Declaration of Interest



A. General Information

Full Name: Michael Hillmer

Date: 2/1/2021

What is the nature of your role at the Science Table: Member

B. Declaration of Interest

Please fill out the following table by indicating whether you or your institution have received compensation, regardless of the amount, in the form of payment or services, from entities in the health care, public health, or other related arenas that could be perceived to influence your participation at the Science Table, or related aspects. Please report all compensation that has been received in the last 3 years prior to your participation at the Science Table.

If you have selected 'Yes' for any of the categories below, please indicate whether the compensation is related to COVID-19 or not, the name of the entity providing the compensation, and an explanation. If you have more than one relationship for each Category, please ensure to include all of them by selecting the '+' sign at the end of each row.

Category	No	Yes, paid to you	Yes, paid to your institution	Related to COVID-19?		Entity	Explanation
				No	Yes	,	ZAPIGITACIÓN
Grant						CIHR Implementation Science Teams: Strengthening Pandemic Preparedness in Long- Term Care	"Finding the right balance: implementing family presence policies in Ontario long-term care homes", Trainee principal investigator, \$150,000 CAD operating grant, Nov 2020-Oct 2021.
Grant						COVID-19 Immunity Task Force – Hot Spots, Public Health Agency of Canada	"COVID-19 infection and immunity in residents of long-term care facilities", co- investigator, \$5,000,000 CAD grant, Nov 2020- Apr 2022.

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Grant					Team Grant: TiC - Stream 2 eHIPP solutions for transitions in care gaps	Title: Keeping in Touch (KiT) with Young Adults as They Transition Through Type 1 Diabetes Care; Amount: \$508,877.00
Grant			\boxtimes		Project Grant	Title: Advancing the Science of Knowledge Translation: Measuring Context; Amount: \$148,410.00
Grant				\boxtimes	Op Gr: COVID-19 Rapid Research FO - Clinical Mgmt/Health System Interventions	Title: The Response of Provincial Health Systems to COVID-19: Service Provision and Costs Across Health Sectors, First Nations and other populations; Amount: \$393,753.00
Grant		\boxtimes			SPOR SUPPORT Units	Title: Ontario SPOR Support Unit; Amount: \$65,748,420.00
Grant					Partnerships for Health System Improvement (PHSI)	Title: Building Access to Specialist Care for remote, rural populations through eConsultation (BASE); Amount: \$350,000.00
Grant					Oper Grant:eHealth Innov Partnership Program(eHIPP)-Seniors w Complex Care Needs	Title: THE SMArT VIEW, CoVeRed: TecHnology Enabled monitoring and Self-MAnagemenT- VIsion for patient EmpoWerment following Cardiac and VasculaR surgery; Amount: \$749,876.00
Grant		\boxtimes	\boxtimes		Project Grant	Title: Systematic Prospective Assessment

					of Rapid Knowledge Synthesis - SPARKS Study; Amount: \$638,356.00
Grant				Team Grant: Late Life Issues	Title: Seniors- Adding Life to Years (SALTY); Amount: \$1,397,931.00
Grant			\boxtimes	Project Grant	Title: Inappropriateness of Health Care in Canada; Amount: \$275,400.00
Grant				Oper Grant:eHealth Innov Partnership Program(eHIPP)-Seniors w Complex Care Needs	Title: Optimizing the health of seniors: The development, implementation, and evaluation of an electronic multi-chronic disease tool (e-MCD); Amount: \$707,558.00
Grant				CIHR IHSPR Doctoral Research Award	Title: Institutional characteristics of long- term care facilities in Ontario and their association with clinical outcomes Amount: \$63,417.00 Year: 2002/03/2005-06
Grant				Team Grant: Chronic Disease Risk and Intervention Strategies	Title: Measuring and improving the quality of ambulatory care for people with cardiovascular risk factors and/or chronic cardiovascular diseases Amount: \$1,998,740.00 Year: 2011-12/2016-17
Grant				Operating Grant	Title: Enhancing Uptake of Systematic Reviews Amount: \$305,382.00 Year: 2014-15/2016-17
Consulting	\boxtimes			Click or tap here to enter text.	Click or tap here to enter text.
Board membership	\boxtimes			Click or tap here to enter text.	Click or tap here to enter text.
Employment	\boxtimes			Click or tap here to enter text.	Click or tap here to enter text.
Payment for lectures including service on speaker bureaus				Click or tap here to enter text.	Click or tap here to enter text.
Payment for manuscript preparation	\boxtimes			Click or tap here to enter text.	Click or tap here to enter text.

Patents	\boxtimes			Click or tap here to enter text.	Click or tap here to enter text.
Royalties	\boxtimes			Click or tap here to enter text.	Click or tap here to enter text.
Payment for development of educational presentations	\boxtimes			Click or tap here to enter text.	Click or tap here to enter text.
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like				Click or tap here to enter text.	Click or tap here to enter text.
Payment for writing or reviewing any reports or publications	\boxtimes			Click or tap here to enter text.	Click or tap here to enter text.
Provision of writing assistance, equipment, software, or administrative support	\boxtimes			Click or tap here to enter text.	Click or tap here to enter text.
Expert testimony	\boxtimes			Click or tap here to enter text.	Click or tap here to enter text.
Stock/stock options	\boxtimes			Click or tap here to enter text.	Click or tap here to enter text.
Support for travel/accommodations/ meeting expenses				Queens University	Received mileage expenses for travel related to Medical School Faculty Retreat

C. Other Relationships

Are there any other relationships or activities that could be perceived to influence your participation at the Science Table (COVID-19 related or not)? Please select one of the following:

- No, there are no other relationships/conditions/circumstances that present, or may be perceived to present, a potential conflict of interest.
- □ Yes, there are relationships/conditions/circumstances that present, or may be perceived to present, a potential conflict of interest.

If you have selected 'Yes', use the following table to indicate whether the relationship is related to COVID-19 or not, provide the name of the entity (if applicable), and an explanation describing the nature of the relationship. If you have more than one relationship, please ensure to include all of them by selecting the '+' sign at the end of each row.

Category	Related to COVID-19?		Entity	Explanation	
	No	Yes	,		
Relationship			Click or tap here to enter text.	Click or tap here to enter text.	

D. Acknowledgement

I certify that the above information contained in this Declaration of Interest is true and correct to the best of my knowledge. If any matter that gives rise to, or may be perceived to give rise to, a conflict of interest during my participation

at the Science Table, I will promptly notify the Secretariat of the Science Table, and provide an updated Declaration of Interest.

Full Name: Michael Hillmer

Date: 2/1/2021