

VSOMS Itinerant Anesthesia Advisory Opinion

In light of the recent changes to the Virginia Board of Dentistry Anesthesia and Sedation Regulations, the VSOMS has elected to issue this important advisory opinion to all its members:

Although discouraged by the VSOMS and AAOMS, oral and maxillofacial surgeons who desire to provide “itinerant anesthesia” services in non-oral and maxillofacial surgery offices will not be evaluated by VSOMS through the AAOMS Office Anesthesia (OAE) Program. Members electing to provide “itinerant anesthesia” would be required to obtain a deep sedation/general anesthesia permit from the Virginia Board of Dentistry in accordance with Board regulations. Their AAOMS office anesthesia evaluation would not exempt them under these circumstances. State permit holders are subjected to an unannounced office inspection done by a non-clinician employed and designated by the Virginia Board of Dentistry every three years.

Background:

Historically, the Committee on Professional Conduct of AAOMS as well as the VSOMS has discouraged itinerant surgery and anesthesia. There are numerous reasons for this, including: 1. Do the practices utilizing itinerant anesthesia have all the necessary licenses, certificates and permits required by law? 2. Have the practices had an office anesthesia evaluation to insure the facility is adequately equipped and the staff adequately trained? 3. Are the oral and maxillofacial surgeons seeing the patients for the first time when anesthesia is provided? 4. Will they be relying on the other dentist's patient records and medical history, and perhaps pre-operative preparation?

We have consulted with AAOMS and reviewed the AAOMS Code of Professional Conduct and its advisory opinions. The primary concern of the VSOMS and AAOMS has always been for the safety and welfare of the patient. This was the impetus for implementation of the Office Anesthesia Evaluation (OAE) Program. The OAE is not only an examination of the doctor providing anesthesia but a comprehensive evaluation of the facility and staff. Its intention is to insure the office is adequately equipped, there is appropriately trained staff, and that the doctor, staff and office are a cohesive “team” able to assist with the administration of anesthesia, surgery, and any emergencies that may arise.

The VSOMS can only insure the adequate safety of oral and maxillofacial surgeon’s primary office and their documented satellite offices. The VSOMS believes that an oral and maxillofacial surgeon should try to refrain from practicing anesthesia on a scheduled basis in locations other than suitably equipped and staffed facilities, such as oral and maxillofacial surgery offices (as defined below), accredited hospitals, surgery centers, academic institutions, state or federal institutions, or in the military service. This provision should not prevent or discourage oral and maxillofacial surgeons from providing unscheduled urgent or emergency care as needed in any type of setting.

Below are definitions that define and delineate the differences between what is considered an oral and maxillofacial surgery office and what would be considered performing itinerant anesthesia.

An Oral and Maxillofacial Surgery Office is defined as a non-mobile facility (and its designated affiliated satellite offices) owned and/or operated by the oral & maxillofacial surgeon that has passed the AAOMS office anesthesia evaluation.

“Itinerant anesthesia” is defined as anesthesia performed by a practitioner who travels to an office and acts as a the primary anesthesia provider in locations removed from his/her designated primary practice location including their declared satellite offices.

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