

| Entity | Type | Interest Held By | Value |
|--|------------|--|-------|
| American College of Physicians | 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: | |

Additional Information:

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

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

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

■ Chapter Council or other Chapter leadership role?

■ National or chapter staff?

■ Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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



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

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

Name: Wayne Bylsma

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

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

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

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

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

☐

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

☒

I have no publications to report.

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

☐

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

☒

I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas:

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

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

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

Acknowledgements and Attestations

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Wayne Bylsma

Print Name

Wayne H. Bylsma

Digitally signed by Wayne H. Bylsma
Date: 2020.12.21 18:58:34 -05'00'

12.21.2020

Signature

Date

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

Summary of Interests

Company or Organization

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

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
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National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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Yes

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Yes

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Yes

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

Yes
- Certification
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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
- 79

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

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

Name: Kate Carroll

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

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

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

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

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

☐

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

☒

I have no publications to report.

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

☐

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

☒

I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas:

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

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

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

Acknowledgements and Attestations

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Kate Carroll

Print Name

Kate Carroll

 Digitally signed by Kate Carroll
Date: 2021.01.05 15:34:50 -05'00'

1/5/2021

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021

Summary of Financial Interests

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

Additional Information:

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

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National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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Yes

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Yes

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Yes

Certification

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

**American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

Guest Disclosures of Interests: Acknowledgements and Attestations

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Shari Erickson

Print Name

Shari Erickson

Digitally signed by Shari Erickson
Date: 2021.01.06 09:49:54 -05'00'

01/06/2021

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021

Summary of Financial Interests

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

Additional Information:

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

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Yes

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Yes

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

Global Disclosure System


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

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

Name: Andrew Hachadorian

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

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

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

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

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

- ☐ I have publications to report (please list in space below).
- ☒ I have no publications to report.

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

- ☐ I have interests to report (please list in space below).
- ☒ I have no interest to report.

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

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

Topic Areas:

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

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

- ☐ Yes (please provide additional details below).
☒ No

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

- ☐ Yes (please provide additional details below).
☒ No

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

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

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Andrew Hachadorian

Print Name

Andrew Hachadorian

Signature

Date

1/4/2021

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021

Summary of Interests

Company or Organization

| Entity | Type | Interest Held By | Value |
|---|------------|---|-------|
| American Academy of Neurology | Employment | Self | - |
| Title: Senior Guideline Development Program Manager | | Position Description: Manage and coordinate development of clinical practice guidelines on topics relevant to neurological disease treatment, diagnosis, prognosis, and screening | |
| Start Date: 11/12/2014End Date: 08/21/2020 | | Additional Information: | |
| Health Dimensions Group | Employment | Spouse/Partner | - |
| Title: Document Production Coordinator | | Position Description: Responsible for all aspects of document and presentation preparation and production | |
| Start Date: 08/20/2020End Date: | | Additional Information: https://healthdimensionsgroup.com/about/ | |
| HealthPartners | Employment | Spouse/Partner | - |
| Title: Purchasing Agent | | Position Description: Procurement of medical equipment and supplies and contract management for orthopedic and laboratory service lines. | |
| Start Date: 03/13/2018End Date: 08/14/2020 | | Additional Information: Health Partners is an integrated, nonprofit health care provider and health insurance company https://www.healthpartners.com/about/ | |
| M*Modal | Employment | Spouse/Partner | - |
| Title: Product Marketing Specialist | | Position Description: Developed white papers and marketing materials | |
| Start Date: 12/15/2017End Date: 03/09/2018 | | Additional Information: https://www.3m.com/3M/en_US/company-us/about-3m/ | |

Additional Information:

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

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Yes

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

Yes
- Certification
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- 89

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

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

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

Name: Shannon Merillat

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

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

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

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

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas:

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

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

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

Acknowledgements and Attestations

By signing this form,

- 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.

Shannon Merillat

Print Name

Shannon Merillat Digitally signed by Shannon Merillat
Date: 2021.01.05 08:54:51 -06'00'

1/5/2021

Signature

Date

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

Summary of Interests

Company or Organization

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

Certification

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

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

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

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

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

Name: Darilyn Moyer

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

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

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

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

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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Topic Areas:

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

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

- ☐ Yes (please provide additional details below).
- ☒ No

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

- ☐ Yes (please provide additional details below).
- ☒ No

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

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

Acknowledgements and Attestations

By signing this form,

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

Darilyn V. Moyer

Print Name

Darilyn V. Moyer

1/5/21

Signature

Date

Disclosure Purpose: staff

Summary of Interests

Company or Organization

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

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

Additional Information:

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

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

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

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

Chapter Council or other Chapter leadership role?

National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

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

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

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

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

Name: Amir Qaseem

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

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

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

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

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

N/A

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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Topic Areas:

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

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

N/A

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

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Amir Qaseem

Print Name



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

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021

Summary of Interests

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

Additional Information:

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

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

Chapter Council or other Chapter leadership role?

National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes
- You are not disclosing any interests to this organization.

Certification

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

Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)

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

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

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

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

Name: Tatyana Shamliyan

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

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

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

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

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

☒

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

☐

I have no publications to report.

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

☐

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

☒

I have no interest to report.

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

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

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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Topic Areas:

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☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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**

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Tatyana A Shamliyan

Print Name

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

Signature

Date

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

Summary of Interests

Company or Organization

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

Additional Information:

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

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Chapter Council or other Chapter leadership role?

National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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

Yes

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

Yes

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

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
- 108

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

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

Name: Patricia Siemion

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

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

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

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas:

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

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

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

Acknowledgements and Attestations

By signing this form,

- 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.

Patricia Siemion

Print Name

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

Signature

January 5, 2021

Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021

Summary of Financial Interests

Company or Organization

| Entity | Type | Interest Held By | Value |
|---|------------|--|-------|
| American College of Physicians | Employment | Self | - |
| Title: Senior Scientist, Clinical Policy Start Date: 06/15/2020 End Date: | | Position Description: Leading the performance measurement strategy Additional Information: | |
| Boehringer Ingelheim | Other | Self | - |
| Category: Other Start Date: 01/01/2018 End Date: 12/31/2018 Other Compensation: Additional Information: As a result of my participation at the following stakeholder meeting, my former employer received honoraria: Boehringer Ingelheim, Stakeholder, Advancing Quality for Patients with Type 2 Diabetes and Established Cardiovascular Disease, 2018 | | Consultant Description: Compensation Type: Cash Annual Compensation: | |
| Discern Health | Other | Self | - |
| Category: Other Start Date: 01/01/2018 End Date: 03/01/2020 Other Compensation: Additional Information: As a result of my participation on the following roundtables/stakeholder meetings/work groups, my former employer has received honoraria: Discern Health, interviewee, Understanding Quality Measurement Priorities for Breast Cancer, 2020 Discern Health, Expert Panel Member, Cancer Immunotherapy Quality Measurement, 2019 Discern, Advisor, Telehealth Measurement Gaps, 2018 | | Consultant Description: Compensation Type: Cash Annual Compensation: | |
| PCPI Foundation | Employment | Self | - |
| Title: Senior Director, Measurement Science Start Date: 01/01/2017 End Date: 06/12/2020 | | Position Description: Orchestrate daily activities of the Measurement Science Program, developing and implementing key performance measures, and monitoring performance to uphold market competitiveness. Additional Information: My salary at the PCPI was supported by services provided as a contractor and subcontractor to CMS and non-profit organizations for measure development, specification, testing and endorsement. | |
| Pharmacy Quality Alliance (PQA) | Other | Self | - |
| Category: Other Start Date: 01/01/2019 End Date: 12/31/2019 Other Compensation: Additional Information: As a result of my participation on the following roundtable, my former employer has received honoraria: PQA, roundtable member, Patient Engagement Rubric, 2019 | | Consultant Description: Compensation Type: Cash Annual Compensation: | |

Additional Information:

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

None
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.

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

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

Chapter Council or other Chapter leadership role?

National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes
- 112

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

Yes

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

Yes

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

Yes

Certification

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

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

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

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

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

Name: Samantha Tierney

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

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

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

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

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

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

☒ I have no publications to report.

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

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

☐ I have no interest to report.

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

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

Topic Areas:

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

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

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

Acknowledgements and Attestations

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Samantha Tierney

Print Name

Samantha Tierney

Digitally signed by Samantha Tierney
Date: 2021.01.09 13:04:30 -05'00'

1/9/2020

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

Company or Organization

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

Additional Information:

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

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

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

Chapter Council or other Chapter leadership role?

National or chapter staff?

Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes
- 117

Certification

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

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

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

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

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

Name: Itziar Etxeandia Ikobaltzeta

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

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

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

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

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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Topic Areas:

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.

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☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

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

Acknowledgements and Attestations

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Itziar Etxeandia Ikobaltzeta

Print Name



2021.01.05 16:16:49 +01'00'

Signature

Date

Disclosure Purpose: CGC/PMC/SMPC Meetings

Summary of Financial Interests

Company or Organization

| Entity | Type | Interest Held By | Value |
|--|-------------------|------------------|----------------|
| Canadian Institutes of Health Research | Grant / Contract | Self | \$22,600.00 |
| <div>Recipient Name: Dr. Sandra Carroll</div> <div>Grant / Contract Description: Following the C-SPIN Roadmap: Realizing Meaningful Patient Engagement</div> <div>Grant / Contract Valuation Date: 03/01/2016</div> <div>Additional Information:</div> <div>Recipient Type: Individual</div> <div>Grant / Contract Purpose: Research</div> <div>Grant / Contract Amount: \$22,600.00</div> <div>Contract Start Date: 03/01/2016</div> <div>Contract End Date: 02/28/2018</div> | | | |
| Canadian Institutes of Health Research | Grant / Contract | Self | \$226,000.00 |
| <div>Recipient Name: Dr. Michael McGillion</div> <div>Grant / Contract Description: THE SMaRT VIEW, CoVeRed</div> <div>Grant / Contract Amount: \$226,000.00</div> <div>Contract Start Date: 03/01/2016</div> <div>Contract End Date: 02/28/2018</div> <div>Additional Information:</div> <div>Recipient Type: Individual</div> <div>Grant / Contract Purpose: Research</div> <div>Grant / Contract Valuation Date: 03/01/2016</div> | | | |
| Canadian Institutes of Health Research | Grant / Contract | Self | \$9,310,000.00 |
| <div>Recipient Name: Dr. Michael McGillion</div> <div>Grant / Contract Description: The SMaRT VIEW, CoVeRed</div> <div>Grant / Contract Amount: \$9,310,000.00</div> <div>Contract Start Date: 10/15/2015</div> <div>Contract End Date: 09/30/2019</div> <div>Additional Information:</div> <div>Recipient Type: Individual</div> <div>Grant / Contract Purpose: Research</div> <div>Grant / Contract Valuation Date: 10/15/2015</div> | | | |
| COVID-END | Other | Self | - |
| <div>Category: Other</div> <div>Start Date: 05/01/2020</div> <div>End Date:</div> <div>Other Compensation:</div> <div>Additional Information:</div> <div>Consultant Description:</div> <div>Compensation Type: Unpaid</div> <div>Annual Compensation:</div> | | | |
| Evidence Based Research Network | Fiduciary Officer | Self | - |
| <div>Official Title: Steering Committee Member</div> <div>Compensation Type: Unpaid</div> <div>Start Date: 10/01/2016</div> <div>Annual Compensation:</div> <div>Additional Information:</div> <div>End Date:</div> <div>Position Description:</div> <div>Other Compensation:</div> | | | |
| Evidence Synthesis International | Fiduciary Officer | Self | - |
| <div>Official Title: Secretariat</div> <div>Compensation Type: Unpaid</div> <div>Start Date: 03/01/2018</div> <div>Annual Compensation:</div> <div>Additional Information:</div> <div>End Date:</div> <div>Position Description: Organize and support activities of the organisation</div> <div>Other Compensation:</div> | | | |
| McMaster University | Employment | Self | - |
| <div>Title: Assistant Professor</div> <div>Start Date: 06/01/2010</div> <div>End Date: 06/30/2017</div> <div>Additional Information:</div> <div>Position Description:</div> | | | |
| Sigma Theta Tau International | Fiduciary Officer | Self | - |
| <div>Official Title: President - Alpha Nu Chapter</div> <div>Compensation Type: Unpaid</div> <div>Start Date: 09/01/2019</div> <div>Annual Compensation:</div> <div>Additional Information:</div> <div>End Date: 08/31/2021</div> <div>Position Description: President - Alpha Nu Chapter</div> <div>Other Compensation:</div> | | | |
| University of Bologna | Other | Self | \$5,213.19 |
| <div>Category: Other</div> <div>Start Date: 11/16/2019</div> <div>End Date: 11/22/2019</div> <div>Other Compensation:</div> <div>Consultant Description:</div> <div>Compensation Type: Cash</div> <div>Annual Compensation:</div> | | | |
| Year | | Amount | Type |
| 2019 | | \$5,213.19 | Actual |

Additional Information: Guest Lecturer

Villanova University

Employment

Self

-

Title: Associate Professor

Start Date: 08/22/2017

End Date:

Position Description:

Additional Information:

Additional Information:

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

N/A

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

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

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

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

Name: Jennifer Yost

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

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

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

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



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



I have no publications to report.

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




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



I have no interest to report.

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

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

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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Topic Areas:

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☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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**

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Jennifer Yost

Print Name

Jennifer Yost Digitally signed by Jennifer Yost
Date: 2021.01.11 09:27:23 -05'00'

Jan 11, 2021

Signature

Date

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

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

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

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

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Disclosure Purpose: Annual Governance Disclosure 2020-2021

Summary of Financial Interests

Company or Organization

| Entity | Type | Interest Held By | Value | | | | | | | | | |
|---|----------------------------|--|------------|------|--------|------|------|------------|--------|------|------------|--------|
| Heritage Medical Associates | Employment | Self | - | | | | | | | | | |
| Title: Physician Start Date: 01/02/2005 End Date: | | Position Description: Additional Information: | | | | | | | | | | |
| Overbrook School | Employment | Spouse/Partner | - | | | | | | | | | |
| Title: Registered Nurse Start Date: 08/15/2013 End Date: | | Position Description: Additional Information: | | | | | | | | | | |
| State Volunteer Mutual Insurance Company | End Point Review Committee | Self | \$8,330.50 | | | | | | | | | |
| Category: End Point Review Committee Start Date: 01/01/2018 End Date: Other Compensation: | | Consultant Description: Compensation Type: Cash Annual Compensation: <table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2019</td><td>\$4,687.50</td><td>Actual</td></tr><tr><td>2018</td><td>\$3,643.00</td><td>Actual</td></tr></table> | | Year | Amount | Type | 2019 | \$4,687.50 | Actual | 2018 | \$3,643.00 | Actual |
| Year | Amount | Type | | | | | | | | | | |
| 2019 | \$4,687.50 | Actual | | | | | | | | | | |
| 2018 | \$3,643.00 | Actual | | | | | | | | | | |
| Additional Information: Serve as a member of the Underwriting Committee for SVMIC. Compensated for time spent reviewing applications. | | | | | | | | | | | | |

Additional Information:

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

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

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

■ Chapter Council or other Chapter leadership role?

■ National or chapter staff?

■ Annals of Internal Medicine editorial staff?

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes
- Certification
- By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:
- 129

- 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
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

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

Name:

Disclosures of Interests: Supplemental Questions

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

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

Topic Areas:

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

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

**American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation**

Acknowledgements and Attestations

By signing this form,

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

Print Name

Ryan D. Mize

Signature



Date

12/20/20