



President's Report

President, NASPGHAN: Carlo Di Lorenzo, MD

It has been a busy time for **NASPGHAN** members and its leadership. Many of you attended Digestive Disease Week in Washington, DC, just a few months before having the 2015 **NASPGHAN** Meeting in the same city, a few miles from the Convention Center. It was a tremendous pleasure seeing so many of you either at the different scientific sessions (was it just me or did the rooms seem more packed than usual this year?) or at the **NASPGHAN** reception. The people who were not able to attend the reception missed some great sushi, excellent desserts, beers with "interesting" names, and the usual great spirit of camaraderie that permeated the gathering. It is always a highlight of DDW for me to meet all the friends in the pediatric gastroenterology community. While in DC, we also held the Council and Committee Chair meetings, which gave me an opportunity to be updated about the multiple great initiatives occurring at many different levels within **NASPGHAN**. Advocacy continues to be very busy supporting legislation for coverage of medical food, helping with reimbursement for fecal microbiota transplant, providing expertise on the use of biosimilars, supporting extension of the Children's Health Insurance Program (CHIP), and promoting many other projects. **NASPGHAN** members who have an interest in advocacy are encouraged to attend a special **NASPGHAN** "Day on the Hill" on Wednesday October 7th, just before the official start of the **NASPGHAN** Meeting.

The Training Committee has been busy finalizing the details of the Entrustable Professional Activities for Pediatric GI, the Research Committee continues to support grant submission and review, and the Professional Development Committee has put together guidelines on how to serve on **NASPGHAN** committees and is working on a whitepaper on how to facilitate involvement in leadership positions for underrepresented minorities. All the other committees are also working hard to complete their action plans and fulfill the mandates generated by the Strategic Planning session held in Philadelphia in September 2014.

Among the highest priorities of the Strategic Planning were the requests to provide more research funding for mid-level investigators and to help the membership with MOC. The **NASPGHAN** Foundation was able to generate funding so that for the first time this year we will have a mid-level

career development award for **NASPGHAN** members pursuing research related to pediatric gastroenterology, hepatology and nutrition and who are at least 6 years from the start of a first faculty position at the time of the application, but have not yet reached professor level. This award will provide up to \$100,000 dollars in direct funding for 2 years (\$50,000 per year) for the advancement of research careers for applicants with significant promise in their mid-years as faculty.

Dissatisfaction with the current MOC has continued to permeate many conversations among the pediatric gastroenterologists. **NASPGHAN** established a task force under the purview of the Clinical Practice Committee, which sent to Dr. David Nichols and the ABP a list of very thoughtful suggestions (see the document in a different section of this newsletter, page 4) with the goal of making the MOC process less cumbersome and more clinically relevant. I am optimistic that some of those suggestions will be implemented. We are working toward having an MOC session with members of the ABP at our Annual Meeting.

It has also been a very busy time for Dr. Jim Heubi, who is putting the final touches on the Annual Meeting program, which will be held from Thursday, October 8, 2015—Sunday, October 11, 2015 at the Washington Hilton Hotel. This year the meeting will be preceded by a Single Topic Symposium on Wednesday, October 7 directed by Dr. Miriam Vos entitled "STOPNASH: Symposium on The Origins and Pathways of NonAlcoholic SteatoHepatitis." What a great acronym! The planning committee has obtained NIH funding for the symposium and has assembled an outstanding program that will engage the interest of clinicians, academicians, nurses, nutrition and allied health professionals, and trainees alike.

We just heard that there was a record number of abstracts submitted to this year meeting, so I expect that we will break attendance records in DC. The regular Annual Meeting will begin on Thursday, with the one-day Postgraduate Course, organized by the Professional Education Committee (led by Drs. Melanie Greifer and Jennifer Strople). The course will provide a comprehensive overview of pediatric endoscopy, hepatology, nutrition, intestinal inflammation and motility (obviously!) disorders. The Annual Meeting will begin at 5 PM Thursday evening with a Welcome

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Reception and the first Poster Session. On Saturday morning, we are planning to have our second 5K run. 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. Atul Grover, the Director for Health Policy at the Association of the American Medical Colleges, who will discuss the impact of health care reform on the practice of pediatric gastroenterology. Drs. Nicola Jones and Bill Balistreri will present the very popular Basic and Clinical Science Year in Review sessions.

This year, we have changed the format of the concurrent sessions. Each of the sessions will mix clinically relevant presentations, research abstracts and a state-of-the art presentation. There will be sessions focusing on enhancing understanding of the FDA on Friday and Saturday, a Nutrition Symposium directed toward the interests of dietitians on Saturday and a Clinical Psychology Symposium (another first!) aimed at the interests of child psychologists on Saturday. The virtual session this year will focus on NAFLD and will be chaired by Drs. Melanie Greifer and Alan Leichtner. On Friday evening, the Professional Development Workshop, open to all

attendees and organized by Dr. Benjamin Gold and Camille Bonta, will focus on advocacy. We will continue to have a LASPGHAN meeting and reception in Spanish, on Friday evening. On Sunday morning, we will have a Research Skills Workshop with the participation of many of the most accomplished clinical and bench researchers in our specialty.

Finally, the meeting will end with the always entertaining and instructive GI Jeopardy for Fellows and Faculty and the fun and nutritious social program that will foster the continuing relationships of our members and guests. We are even thinking of having a members' talent show at the social event, so stay tuned.



Carlo Di Lorenzo, MD

*Division Chief, Pediatric Gastroenterology, Nationwide Children's Hospital
President, NASPGHAN*

President-Elect Report

..... **President-Elect, NASPGHAN: James E. Heubi, MD**

We are putting the final touches on the agenda for the **NASPGHAN** Annual Meeting and Postgraduate Course to be held in Washington, D.C., from Wednesday, October 7, 2015—Sunday, October 11, 2015 at the Washington Hilton Hotel. This year the meeting will be preceded by a Single Topic Symposium on Wednesday directed by Dr. Miriam Vos entitled “STOPNASH: Symposium on **The Origins and Pathways of NonAlcoholic SteatoHepatitis.**”

The Annual Meeting will begin with our Postgraduate Course, organized by the Professional Education Committee (led by Drs. Melanie Greifer and Jennifer Strole). The course will provide a comprehensive overview of pediatric endoscopy, hepatology, nutrition, intestinal inflammation and motility disorders. We will also have small group learning luncheons 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 begin Thursday evening with a Welcome Reception and the first Poster Session. On Saturday morning, we are planning to have our second 5K run, following the success of last year. On Friday and Saturday mornings during the plenary sessions, the best laboratory and clinical science abstracts will be presented. The Keynote speakers this year will be Dr. Atul Grover, the Director for Health Policy at the Association of the American Medical Colleges, an engaging speaker, who will discuss the impact of health care reform on the practice of pediatric gastroenterology, and Dr. Griffin Rodgers, Director of the National Institute of Diabetes and Digestive and Kidney Disease, who will discuss how pediatric gastroenterology and hepatology and nutrition fit into his Institute's research portfolio. Drs. Nicola Jones and Bill Balistreri will present the very popular Basic and Clinical Science Year in Review sessions.

This year, we have changed the format of the concurrent sessions. Each of the sessions will have clinically relevant presentations as well as research abstracts and a state-of-the art presentation by one of our funded **NASPGHAN** members. There will be 19 concurrent sessions, including

two “Hot Topics” sessions that will discuss issues such as management of challenging patients with IBD, EoE, and constipation and when to modify or stop therapy in IBD, EoE or after liver transplantation. There will be parallel sessions focusing on enhancing understanding of the FDA on Friday and Saturday, a Nutrition Symposium directed toward the interests of dietitians on Saturday, the Annual APGNN meeting for nurses on Friday and Saturday, and a Clinical Psychology Symposium aimed at the interests of child psychologists on Saturday.

The virtual session this year will focus on NAFLD and will be chaired by Drs. Melanie Greifer and Alan Leichtner. The Hands-on Endoscopy course will again be organized by Dr. Marsha Kay, and Dr. José Cocjin will direct the Hands-on Motility course with applications related to impedance studies. Another session will provide a timely update to clinicians on the topic of practice economics. On Friday evening, the Professional Development Workshop, open to all attendees and organized by Dr. Benjamin Gold and Camille Bonta, will focus on “advocacy”. There is currently work underway to develop a session on Maintenance of Certification but not finalized at this time. In keeping with the multicultural spirit of the meeting, we will continue to have a LASPGHAN meeting and reception in Spanish, on Friday evening. On Sunday morning, we will have a Research Skills Workshop with the participation of many of the most accomplished clinical and bench researchers in our specialty. As in the past we will have Meet the Professor Breakfasts on a variety of topics with 2 in Spanish.

Sincerely,



James E. Heubi, MD

*Director, Clinical Translational Research Center, University of Cincinnati
President-Elect, NASPGHAN*

NASPGHAN Maintenance of Certification

The **NASPGHAN** MOC Task Force has been working hard to provide MOC-credited activities for **NASPGHAN** members. **NASPGHAN** now has web-based portfolio status (as part of a pilot with the American Board of Pediatrics), which means that the approval process is now internal (and hopefully expedited) for MOC activities. As a result, **NASPGHAN** will be sponsoring a number of additional MOC Part II and Part IV activities this year.

In regards to MOC Part II activities, **NASPGHAN** will be offering MOC Part II credits for those attending the Postgraduate course at the Annual Meeting in Washington, DC (at no additional charge). We are also working to provide additional MOC Part II credited activities that are pediatric GI specific so that members will be able to perform field related activities relevant to clinical practice to obtain the requisite 40 MOC Part II credits per 5-year cycle.

As always, **NASPGHAN** will continue to sponsor web-based quality improvement and practice performance projects that meet the requisite 40 MOC Part IV credits for each 5-year cycle. Four modules are available on the topics of Colonoscopy, Upper Endoscopy, Failure to Thrive, and Informed Consent. Constipation and Enteral Nutrition modules will also be available shortly.

If your MOC cycle ends in 2015, we highly recommend that you register now to allow ample time for completion of these MOC Part IV activities. Remember, it takes four months to complete these activities.

NASPGHAN will charge a nominal fee of \$250 for participation in MOC Part IV quality improvement modules per 5-year cycle. Each module will be worth 25 MOC Part IV credits; thus, taking 2 modules will fulfill all ABP part 4 MOC requirements for a 5-year cycle.

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, please email us at (naspghanmoc@ucsd.edu).

For your own specific requirements, please refer to your individual American Board of Pediatrics MOC portfolio. Please forward this email to any physician in your division that may require MOC IV credits.

MOC PART II CREDIT AVAILABLE AT 2015 NASPGHAN POSTGRADUATE COURSE

NASPGHAN is very pleased to provide MOC Part II credit for the 2015 **NASPGHAN** Postgraduate Course. This activity will provide TWENTY MOC Part II credits for participants who are able to answer at least 70% of the multiple-choice questions correctly. The activity involves 50 multiple-choice questions and can be completed at any time beginning on October 8, 2015 until November 30, 2015. Credit will be applied in 2015; thus participants whose MOC deadlines are in December 2015 may apply these credits towards their maintenance of certification.

In order to receive this credit you will need the following items ready:

- ▶ Your ABP ID
- ▶ Correct and up to date contact information
(If there is an error in processing your credits and we cannot reach you, you will NOT receive the credit)

As always, the **NASPGHAN** MOC Task Force is here to help you, please contact us with any questions at: (858) 576-1700 x4778 (naspghanmoc@ucsd.edu).

Slate of NASPGHAN Officers

Voting will open soon for the new slate of 2015 **NASPGHAN** Council members. All active 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:

COUNCIL:

Harpreet Pall, MD
Sandeep Gupta, MD
Valerie Cohran, MD
Jonathan Teitelbaum, MD

CHAIR OF THE ETHICS COMMITTEE:

Stacy Kahn, MD
Daniel Kamin, MD

An email ballot will be sent to all full members by the end of June.



APGNN HAS NEW DUAL MEMBERSHIP BENEFIT WITH NAPNAP

APGNN is pleased to announce a new membership benefit, which is a dual membership partnership with the National Association of Pediatric Nurse Practitioners (NAPNAP).

This professional association has benefits for all APGNN nurse members although its primary focus is pediatric nurse practitioners and other advanced practice nurses who care for children. Learn what their organization has to offer at www.napnap.org

If you join NAPNAP, or are already a NAPNAP member, **you will receive 20% off both your NAPNAP and APGNN membership.**

For questions contact Robyn Robinson, APGNN Membership Chair, at (rrobinsonnp@cox.net).

TAKE ADVANTAGE OF THIS NEW BENEFIT AND SAVE!

NASPGHAN Task Force Provides Response to ABP on MOC

NASPGHAN established a task force under the purview of the Clinical Practice Committee, which sent to Dr. David Nichols and the ABP the following:

Consensus points to ABP

The North American Society of Pediatric Gastroenterology, Hepatology and Nutrition (**NASPGHAN**) would like the American Board of Pediatrics to be cognizant of the fact that the great majority of the Pediatric GI community is dissatisfied with the current MOC process. General concerns include cost, complexity of requirements, lack of relevance to daily practice, and overall undue burden on diplomates. Furthermore, there are overarching questions about the overall value of recertification of physicians, particularly as this is not required in other developed nations or with other professions. As a society of practicing pediatric gastroenterologists, we agree with the ABP that we must be committed to ensuring the highest level of quality of care that we provide to children as a profession, as well as to be continually working to improve the care that we provide as individuals. Nevertheless, we are hopeful that the leadership of the ABP will maintain a system that bespeaks trust in the honesty and integrity in their diplomats as professionals committed to these goals. We are also hopeful the ABP can be responsive to our concerns that the process for maintaining certification is currently flawed. As a general principle, we would suggest that the ABP seek to create a relationship with its diplomates such that they exist as facilitators rather than enforcers of these goals. One of the overriding principles behind some of our recommendations is to determine straightforward, non-disruptive and cost-effective ways in which diplomates can receive MOC credit for activities that are already integrated into the varied and busy daily practices of pediatric gastroenterologists. The following consensus document is the result of a **NASPGHAN** task force whose constituents were representatives from various related committees.

In this document, we have addressed various issues including the components of MOC, the point system, costs and the need for evidence that demonstrates MOC's ability to measure if the physician's can continue to maintain the highest quality of patient care through the recertification process. We have also stated how **NASPGHAN** can help its members to participate in MOC processes.

MOC 1

- ▶ No comments for improvement

MOC 2

- ▶ Develop a mechanism by which state requirements for licensure can count towards MOC 2. This will lessen the burden on the practitioner who is encumbered by numerous regulations they must satisfy (state, hospital, university, etc.).
- ▶ Allow CME credit to be converted to MOC 2 points. We suggest 1 CME hour be equal to 1 MOC 2 point.
- ▶ Allow credit for reading journal articles or attending lectures (ie those not pre-determined for CME) be converted to MOC 2 points. We would suggest this process involve an "attestation".
- ▶ Allow being a peer reviewer for a journal to count towards MOC 2 credit. Currently some journals provide CME credit for peer review. We believe that offering MOC 2 credit for reviewing articles would motivate all journals to develop the processes required to award credit, as this would provide incentive for reviewers to participate in the peer review process.
- ▶ Award credit for preparing and providing an educational lecture to staff, patients, other physicians (ie at local or national meetings) etc. Such lectures require review of related literature and as such improves the lecturer's knowledge in that area.

- ▶ Award credit for authoring a chapter in a textbook. Similar to a lecture, this requires extensive and timely review of the related material and results in improved knowledge for the writer.
- ▶ Award credit for completion of Institute for Healthcare Improvement (IHI) QI learning modules

MOC 3

Purpose of the test

There is a question as to the purpose of the recertification exam. In many ways this seems to be another way to document proficiency in medical knowledge similar to MOC 2. We suggest the test be optional and provide MOC 2 points for those who elect to take it.

It was noted that any MOC 3 exam should be very different in nature and scope from the initial certification exam — which is designed to test whether individuals who have recently completed training have developed sufficient core knowledge of a large body of specialty medicine over a dedicated training period. It was also recognized that some of this core knowledge may involve "low volume/high stakes" concepts/diseases/topics that are rarely relevant during the daily practice of pediatric GI, but may nevertheless be important for diplomates to be able to recall on rare occasion. To this end, it was suggested that the purpose of any MOC 3 recertification test be explicitly to ensure that diplomates maintain specific core knowledge that may be rarely but occasionally used over a career, and/or master new concepts that may have emerged over the 10 year interval from their last exam. Hence, while there may be a role for rote exam for practicing diplomates (i.e. an exam similar to MOC3 as it currently exists), the ABP should develop a separate content specification for the maintenance of certification exam.

Where to take the exam

Many would like to go back to the previously offered "take home exam." This strategy could potentially allow test takers to retake the exam multiple times. This allowance will ensure that re-certifiers know a set of "core knowledge" that would be previously determined to be essential to the specialty. This will emphasize a greater teaching/learning experience. Security of the exam would thus be less of a concern as the goal is to allow the individual to take the test until they demonstrate they have the required knowledge.

Some thus suggest that the ABP rethink their position as it relates to security of the exam, and adopt an "honor code" system. This is similar to other institutions (ie Harvard, Yale, etc) that offer "online degrees"

Access to resources if the exam remains "secure"

- ▶ We agree access to UpToDate may be beneficial.
- ▶ Access to other online resources should include **NASPGHAN** guidelines, the content specs, **NASPGHAN** slide sets, PubMed, and textbooks (Walkers, Wyllie).
- ▶ Increased time allotment for the exam. Given the time it may take to access online resources, additional time will be needed for the exam.

The content of the exam

Most agree that the efforts the subboard has made to improve the clinical relevance of the test by reworking and reweighting the exam is beneficial. Some would favor multi-step examination questions that are multilayered and reflect greater emphasis on decision making.

MOC 4

The majority of members of the task force question the utility of this section, and would advocate that it be eliminated from the MOC process. Others feel that the intent of improvement in the care that is provided is an important

concept, but the breadth of the ways in which a diplomat can demonstrate these needs to be widened. Activities that could be awarded MOC 4 credit in addition to “standard QI” include the following:

- ▶ Research. Publishing research (clinical or basic science) in a peer review journal should be provided MOC 4 points as it helps to improve the care of patients. We would suggest 20 points per article under the current point structure.
- ▶ Teaching (students, residents, fellows, nurses), improves the care of patients by educating caregivers. Evaluations could be used after the lecture to help improve the educator’s teaching performance.
- ▶ Teaching members of a support group or community members. This would be an activity perhaps more accessible to community based diplomats.
- ▶ Building up/updating your practice website (or app) with patient handouts and resources. These resources are pieces of educational information provided to patients to supplement office based discussions. This is a mandated aspect of “meaningful use” and as such, development of this information should be counted towards MOC 4.
- ▶ Advocacy. If one actively advocates for patient related issues this should count towards improving one’s practice and patient care. We suggest that 1 hour of advocacy (as documented through an “attestation”) be equated to 1 MOC4 point.
- ▶ Hospital committee work. Participation on an institutional committee charged with the improvement of care of patients should (through attestation) be awarded a 1 hour=1 MOC 4 point.
- ▶ National Committee work. Similar to hospital committee work, such activities designed to improve patient care should be awarded MOC4 credit.
- ▶ Mentorship. As with teaching we believe that helping to shape the career of the next generation could be interpreted as helping to improve patient care. Points would be awarded based on 1 hour = 1 point, through attestation.
- ▶ Proctored technical skills: MOC points should be awarded for being proctored (and for proctoring others) during the performance of endoscopic procedures. The proctor would need to provide input as to ways to improve skills. The diplomate would need to reflect on these comments and devise ways to improve upon their skills in the areas of “weakness”. One would have to go through a number of cycles with such reflection to get MOC 4 credit.
- ▶ Morbidity and Mortality conference attendance. As the goal of such conferences is to examine the potential errors made in the practice of medicine and discuss means of improvement, attendance should be awarded MOC 4 credit.

THE POINT SYSTEM

- ▶ The current point system does not allow for a large degree of tailoring of activities to one’s practice. We would suggest minimizing the mandatory point requirements currently assigned to MOC 2 and 4 to allow greater flexibility. An example could be 20 points for MOC 2 and 20 points for MOC 4. This would allow 60 points (rather than 20) that can be obtained from either MOC 2 or 4.
- ▶ Many find the point system confusing in that there is no obvious “rule of thumb” as to how many points are assigned to various activities. We suggest considering using “hours” as opposed to the current point system. A diplomate would then be required to do “x” number of hours per 5 year cycle. This would be similar to the currently accepted CME requirements.


THE COST OF MOC

- ▶ Provide greater transparency as to the financial distribution of the income. Greater transparency would allow for more constructive input on how to lower cost to the diplomate.
- ▶ Consider lowering the cost of maintaining a second certificate. This may encourage more specialists to maintain their general pediatrics certification. An example would be half the cost for a second certificate.
- ▶ Consider having the cost of MOC or for the initial certifying exam allow for an individual to take the exam TWICE (thus there is no additional fee if an individual fails on their first attempt). This would help to relieve some of the “financial pressure” of taking the exam, as well as lessen the impression that the ABP profits from people failing the exam.
- ▶ This group is concerned that any MOC changes—such as those suggested within this document—will become a basis for increased costs to diplomates. Thus, we strongly feel that the ABP limit costs as much as possible by limiting oversight and allowing diplomates to “attest” (without copious verification) to standards.

EVIDENCE THAT MOC MAKES A DIFFERENCE

Evidence that MOC “is beneficial” is lacking. We recognize however that there is data showing that QI activities do improve care. While we understand that efforts are currently underway to provide further evidence, a listing of current studies would be beneficial for diplomats to see.

Interested in working on a NASPGHAN Committee?

If you are interested in serving on a **NASPGHAN** Committee, please complete the application form on the **NASPGHAN** website by clicking here 


Committee member responsibilities and a list of all committees is available on the **NASPGHAN** website. Click here 

Appointments will be made later this summer and terms will begin at the **NASPGHAN** Annual Meeting in October.

APPLY NOW-DEADLINE FOR APPLICATIONS IS JULY 15, 2015!

2015 NASPGHAN Annual Meeting Advertising Package

Get exposure on the **NASPGHAN** electronic Job Board as well as at the 2015 **NASPGHAN** Single Topic Symposium, Postgraduate Course and Annual Meeting October 7–11, 2015!

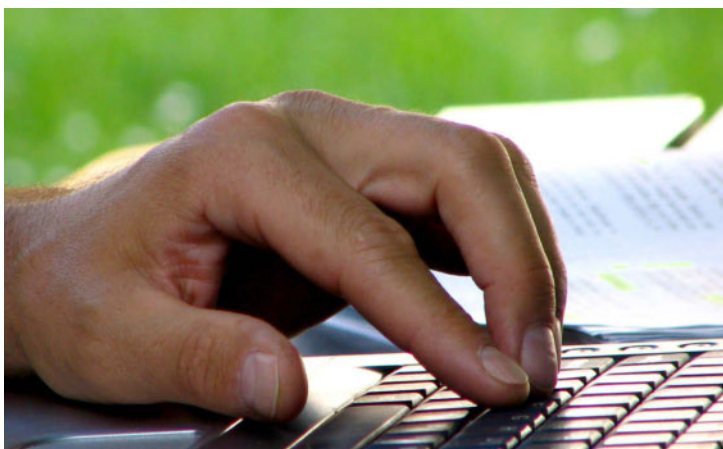
With a specially-priced package now posted on the **NASPGHAN** website  you can receive a 90-day job posting on **NASPGHAN's** electronic Job Board and a discount on Guidebook advertising, the mobile device app available to all attendees at the 2015 **NASPGHAN** Annual Meeting. Your employment ad will be featured in the Job Bank on the mobile app, which will list Annual Meeting information, times and meetings and exhibitor information. The Guidebook app will be live by September 7 and stay live through the end of 2015. The app was widely used by 2014 attendees and usage is expected to increase for the 2015 October meetings.



You can post an ad or get further details about the package by going to the Job Board or by going to (naspghan.org) and clicking on Training and Career Development and Job Board.

This is a limited time discount offer, with a deadline of September 18, 2015. **NASPGHAN** will contact you upon purchase about details of the ad for placement on Guidebook.

Please contact Kim Rose, Associate Director, **NASPGHAN**, with any questions. 215-233-0808 or (krose@naspghan.org).



2015 NASPGHAN Annual Meeting Registration

The early-bird registration deadline for the 2015 NASPGHAN Annual Meeting October 7–11, 2015 in Washington, DC will be August 3, 2015. To receive early-bird rates, envelopes must be postmarked no later than August 3, 2015 or Standard rates will apply. Standard rates will apply until September 2, 2015. After September 2, 2015, on-site fees will apply.

Registration forms and details for the 2015 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.

In order to get the discounted member registration rate, **NASPGHAN** membership fees must be paid in full. You can now view and pay your 2015 membership fees online. To view your account, please go to the Member Center on the **NASPGHAN** website and log in with your logon and password. Click on My Account, located in the right hand side bar. Once on your Account Page you will see the Check Dues Renewal button on the left. Click on that and you will be able to view and to pay your 2015 membership fees. If you pay online, you will receive an automatically generated receipt and confirmation.

If you have any trouble logging onto the **NASPGHAN** website or have any questions regarding meeting registration or membership fees payment, please contact Donna Murphy, at (dmurphy@naspghan.org) or 215-233-0808.

2015 Award Winners

Please join us in honoring these outstanding individuals at the Awards Ceremony on Friday, October 9 from 4:15 pm – 5:15 pm during the 2015 **NASPGHAN** Annual Meeting in Washington, D.C.

SHWACHMAN AWARD — *D. Brent Polk, MD*

DISTINGUISHED SERVICE AWARD — *Kathleen J. Motil, MD, PhD*

AAP MURRAY DAVIDSON AWARD — *Robert H. Squires, Jr., MD, FAAP*

NASPGHAN ★☆☆ **2015**
Annual Meeting & Postgraduate Course




Broad Reach of NASPGHAN Foundation

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

Dear **NASPGHAN** Colleagues:

The **NASPGHAN** Foundation exists to support the education and research mission of **NASPGHAN** and its now more than 2,000 members. For more than a decade, the Foundation has overseen an outstanding grants program that has awarded more than \$8M, primarily to junior investigators, and many innovative educational initiatives. Our educational efforts have reached tens of thousands of physicians and patients covering a large variety of pediatric gastrointestinal, hepatic and nutritional disorders. Money is needed to meet our mission and there are three important sources of revenue in our annual budget. These are:

- ▶ Member Philanthropy
- ▶ Industry Partnership
- ▶ Endowment Income

Our philanthropic efforts are relatively new, but we are excited by early success. I am pleased to report that we have raised more than \$150,000 over the past two and a half years from committed **NASPGHAN** members, grateful patients, friends of our Society, and families of our honored members. In 2015, we are raising money to honor two of our society's most respected members, Dr. Richard "Dick" Grand and Dr. John Watkins. These close colleagues worked together for many years and immeasurably contributed to our discipline's clinical, research, academic and political identity as a pediatric subspecialty. I hope you will consider contributing to the Richard Grand/John Watkins Endowment to recognize outstanding achievement in our field to be bestowed at the Annual **NASPGHAN** Meeting. Secure on-line donations can be made by clicking here 

I also want to highlight new or newly configured research grant opportunities for our members. These expand eligibility beyond the Foundation's traditional new investigator grants and training opportunities and address the critical need for support of mid-career scientists in our society. More information on the three grants listed below can be found on the Foundation's web site.

NASPGHAN Foundation/CCFA Investigator Award. Eligibility for this award has been expanded to include mid-level faculty up to ten years following fellowship training, including those at the academic rank of associate professor.

NASPGHAN Foundation/Takeda Mid-career Research Award. Developed in response to the 2014 **NASPGHAN** strategic plan, this mid-career award is designed to support faculty at the instructor, assistant professor or associate professor level, regardless of when fellowship was completed.


NASPGHAN Foundation/Abbott Nutrition Advanced Fellowship Training in Nutrition. This new award is structured to support one year of advanced fellowship training in the field of pediatric nutrition. It is available to **NASPGHAN** members within ten years of training completion.

I hope you and your families have time for a relaxing, fun and safe summer vacation. If you have questions regarding **NASPGHAN** philanthropy or our exciting new grant options, please do not hesitate to contact the **NASPGHAN** National Office at (naspghan@naspghan.org) or me at (john.barnard@nationwidechildrens.org).

Sincerely,

John Barnard, MD
 President, **NASPGHAN** Foundation
 Columbus, OH

NASPGHAN ADVOCACY—WORKING FOR YOU

NASPGHAN has made it easy for its members to keep current on its advocacy efforts through a Web-based portal launched last October. From this site browse advocacy news, take action on pressing legislative and regulatory issues, and learn how to advocate on behalf of your profession and your patients. Check out the latest content today. Click here to begin 

Committee Reports

RESEARCH COMMITTEE

Chair: Neera Gupta, MD, MAS

The past year has been an exciting one for the Research Committee, which consists of a team of 27.

Some of Research Committee's Major Milestones:

► **NASPGHAN FOUNDATION GRANT REVIEW:** The Research Committee Study Section (Chair: Dr. Randy Matthews; Vice-Chair: Dr. Subra Kugathasan) met in Philadelphia on Sept 8, 2014 to review 16 grant applications for the **NASPGHAN** Foundation Awards. The Study section consisted of Research Committee members and ad hoc participants from the IBD Committee, Nutrition Committee, and the Crohn's and Colitis Foundation of America. An overall impact score was used to rank the grant applications. The funding rate for one **NASPGHAN** Foundation/AstraZeneca Research Award was 17% and for three **NASPGHAN** Foundation Young Investigator Development Awards (George Ferry, Nestlé Nutrition Research, and CCFA Young Investigator Development Awards) was 33%. One **NASPGHAN** Foundation/Fellow to Faculty Transition Award in IBD was funded. We thank Dr. Matthews, Dr. Kugathasan, and the Study Section for a successful review process. We thank the supporters for providing these crucial funds through the **NASPGHAN** Foundation.

► **NEW NASPGHAN FOUNDATION MID-LEVEL CAREER DEVELOPMENT AWARD:** At Research Committee meetings and at the **NASPGHAN** Strategic Planning Meeting in Philadelphia in September 2014, the importance of increasing support for mid-level faculty was discussed. The **NASPGHAN** Foundation supported the Research Committee's enthusiasm for the establishment of a **NASPGHAN** Mid-Level Career Development Award, funded in partnership with industry. The **NASPGHAN** Foundation invited the Research Committee to provide the first draft of an RFA to serve as a vehicle for the Foundation to communicate with pharma ideas about how such a grant will be structured. The Mid-Level Career Development Award RFA Subcommittee was led by Dr. Nitika Gupta (Chair) and Dr. Miriam Vos (Co-Chair). The Research Committee members provided extensive feedback. The **NASPGHAN** Foundation successfully secured funding from Takeda for the establishment of this award. We thank Dr. Nitika Gupta, Dr. Vos, the Research Committee, and **NASPGHAN** Foundation for collaborating on this important effort.

► **NASPGHAN ANNUAL MEETING SCIENTIFIC ABSTRACT REVIEW AND RESEARCH SESSIONS:** The Research Committee scored 523 abstracts, with 3 reviewers per abstract (Abstract Review Subcommittee Chair: Dr. Sonia Michail; Vice-Chair: Dr. Michael Rosen) for the Annual Meeting. Each participating member reviewed 30-50 abstracts. The number of oral abstract presentations increased from 28 in 2013 to 40 in 2014. The number of research sessions increased from 7 in 2013 to 8 in 2014, including the popular State of the Art Research Lectures. The theme of the State of the Art Research Lectures in 2014 was "Where Are We Going?". The Research Sessions were extremely well attended. We thank Dr. Michail, Dr. Rosen, and the Research Committee for a successful review process and outstanding program.

► **INAUGURAL ANNUAL NASPGHAN RESEARCH SKILLS WORKSHOP WAS A SUCCESS!** The goal of the workshop is to provide attendees with a synopsis of skills and strategies required to

succeed in research in pediatric gastroenterology, hepatology, and nutrition. Target audience includes trainees (residents and fellows) and faculty (early-, mid-, and senior- level) interested in collaborating on or leading research studies. Topics ranged from "Non-NIH Sources of Funding" to "Perspectives of a Division Chief". Approximately 60 people attended the workshop. Don't worry if you missed it—we thank the Technology Committee for uploading the entire workshop onto the **NASPGHAN** You Tube Channel. We thank the speakers, moderators, and Research Committee for a wonderful inaugural workshop!

► **NASPGHAN MENTOR-MENTEE PROGRAM:** New pilot program for research and career mentorship launched by Research Committee (Mentor-Mentee Program Subcommittee Co-Chairs: Dr. Kathy Chen & Dr. Rohit Kohli). The target audience for this program will be pediatric gastroenterology fellows entering their 3rd year of fellowship as of July 2015. Fellows will be paired with successful research mentors outside of their institution for a period of two years (3rd year of fellowship and first year of faculty appointment). Thus, fellows can expect guidance and unbiased feedback in their area of research from a senior mentor outside of their home institution. This will involve a monthly long-distance interaction and an annual face to face meeting at the National **NASPGHAN** Meeting. We thank the Training Committee for advertising this program at the Second-Years Fellows' Conference. We thank Dr. Chen, Dr. Kohli, and the Research Committee for developing this needed program.

► **NASPGHAN PEDIATRIC GASTROENTEROLOGY RESEARCH AGENDA:** The Research Agenda was published in 2013. Pediatric GI Research Agenda Promotion Subcommittee (Chair: Dr. Arvind Srinath) is leading the effort to utilize this concise document to reach out to the community to promote **NASPGHAN's** research agenda. This Research Agenda has been sent to all **NASPGHAN** members, discussed with legislators and representatives from NIAID, NICHD, and NIDDK (2013), distributed to U.S. and eastern continental international pediatric GI foundations, and redistributed to division chiefs and research committee members to communicate with those who may be interested in promoting and/or providing support for pediatric gastroenterology, hepatology, and nutrition research. We thank Dr. Srinath and the Research Committee for their continued efforts in promoting this essential document.

► **RESEARCH COMMITTEE REACHING OUT:** The Research Committee discussed the importance of developing collaborations to promote research. As a first step, the Research Committee asked *JPGN* for space for a research commentary—which *JPGN* kindly provided. Dr. John Barnard agreed to submit the first piece, "Protected Time: A Vital Ingredient for Research Career Development" (*J Pediatr Gastroenterol Nutr*, March, 2015). We thank Dr. Barnard, *JPGN*, and the Research Committee for making this first step a success!

► **NASPGHAN THIRD-YEAR FELLOWS' CONFERENCE:** The program for the Third-Year Fellows' Conference underwent major changes this year—so major, we have a separate piece on it—please refer to that summary in the June newsletter.

We thank the Research Committee members for their outstanding work and express our appreciation to **NASPGHAN**, **NASPGHAN** Foundation, and the **NASPGHAN** community for its ongoing support! More to come!




TECHNOLOGY COMMITTEE

Chair: Eric Benchimol, MD

Co-Chair: John Pohl MD

The Technology Committee continues to work on two specific needs for our society: 1) Enhance the experience of **NASPGHAN** members through technology and 2) Enhance the educational experience of the public accessing **NASPGHAN** and GIKids.org resources. We continue to work with the Public Education Committee to add new content on a regular basis and to fine-tune the search function of the website for educational materials.

Highlights of our committee's work have included:

- ▶ **YouTube: "The Poo in You"** video for constipation/encopresis, which has over 200,000 hits on YouTube: You can watch the video by clicking here.  This video is now available in Spanish. We plan to build on this success and create new online educational videos in the future. The newest one is entitled "What is Celiac Disease?" and is a collaboration between **NASPGHAN**, **NASPGHAN** Foundation and Children's Hospital Colorado. You can watch this video now by clicking here. 
- ▶ **NASPGHAN 2014 Annual Meeting** on the **NASPGHAN** YouTube channel: The LASPGHAN Spanish-language sessions and the Research Skills Workshop are now online and available for free here. 
- ▶ **NASPGHAN now has a Facebook account** (with over 100 Likes) and Twitter feed (with over 1200 Followers) to provide pediatric gastroenterology information to **NASPGHAN** members, as well as to other health care providers.
- ▶ **GIKids.org now has a Facebook account** (with over 700 Likes), Twitter feed (with over 300 Followers), and Google+ account to provide accurate and up-to-date pediatric gastroenterology information for patients and their families.

We have continued a working relationship with Innate (formerly CDG Interactive), a social media interface company which updates our **NASPGHAN** website and helps promote our society through social media. You may have noticed an increased number of posts/tweets through **NASPGHAN** and GIKids.org social media sites. This increased activity is through our collaborative work with Innate resulting in more useful communication on all of our social media sites.

Additionally, in order to streamline our national meeting and to help the environment by conserving paper, we utilized the smartphone app Guidebook during the 2014 annual meeting in order to provide an itinerary of the Postgraduate Course and Annual Meeting. Guidebook was downloaded by more than 700 unique users (65% iOS) and viewed nearly 28,000 times by those who downloaded it. It received excellent reviews from our members, and, therefore, we will continue to utilize this resource for upcoming meetings.

Our committee is working on further Annual Meeting promotion and promotion of research conducted by **NASPGHAN** members using social media. A small number of researchers who submitted posters of distinction will be invited to give an oral abstract which will be filmed and disseminated using our YouTube channel. Finally, we are working with Innate to have a booth at our meeting in order to teach **NASPGHAN** members about our website and to introduce social

media options. All in all, our committee has been very busy, but we have seen continued progress on the technology front. We ask for members to contact us for potential ideas as improvement always can be made. As always, we would like to emphasize the importance of **NASPGHAN** members to experiment with social media, specifically through our Facebook and Twitter accounts, to enhance outreach of our society.

This year's hashtag for our annual meeting is **#NASPGHAN15**. Please use it for this year's annual **NASPGHAN** meeting to share information!

INTERNATIONAL COMMITTEE

Chair: Miguel Saps, MD

This report will cover some of the important accomplishments achieved by the International Committee in 2014.

First, our Committee successfully organized the "LASPGHAN Concurrent Session" for the fifth time during the Annual Meeting in Atlanta. This session had record attendance. There were participants from almost all countries in Latin America and the room was full without a single empty seat. The aim of this session is to nurture our relationship with LASPGHAN. In collaboration with the LASPGHAN leadership and the Mexican councilor, Alfredo Larrosa-Haro, we have finalized the agenda for the 2015 "LASPGHAN Concurrent Session". Invitations have been sent and we have received confirmation of attendance by all the speakers. This year's sessions will include 6 Spanish speakers, **NASPGHAN** members and two moderators from LASPGHAN. The 2015 Latin American session will consist of a combination of two single-topic lectures and a "pros and cons" session, as well as research presentations from the top abstracts submitted by colleagues from Latin America. This year's meeting will again include two "Meet the Professor Breakfasts" in Spanish. A survey was sent following last year's meeting to obtain feedback on the format and quality of the current "LASPGHAN Concurrent Session". There was great satisfaction by the overwhelming majority of the responders. Proposed suggestions have been considered to adjust the format of the current year's session. The LASPGHAN Concurrent Session is now available on the LASPGHAN website and can also be viewed on YouTube.

During the last year and under the leadership of Leonel Rodriguez, Vice-Chair of the International Committee, the Committee with the collaboration of several Spanish speaking members of **NASPGHAN** have translated the ESPGHAN and **NASPGHAN** guidelines for functional constipation into Spanish. The guidelines are now available on the LASPGHAN website. The International Committee is now in the planning phases of translating the **NASPGHAN** guidelines on Management of Foreign Bodies and Food Impaction.

Our Committee is also developing strategies to increase and broaden interactions with other pediatric gastrointestinal international societies. Over the last year, there have been communications with the LASPGHAN authorities in order to plan ways of enhancing international research and academic collaborations. Multiple collaborative studies between North America and Spanish speaking countries have been published and/or presented in our meeting and new collaborative studies are currently being held. As a result of the interest that has been created about collaborative research efforts between **NASPGHAN** and LASPGHAN members, new projects integrating members of both

societies and ESPGHAN members are now being conducted in Argentina. It is our goal to achieve an even greater integration of gastroenterologists from all scientific societies, not only at the senior level, but also at the mid-career level to assure continuity of the programs that are currently under development.

In September of 2014, the past President of **NASPGHAN**, Athos Bousvaros, and the chair of the International Committee, Miguel Saps, in conjunction with the President of ESPGHAN, LASPGHAN authorities and other senior international pediatric gastroenterologists from Europe and Latin-America participated in the “First International Course of the Latin American Society of Pediatric Gastroenterology, Hepatology and Nutrition” in Mexico, a course aimed at providing a unique educational opportunity to junior faculty and trainees from all Latin-American countries.

This year and for the first time, the International Committee has launched a new award for the best abstracts from non-**NASPGHAN** members. In addition, to the currently awarded top abstracts from LASPGHAN’s members, the committee will provide awards to the best abstracts of Asian, Oceania and Africa. This is an initial effort to establish a closer relation with members of other sister societies, an initiative that was pioneered by Athos Bousvaros under his presidency. The newly instituted awards will be given in conjunction with the awards to the top Latin American abstracts at the LASPGHAN reception following the concurrent scientific session. It is the goal of the Committee to continue working to further integrate members of other societies to **NASPGHAN**.

As in previous years, **NASPGHAN** will continue supporting the “**NASPGHAN** Travel Award”. This award is given to the top five abstracts submitted by LASPGHAN members residing in a LASPGHAN country or Mexico. The top-ranked abstract receives full financial support that includes coverage for travel and hotel expenses as well as registration to the Annual Meeting and Postgraduate Course. The abstracts scoring 2–5 receive a waiver of their registration fee to the Annual Meeting and Postgraduate Course. This has been a successful program that has increased abstract submission as well as increased attendance from LASPGHAN members to our Annual Meeting.

At the time of the next **NASPGHAN** meeting, the current Chair of the International Committee, Miguel Saps, will end his term and the current Vice-Chair Leonel Rodriguez from Boston Children’s Hospital will take over. We thank Leonel for his collaboration and leadership as Vice-Chair and congratulate him in this endeavor. Good luck, Leonel. MUCHO EXITO.

ETHICS COMMITTEE

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


It is with great pleasure that I am writing this last column as chair of the Ethics Committee. These past two and a half years have been interesting and stimulating, but mostly it has given me the opportunity to work with a great group of people from whom I have learned a great deal. Looking back in time, our initial overall goal was to, of course, contribute to maintain the highest standards of integrity within our organization, but to also develop the educational role of our Committee towards our membership. To this purpose, we identified three specific objectives. The first was to review and update, if necessary, the important existing ethical policies. The second was to establish an Ethics Corner within the newsletter, a sort of discussion forum where various clinically relevant themes could be reviewed. The hope was that it would stimulate members to submit their own day-to-day clinical ethical dilemmas that could be addressed through this column, for the benefit of the whole membership. Finally our third objective was to liaise with other committees, in particular the Training and the Professional Education Committees, to promote the introduction of ethical content in **NASPGHAN**’s educational events, and eventually develop a form of curriculum that could span from the early training years all the way through the established professional years.

I must say that I am very happy with what we have accomplished as a group. We thoughtfully reviewed the ethics policy for officers as well as the policy for ethics in journalism. Last year, we initiated the Ethics Corner in the bi-annual newsletter. Topics covered include the ethical issues for the pediatric gastroenterologist as a medical expert, and the ethical aspects surrounding fecal microbiota transplantation. These are still available on the **NASPGHAN**’s website. Finally, this year’s Annual Meeting will feature a Meet the Professor breakfast where participants will be able to learn about how to deal with refusal of medically necessary treatment, and a full session on ethics of various clinical situations from organ transplantation to use of innovative therapies. In the upcoming year, we hope to continue our discussion with the training committee, in the hope of incorporating key ethical concepts into the fellows’ courses.

I want to sincerely thank the membership and our organization for allowing me to participate in **NASPGHAN** leadership. It was a rewarding experience that improved my understanding of a challenging field, and gave me the chance to meet and work with very special people. Thanks to you, and to **NASPGHAN** for this wonderful opportunity, and my best wishes to the next chair of the Ethics Committee.



2015 NASPGHAN Membership Directory Now Posted on Website

The 2015 annual **NASPGHAN** membership directory is posted on the **NASPGHAN** website. You can access it now by clicking here,  which will take you to the Member Center where you can sign in.

The PDF also can be accessed by going to the Member Center, logging in and going to My Account. Members can also search for one another in the Members Only Member Search Directory located here, which accesses the live membership database and represents the most recent information for each member.

Ethics Corner



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. We hope you enjoy reading the third such column authored by William Wenner, and we strongly encourage you to submit your ethical dilemmas to be addressed in future columns, to Kim Rose (krose@naspghan.org).

Sylviane Forget, MD

NASPGHAN Ethics Committee Chair

The Ethical and Professional Responsibilities of the Pediatric Gastroenterologist on the Internet

It is almost cliché to state that the Internet has had a significant impact on the profession and practice of medicine.

Today, many providers grant patients email communication privileges. Others, often employed providers, have found that their organization has elected to provide patients with access to electronic records and to the providers. Many pediatric gastroenterologists receive and actively participate in the Pediatric GI Bulletin Board. **NASPGHAN** has many prominent bloggers. Dr. Brian Vartabedian, a pediatric gastroenterologist at Baylor College of Medicine, and a member of **NASPGHAN**, is considered one of the healthcare's influential voices on technology and medicine. He maintains a blog, "33 charts", which he describes as a sandbox for his evolving ideas. His blog was honored as one of a limited number of blogs recently selected to be archived in its entirety in The National Library of Medicine. (33Charts.com/bryan-vartabedian-md.) (Accessed June 1, 2015.) Jay Hochman, currently Section Chief for pediatric gastroenterology at Children's Healthcare of Atlanta, offers an interesting, professional and clinically useful blog specifically about Pediatric GI, "guts and growth".

Yet, despite its wide use, and impact on the practice of medicine, the ethical and professional responsibilities created by the Internet have yet to be fully experienced, explored or defined. Professional Responsibilities,

the corner stone of what society expects of us, can impact the Internet in any and all its forms, including email, blogs, social media. Advancements in technology bring benefits but experiences, policies, laws and guidelines lag behind the needs of the practitioners.

Perhaps the Internet's large acceptance by the profession and patients is due to its speed and the scope of distribution of its information. Previously, knowledge was held by only a few, discussions of patients were limited and verbal. Interactions were eliminated by barriers to access. Publications were limited to professionals who had access to the information. Now, the cost of access is insignificant, the distribution global to professionals and the public, the access is instantaneous and the data permanent. This has created new and previously unanticipated potential professional issues. These issues include ownership, privacy, autonomy and the final wellbeing of the patient.

A number of organizations, such as historically established groups like the AMA, the American Psychological Association, or newly formed groups such as HONCode have published statements and guidelines. However, the advice is often nonspecific and does not address nor anticipate specific concerns. The value of advice such as "Providers should be cognizant of standards of patient privacy" or "our ethical obligation is to be thoughtful about how the ethics code applies to these communications and how the laws and regulations apply" cannot be denied, but may actually provide little concrete guidance. This does not reflect on the organizations themselves, but rather the uncertainty of the standards for use of new technologies.

More specific and notable recommendations have been offered by The American College of Providers and The Federation of State Medical Boards. (see Farnan below). They have recommended:

- ▶ Providers should keep their professional and personal personas separate. Providers should not "friend" or contact patients through personal social media.
- ▶ Providers should not use text messaging for medical interactions even with an established patient except with extreme caution and consent by the patient.
- ▶ E-mail or other electronic communications should only be used by providers within an established patient-provider relationship and with patient consent.
- ▶ Situations in which a provider is approached through electronic means for clinical advice in the absence of a patient-provider relationship should be handled with judgment and usually should be addressed with encouragement that the individual schedule an office visit or, in the case of an urgent matter, go to the nearest emergency department.
- ▶ Establishing a professional profile so that it "appears" first during a search, instead of a provider ranking site, can provide some measure of control that the information read by patients prior to the initial encounter or thereafter is accurate.
- ▶ Many trainees may inadvertently harm their future careers by not responsibly posting material or actively policing their online content. Educational programs stressing a pro-active approach to digital image (online reputation) are good forums to introduce these potential repercussions.

But unanswered questions remain. Is there a standard of care for timely response to email? Can or should a provider charge for email access/responses? How can our administrators provide us with guidance and protection, so that the individual is not bearing the burden alone?

Can and should email count for professional effort — what is the RVU of an email response? Does our professional liability insurance provide coverage for actions over the Internet such as incorrect medical advice? What if any is the liability for a blog position?

PRIVACY

One of the greatest challenges to codes of professional behavior arises from the traditional standard of privacy. When does a posted question to a bulletin board provide sufficient clinical data that it becomes Person Health Information (PHI) that run contrary to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations? Is patient consent needed to discuss the care with another physician, if it is through the Internet or a bulletin board? In what form should that consent be documented? Is patient consent needed to seek information on available services in a new geographic location? What are the rules? The HIPAA has had a significant impact on how providers publish, blog, and interact through social media. Identifiers described by HIPAA requiring removal or written authorization for disclosure include “any other unique identifying number, characteristic (author’s underline) or code”. Moreover, HIPAA requires that at the time of publication, “the covered entity does not have actual knowledge (author’s underline) that the information could be used alone or in combination with other information to identify an individual who is subject of the information.” But what is a “characteristic”? HHS provides further definition: “a characteristic may be anything that distinguishes an individual and allows for identification. For example, a unique identifying characteristic could be the occupation of the patient, if it was listed in the record as current president of State University. (www.HHS.GOP/OCR/privacy/HIPAA/understanding/coveredentities/de-identification. Accessed 6/5/2015). Strictly construed, a large amount of clinical information could be characteristic.

What is “actual knowledge”? HHS again advises “actual knowledge means clear and direct knowledge that the remaining information could be used, either alone or in combination with other information, to identify an individual who is a subject of the information. This means that a covered entity has actual knowledge if it concludes that the remaining information could be used to identify the individual.” HHS provides an example: a publicized clinical event. HHS describes a patient record revealing that a patient gave birth to an unusually large number of children at the same time. Since it is highly possible that this occurred for only one individual in the hospital, and the event was reported in the popular media, the risk of identification is of a nature and degree that the covered entity must have concluded that the individual subject of the information could be identified. (www.HHS.GOP/OCR/privacy/HIPAA/understanding/coveredentities/de-identification. Accessed 6/05/2015).

The broadness of this definition and its burden on proving the negative that the knowledge could not be used may be overwhelming to the dissemination of important clinical knowledge. Many institutions have or are developing policies on case report and other forms of patient information sharing. But they, too, use general terms and leave the burden of weighing the competing interests to the individual provider.

A safe but often burdensome approach is to obtain consent for all dissemination of patient information, protected or not. Organizations might be tempted to move in this direction. This approach lessens personal and institutional risk but the costs have not been ascertained. Does this consent change the patient-physician relationship? Can a patient

truly consent to a request of a treating physician? And has society, the source of professional ethics, really decided to place more weight on the privacy of patient/family versus the common good? Have the unique aspects of the Internet shifted the balance or was the previous approach unethical? How much will future medical care suffer by the loss of “case reports” and informal discussions? Was the problem that sufficient to justify the current environment?

The Internet offers pediatric gastroenterology opportunities, but the challenge to our professionalism remains. Traditional tenants of professionalism and of the patient provider relationship remain the structural foundation for all interactions with patients but may be difficult to translate to Internet interactions. Albert Einstein, when faced with the problems of a new but even more risky technology, advised “The significant problems that we face cannot be solved at the same level of thinking we were at when we created them”. The pediatric gastroenterologist will continue to serve the needs of their patients and part of that service will require periodic reassessment of the Internet and the patient-provider experience.

William Wenner MD

SUGGESTED READING:

Farnan JM, Sulmasy LS et al. Online Medical Professionalism: Patient and Public Relationships: Policy Statement From the American College of Physicians and the Federation of State Medical Boards. *Ann Intern Med* 2013;158:620-27.

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Gorrindo T, Groves JE, Medical Professionalism, a Tale of Two Doctors. *J Clin Ethics* 2011; 22: 176-8.

Thompson LA, Black EW. Nonclinical Use of Online Social Networking Sites: New and Old Challenges to Medical Professionalism. *J Clin Ethics* 2011; 22:179–82.

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Lagu T, Greysen SR, Physician, Monitor Thyself: Professionalism and Accountability in the Use of Social Media. *J Clin Ethics* 2011; 22: 187-90.

Quist N, Social Media and Interpersonal Relationships; For Better or Worse? *J Clin Ethics* 2011;191-3.

AMA Opinion 9.124 — Professionalism in the Use of Social Media. Adopted November 2010, issued June 2011.

AMA opinion 5.027 — Use of Health-Related Online Sites. Issued December 2003. Adopted June 2003.

Collste G. The Internet Doctor and Medical Ethics. *Medicine, Healthcare and Philosophy* 2002 5:121 – 125.

Glake V. When Doctors Pick up the Pen-Patient-Doctor Confidentiality Breaches in PublishingAMA *Journal of Ethics*. 2011; 13(7): 485-489.

NASPGHAN—Nestlé First-Year Pediatric GI Fellows Conference

Course Co-Directors: Norberto Rodriguez-Báez MD & Shikha Sundaram MD

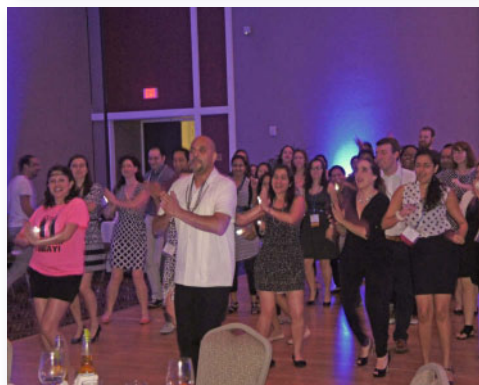


The **NASPGHAN** First-Year Fellows Conference was held at the Bonaventure Resort in Weston, Florida from January 22–25, 2015. It was a great success! There were 113 fellows from the United States, Canada and Mexico, who participated in a dynamic conference focused on achieving success in their scholarly activities during their fellowship training 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 Choose a Good Research Project and a Mentor” to “How to Balance Work and Life”, 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 (Course Director), Jeffrey Brown, David Brumbaugh, Ryan Carvalho (Nestlé Nutrition), Carlo Di Lorenzo (**NASPGHAN** President), Udem Ekong, Rohit Kohli, Alfredo Larossa-Haro (Mexican Councilor), Ian Leibowitz, Kathleen Loomes, Mercedes Martinez, Meghana Sathe, and Cary Sauer (Chair of **NASPGHAN**'s Training Committee).

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



NASPGHAN—Abbott Nutrition Second-Year Pediatric GI Fellows Conference

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

Course Co-Director: Jeannie S. Huang, MD, MPH



For 35 consecutive years Abbott Nutrition has supported the **NASPGHAN** Second-Year Fellows conference, which took place this year, March 6–9 in Scottsdale, Arizona. Utilizing the well-received program contents from last year's conference directed by Dr. Ed de Zoeten, with some very 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 integrated small private sessions for feedback on personal CVs to the fellows, which was well received. We were again extremely fortunate to have a faculty full of excellent role models representing faculty, division chiefs, and everywhere in between. In addition, the faculty was able to provide insight into careers in IBD, motility, education, nutrition, 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 for the past 35 years but also to the faculty who helped make this meeting so enjoyable: Jim Heubi, Karen Murray, Hayat Mousa, Christopher Duggan, Matthew Riley, Steven Liu, Andrew Grossman, Douglas Fishman, and Larry Williams. Finally, this meeting would never happen without the hard work and dedication of the **NASPGHAN** front office including Executive Director, Margaret Stallings, Associate Director, Kim Rose, and Director of Meetings, Ben Zaitz.



NASPGHAN—Mead Johnson Nutrition Third-Year Fellows' Conference

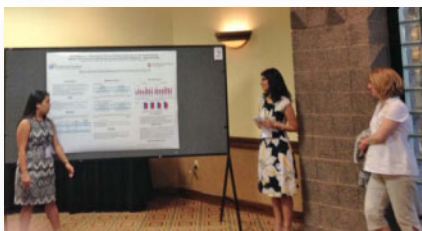
Course Director: Neera Gupta MD, MAS

The Third Year Fellows' Conference was held from February 5–8, 2015 in Scottsdale, Arizona. Based on feedback from prior years, we made major changes in the content of the conference this year - an experiment! We continued the focus on research and also worked with the Training Committee and the Executive Committee to incorporate essential content on transition.

Approximately 42 third year fellows attended the conference. We continued poster presentations (second time ever) and oral presentations of academic products—it was interesting to learn about what the fellows have been working on during their second/third years of fellowship and a nice opportunity for the fellows to share their innovations with their colleagues (all of us!). Our fellows are doing fantastic work!



Faculty presentations and panels ranged from “Your First Job is Not Your Last Job” to “Perspectives of a Division Chief” to “Do Not Ever Do That!”. For the first time ever, we had a talk on “Presentation Skills” arranged by Mead Johnson—it was excellent and a tradition we hope to continue. Also for the first time, as part of the experiment and based on prior evaluations, we organized breakout sessions—fellows chose between attending a “Research Breakout” session (Funding Sources, Grant Writing, Getting Published) or a “Clinical Breakout” session (Private Practice/Clinical Academic Practice Pearls, Clinical Protocol Development, Billing/Coding/Insurance Companies). Both sessions were highly rated—the main criticism was that many wanted to go to both sessions.



There was ample downtime for hiking, roaming, sunbathing, shopping and relaxing with colleagues and enjoying the beautiful weather!

We had a record number of faculty participating this year—twelve! Thank you to my wonderful colleagues: Drs. Athos Bousvaros, Nitika Gupta, Nicola Jones, Binita Kamath, David Piccoli, Matthew Riley, Cary Sauer, Kathleen Schwarz, Mitchell Shub, Natalie Sikka, & Barry Wershil.

We appreciate the continued support from Mead Johnson Nutrition and its outstanding organizing team.

Finally, this conference could not happen without the hard work and dedication of Margaret Stallings, Kim Rose, and **NASPGHAN**—we are extremely grateful to them—thank you!

Thank you to the fellows for their constructive feedback as we work to improve the conference for all fellows. We are fortunate to have entered a profession in which there are many different pathways one may take. We want ALL of the fellows to feel welcome and benefit from this invaluable learning experience. The faculty also learn a huge amount by participating.

Based on feedback from this year, we are working with Mead Johnson to try to move the Third Year Fellows' conference to the Fall—while this won't work out for the Class of 2016, we are hoping it will for the Class of 2017—stay tuned!

A detailed agenda is available on the **NASPGHAN** website.




NASPGHAN Reception at DDW in Washington, D.C.





AWARD WINNERS AT DDW 2015: From left, Joel Friedlander, MD, who won the 2015 Endoscopy Prize, and Salvatore Oliva, MD, who won the 2015 Capsule Endoscopy Prize, both awarded during DDW 2015 in Washington, DC, in May, with Doug Fishman, MD, chairman of the **NASPGHAN** Endoscopy & Procedures Committee.

FOUNDATION GRANTS

The deadline for submission of the 2015 **NASPGHAN** Foundation grants is fast approaching. Six of the eight grants are due on July 2. You can access the grants by clicking here. 

July 2, 2015 Submission Deadlines

- ▶ **NASPGHAN** Foundation Young Investigator Development Awards, including **NASPGHAN** Foundation George Ferry Young Investigator Development Award and **NASPGHAN** Foundation/Nestlé Nutrition Research Young Investigator Development Award
- ▶ **NASPGHAN** Foundation/Crohn's & Colitis Foundation of America Research Award (new eligibility requirements)
- ▶ **NEW!** **NASPGHAN** Foundation Mid-Level Career Development Award
- ▶ In-Office Member Grant
- ▶ APGNN/**NASPGHAN** Susan Moyer Nursing Research Award
- ▶ **NASPGHAN** Foundation/Takeda Pharmaceutical Products Inc. Research Innovation Award

September 1, 2015 Submission Deadline

- ▶ **NEW!** **NASPGHAN** Foundation/Abbott Nutrition Advanced Fellowship Training in Pediatric Nutrition

March 28, 2016 Submission Deadline

- ▶ **NASPGHAN**–**NASPGHAN** Foundation Fellow to Faculty Transition Award in Inflammatory Bowel Diseases

AASLD / NASPGHAN Joint Pediatric Symposium to be held at The Liver Meeting 2015

Friday, November 13, 2015

The joint AASLD/**NASPGHAN** Pediatric Symposium at The Liver Meeting 2015 will be held from noon to 3 PM Friday, November 13 at the Moscone West Convention Center in San Francisco, CA. The topic will be blood disorders and the liver.

Registration will open over a series of dates this summer. For more information click here. 

Welcome New NASPGHAN Members

Sophie Lanciers, MD
Anita Afuja, MD



Congratulations to our 2015 **NASPGHAN** Nutrition University (N2U) attendees.

Our program continues to focus on specialized nutrition education in areas associated with the practice of pediatric gastroenterology and nutrition with the goal of challenging our members and providing information they need in their every day practice.

We expanded eligibility this year to include experienced clinicians as well as third-year post-doctoral fellows and graduates of pediatric gastroenterology training programs within the past 10 years.

This year's Course included in-depth case-based review sessions, panel discussions, challenging cases and hot topics submitted by attendees, and Nutrition Jeopardy where participants and faculty tested their limits on nutrition knowledge.

Thank you to our dedicated faculty, CME and application reviewers and Nutrition Committee who developed the vision for this program.

Praveen Goday, Course Director explains, "Our expert faculty joined four dietitians and together explored interactive discussions, reviewing the latest practice methods and data while sharing hands on approaches to every day challenges."

A special thank you to Program Chair, Praveen Goday, MBBS, CNSC, who worked tirelessly to make this Course a success again this year. Additional thanks to:

FACULTY

Karin Ballard, MS, RD, LDN
Valeria Cohran, MD, MS
James Heubi, MD
Catherine Karls, MS, RD, CNSC
Rebecca Pipkorn, RD, CD, CNSD
Ann Scheimann, MD, MBA
Sally Schwartz, RD, CSP, LDN
Robert Shulman, MD
Justine Turner, MBBS FRACP PhD

CME CONTENT REVIEWERS

Dinesh Pashankar, MD
Ritu Walia, MBBS, MD



We look forward to our attendees serving as ambassadors to share the information within their practices and home institutions.

Special recognition to Nutricia North America, which provided support for this educational activity and continues to support such a unique course to our members.

American Academy of Pediatrics Corner



In recognition of a compatible mission and shared desire to improve the health and well-being of children, AAP is partnering with **NASPGHAN** to develop a new PREP GI program. The joint advisory board met this past March, completing an initial 40 questions. The next meeting will take place in October 2015 with a launch date set for January 2016. Stay tuned!

In March, close to 400 of the nation's top pediatric leaders discussed emerging issues and important child health topics at the AAP Annual Leadership Forum in Chicago. Health care transformation was a key message at this year's meeting. 117 resolutions were presented, and 106 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, there was also a Pediatric Subspecialty Summit that convened in conjunction with ALF to discuss enhanced collaboration with sister societies regarding education, development of new membership models, and changes in governance of the specialty sections within the Academy. The recommendations from this group will be reviewed by the Board of Directors. We will update **NASPGHAN** membership as these new initiatives are implemented.

On July 1st, the AAP will welcome Dr. Karen Remley as its new executive director and CEO. She is currently the chief medical director of Anthem Blue Cross and Blue Shield in Virginia and previously served as Virginia's state health commissioner. Dr. Remley will succeed Dr. Errol Alden following his retirement and 28 years of dedicated service to the Academy.

This year's National Conference and Exhibition (NCE), the Annual Meeting for AAP members with over 14,000 attendees, will take place in Washington, D.C., October 24–27, 2015. The SOGHN will sponsor a host of educational sessions on probiotics, GER/GERD, eosinophilic esophagitis, constipation, cyclic vomiting, gluten free diet, and fruit juice intake. We also will co-sponsor a program with the Section on Radiology on such topics as MR enterography, nuclear medicine in GI imaging, and ultrasound for evaluation of the GI tract. The SOGHN continues to play a significant role in recommending topics specific to our specialty.

A reminder that the national AAP election season is officially underway, and the two President-Elect candidates are Fernando Stein, MD, FAAP (practicing pediatrician and critical care specialist) of Houston and Lynda Young, MD, FAAP (pediatric primary care) of Worcester, Massachusetts. 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 23–November 24.

A wonderful summer to all!

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



JPGN

News from the Editor

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

ORGANIZATIONAL ANNOUNCEMENTS

NEW Section Categories The former *JPGN* section categories—Gastroenterology and Hepatology/Nutrition—have been

replaced by four new section categories: Gastroenterology, Hepatology, Pancreatology and Nutrition.

We encourage you to submit your articles for each of these new categories!


◆ **NEW Topic of the Month!** *JPGN* Editorial Board Members (**NASPGHAN** and **ESPGHAN**) have committed to providing brief summaries of timely selected topics aimed at specialists as well as non-specialists interested in areas related to pediatric gastroenterology, hepatology, pancreatology and nutrition. Look for these “Topic of the Month” articles in each issue starting in Spring, 2015.

◆ **What is known/What this study adds** Immediately following the abstract, authors will now include text for a summary box that will be published on the first page of all accepted articles. This text will highlight the significance of the article with the following guidelines in mind:

- What is known about this subject? (3–4 bullet points)
- What are the new findings and/or what is the impact on clinical practice? (3–4 bullet points)

EDITORIAL MANAGER UPDATES:

◆ **eSignatures to replace Copyright Transfer Agreement PDF** As of April 22nd, authors are longer required to complete the Copyright Transfer Agreement PDF in order to submit a manuscript to *JPGN*. Instead, this information is captured within Editorial Manager. Replacing the current PDF form with one integrated into the submission process enables us to comply with accepted publishing standards in a simpler, more effective way.

If you haven’t already experienced the new eSignatures form, you can do so by submitting a manuscript to *JPGN*. Click here: 

◆ **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.

SOCIAL MEDIA UPDATE

JPGN Social Media Editors Dr. Charles Vanderpool (North America) and Dr. Jacek Karas (Europe) have been actively building the *JPGN* presence on social media platforms.

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

Rapid Communications—We welcome your best research that can be submitted as a Rapid Communication, with a 10–14 day turnaround to first decision.

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!

Mel Heyman, MD
Editor-in-Chief, Journal of Pediatric Gastroenterology and Nutrition

In Memoriam—Yasmin Ahmedi MD



It is with great sadness that we inform the **NASPGHAN** community of the sudden passing of one of our GI fellows, Yasmin Ahmedi, MD on April 29th, 2015 due to an unforeseen medical illness. Dr. Ahmedi is survived by her husband, Adnan Ghadiali, her three-year-old daughter Zahra, and her newborn son.

Dr. Ahmedi was a first-year fellow in the Division of Pediatric Gastroenterology and had joined UCSD after completing her Pediatric Residency Training at Children's Hospital of Oakland. Born and raised in Seattle, Washington, Dr. Ahmedi received her medical degree at the University of Washington School of Medicine. After her residency, she held a one-year appointment as a Hospitalist Staff Member at Children's Oakland before joining UCSD Rady's Children's Hospital.

Yasmin was a true advocate for her patients and dedicated herself to delivering quality care at all times. She was a wonderful clinician, respected young teacher, and a great colleague. She was a devoted wife and mother and loved dearly as a daughter, sister, and friend. She had a calm, patient, and graceful way in her approach to the challenges in medicine and in life, and served as a true inspiration for many of the other trainees, students, staff and especially the faculty. Dr. Yasmin's exuberant and elegant ways in approaching new challenges in clinical medicine and life served as a great role model for many. She will be dearly missed.

~Submitted by Dr. Jeannie Huang

In Memoriam—James P. Keating MD

James P. Keating, MD, was the pediatric face of St. Louis Children's Hospital and Washington University School of Medicine for 40 years. A brilliant physician as well as a demanding and thoughtful teacher, Keating had a profound influence on thousands of medical students, residents, patients and their families.

Keating was born and raised in Braddock, Pennsylvania, attended Harvard College, where he played football and was a starter at left guard and at middle linebacker, and thereafter attended Harvard Medical School. Following training at Massachusetts General Hospital in Boston and Harborview Hospital in Seattle, Keating volunteered during the Vietnam War as a U.S. Navy Lieutenant serving in the Quang Tri civilian hospital from 1966 to 1967. He received the Navy Commendation for Valor among other awards and commendations.

In 1968, he became chief resident at St. Louis Children's Hospital (SLCH) and Washington University School of Medicine, and in 1969, he became the director of the pediatric residency program, a position he held until 2002. He was one of the longest-serving, most successful residency directors in the history of pediatrics, a position that demanded enormous resilience and commitment to the SLCH community. His devotion to teaching was matched by his dedication to meeting the needs of patients and families. He established the pediatric gastroenterology and nutrition division in the Department of Pediatrics in 1971 and served as its chief until 1992. He also organized the first pediatric intensive care unit west of the Mississippi and was director from 1980 to 1992. Keating pioneered the concept of pediatric diagnostic medicine, founding the division in 1992 and serving as its director until his retirement. The Diagnostic Center for Children was the perfect fit for his tremendous medical knowledge — he loved to solve mysteries and was dogged in his pursuit of answers that would improve the health of his patients. He was the W. McKim Marriott, MD, Professor of Pediatrics at Washington University School of Medicine and St. Louis Children's Hospital.

His former residents are a testament to the profound influence Keating has had on pediatrics. Many have gone on to senior leadership positions at major academic medical centers, including Washington University School of Medicine's Dean Larry J. Shapiro, MD. Others have established successful private practices in communities throughout the country. In 1998, to honor their mentor, former residents established and funded the James P. Keating, MD, Outstanding Resident Award, an honor that recognizes pediatric residency physicians who embody the attributes for which Dr. Keating is known — excellence in patient care, teaching and community spirit. In addition, the Department of Pediatrics established the James P. Keating, MD, Professorship in Pediatrics to honor him and all that he represented.



~Reprinted, in part, from a memorial service at Washington University in St. Louis

NASPGHAN Meetings & Important Deadlines

2015

- ▶ **JULY 2, 2015**
NASPGHAN Foundation Grant
Submission Deadline
- ▶ **AUGUST 3, 2015**
Early Bird 2015 NASPGHAN Annual Meeting
Registration Deadline
- ▶ **SEPTEMBER 3, 2015**
Standard 2015 NASPGHAN Annual Meeting
Registration Deadline
- ▶ **OCTOBER 7, 2015**
2015 NASPGHAN Single Topic Symposium
Washington Hilton—Washington, DC
- ▶ **OCTOBER 7, 2015**
Advocacy Day
Capitol Hill—Washington, DC
- ▶ **OCTOBER 8, 2015**
NASPGHAN Postgraduate Course
Washington Hilton—Washington, DC
- ▶ **OCTOBER 8–11, 2015**
2015 NASPGHAN Annual Meeting
Washington Hilton—Washington, DC

2016

- ▶ **JANUARY 21–24, 2016**
First Year Fellows Conference
Marriott Harbor Beach
- ▶ **FEBRUARY 25–27, 2016**
Second Year Fellows Conference
The Scottsdale Plaza Resort
- ▶ **Third Year Fellows Conference To be Determined**
- ▶ **OCTOBER 4–10, 2016**
World Congress of Pediatric Gastroenterology,
Hepatology and Nutrition
Montreal, Canada

2017

- ▶ **NOVEMBER 2–5, 2017**
2017 NASPGHAN Annual Meeting
Caesar's Palace—Las Vegas, Nevada

2018

- ▶ **OCTOBER 25–28, 2018**
2018 NASPGHAN Annual Meeting
Diplomat Resort and Spa—Hollywood, Florida

Meetings of Interest

37th Annual Aspen Conference on Pediatric Gastrointestinal Disease: Pediatric Gastrointestinal Disease and Small Bowel Transplantation

- ♦ **Date:** July 13–17, 2015
- ♦ **Location:** Viceroy Snowmass Hotel, Snowmass Village, Colorado
- ♦ **Contact:** www.cincinnatichildrens.org/AspenGI

Advances in Neonatal and Pediatric Nutrition 2015

- ♦ **Date:** August 3–5, 2015
- ♦ **Location:** Hotel Nikko, San Francisco, CA
- ♦ **Contact:** <https://cme.ucsd.edu/pednutrition>

3rd Kunwar Viren Oswal Course in Pediatric Gastroenterology, Hepatology, Liver Transplantation and Nutrition

- ♦ **Date:** August 17–21, 2015
- ♦ **Location:** Apollo Center for Advanced Pediatrics, Indraprastha Apollo Hospitals, New Delhi, India
- ♦ **Contact:** <http://apollohospdelhi.com/index.php>

The International Congress of Pediatric Hepatology, Gastroenterology and Nutrition

- ♦ **Date:** August 26–29, 2015
- ♦ **Location:** Hurgada, Egypt
- ♦ **Contact:** <http://ccg-eg.org/events/the-international-congress-of-pediatric-hepatology-gastroenterology-and-nutrition/>

13th OESO Conference

- ♦ **Date:** August 31–September 3, 2015
- ♦ **Location:** Grimaldi Forum, Monaco
- ♦ **Contact:** <http://www.oeso.org>

Third ESPGHAN Endoscopy Summer School

- ♦ **Date:** September 15–19, 2015
- ♦ **Location:** Sheffield, England
- ♦ **Contact:** <http://www.endo2015.org.uk>

European Academy of Paediatrics Congress and MasterCourse 2015

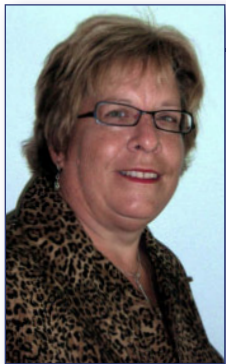
- ♦ **Date:** September 17–20, 2015
- ♦ **Location:** Oslo, Norway
- ♦ **Contact:** <http://www.eapcongress.com>

Third Annual Pediatric IBD Research Day at Weill Cornell Medical College

- ♦ **Date:** September 18, 2015
- ♦ **Location:** Weill Cornell Medical College—New York City, NY
- ♦ **Contact:** http://events.weill.cornell.edu/event/third_annual_pediatric_inflammatory_bowel_disease_ibd_research_day

2015 SPLIT Annual Conference

- ♦ **Date:** September 24–25, 2015
- ♦ **Location:** Westin Cincinnati—Cincinnati, Ohio
- ♦ **Contact:** <https://cchmc.cloud-cme.com/Ap2.aspx?EID=12480&P=5>



Kathleen A. Mueller

Billing & Coding

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

FINALLY, A RESOLUTION TO THE SGR—The House passed the SGR fix on March 26, 2015, the Senate passed the SGR bill on April 13, 2015, and President Obama signed the bill on April 14, 2015.

The SGR fix allows 0.5% increase each year for 5 years, allows incentive bonuses for providers who choose alternative payment methods and continues the global surgery periods. This provides stability for practices not just with Medicare, but also with commercial payers whose payments are based upon the Medicare fee schedule. There was no mention of ICD-10 in this bill and is scheduled to be on track for October 1, 2015.

QUESTIONS AND ANSWERS—

Question: We are providing patients with a Hemoccult car—and then reading the results—would we bill an **82270**?

Answer: **82270** is for screening only and most of your patients wouldn't be eligible. If you are doing it because of symptoms or anemia, etc, you would use **82272**. Make sure that you only bill this on the day that the test was performed and not when the cards are given to the patients or parent/guardian.

Question: Can you confirm—When we bill a Bravo ph interpretation and an EGD is performed without bx—are we not supposed to bill the EGD??

Answer: As per CCI policy, chapter 11, section F, #2, an EGD is only billable when done for diagnostic purposes and not just done for guidance to place the BRAVO electrode/capsule. This has been in effect since October 1, 2009.

Question: One of my doctors used a secondary diagnosis code of **765.20** for a patient that was born 3/21/12—the claim was denied as "the diagnosis was not compatible with patient's age". Any suggestions?

Answer: ICD-9 indicates not to use this code on a child who is not newborn or within continuous care from newborn status. If you are still caring for a child who had been hospitalized from birth, it would still apply.

Question: We continue to and always have received denials when we bill a disimpaction with a colonoscopy. We've used modifier 51 & 59. Any suggestions? Or is this standard?

Answer: Based upon CCI edits and McKesson Edits, this is bundled into any colonoscopy code and is not separately payable. Based upon CCI edits and McKesson Edits, this is bundled into any colonoscopy code and is not separately payable.

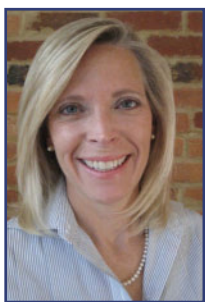
ICD-10 STILL ON SCHEDULE FOR OCTOBER 1, 2015. ARE YOU PREPARED?—ICD-10 codes for signs and symptoms. Currently, most of these codes begin with the number 7. For ICD-10, most will begin with the alpha R. Remember that specificity is the key for prompt payment. Most signs and symptoms are excellent diagnosis codes to support need for further diagnostic studies. Usually, this is what should be used in place of "rule out".

R63.4	Abnormal weight loss	R13.14	Dysphagia, pharyngoesophageal phase	K92.1	Melena
R63.5	Abnormal weight gain	R13.19	Other dysphagia	R11.0	Nausea
R418.2	Altered mental status, unspecified	R62.7	Failure to thrive, adult	R11.2	Nausea with vomiting,
R63.0	Anorexia	R62.51	Failure to thrive, child	R45.0	Nervousness
R18.0	Ascites, malignant	R53.82	Fatigue, chronic	R63.8	Other S/S w/ food intake
R18.8	Ascites, other	R53.83	Fatigue, other	R21	Rash
R00.1	Bradycardia	R63.3	Feeding difficulties	R45.1	Restlessness/ agitation
K92.1	Blood in stool (visual)	K92.2	Gastrointestinal hemorrhage, unspecified	R68.81	Satiety
R19.5	Blood in stool (occult)	R09.89	Globus sensation	R06.02	Shortness of breath
R19.4	Change in bowel habit	R12	Heartburn	R16.1	Splenomegaly
R07.89	Chest pain	K92.0	Hematemesis	R45.851	Suicidal ideations
R10.83	Colic	K92.1	Hematochezia	R00.0	Tachycardia
K59.1	Diarrhea, functional	R16.0	Hepatomegaly	R63.6	Underweight
R19.7	Diarrhea, unspecified	R16.2	Hepatomegaly and splenomegaly	R11.14	Bilious vomiting
I69.991	Dysphagia following cerebrovascular disease	R15.0	Incomplete defecation	R11.13	Vomiting of fecal matter
R13.10	Dysphagia, unspecified	R15.1	Fecal smearing	R11.11	Vomiting without nausea
R13.11	Dysphagia, oral phase	R15.2	Fecal urgency	R11.12	Vomiting, projectile
R13.12	Dysphagia, oropharyngeal phase	R15.9	Incontinence of feces	R11.10	Vomiting
R13.13	Dysphagia, pharyngeal phase	R53.81	Other malaise		

Washington Update

Camille S. Bonta, NASPGHAN Washington Representative

NASPGHAN MEMBERS LAY GROUNDWORK IN WASHINGTON, DC FOR MEDICAL FOODS ADVOCACY CAMPAIGN



Camille S. Bonta

For years **NASPGHAN** members and their patients have had to fight insurance companies to cover medically necessary foods for the treatment of chronic gastrointestinal diseases, liver disease, and chronic allergic syndromes. Appeals to insurers mean longer wait times to initiate treatment, enormous administrative burden on physician practices, and, oftentimes, denials for coverage unless the medical food is administered through a tube. Now **NASPGHAN** is now turning to Congress for help.

NASPGHAN wants Congress to require insurers to cover medically necessary foods, vitamins and amino acids when prescribed and to prohibit insurers from discriminating against routes of administration.

On June 19, members of **NASPGHAN's** Public Affairs and Advocacy Committee were on Capitol Hill to cultivate champions for soon-to-be-introduced legislation, which will be led by Sen. Bob Casey (D-PA), that will be the target of a large-scale **NASPGHAN** advocacy campaign.

Imposing a federal mandate on insurers will be a "heavy lift" in the current Congress and will require the advocacy involvement of every provider, patient and caregiver touched by this issue. **NASPGHAN** is working

closely with the American Academy of Pediatrics to advance this important cause and plans to build a coalition of support that will extend to patient advocacy groups and other provider organizations.

On October 7, in conjunction with **NASPGHAN's** Annual Meeting in Washington, DC, **NASPGHAN** members will have an opportunity to go to Capitol Hill to talk directly with lawmakers and their staff about the importance of coverage of medically necessary foods.

The Advocacy Program and Lobby Day, which will take place the day before the **NASPGHAN** Postgraduate Course, will kick-off at noon with lunch on Capitol Hill and a guest speaker. After lunch, participants will attend pre-arranged congressional meetings to advocate on issues important to the pediatric gastroenterology community, including federal legislation requiring health insurance coverage of medically necessary foods for the treatment of pediatric gastrointestinal disorders. The registration fee will cover lunch, briefing materials, custom congressional meeting schedules, and information packets for lawmakers. Reimbursement for transportation costs to and from Capitol Hill will also be available.

Plan your travel to Washington, DC so you don't miss out on this important opportunity to advocate for your patients and to introduce you and your profession to legislators. Get involved and make your voice heard.



*Standing outside the office of Sen. Bob Casey (D-PA), the **NASPGHAN** access to medically necessary foods champion, are from left, Drs. Jennifer Dotson, Amethyst Kurbegov, Emily Perito and Jessica Stumphy.*



*Meeting together during DDW 2015 to talk about medical food coverage on Capitol Hill are members of the **NASPGHAN** Public Affairs and Advocacy Committee, from left, Drs. Alex Koral, Amethyst Kurbegov, Mazen Abbas, Jennifer Dotson, Vincent Biank, Jessica Stumphy and Bryan Rudolph.*

Classifieds

YOU CAN NOW POST YOUR JOBS AND LOOK FOR EMPLOYMENT ONLINE

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CLICK ON TRAINING AND CAREER
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JOB BOARD AND IN
NASPGHAN'S ELECTRONIC NEWSLETTERS**

♦ Florida—

The Division of Gastroenterology, Hepatology and Nutrition at Nemours Children's Hospital (NCH) in Orlando is seeking a 5th full-time pediatric gastroenterologist at the Assistant or Associate Professor level to join our vibrant and friendly division. The theme for our division is to grow personally, provide excellent care, contribute to the field, teach and have fun. Our vision and mandate is for Nemours Children's Hospital to differentiate itself in Central Florida and the southeastern United States through a combination of outstanding family experience, top-tier pediatric care, multidisciplinary programs and cutting-edge research. The successful candidates will join a vibrant and rapidly expanding Nemours Children's Health System, a multi-institutional academic community of collaborative clinicians and scientists, to have an impact on the lives of children in the 3rd most populous state. Advanced practice nurses, nursing, administrative and other support staff; state-of-the-art facilities and equipment, including a highly optimized electronic medical record system with excellent IT support staff; and generous start-up packages are available with highly competitive compensation and benefits.

In October 2012, Orlando became home to Nemours Children's Hospital, part of a unique health campus that includes a new ambulatory diagnostic center, research and educational facilities. This new state-of-the-art, academic, free-standing children's hospital aims to set a new standard for patient and family experience in central Florida. Our

team currently provides services in the full spectrum of GI disorders, including celiac disease, inflammatory bowel disease, eosinophilic gastrointestinal disorders, neurogastroenterology, motility, intestinal rehabilitation and chronic liver disease. As one of the nation's leading pediatric health care systems, Nemours provides world-class clinical care in four states: Delaware, Florida, New Jersey and Pennsylvania. As part of Nemours' fully integrated system of care, NCH has access to the resources of the Nemours/Alfred I. duPont Hospital for Children in Wilmington, Delaware, along with well established excellent pediatric GI Divisions in Pensacola, Florida and the Nemours Children's Specialty care in Jacksonville, Florida.

Nemours Children's Hospital is located in Orlando's new Lake Nona Medical City, featuring adjacent neighboring institutions that offer resources and partnerships for vibrant research and academic collaboration, including an NIH-funded Clinical Translational Science Institute (CTSI). These institutions include the University of Central Florida (UCF) College of Medicine and Burnett Biomedical Research Institute, the Sanford-Burnham Medical Research Institute, the newly built Orlando Veterans Affairs Medical Center, the M.D. Anderson Orlando Cancer Research Center, and the University of Florida (UF) Translational Pharmacology Institute. Faculty academic appointment is expected at the University of Central Florida College of Medicine. In addition to being an outstanding opportunity for your career with Nemours, Orlando is a fantastic place to live (<http://learnlakenona.com/community>).

Job Requirements:

Required qualifications include board certification/eligibility in pediatric gastroenterology and eligibility for a Florida medical license.

As an equal opportunity employer, Nemours is committed to focusing on the best-qualified applicants for our openings.

Interested candidates email a copy of CV with a cover letter to:

Email: james.franciosi@nemours.org

Or submit CV online:

<http://careers.nemours.org/jobs/67171>

♦ 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
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- ♦ 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