From Periodontal to Cardiac Disease; Bridging the Gap between Medical and Dental Insurance for a Better Treatment

Improving health policy by enabling systemic periodontitis patients’ access to enhanced insurance coverage through use of both dental and medical insurance plans.

Tag Words: Rutgers; Periodontitis; Gum’s Disease; Eric B. Chandler; Dental Insurance

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Summary (AJR)
Over the past decade, the association between periodontal disease and cardiac disease has been clinically proven. When the oral originating disease progresses and becomes a systemic disorder, as is the case of advanced periodontal disease patients, their insurance coverage remains exclusively dental. Because periodontal disease is an advanced form of gingivitis that compromises both teeth and gum health, the resulting treatment often requires either an extensive dental coverage plan or a large out-of-pocket payment. This causes much anguish for patients afflicted with periodontal disease since the types of patients that develop this condition are often of a poor economic status and unable to afford treatment. As such, both community awareness and health policy must be improved to get periodontal patients the care that they legally and rightfully deserve. By enforcing medical insurance coverage to be included with the coverage of periodontal disease due to its systemic condition, patients would have access to additional care for a better treatment. Thus, to improve the treatment conditions for current and future periodontal disease patients include increasing community awareness, enforcing inter-insurance collaboration, encouraging legislative involvement, and litigation. As a student group, we went hands on and into our community at a local soup kitchen where we donated both food and dental supplies to the members as well as visitors. We first spoke with patrons about the impacts of periodontal disease, and encouraged each individual to receive a health check-up at a local minimum-pay clinic. This enabled our group to effectively increase community awareness to a group of citizens that are most susceptible to developing periodontal disease. Ultimately, as science continues to define the association between periodontal disease and cardiac disease, patients must be empowered through preventative care and advocated for by holding insurance companies responsible for possible cases of negligence.

Video Link
http://www.youtube.com/watch?v=IoMeC1Tgl-o
The Issue: Dental Insurance Coverage

Introduction (BJL)
Periodontal illness is a disease, commonly referred to as gum disease, which describes the events that begin with bacterial growth in the mouth and may end - if not properly treated - with tooth loss due to destruction of the tissue that surrounds the teeth [1]. Gingivitis consists of the inflammation of the gum and generally precedes periodontal disease that is characterized by bacterial infections. If gingivitis is left untreated, it will progress to gum disease. In that case, the inner layer of the gum and bone pull away from the teeth and form pockets. These small spaces between teeth and gums collect debris and can become infected. The body's immune system fights the bacteria as the plaque spreads and grows below the gum line. The causes for periodontal disease include poor oral hygiene habit, any family history of dental disease, bad habits (i.e. smoking), and illness [2].

Periodontal to Cardiac Disease (BJL)
Previous studies, in the last decade, showed a remarkable correlation between periodontal disease (commonly referred to as gum disease) and heart disease. People diagnosed with periodontal disease had twice the risk of developing heart disease [3]. Nevertheless, it wasn’t until resent statistical correlations that this was proven. Science has shown that the same bacteria that causes dental plaques is also responsible for forming clots in blood vessels, increasing the risk of heart attack incidences [4]. An image of periodontal disease are found below with Image 1 correlating to the poor oral health before treatment and Image 2 correlating to an improved oral health after treatment [10].

While dentists and the medical staff recognize the potential effects of gum disease on cardiac health, some insurers don’t acknowledge the link’s validity and consider the procedure to be administered as a preventive action instead of a definitive form of treatment. That’s why medical insurers, in most cases, deny coverage for periodontics despite the fact that treatment is needed to maintain a good cardiac health. As an argument to defend their opinions, insurers may state that patients suffering from periodontal disease don’t display heart disease symptoms, or that the symptoms are related to other factors, so why do they have to cover these dental charges?

That is to say, those insurers don’t pay for charges unless patients are severely afflicted with heart problems. In this case, dental procedures used to treat periodontal disease can be performed
and covered under the insurance - along with other medical treatments. If that was the insurers’ argument, why do scientists and experts bother to elaborate rigorous studies on this matter, and publish papers with substantial statistics? Aren’t the research studies supposed to find ways in which we can prevent severe complications, such as those associated with heart disease, from occurring, by examining other related symptoms that can be easily detected and managed? In a time when the medical field has already achieved great progress, is it reasonable that insurers don’t cover charges unless the patient’s condition is highly manifested, in other words, when he or she is at the edge of death, waiting for treatments to be finally granted even when it can be too late?

Several theories exist to explain the link between periodontal disease and heart disease [1]. One theory is that oral bacteria can affect the heart when they enter the blood stream, attaching to fatty plaques in the coronary arteries and leading to atherosclerosis. Another possibility is that the inflammation caused by periodontal disease increases plaque build-up, which may contribute to swelling of the arteries. Periodontal disease can also exacerbate existing heart conditions. Patients at risk for infective endocarditis may require antibiotics prior to dental procedures.

The mechanism of action for periodontal disease occurs in several distinct areas. The primary association between heart disease and strokes and periodontal disease appears to be related to the production of C-reactive protein (normally present in cases of inflammation). Patients with periodontitis have significantly higher levels of inflammatory products (fibrinogen and white blood cells) that are well known risk factors for acute heart attacks. Dental bacterial components affect the body's response to infection and can play a role in the development of atherosclerosis. New development in medical research is further raising concerns that bacteria can cause heart attacks. One bacterium, Chlamydia pneumonia has been found in the walls of the blood vessel of patients who have had heart attacks.

American Healthcare (SY)
Healthcare in the United States of America has revolutionized the way medical treatments are administered, diminished the prevalence of communicable illness, and ultimately expand the population’s life span. Great efforts have been made to provide funds for the benefits of healthcare and the product has deemed the U.S. the title of most promising country in medical advances. Although America is currently involved in a healthcare reform, a critical question still remains to be answered. The opportunity of obtaining great health service is present, but what happened to its availability to the population? Primary prevention for instance is one of the most neglected areas of healthcare. Although public health has implemented and fought for several beneficial health aids, is has been limited and constrained. Unlike medicine that treats individual patients public health obtains data from the population as a whole. Therefore, the obtained input is seen as an average or mean, and when it comes to asking for funding from the government, this turns into a very complex situation antagonized by bias or negativity.

On a similar dilemma, enforcing health insurance to be given along with dental insurance seems to be nearly impossible. Statistics that show the rise of periodontal illness and its detrimental effects on heart disease are not sufficient to prove this great necessity [6]. The American Heart Association has tried increasing awareness of heart healthy habits, but the prevalence of illnesses is still high. Although the United States of America has made strides is tertiary care which offer
better recuperation methods, it falls short and ultimate sabotages its economy by failing at providing primary care. If medical insurance was given along with dental insurance the battle against heart illness and periodontal disease would be better fought, and maybe even won.

Cultural barriers, financial instability and lack of resources are amongst the top contributors when it comes to obstructing people’s desires to seek out medical attention. When it comes to cultural blockades holistic medicine, religious beliefs as well as patriarchy roles in families may be factors, which impede people from different countries to seek medical help. Although these factors are challenging they are not as impacting as those presented by financial hardship. This issue is predominant in minority communities where monetary obstacles become a big part of a person’s life and unfortunately lead to terrible illnesses and disparities.

**Basic Insurance Coverage (BJL, AR & JP)**

For patients able to obtain dental coverage a common trend exists amongst insurance providers. That is, at basic plans they cover the preventative care costs for periodontal disease but will refrain from long-term care and treatment of the disease. Only basic plans were analyzed since this is where the majority of patients with periodontal disease are found. Specifically, two of the largest dental insurance providers found in New Jersey were analyzed: HumanaOne Dental and Aetna.

HumaneOne Dental has two basic dental insurance plans known as Dental Preventive Plus and Dental Discount Plan [5]. Dental Preventive Plus covers oral examination, cleaning, and X-rays at a 100%; however, for periodontics which is considered part of “discount services”, patients receive a partial discount. Total monthly payment for this plan is around $20.74. The Dental Discount Plan is another form of plan that is aimed for patients of poor financial means. It is a partial insurance program that will save the participant 20-50% on many dental services. The charges for periodontics range from $64 to $553 after discount. Total monthly payment is around $6.95 for this plan [5].

Humana’s dental plans (except the discount plan) cover oral examinations at a 100% which is convenient for people with pre-gum disease symptoms. However, for periodontics, (the actual treatment of periodontal disease) patients have to pay additional charges [5]. Furthermore, in order to receive gum disease treatment or preventive procedures, Humana customers must apply for a separate dental insurance. Dental charges are not covered solely under a medical plan [5]. Optional dental benefits can be added for additional fees for customers with a Humana medical plan.

Aetna, on the other hand, is the third largest insurance company with 29 million members [6]. It has taken the initiative to develop a program that even though it primarily focuses on prevention more than on coverage which is an excellent starting point for insurance companies to start bridging the gap between medical and dental care those in need. Aetna Dental created its Dental/Medical Integration (DMI) program in 2006 as a result of a research project it conducted with Columbia University College of Dental Medicine. The research found that high-risk individuals that sought earlier dental care lowered the risk or severity of their condition and subsequently, lowered their overall medical costs. These results were proven to be reliable by a 2008 internal analysis performed by Aetna based on DMI dental PPO and DMO activity [7].
The eligibility requirements for Aetna include two primary aspects [8]. First, Aetna’s DMI program is offered at no additional cost to all plan sponsors with an existing Aetna medical plan in conjunction with any of Aetna’s dental plans (DMO, DPPO, or Dental Indemnity). Second, the DMI program is offered to members who are considered to be at risk of suffering from medical conditions as a result of periodontal diseases. At risk members include individuals with the following conditions: pregnant women who have not seen a dentist in 12 months or more, heart disease, and diabetes.

Aetna’s DMI program provides enhanced dental care for its eligible members in the form of extra dental benefits, which are covered with no deductible. These include [8]: one extra visit for a routine cleaning, dental debridement to remove any thick or hard deposits on teeth, dental office use of antibacterial agents to treat periodontal disease, and periodontal maintenance. The second goal of Aetna’s DMI program is to outreach and provide its members with customized dental education through mail and phone calls. Members can call to enroll in the program, choose a dentist and get assistance making a dental appointment [8].

Aetna’s DMI has been proven to be an effective way of motivating people to search for dental care. Data from 2008 shows that approximately 67,000 or 38% of Aetna’s at-risk members who were not getting dental care before, sought dental care after being enrolled in Aetna’s DMI program [7]. Nonetheless, Dental/Medical Integration is a program and not a dental plan; therefore, its members are subject to benefits, exclusions, limitations and conditions of coverage based on their medical and dental plans.

Uninsured Coverage (SY)
Fortunately for thousands of people whom may fall victims of such hardships both minimum-pay and free clinics were made available to serve the purpose of promoting a valuable resource for those individuals who were not able to pay for their medical expenses. Their integration in society has become a prominent means to tackle communicable illness and form a first line defense towards illnesses on what may be the most vulnerable group in society, minorities. Minimum-pay and free clinics are usually staffed by volunteer doctors, nurses, interpreters amongst others staff members. Some host laboratory facilities but then use a nearby hospital, specialist and pharmacist to provide patients with the most help as possible. In New Jersey, but more precisely in New Brunswick the Eric B. Chandler clinic offers its care to a diversity of patients. This particular minimum-pay clinic serves as a means to reach out to the community and offer discounted prices for medical procedures. If a person is not able to present medical insurance or is not able to pay the full amount they will also offer flexible payment plans to allow people to cover their expenses. This clinic is a great resource to have in a community such as the one present in New Brunswick.

The most important contributing factors of the Eric B. Chandler clinic are its dental and medical resources. Amongst the most critical heath issues facing the United States of America in current time’s heart disease has by far incremented its case count within the population. In New Jersey alone heart illness has increased drastically and along with its increase comes the increase and elevated counts of periodontal disease. Being that these two diseases are strongly correlated healthcare administration is eminent. In clinics such as Eric B. Chandler, the resources as well as
the payment flexibility allow people to seek and obtain valuable healthcare essential to tackle the issue of periodontal illness and heart disease.

What are people left to do? When they feel that the only means to obtain medical assistance is through an emergency room? These are some unfortunate questions, but they do a fine job at highlighting the concern several people have all over the United States of America. Services such as those given off by the Hospital care payment assistance program are able to answer and aid many people’s cry for help, as it offers another method to seek out healthcare. Charity care offers free or reduced charge care, and it covers patients who are brought into the hospital and stay as well as those who come in for treatment and are released soon after. This form of help covers hospital care, and services such as physician fees, anesthesiology fees, radiology, and outpatients prescriptions.

Charity care is a product of the Heath Care Subsidy Fund which was administered under the American Law in 1997. Eligibility is based on criteria which ask for a person to have no health coverage or have coverage which partially pays for their health bills. They must also be ineligible for any type of private or government sponsored coverage, for which Medicaid is an example of. They must meet certain assets and eligibility criteria that are highlighted in Chart 1 below. Those individuals who wish to apply for charity care must do so in the hospital for which they are seeking medical attention from. On the day they choose to apply, they must have proof of assets and income, as well as proper documentation. The hospital will then determine if the person is eligible within 10 days.

<table>
<thead>
<tr>
<th>Income Criteria</th>
<th>Percentage of Charge Paid by Patient</th>
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<td>greater than 200% but less than or equal to 225%</td>
<td>20%</td>
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<td>greater than 225% but less than or equal to 250%</td>
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<td>greater than 250% but less than or equal to 275%</td>
<td>60%</td>
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<td>80%</td>
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Chart 1 – Income to Payment Scale

Even though Charity care does not cover dental services, it offers those people suffering from heart disease an opportunity to obtain medical attention as soon as possible. Unfortunately if they are diagnosed with periodontal illness their health with slowly deteriorate and impair their heart disease to fatal stages. Therefore the need for a healthcare plan to cover for both dental and medical care is essential. As a means to offer better primary care to the American people, strides must be made when it comes to primary care and the prevention of illnesses. A means to prevent heart disease
is by allowing those who are diagnosed with either periodontal or heart disease an opportunity to seek the healthcare need. Most importantly, medical insurances must provide alternative plans. The best means to tackle a health disparity is to target the source, and in this particular case it is the lack of opportunity when it comes to obtaining healthcare. Thus, a medical insurance plan is drastically needed to fight against heart disease and its antagonist, periodontal disease.

Additionally, within the New Brunswick are there is a free clinic for the homeless population that is run by the Robert Wood Johnson Medical School (RWJMS) students. At St. John’s Health Center, the community residents can get access to basic medical care and in particular women’s health experience that is run by Catholic Charities. This clinic exists as an option for people whom lack any form of medical care for the sole reason of being financial exempt.

A Better Solution (AR)

There are several ways to improve the treatment conditions for current and future periodontal disease patients. These include increasing community awareness, enforcing inter-insurance collaboration, encouraging legislative involvement, and litigation. Preventative medicine is the best form of increasing community knowledge about pertinent health concerns; it should always be maintained for a given population that is in danger for prevalent health issues. Increasing community awareness about the severity of a disease is a cost-effective means to enable individuals to recognize the dangers they are susceptible to and hopefully prevent it entirely. The means that preventative medicine should use print of visual mediums to inform citizens. After preventative medicine has been established, patients that are insured are, of course, those whom would benefit the most from having an inter-insurance collaboration for periodontal disease treatment.

For individuals with medical and dental insurance plans, the insurance policies exist to protect patients from enormous costs, not exploit them. As our understanding of periodontal disease grows and the association with cardiac disease strengthens, dental and medical insurance companies cannot sit idly by and allow patients to continue to suffer. As periodontal disease develops into cardiac disease, insurance coverage should also develop to include both dental and medical insurance too.

Insurance company collaboration would involve dental and medical insurance companies establishing a new paradigm for financial allocations and claims handling. To initiate this would require the current insurance policies to be rewritten to include coverage of sister coverage. The language that this policy addition would need to maintain would have to focus acutely on diseases which transition into new origins. In order to do this, insured consumers would need to appeal to the insurance companies together as a unit to ensure the insurance company understands the benefits of collaborative coverage. Additionally, collaboration between insurance companies would serve as an appealing aspect for advertising itself that would increase subscription and company revenue.

Since the Patient Protection and Affordable Care Act became law, much of the focus for health care has been on politicians. As we progress into more affordable plans and extended coverage, the policies which govern dental care are still fallible to change. It is critical that we take advantage of this change and use it as a platform to drive insurance companies accountable for
the care they are financially responsible for. This is the platform that we as citizens should use to enable the oral insurance coverage to integrate with medical insurance coverage because it has already been scientifically proven. The only method that this would be feasible would be to direct contact state legislators and to petition for health policy change.

The last method would be through litigation. Filing a lawsuit is extremely expensive and must be only utilized as a last resort only. Many financial service companies require you to sign an agreement to arbitration rather than a court proceeding, as part of the original sale. However, since the connection between periodontal disease and cardiac disease are prevalent, the facts of one the side of the patient and it is possible to convince a jury to have an insurance company reach a settlement.

No matter what method is used to bridge medical and oral care, hospitals and dental offices must continue to function relatively independent from insurance company influence. The focus on hospitals and dental offices should always be the patient’s welfare first and then rendering affordable care second. Either through collaboration or force, insurance companies must be made aware of scientific findings to continue their legally-bound obligations in serving either oral or systemic medical issues.

Service Project: Distribution of Dental Supplies

Since periodontal disease mostly results from inadequate dental care, our community service project is focused on distributing dental supplies to needy people in the community of New Brunswick. On December 3rd, we gave out over 40 dental kits with toothbrushes, toothpaste, dental floss and mouthwash as personally purchased from group members as well as over 50 water bottles and thermal mugs sponsored through the New Jersey Army National Guard. In our research on periodontal and heart diseases we found that the sector of the population that is mainly affected consists of minority groups. Therefore, we decided to distribute the dental supplies at a place that serves not only the community, but also most specifically those in great need. Our choice was the Elijah’s Promise Soup Kitchen located in New Brunswick. The soup kitchen serves the community the seven days of the week and serves hundreds of meals each day. The people who take advantage of this service come from different counties from all age groups, are Hispanics/Latinos, African-Americans, Whites, which would allow us be right on track in terms of assisting our target community. The initial idea for the project was to set up a time where we could come to the soup kitchen around lunchtime and give a brief lecture about our project with the goal of spreading awareness of the link between periodontal disease and heart disease. In our lecture will emphasize the need to take individual action in keeping a good dental health. We were going to culminate our lecture by giving out the dental supplies and explaining how they work and how to properly use them. However, we were not able to set up a time to carry out our project this way, but we still manage to drop off the dental supplies at the soup kitchen so that it will be available to the people through the soup kitchen.

The second aspect of our project consists in encouraging the community to see a dentist and get their dental health under control. Therefore, we would be promoting Eric B. Chandler Health Center, as one of the public health centers that provide affordable dental care. Therefore, part of
the lecture was going to be about Eric B. Chandler Health Center, but we still gave out handouts when we dropped off the dental supplies with information about its services, location and working hours. Eric B. Chandler Health Center is located in the City of New Brunswick, about five minutes away from the Elijah’s Promise Soup Kitchen, which makes the traveling distance not an issue for the group of people we will be talking to at the Soup Kitchen. Their relative proximity will serve as an incentive, increasing the likelihood that people will actually be more likely to follow through with our advice of seeing a dentist. The Health Center not only provides dental care service, but also internal medicine, pediatrics, obstetrics and gynecology, infectious diseases, nutritionist and social service assistance, as well having live Spanish interpreters available at all times. Therefore, this is also a great place for community to come in, get checked and treated for heart disease and have their primary care physician and dentist work in the same place, which should help in strengthening the link between doctors and dentists in the fight to diminish periodontal disease as a result of heart disease.
References


Previous studies, in the last decade, showed a remarkable correlation between periodontal disease, i.e., gum disease, and heart disease. People with periodontal disease had twice the risk of developing heart disease. Nevertheless, until recently, no pertinent cause can be attributed to this link. It has been finally shown that the same bacteria that causes dental plaques is also responsible for forming clots in blood vessels, increasing the risk of heart attack incidences.

While dentists and the medical staff recognize the potential effects of gum disease on cardiac health, some insurers don’t acknowledge the link’s validity and consider the procedure to be administered as a preventive action instead of a definitive form of treatment. That’s why medical insurers, in most cases, deny coverage for periodontics despite the fact that treatment is needed to maintain a good cardiac health. As an argument to defend their opinions, insurers may state that the patient suffering from periodontal disease doesn’t display heart disease symptoms, or that the symptoms are related to other factors, so why do they have to cover these dental charges?

That is to say, those insurers don’t pay for charges unless patients are severely afflicted with heart problems. In this case, dental procedures to treat periodontal disease can be performed – and covered under the insurance - along with other medical treatments. If that was the insurers’ argument, why scientists and experts bother to elaborate rigorous studies on this matter, and publish papers with substantial statistics? Aren’t the research studies supposed to find ways in which we can prevent severe complications, such as those associated with heart disease, from occurring, by examining other related symptoms that can be easily detected and managed? In a time when the medical field has already achieved great progress, is it reasonable that insurers don’t cover charges unless the patient’s condition is highly manifested, in other words, when he or she is at the edge of death, waiting for treatments to be finally granted even when it can be too late?

Javier Padrino

Did you know that there is a link between periodontal diseases and chronic conditions such as heart disease? This puzzling finding has set scientists on the track to look for a plausible explanation for such a correlation. One of the theories thus far is that once gum disease is developed, bacteria from the gums travel to the heart via the circulatory system of the body and in a complex causes complication of which coronary artery disease is the most frequently related to gum disease.
With this in mind, it is important to double think when we try to skip a dentist visit because we are afraid of that drilling sound and choose for getting a yearly check up by the dentist. However, as it turns our, a large number of people do no have dental insurance, therefore, since they are not getting their gums checked out on a regular basis, they are more susceptible to developing chronic conditions from gum disease.

What happens is that people usually only have medical insurance and not dental insurance. Therefore, medical insurance companies should have a program that would allow periodontal diseases to be covered under medical insurance, that way at least people with medical insurance can be at a lower risk of developing chronic conditions such as heart disease from gum disease. Surprising enough, there is a medical insurance that has such a program. Aetna has a Dental/Medical Integration Program that meets this exact purpose, but it is not that simple. A set of requirements has to be met in other to be accepted to the program. Nonetheless, at least Aetna has taken the initiative to address this important issue that relates periodontal diseases to chronic conditions such as heart disease. Therefore, more insurance companies should follow their example and incorporate programs like this as part of the benefits for their members. At the same time, it is important that the public gets more informed about this topic and learns ways in which they can protect themselves. This is why in the community service for the project in our Ethics in Science class, my team is going to bring a Dentist to a school New Brunswick to teach the students how to maintain a good dental health. We encourage everybody to join our Healthcare & Periodontal Disease group on Facebook to get the exact date so that they could come and join us and to know when and where to go and to find out more information about this topic.

Anthony J. Radice

Over the past two decade, periodontal disease has been closely associated to cardiac disease. Specifically, once gum disease advances to periodontal disease it can next progress into an advanced form of cardiovascular disease and subsequently result in patient death. This progression originally occurs in the mouth through the build up of dental plaque that introduces irritation factors into the roots of the teeth as well as the bloodstream. As these irritation factors enter the bloodstream they essentially gain access to the highway of the body and easily invade other organic systems. While the exact mechanism that specifically links gum disease to cardiovascular disease has not yet been established, the association between the two disease states has been strongly associated for quite some time. In fact, clinicians continue to recommend patients with cardiovascular disease to be closely monitored thoroughly for presence of periodontitis.

Despite the extensive clinical research that associates periodontal disease to cardiac disease, insurance companies do not. Dental insurance companies and medical insurance companies pay little homage to recognizing disease states which transverse areas of affliction. As such, the current state of insurance coverage for periodontal disease is that it is solely treated through dental insurance coverage. This is extremely unfortunate for these patients.

The types of patients who often have periodontal disease often tend to be those whom have either little medical insurance with little-to-no dental insurance. The impact of this is that
the financial requirements to treat periodontal disease often extends beyond just dental insurance coverage. In the past, when medical insurance companies have been requested to coverage for periodontal treatment costs, the medical insurance companies boldly claimed that there is no cardiovascular disease connection! With research and clinical findings for two decades in contrast to these statements, dental and medical insurance companies must be held accountably to their legal obligations to provide care for the respective areas. This is why my student team at Rutgers University is getting involved with the community and informing under-represented populations of the New Brunswick area about oral care and how to prevent periodontal disease. We are bringing awareness to these patients to showing both others and medical insurance companies that in order to properly treat patients with periodontal disease, we need to enhance the insurance coverage provided by bridging the gap between medical and dental insurance.

Sara Yllescas

The restrictions of the healthcare plan in New Jersey have sprouted several arguments within the population. Internationally the American healthcare system is highly acclaimed for its great advances and the opportunities it offers to its population. Unfortunately these advances are restricted for those who can afford it or are insured. These limitations are highlight through the statistics which display a yearly sharp increase in heart disease.

What is heart disease anyways and who does it affect? Well, first of all heart disease does not discriminate when it comes to race, gender, age, or any other disputable human characteristics. It may be prevalent in specific ethnic groups or even age but it has the capacity to affect anybody. New Jersey has been dubbed the leading state when it comes to people suffering from heart disease.

Let’s not forget the synergistic illness that makes heart disease an alarming treat to a person’s health, and that is periodontal disease. Once a person is diagnosed with either or, their chances of developing the other illness, rises and ultimately complicate their condition. Besides the complications of the illnesses the impediments imposed by health insurance restricts people from seeking the correct help, and thus both diseases ultimately deteriorate people’s health. Is there any loop hole to the healthcare system, or in other words a means through which people can obtain free medical or dental attention? In the NJ Dental Clinic Directory 2010 for instance there is an array of clinics who work in conjunction to hospitals who offer people an opportunity to get dental services. These clinics are scattered in south, central and north jersey and offer services such as preventative, restorative, prosthetic, oral surgeries, periodontal and much more. The type of payments methods for these places include family care, Medicaid, private insurance, self- pay or sliding scale, or charity care. These clinics are able to expand their methods to reach out to those communities who may not have the resources to pay for any form of dental or medical care. They do work for certain periods of times but they accommodate patients’ payments and ultimately allow them to obtain the services needed first, no matter what degree of illness they have.

What is another way you can look into to get help? Well here’s something even more impressive, it’s called “charity care” or the Hospital Care Payment Assistance Program. How does it work? Well it can reduce the charge of a hospital visit or can cover all expenses. A person would qualify for charity care if they have no medical or dental insurance, or has a coverage plan
that only covers some portions of the bill. Also, a person who’s income assets are less than $7,500 per person, or $15,000 for a family.

If this is not enough to motivate you to get up and find time to visit your doctor, well then what will? Although a hectic lifestyle or job tasks may serve as an excuse, the risk a person puts on themselves by not monitoring their dental health is serious. Besides the dental clinics and charity care, there are also several free clinics which are host to medical treatments and dental treatments. These may charge small contributions such as $20.00, but nonetheless they offer their services to the community. Other places to get aid are local health departments, religious organizations and charities, and doctor/nurses organization.

The biggest concern for the healthcare group currently participating in the Ethics in the science course, administrated by professor Fagan in Rutgers University is to fight against the contradictions and excuses which people utilize to not visit a dentist or doctor. Heart disease may be high in NJ and this can also be linked to people being misinformed. Whatever the real factor may be, a rude awakening must be given to the current population as an incentive to obtain medical assistance. If people don’t stop to listen, then opportunities such as free clinics or charity care may be misused or even terminated. Their main goal such as ours is to facilitate the expenses of people for medical/dental care to decrease the prevalence of heart disease. Thus, a change is needed and that will come with persistence and motivation.