

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)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations

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

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



Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Greater Albuquerque Medical Association	Other	Spouse/Partner	-
<i>Category:</i> Other <i>Start Date:</i> 09/01/2018 <i>End Date:</i> <i>Other Compensation:</i> <i>Additional Information:</i>			
<i>Consultant Description:</i> <i>Compensation Type:</i> <i>Annual Compensation:</i>			
Society of Hospital Medicine	Other	Self	-
<i>Category:</i> Other <i>Start Date:</i> 05/01/2014 <i>End Date:</i> <i>Other Compensation:</i> <i>Additional Information:</i>			
<i>Consultant Description:</i> <i>Compensation Type:</i> <i>Annual Compensation:</i>			
University of New Mexico	Employment	Self	-
<i>Title:</i> Physician <i>Start Date:</i> 05/01/2015 <i>End Date:</i> <i>Additional Information:</i>			
<i>Position Description:</i> <i>Additional Information:</i>			
University of New Mexico	Employment	Spouse/Partner	-
<i>Title:</i> Physician <i>Start Date:</i> 05/01/2014 <i>End Date:</i> <i>Additional Information:</i>			
<i>Position Description:</i> <i>Additional Information:</i>			

Intellectual Property

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

Additional Information:

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

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Yes

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Yes

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Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

Company or Organization

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

Additional Information:

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 - National or chapter staff?
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 - Other (meeting guests, contractors, authors, etc.)
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Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
Title: Chief Operating Officer		Start Date: 10/15/1997	End Date:
Additional Information:			
Ewing Cole	Employment	Spouse/Partner	-
Title: Project Manager		Start Date: 01/01/1998	End Date:
Additional Information:			

Additional Information:

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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

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



Disclosure Purpose: CGC/PMC/SMPC, Entry

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

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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- **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

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Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial 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:	

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
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Disclosure Purpose: ANNUAL GOVERNANCE DISCLOSURE 2019

Summary of Financial Interests

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

Additional Information:

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Certification

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

Disclosure Purpose: Annual Staff Disclosure 2020

Summary of Financial Interests

Company or Organization

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

Additional Information:

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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 border="1"> <thead> <tr> <th>Year</th> <th>Amount</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>2018</td> <td>\$1,000.00</td> <td>Estimated</td> </tr> </tbody> </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: 11/01/2019 Contract End Date:							
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: 10/01/2015 Contract End Date: 12/31/2018							

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

Name: Shari Maguire Erickson

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	<i>Self</i>	American College of Physicians	\$100,001 or more	+	-
	<i>Household</i>	Security Industry Association	\$100,001 or more	+	-
Research & Consulting	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Workgroups, & Advisory Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	Spoken publicly at Annual and other meetings on behalf of the American College of Physicians	\$0	+	-
	<i>Household</i>	None	--	+	-

Please review the list of measures in the attached word document. Have you or any close relations contributed towards the development of one of these measures or a competing measure (measure on the same topic)?

Yes No

Have you or any close relations 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>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Workgroups, & Advisory Roles	<i>Self</i>	None	--	+	-
	<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.

Shari Erickson

 Digitally signed by Shari Erickson
Date: 2019.08.15 16:04:17 -04'00'

08/15/2019

Signature

Date

RELEVANT MEASURES

List in box below or highlight in attached document.

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

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

Additional Information:

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

Yes.

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

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

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

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

Yes

Certification

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

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

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



Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

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

Additional Information:

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

None

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

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

Yes.

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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



Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

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

Additional Information:

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

None

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

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Yes.

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Yes

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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

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

Yes

Certification

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

Disclosure Purpose: annual disclosure

Summary of Financial Interests

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

Additional Information:

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

American College of Rheumatology Quality of Care Committee term was Nov 2015-Nov 2018 ABIM Rheumatology Sub-specialty Board term was April 2014- June 2018

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

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

Yes.

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

Yes

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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

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

Yes

Certification

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

disclose any changes.

Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

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

Additional Information:

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



Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

Entity	Type	Interest Held By	Value
American College of Physicians	Employment	Self	-
<p>Title: EVP/CEO Start Date: 01/01/2017 End Date:</p> <p>Position Description: EVP/CEO Additional Information:</p>			
American Medical Association	Other	Self	-
<p>Category: Other Start Date: 01/01/2017 End Date:</p> <p>Consultant Description: Compensation Type: Unpaid Annual Compensation:</p> <p>Other Compensation: Additional Information:</p>			
Council of Medical Subspecialty Societies	Fiduciary Officer	Self	-
<p>Official Title: CMSS Board Member Compensation Type: Unpaid Start Date: 07/01/2018 End Date:</p> <p>Position Description: CMSS Board member Other Compensation:</p>			
Department of Internal Medicine, University of Nebraska Medical Center	Other	Self	-
<p>Category: Other Start Date: 03/18/2018 End Date: 03/19/2018</p> <p>Consultant Description: Compensation Type: Annual Compensation:</p> <p>Other Compensation: Additional Information:</p>			
Inspira Health Woodbury	Employment	Spouse/Partner	-
<p>Title: Physician Staff- Inspira Medical Group Start Date: 01/01/2017 End Date:</p> <p>Position Description: Salaried Pulmonary Critical Care Sleep Physician Additional Information: Inspira Group Physicians 2950 College Drive Suite 1E Vineland, NJ 08360</p>			
PCPCC	Fiduciary Officer	Self	-
<p>Official Title: PCPCC Board Compensation Type: Unpaid Start Date: 01/01/2017 End Date:</p> <p>Position Description: PCPCC Board Chair Elect Other Compensation:</p>			
Temple University	Fiduciary Officer	Self	-
<p>Official Title: Lewis Katz School of Medicine at Temple University Medical Alumni Board Other Compensation: Annual Compensation: Additional Information:</p> <p>Position Description: Board member Compensation Type: Unpaid Start Date: 01/01/2017 End Date:</p>			
University of Texas Southwestern Medical Center	Other	Self	-

Category: Other
Start Date: 03/04/2018
Other Compensation:
Additional Information:

End Date: 03/05/2018

Consultant Description:
Compensation Type: Cash
Annual Compensation:

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

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

Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value						
MDVIP	Consultant	Self	\$4,000.00						
Category: Consultant Start Date: 04/01/2018 Other Compensation:		End Date:	Consultant Description: Compensation Type: Cash Annual Compensation:						
			<table border="1"><thead><tr><th>Year</th><th>Amount</th><th>Type</th></tr></thead><tbody><tr><td>2018</td><td>\$4,000.00</td><td>Actual</td></tr></tbody></table>	Year	Amount	Type	2018	\$4,000.00	Actual
Year	Amount	Type							
2018	\$4,000.00	Actual							
Additional Information:									

Additional Information:

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

Yes.

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

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

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

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

Yes

Certification

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

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

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

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value						
American College of Physicians	Consultant	Self	-						
Category: Consultant Start Date: 12/05/2013 End Date: Other Compensation: Additional Information:		Consultant Description: Compensation Type: Cash Annual Compensation:							
American Urological Association	Consultant	Self	\$25,000.00						
Category: Consultant Start Date: 09/01/2019 End Date: 06/01/2022 Other Compensation:		Consultant Description: Compensation Type: Cash Annual Compensation: <table border="1" data-bbox="829 926 1560 1014"> <thead> <tr> <th>Year</th> <th>Amount</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>2020</td> <td>\$25,000.00</td> <td>Estimated</td> </tr> </tbody> </table>		Year	Amount	Type	2020	\$25,000.00	Estimated
Year	Amount	Type							
2020	\$25,000.00	Estimated							
Additional Information: Chair, AUA Quality Improvement and Patient Safety Committee									
Grand Rounds	Other	Self	-						
Category: Other Start Date: 06/30/2014 End Date: Other Compensation: Additional Information:		Consultant Description: Compensation Type: Equity Options Annual Compensation:							
International Society of Geriatric Oncology	Consultant	Self	-						
Category: Consultant Start Date: 01/01/2018 End Date: Other Compensation: Additional Information:		Consultant Description: Compensation Type: Unpaid Annual Compensation:							
National Cancer Institute	Consultant	Self	-						
Category: Consultant Start Date: 01/01/2018 End Date: Other Compensation: Additional Information: SEER registry bladder cancer workgroup		Consultant Description: Compensation Type: Unpaid Annual Compensation:							
National Institutes of Health	Grant / Contract	Other - University of North Carolina holds subcontract from prime site	\$3,524,226.00						
Recipient Name: University of Pennsylvania Grant / Contract Description: R01 research grant; Ostomy telehealth self-management training Grant / Contract Valuation Date: 01/28/2020 Additional Information:		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$3,524,226.00 Contract Start Date: 04/01/2019 Contract End Date: 03/30/2024							

Patient Centered Outcomes Research Institute	Grant / Contract	Other - Institution	\$1,712,057.00
Recipient Name: University of North Carolina		Recipient Type: Institution	
Grant / Contract Description: Research contract on post-treatment surveillance for prostate cancer		Grant / Contract Purpose: Research	
Grant / Contract Valuation Date: 01/28/2020		Grant / Contract Amount: \$1,712,057.00	
Additional Information:		Contract Start Date: 02/01/2016 Contract End Date: 01/31/2019	
Physician Consortium for Performance Improvement	Other	Self	-
Category: Other		Consultant Description:	
Start Date: 01/01/2018 End Date: 12/31/2018		Compensation Type: Unpaid	
Other Compensation:		Annual Compensation:	
Additional Information:			
School of Medicine, University of North Carolina at Chapel Hill	Employment	Self	-
Title: Associate Professor of Urology		Position Description: Medical school faculty	
Start Date: 01/01/2009 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.
 - 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: Summary Report**

Name: Willie H. Oglesby

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	<i>Self</i>	Thomas Jefferson University	\$100,001 or more	+	-
	<i>Household</i>	Temple University	\$5,001 – 10,000	+	-
Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

In the last 3 years, have you or any household members published on any of the following topic areas?

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

	Acute pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Noninvasive ventilation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Point of care ultrasound	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For staff use:

ADD NEW

RESET

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

Employment	<i>Self</i>	Kent State University	\$100,001 or more	+	-
	<i>Household</i>	Kent State University	\$5,001 – 10,000	+	-
		Educational Testing Service	\$1,001 – 5,000	+	-

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

Research & Consulting Roles	<i>Self</i>	Cleveland Clinic Akron General: conduct Community Health Needs Assessment (awarded to Kent State University)	\$50,001 – 100,000	+	-
		Akron Children’s Hospital: conduct Community Health Needs Assessment (awarded to Kent State University)	\$50,001 – 100,000	+	-
		Summa Health System: conduct Community Health Needs Assessment (awarded to Kent State University)	\$50,001 – 100,000	+	-
		Akron Children’s Hospital (Mahoning Valley): conduct Community Health Needs Assessment (awarded to Kent State University)	\$10,001 – 50,000	+	-
		Mental Health & Recovery Board of Wayne and Holmes Counties: conduct Community Health Needs Assessment (awarded to The Center for Community Solutions)	\$10,001 – 50,000	+	-
		Akron Children’s Hospital: conduct Community Health Needs Assessment (awarded to Kent State University)--in addition to above	\$50,001 – 100,000	+	-
		Kent State University Foundation: develop graduate education program (awarded to Kent State University)	\$10,001 – 50,000	+	-
		Cleveland Clinic: presentation on the Affordable Care Act (consulting income)	\$1,001 – 5,000	+	-
		America's Essential Hospitals: presentation on incorporating population health into GME (consulting income)	\$1,001 – 5,000	+	-
		Northern Ohio Association of Pharmacy Practice: presentation on the Affordable Care Act (consulting income)	\$1,001 – 5,000	+	-
		Developing a course (consulting income)	\$1,001 – 5,000	+	-
	<i>Household</i>	--	+	-	
Investment & Proprietary Interests	<i>Self</i>		--	+	-
	<i>Household</i>		--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	American College of Lifestyle Medicine	\$0	+	-
		Numerous presentations (see CV)	\$0	+	-
	<i>Household</i>		--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>		--	+	-
	<i>Household</i>		--	+	-

DECLARATION

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

Signature

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

BASIC INFORMATION

Full Name Brian E. Outland

Please report all employment positions you have held during the last 3 years:

Status	Employer	Annual Income Range
Active (current)	American College of Physicians	Select <input checked="" type="checkbox"/>
Click to add new row		

Please report all employment positions your household members have held during the last 3 years:

I have no employment to report for household members.

Status	Relation	Employer	Annual Income Range
Inactive (last 3 yrs)	Wife	Optimal Physician Services - Owner Healthcare Consulting	Select <input checked="" type="checkbox"/>
Click to add new row			

RESEARCH AND CONSULTING

Within the last 3 years, have you or any household members. . .

. . .received research support for a topic related to health or healthcare?
e.g., grants, contracts, sponsorships, and other research support Yes No

. . .participated on a speaker's bureau, received honoraria, or consulted or advised for a topic related to health or healthcare? Yes No

. . .provided expert opinion or testimony related to health or healthcare as part of a regulatory, legislative, or judicial process? Yes No

For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income
Inactive (last 3 yrs)	Household mem	Provided Coding updates, compliance training and, physician office compliance audits.	Select <input checked="" type="checkbox"/>
Click to add new row			

INVESTMENTS AND PROPRIETARY INTERESTS

Within the last 3 years, have you or any household members. . .

. . .held any investments related to health or healthcare?
e.g., stocks, bonds, stock options, or other securities. Please include trusts or holding companies. You may exclude broadly diversified investments such as mutual or pension funds. Yes No

. . .held any commercial business interests related to health or healthcare?
e.g., board membership, proprietorship, joint ventures, controlling interest Yes No

Within the last 3 years, have you or any household members. . .

. . .held any patents, trademarks, or copyrights related to health or healthcare?

Yes No

Please include pending.

For any "Yes" responses, please provide additional details in the space provided below.

Status	Reporting for	Details (organization, role, topic area)	Amount of Income
Inactive (last 3 yrs)	Household memt	Owner of a healthcare consulting company	Select <input checked="" type="checkbox"/>
Click to add new row			

INTELLECTUAL AND OTHER INTERESTS

Within the last 3 years, have you or any household members. . .

. . .participated in workgroups, panels, or committees through other medical societies or healthcare organizations?

Yes No

. . .participated in any advocacy or lobbying activities related to health or healthcare, including any roles or relationships with disease advocacy organizations?

Yes No

. . .spoken publicly on topics related to health or healthcare?

Yes No


Is there any other aspect of your background or present interests not addressed above that might be perceived as affecting your objectivity or independence?

Yes No

DECLARATION

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

Brian E. Outland

 Digitally signed by Brian E. Outland
Date: 2020.01.13 14:08:04 -05'00'

01/13/2020

Signature

Date

Disclosure Purpose: Clinical Policy, test

Summary of Financial Interests

Company or Organization

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

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

Category: Other

Start Date: 05/01/2016

End Date:

Other Compensation:

Additional Information: don't have the exact dates

Consultant Description:

Compensation Type: Unpaid

Annual Compensation:

Additional Information:

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

No.

Certification

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

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

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

Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

Entity	Type	Interest Held By	Value
American College of Gastroenterology	Employment	Self	-
Title: Associate Editor, American Journal of Gastroenterology Start Date: 01/01/2015 End Date: 12/31/2020		Position Description: Associate Editor Additional Information:	
FMS, Inc.	Consultant	Self	-
Category: Consultant Start Date: 06/01/2015 End Date: 11/03/2016 Other Compensation: Additional Information:		Consultant Description: Compensation Type: Cash Annual Compensation:	
Michigan Medicine	Employment	Self	-
Title: Associate Professor Start Date: 07/01/2008 End Date:		Position Description: Division of Gastroenterology Additional Information:	
National Quality Forum	Gift	Self	\$2,000.00
Description: Honorarium / Award Estimated Gift Value: \$2,000.00 Additional Information:		Date Gift Received: 01/01/2018 Valuation Date: 04/27/2019	
U.S. Department of Veterans Affairs	Employment	Spouse/Partner	-
Title: Staff Physician Start Date: 07/01/2005 End Date:		Position Description: General internist at VA Ann Arbor Healthcare System Additional Information:	
U.S. Department of Veterans Affairs	Employment	Self	-
Title: Staff Physician and Research Scientist Start Date: 07/01/2008 End Date:		Position Description: Gastroenterologist at VA Ann Arbor Healthcare System Research Scientist at the VA Ann Arbor Center for Clinical Management Research Additional Information: Primary employer	
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$300,000.00
Recipient Name: VA Ann Arbor Center for Clinical Management Research Grant / Contract Description: Col on contract from VA related to performance measure development and evaluation Grant / Contract Valuation Date: 04/27/2019 Additional Information:		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$300,000.00 Contract Start Date: 10/01/2015 Contract End Date: 09/30/2017	
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$1,100,000.00
Recipient Name: Sameer Saini Grant / Contract Description: PI on multiple grants / contracts from VA related to performance measure development and evaluation Grant / Contract Valuation Date: 04/24/2019 Additional Information:		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$1,100,000.00 Contract Start Date: 05/01/2014 Contract End Date: 09/30/2018	

Additional Information:

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

None

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

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

Certification

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

Disclosure Purpose: Clinical Policy Committees ACP Staff

Summary of Financial Interests

Company or Organization

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

Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
No information to report
2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, *Annals of Internal Medicine* editorial staff or other governance group as part of ACP's annual governance disclosure process.**
 - a. **Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?**
Yes.
 - i. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).**
Yes
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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
 - iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**
Yes

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

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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: 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	<i>Self</i>	Veterans Affairs; UCLA	--	+	-
	<i>Household</i>	None	--	+	-
Research & Consulting Roles	<i>Self</i>	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 - 2019 Art Therapy - 2018 One-to-One Monitoring - 2019 Panel Size - 2019			
		AHRQ: Understanding Health Care Delivery Systems PCOR Adoption and System Performance	\$100,001 or more	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	Royalties: UpToDate chapter on Spinal Manipulation Clinical Practice Guidelines	Up to \$1,000	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	Committee on Evidence-Based Practices for Public Health Emergency Preparedness and Response	\$0	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	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 G Shekelle 464369

 Digitally signed by Paul G Shekelle 464369
Date: 2019.08.14 09:24:09 -07'00'

Signature

Date

RELEVANT MEASURES

List in box below or highlight in attached document.

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

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

Yes.

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

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

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

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

Yes

Certification

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



Disclosure Purpose: Annual Staff Disclosure 2019

Summary of Financial Interests

Company or Organization

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

Additional Information:

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

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Yes

Certification

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- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

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

Disclosure Purpose: ACP CGC

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value												
AcademyHealth	Travel	Self	\$3,000.00												
<p>Location(s): Seattle to DC Estimated Value: \$3,000.00 Purpose: Meetings & Conferences</p> <p>Travel Start Date: 03/08/2017 Travel End Date: 01/24/2020 Valuation Date: 01/23/2020 Additional Information: Attended Health Data Palooza, Annual Research Meeting and Project Paradigm co sponsored and 2xs listed as RWJ conferences and Meetings</p>															
Acumen LLC	Travel	Self	\$380.00												
<p>Location(s): Seattle to DC Estimated Value: \$380.00 Purpose: PCMP CMS Measures</p> <p>Travel Start Date: 02/05/2020 Travel End Date: 02/08/2020 Valuation Date: 01/23/2020 Additional Information: Physician Cost Measure Patient Relationship Code TEP Patient Panel member</p>															
American College of Physicians	Other	Self	\$3,000.00												
<p>Category: Other Start Date: 01/01/2017 End Date: Other Compensation:</p> <p>Consultant Description: Compensation Type: Cash Annual Compensation:</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Amount</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>\$1,000.00</td> <td>Estimated</td> </tr> <tr> <td>2018</td> <td>\$1,000.00</td> <td>Estimated</td> </tr> <tr> <td>2017</td> <td>\$1,000.00</td> <td>Estimated</td> </tr> </tbody> </table> <p>Additional Information: Clinical Guidelines Committee Public Panel Member Travel also was reimbursed flights</p>				Year	Amount	Type	2019	\$1,000.00	Estimated	2018	\$1,000.00	Estimated	2017	\$1,000.00	Estimated
Year	Amount	Type													
2019	\$1,000.00	Estimated													
2018	\$1,000.00	Estimated													
2017	\$1,000.00	Estimated													
Boston Medical Center	Other	Self	\$500.00												
<p>Category: Other Start Date: 09/18/2018 End Date: 12/19/2019 Other Compensation:</p> <p>Consultant Description: Compensation Type: Cash Annual Compensation:</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Amount</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>2018</td> <td>\$500.00</td> <td>Estimated</td> </tr> </tbody> </table> <p>Additional Information: \$500 stipend Open Notes BIDMC presenting PFCC conference and \$750 total for Patient Advisory Position stipends</p>				Year	Amount	Type	2018	\$500.00	Estimated						
Year	Amount	Type													
2018	\$500.00	Estimated													
Camden Coalition	Other	Self	\$500.00												

Category: Other
Start Date: 01/01/2018
Other Compensation:

End Date:

Consultant Description:
Compensation Type: Cash
Annual Compensation:

Year	Amount	Type
2019	\$500.00	Estimated

Additional Information: Consumer Scholar work and Travel for Putting Care at the Center conference

Hassanah Consulting

Consultant Self \$25,000.00

Category: Consultant
Start Date: 01/01/2017
Other Compensation:

End Date:

Consultant Description:
Compensation Type: Cash
Annual Compensation:

Year	Amount	Type
2019	\$9,000.00	Actual
2018	\$8,000.00	Estimated
2017	\$8,000.00	Estimated

Additional Information: This is total income, and includes compensation such as stipends listed on CVM, Muslim Resource Guides, Islamic Civic Engagement, general consulting 1099s <https://janicetufte.com/cvm-patient-partner>

Healthcare for the Homeless Seattle King County

Other Self \$2,200.00

Category: Other
Start Date: 01/01/2018
Other Compensation:

End Date:

Consultant Description:
Compensation Type: Cash
Annual Compensation:

Year	Amount	Type
2019	\$2,200.00	Estimated

Additional Information: Consumer Representative advisor

Humana Foundation

Travel Self \$500.00

Location(s): Seattle to DC
Estimated Value: \$500.00
Purpose: Food Insecurity Brochure development

Travel Start Date: 08/01/2019 **Travel End Date:** 08/03/2019
Valuation Date: 01/23/2020
Additional Information: Patient Partner informing on food insecurity for a brochure to accompany measures

IHI

Travel Self \$1,050.00

Location(s): Seattle-Florida
Estimated Value: \$1,050.00
Purpose: IHI Forum Scholarship as a Patient Advisor

Travel Start Date: 12/05/2019 **Travel End Date:** 12/09/2019
Valuation Date: 01/23/2020
Additional Information: IHI Forum Scholarship as a Patient Advisor

National Institute on Aging

Other Self \$750.00

Category: Other
Start Date: 06/01/2019
Other Compensation:

End Date:

Consultant Description:
Compensation Type: Cash
Annual Compensation:

Year	Amount	Type
2020	\$500.00	Actual
2019	\$250.00	Actual

Additional Information: Aging Initiative Advisor

Patient Centered Research Institute

Travel Self \$3,000.00

Location(s): Seattle to DC Estimated Value: \$3,000.00 Purpose: Conference Attendance	Travel Start Date: 01/01/2017 Valuation Date: 01/23/2020 Additional Information: PCORI paid for multiple conference scholarships and prioritization projects	Travel End Date: 09/20/2019									
Robert Wood Johnson Foundation	Travel	Self \$1,000.00									
Location(s): Seattle to DC Estimated Value: \$1,000.00 Purpose: Paradigm Project HSR	Travel Start Date: 06/14/2019 Valuation Date: 01/23/2020 Additional Information: Travel only, no stipends, Health Services Research project (also listed under Academy Health)	Travel End Date: 06/28/2021									
Society for Participatory Medicine	Travel	Self \$650.00									
Location(s): Seattle to Boston Estimated Value: \$650.00 Purpose: Panel Organizer and presenter SDoH	Travel Start Date: 09/07/2019 Valuation Date: 01/23/2020 Additional Information: Travel to Boston as a SPM Planning Committee member and panel presenter	Travel End Date: 09/10/2019									
University of Washington SORCE	Other	Self \$1,250.00									
Category: Other Start Date: 01/01/2017 Other Compensation:	End Date:	Consultant Description: Compensation Type: Cash Annual Compensation:									
		<table border="1"> <thead> <tr> <th>Year</th> <th>Amount</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>2020</td> <td>\$900.00</td> <td>Estimated</td> </tr> <tr> <td>2018</td> <td>\$350.00</td> <td>Estimated</td> </tr> </tbody> </table>	Year	Amount	Type	2020	\$900.00	Estimated	2018	\$350.00	Estimated
Year	Amount	Type									
2020	\$900.00	Estimated									
2018	\$350.00	Estimated									
Additional Information: Patient Advisor on the COSMID project started 2019 on going and Patient Advisor on CERTAIN Patient Advisory Group											

Additional Information:

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

All details are included in CVM I filled this out correctly to the best of my abilities

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

Summary of Financial Interests

Company or Organization

Entity	Type	Interest Held By	Value
Endocrine Society	Other	Self	-
<p>Category: Other Start Date: 02/01/2019 End Date: 12/31/2019 Other Compensation: Additional Information: Hypoglycemia performance measure development</p> <p>Consultant Description: Compensation Type: Unpaid Annual Compensation:</p>			
Medical School, University of Michigan	Employment	Self	-
<p>Title: Professor, Medical Director Start Date: 06/24/1992 End Date: Position Description: Professor of Internal Medicine, Director of Analytics/Quality Additional Information:</p>			
National Institute of Health	Grant / Contract	Self	-
<p>Recipient Name: Regents of the University of Michigan Grant / Contract Description: Systematic design of meaningful presentation of medical test data for patients Grant / Contract Valuation Date: 09/30/2013 Additional Information:</p> <p>Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$5,000.00 Contract Start Date: 09/30/2013 Contract End Date: 09/30/2016</p>			
National Institute of Health	Grant / Contract	Self	\$1,820,000.00
<p>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:</p> <p>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</p>			
U.S. Department of Veterans Affairs	Employment	Self	-
<p>Title: Physician Start Date: 07/01/1997 End Date: Position Description: Physician Additional Information:</p>			
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$900,000.00
<p>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:</p> <p>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</p>			
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$615,000.00
<p>Recipient Name: Sameer Saini Grant / Contract Description: Promoting Veteran-Centered Colorectal Cancer Screening Grant / Contract Valuation Date: 01/28/2020 Additional Information:</p> <p>Recipient Type: Individual Grant / Contract Purpose: Research Grant / Contract Amount: \$615,000.00 Contract Start Date: 04/01/2014 Contract End Date: 03/31/2018</p>			
Wolters Klew Health, Inc.	Consultant	Self	\$4,900.00

Category: Consultant
Start Date: 11/15/2011
Other Compensation:

End Date:

Consultant Description:
Compensation Type: Cash
Annual Compensation:

Year	Amount	Type
2019	\$1,800.00	Estimated
2018	\$1,600.00	Estimated
2017	\$1,500.00	Estimated

Additional Information:

Additional Information:

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None

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Disclosure Purpose: Annual Governance Disclosure 2020

Summary of Financial Interests

Company or Organization

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

Official Title: President - Alpha Nu Chapter

Position Description: President - Alpha Nu Chapter

Compensation Type:

Other Compensation:

Start Date: 09/01/2019

End Date: 08/31/2021

Annual Compensation:

Additional Information:

University of Bologna

Other

Self

\$5,213.19

Category: Other

Start Date: 11/16/2019

End Date: 11/22/2019

Other Compensation:

Consultant Description:

Compensation Type: Cash

Annual Compensation:

Year	Amount	Type
2019	\$5,213.19	Actual

Additional Information: Guest Lecturer

Villanova University

Employment

Self

-

Title: Associate Professor

Start Date: 08/22/2017

End Date:

Position Description:

Additional Information:

Additional Information:

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N/A

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