ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.
   
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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?  
   [ ] Yes  
   [x] 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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   [x] No

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Are there any relevant conflicts of interest?  
   [ ] Yes  
   [x] No

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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [ ] Yes  
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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?  
   [ ] Yes  [x] 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

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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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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Matthew

2. **Surname (Last Name)**
   - Walters

3. **Date**
   - 17-April-2020

4. **Are you the corresponding author?**
   - Yes [✓] No

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

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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

Mishra
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Akriti

2. Surname (Last Name)  
   Mishra

3. Date  
   10-June-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)  
   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.

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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
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):
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Ms. Mishra has nothing to disclose.

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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?  Yes  ☑ No
   Corresponding Author’s Name  Amol Navathe
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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 American’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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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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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. 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.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

   This section asks about your financial relationships with entities in the biomed field that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

   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.


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

5. Relationships not covered above.

   Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally (but not always) paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

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)  
   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  
   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

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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<td>*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</td>
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