

Steve Evans

Director of Medical Affairs

Phone: (857) 368- 8020

Fax: (857) 368-0802

<http://www.massrmv.com/rmv/medical/index.htm>

Retirement from Driving: Having The Difficult Conversations

James M. Ellison MD MPH

Director, Geriatric Psychiatry Program

McLean Hospital



"I'm right there in the room, and no one even acknowledges me."

Successful Retirement from Driving Makes Everyone Feel Good

- Story of Mr. and Mrs. A's decision

Contentious Retirement From Driving Is A Nightmare!

- Dr. and Mrs. B

Paradox: Older Drivers Are Safer AND More Vulnerable

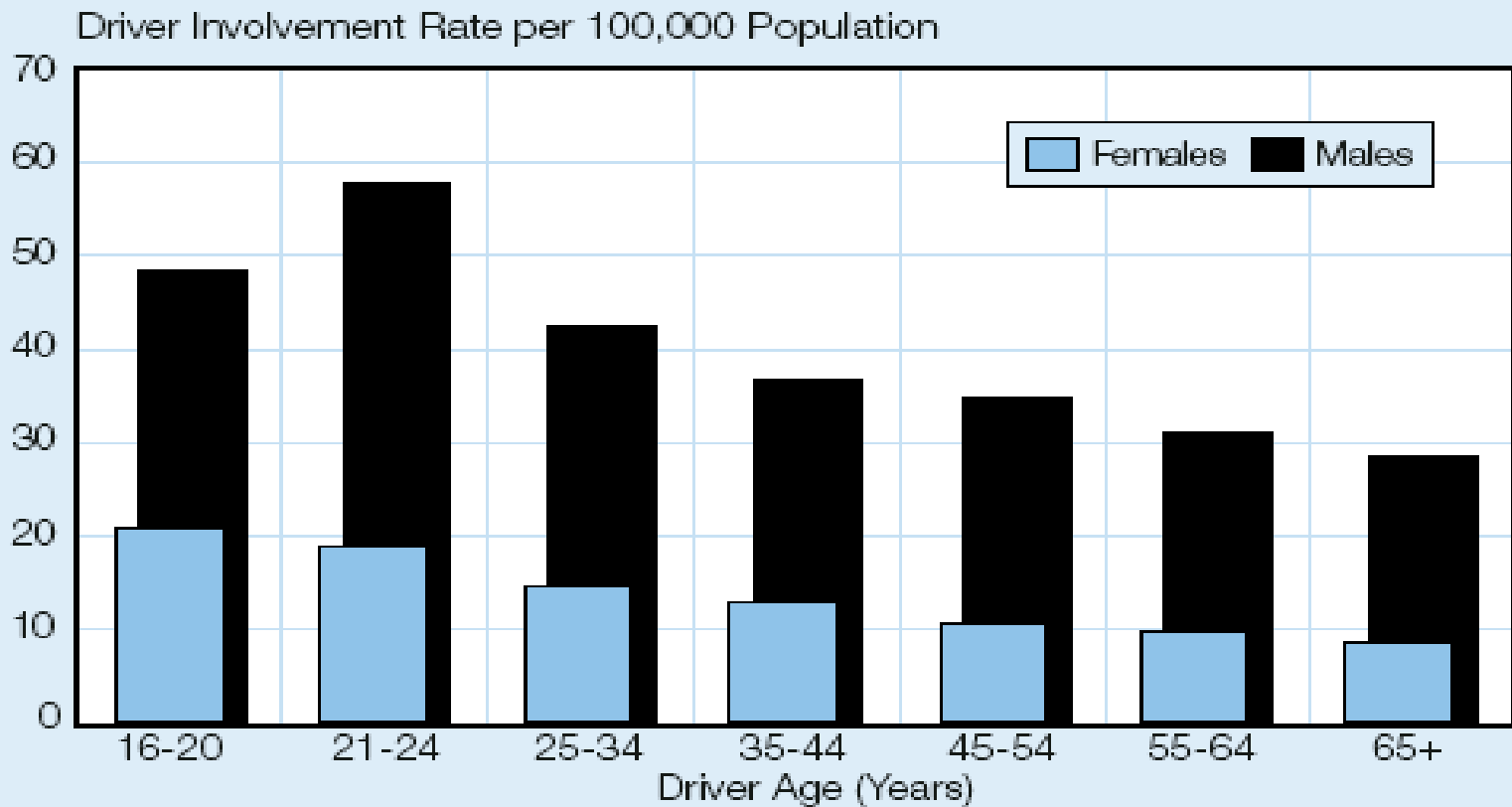
- In 2008, 33 million older licensed drivers in US
- Older drivers pay attention to safety:¹
 - Tend to drive when conditions are safest
 - Higher rate of seatbelt use
 - Lower rate of alcohol-related impaired driving
- But older drivers are more vulnerable to injury/death
 - 500 injuries per day in US
 - 15 deaths per day in US
 - Unintentional injury is 8th cause of death among ≥65 years old
 - Fragility estimated to account for 60-95% of -excess death rates per VMT in older drivers²

1. http://www.cdc.gov/motorvehiclesafety/Older_Adult_Drivers/adult-drivers_factsheet.html;

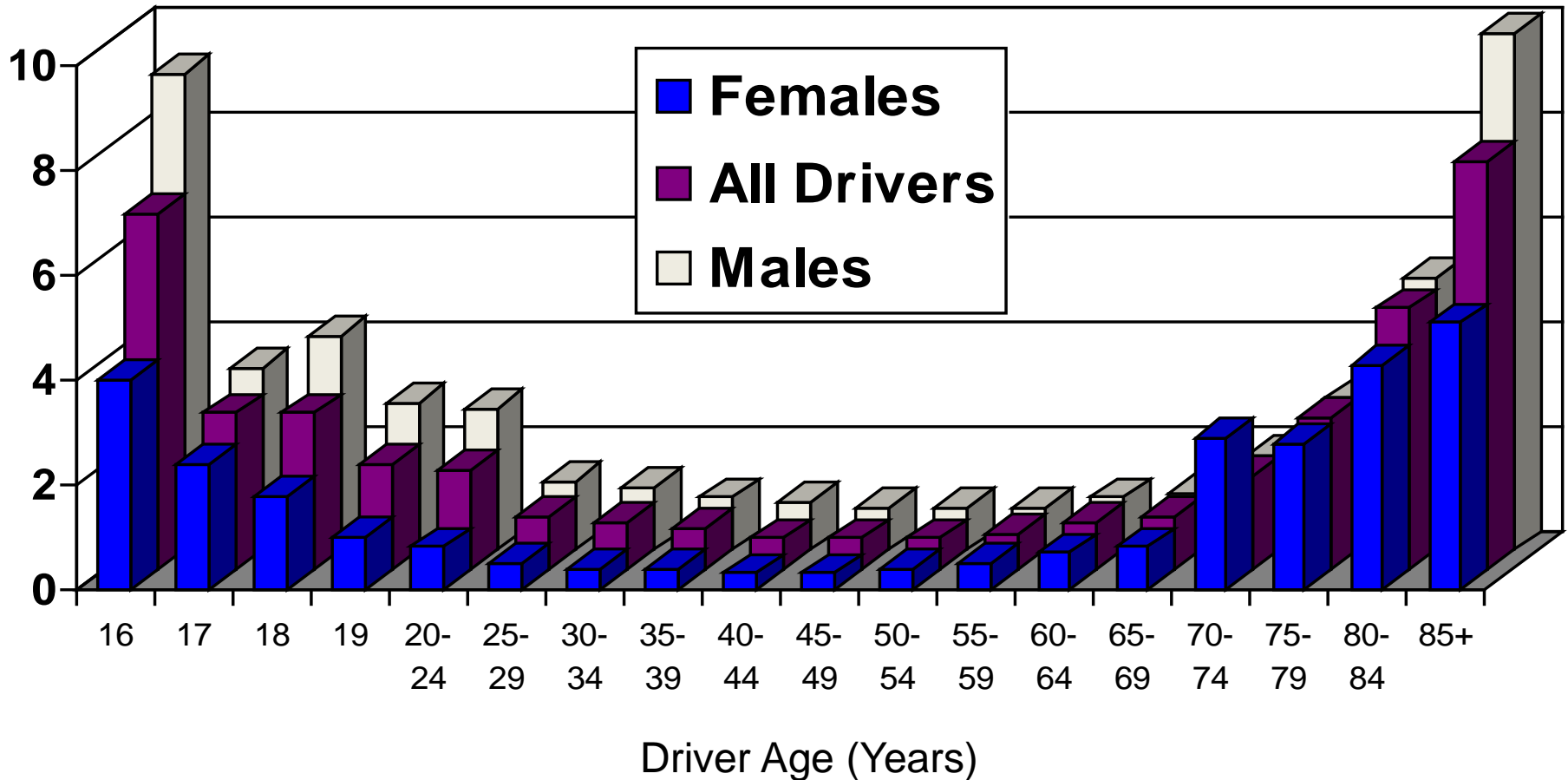
2. Li et al. Accid Anal Prev 2003;35:227-35

Absolute Rates of Drivers in Fatal Crashes Suggest Low Risk for Elderly Drivers

Driver Involvement Rates in Fatal Crashes by Age and Sex, 2005



Driver Fatality Rates per Miles Traveled Clarifies Nature of Risk



1996 NHTSA Data, Fatality Rates per 100 million vehicle miles traveled

Characteristics of Elderly Drivers' Traffic Fatalities

- Daytime (79%)
- Weekdays (73%)
- Other vehicles involved (73%)
- Male>Female
- Making a left turn (OR 5)
- Less often associated with high BAC
- Less often without use of restraints (75% vs 62%)

The Vital Factors

- Frailty
- Vision
- Motor Strength
- Cognition
 - Memory
 - Speed
 - Executive Function

Cognitively Impaired Drivers Fail to Voluntarily Retire from Driving

- Relationship of dementia diagnosis or MMSE to unfitness for driving is not completely clear.
- Retirement from driving may be delayed by:
 - Limited awareness of deficit
 - Difficulties with transportation alternatives
 - Caregiver denial or needs
 - Delay in cessation of up to 48 months after caregiver's perception of need to stop¹
- In one study, only 42% of DAT patients stopped driving before a crash occurred, and mean MMSE was 19.9 at time of first crash.²

1. Cotrell and Wild. *Alz Dis Assoc Disord* 1999;13:151-6;

2. Friedland et al. *Ann Neurol* 1988;24:782-6.

Barriers to Assessment (1)

- Clinician barriers
 - Time, Skill, Reluctance to distress patient
 - Lack of mandate, fear of retribution
- System barriers
 - Formal assessment is expensive
 - License renewal is relatively easy
 - Transportation alternatives may be limited
- Caregiver barriers
 - Empathy
 - Conflict avoidance
 - Convenience

From: **Discussing Driving Concerns With Older Patients: I. Vision Care Providers' Attitudes and Behaviors**

JAMA Ophthalmol. 2013;131(2):205-212. doi:10.1001/2013.jamaophthalmol.124

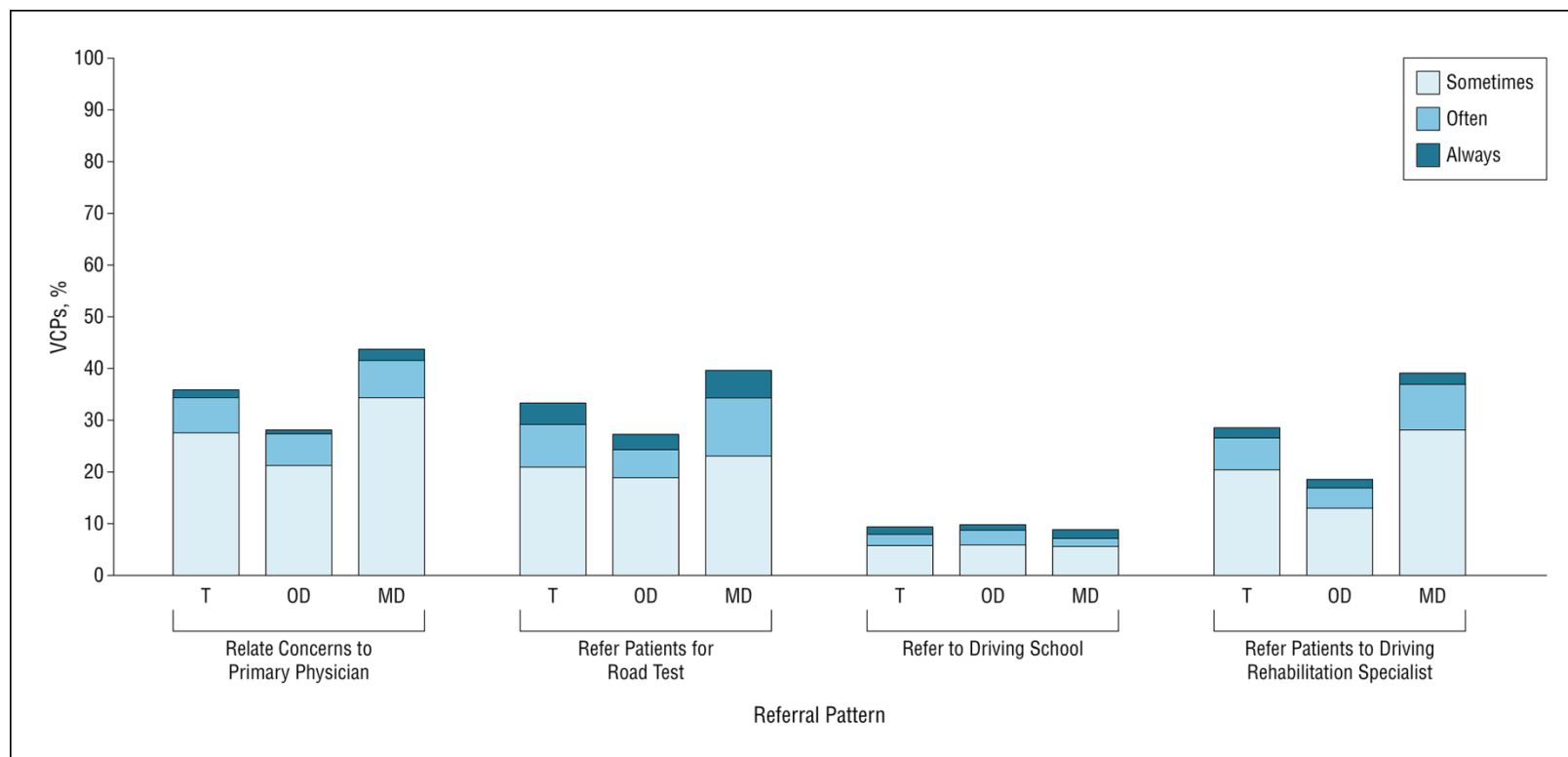


Figure Legend:

Figure. Referral patterns of optometrists (OD) and ophthalmologists (MD) when they identify concerns about driving safety among their older adult patients. T indicates total; VCPs, vision care providers.

Barriers to Assessment (2)

- Driver Barriers
 - Enjoyment of driving
 - Denial or limited awareness
 - Desire for continued autonomy
 - Self-esteem
 - Avoidance of dependence

When Do You Discuss It?

- Early! Before there is a crisis
- Or Later, when risk becomes apparent
- Not on the fly
- Not without preparation
- Really understand the meaning of driving!
 - One of the most significant age-associated losses

Safe Driver Checklist (1)

- Do you have difficulty seeing clearly in the dusk and dark?
- Do headlights from other vehicles obstruct your sight?
- Are you easily intimidated by passing vehicles including
- trucks and motorcycles? Do you have difficulty reading road signs?
- Do you have difficulty following construction detours or
- seeing the police officer on detail near construction zones?
- Do you have difficulty seeing train crossing signals or
- hearing train whistles?
- Do you have difficulty keeping up with the posted speed limit?
- Do you get drowsy behind the wheel or have difficulty concentrating?

Safe Driver Checklist (2)

- **Do you have difficulty hearing other vehicles?**
- **Do you often get lost on once familiar roads?**
- **Do you forget the basics - putting on your headlights and wearing a seat belt?**
- **Are you unsure of your parking skills?**
- **Can you parallel park and park in a straight line?**
- **Are you unsure of your reflexes and reaction time?**
- **Is it difficult to react quickly, e.g. braking to avoid a collision?**
- **Have family, friends, or police officers told you that you aren't a safe driver?**

Danger Signals

- CDR score of 0.5 or 1.0
 - Caregiver rating of driving as unsafe
 - History of crashes/citations
 - Self-imposed limits on driving
 - MMSE of 24 or less
 - Aggressive or impulsive personality traits
- But *NOT* self-rating, lack of self-imposed limits**

How Do You Prepare?

- Plan your approach
- Know the reasons for concern
- Know the alternatives
- Be prepared for resistance
- Learn about motivational interviewing

How Do You Discuss It? (1)

- Motivational Interviewing provides a way:
 1. Assess readiness for change:
 - A. Precontemplation
 - B. Preparation
 - C. Action
 - D. Maintenance

How Do You Discuss It? (2)

Avoid confrontation

Weigh the Pros and Cons of driving/ not

Know the alternatives

Express empathy

Support self-efficacy

Roll with the resistance

Develop discrepancy

Listen reflectively

Next Steps

- Repeated discussions (especially with cognitively impaired person)
- Evaluate whether “phasing out” is safe vs. complete cessation
- Enlist clinicians in process as needed



QUESTIONS / COMMENTS



Reporting At-Risk Drivers: An Occupational Therapist's Perspective

Debra A. Kerrigan, MS, OTR/L
Newton-Wellesley Hospital
Department of Rehabilitation Services
Drive Safe Program



Role of OT in Older Driver Safety and Community Mobility





Deciding to Report to Medical Advisory Board

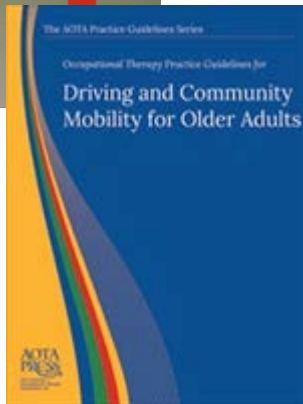
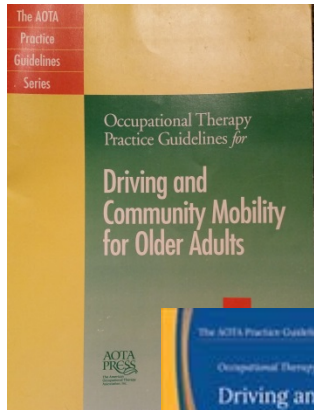
LEGAL ISSUES:

- Reporting
- Liability

ETHICAL ISSUES:

- Patient Confidentiality
 - HIPPA
- Conflicting Obligations
 - To the patient
 - Public Health

Guiding Principles



**Occupational Therapy
Code of Ethics**

**Division of
Professional
Licensure –
Board of
Allied Health**

 Massachusetts
Registry of Motor Vehicles

Medical Affairs Overview

The Medical Affairs Branch of the Registry of Motor Vehicles is a division of the Driver Licensing Department. Medical Affairs has 2 main functions:

1. the branch is responsible for the issuance of disabled plates and placards; and
2. the branch sets policies and procedures regarding minimum physical qualifications to operate motor vehicles.

Disabled Plates and Placards

The Medical Affairs Branch issues disabled plates and placards to qualified Massachusetts residents who meet our eligibility criteria. The eligibility criteria to obtain a disabled plate or placard were developed in consultation with the Registry of Motor Vehicle's Medical Advisory Board and in accordance with federal guidelines governing the issuance of disabled plates and placards. For further information regarding applications for plates and placards, you may contact the Registry at 857-368-8000. Refer to our [telephone center page](#) for more information.

Physical Qualifications To Operate Motor Vehicles

The Medical Affairs Branch is primarily responsible for setting agency policies and procedures regarding physical qualifications for operator licensing. The Branch sets its policies in accordance with recommendations made by the Registry's Medical Advisory Board. The Medical Advisory Board is appointed to the Registry by statute, Mass. Gen. Laws c. 90, sec. 8C, and consists of a panel of approximately 15 physicians of varying specialties. Currently, the Medical Affairs Branch has set minimum standards for vision qualifications, loss of consciousness and seizure conditions, and cardiovascular and respiratory conditions. When the Registry has cause to believe that a person may be unable to operate a motor vehicle due to any other condition not specifically addressed by the Registry's minimum standards, the Medical Affairs Branch shall conduct an individualized assessment of that person's qualifications to operate a motor vehicle safely.



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- [Disability Plates & Placards](#)
- [Elder Driver Issues](#)
- [Medical Affairs Overview](#)
- [Medical Qualification](#)
- [Reporting Requirements](#)

Download our brochure entitled: ["Your Health & Driving Safely"](#) (requires Adobe Reader)

MATURE DRIVERS

- Concerned about a driver?
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[Law Enforcement](#)
[Physicians](#)
- [Elder Driving Quizzes & On-line Courses](#)
- [Helpful Links](#)
- [Mature Drivers Overview](#)
- [Mature Driver FAQs](#)

Medical Reporting Process

Encouraging
voluntary surrender
vs. provider
reporting?





Charles D. Baker, Governor
Karyn E. Polito, Lieutenant Governor
Stephanie Pollack, Secretary & CEO
Erin C. Deveney, Registrar



VOLUNTARY SURRENDER AFFIDAVIT

Medical Affairs Branch
Phone #: 857-368-8020

NAME: _____

DATE OF BIRTH: _____

LICENSE NUMBER: _____

I voluntarily surrender my license. In order to restore my driving privileges I will need to present medical clearance to the Registry of Motor Vehicles.

SIGNATURE: _____

DATE: _____

T21860-0315

PO Box 55889 • Boston MA • 02205
Tel: 857-368-8000 • TDD: 877-768-8833



Easing the Transition



- Transportation options
- Family/caregiver support
- Community support

Examples

- Mr. G. – 91 y.o.
 - Not driving s/p TIA
- Mrs. B – 94 y.o.
 - Driving; no clear reason for referral
- Mr. S – 71 y.o.
 - Dementia; multiple evaluations in 2.5 yrs



Reflections



*Driving is a Privilege but Community Mobility
is a Right.*