ICMJE DISCLOSURE FORM

Date: 12/1/2021	
Your Name: Nathaniel Kes	ner, DO
Manuscript Title: Pairing a Me	dical Scribe with a Hospitalist Physician Improved Clinician Satisfaction, Increased
Productivity and Provided a Re	eturn on Investment
Manuscript number (if known): JHMHP-21-26
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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 <u>current manuscript only</u>.

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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.

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1	All support for the present	_xNone	planning of the work
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_xNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	x None	
4	Consulting fees	_xNone	
5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		

7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	_xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone	
11	Stock or stock options	_xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	Teamhealth	Dr. Kesner reports employment with TeamHealth, a clinician staffing and management company. The pilot was conducted at a facility that where TeamHealth provides clinician staffing and management services. Dr. Kesner received no compensation from TeamHealth related to the conduction of the pilot and/or the authorship of this paper.
		Scribe America	Scribe America providers medical scribes to hospitals and medical practices for a fee. The pilot was conducted at a facility where Scribe America provided medical scribes to TeamHealth clinicians. Dr. Kesner is not employed by Scribe America and received no compensation from Scribe America separate for, or related to, the conduction of the pilot and/or the authorship of this paper.

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Dr. Kesner reports employment with TeamHealth, a clinician staffing and management company. The pilot was conducted at a facility that where TeamHealth provides clinician staffing and management services. Dr. Kesner received no compensation from TeamHealth related to the conduction of the pilot and/or the authorship of this paper.

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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	e: <u>12/1/2021</u>		
Your Name: Michael Corvini, MD			
Mar	nuscript Title: Pairing a Med	<u>ical Scribe with a Hospitali</u>	st Physician Improved Clinician Satisfaction, Increased
Pro	ductivity and Provided a Ret	urn on Investment	
Mar	nuscript number (if known):	JHMHP-21-26	
rela part to to rela	ted to the content of your mailes whose interests may be ransparency and does not not tionship/activity/interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	nuscript only.	o the author's relationship	so, activities, interests as they relate to the <u>current</u>
to t	•	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup time frame for disclosure is	•	I in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	: 36 months
2	Grants or contracts from	_xNone	
	any entity (if not indicated		
	in item #1 above).		

Payment or honoraria for

lectures, presentations, speakers bureaus, manuscript writing or educational events

_x___None

_x___None

Consulting fees

4

6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	_xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone	
11	Stock or stock options	_xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	Teamhealth Scribe America	Dr. Corvini reports employment with TeamHealth, a clinician staffing and management company. The pilot was conducted at a facility that where TeamHealth provides clinician staffing and management services. Dr. Corvini received no compensation from TeamHealth related to the conduction of the pilot and/or the authorship of this paper. Scribe America providers medical scribes to hospitals and medical practices for a fee. The pilot was conducted
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ICMJE DISCLOSURE FORM

Date: 12/1/2021				
Your Name:	Cassy Panter			
Manuscript Title:	Pairing a Medical Scribe with a Hospitalist Physician Improved Clinician Satisfaction, Increased			
Productivity and	Provided a Return on Investment			
Manuscript numl	ber (if known): JHMHP-21-26			
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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.	None None	pranning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_xNone	
6		xNone	

	Payment for expert testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	_xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone	
11	Stock or stock options	_xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
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