



KIDney NOTES

Bi-Monthly Membership Newsletter November/December 2003

www.aspneph.com

ATTENTION ASPN MEMBERS

For substantial savings REGISTER BEFORE MARCH 5, 2004 for the May 2004 ASPN Annual Meeting in San Francisco, California

For additional meeting information and to register, visit the PAS web site at:

www.pas-meeting.org

Be sure to make your reservation at the ASPN headquarter hotel - Hilton San Francisco. Contact the ASPN office at: 317-278-0854 or the PAS office at: 281-419-0052

RESIDENTS PROGRAM FOR 2004 ASPN/PAS MEETING

The ASPN will sponsor residents to attend the upcoming 2004 ASPN/PAS meeting from May 1-3, 2004 in San Francisco, California.

There will be travel awards (\$750.00 per resident) to attend the meeting and the awards will be given on a competitive basis. In addition, the ASPN will pay the meeting trainee registration fee. Applicants must be 4th year medical students who have been accepted into a pediatric or med-peds ACGME accredited program at the time of the meeting, 1st or 2nd year pediatric residents (PL1-PL2), or a 1st, 2nd, or 3rd year med-peds resident (PGY1-PGY3) in an ACGME accredited pediatric residency program.

Applications must include the following:

- Recommendation by a member of the ASPN who agrees to accompany the resident to the meeting
- Recommendation by the chair of the department of pediatrics at the applicant's institution
- Applicant's curriculum vitae along with a 1-page statement from the applicant describing his/her interest and possible career plans in pediatric nephrology.

Applicants must commit to attend the 3-day meeting if selected. **Applications must be submitted by February 2, 2004** to: *Kristie Matteson, ASPN Office, ATTN: Resident Program 2004, James Whitcomb Riley Hospital for Children, Wells Research Center 2600A, 702 Barnhill Dr., Indianapolis, IN 46202.*

AN IMPORTANT MESSAGE FROM THE ASPN OFFICE:

Starting in April 2004, the KIDNEY NOTES NEWSLETTER will NO LONGER be 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!** Please check your address, telephone number, fax number, and e-mail address on your 2004 ASPN Membership Dues Invoice.

2004 ASPN RESEARCH TRAINEE AWARD NOMINATIONS

We would like to take this opportunity to encourage you to nominate your fellows for the ASPN Research Trainee Award. This award is given to trainees who have submitted a basic or clinical research abstract to a national/international meeting. The ASPN Research Committee determines the awardee(s), and the award will be presented at the 2004 ASPN Annual Meeting to be held in San Francisco, California, May 1-3, 2004.

The Research Trainee Award includes a cash award, travel stipend, and the meeting registration fee. Abstracts submitted to any national/international scientific meeting held between May 2003 and May 2004 are eligible for consideration.

Submission Deadline: February 2, 2004. Send a copy of the abstract(s) to the ASPN office at: *ASPN Office, Research Trainee Award, James Whitcomb Riley Hospital for Children, Wells Research Center 2600A, 702 Barnhill Dr., Indianapolis, IN 46202, Fax: 317-278-3599 or email: sandreol@iupui.edu.* We emphasize that as many abstracts as have been produced this year can be submitted.



Nominations must be received from any active member of the ASPN no later than January 15, 2004.

Criteria for nominations are: 1) Must be an active or emeritus member of the ASPN; 2) Must be greater than 55 years of age; 3) Must have made a significant clinical, scientific and/or leadership contributions to the field of pediatric nephrology; 4) Must have made a significant contribution to the ASPN by promoting its activities to assure a continuing role for its members in science as well as in specialized health care for children with kidney disease.

Nominations should include a curriculum vitae from the nominee and a letter describing the individual's contribution. Mail to: ASPN, Founder's Award, Riley Hospital for Children, Wells Research 2600A, 702 Barnhill Dr., Indianapolis, IN 46202.

ASPN MEMBERS PLEASE NOTE:

Many of you may have questions regarding the changes to the dialysis payment methodology included in the Medicare Fee Schedule for 2004. RPA has developed a FAQ document that addresses many of the questions posed to RPA leadership and staff.

Log onto the members only section of the RPA website (www.renalmd.org) and click on Answers to Questions on 2004 Medicare MD Fee Schedule under NEW to view this document.

WASHINGTON UPDATE

Congress Adopts Historic Medicare Legislation

At press time, President Bush was set to sign into law H.R. 1, the Medicare Prescription Drug, Improvement and Modernization Act, marking the first major changes to the program since its inception in 1965. Costing roughly \$400 billion over 10 years, final agreement on the landmark legislation was the product of months of contentious negotiations in Congress.

While most of the public's attention has been focused on the prescription drug portion of the legislation, the measure also contains a number of provisions of interest to the nephrology community. For example, included in the 1100-page bill is a provision that blocks the scheduled -4.5% Medicare physician payment cut, replacing it with a +1.5% increase in payments for 2004 and 2005. In addition, the bill will create a floor of 1.0 for the work geographic payment adjuster (GPCI) for 2004 through 2006, providing increased reimbursement for physicians practicing in rural areas.

The bill also includes several dialysis/ESRD-specific provisions worth noting, including:

- Increase of 1.6% in the composite rate increase for 2005.
- Current average wholesale price (AWP) reimbursements for dialysis-related drugs will be maintained at 95% in 2004, while reimbursement for all other drugs will be set at AWP minus 15%.
- The new law reinstates the pediatric exception, allowing a facility with 50% of its patients under age 18 to receive payments higher than the composite rate.
- HHS Inspector General will undertake two studies of drugs and biologicals (including erythropoietin) furnished to ESRD patients and billed separately by facilities; each study is required to determine the difference between payment amounts and the facilities' acquisition costs.
- Beginning January 2005, the HHS Secretary will establish a basic case-mix adjusted prospective payment system for dialysis services; beginning January 2006, the Secretary is required to establish a 3-year demonstration project of a fully case-mix adjusted payment system for ESRD services.

CMS finalizes 2004 Payment Fee Schedule

On November 7, 2003, CMS issued the final 2004 physician fee schedule which, among other things, bases dialysis reimbursement on the number of physician/patient face-to-face visits performed each month. The usual monthly capitation payment (MCP) codes 90918 (ages 0-2), 90919 (ages 2-11), 90920 (ages 11-19) and 90921 (age >20) will be replaced by G codes, with three G codes for each age category based on the number of face-to-face visits with the patient that month: 4 or more, 2 to 3, and 1. The home dialysis patient G code will be set at the rate of 2 to 3 visits for only 1 face-to-face encounter to uphold the principle of keeping home patients at home. There is some ambiguity over what role telemedicine will play in ESRD care under the new codes, and the potential problem of insurance carriers not recognizing "G codes." CMS has indicated that it will continue to internally evaluate these potential problems.

ASPEN works to change new CMS policy

In an effort to halt implementation of the new dialysis G codes, ASPEN partnered with the Renal Physician of America (RPA) and the National Renal Administrators Association (NRAA) in asking Congress to intercede. Unfortunately, lawmakers were already steeped in negotiations over the Medicare prescription drug issue and were reluctant to take on another issue.

Instead, our coalition was able to convince lawmakers to add special language to the Consolidated Appropriations Bill now pending in Congress, calling upon CMS to consult with the General Accounting Office, the Relative Value Update Committee (RUC) and nephrology societies to evaluate the current proposal and come up with an alternative.

Once the legislation is sent to the president for signature, probably in late January, this language will provide the nephrology community with a tool to push for reconsideration of this new policy.

Research funding held in abeyance

Just before adjourning for the year, congressional negotiators finally hammered out an agreement on NIH appropriations for fiscal year 2004. But Congress has delayed a final vote on the measure until lawmakers return to work in late January. ►►►

WASHINGTON UPDATE CONT'D

Earlier this year, the House had voted to limit overall growth in NIH to 2.5%, far less than the 15% - 16% increases experienced for the past five years. The Senate voted a 3.7% increase, or about \$1 billion more than current NIH funding. In end, Senators Arlen Specter (R-PA) and Tom Harkin (D-IA) prevailed, convincing a House-Senate conference committee to agree to the \$1 billion add-on.

President Signs Pediatric Drug Bill

On December 3, 2003, President Bush signed in to law the Pediatric Research Equity Act of 2003, authorizing the government to require pharmaceutical companies to test the safety of their products in children.

Specifically, the bill would codify a "pediatric rule" issued in 1998 that permitted the FDA to require pharmaceutical companies to test their products in children. The law was prompted by an October 2002, court ruling that found that the rule "exceeds the FDA's statutory authority and is therefore invalid."

The legislation would reinstate the authority of the FDA to require pharmaceutical companies to test the safety and efficacy of drugs in children before their products receive approval. The measure, which expires in 2007, would also allow pharmaceutical companies to obtain waivers on the tests in a number of cases, such as when the medications "won't be widely used" by children and when the tests are "highly impractical." — *Domenic Ruscio, Cavarocchi, Ruscio, Dennis Associates/ASPN Washington Representative*

POSITIONS AVAILABLE

- ▶ University of California Davis Children's Hospital, Sacramento, CA
- ▶ Pediatric Nephrologist

The Department of Pediatrics, University of California, Davis, is seeking a full-time academic Pediatric Nephrologist. The UC Davis Children's Hospital provides a full complement of services throughout Northern California. The successful candidate will join two full-time Pediatric Nephrologists in providing care in an expanding clinical and academic program.

This position is open rank (commensurate with credentials) in the Regular, Clinical Pediatrics or Salaried Clinical Series. Proven excellence in clinical

care and teaching is required. Opportunities for research may be available depending on the series, experience and qualification of the candidate.

Minimum qualifications include a M.D. degree, BC/BE in Pediatrics and Pediatric Nephrology and eligibility for licensure in the State of California. Applicants should have the ability to work cooperatively and collegially within the diverse environment of UC Davis. **Interested candidates should submit their CV and letter of inquiry to Mark Parrish, MD, Vice Chair of Clinical Affairs and Chief of Pediatric Nephrology, Department of Pediatrics, 2516 Stockton Blvd., Sacramento, CA 95817 or e-mail him at mark.parrish@ucdmc.ucdavis.edu.** The University of California is an affirmative action/equal opportunity employer.

- ▶ Orlando, FL
- ▶ Director of Pediatric Nephrology

An outstanding opportunity as the **Director of Pediatric Nephrology** has just become available in one of the most sought after geographic areas in the Nation...Orlando Florida. This hospital has a 45 bed general pediatric unit, and a level II, 28-bed NICU, and level III, 13 bed PDICU. The applicant can become part of an expanding health care system and a premier children's hospital. This opportunity offers private practice opportunity coupled with the Director of pediatric nephrology.

If you would like to learn more about this practice opportunity, please contact Monette Velasco by calling (800) 304-3095, or fax a copy of your CV to (210) 651-4338. If e-mail is more convenient my address is mvelasco@beck-field.com.

Send any comments or articles for the next issue of KIDney Notes to:

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