A calming warmth permeated the crisp dawn air, waves lapping the beach in a soothing rhythmic song, as the sun rose over Hollywood, Florida’s Diplomat Resort, anticipating the arrival of North America’s leaders and deliverers of pediatric gastrointestinal health. In staged arrival, the 1,894 meeting revelers greeted each other with the warmth and enthusiasm of family members, many having been apart for a year, but somehow feeling like it was just yesterday. The lobby filled with laughter and chatter as old friends were reunited, and new friends made.

The first arrivals benefited from the expertise of our field’s leaders in Motility and Neurogastroenterology as the Single Topic Symposium elucidated the advances in the field and shined light on its future developments. Chaired by Dr. Anil Darbari, co-chaired by Alex Flores, John Rosen, Elyanne Ratcliffe and Rachel Rosen, and organized by Lusine Ambartsumyan, Robert Heuckeroth, Jaya Punati, Desale Yacob, Khalil El-Chammas, Julie Khlevner and Meenakshi Rao, the conference educated and entertained 330 attendees, for one of the best attended Single Topic Symposia to date.

The Postgraduate Course welcomed the next cohort of arrivals to the beach resort. Shaking the sand out of their flip-flops and tipping their sunglasses to their foreheads, 995 learners benefited from an intellectual smorgasbord. Co-directed by Jennifer Strople and Maria Oliva-Hemker, state-of-the-art lectures on the latest in Endoscopy, IBD, Liver, Pancreas, Functional and Motility, and a Potpourri of other gastrointestinal conditions of timely importance were delivered in expert style. Furthermore, Learning Lunches nourished the body and mind with case discussions and knowledge exchange between attendees and the expert leaders.

The Annual Meeting commenced in typical style with the Welcome Reception where food and drink enhanced comradery and new introductions, and all intermingled with posters of discovery and science advancement . . . the meeting was off to a dynamic start. Meet-the-Professor Breakfasts covering topics from advocacy, to foreign body removal, to promotion and career tracks ushered in the dawn, as did the second annual Women-in-Medicine breakfast with talks on Leadership and Diversity, and Implicit Bias. Judy Cho delivered the Keynote lecture on ‘Personalized Medicine in Gastroenterology’ at the Plenary Session, which also hosted the first Annual Balistreri Lecture, delivered by Takanori Takebe on the Promise of Future Health, Impact of Liver Organoids, a truly inspiring and visually captivating tour of gastrointestinal organoids and the possibilities for the future; we just might be able to grow a liver! President James Heubi shared the NASPGHAN advances of the year, Jeannie Huang, Secretary-Treasurer, reviewed our Society’s finances, Alan Leichtner reported on what CoPS (Council of Pediatric Subspecialties) is doing for us, Melvin Heyman, JPGN Editor, updated us on our journal, and Barry Wershil, President of the NASPGHAN Foundation, revealed how our NASPGHAN Foundation supports the myriad of patient and professional-focused educational activities of NASPGHAN with donations from you!

During 26 sessions, in 6 concurrent time slots, the breadth and depth of our specialty shined, with sessions of interest for all. Additionally, Hands-on sessions for the technical enhancement of our practice were conducted for the development of Endoscopic skills (organized by Marsha Kay and supported by Olympus), Motility Skills (led by Jaime Belkind-Gerson and José Cocjin), and Colonoscopy Skills (led by Catharine Walsh and Douglas Fishman and supported by Pentax), and were enjoyed by many.

The NASPGHAN Awards Ceremony celebrated the accomplishments of our Society’s most accomplished leaders, with Dr. Michael Narkevitch receiving the NASPGHAN Distinguished Service Award, Dr. David Piccoli the AAP Murray Davidson Award, Dr. B Li the new NASPGHAN Master Educator Award, and Dr. John Barnard, the Harry Shwachman Award . . . Congratulations!

**TABLE OF CONTENTS**

| Page 2 | Secretary-Treasurer’s Report |
| Page 3–6 | Foundation News / Foundation Donors |
| Page 7 | CPNP Update / APGNN Update |
| Page 8 | NASPGHAN Tool Box App / Fellows Feud |
| Page 9 | Nutrition Committee Report / N^ull / CME Credits |
| Page 10 | Third Year Fellows Conference |
| Page 11 | JPGN Report / New Members |
| Page 12 | MOC Task Force / 2019 Membership Fees |
| Page 13 | SOGHN Corner |
| Page 14 | Council of Pediatric Subspecialties (CoPS) Update |
| Page 15 | Meetings of Interest |
| Page 16–18 | Billing & Coding / 2018 First Year Fellows |
| Page 19 | Public Affairs & Advocacy Report |
| Page 20 | Foundation Partners News |
| Page 21–29 | 2018 NASPGHAN/CPNP/APGNN Annual Meeting |
| Page 30 | Employment Opportunities |
Complementing our NASPGHAN sessions, APGNN, the Society of our Gastrointestinal Nurse partners, had some sessions of their own, as did LASPGHAN, our Latin American sister society, which shares our members from Mexico. The GI Nutritionists (CPNP) had their own nutrition symposium and were again embedded in our sessions as appropriate, as were our GI Psychologist partners, both group’s expertise enhancing the programs for all.

Of course, our meeting would not be complete without some spirited team-building fun and light-hearted competition. The 5K walk/run benefited from the beauty of Hollywood with a jaunt on the Broadwalk right along the beach, getting the juices flowing for the later, never to be missed, GI Jeopardy, led by the ever-entertaining master of ceremonies, Norberto “Alex Trebek” Rodriguez-Baez. A challenge of the sexes, Estella Alonso and Bridget Dowd faced off against Justin De Boer and Doug Fishman. Taking twists and turns at unexpected times, rallying and volleying, the teams battled neck and neck, encouraged by bellows and laughter from the audience. Despite the intellect of both teams being evident, the men ultimately triumphed, with a Final Jeopardy score differing by only 100 points. The meeting wrapped up, as it traditionally does, with good food and drink, conversation and laughter, and of course dancing, at the Social Event (and to think that the venue did not believe Margaret when she told them, “we really do need a larger dance floor!”).

As the sun sets over the beach of the 2018 Annual Meeting, I want to extend special thanks to Jim Heubi for his exceptional leadership as President, and to Carlo Di Lorenzo for his extraordinary service as Past-President over the last 2 years. Both leaving dance-steps in the sand that will be hard to follow, I am inspired by the talent, commitment, and passion of our members, am energized by the wisdom and dedication of our officers, Committee members, and executive staff, and know that together NASPGHAN will continue to shine increasing warmth on the lives of our patients, professional colleagues, and our clinical and academic profession.

I look forward to our work together going forward and will see you all in Chicago for our 2019 Annual Meeting!

Karen, Murray, MD

President, NASPGHAN
Chief, Division of Pediatric Gastroenterology and Hepatology
Seattle Children’s Hospital

Secretary–Treasurer’s Report

Dear Colleagues —

As mentioned at the 2018 national meeting at the warm relaxing Diplomat Resort in Hollywood, Florida, NASPGHAN is in good financial standing with continued strong attendances at our Annual Meeting, Single Topic Symposium, and Postgraduate Course as detailed by President Karen Murray in her column. Thank you, again, to Karen Murray, Jim Heubi, and the Planning Committee for organizing the meeting. We also welcome Ben Gold as President-Elect who will help plan the upcoming 2019 meeting in Chicago, IL.

Financially speaking, in recent years, NASPGHAN had taken advantage of a strong stock market with substantial, but unrealized gains. However, we have had some notable, ongoing costs (including funding the mid-career research award per member desires and need) and will have future costs (including a new website and service) in the upcoming year. The stock market climate has also been more recently chaotic. Thus, we (Finance Committee and Executive Council) are monitoring the situation carefully.

NASPGHAN heavily relies upon membership dues in order to support the following programs:

- Annual Meetings
- Postgraduate Course
- Single Topic Symposia
- MOC Programs
- Fellows Programs
- Teaching & Tomorrow

Dues for 2019 can now be paid online. As you pay your dues, we also ask that you consider giving to the NASPGHAN Foundation (on the same statement), which continues to support creation and delivery of clinical education materials that we use daily in our offices, as well as professional education tools/resources (Board Review course) and grants funding research to advance our field. The current membership of NASPGHAN is currently 2,528 members strong, which includes 1,761 full members, 66 emeritus members, 422 associate (fellow) members, 58 international members, and 212 CPNP and 9 psychology members.

Wishing all of you happy holidays and all of the best for the upcoming 2019 year,

Jeannie Huang, MD, MPH
Secretary Treasurer, NASPGHAN
San Diego, CA
Dear NASPGHAN Colleagues:

Season’s greetings to all.

The Foundation exists to enhance the professional development and education of our members, and the patients and families we serve. To those ends, it’s been a busy and productive year.

It was an extremely competitive year for the Foundation grants, and while proud to announce the awardees, we will continue to strive to increase our grant portfolio so that deserving investigators and projects can be funded. As presented in Florida, this year’s recipients are:

- Dr. Sarah Taylor from Lurie Children’s Hospital of Chicago was awarded the NASPGHAN Foundation/George Ferry Young Investigator Development Award.
- Dr. Samir Softic of Boston Children’s Hospital received the NASPGHAN Foundation/Nestlé Nutrition Young Investigator Development Award.
- Dr. Ajay Gulati from the University of North Carolina Chapel Hill received the NASPGHAN Foundation Mid-Level Career Development Award.
- Dr. Bruno Chumpitazi of Texas Children’s Hospital was the recipient of the NASPGHAN Foundation/Astra Zeneca Research Award for Disorders of the Upper Gastrointestinal Tract.
- Kerri Fournier from Boston Children’s Hospital received the NASPGHAN Foundation/APGNN Susan Moyer Nursing Research Award.
- Dr. Hongtao Wang from Texas Children’s Hospital received the NASPGHAN Foundation Fellow to Faculty Transition Award in Inflammatory Bowel Diseases.
- Dr. Jon Hubbard from Boston Children’s Hospital received the Crohn’s & Colitis Foundation/NASPGHAN IBD Young Investigator Award.
- Two awards were given as NASPGHAN Foundation Innovations in Clinical Care Grants to Dr. Jacob Robson of the University of Utah and Dr. Debora Duro of Broward Health and the Chris Evert Hospital.

The NASPGHAN Foundation/Abbott Nutrition Advanced Fellowship Training in Pediatric Nutrition was given to Dr. Bridget Dowd from the Children’s Hospital of Philadelphia.

We’d also like to congratulate our named Award winners:

- Gerard Odell Prize-Dennis Black
- Richard J. Grand and John B. Watkins Prize-Diana Montoya Melo
- Teri Li Award-Diana Lerner

On the education front, we remain committed to creating innovative professional and patient-oriented educational activities and resources. This year, the Foundation has helped create a summary of the NASPGHAN NAFLD guidelines, new patient materials on constipation which include a new section on nutrition, creation of a Neonatal Cholestasis Slide Set and Grand Rounds series, another successful session of the Nutrition University, and the continued upgrading of the IBD app, Doc4Me. We continue to work on a number of projects, including a new webinar on Intestinal Failure, an EoE web-based educational program, and the development of a nutrition education curriculum for fellows.

The Foundation works hand in hand with our corporate partners to create meaningful experiences for our members and we thank all our partners for their support this year and every year.

And as always, I thank the members of NASPGHAN, APGNN, and CPNP. It is through the contributions of the people in this extended “family” that the Foundation remains alive and well. It is a privilege to serve as your President and to work with such an amazing group of people.

So to all, a happy and healthy holiday season and a great 2019.

Sincerely,

Barry K. Wershil, MD
President, NASPGHAN Foundation
Chicago, IL
NEW NASPGHAN FOUNDATION Educational Programs and Materials

NAFLD Guidelines Summary
The NASPGHAN Clinical Practice Guideline for the Diagnosis and Treatment of Nonalcoholic Fatty Liver Disease in Children: Recommendations from the Expert Committee on NAFLD (ECON) and the North American Society of Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) was published in the Journal of Pediatric Gastroenterology and Nutrition—Volume 64, Number 2, February, 2017.

The NASPGHAN Foundation has developed The NAFLD Guideline Summary distilling the information in the guideline into a "condensed" version highlighting key areas for the practitioner. This summary is designed to be useful in a real time practice setting. The NAFLD Guideline Summary can be found on the NASPGHAN website. Special thanks to Miriam Vos, MD and Marialena Mouzaki, MD for their work on this project.

Funding provided by Alexion.

Constipation Patient Education Materials
New Constipation Patient Education Materials, are now available on the GIKids.org website. Updated patient handouts cover the following topics:
- Treatment and Management
- Nutrition
- Fecal Soiling
- Toilet Training Tips
- Fluid & Fiber

(Special thanks to the NASPGHAN Public Education, Neuro-gastroenterology & Motility and Technology Committees—as well as CPNP members—Jenny Crouse, Sarah Vermilyea and JoAnna Siciliano for their work on this much anticipated resource.)

Support provided by an educational grant from the Allergan Foundation.

2019 Projects

Nutrition Education Curriculum
Nutritional disease is common in the United States, affecting disease progression and recovery. Treatments are available but physicians need to be educated re: what the therapies are, how to monitor for adequate and catch-up weight gain or appropriate weight loss (effective nutritional intervention) as required, as well as toxicities of therapy and therapeutic options. This didactic curricula with self-learning modules will cover topics like nutritional assessment, basic nutritional physiology, micronutrients, feeding, malnutrition, nutritional support for GI and non-GI conditions, obesity, and macronutrients/formula composition. The Course is designed for use in pediatric GI fellowship training programs.

Special thanks to Praveen Goday, MD, Ala Shaikh Khalil, MD, and Candt Jump, MD and for leading the project.

Support provided by an educational grant from the Nestlé.

EoE Web-based Education Program
The NASPGHAN Foundation and CEGIR (Consortium of Eosinophilic Gastrointestinal Researchers) are working on a web based education series on Eosinophilic Esophagitis. The program will consist of 6 modules with 26 presentations. After participating in the on-line lectures the attendees will be able to:
- Understand the pathophysiology of EoE
- Know the clinical presentations and initial evaluation of a patient with EoE including the differential diagnosis of EoE
- Understand the therapeutic options for treatment of EoE and how to monitor a patient after treatment

Special thanks to Jonathan Spergel, MD and Sandeep Gupta, MD for leading the project.

Support provided by an educational grant from Shire US.

New Webinar on Intestinal Failure
The NASPGHAN Foundation plans to develop a CME webinar on “New Frontiers in Intestinal Failure: The Latest and Greatest”. This webinar is an effort to fulfill the medical professional needs and gaps in the management and treatment of intestinal failure. Topics covered will include the growing innovations of alternative lipids, potential use of TED in children, and the effect that these interventions have had on the field of intestinal rehabilitation and transplant.

Objectives:
- To define Intestinal Failure Associated Liver Disease
- To understand what the current state of knowledge is regarding the pathophysiology of IFALD.
- To describe the two alternative lipid preparations utilized in intestinal failure patients in North America.
- To review the potential adverse effects of using alternative lipids.
- To understand the mechanism of how GLP-2 works and what is the evidence for its use in adult patients.
- To review the pediatric study using GLP-2 in children with intestinal failure.
- To describe the current status of intestinal transplant in the era of intestinal rehabilitation given the usage of alternative lipids and other newer innovations.

This CME webinar will be led by Valeria Cohran, MD—Stay tuned for more details!

Support provided by an educational grant from Shire US.

NASPGHAN Nutrition University
The ever popular N2U is back in 2019 and will be held May 3-4, 2019 at the Hyatt Chicago Airport. Stay tuned for more information about eligibility and the application deadline.

Support provided by an educational grant from Nutricia North America.
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Happy Holidays NASPGHAN members,

I would like to introduce myself. My name is Sally Schwartz and I am excited to be the new CPNP President for the 2018-2020 term. I am a Registered Dietitian at Ann and Robert H. Lurie Children's Hospital of Chicago working in the Department of Gastroenterology, Hepatology and Nutrition. 2018 has been an exciting year for the Council of Pediatric Nutrition Professionals (CPNP) as our membership continues to grow and we continue our collaborative efforts with NASPGHAN.

Our new executive council includes: President Elect, Carmyn Thompson; Past-President, Amber Smith; Secretary-Treasurer, Hailey Clayton; Media Chair, Abigail Lundin, and Communications Chair, Wendy Elverson and continuing in her position as Clinical Practice/Research Chair is Sarah Vermilyea.

This year’s Annual Meeting showcased many of our Council members, presenting at NASPGHAN, APGNN and CPNP meetings, abstracts and nutrition-focused content. We look forward to continuing this collaboration. For our 2019 symposium, we have put out a call for session topics to our membership. If you have interest in a topic, please let us know.

- Criteria for these sessions include the following:
  - Novel, timely topics
  - Balanced, objective programming
  - Multi-disciplinary appeal
  - Preeminent speakers, including individuals on the frontier of scientific disciplines that may or may not be traditionally associated with nutrition (NASPGHAN members encouraged)

Submission date: December 31, 2018 (cpnp.naspghan@gmail.com)

We continue to support NASPGHAN nutrition education through NUF with four of our council members on faculty and CPNP members included as attendees. In addition, 13 of our council members are involved in the Nutrition Curriculum Project as content experts. CPNP members are excited for the opportunity to collaborate with NASPGHAN in updating nutrition content and education for members and the public.

We appreciate your ongoing support as we continue to grow. Please reach out if you have any suggestions or needs for nutrition resources in the work you are doing. Send us an email at (cpnp.naspghan@gmail.com).

Have a wonderful and safe holiday season!

Sally Schwartz, RD, CSP, LDN
President, CPNP, Council for Pediatric Nutrition Professionals

Dear NASPGHAN members,

I cannot believe how quickly one year can pass! I am now several months into my second and final year as APGNN President. As we move into the New Year, I took the opportunity to reflect on my experiences within this organization over the past year. What I realized was how truly fortunate I was to be able to work with people who respect, appreciate and value our organization as much as NASPGHAN does. Every single person I have encountered is so willing to help me, and all members of APGNN, succeed. When we have identified areas we struggle with, someone from NASPGHAN graciously volunteers to lend their expertise. In areas where we excel, we have developed partnerships. So, I would like to take this opportunity to thank you all. It has been a really amazing experience thus far.

As for APGNN, we continue to focus our efforts on member recruitment and retention. We are working on development of multiple educational modules for “new to GI” nurses. Our vision is to have an on-boarding curriculum for any nurse that joins a GI practice. That way, we could assure that during the orientation process, all nurses would have access to the most up-to-date information on a variety of common GI diagnoses. Once complete, our plan is to do the same process for “new to GI” advanced practice nurses. In addition, we will have our two basic liver modules available for free CE’s later this year. We have expanded the mentoring program to the entire organization. We recognize there is still room for improvement in this process, and that is a large focus of our membership committee this year. We believe this is a value to our members and, therefore, wanted to move beyond the pilot program.

We have two new co-chairs for the APGNN Research Committee, and they have a lot of exciting ideas! Kerri Fournier and Sara Fidanza have been involved with the Research Committee for several years now, and have identified some opportunities for improvement. They will be working closely with a NASPGHAN Research Committee liaison to help improve the process for submission to the Susan Moyer research grant and to help with reviews of abstracts prior to submission. Hopefully, this additional support will encourage more people to submit grant proposals.

One last thing to mention is that we are now beginning work on our third edition of the Clinical Handbook of Pediatric Gastroenterology. We sold out the second editions and are excited to move forward with updates. We also anticipate being able to offer an electronic version of the handbook with this update.

We will continue to offer the institutional membership rate of buy 3 memberships, get the fourth free, so please encourage all your nurses to join. It’s a fantastic organization!

Warm regards,

Amy Donegan, APRN
The NASPGHAN Toolbox App Launches

Get your phones out! NASPGHAN Toolbox is a new app now available in the Apple App Store and it will also be available on Google Play soon. This app is the work of the Fellows Committee to bring up-to-date pediatric GI information to your fingertips. In just one click you can review guidelines, calculate important scores, see images of common endoscopy findings, find patient education materials, and much more.

Get a midnight call from the ED about a patient who swallowed a foreign body? No problem, NASPGHAN Toolbox is a quick way to review the guidelines. Forget to calculate the PUCAI before rounds? NASPGHAN Toolbox is at the rescue.

The goal of NASPGHAN Toolbox is to make up-to-date information more accessible during fellowship and beyond. The app is FREE to download. Please download the app from your app store and use it as much as you can, and please email your feedback to (toolboxfeedback@naspghan.org). Our aim is to make this app user friendly and exceptional. Please see below for a few sneak peek images from the app.

4th ANNUAL FELLOWS FEUD IS BACK

Fellows Feud is where fellows compete as individuals and teams, answering AAP PREP GI questions to prepare for boards. This year it will be hosted on Qstream, which is a platform for online, asynchronous learning that employs game mechanics to boost engagement and long-term learning.

You will be asked to answer multiple-choice questions and earn points for participation and correct answers. Questions are repeated after scientifically proven time intervals to maximize knowledge retention.

Every fellow that completes the full Qstream will be entered into a raffle to win free registration to the 2019 NASPGHAN Annual Meeting and the Postgraduate Course.

FELLOWS, KEEP AN EYE OUT IN YOUR EMAILS FOR INSTRUCTIONS IN THE NEXT MONTH!
The Nutrition Committee is going strong, with 28 highly engaged members and a wonderful ongoing collaboration with CPNP. I was absolutely delighted that 19 of our Committee members attended our lunchtime meeting in Florida in October and to hear all their exciting ideas for 2018–2019! Those who attended the Annual Meeting will know we had some outstanding nutrition focused sessions (including the CPNP symposium) and this is in no small part thanks to the Committee’s input.

Some other examples of the work of the Nutrition Committee in 2017-2018 include: collaborating with the AAP in their development of a policy statement and technical report on adolescent weight loss surgery; responding to the FDAs request for comment on the labeling of plant based milk; reviewing grants and fellowships for our Foundation; in collaboration with ESPGHAN and both Hepatology committees, submitting a clinical report on nutrition in chronic liver disease (watch for the publication!); and launching an Intestinal Failure Special Interest Group. Please email Dr. Val Cohran (vcohran@luriechildrens.org) if you want more information and to join!

This past April, NASPGHAN Nutrition University (N^2U) was a great success and this year we will be reaching out to all prior graduates of N^2U to complete a survey that will allow us to evaluate and improve the course (graduates time to pay forward, please respond!).

Thank you to our current and outgoing committee members and CPNP committee volunteers on all these projects: Debora Duro, Lauren Fiechtner, Amanda Fifi, Sarah Fleet, Candi Jump, Catherine Larson Nath, Nisha Mangalat, Russell Merritt, Marialena Mouzaki, Nik Pai, Jennifer Panganiban, Jeffrey Rudolph, Sally Schwartz, Amber Smith and Timothy Sentongo (Vice Chair). However the list is really much longer and I would like to personally thank the entire Committee membership: you keep the NUTRITION in NASPGHAN outstanding!

May 2–4, 2019  Chicago, IL

PROGRAM OVERVIEW:
The course, chaired by Justine Turner, MD, PhD, 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:
- Diagnosis of Pediatric Malnutrition
- Failure to thrive and feeding disorders
- Micronutrient deficiencies
- Critical care nutrition
- Short bowel syndrome/malabsorption
- Obesity
- Nutritional management of Cystic fibrosis
- Food allergy and eosinophilic esophagitis.
- Nutritional therapy in inflammatory bowel disease
- Nutrition support in chronic liver disease
- And more . . .

Application information will be available soon.

CME for 2018
NASPGHAN Annual Meeting
If you attended the Single Topic Symposium, Postgraduate Course or Annual Meeting in October in Hollywood, Florida, go 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 credits.

To get your certificate, go 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)

Speaker slides from the 2018 NASPGHAN Annual Meeting are now available online. Please click individual session links on the program page to see more detailed information about the sessions as well as a link to each slide deck. Click here to get to the program page.

Save the Date for 2019
NASPGHAN is already planning the 2019 Annual Meeting and Postgraduate Course. Next year’s event will be October 17–19 in Chicago, IL at the Sheraton Chicago Hotel and Towers. Make sure to add it to your calendar. We will share more details about the event in the new year.
Mead Johnson Nutrition hosted the Third Year Fellows Conference in Phoenix, Arizona in September, with record fellow attendance. The conference focuses on career development/planning, the interview process, and the transition from training to practice. The outstanding faculty included Drs. John Barnard, Carlo Di Lorenzo, Maria Oliva-Hemker, Steve Guthery, Binita Kamath, Norberto Rodriguez-Baez, Jeannie Huang, Steven Liu, Steven Wu, Cary Sauer and Melanie Greifer. The fellows were engaged throughout the conference with talks, discussions and panels as they carefully consider their career options and choices, and prepare to interview, transition, and build a career. Thanks to NASPGHAN, the faculty, the fellows, and Mead Johnson Nutrition for their continued support.

A special thank you to Mead Johnson Nutrition for supporting this conference for the last 38 years.
Several changes have been initiated relating to your journal, the *Journal of Pediatric Gastroenterology and Nutrition*.

You are probably aware that each issue of *JPGN* has 1–2 articles that offer CME material. The material is created by the authors and vetted by NASPGHAN members under the capable direction of Sandeep Gupta, CME Editor for our journal. As of next year, *JPGN* through NASPGHAN now can offer MOC Part II in addition to CME credit for those of you taking advantage of the CME material. MOC Part II and CME credit will be available if you answer the questions on the NASPGHAN website.

*JPGN* peer review is an essential component of our ability to advance our knowledge and ability to discover new advances in science that will ultimately help improve the lives of infants, children, adolescents and young adults with disorders related to our field of pediatric gastroenterology, hepatology, pancreatobiliary disease, and nutrition. We encourage all of you to help with this process. Reviewers can earn CME credit for their efforts, and we intend to extend reviewer credit to MOC Part II in the near future as well. To enhance the usefulness of manuscript reviews, we encourage reviewers to provide reviews that address the following categories of feedback to the authors of each manuscript:

- Title
- Abstract
- What is Known/What is New?
- Introduction
- Results
- Discussion
- Limitations
- Tables and Figures
- References

MOC Part II credit will depend on the inclusion of responses to the authors that includes each of these sub headers, thus also making the feedback to the authors more instructive. Reviewers already provide feedback on conflicts of interest and on the originality and applicability of the work for our field and specifically for our journal. For new or unsure reviewers regarding what questions to consider for each of these subcategories, detailed guidance can be found at *JPGN Reviewer Checklist*.

At present, the peer reviewer process is the accepted standard in helping to decide which manuscripts warrant publication. Thus, your input into the review process is vital. Please try to help as much as possible with this process. If you are not in our database, please send an email to me (mel.heyman@ucsf.edu) or Marianna Hagan (Marianna.Hagan@wolterskluwer.com) to be added as a reviewer—we welcome new reviewers. Additionally if you are in the database but have not been contacted to help review submissions in the past year, please contact us to update your information in our database to make sure we are aware of your areas of interest and to make sure we have your correct contact information.

The Gastroenterology section has added a new section, focusing on Eosinophilic Gastrointestinal Disorders, in addition to subsections on Inflammatory Bowel Disease and Celiac Disease.

Since this past summer, we are publishing two Image (and/or Video) of the Month articles on a single page in each issue—since these are published in electronic pages, online, the reader can enlarge the images as desired. This will increase exposure to these unique cases and images, including some embedded videos. We hope you enjoy these articles.

Our Impact Factor, in case you have not heard, is maintaining a relatively high level for pediatric sub-specialty journals—currently at 2.752.

Please continue to submit your best research to our journal.

Happy Holidays!

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Welcome New NASPGHAN Members

<table>
<thead>
<tr>
<th>Aymin Delgado, MD, PhD</th>
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<tr>
<td>Rima Jibaly, MD</td>
</tr>
<tr>
<td>Luis Caicedo Oquendo, MD</td>
</tr>
<tr>
<td>Jumana Shammout, MD</td>
</tr>
<tr>
<td>Rodrigo Vazquez-Frias, MD</td>
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</table>
How is NASPGHAN helping with MOC?

The NASPGHAN MOC Task Force continues to provide members with resources that will meet the requisite MOC Part II and IV credits for each 5-year cycle. For your own specific requirements, please refer to your individual American Board of Pediatrics MOC portfolio.

MOC Part II credit opportunities are expanding and are now available through a partnership with the ACCME. Credits are now assigned using the same standard of hours of effort as is typical of CME credits, which explains the discrepancy between this year and prior years’ credits. Currently, NASPGHAN provides Part II credits via participation in the 10-point ABP Pediatric Gastroenterology Self-Assessment options offered via the ABP website and via participation in the Single Topic Symposium and Postgraduate course offered at the Annual Meeting. Part II credits are also available via JPGN for performing article reviews and for reading certain articles and answering some questions. (See related article, Page 11).

The NASPGHAN MOC Task Force continues to provide members with resources to meet the requisite 40 MOC Part IV credits for each 5-year cycle. On-line quality improvement and practice performance projects that qualify for MOC Part IV credits and are relevant to the practicing pediatric gastroenterologist are offered. To date, over 410 NASPGHAN members and over 600 persons total have registered for this service. Currently, seven modules are available on Colonoscopy, Upper Endoscopy, Failure to Thrive, Informed Consent, Transition, Constipation, and Enteral Nutrition. NASPGHAN continues to charge the same nominal fee for participation in these modules at $250 for participation each 5-year cycle (providing ALL Part IV credits necessary for that cycle). If members wish to only perform one module, participation remains at $125/module.

For those of you who are entering the MOCA-Peds GI board qualification phase, NASPGHAN (via the Foundation) also provides support via an online review course. The course reviews key topics over short segments that may help you as you perform the quarterly questions. If you wish more information on the new board examination topic, please look under MOC at the NASPGHAN website.

If you would like to register and begin your MOC Part IV activities for 2019 credit, and/or sign up for the online review course please visit the NASPGHAN store. 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.

Finally, we wish to thank UCSD for providing support for MOC modules since 2013. At this time, services will now be provided by the NASPGHAN National Office. For any questions re: MOC, please contact Kathleen Regan in the National Office at (kregan@naspghan.org).

Sincerely,

Your MOC Task Force Chairs

Jeannie Huang, MD, MPH
Jenifer Lightdale, MD, MPH

NASPGHAN 2019 MEMBERSHIP FEES CAN NOW BE PAID ONLINE

You can now view and pay your 2019 NASPGHAN and CPNP and APGNN dues online. To view your account, please: 1. Go to the Member Center 2. Log in with your user name and password 3. Click on Renew Now on the left-hand side of the page.

If you pay online, you will receive an automatically generated receipt and confirmation. Please remember that you will not receive JPGN after January, 2019, if you have not paid your 2019 NASPGHAN membership fees.

Please also click My Account and consider taking some time to review your information and make sure that NASPGHAN has correct information for you. The NASPGHAN National Office will be preparing the annual update for the Membership Directory soon. Also, consider clicking through the personal demographic information, updating your information and uploading a personal picture.

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.
American Academy of Pediatrics Corner

Dear Colleagues,

It was a pleasure to see so many of you at the NASPGHAN Annual Meeting and again, a short week later, at the AAP National Conference & Exhibition—both in Florida this year! As chair of AAP’s Section on Gastroenterology, Hepatology and Nutrition (SOGHN), I welcome your ideas on meaningful ways that AAP and NASPGHAN can work together to improve the lives of our patients and ourselves!

I am very pleased to report that the 2018 AAP National Conference and Exhibition (NCE) was a tremendous success with over 17,000 attendees. Our thanks to Jonathan Teitelbaum who represents us on the NCE Planning Group. There were many excellent GI, hepatology and nutrition sessions designed to educate pediatricians and other specialists, including those presented by Rachel Rosen, Jim Franciosi and Miguel Saps. SOGHN awarded three Fellow Travel Grants to Claire Daniels (Walter Reed National Military Medical Center), Chineme Dike (University of Iowa Hospitals and Clinics) and Daniel Duncan (Boston Children’s Hospital) to participate in the NCE. Together with Rachel, they educated general pediatricians and other specialists through clinical case presentations on aerodigestive disorders. We will be pleased to again offer Fellow Travel Grant Awards at next year’s NCE, October 25-29, 2019, in New Orleans, supported by Abbott Nutrition. Be on the lookout for this RFA—as attending the NCE as specialty faculty is a great opportunity for young trainees who are interested in developing clinical educator careers.

Many of you may be aware that in addition to SOGHN, the AAP has a multi-disciplinary Committee on Nutrition comprised of pediatric experts in gastroenterology, neonatology, endocrinology, cardiology, and adolescent medicine. Our pediatric GI community is currently well represented by George Fuchs and Praveen Goday. A recent publication of this group was a policy statement on advocacy for improving nutrition in the first 1,000 days of life, with Sarah Jane Schwarzenberg (past committee member) serving as the lead author. Look out for new statements that are forthcoming on the topics of aluminum toxicity, seafood, non-nutritive sweeteners, atopic disease, and sugary drinks. These are often hot topics that garner lots of media scrutiny—so be nice to Sarah, George and Praveen when you see them next!

One activity that AAP engages in that feels more relevant each and every day to all of us who are in practice is payer advocacy. You should know that AAP is strategically involved in outreach to payers, and pediatrician input on payer medical coverage policies is increasingly being requested. This past August, the Blue Cross Blue Shield Association (BCBSA) Evidence Program requested pediatrician input to its clinical review of fecal calprotectin testing. SOGHN was happy not only to respond that coverage of this testing is important (!), but also knew how to quickly reach out to NASPGHAN and the Crohn’s and Colitis Foundation in preparing a formal response on behalf of the AAP. The effort culminated in a letter, approved by the AAP Board and signed by its president, Colleen Kraft, MD, that was reportedly well received by BCBSA. We are hopeful this advocacy may lead to better coverage of fecal calprotectin testing in children. We thank all who contributed to the response, including Athos Bousvaros, David Brumbaugh, Larry Eisenberg, Andrew Grossman, Roberto Gugig, Sandra Kim, Gary Neidich and Joel Rosh. It truly was a team effort!

An important reminder that calls for nomination have been issued for the 2019 Samuel J. Fomon Nutrition Award and the AAP Murray Davidson Award. Both of these awards recognize individuals for outstanding achievements in gastroenterology, hepatology and nutrition. Nomination materials for both AAP awards should be submitted to the AAP office by March 15, 2019, and any questions should be directed to Debra Burrowes at (dburrowes@aap.org) or 630-626-6427.

Finally, please join me in extending congratulations again to David Piccoli, recipient of the 2018 AAP Murray Davidson Award. The AAP and SOGHN were pleased to recognize David as a truly outstanding clinician, teacher, scholar and advocate for children’s health.

Wishing you all a joyous holiday season, and a happy, healthy 2019!

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

Mel Heyman, MD — CoPS Immediate Past-Chair

WHAT IS CoPS DOING FOR YOU?

CoPS is currently involved in several projects that have the potential to reshape the future of all subspecialties. CoPS has developed four Workforce Action Teams: a) Workforce Surveys Action Team that is collaborating with the AAP to create a base survey to be used by all subspecialties seeking to evaluate the current and future status of their workforce; b) Exposure of Pediatric Subspecialties Action Team that is creating a toolbox for improving visibility of pediatric subspecialties to be posted on the CoPS website and exploring other ways to increase early exposure to pediatric subspecialties; c) Exploring the 2-year fellowships Action Team, developing potential surveys for program directors and fellows to examine interest in 2 year fellowship programs; and d) Recruiting and Sustaining Fellows and Junior Faculty in their Research Paths Action Team that is involved in discussions with AMSPDC and other stakeholders to define the issues around retention of physician scientists in pediatrics and to develop potential plans to improve physician-scientist training for pediatric residents as a pipeline to subspecialty training.

CoPS is participating actively in the ABP’s Roadmap to Resilience and Emotional Health project with a goal to improve screening for mental health issues in pediatric patients with chronic medical conditions. A resolution on this topic has been submitted through the AAP Section on Gastroenterology, Hepatology and Nutrition (SOGHN) for the 2019 ALF (Annual Leadership Forum) meeting, where AAP advocacy and policies are determined.

CoPS is supporting recruitment efforts for participation in the newest study through SPIN (Subspecialty Pediatric Investigator Network) to conduct a longitudinal evaluation of the level of supervision for fellows utilizing the level of supervision scales for the common and subspecialty EPAs over a 3-year time period. CoPS is also working with the ABP to help roll out MOCA-Peds, the revised testing format for Maintenance of Certification for pediatric subspecialists, in 2019.

CoPS recently formed a Transition Action Team to identify best practices in transitioning pediatric subspecialty patients to adult providers.

Each pediatric subspecialty is permitted up to two voting members (“reps”) who serve on the Council for three-year terms. Pediatric GI has been has been well represented at CoPS. NASPGHAN currently supports both GI reps on the Council. B Li, former NASPGHAN President, was one of the original members of CoPS. I had the privilege of serving as Chair of CoPS 2016-18 and now serve as Immediate Past Chair until 2020. Alan Leichtner was serving as the other member, and Cary Sauer will be our newest rep to serve on the Council beginning this year. Please feel free to contact us if you would like any further information regarding this influential organization.

WHAT IS “CoPS”?

The Council of Pediatric Subspecialties (CoPS) is an organization that represents the interests of pediatric subspecialties. Its mission is to advance child health through communication and collaboration within its network of pediatric subspecialties and liaison organizations. Members of the Council include representatives (“reps”) of all pediatric subspecialties with American Board of Pediatrics (ABP) board certification, plus several others including dermatology and neurology, and liaison organizations (the ABP, American Academy of Pediatrics [AAP], Academic Pediatric Association [APA], Association of Medical School Pediatric Department Chairs [AMSPDC], and the Association of Pediatric Program Directors [APPD]) that help to support the organization through membership and participate in the activities of CoPS. Visit the website (www.pedsubs.org).

Since it was established in 2007, CoPS has represented the interests of pediatric subspecialties in fellowship training, including reviewing and providing input into subspecialty-specific competencies and Entrustable Professional Activities (EPAs), fellow duty hour requirements, fellowship start dates (starting July 7 or later), the uniform fellowship match, and recently the mandate for protected time for fellowship direction. The CoPS website includes descriptors of all pediatric subspecialties that has become a favorite resource of residents and medical students considering pediatric subspecialty careers. (http://pedsubs.org/SubDes/index.cfm).
Save these dates!

NASPGHAN Meetings & Important Deadlines

2019

» JANUARY 10–13, 2019
  First Year Fellows Conference
  Omni Rosen Hotel—Orlando, FL
  Supported by an educational grant from Abbott Nutrition

» MARCH 7–10, 2019
  Second Year Fellows Conference
  Scottsdale Plaza Resort—Scottsdale, AZ
  Supported by an educational grant from Abbott Nutrition

» SEPTEMBER 12–14, 2019
  Third Year Fellows Conference
  The Camby Hotel—Phoenix, AZ
  Supported by an educational grant from Mead Johnson Nutrition

» OCTOBER 16–19, 2019
  2019 NASPGHAN Annual Meeting & Postgraduate Course
  Sheraton Chicago Hotel and Towers—Chicago, IL

2020

» NOVEMBER 5–7, 2020
  2020 NASPGHAN Annual Meeting & Postgraduate Course
  Marriott Marquis—San Diego, CA

2021

» NOVEMBER 4–6, 2021
  2021 NASPGHAN Annual Meeting & Postgraduate Course
  Gaylord Opryland Resort & Convention Center—Nashville, TN

Meetings of Interest

Crohn’s & Colitis Congress

* Date: February 7–9, 2019
* Location: Las Vegas, NV

Chronic Gastrointestinal Diseases from the Child to the Adult

* Date: April 4–6, 2019
* Location: Sorrento, Italy

Personalized IBD and VEO-IBD: Genomics, Microbiome, Biologics and Beyond

* Date: April 5, 2019
* Location: Philadelphia, PA

8th Annual Nutrition Symposium: The Practice & Science of Dietary Therapy in Inflammatory Bowel Disease

* Date: April 6, 2019
* Location: Seattle, WA

Pediatric Academic Societies Meeting

* Date: April 24–May 1, 2019
* Location: Baltimore, MD

Digestive Disease Week

* Date: May 18–21, 2019
* Location: San Diego, CA

NEC Symposium 2019: Breaking Down the Barriers of NEC Prevention & Treatment

* Date: June 2–5, 2019
* Location: Ann Arbor, MI

2019 AASLD-NASPGHAN Joint Pediatric Symposium

A joint AASLD/NASPGHAN Pediatric Symposium on Acute Liver Failure will be held during the The Liver Meeting November 8–12, 2019 in Boston, MA. An exact day and time for the joint symposium will be announced.

NASPGHAN members Drs. James Squires and Estella Alonso are chairs of the joint program. The meeting will be held at the Hynes Convention Center in Boston.
2019 ICD-10 CODES WERE RELEASED AND EFFECTIVE ON OCTOBER 1, 2018

Make sure that your systems were updated with the current codes. Listed below are those that would apply to GI practices, not only for specific GI issues, but also some secondary conditions that do affect the total care of the patients.

<table>
<thead>
<tr>
<th>CODE</th>
<th>ACTION</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>E78.41</td>
<td>Add</td>
<td>Elevated Lipoproteins</td>
</tr>
<tr>
<td>E78.49</td>
<td>Add</td>
<td>Other hyperlipidemia</td>
</tr>
<tr>
<td>F12.23</td>
<td>Add</td>
<td>Cannabis dependence with withdrawal</td>
</tr>
<tr>
<td>F12.93</td>
<td>Add</td>
<td>Cannabis use, unspecified with withdrawal</td>
</tr>
<tr>
<td>K35.20</td>
<td>Add</td>
<td>Acute appendicitis with generalized peritonitis without abscess</td>
</tr>
<tr>
<td>K35.21</td>
<td>Add</td>
<td>Acute appendicitis with generalized peritonitis with abscess</td>
</tr>
<tr>
<td>K35.30</td>
<td>Add</td>
<td>Acute appendicitis with localized peritonitis without perforation or gangrene</td>
</tr>
<tr>
<td>K35.31</td>
<td>Add</td>
<td>Acute appendicitis with localized peritonitis and gangrene, without perforation</td>
</tr>
<tr>
<td>K35.32</td>
<td>Add</td>
<td>Acute appendicitis with perforation and localized peritonitis, without abscess</td>
</tr>
<tr>
<td>K35.33</td>
<td>Add</td>
<td>Acute appendicitis with perforation and localized peritonitis, with abscess</td>
</tr>
<tr>
<td>K35.890</td>
<td>Add</td>
<td>Other acute appendicitis without perforation or gangrene</td>
</tr>
<tr>
<td>K35.891</td>
<td>Add</td>
<td>Other acute appendicitis without perforation, with gangrene</td>
</tr>
<tr>
<td>K83.01</td>
<td>Add</td>
<td>Primary sclerosing cholangitis</td>
</tr>
<tr>
<td>K83.09</td>
<td>Add</td>
<td>Other cholangitis</td>
</tr>
<tr>
<td>K61.5</td>
<td>Add</td>
<td>Supralevator abscess</td>
</tr>
<tr>
<td>K74.1</td>
<td>Revised</td>
<td>Primary biliary cholangitis and Primary biliary cirrhosis</td>
</tr>
<tr>
<td>K82.A1</td>
<td>Add</td>
<td>Gangrene of gallbladder in cholecystitis (Code first cholecystitis/cholelithiasis)</td>
</tr>
<tr>
<td>K82.A2</td>
<td>Add</td>
<td>Perforation of gallbladder in cholecystitis (Code first cholecystitis/cholelithiasis)</td>
</tr>
<tr>
<td>R93.89</td>
<td>Add</td>
<td>Abnormal finding on diagnostic imaging of other specified body structure</td>
</tr>
<tr>
<td>T81.40</td>
<td>Add</td>
<td>Infection following a procedure, unspecified</td>
</tr>
<tr>
<td>T81.41</td>
<td>Add</td>
<td>Infection following a procedure, a superficial incisional surgical site</td>
</tr>
<tr>
<td>T81.42</td>
<td>Add</td>
<td>Infection following a procedure, deep incisional surgical site</td>
</tr>
<tr>
<td>T81.43</td>
<td>Add</td>
<td>Infection following a procedure, organ and space surgical site (Intrabdominal)</td>
</tr>
<tr>
<td>T81.44</td>
<td>Add</td>
<td>Sepsis following a procedure</td>
</tr>
<tr>
<td>T81.49</td>
<td>Add</td>
<td>Infection following a procedure, other surgical site</td>
</tr>
<tr>
<td>Z19</td>
<td>Add</td>
<td>Hormone sensitivity malignancy status</td>
</tr>
<tr>
<td>Z28.83</td>
<td>Add</td>
<td>Immunization not carried out due to unavailability of vaccine</td>
</tr>
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Of the 71,932 ICD-10 CM codes in 2019, there were 279 additions, 51 deletions and 143 revisions.
2019 NEW CPT CODES FOR GASTROENTEROLOGY

<table>
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<tr>
<th>CPT CODE</th>
<th>CPT DESCRIPTION</th>
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<td>43760</td>
<td>Deleted</td>
</tr>
<tr>
<td>43762</td>
<td>Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance, not requiring revision of gastrostomy tract</td>
</tr>
<tr>
<td>43763</td>
<td>Requiring revision of gastrostomy tract. (Includes dilation of tract, excision of “granulation” tissue, etc.</td>
</tr>
<tr>
<td>76981</td>
<td>Ultrasound, elastography, parenchyma (eg, organ)</td>
</tr>
<tr>
<td>76982</td>
<td>Ultrasound, elastography, first target lesion</td>
</tr>
<tr>
<td>76983</td>
<td>Each additional target lesion (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>99451</td>
<td>Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient’s treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time</td>
</tr>
<tr>
<td>99452</td>
<td>Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes</td>
</tr>
<tr>
<td>99453</td>
<td>Remote monitoring of physiologic parameter(s)(eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment (Do not report 99453 more than once per episode of care) (Do no report 99453 for monitoring of less than 16 days)</td>
</tr>
<tr>
<td>99454</td>
<td>Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days (For physiologic monitoring treatment management, use 99457) (Do not report 99454 for monitoring of less than 16 days) (Do not report 99453 or 99454 in conjunction with codes for more specific physiologic parameters[eg, 93296, 94760])</td>
</tr>
<tr>
<td>99457</td>
<td>Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month</td>
</tr>
</tbody>
</table>

CMS (Centers for Medicare and Medicaid Services) and Changes to the E&M (Evaluation and Management Services) Guidelines in 2019 and in 2021

- Last year, CMS began the process of making changes and it became clear from the comments that (emphasis added) “any changes would have substantial specialty-specific impacts, both clinical and financial. Based on this feedback, it also seems that the history and exam portions of the guidelines are most significantly outdated with respect to current clinical practice.”

- CMS is proposing to begin by revising only the E/M guidelines for the Office/Outpatient Evaluation and Management (E/M) codes (99201-99215) in order to assess how well the revisions work. These changes will mean that payment rates will also be revised, so carefully review the proposed RVU information. A summary of the final versus proposed changes which will become effective on January 1, 2019 include:

  - **PROPOSED RULE:**
    Eliminating Extra Documentation Requirements for Home Visits: Required documentation showing medical necessity for home visits rather than an office visit will be eliminated.

  - **FINAL RULE:**
    Approved

  - **PROPOSED RULE:**
    Eliminate Restriction of only one E/M visit per day: As integration of care from multiple specialties into one organization has expanded, this has created problems.

  - **FINAL RULE:**
    Nothing definitive

  - **PROPOSED RULE:**
    Changing Documentation Requirements for Office or Other Outpatient E/M Visits and Home Visits

  - **FINAL RULE:**
    Allows the physician/provider to verify, not redocument the history components previously input from the patient and/or clinical staff, on established patient visits.

Final information to be released from CMS as to whether or not the staff can do the HPI or the physician/billing provider has to document the HPI as is the current policy.
PROPOSED RULE:
Minimizing Documentation Requirements by Simplifying Payment Amounts

FINAL RULES:
A blended payment will be remitted to providers for 99202-99204 and 99212-99214 starting in 2021.
Further information will be released based upon CMS and AMA and RUC committee recommendations later in 2019-2020.

PROPOSED RULE:
When physicians report an E/M service and a procedure on the same date, CMS proposes to implement a 50% multiple procedure payment reduction to the lower paid of the two services.

FINAL RULE:
Was not part of the final rule. Suspended for now.

PROPOSED RULE:
Modernizing Medicare Physician Payment by Recognizing Communication Technology-Based Services

FINAL RULE:
Approved. Medicare to approve payment on telephone calls and virtual visits.

As far as the commercial payers, we will have to wait for each payer to give us guidance as to what their documentation requirements will be in 2019 if different. Auditing will be a challenge in 2019 and beyond.

Welcome 2018 First-Year Fellows

Ann Abraham
Eunice De Maria Aguilar Gutierrez
Kanya Ahuja
Saleh Al Qahtan
AL-Qasim Al-Bahlani
Fathiya Al-Harthy
Erin Alexander
Farhana Ali
Osman Altun
Zuwaina Alyarubi
Karine Amirkian
Melissa Karina Angulo Perea
Swati Antala
Maritza Selene Arevalo Caballero
Natalia Lizola Arvizu
Mary Ayers
Osama Baghdadi
Lina Margarita Baños Rocha
Preetha Banerwal
Rosara Bass
Jonathan Beri
Adjany Geovanna Bernal Villaseñor
Rachel Bernard
Paroma Bose
Erica Brenner
David Burnett
Rieu Candava
Omaha Yahirca Celestino Pérez
Charles Chen
Katherine Cheng
Stanley Cho
Angela Chu
Kathryn Clarkston
Adam Cohen
Zev Cohen
Ruben Colman
Brad Constant
Olivier Courbette
Conrad Bonorhoe Cox
Joelynn Darville
Ileana Guadalupe De La Torre
Rodriguez
Lissa Antonieta De La Vega Morales
Miriam Del Carmen López Reynoso
Tamir Diamond
Emily Dietle
Peace Dike
Michael Dolinger
Eric Dybbro
Nonychum Ebigbo
Price Edwards
Joshua Eisenberg
Farah Faytouni
Colleen Flahive
Alejandra Leyva Flores
Michael Foreman
Logan Gibson
Meghan Gibson
Dílma Celenia Godoy Salgado
Allysa Goldberg
Christian Eduardo Gonzalez Orduna
Natali Gonzalez Rozo
Andrea Goossens
Lena Gottesman-Katz
Michelle Gould
Alexis Guinn
 Shivani Gupta
Linley Harvie
Sara Hennen
Liliana Ines Hernandez Luengas
Amie Hinshaw
Suzanna Hirsch
Jessica Hochberg
Alice Huang
Koen Huysentruyt
Laura Iraztorza
Amy Issa
Chawwapon Jarawaraparn
Shahid Javaid
Cory Jones
Shelly Joseph
Norma Sarai Juárez Sandoval
Tanyaporn Katie Kaenkimchorn
Panamdeep Kaur
Sarah Kemme
Francis Kim
Nathan Kolasinski
Daniel Lapp
Archana Lingannan
Eileen M. Lugo
Lissette Elizabeth Macías Salazar
Jyoti Mani
Jamie Mathew
Craig McKinney
Annette Medina
Vijay Mehta
Clarissa Cabeza Meneses
Annie Merchant
Nathan Minkoff
Ahmad Miri
Nila Mistry Ambani
Ulises Morales Flores
Grant Morris
Daniel Mulder
Maria Inés Muñoz Ovalles
Maria Daniela Enriquez Muñoz Terrones
Gautam Nagendra
Luis Alexander Navia Lopez
Zahra Nouri
Katherine Laura Olshan
Julie Osborn
Lidiya Palezac
Saumya Pathak
Hannibal Person
Thu Pham
Claudia Phien
Diana Guadalupe Puente Sifuentes
Anita Rao
Aldo Recinos Soto
Pooja Reddy
Anna W. Reed
Silva Rodolfo
Sharmistha Rudra
Carolina Elizabeth Sánchez López
Natasha Sandy
Alex Schosheim
Pablo Xavier Sempertegui Cárdenas
Umran Senyer
Dulce Alejandra Serrano Avila
Aniruddh Setya
Monisha Shah
Melisa Shapiro
Desiree Sierra
Elizabeth Sinclair
John Stone
Jaclyn Strauss
Emily Stryker
Allison Ta
Liliana Sayuri Tápia Brito
Edgaro Armani Tepal Estrella
Kyla Tolliver
Lauren Veit
Bridget Whitehead
Jonathan Wong
Mary Wood
Taylor Woodfin
Allison Wu
Denise Do Young
Jason Zhang
Xiaoyi Zhang
YoYo Zhang

Welcome 2018 First-Year Fellows
Medical nutrition advocates are making their voices heard. In just four months (August through November 2018), 1,681 advocates, including many NASPGHAN members, sent 5,262 communications to Capitol Hill reaching 429 lawmakers. These advocates are asking Congress to support the “Medical Nutrition Equity Act” (S. 1194, H.R. 2587), which would require all payers — Medicaid, Medicare, Federal Employees Health Benefits Program, Children’s Health Insurance Program and private insurance — to cover medical nutrition for certain gastrointestinal conditions and metabolic disorders.

The enthusiastic grassroots response in support of the legislation is the result of the coming together of 36 organizations to form the Patients and Providers for Medical Nutrition Equity (PPMNE) coalition. The coalition was launched under the direction of NASPGHAN and unites patients and health providers around the common goal of achieving medical nutrition coverage equity.

NASPGHAN and other members of PPMNE spent much of 2018 educating lawmakers and their staff about medical nutrition and the pressing need for legislative action. In June, 80 physician and patient advocates were on Capitol Hill to lobby in support of the Medical Nutrition Equity Act. A briefing on the topic was also held for Congressional staff, at which NASPGHAN member Maria Oliva-Hemker, MD, described the use of medical nutrition in treating diseases of the digestive system.

Because 2019 will mark the start of a new legislative session, the Medical Nutrition Equity Act will need to be reintroduced and the process of adding cosponsors to the legislation will need to start over and will require the help of individual NASPGHAN members. NASPGHAN is currently working alongside partner organizations to identify a new Democrat to lead the legislation in the House. The bill’s current Democratic sponsor, Rep. John Delaney (D-MD) is retiring from Congress. In the Senate, the bill’s Republican sponsor, Sen. Charles Grassley, R-IA, will take the helm of the Senate Finance Committee in January. This is noteworthy because the Finance Committee has jurisdiction over the bill.

NASPGHAN will be calling upon its members next year to contact their members of Congress and ask them to cosponsor the Medical Nutrition Equity Act. Until then, here are some simple ways that you can support NASPGHAN in its efforts to ensure that pediatric patients with diseases of the digestive system have access to important medical nutrition therapy:

- Ask your institution to become a member of PPMNE. Here is a list of current PPMNE members. For more information on how to add your institution as member, contact NASPGHAN policy consultant Camille Bonta at (cbonta@summithealthconsulting.com).
- Save the date for the 2019 PPMNE lobby day in Washington, D.C. The event is scheduled for May 6–7. Activities will likely start at 3:00 pm on May 6 and conclude at 5:00 pm on May 7.
- Encourage your patients and their families to share their stories about the importance of access to medical nutrition. Stories are easily shared through the PPMNE website.
Research Study Highlights Benefits of Takeda’s Simulation for Increasing Understanding, Empathy and Connection to Patients Living with Inflammatory Bowel Disease

New study findings published in *Frontiers in Psychology* highlight that taking on the experience of a patient provides an effective way to increase disease understanding and enhance knowledge about inflammatory bowel disease (IBD). Using both quantitative and qualitative measures, the evaluation study conducted by the University of Westminster, London, UK, assessed the impact of Takeda’s immersive *In Their Shoes* program for exposing the physical, emotional and psychosocial impact of living with IBD. Participants in the program reported statistically significant increases in understanding, empathy and connection to patients living with IBD, as well as a greater desire to help raise public awareness, reduce stigma and improve access to patient support.

*In Their Shoes* is an award-winning, immersive simulation in which participants ‘become the patient’ to receive a powerful first-hand experience of the burden of IBD. The University of Westminster, internationally-recognized in patient experience research, conducted an independent study, funded by Takeda, to evaluate the impact of the program, with results demonstrating statistically significant increases ($p<0.00025$) in understanding of the physical symptoms as well as emotional and psychological issues of IBD, improved empathy and connection to IBD patients ($p<0.00025$) and greater confidence in talking to stakeholders about the impact of IBD on patients’ lives.

“The *In Their Shoes* Evaluation Study is the first study to measure the impact of immersive learning on job role focus and connectivity in a simulation, rather than an ‘in-person’ context. By providing a realistic yet brutal experience of inflammatory bowel disease, the *In Their Shoes* program has opened participants’ eyes to the challenges that patients face on a daily basis. This has made a fundamental difference to the way colleagues at Takeda approach their work on inflammatory bowel disease,” said Andrea Stancati, Vice President, Global Therapeutic Area Head, Gastroenterology Medical Affairs, Takeda.

To date, over 1,000 participants (more than 750 internal and 250 external) from 28 countries have participated in the *In Their Shoes* program. As a result of the program successes, *In Their Shoes* is now being rolled out to external audiences including healthcare professionals, policy makers/politicians, patient group representatives and journalists to generate a deeper understanding of how IBD affects patients’ daily and working lives. *In Their Shoes* reflects Takeda’s priority as an organization—placing patients at the center of everything the company does.

To read the *Frontiers in Psychology* article, click here.

References

Shire has launched a new study focusing on young adults with eosinophilic esophagitis. The goal of the study is to develop insights into both the best practices and challenges associated with patient transitioning from pediatric EoE care (aided by parent/caregiver) to independent EoE management, in the voice of the patient. This research will help identify key strategies for young EoE patients to better navigate the transition period as well as raise awareness about this potentially challenging time in the broader medical community.

**Short Synopsis:**
This study aims to gather data directly from young adult U.S. patients with eosinophilic esophagitis via a 30-minute online survey to determine both the best practices and challenges associated with patient transitioning from pediatric to adult care, in the voice of the patient. The goal of the research is to help ascertain key strategies for young adult eosinophilic esophagitis patients to better navigate this transition period. Characterization of the transition from pediatric to adult care will contribute to an understanding of the transition experience and current unmet needs, which will potentially be used to educate the medical and scientific communities using publications in industry posters and/or manuscripts.

The target sample size for this study is 100 young adult U.S. patients with eosinophilic esophagitis who have completed transition to independent management for their EoE. All patient survey respondents must be between the ages of 18 and 26 years of age and have been diagnosed by a physician with eosinophilic esophagitis at least two years ago and at or before age 18. Patients must be independently managing their eosinophilic esophagitis who have completed transition to independent EoE management for their EoE. All patient survey respondents must be independently managing their eosinophilic esophagitis who have completed transition to independent EoE management for their EoE.

**NASPGHAN Involvement:**
We hope to collaborate with NASPGHAN in order to help recruit patients for this research, given the niche population and NASPGHAN’s expertise and contacts in this area. Stay tuned for more information.
THANKS TO OUR CORPORATE PARTNERS AND SUPPORTERS

Abbott Nutrition
AbbVie
Albireo
Alexion
The Allergan Foundation
American Partnership For Eosinophilic Disorders (APFED)
Children’s Mercy Hospital
Children’s National Medical Center
Crohn’s and Colitis Foundation
Diversatek Healthcare
Feeding Matters
Fresenius Kabi
Joli Diagnostic
Laborie
Lilly
Mead Johnson Nutrition
Medtronic
National Institutes of Health
Nestlé
Nutricia
Olympus
QOL Medical, LLC
Seattle Children’s Hospital
Shire
Takeda Pharmaceuticals U.S.A., Inc.

2018 NASPGHAN FOUNDATION DIGESTIVE HEALTH FOR LIFE PARTNERS

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BRONZE
Allergan
Albireo
Audentes Therapeutics
Mead Johnson Nutrition
Medtronic
Nutricia North America
Olympus Corporation
QOL Medical, LLC
Pictures by Craig Huey
NASPGHAN past Presidents and Foundation leadership met together during the 2018 NASPGHAN Annual Meeting. From left to right, Dr. Barry Wershil, current NASPGHAN Foundation President; past NASPGHAN Presidents Drs. Richard Colletti, Philip Sherman, Mitch Cohen and John Barnard; current NASPGHAN President Dr. Karen Murray; past NASPGHAN Presidents Drs. William Balistreri and James Heubi; NASPGHAN President-Elect Dr. Ben Gold and past Presidents Drs. Harland Winter and Carlo Di Lorenzo.
HARRY SHWACHMAN AWARD

Presented to John A. Barnard, MD

The Shwachman award is given by NASPGHAN to a person who has made major, lifelong 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 Michael R. Narkewicz, MD

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 David A. Piccoli, MD

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

NASPGHAN MASTER EDUCATOR AWARD

Presented to B UK Li, MD

The NASPGHAN Master Educator Award for excellence recognizes individuals who have made a significant and sustained contribution to the field of pediatric gastroenterology, hepatology and/or nutrition through education scholarship on a national or international basis.
NASPGHAN FOUNDATION AWARDS

NASPGHAN Foundation/George Ferry Young Investigator Development Award
MACROPHAGE REGULATION OF IMMUNE PATHOGENESIS OF BILIARY ATRESIA
Sarah Taylor, MD – Ann & Robert H Lurie Children’s Hospital, Chicago, IL

NASPGHAN Foundation/Nestlé Nutrition Research Young Investigator Development Award
SUGAR METABOLISM IN FATTY LIVER DISEASE
Samir Softic, MD – Boston Children’s Hospital, Boston, MA

NASPGHAN Foundation Mid-Level Career Development Award
IDENTIFYING MICROBIOTA-DRIVEN PATHWAYS TO MODULATE PANETH CELL FUNCTION
Ajay Gulati, MD – University of North Carolina Chapel Hill, Chapel Hill, NC

NASPGHAN Foundation/AstraZeneca Research Award for Disorders of the Upper Gastrointestinal Tract
ADVANCING NUTRITIONAL SCIENCE FOR CHILDREN WITH FUNCTIONAL DYSPESIA
Bruno Chumpitazi, MD – Texas Children’s Hospital, Houston, TX

NASPGHAN Foundation/APGNN Susan Moyer Nursing Research Award
ADMINISTRATION DELIVERY PRACTICES AND CHARACTERISTICS OF PEDIATRIC/YOUNG ADULT GASTROENTEROLOGY PATIENTS RECEIVING INFlixIMAB INFUSION THERAPY IN AN AMBULATORY INFUSION CLINIC
Kerri Fournier, BSN – Boston Children’s Hospital, Boston, MA

NASPGHAN Foundation Fellow to Faculty Transition Award in Inflammatory Bowel Diseases
TARGETING EPITHELIAL STEROIDOGENESIS TO TREAT INFLAMMATORY BOWEL DISEASE
Hongtao (Alex) Wang, MD, PhD – Texas Children’s Hospital, Houston, TX

Crohn’s & Colitis Foundation/NASPGHAN IBD Young Investigator Award
MECHANISMS OF FcRn-MEDIATED IMMUNE REGULATION
Jon Hubbard, MD, PhD – Boston Children’s Hospital, Boston, MA

NASPGHAN Foundation Innovations in Clinical Care Grant
SIDE-OPENING BIOPSY FORCEPS TO IMPROVE SUBEPITHELIAL TISSUE YIELD AND ASSESSMENT OF ESOPHAGEAL FIBROSIS IN CHILDREN WITH EOSINOPHILIC ESOPHAGITIS
Jacob Robson, MD – University of Utah, Salt Lake City, UT

THE INFLUENCE OF EXERCISE ON BODY COMPOSITION AND PATIENT OUTCOMES IN A PEDIATRIC MULTIDISCIPLINARY OBESITY CLINIC
Debora Duro, MD, MS – Broward Health, Chris Evert Hospital, Ft. Lauderdale, FL

NASPGHAN Foundation/Abbott Nutrition Advanced Fellowship Training in Pediatric Nutrition
A PLACEBO CONTROLLED EXPLORATORY STUDY TO IDENTIFY BIOMARKERS IN FOOD TOLERANCE
Bridget Dowd, MD – Children’s Hospital of Philadelphia, Philadelphia, PA

NASPGHAN SPECIAL RECOGNITION AWARDS

NASPGHAN FOUNDATION Gerard Odell Prize
RESULTS OF THE WUPPSC STUDY: PROSPECTIVE MULTICENTER WITHDRAWAL OF URSODEOXYCHOLIC ACID IN PEDIATRIC PRIMARY SCLEROSING CHOLANGITIS (PSC)
Dennis D. Black, MD – University of Tennessee Health Science Center, Memphis, TN

NASPGHAN Foundation Grand Watkins Prize
EOE ESOPHAGEAL EPITHELIAL CELLS INDUCE TH2 POLARIZING DENDRITIC CELLS
Diana Montoya Melo, MD – University of Texas Southwestern, Dallas, TX

NASPGHAN Foundation Teri Li Young Educator Award
Diana Lerner, MD – Medical College of Wisconsin, Milwaukee, WI
HANDS-ON SESSIONS CONTINUE TO BE POPULAR AT ANNUAL MEETING

Hands-on sessions continued to be a draw at this year’s NASPGHAN Annual Meeting. In addition to Hands-On Endoscopy and Hands-On Motility courses, this year NASPGHAN offered three Hands-On Colonoscopy sessions. More than 370 registered and attended the variety of sessions.

HANDS-ON ENDOSCOPY

Hands-On Endoscopy sessions Friday and Saturday this year featured some new sessions in esophageal balloon dilation. More than 200 attendees participated in the 11th NASPGHAN Hands on Endoscopy Session.

The sessions were supported by an educational grant from Olympus America Inc.

HANDS-ON MOTILITY

A Hands-On Motility session was popular again at the most recent Annual Meeting, with the 50 available slots filling up quickly. The session was once again lead by José Cocjin and Jamie Belkind-Gerson.

The sessions were supported by educational grants from Medtronics, Laborie and Diversatek.

HANDS-ON COLONOSCOPY

Drs. Catharine Walsh and Douglas Fishman led Colonoscopy Skills and Train the Pediatric Endoscopic Trainer Workshops at this year’s NASPGHAN Annual Meeting. These workshops aimed to improve practicing endoscopists’ colonoscopy skills and teachers’ conscious awareness of endoscopic procedures so they can explain maneuvers in a clear and effective way to teach others.

The sessions were supported by an educational grant from Pentax.
More than 100 NASPGHAN Annual Meeting attendees got up for an early morning 5K on Saturday, October 27 along a scenic path in view of the Atlantic Ocean. The weather was perfect for this annual event. This is the fifth year for the fundraising race, with proceeds going to the NASPGHAN Foundation. This year, Gabrielle Kane, a CPNP member from Texas Children’s Hospital came in first. Tied for second place were Whitney Sunseri, a NASPGHAN member from Children’s Hospital of Pittsburgh, and Bridget Dowd, a third-year GI fellow from Mt. Sinai Medical Center. Jose Vera from Bogota, Colombia arrived next as the first male to complete the race.
Celebrating its 7th year, “GI Jeopardy” returned to the NASPGHAN Annual Meeting in Florida. Dr. Norberto Rodríguez-Báez, Professor of Pediatrics at the University of Texas Southwestern Medical Center, returned as the enthusiastic host of the game show.

Like in previous occasions, this year’s contest featured the entertaining “Battle of the Sexes” format with a female faculty and fellow (Team XX) and a male faculty and fellow (Team XY) fielding answers in front of a live audience from a variety of topics focused on pediatric gastroenterology and pop culture. Like on the television game show, contestants must quickly recognize the answers and respond with the appropriate questions. Categories such as “Know your Vowels”, “Famous People” and “Face Time” kept the audience entertained and chanting “We Want More”. In the most dramatic finale ever, Team XY (Drs. Douglas Fishman and Justin De Boer) proved to be too much for Team XX (Drs. Estella Alonso and Bridget Dowd) who put up a valiant effort.

Over 200 people, including faculty, fellows and visitors, enthusiastically cheered and jeered as the contestants sought to formulate their answers and witnessed this successful and funny event that combines education and entertainment.

With Team XX and Team XY tied at two victories apiece, next year’s contest will serve as the crucial tie breaker, giving the victorious team bragging rights for an entire year. We look forward to next year’s Annual Meeting in Chicago, IL to see which team will take the lead.
GOOD TIMES AT NASPghan ANNUAL MEETING FINAL EVENT

Once again, the place to be at the conclusion of the NASPghan Annual Meeting was the dance floor. Following a buffet dinner and dessert, attendees and their colleagues packed the Grand Ballroom dance floor until the overhead lights came on, signaling another end to a NASPghan Annual Meeting. See you in 2019!
You can now post your jobs and look for employment online.

Go to (www.naspghan.org)
Click on training and career development and then click on job board.

California—

UCSF Fresno Medical Education Program and Central California Faculty Medical Group (CCFMG) are currently recruiting for academic Pediatrics faculty in Gastroenterology at the Assistant, Associate or full Professor Rank. The successful candidate must have completed a residency, be board-certified in Pediatrics and completed subspecialty training in gastroenterology care. The responsibilities include teaching residents and students and providing specialty care to pediatrics’ patients. Interest or experience in patient-centered research is desirable. Academic rank and salary will be consistent with the successful candidate’s professional background. The UCSF Fresno Medical Education Program sees patients in a Regional Medical Center and has very successful faculty practice sites.

The program is based in Fresno, California, where residents enjoy a high standard of living combined with a low cost of living. The result is a quality of life uniquely Californian, yet surprisingly affordable. Limitless recreational opportunities and spectacular scenery is all accessible in a community with abundant affordable housing. While there is much to see and do in Fresno, the city is ideally located for fast, convenient getaways to the majestic Sierra (just 90 minutes away) as well as the scenic Central Coast, just two and one-half hours away. Fresno is the only major city in the country with close proximity to three national parks, including renowned Yosemite National Park.

UC San Francisco seeks candidates whose experience, teaching, research, or community service that has prepared them to contribute to our commitment to diversity and excellence.

The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age or protected veteran status.

Please apply online at https://aprecruit.ucsf.edu/apply/JPF01921

Georgia—

Savannah Pediatric Surgery is seeking a Board Certified/Eligible pediatric gastroenterologist. Incoming candidate will join one other physician and two Mid-Levels.

• 4 days in office with 1 procedure day
• Practice is currently seeing 60-70 pediatric patients per day
• Resident rotations throughout the practice
• Call duties are light as the resident team handles emergent cases

To apply for this job, contact:
Kathy Kyer
Phone: 937-235-5890
Email: kathleen.kyer@hcahealthcare.com

Tennessee—

GI For Kids, PLLC, a thriving private pediatric gastroenterology practice, is seeking one to two board certified and/or eligible pediatric gastroenterologists, pediatric psychologist, pediatric allergist, pediatric speech and feeding therapist. GI For Kids is located in Knoxville, Tennessee and supports East Tennessee and the surrounding states with offices in Knoxville and multiple satellite locations. We are currently staffed with four pediatric gastroenterologists, three Nurse Practitioners, a Physician Assistant, Registered Dietitian, and 40 additional nursing and support staff. Our practice stays consistently busy with both inpatient and outpatient services.

Our outpatient clinic includes nutrition and holistic services, full phlebotomy and lab services, ultrasound, a full time infusion center, capsule endoscopy, breath testing, pH probe, and Bravo studies. Our clinic also runs an allergy program complete with in office scratch testing. We are currently involved in clinical research projects and support two nonprofit organizations for patients with Celiac disease and IBD.

Endoscopies are performed in a new, state of the art endoscopy center at East Tennessee Children’s Hospital alongside a full pediatric anesthesia team and nursing staff. Inpatient services are located at East Tennessee Children’s Hospital as well as the University of Tennessee Medical Center NICU. Rounds are made daily by our own Nurse Practitioner. Access to all pediatric sub-specialties, lab, radiology, and other specialized testing are available at all times.

Our new office is currently under construction and slated to open in the fall of 2019. It will be the only comprehensive stand-alone pediatric gastroenterology and nutrition center of excellence in the country.

We are seeking applicants with excellent clinical skills as well as individuals who will enjoy the freedom and benefits of private practice with the potential of unlimited independent growth and
support from our staff. Interest in Hepatology and/or Motility is encouraged. We offer a generous salary and comprehensive benefits package with a productivity bonus potential that ranks in the top 5% in the nation.

In 2015, Huffington Post ranked Knoxville, TN in "The 10 Best Cities to Relocate To in the U.S." It offers a low cost of living with no state income tax while being surrounded by beautiful lakes at the foot of the Great Smoky Mountains National Park. Its growing population demonstrates that people from all over are attracted to its moderate climate, breathtaking scenery, vibrant culture, and booming economy.

If you would like to learn more about our practice opportunity, contact: Youhanna Al-Tawil, MD Medical Director
Email: yalrawil@giforkids.com

---

**Tennessee—**

**Practice Details:**
- Seeking additional BE or BC Pediatric Gastroenterologist (fellowship trained)
- Blocked OR time, pediatric instrumentation, infusion room, IVD, endoscopy and clinic conveniently housed under one roof
- EMR – eClinicalWorks
- If interested; opportunity for an Outreach Clinic
- 1:2 Call Schedule
- Office: 4 Days Clinic; 1 - ½ Day Procedures
- Currently see around 20 patients/day
- HCA Employed, base salary/productivity plus fringe benefits (401K with company contribution), sign-on bonus, relocation
- 24/7 Pediatric Hospitalist coverage; Hospitalist team take admissions on your behalf
- The Flagship hospital – Centennial Medical Center is a 43-acre campus of five hospitals, The Children's Hospital at TriStar Centennial being one.
- The Children's Hospital at TriStar Centennial includes 26-bed pediatric unit (private suites), 10-bed PICU, and 65-NICU (including overflow). Currently functioning as a 101-bed facility with room to expand.
- HCA's Nashville network consists of five hospitals with NICUs and eleven EDs in metro Nashville to drive additional volumes.
- These TriStar hospitals generated 64,000 pediatric ED visits (2015) and growing (109,000 across all TriStar Division facilities and FSEDs).
- Kids Express provides outpatient services for children up to age 18 – services include IM/IC antibiotics + steroids, Imaging, Laboratory Services, I/O urine collection, simple hydrations, single respiratory treatments.

**Community:**
- The Nashville, TN region is home to more than 1.8 million people and more than 40,000 businesses.
- More than 250 healthcare companies are headquartered in the Nashville region, making healthcare the #1 industry!
- Home to corporate headquarters and corporate giants including Nissan North America, Bridgestone Americas, Dollar General, and HCA.
- Tennessee has the second lowest state and local tax burden per capita, and no state income tax!
- Nashville is rated by both F fermented’s and Travel and Leisure as one of “The Best Places to Go in 2017”
- Home to the Tennessee Titans, Nashville Predators and Nashville Sounds
- For more community information, visit www.VisitMusicCity.com and www.NashvilleChamber.com

To apply for this job, contact:
Kathy Kyer
Phone: 937-235-5890
Email: Kathleen.Kyer@HCAHealthcare.com

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**Texas—**

Methodist Pediatric Practice is actively seeking a BC pediatric gastroenterologist physician in one of the fastest growing cities. San Antonio ranks as the 7th largest city in the U.S. and continues to grow as young professionals and businesses take notice of the abundant opportunities the city has to offer.

**Clinic Insight:**
- Pediatric Multi-specialty clinic that includes GI, Neurosurgery, Hem/Onc and Congenital Heart Surgery
- Group consist of 2 physicians and 1 NP
- High Volume clinic
- On average physicians see 80 to 100 patients per week
- Hospital Call coverage on a rotating basis with 2 to 3 other providers
- Call coverage is on a weekly basis and usually does not require overlapping clinic visits

**Facts about Methodist Children’s Hospital:**
- The FIRST-in San Antonio AND South Texas- Level IV Neonatal Intensive Care Unit (NICU) certified by The Texas Department of Health Services.
- 7 Pediatric Operating Suites
- State of the art GI labs
- Special Outpatient Clinics for Children with complex illness
- Program performs over 1000 endoscopic procedures a year
- New dedicated Children's Imaging Center

Will I be able to grow a successful practice?
The city offers more than just great Tex Mex cuisine; in fact it has become a foodie’s dream. Plus there are over 240 parks and 150 miles worth of walking, hiking and biking trails to help burn off all the delicious food San Antonio has to offer. In case you have not heard, San Antonio is also projected to welcome 1.1 million new residents by 2040 and demographically represents what the U.S. will look like in the future. This type of growth gives you every advantage to be successful!

What does San Antonio offer?
The city offers more than just great Tex Mex cuisine; in fact it has become a foodie’s dream. Plus, there are over 240 parks and 150 miles worth of walking, hiking and biking trails to help burn off all the delicious food San Antonio has to offer. In case you have not heard, San Antonio is a great place for families as it is home to major theme parks, several museums and the only Smithsonian outside of the Nation’s Capital! The list of amenities goes on and on; the best thing you can do is contact me for more information!

To apply for this job, contact:
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Email: Kathleen.Kyer@HCAHealthcare.com

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**Wisconsin—**

The Department of Pediatrics at the University of Wisconsin School of Medicine and Public Health is recruiting for a 75%-100% appointment, board certified or board eligible pediatric transplant hepatologist at the Assistant or Associate Professor level in our CHS track to provide clinical care in our growing...
Appreciable involvement with our pediatric transplant team is anticipated as well as participation in strategic efforts to grow our pediatric transplant referrals. Some general pediatric gastroenterology practice is expected. Candidates should have interest in providing clinical care, teaching, and scholarly activity within a vibrant academic medical center. The candidate is expected to work in a clinical environment with a staffing model that includes Nurse Practitioners. Please find more details here.

The 111-bed American Family Children’s Hospital opened in August 2007 and is the only facility in Madison exclusively devoted to the care and treatment of children. It receives tertiary and quaternary referrals from throughout the state and region and is staffed by pediatricians and surgeons from every subspecialty practice. The department of pediatrics has 183 faculty and continues to grow. The UW School of Medicine and Public Health offers students, educators and researchers access to all of the benefits of a preeminent public research university. In addition, the school has strong partnerships with the University of Wisconsin Hospital and Clinics, whose programs are consistently ranked among the best in the nation; and the University of Wisconsin Medical Foundation, one of the 10 largest physician practice groups in the country. These relationships afford students, teachers and researchers opportunities available only at top ranked academic medical centers.

The city of Madison boasts excellent schools and our own internationally renowned university. Madison, the State Capitol, has been on numerous lists of “Most Livable Cities”, in part because of its quality of life, beautiful lakes, healthy lifestyles, and abundant cultural and recreational opportunities.

Requirements for this position are an MD or equivalent, completion of pediatric residency, gastroenterology fellowship and pediatric transplant hepatology programs, as well as Wisconsin medical licensure, board certified or board eligible in pediatrics and pediatric GI, and completion of pediatric transplant hepatology certificate. Candidates for appointment at the associate professor rank on this non-tenure track will possess scholarly credentials appropriate to the rank per established UW School of Medicine and Public Health policy and guidelines.

The University of Wisconsin is an Equal Opportunity/Affirmative Action employer. Wisconsin Open Records and Caregiver Laws apply. Women and members of minority groups are encouraged to apply. A background check will be conducted prior to employment.

Please send letter of interest and CV to: Luther Sigurdsson, MD Clinical Professor and Division Chief, Pediatric Gastroenterology University of Wisconsin-Madison Box 4108 600 Highland Avenue Madison, WI 53792-4108 Fax 608-265-3397 E-mail: sigurdsson@wisc.edu