ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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Gibbs
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Gibbs

3. Date  
   07-August-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Value-based Chronic Care Model Approach for Vulnerable Older Patients with Multiple Chronic Conditions

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Gibbs has nothing to disclose.

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<tbody>
<tr>
<td>Ellen</td>
<td>Guarnieri</td>
<td>26-July-2020</td>
</tr>
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</table>

| 4. Are you the corresponding author? | ✔ No |

<table>
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<tr>
<th>5. Manuscript Title</th>
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Assistant Program Director, Healthcare Quality and Safety
Adjunct Professor, Population Health
Jefferson College of Population Health
Thomas Jefferson University
901 Walnut Street
10th floor
Philadelphia, PA 19107
215.955.3888

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Chu
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4. Are you the corresponding author?  
   - Yes  
   - No  ✔

Corresponding Author’s Name  
John F. Gibbs, MD

5. Manuscript Title  
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<tr>
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<td>Murdoch</td>
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4. Are you the corresponding author? ☑ No  

Corresponding Author's Name  
John F. Gibbs

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   Arif

2. Surname (Last Name)  
   Asif

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Corresponding Author's Name  
John Gibbs

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