



Greetings!

Recently, the NIDDK released a Request for Applications (RFA), encouraging professional societies that work with the Institute to apply for funds to support programs promoting the diversity of their specialties. As we have been contemplating whether the ASPN should submit a proposal, I have spent considerable time thinking about this issue and how it relates to our Society. Diversity has become something of a buzzword in the past few years, a lightning rod used by people on various sides of a number of issues to further their agendas. But it also is an extremely important concern for us. The ASPN has made a major move over the past decade to enhance its *professional* diversity, seeking to be a "big tent" for a relatively small group of people with a broad spectrum of interests. I think we have made significant progress in this effort, and, of course, Council is always interested in learning how we can better serve the diverse needs and interests of the membership.

The concepts of *cultural* and *personal* diversity are a bit more difficult to grasp. The most important part of our effectiveness involves our commitment to and compassion for our patients and our scholarship. It is likely that, the more we mirror the larger society and those we serve, the easier it will be to respond to their needs. This is not to negate the importance of sensitivity and openness on the part of our profession, but rather to note that, just as the ASPN has improved what it does by promoting professional diversity, inclusiveness at a cultural and personal level brings fresh ideas, new perspectives, to our work. Thus, promoting diversity is not only helpful to those who are underrepresented, but also beneficial to those of us who already are active in the field.

I find it difficult to even think of examining our membership roster and "bean-counting" to assess our diversity. Moreover, most of us would agree that promoting diversity does not mean that we should lower our standards; we want to know that anyone who is active in pediatric nephrology as a physician, a nurse, a dietitian, a social worker, a teacher or a scientist brings the highest quality to that practice. But there are some questions we should consider. First, what impediments might exist to prevent motivated individuals from working in pediatric nephrology? Second, are there aspects of our activities that make us less attractive to people who are underrepresented due to racial, ethnic, socioeconomic or lifestyle issues? Third, are there steps we can or should take to address these concerns? Of course, these questions sound similar to those we have raised about our profession as a whole. So they must be doubly important when applied to the issue of diversity.

I invite the membership to think about this matter, and perhaps enter into a discussion about them. As Council considers whether we should submit a proposal to the NIDDK, a decision we will need to make very soon, I invite anyone with ideas, or with a desire to work on this issue, to get in touch with me by e-mail (see the contact information on the masthead of this issue). Whether or not we submit a proposal to NIDDK, it is worth considering what steps we might take to increase the breadth of our organization's reach. Our initial step was to determine whether our recruitment and retention show disproportionate problems with underrepresented minorities. As it stands, no such data exist. Therefore, this week we will be sending a request to our program directors for data regarding fellow recruitment and dropout. Please start gathering such data in anticipation of this request.

A second important project is our upcoming review of the ASPN Strategic Plan. As detailed by Joseph Flynn on page 6 of this issue of KIDney Notes, we have completed most of the goals set out by the Plan and it is time to assess whether they have helped our Society and what our next steps should be. You will be receiving a request for feedback in the near future, and it will be an opportunity for every member of the society to have an impact on our future direction. Please give it your thoughtful consideration.

Finally, I hope to see many of you in Philadelphia for Renal Week. We have an ASPN business meeting scheduled for Thursday at 6:30 pm. Location for this and all committee meetings are in the table on page 5.

Best regards,



H. William Schnaper
President

Announcements

INAUGURAL ASPN PEDIATRIC NEPHROLOGY BOARD REVIEW PROGRAM - OCT 28-30, 2011

The inaugural ASPN Pediatric Nephrology Board Review Program took place from Oct 28 through Oct 30, 2011 at Charlotte NC in Levine's Children Hospital and over 60 individuals enjoyed the series of live presentations. This very comprehensive course is based on the Content Specifications published by the ABP for Pediatric Nephrology. The goal of this endeavor is to provide effective multi-method preparation for Pediatric Nephrology Board examination for trainees and pediatric nephrologists. The prime target audiences are 1) pediatric nephrology trainees and graduates preparing for ABP Pediatric Nephrology Boards; 2) Board certified Pediatric Nephrologists preparing for ABP MOC 2 (re-certifying examination); 3) individuals interested in a current comprehensive review of the field of pediatric nephrology.

Additionally, there will be an opportunity to register in mid-November to receive this highly valuable educational content online. The content includes digital video and podcast recordings of the 17 separate presentations in Charlotte, defined study materials based on ABP content specifications, a test question/answer bank prepared by the faculty and some bonus educational material. These materials will remain available for registrants until 6/30/2012.

Registration will be as follows:

\$700 for ASPN members

\$300 for Pediatric Nephrology fellows in training in North America

\$300 for non-North American IPNA members

\$900 for non ASPN members

Look for an upcoming announcement from the ASPN that these materials are available for purchase!

CALL FOR NOMINATIONS – ASPN FOUNDER'S AWARD

In 1996, the American Society of Pediatric Nephrology (ASPN) began bestowing a Founder's Award at the annual ASPN meeting. The purpose of this award is to recognize individuals who have made a unique and lasting contribution to the field of pediatric nephrology. Nominations are received from the membership. The recipient is selected by an Awards Committee composed of the president of the ASPN and three past presidents, who are not currently on the Council. In addition to being recognized at the annual meeting, the recipient of the Founder's Award receives a cash donation to be used at his/her discretion.

Nominations must be received from any active member of the ASPN no later than **December 31, 2011**.

Candidates must fulfill the following conditions:

- Must be an active or honorary member of the ASPN
- Must be greater than 55 years of age
- Must have made significant clinical, scientific and/or leadership contributions to the field of pediatric nephrology
- Must have contributed significantly to the ASPN by promoting its activities to assure a continuing role for its members in science as well as in specialized health care for children with kidney disease

Nominations must include curriculum vitae from the nominee and a letter describing the individual's contribution.

Nominees will be reconsidered for the Founder's Award, without the need for re-nomination, for five years after their initial nomination.

Nominations should be mailed, faxed or emailed to the ASPN Office at the addresses above.

pFeNA Social Event:

Thursday Nov 10th:

4:15 p.m.: Guided Tour at the Pennsylvania Academy of Fine Arts

(<http://www.pafa.org/>)

5:30 p.m.: Appetizers at "Nineteen"

(<http://www.hyatt.com/gallery/nineteen/xix.html?icamp=nineteenrestaurant>)

MUST RSVP: isa.ashoor@childrens.harvard.edu



JELF Advocacy Scholars Program Visits Our Nation's Capital

On September 14-15, Tamar Springel, an ASPN JELF Advocacy Scholar, participated in two days of public policy activities in Washington, DC. Events included a meeting of ASPN Clinical Affairs and Public Policy leadership with our Washington representatives at Cavarocchi-Ruscio-Dennis Associates to discuss our advocacy strategy, visiting Congressional offices on Capitol Hill, a dinner meeting with representatives of various organizations of physicians and other kidney professionals hosted by the American Society of Nephrology, and a meeting of the Board of Directors of Kidney Care Partners, a coalition of over 30 groups with an interest in the provision of optimal care for kidney patients. Shown during the Capitol Hill segment are (from left) Public Policy Committee co-chair Doug Silverstein, ASPN Washington Representative Katie Schubert, JELF Advocacy Scholar Tamar Springel, APSN Treasurer Sharon Perlman and ASPN President Bill Schnaper.



THE PERFECT GIFT: BETTER HEALTH AND BETTER HEALTH SYSTEMS FOR CHILDREN

As the holidays approach, we all look for new ideas that can thank a colleague, reward an employee, honor a friend, or put a smile on the face of a family member. Imagine a gift that can also improve our abilities to provide care for children with renal disease! It's easy to do, by donating to the John E. Lewy Foundation for Children's Health. A gift to the Foundation supports the Advocacy Scholar's Program and other educational activities designed to enhance the knowledge and abilities of pediatric nephrologists. We have wonderful ideas for expansion of our programs, but we need your support to enact them.

You may learn more about the Foundation's activities and plans at <http://www.aspneph.com/JohnELewyFoundation/JELFMain.asp>

All gifts are fully tax-deductible as allowed by law. To donate, go to <http://www.aspneph.com/JohnELewyFoundation/howtodonate.asp> and choose any of the simple options. So do it now and finish your holiday shopping early!!

Vicky Norwood,
Chair, Board of Directors

Committee Updates

WORKFORCE COMMITTEE

The size of the Pediatric Nephrology workforce remains an important issue. With increasing demand for pediatric nephrology services, concerns exist whether there will be sufficient pediatric nephrology fellowship graduates to meet these growing needs.

The ASPN has been considering this in a number of ways. The committee created a Tool Kit that is a compendium of collected suggestions from pediatric nephrologists and residents on increasing resident interest in pediatric nephrology. To view this toolkit, [login](#) in to the members only section of the ASPN website and click on the Workforce Toolkits link.

Kevin Meyers, MD and Adam Weinstein, MD (for the Workforce Committee)

The ASPN workforce committee continues in its efforts to increase interest in pediatric nephrology as a subspecialty and to that end the committee is attempting to understand the motivation for pediatric residents to select or not select our subspecialty. As a pilot, the workforce committee conducted a survey of 3rd year pediatric residents in a subset of pediatric training programs. 127 3rd year pediatric residents answered the survey. The responding residents were nearly split in half, with 46% planning to enter practice directly from residency and 53% planning to pursue fellowship training. Of those entering into clinical practice, they were relatively evenly distributed into private practice pediatrics, academic pediatric practice and hospitalist practice.

The major conclusions of the survey were:

1. Those residents choosing to go directly into clinical practice did so primarily based on lifestyle considerations, the fact that no additional training was required, there was a practice opportunity in a location that was appealing and they really felt fulfilled by a generalist practice.
2. For those residents who chose fellowship in a subspecialty BUT NOT PEDIATRIC NEPHROLOGY, their lack of interest in pediatric nephrology seemed to be mostly related to lack of interest in renal physiology as well as issues related to our patient population and compensation of pediatric nephrologists. The survey results DID NOT support the idea that we are discouraging residents from pursuing careers in our field due to negative experiences while on our rotations.

Sharon Bartosh, MD (for the workforce committee)

TRAINING PROGRAM DIRECTORS

The Pediatric Nephrology 4th Annual Fellowship Program Directors Workshop in Elk Grove IL

The Workshop occurred on 9/23/11 and was attended by 15 program directors representing 15 training programs. The attendees enjoyed spirited exchanges and educational sessions devoted to analyzing our pediatric nephrology fellow data and trends to date, our decision to move to a Fall Match date (to start in 1012 for fellows to enter Pediatric Nephrology in July 2013), and options for Loan Repayment Programs for fellows.

We enjoyed 5 powerful presentations on Professionalism education and assessment of Pediatric Nephrology fellows (an ACGME Core Competency) by Drs. Ettenger, Kaskel, Mahan, Warshaw and Meyers. We then ended with discussion of the [Entrustable Professional Activities – Defining Fellowship Training Goals and Competency Assessments project](#) (Mahan) and [Defining an ASPN Clinical & Translational Sciences Curriculum for Fellows](#) (Kaskel and Briscoe). The group ended with a discussion of future collaborative projects in the field.

Costs of the meeting space and food were covered by ASPN. The TPD's were responsible for their own travel and room. We look to continue this tradition of education and professional project work by the TPD again next year.

Links to the materials presented in the Workshop and the report of the Workshop are available in the TPD corner of the aspn web site (www.aspneph.org), specifically in the Committees/TPD section (<http://www.aspneph.com/committees/TrainingProgramDirectors/Main.asp>). Enjoy perusing these materials.

John D Mahan, MD, Chair, TPD Sub-committee

TRAINING & CERTIFICATION

Pediatric Nephrology is going to be a Fall Pediatric Subspecialty Match starting in November 2012 for the fellowship Class to begin July 2013. Based on extensive discussion with the ASPN Council, Training and Certification Committee, and the Training Program Directors Sub-Committee (TPD), a recent vote of TPD's revealed that 88% of TPD's who had a preference indicated that a Fall Match was a superior option. Many TPD noted the benefits of a Fall Match, announced 8 months prior to the start date, to allow more time for residents to do pediatric nephrology electives and extend their exposure to our discipline before making a career choice. Residents have consistently favored and lobbied for a Fall Match to allow best opportunities for ample educational activities and thoughtful choice prior to deciding to commit to the application process.

This change aligns us with Pediatric Critical Care, Emergency Medicine, Behavior/Development and Rheumatology in the Pediatric Subspecialties Fall match (Neonatology and Hematology/Oncology also match in the Fall and it is hoped that they will all occur on the same day in the near future). Applications and interviews will start in July 2012 for applicants who will start training in July 2013.

At this point ERAS is undergoing a major upgrade of their application process and we are forced to use the ERAS application process that begins in July of each year (compressing the application through Match from July 1 through the end of November each year). We have asked to be able to open the application cycle a few months earlier and ERAS will look to be able to offer this option to us and other disciplines in the next few years.

This furthers the movement to one single Pediatric Subspecialty match for our disciplines. This change will be communicated through various memorandums but we encourage you to inform your colleague, fellows, and residents.

Further announcements will be forthcoming from the National Resident Match Program (NRMP).

John D. Mahan, MD, Co-chair, Training & Certification Committee

Committee Updates Cont'd...

RESEARCH

Changes in NIH Study Sections for grant applications:

Effective as of the October 2011 submission deadline, the Cellular and Molecular Biology of the Kidney (CMBK) Study Section has been replaced by the Molecular Biology and Genitourinary Organ Development (KMBD) Study Section. The KMBD encompasses grant applications involving basic and applied aspects of normal and abnormal renal physiology, cell biology, transport biology, osmoregulation and osmosensing, hormone action and signal transduction, vascular biology, genetic disorders, cell-matrix interactions, biophysics, and bioenergetics and basic processes underlying upper and lower genitourinary organ development.

Also effective in October 2011, the Urologic and Genitourinary Physiology and Pathology (UGPP) Study Section has replaced the Urologic and Kidney Development and Genitourinary Diseases (UKGD) Study Section. The UGPP Study Section reviews applications pertaining to physiological and pathophysiological processes of the lower urinary tract, male reproductive organs, female pelvic floor, urolithiasis, and microbial infection and inflammation in the lower urinary tract. In addition, the UGPP incorporates the Urological Sciences Small Business Activities [SBIR/STTR].

For specific areas/topics covered by each study section, please refer to the Center for Scientific

Review Website (<http://cms.csr.nih.gov><<http://cms.csr.nih.gov/>>) and click on the Digestive, Kidney, and Urologic Systems DKUS IRGs. Please contact your Program Officer for further details.

Brian Becknell, MD and David Hains, MD (for the Research Committee)

pFeNA

At this year's ASN Kidney Week Conference (November 8-13), pFeNa will have several opportunities for pediatric nephrology fellows to socialize and interact with one another. On Thursday, November 10, we have arranged a guided tour at the Pennsylvania Academy of Fine Arts from 4-5 pm (<http://www.pafa.org>). Admission is complementary for all nephrology fellows. Following the tour, we will migrate to Nineteen Restaurant around 5:30 pm for a social hour. Fellows interested in attending should meet at the museum at 4pm. Fellows, residents, and students are welcome to attend the social hour. Please see the November issue of the Pediatric Nephrology Newsletter for additional details (this can be accessed under the "members only" section at <http://www.aspneph.com/pFeNA/pFeNAmain.asp>). It should be a great time!

John David Spencer MD, Chair, pFeNA

Boardwalk

Rethinking clinical training in pediatric nephrology – what are your opinions?

The American Board of Pediatrics (ABP) has recently launched an initiative to evaluate the clinical training processes for ABP certified subspecialties. The goal of this undertaking is to consider whether current training approaches are the best mechanisms to train subspecialists for the future. The ABP has asked CoPS (the Council of Pediatric Subspecialties) provide the network necessary to optimize communication between the subspecialties and the ABP Task Force.

The announcements and further details about the initiative and the role of CoPS may be found [here](#) and [here](#).

Be on the lookout for ongoing announcements and requests for information and ideas from the ABP and from CoPS – your input is vital.

**Vicky Norwood, MD and Alicia Neu, MD
(CoPS representatives for nephrology)**

ASPEN MEETINGS SCHEDULE DURING ASN RENAL WEEK

Meeting Name	Day/Date	Time	Rooms are in the Loews Hotel
Business Meeting	Thursday, 11/10	6:30pm -7:30pm	Commonwealth Salon A-B
Clinical Affairs & Practice Management Committee	Friday, 11/11	12:00pm -1:00pm	Congress B
Corporate Liaison Board Meeting	Wednesday, 11/9	8:00am - 9:30am	Washington A
Council Meeting	Wednesday, 11/9	8:00am-6:00pm	Washington A
Leadership Development Course	Sunday, 11/13	8:00am-4:00pm	Congress B
Membership Committee	Thursday, 11/10	6:30am -7:30am	Congress C
pFeNA Social Event	Thursday, 11/10	4:00pm	See page 2
Public Policy Committee	Thursday, 11/10	12:15pm -1:15pm	Washington B
Research Committee	Thursday, 11/10	6:30am -7:30am	Congress A
Training and Certification & Training Program Directors	Saturday, 11/12	6:30pm -7:30pm	Congress B
Website Committee	Friday, 11/11	6:30am -7:30am	Congress B
Workforce Committee	Thursday, 11/10	6:30am -7:30am	Congress B

Welcome New Members!!

Basema Dibas, MD

Brody School of Medicine / Pitt County Memorial Hospital

Rachel Lestz, MD

Children's Hospital of Los Angeles

David Myers, MD

University of Iowa Children's Hospital

Tara Neumayr, MD

Washington University / St. Louis Children's Hospital

Anthony Portale, MD

University of California San Francisco

Matthew Sampson, MD

C.S. Mott Children's Hospital / University of Michigan School of Medicine

ASPEN to Update Strategic Plan

In 2005, ASPEN Council determined that we needed to develop a strategic plan to guide the activities of our Society. We retained an outside consultant, Susan Newton of Development Strategies Plus, who interviewed Council members, several past-presidents, and a selection of the membership. Based on the data generated in that interview process, Council developed a strategic plan that was implemented in mid-2006. Major accomplishments of that plan included hiring of the Central Office, revision of the nomination & election process for Councilors and officers, and creation of numerous task forces, whose work has transformed the activities of our Society and has significantly increased the number of ASPEN members that are involved with day-to-day Society activities.

All strategic plans have a set "lifespan," usually on the order of 5-6 years. This year at our summer meeting, Council reviewed the 2006 strategic plan and came to the realization that our plan had reached the end of its useful life – we have actually accomplished nearly everything that we had set out to do (for a review of that plan and the status [login](#) to the ASPEN website and click on the strategic planning link). However, the challenges facing our Society and our profession as a whole have not subsided, making it clear that a new strategic plan should be developed to guide our society over the next 5-6 years.

We have again engaged the assistance of Susan Newton to help us develop a new strategic plan. Susan recently completed interviews of all Councilors to help identify the major issues that will need to be addressed in a new plan. From those interviews, an e-mail survey has been developed that will be sent out to ALL members of ASPEN. This survey will provide members the opportunity to comment on the changes that ASPEN has undergone over the past few years, and make suggestions on how ASPEN can further improve. We anticipate that the survey will be sent out via Survey Monkey immediately following the ASPEN meeting, and that there will be approximately 4-6 weeks in which to respond. Susan will then analyze the data collected from the survey, and will assist Council in developing an updated plan at our next summer meeting.

So, watch your in-boxes for the survey, and when it arrives, please take the time to respond. Each response received will help Council to develop a strategic plan best suited to guide the further growth of our Society.

Joseph Flynn, MD, President-Elect

*If you have previously "opted out" of receiving ASPEN surveys via Survey Monkey, please e-mail [Lisa Thompson](#) to opt back in.

WHAT DO THE DIFFERENT "PARTS" OF MEDICARE MEAN?

Medicare is available to many of our children with ESRD as a potential form of insurance. There are 4 "parts" of Medicare – labeled A through D – alluded to in publications or in discussions of Medicare coverage. Medicare Part A is essentially hospital insurance or insurance for in-patient hospital care and some short-term, non-custodial in-patient care. Medicare Part B is medical insurance for ambulatory physician visits and some home health care. Part B also pays for immunosuppressive drugs for up to 36 months after a covered kidney transplant. Medicare Part C combines Part A and Part B into what is called an "advantage" plan that is like an HMO or PPO. These plans are marketed and administered by private insurance companies approved by Medicare; many of these Part C plans also have a component that covers prescription drugs. Medicare Part D provides prescription drug coverage through numerous private entities that again have been approved by Medicare. The specific medications covered vary widely between different Part D plans and within a Part D plan may vary from year to year as well.

ASPEN Leadership

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CONGRESS PASSES CONTINUING RESOLUTION. . . WHILE SUPER COMMITTEE WORKS SUPER-SECRETLY

Congress once again passed a last minute continuing resolution to avoid a federal government shutdown and continue funding into fiscal year 2012. The current continuing resolution is set to expire November 18, 2011.

Both chambers of Congress continue to work their way through FY2012 spending bills, with the Senate Appropriations Committee moving forward with a markup of the Labor-Health and Human Services-Education spending bill and the House only releasing a bill that is unlikely to be taken up by the committee, let alone brought to the floor for a vote. The Senate bill included \$30.5 billion for the National Institutes of Health, a \$190 million decrease from FY2011. The House bill that was released but not considered by the House committee included an extra \$1 billion for the NIH, but at the expense of other health agencies.

Each day the likelihood of either an omnibus spending bill that would package all of the FY2012 appropriations bills together, or the passage of several "mini-bus" bills grows smaller.

With time running short for Congress to complete its budget process, the so-called Super Committee is working to write a list of recommended cost savings of up to \$1.2 trillion over the next ten years. Despite public hearings on various topics including mandatory versus discretionary spending, their negotiations have been extremely low-key. Committee members have limited themselves to just one staffer and often they communicate under the radar.

Both parties are looking to health programs to reduce spending, including Medicare and Medicaid. House Majority Leader Eric Cantor (R-VA) proposed up to \$350 billion made up mostly of state Medicaid payments. Subsequently President Obama released a proposal in mid-September that would reduce Medicare spending by \$248 billion over 10 years and Medicaid spending by \$72 billion over the same time period. While the proposal did

not raise the Medicare eligibility age, it came from "reducing overpayments" and would not affect beneficiaries until 2017, according to the President's release. The proposal would affect the payments of a wide variety of health care providers, including drug companies, hospitals, nursing homes, and home health agencies. The plan also would strengthen health care fraud and abuse activities and increase costs for new beneficiaries by imposing higher Part B deductibles and introducing cost-sharing for home health services.

The American Society of Pediatric Nephrology joined the American Society of Nephrology and the Renal Physicians Association in offering recommendations to the Super Committee to consider, including fixing the fatally flawed Medicare physician reimbursement system. Without Congressional action physicians face at 29.5 percent cut in January 2012. A 10-year solution to the problem would cost \$300-\$400 billion.

The joint letter to the Super Committee can be found in the "Advocacy Materials" section of the Public Policy Committee on ASPEN's website.

CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION MOVES ALONG

Legislation reauthorizing the Children's Hospitals Graduate Medical Education program is awaiting floor action in both the House and Senate after it won unanimous approval in both chambers' committees of jurisdiction.

The Senate bill's sponsor, Senator Bob Casey (D-PA) said, "This program is not only bipartisan, but I think it meets a real need to be able to train a specialized workforce. This is a wise investment in the future of our country and especially the most vulnerable among us: our children."

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

WHAT ARE ACOs?

An ACO, or Accountable Care Organization, is a network of physicians and hospitals that agree to share responsibility for patient care and link their reimbursement to meeting certain quality metrics. The ACO model has emerged from health care reform as a system of integrated care that should reduce total health costs. An ACO is envisioned as a way to bring all the different parts of care provided to a patient together under an umbrella, whether it is specialty care, ambulatory or in-patient care, or home health care. By offering bonuses to providers who meet benchmarks of quality care but also keep down overall costs, the goal is to provide incentives for more coordinated care with emphasis especially on preventative care to keep patients out of the hospital.

ASPEN / PAS 2012 MEETING

ABSTRACT SUBMISSION DEADLINE IS NOVEMBER 17TH

HOUSING AND REGISTRATION OPENS DECEMBER 1ST

Meeting Announcements

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

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

November 8-9, 2011, Philadelphia, PA

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

www.asn-online.com

Contact: kamkal@ucla.edu



Miami Pediatric Nephrology Seminar
March 8-11, 2012
[More Information](#)



2012 International Pediatric Nephrology Fellows Conference
January 25-27, 2012
[More Information](#)



National Kidney Foundation®

Spring Clinical Meetings
May 9-13, 2012
[More Information](#)



Symposium on Pediatric Dialysis
February 25-28, 2012
[More Information](#)



PD first, the way forward
14th Congress of the International Society for Peritoneal Dialysis
September 9-12, 2012
[More Information](#)

BOSTON
PAS
2012

SAVE THE DATES!

April 28 - May 1, 2012

Boston, MA

KIDney NOTES
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American Society of Pediatric Nephrology

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