



President's Column – The 1st 6 months of 2021...

President, NASPGHAN: Benjamin D Gold, MD, FAAP, EACG, NASPGHAN-F

To my Friends and Colleagues of **NASPGHAN**, CPNP and APGNN:

Well, it is with fingers crossed and prayers sent skywards, that I am able to say to you that, although 2021 started off with a bang, literally and figuratively, and, with the pandemic still raging, there is light at the end of the tunnel!! More importantly, on November 3-7, 2021, we will all be together again in Nashville, TN at our Annual Meeting, Postgraduate and Single Topic Symposium on Aerodigestive Disease at the Grand Old Opryland Hotel and Conference center ([see Dr. Jenifer Lightdale, President-Elect column, page 2, for details](#)).

As with my last column, what a year 2020 was for all of us, and . . . it continued into the first 6 months of 2021; a time that I have no question, the historians will speak about and debate on centuries from now. A pandemic with a virus named SARs-COV2, an explosion of world-wide awareness of human, and, in particular, civil rights violations with the nidus being the uncovering of not just the 400-plus years of racism towards people of color, African Americans in particular, but in the first 6 months of 2021, racism and violence towards Asian American and Pacific Islanders, as well as hatred and violence towards the Jewish Community here in the U.S. Yes, my friends and colleagues, 2021 is a year that began when it was only 6 days old, wherein the very essence of U.S. democracy and truth was threatened. The world-wide pandemic has frankly not spared even a single member of **NASPGHAN**, whether COVID-19 infected us individually or close family/division members and our extended family or for that matter all of North America from Canada to Mexico, as well

as our colleagues in pediatric GI around the world. This pandemic has changed every aspect of our lives and the way we live; the way we practice medicine; whether in the hospital or outpatient setting; the manner in which we train/teach our fellows; and yes, how we at **NASPGHAN** function in holding our conferences, including **NASPGHAN** Fellows conferences and our Annual Meeting!

NASPGHAN members continue to contribute to a variety of projects, including patient resources made available on our website and at GIKids.org, multiple articles published in *JPGN* reporting on member-driven surveys, and a series of practical, evidence-based interactive webinars and teleconferences. The ever-popular Virtual Webinar Wednesdays continue to offer a variety of topics for members to contribute to and to learn from, ranging from effective utilization of the EMR to maintaining a presence on social media. **NASPGHAN's** International Committee, led by Dr. Jose Garza, reached out to our brothers and sisters in Latin America, President Reinaldo Pierre and the **NASPGHAN** visit LASPGHAN, first ever, series of educational webinars took place over the month of April 2021 with topics ranging from extra-hepatic biliary atresia (Jorge Bezerra) to eosinophilic esophagitis (Calies Menard-Katcher) and to new developments in understanding and management of reflux disease (Rachel Rosen).

Similarly, despite the impact of the pandemic on the economy, our financial status remains strong. In addition to the success of the 2020 Virtual Annual Meeting, our organization remains economically viable and strong with our industry partners who have continued to step-up with their financial support, and the vigilant oversight of our Secretary-Treasurer, Norberto Rodriguez-Baez ([see Dr Rodriguez-Baez column in this newsletter, page 4](#)).

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Further, social media presence of **NASPGHAN** has never been stronger, from the 'twitter-sphere' to Instagram and the now 1-year-old, increasingly popular Podcast called **Bowel Sounds**, which launched its inaugural episode at the 2019 Annual Meeting in Chicago. In particular, **Bowel Sounds** (led by Jennifer Lee, Peter Lu, Jason Silverman and Temara Hajjat) really stepped up its game this year – now appearing two times monthly, and bringing key issues to our members including those that are relevant to the society as a whole to clinical aspects of pediatric gastroenterology, hepatology, pancreatology and nutrition.

With respect to training our fellows, we owe our gratitude to the enthusiastic leadership of Christine Lee, Danny Mallon and all of the members of the Training Committee who were able to reformat and then execute the first ever virtual 1st year Fellows Conference and a virtual 2nd year Fellows Conference – with ongoing activities dedicated to keeping our fellows of all years connected – to each other, to the organization and to mentors ([see related story, pages 14-15](#)). As with the 2021 Annual Meeting, our hope is that 3rd year Fellows Conference will be held in-person in September 2021. The enthusiastic and talented Fellows Committee, which has been incredible this past year and a half, continue to be involved and contribute to all aspects of our organization. Having interacted with many of the Fellows Committee, including its amazing leadership, Sarah Kemme and Alison (Ally) Ta, throughout this past year, I truly believe that our organization, **NASPGHAN** will be in good hands for many years to come.

On the advocacy and professional development front, our Society continues to tirelessly speak up for our patients and more broadly advocate for the welfare of children. **NASPGHAN** has continued to lobby our representatives and senators about magnet safety, medical nutrition and equity and about pediatric gastrointestinal disease in general. **NASPGHAN's** members dedicated to Advocacy and Public Policy will be involved with the upcoming Virtual Day on the Hill – June 15, 2021, in which all of our members can be involved, even if in a small way.

Relevant to the events of the past year, drawing awareness to race and its role in societal and health disparities, **NASPGHAN** has committed to improving diversity, equity, and inclusion in our profession, Society, and to improving the social context of the marginalized patients we serve. The **NASPGHAN** Professional Development Committee (PDC), led by Gitit Toomer and Rina Sanghavi, continues to keep the issues of gender representation, equality and participation at the forefront, and as mentioned, the PDC, in conjunction with the Diversity Special Interest Group led by Conrad Cole is undertaking a systematic assessment of our Society with respect to gender designation, ethnicity and race. It is critical to know where we are in order to optimally plan and strategize about where we need to be as a Society.

In closing, there are so many wonderful aspects to our Society, so many people who stepped up and made a difference, and so many wide-ranging accomplishments that shine brightly despite all we have been through to remind us that there is much to look forward to and with excitement about the future.

My wife Wanda, my family and I want to extend our warm wishes and love to you all for a safe and fantastic summer. I look forward to seeing you all in-person at our 2021 Annual Meeting in Nashville, TN November 3-7, 2021.

Stay safe, stay healthy and may you and your families be blessed and have a wonderful, fulfilling summer!

Respectfully yours,



Benjamin D Gold, MD, FAAP, FACG, NASPGHAN-F
President, **NASPGHAN**
Children's Center for Digestive Healthcare | Atlanta, GA

President-Elect Report

President-Elect, NASPGHAN: Jennifer Lightdale, MD, MPH



Get ready, y'all!!!! The 49th **NASPGHAN** Annual Meeting and Postgraduate Course will be held November 3-6, 2021, at the Gaylord Opryland Resort & Convention Center in Nashville, Tennessee. After a year like no other, it is truly exciting for me—as your new President-Elect—to write in affirmation that **NASPGHAN IS GETTING TOGETHER IN PERSON** for a COVID-safe, rocking reunion of our pediatric gastroenterology family.

I extend much thanks and appreciation to the Planning Committee, which has worked hard to organize the most intentionally diverse meeting ever—with various sessions devoted to exploring hot topics in hepatology, gastroenterology, pancreatology, nutrition and many other special interest areas. Rest assured that we are actively arranging post event on-demand access for anyone who will be holding down the fort at home. But, bless all your hearts for allowing me to express my unabashed hope that the rest of you will be saving the dates and making plans to join us!

The week promises to be a wonderful celebration of our professional society's return to the "new normal". It will kick into gear with a Single Topic

Symposium dedicated to “Pediatric Aerodigestive Medicine: Advancing Collaborative Care” on Wednesday, November 3. Co-chaired by Drs. Hayat Mousa and José Cocjin, this fully packed, all-day session will provide an all-inclusive tour of both fundamentals and emerging topics in aerodigestive medicine, including economics of multi-disciplinary management, outcomes of diagnostic and therapeutic care, quality metrics and novel technologies. The one-day Postgraduate Course will follow on Thursday, November 4, and will provide comprehensive state-of-the-art discussions of pediatric endoscopy, hepatology, nutrition, intestinal inflammation, motility, and functional gastrointestinal disorders. Organized by the Professional Education Committee (led by Drs. Maria Oliva-Hemker and Toba Weinstein), the course will feature topic experts presenting on groundbreaking advances in the delivery of high-quality, patient-centered pediatric GI care. A wide variety of topics will be geared specifically for useful peer education in our unique subspecialty field, and will include caustic ingestions, complications of pancreatitis, drug induced liver disease, rumination, therapeutic drug monitoring of biologics and small intestinal bacterial overgrowth. Virtual access to the entire Postgraduate Course will be made available to anyone unable to attend, and there will, again, be the opportunity to earn MOC part II credits.

The Annual Meeting proper will begin at 5 PM Thursday, November 4, with a Welcome Reception and a *live* Poster Session that is sure to be abuzz with excitement, as pediatric GI clinicians, academicians, nurse providers, nutritionists, psychologists and trainees reunite, to share and learn from each other’s research and clinical presentations. The Annual Meeting will continue Friday morning with the Plenary Session, where Dr. Sandeep Gupta will showcase the Year in Review Lecture on impactful Basic and Clinical Science publications from the past 12 months. Prize-winning laboratory and clinical science abstracts from various **NASPGHAN** members will also be featured. The Plenary will be headlined by Dr. Gail Hecht, MD, MS, from Loyola University Chicago, who will present this year’s William F Balistreri Lecture on the topic of Enteropathogenic E. Coli. Dr. Hecht is an extraordinary physician-scientist, eminent career advocate for women, and former president of the American Gastroenterological Association (AGA), who in her off-hours is a backup singer for GI Distress, a rock band starring GI scientists. I encourage you all to read the compelling and entertaining online biographical montage that was compiled this time last year about Dr. Hecht – on the occasion of her being awarded the 2020 Julius M. Friedenwald Medal for lifetime achievement by the AGA – and get ready to be wowed!

Over Friday and Saturday, we will run more than 20 concurrent sessions featuring clinically relevant state-of-the art presentations by **NASPGHAN** thought leaders, as well as many authors of the top submitted research abstracts, on a broad range of topics, including endoscopic small bowel evaluation; liver transplantation; intestinal failure; inflammatory bowel disease; exocrine pancreatic conditions; enteritis; gut microbiota, and neurogastroenterology. Two Research Fora will spotlight artificial intelligence as the future of our subspecialty, as well as practical tips from **NASPGHAN** Past-Presidents Drs. Mitch Cohen and Karen Murray on

surviving and succeeding in today’s academic research career environment. The meeting will also hold sessions dedicated to a few guidelines/clinical reports published by **NASPGHAN** in 2020/2021 (*Training standards for pediatric neurogastroenterology and motility; pancreatitis; central venous access*) and video abstracts, as well as technology tips for pediatric GIs. On Friday evening, tissues, Moscow mules and sweet tea will be on hand as we celebrate this year’s **NASPGHAN** awardees, including the 2021 recipients of the Harry Schwachman Award, Murray Davidson Award and the Margaret Stallings Distinguished Service Award.

Throughout the meeting, always in-demand Hands-On Learning will be offered for endoscopy and neurogastroenterology by Drs. Marsha Kay, Anil Darbari and Julie Khlevner; while Drs. Doug Fishman and Catharine Walsh will reprise their useful “Colonoscopy Skills” and “Train-the-Trainer” workshops. The LASPGHAN meeting and reception will be hosted in Spanish by the International Committee (headed by Dr. Jose Garza) on Friday evening, while Saturday will feature the 3rd Annual Leadership Series Workshop on the topic of Wellness and Professional Fulfillment. Running in parallel over Friday and Saturday will be the Annual APGNN meeting for nurses and advanced practitioners, while the CPNP Nutrition Symposium will be designed to ensure first-class pediatric GI dietitian education and networking on Saturday. The meeting will end with the always entertaining and instructive GI Jeopardy for Fellows and Faculty as led by the inimitable Dr. Norberto Rodriguez-Baez, followed by a memorable social event with live music that will ensure we all eat, drink and celebrate everything in Nashville.

Throughout the weekend, various topics of health equity will be introduced, including in IBD, liver transplantation, short bowel syndrome, LGBTQ populations, international adoptees and autism. This emphasis is deliberate and reflects our commitment as a subspecialty community to learning how we can best provide the highest quality care to all of our patients. We will also be celebrating diversity and inclusion by welcoming future pediatric gastroenterologists in the 10th year of the Teaching and Tomorrow Program, cheering our trainees, who have survived fellowship during a global pandemic, and enjoying all the up-and-coming and well-seasoned speakers who will be educating us. In fact, mirroring the emotions felt by everyone who has been involved in putting together this important and joyful program, our opening night will fall on the first night of Diwali - the Hindu Festival of Lights that symbolizes a spiritual “victory of light over darkness, good over evil, and knowledge over ignorance.” It’s hard to imagine a more fitting holiday and a more auspicious start to what is sure to be a great Annual Meeting.

Looking forward to seeing you all and to getting our **NASPGHAN** “honky tonk on” this November!

Jenifer R. Lightdale, MD, MPH
President-elect, **NASPGHAN**



Secretary–Treasurer's Report

Dear Colleagues,

Greetings from your Secretary Treasurer! A few months ago, no one knew exactly what life would look like in 2021. But, we were pretty confident that things were not going to be as bleak as they were in 2020. Even through challenging times, **NASPGHAN** members maintained a strong faith and continued supporting our organization. Now, six months into this year, we're pretty confident that 2021 will be better than 2020 was — way better. Despite the pandemic, **NASPGHAN** continued flourishing and growing while maintaining a strong financial position.

MEMBERSHIP

NASPGHAN's main strength relies on members like you who are committed to making an impact in the field of pediatric gastroenterology, hepatology and nutrition. Our Society keeps growing! The current membership of **NASPGHAN** is about 2,594 which includes 1,937 full members, 85 emeritus members, 450 fellow members, 32 editorial board members, 63 international members, 7 members who are also members of ESPGHAN, and 20 psychology members. There are also 47 Fellow of **NASPGHAN** members, all of whom are existing full members or emeritus members. In addition, there are 268 Council for Pediatric Nutrition Professionals (CPNP) and 418 members in the Association of Pediatric Gastroenterology and Nutrition Nurses (APGNN) who are actively involved in collaborative activities with **NASPGHAN**. Being a member of **NASPGHAN** allows you to be amongst friends, colleagues and peers, who share common interests and goals. It is through your support that **NASPGHAN** is able to organize our Annual Meeting and Postgraduate Course and support programs such as Single Topic Symposia, Maintenance of Certification and Mid-Career Research Award among others.

FINANCES

NASPGHAN finances remain strong. We continue working together with the financial firm Glenmede Trust Co., which has been instrumental in guiding our Society towards maintaining an investment portfolio that allows us to continue growing and positioning ourselves in a solid financial status. After some volatility in the market in early 2020 when the pandemic began, our investment portfolio was able to recover and grow, resulting in great incomes. In addition, we have received strong revenue from *JPGN* and other activities such as our Annual Meeting and Postgraduate Course. The net result of these revenues will allow us to continue funding current and new programs for our membership both in **NASPGHAN** and the **NASPGHAN** Foundation. I thank the Finance Committee for its recent review of our financial status and for their input in solidifying the future of our society and its activities.

I am looking forward to another successful Annual Meeting this coming November in Nashville. I hope to see you there to discuss new initiatives to continue supporting our members and expanding our activities.

Your Secretary Treasurer,

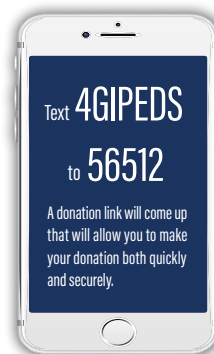
Norberto Rodriguez-Baez, MD
Secretary-Treasurer, **NASPGHAN**
Dallas, TX

NASPGHAN FOUNDATION GRANT DEADLINE JULY 1



The deadline for the submission of 2021 NASPGHAN Foundation grants is July 1, 2021. [Apply now.](#)

Be sure to check out the variety of grants offered on the [NASPGHAN website](#).



SUPPORT YOUR FOUNDATION

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 News

.....Menno Verhave, MD.....
President, NASPGHAN Foundation

Dear Colleagues:

What a difference a year makes! Last spring, our lives were on hold, both personally and professionally. The World Congress was cancelled, and we were just beginning our new Zoom lives. We've missed so much – vacations, family events, and the celebrations of personal and professional milestones. But this spring is one of renewed hope as we are starting to put much of this behind us. Travel and social events are resuming, we are transitioning back to more in-person care, and can finally hope that Zoom will become a choice of convenience rather than a necessity.

NASPGHAN and the Foundation showed ongoing resilience, thanks to the incredible work of our members and the hard work of the **NASPGHAN** staff. We conducted our Annual Meeting virtually, now we are planning and looking forward to resuming our meetings in person in Nashville this November. I know that I cannot wait to see everyone again.

The Foundation Board just completed its third (and I hope last) virtual meeting. I am pleased to report that Foundation finances remain strong, and that we will hopefully have news soon about support to add another grant to our portfolio.

We have been able to maintain strong engagement with corporate partners and sponsors, which has allowed us to develop campaigns and educational material for members.

- ▶ [Nutrition Curriculum for Pediatric Gastroenterology Fellows supported by an educational grant from Nestlé](#)
- ▶ [Nutritional Management of Children with Cholestatic Liver Diseases Webinar supported by an educational grant from Albireo](#)
- ▶ [Liver Disease in ZSD Webinar and Nutrition Considerations in PBD-ZSD Webinar, supported by an educational grant from Travers \(Retrophin\)](#)
- ▶ [N²U supported by an educational grant from Nutricia](#)
- ▶ [Transnasal Endoscopy: Going Where We Have Never Gone Before Webinar - supported by an educational grant from Olympus America](#)
- ▶ [Doc4me update supported by and educational grant from Takeda](#)

- ▶ [The ABCs of EGIDs Webinar Series, supported by an educational grant from Takeda/Shire](#)
- ▶ [Advances in Diagnosis and Treatment of Alagille Syndrome Webinar supported by an educational grant from Mirum, Travers, and Albireo](#)
- ▶ [Advances in Diagnosis and Treatment of Alagille Syndrome Webinar supported by an educational grant from Mirum, Travers, and Albireo](#)

These materials are continually being updated and again thank you to the members of the Public Education Committee and special thanks to the web editors Athos Bousvaros MD and Priya Raj MD.

Parenteral Nutrition Four-Part Webinar Series supported by an education grant from Fresenius Kabi. Two have been completed:

- ▶ [Latest Guidance on Parenteral Nutrition](#)
- ▶ [Updating Neonatal Parenteral Nutrition: Now and the Future](#)

Coming soon — Hepatitis C Campaign including a CME/ MOC Part II slide deck, grand rounds series and patient education materials supported by and educational grant from Gilead Science.

I continue to be in awe of the incredible work we collectively have accomplished during this most difficult and unusual year. I was privileged to participate in the presentation of the committee chairs to the **NASPGHAN** Council this month, and the presentation that stood out for me was by the Fellows Committee. As we approach the 50th anniversary of **NASPGHAN's** founding, the numbers of fellows who are actively engaged, and the work they are doing made it clear that the future of our specialty is in outstanding hands.

As we prepare to meet again this fall, it is my hope we all reconnect and continue to support each other through the work of the Foundation. Wishing you all a happy and fun summer, and see you in Nashville.

Sincerely,



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

NASPGHAN | CPNP | APGNN Annual Meeting

20  21

NASHVILLE
TENNESSEE

November 3-6, 2021

2021 NASPGHAN ANNUAL MEETING UPDATE

REGISTRATION IS NOW OPEN!

In addition to our excellent programming, we have an exciting “only in Nashville” social event to close the Annual Meeting. Make sure to stay until Sunday so you can join us for the fun. Early bird discount available until September 2, 2021.

Can't attend in person? No problem. We have an on demand option this year too that will allow you to view the meeting after the live event. On demand is complimentary with event registration or can be purchased on it's own. The recordings will be posted two weeks after the live event.

[More details available on the event page.](#)

SAVE THE DATES AND GET YOUR COWBOY BOOTS READY!—The **NASPGHAN** Annual Meeting, Postgraduate Course and Single Topic Symposium will be live and in person in Nashville, TN, November 3-6, 2021. We are so excited to be able to gather together safely this year and have so many fun surprises planned in addition to excellent programming. Make sure to stay until Sunday the 7th so you don't miss out on a very special social event.

The full event schedule includes:

—WEDNESDAY, NOVEMBER 3

Single Topic Symposium—Pediatric Aerodigestive Medicine:
Advancing Collaborative Care

—THURSDAY, NOVEMBER 4

Postgraduate Course

—THURSDAY, NOVEMBER 4—SATURDAY, NOVEMBER 6

Annual Meeting NASPGHAN/APGNN/CPNP

2021 NASPGHAN ANNUAL MEETING ADVERTISING PACKAGE

Tell membership about your job openings during the **NASPGHAN** Annual Meeting November 4-6 2021 in Nashville, TN, as well on the **[NASPGHAN electronic Job Board!](#)**

With a specially-priced package, which will be posted soon on the **NASPGHAN** website, you can receive a job posting on **[NASPGHAN's electronic Job Board](#)** and a discount on **NASPGHAN's** 2021 Annual Meeting job board, which will be available on a meeting app that will be used by all attendees at the Annual Meeting.

You can post an ad or get further details about the package by going to the Job Board or by going to **www.naspgghan.org** and clicking on Training and Career Development and Job Board.

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

Please contact Kim Rose, Associate Director, **NASPGHAN**, with any questions. 215-641-9800 or (krose@naspgghan.org).

NASPGHAN | CPNP | APGNN
Annual Meeting

20  21

NASHVILLE
TENNESSEE

November 3-6, 2021



NASPGHAN Learn on Line — Your go to site for continuing education

NASPGHAN's Education Center, [LearnOnLine](#), houses all of NASPGHAN's educational offerings in one location. Many of these are available for CME and MOC Part II credit. These include over 140 offerings:

- ♦ The ABCs of EGIDs
- ♦ The Nutrition Curriculum for Pediatric Gastroenterology Fellows
- ♦ Bowel Sounds podcasts
- ♦ *JPGN* articles
- ♦ Nutrition Pearls
- ♦ On Demand webinars including the following:
 - [Advances in Diagnosis and Treatment of Alagille Syndrome](#)
 - [Changing the Dynamic: How to Enable EHRs to Work for You \(Webinar Wednesday\)](#)
 - [Integrating QI Into Your Practice and Career \(Webinar Wednesday\)](#)
 - [Latest Guidance on Parenteral Nutrition](#)
 - [Liver Disease in ZSD](#)
 - [Nutrition Considerations in PBD-ZSD](#)
 - [Nutritional Management of Children with Cholestatic Liver Diseases](#)
 - [Social Media: How to be a Smart Advocate \(Webinar Wednesday\)](#)
 - [Teaching and Technology: Great or Glitz \(Webinar Wednesday\)](#)
 - [Transnasal Endoscopy: Going Where We Have Never Gone Before](#)
 - [Updating Neonatal Parenteral Nutrition: Now and the Future](#)

Your account on the site allows you to easily track what educational programs you've participated in, reprint CME and MOC Part II Certificates, returns you to the place you left off in an educational module if you need to pause, and is THE place to go for our latest offerings.

If you have any questions about [LearnOnLine](#) please contact Kathleen Regan at (kregan@naspghan.org).



Register Now for Update on Alternative Lipids Webinar

REGISTER NOW for Update on Alternative Lipids, a live CME/MOC Webinar on Wednesday, June 23 at 8 PM ET.

Infants and children requiring prolonged parenteral nutrition may receive an intravenous fat in the form of soybean oil, fish oil, or composite lipid emulsion. Depending on patient characteristics, including age, nutritional status, and comorbidities, certain IV lipid emulsions may be preferable to others. Dosing strategies and IV lipid selection rationale are complicated and require an understanding of components of the lipid emulsion and standards for appropriate use – and complications can occur due to gaps in knowledge, skills, and PN prescribing practices. Many patients on chronic PN warrant close monitoring of their nutritional status and liver health.

Update on Alternative Lipids will examine the different IV lipid emulsions used, describe the rationale for IV lipid emulsion selection, help explain essential fatty acids and deficiencies and offer future direction and application.

SPEAKERS:

Alexandra (Ali) Carey, MD

Center for Nutrition at Boston Children's Hospital—Harvard Medical School

Megan Gray RD, LDN, CNSC

Home Parenteral Nutrition Program—Boston Children's Hospital

MODERATOR:

Debora Duro, MD, MS

Program Director, Pediatric Gastroenterology, Hepatology and Nutrition

Medical Director of "FIRST" - Florida Intestinal Rehabilitation, Support and Treatment Program

HOW TO REGISTER:

If you wish to register for this webinar, [please follow this link](#). Click the Register button, and the webinar will be placed in your cart. Then Log In, using your NASPGHAN username and password. If you do not have a NASPGHAN username and password you will Create a New Account and use those credentials to log in. You will then be placed on the webinar landing page, where CME information, live webinar link and additional components reside. We do not recommend using Internet Explorer. If you have any questions or concerns while registering, please contact Kathleen Regan at kregan@naspghan.org.

Supported by an educational grant from Fresenius Kabi.

CPNP **NASPGHAN**

COUNCIL FOR PEDIATRIC
NUTRITION PROFESSIONALS



*Carmyn Thompson,
CPNP President*

Hello **NASPGHAN** and Happy Spring!

I can hardly believe that we are looking toward summer and not long after that will be the next Annual Meeting! CPNP has been working hard on our symposium and I am excited both with our program and the possibility to have an in-person meeting again. The CPNP symposium includes topics on diversity, wellness and weight management, therapeutic diets, and nutrition advocacy.

New this year, CPNP members have their own track for abstract submissions. CPNP specific submissions are at no cost to the author. For the future, if you work with RD CPNP members who have abstracts, please encourage them to submit, as this is a great way for them to present their work and teach our members.

We are currently accepting applications for our third annual **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, 2021. If you know of any dietitians you work with who may be interested in this great opportunity, please let them know.

Also, in conjunction with the grant application, we are able to continue the Grant Mentorship Program with the help of the **NASPGHAN** Nutrition Committee. This allows RDs new to research to receive feedback and input into their research proposal/grant application.

CPNP has recently updated our social media pages. We now have public [Facebook](#) and [Instagram](#) pages, so please stop by and give us a like and a follow!

I look forward to seeing you all again soon.

Sincerely,

Carmyn Thompson, RD, LDN
President, CPNP, Council for Pediatric Nutrition Professionals



*Teresa Carroll, APRN
APGNN President*



Greetings APGNN and **NASPGHAN** members!

Happy Spring and Summer **NASPGHAN** members!

The Pediatric GI nursing world has been very busy! We are very excited to go back to our traditional in-person APGNN Annual Meeting with **NASPGHAN** and CPNP in Nashville, TN. Zoom meetings got the job done, but we are all ready to meet in person!

APGNN is now two years into development of our Assessment-based Certificate Program (ACAP). First of its kind, this program will provide evidence-based education on fundamental topics in pediatric gastroenterology, with an emphasis on nursing implications and a global introduction to the field. Completion of the program will award the participant a "Certificate in Pediatric Gastroenterology, Hepatology, and Nutrition Nursing" Thank you to all our **NASPGHAN** physician colleagues who have helped with the process, CCQ Committee for getting this project from concept to paper, and to Executive Director Margaret Stallings for help with funding strategies.

Our members have also been busy with publishing articles and recording Podcasts. Our APGNN discussion board has also been more active than ever with sharing of ideas and topics to generate new research!

Membership matters. I call out to all our physician colleagues to encourage your nurses to join! Support the GI education of your nurses and take advantage of our bulk membership discount "buy 3 get 1 free."

Benefits of APGNN membership include mentorship, conference scholarships, recognition through awards (Excellence in Education, Excellence in Mentoring, Sue Peck Excellence in Clinical Practice, Posters of Distinction, and Susan Moyer from **NASPGHAN** Foundation), access to Telephone Triage protocols, membership directory for networking, dual membership discounts with SPN and NAPNAP, discount for *JPGN*, discount for Annual Meeting, leadership development, and opportunities for committee involvement with **NASPGHAN**.

Warm regards,

Teresa Carroll, APRN
President APGNN

Committee and Special Interest Group Reports

RESEARCH COMMITTEE

Chair: Bruno Chumpitazi, MD, MPH

Vice-Chair: Kathleen Loomes, MD

The **NASPGHAN** Research Committee has continued to actively support **NASPGHAN's** research efforts. For the 2020 **NASPGHAN** Annual Meeting, the Research Committee reviewed 434 abstracts. For the first time in 2020, abstract review assignments were made using an artificial intelligence algorithm led by Drs. Sana Syed, Andrew Wehrman, Jennifer Dotson and Maire Conrad. In 2020, we also reviewed 34 grant applications for several **NASPGHAN** Foundation grant funding opportunities. The grant applications were discussed during a one-day virtual study section meeting co-chaired by Drs. Kathy Loomes, Jennifer Woo-Baidal and Sonia Michail in August 2020. Although we were disappointed not to meet in person, the first ever virtual study section meeting went extremely well! We're quite excited about the growing research **NASPGHAN** members are involved in and welcome everyone to apply for **NASPGHAN** Foundation grant awards in 2021.

COVID-19 was a focus of the Research Committee in 2020. We hosted two virtual fora: "COVID-19: Clinical, Global, and Clinical Research Relevance to Pediatric Gastroenterologists" and "COVID-19: Basic and Translational Research Relevance to Pediatric Gastroenterologists." Drs. Nadia Ameen and Sana Syed organized and moderated the sessions in conjunction with Drs. Loomes and Chumpitazi. Many thanks to **NASPGHAN** and the **NASPGHAN** Foundation for their support. We look forward to hearing feedback on the programs and suggestions for future virtual fora.

In addition to the grant application and abstract review responsibilities, the Research Committee is supporting **NASPGHAN's** research efforts by:

- ▶ Updating the research resources available on the **NASPGHAN** website led by Dr. Sana Syed
- ▶ Continuing to standardize and improve the research mentor mentee program under the current/recent leadership of Drs. Marie Conrad and Calies Menard-Katcher
- ▶ Continuing to plan research career related sessions at the Annual Meeting
- ▶ Working with other groups within **NASPGHAN** such as CPNP and APGNN to encourage research grant ideas and submissions
- ▶ Seeking to expand **NASPGHAN's** research presence via social media under Dr. Miranda van Tilburg



Research, Career Mentorship Program for Fellows Offered Again in 2021

The Research Committee and **NASPGHAN** will again offer a research and career mentorship program in 2021.

The target audience for this program will be pediatric gastroenterology fellows entering their 3rd year of fellowship as of July 2022.

Fellows will be paired with successful research mentors outside of their institution for a period of two years (3rd year of fellowship and first year of faculty appointment). Participants can expect guidance and unbiased feedback in their area of research and career planning from a senior mentor outside of their home institution.

This will involve a monthly long-distance interaction and an annual face-to-face meeting at the National **NASPGHAN** Meeting.

The mentee's will need formal approval from their fellowship program directors and only a select number of mentor-mentee pairs will be inducted into this program. The deadline for receipt of completed applications is July 15, 2021.

Submit completed applications to (rbailey@naspghan.org).

IBD COMMITTEE

Chair: Edwin de Zoeten, MD,,PhD

Vice-Chair: Jeremy Adler, MD

Regards from the IBD Committee! As we gradually work our way out of the pandemic, I want to begin by thanking the committee for their hard work and flexibility. Our Committee has had a productive two years since our last report. The Committee has been working on a number of projects and on developing new ideas.

Some of the projects that were completed include:

- ▶ Position paper by Dr. Judith Kelsen et al. on The Evaluation and Management of Very Early Onset Inflammatory Bowel Disease.
- ▶ A position paper by Dr. Alka Goyal on Anemia in Children with IBD
- ▶ Update of many of the pages of the [GIKids website](#). Check it out. They are great and there are more to come!
- ▶ A white paper on COVID-19 in pediatric patients with IBD posted on GIKids and the **NASPGHAN** website

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

- ▶ An educational power point presentation with an introduction to medications in IBD for new pediatric GI nurses.
- ▶ Work with the Advocacy Committee on insurance authorization issues including non-medical switching to infliximab biosimilars and further supports for our patients with IBD

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

- ▶ Collaborative work with the Crohn's & Colitis Foundation's Pediatric Affairs committee in producing videos and educational material for children and their families.
- ▶ Work with the FDA, pharmaceutical companies and providers to improve clinical trials and approval process for new medications in IBD.

We look forward to a very productive year including new position papers, revisions of old position papers and more. We plan to continue to maintain open and honest discussion with insurers and the FDA to help represent our providers and our patients and change policies for the better. We look forward to seeing all of you in the fall in Nashville!

If anyone has concerns or concepts that they would like the IBD committee to address, please feel free to contact me: (edwin.dezoeten@childrenscolorado.org)

NEUROGASTROENTEROLOGY AND MOTILITY COMMITTEE

Chair: Anil Darbari, MD, MBA

Vice Chair: Julie Khlevner, MD

This year, the Neurogastroenterology and Motility (NGM) Committee started under the new leadership of Anil Darbari, MD, MBA as Chair and Julie Khlevner, MD as Vice-Chair. The group has been very active in its goal of promoting the field of NGM with a focus on education, research and clinical care. We have agreed on a slogan of AIMING (Advance In Motility and NeuroGastroenterology) Forward and a theme song of “We like to move it, move it . . .”

The committee has been meeting on a weekly to bi-weekly basis to ensure progress of the various projects it has undertaken. In order to ensure progress of the projects as well as committee membership participation, and to recognize their contributions to the committee, the membership has been divided into project teams and team leaders. The committee is working on the following projects:

- ▶ **NGM Centers in North America.** Since the field of NGM is advancing rapidly, the number of centers in North America where these specialized services are offered has grown notably. The team, led by Shaista Safder and Dhiren Patel, and including team members Khalil El-Chammas, Prasanna Kapavarpu, Shikib Mostamand, Justin Wheeler, Julie Khlevner and Anil Darbari, designed a survey that was sent to the **NASPGHAN** membership with the goals of understanding the current landscape, to provide a map of the centers that offer these services and to describe the scope of diagnostic and therapeutic services offered at these pediatric NGM centers in the continent. Results of the survey are intended for publication in *JPGN* as well as presentations at the **NASPGHAN** Annual Meeting and on the **NASPGHAN** website.
- ▶ **Guide to establishing a pediatric NGM program.** The team, led by Dhiren Patel, included Vibha Sood, Lusine Ambartsumyan, Justin Wheeler, Ajay Kaul, Julie Khlevner, Anil Darbari and Leo Rodriguez. With the goals of describing experiential guidelines for personnel, equipment and physical space requirements, and logistical and business plans in developing a pediatric NGM program, the team worked on developing this document as a blueprint to aid upcoming neurogastroenterologists, as well as divisional/departmental leaders, in development of these programs at various institutions in the continent, intended for publication in the *JPGN*.
- ▶ **Webinar and Educational offerings.** Led by Khalil El-Chammas, this team includes Laurence Feinstein, Amy Drayton, Julie Khlevner and Anil Darbari. The team's focus is on promoting education in the field of NGM. The team is in the process of developing a series of webinars,

small-group discussions and podcasts intended to promote education of pediatric gastroenterologists, fellowship trainees as well as general pediatricians in North America under the auspices of **NASPGHAN**.

- ▶ **Functional Abdominal Pain Disorders.** This team, led by Ashish Chogle, includes Julie Khlevner, Kristin Fiorino, Dhiren Patel, Rachel Borlack, Walaa Elfar, Laurence Feinstein, Anil Darbari and Miguel Saps. Since the initial **NASPGHAN** position paper published in 2008, there has been a research surge in FAPDs, including gastrointestinal, central and extrinsic factors, and the importance of early life events. The management of FAPDs has evolved, with focus on multi-disciplinary approaches and multi-targeted interventions, diets, probiotics and electrical nerve stimulation. This project has been submitted to the CCQ Committee for consideration as **NASPGHAN** position paper.
- ▶ **Promoting Nutritional Guidelines for NGM Disorders.** This team, led by Khalil El-Chammas, includes Kristen Jones, RD, Muhammad Shaukat, Erik Toro (Mexico), Anita Siculo, Julie Khlevner and Anil Darbari. The goal of this team is to develop a **NASPGHAN** position paper on providing clinical guidelines for nutritional therapies for various NGM disorders and disorders of brain-gut interaction including functional GI disorders.
- ▶ **Management of Hirschsprung Disease patients after surgery.** Lusine Ambartsumyan leads this team, which includes Dhiren Patel, Prasanna Kapavarpu, Ricardo Medina, Khalil El-Chammas, Julie Khlevner, Marc Levitt (Surgery) and Anil Darbari. Patients with Hirschsprung Disease experience long-term problems after pull-through surgery, with significant variation in care of these children. The team has submitted a proposal to the CCQ Committee for a **NASPGHAN** position paper to provide multi-disciplinary management guidelines for these complex conditions.
- ▶ **Management of Constipation and Refractory Constipation.** The team is jointly led by Mary Boruta and Alex Kilgore and includes several committee members. The group has gone through multiple group discussions and intends to apply to the CCQ Committee with two separate **NASPGHAN** position papers. The intent of a position paper on management of functional constipation would be to serve as a guide to pediatric gastroenterologists and pediatricians alike in day-to-day management of functional constipation. The focus would be to provide updates since the 2014 initial **NASPGHAN** guidelines, as well as focus on diagnostic criteria and various multi-disciplinary management strategies including nutrition, pelvic floor and behavioral therapies. The second position paper is intended to focus on refractory constipation in children who have failed an adequate management of functional constipation. This group of children require advance manometric evaluation and management in multi-disciplinary partnership, including colorectal surgery. Both groups include invited participants from nutrition, physical therapy, behavioral sciences and pediatric colorectal surgery, in addition to the NGM committee members.
- ▶ **Neurogenic Bowel Disorders.** This team led by Anita Siculo includes Shaista Safder, Mary Boruta, Ashish Chogle, Prasanna Kapavarpu, Lusine Ambartsumyan, Muhammadd Usman Shaukat, Anil Darbari and Samuel Nurko. The group is preparing an application to be submitted to the CCQ Committee on providing guidelines towards management of neurogenic bowel disorders.
- ▶ **Aerodigestive SIG:** The aerodigestive special interest group led by Jose Cocjin and Hayat Mousa along with **NASPGHAN** President Ben Gold, are leading this year's single topic symposium on Pediatric Aerodigestive

Medicine: Advancing Collaborative Care on Wednesday, November 3, 2021 during the **NASPGHAN** Annual Meeting in Nashville, TN. The program provides detailed collaborative care model, including several multi-disciplinary management guidelines and advances in the field.

NUTRITION COMMITTEE

Chair: Timothy Sentongo, MD

The Nutrition Committee remains very active with 32 very engaged members, including close collaboration with the Intestinal Failure Special Interest Group (SIG) and Council for Pediatric Nutrition Professionals (CPNP). We communicate frequently by email and meet at least quarterly by Zoom.

This year through support of the **NASPGHAN** Foundation and an educational grant from Fresenius Kabi, we've had the opportunity of hosting four multidisciplinary webinars aimed at providing the latest updates on use, application, intravenous lipid emulsions and safe administration of parenteral nutrition (PN) therapy in infants, children and adolescents. The first and second webinars were held earlier this year in January and April, respectively and were titled: Latest Guidance on Parenteral Nutrition, presented by Mark Corkins, MD, and Anna Tuttle, RD, and Updating neonatal parenteral nutrition: now and the future, presented by Justine Turner, MD, PhD and Megan Arppe-Robertson, RD. Video recordings of these past two webinars are available at no additional cost to every **NASPGHAN** member who missed the live events (see related story, page 7). The webinars, together with several other educational resources, can be accessed on the **NASPGHAN** website in the [Continuing Education Resources](#) link found under the Professional Resources tab. Please make sure to register and participate in the upcoming webinars:

- ▶ 6/23/2021: [Update on Alternative Lipids](#) by *Alexandra Carey, MD/ Megan Gray, RD*
- ▶ 8/17/2021: Catheter Complications Associated with PN Delivery by *Danielle Wendel, MD/ Victoria Kuiper, RN*



Nutrition University Marks 10th Anniversary with May Virtual Event

Chair: Timothy Sentongo, MD

This past May marked the 10th anniversary of NASPGHAN Nutrition University (N₂U).

It was held as a virtual event, and to overcome "Zoom fatigue," the activities were conducted over three days and limited to 3.5 hours each day. The participants remained actively engaged during the small group discussions, which is the heart of N₂U. They also had persistently smiling faces in the pre- and post-event Zoom gallery pictures, thus confirming that none was fatigued by the end of the event.

A big acknowledgment goes to the N₂U 2021 faculty, CME and applicant reviewers. A special thank you goes to Margaret Stallings, Laura Smith and the other supportive staff at our **NASPGHAN** office for all the unseen preparatory work that includes, but is not limited to organizing the event, coordinating N₂U faculty and participants across North America, collecting and distributing course materials, and communicating with the sponsors. Also, two thumbs up to Kenny Reff of Limelight Communications for once again creatively enhancing the virtual learning atmosphere. Finally, thanks to the **NASPGHAN** Foundation and Nutricia North America for the unwavering support of N₂U, now 10 years in a row!

Welcome New 2021 NASPGHAN Members

Alan Baldrige

Ahmed Dafshan

Ilana K. Moss

Ailim Carias

Muralidhar Jatla

Dedrick Moulton

Bharani Challa

Anshu Maheshwari

Julie Snyder Christiana

Camila Chevis

Ashley Kroon Van Diest



JASON SILVERMAN MD, MSC, FRCPC / CHAIR, TECHNOLOGY COMMITTEE

Bowel Sounds has had a busy start to 2021! The podcast has already released its first 11 episodes of season 2.

There have been episodes covering diversity and inclusion, including episodes on women in medicine with Dr. Rina Sanghavi and health disparities in organ transplantation with Dr. Udem Ekong. Another covered topic is IBD, including transitioning patients with IBD with Dr. Jeannie Huang, medical therapies with Dr. Jeffrey Hyams and treatment of IBD not involving medicines with Dr. Sandra Kim. The podcasts also covered becoming a transplant hepatologist with Dr. Evelyn Hsu, functional abdominal pain with Dr. Miguel Saps, advice from a journal editor

with Dr. Mel Heyman and even how social media activity can be used for academic promotion with Dr. Carlo Dileo in a special live episode of the podcast. You can read more about any of these episodes and [listen here](#), or in your favorite podcast player of choice.

Temara Hajjat has joined Jennifer Lee, Peter Lu and Jason Silverman as co-host of the podcast. You'll be hearing more of her throughout this year. In fact, you will be hearing more from Bowel Sounds overall, as starting April 26, the podcast has moved to publishing new episodes every other Monday! Stay tuned for lots more great content to come, including episodes on pancreatitis with Dr. Aliye Uc and on global health with Dr. Christopher Duggan during the month of June.

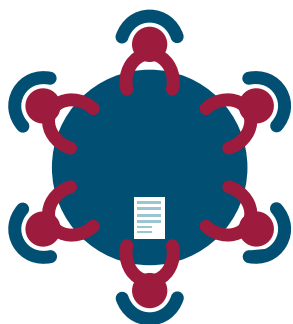
Be sure to subscribe to the podcast to make sure you don't miss new episodes as they are released. As always, we would welcome any feedback or suggestions for topics or guests by sending us a message on social media or at (bowelsounds@naspghan.org).

TWO-DAY JULY WORKSHOP ON EOSINOPHILIC GI DISORDERS, CELIAC DISEASE

Registration is now open for the virtual workshop, "Gastroenterology Regulatory of Endpoints and the Advancement of Therapeutics (GREAT) VI Workshop: Eosinophilic Gastrointestinal Disorders and Celiac Disease," which will be held July 21 and 22. You can access the registration for [EGID, July 21](#), and for [Celiac Disease, July 22](#).

The two-day workshop is co-sponsored by **NASPGHAN** and the Food and Drug Administration (FDA) Center for Drug Evaluation and Research (CDER); the American Academy of Allergy, Asthma & Immunology (AAAAI); the American College of Gastroenterology (ACG); the American Gastroenterological Association (AGA), and the Consortium of Eosinophilic Gastrointestinal Disease Researchers (CEGIR).

The specific topics for this workshop include eosinophilic gastrointestinal disorders (EGID) and celiac disease. The workshop will facilitate the ongoing dialogue among stakeholders on scientific and regulatory issues related to drug development programs for EGID and celiac disease. The workshop will discuss the natural history of EGID, trial design and eligibility criteria for clinical trial participation and endpoints to assess treatment benefit in patients with the EGID to help in drug development. The workshop on celiac disease will discuss the regulatory framework for pediatric drug development in celiac disease, endpoints to assess treatment benefit in pediatric patients with celiac disease, and the role of gluten challenge in clinical trials.



**See the latest on
NASPGHAN Meetings
and
Meetings of Interest**

2021 AASLD-NASPGHAN JOINT PEDIATRIC SYMPOSIUM

A joint AASLD/NASPGHAN Pediatric Symposium about autoimmune liver disease in the pediatric population will be held during the The Liver Meeting November 12-15 in Anaheim, CA. An exact day and time for the joint symposium will be announced.

NASPGHAN members Drs. Mercedes Martinez and Amber Hildreth are chairing the joint program.

NASPGHAN 2021 Fellows Conferences

Chair: Christine Lee, MD

Vice-Chair: Daniel Mallon, MD



As the COVID-19 pandemic continued its grip on activities around the world, the **NASPGHAN** Fellows Conference pushed along with a virtual format. After holding both the 2nd and 3rd year fellows conferences virtually in the fall, the **NASPGHAN**/Abbott 1st year GI fellows conference was held virtually from January 14-15, 2021. Though nothing will replace sunny days in Florida, thanks to the hard work and planning of co-course directors Sandy Kim and Brian McFerron, the conference was a fun opportunity for 120-plus fellows and 18 faculty members to gather for 2 days.

Day one of the conference provided 1st year fellows from across North America with an introduction to **NASPGHAN** from our president-elect Jenifer Lightdale, ideas on how to promote resilience and wellness with Sandy Kim, Norberto Rodriguez-Baez's classic quiz show "Make Friends, NOT enemies" and small group meetings so that the fellows could begin to meet each other. The fellows also participated in lively panel discussion with faculty sharing their thought processes in choosing their GI paths and optional one-on-one meeting with faculty for career guidance.

Day two began with Jen Colombo and Arvind Srinath sharing details of their career trajectories in "Learn from our mistakes—Ways you can optimize your fellowship years" followed by a presentation on tips to maximize mentor/mentee relationships with Christine Lee. After a faculty panel and small group discussions on choosing mentors/ research projects, fellows and faculty were so fortunate to hear Conrad Cole's powerful talk on "Equity, diversity and advocacy in Medicine—How do we change?" A fun moment was brought about by Bob Dahms of Abbott Nutrition who held a "mocktail" contest of innovative recipes, photos and videos featuring Abbott nutritional supplements! The ultimate finale was hosted by the Zumba Maestros Norberto Rodriguez-Baez and Ben Gold! A special thanks goes to Bob Dahms and Abbott Nutrition and the 2021 faculty without whom this meeting could not have happened: Sandy Kim, Brian McFerron, Christine Lee, Ben Gold, Jenifer Lightdale, Norberto Rodriguez-Baez, John Pohl, Conrad Cole, Bruno Chumpitazi, Jen Colombo, Deborah Neigut, Jason Silverman, Arvind Srinath, Sofia Verstraete, Ericka Montijo-Barrios, Desalegn Yacob, Elizabeth Milet and Karyn Wulff.



In April, the virtual fellows conference tour came full circle with the **NASPGHAN**/ Abbott 2nd year GI fellows conference. Last year, the 2nd year fellows conference was the first conference to be held virtually after the April 2020 conference in Scottsdale, Arizona was cancelled at the last minute due to the COVID-19 shutdown. With the feedback and lessons-learned from other virtual fellows conferences, the 2nd year fellows conference was refreshed for the virtual format this year. With the continued generous support of Abbott Nutrition, **NASPGHAN** leadership and co-course directors Stacy Kahn and Jose Garza, the conference hosted 120-plus fellows and 19 faculty in interactive discussions in more faculty panel discussions and smaller Zoom breakout groups. The conference kicked off with Conrad Cole's compelling talk on "Diversity in pediatrics: How do we change?" The focus then shifted to faculty panel discussion and small groups of the timely issue, "Jobs and interviews in the time of COVID" led with brief introductions by Maria Mascarenhas and Norberto Rodriguez-Baez. Our **NASPGHAN** president, Ben Gold then presented "What can **NASPGHAN** do for you as a 2nd year fellow and junior faculty" and introduced a new *JPGN* program for 3rd and 4th year fellows to become a journal reviewer in partnership with an identified mentor. The diverse and energetic **NASPGHAN** faculty represented an array of career paths including academic clinicians and researchers, clinical private practice and everything in between. In addition, the faculty were open and available to provide insight into careers in IBD, motility, hepatology, nutrition, medical education, endoscopy, technology and more, as well as careers in research and clinical practice. Day one ended with optional fellows-only social hour in a Wonder.me virtual room and one-on-one meetings with faculty.

On day two, the realities of these career paths were shared by Rachel Rosen, Glenn Furuta, Valeria Cohran and Jose Garza in a panel called, "A day in the life . . .". Fellows then chose amongst the following topics for small group discussions, "advanced 4th year training, visa/family considerations, building a research career, general vs. special niche practice and how to develop a leadership role. A faculty panel of Danny Mallon, Rima Fawaz and Christine Lee discussed the unexpected turns in a career before the conference was closed out with fun trivia courtesy of Doug Fishman and another fun Abbott mocktail contest. A special thanks goes to Bob Dahms and Abbott Nutrition and the 2021 faculty: Jose Garza, Stacy Kahn, Conrad Cole, Ben Gold, Christine Lee, Valeria Cohran, Maria Mascarenhas, Norberto Rodriguez-Baez, Rachel Rosen, Rima Fawaz, Doug Fishman, Rina Sanghavi, Danny Mallon, Jason Silverman, Glenn Furuta, Catharine Walsh, Peter Lu, Rosalyn Diaz and Rula Harb.

Most importantly, after a memorable year of virtual fellows conferences, we would like to send our deepest gratitude to **NASPGHAN**'s Margaret Stallings, Laura Smith and Kenny Reff for their unwavering support and expertise. The fellows conferences could not have happened without your ingenuity and planning! With the increase in COVID vaccinations across North America, we remain hopeful that the next set of **NASPGHAN** fellows conferences will be able to return to in-person events.



JPGN

News from the Editor

Sandeep K. Gupta MD
Western Hemisphere, JPGN

Your new Editorial Team has been in for six months – time does fly! We wish to use this opportunity for several things.

JPGN Submissions:

The submissions continue to increase in numbers and scientific content. In the first four months of 2021, we have had over 450 submissions and at this rate are poised to significantly exceed our pre-COVID numbers. Please continue to submit your original research to *JPGN* as original articles or short communications. Our Managing Editors, Marianna Hagan and Phyllis Barr, provide expert attention to your submissions. The Editorial team meets, along with a biostatistician, each week to review manuscripts prior to returning to authors for comprehensive revisions; our aim is to limit the number of re-revisions. We also work closely with our sister journal *JPGN Reports* in transferring of manuscripts more suited to *JPGN Reports*. To submit your work to *JPGN*, please [visit us here](#).

CME and MOC Opportunities in JPGN:

We continue to offer our readers CME/MOC Part II credit to certain articles, and to our reviewers for reviewing manuscripts; I handed over this effort Dr. Tanaz Danialifar in January 2021 and we continue to liaise with **NASPGHAN** Professional Education Committee members to provide this service. The number of CME and MOC credits continue to grow year-on-year; in 2020 over 1,100 individuals earned CME/MOC through *JPGN* as reviewers and readers. We are grateful to the authors for submitting CME/MOC questions with their submissions and to Executive Director Margaret Stalling, Kathleen Regan and the **NASPGHAN** team with the compliance documentation. We look forward to growing the CME/MOC opportunities and request you to submit CME/MOC questions with your manuscript submissions. Contact Dr. Danialifar at (tdanialifar@chla.usc.edu) with any questions.

Enhancing the Educational Value of Image and Video of the Month:

While the Image/Video of the Month are online only, we are adding self-test questions to these submissions. This will advance our efforts in post-publication education initiatives. The questions will help self-assess knowledge and will initially be written by members of the **NASPGHAN** Endoscopy Committee. We are grateful to our publishing editor at Wolters-Kluwer – Ali Manieri – for allowing free access to the images/videos so that even *JPGN* non-subscribers can access the image/video and the questions. I would like to take this opportunity to introduce members of our editorial team who are helping with this initiative – and more details will be forthcoming from Dr. Diana Lerner.



Diana Lerner, MD is Associate Professor of Pediatrics at Medical College of Wisconsin and our Section Editor for Image of the Month. She is leading this initiative and collaborating with the **NASPGHAN** Endoscopy Committee members to generate self-test questions for the Image of the Month. Among the many things she likes about *JPGN* are the infographics! Her other interests are hiking and producing educational cartoons.



Tanaz Danialifar, MD is Assistant Professor of Pediatrics at University of Southern California. She is the Section Editor for Continuing Medical Education for *JPGN* and collaborates with members of the **NASPGHAN** Professional Education Committee for CME material. She has an interest in functional and motility disorders and medical education. She likes the wide range of clinical topics covered in *JPGN* and her goal is to improve ease of access to CME materials provided by *JPGN*.



Jason Silverman, MD is Assistant Professor of Pediatrics at University of Alberta. He serves as the Section Editor for Social Media and ensures we have a viable presence in various social media outlets. He engages members of the Technology Committee with our posts and also co-hosts the Bowel Sounds podcast. He values the role *JPGN* plays in publishing high-quality research across diverse areas of clinical and academic interest within pediatric gastroenterology. Outside of work he keeps busy chasing after his two young boys, running and cycling.



Jeannie Huang, MD is Professor of Pediatrics at University of California, San Diego and an Associate Editor for *JPGN*. She has long valued *JPGN* as an impactful clinical care and clinical research resource in pediatric gastroenterology. She is Medical Director of the IBD Center at Rady Children's Hospital and has been a strong advocate for improving health literacy among youth with chronic disease and supporting them through the process of transition.

JPGN Reviewers:

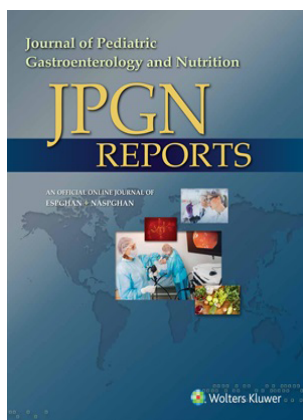
JPGN needs new reviewers, especially with the increasing numbers of submissions. If you have not signed up to be a reviewer, please do so by emailing Marianna Hagan (Marianna.Hagan@wolterskluwer.com) and requesting to be added as a reviewer. Please feel free to contact me to learn more about being a reviewer for *JPGN* and what a review entails.

If you are already in our database, and especially if you have not heard from us and would like to assist in peer review, please update your information in our database to make sure we are aware of your areas of interest and to make sure we have your correct contact information under "Update My Information".

Please contact Dr James Squires at (james.squires2@chp.edu) if you are interested to be a 'Fellow Reviewer'

The Editorial Team of *JPGN* thanks you for your support of our journal! Please reach out if we can be of any assistance

Sandeep K. Gupta MD
Editor-in-Chief
JPGN, Western Hemisphere
(sgupta@iu.e)



JPGN REPORTS

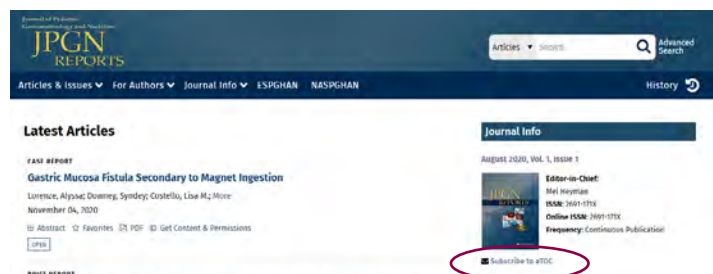
News from the Editor

Mel Heyman, MD
Western Hemisphere, *JPGN Reports*

JPGN Reports, the new Society (**NASPGHAN** and ESPGHAN) journal, continues to progress! Since initiating the journal in June 2020 (one year ago), we have already had over 300 submissions, with an acceptance rate averaging over 50%. Over 100 articles have been accepted for publication to date, and in the next few months we anticipate submitting our application for PubMed Central recognition. This is the first step towards developing an impact factor for our journal. The editors of *JPGN Reports* are striving to assure that the journal will meet all criteria to meet PubMed Central recognition. The application will be reviewed within the National Library of Medicine. Once accepted into PubMed Central, articles will be searchable (going back up to three years, so if we are successful this summer, all articles published in the journal will be searchable). Subsequently, an application is made to PubMed. *JPGN Reports* will not have an impact factor likely for the next 2-3 years, since the impact factor is based on citations in the past two years.

As many of you already know, every three months articles are arranged into a Compendium. [Our third Compendium \(May, 2021\) can be viewed here.](#)

JPGN Reports is an open access journal, so all articles are accessible online as they are published. You can subscribe to alerts and also subscribe to the electronic table of contents by signing up at the *JPGN Reports* website and selecting Subscribe to eTOC as shown here.



Instructions for authors are on the [website here](#) and [here](#).

As noted in the Instructions for Authors, society members (most of you, the readers of this newsletter) have a significantly discounted rate, thanks to **NASPGHAN** and ESPGHAN underwriting and supporting *JPGN Reports*. The costs for accepted types of publications are summarized below:

- ▶ Full Length Article
(e.g., *Original Articles, Reviews, Meeting Proceedings*)
NASPGHAN and ESPGHAN members** \$300
Non-Members \$1,600
- ▶ Brief Reports
(e.g., *Short Communications, Commentaries*)
NASPGHAN and ESPGHAN members** \$200
Non-Members \$1,000
- ▶ Case Reports, Images, Videos, Letters
NASPGHAN and ESPGHAN members** \$100
Non-Members \$500

**At least one of the authors has active society membership

Are You Following *JPGN Reports* On Social Media?

Follow our channels and stay updated with *JPGN Reports*. We are on [Twitter](#) and [Facebook](#).

Interested in Reviewing Submissions to *JPGN Reports*?

For those interested in being a reviewer of submissions to *JPGN Reports*, please send an email to Marianna Hagan, *JPGN Reports* Managing Editor, at (marianna.hagan@wolterskluwer.com). As with *JPGN*, CME credit is available for reviewers of submissions to *JPGN Reports*. Please make sure your information is up to date using the *JPGN* websites "[Update My Information](#)" tab as the reviewers are selected from the same database.

CME/MOC Credits for *JPGN Reports* Articles

Selected articles published in *JPGN Reports* will also provide opportunities for readers to obtain CME and MOC credit through **NASPGHAN**. Access to the forthcoming CME/MOC articles for readers will be found on the [website here](#), where a new link for CME/MOC articles in *JPGN Reports* will become available soon.

Please feel free to contact Marianna (marianna.hagan@wolterskluwer.com) or me (mel.heyman@ucsf.edu) if you have any further questions or suggestions.

We look forward to your contributions!

Mel Heyman, MD
Editor-in-Chief, *JPGN Reports*
Western Hemisphere
(Mel.Heyman@ucsf.edu)



American Academy of Pediatrics Corner

The AAP Section on Gastroenterology, Hepatology and Nutrition (SOGHN) is pleased to launch a new GI Speakers Program that will connect pediatric gastroenterologists directly with their local AAP chapters. This program is supported by Abbott Nutrition, a division of Abbott Laboratories, Inc. The goals of this new program are to (1) strengthen the partnership between primary care providers and pediatric gastroenterologists, (2) highlight the expertise of pediatric gastroenterologists around the country, (3) introduce pediatric gastroenterologists to the fantastic work in their state AAP chapters, and (4) ultimately increase the involvement of pediatric gastroenterologists at all levels of the AAP.

AAP chapters advocate for kids at the local level while providing education, QI initiatives, grant opportunities, mentorship, and career and leadership development. There are 59 AAP chapters in the United States and 7 chapters in Canada. The following 7 chapters have been awarded competitive grants for the 2021 GI Speakers Program:

- ◆ Colorado
- ◆ Florida
- ◆ Georgia
- ◆ Maine
- ◆ Massachusetts
- ◆ New Mexico
- ◆ Ohio

SOGHN leadership is helping identify local pediatric gastroenterologists who are interested in speaking at each AAP chapter's virtual or in-person educational conference. The topics will include managing common GI problems, GI "pearls" and evidence-based pathways, and frameworks/algorithms for when to consult with a gastroenterologist.

My sincere thanks to Sanjiv (Sonny) Harpavat, Angela Sandell, and Thomas Sferra who have served as architects of this new program and are working with AAP Chapters to ensure top-notch educational programs.

The SOGHN welcomes new members, and we recognize that with each new member we grow stronger. We strive to find meaningful engagement opportunities for all and currently have opportunities to serve on the following committees: 1) Trainees and Early Career Gastroenterologists; 2) Clinical Education Programming; 3) Patient/Family Education; 4) Communications/Website; 5) Chapter Speakers Program; 6) Policy Statements and Guidelines; 7) Button Battery and Foreign Body; and 8) Choosing Wisely in Gastroenterology. Please let our section manager, Debra Burrowes (dburrowes@aap.org), know if you are interested in joining us on one of these committees.

Additional information about our SOGHN activities can be found at www.aap.org/SOGHN

Mitch Cohen, MD, FAAP

Chair, AAP Section on Gastroenterology, Hepatology & Nutrition
(mcohen@peds.uab.edu)

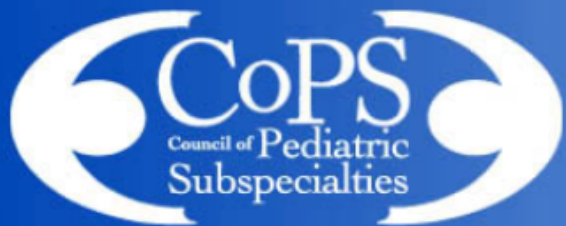
NASPGHAN-F



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](#).



All pediatric subspecialties
working together for
optimal child health.



Council of Pediatric Subspecialties (CoPS) Update

Cary Sauer, MD / CoPS Gastroenterology Representative

The Council of Pediatric Subspecialties (CoPS) is an organization with members from all pediatric subspecialties as well as representatives from other groups (department chairs, ABP, program directors, etc). The spring meeting (virtual) continued discussions and interactive breakout rooms to discuss the many ongoing issues addressed by CoPS. The following is a brief summary of the ongoing projects. Please contact Cary Sauer (csauer@emory.edu), Sabina Ali (sabina.ali@ucsf.edu), or Mel Heyman (mel.heyman@ucsf.edu) with any questions, thoughts or concerns.

► Training and Education

- ◆ Attracting to Pediatrics / Early Exposure to Pediatrics and Subspecialties
- ◆ Entrustable Professional Activities in Telemedicine (Peds + Subspecialists)
- ◆ Joint Match Date in Future (IM Subs and Peds Subs)
- ◆ Research in Education – SPIN (Subspecialty Pediatrics Investigator Network)

- ◆ Virtual Interviewing – recommendation to stay virtual only in 2021
- ◆ Competency-based Assessment

► Pediatric Workforce

- ◆ Current Workforce and Issues
- ◆ Sustained Support for Research – Recruitment and Retention of Pediatric Physician Scientists
- ◆ Diversity Recruitment
- ◆ Wellness and Burnout

► Virtual Seminars

- ◆ Diversity and Inclusion
- ◆ Women in Medicine
- ◆ Mental Health
- ◆ Entrustable Professional Activities in Telemedicine
- ◆ Early Exposure to Subspecialties

2021 MEMBERSHIP FEES CAN NOW BE PAID ONLINE

You can now view and pay your 2021 **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** 2021 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 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 have received *JPGN* after January, 2021, if you did not pay your 2021 **NASPGHAN** membership fees or pay for a 2021 *JPGN* subscription. Also, remember you will not get the **NASPGHAN** member rate for the upcoming **NASPGHAN** Annual Meeting if your 2021 dues are unpaid.

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

Public Affairs & Advocacy Report

Camille S. Bonta, NASPGHAN Washington Representative

NASPGHAN ADVOCACY GUIDED BY MEMBER SURVEY

In an effort to better understand policy and advocacy issues important to pediatric gastroenterologists, earlier this year **NASPGHAN** surveyed its members and found they overwhelmingly believe **NASPGHAN** should prioritize access to care in its advocacy endeavors.

Improving access to care encompasses many policy areas, including but not limited to, health insurance access and benefit coverage and eliminating barriers, such as prior authorization and step therapy, which interfere with physician-patient medical decision making.

The remaining topic areas ranked close together, with expanded use of telehealth and protecting children from dangerous foreign body ingestions barely inching out other policy areas. The results of the survey, which was completed by 437 **NASPGHAN** members, will guide **NASPGHAN**'s advocacy efforts over the next two years.

During the first half of 2021, **NASPGHAN** has re-assumed leadership roles in advocating for federal legislation to [improve access to medical nutrition](#) for pediatric patients with gastrointestinal diseases and disorders, as well as legislation that would restrict the sale of high-powered magnet sets. **NASPGHAN** has also advocated for [federal funding for the Pediatric Subspecialty Loan Repayment Program](#) and is calling attention to recent price hikes in dehydrated alcohol which puts intestinal

failure patients who rely on parental nutrition at risk for infection. [Read a letter sent from NASPGHAN and the American Academy of Pediatrics to Belcher Pharmaceuticals here.](#)

NASPGHAN is also responding to growing member frustration with insurance companies that are increasingly interfering with physician treatment decisions, including forcing pediatric patients who are stable on Remicade to switch to a biosimilar. Earlier this year, **NASPGHAN** won a concession from United Healthcare that would allow pediatric patients to remain on Remicade, but conversations with other national payers have not been as fruitful.

NASPGHAN is advocating for legislation that would create a clear exceptions process for any medication step therapy protocol, including when a patient is stable on a medication previously approved. Read **NASPGHAN**'s [Senate](#) and [House](#) endorsement of the Safe Step Act.

To assist **NASPGHAN** with its ongoing advocacy against non-medical switching, step therapy, and prior authorization of biologics, an [online portal](#) is available for **NASPGHAN** members to report cases of insurance company interference with prescribed medical treatment. **NASPGHAN** will monitor reports so it can spot new trends and respond in a timely and efficient manner.

Throughout the year, **NASPGHAN** members will be called upon to engage in the Society's advocacy activities. More information about **NASPGHAN** advocacy efforts and current "calls to action" can be found [here](#).



Billing & Coding

Provided by Kathleen A. Mueller, RN, CPC, CCS-P, QMC, QMGC, CGCS, ICD-10 Proficient President, AskMueller Consulting, LLC in Association with McVey Associates, Inc.

There have been some definite questions by both seasoned and new coders about changes in the Medical Decision Making Guidelines revised on January 1, 2021, by the AMA.

Listed below are the revisions to the guidelines published on 3-9-21 as well as some of the most common questions addressed by our clients.

2021 AMA E&M Guidelines

(The following text highlighted in bold were changes made on 3/9/21, but effective 1/1/21)

► NUMBER & COMPLEXITY OF PROBLEMS ADDRESSED

One element used in selecting the level of office or other outpatient services is the number and complexity of the problems that are addressed at an encounter. Multiple new or established conditions may be addressed at the same time and may affect MDM. Symptoms may cluster around a specific diagnosis and each symptom is not necessarily a unique

condition. Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services unless they are addressed, and their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management. The final diagnosis for a condition does not, in and of itself, determine the complexity or risk, as extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition.

Therefore, presenting symptoms that are likely to represent a highly morbid condition may "drive" MDM even when the ultimate diagnosis is not highly morbid. The evaluation and/or treatment should be consistent with the likely nature of the condition. Multiple problems of a lower severity may, in the aggregate, create higher risk due to interaction. The term "risk" as used in these definitions relates to risk from the condition. While condition risk and management risk may often correlate, the risk from the condition is distinct from the risk of the management.

► AMOUNT AND/OR COMPLEXITY OF DATA

TESTS: Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (e.g., basic metabolic panel [80047]) is a single test. The differentiation between single or multiple unique tests is defined in accordance with the CPT code set. **For the purpose of data reviewed and analyzed, pulse oximetry is not a test.**

UNIQUE: A unique test is defined by the CPT code set. When multiple results of the same unique test (e.g., serial blood glucose values) are compared during an E/M service, count it as one unique test. Tests that have overlapping elements are not unique, even if they are identified with distinct CPT codes. For example, a CBC with differential would incorporate the set of hemoglobin, CBC without differential, and platelet count. A unique source is defined as a physician or qualified health care professional in a distinct group or different specialty or subspecialty, or a unique entity. Review of all materials from any unique source counts as one element toward MDM.

ANALYZED: The process of using the data as part of the MDM. The data element itself may not be subject to analysis (e.g., glucose), but it is instead included in the thought processes for diagnosis, evaluation, or treatment. Tests ordered are presumed to be analyzed when the results are reported. Therefore, when they are ordered during an encounter, they are counted in that encounter. Tests that are ordered outside of an encounter may be counted in the encounter in which they are analyzed. In the case of a recurring order, each new result may be counted in the encounter in which it is analyzed. For example, an encounter that includes an order for monthly prothrombin times would count for one prothrombin time ordered and reviewed. Additional future results, if analyzed in a subsequent encounter, may be counted as a single test in that subsequent encounter. Any service for which the professional component is separately reported by the physician or other qualified health care professional reporting the E/M services is not counted as a data element ordered, reviewed, analyzed, or independently interpreted for the purposes of determining the level of MDM.

EXTERNAL: External records, communications and/or test results are from an external physician, other qualified health care professional, facility, or healthcare organization.

INDEPENDENT HISTORIAN(S): An individual (e.g., parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (e.g., due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian(s) is needed, the independent historian(s) requirement is met. **The independent history does not need to be obtained in person but does need to be obtained directly from the historian providing the independent information.**

► RISK TO PATIENT / MANAGEMENT OPTIONS

One element used in selecting the level of service is the risk of complications and/or morbidity or mortality of patient management at an encounter. This is distinct from the risk of the condition itself.

RISK: The probability and/or consequence of an event. The assessment of the level of risk is affected by the nature of the event under consideration. For example, a low probability of death may be high risk, whereas a high chance of a minor, self-limited adverse effect of treatment may be low risk. Definitions of risk are based upon the usual behavior and thought processes of a physician or other qualified health care professional in the same specialty. Trained clinicians apply common language usage meanings to terms such as 'high', 'medium', 'low', or 'minimal' risk and do not require quantification for these definitions, (though quantification may be provided when evidence-based medicine has established probabilities). For the purposes of medical decision making, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization. **The risk of patient management criteria applies to the patient management decisions made by the reporting physician or other qualified health care professional as part of the reported encounter.**

- ◆ **Morbidity:** A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment.
- ◆ **Social determinants of health:** Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.

SEE ICD-10 CODE SETS:

- Z55 Category: Problems related to education and literacy.
- Z56 Category: Problems related to employment and unemployment.
- Z57 Category: Occupational exposure to health risk factors
- Z59 Category: Problems related to housing and economic circumstances.
- Z60 Category: Problems related to social environment.
- Z62 Category: Other problems related to upbringing
- Z63 Category: Other problems related to primary support group, including family circumstances.
- Z64 Category: Problems related to certain psychosocial circumstances.
- Z65 Category: Problems related to other psychosocial circumstances.
- Z77 Category: Contact with and (suspected) exposure to environmental pollution and hazards in the physical environment.

◆ **Surgery (minor or major, elective, emergency, procedure, or patient risk):**

- Surgery-Minor or Major: The classification of surgery into minor or major is based on the common meaning of such terms when used by trained clinicians, similar to the use of the term "risk". These terms are not defined by a surgical package classification.
- Surgery-Elective or Emergency: Elective procedures and emergent or urgent procedures describe the timing of a procedure when the timing is related to the patient's condition. An elective procedure is typically planned in advance (e.g., scheduled for weeks later), while an

emergent procedure is typically performed immediately or with minimal delay to allow for patient stabilization. Both elective and emergent procedures may be minor or major procedures.

- Surgery-Risk Factors, Patient or Procedure: Risk factors are those that are relevant to the patient and procedure. Evidence-based risk calculators may be used, but are not required, in assessing.

► Most Comment Medical Decision Making Questions Received since January 1, 2021

- ♦ Who is considered an External physician/qualified health care professional?
 - An external provider is an individual not in the same group practice or is a different specialty or subspecialty. It includes licensed professionals that are functioning independently. It may also be a facility or organization provider such as a hospital, nursing facility or home health agency. Providers of different specialties or subspecialties in your own practice do count.
 - Speaking with another GI provider in your group does not count into calculating data. **It may count toward total time for the visit that date provided that time is documented.**
- ♦ What is the definition of chronic, stable condition?
 - AMA Medical Decision Making table defines stable by the treatment goals set for the individual patient. If the patient still is symptomatic, still not at goal, is not considered stable even if the condition has not changed and there is no short-term threat to life or function.
 - Often, providers use the term “stable” and not fully describe the patient’s condition or use the term “stable” and have contradictory information in the HPI.
 - HPI: Mother states constipation has improved.
 - Impression: Improved constipation.
 - HPI: Mother states constipation has improved but but is still having some overflow diarrhea and incontinence. Impression: Still symptomatic and not at goal. Recommend _____.
- ♦ What is considered “intensive monitoring for toxicity”?
 - Monitoring may be performed by laboratory testing, physiologic testing or imaging. Monitoring by visits does not qualify. The provider needs to specify which specific tests need to be repeated for toxicity issues. Tests just to monitor efficacy don’t count into monitoring for toxicity.
 - However, after completing prednisone, he began to have symptoms from Crohn’s disease again. After discussion, we decided to have him start Stelara. He received the first dose of Stelara 10/1/20. He is doing well on Stelara, and it has been effective for the Crohn’s disease. I recommend that he continue Stelara every 2 months. He has been doing well. He has developed mild constipation but otherwise no new GI symptoms or signs of GI bleeding. Labs 1/8/21 found mild anemia and thrombocytopenia (which have been stable), and otherwise normal CBC, CMP, and LDH. Labs will be repeated in April, 2021.

- ♦ What is considered prescription drug monitoring?
 - It includes ordering, continuing, discontinuing, or changing prescriptions. However, the specific medication needs to be documented with corresponding frequency and dosage. Just saying refill or continue same medications doesn’t count.
- ♦ Time versus Decision Making Issues
 - When auditing an established visit note, if times is documented as 15 minutes but decision making is moderate, do you bill level 2 or level 4?
 - You can bill based upon either medical decision making or time. In this situation, 99214 would be appropriate.
 - Caution to all providers on time documentation. A statement such as 40 minutes spent in reviewing, examining, discussion and coordination of care may suffice some auditors but not all since some require breakdown of time in each areas.
 - Time spent in preparation: 14 min
 - Time spent in conducting history and physical exam: 6 min
 - Time spent counseling patient: 10 min
 - Time spent documenting this visit: 10 min
 - TOTAL TIME: 39 min
- ♦ Calculating Risk Associated with Endoscopy Procedures
 - With the latest AMA revision, endoscopy procedures can either be considered minor surgery with or without risk factors, or major surgery with or without risk factors.

Documentation of procedural risk is totally up to the provider to state the type of procedure and any risks to the patient by either comorbidities, and/or specific procedure risks not just a templated statement that risks were explained to the patient.

Example #1:

Assessment:

- New patient presents with complaints of nausea/vomiting along with epigastric pain.

Plan:

- Will schedule the patient for an upper GI endoscopy. Instructions provided to mother and grandmother, all questions were answered.

Coding Scenario: 99203 – overall low MDM

Even though the complexity of problems is moderate (undiagnosed problem/uncertain prognosis), the risk is low.

Example #2:

Assessment:

- New patient presents with complaints of diarrhea and lower abdominal cramping.

Plan:

- Will schedule the patient for an outpatient lower endoscopy to be done at the hospital. Patient is at a higher risk for this procedure due to his underlying conditions asthma, and morbid obesity.
- Coding Scenario: 99204 – overall moderate MDM
- Complexity of problems is moderate and risk is considered moderate for a minor procedure w/ identified risk factors.

NEWS from Our Foundation Partners

Abbott



At ANHI, our mission is to connect and empower people through science-based nutrition resources to optimize health worldwide. We actively work

to understand what nutrition resources you might need in your daily practice and engage thought leaders to create educational programming and other evidence-based tools that support those needs.

Human Milk Oligosaccharides Education Programs

▶ Allergies, Immunology and Human Milk: Exploring Maternal and Infant Factors

Presented: June 3, 2020

Christina Loscher PhD & Evelyn Jantscher-Krenn PhD

▶ Spotlight on the Gut-Brain Axis

Presented: September 30, 2020

Lisa Renzi-Hammond PhD

Coming Soon CME

▶ The Role of HMOs on Various Parameters of Infant Health and Development Utilizing HMOs for Optimal Infant-Nutrition Strategies

Lars Bode PhD & David Hackam MD, PhD, FACS

Infographic

▶ 2'FL Human Milk Oligosaccharides

Pediatric Nutrition/Allergy

▶ Pediatric Nutrition Focused Physical Exam

Presented: September 24, 2020

Jodi Wolf RD

▶ Measures to Identify Pediatric Malnutrition: Introduction to Mid-Upper Arm Circumference and Z-Scores

Presented: May 14, 2020

Susan M Abdel-Rahman PharmD

▶ Pediatric Food Allergies

Presented: August 21, 2019

David Stukus MD

▶ The Role of 2'-FL in Inflammation & the Possible Role in Food Allergy

Presented: April 7, 2021

Paul Forsythe PhD and Barbara Marriage PhD, RD

Podcast

▶ Screening for Pediatric Malnutrition with the Mid-Upper Arm Circumference (MUAC) Measurement Tool

AbbVie

abbvie

Navigating Ulcerative Colitis as a Child



Marisa, a patient advocate, felt hopeless after she was diagnosed with ulcerative colitis at age 13. The more she connected with other people in the IBD community, that helplessness started to fade away.

When she met Frank, whose son has Crohn's disease, she found a partner who's also an advocate for those with IBD.

[Learn more about their story here.](#)

Allakos



Allakos is a biotechnology company developing therapeutic antibodies for inflammatory diseases with significant unmet medical needs. Our lead

program is lirentelimab (AK002), an antibody that targets Siglec-8 to selectively deplete eosinophils and inhibit mast cells. Lirentelimab has demonstrated clinical activity in eosinophilic gastritis (EG) and eosinophilic duodenitis (EoD) (published recently in the New England Journal of Medicine: N Engl J Med 2020;383:1624-34.), as well as chronic urticaria, allergic conjunctivitis, and mast cell GI disease. Currently, lirentelimab is being studied in a phase 3 study in EG and/or EoD: adults, and a phase 2/3 study in eosinophilic esophagitis (EoE): adolescents and adults.

To learn more about educational programs, please visit these sites:

<https://www.medscape.org/sites/advances/egids>

<https://diveeeper.com>

Nutricia



Introduction

The GROW-IN Study is the first US clinical trial evaluating an energy- and protein-enriched infant formula (EPEF) (30 kcal/fl. oz, 2.6g/ 100kcal) for term infants with/at risk of growth failure, increased energy requirements, or requiring fluid restriction. The study, led by principal investigator, Dr. Praveen Goday, involved six US centers.

Study Design

This open-label, single-arm prospective study aimed to assess growth, safety, and tolerance of the EPEF in term infants with poor growth, defined as weight-for-length z-score (WFL) ≤ -1.0 or weight gain ≤ -2.0 z-score over the previous 4-8 weeks. The primary objective was to improve weight as measured by change in weight-for-age z-score (WFA) and weight gain velocity (g/day) \geq median weight gain velocity for age. The secondary study objectives included improvements in WFL and the following z scores: length-for-age (LFA), head circumference-for-age (HC), and mid-upper-arm-circumference-for-age (MUAC), and formula tolerance.

Results

A total of 26 subjects completed the study per protocol. The leading cause of poor growth was congenital heart disease (58%), followed by other organic causes (35%), and non-organic causes (8%).

Formula Intake

On average, subjects consumed 120 (± 27) – 129 (± 39) kcal/kg per day over the 16 weeks with >90% of calories coming from EPEF. Across all visits, infants with CHD consumed similar amounts of EPEF (mean kcal/kg per day) as infants without CHD ($p=0.40$). Infants in the CHD group consumed a significantly higher percentage of total calories from study formula at all visits ($p = 0.03$), with differences most pronounced at 12 weeks and 16 weeks.

Growth

Twenty (83%, 20/24) infants attained weight gain velocity that exceeded the WHO median at ≥ 1 time point and 16 (67%, 16/24) exceeded the WHO median weight gain velocity for the overall study period. Improvements in z-scores were significant at 16 weeks for WFA, WFL, and HC ($p=0.0001$) as well as for LFA ($p=0.003$). Mean \pm SD z-scores at baseline and 16-weeks were: -2.06 ± 1.31 and -1.73 ± 1.53 for LFA, -2.02 ± 0.75 and -1.30 ± 0.55 for WFL, -1.50 ± 1.23 and -0.85 ± 1.37 for HC, and -1.94 ± 1.42 and -0.50 ± 1.09 for MUAC.

Tolerance

Vomiting, fussiness, and number of stools per day did not differ significantly from baseline at any timepoint. Changes in stool consistency from baseline were noted at 2, 4, and 16 weeks ($p < 0.05$). Frequency of spit-up was lower from week 4 to week 16 ($p < 0.04$), flatulence decreased at 16 weeks ($p = 0.05$), crying decreased at 2 and 16 weeks ($p < 0.02$), and gassiness decreased at 12 and 16 weeks ($p < 0.02$).

Conclusions

EPEF is safe, well-tolerated, and improves weight gain in infants with poor growth.

[Visit FttNewStandard.com](http://VisitFttNewStandard.com) for more info.

Reckitt-Mead Johnson



The impact of formula choice for the management of pediatric cow's milk allergy on the occurrence of other allergic manifestations: The Atopic March Cohort Study

What is known: Cow's milk protein allergy (CMPA) is a prevalent condition in infants, and it may be the first stage of the atopic march, optimal nutritional management is not always clear.

What this study adds: This study replicates the findings of earlier studies published in 2013 and 2017 with very similar outcomes showing lower incidence in atopic manifestations and greater immune tolerance acquisition for children with CMPA that consumed an extensively hydrolyzed casein formula with the probiotic LGG.

This was a prospective cohort study that was designed to compare the impact of different formula types on the occurrence of other atopic manifestations and the time of immune tolerance acquisition in children with cow's milk protein allergy.

There were 365 infants enrolled, 73 in each formula cohort that were followed over 36 months. The study population consisted of children with immunoglobulin E-mediated children CMPA. Dietary management cohorts were extensively hydrolyzed casein formula containing the probiotic LGG (EHCF + LGG), rice hydrolyzed formula, soy formula, extensively hydrolyzed whey formula (EHWF), or amino acid-based formula. The data collection included the occurrence of other atopic manifestations such as eczema, urticaria, asthma, and rhinoconjunctivitis.

Additionally, data was collected on the time to immune tolerance acquisition.

- ▶ The incidence of atopic manifestations was 0.22 (Bonferroni-corrected 95% CI 0.09-0.34) in the EHCF + LGG cohort; 0.52 (0.37-0.67) in the rice hydrolyzed formula cohort; 0.58 (0.43-0.72) in the soy formula cohort; 0.51 (0.36-0.66) in the EHWF cohort; and 0.77 (0.64-0.89) in the amino acid-based formula cohort.
- ▶ The incidence of atopic manifestations in the rice hydrolyzed formula, soy formula, EHWF, and amino acid-based formula cohorts vs the EHCF + LGG cohort was always greater than the prespecified absolute difference of 0.25 at an alpha-level of 0.0125, with corresponding risk ratios of 2.37 (1.46-3.86, $P < .001$) for rice hydrolyzed formula vs EHCF + LGG; 2.62 (1.63-4.22, $P < .001$) for soy formula vs EHCF + LGG; 2.31 (1.42-3.77, $P < .001$) for EHWF vs EHCF + LGG; and 3.50 (2.23-5.49, $P < .001$) for amino acid-based formula vs EHCF + LGG.
- ▶ The immune tolerance acquisition rate was greater in the EHCF + LGG cohort during the 36-month study period.

Conclusions: There was an association found between the dietary management CMPA with EHCF + LGG and a greater rate of acquisition of immune tolerance to cow's milk protein as well as a lower incidence of atopic manifestations. (J Pediatr 2021 May;232:183-191.e3).

Takeda



Short Bowel Syndrome

Takeda Pharmaceuticals Co. Ltd. is proud to support the International Intestinal Failure Registry (IFR), which was established by the Intestinal Rehabilitation and Transplant Association (IRTA) following a successful pilot phase in 2018.

The IFR aims to improve the lives of children with intestinal failure by creating a large international database that will serve as a reliable, contemporary repository to promote research, develop best practices, and guide evidence-based management in pediatric intestinal failure.

Over the 2-year pilot phase, 11 large intestinal rehabilitation programs (IRP) from around the world participated, including 204 pediatric subjects. The experience derived from the pilot phase supported the successful launch of the pediatric arm of the IFR in January 2021.

The IFR has been endorsed by both NASPGHAN and the American Society for Parenteral and Enteral Nutrition (ASPEN). Takeda is pleased to support the IFR through a grant.

To join the registry or for more information, please contact Dr. Yaron Avitsur and Ms. Victoria Srbely at (ifr@intestinalregistry.org).

Functional Constipation

Beginning July 2021, Takeda Pharmaceuticals Co. Ltd. will open enrollment for its 2Go Study, a Phase 3, multi-center, double-blind, placebo-controlled and long term study evaluating the efficacy and safety of Prucalopride (Motegrity™) in children and adolescents with functional constipation (FC).

Approximately 240 toilet-trained patients aged 3-17 years who meet the modified Rome IV criteria for FC will be randomized 1:1:1 to receive low- (0.04 mg/kg) or high-dose (0.08 mg/kg) prucalopride, or placebo once daily. Fifteen non-toilet-trained patients ≥ 6 months old with FC will be included in an exploratory efficacy and safety analysis.

Subject eligibility is based upon meeting the following criteria:

- ♦ Are between 6 months and 17 years old and weigh at least 12 lbs (5.5 kg)
- ♦ Have at less than 3 bowel movements per week
- ♦ Have at least one of the following symptoms for a month or longer:
- ♦ Inability to control bowel movements (BM) causing fecal incontinence

- ♦ Retentive Posturing (holding the body in such a way as to purposely prevent a BM)
- ♦ Painful or hard BMs
- ♦ Large stools that can clog a toilet or that are large in diameter
- ♦ A history of voluntarily withholding stool

The study is expected run for approximately 60 months. It will consist of a screening period lasting up to 3 weeks, a two-part treatment period lasting up to 48 weeks with 9 in person visits and 13 phone visits; this consists of a 12-week double blind placebo controlled part A, followed by a 36-week double blind safety extension Part B; and a follow up period consisting of a phone follow up, 30 days after the last dose. The primary efficacy endpoint in toilet-trained patients will be the mean change in the number of spontaneous bowel movements per week during the 12-week, placebo-controlled phase.

In children, FC has a mean global prevalence of approximately 14% and is a common problem encountered by many pediatricians. Prucalopride is a selective serotonin type 4 receptor agonist indicated for the treatment of chronic idiopathic constipation (CIC) in adults.

Clinical Trial information

For more information about the trial, call 877-825-3327 or email (medinfoUS@takeda.com).

Classifieds

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♦ Arizona—

Tucson Medical Center (TMC), a 600-plus bed, Joint Accredited, locally governed, non-profit, community teaching hospital has an excellent opportunity to employ an experienced, full-time BC/BE pediatric gastroenterologist to join our exceptional group of pediatric subspecialty physicians and advanced practice clinicians. The qualified applicant will be joining an established practice of 1 FTE pediatric gastroenterologist with 1 FTE NP.

Tucson Medical Center offers a full spectrum of pediatric sub-specialties and inpatient care including neonatal intensive care, pediatric critical care, pediatric surgery, and a pediatric ER. The ideal candidate will have a strong background in procedural skills and broad expertise in gastroenterology. Patient care responsibilities include an active outpatient clinic and inpatient consultation services, which includes care for patients with the full range of gastrointestinal diseases. Desire to teach pediatric residents and medical students is also highly valued and encouraged.

We Offer:

- ♦ Excellent compensation package including quality and productive incentives
- ♦ Robust benefit options
- ♦ Paid relocation, sign-on bonus, CME and Malpractice
- ♦ Generous paid time off
- ♦ Low cost of living in a highly desirable area of Arizona
- ♦ Arts, culture, fine dining, high-end shopping—all the amenities
- ♦ Access to a broad and loyal referral base

<https://www.tmcaz.com>

To apply for this job, contact:

Jenny Baarstad

Email: Jenny.Baarstad@tmcaz.com

[Apply Here](#)

♦ California—

The Permanente Medical Group, Inc. (TPMG - Kaiser Permanente Northern California) is one of the largest medical groups in the nation with over 9,000 physicians, 22 medical centers, numerous clinics throughout Northern and Central California, and an over 75-year tradition of providing quality medical care.

PEDIATRIC GASTROENTEROLOGIST Roseville, California

We are currently seeking a pediatric gastroenterologist to join our growing specialty group in Roseville, California. This amazing opportunity is available for a physician who is experienced in the following:

- ♦ Training in motility studies (preferred, but not required)
- ♦ Consultations in the inpatient pediatric and outpatient setting
- ♦ Flexible endoscopies, liver biopsies, motility studies
- ♦ Diagnosing and caring for children with a variety of GI, liver, pancreatic and motility disorders

The pediatric gastroenterology division is located within a multi-specialty building next to the Roseville Kaiser Permanente Women & Children's Center. Joining our practice in the Greater Sacramento area includes several benefits such as:

- ♦ Being in a large and picturesque metropolitan area
- ♦ Proximity to the San Francisco Bay Area, Napa Valley, and Lake Tahoe and Yosemite
- ♦ The pleasant weather allows for multiple outdoor recreational activities year around
- ♦ Excellent cultural opportunities, professional sports, and great schools
- ♦ High quality and attractive lifestyle with a lower cost of living and scenic surroundings

PEDIATRIC GASTROENTEROLOGIST Santa Clara, California

This opportunity offers:

- ♦ Kaiser Permanente Santa Clara is in the heart of Silicon Valley, home to the headquarters of several high-tech companies and the 9th most populous city in the San Francisco Bay Area. Santa Clara is bordered by San Jose, Sunnyvale, and Cupertino.
- ♦ Outstanding local educational opportunities at all levels. Excellent public schools in the surrounding areas. Stanford University, Santa Clara University and San Jose State are all just miles away.
- ♦ Just minutes from downtown Cupertino, San Jose and Palo Alto, and less than an hour from San Francisco.

- ♦ Santa Clara is home to Levi's Stadium and the San Francisco 49ers. The San Jose Sharks home stadium is also just minutes away.
- ♦ Amazing location for those who enjoy outdoor activities and an active lifestyle. World-class skiing in Tahoe, amazing beaches, and nationally renowned parks and hiking are all nearby to enjoy.

A FEW REASONS TO CONSIDER A PRACTICE WITH TPMG:

- ♦ Work-life balance focused practice, including flexible schedules and unmatched practice support
- ♦ We can focus on providing excellent patient care without managing overhead and billing.
- ♦ We demonstrate our commitment to a culture of equity, inclusion, and diversity by hiring physicians that reflect and celebrate the diversity of people and cultures. We practice in an environment with patients at the center and deliver culturally responsive and compassionate care to our member populations.
- ♦ Multi-specialty collaboration with a mission-driven integrated health care delivery model.
- ♦ An outstanding electronic medical record system that allows flexibility in patient management
- ♦ We have a very rich and comprehensive Physician Health & Wellness Program.
- ♦ We are physician-led and develop our own leaders.
- ♦ Professional development opportunities in teaching, research, mentorship, physician leadership, and community service.

EXTRAORDINARY BENEFITS:

- ♦ Competitive compensation and benefits package, including comprehensive medical and dental
- ♦ Moving allowance and home loan assistance - up to \$200,000 (approval required)
- ♦ Malpractice and tail insurance
- ♦ Paid holidays, sick leave, education leave
- ♦ Shareholder track
- ♦ Three retirement plans, including pension

We are an EOE/AA/M/F/D/V Employer.
VEVRAA Federal Contractor

To learn more about this opportunity and more or to apply, please visit: <https://tpmg.permanente.org>

If you are interested, please contact:

Judy Padilla

Regional Recruiter, Physician Recruitment Services

Email: Judy.G.Padilla@kp.org

Phone: 510-625-5915

[Apply Here](#)

♦ Indiana—

Pediatric Clinical Psychologist - Feeding Clinic Evansville, IN

Peyton Manning Children's Hospital at Ascension St. Vincent in Evansville, Indiana is seeking a full time pediatric psychologist to expand our Feeding Program team as part of our commitment to be the leader in comprehensive regional pediatric specialty services. The program provides a comprehensive evaluation team, outpatient program, inpatient consults, and intensive day program services.

Utilizing a transdisciplinary approach, the program integrates nutrition, occupational therapy, speech therapy, and psychology in the treatment plans specifically developed for each individual patient. This program utilizes a collaborative treatment approach requiring care coordination and experience with a team-based model of intervention. This position requires a doctoral degree in psychology from an APA-accredited program and license eligibility in Indiana.

Practice Highlights:

- ♦ Clinical opportunity working alongside two experienced psychologists
- ♦ One of a few nationally recognized Pediatric Feeding programs in the country
- ♦ Office Hours/Schedule: 8am-5pm
- ♦ No Call
- ♦ 6-8 Patient Per Day

The Feeding Program is located in the Center for Children, which is part of Peyton Manning Children's Hospital at Ascension St. Vincent in Evansville, IN. The Center for Children was created to address the unmet healthcare needs of children in the region. It is a central resource where parents and caregivers can get the answers they need for pediatric specialty services, feeding disorders, psychology resources - more quickly, more clearly, more accurately.

Ascension St. Vincent offers a very competitive compensation package that may include: a competitive base salary, relocation allowance, CME, comprehensive health benefits, retirement savings plan (403b) with match, malpractice with tail coverage and generous paid time off.

Contact Ashley Smith, Physician Recruiter
Email: (Ashley.Smith10@Ascension.org)
Phone: 317-721-3515

♦ Maine—

Northern Light Eastern Maine Medical Center has an excellent opportunity for a BC/BE pediatric gastroenterologist to join a well-established, comprehensive, three practitioner pediatric gastroenterology practice. Northern Light Eastern Maine Medical Center provides tertiary pediatric care for the region, offering a full spectrum of pediatric sub-specialties and inpatient care including neonatal intensive care, pediatric critical care, pediatric surgery, and a mature pediatric sedation service. There is a strong working relationship with the pediatric sedation service for procedural sedation.

The ideal candidate will have a strong background in procedural skills and broad expertise in gastroenterology. Patient care responsibilities include an active outpatient clinic and inpatient consultation services which includes care for patients with the full range of gastrointestinal diseases. Desire to teach family practice residents and medical students is also highly valued and encouraged.

Northern Light Eastern Maine Medical Center is a 411-bed regional tertiary care center and an ACS-verified level II trauma center with academic affiliations and serving a population of 500,000 living in the northern 2/3 of the state's geography. We offer dedicated neonatal and pediatric transport and are a base hospital for LifeFlight of Maine, a critical care air transport service flying nearly 900 missions per year.

Physicians at Northern Light Eastern Maine Medical Center enjoy:

- ♦ A robust compensation and benefits package
- ♦ Student Loan Reimbursement Programs
- ♦ Relocation and Sign-On Bonuses
- ♦ Generous PTO Benefits

Bangor is an award-winning small city offering easy access to our ocean and mountains. Acadia National Park, Baxter State Park, and premier Northeast ski resorts provide outstanding four-season outdoor recreation. Schools rank among New England's best. The flagship campus of the University of Maine is in neighboring Orono. Bangor serves as the regional hub for medicine, the arts, and commerce. Bangor International Airport offers direct and one-stop service to most major destinations.

For confidential consideration, please contact:
Amanda Klausung, CPRP, Provider Recruiter
E-mail: (ProviderJobs@northernlight.org)
Phone 207-973-5358

♦ North Carolina—

Novant Health Pediatric Gastroenterology in Charlotte, NC has an immediate need for a pediatric gastroenterologist to join their team. The physician will work from the office in Eastover (Charlotte) as well as the satellite locations in Cornelius and Salisbury. Clinic office hours are 8:00 AM-5:00 PM. Call expectation is every 3rd week (Wednesday-Tuesday). Special procedural requirements include Upper endoscopy, Colonoscopy and Capsule Endoscopy.

What does it mean to be a part of Novant Health? It means that your commitment to patient centered care and our model of spending more time with each patient, and creating a seamless system of care for our patients are the foundations of our success. It means sharing a philosophy of putting high value on the patient experience. Being a part of Novant Health means joining with a world-class team of more than 550 physician practices, 100 outpatient facilities, 15 medical centers and 1,550 physicians joining forces to transform the patient experience. Novant Health's over 27,000 team members and physician partners care for patients and communities in North Carolina, Virginia, South Carolina and Georgia.

At Novant Health, one of our core values is diversity and inclusion. By engaging the strengths and talents of each team member, we ensure a strong organization capable of providing remarkable healthcare to our patients, families and communities. Therefore, we invite applicants from all group dynamics to apply to our exciting career opportunities.

Qualifications:

Education: Graduate of an accredited school of medicine required

Responsibilities:

It is the responsibility of every Novant Health team member to deliver the most remarkable patient experience in every dimension, every time.

- ♦ Our team members are part of an environment that fosters team work, team member engagement and community involvement.
- ♦ The successful team member has a commitment to leveraging diversity and inclusion in support of quality care.
- ♦ All Novant Health team members are responsible for fostering a safe patient environment driven by the principles of "First Do No Harm".

[**Apply Here**](#)

♦ Wisconsin—

Build a Pediatric GI Program in Milwaukee, WI with Advocate Aurora Health!

Advocate Aurora Health is seeking a Pediatric Gastroenterologist to join our growing team in Wisconsin!

You will cover 4 locations in the Greater Milwaukee area, seeing patients in our outpatient clinics and performing procedures at our ambulatory surgery centers.

This is a new role; help us build it and grow!

About Milwaukee

Wisconsin's largest city—With a county-wide population of nearly a million, Milwaukee offers the best of everything you'd expect to find in a major city while retaining a hometown feel in its many and diverse neighborhoods. Culturally, Milwaukee has many options, ranging from performing arts centers, theaters and museums—including an internationally designed lakefront art museum—to one of the nation's top 10 zoos. Sophisticated,

scenic, affordable and event-filled, Milwaukee has an impressive array of public and private schools, including UW-Milwaukee and Marquette University, award-winning restaurants, world-class shopping, and one of the most convenient and “user-friendly” international airports in the world.

Advocate Aurora Health

Advocate Aurora Health's combined strength and stability drives us forward. Our integrated delivery model allows our clinicians to offer state-of-the-art, top tier quality care throughout eastern Wisconsin and northern and central Illinois.

Our supportive staff and leadership are committed to an autonomous practice environment and continuously strive to be on the forefront of managing the changing healthcare landscape, advances in technology and innovative approaches to providing impeccable outcomes for our patients.

Whether you're looking to practice in the heart of a dynamic city such as Chicago or Milwaukee, a multi-specialty clinic in the suburbs, or a charming small town, Advocate Aurora Health has an opportunity for you.

If you are interested in learning more about this opportunity, please email your CV and Cover Letter to: Emilee Gabrielson, Physician Recruiter
Email: (Emilee.gabrielson@aah.org)