

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.

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2. The work under consideration for publication.

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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)

Gillian

2. Surname (Last Name)

Hawker

3. Date

18-July-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Kevin J. Bozic, MD, MBA

5. Manuscript Title

Improving Value in Musculoskeletal Care Delivery

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?

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☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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☐ Yes

☒ No

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Section 6. Disclosure Statement

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Dr. Hawker 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)
David

2. Surname (Last Name)
Jevsevar

3. Date
16-July-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Kevin J. Bozic, MD, MBA

5. Manuscript Title
Improving Value in Musculoskeletal Care Delivery

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. Jevsevar has nothing to disclose.

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1. Given Name (First Name)
David

2. Surname (Last Name)
Wei

3. Date
14-July-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Kevin J. Bozic, MD, MBA

5. Manuscript Title
Improving Value in Musculoskeletal Care Delivery

6. Manuscript Identifying Number (if you know it)

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Dr. Wei has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kevin

2. Surname (Last Name)
Bozic

3. Date
22-July-2014

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

5. Manuscript Title
Improving Value in Musculoskeletal Care Delivery

6. Manuscript Identifying Number (if you know it)

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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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support
Institute for Healthcare Improvement, Pacific Business Group on Health Visiting Scholar, Harvard Business School	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
AAOS (Council on Research and Quality) AAHKS (Health Policy, EBPC) COA (Past-President) OREF (Board of Trustees) UCSF Medical Center (HTAP) CJRR (Chair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Governance/Leadership Roles

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

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