



THE SURGICAL ASSISTANT

Published Online Quarterly by the Association of Surgical Assistants

**VOL. 20, NO. 4
FALL 2014**

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ASA Hands-on Suture and Energy Workshop

ASA MIDYEAR REPORT

Dennis Stover, CST, CSA, ASA President

It is my pleasure to report to you that the state of the Association of Surgical Assistants is strong and thriving. Over the past year our membership has continued to flourish. Membership currently stands at 1,120. Much has been done within ASA to reshape itself, transcending towards building an independent organization to representing the interest of all individuals practicing as surgical assistants regardless of which

certification they maintain. ASA is focused on representation and support for the CSFA, CSA and the SA-C.

I would like to inform you of some ASA accomplishments and achievements since my last report to you three months ago.

MEMBERSHIP

Our membership has continued to grow and we are focused on new and



innovative ways to grow that membership. The student base within ASA continues to grow as well. An area of focus moving forward will be student member retention.

FINANCES

2013 was a good year financially for ASA. We ended the recent fiscal year with over \$8,000 in the black. We are on track to end on a positive financial note for 2014.

LEGISLATION

ASA is pleased that our bill in the state of Virginia has passed and has been signed the Governor. ASA is planning on introducing legislation in Nebraska and Tennessee in the coming year. ASA is again returning to Florida in partnership with AST and the Florida State Assembly. ASA has also been underwriting work in Texas in preparation for the 2016 sunset bill. Worth noting here is that ASA has funded our own legislative initiatives at this point.

EDUCATION

Our education committee continues to work on standards of practice to meet critical mass issues for the practicing surgical assistant. We have published the first RSOPs for local injection and trocar insertion. We will continue to identify areas in the SA profession that must be addressed through RSOPs.

For the third time, ASA sponsored a surgical robotics workshop at the Surgical Robotics and Innovation Institute, Memorial Hermann Hospital in Houston, Texas. Much of the time was spent focusing on single port access. Because this type of hands-on training is so in demand and not enthusiastically supported by Intuitive Surgical, ASA is exploring developing a program to sponsor onsite robotics training for hospitals.

ASA is hosting a fall meeting in October in Orlando October 31 through November 1. A hands-on workshop with Covidien is being held on Friday afternoon and will introduce participants to the latest in suture and stapling. Covidien capped registration at 25 and a waiting list has been started.

The content of the meeting is designed to address the current business issues facing the surgical assistants. Our keynote speaker is Bill Finerfrock, a distinguished Washington lobbyist who was able to secure reimbursement for physician assistants. He will be addressing "Reimbursement Opportunities for Surgical Assistants Under 2706 of the Affordable Care ACT."

For the first time, ASA borrowed a leaf from the AST Instructors Forum and has scheduled a two-hour block for

Hot Topics. We anticipate that surgical assistants will be engaged. An ASA Board member will be at each table as a moderator and scribe. Participants will rotate to the different discussion areas and the moderator/scribe will record the summary points. At the end of the session, the moderators/scribes will synthesize the talking points and the ASA Board will meet to discuss and develop a template for the next strategic plan based on the trending talking points.

OTHER ENDEAVORS

For the first time, the United States Bureau of Labor Statistics (BLS) is working with ASA to develop a separate definition of the surgical assistant that is anticipated to be published next year. This definition will be a template for facility employers to complete and return. The discussions with the Bureau of Labor Statistics have been very positive, and it looks promising that the national results would be published the Occupational Outlook Handbook in 2018. Median pay, information regarding the median pay, work environment, job outlook, employment outlook and required education for the surgical assistant practice would be available. Currently, information regarding the surgical assistant has been melded into the surgical technologist definition. Below is the information that has been provided to the BLS to help distinguish the two roles.

Surgical Technologists Comparison to Surgical Assistants

Surgical technologists and surgical assistants should be classified as separate professions, as these professions are classified separately by employers, have separate educational pathways, certifications, professional associations, malpractice insurance requirements, insurance billing practices, and varying hospital credentialing policies and compensation. In addition, surgical technologists and surgical assistants have distinct state statutes and regulations in fourteen states with additional legislation pending in others. Finally, surgical assistants' and surgical technologists' task and roles in the operating room vary.

The Board of Directors for the Association of Surgical Assistants appointed surgical assistants and surgical assistant representatives from the Accreditation Review Council on Surgical Technology and Surgical Assisting (ARC/STSA) and the National Board of Surgical Technology and Surgical Assisting (NBSTSA) to update and revise the *Core Curriculum for Surgical Assisting*. This important educational publication ensures that all surgical assisting students

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EARN UP TO 15 CONTINUING EDUCATION CREDITS AT THE 2015 PHOENIX MEETING

MARCH 6-7, 2015

HILTON DOUBLETREE PHOENIX/TEMPE
ALL CSTs, CSFAs, CSAs AND SA-Cs ARE INVITED.

ASA MEETING AGENDA

FRIDAY, MARCH 6, 2015

1 – 5 PM 4 CEs
Hands-On Advanced Wound Closure Academy (tentative)
(in partnership with Ethicon)
Proposed agenda:
 Wound Closure Principles, Wound Closure Innovations, Basic Stitches, Vertical Mattress, Running Subcuticular, Continuous Deep, Advanced Techniques, Looped suture, Undermining, Flaps, Removing Dog Ears, STRATAFIX™ Subcuticular, Deep Helical—Surgeon Faculty, Dual Layer, Deep Continuous (uses Symmetric), DERMABOND™ PRINEO™, Science of Tissue Management, Surgical Stapling

1 – 5 PM
CSFA Exam Prep Workshop

5 : 30 – 7 : 20 PM 2 CEs
Keynote Address: How Texas Achieved Licensure and Updates
 Bob Kamm, Government Affairs Consultant

7 : 30 – 8 : 30 PM **Reception**

SATURDAY, MARCH 7, 2015

7 : 45 – 8 AM 9 CEs
Welcome

8 – 9 : 50 AM
Hot Topics: We Listened and Learned—Sharing Feedback and How it Applies to ASA Strategic Plan

10 – 10 : 50 AM
Healthcare Law and Medical Ethics

11 – 11 : 50 AM
Marketing Your SA Business

NOON – 1 PM
Lunch (sponsored by NBSTSA)



1 – 3 PM
Apps for Surgical Assistants—interactive
 David Bartczak, CSA, OPA-C, LSA

3 – 3 : 50 PM
Strategies for Hospital-employed Surgical Assistants
 Susan Montville, CSA

4 – 4 : 50 PM
Contracting with Hospitals for Medicare and Medicare Supplemental Plans
 Paul Beale, CSFA

5 – 5 : 50 PM
Online Registry and ASA Survey
 Dennis Stover, CST, CSA

Attendance is limited to 125. Confirmation will be emailed at least 20 days prior to the meeting. Onsite registration will be available on a space-available basis. All cancellations must be received in writing by February 20, 2015. **Accommodations:** Hilton Double Tree Phoenix-Tempe, 2100 S Priest Dr, Tempe, Arizona 85282. 480-804-5222. **Rates:** \$159/night, single or double occupancy. **Reservations deadline** is February 7, 2015. Room block is limited.

ASA PHOENIX MEETING FEES (Includes Friday reception and keynote, Saturday Ed sessions and lunch).

Mail to: ASA, 6 W Dry Creek Cir, Ste 200, Littleton, CO 80120, 303-694-9130, www.surgicalassistant.org

Date _____ Member/Cert No. _____

Name (please print) _____

Circle title: CST CSFA CSA SA-C Other

Address _____

City _____ State _____ Zip _____

Home phone _____

Work phone _____

Email _____

Credit card billing address (if same as above, leave blank)

City _____ State _____ Zip _____

2015 ASA Phoenix Meeting	ASA Member:	\$275
	ASA Student* Member:	\$175
	Nonmember:	\$300

Advanced Wound Closure Workshop <i>Must be registered for Phoenix meeting.</i>	ASA Member:	\$200
	Nonmember:	\$250

CSFA Exam Prep Workshop <i>Must be registered for Phoenix meeting.</i>	ASA Member:	\$50
	Nonmember:	\$75

**Currently enrolled in CAAHEP-accredited surgical assisting program*

Money Order/check enclosed for \$ _____
(No purchase orders accepted)

VISA MC AmEx

Name on Card _____

No _____ Expiration Date _____

Total amount charged \$ _____

Signature _____

SURGICAL ASSISTANT BUSINESS MODELS

ZAK ELGAMAL, CSA, SA-C

Historical Perspective

The last 30 years or so have seen dramatic changes in the surgical assistant profession. Prior to 1994 and before the Stark Amendment, surgical assistants were either employed by hospitals, surgical centers, or by the surgeons. An independently practicing surgical assistant was almost unheard of.

In 1994, most of our employers, especially in the urban markets, realized that employing surgical assistants no longer worked for their bottom line. We were summarily informed that the facilities would no longer be paying us. However, realizing that the service was still needed, and to keep the surgeons' needs fulfilled, health care facilities gave us the opportunity to continue working in the facilities with the caveat that surgical assistants would have to deal with the payors.

Having hardly had any business experience in the field of medical billing, and being a profession that was not included in the recognized provider categories by the Health Care Finance Administration (the predecessor to CMS) or by most commercial payors, this was a state of affairs that required a very fast and precipitous learning curve.

A few surgical assistants who had some business background stepped in to fill the void and assist in establishing the form of infrastructure that could fill the gap.

One issue that remains unfulfilled is legislative action in different states

and on the federal level. There has been success in some states beginning with Texas in 2001. But we still have a long struggle to gain recognition both by the states and by CMS. The work of professional organizations like ASA and NSAA remain the best vehicle to work toward achieving our objectives.

Choices Available To Surgical Assistants Between 1994 and 2013

During that period, tens if not hundreds of surgical assistants formed practice groups to try to organize the business end of the profession to the best of their abilities. Some were successful, and some suffered. A few who had enough business background grew to a level that was truly astounding. Despite all the odds, along with the fact that there was not a single state that had any form of legislation on the books to increase the chances of getting paid by the payors, a few of these firms achieved significant success.

A considerable number of surgical assistants continued to be employed by facilities, and to a much lesser extent by surgeons. This was a mixed bag, recouping some or all the expense through reimbursement was doubtful, and employers tolerated the cost to ensure that the surgeons and the patients had the services available.

Another option became available to surgical assistants—to join a firm that would take some of the pressure off the assistant. These organizations contracted with the facilities to cover their

surgeons' needs, with some stipend to cover the expense of 24/7 coverage and to assist in offsetting the cost of caring for Medicare and Medicaid cases which are not billable due to lack of recognition.

Again, this option is a mixed bag, since an independent solo-practicing surgical assistant had to market himself or herself to the surgeons, do his own billing (or pay a percentage of his revenue to a billing company), do his/her own follow-up with the payors, cover his clients on 24/7 basis, and literally have no time for a personal life. It proved to be a brutal life choice. It may have provided great living, but it came at a very high price.

Or another pathway developed—join a company with a business model that does all the above and pays a combination of salary, benefits, incentives, in addition to profit sharing or bonuses or some combination thereof. Of course, the income was a bit less than being independent, but the benefits were worth it.

The depth of the bench in these companies afforded stability and reasonable work load that permitted for a life style making it worth the percentage of revenue lost to the employing company.

This became so successful to a point where facilities started seeking these firms to assume hospitals' surgical assistant workforce and maybe pay a stipend that was much less than the cost of employing the assistants, in addition the facility enjoyed the 24/7 availability and the fact that they no

longer had to worry about the fluctuations in work load.

The New Norm

Recently surgical assistants, facilities, and payors have been trying to adjust to the results of the implementation of the Affordable Care Act. Payors and facilities are adjusting the reimbursement and salary levels to maintain a healthy bottom line, and are trying to find ways to delay, deny, or lower the reimbursement levels to all providers, including surgical assistants.

In my personal opinion, based on experience of more than 30 years in this business, there is strength in numbers. A group of assistants working together under one central infrastructure has a better chance of surviving these changes than a solo practitioner. The overhead is lower, the billing process is more efficient, the scheduling is better organized and utilization of the workforce is much more efficient than what a solo practitioner can do. In addition, when the revenue coming in is appropriately managed, the result is a sustainable business environment. It is less chaotic than one practitioner spending time dealing with all the corollary issues versus doing what we do best—assisting in surgery.

In the following few articles, I will try to examine the details of the pros and cons of different business models available, stay tuned.



Two early advocates for independent surgical assisting; Zak Elgamal, CSA, SA-C, and Jaimie Olmo, CSA (circa 1992).

study and master the same benchmark information. The Core Curriculum has also been employed in legislative discussions and provides legislative bodies with the details of the surgical assistant role. It was also employed recently in discussions with NSAA regarding the value of CAAHEP accreditation (see NSAA meeting information below). It is interesting to note that we anticipate that only one surgical assisting program will not carry CAAHEP accreditation in the near future.

Insurance Reimbursement issues

ASA has been quite busy dealing with many different layers dealing with the reimbursement of Surgical Assistants. We have formed a task force to deal specifically with these issues. The task force met in Savannah, Georgia. The result of this task force's work has already been seen in UHC reviewing their policy decisions and beginning to reinstate payments for SAs. This taskforce has also developed a complete resource guide for Business 101 for surgical assistants that is posted on the ASA website under the members only section.

The ASA had also applied to update and clarify the taxonomy code for surgical assistants. I am pleased to inform you that ASA was successful in its endeavor to update the NUCC code. The code now distinguishes the ST from the SA.

Networking for Unity

ASA has reached out to the NSAA to come to the table and discuss issues of commonality where we can be of mutual benefit to each other and the profession. There was a meeting held on May 17, 2014, between the executive boards for both organizations. The end result of this meeting was a historic agreement to partner together where there are issues of mutual concern. We have formed a joint committee on education, insurance reimbursement and one to develop a national registry.

I, along with Karen Ludwig, had the opportunity to visit with their board in Atlanta and continue the dialogue and proceed with identifying issues that merit the focus of both organizations.

Two NSAA representatives, Dan Baird, CSA, NSAA Chair, and David Jennette, CSA, NSAA Chief Administrative Officer, will be attending the ASA Orlando Meeting in October. Onsite meetings are anticipated to follow up the discussions in Atlanta.

National Elections

At the ASA Conference in Denver, the active ASA members passed motions to initiate electronic voting for national elections; establish a Nomination and Leadership Committee to recruit members to run for office or seek committee appointments; and to move the Business Meeting to the fall. Details are being worked out and the first national elections will be held in Nashville in the fall of 2015.



Writing Contracts

Fred Fisher, CSFA, CSA, RSA

What is a contract?

Many people think that a contract and an agreement are the same thing. This is not true! *Black's Law Dictionary* defines an agreement as a mutual understanding between parties about their relative rights and responsibilities. It defines a contract as "an agreement between parties creating obligations that are enforceable. You can come to an agreement with someone, put it writing but it doesn't satisfy the requirements of an enforceable contract, it is not enforceable in court.

Business Contracts

There are six essential elements for a contract to be valid (enforceable in court).

- **Offer, Acceptance, and Mutual Consent**

Every contract must include an offer and acceptance of the offer. Both parties consent of their free will. They must agree to the same terms. Implied in the first three conditions is intent of the parties concerned to create a binding agreement. If either party is not serious there is no contract.

- **Consideration**

Something of value must be exchanged between parties. Both parties must give something {otherwise it is a gift, not a contract}.

- **Competence**

Both parties should be of sound mind to understand the seriousness of the situation and fully understand what is required. Either party should not be a minor, or mentally deficit.

- **Legal Purposes**

The contract must be for a legal purpose. It cannot be for something illegal.

There are many types of contracts and all of them are extremely important. These contracts can affect you in many ways. They can enhance your reputation, ruin your reputation, bankrupt you, make money for you, and make life easier or harder, depending on the contract and what is in each contract. The most important part is finding a contractual lawyer that understands the type of contract you want written. There are many types of contracts and thus many lawyers who specialize in each type. It is of vital importance that you identify your needs as well as the party you are contracting with. Listed below are some type of contracts you may encounter, both as an employee or as an employer.

- Partnership contracts
- Hospital contracts
- Employer and employee contracts
- Physician contracts
- Insurance contracts

Each of the above contracts require a separate contract with different needs and terms. Once again, I will say get a "CONTRACT ATTORNEY" is of utmost importance and make sure you understand every line in each contract and don't get caught up in legal terms.

Technology in Medicine

“THERE’S AN APP FOR THAT!”

DAVID BARTCZAK, CSA, OPA-C, LSA

With the advent of smart phones and tech savvy consumers, the push for anything and everything to be mobile has grown tremendously since the first app in 2008. Whether it is a game, reference or business-related program, there is an app or sometimes multiple apps to do it.




In medicine, the challenge has always been finding someone who is knowledgeable in medicine and also a tech savvy consumer. The generational gap can be steep for the newer technologies. The cost related to creating apps has also grown with the increase

of demand and the technology in the mobile devices. Now the average cost to create an app has similarly increased exponentially since the first app to now about \$25,000 to create a user-friendly interface and marketable app. It is all about the user experience and usefulness. Anything good is generally not free.

Most medical-related apps are references, but we have seen a surge of consumer apps to make work easier, life easier or just answer that general medical question on the go. This series is dedicated to reviewing apps that are

related to the surgical assistants, surgical technologists and other operating room personnel. Some apps are free, some are not. Depending on your tolerance to cost, tech and need, these apps can be relevant to your daily use. Each article will review three available apps with pros, cons and summary.

David Bartczak is the developer of My Surgeon and also practices as a surgical assistant in Texas. He will be presenting a two-hour session on Apps for Surgical Assistants at the 2015 ASA Phoenix Meeting.

APP		PROS	CONS
 <p>Arthrex Surgeon App</p>	<p>“The Arthrex Surgeon App provides 24/7 mobile access to Arthrex’s extensive digital orthopaedic knowledge and resource library.”</p>	<p>Free app that user can get up to date equipment and technique guides plus past video lectures. The app is optimized for all popular mobile devices. Can be used by surgical technologists or assistants to learn about many procedures and Arthrex products.</p>	<p>Most the content requires active internet to access information. Difficult to navigate because it has so much information for a phone.</p>
 <p>MileIQ</p>	<p>“Uses smart drive-detection technology to automatically log your drive and calculate their value. You can get reimbursement or deduction you deserve with a minimum amount of effort.”</p>	<p>Helps keep track of business and personal mileage for later submission to IRS. Offers 40 free “trips” per month for free version. Seems to be accurate for mileage tracking. Sends a weekly email in Excel format for easy tracking</p>	<p>Does seem to drain battery more quickly because of background locating services. Breaks single trip into multiple little trips while tracking.</p>
 <p>MySurgeon</p>	<p>“With this app, users can create, save, edit, update, and access to surgeons’ preferences and procedures as well as share all of their content with others to keep everyone informed. Plus, it has a journal that syncs with the iPhone calendar and if you know the procedure codes you can see if the case is payable for an assistant at surgery automatically.”</p>	<p>Easy to use interface, which is full featured for anyone that helps with surgical patients. 30 day free trial to test features.</p>	<p>Not available for all mobile devices as an app, can be tedious to type large profiles on phones but app does have live-synced user-friendly internet-based interface that can be utilized.</p>

Join ASA—

the only professional surgical assisting organization that:

- ✓ Successfully applied to the National Uniform Code Committee (NUCC) for a new definition of surgical assistants in the taxonomy code.
- ✓ Completed first application phase to the BLS to add the surgical assistant to the Healthcare Practitioners and Technical Occupations.
- ✓ Provided major financial support in Florida and for **enacting legislation** in Virginia
- ✓ Offers an authoritative job description
- ✓ Sponsors billing and reimbursement education opportunities
- ✓ Researches and provides Recommended Standards of Practice
- ✓ Publishes the *Core Curriculum for Surgical Assisting*
- ✓ Sponsors advanced-level hands-on workshops, including robotics, cadaver labs, endovascular harvesting, and learning-at-sea cruises
- ✓ Offers discounts to take the CSFA examination
- ✓ Publishes information that's relevant in the quarterly *The Surgical Assistant*
- ✓ Sponsors an annual meeting that features nationally recognized surgeon speakers
- ✓ Hosts open Facebook site for surgical assistants
- ✓ Hosts an open Discussion Board
- ✓ Host an open online Jobs Board
- ✓ Offers ASA dues-paying members free opportunities to post Positions Wanted

Join ASA to advance your career in surgical assisting and advance our profession.

www.surgicalassistant.org

