

#### **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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## 4. Intellectual Property.

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

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earning royalties or not

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

Grady 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Jacqueline	rst Name)	2. Surname (Last Name) Grady			3. Date 06-January-	-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	-	Corresponding Author's Name Lisa Gale Suter, MD		
5. Manuscript Title Quality Measure		ciated with Improving H	p/Knee Replac	cement Outco	mes	
6. Manuscript Idei JBJS-D-19-00964	ntifying Number (if you kr	now it)				
Section 2.	The Work Under Co	onsideration for Pub	lication			
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Center for Medicare a	and Medicaid Services			<b>✓</b> MIDS	Contract	
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Section 4.	Intellectual Proper	rty Patents & Copyr	ights			
Do you have any	patents, whether plan	ned, pending or issued,	broadly releva	nt to the work	? Yes	✓ No

Grady 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	wing relationships/conditions/circumstances are present (explain below): tionships/conditions/circumstances that present a potential conflict of interest
	s contracts from the Centers for Medicare & Medicaid Services to develop and maintain measures of ance that are publicly reported.
On occasion, jou	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
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Lin 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Zhenqiu	2. Surname (Last Name) Lin	3. Date 06-January-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Lisa Gale Suter, MD
5. Manuscript Title Quality Measure Public Reporting Associates	ciated with Improving Hip	/Knee Replacement Outcomes
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Section 2. The Week Under C		
The Work Under C	onsideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
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Intellectual Proper	rty Patents & Copyric	ghts
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Lin 2



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Bernheim 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Susannah	rst Name)	2. Surname (Last Name) Bernheim		3. Date 06-January-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Lisa Suter	
5. Manuscript Title Quality Measure		ciated with Improving Hip	/Knee Replacement Outcom	nes
6. Manuscript Ider JBJS-D-19-00964	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, con ta monitoring board, study des	nmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add	) with entities as descri	bed in the instructions. Use port relationships that wer	se one line for each entity; ac	ationships (regardless of amount dd as many lines as you need by onths prior to publication.
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes 🗸 No

Bernheim 2



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Dr. Bernheim reports contracts from the Centers for Medicare & Medicaid Services to develop and maintain measures of hospital performance that are publicly reported.
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Li 1



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Do you have any pa	tents, whether planr	ned, pending or issued,	, broadly relevant to the work? Yes V No

Li 2



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Dr. Li has nothing to disclose.				

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Zywiel 1



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1. Given Name (Fi Michael	rst Name)	2. Surname (Last Name) Zywiel	3. Date 05-January-2020		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Lisa Suter		
5. Manuscript Title Public Reporting		nent Quality Measures Imp	proves Patient Outcomes		
6. Manuscript Ide	ntifying Number (if you kr	now it)			
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**Royalties:** Funds are coming in to you or your institution due to your patent

Suter 1



Section 1. Identifying Inform	ation.			
Identifying Inform	ation			
1. Given Name (First Name) Lisa	2. Surname (Last Nar Suter	me)		3. Date 06-January-2020
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Quality Measure Public Reporting Assoc	ciated with Improving	g Hip/Knee Repla	cement O	Outcomes
6. Manuscript Identifying Number (if you kn JBJS-D-19-00964	ow it)			
Section 2. The Work Under Co	onsideration for P	ublication		
Did you or your institution <b>at any time</b> received any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interest of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interest of the submitted work (including statistical analysis, etc.)?	but not limited to grands:  est? Yes  ormation below. If yo	nts, data monitoring	board, sto	udy design, manuscript preparation,
Name of Institution/Commany				
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments
The Centers for Medicare and Medicaid Services	Grant		Other?	The analyses for this paper were completed as part of contracted work by the Center for Outcomes Research and Evaluation under contract to the Centers for Medicare and Medicaid Services. Several authors receive salary support through this contract and Dr. Bozic was a paid consultant on the contract measure reevaluation work that generated these results.
The Centers for Medicare and Medicaid Services	Fees?	Support?	<b>✓</b>	The analyses for this paper were completed as part of contracted work by the Center for Outcomes Research and Evaluation under contract to the Centers for Medicare and Medicaid Services. Several authors receive salary support through this contract and Dr. Bozic was a paid consultant on the contract measure reevaluation
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The Centers for Medicare and Medicaid Services	activities outside  In the table to indicate the din the instruction port relationships that	the submitted e whether you hans. Use one line for	work.  ave finance or each er	The analyses for this paper were completed as part of contracted work by the Center for Outcomes Research and Evaluation under contract to the Centers for Medicare and Medicaid Services. Several authors receive salary support through this contract and Dr. Bozic was a paid consultant on the contract measure reevaluation work that generated these results.

Suter 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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
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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. Suter reports salary support from contracts with the Centers for Medicare & Medicaid Services to develop and maintain measures of hospital performance that are publicly reported.

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Suter 3



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patent

Sheares 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Karen	rst Name)	2. Surname (Last Nam Sheares	e)	3. Date 06-Janua	ry-2020	
4. Are you the corresponding author?		☐ Yes ✓ No	Correspond Lisa Suter	Corresponding Author's Name Lisa Suter		
•	5. Manuscript Title Quality Measure Public Reporting Associated with Improving Hip/Knee Replacement Outcomes					
6. Manuscript Ider JBJS-D-19-00964	ntifying Number (if you kr	now it)				
Section 2.	The Work Under Co	onsideration for Pu	ıblication			
any aspect of the s statistical analysis, Are there any rela If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	y but not limited to grant est?  Yes  Normation below. If you	ss, data monitoring	(government, commercial, p g board, study design, manu n one entity press the "AD	script preparation,	
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Comments		
Center for Medicare a	and Medicaid Services			Contract		
	ı					
Section 3.	Relevant financial	activities outside t	he submitted	work.		
of compensation clicking the "Add Are there any rel	) with entities as descri   +" box. You should rep evant conflicts of intere	ibed in the instruction port relationships that est? Yes 📝 N	s. Use one line fo were <b>present d</b> No	ave financial relationships or each entity; add as mar uring the 36 months pri	ny lines as you need by	
Section 4.	Intellectual Proper	rty Patents & Cop	yrights			
Do you have any	patents, whether plan	ned, pending or issue	d, broadly releva	nt to the work? Yes	✓ No	

Sheares 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
✓ Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	rts contracts from the Centers for Medicare & Medicaid Services to develop and maintain measures of ance that are publicly reported.
On occasion, jou	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Section 1. Identifying Inform	ation				
1. Given Name (First Name) Kevin	2. Surname (Last Name) Bozic		3. Da 06-Ja	ite anuary-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Correspondin Lisa Suter	g Author's Name		
5. Manuscript Title Quality Measure Public Reporting Assoc	iated with Improving Hip	o/Knee Replace	ment Outcomes		
6. Manuscript Identifying Number (if you kno JBJS-D-19-00964	ow it)				
Section 2. The Work Under Co					
The Work Under Co	nsideration for Publi	ication			
Did you or your institution <b>at any time</b> receivany aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of intere	but not limited to grants, d				c.) for
Section 3. Relevant financial a	activities outside the	submitted w	ork.		
Place a check in the appropriate boxes ir of compensation) with entities as describ clicking the "Add +" box. You should rep	oed in the instructions. U	Ise one line for	each entity; add as	many lines as you need	d by
Are there any relevant conflicts of intere	st? ✓ Yes No				
If yes, please fill out the appropriate info	rmation below.				
Name of Entity	Grant? Personal No	on-Financial Support?	other? Commen	ts	
Agency for Healthcare Research and Quality (AHRQ)	<b>✓</b>				
Harvard Business School			✓ Consultant (	unpaid)	
Centers for Medicare and Medicaid Services					
American Joint Replacement Registry (AJRR)			Governance	/Leadership	
American Association of Hip and Knee Surgeons (AAHKS)			Governance	/Leadership	
Hip Society			<b>✓</b> Governance	/Leadership	
Knee Society			Governance	/Leadership	



Name of Entity	Grant? Persona	Non-Financial Support?	Other?	Comments	
Carum Health				Stock Options	
Cardinal Analytx			<b>✓</b>	Consultant	
C. visus A					
Section 4. Intellectual Propert	y Patents & C	opyrights			
Do you have any patents, whether planne	ed, pending or iss	ued, broadly releva	ant to the	work? ☐ Yes 🕡 No	
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Are there other relationships or activities potentially influencing, what you wrote in		•	influenced	d, or that give the appearance of	
Yes, the following relationships/cond	itions/circumstan	ces are present (ex	plain belo	w):	
✓ No other relationships/conditions/cire					
At the time of manuscript acceptance, joi On occasion, journals may ask authors to					ents.
Section 6. Disclosure Statemen	nt				
Based on the above disclosures, this form below.	ı will automaticall	y generate a disclo	sure state	ment, which will appear in the box	
Dr. Bozic reports grants from Agency for personal fees from Centers for Medicare other from American Association of Hip a personal fees from Carum Health, other	and Medicaid Ser and Knee Surgeor	vices, other from A ns (AAHKS), other fr	merican Jo om Hip So	oint Replacement Registry (AJRR), ociety, other from Knee Society ,	



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Simoes 1



Section 1. Identifying Inforn	nation			
1. Given Name (First Name) Jaymie	2. Surname (Last Name) Simoes	3. Date 06-January-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Lisa Gale Suter, MD		
5. Manuscript Title Quality Measure Public Reporting Asso	ciated with Improving Hip	/Knee Replacement Outcomes		
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	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,		
Section 3. Relevant financial	activities outside the s	submitted work.		
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Section 4. Intellectual Prope	rty Patents & Copyri	ghts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Simoes 2



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Yu 1



Section 1.	Identifying Inform	nation		
1. Given Name (Firs Huihui	st Name)	2. Surname (Last Name) Yu	3. Date 06-January-2020	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Lisa Gale Suter, MD	
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Do you have any p	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No	

Yu 2



Section 5.	
Section 5.	Relationships not covered above
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