

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

Name: Eileen Barrett, MD, MPH, FACP

Role:

☐ Clinical Guidelines Committee

☐ ACP Staff or Leadership

☒ Performance Measurement Committee

☐ Guest

☐ High Value Care Committee

<b>ACTIVE (Current)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income†</b>	
<b>Employment</b>	<i>Self</i>	University of New Mexico	>100,000
	<i>Household</i>	University of New Mexico	>100,000
<b>Research &amp; Consulting Support</b>	<i>Self</i>	American Medical Association	<\$5000
	<i>Household</i>	None	--
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--
	<i>Household</i>	None	--
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	\$0
	<i>Household</i>	None	--
<b>Other Interests</b>	<i>Self</i>	Society of Hospital Medicine (committee member)	\$0
	<i>Household</i>	Greater Albuquerque Medical Association (board member)	\$0
		New Mexico Health Resources (board member)	\$0
		Thai Burmese Border Health Initiative (board member)	\$0

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

\_\_\_\_\_ Yes        x   No

**In 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        x   No

†To report amount of value or income, use these ranges:

- |                      |                        |
|----------------------|------------------------|
| a) \$0               | d) \$10,001 to 50,000  |
| b) ≤\$5,000          | e) \$50,001 to 100,000 |
| c) \$5,001 to 10,000 | f) ≥\$100,001          |

IF YES, please copy and paste relevant references into space provided below or you may send as a separate attachment.

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income†	
Employment	Self	Indian Health Services, Partners in Health	--
	Household	Rehoboth McKinley Christian Healthcare, Genesis Home Care, Syrian American Medical Society	>100,000
Research & Consulting Support	Self	American Medical Association speakers bureau	\$5000-10,000
	Household	None	--
Investment & Proprietary Interests	Self	None	--
	Household	None	--
Committees, Workgroups, & Advisory Roles	Self	Accreditation Council for Graduate Medical Education	\$0
		CMS Quality Measure Development plan technical expert panel (member)	\$0
	Household	None	\$0
Other Interests	Self	None	--
	Household	None	--

## DECLARATION

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

*Ellen Barrett* 7/23/19

Signature

Date

## RELEVANT PUBLICATIONS

Copy and paste below or send as attachment.

## RELEVANT MEASURES

List previous involvement below or highlight in attached document.

†To report amount of value or income, use these ranges:

- |                      |                        |
|----------------------|------------------------|
| a) \$0               | d) \$10,001 to 50,000  |
| b) ≤\$5,000          | e) \$50,001 to 100,000 |
| c) \$5,001 to 10,000 | f) ≥\$100,001          |

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

Name: Peter Basch, MD, MACP

Role:

☐ Clinical Guidelines Committee

☐ ACP Staff or Leadership

☒ Performance Measurement Committee

☐ Guest

☐ High Value Care Committee

<b>ACTIVE (Current)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income†</b>	
<b>Employment</b>	<i>Self</i>	MedStar Health	--
	<i>Household</i>	Self	--
<b>Research &amp; Consulting Support</b>	<i>Self</i>	Investigator for ONC-LEAP grant – looking at feasibility and usability of a FHIR app cardiac risk calculator for EHRs (grant money paid to employer)	\$1000-5000
		Investigator for District of Columbia Dept. of Health grant funding to improve HTN control in District of Columbia (grant money paid to employer)	\$1000-5000
		Consultant to MedStar Human Factors Group on creating visibility within the EHR of Patient Reported Outcome Measures	\$0
		Consultation to a variety of funded research project on HCV screening, connecting HCV patients with appropriate care. My role is helping to re-tool the EHR to provide infrastructure and guidance, and NOT in guidelines creation or commentary	\$0
	<i>Household</i>	None	--
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--
	<i>Household</i>	None	--
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	Digital Record Locator Service Workgroup – sponsored by ONC and MITRE Corporation	\$0-
	<i>Household</i>	None	--
<b>Other Interests</b>	<i>Self</i>	Panels, comment letters on health IT proposed regulations on the subjects of electronic health records, health IT, burden reduction, and related matters	\$0

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- |                      |                        |
|----------------------|------------------------|
| a) \$0               | e) \$10,001 to 50,000  |
| b) Up to \$1000      | f) \$50,001 to 100,000 |
| c) \$1,001 to 5000   | g) ≥\$100,001          |
| d) \$5,001 to 10,000 |                        |

<i>Household</i>	None	--
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Please review the list of measures in the attached word document. In the last 3 years, have you or any household members contributed towards the development of one of these measures or a competing measure (measure on the same topic)?

\_\_\_\_\_ Yes      XXX No

In 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      XXX No

IF YES, please copy and paste relevant references into space provided below or you may send as a separate attachment.

INACTIVE (Last 3 years)	<i>Belongs to</i>	Description including amount of value or income†	
<b>Employment</b>	<i>Self</i>	None	--
	<i>Household</i>	None	--
	<i>Self</i>	DC Department of Health: blood pressure control/Million hearts work – paid directly to employer, MedStar	\$1001 to 5000
		Subcontractor for work with Centers for Disease Control and Prevention on improving immunization capabilities within electronic health records and a voluntary certification program to highlight such capabilities	\$1,001 to 5000
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--
	<i>Household</i>	None	--
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--
	<i>Household</i>	None	--
<b>Other Interests</b>	<i>Self</i>	None	--
	<i>Household</i>	None	--

## DECLARATION

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†To report amount of value or income, use these ranges:

- |                      |                        |
|----------------------|------------------------|
| a) \$0               | e) \$10,001 to 50,000  |
| b) Up to \$1000      | f) \$50,001 to 100,000 |
| c) \$1,001 to 5000   | g) ≥\$100,001          |
| d) \$5,001 to 10,000 |                        |

Peter Basch, MD

8/12/2019

Signature

Date

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### RELEVANT PUBLICATIONS

Copy and paste below or send as attachment.

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### RELEVANT MEASURES

List previous involvement below or highlight in attached document.

†To report amount of value or income, use these ranges:

- |                      |                        |
|----------------------|------------------------|
| a) \$0               | e) \$10,001 to 50,000  |
| b) Up to \$1000      | f) \$50,001 to 100,000 |
| c) \$1,001 to 5000   | g) ≥\$100,001          |
| d) \$5,001 to 10,000 |                        |

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

Name: Robert M. Centor, MD, MACP

Role:

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

<b>ACTIVE (Current)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	Birmingham VA Hospital	\$50,001 – 100,000	+	-
	<i>Household</i>	Valley Foundation	\$0	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	Medscape (contributor)	Up to \$1,000	+	-
		Dynamed Plus (reviewer)	Up to \$1,000	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>	MDCalc Advisory Board (member)	\$0	+	-
		The Curbsiders Podcast (contributor)	\$0	+	-
		NKF performance measure development - screening for CKD in diabetes mellitus (member representing ACP)	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

n/a - no clinical topic areas on upcoming agenda    ☐ Yes    ☒ No

For staff use: ADD NEW RESET

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

☐ Yes    ☒ No

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

☐ Yes    ☒ No

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

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

Employment	<i>Self</i>	University of Alabama at Birmingham	\$0	+	-
	<i>Household</i>	None	--	+	-
Research & Consulting Roles	<i>Self</i>	Diatherix, designing a clinical study of their new product for diagnosing bacterial infection in sore throats	\$0	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

DECLARATION

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

Centor, Robert M (Campus) Digitally signed by Centor, Robert M (Campus)  
Date: 2019.08.01 08:49:14 -05'00'

Signature \_\_\_\_\_ Date \_\_\_\_\_

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

RELEVANT MEASURES

List in box below or highlight in attached document.

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

Name: J. Thomas Cross, MD, MPH, FACP

Role:

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

**ACTIVE (Current)**      *Belongs to*      **Description including amount of value or income**

<b>Employment</b>	<i>Self</i>	A-Cross Medicine Reviews	\$100,001 or more	+	-
	<i>Household</i>	St. Mary's High School, Colorado Springs	\$10,001 – 50,000	+	-
		Clark County Public Schools, Las Vegas	\$10,001 – 50,000	+	-
		Wonderland Development Center	\$50,001 – 100,000	+	-
		BNY Mellon	\$100,001 or more	+	-
		Seattle Children's Hospital	\$50,001 – 100,000	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	Seattle Children's Hospital TB research	\$50,001 – 100,000	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	Trademark: "Triple F CME: Focused, Fast, Fun"	Up to \$1,000	+	-
		Copyrighted: A-Cross Medicine Reviews PowerPoints	Up to \$1,000	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>	American Academy of Pediatrics, Med-Peds Section (member)	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

☐ Yes    ☒ No

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

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

☐ Yes    ☒ No

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

<b>Employment</b>	<i>Self</i>	CenseoHealth	\$50,001 – 100,000	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-




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

<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

J. Thomas Cross, Jr.

 Digitally signed by J. Thomas Cross, Jr.  
Date: 2019.07.23 08:51:45 -06'00'

7/23/2019

Signature

Date

**RELEVANT MEASURES**

List in box below or highlight in attached document.

2015 or later

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

2015 or later

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

Name: Andrew Dunn, MD, FACP, SFHM

Role:

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

<b>ACTIVE (Current)</b>		<i>Belongs to</i>	Description including amount of value or income		
<b>Employment</b>	<i>Self</i>		Mount Sinai School of Medicine	--	+ -
	<i>Household</i>		Mount Sinai Hospital	--	+ -
<b>Research &amp; Consulting Roles</b>	<i>Self</i>		Grant administered by The Joint Commission (funded by Pfizer): Transitions of Care for Venous Thromboembolism	\$100,001 or more	+ -
	<i>Household</i>		None	--	+ -
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>		None	--	+ -
	<i>Household</i>		None	--	+ -
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>		Advisory Board for ACP's Center for Quality Initiative (chair), ACP Quality Connect: Atrial Fibrillation. Funded by Bristol-Myers Squibb	--	+ -
	<i>Household</i>		None	--	+ -
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>		None	--	+ -
	<i>Household</i>		None	--	+ -

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☐ Yes ☒ No

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

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

☐ Yes ☒ No

**INACTIVE (Last 3 years)**

		<i>Belongs to</i>	Description including amount of value or income		
<b>Employment</b>	<i>Self</i>		None	--	+ -
	<i>Household</i>		None	--	+ -

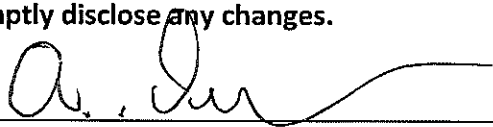
**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Research &amp; Consulting Roles</b>	<i>Self</i>	Cardinal Health E3 Foundation	\$50,001 – 100,000	+	-
		Desai Pharmaceuticals	\$10,001 – 50,000	+	-
		Medline Foundation	\$50,001 – 100,000	+	-
		Speaker's bureau: Creative Educational Concepts, Inc. (CECI), an accredited medical, pharmacy, and nursing medical educational company: Preventing avoidable readmissions: strategies to optimize ACS transitions of care (supported by Astra-Zeneca)	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>	Society for Hospital Medicine, Hospital Quality and Patient Safety Committee (member)	--	+	-
		Lewin Group/Mathematica Measure Development Expert Workgroup on the overutilization of imaging for uncomplicated headache measure (member)	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

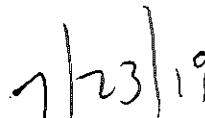
**DECLARATION**

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

Signature



Date


**RELEVANT MEASURES**

List in box below or highlight in attached document.

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

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

Name: Nick Fitterman MD, FACP, SFHM

Role:

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

ACTIVE (Current)	Belongs to	Description including amount of value or income		
Employment	Self	Northwell Health	\$100,001 or more	+ -
	Household	Mount Sinai Health System	\$10,001 – 50,000	+ -
Research & Consulting Roles	Self	None	--	+ -
	Household	None	--	+ -
Investment & Proprietary Interests	Self	None	--	+ -
	Household	None	--	+ -
Committees, Boards, & Workgroups/Panels	Self	None	--	+ -
	Household	None	--	+ -
Other Interests other affiliations, advocacy, etc.	Self	ACP PAC donation	Up to \$1,000	+ -
	Household	None	--	+ -

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

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

_____	Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	High flow nasal oxygen	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

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

☐ Yes    ☒ No

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

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

☐ Yes    ☒ No

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

Employment	Self	None	--	+ -
	Household	None	--	+ -

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

<b>Research &amp; Consulting Roles</b>	<i>Self</i>	Performed expert chart review for a medical malpractice attorney on a case of missed diagnosis of hip fracture (not treatment, no osteoporotic issues entered into this assessment)	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>	American Board of Internal Medicine	\$5,001 – 10,000	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Nick Fitterman

 Digitally signed by Nick Fitterman  
Date: 2019.07.23 09:44:27 -04'00'

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

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

Name: Catherine MacLean, MD, PhD, FACP

Role:

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

<b>ACTIVE (Current)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	Hospital for Special Surgery	--	+	-
	<i>Household</i>	MacLean Orthodontics	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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☐ Yes    ☒ No

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

☐ Yes    ☒ No

**INACTIVE (Last 3 years)**

	<b><i>Belongs to</i></b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
		None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>		--	+	-
	<i>Household</i>	None	--	+	-


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

Other Interests	Self	None	--	+	-
other affiliations, advocacy, etc.	Household	None	--	+	-

DECLARATION

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

Catherine H MacLean

 Digitally signed by Catherine H MacLean  
Date: 2019.09.02 15:04:06 -04'00'

Signature \_\_\_\_\_ Date \_\_\_\_\_

RELEVANT MEASURES

List in box below or highlight in attached document.

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

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

Name: Danny Allen Newman, MD, FACP

Role:

☐ Clinical Guidelines Committee

☐ ACP Staff or Leadership

☒ Performance Measurement Committee

☐ Guest

☐ High Value Care Committee

ACTIVE (Current)	Belongs to	Description including amount of value or income†
Employment	<u>Self</u>	University Health Care System
	Household	None
Research & Consulting Support	<u>Self</u>	Do consulting for MDVIP training new doctors who begin a concierge practice.
	Household	None
Investment & Proprietary Interests	<u>Self</u>	None
	Household	None
Committees, Workgroups, & Advisory Roles	<u>Self</u>	None
	Household	None
Other Interests	<u>Self</u>	None
	Household	None

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

☐ Yes

☒ No

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

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

☐ Yes

☒ No

IF YES, please copy and paste relevant references into space provided below or you may send as a separate attachment.

†To report amount of value or income, use these ranges:

- |                      |                        |
|----------------------|------------------------|
| a) \$0               | e) \$10,001 to 50,000  |
| b) Up to \$1000      | f) \$50,001 to 100,000 |
| c) \$1,001 to 5000   | g) ≥\$100,001          |
| d) \$5,001 to 10,000 |                        |



INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income†	
Employment	Self	None	--
	Household	None	--
Research & Consulting Support	Self	Received honoraria to speak on behalf of ACP to a state chapter	<\$1000
	Household	None	--
Investment & Proprietary Interests	Self	Was an investor in a joint venture hospital, Trinity Hospital of Augusta. Venture was liquidated in 2016.	\$10,001 to 50,000
	Household	None	--
Committees, Workgroups, & Advisory Roles	Self	None	--
	Household	None	--
Other Interests	Self	None	--
	Household	None	--

**DECLARATION**

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

Signature

Date

8/16/19

**RELEVANT PUBLICATIONS**

Copy and paste below or send as attachment.

**RELEVANT MEASURES**

List previous involvement below or highlight in attached document.

†To report amount of value or income, use these ranges:

- |                      |                        |
|----------------------|------------------------|
| a) \$0               | e) \$10,001 to 50,000  |
| b) Up to \$1000      | f) \$50,001 to 100,000 |
| c) \$1,001 to 5000   | g) ≥\$100,001          |
| d) \$5,001 to 10,000 |                        |

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

Name: Matthew E. Nielsen, MD, MS

Role:

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

<b>ACTIVE (Current)</b>		<i>Belongs to</i>	Description including amount of value or income		
<b>Employment</b>	<i>Self</i>	University of North Carolina School of Medicine	\$100,001 or more	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	National Cancer Institute: Enhancing Survivorship Care Planning for Patients with Localized Prostate Cancer Using a Couple-focused Web-based Tailored Symptom Self-management Program	\$100,001 or more	+	-
		Patient-Centered Outcomes Research Institute: Implementation and Dissemination of Novel Approaches to Hematuria Evaluation	\$100,001 or more	+	-
		National Institute of Nursing Research: Efficacy of a Couple-focused, Tailored, Symptom Self-management mHealth Intervention for Prostate Cancer and Their Partners	\$100,001 or more	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	Stock in Grand Rounds	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>	American Urological Association: Quality Improvement and Patient Safety (QIPS) Committee	\$0	+	-
		Physicians' Consortium for Performance Improvement: Representative from the Council for Medical Specialty Societies	\$0	+	-
		National Cancer Institute, Surveillance, Epidemiology and End Results (SEER) Registry Bladder Cancer Workgroup	\$0	+	-
		International Society of Geriatric Oncology (SIOG) Task Force on the Treatment of Bladder Cancer in Older Adults: Writing committee member	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

<b>Employment</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	Bladder Cancer Advocacy Network (scientific advisory board)	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

  
Signature

Jul 25, 2019

Date

**RELEVANT MEASURES**

List in box below or highlight in attached document.

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

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

Name: Sameer D. Saini, MD, MS

Role:

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

<b>ACTIVE (Current)</b>		<b>Belongs to</b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>		VA Ann Arbor Healthcare System and University of Michigan	\$100,001 or more	+	-
	<i>Household</i>		VA Ann Arbor Healthcare system and University of Michigan	\$100,001 or more	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>		Department of Veterans Affairs: Colorectal Cancer Prevention	\$100,001 or more	+	-
			Department of Veterans Affairs: Performance Measure Development	\$100,001 or more	+	-
			American Journal of Gastroenterology: Co-editor, Red Section	\$5,001 – 10,000	+	-
			Department of Veterans Affairs: Hepatitis C Treatment	\$100,001 or more	+	-
			Michigan Department of Health and Human Services: Hepatitis C Treatment	\$100,001 or more	+	-
			Department of Veterans Affairs: Prediction of Outcomes in Liver Disease	\$100,001 or more	+	-
			Department of Veterans Affairs: Improving Access to Care	\$100,001 or more	+	-
			Department of Veterans Affairs: Reducing Use of Low Value Care - Proton Pump Inhibitors	\$100,001 or more	+	-
	<i>Household</i>		None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>		None	--	+	-
	<i>Household</i>		None	--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>		American College of Gastroenterology: Research Committee (member) - ends 2019	\$0	+	-
	<i>Household</i>		None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>		None	--	+	-
	<i>Household</i>		None	--	+	-

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

<b>Employment</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>	American Gastroenterological Association: Quality Measures Committee, Colorectal Cancer Measures Workgroup (lead)	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	National Quality Forum Innovation Award	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-

## DECLARATION

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

Users, sdsaini

Digitally signed by Users, sdsaini  
Date: 2019.08.11 13:29:41 -04'00'

8/11/2019

Signature

Date

## RELEVANT MEASURES

List in box below or highlight in attached document.

NQF ID# 3061e: Appropriate Screening Follow-up for Patients with Hepatitis C Virus Infection

## RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

See attached

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

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

Role:

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

<b>ACTIVE (Current)</b>		<b>Belongs to</b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>		Veterans Affairs; UCLA	--	+	-
	<i>Household</i>		None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>		Veterans Affairs: Evidence Synthesis Program: Topics include: Evidence Maps for Complementary and Alternative Medicine	\$100,001 or more	+	-
			Systematic reviews for: Chronic Limb Ischemia - 2018 Spread to Low Performers - 2018 Robotic Surgery - 2018 - 2019 Art Therapy - 2018 One-to-One Monitoring - 2019 Panel Size - 2019			
			AHRQ: Understanding Health Care Delivery Systems PCOR Adoption and System Performance	\$100,001 or more	+	-
	<i>Household</i>		None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>		Royalties: UpToDate chapter on Spinal Manipulation Clinical Practice Guidelines	Up to \$1,000	+	-
	<i>Household</i>		None	--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>		Committee on Evidence-Based Practices for Public Health Emergency Preparedness and Response	\$0	+	-
	<i>Household</i>		None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>		None	--	+	-
	<i>Household</i>		None	--	+	-

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No


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

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

**DECLARATION**

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

Paul G Shekelle 464369

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

Signature

Date

**RELEVANT MEASURES**

List in box below or highlight in attached document.

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

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

Name: Sandeep Vijan MD, MS

Role:

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

<b>ACTIVE (Current)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	University of Michigan; Ann Arbor VA Health System	--	+	-
	<i>Household</i>	University of Michigan Health System	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	UpToDate: Screening for hyperlipidemia	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>	Endocrine society: TEP for quality measures on hypoglycemia risk	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

_____	Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	High flow nasal oxygen	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
_____	Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

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

☐ Yes    ☒ No

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

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

☐ Yes    ☒ No

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

<b>Employment</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-




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

<b>Research &amp; Consulting Roles</b>	<i>Self</i>	Systematic Design of Meaningful Presentations of Medical Test Data for Patients	\$5,001 – 10,000	+	-
		VA: Technologically Enhanced Coaching (TEC): A Program for Improving Diabetes Outcomes	\$50,001 – 100,000	+	-
		UM: Implementation of Evidence-Based Practice for Benign Paroxysmal Positional Vertigo	\$10,001 – 50,000	+	-
		VA: Promoting Veteran-Centered Colorectal Cancer Screening	\$10,001 – 50,000	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>	National Diabetes Education Program Steering Committee (ACP representative)	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Users, svijan

 Digitally signed by Users, svijan  
Date: 2019.08.14 15:50:47 -04'00'

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

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

Name: Douglas M. DeLong, MD, FACP

Role:

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

**ACTIVE (Current)**

*Belongs to* Description including amount of value or income

<b>Employment</b>	<i>Self</i>	Bassett Healthcare	--	+ -
	<i>Household</i>	None	--	+ -
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>	New York Medicaid Basic Benefit Review Committee (member)	\$0	+ -
	<i>Household</i>	None	--	+ -
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	ACP Leadership day (participant)	\$0	+ -
		NYACP advocacy day (participant)	\$0	+ -
		Medical Society of the State of New York (member)	\$0	+ -
	<i>Household</i>	None	--	+ -

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

Acute pain ☐ Yes ☒ No  
 High flow nasal oxygen ☐ Yes ☒ No  
 Point of care ultrasound ☐ Yes ☒ No

For staff use: ADD NEW RESET

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

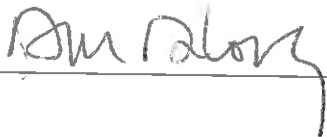
**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Employment</b>	<i>Self</i>	Bassett Healthcare	--	+ -
	<i>Household</i>	None	--	+ -
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>	ACP Board of Regents	--	+ -
	<i>Household</i>	None	--	+ -
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	AMA	--	+ -
	<i>Household</i>	None	--	+ -

**DECLARATION**

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

Signature



Date

8/1/19

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

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

Name: Robert M. McLean, MD, FACP

Role:

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

ACTIVE (Current)		Belongs to	Description including amount of value or income		
Employment	Self		Northeast Medical Group	\$100,001 or more	+ -
	Household		None	--	+ -
Research & Consulting Roles	Self		None	--	+ -
	Household		None	--	+ -
Investment & Proprietary Interests	Self		None	--	+ -
	Household		None	--	+ -
Committees, Boards, & Workgroups/Panels	Self		State of Connecticut Healthcare Innovation Steering Committee	\$0	+ -
	Household		None	--	+ -
Other Interests other affiliations, advocacy, etc.	Self		None	--	+ -
	Household		None	--	+ -

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

	Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	High flow nasal oxygen	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

Employment	Self	None	--	+ -
	Household	None	--	+ -

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

<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>	ACP PAC, Chair	\$0	+	-
		Committee on Rheumatologic Care of American College of Rheumatology	\$0	+	-
		Advisory Committee to Health Insurance Exchange of Connecticut	\$0	+	-
		ABIM Rheumatology Board	\$1,001 – 5,000	+	-
		Board of Directors of Northeast Medical Group of Yale New Haven Health Systems	\$0	+	-
		Quality of Care Committee - American College of Rheumatology	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Signature

Aug 8, 2019

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

## BASIC INFORMATION

Full Name Laura Baldwin

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

Status	Employer	Annual Income Range	
Active (current)	American College of Physicians	≥\$100,001	<input checked="" type="checkbox"/>
<a href="#">Click to add new row</a>			

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

☒ I have no employment to report for household members.

## RESEARCH AND CONSULTING

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

- . . .received research support for a topic related to health or healthcare?  
*e.g., grants, contracts, sponsorships, and other research support* ☐ Yes ☒ No
- . . .participated on a speaker's bureau, received honoraria, or consulted or advised for a topic related to health or healthcare? ☐ Yes ☒ No
- . . .provided expert opinion or testimony related to health or healthcare as part of a regulatory, legislative, or judicial process? ☐ Yes ☒ No

## INVESTMENTS AND PROPRIETARY INTERESTS

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

- . . .held any investments related to health or healthcare?  
*e.g., stocks, bonds, stock options, or other securities. Please include trusts or holding companies. You may exclude broadly diversified investments such as mutual or pension funds.* ☐ Yes ☒ No
- . . .held any commercial business interests related to health or healthcare?  
*e.g., board membership, proprietorship, joint ventures, controlling interest* ☐ Yes ☒ No
- . . .held any patents, trademarks, or copyrights related to health or healthcare?  
*Please include pending.* ☐ Yes ☒ No

## INTELLECTUAL AND OTHER INTERESTS

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

- . . .participated in workgroups, panels, or committees through other medical societies or healthcare organizations? ☐ Yes ☒ No

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

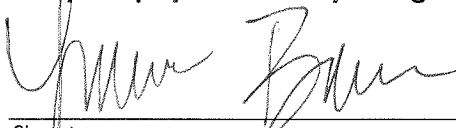
. . .participated in any advocacy or lobbying activities related to health or healthcare, including any roles or relationships with disease advocacy organizations? ☐ Yes ☒ No

. . .spoken publicly on topics related to health or healthcare? ☐ Yes ☒ No

**Is there any other aspect of your background or present interests not addressed above that might be perceived as affecting your objectivity or independence?** ☐ Yes ☒ No

## DECLARATION

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

  
Signature

8/21/19  
Date



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

Name: Wayne H. Bylsma, PhD

Role:

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

ACTIVE (Current)	Belongs to	Description including amount of value or income		
Employment	Self	American College of Physicians	--	+ -
	Household	Ewing Cole	--	+ -
Research & Consulting Roles	Self	None	--	+ -
	Household	None	--	+ -
Investment & Proprietary Interests	Self	None	--	+ -
	Household	None	--	+ -
Committees, Boards, & Workgroups/Panels	Self	None	--	+ -
	Household	None	--	+ -
Other Interests other affiliations, advocacy, etc.	Self	None	--	+ -
	Household	None	--	+ -

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

Acute pain

☐ Yes ☒ No

High flow nasal oxygen

☐ Yes ☒ No

Point of care ultrasound

☐ Yes ☒ No

For staff use: 

ADD NEW

RESET

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

☐ Yes ☒ No

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

☐ Yes ☒ No

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income		
Employment	Self	None	--	+ -
	Household	None	--	+ -




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

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

**DECLARATION**

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

Wayne H. Bylsma

 Digitally signed by Wayne H. Bylsma  
Date: 2019.08.02 10:17:11 -04'00'

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

Name: Kate Carroll, MPH

☐ Clinical Guidelines Committee
 ☒ ACP Staff or Leadership

☐ Performance Measurement Committee
 ☐ Guest

☐ High Value Care Committee

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

Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
High flow nasal oxygen	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

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

☐ Yes   ☐ No

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

☐ Yes ☐ No

INACTIVE (Last 3 years) <i>Belongs to</i> Description including amount of value or income					
Employment	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-


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

<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Kate Carroll

 Digitally signed by Kate Carroll  
Date: 2019.08.05 10:13:30 -04'00'

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

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

Name: Sarah Dinwiddie, RN, MSN

Role:

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

**ACTIVE (Current)**

	<i>Belongs to</i>	Description including amount of value or income		
Employment	<i>Self</i>	American College of Physicians	\$50,001 – 100,000	+ -
	<i>Household</i>	Town Sports International	\$50,001 – 100,000	+ -
Research & Consulting	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
Investment & Proprietary Interests	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
Committees, Workgroups, & Advisory Roles	<i>Self</i>	Core Quality Measures Workgroup	--	+ -
	<i>Household</i>	None	--	+ -
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	American Nurses Association	\$0	+ -
	<i>Household</i>	None	--	+ -

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

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

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Acute pain
<input type="checkbox"/> Yes <input type="checkbox"/> No
High flow nasal oxygen
<input type="checkbox"/> Yes <input type="checkbox"/> No
Point of care ultrasound
<input type="checkbox"/> Yes <input type="checkbox"/> No

For staff use: ADD NEW RESET

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

☐ Yes   ☒ No

**Have you or any household members published on any of the clinical topic areas covered by these measures?**

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

☒ Yes   ☐ No

**INACTIVE (Last 3 years)**

	<i>Belongs to</i>	Description including amount of value or income		
Employment	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -


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

<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	National Quality Forum, Interoperability Committee (member)	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Sarah J. Dinwiddie

 Digitally signed by Sarah J. Dinwiddie  
Date: 2019.08.14 12:08:14 -04'00'

Aug 14, 2019

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

[https://www.nejm.org/doi/full/10.1056/NEJMp1802595?\\_ga=2.5533877.723990788.1564498422-638981602.1563892757](https://www.nejm.org/doi/full/10.1056/NEJMp1802595?_ga=2.5533877.723990788.1564498422-638981602.1563892757)

**RELEVANT MEASURES**

List in box below or highlight in attached document.

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

Name: Shari Maguire Erickson

Role:

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

<b>ACTIVE (Current)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	American College of Physicians	\$100,001 or more	+	-
	<i>Household</i>	Security Industry Association	\$100,001 or more	+	-
<b>Research &amp; Consulting</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	Spoken publicly at Annual and other meetings on behalf of the American College of Physicians	\$0	+	-
	<i>Household</i>	None	--	+	-

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

☐ Yes ☒ No

**Have you or any close relations published on any of the clinical topic areas covered by these measures?**  
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

☐ Yes ☒ No

<b>INACTIVE (Last 3 years)</b>	<b><i>Belongs to</i></b>	<b>Description including amount of value or income</b>			
<b>Employment</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

## DECLARATION

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

Shari Erickson

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

08/15/2019

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Signature

---

Date

## RELEVANT MEASURES

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List in box below or highlight in attached document.

## RELEVANT PUBLICATIONS

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Copy and paste into box below or send as attachment.

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

Name: Darilyn V. Moyer, MD, FACP

Role:

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

ACTIVE (Current)	Belongs to	Description including amount of value or income		
Employment	Self	American College of Physicians	--	+ -
	Household	Inspira Health	--	+ -
Research & Consulting	Self	None	--	+ -
	Household	None	--	+ -
Investment & Proprietary Interests	Self	None	--	+ -
	Household	None	--	+ -
Committees, Workgroups, & Advisory Roles	Self	Council of Medical Subspecialty Societies Board of Directors	\$0	+ -
		Subspecialty Society CEO Council	\$0	+ -
		Vice Chair, Patient-Centered Primary Care Collaborative	\$0	+ -
		AMA Delegation	\$0	+ -
	Household	None	--	+ -
Other Interests	Self	American College of Physicians PAC	\$0	+ -
	Household	other affiliations, advocacy, etc. None	--	+ -

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

Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
High flow nasal oxygen	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: [ADD NEW](#) [RESET](#)

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

☐ Yes ☒ No

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

☐ Yes ☒ No

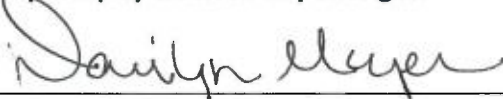


**INACTIVE (Last 3 years) *Belongs to* Description including amount of value or income**

<b>Employment</b>	<i>Self</i>	Temple University	--	+	-
	<i>Household</i>	Penn Jersey Pulmonary Associates	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	American College of Physicians, Board of Regents (chair and chair-elect)	\$100,001 or more	+	-
		Alliance for Academic Internal Medicine Advocacy Committee	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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



Signature

8/12/2019

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

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

Name: Amir Qaseem, MD, PhD, MHA, FACP

Role:

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

<b>ACTIVE (Current)</b>		<b>Belongs to</b>	<b>Description including amount of value or income</b>		
<b>Employment</b>	<i>Self</i>		American College of Physicians	--	+ -
	<i>Household</i>		None	--	+ -
<b>Research &amp; Consulting</b>	<i>Self</i>		Editor (Evidence-based Medicine), DynaMed	\$1,001 – 5,000	+ -
	<i>Household</i>		None	--	+ -
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>		None	--	+ -
	<i>Household</i>		None	--	+ -
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>		Guidelines International Network's Board of Trustees (member)	\$0	+ -
			Measures Application Partnership Coordinating Committee (member)	\$0	+ -
			DynaMed Board of Executives (member)	\$0	+ -
			GRADE Working Group (member)	\$0	+ -
			Reporting Items for Guidelines in Health Systems (RIGHT) Working Group (member)	\$0	+ -
			PCPI Board of Directors (member)	\$0	+ -
			National Quality Forum Physician Advisory Committee (member)	\$0	+ -
			PCPI Measures Advisory Committee (chair)	\$0	+ -
			CDC ACIP Methodology Committee (member)	\$0	+ -
			Women's Preventive Services Initiative: ACOG/HRSA (Advisory Committee member)	\$0	+ -
			National Quality Forum Prevention and Population Health Committee (co-chair)	\$0	+ -
			AHRQ EPC VI Selection Group (Member)	Up to \$1,000	+ -
			National Quality Forum's Clinical & Quality Alignment Committee (Member)	\$0	+ -
			National Academy of Medicine's Overcoming Challenges in Validation and Use of Performance Measures (Member)	\$0	+ -
	<i>Household</i>		None	--	+ -
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>		Thomas Jefferson University (Adjunct)	\$0	+ -
			Cochrane US Network Affiliate (Director)	\$0	+ -
	<i>Household</i>		None	--	+ -

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

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

Acute pain ☐ Yes ☒ No

High flow nasal oxygen ☐ Yes ☒ No

Point of care ultrasound ☐ Yes ☒ No

For staff use:

ADD NEW

RESET

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

☐ Yes ☒ No

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

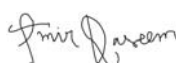
☐ Yes ☒ No

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

<b>Employment</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	National Quality Forum's Health and Well Being Standing Committee (Chair)	\$0	+	-
		National Quality Forum's Incubator Partnership and Collaboration Committee (Member)	\$0	+	-
		World Health Organization Special Advisor (Complex Health Interventions)	\$0	+	-
		CMS Next Generation Performance Measures Expert Panel (Member)	\$0	+	-
		MedBiquitous Board of Directors (Member)	\$0	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

## DECLARATION

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



Digitally signed by Amir Qaseem  
Date: 2019.08.07 12:23:20 -04'00'

Signature

Date

**RELEVANT PUBLICATIONS**

---

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

---

List in box below or highlight in attached document.

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

Name: Jeffrey Shafiroff, PhD

Role:

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

ACTIVE (Current)	Belongs to	Description including amount of value or income			
Employment	Self	American College of Physicians	--	+	-
	Household	None	--	+	-
Research & Consulting	Self	None	--	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Workgroups, & Advisory Roles	Self	None	--	+	-
	Household	None	--	+	-
Other Interests other affiliations, advocacy, etc.	Self	None	--	+	-
	Household	None	--	+	-

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

Acute pain

☐ Yes ☒ No

High flow nasal oxygen

☐ Yes ☒ No

Point of care ultrasound

☐ Yes ☒ No

For staff use:

ADD NEW

RESET

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

☐ Yes ☒ No

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

☐ Yes ☒ No

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income			
Employment	Self	Kaiser Permanente Medical Group	--	+	-
	Household	None	--	+	-

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


<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Jeff Shafiroff

Signature

 Digitally signed by Jeff Shafiroff  
Date: 2019.08.02 09:42:54 -04'00'

August 2, 2019

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

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

Name: Patricia Siemion, MS

Role:

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

**ACTIVE (Current)**

	<i>Belongs to</i>	Description including amount of value or income		
<b>Employment</b>	<i>Self</i>	American College of Physicians	\$50,001 – 100,000	+ -
	<i>Household</i>	International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers (Local 401)	\$50,001 – 100,000	+ -
<b>Research &amp; Consulting</b>	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -

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

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

	Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	High flow nasal oxygen	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

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

☐ Yes ☒ No

**Have you or any household members published on any of the clinical topic areas covered by these measures?**

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

☐ Yes ☒ No

**INACTIVE (Last 3 years)**

	<i>Belongs to</i>	Description including amount of value or income		
<b>Employment</b>	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -


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

<b>Research &amp; Consulting Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Committees, Workgroups, &amp; Advisory Roles</b>	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

**DECLARATION**

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

Trish Siemion

 Digitally signed by Trish Siemion  
Date: 2019.08.02 08:26:33 -04'00'

8/2/2019

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.



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

Name: Farah Sultan, MD, MS

Name: Farah Sultan, MD, MS

Role:

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

## ACTIVE (Current)

***Belongs to***

Description including amount of value or income

Employment	Self	American College of Physicians	\$50,001 – 100,000	+	–
		Sigma Health Consulting LLC (Systematic Review on Generalized Anxiety Disorder)	\$5,001 – 10,000	+	–
	Household		--	+	–
Research & Consulting Roles	Self		--	+	–
	Household		--	+	–
Investment & Proprietary Interests	Self		--	+	–
	Household		--	+	–
Committees, Boards, & Workgroups/Panels	Self		--	+	–
	Household		--	+	–
Other Interests other affiliations, advocacy, etc.	Self		--	+	–
	Household		--	+	–

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

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

Acute pain ☐ Yes ☒ No

High flow nasal oxygen ☐ Yes ☒ No

Point of care ultrasound ☐ Yes ☒ No

*For staff use:*

ADD NEW

RESET

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

☐ Yes ☒ No

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

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

☐ Yes    ☒ No

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


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

<b>Employment</b>	<i>Self</i>	Fox Chase Cancer Center	--	+	-
	<i>Household</i>	Peripheral Vascular Institute Of Philadelphia	\$10,001 – 50,000	+	-
		University of Pennsylvania	\$10,001 – 50,000	+	-
		Christiana Care Hospital	\$10,001 – 50,000	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>		--	+	-
	<i>Household</i>		--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>		--	+	-
	<i>Household</i>		--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>		--	+	-
	<i>Household</i>		--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>		--	+	-
	<i>Household</i>		--	+	-

**DECLARATION**

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

Farah Sultan

 Digitally signed by Farah Sultan  
Date: 2019.08.05 12:24:29 -04'00'

08/05/2019

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

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

Name: Itziar Etxeandia Ikobaltzeta

Role:

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

ACTIVE (Current)	Belongs to	Description including amount of value or income		
Employment	Self	Self-employed	\$50,001 – 100,000	+ -
	Household		--	+ -
Research & Consulting Roles	Self	Consultant contracts for CPG developmetn projects with MacGRADE Center, McMaster University	\$50,001 – 100,000	+ -
	Household		--	+ -
Investment & Proprietary Interests	Self		--	+ -
	Household		--	+ -
Committees, Boards, & Workgroups/Panels	Self	Participated in work groups related to CPG development projects, as part of consultancy work	\$1,001 – 5,000	+ -
	Household		--	+ -
Other Interests other affiliations, advocacy, etc.	Self		--	+ -
	Household		--	+ -

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

Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
High flow nasal oxygen	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Point of care ultrasound	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

INACTIVE (Last 3 years)	Belongs to	Description including amount of value or income		
Employment	Self		--	+ -
	Household		--	+ -
Research & Consulting Roles	Self	Travel grant to participate in GRADE working froup meetings in Rome (2017)	\$1,001 – 5,000	+ -
		Teaching workshops in the Basque office of occupational health - Osalan	\$1,001 – 5,000	+ -
	Household		--	+ -
Investment & Proprietary Interests	Self		--	+ -
	Household		--	+ -

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

<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>		--	+	-
	<i>Household</i>		--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>		--	+	-
	<i>Household</i>		--	+	-

**DECLARATION**

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



2019.08.01 20:09:13 +02'00'

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

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

Name: Jennifer Marie Yost, PhD, RN

Role:

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

ACTIVE (Current)	Belongs to	Description including amount of value or income		
Employment	Self	Villanova University	\$50,001 – 100,000	+ -
	Household		--	+ -
Research & Consulting Roles	Self	Canadian Institutes for Health Research; Co-Principal Investigator; Transition Interventions for Adults undergoing Cardiac and Vascular Surgery	\$0	+ -
	Household		--	+ -
Investment & Proprietary Interests	Self		--	+ -
	Household		--	+ -
Committees, Boards, & Workgroups/Panels	Self		--	+ -
	Household		--	+ -
Other Interests other affiliations, advocacy, etc.	Self	Sigma Theta Tau International; President-Elect, Alpha Nu Chapter; Nursing Scholarship	\$0	+ -
		Evidence Synthesis International; Secretariat Member; Production and Use of Systematic Reviews (Note: Salary support to Villanova provided by Western Norway University of Applied Sciences; no additional income received)	\$0	+ -
		Evidence-Based Research Network; Steering Committee Member; Evidence-Based Research/Research Redundancy	\$0	+ -
		Centre for Evidence-Based Implementation, Hamilton Health Sciences Centre; Advisory Committee Member; Implementation Science in Healthcare	\$0	+ -
	Household		--	+ -

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

Acute pain ☐ Yes ☒ No  
High flow nasal oxygen ☐ Yes ☒ No  
Point of care ultrasound ☐ Yes ☒ No

For staff use: ADD NEW RESET

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

<b>Employment</b>	<i>Self</i>	McMaster University	\$50,001 – 100,000	+	-
	<i>Household</i>		--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	Canadian Institutes for Health Research; Co-Principal Investigator; Patient Engagement in Research	\$0	+	-
		Canadian Institutes for Health Research; Co-Principal Investigator; Transition Interventions for Adults undergoing Cardiac and Vascular Surgery	\$0	+	-
		Population Health Research Institute, McMaster University; Co-Principal Investigator; Patient Engagement in Reserach	\$0	+	-
		School of Nursing, McMaster University; Co-Investigator; Knowledge User Engagement in Research	\$0	+	-
		Canadian Institutes for Health Research; Co-Principal Investigator; Knowledge Translation in Cancer Prevention	\$0	+	-
		Grand Challenges Canada; Co-Investigator; Maternal-Child Health Outcomes in Haiti	\$0	+	-
		University of Bologna; Taught course in the Master of EBP and Methodology of Clinical and Therapeutic Research Program; Systematic Review Methods	\$5,001 – 10,000	+	-
	<i>Household</i>		--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>		--	+	-
	<i>Household</i>		--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>		--	+	-
	<i>Household</i>		--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	Cochrane; Author; Effective Practice and Organisation of Care	\$0	+	-
		Australian Clinical Trials Network; Presenter; Evidence-Based Research/Research Redundancy	\$0	+	-
		National Health and Medical Research Council; Presenter; Evidence-Based Research/Research Redundancy	\$0	+	-
		Helene Fuld Health Trust National Summit; Presenter; Evidence-Based Practice in Nursing	\$0	+	-
		Global Evidence Summit; Presenter; Evidence-Based Research/Research Redundancy	\$0	+	-

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

		The Ontario Public Health Association; Presenter; Evidence-Informed Decision Making in Public Health	\$0	+	-
	<i>Household</i>		--	+	-

**DECLARATION**

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

Jennifer Yost

 Digitally signed by Jennifer Yost  
Date: 2019.08.06 16:01:54 -04'00'

6 Aug 2019

Signature

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.

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

Name: Ryan Mire, MD

Role:

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

<b>ACTIVE (Current)</b>	<b>Belongs to</b>	<b>Description including amount of value or income</b>	
<b>Employment</b>	<i>Self</i>	--	+ -
	<i>Household</i>	--	+ -
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	--	+ -
	<i>Household</i>	--	+ -
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	--	+ -
	<i>Household</i>	--	+ -
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>	--	+ -
	<i>Household</i>	--	+ -
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>	--	+ -
	<i>Household</i>	--	+ -

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

☐ Yes    ☒ No

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

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

☐ Yes    ☒ No

**INACTIVE (Last 3 years)**

	<b>Belongs to</b>	<b>Description including amount of value or income</b>	
<b>Employment</b>	<i>Self</i>	--	+ -
	<i>Household</i>	--	+ -
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	--	+ -
	<i>Household</i>	--	+ -
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>	--	+ -
	<i>Household</i>	--	+ -
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>	--	+ -
		--	+ -
	<i>Household</i> None	--	+ -



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

Other Interests	Self	None	--	+	-
other affiliations, advocacy, etc.	Household	None	--	+	-

**DECLARATION**

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



8/5/19

Signature

Date

**RELEVANT MEASURES**

List in box below or highlight in attached document.

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

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

Name: Francesco Nonino

Role:

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

ACTIVE (Current)	Belongs to	Description including amount of value or income			
Employment	Self	Italian National Health Service (Local Health Care Trust of Bologna)	\$100,001 or more	+	-
	Household		--	+	-
Research & Consulting Roles	Self		--	+	-
	Household		--	+	-
Investment & Proprietary Interests	Self		--	+	-
	Household		--	+	-
Committees, Boards, & Workgroups/Panels	Self	Member of the Technical Team of the Regional Drug and Therapeutic Committee (Emilia-Romagna Region)	\$0	+	-
		Director, WHO Collaborating Centre in Evidence-Based Research Synthesis and Guideline Development	\$0	+	-
		Director, Unit of Epidemiology and Biostatistics Institute of Neurological Science, IRCCS, Bologna	\$0	+	-
	Household		--	+	-
Other Interests other affiliations, advocacy, etc.	Self		--	+	-
	Household		--	+	-

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

Acute pain	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
High flow nasal oxygen	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Point of care ultrasound	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

For staff use: ADD NEW RESET

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

☐ Yes ☒ No

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

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

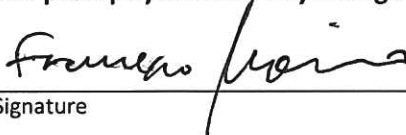
☐ Yes ☒ No

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

<b>Employment</b>	<i>Self</i>	Italian National Health Service (Local Health Care Trust of Modena)	\$50,001 – 100,000	+	-
	<i>Household</i>		--	+	-
<b>Research &amp; Consulting Roles</b>	<i>Self</i>	Montecatone Rehabilitation Institute (Private Hospital); Role: consultant as methodologist of the Drug and Therapeutic Board. Topic area: hospital drug formulary, guideline implementation on appropriate use of drugs	\$1,001 – 5,000	+	-
		Member of AVEN Ethical Committee (North Emilia-Romagna Region); Role: neurologist	\$1,001 – 5,000	+	-
	<i>Household</i>		--	+	-
<b>Investment &amp; Proprietary Interests</b>	<i>Self</i>		--	+	-
	<i>Household</i>		--	+	-
<b>Committees, Boards, &amp; Workgroups/Panels</b>	<i>Self</i>	Member of the Technical Team of the Regional Drug and Therapeutic Committee (Emilia-Romagna Region)	\$0	+	-
		Director, WHO Collaborating Centre in Evidence-Based Research Synthesis and Guideline Development	\$0	+	-
	<i>Household</i>		--	+	-
<b>Other Interests</b> other affiliations, advocacy, etc.	<i>Self</i>		--	+	-
	<i>Household</i>		--	+	-

**DECLARATION**

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

  
Signature

Aug 5, 2019

Date

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

**RELEVANT MEASURES**

List in box below or highlight in attached document.



## BASIC INFORMATION

Full Name

Ramanathan Raju

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

Status	Employer	Annual Income Range	
Active (current)	Northwell Health	≥\$100,001	<input checked="" type="checkbox"/>
Inactive (last 3 yrs)	NYC Health & Hospitals	≥\$100,001	<input checked="" type="checkbox"/>
<a href="#">Click to add new row</a>			

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

☒ I have no employment to report for household members.

## RESEARCH AND CONSULTING

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

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

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

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

## INVESTMENTS AND PROPRIETARY INTERESTS

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

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

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

. . .held any patents, trademarks, or copyrights related to health or healthcare?  
*Please include pending.* ☐ Yes ☒ No

## INTELLECTUAL AND OTHER INTERESTS

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

. . .participated in workgroups, panels, or committees through other medical societies or healthcare organizations? ☐ Yes ☒ No

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

. . .participated in workgroups, panels, or committees through other medical societies or healthcare organizations? ☐ Yes ☒ No

. . .participated in any advocacy or lobbying activities related to health or healthcare, including any roles or relationships with disease advocacy organizations? ☐ Yes ☒ No

. . .spoken publicly on topics related to health or healthcare? ☐ Yes ☒ No

**Is there any other aspect of your background or present interests not addressed above that might be perceived as affecting your objectivity or independence?** ☐ Yes ☒ No

## DECLARATION

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



Signature

Date

## BASIC INFORMATION

Full Name Patrick Scott Romano

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

Status	Employer	Annual Income Range	
Active (current)	University of California Davis	≥\$100,001	X
Click to add new row			

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

☐ I have no employment to report for household members.

Status	Relation	Employer	Annual Income Range	
Active (current)	Spouse	University of California Davis	\$50,001 to 100,000	X
Click to add new row				

## RESEARCH AND CONSULTING

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

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

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

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

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

Status	Reporting for	Details (organization, role, topic area)	Amount of Income	
Active (current)	Myself	Contract #75Q80119C00004 (PI: Strauss) 03/25/19-03/24/24 Agency for Healthcare Research and Quality Patient Safety Network (PSNet) Our work on this project is to draft PSNet patient safety primers that define patient safety, write WebM&M cases and commentaries from multiple disciplines, establish a Technical Expert Panel (TEP) to inform the development of the project's content and support a new aspect of PSNet which would feature patient safety innovations.	\$0	X
Click to add new row				

<i>Status</i>	<i>Reporting for</i>	<i>Details (organization, role, topic area)</i>	<i>Amount of Income</i>	
Active (current)	Myself	Contract #75FCM18D0027 (PI: Sacca) 02/28/19-02/27/24 Centers for Medicare & Medicaid Services Patient Safety Measure Development and Maintenance This project will develop, maintain, reevaluate, and implement patient safety measures for CMS' hospital-level quality reporting programs that support the CMS and Quality Improvement Organization Program missions, which include: Hospital Inpatient Quality Reporting, Hospital-Acquired Condition Reduction Program, and the Promoting Interoperability program.	\$0	<b>X</b>
Active (current)	Myself	Agreement #18-95140 (PI: Romano) 7/1/2018-6/30/2020 CA Department of Health Care Services Specialty Expertise and Policy Development Support for California Children's Services Program The objectives are to provide specialty/subspecialty medical expertise and audiology expertise to fill critical gaps in the Integrated Systems of Care Division, and to assist in developing and/or updating California Children's Services policies and review procedures, as appropriate.	\$0	<b>X</b>
Active (current)	Myself	Contract #HHSA290201800003G (PI: Bohl) 9/27/2018–9/26/2023 Agency for Healthcare Research and Quality (subaward from Mathematica Policy Research) Hospital-Level Quality Indicators Analysis & Support Our work on this project is to support maintenance and release of hospital-level AHRQ Quality Indicator (QI) modules by recommending appropriate modifications to indicator specifications, including the FY2019 annual coding update; providing clinical review and input regarding risk adjustment methodology; and providing technical support to AHRQ QI users, including overseeing development and testing of updated tools for AHRQ QI users.	\$0	<b>X</b>
Active (current)	Myself	Grant R01 DA044282 (PI: Henry) 9/30/2017-7/31/2021 National Institute on Drug Abuse Developing Patient-level Risk Prediction Models for Prescription Opioid Overdose The goal is to produce validated patient-level risk prediction models for opioid-related overdose by linking statewide prescription, inpatient, emergency department, and death certificate data in California.	\$0	<b>X</b>
			Click to add new row	



<i>Status</i>	<i>Reporting for</i>	<i>Details (organization, role, topic area)</i>	<i>Amount of Income</i>	
Select	Myself	Cooperative Agreement #1V1 CMS331638 9/14/2018-9/13/2021 Centers for Medicare & Medicaid Services (subaward from UCSF) DR CTQS: Defining and Rewarding Computed Tomography Quality and Safety The objective is to develop a suite of quality measures for Computed Tomography (CT) that focuses on radiation dose and image quality, encouraging corrective action to lower unnecessarily high radiation doses while preserving the quality of images so that they are useful to support clinical practice.	\$0	X
Inactive (last 3 yrs)	Myself	Agreement #17-8668 (PI: Sadeghi) 6/28/2018–6/30/2019 CA Office of Statewide Health Planning and Development California Coronary Artery Bypass Graft (CABG) Outcomes Reporting Program The objectives were to provide expertise in risk-adjustment methodologies, health services research, statistical sampling, data linkage, clinical and technical support necessary to produce annual hospital-level and biannual surgeon-level CABG surgery outcomes reports, and to provide knowledge transfer to OSHPD staff.	\$0	X
Inactive (last 3 yrs)	Select	Grant R01 AG049757 (PI: Kelz) 7/1/2016-6/30/2019 National Institute on Aging (subaward from University of Pennsylvania) Using Patient Outcomes to Inform Surgical Education Over the past decade, the surgical training process has undergone a period of unprecedented change due to extensive education reforms, a change in the nature of surgical care, and heightened public awareness of surgical outcomes. The goal of this project was to examine the clinical and economic outcomes of patients treated by new surgeons who trained in the modern era and have now entered independent practice.	\$0	X
Inactive (last 3 yrs)	Myself	Grant R01 HL125388 (PI: Asch) 8/12/2015–6/30/2018 National Heart, Lung, and Blood Institute iCOMPARE - DCC The major goal of this project was to compare the current duty hour standards with a more flexible schedule that is grounded in contemporary understanding of sleep and patient safety. This study was a cluster randomized trial of 58 Internal Medicine training programs.	\$5,001 to 10,000	X
			<a href="#">Click to add new row</a>	



<i>Status</i>	<i>Reporting for</i>	<i>Details (organization, role, topic area)</i>	<i>Amount of Income</i>	
Inactive (last 3 yrs)	Myself	HHSP2332014000035C (PI: Timmons) 9/29/17–9/28/18 Agency for Healthcare Research and Quality Support for Quality Indicators IV Our work was to support maintenance and release of all AHRQ Quality Indicator (QI) modules by recommending appropriate modifications to indicator specifications, including the FY2018 annual coding update; providing clinical review and input regarding risk adjustment methodology; and providing technical support to AHRQ QI users, including overseeing the development and testing of updated mapping tools for ICD-9-CM and ICD-10-CM/PCS codes.	\$0	X
Inactive (last 3 yrs)	Myself	R01 HS023560 (Silber) 9/30/14-9/29/18 Agency for Healthcare Research and Quality Medical Failure-to-Rescue The objective was to extend the concept of failure-to-rescue (FTR), which was developed to assess hospital quality of care for surgical patients, to the analysis of medical conditions.	\$0	X
Inactive (last 3 yrs)	Myself	Agreement #10-1488 (Sadeghi) 6/30/15-6/28/18 California Office of Statewide Health Planning and Development California Coronary Artery Bypass Graft (CABG) Outcomes Reporting Program The objectives were to use CABG clinical data to develop public reports on hospital-level and surgeon-level risk-adjusted mortality rates, to conduct multilevel analyses on the volume-outcome relationship, to evaluate the impact of public reporting on case selection and risk-adjusted outcomes, and to explore non-mortality outcomes such as complications and appropriateness.	\$0	X
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<i>Status</i>	<i>Reporting for</i>	<i>Details (organization, role, topic area)</i>	<i>Amount of Income</i>	
Inactive (last 3 yrs)	Myself	Grant #73057 10/1/15-9/30/17 Robert Wood Johnson Foundation Understanding Consumers Views of Cost Sharing, Quality and Network Choice The objectives were to explore opportunities and challenges among individuals newly enrolled in the California insurance marketplace (Covered CA), using focus groups and surveys to (1) identify meaningful attributes of healthcare quality from the perspective of newly insured consumers and those with stable employer-related coverage; (2) determine if and how provider choice and potentially costly treatment decisions are influenced by cost-sharing, network design, and related perceptions of quality; and (3) identify the quality-related and other resources that consumers trust when seeking information and advice for health plan and provider choice (and why).	\$0	X
Inactive (last 3 yrs)	Myself	Award #20132152 (Ong) 9/1/12-12/31/17 University of California Office of the President, Center for Health Quality and Evaluation (CHQI) Innovation Evaluation Center The objectives were to evaluate projects funded by the UC Center for Health Quality and Innovation (CHQI) to help the leadership determine the advisability of scaling up the projects and/or sustaining the existing projects beyond the original award dates; to provide recommendations to applicants to strengthen their metrics; and to provide real-time rapid analysis of variations in cost and quality in response to requests from the Executive Director of CHQI.	\$0	X
Inactive (last 3 yrs)	Myself	HHSAA290-2012-00003I (PI: McDonald) 8/1/14-7/31/17 Agency for Healthcare Research and Quality Analytic Enhancement of the AHRQ Quality Indicators The objectives were to: (1) translate research into practice by annually updating, refining, and enhancing the AHRQ QIs based on the best available evidence and testing; (2) implement and test ICD-10 based specifications of the AHRQ QIs; (3) evaluate the suitability of the QIs for comparative quality reporting and other applications; and (4) provide administrative and management support to AHRQ in disseminating information, in conducting workshops, in obtaining stakeholder input, and in demonstrating and improving the value of the QIs.	\$0	X
			Click to add new row	

<i>Status</i>	<i>Reporting for</i>	<i>Details (organization, role, topic area)</i>	<i>Amount of Income</i>	
Inactive (last 3 yrs)	Myself	Agreement # 2015-7843 12/31/15-12/31/16 California Public Employees' Retirement System (CalPERS) The objectives were to: (1) provide feedback on the CalPERS health benefits strategic measures, and recommend alternatives or methods to make the current strategic quality measures stronger; (2) recommend process or clinical measures for use in CalPERS contract monitoring, to allow comparisons across plans and to national standards; (3) summarize and review literature about quality measures for Accountable Care Organizations (ACOs) and recommend measures appropriate for CalPERS to consider in evaluating a regional ACO; and (4) provide on-going consultation as CalPERS develops a general evaluation and analytic framework for any ACO.	\$0	X
Inactive (last 3 yrs)	Myself	Agreement #13038IA (PI: Dudley) 7/1/14-9/30/16 California Department of Insurance Cycle III Data Center Project The objectives were to collect and analyze data to develop price and quality information for a number of common medical procedures and episodes of care; to make this information available online; and to convene a collaborative stakeholder process with a diverse range of stakeholders.	\$0	X
Inactive (last 3 yrs)	Myself	Honorarium from Northshore University Health System for "mock study section" grant review	≤\$5000	X
Inactive (last 3 yrs)	Myself	Consultation to American Institutes for Research, Inc., regarding AHRQ Quality Indicators Literature Review and Expert Panel	\$10,001 to \$50,000	X
Active (current)	Myself	Consultation to ML Barrett Inc. regarding AHRQ's Healthcare Cost and Utilization Project Tools (Clinical Classification Software)	\$10,001 to \$50,000	X
Inactive (last 3 yrs)	Myself	Consultation to Rhode Island Department of Health regarding proposed acquisition of Care New England by Partners Healthcare	\$10,001 to \$50,000	X
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## INVESTMENTS AND PROPRIETARY INTERESTS

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

. . .held any investments related to health or healthcare?

*e.g., stocks, bonds, stock options, or other securities. Please include trusts or holding companies. You may exclude broadly diversified investments such as mutual or pension funds.*

☐ Yes ☒ No

. . .held any commercial business interests related to health or healthcare?

*e.g., board membership, proprietorship, joint ventures, controlling interest*

☐ Yes ☒ No

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

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

*Please include pending.*

☐ Yes ☒ No

## INTELLECTUAL AND OTHER INTERESTS

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

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☒ Yes ☐ No

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

☐ Yes ☐ No

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


Status	Reporting for	Details (organization, role, topic area)	Amount of Income	
Active (current)	Myself	Member, Leapfrog Group Special Expert Panel on Hospital Safety Scoring (2011-present)	≤\$5000	X
Active (current)	Myself	Member, Quality and Safety Technical Advisory Group to the ICD-11 Revision Process, World Health Organization Family of International Classifications (2008-present)	≤\$5000	X
Active (current)	Myself	Member, Perinatal Care Technical Advisory Panel, The Joint Commission (2013-present)	\$0	X
Active (current)	Myself	Member, Technical Expert Panel on Medicare Star Ratings for Medicare Advantage and Prescription Drug Plans (convened by RAND Corporation on behalf of CMS)(2018-present)	≤\$5000	X
Select	Select	Member, Measure Feasibility Advisory Council, IMPLementing MEasures NeTwork for Child Health (convened by UCSF with support from AHRQ's Pediatric Quality Measures Program)(2017-present)	\$0	X
Select	Select	Member, National Committee on Vital and Health Statistics, Health Terminologies and Vocabularies Expert Roundtable (2018, 2019)	≤\$5000	X
Select	Select	Member, 2021 Impact Assessment of the CMS Quality and Efficiency Measures Technical Expert Panel (convened by Health Services Advisory Group on behalf of CMS)(2019-present)	≤\$5000	X
Select	Select	Member, Agency for Healthcare Research and Quality Roundtable Discussion on the Future of Health Services Research (2019)	≤\$5000	X
				<a href="#">Click to add new row</a>

<i>Status</i>	<i>Reporting for</i>	<i>Details (organization, role, topic area)</i>	<i>Amount of Income</i>	
Select	Select	Member, Technical Expert Panel on Quality Measure Development: Supporting Efficiency and Innovation in the Process of Developing CMS Quality Measures (convened by Battelle on behalf of CMS) (2017-2018)	≤\$5000	X
Select	Select	Member, Advisory Board, Veterans Affairs Patient Safety Center of Inquiry, VA Boston Healthcare System (2013-2018)	\$0	X
Select	Select	Member, 2018 Impact Assessment of the CMS Quality and Efficiency Measures Technical Expert Panel (convened by Health Services Advisory Group on behalf of CMS)(2015-2017)	≤\$5000	X
Select	Select	Member, Advisory Expert Group for the Development of an OECD Draft Recommendation on Health Data Governance (convened by the Organisation for Economic Co-operation and Development)(2015-2016)	≤\$5000	X
Select	Select	Member, National Quality Forum Variation in Measure Specifications Advisory Group (2016-2017)	≤\$5000	X
Select	Select	Member, Plan All-Cause Readmissions Technical Expert Panel (convened by the National Committee for Quality Assurance on behalf of CMS)(2016-2017)	≤\$5000	X
			<a href="#">Click to add new row</a>	

## DECLARATION

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

Patrick S. Romano, MD MPH

 Digitally signed by Patrick S. Romano, MD MPH  
Date: 2019.08.16 14:41:51 -07'00'

Aug 16, 2019

Signature

Date