



President's Report

President, NASPGHAN: Athos Bousvaros MD, MPH

THE HOME STRETCH

I can't believe that two years (actually four years) have flown by so fast. In October, I'll be handing the **NASPGHAN** presidency over to my wonderful colleague, Carlo Di Lorenzo. This will be my last formal column, as we have reduced the frequency of these columns to twice a year. We've accomplished a lot in the last few years, which I've tried to summarize in Table 1 (*see page 2*). I also want to thank everyone who has worked with me in the past four years, because **NASPGHAN** is a true team effort run by all of us. I especially want to thank my family, who has been very understanding when I've been away from home.

When B Li and John Barnard asked me to run for president a few years ago, I had mixed feelings. On the one hand, I've been a **NASPGHAN** member for 20 years, and I absolutely love this organization. The Annual Meeting is not only my main source of professional education, but also the place where I get to catch up with old friends who have left Boston to succeed elsewhere. I've also found Margaret, Kim, Amy and the other **NASPGHAN** staff to bend over backwards to help. On the other hand, I was worried about the time commitment, and how it would impact my career, my other interests and my family. Looking back, I can say I shouldn't have worried. I did have to cut back a little bit on my educational work and research, but I was still able to care for my patients in the best way. I was also there for my family. I helped tutor my son for his SATs, and was able to care for my wife's mother when she fell terminally ill with cancer. The one thing I totally gave up on the last four years was TV, so don't ask me about what happened on Glee, Two and a Half Men, or Homeland.

Where has **NASPGHAN** come in the last few years? I honestly think we are the strongest pediatric subspecialty organization in North America. Other societies (including pediatric endocrine, pulmonary, emergency medicine and cardiology) are often subdivisions of other groups, like AAP, PAS, or adult societies. Other groups, including the National Institutes of Health, Food and Drug Administration, Crohn's and Colitis Foundation, American Liver Foundation, and American Academy of Pediatrics value

our input and want to work with us. Our advocacy efforts, led by Camille Bonta, have gained us national recognition and prevented children from serious injuries due to high powered magnets. We're also financially in good shape, thanks to the "lean and mean" national office that gives us great value for the money. However, we face many challenges. Health care reform in the United States is clearly resulting in an increased administrative burden, and will probably result in lower reimbursements. Our colleagues in private practice are facing a "new era" of consolidation, bureaucracy, and regulatory oversight. Whereas 20 years ago we could spend our time caring for patients, we now have to worry about "maintenance of certification," "meaningful use," "prior authorization," "bundled payments," "CPT codes," "ICD10," and other painful measures that are massive time sinks. The Centers for Medicare & Medicaid Services has cut reimbursement for upper endoscopy by about 14% this year, and there is concern that private insurers may do the same. In addition, insurances seem to be more resistant to paying for medically necessary but high cost treatments, such as enteral nutrition and biologics.

How can we tackle these issues? I think we need to partner more closely with other organizations. We've tried to work more closely with the adult GI societies, and some recent ASGE and AASLD position papers have been co-authored or reviewed by **NASPGHAN**. However, when it comes to reimbursement, we've had a tough time partnering with the adult societies, because our interests are so different. The adult gastroenterologists spend much of their time on colon cancer screening, which we rarely do outside of IBD patients. I think we need to work more closely with AAP and other pediatric groups. The challenges we face as pediatric gastroenterologists (support of mental health care, reimbursement for vaccines, nutrition of the growing child, and the appropriate use of off-label therapies) are the same ones general pediatricians face.

We'll be holding a strategic planning meeting in September to discuss where **NASPGHAN** will be going. If any of you have thoughts in this area, please let me know. As always, I can be reached by email at (athos.bousvaros@childrens.harvard.edu), or by phone at 617-335-2962. I look forward to seeing many of you in Atlanta, at which time Carlo will formally take over. It has been my privilege to be your president.

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TABLE 1

WHAT NEW NASPGHAN INITIATIVES HAVE HAPPENED IN THE LAST FOUR YEARS?

- ◆ **High Powered Magnet Advocacy**—Led by Camille Bonta, Mark Gilger, and Adam Noel, we alerted the Consumer Product Safety Commission about the risks of these “desk toys”. Our actions led to the withdrawal of these products in the U.S. and Canada.
- ◆ **Maintenance of Certification Part 4**—The American Board of Pediatrics has mandated participation of physicians in quality improvement projects as a condition for recertification. Thanks to Jeannie Huang, Jenifer Lightdale, Doug Fishman, Praveen Goday and others, we have now established a low cost method of participating in QI, improving patient care, and getting part 4 MOC credits.
- ◆ **Patient Education Website**— (www.gikids.org) is up and running, and has terrific education materials on a number of common GI conditions, including reflux, constipation, IBD, celiac disease, and *C. difficile* infection. Also available is the educational video “*The Poo in You*”, and the comic book “*Journey to the Center of the Intestine*.” Kudos to Chris Jolley, Rick Caicedo, Eric Benchimol, Tom Sferra, and all the other folks who have worked so hard on GIKids.
- ◆ **American Board of Pediatrics Dialogue**—Many of our members, particularly younger ones, are concerned about the very high cost of board certification, especially the initial certification. I’ve been able to speak with David Nichols, and while all is “top secret” right now, I will say the board is aware of the problem and working on it. Jon Teitelbaum has been a terrific voice for **NASPGHAN** at the board, and I know Ivor Hill will carry on Jon’s excellent work.
- ◆ **FDA Relationship**—Thanks to our **NASPGHAN** colleagues at the Food and Drug Administration (including Andrew Mulberg, Jessica Lee, and Juli Tomaino), we have an active ongoing dialogue with the FDA on regulatory issues. We hope our ongoing partnership will educate **NASPGHAN** members about the nuances of pediatric drug development, and lead to bringing safe and effective new treatments to children.
- ◆ **Registered Dietitian Symposium and Nutrition Group**—Thanks to Ann Scheimann, Praveen Goday and a fantastic team of dietitians, we have started a new tradition at our Annual Meeting, with over 100 dietitians coming to the first annual RD symposium.
- ◆ **GI Jeopardy**—This is one of my favorite parts of the Annual Meeting, led by Norberto “Trebek” Rodriguez-Baez. I’ll take credit for this one. I first saw Norberto do this in Dallas over a decade ago for residents there, I made a mental note that we had to get him at **NASPGHAN**.
- ◆ **NASPGHAN Research Registry**—The brainchild of Kathy Schwarz, and brought to reality by Manu Sood, this initiative makes it much easier for investigators conducting trials to find other **NASPGHAN** members with similar interests. The registry will also be valuable for partnering pharmaceutical companies with appropriate investigators.
- ◆ **Research Agenda**—Developed by Kathy Schwarz, Sohail Husain, Arvind Srinath, Neera Gupta and others, this beautiful document summarizes in lay language what many of **NASPGHAN**’s priorities in pediatric research area.
- ◆ **Guidelines and Position Statements**—Due to the hard work of many **NASPGHAN** members, guideline editor Vicky Ng, and Clinical Care and Quality chair, Ian Leibowitz, we are getting more position statements out into the journal. These documents are very useful for

the practicing clinician faced with challenging management decisions. In addition, the **NASPGHAN** Training Guideline (developed by Alan Leichtner, Michael Narkewicz, and others) is essential reading for those with fellowship programs.

- ◆ **Website Revamp**—Margaret Stallings, Kim Rose, Eric Benchimol, John Pohl, and others are giving the **NASPGHAN** website a “makeover”, to make it more user friendly.
- ◆ **New Committees**—We have a new Clinical Practice Committee (led by Adam Noel), and are launching a new Pancreas committee (led by Veronique Morinville).
- ◆ **Diversity Initiative**—Laurie Fishman and Gitit Tomer, under the auspices of Ben Gold’s Professional Development Committee, will be examining how we are doing with respect to gender and diversity issues.
- ◆ **International Relations and the World Congress 2016**—Thanks to wonderful leadership from ESPGHAN (Bert Koletzko, Ricardo Troncone), LASPGHAN (Marina Orsi, Sylvie Cruchet), APPSPGHAN (Mei-Hwei Chang, YH Ni, and Akira Matsui), CAPGAN (Bhupinder Sandhu, T Ahmeed), our Mexican Councilors (Alfredo Larrosa-Haro and Armando Madrazo), and our International Committee (led by Miguel Saps), we continue to expand our educational outreach to many countries across the world. Ernest Seidman, Claude Roy, and our Montreal local organizing committee are hard at work to make World Congress 2016 a meeting to remember.
- ◆ **Training**—Our resident program “Teaching and Tomorrow” grows larger every year, with over 100 interested residents last year. Our Training and Research Committees also run the first, second, and third year fellow conferences each year, which provide very valuable “life and career education” to the youngest members of our profession. Thanks to Cary Sauer, Mike Narkewicz, and Steve Erdman for all their help.
- ◆ **NASPGHAN Foundation**—Amy Manela, George Ferry, Bill Balistreri, John Barnard, and the other Foundation members have made innumerable contributions to our Society, including: promoting research through grants, providing essential professional education materials (grand rounds slide sets, newsletters, and webinars), and developing public education “campaigns” about GI disease. John will talk more about the Foundation in a future newsletter, but I’ve made it a point to contribute to the Foundation annually.
- ◆ **Journal of Pediatric Gastroenterology and Nutrition**—Our journal keeps getting better and better, with more high quality articles, useful reviews, and now with CME credits. Thanks to our **NASPGHAN** North American editor Mel Heyman, and our publishing colleague David Myers. Also, thanks to our ESPGHAN colleagues for working with us so closely.
- ◆ **Special interest groups (SIGs)**—For **NASPGHAN** members who want to study and / or educate our members about a very focused area, we now have a mechanism for the development of Special Interest Groups (SIGs). Our first three SIGs are on Medical Education (Alan Leichtner, chair), Endoscopic Retrograde Cholangiopancreatography (Victor Fox, chair), and Fecal Transplantation (George Russell and Stacy Kahn, chairs).

Athos Bousvaros MD, MPH

Athos Bousvaros

Associate Director, IBD Center, Children’s Hospital Boston
President, **NASPGHAN**

Secretary–Treasurer's Report

It is hard to believe that my three years as Secretary/Treasurer are coming to a close. It has been a rewarding experience working with the **NASPGHAN** leadership and the essential staff in the **NASPGHAN** National Office: Margaret Stallings and Kim Rose. I would like to thank all of you for your ongoing support of **NASPGHAN** by attending the Annual Meeting and Postgraduate Course in Chicago on October 9–12, 2013. The programs were well attended and the revenue from this event, the *Journal of Pediatric Gastroenterology and Nutrition*, memberships and donations help to support the important programs of **NASPGHAN** and the **NASPGHAN** Foundation. During the last three years, we have been able to support a number of important initiatives including strong advocacy efforts led by Washington advocate, Camille Bonta, support for creation of Part 4 Maintenance of Certification modules, development of the **NASPGHAN** Research Registry, creation of a number of guidelines and position statements, and a revamp of the **NASPGHAN** website. This year, we were very concerned about our budget; however, I am pleased to announce that **NASPGHAN** again completed the year “in the black” and our fiscal position is quite sound. We are positioned to support additional important programs in the future that will further enhance the services provided to **NASPGHAN** membership.



James E. Heubi, MD
Secretary-Treasurer, **NASPGHAN**

President-Elect's Report

.....**President-Elect, NASPGHAN: Carlo Di Lorenzo, MD**.....

2014 Postgraduate Course and Annual Meeting Highlights!

Planning for the 2014 **NASPGHAN** Postgraduate Course & Annual Meeting is in high gear and this promises to be another exciting and informative event filled with varied learning opportunities.

The Postgraduate Course will be held Thursday, October 23 from 8am to 5pm—Organized by the **NASPGHAN** Professional Education Committee and led by Drs. Melanie Greifer and Jennifer Strople, this year's course will provide a comprehensive overview of pediatric endoscopy, hepatology, nutrition, intestinal inflammation and motility disorders. During the course, there will also be nine small group Learning Lunches that will provide more in-depth case-based discussion of difficult patients with functional GI disorders, complications of IBD, jaundice, liver failure, and in need of interventional endoscopy.

The Annual Meeting will kick off at 5pm on Thursday, October 23 with a welcome reception and the first of three poster sessions. The Professional Development Session at 7pm, led by Dr. Ben Gold and the Professional Development Committee, will explore “glass ceilings.” On Friday and Saturday mornings during the plenary sessions, the best laboratory and clinical science abstracts will be presented. The keynote speaker this year will be Dr. Brennan Spiegel, an adult gastroenterologist from UCLA, who will speak on outcome measures. Drs. John Barnard and William Balistreri will once again present their popular Basic and Clinical Science, Year in Review sessions. On Friday and Saturday, there will be 21 Meet the Professor Breakfasts to choose from, two of which will be in Spanish. Also this year, the number of abstract-based research sessions have increased to eight and these sessions will each feature a state-of-the art presentations given by an expert in the field. In addition, there will be seven invited speaker sessions, including two “Hot Topics” and two debates with speakers discussing the ideal timing for portal hypertension treatment and when to start biologic agents in IBD.

Other functions of note during the Annual Meeting:

- ◆ A new video symposium with abstract presentations that will include a special video on the history of pediatric endoscopy by Dr. Doug Fishman Saturday, October 25 3:45pm–5:15pm. Please plan to submit your videos via the abstract submission site, (<https://naspghan2014.abstractcentral.com>). The deadline is June 18, 2014.
- ◆ Virtual session that will focus on celiac disease and will be chaired by Dr. Ivor Hill, Friday, October 24, 2:30pm–4pm.
- ◆ Hands-On Endoscopy that will be organized by Dr. Marsha Kay, Friday, October 24 noon–2:30pm and Saturday, October 25, noon–2:00pm.
- ◆ Hands-on Motility, organized by Joe Croffie, that will discuss anorectal manometry, Saturday, October 25, 10:30am–noon.
- ◆ Billing and Coding, Saturday, October 25, 10:30am–noon.
- ◆ LASPGHAN Meeting and reception in Spanish on Friday, October 24, at 6:00pm.
- ◆ A new Research Skills Workshop on Sunday, October 26 from 8am–11:30am.
- ◆ **NASPGHAN** Nutrition Symposium from 8am–4pm Saturday, October 25 organized by Dr. Praveen Goday.
- ◆ 5K run the morning of Friday, October 24.
- ◆ GI Jeopardy on Saturday, October 25, Fellows versus Faculty, at 5:30pm.

I hope that I will see you there!



Carlo Di Lorenzo, MD
NASPGHAN President Elect
Program Committee Chair



New Video Symposium at 2014 NASPGHAN Annual Meeting

Outstanding video submissions will be featured during a brand new session at this year's Annual Meeting. The focus is on cutting-edge techniques and unusual cases in GI endoscopy. Accepted authors will present their video live and then have 1–2 minutes to answer questions.

The **NASPGHAN** Video symposium is designed to showcase interesting endoscopic cases or techniques in the field of gastrointestinal endoscopy. Programs can demonstrate accepted techniques, difficult or interesting cases or complications or innovations within the field of endoscopy. The video should focus on interesting and novel cases or techniques in the field of pediatric endoscopy. All entries must be oriented toward physician rather than patient education.

Submissions should demonstrate an individual technique or case or series of cases and should be between 3–5 minutes in length (it cannot exceed 5 minutes). Accepted videos will be narrated during the playing of the video as video played at **NASPGHAN** will not have sound.

You are limited to videos of 100MB in size. Please visit the abstract submission site (<https://naspghan2014.abstractcentral.com>) for additional detailed format and submission requirements. **Submission deadline is June 18, 2014.**

2014 Award Winners

Please join us in honoring these outstanding individuals at the Awards Ceremony on Friday, October 24 from 4:15–5:15pm during the 2014 **NASPGHAN** Annual Meeting in Atlanta, GA.

SHWACHMAN AWARD

Peter F. Whittington, MD

DISTINGUISHED SERVICE AWARD

Melvin B. Heyman, MD, MPH

AAP MURRAY DAVIDSON AWARD

Jeffrey S. Hyams, MD, FAAP

AASLD / NASPGHAN Joint Pediatric Symposium to be held at The Liver Meeting 2014

Friday, November 7, 2014

Hynes Convention Center—Boston, MA

The joint AASLD/**NASPGHAN** Pediatric Symposium at The Liver Meeting 2014 will be held Friday, November 7, 2014 from noon to 3pm at the Hynes Convention Center in Boston, MA.

Moderators of the symposium, *The Kidney in the Child with Chronic Liver Disease*, will be Drs. Ronen Arnon and Jean Molleston.

Session I topics will include *Hepatorenal syndrome Types I and II* and *Ascites in Children*. Session II topics will include *The Liver in Polycystic Kidney Disease*, *Combined Liver and Kidney Transplantation* and *Long-term Renal Outcomes after Liver Transplantation*.

To register, go to (www.aasld.org/livermeeting).



2014 NASPGHAN Annual Meeting Registration is Open

Early-bird registration deadline for the 2014 NASPGHAN Annual Meeting October 23–26 in Atlanta, Georgia will be August 13, 2014. To receive early-bird rates, envelopes must be postmarked no later than August 13, or Standard rates will apply. Standard rates will apply until September 19, 2014. After September 19, on-site fees will apply.

Registration forms and details for the 2014 NASPGHAN Annual Meeting are available online at (www.naspghan.org). Click on Member Center, log in and click on Event Registration. You can also download and print the registration form and fax or mail it to the **NASPGHAN** National Office, PO Box 6, Flourtown, PA, 19031.



A NASPGHAN Foundation Report on Member Philanthropy

..... John Barnard, MD, Nationwide Children's Hospital
President, NASPGHAN Foundation

This is a short note to thank the hundreds of **NASPGHAN** members who contributed to the William Balistreri Prize for Excellence in Pediatric Gastroenterology, Hepatology and Nutrition. As a result of your generosity, and that of Bill's patients, family and friends, we reached our goal of \$100,000. These funds are now established as an endowment to honor Bill for years to come by publicly recognizing scientific excellence at our Annual Meeting.

It is the Foundation's belief that member philanthropy will become even more important in sustaining our mission as the number of **NASPGHAN** members continues to increase. In fact, in the next few years, we will have 2,000 members and the need for education and research in our discipline has never been greater. For this reason, the Foundation Board of Directors has approved continued fund raising to honor our most distinguished colleagues. Later this year, you will begin to hear of our efforts to honor Dr. Richard "Dick" Grand and his lifelong colleague Dr. John Watkins by endowing a jointly named award. Dr. Barry Wershil will lead this effort.

For many of us, the collegial nature of the **NASPGHAN** membership and the excellence behind its programs have been among our most enriching professional experiences. To assure we remain such a vibrant organization in the years to come, the Foundation approved the initiation of a formal planned giving campaign at the recent DDW meeting in Chicago. We will be working with external professional guidance to establish this program and soon, **NASPGHAN** members will have the option to remember and provide a legacy for our organization through a variety of established mechanisms for planned giving. Our professional organization truly holds a cherished place in our hearts and it is this passion for **NASPGHAN** that I hope will drive our planned giving program to success.

I hope you all have a safe and fun summer and I look forward to seeing you in Atlanta in October.

NASPGHAN Foundation News



Changing Paradigms for Assessing Response to Therapy in Crohn's Disease

The **NASPGHAN** Foundation announces the release of a new CME case-based newsletter "Changing Paradigms for Assessing Response to Therapy in Crohn's Disease."

The purpose of this newsletter is to review the evidence that exists to support use of various modalities to assess disease response and activity in Crohn's disease, including clinical indices and both invasive and noninvasive evaluation tools.

You can access the newsletter at: (http://www.naspgghan.org/user-assets/Documents/pdf/Foundation/On%20line%20version%20CDAssessment%20Newsltr_WEB_4-25-14.pdf).

Are You Effectively Recognizing and Managing Carbohydrate-Induced Diarrhea in Your Patients?

Jointly sponsored by **NASPGHAN** and the **NASPGHAN** Foundation in collaboration with the American Academy of Pediatrics, you are invited to participate in fast-paced, educational, interactive cases.

Program Registration is quick and easy. Text KidsGI to 99699 or go to (www.kidsgicases.com).

Following the program, please follow the link to receive CME credit. 1.0 AMA PR Category 1 credits.

Welcome New NASPGHAN Members!

Judith Flores Calderon, MD

Elizabeth Hernandez-Chavez, MD, MSc

Michele Maddux, PhD

Nirmala Mavila, PhD

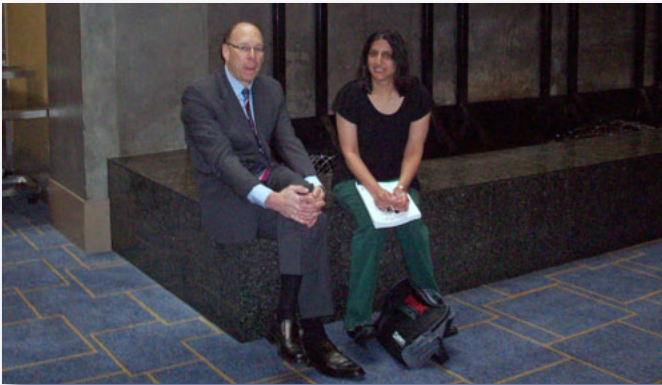
Hiroshi Nakagawa, MD, PhD

Jesús Nares-Cisneros, MD, MSc

Carlos Ivan Oyervides Garcia, MD

Michiko Oyoshi, PhD

NASPGHAN Reception at DDW 2014 Draws Members



Committee Reports

CLINICAL CARE AND QUALITY COMMITTEE

.....Chair: *Ian Leibowitz, MD*

The Clinical Care and Quality Committee provides supervision to the clinical guidelines process and this year has been very active. In process are two guidelines, Esophageal Atresia care and a revision of the Cholestasis Guideline. In addition, there are multiple clinical reports from the Endoscopy & Procedures Committee, IBD Committee, Nutrition Committee and Hepatology Committee. These include High Risk Endoscopy, Setting up an Endoscopy Suite, Failure to Thrive, Short Bowel Syndrome, Infections and Biologics, NAFLD, just to name a few. Our society is very busy creating documents to help assist clinical care.

CCQ also supervises the clinical vignette part of the Annual Meeting and had the opportunity to review 170 clinical vignettes this year. MOC-part 2 articles were collected and suggested to the board to include relevant articles on EoE, IBD, motility disorders, and hepatology.

The CCQ is also involved in projects to enhance the quality of our care and this year has begun work on creating check lists for endoscopy and IBD visits to be trialed at several member centers and, if worthwhile, provided to all. Another project is the creation of a usable list encompassing the off-formulary use of medications.

FELLOWS COMMITTEE

.....Co-Chairs: *Mobini Patel, MD & Rohit Gupta, MD, PhD*

It has been a great pleasure being part of the NASPGHAN Fellows Committee and in the past year we have continued working on our previously identified projects. With the help of volunteers and the leadership within NASPGHAN we were successfully able to complete the task of formulating the resident teaching slide sets. This resource is now available to NASPGHAN members. Writing board type questions is an ongoing project and, with great help from fellow question writers, we are making good progress. At the Fellows Committee meeting during the annual NASPGHAN meeting in Chicago, we received tremendous input from our co-fellows from around the country regarding some of the things they would like addressed in the coming years. Dr. Athos Bousvaros has been marvelous in helping us and guiding us through the process of possibly undertaking additional projects in the coming years.

We have continued to work on formulating board review questions. This subcommittee is currently comprised of 7 fellow volunteers. The topics for the questions follow the American Board of Pediatrics content specifications for pediatric gastroenterology subspecialty examination. At this time, we have completed half of the content. Each fellow submits three original questions. Upon review, the questions are being distributed via the GI list server every 2 to 3 months. Selected questions will be used in the subsequent edition of the board review book. We are very thankful to all our fellow colleagues who have volunteered their time and effort.

After due process and review by the NASPGHAN Professional Education Committee and Dr. James Heubi, 27 slide sets for 26 topics addressing most frequently encountered medical problems in pediatric

gastroenterology practice were prepared. These slide sets were uploaded to the NASPGHAN website and are available for use by members. After logging on in the member section on the NASPGHAN website, slide sets can be accessed in the Fellows section and clicking on the link for resident teaching slide sets. The topics range from achalasia, constipation, reflux and metabolic disorders to various liver diseases. Each slide set is designed to be a 25-30 minute discussion and can also be used for self review of the topic. We would like to thank Henry Lin, who has helped us tremendously in coordinating this project. We are immensely grateful to the time and effort from all the volunteers towards the completion of this task.

The NASPGHAN meeting this past year in Chicago was a wonderful opportunity for fellows to learn, meet faculty and socialize with other fellows. The annual first, second and third fellows' conferences were a huge success, as well. These conferences have proven to be a highlight for many of the fellows, providing a sense of community, career development and mentorship. The Fellows Committee continues to work with the Training and Research Committees to provide feedback for upcoming fellows' conferences.

We would like to take the opportunity to thank the following people who have helped us with their immeasurable guidance and expertise this year: Athos Bousvaros, Christine Waasdorp, James Heubi, Margaret Stallings and all those on the Professional Education Committee.

NEUROGASTROENTEROLOGY AND MOTILITY COMMITTEE REPORT

.....Chair: *Joseph M. Croffie, MD*

The Neurogastroenterology and Motility Committee continues to work on promoting research, education and quality patient care in the fields of pediatric functional GI and motility disorders.

The committee continues to bring the performance of common GI motility diagnostic procedures to the fingertips of NASPGHAN members. The committee successfully organized a hands-on workshop on esophageal manometry at the 2013 Annual Meeting in Chicago. This was well attended and received very good reviews. We will continue to offer the hands-on experience in motility testing to the NASPGHAN membership and will once again, at the October meeting in Atlanta, offer a workshop on anorectal manometry.

As has been the case in the last few years, through a generous grant from MMS, we awarded two prizes of \$500 each to the best basic science and clinical research abstracts in neurogastroenterology and motility presented at the Annual Meeting in Chicago in 2013. MMS has promised to continue to support this effort in the foreseeable future and we are grateful for that commitment and want to thank MMS again for its commitment. We again encourage members to submit their work for consideration for these prizes. In the area of research, we will continue to collaborate with the Research Committee to push forward the research agenda for functional GI and motility disorders outlined in the recently published NASPGHAN Research agenda.

In the area of patient care, we continue to work on standardizing motility testing among pediatric gastroenterologists. We hope to complete and publish this work this year. Last year we completed a registry of available referral centers for the performance of motility

procedures in children to serve as a resource for members who would like to refer patients to a motility center closer to home and this is now available on the **NASPGHAN** website. We have submitted a list of pathologists with special expertise in neuroenteric staining, which is also posted on the website. We hope to post a registry of psychologists with expertise in cognitive behavioral therapy, guided imagery and hypnotherapy this year. We currently have a podcast on anorectal manometry on the Website; we hope to post one on esophageal manometry before the October meeting.

In the area of public education, last year we posted educational material on anorectal manometry on (gastrokids.org); we hope to post similar material on esophageal manometry before the October meeting and on antroduodenal and colonic manometry in the foreseeable future.

In closing, I will once again like to thank members of the committee for their dedication and welcome any suggestions from the membership of **NASPGHAN** as a whole. Please contact us to let us know how we can better serve you. Wish you all a wonderful summer.

ETHICS COMMITTEE

..... *Chair: Sylviane Forget, MD, MSc, FRCPC*

It gives me great pleasure to update the membership on the activities of the Ethics Committee over the last year. During the last **NASPGHAN** Annual Meeting in October 2013 in Chicago, our Committee had a productive meeting in which we reviewed and discussed the current policy on conflict of interest (COI). Although our policies have been developed with the highest standards of integrity in mind, times and environments have evolved towards an even greater expectation for scrutiny. After weighing the issues at hand, the Committee felt that more specific restrictions of COI for high leadership needed to be defined. These modifications were incorporated into the text of our COI policy, soon to be submitted to the Executive Council for ratification.

As was discussed in last year's update, our Committee has also been keen on developing its educational role. As such, I am thrilled to introduce the "Ethics' Corner" as a new feature of this newsletter (following this article). Our first topic pertains to "Ethical issues of the pediatric gastroenterology expert witness". We hope you enjoy reading it, and we strongly encourage you to submit your ethical dilemmas to be addressed in future columns, by sending an e-mail to Kim Rose (krose@naspgghan.org).

In the upcoming year, we plan to continue expanding our educational initiatives. We are currently talking with the different education committees, with the hope of establishing an ethics curriculum. These case and experience based educational opportunities would span over the course of professional development from training, via the various fellows' courses, through to established practice and research, potentially in the setting of the Annual Meeting. This will hopefully provide more opportunities to exchange and discuss ethical issues that permeate our professional life. I look forward to collaborating with our committee members on these stimulating initiatives, and to have the opportunity to experience more interactions with members who share an interest in these difficult, but rewarding questions.

Ethics Corner



The "Ethics Corner" is a new feature of the newsletter. The idea for this column comes from the NASPGHAN Ethics Committee and stemmed from the motivation to bring ethical reflections on important dilemmas directly to the membership, through a column focused on answering challenging scenarios submitted by members. The realm of ethics is broad and can be found in our daily clinical practice through sensitive situations, in our relationships with our trainees, in our academic and research activities, as well as in the administrative and medico-legal issues with which we are sometimes faced. One often feels ill equipped to face those situations, and our training has not always prepared us for the myriad of situations encountered in one's medical life. We hope, through this column, to successfully reach out to the membership and establish a unique dialogue that can benefit each and every one of us, as well as the organization as a whole. Our first topic pertains to "Ethical issues of the pediatric gastroenterology expert witness". We hope you enjoy reading it, and we strongly encourage you to submit your ethical dilemmas to be addressed in future columns, by sending an e-mail to Kim Rose (krose@naspgghan.org).

*Sylviane Forget, MD
NASPGHAN Ethics Committee Chair*

Ethics in Pediatric Gastroenterology: The Expert Witness and Professional Responsibility

..... *William J. Wenner, Jr. MD, JD*

Member: NASPGHAN Ethics Committee

CASE STUDY

A malpractice firm has retained you to provide an opinion on the GI care rendered to a child. In addition to the medical record, an expert opinion report is provided. It was obtained by the defense counsel, from a local academic pediatric gastroenterologist. You do not have any relationship with the plaintiff or the defendants. You are familiar with the expert in that you have heard her speak at **NASPGHAN** and other conferences. You have referred a patient or two to her group and you have provided care to some of her and her group's patients.

The case involves a 15 year old diagnosed at 12 years of age with ulcerative colitis. After presenting with bloody diarrhea, mild anemia (HGB 11.4 gm/dl) and weight loss (2 kg in 4 months), the diagnosis was made on CT findings of colitis and an incomplete colonoscopy. Biopsies from unidentified locations of the colon, labeled "random biopsies" showed acute and chronic mucosal inflammation. No biopsy was normal. Endoscopy report documents inflammation observed from the rectum as far as the scope was advanced, to the transverse colon. Cecum and Terminal Ileum were not intubated or biopsied. Upper endoscopy was not performed.

Ethics Corner continues on the following page . . .

Initial treatment was mesalamine, fish oil, probiotics and Vitamin D. Due to an inadequate response, at one year following diagnosis patient was begun on biologics. Initial positive response faded in 6 months and symptoms returned. Due to intractable hematochezia, anemia and pain, a total colectomy and ileostomy was then performed, 26 months after initial diagnosis. Following surgery, the ostomy site demonstrated poor healing and dehiscence. An MRI enterogram demonstrated diffuse small bowel disease, IBD serology and genetic markers supported a diagnosis of Crohn's. Sepsis and peritonitis resulted in the child's death. Autopsy confirmed the diagnosis of Crohn's disease. The defense expert states that it was within the standard of care to base a diagnosis on limited information and it was also within standard of care not to further evaluate prior to a colectomy. After review, you conclude that this is a deviation from the standard of care. In addition, you are concerned about the other expert's conclusion. While you recognize that the legal system allows for different opinions, you feel that this expert's opinion is unsupported and unprofessional. You have personally cared for patients from her group, all of whom had more extensive and appropriate evaluation in the diagnosis of IBD. You have heard rumors that she is in financial difficulty due to a recent failed investment.

PROFESSIONAL & ETHICAL ISSUES

- ◆ What are the professional and ethical obligations of an expert rendering an opinion on the care provided by others in Pediatric Gastroenterology?
- ◆ Do you as a pediatric gastroenterologist have an obligation, beyond offering contrary testimony in the legal procedure, to ensure that the testimony of others is professional, ethical and competent?
- ◆ Should **NASPGHAN** provide a role in ensuring professional behavior of experts in its field?
- ◆ Should **NASPGHAN** have a role in evaluating standard of care issues?

DISCUSSION

The hypothetical case described above reflects professional issues that are far from unique in the interaction of Pediatric GI and our legal system. Pediatric Gastroenterologists, as members of the medical profession, are often called upon to render expert opinions. Professional organizations have stated that their members have an ethical obligation to assist in providing objective opinions on matters of medical legal dispute and may have an obligation in policing the profession. When a Pediatric Gastroenterologist is called to testify as a medical expert, professional and ethical issues become apparent. Yet, expert witness ethics is a topic where there is a lack of consensus on standards and a complacent acceptance of the status quo.

Experts play an integral role in the legal system. The system is based on an unproven but well accepted theory that given the opportunity to hear both sides, a collection of citizens can render a valid decision based on facts. In some areas of knowledge, where the facts in question are not part of the average citizen's experience, the system relies on expert witnesses to help understand and decide complex cases. Experts apply a standard of care to the facts and render an opinion on professional duty and often causation of an outcome.

The system depends on the assumption that expert witnesses are independent and testify truthfully. But unethical, biased or incompetent testimony occurs and can alter the outcome of cases. The costs of unethical expert witnesses are substantial.¹ The greatest cost may be that it impedes what some experts and probably the public believe to be the primary purpose of a legal system, to ascertain the truth.

Most legal experts believe that the court system itself can deal with competent or unethical experts through cross examination and impeachment of testimony, offering opposing experts, or appointing its own experts.² Parties in a case are generally unable to bring action against a witness. Criminal sanctions, usually for perjury, can be brought against unethical experts but are rare. Healthcare practitioners however, often feel that courts are reticent to sanction experts, and that the standard of legal acceptability may not be the same as those of professional ethics. Courts may allow testimony that does not reflect our concepts of the standard of care in the pursuit of justice.

Since 1998, the AMA has codified that expert testimony is an integral part of medical practice and as such, subject to peer review. Some professional organizations (e.g., the American Academy of Pediatrics, AMA, American Association of Neurological Surgeons, American Association for Psychiatry and Law, American College of Obstetrics and Gynecology and the American Statistical Association)³ have adopted guidelines, standards and even sanctioned its members for unethical expert opinions. The College of American Pathologists (CAP) holds that experts must demonstrate two standards: 1) be qualified and 2) testify as fairly and objectively as possible. CAP believes that an expert should be licensed to practice medicine in the United States, be certified by a recognized certifying body in the area in question, be active in the practice of the specialty for three years immediately before the date of the incident in question. While, in the above hypothetical, there appeared to be no issues regarding qualifications, that can be an issue in real cases.

Among its guidelines, CAP further states that to be fair and objective, the expert witnesses should be willing to submit to peer review, should not accept compensation contingent on outcome (which is illegal in most if not all jurisdictions), should not engage in advertising or solicit employment as an expert witness if such representation is false or deceptive. This would be the standard in question in the above hypothetical.

The method to ensure fair and objective opinions is unknown. William H. Simon, writing about legal opinions rendered by academic lawyers, believes that when legal experts are substantially immunized from accountability, wrong advice (and outcomes) are prone to occur. He, like others, has proposed that transparency may be the most promising reform. Uncertain as to whether formal, coercive enforcement would be desirable, he believes that through "informal criticism and shaming, professional and academic transparency requirement could have significant effects."

Perhaps, **NASPGHAN** can serve a role in defining the professional and ethical responsibility of the expert witness in Pediatric GI. Perhaps, transparency through publication or public availability of expert opinions can improve the quality of expert opinions, promote ethical behavior and even improve patient care.

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NASPGHAN Maintenance of Certification

Getting MOC Part IV Credit

MOC Task Force Chairs Jeannie Huang, MD, MPH and Jenifer Lightdale, MD, MPH

Need MOC Part IV Credit? **NASPGHAN** MOC Modules can provide you with the credits that you need in pediatric gastroenterology!

Each MOC module provides 25 MOC Part IV credits PLUS 20 CME credits. There are 4 MOC modules available including: Colonoscopy, Upper endoscopy, Failure to thrive, and Informed consent. Each module takes FOUR months to complete, but you can do TWO concurrently to achieve your needed 50 MOC Part IV credits (plus 40 CME credits) for each 5-year cycle. For your own specific requirements, please refer to your individual ABP MOC portfolio.

Current pricing for the MOC modules is \$250 for participation in any or all of the 4 available modules. If you have any questions you can email us at (naspghanmoc@ucsd.edu).

If you would like to register and begin your MOC Part IV activities, please visit (members.naspghan.org/MOCI). Once you are at the site, click "add to cart." You will need to sign onto your **NASPGHAN** account to continue with the checkout process. After your payment has been received, you will receive an email with instructions on accessing the MOC Module within one business day. If you have any questions you can email us at (naspghanmoc@ucsd.edu).

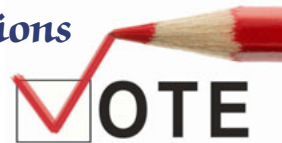
If you have any questions, please email us at (naspghanmoc@ucsd.edu) or contact us at 858-576-1700 x4778.

NASPGHAN Endoscopy Prize



Dr. Doug Fishman, chairman of NASPGHAN's Endoscopy & Procedures Committee, with Dr. Michael Manfredi, who won the NASPGHAN Endoscopy Prize given during DDW 2014 in Chicago, IL.

2014 NASPGHAN Elections



Voting is open for the new slate of 2014 **NASPGHAN** Council members and officers. All active, full members will receive an email about the election, including background, biographical information for each of the candidates, and voting instructions. Watch for details.

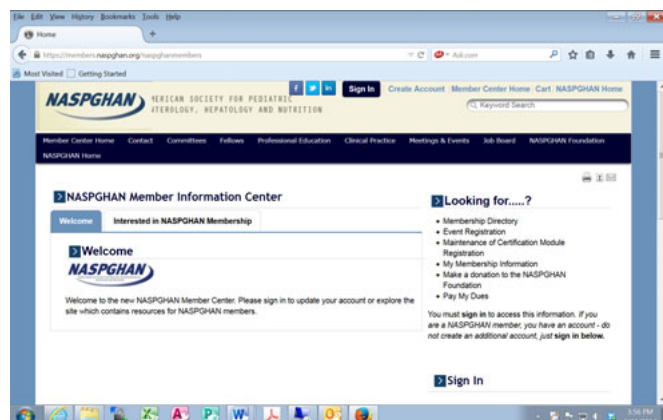
The new slate includes:

PRESIDENT ELECT—Karen Murray MD & James Heubi MD

TREASURER—Mark Lowe MD & Michael Narkewicz MD

COUNCILOR—Chris Liacouras MD & Sandeep Gupta MD

CANADIAN COUNCILOR—Binita Kamath MD, MBBChir, MRCP & Anthony Otley, MD



Updated Member Center on NASPGHAN Website

Check out the Member Center on the **NASPGHAN** website. It's more user friendly features allow you to easily manage your account online, including setting what work details colleagues and the public see about you. You can also upload pictures of yourself and edit your personal information. In addition, there are demographic sections that **NASPGHAN** hopes you will use. As more members fill out the demographic information, **NASPGHAN** will be able to compile information that will help us understand membership needs. Visit: (<https://members.naspghan.org/NASPGHANMembers>) to log on.

Abu Dhabi élite Pediatric GI Workshops



Drs. Anthony Loizides and Michael Wilsey at the Desert Safari during the élite Pediatric GI Workshops May 14-16 in Abu Dhabi in the United Arab Emirates.



From left, Drs. Anthony Loizides, Mohamad Miqdaddy, Athos Bousvaros, Joel Lavine, Maisam Abu-El-Haija, Michael Wilsey and Tom Lin at the Emirates Palace during the élite Pediatric GI Workshops May 14-16 in Abu Dhabi in the United Arab Emirates.

NASPGHAN—Nestlé First-Year Pediatric GI Fellows Conference

Course Director: Joshua Friedman MD

The **NASPGHAN** First-Year Fellows Conference was held at the Fort Lauderdale Marriott Harbor Beach Hotel in Florida from January 9–12, 2014. It was a great success. There were 112 fellows, including 8 from Canada and 18 from Mexico, who participated in a dynamic conference focused on achieving success in their scholarly activities during the 2nd and 3rd years and beyond.

The conference provided exposure to multiple aspects of pediatric gastroenterology, including administration, basic and clinical research, education, private practice and industry. In addition to short lectures that focused on everything from “How to Write a Manuscript” to “Time Management”,

there were panel discussions in which faculty discussed their individual pathways. The Clinical Research Exercise was a high point of the conference in which the fellows designed mock research projects for presentation to the entire group. The fellows also took advantage of one-on-one time with the faculty to discuss their individual concerns and questions. To end this successful conference, faculty and fellows danced into the wee hours of the morning!

As always, we had a terrific faculty that made this conference possible: Drs. Shikha Sundaram (*Co-director*), Kurt Brown, Norberto Rodriguez-Baez, Athos Bousvaros (*NASPGHAN President*), David Brumbaugh, Mohini Patel (*representing the NASPGHAN Fellows Committee*), Alfredo Larossa-Haro (*representing LASPGHAN*), Greg Kobak, Cary Sauer (*Chair of NASPGHAN’s Training Committee*), Mei-Lun Wang, Melissa Leyva-Vega, Karen Murray, Fred Daum and Jose Saavedra (*representing Nestlé*).

This conference would not be possible without the continued support of the Nestlé Nutrition Institute, Linda Hsieh, Dr. Jose Saavedra, and Margaret Stallings (*NASPGHAN Executive Director*).



NASPGHAN—Abbott Nutrition Second-Year Pediatric GI Fellows Conference

Course Director: Edwin F. de Zoeten, MD, PhD



For 34 consecutive years Abbott Nutrition has supported the **NASPGHAN** Second-Year Fellows conference, which took place this year on March 6–9 in Scottsdale, Arizona. Utilizing the major overhaul of the program contents from last year's conference directed by Dr. Binita Kamath, with some minor changes, we were able to provide the fellows with a program that included brief lectures integrated with small group sessions to put the focus on interaction with the faculty and peers. These lectures included “interviewing for a job”, “how to give a good talk”, as well as “understanding promotion and tenure” and “preparing your CV”. We were extremely fortunate to have a faculty full of excellent role models representing new faculty, division chiefs, and everywhere in between. In addition, the faculty was able to provide insight into careers in IBD, motility, eosinophilic esophagitis, endoscopy, hepatology and more, as well as careers in research, private practice, academic practice and industry.

The weather was amazing and well deserved, as many of us came from the snowiest or coldest winters on record. The fellows and faculty benefitted from the weather with dinners al fresco and many breakout sessions held outside. Not to make you think that the meeting was all work, the fellows and faculty were able to take some time for recreation including soaking in the pool, shopping, and hiking.

Many thanks go to Bob Dahms and Abbott Nutrition for supporting this successful meeting, but also to the faculty who helped make this meeting so enjoyable: Carlo Di Lorenzo, Glenn Furuta, Simon Horslen, Binita Kamath, Sandy Kim, Petar Mamula, Maria Mascarenhas, Maria Perez, Larry Saripkin, Cary Sauer and Larry Williams. Finally, this meeting would never happen without the hard work and dedication of the **NASPGHAN** National Office.

NASPGHAN—Mead Johnson Nutrition Third-Year Fellows Conference

Course Director: Sohail Z. Husain, MD



2014 NASPGHAN / Mead Johnson
Fellows Research Forum

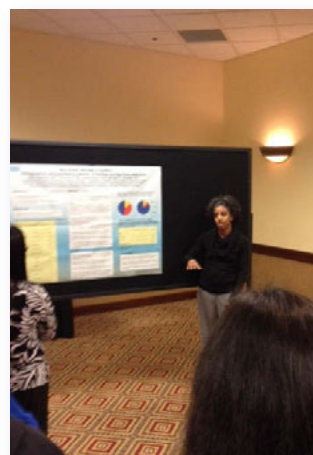
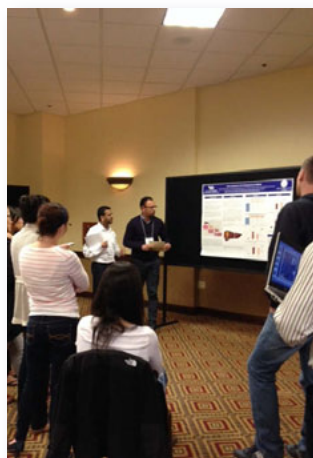
This year again by popular demand, the 33rd Annual Third-year Fellows Conference met early in the year, from February 6th–9th, in scenic Scottsdale, Arizona.

We had record attendance with about a third of all third year fellows. As a nuance, we had informal poster sessions in addition to the traditional oral presentations. The abstracts ranged from information on exciting clinical discoveries to descriptions of innovative bench techniques that may change the way we approach the bedside. The talks from faculty included advice on starting a new job, choosing a career path, getting published, grant writing made easy, nutrition or endoscopy research, starting a clinical center, and coordinating clinical research. During dinner, we had entertaining team jeopardy games and panel discussions about work balance, priority setting and seeing the bigger picture in life.

The February weather in Scottsdale was ideal for hiking, walking, shopping or just relaxing with colleagues. On behalf of **NASPGHAN**, nearby

Camelback Mountain was conquered by a handful of attendees. These outings helped reinforce the importance of work-life balance.

Thanks to the six wonderful faculty: Drs. John Barnard, Brad Barth, Neera Gupta, Susanna Huh, Judith Podskalny, and Elaynne Ratcliffe. We also recognize the continued support from Mead Johnson Nutrition and its wonderful organizing team, which consisted of Kim Merkel, Rick Skaar, and Susan Burns. Finally, many thanks to Margaret Stallings and the **NASPGHAN** office team for making this another smooth and enjoyable event. Please stay tuned for exciting announcements about the next Third-Year Fellows conference, planned for February 2015.





For the third consecutive year, a group of **NASPGHAN** members attended the **NASPGHAN**/Foundation Nutrition University Course, held on April 11–12 in Chicago. This program was designed to provide specialized nutrition education in areas associated with the practice of pediatric gastroenterology and nutrition for third-year post-doctoral fellows and graduates of pediatric gastroenterology training programs within the past 10 years.

The Course included six in-depth case-based review sessions, two panel discussions focused on challenging issues submitted by attendees, and Nutrition Jeopardy where participants and faculty tested their limits on nutrition knowledge.

A special thank you to Program Chair, Praveen Goday, MBBS, CNSC, who worked tirelessly to make this Course a success again this year. Dr. Goday explains, “Three dietitians joined our pediatric GI faculty and together explored more interactive discussions, reviewing the latest practice methods and data while sharing hands on approaches to every day challenges.

Additional thanks to:

■ **FACULTY**

Valeria Cohran, MD, MS
James Heubi, MD
Catherine Karls, MS, RD, CD
Maria Mascarenhas, MBBS
Rebecca Pipkorn, RD, CD, CNSD
Ann Scheimann, MD, MBA
Sally Schwartz, RD, CSP, LDN
Robert Shulman, MD

■ **CME CONTENT REVIEWER**

Dinesh Pashankar, MD

■ **APPLICATION REVIEWERS**

Praveen Goday, MBBS, CNSC
Stavra Xanthakos, MD, MS
Alan Sacks, MD
Rebecca Cherry, MD
Vi Goh, MD

We look forward to our attendees serving as nutrition ambassadors to share their new knowledge within their practices and home institutions.

Support provided by Nutricia



FOUNDATION GRANTS

Grant Submissions Due July 1, 2014

NASPGHAN FOUNDATION grant submissions for 2014 are due July 1, 2014. The grant site is now open at (<http://mc.manuscriptcentral.com/naspghanfoundation>). Additional information including eligibility requirements and submission instructions is available on the **NASPGHAN** Foundation tab of the **NASPGHAN** website (www.naspghan.org).

NASPGHAN FOUNDATION YOUNG INVESTIGATOR DEVELOPMENT AWARDS

Description:

- 1. NASPGHAN Foundation/George Ferry Young Investigator Development Award:** This two-year grant is available to junior faculty to support research activities that have the potential for evolution to an independent research career in pediatric gastroenterology, hepatology or nutrition. Monies are awarded in support of a meritorious research project in the clinical or basic sciences to study the diseases of the gastrointestinal tract, liver or pancreas in children.
- 2. NASPGHAN Foundation/Nestlé Nutrition Institute Young Investigator Development Award:** This two-year grant is available to junior faculty to support research activities that have the potential for evolution to an independent research career in pediatric gastroenterology, hepatology or nutrition. This grant, generously supported by Nestlé Nutrition Institute, is awarded to support meritorious basic or clinical research relating to nutrition in infancy, childhood or adolescence.
- 3. NASPGHAN Foundation/Crohn's and Colitis Foundation of America Young Investigator Development Award:** This two-year grant, funded in conjunction with the Crohn's & Colitis Foundation of America, is available to junior faculty in support of research relating to a clinical, epidemiological or a basic scientific aspect of pediatric Crohn's disease and/or ulcerative colitis.

NASPGHAN FOUNDATION FELLOW TO FACULTY TRANSITION AWARD IN INFLAMMATORY BOWEL DISEASE

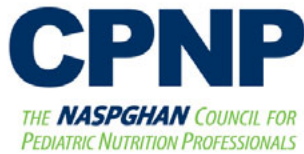
Description: This award enables promising senior pediatric gastroenterology fellows to spend an additional year engaged in full-time research and patient care related to pediatric inflammatory bowel diseases (IBD). The goal is to prepare physicians for independent research careers in IBD. The goal is to prepare independent research careers in IBD.

NASPGHAN FOUNDATION/ASTRAZENECA RESEARCH AWARD FOR DISORDERS OF THE UPPER GASTROINTESTINAL TRACT

Description: This award is granted for studies focused on the epidemiology, pathogenesis, natural history, genetics, diagnosis and management of peptic disorders and other diseases of the upper gastrointestinal tract in children. Diseases that are relevant to this announcement include, but are not limited to gastroesophageal reflux, reflux esophagitis, eosinophilic (allergic) esophagitis, motility disorders of the upper gastrointestinal tract, *Helicobacter pylori* infection with or without ulceration, non-ulcer dyspepsia, and non-bacterial ulcer diseases. Applicants at any career level may apply.

NASPGHAN FOUNDATION IN OFFICE MEMBER GRANT FOR DEVELOPMENT OF PATIENT EDUCATION PROTOTYPES

Description: This one year grant supports the development and implementation of prototype projects which focus on patient education in practice settings. The Foundation will award up to two grants. The goal of this program is to support patients' needs through prototypic concepts that could potentially be utilized by the **NASPGHAN**/APGNN community in the future.



NASPGHAN Launches New Council for Pediatric Nutrition Professionals

NASPGHAN has launched a nutrition affiliate this year, the Council for Pediatric Nutrition Professionals.

Pediatric dietitians and other nutrition professionals from all specialties are encouraged to join. By joining this section of **NASPGHAN**, pediatric dietitians and other nutrition professionals will have the opportunity to network with and learn from nutrition professionals throughout North America.

The mission of the Council for Pediatric Nutrition Professionals (CPNP) is to advance the knowledge of nutrition professionals in normal and abnormal nutrition, to promote the professional development and recognition of nutrition professionals as experts in their respective pediatric specialties, to promote excellence in the nutrition care of children and to foster collaboration amongst pediatric nutrition professionals in order to develop and standardize best practice. **NASPGHAN's** Council for Pediatric Nutrition Professionals is dedicated to advancing nutrition care and practice in pediatrics.

Members of the Council will enjoy a number of other benefits, including:

- ▶ Reduced rate to the annual **NASPGHAN** Nutrition Symposium, which includes entry to all **NASPGHAN** (non-ticketed) functions.
- ▶ Highlights of the 2014 meeting include presentations by international experts on gluten free diets for the non-celiac patient, fiber in health and disease, growth charts and nutrition of very low birth weight infants. Hands on physical assessment and breakout sessions on clinically relevant topics will round out the program.
- ▶ Reduced subscription rates to the *Journal of Pediatric Gastroenterology and Nutrition* (JPGN).
- ▶ Electronic access to **NASPGHAN** resources and teaching tools.
- ▶ Pediatric nutrition-focused listserv.
- ▶ Email bulletin with clinical updates and information regarding research and grant opportunities.
- ▶ The opportunity to serve on committees within CPNP and **NASPGHAN**.

Those who join by September 14, 2014, will receive a special rate of \$25 (\$75 with JPGN) and will earn \$50 off the registration fee for the 2014 **NASPGHAN** Nutrition Symposium and the **NASPGHAN** Annual Meeting in Atlanta, Georgia on October 25, 2014. Please encourage your dietitians to join! Membership information and application form can be found on the **NASPGHAN** website: (www.naspghan.org/nutritionpros).

AAP EQIPP Course Addresses Gaps in GER, GERD Care

The AAP online quality-improvement course, EQIPP: *GER or GERD?* Diagnosis and Management, identifies practice gaps related to GER and GERD care and delivers tools and resources to eliminate those gaps. By using EQIPP, you will collect data to measure your current level of care at baseline as you work to improve care through Plan, Do, Study, Act (PDSA) cycles.

Pediatric generalists and subspecialists take customized tracks that address diagnosis, testing, treatment, referrals, patient education, follow up and communication between multiple providers. Current guidelines from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (**NASPGHAN**) and patient education materials are among the resources provided in the course.

EQIPP: *GER or GERD?* also helps satisfy MOC Part 4 requirements, and can be taken individually or with a group of 2 or more. Learn more about the course at: (<http://bit.ly/eqipp-gerd>).

NASPGHAN FOUNDATION YOUNG INVESTIGATOR PUBLISHED IN *CELL*



Dean Yimlamai, **NASPGHAN** member and winner of the 2012 **NASPGHAN** Foundation George Ferry Young Investigator Award, has had a research paper published in the Journal *Cell* (June 5, 2014).

Dr. Yimlamai, of Boston Children's Hospital, was awarded the George Ferry Award in 2012 for his grant proposal entitled "*Hippo Signaling Influences Liver Cell Fate*." In the *Cell* paper (June 5, 2014)

Dr. Yimlamai et al. show new evidence in mice that it may be possible to repair a chronically diseased liver by forcing mature liver cells to revert back to a stem cell-like state. The paper outlines the ability to reprogram mature liver cells into stem cells and demonstrates that such cells can be easily cultured in the laboratory. These reprogrammed stem cells can then be transplanted into other animals to rescue a fatal liver disease and potentially opens new avenues for patient-directed therapy.

"Without your (**NASPGHAN** Foundation) support, putting together such work would be nearly impossible," Dr. Yimlamai said. "The Ferry Award allowed me to have the protected time to put together a piece of scientific work that I believe will truly inform the general scientific community and generate new ideas for patient treatments."

John Barnard, MD, president of the **NASPGHAN** Foundation, said this early career publication is "*exactly what we want to accomplish with our grant program*."

The 2014 **NASPGHAN** Foundation grant site is now open and the deadline for submission is July 1, 2014. See page 15 for related story.

NASPGHAN Joins World Health Organization Program for Medical Journal Access for Institutions in Developing Countries

NASPGHAN has joined HINARI Access to Research in Health



Programme, which provides free or very low cost online access to the major journals in biomedical and related social

sciences to local, not-for-profit institutions in developing countries. You can now find **NASPGHAN** listed on the society partner page, (<http://extranet.who.int/hinari/en/partners.php?category=society>). JPGN has been available through HINARI since 2002 when HINARI was launched.

HINARI was launched in January 2002, with some 1,500 journals from 6 major publishers: Blackwell, Elsevier Science, the Harcourt Worldwide STM Group, Wolters Kluwer International Health & Science, Springer Verlag and John Wiley, following the principles in a Statement of Intent signed in July 2001. Since that time, the numbers of participating publishers and of journals and other full-text resources has grown continuously. Today more than 160 publisher partners are offering more than 42,000 information resources in HINARI.

American Academy of Pediatrics Corner



The AAP remains highly committed to working collaboratively with **NASPGHAN** to improve the health and well-being of all children and promote the pediatric profession. Recently, the AAP has been pleased to partner with **NASPGHAN** on a variety of educational materials and activities for medical professionals, patients and families regarding GERD, EoE and disaccharidase deficiencies.

In March, 400 of the nation's top pediatric leaders discussed child health topics and health care transformation at the AAP Annual Leadership Forum in Chicago. Investing in children was a key message at this year's meeting, and attention was focused on five AAP priority areas, including children, adolescents and the media; combatting childhood adversity; global child health; childhood obesity; and poverty and child health. Fifty-nine resolutions were presented, and 52 were adopted. Resolutions serve as advice to the Board of Directors on the future direction of AAP policies and procedures, and often serve as the "springboard" for Academy initiatives. This year, the SOGHN sponsored a resolution on innovative membership models which appeal to subspecialty members and adapt to the changing health care delivery system.

This year's National Conference and Exhibition (NCE), the annual meeting for AAP members with over 14,000 attendees, will take place in San Diego, October 11–14, 2014. The SOGHN will sponsor a host of educational sessions on Hepatitis B and Hepatitis C (Philip Rosenthal), Celiac Disease (Michelle Pietzak), Probiotics, Prebiotics and Synbiotics (Michael Cabana), Special Formulas (Jatinder Bhatia), Infant GERD (David Gremse), and IBD and the Medical Home (Leo Heitlinger). The SOGHN continues to play a significant role in recommending topics specific to our specialty, and we intend to maintain close communication with **NASPGHAN's** Professional Education Committee on future CME programs.

A reminder that the national AAP election season is officially underway, and the two President-Elect candidates are Benard Dreyer, MD, FAAP (developmental-behavioral pediatrician at NYU in New York) and Joseph Hagan, MD, FAAP (general pediatrician in Burlington, Vermont). Additional information regarding each candidate and the election process can be found on the Academy's website. Voting for the next President-Elect will take place October 10 – November 10.

Best wishes for a wonderful summer!

Leo Heitlinger, MD
Chair, AAP Section on Gastroenterology,
Hepatology and Nutrition
Email: heitlil@slhn.org

AMERICAN BOARD OF PEDIATRICS NEWS

..... Ivor Hill, MD, MB, ChB

Chairperson of the ABP Sub board for Pediatric Gastroenterology

Maintenance of Certification (MOC) continues to be an issue that generates a lot of concern among the members of **NASPGHAN**. Following the most recent examinations held in September 2013 and March 2014, I received several messages from members of **NASPGHAN** expressing their dissatisfaction with the proctored examination. I also had the opportunity to review examinee feedback from the surveys offered at the end of the examination. In essence, many of the concerns are similar. A common complaint is that some questions are not reflective of the daily activities of a general pediatric gastroenterologist. Other concerns are that too many questions relate to statistics and liver disease, and the quality of some images is poor.

Let me start with the good news: The pass rate for the 2013–2014 examinations was over 90%, which is similar to previous years. All those who passed are good to go for the next 10 years!!! The less welcome news is that, for the foreseeable future, the examination in its current format is likely here to stay. Discussions have been taking place both with, and within the ABP regarding ways of making the examination more pertinent to our practice, for example, by allowing online resource usage. There are many questions about the creation, implementation, and secure administration of such an examination, so while many think this is a great idea it is unlikely to happen in the immediate future. Dr. David Nichols, as president and CEO of the ABP, has taken up this question head-on with a blog discussing the issues. You can read his comments and respond to his posting at (<http://abpeds.wordpress.com>).

In the meantime, let me assure everyone that the sub board is sensitive to the concerns expressed and is committed to doing everything possible to improve the examination. Some things will be easier to change than others. Examination questions are written based on the content outline that the sub board has created and maintained through the years. Anyone who has looked at the outline knows that the content is cumbersome and, in some cases, outdated. While the outline has been reviewed roughly every 5 years, the content as it stands has not changed significantly in the past 25 years. As past chair of the sub board, Jonathan Teitelbaum has taken on the somewhat daunting task of revising the outline to make it more meaningful and relevant. He will be working with the Training and Education Committees within **NASPGHAN** on this project.

Each year, the appointees on the ABP sub board are tasked with developing and rigorously reviewing questions for future examinations. During our review we will be making a concerted effort to ensure that both the new questions we are writing, and the older questions we are reviewing, are relevant to the practicing pediatric gastroenterologist. Undoubtedly there will still be questions that deal with uncommon conditions but as subspecialists we should be able to recognize and manage such cases. With hundreds of questions in the bank, this process cannot take place overnight, but will be achieved through a gradual process.

The weighting of the questions by category is decided by the sub board, although the last section, on scholarly activity, research design, and ethics, has been designated by the ABP as having a weight of 7%, which applies to all subspecialties. This list of percentages, with the exception of the last section, will be examined along with the content outline. In preparation for his outline revision, Jonathan Teitelbaum has again taken the lead by developing a list of approximately 20 conditions that are most commonly seen in a pediatric gastroenterology practice. Once the outline is reorganized, the sub board will work with the pediatric gastroenterology community to appropriately reweight the content categories. We will also lobby to have the percentage of questions devoted to scholarly activities decreased for the MOC examination.

These are just a few of the things the sub board hopes to achieve in the next few years. I certainly welcome any constructive criticism and suggestions as to how we might improve the experience in the future.

In closing, I would like to let you know that two members of the ABP will be holding a “meet the expert” session at this year’s **NASPGHAN** Annual Meeting. During this session, they will provide a brief training session to Society members who are interested in learning how to write examination questions. I encourage you to consider attending this session as I believe it will be highly informative regarding both item and examination construction. If, after attending this session, you feel like submitting questions to the sub board through the ABP, your content will be welcomed and given careful consideration by our committee. This will be your opportunity to have input into your examination. We have hopes that, as a result of attending this session, some of you will even be inspired to offer your service as a sub board member in the future!

If you have any questions, comments or suggestions, please feel free to contact me, or any one of the members of the sub board listed below:

Ivor Hill MB, ChB, MD (Ivor.Hill@nationwidechildrens.org)

John Barnard MD

William Berquist MD

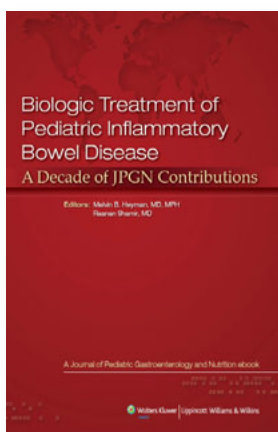
Warren Bishop MD

Janet Harnsberger MD

Maria Oliva-Hemker MD

Uzma Shah MD

Jonathan Teitelbaum MD



JPGN

News from the Editor

Mel Heyman, MD, Editor-in-Chief,
Western Hemisphere, JPGN

◀◀ **JPGN EBOOK**—JPGN has released its first ebook: *“Biologic Treatment of Pediatric Inflammatory Bowel Disease. A Decade of JPGN Contributions”*. The ebook is edited by JPGN Editor-in-Chief Dr. Melvin Heyman and former Editor-in-Chief Dr. Raanan Shamir.

The PDF is being sold through the LWW ebook store at (nursingcenter.com) and to institutions through Ovid. A Kindle version is available through Amazon.

CME UPDATE—In addition to offering CME credits for completed reviews, JPGN is working with **NASPGHAN** to provide opportunities for our readers to now obtain CME credit! Authors of selected articles are being invited to provide learning objectives and draft CME questions. Our CME Editor, Dr. Sandeep Gupta, provides oversight to insure that appropriate material is available on the designated **NASPGHAN** CME website (<http://www.naspghan.org/wmspage.cfm?parm1=742>). Readers interested in obtaining CME credit should look for the following icon attached to articles offering CME credit:

Follow the instructions within each CME article to claim your credit. JPGN is excited to offer this additional educational value to our readers!



UPDATE YOUR EDITORIAL MANAGER CONTACT INFORMATION—All JPGN authors and reviewers have a profile in Editorial Manager. We encourage you to periodically visit the site and update your contact information and affiliation. This can be done at the “Update My Information” link at the top of every page.

Updating your contact information carries several benefits. As a potential reviewer, you will be eligible to receive invitations to review manuscripts and submit commentaries and other invited content. Updating your specific interests also helps the editorial board find a good match between the reviewer and the content of the submitted manuscripts. Most important, submission and peer review processing will not be delayed because the Editorial Office is trying to contact you at the wrong address, so please update your email and other contact information. As an author, your manuscript submission will automatically populate with the correct affiliation, and the JPGN Editorial Office will be able to contact you with any updates regarding your manuscript and/or review.

JPGN AND SOCIAL MEDIA: A BEGINNER'S GUIDE—Contributed by Charles Vanderpool, MD JPGN Social Media Editor

JPGN is actively working to expand its presence within social media. Our social media sites highlight articles from each current monthly JPGN Table of Contents as well as articles that have been accessed frequently through the JPGN website (www.jpgn.org). Past articles are also featured in response to current events and medical news. We currently have active Facebook and Twitter accounts and are working to establish a blog within (www.jpgn.org) to discuss current academic and research issues and initiatives on a more in-depth level. Following are some guidelines to get you started:



JPGN AND FACEBOOK—To interact with JPGN on Facebook, you must “like” our Facebook page. The JPGN page can be found by searching for “Journal of Pediatric Gastroenterology and Nutrition” or by directing your browser to (www.facebook.com/theJPGN). If you “like” the JPGN Facebook page,

our posts will automatically appear on your timeline. You can then “like” a post, which will increase visibility and popularity of the post. You can also “share” a post, which will allow you to comment on the post when “sharing” with your Facebook friends. If you “share” a post, it is more likely that your friends will see this post on their status feed (compared to a “like”). You can also “comment” on a post by JPGN. Commenting on a post is a great way to share thoughts with the greater Facebook JPGN community.



JPGN AND TWITTER—To view “tweets” or posts by JPGN on Twitter, you must “follow” JPGN on twitter. You can follow JPGN by searching “JPGN” through your twitter page. If you follow JPGN on Twitter, our tweets will automatically appear on your homepage. On Twitter, you can “retweet,” “reply,” or “favorite” a tweet posted by JPGN. If you chose to “retweet,” the post by JPGN will be shared to all of your Twitter followers. You can add your own comment to the “retweet” if you “quote” the post when retweeting. You can tweet about topics or articles involving JPGN using a hashtag (#JPGNOnline) or handle (@JPGNOnline) within your tweet. Twitter users can then click on the hashtag #JPGNOnline and see all posts that have been made using this hashtag. Using our handle in a tweet or reply will post this tweet in our mentions page, making this tweet visible to us. Of course, all tweets or retweets are limited to 140 characters or less within the twitter universe.



COMING SOON: JPGN BLOG—We plan to establish a blog through the JPGN website that will contain short articles addressing important academic issues within Pediatric Gastroenterology. More information on this as we continue to develop this resource.

Be sure to follow JPGN on Facebook at (www.facebook.com/thejpgn) and on Twitter at (www.twitter.com/jpgnonline). We encourage you to Tweet about articles in JPGN. Use the hash tag #jpgnonline.

You can also download the JPGN iPad app from the App Store and read the latest issue on your iPad!

CALL FOR CONTENT

Scientific Articles—JPGN is currently focused on attracting and publishing state-of-the-art scientific articles. As we strive to continuously improve the quality of our journal, we encourage you to submit your gastroenterology, hepatology and nutrition-related basic, translational and clinical scientific studies to JPGN for consideration for publication. In particular we are seeking articles focusing on basic concepts of growth and development and pathophysiology of disease related to our fields of interest.

Filler Items—The Journal is soliciting content specifically to maximize any blank space in the print publication. This content will not appear online.

Materials considered for publication as fillers include:

- ◆ Brief articles [under 150 words] dealing with the history of pediatric gastroenterology, hepatology and nutrition
- ◆ Cartoons
- ◆ Photographs
- ◆ Original artwork
- ◆ Poetry

Please be sure to use the “Invited Filler” article type for your submission.

If you have any suggestions regarding any of these or other new initiatives for our journal, please feel free to contact me, and keep sending your papers to JPGN, your journal!

20% DISCOUNT ON LWW BOOKS FOR JPGN AUTHORS AND REVIEWERS

LWW is now offering a 20% discount on books to JPGN Editorial Manager users who submit manuscripts that are accepted by the journal and/or users who complete peer reviews.

If you are eligible for the discount, you will be notified by e-mail so please look out for the discount code in e-mails from the JPGN Editorial Manager system!

NASPGHAN Meetings & Important Deadlines

2014

- ▶ **JUNE 18, 2014**
Deadline to submit abstracts for the 2014 NASPGHAN Annual Meeting
- ▶ **JULY 1, 2014**
NASPGHAN Foundation Grant Submission Deadline
- ▶ **AUGUST 13, 2014**
Early-bird 2014 NASPGHAN Annual Meeting registration deadline
- ▶ **SEPTEMBER 19, 2014**
Online 2014 NASPGHAN Annual Meeting registration deadline
- ▶ **OCTOBER 23–26, 2014**
2014 NASPGHAN Annual Meeting
Atlanta Hilton—Atlanta, GA

2015

- ▶ **JANUARY 22–25, 2015**
1st Year Fellows Conference
Bonaventure Hotel—Weston, FL
- ▶ **FEBRUARY 5–8, 2015**
3rd Year Fellows Conference
Doubletree Paradise Valley—Scottsdale, AZ
- ▶ **MARCH 4–8, 2015**
2nd Year Fellows Conference
Scottsdale Plaza Resort—Scottsdale, AZ
- ▶ **OCTOBER 7–10, 2015**
2015 NASPGHAN Annual Meeting
Washington Hilton—Washington, DC

2016

- ▶ **OCTOBER 4–9, 2016**
2015 NASPGHAN Annual Meeting
World Congress of Pediatric Gastroenterology, Hepatology & Nutrition
Montréal, Canada
www.wcpghan2016.com

FASEB SRC: Molecular Mechanisms of Intestinal Lipid Transport and Metabolism

- ♦ **Date:** July 6–11, 2014
- ♦ **Location:** Snowmass, CO
- ♦ **Contact:** www.faseb.org/src

36th Annual Aspen Conference on Pediatric Gastrointestinal Disease

- ♦ **Date:** July 14–18, 2014
- ♦ **Location:** Snowmass, CO
- ♦ **Contact:** cme@cchmc.org

First International Workshop in Therapeutic Digestive Endoscopy in Children

- ♦ **Date:** September 8–11, 2014
- ♦ **Location:** Rome, Italy
- ♦ **Contact:** www.therapeuticpedendoscopy.it ?????

GI, Hepatology, Liver Transplantation & Nutrition and Workshop in Basic & Advanced Endoscopy

- ♦ **Date:** September 8–13, 2014
- ♦ **Location:** Indraprastha Apollo Hospitals, New Delhi, India
- ♦ **Contact:** www.apollohospitals.com or drvidyut@gmail.com

3rd International Symposium on Pediatric Inflammatory Disease

- ♦ **Date:** September 10–13, 2014
- ♦ **Location:** Rotterdam, The Netherlands
- ♦ **Contact:** www.pibd2014.com

Frontiers in Pediatric Gastroenterology, Hepatology & Nutrition 2014

- ♦ **Date:** September 11–12, 2014
- ♦ **Location:** Simches Research Center, Boston, MA
- ♦ **Contact:** <http://www.hms-cme.net/3314427>

8th International Pediatric Intestinal Failure & Rehabilitation Symposium

- ♦ **Date:** September 11–13, 2014
- ♦ **Location:** Grand Hyatt Atlanta, Atlanta, GA
- ♦ **Contact:** pedsintestine2014.com

18th Annual Meeting: Collaborative Group of the Americas on Inherited Colorectal Cancer

- ♦ **Date:** September 15–16, 2014
- ♦ **Location:** Hilton New Orleans Riverside, New Orleans, LA
- ♦ **Contact:** Ccfme.org/cga

3rd International Conference on Esophageal Atresia

- ♦ **Date:** October 2–3, 2014
- ♦ **Location:** Rotterdam, The Netherlands
- ♦ **Contact:** www.inoea.org

2014 AAP National Conference & Exhibition

- ♦ **Date:** October 11–14, 2014
- ♦ **Location:** San Diego Convention Center, San Diego, CA
- ♦ **Contact:** www.aapexperience.org

1st International Congress on Biliary Atresia and Related Diseases (BARD)

- ♦ **Date:** October 16–17, 2014
- ♦ **Location:** Berlin
- ♦ **Contact:** www.bard-berlin-2014.com

MEETINGS OF INTEREST

International Scientific Conference on Probiotics & Prebiotics—IPC2014

- ♦ **Date:** June 24–26, 2014
- ♦ **Location:** Budapest, Hungary
- ♦ **Contact:** www.probiotic-conference.net

Meetings of Interest continues at the top right . . .



Kathleen A. Mueller

Billing & Coding

Provided by Kathleen A. Mueller, RN, CPC, CCS-P, CCC Healthcare Consultant in association with McVey Associates, Inc.

ICD-10-CM UPDATE—Now that ICD-10 has been postponed for one year, are you just sitting back and taking it easy? Unfortunately, this is what I have been seeing. The preparation for ICD-10 is not just memorization of the new codes, but making sure that your documentation is specific so that you and your coders are able to pick out the most specific diagnosis code. Payers have said that they are going to routinely deny claims with non-specific diagnosis codes so providers will have to learn to document appropriately. The average cost of a denied claim is \$40 per last MGMA statistics. Often the more specific diagnosis of epigastric abdominal pain is listed in the history of present illness but seen as abdominal pain, unspecified, in the impression/plan. Unfortunately, what is documented in the impression is what goes on the claim.

Steps to avoid the use of non-specific diagnosis codes:

- ▶ Build your list of favorites to accommodate the most common verbiage/slang used in the description of the diagnosis codes. Run a list of the most common codes currently chosen in ICD-9 to create a list for ICD-10.
- ▶ Distribute this list to all providers and have them modify the descriptions of the codes to allow for easier selection in the dropdown lists. It is important that you get involvement from all providers.
- ▶ Make sure that you allow your software vendor to update the system with the ICD-10 codes as soon as allowed so that providers and staff members become acquainted with the structure and description of the ICD-10 codes.
- ▶ Construct a cheat sheet of ICD-10 codes either in hard copy or electronic copy and distribute to all providers and staff members.
- ▶ Look at www.cms.gov/ICD10 for a list of all the diagnosis codes.
- ▶ ICD-10 laminated pediatric GI code sheets are available at (www.askmuellerconsulting.com).
- ▶ Schedule a training session with all providers and staff members to go over the changes with ICD-10. Remember that staff members that pre-authorize, bill, code, adjudicate, schedule and write orders will also have to be trained in ICD-10.
- ▶ DON'T WAIT UNTIL SEPTEMBER, 2015, TO START.

HIPAA OMNIBUS (MEGA) RULE—This was released January 25, 2013, and effective September 23, 2013, and all practices must be in compliance or face penalties.

The Department of Health and Human Services Office for Civil Rights (OCR) is going to resume HIPAA compliance audit program in 2014, so please make sure that your practice is up to date on all of the latest regulations.

For further information:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/contractprov.html>

QUESTIONS AND ANSWERS—

Question: My doctor recently worked with a pediatric surgeon to do an enteroscopy. The surgeon did the laparotomy and enterotomy and my doctor inserted the scope and did the enteroscopy. A Dieulafoy lesion that was bleeding was found and the surgeon controlled the bleeding. How should this get billed?

Answer: A Dieulafoy's lesion is a tortuous, submucosal arterial malformation, which has a propensity to bleed. Most are located in the stomach, but can be found in the duodenum, jejunum, ileum colon and esophagus. The occurrence is rare, causing approximately 5% of the gastrointestinal bleeds in adults. The clinical presentation is painless, massive bleeding. The surgeon will bill for laparotomy and control of bleeding and your doctor can bill for the enteroscopy through the enterotomy. Code 45355 describes colonoscopy through a colotomy. Even though there is no code for enteroscopy through a colotomy, the work value would be the same. Before submitting, I would recommend that you contact the payer to see what their preference is. Most will allow you to bill with the code that is close rather than use an unlisted procedure code of 44799. When billing, I would recommend that you use code 45355 and in the comment field, enter "enteroscopy through a enterotomy." The ICD-9 code is 537.84. The ICD-10 code will be K31.82.

Question: A physician in our practice plans on performing an EGD on a patient that has had a previous Billroth II. Are there special codes that would apply to this situation?

Answer: The 2014 version of CPT had multiple changes in the upper endoscopy section. The introduction to the EGD section specifically states that codes 43233, 43235-43259, 43266, and 43270 should be used for the examination of a surgically altered stomach where the jejunum is examined distal to the anastomosis site on patients who have had a gastroenterostomy (Billroth II) or gastric bypass. In other words, if the stomach no longer empties through the pylorus into the duodenum, but through a gastrojejunostomy, it is still correct to use the EGD code(s) not the enteroscopy codes.

Washington Update

Camille S. Bonta, NASPGHAN Washington Representative



Camille S. Bonta

📌 FDA Issues Draft Guidance for FMT

On February 26, 2014, the Food and Drug Administration (FDA) released draft guidance on enforcement policy regarding investigational new drug (IND) requirements for use of fecal microbiota (FMT) for transplantation to treat *C. difficile*. If finalized, this guidance would supersede FDA's July 18, 2013 guidance that informed members of the medical and scientific communities that the agency would exercise enforcement discretion regarding IND requirements, so long as the physician obtains adequate informed patient consent. Under the draft guidance, FDA would continue to exercise enforcement discretion provided that the following conditions are met: 1) the provider obtains adequate informed consent; 2) the FMT product is obtained from a donor known to either the patient or the licensed health care provider treating the patient; and 3) the stool donor and stool are qualified by screening and testing performed under the direction of the licensed health care provider for the purpose of providing the FMT product to treat his/her patient. **NASPGHAN** submitted a comment letter in support of the draft guidance. Last year, **NASPGHAN** joined with its specialty counterparts, including the American Gastroenterological Association (AGA), in submitting to FDA consensus guidance on donor screening and stool testing for FMT. **NASPGHAN** has also joined other organizations in calling upon the National Institutes of Health (NIH) to support development of a national FMT patient registry, to which the NIH responded that it lacks the resources to support the ongoing operation and maintenance of such a registry.

📌 NASPGHAN Tells FDA that IND Guidance Could Hamper Nutrition Research—

On March 4, **NASPGHAN** representatives participated in a meeting with officials from the FDA's Center for Food Safety & Applied Nutrition. The purpose of the meeting was to discuss concerns with guidance issued by the FDA in September 2013 for when an Investigational New Drug (IND) application is needed for food and nutritional research studies. Following issuance of the guidance, **NASPGHAN** joined a letter initiated by the American Society for Nutrition expressing concerns with the guidance. In response, the FDA reopened for public comment the cosmetic and food (including dietary supplement) sections of the guidance. **NASPGHAN** submitted comments on April 7. FDA officials made clear in the March meeting that the new guidance does not reflect an expansion of current policy or new policy and is not a response to safety concerns. Rather, FDA staff explained the September guidance attempts to provide clarity, through the use of examples, of when an IND is required for human research on foods, nutrients and dietary supplements. Consequently, **NASPGHAN** is concerned that FDA has expanded the types of research for which INDs will be required, which could stifle individual academic investigator-initiated pediatric nutritional studies and drive food, nutritional and dietary supplement research outside the United States.

📌 CMS Finalizes Deep Cuts for Upper Endoscopy Services—

In the Medicare Physician Fee Schedule Final Rule issued last November, the Centers for Medicare and Medicaid (CMS) finalized cuts to payments for upper endoscopy services averaging 11 percent, with cuts for some endoscopy services much more severe. In January, **NASPGHAN** sent a letter to CMS supporting concerns raised by the AGA, the American Society for Gastrointestinal Endoscopy, and the American College of Gastroenterology about how CMS made its final determinations for the endoscopy codes. The adult GI societies point to flaws in CMS' rate setting methodologies, which assumes 10 minutes of physician time equals 1.00 work relative value units (RVUs) and does not take into consideration the range of intensities across all gastrointestinal endoscopic procedures and services. In its letter, **NASPGHAN** described the downstream implications CMS' payment reductions could have on private payer reimbursement for pediatric endoscopy services. In January, **NASPGHAN** called on its members to share their concerns with CMS. At least 112 pediatric gastroenterologists responded to the call to action. A response by CMS to comments received is not expected until issuance of the 2015 Physician Fee Schedule Final Rule, which will be released in November.

📌 Pediatric Societies Prepared to Push for Loan Repayment Program Funding—

Despite the disappointing exclusion in the President's FY 2015 budget of funding for the Pediatric Subspecialty Loan Repayment Program, **NASPGHAN** and other pediatric subspecialty organizations are lobbying appropriators to include \$5 million for the program. A \$5 million allocation was included in Senate FY 2014 Labor, Health and Human Services, and Education spending bill, but funding was dropped in final negotiations. The program was established under the Affordable Care Act (ACA). While the ACA authorized funding for the program over five years (FY2010-FY2014), the program has yet to receive an appropriation. On March 28, **NASPGHAN** issued a call-to-action, asking **NASPGHAN** members to contact their senators in support of the program.

📌 Sunshine Act 101 Podcast Available—

A three-part series entitled "What is the Sunshine Act?" is now available on the **NASPGHAN** website. This series discusses in practical terms what the Sunshine Act is, what's reportable and reporting accuracy. This law, the "Physician's Payments Sunshine Act", now known as "Open Payments", was passed as part of the ACA and was intended to increase public awareness of financial relationships between drug and device manufacturers and health care providers. The law requires that such relationships be made public by September 30, 2014.

📌 NASPGHAN Washington Day: Monday, June 2, 2014—

The 3rd Annual Washington Day will be held on June 2, 2014. This event, supported by **NASPGHAN's** Public Affairs and Advocacy Committee, provides **NASPGHAN** members a first-hand lobbying experience on Capitol Hill. **NASPGHAN** members can make a difference. For example, previous Washington Day efforts led to the action by the Consumer Product Safety Commission on high-powered magnet safety for children. **NASPGHAN** members interested in attending the Washington Day, in particular those who are close proximity to Washington, D.C., should contact **NASPGHAN's** Washington Representative at (cbonta@summithealthconsulting.com).

NASPGHAN MEMBERS ADVOCATE FOR PATIENTS & PROFESSION ON CAPITOL HILL

On June 2, the **NASPGHAN** Public Affairs and Advocacy Committee held its annual lobby day on Capitol Hill. Nine **NASPGHAN** members met with 30 congressional offices to discuss coverage of medical foods, funding for the Pediatric Subspecialty Loan Repayment Program and barriers that prevent timely access of new therapies to pediatric patients. Throughout the remainder of the current Congress, **NASPGHAN** will work to develop and advance policies on these and other important issues, including reauthorization of the Children's State Health Insurance Program (SCHIP) and continuation of enhanced Medicaid payments for primary care services, including those provided by pediatric gastroenterologists. In the months ahead, **NASPGHAN** will be calling upon its members to help carry important messages to Capitol Hill.



*NASPGHAN advocates pose for group photo before a day of meetings on Capitol Hill.
Front row from left, Amethyst Kurbegov, Jennifer Woo-Baidal, Jennifer Dotson, Jessica Stumphy and Jen Stropfle.
Back row from left, Roberto Gugig, Sanjiv Harpavat and Mark Gilger.*



Drs. Kathleen Schwarz, Sanjiv Harpavat and Jessica Stumphy make their way across the Capitol.



NASPGHAN advocates ready for their meeting in the office of Rep. Ander Crenshaw, R-FL, Co-Chair of the House Congressional Crohn's and Colitis Caucus.

NASPGHAN Job Board for Members

Don't forget to check out **NASPGHAN's** online Job Board. It is available at (http://www.jobtarget.com/home/home.cfm?site_id=16062) on the **NASPGHAN** website.

Members can use their **NASPGHAN** logon and password to enter the site and look at job postings or anonymously post resumes or post jobs for their practices or institutions.

JOB SEEKER BENEFITS:

- ♦ **Career Management.** You have complete control over your passive or active job search. Upload multiple resumes and cover letters, add notes on employers and communicate anonymously with employers.
- ♦ **Anonymous** resume bank protects your confidential information. Your resume will be displayed for employers to view EXCEPT your identity and contact information, which will remain confidential until you are ready to reveal it.
- ♦ **Personalized** job alerts notify you of relevant job opportunities
- ♦ **Access** to high-quality, relevant job postings. No more wading through postings that aren't applicable to your expertise

EMPLOYER BENEFITS:

- ♦ **Access** highly-qualified, professional candidates
- ♦ **Easy-to-use** job posting and resume searching capabilities
- ♦ **Only** pay for resumes of interested candidates
- ♦ **Applicant tracking and management capabilities**
- ♦ **Internal messaging system** automatically stores messages sent from the job seeker in the candidate's file
- ♦ **User-friendly template system** to reuse job postings, pre-screen filters and automatic letters and notifications
- ♦ **Access to the highly coveted passive job seeker**
- ♦ **Access to job board networks** for broader job distribution to qualified candidates
- ♦ **Generate high return** on recruitment advertisement spending

Classifieds

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Fax: 407.438.3558
Email: orlandopedgi@gmail.com

♦ **Indiana—**

Peyton Manning Children's Hospital at St. Vincent in Indianapolis is seeking a BC/BE Pediatric Gastroenterologist to join our established practice.

The program features:

- ♦ clinical position with ready referral base
- ♦ opportunities for teaching residents and conducting clinical research
- ♦ outstanding support staff with collegial atmosphere: 2 Pediatric NPs assist with inpatient rounds, clinic patients, care coordination and call
- ♦ 5 RNs, 5 MAs and Practice Manager
- ♦ newly designed office space adjacent to Hospital: In-clinic biologic infusion center and small bowel pill camera studies
- ♦ excellent compensation and benefit package with recruitment incentive

Rapidly growing, free-standing Peyton Manning Children's Hospital at St. Vincent

has 46 inpatient, 15 PICU and 17 ED beds with Indiana's largest Level III NICU (85 beds), special pediatric rooms in OR and Endoscopy Suites, 24-hour Pediatric ER staffing and inpatient admission to in-house attending Pediatric Hospitalist Service with resident support, extraordinary general pediatricians and pediatric subspecialists, strong multi-disciplinary support from subspecialists and ancillary services - Pediatric Surgery, Pediatric Radiology, Pediatric Neuropsychology, GI/Liver-Pathology and Inpatient/Outpatient Dietitians, established Aerodigestive Team-ability to conduct combined procedures with Pediatric ENT, Pulmonology, GI; Additional support from Developmental Pediatrics, Dietitians and Speech Therapy; pH/impedance/ Bravo testing in the Endoscopy Suite, Ambulatory Surgery Center privileges with state-of-the-art endoscopy equipment (new 2009), outstanding 24-hr Pediatric Anesthesiology support serving both Surgery Center and Hospital, great support from Adult GI at St. Vincent for transition of care.

SVMG offers a very competitive compensation package that includes: Competitive base salaries, Production/quality bonus potential, Starting bonus, Relocation allowance, CME, Comprehensive health benefits, Retirement savings plan (403b) with match, Possible medical education debt repayment options, Malpractice with tail coverage and generous paid time off.

We are a well-established private practice group of two physicians, two nurse practitioners and a nutritionist in Orlando, FL looking for a third board certified or board eligible pediatric gastroenterologist to join our group. Practice includes satellite clinic locations and consulting privileges in two of the major children's hospitals in the area. We offer a competitive salary, incentive bonus plan and benefits that include health insurance, CME, malpractice and 401K. An academic affiliation with the University of Central Florida is an option. Teaching opportunities for pediatric residents are available.

Orlando, a town that needs no introduction, is a thriving upbeat city that is diverse in its culture, excellent for young families with

PMCH is an EEO/AA Employer M/F/ Disability/Vet.

Peyton Manning Children's Hospital at St. Vincent will provide an extraordinary experience of holistic physical, emotional and spiritual care for children that puts the child and family as the focus of the healthcare team. The experienced attending physician coordinates/directs/leads the partnership through the full continuum of emergent, acute and specialty care from the moment of conception to the end of life.

The 12th largest city in the nation and the capital of Indiana, Indianapolis is the center of America's heartland. More than 65% of the U.S. population lives within a 700 mile radius of Indianapolis. More interstates converge in Indianapolis than in any other city in the U.S., which makes it one of America's most accessible cities, named "Crossroads of America." Indianapolis consistently ranks as one of the cleanest and safest cities in the nation, and its cost of living and unemployment rates remain below the national average. Indianapolis supports more than 200 arts organizations, including a world-class symphony, theater, opera, ballet, museums and art galleries. Enjoy a relaxed lifestyle with numerous cultural offerings, change of seasons and outstanding schools. Physicians in Indiana enjoy low malpractice rates, making Indiana one of the top five physician friendly states in which to practice medicine.

Interested candidates please contact:
Mona Hansen, Physician Recruiter
Phone: 317.338.6140
Email: mhansen@stvincent.org

♦ Maine—

Excellent opportunity for two BC/BE pediatric gastroenterologists to join a well-established, comprehensive, pediatric specialty service. Eastern Maine Medical Center serves as a regional pediatric specialty center, offering a full spectrum of pediatric sub-specialties including neonatal intensive care, pediatric critical care, pediatric surgery, and active pediatric sedation service. EMMC is a 400-bed regional tertiary care and ACS-verified level II trauma center with academic affiliations serving a population of 500,000 living in the northern 2/3 of the state's geography. We offer dedicated neonatal ground transport and are a base hospital for LifeFlight of Maine, a critical care air transportation service flying nearly 900 missions per year.

Bangor is an award-winning small city offering easy access to ocean and mountains. Acadia National Park, Baxter State Park, and premier Northeast ski resorts provide outstanding four-season outdoor recreation. Schools rank among New England's best. The flagship campus of the University of Maine is located in neighboring Orono. Bangor serves as the regional hub for medicine, the arts, and commerce. Bangor International Airport offers direct and one-stop service to most major destinations.

Job Requirements:

Must have MD, DO, or foreign equivalent and be board-certified or board-eligible in pediatric gastroenterology. Must hold a current license to practice medicine in the state of Maine and hold a current DEA, or be immediately eligible for the same.

For confidential consideration, contact:

Nicole Kelley
Phone: 207.973.5211
Email: emmccvs@emhs.org

♦ Michigan—

The University of Michigan Division of Pediatric Gastroenterology (C.S. Mott Children's Hospital) is seeking pediatric gastroenterologists at the assistant professor or associate professor level to join our team. Job duties include the inpatient GI service, inpatient consultations and out-patient care, supervision and teaching of medical students, residents, and fellows, scholarly activity, and administrative duties. Major responsibilities include patient care and teaching. For individuals with appropriate training, skills, and interest, there are opportunities to develop clinical, translational, or basic science research programs. Expertise in the areas of pancreatitis, celiac disease, eosinophilic disorders, feeding disorders or functional abdominal disorders would be viewed favorably, but is not necessary. Rank of selected candidates is dependent upon qualifications.

The University of Michigan Division of Pediatric Gastroenterology is seeking to add a pediatric gastroenterologist with expertise in motility to help develop a program in motility. Expertise in motility based on clinical experience or specific training is required. Other job requirements and responsibilities are as listed above.

The University of Michigan Division of Pediatric Gastroenterology is seeking to add a third pediatric transplant hepatologist at the

assistant professor or associate professor level. Expertise in advanced hepatology and transplant hepatology is required. Other job requirements and responsibilities are as listed above.

All Candidates please send CV to:
M. James Lopez, MD PhD
Director, Pediatric Gastroenterology
Department of Pediatrics
University of Michigan Health System
1500 East Medical Center Drive
MPB D5200, SPC 5718
Ann Arbor, MI 48109-5718
Phone: 734.763.9650, Office
Phone: 734.936.4717, Alternate Office
Email: jamlopez@umich.edu

♦ Michigan—

Bronson Pediatric Gastroenterology is seeking a second pediatric gastroenterologist to join its team. The physician will have access to a dedicated procedure room for endoscopy, video capsule endoscopy and motility lab with high resolution esophageal and anal rectal manometry. This hospital-employed position offers an attractive salary, bonus and benefit package. Academic affiliations with Western Michigan University School of Medicine and clinical research opportunities are available. The practice is located on the hospital's south campus and consists of a pediatric gastroenterologist, two pediatric physician assistants, a pediatric GI nurse and two medical assistants. Pediatric patients benefit from a unique collaborative approach with four pediatric dietitians and a pediatric behavioral psychologist. Admitted patients are managed by pediatric hospitalists with gastroenterology as the consult service. Surgeons do foreign body removals.

Bronson Methodist Hospital in Kalamazoo, Michigan, is a 434-bed, all-private room regional referral center providing care in virtually every specialty. It has advanced capabilities in critical care as a Level I Trauma Center; in neurological care as a Joint Commission-certified Primary Stroke Center; in cardiac care as the region's first accredited Chest Pain Center; in obstetrics as the leading birth place and only high-risk pregnancy center in southwest Michigan, and in pediatrics as the only children's hospital in the region. Bronson Children's Hospital has a 24-bed pediatric unit, 8-bed PICU, 45-bed NICU and a Level III Perinatal Center. Other pediatric subspecialties include surgery, neurology, cardiology, hematology/oncology, pulmonology, endocrinology and

rheumatology, as well as critical care, pediatric and newborn hospitalists. The hospital serves the largest percentage of Medicaid patients in the area and provides a substantial benefit to the community through outreach and charitable care. Bronson Methodist Hospital is a recipient of the 2005 Malcolm Baldrige National Quality Award, the highest presidential honor for quality and organizational performance excellence. In 2009, it received the AHA McKesson Quest for Quality Prize awarded annually to only one U.S. hospital and joined the top five percent of hospitals in the nation designated a Magnet Hospital for Nursing Excellence. Bronson is ranked in the top five percent of hospitals in the nation as a HealthGrades Distinguished Hospital for Clinical Excellence (2009-13) and one of America's 100 Best Hospitals for 2013.

The Kalamazoo area boasts a very low cost of living, extremely affordable real estate, excellent educational opportunities, located midway between Chicago and Detroit, and is less than one hour from beautiful Lake Michigan. Home to Kalamazoo College, Western Michigan University, world-class museums, colorful ethnic festivals, top-notch arts and entertainment, vibrant downtown scenes, Kalamazoo is just minutes from expansive nature trails and sandy shores. Plus, there are the warm, welcoming people who live and work here. And last but not least is The Kalamazoo Promise, which gives free college tuition for Kalamazoo Public Schools high school graduates.

Job Requirements: BC/BE Pediatric Gastroenterology

To apply for this job, contact:
Chris Cook
Phone: 269.341.6331
Fax: 269.341.3742
Email: cookc@bronsonhg.org
Apply url: <http://www.bronsonhealth.com>

♦ Missouri—

Saint Louis University is seeking applicants to join a busy academic group. The Division of Pediatric Gastroenterology and Hepatology consists of 5 pediatric gastroenterologists, 2 clinical PNP, dedicated GI clinical nurses, dedicated pediatric psychologists, and dedicated procedure staff. The division has a busy outpatient and inpatient services based at SSM Cardinal Glennon Children's Medical Center, a 190 licensed bed,

free-standing children's hospital affiliated with the Saint Louis University School of Medicine. The division serves an active liver transplant program, a nutritional support team, a multidisciplinary obesity clinic, and interacts with the CF center. The Pediatric Gastroenterology and Hepatology Division also has ongoing, NIH-funded clinical and basic science research projects within the division, and a working relationship with the Saint Louis University School of Public Health. Close clinical and research ties are maintained with the Saint Louis University Liver Center. Excellent opportunities for teaching in both didactic and clinical settings are available at the medical student and post-graduate levels.

Job Requirements: Candidates must be BC/BE in Pediatric Gastroenterology.

The institution is open to working with many types of foreign visa holders, as well as green card holders and US citizens. Saint Louis University is a Catholic, Jesuit institution dedicated to student learning, research, health care, and service.

To apply for this job, contact:
Jeffrey Teckman, MD
Phone: 314.577.5647
Fax: 314.268.2775
Email: teckmanj@slu.edu

♦ Nebraska—

The Division of Pediatric Gastroenterology of the Department of Pediatrics at the University of Nebraska Medical Center and the Children's Hospital & Medical Center was recently named in the top 50 best Pediatric GI and GI surgery by *U.S. News & World Report*. We are seeking a full time BC/BE pediatric gastroenterologist/Transplant Hepatologist and a full time BC/BC pediatric gastroenterologist both at the Assistant/Associate Professor rank.

- ♦ Currently, we have three pediatric gastroenterologists and one Pediatric Transplant Hepatologist plus an outstanding multi-disciplinary team, performing clinical service, education, and research at the two institutions.
- ♦ We have an accredited Pediatric GI fellowship. We are in the process of developing a Pediatric Transplant Hepatology fellowship.
- ♦ Excellent opportunities are available for clinical and translational research and collaboration with major interdepartmental programs.

- ♦ UNMC has a very active liver & intestinal transplant programs with an average of 20 pediatric transplants annually. Opportunity for growth exists.
- ♦ Children's is a 145-bed, non-profit free-standing hospital that provides service to children and families across a five-state region and beyond. It is supported by 24-hour, in-house pediatric critical care specialists and over 30 pediatric subspecialties including an inpatient pediatric hospitalist service.

Omaha is a vibrant city with a metropolitan population of 800,000. Offering excellent schools, Omaha is a safe, family-oriented town. Property values are among the most affordable in the country for a city of this size. Omaha is consistently ranked as one of the most livable and family-friendly cities in the United States.

To apply, please contact:
Ruben Quiros, MD
Chief, Pediatric GI, Hepatology & Nutrition Medical Director, Pediatric Liver & Intestinal Transplantation, University of Nebraska Clinical Service Chief, Children's Hospital & Medical Center
Cell Phone: 402.763.7362
Office phone: 402.559.2412
Email: rquiros@unmc.edu
Or contact our physician recruiter
Brenda Krull
Phone: 402.955.6971
Email: bkrull@childrensomaha.org

♦ New York—

The Division of Pediatric Gastroenterology and Nutrition at the New York Hospital of Queens is seeking a highly motivated BC/BE pediatric gastroenterologist for a full-time position at the level of Assistant or Associate Professor. The physician candidate will be joining a rapidly growing, friendly, and collegial division that currently includes 2 pediatric gastroenterologists and a nurse practitioner/nutritionist. The division currently sees a large volume of patients with various gastrointestinal, nutritional and liver diseases, including IBD, eosinophilic esophagitis, feeding and growth problems as well as NAFLD and Hepatitis B. The ideal candidate will be an outstanding clinician with excellent procedural skills and enthusiasm to mentor and teach residents and medical students. We enjoy a close relationship with our adult GI colleagues and procedures are performed in a state of the art endoscopy suite.

With a catchment area of over 2 million people, our recently acquired outpatient office space, and a soon to be completed pediatric multi-subspecialty space, the division and department are about to embark on a period of rapid growth and further expansion in the near future. This is a great opportunity to build a practice within a progressive and collaborative organization. New York Hospital Queens is a major teaching center for medical students and pediatric residents from the New York Presbyterian Weill Cornell Medical College.

Queens is close to the water, is within easy reach of New York City, and offers the opportunity for an excellent lifestyle along with unrivaled professional satisfaction. The position offers a very competitive salary and benefits package. New York Hospital Queens is an equal opportunity employer.

Interested physician candidates should send a curriculum vitae and letter of interest to:

Suma Kamath, MD
Director, Division of Pediatric
Gastroenterology & Nutrition
New York Hospital Queens
56-45 Main Street
Flushing, NY 11355
Phone: 718.661.7687
Fax: 718.661.7363
Email: gidrsuma@gmail.com

Or
Aaron Turkish, MD
Division of Pediatric
Gastroenterology & Nutrition
Email: mdpeda@aol.com

♦ North Carolina—

A well-established team of pediatric subspecialists in Asheville, NC is currently recruiting an experienced pediatric gastroenterologist to join another pediatric GI physician at Mission Children's Hospital, western North Carolina's only children's hospital.

Program/Position Highlights

- ♦ Strong support within a comprehensive pediatric subspecialist team, including pediatric hospitalists
- ♦ Support services including GI pathology, pediatric radiology, and pediatric anesthesiology
- ♦ 130 dedicated pediatric beds

- ♦ Part of a Thompson Reuter Top 15 Health System serving 18 counties

Position Requirements

- ♦ BC/BE by the American Board of Pediatrics with specialty certification in pediatric gastroenterology
- ♦ Licensed or eligible for medical licensure in North Carolina

Competitive Benefits

- ♦ Up to \$10,000 in relocation assistance
- ♦ Competitive compensation
- ♦ Comprehensive benefits package
- ♦ Malpractice insurance and paid CME

About Mission Children's Hospital

We are the only Children's Hospital in Western North Carolina. We have over 60 pediatric subspecialists in 23 different disciplines providing expert care in the childhood diseases, disorders and conditions they treat. Our providers form a very special team committed to providing not only clinically excellent care, but also personalized, family-centered care for our patients and the families who love them.

Mission Children's Hospital has an average of 3,000 patient admissions to our pediatric inpatient units, including an 8-bed PICU, 4,500 pediatric surgeries, and 14,000 pediatric visits to our Emergency Department. Each year approximately 700 ill and premature newborns receive life-saving care in our level III 51-bed Neonatal Intensive Care Unit. Mission is a level II trauma center serving the 18 counties of western NC.

Mission Children's Hospital provides care to all children, regardless of their family's ability to pay.

Quality of Life

Asheville, North Carolina, is consistently ranked among the top 15 places to live in the United States. Downtown Asheville is alive with art, theater, music, street festivals, fine dining and shopping. The scenic mountain location showcases the amenities of a large city while retaining the charm and friendliness of a medium-sized town

For additional information, contact:
Adam Tabor, MBA, FASPR, CMSR
Physician Recruiter
Mission Health
Phone: 828.213.5845
Email: Adam.Tabor@msj.org

♦ Ohio—

The Division of Gastroenterology, Hepatology and Nutrition at Cincinnati Children's Hospital Medical Center (CCHMC) is continuing to expand to meet our long term goals to improve child health through better diagnosis, treatment and outcomes for our key targeted focus areas and diseases.

We are recruiting two faculty who will each provide clinical care while contributing to the academic mission of either our Eosinophilic Disease Program (Cincinnati Center for Eosinophilic Disorders) or our Neurogastroenterology and Motility Program. These recruitments represent a strategic expansion of these programs, which already draw patients from throughout the world.

The successful candidate will be an excellent clinician and a strong team player. He or she will have an opportunity to advance care through innovation and new knowledge development. Cincinnati Children's Research Foundation is one of the largest pediatric research programs in the nation and ranks 2nd among pediatric institutions in direct funding from the National Institutes of Health. The Division has an NIH-funded training program, and in total we train 4 new clinical fellows/year and an additional advanced Hepatology Fellow. We participate in 6 NIH funded Translational Research Consortia and are home to an NIH-funded Digestive Disease Research Core Center (Digestive Health Center) devoted to pediatric digestive diseases. The successful candidates will join 34 other full-time academic faculty.

Women and minorities are encouraged to apply. CCHMC is an Affirmative Action/Equal Opportunity employer.

Interested candidates should contact:
Mitchell B. Cohen, MD
Professor and Vice Chair of
Pediatrics for Clinical Affairs
Director, Division of Gastroenterology,
Hepatology and Nutrition
Cincinnati Children's Hospital
Medical Center
3333 Burnet Avenue, ML 2010
Cincinnati, Ohio 45229-3039
Telephone: 513.636.4953
Fax: 513.636.5581
Email: mitchell.cohen@cchmc.org

♦ Ohio—

The Division of Gastroenterology, Hepatology and Nutrition and the Pediatric Liver Care Center of Cincinnati Children's Hospital Medical Center (CCHMC) invite applications for a faculty position at the assistant or associate professor level to pursue exciting opportunities in innovative clinical care, research and education.

We seek MD or MD/PhD candidates who are Transplant Hepatology CAQ-eligible or certified to complement existing strengths of the group of hepatologists, transplant surgeons, and nurse care managers of the Pediatric Liver Care Center. The Center provides comprehensive pre- and post-transplant care for children with liver diseases, and serves as a regional, national and international referral center. Responsibilities will include patient care and team leadership in both outpatient and inpatient settings, training of residents and fellows, and leadership in research and/or quality improvement projects. Preference will be given to candidates who have a demonstrated record of publication, and academic interests that complement existing programs, and a commitment to innovative clinical care. The successful applicant will be a member of a highly collaborative group of clinicians and investigators, will benefit from an outstanding faculty development program, and will have access to state-of-the-art clinical and research resources at CCHMC.

Cincinnati Children's Hospital Medical Center and Research Foundation are internationally recognized as one of the nation's top pediatric care and research institutions. The Research Foundation ranks second nationally in NIH funding to full-service children's hospitals. Cincinnati is a friendly, pleasant, affordable city with a great quality of life, including many musical and theatrical programs, professional sports and nearby recreational opportunities.

Interested candidates should provide a CV and contact:

Jorge Bezerra, MD
Director, Pediatric Liver Care Center
Email: Jorge.bezerra@cchmc.org
Or

Mitchell Cohen, MD
Director, Gastroenterology,
Hepatology and Nutrition
Email: mitchell.cohen@cchmc.org
Cincinnati Children's Hospital
Medical Center
3333 Burnet Ave.
Cincinnati, OH 45229

♦ Ohio—

The Cleveland Clinic is seeking additional staff to join the team of 10 pediatric gastroenterologists at Cleveland Clinic Children's.

The successful applicant should be board certified or board eligible in pediatric gastroenterology. There are a number of opportunities available for participation in basic or clinical research, education or administration. Our well-established and nationally recognized team of pediatric gastroenterologist sees patients at both the main campus and several regional satellite locations and family health centers. Individuals with an interest in inflammatory bowel disease, nutrition and intestinal rehabilitation, gastrointestinal motility and clinical or basic research are especially encouraged to apply as well as "all around" gastroenterologists. This is a unique opportunity due to continued expansion of the program.

We currently have a state of the art endoscopy suite and motility lab featuring high resolution equipment. In addition we have an active liver transplant program performing all types of liver transplantation including living related transplantation and an active small bowel and multivisceral transplantation program. Members of the Department are actively involved in clinical research, quality and patient safety initiatives and are active in medical school and residency education programs. In addition we have a highly competitive fellowship program graduating two fellows each year. Academic affiliation and teaching appointments with the Lerner College of Medicine at Case Western Reserve University are available as well as collaborative research opportunities with the nationally recognized Cleveland Clinic Lerner Research Institute and Digestive Disease Institute. We have full support in terms of auxiliary services including a large team of dietitians and nurses. Cleveland Clinic Children's Health System has over 400 beds and three neonatal intensive care units staffed by 350 physicians and over 400 nursing professionals. The Children's Hospital on the main campus is a 125-bed hospital within a hospital including a PICU and NICU that are staffed 24-hours a day with senior staff. The Children's Hospital staff includes the entire range of talented nationally recognized pediatric specialists and sub-specialists to provide tertiary and quaternary care to our patients as well as nationally ranked and recognized adult colleagues in all related disciplines.

The melting-pot culture that has helped establish Cleveland as a vibrant and versatile

metropolitan area adds a unique flair to the lifestyle here. The Cleveland area is a very comfortable and affordable place to live with a variety of available activities, great school systems, world class cultural activities and is a great place to rear a family.

Interested candidates should submit an application online by going to (www.clevelandclinic.org/physicianrecruitment) For additional information Email: alldsd@ccf.org

♦ Ontario, Canada—

The Department of Pediatrics, Children's Hospital, London Health Sciences Centre, The University of Western Ontario, London Ontario, Canada, is seeking a fully certified 4th pediatric gastroenterologist to join the gastroenterology and transplant section. The successful candidate will hold a full time clinical academic appointment; salary and rank will be determined by experience and qualifications at the time of appointment. Candidates must hold an MD or equivalent and be eligible for licensing in the Province of Ontario. Specialist certification in Paediatrics through the Royal College of Physicians and Surgeons of Canada or equivalent is required. Assistance will be available for immigration and licensing requirements, if applicable.

Children's Hospital is the only tertiary care center between Toronto and Winnipeg, serving a population of over 500,000 children and youth. The Gastroenterology Program has a comprehensive array of services encompassing the full spectrum of gastroenterology disorders, provides a full range of endoscopic procedures and has a combined fellowship program with McMaster University. The Gastroenterology Program is very active in undergraduate, postgraduate and continuing medical education. The Department of Pediatrics in London has 51 full time academic physicians, 6 basic scientists and 10 community physicians providing a full array of pediatric sub-specialty services.

Children's Hospital has 64 general pediatric beds, 12 intensive care beds, 42 neonatal beds and a very active emergency department. Opportunities exist for clinical and basic science research including epidemiological studies, pediatric inflammatory bowel research and transplant immunology.

London has a population of 465,000 people with the amenities of a big city, but friendliness of a small town. London is located in the heart of the great lakes region,

2 hours from Toronto and Detroit. The University of Western Ontario is a research-intensive institution with a wide range of academic and professional programs. See: (<http://www.uwo.ca>) and (<http://www.goodmovelondon.com>) to learn more. Western's Recruitment and Retention Office is available to assist in the transition of successful applicants and their families.

Applications will be accepted until the positions are filled. Ideally the candidate will be able to start work by January 1, 2015. Inquiries can be made directly to the department chair. Additional contact information: Dr. Kevin Bax, (kevin.bax@lhsc.on.ca) Office Phone 1-519-685-8354.

Positions are subject to budget approval. Applicants should have fluent written and oral communication skills in English.

All qualified candidates are encouraged to apply; however, Canadians and permanent residents will be given priority. The University of Western Ontario is committed to employment equity and welcomes applications from all qualified women and men, including visible minorities, aboriginal people and persons with disabilities.

Please send your applications, including a recent CV and three letters of reference to the following address:
Guido Filler, MD, PhD, FRCPC
Chair Chief of Pediatrics
Schulich School of Medicine and Dentistry
The University of Western Ontario
Children's Hospital
800 Commissioners Road East
Room B1-436
London, Ontario, Canada N6A 5W9
Phone number: 1.519.685-8377
Fax: 1.519.685.8156
Email: guido.filler@lhsc.on.ca

♦ Oregon—

We are looking for a doctor who serves as a member of the pediatric gastroenterology team, with shared call and inpatient coverage (1 in 6). The physician will provide basic and emergent endoscopic services; (our pediatric surgical colleagues remove esophageal foreign bodies and radiologists perform liver biopsies). Ten percent of the time in physician academic positions at OHSU is dedicated to teaching. GI physicians provide outpatient clinic services in both Doernbecher

Children's Hospital as well as off-site field clinics. Our GI groups collaborates with two liver transplant centers on the west coast; we provide the pre- and post- transplantation care locally.

Opportunities exist to assist Pediatric GI team to start a fellowship program and to develop a more robust endoscopy unit. For those with interest in gastroesophageal reflux, Doernbecher has a digestive-aero clinic with Pediatric ENT, Pulmonary, gastroenterology and feeding expert involvement. Expansion of a tele-medicine program is underway as we serve a large geographic area with many rural patients. The OHSU Pediatric GI team participates in Improve Care Now, and other quality programs including one with GI and our Cystic Fibrosis program. There are many opportunities for clinical research.

Come be a part of a growing Pediatric Gastroenterology team in beautiful northern Oregon. Doernbecher Children's Hospital in Portland serves families of Oregon, southern Washington and Idaho. Our state-of-the-art facility offers procedure sedation support from an excellent anesthesiology team. The department of pediatrics includes a broad range of pediatric subspecialty services in a collegial and collaborative atmosphere. Our Pediatric GI team enjoys support from exceptional nutrition, radiology and pathology services.

The region offers active urban lifestyle in a pristine setting at the base of Mt. Hood. Limitless outdoor activities are at our doorstep. The famous Oregon coast, including Cannon Beach, is a 1 ½ hour drive through gorgeous countryside making the Willamette and Tillamook regions popular tourist attractions.

OHSU offers a very competitive benefit package, and an extraordinary retirement program. The compensation plan determined by the Faculty Practice Plan is very transparent and is determined by the level of the position—assistant, associate or full professor. Clinical educator and traditional tenure tracks are available.

Job Requirements:
Pediatric Gastroenterology ABP Board certified or eligible. Minimum of five years of experience in Pediatric Gastroenterology and Hepatology is desirable.

To apply for this job, contact:
Linda V. Muir, MD
Phone: 509.220.3762
Fax: 503-418-1377
Email: Muir@ohsu.edu

♦ South Carolina—

We are looking for a second and third pediatric gastroenterologist to join a busy pediatric gastroenterology practice in Midlands of South Carolina. We serve an approximately 1.4 million population. It is an independent practice with close ties to the University of South Carolina School of Medicine and Palmetto Children's Hospital, which is a 138-bed free standing children's hospital. It has a 60-bed level three NICU, 26 bed PICU and free-standing pediatric endoscopy center with its own sedation service. The pediatric residency program is nationally ranked and there is plenty of opportunity to teach and do clinical research. There is an opportunity for a clinical appointment to the School of Medicine. All other pediatric subspecialties are present, including pediatric surgery.

Columbia is a moderate sized city with nationally ranked college football and baseball teams. It is home to the South Carolina Philharmonic and multiple other entertainment activities. Beaches and mountains are 1.5 to three hours away. Major metropolitan cities, such as Charlotte and Atlanta, are 1 to 3 hours away.

Job Requirements:
Full time clinical practice, 70 percent office based and 30 percent inpatient based practice, teaching and clinical research. Candidates should be proficient in all endoscopic procedures, esophageal, rectal manometry and pH-impedance studies. Candidates are required to share night calls.

To apply for this job, contact:
Rathna P. Amarnath, MD
Phone: 803.254.1006
Fax: 803.254.2090
Email: rpamarnath@gmail.com
Apply: (<http://www.ppgnsc.org>)

♦ Texas—

Methodist Children's Hospital in San Antonio, Texas, is recruiting a pediatric gastroenterologist who is board eligible or board certified in pediatric gastroenterology to join a growing program with two very well established pediatric gastroenterologists. The program currently cares for infants, children and adolescents with a wide variety of gastrointestinal problems.

The hospital is equipped with a state-of-the-art GI lab, including full motility capability,

ERCP and capsule endoscopy as well as an outpatient surgery center. The program is currently performing over 1000 endoscopic procedures a year, with continued growth expected.

Job Requirements:

The ideal candidate should have a strong background in pediatric gastroenterology education and training as well as at least three years of clinical experience. He or she should be comfortable with and experienced in all gastrointestinal procedures, or be willing to learn from one of our physicians. B/E in Pediatric Gastroenterology and B/C in Pediatrics.

To apply for this job, contact:

Kathleen Kyer

Phone: 937.235.5890

Email: Kathleen.Kyer@HCAHealthcare.com

♦ West Virginia—

The Department of Pediatrics at the Robert C. Byrd Health Sciences Center of West Virginia University, Charleston Division, is recruiting a second pediatric gastroenterologist for a non-tenure clinical track position.

Benefits include

- ♦ Excellent benefits package with generous PTO
- ♦ Salary commensurate with qualifications and experience
- ♦ Vibrant community
- ♦ Superb family environment
- ♦ Unsurpassed recreational activities
- ♦ Outstanding school systems

The search will remain open until a suitable candidate is identified.

WVU is an EEO/Affirmative Action Employer—Minority/Female/Disability/Veteran

Job Requirements

- ♦ MD, DO degree or foreign equivalent degree from an accredited program
- ♦ Board Certified in Pediatrics and BE/BC in Pediatric Gastroenterology
- ♦ Possess aptitude and passion for educating residents and medical students
- ♦ Willingness to participate in appropriate academic, clinical research or other scholarly activity as may be required of clinical faculty

To apply for this job, contact:

Carol Wamsley, CMSR

Phone: 304.388.3347

Fax: 304.388.6297

Email: carol.wamsley@camc.org

♦ Wisconsin—

The Department of Pediatrics at Marshfield Clinic in Marshfield, Wisconsin is seeking a third BC/BE Fellowship-trained pediatric gastroenterologist to join an established 100% pediatric gastroenterology practice. Responsibilities include clinical care and teaching of pediatric and internal medicine/pediatric residents. Clinical research is encouraged and is supported by the Marshfield Clinic Research Foundation. Marshfield Clinic is well-known for its history and established pediatric subspecialties. Inpatient care is provided at the adjoining children's hospital. Excellent salary and benefits package included.

This pediatric gastroenterology opportunity is for a physician who is comfortable combining the art of caring with the scientific approaches of measurement, technology, and organizational evolution. The successful candidate will be adaptable, and focused on providing ultimate customer service through quality care. The physician will team with the patient to arrive at goals, allowing patients to understand and make decisions about their care options based upon evidence.

The goal of the care team at the Marshfield Clinic is to give our patients value through compassionate, cost-effective care at a personal level—leveraging technology to improve the health of our population, one patient at a time.

With over 775 physicians, Marshfield Clinic is the largest physician-led multispecialty group practice in Wisconsin. It is a tertiary referral center for the population of Central, Northern and Western Wisconsin and the Upper Peninsula of Michigan.

Marshfield is located in picturesque central Wisconsin. This is a safe community with one of the highest-rated school systems in the state. Large cities of Madison, Milwaukee and Minneapolis are not far away and local opportunities for recreational summer and winter sports activities abound. Housing is affordable and there are no long commutes.

Marshfield Clinic is an Equal Opportunity / Affirmative Action employer. All qualified ap-

plicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or protected veteran status.

To learn more about Marshfield Clinic, please visit our website at:

(www.marshfieldclinic.org/recruit)

Please Contact:

LaVonne Krasselt, Physician Recruiter

Marshfield Clinic

Phone: 715.221.5774

Email: krasselt.lavonne@marshfieldclinic.org