

GAO RELEASES MEDICARE PAYMENT REPORT

The US General Accounting Office released a report, “Medicare Payment Changes Are Needed for Assistants-at-Surgery” this week. The study is the result of a 2001 congressional mandate that the GAO study payment for the CRNFA, a study that, over time, expanded to include the information presented in the report. Representatives from the Association of Surgical Assistants and the Association of Surgical Technologists were interviewed several times for information prior to the release of the report.

ASA is currently analyzing the report, but in brief, it states that Congress should consider consolidating all Medicare payments for assistants under the hospital inpatient prospective payment system. They also said that the payment policy itself

should be improved to include all who are qualified.

While the report will doubtless raise many questions for surgical assistants of all backgrounds, it does begin to lay the groundwork for a Medicare payment system that could reimburse many surgical assistants who have, to this point, been unable to receive any remuneration for their services. It will be ASA’s goal in this process to ensure that the interests of non-physician surgical assistants of all backgrounds are treated equitably.

GAO states that there are three flaws in Medicare’s payment policy for assistants-at-surgery, and that these flaws prevent the current system from meeting the goals of the program and making appropriate payment to qualified providers:

- 1) Medicare pays for assistant services as a part of both the hospital inpatient PPS and the physician fee schedule, and hospital payment is never adjusted when assistants are paid under the physician fee schedule.
- 2) When payment is not included in an all-inclusive payment system, there is no incentive to the hospital or the physician to use an assistant only when medically necessary.
- 3) According to GAO, the “distinctions between those health professionals eligible for payment as an assistant-at-surgery under the physician fee schedule and those who are not eligible are not based on surgical education or experience as an assistant.”

GAO recommends in their report that Congress consolidate all Medicare payments for assistants-at-surgery under the hospital payment system, and that adequate criteria

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be developed for determining who should be credentialed to assist.

ASA has stated several times in various reports that one of the highest hurdles to achieving Medicare reimbursement for the Certified First Assistant has been the lack of a state-regulatory mechanism that would adequately determine who has the proper education and experience to serve as an assistant. The federal government has indicated in this report and in the previous Medicare Payment Advisory Commission (MedPAC) report, that the varying educational requirements of the different groups that pro-

stants-at-surgery, stating that while the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires that hospitals credential their staff, there is no prescriptive language as to who should be credentialed or what training they should have.

The report suggests that payment should either be bundled with hospital or surgeon fee payments, and that an analysis of payment will show that the most appropriate mechanism for payment would be through bundling into the inpatient hospital PPS, rather than into the surgeon's global fee. The reasoning for the recommendation is tied to the idea that hospitals

to limit payments to services made under the inpatient prospective payment system.

They state that, under such a system, the problem presented by the variances in educational and experiential requirements for entry to the profession would become a moot point, because the payment would not be made to an individual. Therefore, responsibility in determining education and experience would be left with hospitals and surgeons, and not with a regulatory mechanism.

GAO cites some specific drawbacks to the prospect of bundling assistant payment within the surgeon's fee:

- 1) The amount paid under the hospital PPS is unknown, so the total amount that would need to be added to the physician fee schedule for an assistant is unknown.
- 2) A payment amount would have to be determined for each procedure, and no data currently exists that would support the development of a schedule of amounts. Because the only way to create this would be the utilization of average costs, all procedures would have to include assistant payment. Therefore, surgeons who performed a high number of procedures with an assistant would be paid less, and surgeons who performed few procedures with an assistant would be paid more.
- 3) Additionally, GAO states, surgeons would have a financial incentive to use an assistant less frequently even in cases where an assistant might be medically necessary.

GAO expresses concern about the development of any system that

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vide assistant services are problematic to the Medicare system. Further, GAO agrees with MedPAC and with ASA's own previous analysis that there is a lack of information about the quality of care provided by the various types of health professionals who provide assistant services to allow the system to easily assess the adequacy of the requirements for a particular profession. That said, ASA representatives have presented the case that we believe that the requirements to obtain the national Certified First Assistant credential do present a standard upon which payment for CFAs could be based.

GAO also cites a lack of "national consensus" on requirements for assis-

ants already responsible for ensuring the health and safety of their patients, and that this includes assistant services. Further, they state that hospitals already have credentialing processes in place, where no formalized credentialing process exists in the assistant/physician relationship. Further, their study shows that while some assistants practice as independent business owners (not independent practitioners); most are already employed by hospitals. Therefore, they state that a change that would limit pay to assistants that were employed by surgeons would be far more disruptive to the individual assistants than would a change

would financially incent decision makers not to use a surgical assistant in a case where it might have been otherwise deemed medically necessary.

Surgical assistant members of ASA and other groups have already voiced concern that the proposed system of payment would either force surgical assistants to move into hospital employment situations, creating an untenable financial situation for many, or would simply push them out of the field altogether.

Summary

In summary, this new GAO report suggests that the majority of surgical assistants are likely already employed by hospitals, where the inpatient PPS pays for their services. They state that consolidation of assistant payments into the hospital payment would give hospitals an incentive to use assistants only where medically necessary, and hospitals are already incented to use assistants where necessary as part of their duty of care. The study asks Congress to consider the consolidation of all assistant-at-surgery payments into the hospital payment system.

The release of this new report from GAO may bring the issue of assistant-at-surgery Medicare payment to the forefront of a new discussion before Congress that could benefit all surgical assistants, including the CFAs, CSAs, and SA-Cs that make up the membership of ASA. We will continue to analyze both the report and the situation in Washington, and will keep our members apprised of our ongoing legislative activities with regard to Medicare reimbursement for qualified surgical assistants.

KENTUCKY LEGISLATIVE ALERT

Kentucky Senate Bill 206, a proposed new law that will “certify” surgical assistants in Kentucky, has passed the House and the Senate, and now only needs the governor’s signature to become law. This new law would make Kentucky the third state to require formal education and certification as a CFA in order to work as a surgical assistant, and is a follow-up to the insurance reimbursement law that we worked to get passed in 1999.

This new law would establish licensure similar to that already in place in Texas for surgical assistants in Kentucky, and would also establish a board for surgical assistants that would not only regulate the profession but provide public information. Both CFAs and NSAA-certified CSAs would be eligible for licensure under the provisions of the new law.

This is landmark legislation for surgical assistants, and would make Kentucky the first state with both a licensure and reimbursement statute for surgical assistants. The legislation, which will hopefully be passed this year, comes at the end of years of cooperative work in Kentucky between surgical assistant members of ASA and the National Surgical Assistants Association.

Kentucky surgical assistants: please take the time to contact Governor Fletcher’s Office and urge him to sign Senate Bill 206 for licensure of surgical assistants. Let him know that surgical assistants in your state are taking proactive steps with this legislation to regulate our own profession and to ensure the provision of safe, high quality patient care for all surgical patients in Kentucky.

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It’s very important that all surgical assistants in Kentucky take the time and make this call, as there are parties in opposition to this bill that will be doing the same! Make a difference!

Watch ASA web site, www.surgicalassistant.org, for legislative updates for other states.