



KIDney NOTES

Bi-monthly Membership Newsletter July/August 2004

www.aspneph.com

PRESIDENT'S CORNER

Sandra L. Watkins, M.D., ASPN President

I would like to begin my first entry from the President's Corner by thanking the membership for this opportunity to serve the Pediatric Nephrology community and by recognizing the contributions of our recent leadership. I am fortunate to begin my presidency on the heels of a smashing success, our 2004 Annual meeting. Our educational mission has been greatly expanded as we have moved from a half-day meeting to a fully developed 3-day "meeting-within-a-meeting" at the PAS. The attendance at our last two meetings (~350) represents a 25 % increase over 2002 (our first year integrated into the PAS), which was a 50% increase over the previous years. This progress is a result of the vision demonstrated by our leadership in the 1990's and the increasing depth and breadth of our membership.

Our other missions involving research, clinical affairs, workforce, training, and advocacy have all been advanced. Cutting across all of these areas is our Public Policy agenda, ably supported by Don Ruscio and Jennifer Shevchek, our Washington representatives. We have strong collaborative ties with our sister organizations, and our input on substantive issues has been sought by them as well as the NIDDK, CMS and the FDA.

In order to sustain this momentum the Council is delving into the recertification area, public policy position papers, membership surveys and succession planning for the organization. We have formulated two new committees. The first is "Workforce" which will be chaired by Uri Alon and Elaine Kamil. The second is "Training/Certification" chaired by Bruce Morgenstern and Kathy Jabs. We are developing ways to expand and support the ongoing work of the committees.

I want to invite all of you to get involved in committees and task forces, to bring issues to your Council, and to respond to our surveys as we attempt to gather data about our membership and patients. I look forward to working with all of you.

Sandy

We've Moved!

ASPN's New Address

Northwestern University/Feinberg School of Medicine

Pediatrics W140

303 E. Chicago

Chicago, IL 60611-3008

312-503-4000

FAX 312-503-1181

ASPN@northwestern.edu

Note from the new Secretary-Treasurer

First, I'd like to express my appreciation to the Society membership for the confidence you have shown by placing me in this position. Sharon and Kristie have done a fantastic job over the past four years during a time of increasing complexity for ASPN operations. I hope we can keep the ball rolling with the level of skill that they have shown.

Also, I'd like to introduce Robyn Mann, who will be serving as coordinator of the ASPN office. We are in the process of transferring things from Indianapolis to Chicago. It will take us a while to work out the kinks and get everything running smoothly; in the mean time, if you have a problem, please don't hesitate to call or e-mail us. The office is here to serve the membership! Our contact information is provided at the end of each newsletter.

With this issue, we are adding a column to share information about accomplishments by our members. If you have done something newsworthy, please share it with us. The inaugural entry describes new positions for two of our past presidents. Good luck to both of you!

Again, please let us know if you have suggestions regarding any of our ASPN activities. I am looking forward to hearing from you.

Bill Schnaper

WASHINGTON UPDATE

Domenic Ruscio and Jennifer Shevchek, ASPN Washington Representatives

CMS Publishes 2005 Medicare Physician Fee Schedule Proposed Rule

On August 5, 2004, the Centers for Medicare and Medicaid Services published their 2005 Medicare physician fee schedule in the Federal Register. The proposed rule provides an average 1.5 percent increase in payment rates for physicians treating Medicare beneficiaries. This payment increase implements a provision adopted in last year's Medicare Modernization Act (MMA), effectively substituting the 1.5 percent increase in 2004 and 2005, for what would have been a 3.7 percent reduction under previous law. In addition, the MMA established a floor of 1.0 for the work Geographic Practice Cost Index (GPCI) for any locality where the GPCI would otherwise fall below 1.0. This floor remains in effect for services performed before January 1, 2007.

Included in the proposed rule are the following major End-Stage Renal Disease (ESRD) proposals:

1. A 1.6 percent payment increase for ESRD facilities for services in 2005.
2. CMS proposes using MCP codes G0308 through G0319 for dialysis patient visits (visits 2 through 4) using telecommunications equipment for monthly management of patients on dialysis. However, a "complete assessment" still needs to be one of the face-to-face visits by a physician, clinical nurse specialist, nurse practitioner, or physician's assistant. A telehealth visit is one that uses BOTH interactive audio and video telecommunications. In addition, statute currently defines a telehealth-originating site as a physician or practitioner's office, hospital, critical access hospital, rural health clinic, or federally-qualified health center. An ESRD facility itself is not defined in statute as an originating site. Subsequent visits (other than the comprehensive assessment) in any of the statutorily covered settings listed above could be provided via telecommunications equipment, including a physician's satellite office within a dialysis center.

(Washington Update , continued)

3. ESRD-related visits provided to patients by the MCP physician in an observation setting would be counted as visits for purposes of billing the MCP codes. Description of the G codes for ESRD-related home dialysis services, less than full month, as identified by G0324 through G0327, will include other partial month scenarios. This includes Transient Patients, patients traveling away from home (less than full month, and partial month, where there was one or more face-to-face visits without the comprehensive visit and either the patient was hospitalized before a complete assessment was furnished, dialysis stopped due to death, or the patient had a transplant). However, physicians who have an on-going formal agreement with the MCP physician to provide cursory visits during the month i.e. rounding physicians, may not use these per diem codes. CMS notes that they are currently evaluating the criteria for defining a transient patient and would welcome comments on when a patient should be considered transient.

4. Establish a basic case-mix adjusted composite rate system that includes both gender and age adjustments. Specifically, CMS proposes three categories: under 65, 65 to 79, and over 80. CMS states, "While we recognize that pediatric patients are more costly to treat, those patients are generally treated in specialized pediatric facilities. As provided under MMA, those facilities can request adjustments to their composite payment rates through the exceptions process." ASPN disagrees with this proposal of not addressing the pediatric population, and will thoughtfully comment on this issue in the Society's formal comment letter.

Once ASPN has completed their comment letter, it will be posted on the ASPN website as a template for members to use when commenting.

To read the proposed rule, visit http://www.access.gpo.gov/su_docs/fedreg/frcont04.html and click on August 5, 2004. Scroll down to the Centers for Medicare and Medicaid Services and click on "Physician fee schedule (2005 CY); payment policies and relative value units."

Filing Comments: Comments on any component of the 2005 physician fee formula must be received before the September 24, 2004 deadline. In commenting, one should refer to file code CMS-1429-P. Due to staff and resource limitations, CMS cannot accept comments by facsimile. You may submit electronic comments on specific issues at <http://www.cms.hhs.gov/regulations/ecomments>. Attachments should be in Microsoft Word, WordPerfect, or Excel. Mail written comments (one original and two copies) can be sent to the following address only: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1429-P, P.O. Box 8012, Baltimore, MD 21244-8012.

News and Information

Important ASPN Poll to Categorize Members' Dialysis Practices

The **Clinical Affairs Committee** has been responding to requests from outside organizations for feedback from the ASPN on various clinical issues. We recently reviewed proposed changes to the Core Data Set of dialysis-related information collected by the ESRD Networks for CMS, and also gave feedback to the FDA on availability of medical devices for children with renal disease. You will soon receive from us a

brief survey aimed at assessing various aspects of dialysis care for children with ESRD. Information gathered in this survey will be used by our Washington representatives as they work with the Renal Physicians Association and other professional organizations in responding to proposed changes in reimbursement for dialysis care by Medicare.

New ASPN Committees Formed

The ASPN has several standing committees that, at the direction of the Society President, provide input from the membership and serve as a sounding board regarding issues that come to the Council. Recently, the Council has concluded that the job of the old Workforce and Training Committee has become too extensive, and it has now been split into two new committees. The **Workforce Committee** will have three main tasks: (1) estimating the workforce needs in our subspecialty in coming years, (2) finding ways to better attract and retain trainees in our subspecialty, and (3) evaluating the "quality of life" for pediatric nephrologists and ways to enhance it. The **Training and Certification Committee** will work with other organizations to develop (1) criteria for evaluating the competency of trainees and practitioners, and (2) continuing education programs that will assist members in maintenance of certification.

Change in Application Deadline for ASPN Fellow Research Awards

As in the past, the ASPN will present Trainee Research Awards at the 2005 ASPN/PAS Annual Meeting, to be held in Washington D.C. (May 14 -17). The Award includes a \$500 cash prize as well as a \$750 travel stipend and free registration to attend the 2005 meeting. The ASPN strongly encourages the submission of applications from trainees who will have submitted clinical or basic science abstracts to the ASPN/APS Annual Meeting. However, abstracts submitted to any national/international scientific meeting held between May 2004 and May 2005 are also eligible for consideration.

The deadline for submission of applications for the ASPN Research Trainee Award will be moved up to December 15, 2005 to shortly follow the abstract submission deadline for the 2005 PAS Annual Meeting. The ASPN Research Committee will evaluate the abstracts based on their scientific merit. Awardees will be expected to present their work at one of the two nephrology "Free Communications" sessions at the annual ASPN/PAS meeting.

Applications for the Trainee Research Awards can be requested in the Fall from the ASPN main office: aspn@northwestern.edu

NKDPE Partners with ASPN to Enhance Awareness of Pediatric Kidney Disease

The National Kidney Disease Education Program, now in its third year, is an initiative from the NIDDK directed by Tom Hostetter, MD. Its goal is to increase awareness about the risks, consequences, and potential preventive treatments of kidney disease through community-based outreach programs targeting people most likely to develop kidney disease. In addition, the program also will target primary care providers who are often the first to encounter kidney patients, in an attempt to facilitate the appropriate evaluation and treatment of patients at risk for progression of kidney disease. In this regard and in cooperation with the Renal Physician's Association, a web-based Consult letter template has been developed. It can be found at www.nkdep.nih.gov. Dr. Hostetter has asked the ASPN to partner with the NKDEP initiative in order to develop programs that include pediatric populations at high risk for the development of kidney disease. To take advantage of this opportunity we are designing a proposal aimed at: (1) Simple screening of high risk populations with measurements of blood pressure using guidelines from the recent 4th Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents; height; weight, and determination of BMI. (2) Providing educational material to those families at risk. (3) Creating a pediatric consult letter template for pediatricians and other primary care providers. This program is being spearheaded by ASPN members Rick Kaskel and Sue Furth.

Getting Started with the NIH: Helpful Links

The National Institutes of Health has an extensive web site. If you haven't previously surfed the NIH home page, <http://www.nih.gov/>, you can get useful information about diseases, clinical research protocols, policy issues and research. The NIDDK home page address is <http://www.niddk.nih.gov/>. This site includes information related specifically to kidney, and from it one can click on links to special funding opportunities. One more site is particularly useful for those who have an interest in learning more about how to write, submit and score grants, linking to a number of interesting pages. The web address for this page is http://grants1.nih.gov/grants/useful_links.htm.

Congratulations/Kudos

Aaron L. Friedman, M.D., has been named pediatrician-in-chief at Hasbro Children's Hospital and the Sylvia Kay Hassenfeld Professor of Pediatrics, and Chair of the Department of Pediatrics at Brown Medical School. Previously he was chair of the Department of Pediatrics at the University of Wisconsin and the medical director for the University of Wisconsin Children's Hospital. He has left Madison for the salty air of Providence, RI. Dr. Friedman was ASPN President from 1999 to 2000.

As of July 1, 2004, Dr. **Ellis D. Avner** has been appointed as the Director of the Children's Research Institute, Children's Hospital and Health System of Wisconsin, and Associate Dean for Research, Medical College of Wisconsin. In his new roles by the balmy shores of Lake Michigan, Dr. Avner will head an effort to develop new facilities and programs to increase translational pediatric research. In addition, he will continue to direct his own research program focused on the cellular pathophysiology of polycystic kidney disease. For the previous 9 years, Dr. Avner, the immediate past-president of the ASPN, served as the Chairman of Pediatrics and Chief Medical Officer at Case Western Reserve University and Rainbow Babies and Children's Hospital in Cleveland.

Announcements

2005 CERTIFYING EXAMINATION IN PEDIATRIC NEPHROLOGY

Examination Date: November 29, 2005.

Registration for first-time applicants: February 1, 2005, through May 2, 2005.

Registration for re-registrants: March 14, 2005, through June 16, 2005.

The final month of each registration requires payment of a late fee.

Applicants must complete applications online during the registration periods for new applicants. The requirements for online applications are found on the ABP Web site: **www.abp.org**. Additional information including eligibility requirements is found on the ABP Web site. Each application will be considered individually and must be acceptable to the ABP.

**AMERICAN BOARD OF PEDIATRICS
111 SILVER CEDAR COURT
CHAPEL HILL, NC 27514-1513
Telephone: 919-929-0461
Facsimile: 919-918-7114 or 919-929-9255
Web site: www.abp.org**

Announcements (continued)

AMENDMENT TO RFA-DK-04-019:

CLINICAL STUDY OF VESICoureTERAL REFLUX IN CHILDREN

A minor change has been made in the request for applications from the NIDDK. It should not affect most ASPN members, but serves as another reminder of this important funding opportunity. The RFA was amended as follows:

"Applications may be submitted only from North American institutions. This geographic constraint will be necessary because of the need for close communication among members of the program, the requirement for frequent steering committee meetings, and site visits for data verification. For-profit and non-profit organizations, public and private, such as universities, colleges, hospitals, laboratories, units of State and local governments, and eligible agencies of the federal government may apply."

All other aspects of the RFA remain unchanged.

The full text of the RFA, which was published July 12, 2004, can be accessed at the following location: <http://grants.nih.gov/grants/guide/rfa-files/RFA-DK-04-019.html>

Inquiries regarding this notice may be directed to:

Marva M. Moxey-Mims, M.D.
Division of Kidney, Urologic and Hematologic Diseases
National Institute of Diabetes and Digestive and Kidney Diseases
6707 Democracy Blvd., Room 639
Bethesda, Maryland 20892-5458
Telephone: (301) 594-7717
FAX: (301) 480-3510
Email: mm726k@nih.gov

Coming soon to our website:

On-line membership renewal and dues payment

JOBS/POSITIONS AVAILABLE**Mary Bridge Children's Hospital in Tacoma, WA****Position: Full-time clinical pediatric nephrologist**

A two-physician team caring for a full range of pediatric nephrology patients, including prenatal/neonatal to young adults, ESRD and post-transplant patients. Current affiliations with Children's Hospital in Seattle as well as two adult facilities provide creative options that allow for the provision of end stage renal care to the kids in our referral area. Our growing tertiary care community-based hospital is an exciting place to work, and our patients appreciate our outreach clinics as well. A regionally unique Lifestyle's Clinic with exercise specialist for hypertension/obesity patients is thriving under the care of our nurse practitioner. Family practice and pediatric residents and University of WA medical students provide wonderful teaching opportunities. There is 24-hr hospitalist and PICU/NICU/ER attending level coverage at the hospital. Interest in clinical research welcomed. Quality of life and natural setting in the Puget Sound area are wonderful.

For more information, please contact Niki Becker, M.D., at (253) 403-5298.

Feinberg School of Medicine**Position: Research Assistant Professor**

To conduct research in cell/molecular aspects of *collagen metabolism in kidney diseases*. Position requires M.D. or PhD (cell/molecular biology); 2 yrs postdoc experience in clinical nephrology; M.D.s or Ph.D.s need 3 yrs postdoc lab experience (*cell biology/signaling*), 1 yr experience in leading lab projects. Must understand clinical/translational implications of basic research; 2 peer-reviewed publications in molecular biology kidney disease required.

Apply to Feinberg School of Medicine (FSM), Dept. of Pediatrics, Dr. W. Schnaper, (312) 503-1180. FSM and Northwestern University are Equal Opportunity Employers.

Title: Assistant/Associate Professor

Department: Pediatrics

Institute: Medical College of Wisconsin

Contact: Cynthia Pan, MD

Address: 8701 Watertown Plank Road, PO Box 26509

City: Milwaukee, WI 53226-0509

Phone: 414-456-4180; **Fax:** 414-456-6539; **E-Mail:** cpan@mcw.edu

Date Available: August 2004

Comments: The Department of Pediatrics of the Medical College of Wisconsin at the Children's Hospital of Wisconsin is recruiting for a full-time academic position at the Assistant or Associate level. The position is currently available for a fourth nephrologist. Responsibilities include clinical activity, teaching, and either basic science or clinical research. The Children's Hospital is located on the campus of the Milwaukee Regional Medical Center and serves Southeastern Wisconsin. The Children's Hospital is a 220 bed tertiary facility with a well-established end-stage renal disease program. Extensive opportunities are available to collaborate with basic science and clinical faculty at the Medical School and the Children's Research Institute. The position offers a competitive salary and fringe benefits package. The applicant must be Board Eligible/Board Certified in Pediatric Nephrology. Interested candidates should send their CV to Cynthia Pan, MD. The Medical College of Wisconsin is an Affirmative Action/Equal Opportunity Employer. Applications from women and minority candidates encouraged.

MEETING ANNOUNCEMENTS

***Renal Week 2004, 37th Annual Meeting & Scientific Exposition
October 29—November 1
America's Center in St. Louis, Missouri***

Mark your calendar for the ASPN Member Breakfast on Saturday, October 30 at 6:45 AM

***7th International Workshop on Primary Hyperoxaluria
October 8-10, 2004 Mayo Clinic Rochester, Minnesota***

***Also on October 9, 2004, there is a special program for patients, families and friends—7th International Workshop on Primary Hyperoxaluria Special Program for Patients and Their Families
Mayo Clinic, Rochester, Minnesota***

For more information please contact Mayo School of Continuing Medical Education via phone: 800-323-2688 or 507-284-2509, Fax: 507-284-0532, E-mail: cme@mayo.edu please reference R2004M291 or visit the website at www.mayo.edu/cme.

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American Society of Pediatric Nephrology**

Sandra L. Watkins, M.D., President
Sharon P. Andreoli, M.D., President-elect
Ellis D. Avner, M.D., Past President
H. William Schnaper, M.D., Secretary-Treasurer

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Joseph T. Flynn, M.D., M.S.
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Bruce Z. Morgenstern, M.D.
Victoria F. Norwood, M.D.

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AN IMPORTANT MESSAGE FROM THE ASPN OFFICE:

Starting in April 2004, the KIDNEY NOTES NEWSLETTER is NO LONGER being sent to the ASPN membership through the US Postal Service. The newsletter will ONLY be available through a broadcast e-mail message that will be sent to the membership and on the ASPN web site (www.aspneph.com). It is important that **WE HAVE YOUR CORRECT E-MAIL ADDRESS!**