



### President's Report

President, NASPGHAN: Karen Murray, MD

It seems like just yesterday we were basking in the warmth of each other's company and the Florida sun at our Annual Meeting. Yet, as I reflect on the **NASPGHAN** accomplishments achieved by our **NASPGHAN** officers, Committee Chairs, and Society members since Hollywood I am both reminded of how hard working and devoted our team is to the Society's work, and how soon we will be getting together at the 2019 Annual Meeting in Chicago. In this newsletter we welcome the thoughts of our new President-Elect, Ben Gold. His column will outline all of the great planning that has already gone into our 2019 meeting; **NASPGHAN 2019** is definitely going to achieve new heights in providing opportunities for learning and fun for all!

In addition, let me share with you some of the initiatives that **NASPGHAN** has been working on for you:

The Executive Committee has approved the initiation of a Gold Open Access companion journal, entitled *JPGN Reports*, spearheaded by the Publications Committee (led by Jim Heubi), and in conjunction with ESPGHAN leadership, and our *JPGN* Editors and publisher. This companion peer-reviewed journal will accommodate the most significant case and original reports that our traditional journal does not have room for, for a minimal price to the author, but with no additional submission effort. We are very excited to be able to offer this additional high-quality publishing opportunity about which you will learn more at the 2019 Annual Meeting.

We have also approved a new membership category, **Fellow of NASPGHAN**. This membership designation will recognize superior professional achievement in clinical or academic practice, and basic or clinical research, and will be the highest honor among **NASPGHAN** membership categories. Many benefits will be afforded these distinguished members, and their status will be denoted by a special ribbon on their meeting name-badges. Keep a lookout for the call for applications, along with criteria and the required supporting documentation.

To be of greater service to our users, the **NASPGHAN** Website and GIKids is getting a redo! With input from our Technology Committee, we have contracted with a professional website design and maintenance firm, Opus Media, who is now hard at work to make our website easier to navigate, more informative, and more up-to-date in its features. As the new website goes live please feel free to provide feedback so we can continue to evolve the site's effectiveness and usability.

Lastly, I want to highlight some of the tireless work that our Advocacy Committee, in partnership with Camille Bonta, has put forth in support of our profession and patients. As you know, the tiny magnets continue to stick around. **NASPGHAN** Public Affairs and Advocacy Committee Chair, Bryan Rudolph, has written a beautiful OpEd piece for the *New Yorker*, calling out the prior work of **NASPGHAN** and asking for accountability by the current Consumer Product Safety Commission and Congress in looking after childhood safety; keep a look-out for the piece and opportunities to contact your lawmakers to keep up the pressure. **NASPGHAN** has also joined a coalition of medical societies in advocating for \$2.165 billion in FY 2020 for NIDDK in support of its research programs, and has formally urged Congress to reauthorize the Pediatric Subspecialty Loan Repayment program. Additionally, the Medical Nutrition Equity Act, which would require all payers to cover medical nutrition for certain gastrointestinal conditions and metabolic disorders has been reintroduced in Congress. Under **NASPGHAN's** leadership, more than 100 patient and provider advocates, including **NASPGHAN** members, were on Capitol Hill in force lobbying for this important initiative on May 7 ([see related story, page 22](#)).

See you all in Chicago for our Annual Meeting. You know how to contact me (Cell: 206-265-1595).

Karen Murray, MD

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# President-Elect Report

President-Elect, NASPGHAN: Benjamin Gold, MD



Greetings, saludos, and a wonderful June 2019 to you all! It is my wish that this, my first correspondence as **NASPGHAN** President-elect finds each of you and your respective families, happy and in good health! It is also with great excitement that I write this first column to you all; my colleagues, dear friends and fellow pediatric gastroenterologists as well as other pediatric GI providers (APPs, RNs, Dietitians, Psychologists), collectively, the **NASPGHAN**, APGNN, and CPNP memberships.

Yes, we're off to Chicago for the 2019 Annual Meeting, or, as it's been called by its many nicknames including, Chi-Rag, Mud City, The City That Works, and what many of us know Chicago as—Chi-Town or The Windy City. Chicago is known for its Chicago-style hot dogs, Chicago-style (deep dish) pizza, Maxwell Street Polish Sausage, jazz music and the origins of House Music, as well as interesting architecture, many museums, and its die-hard, many loyal sports fans. The venue for the 2019 Annual Meeting will be the Sheraton Grand Chicago hotel, newly renovated and situated in the heart of the bustling downtown district, along the Chicago Riverwalk, with iconic attractions including Millennium Park, Navy Pier and the Magnificent Mile just steps away.

And now the **NASPGHAN**/APGNN/CPNP 2019 Annual Meeting and Postgraduate Course—the planning and assembly thereof—a labor of love, hard work and due diligence, as well as mutual respect and a time-honored, well-proven process. To complete the majority of the arduous, meticulous Annual Meeting planning process, the Executive Committee and Councilors, as well as **NASPGHAN** Committee chairs, and the APGNN and CPNP officers all come to Orlando, FL for a two-day long meeting in January. Prior to this organizational meeting, each of the committee chairs and vice-chairs are to work with their respective committees and come up with ideas including session topics or themes, speakers (at least 2 for each talk), as well as Meet-the-Professor speakers and session moderators. The committee chairs and vice chairs then bring their Committee's ideas to the planning meeting.

Once we got to the planning meeting stage, each Committee Chair and Vice Chair presented the top picks for session themes/titles, talks within each session and speakers as well as moderators. Review of previous years' evaluations and data on speakers and moderators for at least the past 5 years was done in order to prevent duplication, maintain diversity and respond to educational gaps/needs. Then, as a group, the planning committee discussed, deliberated, debated and selected the final draft of the Postgraduate course and scientific meeting.

What was personally gratifying and exemplary of the values of **NASPGHAN** was the methodical and systematic approach used to select speakers; a process to assure that the speakers and moderators were reflective of our society and diversity. The process assures that gender, institutional affiliation, U.S. region, race and ethnicity were all looked at carefully during the selection of speakers, moderators, and Meet-the-Professors.

The **NASPGHAN** Annual Meeting 2019 will kick off on Wednesday, and there will be two exciting, action-packed state-of-the-art events. There will be a Single Topic Symposium entitled *Chronic Liver Disease Management for the Gastroenterologist*, led by Course Directors Saeed Mohammad, MD and Mercedes Martinez, MD. The single topic course will have four sessions in a full day of outstanding speakers and a range of topics from "Diagnostic Challenges in Pediatric Liver Disease" to "Liver Transplant: Pre- and post-transplant considerations." Please go to the [NASPGHAN meeting website](#) for more details.

Concurrently, on Wednesday October 16, 2019, a Course in Hands-on Innovation and Methods in Endoscopy (CHIME) will be held at the American Society of Gastrointestinal Endoscopy (ASGE) Institute for Training and Technology (IT&T) just outside of Chicago. The Course has been organized by Doug Fishman, MD and members of the Endoscopy Committee. The ASGE IT&T is a state-of-the-art learning facility that supports integrated hands-on and didactic medical training in endoscopy. The IT&T is centrally located in Chicago's Downers Grove suburb, offering convenient access to both O'Hare and Midway Airports for national and international travelers. During their time in this training course, attendees will be able to benefit from didactic lectures given by **NASPGHAN's** best and participate in hands-on learning using all of the state-of-the-art technology available.

Details of the fantastic Postgraduate Course, can be found on our [website](#). This course is organized by the expert and thoughtful guidance of Jennifer Strole, MD and Maria Oliva-Hemker, MD (Professional Education Committee) with input from leadership and **NASPGHAN** committees. There will be five modules for the Postgraduate Course, starting promptly at 8 am and concluding at 4:40 pm on Thursday, October 17, 2019. Modules range from *Potpourri—the C-Suite to Functional and NeuroGastrointestinal Motility* with a state-of-the-art lecture by Carlo Di Lorenzo. The other three modules cover topics ranging from *Intestinal Inflammation* to the *Liver and Pancreas* including a talk on "Pancreatic Masses" given by Cincinnati Children's Hospital pediatric surgeon, Jamie Nathan. The day concludes with a module on Endoscopy.

The scientific meeting will start bright and early on Friday morning, October 18, 2019 with the Plenary Session. Full details of the scientific meeting can be found on the [NASPGHAN meeting website](#). Highlights of the scientific meeting include: The William F. Balistreri Lecture entitled *Getting More Mileage out of our Magnificent Microbiome* to be given by the enthusiastic, thought-provoking, energetic and dynamic Jack Gilbert, PhD, from UC San Diego School of Medicine. Dr. Gilbert, a Professor of Surgery, Director of the Microbiome Center, and Senior Scientist (Adjunct) at Marine Biological Laboratory, is the Group Leader in Microbial Ecology at Argonne National Laboratory and the editor-in-chief of the journal *mSystems*. Dr. Gilbert's past research includes a focus on ecology, evolution, and metabolic dynamics of microbial ecosystems from environments including built environments, oceans, rivers, soils, air, plants, animals, and humans. He is the co-founder of both the Earth Microbiome Project and American Gut Project, as well as the co-author of *Dirt, Is Good: The Advantage of Germs for Your Child's Developing Immune System*, and, recently

Keynote speaker to kick off the AGA and the European Society of Neurogastroenterology and Motility (ESNM)'s 2019 Gut Microbiota for Health Word Summit.

The Keynote lecture for the 2019 meeting, if the first lecture wasn't enough, is to be given by the eloquent, dynamic and consensus-building visionary, Christopher Forrest, MD, PhD, a pediatrician from the Children's Hospital of Philadelphia entitled—"Learning Health Systems". Dr. Forrest is Professor of Pediatrics and Health Care Management at the Children's Hospital of Philadelphia (CHOP) and the University of Pennsylvania. He is the Director of the CHOP Applied Clinical Research Center, which is devoted to advancing multi-institutional clinical and health services research in routine pediatric healthcare settings. Dr. Forrest serves as the Principal Investigator of the PEDSnet (pedsnet.org), a national consortium of children's hospitals (>5 million children) that conducts patient-centered outcomes research among children and youth. He is the Chair of the Research Committee for PCORnet, the national clinical research network funded by PCORI. He also chairs the Steering Committee for the NIH program called PEPR, which evaluates patient-reported outcome measures for children with chronic conditions.

After the Year in Review, Concurrent Sessions will begin promptly at 10:30 am on Friday, October 18th and run through Saturday, October 19th, ending at 5:00 pm. There will be a total of twelve Concurrent Sessions on Friday, and, nineteen Concurrent Sessions, beginning at 8:30 am on Saturday October 19th. There will be 12

Meet-the-Professor breakfasts and a number of hands-on-endoscopy sessions over the two-day meeting. We are excited that this year there are a number of Concurrent Sessions with multidisciplinary panels focusing on a broad array of topics. Please go to our [website](#) for more details.

To close out Saturday, October 19th, the session that everyone looks forward to—GI Jeopardy, will take place. Once again hosted by the dynamic, brilliantly funny Noberto Rodriguez-Baez and then dinner and dancing the night away bringing **NASPGHAN**, APGNN, and CPNP 2019 to a close!

Registration for all of these events is **now open**. The early-bird registration deadline is August 20. Check your emails for further information to come and any updates.

I look forward to seeing you all later this year in Chicago at the Sheraton Grand Hotel for our Annual Meeting. You know how to contact me Cell: 404-386-7712; email (bgold@gicareforkids.com).

*Benjamin J. Salvo*

*President-Elect, NASPGHAN  
Children's Center for Digestive Healthcare  
Atlanta, GA*

## Doc4me APP Eases, Facilitates Transition to Adult IBD Care



The Doc4me App is the **NASPGHAN** Foundation-sponsored mobile app that helps teenage and young adult IBD patients with the following:

- ▶ To identify an adult provider of IBD care
- ▶ To facilitate the scheduling and completion of an initial visit with an adult IBD care provider (along with reminders on what to bring to the visit)
- ▶ To prepare teens and young adult IBD patients for their transition from pediatric centered to adult-centered care
- ▶ Links to vetted, educational resources re: IBD management

The Doc4me App is hosted on both Apple and Android platforms and is freely available to all IBD patients. App functionalities are highlighted on the [www.doc4me-app.com](http://www.doc4me-app.com) website.

The Doc4me App currently has over 650 doctor listings in the application and provides listings in all 50 states. However, there remain areas where more listings are needed.

If you have any adult IBD doctor listings you would like to add to the active Doc4me App database, please email them to Jeannie Huang, MD at (jshuang@ucsd.edu).







## Secretary–Treasurer's Report

Dear Colleagues –

Greetings from your Secretary Treasurer! It has been a volatile past year financially with the ups and downs of the market, and **NASPGHAN** ended 2018 with a negative balance for the first time in years due to market losses. Nevertheless, **NASPGHAN** financially continues to do well overall. Income from membership, the journal, and Annual Meeting and Postgraduate Course remain vital to our financial stability and strength. Attendance at the 2018 Annual Meeting remained strong with 1,889 registrants (14 over our last Annual Meeting in 2017) in Hollywood, Florida and 988 attending our Postgraduate (PG) course (the highest recorded attendance for the PG Course). Over 280 attendees joined our Single Topic Symposium on Motility. Our Hands-on Endoscopy courses were also well attended with over 230 participants.

As always, **NASPGHAN** is about membership and our membership continues to grow as shown in the chart to the right.

In particular, the growing membership in the areas of nutrition and psychology is welcome and exciting as pediatric gastroenterology, hepatology, and nutrition are multidisciplinary fields.

Financially, in 2018, **NASPGHAN's** investments did suffer with the end-of-the year market readjustment, but in 2019 we have rebounded along with the market (thus far). We, along with the Finance Committee, continue to have active discussions with our financial firm Glenmede regarding how best to position ourselves. In 2019, **NASPGHAN** will continue to sponsor the Mid Career Research

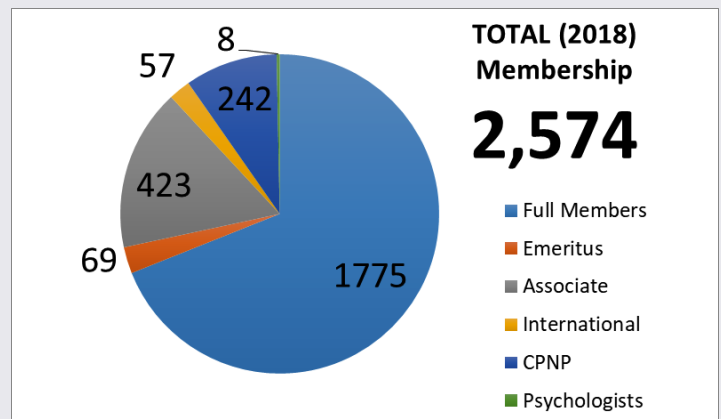
Award to ensure continued field advances by our promising researchers. Additionally, we are investing in a much needed update of our website, which will debut later this year. Finally, and importantly, we continue to invest in the National Office to strengthen the infrastructure and capabilities of the office to support the membership and ongoing activities of both **NASPGHAN** and the **NASPGHAN** Foundation.

Otherwise, we look forward to another successful annual meeting come October in Chicago. In particular, we welcome your attendance at the Business Meeting to discuss new initiatives to provide value and support to our membership.

Please feel free to contact me by email at ([jshuang@ucsd.edu](mailto:jshuang@ucsd.edu)) for any questions or concerns.

Best—

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



### NEW NASPGHAN, GIKIDS WEBSITES TO BE ROLLED OUT

Watch for new and freshly designed websites for both **NASPGHAN** and GIKids later this month. The websites, designed by Baltimore-based Opus Media, will feature fresher designs that will make it easier to find your favorite content.



## NASPGHAN Foundation News

..... Barry Wershil, MD .....

**President, NASPGHAN Foundation**

Dear Colleagues:

As the summer approaches, we start to turn our thoughts to vacation and outside activities. But at the Foundation, we are equally excited by the beginning of another grant cycle. One mission of the Foundation is to help fund innovation research proposal for our members and those in our affiliated organizations, like the APGNN and CPNP. These funding opportunities bridge almost every aspect of the society, from basic & clinical research to clinical practice-based initiatives and quality improvement studies. This year, we are proud to announce a new grant offering supported by QOL supporting research in the area of carbohydrate malabsorption. As well, we are excited to announce the first year of the Amin Tjota Award being presented at our national meeting to the highest ranked abstract in pancreatic research.

Over the last year, the Foundation has been extremely active helping to support clinical campaigns and educational materials and experiences for the Society. The Constipation Care Package has been updated and is available on the GI kids websites. A summary statement of the NAFLD guidelines has been created as a user-friendly version that can be utilized in real time practice. We have just completed the 8th successful year of N<sup>2</sup>U under the leadership of Justine Turner. Also recently, a webinar on Intestinal Failure was held, organized by Val Cohran, and you can find that activity embedded on our website for access at your convenience. We also completed summary statements of the GERD guidelines for both

GI physicians and a version for primary care providers. In the pipeline are a comprehensive, web-based modular educational program on EoE, and a similar modular program in Nutrition is under development.

None of this would be possible without the support of our corporate partners and the generous giving of our members. To that end, we have created a mobile platform to make it that much easier to donate to the Foundation ([see the information provided in this Newsletter](#)). It's fun, easy, tax-deductible and it all goes to support the Society and our mission to create new knowledge, provide continuing professional and patient education, and better the lives of the patients and families we serve.

Wishing all a happy and fun filled summer. And see you in Chicago this Fall.

Sincerely,

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

## NASPGHAN FOUNDATION DEVELOPS SUMMARY OF REFLUX ALGORITHMS

With the support of an educational grant provided by Abbott Nutrition, the **NASPGHAN** Foundation has developed a summary of management of the symptomatic infant, published in the *Journal of Pediatric Gastroenterology and Nutrition* – Volume 66, Issue 3, March 2018. [Pediatric Gastroesophageal Reflux Clinical Practice Guidelines: Joint Recommendations of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition and the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition.](#)

Two versions have been created and can be accessed on the **NASPGHAN** website. One was developed to assist [primary care physicians](#); and the second version for [pediatric gastroenterologists](#). Both summarize the guideline's approach to infants with frequent regurgitation or vomiting suspected of GERD.

## NICOLA JONES

### Research Team Publish results of *H. pylori* Study



Funded in part through the **NASPGHAN** Foundation grant AstraZeneca Research Award for Disorders of the Upper GI Tract, **NASPGHAN** member Dr. Nicola Jones, of the Hospital for Sick Children in Toronto, and a team of researchers has explored a non-antibiotic treatment for *H. pylori*. The results were published in *Nature Microbiology* on May 20, 2019.

A press release from *SickKids*, explains *H. pylori* secretes a toxin called VacA that enhances the ability of the bacteria to take over the stomach. The team was the first to discover that this toxin allows the bacteria to survive inside of stomach cells in a special compartment. This compartment, called the lysosome, normally kills invading bacteria, like *H. pylori*. However, the VacA toxin disarms the lysosome of its bacteria-killing ability, allowing *H. pylori* to survive and hide from antibiotics.

There is a specific channel in lysosomes, called TRPML1, and when activated in infected cells, it restores the bacteria-killing ability of the lysosome, leading to the elimination of the *H. pylori*. This is the first evidence that TRPML1 could serve as a novel targeted therapy for *H. pylori* infection, according to the press release.

“Our research shows that we can harness the cell’s own ability to eliminate bacteria,” says Jones, principal investigator of the study and Professor, Department of Paediatrics and Physiology at the University of Toronto. “We were very excited to find a promising new treatment for *H. pylori* infection that is not an antibiotic and therefore avoids antibiotic resistance and any side-effects of antibiotics.”

These favorable results could lead to future treatment in children and adults suffering from *H. pylori* infections. The researchers hope to conduct more research before eventually moving to clinical trials.

Dr. Jones received the 2016 **NASPGHAN** Foundation/AstraZeneca Research Award for Disorders of the Upper GI Tract for “*Novel, Non-antibiotic, Mechanism-based Therapy to Treat Helicobacter Pylori Infection*”.



## JPGN

### News from the Editor

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

The *Journal of Pediatric Gastroenterology and Nutrition* continues to rank high among pediatric specialty journals and is holding its own within pediatric, gastroenterology and nutrition journals. *JPGN* realized an increase in submissions during 2018 of over 10%, with more than 1000 submissions during the year. Because of this need, **NASPGHAN** along with ESPGHAN leadership is currently finalizing negotiations to begin a new journal, *JPGN Reports*, that will help you, our society members and investigators, publish your best research and clinical reports. This journal will have a more clinical focus (and will accept case reports) compared with *JPGN*. Keep a watch for this new journal in the next 3-6 months.

#### Share this article on:



*JPGN* continues to grow in social media. Drs. Charles Vanderpool and Anna Rybak have done a

stellar job posting articles and information to Facebook and Twitter. Facebook brought almost 15,000 and Twitter brought over 2,500 visits to the *JPGN* website. Please help promote these sites and information by sharing these posts. Feel free to post your own *JPGN* articles and information as well. In the past I shared with you that when you post to social media you are not only sharing valuable information with your network, but you are 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. A new feature now



available in *JPGN* is the posting of Altmetrics with each article; click on “Article Level Metrics” to see more detailed information regarding the activity around each article!

While I continue to enjoy and appreciate my role on the Journal, the time has come to begin the process of transitioning to a new Editor-in-chief in January, 2021. Information and forms can be accessed on the **NASPGHAN** web site. Applications are due January 13, 2020.

Please consider *JPGN* for your articles, and encourage your colleagues to do the same. The submission site is [accessible here](#).

Wishing you all a great summer!



# NASPGHAN Reception at DDW 2019 in San Diego, California





# CPNP NASPGHAN

COUNCIL FOR PEDIATRIC  
NUTRITION PROFESSIONALS



Sally Schwartz, CPNP President

I am delighted to be heading into the warmer weather of the season, I hope you are enjoying sunshine and longer days as well!

CPNP members have been busy working on projects such as our Nutrition Pearls and joint CPNP-NASPGHAN projects within NASPGHAN committees, N<sup>2</sup>U and Nutrition curriculum to name a few. We continue to grow our membership and opportunities to members. We have added a Facebook page *The NASPGHAN Council*

for Pediatric Nutrition Professionals (CPNP) for members to join. This is also open to NASPGHAN membership, [so please check it out here!](#)

We are thrilled to offer a NASPGHAN Foundation/CPNP Nutrition Research Grant which has been supported by QOL Medical, LLC. This one-year grant is available to pediatric dietitians to support research activities that have the potential to advance the nutrition care of patients and families of children with nutritional disorders. The NASPGHAN Foundation will award up to 3 grant ranging from \$500-\$5000 for one year. The Submission date is July 1, 2019. If you know of any dietitians you work with who may be interested, please let them know.

We have finalized our program for the CPNP Annual Conference at the Annual Meeting in Chicago, IL. While the main NASPGHAN conference has state-of-the-art nutrition content on Friday, some of the highlights of the Saturday CPNP program include:

- ▶ Nutrition support teams
- ▶ Nutrition and transplant
- ▶ Nutrition in the Cystic Fibrosis patient
- ▶ Malnutrition in the NICU
- ▶ Post-discharge NICU nutrition

All NASPGHAN members are welcome to attend any of the CPNP Nutrition conference sessions, we hope you can join us for a few sessions, or stay all day!

CPNP members get a discount on meeting registration and are able to apply for scholarships to aid in covering the cost of conference attendance which can be used for travel, room & board.

I look forward to welcoming you to my home town, Chicago. See you this fall!

Sally Schwartz, RD, CSP, LDN

President, CPNP, Council for Pediatric Nutrition Professionals



Amy Donegan, APGNN President



Hi NASPGHAN membership,

APGNN continues to be a strong and active organization. We are ramping up for our conference in October. Nannette Martin, the Program chair, and her committee, have confirmed our speakers and I think the program agenda is outstanding. We are thankful for the many NASPGHAN members that have offered to talk for us! The attendance at our conference is about 50% nurses and 50% APN's so there is content targeted to both.

Funding for conferences is usually tight at most institutions and APGNN has several travel scholarships available to help defray the cost of attendance. In addition to travel scholarships, nurses can submit an application for the Excellence in Education award or nominate a colleague for the Excellence in Nursing Practice or Excellence in Mentoring award. Please encourage the nurses in your department to visit ([www.APGNN.org](http://www.APGNN.org)) to look at these opportunities in more detail.

In case you are not aware, in addition to the Program committee we also have 5 other committees. These include Media, Patient and Family Education, Clinical Practice, Research and Membership. We are always looking for new committee members. The time commitment varies per committee, but is very reasonable. I personally did not think about committee participation until one of the physicians I work with suggested I get involved. So, if you work with a nurse that you think would be interested in participating on a national level, please have her contact me to discuss possible opportunities.

We are so excited that our 3<sup>rd</sup> edition of the *Clinical Handbook of Pediatric Gastroenterology* is at the editors and is expected to be completed by the time of the conference in October. We will be offering this book free to new members in 2020 and it will be available for purchase to current members. We will also continue to offer the institutional membership rate of buy 3 memberships get the 4<sup>th</sup> free.

As you can see, there are many benefits to membership in APGNN and we try to make it affordable and easy for nurses to become members and actively participate in this organization. Any encouragement and support you can give the nurses you work with to join APGNN would be appreciated!

Warm regards,

Amy Donegan, APRN



## Committee and Special Interest Group Reports

### CLINICAL CARE AND QUALITY (CCQ) COMMITTEE

*Chair: Norelle Reilly, MD*

CCQ has been very busy as usual! Our committee is charged with the review of proposals for **NASPGHAN** and **NASPGHAN/ESPGHAN** societal papers, reviews of Clinical Vignettes for the **NASPGHAN** Annual Meeting, and implementing projects that address clinical and quality of care gaps relevant to the **NASPGHAN** membership. Our outgoing Chair, KT Park, has been an incredibly energetic and inspiring leader, setting the pace for many ongoing and future collaborations.

Much has changed regarding societal papers—as of Fall 2018, **NASPGHAN** has harmonized with **ESPGHAN** so that societal papers are either classified as Clinical Practice Guidelines or Position Papers. This allows for greater collaborative opportunities between our societies. Our society has been extremely productive—in the last 7 months since I became CCQ chair, CCQ has received 13 proposals for review for potential Position Statements and Guidelines, including 2 that will potentially be joint **NASPGHAN/ESPGHAN** undertakings. This process would not be possible without our highly invested and diverse committee membership, and I would like to thank these individuals, as well as the many outside subject matter experts who have generously provided feedback on several occasions as well.

We have several interesting projects ongoing as well. Jon Moses is spearheading a project to examine practice patterns of pediatric gastroenterologists in verifying and monitoring mucosal healing for patients with inflammatory bowel disease. This will be a collaborative effort along with the IBD Committee that we anticipate will lead the way to standardizing our approach towards children with IBD.

The **NASPGHAN** Clinical Guide for Pediatric Celiac Disease ([clinical.celiac.org](http://clinical.celiac.org)) was developed through a CCQ project and is a web-based “point of care” tool to help providers to navigate challenges associated with managing families with celiac disease. This has had over 15,000 uses since its launch 2 years ago, with over 5000 individual users. We are working to collaborate with the AAP to encourage use by general pediatricians to better inform testing methods for children suspected of having celiac disease.

CCQ is also working with our liaisons from the Association of Pediatric Gastroenterology and Nutrition Nurses (APGNN) and the Council for Pediatric Nutrition Professionals (CPNP) to foster some cross-collaboration among our societies. Stay tuned for more on this as our projects begin to take form!

Lastly, it has been a pleasure to host the Integrative Medicine SIG (chaired by Ann Ming Yeh) and we are now pleased to announce that we will additionally be hosting the newly-formed Celiac Disease SIG (with its inaugural meeting taking place at this year’s DDW meeting in San Diego.)

### IBD COMMITTEE

*Chair: Edwin de Zoeten MD, PhD*

Regards from the IBD Committee! I want to begin by thanking Andrew Grossman, MD, for his hard work as the outgoing IBD Committee Chair. He made the transition simple. Our Committee has had a productive 2 years since our last report. The Committee has been working on a number of projects and developing new ideas.

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

- ▶ Completion of position paper on diagnosis and treatment of very early onset inflammatory bowel disease.
- ▶ Completion of a position paper on IBD and iron deficiency.
- ▶ Assessment of data available for a possible position paper on complementary medicine in IBD.

Our collaboration within **NASPGHAN** and APGNN has continued, including:

- ▶ A position statement from a joint CCQ and IBD committee effort, providing guidelines on Non-hospital-based biologic infusions for IBD patients.
- ▶ Work on a patient handout on biologics written by APGNN.
- ▶ Work with the Public Education Committee on revision and update of information on the GIKids website ([www.gikids.org](http://www.gikids.org))

We continue our collaborations with the Crohn’s & Colitis Foundation and the FDA including:

- ▶ Collaborative work with the Crohn’s & Colitis Foundation’s Pediatric Affairs committee in producing Videos for children and their families on participation in clinical research.
- ▶ Development and participation at a conference with the FDA, pharmaceutical companies and providers identifying and addressing roadblocks to rapid approval of IBD medications for the pediatric population.

On the Advocacy front, members of the Committee and **NASPGHAN** leadership are working with the Crohn’s & Colitis Foundation on a statement on use of biosimilars. We plan to continue our collaborations with Crohn’s & Colitis Foundation. We look forward to maintaining our productiveness and if anyone has concerns or concepts that they would like to the IBD committee to address please feel free to contact me ([edwin.dezoeten@childrenscolorado.org](mailto:edwin.dezoeten@childrenscolorado.org)).

### NEURO & MOTILITY COMMITTEE

*Chair: Jaime Belkind-Gerson, MD, MSc*

The challenge of the Single Topic Symposium was met with enormous enthusiasm by the Neuro & Motility Committee. Dr Anil Darbari led the effort and together with him, members of the committee volunteered to coordinate and organize the sessions that were divided

into esophagus, stomach/small bowel and colon diseases. The panel of experts who were invited included not only pediatric motility but adult motility leaders in the field. Everyone's efforts culminated with the session being a big success and more than 280 colleagues attended the day-long symposium. Unfortunately, there was no room for late-comers as we were 100% full. The good news is that the written summary of the symposium is being compiled with efforts led by Drs. Julie Khlevner and Jaya Punati and will be submitted for publication shortly. The paper will be entitled: *Advances in Motility & in Neurogastroenterology: AIMING for the Future* (Single Topic Symposium; 2018 Annual Meeting of the **NASPGHAN**).

In addition to the Single Topic Symposium, several important papers are being produced by the Neuro & Motility Committee members. The first and sorely needed is a guideline of minimal standards for pediatric NGM training for pediatric GI fellows. As the need for NGM-trained physicians has been growing in North America, it is essential that we aim for the best possible training especially since there is no standard to regulate this process. This effort is led by Dr. Julie Khlevner. This should also be helpful as there is a need to determine the level of exposure to motility in Pediatric GI fellows, and to make certain they are fulfilling the GME requirements.

Other important documents being produced include: A Surgical and Gastrointestinal Consensus for the management of difficult NGM issues. Dr. Manu Sood and I will steer this taskforce. The idea is to form a surgical/GI consensus on difficult and/or controversial issues such as how should colonic manometries be used? When should a dilated rectosigmoid be resected? Who are the specific candidates for gastric and sacral electrical stimulation? And others. Another interesting project led by Dr. Desale Jacob is the Multidisciplinary Care of Patients with Neurogastrointestinal and Motility Disorders. The aim is to look into the utility and ways of forming multidisciplinary teams to care for patients with disorders and diseases of functional and motility disorders as well as to identify the specific problems that will benefit from these teams. We hope to have these available for everyone shortly and new ideas are constantly emerging from our very active and motivated NGM group.

## ENDOSCOPY AND PROCEDURES COMMITTEE

Chair: Diana G. Lerner, MD

The Endoscopy and Procedures Committee is excited to report several collaborative efforts in promoting endoscopic research, education and patient care.

The Endoscopy and Procedures Committee continues to work closely with the Button Battery Task Force. There are several updates to the recommendations for swallowed button batteries and an updated algorithm is currently being drafted for submission to *JPGN*. Please refer to the Poison Control button battery guidelines about the protective effects of Carafate and Honey when given after battery ingestion under certain conditions.

We have published several Clinical Reports that will be of interest to **NASPGHAN** membership: Pediatric Endoscopy and High-risk Patients, Quality Improvements in Pediatric Endoscopy, Developing a Pediatric Endoscopy Unit.

Many current and previous members of the Endoscopy and Procedures Committee were joined by ESPGHAN members during the Pediatric

Endoscopy Quality Improvement Network (PEnQuin) meeting in October after the 2018 **NASPGHAN** Annual Meeting in Florida. This group went through a rigorous Delphi process of literature review and voting to come up with quality measures and indicators in pediatric endoscopy. A joint committee guideline is currently in process so stay tuned.

For endoscopy education, we are excited to work with Thumbroll, an app designed to provide at your fingertips procedural learning. Best part—it's free! Several fellows and members of the Endoscopy and Procedures Committee are working with this company to develop pediatric endoscopy educational materials. Contact me if you are interested in participating.

On October 16, the day before the **NASPGHAN** Annual Meeting in Chicago, we are hosting our second **NASPGHAN** course in Hands-On Innovation and Methods in Endoscopy (CHIME). The course will be held at the ASGE Interactive Training and Technology (IT&T) Center in Downer's Grove, IL. Sessions will be both didactic and hands on and will target basic skills and advanced therapeutic techniques such as control of bleeding, stenting and needle knife. Four years ago, the course sold out in less than two weeks, so [register soon](#).

At the upcoming Annual Meeting in Chicago, we are also excited to have our video endoscopy session. This session has been received with great success. Come check it out.

We want to thank Dr. Marsha Kay for her efforts in hosting the annual instruction in clipping techniques, electrocautery, polypectomy and single balloon endoscopy during the **NASPGHAN** Annual Meetings. We thank Drs. Doug Fishman and Catherine Walsh who presented the Train the Trainer courses. These sessions have been very successful and focus on ergonomic position during colonoscopy and improved scope steering techniques. An abstract discussing the success of Train the Trainer was presented at DDW in San Diego, CA.

**NASPGHAN** continues to work closely with the American Society for Gastrointestinal Endoscopy (ASGE), and to increase pediatric exposure across societies. Dr. Fishman is serving on the Standards of Practice Committee, Dr. Walsh is representing pediatrics on the Training committee. Dr. Robert Kramer is the Chair of the Pediatric Scientific Session for ASGE-Pediatric Endoscopy at Digestive Disease Week. In the past year we worked with the ASGE to revise the Gastrointestinal Endoscopy Self-Assessment Program (GESAP) for pediatrics. This was led by Dr. Kay. If you need CME or MOC credits you can use this tool to review interesting pediatric endoscopy clinical vignettes in these evidence-based learning modules.

The E&P Committee continues to work on the Image of the Month and Video of the Month section in the *Journal of Pediatric Gastroenterology and Nutrition*. We are excited to review your submissions!

We want to congratulate our endoscopy award winners: Dr. Michael Manfredi from Boston Children's Hospital received the endoscopy prize for an abstract on esophageal stenosis at the Annual Meeting in 2018, and Dr. David Troendle from UTSW, DDW 2019, for his work with the ERCP database.

Finally, I want to thank Dr. Rob Kramer for work in steering this committee for three years. Among many projects, he has organized a multi-center database for endoscopy outcomes and adverse events, which was presented at numerous conferences and most recently at DDW in San Diego. We would like to continue his work by opening this database to the **NASPGHAN** community at large. Please enter your centers data [here](#).





## Nutrition University Marks Eighth Year

Course Chair: Justine Turner, MBBS, FRACP, PhD

Congratulations to our 2019 **NASPGHAN** Nutrition University (N<sup>2</sup>U) graduates!



This year was our eighth N<sup>2</sup>U. There were 10 RD and 30 MD attendees and this year for the first time 1 nurse practitioner who audited the course prior to consideration for NP attendees in 2020. As usual, the feedback was very positive. N<sup>2</sup>U continues to focus on case-based learning, the latest scientific evidence for nutrition practice and the clinical wisdom and experience of our expert faculty. The program provides an opportunity for career development and mentorship in the field of pediatric nutrition across North America. This year in the nutrition specialist's toolbox we had web resources for nutrition support and The Microbiome 101 for the nutrition specialist. This year's Nutrition Jeopardy was dedicated to Alex Trebek, who is facing pancreatic cancer. As always it was a highlight and thanks again Praveen Goday for leading us in such a competitive and fun learning activity.

All attendees to N<sup>2</sup>U are asked to pay it forward and to return to their home institutions sharing the learning they experienced in order to improve the clinical care of children with nutritional problems across North America. In addition, this year we will be surveying all prior attendees of N<sup>2</sup>U to determine the impact of the program on their careers and on clinical care they deliver.

**Calling all N<sup>2</sup>U grads, please participate when you see the survey later this year.**



A big thank you to our 2019 faculty, CME and application reviewers. Special thank you to Margaret Stallings and Laura Smith for all the behind the scenes work, prior to and during N<sup>2</sup>U, which makes the course efficient and enjoyable.

### Faculty 2019:

Justine Turner, MBBS, FRACP, PhD—Chair  
 Tim Sentongo, MD—Incoming Chair  
 Valeria Cohran, MD, MS  
 Vicki Gainsberg, RD, LDN  
 Praveen Goday, MBBS, CNSC  
 James E. Heubi, MD  
 Catherine Karls, MS, RD, CD, CNSC  
 Maria Mascarenhas, MBBS  
 Lauren Matschull, MBA, RD, CD, CNSC  
 Eileen Potter, RD, MS, LDN  
 Ann Scheimann, MD, MBA  
 Sally Schwartz, RD, CSP, LDN  
 Carmyn Thompson, RD, LDN, CSP

### CME Reviewers 2019:

Elizabeth Yu, MD  
 Lesley J Smith, MD, MBA

**Finally, thank you once again to Nutricia North America for funding this unique educational activity for eight years in a row!**





# NASPGHAN—Abbott Nutrition First-Year Pediatric GI Fellows Conference

Course Director: Emily Perito, MD

Course Co-Director: John F. Pohl, MD



The **NASPGHAN**-Abbott First-Year Fellows Conference was held in Orlando, Florida at the Rosen Plaza Hotel from January 10-13, 2019. We celebrated the 17<sup>th</sup> anniversary of this conference. Over 120 fellows from the United States, Canada, and Mexico participated in this dynamic conference, which focused on helping fellows develop strategies to achieve success in their scholarly activities during their fellowship training and beyond.

The conference provided exposure to multiple aspects of pediatric gastroenterology including various career paths for the pediatric gastroenterologist, how to choose a mentor for research and how to prevent burnout. Various short lectures ranged from “How to Choose a Research Project and a Mentor” to “How to Balance Work and Life”, and open and honest panel discussions occurred in which faculty discussed their individual career pathways. The Clinical Research Exercise is an annual high point of the conference in which the fellows design mock research projects for presentation to the entire group. To end this successful conference, faculty and fellows danced late into the night ( . . . including zumba dancing lead by the INFAMOUS Norberto Rodriguez-Baez)!

Making this conference possible was a terrific group of 14 faculty representing the United States, Canada, and Mexico, as well as a diversity of clinical and research interests: Drs. Emily Perito (Course Director), John Pohl (Course Co-Director), Tanja Gonska (Canadian Representative), Solange Heller Rouassant (Mexican Councilor), Karen Murray (**NASPGHAN** President), Regino González-Peralta, Sean Moore, Kathy Campbell, Jeanne Tung, David Troendle, Sandy Kim, Norberto Rodriguez-Baez, Elizabeth Milet, and Karyn Wulf (Abbott Representative).

This conference, which began in 2002, continues due to the support of Abbott Nutrition (Bob Dahms), Margaret Stallings (**NASPGHAN** Executive Director), and Howard Wise (CTP Group conference planner). This conference has been instrumental in the development of lasting professional relationships within the field of pediatric gastroenterology.



# NASPGHAN—Abbott Nutrition Second-Year Pediatric GI Fellows Conference

Course Co-Director: Stacy Kahn, MD

Course Co-Director: Bradley Barth, MD, MPH



Abbott Nutrition again supported the **NASPGHAN** Second-Year Fellows conference, which took place in March in Scottsdale, Arizona. This year's conference provided second year Pediatric GI Fellows from across North America with a career-building program that included brief lectures integrated with small group sessions promoting interactions between faculty and fellows. Talks on academic skills including how to prepare and deliver a great talk, an approach to writing research papers, reflections on work-life integration, and creating a CV were helpful, articulate and honest. Lectures on the different types of career paths, how to effectively search for

a job, and tips for interviewing were well-received with lots of time for interactions and questions throughout the weekend. The diverse and energetic **NASPGHAN** faculty represented an array of career paths including academic clinicians and researchers, clinical practice, division chiefs and everything in between. In addition, the faculty were open and available to provide insight into (and advice about) careers in IBD, motility, hepatology, nutrition, quality improvement, endoscopy, eosinophilic disorders, and more, as well as careers in research and clinical practice. Private feedback was also provided to fellows through personal CV review with fellow-selected faculty.

Special thanks to Bob Dahms and Abbott Nutrition for supporting this successful meeting for another great year. We are so thankful to the 2019 faculty without whom this meeting could not have happened: Brendan Boyle, Calies Menard-Katcher, Eric Benchimol, Valeria Cohran, Jose Garza, Karen Murray, Maria Mascarenhas, Matthew Riley, Norberto Rodriguez-Baez and Rachel Rosen. Last, but totally NOT least, this annual conference would never happen without the ever present dedication, energy and unwavering support of the **NASPGHAN** front office including Executive Director, Margaret Stallings and Associate Director, Kim Rose.



# NASPGHAN Maintenance of Certification

The Board Exam has changed, and MOCA Pediatric GI is now here in 2019!

For those of you due for a board exam this year—you have likely been assigned to MOCA Pediatric GI assessments.

## What is MOCA Pediatric GI?

It is the continuous assessment version of the boards. For those of you keeping up your general pediatric certification, you are familiar with the process after which MOCA Pediatric GI has been modeled (pass rate for the MOCA general pediatrics is 95%).

Essentially, beginning at the start of your cycle, you will receive up to 20 timed questions every quarter. You will have 3 months (the quarter) to answer them, in one batch or one-by-one. You can answer the questions on your computer, tablet or smartphone. You will receive immediate feedback on your selected answers (right v. wrong and references) and you will have access to previously answered questions. To pass the boards in MOCA, you have to pass 12 quarters every 5 years. You also get to throw out your 4 worst quarters (they are thrown out for you). This means that basically you can skip a quarter every year and still pass in 4 years (In the 5th year, if you have passed by then, you won't have to get additional questions in your 5th year).

## What does this cost?

There is no additional fee. The cost is covered in your 5-year MOC cycle fees.

## What happens if I don't pass?

If you don't pass by your 4<sup>th</sup> year of your 5-year cycle, you can take the 5<sup>th</sup> year in pursuit of 12 quarters of passing or opt for the in-person exam (safest option to ensure continuous certification). HOWEVER, you must pay an additional fee (\$265) for the in-person exam.

## What if I want to take the in-person exam instead?

That is your choice, but there is an additional fee (\$265).

Additional information can be found [here](#).

## MOC PART IV MODULES

NASPGHAN offers MOC Part IV in eight educational modules.

There is a \$150 registration charge for one module and \$250 registration charge for access to all of the modules. Upon registration, you will have access to all eight modules: Colonoscopy, Constipation, Enteral Nutrition, Failure to Thrive, Informed Consent, Transition, Hepatitis B, and Upper Endoscopy. Please be aware of your MOC deadline, as each module takes a minimum of four months to complete and will offer 25 MOC IV credits each. By taking two modules, you will meet the 40 points per cycle needed to maintain the American Board of Pediatrics Part IV MOC.

To register and begin your MOC Part IV activities, [click here](#). Once you are at the site, click "add to cart." You will need to sign into your NASPGHAN account to continue with the checkout process in the cart. After your payment has been received, you will receive an email with instructions on accessing the MOC Module within a few business days. A reminder that each module takes a minimum of four months to complete. If you have any questions, please email Kathleen Regan at ([kregan@naspghan.org](mailto:kregan@naspghan.org)).

MOC Part IV Contact:

Kathleen Regan, National NASPGHAN Office  
[kregan@naspghan.org](mailto:kregan@naspghan.org)

Sincerely,

Your MOC Task Force Chairs

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

## 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. The AASLD/NASPGHAN Pediatric Symposium will be held from 1-4 pm Friday, November 8.

NASPGHAN members Drs. James Squires and Estella Alonso are chairing the joint program.

The meeting will be held at the Hynes Convention Center in Boston.





## American Academy of Pediatrics Corner

Dear Colleagues, Happy Spring!

Please join me in congratulating Mitch Cohen as Chair-Elect of AAP's Section on Gastroenterology, Hepatology and Nutrition! He will assume leadership of the section at the conclusion of my term on November 1st. Other current members of the Executive Committee include David Brumbaugh, Jennifer Dotson, Sanjiv (Sonny) Harpavat, Leo Heitlinger, and Maria Oliva-Hemker. Special thanks to Angela Sandell, a third-year fellow at Children's Hospital of Pittsburgh, who serves as a wonderful liaison from AAP's Section on Pediatric Trainees!

In March, representatives from SOGHN were pleased to contribute to the Academy's Annual Leadership Forum, which was held outside of Chicago at AAP's new headquarters in Itasca, IL. Physician burnout and relationships between pediatric specialists and general pediatricians were among key topics addressed at this year's meeting. With thanks to Mel Heyman and Angela Sandell, SOGHN authored a resolution to work together with important groups like the Council of Pediatric Subspecialties and the American Board of Pediatrics on promoting mental health screening in children with chronic disease, such as inflammatory bowel disease. Angela was particularly instrumental in raising the prominence of this resolution within the Section on Pediatric Trainees—the largest section within the Academy—and the resolution was successfully adopted. Leaders from chapters, committees, councils and sections use the priority issues raised by such resolutions to guide the Board of Directors as they set AAP policies and initiatives. SOGHN members attending this year's conference included Mitch Cohen, Leo Heitlinger, Bram Jelin, and myself.

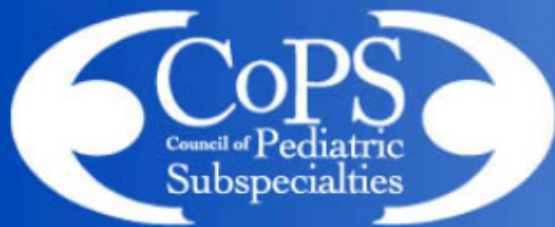
On the advocacy front, SOGHN was pleased to sponsor Mitch Cohen in joining more than 320 pediatricians, pediatric subspecialists, and pediatric trainees on Capitol Hill at the Academy's Annual Legislative Conference in April. Participants visited 264 congressional offices conveying one of the Academy's current priorities on the importance of protecting children from gun violence. In May, George Fuchs and Praveen Goday joined their fellow members of AAP's Committee on Nutrition on the Hill to advocate for child nutrition reauthorization. In addition, I recently joined Ben Gold and Bryan Rudolph in Washington to educate federal lawmakers about the critical importance of the Medical Nutrition Equity Act ([see related story, page 22](#)). Both **NASPGHAN** and AAP are active participants in the Patients and Providers for Medical Nutrition Equity Coalition, which coordinated the lobby day.

In May, following reports of infant deaths and a warning issued by the Consumer Product Safety Commission (CPSC), the AAP called for immediate action to remove the Fisher-Price Rock 'n Play Sleeper from stores and urged parents to stop using it. As was widely reported in the news, this resulted in a subsequent recall of millions of inclined sleepers, which many parents misperceive as helping their child's reflux. In consultation with SOGHN, AAP is now focusing educational materials on best positions for infants with GER and GERD.

This year's National Conference and Exhibition (NCE), the Annual Meeting for AAP members that features over 19,000 attendees, will take place October 25-29, 2019 in New Orleans. In addition to fielding faculty on important topics for pediatricians, including functional abdominal disorders, constipation, and encopresis. We are grateful to Carlo Di Lorenzo and Sam Nurko for serving as faculty at this year's sessions. SOGHN has again sent out a Request for Applications (RFA) inviting fellows to participate in this section program as faculty by presenting clinical cases and joining panel discussions. We hope this will be an excellent opportunity for budding clinical educators. Fellow awardees will be eligible for a travel grant award, supported by Abbott Nutrition. We hope to see many of you there!

Best wishes for a fabulous summer!

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



All pediatric subspecialties  
working together for  
optimal child health.



## Council of Pediatric Subspecialties (CoPS) Update

*Mel Heyman, MD — CoPS Immediate Past-Chair*

The spring CoPS meeting included discussion around training duration and updates on various workgroups. Below is a brief update:

- ▶ **New Website**—this remains an excellent resource for residents and students considering a career in pediatric gastroenterology. The site also includes information and discussion of issues pertinent to pediatric subspecialties. Please check out ([www.pedsubs.org](http://www.pedsubs.org))
- ▶ **Duration of Fellowship**—Dr. Suzanne Woods from the ABP reported that at this time there are no plans to consider shortening fellowships or having clinical only fellowships unless all programs within a subspecialty agree to the same length of training. However, this remains an area of discussion among all pediatric subspecialties.
- ▶ **Recruiting/Sustaining Researchers Workgroup**—discussed the need to recruit and sustain researchers in pediatric subspecialties. The workgroup will survey current and former fellows, program directors, and successful physician scientists to understand selection of this career path, support for protected time and quality of mentorship.
- ▶ **Workforce Survey Workgroup**—shared experiences in workforce and burnout surveys—**NASPGHAN** will soon conduct a short workforce/burnout survey.
- ▶ **CoPS has established a group**—to promote women in leadership in pediatrics, with a goal of enhancing women in leadership positions in pediatric subspecialties. Information is being collected to assess the current status to inform further action going forward.
- ▶ **The American Board of Pediatrics**—along with the AAP and CoPS is spearheading a movement to promote screening of all children with chronic illness or disorders for behavioral and/or mental health issues. A resolution proposed through CoPS and supported by several subspecialty and general pediatric groups at the AAP was passed at the AAP's Annual Leadership Forum (ALF) meeting for the AAP to support this work.

### FOR THOSE OF YOU WHO MAY NOT BE VERY FAMILIAR WITH 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](http://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>).





2019 NASPGHAN /CPNP/ APGNN ANNUAL MEETING  
OCTOBER 17-19 ↔ SHERATON GRAND CHICAGO ↔ CHICAGO, IL

## 2019 ANNUAL MEETING REGISTRATION IS NOW OPEN!

**Register online** now for the **NASPGHAN** Annual Meeting, October 16-19, 2019 at the Sheraton Grand Chicago. We are excited about this year's program and cannot wait to see everyone in Chicago in October. See the most up to date details [here](#) for the entire event.

### DATES FOR YOUR CALENDAR

Open Now	<a href="#">Housing is open and reservations can be made immediately.</a>
August 20	Early bird registration deadline
October 16	Course in Hands-on Innovation and Methods in Endoscopy (CHIME) - held off-site at the IT&T Center in Downers Grove, IL
October 16	Single Topic Symposium: Chronic Liver Disease Management for the Gastroenterologist
October 17	Postgraduate Course
October 17-19	Annual Meetings of <b>NASPGHAN</b> /APGNN/CPNP

**Bookmark the event page** for the most up to date information and check back often for the latest information.

## 2019 NASPGHAN ANNUAL MEETING ADVERTISING PACKAGE

Tell membership about your job openings at the **NASPGHAN** Annual Meeting October 16-19 in Chicago, Illinois as well on the **NASPGHAN** electronic Job Board!

With a specially-priced package now posted on the **NASPGHAN** website, you can receive a 90-day job posting on **NASPGHAN's** electronic Job Board and a discount on **NASPGHAN's** 2019 Annual Meeting mobile app, which will be available to all attendees at the Annual Meeting. Your employment ad will be featured in the Job Bank on the mobile app, which will list, among other Annual Meeting information, times and meetings and exhibitor information. The app will be live before the October meeting and stay live a few weeks after the event.

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

This is a limited time discount offer, with a deadline of mid-October. **NASPGHAN** will reach out to you upon purchase about details of the ad for placement on Guidebook.

Please contact Kim Rose, Associate Director, **NASPGHAN**, with any questions. 215-641-9800 or ([krrose@naspghan.org](mailto:krrose@naspghan.org)).



## SHARE YOUR ANNUAL MEETING!

How do you attend the Annual Meeting? We want you to share what works at our biggest gathering of the year along with all your tips and tricks about getting the most out of the experience. Tag #NASPGHAN2019 in social media posts during this year's Annual Meeting.

- ▶ What speakers do you look for?
- ▶ How do you nab the best views?
- ▶ What was the biggest surprise?
- ▶ What talk blew you away?
- ▶ Who is the one to beat in the 5K?
- ▶ Any reunions with your roomie from the First year conference?
- ▶ And don't forget the Social Event.

We want to hear/see it all through your eyes. **#NASPGHAN2019**



## #NASPGHAN2019



## News Briefs

### ► On Demand Webinar

**ON DEMAND WEBINAR** on New Frontiers in Intestinal Failure: The Latest and Greatest is now available. It originally aired May 8 and provides CME, MOC and CPEU.

Description: The area of Intestinal Rehabilitation has changed significantly over the past 10-15 years. New innovations such as alternative lipids and the development of Intestinal Rehabilitation programs have drastically improved the survival of patients with short bowel syndrome and intestinal failure. The purpose of this webinar is to review the current state of Intestinal Rehabilitation and the new frontier of changes, including the use of agents such as Teduglutide to enhance intestinal adaptation.

Dr. Samuel Kocoshis is nationally known and recognized for his expertise in intestinal rehabilitation and transplant. He reviews the current status of Intestinal Transplantation in this era of Intestinal Rehabilitation. Dr. Alexandra Carey discusses the practical management in the utilization of alternative lipids. Dr. Robert Venick has expertise with the use of Teduglutide in adult patients, and with his role as a PI in the pediatric studies, discusses his experience in this exciting new frontier. The ultimate goal of the webinar is to enhance the knowledge of the practicing pediatric gastroenterologist in this rapidly changing and expanding field. [Access the webinar now.](#)

*Supported by an educational grant from Takeda Pharmaceutical Company.*

### ► Committee Application Deadline June 26

The deadline for **NASPGHAN** Committee applications is June 26, 2019. [Apply now](#) for a three-year term that will begin in October 2019.

Responsibilities of Committee Members:

- ◆ Commit the time and effort required
- ◆ Work collaboratively for **NASPGHAN**
- ◆ Communicate effectively by email
- ◆ Perform committee assignments in a timely fashion
- ◆ Attend committee meetings (semi-annually at **NASPGHAN** and DDW)
- ◆ Participate on committee conference calls
- ◆ Help develop and execute the committee action plans
- ◆ Be a member in good standing (your dues are paid in full)
- ◆ Have a passion for the mission

### ► Mobile Donations Now Available



The **NASPGHAN** Foundation launched a new and easy way to make donations via your cell phone. Just text 4GIPEDS to 56512. A donation link will come up that will allow you to make your donation both quickly and securely. Help us reach our goal of 100% member participation by making your pledge today!

## Welcome New NASPGHAN Members

**Sharifa Ali Alghamdi, MD, ChB, FAAP, RCPSC**

**Amy K. Drayton, PhD**

**Mark Ronald Frey, PhD**

**Parker Huston, PhD**

**Tiffany Kratzer, MD**

**Christina Low Kapalu, PhD**

**Mary Allyson Lowry, MD**

**Md. Abdul Manaam, MBBS, DCH, Mphil, PhD**

**Ann Schechter, MD**

**Rose Lucey Schroedl, PhD**

**Andrew Trout, MD**

**Ponkav Vohra, MD**

## 2019 NASPGHAN, APGNN, CPNP DIRECTORIES NOW AVAILABLE IN NASPGHAN MEMBER CENTER



The 2019 annual **NASPGHAN**, APGNN and CPNP membership directories are now posted on the **NASPGHAN** website. The PDF versions of the **NASPGHAN** directory, CPNP directory and APGNN directory are in the member section of the [NASPGHAN website](#). Members can also search for other **NASPGHAN** members

in the Member Center *Members Only* Member Search Directory, which reflects the live membership database and current information for each member. It is searchable by name as well as location. Use your **NASPGHAN** user name and password to access the Member Center.



# Save these dates!

## NASPGHAN Meetings & Important Deadlines

### 2019

- ▶ **SEPTEMBER 12–15, 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 Grand Chicago—Chicago, IL

### 2020

- ▶ **JANUARY 16–19, 2020**  
**First Year Fellows Conference**  
 Rosen Plaza Hotel—Orlando, FL  
*Supported by an educational grant from Abbott Nutrition*
- ▶ **APRIL 2–5, 2020**  
**Second Year Fellows Conference**  
 Scottsdale Plaza Hotel—Scottsdale, AZ  
*Supported by an educational grant from Abbott Nutrition*
- ▶ **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

### 16th International Congress of the Intestinal Rehabilitation & Transplant Association

- ✦ Date: July 3–6, 2019
- ✦ Location: Paris, France

### Pediatric Colorectal Scientific Meeting

- ✦ Date: July 11–12, 2019
- ✦ Location: Park City, Utah

### 41st Annual Aspen Conference on Pediatric Gastrointestinal Disease: Gastrointestinal Disease and Small Bowel Transplantation

- ✦ Date: July 15–19, 2019
- ✦ Location: Snowmass Village, Colorado

### 2019 Pediatric Feeding Conference: Interdisciplinary Care of Complex Pediatric Dysphagia

- ✦ Date: July 26–27, 2019
- ✦ Location: Columbus, Ohio

### Advances in Neonatal and Pediatric Nutrition

- ✦ Date: September 9–11, 2019
- ✦ Location: San Diego, California

### 24th Annual SPLIT Meeting

- ✦ Date: October 24–25, 2019
- ✦ Location: Houston, Texas

### AAP National Conference and Exhibition (NCE)

- ✦ Date: October 25–29, 2019
- ✦ Location: New Orleans, LA

### 2019 AASLD The Liver Meeting

- ✦ Date: November 8–12, 2019
- ✦ Location: Boston, Massachusetts

### 2020 World Congress of Pediatric Gastroenterology, Hepatology and Nutrition

- ✦ Date: June 3–6, 2020
- ✦ Location: Copenhagen, Denmark



# Billing & Coding

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

## IMPORTANCE OF ESTABLISHING MEDICAL NECESSITY FOR UPPER GI ENDOSCOPY

Multiple payers have established new policies concerning EGDs. Instead of “no pre-authorization required if done as an outpatient”, payers are requiring pre-authorization prior to upper endoscopy. Some payers do exclude those patients of a pediatric age, but not all do. Make sure that Medical Necessity is supported in your consultation and/or visit notes since your staff will have to gather information from your documentation to fill out the pre-authorization forms prior to contacting the payer. Listed below are some excerpts from the policies from Anthem, Aetna, Tufts and Humana.

Anthem, Aetna, Tufts and Humana have listed new indications for EGD and began requiring pre-authorization for diagnostic EGD on January 1, 2019. Humana revised its policy on 2-19-19.

### UPPER ABDOMINAL SIGNS OR SYMPTOMS:

- ▶ Gastroesophageal reflux symptoms that persist or recur following an appropriate trial of therapy for 2 months or more; or
- ▶ Persistent vomiting of unknown cause; or
- ▶ New-onset dyspepsia in individuals 50 years of age or older; or
- ▶ Unexplained dysphagia or odynophagia; or
- ▶ Signs or symptoms suggesting structural disease of the upper gastrointestinal tract such as anorexia, weight loss, early satiety, or persistent nausea; or
- ▶ Postoperative bariatric surgery with persistent abdominal pain, nausea, or vomiting despite counseling and behavior modification related to diet adherence; or
- ▶ Recent or active gastrointestinal bleed; or
- ▶ Unexplained anemia due to either blood loss or malabsorption from a mucosal process;
- ▶ For confirmation and specific histologic diagnosis of radiologically demonstrated lesions, including, but not limited to:
  - ▶ Suspected neoplastic lesion; or
  - ▶ Gastric or esophageal ulcer; or
  - ▶ Upper tract stricture or obstruction; or
- ▶ Documentation of esophageal varices in individuals with suspected portal hypertension or cirrhosis; or • To assess acute injury after caustic ingestion; or
- ▶ To identify upper gastrointestinal etiology of lower gastrointestinal symptoms, such as diarrhea, in individuals suspected of having smallbowel disease (for example, celiac disease); or
- ▶ To evaluate persons with radiographic findings suggestive of achalasia.
- ▶ Radiographic findings of any of the following:
  - ▶ Asymptomatic or uncomplicated sliding hiatal hernia; or
  - ▶ Uncomplicated duodenal ulcer that has responded to therapy; or
  - ▶ Deformed duodenal bulb when symptoms are absent or respond adequately to ulcer therapy; or
  - ▶ Confirming Helicobacter pylori eradication
  - ▶ Prior to bariatric or non-gastroesophageal surgery in asymptomatic individuals; or
  - ▶ Metastatic adenocarcinoma of unknown primary site when the results will not alter management; or
  - ▶ Obtaining tissue samples from endoscopically normal tissue without abnormalities and/or signs and symptoms documented in the record.
  - ▶ Symptoms that are considered functional in origin

### LINKS TO PAYER POLICIES:

- ▶ [http://www.aetna.com/cpb/medical/data/700\\_799/0738.html](http://www.aetna.com/cpb/medical/data/700_799/0738.html)
- ▶ [https://www.anthem.com/medicalpolicies/guidelines/gl\\_pw\\_c197646.htm](https://www.anthem.com/medicalpolicies/guidelines/gl_pw_c197646.htm)
- ▶ <https://tuftshealthplan.com/documents/providers/guidelines/medical-necessityguidelines/upper-gi>
- ▶ <https://tuftshealthplan.com/documents/providers/forms/upper-gi-endoscopyauthorization-form>
- ▶ <http://apps.humana.com/marketing/documents.asp?file=3483298>
- ▶ file:///C:/Users/HomePC/Downloads/Diagnostic%20Esophagogastroduodenoscopy%20(EGD)%20or%20Esophagoscopy%20(age%2059%20years%20or%20younger).pdf (Humana)

### ARE YOU ASSIGNING THE PROPER ICD-10 CODE TO YOUR VISIT ON THE SAME DAY AS A PROCEDURE?

- ▶ Anthem has identified that providers often bill a duplicate Evaluation and Management (E/M) service on the same day as a procedure even when the same provider (or a provider with the same specialty within the same group TIN) recently billed a service or procedure, which included an E/M for the same or similar diagnosis. The use of modifier 25 to support separate payment of this duplicate service is not consistent with correct coding or Anthem's policy on use of modifier 25.
- ▶ Beginning with claims processed on or after May 1, 2019 Anthem may deny the E/M service with a modifier 25 billed on the day of a related procedure when there is a recent service or procedure for the same or similar diagnosis on record.
- ▶ If you believe a claim should be reprocessed because there are medical records for related visits that demonstrate an unrelated, significant and separately identifiable E/M service, please submit those medical records for consideration.
- ▶ file:///C:/Users/HomePC/Downloads/Anthem-25mod.pdf



The importance of assigning the correct diagnosis to the visit when managing a condition unrelated to the procedure performed should be conveyed to all providers and/or coding staff submitting claims. Remember that the primary diagnosis is the most important diagnosis assigned.

### ANOTHER PAYER TO STOP PAYING CONSULTATION CODES:

- ▶ As published in the March, United Health Care (UHC) Network Bulletin United Healthcare will stop paying consultation codes. This was supposed to have taken place on October 1, 2017, and was postponed on November 1, 2017.
- ▶ Effective with dates of service of June 1, 2019, UHC will no longer reimburse CPT codes 99241-99255 when billed by any health care professional or medical practice with a participation agreement that includes contract rates determined on a stated year 2010 or later CMS RVU basis.
- ▶ Effective with dates of service of October 1, 2019, UHC will no longer reimburse CPT codes 99241-99255 when billed by any health care professional or medical practice.
- ▶ UHC encourages providers who are on an older fee schedule to modernize their fee schedules to bring them into alignment with CMS's current RVU methodology, since the older fee schedule reimbursement does not appropriately align with current RVU structure for E/M services and many other procedure codes.

### CMS MODIFIER 59 CHANGE :

- ▶ Effective July 1, 2019, CMS will begin to accept modifier 59 (including X modifiers) on either code in a CCI (Correct Coding Initiative) bundled pair.
- ▶ Medicare will allow modifiers 59, XE, XS, XP, or XU on column one and column two codes to bypass the edit. This should help ease the confusion of column one/column two edits.
- ▶ More details will be announced by local Medicare Contractor's prior to the July 1 implementation date.
- ▶ Practices should still pay close attention to which CPT code you attach modifier 59 as this may end up being assigned to the higher value CPT code, causing loss of revenue.
- ▶ SINCE MANY COMMERCIAL PAYERS UTILIZE CCI EDITS IN THEIR SOFTWARE, IT IS NOT KNOWN IF THOSE PAYERS WILL ACCEPT THIS CHANGE. IT IS STILL BEST PRACTICE TO USE THE MODIFIERS LISTED ABOVE ON THE CODES CONTAINED IN THIS COLUMN.

## NEWS from Our Foundation Partners

### ALBIREO

**PEDFIC 1 Phase 3 clinical trial in PFIC continues to enroll, with more than 40 active trial sites recruiting in more than a dozen countries.** Progressive familial intrahepatic cholestasis (PFIC) is a life-threatening, ultra-rare, pediatric liver disease that typically presents in infancy with buildup of bile in liver cells, severe itching, jaundice, failure to thrive and other symptoms. PFIC has no approved drug treatment. The PEDFIC 1 Phase 3 clinical trial is investigating a potential new treatment option for children affected by this devastating disease. PEDFIC 1 is a randomized, double-blind, placebo-controlled, multicenter clinical trial designed to enroll patients with PFIC subtypes 1 or 2, ages 6 months to 18 years. This study is evaluating the safety and efficacy of odeixibat, a selective inhibitor of the ileal bile acid transporter (IBAT), compared with placebo.

**Do you have a pediatric patient who may qualify for the trial?** Contact Albireo Pharma at (857) 254-5555 or ([medinfo@albireopharma.com](mailto:medinfo@albireopharma.com)).

**Albireo to begin a pivotal trial with odeixibat in biliary atresia in the second half of 2019.** Biliary atresia is a disease of the liver and bile ducts with symptoms developing about 2-8 weeks after birth. Damaged or absent bile ducts result in bile and bile acids being trapped inside the liver, which results in liver cirrhosis and failure. About 80 percent of patients require liver transplant within their first two decades of life, making biliary atresia the most common indication for pediatric liver transplants.

Albireo has received orphan drug designations for odeixibat in biliary atresia in the U.S. and EU, and has engaged regulators in discussions on pivotal trial design. This study will build on the encouraging results seen with odeixibat in two of three patients in its Phase 2 trial in pediatric cholestasis. Albireo is in discussion with regulatory authorities on the details of the study. Stay tuned for more information.

Thank you for your commitment to supporting the rare pediatric liver disease community.

### MEAD JOHNSON

**Nutramigen® LGG® has been clinically proven to help infants overcome cow's milk allergy in as little as 6 months of feeding.** In an open, randomized, clinical study (n=55), infants diagnosed with cow's milk allergy (CMA) were evaluated to determine if they could consume cow's milk without allergic reaction while being fed Nutramigen LGG vs Nutramigen without LGG. 59% fed Nutramigen LGG could consume cow's milk after 6 months of feeding, and 81% after 12 months of feeding<sup>1</sup>.

In a separate nonrandomized, open clinical study (n=260), infants with CMA were evaluated to compare how many were able to overcome CMA after 12 months of dietary management with Nutramigen LGG vs other CMA formula options. Infants were divided into 5 groups depending on the formula type they received during the study. Nutramigen LGG significantly outperformed other CMA formula options, helping 79% of infants overcome CMA within 12 months of feeding<sup>2</sup>. Only 44% fed extensively hydrolyzed casein formula, 33% fed rice hydrolysate formula, 24% fed soy formula, and 18% fed amino acid formula had overcome CMA after 12 months of feeding<sup>\*2</sup>.

\*Formulas in the study included: extensively hydrolyzed casein: Nutramigen and Nutribén hydrolyzed<sup>®</sup>; rice hydrolysate: Risolac<sup>®</sup>; soy: Isomil<sup>®</sup>, Sinelac<sup>®</sup>, Nutrilon Soya<sup>®</sup>; amino acid: Neocate<sup>®</sup>, Nutramigen AA<sup>®</sup>, Sineall<sup>®</sup>.

References: 1. Canani RB et al. J Allergy Clin Immunol. 2012;129:580-582. 2. Canani RB et al. J Pediatr. 2013;163:771-777.

# Public Affairs & Advocacy Report

Camille S. Bonta, NASPGHAN Washington Representative

## PATIENTS AND PROVIDERS ASK LAWMAKERS TO SUPPORT MEDICAL NUTRITION EQUITY



On May 7, 2019 93 patients, caregivers and providers converged on Capitol Hill to advocate for medical nutrition equity for patients with gastrointestinal and metabolic diseases and disorders, marking the second time in as many years that stakeholders have come together under the umbrella of the Patients & Providers for Medical Nutrition Equity (PPMNE) Coalition to fight for better coverage of medical foods, formulas and vitamins.

Participants visited nearly 200 congressional offices asking lawmakers to co-sponsor the Medical Nutrition Equity Act. The legislation, first introduced in 2017, was reintroduced in the House on May 2 by Reps. Jim McGovern (D-MA) and Jaime Herrera Beutler (R-WA) with the original co-sponsorship support of Reps. Brian Fitzpatrick (R-PA) and Joe Kennedy (D-MA). Similar to the original legislation, the bill (H.R. 2501) requires 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.

Identical legislation in the Senate is pending re-introduction as efforts are underway to identify a Republican to co-lead the bill alongside Sen. Bob Casey (D-PA). Sen. Charles Grassley (R-IA) was the bill's lead Republican in the 115th Congress, but because he has taken over the gavel of the Finance Committee, which has jurisdiction over the bill, he will not co-lead introduction this year.

PPMNE was formally launched by **NASPGHAN** in 2018 and now consists of 38 provider and patient organizations, including individual children's hospitals. **NASPGHAN** asks its members to encourage their institutions to join the coalition. For more information about how to join, contact **NASPGHAN's** policy consultant Camille Bonta at (cbonta@summithealthconsulting.com).

Other ways that **NASPGHAN** members can get involved is by sending an email to their members of Congress asking for co-sponsorship of the Medical Nutrition Equity Act. Taking action is easy and only takes a couple minutes through **NASPGHAN's** Action Center. **NASPGHAN** members can also help by submitting stories about their frustrations with medical nutrition denials and how it affects their patients. **NASPGHAN** members can also encourage their patients and families to submit stories. These stories can be easily submitted through an online portal on the PPMNE website. These stories are critical to advocacy efforts, and submissions for gastrointestinal disorders are currently lacking.



## ORGANIZATIONS ASK CPSC TO PRIORITIZE RECALL OF HIGH-POWERED MAGNETS

On April 17, **NASPGHAN**, the American Academy of Pediatrics and consumer organizations sent a [letter](#) to the Consumer Product Safety Commission (CPSC) urging that it prioritize high-powered magnet sets for its Fiscal Year 2020 agenda.

In the letter, which was initiated by **NASPGHAN**, the organizations expressed concern that high-powered magnets have found their way back into the hands of children following decisions by the Tenth Circuit Court of Appeals and the Federal District Court of Colorado, which vacated the magnet sets rule and a recall order, respectively. The organizations asked the CPSC to re-issue the recall order for high-powered magnet sets and to work quickly to finalize a strong safety standard that addresses the court's concerns. **NASPGHAN** is currently exploring various legislative avenues for ridding the market of high-powered magnet sets in absence of CPSC action.



# *In Memoriam*

**William F. Meyers, MD** ~ July 15, 1951 to June 7, 2019



Dr. William F. Meyers or Billy aka “Stache-man” was born in St. Louis, Missouri, July 15, 1951. He moved to Atlanta in 1990 and has been with GI Care for Kids since its inception in 1999.

Billy graduated from college in 1973 at Case Western University in Cleveland. He received his medical degree from the University of Missouri-Columbia Medical School, Columbia Missouri in 1977 and he completed pediatric residency training at the University of Florida. Despite being a “Gator”, living and practicing in the state of Georgia, he did not mind treating fans or alumni of the University of Georgia. His gastroenterology training was completed at the University of Utah Medical Center in Salt Lake City. Before joining Gi Care for Kids, Children’s Center for Digestive Healthcare in Atlanta, he was an active pediatric gastroenterology clinician at Scott and White Hospital in Texas and an Associate Professor at Texas A&M School of Medicine. He relocated to Atlanta to join Larry Saripkin and Edith Pilzer in their private pediatric GI practice. Subsequently, GI care for Kids was created in 1999 and Billy was a principal organizer, and visionary that brought the two groups (Stan Cohen’s and Larry Saripkin’s) together at the time.

Billy, in addition to practicing pediatric GI in the outpatient and inpatient setting, was one of those people that saw the future of medicine, here in Atlanta and nationally. He envisioned where he and his partners, as well as pediatric GI fit into that overall plan. Leading from the back, Billy had the uncanny way of bringing people together and helping them to see his vision, get enthusiastic about it and then work towards bringing it to life. Additionally, Billy served on numerous hospital committees. Much of his efforts were ‘behind the scenes’ and usually the type of work that many of us seek to avoid. In addition to working on these hospital committees, Billy remained a busy clinician and was the “consummate” road-warrior, traveling to satellite clinics 3-4 days per week. He developed relationships with many of the pediatric medical communities that allowed the establishment of several satellite clinics. Billy was one of those clinicians who loved taking on the most complex and fragile children, the most challenging cases, from the NICU and beyond, and then became his patients champion for all of their care—medical and psycho-social.

Billy had been fighting a Glioblastoma brain tumor for the past year. The William F. Meyers lecture was established to honor him and his contribution to Children’s and those providers and patients who are served by the system. Dr. Jose Garza, the Director of the Neurogastroenterology and Motility Program at Children’s Healthcare of Atlanta, Gi Care for Kids, gave the inaugural lecture, which highlighted the important work of the Neurogastroenterology service, established in large measure by Billy. In the past year, all of his partners have had the opportunity to interact with many of his patients and families. Uniformly, we have learned and heard from Billy’s patients and their families how compassionate and patient he was with their child’s/their care.

His partners consistently remark that in the decades we have had an opportunity to work with Billy, none of us cannot recall seeing him ever being flustered. He was a truly wonderful person, physician, mentor, and loved to live life—celebrating his family and so proud of his children and grandchildren among whom he was known as ‘Big Daddy’. The Meyers family had multiple dogs throughout the years, all which adored him as the ‘Alpha Dog’. We will all miss his kinship, his outlook on life and friendship, as well as this kind, incredibly hard working and dedicated man; a pediatric gastroenterologist, a consensus builder, an advocate for children and for pediatric gastroenterology, teacher, father, grandfather and husband!

Billy didn’t have academic titles and accolades, he didn’t have over 100 peer-reviewed publications, or wasn’t an invited speaker all over the world for his ground breaking research—however he worked tirelessly for his patients, in the outpatient and inpatient setting. He served his colleagues in pediatric GI, his partners, and our patients within the hospital system and built bridges between physicians, physician groups and the hospital system and in his quiet, selfless and doggedly passionate manner, served pediatric GI to the very end—he WAS pediatric gastroenterology, he WAS what **NASPGHAN** really is made up of, and he was an incredible human being that we all loved and will miss dearly!

Billy is survived by CeCe, his wife of 42 years and his three children and grandchildren; his children Kara Meyers; Carter Meyers and his wife Yvonne, Kelsey Meyers Kiel and her husband Justin and grandchildren—Lexi Scammacca, Abby Scammacca, Jacob Scammacca, Colt Meyers.

~Benjamin Gold, MD

# Classifieds . . .

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

## ♦ Michigan—

The University of Michigan (Michigan Medicine) Division of Pediatric Gastroenterology (C.S. Mott Children's Hospital) is seeking a clinical pediatric gastroenterologist at the assistant professor or associate professor level to join our team. The position will focus on intestinal failure, intestinal rehabilitation, nutrition in patients without intestinal failure (both parenteral and enteral), and general GI. There are opportunities for developing scholarly activities (research) and for leadership development. The position will include supervision and teaching of medical students, residents and fellows. Rank of selected candidates is dependent upon qualifications.

Further information about the Pediatric GI Division can be found [here](#).

Additional general information about the Department of Pediatrics and the C.S. Mott Children's Hospital can be found [here](#) and [here](#).

Information about Ann Arbor can be found [here](#).

All Candidates please send your CV to:  
M. James Lopez, MD PhD  
Director, Pediatric Gastroenterology  
Michigan Medicine (University of Michigan)  
1500 East Medical Center Drive  
MPB D5200, SPC 5718  
Ann Arbor, MI 48109-5718

## ♦ Oregon—

Randall Children's Hospital at Legacy Emanuel has a full-time opportunity for a BE/BC pediatric gastroenterologist to join an established team that includes 5 pediatric gastroenterologists.

Our program offers a full range of inpatient and outpatient services. At Randall Children's Hospital we have a state-of-the-art endoscopy suite in which we perform inpatient and outpatient procedures. We also participate in ICN (Improve Care Now) Network with the aim of providing the best care possible to our pediatric patients with inflammatory bowel disease.

For decades Randall Children's Hospital has been a regional leader in providing excellent care to infants, children and teens in Portland and the Pacific Northwest and is one of Oregon's largest providers of pediatric inpatient and trauma services. Randall Children's Hospital medical staff is made up of more than 600 physicians, including pediatric medical and surgical specialists, hospitalists and community pediatricians. Randall Children's Hospital receives nearly 100,000 patient visits per year. The children's Emergency Department is Oregon's busiest with more than 26,000 visits annually.

Randall Children's Hospital is committed to delivering comprehensive and family-centered care with compassion and excellence. RCH is part of Legacy Health recently selected by Forbes Magazine as one of the top 50 medium sized organizations to work for in the United States. We are a not for profit 501(c) 3 organization for federal educational loan forgiveness.

Portland is a city that continually ranks in the top 10 for livability and includes both urban and family-friendly communities. Portland has a wide array of nationally recognized parks for hiking and off-road biking. The city is sophisticated, offering diverse cultural activities including a wide range of theater, musicals and museums open throughout the year. In the spring and summer months, Portlanders gather on the waterfront for concerts and fun activities. If your desire is to step out of the city, take a hike in the spectacular Columbia River Gorge, hit the slopes of Mt. Hood or catch a wave off the Oregon Coast—all are a short drive from Portland.

Applications are required and can be accessed through our website [www.legacyhealth.org](http://www.legacyhealth.org). You will be able to insert your CV as you apply. If you have questions, please feel free to contact Vicki Owen at 503-415-5403 or ([vowen@lhs.org](mailto:vowen@lhs.org)).

Preferred candidates must be MD or DO and BE/BC and have at least 2-3 years of clinical practice experience. Candidates with a strong interest in patient care, quality improvement, teaching and clinical research are encouraged to apply.

Equal Opportunity Employer/Veterans/Disabilities.

## ♦ Pennsylvania—

St. Christopher's Hospital for Children in Philadelphia is seeking the next Chief of Gastroenterology, Hepatology, and Nutrition. St. Chris is a non-sectarian, 189-bed free-standing children's hospital providing cutting-edge medical services to children across the Greater Philadelphia metropolitan area. This is an outstanding opportunity for highly qualified individuals with the skills to contribute to the vitality of a clinically

strong department affiliated with one of the most progressive and community-oriented children's hospitals in the nation.

St. Chris, founded in 1875 as a charitable ambulatory pediatric clinic in Philadelphia, has grown to become among the most respected hospitals for children notable for a long list of far-ranging firsts including:

- ♦ First pediatric kidney transplant and first combined liver/kidney transplant in the Philadelphia area.
- ♦ First in the world to use oxygen-rich liquid ventilation to help premature newborns breathe.

The pediatric faculty at St. Chris has included some of the most prominent figures in academic pediatrics, most notably Waldo "Bill" Nelson, MD, often referred to as the "father of pediatrics" and famous for the worldwide published book he edited for 50 years, Nelson Textbook of Pediatrics. Dr. Nelson was the long-time medical director of St. Chris. The legacy of Dr. Nelson is omnipresent at St. Chris as well as in pediatric circles throughout the world. Today, St. Chris, which achieved Magnet® status from the American Nurses Credentialing Center in 2009, also operates several satellite offices throughout the Delaware Valley (Delaware, southeastern Pennsylvania and southern New Jersey). These include primary care offices and pediatric specialty care centers in Northeast Philadelphia, Yardley, PA, East Falls, PA, Reading, PA and Washington Twp., NJ.

The GI Section at St. Chris consists of 5 physicians, 2 NPs, 2 RDs, social worker, as well as nursing and support staff. Programs include IBD (we are implementing ICN), Intestinal Rehabilitation, Motility, and Endoscopy (capsule endoscopy, Bravo, impedance, high resolution anorectal and esophageal manometry).

Candidates should have an MD degree and be qualified for appointment as Associate Professor/Professor of Pediatrics at Drexel University College of Medicine. The ideal candidate will have a reputation as a talented physician leader with a record of accomplishment in clinical care, medical education, and scholarship. Mentorship of junior faculty will be an important part of this role. All candidates must be board-certified by the American Board of Pediatrics and hold or be eligible for an unrestricted and unchallenged license to practice medicine in the state of Pennsylvania. St. Chris and Drexel University are committed to recruiting a leader who has a strong vision for growth, who prioritizes clinical quality and who appreciates the importance of collegial decision-making in an interdisciplinary environment.

To apply for this job, contact:

Dr. Grier Arthur

Email: ([grier.arthur@americanacademic.com](mailto:grier.arthur@americanacademic.com))