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.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.

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
Section 1. Identifying Information

1. Given Name (First Name)  
   Kevin

2. Surname (Last Name)  
   Bozic

3. Date  
   17-October-2016

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   AOA Ortho Talk 2016: Preparing for the Transition to Value Based Healthcare

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.

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.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency for Healthcare Research and Quality (AHRQ)</td>
<td>✔</td>
<td></td>
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<td>Research Support</td>
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<tr>
<td>California Public Employees' Retirement System</td>
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<td>Research Support</td>
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<td>CalPERS</td>
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<tr>
<td>Harvard Business School</td>
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<td></td>
<td></td>
<td>Visiting Scholar</td>
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<tr>
<td>Centers for Medicare and Medicaid Services</td>
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<td>Consultant</td>
</tr>
<tr>
<td>American Joint Replacement Registry (AJRR)</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>Governance/Leadership Role (Board of Directors)</td>
</tr>
<tr>
<td>National Institutes for Health (NIH)</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Research Support</td>
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</tbody>
</table>
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</tr>
</thead>
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<tr>
<td>Institute for Healthcare Improvement</td>
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<td>☐</td>
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<td>Governance/Leadership Role</td>
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<tr>
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<td>✔️</td>
<td>Governance/Leadership Role</td>
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<tr>
<td>Orthopaedic Research and Education Foundation (OREF)</td>
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<td>☐</td>
<td>✔️</td>
<td>Governance/Leadership Role</td>
</tr>
</tbody>
</table>

### 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. Bozic reports grants from Agency for Healthcare Research and Quality (AHRQ), grants from California Public Employees’ Retirement System (CalPERS), personal fees from Harvard Business School, personal fees from Centers for Medicare and Medicaid Services, other from American Joint Replacement Registry (AJRR), grants from National Institutes for Health (NIH), personal fees from Institute for Healthcare Improvement, other from American Academy of Orthopaedic Surgeons (AAOS), other from American Association of Hip and Knee Surgeons (AAHKS), other from Orthopaedic Research and Education Foundation (OREF), outside the submitted work; .
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Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.