00:37:35 SAMBA Admin: Thank you for joining us for SAMBA's Office Based Anesthesia (OBA) Virtual Symposium! As a reminder, the use of your audio and video is encouraged for this interactive virtual event. The Symposium syllabus materials can be accessed at the following link after logging in with your SAMBA website credentials: https://samba.memberclicks.net/oba-symposium-files
00:45:48 SAMBA Admin: Good morning! As you are listening to our faculty throughout the day, please fill out the evaluation so that SAMBA can best plan for future OBA Symposiums: https://www.surveymonkey.com/r/SAMBA-OBA-Symposium
00:53:13 SAMBA Admin: For the purpose of tracking attendance for CME, please be sure to rename yourself on Zoom to your first and last name. To change your name in Zoom, click on the "Participants" button in your Zoom toolbar. Next, hover your mouse over your name in the "Participants" list on the right side of the Zoom window. Click on "Rename".
01:11:03 SAMBA Admin: In the interest of remaining on schedule, the open discussion time for this panel will be skipped. If you have any questions or would like to prompt discussion for our "OBA Safety Measures" faculty, please chat your questions in the Zoom Chat box.
01:13:09 frank mazzeo: What was total number of claims in that study?
01:14:43 Tazeen Beg: Pregnancy status?
01:20:39 SAMBA Admin: Thank you to our first group of faculty! As you are listening to other faculty throughout the day, please continue to fill out the evaluation so that SAMBA can best plan for future OBA Symposiums: https://www.surveymonkey.com/r/SAMBA-OBA-Symposium
01:24:20 Matt Pate: Does anyone have a list of management companies and/or consultants that can help setup OBA?
01:27:38 Holly O'Hare: What controlled substances are the dental offices typically suppling?
01:27:52 Holly O'Hare: supplying
01:29:39 Nunez: Is there a document stating our patients understand that we will not honor advance directives
01:30:53 Michael Masterson: How is recovery handled? Are there staff or do you recover patients yourself?
01:32:39 Rosalind Ritchie MD: Question??
01:34:04 Rosalind Ritchie MD: I have a question
01:35:16 Holly O'Hare: How do you currently manage DEA licenses at all the individual offices?
01:35:55 Nunez: Should Lovenox be given to post-Covid patients ?
01:37:26 TalatKhan: Do your surgeons provide you with a list of patients beforehand? How do you screen your patients for appropriateness for having procedures in the office?
01:37:36 Richard Urman, MD, MBA, FASA: There were only 64 OBA claims in the ASA analysis I presented
01:38:12 Michael Masterson: Do you employ these recovery staff or does the office supply this staff?
01:38:24 Richard Urman, MD, MBA, FASA: Pregnancy testing - best to follow ASA preop guidelines - we offer it to everyone

01:40:25 Michael Masterson: Where can we see a sample of techniques used in different settings i.e. TIVA vs MAC techniques open airway vs intubation etc.
01:42:47 Rosalind Ritchie MD: thanks
01:44:22 Fred E. Shapiro DO, FASA: We will have a great TIVA vs GA discussion during case discussion
01:44:23 IBarnes: Is there any specific office / dental credencial that I should ask an office before I agree to come in and provide anesthesia?
02:06:29 Okera Hanshaw MD: Are ketamine clinics considered an “office-based” practice by SAMBA?
02:09:56 SAMBA Admin: A benefit of SAMBA membership is access to our members-only discussion forums. For those that are SAMBA members, If there are any questions that were not answered earlier, please post them onto the SAMBA OBA Discussion Forum linked here: https://samba.memberclicks.net/member-forums
02:13:10 Dawn Schell: If you don't bill insurance, how do you determine your fees for a particular case?
02:13:36 Annu Singh: I belong to Mobile and agree with Hector about AMS
02:14:42 Elisabeth Goldstein MD: Do you enter into contracts/ agreements with your DDS offices? And do you require them to be exclusive with your practice?
02:14:48 izabelabarnes: If the office is collecting, how do you know they are not charging more than your fee and getting a cut??
02:17:06 Holly O'Hare: Do you take payment in advance, day of, or send them a bill later?
02:19:07 SAMBA Admin: All registrants receive access to the meeting file page that includes a recording of the Symposium (it will become available on Monday, March 22 at the end of business), the program syllabus, and other supplemental material provided by our faculty at this link here: https://samba.memberclicks.net/oba-symposium-files
02:22:47 Holly O'Hare: Do you all feel you "lose" patients because you're fee for service? For pediatric dental, do you accept you state Medicaid plans?
02:23:11 Stephen Smith, MD: Totally agree with Hector! If you are good, you won’t need a contract. That said, my group requires our offices to sign an exclusive agreement for the 5-year term of Missouri State Dental Board permit. As an incentive, we provide the state required training course and pay the application fee/file for the certificate for the office.
02:24:41 Marna Harris: Amen to Hector
02:27:22 Holly O'Hare: Do you have a minimum # of patients that need to be scheduled in order to make it worth your while in the pediatric dental OBA world?
02:28:07 Tazeen Beg: Can you have your own practice and work in an academic setting too?
02:28:31 Stephen Smith, MD: Our group participates with our state Medicaid plans which are capitated through re-insurance companies who actually provide reimbursement. these companies pre-

certify patients for specific offices. We save them considerable revenue over taking patients to hospitals and they “suggest” their dentist contact us for service.

02:29:57 Marna Harris: That’s awesome Hector you are inspiring me 👏🏽
02:36:00 izabelabarnes: From what I understand most started in steps doing some OBA work while still hospital base - did your malpractice insurance agree with that? or did you have an extra OBA policy? How about your own institutions/groups? Please elaborate how this transition works.
02:36:16 Dawn Schell: Do all of you doing Pediatric dental anesthesia have a PEDS fellowship? Are there any legal or liability issues that we need to know about regarding this?
02:37:11 Tazeen Beg: That's crazy! but we are special and amazing anyway!!
02:38:05 Anuradha Mann: I do these cases but not peds trained
02:40:07 izabelabarnes: Anyone doing flexible LMAs in dental? Peds and adult population
02:41:06 frank mazzeo: I do not intubate for Peds dental. I’ve found you need a general anesthetic just to keep the ETT in rather than for the dental work.
02:42:45 Penelope Duke: How do you maintain your intubation skills if you aren’t intubating airways?
02:42:58 Penelope Duke: is Iso Dry reusable?
02:44:34 Stephen Smith, MD: Clearly it works to perform the anesthetic with open airway, so I have no argument with that and I have offered to do this with my dentists, but they irrigate copiously and are concerned with patient aspirating the water irrigation. They prefer that I intubate nasally and I can do that safety and quickly, so that is what I do. There is an old saying that the best anesthetic is the one the anesthetist does best.
02:46:01 Ivan Rees: Even during open airway cases I typically always visualize the airway with a laryngoscope prior to throat pack placement just so I know always whether I have a difficult airway in case of potential emergency intubation
02:48:19 SAMBA Admin: So SAMBA can best plan for future OBA Symposiums, as you are participating in the meeting throughout the day, please fill out the survey linked here: https://www.surveymonkey.com/r/SAMBA-OBA-Symposium
02:48:42 izabelabarnes: Flexible LMAs anyone??
02:49:25 Holly O'Hare: Max case time for pediatric dental for open airway cases?
02:50:21 Stephen Smith, MD: Regarding LMA’s, most dentists prefer to not have anything additional in the mouth.
02:50:33 Rosalind Ritchie MD: so important!! Lack of OBA training in residency
02:51:39 frank mazzeo: What is your age and/or weight cut off for pedi dental cases
02:52:07 Okera Hanshaw MD: What percentage of you are doing Peds dental (sedation only) in the OBS?
02:53:08 Holly O'Hare: BMI?

02:53:32 frank mazzeo: Why would a 6 month old need a pediatric dentist? A tongue tie?
02:56:21 Penelope Duke: Thank you for sharing your insight! I'm 15 years into OBA and LOVE meeting like minded anesthesiologists!
02:56:58 frank mazzeo: In my experience those special needs kids often do better in the office setting compared to a hospital setting.
02:57:21 Stephen Smith, MD: My group has a BMI cutoff at 30, but I disagree with my partners. "Normal" Pediatric BMI varies with age and sex and must be considered to determine in patient exceeds the 95th percentile. That said, our REAL concern is OSA and more than half of OSA patients obstruct due to adenotonsillar hyperplasia which is independent of BMI. I screen patients based on obstructive symptoms regardless of BMI since that is what we are concerned with.
02:57:50 Selwynn Howard: There was an earlier question about time of payment, advanced, day of, bill later...
02:58:11 Stephen Smith, MD: My patients breathe just fine with general anesthesia and spontaneously ventilate throughout the procedure
02:58:54 Ivan Rees: I typically like to have children of at least 3 years of age since all the literature points to minimizing exposure of anesthetics to children under 3 if possible. Of course if patents are in pain or having active infections then of course they should be treated, but just because you can see a child doesn't necessarily mean you should if they can be postponed to an age when active brain development is less and the potential to future delay is minimized. Maybe overly cautious, but my personal thought
02:59:57 izabelabarnes: Do you have cancelation fees?
03:01:44 Grace Lee Dorsch, MD & Teresa Roberts, MD, FASA: I do not have any cancellation fees. Occasionally I get a day off!!
03:02:38 Selwynn Howard: Great job Lee and Theresa! Good seeing you both again.
03:03:07 Grace Lee Dorsch, MD & Teresa Roberts, MD, FASA: I take payment day of service at the end of the procedure. Time based. Cash check or credit card (includes HSA, care credit)
03:06:48 Holly O'Hare: Any adjunct IV meds besides Propofol for pediatric dental?
03:07:53 Anuradha Mann: your thoughts on dementia
03:09:38 Grace Lee Dorsch, MD & Teresa Roberts, MD, FASA: If using local can usually just go with propofol. If abscess may need ketamine. Will often add decadron and ketorolac
03:22:11 Anuradha Mann: I would not
03:22:26 Anuradha Mann: concern for BMI and airway
03:22:41 Stephen Smith, MD: Not in the office
03:23:20 Grace Lee Dorsch, MD & Teresa Roberts, MD, FASA: BMI high, post-op narcotics…
03:23:26 Okera Hanshaw MD: In an ASC with a Glidescope yes
03:23:26 Sarah Aponte: Nope, multiple co-morbidities plus BMI
03:23:31 Grace Lee Dorsch, MD & Teresa Roberts, MD, FASA: Agree with Steve
03:23:58 Basem Abdelmalak, MD, FASA: Agree with Steve, and lee

03:24:47 Anuradha Mann: OSA and High BMI are independent risk factors for complications
03:24:58 Marna Harris: Agreed I would not do this. Unfortunately there are production pressures from the group especially a new doctor to the practice
03:25:00 Dawn Schell: I think that it is important to discuss with surgeon exactly what he/she is plannubg, ie.e, how extensive, duration, etc
03:25:01 Okera Hanshaw MD: Change this patient to a Bariatric patient instead of cosmetics. Would you do it then?
03:25:38 Anuradha Mann: no
03:25:58 Stephen Smith, MD: Agree with Mary Ann
03:25:58 izabelabarnes: Is the LIPO on supine position??
03:26:09 Okera Hanshaw MD: Great question
03:26:10 Marna Harris: I would do if the procedure was a cataract
03:26:29 Penelope Duke: She will require LOTS of lipo, fluid shifts, set up for post op complicatiions. This is where it helps to have a GREAT relationship with your surgeon. She should have had better pre-op care and coordination.
03:26:32 Basem Abdelmalak, MD, FASA: The BMI is too high for this kind of surgery to start with, red flag for post op issues, Just took care of a patient for a complication of a similar procedure she had done in the Caribbean
03:27:23 Stephen Smith, MD: SLEEP STUDY?
03:27:27 Meghan Valach: Agree with Basem I'd have serious concerns about any plastics surgeon thinking this was a good case
03:29:24 Basem Abdelmalak, MD, FASA: Ruchir, and Srini (the authors of this article, are both SAMBA members, and leaders
03:30:55 izabelabarnes: Does the new grad have a machine (Positive pressure ventilation) a glide and nasal CPAP for later? Is this a SUPINE case?
03:31:43 Marna Harris: I do
03:31:47 Anuradha Mann: we at mobile do
03:32:11 Zak Messieha, DDS FICD FACD Dipl. ADBA: We sdo as well and it depends on co-morbidities
03:32:20 Sarah Aponte: The ASC does, but not for office cases. Just have surgeon H & P
03:36:28 Marna Harris: My BMI cutoff is 46 but if I see the patient and the airway is difficult I let the patient know they could be canceled upon physical exam DOS
03:39:19 John Bellamente, MD, MS: PGY4 here - I would have very much appreciated to opportunity to participate in an office-based rotation during residency
03:40:07 Marna Harris: I do Gyn. If I canceled patients for having OSA or suspected OSA I would loose 1/3 of my patients so having OSA is not by itself an exclusion criteria in my practice
03:40:45 Okera Hanshaw MD: What Marna said. Same for the bariatric ASC patients
03:42:27 Mary Ann Vann, MD, FASA: good for GI cases, but pricy
03:42:49 Tazeen Beg: Our residents go to a plastic surgery office

in their final year during the ASC rotation
03:42:50 Penelope Duke: What is price point?
03:42:59 Marna Harris: Can the Vyaire be used in the prone position?
03:43:01 Sarah Aponte: I do office urology mainly, BMI limit 40, OSA is not disqualifying. Only use Propofol - no opioids or benzos. More concerned with aspiration in lithotomy position with obesity (one near miss experience). Chin lift or keeping pt light for quick cases in OSA patients had worked well for me.
03:43:09 Penelope Duke: Does it work in open airway?
03:46:58 SAMBA Admin: Thank you to our faculty so far today! A benefit of SAMBA membership is access to our members-only discussion forums. For those that are SAMBA members, if there are any questions that were have not been answered for you, please post them onto the SAMBA OBA Discussion Forum linked here: https://samba.memberclicks.net/member-forums
03:54:49 Grace Lee Dorsch, MD & Teresa Roberts, MD, FASA: I order the SUPERNO2VA from Vyaire the manufacturer. I do not charge an itemized amount to patient.
03:58:13 Grace Lee Dorsch, MD & Teresa Roberts, MD, FASA: Agree, non-moving patient is certainly optimal in dentistry.
04:02:21 SAMBA Admin: As you are participating, don't forget to fill out the event survey linked here: https://www.surveymonkey.com/r/SAMBA-OBA-Symposium
04:03:30 Stephen Smith, MD: Totally agree with Dr. Saxon on parental presence during induction of anesthesia. I do this with inhalation induction
04:03:42 Holly O'Hare: Remifentanil is, unfortunately, very expensive too.
04:03:54 Michael Masterson: How do you manage recovery with this technique?
04:11:39 Grace Lee Dorsch, MD & Teresa Roberts, MD, FASA: I do parental presence also for inhalation induction. Parents really like it.
04:14:33 henryrachal: i have been using precedex lately in my pediatric dental cases. i typically do inhalation with sevo then IV/intubate, maintence on sevo. still new with the precedex use but seems to decrease post op delirium. anyone else using precedex?
04:15:15 Fred E. Shapiro DO, FASA: yes
04:15:27 frank mazzeo: yes
04:20:07 Stephen Smith, MD: to those of you using Precedex, what dosage and route of administration and when do you give it in regards to end of procedure? Do you see prolonged somnolence in recovery. Our patients normally stay in recovery for 20-30 minutes, will we see much prolongation?
04:23:19 Tazeen Beg: Anyone waiting for FDA approval of Remimazolam for OBA?
04:23:44 henryrachal: I usually give 0.5 mcg/kg in divided doses following a pretreatment with glyco. not much prolonged somnolence, just a nice drowsy state but arousable and answers. we discharge most in 30 min

04:25:20 Anuradha Mann: do you both carry Sux.
04:26:53 henryrachal: yes
04:27:13 frank mazzeo: Absolutely need to carry sux or roc and suggamadex. Prefer later because prevents need for carrying dantrolene
04:29:40 izabelabarnes: Speaking of OBA plastics with endless face lifts, is there a time limit FOR OBA CASES?
04:30:25 Grace Lee Dorsch, MD & Teresa Roberts, MD, FASA: The size of your own bladder!
04:30:35 Holly O'Hare: How do the practices working with narcotics manage that within their practice (travel, storage, etc? Same with adjunct medications? Are you bringing them with you or are the dentist ordering all non-narcotics and narcotics for utilization the day of?
04:30:47 Grace Lee Dorsch, MD & Teresa Roberts, MD, FASA: I prefer not over 6
04:31:35 izabelabarnes: Sure, but there isn't necessary a rule, correct?
04:31:53 Grace Lee Dorsch, MD & Teresa Roberts, MD, FASA: No rule
04:35:03 Richard Urman, MD, MBA, FASA: How do we get residency programs adopt these education recommendations and increase OBA rotations
04:35:55 Fred E. Shapiro DO, FASA: This is a great idea!!
04:35:58 John Bellamente, MD, MS: I would like to try and include an OBA rotation as part of our month-long NORA curriculum
04:36:28 Richard Urman, MD, MBA, FASA: Combining OBA and NORA as a single rotation is a good idea and might be more buy in from departments
04:36:55 Richard Urman, MD, MBA, FASA: ISOBS-PC!
04:37:01 Steven Young, MD: It certainly would be more interesting than doing 10 days in EP on NORA...
04:37:03 Anuradha Mann: have private practice collaborations
04:37:23 Anuradha Mann: A lot of presenters today are in PP
04:37:38 Stephen Smith, MD: If residency programs had a corresponding surgical OBA need for OBA anesthesia services, this would likely drive the training programs to adopt it.
04:39:11 Tazeen Beg: We have a two week NORA rotation and a few days of OBA during ASC rotaion. I believe with the increase in NORA and OBA, we need revision of residency curriculums too
04:42:03 Meghan Valach: can you provide link for ISOBS emergency manual? I've tried to access via articles before but doesn't seem to link there.
04:42:43 Fred E. Shapiro DO, FASA: We will provide the Emergency Manual link
04:43:26 Dawn Schell: To those of you in academics who have OBA educational programs, where do you get the clinical experience for the trainees? I do not know of any opportunities within our organization to connect our residents with as most of these opportunities are within private practice.
04:43:53 Steven Young, MD: https://static1.squarespace.com/static/581a4bda6b8f5bc983120fa3/t/

5e713ada53b8872f43511138/1584478941211/final+OBA+checklist+v4.pdf
04:43:54 Steven Young, MD: https://www.ipsohq.org/safety-tools
04:44:56 Fred E. Shapiro DO, FASA: thank you steven— hers to the next generation to provide electronic links immediately
04:46:27 Tazeen Beg: There should be a 'Like' button on Zoom Chat!
04:46:46 Fred E. Shapiro DO, FASA: thank you… they make me so proud
04:46:50 frank mazzeo: 👍there is
04:48:09 Penelope Duke: We have much to teach and much to learn!!!
04:48:13 Meghan Valach: thank you!
04:48:45 Grace Lee Dorsch, MD & Teresa Roberts, MD, FASA: There was a question earlier about minimum number of hours anesthesia to make it “worthwhile”…. I found starting out, it was unrealistic to have a minimum. Once you build up practice and hav more busy schedule you can start that. But the beauty of OBA is you do what you want with those types issues.
04:48:52 Fred E. Shapiro DO, FASA: we learn from the next generation.. how and what they want to learn
04:50:01 Marna Harris: Holly I’m in AZ and do sedation for gyn and pain at approximately 40 offices. My offices do not want to store narcotics so I carry them with me. To do that in the US you are required to carry a DEA 225 Distribution license. It can be time consuming and you have to track the meds. My staff and I do the ordering and tracking. We carry the meds in small fingerprint access gun safes. It’s not difficult but it is time consuming and necessary if you plan to travel with narcotics otherwise you are considered to be trafficking by the DEA!!! Yikes we don’t want that! We also carry all our adjunct meds, emergency meds and equipment. Hope that helps.
04:51:27 Meghan Valach: With concerns for malpractice and delaying our clients and patient comfort in the OBA setting we haven't found a good way to integrate residents into our practice. We do allow for a 2 week up front and ongoing orientation for new hires and current docs in our group to shadow the more experienced docs in various OBA specialties to help ease the transition from hospital to OBA setting.
04:54:45 Grace Lee Dorsch, MD & Teresa Roberts, MD, FASA: Thank you Meghan, great info
04:56:08 John Bellamente, MD, MS: Dr. Shapiro or Dr. Vann, do you know how orientation works for attendings in our program who would like to join office based practice at our sites?
04:57:20 Fred E. Shapiro DO, FASA: we can do this easilay
04:57:35 Stephen Smith, MD: For those using Precedex, here is an article comparing nasal dexmedetomidine 2mcg/kg nasally with midazolam 0.0mg/kg orally in regards to emergence delirium in strabismus surgery. Do any of you have experience with nasal precedex?
04:57:47 SAMBA Admin: As a reminder, please fill out the evaluation so that SAMBA can best plan for future OBA Symposiums: https://www.surveymonkey.com/r/SAMBA-OBA-Symposium
04:57:59 Stephen Smith, MD: 0.5 mg/kg
05:00:13 Selwynn Howard: Missed a couple of the last presenters but a question regarding doing procedures on patient who do not have a responsible adult and wants to use rideshare services. What are

thoughts about this?
05:00:43 frank mazzeo: Uhm. no
05:01:35 Grace Lee Dorsch, MD & Teresa Roberts, MD, FASA: No ride, no service
05:01:41 John Bellamente, MD, MS: That is a tough question, especially regarding liability during transport between the office and home.
05:02:03 Steven Young, MD: Many people may not have access to cars. Or access to an available adult.
05:02:10 Tazeen Beg: Ambulettes? or keep them for a longer time in postop?
05:03:12 Stephen Smith, MD: https://pubmed.ncbi.nlm.nih.gov/32976205/
05:05:11 Meghan Valach: we let patient use a rideshare (uber, etc) as long as they have an adult escort. (friend, family member, etc)
05:07:49 Tazeen Beg: We had our residents go to an office for a week but it was scrapped after a few residents rotated there! the GI attending didn't want them there.
05:09:44 Tazeen Beg: absolutely! I totally agree. My residents love the NORA rotation!
05:09:50 Rosalind Ritchie MD: Could have the model used by Hector. Pair with an experienced anesthesiologist,
05:11:00 Dawn Schell: It might be a start to develop an educational seminar to this one developed specifically for residents to introduce them to the opportunities and practice of OBA. Rich, think that we on the board need to think about how to do this.
05:11:04 Grace Lee Dorsch, MD & Teresa Roberts, MD, FASA: Thank you to everyone for attending!
05:11:25 Holly O'Hare: Very helpful. Thank you all!
05:11:30 Stephen Smith, MD: Change in topic: What would people think about having a meeting like this on regular basis, kind of like a journal club? Maybe in evenings every couple months or so?
05:11:47 Tazeen Beg: Thank you all the panelists for a wonderful discussion!
05:11:52 frank mazzeo: 👍
05:11:59 John Bellamente, MD, MS: yes!
05:12:45 Sarah Aponte: Yes! Thanks everyone!
05:12:48 Leopoldo Rodriguez, MD, MBA, FAAP, FASA, SAMBA-F: We have monthly webinars. Stay engaged with SAMBA. Thank you all for the engagement. Thanks to the faculty.
05:13:20 henryrachal: thanks so much
05:13:49 Leopoldo Rodriguez, MD, MBA, FAAP, FASA, SAMBA-F: Next will be the SAMBA Annual Meeting. We will for certain continue this meeting and the ASC Medical Directors meeting in the future!
05:14:03 Izabela Barnes: Thank you for OBA SPECIFIC symposium!
05:14:16 John Bellamente, MD, MS: thank you!
05:14:21 Rosalind Ritchie MD: Survey link
05:14:39 Elisabeth Goldstein MD: thank you!