Seattle Special Care

DENTISTRY

Dr. Bart Johnson and Dr. Amy Winston build a network of care

BY JUDI GRIFFIN | PHOTOS BY DANE GREGORY MEYER
Starting a new dental practice is a daunting task for anyone. Starting a new practice with a mission of serving medically complex/special needs patients that are frequently unable to pay is another thing altogether.

Dr. Bart Johnson and Dr. Amy Winston knew the Greater Seattle community had a large, unmet need. They wanted to provide quality dental care for any patient, regardless of the complexities of their medical, mental, and physical challenges—and also recognizing that some had minimal ability to pay. Prior to 2007, Dr. Johnson was a career academic dentist directing a General Practice Residency program and Dr. Winston was an Attending Faculty Dentist in the same program. Feeling constrained by institutional policies and budget limitations, they decided to open their own practice dedicated to serving patients with complex medical issues and other special needs. They envisioned a private practice that would welcome patients with conditions as complex as cancer, multiple sclerosis, autism, hemophilia, and schizophrenia, among others.

The facility was designed and built with extra detail to facilitate special needs care. The hallways and operatories were made especially wide to allow gurneys and wide-body wheelchairs easy access. An automatic front door was installed. Three quiet rooms were created, and all seven rooms were designed and coded for general anesthesia care with plumbed wall connections. The equipment selected with Burkhart Equipment Specialist Jim Connor and Account Manager Donelle Lundgren was chosen to accommodate wheelchairs for patients who were unable to transfer, and a Hoyer lift was purchased to help with those able to transfer. Even the panoramic unit was specially mounted to allow smoother wheelchair access. A full crash cart and advanced monitoring equipment were purchased to safely care for fragile cardiac and pulmonary patients. Bart and Amy registered their office with the Puget Sound Blood Center so that blood product transfusions could legally and safely take place on site. “On the surface, it looks like a regular dental office, but hidden in the details are all the little things we need to care for our special needs patients,” says Bart.

Because of Bart and Amy’s love of teaching, including residents in their operation was a natural addition. For the planned residency program, extra doctor workstations and a conference room with a projection system were built. Once Seattle Special Care Dentistry (SSCD) opened in January of 2008, the only remaining challenge was finding a local hospital to serve as the sponsoring institution for their planned educational program, a necessity for ADA accreditation.

**SWEDISH MEDICAL CENTER: DEVELOPING A NEW RESIDENCY PROGRAM**

Bart and Amy drafted a proposal for a new General Practice Residency program at Swedish Medical Center, the largest non-profit hospital system in the Greater Seattle area. At the time, Swedish did not have active hospital dentists on staff and did not realize the value of such a program. Bart told the Swedish administration, “We are going to volunteer to be your dental service for a year to show you what a difference we can make.”

Swedish did notice the difference.

In September 2008, administrators from Swedish gave them the green light to officially create a dental residency program for three residents each year. Swedish agreed to support the resident salaries and provide rotational opportunities for them to hone their skills in hospital dentistry. Bart and Amy agreed to manage the recruiting, clinical training, and didactic portions of the program. This unique partnership would allow the residents to learn how to provide dentistry for the most medically complex patients through classroom training and clinical experiences at Swedish and SSCD. Bart and Amy applied for accreditation from the ADA Commission on Dental accreditation and, through a long process, succeeded in gaining full accreditation status.

The residency includes a robust didactic schedule. Residents spend a minimum of six hours a week in lectures taught by Dr. Johnson as well as dental experts from the community. Topics are broad and range from internal medicine, pharmacology/sedation to advanced dental techniques, legal issues and business management. They are proud to have CE-quality lectures from representatives of every dental specialty. Burkhart’s influence is obvious in this arena as well: Jerry Ritsema, Burkhart’s Western Washington Branch Manager, and Donelle Lundgren lecture about how developing a relationship with a dental supply company like Burkhart can most benefit one’s practice.
Clinically, the residency is divided into three block rotations, which include pediatric, hospital, and general dentistry. The pediatric rotation features two days per week of one-on-one pediatric dentistry utilizing general anesthesia with Drs. Bryan Williams and Donna Quinby, both of whom are experienced pediatric dentists. The other three days per week feature more typical pediatric dentistry at Odessa Brown Children’s Clinic, a low-income pediatric community clinic in Seattle. The second block is a four-month hospital rotation at Swedish that includes anesthesiology/IV sedation, inpatient hospitalist care, and a week of cardiac surgery observation. The final four months are a general dentistry rotation performing general dentistry on the medically complex patients at SSCD.

The residents provide 24/7 coverage for the Emergency Departments at Swedish Medical Center during their year in the program. When paged, the residents evaluate the emergency patient and consult with the attending physician and attending dentist on call. These emergency calls may include dentoalveolar trauma, significant infections, and risk management cases within the hospital. Dr. Terry Chun, an Associate Dentist who joined Seattle Special Care Dentistry in 2009, helps provide clinical attending and after-hours coverage for the residents.

**SWEDISH COMMUNITY SPECIALTY CLINIC: EXTRACTION SERVICES**

The residency partnership with Swedish has been so successful that Bart and Amy and representatives from Swedish began brainstorming new opportunities to help the local community. Swedish was already opening an innovative clinic, Swedish Community Specialty Clinic, designed to treat low-income uninsured or underinsured patients with services including orthopedics, dermatology, cardiology, gynecology, neurology, occupational therapy, podiatry and many others. Knowing that specialty dental care for underserved patients was becoming increasingly difficult to obtain, Bart and Amy suggested that Swedish add a dental component to the new clinic. Swedish agreed, so planning began in February 2010 for installation of three dental operatories within the new clinic. Bart focused on designing the space and Amy worked on the operational details. The clinic is scheduled to open in the Fall of 2011 and will start by providing extraction services free of charge to patients who are at or below 200 percent of poverty level. The clinic is staffed by volunteer general dentists and oral surgeons. Once the operation is running smoothly, the intent is to expand the dental specialty care to include endodontic and periodontal services.

An important part of the program’s success is its alliance with the Seattle-King County Dental Society (SKCDS) and Project Access Northwest. Bart and Amy are members of the Seattle-King County Dental Society Executive Council, and the Society’s support was critical in recruiting volunteers and funding the case management aspects. Dr. Cynthia Pauley, President of the SKCDS, notes, “Swedish is an amazingly visionary hospital, but
[Bart and Amy] were instrumental in establishing the relationship and partnership with Swedish. They created this program from scratch, which will provide free complex extractions for the uninsured and underinsured. They have been incredibly generous with their time and resources in figuring out ways to creatively solve complex problems.”

NORTHWEST KIDNEY CENTER: PRE-TRANSPLANT DENTAL CLEARANCES
In addition to developing a residency program and oral surgery clinic for Swedish, Bart and Amy also identified another big dental need in the community. “When we first opened our practice, we were getting inundated with people who needed dental clearance before they got their kidney transplant, and most of them had no money,” said Amy.

A transplant patient should not have any infection in their body—including their mouth—when they go in for their transplant operation. Per current protocols, patients are ineligible for transplant—even if an organ becomes available—until a dentist provides a screening and completes the treatment needed to clear up any dental infection. Most of these patients have exhausted their medical and dental benefits by the time they get to the point of requiring a transplant.

Bart and Amy knew that they could not meet the needs of every kidney patient themselves, so they started working with the Access Committee of the Seattle-King County Dental Society. From this committee, a program was

FILLING THE NEED
Seattle Special Care Dentistry is a full-service dental office. They are able to treat just about any patient including those with the following conditions:

- Neurologic disorders (Parkinson’s, Multiple Sclerosis, Huntington’s, etc.)
- Neurodevelopmental disorders including developmental delay (Autism, Downs, etc.)
- Oncologic support including pre-, intra- and post-chemotherapy and radiation care
- Hemophilia and other bleeding disorders
- Blood product infusion support (platelets, red blood cells, factors, FFP, etc.)
- Heart failure, dysrhythmias, pre-valve replacements and devices
- Pulmonary disorders including oxygen and/or ventilator-dependent patients
- Kidney disorders, particularly dialysis patients
- Liver disorders (alcoholic, autoimmune and viral hepatitis)
- Diabetes, both Type I and Type II, all severities
- Immunocompromised patients
- High-risk pregnancy
- Psychiatric illness, including Alzheimer’s and schizophrenia
- Requiring communication in sign language
The SKCDS has been able to build a dental society pool of over 40 volunteer dentists for the program, and collectively the group has donated more than $150,000 worth of care.

FROM THE RESIDENCY PROGRAM INFORMATION PAGE OF THEIR WEBSITE:
“The most important thing we want to teach is that we have had wonderful careers working with patients the average dentist is unwilling or unable to treat. We work with underserved/underfunded patients and enjoy doing so. Our goal is to never have to refuse care to someone who requires our expertise based upon their financial situation. We hope to pass these ideals on to our residents, and have them find similar ways to be civically minded in their careers.”

developed where low income pre-transplant patients are identified by their social workers at the Northwest Kidney Center and referred to the program.

Bart, Amy, Terry and their residents do all of the preliminary screenings for each patient and create a dental treatment plan that will allow them to be cleared for transplant listing. Amy notes, “It’s different than screening for typical care—they don’t need crowns, they don’t need partial dentures—they only need infection control, so it’s a very basic treatment plan.

We determine what they need and then the more stable patients are scheduled with volunteer dentists in the community for different parts of the treatment plan. We treat those that are more medically fragile here in our office.” The SKCDS has been able to build a dental society pool of over 40 volunteer dentists for the program, and collectively the group has donated more than $150,000 worth of care. Several patients have been cleared for transplant.

SKCDS President Dr. Cynthia Pauley is impressed by all that Amy and Bart have been able to accomplish. “They were really instrumental in identifying this niche population that was in need of dental care assistance, and they spearheaded a program that matches our King County dentists with dialysis patients. They do all of the screenings in their office, which is huge, but they are also great organizers of resources and people to get work done in the community.” Dr. Pauley added, “They have a clear vision of what is possible, and they have a real sense of what does and doesn’t work. There is no chance that any of this would have gone forward without Amy and Bart. We are now meeting the needs for kidney patients who need free dental care in King County.”
SUCCESS FACTORS AND MOVING FORWARD

So what do Amy and Bart attribute to their success? Their previous careers definitely provided them with the training and skills needed to work with a variety of special populations, but it also helped them see the gaps in the current system. They saw how much need was not being met by the dental community and built their practice around filling that gap.

Filling that gap is not without its challenges. Amy admits, “The biggest challenge quite honestly is being financially solvent while meeting our mission. A lot of our patients have exhausted all of their resources. Many have cancer, require an organ transplant, need expensive medications, are essentially dying, and have no money for care.”

Adds Bart, “We pride ourselves on being the last stop for those in need, but we cannot do everything for free. We donate many services but the only way the whole thing works is because of the residency and our partnerships with the community.”

They also credit a lot of their success to their staff. Amy explains, “Our staff is just phenomenal. The things they know—how to take care of radiation patients, how to work on people who have limited openings—is amazing. All of our staff have bought into this mission, they get it, want to do it and love the challenge. This isn’t just a job to them. Each staff member truly believes in what we are doing.”

Amy and Bart are continuing to look to the community for more partnerships and keep asking, “How can we be more efficient?” They would like to continue to grow and expand the model of networked volunteer dentists that has been created. Amy pointed out, “One thing that would make us proud is for one of our residents to leave and start a “Special Care Dentistry” clinic in another community. If we could inspire one of them to do something like this and basically give them the recipe...long term, it would be great to have ‘Special Care Dentistry’ offices scattered throughout the country.”

Bart and Amy have successfully opened their new practice, created a hospital dental residency program, developed an oral surgery specialty clinic for Swedish Medical Center, and solved the issue of getting dental clearances for King County kidney transplant patients—all since January 2008.

Dr. Cynthia Pauley sums up their success best when she says, “It is amazing what they have accomplished in a very short period of time. It kind of takes your breath away.”