Health Center Oral Health Promising Practice

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Expanding Scope: The Swedish Community Specialty Clinic (SCSC)

Organization:
Seattle-King County Dental Society, Seattle, WA

One Sentence Description:
Working in conjunction with our community partners, our clinic currently provides complex oral surgery procedures that safety net clinics are unable to provide for their non-insured and/or low-income patients.

Summary:

Background:
Safety-net clinics in our community, including Health Centers, can usually accommodate adults who present with routine dental pain/infection. However, safety-net clinics struggle to provide complex care, such as difficult extractions and root canals. With cutbacks in the adult state Medicaid program and other pre-existing dental safety net programs in King County, WA, patients with non-emergent but chronic dental disease had few resources for definitive dental care. Fearing individuals would begin to turn to hospital emergency rooms seeking acute care of dental problems, the Swedish Community Specialty Clinic (SCSC) was created by seven organizations partnering to support a three chair clinic to provide advanced dental care. Our mission is to provide specialty care, especially oral surgery and endodontic care, to uninsured and low-income patients before a dental infection/pain crisis develops.

Methods:
This partnership was initiated by Swedish Hospital, which already had a dental General Practice Residency program in its ER and operates a charity medical specialty clinic in partnership with Project Access Northwest. Another partner, Pacific Hospital Preservation & Development Authority, approached both Project Access and the Seattle-King County Dental Society with its desire to address dental access. It took approximately one year from the inception of the idea of adding dental to the existing community medical clinic to opening the doors. Now, all partners meet at least once a year, and several meet monthly to discuss operational issues.

This project has seven partners: Swedish Hospital provides the clinical space, Pacific Hospital Preservation & Development Authority funds the case management position, Project Access Northwest also provides case management to ensure that patients show up for their appointments and coordinates referral information, the Seattle-King County Dental Foundation provides funds to support SCSC, and the Seattle-King County Dental Society recruits volunteer dentists and specialists for the clinic. Seattle Special Care Dentistry provides oversight and staff management, and the Washington State Dental Foundation provided critical funding for building the dental clinic. The cost for the initial build-out of SCSC was approximately $344,219. Swedish Hospital, the Seattle-King County Dental Foundation and the Washington Dental Services Foundation provided funding.

SCSC provides services to individuals living at or below 200% of federal poverty guidelines, as determined by screenings completed by Project Access Northwest staff. Since Medicaid funding for
dental is so limited in the state of Washington, The Swedish Community Specialty Clinic does not bill Medicaid for services. Program funding comes from a variety of sources. Swedish Hospital provides supplies out of its operational budget. This funding is supplemented by grants for equipment and dental-specific supplies. Past and current funders include the Pierre Fauchard Foundation, Swedish Medical Foundation, Seattle-King County Dental Foundation, and others. It costs about $201,000 a year to run SCSC with another $140,000 in personnel costs.

The Swedish Community Specialty Clinic is currently open two days a week, focused on complex extractions, and is largely staffed by volunteer oral surgeons and general dentists. We have hired a part-time dental director and two part-time dental assistants. We are planning to offer complex extractions 5 days a week and staff the clinic with a paid, full-time dental director and two dental assistants to supplement and manage our volunteers. In the future, we intend to add root canal therapy, and possibly dentures. We still need to secure funding for these planned expansions.

**Results:**

Our successful program relieves some of the pressure on the dental safety net, while offering our volunteer dentists a positive experience.

We evaluate ourselves on several criteria, including:

- Number of dentist volunteers—both general and specialists
- Number of patients served and total clinical operating days
- Types, number, and dollar value of procedures performed

In our first 11 months of service, we treated over 516 patients, of which 222 had more than one appointment. Approximately 15% of patients have required interpreter services. We have provided over $651,000 in donated care, and have removed 1,955 teeth, performed 8 biopsies and/or labs, and several other procedures. Our “no show” rate, including post-op visits which are not mandatory, is less than 10%.

We publicize our efforts to build the program and to serve as a model for other counties. We work to build partnerships with other healthcare providers to expand the help provided to the uninsured adults of King County.

**Conclusion:**

Initially, we believed that we would be providing a high number of reasonably routine extractions. In reality, we found that the local community clinics were performing routine extractions and sending us their most difficult procedures: oral pathology and wisdom teeth cases. We also assumed patients would come in for single-visit extractions, and would not need to return. Given the poor oral health of many referred patients, multiple appointments for several complex extractions are often necessary. Therefore, we had to create a block of time for follow-up visits. Many patients have such poor oral health that they require full mouth extractions. Since there is no funding for dentures, some patients have been reluctant to have the recommended number of teeth removed.

Despite free services, many patients have been hesitant to receive care since we are unable to “knock them out” for their extractions. We have been able to convince most to go forward with their care, but some have refused. We are investigating adding oral and nitrous oxide sedation management to our scope of services.

We found that even the sliding scale fees at the primary care referring clinics are barriers for patients to obtain an initial consult. We have been working with the community clinic dental directors and referral coordinators to resolve these issues.

We discovered that our program needed an “on-site” dental director with strong oral surgery skills to assist the general dentist volunteers who had “rusty” extraction skills. Should the volunteer need assistance or if there are no volunteers available, the dental director steps in. Another modification was that the dental assistant position originally had some caseworker duties. However, we found that the skill set for a caseworker and a dental assistant cannot be successfully combined and these need to be two separate positions. We have hired a caseworker and hope to be able to fund a second caseworker as we continue to grow.
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