

# Rebecca Andrews

**Disclosure Purpose:** Annual Governance Disclosure 2024-25 (Expiration Date: 12/08/2025), 2023 State Chapter Meeting (Expiration Date: 12/08/2025), Appointee Disclosure (Expiration Date: 12/08/2025), Internal Medicine Meeting 2025 Faculty (Expiration Date: 12/08/2025), AMA Delegation (Expiration Date: 12/08/2025), 2024 ACP-WI Annual Scientific Meeting (Expiration Date: 12/08/2025)

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Fiduciary Officer	Self	-
<b>Official Title:</b> 2024-2025 Chair-elect Board of Regents <b>Compensation Type:</b> Cash <b>Start Date:</b> 04/27/2024 <b>Compensation:</b> <b>Additional Information:</b>		<b>Position Description:</b> Liaison b/t Chapter Governors and the executive boards/senior leadership with multiple responsibilities <b>End Date:</b>	
Center for Integrated Healthcare, U.S. Department of Veterans Affairs	Employment Current Employment	Self	-
<b>Title:</b> Staff physician <b>Start Date:</b> 10/01/2009 <b>Additional Information:</b> Salaried employment		<b>Position Description:</b> Rocky Hill VA in CT - staff physician <b>End Date:</b> Ongoing / No Known End Date	
dph	Grant / Contract	Self	\$10000.00
<b>Recipient Name:</b> UConn Health <b>Grant / Contract Description:</b> Overdose2Action grant for education on safe pain management <b>Contract Start Date:</b> 09/01/2020 <b>Grant / Contract Amount:</b> \$10,000.00 <b>Additional Information:</b> the funds are allotted to the institution, the specific amount is the amount support of my time/salary		<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Other - education <b>Grant / Contract Valuation Date:</b> 12/21/2023 <b>Contract End Date:</b>	
uconn health	Employment Current Employment	Self	-
<b>Title:</b> Assoc Program Director, Lead physician CCPC and PCMH <b>Start Date:</b> 09/30/2009 <b>Additional Information:</b>		<b>Position Description:</b> primary care practitioner also assoc program director for IM residency program and lead clinician for the comprehensive pain center and pomh <b>End Date:</b> Ongoing / No Known End Date	
various entities for expert witness	Expert Witness Current Employment	Self	-
<b>Category:</b> Expert Witness <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes <b>Additional Information:</b> compensation varies year to year 5,000 to 25,000; cases cover general internal medicine care in a primary care setting as well as practice standards, but are not related to ACP work		<b>Start Date:</b> 01/01/2017	

## 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



## Relevant Publications and Other Intellectual Interests for Ongoing Projects

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas. You do not need to report publications developed on behalf of ACP.

- *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, membership in special interest groups, or the development, testing and/or maintenance of performance measures in these areas.
- *Financial interests* are defined as any payments received in exchange for services or any financial value derived from holdings
  - Examples of financial interests include stock ownership, excluding diversified funds, such as mutual funds

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

### Performance Measurement Committee: Topic Areas for Measure Review

Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Measure Development Projects (Development, Testing, and/or Maintenance)  <i>Report from last 3 years only. If none, write “None”. If yes, please provide additional details next to the relevant topic.</i>
Colorectal cancer screening and surveillance	
Colonoscopy	
Major depressive disorder	Quality Indicators for Major Depressive Disorder in Adults: A Review of Performance Measures by the American College of Physicians Annals of Internal Medicine Volume 177, Number 4 <a href="https://doi.org/10.7326/M23-3077">https://doi.org/10.7326/M23-3077</a>
Osteoporosis	Quality Indicators for Osteoporosis in Adults: A Review of Performance Measures by the American College of Physicians Annals of Internal Medicine Volume 176, Number 10 <a href="https://doi.org/10.7326/M23-1291">https://doi.org/10.7326/M23-1291</a>
Migraine	none

### 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 above topic areas and that my disclosures are up to date.

Rebecca Andrews

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Relevant Publications and Other Intellectual Interests for Ongoing Projects

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Print Name

12/8/2024

Signature

Date

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# Nick Fitterman

**Discloser Identifier:** 00059960

**Disclosure Purpose:** Annual Governance Disclosure 2024-25

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
nick fitterman	Employment Current Employment	Self	-

**Title:** executive director Huntington Hospital  
**Start Date:** 10/03/2018  
**Additional Information:**

**Position Description:** executive director  
**End Date:** Ongoing / No Known End Date

## Certification

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

Relevant Publications and Other Intellectual Interests for Ongoing Projects

**Disclosures of Interests: Supplemental Questions**

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**Topics Currently Under Development**

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.


You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write "see attachment" in table).

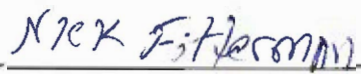
Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write "None"</i>
Breast Cancer	none
Colonoscopy	none
Colorectal cancer screening and surveillance	none
Depression	none
Hyperlipidemia	none
Hypertension	none
Insomnia	none
Major depressive disorder	none
Menopausal Therapy	none
Obesity	none
Osteoporosis	none
Rhinosinusitis	none
Migraine	none

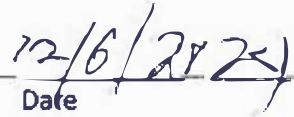
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 \_\_\_\_\_  
 Name

 \_\_\_\_\_  
 Signature

  
 \_\_\_\_\_  
 Date

Peter Basch

**Disclosure Purpose:** Annual Governance Disclosure 2024-25, Disclosure for Continued Leadernet Access

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

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

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**Performance Measurement Committee: Topic Areas for Measure Review**

Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Measure Development Projects (Development, Testing, and/or Maintenance)
<i>Report from last 3 years only. If none, write "None". If yes, please provide additional details next to the relevant topic.</i>	
Colorectal cancer screening and surveillance	None
Colonoscopy	None
Major depressive disorder	None
Osteoporosis	None
Migraine	None

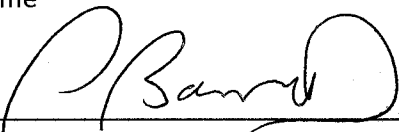
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- I attest that I have reviewed the above topic areas and that my disclosures are up to date.

Peter Basch, MD, MACP, FRCP

Print Name



Signature

Jun 10, 2025

Date

Elisa Choi

**Disclosure Purpose:** Annual Governance Disclosure 2024-25, annual meeting, AMA Delegation, CME Contributor, 2023 MA ACP Annual Scientific Meeting, DEI Shift Diagnostic Excellence Podcast, Appointee Disclosure, podcast  
**Employment Information:** Currently employed content contributor

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
ACP	Fiduciary Officer	Self	-
<b>Official Title:</b> Regent <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 05/01/2021 <b>Compensation:</b> No <b>Additional Information:</b> <b>Position Description:</b> Fiduciary officer of ACP, member of the ACP Board of Regents <b>End Date:</b> 05/01/2025			
ACP	Fiduciary Officer	Self	-
<b>Official Title:</b> ACP Services PAC Board of Directors - member <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 08/06/2023 <b>Compensation:</b> No <b>Additional Information:</b> Volunteer member of Board of Directors for ACP Services PAC (Political Action Committee) <b>Position Description:</b> <b>End Date:</b> 07/31/2026			
ACP	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> 04/30/2023 <b>Compensation Type:</b> Other <b>Compensation:</b> Yes <b>Additional Information:</b> <b>Start Date:</b> 05/01/2022 <b>Other Compensation:</b> Stipend			
ACP	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> 04/30/2022 <b>Compensation Type:</b> Other <b>Compensation:</b> <b>Additional Information:</b> ACP Board of Governors, Chair-Elect <b>Start Date:</b> 05/01/2021 <b>Other Compensation:</b> Stipend			
American College of Physicians	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> Invited speaker to ACP IM 2016, 2018, 2019, 2020, 2021, 2022, 2024. Governor MA ACP; ACP Awards Committee Vice Chair; ACP representative to AMA HOD; ACP 2021 Scientific Program Committee member; Executive Committee Member; ACP Board of Governors; Member, US Dept of HHS Office of Infectious Disease (OIDP); Member representing ACP on IDSA COVID-19 Real Time Learning Network (unpaid volunteer role); ACP Board of Regents; ACP MACP (Mastership) Committee Chair; ACP MIC & PMC member; ACP MPQC Member <b>Start Date:</b> 03/01/2016			
American Medical Association	Other	Self	-

Entity	Type	Interest Held By	Value
<b>Category:</b> Other <b>Start Date:</b> 06/10/2023 <b>End Date:</b> 06/14/2025 <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> Governing Council member for the AMA (American Medical Association) Women Physicians Section; Chair of AMA Women Physicians Section 2024-2025.			
American Medical Womens Association (AMWA)	Other	Self	-
<b>Category:</b> Other <b>Start Date:</b> 09/01/2023 <b>End Date:</b> <b>Compensation Type:</b> <b>Compensation:</b> <b>Additional Information:</b> national AMWA committee member			
ATASK	Fiduciary Officer	Self	-
<b>Official Title:</b> Board of Directors, Member <b>Position Description:</b> Member of the Board of Directors <b>Compensation Type:</b> Unpaid <b>End Date:</b> <b>Start Date:</b> 06/01/2017 <b>Compensation:</b> No <b>Additional Information:</b>			
Atrius Health	Employment <b>Current Employment</b>	Self	-
<b>Title:</b> Chief of Internal Medicine, Physician <b>Position Description:</b> Chief and Medical Director of Internal Medicine department, Physician <b>Start Date:</b> 07/01/2010 <b>End Date:</b> Ongoing / No Known End Date <b>Additional Information:</b>			
Infectious Disease Society of America	Other	Self	-
<b>Category:</b> Other <b>Start Date:</b> 10/07/2019 <b>End Date:</b> 10/31/2023 <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> Infectious Disease Society of America - Public Health Committee Member - unpaid/volunteer			
Massachusetts Medical Society	Other	Self	-
<b>Category:</b> Other <b>Start Date:</b> 02/07/2017 <b>End Date:</b> <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> Massachusetts Medical Society - Interspecialty Committee member, unpaid/volunteer; Communications Committee member, unpaid/volunteer (start 6/22/2021); Communications Advisory Group			

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Relevant Publications and Other Intellectual Interests for Ongoing Projects

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Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Measure Development Projects (Development, Testing, and/or Maintenance)
<i>Report from last 3 years only. If none, write "None". If yes, please provide additional details next to the relevant topic.</i>	
Colorectal cancer screening and surveillance	None
Colonoscopy	None
Major depressive disorder	None
Osteoporosis	None
Migraine	None

**Acknowledgements and Attestations**

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- I attest that I have reviewed the above topic areas and that my disclosures are up to date.

Elisa Choi, MD, FACP, FIDSA  
Print Name

Elisa Choi, MD, FACP, FIDSA  
Signature

09 JAN 2025  
Date

Roger Chou

**Discloser Identifier:** 01116827

**Disclosure Purpose:** Annual Governance Disclosure 2024-25

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value																				
Agency for Healthcare Research and Quality	Grant / Contract	Other - Funding is to my institution (OHSU)	-																				
<p><b>Recipient Name:</b> Oregon Health &amp; Science University  <b>Grant / Contract Description:</b> Research funding to conduct systematic reviews on pain topics, long COVID, screening topics  <b>Contract Start Date:</b> 08/01/2021  <b>Grant / Contract Amount:</b>  <b>Additional Information:</b></p> <p><b>Recipient Type:</b> Institution  <b>Grant / Contract Purpose:</b> Research  <b>Grant / Contract Valuation Date:</b>  <b>Contract End Date:</b> Ongoing / No Known End Date</p>																							
American Thyroid Association	Consultant Current Employment	Self	\$20000.00																				
<p><b>Category:</b> Consultant  <b>End Date:</b> Ongoing / No Known End Date  <b>Compensation Type:</b> Cash  <b>Compensation:</b> Yes</p> <p><b>Start Date:</b> 01/10/2019</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Amount</th> <th>Amount Type</th> <th>Compensation Type</th> </tr> </thead> <tbody> <tr> <td>2024</td> <td>\$4,000.00</td> <td>Estimated</td> <td></td> </tr> <tr> <td>2023</td> <td>\$4,500.00</td> <td>Estimated</td> <td></td> </tr> <tr> <td>2022</td> <td>\$4,000.00</td> <td>Estimated</td> <td></td> </tr> <tr> <td>2021</td> <td>\$7,500.00</td> <td>Estimated</td> <td></td> </tr> </tbody> </table> <p><b>Additional Information:</b></p>				Year	Amount	Amount Type	Compensation Type	2024	\$4,000.00	Estimated		2023	\$4,500.00	Estimated		2022	\$4,000.00	Estimated		2021	\$7,500.00	Estimated	
Year	Amount	Amount Type	Compensation Type																				
2024	\$4,000.00	Estimated																					
2023	\$4,500.00	Estimated																					
2022	\$4,000.00	Estimated																					
2021	\$7,500.00	Estimated																					
American Urological Association Foundation	Grant / Contract	Other - Contract through OHSU	\$200000.00																				
<p><b>Recipient Name:</b> Oregon Health &amp; Science University  <b>Grant / Contract Description:</b> Grants to conduct systematic reviews to support AUA guideline development  <b>Contract Start Date:</b> 01/01/2023  <b>Grant / Contract Amount:</b>\$200,000.00  <b>Additional Information:</b></p> <p><b>Recipient Type:</b> Institution  <b>Grant / Contract Purpose:</b> Research  <b>Grant / Contract Valuation Date:</b> 08/24/2024  <b>Contract End Date:</b> Ongoing / No Known End Date</p>																							
Centers for Disease Control and Prevention	Grant / Contract	Self	-																				
<p><b>Recipient Name:</b> Oregon Health &amp; Science University  <b>Grant / Contract Description:</b> Research funding to conduct review on chronic pain  <b>Contract Start Date:</b> 07/01/2020  <b>Grant / Contract Amount:</b>  <b>Additional Information:</b></p> <p><b>Recipient Type:</b> Institution  <b>Grant / Contract Purpose:</b> Research  <b>Grant / Contract Valuation Date:</b> 06/08/2019  <b>Contract End Date:</b> Ongoing / No Known End Date</p>																							
Food and Drug Administration	Grant / Contract	Other - Contract through OHSU (employer)	\$2000000.00																				



Entity	Type	Interest Held By	Value
<b>Recipient Name:</b> Oregon Health & Science University <b>Grant / Contract Description:</b> Contract to develop acute low back pain guideline <b>Contract Start Date:</b> 10/23/2023 <b>Grant / Contract Amount:</b> \$2,000,000.00 <b>Additional Information:</b>			
<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 12/18/2023 <b>Contract End Date:</b> 10/23/2026			
Moda Health	Consultant Current Employment	Self	\$3000.00
<b>Category:</b> Consultant <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> <b>Compensation:</b> Yes			
<b>Start Date:</b> 01/01/2020			
Year	Amount	Amount Type	Compensation Type
2024	\$3,000.00	Estimated	
<b>Additional Information:</b> Pharmaceutical and therapeutics committee			
School of Medicine, Oregon Health and Science University	Employment Current Employment	Self	-
<b>Title:</b> Professor <b>Start Date:</b> 07/01/2000 <b>Additional Information:</b>			
<b>Position Description:</b> Professor, Department of Medical Informatics & Clinical Epidemiology <b>End Date:</b> Ongoing / No Known End Date			
World Health Organization	Consultant Current Employment	Self	\$40000.00
<b>Category:</b> Consultant <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes			
<b>Start Date:</b> 01/01/2023			
Year	Amount	Amount Type	Compensation Type
2024	\$20,000.00	Estimated	
2023	\$20,000.00	Estimated	
<b>Additional Information:</b> Consultant to serve as methodologist on various World Health Organization guidelines			

## Intellectual Property

Type	Is Licensed	Interest Held By	Value
Other Intellectual Property - Royalties for being author on UpToDate low back p	-	Self	-
<b>Description:</b> Royalties for being author on UpToDate low back pain topics <b>Additional Information:</b> <b>Income:</b> <b>Additional Information:</b>			
<b>Income Source:</b>			

## Additional Questions

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

All research funding and consulting is from the U.S. governmental agencies or professional organizations

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

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**Performance Measurement Committee: Topic Areas for Measure Review**

Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Measure Development Projects (Development, Testing, and/or Maintenance)
	<i>Report from last 3 years only. If none, write “None”. If yes, please provide additional details next to the relevant topic.</i>
Colorectal cancer screening and surveillance	None
Colonoscopy	None
Major depressive disorder	None
Osteoporosis	None

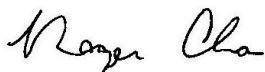
**Acknowledgements and Attestations**

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 above topic areas and that my disclosures are up to date.

Roger Chou

Print Name



12/8/24

Signature

Date

Roger Khetan

**Disclosure Purpose:** Annual Governance Disclosure 2024-25, AMA Delegation, Faculty & Planners, Planners & Faculty

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
Baylor Scott and White	Employment	Self	-
<b>Title:</b> physician <b>Start Date:</b> 07/12/1999 <b>Additional Information:</b>			
<b>Position Description:</b> physician <b>End Date:</b> 01/01/2023			
North Texas preferred health partners	Employment <b>Current Employment</b>	Self	-
<b>Title:</b> Concierge Internal Medicine Physician <b>Start Date:</b> 01/01/2023 <b>Additional Information:</b>			
<b>Position Description:</b> Physician <b>End Date:</b> Ongoing / No Known End Date			

## Additional Questions

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

I am employed by bsw as medical director only for p&t committee otherwise in private practice

**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

## Relevant Publications and Other Intellectual Interests for Ongoing Projects

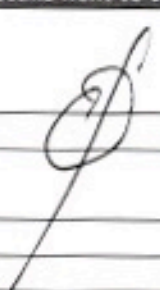
### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas. You do not need to report publications developed on behalf of ACP.

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You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write "see attachment" in table).

### Performance Measurement Committee: Topic Areas for Measure Review

Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Measure Development Projects (Development, Testing, and/or Maintenance) <i>Report from last 3 years only. If none, write "None". If yes, please provide additional details next to the relevant topic.</i>
Colorectal cancer screening and surveillance	
Colonoscopy	
Major depressive disorder	
Osteoporosis	
Migraine	

### Acknowledgements and Attestations

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- I attest that I have reviewed the above topic areas and that my disclosures are up to date.

Roger S. Khutan MD

Print Name

Roger S. Khutan MD

Signature

1/10/2025

Date

# Scott MacDonald

**Discloser Identifier:** 01097919

**Disclosure Purpose:** Annual Governance Disclosure 2024-25

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value								
Agency for Healthcare Research and Quality	Other	Self	-								
<p><b>Category:</b> Other <b>Start Date:</b> 01/30/2023  <b>End Date:</b>  <b>Compensation Type:</b> Unpaid  <b>Compensation:</b> No  <b>Additional Information:</b> Through a contractor, participated in Clinical Decision Support Innovation Collaborative, advising on ways to measure impact of CDS.</p>											
Cerner Corporation	Stock	Self	\$8165.00								
<p><b>Percentage Ownership:</b> 0  <b>Estimated Value:</b> \$8,165.00 <b>Valuation Date:</b> 12/07/2022  <b>Divestment Date:</b> 12/07/2022  <b>Additional Information:</b> I owned Oracle stock, which bought Cerner, an EHR vendor. I divested it soon after in 2022.</p>											
University of California, Davis Health	Employment <b>Current Employment</b>	Self	-								
<p><b>Title:</b> Medical Director, Clinical informatics <b>Position Description:</b> Direct projects and programs relating to informatics education, EHR usage and configuration  <b>Start Date:</b> 07/01/2000 <b>End Date:</b> Ongoing / No Known End Date  <b>Additional Information:</b></p>											
University of California, Davis Health	Other	Self	\$300.00								
<p><b>Category:</b> Other <b>Start Date:</b> 02/01/2024  <b>End Date:</b> 02/01/2024  <b>Compensation Type:</b> Cash  <b>Compensation:</b> Yes</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Amount</th> <th>Amount Type</th> <th>Compensation Type</th> </tr> </thead> <tbody> <tr> <td>2024</td> <td>\$300.00</td> <td>Actual</td> <td>Cash</td> </tr> </tbody> </table> <p><b>Additional Information:</b> participation in a focus group (as a physician) exploring what electronic tools would help manage patients with hypertension</p>				Year	Amount	Amount Type	Compensation Type	2024	\$300.00	Actual	Cash
Year	Amount	Amount Type	Compensation Type								
2024	\$300.00	Actual	Cash								

## Additional Questions

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

Involved in many Epic workgroups to help improve their software, mostly to improve the quality and experience of my organization.  
 No financial relationship.



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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- 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

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Relevant Publications and Other Intellectual Interests for Ongoing Projects

**Disclosures of Interests: Supplemental Questions**

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**Performance Measurement Committee: Topic Areas for Measure Review**

Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Measure Development Projects (Development, Testing, and/or Maintenance)
	<i>Report from last 3 years only. If none, write “None”. If yes, please provide additional details next to the relevant topic.</i>
Colorectal cancer screening and surveillance	<a href="http://dx.doi.org/10.1016/j.amjmed.2021.12.015">http://dx.doi.org/10.1016/j.amjmed.2021.12.015</a>
Colonoscopy	none specific to this model of screening other than above.
Major depressive disorder	none
Osteoporosis	none
Migraine	none

**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 above topic areas and that my disclosures are up to date.

Scott MacDonald  
\_\_\_\_\_  
Print Name



Signature

12/9/2024  
\_\_\_\_\_  
Date

Nancy Miller

**Disclosure Purpose:** Annual Governance Disclosure 2024-25, TriService ACP 2024 Meeting- Planning and/or Presenting

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
U.S. Navy	Employment Current Employment	Self	-

**Title:** Physician  
**Start Date:** 07/01/2001  
**Additional Information:**

**Position Description:**  
**End Date:** Ongoing / No Known End Date

## Certification

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

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## Relevant Publications and Other Intellectual Interests for Ongoing Projects

### Disclosures of Interests: Supplemental Questions

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Colorectal cancer screening and surveillance	none
Colonoscopy	none
Major depressive disorder	none
Osteoporosis	none
Migraine	none

### Acknowledgements and Attestations

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Nancy Miller

Print Name

MILLER.NANCY.LEE.1252720991

Digitally signed by MILLER.NANCY.LEE.1252720991  
Date: 2024.12.13 15:25:17 -08'00'

12/13/24

Signature

Date

**Discloser Identifier:** 01230420

**Disclosure Purpose:** Annual Governance Disclosure 2024-25

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
All Levels Leadership, LLC	Other Business Ownership	Self	-
<p><b>Form of Business Description:</b> Leadership and Professional Development company providing education, consultation and coaching to healthcare professionals and organizations.  <b>Ownership Category:</b> Partnership  <b>Partnership Category:</b> LLC  <b>Investment Amount Valuation Date:</b> 01/27/2024  <b>Percentage Ownership:</b> 19  <b>Investment Amount:</b> \$2,500.00  <b>Compensation:</b> No  <b>Additional Information:</b></p>			
American College of Physicians	Other	Self	-
<p><b>Category:</b> Other  <b>End Date:</b> 01/01/2026  <b>Compensation Type:</b> Unpaid  <b>Compensation:</b> No  <b>Additional Information:</b></p> <p style="text-align: right;"><b>Start Date:</b> 01/01/2024</p>			
Providence Health Care	Employment <b>Current Employment</b>	Self	-
<p><b>Title:</b> Intensive Care Unit Physician  <b>Start Date:</b> 02/01/2022  <b>Additional Information:</b></p> <p style="text-align: right;"><b>Position Description:</b> Intermittent ICU coverage as a physician  <b>End Date:</b> Ongoing / No Known End Date</p>			
Society of Critical Care Medicine	Gift	Self	\$1300.00
<p><b>Description:</b> Honoraria and travel expenses paid to teach the Adult Critical Care Ultrasound Course  <b>Estimated Gift Value:</b> \$1,300.00  <b>Additional Information:</b> Air fair and 2 night hotel stay + \$300 honorarium to teach the two-day Adult Critical Care Ultrasound Course at the Society of Critical Care Medicine Annual Congress</p> <p style="text-align: right;"><b>Date Gift Received:</b> 01/18/2023  <b>Valuation Date:</b> 01/19/2023</p>			
Suburban Hospital, Johns Hopkins University Health System	Employment	Self	-
<p><b>Title:</b> Staff Physician  <b>Start Date:</b> 06/01/2022  <b>Additional Information:</b></p> <p style="text-align: right;"><b>Position Description:</b> Provides intermittent, as needed coverage of the Suburban Hospital Intensive Care Unit Service  <b>End Date:</b> Ongoing / No Known End Date</p>			
US Army	Employment	Self	-
<p><b>Title:</b> Staff Physician  <b>Start Date:</b> 08/01/1999  <b>Additional Information:</b></p> <p style="text-align: right;"><b>Position Description:</b> I am a staff physician in the US Army  <b>End Date:</b> 07/01/2023</p>			
Vave Health, Inc	Consultant	Self	\$5000.00

Entity	Type	Interest Held By	Value
<b>Category:</b> Consultant <span style="float: right;"><b>Start Date:</b> 08/01/2023</span> <b>End Date:</b> 09/18/2023 <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes			
Year	Amount	Amount Type	Compensation Type
2023	\$5,000.00	Estimated	
<b>Additional Information:</b> Hired as a consultant for Point of Care Ultrasound Expertise related to a product proposal - paid hourly for contributions over a 2 week period			
Virginia Mason Franciscan Health System	Employment <b>Current Employment</b>	Self	-
<b>Title:</b> Staff Intensivist <b>Start Date:</b> 01/22/2024 <b>Additional Information:</b>		<b>Position Description:</b> 0.4 FTE Staff Intensivist at St. Joseph's Hospital Intensive Care Unit <b>End Date:</b> Ongoing / No Known End Date	

## Certification

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

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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Relevant Publications and Other Intellectual Interests for Ongoing Projects

**Disclosures of Interests: Supplemental Questions**

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Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Measure Development Projects (Development, Testing, and/or Maintenance)  <i>Report from last 3 years only. If none, write “None”. If yes, please provide additional details next to the relevant topic.</i>
Colorectal cancer screening and surveillance	none
Colonoscopy	none
Major depressive disorder	none
Osteoporosis	none
Migraine	none

**Acknowledgements and Attestations**

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- I attest that I have reviewed the above topic areas and that my disclosures are up to date.

Cristin Mount, MD

Print Name



Signature

16 December 2024

Date

Rhea Powell

**Discloser Identifier:** 01792642

**Disclosure Purpose:** Annual Governance Disclosure 2024-25

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
Mathematica	Employment	Self	-
<p><b>Title:</b> Senior Researcher  <b>Start Date:</b> 09/05/2019  <b>Additional Information:</b> Full time research and evaluation role on projects related to health care delivery and organization.</p> <p><b>Position Description:</b> Health researcher  <b>End Date:</b> 09/09/2022</p>			
National Institutes of Health	Grant / Contract	Self	\$2625564.00
<p><b>Recipient Name:</b> Kristin Rising  <b>Grant / Contract Description:</b> NIH/NIDDK 1R18DK118590 Clinical trial of medically tailored meals and nutrition therapy in diabetes  <b>Contract Start Date:</b> 07/18/2019  <b>Grant / Contract Amount:</b> \$2,625,564.00  <b>Additional Information:</b> I am a coinvestigator on this grant, titled, "A pragmatic randomized controlled trial assessing the impact of medically tailored meals and medical nutrition therapy via telehealth among patients with poorly controlled diabetes" It supports 10% of my time at Thomas Jefferson University</p> <p><b>Recipient Type:</b> Individual  <b>Grant / Contract Purpose:</b> Research  <b>Grant / Contract Valuation Date:</b> 03/29/2024  <b>Contract End Date:</b> 06/30/2025</p>			
Perelman School of Medicine, University of Pennsylvania	Employment	Spouse/Partner	-
<p><b>Title:</b> Assistant Professor of Medicine  <b>Start Date:</b> 07/01/2010  <b>Additional Information:</b> Spouse is a full time clinician-researcher in infectious disease</p> <p><b>Position Description:</b> Clinician researcher  <b>End Date:</b></p>			
Society of General Internal Medicine	Other	Self	-
<p><b>Category:</b> Other  <b>End Date:</b> Ongoing / No Known End Date  <b>Compensation Type:</b> Unpaid  <b>Compensation:</b> No  <b>Additional Information:</b> Society of General Internal Medicine - Health Policy Clinical Subcommittee - Participate in monthly 1 hour meetings, occasional work in between meetings totaling less than 8 hours annually.</p> <p><b>Start Date:</b> 05/01/2015</p>			
Thomas Jefferson University	Employment <b>Current Employment</b>	Self	-
<p><b>Title:</b> Associate Professor of Medicine  <b>Start Date:</b> 09/19/2012  <b>Additional Information:</b> Full time</p> <p><b>Position Description:</b> Division Director for Internal Medicine with administrative responsibilities and primary care physician and faculty in department of medicine  <b>End Date:</b></p>			
UnitedHealthcare	Other	Self	\$300.00

Entity	Type	Interest Held By	Value
<b>Category:</b> Other <span style="float: right;"><b>Start Date:</b> 09/26/2023</span> <b>End Date:</b> 04/30/2024 <b>Compensation Type:</b> Cash <b>Compensation:</b> Yes			
Year	Amount	Amount Type	Compensation Type
2023	\$300.00	Actual	
<b>Additional Information:</b> From Sept 2023 - April 2024 I was a UnitedHealthcare Northeast Medical Advisory Committee member and provided feedback on policies and practices designed to support quality of care. I attended two 2-hours meetings during that time. I am no longer participating in this activity.			

## Certification

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## Relevant Publications and Other Intellectual Interests for Ongoing Projects

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Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Measure Development Projects (Development, Testing, and/or Maintenance)  <i>Report from last 3 years only. If none, write “None”. If yes, please provide additional details next to the relevant topic.</i>
Colorectal cancer screening and surveillance	None
Colonoscopy	None
Major depressive disorder	Qaseem A, Andrews RA, Campos C, Goldzweig CL, MacDonald S, McLean RM, Powell RE, Fitterman N, and the Performance Measurement Committee of the American College of Physicians. Quality Indicators for Major Depressive Disorder in Adults: A Review of Performance Measures by the American College of Physicians. <i>Annals of Internal Medicine</i> . April 2024; 177(4):507-513. doi:10.7326/M23-3077
Osteoporosis	Qaseem A, Mount CA, Campos K, McLean RM, Tierney S, Cross JT Jr, Fitterman N and the Performance Measurement Committee of the American College of Physicians. Quality Indicators for Osteoporosis in Adults: A Review of Performance Measures by the American College of Physicians. <i>Annals of Internal Medicine</i> . 2023 Oct;176(10):1386-1391. doi: 10.7326/M23-1291. PubMed PMID: 37782922.
Migraine	none

### Acknowledgements and Attestations

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Rhea Powell

---

Relevant Publications and Other Intellectual Interests for Ongoing Projects

---

Print Name

*Rheep Powell*

12/6/2024

---

Signature

Date

Nicole Van Groningen

**Discloser Identifier:** 03636120

**Disclosure Purpose:** Annual Governance Disclosure 2024-25

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value												
American College of Physicians	Consultant	Self	\$2250.00												
<p><b>Category:</b> Consultant <b>Start Date:</b> 04/10/2023  <b>End Date:</b> 01/17/2024  <b>Compensation Type:</b> Cash  <b>Compensation:</b> Yes</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Amount</th> <th>Amount Type</th> <th>Compensation Type</th> </tr> </thead> <tbody> <tr> <td>2024</td> <td>\$1,750.00</td> <td>Actual</td> <td></td> </tr> <tr> <td>2023</td> <td>\$500.00</td> <td>Actual</td> <td></td> </tr> </tbody> </table> <p><b>Additional Information:</b> Social media consulting and content production for ACP</p>				Year	Amount	Amount Type	Compensation Type	2024	\$1,750.00	Actual		2023	\$500.00	Actual	
Year	Amount	Amount Type	Compensation Type												
2024	\$1,750.00	Actual													
2023	\$500.00	Actual													
Cedars-Sinai Medical Center	Employment	Self	-												
<p><b>Title:</b> Faculty Physician <b>Position Description:</b> Division of General Internal Medicine  <b>Start Date:</b> 08/30/2017 <b>End Date:</b> 07/23/2024  <b>Additional Information:</b></p>															
GoodRx	Other	Self	\$3000.00												
<p><b>Category:</b> Other <b>Start Date:</b> 11/15/2024  <b>End Date:</b> 11/30/2024  <b>Compensation Type:</b> Cash  <b>Compensation:</b> Yes</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Amount</th> <th>Amount Type</th> <th>Compensation Type</th> </tr> </thead> <tbody> <tr> <td>2024</td> <td>\$3,000.00</td> <td>Actual</td> <td></td> </tr> </tbody> </table> <p><b>Additional Information:</b> Paid brand partnership on TikTok and Instagram - one video posted on each platform, and 3 instagram stories. Contract fulfilled, no further work currently being done.</p>				Year	Amount	Amount Type	Compensation Type	2024	\$3,000.00	Actual					
Year	Amount	Amount Type	Compensation Type												
2024	\$3,000.00	Actual													
YouHealth (Hims&Hers Telemedicine)	Employment <b>Current Employment</b>	Self	-												
<p><b>Title:</b> Independent Contractor <b>Position Description:</b> Hourly clinical work  <b>Start Date:</b> 11/25/2024 <b>End Date:</b> Ongoing / No Known End Date  <b>Additional Information:</b></p>															

## 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



## Relevant Publications and Other Intellectual Interests for Ongoing Projects

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas. You do not need to report publications developed on behalf of ACP.

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  - Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, membership in special interest groups, or the development, testing and/or maintenance of performance measures in these areas.
- *Financial interests* are defined as any payments received in exchange for services or any financial value derived from holdings
  - Examples of financial interests include stock ownership, excluding diversified funds, such as mutual funds

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

### Performance Measurement Committee: Topic Areas for Measure Review

Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Measure Development Projects (Development, Testing, and/or Maintenance) <i>Report from last 3 years only. If none, write “None”. If yes, please provide additional details next to the relevant topic.</i>
Colorectal cancer screening and surveillance	None
Colonoscopy	None
Major depressive disorder	None
Osteoporosis	None
Migraine	None

### 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 above topic areas and that my disclosures are up to date.

Nicole Van Groningen

Print Name

*Nicole Van Groningen*

1.6.2024

Signature

Date

**Disclosure Purpose:** Annual Governance Disclosure 2024-25, 2024 MI-ACP and SHM-MI Annual Scientific Meeting

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
University of Michigan	Employment <b>Current Employment</b>	Self	-
<b>Title:</b> Clinical Professor of Internal Medicine <b>Start Date:</b> 11/01/2022 <b>Additional Information:</b>		<b>Position Description:</b> Academic appointment with clinical role <b>End Date:</b> Ongoing / No Known End Date	
University of Michigan - Health	Employment <b>Current Employment</b>	Self	-
<b>Title:</b> Chief Quality Officer <b>Start Date:</b> 09/06/2022 <b>Additional Information:</b> System-level position		<b>Position Description:</b> University of Michigan - Health. Portfolio in quality and safety for a large academic integrated health system <b>End Date:</b>	
Vizient	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> Member of Chief Quality Officer Steering Committee for Vizient Clinical tools.		<b>Start Date:</b> 07/01/2021	

## 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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## Relevant Publications and Other Intellectual Interests for Ongoing Projects

### Disclosures of Interests: Supplemental Questions

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Colorectal cancer screening and surveillance	None
Colonoscopy	None
Major depressive disorder	None
Osteoporosis	None
Migraine	None

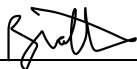
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- I attest that I have reviewed the above topic areas and that my disclosures are up to date.

Brook Watts

Print Name



Signature

1/6/25

Date

**Disclosure Purpose:** Annual Governance Disclosure 2024-25 (Expiration Date: 01/06/2026), Appointee Disclosure (Expiration Date: 01/06/2026), AMA Delegation (Expiration Date: 01/06/2026), Faculty (Expiration Date: 01/06/2026), Internal Medicine Meeting 2025 Faculty (Expiration Date: 01/06/2026), annual meeting speaker (Expiration Date: 01/06/2026), Faculty & Planners (Expiration Date: 01/06/2026)

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value								
Cogent Health Partners	Other Business Ownership	Self	-								
<p><b>Form of Business Description:</b> Healthcare services  <b>Percentage Ownership:</b> 100  <b>Investment Amount:</b> \$10,000.00  <b>Compensation:</b>  <b>Additional Information:</b></p> <p><b>Ownership Category:</b> Founder  <b>Partnership Category:</b> LLC  <b>Investment Amount Valuation Date:</b> 06/15/2020</p>											
Dotdash, Inc	Other	Self	-								
<p><b>Category:</b> Other  <b>End Date:</b> Ongoing / No Known End Date  <b>Compensation Type:</b> Cash  <b>Compensation:</b> Yes</p> <p><b>Start Date:</b> 11/01/2019</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Amount</th> <th>Amount Type</th> <th>Compensation Type</th> </tr> </thead> <tbody> <tr> <td>2023</td> <td>\$0.00</td> <td>Estimated</td> <td></td> </tr> </tbody> </table> <p><b>Additional Information:</b> Reviewer of informational articles on healthcare published online for the general public</p>				Year	Amount	Amount Type	Compensation Type	2023	\$0.00	Estimated	
Year	Amount	Amount Type	Compensation Type								
2023	\$0.00	Estimated									
Government Employees Health Association (GEHA)s	Fiduciary Officer	Self	\$103000.00								
<p><b>Official Title:</b> Independent Director  <b>Compensation Type:</b> Cash  <b>Start Date:</b> 04/17/2019  <b>Compensation:</b> Yes</p> <p><b>Position Description:</b> Member of the Board of Directors  <b>End Date:</b> Ongoing / No Known End Date</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Amount</th> <th>Amount Type</th> <th>Compensation Type</th> </tr> </thead> <tbody> <tr> <td>2023</td> <td>\$103,000.00</td> <td>Actual</td> <td>Cash</td> </tr> </tbody> </table> <p><b>Additional Information:</b> The Government Employees Health Association (GEHA) administers medical and dental plans to federal employees and retirees and their families through the Federal Employees Health Benefits Program (FEHBP) and the Federal Employees Dental and Vision Insurance Program (FEDVIP) on behalf of the Office of Personnel Management (OPM). As an Independent Director, I participate in the oversight of the organization towards its strategic goals and mission, acting as a fiduciary to its membership.</p>				Year	Amount	Amount Type	Compensation Type	2023	\$103,000.00	Actual	Cash
Year	Amount	Amount Type	Compensation Type								
2023	\$103,000.00	Actual	Cash								
Kansas Medical Society Foundation	Fiduciary Officer	Self	-								
<p><b>Official Title:</b> Director  <b>Compensation Type:</b> Unpaid  <b>Start Date:</b> 02/01/2022  <b>Compensation:</b> No  <b>Additional Information:</b></p> <p><b>Position Description:</b> Fiduciary, sitting on the Board of non-profit charitable organization  <b>End Date:</b> Ongoing / No Known End Date</p>											
School of Medicine, University of Kansas	Employment Current Employment	Self	-								



Entity	Type	Interest Held By	Value
<b>Title:</b> Professor <b>Start Date:</b> 09/01/2005 <b>Additional Information:</b> Started employment as a Assistant Professor in 2005 and progressively promoted to Professor in 2019			
<b>Position Description:</b> Professor of Medicine <b>End Date:</b> Ongoing / No Known End Date			
School of Medicine, University of Kansas	Employment	Spouse/Partner	-
<b>Title:</b> Assistant Professor of Medicine <b>Start Date:</b> 09/01/2004 <b>Additional Information:</b>			
<b>Position Description:</b> Assistant Professor of Medicine <b>End Date:</b> Ongoing / No Known End Date			

## Additional Questions

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

Dotdash Inc was recently purchased and changed name to Meredith Corp.

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

**a. Are you submitting your disclosures to ACP as a member of one of the following groups:**

- **ACP board, committee, council, task force, and/or other governance group?**
- **Chapter Council or other Chapter leadership role?**
- **National or chapter staff?**
- **Annals of Internal Medicine editorial staff?**
- **Other (meeting guests, contractors, authors, etc.)**

Yes.

**i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Disclosure of Interests and Management of Conflicts Policy](#).**

Yes

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

Yes

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

Yes

**iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's [Anti-Harassment Policy](#).**

Yes

## Certification

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

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## Relevant Publications and Other Intellectual Interests for Ongoing Projects

### Disclosures of Interests: Supplemental Questions

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas.

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### Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write "see attachment" in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write "None"</i>
Breast Cancer	None
Colonoscopy	None
Colorectal cancer screening and surveillance	None
COVID-19	None
Depression	None
Hyperlipidemia	None
Hypertension	None
Insomnia	None
Major depressive disorder	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Prostate Cancer	None
Rhinosinusitis	None

Relevant Publications and Other Intellectual Interests for Ongoing Projects

**Acknowledgements and Attestations**

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- I attest that I have reviewed the above topic areas and that my disclosures are up to date.

**Isaac Opole MD, Ph.D MACP**

Name



Signature

1/7/2025

Date

# William Fox

**Disclosure Purpose:** Annual Governance Disclosure 2024-25 (Expiration Date: 12/07/2025), AMA Delegation (Expiration Date: 12/07/2025), Internist Editorial Advisory Board (Expiration Date: 12/07/2025), Appointee Disclosure (Expiration Date: 12/07/2025), Faculty Disclosures (Expiration Date: 12/07/2025), Planning and/or Faculty (Expiration Date: 12/07/2025), Speakers (Expiration Date: 12/07/2025), Internal Medicine Meeting 2025 Faculty (Expiration Date: 12/07/2025)

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

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

## Certification

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Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Breast Cancer	NONE
Colonoscopy	NONE
Colorectal cancer screening and surveillance	NONE
COVID-19	NONE
Depression	NONE
Hyperlipidemia	NONE
Hypertension	NONE
Insomnia	NONE
Major depressive disorder	NONE
Menopausal Therapy	NONE
Obesity	NONE
Osteoporosis	NONE
Prostate Cancer	NONE
Rhinosinusitis	NONE
Migraine	NONE

Relevant Publications and Other Intellectual Interests for Ongoing Projects

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- I attest that I have reviewed the above topic areas and that my disclosures are up to date.

WILLIAM FOX

Name



Signature

12/7/24

Date

Laura Baldwin

**Discloser Identifier:** 01367349

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<b>Title:</b> Director, Public Relations <b>Start Date:</b> 02/06/2006 <b>Additional Information:</b>		<b>Position Description:</b> <b>End Date:</b>	

## Certification

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Laura Baldwin

---

Name

---

Signature

*Laura Baldwin*

---

Date 1/3/2025

Karen Campos

**Discloser Identifier:** 04227079

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<b>Title:</b> Associate, Performance Measurement <b>Start Date:</b> 04/04/2022 <b>Additional Information:</b> Full-time exempt		<b>Position Description:</b> - Review measurement science work with the PMC <b>End Date:</b> Ongoing / No Known End Date	

## Certification

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Migraine	
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Prostate Cancer	
Rhinosinusitis	

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Karen Campos

Name

*Karen Campos*

Signature

1/8/2025

Date

Kate Carroll

**Discloser Identifier:** 02186486

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<b>Title:</b> Director, Clinical Guidelines and Population Health <b>Start Date:</b> 08/26/2013 <b>Additional Information:</b>			
<b>Position Description:</b> Manage activities related to the clinical guidelines and population health clinical policies. <b>End Date:</b> Ongoing / No Known End Date			
American College of Physicians	Other Current Employment	Self	-
<b>Category:</b> Other <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> <b>Compensation:</b> <b>Additional Information:</b> I regularly represent ACP in external initiatives related to clinical and medical polices (such as meetings, workgroups, and committees).			
<b>Start Date:</b> 08/26/2013			
The Beasley Firm, LLC	Employment	Spouse/Partner	-
<b>Title:</b> Technology Specialist <b>Start Date:</b> 09/01/2009 <b>Additional Information:</b>			
<b>Position Description:</b> Provides technical and media support <b>End Date:</b> Ongoing / No Known End Date			

## Certification

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

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- 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

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas.

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### Topics Currently Under Development

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Breast Cancer	None
Colonoscopy	None
Colorectal cancer screening and surveillance	None
COVID-19	None
Depression	None
Hyperlipidemia	None
Hypertension	None
Insomnia	None
Major depressive disorder	None
Menopausal Therapy	None
Obesity	None
Osteoporosis	None
Prostate Cancer	None
Rhinosinusitis	None

Relevant Publications and Other Intellectual Interests for Ongoing Projects

**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 above topic areas and that my disclosures are up to date.

Kate Carroll

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Name

*Kate Carroll*

12/10/2024

---

Signature

Date



Bergitta Cotroneo

**Discloser Identifier:** 04490716

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<b>Title:</b> Chief Operating Officer <b>Start Date:</b> 03/04/2024 <b>Additional Information:</b>		<b>Position Description:</b> Executive staff officer responsible for organizational operations, business functions, governance and strategy. <b>End Date:</b> Ongoing / No Known End Date	
Carol Emmott Foundation	Fiduciary Officer	Self	-
<b>Official Title:</b> Leadership Council Member <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 04/01/2022 <b>Compensation:</b> No <b>Additional Information:</b>		<b>Position Description:</b> Board member and mentor <b>End Date:</b> Ongoing / No Known End Date	
Virginia Hospital Center Foundatoin	Fiduciary Officer	Self	-
<b>Official Title:</b> Advisory Board Co-Chair <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 07/01/2019 <b>Compensation:</b> No <b>Additional Information:</b>		<b>Position Description:</b> Womens Health Circle Advisory Board member and co-chair <b>End Date:</b> Ongoing / No Known End Date	
Women Business Leaders of the US Healthcare Foundation	Fiduciary Officer	Self	-
<b>Official Title:</b> Board Member <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 03/01/2023 <b>Compensation:</b> No <b>Additional Information:</b>		<b>Position Description:</b> Board Member <b>End Date:</b> Ongoing / No Known End Date	

## Certification

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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations

### Disclosures of Interests: Supplemental Questions

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Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Breast Cancer	None
Colonoscopy	None
Colorectal cancer screening and surveillance	None
COVID-19	None
Depression	None
Hyperlipidemia	None
Hypertension	None
Insomnia	None
Major depressive disorder	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Prostate Cancer	None
Rhinosinusitis	None

**Acknowledgements and Attestations**

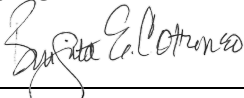
*By signing this form,*

- 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 above topic areas and that my disclosures are up to date.

Bergitta E. Cotroneo

---

Name



Signature

12/31/2024

---

Date

# Shari Erickson

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025 (Expiration Date: 01/16/2026), AMA Delegation (Expiration Date: 01/16/2026), Annual Meeting Planning (Expiration Date: 01/16/2026), Internal Medicine Meeting 2025 Faculty (Expiration Date: 01/16/2026), Faculty (Expiration Date: 01/16/2026), 2024 NV Chapter ACP Scientific Meeting (Expiration Date: 01/16/2026), 2023 SDACP ANNUAL SCIENTIFIC MEETING (Expiration Date: 01/16/2026)

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment <b>Current Employment</b>	Self	-

**Title:** Chief Advocacy Officer and Senior Vice President, Governmental Affairs and Public Policy  
**Start Date:** 09/04/2007  
**Additional Information:**

**Position Description:** Lead the public policy development and legislative and regulatory advocacy efforts for the American College of Physicians.  
**End Date:** Ongoing / No Known End Date

## Certification

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

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
- 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

Relevant Publications and Other Intellectual Interests for Ongoing Projects

**Disclosures of Interests: Supplemental Questions**

Please review the following topic areas and report any relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas. You do not need to report publications developed on behalf of ACP.

- *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, membership in special interest groups, or the development, testing and/or maintenance of performance measures in these areas.
- *Financial interests* are defined as any payments received in exchange for services or any financial value derived from holdings
  - Examples of financial interests include stock ownership, excluding diversified funds, such as mutual funds

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

**Performance Measurement Committee: Topic Areas for Measure Review**

Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Measure Development Projects (Development, Testing, and/or Maintenance)  <i>Report from last 3 years only. If none, write “None”. If yes, please provide additional details next to the relevant topic.</i>
Colorectal cancer screening and surveillance	
Colonoscopy	
Major depressive disorder	
Osteoporosis	
Migraine	

**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 above topic areas and that my disclosures are up to date.

Shari Erickson  
\_\_\_\_\_  
Print Name



1/10/2025

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

# Itziar Etxeandia Ikobaltzeta

**Discloser Identifier:** 04021574

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-

**Title:** Senior Scientist  
**Start Date:** 11/07/2022  
**Additional Information:**

**Position Description:** Senior Scientist  
**End Date:** Ongoing / No Known End Date

## Certification

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

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

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**Topics Currently Under Development**

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCHID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Breast Cancer	None
Colonoscopy	None
Colorectal cancer screening and surveillance	None
COVID-19	None
Depression	None
Hyperlipidemia	None
Hypertension	None
Insomnia	None
Major depressive disorder	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Prostate Cancer	None
Rhinosinusitis	None

**Acknowledgements and Attestations**

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- I attest that I have reviewed the above topic areas and that my disclosures are up to date.

Itziar Etxeandia Ikobaltzeta

Name



1/8/2025

Signature

Date



Allison Ewing

**Discloser Identifier:** 01171611

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-

**Title:** Senior Vice President, Marketing & PR  
**Start Date:** 06/10/1996  
**Additional Information:**

**Position Description:** Chief Communications Officer  
**End Date:** Ongoing / No Known End Date

## Certification

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**Disclosures of Interests: Supplemental Questions**

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**Topics Currently Under Development**

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Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Breast Cancer	None
Colonoscopy	None
Colorectal cancer screening and surveillance	None
COVID-19	None
Depression	None
Hyperlipidemia	None
Hypertension	None
Insomnia	None
Major depressive disorder	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Prostate Cancer	None
Rhinosinusitis	None

Relevant Publications and Other Intellectual Interests for Ongoing Projects

**Acknowledgements and Attestations**

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Allison Ewing

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Name	1-3-25
Allison Ewing	

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Signature	Date
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**Discloser Identifier:** 04354277

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025

**Employment Information:** Currently Employed

### Summary of Interests

#### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment <b>Current Employment</b>	Self	-
<b>Title:</b> Coordinator, Clinical Policy <b>Start Date:</b> 02/21/2023 <b>Additional Information:</b>		<b>Position Description:</b> Office coordinator for clinical policy division at ACP <b>End Date:</b> Ongoing / No Known End Date	

### Certification

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Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Breast Cancer	None
Colonoscopy	None
Colorectal cancer screening and surveillance	None
COVID-19	None
Depression	None
Hyperlipidemia	None
Hypertension	None
Insomnia	None
Major depressive disorder	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Prostate Cancer	None
Rhinosinusitis	None

Relevant Publications and Other Intellectual Interests for Ongoing Projects

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Devon Germanovich

\_\_\_\_\_  
Name

*Devon Germanovich*

\_\_\_\_\_  
Signature

1/6/2025

\_\_\_\_\_  
Date

Andrew Hachadorian

**Discloser Identifier:** 04028463

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment <b>Current Employment</b>	Self	-

**Title:** Manager of Media Relations  
**Start Date:** 04/27/2020  
**Additional Information:**

**Position Description:** I manage media relations for the College.  
**End Date:** Ongoing / No Known End Date

## Certification

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

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### Disclosures of Interests: Supplemental Questions

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Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Breast Cancer	None
Colonoscopy	None
Colorectal cancer screening and surveillance	None
COVID-19	None
Depression	None
Hyperlipidemia	None
Hypertension	None
Insomnia	None
Major depressive disorder	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Prostate Cancer	None
Rhinosinusitis	None



Relevant Publications and Other Intellectual Interests for Ongoing Projects

**Acknowledgements and Attestations**

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Andrew Hachadorian

---

Name

12/31/2024

Andrew Hachadorian

---

Signature

Date

Curtis Harrod

**Discloser Identifier:** 04119425

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<b>Title:</b> Senior Scientist <b>Start Date:</b> 05/31/2022 <b>Additional Information:</b>			
<b>Position Description:</b> I am a methodologist contributing to or leading work on evidence synthesis to inform clinical guidelines. <b>End Date:</b> Ongoing / No Known End Date			

## Additional Questions

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

I have worked on a number of evidence reviews concerning internal medicine topics in the past 3 years, and was the senior author on the osteoporosis review for ACP. I am also an author of the colorectal cancer guidance statement, COVID practice points, and migraine and diabetes guidelines, etc.

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

**a. Are you submitting your disclosures to ACP as a member of one of the following groups:**

- ACP board, committee, council, task force, and/or other governance group?
- Chapter Council or other Chapter leadership role?
- National or chapter staff?
- Annals of Internal Medicine editorial staff?
- Other (meeting guests, contractors, authors, etc.)

Yes.

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

Yes

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

Yes

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

Yes

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

Yes

## Certification

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

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### Topics Currently Under Development

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Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Breast Cancer	Only ACP
Colonoscopy	Only ACP
Colorectal cancer screening and surveillance	Only ACP
COVID-19	Only ACP
Depression	Only ACP
Hyperlipidemia	Only ACP
Hypertension	Only ACP
Insomnia	Only ACP
Major depressive disorder	Only ACP
Menopausal Therapy	Only ACP
Migraine	Only ACP
Obesity	Only ACP
Osteoporosis	<a href="https://www.acpjournals.org/doi/10.7326/M22-0684">https://www.acpjournals.org/doi/10.7326/M22-0684</a>
Prostate Cancer	Only ACP
Rhinosinusitis	Only ACP

**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 above topic areas and that my disclosures are up to date.

Curtis Harrod

---

Name

*Curtis Harrod*

1/8/2025

Signature

Date

Elizabeth Johnson

**Discloser Identifier:** 04360194

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment <b>Current Employment</b>	Self	-

**Title:** Vice President, Marketing and Public Relations  
**Start Date:** 04/10/2023  
**Additional Information:**

**Position Description:**  
**End Date:** Ongoing / No Known End Date

## Certification

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

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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations
- Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

**Disclosures of Interests: Supplemental Questions**

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**Topics Currently Under Development**

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCHID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Breast Cancer	None
Colonoscopy	None
Colorectal cancer screening and surveillance	None
COVID-19	None
Depression	None
Hyperlipidemia	None
Hypertension	None
Insomnia	None
Major depressive disorder	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Prostate Cancer	None
Rhinosinusitis	None

Relevant Publications and Other Intellectual Interests for Ongoing Projects

**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 above topic areas and that my disclosures are up to date.

Elizabeth Lisa Johnson

---

Name

1/2/2025

*Elizabeth Lisa Johnson*

---

Signature

Date



Darilyn Moyer

**Disclosure Purpose:** Annual Governance Disclosure 2024-25, ACP/ Annals Forum, AMA Delegation, 2025 NC-ACP Scientific Session, Planners and Speakers  
**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<b>Title:</b> EVP/CEO <b>Start Date:</b> 01/01/2017 <b>Additional Information:</b>		<b>Position Description:</b> EVP/CEO <b>End Date:</b> Ongoing / No Known End Date	
American Medical Association	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Unpaid <b>Compensation:</b> <b>Additional Information:</b> Member, House of Delegates		<b>Start Date:</b> 01/01/2017	
Brigham and Women's Hospital	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> 07/31/2028 <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> Nonfiduciary Board (Center for Physician Experience and Practice Excellence Advisory)		<b>Start Date:</b> 07/18/2023	
Council of Medical Subspecialty Societies	Fiduciary Officer	Self	-
<b>Official Title:</b> CMSS Board Member/President <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 10/16/2018 <b>Compensation:</b> <b>Additional Information:</b> Board of Directors 2018-2022, President 1/2020- 12/2021, Immediate Past President 1/2022,		<b>Position Description:</b> CMSS Board member/President <b>End Date:</b> 12/31/2022	
Gender Equity in Academic Medicine and Science Alliance	Fiduciary Officer	Self	-
<b>Official Title:</b> Founding Member and Executive Board Member <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 01/01/2022 <b>Compensation:</b> No <b>Additional Information:</b>		<b>Position Description:</b> Member, Board of Directors <b>End Date:</b>	
Inspira Health Woodbury	Employment	Spouse/Partner	-
<b>Title:</b> Physician Staff- Inspira Medical Group <b>Start Date:</b> 01/01/2017 <b>Additional Information:</b> Inspira Group Physicians 2950 College Drive Suite 1E Vineland, NJ 08360		<b>Position Description:</b> Salaried Pulmonary Critical Care Sleep Physician <b>End Date:</b> Ongoing / No Known End Date	
PCPCC	Fiduciary Officer	Self	-

Entity	Type	Interest Held By	Value
<b>Official Title:</b> PCPCC Board Member <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 01/01/2017 <b>Compensation:</b> No <b>Additional Information:</b> PCPCC Board Chair, 1/31/2020-12/31/2021, PCPCC Immediate Past Board Chair, 1/1/2022-12/31/2022			
Temple University Health System / Lewis Katz School of Medicine	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> Ongoing / No Known End Date <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> Nonfiduciary Board (MEd School Alumni Board)			
Temple University Health System / Lewis Katz School of Medicine	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> Nonfiduciary Board (Board of Visitors) with a three-year term.			

## Intellectual Property

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

## 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**

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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.

**Topics Currently Under Development**

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCHID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Breast Cancer	
Colonoscopy	
Colorectal cancer screening and surveillance	
COVID-19	Multiple Annals pubs after COVID, ACP/Annals Forums
Depression	
Hyperlipidemia	
Hypertension	
Insomnia	
Major depressive disorder	
Menopausal Therapy	
Migraine	
Obesity	Obesity Roundtable Discussion / ACP Strategy & Obesity Initiative
Osteoporosis	
Prostate Cancer	
Rhinosinusitis	

Relevant Publications and Other Intellectual Interests for Ongoing Projects

**Acknowledgements and Attestations**

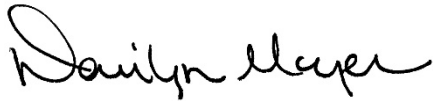
*By signing this form,*

- 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 above topic areas and that my disclosures are up to date.

Darilyn V. Moyer, MD, MACP,  
FRCP, FIDSA, FAMWA, FEFIM

---

Name



1/8/25

---

Signature

Date

**Discloser Identifier:** 02526391

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<b>Title:</b> Director, Regulatory Affairs <b>Start Date:</b> 04/30/2014 <b>Additional Information:</b>		<b>Position Description:</b> Director, Regulatory Affairs <b>End Date:</b> Ongoing / No Known End Date	

## Additional Questions

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

I co-own a coding consulting business with my spouse.

**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.**

Relevant Publications and Other Intellectual Interests for Ongoing Projects

**Disclosures of Interests: Supplemental Questions**

Please review the following topic areas and report any relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas. You do not need to report publications developed on behalf of ACP.

- *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, membership in special interest groups, or the development, testing and/or maintenance of performance measures in these areas.
- *Financial interests* are defined as any payments received in exchange for services or any financial value derived from holdings
  - Examples of financial interests include stock ownership, excluding diversified funds, such as mutual funds

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

**Performance Measurement Committee: Topic Areas for Measure Review**

Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Measure Development Projects (Development, Testing, and/or Maintenance)  <i>Report from last 3 years only. If none, write “None”. If yes, please provide additional details next to the relevant topic.</i>
Colorectal cancer screening and surveillance	
Colonoscopy	
Major depressive disorder	
Osteoporosis	
Migraine	

**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 above topic areas and that my disclosures are up to date.

Brian E. Outland

Print Name

*Brian E. Outland, PhD*

Signature

01/16/2025

Date

**Discloser Identifier:** 04271530

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment <b>Current Employment</b>	Self	-
<b>Title:</b> Vice President, Governmental Affairs and Public Policy <b>Start Date:</b> 08/01/2022 <b>Additional Information:</b>		<b>Position Description:</b> <b>End Date:</b> Ongoing / No Known End Date	

## Certification

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

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations
- Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

Relevant Publications and Other Intellectual Interests for Ongoing Projects

**Disclosures of Interests: Supplemental Questions**

Please review the following topic areas and report any relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas. You do not need to report publications developed on behalf of ACP.

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  - Examples of financial interests include stock ownership, excluding diversified funds, such as mutual funds

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

**Performance Measurement Committee: Topic Areas for Measure Review**

Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Measure Development Projects (Development, Testing, and/or Maintenance)
	<i>Report from last 3 years only. If none, write “None”. If yes, please provide additional details next to the relevant topic.</i>
Colorectal cancer screening and surveillance	
Colonoscopy	
Major depressive disorder	
Osteoporosis	
Migraine	

**Acknowledgements and Attestations**

*By signing this form,*

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- I attest that I have reviewed the above topic areas and that my disclosures are up to date.

David Pugach  
\_\_\_\_\_  
Print Name

*David J. Pugach*

January 7, 2025

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Amir Qaseem

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025 (Expiration Date: 12/06/2025), ACP/ Annals Forum (Expiration Date: 12/06/2025), Forums (Expiration Date: 12/06/2025), Internal Medicine Meeting 2025 Faculty (Expiration Date: 12/06/2025) **Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment <b>Current Employment</b>	Self	-
<b>Title:</b> Chief Science Officer <b>Start Date:</b> 12/07/2003 <b>Additional Information:</b>		<b>Position Description:</b> <b>End Date:</b>	

## 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
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**Disclosures of Interests: Supplemental Questions**

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas.

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**Topics Currently Under Development**

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

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You may also share a list of publications via a link to list of your published works (such as ORCHID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Breast Cancer	N/A
Colonoscopy	
Colorectal cancer screening and surveillance	
COVID-19	
Depression	
Hyperlipidemia	
Hypertension	
Insomnia	
Major depressive disorder	
Menopausal Therapy	
Migraine	
Obesity	
Osteoporosis	
Prostate Cancer	
Rhinosinusitis	

Relevant Publications and Other Intellectual Interests for Ongoing Projects

**Acknowledgements and Attestations**

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- I attest that I have reviewed the above topic areas and that my disclosures are up to date.

Amir Qaseem

---

Name



Signature

1/8/2025

---

Date

Tatyana Shamliyan

**Discloser Identifier:** 01975766

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment Current Employment	Self	-
<b>Title:</b> Senior Research Associate <b>Start Date:</b> 01/13/2021 <b>Additional Information:</b>		<b>Position Description:</b> Center for Evidence Reviews <b>End Date:</b>	

## Certification

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

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

**Disclosures of Interests: Supplemental Questions**

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas.

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- Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

**Topics Currently Under Development**

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You may also share a list of publications via a link to list of your published works (such as ORCHID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Breast Cancer	None
Colonoscopy	None
Colorectal cancer screening and surveillance	None
COVID-19	None
Depression	None
Hyperlipidemia	None
Hypertension	None
Insomnia	None
Major depressive disorder	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Prostate Cancer	None
Rhinosinusitis	None

Relevant Publications and Other Intellectual Interests for Ongoing Projects

**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 above topic areas and that my disclosures are up to date.

Tatyana Shamliyan

Name

*Tatyana A Shamliyan*

Signature

January 8, 2025

Date

Samantha Tierney

**Discloser Identifier:** 03794192

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
American College of Physicians	Employment <b>Current Employment</b>	Self	-
<b>Title:</b> Senior Scientist, Clinical Policy <b>Start Date:</b> 06/15/2020 <b>Additional Information:</b>			
<b>Position Description:</b> Leading the performance measurement strategy <b>End Date:</b> Ongoing / No Known End Date			
American College of Physicians	Employment <b>Current Employment</b>	Self	-
<b>Title:</b> <b>Start Date:</b> 06/15/2020 <b>Additional Information:</b> I regularly represent ACP in external initiatives related to performance measures (such as workgroups and committees).			
<b>Position Description:</b> <b>End Date:</b> Ongoing / No Known End Date			

## Certification

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

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

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below topic areas.

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- Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, or membership in special interest groups.

**Topics Currently Under Development**

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

You only need to report interests from the last 3 years and you do not need to report publications developed on behalf of ACP.

You may also share a list of publications via a link to list of your published works (such as ORCHID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Breast Cancer	None
Colonoscopy	None
Colorectal cancer screening and surveillance	None
COVID-19	None
Depression	None
Hyperlipidemia	None
Hypertension	None
Insomnia	None
Major depressive disorder	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Prostate Cancer	None
Rhinosinusitis	None



Relevant Publications and Other Intellectual Interests for Ongoing Projects

**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 above topic areas and that my disclosures are up to date.

Samantha Tierney

---

Name



Signature

1/6/25

---

Date

**Discloser Identifier:** 04490696

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
ACP	Employment <b>Current Employment</b>	Self	-
<b>Title:</b> Research Associate <b>Start Date:</b> 02/05/2024  <b>Additional Information:</b>		<b>Position Description:</b> Acts as lead staff and project manager for the Population Health and Medical Science Committee. Coordinates timelines, deliverables, logistics, and contracts for manuscripts. Conducts literature searches, creates deliverables as needed. <b>End Date:</b> Ongoing / No Known End Date	
Medidata, A Dassault Systemes Company	Employment	Self	-
<b>Title:</b> Research Analyst <b>Start Date:</b> 01/06/2020  <b>Additional Information:</b>		<b>Position Description:</b> Supported the work in conducting real-world studies by developing code lists, analyzing data, and conducting analyses. Managed client projects. <b>End Date:</b> 04/01/2022	
OM1, Inc.	Employment	Self	-
<b>Title:</b> Epidemiologist <b>Start Date:</b> 04/04/2022  <b>Additional Information:</b>		<b>Position Description:</b> Crafted research plans for real-world studies Wrote real-world study reports Worked cross-collaboratively to ensure accurate implementation of real-world studies in pharmacoepidemiology using open claims and EHR data sources <b>End Date:</b> 11/17/2023	

### Intellectual Property

Type	Is Licensed	Interest Held By	Value
Other Intellectual Property - Published Abstract: Bleeding Rates Associated wit	-	Self	-
<b>Description:</b> Published Abstract: Bleeding Rates Associated with Anticoagulation Treatment for Atrial Fibrillation <b>Income Source:</b> None <b>Additional Information:</b> Published in 2021. Related to my employment at Medidata. Funded by Anthos Therapeutics. Involvement ended as of July 21, 2021. <a href="https://abstracts.isth.org/abstract/comparing-the-real-world-and-clinical-trial-bleeding-rates-associated-with-anticoagulation-treatment-for-atrial-fibrillation/">https://abstracts.isth.org/abstract/comparing-the-real-world-and-clinical-trial-bleeding-rates-associated-with-anticoagulation-treatment-for-atrial-fibrillation/</a> <b>Income:</b> No <b>Additional Information:</b> Published in 2021. Related to my employment at Medidata. Funded by Anthos Therapeutics. Involvement ended as of July 21, 2021. <a href="https://abstracts.isth.org/abstract/comparing-the-real-world-and-clinical-trial-bleeding-rates-associated-with-anticoagulation-treatment-for-atrial-fibrillation/">https://abstracts.isth.org/abstract/comparing-the-real-world-and-clinical-trial-bleeding-rates-associated-with-anticoagulation-treatment-for-atrial-fibrillation/</a>			
Other Intellectual Property - Published Manuscript: Maternal Prenatal Fish Inta	-	Self	-

Type	Is Licensed	Interest Held By	Value
<p><b>Description:</b> Published Manuscript: Maternal Prenatal Fish Intake and Child Autism-Related Traits <b>Income Source:</b> None</p> <p><b>Additional Information:</b> Published on 09 June 2020. Issued in February 2021. Related to my Master's thesis at Drexel University. Involvement ended in 2019. <a href="https://link.springer.com/article/10.1007/s10803-020-04546-9">https://link.springer.com/article/10.1007/s10803-020-04546-9</a></p> <p><b>Income:</b> No</p> <p><b>Additional Information:</b> Published on 09 June 2020. Issued in February 2021. Related to my Master's thesis at Drexel University. Involvement ended in 2019. <a href="https://link.springer.com/article/10.1007/s10803-020-04546-9">https://link.springer.com/article/10.1007/s10803-020-04546-9</a></p>			
Other Intellectual Property - Published Manuscript: External Control Arms and I	-	Self	-
<p><b>Description:</b> Published Manuscript: External Control Arms and Innovative Tools to Enrich Clinical Trial Data <b>Income Source:</b> None</p> <p><b>Additional Information:</b> Published on March 25, 2024. Funded by Viatri. Related to my employment at Medidata. Involvement ended as of January 23, 2024. <a href="https://link.springer.com/article/10.1007/s43441-024-00627-4">https://link.springer.com/article/10.1007/s43441-024-00627-4</a></p> <p><b>Income:</b> No</p> <p><b>Additional Information:</b> Published on March 25, 2024. Funded by Viatri. Related to my employment at Medidata. Involvement ended as of January 23, 2024. <a href="https://link.springer.com/article/10.1007/s43441-024-00627-4">https://link.springer.com/article/10.1007/s43441-024-00627-4</a></p>			
Other Intellectual Property - Published Abstract: Treatment Patterns of Patient	-	Self	-
<p><b>Description:</b> Published Abstract: Treatment Patterns of Patients With Soft Tissue Sarcoma <b>Income Source:</b> None</p> <p><b>Additional Information:</b> Published on 31 March 2022. Funded by Deciphera. Related to my employment at Medidata. Presented at NCCN. Involvement ended on 31 March 2022. <a href="https://jncn.org/view/journals/jncn/20/3.5/article-pHSR22-179.xml">https://jncn.org/view/journals/jncn/20/3.5/article-pHSR22-179.xml</a></p> <p><b>Income:</b> No</p> <p><b>Additional Information:</b> Published on 31 March 2022. Funded by Deciphera. Related to my employment at Medidata. Presented at NCCN. Involvement ended on 31 March 2022. <a href="https://jncn.org/view/journals/jncn/20/3.5/article-pHSR22-179.xml">https://jncn.org/view/journals/jncn/20/3.5/article-pHSR22-179.xml</a></p>			
Other Intellectual Property - Abstract accepted for presentation	-	Self	-
<p><b>Description:</b> Abstract accepted for presentation <b>Income Source:</b> None</p> <p><b>Additional Information:</b> Funded by a pharmaceutical company. Related to employment at OM1, Inc. Involvement ended as of December 19, 2023. Topic: CRSwNP</p> <p><b>Income:</b> No</p> <p><b>Additional Information:</b> Funded by a pharmaceutical company. Related to employment at OM1, Inc. Involvement ended as of December 19, 2023. Topic: CRSwNP</p>			
Other Intellectual Property - Published Manuscript: Incidental Adrenal Mass Fol	-	Self	-
<p><b>Description:</b> Published Manuscript: Incidental Adrenal Mass Follow-Up <b>Income Source:</b> None</p> <p><b>Additional Information:</b> Published on January 31, 2023. Funded by Boston Medical Center. Related to my employment at Boston Medical Center. Involvement ended as of February 11, 2022. <a href="https://pubmed.ncbi.nlm.nih.gov/36521629/">https://pubmed.ncbi.nlm.nih.gov/36521629/</a></p> <p><b>Income:</b> No</p> <p><b>Additional Information:</b> Published on January 31, 2023. Funded by Boston Medical Center. Related to my employment at Boston Medical Center. Involvement ended as of February 11, 2022. <a href="https://pubmed.ncbi.nlm.nih.gov/36521629/">https://pubmed.ncbi.nlm.nih.gov/36521629/</a></p>			
Other Intellectual Property - Abstract accepted for oral presentation	-	Self	-
<p><b>Description:</b> Abstract accepted for oral presentation <b>Income Source:</b> None</p> <p><b>Additional Information:</b> Funded by a pharmaceutical company. Related to employment at OM1, Inc. Involvement ended as of January 10, 2024. Topic: CRSwNP</p> <p><b>Income:</b> No</p> <p><b>Additional Information:</b> Funded by a pharmaceutical company. Related to employment at OM1, Inc. Involvement ended as of January 10, 2024. Topic: CRSwNP</p>			
Other Intellectual Property - Abstract accepted for presentation	-	Self	-
<p><b>Description:</b> Abstract accepted for presentation <b>Income Source:</b> None</p> <p><b>Additional Information:</b> Funded by a pharmaceutical company. Related to employment at OM1, Inc. Involvement ended as of January 5, 2024. Topic: CRSwNP</p> <p><b>Income:</b> No</p> <p><b>Additional Information:</b> Funded by a pharmaceutical company. Related to employment at OM1, Inc. Involvement ended as of January 5, 2024. Topic: CRSwNP</p>			
Other Intellectual Property - Abstract in development	-	Self	-

Type	Is Licensed	Interest Held By	Value
<p><b>Description:</b> Abstract in development <span style="float: right;"><b>Income Source:</b> None</span>  <b>Additional Information:</b> Included in the acknowledgements only, not as an author. Funded by a pharmaceutical company. Related to employment at OM1, Inc. Involvement ended as of January 23, 2024. Topic: CRSwNP  <b>Income:</b> No  <b>Additional Information:</b> Included in the acknowledgements only, not as an author. Funded by a pharmaceutical company. Related to employment at OM1, Inc. Involvement ended as of January 23, 2024. Topic: CRSwNP</p>			
Other Intellectual Property - Abstract in development	-	Self	-
<p><b>Description:</b> Abstract in development <span style="float: right;"><b>Income Source:</b> None</span>  <b>Additional Information:</b> Included in acknowledgements only, not as an author. Funded by a pharmaceutical company. Involvement ended as of January 26, 2024. Topic: CRSwNP  <b>Income:</b> No  <b>Additional Information:</b> Included in acknowledgements only, not as an author. Funded by a pharmaceutical company. Involvement ended as of January 26, 2024. Topic: CRSwNP</p>			

## 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**

Please review the following topic areas and report any intellectual or other relevant interests held by you or any household members from the last 3 years that may be relevant to the below 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.

**Topics Currently Under Development**

In the table below, please list any relevant intellectual interests (including relevant publications from peer- and non-peer-reviewed sources or other relevant interests not captured in your Convey.

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You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Breast Cancer	None
Colonoscopy	None
Colorectal cancer screening and surveillance	None
COVID-19	None
Depression	None
Hyperlipidemia	None
Hypertension	None
Insomnia	None
Major depressive disorder	None
Menopausal Therapy	None
Migraine	None
Obesity	None
Osteoporosis	None
Prostate Cancer	None
Rhinosinusitis	See Convey for contributions on CRSwNP real-world studies related to employment at OM1, Inc.

**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 above topic areas and that my disclosures are up to date.

Chelsea Vigna

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Name

1/8/2024

Chelsea Vigna

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Signature

Date

Jennifer Yost

**Discloser Identifier:** 03994247

**Disclosure Purpose:** Annual Staff Disclosure 2024 - 2025

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value								
American College of Physicians	Consultant	Self	-								
<b>Category:</b> Consultant <b>Start Date:</b> 04/01/2019 <b>End Date:</b> <b>Other Compensation:</b> 50% salary & benefits to current employer <b>Compensation Type:</b> Other <b>Compensation:</b> Yes <b>Additional Information:</b> Senior Scientist											
COVID-END	Other	Self	-								
<b>Category:</b> Other <b>Start Date:</b> 05/01/2020 <b>End Date:</b> 05/31/2023 <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b>											
European Cooperation in Science and Technology	Other	Self	-								
<b>Category:</b> Other <b>Start Date:</b> 10/17/2018 <b>End Date:</b> 04/16/2023 <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> Member of Program Management Group for COST Action grant: <a href="https://www.cost.eu/actions/CA17117/">https://www.cost.eu/actions/CA17117/</a>											
Evidence Based Research Network	Fiduciary Officer	Self	-								
<b>Official Title:</b> Steering Committee Member <b>Position Description:</b> <b>Compensation Type:</b> Unpaid <b>End Date:</b> Ongoing / No Known End Date <b>Start Date:</b> 10/01/2016 <b>Compensation:</b> No <b>Additional Information:</b>											
Evidence Synthesis Infrastructure Collaborative	Other	Self	\$5000.00								
<b>Category:</b> Other <b>Start Date:</b> 12/18/2024 <b>End Date:</b> <b>Other Compensation:</b> Stipend + Travel <b>Compensation Type:</b> Other <b>Compensation:</b> Yes											
<table border="1"> <thead> <tr> <th>Year</th> <th>Amount</th> <th>Amount Type</th> <th>Compensation Type</th> </tr> </thead> <tbody> <tr> <td>2025</td> <td>\$5,000.00</td> <td>Estimated</td> <td>Other</td> </tr> </tbody> </table>				Year	Amount	Amount Type	Compensation Type	2025	\$5,000.00	Estimated	Other
Year	Amount	Amount Type	Compensation Type								
2025	\$5,000.00	Estimated	Other								
<b>Additional Information:</b>											
Evidence Synthesis International	Fiduciary Officer	Self	-								

Entity	Type	Interest Held By	Value
<b>Official Title:</b> Secretariat <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 03/01/2018 <b>Compensation:</b> <b>Additional Information:</b>			
<b>Position Description:</b> Organize and support activities of the organisation <b>End Date:</b> Ongoing / No Known End Date			
McMaster University	Other	Self	-
<b>Category:</b> Other <b>End Date:</b> 06/30/2024 <b>Compensation Type:</b> Unpaid <b>Compensation:</b> No <b>Additional Information:</b> Assistant Clinical Faculty			
<b>Start Date:</b> 07/01/2017			
Sigma Theta Tau International	Fiduciary Officer	Self	-
<b>Official Title:</b> Immediate Past President <b>Compensation Type:</b> Unpaid <b>Start Date:</b> 10/01/2021 <b>Compensation:</b> No <b>Additional Information:</b>			
<b>Position Description:</b> <b>End Date:</b> 09/30/2022			
Villanova University	Employment Current Employment	Self	-
<b>Title:</b> Professor <b>Start Date:</b> 08/22/2017 <b>Additional Information:</b>			
<b>Position Description:</b> <b>End Date:</b> Ongoing / No Known End Date			
Villanova University	Grant / Contract	Self	\$50000.00
<b>Recipient Name:</b> M. Louise Fitzpatrick College of Nursing <b>Grant / Contract Description:</b> COVID-19 Caring About Health for All Study (CHAMPS) <b>Contract Start Date:</b> 03/31/2020 <b>Grant / Contract Amount:</b> \$50,000.00 <b>Additional Information:</b> Principal Investigators: Kaufman, P., Havens, D., Mensinger, J.; Co-Investigators: Bradley, P., Brom, H., Copel, L., Maldonado, L., Smeltzer, S., Yost, J.			
<b>Recipient Type:</b> Institution <b>Grant / Contract Purpose:</b> Research <b>Grant / Contract Valuation Date:</b> 03/31/2020 <b>Contract End Date:</b> 02/01/2024			

## Certification

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**Disclosures of Interests: Supplemental Questions**

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You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

Clinical Topic Area	Relevant Interests from Last 3 Years <i>If none, write “None”</i>
Breast Cancer	
Colonoscopy	
Colorectal cancer screening and surveillance	
COVID-19	See ORCID ID: 0000-0002-3170-1956
Depression	See ORCID ID: 0000-0002-3170-1956
Hyperlipidemia	
Hypertension	
Insomnia	
Major depressive disorder	
Menopausal Therapy	
Migraine	
Obesity	
Osteoporosis	
Prostate Cancer	
Rhinosinusitis	

Relevant Publications and Other Intellectual Interests for Ongoing Projects

**Acknowledgements and Attestations**


*By signing this form,*

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- I attest that I have reviewed the above topic areas and that my disclosures are up to date.

Jennifer Yost

---

Name

  
Signature

January 6, 2025

---

Date

# Leslie Algase

**Discloser Identifier:** 00092143

**Disclosure Purpose:** Annual Governance Disclosure 2024-25

**Employment Information:** Currently Employed

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By	Value
Becton, Dickinson and Company	Stock	Self	-
<b>Percentage Ownership:</b> 0 <b>Estimated Value:</b> <b>Divestment Date:</b> 06/01/2024 <b>Valuation Date:</b> <b>Additional Information:</b>			
Cardinal Health 108, LLC	Stock	Self	\$232000.00
<b>Percentage Ownership:</b> 0 <b>Estimated Value:</b> \$232,000.00 <b>Divestment Date:</b> <b>Valuation Date:</b> 08/01/2024 <b>Additional Information:</b> inherited from parents.			
Medical Center, University of Rochester	Employment Current Employment	Self	-
<b>Title:</b> MD <b>Start Date:</b> 10/01/2018 <b>Additional Information:</b> <b>Position Description:</b> primary care physician <b>End Date:</b> Ongoing / No Known End Date			

## Certification

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

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**Disclosures of Interests: Supplemental Questions**

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  - Examples of types of intellectual interests include publications, unpaid participation on workgroups, panels, or committees, membership in special interest groups, or the development, testing and/or maintenance of performance measures in these areas.
- *Financial interests* are defined as any payments received in exchange for services or any financial value derived from holdings
  - Examples of financial interests include stock ownership, excluding diversified funds, such as mutual funds

You may also share a list of publications via a link to list of your published works (such as ORCID or PubMed) or as an attachment (write “see attachment” in table).

**Performance Measurement Committee: Topic Areas for Measure Review**

Clinical Topic Area	Relevant Publications (Peer- and Non-Peer-Reviewed Sources) or Measure Development Projects (Development, Testing, and/or Maintenance)  <i>Report from last 3 years only. If none, write “None”. If yes, please provide additional details next to the relevant topic.</i>
Colorectal cancer screening and surveillance	
Colonoscopy	
Major depressive disorder	
Osteoporosis	
Migraine	

**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 above topic areas and that my disclosures are up to date.

\_\_\_\_\_  
Print Name Leslie Algase

\_\_\_\_\_  
Signature Leslie F. Algase MD. FACP

\_\_\_\_\_  
Date 12/31/24