

**Disclosure Purpose:** Annual Governance Disclosure 2022-23, CME Contributor      **Employment Information:** Currently Employed

Summary of Interests

Company or Organization

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

Certification

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

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

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

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

Name:

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

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

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

**Topic Areas: Hematuria, Incidentalomas, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening, Osteoporosis, Depression**

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

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



I have no publications to report.

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

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



I have no interest to report.

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

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

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

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

### Topic Areas:

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

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

## Acknowledgements and Attestations

*By signing this form,*

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

Nick Fitterman

Print Name

NF

7/27/2022

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2022-23      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Jacob Cross	Employment <span>Current Employment</span>	Self	-
<div>Title: President Start Date: 01/01/2012 End Date: Ongoing / No Known End Date Position Description: President and CEO Additional Information:</div>			
Ochsner Health System	Consultant <span>Current Employment</span>	Self	-
<div>Category: Consultant Compensation Type: Cash Additional Information:</div> <div>Start Date: 04/01/2020 Compensation: End Date:</div>			

Certification

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

Name:

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

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

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**Topic Areas: Hematuria, Incidentalomas, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening**

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

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

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

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

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

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

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: Osteoporosis; depression

Please review the topic areas listed above. The PMC will review measures in these topics areas during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of measures in these topic areas?

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

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

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

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Print Name

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Signature

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Date



Disclosure Purpose: Annual Governance Disclosure 2022-23,  
Planning Committee, Faculty/Speakers, CME

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Fiduciary Officer	Self	-
Official Title: 2021-2022 Chair of the Board of Governors Position Description: Liaison b/t Chapter Governors and the executive boards/senior leadership with multiple responsibilities Compensation Type: Cash Start Date: 04/27/2020 End Date: 05/01/2022 Compensation: Additional Information:			
Center for Integrated Healthcare, U.S. Department of Veterans Affairs	Employment Current Employment	Self	-
Title: Staff physician Start Date: 10/01/2009 End Date: Ongoing / No Known End Date Position Description: Rocky Hill VA in CT - staff physician Additional Information: Salaried employment			
uconn health	Employment Current Employment	Self	-
Title: Assoc Program Director, Lead physician CCPC and PCMH Start Date: 09/30/2009 End Date: Ongoing / No Known End Date Position Description: primary care practitioner also assoc program director for IM residency program and lead clinician for the comprehensive pain center and pcmh Additional Information:			
various entities for expert witness	Expert Witness Current Employment	Self	-
Category: Expert Witness Start Date: 01/01/2017 End Date: Ongoing / No Known End Date Compensation Type: Cash Compensation: Additional Information: compensation varies year to year 2019 were 5,000 to 10,000; 2020 10,000 to 20,000; 2021 estimated 10,000 to 20,000; 2022 estimated \$500-10000			

Certification

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

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

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

Name: Rebecca Andrews

### Disclosures of Interests: Supplemental Questions

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

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### Topic Areas: osteoporosis; depression

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

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

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

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

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

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Rebecca Andrews

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Print Name



7/27/2022

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Signature

Date

**Disclosure Purpose:** Annual Governance Disclosure 2022-23, Disclosure for Continued Leadernet Access, faculty

**Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
MedStar Health	Employment <b>Current Employment</b>	Self	-
Title: Senior Director, IT Quality and Safety		Position Description: I manage regulatory quality submissions for MedStar Health for the Medicare QPP, and serve an advisory role within Quality and Safety for our performance contracts with 3rd party payers	
Start Date: 07/01/1995		End Date: Ongoing / No Known End Date	
Additional Information:			

Certification

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

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

**Name:** Peter Basch

**Disclosures of Interests: Supplemental Questions**

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

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**Topic Areas:** osteoporosis; depression

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

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

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

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

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

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

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

**Acknowledgements and Attestations**

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**Peter Basch**

Print Name

**Peter Basch**

 Digitally signed by Peter Basch  
Date: 2022.07.27 16:17:15 -04'00'

**July 27, 2022**

Signature

Date

Disclosure Purpose: Annual Governance Disclosure 2022-23      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American Physicians Group	Fiduciary Officer	Self	-
Official Title: Board Member Compensation Type: Unpaid Compensation: Additional Information: Position Description: serve as board member for Board of Directors for non-profit advocacy organization Start Date: 01/01/2019      End Date: Ongoing / No Known End Date			
Cedars-Sinai	Employment    Current Employment	Self	-
Title: Chief Medical Officer Start Date: 09/19/2016      End Date: Ongoing / No Known End Date Position Description: oversee clinical care and clinical strategy for medical care foundation Additional Information:			
Cedars-Sinai	Employment    Current Employment	Self	-
Title: Chief Medical Officer Start Date: 09/19/2016      End Date: Position Description: Additional Information:			
Cedars-Sinai	Fiduciary Officer	Self	-
Official Title: Board member Compensation Type: Unpaid Compensation: Additional Information: Position Description: Serve as member of Cedars-Sinai Medical Care Foundation Board of Directors Start Date: 01/01/2018      End Date: Ongoing / No Known End Date			
Imagine LA	Fiduciary Officer	Self	-
Official Title: Member, Board of Directors Compensation Type: Compensation: No Additional Information: time commitment for meetings and subcommittee support; expectation to raise money for organization Position Description: serve as director for BOD of a non-profit organization focusing on support for homeless families Start Date: 04/08/2022      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

Please enter your name: **Caroline L. Goldzweig**

**Name: Caroline L. Goldzweig, MD**

### Disclosures of Interests: Supplemental Questions

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

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### Topic Areas: osteoporosis; depression

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- ☒ No

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Caroline L. Goldzweig, MD

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Print Name



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Signature

7-28-2022

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Date

Disclosure Purpose: Annual Governance Disclosure 2022-23      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
AMGA	Consultant	Self	\$6,000.00
Category: Consultant Compensation Type: Cash		Start Date: 09/28/2020 End Date: 09/28/2020 Compensation: Yes	
		Year	Amount
		2020	\$6,000.00
		Type Actual	
Additional Information:			
CIGNA Corporation	Stock	Self	\$246.00
Percentage Ownership: 0 Valuation Date: 04/13/2021 Additional Information:		Estimated Value: \$246.00 Divestment Date: 04/27/2021	
Merck	Stock	Self	\$2,363.00
Percentage Ownership: 0 Valuation Date: 04/13/2021 Additional Information:		Estimated Value: \$2,363.00 Divestment Date: 04/27/2021	
Pfizer	Stock	Self	\$1,665.00
Percentage Ownership: 0 Valuation Date: 04/13/2021 Additional Information:		Estimated Value: \$1,665.00 Divestment Date: 04/27/2021	
University of California, Davis Health	Employment <span>Current Employment</span>	Self	-
Title: Medical Director, Clinical informatics		Position Description: Direct projects and programs relating to informatics education, EHR usage and configuration	
Start Date: 07/01/2000		End Date: Ongoing / No Known End Date Additional Information:	
viatris	Stock	Self	\$65.00
Percentage Ownership: 0 Valuation Date: 04/13/2021 Additional Information:		Estimated Value: \$65.00 Divestment Date: 04/27/2021	

Certification

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

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

**Name:** Scott MacDonald

**Disclosures of Interests: Supplemental Questions**

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:** osteoporosis; depression

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☐

Yes (please provide additional details below).

☒

No

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☐

Yes (please provide additional details below).

☒

No

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Performance Measurement Committee  
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Scott MacDonald

Print Name



Signature

7/28/22

Date

**Disclosure Purpose:** Annual Governance Disclosure 2022-23      **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	-
<div><div><div>Title: Senior VP and Chief Value Medical Officer</div><div>Start Date: 07/01/2015</div><div>End Date: Ongoing / No Known End Date</div></div><div><div>Position Description: Strategic oversight for value strategy and operations.</div><div>Additional Information:</div></div></div>			

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

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

**Name:** Catherine MacLean

**Disclosures of Interests: Supplemental Questions**

Please review the following 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:** osteoporosis; depression

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- ☒ No

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

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

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

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**Catherine MacLean**

Print Name

Catherine H MacLean

Digitally signed by Catherine H MacLean  
Date: 2022.08.04 14:58:02 -06'00'

**August 4, 2022**

Signature

Date

**Disclosure Purpose:** Annual Governance Disclosure 2022-23, Contractor Disclosure, podcast content contributor

**Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value						
American Medical Association	Consultant <div>Current Employment</div>	Self	\$3,000.00						
Category: Consultant Compensation Type: Cash		Start Date: 09/01/2019 Compensation: Yes End Date:							
		<table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2021</td><td>\$3,000.00</td><td>Estimated</td></tr></table>	Year	Amount	Type	2021	\$3,000.00	Estimated	
Year	Amount	Type							
2021	\$3,000.00	Estimated							
Additional Information:									
Atlantic	Employment <div>Current Employment</div>	Self	-						
Title: EVP Chief Clinical Officer Start Date: 03/14/2022 End Date:		Position Description: Oversee education, research, quality, clinical strategy and innovation Additional Information:							
MBOS	Employment	Spouse/Partner	-						
Title: Owner Start Date: 07/15/2003 End Date: Ongoing / No Known End Date		Position Description: Owner Additional Information:							

Certification

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

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

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



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

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

**Name:** Suja Mathew

**Disclosures of Interests: Supplemental Questions**

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

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

**Topic Areas:** osteoporosis; depression

Please review the topics areas listed above. The PMC will review measures in these topic areas during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of measures in these topic areas?

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

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

**Acknowledgements and Attestations**

*By signing this form,*

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

Suja Mathew

Print Name

Signature

8/8/2022

Date

Disclosure Purpose: Annual Governance Disclosure 2022-23, Faculty/Speakers, Disclosure for Continued Leadernet Access, speaker disclosures, Planners and Faculty

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value									
Dynamed	Other	Self	\$3,875.00									
Category: Other Compensation Type: Cash		Start Date: 05/01/2020 Compensation: Yes End Date: Ongoing / No Known End Date										
		<table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2021</td><td>\$2,250.00</td><td>Actual</td></tr><tr><td>2020</td><td>\$1,625.00</td><td>Actual</td></tr></table>	Year	Amount	Type	2021	\$2,250.00	Actual	2020	\$1,625.00	Actual	
Year	Amount	Type										
2021	\$2,250.00	Actual										
2020	\$1,625.00	Actual										
Additional Information: Rheumatology subject reviewer												
Northeast Medical Group	Employment <div>Current Employment</div>	Self	-									
Title: Employed Physician Start Date: 11/01/2012		Position Description: Physician & Medical Director Additional Information:										
End Date: 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)
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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

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



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

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

Name: Robert McLean

**Disclosures of Interests: Supplemental Questions**

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

- *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:** osteoporosis; depression

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


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

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

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

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

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





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

**Acknowledgements and Attestations**

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

Robert McLean, M.D.

Print Name

Signature

7-31-22

Date



**Disclosure Purpose:** Annual Governance Disclosure 2022-23, Disclosure for Continued Leadernet Access, Planning Committee

**Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Other	Self	-
<div>Category: Other</div> <div>Compensation Type: Unpaid</div> <div>Additional Information:</div> <div>Start Date: 01/01/2020</div> <div>Compensation: No</div> <div>End Date: 01/01/2022</div>			
Providence Health Care	Employment <div>Current Employment</div>	Self	-
<div>Title: Intensive Care Unit Physician</div> <div>Start Date: 02/01/2022</div> <div>End Date: Ongoing / No Known End Date</div> <div>Position Description: Intermittent ICU coverage as a physician</div> <div>Additional Information:</div>			
US Army	Employment <div>Current Employment</div>	Self	-
<div>Title: Staff Physician</div> <div>Start Date: 08/01/1999</div> <div>End Date: Ongoing / No Known End Date</div> <div>Position Description: I am a staff physician in the US Army</div> <div>Additional Information:</div>			

Certification

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

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

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

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

**Name:** Cristin Mount, MD

**Disclosures of Interests: Supplemental Questions**

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

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

**Topic Areas:** osteoporosis; depression

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

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

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

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

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

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

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

**Acknowledgements and Attestations**

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**Cristin Mount, MD**

Print Name

MOUNT.CRISTIN.ANN.1050343410  
0343410

Digitally signed by  
MOUNT.CRISTIN.ANN.1050343410  
Date: 2022.07.29 13:56:55 -07'00'

**29 July 2022**

Signature

Date



Disclosure Purpose: Annual Governance Disclosure 2022-23      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Mathematica	Employment <b>Current Employment</b>	Self	-
<b>Title:</b> Senior Researcher <b>Start Date:</b> 09/05/2019 <b>End Date:</b> 09/09/2022		<b>Position Description:</b> Heath researcher <b>Additional Information:</b> Full time research and evaluation role on projects related to health care delivery and organization. I updated the end date, as I have given notice and will be leaving this role on 9/9/2022	
Perelman School of Medicine, University of Pennsylvania	Employment	Spouse/Partner	-
<b>Title:</b> Assistant Professor of Medicine <b>Start Date:</b> 07/01/2010 <b>End Date:</b>		<b>Position Description:</b> Clinician researcher <b>Additional Information:</b> Spouse is a full time clinician-researcher in infectious disease	
Society of General Internal Medicine	Other	Self	-
<b>Category:</b> Other <b>Compensation Type:</b> Unpaid <b>Additional Information:</b> Society of General Internal Medicine - Health Policy Research Subcommittee - Participate in monthly 1 hour meetings, occasional work in between meetings totaling less than 8 hours annually.		<b>Start Date:</b> 05/01/2015 <b>End Date:</b> <b>Compensation:</b> No	
Thomas Jefferson University	Employment <b>Current Employment</b>	Self	-
<b>Title:</b> Associate Professor of Medicine <b>Start Date:</b> 09/05/2012 <b>End Date:</b>		<b>Position Description:</b> Starting 9/19/2022 I will be Division Director for Internal Medicine, primary care physician and faculty in department of medicine <b>Additional Information:</b> Currently part time, see patients about 8 hours per month; as of September 19 I will be full time as the Division Director for Internal Medicine.	

Certification

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

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

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

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

Name:

*Rhea Powell*

**Disclosures of Interests: Supplemental Questions**

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

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

**Topic Areas:** osteoporosis; depression

Please review the topics areas listed above. The PMC will review measures in these topic areas during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of measures in these topic areas?

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

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

**Acknowledgements and Attestations**

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Rhea Powell  
Print Name

Rh Powell                      8/4/2022  
Signature                                      Date

Disclosure Purpose: Annual Governance Disclosure 2022-23      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Gastroenterology	Employment	Self	-
Title: Associate Editor, American Journal of Gastroenterology Start Date: 01/01/2015      End Date: 12/31/2021		Position Description: Associate Editor Additional Information:	
Michigan Medicine	Employment <b>Current Employment</b>	Self	-
Title: Professor Start Date: 07/01/2008      End Date:		Position Description: Department of Internal Medicine, Division of Gastroenterology Additional Information:	
U.S. Department of Veterans Affairs	Employment	Spouse/Partner	-
Title: Staff Physician Start Date: 07/01/2005      End Date: Ongoing / No Known End Date		Position Description: General internist at VA Ann Arbor Healthcare System Additional Information:	
U.S. Department of Veterans Affairs	Employment <b>Current Employment</b>	Self	-
Title: Director, HSR&D Center for Clinical Management Research Start Date: 07/01/2008      End Date: Ongoing / No Known End Date		Position Description: Gastroenterologist at VA Ann Arbor Healthcare System Research Scientist at the VA Ann Arbor Center for Clinical Management Research Additional Information: Primary employer	
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$500,000.00
Recipient Name: Sameer D Saini Grant / Contract Description: Reducing use of low value colonoscopy Grant / Contract Amount: \$500,000.00 Contract Start Date: 10/01/2019      Contract End Date: 09/30/2024		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 08/21/2020 Additional Information:	
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$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: Ongoing / No Known End Date	
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$1,099,615.00
Recipient Name: Sameer Saini, Loren Laine, Yu-Xiao Yang Grant / Contract Description: Evaluation of the National Randomized Proton Pump Inhibitor De-Prescribing Program Grant / Contract Valuation Date: 01/08/2021 Additional Information:		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$1,099,615.00 Contract Start Date: 11/01/2018      Contract End Date: 10/31/2021	
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$1,085,144.00
Recipient Name: Sameer D Saini, Michael Ho, Peter Kaboli, Stephanie Shimada Grant / Contract Description: Improving Access to Care for Veterans through Partnered Research Grant / Contract Amount: \$1,085,144.00 Contract Start Date: 01/01/2020      Contract End Date: 06/30/2022		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 01/08/2021 Additional Information:	
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$5,500,000.00
Recipient Name: Sameer D Saini Grant / Contract Description: VA Center of Innovation Grant Grant / Contract Amount: \$5,500,000.00 Contract Start Date: 10/01/2018      Contract End Date: 09/30/2023		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Valuation Date: 08/21/2020 Additional Information:	
U.S. Department of Veterans Affairs	Grant / Contract	Self	\$1,099,389.00
Recipient Name: Sameer D Saini, Grace Su Grant / Contract Description: Using Analytic Morphomics to Predict Outcomes and Improve Access in Chronic Liver Disease Grant / Contract Valuation Date: 01/08/2021 Additional Information:		Recipient Type: Institution Grant / Contract Purpose: Research Grant / Contract Amount: \$1,099,389.00 Contract Start Date: 05/01/2019      Contract End Date: 04/30/2023	

## Certification

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

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

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

**Name:**

**Disclosures of Interests: Supplemental Questions**

Please review the following 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:** osteoporosis; depression

Please review the topic areas listed above. The PMC will review measures in these topic areas during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of measures in these topic areas?

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

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

**Acknowledgements and Attestations**

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SANEER SAINI  
Print Name

  
Signature

08/04/2022  
Date

Disclosure Purpose: Annual Governance Disclosure 2022-23, CME Application, Planning Committee, Faculty, Annual Meeting, Faculty List

Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value												
Heritage Medical Associates	Employment <div>Current Employment</div>	Self	-												
Title: Physician Start Date: 01/02/2005		Position Description: Additional Information: End Date: Ongoing / No Known End Date													
Overbrook School	Employment	Spouse/Partner	-												
Title: Registered Nurse Start Date: 08/15/2013		Position Description: Additional Information: End Date:													
State Volunteer Mutual Insurance Company	End Point Review Committee	Self	\$12,612.50												
Category: End Point Review Committee Compensation Type: Cash		Start Date: 01/01/2018 Compensation: Yes End Date: Ongoing / No Known End Date													
		<table><tr><th>Year</th><th>Amount</th><th>Type</th></tr><tr><td>2021</td><td>\$3,806.25</td><td>Actual</td></tr><tr><td>2020</td><td>\$4,118.75</td><td>Actual</td></tr><tr><td>2019</td><td>\$4,687.50</td><td>Actual</td></tr></table>	Year	Amount	Type	2021	\$3,806.25	Actual	2020	\$4,118.75	Actual	2019	\$4,687.50	Actual	
Year	Amount	Type													
2021	\$3,806.25	Actual													
2020	\$4,118.75	Actual													
2019	\$4,687.50	Actual													
Additional Information: Serve as a member of the Underwriting Committee for SVMIC. Compensated for time spent reviewing applications.															

Certification

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

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



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

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

Name: Ryan D. Mire

**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: Hematuria, Incident colonias, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening, Osteoporosis, Depression**

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

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

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

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

**Topic Areas:**

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

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

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

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

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

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

**Disclosure Purpose:** Annual Governance Disclosure 2022-23, Annual Meeting Faculty, Annual Meeting

**Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity		Type	Interest Held By	Value
American College of Physicians		Fiduciary Officer	Self	\$150,000.00
Official Title: Chair, Board of Regents		Position Description: Chair, Board of Regents		
Compensation Type: Cash		Start Date: 05/01/2022		End Date: 05/01/2023
Compensation: Yes				
Year	Amount	Type		
2022	\$150,000.00	Estimated		
Additional Information:				
PathAdvantageAssociated		Other Business Ownership	Spouse/Partner	-
Form of Business Description: A private pathology practice run and owned by pathologist		Ownership Category: Founder		
Percentage Ownership: 100		Partnership Category: SCorp		
Investment Amount Valuation Date: 07/15/2020		Compensation: Yes		
Additional Information:				
Texas Medical Home Initiative		Employment <div>Current Employment</div>	Self	-
Title: Executive Director		Position Description: I lead the activities of the Texas Medical Home Initiative, a non-profit whose mission is to ensure that every Texan has a medical home.		
Start Date: 08/01/2008		End Date: Ongoing / No Known End Date		Additional Information:

Certification

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

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

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

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

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

Name: Sue Bornstein

**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: Hematuria, Incidentalomas, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening**

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

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

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

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

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

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

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

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

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

**Topic Areas: Osteoporosis, Depression**

Please review the topic areas listed above. The PMC will review measures in these topic areas during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance measures in these topic areas?

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

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

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

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

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

**Acknowledgements and Attestations**

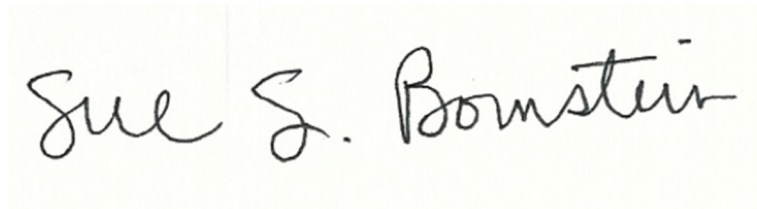
*By signing this form,*

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

Sue Bornstein

---

Print Name

A handwritten signature in black ink on a light yellow background. The signature reads "Sue S. Bornstein" in a cursive script.

August 3, 2022

---

Signature

---

Date

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

**Acknowledgements and Attestations**

*By signing this form,*

- I acknowledge that in order to maintain transparency, all participants' disclosure of interests will be publicly available on ACP's website and a link to the disclosures will be included in each published work.
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Ryan D. Mire

\_\_\_\_\_  
Print Name



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date 7/29/22

Disclosure Purpose: Annual Staff Disclosure 2022 - 2023      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	-
Title: Director, Public Relations Start Date: 02/06/2006      End Date:		Position Description: Additional Information:	

Certification

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

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

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



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

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

**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: Hematuria, Incidentalomas, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening**

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

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

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

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

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

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

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

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

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

**Topic Areas: Osteoporosis, Depression**

Please review the topic areas listed above. The PMC will review measures in these topic areas during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance measures in these topic areas?

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

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

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

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

**Acknowledgements and Attestations**

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

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

Laura Baldwin

---

Print Name

*Laura Baldwin*

8/16/22

---

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2022 - 2023      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> Ongoing / No Known End Date <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> Ongoing / No Known End Date <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**

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

Name:

**Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee,  
Performance Measurement 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: Hematuria, Incidentalomas, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening, Osteoporosis, Depression**

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

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

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

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

**Topic Areas:**

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

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

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

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

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

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

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

**Acknowledgements and Attestations**

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**Wayne H. Bylsma**

Print Name

*Wayne H. Bylsma*

Signature

**July 30, 2022**

Date

Disclosure Purpose: Annual Staff Disclosure 2022 - 2023      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	-
<div><div>Title: Associate, Performance Measurement Start Date: 04/04/2022</div><div>End Date: Ongoing / No Known End Date</div><div>Position Description: - Review measurement science work with the PMC Additional Information: Full-time exempt</div></div>			

Certification

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



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

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

Name: Karen Campos

**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: Hematuria, Incidentalomas, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening**

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

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

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

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

**Topic Areas: Osteoporosis; depression**

Please review the topic areas listed above. The PMC will review measures in these topics areas during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of measures in these topic areas?

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

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

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

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

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

**Acknowledgements and Attestations**

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**Karen Campos**

Print Name

**Karen Campos, CHES**

Digitally signed by Karen Campos, CHES  
Date: 2022.08.10 09:13:07 -04'00'

**8/10/2022**

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2022 - 2023      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	-
<div><div>Title: Manager, Clinical Policy Start Date: 08/26/2014</div><div>End Date: Ongoing / No Known End Date</div><div>Position Description: Additional Information:</div></div>			
Council of Medical Specialty Societies	Other	Self	-
<div><div>Category: Other Compensation Type: Unpaid Additional Information: Co-chair, Clinical Practice Guidelines Developers Professional Peer Group</div><div>Start Date: 10/01/2020 Compensation: No</div><div>End Date: 10/31/2022</div></div>			
The Beasley Firm, LLC	Employment	Spouse/Partner	-
<div><div>Title: Technology Specialist Start Date: 09/01/2009</div><div>End Date: Ongoing / No Known End Date</div><div>Position Description: Additional Information:</div></div>			

Certification

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

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

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

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

Name: Kate Carroll

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

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

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

**Topic Areas: Hematuria, Incidentalomas, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening**

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

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

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

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

**Topic Areas: Osteoporosis; depression**

Please review the topic areas listed above. The PMC will review measures in these topics areas during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of measures in these topic areas?

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

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

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

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

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

**Acknowledgements and Attestations**


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**Kate Carroll**

Print Name

**Kate Carroll**

 Digitally signed by Kate Carroll  
Date: 2022.08.26 09:27:22 -04'00'

**8/26/2022**

Signature

Date

**Disclosure Purpose:** Annual Staff Disclosure 2022 - 2023      **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	-
<div><div><div>Title: Regulatory Affairs Associate</div><div>Start Date: 09/13/2021</div></div><div><div>End Date: Ongoing / No Known End Date</div></div><div><div>Position Description:</div><div>Additional Information:</div></div></div>			

Certification

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

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

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

**Name:** Sarah Crossan

**Disclosures of Interests: Supplemental Questions**

Please review the following 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:** osteoporosis; depression

Please review the topic areas listed above. The PMC will review measures in these topic areas during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of measures in these topic areas?

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

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

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

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

**American College of Physicians  
Performance Measurement Committee  
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.
- 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.

**Sarah Crossan**

Print Name

**Sarah Crossan**

Digitally signed by Sarah Crossan  
Date: 2022.08.23 21:52:43 -04'00'

**8/23/22**

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2022 - 2023      Employment Information: Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Consultant <b>Current Employment</b>	Self	-
Category: Consultant Compensation Type: Cash Additional Information:		Start Date: 09/01/2018 Compensation:	End Date: 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)
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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

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

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

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

Name: Itziar Etxeandia Ikobaltzeta

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

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

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

**Topic Areas: Hematuria, Incidentalomas, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening, Osteoporosis, Depression**

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

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

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

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

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

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

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

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

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**Topic Areas:**

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

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

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

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

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

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

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

**Acknowledgements and Attestations**

*By signing this form,*

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

Itziar Etxeandia Ikobaltzeta

Print Name



Signature

08/01/2022

Date

Disclosure Purpose: Annual Staff Disclosure 2022 - 2023, 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	-
<div><div>Title: Senior Vice President, Marketing &amp; PR</div><div>Start Date: 06/10/1996</div><div>End Date: Ongoing / No Known End Date</div><div>Position Description:</div><div>Additional Information:</div></div>			

Certification

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

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

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

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

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

Name: Allison Ewing

**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: Hematuria, Incidentalomas, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening, Osteoporosis, Depression**

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

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

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

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

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



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

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

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

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**Topic Areas:**

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

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

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

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

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

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

**Acknowledgements and Attestations**

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Allison Ewing

Print Name

*Allison Ewing*

8-22-22

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2022 - 2023      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>End Date:</i> Ongoing / No Known End Date <i>Position Description:</i> I manage media relations for the College. <i>Additional Information:</i>			
Bristol-Myers Squibb	Employment	Self	-
<i>Title:</i> Contract content writer <i>Start Date:</i> 10/21/2019 <i>End Date:</i> 04/20/2020 <i>Position Description:</i> I wrote content for internal and external websites as well as social media copy. <i>Additional Information:</i>			
Cutanea Life Sciences	Employment	Self	-
<i>Title:</i> Manager of Digital Marketing and Media <i>Start Date:</i> 02/29/2016 <i>End Date:</i> 06/26/2019 <i>Position Description:</i> I was responsible for internal and external communications as well as social media and digital functions. <i>Additional Information:</i>			
Main Line Health	Employment	Spouse/Partner	-
<i>Title:</i> Medical secretary <i>Start Date:</i> 01/02/1995 <i>End Date:</i> 12/09/2021 <i>Position Description:</i> I work at the Perinatal Testing Center at Paoli Hospital. <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**

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

Name: Andrew Hachadorian

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

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

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

**Topic Areas: Hematuria, Incidentalomas, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening**

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

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

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

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**Topic Areas: Osteoporosis; depression**

Please review the topic areas listed above. The PMC will review measures in these topics areas during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of measures in these topic areas?

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

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

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

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

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

**Acknowledgements and Attestations**

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**Andrew Hachadorian**

Print Name

**Andrew Hachadorian**

Digitally signed by Andrew Hachadorian  
Date: 2022.08.03 11:29:35 -04'00'

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2022 - 2023      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	-
Title: Senior Scientist		Position Description: I am a methodologist contributing to or leading work on evidence synthesis to inform clinical guidelines.	
Start Date: 05/31/2022		End Date: Ongoing / No Known End Date	
Additional Information:			

Certification

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

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

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

**Please enter your name:**

Name: Curtis Harrod

**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: Hematuria, Incidentalomas, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening, Osteoporosis, Depression**

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

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

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

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

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

**I was the senior author on a systematic review of treatments for osteoporosis, which will be published in Annals. I oversaw the development of evidence reviews and was the primary content reviewer for acute and episodic migraines, depression, and type 2 diabetes topics. I am also currently drafting a Guidance Statement on CRC in my role as a senior scientist with ACP.**



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

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

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

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**Topic Areas:**

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

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

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

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

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

**I was the senior author on a systematic review of treatments for osteoporosis, which will be published in Annals.**

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

**Acknowledgements and Attestations**

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Curtis Harrod

Print Name



8/4/2022

Signature

Date

**Disclosure Purpose:** Annual Governance Disclosure 2022-23, CME, Faculty - MA ACP Annual Chapter Mtg, Faculty, 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	-
<div>Title: EVP/CEO Start Date: 01/01/2017 End Date: Ongoing / No Known End Date Position Description: EVP/CEO Additional Information:</div>			
American Medical Association	Other	Self	-
<div>Category: Other Compensation Type: Unpaid Additional Information: Start Date: 01/01/2017 End Date: Ongoing / No Known End Date Compensation:</div>			
Council of Medical Subspecialty Societies	Fiduciary Officer	Self	-
<div>Official Title: CMSS Board Member/President Compensation Type: Unpaid Compensation: Additional Information: Position Description: CMSS Board member/President Start Date: 10/27/2020 End Date: Ongoing / No Known End Date</div>			
Inspira Health Woodbury	Employment	Spouse/Partner	-
<div>Title: Physician Staff- Inspira Medical Group Start Date: 01/01/2017 End Date: Ongoing / No Known End Date Position Description: Salaried Pulmonary Critical Care Sleep Physician Additional Information: Inspira Group Physicians 2950 College Drive Suite 1E Vineland, NJ 08360</div>			
PCPCC	Fiduciary Officer	Self	-
<div>Official Title: PCPCC Board Chair Compensation Type: Unpaid Compensation: Additional Information: Position Description: PCPCC Board Chair Start Date: 01/01/2017 End Date: Ongoing / No Known End Date</div>			
Temple University	Fiduciary Officer	Self	-
<div>Official Title: Lewis Katz School of Medicine at Temple University Medical Alumni Board Compensation Type: Unpaid Compensation: No Additional Information: Position Description: Nonfiduciary Board (Med School AlumniBoard)member Start Date: 01/01/2017 End Date: Ongoing / No Known End Date</div>			

Intellectual Property

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

Certification

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

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

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

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

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

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

**Name: Darilyn V. Moyer, MD, FACP, FRCP, FIDSA, FAMWA**

**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: Hematuria, Incidentalomas, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening**

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

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

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

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

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

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

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

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

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**Topic Areas: Osteoporosis, Depression**

Please review the topic areas listed above. The PMC will review measures in these topic areas during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance measures in these topic areas?

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

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

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

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

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

**Acknowledgements and Attestations**

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**Print Name: Darilyn V. Moyer, MD, FACP, FRCP, FIDSA, FAMWA**

**Signature:** 

**Date: 8/17/2022**

Disclosure Purpose: Annual Staff Disclosure 2022 - 2023      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 Public Policy <i>Start Date:</i> 08/01/2022 <i>End Date:</i> Ongoing / No Known End Date		<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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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

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



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

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

**Name:** David Pugach

**Disclosures of Interests: Supplemental Questions**

Please review the following 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:** osteoporosis; depression

Please review the topic areas listed above. The PMC will review measures in these topic areas during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of measures in these topic areas?

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

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

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

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

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

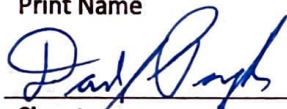
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- I attest that I have reviewed the attached Convey disclosures report and that my disclosures are up to date.
- I attest that I have disclosed all healthcare-related financial and intellectual interests for myself and any household members from the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

**David Pugach**

Print Name



Signature

**08/26/2022**

Date

Disclosure Purpose: Annual Staff Disclosure 2022 - 2023, 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	-
<div><div>Title: Chief Science Officer</div><div>Start Date: 12/07/2003</div><div>End Date: Ongoing / No Known End Date</div><div>Position Description:</div><div>Additional Information:</div></div>			
American College of Physicians	Other	Self	-
<div><div>Category: Other</div><div>Compensation Type:</div><div>Additional Information: I regularly represent ACP in external initiatives related to clinical and medical policies (such as meetings, workgroups, committees, governance boards).</div><div>Start Date: 12/07/2003</div><div>Compensation:</div><div>End Date:</div></div>			

Certification

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

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

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

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

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

Name: Amir Qaseem

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

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

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

**Topic Areas: Hematuria, Incidentalomas, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening**

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

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

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

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

**Topic Areas: Osteoporosis; depression**

Please review the topic areas listed above. The PMC will review measures in these topics areas during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of measures in these topic areas?

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

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

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

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

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

**Acknowledgements and Attestations**

*By signing this form,*

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

**Amir Qaseem**

Print Name

**Amir Qaseem**

Digitally signed by Amir Qaseem  
DN: cn=Amir Qaseem, o, ou,  
email=aqaseem@acponline.org, c=US  
Date: 2022.08.24 15:56:49 -04'00'

**8/24/2022**

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2022 - 2023      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>	

Certification

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

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

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

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

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

Name: Tatyana A Shamliyan

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

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

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

**Topic Areas: Hematuria, Incidentalomas, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening, Osteoporosis, Depression**

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

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

☐ I have no publications to report.

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

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

☒ I have no interest to report.

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

Aronow WS, Shamliyan TA. Effects of antidepressants on QT interval in people with mental disorders. Arch Med Sci. 2020;16(4):727-41.



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

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

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

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

**Topic Areas:**

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

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

- ☐ Yes (please provide additional details below).
- ☒ X 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).
- ☒ X 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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Tatyana A Shamliyan

Print Name

Tatyana A Shamliyan

*Tatyana A Shamliyan*

07/28/2022

Signature

Date

Disclosure Purpose: Annual Staff Disclosure 2022 - 2023      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 Scientist, Clinical Policy <i>Start Date:</i> 06/15/2020 <i>End Date:</i> Ongoing / No Known End Date <i>Position Description:</i> Leading the performance measurement strategy <i>Additional Information:</i>			
PCPI Foundation	Employment	Self	-
<i>Title:</i> Senior Director, Measurement Science <i>Start Date:</i> 01/01/2017 <i>End Date:</i> 06/12/2020 <i>Position Description:</i> Orchestrate daily activities of the Measurement Science Program, developing and implementing key performance measures, and monitoring performance to uphold market competitiveness. <i>Additional Information:</i> My salary at the PCPI was supported by services provided as a contractor and subcontractor to CMS and non-profit organizations for measure development, specification, testing and endorsement.			

Certification

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

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

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

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

Name: Samantha Tierney

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

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

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

**Topic Areas: Hematuria, Incidentalomas, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening**

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

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

☒ I have no publications to report.

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

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

☐ I have no interest to report.

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

For Diabetes:

I participate in the AMA's Prediabetes Measure Development and Testing Technical Expert Panel.

**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: Osteoporosis; depression**

Please review the topic areas listed above. The PMC will review measures in these topics areas during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of measures in these topic areas?

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

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

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

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

I participate in CMS's Expert Work Group for Suicide Risk Assessment Measures

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

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**Samantha Tierney**

Print Name



Signature

**8/22/2022**

Date

Disclosure Purpose: Annual Staff Disclosure 2022 - 2023      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> Research Associate		<b>Position Description:</b> Identifies content and prepares agendas for Scientific Medical Policy Committee meetings and conference calls. Manage and coordinates timelines, deliverables, logistics, and contracts for manuscripts. Reviews, edits, and proofreads papers.	
<b>Start Date:</b> 04/19/2022 <b>End Date:</b> Ongoing / No Known End Date		<b>Additional Information:</b>	

Certification

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

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

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

Name: Karla Umana

**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: Hematuria, Incidentalomas, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening**

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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



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

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

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

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**Topic Areas: Osteoporosis; depression**

Please review the topic areas listed above. The PMC will review measures in these topics areas during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of measures in these topic areas?

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

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

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

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

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

**Acknowledgements and Attestations**

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**Karla Umana**

Print Name

**Karla Umana**

Digitally signed by Karla Umana  
Date: 2022.08.02 11:26:43 -04'00'

**08/02/2022**

Signature

Date

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

Summary of Interests

Company or Organization

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

Certification

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

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



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

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

Name: Jennifer Yost

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

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

- *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: Hematuria, Incidentalomas, Type 2 diabetes, Acute Migraine, Episodic Migraine, Colorectal Cancer Screening**

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

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

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

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

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

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

**Topic Areas: Osteoporosis; depression**

Please review the topic areas listed above. The PMC will review measures in these topics areas during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of measures in these topic areas?

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

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

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

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

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

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**Jennifer Yost**

Print Name

**Jennifer Yost**

Digitally signed by Jennifer Yost  
Date: 2022.08.25 22:31:52 -04'00'

**08/25/2022**

Signature

Date

**Disclosure Purpose:** Annual Governance Disclosure 2022-23, 2021  
ANNUAL MEETING EDUCATION, Internal Medicine Meeting 2022  
faculty, Faculty/Speakers

**Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Fox & Brantley Internal Medicine	Employment <b>Current Employment</b>	Self	-
<div><div>Title: MD Managing Partner Start Date: 11/01/2003</div><div>End Date: Ongoing / No Known End Date</div><div>Position Description: MD Managing Partner Additional Information:</div></div>			
Obagi Cosmeceuticals LLC	Other	Self	-
<div><div>Category: Other Compensation Type: Other Compensation:</div><div>Start Date: 11/01/2003 Other Compensation: Reseller of Obagi Products Additional Information:</div><div>End Date:</div></div>			

Certification

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

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

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



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

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

**Name:**

**Disclosures of Interests: Supplemental Questions**

Please review the following 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:** osteoporosis; depression

Please review the topic areas listed above. The PMC will review measures in these topic areas during the upcoming meeting.

Within the last 3 years, have you or any household members contributed towards the development, testing and/or maintenance of measures in these topic areas?

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

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

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

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

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

**Acknowledgements and Attestations**

*By signing this form,*

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

*William Fox MD*

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Print Name

*William Fox*

*8/9/2022, 12:34:59 PM*

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Signature

Date

**Disclosure Purpose:** Contractor/Guest Annual Disclosure 2022 - 23      **Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
Association for Prevention Teaching and Research	Fiduciary Officer	Self	-
<div>Official Title: President Compensation Type: Unpaid Compensation: Additional Information:</div> <div>Position Description: Elected president of this professional organization. Start Date: 03/01/2020 End Date: 03/01/2022</div>			
Leonard N. Stern School of Business, New York University	Employment	Self	-
<div>Title: Adjunct Professor Start Date: 11/01/2022 End Date:</div> <div>Position Description: Additional Information:</div>			
School of Arts and Sciences, University of Pennsylvania	Employment	Spouse/Partner	-
<div>Title: Lecturer Start Date: 01/01/2019 End Date: Ongoing / No Known End Date</div> <div>Position Description: Part-time adjunct course instructor. Additional Information:</div>			
Thomas Jefferson University	Employment <span>Current Employment</span>	Self	-
<div>Title: Interim Dean, Jefferson College of Population Health Start Date: 07/01/2019 End Date: Ongoing / No Known End Date</div> <div>Position Description: Chief academic and executive officer of college and member of the University's academic leadership team. Additional Information:</div>			
University of Alabama at Birmingham	Consultant	Self	-
<div>Category: Consultant Compensation Type: Cash Additional Information: Taught a course as an adjunct professor.</div> <div>Start Date: 05/01/2019 Compensation: End Date: 06/01/2019</div>			

Certification

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

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

**Guest Disclosures of Interests: Acknowledgements and Attestations**

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Willie H. Oglesby, PhD

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Print Name

*Willie H. Oglesby, Ph.D.*

8/30/22

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Signature

Date

**Disclosure Purpose:** Contractor/Guest Annual Disclosure 2022 - 23      **Employment Information:** Currently Employed

Summary of Interests

Company or Organization

Entity	Type	Interest Held By	Value
LDJ Consulting LLC	Employment <b>Current Employment</b>	Self	-
<i>Title:</i> Founder/CEO <i>Start Date:</i> 01/01/2021		<i>Position Description:</i> Sole proprietor <i>Additional Information:</i>	
<i>End Date:</i>			

Certification

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

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

**Name:** Laura Jantos

**Disclosures of Interests: Supplemental Questions**

Please review the following 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:** osteoporosis; depression

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

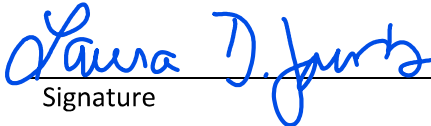
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**Laura D Jantos**

Print Name



Signature

**9/8/2022**

Date