Happy Leap Year to All! I presume everyone gets a lot out of the extra day . . .

Here are a few updates on ASPN activities:

• Mary Leonard, on behalf of the Website Committee, has initiated negotiations with a vendor to redesign our website to offer increased, more user-friendly services. I hope many of you took advantage of the opportunity to send comments and suggestions for improvement to Lisa Thompson. If you have more ideas, please send them right away.

• pFeNa, our Fellows’ group, will make their newsletter available to all, alternating publication months with KIDney Notes. Council continues to seek ways to support pFeNa activities.

• ASPN members responded extremely well to the survey regarding our Strategic Planning process. We will do our best to incorporate all ideas and suggestions into the process.

• The Membership Committee has been seeking to provide increased content and activities for Affiliate Members of the Society. Affiliate Members are non-physician, non-faculty personnel who are involved in the missions of ASPN. For more on the different member groups, go to http://www.aspneph.com/members.asp.

• The John E. Lewy Foundation will co-sponsor, with IPNA, a workshop at the ASPN Annual Meeting in Boston on pediatric nephrology training around the world. We hope to have that session serve as a springboard for a new, joint ASPN/IPNA initiative regarding such training.

• The Research Committee is developing Report Language promoting new areas for Pediatric Nephrology research emphasis. We will ask a supportive member of Congress to introduce this language into an Appropriations Committee report. While not having the force of law, such language compels specific Federal agencies to reply to Congress, explaining what they will do in response.

• The Public Policy Committee, mostly through the efforts of our Washington Representative, Katie Schubert, has developed a Pediatric Nephrology Health Policy Advocacy Guidebook. This highly informative document can be accessed from the Members-only section of the website. Go to Public Policy News > Advocacy Materials and click on the link to the Guide.

• The Workforce Committee and Training and Certification Committee have developed a program to support trainees who will be attending the meeting in Boston. We have 20 residents and medical students coming to the meeting, a record number, and we hope that this program will help convince them to enter our profession.

• The 2013 Program Committee is already engaged in developing the content for next year’s (2013) ASPN meeting. Please send any content ideas that you would like to see addressed at our scientific sessions to Lisa, the Council or PC Chair Dan Feig.

I hope as many of you as possible are making plans to attend the meeting in Boston. I look forward to seeing you there.

Best regards,

H. William Schnaper
President
“Raising the Bar”: Helping Pediatric Nephrologists understand common issues related to the law.

Hello, my name is Karen Lewy Argetsinger and on behalf of the John E. Lewy Foundation (“JELF”), I want to welcome you to our new column in Kidney Notes.

I am Dr. John E. Lewy’s daughter and a practicing attorney in the Boston area. On numerous occasions, my Dad and I discussed how the medical and legal professions could empower each other by strategically working together through education, increased awareness and partnership. Doctors and Lawyers should continuously educate the other and learn ways to collaborate and advocate for their patients and clients. Both professions have very similar and common goals in improving health and advocacy along with client/patient care and well being. Preventative law is very similar to preventative medicine. Together we believed that if the two professions worked side by side, they would be a force to be reckoned with.

Sadly, the idea of our professional collaboration ended when my Dad suddenly died 5 years ago, so in his legacy and memory, I have continued the initiative by finding ways to work with the medical community. This has been achieved through pro bono work as a doctor/patient advocate in addition to my partnering with medical practitioners for the betterment of both professions and the public. Recently, a very important way that I have been able to achieve this collaboration is by becoming involved with the incredible work of JELF.

One of JELF’s very important missions is to educate pediatricians and we felt that these Kidney Notes columns will make readers better doctors and advocates. Also, this information may provide some possible relief of “the legal unknown.”

In upcoming editions of Kidney Notes, we will begin a series of columns which reviews the potential roles of pediatric nephrologists in malpractice cases from all different perspectives that diverse cases may present. Subsequent articles will include tips and information about estate planning, asset protection, health policy, immigration, low-income issues, medicare/medicaid and much more.

I am very happy to be a part of your network and look forward to our interactions. In the meantime, please visit the JELF website at http://www.aspneph.com/JohnELewyFoundation/JELFMain.asp. We truly value your support.

Karen L. Argetsinger, ESQ
Lawyer - Collaborative Practitioner - Mediator
JELF Board Member

Welcome New Members!!

Husam Abdulnour, MD
Health Services Agency

Demetrius Ellis, MD
Children’s Hospital of Pittsburgh

Stanley Lee, MD
Vanderbilt Univ. Medical Center

Sheldon Orloff, MD
Kaiser Permanente, NCAL

Dimitry Samsonov, MD
Maria Fareri Children’s Hospital

Rose Sharpe, MSN
UNC Kidney Center

Scott Walters, MD
Greenville Hospital System-University Medical Center (GHS-UMC)

What is the Physician Fee Schedule?

The Physician Fee Schedule, or PFS, is the system the Centers for Medicare and Medicaid Services (CMS) uses to reimburse physicians for their services. The PFS assigns Relative Value Units (RVUs) to physician services for both ambulatory and in-patient visits or procedures. The PFS is also adjusted based on geographic differences in medical costs and wage differentials. CMS updates the PFS at intervals to reflect changes in practice and to update the relative value of services.

You are encouraged to read the NEJM article at http://www.acgme-nas.org/nejm-report.html

As Thomas Nasca, MD (an Adult Nephrologist who last served as Professor of Medicine at the University of Pittsburgh before assuming the ACGME ED post) noted, in 1999, the ACGME introduced the six domains of clinical competency to the profession and in 2009, began a multiyear process of restructuring its accreditation system to be based on educational outcomes in these competencies. As a result, the Next Accreditation System (NAS) will be phased in (and apply to pediatrics and pediatric subspecialties in the group of initial disciplines) beginning in July 2013.

The aims of this revolutionary process of the NAS are threefold:
1) to enhance the ability of the peer-review system to prepare physicians for practice in the 21st century,
2) to accelerate the ACGME’s movement toward accreditation on the basis of educational outcomes, and
3) to reduce the burden associated with the current structure and process-based approach.

Dr. Nasca and his leadership team at the ACGME postulate that NAS will lead to creation of a national framework for assessment that includes comparison data, reduction in the burden associated with the current process-based accreditation system, the opportunity for residents to learn in innovative programs, and enhanced resident education in quality, patient safety, and the new competencies.

Over time, they expect that the NAS will allow the ACGME to create an accreditation system that focuses less on the identification of problems and more on the success of programs and institutions in addressing them. Work on the NAS will be a dynamic process and will require close collaboration with program director organizations, the ABMS boards, the specialty colleges, and related academic organizations.

The ACGME believes that this NAS will effectively support the education of physicians to provide the best possible care for Americans into the middle of the century. The NAS will take the best of the current system and enhance it with a more explicit focus on attributes of the learning environment that carry over into a lifetime of practice in a clinical specialty. By encouraging high-performing programs to innovate, NAS will open the quality ceiling and produce new learning. Simultaneously, the ACGME believes that this ongoing process-based approach for programs with less-than-optimal performance will continue to raise the floor for all programs. (adapted from the Nasca NEJM article)

As a Society, as the Training and Certification Committee and through our Training Program Directors Sub-Committee we will engage assiduously in this process, particularly with our colleagues in general pediatrics [the Association of Pediatric Program Directors] and other pediatric fellowship organizations [Council of Pediatric Subspecialties]. The quality of our training programs, and of our fellows, will undoubtedly be affected by this new system. In conjunction with the current effort by the American Board of Pediatrics to re-visit and re-examine the entire scope and needs for pediatric subspecialty training, a process just now beginning that will extend into 2013, this promises to remain an exciting time for fellowship trainees, training program directors and all of us interested in the future of our profession.

2. Pediatric Nephrology Board Review Options
The ASPN Pediatric Nephrology Board Review Course will continue to stay open until September 30, 2012 for those interested in last minute preparation for the ABP boards given in March (http://www.aspneph.com/). As of late February 2012, 101 individuals have registered and are benefitting from the various posted ASPN Board Review materials (recorded presentations, slide sets, Board Review Questions/Answers and ABP Pediatric Nephrology Content Specifications Review). These materials have been well received to date and should also be useful to those board certified pediatric nephrologists who are sitting for re-certification later this year. You can obtain more information and sign up at http://www.aspneph.com/.

3. Pediatric Nephrology Fellow Conference Activities
The next edition of Kidney Notes will include reports on our success with our Senior Pediatric...
Nephrology Fellows Conference (sponsored by the Renal Research Institute in January), the second ASPN Pediatric Dialysis Medical Knowledge Competency Assessment (in conjunction with the upcoming 32st Annual Dialysis Conference) and our efforts to expand first year fellow attendance at the Miami Pediatric Nephrology Symposium in March. We greatly appreciate all of the ASPN members who continue to work to extend national training and networking opportunities for our fellows.

John D Mahan, MD
ASPN Training and Certification Committee Co-Chair
ASPN Training Program Directors Subcommittee Chair

pFeNa
We continue to receive very encouraging feedback in response to our newsletter. We are moving to a bi-monthly schedule to offer more content and include as many contributions as possible. The latest issue can be accessed here.

We are looking for fellow volunteers to facilitate medical student and resident activities at the PAS meeting this year. If you are coming to the meeting and would like to help please email isa.ashoor@childrens.harvard.edu to discuss specific details. More details on pFeNa activities at the upcoming PAS will be features in our March-April newsletter.

We are also excited to announce our new Facebook page! The page can be found here. We hope this will be a platform for networking between medical students, residents and pediatric nephrology fellows. We intend to post regular conference updates about ongoing activities during PAS this year so check us out and give us your feedback.

Isa Ashoor, Co-Chair, pFeNa

Funding news:
In addition to the Research Funding Opportunities for ASPN Members form on the ASPN website, please note the following two upcoming solicitations from the NIH:

**NIDDK: Symptoms of Lower Urinary Tract Dysfunction Research Network (U01).**
RFA-DK-11-026
This opportunity supports the development of a cooperative research network (Symptoms of Lower Urinary Tract Dysfunction Research Network, or LURN) to develop and qualify symptom-based instruments to measure early, late, transient, and persistent symptoms both in males and females, and to better define the phenotypes of men and women with symptoms of lower urinary tract dysfunction.
Standard due dates for U01 grants apply (2/5, 6/5, and 10/5).

**NIH: Clinical Trials in Organ Transplantation in Children (U01).**
RFA-AI-12-005
This funding opportunity will support a consortium of investigators to conduct clinical trials (Phase I,II, or III)and/or observational clinical studies, accompanied by mechanistic studies, in pediatric solid organ transplant recipients (subjects must be less than 21 years of age at the time of enrollment) who have undergone heart, lung, liver, small intestine, and/or kidney transplantation). Research supported under this FOA will focus on reducing long-term graft dysfunction and/or loss and immune-mediated morbidity and mortality unique to pediatric transplant recipients.
Please note the non-standard due dates: Letters of intend are due by March 18, and full applications by May 4, 2012.

Ulf H. Beier, MD (fort the Research Committee)

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<table>
<thead>
<tr>
<th>Ancillary Meetings in Boston</th>
<th>Date</th>
<th>Day</th>
<th>Begin</th>
<th>End</th>
<th>Location</th>
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<tr>
<td>ASPN Council Meeting</td>
<td>27-APR</td>
<td>Friday</td>
<td>12PM</td>
<td>6PM</td>
<td>SHERATON</td>
<td>BEACON B</td>
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<td>ASPN Program Committee</td>
<td>27-APR</td>
<td>Friday</td>
<td>12PM</td>
<td>6PM</td>
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<td>Meet the Fellow Coffee</td>
<td>28-APR</td>
<td>Saturday</td>
<td>7AM</td>
<td>8AM</td>
<td>HYNES CONVENTION CENTER</td>
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<td>ASPN Clinical Affairs Committee</td>
<td>28-APR</td>
<td>Saturday</td>
<td>12PM</td>
<td>1PM</td>
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<td>John E. Levy Foundation Board of Directors</td>
<td>28-APR</td>
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<td>1:15PM</td>
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<td>ASPN Website Committee</td>
<td>28-APR</td>
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<td>2PM</td>
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<td>ASPN Member Reception</td>
<td>28-APR</td>
<td>Saturday</td>
<td>8PM</td>
<td>9:30PM</td>
<td>MARRIOTT COPLEYS PLACE HOTEL</td>
<td>ST. BOTOLPH</td>
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<td>28-APR</td>
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<td>29-APR</td>
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<td>7AM</td>
<td>8AM</td>
<td>SHERATON</td>
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<td>ASPN Research Committee</td>
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<td>Sunday</td>
<td>7AM</td>
<td>8AM</td>
<td>SHERATON</td>
<td>JAMAICA POND</td>
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<td>ASPN Member Education Task Force</td>
<td>29-APR</td>
<td>Sunday</td>
<td>7AM</td>
<td>8AM</td>
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<td>29-APR</td>
<td>Sunday</td>
<td>7AM</td>
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<td>29-APR</td>
<td>Sunday</td>
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<td>ASPN pFeNa Social Event &amp; Meeting</td>
<td>29-APR</td>
<td>Sunday</td>
<td>8PM</td>
<td>10PM</td>
<td>LIBERTY HOTEL</td>
<td>LIBERTY BAR (LOBBY)</td>
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<td>ASPN Training Program Directors</td>
<td>30-APR</td>
<td>Monday</td>
<td>7AM</td>
<td>8AM</td>
<td>SHERATON</td>
<td>JEFFERSON</td>
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<td>30-APR</td>
<td>Monday</td>
<td>12:30PM</td>
<td>1:45PM</td>
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<td>ASPN Leadership Development Course</td>
<td>1-MAY</td>
<td>Tuesday</td>
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<td>CLARENDON</td>
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**Public Policy & Washington Update**

**PRESIDENT’S BUDGET FY2013 LOOKS FAMILIAR...**

President Obama released his FY2013 budget proposal on February 13th, with most Congressional leaders considering it dead on arrival. In fact, the budget request gave some the sense of déjà vu, as many of the proposals included in it looked a lot like the FY2012 request.

Specific to the Department of Health and Human Services (HHS), the budget request focuses on implementation of the Affordable Care Act (ACA), giving the Center for Medicare and Medicaid Services (CMS) an additional $1 billion, most of which will be put toward helping states set up health insurance exchanges. The budget also includes the cost of continuing to “fix” the sustainable growth rate (SGR). Traditionally presidents have followed current law in their budget, which means that they assume there will be a major cut in Medicare physician payment when the “fix” runs out. However, the Administration acknowledges that Congress continues to keep the reimbursement rate level or with slight increases, and accounts for that in this proposal.

On the research end, the President requests $30.7 billion, or level funding, for the National Institutes of Health (NIH). The National Institute of Digestive and Diabetes and Kidney Diseases (NIDDK) would see a budget of $1.942 billion, a decrease of 0.14% from last year’s funding level. Of note, under the President’s proposal, Research Project Grants would be reduced by $14.505 million. The request also includes $4 million for “Advancing Translational and Clinical Research in Primary Glomerular Disease: new initiative will support research to identify and test agents that treat or reduce progression of primary (non-diabetic) glomerulopathies.” Finally, the Kidney, Urologic and Hematologic Disease division’s budget justification highlights that “NIDDK is actively pursuing a range of research avenues related to kidney disease, acute kidney injury, CDK in children, hemodialysis, and other areas.” This division would receive a 0.18% decrease from last year’s level. The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) would receive a very small increase of $0.775 million from last year’s funding, with level funding for implementation of the Best Pharmaceuticals for Children Act (BPCA) activities.

Other public health agencies' requests result in a bit of a mixed bag. For instance, the Centers for Disease Control and Prevention (CDC) would see a $664 million cut, and most of its programs would be back-filled by funding from the Prevention and Public Health Fund – a fund that is consistently on the chopping block in Congress and most recently has been used as an offset for other legislation (more info on that later).

Although the request did not entirely abolish the Children’s Hospitals Graduate Medical Education (CHGME) program as it did last year, it does cut the program by $177 million, or 67 percent. The justification is: “within the constrained budget environment, this proposal supports only the direct costs of training pediatricians. As such, CHGME grants will no longer fund the indirect costs associated with graduate medical education. ... include[ng] expenditures such as those associated with the reduced productivity of the hospital staff because they are helping train residents and the processing of additional diagnostic tests that residents may order during their clinical experience.” ASPN continues to support this program, as does Congress. Last year efforts to save the program were met with bipartisan support.

A bright spot in the request is that the Health Resources and Services Administration (HRSA) included in its budget a $5 million allocation to implement the Pediatric Subspecialty Loan Repayment Program for which ASPN and other pediatric groups have been advocating. In fact, ASPN helped secure the language for this program in the Affordable Care Act.

**FY2013 APPROPRIATIONS PROCESS ALREADY UNDERWAY**

With the release of the budget the FY2013 appropriations process is well underway. We can expect to see an accelerated schedule for taking up this series of bills on the House and Senate floor due to the election year. Both the House and Senate Labor-HHS remains the most likely bill to get action on its own this year, as it has been unlikely that it will see House or Senate floor action on its own this year, as it has been several years since this has occurred.

Looming over the Congressional session is sequestration – the process of automatic cuts to FY2013 appropriations that would go into effect January 2, 2013 as part of last summer’s debt ceiling negotiations. The cuts are expected to reduce appropriations for the fiscal year that begins Oct. 1 by roughly 9 percent across the board. How these cuts would be implemented is still being debated as defense advocates have...
already begun arguing that defense should not bear the brunt of half of the automatic cuts. Both Democrats and Republicans are posturing to avoid sequestration or change its current structure; however, it is unlikely that any change will be passed before the election.

**EXTENDERS BILL SIGNED INTO LAW**
Congress returned from its winter recess to begin work on a compromise bill (known as a conference bill) that would extend several tax provisions as well as the Medicare physician payment issue through the end of this year. Beating its February 29 deadline, Congress passed a $150 billion conference package that will extend employee payroll tax rate, federal unemployment benefits and avoids a significant cut in Medicare physician reimbursement with about ten days to spare. Although passage of this bill is hailed as a victory for the president and congressional Democrats, the legislation slashed the Prevention and Public Health Fund by more than $5 billion, or around a third, to partially pay for the ten month package. Other offsets include $9.6 billion from cutting Medicare payments to clinical labs, skilled nursing facilities and hospitals. The savings will be achieved over ten years.

**ICD-10 IMPLEMENTATION DELAYED**
HHS Secretary Kathleen Sebelius announced on February 17 that the agency intends to delay the scheduled October 1, 2013 implementation of the ICD-10-CM code set for outpatient diagnosis coding. Implementation has been delayed several times, and the Secretary did not say how long the delay would be or give a date of when the ICD-10 system would be implemented.

**Congressional Kidney Caucus Gears Up**
The Congressional Kidney Caucus kicked off 2012 with a stakeholders’ call in February. Representatives from patient groups, industry, medical societies, physician groups and dialysis providers gathered on a conference call with staff to discuss their priorities and hear about what the Caucus has planned for the year. The ASPN looks forward to working with the newly invigorated caucus. This year’s co-chairs are Rep. Jim McDermott (D-WA) and Rep. Tom Marino (R-PA), with Vice-Chairs Rep. Jesse Jackson, Jr (D-IL) and Rep. John Fleming (R-LA).

**2012 OUTLOOK**
Since 2012 is an election year for the House, a third of the Senate and the presidency, Congress will attempt to finish its work before October 1 so that it can recess to campaign. However, House and Senate leadership staff have indicated that a lame duck session is extremely likely, and that appropriations will probably not be finished until that lame duck session. Congress will also have to take up the SGR again before the extenders package expires at the end of the year.

Other outstanding pieces of legislation include reauthorization of the CHGME program, which has hit a snag in the Senate, but is expected to pass sometime this year. Food and Drug Administration (FDA) drug fee and medical device fee legislation sunsets this year so that will also have to be taken up this year. Included in that legislation are the Best Pharmaceuticals for Children Act (BPCA) and Pediatric Research Equity Act (PREA), which are both of interest to the ASPN. The Society has joined advocacy efforts on behalf of these two pediatric provisions.

Meanwhile, House continues to attempt to repeal the Affordable Care Act provision-by-provision. In the latest move, the House Energy and Commerce Health Subcommittee scheduled a February 29 markup to repeal the Independent Payment Advisory Board (IPAB). IPAB has been a target for both Republicans and Democrats, who maintain that it usurps Congressional power. The IPAB is a strengthened Medicare Payment Advisory Commission (MedPAC), whose recommendations on Medicare payment policy would automatically go into effect unless Congress acts beginning in 2014. Although the Senate has supporters of this move, the bill is less likely to be passed there, and the President, who has veto power, has been a strong proponent of the Board. In fact, the President has called for even further strengthening of the IPAB since the ACA’s passage.

*Katie Schubert, Vice President, Cavarocchi Ruscio Dennis Associates*

**NEW ISN ASSOCIATE MEMBERSHIP CATEGORY**
The International Society of Nephrology has established a new category, Associate Member, aimed at those who are not physicians but are health professionals actively involved in renal care. This category includes, for example, nurses, dietitians, social workers, technicians. Associate Membership is offered at a reduced fee which includes most membership benefits other than subscriptions to Ki and NRN, and does not give voting rights. More information and a letter announcing this opportunity can be found [here](#).

**What is CROWNWeb?**
CROWNWeb is the acronym for Consolidated Renal Operations in a Web-Enabled Network, a mechanism established by the Centers for Medicare and Medicaid Services (CMS) to collect and report data on all dialysis patients. CROWNWeb has been in various pilot phases for several years but is now scheduled to be rolled out on a national basis in the early spring of 2012. Since the information gathered with this electronic platform will be derived from all dialysis patients, and not only those with primary Medicare insurance, it should allow for more comprehensive data-gathering and analysis of the dialysis population by CMS, including pediatric dialysis patients who are much less likely to have Medicare as their primary insurer.
Meeting Announcements

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

**Symposium on Pediatric Dialysis**
More Information

**AKI-PCRRT 2012 Conference**
September 27-30, 2012
More Information

**14th Congress of the International Society for Peritoneal Dialysis**
September 9-12, 2012
More Information

**9th International Podocyte Conference**
April 22-25, 2012
More Information

**KIDney NOTES**
The Bi-Monthly Newsletter of the American Society of Pediatric Nephrology

**SAVE THE DATES!**
**BOSTON PAS 2012**
April 28 - May 1, 2012
Boston, MA