Dear Colleagues,

I hope you all had a wonderful Thanksgiving and were able to celebrate with family and friends. I also wish you a very happy, safe and joyous holiday season. For those of you covering service during the holidays, thank you and please know that I am sure our patients appreciate the effort.

Over the past few months the ASPN executive council and other members of our community have been integral in stepping in to perform my duties during my time away. I want to wish them a heartfelt thank you and apologize to any of our members that were trying to contact me during this unanticipated medical leave. I also wanted to thank you all for the amazing community support that I have received. I look forward to seeing you all at the PAS meeting in Baltimore.

I would like to remind you all that the Leadership Development Program Application site is open (www.aspneph.org/leadership-development-program/). In the spirit of the season, I would like to encourage our membership to consider donating to the American Society of Pediatric Nephrology Foundation. This is a very important component of our organization and allows us to support our mission.

Happy Holidays!

Pat
Patrick_Brophy@urmc.rochester.edu
News and Announcements

Member of the Month (December 2018)

Congratulations to our Members of the Month for their service to ASPN. Send nominations for those who have gone above and beyond to Michelle Rheault (rheau002@umn.edu):

Dr. Scott Wenderfer
Baylor College of Medicine, Texas Children’s Hospital
Co-Chair of the Research Committee

Please send us (info@aspneph.org) photos of pediatric nephrologists receiving awards or giving important lectures so we can share them in KidneyNotes.

ASPN Corporate Liaison Board

Alexion
Amgen
Horizon Pharma
Fresenius Medical Care
Baxter
Mallinckrodt Pharmaceuticals
Medtronic
ASPNF News

American Society of Pediatric Nephrology FOUNDATION

ASPN Foundation End of Year Giving

You may have completed your end of year giving, but if you did not get a chance to do so, the American Society of Pediatric Nephrology Foundation asks that you consider supporting the Foundation and its work to enhance the education, research, and advocacy programs of our society. Contributions may be made through the ASPN website, https://www.aspneph.org/aspn-foundation/donate/.

The ASPN Foundation provides travel grants to fellows both to national and international meetings, supports the American Society of Pediatric Nephrology Leadership Development Program and the affiliate program.

We wish you a happy holiday season as well as a peaceful and joyful 2019.

Congratulations to Bill Primack, the 2018 Raffle Winner!

Bill won complimentary registration to the 2019 PAS/ASPN Meeting.

Watch for the announcement of the 2019 Raffle next Spring.

Support the ASPN Foundation while you shop!

We have recently joined Amazon Smile, which will donate 0.5% of what you spend on Amazon.com to the ASPN Foundation. This is a very easy way to support the ASPN while just going about your daily life.

AmazonSmile: You shop. Amazon gives.
**Committee Updates**

**Clinical Affairs Committee**

*Choosing Wisely - Five Things Physicians and Patients Should Question*

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**Research Committee Update**

One focus of the research committee has been development of, as well as connections between, potential researchers, research consortia and industry to help foster much needed research in pediatric nephrology.

One important part of this effort is to connect those interested in research with research opportunities. We want to highlight a few such resources you may not be aware of:

**Pediatric Nephrology Research Consortia:** We have compiled and would like to maintain an up-to-date list of pediatric nephrology research consortia which includes approximate numbers of member sites, numbers of past and current studies, as well as coordinator contact information. The list is located on our ASPN Research Committee website ([https://www.aspneph.org/committees/research-committee/](https://www.aspneph.org/committees/research-committee/)). If you would like your research consortium listed please contact one of the research committee co-chairs.

**Collaborative Research Workshop:** Back by popular demand, on Tuesday April 30th, 2019 at the next PAS meeting in Baltimore, this workshop will focus on multi-center collaborative research in pediatric nephrology. This session includes pairs of speakers from four major multi-center studies / consortia in our field (1. Chronic Kidney Disease in Children [CKiD] Study, 2. Midwest Pediatric Nephrology Consortium [MWPNC], 3. Nephrotic Syndrome Study Network [NEPTUNE], and 4. The Neonatal Kidney Collaborative). It will explore opportunities that are available for research in these studies. Furthermore, the speakers will include junior faculty that have successfully utilized these consortia to perform ancillary studies and/or research projects. The focus will be on available opportunities and lessons learned from study design/ancillary study design to completion.

**Longitudinal Research Mentoring Program:** With a goal to promote success we have a mentorship program to pair junior investigators with senior mentors to help them achieve their research goals. If you are interested, please contact the ASPN Research Committee leadership - Scott Wenderfer (sewender@texaschildrens.org), Tammy Brady (tbrady8@jhmi.edu), and Brad Dixon (bradley.dixon@childrenscolorado.org) - with the following information:

1) Contact Information
2) Research Interest
3) Preference for Grant Management Workshop vs. Longitudinal Mentoring Program
4) Timing/type of Upcoming grant applications

Submitted by Rebecca Hjorten on behalf of the ASPN Research Committee

**Research Committee Meeting Attendees in San Diego**
Training Program Directors Committee Update

Pediatric Nephrology Match Results/Fellow Numbers (from Dec 2018 Match)
This month’s ASPN TPD column focuses on the recent Match results for the class to begin in July 2019. We will present the status of our present Fellow enrollment, based on the best source we have, the ASPN Fellowship PD survey completed every Fall, in a later column. This year’s Match numbers offer some disappointing results for our subspecialty compared to previous years.

Our US NRMP Match numbers were down substantially this year with only 27 matched applicants (all 27 who applied) down from the 36 matched candidates of the 2017 Match. The total number of Fellows who start in July 2019 will likely be higher (due to ‘late-deciders’). We can be sure that PDs will continue to try to sign up more qualified Fellows to start in July 2018, with 38 unfilled positions out there.

Finally, we continue to be among the lowest performers among the pediatric subspecialties over time – this year we have the lowest (42%) percentage of filled positions of any Fall pediatric subspecialty.

Pediatric Nephrology Match Report [Dec 2018] for Class Starting 2019
• 43 programs Pediatric Nephrology Fellowship programs participated [2 programs did not participate due to lack of available funded positions].
• Only 10 of 43 programs filled all positions (23.3%).
• There were 27 matched applicants (from a pool of 27 applicants) for 65 available positions. In 2017 the total was 33, the all-time low was 21 in 2014.
• 41.5% of the available 65 positions were filled. This is an all-time high in number of available spots (there were 58 in 2017, 59 in 2016 and 62 in 2015)
• Of the 27 matched applicants, 20 (74%) were US grads and 7 (26%) were IMGs.
• Over time, Pediatric Nephrology continues to lag behind many of the other Fall Pediatric Specialty disciplines – this year we are the lowest in the percentage of positions filled through the Match (only 42% of positions filled).

We will be highlighting our Fellow numbers and implications for the workforce in the next Kidney News. More to come as we explore better methods to promote more students and trainees to enter our Pediatric Nephrology field.

John D Mahan MD, Shamir Tuchman MD and Susan Halbach MD, MPH

<table>
<thead>
<tr>
<th>NRMP 2018 Match Results – Pediatric Medical Subspecialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs</td>
</tr>
<tr>
<td>Programs</td>
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<tr>
<td>Programs Filled (%)</td>
</tr>
<tr>
<td>Total Positions</td>
</tr>
<tr>
<td>Positions Filled (%)</td>
</tr>
<tr>
<td>Total Matched Applicants</td>
</tr>
<tr>
<td>Total Applicants /Positions (ratio)</td>
</tr>
<tr>
<td>US Grads (%)</td>
</tr>
<tr>
<td>IMG Grads (%)</td>
</tr>
</tbody>
</table>
### Committee Updates

Training Program Directors Committee Update, continued

## NRMP PEDIATRIC NEPHROLOGY MATCH RESULTS 2014-2018

<table>
<thead>
<tr>
<th>NRMP MATCH</th>
<th>2018 (for Class 2019)</th>
<th>2017 (%)</th>
<th>2016 (%)</th>
<th>2015 (%)</th>
<th>2014 (%)</th>
<th>2013 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matched Applicants</td>
<td>27</td>
<td>36</td>
<td>32</td>
<td>27</td>
<td>21</td>
<td>33</td>
</tr>
<tr>
<td>AMG</td>
<td>18 (67)</td>
<td>28 (78)</td>
<td>18 (56)</td>
<td>16 (59)</td>
<td>10 (48)</td>
<td>20 (61)</td>
</tr>
<tr>
<td>US Foreign</td>
<td>0</td>
<td>1 (3)</td>
<td>4 (13)</td>
<td>1 (4)</td>
<td>3 (14)</td>
<td>3 (9)</td>
</tr>
<tr>
<td>Osteopath</td>
<td>2 (7)</td>
<td>2 (6)</td>
<td>3 (9)</td>
<td>1 (4)</td>
<td>1 (5)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>IMG</td>
<td>7 (26)</td>
<td>5 (14)</td>
<td>7 (22)</td>
<td>9 (33)</td>
<td>7 (33)</td>
<td>10 (30)</td>
</tr>
<tr>
<td>Matched Applicants</td>
<td>27 (100)</td>
<td>36 (92)</td>
<td>32 (97)</td>
<td>27 (96)</td>
<td>21 (91)</td>
<td>33 (89)</td>
</tr>
<tr>
<td>Unmatched Applicants</td>
<td>0</td>
<td>3 (8)</td>
<td>1 (3)</td>
<td>1 (4)</td>
<td>2 (9)</td>
<td>4 (11)</td>
</tr>
<tr>
<td>Positions</td>
<td>65</td>
<td>58</td>
<td>59</td>
<td>62</td>
<td>58</td>
<td>61</td>
</tr>
<tr>
<td>Positions matched/ Total positions</td>
<td>27/65 (42%)</td>
<td>36/58 (62)</td>
<td>32/59 (54)</td>
<td>27/62 (44)</td>
<td>21/58 (36)</td>
<td>33/61 (54)</td>
</tr>
</tbody>
</table>

### Pediatric Nephrology Fellowship Match 2013-2018

![Graph showing matched applicants, positions, and positions matched/total positions from 2013 to 2018](image)
We are continuing the Nephrology Part II pathology and imaging webinar series, which allows members to have the opportunity to claim MOC 20 Part II points. Please note, claiming credit for the 2017 webinar series has closed and we will move forward with the 2018-2019 Academic Year webinar series. ASPN members will continue to have access to the content through the ASPN website.

If you are interested in claiming MOC 20 Part II credit in the upcoming 2018-2019 academic year series, you must complete 10 webinars and answer a total of 50 question/answers (5 per webinar) via REDCap. For this series, unlike the previous one, you will be required to remit payment of $50 (credit card or cash) to the Children’s Hospital of Philadelphia (to cover the cost of managing the MOC points). The REDCap link will be available on the webinars as well as the ASPN website in the Members Only version of the Member Education Committee page. Please address any questions to Rebecca Ruebner, and Ben Laskin, emails: rruebne1@jhmi.edu and LaskinB@email.chop.edu.

**ASPN Renal Pathology Webinar**

**Date:** Most Recent  
**Topic:** 16 year old with Proteinuria

The ASPN Member Education Committee invites all members to attend our monthly renal pathology interactive webinars/discussions. These will feature a new case each month with pathology presented by Dr. Patrick Walker of Nephropath and a content expert from the ASPN membership. The sessions will typically be the 1st Monday of each month at 3PM Eastern. Watch for an email from ASPN with call-in details.
Call for Transplant Interest Group (TIG)

- Do you take care of children who are pre or post kidney transplant?
- Do you wonder how to stay current on transplant related regulations, standard of care, new developments, etc when your transplant practice is not the major focus of your clinical work?
- Do you have an interest in connecting with others who feel similarly?

We are considering initiating a Transplant Interest Group (TIG) with the intent of providing a mechanism for like-minded pediatric nephrologists who care for children both pre and post transplant but who do not have the ability to attend the annual transplant meetings or be active members of the transplant societies to fill that need. We also encourage the participation of those of our members who are heavily involved in transplant as part of their practice.

To assess interest in this new initiative, I would appreciate if you could reach out to me at smbartosh@wisc.edu and copy info@aspneph.org.

More details to follow!!!

Sharon M. Bartosh, MD

ASPN Marketplace

ASPN Marketplace is the place to advertise employment opportunities in Pediatric Nephrology. To place an advertisement, go to https://www.asp neph.org/employment-ads/.

ASPN Leadership Development Program Call for Applications

The deadline for applications is January 15th. The first meeting of the new cohort will be April 26th in Baltimore, MD.

The ASPN Leadership Development Program (LDP) is a cohort-based, certificate program that fosters practical knowledge drawn from best recognized theoretical models and best practices of effective leadership that are relevant to medical and university organizations and activities. The ASPN LDP was created to address a professional development gap in medical leadership training and professional development in pediatric nephrology for early to mid-career pediatric nephrologists and other professionals in the field who aspire to or are already in leadership roles in clinical and academic medicine.

Click here for additional information and to apply.

ASPN/PAS Annual Meeting 2019

Financial Support for Residents and Fellows

Trainee Research Awards

Two prestigious trainee research awards will be presented during the 2019 Annual Meeting in Baltimore, MD (April 27-30). Medical students, residents, and pediatric nephrology fellows are eligible. One award recognizes the best abstract on patient-oriented research and one the best basic science abstract. The awards consist of cash awards, partially paid travel expenses, and complimentary meeting registrations. Candidates for the Trainee Research Award are solicited during the Call for Abstracts, deadline January 2, 2019. Details.

If you have any questions, contact the ASPN Office by email to info@asp neph.org.

CONGRATULATIONS TO BILL PRIMACK, THE 2018 RAFFLE WINNER!

Bill won complimentary registration to the 2019 PAS/ASPN Meeting. Watch for the announcement of the 2019 Raffle next Spring.

Resident Travel Grant Award

ASPN sponsors residents and selected other non-fellow trainees to attend the annual ASPN/PAS meeting. Details

SAVE THE DATE

ASPN 2019 Board Review Course
September 13-15
Nationwide Children’s Hospital
Columbus, OH

Join us in 2019

7th Annual ASPN Multidisciplinary Symposium
September 12-13, 2019
Las Vegas

International Pediatric Nephrology Conference
January 15, 2019
This meeting presents an opportunity to improve the lives of children, adolescents and emerging adults with Chronic Kidney Disease (CKD) and End Stage Kidney Disease (ESKD), by fostering interaction and collaboration among those who care for them.

Online registration available at www.renalfresearch.com
Announcements

Making Dialysis Safer For Patients Coalition

The Making Dialysis Safer for Patients Coalition is a partnership of organizations and individuals that have joined forces with the common goal of promoting the use of CDC’s core interventions and resources to prevent dialysis bloodstream infections. Launched in September 2016, the Coalition’s goals are to:

- Facilitate implementation and adoption of core interventions through promotion, dissemination, and use of audit tools, checklists, and other resources
- Increase awareness about the core interventions for dialysis bloodstream infection prevention through educational efforts
- Share experiences and findings through collaboration with other Coalition participants

We welcome Partners and Members to join. Partners include organizations, such as professional organizations, dialysis delivery organizations, patient groups, state and local health departments, certification organizations, and other organizations from the kidney care community. Partners join the Coalition by contacting DialysisCoalition@cdc.gov to request a partnership packet.

Members include individuals, such as staff from individual clinics, nephrologists and nephrology nurses, dialysis technicians, leaders in infection prevention and/or patient safety, dialysis educators, patients, caregivers, and others. The role of Members is to help spread the word about the effectiveness of the CDC Core Interventions and motivate staff to implement them in their facilities. If you are interested in joining the Coalition as a Member, please visit our Members page to sign up.

Learn more about the history of the Coalition in the CJASN feature article titled, “The Making Dialysis Safer for Patients Coalition: A New Partnership to Prevent Hemodialysis-Related Infections”

Looking for content experts

The member education committee is looking for help for their monthly webinars. During each webinar, there is a content expert who delivers a 10-15min powerpoint presentation on the topic with a few multiple choice questions. This webinar is for physician learners at all levels of experience from fellows to experienced full professor faculty so we are looking for innovative and updated information on the topics. These conferences are typically held on the first Monday of every month at 3PM EST. There is usually one practice session one week before the conference. Below are the next few topics for both pathology and radiology. If you are interested in being a content expert, please email me at Joann.Carlson@rutgers.edu.

Next Pathology webinars will cover HSP, transplant, and obesity related glomerulopathy.

Next Radiology webinars will cover ADPKD/tuberous sclerosis, nephrocalcinosis and renal tumors.

Upcoming Meeting Dates*

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Place</th>
<th>Meeting Dates</th>
<th>Abstract deadline</th>
<th>Online registration opens</th>
<th>Early bird registration ends</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPTA 2019</td>
<td>Vancouver, Canada</td>
<td>May 4-7</td>
<td>Extended - November 15, 2018, 23:59 EST</td>
<td>November 15, 2018</td>
<td>Feb 1, 2019</td>
</tr>
<tr>
<td>ATC 2019</td>
<td>Boston, Massachusetts</td>
<td>June 1-5</td>
<td>November 30, 2018, 11:59 PM PST</td>
<td>January 2019</td>
<td>Member rates if member dues for 2019 paid by May 24th, 2019</td>
</tr>
<tr>
<td>ASPN 2019</td>
<td>Baltimore, Maryland</td>
<td>April 27 - 30</td>
<td>January 2, 2019</td>
<td>November 15, 2018</td>
<td>March 14th, 2019 (PAS)</td>
</tr>
<tr>
<td>National Kidney Foundation (NKF)</td>
<td>Boston, Massachusetts</td>
<td>May 8th-10th</td>
<td>Late breaking abstract submission opens: January 11, 2019</td>
<td>February 22, 2019</td>
<td>March 11 2019</td>
</tr>
</tbody>
</table>

*Please verify dates on the individual meeting websites as they are subject to change.
ASPN Members Bring Pediatric Patient Voice to Capitol Hill
On Monday, December 3rd, ASPN Council member Meredith Atkinson brought two of her patients with their mothers to meet with the House of Representatives Ways and Means Committee staff to discuss the unique needs of pediatric nephrology patients. The patients and their moms were able to share their experiences of receiving both at home and in-center dialysis and in the case of one patient, her experience with transplant. Dr. Atkinson was able to share the provider perspective, particularly how it is unique from the work of adult nephrologists. The information shared is critical to ASPN’s continued work to protect patient access to appropriate services and ensure appropriate reimbursement for those services.

Home Dialysis Telehealth Benefit Available January 1st
In the CY 2019 Physician Fee Schedule final rule, the Centers for Medicare and Medicaid Services (CMS) finalized the policy implementing the telehealth benefit for home dialysis services. Authorized by the Balanced Budget Act of 2018, end-stage renal disease (ESRD) patients receiving home dialysis will now be able to receive their monthly assessments via telehealth on or after January 1st. However, the first 3 assessments when a patient initially receives home dialysis must be performed in person and at least 1 out of every 3 consecutive monthly assessments must also be in person after the initial 3 months.

CMS is developing additional guidance that will provide more details on the requirements to deliver these monthly assessments via telehealth. As soon as this becomes available, we will circulate it to the membership.

CMS Finalizes Medicare Policies for 2019
In November, CMS released the final Physician Fee Schedule (PFS) and ESRD Prospective Payment System and Quality Incentive Program (QIP) rules for 2019. The ESRD and QIP rules did not include significant changes to the program, but the PFS did include several policies of note for ASPN members.

This summer in the proposed PFS, CMS outlined the first significant policy changes to how evaluation and management (E/M) services would be paid and documented since implementation of the resource-based relative value scale. The agency proposed to create single payment rates for level 2-5 new and established patient services. To address the reduction in payment for the higher level services, the agency proposed to create primary care and specialty add-on codes as well as a new 30-minute prolonged service code that could be billed with the new single payment rates services.

CMS also proposed significant documentation changes for these services requiring only level 2 documentation using medical decision making or the current 1995/1997 guidelines or documentation by time for these services. The agency’s intent was to reduce physician burden. CMS received 13,000 comments on this proposal, and the physician community was united in opposition to the changes. ASPN submitted comments expressing concern about the negative impact these changes would have on the reimbursement for the services members deliver to ESRD patients.

The agency significantly revised its proposal in the final rule in response to pressure from stakeholders. On January 1, 2019 CMS is implementing the following documentation changes:
- Elimination of the requirement to document the medical necessity of providing a home visit rather than an office visit;
- Physicians will only be required to document the patient’s history to focus on the interval history since the previous visit;
- Elimination of the requirement to re-enter in the medical record information on the patient’s chief complaint and history if it has already been entered by ancillary staff or the beneficiary; and
- Elimination of the requirement for teaching physician to note information in medical records that was previously included by residents or other members of the medical team.

CMS has postponed making any changes to E/M payments until January 1, 2021 allowing for the policy to be refined in future rulemaking. The agency also intends to hold listening session on the topic next year.

In this final rule, CMS revised the policy to create single payment rates for level 2-4 new and established patient office visits. The separate level 5 service will be retained at the current value in order to account for the comprehensive care delivered to some patients. The specialty add-on code that can be billed with all new and established patient level 2-4 office visits was also redefined to include nephrology-related care. The 30-minute extended service add-on code may also be billed with all new and established patient level 2-4 office visits as long as the following time requirements are met: 38-89 minutes for new patient and 34-69 minutes for established patients.

CMS also revised the documentation expectations for all outpatient office visit services. For the single payment level 2-4 services, providers will only be required to document the service by time or meet the level 2 requirements of either the current guidelines or medical decision making. The agency also revised the documentation requirements for a level 5. Providers will have the choice of documenting the level 5 requirements in the current guidelines or medical decision making. They will also have the choice to document by time. If no changes are made in future rulemaking, this policy will be implemented on January 1, 2021.

The agency also finalized separate payment for certain communications technology-based services: the Virtual Check-in (G2012), Remote Evaluation of Pre-Recorded Patient Information (G2010), and Interprofessional Internet Consultations (99451-2, 00446-9). All of these services require patient consent because there is a co-pay for the services. CMS will be releasing guidance with details on the billing requirements for these services.

Participate in ASPN’s Capitol Hill Day!
On May 1, following the PAS meeting, ASPN will be holding a Capitol Hill Day. Members interested in advocacy will have the opportunity to meet with members of Congress to advance ASPN’s priority policy issues. The “asks” for the day have not been set yet, but may include advocating for increased funding for the National Institutes of Health and passage of the Living Donor Protection Act. Please contact Erika Miller, ASPN’s Washington Representative, at emiller@dc-crd.com with any questions. If you would like to participate, please indicate your interest by completing this form. More information will be sent to participants in advance of the event.
John E. Lewy Foundation (JELF) Scholars Update

JELF Curriculum – Recent additions:
The JELF program provides a two-year experience to promote leadership and advocacy skills development. JELF scholars learn about governmental and regulatory processes affecting children’s health care, and develop skills to advocate for children with kidney disease. Scholars participate in annual Hill Day events, work with the ASPN Public Policy Committee, and receive mentorship from advocacy leaders in the ASPN while pursuing local, individual projects.

A new Webinar series provides structured learning about the federal legislative process and the policy priorities and accomplishments of the ASPN, and also creates a forum for questions and discussion.

Scholars are also receiving formal education on the policy process through reading and discussing the book, Understanding Health Policy: A Clinical Approach.

Join us for ASPN Capitol Hill Day, Wednesday May 1, 2019!
As pediatric nephrologists, we have another opportunity to advocate for our patients this spring, immediately following the Pediatric Academic Societies / ASPN annual meetings. This year’s ASPN meeting (April 27-30, 2019) takes place in Baltimore, MD – please join us as we make the short trip to Capitol Hill on May 1 to speak with our legislators on behalf of our patients and their families!

As always, thank you! The JELF program is funded by the generosity of ASPN members, as well as scholars’ home institutions. We are so grateful for your support. Learn more about the JELF program by contacting David Hains at dhains@iu.edu or visiting https://www.aspneph.org/jelf-advocacy-scholars-program/

Kiri W. Bagley, MD MPH  
JELF Scholar 2018-2020  
UNC Pediatric Nephrology Fellow
OPTN/UNOS NEWS:
As I reported in the last Kidney Notes Transplant update, because of legal challenges to the use of DSA (donor service areas) and Regions as units of deceased donor organ allocation, HRSA has directed the UNOS/OPTN to completely eliminate the use of DSA or regions in allocation policy in order to be compliant with The Final Rule.

The Final Rule requires that organ allocation policies “shall not be based on the candidate’s place of residence or place of listing, except to the extent required” by other requirements of The Rule. Those “other requirements” are for allocation policies to include sound medical judgement, best use of organs, the ability for centers to decide whether to accept an organ offer, to avoid wasting organs and to promote efficiency.

At the December BOD meeting of UNOS/OPTN, three organ distribution frameworks were considered for adoption going forward. These 3 frameworks of distribution were 1) Fixed distance from the donor hospital, 2) Mathematically optimized boundaries and 3) Continuous distribution. After consideration of the fall public comment response, the UNOS/OPTN BOD approved the framework of Continuous distribution. All organ specific committees are moving forward with planning for new allocation policies (including pediatric recipients) in an effort to be compliant with The Final Rule.

To move forward with a kidney allocation policy that eliminates the use of DSA and Regions and works toward the Continuous Distribution framework, the UNOS/OPTN Kidney and Pancreas Transplantation Committees (with input from Pediatric Committee members), have been modeling schema to replace the current system for allocation of kidneys. The results of the modeling of alternatives to inform the proposal are available via the following links:

View analysis (PDF; 12/2018)
Access results (XLSX; 12/2018)

We are in the process of analyzing the modeling results with particular concern for how children and other vulnerable populations may be affected by a new kidney distribution policy that eliminates DSA and Regions as units of distribution. It is anticipated that the chosen model will go out for public comment beginning January 22 and ending March 22, 2019. Although we (pediatricians) have been participants in the process, the effect of these changes on access for children is uncertain and likely will continue as an unknown since modeling does not predict future changes in behavior/acceptance practices. In general, larger sharing areas for children are being proposed so in theory this may be to the overall benefit of the pediatric candidates.

Transition Guidance Document
Following a period of public comment, at their December meeting the UNOS/OPTN BOD approved a guidance document related to transplantation transition practices. The document can be found here: https://optn.transplant.hrsa.gov/media/2759/pediatric_guidance_201812.pdf

Pediatric Program Requirements
Due to the massive nature of this project, applications will not be required until sometime in 2019. It is anticipated that the 90 day application period will open in early Summer 2019. UNOS will automatically distribute a pediatric program application to all member transplant programs that have/had at least one pediatric patient on their waiting list in the last five years. Members declining to apply will need to complete an opt-out notice. All applications for pediatric transplant programs will be reviewed by the MPSC (Membership and Professional Standards Committee) of UNOS/OPTN. At this point, the likely timeline for decisions to be made will be Fall/Winter 2019/2020 with BOD approval anticipated at either the June 2020 or December 2020 BOD meeting. Will keep you updated as more regarding the timeline becomes available. The new policy can be found at https://optn.transplant.hrsa.gov/governance/public-comment/establish-pediatric-training-and-experience. UNOS will update this page with a toolkit for members as the project progresses. Members with questions may contact UNOS at (844) 395-4428 or member.questions@unos.org. A “clean” copy of the policy (without all the strike outs) can be found at: https://uwmadison.box.com/s/7l48ayokidbnuqway1x9az0w5v1bjo

New process for policy-related questions in place at UNOS/OPTN
It is common for pediatric transplant programs to have questions related to waiting time, listing, multiple listing, pediatric priority, etc. Examples of questions you might have: How are points assigned to kidney candidates? How much time waiting time can my patient accrue while “inactive” on the deceased donor kidney waiting list? UNOS/OPTN has a new streamlined process for responding to your questions about policy and policy-related resources and education. Questions can be directed to this toll-free number 844-395-4428 or sent to member.questions@unos.org.

The responsibility for responding to general member questions is moving from Regional Administrators to a new team of staff. Staff will be available to respond to your questions Monday-Friday, 9:00am to 5:00pm eastern. You can expect to receive a response the same day.


Respectfully submitted, Sharon M. Bartosh, MD, smbartosh@wisc.edu

Please see call for Transplant Interest Group on page 6.
In November 2017 the ASPN Leadership Development Program 4th Cohort had their first session, devoted to deconstructing their Leadership Practices Inventory which assesses leadership skills through multi-source feedback from supervisor, colleagues and co-workers. Led by Ron Hadley, an experienced organization development professional, each participant created a Leadership Development plan devoted to improving 1-2 of the Kouzes & Posner Leadership Skills over this last year.

During this year, these ASPN members furthered their leadership skills through reading Kouzes & Posner’s The Leadership Challenge, working on their own leadership skill development, enacting a leadership activity in their home institution, and attending three in-person all day sessions linked to ASN and PAS meetings.

A number of experienced ASPN leaders, including Bruder Stapleton, Aaron Friedman, Joseph Flynn, Vicky Norwood, Bill Smoyer and John Mahan contributed their insights and lessons learned as part of the curriculum developed by the ASPN LDP Steering Committee (Barb Fivush, Joseph Flynn, John Mahan, Vicky Norwood, and Craig Porter). The final session culminated with a presentation by each graduate of her/his own Leadership Project to the class.

As we prepare to convene the 5th Cohort at 2019 PAS in Baltimore (https://apps.aspneph.org/ldp-application/) we would also like to recognize our ASPN mentors (past graduates of the ASPN LDP) – David Hains, Kim Ready, Michelle Rheault, and Scott Wenderfer – who participate in mentoring calls with the participants and helped lend their perspective and advice. Most of all we want to recognize the terrific engagement and investment of the 4th Cohort class in this Program.

Please consider applying to participate in the 5th Cohort to start this Spring at PAS by clicking [here](https://apps.aspneph.org/ldp-application/).

Cohort 4 Graduates: Rose Ayoob (West Virginia University – Charleston), Bamgbola Oluwatoyin (SUNY – Downstate), Brian Becknell (Nationwide Children’s/The Ohio State University), Olivera Couloures (Yale), Rouba Garro (Children’s Healthcare of Atlanta - Emory), Roshan George (Children’s Healthcare of Atlanta - Emory), Julie Goodwin (Yale), Haddad Maha (UC-Davis), Erum Hartung (Children’s Hospital of Philadelphia - University of Pennsylvania), Chryso Katsoufis (University of Miami), Kristen Kusumi (Akron’s Children’s – NEOMED), Debora Matossian (Lurie Children’s – Northwestern), Mini Michael (Texas Children’s - Baylor COM), and Kartik Pillutla (Dell Children’s - University of Texas)

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### American Society of Pediatric Nephrology (ASPN) Schedule at a Glance

<table>
<thead>
<tr>
<th>Saturday, April 27</th>
<th>Sunday, April 28</th>
<th>Monday, April 29</th>
<th>Tuesday, April 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 am–8:00 am</td>
<td>7:00 am–8:00 am</td>
<td>7:00 am–7:45 am</td>
<td>7:30 am–9:30 am</td>
</tr>
<tr>
<td>Resident &amp; Student Mentorship Breakfast with Pediatric Nephrology Fellows &amp; Faculty</td>
<td>Pediatric Nephrology in a Small Group Setting Breakfast</td>
<td>Meet the Professor Breakfast</td>
<td>Scholarly Session: Kid Rocks! (Pediatric Nephrolithiasis)</td>
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<tr>
<td>8:00 am–10:00 am</td>
<td>8:00 am–10:00 am</td>
<td>8:00 am–10:00 am</td>
<td>9:45 am–11:45 am</td>
</tr>
<tr>
<td>ASPN Symposium Honoring Russell Chesney: The Complex Conundrum of Calcium &amp; the Kidney</td>
<td>IPHA Scholarly Session: Neonatal Hypertension: Before, During and After the NICU</td>
<td>Hypertension Speed Dating</td>
<td>Workshop: Participation in Collaborative Research</td>
</tr>
<tr>
<td>10:00 am–10:30 am</td>
<td>10:00 am–10:30 am</td>
<td>10:30 am–12:30 pm</td>
<td>12:15 pm–2:15 pm</td>
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<tr>
<td>10:30 am–12:00 pm</td>
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<td>10:30 am–12:30 pm</td>
<td>12:00 pm–1:00 pm</td>
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<tr>
<td>PAS Opening General Session (Includes presentation of the Joseph St. Geme Leadership Award)</td>
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<tr>
<td>12:00 pm–1:00 pm</td>
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<td>1:00 pm–3:00 pm</td>
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</tr>
<tr>
<td>ASPN Awards Luncheon</td>
<td>ASPN Awards Luncheon</td>
<td>Scholarly Session: Promoting Clinical Trials in Pediatric Nephrology: Context and Next Steps</td>
<td>ASPN CPC Fellow’s Luncheon: Battle of the Brains</td>
</tr>
<tr>
<td>1:15 pm–2:30 pm</td>
<td>1:15 pm–2:30 pm</td>
<td>3:30 pm–5:30 pm</td>
<td>1:00 pm–3:00 pm</td>
</tr>
<tr>
<td>Nephrology Poster Session I</td>
<td>Nephrology Poster Session I</td>
<td>ASPN Presidential Address &amp; Business Meeting</td>
<td>Original Science Abstracts Nephrology II: Basic Science</td>
</tr>
<tr>
<td>2:45 pm–4:15 pm</td>
<td>2:45 pm–4:15 pm</td>
<td>5:45 pm–7:30 pm</td>
<td>3:30 pm–5:30 pm</td>
</tr>
<tr>
<td>Scholarly Session: Podocytes: Not Putting Their Best Foot Forward</td>
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<td>Nephrology Poster Session II</td>
<td>Scholarly Session: The Evolving Management of Neonatal ESRD</td>
</tr>
<tr>
<td>4:30 pm–6:00 pm</td>
<td>4:30 pm–6:00 pm</td>
<td>6:00 pm–7:00 pm</td>
<td>5:45 pm–7:30 pm</td>
</tr>
<tr>
<td>Original Science Abstract Nephrology I: Clinical Science</td>
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<td>IPHA General Business Meeting</td>
<td>Nephrology Poster Session III</td>
</tr>
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<td>6:30 pm–8:00 pm</td>
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</tr>
<tr>
<td>ASPN Member Reception</td>
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<td>ASPN Fellows Job Search and Speed Mentoring Event</td>
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</tr>
</tbody>
</table>

This will be the second year that attendees may earn both MOC and CME credits.

American Board of Pediatrics MOC Part 2 Credits will be available to diplomats registered for the meeting—additional information will be available through the PAS online program guide.
We are happy to invite you to our 46th Pediatric Nephrology Seminar which will take place at the Miami Beach Resort in beautiful Miami Beach from March 8-10, 2019. The Seminar will have another exciting scientific program covering a wide range of topics, including Genetic/Developmental and Rare Disorders of the Kidney, New Frontiers in Pediatric Nephrology, Practical Nephrology for the Clinician, Recent Advances in Glomerular Disorders, CKD and Hypertension, Bone Disease, FGF23 and the Kidney, Growth and Nutrition in CKD (Workshop), Progressive CKD, Dialysis and Transplant Challenges. In addition, at the end of the Seminar we will offer a workshop for Pediatric Critical Care Nephrology with live CRRT procedures conducted at Holtz Children’s Hospital for selected participants. We hope you will enjoy attending this unique, international, interactive scientific meeting. For details regarding the full program, speakers, registration, grant applications for fellows and pediatric residents and hotel reservations contact our Web page at http://pediatrics.med.miami.edu/nephrology/seminar.

SAVE THE DATE
46th Miami Pediatric Nephrology Seminar
MARCH 8 - 10, 2019

JOIN US IN 2019
7th Annual ASPN Multidisciplinary Symposium

Las Vegas
September 12-13, 2019
Watch for details at aspneph.org
Meeting & Lecture Announcements

ICCBH
9th International Conference on Children’s Bone Health
22-25 June 2019
Salzburg, Austria
www.iccbh.org

18th Congress of the International Pediatric Nephrology Association
Venice (Italy), October 17-21, 2019
program@ipna2019.org
www.ipna2019.org

ISN World Congress of Nephrology
April 12-15, 2019
Melbourne (VIC), Australia
www.isnwcn2019.org
When you become a member, you will have access to a special section on our website giving you access to useful and valuable resources and tools:

- Employment Center
- Practice Management resources
- Legislation, Regulation and Compliance information
- Patient Care resources and education

To join, visit www.renalmd.org.

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MARCH 8–10 2019
MIAMI BEACH RESORT
MIAMI BEACH, FLORIDA
http://pediatrics.med.miami.edu/nephrology/seminar

American Society of Pediatric Nephrology

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