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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence.
American College of Physicians
Scientific Medical Policy Committee
Disclosure of Interests: Supplemental Questions and Attestation

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

Disclosures of Interests: Supplemental Questions

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

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

**Topic Areas: COVID-19**

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

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

☐ I have no publications to report.

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

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

☑️ I have no interest to report.

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

All of my publications dealing with Covid 19 result from my work with the ACP SMPC. There are no others. please see my CV.
American College of Physicians  
Scientific Medical Policy Committee  
Disclosure of Interests: Supplemental Questions and Attestation

Acknowledgements and Attestations

By signing this form,

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

Print Name

Signature

Date 4-21-21
## Disclosure Purpose: Annual Governance Disclosure 2021-2022

**Employment Information:** Currently Employed

### Summary of Interests

#### Company or Organization

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<td>Title: Clinical Epidemiologist</td>
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<td>Oregon Medical Association</td>
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<td>Portland VA Medical Center</td>
<td>Employment</td>
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<tr>
<td>Title: Associate Chief of Staff for Community Care and Staff Physician</td>
<td>Start Date: 07/01/2013</td>
<td>End Date:</td>
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<tr>
<td>School of Medicine, Oregon Health and Science University</td>
<td>Employment</td>
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<tr>
<td>Title: Associate Professor of Medicine</td>
<td>Start Date: 07/01/2013</td>
<td>End Date:</td>
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**Certification**

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

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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations
American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

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

Name: Adam Obley

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

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

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

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

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

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

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

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

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


Qaseem A, Yost J, Etxeandia-Ikobaltzeta I, et al. Update Alert: Should Clinicians Use Chloroquine or Hydroxychloroquine Alone or in Combination With Azithromycin for the Prophylaxis or
Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

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

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

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

☐ Yes (please provide additional details below).

☐ No

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

☐ No

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

Acknowledgements and Attestations

By signing this form,

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

Adam J. Obley
Print Name

Digitally signed by Adam J. Obley
564252
Date: 2021.04.19 09:01:00 -07'00'

Signature
Date
# Summary of Interests

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**Recipient Name:**

- **Alliance for Health Policy and Systems Research (SPARK)**
  
  **Recipient Type:** Institution
  
  **Grant / Contract Description:** Establishing a rapid response service to address requests from policymakers for HPSR in LMICs in the
  
  **Grant / Contract Amount:** $180,119.00
  
  **Contract Start Date:** 09/01/2016
  
  **Contract End Date:** 12/18/2018

- **American College of Rheumatology**
  
  **Recipient Type:** Institution
  
  **Grant / Contract Purpose:** Research
  
  **Grant / Contract Description:** Conducting systematic reviews for the 2020 update of the American College of Rheumatology (ACR) gui
  
  **Grant / Contract Amount:** $96,276.00
  
  **Contract Start Date:** 08/01/2018
  
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- **American University of Beirut**
  
  **Recipient Type:** Individual
  
  **Grant / Contract Purpose:** Research
  
  **Grant / Contract Description:** Applying an impact-oriented approach to support, protect and address the needs of Health Care Worker
  
  **Grant / Contract Amount:** $25,082.00
  
  **Contract Start Date:** 01/01/2018
  
  **Contract End Date:** 12/30/2019

- **Clinical Research Institute (AUB)**
  
  **Recipient Type:** Individual
  
  **Grant / Contract Purpose:** Research
  
  **Grant / Contract Description:** Updating Cochrane systematic reviews on anticoagulation in patients with cancer
  
  **Grant / Contract Amount:** $13,083.00
  
  **Contract Start Date:** 01/01/2018
  
  **Contract End Date:** 12/31/2018

- **Elie Akl**
  
  **Recipient Type:** Institution
  
  **Grant / Contract Purpose:** Research
  
  **Grant / Contract Description:** Conduct a systematic review on the effects of travel policies on COVID-19
  
  **Grant / Contract Amount:** $51,777.03
  
  **Contract Start Date:** 07/01/2017
  
  **Contract End Date:** 06/01/2019

**Grant / Contract Valuation Date:** 04/05/2019

**Contract Start Date:** 01/01/2016

**Contract End Date:** 06/01/2019

**Recipient Name:**

- **Elie Akl**
  
  **Recipient Type:** Institution
  
  **Grant / Contract Purpose:** Research
  
  **Grant / Contract Description:** Developing a methodology for verifying the accuracy and completeness of conflict of interest disclos
  
  **Grant / Contract Amount:** $36,000.00
  
  **Contract Start Date:** 04/05/2016
  
  **Contract End Date:** 06/01/2019

**Recipient Name:**

- **Center for systematic reviews of health policy and systems research (SPARK), American University of Beirut**
  
  **Recipient Type:** Institution
  
  **Grant / Contract Description:** Hosting Secretariat for the Global Evidence Synthesis Initiative (GESI)
  
  **Grant / Contract Amount:** $255,550.00
  
  **Contract Start Date:** 06/01/2016
  
  **Contract End Date:** 06/01/2019

**Recipient Name:**

- **Clinical Research Institute (AUB)**
  
  **Recipient Type:** Individual
  
  **Grant / Contract Purpose:** Research
  
  **Grant / Contract Description:** Updating Cochrane systematic reviews on anticoagulation in patients with cancer
  
  **Grant / Contract Amount:** $13,083.00
  
  **Contract Start Date:** 01/01/2018
  
  **Contract End Date:** 12/31/2018

**Grant / Contract Valuation Date:** 04/05/2019

**Contract Start Date:** 07/01/2017

**Contract End Date:** 06/01/2019

**Recipient Name:**

- **Elie Akl**
  
  **Recipient Type:** Institution
  
  **Grant / Contract Purpose:** Research
  
  **Grant / Contract Description:** Conduct a systematic review on the effects of travel policies on COVID-19
  
  **Grant / Contract Amount:** $51,777.03
  
  **Contract Start Date:** 07/01/2017
  
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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

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

Certification

Recipient Name: Elie Akl
Recipient Type: Individual
Grant / Contract Amount: $10,000.00
Contract Start Date: 07/17/2020
Contract End Date: 11/30/2021

Recipient Name: Elie Akl
Recipient Type: Individual
Grant / Contract Amount: $11,500.00
Contract Start Date: 07/17/2020
Contract End Date: 06/15/2021

Recipie NT Name: Elie Akl
Recipient Type: Individual
Grant / Contract Amount: $5,400.00
Contract Start Date: 02/22/2019
Contract End Date: 03/30/2019

Recipient Name: Elie Akl
Recipient Type: Individual
Grant / Contract Amount: $10,000.00
Contract Start Date: 07/10/2020
Contract End Date: 12/15/2020

Recipient Name: Elie Akl
Recipient Type: Individual
Grant / Contract Amount: $11,500.00
Contract Start Date: 07/17/2020
Contract End Date: 11/30/2021
Please enter your name: (You will need to sign on the second page)

Name: Elie Akl

Disclosures of Interests: Supplemental Questions

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

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

**Topic Areas: COVID-19**

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

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

☐ I have no publications to report.

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

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

☒ I have no interest to report.

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

2. Use of chest imaging in the diagnosis and management of COVID-19: a WHO rapid advice guide
3. Mental health research in response to the COVID-19, Ebola, and H1N1 outbreaks: A comparative bibliometric analysis
4. The Pandemic of the COVID-19 Literature: A Bibliometric Analysis Running Title: Bibliometric Analysis of the COVID-19 Literature
5. A framework for identifying and mitigating the equity harms of COVID-19 policy interventions
6. Using GRADE in situations of emergencies and urgencies: certainty in evidence and recommendations matters during the COVID-19 pandemic, now more than ever and no matter what
7. Use of facemasks during the COVID-19 pandemic
8. A large number of COVID-19 interventional clinical trials were registered soon after the pandemic onset: a descriptive analysis
10. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis
11. Safe management of bodies of deceased persons with suspected or confirmed COVID-19: a rapid systematic review

Acknowledgements and Attestations

By signing this form,

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

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

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

Elie Akl

April 18, 2021

__________________________
Signature

__________________________
Date
## Rebecca Andrews

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

### Summary of Interests

#### Company or Organization

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<thead>
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<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
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<td><strong>Official Title:</strong> Chair- elect; Chair of the Board of Governors</td>
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</tr>
<tr>
<td>Additional Information: Position Description: Liaison b/t Chapter Governors and the executive boards/senior leadership with multiple responsibilities</td>
<td>Start Date: 04/27/2020</td>
<td>End Date: 05/01/2022</td>
<td></td>
</tr>
</tbody>
</table>

| American College of Physicians | Fiduciary Officer | Self | - |
| **Official Title:** Chair- Elect; Chair of the Board of Governors | | | |
| Compensation Type: Cash | | | |
| Annual Compensation: | | | |
| Additional Information: average of 6 hours a week over the 2 years | | | |

| American College of Physicians | Consultant | Self | - |
| **Category:** Consultant | | | |
| Compensation Type: Cash | | | |
| Additional Information: | Start Date: 03/01/2020 | End Date: 12/22/2020 |

| Center for Integrated Healthcare, U.S. Department of Veterans Affairs | Employment | Current Employment | Self | - |
| **Title:** Staff physician | | | |
| Start Date: 10/01/2009 | End Date: | Position Description: Rocky Hill VA in CT - staff physician | Additional Information: Salaried employment |

| uconn health | Employment | Current Employment | Self | - |
| **Title:** Assoc Program Director, Lead physician CCPC and PCMH | | | |
| Start Date: 09/30/2009 | End Date: | Position Description: primary care practitioner also assoc program director for IM residency program and lead clinician for the comprehensive pain center and pcmh | Additional Information: |

| various entities for expert witness | Employment | Current Employment | Self | - |
| **Title:** | | | |
| Start Date: | End Date: | Position Description: | Additional Information: |

| Category: Expert Witness | Compensation Type: Cash | Start Date: 01/01/2017 | End Date: | |
| **Additional Information:** compensation varies year to year 2017 was $5000 or less, 2018 and 2019 were 5,000 to 10,000, 2020 10,000 to 20,000, 2021 estimated 10,000 to 20,000 | |

### Certification

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
American College of Physicians
Scientific Medical Policy Committee
Disclosure of Interests: Supplemental Questions and Attestation

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

Name: Rebecca Andrews

Disclosures of Interests: Supplemental Questions

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

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

**Topic Areas: COVID-19**

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

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

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

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

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


Acknowledgements and Attestations

By signing this form,

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

Print Name

Rebecca Andrews

Digitally signed by Rebecca Andrews
Date: 2021.04.16 08:52:11 -04'00'

Signature Date


Andrew Dunn

Disclosure Purpose: Annual Governance Disclosure 2021-2022, CME Contributor

Employment Information: Currently Employed

Summary of Interests

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<th>Interest Held By</th>
<th>Value</th>
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<tbody>
<tr>
<td>Bristol-Myers Squibb</td>
<td>Consultant</td>
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</table>

Category: Consultant
Compensation Type: Cash

Additional Information: Received 1,000 honorarium in 2018 only. BMS-Pfizer supports ACP Atrial fibrillation quality improvement module.

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<tr>
<th>Entity</th>
<th>Employment</th>
<th>Interest Held By</th>
<th>Value</th>
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<tbody>
<tr>
<td>Icahn School of Medicine at Mount Sinai</td>
<td>Current Employment</td>
<td>Self</td>
<td>-</td>
</tr>
</tbody>
</table>

Title: Chief, Division of Hospital Medicine

Start Date: 07/01/1995
End Date: 

Position Description: Division Chief for the Division of Hospital Medicine for the Mount Sinai Health System

McClung Foundation

Grant / Contract

Recipient Name: Andrew Dunn
Grant / Contract Description: Grant to fund study of innovative lighting on sleep for hospitalized patients
Grant / Contract Valuation Date: 12/30/2019

Additional Information:

Recipient Type: Institution
Grant / Contract Purpose: Research
Contract Start Date: 11/01/2019
Contract End Date: 

National Institute of Health

Grant / Contract

Recipient Name: Andrew Dunn
Grant / Contract Description: Funding for research study on transitions of care for patients with acute venous thromboembolism
Grant / Contract Valuation Date: 

Additional Information: Grant initiated Sept 2018. I was added as co-Investigator May 2020.

Pfizer

Grant / Contract

Recipient Name: Horatio Holzer
Grant / Contract Description: Funding for research study on transitions of care for patients with acute venous thromboembolism
Grant / Contract Valuation Date: 

Additional Information: Funding to the institution and PI Dr. Holzer for research study. No salary support.

Certification

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

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

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

Convey Global Disclosure System AAMC
American College of Physicians
Scientific Medical Policy Committee
Disclosure of Interests: Supplemental Questions and Attestation

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

Name: Andrew Dunn

Disclosures of Interests: Supplemental Questions

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

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

Topic Areas: COVID-19

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

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

☐ I have no publications to report.

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

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

✔ I have no interest to report.

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


Acknowledgements and Attestations

By signing this form,

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

Andrew Dunn

Print Name

Andrew Dunn

Digitally signed by Andrew Dunn
Date: 2021.04.26 10:31:56 -04'00'

Signature

Date


## Mary Forciea

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

**Employment Information:** Currently Retired/Unemployed

### Summary of Interests

#### Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Center for Medicare Services</td>
<td>Grant / Contract</td>
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<tr>
<td>National Board of Medical Examiners</td>
<td>Consultant</td>
<td>Self</td>
<td>-</td>
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<tr>
<td>Perelman School of Medicine, University of Pennsylvania</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
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<tr>
<td>Perelman School of Medicine, University of Pennsylvania</td>
<td>Employment</td>
<td>Spouse/Partner</td>
<td>-</td>
</tr>
<tr>
<td>The Ralston Center</td>
<td>Fiduciary Officer</td>
<td>Self</td>
<td>-</td>
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<tr>
<td>TIAA-CREF Institute</td>
<td>Stock</td>
<td>Self</td>
<td>-</td>
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</table>

#### National Board of Medical Examiners

- **Recipient Name:** University of Pennsylvania
- **Grant / Contract Description:** Demonstration Project - Independence at Home
- **Grant / Contract Amount:**
  - **Contract Start Date:**
  - **Contract End Date:** 06/30/2020
- **Recipient Type:** Institution
- **Grant / Contract Purpose:** Other - Health Services Research
- **Grant / Contract Valuation Date:** 05/03/2019
- **Additional Information:**
  - **Category:** Consultant
  - **Compensation Type:** Cash
  - **Start Date:** 08/01/2005
  - **Annual Compensation:**
  - **End Date:**

#### Perelman School of Medicine, University of Pennsylvania

- **Title:** Clinical Professor of Medicine
  - **Start Date:** 07/01/2000
  - **End Date:** 06/28/2019
- **Position Description:** Clinical Faculty
- **Additional Information:**

#### Perelman School of Medicine, University of Pennsylvania

- **Title:** Professor of Pediatrics
  - **Start Date:** 07/01/1980
  - **End Date:**
- **Position Description:** Faculty
- **Additional Information:**

#### The Ralston Center

- **Official Title:** Member, Board of Managers
- **Compensation Type:** Unpaid
- **Annual Compensation:**
- **Additional Information:**
  - **Position Description:** Board Member
  - **Start Date:** 05/01/2006
  - **End Date:**

#### TIAA-CREF Institute

- **Percentage Ownership:**
- **Valuation Date:**
- **Estimated Value:**
- **Divestment Date:**
- **Additional Information:** Retirement account

### Certification

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

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

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

Name: Mary Ann Forciea

Disclosures of Interests: Supplemental Questions

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

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

**Topic Areas: COVID-19**

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

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

☒ I have no publications to report.

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

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

☒ I have no interest to report.

If you answered yes to either of the above questions, please provide additional details on the relevant interests (if not already captured in the Convey System) and list any relevant publications in the space below (or send a list of relevant publications as attachment).
American College of Physicians
Scientific Medical Policy Committee
Disclosure of Interests: Supplemental Questions and Attestation

Acknowledgements and Attestations

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Mary Ann Forciea
Print Name

Signature

April 28 2021
Date
Summary of Interests

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

Certification

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and Scientific Medical Policy Committee

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

By signing this form,

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

Print Name

Raymond A Haeme

Digitally signed by Raymond A Haeme
Date: 2021.04.22 11:24:55 -04'00' 4/22/2021

Signature

Date
Janet Jokela

Disclosure Purpose: Annual Governance Disclosure 2021-2022, Education Committee, Faculty

Employment Information: Currently Employed

Summary of Interests

<table>
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<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
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<tr>
<td></td>
<td>AAMC, Entrustable Professional Activities Core Working Group, Univ IL College of Med team (member)</td>
<td>Other</td>
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<td>Compensation Type: Unpaid</td>
<td>Annual Compensation:</td>
<td>End Date:</td>
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<tr>
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<td>American Board of Medical Specialties, Committee on Certification (COCERT) member</td>
<td>Other</td>
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<td></td>
<td>American College of Physicians</td>
<td>Other</td>
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Additional Information: MKSAP Deputy Editor

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<th>Company or Organization</th>
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<tr>
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<td>Mississippi Valley Regional Blood Center</td>
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<td></td>
<td>Official Title: Board member</td>
<td>Compensation Type: Unpaid</td>
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<td></td>
<td>Position Description: serve as a member of the MVRBC Board as a fiduciary officer</td>
<td>Start Date: 02/01/2018</td>
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<td></td>
<td>University of Illinois at Urbana-Champaign</td>
<td>Employment</td>
<td>Spouse/Partner</td>
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<tr>
<td></td>
<td>Title: Professor</td>
<td>Start Date: 08/15/1999</td>
<td>End Date:</td>
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<td>University of Illinois College of Medicine at Urbana-Champaign</td>
<td>Employment</td>
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<td></td>
<td>Title: Acting Regional Dean</td>
<td>Start Date: 02/16/2017</td>
<td>End Date:</td>
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<td>VA Illiana Healthcare Center</td>
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<td></td>
<td>Title: Infectious Disease consultant</td>
<td>Start Date: 02/01/2000</td>
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Intellectual Property

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<tbody>
<tr>
<td>Other Intellectual Property - &quot;For maximum COVID compliance, build bridges with students, not barriers&quot;</td>
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<td>Self</td>
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Other Intellectual Property - "If the University of Illinois can't prevail over COVID-19, no other big university will be able..." | - | Self | - |
| Description: "If the University of Illinois can't prevail over COVID-19, no other big university will be able..." | Income Source: N/A |

Other Intellectual Property - quoted in the newspaper as an expert regarding Covid-19, "Covid-19 killing more men than women." Income Source: N/A
Description: quoted in the newspaper as an expert regarding Covid-19, "Covid-19 killing more men than women.
Yearly Income: 

Other Intellectual Property - "The Time is Right for People at High Risk to Sh...
Description: "The Time is Right for People at High Risk to Shelter in Place," opinion, Morning Consult, 7/10/20
Yearly Income: 

Other Intellectual Property - opinion-editorials, interviews, news media quote...
Description: opinion-editorials, interviews, news media quotes about Covid-19: husband, Sheldon Jacobson, PhD
Yearly Income: 

Other Intellectual Property - "Airport security checkpoints are nation's COVID...
Description: "Airport security checkpoints are nation's COVID-19 canary." 1/9/21
Yearly Income: 

Other Intellectual Property - NSF, pediatric vaccine research, ended August 20
Description: NSF, pediatric vaccine research, ended August 2017
Yearly Income: 

Other Intellectual Property - "We Need Better Face Masks, Now." Opinion, Morn...
Description: "We Need Better Face Masks, Now." Opinion, Morning Consult, June 10, 2020
Yearly Income: 

Other Intellectual Property - Jacobson SH, Jokela JA. "Non-Covid-19 Excess Dea...
Yearly Income: 

Other Intellectual Property - National Academy of Medicine, standing committee...
Description: National Academy of Medicine, standing committee CDC Strategic National Stockpile (member)
Yearly Income: 

Other Intellectual Property - "Second Wave of Coronavirus infections could hit...
Description: "Second Wave of Coronavirus infections could hit Big Ten campuses hard." April 19, 2020
Yearly Income: 

Other Intellectual Property - "Get your flu vaccine in the fall," Opinion & Ed...
Description: "Get your flu vaccine in the fall," Opinion & Editorial, Modern Healthcare, July 15, 2020
Yearly Income: 

Other Intellectual Property - "Three questions every university must ask as th...
Description: "Three questions every university must ask as they plan to reopen," Opinion, The Hill, June 18, 2020
Yearly Income: 

Other Intellectual Property - Expert panelist, Health Forum, University of Ill...
Description: Expert panelist, Health Forum, University of Illinois at Urbana-Champaign
Yearly Income: 

Other Intellectual Property - Virtual Live Townhall with State Senator Scott B...
Description: 
Yearly Income: 
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<td>&quot;COVID-19, the new STD,&quot; Opinion &amp; Editorial, Th ...</td>
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<td>Press Conference, expert panelist, 1st Covid-19 ...</td>
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<tr>
<td>Facebook Live Event, WILL public radio, Covid-19 ...</td>
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<tr>
<td>&quot;What will spring 2021 semester look like?&quot; 12/ ...</td>
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<tr>
<td>Virtual Town Hall, State Senator Scott Bennett &amp; ...</td>
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<tr>
<td>&quot;With COVID-19, the best strategy forward is th ...</td>
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<tr>
<td>&quot;With COVID-19, the best strategy forward is the simplest one&quot;</td>
<td>N/A</td>
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<td>&quot;Non-urban areas in Illinois are the new Covid-1 ...</td>
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<tr>
<td>&quot;Six lessons Colleges are teaching us about COVI ...</td>
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<td>&quot;The State of COVID-19 in the State of Illinois. ...</td>
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</tr>
<tr>
<td>quoted as an expert in an article at travelweek ...</td>
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<tr>
<td>&quot;Partnership, not punishment, is the key to keep ...</td>
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<td>Self</td>
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<tr>
<td>&quot;Partnership, not punishment, is the key to keeping colleges open&quot;</td>
<td>N/A</td>
<td>Commentary, Jacobson SH, Jokela JA, Northwest Indiana Times, August 30, 2020. <a href="https://www.mrwitnes.com/opinion/columnists/guest-commentary/guest-commentary-partnership-not-punishment-is-the-key-to-keeping-colleges-open/article_1acb6963-baff-55ae-b6fc-65196b72b4317.html">https://www.mrwitnes.com/opinion/columnists/guest-commentary/guest-commentary-partnership-not-punishment-is-the-key-to-keeping-colleges-open/article_1acb6963-baff-55ae-b6fc-65196b72b4317.html</a></td>
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<td>&quot;The sensible way to return to college during th ...</td>
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<td>Other Intellectual Property</td>
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<tr>
<td>&quot;With COVID-19, now’s no time to rest on our laurels,&quot; News-Gazette, Champaign, IL. 7/14/20</td>
<td>&quot;With COVID-19, now’s no time to rest on our laurels,&quot; News-Gazette, Champaign, IL. 7/14/20</td>
<td>Income Source: N/A</td>
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<td>&quot;We need more COVID-19 vaccine options&quot; 12/25/20</td>
<td>&quot;We need more COVID-19 vaccine options&quot; 12/25/20</td>
<td>Income Source: N/A</td>
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<td>&quot;Looking toward a post-vaccine COVID-19 America...&quot; 12/28/20</td>
<td>&quot;Looking toward a post-vaccine COVID-19 America...&quot; 12/28/20</td>
<td>Income Source: N/A</td>
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<td>&quot;A lack of coronavirus vaccine won’t stop U.S. herd immunity. Here’s what could.&quot; 1/5/21</td>
<td>&quot;A lack of coronavirus vaccine won’t stop U.S. herd immunity. Here’s what could.&quot; 1/5/21</td>
<td>Income Source: N/A</td>
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<td>&quot;Airport Security checkpoints are a COVID-19 war zone.&quot; 12/21/20</td>
<td>&quot;Airport Security checkpoints are a COVID-19 war zone.&quot; 12/21/20</td>
<td>Income Source: N/A</td>
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<td>quoted as an expert on Covid-19 for multiple short answer questions in the newspaper</td>
<td>quoted as an expert on Covid-19 for multiple short answer questions in the newspaper</td>
<td>Income Source: N/A</td>
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<td>&quot;Rural Illinois must embrace CDC guidelines...&quot;</td>
<td>&quot;Rural Illinois must embrace CDC guidelines...&quot;</td>
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<td>&quot;What will spring 2021 semester look like?&quot;</td>
<td>&quot;What will spring 2021 semester look like?&quot;</td>
<td>Income Source: N/A</td>
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</tbody>
</table>

**Certification**

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

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

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

---

**Income Source:**
- N/A
- Multiple short-answers to Covid-19 questions, News-Gazette, Champaign, IL. March 27, April 1, April 7, May 1. www.new-gazette.com
- www.newsgazette.com
- www.jacobsonsh.com
American College of Physicians
Scientific Medical Policy Committee
Disclosure of Interests: Supplemental Questions and Attestation

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

Name: Janet Jokela

Disclosures of Interests: Supplemental Questions

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

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

**Topic Areas: COVID-19**

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

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

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

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

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

Please see the Convey report for details.
Acknowledgements and Attestations

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Janet Jokela

Print Name

Janet Jokela  
Digitally signed by Janet Jokela  
Date: 2021.04.12 11:35:18 -05'00'

Signature  
Date
### Devan Kansagara

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

---

#### Summary of Interests

##### Company or Organization

<table>
<thead>
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<th>Entity</th>
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<th>Value</th>
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<td>American College of Physicians</td>
<td>Grant / Contract</td>
<td>Other - Portland VA Research Foundation</td>
<td>$174,000.00</td>
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**Recipient Name:** Portland VA Research Foundation  
**Grant / Contract Description:** Osteoporosis treatment systematic review for ACP Clinical Guideline Committee  
**Grant / Contract Valuation Date:** 12/16/2020  
**Additional Information:** Serving as PI of this project; member of ACP Clinical Guideline Committee

<table>
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<th>Entity</th>
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<tr>
<td>VA Portland Health Care System</td>
<td>Employment</td>
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</table>

**Title:** VA Portland Health Care System  
**Start Date:** 07/01/2005  
**End Date:**

---

#### Certification

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
American College of Physicians
Scientific Medical Policy Committee
Disclosure of Interests: Supplemental Questions and Attestation

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

Disclosures of Interests: Supplemental Questions

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

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

**Topic Areas: COVID-19**

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

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

Do you or any household members have any other intellectual interests related to any of the areas above?
- [ ] I have interests to report (please list in space below).
- [ ] I have no interest to report.

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Devan Kansagara

Print Name

Devan Kansagara

Digitally signed by Devan Kansagara
Date: 2021.04.27 15:55:36 -07'00'

Signature Date
**Maura Marcucci**

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

### Summary of Interests

#### Company or Organization

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<th>Entity</th>
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<td>Grant / Contract</td>
<td>Self</td>
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<td>European Commission</td>
<td>Grant / Contract</td>
<td>Self</td>
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<td>HAHSO - AHSC</td>
<td>Grant / Contract</td>
<td>Self</td>
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<tr>
<td>McMaster University</td>
<td>Employment</td>
<td>Self</td>
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<tr>
<td>Network of Canadian Emergency Researchers</td>
<td>Other</td>
<td>Spouse/Partner</td>
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<tr>
<td>PSI Foundation</td>
<td>Grant / Contract</td>
<td>Self</td>
<td>$230,000.00</td>
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**Recipient Name:** Maura Marcucci  
**Recipient Type:** Individual  
**Grant / Contract Description:** Grant to support a trial on interventions to reduce postoperative delirium and cognitive outcome  
**Grant / Contract Purpose:** Research  
**Grant / Contract Amount:** $380,000.00  
**Contract Start Date:** 10/01/2019  
**Contract End Date:**

**Additional Information:**

**European Commission**  
**Recipient Name:** Fondazione IRCCS Ca' Granda, Milan, Italy  
**Grant / Contract Description:**  
**Grant / Contract End Date:** 04/30/2018  
**Grant / Contract Amount:**  
**Contract Start Date:** 05/01/2015  
**Contract End Date:**

**Additional Information:**

**HAHSO - AHSC**  
**Recipient Name:** Maura Marcucci  
**Grant / Contract Description:**  
**Grant / Contract End Date:** 09/01/2023  
**Grant / Contract Amount:**  
**Contract Start Date:** 04/01/2021  
**Contract End Date:**

**Additional Information:**

**McMaster University**  
**Title:** Employment  
**Start Date:** 07/01/2017  
**End Date:**

**Position Description:**

**Additional Information:**

**Network of Canadian Emergency Researchers**  
**Category:** Other  
**Compensation Type:** Annual Compensation  
**Start Date:** 01/01/2018

**End Date:**

**Additional Information:**

**PSI Foundation**  
**Recipient Name:** Maura Marcucci  
**Grant / Contract Description:** Career Award  
**Grant / Contract Amount:** $230,000.00  
**Contract Start Date:** 03/01/2020  
**Contract End Date:** 02/28/2023

**Recipient Type:** Individual  
**Grant / Contract Purpose:** Research  
**Grant / Contract Amount:**  
**Contract Start Date:** 01/05/2020  
**Contract End Date:**

**Additional Information:**

**Certification**

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Please enter your name: (You will need to sign on the second page)

Name: Maura Marcucci

Disclosures of Interests: Supplemental Questions

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

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

**Topic Areas: COVID-19**

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

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

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

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

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

In addition to the publications on the COVID-19 area done as member of the ACP SMPC, I have authored the following papers as part of a McMaster group of researchers working on a project of living systematic review and network meta-analysis:

1) Siemieniuk et al., "Drug treatments for covid-19: living systematic review and network meta-analysis", BMJ. 2020 Jul 30;370:m2980. doi: 10.1136/bmj.m2980 (and updates)
2) Bartoszko et al., Prophylaxis for covid-19: living systematic review and network meta-analysis. medRxiv 2021.02.24.21250469; doi https://doi.org/10.1101/2021.02.24.21250469. Accepted for publication on BMJ.
Acknowledgements and Attestations

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Maura Marcucci

Print Name

Maura Marcucci

Digitally signed by Maura Marcucci
Date: 2021.04.15 23:49:15 +02'00'

Signature

Date
**Summary of Interests**

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**Percentage Ownership:** 0  
**Valuation Date:** 03/25/2020  
**Divestment Date:** 03/25/2020

**Perelman School of Medicine, University of Pennsylvania**

**Title:** Clinical Professor of Medicine  
**Start Date:** 07/01/2001  
**Position Description:** Physician

### Certification

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence.
American College of Physicians
Scientific Medical Policy Committee
Disclosure of Interests: Supplemental Questions and Attestation

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

Disclosures of Interests: Supplemental Questions

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

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

**Topic Areas:** COVID-19

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

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

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

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✔ I have no interest to report.

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Matt Miller MD

Print Name

Matthew Miller

Digitally signed by Matthew Miller
Date: 2021.04.14 07:47:28 -04'00'

Signature Date
Mark Tschanz

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

Summary of Interests

Company or Organization

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<tbody>
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<td>U.S. Navy</td>
<td>Employment</td>
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</table>

Title: Program Director
Start Date: 12/01/2017
End Date: Additional Information:
Position Description: Run the internal medicine program for Naval Medical Center San Diego

Certification

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Disclosure of Interests: Supplemental Questions

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

Name: Mark Tschanz

Disclosures of Interests: Supplemental Questions

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

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

Topic Areas: COVID-19

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

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

☑ I have no publications to report.

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

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

☑ I have no interest to report.

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Mark P. Tschanz

Print Name

TSCHANZ.MARK.PETER.1 253038850 Digitally signed by
TSCHANZ.MARK.PETER.1253038850 Date: 2021.04.12 12:35:28 -07'00'

Signature Date

4/12/2021
### Summary of Interests

#### Company or Organization

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<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
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<td>Employment</td>
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<td>-</td>
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<tr>
<td><strong>Title: Partners in Internal Medicine, PC</strong></td>
<td><strong>End Date:</strong></td>
<td></td>
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</tr>
<tr>
<td>Start Date: 11/01/2004</td>
<td>Current Employment</td>
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<td></td>
</tr>
<tr>
<td><strong>Position Description:</strong> President/Attending Physician</td>
<td><strong>Additional Information:</strong> Self-employed for practice setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partners in Internal Medicine, PC, PC</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td><strong>Title: President</strong></td>
<td><strong>End Date:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date: 11/01/2004</td>
<td>Current Employment</td>
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<tr>
<td><strong>Position Description:</strong> Physician in independent practice</td>
<td><strong>Additional Information:</strong> Self and spouse are employees (self-employed)</td>
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### Certification

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence.
American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Please enter your name: (You will need to sign on the last page)
Name: George M. Abraham, MD, MPH, FACP, FIDSA

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

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

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

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

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

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

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

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

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

Only publications are thru the SMPC of ACP
Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

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

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

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

By signing this form,

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George M. Abraham

Print Name

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

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

Signature Date
Thomas Cooney

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

Summary of Interests

**Company or Organization**

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<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
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<tr>
<td>American College of Physicians</td>
<td>Fiduciary Officer</td>
<td>Self</td>
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**Official Title:** Chair-elect, Board of Regents  
**Compensation Type:** Cash  
**Annual Compensation:**

**Position Description:** As above  
**Start Date:** 04/22/2020  
**End Date:** 04/19/2021

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<td>Start Date: 08/08/1979</td>
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**Position Description:** Attending physician, supervising residents and medical students  
**Additional Information:**

Certification

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

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

Name: Thomas G. Cooney MD MACP

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

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

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

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

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

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

☐ I have no publications to report.

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

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

☑ I have no interest to report.

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

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

☐ Yes (please provide additional details below).

☒ No

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☐ Yes (please provide additional details below).

☒ No

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Thomas G. Cooney MD MACP

Print Name

Signature

Date: 04/24/2021
Laura Baldwin

Disclosure Purpose: Annual Staff Disclosure 2019

Summary of Financial Interests

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

Additional Information:

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

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.
   a. Are you submitting your disclosures to ACP as a member of one of the following groups:
      - ACP board, committee, council, task force, and/or other governance group?
      - Chapter Council or other Chapter leadership role?
      - National or chapter staff?
      - Annals of Internal Medicine editorial staff?
      - Other (meeting guests, contractors, authors, etc.)

   Yes.
      i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Disclosure of Interests and Management of Conflicts Policy.

      Yes

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

      Yes

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

      Yes

      iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.

      Yes

Certification

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Guest Disclosures of Interests: Acknowledgements and Attestations

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Laura Baldwin

________________________________________
Print Name

Laura Baldwin 4/19/21

________________________________________
Signature Date
Wayne Bylsma

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

Summary of Interests

Company or Organization

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<td>Employment</td>
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<tr>
<td><strong>Title:</strong> Chief Operating Officer</td>
<td><strong>Start Date:</strong> 10/15/1997</td>
<td><strong>End Date:</strong></td>
<td><strong>Position Description:</strong> Oversees operations of the organization</td>
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<tr>
<td><strong>Title:</strong> Project Manager</td>
<td><strong>Start Date:</strong> 01/01/1998</td>
<td><strong>End Date:</strong></td>
<td><strong>Position Description:</strong> Manages building/renovation of health care facilities</td>
</tr>
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Certification

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Please enter your name: (You will need to sign on the last page)

Name: Wayne H Bylsma

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

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

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

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

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

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

✔ I have no publications to report.

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

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

✔ I have no interest to report.

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

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

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

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

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

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☐ Yes (please provide additional details below).

☑ No

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

☐ Yes (please provide additional details below).

☑ No

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Wayne H Bylsma

Print Name

Wayne H. Bylsma

Digitally signed by Wayne H. Bylsma

Date: 2021.04.18 10:19:47 -04'00'

04.18.2021

Signature

Date
Summary of Interests

Company or Organization

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<th>Value</th>
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<tr>
<td>Title: Manager, Clinical Policy</td>
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<tr>
<td>Start Date: 08/26/2014</td>
<td>End Date:</td>
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<td>The Beasley Firm, LLC</td>
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<tr>
<td>Title: Technology Specialist</td>
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<tr>
<td>Start Date: 09/01/2009</td>
<td>End Date:</td>
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Certification

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Please enter your name: (You will need to sign on the last page)

Name: Kate Carroll

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

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

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

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

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

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

☑ I have no publications to report.

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

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

☑ I have no interest to report.

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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Topic Areas: hypertension; high blood pressure; CAD

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

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Kate Carroll

Print Name

Kate Carroll  Digitally signed by Kate Carroll
Date: 2021.04.16 14:37:22 -04'00' 4/16/2021

Signature  Date
Somosree Dutt

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

Summary of Interests

Company or Organization

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<tr>
<td>Title: Associate-Performance Measurement</td>
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<tr>
<td>Title: Vice President, Quantitative Research</td>
<td>Start Date: 03/28/2010</td>
<td>End Date: 09/07/2018</td>
<td>Position Description:</td>
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<tr>
<td>University of Illinois, Chicago</td>
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<tr>
<td>Title: Associate Director of Clinical Strategy, Analysis, and Practice</td>
<td>Start Date: 05/15/2015</td>
<td>End Date: 03/15/2019</td>
<td>Position Description: Assisted in the development and implementation of structured quality improvement program for the ambulatory group. Successfully led the MACRA-MIPS project from inception, avoided CMS penalty and obtained significant incentive for the physician group.</td>
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<tr>
<td>University of Pennsylvania Health System</td>
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<tr>
<td>Title: Quality Analyst</td>
<td>Start Date: 04/01/2019</td>
<td>End Date: 07/12/2019</td>
<td>Position Description: Conducted, studied, and analyzed healthcare data to evaluate providers’ performance in quality improvement - Tracked Penn Medicine-Primary Care’s internal quality improvement program and provided detailed gap analysis regularly to all 25 PCP clinics</td>
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<td>Title: Investment Risk Manager</td>
<td>Start Date: 09/10/2018</td>
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<td>Position Description:</td>
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American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

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

Name: Shumee Dutt

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

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

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Topic Areas: diverticulitis; depression; osteoporosis; COVID-19

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

☑ I have no publications to report.

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

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

☑ I have no interest to report.

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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Topic Areas: hypertension; high blood pressure; CAD

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

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

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

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Somosree Dutt

Signature

Date 04-20-2021

Print Name
## Summary of Interests

### Company or Organization

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### Certification

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

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

Name: Itziar Etxeandia Ikobaltzeta

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

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

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

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

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

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

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

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

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

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

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

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

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

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

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

*By signing this form,*

- I acknowledge that in order to maintain transparency, all participants’ disclosure of interests will be publicly available on ACP’s website and a link to the disclosures will be included in each published work.
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**Itziar Etxeandia Ikobaltzeta**

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</tbody>
</table>

81


Allison Ewing

**Disclosure Purpose:** Annual Staff Disclosure 2020

---

**Summary of Financial Interests**

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

---

**Additional Information:**

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

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

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

   Yes.

   i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Disclosure of Interests and Management of Conflicts Policy.

      Yes

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

      Yes

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

      Yes

   iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.

      Yes

---

**Certification**

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Guest Disclosures of Interests: Acknowledgements and Attestations

By signing this form,

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Allison Ewing

Print Name

______________________________
Signature

______________________________
Date
Andrew Hachadorian

**Disclosure Purpose:** Annual Staff Disclosure 2020 - 2021

**Employment Information:** Currently Retired/Unemployed

**Summary of Interests**

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

**Certification**

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

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker’s bureau participation, or expert as part of regulatory, legislative, or judicial process)
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American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions

Guest Disclosures of Interests: Acknowledgements and Attestations

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Andrew Hachadorian
Print Name

Signature  Date

4/19/21
**Shannon Merillat**

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

## Summary of Interests

### Company or Organization

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<td>American Academy of Neurology</td>
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| **Title:** Senior Guideline Development Program Manager  
**Start Date:** 11/12/2014  
**End Date:** 08/21/2020 | Position Description: Manage and coordinate development of clinical practice guidelines on topics relevant to neurological disease treatment, diagnosis, prognosis, and screening |
| Health Dimensions Group | Employment | Spouse/Partner | - |
| **Title:** Document Production Coordinator  
**Start Date:** 08/20/2020  
**End Date:** | Position Description: Responsible for all aspects of document and presentation preparation and production |
| **Title:** Purchasing Agent  
**Start Date:** 03/13/2018  
**End Date:** 08/14/2020 | Position Description: Procurement of medical equipment and supplies and contract management for orthopedic and laboratory service lines. |
| M*Modal | Employment | Spouse/Partner | - |
| **Title:** Product Marketing Specialist  
**Start Date:** 12/15/2017  
**End Date:** 03/09/2018 | Position Description: Developed white papers and marketing materials |

### Certification

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

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

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

Name: Shannon Merillat

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

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

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

Topic Areas: diverticulitis; depression; osteoporosis; COVID-19

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

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

☑ I have no publications to report.

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

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

☑ I have no interest to report.

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

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

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

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

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

☐ Yes (please provide additional details below).

☑ No

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

☐ Yes (please provide additional details below).

☑ No

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

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Shannon Merillat

Print Name

Digitally signed by Shannon Merillat
Date: 2021.04.20 12:37:16 -04'00' 04/20/2021

Signature Date
## Summary of Interests

### Company or Organization

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### Certification

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Please enter your name: (You will need to sign on the last page)
Name: Darilyn V. Moyer, MD, FACP, FRCP, FIDSA

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

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

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

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

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

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

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

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

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

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

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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Darilyn V. Moyer, MD

Print Name

Signature  Date

4/20/2021
## Summary of Interests

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<td>Employment</td>
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**Certification**

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Disclosure of Interests: Supplemental Questions for Clinical Guidelines Committee and Scientific Medical Policy Committee

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

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

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

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

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

✔ I have no publications to report.

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

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

✔ I have no interest to report.

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

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

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

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

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

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

- [ ] Yes (please provide additional details below).
- [✓] No

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

- [ ] Yes (please provide additional details below).
- [✓] No

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

By signing this form,

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

Amir Qaseem

Print Name

Digitally signed by Amir Qaseem
Date: 2021.04.19 13:11:59 -04'00' 4/19/2021

Signature Date
## Disclosure Purpose
Annual Staff Disclosure 2020 - 2021

## Employment Information
Currently Retired/Unemployed

### Summary of Interests

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

### Certification

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Please enter your name: (You will need to sign on the last page)

Name: Tatyana A Shamliyan

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

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

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

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

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

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

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

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

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

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

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

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

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

☑ Yes (please provide additional details below).

☐ No

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

☑ Yes (please provide additional details below).

☐ No

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

Aronow WS, Shamliyan TA. Comparative Effectiveness of Disease Management With Information Communication Technology for Preventing Hospitalization and
Acknowledgements and Attestations

By signing this form,

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

Tatyana Shamliyan

Print Name

Tatyana Shamliyan  Digitally signed by Tatyana Shamliyan  04/16/2021

Signature  Date


Patricia Siemion

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

Employment Information: Currently Employed

Summary of Interests

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<th>Type</th>
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<th>Value</th>
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<td><strong>American College of Physicians</strong></td>
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<tr>
<td>Title: Coordinator, Clinical Policy</td>
<td>Position Description: Provides administrative support to the Clinical Policy Department and CGC, PMC and SMPC meetings and webinars.</td>
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Certification

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Please enter your name: (You will need to sign on the last page)

Name: Trish Siemion

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

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

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

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

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

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

✔ I have no publications to report.

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

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

✔ I have no interest to report.

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

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

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

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

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

☐ Yes (please provide additional details below).

✅ No

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

☐ Yes (please provide additional details below).

✅ No

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

By signing this form,

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Trish Siemion

Print Name

Trish Siemion

Digitally signed by Trish Siemion
Date: 2021.04.12 16:28:28 -04'00'

Signature Date

4/12/2021
# Samantha Tierney

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

## Summary of Interests

### Company or Organization

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### Title: Senior Scientist, Clinical Policy

**Start Date:** 06/15/2020  
**End Date:**  

**Position Description:** Leading the performance measurement strategy

**Additional Information:**

- As a result of my participation at the following stakeholder meetings/work groups, my former employer received honoraria: Boehringer Ingelheim, Stakeholder, Advancing Quality for Patients with Type 2 Diabetes and Established Cardiovascular Disease, 2018

### Title: Senior Director, Measurement Science

**Start Date:** 01/01/2017  
**End Date:** 06/12/2020

**Position Description:** Orchestrating daily activities of the Measurement Science Program, developing and implementing key performance measures, and monitoring performance to uphold market competitiveness.

**Additional Information:** My salary at the PCPI was supported by services provided as a contractor and subcontractor to CMS and non-profit organizations for measure development, specification, testing and endorsement.

### Title: Senior Director, Measurement Science

**Start Date:** 01/01/2019  
**End Date:** 12/31/2019

**Position Description:**

- As a result of my participation on the following roundtables/stakeholder meetings/work groups, my former employer received honoraria: PCPI, roundtable member, Patient Engagement Rubric, 2019

## Certification

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

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

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

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**Convey Global Disclosure System**

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110
Please enter your name: (You will need to sign on the last page)

Name:

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

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

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

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

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

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

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

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

I oversaw staff who maintained a CMS stewarded measure related to screening and follow up for depression.
American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

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

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

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

✔ Yes (please provide additional details below).

☐ No

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

☐ Yes (please provide additional details below).

✔ No

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

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

By signing this form,

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

Print Name

Digitally signed by Samantha Tierney
Date: 2021.04.22 13:35:10 -04'00'

Signature  Date
### Summary of Interests

#### Company or Organization

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**Recipient Name:** Dr. Sandra Carroll  
**Grant / Contract Description:** Following the C-SPIN Roadmap: Realizing Meaningful Patient Engagement  
**Grant / Contract Valuation Date:** 03/01/2016  
**Recipient Type:** Individual  
**Grant / Contract Purpose:** Research  
**Grant / Contract Amount:** $22,600.00  
**Contract Start Date:** 03/01/2016  
**Contract End Date:** 02/28/2018

| Canadian Institutes of Health Research | Grant / Contract | Self            | $226,000.00  |

**Recipient Name:** Dr. Michael McGillon  
**Grant / Contract Description:** THE SMArT VIEW, CoVeRed  
**Grant / Contract Amount:** $226,000.00  
**Contract Start Date:** 03/01/2016  
**Contract End Date:** 02/28/2018

| Canadian Institutes of Health Research | Grant / Contract | Self            | $9,310,000.00|

**Recipient Name:** Dr. Michael McGillon  
**Grant / Contract Description:** The SMArT VIEW, CoVeRed  
**Grant / Contract Amount:** $9,310,000.00  
**Contract Start Date:** 10/15/2015  
**Contract End Date:** 09/30/2019

| COVID-19 | Other | Self | - |

**Category:** Other  
**Compensation Type:** Unpaid  
**Annual Compensation:**

| Evidence Based Research Network | Fiduciary Officer | Self | - |

**Official Title:** Steering Committee Member  
**Position Description:** Organize and support activities of the organisation  
**Start Date:** 03/01/2018  
**End Date:**

| Evidence Synthesis International | Fiduciary Officer | Self | - |

**Official Title:** Secretariat  
**Position Description:** Organize and support activities of the organisation  
**Start Date:** 03/01/2018  
**End Date:**

| McMaster University | Employment | Self | - |

**Title:** Assistant Professor  
**Start Date:** 06/01/2010  
**End Date:** 06/30/2017

| Sigma Theta Tau International | Fiduciary Officer | Self | - |

**Official Title:** President - Alpha Nu Chapter  
**Position Description:** President - Alpha Nu Chapter  
**Start Date:** 09/01/2019  
**End Date:** 08/31/2021

| University of Bologna | Other | Self | $5,213.19 |

**Category:** Other  
**Compensation Type:** Cash  
**Annual Compensation:**

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<td>Actual</td>
</tr>
</tbody>
</table>

**Additional Information:** Guest Lecturer

| Villanova University | Employment | Self | - |

**Title:** Associate Professor  
**Start Date:** 08/22/2017  
**End Date:**
Certification

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Please enter your name: (You will need to sign on the last page)

Name: Jennifer Yost

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

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

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

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

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

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

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

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

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


Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

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

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

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

☐ Yes (please provide additional details below).

☑ No

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

☐ Yes (please provide additional details below).

☑ No

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

By signing this form,

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

Jennifer Yost

Print Name

Jennifer Yost

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

Signature

Date: 4/27/2021
## Summary of Interests

### Company or Organization

<table>
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<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Portland VA Research Foundation</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
</tbody>
</table>

**Title:** Evidence researcher  
**Start Date:** 05/06/2019  
**Position Description:** Evidence-based medicine research  
**Additional Information:** N/A

### Certification

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

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

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Irina Arkhipova-Jenkins

Print Name

irina arkhipova-jenkins
955305

Digitally signed by irina arkhipova-jenkins
955305
Date: 2021.04.27 17:07:08 -07'00'
Elise Berliner

Disclosure Purpose: Contractor/Guest Annual Disclosure 2020-21

Summary of Interests

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

Additional Information:

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

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.
   a. Are you submitting your disclosures to ACP as a member of one of the following groups:
      - ACP board, committee, council, task force, and/or other governance group?
      - Chapter Council or other Chapter leadership role?
      - National or chapter staff?
      - Annals of Internal Medicine editorial staff?
      - Other (meeting guests, contractors, authors, etc.)
         No.

You are not disclosing any interests to this organization.

Certification

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American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee,
& Scientific Medical Policy Committee

Disclosure of Interests: Attestation and Supplemental Questions

Guest Disclosures of Interests: Acknowledgements and Attestations

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Elise Berliner

Print Name

Elise R. Berliner - S

Digitally signed by Elise R. Berliner - S
DN: c=US, o=U.S. Government, ou=HHS, ou=AHRQ, ou=People,
0.2.244-19200300-100.1.1=2000012384, ou=Elise R. Berliner - S
Date: 2021.05.04 09:46:13 -04'00'

Signature

5/4/2021

Date
Christine Chang

Disclosure Purpose: Contractor/Guest Annual Disclosure 2020 - 21

Summary of Interests

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

Additional Information:

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

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you are submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP’s annual disclosure process.
   a. Are you submitting your disclosures to ACP as a member of one of the following groups:
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      • Chapter Council or other Chapter leadership role?
      • National or chapter staff?
      • Annals of Internal Medicine editorial staff?
      • Other (meeting guests, contractors, authors, etc.)

   Yes.
   i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physicians Disclosure of Interests and Management of Conflicts Policy.

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

   Yes
   iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.

   Yes
   iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physicians Anti-Harassment Policy.

   Yes

You are not disclosing any interests to this organization.

Certification

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Guest Disclosures of Interests: Acknowledgements and Attestations

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Christine Chang

Print Name

Christine S. Chang - S

Digitally signed by Christine S. Chang - S
DN: c=US, o=U.S. Government, ou=HHS, ou=AHRQ, ou=People, 0.8.2.1.4.1625890565.100.1.1=2000366491, cn=Christine S. Chang - S
Date: 2021.04.22 17:01:27 -04'00'

Signature

Date

4/22/2021
### Disclosure Purpose: Contractor/Guest Annual Disclosure 2021 - 22

### Employment Information: Currently Employed

**Company or Organization**

<table>
<thead>
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**Title:** Research Associate  
**Start Date:** 10/15/2017  
**End Date:**  
**Position Description:**  
**Additional Information:** Full-time

### Certification

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

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American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee, & Scientific Medical Policy Committee

Disclosure of Interests: Attestation and Supplemental Questions

Guest Disclosures of Interests: Acknowledgements and Attestations

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Celia Fiordalisi

Print Name

Celia V. Fiordalisi 1435638

Digitally signed by Celia V. Fiordalisi 1435638
Date: 2021.04.29 14:30:29 -07'00'

04/29/2021

Signature

Date
**Mark Helfand**

**Disclosure Purpose:** Contractor/Guest Annual Disclosure 2020 - 21

### Summary of Interests

#### Company or Organization

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<th>Entity</th>
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<td>Consultant</td>
<td>Self</td>
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**Category:** Consultant
**Compensation Type:** Cash
**Annual Compensation:**

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<td>Actual</td>
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</tbody>
</table>

**Start Date:** 01/01/2018
**Other Compensation:**
**Additional Information:** Contract has not been terminated but work was completed in 2019.

| School of Medicine, Oregon Health and Science University | Employment | Self | - |

**Title:** Professor
**Start Date:** 07/01/1990
**End Date:**
**Position Description:** Professor
**Additional Information:**

### Additional Information:

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

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

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      - Annals of Internal Medicine editorial staff?
      - Other (meeting guests, contractors, authors, etc.)

      No.

### Certification

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Print Name

Mark Helfand 555013

Signature

Date: 2021.04.30 11:13:33 -07'00'
I do not have any interests to disclose at this time.
American College of Physicians
Clinical Guidelines Committee, Performance Measurement Committee, & Scientific Medical Policy Committee
Disclosure of Interests: Attestation and Supplemental Questions

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Jack Wiedrick
Print Name

Jack Wiedrick
Digitally signed by Jack Wiedrick
Date: 2021.04.28 14:05:33 -07'00' 28-Apr-2021

Signature

Date