

ICMJE DISCLOSURE FORM

Date: 12/1/2022

Your Name: Mariëtte Willems

Manuscript Title: Digitale transformatie biedt toekomstperspectief voor de kernwaarden van huisartsen

Manuscript Number (if known): Click or tap here to enter text.

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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.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">Stichting LEGIO,</td> <td style="width: 50%;">CMIO 8-12 uur/week, programma's OPEN, project XIS en Met Spoedbeschikbaar</td> </tr> <tr> <td>Stichting Verwijzen</td> <td>Op afroep</td> </tr> <tr> <td>LHV, Medicatieoverdracht</td> <td>5 uur/maand</td> </tr> <tr> <td>Doccs Huisartsenpraktijk</td> <td>Vanaf 1 oktober 2022 huisarts 16 uur/week, ICT-adviseur 4 uur/week</td> </tr> <tr> <td>Huisartsen Wijkerbaan, Maatschap Groot Willems</td> <td>Huisarts, medeigenaar tot 1 juli 2022</td> </tr> </table>	Stichting LEGIO,	CMIO 8-12 uur/week, programma's OPEN, project XIS en Met Spoedbeschikbaar	Stichting Verwijzen	Op afroep	LHV, Medicatieoverdracht	5 uur/maand	Doccs Huisartsenpraktijk	Vanaf 1 oktober 2022 huisarts 16 uur/week, ICT-adviseur 4 uur/week	Huisartsen Wijkerbaan, Maatschap Groot Willems	Huisarts, medeigenaar tot 1 juli 2022
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;"> </td> <td style="width: 50%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>										

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4	Consulting fees	<input type="checkbox"/> None	
		Stichting MedMij	Lid Adviesgroep
		NHG, doorontwikkeling thuisarts.nl	Expertsmeetings
		D&A Medical Goup,	VWS ICT-infrastructuur advies
		CPME werkgroep digital health KNMG	expert
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		NHG, NHG congres	Spreken
		TU Eindhoven	Les op CMIO/CNIO leergang
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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	
		Voorzitter CMIO Network Eerste Lijn	onbetaald
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11	Stock or stock options	<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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
13	Other financial or non-financial interests	<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>							

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.