

# USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

**Date:** 1/16/2024

**Your Name:** Nancy-Ann DeParle

**Manuscript Title:** The Evolving Role of Hospitals and Health Systems in Community Health and Emergency Preparedness

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In the interest of transparency, the Schaeffer Center Quality Assurance team ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td> <p>I am a member of the Board of Directors of CVS Health (NYSE: CVS) and HCA Healthcare (NYSE: HCA). I am a managing partner of Consonance Capital Partners (CCP), a private equity firm that invests in health care businesses, and a member of the board of several of CCP's portfolio companies listed here: Embark Behavioral Health (behavioral health for teens and young adults), Sellers Dorsey (Medicaid consulting and financing</p> </td> <td></td> </tr> </table>	<p>I am a member of the Board of Directors of CVS Health (NYSE: CVS) and HCA Healthcare (NYSE: HCA). I am a managing partner of Consonance Capital Partners (CCP), a private equity firm that invests in health care businesses, and a member of the board of several of CCP's portfolio companies listed here: Embark Behavioral Health (behavioral health for teens and young adults), Sellers Dorsey (Medicaid consulting and financing</p>								
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		strategy) , Priority OnDemand (emergency medical services) Psychiatric Medical Care (behavioral health for seniors in rural areas). I am also a member of the Board of Trustees of Duke University and co-chair the Advisory Board for the newly-created Stanford University Department of Health Policy, which is part of the Stanford School of Medicine.	
<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b>	
		I receive restricted stock units (RSUs, which become stock after a vesting period) as part of my compensation for serving on the boards of CVS Health and HCA Healthcare.	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

# USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

**Date:** 12/4/2023

**Your Name:** Sister Carol Keehan

**Manuscript Title:** The Evolving Role of Hospitals and Health Systems in Community Health and Emergency Preparedness

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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# USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

**Date:** 1/5/2024

**Your Name:** [Erin Trish ]

**Manuscript Title:** [The Evolving Role of Hospitals and Health Systems in Community Health and Emergency Preparedness ]

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		Commonwealth Fund Edwards Lifesciences Eli Lilly Gates Ventures Genentech Gilead Sciences GRAIL IVI Foundation Johnson & Johnson Kaiser Family Foundation National Institutes of Health Novartis Pfizer RA Capital Roche	
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>   	
4	Consulting fees	<input type="checkbox"/> <b>None</b>  Quant Health  	
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>  Cedars Sinai Health System  	
6	Payment for expert testimony	<input type="checkbox"/> <b>None</b>  Centene Cornerstone Research Guardian Pharmacy Mallinckrodt Varian Medical Systems	

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AJMC	Editorial Board						
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# USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

**Date:** 1/20/2024

**Your Name:** Julian Harris

**Manuscript Title:** The Evolving Role of Hospitals and Health Systems in Community Health and Emergency Preparedness

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# USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

**Date:** 12/4/2023

**Your Name:** Mitchell Katz

**Manuscript Title:** The Evolving Role of Hospitals and Health Systems in Community Health and Emergency Preparedness

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

*Matthew King*

# USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

**Date:** 12/4/2023

**Your Name:** Sandra Lindsay

**Manuscript Title:** The Evolving Role of Hospitals and Health Systems in Community Health and Emergency Preparedness

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In the interest of transparency, the Schaeffer Center Quality Assurance team ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

# USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

**Date:** 1/8/2024

**Your Name:** Jonathan Perlin, MD, PhD

**Manuscript Title:** The Evolving Role of Hospitals and Health Systems in Community Health and Emergency Preparedness

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In the interest of transparency, the Schaeffer Center Quality Assurance team ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

# USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

**Date:** [Click or tap to enter a date.] 12/15/23

**Your Name:** [Click or tap here to enter text.] THOMAS PRUSELAC

**Manuscript Title:** [The Evolving Role of Hospitals and Health Systems in Community Health and Emergency Preparedness  
[Click or tap here to enter text.]

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
			Click the tab key to add additional rows.
<b>Time frame: past 36 months</b>			
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	CEDARS SINAI HEALTH SYSTEM
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	CEDARS SINAI HEALTH SYSTEM

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

# USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

**Date:** Click or tap to enter a date. *1-6-24*  
**Your Name:** Click or tap here to enter text. *Scott P. Serok*  
**Manuscript Title:** The Evolving Role of Hospitals and Health Systems in Community Health and Emergency Preparedness

Click or tap here to enter text.

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*Time frame: Since the initial planning of the work*

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**No time limit for this item.**

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*Time frame: past 36 months*

- 2 Grants or contracts from any entity (if not indicated in item #1 above).  None
- 3 Royalties or licenses  None
- 4 Consulting fees  None
- 5 Payment or honoraria for lectures, presentations,  None

speakers,  
bureaus,  
manuscript  
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educational  
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6 Payment for  
expert testimony

None

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attending  
meetings and/or  
travel

None

8 Patents planned,  
issued or  
pending

None

9 Participation on  
a Data Safety  
Monitoring  
Board or  
Advisory Board

None

10 Leadership or  
fiduciary role in  
other board,  
society,  
committee or  
advocacy group,  
paid or unpaid

None

Northwestern Health System

11 Stock or stock  
options

None

12 Receipt of  
equipment,  
materials, drugs,  
medical writing,  
gifts or other  
services

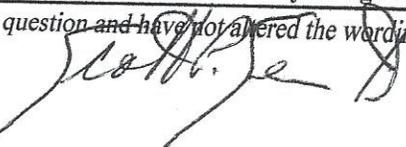
None

13 Other financial  
or non-financial  
interests

None

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# USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

**Date:** 12/21/2023

**Your Name:** [Mike Trachta ]

**Manuscript Title:** [The Evolving Role of Hospitals and Health Systems in Community Health and Emergency Preparedness ]

[Click or tap here to enter text.](#)

In the interest of transparency, the Schaeffer Center Quality Assurance team ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		MercyOne Health System	VP Rural Hospitals and Regional Operations
		University of Iowa College of Public Health	Alumni Advisory Board

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

**Date:** 1.6.24

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**Your Name:** Reed Tuckson

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**Manuscript Title:** The Evolving Role of Hospitals and Health Systems in Community Health and Emergency Preparedness

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In the interest of transparency, the Schaeffer Center Quality Assurance team ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)		Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>x</b> <b>None</b>	Click the tab key to add additional rows.
<b>Time frame: past 36 months</b>			
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>X</b> <b>None</b>	
<b>3</b>	Royalties or licenses	<input type="checkbox"/> <b>x</b> <b>None</b>	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	I chair the Board of the Black Coalition Against COVID and I am an advisor to Choose Health Life faith-based initiative. None of these has any grants or formal relationships with health systems or hospitals

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>11</b> Stock or stock options	<input type="checkbox"/> <b>x</b> <b>None</b>	
<b>12</b> Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>x</b> <b>None</b>	
<b>13</b> Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

# USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

**Date:** 11/27/2023

**Your Name:** Melissa A. Frasco

**Manuscript Title:** The Evolving Role of Hospitals and Health Systems in Community Health and Emergency Preparedness

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

# USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

**Date:** 12/5/2024

**Your Name:** [Ruth Katz ]

**Manuscript Title:** [The Evolving Role of Hospitals and Health Systems in Community Health and Emergency Preparedness ]

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Click the tab key to add additional rows.								
<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Arnold Ventures; Commonwealth Fund (subcontractor)</td> <td>Payment made to Aspen Institute’s Health, Medicine &amp; Society program</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Arnold Ventures; Commonwealth Fund (subcontractor)	Payment made to Aspen Institute’s Health, Medicine & Society program				
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