Dear Colleagues,

Although our annual meeting remains several months away, there are two important events at the meeting that I want to bring to everyone’s attention now.

The first of these is the opportunity to participate in a visit to Capitol Hill to advocate for the needs of children with kidney disease. Whether it be access to care, funding for research, or physician payment, there are many issues decided in Washington that affect everything that a pediatric nephrologist does from day to day. We are taking advantage of the PAS meeting location in Washington, DC (or as we say in Seattle, the other Washington) to help our members become effective advocates for these issues.

On the last morning of the meeting (Tuesday, May 7), there will be a special ASPN workshop devoted to familiarizing participants with ASPN’s legislative agenda and to learning basic advocacy skills. Among the speakers will be a legislative staffer whom ASPN has visited with on several occasions, who will offer tips on how to make your voice heard in your legislators’ offices.

For those who are able to stay through the afternoon, Katie Schubert will arrange meetings with a member of your legislator’s staff, or with key committee staff. For those unfamiliar with visiting Capitol Hill, we will pair you with a more experienced ASPN member or one of the Lewy Foundation Advocacy Scholars, all of whom have already participated in Hill meetings. This is a unique opportunity that I hope that many members will participate in – so mark your calendars now for May 7, 2013, and be sure to book a late flight home that day.

The second event is presentation of the ASPN Founder’s Award. This is always one of the highlights of the meeting for me, as I’m sure it is for all of our membership. It is so important to recognize the leaders among us who have helped pave the way for our Society, and more importantly, who have devoted themselves to improving care for children with kidney disease.

Through a rigorous process—made difficult by the high quality of many of the nominees—the Awards Committee decided to select two recipients for the Founder’s Award this year:

- José Strauss, for his contributions to the early history of our profession and his key role in organizing and promoting educational activities that have brought numerous colleagues into Pediatric Nephrology nationally and internationally; and
- William Harmon, for his national leadership in training pediatric nephrologists and in both conducting and advocating for clinical care and research in pediatric end-stage renal disease.

It will be exciting indeed to recognize the contributions of Bill and José to the field of pediatric nephrology, and I know that all of our members join me in congratulating them on achieving this honor.

Finally, as I write this the year is coming to an end, so let me take this opportunity to wish everyone Happy Holidays, and best wishes for the New Year.

Joseph T. Flynn, MD, MS
President
joseph.flynn@seattlechildrens.org
Until recently, the ASPN's web-based Market Place only included job opportunities for pediatric nephrologists. We are pleased to announce that the Market Place is now open for posting of positions for affiliates including nurses, nurse practitioners, physician assistants, social workers, dietitians, research coordinators, and other health care professionals involved in the care of children, adolescents, and young adults with kidney disease.

If your division or institution is looking to hire such individuals, posting the position on the ASPN Market Place is an excellent opportunity to reach a targeted audience at a very reasonable cost. As the Market Place is accessible to ASPN members and non-members alike, your ad will be seen by any health care professional interested in a position in pediatric nephrology and/or ESRD care who visits the site.

Current pricing for a job posting is:
- Members: $250 for 90 days, then $50 per month thereafter
- Non-members: $600 for 90 days, then $100 per month thereafter

Note that institutions (universities/hospitals) are charged the member rate if there is an ASPN member at the institution.

For more information, or to post a position, please visit the Market Place at [link].

**LISTSERV FOR AFFILIATE MEMBERS**

The ASPN has created PEDKID, a listserv for its affiliate members (nurses, nurse practitioners, child life specialists, dieticians, social workers). This listserv will provide a forum for exchanging ideas, which we believe will ultimately benefit our patients.

PEDKID is part of ASPN’s ongoing efforts to increase the value of membership for our affiliate members. Affiliate membership in the ASPN costs $35, and many division directors pay this fee. Please encourage your affiliate members to join the ASPN: [link]. In addition to the listserv, a regional conference for affiliate members will occur in the fall of 2013.

Affiliate members can join the listserv by sending an e-mail to Lisa Thompson. The affiliate member must provide his/her name, e-mail address, institutional affiliation, and role (e.g., social worker, nurse). The ASPN wants to thank Andrew for creating and maintaining this listserv, along with all of his other service to our community.

Participation in the listserv is open to all non-physicians caring for pediatric nephrology patients. In January of 2014, participation will be restricted to affiliate members of the ASPN.

**IMPORTANT INFORMATION ABOUT NAS FOR THE PEDIATRIC SUBSPECIALTIES**

Representatives from the ACGME and the ABP attended the October meeting of the Council of Pediatric Subspecialties (CoPS). Here are the FAQs that we hope will clarify the requirements and indicate the timeframe by which the Pediatric Subspecialty programs will be fully incorporated into NAS. These have been reviewed by both the ACGME and ABP.

**CoPS UPDATE FALL 2012**

The Council of Pediatric Subspecialties met in October and I would like to highlight the following activities that should be of interest to members of ASPN:

1. CoPS participated with APPD in the production of Pediatric Education Across the Continuum 2012.
2. CoPS published “Council of Pediatric Subspecialties (CoPS): The First Five Years” Pediatrics, 2012;130:335-341.
3. CoPS continues to encourage movement towards a single match date for all pediatric subspecialties.
4. CoPS is serving as the communication network between the American Board of Pediatrics and its Subspecialty Clinical Training and Certification Task Force and will be seeking feedback from stakeholder organizations this fall.
5. CoPS is working with ACGME to update program directors on the Next Accreditation System.
6. CoPS has an action team to begin assessment of fellowship readiness and development of a career-focused curriculum.
7. CoPS is participating in FOPO’s “Future of the Workforce in Pediatrics”.
8. CoPS will address concerns in many medical specialties regarding conflict around the transition between residency and fellowship.
9. CoPS is working with current trainees and young faculty to better understand the options of social media for communication.

Please take a look at the presentation for more details.

**CoPS Strategic Plan Subspecialty Description Activity**

CoPS is very active these days working with the ABP on the Subspecialty Clinical Training and Certification Initiative and other topics of interest to pediatric subspecialists and their educational activities. For all the details, see the December Update.
A little over a year ago, ASPN began working on a new strategic plan. The prior strategic plan, which was developed and launched in 2006, guided our Society well over the past several years, but it was clear that a new plan was needed, as the majority of goals from the 2006 plan had been accomplished by mid-2011. We again engaged an external consultant, Susan Newton, to interview Council members and survey the ASPN membership about their views on the Society’s progress over the past 5-6 years. Added to the process this time was a series of interviews with external groups (AAP, ASN, RPA, among others) with whom the ASPN has regular contact in order to get an assessment of the Society’s growth.

Following the data collection phase, Susan analyzed and summarized the results and presented them to Council at a special day-long meeting in June devoted to the planning process (Note: the data summary is available on the ASPN website in the strategic plan area of the members only section). After considering the data, Council then developed 5 primary goals for the plan. It then took tow additional conference calls to further refine the goals and develop strategies and tactics to achieve them. The plan was finalized in late October and presented to the membership at our business meeting at the ASN. Here is a high-level summary of the major goals of the plan:

**Advance optimal care for children with kidney disease:** This is our core mission as a Society, central to everything that we do. Many of the strategies identified to achieve this goal involve our interactions with other professional societies and external agencies. These strategies include:
- Establish and maintain effective partnerships with other professional organizations;
- Educate external agencies about the needs of children and pediatric nephrologists;
- Promote research focused on pediatric kidney disease; and
- Support development and dissemination of clinical practice guidelines.

**Enhance member and public awareness of ASPN activities:** The data obtained from the survey of the ASPN membership revealed that despite the changes that have been made since the launch of the 2006 strategic plan, many members were unaware of specific ASPN activities, or did not know how certain activities are carried out (for example, Councilor elections). To improve this, a comprehensive communications plan will need to be developed, with the following specific strategies:
- Develop communication plan aimed at internal stakeholders;
- Develop communication plan aimed at external stakeholders;
- Increase transparency of internal processes to the Society membership; and
- Leverage existing, and develop new, communication platforms.

**Ensure a robust pediatric nephrology workforce:** We all are aware of the shortage of pediatric nephrologists, and that it seems as if fewer young pediatricians are choosing to specialize in nephrology. While the Society has been actively working on this issue for many years, it is clear that additional efforts are needed. To address this, the following strategies have been adopted:
- Monitor and anticipate workforce needs;
- Increase resident/student interest in pediatric nephrology as a career; and
- Improve professional satisfaction and decrease attrition of pediatric nephrologists.

**Enrich the value of membership in ASPN:** Again, the survey data led us directly to this goal. ASPN members value their membership in the Society, but still believe that the Society could be doing more to support them professionally. We are hopeful that the following strategies will address this need:
- Increase opportunities for, and encourage member engagement in, ASPN;
- Maximize opportunities and support for professional networking and leadership;
- Support the ability of ASPN members to perform clinical activities effectively;
- Provide access to effective educational resources; and
- Promote the ability of members to participate in and conduct research.

**Create and maintain a robust, stable infrastructure that will allow us to accomplish our mission:** While it is clear that the operations of the Society have become more “professional” since we engaged SPR-APS to provide Central Office functions, we still have some infrastructure issues to address, particularly with respect to finances and technology. We have therefore adopted the following strategies:
- Ensure financial sustainability;
- Provide mechanisms for philanthropic opportunities;
- Maximize partnerships with patients and patient advocacy groups, other non-profits;
- Clarify and strengthen the current relationship with the CLB;
- Strengthen central office operations; and
- Enhance technology capabilities to meet current and future needs.

These goals are ambitious, but our past experience tells us that we should be able to achieve them if we all work together. As before, we will delegate specific action items to Council and to existing committees. We will also need to form new Task Forces to take on some of the larger goals, especially Communications and Infrastructure. We will be soliciting the membership to volunteer to serve on these Task Forces and help us achieve our goals.

The greatest strength of the ASPN is its members, and we encourage all ASPN members to review the more detailed strategic plan document in the members only section of the ASPN website, and to consider serving on one of the Task Forces or Committees that will be carrying out the plan. As always, please feel free to contact me or any member of Council if you have questions about the Strategic Plan itself, or about the planning process.

Joseph Flynn
ASPN President
Stephanie Clark, MD, MPH is currently a first year fellow at The Children’s Hospital of Philadelphia. Her goals for participation in the program include utilization of her past education and experiences in community health advocacy and quality improvement, current activities in health policy research in conjunction with the Advocacy Scholar’s Program to improve the outcome for children with kidney disease.

Jesse Roach, MD is currently Assistant Professor of Pediatrics at the University of Wisconsin – Madison. While a fellow, Dr. Roach worked with ASPN’s Public Policy Committee to develop a model for the dialysis bundle and is currently working on an MPH with a focus on health policy. He will utilize the Scholar’s Program to add new practical experiences and skills to his growing theoretical knowledge of governmental affairs.

Amy Skversky, MD, MS is currently Assistant Professor of Pediatrics and Medical Director of Pediatric Dialysis at The Children’s Hospital at Montefiore. She plans to use the Advocacy Scholar’s Program to enhance her experiences and knowledge to provide a knowledgeable voice for our practitioners and patients in federally regulated ESRD processes.

Launched in October 2010, the Advocacy Scholars Program utilizes didactic educational experiences from the American Academy of Pediatrics and the TheCapitol.net combined with individualized mentored experiences with ASPN members and governmental affairs leadership. By working directly with ASPN’s Washington representative and senior members of the ASPN to specifically understand ASPN’s advocacy and Capital Hill efforts, scholars will be prepared for participation in ongoing advocacy initiatives.

Funded by the John E. Lewy Foundation for Children’s Health and initiated by the leadership of the American Society of Pediatric Nephrology (ASPN), the Advocacy Scholars Program is developing a pipeline for the next generation of leaders in pediatric nephrology with specific expertise in governmental processes affecting children’s healthcare and advocacy for pediatric nephrology. This initiative honors the memory of Dr. John E. Lewy who was one of pediatric nephrology’s strongest advocates for children’s health in the US and around the world. Dr. Lewy had served a Robert Wood Johnson Fellowship in with Senator John Breaux of Louisiana and was intimately involved with the governmental affairs activities of the American Academy of Pediatrics and the International Pediatric Nephrology Association.

For more information on the John E. Lewy Foundation for Children’s Health and its missions to support pediatric nephrologists and other pediatricians in activities to improve their knowledge skills and efficacy in delivery better health for children worldwide, please visit http://www.aspneph.com/JohnELewyFoundation/JELFMain.asp. Your support will be welcomed.

Give a gift, honor your colleagues, and sustain our future!

At this holiday season, please remember the John E. Lewy Foundation for Children’s Health as a tax-deductible-eligible way to remember a mentor, honor your local co-workers and colleagues, and advance the missions of the American Society of Pediatric Nephrology. The Foundation is hard at work developing support for our organization, our trainees, and our members as we seek to enhance our missions of teaching, learning, discovery, and responsibility. Your gifts will support educational and advanced training opportunities for our members, and advance Dr. Lewy’s goals of worldwide advocacy for children.

To contribute, please go to http://www.aspneph.com/JohnELEwyFoundation/howtodonate.asp

May you and your families, friends, and colleagues enjoy peace and joy for the season and the year to come.

Vicky Norwood, MD
Chairman of the Board

“Raising the Bar”
Helping Pediatric Nephrologists understand common issues related to the law.
By Karen L. Argetsinger, Esq.

Series to be continued in the next issue...
### Friday, May 3
- **10:00am–12:30pm**
  - ASPN Fellow’s Program
  - Program to be announced

- **1:00pm–6:30pm**
  - PAS/APPD Core Curriculum Fellows’ Series
  - Preregistration Required

- **6:30pm–7:30pm**
  - PAS/APPD Core Curriculum Fellows’ Series: Reception
  - Preregistration Required

### Saturday, May 4
- **7:00am–8:00am**
  - Coffee and Light Breakfast with Pediatric Nephrology Fellows and Faculty
  - PES Meet the Professor
    - Bone Disease

- **8:00am–10:00am**
  - Invited Science
    - Hypertension on the Mind: Childhood Hypertension and Neurocognition

- **10:15am–12:15pm**
  - Original Science Abstracts
    - Nephrology: Clinical Science

- **12:15pm–1:30pm**
  - ASPN Awards Luncheon

- **1:15pm–2:30pm**
  - Poster Session I & PAS Opening Reception
    - Nephrology Posters I
    - Hypertension Posters

- **2:45pm–4:45pm**
  - Invited Science
    - Sickle Nephropathy: A Perfect Storm of Renal Injury

- **5:00pm–6:30pm**
  - PAS Opening General Session
    - Keynote Address
    - Joseph St. Geme Leadership Award

- **8:00pm–9:30pm**
  - ASPN Member Reception

### Sunday, May 5
- **7:00am–8:00am**
  - Meet the Professor Breakfast Session
    - Lisa Satlin: Nephrology: Oh, The Places You’ll Go

- **8:00am–10:00am**
  - Invited Science
    - Complements and Insults: Complement Dysregulation Syndrome in Nephrology
    - PAS Year in Review
    - Adrenal / CAH
    - Calcium and Phosphorus Metabolism
    - Fetal Programming of Adult Disease

- **8:00am–10:00am**
  - Workshop
    - Enhancing Collaborative Clinical Trials in Pediatric Nephrology

- **10:15am–11:45am**
  - ASPN Presidential Plenary and Awards

- **10:30am–12:30pm**
  - Invited Science
    - Prenatal Nephrology
    - Original Science Abstracts
    - Hypertension

- **12:30pm–4:00pm**
  - AAP Presidential Plenary and Silverman Lecture

- **1:00pm–3:00pm**
  - Invited Science
    - How to Prevent the Infectious Complications of Immunosuppression in Transplant Recipients

- **3:30pm–5:30pm**
  - ASPN Presidential Address and Business Meeting

- **5:45pm–7:30pm**
  - Poster Session II
    - Nephrology Posters II

### Monday, May 6
- **7:00am–8:00am**
  - What’s Next? The Impact of the 2012 Election Results on Pediatrics and Child Health Care

- **8:00am–10:00am**
  - Original Science Abstracts
    - MOD Basil Presentations

- **8:30am–11:30am**
  - Workshops
    - Mechanics of Blood Pressure Measurement: What Do You Need to Know About BP Measurement in Children?
    - "Urine the Know": Best of Pediatric Nephrology in 2012-2013

- **10:15am–12:15pm**
  - SPR Presidential Plenary and Awards

### Tuesday, May 7
- **8:00am–10:00am**
  - ASPN Workshop
    - Advocacy in Pediatric Nephrology

- **8:00am–10:00am**
  - Invited Science
    - Nephrons and Neurons: Neurologic and Psychiatric Comorbidities in Children with Chronic Kidney Disease

- **10:30am–12:30pm**
  - Workshops
    - The Autonomic Nervous System and Blood Pressure: Importance in Pediatric Chronic Kidney Disease, Obesity, Diabetes, and Sleep Disorders

- **12:30pm–2:00pm**
  - Poster Session IV

**PEDIATRIC NEPHROLOGY LEGISLATIVE DAY**

**MARK YOUR CALENDAR**
- **Wednesday, May 8**
  - March of Dimes Prize in Developmental Biology Lectures
- **12:30pm–3:00pm**
  - APA Presidential Plenary and Workshop
    - Rare Diseases Growing Up: A Lifecourse Perspective
    - Original Science Abstracts
    - Nephrology II: Basic Science

- **1:30pm–5:15pm**
  - APA Presidential Plenary and Armstrong Lecture

- **3:30pm–5:30pm**
  - Invited Science
    - From Kidney Development to Injury and Repair: The Role of Genes and their Mutations

- **3:30pm–5:30pm**
  - ASPN Workshop
    - Pediatric Nephrology in a Small Group Setting
The University of Pennsylvania has a program called the “LONGITUDINAL EXPERIENCE TO APPRECIATE PATIENT PERSPECTIVES (LEAPP). As part of the commitment to humanism and professionalism, the LEAPP program provides early clinical experience for students, as well as an opportunity to learn how patients and their families deal with chronic disease. First-year medical students are assigned in pairs to patients with chronic illnesses and then follow the patients and their families for three years. Faculty preceptors help LEAPP students to integrate this clinical experience with other courses in the curriculum. Students are required to meet their patients and preceptors face-to-face at least once per semester. However, students generally meet more often with their patients and are informed when health care procedures and visits are scheduled. An annual home visit is also a part of this program. Students come to see how chronic illness affects patients, their lives, work and families.

A number of our Pediatric Nephrology Faculty is involved in this program. Being involved in these types of programs at a student level facilitates increased contact and exposure to our specialty. The individual facilities and universities in which we all work have many unique programs and opportunities for all of us to enable increased contact with medical students. Some ideas for increasing such contact and involvement with medical students can be found in the Workforce Toolbox in the members only section of the ASPN website.

If anyone has additional ideas for the workforce toolbox these are always welcome.

Kevin Meyers, Chair

**TRAINING & CERTIFICATION AND TRAINING PROGRAM DIRECTORS**

Pediatric Nephrology Fellow Data [as of November 1, 2012]

1. **Match Results:**

<table>
<thead>
<tr>
<th>NRMP - Pediatric Nephrology Match</th>
<th>Data: Matched Applicants</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Grads</td>
<td>13 52%</td>
</tr>
<tr>
<td>US Foreign</td>
<td>3 12%</td>
</tr>
<tr>
<td>Osteopathic</td>
<td>1 4%</td>
</tr>
<tr>
<td>Foreign</td>
<td>8 32%</td>
</tr>
<tr>
<td>Matched (preferred)</td>
<td>25 100%</td>
</tr>
<tr>
<td>Unmatched (preferred)</td>
<td>5 17%</td>
</tr>
</tbody>
</table>

Several important points
- For class starting July 2012, in Spring 2011 we matched 31 fellows from pool of 33 candidates (of total of 47 spots in the match)
- For class starting July 2011, in Spring 2010 we matched we matched 29 fellows from pool of 32 candidates (of total of 51 spots in the match)

**Match Analysis:**
While our numbers of applicants did not increase as we hoped, this is the first year at a Fall match! There were no alleged irregularities reported to us during the interview season. Importantly for our Pediatric Nephrology community, all 41 of our accredited programs as of June 2012 were in the match!!!

2. **Pediatric Nephrology Fellow Numbers:**
Total number of trainees in US and Canada as of November 1, 2012, based on our ASPN survey is:

**US: 134 Fellows**
**Canada: 27 Fellows**

<table>
<thead>
<tr>
<th>Fellow Training Year</th>
<th>Total #</th>
<th>US</th>
<th>Programs with Fellows</th>
<th>Canada</th>
<th>Programs with Fellows</th>
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<tbody>
<tr>
<td>First Year</td>
<td>55</td>
<td>43</td>
<td>27</td>
<td>12</td>
<td>4</td>
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<tr>
<td>Second Year</td>
<td>48</td>
<td>38</td>
<td>25</td>
<td>10</td>
<td>3</td>
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<td>54</td>
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<td>3</td>
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<tr>
<td>Fourth Year</td>
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<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Fifth Year</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>161</td>
<td>134</td>
<td></td>
<td>27</td>
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</table>

ACGME Data Dec 2012 has listed 41 accredited programs with 125 US fellows in 184 slots (68% filled) (reason for discrepancy between the ASPN data PD’s reported to ASPN and ACGME data likely represents delay in ACGME updates)

Some of the US (and potentially Canadian Fellows) may not be in accredited ACGME slots (this most likely applies to fellows in 4th and 5th yrs of training since these are no 4th or 5th year accredited slots)
3. Pediatric Nephrology Fellows – Recent Trends:
Based on our own ASPN data for November 2012
US Fellows – 135 (in 2011-2012 was 121, therefore 12% increase)
Canadian Fellows – 25

N American Pediatric Nephrology Fellows 2012

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<thead>
<tr>
<th>Year</th>
<th>US</th>
<th>Canadian</th>
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<tr>
<td>First</td>
<td>43</td>
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N American Pediatric Nephrology Fellows 2011

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<th>Year</th>
<th>US</th>
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<tbody>
<tr>
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<td>Fourth</td>
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<tr>
<td>Fifth</td>
<td>0</td>
<td>Not Available</td>
</tr>
</tbody>
</table>

In the US - 31 Pediatric Nephrology Fellows matched to start in July 2012. We currently have 43 First Year Fellows so 12 First Year Fellows started after the Match.

We hope that our programs will continue to receive inquiries from talented individuals and that more First Year Fellows will be signed up before July 1, 2013. Our Training Program Committee will continue to pursue methods and activities to increase the number of qualified applicants to our Pediatric Nephrology Fellowship Programs.

4. Future Steps:
- We as a TPD group will adopt a more concerted effort by PD’s to interest students and residents and try to attract qualified candidates into the field, based on activities identified by other PDs at our 5th Annual Workshop – (to be circulated and discussed at our next TPD conference call).
- We shall see how many late deciders sign on by July 1, 2013 – at least at this point those interested in Ped Nephrology Fellowship will have a good idea of still available open fellowship spots provided by NRMP.
- Everyone in our field can keep talking up our profession to students/residents and augment our recruiting efforts!

Submitted by: John D Mahan, MD and Sangeeta Hingorani, MD, MPH

Welcome New ASPN Members!!

Ehab Al Khasawneh, MD
West Virginia University
Charleston, VA

Sushil Gupta, MD
University of Louisville
Louisville, KY

Donna Hartford
Dartmouth-Hitchcock Medical Center
Lebanon, NH

Kimberly Koenig, RN
Nationwide Children’s Hospital
Columbus, OH

Ali Mirza Onder, MD
West Virginia University Children’s Hospital
Morgantown, WV

Ketan Patel, MD
University of Texas Medical Branch
Galveston, TX

John David Spencer, MD
Nationwide Children’s Hospital
Columbus, OH

Tamar Springel, MD
Cooper University Hospital
Camden, NJ

Katarina Supe-Markovina, MD
Stony Brook Children’s Hospital
Stony Brook, NY

Pamela Winterberg, MD
Emory University
Atlanta, GA
CONGRESS AND PRESIDENT MOVE FORWARD POST-ELECTION
By now we all know the outcome of the 2012 election – and actually not much has changed. President Obama and his administration remain at 1600 Pennsylvania Ave, the Democrats continue to have control of the Senate, and Republicans will keep the top posts in the House. However, with narrower margins in the House for Republicans and greater margins in the Senate for the Democrats, there are still questions about which party has a greater mandate from the American people to move their agenda forward.

Before we even get to the 113th Congress, which convenes January 3, 2013, the issue of the “fiscal cliff” must be addressed. The fiscal cliff is the combination of the expiring “Bush tax cuts” at the end of 2012 and the across-the-board cuts to spending called “sequestration” that are schedule to go into effect January 2, 2013. At the time this issue went to print, positive messages were being sent from both President Obama and House Speaker Boehner, who are negotiating a solution to the fiscal cliff. One cannot predict what will happen, but thanks to the John E. Lewy Foundation for Children’s Health Advocacy Scholars with support from the ASPN Public Policy Committee, ASPN has a “Fiscal Cliff Toolkit” posted on the website. We urge you to visit it here http://www.aspneph.com/Committees/Public%20Policy/Advocacy%20Materials/AdvocacyMaterials.asp and make your voice heard in Washington!

The Medicare physician payment issue must also be fixed, or physicians are facing a 27% cut in payment rates on January 1, 2013. President Obama has proposed a two-year “fix” to this as part of the fiscal cliff negotiations while Republicans are floating a one year patch. A permanent “fix” to the SGR may be part of a larger fiscal package next Congress, in a scenario where Congress votes on a larger framework for fiscal stability, asking relevant Congressional Committees to explore entitlement and tax reform over the next few months to meet spending and savings targets.

AFFORDABLE CARE ACT IMPLEMENTATION REVS UP
By Johanna Gray, CRD Associates
Now that we know the fate of the Affordable Care Act (ACA, “Obamacare,” or “health reform” as you may know it) - the Supreme Court, US voters and even Speaker John Boehner have all agreed in recent weeks that the ACA is the law of the land. In order to meet the ACA’s deadlines, implementation will accelerate over the next year as states, the federal government, insurers, providers and consumers prepare for Exchange open enrollment to begin on October 1, 2013.

Just before the Thanksgiving holiday, HHS released several long-awaited proposed regulations implementing private insurance market reforms relating to essential health benefits (EHB), actuarial value (AV), fair insurance premiums and employer wellness programs. Together these new policies will reform what health insurance plans cover and what they can charge enrollees for premiums starting in 2014.

To highlight one major new policy, the Essential Health Benefits consist of 10 broad categories of services that all new individual and small group plans will have to cover in 2014. The EHB proposed rule builds on a Bulletin released by HHS last December and directs states to select a benchmark plan among 10 already existing in the state, whose covered services will define the EHB for plans in the state. About half of the states have already selected a benchmark plan, and the remainder have until December 26th to select a plan. States that don’t actively pick a plan will end up with the default plan of the largest small group plan in the state.

There are major changes, however, between the proposed rule and last year’s Bulletin relating to prescription drug coverage. The Bulletin had proposed that health plans could include only one drug per category or class in their formularies. Patient advocacy groups and other stakeholders objected to this policy, arguing that such a restricted formulary would be insufficient for patients. The proposed rule changes this policy and requires that plans cover the greater of the number of drugs covered in each category or class by the benchmark plan or one category or class. The proposed rule further requires health plans to have a process by which patients can access clinically-appropriate drugs not on the formulary. Both represent more generous coverage for patients than what was in the Bulletin, though the new policy does not go as far as some advocates had hoped.

This is just one small example of how ACA implementation is progressing. Comments on the proposed EHB rule are due by December 26th, so there still an opportunity for advocates to influence the broader EHB policy. There are also opportunities to influence how EHB is defined on the state level. All health stakeholders – patient advocacy groups, providers, insurers, employers – must understand what is happening in their state and should be advocating to protect their interests. It’s not too late to get involved - but the window is closing.

ASPN MEET WITH CMS
ASPN President Dr. Joseph Flynn, along with Dr. Barbara Fivush and Dr. Douglas Silverstein and ASPN’s Washington Representative Katie Schubert met with Centers for Medicare and Medicaid Services (CMS) officials to discuss quality issues on December 5. The discussion was extremely fruitful, and CMS was responsive to ASPN suggestions in terms of CROWNWeb and the ESRD Quality Incentive Program (QIP). The group presented CMS with a compilation of issues surrounding pediatric inclusion in CROWNWeb, to which CMS asked for specific solutions or entries in the system that would be appropriate for pediatrics. If you have suggestions for what might work better for you, please email Katie Schubert at kschubert@dc-crd.com so that she can include it in the document the ASPN Public Policy Committee is developing for CROWNWeb programmers. Please be as specific as possible.

RSVP FOR ASPN’S 2013 CAPITOL HILL DAY!
ASPN is taking advantage of having its annual meeting in our nation’s capitol! On the afternoon of Tuesday, May 7th, ASPN will hold a Capitol Hill Day, giving its members the opportunity to meet with Members of Congress and staff to talk about the issues that are important to the Society. If you would like to participate, please RSVP to ASPN’s Washington Representative Katie Schubert at kschubert@dc-crd.com, with your home address and work address. Katie will set up meetings for you and ASPN will hold a training session prior to these visits. It will be a great day!

Katherine Schubert
ASPN Washington Representative
Meeting Announcements

The Miami Pediatric Nephrology Seminar
March 15-17, 2013
More Information

SAVE THE DATES!
May 4 - May 7, 2013
Washington, DC
More Information

The Sixteenth Congress of the
International Pediatric Nephrology Association
August 30 – September 3, 2013 • Shanghai, China
www.ipna2013.org
More Information

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