



Diagnosis and Diagnostics

By **Kelli Swanson Jaecks, MA, RDH**

***Treating without a diagnosis is like driving without a GPS.
 Treating without a diagnosis is malpractice.***

I drive daily, in cities and states that I don't know very well. Sometimes I think I am going in the right direction, only to find that I'm on the wrong side of town. For me, the Global Positioning System (GPS) in my car is indispensable. I have a clear road map of where I am going and what I need to do to get there. I don't just hop in my car and guess or hope I'll get there. A diagnosis is the road map for treating disease and infection. You would not trust a medical doctor who said, "Ummm, I see this inflammation and redness in your throat. I think it is strep throat so why don't we try some antibiotics." Try? Hope it works? No, they will culture that throat to determine your diagnosis and then treat accordingly. What about *diagnosing* and making a *diagnosis* within our profession?

I find the confusion and conflict around these two words within dentistry to be very interesting, because there is no doubt the term 'dental hygiene diagnosis' (DHDx) is inflammatory: scary to some and liberating to others. Personally, I find the semantic argument silly, and I like using the phrase DHDx because that is, in fact, what is happening.

Professionally, I realize we work in collaboration with some folks who are adamantly opposed to the words 'diagnosis' or 'diagnosing' coming anywhere near the dental hygienist. So we play with semantics, usually because our greater mission is meeting the oral health needs of the public. If this means we call DHDx something else, well, so be it.

DHDx clarifies what we do every day with every patient. The diagnosis is our GPS guide to the appropriate and correct treatment.

I live in Oregon, where the dental hygiene practice act recognizes "expanded practice dental hygienists" who may practice independently from dentists and the words 'dental hygiene diagnosis' as part of the state statute. It is exciting to hear of, and speak with, hygienists who meet the needs of the public, diagnose and treat within their scope, and refer patients to dentists for dental care. I see it working; providing care to people who otherwise would have none. I see legislators understand and not be afraid of a dental hygienist who makes a DHDx. And we need to see it all across this country.

This installment of *Access* is rich with examples of dental hygienists using critical thinking skills, education and clinical experience to make a diagnosis of what is going on with their patients. Gathering appropriate data using diagnostic adjuncts like conversations with our patients, the visual examination, radiographs, DNA screening and ADA/AAP staging, is used to determine the scope of the problem and formulate a plan to take care of the problem. Hygienists are educated appropriately to diagnose within their scope of practice.

If you find yourself in a state with a limited dental hygiene practice act and/or scope, I hope you read the article "The State of Dental Hygiene Diagnosis," by Mariam Pera. It is full of positive stories from our colleagues working in Oregon and Colorado, who actually are diagnosing and treating independent of a dentist, and speaks to the opportunities for growth in states like Minnesota. Read about Christa Olsson, RDH, who owns a dental hygiene practice in a rural part of Oregon, and Claire Silk, RDH, who owned a dental hygiene practice in Colorado for 15 years, and be encouraged. Change does

happen. Challenges are overcome. As a profession and as individuals, we are moving forward.

You will find an excellent article in the "Strive" column by Ewa Posorski, RDH, BS, on dental hygienists and oral cancer screenings. There are many adjuncts we can use today to be more thorough and definitive for our patients. Early detection is the key to saving lives. We know it is true in medicine and it is true in dentistry. In "Dental Caries, Oral Cancer and Patient Education" by Jasmine Ramakrishna, RDH, MS, we are reminded of the power of the dental hygienist in diagnosing and explaining the diagnosis to our patients. The dental hygienist can help patients make a positive decision about their own treatment within oral care.

Changes are continuing to come before us as dental professionals in the realm of diagnosis. I want to highlight just two here:

1. Due to advancing science, we now have access to DNA testing to discover what specific pathogens are causing an oral infection. This allows us to treat infections specifically to cause, rather than one-size-fits-all periodontal care. For example, if I have periodontal disease, and you have periodontal disease, we most likely have very different periodontal pathogens causing our disease. With DNA testing, I can have specific treatment for my pathogenic invasion, and you can get specific treatment for yours. This results in more complete and individualized diagnosis and treatment. DNA testing is also available to determine if an individual carries the human papillomavirus (HPV)—a very real and growing cause of oral cancer—in his/her throat.
2. Another change coming our way is the eventual adoption of diagnostic codes in dentistry. ADHA is on the forefront of this change, as evidenced by the passing of policy that the organization "recommends implementation of oral health diagnostic codes as part of the federally mandated and standardized code sets in oral health care to improve diagnosis, prevention and treatment of oral health diseases and conditions." Today, all we have are the Codes on Dental Procedures and Nomenclature (CDT). In medicine, a doctor does not perform any treatment on a patient, or bill out for any treatment, without the corresponding diagnostic code. This allows for more complete tracking of data, and protection for the patient documenting that the treatment they are receiving is a direct result of the diagnosis they have received. Diagnostic codes are coming to dentistry, and our professional organization is preparing for this change.

We won't tackle malpractice in this editorial—perhaps at a later date. But be sure of this, treatment without diagnosis is indeed malpractice.

I find the words "dental hygiene diagnosis" to be empowering and liberating. DHDx clarifies what we do every day with every patient. The diagnosis is our GPS guide to the appropriate and correct treatment. These are goals worth striving for.

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