President’s Corner

Dear Colleagues,

Thank you all for attending the ASPN annual meeting which was held in Toronto in May 2007. We had a spectacular meeting with attendance of 322 individuals including members, guests and trainees. Congratulations to Dr. Richard Fine who received the Founder’s Award at the Awards Luncheon and to the winners of the trainee research award including Rasheed Gbadegesin, Tammy Brady, and Amit Dagan. The 2008 Program Committee met and has planned an exceptionally outstanding program for next year’s ASPN annual meeting to take place in Honolulu, May 2008. The Program Committee is chaired by Lisa Satlin, co-chaired by Carlton Bates and other members include Stuart Goldstein, Sangeetta Hingorani, Samir El-Dahr, Bill Smoyer, Michael Somers, and Mary Leonard. More details of the scientific and social programs will be forthcoming once they are finalized. Please be sure to mark May 3-6, 2008 on your calendar. We look forward to seeing you in the exotic venue of Hawaii!

The ASPN bylaws that were circulated to the membership via email were reviewed and adopted by the membership during the ASPN business meeting in Toronto. The new bylaws include the election of councilors. There will be two councilors elected this fall to commence as councilors in May 2008. A request for nominations has been sent via email to the membership with the details for the nomination process.

In response to the FDA’s advisory on the dangers of overusing erythropoiesis stimulating agents (ESA), the House Ways and Means Committee has requested testimony on the use of ESA. The ASPN has submitted testimony on the use of ESA in pediatric patients. Please see the Washington report by Jennifer Shevchek for more details.

If you have not responded to the two surveys developed by the membership and mentoring task forces, please complete the surveys so that we can better serve you! Once again, I would also like to thank the council, committee chairs, task force chairs and members for your continued service to the ASPN. Your efforts are appreciated!

sandreol@iupui.edu
Announcements

NEW!! ASPN NOMINATING COMMITTEE
~ CALL FOR COUNCIL CANDIDATES ~

The bylaws that were adopted at the business meeting in Toronto include an election process for council positions. The Nominating Committee is responsible for selecting the slate of candidates for the ASPN Council. This year the committee will choose candidates for two councilor positions. Council representatives have an important role in the future direction of the ASPN and advice and counsel is greatly appreciated.

Dr. Sandra Watkins will chair the Nominating Committee. Members of the committee include Dr. Barbara Fivush and Dr. Martin Turman. All active ASPN members should have received a formal call for candidates via email last week.

If you wish to submit the name of a candidate, please send a brief outline highlighting qualifications, as well as a CV-biography. Nominations should be sent on letterhead to Lisa Thyompson at the Central Office.

The deadline for submission is September 1, 2007

ASPN MEMBERSHIP DUES - RENEW NOW!

If you have not yet paid your 2007 membership dues please visit http://www.sporg.com/registration?form_id=66921, click on the “Sign Up Now” button and then just follow the directions. Many members prefer to pay their membership dues with either a personal or institutional check. This is still possible as there is an option to pay with a check on the payment page.

Remember: Members in good standing may submit and sponsor abstracts, serve as a moderator or reviewer at our annual meeting, sponsor new members and receive our bi-monthly newsletter – KIDney NOTES. You will also have access to our website, membership directory, fellows in training list and job postings. We are expanding our web-based, members-only services which will further link members to the pediatric nephrology community in the near future. Also, please remember, our society helps support the development of young pediatric nephrologists through awards and travel grant programs, and works aggressively on issues related to workforce, public policy and educational efforts; all of which are vital to the future of the pediatric nephrology community.

NIDDK ANNOUNCES NEW FUNDING PRIORITY FOR GLOMERULAR DISEASE RESEARCH

The ASPN and NephCure Foundation are pleased to report that the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) recently published a Program Announcement (PAR) inviting applications from new or established investigators to pursue basic exploratory investigations of glomerular disease, which

What’s Inside!

ASN Ancillary Meetings 7
BoardWalk 12
Committee Updates 8
Election Information 2
Meeting Announcements 12
New Members 12
Task Force Updates 10
Washington Update 4

JOB OPPORTUNITIES!

The ASPN Website Has Multiple Listings For Positions Available Within The Pediatric Nephrology Community.

VISIT THE ASPN MARKETPLACE NOW... TO SEE IF A POSITION IS RIGHT FOR YOU!
WWW.ASPNEPH.COM
would foster development of new ideas enhancing the understanding of disease detection, pathogenesis, pre-
emption and / or treatment. The Program Announcement will be active from June 5, 2007 until March 6,
2010 and will utilize only the NIH Research Project Grant (R01) award mechanism. All interested pediatric
nephrologists and their collaborators are strongly encouraged to apply!

THANKS... . .

To Our Members Who Volunteer Their Time and Energy

The ASPN would like to express appreciation to PAS and alliance members who have
volunteered their time to review abstracts, chair sessions, present seminars and lectures at the
2007 Annual Meeting. Your time and energy assure our program continues to be a success.

And to our 2007 Annual Meeting Sponsors

• Abbott
• Amgen, Inc.
• Fresenius Medical Care
• Genzyme Corporation
• Watson Pharmaceuticals
• Astellas Pharma US
• IPHA
• Sigma Tau
• Baxter Healthcare
• American Society of Transplantation
• ViraCor

KIDney NOTES is the Bi-Monthly
Newsletter of the
American Society of Pediatric Nephrology
Washington Update

CONGRESS HOLDS HEARING ON ANEMIA MANAGEMENT; PEDIATRIC DIALYSIS HIGHLIGHTED

On June 26, a hearing was convened by Ways and Means Health subcommittee chairman Pete Stark (D-California) and ranking member Dave Camp (R-Michigan) to examine patient safety concerns surrounding erythropoiesis stimulating agents (ESAs). Three panels of witnesses provided testimony. These included: Congresswoman Donna M. Christensen (D-Virgin Islands), a physician and member of the Congressional Black Caucus; agency officials from the Centers for Medicare and Medicaid Services (CMS), Food and Drug Administration (FDA), as well as the Office of the Inspector General (OIG); and representatives from the Renal Physicians Association, the American Association of Kidney Patients, and Dr. Ajay Singh, a researcher from Brigham and Women’s Hospital.

During the hearing, Chairman Stark said he is considering revising the way Medicare pays for certain drugs like EPO both to promote use of safer dosage levels, but also save money. Starks comments followed testimony by Acting CMS Administrator Leslie V. Norwalk, who said her agency is generally supportive of a bundled payment approach. But she and other witnesses emphasized the complexity of devising such a system, and cautioned against a one-size-fits-all approach. Norwalk promised Chairman Stark that a CMS report on bundling would be submitted to Congress before she leaves CMS this summer, but it will take two to three years from the date legislation passes to implement a prospective payment system.

Congresswoman Donna Christensen (D-Virgin Islands), who is a family physician, raised concerns that a bundled payment system, lacking sufficient flexibility, might carry incentives to under-treat with EPO, posing a risk to patients, a disproportionate number of whom are minority patients. Stark sought to reassure her that any new payment system would have to take into account patients’ individual medical conditions and needs.

Chairman Stark also showed particular interest in wider use of a technique employed by Kaiser Permanente to administer EPO subcutaneously, allowing for smaller EPO doses and considerable savings. Stark said after the hearing that a prospective payment system might make the subcutaneous method standard, with the doctor free to use the intravenous method if medically more appropriate. Hearing witnesses were generally supportive of wider use of the subcutaneous method, but Amgen's vice president for global coverage, Joshua Olman, said after the hearing that FDA labeling calls for intravenous use and that patients might not be comfortable getting some 150 injections per year with the subcutaneous method.

Acting CMS Administrator Norwalk said that her agency is re-examining the EPO Monitoring Policy and indicated that CMS would maintain the trigger at >13 but increase the penalty for patients maintained at or above a 13 to 50%. She defined “maintain” as being at or above 13 for three or more months. Norwalk also expressed support for a bundled payment that includes separately billable drugs and labs, and outlier and geographic adjustments; a quality program; and a monitoring policy to protect against underutilization.

John K. Jenkins, director of FDA's Office of New Drugs Center for Drug Evaluation and Research, informed the Subcommittee that the agency is continuing to “carefully
and thoroughly evaluate ESAs to make sure their benefits outweigh their risks.” Product labeling for ESAs has been updated several times since the original approvals. The most recent labeling is based on new safety information submitted late in 2006 and early 2007 that showed patients treated with ESAs and dosed to a target hemoglobin concentration of 13.5 grams per deciliter are at a significantly increased risk for serious and life-threatening cardiovascular complications as compared to a target hemoglobin concentration of 11.3 g/dL.

During the question and answer period of agency officials, Congressman Kenny C. Hulshof (R-Missouri) asked Jenkins several questions about the pediatric dialysis population. Jenkins explained that there are different hemoglobin targets for adults and children, and that children comprise a small, but very expensive sector of the ESRD population. ASPN provided the Subcommittee with information regarding children on dialysis, which served as a basis for questions posed to hearing witnesses.

Although not listed on the list of witnesses, Amgen submitted written testimony saying that physicians are using EPOGEN “even more conservatively” since CMS announced the monitoring policy in November 2005 and FDA made changes to the product labeling for ESAs in March 2007. Amgen also cited data in its testimony showing that the majority of EPOGEN use in dialysis has been and continues to be appropriate. When examined over time, 83 percent of patient hemoglobin excursions above 12 g/dL fall below 12g/dL within three months.

Chairman Stark plans to draft a Medicare overhaul bill in July that will likely include language to revise Medicare payment for certain biotech drugs used to treat anemia in kidney dialysis patients.

SENATE COMMITTEE BOOSTS NIH FUNDING; HIGHLIGHTS PEDIATRIC KIDNEY RESEARCH

In mid-June the House Labor-HHS-Education appropriations subcommittee rejected the President’s call for cutting the federal investment in medical research, instead voting increase support for the National Institutes of Health to $29.4 billion, an increase of $549 million over this year’s funding level. A few days later, a Senate subcommittee voted to boost that increase to $799 million. ASPN is happy to report that both bills include ASPN’s research report language regarding the management of kidney disease. The language, while not statutorily binding, serves as a guidepost for how the NIDDK should allocate its resources for specific scientific studies.

While a step in the right direction, the House and Senate increases of 1.9 percent and 2.8 percent, respectively, fall short of the 3.7 percent needed to cover biomedical research inflation costs. This marks the third consecutive year that NIH funding has failed to keep pace with inflation—leaving advocates to lament that NIH-supported research has already experienced a 12 percent loss in purchasing power, that fewer than 20 percent of peer-reviewed grant applications are currently being funded, and that new investigators are turning away from careers in science.

The Senate panel also voted to use the spending bill as a vehicle to broaden research by attaching a provision that would expand the number of embryonic cell lines available for federally-funded research. This move came only hours after President Bush vetoed legislation with the same intent.

Floor consideration of the two bills is tentatively scheduled for July, with conference negotiations after the congressional August recess.
About 700,000 children in low-income families are eligible for the State Children's Health Insurance Program but not enrolled, significantly less than the number cited by some congressional Democrats and SCHIP advocates, according to an analysis released June 18 by the Department of Health and Human Services.

Congressional Democrats quickly attacked the study, with Senator John D. Rockefeller IV (D-West Virginia), a member of the Senate Finance Committee, saying its findings were a “deliberate attempt to derail continued health care coverage for children.”

The study was released as the Senate Finance Committee is preparing to consider SCHIP reauthorization legislation, and there is a disagreement between Congress and the administration about whom to cover and how much to spend. Finance Committee Chairman Max Baucus (D-Montana) is aiming to mark up SCHIP reauthorization legislation in the coming weeks.

The House Ways and Means Committee is also working on an SCHIP reauthorization bill. It is rumored that such a package will also include other Medicare provider provisions. The House and Senate are trying to advance reform packages before the congressional August recess. Congress has authorized $50 billion over five years to reauthorize SCHIP.

The Bush administration essentially wants to spend half the amount sought by congressional Democrats to fund SCHIP, claiming that would be sufficient to keep the program focused on its original intent of covering children with family incomes at or below 200 percent of the federal poverty level and excluding other populations. Democrats are considering expanding coverage above that income level, and possibly providing coverage for other groups, such as pregnant women. They claim the administration’s funding plan would result in 4 million children losing health coverage over the next 10 years.

SCHIP reauthorization is one of ASPN’s top 2007 legislative priorities. In addition to expanding the Program’s eligibility requirements, ASPN is asking that the application process to enroll in SCHIP be simplified.

### ASPN WORKS TO DEVELOP PEDIATRIC SPECIFIC QUALITY MEASURES FOR 2008

On July 1, mandated by Congress through the Tax Relief and Health Care Act of 2006, the Centers for Medicare and Medicaid Services (CMS) launched its 2007 Physician Quality Reporting Initiative (PQRI). Under the PQRI, eligible professionals who choose to participate and successfully report on a designated set of quality measures for services paid under the Medicare Physician Fee Schedule between July 1 and December 31, 2007, may earn a bonus payment of up to 1.5% of their charges during that period. The 2007 PQRI only includes adult ESRD quality measures.
CMS will provide confidential feedback reports to participating eligible professionals at or near the time that the lump sum bonus payments are made in mid-2008. There will be no interim feedback during 2007. To read more about the CMS PQRI program, please visit www.cms.hhs.gov/PQRI.

For 2008, quality measures for eligible professionals must be proposed and finalized through rulemaking. According to statute, the measures shall: have been adopted or endorsed by a consensus organization; include measures that have been submitted by a physician specialty; be identified by CMS as having used consensus-based process for development; and include structural measures, such as the use of electronic health records and electronic prescribing technology.

The ASPN is a member of the AMA Consortium, a multi-stakeholder organization comprised of physician-related organizations dedicated to the development of evidence-based quality measures. The Society is working with the Consortium on the development of a few measures related to pediatric ESRD care. The ASPN clinical measures subcommittee will work with the Consortium methodologists over the coming months to develop the specifications for such measures.

The successful development of pediatric ESRD quality measures will present pediatric nephrologists the opportunity to participate in the 2008 PQRI.

HEARING LIKELY IN JULY ON NOMINATION OF WEEMS TO BE HEAD OF CMS

The Senate Finance Committee likely will hold a nomination hearing July 12 on the Bush administration's choice of Kerry Weems to head the Centers for Medicare & Medicaid Services.

Weems currently is deputy chief of staff at the Department of Health and Human Services, where he has worked in various capacities for 24 years. In picking Weems, President Bush bypassed several other candidates rumored to be considered for the job, including acting Administrator Leslie V. Norwalk and acting Deputy Administrator Herb B. Kuhn. Some have criticized the choice, noting that the President nominated a career HHS official rather than an individual with more knowledge of Medicare and Medicaid policy.

TENTATIVE SCHEDULE OF ASPN ANCILLARY MEETINGS
AT THE ASN ANNUAL MEETING ~ SAN FRANCISCO, CA
OCTOBER 31 ~ NOVEMBER 5, 2007

<table>
<thead>
<tr>
<th>Meeting Name</th>
<th>Day/Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council Meeting</td>
<td>Thursday, 11/1</td>
<td>Noon-6:00pm</td>
<td>TBD</td>
</tr>
<tr>
<td>Program Committee</td>
<td>Thursday, 11/1</td>
<td>6:30-7:30pm</td>
<td>TBD</td>
</tr>
<tr>
<td>Training and Certification Committee</td>
<td>Thursday, 11/1</td>
<td>6:30-7:30pm</td>
<td>TBD</td>
</tr>
<tr>
<td>Research Committee</td>
<td>Friday, 11/2</td>
<td>6:30-7:30am</td>
<td>TBD</td>
</tr>
<tr>
<td>Workforce Committee</td>
<td>Friday, 11/2</td>
<td>6:30-7:30am</td>
<td>TBD</td>
</tr>
<tr>
<td>Clinical Affairs &amp; Public Policy Combined Committee</td>
<td>Friday, 11/2</td>
<td>12:15-1:15pm</td>
<td>TBD</td>
</tr>
<tr>
<td>Business Meeting</td>
<td>Friday, 11/2</td>
<td>6:30-7:30pm</td>
<td>TBD</td>
</tr>
<tr>
<td>Clinical Affairs Committee</td>
<td>Saturday, 11/3</td>
<td>6:30-7:30am</td>
<td>TBD</td>
</tr>
<tr>
<td>Stone and Bone Club</td>
<td>Saturday, 11/3</td>
<td>12:15-1:15pm</td>
<td>TBD</td>
</tr>
<tr>
<td>Training Program Directors</td>
<td>Sunday, 11/4</td>
<td>6:30-7:30pm</td>
<td>TBD</td>
</tr>
</tbody>
</table>
Committee Updates

PROGRAM COMMITTEE

Lisa Satlin, Chair

The ASPN Program Committee, comprised of Drs. Lisa Satlin (Chair), Carl Bates (Co-Chair), Bill Smoyer (Co-Chair, Research Committee), Mary Leonard, Michael Somers, Stuart Goldstein and Sangeeta Hingorani, is hard at work developing the educational/scientific program for the 2008 Annual Meeting of the Society. We thank the many ASPN members who forwarded to the Committee an unprecedented number of suggestions for symposia, many of which have been included in the proposed 2008 program. At their meeting in the Woodlands last month, the Committee reviewed the evaluations of the 2007 Annual Meeting and incorporated many suggested changes (e.g., specific topics for presentation, 5 minute introductory overviews preceding each ASPN-sponsored symposium) into the proposed program. As in years past, we aim to 1) present cutting-edge basic, translational, and clinical science; 2) engage broad representation of members as speakers, moderators, and abstracts reviewers, especially attempting to engage our society's younger members; 3) expand interactive program elements that foster participation, such as “Battle of the Brains”; and 4) support junior faculty with invitations to present their work. The educational/scientific program will be finalized at the PAS Program Committee meeting in Chicago in late July. We look forward to sharing the final program with you in the next edition of Kidney Notes!

TRAINING AND CERTIFICATION COMMITTEE

Victoria Norwood, Chair

The breadth of training and certification issues facing ASPN is being actively approached from a number of directions.

1. pFeNA, the fellows organization, met at the PAS in Toronto and elected to move from a social group to an active participating membership within ASPN. Lines of succession have been defined and Dr. Kim Reidy from Montefiore will become chair in July 2007. Fellow members will be recruited for ASPN committees and task forces and we look forward to their input and participation. Outgoing chair, Dr. Rene Vandervoorde, is to be highly commended for bringing the group to a new level of interaction with ASPN.

2. The Program Directors group has submitted suggestions to ACGME for revisions to the program information forms (PIFs) for training program accreditation. Utilizing webbased systems supplied by CoPS (Council of Pediatric Subspecialties) and ASPN-sponsored conferencing capabilities, this was the first activity for the newly reorganized group under the leadership of Dr. John Mahan. Ongoing projects include the development of competency-based curriculae and other toolkits for use by program directors as well as interactions with the T&C committee to enhance fellow recruitment and retention.

3. The committee has facilitated the early stages of development of an ongoing
Committee Updates Continued...

educational product for use in training and maintenance of certification. The AAP will sponsor the development of a program similar to PREP but written for and by pediatric nephrologists. Drs. Tej Matoo and Doug Silverstein are leading this process.

WORKFORCE COMMITTEE

Elaine Kamil, Chair

In an effort to better understand “who we are and what we do,” at the end of 2006 the Workforce committee conducted a survey of a pediatric nephrology section heads. This survey was designed to enhance our understanding of the profile of our workforce and to determine our scope of work and workload. The survey was distributed to 194 persons who were identified as section heads. For the purpose of the survey, a section head was defined as anyone heading a unit from a solo practitioner to someone heading a unit with multiple members. 123 persons, for a 63% response rate, completed the survey. By sending the survey to section heads, we believe that we captured the active workforce, and that we did not count our colleagues who are exclusively in an administrative role (such as department chairs or Deans), retired, or in industry. As we review the results of the survey we need to consider all of the important roles that pediatric nephrologists play: clinician, researcher, teacher, administrator, advocate for children with special health care needs. Our ultimate goal is to see that there will always be an adequate workforce to meet all of these needs. The full results of the survey can be seen on SurveyMonkey at http://www.surveymonkey.com/DisplaySummary.asp?SID=2652515&U=265251583248. In the next couple of issues of KIDney notes we will be summarizing key points of the survey results. We can also use the results of the survey to try to develop strategies to support the needs of our subspecialty.

Age of section heads: 85% > 45; 37% 55-65; 10% >65.

91% have academic appointments equally distributed between clinical and tenure tracks.

54% have other titles ranging from department chair to fellowship director, research director, director of pediatric dialysis or transplant, etc.

Division size: 29% of us practice alone, 20% are in 2 member divisions, 51% are in divisions ranging in size from 3 (15%) to 12 pediatric nephrologists. 34 centers have some part-time physician staffing.

Clinical support staff: 39 centers with nurse practitioners, most of those with one.

69 centers had nephrology nurses, and 67 of those responding to this question had transplant nurses ranging from a part-time nurse to 4. Often there is overlap with NPs, nephrology nurses, transplant nurses. 104 centers reported on their dialysis nursing support – staffing ranged from zero to 15 dialysis nurses with lots of shared positions with adult dialysis units, ICU, etc.

Secretarial support: 110 replied to this question. 69 had 1 or 2 secretaries. The remainder had zero to 4 secretaries.

ESRD Programs: 84% have programs: 56% care for children 0-21 years; 26% 0-18 years; 4% each either cut-off care at 12 or 16 years; 10% extend care beyond 21 years.

Chronic dialysis: 50% each in exclusive pediatric unit or mixed adult/peds unit.

50% follow 1-10 chronic dialysis patients, 25% 11-20 patients;
10% 21-30, and 10% >30 patients.

Acute dialysis (HD, PD, CRRT): 50% 1-50 per year; 26% 51-200; 15% >200.

Transplants: 19% do no transplants; 27% 1-5; 29% 6-10; 22% 11-20; 4% >20.
Committee Updates Continued...

Pediatric nephrologists (as opposed to surgeons) have the primary responsibility for the care of the pediatric transplant recipient in 86% of the programs.

**Kidney biopsies, annually:** 45% perform 1-25; 30% perform 26-50; 21% perform 51-100; 4% >100.

**Outpatient visits:** <500 – 10% of centers; 500-1000 17% of centers; 1000-1500 12% of centers; 14% of centers each see 1500-2000, 2000-2500, 2500-3000, or >3000 visits.

**Inpatient visits:** <500 visits 32% of centers; 500-1000 26% of centers; 1000-1500 18%; 1500-2000 12%; 3% of centers see 2000-2500 visits while 6.3% of centers see >3000 visits.

**Outreach:** 53% of programs perform outreach services with time commitments ranging from 4-32 hours per month, seeing <50 to >200 patients annually. Distances ranged from <20 miles to >50 miles.

*Tune in next time for a summary of our teaching responsibilities and research activities!*

**WEBSITE**

*Susan Furth, Council Liaison*

The IT Folks Antonio Moreno and Belinda Thomas from the new ASPN Central office attended the ASPN Council Meeting in June and discussed the recommendations of the website task force. They have designed a prototype for the new website based on the information provided to them by the website task force. They will make a new facepage, and build on existing projects that the central office has previously created for the APS/SPR that are similar to what ASPN membership wants, but the ASPN will retain its own identity. A sample template was presented as well as a demonstration of the APS/SPR D.O.O.R., this is a way to share research interests among the ASPN members. The IT folks at the central office will continue to move ahead with plans for the redesign and will request input from the website committee as they move forward. Their first goal is to get all the membership information and dues submission onto the web. It was decided that the Communications/Website Task Force will be converted into a standing committee. Members will serve a two year term including time already served with the option of being reappointed. Cheryl Sanchez will serve as the chair; Greg Gorman will be the co-chair, and Susan Furth will stay on as the council liaison.

Task Force Updates

**PRACTICE MANAGEMENT**

*Mark Joseph, Chair*

The Practice Management Task Force’s goal for Coding Corner is to answer any questions the ASPN membership may have regarding coding, billing, and/or documentation. We are striving to be a resource for the Pediatric Nephrology
community to better strengthen our members’ financial position in their practices. If any members have questions they wish answered, please send them to Lisa Thompson at the ASPN office (lthompson@aspneph.com).

Q: Can you bill for BOTH the dialysis (Hemodialysis, PD, or CRRT) and the general hospital service professional fee on the same day? My understanding has been that you cannot bill for both unless you write a note for the dialysis procedure separate from your daily progress note.

A: You can bill an Evaluation and Management (E&M) code for a consult, admission, or discharge on the same day as a dialysis or CRRT visit as long as the appropriate documentation for each individual code is met. There must be separate notes for the E&M visit and the dialysis visit(s). On that day, a -25 modifier needs to be used with the E&M code. If the E&M visit is not a consult, admission, or discharge on that day, then you cannot bill for dialysis services and the “follow-up” E&M visit on the same day. In that case, we would encourage you to consider what type of coding and billing gives the most advantage to the billing provider. Are you benefited/paid by total RVUs? work RVUs? cash collected? This should help determine which code is best for you to bill. For example, using a model where physicians’ productivity is measured by work RVUs, a 99233 is better than a 90935 or 90945. If you would only have enough documentation for a level 2 visit (99232) on a day of a dialysis treatment, then the dialysis codes for a single visit are worth more than the E&M code. If it’s a dialysis situation with medically necessary repeat visits (ICU, etc...), then dialysis evaluations with multiple visits, 90937 or 90947, with 2 notes appropriately documented, would be better than a 99233, for example. The ASPN Task Force on Practice Management has a pediatric nephrology specific table with CPT codes and their corresponding total and work RVU values that will be available to the membership after the website redesign is completed.

Q: What are the new hypertension codes for nephrologists?

A: The new hypertension codes are used for patients with chronic kidney disease (CKD). They are best used in combination with the CKD codes, 585.1 - 585.6. The new codes are 403.00 for malignant hypertension in CKD Stages I-IV, 403.01 for malignant hypertension in CKD Stage V and ESRD, 403.10 for benign hypertension in CKD Stages I-IV, and 403.11 for benign hypertension in CKD Stage V and ESRD.

**CAREER MENTORING**

*John Bissler, Chair*

The mentorship committee thanks the membership at large for their participation in the recent survey. There were a total of 99 respondents. The survey questions were focused on discerning the mentorship needs of the community and whether the Society had the needed expertise. The responses indicate that the Society clearly has a significant expertise in the areas of need. The mentorship committee is proceeding with recommendations to the Council and will work to ensure implementation of a web-based system to facilitate the Mentorship interactions.

<table>
<thead>
<tr>
<th>Mentorship Area</th>
<th>Mentorship Abilities</th>
<th>Mentorship Needs</th>
<th>Satisfaction with Past</th>
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</thead>
<tbody>
<tr>
<td>Visa/Immigration</td>
<td>22.22%*</td>
<td>10.42%</td>
<td>5.62%</td>
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<tr>
<td>Career Advancement</td>
<td>53.54%</td>
<td>40.63%</td>
<td>35.96%</td>
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<tr>
<td>Clinical Research</td>
<td>53.54%</td>
<td>39.58%</td>
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<td>Basic Science Research</td>
<td>28.28%</td>
<td>23.96%</td>
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<tr>
<td>Clinical Practice</td>
<td>76.77%</td>
<td>21.88%</td>
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<tr>
<td>Contract Negotiation</td>
<td>32.32%</td>
<td>43.75%</td>
<td>6.74%</td>
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<tr>
<td>Educational Methods/Research</td>
<td>43.43%</td>
<td>32.29%</td>
<td>23.60%</td>
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<td>Work/Life Balance</td>
<td>54.55%</td>
<td>34.38%</td>
<td>20.22%</td>
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<tr>
<td>Continuing Medical Education</td>
<td>55.56%</td>
<td>16.67%</td>
<td>20.22%</td>
</tr>
<tr>
<td>Industrial Careers</td>
<td>8.08%</td>
<td>14.58%</td>
<td>2.25%</td>
</tr>
</tbody>
</table>

*The results are tabulated as the percentage of respondents who chose either of the top two responses.*
Victoria Norwood

The computer-based secured examination for completion of Part III of maintenance of certification (evidence of cognitive expertise) has been in existence for pediatric nephrology since 2003. Many of your colleagues have already had this experience, but many questions arise about the process and its implementation. The ABP has extensive information on its website (https://www.abp.org/ABPWebSite/) that can be accessed under the “Recertification/PMCP” tab (it’s the purple tab on the Home page). Included there are tutorials that outline the computer-based testing screens and processes, basic content outlines, and FAQs. When a practitioner is due to complete their maintenance of certification he/she is notified via US mail and e-mail (if the ABP has your e-mail address) by the ABP of the need to register for the secure examination and the mechanisms by which to do so. Scheduling your examination date occurs through Prometric, the ABP’s vendor for delivering the examination world-wide. The examination is four hours in length (with additional time for tutorial and a short end-of-exam survey) and is available for two one-month periods during the year (March and October) to enable easy opportunity for scheduling. The examination is geared to assessment of up-to-date information relative to the field that practitioners should know without the need to access reference materials, so feel free to “forget” the chromosomal location of the nephrin gene and focus on diagnosis, management, and significant changes over the last few years. The pass-rates for the examination continue to be high, as expected, most likely due to practitioners remaining current in the field and pre-examination preparation.
Broadening our Horizons
This meeting uniquely encourages participation from international alliances and investigators around
the world. In addition to the Pediatric Academic Societies (PAS) partnering sponsors and current al-
liance organizations, including the ASPN, we are honored to welcome the partnership of the Asian
Society for Pediatric Research who will host their annual meeting with the PAS in this very special
venue. The Hilton Hawaiian Village Hotel will serve as the headquarter for ASPN.

Honolulu, Hawaii ~ The Facts

It's like Paradise
It may hit you when you’re moving from one session to another in the open aired convention center
sneaking a peek of the Pacific Ocean as you race to the next session; or maybe while you are reading
your program guide, planning your day over a cappuccino and a fresh papaya on your hotel lanai;
or possibly even while you’re watching the sun fade over Diamond Head, or walking Waikiki Beach
under a tropical moon, hearing the sweet melodies of a steel guitar. Suddenly you realize….You’re here for business, yet you’ve never felt better in your life. Nowhere else can you breathe the very spirit of “Aloha.” Nowhere else can you find a place like O’ahu.

Mixing Business with Pleasure
A once in a lifetime opportunity - a beautiful place to do business. Focus first on the exchange of
ideas and foster collaborations then take time to share with your friends and family the beauty that
this wonderful location has to offer.

Value that Benefits Everyone
Hawaii offers a beautiful state of the art convention facility at an exceptional value. This facility will
serve as the perfect host to the busy PAS program and the savings allows PAS to offer increased
support for trainee travel grants.

Early Opening for Housing and Registration begins in mid July.

Visit the PAS website at www.pas-meeting.or for more information.

Accessibility
We recognize that for some, it will take longer to get there. Once you land, you will not regret that you
made the trip!
Honolulu is connected to the vibrant Pacific Rim and is served by regular flights from most major US mainland gateway cities. The PAS Travel Agency is already taking airline reservations. Book early for the best fares!

Affordable Hotels
Comparing rates for the last 3 PAS meetings
(Toronto, San Francisco and Washington, DC)

<table>
<thead>
<tr>
<th></th>
<th>Hawaii</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodations Under $200</td>
<td>21%</td>
<td>3%</td>
</tr>
<tr>
<td>Accommodations $200-$300</td>
<td>63%</td>
<td>49%</td>
</tr>
<tr>
<td>Accommodations $300-$400</td>
<td>16%</td>
<td>45%</td>
</tr>
</tbody>
</table>

All of the hotels we contracted are ocean front or within 1-2 block from the ocean.

Renal Week 2007
October 31 - November 5, 2007
Moscone Center San Francisco, California
Visit http://asn-online.org/home.aspx for more information.

Pecs, Hungary
August 28-30, 2007
Visit http://www.pcongress.hu/ for more information.

Budapest, Hungary
31 August - 4 September 2007