

# NASPGHAN

North American Society for Pediatric Gastroenterology, Hepatology & Nutrition

SUMMER 2018

## NEWS

VOLUME 19, NO. 1



### President's Report

—President, NASPGHAN: James Heubi, MD—

Since the last newsletter, there has been considerable activity within our organization. As carefully outlined by Karen Murray, the process for planning the 46<sup>th</sup> Annual Meeting and Postgraduate Course is a substantial effort by many of our members as well as leadership of APGNN and CPNP. We have devoted considerable effort in the development of an outstanding Postgraduate Course led by Jenny Stropole and Maria Oliva-Hemker, an exceptional Annual Meeting led by Karen Murray and an exciting Single Topic Symposium on Neurogastroenterology and Motility organized by Anil Darbari. Just as a reminder, abstracts for the Annual Meeting are due on June 14, 2018.

As most of you are aware, our members value our professional journal, *JPGN*, which continues to have a stable impact factor as ongoing discussions continue regarding developing an open access journal with our publisher Wolters-Kluwer. Members also highly value our Annual Meeting, Postgraduate Course and Single Topic Symposia, which year-to-year have been highly successful with increasing attendance. Our members also value our Society Position and Guideline papers. With the transition of the Society Guidelines Editor (SGE) from Vicky Ng to Melanie Greifer, we are working closely with the SGE for ESPGHAN to harmonize the process of review for joint publications between our two societies. It is the belief of leadership of both **NASPGHAN** and ESPGHAN that we should try to encourage as many joint society guidelines/position papers as possible because of the higher weight given to papers endorsed by both societies. In the process of the transition of the SGE leadership, we are working to revamp our guidelines for Society publications both for our **NASPGHAN** guidelines/position papers but also for our joint guidelines with ESPGHAN. We will be streamlining

the number of categories of **NASPGHAN** publications from 5 to 2 to be in line with ESPGHAN guidelines. Currently there are two joint papers nearing completion (Fecal Microbial Transplant for *C.difficile* and Nutritional Considerations in Pediatric Pancreatic Diseases) and others in the advanced planning/writing phases (Nutrition in Liver Disease and PEnQuIN (Pediatric Endoscopy Quality Improvement Network). We will continue to foster development of these joint projects in the future. Finally, we are working diligently with the American Academy of Pediatrics to develop a Guideline Statement on "Failure to Thrive." On the **NASPGHAN** Position/Guidelines side, we have recently published Clinical Reports on "Pediatric Acute Pancreatitis Management", "Assuring Quality for Non-Hospital Based Biologics for Treatment of Inflammatory Bowel Disease", "The Role of Combination Therapy in Pediatric IBD" and "Intestinal Rehabilitation Programs in the Management of Pediatric Intestinal Failure and Short Bowel Syndrome." As President, I want to personally thank all the authors of these important reports as well as the peer reviewers, Council reviewers, the Society Guideline Editors (Vicky Ng and Melanie Greifer) and CCQ Committee led by KT Park.

On a personal note, I have been working very closely with Raanan Shamir, President of ESPGHAN, on a number of important issues including the development of joint position/guideline statements, the upcoming World Congress of Pediatric Gastroenterology, Hepatology and Nutrition in Copenhagen in 2020 and other matters related to our two societies. Through our efforts over the last two years and the development of a nice friendship between ourselves and our wives, I believe our societies have become closer and developed more common goals. My hope is that this relationship will continue to blossom with my successor Karen Murray and Raanan's successor, Sanja Kolacek from Zagreb, Croatia, who will become President after the ESPGHAN Annual Meeting in Glasgow

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on June 5–8, 2019. I have just returned from the ESPGHAN Annual Meeting in Geneva and attended the Annual ESPGHAN meeting in Prague in 2017. At both ESPGHAN Annual Meetings and our Annual Meeting in Las Vegas, the Presidents of our respective societies made presentations to our Councils and had very robust discussions about our organizations that will help to strengthen our relationships in the future.

We continue with our vigorous efforts at lobbying for “medically necessary foods”. On June 1, 2018, prior to DDW, Bryan Rudolph and Camille Bonta organized 80 **NASPGHAN** members and patient advocates to meet with legislators or their staff to promote our efforts for this legislation, which we hope will come to fruition in the near future. ([See related story, page 18](#)).

As I am approaching the waning months of my tenure as President, I would like to thank all of you for the privilege you have given me to lead **NASPGHAN**. I remain in awe of the commitment of our members to **NASPGHAN** and their willingness to devote countless hours of work to our programs in the face of other commitments including family and their clinical/research/administrative responsibilities. As we near our 50<sup>th</sup>

Anniversary, I would like to organize either a Working Group or SIG to develop a comprehensive history of our organization with the goal to have it completed in 2022. I want to solicit the help of any members who would like to take the lead in this effort or would like to help develop this important description of the development of our Society as we know it today. Anyone interested should reach out to me as we move forward in realizing the goal of developing a lasting document on the history of **NASPGHAN**.

I look forward to see you at Hollywood, Florida for the Single Topic Symposium, Annual Meeting and Postgraduate Course on October 24–27.

James Heubi, MD

*Director, Center for Clinical and Translational Science and Training and Associate Dean, Clinical and Translational Research, Cincinnati Children’s Hospital Medical Center  
President, **NASPGHAN***

## President–Elect Report

### President–Elect, NASPGHAN: Karen F. Murray, MD



Friends and Colleagues:

In anticipation of our next annual gathering, I thought you might like to learn of the careful deliberations that go into putting together the Postgraduate Course (PG) and Annual Meeting, choosing topics, and inviting speakers and moderators. Additionally, I will touch on the challenges and considerations in selecting the perfect venue.

The PG Course and Annual Meeting occur in October–November, but the planning for the meetings begins weeks after the former. Typically in November the President-Elect reaches out to the chairs of our Society’s committees, asking that they work with their committee members to generate a list of novel, important, and the most relevant topics that will be hot for the coming meeting. Then, in January, for 2.5 days, the Officers and Committee Chairs, along with the **NASPGHAN** Executive Office Staff, come together to create a ‘cake’ of a program from the most raw of ingredients.

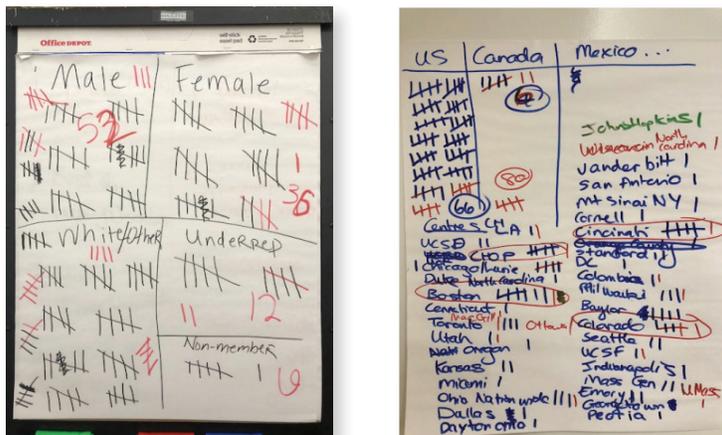


*Planning meeting for 2018 NASPGHAN Annual Meeting.*

The Planning Meeting starts with a discussion of the structure of the prior meeting, how successful new elements were (for instance having 1 Plenary Session to allow for more Concurrent Sessions as we did at the 2017 meeting; is there enough or too much time for the business meeting; should more or fewer abstracts be presented in each Concurrent Session, etc.), where challenges were encountered, and any anticipated or creative scheduling ideas for the upcoming. We also review evaluations of the previous year’s meeting. The Executive Office staff and our Consultant venue advisor review the physical logistics of the upcoming meeting space, including room sizes and availability, informing how many sessions can simultaneously be hosted.

We then launch into a systematic yet thorough and open discussion of topic ideas, starting with the PG course and Single Topic Symposium (STS), followed by the Annual Meeting. The Chairs of the PG course and STS, respectively, and the President-Elect for the Annual Meeting, lead the discussions, but all present are actively engaged in the process. For the Annual Meeting, topics and speakers for the Plenary Session (Keynote, Year-in-Review, and new for 2018, the Balistreri Lecture) are discussed first, followed by 1.5 days of developing the Concurrent Sessions. We validate the correct percentage of sessions devoted to the various focuses of our specialty (e.g. Hepatology, IBD, Nutrition, etc.) based on interest, demand, and the evaluations submitted by prior meeting attendees. Topic suggestions from the **NASPGHAN** Committee members are shared by the Committee Chairs and the entire planning group hashes out what we all think would be most engaging for the membership. Based on the number of sessions for that area, the top topics are chosen and grouped into 2–4 talk sessions with balanced themes. Important topics not

previously captured are grouped into unique sessions such as ‘Hot Topics’, and ‘GI Potpourri’. Once complete, we review the proposed sessions and their topics to assure the entire program is appropriately balanced and there are no glaring omissions.



*Sheets of oversized easel paper used by the planning group to analyze speaker make up.*

Upon drafting the Concurrent Session talk topics, we suggest speakers: consideration is given to expertise in the field, those with established or growing research, clinical experience, or leadership in the area, ability to speak well, whether they have spoken at recent annual meetings, are proposed to talk at the PG course or STS, gender, country and region, institutional affiliation, race and ethnicity, and membership in **NASPGHAN**. Once we have proposed speakers, we tally the attributes (state, institution, gender, under-represented minorities, etc.) to assure appropriate balance and reflection of our society membership, and make changes where needed and able. The final work for the Concurrent Sessions then is to group them into the Sessions, assuring that there are no significant conflicts across the sessions in talks or topics. Lastly, we apply similar methodology for suggesting Moderators for the sessions, while also considering seniority to pair a more junior moderator with one of greater seniority.

Topics for the Meet the Professor Breakfasts (MTP) are based on member interest, what topics are addressed in the concurrent sessions,

and what would lend itself to the interactive format of the MTPs. Similar considerations as described above are applied to choosing the ‘senior’ and ‘junior’ professors for the session.

Now a word about site selection. Considerations include: alternating between venues in the East, Midwest and West, choosing cities with destination appeal, hotel availability on the dates of our meeting, and a hotel large enough to accommodate both the housing of and meeting venue for attendees (to optimize interaction). The latter requirement is increasingly proving to be a limiting factor, however, as our meeting registration is approaching 2,000 individuals. While this increasing interest in attending the **NASPGHAN** Annual Meeting is to be celebrated, there are not that many cities with hotels large enough for us all, yet we are not large enough to effectively utilize most convention centers (usually requires > 3,500). Furthermore, sites need to be selected 4-5 years out, challenging our ability to anticipate the needs of our meeting. The staff of the Executive Office, along with our meeting consultant, research many options each year, talking to hotel representatives and traveling to potential sites, before presenting options for the meeting venue 4 years in the future to the Society’s Council for deliberation.

So, thanks must be extended to the very many volunteer committee members, committee chairs, volunteer elected officers, **NASPGHAN** staff, and all of you who complete the meeting evaluations, for contributing to the planning for the Annual Meeting; it really is a team effort, and one taken very seriously by all to create the best meeting possible year after year. The planning meeting occurred in January 2018 for our upcoming meeting at the Diplomat Beach Resort in Hollywood, Florida (October 24–27), and we look forward to seeing you all there for what we believe will be the best meeting yet!

Sincerely and warmly,

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

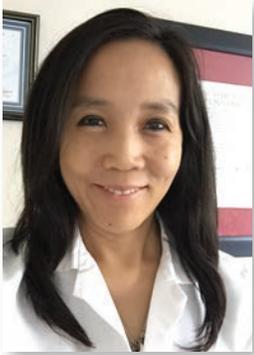
## 2018 AASLD/NASPGHAN Joint Pediatric Symposium

Friday, November 9 at Liver Meeting 2018

The joint AASLD/**NASPGHAN** Pediatric Symposium will be held Friday, November 9 from 12 pm to 3 pm at the Moscone North and South Convention Center, San Francisco, California. The topic is Liver Disease in the Perinatal Period: Interactions Between Mother and Infant. It is being co-chaired by **NASPGHAN** members Drs. Saeed Mohammad, of Ann & Robert H. Lurie Children’s Hospital, and Samar Ibrahim, of Mayo Clinic.

This symposium will discuss a broad spectrum of liver diseases that originate in the perinatal period with a special emphasis on the interactions between the mother and the infant. The symposium will address the advances made in the diagnosis of neonatal liver failure/dysfunction, and the broadened differential. The symposium will discuss the prenatal interventions to improve the outcome of newborns and infants at risk, and will highlight the recent advances in postnatal therapies. The symposium will also increase awareness of the developmental origin of NAFLD and the available prenatal interventions.

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



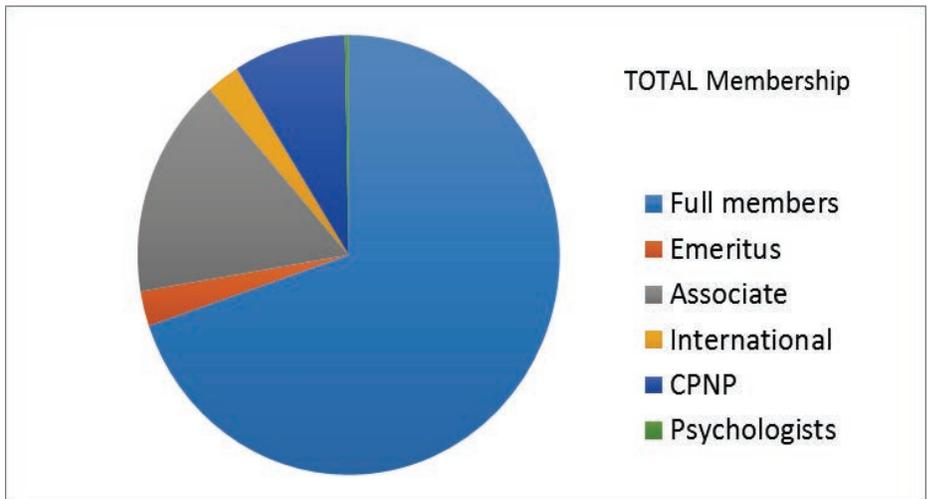
## Secretary–Treasurer’s Report

Dear Colleagues –

Greetings from your Secretary–Treasurer! First and foremost, **NASPGHAN** financially continues to do well in 2018. Income from the *JPGN*, Annual Meeting and Postgraduate Course, and membership remain vital to our financial stability and strength. We had a stellar 2017 with a record attendance of 1875 registrants (354 over our last Annual Meeting in 2015) at our Annual Meeting in Las Vegas and 909 attending our Postgraduate course (2<sup>nd</sup> highest record). Over 200 attendees joined our Single Topic Symposium on Pediatric Pancreatology. Our Hands-on Endoscopy and Motility courses were also well attended with over 360 participants.

As always, **NASPGHAN** is about membership and our membership numbers are steady and currently are as delineated in the chart on the right.

We recognize that pediatric gastroenterology, hepatology, and nutrition are multidisciplinary fields and **NASPGHAN** should therefore similarly include diverse disciplines. Accordingly, inclusion of dietitians and psychologists to our society has been important to improving our reach and influence. Similarly, organizers of the Annual Meeting and Postgraduate Course include representation from these disciplines to ensure inclusion of sessions that have wide appeal to specialists from all fields.



Financially, **NASPGHAN** is on strong financial ground with solid investments that have withstood some of the recent volatility in the market. This strong performance has allowed us to generate some investment income to help fund programs for our members. Specifically, this year, **NASPGHAN** will sponsor the Mid Career Research Award to ensure that our promising researchers can continue their important work. Additionally, we continue to invest at the National Office to strengthen the infrastructure and capabilities of the office to support the membership and ongoing activities of both **NASPGHAN** and the **NASPGHAN** Foundation.

Otherwise, we look forward to another successful annual meeting. Incoming **NASPGHAN** President Karen Murray has provided a wonderful summary of all that it takes to put on the meeting, and we look forward to seeing you in Hollywood, Florida in October!

One final note: Please consider getting involved as a **NASPGHAN** officer or Councilor. Nominations are made each spring. Strong **NASPGHAN** leadership is essential to navigate healthcare’s future and ensure that our patients and positions have a strong voice and advocates moving forward.

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

Best—

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



## NASPGHAN Foundation News

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

**President, NASPGHAN Foundation**

Dear Colleagues:

As the summer quickly approaches, the **NASPGHAN** Foundation is gearing up for another round of grant applications from our members. July 6th is the deadline for most of the grants within the Foundation portfolio\*. The grants being offered include:

- ▶ **NASPGHAN** Foundation/**NASPGHAN** George Ferry Young Investigator Development Award
- ▶ **NASPGHAN** Foundation/Nestlé Nutrition Research Young Investigator Development Award
- ▶ **NASPGHAN** Foundation Mid-Level Career Development Award
- ▶ **NASPGHAN** Foundation/AstraZeneca Research Award for Disorders of the Upper GI Tract
- ▶ **NASPGHAN** Foundation Innovations in Clinical Care Grant
- ▶ **NASPGHAN** Foundation/APGNN Susan Moyer Nursing Research Award

Please refer to the [NASPGHAN Foundation website](#) for specific information on each of these grant opportunities.

On the professional education front, we have successfully concluded another year of the N<sup>2</sup>U Program in April designed as an advanced educational experience in pediatric nutrition for fellows, junior faculty and now including dietitians ([see related information, page 15](#)).

The Foundation has been working on a number of educational projects that you will be seeing in 2018, including a Constipation Care package (supported by the Allergan Foundation) a user friendly summary of the NAFLD guidelines (supported by Alexion), a novel multiple year Nutritional Curriculum Education Program (supported by Nestlé) and a web based educational program on EoE (supported by Shire). Stay tuned for more announcements as these programs are rolled out.

I want to personally thank all the members and non-members who have donated to the Foundation and its initiatives including the Teri Li, Grand/Watkins and Balisteri Awards. We are pleased to announce that through your generous donations, we have been able to transition the Balistreri award to an annual named lectureship. The Balistreri Lecture will support a lecture featuring a research and clinical expert who will present cutting edge topics in the fields of gastroenterology, hepatology, nutrition, and pancreatic diseases at our national meeting each year. This year the William F Balistreri Lecture is by Takanori Takebe, MD, Cincinnati Children’s Hospital Medical Center on the Promise of future health impact of liver organoids.

Lastly, I’d like to draw your attention to the new [NASPGHAN Foundation Planned Giving](#) initiative that is now highlighted on our website. The Create a Legacy Program is a way to donate to the Foundation to assure the long-term success of our Society. Please take a few minutes to take a look, and consider the giving opportunities available.

Thank you and have a wonderful and safe summer!!

\* Please note: The **NASPGHAN** Foundation/Abbott Nutrition Advanced Fellowship Training in Pediatric Nutrition has a submission deadline of August 27 and the CCF/**NASPGHAN** IBD Young Investigator Award had a LOI due May 1, and July 1 as the submission date.

Sincerely,

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



**Peter Ngo, MD, of Children’s Hospital Boston, was awarded the 2018 Endoscopy Prize during DDW 2018 in Washington, DC in early June. The award review and presentation is handled by the NASPGHAN Endoscopy & Procedures Committee. NASPGHAN partners with the American Society for Gastrointestinal Endoscopy (ASGE) at DDW yearly to present endoscopy-related sessions.**

# NASPGHAN Reception at DDW 2018 in Washington, DC



# CPNP NASPGHAN

COUNCIL FOR PEDIATRIC NUTRITION PROFESSIONALS



Amber Smith, CPNP President

Summer is finally here! We hope that this newsletter finds you well and enjoying some of the sunshine.

CPNP members have been working hard in 2018 to get some major projects completed:

▶ **Our Nutrition Pearls are officially live!** These short educational videos take only about 2 minutes to view and give some key nutrition guidance for select topics or conditions we see in our institutions every day. Find them through your email from **NASPGHAN** or on our webpages.

We hope that you're enjoying and learning from the content we've been distributing thus far. Our goal is to give information on topics that are useful for your everyday practice in a quick and easy way, so please don't hesitate to send us any suggestions that you may like to see in future editions. Send your thoughts to (cpnp.naspghan@gmail.com)

▶ We've finalized our program for the CPNP Annual Symposium at the Annual Meeting in Hollywood, FL. Some highlights:

- ◆ Nutrition
- ◆ Allergy, EoE, FPIES
- ◆ Malnutrition—new and old guidelines
- ◆ Celiac disease
- ◆ Blenderized tube feedings

A reminder that any **NASPGHAN** member is able to attend sessions in the CPNP Symposium. Moreover, we've made some improvements to the structure of our Symposium so it aligns with the timing and structure of the overall Meeting—we're hopeful this makes it easier for **NASPGHAN** members to attend some CPNP sessions you may be interested in!

▶ We're integrating nutrition professionals into more **NASPGHAN** Committees. CPNP members already are part of several **NASPGHAN** Committees and we've had interest in expanding that to other committees seeking nutrition representation. Feel free to reach out to your committee CPNP representative if you need assistance with a project or initiative:

- ◆ Clinical Care & Quality Committee – Cassandra Walia
- ◆ Clinical Practice Committee – Sarah Vermilyea
- ◆ Hepatology Committee – Lauren Kuhn
- ◆ IBD Committee – Jennifer Smith
- ◆ Neurogastroenterology & Motility Committee – Kirsten Jones
- ◆ Nutrition Committee – Amber Smith
- ◆ Professional Education Committee – Sally Schwartz
- ◆ Public Affairs & Advocacy Committee – Jenny Crouse
- ◆ Public Education Committee - Lisa Englander Landes
- ◆ Technology Committee – Kristi King

See you in Hollywood!

Amber Smith, MBA, RD, CD  
President, CPNP, Council for Pediatric Nutrition Professionals



Amy Donegan, CPNP President



Dear **NASPGHAN** members,

I am so glad there is finally sun in Ohio! It has been a really long winter here. When I talk about the members of APGNN, I find I always start off saying the same

thing—the nurses in this organization are amazing. They are professional, smart, dedicated and hard-working! I really mean it when I say, every time I talk to an APGNN member, I learn something new. We are currently 350 members strong, but there is still much more room to grow. We would love your support in encouraging the nurses and nurse practitioners you work with to join. To help make this affordable to everyone, we continue to offer an institutional discount of buy 3 get the 4<sup>th</sup> membership free. We also partner with the National Association of Pediatric Nurse Practitioners (NAPNAP) and members with dual membership receive a 20% discount to both organizations.

We have opened applications for a variety of scholarships and awards for the Annual APGNN meeting held in conjunction with the **NASPGHAN** meeting in Florida this October. APGNN offers up to 3 scholarships to help defray the cost of conference attendance. This covers hotel and conference registration. We also have awards such as the Excellence in Education award, Excellence in Clinical Practice, and Excellence in Mentoring awards. Anyone can nominate a member for one of these awards. If you work with a nurse who you feel is deserving of recognition in one of these areas, [please refer to our website for more details](#). Nurses can also apply for the Susan G. Moyer research grant, supported by the **NASPGHAN** Foundation. This is a great opportunity for funding for a nurse interested in research. The deadline to submit a research proposal is Friday, July 6, 2018,

We have finalized the Biliary Atresia learning module. This has been uploaded to our website and also is on the APGNN page in the [NASPGHAN member center](#). Thank you to the **NASPGHAN** members that helped guide and review this module. APGNN members can earn 1 free CEU upon completion of this module. I highly recommend it, as I think it is excellent! Our Patient and Family Education committee is actively working with the **NASPGHAN** Public Education committee and will be helping review, update, and add to the GIKids website.

We remain in the pilot phase of the mentoring program. We have 4 mentee/mentor matches with a few more requests for mentors. Overall, I think it is going well. We are learning a lot about what works well and what does not. We do not plan to expand this to the entire organization for another few months as we want to assure a high quality program, but anticipate being able to do so later this fall.

Many thanks to all of you for your ongoing support of this organization! If you are interested in more information, please visit our website ([www.apgnn.org](http://www.apgnn.org)) or email me directly ([amy.donegan@nationwidechildrens.org](mailto:amy.donegan@nationwidechildrens.org)).

Warm regards,  
Amy Donegan, APRN

## Committee and Special Interest Group Reports

### NASPGHAN FELLOWS COMMITTEE

*Chair: Navneetha Unnikrishnan, MD*

The Fellows Committee has been working on two major projects: The **NASPGHAN** Toolbox—a pediatric GI reference app and The Fellows Feud, a **NASPGHAN** board review regional champion's quiz.

For the last two years, the Fellows Committee has been working on the development of a pediatric GI reference application for community pediatric gastroenterologists, trainees and mid-level providers. This app will be available on both iOS and Android platforms and will be free to all users. The content includes decision-making algorithms, image atlas, disease scores and calculators, nutrition corner and patient education materials. Most of the content is curated and obtained from the **NASPGHAN** website, guidelines, position statements and the *Journal of Pediatric Gastroenterology and Nutrition*. Some content has also been obtained from other sources with permissions. Our content has been reviewed and approved by all **NASPGHAN** Committees. Currently we are working on creating the phone application itself. We hope this app will prove to be a good pocket tool in the everyday practice of pediatric gastroenterology. So hang on for **NASPGHAN** Toolbox!

After two successful Fellows Feuds and a lot of enthusiasm among the fellows, we are continuing this as an annual project. The Fellows Feud is a board review quiz competition among fellows of different regions of North America, Canada and Mexico. Fellows are divided into groups based on geographic regions; Johanson-Blizzard Brawlers, Eastern Eosinophilic Avengers, Mid Atlantic Meckels, Southern Celiac Sprue, Wilson's Out West, Mielomeningoceles de Mexico. The winning region is determined by the percentage of GI fellows who complete the questions in each region. Ultimately one winner is chosen randomly from the winning region for a chance to win a free registration to the **NASPGHAN** Postgraduate Course and the **NASPGHAN** Annual Meeting. For everyone else it is an exciting way to prep for boards over the three years of fellowship.

We would like to thank Drs. Jim Heubi, Doug Mogul, Karen Murray and Jeannie Huang and Executive Director Margaret Stallings for their mentorship.

### TECHNOLOGY COMMITTEE

*Chair: John Pohl, MD (@Jfpohl)*

*Vice-Chair: Jason Silverman, MD (@DrJSilverman)*

The Technology Committee would like our society's members to be aware of two new electronic resources through **NASPGHAN**. **NASPGHAN** and the Celiac Disease Foundation have put together the "Clinical Guide for Celiac Disease" (<https://clinical.celiac.org/>), which is a wonderful website with clinical algorithms to address various clinical scenarios for unusual celiac disease presentations. Additionally, the doc4me app (<http://doc4me-app.com/>) developed by Jeannie

Huang, MD, MPH, is an excellent resource for pediatric patients with IBD who are transitioning to adult GI care. The pediatric GI fellows in **NASPGHAN** also have been working on a very good app for fellow education and patient care that should be ready later this year, and we believe that it will be beneficial for the entirety of our medical society once it is completed.

In regards to **NASPGHAN** and social media, our Committee continues to work with Innate Agency (the company that assists in social media for **NASPGHAN**) to produce high-quality information for our social media platforms. We want you to "Like" and "Follow" the social media presence for both **NASPGHAN** and GIKids.org. Both of these organizations have Facebook, Twitter, and Instagram accounts. The **NASPGHAN** social media sites provide daily high quality medical information for pediatric gastroenterologists, as well as for other medical providers. **NASPGHAN** also has a YouTube channel with great educational resources. Please make sure you refer your patients and their families to GIKids.org, and please recommend that they follow GIKids.org on both Facebook and Twitter. Finally, our Committee is working with several other **NASPGHAN** committees to update and promote quality constipation care teaching material for practitioners and their patients.

We always want to emphasize the importance of social media outreach during our Annual Meeting, so don't forget this year's hashtag for our Annual Meeting, **#NASPGHAN18**.

Here are some great references to learn about social media and medicine:

1. Social Media for Family Physicians: Guidelines and Resources for Success (AAFP)—[click here](#).
2. Social Media Do's and Don't for Medical Practices (Physicians Practice)—[click here](#).
3. Social Media and Health Care Professionals: Benefits, Risks, and Best Practices—[click here](#).
4. 33 Charts: Exploring the Edges of Medicine and Technology—[click here](#). (This site has great material by Bryan Vartabedian MD, @Doctor\_V, a **NASPGHAN** member)

### TRAINING COMMITTEE

*Chair: Norberto Rodríguez-Báez, MD*

*Vice Chair: Christine Lee, MD*

#### TEACHING AND TOMORROW

Drs. Mike Leonis and Christine Lee organized the 2017 Teaching and Tomorrow program that took place at the **NASPGHAN** Annual Meeting in Las Vegas, NV. This program gives exposure to residents to subspecialty training in pediatric gastroenterology, hepatology and nutrition. Residents have the opportunity to meet faculty, program directors, and get ideas on how to improve their application for

fellowship. They also have the opportunity to see first-hand the cutting edge basic and clinical science of our subspecialty presented during the Annual Meeting.

**FELLOWS CONFERENCES**

The third-year fellows conference supported by an educational grant from Mead Johnson Nutrition was held in Scottsdale, Arizona in October 2017. With an outstanding faculty led by Drs. Melanie Grier and Cary Sauer, the fellows engaged in talks and discussions about the interview process, career development and the transition from training to practice.

The second-year fellows conference supported by Abbott Nutrition took place in February 2018 in Scottsdale, Arizona. Drs. Vicky Ng and Bradley Barth served as chair and co-chair, respectively of this amazing and well-received conference. Fellows interacted with an outstanding group of faculty, learned about career development and pathways and how to begin searching for a job. ([related story, page 11](#))

The first-year fellows conference, supported for the first time by Abbott Nutrition, was held in January 2018 in Orlando, Florida. Fellows from the United States, Canada and Mexico participated in this dynamic conference focused on helping fellows develop strategies to achieve success in their scholarly activities and how to achieve a work-life balance. The conference had a terrific group of faculty led by Drs. Meghana Sathe and Emily Perito. ([related story, page 10](#))

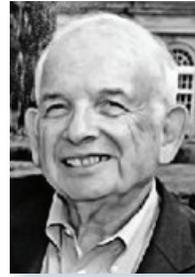
**ENTRUSTABLE PROFESSIONAL ACTIVITIES**

[Entrustable Professional Activities \(EPAs\)](#) describe the essential, routine tasks that a practicing subspecialty is expected to perform. Dr. Cary Sauer and the Training Committee have worked very hard in collaboration with the American Board of Pediatrics in the development of the following EPAs:

- ◆ Common Outpatient GI and Liver
- ◆ Inflammatory Bowel Disease
- ◆ Mucosal Diseases
- ◆ Congenital Issues & Short Bowel Syndrome/Intestinal Rehabilitation
- ◆ Liver Diseases
- ◆ Biliary and Metabolic Diseases
- ◆ Pancreatic Diseases
- ◆ Liver Transplantation
- ◆ Nutrition
- ◆ Endoscopy and Procedures

The Training Committee also has organized curricular resources for each of these 10 **NASPGHAN** EPAs that include sentinel articles, position statements and guidelines, and other resources. These curricular resources are updated once a year by the Training Committee and can be found on the **NASPGHAN** website. Future projects include adding topics such as work and life balance, mentoring, career development, etc, and provide articles and resources for all the **NASPGHAN** members.

Please feel free to contact me at ([norberto.rodriquez-baez@childrens.com](mailto:norberto.rodriquez-baez@childrens.com)) with any thoughts, suggestions, comments, or ideas for the Training Committee.



*In Memoriam*

Robert T. Stone, MD, among the first fellowship-trained pediatric gastroenterologists in the United States, died May 7, 2018 in Ohio. He was 81.

Dr. Stone fully retired at age 80 in 2017 after 55 years of practicing medicine. He had been a member of **NASPGHAN** for many years and became an emeritus member in 2015.

Considered one of the founding leaders of pediatric gastroenterology in Ohio and the United States, Dr. Stone completed a National Institutes of Health fellowship in pediatric gastroenterology at the Children’s Hospital of Philadelphia. He attended Miami University in Oxford, Ohio and the Ohio State University’s medical school, graduating in 1961. He completed his residency at Akron Children’s Hospital. After completing his pediatric gastroenterology fellowship, he completed a two-year assignment at the U.S. Naval Hospital in Memphis, Tennessee. Following the Memphis assignment, Dr. Stone returned to Ohio and Akron Children’s Hospital, where he remained the duration of his career.

Upon his return to Akron Children’s, he dedicated his time to improving the quality of care for children with cystic fibrosis (CF). Of all of his accomplishments, in fact, Dr. Stone was most proud of his contributions to the incredible progress made in the care of patients with cystic fibrosis. He often spoke of the joy he felt when attending his patients’ college graduations, attending their weddings, and celebrating their long and full lives.

Throughout the years at Akron Children’s Hospital, Dr. Stone held numerous posts. He was Director of Gastroenterology, Director of the Cystic Fibrosis Center, Chairman of Pediatrics, a member of the hospital’s board of trustees and Chief of Medical Staff. The hospital’s Robert T. Stone, MD, Respiratory Center was named for Dr. Stone in 1999 after his brother, Don, and sister-in-law, Marcia, gave a donation in his honor.

On his online obituary in the *Akron Beacon Journal*, dozens of his patients and their families lauded Dr. Stone for being a caring and dedicated doctor.

“More than anything else, Bob was a tireless advocate for his patients and for their families—he sought out and created opportunities to influence the social, societal and political issues that had the greatest impact on the health and well-being of children and the communities where they live,” said Dr. Norman Christopher, Chair of Pediatrics at Akron Children’s and who also was a close friend of Dr. Stone.

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

Course Director: Meghana Sathe, MD

Course Co-Director: Emily Perito, MD



The **NASPGHAN**–Abbott First-Year Fellows Conference was held in Orlando, Florida at the Rosen Plaza Hotel from January 11-14, 2018. We celebrated the 16<sup>th</sup> anniversary of this conference. One hundred and twenty-two fellows from the United States, Canada, and Mexico participated in this dynamic conference, which focused on helping fellows develop strategies to achieve success in their scholarly activities during their fellowship training and beyond.

The conference provided exposure to multiple aspects of pediatric gastroenterology including various career paths such as administration, basic and clinical research, education, private practice, and industry. In addition to short lectures that focused on everything from “How to Choose a Research Project and a Mentor” to “How to Balance Work and Life,” there were panel discussions in which faculty discussed their individual pathways. The Clinical Research Exercise was a high point of the conference in which the fellows designed mock research projects for presentation to the entire group. A highlight of the meeting was the one-on-one interaction with the faculty to discuss their individual concerns and questions regarding fellowship, career development, research and attaining work-life balance. To end this successful conference, faculty and fellows celebrated in the “Mickey Mouse Clubhouse”, including Zumba dancing led by the infamous Norberto Rodriguez-Baez.

Making this conference possible was a terrific group of 14 faculty representing the United States, Canada, and Mexico, as well as a diversity of clinical and research interests: Drs. Meghana Sathe (Course Director), Emily Perito (Course Co-Director), Sabina Ali, Ben Gold, Nicola



Jones (Canadian representative), Regino González-Peralta, Jim Heubi (**NASPGHAN** president), Sandy Kim, John Pohl, Leonel Rodriguez, Jennifer Strople, Solange Heller Rouassant (Mexican Councilor), Norberto Rodriguez-Baez (Chair of **NASPGHAN**'s Training Committee), and Larry Williams (Abbott Representative).

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

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

Course Director: Vicky Ng, MD

Course Co-Director: Bradley Barth, MD



For 38 consecutive years, Abbott Nutrition has supported the **NASPGHAN** Second-Year Fellows conference, which took place this year March 8–10, 2018 in Scottsdale, Arizona. This year’s conference provided 2nd Year Pediatric GI Fellows from across the U.S., Canada and Mexico with a career-building program that included brief lectures integrated with small group sessions that enabled and promoted interactions between faculty and fellows. Talks on academic skills including how to prepare and deliver a great talk, an approach to writing (for many, their first) research papers, reflections on work-life integration, and creating a CV were helpful, articulate and honest. Lectures on the different types of career paths, how to effectively search for a job, and tips for interviewing were well-received with lots of time for interactions and questions through the weekend. We were again extremely blessed to have a diverse and energetic faculty full of excellent role models representing the spectrum of academic clinical and research faculty, clinical practice, a division chief, and everywhere in between. In addition, the faculty were so open and available to provide insight into (and advice about) careers in IBD, motility, hepatology, nutrition, quality improvement, endoscopy, eosinophilic disorders, and more, as well as careers in research, clinical practice, and industry. Private feedback was also provided to fellows through personal CV review with fellow-selected faculty.



The weather was amazing (and a wonderful reprieve from some of the crazy weather in our home destinations), and fellows and faculty enjoyed excellent meals, super fun breakout sessions, and a chance to address vitamin D deficiency in the Phoenix sun. In addition to the “grueling” agenda, there was some time for recreation and networking.

Special thanks to Bob Dahms and Abbott Nutrition for sponsoring this successful meeting for another great year. We are so thankful to the 2018 faculty without whom this meeting could not have happened: Brendan Boyle, Calies Menard-Katcher, Eric Benchimol, Jose Garza, Karen Murray, Larry Williams, Maria Mascarenhas, Matthew Riley, Larry Williams, Norberto Rodriguez-Baez and Rachel Rosen. Last, but totally NOT least, this annual conference would never happen without the ever present dedication, energy and unwavering support of the **NASPGHAN** front office including Executive Director Margaret Stallings and Associate Director Kim Rose.





# JPGN

## News from the Editor

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

The *Journal of Pediatric Gastroenterology and Nutrition* is thriving. We continue to have increasing numbers of submissions (the downside being that a few more submissions are being rejected) and online visits to the *JPGN* website. *JPGN* is distributed and read worldwide, and in case you are unaware, we now have an online-only Chinese edition (containing four abstracts in each 4-page issue) with 2400 users per year.

Many of you participated in the recent journal survey, sent to reviewers, authors and readers a couple of months ago. The results of the survey were very positive about our journal. Readers like the variety of topics (GI including IBD and celiac subheaders, Hepatology, Pancreatology and Nutrition). Reviewers found our system to be more favorable than some other journal systems, but were interested in more incentives. Since CME incentives are only available to U.S. reviewers, it was not clear whether some of these comments were from reviewers in other countries who do not benefit from the U.S.-based CME. Authors gave mixed reviews—some felt the system is cumbersome, while others appreciated the system compared with other journals. Further follow-up will be provided after these issues are discussed in the Publication Committee meetings to be held at both **NASPGHAN** and ESPGHAN meetings and at the *JPGN* Strategic Planning Meeting in the fall.

Thanks to tremendous dedication and effort by Dr. Charlie Vanderpool, our Facebook page and Twitter account continue to grow. Your activity on Facebook and Twitter, including reposting and retweeting *JPGN* posts and creating your own posts linked to *JPGN* articles, helps boost the visibility of our journal and our publications, and contributes to the altmetric score posted with each article.

*JPGN* recently received heightened news coverage following a press release for the series of articles on the dangers of hidden button batteries in fidget spinners. If you have potentially newsworthy submissions, please alert the editors. Please note that if an article is accepted to have a press release, publish ahead of print (PAP) posting of the article will be delayed until the press release is sent.

Please continue to submit your best research to our journal  
See you at the **NASPGHAN** Annual Meeting!

## MAINTENANCE OF CERTIFICATION: CHANGES ARE A-COMING!

### The Boards are changing, and MOCA Pediatric GI is coming in 2019!

For those of you who are due for an upcoming board exam—your schedule is likely being shifted to start MOCA Pediatric GI starting next year. Check your own ABP portfolio to figure out your specific situation.

### What is MOCA Pediatric GI?

It is the continuous assessment version of the boards. If you have been keeping up your general pediatric certification, there has been an ongoing pilot that has been successful for general pediatrics after which MOCA Pediatric GI will be modeled (pass rate for the MOCA general pediatrics is 95%). Essentially, beginning at the start of your cycle, you will receive up to 20 timed questions every quarter. You will have 3 months (the quarter) to answer them, in one batch or one-by-one. You can answer the questions on your computer, tablet or smartphone. You will receive immediate feedback on your selected answers (right v. wrong and references) and you will have access to previously answered questions. To pass the boards in MOCA, you have to pass 12 quarters every 5 years. You also get to throw out your 4 worst quarters (they are thrown out for you). This means that basically you can skip a quarter every year and still pass in 4 years (In the 5th year, if you have passed by then, you won't have to get additional questions in your 5th year).

### What does this cost?

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

### What happens if I don't pass?

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

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

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

### Where can I find additional information?

<https://www.abp.org/mocapedds>

Sincerely,  
Jeannie Huang, MD, MPH  
Chair  
MOC Task Force

# American Academy of Pediatrics Corner

Dear Colleagues,

Happy Spring! The AAP's Section of Gastroenterology Hepatology and Nutrition (SOGHN) continues to participate on multiple levels within the Academy—fulfilling its main goals of representing our field in educational activities, best practice statements, and advocacy efforts around child health issues that have a pediatric GI focus. In March, representatives from SOGHN were pleased to contribute to the Academy's Annual Leadership Forum—which was held outside of Chicago near the AAP's new headquarters in Itasca, IL. Healthcare transformation, as well as physician burnout were key topics addressed at this year's meeting. Leaders from chapters, committees, councils and sections voted on priority issues that will be used to guide the Board of Directors as they set a number of AAP policies and initiatives, including the opioid crisis, access to care, and child nutrition standards. SOGHN members attending this year's conference included Mitch Cohen, Leo Heitlinger, Ivor Hill, and myself.



*Pediatricians meeting with U.S. Senator Ed Markey of Massachusetts during AAP's Legislative Conference. Ed Markey is back row, 7th from the left.*

In early April, more than 350 pediatricians, pediatric medical subspecialists, pediatric surgical specialists and pediatric trainees descended on Capitol Hill to urge federal legislators to protect children from gun violence. David Brumbaugh (SOGHN Executive Committee member), Angela Sandell (Section on Pediatric Trainees liaison to SOGHN), and I were enthused to join the largest group of pediatricians ever to storm the halls of Congress in Academy history. Participants visited more than 270 congressional offices conveying the Academy's main messages on gun violence prevention, and many of us shared first-hand experiences of how fears around gun violence impacts our patients and communities.



*There was a delegation from Pennsylvania, including Dr. Angela Sandell, a peds GI fellow—in front row, 7th from the left.*

This year's National Conference and Exhibition (NCE), the annual meeting for AAP members, which features over 15,000 pediatric attendees, will take place November 2-6, 2018 in Orlando. In addition to fielding faculty on important topics for pediatricians, including GERD, IBS, vomiting and constipation, SOGHN is excited to host a session designed to educate general pediatricians and other pediatric specialists on analyzing the role of GERD in Aerodigestive Disorders that will be led by Rachel Rosen. We are also working with other subspecialty sections of the Academy to provide additional educational sessions related to Aerodigestive Disorders. SOGHN has again sent out a Request for Applications (RFA) inviting fellows to participate in this section program as faculty by presenting clinical cases and joining panel discussions. We hope this will be an excellent opportunity for budding clinical educators. Fellow awardees will be eligible for a travel grant award, supported by Abbott Nutrition. In addition, SOGHN will be co-sponsoring a session with the Section on Allergy and Immunology related to food allergies and the alimentary tract. We hope to see many of you there!

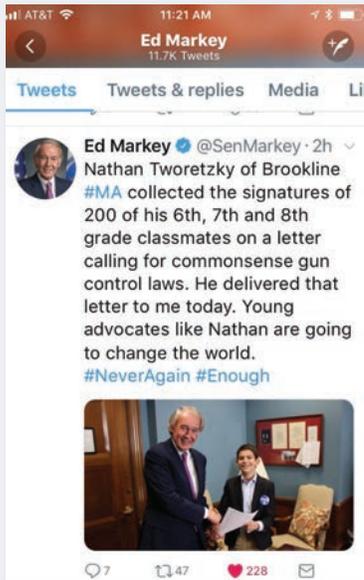
Best wishes for a fabulous summer!

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



*Pediatricians turned out in mass for the AAP event on Capitol Hill.*

## MR. TWORETZKY GOES TO WASHINGTON



**NASPGHAN** members were not the only ones traveling to Washington with the AAP contingent. Nathan Tworetzky, son of **NASPGHAN** member and AAP Section Chair Jenifer Lightdale, was the youngest member of the delegation. Dr. Lightdale described it to others attending as her version of “Take your Child to Work Day.” Nathan collected the signatures of 200 of his sixth, seventh and eighth grade classmates on a letter calling for common sense gun control laws. During the visit to Washington, he hand-delivered the letter to Massachusetts Senator Ed Markey, who tweeted about Nathan’s letter.

## 2018 NASPGHAN, APGNN, CPNP DIRECTORIES NOW AVAILABLE IN NASPGHAN MEMBER CENTER



The 2018 annual **NASPGHAN**, APGNN and CPNP membership directories are now posted on the **NASPGHAN** website. The PDF versions of the **NASPGHAN** directory, CPNP directory and APGNN directory are in the member section of the **NASPGHAN** website. Members can also search for other **NASPGHAN** members in the Member Center *Members Only* Member

Search Directory, which reflects the live membership database and current information for each member. It is searchable by name as well as location. You can control what members and the public see about you by [logging into the NASPGHAN Member Center](#), clicking on My Account and making changes in the Directory Settings tab.

## Welcome New NASPGHAN Members

**Nicholas Carman, FRACP, MBBS, BSc**

**Szu-Ta Chen, MD, PfiD, MPH**

**William Faubion, MD**

**Ilana Fortgang, MD**

**Jeffrey Goldsmith, MD**

**Sirvart Kassabian, MD**

**Mary Len, MD**

**Patrick McKiernan, MD**

**Jaimie Nathan, MD**

**Nidfi Rawal, MD**

**Jorge A. Rosario-Mulinelli, MD**

**Inbar Spofford, MD**

**Kirk Thame, MD**

## Congratulations to 2018 Shwachman, Distinguished Service Recipients

John Barnard, MD, of Nationwide Children’s Hospital, Columbus, Ohio, is the 2018 Harry Shwachman Award recipient. The Shwachman Award is given by **NASPGHAN** to a person who has made major, lifelong scientific or educational contributions to the field of pediatric gastroenterology, hepatology or nutrition in North America.

Michael Narkewicz, MD, of Children’s Hospital Colorado, is the 2018 **NASPGHAN** Distinguished Service Award winner. The **NASPGHAN** Distinguished Service Award is presented to an individual to recognize excellence and service to the field of pediatric gastroenterology, hepatology, and nutrition by achieving national and/or international recognition in their field.

Both physicians will receive the awards during the Awards Ceremony at the 2018 **NASPGHAN** Annual Meeting in Hollywood, Florida. The 2018 ceremony will be held at 4:15 pm Friday, October 26 in the Diplomat Hotel in Florida. Please plan on attending.



## Seventh Nutrition University Deemed Successful

Course Chair: Justine Turner, MD, PhD

Congratulations to our 2018 **NASPGHAN** Nutrition University (N<sup>2</sup>U) graduates!

This was the **NASPGHAN** Foundation's 7<sup>th</sup> N<sup>2</sup>U. The **NASPGHAN** Foundation continued to have both RD and MD attendees and faculty, a tribute to the multi-disciplinary nature of nutrition support practice and to our combined education goals.



N<sup>2</sup>U continues to focus on case based learning, to include the latest scientific evidence for nutrition practice and to benefit from an expert faculty. In addition to the critical educational importance of this program, N<sup>2</sup>U provides an opportunity for career development and mentorship in the field of pediatric nutrition across North America.



This year's group had some fun exploring the nutrition specialists toolbox, with practical, hands on learning experience measuring indirect calorimetry and exploring the role of DXA in pediatric GI practice. Nutrition Jeopardy continues to be a highlight, providing a competitive, but fun learning environment, testing the knowledge of both attendees and faculty. You stumped me this year, Praveen!

A big thank you to our faculty, CME and application reviewers. Special thank you to Margaret Stallings and Monique Taylor (our calorimetry guinea pig!) for much work behind the scenes, prior to and during N<sup>2</sup>U, which makes the course efficient and enjoyable.

### Faculty 2018:

Justine Turner, MBBS, FRACP, PhD—Chair  
 Karin Ballard, MS, RD, LDN  
 Valeria Cohran, MD, MS  
 Praveen Goday, MBBS, CNSC  
 Maria Mascarenhas, MBBS  
 Lauren Matschull, MBA, RD, CD  
 Rebecca Pipkorn, RD, CD, CNSD  
 Ann Scheimann, MD, MBA  
 Sally Schwartz, RD, CSP, LDN  
 Robert Shulman, MD  
 Carmyn Thompson, RD, LDN, CSP

### CME Reviewers 2018:

Elizabeth Yu, MD  
 Ninfa Candela, MD



Thank you to our attendees, for your passion and commitment to pediatric nutrition. We look forward to you sharing your N<sup>2</sup>U learning experiences at your home institutions and in enhancing your clinical practice. We anticipate you being nutrition ambassadors and educators, so that the care of children across North America is improved by GI professionals unique skill and advocacy for nutrition health promotion, diagnosis and support.

***Finally, thank you once again to Nutricia North America for supporting this unique educational activity.***

# Save these dates!

## NASPGHAN Meetings & Important Deadlines

### 2018

#### ▶ SEPTEMBER 20–23, 2018

##### Third Year Fellows Conference

Camby Hotel—Scottsdale, AZ

*Supported by an educational grant from Mead Johnson*

#### ▶ OCTOBER 25–28, 2018

##### 2018 NASPGHAN Annual Meeting & Postgraduate Course

Diplomat Resort and Spa—Hollywood, Florida

### 2019

#### ▶ JANUARY 10–13, 2019

##### First Year Fellows Conference

Omni Rosen Hotel—Orlando, FL

*Supported by an educational grant from Abbott Nutrition*

#### ▶ MARCH 7–10, 2019

##### Second Year Fellows Conference

Scottsdale Plaza Resort—Scottsdale, AZ

*Supported by an educational grant from Abbott Nutrition*

#### ▶ OCTOBER 16–19, 2019

##### 2019 NASPGHAN Annual Meeting & Postgraduate Course

Sheraton Chicago Hotel and Towers—Chicago, IL

### 2020

#### ▶ NOVEMBER 5–7, 2020

##### 2020 NASPGHAN Annual Meeting & Postgraduate Course

Marriott Marquis—San Diego, CA

### 2021

#### ▶ NOVEMBER 4–6, 2021

##### 2021 NASPGHAN Annual Meeting & Postgraduate Course

Gaylord Opryland Resort & Convention Center—Nashville, TN

## Meetings of Interest

### 40<sup>th</sup> Annual Aspen Conference on Pediatric Gastrointestinal Diseases

♦ **Date:** July 16–20, 2018

♦ **Location:** Snowmass Village, CO

### Obesity and Metabolic Disease: Integrating New Paradigms in Pathophysiology to Advance Treatment

♦ **Date:** August 18–19, 2018

♦ **Location:** Arlington, VA

### 23<sup>rd</sup> Annual SPLIT Meeting

♦ **Date:** September 13–14, 2018

♦ **Location:** Atlanta, GA

### ASPEN Malnutrition Awareness Week 2018

♦ **Date:** September 24–28, 2018

### Hot Topics in Pediatric Gastroenterology, Hepatology, Liver Transplantation and Nutrition

♦ **Date:** October 6–7, 2018

♦ **Location:** New Delhi, India

### AAP National Conference and Exhibition (NCE)

♦ **Date:** November 2–6, 2018

♦ **Location:** Orlando, FL

### The Liver Meeting 2018

♦ **Date:** November 9–13, 2018

♦ **Location:** San Francisco, CA

### Johns Hopkins University and Children's Center's 13<sup>th</sup> Advances in Pediatric Nutrition

♦ **Date:** November 12–13, 2018

♦ **Location:** Baltimore, MD



# Billing & Coding

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

## MEDICAL NECESSITY: THE MAIN FOCUS BY PAYERS

Medical necessity should always be and should always have been your primary focus with medical record documentation and claim submission. The focus on elements of the history and HPI has been too often a priority when documenting and News from Our Foundation Partners caring for the patient and CMS has decided to do something about this. CMS is in the process of gathering information from providers of all specialties in order to develop new guidelines for Evaluation and Management services. Until the time when these guidelines are revised, somewhere around 2020-2021, pay attention to medical necessity for visits and procedures and not the amount of documentation in the medical note.

- ▶ No cloning of information from the HPI and Assessment and plan from previous dates of visits, whether inpatient or office. There should be customization in the HPI as to what happened from the previous visit and attention to “today’s plan of care, not what happened yesterday or 6 months ago”.
- ▶ Code to the medical necessity of the visit. Make sure that the conditions/diagnoses that are addressed are submitted on the claim.
- ▶ Comorbidities and/or risk factors which are managed and/or addressed during the visit that day should also be submitted on that date when pertinent to the visit or service performed on that calendar date. The diagnosis code(s) are the key element in supporting medical necessity.
- ▶ When performing biopsies during an endoscopy procedure, make sure that the reason for biopsies is clear. There should be findings and/or symptoms that prompted the medical necessity for the biopsy.
- ▶ Make sure that all providers are educated as to the decision making criteria to the level of service since that is the driving factor for the visit with the exception of “time billing”
- ▶ When billing by time, make sure that the total time is documented with an emphasis of at least 50% of that visit dedicated to counseling/coordination of care and that statement needs to be documented on the note whether office or inpatient. A brief statement as to what was discussed or coordinated also needs to support why time was billed. Rule of thumb: Time should only be the driving factor when decision making doesn’t justify the level of visit chosen but time does.

## QUESTIONS AND ANSWERS—

### Question:

Our practice is having an issue with payers not paying for **43239** when billed with **43249** since January 1, 2018. What happened?

### Answer:

Yes, the biopsy is now bundled into the dilation procedure. You can bypass the edit as long as the biopsy is done to a separate area/lesion.

This has really been a bundled service for years based upon the multiple endoscopy policy, but it has been an official edit since January 1, 2018. Physicians need to be clear as to what areas were specifically dilated and biopsied in the upper GI tract.

### Question:

When a procedure report states “polyp” and even gives size, but the pathology report reflects “normal colon tissue”

- ▶ Should the claim for the procedure reflect polyp? We are waiting to post until pathology is completed but it doesn’t mention polyp at all.
- ▶ One report says “prominent lymphoid aggregates”—could you use **K63.89** Other specified diseases of intestine?

### Answer:

In these situations, assign diagnosis code **K63.89** for other disorders of the intestine. It may look like a polyp while the Endoscopist is scoping the patient prompting the removal and pathology, however, polyps are confirmed via the final pathologist’s report. If this comes back as a non-polyp finding then you are better off to assign **K63.89**. You can always utilize your comment field to reflect pathology findings.

### Question:

Can you discuss observation E/M codes?

### Answer:

This is a pretty broad area, however, I will address a few rules that impact GI practices:

- ▶ Recommend billing/coding staff hold OBS charges for at least a week. Often times, the provider may bring over the charge ticket/superbill and note that the patient is in “OBS” but then the hospital changes the patient’s status to “INPT”. This can create a place of service coding error and denial by the payer because you ultimately have to match what the hospital’s final status assignment is.
- ▶ Per CMS (and those payers following CMS), only the admitting provider may bill the OBS codes (**99218-99220**, **99224-99226**, and **99217**). Since OBS status is considered outpatient, you have to determine if the patient has been seen in the practice for 3 years. If they are considered a NP then report CPT **99201-99205**, if they are established with the practice then report CPT **99212-99215**.
- ▶ Check your commercial carrier policies as they may differ from CMS. If they accept consultation codes and consultation criteria is met, bill CPT codes **99241-99245** since OBS is considered outpatient.
- ▶ Make sure anyone in OBS status is billed with POS 22.

# Public Affairs & Advocacy Report

Camille S. Bonta, NASPGHAN Washington Representative

## PATIENTS AND NASPGHAN MEMBERS COME TOGETHER FOR MEDICAL NUTRITION EQUITY



On June 1, 80 physician and patient advocates were on Capitol Hill to lobby in support of the Medical Nutrition Equity Act (S.1194/ H.R. 2587). This legislation, sponsored by Sens. Bob Casey (D-PA) and Chuck Grassley (R-IA) and Reps. John Delaney (D-MD) and Jamie Herrera Beutler (R-WA), would require insurers to cover medically necessary nutrition for patients with digestive and inherited metabolic disorders.

The day on the Hill marked the first public event of the newly formed [Patients and Providers for Medical Nutrition Equity Coalition](#), which was launched under the direction of **NASPGHAN**. The Coalition is uniting patients and health providers around the common goal of achieving medical nutrition coverage equity.

“Medical nutrition is central to the management and treatment of many conditions of the digestive system,” said James Heubi, MD, **NASPGHAN** President. “For example, oftentimes physicians can manage Crohn’s disease with formulas that carry zero risk and side effects rather than with costly drugs or biologics. What we find most often, however, is that insurers will cover the drugs and not the formula, or medical food.”

During the more than 100 meetings with congressional offices, advocates shared why access to medical nutrition is vital and asked lawmakers to cosponsor the Medical Nutrition Equity Act. This legislation would require Medicaid, the Children’s Health Insurance Program, Medicare, the Federal Employee Health Benefit Program, and private insurance to cover medically necessary foods as defined in the legislation as those products that are:

- ▶ furnished pursuant to a prescription, order, or recommendation for the dietary management of a covered disease or condition;
- ▶ a specially formulated and processed product;
- ▶ used for partial or exclusive feeding;
- ▶ consumed orally or by a tube;



- ▶ intended for dietary management which cannot be achieved by the modification of the normal diet alone; and
- ▶ used under medical supervision

In conjunction with the day on the Hill, the Coalition also hosted a briefing for congressional staff that was standing-room only. Presenting at the briefing was **NASPGHAN** member Maria Oliva-Hemker, M.D., who described the use of medical nutrition in treating diseases of the digestive system.

For more information about the Patients and Providers for Medical Nutrition Equity Coalition, including a full list of coalition members, please visit [medicalnutritionequityfor.us](http://medicalnutritionequityfor.us).

How **NASPGHAN** members can take action:

- ▶ Ask members of Congress to cosponsor the Medical Nutrition Equity Act. **NASPGHAN** members can take action quickly and easily through the [NASPGHAN Action Center](#) where an editable template letter has been provided.
- ▶ Help identify patients and families who are willing to [share their story](#) about why coverage of medical nutrition is necessary. Patients and families can tell their story through a portal on the Coalition website.



## 2018 ANNUAL MEETING REGISTRATION IS NOW OPEN!

Join us for the **NASPGHAN** Annual Meeting, October 24–27, 2018 at the Diplomat Beach Resort in Hollywood, Florida. This four-day event includes the Single Topic Symposium, Postgraduate Course, **NASPGHAN** Annual Meeting, APGNN Annual Meeting, CPNP Nutrition Symposium, and the Teaching and Tomorrow Program.

Early Bird Registration Deadline is August 28, 2018.

[Register on-Line now.](#)



### Outstanding Video Submissions to be Featured During 2018 NASPGHAN Annual Meeting Session



Outstanding video submissions will be featured again during a session at the 2018 **NASPGHAN** Annual Meeting in Hollywood, Florida. The focus is on cutting-edge techniques and unusual cases in GI endoscopy. Accepted authors will present their video live and then have 1–2 minutes to answer questions, according to Robert E. Kramer, MD, FASGE, chair of the **NASPGHAN** Endoscopy and Procedures Committee. Similar submissions were featured at the 2017 Annual Meeting in Las Vegas.

The **NASPGHAN** video abstract session is designed to showcase interesting endoscopic cases or techniques in the field of gastrointestinal endoscopy. Programs can demonstrate accepted techniques, difficult or interesting cases, complications or innovations within the field of endoscopy. Programs should focus on interesting and novel cases or techniques in the field of pediatric endoscopy. All entries must be oriented toward physician rather than patient education.

Submissions should demonstrate an individual technique or case or series of cases and should be between 3–5 minutes in length (it cannot exceed 5 minutes). Accepted videos will be narrated DURING the playing of the video. (Video played at the **NASPGHAN** Annual Meeting will not have sound). [Submit a video.](#) The submission deadline is June 14.

Thank you and we look forward to reviewing your videos for the upcoming meeting in Hollywood, Florida.

### 2018 Annual Meeting Advertising Package

Tell membership about your job openings at the **NASPGHAN** Annual Meeting, October 24-27 in Hollywood, Florida as well on the **NASPGHAN** electronic Job Board!

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

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

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

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

**NASPGHAN**

# NEWS from Our Foundation Partners

## Allergan

### ▶ Clinical Trial Overview Eluxadoline 3030-202-002

**Protocol Title:** A Phase 2, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, Dose-Ranging Study to Evaluate the Safety and Efficacy of Eluxadoline in Pediatric Patients (Age 12 to 17 Years) With Irritable Bowel Syndrome With Diarrhea (IBS-D)

**Disease Overview:** Irritable Bowel Syndrome with Diarrhea affects adults and children. While researchers do not know the cause of IBS-D, they are actively searching for new treatments to improve the quality of life for those who are affected. Symptoms of IBS-D include nausea, abdominal pain, frequent and loose stools, sudden urges to go to the bathroom, and fecal incontinence.

**Clinical Trial Overview:** This is a Phase 2, multi-center study taking place in 50 - 100 study centers (worldwide). Approximately 120 patients are to be enrolled and required to have 6 visits over a 9-11 week period.

- ◆ Screening Period: 1-2-weeks
- ◆ Pre-treatment Period: 2-3-weeks
- ◆ Treatment Period: 4-weeks
- ◆ Post-treatment Period: 2-weeks

**Study Intervention:** Eluxadoline or placebo administered as oral tablets twice daily (BID).

#### Study Status:

- ◆ Start Date: November 2017
- ◆ Completion Date: August 2019

#### Key Inclusion Criteria:

- ◆ Patient is a male or female outpatient, 12 to 17 years of age inclusive.
- ◆ Patient has a diagnosis of IBS-D\* as defined by the modified Rome IV child/adolescent criteria and must include all of the following:
  - Abdominal pain at least 4 days per month over at least 2 months associated with one or more of the following:
    - Related to defecation
    - A change in frequency of stool
    - A change in form (appearance) of stool
  - After appropriate evaluation, the symptoms cannot be fully explained by another medical condition
    - Patient has predominantly diarrheal stool symptoms defined as Bristol stool types 6 or 7 for more than 25% of bowel movements and Bristol stool types 1 or 2 for less than 25% of bowel movements that occur in the absence of laxatives

\* All criteria fulfilled for at least 2 months prior to Visit 1 (screening).

**Primary Outcome Measure:** Change from baseline in stool consistency averaged over the 4-week Treatment Period.

**For More Information:** [www.clinicaltrials.gov](http://www.clinicaltrials.gov) (Identifier: NCT 03 339128)

-or-

Allergan Clinical Trials Registry Team

- ◆ Phone: 877-277-8566
- ◆ Email: [IR-CTRegistration@allergan.com](mailto:IR-CTRegistration@allergan.com)

### ▶ Clinical Trial Overview Linaclotide LIN-MD-63

**Protocol Title:** A Multicenter, Randomized, Double-blind, Placebo-controlled, Parallel-group, Safety and Efficacy Study of a Range of Linaclotide Doses Administered Orally to Children, Ages 7 to 17 Years, With Irritable Bowel Syndrome With Constipation (IBS-C) (ie, Fulfill Rome III Criteria for Child/Adolescent IBS and Fulfill Modified Rome III Criteria for Child/Adolescent Functional Constipation)

**Disease Overview:** Irritable Bowel Syndrome with Constipation affects adults and children. While researchers do not know the cause of IBS-C, they are actively searching for new treatments to improve the quality of life for those who are affected. Symptoms of IBS-C include abdominal pain, constipation, and straining.

#### Clinical Trial Overview:

This is a Phase 2, multi-center study taking place at approximately 50 sites in the United States and Canada. Approximately 260 patients are targeted to be enrolled and required to have 6 visits over a 12-week period.

- ◆ Screening Period: 2-4 weeks
- ◆ Pre-treatment Period: 2-3 weeks
- ◆ Treatment Period: 4 weeks
- ◆ Post-treatment Period: 1 week

This research study is evaluating the investigational use in children of Linaclotide that has been approved by the FDA to treat adults with symptoms of constipation. Patients ages 7- 17 who have IBS-C for at least the past 2 months, have had 2 or fewer bowel movements per week and exhibit retentive posturing or have hard painful bowel movements, or experience large fecal mass in rectum or fecal incontinence at least once per week are being recruited for this study.

**Study Intervention:** Linaclotide or placebo administered orally as a single daily dose taken 30 minutes before the evening. Dosage will be determined by weight for patients 7-11 year of age.

#### Study Status:

- ◆ Ongoing
- ◆ Study Start: November 2015

#### Key Inclusion Criteria:

- ◆ Patient meets Rome III criteria for child/adolescent IBS: at least once per week for at least 2 months before the Screening Visit, the patient experienced abdominal discomfort (an uncomfortable sensation not described as pain) or pain associated with 2 or more of the following at least 25% of the time:

- Improvement with defecation
  - Onset associated with a change in frequency of stool
  - Onset associated with a change in form (appearance) of stool
- ◆ Patient meets modified Rome III criteria for child/adolescent FC: For at least 2 months before the Screening Visit, the patient has had 2 or fewer defecations (with each defecation occurring in the absence of any laxative, suppository, or enema use during the preceding 24 hours) in the toilet per week. In addition, at least once per week, patient meets 1 or more of the following:
- History of retentive posturing or excessive volitional stool retention
  - History of painful or hard bowel movements (BMs)
  - Presence of a large fecal mass in the rectum
  - History of large diameter stools that may obstruct the toilet
  - At least one episode of fecal incontinence per week
- ◆ Patient has an average daytime abdominal pain score of  $\geq 1$  (at least a tiny bit) during the 14 days before the Randomization Visit
- ◆ Patient has an average of fewer than 3 spontaneous BMs (SBMs) per week during the 14 days before the randomization day. (An SBM is defined as a BM that occurs in the absence of laxative, enema, or suppository use on the calendar day of the BM or the calendar day before the BM)

**Primary Outcome Measure:** Change from baseline in 4-week overall spontaneous bowel movement (SBM) frequency rate (SBMs/week) during the Treatment Period

**For More Information:** [www.clinicaltrials.gov](http://www.clinicaltrials.gov) (Identifier: NCT03339128)

-or-

Allergan Clinical Trials Registry Team

- ◆ Phone: 877-277-8566
- ◆ Email: [IR-CTRegistration@allergan.com](mailto:IR-CTRegistration@allergan.com)

## Mead Johnson

### ◆ Nutramigen® LGG® has been clinically proven to help infants overcome cow's milk allergy in as little as 6 months of feeding.

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

In a separate nonrandomized, open clinical study (n=260), infants with CMA were evaluated to compare how many were able to overcome CMA after 12 months of dietary management with Nutramigen LGG vs other CMA formula options. Infants were divided into 5 groups depending on the formula type they received during the study.

Nutramigen LGG significantly outperformed other CMA formula options, helping 79% of infants overcome CMA within 12 months of feeding<sup>2</sup>. Only 44% fed extensively hydrolyzed casein formula, 33% fed rice hydrolysate formula, 24% fed soy formula, and 18% fed amino acid formula had overcome CMA after 12 months of feeding\*<sup>2</sup>.

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

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

## Nestlé



Visit the Nestlé Nutrition Institute (NNI) web site for science based education resources and tools supporting nutrition therapy in pediatrics. Learn more about non-IgE mediated gastrointestinal food allergic disorders with a webinar presented by Dr. Anna Nowak-Węgrzyn. This video-based program describes clinical manifestations of food protein-induced enterocolitis syndrome (FPIES), food protein-induced allergic proctocolitis (FPIAP) and food protein-induced enteropathy (FPE). Current approaches to diagnosis and management of non-IgE mediated food allergy are addressed [here](#). To sign up for other resources from the NNI web site, you can register [here](#).

### ◆ News from Nestlé's Feeding Infants and Toddlers Study

The Feeding Infants and Toddlers study aims to better understand the food and nutrient intakes, feeding practices, and related health behaviors of children from birth to four years old. It is the largest nationally representative cross sectional dietary intake study focusing on young children. Over the course of the three surveys done in 2002, 2008 and 2016, we have assessed the dietary patterns for nearly 10,000 infants, toddlers and preschoolers in the U.S.



Four publications from the 2016 FITS are now published in the *J of Nutrition* providing new learnings on what foods young children are eating and the nutrient adequacy of infants', toddlers' and preschool aged children's diets. Some of the key findings are included below. You can access the full publications [here](#).

- ◆ The Feeding Infants and Toddlers Study (FITS) 2016: Study Design and Methods
  - 3,235 parents and caregivers with children between 0-48 months completed a recruitment interview (inclusive of household demographics and lifestyle behaviors), a feeding practices questionnaire and a 24-hour recall.
  - 67% were non-Hispanic white, 14% Hispanic, and 14% non-Hispanic black. 36% participated in WIC. 24% of caregivers had a high school education or less.

- ◆ Food Consumption Patterns of Young Children Aged 2 to 4 Years: Findings from the Feeding Infants and Toddlers Study (FITS) 2016
  - More than ¼ of preschool aged children do not eat a single serving of vegetables on a given day. Of those who do, French fries remain the most commonly eaten vegetable.
  - Fruit intake appears to have improved since FITS 2008. About ¾ of preschoolers now eat a distinct portion of fruit on a given day, and fewer are drinking juice.
  - Sweets are common. 45 percent of 2- to 3-year-olds drink sugar-sweetened beverages on a given day, with fruit flavored drinks being the most common.
- ◆ Total Usual Nutrient Intakes of US Children (<48 mo): Findings from the Feeding Infants and Toddlers Study (FITS) 2016
  - Nearly 1 in 5 infants 6-12 months fall short on iron in their diet, a key nutrient for brain development and learning.
  - Vitamin D and fiber gaps appear early. Less than a ¼ of infants and toddlers get the recommended amount of vitamin D in their diet. Fewer than 10 percent of children 12 to 48 months old get adequate amounts of dietary fiber.
  - About 75 percent of 2- to 3-year-olds exceed the upper limit for sodium.
- ◆ Usual Nutrient Intakes from the Diets of US Children by WIC Participation and Income
  - Infants and young children who participate in WIC are less likely to fall short on iron, vitamin D and potassium compared to non-participants.
  - They are less likely to overconsume saturated fat.

We look forward to keeping you informed of additional insights on the feeding practices and eating habits of infants, toddlers and preschoolers from FITS 2016.

## Shire

### ▶ Eosinophilic Esophagitis

Shire is pleased to announce the roll-out of the Eosinophilic Esophagitis Young Investigator Research Program. The Shire supported Eosinophilic Esophagitis Young Investigator Research Program is a grant program focused on the support of independent requests for the advancement of clinical and scientific research in the area of Eosinophilic Esophagitis (EoE).

The program is specific to the development of ‘Young Investigators/Junior Faculty’ working in the area of EoE in the United States. Grant support will be prioritized for those requests that address the following areas of interest:

- ◆ Pathogenesis
- ◆ Biomarkers
- ◆ Epidemiology, diagnosis, clinical response criteria, and qualitative/quantitative management of symptoms
- ◆ Clinical, behavioral, burden of illness and comorbid conditions

Applications will be accepted for this program from July 1, 2018 – September 1, 2018. Decisions will be made by October 1, 2018. If you have any questions regarding the program rules or eligibility, please contact us at ([IIRSupport@shire.com](mailto:IIRSupport@shire.com)) or speak with your local Shire Medical Affairs representatives. Please go [here](#) for program information after June 1st, 2018.

### ▶ Short Bowel Syndrome-Intestinal Failure

In collaboration with dozens of **NASPGHAN** members, Shire has completed the pivotal phase III study of teduglutide in children with short bowel syndrome who are dependent on parenteral support. This study was a randomized, double-blind, 24 week study. The results from this study will be submitted for presentation at the upcoming annual meeting. Shire would like to thank the study coordinators, investigators, and families who participated in this important study.

### ▶ Ulcerative Colitis

Shire is currently enrolling patients with moderate to severe Ulcerative Colitis with a subject eligibility starting from age 16 in two studies. Further information can be found online using the correct identifiers given below on [www.clinicaltrials.gov](http://www.clinicaltrials.gov)

1. A Phase 3 Randomized, Double-blind, Placebo-controlled, Parallel-group Efficacy and Safety Study of SHP647 as Induction Therapy in Subjects with Moderate to Severe Ulcerative Colitis (FIGARO UC) NCT03259334 ([www.clinicaltrials.gov](http://www.clinicaltrials.gov))
2. A Phase 3 Randomized, Double-blind, Placebo-controlled, Parallel-group Efficacy and Safety Study of SHP647 as Induction Therapy in Subjects with Moderate to Severe Ulcerative Colitis (FIGARO UC 302) NCT03259308 ([www.clinicaltrials.gov](http://www.clinicaltrials.gov))

For more information about these studies, contact: Martina Goetsch, Global Clinical Development Lead ([goetscm@shire.com](mailto:goetscm@shire.com)).



## FDA, University of Maryland Plan November 16 Workshop on Challenges in Pediatric IBD Drug Development

The Food and Drug Administration (FDA) and University of Maryland Center for Excellence in Regulatory Science and Innovation (CERSI) are jointly planning a workshop to address challenges in Pediatric IBD Drug Development on Friday, November 16, 2018 in Silver Spring, Maryland. Those with an interest in pediatric IBD (Clinicians, Researchers, Industry Representatives, Patients and Parents) should plan to join this collaborative effort.

More details will follow in the coming months. For questions, contact Tara Altepeter, MD Clinical Team Leader, Division of Gastroenterology and Inborn Errors Products, at ([Tara.Altepeter@fda.hhs.gov](mailto:Tara.Altepeter@fda.hhs.gov)).

# Classifieds . . . .

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## ◆ California—

Ranked as one of the nation's Best Children's Hospitals in Pediatric Gastroenterology by *U.S. News & World Report* in 2017-2018, Valley Children's Healthcare is expanding and seeking Board Certified/Board Eligible Pediatric Gastroenterologists to join their team at Valley Children's Hospital's main campus and at two new state-of-the-art facilities opening in the coming year. Eagle Oaks Medical Office Building in Bakersfield, located just an hour and a half from Los Angeles, will open in the fall of 2018; and the new Pelandale Medical Office Building in Modesto, situated an hour and a half from San Francisco, in the late fall 2018/early winter 2019.

One of the largest pediatric healthcare networks in the nation, these sophisticated, advanced facilities will bring even more of Valley Children's pediatric specialists closer to the families who need expert care. Eagle Oaks Specialty Care Center is Valley Children's second outpatient center in Bakersfield. Last year, Valley Children's 34th Street Specialty Care Center saw more than 4,600 visits, and expects the number of outpatient visits to grow to more than 42,000 within the next decade.

Valley Children's current team includes 11 pediatric gastroenterologists, who work at the main campus and Specialty Care Centers in Bakersfield and Modesto. With a vast 11-county, 145,000 square-mile service area, Valley Children's provides Central California's only high-quality, comprehensive care for children, from before birth to age 21, with more than 550 physicians and 3,000 staff. Valley Children's also has Pediatric Residency and fellowship programs in affiliation with Stanford University School of Medicine.

Valley Children's network spans one of the most scenic and geographically diverse areas of the United States. It's an outdoor lover's paradise! You'll be in the enviable position of having not one, but three National Parks in your backyard: Yosemite, Kings Canyon and Sequoia. The area is within one to three hours of the stunning

Pacific coast, the Napa and Sonoma wine regions and the majestic Sierra Nevada Mountains, plus the San Francisco, San Jose and Los Angeles metropolitan areas. Lake Tahoe is about a four-hour drive away. Whether you prefer the snow, the sun or the sand, it's all within your reach. And with so much varied geography, you'll also find hiking and biking trails, kayaking, fishing, local wineries, farm stands and festivals, gourmet cuisine, and so much more.

Additionally, you will find warm, welcoming affordable communities that provide a great place to live and work, affordable homes, excellent schools and a strong financial compensation package, including relocation and signing bonus.

If you're looking to join an expert group of Pediatric Gastroenterologists where you can truly enjoy an exceptional practice and lifestyle, please contact Glenda Smith, Principal, Pediatric Search Partners, at ([glenda@pediatricsearchpartners.com](mailto:glenda@pediatricsearchpartners.com)), or call 877-440-3832.

**Job Requirements:**  
Board Eligible/Board Certified  
Pediatric Gastroenterology

To apply for this job, contact:  
Glenda Smith  
Phone: 877-440-3832  
Fax: 512-672-7038  
Email: [glenda@pediatricsearchpartners.com](mailto:glenda@pediatricsearchpartners.com)

## ◆ Maine—

Excellent opportunity for a BC/BE pediatric gastroenterologist to join a well-established comprehensive three practitioner pediatric gastroenterology practice to replace a departing physician. 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.

EMMC 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. 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.

Bangor is an award-winning small city offering easy access to 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 located 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 Klausing, AASPR, Provider Recruiter  
Phone: 207-973-5358  
E-mail: [ProviderJobs@emhs.org](mailto:ProviderJobs@emhs.org)

## ◆ Massachusetts—

We are seeking an outstanding MD for a full-time faculty position as a clinical pediatric transplant hepatologist and gastroenterologist at Boston Children's Hospital (BCH), with a faculty appointment at Harvard Medical School (HMS) at the Instructor or Assistant Professor level. The successful candidate will have graduated in good standing from a pediatric gastroenterology fellowship in the United States or Canada, and will have graduated or will soon graduate from an ACGME accredited pediatric transplant hepatology fellowship in the United States. The candidate must be board eligible or board certified in Pediatric Gastroenterology as well as Pediatric Transplant Hepatology by the American Board of Pediatrics. The physician will be expected to provide both inpatient and outpatient care to children we serve, as well as to teach residents, medical students, and fellows.

We are currently seeking clinicians and physician scientists who will see gastroenterology and transplant hepatology patients. We are looking for candidates who have interests in any of the following areas: clinical trials, outcomes research, and biomarkers of liver disease. Physicians will be responsible for inpatient care of hepatology and liver transplant patients, and also perform ambulatory care of both hepatology and general GI patients. Ambulatory care will be provided at our Boston Children's site, and some of our outreach pediatric gastroenterology clinics in Massachusetts. The physician will attend

faculty meetings and conferences, and supervise residents and fellows. Clinicians will also be offered the opportunity to teach at HMS. Limited protected time for scholarship as well as mentorship will be provided, depending on the physician's career interests.

The Division at Boston Children's Hospital is a very collegial environment, and was ranked number 1 in *US News and World Report* in 2015-2017. It is the major pediatric teaching hospital of Harvard Medical School. The Division of Gastroenterology, Hepatology and Nutrition includes more than 50-plus faculty members and a full panel of GI subspecialty programs. There are four ABP-certified, full-time faculty members in the Hepatology and Transplant Program. With more than 20 liver transplants in the last year, it is the busiest pediatric liver transplant service in New England. With ACGME accredited fellowships in both gastroenterology and transplant hepatology, faculty have the opportunity to teach in a lively academic environment. Faculty has a great opportunity to develop expertise in a focused clinical area, and conduct innovative clinical research. We have a very strong basic science group in cell biology and immunology, and a strong track record in translational research collaborations and clinical trials. We are looking for a highly motivated individual who aspires to become a respected national authority in pediatric hepatology. We enthusiastically encourage women and minorities to apply for this position.

Children's Hospital and Harvard Medical School are Equal Opportunity Employers.

Send Curriculum Vitae, names of three individuals who would provide letters of reference, and a one-page synopsis of your prior academic accomplishments and current clinical interests to:

Athos Bousvaros MD, MPH  
Email: Athos.Bousvaros@childrens.harvard.edu  
Phone: 617-355-2962

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♦ **Massachusetts—**

Boston Children's Hospital is seeking an outstanding MD or MD/PhD for a research faculty position in its GI Division. Qualified candidates should be accomplished clinically in the field of pediatric or adult gastroenterology and with an established track record in basic or translational research involving the gut enteric nervous system. (PhD candidates will be considered, but priority for the search leans towards MD candidates.)

The new faculty member will direct an independent research program with some clinical practice. She/he will also participate actively in the division's research training programs and with the neurobiology community at Harvard Medical School.

Send Curriculum Vitae, names of four individuals who would provide letters of reference, and a one to two page synopsis highlighting past work indicating 2-3 most important papers, current research interests, and new directions to:

Anna Spivak MPH  
c/o Amanda Reilly  
Amanda.reilly@childrens.harvard.edu

Boston Children's Hospital is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law.

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♦ **Nova Scotia, Canada—**

The Division of Gastroenterology & Nutrition in the Department of Pediatrics at Dalhousie University and IWK Health Centre is seeking a clinician-teacher for a 0.7 FTE academic position at the assistant, associate or full professor level.

Call and service would be shared with three pediatric gastroenterologists. Within the Division is a Canada Research Chair Tier II, clinician-scientist with Microbiome and IBD research focus, a Canada Research Chair Tier I PhD psychologist in Pediatric Pain, and a PhD scientist whose research focus is in vitro and animal models of inflammation and IBD. The GI Division has active interests in clinical trials research, as well as research involving outcomes assessment, self-management and adherence in chronic disease. Education of medical students, post-graduate trainees and allied health professionals is another area of strength within the Division. The GI physicians are supported by a strong interdisciplinary team.

The IWK Health Centre is the tertiary pediatric and women's health centre for the three Maritime Provinces of Nova Scotia, New Brunswick and Prince Edward Island with a combined population of over 1.9 million. Halifax (<https://discoverhalifaxns.com>), with a metropolitan population of over 300,000 is a lively harbor city. It has a thriving arts and music

scene and is the business and economic centre in Maritime Canada. Dalhousie University (<https://www.dal.ca>), Atlantic Canada's leading research university, offers a range of collaborative research and teaching possibilities.

Required qualifications include an MD degree (or equivalent) from an accredited university with specialty training in pediatric gastroenterology, and clinical procedural skills to support both outpatient and inpatient consultative services. Eligibility for licensure in Nova Scotia is essential.

Applications for this position will be accepted until July 7, 2018.

Interested candidates should submit a current CV, a statement of academic interests and three confidential letters of reference (two of which must be academic) forwarded under separate cover from the referee. A complete application also includes a completed Self-Identification Questionnaire, which is available at ([www.dal.ca/becounted/selfid](http://www.dal.ca/becounted/selfid)).

Applications should be forwarded to:  
Dr. Anthony Otley MD, Professor of Pediatrics  
Head, Division of Gastroenterology & Nutrition  
IWK Health Centre  
5850 University Ave  
PO Box 9700  
Halifax, Nova Scotia, Canada B3K 6R8  
Phone: 902-470-8225  
Email: [anthony.otley@dal.ca](mailto:anthony.otley@dal.ca)

Dalhousie University is committed to fostering a collegial culture grounded in diversity and inclusiveness. The university encourages applications from Aboriginal people, persons with a disability, racially visible persons, women, persons of minority sexual orientations and gender identities, and all candidates who would contribute to the diversity of our community.

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♦ **Pennsylvania—**

The Division of Pediatric Gastroenterology, Hepatology and Nutrition at the Children's Hospital of Philadelphia is now accepting applications for our Advanced Inflammatory Bowel Disease Fellowship. We currently have a position open for July 2019. Fellows must have completed a pediatric gastroenterology fellowship in the U.S. or Canada before entering the program. Candidates from outside the U.S. or Canada require equivalent training.

The Pediatric Advanced Inflammatory Bowel Disease Fellowship can be pursued as a one or two-year program. The program is designed to produce graduates who will become leaders

in the field of pediatric IBD within academic settings. Fellows will become expert clinicians and will also participate in quality improvement efforts and in research. The two-year option allows for more in-depth research opportunities.

Fellows train in a variety of settings in order to become experts on IBD pathogenesis and epidemiology, IBD therapies and therapeutic monitoring, IBD maintenance of remission and preventative care, IBD nutrition, psychosocial aspects of IBD care, and IBD diagnostics (biochemical testing, imaging, endoscopy, video capsule). Graduates will be equipped to develop care delivery systems for the comprehensive care of pediatric patients with IBD and will be prepared for leadership roles within academic settings.

Unique aspects of our program include a large number of patients (more than 1700 children with IBD cared for each year), highly specialized and multidisciplinary very early onset IBD program, a multi-specialty team including surgery, radiology, pathology, rheumatology, dermatology, and nutrition, highly active research and quality improvement programs including multiple NIH-funded physician scientists, and vast institutional resources including the PennCHOP microbiome center (<https://www.med.upenn.edu/penn-chop-microbiome/>).

For more information about the program, please visit our website at (<http://www.chop.edu/centers-programs/center-pediatric-inflammatory-bowel-disease>).

Interested applicants should contact:

Lindsey Albenberg, DO  
 Program Director, Advanced Inflammatory Bowel Disease Fellowship  
 Assistant Professor of Pediatrics, Perelman School of Medicine, University of Pennsylvania  
 The Children's Hospital of Philadelphia  
 34th and Civic Center Boulevard  
 Philadelphia, PA 19104  
 Phone: 215-590-7801  
 Email: [albenbergl@email.chop.edu](mailto:albenbergl@email.chop.edu)

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◆ **Texas** —

Dell Children's Medical Group (DCMG), in conjunction with Dell Children's Medical Center of Central Texas (DCMCCT), is excited to announce the recruitment of a full-time BC pediatric gastroenterologist. This position is designed to serve the growing inpatient and

outpatient needs of the pediatric population of central Texas.

The successful candidate will have an appointment within the Department of Pediatrics at the Dell Medical School at the University of Texas. Regular participation in educational activities with medical students and residents will be expected, and opportunities for collaboration with medical and adjunct specialties will be encouraged to allow for the pursuit of innovative program development and clinical research initiatives.

DCMCCT, a member of the Seton Healthcare Family, is a 248-bed children's hospital serving 46-counties. It is the only freestanding pediatric facility in the region with a level 1 pediatric trauma center, level 4 epilepsy center and level 4 neonatal intensive care unit.

DMS, the first new medical school to be built at a tier one research university in nearly 50 years, welcomed its inaugural class in 2016. The school is committed to redesigning academic medicine and revolutionizing how people get and stay healthy, by educating leaders, developing new models of care, and advancing innovation from health products to health care delivery.

Austin has been designated by *US News & World Report* as one of the top ten "Best Places to Live" for several years. This growing metropolis is considered "the live music capital of the world," a high-tech growth hub, and home to one of the largest state universities in the country.

Seton Healthcare Family is a member of Ascension Health, the largest not-for-profit health network in the nation. The Seton Healthcare Family is an Equal Opportunity/Affirmative Action/Equal Access Employer. Hiring is contingent upon obtaining medical licensure in the state of Texas.

Send your CV, Cover Letter, and Professional References to:

Emily Rhine, Physician Recruiter  
 Phone: 512-324-5747  
 Email: [ekrhine@ascension.org](mailto:ekrhine@ascension.org)

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◆ **Virginia** —

The Department of Pediatrics, Division of Pediatric Gastroenterology, Hepatology and Nutrition, at the University of Virginia seeks candidates for an Assistant/Associate Professor (tenure-eligible or tenure-ineligible). Salary, rank, and tenure status are dependent upon

qualifications and experience. For information regarding faculty tracks, Visit (<https://faculty.med.virginia.edu/facultyaffairs/advancement/pandt/faculty-tracks/>).

Candidates must have an MD, be board-eligible or board-certified as well as have completed a fellowship in pediatric gastroenterology at the time of hire. Successful candidates must have demonstrated experience with teaching and practice of clinical pediatric gastroenterology. Experience and an interest in pediatric liver disease and liver transplantation are preferred. The Department of Pediatrics is an extremely collegial and collaborative department. The Division of Pediatric Gastroenterology, Hepatology and Nutrition has outstanding collaborative working relationships with general pediatricians and family physicians in the community as well as with other pediatric subspecialists, our surgical colleagues and our colleagues in adult medicine. The Division is currently comprised of six full-time board-certified gastroenterologists, three full-time nurses, a nutritionist and a part-time psychologist.

The University of Virginia Medical Center and Children's Hospital are located adjacent to the main university grounds of the University of Virginia. The University of Virginia is annually ranked as one of the premier public institutions in the United States and is located in Charlottesville, a picturesque small, but cosmopolitan city that is located in the foothills of the Blue Ridge Mountains. It is invariably ranked as one of the best small cities in the United States.

To apply for the position, visit <https://jobs.virginia.edu> and search on Posting Number 0621673 or visit <https://jobs.virginia.edu/applicants/Central?quickFind=82729>. Complete a Candidate Profile online, attach a cover letter, curriculum vitae and contact information for three references.

For application information please contact Greg Haskins at 434-924-2963 or ([gph3z@virginia.edu](mailto:gph3z@virginia.edu)).

For further information about the position, please contact Dr. Stephen Borowitz MD at ([SMB4V@virginia.edu](mailto:SMB4V@virginia.edu)).

The University of Virginia is an equal opportunity and affirmative action employer. Women, minorities, veterans, and persons with disabilities are encouraged to apply.