ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Instructions

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## 1. Identifying information.

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## 4. Intellectual Property.

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.

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**Other:** Anything not covered under the previous three boxes
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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): Kevin
2. Surname (Last Name): Bozic
3. Date: 02-October-2014

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: Khaled Saleh

5. Manuscript Title
Growing Gap in EMR Satisfacti□on between Clinicians and IT Professionals: Issues of Most Concern and Suggested Remediations

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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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 |
|---|---|---|---|---|---|
| AHRQ, NIH, RWJF, CHCF, UC CHQI, CMS | ☑ | ☐ | ☐ | ☐ | Research Support |
| AAOS (Council on Research and Quality)<br>AAHKS (Health Policy, EBPC)<br>COA (Past-President)<br>OREF (Board of Trustees)<br>UCSF Medical Center (HTAP)<br>CJRR (Chair) | ☐ | ☐ | ☐ | ☑ | Governance and Leadership Roles |
| Institute for Healthcare Improvement, Pacific Business Group on Health<br>Visiting Scholar, Harvard Business School | ☐ | ☑ | ☐ | ☐ | Consultant |

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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 ☑ No

## Section 5. Relationships not covered above

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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. Bozic reports grants from AHRQ, NIH, RWJF, CHCF, UC CHQI, CMS , other from AAOS (Council on Research and Quality)
AAHKS (Health Policy, EBPC)
COA (Past-President)
OREF (Board of Trustees)
UCSF Medical Center (HTAP)
CJRR (Chair), personal fees from Institute for Healthcare Improvement, Pacific Business Group on Health
Visiting Scholar, Harvard Business School, outside the submitted work; .

## Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Steven
2. Surname (Last Name): Shaha
3. Date: 06-October-2014

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Khal Saleh, MD

5. Manuscript Title: Growing Gap in EMR Satisfaction between Clinicians and IT Professionals: Issues of Most Concern and Suggested Remediations

6. Manuscript Identifying Number (if you know it):

## 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

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Dr. Shaha has nothing to disclose.

## Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Khaled
2. Surname (Last Name): Saleh
3. Date: 24-September-2014

4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title: "Growing Gap in EMR Satisfaction between Clinicians and IT Professionals: Issues of Most Concern and Suggested Remediations"

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 |
|---|---|---|---|---|---|
| OREF, Smith & Nephew | ☑ | ☐ | ☐ | ☐ | Research funds |
| Aesculap, MMC Co-Management Orthopaedic Board | ☐ | ☑ | ☐ | ☐ | Consulting |
| Watermark Risk Management Board, BCBSA (Blue Distinction Panel Hip/Knee/ Spine) | ☐ | ☐ | ☐ | ☑ | Board |
| Elsevier Science, Aesculap | ☐ | ☐ | ☐ | ☑ | Royalties |

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments | |
|---|---|---|---|---|---|---|
| AOA – Finance Committee<br>OREF: Industry Relations Committee /Clinical Research Awards Committee<br>Deputy Editor for The Journal of Bone and Joint Surgery | ☐ | ☐ | ☐ | ☑ | Committee Roles | |

## 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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Dr. Saleh reports grants from OREF, Smith & Nephew , personal fees from Aesculap, MMC Co-Management Orthopaedic Board , other from Watermark Risk Management Board, BCBSA (Blue Distinction Panel Hip/Knee/ Spine), other from Elsevier Science, Aesculap, other from AOA – Finance Committee, OREF: Industry Relations Committee /Clinical Research Awards Committee, 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): Mouhanad
2. Surname (Last Name): El-Othmani
3. Date: 24-September-2014

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Khaled J Saleh

5. Manuscript Title: "Growing Gap in EMR Satisfaction between Clinicians and IT Professionals: Issues of Most Concern and Suggested Remediations"

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): John
2. Surname (Last Name): Tokish
3. Date: 16-October-2014

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Khaled Saleh

5. Manuscript Title: Growing Gap in EMR Satisfaction between Clinicians and IT Professionals: Issues of Most Concern and Suggested Remediations

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments | |
|---|---|---|---|---|---|---|
| Depuy Mikek | ☐ | ☑ | ☐ | ☐ | | |
| Arthrex | ☐ | ☑ | ☐ | ☐ | | |

## 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 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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## 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. Tokish reports personal fees from Depuy Mikek, personal fees from Arthrex, outside the submitted work; .

## Evaluation and Feedback

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## 1. Identifying information.

## 2. The work under consideration for publication.

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## 3. Relevant financial activities 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): James
2. Surname (Last Name): Wright
3. Date: 24-September-2014

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Khaled Saleh

5. Manuscript Title: "Growing Gap in EMR Satisfaction between Clinicians and IT Professionals: Issues of Most Concern and Suggested Remediations"

6. Manuscript Identifying Number (if you know it):

## 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

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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

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Dr. Wright 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): Jamal
2. Surname (Last Name): Saleh
3. Date: 25-September-2014

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Khaled Saleh

5. Manuscript Title: growing gap in emr satisfaction between clinicians and it professionals: issues of most concern and suggested remediations

6. Manuscript Identifying Number (if you know it):

## 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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Mr. Saleh has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name): James
2. Surname (Last Name): Shaha
3. Date: 01-October-2014

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Khaled Saleh

5. Manuscript Title: "Growing Gap in EMR Satisfaction between Clinicians and IT Professionals: Issues of Most Concern and Suggested Remediations"

6. Manuscript Identifying Number (if you know it):

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Dr. Shaha has nothing to disclose.

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