



THE SURGICAL ASSISTANT

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A CALL FOR UNITY

Dennis Stover, CST, CSA, ASA President

The ASA has been actively pursuing legislation in the State of Virginia for surgical assistants. We are pleased that our bill has made it out of committee and will soon make its way for a full vote. While it is not my intent to inflame, I believe it is important to be transparent. This legislation could have proceeded at a much fast-

er pace and with less embarrassment for our professions if it had not been opposed by the National Surgical Assistants Association (NSAA) and the Virginia Association of Surgical Assistants (VASA). This opposition caused quite a stir and disappointment from both members of ASA and NSAA. However, I do believe that out of bad can come good. With the controversy that surrounded this bill it led to a cry from members of both the ASA and NSAA to work more cooperatively together. I would like to take the opportunity to outline some simple steps that I believe would lead to our profession becoming more united and allowing both organizations to work together on legislation and professional interests while still adhering to the desire to represent our own individual members.



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1. Establish a Project Task Force with Clearly Defined Roles

Each organization needs to know what function they will serve, how that role fits with the other organizations' functions and what happens if each doesn't do the job.

This could start with a task force comprised of representatives from both the ASA and NSAA. Start with the standard roles that are typical for these types of projects.

—continued on page 3





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If ASA or NSAA desires a role that is unique, then create it. Likewise, if the project doesn't require a particular standard role, eliminate it. Always remember that results are what matter the most.

Identify three to six aspects of the project that are most important or that pose the most risk. Create roles that encompass the concerns or risk areas. Then ensure that all major roles are defined correctly by cross-checking the roles with the work that needs to be done.

This type of project organization addresses concerns or areas of risk head-on by defining a role with a singular point of accountability to manage the areas of the project that are most likely to fail.

2. Eliminate Finger Pointing and Public Fights

Every project will likely involve lively discussions. Ideally, these discussions lead participants one step closer to project completion. But when they get out of control, finger pointing and fighting are the results.

Allow these discussions to take place, but put a few rules in place to maintain a level of civility. For example:

- Once a decision has been made, both organizations must stand behind it as a team.
- What happens in the room stays in the room; outside of the room the organizations remain unified. This means no gossiping or badmouthing each other's organization.
- Wrong decisions must be accepted as a team. In other words, no finger pointing allowed.
- Don't allow problems to become personal. Focus on problems, not on people.

Inevitably some rules will be broken, but clarifying the ground rules will go a long way toward reducing strife.

3. Develop a "Rallying Cry" to Focus the Two Organizations
A successful legislative advertising campaign clearly communicates its message. Consider these classic examples: "Where's the beef?" "Got milk?" and "Plop, plop, fizz, fizz." All these unifying messages can be associated with a product. Similarly, when driving a project, it helps ASA and NSAA to embody some mutual rallying cry or mantra.

4. Hold both the ASA and NSAA Accountable for Delivery
Everyone needs to realize that both the ASA and NSAA are accountable not

5. Celebrate Victories as a Team
Driving through a project from inception to completion is tough work, and people can easily become discouraged when faced with roadblocks or setbacks. When both the ASA and NSAA work together we both can celebrate success and take that success back to our members.

Teamwork in the Future

A well-structured profession is one where both organizations understand their role in making the project successful. When success happens this leads to further avenues to work



only to their members but also to the profession as a whole. After all, if one fails, then the profession suffers.

Each organization should be aware of what the other is doing in order to ensure that the individual organization knows how he or she fits into those aspects of the project. All members should realize that if they fail to meet a deadline or don't perform their jobs adequately they are letting down the entire profession. Both ASA and NSAA need to feel accountable for their work and need to experience the discomfort of failure as well as the joy of success.

together on different project whether they are legislative or educational.

I am reaching out publicly to the Board of Directors of the NSAA and asking you to join us as we strive to grow this profession and meet the demands that both our members deserve.



SURGICAL ASSISTANTS AND THE AFFORDABLE CARE ACT

Luis Aragon, CSA

Due to the Affordable Care Act and what I believe has been the response from commercial insurance companies to these changes, our profession of surgical assisting has seen a negative trend that has caused some uncertainty. As a result, some individuals and companies are taking advantage of the turmoil and offering providers or facilities some guarantees or agreements that are either unethical or illegal.

The American Medical Association (AMA) and the American College of Surgeons (ACS) position statements have been that surgical assistants should be either another surgeon or a qualified resident and in absence of the latter two, it would be up to the primary surgeon's discretion whom he wants to use as his/her assistant.

In the late 1970s and early 1980s, with the introduction of Health Maintenance Organizations and capitated health plans, it was not cost

effective for other surgeons to assist their peers. During these years, the nonphysician surgical assistant profession experienced an increase in demand due to the cost savings of utilizing skilled and knowledgeable assistants.

For most of the last three decades, surgeons and facilities in the US have utilized educated, skilled and knowledgeable nonphysician surgical assistants for minimal or no cost. In the majority of these cases, patients were unaware that a surgical assistant participated in their care.

There are many things that are wrong about this patient care model, and we knew it was not sustainable in the long term, primarily because of changes in the healthcare environment.

"Insurance only" agreements and the routine waiver of deductibles and co-insurance might be construed as

insurance fraud and should not be accepted as a contingency of being used as an assistant for a facility and/or surgeon. If they do not value you as a provider and you are not considered valuable enough to be reimbursed for your services, then it is a relationship that you might not want to continue.

Furthermore, with these changes there has been an increase in alternative or creative health plans, such as flexible health savings accounts and higher deductible policies. As a result, we need to educate surgeons, facilities and patients that it is necessary for us to bill patients for our services as long as we are consistent, fair and ethical in our billing practices.

If we do not involve the patient in this process, our profession as independent healthcare providers could see its demise in the next two to three years. Practitioners will only have a

place in the healthcare industry as hospital employed assistants.

Another concern is companies that guarantee reimbursement from third-party payers, including Medicare. One recent and troubling claim states that if a provider has a license in Texas or Washington, DC, the license could be utilized in other states to guarantee reimbursement from commercial payers. After the passage of laws in Texas and Illinois back in 2004, my billing company sought legal counsel about this matter and their answer was simple: you can only claim that you are licensed/registered in the state where it was issued and should not be utilized in other states for reimbursement or other purposes as this could be misleading and could fall in the false claims act. To make a payer believe that you are licensed in the state where the procedure was performed while submitting the license/registration information from another state is clearly defined as insurance fraud from a legal standpoint. Others have claimed to have found the solution of getting reimbursed by Medicare with “loopholes” recently discovered. I am sorry to be the bearer of bad news but during the past 30 years everything has been researched and the short answer is that only approved nonphysician providers are reimbursed by Medicare and those providers are Physician Assistants, Nurse Practitioners and Midwives.

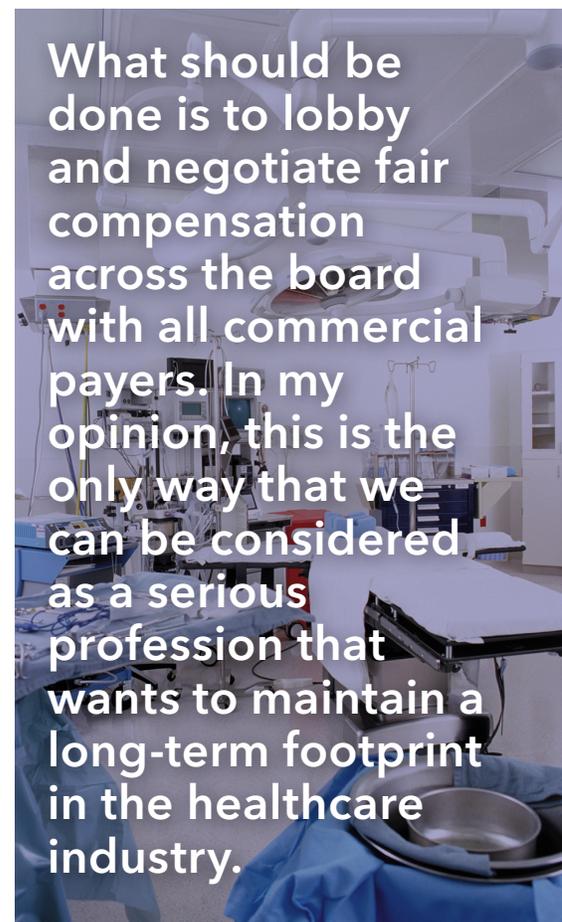
Please understand that there is no backdoor, secret processes or guarantees to getting reimbursed by insurance companies, I have been involved in the medical billing industry since 1995 and specifically billing for surgical assistant services since 1997, and I can assure you that the billing and collections process is simple and straightforward. A practitioner submits a

claim to the payer, and the claim is processed based on their policies. One of three consequences will follow: 1. Payment is remitted; (2) More information/documentation is requested or (3) The claim is denied. How you handle the denials or the follow-up to claims is what determines if the process is effective or not. No guarantees for reimbursement should be made. The only guarantee a biller should make is to work hard for your claims through timely filing, thorough and appropriate follow up and an aggressive appeal process.

I personally have never agreed with the strategy of accepting thousands of dollars for a single procedure from certain payers with the excuse that we are off-setting for those who do not reimburse for our services. Alternatively, what should be done is to lobby and negotiate fair compensation across the board with all commercial payers. In my opinion, this is the only way that we can be considered as a serious profession that wants to maintain a long-term footprint in the healthcare industry; as a viable cost-effective alternative, while providing quality care to the patient. If we could get reimbursed on all surgical assistant approved procedures, we do not need to be reimbursed a small fortune in a single case to survive; we only need to be compensated fairly and consistent on all cases.

Also, there are some groups that utilize “creative” contracts with hospitals and surgeons’ groups, such as “shared staffing” agreements, where a company bills for an employed-facility assistant and shares the reimbursement with the hospital and/or surgeon through a third entity. If it sounds too good to be true, convoluted or fishy; it’s because it is. Several national health law firms have determined that no facility or group should enter into these type

of agreements due to the potential of being construed as fraud. It should be noted that in these agreements the entity that is at risk is the hospital more so than the group or company performing the billing of the employed assistants. It all depends on the individual contracts that the facility has with insurance companies. Facilities that are in dire financial shape will take the risk in exchange for additional income, especially small community



hospitals that have been affected either by the economy or the healthcare changes.

Our only chance of survival is through education and effective grassroots efforts for recognition. This starts with implementing a taxonomy code that gives an accurate description of our profession that is outside the “technician” descriptor. What happens is that your NPI that is submitted to the insurance company on your claim is

attached to a taxonomy code which is a subset of the surgical technician code and when a payer's software red flags a provider as a "technician," this prompts a denial, based on the assumption that a surgical technician should be provided by the hospital. While this is accurate, because in fact a tech is always provided by the facility in the form of a scrub nurse or tech but a qualified surgical assistant is usually not provided by facilities.

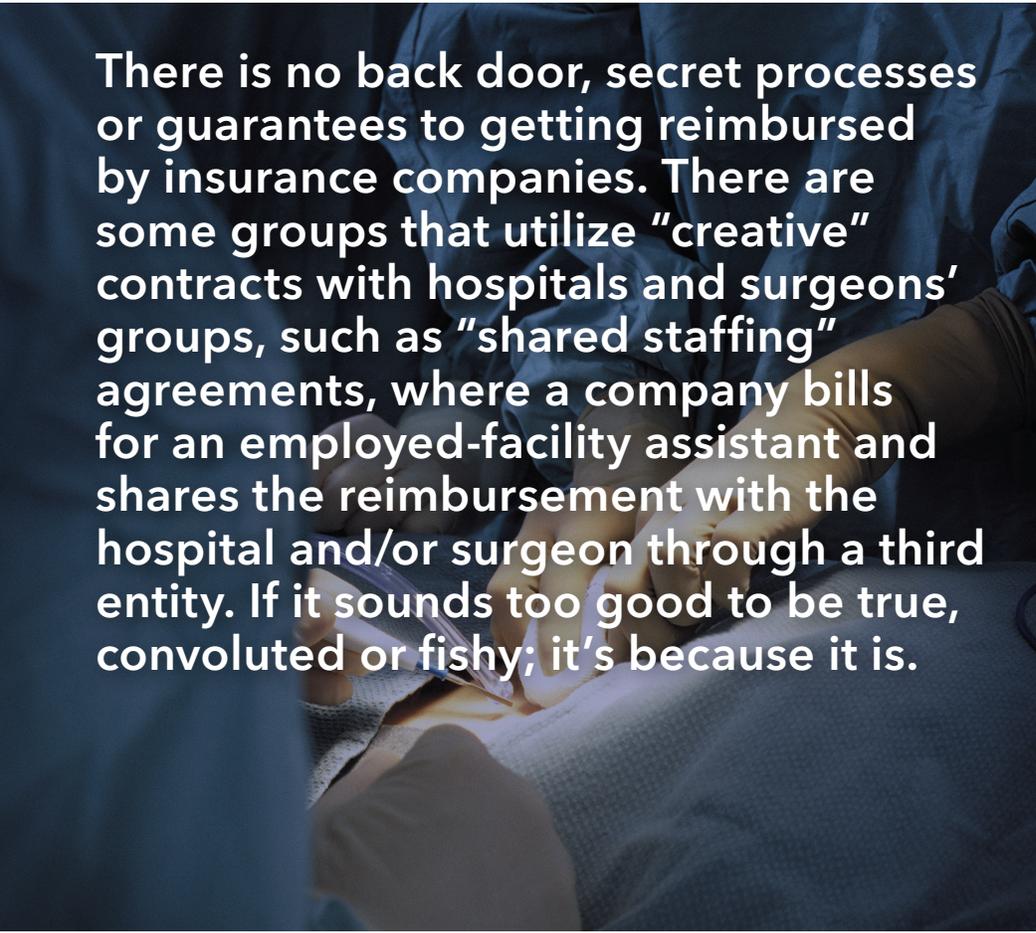
by an outside party, unless that plan does not have out-of-network benefits such as the recent ACOs that are being formed throughout the country.

I fully understand that because of the low numbers in our profession when providing funding for lobbying at the state level it is cost effective to join both a surgical tech and a surgical assistant bill into one, but unfortunately this perpetuates the notion that our job description is one

learn to work together to avoid duplication of efforts. There is a lot of money, time and effort made by NSAA and ASA/AST to achieve the same common goals. NSAA has been directing efforts in lobbying at the federal level and ASA/AST have been supporting legislation in individual states. The end goals are the same for both organizations which is recognition by the Department of Labor, CMS and reimbursement legislation in every individual state. We can do the same without duplication of efforts, but to do this we need a consensus and commitment to work together for the benefit of our profession.

I want to make sure that I give credit where credit is due and mention that some successful efforts in states that have achieved legislation have been spearheaded by hard working individuals in Texas, Illinois and Kentucky.

There are many incredible, brilliant minds in our industry as well as individuals who have the experience, knowledge and skills to be able to achieve all of these goals. It is just a matter of putting these minds and hearts to work together to help salvage a profession that has a place in the future of evidence-based medicine, specifically because we can provide the best service in the most cost-effective manner.



There is no back door, secret processes or guarantees to getting reimbursed by insurance companies. There are some groups that utilize "creative" contracts with hospitals and surgeons' groups, such as "shared staffing" agreements, where a company bills for an employed-facility assistant and shares the reimbursement with the hospital and/or surgeon through a third entity. If it sounds too good to be true, convoluted or fishy; it's because it is.

Another important issue that should be addressed is that our autonomy should be maintained at all times. If an insurance company recognizes out-of-network providers in their plans, we should fight for the right as providers to be able to make the choice of either being an in-network or out-of-network provider. To participate in an insurance company's network should be an independent decision by the provider or practice directly and not mandated

and the same when it is not. With this type of legislation it is hard for us to make a case when negotiating with insurance companies to recognize us as independent surgical assistants. We need to find ways to seeking funding so we can lobby for "surgical assistant only" bills moving forward with all involved parties having an input on proposed legislation.

And last but not least, our current surgical assistant associations should

Editor's Note: Luis Aragon is the Midwest vice president of American Surgical Professionals and also serves as treasurer of the National Surgical Assistant Association. In addition, Luis is serving on the ASA Billing and Reimbursement Task Force.

2014 Candidate Statements



REBECCA HALL, CSA
DELTA COLLEGE
UNIVERSITY CENTER, MICHIGAN

Hello, my name is Rebecca Hall, and I am asking for the opportunity to serve the membership as a secretary for ASA. My experience on the AST Board of Directors in 2010 has prepared me to assist the ASA in becoming as established and strong as AST. Recently, I served as a contributing editor on the third edition of the Core Curriculum for Surgical Assisting.

Subsequently, I have become more involved in our profession and feel that it is time for me to run. I can say that I am qualified, full of ideas and ready

to work with others to make a great year ahead. I have always been a hard worker and taken on leadership roles in things I am passionate about.

Having been a member for a number of years, I feel confident of the ASA's goals and objectives and how to attain them. If elected, I shall strive to

1. Increase membership;
2. Generate more fundraising activities;
3. Ensure the optimum infrastructure is in place to effectively support our members;
4. Continue to raise the profile of the Association of Surgical Assisting; and
5. Utilize my substantive experience in organization leadership and state legislative efforts to benefit ASA.

I believe I have a really good understanding of the current issues and concerns and am confident I could help continue the strong forward momentum we are now experiencing.

*** Meet ASA candidates** on
Wednesday, May 28 at
the ASA Business Session
beginning at 11 am.

SECRETARY (ELECT 1)



PAUL BEALE, CSFA

PROFESSIONAL ALLIANCE
SURGICAL ASSISTING
LAKEWOOD, COLORADO

I'd like the opportunity to reintroduce myself to many of you and to introduce myself to our newest colleagues in the profession of surgical assisting. My name is Paul A Beale, and I have been a surgical assistant since 1994. The past two years I have had the honor of serving the Association of Surgical Assistant's membership as a director. I also am currently the president of the Colorado State Assembly of AST, in my second term.

In 1997, I was certified as a surgical first assistant and have maintained my certification continuously throughout the years. Since 2001, I have been an independent solo practitioner in the Metropolitan Denver area assisting surgeons at 12 hospitals and five freestanding surgery centers.

During my tenure on the ASA Board, we have taken on many of the issues facing our association and have successfully prevailed, and we continue the work on other issues that continue to present roadblocks. Just to highlight some of the issues of the past two years, the membership of ASA is growing steadily at a consistent rate and we have exceeded 1,200. We were able to obtain a reimbursement plan with Cigna to pay surgical assistants in Florida. We are continuing to work with the Bureau of Labor Statistics on developing a definition for the surgical assistant, and are continuing to support legislative initiatives. I am excited over the CORE Curriculum revision for Surgical Assisting and Standards of Practice (SOPs) and

think that these changes will help us with legislative issues as well as credentialing within the facilities.

We are now at a crossroads as Surgical Assistants, having gained the respect of many surgeons we work with across the table and hospital staff, both nurses and surgical technologists. We have achieved this respect due in part to the quality of the CAAHEP-accredited surgical assisting programs, and our predecessors laying the groundwork for us to build upon as we move forward. I have a firm belief that we must become licensed in all states and continue our education in the latest techniques and procedures through continuing education. There is much more work to be done, and if you re-elect me for another term to the ASA Board of Directors, I would be honored to serve and represent you as we continue to grow. Thank you in advance for your consideration.



FRED FISHER, CSFA, CSA

CHICAGOLAND SURGICAL ASSISTING
NAPERVILLE, ILLINOIS

My name is Fred Fisher, and I am running for the ASA Board of Directors.

I have been a surgical assistant for more than 26 years and established Chicagoland Surgical, my own surgical assisting business more than 15 years ago. I employ CSFAs, CSAs and RFNAs to cover three hospitals 24/7. I continue to work closely with hospital administrators, have negotiated several hospital contracts and actively remain current with practice-relevant issues at state and federal levels. My business experience has provided me with insights regarding many of today's challenges

and frustrations—legislative recognition, writing contracts, gaining privileges, billing and the importance of strengthening relationships with hospital-employed surgical assistants.

I actively participated in the passing of legislation in Illinois which created a registry for surgical assistants. The development of this registry has promoted reimbursement and growth of the surgical assisting profession in Illinois for the last 10 years. I served as the vice president of the Illinois Surgical Assistant Association and remain an active member today.

Surgical assistants have many questions to answer:

- Are we heading down the same pathway as the surgeons—reap the pay now and lose control in the future?
- Is standard reimbursement going to occur nationally?
- Is it time to set ethical and moral standards for reimbursement?
- How do we build this profession?
- What are the needs of the hospital-employed surgical assistants?
- What is the solution for speaking with one unified voice?

I am ready to listen to your perspectives and work to find strategies that respond to these challenges. We can develop approaches that are collaborative and forward thinking. We must have more practitioners actively involved in the organization. ASA needs your input. ASA will be nurtured by the valuable knowledge that members have gained across the country. More active members will benefit our organization, advance our legislative recognition, advocate for our practice and ultimately improve patient care.

If I have the opportunity to be elected as a member of the ASA Board of Directors, I will do my best to listen and represent all members and respond to your inquiries promptly.

As Bob Dylan sang, “The times they are a changing.” I believe it is important for us to find our common voice and own our future.



S BENN PSALMS, SA-C

OASIS SURGICAL ASSIST
TUCSON, ARIZONA

It seems like yesterday when my close friend and I sat in the O.R. lounge at the VA medical center and tossed around the idea of becoming surgical first assistants. That conversation took place over 8 years ago, and since then I have successfully completed school, taken and passed my certification exam, acquired provider privileges, started my own business with my spouse, and become a successful independent surgical first assistant in Tucson, Arizona. It wasn't until I began to navigate the world of the independent assistant that I realized I had no practical experience to draw from when faced with the difficulties of setting up and maintaining my own business, dealing with insurance companies and understanding the complexity of the various professional relationships I was involved in. However, I was very fortunate to have a friend who was already practicing and agreed to become my mentor. My wife and I drew from their experiences, successes and failures and applied all of what we learned to our own practice, Oasis Surgical Assist. It was in no way easy, but the guidance we received from those around us helped us to become successful business owners. ASA was one of the resources I drew from when I encountered circumstances that seemed insurmountable. Through ASA, I have forged relationships with other assistants, educators, billers and entrepreneurs. I have drawn from the collective experience of hundreds of like-minded individuals in a field that I have grown to love.

From the first day of school, I vowed to help others on their way of obtaining the same dream of becoming an assistant. I have spent countless hours speaking to up-and-coming assistants over the phone, through

emails, and posts on various forums and forms of social media. My comments and posts are often harsh, politically incorrect and abrasive. This, I do admit. However, I also hope they have a provocative, thought provoking and introspective effect on the readers. My point of view is often different than most, but it is a point of view tried in the competitive crucible of the independent surgical assistant.

I believe that becoming an ASA board member will not only allow me to continue being a benefit to the individual assistant, but empower me to positively impact our profession as a whole. If elected, I pledge to try my best to use my experiences, resources and drive to better our profession. I also will strive to protect the public health, safety, and welfare and to educate individuals in the general public and healthcare community by providing them information specifically regarding the scope of practice and role of the surgical first assistant in the operating room. I will be open to your comments, concerns, and criticisms and will always try to respond to your inquiries in a timely manner. Surgical First Assistants are a vital part of patient care and ASA, with the proper direction, can maintain the high standard of care that our patients deserve.



**CRYSTAL WEIDMAN,
CST, CSFA, SA-C**

KEY ACCESS INSTITUTE
HOUSTON, TEXAS

Throughout my 20+ year career within the surgical arena, I have benefitted from the various roles and situations encountered through daily interactions with other professionals. Coupled with a strong educational background and experience on various

state boards, I am prepared to be a key contributor as an active member of our board.

I understand the importance of professional networking to advance our association while educating those who could potentially have an impact on our profession while fostering and ensuring existing relationships are healthy for an association. As a graduate of a surgical assisting program, I faced the same challenge many do as they advance and credential—the hurdle of gaining experience when many hospitals and doctors want a surgical assistant with experience. I was given a break from a peer who mentored me into, and through, my journey as a traveler. I have been exposed to the challenge of deciding whether to be an independent or work for a group. There are so many variables and understand there is not a cookie cutter answer for all who are credentialed.

I welcome the opportunity to work in collaboration with other board members and leadership to promote ASA's purpose and mission. I will work with the other board members to develop strategies for the development of our organization to stimulate growth, identify key benefits, while moving forward with recognition and legislative strategies. I will abide by our established Bylaws as I serve.

Together, as one, we will be prepared to address the future challenges as we strive for the best for our association. This will not be an easy task; it will take dedication and commitment from all of our leaders, who have proven they are prepared to advance our association and protect the rights of our profession. Having a command presence, coupled by experience, I have the knowledge, skills, and abilities to work with our other elected leaders in this ongoing quest.

As an ambassador to our professional association, I will advocate and educate others to join our association. With increased numbers, there will be strength gained. United, we will advance our great profession.

In closing, it would be an honor and privilege to represent the many voices/ interests of the great membership of the Association of Surgical Assistants. I am one of us and have faced many of the hurdles you may have experienced. I am a dedicated professional surgical assistant who will be representative of our membership.



Join ASA— the only professional surgical assisting organization that:

- ✓ Developed the first professional surgical assistant reimbursement network in Florida for credentialed surgical assistants.
- ✓ Provides legislative representation that advocates for the practicing surgical assistant
- ✓ Provides major financial support for legislative efforts in Virginia and Florida
- ✓ Offers an authoritative job description
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- ✓ Publishes the *Core Curriculum for Surgical Assisting*
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- ✓ 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

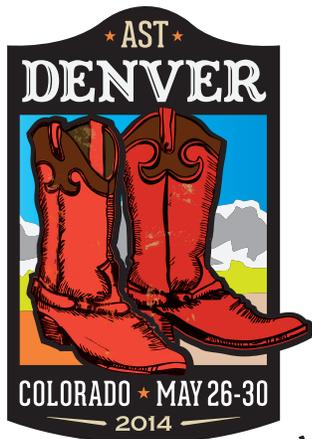
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our profession.**

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Harnessing Our Potential

2014 ASA DENVER MEETING

- 5-27** Casting Workshop (all day)
- 5-28** ASA Business Session 1
- 5-28** Education Sessions
- 5-30** Education Sessions
- 5-30** ASA voting/business sessions

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