

ICMJE DISCLOSURE FORM

Date: March 12, 2023

Your Name: Kathleen Kerr

Manuscript Title: The value equation for specialist palliative care: Design and delivery principles

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_x_ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	California Health Care Foundation, Stupski Foundation, Peterson	Contracts with philanthropies to conduct research, develop educational and technical assistance tools, and provide technical assistance to providers and

		Center on Health Care	health plans in support of designing, evaluating, scaling, and sustaining specialty palliative care across settings
		Coalition for Compassionate Care of California, National Hospice and Palliative Care Organization	Contracts with non-profit professional societies to develop educational materials and programs
		Mettle Health	Contract to advise on measurement strategy
		Resolution Care Network	Contract to advise on expansion strategy
		Alameda County Care Alliance	Contract to advise on scaling strategy for a church-based lay navigation program for seriously ill individuals
		Votive Health	Contract to develop tools to assess cost of care delivering home-based medical services
		Alameda Health System	Contract to advise on evaluation strategy for this safety net health system
		University of California San Francisco	Contract to support public hospital primary palliative care learning community
		Respecting Choices Innovations/C-TAC	Contract to support development of an implementation plan for a new community-based palliative care benefit for Medicaid beneficiaries in Hawaii
		Highmark Health	Contract with non-profit health plan and affiliated providers to assess current palliative care benefits and clinical programs and advise on opportunities to better align design and delivery with known best practices
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data	<input checked="" type="checkbox"/> None	

	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

I am a health care consultant. My work focuses on supporting the design, implementation, sustainability and scaling of specialty palliative care, especially programs that serve low-income individuals. I have received contracts from philanthropies, non-profit professional societies, and a mix of non-profit and for profit payers and providers. Most of my work involves delivering technical assistance and developing educational/technical assistance resources, which have been made available to the public. Less frequently, I have been engaged by a health plan or provider organization, usually to provide input on program design, measurement strategies, or scaling/sustainability strategy. I do not now and never have had a financial interest in the performance of any individual payer or provider. My interest is in supporting the field.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/12/2023
 Your Name: Torrie K Fields
 Manuscript Title: The value proposition for specialist palliative care: Design and delivery principles
 Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated)	<u> </u> None	Palliative Care Benefit Design Grant – Stupski Foundation (to Torrie Fields Analytics)

	in item #1 above).		Palliative Care in Heart Failure Subcontract – American Heart Association (to Torrie Fields Analytics)
			Palliative Care Capacity In New Jersey - New Jersey Cancer Commission on Research (to Torrie Fields Analytics)
3	Royalties or licenses	___ None	Payments from licensing agreements from Votive Health analytics product, made to Torrie Fields Analytics
4	Consulting fees	___ None	Torrie Fields Analytics currently receives consulting fees from the following entities:
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	Honorarium for presenting to the following: Coalition to Transform Advanced Care; HAP Foundation (on serious illness models and palliative care benefit design)
6	Payment for expert testimony	<u> </u> X None	
7	Support for attending meetings and/or travel	___ None	Some attendance to meetings and travel have been supported by the Coalition to Transform Advanced Care
8	Patents planned, issued or pending	<u> </u> x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	Currently a member of the CMMS Core Quality Measures Committee Member of the CMS Hospice Special Focus Program Advisory Group
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	Leadership role at the Coalition to Transform Advanced Care Board Member: Housecall Providers
11	Stock or stock options	___ None	Wisercare, advisor, stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> X None	
13	Other financial or non-financial interests	<u> </u> X ___ None	

Please summarize the above conflict of interest in the following box:

I am the principal and founder of Torrie Fields Analytics, a total cost of care consulting firm that focuses on analytics supporting healthcare payors, providers, and policymakers to make informed choices regarding payment, policy, and program design for complex and vulnerable populations. This has included extensive work in the field of Specialty Palliative Care, consulting for healthcare payors and providers (some with consulting and some to license our analytic product). I am asked to speak at conferences and events regarding optimal program design for SPC services and the evidence behind such models.

Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/11/2023

your Name: Martha L Twaddle

Manuscript Title: The value proposition for specialist palliative care: Design and delivery principles

Manuscript number (if known): _____

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The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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Time frame: past 36 months			
2	Grants or contracts from	__x__None	

	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	UpToDate Royalties for Chapter on Palliative Care in the Home
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	American Hospital Association site visits for Circle of Life Committee
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

I co-authored the UpToDate section: Palliative Care Delivery in the Home and receive royalty payments for that. I Chair the Circle of Life Awards Committee which is sponsored by the AHA and has many co-sponsors including CAPC, AAHPM, HPNA and the SWPN. The Committee recognizes innovation in Palliative care and hospice, the AHA and these cosponsors cover our travel costs for site visits and committee meetings.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: March 12, 2023

Your Name: J. Brian

Cassel _____

Manuscript Title: The value equation for specialist palliative care: Design & delivery principles

Manuscript number (if known): _____

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Time frame: past 36 months			

2	Grants or contracts from any entity (if not indicated in item #1 above).	California Health Care Foundation	to institution
		Torrie Fields Analytics	To institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	Transforming Care Partners	To me personally
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Coalition for Transforming Advanced Care	Faculty / speaker at conference
		National Hospice & Palliative Care Organization	Faculty / speaker at two sessions of conference
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Advisory board for "Better-B" clinical trial	No payment
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Board member and officer of "CancerLINC" (Community-based non-profit providing legal and financial assistance to cancer patients)	Unpaid
		Board member of "Virginia Association for Hospices and Palliative Care"	Unpaid
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-	<input checked="" type="checkbox"/> None	

financial interests		

Please summarize the above conflict of interest in the following box:

No conflicts of interest

Please place an "X" next to the following statement to indicate your agreement:

x I certify that I have answered every question and have not altered the wording of any of the questions on this form.