President’s Perspectives

John Barnard, MD  •  President, North American Society for Pediatric Gastroenterology, Hepatology and Nutrition

President’s Perspectives on the World Congress:

*The World Is Flat.* This book, published in 2005 by journalist Thomas L. Friedman, is a riveting insight into the “flattening” of the world from the standpoint of economy, technology and communication. Although globalization of health care delivery, innovation and research is not a predominant theme in *The World is Flat,* it certainly could have been, as principles are quite similar. Those of us who work in the health care field clearly sense rapid globalization and the challenges and provocative opportunities it offers.

This same sense of provocative opportunity and global “flattening” undoubtedly motivated the initial conceptualization in the late 1990’s of quadrennial World Congresses designed to improve the digestive health and nutrition of infants, children and adolescents worldwide. The initial congress was held in Boston in 2000 and the second in Paris in 2004. The third is planned in Iguassu, Brazil in August 2008. These conferences are hosted in rotation by the societies from North America (NASPGHAN), Europe (ESPGHAN), Latin America (LASPGHAN), and Asia Pan-Pacific (APPGHAN).

The overall purpose of the World Congress is to bring together physicians, scientists and other health professionals interested in child health from all over the world to share clinical advances and scientific and technologic developments in the fields of pediatric gastroenterology, hepatology and nutrition. More specifically, the congresses are structured to create an international forum for communication of the latest scientific, clinical, pharmacologic and technologic advances, initiate and promote global collaboration, education and communication among health professionals, foster basic and clinical research in pertinent issues that impact the pediatric patient, family and environment.

I encourage you to visit the World Congress web site via (www.naspghan.org) or at (www.wcpghan2008.com). You will see that the meeting planned for Iguassu from August 17th to 20th is utterly outstanding. Keynote presentations by world experts, including many NASPGHAN members, are planned alongside poster sessions and other symposia that offer junior faculty and practicing gastroenterologists a unique opportunity to showcase their work and learn the latest science and art in pediatric gastroenterology.

To facilitate understanding of the logistics required for travel to Brazil, the NASPGHAN National Office has assimilated a list of helpful pointers for travel to the exciting and exotic destination of Iguassu. To help offset costs of travel for junior faculty, NASPGHAN has developed a travel scholarship program, again, detailed on the NASPGHAN website.

Finally, for NASPGHAN members who are not able to travel to the World Congress and those who depend on NASPGHAN to provide CME credits to maintain their licensure, we have organized an outstanding NASPGHAN/CDNHF conference in San Diego in November 2008. Specifics of this four day conference are outlined by our President-Elect, Dr. B Li, elsewhere in this newsletter. To help with costs, abstracts presented in Iguassu are eligible for presentation in San Diego at no cost.

I hope to see you in Iguassu in August and again in San Diego in November. This is an exceptional year for world class educational opportunities for NASPGHAN members!

Best Regards,

John Barnard, MD  
President, NASPGHAN  
Columbus, Ohio

Table of Contents

2  . . . . Secretary–Treasurer’s Report
3  . . . . Annual Meeting Update
4  . . . . CDHNF Update / 2008 Billing & Coding Seminar / 2008 NASPGHAN–CDHNF Mentored Summer Student Research Program
5  . . . . Call for Nominations
6  . . . . Nomination Selection Process / Nomination Form
7  . . . . Committee Reports
8  . . . . AAP Corner
9  . . . . NASPGHAN Membership Highlights
10  . . . . NASPGHAN 1st Year Fellows Conference
11  . . . . American Board of Pediatrics (ABP) Liaison Report
12  . . . . Meetings of Interest / Important Dates & Deadlines / NASPGHAN Co-sponsored Symposia–Digestive Disease Week
13  . . . . Billing & Coding
15  . . . . Advocacy Update
16  . . . . Classifieds
Secretary—Treasurer’s Report

Dear Friends and Colleagues:

Hopefully by the time you read this you will be well out of the winter freeze and enjoying warm weather again. Your NASPGHAN leadership and committee members have remained active during the winter period with the focus being on achieving the goals established during last year’s Strategic Planning Meeting in the areas of education, research and quality.

I had the privilege of participating in a breakout session on education during a recent NASPGHAN leadership retreat, so would like to update you on some changes that you are likely to see in the future. The Accreditation Council for Continuing Medical Education (ACCME) has recently mandated some changes in the way that educational activities are conducted in order to receive CME accreditation. In essence the ACCME recognizes that the traditional format of didactic lecture style presentations at CME events is probably the least effective means of providing new knowledge and offers little in the way of practical benefits to most participants. Studies have demonstrated that following didactic lectures, relatively little information is retained and they have limited ability to change practices or improve patient outcomes. In order to be an accredited provider of CME in the future, NASPGHAN needs to demonstrate that its activities meet the educational needs of the participants and that the formats of the activities are designed to change competence, performance or patient outcomes. In addition, there will be a growing emphasis on the use of adult based learning techniques to achieve these objectives.

So what does this mean? In a nutshell we are all being challenged to do things differently in order to be more effective. Adults are clearly different from children and adolescents in the way they learn and in their educational needs. Adult learners tend to be autonomous, motivated and self directed, and bring with them a wealth of experience and (as we well know) some prejudice. What they desire is to learn new skills or gain pragmatic information that is instantly applicable to their practice. Adults have also been shown to retain information better when they actively participate in the educational activity.

Bearing these facts in mind NASPGHAN will be challenged on a number of fronts. First there is a need to come up with ways of actively engaging participants during the educational event. There are techniques to do this with large audiences but it is more difficult to achieve, so one change we might consider is having more small group sessions. These sessions could be repeated on more than one occasion to allow more participants to attend. Speakers will need to be educated on ways in which to engage the audience which for many of us will require a complete mind set change. NASPGHAN will be required to demonstrate that our activities are needs based and are effective in improving competence, performance or patient outcomes. This means that each and everyone of us who attends the meetings must become involved in letting the organizers know what our needs are and providing meaningful feedback on the effectiveness of the educational activity.

In essence, I see us as all being in this thing together. We must clearly articulate our CME needs and NASPGHAN must meet them in the most effective way possible. By so doing we will surely improve our competence, performance and patient outcomes which, after all, is the reason we attend these meetings in the first place. Isn’t it?

My regards to you all

Ivor Hill, MD
Secretary-Treasurer
We have listened to our fellows and younger members who cannot attend the World Congress that you need an opportunity for board review, update and research presentations. We also arrived at the 10th year anniversary of CDHNF as our research and public education partner. Therefore, we have decided to merge these into a Clinical and Science Symposium – The NASPGHAN–CDHNF Partnership: A Decade of Progress. The planning committee (Fishman, Pohl, Polk, Leichtner, Schwarz, Murray and Li) has organized a meeting to meet those needs.

**What are the components?**

- **Wednesday November 12th**, Nicola Jones and Phil Tarr are organizing a *single topic conference* entitled “The intestinal microbiome in GI health and disease” to address the burgeoning basic science and intriguing clinical applications of the intestinal microbiome and its modification by pre and probiotics.

- **Thursday November 13th**, Laurie Fishman and John Pohl are organizing a *Challenges in Nutrition Course* to provide an update in many of the hot areas of clinical nutrition we face in practice, with modules on:
  - Parenteral nutrition (Omegaven, catheter sepsis, long-term complications)
  - Obesity (obesity genes and hormones, metabolic syndrome, NAFLD)
  - Vitamin & minerals (iron, vitamin D, vitamin E)
  - Food allergy (diet and allergy prevention, elimination diet, food labeling)
  - Enteral feeding (formula composition, omega 3 and 6 fatty acids, trophic feedings)

- **Friday and Saturday November 14th–15th**, we will hold a *NASPGHAN–CDHNF Meeting* to include:
  - **CDHNF highlights**: CDHNF history, campaigns, upcoming eQIPP modules, CDHNF investigator profiles, basic science year-in-review and clinical science year-in-review
  - **Concurrent modules**: Hepatitis B & C, clinical updates (EE, Celiac, NAFLD), advanced endoscopic techniques, autoimmunity and the digestive tract, new and revised NASPGHAN guidelines, management of portal hypertension, aerodigestive approaches, post-transplant GI complications, IBD clinical scenarios, antibiotic therapy of GI disease
  - **Research sessions**: State-of-the art lecture, oral presentations, posters (not published) and clinical vignettes, and new mentoring session.
  - **Practice session**: Billing and Coding 101
  - **Education: New**: Teaching the teacher

**What is new and different?**

- The focus on nutrition in the course—please share this with your pediatric GI dieticians.
- Each concurrent session will be followed by a panel discussion of specific case scenarios and questions.
- Clinical challenge luncheons will be interactive, case-based and replace the meet-the-professor breakfasts.
- Piloting pre- and post-assessment questions in the Nutrition course, modules and luncheons.
- Piloting an education module on teaching methods using adult learning approaches.
- Providing block time (3-4 hours) on Wednesday for working guidelines groups (e.g. training committee), collaborative research groups (TIGER, FGID, IBD) and interest groups (Nutritionists, Impedance).

On behalf of the planning committee, we hope to see you all there for the clinical and scientific symposium, CDHNF-NASPGHAN celebration, and collegiality!

B Li, MD
President-Elect
NASPGHAN Presents the
2008 Billing & Coding Seminar
September 12, 2008

This workshop will offer a more in depth educational course than the sessions at the Annual Meeting. It will be presented in Dallas, TX. The program is designed for both community and institution-based pediatric gastroenterologists, as well as for administrative and support staffs involved in the billing, coding and collection process.

This full day session is updated to provide the most comprehensive and current coding information for pediatric GI practices. Program highlights are listed on the following pages and include:

- Maximizing reimbursements and minimizing denials
- Assuring documentation & coding compliance
- Avoiding and responding to an audit

KATHLEEN MUELLER, RN, CPC, CCS-P, will be your seminar leader. Her extensive experience in gastroenterology coding and billing and unique teaching style will greatly enhance your understanding of GI coding. NASPGHAN and the Clinical Care and Quality Committee are working hard to support your practice management needs. Please visit (www.naspghan.org) for registration and hotel information.

CDHNF Update . . .

NEW RESOURCES:
Guide to Eosinophilic Esophagitis in Children and Adults (www.tiger-egid.cdhnf.org)

COMING SOON:
2008 Grants:
1. CDHNF Young Investigator Development Award
2. CDHNF/Nestlé Nutrition Research Young Investigator Development Award
3. CDHNF/Crohn's & Colitis Foundation of America Young Investigator Development Award
4. CDHNF/AstraZeneca/TAP Young Investigator Development Award
5. CDHNF/AstraZeneca Research Award for Acid Peptic Related Diseases

More information on:
1. eQIPP module on GERD
2. CDHNF 10th Anniversary Celebration (naspghan@naspghan.org)

2008 NASPGHAN/CDHNF Mentored Summer Student Research Program

PURPOSE: To develop a program at multiple sites throughout the U.S. and Canada where medical students can have 10-week research experiences under the mentorship of basic or clinical scientists with a research focus in pediatric gastroenterology/hepatology/nutrition.

CANDIDATES: Students in good standing at accredited medical schools in the U.S. and Canada who have completed their first year of medical training who seek to pursue a research project between the first and second year of medical school. Application forms can be downloaded from the NASPGHAN web site (www.naspghan.org). The deadline for applications is April 25, 2008. Completed applications should be sent to (naspghan@naspghan.org).

MENTORS: M.D., Ph.D., or M.D./Ph.D. members of NASPHAN with a proven track record of independent peer-reviewed research support from national funding agencies. A demonstrated track record of previous success with trainees at the level of residents, fellows or students and a commitment to provide the necessary resources and staff to make the experience meaningful for the student. Mentors will apply for consideration with documentation of productivity (CV); grant support sufficient to support the research activities of the summer student, and previous experience with trainees. The Advisory Committee will approve all mentors.

PROGRAM: Each mentor will develop his/her own program for the student, including didactic training (a minimum of 4 hours course work) regarding study design, methods of data analysis, ethics in research, human subject protection and animal subject protection. The mentor should have planned meetings with the student to assess progress with an interim presentation of results at the midpoint of the studentship with a goal of presentation of results at the Annual NASPGHAN Meeting. The mentor/student will be required to submit a brief (one page, single spaced) interim report of progress in July and a final report of accomplishments in September to the Advisory Committee. Stipends of $4000/ for at least 10 weeks will be provided to each student. NASPGHAN/CDHNF will support up to 3 students this year through this program.
Call for Nominations

2008 SHWACHMAN AWARD

The Shwachman Award is given by NASPGHAN to a person who has made major, life long scientific or educational contributions to the field of pediatric gastroenterology, hepatology or nutrition in North America. The award is designed to preferentially honor a member of NASPGHAN for outstanding achievements in the field of pediatric gastroenterology, hepatology and nutrition. This prestigious award will be given at the NASPGHAN/CDHNF conference in November in San Diego.

Eligibility: Nominees for the Shwachman award will be judged on the basis of major life long scientific or educational contributions to the field. The Shwachman award is distinguished from the Davidson award given by the American Academy of Pediatrics Section on Gastroenterology and Nutrition in that the Davidson Award is designed to honor a master clinician and/or educator. The additional criteria for Shwachman nominees are a record of advocacy for child digestive diseases, outstanding administrative service to the field and lifelong scientific or educational contributions to our discipline. While service to NASPGHAN will be positively regarded, service to NASPGHAN is not an a priori requirement of the Shwachman award.

Past Recipients:

1987–Claude C. Roy, MD
1988–Arnold Silverman, MD
1989–Murray Davidson, MD
1990–J. Richard Hamilton, MD
1991–Otakar Koldovsky, MD, PhD
1992–Samuel Foman, MD
1993–Richard J. Grand, MD
1994–Gerard B. Odell, MD
1995–W. Allan Walker, MD
1996–Joyce Gryboski, MD
1997–John B. Watkins, MD
1998–Marvin Ament, MD
1999–William Balistreri, MD
2000–William Klish, MD
2001–Jon Vanderhoof, MD
2002–Biford Nichols, MD
2003–Peter Durie, MD
2004–Fayez Ghishan, MD
2005–Frederick Sachy, MD
2006–Judith Sondheimer, MD
2007–Emanuel Lebenthal, MD

2008 NASPGHAN DISTINGUISHED SERVICE AWARD

The Distinguished Service Award is presented to a member of NASPGHAN in recognition of excellence and service to the field of pediatric gastroenterology, hepatology, and nutrition by achieving national and/or international recognition in the field. Both physicians and non-physicians are eligible for this award. This award will be given at the NASPGHAN/CDHNF conference in November in San Diego.

Eligibility: Distinguished Service Awards normally will be granted to individuals who have reached at least 60 years of age and made major contributions to child health in the fields of pediatric gastroenterology, hepatology or nutrition. Awardees should not be members of the NASPGHAN Senior Awards Committee, councilors or officers at the time of selection.

Past Recipients:

2003–Joseph Fitzgerald, MD
2004–James Keating, MD
2005–Kathleen Schwarz, MD
2006–Harvey Sharp, MD
2007–Susan Henning, PhD

(Please see page 6 for selection process information & nomination form)
NOMINATION & SELECTION PROCESS FOR NASPGHAN AWARDS

Nominations for the Shwachman Award and Distinguished Service Award will be accepted from members of NASPGHAN by written submissions provided by e-mail to the NASPGHAN National Office: (mstallings@naspghan.org). The deadline for receipt of nominations is May 9, 2008.

The primary nominator should send a nominating letter and the nominee’s curriculum vita to the NASPGHAN National Office by May 9, 2008. Up to two supporting letters may be included with this nomination or they may be sent separately to arrive by May 9 to:

MARGARET STALLINGS, EXECUTIVE DIRECTOR
NASPGHAN • 1501 BETHLEHEM PIKE • PO BOX 6
FLOURTOWN, PA 19031
Phone: 215.233.0808 / Fax: 215.233.3918

Nominations will be reconsidered for a total period of three years (two years after the initial nomination). Nominated candidates then will be removed from the list of candidates, but could be reconsidered on the basis of a new nomination.

Award Nomination Form

Please Check One:

❑ THE SHWACHMAN AWARD is given by NASPGHAN to a person who has made major, life long scientific or educational contributions to the field of pediatric gastroenterology, hepatology or nutrition in North America. The award is designed to preferentially honor a member of NASPGHAN for his/her achievements in the field. This prestigious award is given at the NASPGHAN Annual Meeting.

❑ THE DISTINGUISHED SERVICE AWARD will be 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 and non-physicians are eligible for this award. The Distinguished Service Award will be presented at the NASPGHAN Annual Meeting.

Nominee: ____________________________

Primary Nominator: ________________________

Secondary Supporting Letter (1): ____________________________

Secondary Supporting Letter (2): ____________________________

The primary nominator should send the nominating letter and the nominee’s curriculum vita to the NASPGHAN National Office by May 9, 2008. Up to two supporting letters may be included with this nomination or they may be sent separately to arrive by May 9, 2008.
Committee Reports…

ETHICS COMMITTEE

Chair: Kay Motil, MD, PhD

The Ethics Committee developed two organizational policies:

1) Resolution of Conflict of Interest for Officers and Committee Members
2) Confidentiality

Both policies were approved by Executive Council. All approved policies may be found on the NASPGHAN website.

The Ethics Committee focused its efforts on the following areas of interest:

- **Reporting Conflicts of Interest for Presenters at Meetings** – The Ethics Committee proposed guidelines for reporting conflicts of interest for presenters at the NASPGHAN Annual Meeting. These guidelines included mandatory reporting of all relationships with industry that might be pertinent to the educational activities involved. Disclosures should be consistent with current NASPGHAN guidelines for reporting conflicts of interest and include: the name of the individual, the entity of employment, the nature of the relationship, and what was received. Executive Council approved this recommendation.

- **Monitoring Conflicts of Interests for Presenters at Meetings** – The Ethics Committee recommended that events at the NASPGHAN Annual Meeting be monitored for bias and/or conflicts of interest. Executive Council endorsed this recommendation. The Ethics Committee will develop a monitor system and will pilot the project at the upcoming postgraduate course for 2008.

- **Dissemination of Conflict of Interest Guidelines to NASPGHAN Membership** – The Ethics Committee will develop educational modules related to conflict of interest that have relevance to the NASPGHAN membership. The goal is to incorporate the educational modules into the pediatric gastroenterology fellows’ annual conferences sponsored by NASPGHAN and expand their availability to the NASPGHAN membership at large using a web-based program.

The development and implementation of this educational program will be jointly sponsored by the Ethics Committee, the Training Committee, the Professional Education Committee, and the Internet Committee. This educational program has been endorsed by Executive Council.

- **Ethics Committee Membership** – The Ethics Committee will entertain nominations for new members from the NASPGHAN membership. Anyone interested in serving on the Ethics Committee should contact the Chair of the committee, Kay Motil (kmotil@bcm.tmc.edu).

FELLOWS COMMITTEE

Chair: Karen Francolla, MD

It is with great enthusiasm that six members of the Class of ’10 joined the Fellows Committee after a wonderful First Year Fellows Conference in Fort Lauderdale, Florida. Under the direction of Dr. Nicola Jones, this year’s meeting proved once again to be an outstanding educational and bonding experience for all attendees. In addition to topics such as designing and implementing research projects and career planning, first year fellows were also introduced to the missions and goals of NASPGHAN and CDHNF. New fellow members were selected for NASPGHAN committees, and all fellows were encouraged to become involved in society activities.

At the Annual Meeting in Salt Lake City, UT, the Fellows Committee discussed NASPGHAN’s general strategic priorities: Education, Research, and Quality, and how we as a committee could contribute to this mission. The Fellows Committee continues to distribute board review-type questions to fellow members of NASPGHAN via the list serve. Additionally, efforts continue to inform all fellows and Training Directors of the availability of the American Board of Pediatrics Subspecialty In-Training Examination as a preparatory tool for the board certification. We look forward to collaborative work with the Endoscopy and Procedures Committee in the design and implementation of a NASPGHAN study utilizing a Procedure Proficiency Tool, with the goal of improved evaluation of fellows in performing endoscopic procedures. Additionally, in collaboration with the Internet Committee we plan to develop further structure and content for the Fellow’s section of the NASPGHAN website. It proves to be another exciting year for our committee, and we welcome ideas for continued growth from all NASPGHAN members.
HEPATOLOGY COMMITTEE

**Chair: Barbara Haber, MD**

The Pediatric Transplant Hepatology Certifying Examination will be administered for the second time on November 19, 2008. Registration for the 2008 Pediatric Transplant Hepatology Certifying Examination commenced February 4, 2008, and will end March 31, 2008 at 3:00 pm Eastern Daylight Savings Time. The next exam will not be given in 2010 and after that date, all examinees will be expected to have completed a one year advanced training fellowship in Pediatric Transplant Hepatology. Please review the requirements for certification found on the ABP Web site (www.abp.org).

INTERNATIONAL COMMITTEE

**Chair: Ruben Quiros, MD**

The travel award for Latin America program has shown to be effective by increasing the attendance and abstract submission from LASPGHAN members. Currently, is awarding 10 abstracts with the best abstract receiving full financial support (travel, registration, room and board) and abstracts scored 2–10 getting their registration fee waived. The committee unanimously agreed to maintain this program. We will continue working with the LASPGHAN leadership in advertising for this award by notifying its members of this opportunity. This program will restart for the NASPGHAN Annual Meeting in 2009.

Our committee has been working closely with the Public Education committee to find ways to increase the utilization of the translated patient/family brochures on the NASPGHAN website-Family Resource Center. Some of the strategies are to make some changes in the NASPGHAN website and talk with the leadership of LASPGHAN and ESPGHAN to promote their members use of these resources.

The committee helped to develop a program for speaker resources to facilitate requests for NASPGHAN membership to participate in meetings of other societies and potentially, in other languages. Our committee is currently working on ways to promote this program.

Finally, we continue to develop different strategies to improve and solidify our relationship with LASPGHAN as well as our other sister societies.

American Academy of Pediatrics Corner

The American Academy of Pediatrics (AAP) has increased its membership to now include over 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists—united with the common goal of attaining optimal physical, mental, and social health and well-being for all children.

The Section on Gastroenterology, Hepatology and Nutrition (SOGHN) of the AAP provides a forum for members with a special interest in gastroenterology, hepatology and nutrition to discuss research and clinical matters, develop and coordinate specialized educational programs and projects for AAP membership, and serve as a resource to the Academy by providing special expertise.

Belonging to the SOGHN provides an excellent opportunity for us as pediatric subspecialists to improve the quality of GI care provided to children by providing clinical guidance to a vast number of pediatricians. Please join the SOGHN in our efforts to enhance the visibility and role of pediatric gastroenterologists and hepatologists and help educate the pediatric community on issues pertinent to our field.

This year’s National Conference and Exhibition (NCE), the annual meeting for AAP members with over 11,000 attendees, will take place October 11–14, 2008, in Boston. Our Section provides state of the art educational programs for each meeting. This year our Section’s program is titled, “Common Pediatric Gastroenterology Problems: A Review for the Practitioner,” and topics will include vomiting, chronic diarrhea, and abdominal pain. Additional sessions will be presented on feeding the neurologically impaired child, the fussy baby, and functional gastrointestinal syndromes. Special thanks to Ajay Kaul, Susan Baker, Kathleen Motil, Warren Bishop, and Carlo DiLorenzo who will serve as faculty at this year’s NCE. We are currently planning the program for 2009, so if you have any burning topics that you would like our Section to submit for consideration, please send your suggestions to Debra Burrowes (dburrowes@aap.org) or me to help guide your submission through the process.

We continue to work closely with NASPGHAN and CDHNF in developing an eQIPP course on GER & GERD. The goal of this Web-based CME course is to provide tools and resources to help pediatric health care providers recognize, differentiate, and manage GER & GERD. In addition, we continue in our efforts to “translate” several existing evidence-based policies into condensed, summary formats to disseminate to pediatricians. We welcome the input and expertise of any NASPGHAN member who wishes to contribute to these important initiatives. Please contact me if interested!

Mel Heyman, MD
Chair, AAP Section on Gastroenterology and Nutrition
E-Mail: mheyman@peds.ucsf.edu

Welcome New NASPGHAN Member

Dr. Md. Abdul Mannan, PhD
NASPGHAN Membership Highlights . . .

This section is an initiative developed by the NASPGHAN Professional Development Committee designed to highlight NASPGHAN Members. If you know of a NASPGHAN member that we should know better, please email Karen Murray (karen.murray@seattlechildrens.org).

MEET COLIN RUDOLPH, MD, PhD

It is a privilege to write about Colin Rudolph, MD, PhD; a great teacher, scholar, physician, and mentor. He is currently Professor & Chief of Pediatric Gastroenterology and Vice Chairman for Clinical Affairs of the Department of Pediatrics at Children's Hospital and Medical College of Wisconsin in Milwaukee.

Colin had a significant impact on every institution in any capacity he served throughout his career; from San Francisco, Cleveland, Boston, and Cincinnati to Milwaukee.

When he moved to Milwaukee to take on the position of Chief of Division of Gastroenterology seven years ago, he had a vision. He wanted to build a 13-faculty member division. To many this seemed an “impossible” dream at the time given the tight workforce market. However “impossible” is not part of Colin’s vocabulary. In less than 7 years, the division programs encompass a staff of 17 faculty members, 9 pediatric nurse practitioners, 12 nurse clinicians, 7 RD’s and 7 PhD psychologists. In addition, two fellows graduate every year with well rounded and solid training.

Colin is tireless. You can count on him to be the first to arrive in the office and last to go home. This hard work resulted in a uniquely productive career. His publications included 77 original articles, 28 book chapters and above all he is the editor-in-chief for Rudolph Textbook of Pediatrics. He has been very generous when it comes to disseminating the valuable knowledge he acquired when interacting with his colleagues. Across the United States and the world he gave 868 lectures as an invited speaker. He has served on the editorial board of 10 prestigious journals, one of which is our own JPGN. He enriches thirty national and international committees and 10 societies with his expertise. Most importantly, in his own Division and hospital he is always available for informal consultation where he thrives on the “teachable moment” that allows him to impart knowledge, provide career advice or simply encourage inquisitive thought.

Colin has been a leader of the establishment of interdisciplinary care models for children with motility disorders and feeding disorders. This began with his establishment of the Children’s Motility Center and Feeding Disorders clinic in Cincinnati. He has continued this care model and it is extended across the GI practice in Milwaukee with interdisciplinary clinics for care of children with IBD, Liver Disorders, Celiac Disease, Cyclic Vomiting Syndrome, and of course his internationally recognized programs in both Functional Bowel Disease and Feeding Disorders the continue to attract referrals from allover the world.

I should also point out the fun side that Colin enjoys. He is a lover of outdoor sports. Just ask him about hiking the Grand Canyon and rafting the Colorado River with his wonderful wife ‘Harriet’ and dear son ‘Jared’.

Colin is a very handy man especially when it comes to carpentering and remodeling. He does not hesitate to offer his help at badly needed times to his colleagues and coworkers so that those joining his Division often find themselves learning not only interventional endoscopy from Colin but often work beside him while remodeling their bathroom or fixing their plumbing.

It is a great pleasure and honor to be in the position of working with and learning from Colin.

~ Submitted by: Issam M. Halabi, MD, FAAP
Associate Professor of Pediatrics/Pediatric Gastroenterology
University of Oklahoma
The NASPGHAN First Year Fellows Conference, which was held at The Fort Lauderdale Beach Resort in Florida from January 17–20, 2008, was by all accounts a great success! This year 84 1st year fellows and 13 faculty mentors participated. The faculty mentors: Linda Book, Kathy Campbell, Jonathan Evans, Drew Feranchak (who will take over as chair of the meeting next year), Karen Francolla (Chair of the NASPGHAN Fellows committee), Alan Leichtner, B Li (founder of the course and representing NASPGHAN Executive), Cara Mack, Brent Polk, Francisco Sylvester, Meena Thayu, Menno Verhave (representing CDHNF), and Pepe Saavedra (my co-host) were all dynamic, interactive, instructive and entertaining.

The meeting is aimed at providing fellows with options and tools for their research fellowship training as well as discussions regarding various career paths. Highlights of the meeting included the clinical research case development in the “American Idol” format. Linda “that project brought tears to my eyes” Abdul helped to soften the critiques from B Li Cowell and Menno Jackson. Alan Leichtner wowed the crowd with a multimedia educational program including the cast of ER! The team bonding activity “Build a GI-themed Sand Castle” was very memorable especially for those strolling along the beach including a wedding party the next day! Overall the fellows found the meeting a highly worthwhile experience. Many strong friendships were made both among our future colleagues and the faculty mentors. Thanks to the Nestlé Nutrition Institute, Linda Hsieh and Pepe Saavedra for their continued support for this valued program.

Nicola Jones
Course Director
American Board of Pediatrics (ABP) Liaison Report

This will be the final report on the components of the program for Maintenance of certification (PMCP-S). The four parts of the re-certification process are listed below. Requirements for each of the four parts must be completed within the seven-year lifespan of the certificate. The first three have been addressed in previous newsletters and part four will be reviewed in this report. Keep in mind that Part Two and Part Four are currently being developed and are not yet available but should be within the next few years.

- **Part One:** Evidence of Professional Standing
  - Valid, unrestricted medical license
- **Part Two:** Evidence of Lifelong Learning and Self-Assessment
  - Continuing education
- **Part Three:** Evidence of Cognitive Expertise
  - Secure examination
- **Part Four:** Evidence of Satisfactory Performance in Practice
  - Component A: interpersonal communication skills and professionalism
  - Component B: quality improvement strategies

Part Four of the re-certification process focuses on performance in practice and contains two components. Component A involves solicitation of information from patient surveys about a physician’s interpersonal and communication skills and professionalism. Surveys developed by the ABP will be circulated by the physician to patients in the practice and the patients will then be asked to submit anonymous responses to the ABP. Feedback will be provided to the physician based on a comparison of ratings on key competencies relative to other pediatricians participating in the maintenance of certification process. The intent of this component is to provide meaningful feedback to physicians regarding patients’ perception of their professionalism and skills related specifically to skills to communication and personal interactions. This activity should be available in 2008 or 2009. Component B focuses on the physician’s activities related to quality improving in practice. This component is designed to facilitate (1) education about quality improvement strategies; (2) collection and analysis of practice data over time, and; (3) documentation of improved quality of care. Successful participation in an ABP-approved activity will satisfy this component. Currently, the only approved activity is the Education in Quality Improvement for Pediatric Practice (eQIPP) program that is administered by the American Academy of Pediatric (AAP). Through the use of anonymous chart review, this program is designed to assist the physician in:
  - Understanding the benefits of collecting data from one’s practice
  - Collecting data on a specific disease from patient records
  - Interpreting and analyzing the data
  - From that analysis, identifying opportunities for improvement

This activity is currently approved for maintenance of certification in general pediatrics (PMCP-G) and can be accessed through the AAP website (www.aap.org). Diplomates must complete one quality improvement activity in the seven year cycle but are encouraged to take advantage of such programs more frequently when available. There is currently a committee of NASPGHAN members developing a similar program for pediatric gastroenterology that would be submitted for approval by the Board to satisfy this component.

As always, I would encourage members to review this information in more detail on the ABP website (www.abp.org) under Recertification (PMCP) or email the Board directly at (pmcp@abpeds.org).

Respectfully submitted,

M. Susan Moyer, MD
Chair, GI Subboard
American Board of Pediatrics
**Meetings of Interest**

**Pediatric Academic Societies (PAS) Annual Meeting**
- **Date:** May 2–8, 2008
- **Location:** Honolulu, Hawaii
- **Contact:** www.pas-meeting.org
- NASPGHAN co-sponsored symposia information
  - **Contact:** www.naspghan.org

**Digestive Disease Week (DDW)**
- **Date:** May 17–22, 2008
- **Location:** San Diego, CA
- **Contact:** www.ddw.org

**3rd World Congress of Pediatric Gastroenterology, Hepatology & Nutrition**
- **Date:** August 16–20, 2008
- **Location:** Mabu Hotel & Resort, and Bourbon Hotel & Tower, Iguassu Falls, Brazil
- **Contact:** www.wcpghan2008.com

**NASPGHAN Billing & Coding Seminar**
- **Date:** September 12, 2008
- **Location:** Hyatt Regency DFW, Dallas, TX
- **Contact:** www.naspghan.org

**AAP National Conference**
- **Date:** October 11–14, 2008
- **Location:** Hynes Convention Center, Boston, MA
- **Contact:** www.aapexperience.org

**International Congress of Pediatric Gastroenterology, Hepatology & Nutrition in Collaboration with the International Association for the Study of the Liver (IASL) and The Egyptian Pediatric Association (EPA)**
- **Date:** October 15–18, 2008
- **Location:** Sharm El Sheikh, Egypt
- **Contact:** www.hepatogastroevent.org/main.htm

**AASLD Annual Meeting & Postgraduate Course – The Liver Meeting**
- **Date:** October 31–November 4, 2008
- **Location:** Moscone West Convention Center, San Francisco, CA
- **Contact:** www.aasld.org

**NASPGHAN Co-sponsored Symposia – Digestive Disease Week**
- **Sunday, May 18, 2008 / 10:30am–12noon**
  - AASLD/NASPGHAN Pediatric Symposium
    - Emerging Concepts in Pediatric NAFLD
  - San Diego Convention Center
- **Monday, May 19, 2008 / 8:30am–10:00am**
  - ASGE/NASPGHAN Topic Forum
    - Pediatric Endoscopy
  - San Diego Convention Center

**Important Dates & Deadlines**
- **APRIL 25, 2008**
  - Application Deadline
  - NASPGHAN/CDHNF Mentored Summer Student Research Program
- **MAY 9, 2008**
  - Nominations Deadline
  - Shwachman Award and Distinguished Service Award
- **MAY 17–22, 2008**
  - Digestive Disease Week
  - San Diego, CA
- **JULY 2, 2008**
  - Abstract Deadline
  - NASPGHAN Meeting
    - A Clinical and Scientific Conference
      - The NASPGHAN-CDHNF Partnership: A Decade of Progress
      - San Diego, CA
- **SEPTEMBER 12, 2008**
  - NASPGHAN Billing & Coding Seminar
    - Dallas, TX
As we await the final decision as to whether or not the freeze on the CMS physician fee cuts will continue past 6 months, let’s proceed with a question and answer session.

**QUESTIONS AND ANSWERS**

**Question:**
Can a liver transplant physician and a gastroenterologist seeing the same patient at the same time both bill?

**Answer:**
It all depends on what is being done by each physician. If the patient is still within the 90 global surgical package for the transplants, visits pertaining to the wound and recovery from the surgery are bundled and the transplant physician would not be able to bill. However, immunosuppression following transplant surgery is not part of the global surgical package and if the surgeon would be managing this, each visit can be paid with a modifier 24 and diagnosis of **V58.44** (Aftercare following organ transplant) and **V42.7** (Liver replaced by transplant). If the gastroenterologist is taking care of the immunosuppression, there is no conflict with the global package the same codes listed above would be billed. Now if both you and the surgeon are managing this patient for the same problem, it would be a concurrent care issue and possibly only one of you would get paid, usually whoever gets their bill in first. It doesn’t mean that you would not get paid; it means that the note would have to be submitted for review in order for the denial to be reversed.

**Question:**
When I do an EGD and place a pH probe, can both be billed?

**Answer:**
Since an EGD indicates that you got past the gastric outlet and visualized some of the small bowel, this would not be considered part of probe placement. You would bill **43235** and **91034–26**. The modifier 26 is applied since this is usually done in the facility that owns the equipment.

**Question:**
My doctor wants to bill **91037** and **91034** together but the CCI (Correct Coding Initiative) edits indicate that they are bundled. Can I bill them together?

**Answer:**
The description of **91037** includes both pH and impedance so you are correct. They are bundled. Only **91037** can be billed if done utilizing the same catheter/probe. If done with different sessions usually on different days, both could be billed.

**Question:**
When I have submitted the charges for EGD on one patient and EGD with removal of foreign body on another patient who both have the same insurance, why am I getting paid more for the EGD than the foreign body removal?

**Answer:**
You are dealing with a payer who is paying based on the office based fee schedule rather than the facility based fee schedule even when the procedure is done in the office. For example, RVUs in the office for EGD are **7.80** RVUs as compared to **3.76** RVUs when done in a facility. RVUs for foreign body removal are **5.22** whether office or facility. When CMS came out with facility fee reductions back in the mid 1990s, it was designed to give extra money as a facility use payment for certain procedures done in the office. However, a few carriers still do not have a different fee schedule for the place of service and pay solely on the office based RVUs. Relative value units are based on three things, malpractice, work and location. Since most physicians perform endoscopies in a facility not their office, the GI physician fee schedule is usually based upon facility fee RVUs. Actually, this isn’t a bad thing since the reimbursement is also better for EGD with biopsy, too.
**Question:**

Can I get reimbursed for my time speaking with the home health nurses concerning patients on TPN?

**Answer:**

Yes, you can as long as you spend at least 15 minutes or longer per month which is also documented in the patient record.

Now for a little more explanation. Anything that is payable by phone is not payable by every carrier. The codes that you could use would be:

- **99374** Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (e.g., Alzheimer’s facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient’s care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15–29 minutes

- **99375** 30 minutes or more

Criteria for use of these codes:

- Has to be physician to home health nurse
- Has to be a log sheet of start time, stop time, what was discussed and what was planned
- Has to be at least 15 minutes per month
- Can only be billed by one physician per month

---

**Question:**

How do I bill when a surgeon is also involved in placing a PEG tube? What code do I used when I convert a g-tube to a PEJ tube?

**Answer:**

When two surgeons work together on one reportable procedure, they are both considered co-surgeons. PEG tube placement is allowed payment as a co-surgery procedure with the 62 modifier which is attached to both the surgeon and the gastroenterologist’s claim, i.e., **43246–62**. Each will get 62.5% of the procedure’s allowed fee.

When the G-tube is inserted and immediately converted to a jejunostomy, **44373** (Enteroscopy with conversion of g-tube to j-tube) can also be billed with **43246** at the same session or if done several days after the insertion, you would just bill **44373**.
Advocacy Update...

Congress returned in January facing many of the same political issues that slowed action in 2007, plus mounting pressure to pass an early Medicare bill to again address the ongoing problem with the physician update. This may also be an opportunity for Congress to challenge the Administration on several controversial Medicaid rules. The President’s budget, released in February, proposes reductions in Medicaid spending totaling $18 billion over five years. Changes to federal spending affect the match with states and can reduce available funds at the state level.

Although some Members of Congress will still argue over the expansion of the State Children’s Health Insurance Program, last year’s extension through 2009 effectively takes the issue off the table until a new President and a new Congress can decide what direction to go in.

The President’s budget actually suggests that SCHIP spending will increase in fiscal year 2009, which is one of the few bright spots in the budget. Generally domestic spending levels are flat or reduced, including the National Institutes of Health. Congress is likely to ignore some of the specifics and change priorities. However, the President last year demonstrated that he could use his veto power effectively and held the line on most spending items. That dynamic will probably hold for 2008 as well. In fact, he has already said that he will veto appropriations bills that go beyond his recommendations.

Congress is well into its own version of the budget process, reacting to the President’s proposals, holding hearings and working on a Congressional budget resolution. All of this activity will lead to the final negotiations over spending for the next fiscal year, which will not be over until the fall.

Last year was complicated by the specter of the 2008 Presidential and Congressional elections. A number of Republicans have announced they will retire at the end of the Congress, which only muddies the waters further. Attention will be focused on fighting for those open seats. Some are securely Republican, but others will be in play and this is only one more distraction from legislative business.

The dominant political action has been the Presidential primaries and even after the parties settle on their candidates, all eyes will be on that race. For the first time in many years there is not an obvious heir apparent in either party, so the primary battles have garnered unusual attention.

Because of the importance of the elections, the number of days for legislative business is greatly reduced so Members can be home to campaign. There will be time out for Presidential conventions later this year as well. According to the current calendar, April will be the first full month that Congress remains in Washington. Even then the work weeks will be short to maximize campaign time. While this means that Members are at home and accessible to their constituents, it also means that not much is happening in the Capitol. Much of what does pass for legislative action will really be designed for political advantage in the coming elections. Pushing the Republicans and the President on SCHIP is only one example. Each side will try to angle for as much political advantage as possible in the coming months.

Members recognize the difficulties of getting much done in the current climate and are simply pushing controversy and new ideas off until after the election. This means that NASPGHAN should view the year as one for setting the stage for 2009. What kinds of ideas could be floated that might have a chance for consideration with a new Congress and a new President in place? Since candidates from both parties have campaigned on major health reforms, there may be some opportunities for new ideas that don’t exist now. The real story will be political as both parties fight for electoral dominance. After Election Day, there will be new players eager to enter the action, so 2009 should be a year of more substance in many areas. NASPGHAN should think of this year as an opportunity to position issues for the new President and Congress.
Classifieds . . . .

QUARTERLY EMPLOYMENT ADS = $200 per quarter. This includes one print ad in one quarterly newsletter and one online ad (NASPGHAN website) for 3 months.

ANNUAL EMPLOYMENT ADS = $750 for 12 months. This includes one print ad in four quarterly newsletters and one online ad (NASPGHAN website) for 12 months.

To post your ad, contact Kim Rose at: krose@naspghan.org or 215-233-0808. The deadline for the next newsletter is May 15, 2008.

California –

The University of California, San Diego, and Children’s Specialists of San Diego (CSSD) are jointly recruiting a full-time Clinical Service Chief at the level of Associate/Full Professor for the Division of Pediatric Gastroenterology and Nutrition within the Department of Pediatrics. The position will be primarily based at Rady Children’s Hospital, San Diego. Academic series is to be determined based on background and qualifications of the successful candidate. The hospital is an expanding 220-bed facility that serves as the major regional tertiary care pediatric hospital and is the primary teaching facility for the Department of Pediatrics of the UCSD School of Medicine. Candidates must be Board Certified in Pediatric Gastroenterology and Nutrition within the state of California. The ideal candidate will be an experienced clinician with skill in clinical administration. The Clinical Service Chief will report to the Division Director and Board of CSSD. Teaching of medical students, residents and fellows and research within a clinical context is expected. The Division provides a full range of gastroenterology, hepatology and nutrition services. It currently has 12 faculty members, 3 nurse practitioners and an ACGME-approved fellowship program with 5 fellows. Applications received by June 1, 2008 or until the position is filled will receive full consideration.

UCSD and CSSD are AA/EOE with a strong institutional commitment of excellence through diversity.

Please send curriculum vitae to: Cindy Kuelbs, MD Chair of the Search Committee Rady Children’s Hospital and Health Center 3020 Children’s Way, Mailcode 5064 San Diego, CA 92123 E-Mail: ckuelbs@rchsd.org

California –

Sutter Medical Group (SMG), located in Sacramento, CA, is seeking a Pediatric Gastroenterologist to join an established and busy practice with two other physicians. SMG offers an income guarantee with shareholder track, competitive benefits, and a great retirement package. Sutter Medical Group is a large, successful medical group, with more than 200 members who serve the communities of Greater Sacramento.

The Sacramento Sierra Region offers all the advantages of living in Northern California. The region offers cultural diversity, as well as ample outdoor activities including river rafting, skiing/snow boarding, and biking. Sports enthusiasts will enjoy a night out cheering our minor league baseball team the River Cats, or the NBA powerhouse, the Sacramento Kings.

Sacramento is centrally located mid-way between the mountains of Lake Tahoe and the bay of San Francisco.

For more information please contact: Physician Recruitment Phone: 800.650.0625 Fax: 916.643.6677 E-Mail: develops@sutterhealth.org www.sutterhealth.org

Indiana –

The section of Pediatric Gastroenterology, Hepatology and Nutrition at Indiana University School of Medicine is seeking additional BE/BC pediatric gastroenterologists for clinician/educator roles. The section presently includes 9 physicians, 2 NP’s, as well as nurses, endoscopy techs and clerical support.

Duties include inpatient attending at Riley Hospital for Children, as well as outpatient and outreach clinics, endoscopy, teaching and scholarly work. Important features of the group are excellent patient care, exciting academic environment and collegial work place.

Riley Hospital for Children is a 260-bed pediatric subspeciality referral institution with a $350-million addition under construction. The Department of Pediatrics at Indiana University School of Medicine has subspecialty offices at several Indiana sites including a new facility in Carmel, Indiana. The department ranks 18 in the
country in NIH funding. Education is a focus for the faculty. Riley Hospital for Children is among the five largest Pediatric Residency Programs in the nation.

Riley Hospital for Children and the Indiana University School of Medicine are located in the heart of downtown Indianapolis, which is the 12th largest city in the United States with a population of 1.7 million. Indianapolis is a great place to live with affordable housing, access to excellent schools, professional sports teams and wide-ranging cultural events.

Indiana University School of Medicine is an EEO/AA employer. Salary is competitive with excellent benefits.

For confidential consideration, please contact:

Erin Lindeman, CMSR
Physician Recruiter, Clarian Health
E-Mail: elindema@clarian.org
Phone: 317.962.6681 (direct) or 866.394.4138 (toll-free)
Fax: 317.962.6297
E-Mail: clindema@clarian.org

---

**Iowa**

The Children's Center Pediatric Subspecialty Clinic and Dr. Daniel Di Meo at Mercy Medical Center-Des Moines seek a BC/BE Pediatric Gastroenterologist for a thriving established practice in the nation’s heartland. We can offer you an excellent compensation package with flexible practice options and tremendous upside potential.

Mercy Medical Center-Des Moines, the largest “system” in the Catholic Health Initiatives family, has over 900 beds in our 3 metro Hospitals. Our flagship Mercy features:

- 24/7 Children’s Emergency Center
- 40-bed Level-Three NICU
- Six Full-Time Neonatologists
- 24-bed Pediatric Med/Surg Unit
- 8-bed PICU
- Full-time complement of pediatric sub specialists including Pediatric Surgery, Pediatric Intensivist, Pediatric Hospitalists
- Residency Programs in General Surgery and Family Practice
- Iowa's busiest birthing center (set state record in 2007)
- Level-Two Trauma and Iowa's most active Emergency Department
- Home of the Iowa Inflammatory Bowel Disease Center

Mercy’s affiliate network includes:

- 14 rural Hospitals
- 17 metro area FP and Urgent Care Clinics
- 5 metro area Pediatric Clinics

The Des Moines metropolitan area is home to over 400,000 and offersaffordable housing, safe neighborhoods, nationally ranked schools and abundant recreational opportunities. To learn more about the area try the following websites: (www.desmoinesmetro.com) or (www.seedesmoines.com)

We invite you to take a closer look at Mercy by viewing our website (www.mercydesmoines.org) or contact me for more information.

Contact:
Roger McMahon
Director, Physician Employment Services
Mercy Medical Center-Des Moines
Phone: 515.643.8323
Fax: 515.643.8831
E-Mail: rmcmahon@mercydesmoines.org

---

**Louisiana**

Ochsner Health System in New Orleans is seeking a BC/BE Pediatric Gastroenterologist to join an existing division. Experience in inflammatory bowel disease, common GI disorders, and nutrition is desirable. The position involves teaching medical students and residents from the combined program with Tulane University School of Medicine in New Orleans. Referrals are from active pediatric tertiary care subspecialty group practices as well as from physicians throughout the Gulf South.

Ochsner Children’s Health Center is a large, multi-specialty group practice with a strong commitment to state-of-the-art tertiary care as well as primary care. The Center includes 54 pediatric specialists and 32 general pediatricians, integrated into Ochsner Health System, an academic medical center. We have a combined pediatric residency program with Tulane Medical School. We opened a new 40,000-square-foot freestanding pediatric ambulatory facility in June 2004. This facility includes the University of Iowa Medical School. Blank Children's Hospital has an ACGME pediatric residency program academically affiliated with the University of Iowa Medical School.

We are located in a progressive community, with nationally known school systems, and countless recreational and cultural activities. Highly competitive benefit package.

For further information call:
Marriann Clark
Phone: 800.882.5911
Fax CV to: 515.241.6044
E-Mail: clarkml@ihs.org

---

**Louisiana**

Women’s and Children’s Hospital in Lafayette, Louisiana seeks a Pediatric Gastroenterologist for our community.

This is a solo practice opportunity with office space on the campus of WCH that would share call with another pediatric GI in the community. Our draw population is approximately 600,000. We can offer a net income guarantee, sign-on bonus, relocation and more. WCH is a regional referral center for high-risk OB patients, pediatrics, and neonates. We recently completed a $60-million expansion project and are recruiting a number of specialists due to explosive growth.

Please forward your CV or call:
Kathleen Kyer
Phone: 888.933.1433
E-Mail: kathleen.kyer@hcdehydecare.com

---
The Division of Pediatric Gastroenterology seeks to add a third and fourth physician, including a Division Chief, to its growing, clinically-focused practice at Helen DeVos Children’s Hospital in Grand Rapids, Michigan. The well-established Division currently includes two board certified physicians, three nurse practitioners, two RNs, one LPN, one dietitian and one social worker. The practice provides inpatient and outpatient consultations for children with a variety of gastrointestinal disorders. Responsibilities include sharing clinical duties and teaching with opportunities for clinical research available. The positions offer competitive salary and benefits including relocation allowance. Faculty appointments are available through Michigan State University College of Human Medicine. Helen DeVos Children’s Hospital is a 174-bed regional children’s tertiary referral center located on the main campus of Spectrum Health’s 500-bed Butterworth Hospital in downtown Grand Rapids. Construction of a new 200-bed, 14-story, 440,000-square-foot children’s hospital is underway and continues toward completion in 2010. As the region’s largest children’s hospital serving nearly 1 million children in a 37-county area, more than 150 pediatric specialists practice in 40 pediatric specialties. Our children’s hospital includes a 16-bed PCCU, a level III-C NICU, an ECMO program, and on-site MRI and Pediatric Radiologists. A new four-year program, including a pediatric bariatric surgery program.

The University of Minnesota is an equal opportunity employer and educator. Inquiries should be directed to: Sarah Jane Schwarzenberg, MD Search Chair Director Division of GI, Hepatology & Nutrition Associate Professor, Department of Pediatrics University of Minnesota MMC 185, 420 Delaware St S.E. Minneapolis MN 55455 Phone: 612.624.1133 E-Mail: schwa005@umn.edu

To apply for this position, please visit our website at: (http://www.umn.edu/ohr/employment) and complete an on-line faculty/academic application and attach your CV and the names/addresses of three professional references.

Michigan –

The Department of Pediatrics at William Beaumont Hospital, Royal Oak, Michigan, is seeking an additional Pediatric Gastroenterologist to join an active clinical practice. Currently we have two Pediatric Gastroenterologists assisted by 1.5 FTE nurse clinicians and we are currently recruiting a nurse practitioner.

Located in Oakland County, William Beaumont Hospital, Royal Oak, is a 1,061-bed tertiary care teaching, research and referral hospital in suburban Detroit and is the busiest hospital in the USA. In addition to our outpatient services, we provide consultations to a busy 64-bed NICU, an 8-bed PICU and a 40-bed general pediatric service.

The department of pediatrics has a well-established residency program and support from the entire spectrum of pediatric medical and surgical subspecialties. There is a competitive salary and benefits package.

Interested BC/BE candidates should send a CV to: M. Jeffrey Maisels, MD Chair, Department of Pediatrics William Beaumont Hospital 3601 W. Thirteen Mile Road Royal Oak, MI 48073 Phone: 248.551.0412 E-Mail: jmaisels@beaumont.edu

The University of Minnesota is an equal opportunity employer and educator. Inquiries should be directed to: Sarah Jane Schwarzenberg, MD Search Chair Director Division of GI, Hepatology & Nutrition Associate Professor, Department of Pediatrics University of Minnesota MMC 185, 420 Delaware St S.E. Minneapolis MN 55455 Phone: 612.624.1133 E-Mail: schwa005@umn.edu

To apply for this position, please visit our website at: (http://www.umn.edu/ohr/employment) and complete an on-line faculty/academic application and attach your CV and the names/addresses of three professional references.
Minnesota –

Mayo Clinic is recruiting a Pediatric Gastroenterologist who has or is willing to achieve expertise in gastrointestinal motility. In addition to clinical practice, opportunities exist for protected time to pursue interests in education and research.

The division provides consultative and referral care to children from across the country with complex medical and surgical problems including gastrointestinal motility disorders, liver and pancreatic disease, and inflammatory bowel disease. As members of the Department of Pediatric and Adolescent Medicine, the division faculty teach Mayo Clinic medical students, pediatric residents, and pediatric gastroenterology fellows.

The successful applicant will collaborate with the five-member Pediatric Gastroenterology Division, the seventy members of the adult gastroenterology practice, and the nine-member Motility Interest Group. The Motility Interest Group pursues new diagnostic and therapeutic modalities. Areas of interest include gastric accommodation and physiology, esophageal motility testing, noninvasive stable isotope evaluation of motility, and pelvic floor function. Eligible candidates must be board certified or eligible in pediatric gastroenterology and have excellent clinical and teaching skills.

Mayo Clinic is a large multispecialty practice located in Rochester, Minnesota. The Department of Pediatric and Adolescent Medicine is comprised of 108 physicians representing all pediatric subspecialties. The Mayo Eugenio Litta Children's Hospital is a 90-bed, state-of-the-art pediatric inpatient facility that includes 42 critical care beds.

The institution has excellent infrastructure for basic and clinical research. Mayo Clinic recently established an NIH-funded Clinical and Translational Science Activities program to coordinate research and training.

Mayo Clinic is an affirmative action and equal opportunity employer. Post-offer drug screening is required.

Interested individuals should submit a letter expressing interest along with a curriculum vitae to:

Mounif El-Youssef, MD
Chair, Division of Pediatric GI
c/o Jodi Neyens
Search Committee Coordinator

Department of Pediatric and Adolescent Medicine
Mayo Clinic
200 First St SW
Rochester, MN, 55905
Phone: 507.538.0089
neyens.jodi@mayo.edu

Missouri –

Saint Louis University is seeking faculty candidates to join an active division of Pediatric Gastroenterologists, clinical PNP, dedicated GI clinical nurses and dedicated procedure staff. The division has busy outpatient and inpatient services based at Cardinal Glennon Children's Medical Center, a 165-bed, free-standing children’s hospital affiliated with the Saint Louis University School of Medicine. The division serves an active liver transplant program, a nutritional support team, a multidisciplinary obesity clinic, and interacts with the CF center. Pediatric gastroenterology and hepatology also has ongoing, NIH-funded clinical and basic science research projects within the division, and a working relationship with the St. Louis University School of Public Health. Close clinical and research ties are maintained with the St. Louis University Liver Center. Excellent opportunities for teaching in both didactic and clinical settings are available at the medical student and post-graduate levels. Candidates must be BC/BE in Pediatric Gastroenterology. The institution is open to working with many types of foreign Visa holders, as well as green card holders and US citizens.

Saint Louis University is a Catholic, Jesuit institution dedicated to student learning, research, health care, and service. Saint Louis University is an Affirmative Action, Equal Opportunity Employer, and encourages nominations of, and applications from women and minorities.

Interested candidates must submit a cover letter, application, and current CV to: http://jobs.slu.edu

Other correspondence regarding this position can be sent to:

Jeffrey Teckman, MD
Director, Division of Gastroenterology
Department of Pediatrics
Saint Louis University School of Medicine

Missouri –

St. John’s Mercy Medical Center, located in St. Louis County, is seeking a board certified or board eligible clinical Pediatric Gastroenterologist to join an existing, busy practice at the Medical Center.

St. John’s Mercy Medical Center:
• Not-for-profit, 1000 bed teaching hospital
• Associate member of the National Association of Children's Hospitals and Related Institutions (NACHRI)
• Designated as a Level I Trauma Center with over 17,000 pediatric emergency visits annually
• 34-bed pediatric unit, 10-bed PICU and a 70-bed Level III NICU
• More than 200 primary care pediatricians on staff
• 24-hour in-house neonatology and pediatric coverage
• Excellent subspecialty support: features integrated services from more than 50 pediatric sub-specialists representing most major areas.

The successful candidate will be fellowship trained and committed to a clinical practice exclusively in Pediatric Gastroenterology.

If you are interested in learning more about this opportunity with St John’s Mercy Health Care, please contact:

Lisa Kues
Phone: 800.851.2382 or 314.364.3840
E-Mail: lisa.kues@mercy.net
For more information, visit our website at www.stjohnsmercy.net

New Jersey –

The Division of Pediatric Gastroenterology of the Children's Regional Hospital at Cooper University Hospital has an immediate opening for a BC/BE Pediatric Gastroenterologist at the Assistant/Associate Professor level. The Children's Regional Hospital is the designated
Children’s Hospital for Southern New Jersey and serves a population of 1.7 million with almost 23,000 births. It is the teaching hospital of the UMDNJ-Robert Wood Johnson Medical School at Camden.

We are a dynamic and growing program. The successful candidate should have a strong interest in direct patient care and development of a thriving practice. Responsibilities in addition to clinical care include medical student and resident teaching, and clinical or basic science research. Salary will be commensurate with training. We are an EOE.

For consideration, send your resume/letter of interest to:
William Sharrar, MD
Fax: 856.963.2514
E-Mail: sharrar-william@cooperhealth.edu

---

**Oklahoma**

The Department of Pediatrics at the University of Oklahoma Health Sciences Center seeks a board certified/board eligible Pediatric Gastroenterologist with experience in research, patient care, and academic programs. The position is tenure-track and will be filled at the Associate Professor or Professor level. The successful candidate will join three pediatric gastroenterologists and one nurse practitioner in a busy academic clinical setting with clinical responsibilities for patient care and will engage in the teaching and supervision of students and residents. Up to 80 percent protected time will be provided to establish a research program with the expectation that independent extramural funding will support the research in due time.

The University of Oklahoma Health Sciences Center includes 7 colleges and 17 other institutions and serves as the state’s principal medical education and research facility. The Department of Pediatrics is composed of 16 sections and more than 100 faculty members and is based at Children’s Hospital at OU Medical Center, which is the only comprehensive tertiary and quaternary health care facility in the state dedicated to the care of children. OU Medical Center is operated by Hospital Corporation of America and together they have invested $180 million in the last three years in construction and improvements. Many of our physicians live in the nearby suburb of Edmond, ranked by CNN and Money Magazine as one of the best cities and best places to live in America. All three of Edmond’s high schools were on the 2006 list of Best High Schools by Newsweek. In addition, Oklahoma has one of the lowest cost of living indexes and the fourth lowest tax burden in the nation.

Contact for more information or submit your CV to:
Kathleen Kyer, Manager
Pediatric Subspecialty Recruitment
Hospital Corporation of America (HCA)
Phone: 888.933.1433
E-Mail: kathleen.kyer@hcahealthcare.com

---

**Texas**

Brand new Dell Children’s Medical Center of Central Texas is recruiting a fourth Pediatric Gastroenterologist for a 31-physician pediatric subspecialty practice that includes pediatric subspecialists in allergy and immunology, dermatology, endocrinology, gastroenterology, clinical and metabolic genetics, hematology/oncology, infectious diseases, nephrology, neurology, palliative care and rheumatology. Our group provides evaluation and treatment of children and adolescents with special needs and complex medical conditions.

Candidates must be BC/BE in Pediatrics and Pediatric Gastroenterology and must have a solid professional reputation and expertise in specialty-specific procedures. Expertise in ERCP or motility is a plus. All inquiries are held in strict confidence.

Enjoy living in a city consistently ranked as one of the best places to live, work and play in the United States

If you are interested in joining an established and thriving Pediatric Gastroenterology Practice, please email your curriculum vitae to:
mbays@sfcaustin.com

---

**Wisconsin**

Marshfield Clinic has a 90-year history as one of the most well respected 100% physician-directed private medical group practices in the nation, with over 750 physicians at 42 centers in Wisconsin. The pediatric GI group is expanding services at the Marshfield Center in a department that includes all subspecialties.

- System-wide EMR accessed with mobile PC at point of service
- Clinical research support
- Teaching (on-site residency programs and medical student rotations)
- Adjoining children’s hospital features Level I PICU and Level III NICU
- Generous two-year guaranteed salary followed by RVU production-based income
- Four weeks vacation to start, 10 days CME plus $5,800 allowance, occurrence-based malpractice, life, health dental and disability insurance, fully funded retirement plan plus matching 401K plan, generous relocation, and more...
- Outstanding schools, no long commutes, easy access to metro areas and plentiful outdoor recreation

Please contact:
Mary Treichel
Physician Recruiter
Phone: 800.782.8581 ext 19774
E-Mail: treichel.mary@marshfieldclinic.org
Website: www.marshfieldclinic.org
Check the NASPGHAN Website frequently for information regarding:

- Updates on NASPGHAN CME Activities
- Legislative Action Alerts
- Digital Internet Library of Endoscopic Images