

## President's Corner



Dear Colleagues,

As we all continue to face extraordinary times in the setting of the COVID pandemic, I wanted to update you all on some key activities that have been ongoing within ASPN. Leveraging the newfound expertise most of us now possess to get the most out of any electronic meeting platform, our committees have continued to do stellar work, with no interruptions whatsoever in many key projects. I do want to remind everyone that, as always, all ASPN members are free to reach out to any committee chair to ask to join the fun, and a full listing of the committees, chairs, and committee members can be accessed on the website.

Our newly formed Equity, Diversity and Inclusion Committee has begun their important work, with Nicole Hayde and Keia Sanderson leading these efforts and planning the goals and projects for the coming year. In partnership with the Public Policy Committee, comments on disparities and clinical algorithms were submitted on behalf of ASPN to the US House Ways and Means Committee RFI on this topic. The Public Policy Committee has continued a great deal of advocacy work related to physician payment and ESRD policy, and their second virtual Capitol Hill Day will take place later this month.

The Workforce Committee has continued the momentum generated at the Workforce Summit, and there are four task forces looking at factors that impact the workforce and formulating potential approaches to optimize recruitment, training and education, compensation, and retention. Reports from these task groups will be forthcoming over the next year and shared broadly with the membership.

Recognizing the added financial hardships that many trainees are facing during the pandemic, the ASPN Foundation launched an initiative to provide fellows with career enrichment grants that fall under the umbrella of education, quality improvement, or research. The Foundation's work traditionally allows ASPN to grant many travel stipends to trainees for professional meetings, but with physical travel to activities effectively curtailed, this new program allows for ongoing support of educational and professional activities for these important members of our community.

Since late autumn is upon us, it is time for professional society membership renewal! In the next few weeks, you will be getting your ASPN renewal notice electronically. When you do access the renewal site, you will see that there are also several questions that allow our Membership, Clinical Affairs, Workforce, and Equity, Diversity and Inclusion Committees to gather information about the membership that cannot be otherwise obtained or accessed readily. Please contact Connie if you have any questions about membership or membership renewal.

I continue to hope that everyone remains well and safe, and in the spirit of the fast-approaching holiday season, I wish you all good cheer!

Michael JG Somers, MD  
President, ASPN  
[michael.somers@childrens.harvard.edu](mailto:michael.somers@childrens.harvard.edu)

## ASPEN Corporate Liaison Board

The logo for Alexion, featuring the word "ALEXION" in a blue, sans-serif font with a stylized red and blue graphic element above the letter "X".The logo for Alnylam Pharmaceuticals, featuring a stylized blue and red graphic element followed by the text "Alnylam" in a blue, sans-serif font and "PHARMACEUTICALS" in a smaller, blue, sans-serif font below it. Below the text is the tagline "CHALLENGE ACCEPTED" in a blue, sans-serif font.The logo for Amgen, featuring the word "AMGEN" in a bold, blue, sans-serif font.The logo for Baxter, featuring the word "Baxter" in a bold, blue, sans-serif font.The logo for CareDx, featuring a stylized red and white graphic element followed by the text "CareDx" in a blue, sans-serif font and "Your Partner in Transplant Care" in a smaller, blue, sans-serif font below it.The logo for Fresenius Medical Care, featuring a stylized blue and white graphic element followed by the text "Fresenius Medical Care" in a blue, sans-serif font.The logo for Horizon, featuring a stylized graphic element of three vertical bars in blue, orange, and red, followed by the word "HORIZON" in a blue, sans-serif font.The logo for Leadiant Biosciences, featuring a stylized blue and white graphic element followed by the text "Leadiant" in a blue, sans-serif font and "Biosciences" in a smaller, blue, sans-serif font below it.The logo for Medtronic, featuring the word "Medtronic" in a bold, blue, sans-serif font.The logo for Recordati Rare Diseases Group, featuring a stylized red and white graphic element followed by the text "RECORDATI RARE DISEASES" in a blue, sans-serif font and "GROUP" in a smaller, blue, sans-serif font below it. Below the text is the tagline "Focused on the Few" in a blue, sans-serif font.The logo for ultragenyx pharmaceutical, featuring the word "ultragenyx" in a blue, sans-serif font and "pharmaceutical" in a smaller, blue, sans-serif font below it.

Please send us ([info@asneph.org](mailto:info@asneph.org)) announcements and photos of pediatric nephrologists receiving awards, giving important lectures and news of other accomplishments so we can share them in *KidneyNotes*.



## From the Editor's Desk

In two more months- November and December, this tumultuous year will come to an end. Yet, looking back, we can find silver linings, and light even in the midst of the shadows. Let's focus on those positive moments and give thanks for the goodness around us- especially for the blessing of family and friends. Practicing gratitude makes each day more joyful. Just as 'adulting' has entered our vocabularies, one day, 'gratituding' (totally made up word, but seems apt) - the act of practicing and demonstrating gratitude, will hopefully, become commonplace!

In their very timely and important 'perspectives' piece titled "Bouncing Back: Understanding Burnout and Promoting Wellness and Resilience in Pediatric Nephrologists", Dr. Susan Halbach and Dr. John Mahan discuss burnout and resilience. They thoughtfully highlight practical ways to combat burnout on a personal and systems level. After reading this, if you have ideas on fending off burnout personally or on a larger scale, please share with me. I would love to feature those in the coming issues as well.

As always, please send in your thoughts and ideas for this section, or your own "perspectives" piece.

Wishing you, and your loved ones a Joyous and Peaceful Holiday Season!

Take care all,  
Roshan

Roshan George, MD  
[roshan.punnoose.george@emory.edu](mailto:roshan.punnoose.george@emory.edu)



**Roshan George, MD**  
*Editor, KIDneyNotes*



*“These are the duties of a physician: First...to heal his mind and to give help to himself before giving it to anyone else.” Epitaph of an Athenian doctor, 2 AD*

**Bouncing Back: Understanding Burnout and Promoting Wellness and Resilience in Pediatric Nephrologists.**  
Susan Halbach MD MPH, John D Mahan, MD

**Susan Halbach, MD, MPH**  
Assistant Professor of Pediatrics,  
University of Washington  
Assistant Program Director,  
Pediatric Nephrology Fellowship



**John D Mahan, MD**  
Professor of Pediatrics  
Program Director, Pediatric  
Nephrology Fellowship  
Nationwide Children’s Hospital  
The Ohio State University College  
of Medicine

All of us are well-aware of the issue of physician burnout. Many of us have experienced it ourselves, or we have recognized it in our colleagues or trainees. Indeed, burnout among physicians occurs at almost double the rate of that in the general population. As knowledge around physician burnout has grown, the focus has appropriately shifted to the concept of promoting and maintaining physician wellness and resilience. A healthy physician workforce is good not only for physicians and others operating in our complex healthcare systems, but it is essential for safe, high-quality patient care (Table 1). (1)

Table 1. Consequences of Burnout for Patients and Physicians

**Consequences of Burnout for Patients and Physicians**

**Professional (Patient) Costs**

Increased medical errors  
Communication problems  
Decreased quality of care  
Patient dissatisfaction

**Personal (Physician Costs = Increased rates of.....)**

More job dissatisfaction  
Decreased job tenure  
Relationship problems  
Poor coping  
Increased depression, substance abuse, suicide

**What Do We Know About Burnout, Resilience and Wellness?**

Most medical disciplines report burnout rates of 50 - 60%, or more, and there is no reason to think that pediatric nephrology is any different. The only data we have in pediatric nephrology is a recent pilot study conducted by members of the ASPN Training Program Directors and Workforce Committees at the height of the COVID-19 pandemic. (2) This survey identified much lower burnout rates than expected – 16% in faculty (N=86) and 13% in fellows (N=30). This small study occurred during such an unusual time and, although it might be assumed that this period would be more stressful, the lower rates of burnout mirror decreased rates seen in pediatric residents during the same period – suggesting the rallying nature of the crisis in promoting more engagement and work satisfaction, and underscoring the importance for clinicians of meaning and accomplishment in work as the antidote to burnout.

Burnout has been defined as a “state of mental and physical exhaustion related to work or care-giving activities.” The Maslach Burnout Inventory utilizes three domains in describing and characterizing burnout: high levels of emotional exhaustion and depersonalization (i.e., cynicism); and low sense of personal accomplishment. Burnout is more prevalent in female physicians across subspecialties, and they typically report less happiness at work than male physicians. (Medscape Physician Survey 2019)

# Perspectives

There are three main levels at which to examine the causes of burnout: systems level (e.g., bureaucratic overload, electronic health record, etc.); divisional/local level (e.g., negative culture in clinical area, difficult patients, etc.); and individual level (e.g., family stressors, lack of self-compassion and self-care, etc.) (Figure 1).

## Influencers of Burnout/Resilience



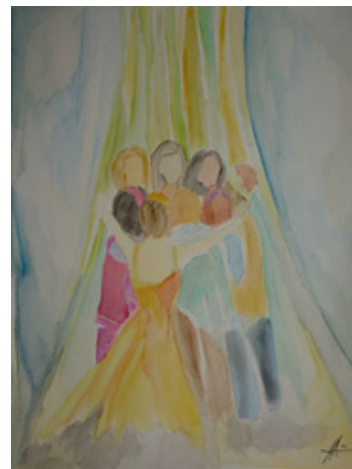
More complex models have been used to frame potential wellness interventions, like that developed by the National Academy of Medicine (<https://nam.edu/initiatives/clinician-resilience-and-well-being/>) in its NAM Action Collaborative on Clinician Well-Being and Resilience.

**Resilience** = ability of individual to respond to stress in a healthy, adaptive way so that personal goals are achieved at reasonable psychological and physical costs; given the nature of medicine to care for vulnerable individuals and cope with illness and undesired outcomes, resilience allows physicians to withstand and “bounce back” from these challenges.



**Physician wellness** was recently defined by Brady and colleagues in a systematic review as

*“.....quality of life, which includes the absence of ill-being and the presence of positive physical, mental, social, and integrated well-being, experienced in connection with activities and environments that allow physicians to develop their full potentials across personal and work-life domains.” (3)*



In Short: **Physician Wellness = Meaning** (importance of daily work) **and Joy in Work** (feeling of success fulfillment from meaningful work). (1)

# Perspectives

## Call to Action

As physician-educators, we endorse a multifaceted approach to promote wellness, including:

- (1) attending to self-awareness, self-care, optimism, gratitude, mind-body skills and
- (2) pursuing systems and local changes that mitigate burdens and enhance support and community for physicians.

As individuals, pediatric nephrologists have the responsibility to attend to their personal growth and development, efforts which are ultimately under our personal control. Mindfulness and meditation have been shown to enhance resilience in physicians. Purposeful efforts to pursue gratitude, such as keeping a gratitude journal, are associated with wellness. Positive thinking is another life practice that fosters resilience; it describes the ability to experience both negative and positive emotions in difficult situations and capacity to find redeeming value in challenges through attention and positive framing. These skills can be learned and enhanced through deliberate practice. Additionally, adequate sleep, exercise and a healthy diet are basic, but often neglected measures.

While interventions at the individual level are important, it must be emphasized that local and systemic change must accompany and endorse these measures. Institutions have the responsibility to optimize work environments to promote physician resilience and well-being, including facilitating culture change. On a local level, we need leaders to develop collaborative and effective teams to better support physicians and other staff. Modeling positive interactions and respect and providing tangible rewards and recognition can lead to a cohesive, supportive local environment that fosters resilience.

In summary, cultivating resilience and well-being in pediatric nephrology through system/local micro-environment changes and promoting self-care is *the prescription* to move our pediatric nephrology practitioners and trainees beyond burnout. These actions will require a concerted and integrated effort between systems, leadership and individual physicians to create and enforce a culture which develops and values resilience.

- Leadership and physicians in pediatric nephrology should work together to prioritize balancing excessive workload and improving clinical efficiency in the discipline.
- Promoting physician autonomy by valuing input and facilitating engagement are essential in establishing and maintaining meaning in our work. This meaning compelled most of us in pediatric nephrology to become physicians and can continue to define our work as not just a job, but a calling!
- The paradigm shift for our profession will be to let go of long-held professional norms that implicitly expect the 'best' physicians to simply work on, work harder, and endure.

Resiliency can ensure that pediatric nephrologists flourish while staying connected with their own missions, values and priorities at work and in life. In pediatric nephrology, enhanced physician well-being and better health for our patients and society will depend on these efforts.

1. Sikka R, Morath JM, Leape L. The Quadruple Aim: care, health, cost and meaning in work. *BMJ Quality Safety* 2015;24:608–610.
2. Halbach S. ASN Annual Meeting 2020.
3. Brady KJS, Trockel MT, Khan CT, Raj KS, Murphy ML, Bohman B, Frank E, Louie AK, Roberts LW. What Do We Mean by Physician Wellness? A Systematic Review of Its Definition and Measurement. *Acad Psychiatry* 2018;42:94–108.

# Committee Updates

## Membership Committee Update

### Welcome New Members!

Joseph Alge, MD, PhD  
Sonal Avasare, MD  
Malek Al Barbandi, MD  
Carla Apeña Cabrera, MD  
Vanessa Masson, MDCM  
Xenia Morgan, MSN  
David Myers, MD  
Houda Nassih, MD  
James Nugent, MD, MPH  
Nichole Palmisano, MSN  
Charushree Prasad, MD, FRCPC  
Rabia Safdar, FCPS  
Yulia Vaisbourd, MD



## Public Policy Committee Update

### Update on Fourth COVID-19 Legislative Package

Congress has passed four comprehensive bills since March to address the economic impact of COVID-19, as well as to provide assistance to providers and to improve patient access to testing and treatment. Since then, the House, Senate, and the White House have been unable to agree on an additional relief package despite agreeing additional relief is needed.

The Senate has not moved on further legislation since the House passed the \$3 trillion plus HEROES Act in May. On July 27, Senate Republicans introduced several pieces of legislation that comprise the Health, Economic Assistance, Liability Protection, and Schools (HEALS) Act.

The HEALS Act legislative proposal from the Senate Finance Committee included provisions to ensure that Medicare telehealth options do not expire before Congress can determine what provisions should be made permanent. It extended the telehealth waivers through the end of the public health emergency (PHE) or December 31, 2021, whichever is later. The bill directs MedPAC to provide a report evaluating the telehealth expansions related to the PHE and addressing which flexibilities should be continued post-PHE. The bill also requires the Department of Health and Human Services (HHS) to provide data on the use of telehealth in Medicare Parts A, B, and C and to study the impact of telehealth on access to care during the PHE. We believe that whatever legislative package next addresses telehealth policy will take an approach similar to what was included in the HEALS Act.

However, after the Senate failed to pass the HEALS Act, negotiations have occurred in fits and starts between Speaker Nancy Pelosi (D-CA), Majority Leader Mitch McConnell (R-KY), and the White House, with unresolved issues on how to address unemployment insurance, eviction moratoriums, state and local aid, school reopening, and other issues. The House passed a scaled-down, \$2.2 trillion version of the HEROES Act on October 2, which was supposed to help jumpstart negotiations with Senate Republicans and the White House. The Senate is planning to vote the week of October 19 on another targeted relief bill focused on the Paycheck Protection Program (PPP). At press time, it is unlikely that we will see a comprehensive stimulus bill before the November 3 election, despite what appears to be a renewed interest by all parties to reach an agreement.

### Update on Fiscal Year 2021 Appropriations

Congress passed a continuing resolution (CR) on September 30 to keep the government open when the new fiscal year (FY) began on October 1. The House has passed 10 of its 12 appropriations bills, but the Senate has not introduced a single bill, necessitating the passage of a CR to fund government agencies at the FY 2020 level.

On September 21, House Appropriations Committee Chair Nita Lowey (D-NY) introduced the short-term continuing resolution (CR) to extend Fiscal Year (FY) 2020 funding beyond the September 30 fiscal deadline until December 11. The House passed a revised version of the CR on September 22, and the Senate passed the bill and the President will sign it into law on September 30.

Before the December 11 deadline, Congress will either need to finalize its FY 2021 funding bills or pass another CR. Whichever option they pursue, this package will be the last opportunity for this Congress to address other legislative priorities and we anticipate that other health care priorities, potentially even the immunosuppressive drug coverage bill and some telehealth provisions could be included.

# Committee Updates

## **Implications of Supreme Court Vacancy on the Affordable Care Act**

Supreme Court Justice Ruth Bader Ginsburg's death on September 19 has injected new uncertainty into the fate of the Affordable Care Act (ACA). The administration and several states are arguing that the entire law is unconstitutional, with oral arguments scheduled to begin on November 10. A decision on the case is expected in the first half of 2021.

Justice Ginsburg was a deciding vote when the court considered the ACA in 2012 and was one of five justices, including Chief Justice John Roberts, who has remained on the court since then. Without her, it may be difficult for supporters of the law to pick up a fifth vote from one of the other Republican-appointed justices. Past votes and opinions would suggest that Justices Brett Kavanaugh and Samuel Alito would be unlikely to throw out the entire ACA, although Justice Alito voted to invalidate the law in 2012. If the court chooses to accept the Trump administration's argument and declare the law unconstitutional, nearly 20 million Americans could immediately lose health coverage and millions more would lose protections for preexisting health conditions. Depending on the outcome of this case, we anticipate the new Congress will have to address the ACA or a potential replacement next year.

## **ASPN Submits Comments to CMS on CY 2021 Physician Fee Schedule**

ASPN submitted comments to the Centers for Medicare and Medicaid Services (CMS) on the Calendar Year (CY) 2021 Medicare Physician Fee Schedule (MPFS). The comments expressed support for proposals that will improve access and reimbursement to services provided by ASPN members, including adding the revised evaluation and management (E/M) values to the end stage renal disease (ESRD) monthly capitation payment services, expansion of telehealth services, and increased flexibility for teaching physicians. We expect CMS to publish the final rule by December 1, which is a month behind schedule, with an effective date of January 1, 2021.

## **ASPN Submits Comments to CMS on CY 2021 ESRD PPS**

ASPN submitted comments to CMS on the proposed rules related to the ESRD prospective payment system (PPS) and Quality Incentive Program (QIP). The comments included recommendations for improving pediatric ESRD reimbursement, and supported the inclusion of calcimimetics in the ESRD PPS base rate and the add-on payment for innovative products. We continued to request that CMS include quality measures that are appropriate for the pediatric population in the QIP. We expect CMS to publish the final rule by November 1, with an effective date of January 1, 2021.

## **BETTER Kidney Care Act Introduced in Congress**

ASPN is pleased that the updated version of the Bringing Enhanced Treatments and Therapies to ESRD Recipients (BETTER) Kidney Care Act (H.R. 8254/S. 4574) included several of our long-standing policy asks. The BETTER Act authorizes a Medicare demonstration project that would test a dialysis-focused integrated care model. The legislation continues to be bipartisan, and in the Senate was introduced on September 15 by Sens. Young and Sinema, and in the House by Reps. Blumenauer, Smith, McMorris Rodgers, Butterfield, and Wenstrup.

ASPN submitted comments on a draft of the legislation earlier this year, and as a result of our advocacy, the version of the bill introduced does not include patients under 18 years of age. The bill does include pediatric nephrologists as members of an advisory board, which we had also requested.

## **ASPN Public Policy Committee to Engage in Virtual Advocacy**

COVID-19 has kept ASPN members from going to Capitol Hill, but members of Congress still need to hear from ASPN about the issues of importance to our patients and members. While activity in Congress has been slow in the lead up to the election, we anticipate there will be a very busy lame duck session during which Congress will have to finalize FY 2021 funding levels and wrap up other outstanding health related issues like the immunosuppressive drug coverage bill. Members of the Public Policy Committee will be making their voices heard by participating in virtual Hill meetings on November 17 and 19 to discuss NIH funding, telehealth flexibilities, the immunosuppressive drug coverage bill, and reimbursement for pediatric ESRD services.

## **ASPN Submits Comments on Addressing Racial Equity Concerns in Clinical Algorithms**

ASPN submitted comments to the House Committee on Ways & Means in response to a [request for information](#) (RFI) seeking more information on racial equity concerns in clinical algorithms and related health outcomes. The Committee is investigating how to address racial disparities in the health care system, which have been exacerbated by the COVID-19 pandemic, and will be using stakeholder input received in response to the RFI to craft future policy.

## **ASPN and RPA Urge DHS to Withdraw Proposal Limiting Visas**

ASPN partnered with the Renal Physicians Association to submit comments to the Department of Homeland Security that would create barriers for international graduate students to secure F and J visas. We strongly opposed the rule citing the negative affects it would have on patients' access to nephrologists which is already limited in many areas of the country. Read our [full comments here](#).



# Committee Updates

## Research Committee Update

At the forefront of Fall 2020 is our **Virtual Grant Review Workshop** - held in parallel with virtual ASN Kidney Week 2020 activities. This workshop is a great opportunity for anyone, particularly junior faculty and fellows, to gain expert review of grant materials prior to submission. We have some outstanding junior faculty research to review with this workshop!

Longitudinal Research Mentorship and Grant Review Workshops: As a reminder, the research committee has a longitudinal research mentorship program. This is a great program to link fellows or faculty pursuing a research career with a mentor from outside your institution to provide external critique of grants and career advice. For additional details, go to the Research Committee tab on the ASPN or contact [ResearchMentoring@aspneph.org](mailto:ResearchMentoring@aspneph.org).

Programming and Planning 2020-2021: The Research Committee is seeking input as to how we can best help YOU “up” your research game for 2020-2021 year. In addition to grant review workshops and mentorship opportunities, what opportunities would benefit you as you develop your passion for research:

- Virtual focus groups with experts in varying types of research?
- Q&A/panel discussions on pursuing a research-focused career in pediatric nephrology (for example: tenure track/promotions, applying for leadership positions and maintaining a lab)?
- Practical (and not so intuitive!) aspects of mentorship?
- Something completely different??

We would love to hear other ideas for what our membership needs – please reach out via e-mail at [ResearchCommChair@aspneph.org](mailto:ResearchCommChair@aspneph.org).

Reminder: Please join us on our next conference call on November 20!

Follow us on Twitter! Keep up to date between KIDney Notes and tag us with your research! If you haven't already, follow us on Twitter @AspnResearch

Interested in joining the research committee? We welcome all ASPN members regardless of level of training that are interested in research. Email [researchcommchair@aspneph.org](mailto:researchcommchair@aspneph.org) to join.

Submitted by Lyndsay Harshman, MD on behalf of the ASPN Research Committee



## Therapeutics Development Committee Update

The ASPN is interested in improving access to clinical research trials for all of our patients, and the Therapeutics Development and Research Committees have together declared AY2021 to be “The ASPN Year of Clinical Trial Site Readiness” as part of their educational mission. Toward this end, the TDC and the RC together developed a Toolkit to help sites improve their readiness for participation in clinical trials, available online in the members-only section of the ASPN website. We'd like to thank Katherine Twombly, MD, RC and TDC leadership, and all our task force members for their time and expertise in assembling the toolkit.

<https://www.aspneph.org/committees/therapeutics-development-committee/>

We recommend reviewing and referring to the Toolkit whenever your site is completing a feasibility questionnaire from a CRO (contract research organization) or a sponsor for a clinical trial.

If you have suggestions for how to improve the toolkit, please contact me ([wenderfe@bcm.edu](mailto:wenderfe@bcm.edu)) or Katherine Twombly, MD ([twombly@muscc.edu](mailto:twombly@muscc.edu)).

Also, Tetyana Vasylyeva, MD, presented an abstract at Kidney Week Reimagined that includes results from last year's survey on Clinical Trial Site Readiness. Check out PO2353 in the section on Pediatric Nephrology: Glomerular Disease and Transplantation, “Program Readiness to Participate in Prospective CT.” Thanks and congratulations to Tetyana for helping us share our survey results with the nephrology community.

[www.asn-online.org/education/kidneyweek/2020/posters-info.aspx](http://www.asn-online.org/education/kidneyweek/2020/posters-info.aspx)

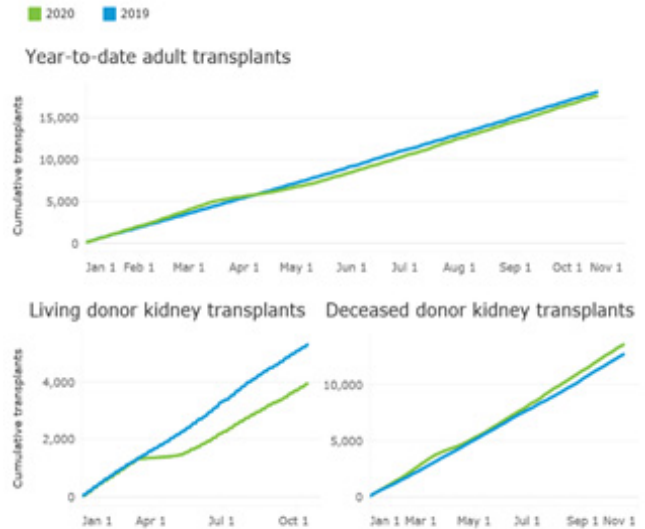
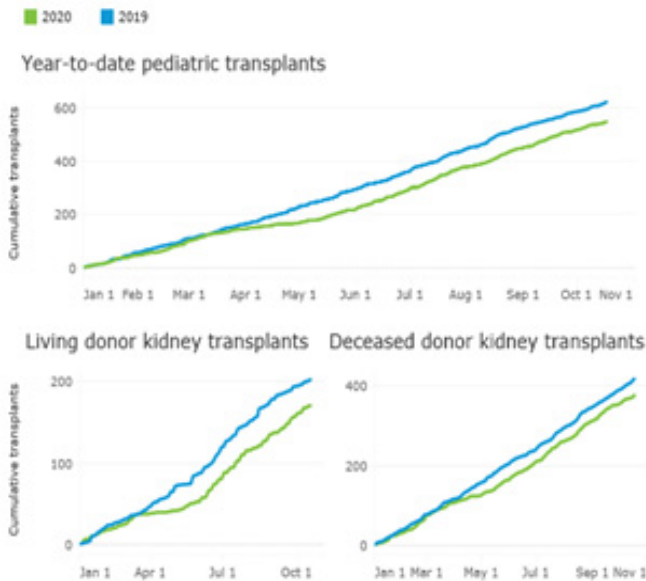
Scott Wenderfer, MD, on behalf of the Therapeutics Development Committee

# Committee Updates

## Transplantation Update

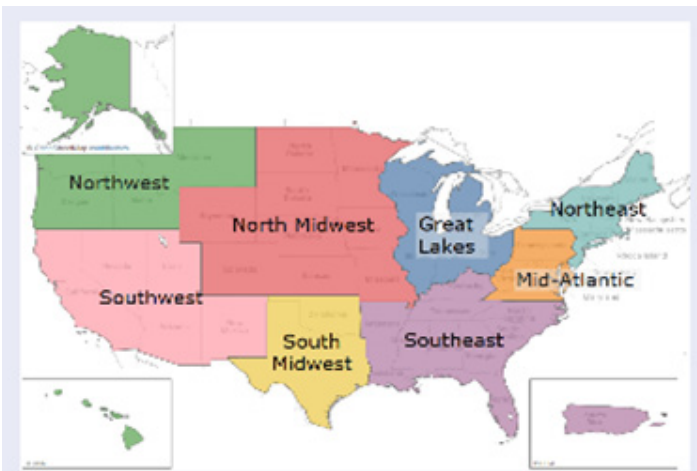
### OPTN/UNOS NEWS:

**COVID-19 and Pediatric Kidney Transplantation:** Again, I am disturbed to report that pediatric kidney transplant volume overall remains decreased for both living donor and deceased donor transplants compared to 2019 whereas **adult transplant volume has rebounded and adult DD transplants have actually surpassed 2019 volume at the same time last year** (data current to 10/19/20). The decrease in pediatric kidney transplants has been particularly concerning in the Northwest and Northeast. We have seen a significant increase in living donor transplants for children in the MidAtlantic and Southwest regions and a rebound in the deceased donor transplants for children in the GreatLakes, Southmidwest and Southeast areas of the country.



Transplant hospitals have 24 hours to report a transplant to the OPTN. This data reflects a two day lag. Pancreas islets and VCA transplants omitted. Based on OPTN data as of 10/19/2020 01:05. Data subject to change based on future data submission or correction.

Transplant hospitals have 24 hours to report a transplant to the OPTN. This data reflects a two day lag. Pancreas islets and VCA transplants omitted. Based on OPTN data as of 10/19/2020 01:05. Data subject to change based on future data submission or correction.



If you are having delays with getting your waitlisted pediatric patients transplanted **PLEASE REACH OUT TO YOUR REGIONAL REPRESENTATIVES AND ATTEND YOUR REGIONAL MEETINGS** to voice your concern over this issue. Although this issue is on the radar of the UNOS Pediatric Committee, no active data analysis is occurring.

**Major changes to Kidney Allocation coming December 15<sup>th</sup> with removal of DSA and Regions.** <https://optn.transplant.hrsa.gov/news/changes-to-kidney-and-pancreas-allocation-to-be-implemented-later-this-year/>

As I have shared with you before, the pediatric kidney transplant community has several major concerns with the policy that is being implemented in December. There are many unanswered questions with regard to how children will be affected by elimination of DSA and Regions to kidney allocation. The projected increased volume for pediatric transplants does not consider the potential for increased offer decline rates for pediatric candidates on the basis of distance, prolonged cold ischemia times and increased DGF risk. Additionally, the nautical mile circle allocation is projected to result in increased volume of kidney pancreas multiorgan transplants. This has the potential to adversely impact access for waitlisted

# Committee Updates

children more than they are already being disadvantaged by dual organ allocation. Dual organ allocation has higher priority in the allocation sequence over children and this will not change with the new allocation system. Even a child who is 100% sensitized currently is and will continue to be passed over by a dual organ allocation. It is imperative that our community monitor for these effects following implementation on December 15<sup>th</sup>.

**Pediatric Transplant Program Requirements Update:** Many of you may have already heard of your status following completion of the MPSC (Membership and Professional Standards Committee) review. As of September 30<sup>th</sup>, 10 pediatric kidney transplant programs (affecting 58 children on their waiting lists) had either opted out of applying for pediatric program status or still had outstanding applications. After the December OPTN BOD meeting, those programs without an approved pediatric component will be expected to not register any pediatric patient on the DD waiting list. The process for dealing with those children who remain on the DD waiting list at a program that does not have an approved pediatric program is being determined.



## Proposed OPTN Policy changes that affect pediatric kidney candidates:

**PHS Increased Risk organs:** This proposal, will be voted on by the UNOS BOD in December. The proposal revises OPTN policy to be in alignment with the most up to date Public Health Service (PHS) recommendations for mitigating the risk of acquiring HIV, hepatitis B and hepatitis C through organ transplantation. The proposal can be found at [https://optn.transplant.hrsa.gov/media/3933/align\\_policy\\_with\\_phs\\_guideline\\_2020\\_pc.pdf](https://optn.transplant.hrsa.gov/media/3933/align_policy_with_phs_guideline_2020_pc.pdf)

## OPTN Pediatric Committee initiatives:

1. Analyze the effect of multiorgan transplants on pediatric DD kidney transplant access
2. Review Trends in Pediatric Kidney Transplantation;
  - a. Use of PHS "increased risk" donors in pediatric candidates
  - b. Allocation of kidneys from children/teens
  - c. Decreased living donation rates for children
3. Increase pediatric kidney transplant program participation in NKR
4. KDPI calculation for kidneys coming from pediatric donors or any kidney going into a child.
5. The DD kidney candidate who began dialysis before the age of 18 (perhaps at the age of 15) but did not get listed until after turning 18
6. Loss of stratification of children by age within KAS.

PLEASE LET ME KNOW OF ANY ADDITIONAL ISSUES OF CONCERN FOR YOU REGARDING PEDIATRIC KIDNEY TRANSPLANTATION



## UNOS Regional Meetings

Region 1	Tuesday, March 2, 2021
Region 2	Tuesday, March 16, 2021
Region 3	Wednesday, February 3, 2021
Region 4	Thursday, January 28, 2021
Region 5	Thursday, February 11, 2021
Region 6	Thursday, February 4, 2021
Region 7	Thursday, March 4, 2021
Region 8	Wednesday, February 10, 2021
Region 9	Wednesday, March 17, 2021
Region 10	Wednesday, March 3, 2021
Region 11	Tuesday, March 9, 2021

Respectfully submitted, Sharon M. Bartosh, MD, [smbartosh@wisc.edu](mailto:smbartosh@wisc.edu), October, 2020

# Committee Updates

## Workforce Committee Update

### Webinar Announcement: Save the Date!

The Workforce committee is working on a 2-part webinar series on how to succeed as a dialysis unit medical director. Please mark your calendars for **Wednesday January 27, 2021**. Further details will be communicated later this year.

### **COVID-19 Financial Impact on Pediatric Nephrologists:**

Thanks to all who participated in the survey regarding financial repercussions of the COVID19 pandemic in May 2020. We had 144 participants (response rate =16%). The majority reported overwhelming concern regarding employee and employer financial insecurity (see figure 1). If you are interested in reviewing the full abstract, please visit the following link <https://www.asn-online.org/education/kidneyweek/2020/program-abstract.aspx?controlId=3448404> or scan the QR code below. Stay tuned for a follow-up survey soon!



Figure 1. Financial repercussions reported by U.S. pediatric nephrologists as a consequence of COVID-19 pandemic



### Pediatric Nephrology Disaster Preparedness:

The workforce committee recently launched the twitter account **@KidneySOS** to provide real-time communication to followers regarding natural disasters that may impact operations of pediatric nephrology programs around the country. The account also provides periodic educational links useful for both patients, caregivers and healthcare providers regarding disaster preparedness topics. Finally, the account will serve as a real-time communication tool in the event of a natural disaster to connect programs around the country as needed and facilitate disaster mitigation efforts. Please check out the account, follow it and share it with your colleagues and patients! Scan the QR code to follow the account.



Submitted by Isa Ashoor, MD on behalf of the ASPN Workforce Committee

### **Benefits of ASPN Membership**

Take advantage of the great Telemedicine resources available for ASPN members!

These resources can be accessed after logging in to the ASPN website:

Go to Education and Meetings --> Webinars --> Workforce Committee Clinical Practice Webinars-->Telemedicine: Covid-19 Updates.

Link: [www.aspneph.org/webinars/](http://www.aspneph.org/webinars/)

# ASPEN Leadership Development Program

## ASPEN Leadership Development Program celebrates 10 years!

The ASPEN Leadership Development Program (LDP) celebrates 10 years of success under the leadership of Dr. John Mahan, with the support of Drs. Barbara Fivish, Joseph Flynn, Vicky Norwood, William Schnapper and Craig Porter. Starting with the 2012 graduating class and up to and including the 2020 cohort who will be graduating in Nov 2020, 64 ASPEN members have completed the two-year curriculum. Has it been successful? The answer is clearly a resounding **YES!**

Among the initial cohort of 12 graduates in the 2010-2012 class, 4 have become Division Chiefs, 10 have become ASPEN Councilors, 1 ASPEN president and 1 ASPEN secretary treasurer and all have achieved significant local and/or national leadership positions. What an amazing accomplished group of individuals!

Of the 21 graduates from the classes graduating in 2014 and 2016, similar outstanding leadership roles and recognition have been accomplished: 11 have become Division Chiefs and 5 elected to the ASPEN Council, among other important leadership roles.

The LDP is jointly supported by the ASPEN Foundation and the ASPEN Council. We hope that the benefit of this outstanding leadership program will encourage you to consider making a contribution to the ASPEN Foundation to help us sustain and enhance this great resource for the pediatric nephrology community. Please also consider the applicability of this ASPEN leadership development program for you and your colleagues.

## ASPEN Webinars

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 2019 webinar series has closed and we will move forward with the 2020-2021 Academic Year webinar series. ASPEN members will continue to have access to the content through the ASPEN website.

If you are interested in claiming MOC 20 Part II credit in the upcoming 2020-2021 academic year series, you must complete 10 webinars and answer a total of 50 question/answers (5 per webinar) via REDCap. For this series 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). [Click here for payment instructions](#). The REDCap link will be available on the webinars as well as the ASPEN website in the Members Only version of the Member Education Committee page. Please address any questions to Rebecca Ruebner, [rruebne1@jhmi.edu](mailto:rruebne1@jhmi.edu).

### ASPEN Imaging Webinar

**Date:** Monday, December 7, 2020  
**Topic:** TBD

All pathology and imaging webinars can be viewed online on the ASPEN website under the Member Education Committee page. You can earn up to 20 Part II MOC points by participating in the webinars! You can either participate live or watch online. Then answer 5 questions on the REDCAP Database (link below). You can earn 20 MOC points if you answer a total of 50 questions from 10 webinars. <https://redcap.chop.edu/surveys/?s=WAEWFTLPD9>

# Announcements

## Renew your Dues Today!

Contact [info@aspneph.org](mailto:info@aspneph.org) if you would like to renew for two years.



## Membership Recruitment Incentive Drawing Congratulations to This Year's Winner!

CONGRATULATIONS to this year's winner for referring the most new members to the ASPN - Theresa Pak, RN!! She will be receiving the grand prize of free ASPN membership for 2021!

We thank everyone who has referred a member to the ASPN and encourage members to continue referring new members to our society.

We will continue to provide a gift of free membership for a year to the member who has referred the highest number of new members to the ASPN.

Thank you,  
Sun-Young Ahn, MD, MS (Chair)  
Kristen Sgambat, MS, RD, CSR, Oulimata Grossman, MD, and Jens Goebel, MD (Co-Chairs)  
On behalf of the Membership Committee



# Meeting & Lecture Announcements

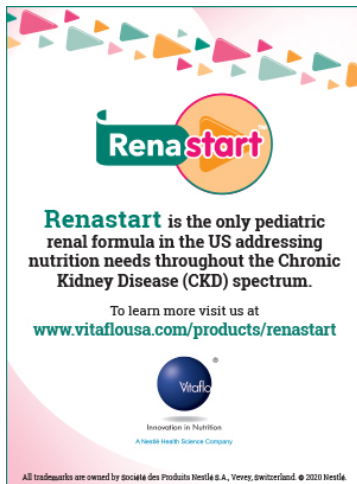
## 8th Annual ASPN Multidisciplinary Symposium Sponsors

Thank you to our generous sponsors!

### Gold Level

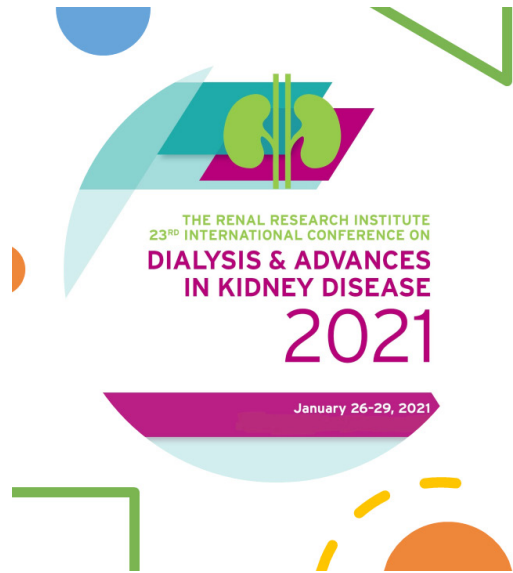


### Silver Level





# Meeting & Lecture Announcements



Our four-day conference will include a pediatric nephrology virtual meeting on 01/26/2021. Learn about practice pearls and professional development, while networking with others. Join us!

Abstracts due November 17, 2020

<http://renalresearch.com/#conferences>



Due to the restrictions imposed by the COVID-19 Pandemic, the **47<sup>th</sup> Miami Pediatric Nephrology Seminar: Challenges for the Next Decade** will take place November 17-19, 2021 at the historic Royal Palm Hotel in Miami Beach. It is a unique international forum for pediatric and adult nephrologists, renal pathologists, pediatricians, pediatric urologists, transplant surgeons and other health professionals from all over the world. The **Pediatric Nephrology Critical Care Workshop** will follow on Sunday afternoon at the Holtz Children's Hospital. Please follow us closely and we will keep the tradition going!!

EAP2021  
Congress &  
MasterCourse

April 22-25, 2021 | Amsterdam, Netherlands

# Meeting & Lecture Announcements



## 14<sup>th</sup> Asian Congress of Pediatric Nephrology

### Evidence-based clinical management in pediatric nephrology, An IPNA Scientific Workshop March 30-31, 2021 Taipei, Taiwan.

Evidence-based clinical management in pediatric nephrology is a challenging and major goal of our Society. Indeed, most diseases pediatric nephrologists deal with are severe rare diseases requiring optimal management in the face of a limited number of randomized clinical trials.

To this end, IPNA has successfully begun a new initiative with the aim of developing “IPNA Clinical Optimal Recommendations (IPNA-CPR)”, addressing important global topics in the field of pediatric nephrology. The first IPNA-CPR on steroid resistant nephrotic syndrome (SRNS) will soon be published in *Pediatric Nephrology* the journal of the IPNA.

To address this, the Best Practice and Standards Committee is organizing a scientific workshop solely dedicated to guideline methodology, distribution and implementation. More than 20 new guidelines will be presented by international experts. The scientific workshop precedes the 14th Asian Congress of Pediatric Nephrology (ACPN) and will be held over 1 1/2-days with symposia, invited lectures, free oral presentations, panel discussions, and guided poster walks. Since the workshop follows directly the junior master class (March 29-30) one can smoothly attend all three events.

@Taipei Grand Hotel  
10F Grand Ballroom

### Important Dates for Registration

**January 10, 2021**  
Deadline for Early Bird Registration

**February 28, 2021**  
Deadline for Standard Registration

**2021.**  
**March**  
**30-31**

### Important Dates for Abstract Submission

July 01, 2020	Online System Opens for Abstract Submission & Travel Grants
November 01, 2020	Deadline for Abstract Submission & Travel Grants Application
November 24, 2020	Notification of Abstract Acceptance & Travel Grants
January 31, 2021	Deadline for Abstract Author Registration

More information: [www.acpn2020.com](http://www.acpn2020.com)



Taipei Grand Hotel  
Muslim Friendly Restaurant (MFR)  
Muslim Friendly Tourism (MFT)



## Meeting & Lecture Announcements

Fellows can  
join RPA for  
**FREE!**



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](http://www.renalmd.org).

### ASPEN Central Office

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ASPEN is managed by Degnon Associates, an accredited professional association management company.

## ASPEN Leadership

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## KIDney NOTES

The Bi-Monthly Newsletter of the  
American Society of Pediatric Nephrology