

Nick Fitterman

Disclosure Purpose: Annual Governance Disclosure 2021-2022, CME Contributor, Annual Governance Disclosure 2020-21 **Employment Information:** Currently Employed

Summary of Interests

Company or Organization			
Entity	Type	Interest Held By	Value
nick fitterman	Employment Current Employment	Self	-
<i>Title:</i> executive director Huntington Hospital <i>Start Date:</i> 10/03/2018 <i>End Date:</i>		<i>Position Description:</i> executive director <i>Additional Information:</i>	

Certification

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

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

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



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

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: diverticulitis; depression; osteoporosis; COVID-19

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: hypertension; high blood pressure; CAD

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
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Acknowledgements and Attestations

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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.

Nick Fitterman

Print Name

Nick Fitterman

Digitally signed by Nick Fitterman
Date: 2021.04.19 17:34:14 -04'00'

4/19/2021

Signature

Date

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

Summary of Interests

Company or Organization

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

Certification

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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: J. Thomas Cross, Jr., 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: diverticulitis; depression; osteoporosis; COVID-19

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

I have no publications to report.

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

I have no interest to report.

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Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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Topic Areas: hypertension; high blood pressure; CAD

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

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J. Thomas Cross, Jr., MD

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: 2021.04.12 07:45:16 -06'00'

4/12/2021

Signature

Date

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

Summary of Interests

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

Certification

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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

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: hypertension; high blood pressure; CAD

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

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- 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**

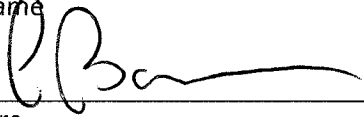
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Peter Basch

Print Name



4/12/2021

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2020-2021, Annual Governance Disclosure 2021-2022 **Employment Information:** Currently Retired/Unemployed

Summary of Interests

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

Certification

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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: Caroline Lubick Goldzweig

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: hypertension; high blood pressure; CAD

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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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Caroline Lubick Goldzweig

Print Name

Caroline Lubick Goldzweig

4/16/2021

Signature

Date

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

Summary of Interests

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

Certification

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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: Angela C Johnson, MD

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: hypertension; high blood pressure; CAD

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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.

I serve on my local hospital Heart Failure Committee, lecture to residents/students on topics of Heart Failure and cardiovascular pre-operative care. I am currently involved in 2 non-funded local hospital database studies on cardiovascular/heart failure outcomes in my health system with 2 poster presentations of my work but no journal publications of this work in past 3 years.

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

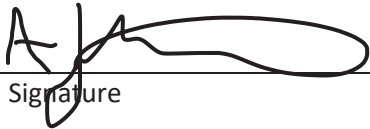
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Angela Johnson, MD

Print Name



Signature

4/13/2021

Date

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

Summary of Interests

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

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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: Scott MacDonald

Disclosures of Interests: Supplemental Questions

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Topic Areas: hypertension; high blood pressure; CAD

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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
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Scott MacDonald

Print Name



4/13/21

Signature

Date

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

Summary of Interests

Company or Organization

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

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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: Robert McLean

Disclosures of Interests: Supplemental Questions

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Yes (please provide additional details below).

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Robert McLean

Print Name

Robert McLean

4/17/21

Signature

Date

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

Summary of Interests

Company or Organization									
Entity	Type	Interest Held By	Value						
American Medical Association	Consultant Current Employment	Self	\$3,000.00						
<i>Category:</i> Consultant <i>Compensation Type:</i> Cash		<i>Start Date:</i> 09/01/2019 <i>Annual Compensation:</i> <table border="1"> <thead> <tr> <th>Year</th> <th>Amount</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>2021</td> <td>\$3,000.00</td> <td>Estimated</td> </tr> </tbody> </table>	Year	Amount	Type	2021	\$3,000.00	Estimated	<i>End Date:</i>
Year	Amount	Type							
2021	\$3,000.00	Estimated							
<i>Additional Information:</i>									
Cook County	Employment Current Employment	Self	-						
<i>Title:</i> Chair of Medicine <i>Start Date:</i> 07/01/2014 <i>End Date:</i>		<i>Position Description:</i> Oversee internal medicine, neurology, dermatology for the health system <i>Additional Information:</i>							
MBOS	Employment	Spouse/Partner	-						
<i>Title:</i> Owner <i>Start Date:</i> 07/15/2003 <i>End Date:</i>		<i>Position Description:</i> Owner <i>Additional Information:</i>							

Certification

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

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

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



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

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

Name: Suja Mathew, MD, FACP

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: hypertension; high blood pressure; CAD

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? 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.

Suja Mathew, MD, FACP

Print Name

Signature

4/16/21

Date

**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 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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Topic Areas: hypertension; high blood pressure; CAD

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? 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
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Robert McLean

Print Name

Robert McLean

4/17/21

Signature

Date

**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: Cristin Mount, MD

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: hypertension; high blood pressure; CAD

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? 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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Cristin Mount, MD

Print Name

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0343410

Digitally signed by
MOUNT.CRISTIN.ANN.1050343410
Date: 2021.04.12 07:51:35 -07'00'

12 April 2021

Signature

Date

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

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

Recipient Name: Sameer D Saini

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

Grant / Contract Valuation Date: 08/21/2020

Additional Information:

Recipient Type: Institution

Grant / Contract Purpose: Other - Operational development

Grant / Contract Amount: \$50,000.00

Contract Start Date: 09/01/2019

Contract End Date:

Certification

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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 D. 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: hypertension; high blood pressure; CAD

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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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Sameer D. Saini

Print Name



04/23/2021

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2021-2022, Annual Governance Disclosure 2020-21 **Employment Information:** Currently Employed

Summary of Interests

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

Certification

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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: Lavanya Viswanathan

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: hypertension; high blood pressure; CAD

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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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Lavanya Viswanathan

Print Name

VISWANATHAN.LAVANYA.1298867571
1298867571

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VISWANATHAN.LAVANYA.1298867571
Date: 2021.04.27 12:28:02 -07'00'

Signature

Date

George Abraham

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

Employment Information: Currently Employed

Summary of Interests

Company or Organization

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

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

**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: diverticulitis; depression; osteoporosis; COVID-19

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).

Only publications are thru the SMPC of ACP

**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: hypertension; high blood pressure; CAD

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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George M. Abraham

Print Name

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

Digitally signed by George M. Abraham,
MD, MPH, FACP, FIDSA
Date: 2021.04.17 17:39:03 -04'00'

Signature

Date

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

Summary of Interests

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

Certification

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

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

**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: diverticulitis; depression; osteoporosis; COVID-19

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).

Bornstein SS, Mire RD, Barrett ED, Moyer DV, Cooney TG. The Collision of COVID-19 and the U.S. Health System *Ann Intern Med.* 2020; <https://doi.org/10.7326/M20-1851>

**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: hypertension; high blood pressure; CAD

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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Thomas G. Cooney MD MACP

Print Name

member:
C5C9D906-543B-4271-90AB-965533CBA5C9
2788D4B2-0000-4035-8764-7E57AA953734

Digitally signed by member:
C5C9D906-543B-4271-90AB-965533CBA5C9
2788D4B2-0000-4035-8764-7E57AA953734
Date: 2021.04.24 14:46:41 -0700

04/24/2021

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)
- 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
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions**

Guest Disclosures of Interests: 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.

Laura Baldiwn

Print Name

Laura Baldwin

4/19/21

Signature

Date

Wayne Bylsma

Disclosure Purpose: Annual Staff Disclosure 2021 - 2022

Employment Information: Currently Employed

Summary of Interests

Company or Organization

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

Certification

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

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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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: Wayne H 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: diverticulitis; depression; osteoporosis; COVID-19

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: hypertension; high blood pressure; CAD

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

Wayne H Bylsma

Print Name

Wayne H. Bylsma Digitally signed by Wayne H. Bylsma
Date: 2021.04.18 10:19:47 -04'00'

04.18.2021

Signature

Date

Kate Carroll

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

Employment Information: Currently Retired/Unemployed

Summary of Interests

Company or Organization

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

Certification

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

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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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: 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: diverticulitis; depression; osteoporosis; COVID-19

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: hypertension; high blood pressure; CAD

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.
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Kate Carroll

Print Name

Kate Carroll

 Digitally signed by Kate Carroll
Date: 2021.04.16 14:37:22 -04'00'

4/16/2021

Signature

Date

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

Summary of Interests

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

Certification

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

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

**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: diverticulitis; depression; osteoporosis; COVID-19

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: hypertension; high blood pressure; CAD

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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Somosree Dutt

Print Name

Somosree Dutt

04-20-2021

Signature

Date

Itziar Etxeandia Ikobaltzeta

Disclosure Purpose: Annual Staff Disclosure 2021 - 2022

Employment Information: Currently Employed

Summary of Interests

Company or Organization

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

Certification

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

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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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: 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: diverticulitis; depression; osteoporosis; COVID-19

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. Qaseem A, Yost J, Etxeandia-Ikobaltzeta I, Forcica MA, Abraham GM, Miller MC, et al. What Is the Antibody Response and Role in Conferring Natural Immunity After SARS-CoV-2 Infection? Rapid, Living Practice Points From the American College of Physicians (Version 1). *Annals of Internal Medicine*. 2021.
2. Qaseem A, Yost J, Etxeandia-Ikobaltzeta I, Miller MC, Abraham GM, Obley AJ, et al. Update alert: should clinicians use chloroquine or hydroxychloroquine alone or in combination with azithromycin for the prophylaxis or treatment of COVID-19? living practice points from the American College of Physicians. *Annals of internal medicine*. 2020;173(2):W48-W51.



**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: hypertension; high blood pressure; CAD

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**

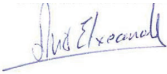
Acknowledgements and Attestations

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Itziar Etxeandia Ikobaltzeta

Print Name



2021.04.19 15:48:53 +02'00'

Signature

Date

1. Qaseem A, Yost J, Etxeandia-Ikobaltzeta I, Forciea MA, Abraham GM, Miller MC, et al. What Is the Antibody Response and Role in Conferring Natural Immunity After SARS-CoV-2 Infection? Rapid, Living Practice Points From the American College of Physicians (Version 1). *Annals of Internal Medicine*. 2021.
2. Qaseem A, Yost J, Etxeandia-Ikobaltzeta I, Miller MC, Abraham GM, Obley AJ, et al. Update alert: should clinicians use chloroquine or hydroxychloroquine alone or in combination with azithromycin for the prophylaxis or treatment of COVID-19? living practice points from the American College of Physicians. *Annals of internal medicine*. 2020;173(2):W48-W51.
3. Qaseem A, Yost J, Etxeandia-Ikobaltzeta I, Miller MC, Abraham GM, Obley AJ, et al. Should clinicians use chloroquine or hydroxychloroquine alone or in combination with azithromycin for the prophylaxis or treatment of COVID-19? Living practice points from the American College of Physicians (version 1). *Annals of internal medicine*. 2020;173(2):137-42.
4. Qaseem A, Yost J, Etxeandia-Ikobaltzeta I, Humphrey LL. Update alert 2: should clinicians use chloroquine or hydroxychloroquine alone or in combination with azithromycin for the prophylaxis or treatment of COVID-19? living practice points from the American College of Physicians. *Annals of internal medicine*. 2020;173(5):W88-W9.
5. Qaseem A, Yost J, Etxeandia-Ikobaltzeta I, Abraham GM, Jokela JA, Forciea MA, et al. Should Remdesivir Be Used for the Treatment of Patients With COVID-19? Rapid, Living Practice Points From the American College of Physicians (Version 1). *Annals of internal medicine*. 2020.
6. Qaseem A, Etxeandia-Ikobaltzeta I, Yost J, Miller MC, Abraham GM, Obley AJ, et al. Use of N95, surgical, and cloth masks to prevent COVID-19 in health care and community settings: living practice points from the American College of Physicians (version 1). *Annals of internal medicine*. 2020;173(8):642-9.
7. Qaseem A, Etxeandia-Ikobaltzeta I, Yost J, Humphrey LL. Update Alert: Use of N95, Surgical, or Cloth Masks to Prevent COVID-19 in Health Care and Community Settings: Living Practice Points From the American College of Physicians (Version 1). *Annals of internal medicine*. 2020;173(12):170.

Shari Erickson

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

Employment Information: Currently Retired/Unemployed

Summary of Interests

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

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

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

Name: Shari Erickson

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: hypertension; high blood pressure; CAD

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? 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.

Shari Erickson

Print Name

Shari Erickson

Digitally signed by Shari Erickson
Date: 2021.04.20 16:41:07 -04'00'

04/20/2021

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2020

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:

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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

By signing this form,

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Allison Ewing

Print Name

Signature

Date

Andrew Hachadorian

Aug 07, 2020 10:17:31 EDT
American College of Physicians

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021 **Employment Information:** Currently Retired/Unemployed

Summary of Interests

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

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

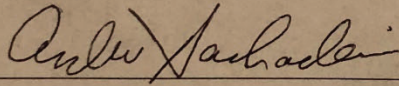
Guest Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

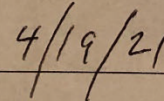
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Andrew Hachadorian

Print Name



Signature



Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021 **Employment Information:** Currently Retired/Unemployed

Summary of Interests

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

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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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: diverticulitis; depression; osteoporosis; COVID-19

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: hypertension; high blood pressure; CAD

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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Shannon Merillat

Print Name

Shannon Merillat

Digitally signed by Shannon Merillat
Date: 2021.04.20 12:37:16 -04'00'

04/20/2021

Signature

Date

Darilyn Moyer

Disclosure Purpose: Annual Governance Disclosure 2021-2022

Employment Information: Currently Employed

Summary of Interests

Company or Organization

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

Intellectual Property

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

Certification

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

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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: Darilyn V. Moyer, MD, FACP, FRCP, FIDSA

**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: diverticulitis; depression; osteoporosis; COVID-19

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) Christine Laine, MD, MPH; Deborah Cotton, MD, MPH; Darilyn V. Moyer, MD; “COVID-19 Vaccine Distribution and Allocation: What Physicians Need to Know” A special article in *Annals of Internal Medicine*, 2021; doi:10.7326/M21-0331, 03/21

2) Christine Laine, MD, MPH; Deborah Cotton, MD, MPH; Darilyn V. Moyer, MD; “COVID-19 Vaccine Distribution and Allocation: Promoting Vaccine Acceptance” A special article in *Annals of Internal Medicine*, 2021; doi.org/10.7326/M20-8008, 02/21

3) Christine Laine, MD, MPH; Deborah Cotton, MD, MPH; Darilyn V. Moyer, MD; “COVID-19 Vaccine: What Physicians Need to Know” A special article in *Annals of Internal Medicine*, 2020; 173:830. doi:10.7326/M20-6841, 11/20

4) Christine Laine, MD, MPH; Deborah Cotton, MD, MPH; Darilyn V. Moyer, MD; “COVID-19 Vaccine: Practical Clinical Considerations” A special article in *Annals of Internal Medicine*, 2021; doi.org/10.7326/M21-1260, 03/21

5) Jain, S. & Kim, D. (Eds.). (2020). An evolution of empowerment: A women in medicine summit compendium. “Perfect Prescription for Inequity: The intersection of COVID-19 and the U.S. health care system” Darilyn V. Moyer. Wiley, 09/20

**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: hypertension; high blood pressure; CAD

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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Darilyn V. Moyer, MD

Print Name



Signature

4/20/2021

Date

Disclosure Purpose: Annual Staff Disclosure 2021 - 2022

Employment Information: Currently Employed

Summary of Interests

Company or Organization

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

<i>Compensation Type:</i> <i>Additional Information:</i> Do not have exact start or end dates	<i>Annual Compensation:</i>		
National Academies of Sciences, Engineering, and Medicine	Other Current Employment	Self	-
<i>Category:</i> Other <i>Compensation Type:</i> Unpaid <i>Additional Information:</i> don't have the exact dates	<i>Start Date:</i> 01/01/2019 <i>Annual Compensation:</i>	<i>End Date:</i>	
National Quality Forum	Other	Self	-
<i>Category:</i> Other <i>Compensation Type:</i> Unpaid <i>Additional Information:</i> don't have the exact dates	<i>Start Date:</i> 01/01/2019 <i>Annual Compensation:</i>	<i>End Date:</i> 07/01/2020	
National Quality Forum	Other	Self	-
<i>Category:</i> Other <i>Compensation Type:</i> Unpaid <i>Additional Information:</i> Don't have the exact start or end date	<i>Start Date:</i> 01/01/2015 <i>Annual Compensation:</i>	<i>End Date:</i> 01/01/2021	
National Quality Forum	Other Current Employment	Self	-
<i>Category:</i> Other <i>Compensation Type:</i> Unpaid <i>Additional Information:</i> don't have the exact dates	<i>Start Date:</i> 01/01/2018 <i>Annual Compensation:</i>	<i>End Date:</i>	
PCPI	Other	Self	-
<i>Category:</i> Other <i>Compensation Type:</i> Unpaid <i>Additional Information:</i> Do not have exact start date	<i>Start Date:</i> 01/01/2015 <i>Annual Compensation:</i>	<i>End Date:</i> 07/31/2020	
PCPI	Other	Self	-
<i>Category:</i> Other <i>Compensation Type:</i> Unpaid <i>Additional Information:</i> don't have the exact start date	<i>Start Date:</i> 01/01/2017 <i>Annual Compensation:</i>	<i>End Date:</i> 07/31/2020	
RIGHT Working Group	Other Current Employment	Self	-
<i>Category:</i> Other <i>Compensation Type:</i> Unpaid <i>Additional Information:</i> I do not have the exact start date	<i>Start Date:</i> 01/01/2014 <i>Annual Compensation:</i>	<i>End Date:</i>	
Thomas Jefferson University	Other Current Employment	Self	-
<i>Category:</i> Other <i>Compensation Type:</i> <i>Additional Information:</i>	<i>Start Date:</i> 01/01/2017 <i>Annual Compensation:</i>	<i>End Date:</i>	
Women's Preventive Services Initiative	Other Current Employment	Self	-
<i>Category:</i> Other <i>Compensation Type:</i> Unpaid <i>Additional Information:</i> don't have the exact dates	<i>Start Date:</i> 05/01/2016 <i>Annual Compensation:</i>	<i>End Date:</i>	

Certification

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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: 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: diverticulitis; depression; osteoporosis; COVID-19

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: hypertension; high blood pressure; CAD

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.

Amir Qaseem

Print Name



Signature

 Digitally signed by Amir Qaseem
Date: 2021.04.19 13:11:59 -04'00'

4/19/2021

Date

Tatyana Shamliyan

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021

Employment Information: Currently Retired/Unemployed

Summary of Interests

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

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: Tatyana A 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: diverticulitis; depression; osteoporosis; COVID-19

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;16(4):727-41.
2. Aronow WS, Shamliyan TA. Effects of atypical antipsychotic drugs on QT interval in patients with mental disorders. Ann Transl Med. 2018;6(8):147.

**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: hypertension; high blood pressure; CAD

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.

Shamliyan TA, Avanesova AA, Aronow WS. Insufficient evidence regarding benefits from sodium-glucose cotransporter-2 inhibitors in heart failure with preserved ejection fraction. *Vessel Plus* 2020;4:35. <http://dx.doi.org/10.20517/2574-1209.2020.34>
Aronow WS, Shamliyan TA. Comparative Clinical Outcomes of Edoxaban in Adults With Nonvalvular Atrial Fibrillation. *Am J Ther.* 2020;27(3):e270-e85.
Aronow WS, Shamliyan TA. Exercise for Preventing Hospitalization and Readmission in Adults With Congestive Heart Failure. *Cardiol Rev.* 2019;27(1):41-8.
Aronow WS, Shamliyan TA. Comparative Effectiveness and Safety of Rivaroxaban in Adults With Nonvalvular Atrial Fibrillation. *Am J Ther.* 2019;26(6):e679-e703.
Aronow WS, Shamliyan TA. Dietary Sodium Interventions to Prevent Hospitalization and Readmission in Adults with Congestive Heart Failure. *Am J Med.* 2018;131(4):365-70 e1.
Aronow WS, Shamliyan TA. Comparative Effectiveness of Disease Management With Information Communication Technology for Preventing Hospitalization and

+

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

Acknowledgements and Attestations

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Tatyana Shamliyan

Print Name

Tatyana Shamliyan

Digitally signed by Tatyana Shamliyan
Date: 2021.04.19 10:16:01 -04'00'

04/16/2021

Signature

Date

Shamliyan TA, Avanesova AA, Aronow WS. Insufficient evidence regarding benefits from sodium-glucose cotransporter-2 inhibitors in heart failure with preserved ejection fraction. *Vessel Plus* 2020;4:35. <http://dx.doi.org/10.20517/2574-1209.2020.34>

Aronow WS, Shamliyan TA. Comparative Clinical Outcomes of Edoxaban in Adults With Nonvalvular Atrial Fibrillation. *Am J Ther.* 2020;27(3):e270-e85.

Aronow WS, Shamliyan TA. Exercise for Preventing Hospitalization and Readmission in Adults With Congestive Heart Failure. *Cardiol Rev.* 2019;27(1):41-8.

Aronow WS, Shamliyan TA. Comparative Effectiveness and Safety of Rivaroxaban in Adults With Nonvalvular Atrial Fibrillation. *Am J Ther.* 2019;26(6):e679-e703.

Aronow WS, Shamliyan TA. Dietary Sodium Interventions to Prevent Hospitalization and Readmission in Adults with Congestive Heart Failure. *Am J Med.* 2018;131(4):365-70 e1.

Aronow WS, Shamliyan TA. Comparative Effectiveness of Disease Management With Information Communication Technology for Preventing Hospitalization and Readmission in Adults With Chronic Congestive Heart Failure. *J Am Med Dir Assoc.* 2018;19(6):472-9.

Aronow WS, Shamliyan TA. Blood pressure targets for hypertension in patients with type 2 diabetes. *Ann Transl Med.* 2018;6(11):199.

Patricia Siemion

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

Employment Information: Currently Employed

Summary of Interests

Company or Organization

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

Certification

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

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
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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: Trish 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.

- *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: diverticulitis; depression; osteoporosis; COVID-19

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: hypertension; high blood pressure; CAD

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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Trish Siemion

Print Name

Trish Siemion Digitally signed by Trish Siemion
Date: 2021.04.12 16:28:28 -04'00' **4/12/2021**

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021

Employment Information: Currently Retired/Unemployed

Summary of 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 Compensation Type: Cash 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		Start Date: 01/01/2018 Annual Compensation:	End Date: 12/31/2018
Discern Health	Other	Self	-
Category: Other Compensation Type: Cash 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		Start Date: 01/01/2018 Annual Compensation:	End Date: 03/01/2020
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 Compensation Type: Cash 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		Start Date: 01/01/2019 Annual Compensation:	End Date: 12/31/2019

Certification

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

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

**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: diverticulitis; depression; osteoporosis; COVID-19

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 oversaw staff who 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.

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Topic Areas: hypertension; high blood pressure; CAD

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.

I oversaw the maintenance and NQF submission of the 2 CAD measures included in the review.

**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: 2021.04.22 13:35:10 -04'00'

Signature

Date

Jennifer Yost

Disclosure Purpose: CGC/PMC/SMPC Meetings

Employment Information: Currently Retired/Unemployed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value						
Canadian Institutes of Health Research	Grant / Contract	Self	\$22,600.00						
<i>Recipient Name:</i> Dr. Sandra Carroll <i>Grant / Contract Description:</i> Following the C-SPIN Roadmap: Realizing Meaningful Patient Engagement <i>Grant / Contract Valuation Date:</i> 03/01/2016 <i>Additional Information:</i>		<i>Recipient Type:</i> Individual <i>Grant / Contract Purpose:</i> Research <i>Grant / Contract Amount:</i> \$22,600.00 <i>Contract Start Date:</i> 03/01/2016 <i>Contract End Date:</i> 02/28/2018							
Canadian Institutes of Health Research	Grant / Contract	Self	\$226,000.00						
<i>Recipient Name:</i> Dr. Michael McGillion <i>Grant / Contract Description:</i> THE SMARt VIEW, CoVeRed <i>Grant / Contract Amount:</i> \$226,000.00 <i>Contract Start Date:</i> 03/01/2016 <i>Contract End Date:</i> 02/28/2018 <i>Additional Information:</i>		<i>Recipient Type:</i> Individual <i>Grant / Contract Purpose:</i> Research <i>Grant / Contract Valuation Date:</i> 03/01/2016 <i>Additional Information:</i>							
Canadian Institutes of Health Research	Grant / Contract	Self	\$9,310,000.00						
<i>Recipient Name:</i> Dr. Michael McGillion <i>Grant / Contract Description:</i> The SMARt VIEW, CoVeRed <i>Grant / Contract Amount:</i> \$9,310,000.00 <i>Contract Start Date:</i> 10/15/2015 <i>Contract End Date:</i> 09/30/2019 <i>Additional Information:</i>		<i>Recipient Type:</i> Individual <i>Grant / Contract Purpose:</i> Research <i>Grant / Contract Valuation Date:</i> 10/15/2015 <i>Additional Information:</i>							
COVID-END	Other	Self	-						
<i>Category:</i> Other <i>Compensation Type:</i> Unpaid <i>Additional Information:</i>		<i>Start Date:</i> 05/01/2020 <i>Annual Compensation:</i> <i>End Date:</i>							
Evidence Based Research Network	Fiduciary Officer	Self	-						
<i>Official Title:</i> Steering Committee Member <i>Compensation Type:</i> Unpaid <i>Annual Compensation:</i> <i>Additional Information:</i>		<i>Position Description:</i> <i>Start Date:</i> 10/01/2016 <i>End Date:</i>							
Evidence Synthesis International	Fiduciary Officer	Self	-						
<i>Official Title:</i> Secretariat <i>Compensation Type:</i> Unpaid <i>Annual Compensation:</i> <i>Additional Information:</i>		<i>Position Description:</i> Organize and support activities of the organisation <i>Start Date:</i> 03/01/2018 <i>End Date:</i>							
McMaster University	Employment	Self	-						
<i>Title:</i> Assistant Professor <i>Start Date:</i> 06/01/2010 <i>End Date:</i> 06/30/2017		<i>Position Description:</i> <i>Additional Information:</i>							
Sigma Theta Tau International	Fiduciary Officer	Self	-						
<i>Official Title:</i> President - Alpha Nu Chapter <i>Compensation Type:</i> Unpaid <i>Annual Compensation:</i> <i>Additional Information:</i>		<i>Position Description:</i> President - Alpha Nu Chapter <i>Start Date:</i> 09/01/2019 <i>End Date:</i> 08/31/2021							
University of Bologna	Other	Self	\$5,213.19						
<i>Category:</i> Other <i>Compensation Type:</i> Cash <i>Additional Information:</i>		<i>Start Date:</i> 11/16/2019 <i>Annual Compensation:</i> <i>End Date:</i> 11/22/2019							
<i>Additional Information:</i> Guest Lecturer		<table border="1"> <thead> <tr> <th>Year</th> <th>Amount</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>\$5,213.19</td> <td>Actual</td> </tr> </tbody> </table>		Year	Amount	Type	2019	\$5,213.19	Actual
Year	Amount	Type							
2019	\$5,213.19	Actual							
Villanova University	Employment	Self	-						
<i>Title:</i> Associate Professor <i>Start Date:</i> 08/22/2017 <i>End Date:</i>		<i>Position Description:</i> <i>Additional Information:</i>							

Certification

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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: 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: diverticulitis; depression; osteoporosis; COVID-19

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. Qaseem, A., Yost, J., Etxeandia-Ikobaltzeta, I., Forcica, M. A., Abraham, G. M., Miller, M. C., Obley, A., Humphrey, L. L., for the Scientific Medical Policy Committee of the American College of Physicians. (2021). What is the role of antibody determination in patients after SARS-CoV-2 infection? Rapid, living practice points from the American College of Physicians (Version 1). *Annals of Internal Medicine*. doi: 10.7326/M20-7569

2. Qaseem, A., Yost, J., Etxeandia-Ikobaltzeta, I., Abraham, G. M. A., Jokela, M., Forcica, J. A., Miller, M., 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

**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: hypertension; high blood pressure; CAD

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
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Jennifer Yost

Print Name

Jennifer Yost

Digitally signed by Jennifer Yost
Date: 2021.04.27 22:01:57 -04'00'

4/27/2021

Signature

Date

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

Summary of Interests

Company or Organization			
Entity	Type	Interest Held By	Value
abridge	Consultant Current Employment	Self	-
<i>Category:</i> Consultant <i>Compensation Type:</i> Equity <i>Additional Information:</i>		<i>Start Date:</i> 01/01/2020 <i>Annual Compensation:</i>	<i>End Date:</i>
EBSCO	Consultant Current Employment	Self	-
<i>Category:</i> Consultant <i>Compensation Type:</i> Cash, Other <i>Annual Compensation:</i>		<i>Start Date:</i> 01/01/2019 <i>Other Compensation:</i> Invoices submitted <i>Additional Information:</i>	<i>End Date:</i>

Certification

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

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

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



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

Guest Disclosures of Interests: 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.

Glyn Elwyn

Print Name



Signature

April 20, 2021

Date