



President's Report

President, NASPGHAN: Carlo Di Lorenzo, MD

Dear **NASPGHAN**is:

It was a really good meeting, wasn't it? I just had the opportunity to review the feedback provided by the participants to the Annual Meeting in Washington, D.C. and the evaluations that you provided were extremely favorable. Obviously not everything went smoothly: some of the rooms were not ideal for scientific presentations, the audiovisual equipment was not always impeccable, and there was some overlap between some presentations, but overall the hard work of the organizing committee and the national office (yes, that's you: Margaret, Ben and Kim!) paid off. There were a lot of "firsts": integration of invited talks with the abstract presentations, FDA and advocacy symposia, pediatric psychology day, MOC presentation, and even "**NASPGHAN's** got talent" (Stefano, Ben, Regy, Valentina—I admire your talent and your guts!) seemed to be all well received. There was record attendance, excellent science being presented and very interactive sessions, all in a collegial atmosphere with a lot of old and new friends. Be certain that we take all your critiques and constructive suggestions to heart.

After the high of the meeting, it is now back to the routine. **NASPGHAN** leadership, councilors, and committees are working hard on their action plans trying to implement and advance the priorities identified in the strategic plan developed last year.

Improvements in the Maintenance of Certification (MOC) process continue to be a high priority for our membership. **NASPGHAN** has endorsed the AGA "Gastroenterologist: Accountable Professionalism in Practice Pathway (G-APP)" proposal and has signed on to a letter to the ABIM supporting the following principles: 1) MOC needs to be simpler, less intrusive and less expensive; 2) we support ending the high-stakes, every 10-year exam; 3) we do not support closed-book assessments as they do not represent the current realities of medicine in the digital age; 4) we support the principles of lifelong learning as evidenced by ongoing CME activities, rather than lifelong testing; 5) we support the concept that, for the many diplomates who specialize in certain areas of gastroenterology and hepatology, MOC should not need to include high-stakes assessments of areas where the diplomate may not practice (see related item, page 4). The proposal to the ABIM was also endorsed by ACG, ASGE, AASLD, and ANMS. We will continue to work with CoPS and AAP to engage the ABP to consider similar changes for the pediatric MOC.

In the meantime, under the leadership of Jeannie Huang, **NASPGHAN** continues to work to facilitate completion of MOC according to the current

requirements. For the first time **NASPGHAN** provided 20 MOC Part II Credits at the Annual Postgraduate Course Credits. In 2016, credits will be offered for the Constipation and Enteral Nutrition MOC IV modules. We are planning to start a Question of the Week in 2016 that will generate Part 2 points. Efforts are under way, under the leadership of Chris Liacouras, to offer in 2017 a Review Course "Everything you want to know... but are afraid to be asked" to be held on February 23–25, at the Scottsdale Plaza Resort in Scottsdale, AZ. The Prep-GI is being completed together with the AAP and will be launched in 2016.

In order to guarantee a more diverse representation of our constituency at the leadership level, we are proposing a change of bylaws, asking that the membership votes in favor of a bylaws change that will reserve a Council seat for a clinical practice representative. We will also be proposing other bylaws changes that are being described in the Treasurer report by Michael Narkewicz.

Many other activities are in progress: there are 21 guidelines or position statements in different stages of development. Advocacy continues to be extraordinarily active with many activities in Washington, ranging from being involved in "Let's Move" and the Obesity Initiatives, to the support for financial coverage for medical foods, to the legislation for tracking and safety monitoring of biosimilars.

Finally, a heartfelt thank you to the Councilors who concluded their terms, Maria Mascarenhas and Glenn Furuta, whose hard work and support for the mission of **NASPGHAN** has been truly appreciated. And an even bigger thanks to John Barnard who completed his term as President of the **NASPGHAN** Foundation and who has been instrumental in increasing research support for many **NASPGHAN** members as well as several educational initiatives.

I wish all of you a peaceful Holiday Season and a Happy New Year and I am looking forward to continuing to work with all of you for the next 10 months! As usual, please do not hesitate to contact me should you have any questions, suggestions or if you are just in need to vent.

Carlo Di Lorenzo, MD

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

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Secretary–Treasurer’s Report

As I come to the end of my first year in service as your Secretary Treasurer for **NASPGHAN**, I wanted to update the membership on a couple of key issues.

MEMBERSHIP:

Our society continues to grow thanks to our members seeing value in the offerings of **NASPGHAN**. As of the Annual Meeting in October we are 2,176 strong. In the last year we have experienced a net increase of 134 members or a growth of 6.5%.

ANNUAL MEETING ATTENDANCE:

The Annual Meeting was attended by record numbers of individuals. The Annual Meeting was attended by 1,535 individuals (including participants in Teaching and Tomorrow and APGNN), a societal record by 123 attendees.

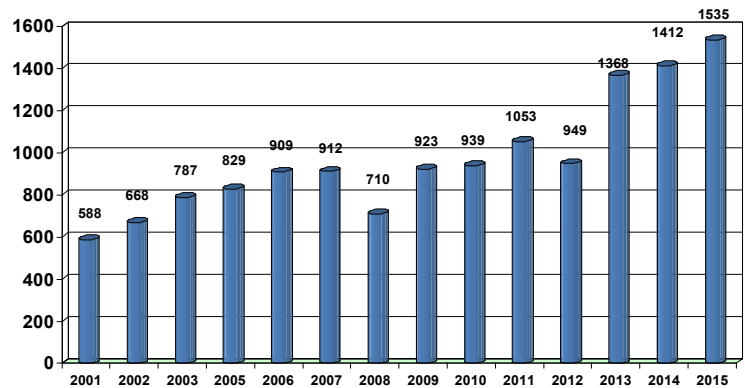
The growth in the Annual Meeting attendance is shown in the adjacent chart.

The Single Topic Symposium on NAFLD had 212 attendees.

The Postgraduate Course had 889 attendees, tied with last year for the highest attendance ever.

Your support of our Annual Meeting is appreciated and important. The Annual Meeting is one of the key sources of revenue for the efforts of the Society. In order to be sure that the meeting meets the needs of the members, I urge you to provide feedback through the evaluations or directly to the Postgraduate Course directors (Melanie Greifer, MD and Jennifer Strople, MD) and meeting organizers (Carlo Di Lorenzo, MD and Jim Heubi, MD). We tried a new format in the Annual Meeting that mixed clinical updates and relevant scientific abstracts and state of the art talks to focus on thematic areas. Your feedback will help us plan the Annual Meeting in 2017.

Annual Meeting Attendance



Yes, I said 2017 because next year our Annual Meeting will be at the World Congress of Pediatric Gastroenterology Hepatology and Nutrition in Montréal Canada October 5–8 [click here](#) for up-to-date information. The organizing committee has been hard at work planning an exceptional postgraduate course and meeting to meet the needs of our members and members of the other FISPGHAN member societies. It should be a great meeting and I urge you to set aside the dates and plan to attend.

PROPOSED BYLAW CHANGES:

Another task I took on this year was to review our bylaws. It has been 4 years since our last revision and many technical issues have changed. The bylaws were reviewed by the Council and chairs at the Annual Meeting and you will be asked to vote on the proposed changes in the near future. It is important that you vote as the bylaws state that at least a third of members need to vote. I have highlighted some of the issues that you will see in the bylaw changes below. Our President Carlo Di Lorenzo also highlighted these upcoming proposed changes in his report to the membership at the Annual Business Meeting.

- ▶ **Technical issues:** several revisions are needed to bring us into the electronic age. As an example the bylaws still state that we have mail ballots. We will be proposing changes in this area that do not affect intent, but are clarifications
- ▶ **Emeritus Status:** Our emeritus status is not in line with any other society. When conceived this was for members who had retired, similar to emeritus status in academics. We are proposing changes that simply align the status with the original intent.
- ▶ **Dedicated council position for a clinical practice representative:** As Carlo announced, the Council has decided to propose that we add a Council position reserved for a clinical practice representative. We will be proposing bylaw changes that would accomplish this goal.

As always if you have any questions or concerns, please feel free to email me: (Michael.narkewicz@childrenscolorado.org)

Michael Narkewicz, MD
Secretary-Treasurer, **NASPGHAN**



NASPGHAN Foundation News

..... *Barry Wershil, MD*

President, NASPGHAN Foundation

Dear **NASPGHAN** Colleagues:

I am humbled and honored to take over as your new **NASPGHAN** Foundation President.

The Foundation has been incredibly productive over the past three years under the leadership of Dr. John Barnard, and I personally want to recognize and thank John for the energy and vision he has brought to the Foundation. I feel very fortunate that he will still be very involved in a leadership role as Past President for the next 3 years. Our mission is to support the research, education and patient care missions of **NASPGHAN**, and looking forward, the Foundation will continue to seek ways to grow, develop new opportunities, and strengthen our profession both now and for the future.

Through our grants, legacy and named awards as well as education programs and partnerships, the Foundation strives to help the professional development of our membership and the care and clinical outcomes of our patients.

Here is a list of some of the new educational offerings for you and your patients:

► **IBD Decision Aid Tool for the Treatment of Pediatric Crohn's Disease**

The **NASPGHAN** Foundation is developing a new pediatric Crohn's Disease decision aid tool for use in your practice. The tool is an interactive animated video to communicate treatment options in a clear and understandable format, so that patients and families can make informed decisions regarding available treatment options. The intent is to help facilitate physicians, patients and families in their efforts to work together to develop timely and effective therapeutic plans.

Watch for more information on the launch of this new tool in 2016.

► **CME Webinar**

"Appropriate Use of Proton Pump Inhibitors in the Treatment of Pediatric Patients with GERD"—January 26, 2016: 8–9 pm EST.

This program will provide an up-to-date review of the appropriate management of pediatric patients with gastroesophageal reflux (GER) and gastroesophageal reflux disease (GERD) including both diagnostic and therapeutic approaches. Evidence-based indications for treatment, as well as over and under-utilization of PPIs will be explored with particular attention to the potential risks of long-term therapy. The program will employ a case-based approach surrounded by evidence from recent peer-reviewed guidelines.

Registration information will be sent in early January.

► **NASPGHAN Nutrition University (N²U)** **April 8–9, 2016**

We are pleased to announce another rendition of our highly successful nutrition education program, N²U. This year's program expands eligibility to include third year fellows, all practicing pediatric gastroenterologists and CPNP members.

The course is designed to provide specialized nutrition education in areas associated with the practice of pediatric gastroenterology and nutrition.

It includes six in-depth case-based review sessions, panel discussions focused on challenging issues submitted by attendees, and Nutrition Jeopardy where participants and faculty test their limits on nutrition knowledge.

Attendees must:

- ◆ Be a 3rd year fellow or full member of **NASPGHAN** or CPNP
- ◆ Be a member in good standing of **NASPGHAN** or CPNP (*i.e. dues paid in full by January 1, 2016*)
- ◆ Be based in North America

Applications due January 11, 2016.

This educational activity is supported by an independent medical educational grant from Nutricia North America.

► **Planned Giving Program**

This coming year, we will also roll-out our Planned Giving Program. We are incredibly grateful for the support you have given us through yearly donations to the **NASPGHAN** Foundation, but many societies also provide the opportunity to contribute to their long term success by offering planned gifts directed to support the activities of the society. There are many mechanisms to provide a planned gift, and the Foundation has been working to establish a "road map" for the process of planned giving.

More to come in 2016.

Sincerely,

Barry K. Wershil, MD
President, **NASPGHAN** Foundation
Chicago, IL

American Board of Pediatrics Response to NASPGHAN Letter

In response to a letter that was sent by a NASPGHAN task force in May to the American Board of Pediatrics on the topic of Maintenance of Certification, a letter reply was sent to NASPGHAN by David Nichols, MD, MBA, President and CEO of the American Board of Pediatrics. Dr. Nichols also presented the Board's views and addressed NASPGHAN member concerns at the Annual Meeting in October on Friday, October 9 at 7:30 pm.

*'Tis the
Season
Giving^{of}*

Give an APGNN Membership for the Holidays!

Looking for a holiday gift for your nursing or ACP staff this year? How about the gift of professional development, clinical resources, and networking?

APGNN is pleased to offer our popular buy 3 get one free membership offer for 2016 memberships. This offer will pertain to both new and renewing members from the same institution. Our members only section has many FREE online e-learning modules with CEU certification, a plethora of telephone triage protocols, and many other staff and patient education opportunities already, with several new ones in the works for 2016! APGNN members get reduced conference attendance rates, are eligible for conference scholarships, as well as the ability to participate in newsletter submissions, poster presentations, and research opportunities. New in 2016 we will have a List serve where nursing and ancillary staff can pose questions to solicit feedback from other APGNN members around the country.

We hope many of our **NASPGHAN** colleagues will choose to take advantage of this offer, and support their nursing staff's continued participation in this amazing organization.



ICD-10 Post-Implementation: Coding Basics Revisited MLN Connects® Video

In a new video, Sue Bowman from the American Health Information Management Association (AHIMA) and Nelly Leon-Chisen from the American Hospital Association (AHA) discuss the unique characteristics and features of the new coding system. Run time: 33 minutes. Click [here](#) to access.

Topics covered include what is a valid code; guidelines for coding and reporting; coding process and examples: 7th character, unspecified codes, external cause codes, laterality; how to submit coding questions, and resources for coders.

Visit the Medicare Fee-For-Service Provider Resources [webpage](#) for a complete list of Medicare Learning Network resources on ICD-10. To receive announcements for MLN Connects videos and the latest Medicare program information, you can subscribe to the weekly MLN Connects Provider eNews on the website.



April 8-9, 2016 — Chicago, IL

Program Overview:

The course, chaired by Praveen Goday, MBBS, CNSC, will include a faculty panel discussion on "hot" topics and cases submitted by attendees followed by Nutrition Jeopardy on Friday evening and a series of small group hands-on case-based learning of challenging cases on Saturday.

Topics Covered:

- ♦ Malnutrition
- ♦ Failure to thrive and feeding disorders
- ♦ Micronutrient deficiencies
- ♦ Critical care nutrition
- ♦ Short bowel syndrome/malabsorption
- ♦ Obesity/bariatric nutrition
- ♦ Failure to thrive
- ♦ Cystic fibrosis
- ♦ Nutrition in eosinophilic esophagitis, inflammatory bowel disease and liver disease

For more information, eligibility requirements and to submit an application please click [here](#)

Committee Reports

IBD COMMITTEE

— Former Chair: Shehzad Saeed, MD, FAAP, AGAF —

Greeting's from the IBD Committee! We have had a very busy and productive last year as a committee.

Some of the projects and ongoing activities that the Committee has been working on include:

- ▶ Completion of clinical reports on postop prophylaxis for prevention of recurrence in pediatric Crohn's disease, IBD and liver disorders, and role of combination therapy in IBD.
- ▶ Representation in a conference on assessing psychosocial needs of IBD patients.
- ▶ Representation and contribution to the Fellow's Concise Review of Pediatric Gastroenterology Hepatology and Nutrition.
- ▶ Creation of a one page Vaccination cheat sheet to educate providers about the gaps/and recommendations for immunizations of children with IBD.
- ▶ Creation of an app to calculate PCDAI and PUCAI available via the Apple App store for free.
- ▶ Continued collaborative work with CCFA-Pediatric Affairs Committee to develop and update the Teen website content, Teen brochures, Webcast on Transitioning, Campus Connection and a Live Facebook Webcast.

On the advocacy front, members of the Committee contributed to the **NASPGHAN** Biosimilar letter to the Center for Medicare and Medicaid Services and other regulatory authorities, participated in a response to FDA on relevant end point measures for pediatric Ulcerative colitis trial and actively participated at **NASPGHAN's** Day on the Hill during the recently concluded Annual Meeting. The Committee has also invited representative from the Association of Pediatric Gastroenterology and Nutrition Nurses (APGNN), dietitians, and psychologist to join the Committee. The Committee plans to tackle new clinical reports, develop surveys and ongoing collaborative working relationship with CCFA and ImproveCareNow under the leadership of Andrew Grossman, MD as the incoming chair of the Committee.

Happy Holidays and a very Happy New Year!!

PROFESSIONAL EDUCATION COMMITTEE

— Chair: Melanie Greifer, MD —

Vice Chair: Jennifer Strople, MD

The prime activity of the Professional Education Committee, the annual Postgraduate Course, was held in Washington, D.C. this October, in conjunction with the **NASPGHAN** Annual Meeting. We continue to have great membership feedback. This year, we have added MOC part II credits to help meet the needs of our members. Professional Education Committee members functioned as moderators and we thank them for their help in making this course a success. Margaret Stallings, Ben Zaitz, and the **NASPGHAN** national office did another phenomenal job at overseeing the logistics of the course and we owe them our gratitude.

Our Committee is already hard at work preparing for the 2016 course for the World Congress! Please note that we take your evaluations very seriously and we appreciate the feedback. Our goal is to generate the best possible course for all. The Professional Education Committee solicits your input on topics and speakers for the Postgraduate Course; we strive to represent the entire membership and supporters of **NASPGHAN** and to meet all educational needs. Please email your suggestions and thoughts to (mjgreifer@yahoo.com).

The Professional Education Committee continues to be involved with symposia development at other national meetings. **NASPGHAN's** presence at PAS continues to increase with our liaison Dr. Jyoti Ramakrishna participating in the conference planning. Dr. Kelly Thomsen is working with the Growth, Development and Child Health section of the AGA to create an exciting program for the DDW 2016. Many thanks to our Committee members for helping us extend our educational opportunities. We are also happy to hear any thoughts for topics and speakers for these events.

The Committee supports all educational opportunities and continues to work closely with Amy Manela and the **NASPGHAN** Foundation on reviewing its educational offerings. In addition, the Fellows Board Review Book update is anticipated to be completed in the fall of 2016. Members of the Committee are also assisting the program of obtaining CME credits via JPGN under the direction of Sandeep Gupta, CME editor. Through this endeavor, **NASPGHAN** members can obtain CME credits by reading chosen articles every month. There are more exciting things ahead as well . . . so keep your eyes and ears open!

In closing, we would like to extend my deepest appreciation to the entire membership of Professional Education Committee for contributing throughout the year. Every single member works hard and plays a role in furthering our goals.

PUBLIC AFFAIRS AND ADVOCACY COMMITTEE

— Chair: Amethyst Kurbegov, MD, MPH —

NASPGHAN's national prominence and engagement in a wide variety of public health and advocacy areas has continued to grow in 2015. With both DDW and our Annual Meeting held in Washington, D.C. this year, the Public Affairs and Advocacy Committee has been able to meet with congressional representatives on Capitol Hill and engage on crucial patient and professional issues more than ever before.

Topics of advocacy on which **NASPGHAN** has worked this year have varied from patient safety to insurance coverage for therapies to medication regulations to loan repayment for pediatric subspecialists. A major focus of Committee member efforts has surrounded legislation requiring insurance coverage of medical foods for several major GI and metabolic diseases. We have met with Senate leaders in both May and October regarding specific legislative language and hope to have broadened Congressional support for bill introduction in 2016. All **NASPGHAN** members will be called upon to contact their representatives in support of legislation once it is introduced, so keep an eye out for Washington Action Alerts.

On the regulatory level, **NASPGHAN** has offered guidance and support on FDA requirements for Biosimilar medication labeling and safety monitoring. We have also supported efforts to create a national IRB and to expand nutrition labeling standards for young children. **NASPGHAN's** national prominence as a leader in child health continues to grow with increased visibility in Washington and from collaboration with other professional societies. Finally, we continue to advocate for child safety, particularly in the area of lithium button batteries, working together with the AAP and the Consumer Product Safety Commission to promote family education and improved product safety.

On October 7, 2015, we sponsored **NASPGHAN's** first Washington Advocacy Day as a special session during the Annual Meeting (see related story, page 27). We were thrilled to have 35 attendees, many of whom had never before visited Capitol Hill. We started the afternoon with lunch and guest speakers of three different congressional representatives who spoke on topics of interest to **NASPGHAN** members. These included

Loan Repayment for pediatric subspecialists, the House 21st Century Cures legislation, and work to expand insurance coverage of specialized formula for children with GI and metabolic diseases. Attendees then spent the afternoon meeting with their House and Senate representatives advocating on these topics, making crucial contacts and educating legislators. It was so exciting to introduce many attendees to the world of advocacy in Washington, and the Committee members and professional advocates have been busy following up on legislator questions and interest in the month since our meetings.

The Committee welcomes interest and participation from **NASPGHAN** members, either as committee members or as engaged society members. Please watch for Hot Topics articles from our professional advocates Camille Bonta and Geoff Werth in the newsletter and be sure to take a few moments to be an advocate when Action Alerts come out. Together, we can make a difference for our patients and colleagues!

NASPGHAN Council for Pediatric Nutrition Professionals (CPNP) **Encourage your Nutrition Professionals to Join NASPGHAN!**

The purpose of this Council is to advance the knowledge of nutrition professionals in normal and abnormal nutrition in children; to promote the professional development and recognition of nutrition professionals as experts in their respective pediatric specialties; to promote excellence in the nutrition care of children, and to foster collaboration amongst pediatric nutrition professionals in order to develop and standardize best practice.


Full membership is extended to any professional with a focused interest and active involvement in pediatric nutrition in North America: Registered Dietitians; and Dietetic Technicians, Registered.



Qualifications

- ◆ Registered Dietitians who perform supervisory, teaching, clinic, acute care, research, technical or administrative duties in the field of pediatric nutrition will be eligible for full membership.
- ◆ Dietetic Technicians, Registered who perform teaching, clinic, acute care, research or technical duties in the field of pediatric nutrition also will be eligible for full membership.
- ◆ All applicants must be employed either full or part-time and be a resident or citizen of a country in North America.

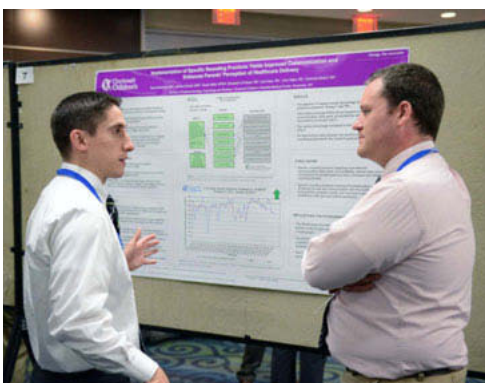
Associate membership is extended to dietetic students, Nurses, Advanced Practice Practitioners, Physicians, Fellows, Commercial Company Representatives, International Applicants, Physician's Assistants, or any person engaged or enrolled in activities relevant to the practice of pediatric nutrition, or who works in the field of pediatric nutrition who does not meet criteria for full membership. Associate members have all the privileges of full membership with the exception of voting.

Click here  to access an application.

NASPGHAN ★☆☆ 2015

Annual Meeting & Postgraduate Course

October 7–11, 2015 • Washington Hilton • Washington, DC



NASPGHAN ★☆☆ 2015

Annual Meeting & Postgraduate Course

October 7–11, 2015 • Washington Hilton • Washington, DC



NASPGHAN ★☆☆ 2015

Annual Meeting & Postgraduate Course

Awards Ceremony

Friday, October 9, 2015



Harry Shwachman Award

..... Presented to *D. Prent Polk, MD*

The Shwachman award is given by **NASPGHAN** to a person who has made major, life long scientific or educational contributions to the field of pediatric gastroenterology, hepatology or nutrition in North America. The award is designed to preferentially honor a member of **NASPGHAN** for his/her achievements in the field.



NASPGHAN Distinguished Service Award

..... Presented to *Kathleen J. Motil, MD, PhD*

The **NASPGHAN** Distinguished Service Award is presented to an individual to recognize excellence and service to the field of pediatric gastroenterology, hepatology, and nutrition by achieving national and/or international recognition in their field.



AAP Murray Davidson Award

..... Presented to *Robert H. Squires, Jr., MD, FAAP*

The Murray Davidson Award recognizes an outstanding clinician and educator and scientist who has made a significant contribution to the field of pediatric gastroenterology and nutrition.



**NASPGHAN Foundation/Takeda Pharmaceutical Products, Inc.
Research Innovation Award**

Hiroshi Nakagawa, MD, PhD – University of Pennsylvania Perelman School of Medicine, Philadelphia, PA

AUTOPHAGY AND HUMAN MATURATION IN EOSINOPHILIC ESOPHAGITIS



**NASPGHAN/NASPGHAN Foundation
George Ferry Young Investigator Development Award**

Calies Menard-Katcher, MD – Children's Hospital Colorado, Aurora, CO

STRUCTURAL AND MOLECULAR MARKERS FOR DETECTION AND MONITORING OF PEDIATRIC FIBROSTENOTIC EOSINOPHILIC ESOPHAGITIS



**NASPGHAN Foundation/Nestlé Nutrition Research
Young Investigator Development Award**

Geoffrey Preidis, MD, PhD – Texas Children's Hospital, Houston, TX

GLYCAN METABOLISM SHAPES THE UNDERNOURISHED INTESTINAL MICROBIOME AND INFLUENCES WEIGHT GAIN



**NASPGHAN Foundation Mid-Level Career Development Award
Supported by a grant from Takeda Pharmaceuticals International, Inc.**

David Rudnick, MD, PhD – Washington University, Saint Louis, MO

PPAR γ –DEPENDENT GENETIC REGULATION OF NAFLD



**NASPGHAN Foundation/Abbott Nutrition
Advanced Fellowship Training In Pediatric Nutrition**

Jefferson Brownell – Children's Hospital of Philadelphia

VITAMIN A IN SICKLE CELL DISEASE: IMPROVING SUBOPTIMAL STATUS WITH SUPPLEMENTATION



**NASPGHAN Foundation/APGNN
Susan Moyer Nursing Research Grant**

M. Denise Pollard-Manigault, PhD, CPNP, MPH – Children's Healthcare of Atlanta, Atlanta, GA

IMPLEMENTATION OF EVIDENCE–BASED GUIDELINES IN PEDIATRIC FUNCTIONAL CONSTIPATION: USING NASPGHAN/ESPGHAN 2014 RECOMMENDATIONS–MEASURING OUTCOMES



**NASPGHAN Foundation In-Office Member Grant
for Development of Patient Education Prototypes**

Ramya Ramraj, MD – Oregon Health Science University Pediatric Gastroenterology

CHRONIC ABDOMINAL PAIN – TAKING THE SUPPORT HOME AND GOING BACK TO SCHOOL

NASPGHAN ★☆☆ 2015 — Abstract Award Winners

► Young Faculty Clinical Investigator Award

Presented to Valentina Shakhnovich, MD – Children's Mercy Hospital, Kansas City, MO

PANTOPRAZOLE PHARMACOKINETICS IN OBESITY: WHERE GENES AND SIZE COLLIDE

► Young Faculty Investigator Award

Presented to James Robert Bayrer, MD – U.C. San Francisco, San Francisco, CA

LOSS OF NUCLEAR RECEPTOR LRH-1 SENSITIZES INTESTINAL EPITHELIUM TO INFLAMMATORY INJURY

► Fellow Research Award

Presented to Mary Allyson Lowry, MD – Vanderbilt University, Nashville, TN

AN INNOVATIVE MUCOSAL IMPEDANCE DEVICE DIFFERENTIATES ACTIVE EOSINOPHILIC ESOPHAGITIS FROM INACTIVE DISEASE, NERD, AND CONTROLS

► Endoscopy Prize

Presented to Catharine M. Walsh, MD, MEd, PhD, FRCP – Hospital for Sick Children, Toronto, Ontario, Canada

SELF-ASSESSMENT ACCURACY OF PEDIATRIC ENDOSCOPISTS: A PROSPECTIVE CROSS SECTIONAL STUDY

► Capsule Endoscopy Prize – Supported by a grant from Medtronic

Presented to Stephen Nanton, MD – Avera McKennan Hospital, Sioux Falls, South Dakota

CLINICAL UTILITY OF PATENCY CAPSULE IN PEDIATRIC VIDEO CAPSULE ENDOSCOPY

► NASPGHAN Motility Prize-Basic Science – Supported by a grant from MMS

Presented to Robert Heuckeroth, MD, PhD – The Children's Hospital of Philadelphia and The Perelman School of Medicine at the University of Pennsylvania, Philadelphia, PA

IBUPROFEN SLOWS MIGRATION OF ENTERIC NERVOUS SYSTEM PRECURSOR CELLS INCREASING THE RISK OF HIRSCHSPRUNG-LIKE DISEASE IN ANIMAL MODELS

► NASPGHAN Motility Prize-Clinical Science – Supported by a grant from MMS

Presented to Miranda Van Tilburg, PhD – University of North Carolina, Chapel Hill, NC

PARENT-ONLY INTERVENTION REDUCES SYMPTOMS AND DISABILITY IN ABDOMINAL PAIN PATIENTS

► Nutrition Prize

Presented to Danielle Wendel, MD – Children's Hospital of Philadelphia, Philadelphia, PA

ETHANOL LOCK THERAPY IN CHILDREN WITH INTESTINAL FAILURE: INFECTION PREVENTION AND VASCULAR PRESERVATION

► NASPGHAN Pancreas Prize – Supported by a grant from JOLI Diagnostic

Presented to Abraham Orabi – University of Pittsburgh, Pittsburgh, PA

TARGETING PANCREATIC CALCINEURIN TO PREVENT POST-ERCP PANCREATITIS

► APFED Outstanding EGID Abstract Ward

Presented to Amir Kagalwalla – Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, IL

EMPIRIC FOUR FOOD ELIMINATION DIET INDUCES REMISSION IN PEDIATRIC EOSINOPHILIC ESOPHAGITIS AND SUBSEQUENT REINTRODUCTION IDENTIFIES FOOD TRIGGERS

► APFED Outstanding EGID Abstract Award

Presented to Amanda Muir – The Children's Hospital of Philadelphia, Philadelphia, PA

CHEMICAL AND MECHANICAL STIMULI DRIVE ESOPHAGEAL FIBROBLAST ACTIVITY: IMPLICATIONS FOR EOE FIBROSIS

NASPGHAN ★☆☆ 2015 — Special Recognition Awards



William Balistreri Award

Presented to Kara Gross Margolis, MD – Columbia University Medical Center, New York, NY

SELECTIVE SEROTONIN REUPTAKE INHIBITORS HAVE CRITICAL AND LONG-LASTING EFFECTS ON ENTERIC NERVOUS SYSTEM DEVELOPMENT AND GASTROINTESTINAL FUNCTION



Gerard Odell Prize

Presented to Davide Povero, PhD – University of California San Diego, La Jolla, CA


HUMAN INDUCED PLURIPOTENT STEM CELL-DERIVED EXTRACELLULAR VESICLES REVERSE HEPATIC STELLATE CELL ACTIVATION



Teri Li Award

Presented to Catherine Walsh, MD, MEd, PhD, FRCPC, Hospital for Sick Children, Toronto, CA and Cary Sauer, MD, Emory Children's Center, Atlanta, GA

NASPGHAN 2016 Membership Fees Can Now be Paid Online

You can now view and pay your 2016 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 2016 membership fees. If you pay online, you will receive an automatically generated receipt and confirmation. Please remember that the **NASPGHAN** membership year begins January 1, 2016 and runs through December 31, 2016. Also, please remember that you will not receive JPGN after January, 2016, if you have not paid your 2016 **NASPGHAN** membership fees.

While you are in My Account, consider taking some time to review your information and make sure that **NASPGHAN** has correct information for you. The **NASPGHAN** National Office soon will be preparing the annual update for the Membership Directory. We would appreciate it if all changes could be made by the end of 2015.

If you have any trouble logging onto the NASPGHAN website or have any questions, please contact Donna Murphy, at (dmurphy@naspghan.org) or 215-641-9800.

NASPGHAN ★☆☆ 2015

Annual Meeting & Postgraduate Course

8th ANNUAL “HANDS ON ENDOSCOPY” MORE POPULAR THAN EVER

Marsha Kay, MD



The 8th annual pediatric Hands-on Endoscopy Session took place on Friday and Saturday at the NASPGHAN Annual Meeting in Washington, D.C. The sessions, which were free for attendees, were supported by a grant from Olympus America Inc. Using the latest in Olympus endoscopes and endotherapy devices some of which were just commercially released, 13 NASPGHAN faculty members instructed more than 250 participants on the techniques of hemostatic clipping, polypectomy, electrocoagulation and single balloon enteroscopy at 6 stations, and deployed literally “hundreds of clips”.

Expanded sessions were held on Friday, October 9th and on Saturday, October 10th. Fellow participants had special reserved blocks of time to learn these

important techniques. This year we also added an “Ask the Expert” component to the sessions to offer even more teaching and faculty interaction. As always, the sessions were extremely popular and we hope to repeat this event in 2016 at the World Congress. If you missed the session this year, remember to sign up early next year to ensure your space.





NASPGHAN ★ ★ 2015

Annual Meeting & Postgraduate Course

“GI JEOPARDY” – LEARNING WHILE HAVING FUN

Celebrating its 5th anniversary, “GI Jeopardy” returned to the 2015 NASPGHAN Annual Meeting in Washington, DC. Dr. Norberto Rodríguez-Báez, Associate Professor of Pediatrics at the University of Texas Southwestern Medical Center, reprised his role as the enthusiastic host of the game show.

“GI Jeopardy” featured a battle of the sexes with the all female Team XX (faculty and fellow) clashing against an all male Team XY (faculty and fellow).

In front of a live audience, both teams fielded answers from a variety of topics focused on pediatric gastroenterology and pop culture. Like on the television game show, contestants have to quickly recognize the answers and respond appropriately in the form of a question.

Last year’s bitter defeat at the hands of Team XY left a sour taste in the mouths of the Team XX. With new team members composed of Drs. Valeria Cohran and Neha Santucci, Team XX looked to even the score, while Team XY, (Drs. Mike Leonis and Nick CaJacob) wanted to prove that last year was no fluke.

Over 200 audience members, including faculty, fellows and visitors, cheered and jeered at the intense, yet hilarious . . . maybe, just intensely hilarious . . . battle! When the dust had settled, Team XX won convincingly over Team XY to even the overall series at one a piece. “GI Jeopardy” is an innovative way to combine education and entertainment among the attendees of the session. We will all be looking forward to the next NASPGHAN Annual Meeting to see which team will take the lead in the fight for pediatric GI dominance.





NASPGHAN ★☆☆ 2015

Annual Meeting & Postgraduate Course

NASPGHAN 5K RUN

NASPGHAN had its second 5K race during the 2015 NASPGHAN Annual Meeting in Washington, D.C. on Saturday, October 10. About 80 people—and one dog—registered for the race that started in the dark and ended up in the pleasant daylight in Washington's Anacostia Park. Proceeds from the race went to the NASPGHAN Foundation. The Puggle dog,

Beau, and his owner, Matthew Badgett, a fourth year medical student who participated in the Teaching and Tomorrow program, finished first. Since the Puggle actually wore the bib, his owner says the victory actually belongs to Beau.

To see final results, click here. [CLICK HERE](#)





NASPGHAN ★★ 2015 Annual Meeting & Postgraduate Course

NASPGHAN NUTRITION SYMPOSIUM 2015

*Amber Smith, MBA, RD, CD
Chair-Elect, CPNP*


Washington, D.C. provided a great backdrop for the Council of Pediatric Nutrition Professionals (CPNP) Nutrition Symposium this year at the **NASPGHAN** Annual Meeting. With 129 attendees and 14 dynamic speakers, the day was filled with great dialogue, innovation and expertise in nutrition care.

Our nutrition-specific lectures included topics such as childhood obesity, the microbiome, and nutrition care in cystic fibrosis with nationally recognized programs and speakers. Our breakout sessions included elimination diets, Alagille syndrome, and nutrition care for hypometabolic patients. These were excellent small-group opportunities to have more dialogue about best practices amongst our colleagues. We also had a very innovative learning session on blenderized tube feedings—a topic becoming more and more prevalent in our patient populations. Another first this year was our joint sessions with **NASPGHAN** and CPNP—we were happy to see the interest in the talks and the overflowing room of people! Our speakers on cholestatic disease, nutrition care for patients with autism, and iron deficiency and the developing brain were simply fantastic.


CPNP continues to grow in its membership—over 160 strong from 33 states, Canada, Guatemala, and Mexico. We were able to present many updates to our group during our Annual Meeting—a new website and listserv for CPNP members, collaboration on research, and patient and clinician educational materials. It's an exciting time for our Council!

We welcome any feedback, collaboration opportunities, or additional members to our Council! Thank you for your support and for referring your clinician partners to join in our efforts—we're off to a great start, only being 2 years young! We're gearing up for World Congress, so feel free to connect with us about any ideas you have or topics you'd like to hear about. See you in Montreal!


Complete the Evaluation by December 31 to Receive 2015 Continuing Medical Education Credit

If you attended the Single Topic Symposium, Postgraduate Course, **NASPGHAN** Annual Meeting or the Nutrition Symposium in October, click here  to complete your evaluation for the meetings you attended and you will be able to print your certificate. Evaluations must be complete to receive CME/CPEU Credit.

IMPORTANT! The online certificate site will be available through December 31, 2015. After that date, the site will be removed and certificates will no longer be available. If you need a CME certificate, you must complete the evaluation and certificate process prior to that date; otherwise you will forfeit your credit for the course.

To get your certificate, click here  and choose the event for which you need a certificate. If you need a certificate for multiple events, repeat the process. On the site you will be asked to evaluate various aspects of the program and enter the number of hours you attended. You may then print your certificate anywhere you have Internet access. A copy of the certificate will also be emailed to you in case you need to print additional copies.

Please address any questions about the process to: (Certificate@AmedcoEmail.com)

For nursing credit from the APGNN meeting, please click here  to complete the evaluation and print your certificate.




JPGN

News from the Editor




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

Call for Peer Reviewers: *JPGN* is looking for volunteers to peer review articles. Peer reviewers are eligible for AMA PRA Category 1 Credit™. To be considered as a reviewer, please send an email to: (JPGN@WoltersKluwer.com) including the following information: full name, email address, institution and CV. Please use "JPGN Reviewer Request" in the subject line. You will then receive an email invitation to log into JPGN's Editorial Manager site and update your profile.

Potential reviewers include fellows in Pediatric GI, Hepatology & Nutrition, practicing pediatric gastroenterologists, and post docs and scientists/investigators in related fields.

Editage: Wolters Kluwer has entered into a partnership agreement with Editage, a leading provider of English-language editing and publication support services. This will provide a trusted resource for authors, particularly authors who are non-native English language writers. Authors pay for the service themselves. For more information 

Does your institution subscribe to JPGN? Please check your institutional library to be sure they have an electronic subscription to *JPGN*. If not, please suggest to your librarian that *JPGN* be added to the collection.

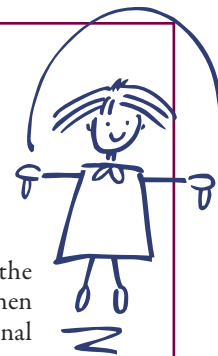
Social Media: You will find that following us on Twitter here , liking us on Facebook here , and checking our new *JPGN* blog here  to be very informative. A featured weekly free article from the current *JPGN* issue will be available for review and download. *JPGN* would appreciate any reTweets or reposts from your personal accounts. We also hope you will use your personal accounts to share the URLs for other *JPGN* articles you find of particular interest. All of these measures help enhance the value of *JPGN*.

Feel free to contact Mel Heyman, MD, Editor in Chief, if you have any questions or suggestions at (mel.heyman@ucsf.edu).



Happy Holidays from your JPGN Editors and Staff!!

American Academy of Pediatrics Corner



Greetings!

It was truly wonderful to see so many of you at the **NASPGHAN** meeting in Washington, D.C., and then again only a few short weeks later at the AAP National Conference & Exhibition, which was also held in our nation's capital this year.

As I transition from SOGHN Executive Committee member to Chair, I wish to express my most sincere appreciation to Leo Heitlinger for his 6 years of dedicated service as SOGHN "Chair Extraordinaire." Leo has worked very hard during his tenure in the Academy to help inform and strengthen relationships with our pediatric colleagues through active involvement with his local AAP Chapter, as well as in various leadership roles within the Academy. It is an honor to try to step into his shoes. I also wish to acknowledge Roberto Gugig for his 6 years of essential service on the SOGHN Executive Committee, and to welcome Bram Jelin and Maria Oliva-Hemker as they begin their terms of service effective November 1st on the Executive Committee. We are looking forward to the new ideas and expertise they will contribute.

I am delighted to report that the 2015 AAP National Conference and Exhibition (NCE) was a tremendous success and set a new record with over 15,000 attendees. A number of outstanding pediatric gastroenterology, hepatology and nutrition talks were given at the meeting by such "GI luminaries" as Jon Teitelbaum, Sam Nurko, B Li and John Snyder. I continue to serve on the NCE Planning Group and can personally attest to tremendous interest by general pediatricians in GI topics. Next year's NCE will take place October 22–25, 2016, in San Francisco, and we will hope to see many of you there!

The AAP remains committed to honoring those who have made a tremendous impact on our subspecialty. To that end, one important reminder is that calls for nomination have been issued for the 2016 AAP Samuel J. Fomon Nutrition Award and the 2016 AAP Murray Davidson Award. Both awards recognize individuals for outstanding achievements in gastroenterology, hepatology and nutrition. Nomination materials should be submitted to the AAP Office by March 20, 2016. Any questions should be directed to Debra Burrowes at (dburrowes@aap.org) or (847) 434-4927.

Finally, I wish to extend my congratulations to Rob Squires, Jr., recipient of the 2015 AAP Murray Davidson Award. Rob has been active on many fronts with numerous AAP and **NASPGHAN** initiatives, and embodies the attributes of the award as an outstanding clinician, teacher, scholar, and advocate for children's health. Congratulations Rob!

Best wishes to all for a healthy and joyful holiday season!

Jenifer Lightdale, MD, MPH, FAAP
Chair, AAP Section on Gastroenterology,
Hepatology and Nutrition
Email: (jenifer.lightdale@umassmemorial.org)

2015 First-Year Fellows

| | |
|----------------------------------|----------------------------------|
| Daniel Agraz Ortiz | Patrick Lin |
| Osman Ahmad | Alejandro Llanos-Chea |
| Leina Alrabadi | Marco Loayza |
| Isreal Arguello-Calderson | Chrissy A. Lopez |
| Monica Arteaga Y Hernandez Magro | Alejandro Loreda Mayer |
| Travis Ayers | Francisco Ramon Lozano Hernandez |
| Dominique Bailey | Sana Mansoor |
| Cortney Ballengee | Jacob Mark |
| Hillary Bashaw | Jubin Mathews |
| Beate Beinvogl | Timothy Menz |
| Christiana Bernal | Sana Merchant |
| Timothy Blaufuss | Steven Miller |
| Scott Bolton | Mar Miserachs |
| Jessica Breton | Ellen Mitchell |
| Jefferson N. Brownell | Jennifer Bordato Mitsuya |
| Maria Elena Camacho Ramirez | Alberto Molina Peto |
| Kristin Capone | Diana Montoya Melo |
| Vanessa Cardenas-Soto | Tina Lung Morhardt |
| Rebecca Casini | Lindsay Moye |
| Lina Castillo | Kathleen Moyer |
| Albert Chan | Lauren Mullinax |
| Marie-Eve Chartier | Supriya Nair |
| Shelly Choudhury | Sara Naramore |
| Sarah Cole | Amrita Narang |
| Karla Adriana Coseti Sanchez | Lay Queen Ng |
| Kristen Critelli | Huyen Nguyen |
| Eileen Crowley | Simone Nicol |
| Jennifer Damman | Danielle Orsagh-Yentis |
| Sherin Daniel | Peter Osgood |
| Judy Dayan | Tonantzin Padilla Cortes |
| Michael Dole | Anita Pai |
| Daniel Duncan | Christine Pasquarella |
| Laurence Feinstein | Shreena Patel |
| Grace Milad Felix | Amy Peasley |
| Laura Ester Flores Fong | Jennifer Amparo Perez Rodriguez |
| David Freestone | Caren Pichardo |
| Steven Fusillo | Amanda Pope |
| Maria Fernanda Gonzalez Medina | Amanda Posner |
| Michelle Gonzalez | Angela Pressley-Wallace |
| Marjorie Guerra | Katherine Prowse |
| Juan Rafael Zarate Guerrero | Karen Queliza |
| Caroline Haberstroh Tran Hall | Yunuen Rivera Suazo |
| Heidi Hagerott | Desiree Rivera-Nieves |
| Kathryn Harlow | Rafael Milanes Romero |
| Keith Hazleton | Martine Saint-Cyr |
| Matthew Heisel | Zachary Sellers |
| Jennifer Hellmann | Maryam Shambayati |
| Lourdes Herrera | Amin Sheikh |
| Alauna Hersch | Mary Shull |
| Amber Hildreth | Elizabeth Spencer |
| Karen Rubi Ignorosa Arellano | Joanna Stanisz |
| Tanbeena Imam | Ashlyn Turner |
| Catalina Jaramillo | Navneetha Unnikrishnan |
| Doris Patricia Jerez Cardenas | Miguel Angel Vichido Luna |
| Logan Jerger | Karen Villaseñor Lopez |
| Lisette Jimenez | David Vitale |
| Mohammad Nasser Kabbany | Thomas Wallach |
| Mohit Kehar | Jennifer Webster |
| Daniel Kelly | Andrew Wehrman |
| Ammar Khayat | Rebecca Winderman |
| Rakesh Kumar | Katrine Winther |
| Simon Lam | Jessica Woolfson |
| Erin Lane | Christine Yang |
| Jacqueline Larsen | Mark Zaretsky |
| Laura Lascrain | Sebastian Zavoian |
| Jennifer Lee | Myriah Zeien Tarantelli |
| Mary LenFestey | Russell Zwienner |

David Perlmutter Becomes Dean of Washington University School of Medicine



David H. Perlmutter, MD, formerly of the University of Pittsburgh, has been named executive vice chancellor for medical affairs and dean of Washington University School of Medicine in St. Louis, Mo.

Dr. Perlmutter, a previous Harry Shwachman Awardee, was a distinguished professor and the Vira I. Heinz Endowed Chair of the Department of Pediatrics at the University of Pittsburgh School of Medicine. He also

was physician-in-chief and scientific director of Children's Hospital of Pittsburgh, of the University of Pittsburgh Medical Center (UPMC).

A former Washington University faculty member, Dr. Perlmutter succeeds Larry J. Shapiro, MD, who stepped down after leading the School of Medicine for 12 years.

Before joining Pitt in 2001, Dr. Perlmutter spent 15 years as a faculty member in the Department of Pediatrics at Washington University, where he was the first to hold the Donald Strominger Professorship of Pediatrics.

Also joining the university faculty is Perlmutter's wife, Barbara A. Cohan, MD, who will be a professor of pediatrics in the Division of Newborn Medicine in the Department of Pediatrics. She is a professor of pediatrics at Pittsburgh, where she directs the Normal Newborn Nurseries and the Neonatal Follow-up Clinic at Magee-Womens Hospital of UPMC.

Originally from Brooklyn, New York, Dr. Perlmutter earned a bachelor's degree in psychology from the University of Rochester and his medical degree from Saint Louis University School of Medicine. He completed his internship and residency in pediatrics at Children's Hospital of Philadelphia, followed by research and clinical fellowships in pediatric gastroenterology at Boston Children's Hospital.



NASPGHAN Receives Reaccreditation from ACCME

NASPGHAN has been reaccredited by the Accreditation Council for Continuing Medical Education (ACCME) through November 30, 2019. With the reaccreditation,

NASPGHAN is able to continue to provide continuing

medical education credit to its members for its various meetings, resources and webinars.

All providers seeking ACCME Reaccreditation are required to submit a self-study report for reaccreditation. The ACCME uses the self-study report, in addition to other data, including annual reports and other interval monitoring data submitted by the provider throughout its current term of accreditation, to evaluate the provider's ability to fulfill its educational mission effectively and comply with the ACCME's Accreditation Criteria, Standards for Commercial Support, and policies (accreditation requirements).

Based on the self study, **NASPGHAN** was awarded accreditation for the maximum of four years.

In Memoriam—Claude C. Roy (1928–2015)



Claude Roy passed away peacefully on July 2, 2015 surrounded by his loving wife Simone and his family. Paying homage to Claude and honoring his memory are difficult tasks, given his many achievements as a physician, scientist, teacher, editor, administrator, mentor, and above all humanist. Claude was born in Québec City in 1928. He studied medicine there at Laval University. A talented athlete, Claude gave up an opportunity to become a professional hockey player in order to complete his medical training at McGill and Harvard. He spent the first years (1964-1970) of his academic career at the University of Colorado, becoming a founding father of pediatric gastroenterology with his lifelong friend Arnie Silverman. Their textbook 'Pediatric Clinical Gastroenterology' long served as a 'bible' to students and specialists alike.

In 1970, Claude decided to return to Canada and was appointed professor at Université de Montréal. He continued his stellar career at Montreal's Sainte-Justine Hospital where he held the positions of Director of the Research Center (1977-82), Chief of Gastroenterology (1982-91) and Director of the Department of Pediatrics (1991-95). He was a member of the Medical Research Council of Canada (1989-95), and served as its Programs Director (1995-99).

Internationally regarded as a pioneer of pediatric gastroenterology, his medical and scientific productivity was extraordinary, both in quality as well as by its relevance to prevention strategies, diagnosis and treatment of gastrointestinal diseases, liver disorders and childhood malnutrition. Claude was the first ever recipient of **NASPGHAN's** Shwachman Award, honoring lifelong scientific and educational achievements in the fields of pediatric gastroenterology, hepatology and nutrition. Claude was appointed Officer of the Order of Canada and was inducted into the Canadian Medical Hall of Fame.

Many of us at both pediatric centers in Montreal, Sainte Justine and the Montreal Children's Hospitals, were fortunate to have trained under Claude's mentorship and supervision. Our professional skills are in large part the product of his teachings. Claude imparted more than the art of medicine. He impressed upon us the true values of life, of family as well as academics. A sociable, generous and endearing man, he had great generosity of spirit and took a genuine interest in all of those he met. Above all, the love and devotion he had for his family were immeasurable. Aside from being a consummate clinician scientist, there were no topics he could not hold an intelligent conversation on. Claude was brilliant, a true Renaissance man.

We organized an international "festschrift" in Montreal to honor Claude when he turned 65. Many former trainees from all over the world came to celebrate Claude's accomplishments. Individuals who congratulated us for organizing a splendidly fitting "retirement" celebration clearly did not know Claude well. Those of us close to him knew he would never retire as long as his health held up. It is thus not surprising that in 2012, Claude came up with the idea to hold the 5th World Congress of Pediatric Gastroenterology in Montreal in October 2016. He continued to work vigorously on the scientific program until the last days of his life. We are very grateful that he invited us to coordinate the meeting with him, as it provided the opportunity to work by his side up until the last days of his life. The 5th World Congress will be dedicated to his memory. A Hebrew saying goes that great people contribute to Tikun Olam—making the world a much better place for all of humanity. Claude Roy was such a man.

~Submitted by Ernest Seidman, Colette Deslandres and Emile Levy, on behalf of the Divisions of Pediatric Gastroenterology at Ste Justine and Montreal Children's Hospitals


NASPGHAN FOUNDATION FELLOW TO FACULTY TRANSITION AWARD IN INFLAMMATORY BOWEL DISEASE

..... **Grant Deadline March 28**

This award provides \$75,000 salary support to enable promising senior pediatric gastroenterology fellows to spend an additional year engaged in full-time research and patient care related to pediatric inflammatory bowel diseases (IBD). The goal is to prepare physicians for independent research careers in IBD by allowing them:

- ◆ To further develop a promising clinical, epidemiologic, outcomes or basic science project, or
- ◆ To build on previously acquired skills and make a transition to IBD Research.
- ◆ To learn new techniques and/or clinical skills by pursuing a formal curriculum at either their sponsoring institution and/or as a visitor for an extended period at a pediatric or internal medicine IBD center at another institution.

Supported by a grant from Abbvie and Janssen Biotech.

Click here  to submit a grant.

NASPGHAN Meetings & Important Deadlines

2016

▶ JANUARY 21–24, 2016

First Year Fellows Conference

Supported by a grant from Nestlé

Marriott Harbor Beach—Fort Lauderdale, FL

▶ FEBRUARY 4–7, 2016

3rd Year Fellows Conference

Supported by a grant from Mead Johnson Nutrition

Doubletree Paradise Valley—Scottsdale, AZ

▶ FEBRUARY 25–28, 2016

2nd Year Fellows Conference

Supported by a grant from Abbott Nutrition

The Scottsdale Plaza Resort—Scottsdale, AZ

▶ OCTOBER 5–8, 2016

World Congress of Pediatric Gastroenterology, Hepatology and Nutrition

Montréal, Canada

2017

▶ FEBRUARY 23–25, 2017

Review Course

Scottsdale Plaza Resort—Scottsdale, AZ

▶ NOVEMBER 2–5, 2017

2017 NASPGHAN Postgraduate Course & Annual Meeting

Caesar's Palace—Las Vegas, NV

2018

▶ OCTOBER 25–28, 2018

2018 NASPGHAN Postgraduate Course & Annual Meeting

Diplomat Resort and Spa—Hollywood, Florida

2019

▶ OCTOBER 16–19, 2018

2019 NASPGHAN Postgraduate Course & Annual Meeting

Sheraton Chicago Hilton and Tower—Chicago, IL

Meetings of Interest

International Pediatric Liver Tumor Symposium

[CLICK HERE](#)

♦ **Date:** February 25–26, 2016

♦ **Location:** Texas Children's Hospital—Houston, Texas

5th Global Congress for Consensus in Pediatrics & Child Health (CIP 2016)

[CLICK HERE](#)

♦ **Date:** March 3–6, 2016

♦ **Location:** Hilton Xi'an—Xi'an, China

3rd International Conference on Nutrition & Growth (N&G 2016)

[CLICK HERE](#)

♦ **Date:** March 17–19, 2016

♦ **Location:** Reed Messe Wien GmbH Congress Center—Vienna, Austria

3rd World Congress on Controversies in Pediatrics (CoPedia)

[CLICK HERE](#)

♦ **Date:** March 31–April 3, 2016

♦ **Location:** Hilton Barcelona—Barcelona, Spain

Pediatric Academic Societies Annual Meeting 2016

[CLICK HERE](#)

♦ **Date:** April 30–May 6, 2016

♦ **Location:** Baltimore Convention Center—Baltimore, MD

4th Elite Pediatric GI Congress

[CLICK HERE](#)

♦ **Date:** May 4–6, 2016

♦ **Location:** Sofitel Hotel, Palm—Abu Dhabi, UAE

Advances in Pediatric Gastroenterology, Hepatology & Nutrition 2016

[CLICK HERE](#)

♦ **Date:** May 5–6, 2016

♦ **Location:** The Royal Sonesta Hotel—Cambridge, MA

DDW 2016

[CLICK HERE](#)

♦ **Date:** May 21–24, 2016

♦ **Location:** San Diego Convention Center—San Diego, CA

ESPGHAN Postgraduate Hands-On Course on Practical Techniques used in Paediatric Gastroenterology & Hepatology

[CLICK HERE](#)

♦ **Date:** May 23–24, 2016

♦ **Location:** Athens, Greece

49th Annual Congress of ESPGHAN

[CLICK HERE](#)

♦ **Date:** May 25–28, 2016

♦ **Location:** Athens, Greece

International Workshop: Therapeutic Digestive Endoscopy in Children

[CLICK HERE](#)

♦ **Date:** June 8–10, 2016

♦ **Location:** Rome, Italy

3rd Athens International Symposium: Gastrointestinal Cancer Prevention, Recognition & Management

[CLICK HERE](#)

♦ **Date:** July 8–9, 2016

♦ **Location:** Athens Hilton Hotel—Athens, Greece

10th International Liver Cancer Association (ILCA) Conference

[CLICK HERE](#)

♦ **Date:** July 8–9, 2016

♦ **Location:** Athens Hilton Hotel—Athens, Greece



Kathleen A. Mueller

Billing & Coding

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

ICD-10-CM MEDICAID ISSUE—Even though ICD-10 took effect on 10-1-2015, there were 4 state Medicaid carriers that were not ready: California, Louisiana, Maryland and Montana.

Those payers will accept the ICD-10 codes, but convert them into ICD-9 format for adjudication of claims. There is concern that practices could experience a higher number of pended or rejected claims due to the imprecise nature of the ICD-10 to ICD-9 crosswalk.

2016 MEDICARE FEE SCHEDULE—There is already a correction in the conversion factor. Originally valued at \$35.7547, it is now at \$35.9334 per RVU. Effective date: July 1, 2015, through December 31, 2015. The conversion factor for 2016 will be \$35.8279 per RVU. The Anesthesia Conversion Factor increases 0.5% on July 1, 2015, and varies according to locality. The national conversion rate will be \$22.3309 per RVU.

Even though most pediatric GI practices don't have many Medicare patients, contracts with payers are often based on a percentage of the Medicare fee schedule.

The total RVU (Relative Value Units) are composed of work, malpractice and practice expense values. Work RVUs are often used to determine salaries/payments to providers.

| CPT Code | Short Descriptor | 2015 Physician Work RVU | CMS 2016 Proposed Physician Work RVU | RVU % Change |
|----------|---------------------------------------|-------------------------|--------------------------------------|--------------|
| 45380 | Colonoscopy with biopsy | 4.43 | 3.59 | -19% |
| 45385 | Colonoscopy with snare polypectomy | 5.30 | 4.67 | -12% |
| 45378 | Colonoscopy | 3.69 | 3.29 | -11% |
| G0105 | Colorectal cancer screen, high risk | 3.36 | 3.29 | -2% |
| G0121 | Colorectal cancer screen, low risk | 3.36 | 3.29 | -2% |
| 45384 | Colonoscopy with hot biopsy | 4.69 | 4.17 | -11% |
| 45381 | Colonoscopy with submucosal injection | 4.19 | 3.59 | -14% |
| 45388* | Colonoscopy, flexible with ablation | 5.86 | 4.98 | -15% |
| 45331 | Flexible sigmoidoscopy with biopsy | 1.15 | 1.07 | -7% |
| 45330 | Flexible sigmoidoscopy | 0.96 | 0.77 | -20% |
| 45382 | Colonoscopy with control of bleeding | 5.68 | 4.76 | -16% |

The 2016 Proposed Fee Medicare Schedule in its entirety can be found here [CLICK HERE](#)

WHAT DOES THIS FEE SCHEDULE MEAN TO YOUR PRACTICE?—This is something that is beyond our control. Cuts will take place. However, there is something you can do to prevent more loss. The average cost of a denied or pended claim is around \$40.

- ♦ Make sure that your documentation is specific.
- ♦ Make sure that your providers are educated on proper leveling of E&M visits both in the office and the hospital.
- ♦ Make sure that your staff and providers are educated on the proper usage of modifiers.
- ♦ Make sure that demographic information is updated on every patient visit.
- ♦ Make sure that your patients are informed of their benefits and co-pay amounts.
- ♦ Make sure to assign the most specific diagnosis codes according to rank.
- ♦ Make sure that every document has a date of service and provider signature.

“INCIDENT TO” POLICY FOR 2016—For 2016, CMS is proposing to clarify that the billing physician or practitioner for “incident to” services must also be the supervising physician or practitioner that is in the office suite that date.

- ♦ This means that schedules can be requested to support the presence of that physician in the office on that date.
- ♦ This also means that notes will be audited more frequently and this is already a #1 priority by both OIG and RACs.

Additionally, CMS is proposing to require that auxiliary personnel providing “incident to” services and supplies cannot have been excluded from Medicare, Medicaid, or other Federal health care programs by the Office of Inspector General, or have had their enrollment revoked for any reason at the time that they provide such services or supplies.

2016 CPT CODES

| CPT CODE | DESCRIPTION |
|----------|--|
| 43210 | EGD with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed |
| 47531 | Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access |
| 47532 | Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram) |
| 47533 | Placement of biliary drainage catheter, percutaneous; including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external |
| 47534 | Placement of biliary drainage catheter, percutaneous; including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external |
| 47535 | Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation |
| 47536 | Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation |
| 47537 | Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation |
| 47538 | Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchanges(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; existing access |
| 47539 | Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchanges(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter |
| 47540 | Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchanges(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, with placement of separate biliary drainage catheter (eg, external or internal-external) |
| 47541 | Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access |
| 47542 | Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure) |
| 47543 | Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and /or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure) |
| 47544 | Removal of calculi-debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure) |

QUESTIONS AND ANSWER FORUM—

Question: What is the difference between the new colon neoplasm codes versus the colon polyp codes?

Answer: Before assigning ICD-10 code D12.0-D12.9, (benign neoplasm, colon through rectum), make sure that pathology has been reviewed and returned as adenomas, sessile serrated polyps and/or neoplasms since instruction in ICD-10 is to assign the neoplasm codes only upon histologic confirmation. If other than a neoplasm or if pathology has not been returned, codes K62.0 (anal polyp), K62.1 (rectal polyp) and K63.5 (colon polyp) can be assigned.

Question: What is the difference between codes K22.2 (Esophageal obstruction) and Q39.3 (Congenital esophageal stricture)?

Answer: K22.2 is an acquired stricture and Q39.3 is a congenital stricture. That is the major difference. Just because the patient is not an adult doesn't necessarily mean that this is congenital (patient born with it). Most esophageal strictures are acquired either from GERD, surgical procedures, medication side effects, etc. If not sure, please make sure to contact your provider to help choose the correct diagnosis code.

NASPGHAN Maintenance of Certification

In the upcoming year, **NASPGHAN** will continue to sponsor a number of additional MOC Part II and Part IV activities this year. Constipation and Enteral Nutrition modules will be available in the first quarter of 2016. Our plan is to offer both MOC Part II and IV credits for BOTH of these modules.

In regards to MOC Part II activities, **NASPGHAN** offered 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.

For those members whose MOC cycle ends in 2015, our staff will be working closely with you in the upcoming week to ensure that you are able to obtain your credits for your cycle. Please remember that you must submit all data by **December 17, 2015 at Noon (12PM) Pacific Standard Time** in order to receive credit. **WE WILL NOT PROCESS YOUR DATA IF SUBMITTED AFTER THIS TIME.**

For those members whose MOC cycle ends in 2016, we highly recommend that you register now to allow ample time for completion of these MOC Part IV activities. Remember, it takes *4 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 click here [NASPGHAN MOC](#). 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.

The **NASPGHAN** MOC Task Force continues to work 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.



From left, John Odell, Glenn Gourley, Katharine Odell and John Barnard at the NASPGHAN Annual Meeting awards ceremony. Katharine Odell, PhD, established a NASPGHAN Foundation endowment to honor her late husband, Dr. Gerard Odell, a pediatric hepatologist and expert in bilirubin metabolism. The Gerard Odell Award for Excellence in Liver Disease Research will recognize the most highly scored pediatric liver disease research abstract submitted to the Annual NASPGHAN Meeting.

Welcome New NASPGHAN Members

Nadia Ameen, MD

Colm Collins, PhD

Bonney Reed Knight, PhD

Emma Tillman, PharmD, PhD

Ransome Eke, MD, MPH, PhD

Toshiaki Shimizu, MD, PhD

Washington Update

Camille S. Bonta and Geoff Werth, NASPGHAN Washington Representative

LOBBY DAY

On October 7, 32 **NASPGHAN** members gathered on Capitol Hill for the first ever **NASPGHAN**-wide lobby day. Armed with their professional experience, **NASPGHAN** members met with nearly 80 congressional offices to advocate on behalf of their patients and their profession. The lobby day took place in conjunction with the **NASPGHAN** Annual Meeting in Washington, D.C.


The lobby day kicked off with a lunch at Capitol Hill at which participants heard from senior members of Congress and their efforts to require health insurance coverage of medical foods for the treatment of pediatric gastrointestinal disorders, tackle the workforce shortages of pediatric subspecialists, and increase funding for medical research.

Rep. Chris Collins (R-NY), the lead sponsor of the **NASPGHAN**-endorsed legislation that would provide for the participation of pediatric subspecialists in the National Health Service Corps, addressed participants, as did Rep. John Delaney (D-MD), who is preparing to introduce legislation that would provide for the coverage of medically necessary foods. The luncheon wrapped up with an insightful discussion with Rep. Diana DeGette (D-CO), who detailed her groundbreaking legislation, the 21st Century Cures Act, and its potential to advance the availability of new treatments to pediatric patients.

Amethyst Kurbegov, MD, chair of **NASPGHAN**'s Public Affairs & Advocacy Committee, kicked off the half-day program of advocacy education and lobbying by conveying to participants the importance of **NASPGHAN** member involvement in the Society's advocacy efforts, including meeting with elected officials.

Lobby day participants reported that lawmakers overall were receptive to their requests, but the support of the entire **NASPGHAN** community is needed to advance causes important to the pediatric GI community.

Over the past several years, **NASPGHAN** has sought ways to expand its advocacy footprint in Washington. **NASPGHAN** is grateful to those who took the time to travel to Capitol Hill, but **NASPGHAN**'s advocacy efforts would benefit from the engagement of all its members.

Help **NASPGHAN** strengthen its voice in Washington through use of its web-based advocacy tool, Engage.  Engage allows **NASPGHAN** members to: easily identify legislation of importance to their patients and practice; email targeted messages to lawmakers; and keep up to date on **NASPGHAN** advocacy news. This advocacy tool is user friendly, efficient and provides a simple and effective way to be heard.

Get involved and take action today.



Drs. Kerri Gosselin, Jenifer Lightdale and Rajitha Venkatesh attend a "meet and greet" with Sen. Elizabeth Warren (D-MA).



Left to right, Drs. David Brumbaugh, Sobail Husain, and Chandran Alexander meet with Sen. Bob Casey (D-PA) who is championing legislation to improve insurance coverage of medically necessary foods.




Rep. John Delaney (D-MD) speaks to NASPGHAN advocates on Capitol Hill about why he is leading the fight in the U.S. House of Representatives for coverage of medically necessary foods.

NASPGHAN MEMBERS PARTICIPATE IN WHITE HOUSE FORUM ON OBESITY



Drs. Praveen Goday and Ann Scheimann who participated in the Let's Move meeting.

NASPGHAN members Praveen Goday, MD, Chair of **NASPGHAN's** Nutrition Committee, and Ann Scheimann, MD, MBA, were invited to the White House on Wednesday, October 28 to attend a meeting on primary prevention and child health. The meeting was convened to "bring together medical providers, insurers and health professionals who have made progress towards providing more comprehensive primary prevention approaches, addressing childhood obesity and improving child health." This meeting was associated with First Lady Michelle Obama's Let's Move! campaign ([click here](#))  and development of the White House Task Force on Childhood Obesity Report that will be released in May 2016.

White House staff was very interested to hear about physician use of the 5-2-1-0 pediatric patient and family education program and its variants, highlighted in the meeting by Dr. Goday. Dr. Goday also mentioned the worrisome trends in pediatric liver disease and the importance of early diagnosis and treatment. Dr. Scheimann stressed that support for telemedicine and the increased coverage of psychology and registered dietitian services was critical. Dr. Scheimann also highlighted GIKids.org

as a great resource that provides easy-to-understand information about the treatment and management of pediatric digestive conditions for children and parents. While the Let's Move campaign has focused largely on obesity prevention, **NASPGHAN** is hopeful that the First Lady's campaign will also address barriers to treatment of obesity and associated medical conditions.


White House staff said they found the meeting very beneficial and will help to inform the May 2016 Report and as they work to build lasting momentum for the First Lady's Let's Move campaign. Staff promised to most immediately focus efforts to capitalize on the President's Promise Zones Initiative; to make resources available for successful obesity prevention pilot programs; and to push for increased coverage of telemedicine. White House staff also hopes insurers will recognize the importance of providing coverage for preventative services aimed at obesity. White House staff noted they would brief the First Lady on the meeting and would follow up with **NASPGHAN** and the other participants later this year.

To sign up for Let's Move updates, [click here](#) 

EFFORT TO IMPROVE CHILDREN'S ACCESS TO PEDIATRIC SUBSPECIALISTS GAINS MOMENTUM

Across medicine and child populations, there is a severe shortage of pediatric subspecialists to treat children with conditions ranging from severe gastrointestinal problems and pediatric arthritis to seizure disorders, autism, mental illness and behavioral conditions. America's child and adolescent population currently totals some 75 million individuals, with about four million children joining these ranks yearly. **NASPGHAN** has been working to convince federal lawmakers to pass the "Ensuring Children's Access to Specialty Care Act of 2015" (H.R. 1859), a bill that would provide for the participation of pediatric subspecialists in the National Health Service Corps (NHSC) program. Importantly, H.R. 1859 would ensure that relevant pediatric subspecialty training sites and programs meet eligibility criteria.

Momentum for passage of H.R. 1859 has picked up in the House of Representatives as a bipartisan group of 32 members, many in the important committees of jurisdiction, have agreed to co-sponsor the legislation. And there is word that a Senate version of this bill will be introduced soon as stakeholder meetings in the upper chamber, including meetings attended by **NASPGHAN** members in October, on this issue have been effective. **NASPGHAN** will continue to work with a group of stakeholders, including the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Juvenile Rheumatoid Arthritis Foundation, to push for passage of this key legislation.

Contact your Representative today by [clicking here](#)  and ask him/her to cosponsor H.R. 1859.

Online Job Board . . .

**YOU CAN NOW POST YOUR JOBS
AND LOOK FOR EMPLOYMENT ONLINE AT
(WWW.NASPGHAN.ORG)**

**CLICK ON TRAINING AND CAREER DEVELOPMENT
AND THEN CLICK ON THE JOB BOARD.**

**YOU CAN UPGRADE THE PURCHASE OF YOUR
ONLINE ADS TO INCLUDE PLACEMENT
IN THE MONTHLY NEWSLETTERS.**

♦ Arkansas—

Arkansas Children's Hospital and The University of Arkansas for Medical Sciences in Little Rock, Arkansas seeks an outstanding Pediatric Gastroenterologist to serve as the Section Chief of Pediatric Gastroenterology.

Successful candidate will bring a proven track record of strong leadership, quality patient care, and passion for teaching and research activities in an academic setting. With an ambitious and entrepreneurial approach, you will be integral in growing the division and expanding upon its research and clinical endeavors. Candidates will assume administrative responsibilities and provide leadership by promoting faculty development, teaching students and residents, and supporting the department's four-fold mission to teach, to heal, to search and to serve. Candidates with interest in liver, general gastroenterology, IBD or research would be a plus!

In addition to general gastroenterology, the division works closely with other clinical programs and research focus areas located on the Arkansas Children's Hospital campus, including nutrition, food allergy and CF.

Arkansas Children's Hospital (ACH) is among the largest children's hospitals in the United States and is the only tertiary care facility for children in the state of Arkansas. Arkansas Children's Hospital offers over 80 specialty clinics and services all dedicated to improving the lives of children. ACH strives to offer the very best in emergency medicine and acute care as well as preventative and well-child care. The ACH Campus spans 36 city blocks and currently houses 370 beds. ACH has a staff of approximately 500 physicians, 95 residents in pediatrics and pediatric specialties. Additionally, the hospital currently employs

more than 4,400 employees. The Arkansas Children's Hospital Research Institute also provides outstanding support for clinical and basic research.

Academic rank and salary will be commensurate with qualifications and experience. ACH is an EEOC employer.

Little Rock, Arkansas is the state Capital and situated on the Arkansas River at the foothills of the Ozark Mountains. The area offers affordable housing, quality school options, a mild climate, excellent cultural and artistic venues, sports activities, world class hunting, fishing, biking trails, and numerous other outdoor recreational opportunities, plus extraordinary natural beauty. Come learn about Central High School's place in the civil rights movement, explore the Clinton Presidential Center and imagine a world free of hunger and poverty at the Heifer Village. With the population in excess of 500,000, greater Little Rock offers the most desirable features of large cities without sacrificing ease of access and convenience.

Little Rock was ranked #1 "America's 10 Great Places to Live" by Kiplinger's Personal Finance Magazine in 2013. It was also named one of America's "Five Secret Foodie Cities" by Forbes Travel Guide in 2014 and Top 10 Best Value City by Trivago.com in 2015.

Come explore all that Little Rock, Arkansas has to offer!

To apply for this job, contact:
Courtney Becker
Phone: 800.678.7858 extension 64401
Email: cbecker@cejkasearch.com
Website: www.cejkasearch.com

♦ Florida—

Nicklaus Children's Hospital, a 289-bed freestanding children's hospital, and Pediatric Specialists of America (PSA), part of the Miami Children's Health System, has two (2) outstanding opportunities for experienced pediatric gastroenterologists. One is at a hospital-affiliated location (Nicklaus Outpatient Center) in Palm Beach County. The other outstanding opportunity is located at Nicklaus Children's Hospital (Main Campus) in Miami, Florida. We are seeking experienced BC/BE Pediatrics Gastroenterology Fellowship trained physicians to provide pediatric GI care as well as physician candidates with a strong commitment to care excellence and customer service.

The Miami Children's Health System has recently partnered with Jupiter Medical Center to expand our brand of outstanding pediatric specialty care to Jupiter, Florida and its surrounding areas. Pediatric Gastroenterology has been identified and targeted by the community as an area of particular need. Working out of the Nicklaus Outpatient Center, the perspective candidate should have several years of experience to enable them to establish and grow MCHS's Pediatric Gastroenterology practice in this attractive location. This represents a truly unique and exciting opportunity for a motivated individual to flourish in one of the most sought after locations to live in Florida.

There is a competitive compensation package that provides: Medical, dental, vision, disability and life insurance options. CME and flexible retirement program with corporate contribution. Professional society dues and association fees. Relocation and malpractice insurance.

Palm Beach, located north of Miami and Ft. Lauderdale, is home to West Palm Beach. Explore the cultural venues and sample some of the 2,000 restaurants. Enjoy sporting activities, like golfing on courses in the glistening tropical sun and sport fishing on the Gulf Stream. Soak up the sun on 47 miles of picturesque beaches and hike the wilds of the breathtaking natural reserves. Window shop along Worth Avenue in Palm Beach. Dance to the nightlife of Atlantic Avenue in Delray Beach.

With an historic legacy a century in the making, the attractions, resorts and festivals are certain to suit any pursuit. Home to 38 cities and towns – from Boca Raton to Jupiter, Palm Beach to Lake Okeechobee. Enjoy abundant sunshine and tropical weather year round!

To apply for this job, contact:
Joyce Berger
Phone: 786.642.3510 extension 3510
Email: joyce.berger@mch.com

♦ Florida—

Pediatric Specialists of America and Miami Children's Health System is looking for a Chief, Section of Gastroenterology, Hepatology and Nutrition, effective January 1, 2016. The position reports President, Physician Enterprise, Pediatric Specialists of America and (PSA) Miami Children's Health System (MCHS).

The Chief of the Section of Pediatric Gastroenterology, Hepatology and Nutrition will work to provide leadership to the section, develop long-term strategy including specific program development, recruitment of faculty, and provide mentoring of resident and fellowship training.

Specific Programs are: Celiac Disease Center, General Gastroenterology, Hepatology, Inflammatory Bowel Disease Center, Interventional Endoscopy, Intestinal Support and Rehabilitation Program, Liver Transplant (planned), Motility Disorders Center

MAJOR ATTRIBUTES:

Leadership

- ♦ Demonstrate, understand and support the mission, vision, and values of MCHS.
- ♦ Ability to work collaboratively with other System leaders and colleagues to develop and advance the goals of the System.
- ♦ Must be an effective listener and communicator.
- ♦ Committed to a culture of superior clinical outcomes
- ♦ Ability to work in concert with the Administrative Leader to maintain a close working connection

Educational Responsibilities

- ♦ Responsible for overseeing the development and integration of effective and innovative educational programs for residents, fellows, students, ACPs, and other health professionals.

Research Responsibilities

- ♦ Works to promote a strong academic environment within the Section

Quality Improvement

- ♦ Accountable for the Section Performance Metrics with a high priority focus on Quality, Safety and Clinical Utilization metrics.
- ♦ Implement MCHS system-wide and PSA strategic initiatives and objectives around quality and patient safety related to pediatric gastroenterology.

Finance

- ♦ Works with the President of PSA to ensure alignment of the goals and objectives of MCHS and PSA

Patient Experience and Physician Satisfaction

- ♦ Works to improve the patient experience, patient/family satisfaction and physician engagement.

The Chief of the Section must have the following qualifications:

- ♦ Current or recent past leadership experience in Gastroenterology. Must also be at the Associate Professor or the Professor level.
- ♦ Must have received an MD degree by graduating from an allopathic medical school accredited by the Liaison Committee on Medical Education (LCME).
- ♦ Must be Board Certified by the American Board of Pediatrics and Pediatric Gastroenterology.
- ♦ Must have an unrestricted Florida Medical License and valid DEA number
- ♦ Must be credentialed by the Medical Staff of Nicklaus Children's Hospital (NCH) and have admitting privileges at NCH.
- ♦ Must be credentialed for billing purposes.

To apply for this job, contact:

Joyce Berger

Phone: 786.642.3510 extension 3510

Email: joyce.berger@mch.com

♦ Illinois—

The Division of Gastroenterology, Hepatology and Nutrition at Ann & Robert H. Lurie Children's Hospital of Chicago and the Department of Pediatrics at Northwestern University Feinberg School of Medicine is seeking a full-time, qualified individual at the Assistant or Associate Professor level, to serve in the highly successful Motility and Functional Disorders Program for the Division. This is the only such Program in the state of Illinois and represents an important strategic component for the Division. This individual must be an M.D. or M.D., PhD and board certified in Pediatric Gastroenterology. Candidates must have demonstrable experience in clinical medicine with specific expertise in motility procedures including esophageal motility and impedance, gastroduodenal and small bowel motility, and anorectal motility. Evidence of productive clinical research will strongly support any candidate for the position. Salary is commensurate with experience and will be competitive. Starting date is flexible.

Northwestern University is an Equal Opportunity, Affirmative Action Employer of all protected classes, including veterans and individuals with disabilities. Women and minorities are encouraged to apply. Hiring is contingent upon eligibility to work in the United States.

Applications will be accepted through 2015 or until a suitable candidate has been identified.

Submit Inquiries and CV to:

Barry K. Wershil, MD

Division Chief, Gastroenterology,

Hepatology and Nutrition

225 E. Chicago Ave. Box 65

Chicago, IL 60611

Phone: 312.227.4610

Fax: 312.227.9645

Email: Bwershil@luriechildrens.org

♦ Kentucky—

The University of Louisville Department of Pediatrics is accepting applications for a senior faculty member to serve as Chief of Pediatric Gastroenterology.

This position is responsible for the administrative and academic leadership of 5 pediatric gastroenterology faculty members providing services at Kosair Children's Hospital as well as three outreach clinics throughout Kentucky.

The chief is responsible for oversight of educational, research and clinical service activities in these sites and training medical students and house staff.

Must be board certified in pediatric gastroenterology, possess excellent clinical and teaching skills, have established scholarly productivity, have strong interest in mentoring junior faculty, with administrative experience and excellent communication skills. Must be eligible for advanced rank academic appointment.

To apply for this position, go to

www.louisville.edu/jobs

and apply for job ID#32082

or submit curriculum vitae to:

Charles R. Woods, MD

Executive Vice Chair

Department of Pediatrics

Phone: 502.852.8600

Fax: 502.852.8603

Email: charles.woods@louisville.edu

♦ Pennsylvania—

The Children's Hospital at Lehigh Valley Health Network (LVHN) in eastern Pennsylvania is growing again! We have approval to add a third pediatric

gastroenterologist to our employed group practice. We seek applicants who are board certified or board eligible and we offer the opportunity to develop a rewarding practice that includes teaching medical students and pediatric residents from our 18-slot free-standing, fully accredited residency program. LVHN physicians are eligible for faculty appointments at the University of South Florida, our academic partner.

Position responsibilities include eight ½ day clinics, ½ day for procedures and ½ day for administrative time. Inpatient consults are covered by the Pediatric GI on call for the week. A brand new pediatric endoscopy suite is under construction on the hospital's main campus where all pediatric services are cohorted. Approximately 30-35 procedures

are completed on a monthly basis. Call is 1:3 from home with excellent backup by the pediatric hospitalists and intensivists.

LVHN has established pediatric services in 28 specialties and general pediatrics. There is a 30-bed inpatient unit, a 40-bed Level III NICU, 8-bed PICU, a pediatric specialty center, Level II pediatric trauma center and 12-bed pediatric ER. Patients admitted to LVHN are covered by an in-house team of pediatric hospitalists and intensivists.

The Lehigh Valley area is anchored by the city of Allentown, the fastest growing city in the state. Urban redevelopment that includes new businesses, sophisticated metropolitan-style housing, four-star restaurants and entertainment venues are credited with

the city's growth. Within 10 minutes of the downtown are beautiful suburban neighborhoods, city parks, bike trails, ski areas and more. The academic opportunities in the area include excellent public schools, highly regarded private schools plus 10 colleges and universities. More than 700,000 people live, work, learn and play in the greater Lehigh Valley.

If interested in this position, please email your CV to:

J. Nathan Hagstrom, MD, Chair of Pediatrics
c/o: Pamela.Adams@LVHN.org

Phone: 484.862.3204

Fax: 484.862.3204

Apply: <http://www.lvhn.org>

Phone: 484-862-3202 for more information