

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Urwin	3. Date 11-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amol S. Navathe
5. Manuscript Title A qualitative study of the influence of loss aversion and increased social pressure in physician pay-for-performance		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Urwin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Judy	2. Surname (Last Name) Shea	3. Date 22-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amol S Navathe
5. Manuscript Title A qualitative study of the influence of loss aversion and increased social pressure in physician pay-for-performance		
6. Manuscript Identifying Number (if you know it)		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Shireen

2. Surname (Last Name)
Matloubieh

3. Date
18-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Amol S. Navathe

5. Manuscript Title
A qualitative study of the influence of loss aversion and increased social pressure in physician pay-for-performance

6. Manuscript Identifying Number (if you know it)
JHMHP-19-111

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Ms. Matloubieh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kristen

2. Surname (Last Name)
Caldarella

3. Date
27-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Amol S. Navathe

5. Manuscript Title
A qualitative study of the influence of loss aversion and increased social pressure in physician pay-for-performance

6. Manuscript Identifying Number (if you know it)
JHMHP-19-111

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Dr. Caldarella has nothing to disclose.

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1. Given Name (First Name)
Matthew

2. Surname (Last Name)
Walters

3. Date
17-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Amol S. Navathe

5. Manuscript Title
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1. Given Name (First Name) Akriti	2. Surname (Last Name) Mishra	3. Date 10-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amol Navathe
5. Manuscript Title A qualitative study of the influence of loss aversion and increased social pressure in physician pay-for-performance		
6. Manuscript Identifying Number (if you know it) JHMHP-19-111		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Ms. Mishra has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ezekiel	2. Surname (Last Name) Emanuel	3. Date 18-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amol Navathe
5. Manuscript Title A qualitative study of the influence of loss aversion and increased social pressure in physician pay-for-performance		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Blue Cross Blue Shield	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Bergen University	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel Reimbursement
Delaware Healthcare Spending Benchmark Summit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
United Health Group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Futures Without Violence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Children's Hospital of Philadelphia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Washington State Hospital Association	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Association of Academic Health Centers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Blue Cross Blue Shield of Massachusetts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Geisinger Health System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel Reimbursement
Lumeris	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Roivant Sciences, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Medical Specialties Distributors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Vizient University Health System Consortium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Center for Neurodegenerative Disease Research	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Genentech Oncology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Council of Insurance Agents and Brokers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
America's Health Insurance Plans	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Montefiore Physician Leadership Academy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
RAND Corporation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel Reimbursement
Medical Home Network	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Healthcare Financial Management Association	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Ecumenical Center UT Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
American Academy of Optometry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Associação Nacional de Hospitais Privados	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
National Alliance of Healthcare Purchaser Coalitions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Optum Labs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement

ICMJE Form for Disclosure of Potential Conflicts of Interest

Massachusetts Association of Health Plans	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
District of Columbia Hospital Association	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Washington University	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Optum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Goldman Sachs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel Reimbursement
Brown University	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
The Atlantic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
McKay Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
American Society for Surgery of the Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Association of American Medical Colleges	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Johns Hopkins University	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
National Resident Matching Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Shore Memorial Health System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Tulane University	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Oregon Health & Science University	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Blue Cross Blue Shield	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Center for Global Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaker Fees and Travel Reimbursement
Village MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unpaid Board of Directors Position
Oncology Analytics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unpaid Board of Directors Position
Embedded Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equity from Embedded Healthcare
Oak HC/FT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Venture Partner

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Emanuel reports personal fees and non-financial support from Blue Cross Blue Shield , non-financial support from Bergen University, personal fees and non-financial support from Delaware Healthcare Spending Benchmark Summit, personal fees and non-financial support from United Health Group, personal fees and non-financial support from Futures Without Violence, personal fees and non-financial support from Children's Hospital of Philadelphia, personal fees and non-financial support from Washington State Hospital Association, personal fees and non-financial support from Association of Academic Health Centers, personal fees and non-financial support from Blue Cross Blue Shield of Massachusetts, non-financial support from Geisinger Health System, personal fees and non-financial support from Lumeris, personal fees and non-financial support from Roivant Sciences, Inc, personal fees and non-financial support from Medical Specialties Distributors, personal fees and non-financial support from Vizient University Health System Consortium, personal fees and non-financial support from Center for Neurodegenerative Disease Research, personal fees and non-financial support from Genentech Oncology, personal fees and non-financial support from Council of Insurance Agents and Brokers, personal fees and non-financial support from America's Health Insurance Plans, personal fees and non-financial support from Montefiore Physician Leadership Academy, non-financial support from RAND Corporation, personal fees and non-financial support from Medical Home Network, personal fees and non-financial support from Healthcare Financial Management Association, personal fees and non-financial support from Ecumenical Center UT Health, personal fees and non-financial support from American Academy of Optometry, personal fees and non-financial support from Associação Nacional de Hospitais Privados , personal fees and non-financial support from National Alliance of Healthcare Purchaser Coalitions, personal fees and non-financial support from Optum Labs, personal fees and non-financial support from Massachusetts Association of Health Plans, personal fees and non-financial support from District of Columbia Hospital Association, personal fees and non-financial support from Washington University, personal fees and non-financial support from Optum, non-financial support from Goldman Sachs, personal fees and non-financial support from Brown University, non-financial support from The Atlantic, personal fees and non-financial support from McKay Lab, personal fees and non-financial support from American Society for Surgery of the Hand, personal fees and non-financial support from Association of American Medical Colleges, personal fees and non-financial support from Johns Hopkins University, personal fees and non-financial support from National Resident Matching Program, personal fees and non-financial support from Shore Memorial Health System, personal fees and non-financial support from Tulane University, personal fees and non-financial support from Oregon Health & Science University, personal fees and non-financial support from Blue Cross Blue Shield, personal fees and non-financial support from Center for Global Development, outside the submitted work; .

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kevin

2. Surname (Last Name)
Volpp

3. Date
18-May-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Amol Navathe

5. Manuscript Title
A qualitative study of the influence of loss aversion and increased social pressure in physician pay-for-performance

6. Manuscript Identifying Number (if you know it)
19-111

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Hawaii Medical Services Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humana	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CVS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oscar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vitality/Discovery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VAL Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	part-owner of consulting firm
Center for Corporate Innovation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Dr. Volpp reports grants from Hawaii Medical Services Association, grants from Humana, grants from CVS, grants from WW, grants from Oscar, grants from Vitality/Discovery, personal fees and other from VAL Health, personal fees from Center for Corporate Innovation, outside the submitted work; .

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Amol

2. Surname (Last Name)
Navathe

3. Date
05-May-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Amol S. Navathe

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Hawaii Medical Service Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anthem Public Policy Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Commonwealth Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oscar Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cigna Corporation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Robert Wood Johnson Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Donaghue Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pennsylvania Department of Health*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*This project is funded, in part, under a grant with the PA Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions
Navvis Healthcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisor
Agathos, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisor
Navahealth	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Principal
Embedded Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equity
University Health System - Singapore	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisor and travel
Social Security Administration - France	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	External Advisor and travel
Medicare Payment Advisory Commission	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Commissioner and travel
Elsevier Press	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for editorial role
Cleveland Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker fees and travel
Integrated Services, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board member, not compensated
Ochsner Health System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
United Healthcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blue Cross Blue Shield of North Carolina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Navathe reports grants from Hawaii Medical Service Association, grants from Anthem Public Policy Institute, grants from Commonwealth Fund, grants from Oscar Health, grants from Cigna Corporation, grants from Robert Wood Johnson Foundation, grants from Donaghue Foundation, grants from Pennsylvania Department of Health*, personal fees from Navis Healthcare, personal fees from Agathos, Inc., personal fees from Navahealth, other from Embedded Healthcare, personal fees from University Health System - Singapore, personal fees from Social Security Administration - France, personal fees from Medicare Payment Advisory Commission, personal fees from Elsevier Press, personal fees from Cleveland Clinic, other from Integrated Services, Inc., grants from Ochsner Health System, grants from United Healthcare, grants from Blue Cross Blue Shield of North Carolina, outside the submitted work; .

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.