



THE SURGICAL ASSISTANT

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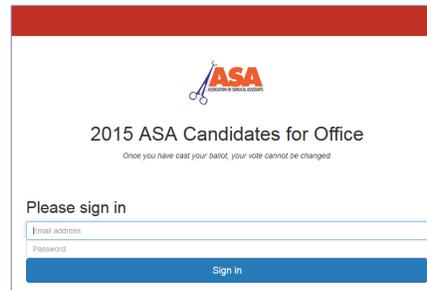
**VOL. 21, NO. 1
WINTER 2015**

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2015 ASA NATIONAL ELECTIONS WILL BE HELD ONLINE

For the first time, ASA will hold elections for national officers online. Last year, in the ASA business meeting in Denver, the active ASA mem-



bers present voted to change election procedures from a ballot system to online. This change will offer all active ASA members the opportunity to have a voice in the future leadership of the organization. In order to vote, individuals must maintain their active membership status through October 3, 2015. Active membership status is predicated on the individual having a current credential as a CSFA, CSA or SA-C, and a current dues-paying ASA membership.

Voting will open early in the fall and close on Friday, October 2, 2015. Election announcements will be made on Saturday, October 3, in Nashville. Any proposed changes to the ASA Bylaws will be discussed and voted upon in Nashville.

While ASA has been testing this new system, one note of caution must be added. Most individuals have multiple email addresses. Voters will need to use their official email address that is in their ASA membership record in order to access the ballot.

New this year is the ASA Nominations and Leadership Committee. Members are Jeff Bidwell, CSFA, CSA, chair; Bob

Bush, CSFA, Fred Schaefer CSFA-OS and Deborah Klaudt are serving on the committee. The purpose of this committee is to identify and mentor individuals who wish to become candidates or serve on the national committees. ASA is looking to cultivate new leaders, and this committee will help all interested members navigate the process. The committee is putting the finishing touches on a 2015 Candidates Booklet that provides A-Z guidance on expectations for candidates.

If you are interested in running for a national office, you must submit a Curriculum Vitae and Consent to Serve. Or if you believe you would like to lend your expertise to a committee, you would need to submit a Curriculum Vitae and Consent to Serve. All forms can be downloaded [here](#).

If you wish to obtain more detailed candidate information, please email Nominations@surgicalassistant.org.





EARN UP TO 15 CONTINUING EDUCATION CREDITS AT THE 2015 PHOENIX MEETING **MARCH 6–7**

HILTON DOUBLETREE PHOENIX/TEMPE All CSTs, CSFAs, CSAs and SA-Cs are invited.

ASA MEETING AGENDA

FRIDAY, MARCH 6, 2015

1 – 5 P M

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 P M

CSFA Exam Prep Workshop

5 : 3 0 – 7 : 2 0 P M

2 CEs

Keynote Address: How Texas Achieved Licensure and Updates

Bob Kamm, Government Affairs Consultant

7 : 3 0 – 9 P M Reception

SATURDAY, MARCH 7, 2015

7 : 4 5 – 8 A M

9 CEs

Welcome

8 – 9 : 5 0 A M

Hot Topics: We Listened and Learned—Sharing Feedback and How it Applies to ASA Strategic Plan

1 0 – 1 1 : 5 0 A M

Error Malpractice and Complications

David Ziektek, MD

NOON – 1 P M

Lunch (sponsored by NBSTSA)



1 – 3 P M

Apps for Surgical Assistants—interactive

David Bartczak, CSA, OPA-C, LSA

3 – 3 : 5 0 P M

Marketing Yourself as a Professional

Doug Hughes, CSFA, CSA, CRCSA

4 – 4 : 5 0 P M

Contracting with Hospitals for Medicare and Medicare Supplemental Plans

Paul Beale, CSFA

5 - 5 : 5 0 P M

Online Registry and ASA Survey

Dennis Stover, CST, CSA



SURGICAL ASSISTANT BUSINESS MODELS

ZAK ELGAMAL, CSA, SA-C

Following the last article where we discussed the history of our profession, I would like to probe the details of putting together a “Surgical Assistant Business” for an independent practitioner(s).

Type of Entity:

What type entity is it going to be? You will definitely need to consult both an attorney and an accountant. This is very serious step, and it needs to be done right from the beginning. Decisions regarding the business structure, sub-chapter S, an LLC, or a C-corporation depend on your individual circumstances. I am neither an attorney nor an accountant so I am the last person whom you should listen to regarding this area.

In-Network or Out-of-Network:

This is a double edged sword, we made a conscious decision to remain out-of-network, the reimbursement in that situation is much better, and you may run into more denials and claim rejection if the patient’s policy or group has restrictions as to the utilization of out of network providers. And when you get paid, if the surgeon you did the case with is in-network with that particular carrier, there may be some bitterness and resentment from some of the surgeons since you may get paid more for assisting than the in-network surgeon got paid for doing the surgery.

On the other hand, if you can become an in-network provider, which might be difficult since only some carriers are willing to contract with assistants, especially those of us who work in small groups or are solo practitioners, your per case reimbursement will be much lower, but there will be a less percentage of your claims being denied.

In short; if you stay out-of-network, you will get better payment per case, but a higher percentage of your otherwise payable claims will be denied due to policy restrictions. What it boils

down to is if you choose to be in-network, you will have to work more to make the same income that you would if you are out-of-network, which brings us up to the next area of practice, the billing.

Billing for your services:

We will be looking at the inner workings of your company, you will need very good billing department, which I call the kitchen, because that is really where your next meal is cooked. Two choices are out there, a billing service, or an in-house efficient and at the same time aggressive and competent billing department.

The size of your practice may be a good measure to help you choose, I personally found out that until your volume of business reaches a point where what a billing company is charging you is equal to what it would cost to hire at least two in-house billers, having in-house billing doesn’t make sense. Until then you will need a billing service that is familiar with, and



experienced at, billing for surgical assistant services, check their references and don't take their word for it. Some practice management services do scheduling along with billing and appeals, the fees range from a set fee per provider per month for scheduling, and a percentage based fee for collected fees, to a combination of both.

Make sure they are not too aggressive, and in an effort to maximize collections, they may be pushing the envelope in going after the patients. They may put a big smile on your face with more collections, but it could be at a high price with your physicians in the long run. If a patient is made angry and relays that anger to the surgeon, you may win the reimbursement battle on a few cases, but may lose that physician's business.

The reason I said two in-house billers is simple, billing is a two-step process, primary and appeals. One person can do it up to a point, we all know how time consuming appeals and phone calls to the carriers take, so one person may not be able to do both in an efficient way.

Get yourself familiarized with the rules and regulations in your state. In Texas, a patient has to be billed for the deductible and co-pay. Some carriers consider your forfeiting or forgiving that part of the fee to be evidence that you don't consider the patient responsible for your fees. Their point of view has been that if the provider considers their client (the patient) not responsible for part of the fee, then a carrier may use this as a valid excuse not to pay you since they will only pay on behalf of their client if he/she is considered to be responsible for your fees.

You may become subject to pressure from the surgeon, the dreaded "Don't balance bill my patient" phone call, you will have to explain the issue in a friendly way, and that you are just following the rules. Go ahead and bill the patient, then you always have the option of either establish a payment plan or adopt other considerations up to and including forgiving the balance, but you have to show the carrier, if you have to, that you made an active attempt to collect the co-pay and/or the deductible.

Again, I am not an attorney, so please consult an attorney who is familiar with insurance rules and other laws and regulations where you practice.

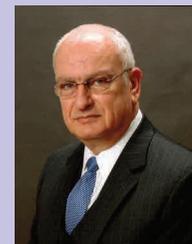
Scheduling and manpower utilization:

You have to be punctual, a lot of the people who are involved in the process may have reasons to blame a scheduling snafu on someone else, and the surgical assistant is usually an easy target, it is nothing intentional, it is just the way things work most of the time. In this era of smart phones and

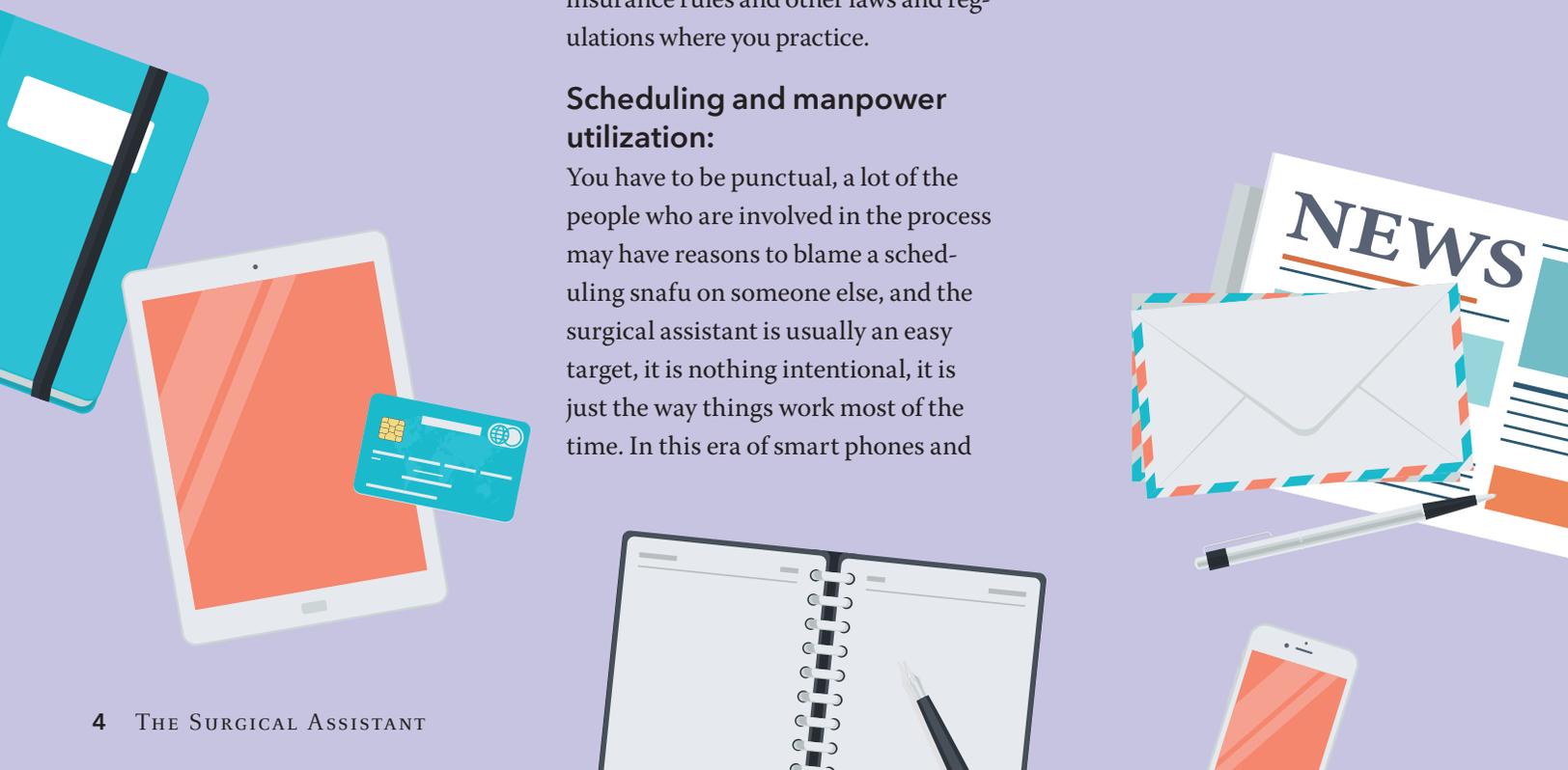
computers, practice management companies and IT miracles, it doesn't cost much to adopt a strict system to make sure you will give yourself enough time for the case and the turn over between cases along with drive time if you work in more than one facility. Surgeons get really aggravated and annoyed if the holdup is caused by an assistant. And believe you me, no one will defend you if you're late for a case, you will be hung out to dry.

No one can advise you on that aspect of the business, you know it more than anybody else, you know turnover times where you do your cases, you know the traffic issues where you practice, and running a tight schedule to do more cases in a day may be tempting, but sacrificing your credibility with the surgeons has a high price to pay.

Till next time, stay tuned.



Zak Elgamal, CSA, SA-C



Technology in Medicine

"THERE'S AN APP FOR THAT!"

David Bartczak, CSA, OPA-C, LSA

Below is the second series of apps that are designed with the medical professional in mind. As you know 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. Unfortunately, most of the public does not understand what we do every day so a general developer has a hard time merging the user experience and usefulness specific to the surgical profession.

As stated in the first article, 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 /medical 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

Epocrates Rx

"Review drug prescribing and safety information in the moment of care for thousands of brand, generic, OTC, and alternative."



PROS

Free app with many features to include drug lookup, interactions, pill ID, provider directory and BMI tool. This is an essential app for anyone who is around prescription drugs or just wants a quick reference when looking up a patient's medications to determine co-morbidities.

CONS

Updates are large and sometimes frequent, not every drug or insurance formulary is listed.

AO Surgery Reference

"Complete surgical management process from diagnosis to aftercare for all fractures of a given anatomical region."



PROS

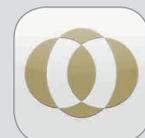
A free app that is a complete reference with relevant AO supporting published documents. Shows sample radiographs of fracture description. App has prep, plus positioning suggestions with discussion on common approaches and significant anatomy considerations for each treatment plan or complexity. It is truly a nonbiased approach to a surgical orthopedic patient.

CONS

You must have Internet connection to use this app. A large amount of information may not be appropriate for all user levels.

DepuySynthes

"App allows surgeons, nurses and hospital staff access to product information in orthopedic, joint reconstruction, trauma, spine, sports medicine and cranio-maxillofacial specialties."



PROS

Full access to information on all products available through DepuySynthes. Complete guides to include technique and interactive bone model videos. Easy to navigate by menu driven choices or the search function.

CONS

All data is not available unless first downloaded with Internet access. App requires periodic updates to continue with use. The font is fairly small throughout the app except for the large logos for "DepuySynthes". This is probably better through the webpage since no information is available without download and is mostly PDF documents that require resizing and scrolling throughout to be able to read it.

Join ASA—

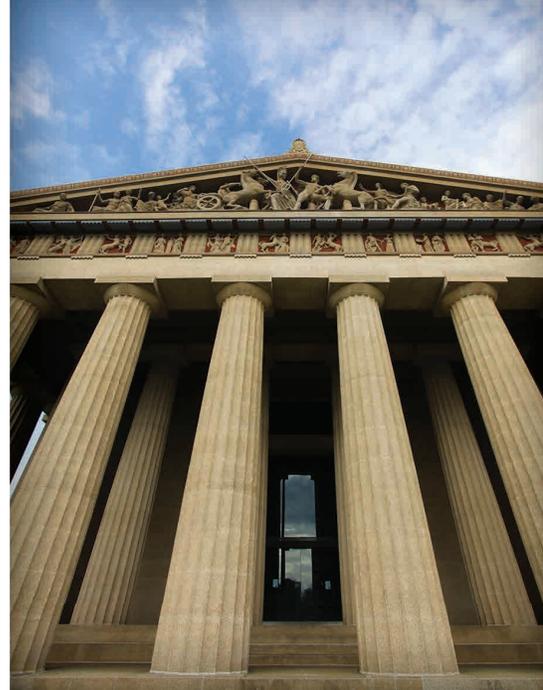
the only professional surgical assisting organization that:

- ✓ 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





SAVE THE DATE!

ASA ANNUAL MEETING
AND ELECTIONS

OCTOBER 2-3, 2015

HOLIDAY INN VANDERBILT

NASHVILLE, TENNESSEE

