ANNOUNCEMENT TO ASPN MEMBERS:

The ASPN Office is pleased to announce the NEW ASPN WEB SITE!

The web address is the same: www.aspneph.com

Reminder - the Membership Directory requires a USERNAME and PASSWORD.
USERNAME: aspn
PASSWORD: metanephros

We have many members in the membership directory without an e-mail address listed. If you would like to add your email information or need to make any changes to your address listed, please contact Kristie at the ASPN office.

We will be adding more information to the web site in the coming weeks and months. So check back often! We welcome your comments and suggestions on the new web site.

Please feel free submit your comments to:
Kristie Matteson, ASPN Office Coordinator
kmatteso@iupui.edu

** ASPN MEMBERS - PLEASE NOTE **

ASPN MEMBERSHIP BREAKFAST
SUNDAY, NOVEMBER 16, 2003
7:00 a.m., Manchester Grand Hyatt, Regency Room
PLEASE RSVPAT: kmatteso@iupui.edu

Workforce/Program Directors Meeting
Saturday, November 15, 2003
12:00—1:00 p.m.
Manchester Grand Hyatt, Randle A Room

This Issue of KIDney Notes Includes 2004 ASPN Meeting Information:

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2. 2004 Resident Program Announcement and Deadline for Application 5
3. 2004 Research Trainee Award Announcement and Deadline for Nomination 5
4. 2004 Founder’s Award Announcement and Deadline for Nominations 6
WASHINGTON UPDATE

ASPN Comments on Proposed Revisions to CPT Dialysis Codes

On October 2, 2003, the ASPN sent a comment letter to CMS outlining its concerns over the August 15 CMS proposal to revise the payment codes for dialysis treatment. CMS proposes to create three G codes in place of each CPT code to differentiate payment based on the number of “face-to-face physician visits” per month. Specifically, the ASPN letter urged CMS to take a more collaborative approach to developing more effective dialysis patient/nephrologist interactions, rather than the current proposal that exposes the pediatric Medicare ESRD population to multiple unforeseen consequences.

Along similar lines, the AMA and the Specialty Society RVS Update Committee (RUC) wrote to CMS expressing disappointment because the agency CMS had not consulted with the nephrology community, the CPT Editorial Panel or the RUC before making these proposals. Before finalizing the proposal, the RUC urged CMS to work with those organizations toward a long-term approach.

ASPN will continue to closely monitor this issue.

Deadline Passes for ESRD Disease Management Demonstration

The deadline for submission of applications to participate in the ESRD disease management demonstration project closed on October 2, 2003. The demonstration will allow organizations serving ESRD patients to receive a capitation payment in order to test the effectiveness of disease management models in improving quality of care and containing costs. Another option is a fee-for-service model, in which the organization providing disease management services will coordinate the health care of beneficiaries.

Eligible organizations include companies experienced with providing services to ESRD patients, including dialysis providers, disease management organizations, M+C plans, and integrated health systems. The demonstration will last for four years. Organizations like the Renal Physicians of America contend that the bundling of nephrologists’ services and payments into global capitated payment system could negatively impact the quality of care delivered to patients with ESRD.

Medical Liability Reform at a Crossroads

In March 2003, the House passed H.R. 5, the “Help Efficient, Accessible, Low-Cost, Timely Health Care (HEALTH) Act, which caps non-economic and punitive damages at $250,000. In July the Senate attempted to debate S.11, the Patient’s First Act of 2003, which is the mirror image of H.R. 5. However, the bill failed to garner the necessary 60 votes to further debate.

With only weeks remaining in this legislative session, efforts are now underway to get this issue back on the legislative agenda. It is rumored that a liability bill, entitled the “Healthy Mothers and Healthy Babies Act of 2003,” will come to the Senate floor during the last two weeks of October. This bill would only address obstetrical care, capping non-economic and punitive damages for malpractice claims stemming from OB/GYN care. Depending on the success of the “Healthy Mothers and Babies Act,” the Senate would then attempt to pass other individual medical specialty liability bills i.e. trauma physicians, rural and underserved, Good Samaritan. The Senate leadership hopes this strategy will eventually lead to a single, comprehensive medical liability bill that covers all medical specialties.
Another bill pending in the Senate—S.1518, the Reliable Medical Justice Act, introduced by Senator Mike Enzi (R-WY)—would allow states to create demonstration programs to test alternatives to current medical tort reform. The proposal describes three models to which states could look in designing their alternatives. The proposal also would require participating states to ensure that patient-safety organizations capture and analyze data on preventable injuries that are compensated under their programs. The federal government would set the parameters of and provide guidance for the demonstration programs, as well as provide funding up-front costs and technical assistance for states. Proponents believe that by funding demonstration projects, Congress could enable states to experiment with and learn from ideas that could provide long-term solutions to the current medical litigation crisis. Some opponents argue that the Federal government should NOT be giving hand-outs to states to address medical liability, when the issue does not revolve around money, but changes to a state’s constitution.

Research Appropriations at a Crossroads

The House and Senate have both passed legislation to provide NIH appropriations for fiscal year 2004. The House bill recommends a 2.5% increase over current funding; the Senate bill recommends 3.7%. After several weeks delay, the House named representatives to a House-Senate conference committee, which will be assigned to iron out differences between the two versions of the bill. This is always a controversial bill, and this year is no different, with issues of overtime pay for federal employees preventing an easy compromise. It may take several days to reach a compromise, but final passage of the compromise bill is unlikely until Thanksgiving.

Keeping Transplants Accessible for Pediatric Patients

ASPN was recently alerted to the fact that United Network for Organ Sharing (UNOs) is considering a proposal to directly apply a transplant candidate’s time on dialysis towards the kidney transplant waiting list.

On September 25, ASPN sent a letter to UNOS asking it to reject this proposal on grounds that it would disadvantage pediatric patients. Specifically, this proposal as stated in the letter would disregard the issue of preemptive transplantation (transplantation prior to initiation of dialysis), which maximizes pediatric growth, development, and rehabilitation post-transplant for many children with progressive renal failure.

— Submitted by Dom Ruscio and Jennifer Shevchek — Cavarocchi, Ruscio, Dennis Associates/ASPN Washington Representative

ASPN Members:

I, as well as the entire ASPN Council, am looking forward to seeing you at our Breakfast Meeting at the upcoming ASN Meeting in San Diego. You will notice in this Newsletter than an enormous amount of Council’s effort over the last several months has focused on public policy issues. There are critical issues currently pending regarding CPT dialysis codes, ESRD management demonstration, medical liability reform, NIH research appropriation and transplant accessibility for pediatric patients that are detailed in the Washington Update (page 2) which I strongly recommend you read in detail. This is clearly going to be a challenging year for the pediatric nephrology investigator and clinician.

Again I wish to remind you to block the dates of the 2004 ASPN Annual Meeting on your academic calendars, May 1-3, 2004. All information for this meeting is highlighted in this Newsletter including the expanded program. In particular please pay attention to the material about the ASPN Research Trainees Award nominations, the Resident Program, as well as the Founder’s Award nominations.

I wish you and your loved ones a pleasant and productive fall season!

— Ellis D. Avner, MD, ASPN President
SAVE THE DATE!!!
2004 ASPN ANNUAL MEETING ~ May 1-3, 2004
SAN FRANCISCO, CALIFORNIA

ASPN 2004 Headquarters Hotel:
The Hilton—San Francisco will be the Headquarters Hotel and is located in close proximity to the Moscone West Convention Center.
For further information, see the PAS website at: www.pas-meeting.org

ASPN 2004 Annual Meeting Program will include:

• 2 ASPN Combined Symposia
  Topics: Update on Hypertension in Children
  Complications Following Solid Organ Transplantation

• 4 ASPN Symposia
  Topics: Epidemiology and Pathophysiology of Chronic Kidney Disease
  Update on the Etiology and Management of Urinary Tract Infection and Vesicoureteral Reflux
  Obesity, Diabetes Mellitus and Chronic Kidney Disease
  Implications of the Food and Drug Modernization Act (FDAMA) for the Field of Pediatric Hypertension

• 3 ASPN Workshops
  Topics: Dialysis in 2004 — Adequacy, Access, Anemia, Growth, and CVVH
  Transitioning Pediatric Patients To Adult Care
  Clinical Trials in Pediatric Nephrology

ASPN 2004 Membership Activities:

Membership Reception/Social Event: Saturday, May 1st, 8:00-10:00 p.m., Carnelian Room

Trainee Reception/Awards: Saturday, May 1st, 8:00-10:00 p.m., Carnelian Room

Membership Breakfast: Monday, May 3rd, 7:00-8:00 a.m., Hilton Hotel

Founders Award: Monday, May 3rd, 8:00-9:30 a.m., Hilton Hotel

ASPN Committee and Washington Representative Reports: Monday, May 3rd, 8:00-9:30 a.m., Hilton Hotel.
**ASPN 2004 Membership Reception: Carnelian Room**
Join us for spectacular views of the San Francisco Bay area including the Golden Gate Bridge and Alcatraz. The reception will be held on Saturday, May 1st, 8:00 p.m. Additional details and shuttle information will follow in upcoming newsletters.

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**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 1-4, 2004.

The Research Trainee Award includes a cash award 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. **Further details will be provided in upcoming newsletters and through membership broadcast e-mail messages.** It is expected that the awardee(s) will be present in San Francisco to accept the award at the ASPN Membership Reception/Social Event, Saturday, May 1st at 8:00 p.m.

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**RESIDENTS PROGRAM FOR 2004 ANNUAL MEETING**

The ASPN will sponsor residents to attend the upcoming 2004 ASPN/PAS meeting from May 1-4, 2004 in San Francisco, California.

There will be travel awards 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 2003, James Whitcomb Riley Hospital for Children, Wells Research Center 2600A, 702 Barnhill Dr., Indianapolis, IN 46202.** If you have any questions, please feel free to contact the ASPN Office.

**Further details will be provided in upcoming newsletters and through membership broadcast e-mail messages.**
Call for Nominations
2004 ASPN Founder’s Award

In 1996, the American Society of Pediatric Nephrology (ASPN) began bestowing a Founder's Award at the annual ASPN meeting. The purpose of this award is to recognize individuals who have made a unique and lasting contribution to the field of pediatric nephrology. Nominations are received from the membership. The recipient is selected by an Awards Committee composed of the president of the ASPN and five past presidents, who are not currently on the Council. In addition to being recognized at the annual meeting, the recipient of the Founder's Award receives a cash donation to an educational fund at her or his institution.

Nominations must be received from any active member of the ASPN no later than January 15, 2004. Criteria for nomination are the following:

✦ Must be an active or honorary member of the ASPN
✦ Must be greater than 55 years of age
✦ Must have made significant clinical, scientific and/or leadership contributions to the field of pediatric nephrology
✦ Must have contributed significantly 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 curriculum vitae from the nominee and a letter describing the individual's contribution. Nominations should be mailed to the ASPN Office at:

ASPN OFFICE
ATTN: Founder’s Award
James Whitcomb Riley Hospital for Children
Wells Research Center, 2600A
702 Barnhill Dr.
Indianapolis, IN 46202

Telephone: 317-278-0854
FAX: 317-278-3599
NEW POSITIONS AVAILABLE

► DeVos Children’s Hospital
   Grand Rapids, MI
► Pediatric Nephrologist
The newly formed Division of Pediatric Nephrology & Transplantation is looking for a second faculty member to join a rapidly building program at the 196 bed DeVos Children’s Hospital in Grand Rapids, Michigan.

This program already offers full in and out patient care for children with general nephrology needs and for the care of established transplant patients. The program has an active renal biopsy program, acute renal failure management with CRRT, Hemodialysis and Peritoneal Dialysis and has its own ultrasound machine for diagnostic and renal biopsy use. Within 5 months a newly created Pediatric specific dialysis unit will open and in the spring of 2004 the kidney transplantation program will begin at DeVos Children’s Hospital.

Opportunities for basic and clinical research exist. Future plans include a training program in Pediatric Nephrology with emphasis on Critical Care Nephrology.

We are looking for members that are dynamic, willing to work, willing to have fun and to help build a program where one has never existed.

If you are interested please send your CV to Timothy. Bunchman@spectrum-health.org or contact Dr. Bunchman at 616-391-3788.

► University of North Carolina
   Chapel Hill, NC
► Pediatric Nephrologist
The Division of Nephrology and Hypertension of the University of North Carolina in Chapel Hill is seeking a candidate for a pediatric nephrology position at the assistant, associate or full professor level. Our combined medicine and pediatric division maintains active clinical practice, basic science, epidemiology and clinical research programs. The applicant must be board certified/eligible in pediatric nephrology. Opportunities exist for either a clinician/educator or clinician/scientist. This candidate, along with 2 full-time and 2 part-time faculty members of our pediatric nephrology team, will participate in clinical care and teaching of medical students, residents and fellows.

Interested candidates should send a C.V. to: Ronald J. Falk, MD, Professor of Medicine, Chief, Division of Nephrology and Hypertension, 349 MacNider, CB#7155, Chapel Hill, NC 27599-7155, Fax 919-966-4251.

The University of North Carolina at Chapel Hill is an Equal Opportunity/Affirmative Action Employer and encourages applications from women and members of minority groups.

► Children’s Hospital of Philadelphia
   Philadelphia, PA
► Pediatric Nephrologist
The Division of Nephrology at the Children's Hospital of Philadelphia is recruiting a Pediatric Nephrologist in the Hospital Physician Track. The successful candidate will be mainly responsible for the care of patients on chronic dialysis. The successful candidate will also participate in inpatient and outpatient care. The candidate must be Board Certified in Pediatrics and Pediatric Nephrology. Experience is required in the care of children with chronic dialysis and renal transplantation. The Children's Hospital of Philadelphia is an equal opportunity, affirmative action employers. Women and minorities are encouraged to apply.

Send CV to: Bernard S. Kaplan, M.D., Division Chief of Nephrology, Children’s Hospital of Philadelphia, 34th and Civic Center Blvd., 2nd Fl., Main Hospital, Suite 2143, Philadelphia, PA 19104: E-mail: kaplanb@email.chop.edu.

► Legacy Emanuel Children’s Hospital
   Portland, OR
► Pediatric Nephrologist
Legacy Emanuel Children’s Hospital is seeking BC/BE Pediatric Nephrologist to join private practice based in full-service children’s hospital in the beautiful Northwest. Legacy Emanuel Children’s Hospital provides comprehensive pediatric services to children from Seattle to San Francisco, with a full team of pediatric subspecialists. This inpatient and outpatient practice includes continuous dialysis with CRRT. The ideal candidate would bring kidney transplant experience. Teaching opportunities and an academic appointment are available at Oregon Health & Sciences University.

Interested persons are invited to email their CV to dakins@lhs.org, or call toll free: 866-888-4428. You may also contact Randall D. Jenkins, MD at Northwest Pediatric Kidney Specialists, LLC, 503-280-3620, rjenkins11@aol.com.
**NEW POSITIONS AVAILABLE**

► Phoenix Children’s Hospital
Phoenix, AZ

► Pediatric Nephrologist
The section of Pediatric Nephrology at Phoenix Children’s Hospital is seeking a fourth BC/BE Pediatric Nephrologist for our growing practice. Candidates are expected to participate in patient care, clinical research, and the teaching activities of the division. All experience levels will be considered from immediate post-training to division chief. We provide team-oriented ESRD care, including an active transplantation program, peritoneal dialysis and hemodialysis. CRRT and plasmapheresis are also provided. Phoenix Children's Hospital is a private free-standing 300-bed children's hospital, including a pediatric intensive care with 30 beds and 75 NICU beds. Phoenix Children's Hospital has a pediatric residency training program with 15 pediatric and 10 med-peds residents per year. Phoenix is one of the fastest growing and most attractive cities in the country. Salary is competitive and commensurate with experience. Phoenix Children's Hospital is an equal opportunity employer.

Interested candidates should submit their CV and references to Mark Joseph, M.D., 1919 E Thomas Road, Phoenix, AZ 85016; telephone 602-546-4700; fax 602-546-4701; email:mjoseph@phoenixchildrens.com.

► Children’s Hospital of Iowa
Iowa City, IA

► Pediatric Nephrologist
The Department of Pediatrics at the Children’s Hospital of Iowa and the Roy J. and Lucille A. Carver College of Medicine, University of Iowa, is seeking candidates to fill a full-time academic position in the Division of Nephrology and Hypertension at the level of Associate (non-tenure track), Assistant or Associate Professor (non-tenure or tenure track). Appointment requires certification in pediatrics by the American Board of Pediatrics and certification or eligibility in pediatric nephrology, expertise in all aspects of clinical nephrology and demonstrated excellence in the teaching of clinical nephrology. Individuals interested in a tenure track position must also demonstrate competence in applied or basic research.

Interested candidates should submit a curriculum vitae to Frank H. Morriss, Jr., M.D., Professor and Head, Department of Pediatrics, 200 Hawkins Drive, University of Iowa, Iowa City, IA 52242.

The Department of Pediatrics strongly encourages qualified candidates who are women or members of minority groups to apply. The University of Iowa is an Equal Employment Opportunity – Affirmative Action Employer.

► University of Medicine and Dentistry of New Jersey
New Brunswick, New Jersey

► Pediatric Nephrologist
The Division of Pediatric Nephrology at the University of Medicine and Dentistry of New Jersey – Robert Wood Johnson Medical School is seeking an additional pediatric nephrologist at the assistant professor level. Our program, located in central New Jersey, close to New York City and the Jersey Shore, has 2 pediatric nephrologists and a nurse practitioner. We see approximately 1700 outpatients per year. The pediatric dialysis program, which has an average census of 15 patients, will be moving into a new facility located in the expanding Bristol Myers Squibb Children’s Hospital. We have a relatively young, growing pediatric renal transplant program, transplanting 5-9 patients per year. The Child Health Institute of New Jersey, a pediatric research institute under construction, adjacent to the children’s hospital, will provide additional laboratory space for research, and a new pediatric CRC. Support is available for clinical and laboratory research.

Candidates should contact: Dr. Lynne Weiss, Chief, Division of Pediatric Nephrology, 1 Robert Wood Johnson Place, New Brunswick New Jersey 08903, Phone: 732-235-7880, e-mail: weissls@umdnj.edu, fax: 732-235-7077. UMDNJ is an AA/EOE employer, M/F/D/V and a member of the University Health System of New Jersey.

**MEETINGS CALENDAR**

The 3rd International Conference on Pediatric Continuous Renal Replacement Therapy
June 24-26, 2004
Cornoado Springs Disney Hotel, Orlando FL.

This will be a 2 day symposium for nursing, pharmacists and physicians involved in CRRT with educational credits available. This year will include sessions on bone marrow transplant care, plasmapheresis, and workshops on nutrition, nursing and drug dosing. Travel grants of 500 each will be available for Nephrology fellows, ICU fellows and Nurses.

More information can be found at our web site www.pcrtrt.com or by contacting Carol Malone at cmalone@acninc.net or Tim Bunchman at: 616-391-3788, email: Timothy.Bunchman@spectrum-health.org.