Nick Fitterman

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

---

**Summary of Financial Interests**

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

---

**Additional Information:**

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

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

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

         Yes.

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

         Yes

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

         Yes

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

         Yes

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

         Yes

---

**Certification**

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

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

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
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: COVID-19; Diverticulitis; Depression; Osteoporosis**

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

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

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

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

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

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

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

**Topic Areas:**

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

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

☐ Yes (please provide additional details below).

✔ No

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

☐ Yes (please provide additional details below).

✔ No

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

By signing this form,

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

nick fitterman

Print Name

nick fitterman

Digitally signed by nick fitterman
Date: 2020.12.21 11:11:38 -05'00'

Signature

Date: 2020.12.21 11:11:38 -05'00'
## 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>
<th>Value</th>
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<tbody>
<tr>
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<td>Employment</td>
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</tr>
<tr>
<td>Title: President</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Start Date: 01/01/2012</td>
<td>End Date:</td>
<td>Position Description: President and CEO</td>
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<tr>
<td></td>
<td>Consultant</td>
<td>Self</td>
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<td>Ochsner Health System</td>
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<tr>
<td>Category: Consultant</td>
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<td>Start Date: 04/01/2020</td>
<td>Other Compensation:</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

### 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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      - 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 ACPs 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

## 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
Disclosure of Interests: Supplemental Questions and Attestation

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

Name: J. Thomas Cross

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

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

Topic Areas:

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

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

☐ Yes (please provide additional details below).

✔ No

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

☐ Yes (please provide additional details below).

✔ No

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

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J. Thomas Cross, Jr., MD, MPH

Print Name

J. Thomas Cross, Jr., MD

Digitally signed by J. Thomas Cross, Jr., MD
DN: cn=J. Thomas Cross, Jr., MD, o, ou,
email:jtcrossjr1961@gmail.com, c=US
Date: 2020.12.21 08:26:49 -07'00'

Signature Date
# Summary of Financial Interests

## Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
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<td>ACGME</td>
<td>Other</td>
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<tr>
<td>ACP Services</td>
<td>Fiduciary Officer</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>ACP Services PAC</td>
<td>Fiduciary Officer</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>American College of Physicians</td>
<td>Fiduciary Officer</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>American Medical Association</td>
<td>Other</td>
<td>Self</td>
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<tr>
<td>CMS Technical Expert Panel</td>
<td>Consultant</td>
<td>Self</td>
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<tr>
<td>Greater Albuquerque Medical Association</td>
<td>Other</td>
<td>Spouse/Partner</td>
<td>-</td>
</tr>
<tr>
<td>New Mexico Health Resources</td>
<td>Fiduciary Officer</td>
<td>Spouse/Partner</td>
<td>-</td>
</tr>
</tbody>
</table>

## Disclosure Purpose:
Annual Governance Disclosure 2020-2021
Title: Physician  
Start Date: 09/01/2014  
End Date: 11/01/2018  
Position Description: Physician, CMO  
Additional Information:

Society of Hospital Medicine  
Category: Other  
Start Date: 05/01/2014  
Compensation: Other  
Additional Information: Self

Syrian American Medical Society  
Category: Other  
Start Date: 02/01/2018  
Compensation: Other  
Additional Information: Spouse/Partner

Thai Burmese Border Health Initiative  
Category: Consultant  
Start Date: 04/26/2018  
Compensation: Other  
Additional Information: -

University of New Mexico  
Title: Physician  
Start Date: 05/01/2014  
End Date:  
Position Description: Section Chief, Hospital Medicine  
Additional Information:

University of New Mexico  
Title: Physician  
Start Date: 05/01/2015  
End Date:  
Position Description: Associate Professor of Medicine  
Additional Information:

Intellectual Property

<table>
<thead>
<tr>
<th>Type Is Licensed</th>
<th>Interest Held By</th>
<th>Value</th>
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<tbody>
<tr>
<td>Other Intellectual Property - AMA practice transformation module</td>
<td>Self</td>
<td>$1,000.00</td>
</tr>
</tbody>
</table>

Description: AMA practice transformation module  
Yearly Income: Income Source: American Medical Association  
Amount Type Year Payment Receipt

| $1,000.00 Actual 2019 Direct Payment |

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
   None

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACPs annual disclosure process.
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         Yes
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         Yes
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         Yes
iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physicians’ Anti-Harassment Policy.

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

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

Name: Eileen Barrett

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

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☑️ No

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☐ Yes (please provide additional details below).

☑️ No

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Eileen Barrett

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eileen Barrett</td>
<td>12-31-20</td>
</tr>
</tbody>
</table>

Signature | Date
Peter Basch

**Disclosure Purpose:** Annual Governance Disclosure 2019

### Summary of Financial Interests

#### Company or Organization

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</tr>
</thead>
<tbody>
<tr>
<td>MedStar Health</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
</tbody>
</table>

**Title:** Senior Director, IT Quality and Safety  
**Start Date:** 07/01/1995  
**End Date:**  

**Position Description:**

**Additional Information:**

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

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      Yes

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      Yes

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      Yes

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29
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- [ ] Yes (please provide additional details below).
- [x] No

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

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**Peter Basch, MD, MACP**

Print Name

Peter Basch  
Digitally signed by Peter Basch  
Date: 2020.12.22 13:32:01 -05'00'  
12/22/2020

Signature  
Date
### Summary of Financial Interests

#### Company or Organization

<table>
<thead>
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<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
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<td>Consultant</td>
<td>Self</td>
<td>$1,000.00</td>
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<tr>
<td>MDCalc</td>
<td>Consultant</td>
<td>Self</td>
<td>-</td>
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<td>Medscape</td>
<td>Consultant</td>
<td>Self</td>
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<td>NKF</td>
<td>Consultant</td>
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</tr>
<tr>
<td>The Curbsiders</td>
<td>Consultant</td>
<td>Self</td>
<td>-</td>
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<tr>
<td>U.S. Department of Veterans Affairs</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
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</tbody>
</table>

**Dynamed**
- **Category:** Consultant
- **Start Date:** 01/01/2019
- **Other Compensation:**
- **Consultant Description:**
  - **Compensation Type:** Cash
  - **Annual Compensation:**
    - **Year:** 2019
    - **Amount:** $1,000.00
    - **Type:** Estimated
- **Additional Information:** Review chapters for Dynamed - receive $500 per chapter review.

**MDCalc**
- **Category:** Consultant
- **Start Date:** 01/01/2018
- **Other Compensation:**
- **Consultant Description:**
  - **Compensation Type:** Unpaid
  - **Annual Compensation:**

**Medscape**
- **Category:** Consultant
- **Start Date:** 01/01/2019
- **Other Compensation:**
- **Consultant Description:**
  - **Compensation Type:** Cash
  - **Annual Compensation:**

**NKF**
- **Category:** Consultant
- **Start Date:** 01/01/2019
- **Other Compensation:**
- **Consultant Description:**
  - **Compensation Type:** Unpaid
  - **Annual Compensation:**
- **Additional Information:** Member of an NKF performance measure development committee.

**The Curbsiders**
- **Category:** Consultant
- **Start Date:** 01/01/2018
- **Other Compensation:**
- **Consultant Description:**
  - **Compensation Type:** Unpaid
  - **Annual Compensation:**
- **Additional Information:** Appear as a guest discussant on their podcast.

**U.S. Department of Veterans Affairs**
- **Title:** Physician
- **Start Date:** 07/01/1993
- **Other Compensation:**
- **Consultant Description:**
  - **Position Description:** Inpatient ward attending 3.5 months each year

**Additional Information:**
1. Please specify any additional information which you consider relevant to this disclosure.

I excluded activities greater than 3 years old

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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   Yes.

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   Yes

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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: Robert M. Centor, MD

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: COVID-19; Diverticulitis; Depression; Osteoporosis

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).

Podcast
Annals On Call - Diverticulitis: Myth Versus Evidence
Robert M. Centor, MD, Lisa L. Strate, MD, MPH
January 1, 2019
Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

**Topic Areas:**

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

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

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

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

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

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

By signing this form,

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

Robert M Centor, MD, MACP
Print Name

Robert M Centor, MD 1/5/21
Signature Date
## Summary of Financial 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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<tbody>
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<td>Bristol-Myers Squibb</td>
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**Category:** Consultant  
**Start Date:** 01/01/2018  
**End Date:**  
**Other Compensation:**  
**Consultant Description:**  
**Compensation Type:** Cash  
**Annual Compensation:**  
**Year** | **Amount** | **Type**  
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<tr>
<td>2018</td>
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**Additional Information:** BMS-Pfizer supports ACP Atrial fibrillation quality improvement module.

### McClung Foundation

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<th>Grant / Contract</th>
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**Recipient Type:** Institution  
**Grant / Contract Purpose:** Research  
**Grant / Contract Amount:** $334,000.00  
**Contract Start Date:** 11/01/2019  
**Contract End Date:**  
**Grant / Contract Description:** Grant to fund study of innovative lighting on sleep for hospitalized patients  
**Grant / Contract Valuation Date:** 12/30/2019  
**Additional Information:**  

### National Institute of Health

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<th>Grant / Contract</th>
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**Recipient Type:** Institution  
**Grant / Contract Purpose:** Research  
**Grant / Contract Amount:** $15,000.00  
**Contract Start Date:** 05/01/2020  
**Contract End Date:** 08/10/2020  
**Grant / Contract Description:** Co-investigator, 5% funded role  
**Grant / Contract Valuation Date:** 12/30/2019  
**Additional Information:** Grant initiated Sept 2018. I was added as co-Investigator May 2020.

### Pfizer

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<tr>
<th>Recipient Name: Horatio Holzer</th>
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**Recipient Type:** Individual  
**Grant / Contract Purpose:** Research  
**Grant / Contract Amount:** $500,000.00  
**Contract Start Date:** 10/01/2015  
**Contract End Date:** 12/31/2018  
**Grant / Contract Description:** Funding for research study on transitions of care for patients with acute venous thromboembolism  
**Grant / Contract Valuation Date:** 12/30/2019  
**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.

   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 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 ACPs 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
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

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

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

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

Name: Andrew Dunn

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

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

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

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

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

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

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

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

Print Name

Andrew Dunn

Digitally signed by Andrew Dunn

Date: 2020.12.21 14:08:19 -05'00'

Dec 21, 2020

Signature

Date
Catherine MacLean

Disclosure Purpose: Annual Governance Disclosure 2020-2021

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.
   None

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

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

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

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

Name: Catherine MacLean

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

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

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

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Catherine MacLean

Print Name
Catherine H MacLean

Digitally signed by Catherine H MacLean
Date: 2020.12.21 09:03:04 -07'00' 12/21/2021

Signature	Date
Robert McLean

Disclosure Purpose: Annual Governance disclosure 2020-21

Summary of Interests

Company or Organization

<table>
<thead>
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<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
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<tr>
<td>Northeast Medical Group</td>
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</table>

Title: Employed Physician
Start Date: 11/01/2012
End Date: Position Description: Physician & Medical Director
Additional Information:

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
   none in particular

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.)
   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.
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   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
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   Yes

Certification

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

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

Name: Robert M. McLean

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

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☒ No

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Robert M. McLean

Print Name

Signature

Date: 12/26/20
Danny Newman

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.
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         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

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

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

Name:

Disclosures of Interests: Supplemental Questions
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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? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog)

☐ Yes (please provide additional details below).

☑ No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.
American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation

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Danny Newman

Date

Print Name

1/7/21
### Summary of Interests

#### Company or Organization

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<th>Entity</th>
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<tr>
<td>Title: Associate Editor, American Journal of Gastroenterology</td>
<td>Start Date: 01/01/2015</td>
<td>End Date: 12/31/2021</td>
<td>Position Description: Associate Editor</td>
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<tr>
<td>Michigan Medicine</td>
<td>Employment</td>
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<tr>
<td>Title: Associate Professor</td>
<td>Start Date: 07/01/2008</td>
<td>End Date:</td>
<td>Position Description: Division of Gastroenterology</td>
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<tr>
<td>U.S. Department of Veterans Affairs</td>
<td>Employment, Spouse/Partner</td>
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<tr>
<td>Title: Staff Physician</td>
<td>Start Date: 07/01/2005</td>
<td>End Date:</td>
<td>Position Description: General internist at VA Ann Arbor Healthcare System</td>
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<tr>
<td>U.S. Department of Veterans Affairs</td>
<td>Employment</td>
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<tr>
<td>Title: Staff Physician and Research Scientist</td>
<td>Start Date: 07/01/2008</td>
<td>End Date:</td>
<td>Position Description: Gastroenterologist at VA Ann Arbor Healthcare System Research Scientist at the VA Ann Arbor Center for Clinical Management Research</td>
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#### U.S. Department of Veterans Affairs

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<td>Grant / Contract Amount: $5,500,000.00</td>
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<td>Contract End Date: 09/30/2023</td>
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<th>$500,000.00</th>
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<td>Grant / Contract Amount: $500,000.00</td>
<td>Contract Start Date: 10/01/2019</td>
<td>Contract End Date: 09/30/2024</td>
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<th>Grant / Contract</th>
<th>Self</th>
<th>$1,099,615.00</th>
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<tr>
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<td>Grant / Contract Amount: $1,099,615.00</td>
<td>Contract Start Date: 11/01/2018</td>
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<th>Recipient Name: Sameer D Saini, Grace Su</th>
<th>Grant / Contract</th>
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<th>$1,099,389.00</th>
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<tbody>
<tr>
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<td>Grant / Contract Amount: $1,099,389.00</td>
<td>Contract Start Date: 05/01/2019</td>
<td>Contract End Date: 04/30/2023</td>
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Recipient Type: Institution
Grant / Contract Description: Grant related to performance measure refinement on colorectal cancer screening overuse
Grant / Contract Valuation Date: 08/21/2020
Grant / Contract Purpose: Other - Operational development
Grant / Contract Amount: $50,000.00
Contract Start Date: 09/01/2019
Contract End Date: 

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
   None

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

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

Convey
Global Disclosure System
AAMC
Disclosures of Interests: Supplemental Questions
Please review the following measures or topic areas and report any intellectual interests held by you or any household members that may be relevant to the measures or topic areas under discussion.

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

**Topic Areas:**

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

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

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

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

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

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

Signature Date

Digitally signed by Sameer D. Saini
Date: 2021.01.08 15:36:30 -05'00'

Print Name
Date 1/8/2021
American College of Physicians  
Department of Clinical Policy  
Disclosure of Interests: Summary Report  

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

Role:
- [ ] Clinical Guidelines Committee  
- [ ] ACP Staff or Leadership  
- [x] Performance Measurement Committee  
- [ ] Guest  
- [ ] High Value Care Committee

### ACTIVE (Current)

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| Self | Veterans Affairs: Evidence Synthesis Program:  
Topics include:  
Evidence Maps for Complementary and Alternative Medicine  
Systematic reviews for:  
Chronic Limb Ischemia - 2018  
Spread to Low Performers - 2018  
Robotic surgery - 2018  
Art therapy - 2018  
One-to-one monitoring - 2019  
Panel size - 2019  
Team based primary care - 2020  
Creating a culture of innovation - 2020  
AHRQ: Understanding Health Care Delivery Systems  
PCOR Adoption and System Performance  
Humana Project (Systematic Review of Interventions for Social Determinants of Health)  
| $100,001 or more |
| Household | None |
| **Investment & Proprietary Interests** | |
| Self | Royalties: UpToDate chapter on Spinal Manipulation Clinical Practice Guidelines  
Up to $1,000 |
| Household | None |
| **Committees, Boards, & Workgroups/Panels** | |
| Self | Committee on Evidence-Based Practices for Public Health Emergency Preparedness and Response  
$0 |
| Household | None |
| **Other Interests** | |
| Self | None |
| Household | None |

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

[ ] Yes  
[ ] No
Within the last 3 years, have you or any household members published on any of the clinical topic areas covered by these measures? Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

- [ ] Yes
- [ ] No

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<td>other affiliations, advocacy, etc.</td>
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**DECLARATION**

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

**Paul Shekelle**

Signature: _____________________________ Date: 12/22/20

**RELEVANT MEASURES**

List in box below or highlight in attached document.

- 

**RELEVANT PUBLICATIONS**

Copy and paste into box below or send as attachment.

- 

56
American College of Physicians
Performance Measurement Committee
Disclosure of Interests: Supplemental Questions and Attestation

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

Name: Paul Shekelle

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

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

Topic Areas:

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

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

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

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

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

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

By signing this form,

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Paul Shekelle

Print Name

Signature 12/22/20
## Summary of Interests

### Company or Organization

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### Additional Information:

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

   None

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

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      - Chapter Council or other Chapter leadership role?
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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

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

Yes.

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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.

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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: Sandeep Vijan

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: COVID-19; Diverticulitis; Depression; Osteoporosis

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:

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

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

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

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

Print Name

Sandeep Vijan 12/30/2020

Signature Date
## Summary of Financial Interests

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

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

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

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

Name: Jacqueline W. Fincher, MD

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: COVID-19; Diverticulitis; Depression; Osteoporosis**

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:**

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

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☐ Yes (please provide additional details below).

☑ No

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

☐ Yes (please provide additional details below).

☑ No

If you answered yes to either question above, please list any relevant measures publications in space below (or send list of relevant measures/publications as attachment). Otherwise, you may leave blank.
American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplemental Questions and Attestation

Acknowledgements and Attestations
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.

Jacqueline W. Fincher, MD
Print Name

Signature 1/26/21 Date
Heather Gantzer

**Disclosure Purpose:** submitting an article to Annals of Internal Medicine

### Summary of Financial Interests

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<td>Other - daughter Edwina Gantzer</td>
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<td><strong>Nordson</strong></td>
<td>Employment</td>
<td>Other - daughter Beatrice Gantzer</td>
<td>-</td>
</tr>
</tbody>
</table>

#### Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**
   
   I am the Chair of the Board of Regents of the ACP and I receive a stipend for this. I am employed as a primary care internist at Park Nicollet Clinic in St. Louis Park MN, and also a nocturnist on the Methodist Hospital Hospitalist Service in St. Louis Park MN.

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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      - Chapter Council or other Chapter leadership role?
      - National or chapter staff?
      - Annals of Internal Medicine editorial staff?
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      **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**
By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

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

---

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
Disclosure of Interests: Supplemental Questions and Attestation

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

Name: Heather E. Gantzer

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: COVID-19; Diverticulitis; Depression; Osteoporosis**

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

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**Topic Areas:**

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

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

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

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Heather E Gantzer

Print Name

Heather Gantzer

Digitally signed by Heather Gantzer

Date: 2021.01.12 07:40:07 -06'00' 1-12-2021
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:**
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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 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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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,

- 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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Laura Baldwin

Print Name

[Signature] 1/4/21

Date
Wayne Bylsma

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

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### Summary of Financial Interests

#### Company or Organization

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<td>American College of Physicians</td>
<td>Employment</td>
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<td>-</td>
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</table>
| **Title:** Chief Operating Officer  
  **Start Date:** 10/15/1997  
  **End Date:**             | Position Description: Oversees operations of the organization  
  **Additional Information:** |
| Ewing Cole                     | Employment   | Spouse/Partner   | -     |
| **Title:** Project Manager  
  **Start Date:** 01/01/1998  
  **End Date:**             | Position Description: Manages building/renovation of health care facilities  
  **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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      Yes

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      Yes

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      Yes

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      Yes
Certification

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
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: Wayne 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: COVID-19; Diverticulitis; Depression; Osteoporosis**

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:

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

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

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Wayne Bylsma

Print Name

Wayne H. Bylsma

Digitally signed by Wayne H. Bylsma

Date: 2020.12.21 18:58:34 -05'00'

12.21.2020

Signature Date
Kate Carroll

Disclosure Purpose: January 2021 CGC, PMC, SMPC meetings, September 2020 CGC, PMC, SMPC meetings

Summary of Interests

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   Yes.
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      Yes
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      Yes
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      Yes

Certification

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

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

Name: Kate Carroll

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

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

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**Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis**

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).
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☐ Yes (please provide additional details below).

✔ No

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☐ Yes (please provide additional details below).

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Kate Carroll

Print Name

Kate Carroll [Digitally signed by Kate Carroll Date: 2021.01.05 15:34:50 -05'00' 1/5/2021]

Signature Date
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 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.
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      • 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

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,

- 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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Shari Erickson

Print Name

Digitally signed by Shari Erickson
Date: 2021.01.06 09:49:54 -05'00' 01/06/2021

Signature Date
Andrew Hachadorian

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021

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:
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      • National or chapter staff?
      • Annals of Internal Medicine editorial staff?
      • Other (meeting guests, contractors, authors, etc.)

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

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

Name: Andrew Hachadian

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: COVID-19; Diverticulitis; Depression; Osteoporosis**

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

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

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

**Topic Areas:**

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

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

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

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

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

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

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Andrew Hachadorian

Print Name

Signature

Date

1/4/2021
Summary of Interests

Company or Organization

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<td>End Date: 08/21/2020</td>
<td>Position Description: Manage and coordinate development of clinical practice guidelines on topics relevant to neurological disease treatment, diagnosis, prognosis, and screening</td>
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<td>End Date: 03/09/2018</td>
<td>Position Description: Developed white papers and marketing materials</td>
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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 ACPs 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 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 ACPs 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 
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         Yes 

Certification

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
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: COVID-19; Diverticulitis; Depression; Osteoporosis**

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

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

✔ I have no publications to report.

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

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

✔ I have no interest to report.

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

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

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

**Topic Areas:**

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

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

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

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

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

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

Print Name

Shannon Merillat

Digitally signed by Shannon Merillat
Date: 2021.01.05 08:54:51 -06'00'
1/5/2021

Signature

Date
# 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>Title: EVP/CEO</td>
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<tr>
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<tr>
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<tr>
<td>American Medical Association</td>
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<td>Council of Medical Subspecialty Societies</td>
<td>Fiduciary Officer</td>
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<td>Position Description: CMSS Board member/President</td>
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<tr>
<td>Department of Internal Medicine, University of Nebraska Medical Center</td>
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<td>Additional Information:</td>
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<tr>
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<td>Start Date: 01/01/2017</td>
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<td>Position Description: Inspira Group Physicians 2950 College Drive Suite 1E Vineland, NJ 08360</td>
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<td>Official Title: PCPCC Board Chair</td>
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</tr>
<tr>
<td>Start Date: 01/01/2017</td>
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<td>Position Description: PCPCC Board Chair</td>
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<tr>
<td>Temple University</td>
<td>Fiduciary Officer</td>
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<td>-</td>
</tr>
<tr>
<td>Official Title: Lewis Katz School of Medicine at Temple University Medical Alumni Board</td>
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<tr>
<td>Start Date: 01/01/2017</td>
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<td>Position Description: Board member</td>
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<tr>
<td>Additional Information:</td>
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Disclosures of Interests: Supplemental Questions for Clinical Guidelines Committee and Scientific Medical Policy Committee

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**Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis**

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.

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

☒ I have no interest to report.

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- ☒ No

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Darilyn V. Moyer

Print Name

Darilyn V. Moyer

1/5/21

Signature

Date
## Summary of Interests

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<th>Entity</th>
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<td><strong>Title:</strong> Vice President</td>
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**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 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 ACPs 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

Certification

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

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

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

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

Name: Amir Qaseem

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

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

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

Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis

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).

N/A
Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

**Topic Areas:**

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

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

☐ Yes (please provide additional details below).

☒ No

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

☐ Yes (please provide additional details below).

☒ No

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

N/A
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: 2021.01.12 11:05:11 -05'00'
Tatyana Shamliyan

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.)

      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

You are not disclosing any interests to this organization.

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 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: COVID-19; Diverticulitis; Depression; Osteoporosis

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

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

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

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

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


Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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

**Topic Areas:**

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

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

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

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

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

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

By signing this form,

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

Tatyana A Shamliyan

Print Name

Tatyana Shamliyan

Digitally signed by Tatyana Shamliyan
Date: 2021.01.14 08:24:14 -05'00'
Patricia Siemion

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

Summary of Interests

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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:
      i. ACP board, committee, council, task force, and/or other governance group?
      Yes
      ii. Chapter Council or other Chapter leadership role?
      Yes
      iii. National or chapter staff?
      Yes
      iv. Annals of Internal Medicine editorial staff?
      Yes
      v. Other (meeting guests, contractors, authors, etc.)
      Yes
   b. Are you submitting your disclosures to ACP as a member of any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."
      Yes
   c. 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
   d. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physicians 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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- 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: Patricia 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: COVID-19; Diverticulitis; Depression; Osteoporosis**

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

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

✔ I have no publications to report.

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

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

✔ I have no interest to report.

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

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

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

**Topic Areas:**

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

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

☐ Yes (please provide additional details below).

✔ No

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

☐ Yes (please provide additional details below).

✔ No

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

By signing this form,

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

Patricia Siemion

Print Name

Patricia Siemion  Digitally signed by Patricia Siemion  January 5, 2021

Signature  Date: 2021.01.05 10:12:07 -05'00'

Date

111
Samantha Tierney

Disclosure Purpose: Annual Staff Disclosure 2020 - 2021

Summary of Financial Interests

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<th>Interest Held By</th>
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<td>End Date: 12/31/2019</td>
<td>Consultant Description:</td>
<td></td>
</tr>
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Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
   None

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Details</th>
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<tr>
<td>Research and consulting support</td>
<td>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</td>
</tr>
<tr>
<td>Investments and proprietary interests</td>
<td>excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)</td>
</tr>
<tr>
<td>Membership on boards, workgroups, panels, or committees</td>
<td>through other medical societies or healthcare organizations</td>
</tr>
<tr>
<td>Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations</td>
<td></td>
</tr>
</tbody>
</table>

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
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: COVID-19; Diverticulitis; Depression; Osteoporosis**

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

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

☑ I have no publications to report.

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

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

☐ I have no interest to report.

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

I have developed measures related to depression around 2010 and maintained a CMS stewarded measure related to screening and follow up for depression.
Disclosures of Interests: Supplemental Questions for Performance Measurement Committee

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

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**Topic Areas:**

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✔ No

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☐ Yes (please provide additional details below).

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Samantha Tierney

Print Name

Samantha Tierney  Digitally signed by Samantha Tierney  Date: 2021.01.09 13:04:30 -05'00' 1/9/2020

Signature Date
Itziar Etxeandia Ikobaltzeta

Summary of Financial Interests

<table>
<thead>
<tr>
<th>Company or Organization</th>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
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</thead>
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<tr>
<td>American College of Physicians</td>
<td>Consultant</td>
<td>Self</td>
<td>-</td>
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<tr>
<td>Cochrane Response</td>
<td>Consultant</td>
<td>Self</td>
<td>-</td>
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</tr>
<tr>
<td>INSTIT. SALUD PUBLICA Y LABORAL NAVARRA</td>
<td>Consultant</td>
<td>Self</td>
<td>-</td>
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<td>McMaster University MacGRADE Centre</td>
<td>Consultant</td>
<td>Self</td>
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      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.

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**Topic Areas: COVID-19; Diverticulitis; Depression; Osteoporosis**

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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?

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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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☑ No

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☐ No

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**Itziar Etxeandia Ikobaltzeta**

Print Name

[Signature]

2021.01.05 16:16:49 +01'00'

Signature Date
### Summary of Financial Interests

#### Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
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<td>Grant / Contract</td>
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<td>$22,600.00</td>
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<td>Grant / Contract</td>
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<td>$226,000.00</td>
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<td>Canadian Institutes of Health Research</td>
<td>Grant / Contract</td>
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<td>$9,310,000.00</td>
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<td>Self</td>
<td>-</td>
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<tr>
<td>Evidence Synthesis International</td>
<td>Fiduciary Officer</td>
<td>Self</td>
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<td>McMaster University</td>
<td>Employment</td>
<td>Self</td>
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<tr>
<td>Sigma Theta Tau International</td>
<td>Fiduciary Officer</td>
<td>Self</td>
<td>-</td>
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<tr>
<td>University of Bologna</td>
<td>Other</td>
<td>Self</td>
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</table>

#### Recipient Name:
- Dr. Sandra Carroll
- Dr. Michael McGillion
- Dr. Michael McGillion

#### Grant / Contract Description:
- Following the C-SPIN Roadmap: Realizing Meaningful Patient Engagement
- THE SMArT VIEW, CoVeRed
- THE SMArT VIEW, CoVeRed
- THE SMArT VIEW, CoVeRed

#### Grant / Contract Purpose:
- Research
- Research
- Research

#### Grant / Contract Amount:
- $22,600.00
- $226,000.00
- $9,310,000.00

#### Grant / Contract Valuation Date:
- 03/01/2016
- 03/01/2016
- 10/15/2015

#### Contract Start Date:
- 03/01/2016
- 03/01/2016
- 10/15/2015

#### Contract End Date:
- 02/28/2018
- 02/28/2018
- 09/30/2019

### Disclosure Purpose: CGC/PMC/SMPC Meetings

Recipient Name: Dr. Sandra Carroll
Recipient Type: Individual
Grant / Contract Purpose: Research
Grant / Contract Amount: $22,600.00
Grant / Contract Valuation Date: 03/01/2016
Contract Start Date: 03/01/2016
Contract End Date: 02/28/2018

Recipient Name: Dr. Michael McGillion
Recipient Type: Individual
Grant / Contract Purpose: Research
Grant / Contract Amount: $226,000.00
Grant / Contract Valuation Date: 03/01/2016
Contract Start Date: 03/01/2016
Contract End Date: 02/28/2018

Recipient Name: Dr. Michael McGillion
Recipient Type: Individual
Grant / Contract Purpose: Research
Grant / Contract Amount: $9,310,000.00
Grant / Contract Valuation Date: 10/15/2015
Contract Start Date: 10/15/2015
Contract End Date: 09/30/2019

#### Additional Information:
- Official Title: President - Alpha Nu Chapter
- Position Description: President - Alpha Nu Chapter
- Compensation Type: Unpaid
- Annual Compensation:
- Category: Other
- Consultant Description:
- Start Date: 06/01/2010
- End Date: 06/30/2017
- Position Description: Organize and support activities of the organisation
- Other Compensation:
- Title: Assistant Professor
- Start Date: 03/01/2018
- End Date: 09/01/2019
- Annual Compensation:
- Additional Information:
- Category: Other
- Consultant Description:
- Start Date: 11/16/2019
- End Date: 11/22/2019
- Compensation Type: Cash
- Annual Compensation:

#### Year | Amount | Type
--- | --- | ---
2019 | $5,213.19 | Actual
Villanova University

Employment

Self

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

Additional Information:

Title: Associate Professor
Start Date: 08/22/2017
End Date: 
Position Description: 
Additional Information: 

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

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

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- ☐ I have no publications 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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Jennifer Yost

Print Name

Jennifer Yost

Digitally signed by Jennifer Yost
Date: 2021.01.11 09:27:23 -05'00' Jan 11, 2021

Signature

Date


### Summary of Financial Interests

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<tr>
<td>Overbrook School</td>
<td>Employment</td>
<td>Spouse/Partner</td>
<td>-</td>
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</tr>
<tr>
<td>State Volunteer Mutual Insurance Company</td>
<td>End Point Review Committee</td>
<td>Self</td>
<td>$8,330.50</td>
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</table>

#### Additional Information:
- Serve as a member of the Underwriting Committee for SVMIC. Compensated for time spent reviewing applications.

### Additional Information:

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

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

Name:

Disclosures of Interests: Supplemental Questions
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[Signature]

Print Name

[Signature]

Signature

Date

12/20/20