



President's Report

President, NASPGHAN: Karen Murray, MD

The change of seasons that predictably occurs as the new year gets comfortable and February becomes March brought thawing soil and popping buds, as it does every year. Robins probed the newly softened earth in search of worms still yawning from their winter slumber, and other animal species returned to their summer homes anticipating the frolicking that the warm weather engenders. Like our woodland friends, we too were perched in anticipation for the meetings that we enjoy every year: advancing the education and camaraderie of our fellows at the Fellow's Conferences, gathering for **NASPGHAN** business intertwined with collaborations with our adult GI colleagues at DDW, and then setting forth on our every 4-year pilgrimage to see friends and share ideas with other Pediatric Gastroenterologists from around the globe at our World Congress.

But the predictability of this Spring was to be anything but, as COVID-19 entered our lives, invaded our hospitals, and unwelcomingly entered our homes. We have all learned how to care for patients afraid to be seen in-person, prioritize procedures in ways never before, and interact without interacting. Our practices and institutions have been challenged in ways unprecedented in recent decades, and our Society has struggled with the meaning of 'social distancing.' However, we have also learned resilience, creativity, and how to adapt to a new reality. We know that being together doesn't require proximity, and the greatness

of our **NASPGHAN** Society is about the ingenious people that make it up, their dedication to each other and mission, and conviction to deliver care to our patients regardless of the obstacles.

While socially isolating, our members have, or are, authoring a striking number of Society Guidelines and Position Papers. We are partnering with other societies in ways never before done, and we have created new SIGs, offered novel webinars, developed new curricula, and have just launched Virtual Forums to bring us together despite remaining miles apart. Of course, we yearn for the month when we can all come together again, and guardedly look towards November's Annual meeting that we all cherish so much, with hope and anticipation. The flattening of the curve will soon tell us where November will be spent, but we also know that together, we will get through this, together we will continue to innovate, create, and support each other, and together **NASPGHAN** will remain the family away from home that it has always been.

Karen Murray, MD
President, **NASPGHAN**
Chief of Pediatrics, Physician-In-Chief
Cleveland Clinic Children's

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President-Elect Report

President-Elect, NASPGHAN: Benjamin Gold, MD

“NEWS FLASH”— ASKING FOR YOUR INPUT AND NEWS ON THE NASPGHAN 2020 ANNUAL POST-GRADUATE COURSE AND SCIENTIFIC MEETING



Greetings, saludos, and a happy month of June to all the **NASPGHAN**, CPNP and APGNN family! It is my wish that this correspondence as **NASPGHAN** President-elect finds each of you and your respective families, staying safe, and in good health! For those who have been touched by the coronavirus pandemic with a loss of a friend or family member, my heart-felt thoughts and prayers go out to you and your families.

The reason for this brief **NASPGHAN** leadership message—“*public service announcement*”—is to share with you important information and get your input on planning for the 2020 **NASPGHAN** Annual Postgraduate Course and Scientific Meeting currently scheduled for November 5–7, 2020 at the Marriott Marquis San Diego Marina, San Diego, California.

Most importantly—we do want you to know that the Annual Meeting **WILL HAPPEN**—in some format to be determined.

We very much want input from the membership—sooner, now 5-6 months away, than later, and thus want your input to help us with the optimal format for the 2020 Annual Meeting. For that purpose, a poll was sent out to the membership to gauge members’ thoughts about the 2020 Annual Meeting. The questions that the membership is being asked are framed around the following, namely; what can/will you be able to do for the November 2020 Annual Meeting?

- ◆ Attend an in-person meeting (as allowed by governmental and local regulations and adhering to social distancing requirements)
- ◆ Attend a “hybrid” meeting (with a mix of live in-person and virtual sessions)
- ◆ Attend a virtual Annual Meeting (all the sessions will be virtual)
- ◆ Do you know at this time IF you can and/or are able to travel to San Diego, California based on either institutional and/or personal reasons at this time?

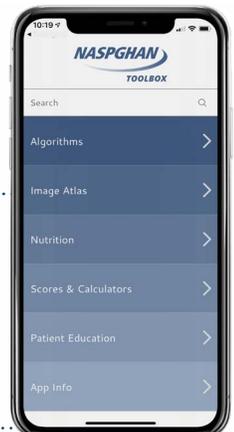
For your information, we have a small task force assembled from **NASPGHAN**, APGNN and CPNP leadership, as well as the Research Committee and Training Committee which is already working on all of the scenarios mentioned in the questions above. More importantly, the Annual Meeting Task Force is working on the establishment of specific deadlines by which decisions can be made by membership so that appropriate logistical planning along with contractual agreements with meeting vendors (e.g. hotel, meeting facilities) can be achieved and sponsorship obtained to make the 2020 Annual Meeting as successful as possible.

Please note that the announcement for abstract submission is out—and the deadline has been extended through mid-July. Thus, for all of the trainees, junior faculty and even senior members who had been planning to submit their work and research to the Annual Meeting—PLEASE DO. We urge you to submit your best research to the annual meeting as we will definitely be providing a platform for this research to be presented, and thereby facilitate feedback to be given as well as the interaction that is critical for the propagation of our collective science—whether live, face-to-face or virtual— those abstracts accepted will be presented.

Please feel free prior to or after the poll to email me individually with your ideas and comments. We, the **NASPGHAN** 2020 Annual Meeting Task force, look forward to hearing your thoughts and/or receiving your feedback, as well as your responses to the poll. My heart-felt appreciation to all of you! I believe that our pediatric GI family is strong and united!

Please stay safe and be well!

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



HELP IMPROVE, INCREASE USAGE TOOLBOX APP WITH QUICK SURVEY

The **NASPGHAN** Toolbox App Sub-Committee invites you to share your experiences using the Toolbox app via a quick 3-minute survey. Your response will help guide the Committee’s on-going efforts to improve and increase usage of the app by members of the community. Thank you for your time, effort and participation. [LINK to the 3-minute NASPGHAN App Survey](#)



Secretary–Treasurer's Report

Dear Colleagues—

Happy June to all! It's been a different late winter and spring, for sure, but **NASPGHAN** is still thriving, creating and moving forward. The world has changed and yet the common thread that binds us and caring for our patients has not, although we are now accomplishing this through different forms of media. **NASPGHAN** has embraced these advancements in available technologies through its new virtual forum and telemedicine webinar, but there remain “older” areas to improve and budding new arenas to grow into.

For example, the **NASPGHAN** Foundation is moving forward with a revamp of the database of Doc4me, the mobile application that enables our inflammatory bowel disease aging adolescents to find an adult provider. The database for this free mobile application, intended for PATIENT DISTRIBUTION, is live. We ask you to submit any new adult IBD providers for listing and/or edits to me at (jshuang@ucsd.edu). An extension to the app is under development for pediatric providers needing to find transfer of care in the event of family relocations and changes. In connection with that extension, members should indicate their interest in IBD in their member profile in the **NASPGHAN** member center. In addition, there has been revisions to Doc4me app-linked curricula so that users can readily access vetted **NASPGHAN** IBD materials.

Further, in the arena of the electronic health record (EHR) through work with vendors, there is now opportunity for easier sharing of EHR provider tools to standardize and optimize our clinical care and workflows. A recently released IBD health maintenance checklist along with a reminder to distribute Doc4me is now available through Epic — heralding additional upcoming tools/templates for members. While these opportunities are now isolated to this particular vendor, we have and continue to reach out to other vendors for additional sharing opportunities.

As a San Diegan, I hope that we will be able to see each other in person shortly in my hometown come November. However, should that not be the case, I look forward to virtually seeing all of you via the above listed virtual forums/webinar/opportunities for **NASPGHAN** community engagement and renewal.

Best—

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

NASPGHAN-F



Apply for NASPGHAN Fellow (NASPGHAN-F) Status

Eligible **NASPGHAN** members [can now apply](#) for the new Fellow of **NASPGHAN** status (**NASPGHAN-F**).

Attainment of the prestigious Fellow of **NASPGHAN** status is for those **NASPGHAN** members who have made significant contributions to the field of pediatric gastroenterology, hepatology or nutrition. Members with a strong career track record for success as clinicians, physician scientists (MD/DO, MD/DO/PhD) or researchers (PhD/ MSC) in the field of pediatric gastroenterology, hepatology and nutrition are encouraged to apply. Fellow status can be attained by meeting all criteria for either Clinical Practice or Research expertise. The **NASPGHAN** Executive Council will review all applications, focusing on the quality and breadth of clinical, research and educational contributions and service to the field of pediatric gastroenterology, hepatology and nutrition. Eligibility requirements are available online and details are available [here](#).

NASPGHAN Foundation News



.....Menno Verhave, MD.....

President, NASPGHAN Foundation

Dear Colleagues:

At this time of year, normally we would be looking ahead to plans for vacation, travel, and outside activities, but, of course, this is no ordinary year. Instead, we have trouble planning from week to week, don't know when we can travel or plan for vacation, and stress aside, are all suffering from eyestrain from the increased screen time of telehealth and Zoom.

But, believe it or not, thanks to our amazing staff and involved members, many things at the **NASPGHAN** Foundation have continued *"business as usual"*. I am especially delighted to report that the Foundation weathered this spring's financial turmoil relatively unscathed, and that this year's grant portfolio remains largely the same as last year. The funding opportunities bridge almost every aspect of the Society, from basic and clinical research to clinical practice-based initiatives and quality improvement studies.

Over the last year, the Foundation has continued to support clinical campaigns and educational materials for **NASPGHAN** members. Projects this year have included on-line modules for EGIDs, (supported by Takeda Pharmaceuticals, Inc.) a detailed Nutrition curriculum (supported by Nestlé), and the upcoming webinar on telemedicine (thanks to supporters Abbott Nutrition, Takeda, Mead Johnson, Nestlé, Nutricia and Innovative Health Solutions) and transnasal endoscopy (supported by Olympus America). Additional webinars have included a two-part series on ZSD (supported by Retrophin) geared to patients and a CME webinar entitled, New Frontiers in Intestinal Failure: The latest and greatest (supported by Shire). Additionally, there are

plans for a webinar on Nutrition in Cholestatic Liver Diseases (supported by Albireo) in the fall. All of these resources are now housed on the new **NASPGHAN Learn on Line** site and can be accessed on a complimentary basis. We have also obtained support to update the Doc4Me app (supported by Takeda). The GIKids website has been updated with not only new content, but with a new look, and is now an even better resource for us and our patients. I find it helpful to keep the link active during patient visits and urge everyone to check out the site. (www.GIKids.org)

Other than tired fingers, one of the real joys of my role is signing the thank you letters for those who donate to support our Foundation. It is amazing and humbling to see how many of you choose to donate and support our profession, and I hope my fingers will be even more fatigued going forward. Also, remember, we now have a mobile platform to make it easier to donate to the Foundation (see related information below). Of course, none of what we do would be possible without the generous support of our corporate partners, so assuming we are able to meet in San Diego this November, please be sure to mention our collective gratitude as you visit them in the exhibit hall.

Wishing all a safe and hopefully fun summer and keeping fingers crossed that we can all meet again soon . . .

Sincerely,

Menno Verhave, MD
President, **NASPGHAN** Foundation
Boston, MA



NASPGHAN FOUNDATION MOBILE DONATIONS ALWAYS WELCOME

Remember that you can donate to the **NASPGHAN** Foundation from your phone. Just text **4GIPEDS** to **56512**. A donation link will come up that will allow you to make your donation both quickly and securely.

You can also donate any time online.

NASPGHAN FOUNDATION GRANT DEADLINE JULY 1



The deadline for the submission of 2020 NASPGHAN Foundation grants is July 1, 2019. [Apply now.](#)

Be sure to check out a new grant —deadline for the submission is August 24: [NASPGHAN Foundation Advanced Fellowship in Pediatric Endoscopy](#)

NEWS from Our Foundation Partners

ABBOTT NUTRITION HEALTH INSTITUTE

At Abbott Nutrition Health Institute (**ANHI**), we believe nutrition changes lives. Our goal is to improve health worldwide by connecting and empowering healthcare professionals and patients through science-based nutrition education and resources.

We offer:

- ◆ Free, accredited continuing education
- ◆ Videos that give practical advice on applying nutrition to practice
- ◆ Short podcasts on focused topics
- ◆ Printable materials—like infographics and toolkits—on nutrition topics that matter

Explore what we have to offer. Visit anhi.org today.

Looking for something fast? We've bundled together our best content on today's most important nutrition science topics so you can find what you need right away. Our new Food Allergies Knowledge Hub is a collection of resources to help you help your pediatric patients and their families navigate and manage food allergies and sensitivities.

Learn more about pediatric food allergies by visiting the [ANHI Knowledge Hub](#).

ALBIREO PHARMA

Albireo Pharma is a clinical-stage biopharmaceutical company focused on the development of novel bile acid modulators to treat orphan pediatric liver diseases and other liver or gastrointestinal diseases and disorders. Their lead candidate, odevixibat, is an oral, once-daily capsule in development for the treatment of progressive familial intrahepatic cholestasis (PFIC), biliary atresia and Alagille syndrome. The odevixibat PFIC program has received fast track, rare pediatric disease and orphan drug designations in the United States. The European Medicines Agency (EMA) has granted odevixibat orphan designation, as well as access to the PRiority Medicines (PRIME) scheme for the treatment of PFIC.

The company recently announced that they have completed full randomization of the PEDFIC 1 Phase 3 study in progressive familial intrahepatic cholestasis (PFIC). The PEDFIC 1 trial is studying odevixibat in both PFIC type 1 and type 2 patients aged 6 months to 18 years. Patients randomized to odevixibat are being treated with high- (120µg/kg) or low- (40µg/kg) dose once-daily oral capsules or sprinkles. Albireo expects topline data from its Phase 3 trial in PFIC in mid-2020.

Albireo is continuing to enroll patients in PEDFIC 2, which is an open label study with two cohorts- cohort 1 is the long-term, open-label extension study of PEDFIC 1. Cohort 1 of PEDFIC 2 is composed of patients who have rolled over from the PEDFIC 1 study. Albireo now has patients who have been treated with odevixibat for more than 1 year. The second cohort (Cohort 2) is open to an expanded set of patients, including any age group, and other PFIC diagnoses in addition to PFIC 1 and 2 to broaden the evidence base for odevixibat.

The U.S. Food and Drug Administration (FDA) has also cleared the company's investigational new drug (IND) application to initiate a global

pivotal trial evaluating odevixibat in biliary atresia patients. Biliary atresia is a rare pediatric liver disease that is the leading cause of liver transplants among children, and for which there is no approved pharmacological therapy. Odevixibat as a potent selective inhibitor of the ileal bile acid transporter (IBAT) has the potential to decrease hepatic bile acid accretion and reduce ongoing liver damage in patients with BA.

The BOLD Study is a double-blind, randomized, placebo-controlled study to evaluate the efficacy and safety of odevixibat in children with biliary atresia (BA) who have undergone a Kasai Hepatopertoenterostomy. The BOLD Study is the first pivotal trial in BA using an IBAT inhibitor with a focus on targeting disease pathogenesis. The trial is designed to enroll approximately 200 patients at 70 sites. Patients will be randomized within the first 3 weeks post Kasai HPE to arms of once-daily odevixibat or placebo.

The primary outcome will be survival with native liver after 104 weeks of study treatment. Secondary and exploratory outcomes include the effect on bile acids, total bilirubin, overall hepatic health and function as well as time to onset of sentinel events including clinically significant ascites, bleeding gastroesophageal varices, thrombocytopenia, liver transplant, or death. Following completion of this study, patients will be eligible to receive odevixibat 120 µg/kg/day through an open-label extension study. The FDA and European Commission have granted orphan designations for odevixibat in the treatment of biliary atresia. Albireo plans to initiate the trial in 1H 2020. If you have a patient that may be eligible for this study or you have specific questions about this study, please contact (medinfo@albireopharma.com).

In addition, Albireo has been evaluating a proposed pivotal study design for odevixibat in Alagille Syndrome. Following scheduled FDA interactions in the first quarter of 2020, the company plans to commence an additional pivotal program in Alagille syndrome by the end of 2020. The FDA and European Commission have granted orphan designations for odevixibat in the treatment of Alagille syndrome.

INNOVATIVE HEALTH SOLUTIONS (IHS)

A new, multi-center registry abstract highlights the benefits of IB-Stim[®] therapy for children with functional bowel disorders. The study's preliminary findings, accepted for presentation to the World Congress of Pediatric Gastroenterology, Hepatology and Nutrition, highlights improvements in multiple measures recorded. The study prospectively enrolled over 80 patients from pediatric gastroenterology clinics in 4 tertiary care centers. Lead investigator, Dr. Katja Kovacic, along with co-investigators, submitted the findings which demonstrated significant improvements in abdominal pain scores and functional disability scores from baseline ($p < 0.001$). Nausea scores also showed a progressive improvement from baseline to the end of treatment ($p < 0.001$). Analyses of other pain measures, quality of life and sleep patterns in a larger cohort are pending. While the findings could not be presented at the World Congress due to the COVID-19 pandemic, the investigators plan to submit the findings to this year's **NASPGHAN** meeting to be held in San Diego in November, 2020. This registry is still currently enrolling patients and is open to investigators who want to participate. Ongoing analyses will continue to investigate the benefits and limitations of this novel therapy.

A study investigating the effect of auricular stimulation on nausea in children is also currently enrolling patients at Medical College of Wisconsin. The randomized, placebo-controlled study aims to characterize nausea phenotypes and investigate the effects of a 4-week treatment of auricular stimulation to determine efficacy and better understand predictor of response.

MEAD JOHNSON NUTRITION

Extensively hydrolyzed casein formula containing *Lactobacillus rhamnosus* GG reduces the occurrence of other allergic manifestations in children with cow's milk allergy: 3-year randomized controlled trial.

A parallel-arm randomized controlled trial was performed to determine whether consumption of an extensively hydrolyzed casein formula (EHCF) containing the probiotic *Lactobacillus rhamnosus* GG (LGG), compared to the same EHCF without LGG, influenced the development of other allergic manifestations (AM) in children with CMA.

A total of n=220 children with IgE-mediated CMA were randomly allocated to EHCF or EHCF+LGG groups. The primary outcome was the occurrence of at least 1 AM (eczema, urticaria, asthma, and rhinoconjunctivitis), diagnosed using standardized criteria, during the 36 months of the study. The secondary outcome was tolerance acquisition to cow's milk protein at 12, 24, and 36 months, determined by a negative result on double-blind, placebo-controlled food challenge.

The absolute risk difference for the primary outcome of the occurrence of at least 1 AM over 36 months was -0.23 (95% CI, -0.36 to -0.10; $P < 0.001$) for EHCF+LGG versus EHCF. For the secondary outcome, the absolute risk difference for the acquisition of cow's milk tolerance was 0.20 (95% CI, 0.05 to 0.35; $P < 0.01$) at 12 months, 0.24 (95% CI, 0.08 to 0.41; $P < 0.01$) at 24 months, and 0.27 (95% CI, 0.11 to 0.43; $P < 0.001$) at 36 months for EHCF+LGG versus EHCF.

Conclusions: Compared to EHCF alone, EHCF+LGG reduces the incidence of other AMs at 3 years and supports the development of earlier oral tolerance to cow's milk protein in children with IgE-mediated CMA. (*J Allergy Clin Immunol.* 2017;139:1906-13.)

NESTLÉ NUTRITION INSTITUTE

Visit the Nestlé Nutrition Institute (NNI) web site for science based education, resources and tools supporting pediatric nutrition.

Please join us for a complimentary continuing education activity for clinicians: "Pre and probiotics in Infant Nutrition: Addressing Common Concerns. Case 1- Colic and the Microbiome."

While colic is neither dangerous nor harmful, it is a cause of major concern to parents of infants. Because their baby's inconsolable crying is distressing both to them and any older siblings, parents are anxious for remedies—and they may be inclined to use probiotic supplements indiscriminately, without a clear understanding of how and when they work. In this video, two experts discuss the science behind a disordered gut microbiome and the facts about probiotics, particularly *Lactobacillus reuteri*, in colic.

The educational objectives include:

- ◆ Counsel patients about the benefits of breast feeding in relation to promoting a healthy infant gut microbiome
- ◆ Distinguish infantile colic from other more concerning causes of gastrointestinal distress
- ◆ Describe how an imbalance in the microbiota in the infant gut may contribute to a propensity for colic
- ◆ Apply evidence-based decision-making regarding the use of probiotic supplements for treating and preventing colic

Faculty:

Michael D. Cabana, MD, MPH
The Michael I. Cohen, M.D., University Chair
Department of Pediatrics
Albert Einstein College of Medicine
Physician-in-Chief, The Children's Hospital at Montefiore

John F. Thompson, MD
Chief, Division of Pediatric Gastroenterology, Hepatology, and Nutrition
Children's Hospital at Montefiore
Professor of Pediatrics
Albert Einstein College of Medicine

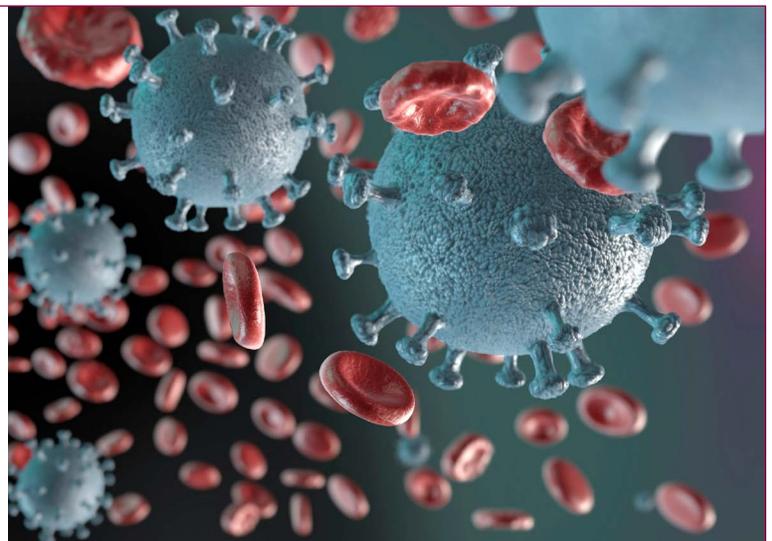
[Access the activity here](#)

COVID-19 RESOURCES ON NASPGHAN WEBSITE

As the world continues to deal with COVID-19, a resource page has been set up on the **NASPGHAN** website for pediatric gastroenterologists and others in the field. The page, which is updated as new information becomes available, offers a wide range of resource information and contains the latest COVID-19 updates and recommendations for **NASPGHAN** members, professionally and personally, and for your patients. Among the resources feature are COVID-19 registries that may be of interest.

Registries include:

[IBD](#) | [Hepatology](#) | [EoE](#)





Marriott Marquis San Diego Marina • San Diego, CA

2020 NASPGHAN ANNUAL MEETING UPDATE

SAVE THE DATES!—The **NASPGHAN** Annual Meeting and Postgraduate Course, Scheduled for November 5–7, 2020 in San Diego, CA **will happen in 2020** in some format. **NASPGHAN** has convened a task force, led by President–elect, Dr. Benjamin Gold, to explore options and make decisions in a timely manner regarding the format. View an update by [Dr. Gold on YouTube](#). In any event, we are working on adding a virtual components to the Annual Meeting. The final decision regarding the structure the Annual Meeting in 2020 will be announce before the end of July to allow plenty of time for planning.

NEW ABSTRACT SUBMISSION DEADLINE!—Due to the COVID-19 pandemic, the abstract submission deadline has been extended to July 15, 2020.

Whether in-person or virtual, all accepted abstracts will be presented during the Annual Meeting.

INFORMATION FOR THE ANNUAL MEETING—Including the current programs for **NASPGHAN**, APGNN, CPNP, the Postgraduate Course and information on Abstract submissions, are all [available online here](#).

2020 NASPGHAN ANNUAL MEETING ADVERTISING PACKAGE

Tell membership about your job openings during the **NASPGHAN** Annual Meeting November 5–7, 2002 in San Diego, California as well on the **NASPGHAN** electronic Job Board!

With a specially-priced package that will soon be posted on the [Job Board](#) on **NASPGHAN's** website, you can receive a 90-day job posting on **NASPGHAN's** electronic Job Board and a discount on **NASPGHAN's** 2020 Annual Meeting board, which will be available to all attendees attending the Annual Meeting. **NASPGHAN** is adding a virtual component to its in-person event, which will expand your reach. A decision will be made before the end of July as to whether the in-person part of the event will happen and if it does not, your ad would be converted in full to a virtual bulletin board in our online event.

You will be able to post an ad or get further details about the package by going to the [Job Board](#).

This is a limited time discount offer, with a deadline of mid-October. **NASPGHAN** will reach out to you upon purchase with details.



CONGRATULATIONS TO THIS YEAR'S AWARD WINNERS

NASPGHAN SHWACHMAN AWARD – MARK E. LOWE, MD, PHD

NASPGHAN MARGARET STALLINGS NASPGHAN DISTINGUISHED SERVICE AWARD – PAUL E. HYMAN, MD

AAP MURRAY DAVIDSON AWARD – LEO A. HEITLINGER, MD, FAAP

PLEASE JOIN US DURING THE AWARDS CEREMONY DURING THE ANNUAL MEETING TO CELEBRATE THESE DISTINGUISHED AWARD RECIPIENTS.

CPNP **NASPGHAN** COUNCIL FOR PEDIATRIC NUTRITION PROFESSIONALS



Sally Schwartz, CPNP President

I am hoping everyone is staying safe and well during these unprecedented times. As I reflect on my last few months as CPNP president, I have been fortunate to represent this exceptional organization and I am honored to have worked with all of you! Our CPNP members have been busy working on projects such as our Nutrition Pearls and joint CPNP-**NASPGHAN** projects within **NASPGHAN** Committees. We continue to grow our membership and opportunities to members.

We are excited to announce the second year of the **NASPGHAN** Foundation CPNP Nutrition Research Grant. 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 grants ranging from \$500 to \$5,000 for one year. Submission Deadline is July 1, 2020. If you know of any dietitians you work with who may be interested in this great opportunity, please let them know.

Also related with research, CPNP is working with the **NASPGHAN** Nutrition Committee in developing the **NASPGHAN** Nutrition Committee/CPNP Grant Mentor Pilot Program. The purpose of the mentoring program is to connect experienced researchers from the **NASPGHAN** Nutrition Committee with CPNP Registered Dietitians who are new to research to assist in developing a research or grant proposal. We look forward to reviewing the success of this collaboration and building on it in the future.

We have finalized our program for the CPNP Annual Conference at the Annual meeting in San Diego, California. The main **NASPGHAN** conference on Friday has state-of-the-art nutrition content. Some of the highlights of the CPNP program include:

- ▶ Nutrition Therapy in Pancreatitis
- ▶ Grant Writing/RDs in Research
- ▶ Ethics, which will be used as a Continuing Education session available after the symposium, as well.
- ▶ Diet Therapy in IBD-panel discussion

CPNP leadership also is part of the **NASPGHAN** Annual Meeting Task force, which is involved in planning this fall's annual conference in light of COVID-19 to ensure state-of-the-art sessions and to keep the safety and well-being of our members in mind.

Have you been looking for a CPNP member on the website? You can now search for a member in two places in the Member Center on the **NASPGHAN Member Center**. The 2020 CPNP Membership Directory is available for you to review and find an RD on the CPNP member page and also on the main membership page, along with the **NASPGHAN** membership directory.

Finally, we have elections for leadership roles within CPNP coming up this summer. Please encourage your CPNP RD's to consider this opportunity. CPNP is a very dynamic group of pediatric nutrition professionals who are very passionate about our mission, which includes advancing the knowledge of professionals, promoting professional development, pursuing excellence in the nutrition care of children and fostering collaboration amongst nutrition professionals to develop and standardize best practices.

I would like to thank all **NASPGHAN** members for their hard and often dangerous work during this very difficult time. As we know, working in healthcare is more than a career. It is a calling and I am so proud to be a part of this family!

Please stay safe and be well.

Sally Schwartz, RD, CSP, LDN

President, CPNP, Council for Pediatric Nutrition Professionals



Teresa Carroll, APGNN President



Greetings APGNN and **NASPGHAN** members!

With APGNN nursing members all over North America, some of us have been personally affected by the current pandemic, and I truly hope everyone is staying well and safe. I thank all of our **NASPGHAN** leaders for being community role models and advocates for community health when we need it the most!

The APGNN Board has remained very active in 2020! After the **NASPGHAN** 2020 program planning meeting in Florida prior to the quarantine, APGNN had its retreat meeting where the hard work of our Program Committee shined. We put together excellent education opportunities for our 2020 Annual Meeting. We also moved forward with our plans for the Assessment-based Certificate Accreditation Program (ACAP), which is led by our President Elect and Clinical Practice Chair. This comprehensive program consists of several learning modules covering a variety of pediatric GI topics designed to educate both nurses and nurse practitioners/physician assistants. Our Pediatric GI Nursing Handbook complements this continuing education, and the 3rd edition released in 2019 is still available.

More exciting news includes a continued partnership with NAPNAP to benefit our Advanced Practice members, and a new partnership with Society for Pediatric Nurses (SPN) to benefit our RN members. Our pediatric GI nursing expertise is highly sought out and appreciated by both nursing organizations.

Thank you for your continued support of you nurses and nurse practitioners. We hope you continue to encourage them to join our organization!

I will now close with a quote from Winston Churchill: *"Fear is a reaction, courage is a decision."*

Warm regards,
Teresa Carroll, APRN
President APGNN



Nutrition Pearls

CPNP **NASPGHAN**
COUNCIL FOR PEDIATRIC
NUTRITION PROFESSIONALS

JUNE NUTRITION PEARLS FOCUSES ON BOLUS ENTERAL FEEDING

Having a hard time staying up-to-date on the latest and greatest pediatric nutrition information? Stay current with pediatric nutrition topics presented by the expert dietitians from CPNP in less than 120 seconds.

Delivered to your inbox and also available to [view here](#), new each month.

In June, CPNP shines a light on nutrition implications of bolus enteral feeding.

Nutrition Pearls are short presentations, prepared by CPNP members as a “hot topic” educational item for **NASPGHAN** physician members, particularly for those members who have limited access to pediatric nutritional professionals. A new topic will come to you monthly to help you stay up-to-date. If you have ideas or suggestions for topics you’d like to hear more about, please email CPNP at (cpnp.naspghan@gmail.com).



CEGiR TRAINING REQUEST FOR APPLICATION DUE JUNE 30

The **attached CEGiR* Training Request for Application (RFA)** is for fellows and junior faculty applicants in Pediatric or Adult Medicine—including GI, Pathology, Surgery, Allergy Immunology etc. The Award will provide \$25,000 per year. Indirect costs are not covered. In addition, the awardee will participate in structured didactics, interact with experts in Eosinophilic GI diseases, travel to meetings and CEGiR site, receive research mentoring, and lead EGID related research project. The application deadline is June 30, 2020 with start date around 8/15/2020 for a period of one year (and potential for a single one-year renewal).

*CEGiR is a NIH-funded collaborative consortium of clinician-investigators, translational scientists, physicians, patients, families and patient advocacy groups (PAGs). CEGiR (U54 AI117804) is part of the Rare Disease Clinical Research Network (RDCRN), an initiative of the Office of Rare Disease Research (ORDR), NCATS (National Center for Advancing Translational Sciences), and is funded through collaboration between NCATS, NIAID and NIDDK.

Please contact Dr. Jonathan Spergel (spergel@email.chop.edu) or Dr. Sandeep Gupta (skgupta@uic.edu) with any questions.

2020 MEMBERSHIP FEES CAN NOW BE PAID ONLINE



You can now view and pay your 2020 **NASPGHAN** and APGNN membership dues online. To view your account, please:

- ▶ Go to the [Member Center](#)
- ▶ Log in with your user name and password
- ▶ Click on Renew Now on the left-hand side of the page.

When you pay your **NASPGHAN** 2020 dues online, you will be taken first to a page that will ask for some demographic information. Completion of the information is optional. However, gender, age, race and ethnicity data collection offers opportunities for **NASPGHAN** to focus on our members’ diverse values, beliefs, and behaviors and to tailor the structuring of **NASPGHAN’s** programs to meet members’ social, cultural, and linguistic needs.

Please also click My Account and consider taking some time to review your information and make sure that **NASPGHAN** has correct information for you. The **NASPGHAN** National Office soon will be preparing the annual update of the membership directory. Also, consider uploading a personal picture.

If you pay online, you will receive an automatically generated receipt and confirmation. Please remember that you will not receive *JPGN* after January, 2020, if you have not paid your 2020 **NASPGHAN** membership fees or paid for a 2020 *JPGN* subscription.

If you have any trouble logging onto the **NASPGHAN** website or have any questions, please contact Gina Brown (gbrown@naspghan.org) or 215-641-9800.

Committee and Special Interest Group Reports

CLINICAL CARE AND QUALITY (CCQ) COMMITTEE

Chair: Sandeep Gupta MD

Hello Colleagues! This is my first report as CCQ chair and I am honored to pen this. Our prior chair, Norelle Reilly, MD, has done phenomenal work with CCQ and what you read below stands tall on her shoulders! We also have a very busy yet dynamic committee with well-defined work-processes. These definitely help us deliver.

CCQ hosts SIGs, reviews Clinical Vignette abstracts for the **NASPGHAN** Annual Meeting, and serves as the point-of-entry for proposals that transform into societal position papers and guidelines. In addition, we interface and work with other committees to co-lead projects, conduct CCQ-driven initiatives, and collaborate with non-physician members of **NASPGHAN**. I will highlight these parts below.

CCQ is host to SIGs on Celiac Disease (Chairs: Jocelyn Silvester, MD and Edward Hoffenberg, MD) and Integrative Medicine (Chair: Ann Ming Yeh, MD). We are really excited to announce the arrival of the newest **NASPGHAN** SIG—Eosinophilic Gastrointestinal Diseases (Chair Rajitha Venkatesh, MD). Please be on the look-out for further announcements on this SIG including signing-up to be a member and contributing to it!

About 30% of the abstracts submitted to our Annual Meeting fall in the Clinical Vignette category; these are reviewed and scored by members of CCQ. We are grateful to our membership for sharing their clinical experiences and presenting at the Annual Meeting. These collective efforts enrich and advance our learning environment.

Since the 2019 Annual Meeting, seven proposals for societal guidelines/position paper have been submitted to CCQ—which averages to about one a month and speaks to the productivity and scholarship of **NASPGHAN** members. I am grateful to members of CCQ who volunteer to review these submissions—it is a lot of work but fulfilling, exciting, and inspiring! In January 2020, CCQ, in collaboration with **NASPGHAN** Publications Committee Chair Jim Heubi, MD, and the JPGN Societal Papers Editor Melanie Greifer, MD, updated the manual of operations for societal papers. I would suggest you look at the manual of operations prior to writing a proposal for societal approval—it will help the process. And, of course, feel free to email anytime (skgupta@uic.edu)

CCQ is working diligently on a national survey for endoscopic practices in pediatric IBD (lead: Jon Moses, MD). Another CCQ project addressing biopsy practices in pediatric GI is in the formative stages (lead: Sharon Tam, MD). A CCQ-led project on immunosuppression practices in transplant (lead: Bernadette Vitola, MD) was recently submitted for peer-review. CCQ is collaborating with the Endoscopy Committee (leads: Diana Lerner, MD and Catharine Walsh, MD) on a project “Lessons Learned from COVID to inform future public health threats”, and with B Li MD and Jim Franciosi, MD on their Telehealth webinar initiative. We were honored to co-sponsor with CPC (Chair: Chris Hayes, MD) on the first-ever **NASPGHAN** Virtual Forum on May 20, 2020. It was a resounding success with over 140 registrants and addressed the very timely topic of Telehealth in Pediatric GI!

CCQ is working with our liaisons from the Association of Pediatric Gastroenterology and Nutrition Nurses (APGNN) and the Council for Pediatric Nutrition Professionals (CPNP) to foster cross-collaboration. APGNN has an exciting educational project that will assist on-boarding of nurses with modules on Pediatric GI subject matter knowledge. CCQ & CPNP have worked closely with **NASPGHAN** to make it easier for you to find a dietitian (*see related story, page 8*)! The CPNP membership directory is now available on the member section of the **NASPGHAN** website. Use your **NASPGHAN** user name and password to access the directory.

Finally, thank you for letting CCQ serve and helping us forward **NASPGHAN**'s missions. Jon Moses (CCQ vice-chair) and I are deeply grateful to Kim Rose for her tireless commitment and attention to CCQ. Hope to see you at our next Annual Meeting!

CLINICAL PRACTICE COMMITTEE

Chair: Christopher Hayes, MD

The Clinical Practice Committee has continued to provide high yield offerings to help **NASPGHAN** colleagues successfully engage in a challenging practice environment. We have 19 engaged members across a wide spectrum of practice. Our 2019 Clinical Practice Forum at the Annual Meeting focused on reputation management in our age of online reviews and patient satisfaction. The 2018 Clinical Practice Forum focused on engaging the widespread and recurrent nature of physician burnout. Our speakers identified workflow, organizational, and psychological approaches to maintain a sustainable practice. Committee members have since contributed to the development of the Clinical Practice Survey to follow up on the previous 2014 version.

We are grateful to the **NASPGHAN** Foundation for its continued support of the Innovations in Clinical Care Grant. Awards were made to two excellent applicants for the 2019 cycle, with a panel of CPC members reviewing:

- ▶ Dr. Sharon Tam of Children's Hospital of Los Angeles for the creation of a standardized evidence-based biopsy protocol for pediatric endoscopy.
- ▶ Dr. Amanda Lee of Vanderbilt University Medical Center for the creation of interactive electronic learning modules for pediatrician, trainee, and patient education in gastrointestinal disorders.

The COVID-19 crisis has fueled a rapid transformation to our practice of clinical medicine. We participated early on in the development of a guide to rapid implementation of telehealth services for **NASPGHAN** members. This was published in *JPGN* recently (COVID-19—A Guide to Rapid Implementation of Telehealth Services: A Playbook for the Pediatric Gastroenterologist).

The CPC has enthusiastically contributed to **NASPGHAN**'s robust efforts in this time of rapid change. CPC members have contributed to the efforts of the newly formed Telehealth for Pediatric GI Care Now (TPGCN) work group, tasked with the rapid development of **NASPGHAN**'s Online Telehealth Webinar. This webinar provides excellent educational content to pediatric gastroenterology practitioners of any practice type.

Telehealth has been embraced by our field abruptly out of recognition of emergency need. After the public health crisis recedes, Telehealth will likely become a more durable part of our clinical practice. The Clinical Practice Committee recognizes the need for a dynamic online forum to discuss and debate the transformational practice changes we face. Our members have vigorously supported Matt Ryan of the Ethics Committee and his vision for a **NASPGHAN** Virtual Forum. We were proud to co-sponsor the first Virtual Forum on May 20, 2020 on Telehealth with our partners on the Clinical Care and Quality Committee. We will continue to support the Virtual Forum series as a means to engage members on important practice topics in our changing practice of medicine.

NEURO & MOTILITY COMMITTEE

— Chair: **Jamie Belkind-Gerson, MD, MSc** —

Co-Chair: **Jose Cocjin, MD**

For several years, the Neurogastroenterology & Motility Committee has strived to work on promoting research, education and quality patient care in the fields of functional GI and motility disorders. For the past 4 years, the committee has been chaired by Dr. Jaime Belkind-Gerson and co-chaired by Dr. Jose Tirol Cocjin. Focused on our goals, we are excited at some of our accomplishments and of our future. Amongst these, the committee continues to successfully organize hands-on-workshops during the annual **NASPGHAN** meetings. The hands-on workshop given at this year's **NASPGHAN** congress was focused on the esophageal Eso and Endoflip technology. Our invited professors for this topic, Dr. Calies Menard-Katcher and Dr. Kristin Fiorino both did a terrific job. Dr. Menard-Katcher focused her discussion on her use of this technology for EoE, while Dr. Fiorino focused on achalasia and other esophageal motility disorders, including the possible use of the technology for esophageal dilation. Many Neuro & Motility committee members were on hand to provide their expertise. We will continue to offer the basic Hands-On Motility Workshop to the **NASPGHAN** membership during subsequent Annual Meetings, and if our next meeting becomes virtual, we will plan accordingly. As this field is rapidly changing and, with it, the generation of new technology, we think this is a great opportunity to keep our colleagues well informed and up to date on the exciting advances.

There continue to be two prizes for the best basic science and clinical research abstracts in neurogastroenterology and motility during our annual meetings so members should continue to submit their work for presentation at this year's meeting whether it is in person or virtually. We are happy that the number of abstracts received in this category has been growing every year, as has the number of guests to our sessions. The Neurogastroenterology and Motility Committee will continue to be involved in the selection and scoring of these abstracts.

After the very successful Neurogastroenterology and motility one-day symposium from the 2018 **NASPGHAN** Annual Meeting, many **NASPGHAN** members have approached us about publishing a summary of the symposium. We are excited to say that under Dr. Anil Darbari's leadership, a very labor-intensive document, which is much more than a summary and really like a board-exam guide and review for

the most relevant topics in our field, is now in press in the *Journal of Pediatric Gastroenterology and Hepatology*.

In the context of tailoring training components, outcome and expressed needs of pediatric gastroenterology fellows and programs, members of the **NASPGHAN** Neurogastroenterology & Motility Committee, in an effort led by Dr. Julie Khlevner and the American Neurogastroenterology and Motility Society (ANMS), developed guidelines for Neurogastroenterology and Motility (NGM) training in North America in line with specific expectations and goals as delineated through already established milestones and entrustable professional activities. The **NASPGHAN**-ANMS task force anticipate that this document will serve as a resource to break existing barriers to pursuing a career in NGM and provide a framework towards uniform training expectations. The document has been submitted for review to the *Journal of Pediatric Gastroenterology and Hepatology*.

One of the most challenging areas in patient management in our subspecialty involve the management of patients with complex and often surgical colorectal disorders. This includes, for example, the management of the post operated Hirschsprung's disease patient who is not doing well, the management of patients with spinal cord abnormalities and elimination disorders, and how to help patients with pelvic floor congenital abnormalities. Many of the guidelines and answers to the problem areas for these entities are scarce in literature and the management protocols differ between centers and even between specialties. In this regard, Dr. Manu Sood and I (JBG) have invited a team of distinguished experts commonly dealing with these problems, including neurosurgeons, urologists, pediatric surgeons, pediatric GI specialists, psychologists and others, to tackle some of our toughest questions/problems. The answers will be guided by whatever scientific evidence there is (and will be noted as such), but whenever lacking, it will serve as a reminder of what we still do not know and how we currently solve these situations based on whatever collective experience we have. This project has already been approved by the **NASPGHAN** CCQ Committee and we hope to have it ready for publication in the next few months.

Finally, we would like to thank the members of the committee for their hard work and dedication. We are grateful for members who have served the committee and welcome those that have recently joined us. We are so fortunate to have a great group of members who always push forward to accomplish committee goals and help create new ones. We can now very proudly say that the **NASPGHAN** executive committee has approved our next chair and co-chairs who will start in 2021. I am excited to announce that Dr. Anil Darbari (chair) and Dr. Julie Khlevner (co-chair) will be continuing our efforts, and under their leadership, I have no doubt that the future of the NGM committee looks very bright!

It has been a true honor working with everyone in our NGM committee and with the rest of **NASPGHAN**. Personally, it is a part of my career that has created many wonderful memories that will always be treasured and near to my heart. As always, we welcome suggestions from the **NASPGHAN** membership on how we can better serve the needs of the organization, members and our patients.

NUTRITION COMMITTEE

Chair: *Timothy Sentongo, MD*

I am honored to be at the helm of the Nutrition Committee, starting in 2019. Justine Turner, MD, PhD, the past chairman, graciously showed me the ropes. The Nutrition Committee is strong and vibrant with 31 highly valued members. It works in close collaboration with the Council for Pediatric Nutrition Professionals (CPNP). The Nutrition Committee also oversees The Intestinal Failure Special Interest Group launched in 2018 that has participants from all the pediatric intestinal failure programs across the United States

We had an in-person meeting in Chicago, IL during the **NASPGHAN** 2019 conference, where lots of exciting plans and ideas were discussed. The momentum has been maintained through quarterly conference phone calls. The 2019 Annual Meeting featured nutrition-related topics including therapy in children with intestinal failure and an outstanding talk by Nancy Krebs, MD about micro-nutrient deficiencies and outcomes. Also, the CPNP Nutrition Symposium continues to draw many attendants to its nutrition-focused sessions.

Other notable accomplishments include the position paper about use of plant based milks in infants (age <12 months). On behalf of our Society, we advocated that only appropriate commercial infant formulas were to be used as alternatives to human milk in infants, and that consumer education was required to clarify that plant-based milks did not represent an equivalent source of nutrients for infants (watch for the publication in *JPGN*). This was in response to the summer 2018 FDA request for comment on the labeling of plant based milk alternatives.

The **NASPGHAN** Nutrition University (N²U), scheduled for April, was postponed because of the COVID-19 pandemic. Arrangements are underway to conduct the 2020 N²U later in summer/fall of 2020. Over the past 10 years, N²U has been supported by an annual grant from Nutricia. Exit surveys of the attendees have consistently shown that N²U is very well received and that 88% of attendees go on to disseminate the information they learned through venues such as grand rounds or guideline/policy development. The rest of the feedback and survey results is summarized in a report to be published in *JPGN*.

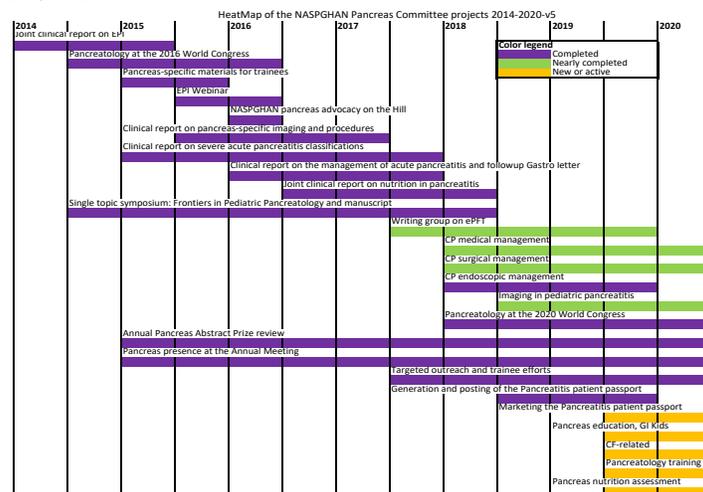
Other activities of the Nutrition Committee include providing guidance on contemporary issues pertinent to nutrition through position papers, development of clinical guidelines and recommendations to our **NASPGHAN** leadership. The Nutrition Committee also collaborates with other **NASPGHAN** committees. In addition, Committee members are available to mentor and provide feedback to CPNP members preparing to submit grants. The committee also is involved with coordinating all year round nutrition education through webinars and other avenues.

Special mention to some of our past, current and outgoing Nutrition committee and CPNP volunteers in a number of projects: Debora Duro, Amanda Fifi, Sarah Fleet, Praveen Goday, Candi Jump, Russell Merritt, Catherine Larson Nath, Jeffrey Rudolph, Ann Scheimann, Sally Schwartz and Justine Turner. Indeed the list is really much longer and I look forwards to working with the entire committee and **NASPGHAN** members in upcoming projects to keep **NUTRITION in NASPGHAN outstanding!!**

PANCREASIS COMMITTEE

Chair: *Sohail Z Husain, MD*

The **NASPGHAN** Pancreas Committee was founded in 2014, and since then, the group has been very active in several projects, many of which have gone into publication form. Please reference the Heat Map of past and present projects, along with a timeline. The purple color represents projects that are completed or ongoing. The green are projects that are close to completion, and the orange represents new or active project plans.



Of the projects that are close to completion, I would like to highlight a successful partnership between **NASPGHAN** and the Society of Pediatric Radiology, orchestrated by radiologist and **NASPGHAN** Pancreas Committee member Dr. Andrew Trout, in coming up with a position statement for imaging in pediatric pancreatitis. Newer projects in the pipeline include CF-related GI resources, pancreas education on GIKids, an assessment of the impact of recent pancreas nutrition position statements on clinical practice, Pancreatology training, and the Pediatric Pancreatitis Passport.

Highlighting the **NASPGHAN** Pediatric Pancreatitis Passport Launch

We would like to especially highlight a first of its kind in **NASPGHAN** and in the field of pancreatitis (in both children and adults), generated by the **NASPGHAN** Pancreas Committee, which is the **NASPGHAN** Pediatric Pancreatitis Passport. Recognizing that children with recurrent and chronic pancreatitis are often cared for at specialized centers far away from where they live, the goal of this document is to improve the care and health of patients with recurrent and chronic pancreatitis by providing a portable resource for patients to share with local urgent care and emergency department providers. [The link](#) within the **NASPGHAN** website will allow a download of the single-page filling pdf. A smart phone version of the passport is also in progress. We hope this unique product will be helpful to you and your patients and that you will share it with colleagues and families. We welcome your feedback about this and our other active projects by emailing me at (sohail.husain@stanford.edu).

The success of the Pancreas Committee is due to the passion of a highly engaged, collegiate team and our project leads. I wish to especially thank Vice-Chair, Dr. Maisam Abu-El-Haija and Outreach Director, Dr. Zachary Sellers for their leadership in the Pancreas Committee.

TECHNOLOGY COMMITTEE

Chair: Jason Silverman, MD

As the world adapts to the COVID-19 pandemic, the importance of using technology to connect with patients, families, and colleagues has only been magnified. The Technology Committee has continued to be active on a number of fronts since the last **NASPGHAN** Annual Meeting.

A few highlights:

► **Social Media**—The Technology Committee continues to work to advance **NASPGHAN** and **GIKids**' social media presences along with Opus, our social media and web development company. Our Social Media Subcommittee provides editorial oversight for posts written by Opus and creates additional content. **NASPGHAN** currently has more than 3,200 followers on Twitter, while **GIKids** has over 1,200. Our Instagram and YouTube initiatives have also been gaining steady ground. Be sure to follow **@NASPGHAN** if you don't already!

► **Bowel Sounds**—Our podcast, launched at the 2019 meeting, has far exceeded our optimistic expectations. In the 7 months since we launched with our first episode, we have now released a total of 9 episodes, including a bonus episode on COVID-19 (see related story below). The podcast episodes have been downloaded over 14,000 times, with listeners on 6 continents. Feedback has been extremely positive, and we are grateful to those who have taken the time to send comments and suggestions our way or leave a review on Apple Podcasts. The podcast team are not resting on their laurels, and they have a number of future episodes already recorded and planned, with lots more coming. Stay tuned!

► **Web Development**—Following the successful relaunch of both **NASPGHAN.org** and **GIKids.org** last year, the Technology Committee continues to work closely with Opus to improve and update our new sites.

Support of related groups and initiatives: The Technology Committee has lent its support to a number of exciting groups and initiatives including the **NASPGHAN** Toolbox app, EHR SIG, and the Telehealth Webinar.



TRANSNASAL WEBINAR

June 30, 8 PM

Join **NASPGHAN** and the **NASPGHAN** Foundation on June 30 for a new webinar, *Transnasal Endoscopy (TNE): Going Where We Have Never Gone Before*.

[Register now.](#)

Course Directors for the program are Kristina L. Leinwand, DO, Kaiser Permanente and Vrinda Bhardwaj, MD, FAAP, Children's Hospital Los Angeles.

Transnasal endoscopy (TNE) is a cutting-edge technique in pediatrics to perform sedation-less upper GI endoscopy. While it has been around for years in the adult ENT world, this is a novel approach in our young children population.

Join us to learn the methods and likely encountered difficulties and solutions around implementing TNE in pediatric gastroenterology, to review clinical expectations and team components around implementing pediatric TNE, to understand current uses and future potential for TNE in pediatrics and billing, coding and available technologies around TNE and to review developing research around TNE in pediatrics.

Supported by an educational grant from Olympus America.

JUNE BOWEL SOUNDS FOCUSES ON DANGEROUS MAGNET INGESTIONS, ADVOCACY



In time for National Safety Month, the Bowel Sounds crew sat down with Dr. Bryan Rudolph, Chair of **NASPGHAN's** Public Affairs and Advocacy Committee, to talk about the campaign to protect children from dangerous magnet ingestions. We also discussed his other advocacy projects, and his advice for others interested in getting involved in advocacy at any scale. [Check out this great episode.](#)

Don't forget to check out our [previous episodes](#) covering constipation and encopresis, functional nausea, hepatitis C, H pylori and more! Lots more episodes are in the works with new episodes coming out on the 14th of every month. Send your comments and suggestions to (bowelsounds@naspghan.org) spread the word, and please leave us a review on Apple Podcasts to help others discover our podcast.

NASPGHAN—Abbott Nutrition 2020 First-Year Pediatric GI Fellows Conference

Course Director: John F. Pohl, MD

Course Co-Director: Sandra Kim, MD



The **NASPGHAN**-Abbott First-Year Fellows Conference was held in Orlando, Florida at the Rosen Plaza Hotel from January 16-19, 2020. We celebrated the 18th 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 lectures ranged from “Using Your Clinical Time During Fellowship to Prepare for Life as an Attending” to “How to Choose Your Mentor” to “What Happens After Fellowship? Finding the Right Career Track for You, and Succeeding in It”. Each series of lectures were followed by open panel discussions in which faculty discussed their individual career pathways, including their successes and failures. 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. We ended this highly successful conference with faculty and fellows dancing late into the night (led by the INFAMOUS and AMAZING Norberto Rodriguez-Baez)!



Making this conference possible was a terrific group of 14 faculty representing the United States, Canada, and Mexico, with a diversity of clinical and research interests: Drs. John Pohl (Course Director), Sandra Kim (Course Co-Director), Tanja Gonska (Canadian representative), Erika Montijo (Mexican Councilor), Ben Gold (**NASPGHAN** President-Elect), Brian McFerron, Sean Moore, Kathleen Campbell, Jeanne Tung, Arvind Srinath, Christine Lee, Norberto Rodriguez-Baez, Elizabeth Mileti, and Karyn Wulf (Abbott–Medical Director).

This conference, which began in 2002, continues due to the generous sponsorship by Abbott Nutrition (Bob Dahms), guidance and support by Margaret Stallings (**NASPGHAN** Executive Director), and the incredible conference planning by Howard Wise (CTP Group conference planner). This conference has been instrumental in the development of lasting professional relationships within the field of pediatric gastroenterology as well as fostering early career development.



JPGN

News from the Editor

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

JPGN DURING THE COVID-19 PANDEMIC

We are all impacted by the COVID-19 pandemic. Most of us are sequestered at home, and others are working part time in their hospitals and clinics. During the past two months our journal *JPGN* has published a number of COVID-19-related articles, including several from the leadership of **NASPGHAN**, specifically discussing and providing guidance on issues pertinent to our Society's membership, such as shared experiences with telemedicine, likely here to stay, and the application of PPE (Personal Protective Equipment). These and other contributions can be found on the [JPGN website](#) and the [NASPGHAN website](#). In case you haven't already had an opportunity to visit these websites, I encourage you to do so. (See related story page 16).

CHANGE IN EDITORSHIP



Many of you may be aware that Dr. Sandeep Gupta has been selected to become the next (7th) Editor in Chief of *JPGN*, Western Hemisphere. Dr. Gupta has been a faculty member at Indiana University School of Medicine for many years, and recently joined Community Health Network in

Indianapolis as the network-wide Medical Director of Research. He has played a leadership role in **NASPGHAN** including as Chair of the Professional Education Committee. In 2013, Dr. Gupta established the mechanisms for CME credit for articles published in *JPGN* and has been active in this important function of the journal to the present. Dr. Gupta has several novel ideas for moving the Journal into the 2020's. I look forward to interacting with him when he assumes his role as Editor in Chief in January 2021.

JPGN REPORTS

JPGN Reports will be inaugurated this month as the sister journal of *JPGN*. The journal is scheduled to open for submissions towards the end of May/early June, 2020, and will focus on clinical manuscripts, including impactful case reports.

The Scope of *JPGN Reports* is as follows:

JPGN Reports, a joint publication of **NASPGHAN** and **ESPGHAN**, is a peer-reviewed, open access journal that publishes novel case reports, images and videos, original articles, clinical trials protocols, review

articles, short communications, letters to the editor, selected meeting proceedings, editorials and commentaries on all aspects of clinical and translational research, educational, and public health issues in the area of pediatric gastroenterology, hepatology, and nutrition. *JPGN Reports* also welcomes novel exploratory hypothesis-generating research, qualitative and quantitative epidemiologic research, studies of novel mechanisms and methodologies including public health interventions, hypothesis-generating small studies, methods papers, and translational research applicable for pediatric pathogenesis and physiology in health and disease.

As an open access journal, *JPGN Reports* charges an "Article Processing Fee" as follows: articles submitted by non-members of **NASPGHAN** or **ESPGHAN**—\$1,600; submissions from one or more members of **NASPGHAN** or **ESPGHAN**—\$300; Case Reports, Images and Videos—\$500 for non-members—\$100 for members. These charges will help defray the publication costs of our online, open access journal, and will incentivize participation of society members as co-authors. To help get the new journal off and running, and to coordinate efforts with Dr. Gupta as he assumes Editorship of *JPGN*, I will act as Editor-in-Chief, Western Hemisphere, of *JPGN Reports* through December 2021.

INFOGRAPHICS

An exciting development for *JPGN* is that we are now presenting infographics on approximately 4 articles per issue of the journal. These are visual online graphics that present the main points, including data and/or illustrations, from selected publications in *JPGN*. A link to the infographic will be provided in the e-version of *JPGN*, or articles in PubMed, usually near the abstract of the article. If selected at the time of acceptance, Editage, the company producing the infographic, will work with the authors of the article to produce a clear presentation of the information in the article. As far as feasible, infographics will be developed for many of our Society papers as well. The infographics are subsidized as a membership perk by both **NASPGHAN** and **ESPGHAN** societies.

CME CREDITS

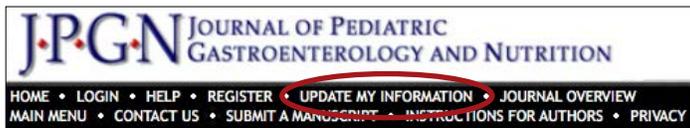
Several members have inquired about the process of earning CME credits, especially since meetings (e.g., DDW, PAS) have been canceled due to the COVID-19 pandemic. As stated above, you have access to several articles that have CME material attached. Additionally, CME is provided for peer review of manuscripts submitted to *JPGN*. In case you missed this previously or have trainees interested in learning how to review, Editage offers a free 3-hour online tutorial for reviewers. The links are [here](#) and [here](#).

CME credit is offered to reviewers who complete their assignments in a timely and constructive manner. Reviewers are scored on their reviews with a numerical score of 0-100; a score of 70 is required to receive CME credit. The Associate Editors are transitioning to a more defined method of scoring the reviews:

- ▶ 70–80 Adequate information for review of submission
- ▶ 80–85 Sufficient information to assist with decision
- ▶ 85–100 Information helpful in improving the manuscript

UPDATE YOUR EDITORIAL MANAGER CONTACT INFORMATION

We request that all JPGN authors and reviewers update their profiles in Editorial Manager. Please visit the site and update your contact information and affiliation. This can be done at the “Update My Information” link at the top of every page.



FILLER ITEMS

The Journal solicits suitable content to maximize the utilization of blank spaces in the print publication. This content will not appear online.

- ▶ Materials considered for publication as fillers include:
- ▶ Brief articles [under 150 words] dealing with the history of pediatric gastroenterology, hepatology, pancreatology, and nutrition
- ▶ Cartoons
- ▶ Photographs
- ▶ Original artwork

Please use the “**INVITED FILLER**” article type for your submission.

Please feel free to contact me with suggestions, and keep sending your research manuscripts to *JPGN*, your journal! And stay healthy and be safe during this challenging time.

2020 NASPGHAN, APGNN, CPNP DIRECTORIES NOW AVAILABLE IN NASPGHAN MEMBER CENTER



The 2020 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.

Welcome New 2020 NASPGHAN Members

Kari Baber, PhD

Jessica M. Buzenski, PhD

Ann M. Davis, PhD

Marla Dubinsky, MD

Andrew Robert Edelstein, MD

Yael Encinas Bravo, MD

Jeana Hong, MD, PhD

Phuong Christine Nguyen, MD

Lauren Pottthoff, PhD

Kadakkal Ravindran Radhakrishnan, MD

Alan Silverman, PhD

Scott Snapper, MD, PhD

Sally Tarbell, PhD



JUNE ISSUE FEATURES COVID-19 RELATED ARTICLES

The June issue of *JPGN* is now available.

Inside are a number of articles related to COVID-19 and an editor's note.

[Coronavirus Disease 2019 and the Pediatric Gastroenterologist](#) and [Pediatric Endoscopy in the Era of Coronavirus Disease 2019: A North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition Position Paper](#) also are on the NASPGHAN website.



American Academy of Pediatrics Corner

As the COVID-19 pandemic evolves, the AAP is committed to staying abreast of all confirmed developments related to its global spread and providing the best possible guidance and resources to the **pediatric clinical community** and **parents**. AAP has also been advocating at the federal level for funding of pediatricians and pediatric specialists.

Within the Section, we continue to focus on our strategic mission. We were pleased to welcome over 300 trainees to the SOGHN in January, and we are working on plans to engage these early career physicians, as well as all SOGHN members, in activities of the section. Towards this end, we have established the following committees and would welcome your engagement in any of them:

▶ **Trainees and Early Career Gastroenterologists Committee**

Chair: Daniel Mallon, MD, FAAP

Committee members will develop resources for Trainees and Early Career Gastroenterologists to help them understand Board Certification processes and promote PREP GI and survey this constituency to learn about gaps in career readiness, then work to fill them.

▶ **Clinical Education Programming Committee**

Co-Chairs: Mitch Cohen, MD, FAAP and Jenifer Lightdale, MD, FAAP

The mission of this committee is to solicit, propose and develop clinical education programming material for various Academy clinical education activities, including the annual National Convention and Exhibition (NCE), the Section's NCE H-program, and Practical Pediatrics.

▶ **Communications/Website Committee**

Chair: Jenifer Lightdale, MD, MPH, FAAP

The mission of this committee is to ensure clear and multifaceted communications both within the Section, as well as between SOGHN and other groups in the Academy, and beyond. This committee will also be charged with developing and vetting materials that can be posted on the Section's home page of the **[AAP website](#)**.

▶ **“Community Consult” Chapter Speakers Program Committee**

Co-Chairs: Sanjiv Harpavat, MD, PhD, FAAP and Angela Sandell, MD, FAAP

The committee aims to collaborate with AAP chapter leadership to understand needs of the communities in which events are held and meet those needs through recommending speakers for sponsored lectureships.

▶ **Advocacy/Annual Leadership Forum (ALF) Resolutions and Proposals Committee**

Chair: Maria Oliva-Hemker, MD, FAAP

The mission of this committee is to partner with AAP in advancing key child digestive health priorities by 1) advocating for pertinent policies at the Federal and State levels, 2) participating in coalitions with other societies including **NASPGHAN** and 3) raising public awareness on issues that are important to children with digestive diseases and the pediatric gastroenterology community at large.

▶ **Button Battery and Foreign Body Committee**

Chair: David Brumbaugh, MD, FAAP

This committee will partner with the AAP Button Battery Task Force and other subspecialty sections (surgery, otolaryngology, radiology, and others) in aligning advocacy and management strategies.

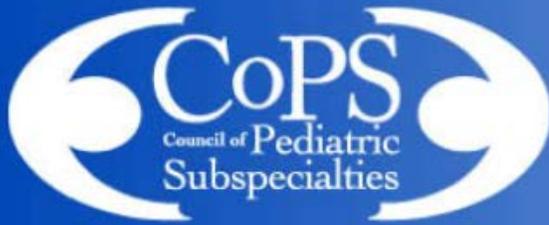
▶ **Choosing Wisely Committee**

Chair: Jennifer Dotson, MD, FAAP

Choosing Wisely is an initiative of the ABIM Foundation that seeks to advance a national dialogue on avoiding unnecessary medical tests, treatments and procedures. The mission of this committee is to solicit, evaluate, select, and develop list items from a pediatric GI perspective, and subsequently develop opportunities to educate members and evaluate the effectiveness of this initiative (e.g., local and national programming, MOC opportunities, and practice-based QI initiatives).

Please let our section manager, Debra Burrowes (DBurrowes@aap.org), know if you are interested in serving.

Mitch Cohen, MD, FAAP
Chair, AAP Section on Gastroenterology,
Hepatology and Nutrition



All pediatric subspecialties
working together for
optimal child health.



Council of Pediatric Subspecialties (CoPS) Update

Mel Heyman, MD — CoPS Immediate Past-Chair

The Council of Pediatric Subspecialties (CoPS) was founded in 2006 as an independent organization with the mission of representing common interests of all pediatric subspecialties listed with American Board of Pediatrics (ABP). Through its initiatives, CoPS works to advance child health through communication and collaboration within and across all pediatric subspecialties, as well as specialty and general liaison organizations. Pediatric Gastroenterology is well represented in CoPS, which has increasingly come to value and treasure its relationship with **NASPGHAN**. Other liaison organizations include 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].

Ongoing initiatives and priorities for CoPS this spring were discussed in the first ever Zoom Council meeting in late April. Here is a partial list of current CoPS activities for **NASPGHAN** members to be aware of:

- ▶ **Workforce** – CoPS continues to have discussions on pediatric workforce, trainees entering fellowships, and development of subspecialty workforce surveys to understand the future needs of pediatric subspecialists. This includes work in diversity, compensation, recruitment, and early exposure to pediatric subspecialties.
- ▶ **Research** – CoPS is involved in discussions with AMSPDC and other stakeholders to define the issues around retention of physician scientists in pediatrics and to develop potential plans to improve physician-scientist training for pediatric residents as a pipeline to subspecialty training. This group recently published a couple of articles, referenced below. (1,2)

- ▶ **Mental Health** – CoPS is participating in the ABP's Roadmap to Resilience and Emotional Health project with a goal to improve screening for mental health issues in pediatric patients with chronic medical conditions.

- ▶ **Entrustable Professional Activities Research** – The Subspecialty Pediatrics Investigator Network (SPIN) encompasses many members of CoPS and continues to engage in research evaluating longitudinal assessment of EPAs, Competencies, and Milestones to provide data in competency-based assessment.

Your current **NASPGHAN** representatives are Cary Sauer, Jenifer Lightdale and Mel Heyman. We welcome you to contact any of us if you have questions or suggestions regarding **NASPGHAN's** role in CoPS.

Website: www.pedsubs.org

Citations:

- ▶ Heyman MB, Weiss P, Boyer D, et al. Challenges of Funding Pediatric Fellowship Programs-Invited Commentary from the Council of Pediatric Subspecialties. *J Pediatr* 2019;204:4-6.e1.
- ▶ Burns AM, Ackerman K, Thammasitboon S, et al. Fixing the leaky pipeline: identifying solutions for improving pediatrician-scientist training during pediatric residency. *Pediatr Res* 2020; Mar 16, PMID: 32179872. DOI: 10.1038/s41390-020-0837-2. [Online ahead of print]

2020 AASLD-NASPGHAN JOINT PEDIATRIC SYMPOSIUM

A joint AASLD/**NASPGHAN** Pediatric Symposium entitled "Medical and Ethical Dilemmas of Patient and Organ Selection for Liver Transplantation" was originally planned during The Liver Meeting November 13-17th, which has now become a virtual meeting.

NASPGHAN members Drs. Vania Kasper and Jennifer Vittorio are chairing the joint program.

More details and updates on the virtual AASLD meeting the joint program are on the [AASLD website](#).

In Memoriam

Akira Matsui, MD ~~~~~ **1948–2020**



With the death of Akira Matsui, MD on April 1, 2020, the Japanese and international pediatric community lost one of the great pioneers of pediatric hepatology. From 2007 to 2013 he served as the president of the Japanese Society for Pediatric Gastroenterology, Hepatology and Nutrition (JSPGHAN), and from 2013 to 2018 was nominated as the president of the Asian Pan-Pacific Society for Pediatric Gastroenterology, Hepatology and Nutrition (APPSPGHAN). He also organized the 13th APPSPGHAN congress at Tokyo in 2013.

Akira Matsui graduated from the University of Tokyo in 1975 and specialized with honors in Surgery and Pediatric Surgery at the same university. From 1979 he became a member of the Paediatric Liver Centre in King's College Hospital as a British Council Scholar under the direction of late Prof. Alex Mowat, and then a research fellow of the Medical Research Council at the Clinical Research Centre, Harrow to study bile acids metabolism in cholestatic liver diseases with the help of Dr. Setchell.

In 1982 he moved to the Pediatric Department of Jichi Medical University and was appointed as Professor, Faculty of Medicine, University of Tsukuba in 1997. He became Director of the hospital at the National Center for Child Health and Development in 2007 up to 2014, the year of his retirement. From 2014 he accepted a professor at St. Luke's International University.

His original and very important contributions to medicine include:

- ▶ From 1994 until his very last day, Akira Matsui performed his pioneering work in screening for biliary atresia by stool color card (Lancet 1995; 1:1181, J Pediatr 2015; 166: 897-902, Pediatr Surg Int 2017; 33:1305-1313). The screening method has become widespread in Taiwan, Switzerland, Beijing in China and British Columbia in Canada.
- ▶ He strongly promoted liver transplantation as a pediatrician, when living-related liver transplantation was in its very early days and developed a world-class unit for pediatric liver transplantation in the National Center for Child Health and Development in collaboration with Dr. Kasahara. Many children with life-threatening liver disorders were admitted to the Center from all over Japan and the Asian countries.
- ▶ He also made notable contributions to expand the knowledge concerning molecular pathology of many liver and viral diseases, including Allagile Syndrome (Nat Genet 2004; 36:83-87), Epstein-Barr virus (Blood 2001; 98: 1268) and Hepatitis G Virus (Lancet 1998; 352: 1308-10). He always saw the necessity for research as a basis for clinical knowledge of the disease processes in children and was most proud of his work concerning helping many sick children. His death presents a great loss to those he helped and to world pediatric gastroenterologists.

He is survived by his beloved wife, Tomoko, and three children. Together with them, many friends and colleagues will cherish the wonderful memory of Akira Matsui.

We shall never forget Akira Matsui.

~Ryo Sumazaki, Mureo Kasahara, Kazuo Shiraki



Billing & Coding

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

COVID-19 AND PEDIATRIC GASTROENTEROLOGY ISSUES

To say COVID-19 has been a challenge to patient and practices is an understatement. Telemedicine once a possibility has become a reality literally overnight. For a while, there were almost daily changes published by all payers concerning telemedicine, elective surgery cancellation, hospitals without walls, and Economic/Financial Assistance during the Public Health Emergency (PHE). There have been daily updates on COVID-19 diagnosed patients, with information as to whether or not hospitalized and the unfortunate death tolls. We are seeing heroes in all walks of life. From a hold on all elective cases thru April and then a go-ahead for a percentage of cases beginning in early May dependent upon state quarantine rules, and the dynamic changes with telemedicine, this has caused a multitude of questions concerning billing, coding, reimbursement, and practice management. This coding and billing column will focus specifically on questions and answers received during the ongoing Health Care Emergency. For payer information on COVID-19, please check out the resource tab at www.askmuellerconsulting.com.

QUESTION #1

What is telemedicine? Does it include telephone only too?

ANSWER #1

TELEHEALTH: Live, interactive audio AND visual transmissions of a provider-patient encounter from one site to another. In other words, an office visit encounter done virtually.

TELEPHONE: Audio only. There are commercial payers that allow for telephone only to be considered “telehealth” and be billed as office visits. Medicaid does allow for any telehealth or telephone encounter to be billed as new or established patient visits. Medicare allows for telephone only to be billed under **99441-99443** based upon time and are paying these services at the same rate as established office visit codes retroactive to March 1, 2020. However, the practice will have to resubmit eligible claims over that period in order to get the higher payments since CMS will not automatically reprocess the claims. It is definitely to your benefit to resubmit previously lesser paid services.

Claims billed after April 30 should automatically be paid at the new, higher rate. Remember that **99441-99443** is still subject to CPT guidelines: These codes may not be billed for problems managed by a related E/M service within the previous seven days and they may not lead to an E/M service or procedure within the next 24 hours or soonest available appointment.

VIRTUAL CHECK-IN: A brief 5-10 minute (patient initiated) communication by telephone, email, or virtual private messaging system to an eligible provider with whom the patient is established with to discuss a problem in order to see if a face-to-face encounter is necessary. Online Evaluation: The beneficiary communicates with a healthcare provider via online patient portals.

INTERPROFESSIONAL CONSULTATION: Review of records by a specialist at the request of another provider. Payable once per 7 days and is time driven. There is no interaction with the patient.

QUESTION #2

What documentation is required in the patient record for any telehealth or telephone visits?

ANSWER #2

Here is the documentation checklist required:

- ◆ Include a statement of how the visit was performed (audio and video, audio only, or online evaluation)
- ◆ Include the location of the patient (home, outside clinic, etc.)
- ◆ Include the location of the provider (home, office, etc.)
- ◆ Include all names of all persons participating in the telemedicine service and their role (if other than patient alone)
- ◆ Include a chief complaint/reason for telehealth encounter
- ◆ Include appropriate history, exam, and decision making
- ◆ Include time spent with the patient (can only be the time spent for the patient/provider visit and not time spent reviewing records, etc. prior to or after visit)
- ◆ There must be documentation of patient consent for telephone/telemedicine services in the medical record.

QUESTION #3

We have a patient who was inpatient in the hospital. Our last billed hospital service was on 04/27/2020 (abnormal levels of serum enzymes) but then we had an audio/visual telehealth follow up on 04/30/2020 for chief complaint of fever and severe abdominal pain with another audio/visual telehealth on 05/12/2020 to follow up on the follow up.

Are there time interval/frequency requirements in this situation? Are there any of these visits not billable?

ANSWER #3

There are no time restrictions for hospital or office telehealth visits during the PHE. All visits should be billable as long as medical necessity is there to support the service.

QUESTION #4

Are you able to tell us if the rules have changed for this crisis as far as where the patient can be during a telemedicine visit? We have a lot of our providers up here that are getting requests from patients that are out of state that would like to do a telemedicine visit but up until now the provider had to be licensed to practice in that state. Are you aware of any changes to this?

ANSWER #4

During the Covid-19 crisis, CMS specifically states:

“Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.” Most of the commercial payers are following Medicare’s policy on this but it is always good to double check.

Here is the link.

This means your provider in WA can see a telehealth patient who is at their home in AZ. They may request documentation so be sure your providers document specifically where that patient resides.

QUESTION #5

I have a provider that is charging level 5 established and new patient telehealth visits. While I have not billed any of these out, I want to talk to him first. It is my understanding that all the same E/M guidelines still apply to the telemedicine visits. Therefore, it is near impossible to obtain a **99204 or 99205** on a new patient since you cannot obtain the 8 exams that are required. Now on an established visit, I see how that “might” be possible either based on time or using the History and MDM but again it would not be often.

Am I correct? I would like confirmation

ANSWER #5

You are correct. It would be extremely hard for a provider to charge a level 5 new or established patient unless time is documented. The examination will be limited since it would be an observation or a “general appearance” examination not auscultation, palpation, or percussion. CMS published an update on April 7, 2020, which allows practitioners to bill either on decision making or time based upon the E&M revisions scheduled to take place on January 1, 2021, but only during the health care emergency. The commercial payers have not updated their policies on documentation requirements through 5-12-20 when this article was written. Cigna has it published on their website that they will be pulling some **99214 or 99215** for pre-payment review so make sure that all providers are aware to refrain from using “templated physical exams” and to only use those systems that can be examined from “afar”. Since pediatric gastroenterology practices do not see many Medicare patients, I would recommend following the

standard E&M guidelines and not the 2021 revisions unless instructed by the payer.

QUESTION #6

I am seeing some telehealth visit documentation without review of systems. I understand for Medicare, the level can be based on MDM (medical decision making) or time- but what about other payers? Shouldn’t the ROS (review of systems) be documented even if it is not used to determine the Evaluation/Management level?

ANSWER #6

Yes, the expectation is for the provider to perform an appropriate ROS based upon the chief complaint/reason for visit. If the patient denies having any symptoms, then there really would not be a need to complete a ROS. It is not needed for office f/u visits but definitely needed for new visits. Yes, CMS allows the provider to select the level by MDM or total time, however, there has been no guidance from any commercial payer that they are following Medicare for the MDM or time.

QUESTION #7

I am looking for some guidance on which dx(s) codes to use for a Covid-19 antibody test. I am not finding much out there, and I do not see that the CDC has issued any guidance.

I found this in a Q&A document published by AHIMA

- ▶ Question: How should an encounter for COVID-1 antibody testing be coded?
- ▶ Answer: For an encounter for antibody testing that is not being performed to confirm a current COVID-19 infection, nor is being performed as a follow-up test after resolution of COVID-19, assign Z01.84, Encounter for antibody response examination

Do you agree with **Z01.84** if the antibody test is ordered as a “screening”?

ANSWER #7

Yes that would be the appropriate code since this is really a “screening” test since under Z01 category which is exam without symptoms. Since hospitals and ASCs have a policy to screen patients prior to elective procedures, this would be appropriate on an asymptomatic patient and/or one that has never been exposed to anyone with COVID-19.

EXPLORE NASPGHAN NEW ON LINE LEARNING PLATFORM



NASPGHAN is pleased to announce the launch of our new on line learning platform learnonline.naspghan.org. This will be the new “home” for our online learning resources, which now include webinars, JPGN CME/MOC Part II articles, the ABCs of EGIDs learning modules and the Nutrition Curriculum for Pediatric Gastroenterology Fellows. All of these resources are free and available to **NASPGHAN** members and non-members. We will continue to add content as it becomes available.

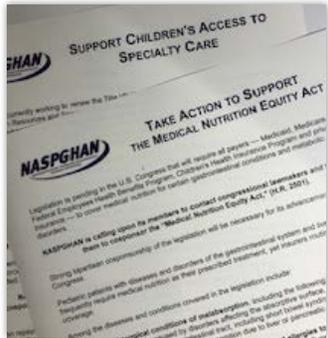
This new platform will allow you to pause progress in educational modules to revisit at a later date, download, print and reprint certificates of completion, and at a glance see your dashboard to review and track all of your CME and MOC Part II credits in one place.

Please visit LearnOnLine today to explore the many educational opportunities this new resource has to offer.

Public Affairs & Advocacy Report

Camille S. Bonta, NASPGHAN Washington Representative

TAKE ACTION TO SUPPORT THE MEDICAL NUTRITION EQUITY ACT



Under **NASPGHAN's** leadership, the Patients and Providers for Medical Nutrition Equity held its first all-virtual National Medical Nutrition Action Day on May 19. The purpose of the virtual day of action and ongoing grassroots advocacy is to build congressional support for the Medical Nutrition Equity Act (S. 3657/H.R. 2501).

The legislation would require all payers — Medicaid, Medicare, Federal Employees Health Benefits Program, Children's Health Insurance Program and private insurance — to cover medical nutrition for certain gastrointestinal conditions and metabolic disorders.

Increasing the number of cosponsors of the legislation demonstrates to congressional leadership the base of support for advancing the bill. More than 200 individuals took action on May 19, reaching more than 200 members of Congress, and there was more than 70 tweets with #MedicalNutritionEquityNow.



If you didn't take action on May 19, it's not too late. While congressional offices are focused on responding to the COVID-19 pandemic, lawmakers are still working to achieve legislative victories that align with their priorities, and they want to be responsive to their constituents in an election year. Take action even if you contacted your members of Congress on this topic in the past. After all, the squeaky wheel gets the grease.

It takes just a few minutes to contact your members of Congress from the **NASPGHAN** Action Center. The Coalition is also encouraging patients and providers to share their stories. These stories are a powerful tool in the Coalition's advocacy arsenal. The Coalition is in particular need of stories from patients with digestive diseases and the providers to who treat them.

In related news, earlier this year, bill sponsors Sen. Bob Casey (D-PA) and Reps. James McGovern (D-MA) and Jamie Herrera-Beutler (R-WA) requested a cost estimate of the legislation from the Congressional Budget Office — an important step toward advancing the legislation.

CONGRESS NEEDS TO BAN HIGH-POWERED MAGNETS TO PREVENT INGESTIONS

High-powered magnet manufacturers want policymakers to believe that a ban of their products is unjustified and, instead, a standard should be adopted that includes multiple layers of warnings, child resistant packaging, and comprehensive safety instructions.

When the U.S. Consumer Product Safety Commission (CPSC) in 2015 finalized a safety standard for high-powered magnet sets, which effectively banned their sale in the United States, it had reached the conclusion that warning labels and packaging were ineffective barriers to accidental ingestion by children.

With the CPSC rule overturned by the courts, high-powered magnet manufacturers are working through a process to establish a voluntary standard for the marketing and labeling of high-powered magnet sets. **NASPGHAN** has rejected the effort because it ignores the danger high-powered magnet sets present because of the size and strength of the individual magnets that comprise the sets.

NASPGHAN is leading a legislative effort to put into law the 2015 CPSC safety standard for high-powered magnet sets. Sen. Richard Blumenthal (D-CT) and Reps. Tony Cardenas (D-CA) and Kim Schrier, MD (D-WA) have introduced the "Magnet Injury Prevention Act" (S. 3143 and H.R. 6105) which would ban the sale of high-powered magnets that are intended, marketed, or commonly used as a manipulative or construction item for entertainment, such as puzzle working, sculpture building, mental stimulation, or stress relief.

NASPGHAN is calling upon its members to compel congressional lawmakers to support a ban on high-powered magnet sets by sharing the devastating harms that can result when magnets are ingested. Please take a moment to visit **NASPGHAN's** Action Center through which you can contact your members of Congress and express your support for S. 3143 and H.R. 6105 and explain why a ban of high-powered magnet sets is necessary.

ETHANOL LOCK PRICE HIKE

Drastically increased prices for ethanol locks have been reported. **NASPGHAN** and the American Academy of Pediatrics want to hear from physicians whose pediatric patients dependent on parenteral nutrition are being negatively affected. Reports or information can be sent to **NASPGHAN's** policy consultant Camille Bonta at (cbonta@summithealthconsulting.com).

Classifieds

**YOU CAN NOW POST YOUR JOBS AND
LOOK FOR EMPLOYMENT ONLINE**

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

◆ Missouri—

Seeking pediatric gastroenterologist and hepatologist: Saint Louis University is seeking faculty to join a busy academic group. The Division of Pediatric Gastroenterology and Hepatology consists of 7 pediatric gastroenterologists, 2 clinical PNP, GI fellows, dedicated GI clinical nurses, and dedicated procedure staff. The division has busy outpatient and inpatient services based at SSM Health Cardinal Glennon Children's Hospital, a 190-licensed bed, free-standing children's hospital affiliated with the Saint Louis University School of Medicine. The division serves an active liver transplant program, a short bowel and nutritional support team, a multidisciplinary obesity clinic, a specialized pediatric GI motility and neurogastroenterology unit, over 200 IBD patients as part of Improve Care Now, and interacts with the CF center. The Pediatric Gastroenterology and Hepatology Division also has ongoing, NIH-funded clinical and basic science research projects within the division, and a working relationship with the Saint Louis University School of Public Health. Close clinical and research ties are maintained with the Saint Louis University Liver Center. Excellent opportunities for teaching in both didactic and clinical settings are available at the medical student and post-graduate levels. Candidates must be BC/BE in pediatric gastroenterology. There is also interest in an additional specialized hepatologist to join two others in the group. The institution is open to working with many types of foreign visa holders, as well as green card holders and U.S. citizens. Saint Louis University is a Catholic, Jesuit institution dedicated to student learning, research, health care, and service.

Saint Louis University, a Catholic Jesuit institution dedicated to clinical care, scholarship and learning, is an affirmative action, equal opportunity employer, and encourages nominations and applications from women and minorities.

All applications must be made online [here](#).

Applications must include a cover letter and curriculum vita. Other correspondence regarding this position can be sent to Jeffrey Teckman, MD, Professor and Interim Chair, Director, Division of Gastroenterology and Hepatology, Department of Pediatrics, Saint Louis University School of Medicine, 1465 S. Grand Blvd. Saint Louis, MO 63104. Telephone: (314) 577-5647; Fax: (314) 268-2775. E-mail: Jeff.Teckman@health.slu.edu.

◆ Oklahoma—

Requirements:

- ◆ Employed position through Warren Clinic
- ◆ Board Certified/Board Eligible (Must become BC within 7 years of completing training)

Warren Clinic is the largest physician group in the state with over 100-plus locations and over 400-plus physicians throughout eastern Oklahoma. This is an excellent opportunity to join a successful practice with a large referral network from the Saint Francis Health System. Our candidate will be the very mission, vision and values we ourselves live by and have a strong commitment to the health and well-being of all they serve.

(Total catchment: 1.9 – 2 million with pediatrics at 600,000, which includes NW Arkansas and SE Kansas)

Benefits Package:

- ◆ Health and Dental Insurance
- ◆ Life Insurance
- ◆ Accidental Death & Dismemberment Insurance
- ◆ Long Term Disability Insurance
- ◆ 401k Participation
- ◆ Professional Liability Coverage
- ◆ Vacation (25 days plus 7 federally recognized holidays)
- ◆ Relocation Assistance
- ◆ Recruitment Loan
- ◆ CME Allowance of up to \$5,000 annually

Candidate Parameters:

- ◆ New graduates and experienced candidates
- ◆ Osteopathic and allopathic candidates will be considered
- ◆ Pediatric ERCP welcomed, but not required

Partner(s) Overview: 2 physicians and 2 APP's

Population Served:

- ◆ Pediatrics in the Eastern Oklahoma region.
- ◆ Total catchment: 1.9 – 2 million with pediatrics at 600,000 which includes NW Arkansas and SE Kansas

Practice Support:

- ◆ Administrative Staff: Clinic Director / Office Supervisor
- ◆ Advanced Practice Providers: 1 APRN, 1 PA
- ◆ Registered Dietitian: 1
- ◆ Clinical Assistant (or medical assistants): 4
- ◆ Patient Service Representatives: 2

Clinic Details:

- ◆ Location: 6465 South Yale Avenue
- ◆ Number of exam rooms: 12
- ◆ Hours: Mon- Fri 8:00am-5pm
- ◆ Radiology Suite in office

Hospital Privileges: The Children's Hospital at Saint Francis

Pediatric Endoscopy Suite:

- ◆ Currently have two sets of teams for Pediatric Days
 - 1 RN and 1 Scrub Tech per room
 - Dedicated Pediatric Pre-Op nurses and Pediatric Recovery nurses
 - Two designated rooms for Pediatric GI
 - While the physician is in with one team and patient, the next team will bring the next patient into the spare room and get them ready. This model works efficiently for all involved.

◆ Equipment:

- Olympus 190 processors
- (1) 180N scope
- (3) XP190 scope
- (2) H190 scope
- (8) Pedi colon scopes
- Two endo processing technicians in the scope room to ensure high level disinfect the scopes in a timely manner for the indicated procedures

We are working on building a program to begin using Nitrous Oxide with pediatric patients, in lieu of anesthesia, for IV starts, gastrostomy tube changes, and cecostomy tube changes. Also looking into investing in a pediatric ERCP scope.

Schedule: Mon- Fri 8:00am-5:00pm

◆ Call:

- 1:3
- Foreign body call is shared between Ped's GI and Ped's General Surgery.
 - Ped's GI physician will take 1 day/week for Foreign Body Call
- Call rotation is 10 days/ month, per Ped's GI Provider

- ◆ Expected Volume:
 - Endoscopy one day per week
 - Clinic four days per week
 - 16-20 patients per day in clinic
- ◆ Referral Pattern:
 - Internal Pediatricians and other pediatric sub specialties.
 - Private groups, there are only 3 current providers in the Eastern OK area.
- ◆ Teaching Opportunity:
 - Yes – up to physician preference.
 - Pediatric Residents from OU and OSU
- ◆ Highlights:
 - 102 Pediatricians on Staff, does not include specialists
 - 2 fellowship trained radiologists
 - foreign bodies are handled by pediatric surgeons
8-10 days per month they take them to the OR and Endo tech brings a traveling cart
 - High volume expected.
- ◆ Children's Hospital:
 - Basement: Infusion center, Day Hospital- 11 rooms, 2 procedure rooms
 - Can schedule what you would like there, most pediatricians utilize the clinic.
 - Infusion Clinic hours are 9a-9p
 - IBD Infusions Suites for Remicade and Entyvio and Stelara therapy
- ◆ Lobby: Admitting, St. Jude's clinic (8th affiliate in the world – allows our children to have access to their protocols)
- ◆ 1st Floor: PICU 20 beds – ECMO, CVVH, CT Scanner on the Floor (Tesla MRI is installed across the hall)
 - Pre-OP: 4 Ped' Anesthesia, 3 not fellowship trained
 - OP, IP all recover in Pre-Op, unless it's a heart patient
- ◆ 2nd Floor: Respiratory
- ◆ 3rd Floor: Oncology
- ◆ 4th Floor: Empty – for growth
- ◆ 5th Floor: NICU – 58 beds (50 NICU, 8 L&D)
 - one of the 1st ECMO programs in the state, established in 1988, Level 5 NICU
 - Playrooms are on the general floors
 - Radiology is not in house, but they have 27/7 reads

To apply for this job, contact:

Ashtin Fletcher

Phone: 918-488-6021

Fax: 918-494-6098

Email: anfletcher@saintfrancis.com