DMV Medical Programs: Best Practices and Proven Successes

Monday, July 13, 2015
3:15 p.m. to 4 p.m.

Speakers:
Joe Zeagman, Ontario Ministry of Transportation
Christine Nizer, Maryland Motor Vehicle Administration
Laura Krol, Pennsylvania Department of Transportation
Medical Review Section

Ministry of Transportation, Ontario (MTO)
Licensing Services Branch
The Medical Review Section is responsible for delivering medical review programs including:

- Mandatory reporting by physicians and optometrists
  - suspending driving privileges for drivers found to be unfit to drive for medical reasons
  - reinstating driving privileges for those individuals deemed to meet national medical standards

- Driver Licence Applications/Renewals
  - On initial application and at renewal individuals must respond to a question regarding medical fitness
• Cyclical reporting for commercial drivers
  ▪ Under age 46 – medical required every five years
  ▪ Age 46 to 64 – medical required every three years
  ▪ Age 65 and over – medical required every year

• Class G Vision Waiver Program
  ▪ Established in 2005 – visual field only

• Medical & Substance Abuse Assessments relating to various drinking & driving offenses
  ▪ Possible reduction to 10 years from lifetime ban.

• Reports received through the senior driver licence renewal process
  ▪ Effective April 21, 2014 new process in effect for senior licence renewal which includes two short in-class screening exercises

• Police
  ▪ Reporting as a result of unsafe/erratic driving behaviour or via collision report
Assessing Fitness to Drive

Legislative Authority

The *Highway Traffic Act* (HTA) sets out:

- Mandatory reporting requirements for physicians and optometrists
- The authority to suspend or downgrade a licence
- The driver’s right of appeal for certain suspensions & downgrades

In Ontario it is mandatory for physicians to report to the Registrar of Motor Vehicles any patient who has attended upon the physician for medical services, who, in the opinion of the physician, is suffering from a medical condition that may impair ability to drive.
Ontario Regulation 340/94

- Basic Medical Standards for all drivers
  - Must not suffer from any mental, emotional, nervous or physical disability likely to significantly interfere with driving ability
  - Must not be addicted to the use of alcohol or a drug to an extent likely to significantly interfere with driving ability
  - In making decisions on medical fitness, Minister may take into consideration the relevant medical standards set out in the Canadian Council of Motor Transport Administrators’ Medical Standards for Drivers
Canadian Council of Motor Transport Administrators (CCMTA)

Determining Driver Fitness in Canada

- Most recent edition released April 2013
- Uses an assessment model that focuses on the individual's functional ability to drive including:
  - Assessment
  - Ability to compensate, and
  - Strategies for licensing decisions (e.g. waiver programs, restricted licenses)

- Developed with input from licensing authorities, medical advisors, medical community and Transport Canada
- Allows for consistency and licensing reciprocity
- Basis of Canada/U. S. reciprocal agreement for commercial drivers
The ministry assesses medical information and fitness to drive against nationally established medical standards (CCMTA).

Higher medical standards exist for commercial drivers.

Where CCMTA standards are silent the ministry applies internal policy and/or recommendations of the Medical Advisory Committee.
Licence Appeal Tribunal

- Opportunity to appeal a discretionary medical suspension (all classes) or medical downgrade from a commercial licence
- The Tribunal can confirm, modify or set aside the decision of the Registrar

In 2014, 120 cases were appealed to the Licence Appeal Tribunal. 64 appeals were either resolved prior to hearing or dismissed; of the 56 that were heard by the Tribunal 34 were confirmed and 22 set aside.
Assessing Fitness to Drive
Cognitive Impairment

- Although there are a wide range of cognitive screening tools available to physicians, experts tell us that no single test is an accurate predictor of driving ability and crash risk.

- A CCMTA standards review conducted in 2006 recommended the following:
  - Abnormalities on certain cognitive tests should trigger further in-depth testing.
  - Driving ability should be tested on an individual basis.
  - Recommended method of testing driving ability is a comprehensive off-and on-road assessment.
  - Restricted/conditional licences are not recommended.
  - Current CCMTA standards continue to recommend that the best method to test such drivers is through a functional assessment with an occupational therapist and licensed driving instructor.
The Aging Driver Population

- Population is aging rapidly and seniors are driving longer
- Relationship between age and crash risk
- Natural age-related declines or medical conditions affect functional abilities to drive
  - Visual and perceptual abilities
  - Cognitive abilities
  - Motor skills

- Medications have the potential to impact safe driving
  - Side effects
  - Adverse drug events due to the use of multiple medications
Evaluation of Ontario’s 80 and Over Senior Driver Renewal Program (TIRF)

Knowledge test performance has no predictive value

- Regardless of whether the driver passed or failed the knowledge test, driver performance improved after participating in GES

Good indicators of future crash involvement and convictions for driving related offences are:

- Demerit points on a driver’s record
- Failing a road test on first attempt
A Meta-Analysis of Cognitive Screening Tools for Drivers Aged 80 and Over (TIRF)

- **446** recent, peer-reviewed articles evaluating reliability and validity of various cognitive screening tools were reviewed.

- **42** tools were selected based on their relevance to fitness to drive.

- **6** tools were determined to be suitable for piloting based on feasibility of inclusion in GES.

**MTO selection criteria for inclusion:**
- Duration – less than 10 minutes
- Administration – only group setting
- Computer/hardware requirements – only paper & pencil tests
- Expertise required – tests to be administered by non-medical staff
- Feasibility – tests that are simple to administer and score

- **2** tools were further prioritized based on their predictive ability and zero-cost impact.
Two different cognitive capabilities are measured, providing greater predictive value

**Clock Drawing Test**

Measures Visuo-spatial ability

**Single Letter Cancellation Test**

(letter H)

Measures Psycho-Motor Speed
Examples of Failed Clock Drawing

Part A / Partie A

Instructions / Directives:
1. Draw a large circle. / Dessinez un grand cercle.
2. Put all the numbers in to make it look like the face of a clock. / Insérez-y tous les chiffres nécessaires pour obtenir une horloge.
3. Draw in the hands of the clock to set the time at ten minutes after eleven. / Dessinez les aiguilles pour que l'horloge indique onze heures dix minutes.
4. Stop when completed. The form will be collected after five minutes. / Déposez votre crayon lorsque vous avez terminé. Les formulaires seront ramassés dans cinq minutes.
Status Summary

• April 21, 2014: Ontario became the first jurisdiction in the world to introduce an In-Class Screening Component (ICSC) as part of routine driver licence renewal for seniors age 80 and above.

• Preliminary results show that of the senior drivers that failed the ICSC in a range that warranted a road test, 43% of the tests taken resulted in failure.

• Results from the previous program suggest failed attempts were averaging about 18% demonstrating that the new ICSC is almost 2.5 times more effective in identifying unfit drivers.
Conclusions

• Ontario’s unique, multi-faceted approach to senior driver licence renewal is unlike any other licensing renewal program internationally

• The cognitive screening tools selected for use are rooted in peer reviewed, evidence-based research

• The interrelated components of the program provide multiple opportunities to objectively identify drivers who may be at a heightened risk of collision

• Preliminary results demonstrate that the new program is working

• 2.5 times more effective in identifying drivers that have deficits affecting their functional ability to drive
Cognitive Road Test

• To develop an alternative to the existing MTO road test to assess a driver’s cognitive fitness to drive

• The development and piloting of a cognitive road test that could be integrated into existing MTO programs

• Kick-off meeting Jan/2015; several deliverables completed; pilot planned for July – September; final report expected Nov/2015
• Condition specific forms and policy reference charts developed based on CCMTA standards
  ▪ Form precise and clear
  ▪ Quality medical information
  ▪ Easier/faster decision making

• 1st set implemented June 2012
  (mental health, cognitive impairment, epilepsy and seizures, cerebrovascular diseases/brain injury, cardiological)

• 2nd set implemented September 2014
  (sleep disorders, substance abuse, diabetes, syncope/loss of consciousness, musculoskeletal conditions/motor function ability impairment)
Electronic Submissions – Phase II

• System Enhancements
  ▪ Increase opportunities for more quick processing (automated routing of files)
  ▪ Implemented December 2013

• Condition Specific forms created in system as ‘Dynamic Forms’
  ▪ Form can be customized to include only required questions
  ▪ Improve customer service
• The Future ........
  ▪ Interactive “eForm” for physicians to complete and submit via secured e-portal
  ▪ Development of automated ‘decision tree’ based on existing policy reference charts
  ▪ Ontario Medical Association promotes electronic reporting to reduce burden on physicians
  ▪ Implementation – To Be Determined
Maryland Medical Review Process

July 13, 2015

Chrissy Nizer, Chief Deputy Administrator
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
• Driver Wellness and Safety Unit
  – 10 Nurse case managers (1 supervisor)
  – Decisions made on approximately 15,000 cases annually
  – Coordinates referrals with the MAB

• Medical Advisory Board (MAB)
  – 12 Physicians in variety of specialties
  – Review cases with nursing staff
  – Make recommendations regarding cases
  – Advises MVA on medical review processes
MVA MEDICAL/SAFETY REFERRAL AND REVIEW PROCESS

Referral Received by Driver Wellness and Safety Division

Information requested from customer

Driver Wellness and Safety Division reviews collected information

Case forwarded to Medical Advisory Board (MAB) for review

Case reviewed by nurse (using MAB guidelines)

Additional information or assessments may be requested.

Additional information or assessments may be requested.

MAB issues recommendation to MVA
(Potential recommendations may include approval without restriction, approval with restriction, periodic follow-up, suspension, etc.)

MVA Reviews recommendation. Renders decision

Customer informed of final MVA decision
Composition of Referrals by Source, 2014

- MAB/Medical Follow Up: 31%
- Re-exam/Police: 17%
- Reinstatement: 12%
- Self-report/Branch Referral: 19%
- Clinical Referral: 8%
- Court: 1%
- Family Citizen: 1%
- ALJ: 2%
- Other: 9%
• Functional Capacity Test (FCT) - a short series of tests that measure basic visual, cognitive and physical abilities needed to safely operate a motor vehicle.

• The FCT has 5 different segments:
  – **Motor Free Visual Perception Test**: match complete and incomplete diagrams
  – **Rapid Pace Walk**: walk approximately 10 feet and return
  – **Trails B Test**: draw lines from numbers and letters in sequence
  – **Cued Recall**: recall the name of 3 common objects several minutes later
  – **Useful Field of Vision**: tests ability to see peripheral objects while focusing on a central object.

• Provided at 10 branches offices
Medical Review Process

• 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
Decisions Rendered

- Not Qualified to Drive
- Qualified - No Stiplns
- Qualified - With Stiplns


Decisions Rendered:
- 2011: 2,000
- 2012: 4,000
- 2013: 6,000
- 2014: 8,000
Driver Comparison by Age

Maryland Licensed Drivers By Age - Comparison of 2000 to 2015

- Ages 90-99:
  - 2000: 7,540
  - 2015: 18,874

- Ages 100+:
  - 2000: 55
  - 2015: 162

2000: N = 3,595,488
2015: N = 4,162,291
Maryland Older Driver Safety Symposium
- Originally grant initiative from highway safety office
- Conducted in 2012, 2013 & 2015
- Research and best practice presentations specifically on older driver issues
- Audience
  - Highway safety
  - Healthcare
  - Community service
  - Law enforcement
- CME/CEU’s for professional development sessions
  - Law enforcement, healthcare, community services
Program Enhancements

- Law enforcement can make referrals to MVA based on crashes or traffic stops
- Manual form requiring multiple levels of sign-off
- Feedback from law enforcement was that the process deterred them from making referrals
- Added to statewide electronic ticketing system in late 2013
- Red flag tip card for law enforcement 2014

![Law Enforcement Referrals / Re-exam Requests to MVA](chart.png)
• Electronic referral form for physicians
• Quarterly meetings with driver rehabilitation network (Occupational Therapists and Physical Therapists)
• Outreach through hospitals and professional associations
Medical Advisory Board

Chrissy Nizer

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Pennsylvania’s Medical Reporting Program

Laura Krol
Driver Safety Division Manager
PA currently has over **8.9 million licensed drivers:**
- Over 1.8 million drivers are 65 years of age and older.
- Half of our medical cases are for drivers younger than 65 years of age.

In 2014, over 35,000 medical reports were received.
- Approximately 11,000 driver’s licenses were medically recalled.
- Approximately 2,300 were suspended for non-compliance.
Goal of PennDOT’s Bureau of Driver Licensing:

To improve the safety of Pennsylvania’s highways without unnecessarily limiting mobility.
Medical Reporting Program

Reports are received from a number of sources:
- Health Care Providers (mandatory)
- Law Enforcement
- Rehabilitation Centers
- Crash Reports
- Signed Family Reports (including concerned friends)

PA Law requires all reports received remain confidential.
PennDOT’s Medical Advisory Board

• The Secretary of Transportation appoints members to the Medical Advisory Board.

• Responsibilities of the MAB:
  – formulating rules and regulations for adoption by the Department.
  – periodically reviews medical standards and identify instances where changing treatments and technology require the regulations to be updated.
Board Membership  13 Members

Neurology * Cardiology * Internal Medicine
General Practitioner * Ophthalmology * Psychiatry
Orthopedic Surgeon * Optometry * Legal Counsel
Dept of Health * State Police *
Dept of Drug & Alcohol
Methods for Identifying Medically Unqualified Drivers
Re-Examination Program:

- This is a proactive approach to randomly assess driver’s medical qualifications to determine if they meet the Department’s minimum standards for the safe operation of a motor vehicle.

- Every month 1,900 drivers over the age of 45 are randomly selected for a medical exam seven months prior to their license expiration date.
  - License will not be renewed if driver fails to comply.
Re-Examination Program:

• Each driver is required to undergo both a vision screening and a physical examination.
  – Results from an examination within the last 12 months are acceptable.
  – Vision screenings are given for free at all PennDOT Driver License Centers.

• If warranted by the results of the medical examination, an individual may also be required to submit additional medical information and/or successfully complete a driver’s examination.
Mandatory Physician Reporting:

PA law requires all physicians or licensed health care providers to report to PennDOT any patient 15 years of age or older that has a medical condition that may affect their ability to drive safely.

Drivers wishing to surrender their driving privilege for medical reasons are entitled to one (1) free photo identification card using a DL-54A application.
Actions the Department May Take When Medical Information is Received:

Upon careful evaluation of the information that is received, the Medical Unit will do one of the following:

(1) Recall the driving privilege;
(2) Restore the driving privilege;
(3) Add medical restrictions to the driving privilege;
(4) Delete medical restrictions from the driving privilege;
(5) Request additional examinations, such as a medical examination or a driver’s test; or
(6) Take no action.
Dual Control Learner’s Permit

- Driver who is recalled, suspended for non-compliance or not yet licensed who may benefit from training
- Application made through the Medical Unit
- Must be enrolled in an approved driver training program
- Valid for 12 months
- Can only drive a dual control vehicle and must be accompanied by an instructor of the approved driver training program
Liability Protection

Pennsylvania Law (Section 1518) provides for immunity from civil and criminal liability when reporting.

No Action may be brought against any person or agency for providing the required information.
Medical Reporting Education Efforts

• Presentations:
  – Health Care Community
  – Law Enforcement

• Website –
  http://www.dmv.pa.gov/centers/medicalReportingCenter.shtml
Medical Reporting Information Center

Overview of PennDOT’s Medical Reporting Program
Medical Reporting Fact Sheet
Pennsylvania’s Medically Impaired Driver Law
Information for Health Care Personnel
Notice to Health Care Providers Regarding Medical Examiner’s Certificate
Medical Reporting and PennDOT Review Process
Medical Reporting Criteria
Medical Reporting Forms
Information for Pennsylvania Drivers and Their Families
Successful Patient Management Brochures and Other Resources