Greetings!

The start of the fall academic year is upon us, and with it most of our schedules ramp up considerably. The same is true for our Society. I’d like to draw your attention to several activities that started during the summer and should have an impact on many of us:

Recently, the International Pediatric Nephrology Association and the International Society of Nephrology released a joint statement regarding the issue of Transition from Pediatric to Adult Renal Services. ASPN members Maria Ferris and John Mahan participated in the drafting of this statement, which is published in the latest issue of Pediatric Nephrology. ASPN has prepared a supporting comment on this statement that is posted on our web site. In addition, we are co-sponsoring a session on Transition of Care that will address the concerns of both pediatricians and internists (as well as the patients) at the annual ASN meeting, to be held Thursday through Sunday, November 10-13, in Philadelphia, PA. ASPN members have, as usual, been active contributors to planning for that session, and for the meeting.

The work and plans of the John E. Lewy Foundation continue to grow. A significant impact of the Foundation to date has been the implementation of the Advocacy Scholars’ Program. Two Scholars will soon enter their second year of commitment to our public policy activities, and in the very near future we will be announcing a request for applications for a new group to enter the program. Please be on the lookout for this announcement.

As I have mentioned in several of these columns recently, ASPN has been working with the Center for Medicare and Medicaid Services (CMS) to address concerns about payment and quality improvement for pediatric patients who are receiving end-stage care. We need the membership’s help in addressing these concerns. Within the next few days, we will begin an iterative program to respond to the issues raised by CMS. The first iteration will be a primer that defines the various parameters that are used to determine payment to dialysis facilities for ESRD care. The second step will involve the listing of factors that we think affect our dialysis facility costs that are not included in the payment bundle, the Medicare Claims Report or cost accounting. We will ask our members to help us make sure the list is complete. Finally, we will distribute a spreadsheet to identify costs of pediatric dialysis. We will ask dialysis directors to work with their institutions to make the data as accurate as possible, and then bring those data to CMS for further consideration. Your help is essential in assuring that our institutions can afford to continue to provide ESRD care for the children that need it.

With this issue of KIDneyNotes, we begin a new practice of including brief “blurbs” about issues of interest to Society members. This issue’s blurbs relate to the public policy issues raised in the previous paragraph.

Finally, a large number of high-quality candidates were put forward for our two open Council positions. The Nominating Committee worked hard to winnow the list down to two nominees for each position. An announcement of the new election will be coming out shortly.

Best of luck for the Fall activities, and I look forward to seeing many of you at our Business Meeting in Philadelphia.

Best regards,

H. William Schnaper
President
Announcements

**Inaugural ASPN Pediatric Nephrology Board Review Program**

**Oct 28-30, 2011**

The inaugural ASPN Pediatric Nephrology Board Review Program will be presented from Oct 28 through Oct 30, 2011 at Charlotte NC in Levine’s Children Hospital. This Board Review (BR) course is timed for individuals interested in sitting for the ABP Boards in March 2012 and for all those in North America and beyond who are interested in a quality review of Pediatric Nephrology. This course is based on the Content Specifications published by the ABP for Pediatric Nephrology. The ASPN, with generous financial sponsorship and support from IPNA, has assembled a group of experts in Pediatric Nephrology to conduct this 3 day review. The goal of this endeavor is to **provide effective multi-method preparation for Pediatric Nephrology Board examination for trainees and pediatric nephrologists**. The prime target audiences are 1) pediatric nephrology trainees and graduates preparing for ABP Pediatric Nephrology Boards; 2) Board certified Pediatric Nephrologists preparing for ABP MOC 2 (re-certifying examination).

Additional high value educational content will be available for the single registration price of $700 for ASPN members, $300 for Pediatric Nephrology fellows in training in North America and $300 for non-North American IPNA members. Cost for non ASPN members is $900.

**Educational Program** ([http://www.aspneph.com/Board%20Review%20Course/ASPNBRC.pdf](http://www.aspneph.com/Board%20Review%20Course/ASPNBRC.pdf)):

[All of these materials are available to registrants, those who do not attend in person still benefit from #2-5.]

1. Live lecture format, provided by content experts (17 separate presentations by 20 experts in the field), over a 3 day period (Fri noon – Sun 1:15 PM) on site at Levine Children’s Hospital, Charlotte NC
2. Binder with all course materials for all attendees (available on line 3 weeks after live presentations)
3. Digital recorded lectures utilized to compile web based Board Review series (available on line 3 weeks after live presentations)
4. Content specifications module (online pdf/ DVD)
5. Board style questions module (online pdf/DVD)

We hope this is the first of a Biannual ASPN Board Review Program! We will evaluate the success of the program by the following metrics:

1. Financial success (costs covered by registrants)
2. High satisfaction scores from attendees
3. High satisfaction scores from all participants

The ASPN Board Review Program Chairs (Lenny Feld, MD and John Mahan, MD) lead a Board Review Course Planning Committee (Kevin Meyers MD, Kim Reidy MD, Adam Weinstein MD, Jordan Symons MD) and this committee has been responsible for design of the course and selection of the presenters. They will also be responsible for all aspects of post course evaluation.

This program could not be accomplished without the significant administrative expertise and support of the staff at Levine Children’s Hospital (Sue Juerjens) and our intrepid ASPN Executive Secretary, Lisa Thompson (ASPN Office). The ASPN Council committed to this complex program only after a thorough analysis and recognizing the outstanding guidance and existing systems that Lenny Feld and his team at Levine Children’s Hospital (who have conducted very successful general pediatric board review courses for several years) would be able to bring to this program. Thanks to the expert members of our society who have answered the call to present!

Submitted by John D. Mahan and Leonard G. Feld

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**CALL FOR NOMINATIONS – 2012 SECTION ON NEPHROLOGY HENRY L. BARNETT AWARD**

The American Academy of Pediatrics Section on Nephrology will recognize one individual for lifetime achievement in the field of pediatric nephrology. Any pediatric nephrologist meeting the following qualifications can be nominated for this award:

- Distinguished clinical service and dedication to patient care
- Dedication to teaching of nephrology

For more information regarding the award visit the Section on Nephrology Web Page - ([http://www.aap.org/sections/nephrology/default.cfm](http://www.aap.org/sections/nephrology/default.cfm)) and submit the necessary information to Suzanne Kirkwood at skirkwood@aap.org by September 30, 2011.

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**What is the ESRD QIP?**

QIP stands for Quality Incentive Program and is the way CMS hopes to improve the quality of care provided to dialysis patients who have primary Medicare coverage. Under the QIP, certain measures of quality will be tied to the facility payment that Medicare provides for each dialysis session under the new Prospective Payment System. Facilities that meet or exceed quality targets will receive full payment whereas facilities falling short of targets will have their payments reduced. The QIP will begin to affect facility payments in January 2012.
The John E. Lewy Foundation is gearing up to begin its second year of support and programming for the Advocacy Scholar’s Program. Details of the program and application processes can be found in this issue of KIDney Notes, but the primary change has been the decision to extend the scholarship into a two-year experience. This will allow for more mentored opportunities for the Scholars and provide group learning events as well. Lisa Satlin, Katie Schubert, and Sharon Perlman continue to lead this program very capably and we look forward to hearing from our inaugural scholars at the Spring ASPN meeting.

Very importantly, the Foundation has just made your support easier to provide. Now, instead of the previous requirement for mailing a check to the Foundation to support our activities, you may go to http://www.aspneph.com/JohnELewyFoundation/howtodonate.asp and use our PayPal option for direct online donations. The Foundation has received its official IRS notification of status as a tax-exempt 501(c)3 organization, so as they say in the little town where I grew up, “vote early and often” and support our missions of improving education and advocacy for children.

Victoria F. Norwood, MD, Chairman of the Board

Committee Updates

PROGRAM COMMITTEE
ASPN 2012 annual meeting update
The ASPN 2012 scientific program committee continued its hard work through the spring and summer. Using the results of the membership survey from February 2011, we met in Denver one day before the full annual 2011 meeting and created a list of 7 symposia and 3 workshops as part of the invited science section. After some polishing, the full symposia program was approved by ASPN Council and then by the PAS program committee. The workshops have just been submitted to PAS and should be approved shortly. Though I am obviously biased, I cannot but feel proud of the quality of the program. It incorporates the members’ desire for more clinical relevance to basic discovery, the wealth of local talent available in Boston in related disciplines and a breadth and balance of topics across the pediatric nephrology spectrum. As before, we will have a CPC session, the ASPN business meeting, and most likely a Meet the Professor breakfast. The Backbay area of Boston can be dazzling and exciting in the springtime. I think the scientific program will be equally dazzling and exciting. The program committee members were each allocated a specific symposium or workshop. These committee members are in the midst of inviting the symposia speakers and confirming individual speaker topics right now. So look for more details in an upcoming issue of Kidney Notes.

But the program committee work does not stop there. Going forward, the program committee will then finalize the exact placement of the symposia, workshops, oral abstract and poster sessions in January 2012. I want to thank all the ASPN members who took up the PAS on its invitation to review PAS nephrology abstracts. The response was amazing, over 120 volunteers! We incorporated some of the program committee members as part of the abstract review committee, and included many junior/midlevel colleagues who volunteered but have not had a chance to participate in recent years. We could only select about a dozen reviewers and half a dozen alternates, so my profuse apologies to the many more whom we could not invite. Be assured that we will look for ways to help you participate in future years. The abstract deadline is November 17, so start planning for abstract submission now.

Once the program is finalized in January 2012, the program committee members will initiate email discussions with their symposia’s session chair and the individual speakers to ensure that areas of overlap are thrashed out. So our work continues till near the meeting itself. If you see any of the program committee members in the next few months, please thank them for all their hard work.

On behalf of the program committee,

Vikas Dharnidharka, Chair
The 2012 program Committee members are (in alphabetical order): Gina-Marie Barletta, John Bissler, Michael Braun, Pat Brophy, Larry Copelovitch, Allison Eddy, Dan Feig, Michelle Rheault, Jeff Saland, Matti Vehaskari. ASPN Council Liaison: Prasad Devarajan
The following is a list of funding opportunities that may be of interest to our society, including the research focus, contact information and deadlines. These will soon be posted on the ASPN website as well. Many thanks to Jonnalyn Camba for compiling and editing this list.

<table>
<thead>
<tr>
<th>Funding Interest</th>
<th>Source</th>
<th>Award Type*</th>
<th>Phone</th>
<th>Website Found</th>
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<tr>
<td>Nephrology</td>
<td>American Society of Nephrology</td>
<td>RG, JF</td>
<td>202-659-0599</td>
<td><a href="http://www.asn-online.org/grants_and_funding/">http://www.asn-online.org/grants_and_funding/</a></td>
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<tr>
<td>Pediatric Nephrology</td>
<td>ASN Normal Siegel Award</td>
<td>RG, JF, PD, D</td>
<td>202-659-0599</td>
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</tr>
<tr>
<td>Transplantation</td>
<td>American Society of Transplantation</td>
<td>RG, PD</td>
<td>856 439-9986</td>
<td><a href="http://www.a-s-t.org/research-funding">http://www.a-s-t.org/research-funding</a></td>
</tr>
<tr>
<td>Transplantation</td>
<td>Roche Organ Transplantation Research Foundation</td>
<td>RG</td>
<td>41 41 377 53 35</td>
<td><a href="http://www.rotrf.org/">http://www.rotrf.org/</a></td>
</tr>
<tr>
<td>Nephrology / Cardiology</td>
<td>American Heart Association</td>
<td>RG, JF, PD, D</td>
<td>888-242-2453</td>
<td><a href="http://my.americanheart.org/professional/Research/Research_UCM_316889_SubHomePage.jsp">http://my.americanheart.org/professional/Research/Research_UCM_316889_SubHomePage.jsp</a></td>
</tr>
</tbody>
</table>

*Award Type Key: RG = research grant    JF = junior faculty (requires faculty appointment)    PG = program grant (non-research)    PD = post-doctoral award (PhD or MD)    D = dissertation grant (pre-PhD)    Tn = training grant

pFeNa

Pop Quiz! The pregnancy of a 28-year-old woman is complicated by polyhydramnios, which was 1st recognized by routine US at the end of the 2nd trimester. After therapeutic amniocentesis and ROM at 30 weeks gestation, an acute C-section was performed. The newborn male was appropriate for gestational age and had an uneventful stay in the nursery during his first few days of life. Around 96 hrs of life, he developed hyponatremia, hyperkalemia, hypothenuria, hypercalciuria, and lost >15% of his birth weight. You suspect the following diagnosis ...

If you would like to know the answer to this vignette, please visit the updated pFeNa website at http://www.aspneph.com/pFeNA/pFeNAmain.asp and log into the "members only" section. Starting in September, fellows will have access to new features including the question of the month, groundbreaking nephrology articles, links to conferences, funding opportunities, and much more! Enjoy!

What is the MIPPA legislation and why is it important to us?

In 2008, Congress passed the Medicare Improvements for Patients and Providers Act (MIPPA). In this legislation, the Centers for Medicare and Medicaid Services (CMS) was mandated to develop and implement by January 1, 2011 a new approach to facility reimbursement for ESRD dialysis patients that bundled together a payment for the treatment as well as any payment for items and services related to dialysis such as medications or laboratories into a single set sum. MIPPA also mandated that an incentive payment structure be put in place by January 1, 2012 that would use quality measures of performance to affect this bundled payment for a facility.

John David Spencer MD, Chair
Welcome New Members!!

Aalia Akber, MD
University of California San Francisco

Ulf Beier, MD
Children’s Hospital of Philadelphia

Margret Bock, MD
Northwestern University

Theodore Eison, MD
University of Tennessee Health Science Center

Susan Ingrahm, MD
Nationwide Children’s Hospital

Halima Janjua, MD
Cleveland Clinic

Benjamin Laskin, MD
Children’s Hospital of Philadelphia

Randala Lakkis, MD
VCU Health System / Medical College of VA

Megan Lo, MD
Children’s Hospital of Richmond

Myda Khalid, MD
Riley Hospital for Children

Tanya Pereira, MD
Miami, FL

Jessica Reid-Adam, MD
Mount Sinai Hospital

Alyssa Riley, MD
Baylor College of Medicine

Michael Seifert, MD
Southern Illinois University

Amy Skversky, MD
Children’s Hospital at Montefiore

Deborah Stein, MD
Children’s Hospital of Boston

Elizabeth Talley, MD
Stanford University School of Medicine

Katharine Weeks, RN, BSN
Dartmouth Hitchcock Medical Center

Jennifer Langston, MD
University of Illinois

Rumina Zaman, MD
Los Angeles, CA

What is the ESRD PPs?

PPS stands for Prospective Payment System and is the reimbursement method put in place in January 2011 to pay facilities for ESRD patients on dialysis who have primary Medicare coverage – it is often referred to as the “bundle.” Under the PPS, facilities receive a single payment for a dialysis session that bundles together payment for the dialysis treatment itself as well as payment for supplies or medications associated with that treatment (such as ESAs) that used to be separately billable. Pediatric patients are divided into one of four categories based on age (<13 years old and 13 to 17 years old) and dialysis modality (hemodialysis or peritoneal dialysis).

For more information, please visit CMS’ ESRD Website: https://www.cms.gov/ESRDPayment/

ASPN Meeting Schedule During ASN Renal Week

<table>
<thead>
<tr>
<th>Meeting Name</th>
<th>Day/Date</th>
<th>Time</th>
<th>Rooms are in the Loews Hotel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Meeting</td>
<td>Thursday, 11/10</td>
<td>6:30pm -7:30pm</td>
<td>Commonwealth Salon A-B</td>
</tr>
<tr>
<td>Clinical Affairs &amp; Practice Management Committee</td>
<td>Friday, 11/11</td>
<td>12:00pm -1:00pm</td>
<td>Congress B</td>
</tr>
<tr>
<td>Corporate Liaison Board Meeting</td>
<td>Wednesday, 11/9</td>
<td>8:00am - 9:30am</td>
<td>Washington A</td>
</tr>
<tr>
<td>Council Meeting</td>
<td>Wednesday, 11/9</td>
<td>8:00am-6:00pm</td>
<td>Washington A</td>
</tr>
<tr>
<td>Leadership Development Course</td>
<td>Sunday, 11/13</td>
<td>8:00am-4:00pm</td>
<td>Congress B</td>
</tr>
<tr>
<td>Membership Committee</td>
<td>Thursday, 11/10</td>
<td>6:30am-7:30am</td>
<td>Congress C</td>
</tr>
<tr>
<td>pFeNA Social Event</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>Public Policy Committee</td>
<td>Thursday, 11/10</td>
<td>12:15pm -1:15pm</td>
<td>Washington B</td>
</tr>
<tr>
<td>Research Committee</td>
<td>Thursday, 11/10</td>
<td>6:30am -7:30am</td>
<td>Congress A</td>
</tr>
<tr>
<td>Training and Certification &amp; Training Program Directors</td>
<td>Saturday, 11/12</td>
<td>6:30pm -7:30pm</td>
<td>Congress B</td>
</tr>
<tr>
<td>Website Committee</td>
<td>Friday, 11/11</td>
<td>6:30am-7:30am</td>
<td>Congress B</td>
</tr>
<tr>
<td>Workforce Committee</td>
<td>Thursday, 11/10</td>
<td>6:30am-7:30am</td>
<td>Congress B</td>
</tr>
</tbody>
</table>
DEBT CEILING DEAL REACHED HOURS BEFORE US GOVERNMENT DEFAULT

Congress and the President reached a deal on increasing the US’ debt limit just hours before a government default on August 2. The package immediately increased the debt limit by $900 billion, with a second installment available at the President’s request, sometime early next year. That second chunk of borrowing authority would last through the 2012 elections. Although Congress could block the second portion of the debt limit increase, with a veto-proof majority vote in favor of a resolution of disapproval, this scenario is unlikely with the Democrats in control of the Senate. The deal also set discretionary spending caps of $1.043 trillion for fiscal 2012 and $1.047 trillion for fiscal 2013, with a “firewall” between defense and non-defense spending — meaning that domestic accounts could not be raided to bump up security spending. However, that firewall would not exist after 2013, opening up yet another budget battle. The amount for FY2012 is about $24 billion larger than the amount approved by the House-adopted budget resolution, a move that could give House appropriators more domestic dollars for their bills this fall. The legislation also would create a joint congressional committee, known as the “Super Committee,” that would be tasked with finding $1.8 trillion in savings over nine years. Composed of three Democrats and three Republicans from each chamber, the committee was a part of earlier plans from both parties. If Congress does not enact at least $1.2 trillion in deficit reduction, a “sequestration” budget process would be triggered to cut the difference from the federal budget. Finally, as part of the deal, both the House and Senate would have to vote on a balanced-budget amendment to the Constitution no sooner than Oct. 1, but by the end of the year.

Chairing the Super Committee are Senator Patty Murray (D-WA) and Representative Jeb Hensarling (R-TX). Filling out the ranks are Senate Budget Chairman Max Baucus (D-MT), Senate Foreign Relations Chairman John Kerry (D-MA), Arizona Senator John Kyl (R), Ohio Senator Rob Portman (R), House Energy and Commerce Committee Chairman Fred Upton (R-MI), Ways and Means Committee Chairman Dave Camp (R-MI), House Assistant Minority Whip James Clyburn (D-NC), Representative Chris Van Hollen (D-MD) and Representative Xavier Becerra (D-CA).

One issue that the AMA and other professional societies are lobbying to be addressed by the Super Committee is the Medicare physician reimbursement issue. Many were disappointed that the final debt limit plan did not address the flawed payment system for physicians who see Medicare patients. Providers face a nearly 30 percent drop in reimbursement rates on Jan. 1, 2013, and could see additional cuts on top of that because of the debt agreement.

The cost of changing the formula will need to be offset with other savings, which most likely will come from other health care sectors as it has in the recent past. Debates over those offsets held up several of the five patches postponing the cuts that Congress passed in 2010. By statute the Committee must have its first meeting by September 23, with a report and recommendation of the five patches postponing the cuts that Congress passed in 2010. Finally, as part of the deal, both the House and Senate would have to vote on a balanced-budget amendment to the Constitution no sooner than Oct. 1, but by the end of the year.

SENATOR DURBIN (D-IL) REINTRODUCES IMMUNOSUPPRESSIVE DRUG COVERAGE LEGISLATION

Senator Dick Durbin (D-IL) re-introduced the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2011 (S. 1454) just before the Senate adjourned for August recess. The House version will be introduced in September by Republican Rep Mike Burgess from Texas, a physician and Vice-Chair of the Health Subcommittee of Energy & Commerce. The ASPN has written formal letters of support to the Senate and House sponsors and will be supporting passage of this legislation this Congress.

CONGRESS MOVES TOWARD REAUTHORIZATION OF THE CHILDREN’S HOSPITALS GRADUATE MEDICAL EDUCATION PROGRAM

On July 26th the House Energy & Commerce Committee’s Health Subcommittee unanimously approved legislation that would reauthorize funding for Children’s Hospitals Graduate Medical Education, which President Obama had eliminated in his budget request this year. The bill reauthorizes the program at its current level of $330 million annually through 2016. A full committee markup is expected during September, while the Senate is expected to take up this issue when Congress returns on September 7.
ASPN PPC FURIOUSLY WRITES COMMENT LETTERS WHILE NQF MOVES TOWARD MEASURE ENDORSEMENT

This August, the ASPN Public Policy Committee has been extremely busy providing comments to the Centers for Medicare and Medicaid Services (CMS) on a number of proposed rules, including the Physician Fee Schedule rule for 2012, the ESRD Prospective Payment System for 2012 and the ESRD Quality Incentive Program (QIP) for 2013 and 2014.

While the QIP does not currently include pediatric quality measures, the National Quality Forum has made progress toward endorsing pediatric facility quality measures that may be included. Additionally, the NQF Renal Endorsement Maintenance Steering Committee, with participation by ASPN Members Rick Kaskel and Michael Somers, recommended endorsement of an additional pediatric quality measure at the physician level, that may be included in future iterations of Medicare’s Physician Quality Reporting System (PQRS). This physician-level measure was developed by the AMA-PCPI with the RPA and ASPN, by a committee co-chaired by ASPN Member Barbara Fivush, along with many other ASPN members serving on the measure development work group.

Katie Schubert, Vice President, Cavarocchi Ruscio Dennis Associates

OPENINGS STILL AVAILABLE!

THE NATIONAL COURSE FOR RENAL FELLOWS: THE ORIGINS OF RENAL PHYSIOLOGY, a course cosponsored by ASN and NIH, will be given at the Mount Desert Island Biological Laboratories, September 3 – 10, 2011.

The course has received rave reviews from fellows, and pediatric nephrology fellows in particular have found it to be an extremely rewarding experience.

We are well under way with the registration for the Mt Desert Island course and have 25 slots spoken for out of 30. So far this year, we have no pediatric renal fellows, and so we are making a special appeal to pediatric renal program directors and fellows. To learn more about the course and to apply, please go to the course website: http://www.mdibl.org/courses/The_Origins_of_Renal_Physiology/114/

Attend the 3rd annual ASN Renal Week In-Depth Nephrology Course

Improving Design & Conduct of Clinical Studies including Pragmatic Trials in Nephrology

November 8-9, 2011, Philadelphia, PA

In collaboration with the Kidney, Urology & Hematology (KUH) Division of the National Institute of Diabetes, Digestive & Kidney Diseases (NIDDK)

www.asn-online.com

Contact: kamkal@ucla.edu

A FEW SPOTS REMAINING!

“Incorporating Urinary Tract Ultrasonography in Nephrology Practice”, a 2 day workshop, to be held on Saturday, September 17 and Sunday, September 18, 2011 at Winthrop University Hospital, Mineola, Long Island, NY under the aegis of the Kidney & Urology Foundation of America’s (KUFA) Council of Pediatric Nephrology & Urology.

Target Audience: This course is intended for pediatric nephrologists/urologists and nephrology/urology fellows- in-training as well as academic nephrologists/urologists who wish to incorporate ultrasonography into their training program.

Meeting Announcements Cont’d...

2012 International Pediatric Nephrology Fellows Conference
More Information

More Information

Miami Pediatric Nephrology Seminar
March 8-11, 2012
More Information

SAVE THE DATES!
April 28 - May 1, 2012
Boston, MA
More Information