

President's Report

President, NASPGHAN: James Heubi, MD



In the winter of 2017, I am looking back at our recent accomplishments. We completed another successful Annual Meeting in Las Vegas on November 1–4, 2017 despite the glitz and depravity of the city and the casino. This included an outstanding symposium entitled “Frontiers in Pediatric Pancreatology” led by Veronique Morinville, Jay Freeman and Sohail

Husain with 234 registrants. We hosted a terrific Postgraduate Course led by Jenny Strople and Maria Oliva-Hemker with 909 registrants (2015 in Washington: 889) and an Annual Meeting organized by Karen Murray with 1,875 registrants (2015 in Washington 1535). CPNP hosted their Annual Meeting with 83 registrants. APGNN had their Annual Meeting with 165 registrants. We will be working to begin organizing the next Annual Meeting, Postgraduate Course, and Symposium on Neurogastroenterology and Motility at the Diplomat Hotel in Hollywood, Florida on October 25–28, 2018 at our Annual Planning and Council Meeting in Orlando on January 13–15, 2018.

There have been other notable accomplishments and I would like to call out those responsible for their hard and persistent efforts. Vicky Ng has been the Society Guidelines Editor (SGE) for 5 years and has been a conscientious leader of this effort and I want to personally thank her for her efforts. In an effort to develop an ongoing plan for the SGE leadership in the future, we have appointed Melanie Greifer to this position with a planned term of 3 years which will ensure a limited term of service in the future. I am confident that Melanie will do an outstanding job and will continue to navigate our efforts to harmonize how **NASPGHAN** and **ESPGHAN** develop and finalize joint Clinical Reports, Guidelines, and Technical Papers together. As most of the members are aware, this job is extremely important to **NASPGHAN** and to the quality of our Journal since the impact factor of *JPGN* is very dependent upon the citing of Clinical Reports and Guidelines. I would also

like to thank Mike Narkewicz for his excellent stewardship of our finances over the last 3 years. He has reviewed our portfolio and created a strategic plan for our investments in the future that will ensure optimal return on our investments. Our recently elected Secretary-Treasurer deserves a huge call out. With financial support from Abbvie and Takeda through the **NASPGHAN** Foundation, she has led the efforts to develop Doc4me, which will provide support for the transition of our patients with IBD. If you have not already looked at the [application](#), I suggest you download it and recommend it to your patients. Finally, I would also like to acknowledge Neha Santucci, Chair of the Fellows Committee, who has led efforts to create the Fellows App which will be available soon. An announcement will appear in *JPGN* and via a general announcement.

As we approach the new year, as your President, I would like to appeal to you to consider making a contribution to the **NASPGHAN** Foundation. As you are familiar, the Foundation is instrumental in our patient and member education as well as grants supporting young and mid-level investigators. With Tax Reform, it remains uncertain when the elimination of charitable donations as an itemized deduction will be phased out so now is a good time to consider a donation to this worthy cause.

Wishing all our members a Happy Holiday Season and a healthy new year.

James Heubi, MD

Director, Center for Clinical and Translational Science and Training and Associate Dean, Clinical and Translational Research, Cincinnati Children's Hospital Medical Center

President, NASPGHAN

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President-Elect Report

.....*President-Elect, NASPGHAN: Karen F. Murray, MD*.....



As the air turns crisp across the Northern longitudes we reflect fondly on our time together at Caesars Palace in Las Vegas, Nevada, for the 2017 **NASPGHAN** Annual Meeting and Postgraduate Course.

The Annual Meeting was preceded by the Single Topic Symposium, “Frontiers in Pediatric Pancreatology”, directed by Dr. Veronique Morinville, Sohail Husain and

Jay Freeman, and had 234 registrants for one of the most well-attended Single Topic Symposia to date. Similarly, 909 registrants benefited from state-of-the-art updates on topics across our specialty at the Postgraduate Course, led by Drs. Jennifer Strole and Maria Oliva-Hemker. Comparably good attendance was also enjoyed at the coincident CPNP Nutrition Symposium, APGNN, and LASPGHAN meetings.

The feature event in Las Vegas in November, however, was the **NASPGHAN** Annual Meeting which engaged 1,875 clinicians, academicians, nurses, nutritionists, psychologists, and trainees, marking the best attended **NASPGHAN** Annual Meeting to date. Dr. Mel Heyman presented the Year in Review, showcasing the most significant Basic and Clinical Science publications of the last 12 months, and Dr. James Wells, the Director of the Pluripotent Stem Cell Center at Cincinnati Children’s, delivered a gripping Keynote Speech on the current and future promise of organoids for changing treatment of gastrointestinal and liver disorders.

The “hand-on” procedural opportunities expanded this year. The Hands-on Endoscopy course, organized by Dr. Marsha Kay, was an ongoing success, and Drs. José Cocjin and Jaime Belkind-Gerson again directed the ever popular Hands-on Motility course. A Hands-on Colonoscopy

session, directed by Dr. Doug Fishman and Catharine Walsh, focused on training the teacher of colonoscopies, and was greeted with great enthusiasm by the colonoscopy teachers who attended. The Professional Development Workshop, Clinical Practice Forum, and Research Skills Workshops focused on relevant and timely topics, including: discussions of ‘value’ as viewed from hospital systems, payors, divisions, and individual providers, mentoring, and career development.

With an excellent turn out for our 5K Run/Walk, **NASPGHAN** was pleased to be able to donate \$1,000 to the Las Vegas Victims’ Fund in support of the victims of the senseless Las Vegas shooting that had occurred in the weeks preceding our meeting.

Looking forward, the Officers, Council, and Committee Chairs will be gathering in Florida in January to plan for the 2018 annual meeting in Hollywood, Florida, October 25–28, 2018. Your evaluations of the 2017 meeting will help to inform our deliberations as we again try to design the most engaging and fun meeting for all.

I hope you all have had a joyous Holiday Season, and I wish you and your families the very best for the New Year!

Warmly and Sincerely,

Karen F. Murray, MD

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

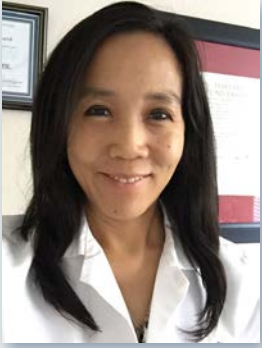
PANCREAS FOUNDATION FELLOWS SYMPOSIUM

—————*April 20–22 * Fort Lauderdale*—————

The **NASPGHAN** Pancreas Committee would like to highlight to all Pediatric GI Fellows a great opportunity to attend a mentoring and training workshop weekend—the Annual National Pancreas Foundation (NPF) Fellows Symposium, in 2018 being held from April 20–22nd in Fort Lauderdale, Florida. **NASPGHAN** Pancreas Committee member Dr. Maisam Abu-El Haija (Maisam.Haija@cchmc.org) is a course director for the meeting, and the faculty for the meeting also includes **NASPGHAN** pediatric pancreatologists. There will be special sessions devoted to pediatric pancreatology- pediatric content being increasingly highlighted based on feedback from **NASPGHAN** trainees attending the last few years’ courses.

This course would be very helpful and worthwhile if you are considering a career in pancreatology or would like to enhance your knowledge of the field. For those selected to attend, the NPF will cover the costs of meals and lodging during the event. Fellows will also receive a \$450 travel stipend (fellows local to the event will receive a \$50 stipend for travel). Please [refer to this link](#) for further details and the application form.

The deadline for applications is January 31, 2018.



Secretary–Treasurer's Report

As your newly appointed Secretary-Treasurer, I am honored to have this opportunity to serve you and **NASPGHAN** over the next 3 years. We have had a stellar year with a successful Annual Meeting in Las Vegas with a record attendance of 1,875 registrants (451 over our last Annual meeting in 2015) and 909 attending our postgraduate course (2nd highest record). Over 200 attendees joined our Single Topic Symposium on Pediatric Pancreatology. Our Hands-on Endoscopy and Motility courses were also well attended with 361 participants. Thank you to Karen Murray, Jim Heubi, and the Planning Committee for organizing the meeting for our ever-growing society.

Financially, the Society is currently on stable ground given exemplary work and efforts by Michael Narkewicz, my immediate predecessor, and the Finance Committee. However, as many of you are acutely aware, the healthcare landscape is changing. Challenges remain in regards to support of educational meetings and courses that are relevant to our practice in pediatric gastroenterology, hepatology, and nutrition.

You can now pay your **NASPGHAN** membership and dues online. The current membership of **NASPGHAN** is about 2,290, which includes 1,677 full members, 56 emeritus members, 399 associate (fellow) members, 66 international members, and 188 CPNP and 5 psychology members.

NASPGHAN heavily relies on the support of its members to continue the tremendous work necessary to organize and produce:

- ♦ Annual Meetings
- ♦ Postgraduate Courses
- ♦ Board Review Courses
- ♦ MOC Programs
- ♦ Fellows' Programs
- ♦ Teaching and Tomorrow Programs
- ♦ Single Topic Symposia

We encourage you to consider giving additional funds to the **NASPGHAN** Foundation this year to support these important efforts that enable continued education to our members and quality care to our patients.

Wishing all of you happy holidays and all of the best for the upcoming 2018 year,

Jeannie Huang, MD, MPH
Secretary-Treasurer, **NASPGHAN**
San Diego, CA

2018 AASLD-NASPGHAN JOINT PEDIATRIC SYMPOSIUM

The joint AASLD/**NASPGHAN** Pediatric Symposium will be held from 12 pm–3 pm on Friday, November 9 at the Moscone Convention Center in San Francisco, CA. The topic is Liver Disease in the Perinatal Period: Interactions between Mother and Infant. Program chairs are **NASPGHAN** members Drs. Samar Ibrahim and Saeed Mohammad.

The Liver Meeting 2018 is Friday November 9 through Tuesday, November 13 at the Moscone Convention Center in San Francisco. Registration will open during the summer. More information as it becomes available can be accessed on the [AASLD website](#).



NASPGHAN Foundation News

..... *Barry Wershil, MD*
President, NASPGHAN Foundation

Dear **NASPGHAN** Colleagues:

Greetings all! It is that time of year where we celebrate the holiday season and reflect both on the year past and the year ahead.

The Foundation has always focused on providing research support that touches all the constituents of **NASPGHAN**, as well as allied health professionals. Equally important is our ongoing efforts to develop innovative professional and patient-oriented educational tools.

On the research front, the Foundation received a record number of submissions in each of the categories of grants that are offered. As presented at our meeting in Las Vegas, this year's recipients include:

- ▶ Valentina Shakhnovich, MD — *Children's Mercy Hospital, Kansas City*
NASPGHAN Foundation/George Ferry Young Investigator Development Award
- ▶ Nina Gluchowski, MD — *Boston Children's Hospital*
NASPGHAN Foundation/Nestlé Nutrition Young Investigator Development Award
- ▶ Nitika Gupta, MD — *Emory University, Atlanta*
NASPGHAN Foundation Mid-Level Career Development Award
- ▶ Cara Mack, MD — *Children's Hospital Colorado*
NASPGHAN Foundation/Takeda Pharmaceuticals USA, Inc. Research Innovation Award
- ▶ Amanda Ricciuto, MD — *Hospital for Sick Children, Toronto*
NASPGHAN Foundation Fellow to Faculty Transition Award in Inflammatory Bowel Diseases
- ▶ Whitney Gray, MSN, CRNP — *Children's Hospital of Pittsburgh*
NASPGHAN Foundation/APGNN Susan Moyer Nursing Research Award
- ▶ Amer Al-Nimr, MD — *Dartmouth Hitchcock Medical Center, NH*
 Alexander Koral, MD — *Yale School of Medicine, New Haven, CT*
NASPGHAN Foundation Innovations in Clinical Care Grant

We are also pleased to announce that Hillary Bashaw, MD received the **NASPGHAN** Foundation/Abbott Nutrition Advanced Fellowship Training in Pediatric Nutrition to be carried out at the Children's Hospital of Philadelphia.

Our Special Recognition Awards presented to young investigators for excellence in research and education included the Teri Li Award for

Education to Norelle Reilly, MD at New York Presbyterian Hospital-Weill Cornell; the William F. Balistreri Prize to Katja Kovacic, MD at the Medical College of Wisconsin, Milwaukee, and the Richard J. Grand and John B. Watkins Prize to Mark Deneau, MD at the University of Utah. The Gerard Odell Prize was given to Samar Ibrahim, MD of the Mayo Clinic in Rochester, Minnesota.

As mentioned, it was an incredibly competitive year and we wish congratulations to all.

A number of outstanding educational events were held over the course of 2017. A Grand Rounds series on Neonatal Cholestasis was completed and a slide set with Grand Rounds for NAFLD is ongoing. We had another great N²U conference with 40 attendees, which this year included dietitians. We successfully launched the IBD transition app entitled Doc4Me—hope you've all had a chance to download it. An updated Constipation Care package with additional nutrition information is in development. This will serve as a resource to provide information and hopefully improve the care and outcomes for these patients.

As always, a special thanks goes out to our corporate partners for their support this year!! We couldn't do this without your engagement and willingness to champion these grants and campaigns and for that we are incredibly thankful.

I'd like to end by thanking the members of **NASPGHAN** and the affiliated health care groups that work with us. I've always considered this YOUR Foundation and you prove that over and over again, whether it's by your financial support or your work on Foundation initiated activities. The Foundation is a vibrant organization because of you. So to all, a happy and healthy holiday season and a great 2018.

Sincerely,

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

New Mobile App and Slide Sets

The **NASPGHAN** Foundation has produced a series of CME/CPE activities for our members, each available on demand. Listed below are the current offerings.

Doc4me — New Mobile App for IBD Transition from Pediatric to Adult Centered Care



NASPGHAN and the **NASPGHAN** Foundation, in collaboration with the Crohn's & Colitis Foundation, have launched a new mobile app, Doc4me, to improve the process of IBD transition. Doc4me helps find physicians to transition to based on the patients' locale or designated area and other parameters. It provides resources on what patients need to know and do prior to their appointment with their new doctor. In addition, there is a transition checklist to help them attain the necessary skills to transition well. Doc4me also provides information about medications, nutrition and living with IBD. Please help us promote the app to your patients, families and colleagues.

To download a patient handout, office poster or web banner ad, [click here](#). To download Doc4me in both IOS and

Android formats, please go to the [App Store](#) and [Play Store](#). To learn more please visit the website [here](#) or for inquiries please contact (doc4me@naspgghan.org).

Thanks to The **NASPGHAN** Technology Committee, James Testaverde, MPA, Senior Director of Patient Services with The Crohn's & Colitis Foundation and Faculty:

Jeannie Huang, MD, M.P.H – Chair

Brigid S. Boland, MD

Andrew Grossman, MD

Maureen Kelly, RN, PNP

Laura Mackner, PhD

John Pohl, MD

The **NASPGHAN** Technology Committee

James Testaverde, MPA, Senior Director of Patient Services with The Crohn's & Colitis Foundation

Support provided by educational grants from AbbVie and Takeda.

Slide Sets



Neonatal Cholestasis

[Click this link](#) and use your **NASPGHAN** user name and password to access.

Learning objectives:

- ◆ Understand the differential of neonates presenting with conjugated hyperbilirubinemia (Neonatal Cholestasis).
- ◆ Know the importance of early diagnosis on outcome.
- ◆ Describe the signs and symptoms associated with neonatal cholestasis. Perform appropriate testing for rapid identification.
- ◆ Review screening efforts.
- ◆ Describe the appropriate tailored, disease specific treatment methods.
- ◆ Understand the role of prevention.

Faculty:

William Balisteri MD - Chair

James Squires MD

Shikha Sundaram MD

Renee Wieman RD

Support provided by an educational grant from Retrophin



Non Alcoholic Fatty Liver Disease (NAFLD)

[Click this link](#) and use your **NASPGHAN** user name and password to access.

Learning objectives:

- ◆ Describe the pathophysiology and phenotypes of NAFLD
- ◆ Understand the most-common demographics of patients with fatty liver disease
- ◆ Describe the constellation of signs and symptoms associated with fatty liver disease
- ◆ Understand how to perform appropriate testing when fatty liver disease is suspected
- ◆ Describe the best treatment approaches
- ◆ Discuss when patients benefit from further evaluation

Faculty:

Rohit Kohli MBBS, MS - Chair

Stephanie H. Abrams MD, MS

Marialena Mouzaki MD, MSc

Pushpa Sathya MD, BSc

Jeffrey B. Schwimmer MD

Shikha S. Sundaram MD, MSCI

Stavra A. Xanthakos MD, MS

Miriam Vos MD, MSPH

Support provided by an educational grant from Alexion

CME, MOC for 2017 NASPGHAN Annual Meeting

If you attended the Postgraduate Course in October, [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 CME/CPEU/MOC Credit.

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).

Nursing credits for the APGNN meeting are also available [here](#).



Slides from 2017 Annual Meeting Available Online

Slides from the 2017 NASPGHAN Annual Meeting are available online. You must be a **NASPGHAN** member or attended the course(s) to access these slides. [Click this link](#) and use your **NASPGHAN** user name and password to access.



NASPGHAN Toolbox App Coming Soon

A free mobile app, called **NASPGHAN** Toolbox, that will serve as a reference for everyday practice will be available soon. The app, which was an initiative of the **NASPGHAN** Fellows' Committee, will feature such information as patient education handouts, algorithms, nutrition guide, disease scores and calculators and an image atlas. Look for information from **NASPGHAN** when the free app is available to load on to your mobile device.



Happy Holiday's NASPGHAN members,

My name is Amy Donegan and I am very excited to be the new APGNN president for the 2017-2019 term. For those who don't know me, I am a nurse practitioner at Nationwide Children's Hospital in Columbus, Ohio. For those of you I do know, thank you so much for the heartfelt well wishes regarding this appointment. As most of you know, APGNN is the only Pediatric GI nursing organization in the country and offers many opportunities for professional development, education and networking.

With the ongoing support of **NASPGHAN** we were able to have another successful annual conference this year. Las Vegas was a great location and we had over 150 members attend. Given how successful our sessions were at the World Congress in Montréal in 2016, we continued to focus our agenda on a multidisciplinary approach for many GI topics. It was fantastic to see that our sessions were once again filled with a blend of nurses, dietitians, psychologists and physicians. We are working to make these sessions available on line for CE credit, which is an exciting new endeavor for us!

We are working on many projects, but are excited to share with you our development of a mentoring program. This pilot program is being implemented to help nurses and Advanced Care Providers (ACP's include APN's, PA's, and DNP's), who are new to GI. The transition to a new department is always challenging and hopefully, this structured mentoring program will give some additional support to your new employees. We have enlisted some of our most tenured nurses to be our first mentors. Most are former APGNN Presidents that have practiced in GI for decades! If you have recently hired a nurse or ACP, please encourage them to consider this opportunity.

If you work with a nurse who may be interested in participating in the mentoring program, there are two ways to apply. One, new APGNN member applicants can request a mentor when they complete the APGNN application form. Two, current members interested in participating in the mentoring program can find more information that includes an application on our website, www.apgnn.org. This is located under the Professional Education section. As we are currently in the pilot phase, we will be limiting the number of mentee's we can accept for the first half of 2018, but hope to be able to offer to the membership as a whole later this year.

APGNN member benefits include access to our nursing listserv, committee participation (research, clinical practice, patient and family education, conference planning, membership and media), free on-line CEU's, speaking opportunities and opportunities for ongoing collaboration with **NASPGHAN** and the **NASPGHAN** Foundation. We present annual awards in education, mentoring and nursing practice. Members have the ability to submit abstracts to present posters and apply for the Susan Moyer research grant. There are also many discounted opportunities including reduced Annual Conference registration fees, subscription discount to the *Journal of Pediatric Gastroenterology and Nutrition (JPGN)*, reduced dual



Amy Donegan, CPNP President

APGNN/NAPNAP membership rates, and reduced cost of our APGNN Clinical Handbook, Second Ed. We are going to continue offering our institutional membership rate of buy 3 get 1 free.

Please encourage your nursing staff to consider joining our organization! For more information, visit our website (www.apgnn.org) or email me directly (amy.donegan@nationwidechildrens.org) if you would like to know more.

CPNP **NASPGHAN** COUNCIL FOR PEDIATRIC NUTRITION PROFESSIONALS



Amber Smith, CPNP President

Season's Greetings & Happy New Year to you and your families!

It's been an exciting year for the Council of Pediatric Nutrition Professionals (CPNP) as our membership continues to grow to over 200 professionals and we expand our involvement in **NASPGHAN** initiatives.

The Annual Meeting showcased many of our Council members' academic efforts as well as a large amount of nutrition-focused content. We're eager to continue expanding this content at future meetings.

2018 will bring the long-awaited release of our Nutrition Pearls. We've developed quite a few nutrition educational "episodes" that will be coming to your inbox over the course of the year. If you have suggestions or ideas for future Pearls, don't hesitate to send us your thoughts. We want these to be meaningful and helpful.

We'll also continue to support Fellows nutrition education through N²U and further nutrition curriculum development in coordination with the Nutrition Committee. And, we'll connect with Committee chairs throughout the year to see where CPNP collaboration may be an added benefit to **NASPGHAN's** efforts in each area. Lastly, we'll be making it our focus to expand the content on our webpages to include nutrition education materials and resources, which are available to all **NASPGHAN** members.

It's an exciting time for CPNP as we grow into our "adolescence"! Please feel free to connect with us if you have any suggestions or needs for nutrition resources in the work that you're doing.

Have a safe and happy holiday season, and see you in the New Year.

Committee and Special Interest Group Reports

PROFESSIONAL EDUCATION COMMITTEE

Chair: Jennifer Strople, MD

Vice Chair: Maria Oliva-Hemker, MD

The prime activity of the Professional Education Committee, the annual Postgraduate Course, was held in Las Vegas, Nevada this November in conjunction with our **NASPGHAN** Annual Meeting. We continue to have great membership feedback regarding the program, and the addition of MOC part II credits for this course has further helped meet the needs of our members. Members of the Professional Education Committee functioned as moderators for both the main sessions and the learning lunches, and we thank them for their help in making this course a success. Margaret Stallings and the **NASPGHAN** national office did another phenomenal job helping with organization and we owe them our gratitude.

Our Committee is already hard at work preparing the 2018 course for the **NASPGHAN** Annual Meeting in Hollywood, Florida! Please note that we take your evaluations seriously and we appreciate the feedback. Our goal is to generate the best possible course for all. The Professional Education Committee is interested in your input on topics and speakers for the 2018 Postgraduate Course; we strive to represent the entire membership and meet all educational needs. Please email your suggestions and thoughts to (jstrople@luriechildrens.org).

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. Regy Gonzalez-Peralta participating in the conference planning. This year two amazing **NASPGHAN** sessions have been accepted for this program. Additionally, Dr. Marsha Kay is working with the Growth, Development and Child Health section to create an exciting program for the DDW 2018 and Dr. Henry Lin is working with the AASLD Pediatric Special Interest Group. Many thanks to our Committee members for helping us extend our educational opportunities.

The Committee supports all educational opportunities and continues to work closely with the **NASPGHAN** Foundation on reviewing its educational offerings. Members of the Committee also assist 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 our 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.

INTEGRATIVE MEDICINE SPECIAL INTEREST GROUP

Chair: AnnMing Yeh, MD

The newly formed Integrative Medicine Special Interest Group has been busy in its first year!

Integrative medicine is an evidence-based approach to care that focuses on the whole person and utilizes all appropriate therapeutic approaches including evidence-based complementary and alternative modalities to achieve health and healing.

Our SIG is actively working on writing a review for a non-pharmacologic approach to constipation that will examine the evidence for efficacy and safety of nutritional supplements, botanicals, prebiotics/ probiotics, mind-body therapies and manipulative therapies for constipation. Further, in collaboration with ImproveCareNow, we administered a survey to ICN providers to examine whether Mind-Body Interventions (like breathing techniques, meditation, biofeedback, and hypnosis) are utilized as adjunct therapies in Inflammatory Bowel Disease.

Here are some references to learn more about the safety and efficacy of integrative modalities:

- ▶ [National Center for Complementary and Integrative Health](#)
- ▶ [University of Maryland Complementary and Alternative Medicine Guide](#)
- ▶ [PubMed Dietary Supplements Subset](#)
- ▶ [Natural Medicines Comprehensive Database \(requires subscription\)](#)

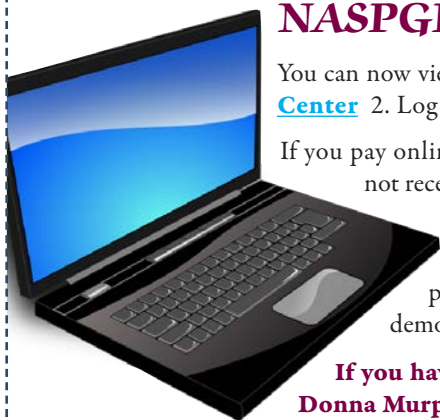
NASPGHAN 2018 Membership Fees Can Now be Paid Online

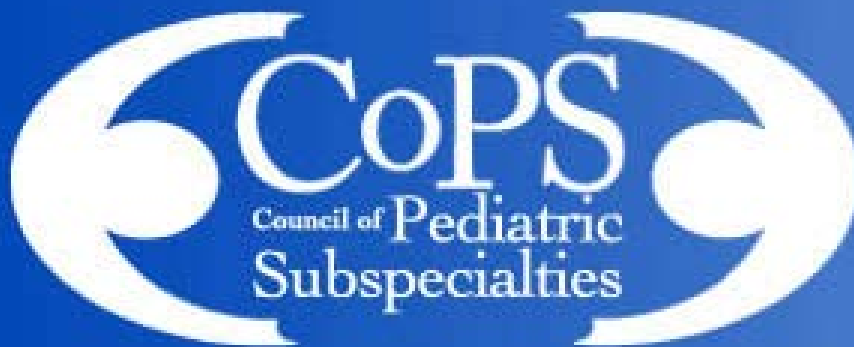
You can now view and pay your 2018 membership dues online. To view your account, please: 1. [Go to the Member Center](#) 2. Log in with your user name and password 3. Click on Renew Now.

If you pay online, you will receive an automatically generated receipt and confirmation. Please remember that you will not receive *JPGN* after January, 2018, if you have not paid your 2018 **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 soon will be preparing the annual update for the Membership Directory. Also, consider clicking through the personal demographic information and updated your information and upload 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.





*All pediatric subspecialties
working together for
optimal child health.*

An Update from CoPS: The Pediatric Subspecialty Workforce

—Alan M. Leichtner, MD, MS-HPed—

CoPS (**Council of Pediatric Subspecialties**), in partnership with the American Academy of Pediatrics (AAP), American Board of Pediatrics (ABP), and Association of Pediatric Program Directors (APPD), has launched an initiative to re-assess the current pediatric subspecialty workforce. This issue has been of long-standing interest to **NASPGHAN** leadership and has been the subject of two surveys and reports, with very disparate conclusions (*JPGN* 1998; 26: 106-115; *JPGN* 2005; 40: 395-407). Clearly, understanding workforce needs is vital to right-sizing training programs, supporting fellows to obtain jobs, promoting the well-being of pediatric gastroenterologists, and adjusting delivery systems to future changes in health care, such as accountable care organizations.

Currently, the ABP publishes a yearly Pediatric Physicians Workforce Data Book (latest version 2016-2017), which has a separate section on the pediatric gastroenterology workforce [here](#). These data are obtained from a series of surveys in conjunction with fellow in-training examinations, applications to sit for the certifying examination, successful completion of board requirements and automatic enrollment and re-enrollment in MOC. More than 40% of pediatric gastroenterology diplomates ever certified are older than 50 years, and 44 percent are female. To identify areas of specialist need, the ratio of number of diplomates ever certified (age 70 and under) to child population 17 and younger is presented by state. The number of fellows trained has increased linearly from 45 first year fellows per year in 2001 to 101 in 2016. The surveys also include interesting data on work characteristics, e.g. hours worked per week, activities (research vs. practice time), and academic affiliations, etc.

The AAP has done surveys via two cohorts of pediatric residents (2002-2004 and 2009-2011) followed longitudinally as part of its **Pediatric Life and Career Experience Study (PLACES)**. A number of articles have been based on these data, including a comparison between pediatric residents pursuing or not pursuing fellowship training (*Pediatrics* 2015; 136: 672-679). Despite the rich data that these surveys provide, all surveys are prone to methodological flaws, such as poor response rates or sampling that does not reflect the complete community of pediatric gastroenterologists. Furthermore, each pediatric subspecialty has unique issues which can only be captured by a survey designed specifically for that specialty. This is certainly true for pediatric gastroenterology, which is birthing a number of sub-specialties, such as transplant hepatology, nutrition, inflammatory bowel disease, neurogastroenterology and motility, and therapeutic endoscopy.

In addition, fellowship issues currently under review by CoPS obviously impact our future workforce. For example, should the requirement for scholarship be altered so as to be obtainable in a shorter period of time? Would a two-year clinical fellowship better serve the needs of trainees, especially those with a high burden of loans and who plan a clinical career? With APPD and AMSPDC, CoPS is also investigating how fellowship positions are funded and how the recent ACGME requirement specifying the amount of dedicated time allotted to fellowship program directors will be met by all programs.

CoPS collaborates and facilitates communication with its affiliated organizations in an effort to thoroughly review all workforce issues, including some that I have not included in the above discussion. The goal is to help subspecialty organizations, like **NASPGHAN**, share best practice with regard to future workforce surveys.

As always, Mel Heyman, the chair of CoPS and representative of the AAP Section on Gastroenterology, Hepatology and Nutrition, and I, as **NASPGHAN** representative, welcome your input. We periodically update **NASPGHAN** leadership, the Training Committee, and our program directors, but want to represent the interests of all members of our organization. You can contact me with suggestions at (alan.leichtner@childrens.harvard.edu).

Third-Year Fellows Conference—October 5–8, 2017

Co-Chairs: Cary Sauer, MD and Melanie Greifer, MD



The 3rd Year Fellows Conference again successfully hosted by Mead Johnson Nutrition was held in downtown Phoenix, Arizona in October. The conference focuses on career development/planning, the interview process, and the transition from training to practice. The timing allowed for preparation in advance of our annual meeting as many fellows were continuing their job search and meeting with potential colleagues at the meeting. The outstanding faculty included Drs. John Barnard, Mike Narkewicz, Carlo Di Lorenzo, Karen Murray, Steve Guthery, Kara Gross, Matt Riley, 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.



JPGN

News from the Editor

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

Our Journal is doing well. We have a steadily growing readership, and as many of you already know, our 2016 Impact Factor is near an all-time high of 2.799, one of the highest for pediatric subspecialty journals. *JPGN*

ranks 39 of 79 GI/hepatology journals, 33 of 81 nutrition journals, and 18 of 121 among pediatric journals! Keep submitting your best research to our subspecialty focused journal.

Speaking of readership, do you sometimes see an article at (jpgn.org) you would like to share? On the right side of each article under "Article Tools" is a selection of icons to post the article to Facebook, Twitter, LinkedIn, and Google+ as well as an email icon to send directly to a colleague.

Share this article on:



When you post to social media you are not only sharing valuable information with your network, but helping the authors by improving their article's altmetric score. Altmetrics are a way of measuring the online conversations around research, combining a selection of online indicators (both scholarly and non-scholarly) to give a measurement of digital impact and reach. The altmetric score is posted with each article.



As a **NASPGHAN** member, you know how valuable the content in *JPGN* is and how much is applicable to other specialists who might not be members. Be sure everyone at your institution has access to *JPGN* articles by checking if your institution's library subscribes to the online version. If not, please suggest to the librarian that they do.

Again, please consider *JPGN* for your articles, and encourage your colleagues to do the same. The submission site is [here](http://www.jpgn.org).

Happy 2018!!

Mel Heyman, MD
Editor-in-Chief, Journal of Pediatric Gastroenterology and Nutrition
(Mel.Heyman@ucsf.edu)

JPGN CONTINUES TO PROVIDE CME, MOC CREDITS FOR READING SELECT ARTICLES



The Journal of Pediatric Gastroenterology and Nutrition (*JPGN*) continues to provide CME credit each month on articles published in the Journal. This activity is in collaboration with **NASPGHAN** and the Professional Education Committee. In addition to CME, readers can now also earn MOC part 2 credits by answering the questions accompanying designated articles.

The process begins with initial submission where authors can opt-in for submitting questions for CME/MOC. These articles are reviewed by the CME Editor and authors are formally requested to submit 5 questions for CME/MOC activity. The CME/MOC materials are reviewed by CME/MOC team and once any requested revisions have been made, the material is submitted for publication in the Journal. Once published, the link to complete the CME/MOC is posted on the [NASPGHAN website](http://www.naspghan.org) and also circulated via the listserv.

I am grateful to the CME/MOC reviewers – Shilpa Sood, MD and Deepali Tewari, MD – and to the authors for volunteering and participating in this important educational effort. Like many other things, this service would be impossible without help of the Professional Education Committee, Margaret Stallings and Marianna Hagan (Journal Editorial Office).

I hope you benefit from the CME/MOC activity and please do contact me with any questions, concerns or suggestions on how we can improve!

Wishing you a safe, happy, and healthy year ahead.

Sandeep Gupta
JPGN CME Editor
(skgupta@uic.edu)
cell: 317-532-7284

Modified MOC Program from ABP

Dear **NASPGHAN** Colleagues:

I am writing this message as chair of the American Board of Pediatrics (ABP) Pediatric Gastroenterology Sub-board. I am happy to report the ABP has significantly modified its Maintenance of Certification Program as briefly summarized below. Hopefully, the **NASPGHAN** membership will be pleased with these modifications, which significantly enhance the offerings for MOC credits and relieve some of the financial burden in doing so. More information will be available from the ABP in the weeks ahead and I recommend you take the time to [review current information here](#).

PART 1: Maintain a valid, unrestricted medical license. There are no changes in this MOC requirement.

PART 2: Life-Long Learning and Self-Assessment. It is exciting to see that the board has implemented more ways for pediatricians to *claim credit for activities they already are doing*. Many CME activities that meet ABP standards through a collaboration between the ABP and the Accreditation Council for Continuing Medical Education (ACCME) can now be used to gain Part 2 credits. So far, more than 1,000 CME activities registered with ACCME now offer ABP MOC Part 2 credit.

PART 3: The MOC Examination. The requirement for the every ten years secure testing will be changed. The ABP is pilot-testing a new method for assessing knowledge in 5-year cycles. In the pilot, MOCA-Peds (Maintenance of Certification Assessment for Pediatrics) will deliver 20 questions electronically each quarter directly to participating ABP-certified diplomates via their computer or mobile device. These can be answered at any time during the quarter. It is currently planned for examinees to be able to refer to a text book and/or review literature, but within a short time frame before answering. Consultation with colleagues is not allowed. This is planned for 2019 and pediatric gastroenterology will be one of the first subspecialties to participate. [There are more details regarding this program here](#).

PART 4: Improving Professional Practice. The ABP encourages pediatricians to work locally and create their own QI projects applicable to their own practices, and use a short, improved form to apply to the ABP to claim MOC credit. Working to improve any process that is intended to support the health of children (including improvements in medical education and in research), can earn Part 4 credit. Again, more information is available on the ABP web site. Also, **NASPGHAN** has 7 approved Part 4 options [that can be found here](#).

Finally, the ABP is creating annual payment options that some will find less burdensome. Alignment of enrollment in MOC cycles will also be improved. Again, check out the ABP web site for more information as these improvements emerge.

I wish you all a happy and healthy 2018! If you have any questions regarding MOC or board certification please contact me.

Sincerely,
John Barnard, MD
Columbus, OH
(john.barnard@nationwidechildrens.org)

NASPGHAN Maintenance of Certification

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 Postgraduate course offered at the Annual Meeting as well as the Review Course on line and the *JPGN* articles

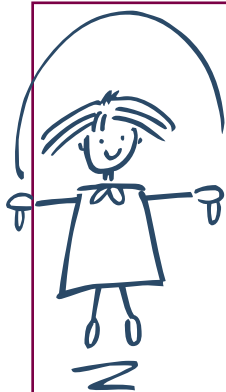
The **NASPGHAN** MOC Task Force continues to provide members with resources to meet the requisite 40 MOC Part IV credits for each 5-year cycle. On-line quality improvement and practice performance projects that qualify for MOC Part IV credits and are relevant to the practicing pediatric gastroenterologist are offered. To date, over 360 **NASPGHAN** members and over 520 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.

If you would like to register and begin your MOC Part IV activities for 2018 credit, please visit members.naspghan.org/MOC1. Once you are at the site, **click "add to cart."** You will need to sign onto your **NASPGHAN** account to continue with the checkout process. After your payment has been received, you will receive an email with instructions on accessing the MOC Module within one business day. If you have any questions you can email us at (naspghanmoc@ucsd.edu).

We look forward to providing this much needed service to members.

Sincerely,
Your MOC Task Force Chairs
Jeannie Huang, MD, MPH
Jenifer Lightdale, MD, MPH

NASPGHAN MOC Team
(naspghanmoc@ucsd.edu)



American Academy of Pediatrics Corner

Dear Colleagues,

It was my pleasure to see so many of you at the AAP National Conference & Exhibition in Chicago and again, shortly thereafter, at the **NASPGHAN** Annual Meeting in Las Vegas! As chair of AAP's Section on Gastroenterology, Hepatology and Nutrition (SOGHN), I continue to explore meaningful ways for AAP and **NASPGHAN** to work together on issues related to education and advocacy. I welcome your ideas!

I am very pleased to report that the 2017 AAP National Conference and Exhibition (NCE) was a tremendous success with over 15,000 attendees, including a record-setting international number. Participants truly appreciated the many excellent gastroenterology, hepatology and nutrition sessions, including those presented by Mark Corkins, Praveen Goday, Sarah Jane Schwarzenberg and Barry Wershil. In addition, Carlo Di Lorenzo masterfully explained safety data on PEG-3350 and gluten free diets during a featured plenary on "fake pediatric GI news" to a rapt audience of our general pediatric colleagues. For the first time, SOGHN awarded three Fellow Travel Grants to Vikram Christian (Children's Hospital of Wisconsin), McGregor Crowley (Boston Children's Hospital), and Marissa Gallant (Children's Hospital of Colorado) to participate in the NCE by presenting clinical cases and participating in a panel discussion on the topic of failure to thrive. We will be pleased to again offer Fellow Travel Grant Awards at the 2018 NCE, supported by Abbott Nutrition. The topic of this year's SOGHN-sponsored session will focus on aerodigestive disorders. Save the dates—November 3–6, 2018 in Orlando!

We are, indeed, grateful for the excellent relationship between **NASPGHAN** advocates and AAP's Federal Affairs team, and there continues to be strong collaboration in our efforts to advocate for CHIP renewal. Also, with expert guidance from Camille Bonta, **NASPGHAN** and AAP co-signed a letter to the U.S. Department of Defense regarding improved TRICARE beneficiary access to medically necessary foods and have joined in urgent communications with the U.S. Consumer Product Safety Commission (CPSC) to uphold safety standards for magnets. The two societies have also continued to work together to heighten awareness regarding accidental ingestion of button batteries.

We also continue discussions with AAP's Committee on Coding and Nomenclature (COCN) which is responsible for the Academy's representation on all major Coding (CPT Editorial Panel), code valuation (Relative Update Committee of the AMA or RUC), and diagnostic coding (National Center for Health Statistics of NCHS at CDC). The COCN has declared gastroenterology, hepatology and nutrition as prominent on a list of pediatric subspecialties that may benefit from specific pediatric representation. For example, we are continuing to explore issues surrounding CPT coding for pediatric colonoscopy with AAP representatives to the RUC, in collaboration with Bryan Rudolph and the **NASPGHAN** Advocacy Committee—stay tuned for future updates on this!

An important reminder that calls for nomination have been issued for the 2018 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, 2018, and any questions should be directed to Debra Burrowes at (dburrowes@aap.org) or 630/626-6427.

Finally, I wish to extend my congratulations to Sarah Jane Schwarzenberg, recipient of the 2017 AAP Murray Davidson Award. Sarah Jane has been extraordinarily active on many fronts with numerous AAP and **NASPGHAN** initiatives, and she truly exemplifies an outstanding clinician, teacher, scholar, and advocate for children's health.

Happy New Year!

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





April 13–14, 2018—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:

- ♦ 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

Register now. The application deadline is February 1, 2018.

Welcome New NASPGHAN Members

Feras Alissa, MD
Margaux Jennifer Barnes, PhD
Jasvinder Bhattacharjee, PhD
Judith Cohen Sabban, MD
Kathryn Elizabeth Hamilton, PhD
Jorge Higuera Benitez, MD
Anna Hunter, MD
Yelizaveta Konnikova, MD, PhD
Jess Lee, MD, M. M.Sc
Fatemeh Mahjoub, MD
Michael Rutlin, PhD
Jennifer Verrill Schurman, PhD, ABPP
Melissa Sheiko, MD
Anita Siculo, MD
Blaine Tuft, MD
John Tung, MBBS, MRCP
Xunjun Xiao, PhD

Welcome 2017 First-Year Fellows

Zeyad Abdulkader	Amanda Lee
Amanda Rita K. Abou-Fadel	Katrina Loh
Cristoniel Abrenica	Francisco Jose Lopez Redriguez
Javier Ivan Aguilar Hernandez	Anna Lozano
Abdulaziz Alahmari	John Lyles
Jamie Ernesto Alfaro Bolaños	Chetan Mandelia
Omar Alharbi	Sherief Mansi
Felipe De Jesus Alvarez Chavez	Melissa Martin
Saista Amin	Martha Cecilia Martinez-Soto
Keren Appel	Fernando Medina Carbonell
Abisai Arellano Tejeda	Mayra Alejandra Medranda Cedeno
Brandon Arnold	Lybil Mendoza Alvarez
Ayesha Baig	Maria Jose Mendoza
Sindhura Batchu	Talya Miller
Suruchi Batra	Elana Mitchel
Stefany Bernade	Sasha Monteil
Juan Jose Bolanos	Hillary Moore
Rachel Borlack	Gayathri Naraparaju
Julia Boster	Nadia Naz
Felipe Briglia	Joanna (Barbara) Niklinska-Schirtz
Savini Britto	Elaine Odiase
Karen Buendia Juarez	Mariana Ordonez Cardenas
Aimee Caillet	Sarah Orkin
Sandra Mabel Camacho	Carlos Alberto Ortiz Contreras
Byron Pascual	Marco Antonio Ortiz Guerra
Campoverde Arevalo	Georgina Osorno Diaz
Denis Chang	Eric Pasman
Moo Cho	Samit Patel
Mallory Cohen	Sebastian Pereira
Addison Cuneo	Meryl Perlman
Claire Daniels	Pierre Poinot
Esther Davis	Krishnapriya Prathapan
Christine Denton	Vikram Raghu
Sylvia Doan	Firas Rinawi
Rahsa Elmaoued	Kent Rosenwald
Emma Valeria Estrada Arce	Wenly Ruan
Jennifer Ezirike	Jocelyn Ruiseco Duarte
Peter Farrell	Joseph Runde
Liz Febo-Rodriguez	Katelyn Saarela
Nathan Fleishman	Salman Salman
Andrew Fondell	Eshan Samuel
Ben Freiberg	Michael Schmalz
David Garcia	Mohamad Adam Shaban
Adriana Hernandez Maza	Victoria Shakhin
Kathleen Holland	Muhammadd Shaukat
Jennifer Hong	Henry Shiao
Puanani Hopson	Patrick Short
Ivonne Marie Iglesias Escabi	Monica Shukla-Udawatta
Carlos Mauricio Jaramillo	Dennis Spencer
Lauren Jarchin	Asha Sukumaran Nair
Taina Jausurawong	Upma Suneja
Sandra Angélica Jiménez Sánchez	Carmine Suppa
Iris Jo-Shi	Katherine Sweeny
Blair Allison Kady	Clara Nallely Torres Rodriguez
Prashanthi Kandavel	Luz Esthella Tovar Correa
Gray Kanteng	Kimberly Trieschmann
Racha Khalaf	Imdad Ullah
Muhammad Rehan Khan	Andrea Velasco Arellano
Taisa Kohut	Sujithra Velayuthan
Yelena Korotkaya	Linda Wang
Karlo Kovacic	Amanda Wenzel
Amornluck Krasaelap	Jordan S. Whatley
Trevor Laborda	Emma Williams
Kimberly Law	Prerana Williamson
Lindsey Lawrence	Jessica Yasuda
Lauren Lazar	Wenjing Zong
Ada Lee	Lynsey Zuar

Save these dates!

NASPGHAN Meetings & Important Deadlines

2018

- ▶ **MARCH 8–11, 2018**
2018 Second-Year Fellows Conference
Scottsdale, AZ
- ▶ **APRIL 13–14, 2018**
NASPGHAN Nutrition University
Chicago, IL
- ▶ **OCTOBER 25–28, 2018**
2018 NASPGHAN Postgraduate Course & Annual Meeting
Diplomat Resort and Spa—Hollywood, Florida

2019

- ▶ **OCTOBER 16–19, 2019**
2019 NASPGHAN Postgraduate Course & Annual Meeting
Sheraton Chicago Hilton and Tower—Chicago, IL

2020

- ▶ **NOVEMBER 4–9, 2020**
2020 NASPGHAN Postgraduate Course & Annual Meeting
Marriott Marquis—San Diego, CA

Meetings of Interest

Crohn's & Colitis Congress

- ♦ **Date:** January 18–20, 2018
- ♦ **Location:** Las Vegas, Nevada

Optimizing Feeding Outcomes: An Advanced Course in Managing Complex Pediatric Feeding Disorders

- ♦ **Date:** January 19–20, 2018
- ♦ **Location:** Newport Beach, California

Interdisciplinary Feeding Conference

- ♦ **Date:** February 23, 2018
- ♦ **Location:** Philadelphia, Pennsylvania

12th Global Gastroenterologists Meeting

- ♦ **Date:** March 15–16, 2018
- ♦ **Location:** Barcelona, Spain

Pediatric Academic Societies (PAS) Meeting

- ♦ **Date:** May 5–8, 2018
- ♦ **Location:** Toronto, Ontario, Canada

51st ESPGHAN Annual Meeting

- ♦ **Date:** May 9–12, 2018
- ♦ **Location:** Geneva, Switzerland

Digestive Disease Week 2018

- ♦ **Date:** June 2–5, 2018
- ♦ **Location:** Washington, DC

40th Annual Aspen Conference on Pediatric Gastrointestinal Diseases

- ♦ **Date:** July 16–20, 2018
- ♦ **Location:** Snowmass Village, CO



Kathleen A. Mueller

Billing & Coding

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

There are no new CPT codes in 2018 that affect pediatric gastroenterologists. The 2018 ICD-10 changes took effect on October 1, 2017, and are listed below:

2018 ICD-10 CHANGES

CODE	ACTION	TITLE
A04.7	Delete	Enterocolitis due to <i>Clostridium difficile</i>
A04.71	Add	Enterocolitis due to <i>C diff</i> , recurrent
A04.72	Add	Enterocolitis due to <i>C diff</i> , not specified as recurrent
E11.10	Add	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11	Add	Type 2 diabetes mellitus with ketoacidosis with coma
F10.11	Add	Alcohol abuse, in remission
F11.11	Add	Opioid abuse, in remission
F12.11	Add	Cannabis abuse, in remission
F13.11	Add	Sedative, hypnotic or anxiolytic abuse, in remission
F14.11	Add	Cocaine abuse, in remission
F15.11	Add	Other stimulant abuse, in remission
F16.11	Add	Hallucinogen abuse, in remission
F18.11	Add	Inhalant abuse, in remission
F19.11	Add	Other psychoactive substance abuse, in remission
F50.82	Add	Avoidant/restrictive food intake disorder
K56.5	Delete	Intestinal adhesions (bands), with obstruction
K56.50	Add	Intestinal adhesions (bands), unspecified as to partial versus complete obstruction
K56.51	Add	Intestinal adhesions (bands), with partial obstruction
K56.52	Add	Intestinal adhesions (bands), with complete obstruction
K56.60	Delete	Unspecified intestinal obstruction
K56.600	Add	Partial intestinal obstruction, unspecified as to cause
K56.601	Add	Complete intestinal obstruction, unspecified as to cause
K56.609	Add	Unspecified intestinal obstruction, unspecified as to partial versus complete obstruction
K56.69	Delete	Other intestinal obstruction
K56.690	Add	Other partial intestinal obstruction
K56.691	Add	Other complete intestinal obstruction
K56.699	Add	Other intestinal obstruction unspecified as to partial versus complete obstruction
K91.3	Delete	Post-procedural intestinal obstruction
K91.30	Add	Post-procedural intestinal obstruction, unspecified as to partial versus complete obstruction
K91.31	Add	Post-procedural partial intestinal obstruction
K91.32	Add	Post-procedural complete intestinal obstruction
R06.03	Add	Acute respiratory distress
Z68.1	Revision	Body mass index (BMI) 19 or less, adult revises to BMI 19.9 or less, adult

2018 total ICD-10 CM codes: 71,704—360 additions—142 deletions—226 revisions

PATIENT RELATIONSHIP CATEGORIES – LEVEL II HCPCS MODIFIERS: CMS FINALIZED USE OF FIVE LEVEL II HCPCS MODIFIERS

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) required development of patient relationship categories to define and distinguish the relationship and responsibility of a physician or applicable practitioner with a patient at the time of furnishing an item or service:

- ♦ Continuing Care Relationships: Clinician who is the primary health care provider responsible for providing or coordinating the ongoing care of the patient for acute and chronic care.
- ♦ Acute Care Relationships: Clinician who takes responsibility for providing or coordinating the overall health care of the patient during an acute episode or a Clinician who is a consultant during the acute episode.
- ♦ Acute Care or Continuing Care Relationship: Clinician who furnishes care to the patient only as ordered by another clinician.

PATIENT RELATIONSHIP MODIFIERS

X—Continuous/broad services: For reporting services by clinicians, who provide the principal care for a patient, with no planned endpoint of the relationship. Services in this category represent comprehensive care, dealing with the entire scope of the patient's problems, either directly or in a care coordination role. Reporting clinician service examples include but are not limited to: Primary Care, and clinicians providing comprehensive care to patients in addition to specialty care.

X2—Continuous/focused services: For reporting services by clinicians whose expertise is needed for the ongoing management of a chronic disease or a condition that needs to be managed and followed with no planned endpoint to the relationship. Reporting clinician service examples include but are not limited to a gastroenterologist taking care of the patient's Crohn's disease longitudinally but not providing primary care services.

X3—Episodic/broad services: For reporting services by clinicians who have broad responsibility for the comprehensive needs of the patients, that is limited to a defined period and circumstance, such as a hospitalization. A reporting clinician service example would include a hospitalist providing comprehensive and general care to a patient while the patient is admitted to the hospital.

X4—Episodic/focused services: For reporting services by specialty focused clinicians who provide time-limited care. The patient has a problem, acute or chronic, that will be treated with surgery, radiation, or some other type of generally time-limited intervention. A reporting clinician service example would be a general surgeon performing a colon resection and seeing the patient through the postoperative period.

X5—Only as ordered by another clinician: For reporting services by a clinician who furnishes care to the patient only as ordered by another clinician. This patient relationship category is reported for patient relationships that may not be adequately captured in the four categories described above. A reporting clinician service example would be a radiologist interpretation of an imaging study ordered by another clinician.

Voluntary reporting of the five PRC modifiers on Medicare claims is effective for items and services furnished by a physician or applicable practitioner on or after Jan. 1, 2018. While reporting is voluntary, use of the modifiers is not a condition of Medicare payment. Commercial payers are also in the process of looking at establishing similar policy.

UHC NEW POLICY – ADVANCED PRACTICE HEALTH CARE PROFESSIONAL EVALUATION AND MANAGEMENT PROCEDURES POLICY

- ♦ Effective for claims with dates of service on or after Sept. 1, 2017, United Healthcare will require physicians reporting evaluation and management (E/M) services on behalf of their employed Advanced Practice Health Care Professionals to report the services with a modifier to denote the services were provided in collaboration with a physician.
- ♦ United Healthcare will accept the modifier SA on claims for these services when provided by nurse practitioners, physician assistants and clinical nurse specialists. In addition, the rendering care provider's National Provider Identifier (NPI) must also be documented in field 24J on the CMS-1500 claim form or its electronic equivalent.
 - Any service provided by a mid-level provider and billed under the name of the supervising provider requires an SA modifier on the E&M visit.
- ♦ Use of the modifier SA and documentation of the rendering care provider will assist United Healthcare in maintaining accurate data with regard to the types of practitioners providing services to our members.

DON'T FORGET ABOUT THESE CODES

As payers are concentrating on quality and cost of care to patients, it is important that information is relayed to payers as to why some patients require more frequent visits as well as inpatient stay. Sometimes, it is because the parents/guardians may not follow instructions either because of financial hardship, misunderstanding or total disregard of instructions. Listed below are diagnosis codes that should be given to your providers and assigned to claims when these issues occur.

- ♦ Z91.11 Patient's noncompliance with dietary regimen
- ♦ Z91.120 Intentional underdosing of medication due to financial hardship
Code first underdosing of medication (T36-T50)
- ♦ Z91.128 Intentional underdosing of medication for other reason
- ♦ Z91.130 Unintentional underdosing due to age-related debility
- ♦ Z91.138 Unintentional underdosing for other reason
- ♦ Z91.14 Other noncompliance with medication regimen
- ♦ Z91.19 Noncompliance with other medical treatment and regimen

QUESTIONS AND ANSWER FORUM—

Question: We have started to have issues with an insurance carrier denying our level three initial visits in the hospital due to a provider documenting "noncontributory." Of course this provider wants to simplify things but still meet a complete PFSH and since patient is in patient they focus a little more on the current symptoms. We are using the 95'-97' guidelines for documentation and in the past were under the impression that "noncontributory" was sufficient enough. If the physician is documenting more of in personal history and trying to meet the requirement for family what would be the minimal documentation they would need to meet this requirement?

Answer: Yes, this is CMS policy that was last updated in 2013 and that is why we have always had in our workbooks that non-contributory does not support any family history and carriers will discount it. It has to be related to the chief complaint. So a statement such as no family history of GI disease or malignancy would be appropriate if this applies to the patient.

Public Affairs & Advocacy Report

Camille S. Bonta, NASPGHAN Washington Representative

NASPGHAN RENEWS CALL FOR MAGNET BAN

As 2017 came to a close, **NASPGHAN** joined with the American Academy of Pediatrics and consumer advocacy groups to urge the U.S. Consumer Product Safety Commission (CPSC) to reissue its safety standard for high-powered magnet sets. The CPSC finalized a [safety standard for magnet sets](#) in 2014, which set the size and strength of individual magnets in a magnet set. Zen Magnets filed suit against the CPSC and the regulation was overturned by the [U.S. Tenth Circuit Court of Appeals](#) in November 2016 on the basis that the factual findings of the Commission were “incomplete and inadequately explained.”

Following the court’s ruling, high-powered magnet sets were back on the market, including a product called [Speks](#) from the makers of Buckyballs and Zen Magnets. Speks come in packaging of 512 separate rare earth magnets that are 2.5 mm in size and are promoted as having a flux index of less than 30. Even at a lower strength, it is possible that two Speks could connect across the bowel wall of a child. Ingestion of several of these very tiny balls, that look like cake decorations, could conceivably produce a much greater flux. This new product, which already carries warning labels instructing that the product should be kept away from all children, are being sold in toy stores across the United States, further evidence that warning labels are ineffective, yet, the danger persists.

In October 2017, the CPSC issued [a Final Decision and Order](#) holding that Zen Magnets and Neoballs rare-earth magnet sets are a substantial product hazard. The order stops the sale of Zen Magnets. Zen subsequently sought an injunction of the rule to which the CPSC responded by staying the order for 60 days. Unfortunately, by staying the order, it guaranteed that magnet sets would be on the market through the holidays. In November, [Consumer Reports](#) issued its toy safety tips for the holidays which included a warning on high-powered magnets.

Because the October order applies only to Zen products, **NASPGHAN**, AAP, the Consumer Federation of America, Consumers Union, Kids In Danger, Public Citizen, and the U.S. Public Interest Research Group sent a letter to the CPSC applauding its October decision and urged even stronger action through the issuance of new regulations that address the remand order of the Tenth Circuit Court.

Zen Magnets has [petitioned](#) the CPSC to adopt a mandatory safety standard for high-powered magnet sets. In response to the petition, **NASPGHAN**, AAP and consumer groups sent a letter to the CPSC rejecting the parameters of a new safety standard as presented by Zen Magnets.

Regulatory action to protect children from consumer products that can cause injury, illness or death requires data. The CPSC makes it easy for health care professionals to report an adverse event that relates to a consumer product. The CPSC used ingestion and injury reports to justify its ban on high-powered magnet sets. With the ban recently overturned, it is critically important that health care professionals continue to report magnet ingestions to the CPSC, as well as the ingestion of other consumer products, such as lithium button batteries, and their associated injuries. File reports at (www.SaferProducts.gov).

THANKS TO OUR CORPORATE PARTNERS AND SUPPORTERS

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AWARDS CEREMONY — FRIDAY, NOVEMBER 3, 2017



HARRY SHWACHMAN AWARD

Presented to Kathleen B. Schwarz, 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 Eric Sibley, MD, PhD

The **NASPGHAN** Distinguished Service Awards 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 Sarah Jane Schwarzenberg, MD

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.

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NASPGHAN FOUNDATION AWARDS



NASPGHAN FOUNDATION/GEORGE FERRY YOUNG INVESTIGATOR DEVELOPMENT AWARD

Valentina Shakhnovich, MD — Children's Mercy Hospital, Kansas City, MO
IMPACT OF OBESITY IN CHANGES IN PHYSIOLOGY AND SYSTEMIC
DRUG EXPOSURE TO PROTON PUMP INHIBITORS



NASPGHAN FOUNDATION/NESTLÉ NUTRITION RESEARCH YOUNG INVESTIGATOR DEVELOPMENT AWARD

Nina Gluchowski, MD – Children's Hospital, Boston, MA
THE FUNCTIONS OF INITIAL AND EXPANDING LIPID DROPLETS IN
NAFLD



NASPGHAN FOUNDATION MID-LEVEL CAREER DEVELOPMENT AWARD

Supported by a grant from Takeda Pharmaceuticals Products, Inc.

*Nitika Gupta, MBBS, DCH, DNB, MRCP – Emory University School of Medicine,
Atlanta, GA*

TNF SIGNALING IN STEATOTIC LIVER INJURY



NASPGHAN FOUNDATION/TAKEDA PHARMACEUTICAL U.S.A. INC. RESEARCH INNOVATION AWARD

Cara Mack, MD – Children's Hospital Colorado, Aurora, CO
REGULATORY T CELL DYSFUNCTION IN BILIARY ATRESIA

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NASPGHAN FOUNDATION AWARDS



NASPGHAN FOUNDATION FELLOW TO FACULTY TRANSITION AWARD IN INFLAMMATORY BOWEL DISEASES

Supported by a grant from AbbVie, Inc.

Amanda Ricciuto, MD – Hospital for Sick Children, Toronto, Ontario, Canada

PEDIATRIC PSC-IBD: ELUCIDATING THE PHENOTYPE, OPTIMIZING
MONITORING STRATEGIES AND VALIDATING NOVEL ENDOSCOPIC
TOOLS



NASPGHAN FOUNDATION/APGNN SUSAN MOYER NURSING RESEARCH AWARD

Whitney Gray, MSN, CRNP – Children's Hospital of Pittsburgh, Pittsburgh, PA

IMPACT OF A NURSE PRACTITIONER LED TEACHING PROGRAM ON
PATIENT AND CAREGIVER KNOWLEDGE ON PEDIATRIC IBD



NASPGHAN FOUNDATION INNOVATIONS IN CLINICAL CARE GRANT

Amer Al-Nimr, MD – Dartmouth Hitchcock Medical Center, Lebanon, NH

CREATING ANIMATED NUTRITION EDUCATIONAL VIDEO RESOURCES ON
GIKIDS.ORG



NASPGHAN FOUNDATION INNOVATIONS IN CLINICAL CARE GRANT

Alex Koral, MD – Yale School of Medicine, New Haven, CT

UNSEDATED TRANSNASAL ENDOSCOPY, IN MONITORING OF
EOSINOPHILIC ESOPHAGITIS AND DIAGNOSIS OF HELICOBACTER PYLORI



NASPGHAN FOUNDATION/ABBOTT NUTRITION ADVANCED FELLOWSHIP TRAINING IN PEDIATRIC NUTRITION

Hillary Bashaw, MD – Children's Hospital of Philadelphia, PA

COMPARISON OF MULTIPLE INDICES OF FAT AND ENERGY ABSORPTION
IN PEOPLE WITH CHRONIC PANCREATITIS WITH A HEALTH COMPARISON
GROUP

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NASPGHAN SPECIAL RECOGNITION AWARDS



WILLIAM BALISTRERI PRIZE

Katja Kovacic, MD – Medical College of Wisconsin, Milwaukee, WI

NEUROSTIMULATION FOR FUNCTIONAL ABDOMINAL PAIN DISORDERS IN CHILDREN—A RANDOMIZED, DOUBLE BLIND, SHAM-CONTROLLED TRIAL



RICHARD J. GRAND AND JOHN B. WATKINS PRIZE

Mark Deneau, MD – University of Utah, Salt Lake City, UT

IMPROVEMENT IN GGT PREDICTS EVENT-FREE SURVIVAL IN PRIMARY SCLEROSING CHOLANGITIS REGARDLESS OF URSODEOXYCHOLIC ACID TREATMENT: DATA FROM THE PEDIATRIC PSC CONSORTIUM



GERARD ODELL PRIZE

Samar Ibrahim, MBChB – Mayo Clinic, Rochester, MN

MIXED LINEAGE KINASE 3 INHIBITION ATTENUATES MURINE NONALCOHOLIC STEATOHEPATITIS



TERI LI AWARD

Norelle Reilly, MD – Columbia University Medical Center

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HANDS ON SESSIONS A BIG DRAW AT 2017 ANNUAL MEETING

Hands on session opportunities continued to grow at this year's **NASPGHAN** Annual Meeting. In addition to the ever popular Hands on Endoscopy course and Hands on Motility Course, this year **NASPGHAN** offered Hands on Colonoscopy sessions, for "training the trainers." More than 360 Annual Meeting attendees registered for all of the hands on offerings.

HANDS ON ENDOSCOPY

The place to be on Friday and Saturday afternoon at the Annual Meeting in Las Vegas was the hands on endoscopy session where more than 200 attendees and 13 faculty participated in the 10th **NASPGHAN** Hands on Endoscopy Session. The sessions 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, faculty members instructed participants on the techniques of hemostatic clipping, polypectomy, electrocoagulation and single balloon enteroscopy at 6 stations, and deployed literally "hundreds of clips". **NASPGHAN** President-Elect Karen Murray was one of the terrific faculty teaching colonoscopic polypectomy. —*Marsha Kay, MD.*



HANDS ON MOTILITY

A Hands-On Motility session was held again this year featuring speakers who spoke to the group of 55 about the latest in motility. The 2017 session, which once again filled up quickly, was organized by José Cocjin and Jamie Belkin-Gerson. Drs. Cocjin and Belkind-Gerson are co-chairs of the **NASPGHAN** Neuro & Motility Committee.

HANDS ON COLONOSCOPY

This was an interactive, hands-on workshop designed for practicing pediatric endoscopists wishing to improve or develop their skills in performing high quality colonoscopy procedures. Organizers were Douglas Fishman, MD, Catharine Walsh, MD and Kevin Waschke, MD. The sessions sold quickly for those who wanted to hone their colonoscopy skills.

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5K DRAWS EARLY MORNING PARTICIPANTS

NASPGHAN had its fourth 5K race during the 2017 NASPGHAN Annual Meeting on a chilly and windy Saturday in the downtown sidewalks of the Las Vegas strip. Nearly 110 people registered for the race that started at the break of daylight behind Caesars Palace and wound through the sidewalks and up and down the above-street overhead walkways. This year's race was not timed, but David Brumbaugh, of the Children's Hospital in Colorado, came in first, but was almost beat by his wife, Carrie, who came in right behind him in second place. Proceeds from this year's race were donated to the Las Vegas Victims' Fund.



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"GI JEOPARDY" — TEAM XX TOOK THE LEAD!



"GI Jeopardy" returned to the 2017 NASPGHAN Annual Meeting in Las Vegas, Nevada with Dr. Norberto Rodríguez-Báez, Associate Professor of Pediatrics at the University of Texas Southwestern Medical Center, serving as the enthusiastic host of the game show.

Like in the past 2 editions, this year's contest featured an educational and entertaining "Battle of the Sexes" with a female faculty and fellow (Team XX) against 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 have to quickly recognize the answers and respond with the appropriate questions.

With both teams tied at one prior victory apiece, this year's contest served as the crucial tiebreaker, giving the victorious team bragging rights for the entire year. In the end, Team XX (Dr. Mercedes Martínez and Dr. Amber Hildreth) proved to be too much for Team XY's (Dr. José Garza and Dr. Rory Kelly) valiant effort.

Over 250 people including faculty, fellows and visitors witnessed the event. The audience enthusiastically cheered and jeered as the contestants sought to formulate their answers, and at the end of the game they kept chanting "we want more, we want more". So, do not worry, "GI Jeopardy" will return to next year's annual meeting in Hollywood, Florida. We shall see if Team XY can stop Team XX from securing three victories in a row.



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A LAS VEGAS SEND-OFF

The 2017 Annual Meeting concluded with the always popular social event on Saturday, November 4. Food stations and dinner preceded a night of non-stop music and dancing and a good time was had by all.



Classifieds

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LOOK FOR EMPLOYMENT ONLINE**

**GO TO (WWW.NASPGHAN.ORG)
CLICK ON TRAINING AND CAREER
DEVELOPMENT AND THEN CLICK ON
[JOB BOARD](#)**

♦ Iowa—

The Stead Family Department of Pediatrics seeks a gastroenterologist at the rank of Associate (non-track), Assistant Professor, Associate Professor or Professor (tenure or non-tenure track). The individual selected will join the Division of Pediatric Gastroenterology, Hepatology, Pancreatology and Nutrition to provide patient care, teaching, and consultative services primarily at the University of Iowa Stead Family Children's Hospital, as well as at established satellite clinics across the State of Iowa. The Division has 8 other faculty engaged in clinical and basic science research, teaching and a full range of clinical activities, a well-established ACGME-accredited fellowship program, a strong collaboration with Pediatric Surgery, Pediatric Radiology, Pediatric Anesthesia and a variety of other ancillary services.

The University of Iowa Carver College of Medicine is one of the top biomedical research institutions in the nation and ranked 42nd overall and 20th among public medical schools for NIH funding in FY16. The *U.S. News and World Report* research ranking places the College 12th among public institutions for FY2016, and the Stead Family Department of Pediatrics ranked 22nd overall and 11th NIH funding among all public pediatric departments nationwide in FY16. The ACGME-accredited pediatric residency program at the Children's Hospital trains 47 pediatric residents.

The Stead Family Department of Pediatrics comprises the medical and research staff of UI Stead Family Children's Hospital. University of Iowa Stead Family Children's Hospital is one of the nation's top-ranked pediatric care and research institutions. It is the only university-affiliated hospital in Iowa devoted solely to the care of infants, children, adolescents and young adults, and is Iowa's only accredited Level 1

Regional Resource Pediatric Trauma Center. University of Iowa Stead Family Children's Hospital is the only hospital in Iowa to be nationally ranked by *U.S. News and World Report* for children's care. A new 189-bed children's hospital opened in February 2017, and a newly renovated outpatient clinic opened in August 2017.

University of Iowa Stead Family Children's Hospital is Iowa's only nationally ranked children's hospital. It is part of University of Iowa Health Care, Iowa's only academic medical center and one of the nation's best health care employers, according to *Forbes* magazine. Iowa City is a diverse community with excellent public schools, affordable living, abundant outdoor activities, Big Ten sports, and numerous arts and literary events.

Job Requirements:

- ♦ Must hold an MD/DO degree, or equivalent
- ♦ Board certified or eligible in Pediatrics, or equivalent
- ♦ Board certified or eligible in Pediatric Gastroenterology or equivalent
- ♦ License or eligible for licensure in the State of Iowa

To apply for this job, contact:

Aliye Uc, MD

Phone: 319-384-8212

Email: aliye-uc@uiowa.edu

<https://jobs.uiowa.edu/faculty/view/71877>

♦ Minnesota—

The University of Minnesota, Department of Pediatrics, seeks an academic gastroenterologist for a full-time faculty position in the Division of Gastroenterology, Hepatology & Nutrition. The rank of this position is at the level of Assistant on the Academic track. The selected candidate will join five full-time faculty in an academic pediatric gastroenterology practice that includes patients with diverse and fascinating problems. This position will have clinical responsibilities in pediatric gastroenterology and will actively participate in the teaching of medical students, residents and fellows at the University of Minnesota.

Essential qualifications: MD or DO and Board certified or Board eligible in Pediatric Gastroenterology. Competency in commonly performed procedures required. Experience

with liver transplantation and gastrointestinal complications of bone marrow transplantation are desirable, but not required.

The University of Minnesota is a premier institution for clinical and basic research. Current faculty interests include gastrointestinal complications of cystic fibrosis, inflammatory bowel disease, chronic pancreatitis, and nutritional impact of chronic gastrointestinal disease. We have a long-standing interest in liver disease including an active liver transplant program. We have the largest and most experienced pediatric total pancreatectomy islet autotransplantation program in the world. We also direct an active pediatric obesity program, including a pediatric bariatric surgery program.

Any offer of employment is contingent upon the successful completion of a background check. Our presumption is that prospective employees are eligible to work here. Criminal convictions do not automatically disqualify finalists from employment.

The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.

To apply for this job, contact:

Sarah Jane Schwarzenberg

Phone: 612-624-1133

Fax: 612-626-0639

schwa005@umn.edu

♦ Missouri—

Seeking pediatric hepatologist/gastroenterologist: Saint Louis University is seeking faculty to join a busy academic group, with a special interest in individuals with special training and interest in hepatology. The Division of Pediatric Gastroenterology and Hepatology consists of 6 pediatric gastroenterologists, 2 clinical PNP, GI fellows, dedicated GI clinical nurses, and dedicated procedure staff. The division has busy outpatient and inpatient services based at SSM Health Cardinal Glennon Children's Hospital, a 190 licensed bed, free-standing children's hospital affiliated with the Saint Louis University School of Medicine. The division serves an active liver

transplant program, a short bowel and nutritional support team, a multidisciplinary obesity clinic, over 250 IBD patients as part of Improve Care Now, and interacts with the CF center. The Pediatric Gastroenterology and Hepatology Division also has ongoing, NIH-funded clinical and basic science research projects within the division, and a working relationship with the Saint Louis University School of Public Health. Close clinical and research ties are maintained with the Saint Louis University Liver Center. Excellent opportunities for teaching in both didactic and clinical settings are available at the medical student and post-graduate levels. Candidates must be BC/BE in Pediatric Gastroenterology, with a preference for those with additional training in hepatology. The institution is open to working with many types of foreign visa holders, as well as green card holders and U.S. citizens. Saint Louis University is a Catholic, Jesuit institution dedicated to student learning, research, health care, and service.

Saint Louis University is an affirmative action, equal opportunity employer, and encourages nominations of and applications of women and minorities.

All applications must be made online at (<http://jobs.slu.edu>).

Applications must include a cover letter and curriculum vita.

Other correspondence regarding this position can be sent to:

Jeffrey Teckman, MD

Director, Division of Gastroenterology and Hepatology, Department of Pediatrics
Saint Louis University School of Medicine
1465 S. Grand Blvd.

Saint Louis, MO 63104

Phone: (314)577-5647

Fax: (314) 268-2775

E-mail: Jeff.Teckman@health.slu.edu

♦ New York—

On behalf of Julio Licinio, MD, Senior Vice President Academic/Health Affairs & Executive Dean, SUNY Upstate Medical University College of Medicine, MillicanSolutions, a leader in academic pediatric executive search, is conducting a national search for the Chair, Department of Pediatrics and Executive Director, Upstate Golisano Children's Hospital.

The Chair, Department of Pediatrics will be the academic, clinical, and administrative leader of the Department of Pediatrics at SUNY Upstate Medical University and will also serve as Executive Director of the Upstate Golisano Children's Hospital. The Chair has responsibility for building a nationally leading program in children's health through the recruitment, retention and development of approximately 60 full-time faculty with primary appointments in the Department of Pediatrics. The Chair of Pediatrics will lead and direct programmatic, clinical, research and educational development within the Department.

The Chair, Pediatrics is responsible for the recruitment, retention of pediatric faculty with primary appointments in the Department of Pediatrics. The Chair also contributes collaboratively to the appointments and faculty recruitment, retention and development in pediatric-related specialties that have primary appointments in other departments. This includes among others child neurology, pediatric surgery, pediatric orthopedic surgery, pediatric otolaryngology, and pediatric ophthalmology. The Chair is also responsible for providing effective mentoring, educational opportunities and professional development for all faculty within the Department.

The Chair also serves as Executive Director of the Upstate Golisano Children's Hospital, reporting to the SVP and Executive Director for Clinical Affairs and Population Health.

Responsibilities herein include:

- ♦ Regular interactions with the nursing and administrative directors of the hospital
- ♦ Oversight of the activities in provider-based clinics
- ♦ Oversight of activities in the inpatient unit of the Golisano Children's Hospital
- ♦ Overall responsibility for quality and safety in the outpatient and inpatient settings – engage faculty and staff to enhance the quality of care and outcomes
- ♦ Responsibility for staff and patient experience

One of the institution's vision for the Department of Pediatrics is to have it grow into a nationally-leading comprehensive children's clinical, research and training program. This Department should be a key area of strength for our university. The new

Chair will be the leader and steward of this process of attaining national recognition as an innovative center of excellence in pediatrics, with regional, statewide and national impact. The chair will grow an externally funded research program within the full spectrum of translational science, from molecules to healthcare and populations.

SUNY Upstate Medical University is one of four academic medical centers of the State University of New York. SUNY Upstate has an annual budget of more than \$1.3B. More than 9,400 people work or study at the SUNY Upstate Medical University, which is the largest employer in Central New York.

SUNY Upstate Medical University conducts approximately \$35 million in annual funded research covering the five Basic Science departments, eighteen Clinical Science departments and the Bioethics and Public Health and Preventative Medicine departments. Institutional areas of focus for research are cancer, cardiovascular disease, infectious diseases, metabolic disease (including diabetes) and neurosciences (including vision research). There are core facilities in microscopy and imaging, supercomputing, structural biology, genomics and proteomics, stem cell, flow cytometry, and biostatistics/epidemiology.

SUNY Upstate Medical University is an affirmative action, equal opportunity employer committed to inclusive excellence through diversity. Upstate does not discriminate on the basis of any protected category. At SUNY Upstate Medical University, we strive to promote a professional environment that encourages varied perspectives from faculty members with diverse life experiences. A respect for diversity is one of our core values. We are committed to recruiting and supporting a rich community of outstanding faculty, staff and students. We actively seek applications from women and members of underrepresented groups to contribute to the diversity of our university community in support of our teaching, research and clinical missions.

Requirements/ Experience Required:

- ♦ A Medical Degree or the equivalent, (MD or MD/PhD).
- ♦ Scholarly and professional achievement meriting the academic rank of Professor with a continuing appointment (a continuing appointment is equivalent to tenure) in an appropriate clinical department.

- ♦ Eligible for licensure in the state of New York.
- ♦ Knowledge of and experience in the support and conduct of research, including being the PI of multiple NIH grants (preferably a grant portfolio combining research and training grants), and leading a nationally competitive program of research that is externally funded by NIH grants and also by philanthropy.
- ♦ Experience in publishing as both first and last author in high impact medical journals.
- ♦ Knowledge of and experience in the recruitment of diverse faculty and faculty development.
- ♦ Knowledge of and experience in medical curricula and education.
- ♦ Demonstrated administrative ability, including planning and timely and effective execution.
- ♦ Understanding of and experience in fiscal management and experience leading or significant participation in institutional strategic planning.
- ♦ Experience in and ability to manage the clinical activities of the medical faculty.
- ♦ Demonstrated leadership in an academic medical center as a division chief, department chair, or other relevant position.
- ♦ Ability to set and clearly articulate an academic vision.
- ♦ Experience in setting fundraising goals and participating in fundraising.

To apply for this job:
 Jennifer Schaulin
 Phone: (682) 223-5782
 Email: jennifer.schaulin@millicansolutions.com