

# 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
<a href="#">nick fitterman</a>	Employment <b>Current Employment</b>	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**

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee**

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

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**Topic Areas:** depression, osteoporosis, COVID-19

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

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

I have no publications to report.

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

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

I have no interest to report.

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

Nick Fitterman

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Department of Clinical Policy  
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**Topic Areas:** n/a; no clinical topics or specific measures under discussion on upcoming agenda

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

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

Yes (please provide additional details below).

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

No

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

Yes (please provide additional details below).

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

No

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

**American College of Physicians  
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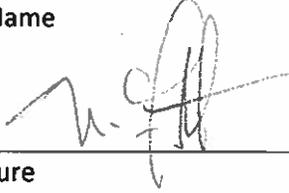
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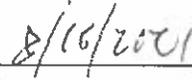
**Nick Fitterman**

Print Name



Signature

Date



# Jacob Cross

**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 <b>Current Employment</b>	Self	-
<i>Title:</i> President <i>Start Date:</i> 01/01/2012		<i>Position Description:</i> President and CEO <i>Additional Information:</i>	
Ochsner Health System	Consultant <b>Current Employment</b>	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>	

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**Topic Areas:** depression, osteoporosis, COVID-19

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

- I have publications to report (please list in space below).
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Jacob T. Cross, MD

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

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**Jacob T. Cross, MD**

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Print Name

**Jacob Cross**  Digitally signed by Jacob Cross  
Date: 2021.08.16 15:04:40 -06'00'

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Signature

Date

# Peter Basch

**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 <b>Current Employment</b>	Self	-
<i>Title:</i> Senior Director, IT Quality and Safety <i>Start Date:</i> 07/01/1995		<i>Position Description:</i> <i>Additional Information:</i>	

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Department of Clinical Policy  
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**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

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

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- |   |  |
|---|--|
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Peter Basch

Print Name



Signature

8/23/2021

Date

# Caroline Goldzweig

**Disclosure Purpose:** Annual Governance Disclosure 2021-2022

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

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

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

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

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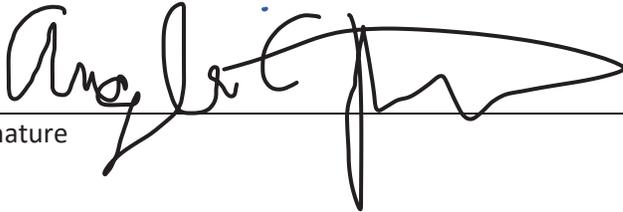
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**Angela C. Johnson, MD FACP**

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Print Name



Signature

**8/16/2021**

Date

**Disclosure Purpose:** Annual Governance Disclosure 2021-2022

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value						
<b>AMGA</b>	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>									
<b>CIGNA Corporation</b>	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							
<b>Merck</b>	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							
<b>Pfizer</b>	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							
<b>University of California, Davis Health</b>	Employment <b>Current Employment</b>	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>							
<b>viatris</b>	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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- |   |   |
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Scott MacDonald

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Print Name



8/24/21

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Signature

Date

Text

# Catherine MacLean

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

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

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

**Acknowledgements and Attestations**

*By signing this form,*

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

**Catherine MacLean**

---

Print Name

**Catherine H MacLean** Digitally signed by Catherine H MacLean  
Date: 2021.08.16 08:41:18 -06'00'

Signature

**August 16, 2021**

Date

# Suja Mathew

**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 <b>Current Employment</b>	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 <b>Current Employment</b>	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  
Department of Clinical Policy  
Disclosure of Interests: Supplemental Questions and Attestation**

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

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

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

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

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

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

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

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

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

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

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

**Acknowledgements and Attestations**

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**Suja M. Mathew**

Print Name



Signature

**8/17/2021**

Date

# Robert McLean

**Disclosure Purpose:** Annual Governance Disclosure 2021-2022

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

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

## 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

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

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

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

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

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

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

Yes (please provide additional details below).

No

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

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

Yes (please provide additional details below).

No

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

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

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

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Robert M. McLean, MD  
\_\_\_\_\_  
Print Name

  
\_\_\_\_\_  
Signature

8/21/21  
\_\_\_\_\_  
Date

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

Summary of Interests

**Company or Organization**

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

Certification

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

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

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

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

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

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

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

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

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

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

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

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

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

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**CRISTIN MOUNT, MD**

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Print Name

MOUNT.CRISTIN.ANN.1050343410  
0343410

Digitally signed by  
MOUNT.CRISTIN.ANN.1050343410  
Date: 2021.08.17 19:28:25 -07'00'

**17 August 2021**

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



**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 <b>Current Employment</b>	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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**Disclosure Purpose:** Annual Governance Disclosure 2021-2022, Planning Committee, 2020 Annual Meeting Faculty Disclosures, Faculty List, KsACP Faculty

**Employment Information:** Currently Employed

## Summary of Interests

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

## Certification

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

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and 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:** depression, osteoporosis, COVID-19

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

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

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

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

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

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

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

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

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

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

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

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

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

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

- |   |   |
|---|---|
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**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: 2021.08.16 21:03:37 -04'00'

**August 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
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 <b>Current Employment</b>	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

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

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and 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:** depression, osteoporosis, COVID-19

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

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

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

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

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

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

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

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

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

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

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

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

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

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

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

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

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

**Acknowledgements and Attestations**

*By signing this form,*

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

**Thomas G. Cooney MD MACP**

---

Print Name

Thomas G Cooney MD Digitally signed by Thomas G Cooney MD  
Date: 2021.08.16 16:39:41 -07'00'

---

Signature

**8/16/2021**

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



# 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 <b>Current Employment</b>	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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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

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

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

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and 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:** depression, osteoporosis, COVID-19

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

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

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

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

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

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

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

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

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

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

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

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

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

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

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

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

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

**Acknowledgements and Attestations**

*By signing this form,*

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

**Wayne H. Bylsma**

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Print Name

**Wayne H. Bylsma** Digitally signed by Wayne H. Bylsma  
Date: 2021.08.18 08:57:38 -04'00'

Signature

**August 18, 2021**

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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
<a href="#">American College of Physicians</a>	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>	
<a href="#">The Beasley Firm, LLC</a>	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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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

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

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

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and 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:** depression, osteoporosis, COVID-19

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

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

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

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

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

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

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

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

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

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

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

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

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

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

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

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

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

**Acknowledgements and Attestations**

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**Kate Carroll**

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Print Name

**Kate Carroll**

 Digitally signed by Kate Carroll  
Date: 2021.08.26 12:44:15 -04'00'

**8/26/2021**

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
<a href="#">American College of Physicians</a>	Employment <b>Current Employment</b>	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>	
<a href="#">Mesirow Financial</a>	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>	
<a href="#">University of Illinois, Chicago</a>	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>	
<a href="#">University of Pennsylvania Health System</a>	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>	
<a href="#">Vanguard</a>	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:

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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**

**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:** depression, osteoporosis, COVID-19

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

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

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

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

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

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

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

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

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

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

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**SOMOSREE DUTT**

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Print Name

**Somosree Dutt** Digitally signed by Somosree Dutt  
Date: 2021.08.20 12:57:34 -04'00' **08-20-2021**

---

Signature

Date

# Shari Erickson

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

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment <b>Current Employment</b>	Self	-
<i>Title:</i> Vice President, Governmental Affairs and Medical Practice <i>Start Date:</i> 09/04/2007 <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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- 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



# 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
<a href="#">American College of Physicians</a>	Consultant <b>Current Employment</b>	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>
<a href="#">Cochrane Response</a>	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
<a href="#">INSTIT.SALUD PUBLICAY LABORAL NAVARRA</a>	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
<a href="#">McMaster University MacGRADE Centre</a>	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:

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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

**Disclosure Purpose:** Annual Staff Disclosure 2020, Annual Staff Disclosure 2021 - 2022, Planners and Faculty      **Employment Information:** Currently Employed

Summary of Interests

**Company or Organization**

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

Certification

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

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

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

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**Topic Areas:** depression, osteoporosis, COVID-19

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

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

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

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

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

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

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

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

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

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

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

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

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

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

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

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

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

**Acknowledgements and Attestations**

*By signing this form,*

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

**Allison Ewing**

---

Print Name

**Allison Ewing** Digitally signed by Allison Ewing  
Date: 2021.08.26 12:26:35 -04'00' **8-26-21**

---

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 <b>Current Employment</b>	Self	-
<i>Title:</i> Manager of Media Relations <i>Start Date:</i> 04/27/2020		<i>Position Description:</i> I manage media relations for the College. <i>Additional Information:</i>	
<i>End Date:</i> Ongoing / No Known End Date			

## Certification

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

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

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



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

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee 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:** depression, osteoporosis, COVID-19

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

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

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

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

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

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

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

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

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

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

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

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

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

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

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

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

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

**Acknowledgements and Attestations**

*By signing this form,*

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

**Andrew Hachadorian**

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Print Name

**Andrew Hachadorian** Digitally signed by Andrew Hachadorian  
Date: 2021.08.16 15:28:37 -04'00'

**8/17/2021**

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

## 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**

**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:** depression, osteoporosis, COVID-19

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

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

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

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

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

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

**Disclosures of Interests: Supplemental Questions for Performance Measurement Committee**

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

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

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

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

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

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

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

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

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

**Acknowledgements and Attestations**

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- I attest that I have reviewed the attached Convey disclosures report and that my disclosures are up to date.
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**Shannon Merillat**

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Print Name

**Shannon Merillat**

Digitally signed by Shannon Merillat  
Date: 2021.08.26 12:27:47 -04'00'

**8/26/2021**

---

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
<a href="#">American College of Physicians</a>	Employment <b>Current Employment</b>	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>	
<a href="#">American Medical Association</a>	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>	
<a href="#">Council of Medical Subspecialty Societies</a>	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>	
<a href="#">Inspira Health Woodbury</a>	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	
<a href="#">PCPCC</a>	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>	
<a href="#">Temple University</a>	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
<a href="#">Other Intellectual Property - Multiple presentations and publications</a>	-	Self	-
<i>Description:</i> Multiple presentations and publications <i>Yearly Income:</i>		<i>Income Source:</i> None <i>Additional Information:</i>	
<a href="#">Other Intellectual Property - Multiple presentations</a>	-	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**

**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:** depression, osteoporosis, COVID-19

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

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

I have no publications to report.

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

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

I have no interest to report.

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

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

Darilyn Moyer

8/17/21

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

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

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

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

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

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

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

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

**Acknowledgements and Attestations**

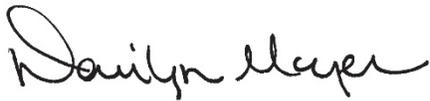
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**Darilyn Moyer**

---

Print Name



Signature

**8/17/21**

---

Date

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

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

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

<i>Category:</i> Other <i>Compensation Type:</i> <i>Additional Information:</i> Do not have exact start or end dates	<i>Start Date:</i> 01/01/2013 <i>Annual Compensation:</i>	<i>End Date:</i> 01/01/2019	
<b>National Academies of Sciences, Engineering, and Medicine</b>	Other <b>Current Employment</b>	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>	
<b>National Quality Forum</b>	Other <b>Current Employment</b>	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>	
<b>National Quality Forum</b>	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	
<b>National Quality Forum</b>	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	
<b>PCPI</b>	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	
<b>PCPI</b>	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	
<b>RIGHT Working Group</b>	Other <b>Current Employment</b>	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>	
<b>Thomas Jefferson University</b>	Other <b>Current Employment</b>	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>	
<b>Women's Preventive Services Initiative</b>	Other <b>Current Employment</b>	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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- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

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

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

## Summary of Interests

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

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

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and 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:** depression, osteoporosis, COVID-19

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

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

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

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

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

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

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

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

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

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

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

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

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021

## Summary of Financial Interests

### Company or Organization

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

### Additional Information:

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

None

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

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

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

## Certification

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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



# Adrienne White-Faines

**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 <b>Current Employment</b>	Self	-
<b>Title:</b> Chief Strategy Officer <b>Start Date:</b> 07/12/2021 <b>End Date:</b> Ongoing / No Known End Date		<b>Position Description:</b> Chief Executive with oversight of strategy design and operational alignment for the college <b>Additional Information:</b>	
Comprehensive Cancer Center, City of Hope	Fiduciary Officer	Self	-
<b>Official Title:</b> Board of Directors <b>Compensation Type:</b> <b>Annual Compensation:</b> No <b>Additional Information:</b>		<b>Position Description:</b> Serve on Board for City of Hope Hospitals <b>Start Date:</b> 06/15/2021 <b>End Date:</b>	
Innovaccer Tech	Consultant	Self	-
<b>Category:</b> Consultant <b>Compensation Type:</b> Equity Options <b>Additional Information:</b> Serve on Strategic Advisory Board		<b>Start Date:</b> 06/01/2019 <b>End Date:</b> Ongoing / No Known End Date <b>Annual Compensation:</b> No	

## Certification

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

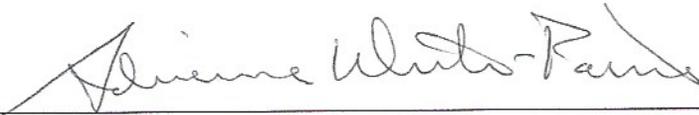
**Acknowledgements and Attestations**

*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.

Adrienne White-Faines

Print Name



Signature

09/20/2021

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

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