Mature Drivers and Highway Safety: Identifying the Issues and Solutions

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Q. How Old Is Too Old to Drive?

A. Is it really a question of age?
Today’s Topics

• Maryland Older Driver Study

• Review Current Medical Referral Process

• Education and Outreach
Maryland Older Driver Safety Study

• Required under Chapter 148, Acts of Maryland, 2012
  – “The Motor Vehicle Administration (MVA) should submit a report to the committees that analyzes the issues arising from older drivers. An interim report should be submitted by January 1, 2013, and a final report by January 1, 2014…”

• Issues to study included:
  – Statistics and trends pertaining to older drivers
  – Age-related factors impacting driving
  – Measures to promote safety among older driver population
    • Driver rehabilitation
    • Education/outreach
    • Enhanced screening mechanisms (i.e. functional capacity testing)
    • Alternative license renewal requirements
• Interim report submitted December 13, 2012

• National Study Center at the University of Maryland provided technical support
  – In-depth data analysis of MD’s older driver population
  – Police reports, MVA records, EMS, citation, etc.

• Four main sections
  – Statistical Overview
  – Current Processes
  – Outreach
  – Conclusions
Statistical Overview
- Overall driver population increased by almost 16%.
- Significant increase in older drivers 2000 vs. 2012.
- Age 55 to 69 years has large increase
  - Nearly 25% of total license population
  - “Pre” older driver population?

Data analysis by National Study Center for Trauma & EMS, University of Maryland.
- Drivers aged 65 years or older made up about 7% of all drivers involved in crashes.

- Similar number of divers aged 16-24 made up 23% of all drivers involved in crashes.

- Crash rate declines with age.

- No obvious factor contributing to older driver crashes.
• Older driver crashes more likely to be at intersection.

• Sideswipe or angled collisions most common.

*Based on citation data

• Both older and younger drivers disproportionally indicated at fault

• Older drivers less likely to be cited
Conclusions - Data

• Older drivers do not pose significant safety risk
• Crash rate low compared to other age groups
• Less likely to be cited for risky behaviors
• Higher rate of “at fault” in crashes
  – Warrants further study
  – Correlation to vehicle miles traveled?
Current Process
Medical Fitness Evaluation - MD

• Medical Advisory Board (MAB) established in 1949
• MVA has primary responsibility regarding driver fitness
• List of reportable medical conditions outlined in COMAR 11.17.03
• Reports taken from variety of sources
  – Physician
  – Self-report
  – Law Enforcement (Request for Re-examination)
  – Court
  – Concerned citizen
Reportable Conditions

If a driver has one of these medical conditions, they must notify MVA when the condition is diagnosed or when applying for or renewing a driver's license.

Cerebral Palsy
Panic attack disorder
Drug or substance dependence or abuse
Impaired loss of consciousness, fainting, blackout or seizure
Diabetes requiring insulin
Bipolar disorder
Irregular heart rhythm or heart condition
Dementia, i.e. Alzheimer's Disease or multi-infarct dementia
Muscular Dystrophy
Traumatic brain injury
Stroke, “mini-stroke” or transient ischemic attack
Disorder which prevents a corrected minimum visual acuity of 20/70 in at least one eye and a field of vision of at least 110 degrees
Multiple Sclerosis
Epilepsy
Schizophrenic disorders
Sleep disorders, i.e. narcolepsy or sleep apnea
Alcohol dependence or abuse
Loss of limb or limbs
Parkinson’s disease
Autism
MVA Medical Review

- **Driver Wellness and Safety Unit**
  - 10 Nurse case managers (1 supervisor)
  - Review all medical and safety referrals
  - 6,000 to 7,000 cases annually.
  - Coordinates referrals with the Board

- **Medical Advisory Board (MAB)**
  - Consists of licensed physicians in multiple specialties
  - Reviews cases with nursing staff
  - Renders recommendations regarding cases
  - Advises MVA on medical review processes
**Evaluation Process**

- Specific to the individual
- Requires submission of:
  - MVA health questionnaire
  - MVA physician’s report (customer’s personal physician)
  - Release of Information
- May also include:
  - Functional Capacity Screening (FCT)
  - Additional reports from medical specialists (i.e. neurologist)
  - OT/PT evaluation
  - Driving knowledge and skills testing
Evaluation Outcomes

• Goal is to keep individuals behind the wheel, as long as it is safe!

• Outcomes may include:
  – License restriction (outside mirrors, daytime driving, etc).
  – Additional medical follow-up (6-months, 1 year, etc.)
  – Adaptive modifications (left pedal, steering devices, etc.)
  – Approval with no restrictions
  – Suspension

• Individuals have the right to request administrative hearing
OUTREACH
Mature Driver Education/Outreach

- Maryland Older Driver Safety Symposium (MODSS)
  - Grant initiative
  - Conducted in 2012 and 2013
  - Research and best practice presentations specifically on older driver issues

- Audience
  - Highway safety
  - Healthcare
  - Community service
  - Law enforcement
Program Guide

Maryland Older Driver Safety Symposium

“Safe Mobility for Life”

Wednesday, May 16, 2012
Hours 7:45 am – 4:00 pm

Maritime Institute
Linthicum Heights, MD

PROGRAM GUIDE

Maryland Older Driver Safety Symposium
2013

“Safe Mobility for Life”

April 24, 2013
Maritime Institute
Linthicum Heights, MD
MODSS Facts

• MODSS 2012
  – May 16, 2012
  – 140 attendees (VA, PA, DE, DC)
  – 18 exhibitors

• MODSS 2013
  – April 24 & 25, 2013
  – Approximately 300 attendees
  – CME/CEU’s for professional development sessions
    • Law enforcement, healthcare, community services
Additional Outreach

- University of Maryland and Johns Hopkins Hospitals medical lectures
- Quarterly meetings with driver rehabilitation network (OT’s/PT’s)
- Development of e-citation for law enforcement referrals
- Creation of electronic physician referral
Thank You!

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