SOCIETY FOR AMBULATORY ANESTHESIA

Outpatient • Office Based • Non-Operating Room

SAMBA OFFICE BASED ANESTHESIA (OBA) VIRTUAL SYMPOSIUM

SATURDAY, MARCH 19, 2022

SYLLABUS

Jointly Provided by the American Society of Anesthesiologists (ASA) and the Society for Ambulatory Anesthesia (SAMBA).

American Society of Anesthesiologists

SOCIETY FOR AMBULATORY ANESTHESIA

Phone: (414) 488-3915 • Email: info@sambahq.org • www.SAMBAhq.org

PROGRAM INFORMATION

Target Audience
This meeting is intended for those interested in learning more about office based anesthesia.

About This Meeting
The purpose of this meeting is to provide the target audience opportunity for open discussions with office based anesthesia professionals who can explain the steps they took to get where they are today and provide resources for attendees to make office based anesthesia a reality.

Registration
Registration for the 2022 Office Based Anesthesia (OBA) Virtual Symposium includes access to all sessions and the program syllabus. Note that all fees are quoted in U.S. currency. Registration for the meeting is available to members and non-members via SAMBA's website at www.sambahq.org.

Disclaimer
The information provided at this accredited activity is for continuing education purposes only and is not meant to substitute for the independent medical judgment of a healthcare provider relative to diagnostic and treatment options of a specific patient's medical condition.

Accreditation Statement
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American Society of Anesthesiologists and the Society for Ambulatory Anesthesia (SAMBA).

The American Society of Anesthesiologists is accredited by the ACCME to provide continuing medical education for physicians.

The American Society of Anesthesiologists designates this live activity for a maximum of 4.5 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Commercial Support Acknowledgement
The CME activity is not supported by any educational grants from ineligible companies.

Special Needs
The Society for Ambulatory Anesthesia (SAMBA) fully complies with the legal requirements of the Americans with Disabilities Act and the rules and regulations thereof. If any attendee in this educational activity is in need of accommodations, please contact the SAMBA Executive Office at 414-488-3915.

Cancellation Policy
Cancellations received through March 11, 2022, will receive a full refund. Cancellation of a meeting registration must be submitted in writing. Refunds will be determined by date written cancellation is received at the SAMBA office in Milwaukee, WI.

OVERALL LEARNING OBJECTIVES

At the conclusion of this activity, participants should be able to:

- Apply solutions that address issues commonly faced in OBA practices with real-world cases.
- Cite the skills and competencies to manage an OBA practice.
- Utilize resources needed to manage OBA practices.

PROGRAM SCHEDULE *(All Times Listed are in Eastern Time)*

Saturday, March 19, 2022

10:00am – 10:15am
Panel: Opening Comments by Symposium Co-Chairs
Moderators: Fred E. Shapiro DO, FASA & Grace Lee Dorsch, MD
BobbieJean Sweitzer, MD, FACP, SAMBA-F, FASA

10:15am – 11:00am
Panel: OBA Business
Moderator: Meghan C. Valach, MD
Meghan C. Valach, MD; Richard D. Urman, MD, MBA; Philip Yen, DDS, MS

11:00am – 11:45am
Panel: Plastics
Moderator: Adel Bishai, MD, MBBch
Adel Bishai, MD, MBBch; Robert Rogoff, MD

11:45am – 12:00pm
Break

12:00pm – 12:45pm
Panel: Dental: Pediatric & Adult
Moderator: Philip Yen, DDS, MS
Lenny Naftalin, DDS, DADBA; Michael Mashni, DDS; Stephen R. Smith, MD, DABA

12:45pm – 2:15pm
Panel: Real World Cases: PBLD Format
Moderator: Kelly Lebak, MD, FASA
Meghan C. Valach, MD; Adel Bishai, MD, MBBch; Andrew S. Young, DDS

2:15pm – 3:00pm
Panel: OBA Pearls, Procedures & Products
Moderator: Stephen R. Smith, MD, DABA
Izabela Leonel Barnes, MD; Grace Lee Dorsch, MD; Elisabeth Goldstein, MD

PROGRAM PLANNING COMMITTEE

Grace Lee Dorsch, MD
2022 Office Based Anesthesia (OBA) Virtual Symposium, Co-Chair & Program Moderator
Doctor
Founder
Office Anesthesia Services, LLC
Waterford, VA

Fred E. Shapiro DO, FASA
2022 Office Based Anesthesia (OBA) Virtual Symposium, Co-Chair & Program Moderator
Associate Professor of Anaesthesia
Harvard Medical School
Boston, MA

Steven Butz, MD
SAMBA Meetings Committee, Chair
Professor of Anesthesiology, Medical College of Wisconsin
Associate Chief Medical Officer, Children's Wisconsin Surgicenter
Milwaukee, WI

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Andrew Bronson, CAE
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Milwaukee, WI

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Account Coordinator
Society for Ambulatory Anesthesia (SAMBA)
Milwaukee, WI

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Physician Anesthesiologist
Anesthesia Associates of Charleston
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Grace Lee Dorsch, MD
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Dentist Anesthesiologist
Mobile Private Practice – Comfort Dental Anethesia Group
Playa Del Ray, CA

Robert Rogoff, MD
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Anesthesiologist
Western Anesthesiology Associates, Inc./Premier Dental Anesthesiology
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Chief Medical Officer
Mobile Anesthesiologists
Chicago, IL

Philip Yen, DDS, MS
Diplomate of the American Dental Board of Anesthesiology
Dentist Anesthesiologist
Bay Anesthesia Group
San Francisco, CA

Andrew S. Young, DDS
Dentist Anesthesiologist
Bay Anesthesia Group / Herman Ostrow School of Dentistry of USC
San Francisco, CA / Los Angeles, CA

JOIN US AT OUR ANNUAL MEETING!

DISCLOSURE STATEMENT

The American Society of Anesthesiologists remains strongly committed to providing the best available evidence-based clinical information to participants of this educational activity and requires an open disclosure of any potential conflict of interest identified by our faculty members. It is not the intent of the American Society of Anesthesiologists to eliminate all situations of potential conflict of interest, but rather to enable those who are working with the American Society of Anesthesiologists to recognize situations that may be subject to question by others. All disclosed conflicts of interest are reviewed by the educational activity course director/chair to ensure that such situations are properly evaluated and, if necessary, resolved. The American Society of Anesthesiologists educational standards pertaining to conflict of interest are intended to maintain the professional autonomy of the clinical experts inherent in promoting a balanced presentation of science. Through our review process, all American Society of Anesthesiologists accredited activities are ensured of independent, objective, scientifically balanced presentations of information. Disclosure of any or no relationships will be made available for all educational activities.

The following faculty, staff, and/or planning committee members have indicated that they have relevant financial relationships with ineligible companies to disclose:

Name	Type of Relationship	Company
Richard D. Urman, MD, MBA	Grant / Contract Covidien: Consultant	AcelRx Pharmaceuticals
	Grant / Contract Merck: Consultant	Heron Therapeutics, Inc
	Consultant	Pfizer Canada Inc

All of the relevant financial relationships listed for these individuals have been mitigated.
All other planners, faculty, and staff have reported no relevant financial relationships with commercial interests to disclose.

CME CLAIM

To claim credit for the 2022 SAMBA Office Based Anesthesia (OBA) Virtual Symposium.

All communication is sent to the email on your ASA account. Please log into your ASA account and update your email if it has changed.

Follow the directions below to complete the meeting evaluation and claim credits. It is strongly recommended this be done within two weeks after the activity as the evaluation data is provided to the Society for Education in Anesthesia to plan future meetings.

ACCESSING THE WEBPAGE

Click the link below and log in using the email on your ASA account and password.

https://education.asahq.org/course/view.php?id=4298

CAN'T REMEMBER YOUR PASSWORD?

You can retrieve or set a new password by entering your email address at: https://www.asahq.org/member-center/forgot-password

NO LONGER HAVE ACCESS TO THE EMAIL ON YOUR ACCOUNT?

Contact ASA Member Services at (630) 912-2552 or email info@asahq.org.

Office Hours: Monday through Friday, 7:30 a.m. to 4:30 p.m. CT. Do not create a duplicate account.

NEED AN ASA ID NUMBER?

You may already have an ASA ID number. When an individual purchases a product or registers for any activity offered or jointly provided by the ASA, a record is created in our system. Staff will send an email from jpmeetings@asahq.org to create a free account for those who do not have an ASA ID number. This will allow access to the course page to complete an evaluation, claim credit, and print a certificate.

CLAIMING CREDIT

1. Complete the evaluation.
2. Click on the certificate, enter the credit you are claiming.
3. Print your certificate or save it as a PDF for your files.

If you experience difficulties logging in, don't hesitate to contact jpmeetings@asahq.org, and we will be happy to assist you. Do not create a duplicate account.

The deadline for claiming credit for this live activity is Dec. 31, 2022, 11:59 p.m. CT.

HANDOUT

The Business of OBA

Meghan C. Valach, MD

03/19/2022
10:15am – 11:00am Eastern

Office Based Anesthesia (OBA) Virtual Symposium
Saturday, March 19, 2022

The Business of OBA

Accreditation, Licensing and Guidelines, Insurance billing

Meghan C Valach MD
Chief Medical Officer
Mobile Anesthesiologists
Chicago, IL

1

Financial Disclosures

Chief Medical Officer for Ambulatory Management Solutions / Mobile Anesthesiologists

2

Accrediting Bodies

Comparison of AAASF, AAAHC and JCAHO The major variances in the specifications of the accrediting organizations are (Y means the issue is addressed in the standards)

Issue	AAAASF	AAAHC	JCAHO
State Licensure		Y	Y
Distinct Entity		Y	Y
Review of Patient Satisfaction		Y	Y
Cost of Care Reviews		Y	Y
Report Cardiac		Y	Y
Professional continuing education		Y	Y
Immediate pre-procedure assessment by MD		Y	Y
Pre-discharge evaluation by physician	vague*	Y	Y
Separate recovery space	Y	Y	not specified
Appropriate of medical staff**	clinical	contract	contract
Documentation	weak	strong	very strong
Physical Plant	weak	very strong	very strong
Assistants of Patients	weak	strong	very strong*
Continuity on Care	weak	strong	strong
Safety	good	strong	strong
Medical Records	fair	good	good
Confidentiality	weak	strong	strong
Peer Review	fair	good	good
Quality Improvement	weak	strong	very strong
Risk Management		strong	strong
Compliance with Standards	100%	May be < 100%	May be < 100%
Time	4 years	varies	varies

Table Modified from APSF Newsletter
Volume 15, No. 1 Spring 2000
"**3 Different Organizations Can Accredit OBA Sites"**

April 2021

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Accreditation Pros and Cons

- Pros
  - Demonstrates your adherence to quality standards to clients and patients
  - Education materials
  - Structure for quality measures
  - National Society Guidelines
  - Meets state, licensing, payor or liability requirements (if they exist)
- Cons
  - Cost
  - Time
  - Stress

April 2021

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Licensing & Guidelines

- Licensing
  - Varies drastically state by state
  - Varies by type of anesthetic
  - Varies by who performs procedure
- Guidelines
  - American Society for Anesthesiologists (ASA), Society for Ambulatory Anesthesia (SAMBA) and American College of Surgeons (ACS) among others offer resources
    - Equipment
    - Supplies
    - Staffing

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Insurance Billing

- Before you Bill
  - Sign a contract
  - Get credentialed
  - Link to group contract
- Billing Process
  - Insource vs Outsource
  - Demographics
  - Anesthetic record
  - Surgical Coding

6

Revenue Cycle

- Patient Eligibility
- Billing
- Payment and Denial Posting
- Insurance Follow-up
- Patient Billing

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References

1. American Society of Anesthesiologists. 2019. *Guidelines for Office-Based Anesthesia*. Retrieved from https://www.asahq.org/standards-and-guidelines
2. American Society of Anesthesiologists. 2018. *Guidelines for Ambulatory Anesthesia and Surgery*. Retrieved from https://www.asahq.org/standards-and-guidelines
3. American Society of Anesthesiologists. 2018. *Statement on Nonoperating Room Anesthetizing Locations*. Retrieved from https://www.asahq.org/standards-and-guidelines
4. American College of Surgery. *Patient Safety Principles for Office-Based Surgery*. Retrieved from https://www.facs.org/education/patient-education/patient-safety/office-based-surgery
5. https://www.fsmb.org/siteassets/advocacy/key-issues/office-based-surgery.pdf

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HANDOUT

Benchmarking

Richard D. Urman, MD, MBA

03/19/2022
10:15am - 11:00am Eastern

Office Based Anesthesia (OBA) Virtual Symposium
Saturday, March 19, 2022

Benchmarking in OBA

Richard D. Urman, MD, MBA, FASA
Department of Anesthesiology, Perioperative and Pain Medicine
Brigham and Women's Hospital
Boston, MA

1

Outline

- Benchmarking – why?
- AQI
- MPOG/ASPIRE
- Other

*AQI slides are used with **permission** from the organization*
*MPOG slides are used with **permission** from the organization*

Disclosures: Merck, Covidien, Pfizer, AcelRx
Member, AQI Data Use Committee and Closed Claims Oversight Committee
BWH site PI - MPOG

2

The Value of Capturing and Using Your Perioperative Data for Benchmarking

- Regulatory Reporting
- Internal quality improvement initiatives
- Process measures, outcomes measures
- Education of staff
- Research
- Practice management and contracting/negotiations
- Understanding your patient population and performance on:
  - individual, practice and facility level compared to chosen benchmark (regional, national)
- Show value to hospitals, payers, malpractice carriers, patients, surgeons

Consider:
- **Cost**
- **IT infrastructure**
- **Personnel**
- **Practice needs**

3

National Anesthesia Clinical Outcome Registry

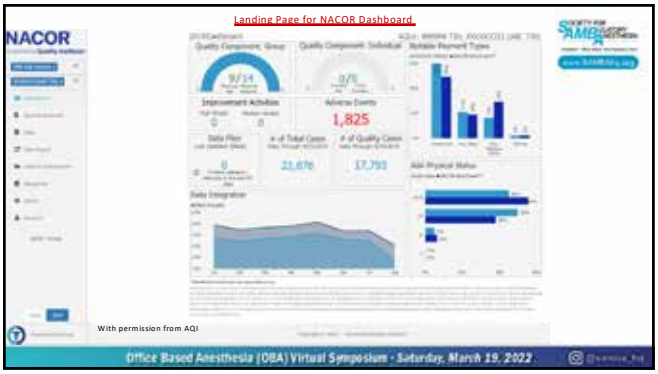
NACOR Registry Flow Chart

AQI NACOR Data Flow Chart

With permission from AQI

4

Landing Page for NACOR Dashboard



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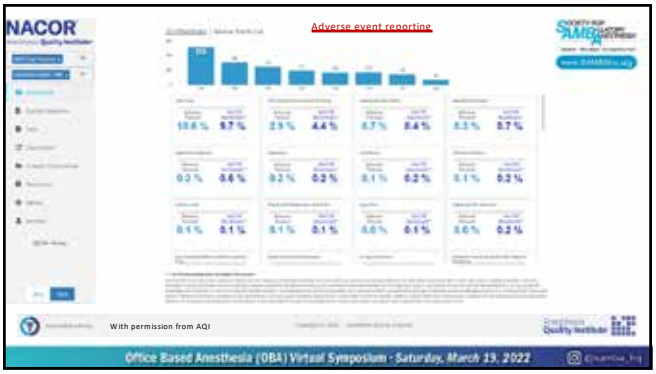
5

Adverse event reporting



With permission from AQI

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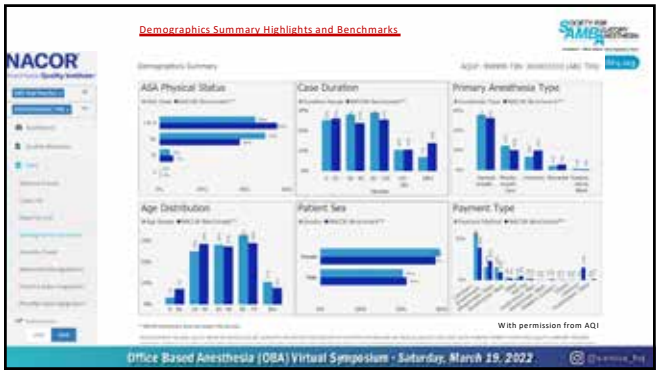
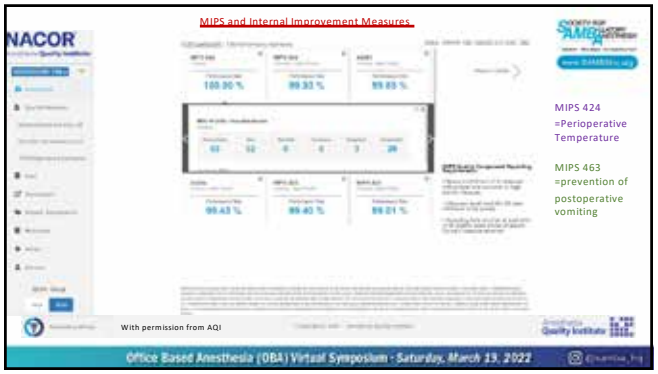

Demographics Summary Highlights and Benchmarks
NACOR
ASA Physical Status
Case Duration
Primary Anesthesia Type
Age Distribution
Patient Sex
Payment Type
With permission from AQI
Office Based Anesthesia (OBA) Virtual Symposium · Saturday, March 19, 2022

7


MIPS and Internal Improvement Measures
NACOR
MIPS 424
=Perioperative Temperature
MIPS 463
=prevention of postoperative vomiting
With permission from AQI
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To review a performance summary for any measure, select the measure of interest via the measure summary drop down or by simply clicking any measure 'card'.
Measure Summary: includes overall performance, case counts, trend over time, breakdown of primary case attribution and breakdown by location.
MPOG
With permission from MPOG
Office Based Anesthesia (OBA) Virtual Symposium · Saturday, March 19, 2022

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MPOG
Outcome Measures
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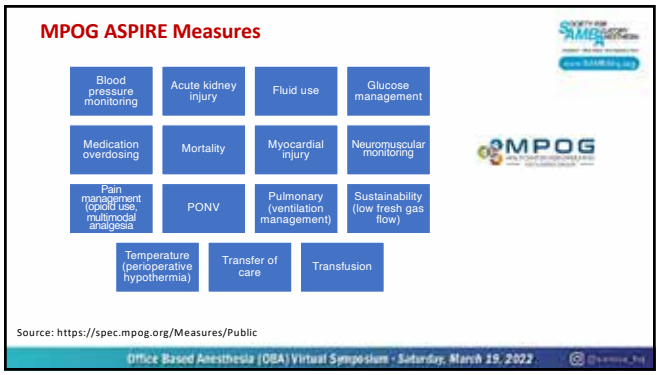
10


MPOG ASPIRE Measures
Blood pressure monitoring
Acute kidney injury
Fluid use
Glucose management
Medication overdosing
Mortality
Myocardial injury
Neuromuscular monitoring
Pain management (opioid use, multimodal analgesia
PONV
Pulmonary (ventilation management)
Sustainability (low fresh gas flow)
Temperature (perioperative hypothermia)
Transfer of care
Transfusion
MPOG
Source: https://spec.mpog.org/Measures/Public
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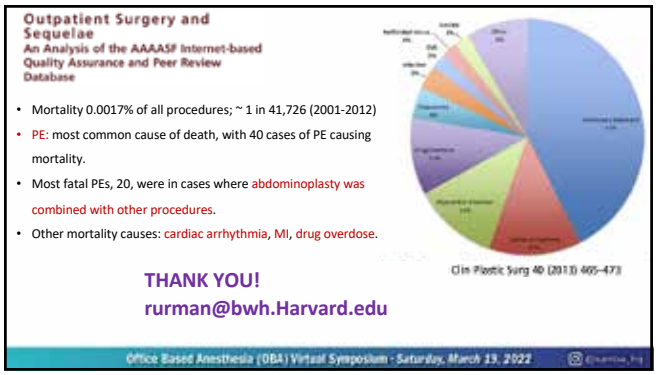
11


Outpatient Surgery and Sequelae
An Analysis of the AAAASF Internet-based Quality Assurance and Peer Review Database
Mortality 0.0017% of all procedures; ~ 1 in 41,726 (2001-2012)
PE: most common cause of death, with 40 cases of PE causing mortality.
Most fatal PEs, 20, were in cases where abdominoplasty was combined with other procedures.
Other mortality causes: cardiac arrhythmia, MI, drug overdose.
Clin Plastic Surg 40 (2013) 465-473
THANK YOU!
rurman@bwh.Harvard.edu
Office Based Anesthesia (OBA) Virtual Symposium · Saturday, March 19, 2022

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HANDOUT

Cash Pay Service

Philip Yen, DDS, MS

03/19/2022
10:15am – 11:00am Eastern

Office Based Anesthesia (OBA) Virtual Symposium
Saturday, March 19, 2022

Cash Practice

Philip Yen, DDS, MS
Private Practice
San Francisco, CA

1

Getting Started

- Set up entity
  - Can be LLC, partnership, etc.
  - File for a DBA/Fictitious Name permit
- Set up accounts
  - Open business bank account
  - Open business credit card
  - Utilize bookkeeping software

2

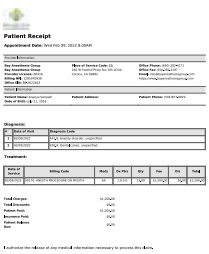
Receive payments

- Set up merchant service account
  - Examples include Square, Dharma, Stripe, Payment Depot, etc.
  - Major banks like Wells Fargo and Chase also available
- CareCredit and Payment Plans
  - 5.9% fee

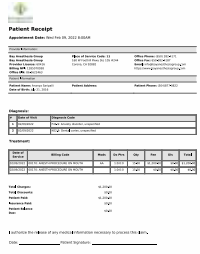
	Monthly fee	Transaction fee	Online fee	Chargeback fee
Square	$0	2.6% + 10 cents	2.9% + 30 cents	$0
Payment Depot	$49–$195	Interchange plus 5–15 cents	Interchange plus 5–15 cents	Undisclosed
Sizzle by Fattmerchant	$99–$295	Interchange plus 8 cents	Interchange plus 15 cents	Undisclosed
Chase Payment Solutions	$0	2.6% + 10 cents	2.6% + 25 cents	$25
PayPal	$0–$30	2.7%	3.5% + 15 cents	$20

3

OON Insurance Billing



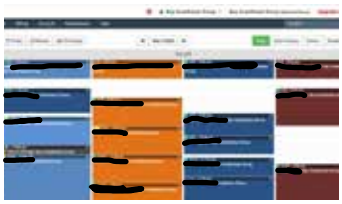
Patient Receipt



Patient Receipt

4

Scheduling System and Documents



- Google Calendar
- Online EMR
- HIPPA compliant email and storage

5

Other Considerations

- Invoicing offices
- Cash flow
- How much to pay yourself
- Operating balance

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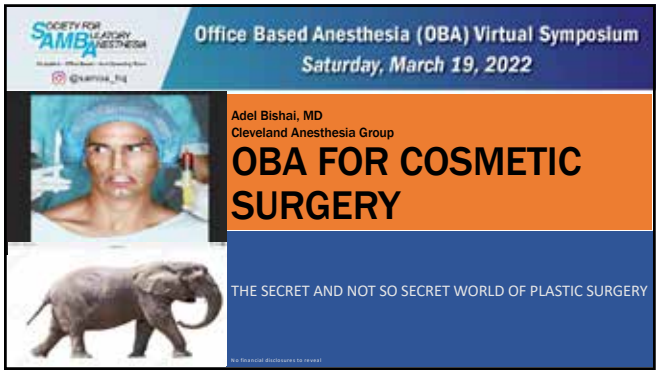
HANDOUT

Airway Management

Adel Bishai, MD, MBBch

03/19/2022
11:00am - 11:45am Eastern


Office Based Anesthesia (OBA) Virtual Symposium
Saturday, March 19, 2022
Adel Bishai, MD
Cleveland Anesthesia Group
OBA FOR COSMETIC SURGERY
THE SECRET AND NOT SO SECRET WORLD OF PLASTIC SURGERY

1


OBJECTIVES
Is OBA for Plastic Surgery safe ?
Challenges of OBA for Plastic Surgery
Advantages of Plastic Surgery procedures in the outpatient setting
Keys to successful outcome in Office based Plastic Surgery procedures
Navigating the different airway gadgets
Cosmetic Surgery
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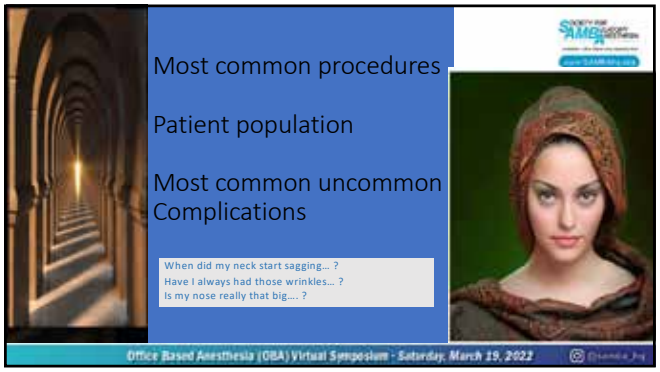
2


Most common procedures
Patient population
Most common uncommon Complications
When did my neck start sagging… ?
Have I always had those wrinkles… ?
Is my nose really that big…. ?
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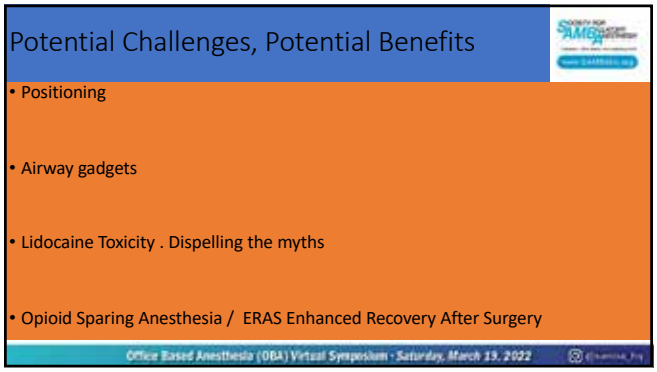
3


Potential Challenges, Potential Benefits
• Positioning
• Airway gadgets
• Lidocaine Toxicity . Dispelling the myths
• Opioid Sparing Anesthesia / ERAS Enhanced Recovery After Surgery
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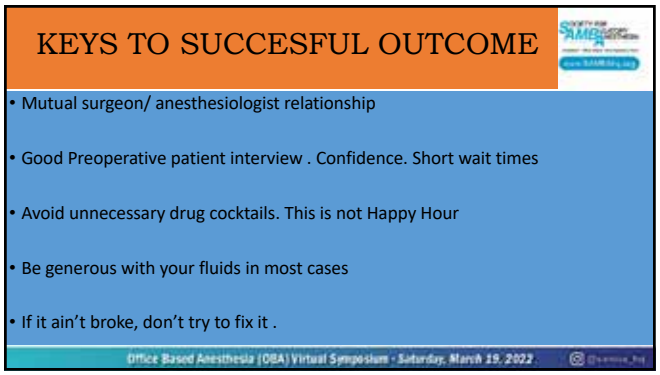
4


KEYS TO SUCCESFUL OUTCOME
• Mutual surgeon/ anesthesiologist relationship
• Good Preoperative patient interview . Confidence. Short wait times
• Avoid unnecessary drug cocktails. This is not Happy Hour
• Be generous with your fluids in most cases
• If it ain't broke, don't try to fix it .
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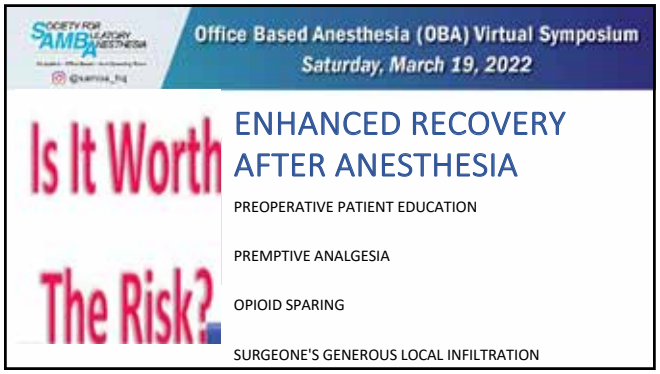
ERAS, Narcotic Sparing Anesthesia Techniques

Robert Rogoff, MD

03/19/2022
11:00am - 11:45am Eastern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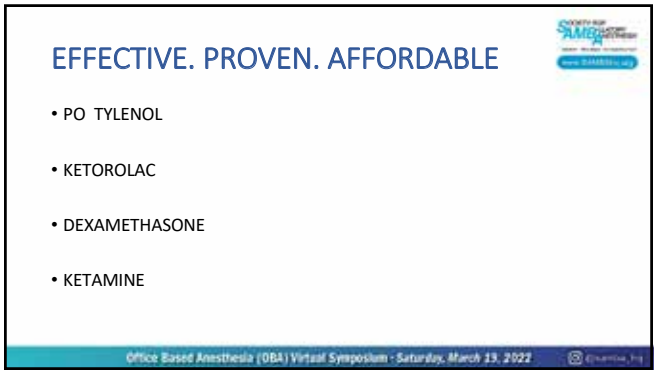
Saturday, March 19, 2022
Is It Worth
The Risk?
ENHANCED RECOVERY AFTER ANESTHESIA
PREOPERATIVE PATIENT EDUCATION
PREMPTIVE ANALGESIA
OPIOID SPARING
SURGEONE'S GENEROUS LOCAL INFILTRATION

1


EFFECTIVE. PROVEN. AFFORDABLE
• PO TYLENOL
• KETOROLAC
• DEXAMETHASONE
• KETAMINE
Office Based Anesthesia (OBA) Virtual Symposium · Saturday, March 19, 2022

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HANDOUT

Intubated vs. Open Airway

Lenny Naftalin, DDS, DADBA, Michael Mashni, DDS, &
Stephen R. Smith, MD, DABA

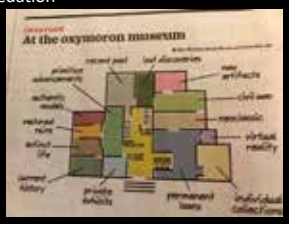
03/19/2022
12:00pm - 12:45pm Eastern

Intubated vs Open Airway

1

Terms

- Open Airway- Natural or Native Airway
- General Anesthesia VS Deep Sedation
- Paralytics



2

When is a secured airway needed

- Paralyzed patient
- Can not adequately ventilate without support
- Expect bleeding in the airway

Surgeries where a secured airway necessary

- Lefort
- BSSO

3

When is an ETT not needed

- Minimal or Moderate Sedation
- Patient post covid??

Things in the middle

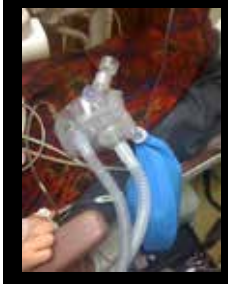
- 3rd Molar extraction
- Long restorative procedures
- Pediatric dentistry
- Periodontal surgery

4

Natural Airway

5

Secured Airway without an anesthesia machine



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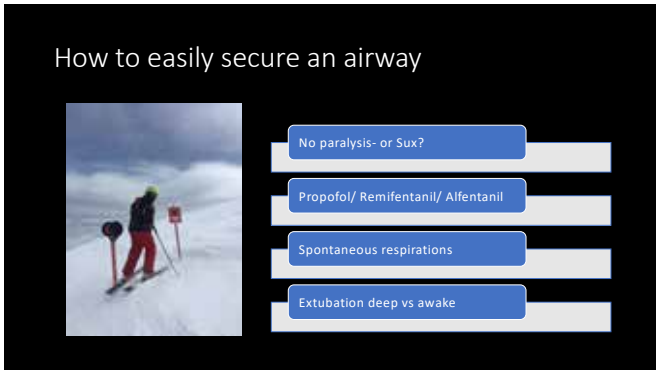

How to easily secure an airway
No paralysis- or Sux?
Propofol/ Remifentanil/ Alfentanil
Spontaneous respirations
Extubation deep vs awake

7

Office Based Anesthesia (OBA) Virtual Symposium
Saturday, March 19, 2022

PARENTAL PRESENCE DURING INDUCTION of GENERAL ANESTHESIA in OFFICE BASED PROCEDURES

Stephen R. Smith MD
Premier Dental Anesthesiology

1

DISCLOSURES

- I have no financial relationships with any relevance to my presentation

2

OBJECTIVES

- Review patient safety aspects of parents present during induction of their child's anesthetic
- Review objections of anesthesiologists to parental presence during induction
- Review benefits of parents being present during induction of anesthesia

3

PATIENT SAFETY ASPECTS

- Risks to child
  - Parental interference with delivery of anesthetic
- Risks to parent
  - Emotional trauma
  - Vasovagal episode
- Risk to anesthesiologist
  - Litigation
  - Physical attack by parent

4

ANESTHESIOLOGIST'S OBJECTIONS

- "I don't feel comfortable having parent's present during induction"
  - Then DON'T DO IT!
    - Anesthesiologists should not be compelled to have parents present
    - Anesthesiologists must be fully committed and prepared
- Other objections are mostly specious
  - Children will die/suffer irreparable harm/suffer psychic trauma
  - Parents will interfere with care/attack the anesthesia team
  - Lawyers will sue us all
  - Medical board will pull our licenses
  - Are you crazy?
- Please participate with your opinions/objections during the discussion

5

BENEFITS OF PARENTAL PRESENCE

- Patient benefits
  - No separation/Parental reassurance
  - Lap induction/parent or child holding mask
- Parental benefits
  - Full disclosure/observation of process
  - Explanation of monitoring to prevent harm to child
- Anesthesia Team benefits
  - Improved patient compliance/parental restraint of patient

6

BENEFITS OF PARENTAL PRESENCE

- OBA Practice benefits
  - Marketing; provide unique service most hospitals/ASCs do not
  - Shorter turnover time compared to sedation
- OBA Proceduralist benefits
  - Marketing; OBA vs Hospital
  - Improved patient/parent satisfaction
- Benefits to the Profession of Anesthesiology
  - Demystifies/democratizes anesthesia care
  - Educate public/parent on importance of physician led ACT/hands on
  - Patient safety advocacy

7

KEY PRINCIPLES; How to make this work

- PREPARE THE PARENTS
  - Participation is OPTIONAL
  - Emergencies can happen and they must leave immediately
    - Discuss Loss of Airway; LARYNGOSPASM
  - Describe how children behave during inhalation induction
  - Reassure them they will not see IV start or intubation
- Prepare the child
  - Play POP the Balloon/make it a game/use distraction aids
- Proceduralist must support the concept
  - Coordinated effort will reassure parents

8

REFERENCES

9

HANDOUT

Real World Cases

Moderator: Kelly Lebak, MD

03/19/2022
12:45pm - 2:15pm Eastern

Office Based Anesthesia (OBA) Virtual Symposium
Saturday, March 19, 2022

Real World Cases

Moderator: Kelly Lebak, MD, FASA

12:45-2:15pm

1

Our Experts

Megan Valach, MD
GI

Adel Bishai, MD
Cosmetic plastics/airway

Andrew Young, DDS
Pediatric dental

2

Disclosures

The following planners, speakers, moderators, and/or panelists of the CME activity have no financial relationships with commercial interests to disclose:

Adel Bishai, MD

Andrew Young, MD

Kelly Lebak, MD

Disclosure of Relevant Financial Relationships with Commercial Interests:

Meghan Valach, MD—Mobile Anesthesiologists, practice management group

3

Learning Objectives-GI

- Contrast the challenges of a patient emergency in the Office-based setting as opposed to those occurring in hospital.
- Prepare for emergencies in the office setting including necessary equipment, staffing and training.
- Formulate a quality improvement pathway for tracking and analyzing unusual occurrences in the clinical setting to improve patient care.

4

Learning Objectives-Cosmetic Plastics

- Participants will describe airway considerations specific to Office-based procedures.
- Compare and contrast different airway equipment most commonly used in an office-based plastic surgery setting.
- Participants will describe interventions in the ASA updated difficult airway pathway.

5

Learning Objectives-Pediatric Dentistry

- Participants will describe options for induction for difficult patients in the dental office setting with limited personnel: Mask Induction vs Intravenous Induction vs Other.
- Participants will identify management prioritization in the setting of securing intravenous access, bradycardia, and light anesthesia immediately following mask induction.
- Participants will describe maintenance of anesthesia methods for an obese patient without a ventilator.

6

HANDOUT

Anaphylaxis?!?!...In the OBA Setting

Meghan C. Valach, MD

03/19/2022
12:45pm - 2:15pm Eastern

Office Based Anesthesia (OBA) Virtual Symposium
Saturday, March 19, 2022

Anaphylaxis?!?!
… In the OBA setting

A GI Case presentation and discussion

Meghan C Valach MD
Chief Medical Officer
Mobile Anesthesiologists
Chicago, IL

1

Financial Disclosures

Chief Medical Officer for Ambulatory Management Solutions / Mobile Anesthesiologists

2

37 y.o. female for EGD / Colonoscopy

- **Allergies: apples(swelling); mangoes (swelling); Azithromycin (nausea)**
- **Meds: ergocalciferol, omeprazole, topiramate, ondansetron prn**
- **PMH:**
  - **recent diarrhea and episodes of nausea**
  - **Seizure disorder: well - controlled; last seizure 2015**
  - **Hx of OSA**
  - **GERD**
  - **Anxiety**
- **PSH/ANESTHESIA: Cholecystectomy**
  - **Severe PONV , h/o motion sickness, h/o nausea with narcotics**
- **Physical Exam: Class I airway, otherwise unremarkable**
- **Height 65 inches Weight 102kg BMI 37.8**
- **ASA 2**

3

Anesthetic Record

Medications during case:
Propofol Bolus total 250mg
Propofol infusion titrated total: 320mg
Ondansetron 4mg
Lidocaine 70mg
Glycopyrrolate 0.2mg

PACU Vitals
0941 **P** 105 **BP** 132/85 **RR** 14 **Sat** 98% on RA
0946 **P** 116 **BP** 91/33 **RR** 24 **Sat** 94% on RA

4

Anaphylaxis

- A life-threatening allergic reaction
- Anaphylaxis is considered likely to be present if any 1 of the 3 following clinical criteria is satisfied within minutes to hours:
  - Acute symptoms involving skin, mucosal surface, or both, as well as at least one of the following: respiratory compromise, hypotension, or end-organ dysfunction
  - Two or more of the following occur rapidly after exposure to a likely allergen: hypotension, respiratory compromise, persistent gastrointestinal symptoms, or involvement of skin or mucosal surface
  - Hypotension develops after exposure to an allergen known to cause symptoms for that patient: age-specific low blood pressure or decline of systolic blood pressure of more than 30% compared to baseline

5

PACU Course

Medications in PACU:
Diphenhydramine total 100mg
Famotidine total 40mg
Epinephrine total 200mcg
Ondansetron 4mg

6

Improving Patient care

- Collect information on "unusual occurrences"
- Debrief with team on day of incident
- Root Cause Analysis
- What did we learn and how did it change our practice?

7

References

- Shaker M, Wallace D, Golden D, et al. Anaphylaxis—a 2020 practice parameter update, systematic review, and Grading of Recommendations, Assessment, Development and Evaluation (GRADE) analysis. *J ALLERGY CLIN IMMUNOL.* April 2020. Vol 145, No. 4: 1082-1123. https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/Anaphylaxis-2020-grade-document.pdf
- Vanden Hoek T, Morrison L, Shuster M, et al. 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation.* 2 Nov 2010;122:S829–S861. https://doi.org/10.1161/CIRCULATIONAHA.110.971069

8

HANDOUT

Plastics/Airway

Adel Bishai, MD, MBBch

03/19/2022
12:45pm – 2:15pm Eastern

AIRWAY IN PLASTIC SURGERY

- A 42 year old healthy male for a routine Chin lift
- Surgeon requests an ET tube
- Upon exam, the patient has a small mouth opening .

1

To tube or not to tube....that's the question ...Pathway to redemption

Adel Bishai, MD Cleveland Anesthesia Group

- Classic Unique LMA
- LMA Supreme Auragain
- Flexible LMA
- Endotracheal tube

2

LMA Classic™

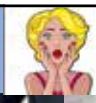
The original, re-usable, first generation airway invented by Dr Archie Brain.

LMA® Unique™ Airway

LMA® Flexible™ Airway

3

PRONE LMA 🤔🤔🤔🤔🤔🤔🤔



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Factors affecting decision-making

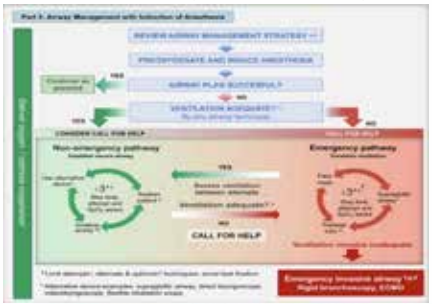
- Type of procedure
- Surgeon's Preference
- Procedure duration

Remind yourself everyday that being afraid of things going wrong is not the way to make things go right.

Unknown

5

ASA DIFFICULT AIRWAY ALGORITHM



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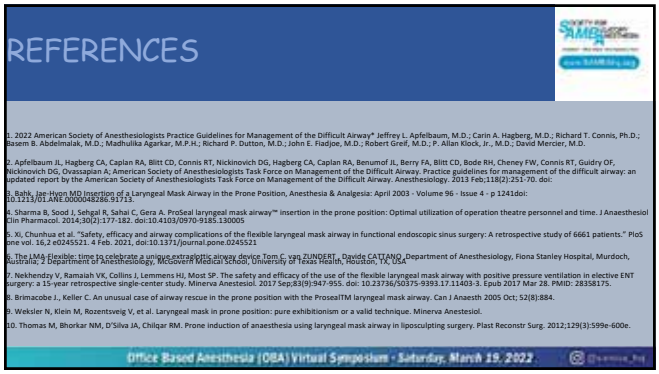

REFERENCES
1. 2022 American Society of Anesthesiologists Practice Guidelines for Management of the Difficult Airway* Jeffrey L. Apfelbaum, M.D.; Carin A. Hagberg, M.D.; Richard T. Connis, Ph.D.; Basem B. Abdelmalak, M.D.; Madhulika Agarkar, M.P.H.; Richard P. Dutton, M.D.; John E. Fiadjoe, M.D.; Robert Greif, M.D.; P. Allan Klock, Jr., M.D.; David Mercier, M.D.
2. Apfelbaum JL, Hagberg CA, Caplan RA, Blitt CD, Connis RT, Nickinovich DG, Hagberg CA, Caplan RA, Benumof JL, Berry FA, Blitt CD, Bode RH, Cheney FW, Connis RT, Guidry OF, Nickinovich DG, Ovassapian A; American Society of Anesthesiologists Task Force on Management of the Difficult Airway. Practice guidelines for management of the difficult airway: an updated report by the American Society of Anesthesiologists Task Force on Management of the Difficult Airway. Anesthesiology. 2013 Feb;118(2):251-70. doi:
3. Bahk, Jae-Hyon MD Insertion of a Laryngeal Mask Airway in the Prone Position, Anesthesia & Analgesia: April 2003 - Volume 96 - Issue 4 - p 1241doi: 10.1213/01.ANE.0000048286.91713.
4. Sharma B, Sood J, Sehgal R, Sahai C, Gera A. ProSeal laryngeal mask airway™ insertion in the prone position: Optimal utilization of operation theatre personnel and time. J Anaesthesiol Clin Pharmacol. 2014;30(2):177-182. doi:10.4103/0970-9185.130005
5. Xi, Chunhua et al. "Safety, efficacy and airway complications of the flexible laryngeal mask airway in functional endoscopic sinus surgery: A retrospective study of 6661 patients." PloS one vol. 16,2 e0245521. 4 Feb. 2021, doi:10.1371/journal.pone.0245521
6. The LMA Flexible: time to celebrate a unique extraglottic airway device Tom C. van ZUNDERT , Davide CATTANO ,Department of Anesthesiology, Fiona Stanley Hospital, Murdoch, Australia; 2 Department of Anesthesiology, McGovern Medical School, University of Texas Health, Houston, TX, USA
7. Nekhendzy V, Ramaiah VK, Collins J, Lemmens HJ, Most SP. The safety and efficacy of the use of the flexible laryngeal mask airway with positive pressure ventilation in elective ENT surgery: a 15-year retrospective single-center study. Minerva Anestesiol. 2017 Sep;83(9):947-955. doi: 10.23736/S0375-9393.17.11403-3. Epub 2017 Mar 28. PMID: 28358175.
8. Brimacobe J., Keller C. An unusual case of airway rescue in the prone position with the ProsealTM laryngeal mask airway. Can J Anaesth 2005 Oct; 52(8):884.
9. Weksler N, Klein M, Rozentsveig V, et al. Laryngeal mask in prone position: pure exhibitionism or a valid technique. Minerva Anestesiol.
10. Thomas M, Bhorkar NM, D'Silva JA, Chilqar RM. Prone induction of anaesthesia using laryngeal mask airway in liposculpting surgery. Plast Reconstr Surg. 2012;129(3):599e-600e.
Office Based Anesthesia (OBA) Virtual Symposium · Saturday, March 19, 2022

7

HANDOUT

Case Presentation: Pediatric Denistry: Considerations for the obese, special needs patients

Andrew S. Young, DDS

03/19/2022
12:45pm – 2:15pm Eastern

Office Based Anesthesia (OBA) Virtual Symposium
Saturday, March 19, 2022

Case Presentation:

Pediatric dentistry: Considerations for the obese, special needs patient

Andrew S. Young, DDS

1

Case Presentation

Name: ML	Age:	9
	Weight:	145lbs (65kg)
	Sex:	F
Dental Procedure: Full Mouth Dental Restorations	Preoperative Vitals:	
	BP (mmHg)	110/58
	HR (bpm)	87
Facility:	Temp (˚F / ˚C)	98.3ºF I36.8ºC
	Resp (rpm)	17
Pediatric Dental Office	SpO2 (%)	98
	Ht (ft. in.) (cm)	4'3" (130cm)
	BMI	32.2
Medications:	Allergies:	
None	NKDA	
Past medical history:	Past surgical history:	
Autism Spectrum Disorder Dental anxiety	Dental restorations	
Notes:		
Patient scheduled for an afternoon appt. **2pm surgery start.**		

2

Induction Course

- Rapid Mask Induction 8% Sevoflurane
- Mask handoff to EMT Assistant
- 1st attempt to obtain IV access 22g RDH unsuccessful
- Noticed drop in HR
  - Decrease to 2% Sevoflurane
- 2nd attempt for IV access 22g RACF successful
  - Pt. light anesthesia > began to wake/sit-up
  - Increase to 8% Sevoflurane and secure IV
- Propofol and remifentanil bolus, Nasal Intubation, Video Laryngoscopy Grade I view, +BBS CTA +EtCO2
  - Immediate desaturation O2 sat 90%

3

Maintenance Course

- Manual controlled ventilation to maintain O2 sat 97%+
- Change in patient positioning
  - Somewhat limited in the dental chair
- Combination maintenance of Sevoflurane and Propofol/Remifentanil infusion
- Periodic alveolar recruitment maneuvers
- Addition of PEEP in conjunction with manual ventilation

4

Judgment Calls

- 1) Induction
  - Mask vs. Intravenous vs Other?
- 2) Treatment of Bradycardia
  - Decrease Sevo % vs. IM Atropine
- 3) Light Anesthesia
  - Secure IV vs. Increase Sevo %
- 4) Oxygen Desaturation
  - Alternative method of maintenance?

5

References

- D. H. Green, P. Townsend, O. Bagshaw, M. A. Stokes, Nodal rhythm and bradycardia during inhalation induction with sevoflurane in infants: a comparison of incremental and high-concentration techniques, *BJA: British Journal of Anaesthesia*, Volume 85, Issue 3, 1 September 2000, Pages 368–370, https://doi.org/10.1093/bja/85.3.368
- Feldman, Jeffrey M. MD, MSE Optimal Ventilation of the Anesthetized Pediatric Patient, Anesthesia & Analgesia: January 2015 - Volume 120 - Issue 1 - p 165-175 doi: 10.1213/ANE.0000000000000472

6

HANDOUT

Monitors

Izabela L. Barnes, MD

03/19/2022
2:15pm – 3:00pm Eastern

Office Based Anesthesia (OBA) Virtual Symposium
Saturday, March 19, 2022

Monitors

Izabela Barnes, MD
izabelasl(at)hotmail.com

Education:

- Born and raised in Brazil where I obtained my medical degree in 2004
- Catholic University of Parana PUC-PR
- Anesthesiology Residency at the University of Arkansas (UAMS) in 2009
- Academics for 1 year; joined private practice in Charleston in 2010
- I provide care at dental and plastic surgery offices. I also work in endoscopy centers and surgery centers
- I enjoy spending time with my husband and our three teens. I love the water, kitesurfing and I'm involved with outreach projects through Seacoast Church

1

Objectives

- 1- monitors: portability, differences in quality and available options
- 2- capnography: how to assess, sample, interpret waveform and treat tracings you might see in an office setting
- 3- the importance of backup preparedness

*I have NO financial disclosure or conflicts of interest with the presented material in this presentation.

2

OBA Monitors

- Any standard vital sign monitor EKG (3-lead), NIBP, pulse oximeter, capnography (ET CO2) with or without anesthetic gas analyzer and temperature probe
- Standard of care in the office is the same as in a hospital regardless of ASA 1 or 2 status which includes pre, intra and postoperative phase and transport
- Patient monitors vary in size (think portability), cost and quality
- Whether it's an existing site or a new site, it is advisable to visit and explore your options in advance. Several offices already have some kind of equipment in place. It's often dated and may appear "okay". The following pictures are examples of products that you are likely to see in OBA

3

4

Contec 12", 9lbs

5

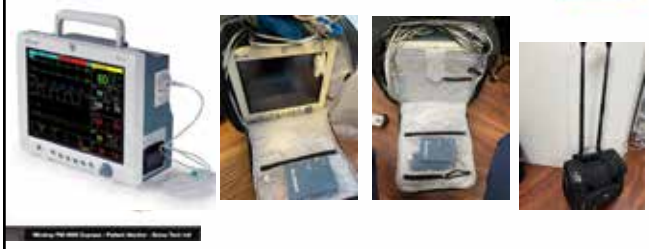
GE Dash 3000: 8.6", 12lbs

6

Criticare: nGenuity 10.4" 14 lbs

7

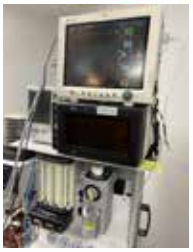
Mindray: pm 9000 12" 16.5 lbs



8

Many other options

- DRE waveline (now Avante)
- separate gas analyzer Datex Ohmeda 5250
- Infinium - waveline Omni Express 7" 5.5lbs



9

Capnography and Pulse Oximetry

SpO_2

- alarm limits, sound and pitch, especially in open airway
- placement site (contralateral to the BP cuff, big toe in pediatric and female adults with either thick dipped nails or upper extremity surgery such as liposuction of arms or brachioplasty after bariatric)

CO_2

- non-invasive (nasal cannulae, face mask or dental nasal mask) versus invasive (intubated or LMA) capnography
- CO_2 sampling and waveform -sidestream CO_2 is most common; filters and water trap variations; **turn it on early to warm up and test waveform!**

10

Capnography sampling

11

Interpretation

12

Backup preparedness: you are it!

- "Hope (work hard) for the best and prepare for the worse"
- Less manpower in an office setting means you are doing more: from placing the monitors, starting the IV, helping the turn overs, etc
- Monitor backup due to monitor failure or power loss: check rechargeable battery back up in each monitor (battery indicator). If non-functional, old or not charged, it will only run on AC power
- Troubleshooting: damage or malfunction- better to have a second monitor (usually the one in the recovery room or preop). If the numbers are not making sense and all fails: be calm and remember the basics

13

Backup

- Stethoscope, use an earpiece and examine the patient's pulse and color
- AAA battery-operated portable pulse oximeter clip and BP monitor from Amazon. It should be part of everyone's apparatus!
- Just be prepared and bring your own stuff. Know how to use and learn your equipment, use regular Biomed maintenance and calibration

14

Conclusion

- 1- VIGILANCE is still of primary importance; always be familiar with your equipment and optimize available resources in your practice
- 2- Considerations: compare make and model similarities and differences before you buy; ask questions, may consult with a local Biomed technician (portability, battery life, configurations, water trap, replacement parts, etc.)
- 3- ASA Values: Patient Safety, Physician-led Care and Scientific Discovery ("46% of office claims (vs. 13% for ASCs) were deemed preventable by better monitoring—e.g., by pulse oximetry in the postoperative setting")


15

References

- www.capnography.com - Bhavani Shankar Kodali MD
- https://www.asahq.org/standards-and-guidelines/standards-for-basic-anesthetic-monitoring
- **Frank E. Block III and Frank E. Block Jr**; Decreasing false alarms by obtaining the best signal and minimizing artifact from physiological sensors *Biomedical Instrumentation and Technology* Nov/Dec 2015
- Medtronic instructional video Microstream™ Capnography Basics
- https://www.spokesman.com/stories/2013/jun/18/gentle-pull/
- Domino KB. Office-based anesthesia: lessons learned from the Closed Claims Project. ASA Newsletter 2001;65(6):9-11, 15.

16

Monitors (Syllabus)

Izabela L Barnes, MD

Objectives:
1- monitors: portability, differences in quality and available options

2- capnography: how to assess, sample, interpret waveform and treat tracings you might see in an office setting

3- the importance of back up preparedness

Monitors - how they vary in size, weight, portability and features. Visual illustrations.

Capnography - waveform commonly seen in OBA, sampling, interpretation

Troubleshooting and back up

Conclusion:
1- VIGILANCE is still of primary importance; always be familiar with your equipment and optimize available resources in your practice

2- Considerations: compare make and model similarities and differences before you buy; ask questions, may consult with a local Biomed technician (portability, battery life, configurations, water trap, replacement parts, etc)

3- ASA Values: Patient Safety, Physician-led Care and Scientific Discovery
("46% of office claims (vs. 13% for ASCs) were deemed preventable by better monitoring—e.g., by pulse oximetry in the postoperative setting")

References

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- Frank E. Block III and Frank E. Block Jr; Decreasing false alarms by obtaining the best signal and minimizing artifact from physiological sensors Biomedical Instrumentation and Technology Nov/Dec 2015
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- Domino KB. Office-based anesthesia: lessons learned from the Closed Claims Project. ASA Newsletter 2001;65(6):9-11, 15.

HANDOUT

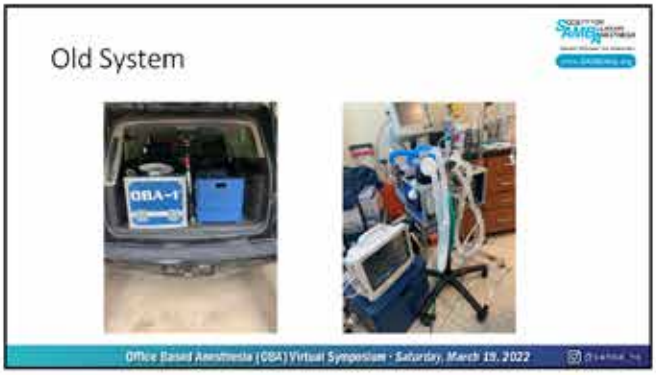
OBA Pearls: Efficient Transport and Set-up of Anesthesia Equipment

Grace Lee Dorsch, MD

03/19/2022
2:15pm – 3:00pm Eastern


Office Based Anesthesia (OBA) Virtual Symposium
Saturday, March 19, 2022
OBA Pearls: Grace Lee Dorsch, MD
Efficient Transport and Set-up of anesthesia equipment

1


Old System
OBA-1
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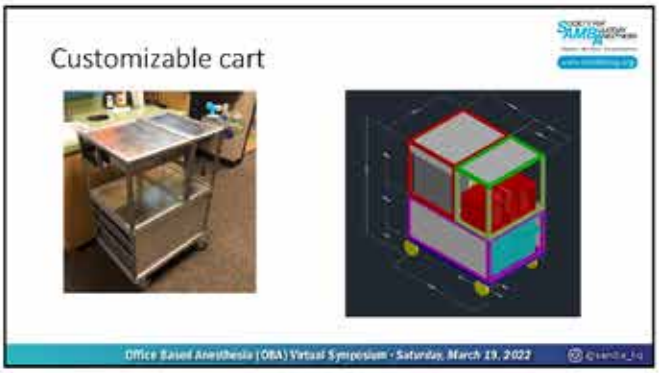
2


Customizable cart
Office Based Anesthesia (OBA) Virtual Symposium · Saturday, March 19, 2022

3


More efficient set-up and take-down
Office Based Anesthesia (OBA) Virtual Symposium · Saturday, March 19, 2022

4


Anesthesia Cart with OBA1 and Mindray 12
Office Based Anesthesia (OBA) Virtual Symposium · Saturday, March 19, 2022

5


OBA Pearls: Grace Lee Dorsch, MD
Custom Cart design:
Jason Brady
858-752-4622
jwbrady@gmail.com
My contact:
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703-431-4996
gldorsch@me.com
Office Based Anesthesia (OBA) Virtual Symposium · Saturday, March 19, 2022

6

OBA Pearls: Efficient Transport and Set-up of Anesthesia Equipment

By Grace Lee Dorsch, MD

Objectives:

Upon completion of the OBA Symposium, attendees will

1. Learn about various options for transporting anesthesia machines, monitors, and supplies.
2. Appreciate how the use of custom made anesthesia cart can improve efficiency of transportation and set-up time.

One of the most difficult parts of starting up my OBA practice was figuring out how to transport everything I wanted with me in an efficient manner. Over the years I have tried many different monitors, cases, dollies, crates for caring supplies, packing supplies by the case and by system. I have used a Suburban and tried downsizing to Lexus 450, but went back to Suburban. I have worked solo and more recently added an assistant to help transfer and set up cases. I highly recommend an assistant.

I have two set-ups. I have my **adult/TIVA** set-up which is more streamlined and smaller footprint.

Supply crate 1:
IV sets
Nasal cannulas
Syringes
Nasal trumpets (with aftrin and surgilube)
SuperNO2VA
AMBU bag
intralipid

Rolling Crate 1:
Gloves, sharps box, destroyer, propofol, medication boxes, caviwipes,

Supply crate 2:
SCD and sleeves
King Vision
Papoose (adult size)

Rolling crate 2:
Monitor (MindRay 10)

The second set-up is **Pediatric.**

Supply Crate 1: same
Rolling Crate 1: same

Custom Cart:
OBA1 anesthesia machine with oxygen hoses, sevoflurane and key for vaporizer, circuits, masks of different sizes,
Monitor: MindRay 12 (with anesthesia gas module), various BP cuff sizes, and EKG leads.
Papoose and blankets on top.

The set-up and breakdown times are much shorter with the custom anesthesia cart since machine and monitor are already set up and don not have to be unpacked and repacked. The custom cart is easy to load and unload as it just “snaps” into place.

FOR BOTH set ups I take:
Emergency Airway case (adult and pediatric sizes: laryngoscopes, blades, ETT tubes, LMA’s, stylets, oral and nasal airways
Medication cases: emergent one and daily use one.

Overall, it comes down to safety. I like have all options with me. I could take less equipment, but over the years I have found having a variety of supplies helps when you need to improvise due to unforeseen situations. Oxygen supply/delivery issues being a leading one. I keep a regulator for tanks in each set as well as tank opener and wrenches for tightening connections. I also have a variety of oxygen connectors (a key thing to check when visiting an office for potential services.

On a day to day basis, having the custom cart has decreased my set up time because the machine and monitor do not have to be unpacked or repacked at the end. The custom cart has been one of the most helpful PEARLS for me over the last several years.

HANDOUT

IntakeQ

Elisabeth Goldstein, MD

03/19/2022
2:15pm – 3:00pm Eastern

Office Based Anesthesia (OBA) Virtual Symposium
Saturday, March 19, 2022

Electronic Practice Management

IntakeQ - HIPPA Compliant Electronic Form Management System

1

How intakeQ Helps Our Practice

- HIPPA compliant forms sent to patients
- Keep track of completed (not completed forms prior to cases)
- Easy access to medical history for multiple providers
- Simple invoicing and billing interface (Square and Stripe integration)
- Reduces need for paper forms

2

Simple Form Creation

- Create simple or complex intake forms
  - Medical history
- Add rules to include or remove questions based on answers
- Link additional forms/consents to intake forms
  - Anesthesia consent
  - HIPPA
  - Pre/Post Instructions
  - COVID-19
- Form/question library
- Upload your current forms
- Simple interface

3

Send Forms Via Email/SMS/Link

- Forms can be sent via email/SMS/link
- Track forms to see when they have been opened
- Notifications when forms are completed
- Custom email settings

4

Forms for Multiple Locations

- Create unique forms for multiple locations and store in separate folders
- Create multiple consent forms and link where needed
- Credit card authorization forms
- Secure HIPPA compliant portal for communication
- Send HIPPA compliant forms via platform

5

Invoicing

- Simple invoices
- Customizable settings
- Charge credit cards from platform
- Issue refunds
- Email notifications
- Complete digital storage

6

Superbills

- Create superbills
  - Billing codes
  - Diagnosis codes
  - Sent via email

7

Q&A

- [OPEN FOR QUESTIONS]

8

Contact Information

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- Concierge Sedation Associates MD LLC
- egoldstein@csamdllc.com

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