

**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

ACTIVE (Current)	<i>Belongs to</i>	Description including amount of value or income†	
Employment	<i>Self</i>	University of New Mexico	>100,000
	<i>Household</i>	University of New Mexico	>100,000
Research & Consulting Support	<i>Self</i>	American Medical Association	<\$5000
	<i>Household</i>	None	--
Investment & Proprietary Interests	<i>Self</i>	None	--
	<i>Household</i>	None	--
Committees, Workgroups, & Advisory Roles	<i>Self</i>	None	\$0
	<i>Household</i>	None	--
Other Interests	<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.

Eileen Barrett 3/22/19

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

ACTIVE (Current)	Belongs to	Description including amount of value or income†	
Employment	<i>Self</i>	MedStar Health	--
	<i>Household</i>	Self	--
Research & Consulting Support	<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	\$0
	<i>Household</i>	None	--
Investment & Proprietary Interests	<i>Self</i>	None	--
	<i>Household</i>	None	--
Committees, Workgroups, & Advisory Roles	<i>Self</i>	Digital Record Locator Service Workgroup – sponsored by ONC and MITRE Corporation	\$0-
	<i>Household</i>	None	--
Other Interests	<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

†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 | |

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 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

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	<i>Self</i>	None	--
	<i>Household</i>	None	--
Research & Consulting Support	<i>Self</i>	Brookings Institution – health IT policy work with Mark McClellan	\$10,001 to 50,000
		DC Department of Health: blood pressure control/Million hearts work – paid directly to employer, MedStar	\$10,001 to 50,000
		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
	<i>Household</i>	Future of Privacy Foundation	\$50,001 to 100,000
Investment & Proprietary Interests	<i>Self</i>	None	--
	<i>Household</i>	None	--
Committees, Workgroups, & Advisory Roles	<i>Self</i>	None	--
	<i>Household</i>	None	--
Other Interests	<i>Self</i>	None	--
	<i>Household</i>	None	--

†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 | |

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

4/3/2019

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: Robert M. Centor, MD, MACP

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	Birmingham VA Hospital	\$50,001 – 100,000	+ -
	Household	Valley Foundation	\$0	+ -
Research & Consulting Roles	Self	Medscape (contributor)	Up to \$1,000	+ -
		Dynamed Plus (reviewer)	Up to \$1,000	+ -
	Household	None	--	+ -
Investment & Proprietary Interests	Self	None	--	+ -
	Household	None	--	+ -
Committees, Boards, & Workgroups/Panels	Self	MDCalc Advisory Board (member)	\$0	+ -
		The Curbsiders Podcast (contributor)	\$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)

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		
Employment	Self	University of Alabama at Birmingham	--	+ -
	Household	None	--	+ -

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


Research & Consulting Roles	<i>Self</i>	Provided expert opinion for malpractice case related to sore throats	--	+	-
		Diatherix, gave speech related to sore throats	--	+	-
		Diatherix, designing a clinical study of their new product for diagnosing bacterial infection in sore throats	--	+	-
	<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.

Robert Centor

Signature

 Digitally signed by Robert Centor
Date: 2019.03.22 14:08:54 -05'00'

Mar 22, 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: 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**

Employment	<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	+	-
Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	Seattle Children's Hospital TB research	\$50,001 – 100,000	+	-
Investment & Proprietary Interests	<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	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	American Academy of Pediatrics, Med-Peds Section (member)	\$0	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

Employment	<i>Self</i>	CenseoHealth	\$50,001 – 100,000	+	-
	<i>Household</i>	St. Louis Department of Admissions (dependent)	\$1,001 – 5,000	+	-
Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-


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

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.

J. Thomas Cross, Jr.

 Digitally signed by J. Thomas Cross, Jr.
Date: 2019.03.23 19:49:12 -06'00'

Mar 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

ACTIVE (Current)		<i>Belongs to</i>	<i>Description including amount of value or income</i>			
Employment	<i>Self</i>	Mount Sinai School of Medicine	--	+	-	
	<i>Household</i>	Mount Sinai Hospital	--	+	-	
Research & Consulting Roles	<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	--	+	-	
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-	
	<i>Household</i>	None	--	+	-	
Committees, Boards, & Workgroups/Panels	<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	--	+	-	
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-	
	<i>Household</i>	None	--	+	-	

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

INACTIVE (Last 3 years)

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

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

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

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	--	+	-
	Household	Mount Sinai Health System	--	+	-
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	--	+	-
	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
_____	Noninvasive ventilation	<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

Research & Consulting Roles	<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	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	American Board of Internal Medicine	\$5,001 – 10,000	+	-
	<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.

nick fitterman

 Digitally signed by nick fitterman
DN: cn=nick fitterman, o=northwell health, ou, email=nfitterma@northwell.edu, c=US
Date: 2019.03.22 16:08:09 -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

ACTIVE (Current)	<i>Belongs to</i>	Description including amount of value or income			
Employment	<i>Self</i>	Hospital for Special Surgery	--	+	-
	<i>Household</i>	MacLean Orthodontics	--	+	-
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	--	+	-

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

Employment	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
		None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	Health Care Payment Learning and Action Network: Clinical Episode Payment Group (member)	\$0	+	-
	<i>Household</i>	None	--	+	-

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

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.

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

☒ Performance Measurement Committee

☐ High Value Care Committee

☐ ACP Staff or Leadership

☐ Guest

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

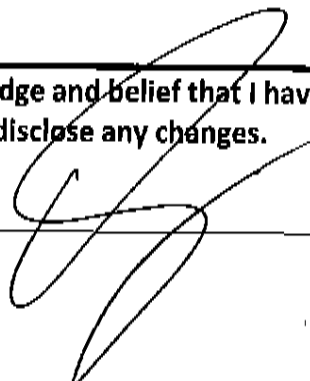
- | | |
|----------------------|------------------------|
| a) \$0 | e) \$10,001 to 50,000 |
| b) Up to \$1000 | f) \$50,001 to 100,000 |
| c) \$1,001 to 5000 | g) ≥\$100,001 |
| d) \$5,001 to 10,000 | |

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

3/30/19

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

ACTIVE (Current)	Belongs to	Description including amount of value or income			
Employment	<i>Self</i>	University of North Carolina School of Medicine	\$100,001 or more	+	-
	<i>Household</i>	None	--	+	-
Research & Consulting Roles	<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	--	+	-
Investment & Proprietary Interests	<i>Self</i>	Stock in Grand Rounds	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<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	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

Employment	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Research & Consulting Roles	<i>Self</i>	Bladder Cancer Advocacy Network (scientific advisory board)	\$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.



Signature

24 March 2019

Date

RELEVANT MEASURES

List in box below or highlight in attached document.

n/a

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

n/a

**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

ACTIVE (Current)

	<i>Belongs to</i>	Description including amount of value or income			
Employment	<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	+	-
Research & Consulting Roles	<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	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	American College of Gastroenterology: Research Committee (member)	\$0	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

INACTIVE (Last 3 years)

	<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

Research & Consulting Roles	<i>Self</i>	FMS, Inc.: Technical consultant on simulation model development	\$10,001 – 50,000	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	American Gastroenterological Association: Quality Measures Committee, Colorectal Cancer Measures Workgroup (lead)	\$0	+	-
	<i>Household</i>	None	--	+	-
Other Interests 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.

Sameer Saini, MD

 Digitally signed by Sameer Saini, MD
Date: 2019.04.04 10:19:08 -04'00'

4/4/2019

Signature

Date

RELEVANT MEASURES

List in box below or highlight in attached document.

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

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

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

Role:

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

Employment	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Research & Consulting Roles	<i>Self</i>	AHRQ: Patient Safety Practices in Ambulatory Care Settings	\$100,001 or more	+	-
		AHRQ (subcontract with Cedars): When is Quality Improvement Cost Saving, Cost Effective, or Not a Good Value?	\$100,001 or more	+	-
		AHRQ: Diagnosis and Management of Gout	\$100,001 or more	+	-
		CMS: Analyses Related to the 2015 National Impact Assessment of Medicare Quality Measures	\$100,001 or more	+	-
		AHRQ: Effects of Omega-3 Fatty Acids on Child and Maternal Health	\$100,001 or more	+	-
		AHRQ (subcontract with USC): Partnership for Research & Dissemination of Evidence-Based Medicine in Autism	\$100,001 or more	+	-
		ACP Low Bone Density update	\$10,001 – 50,000	+	-
		AHRQ: Treatment of Primary and Secondary Osteoarthritis of the Knee	\$100,001 or more	+	-
		ECRI Institute: Consulting, National Guidelines Clearinghouse	\$1,001 – 5,000	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	Committee on Reproductive Health Services: Assessing the Safety and Quality of Abortion Care	\$0	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

DECLARATION

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

Paul G Shekelle 464369

Digitally signed by Paul G Shekelle 464369
Date: 2019.04.02 15:27:27 -07'00'

Apr 2, 2019

Signature

Date

RELEVANT MEASURES

List in box below or highlight in attached document.

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

Shekelle, PG, Paige, NM, Miake-Lye, IM, Beroes, JM, Booth, MS, Shanman, R. The Effectiveness and Harms of Spinal Manipulative Therapy for the Treatment of Acute Neck and Lower Back Pain: A Systematic Review. VA ESP Project #05-226; 2018. Washington (DC): Department of Veterans Affairs; VA Evidence-based Synthesis Program Reports.

Shekelle PG, Cook I, Miake-Lye IM, Mak S, Booth MS, Shanman R, Beroes JM. The Effectiveness and Risks of Cranial Electrical Stimulation for the Treatment of Pain, Depression, Anxiety, PTSD, and Insomnia: A Systematic Review. VA ESP Project #05-226; 2018. Washington (DC): Department of Veterans Affairs; VA Evidence-based Synthesis Program Reports.

Khandelwal SS, Jun J, Mak S, Shanman R, Suttorp Booth M, Beroes JM, Shekelle P. Comparative Effectiveness of Multifocal, Accommodative, and Monofocal Intraocular Lenses for Cataract Surgery and Lens Replacement. VA-ESP Project #05-226; 2018. Washington (DC): Department of Veterans Affairs; VA Evidence-based Synthesis Program Reports.

Solloway MR, Taylor SL, Shekelle PG, Miake-Lye IM, Beroes JM, Shanman RM, Hempel S. An evidence map of the effect of Tai Chi on health outcomes. Syst Rev. Jul 27 2016;5(1):126. PMID: 27460789

Shekelle P. In adults \geq 75 years of age with hypertension, intensive vs standard BP-lowering treatment reduced CV events. Ann Intern Med. Aug 16 2016;165(4):JC14. PMID: 27538175

**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

ACTIVE (Current)	Belongs to	Description including amount of value or income			
Employment	Self	University of Michigan; Ann Arbor VA Health System	--	+	-
	Household	University of Michigan Health System	--	+	-
Research & Consulting Roles	Self	UM: Implementation of Evidence-Based Practice for Benign Paroxysmal Positional Vertigo	\$10,001 – 50,000	+	-
		UpToDate: Screening for hyperlipidemia	\$1,001 – 5,000	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Boards, & Workgroups/Panels	Self	Endocrine society: TEP for quality measures on hypoglycemia risk	\$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
_____	Noninvasive ventilation	<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*

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

Employment	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Research & Consulting Roles	<i>Self</i>	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	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	National Diabetes Education Program Steering Committee (ACP representative)	\$0	+	-
	<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.

Sandeep Vijan

Digitally signed by Sandeep Vijan
Date: 2019.04.05 14:22:22 -04'00'

4/5/2019

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

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

Employment	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, 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.

Signature



Date

4/30/19.

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	<i>Self</i>	Northeast Medical Group	\$100,001 or more	+	-
	<i>Household</i>	None	--	+	-
Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Boards, & Workgroups/Panels	<i>Self</i>	State of Connecticut Healthcare Innovation Steering Committee	\$0	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

Acute pain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Noninvasive ventilation	<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	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

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

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 _____

Copy and paste into box below or send as attachment.

--

List in box below or highlight in attached document.

American College of Physicians
Disclosure of Interests

Please respond to the following prompts and then fill in additional detail via the summary table starting on page 4.

1. EMPLOYMENT Use the summary table to report any employment that you or any household members have held during the last 3 years in Row 1 (for self) and Row 6 (for household members).

2. RESEARCH AND CONSULTING SUPPORT

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

- 2a.** . . .received research support for a topic related to health or healthcare? ___Yes X No
E.g., grants, contracts, sponsorships, and other research support
- 2b.** . . .participated on a speaker's bureau, received honoraria, or consulted or advised for a topic related to health or healthcare? ___Yes X No
- 2c.** . . .provided expert opinion or testimony related to health or healthcare as part of regulatory, legislative, or judicial process? ___Yes X No

ALL YES RESPONSES, 2a-2c

Use the summary table to report details in Row 2 (for self) and Row 7 (for household members).

3. INVESTMENT AND PROPRIETARY INTERESTS

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

- 3a.** . . .held any investments related to health or healthcare? ___Yes X No
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.
- 3b.** . . .held any commercial business interests related to health or healthcare? ___Yes X No
E.g., board membership, proprietorship, joint ventures, controlling interest
- 3c.** . . .held any patents, trademarks, or copyrights related to health or healthcare? ___Yes X No
Please include pending.

ALL YES RESPONSES, 3a-3c

Use the summary table to report details in Row 3 (for self) and Row 8 (for household members).

4. INTELLECTUAL INTERESTS

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

- 4a.** . . .participated in workgroups, panels, or committees through other medical societies or healthcare organizations? ___Yes X No

**American College of Physicians
Disclosure of Interests**

- 4b.** . . .participated in any advocacy or lobbying activities related to health or healthcare, including any roles or relationships with disease advocacy organizations? ___Yes X No
- 4c.** . . .spoken publicly on topics related to health or healthcare? ___Yes X No
- 5. OTHER INTERESTS** 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 X No

ALL YES RESPONSES, 4a-4c

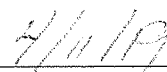
Use the summary table to report details in Row 4 (for self) and Row 9 (for household members).

ALL YES RESPONSES, 5

Use the summary table to report details in Row 5 (for self) and Row 10 (for household members).



American College of Physicians
Disclosure of Interests



Signature

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

Noninvasive ventilation

☐ 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
DN: cn=Wayne H. Bylsma, o=ACP, ou=Executive Office, email=wbylsma@acponline.org, c=US
Date: 2019.03.28 14:13:54 -04'00'

03.28.2019

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: Kate Carroll, MPH

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	The Beasley Firm (personal injury and medical malpractice)	--	+ -
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

Noninvasive ventilation

☐ 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, Workgroups, & Advisory Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

DECLARATION

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

Kate Carroll

 Digitally signed by Kate Carroll
DN: cn=Kate Carroll, o, ou, email=kcarroll@acponline.org, c=US
Date: 2019.03.28 11:33:35 -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: Sarah Dinwiddie, RN, MSN

☐ 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
Noninvasive ventilation	<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					
Employment	<i>Self</i>	Drexel University	--	+	-
	<i>Household</i>	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, Workgroups, & Advisory Roles	<i>Self</i>	National Quality Forum, Interoperability Committee (member)	--	+	-
	<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.

Sarah Dinwiddie

 Digitally signed by Sarah Dinwiddie
DN: cn=Sarah Dinwiddie, o=American College of Physicians, ou, email=sdinwiddie@acponline.org, c=US
Date: 2019.04.15 11:21:49 -0400

Apr 15, 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: Shari Maguire Erickson

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

INACTIVE (Last 3 years)		<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	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Workgroups, & Advisory Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

DECLARATION

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


Signature

5/2/19
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: 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	+ -
		Evidence-based Benefit Design/National Business Group on Health	\$0	+ -
		AMA Delegation	\$0	+ -
	Household	None	--	+ -
Other Interests other affiliations, advocacy, etc.	Self	American College of Physicians PAC	\$0	+ -
	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
_____	Noninvasive ventilation	<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

Employment	<i>Self</i>	Temple University	--	+	-
	<i>Household</i>	Penn Jersey Pulmonary Associates	--	+	-
Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Workgroups, & Advisory Roles	<i>Self</i>	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	--	+	-
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.

Darilyn Moyer

Digitally signed by Darilyn Moyer
DN: cn=Darilyn Moyer, o=American College of Physicians, ou=Executive Office,
email=dmoyer@acponline.org, c=US
Date: 2019.04.08 09:47:02 -04'00'

April 8, 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: Amir Qaseem, MD, PhD, MHA, 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	None	--	+	-
Research & Consulting	Self	Editor (Evidence-based Medicine), DynaMed	\$1,001 – 5,000	+	-
	Household	None	--	+	-
Investment & Proprietary Interests	Self	None	--	+	-
	Household	None	--	+	-
Committees, Workgroups, & Advisory Roles	Self	Guidelines International Network's Board of Trustees (member)	\$0	+	-
		Measures Application Partnership Coordinating Committee (member)	\$0	+	-
		DynaMed Board of Executives (member)	\$0	+	-
		MedBiquitous Board of Directors (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 Reviewer	\$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 ☐ Yes ☒ No

Noninvasive ventilation ☐ 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)

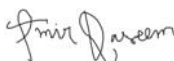
☐ Yes ☒ No

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

Employment	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Workgroups, & Advisory Roles	<i>Self</i>	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	+	-
	<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.



Signature

Digitally signed by Amir Qaseem
Date: 2019.05.03 10:12:47 -04'00'

5/3/2019

Date

RELEVANT PUBLICATIONS

Copy and paste into box below or send as attachment.

Name: Jeffrey Shafiroff, PhD

☐ 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
Noninvasive ventilation	<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)?

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>	Hayes Inc	--	+	-
		Kaiser Permanente Medical Group	--	+	-
	<i>Household</i>	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, Workgroups, & Advisory Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

DECLARATION

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

Jeff2 Shafiroff



Digitally signed by Jeff2 Shafiroff
DN: cn=Jeff2 Shafiroff, o=American College of Physicians, ou, email=jshafiroff@acponline.org, c=US
Date: 2019.03.28 12:26:24 -0400

March 28 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: 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		
Employment	<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	+ -
Research & Consulting	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
Investment & Proprietary Interests	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
Committees, Workgroups, & Advisory Roles	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	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
	Noninvasive ventilation	<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		
Employment	<i>Self</i>	None	--	+ -
	<i>Household</i>	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, Workgroups, & Advisory Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

DECLARATION

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

Trish Siemion

 Digitally signed by Trish Siemion
DN: cn=Trish Siemion, o=ACP, ou=Clinical Policy, email=tsiemion@acponline.org, c=US
Date: 2019.03.28 11:48:35 -04'00'

3/28/2019

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: Melissa Starkey, 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	\$50,001 – 100,000	+ -
	Household		Teva Pharmaceuticals	\$100,001 or more	+ -
Research & Consulting	Self		None	--	+ -
	Household		None	--	+ -
Investment & Proprietary Interests	Self		None	--	+ -
	Household		None	--	+ -
Committees, Workgroups, & Advisory Roles	Self		Council of Medical Specialty Societies, Clinical Practice Guidelines Component Group (vice chair)	\$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
_____	Noninvasive ventilation	<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**

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, Workgroups, & Advisory Roles	<i>Self</i>	Guidelines International Network Membership Committee member	\$0	+	-
	<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.

Melissa Starkey, PhD

 Digitally signed by Melissa Starkey, PhD
DN: cn=Melissa Starkey, PhD, o=American College of Physicians, ou, email=mstarkey@acponline.org,
c=US
Date: 2019.03.28 11:50:38 -04'00'

Mar 28, 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

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>	None	--	+ -
Research & Consulting	<i>Self</i>	Sigma Health Consulting, LLC	\$5,001 – 10,000	+ -
	<i>Household</i>	None	--	+ -
Investment & Proprietary Interests	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
Committees, Workgroups, & Advisory Roles	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+ -
	<i>Household</i>	None	--	+ -

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
	Noninvasive ventilation	<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		
Employment	<i>Self</i>	Fox Chase Cancer Center	--	+ -
		Peripheral Vascular Institute Of Philadelphia	\$10,001 – 50,000	+ -
	<i>Household</i>	University of Pennsylvania	\$10,001 – 50,000	+ -

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

		Christiana Care Hospital	\$10,001 – 50,000	+	-
Research & Consulting Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Investment & Proprietary Interests	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Committees, Workgroups, & Advisory Roles	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-
Other Interests other affiliations, advocacy, etc.	<i>Self</i>	None	--	+	-
	<i>Household</i>	None	--	+	-

DECLARATION

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

Farah Sultan

 Digitally signed by Farah Sultan
Date: 2019.05.01 10:55:29 -04'00'

5/1/2019

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.