

Medical Advisory Board

Minutes

April 5, 2019 12:00 – 2:00 PM

- I. Call to Order: MAB Chair, John Taylor
 - A. Present: John Taylor, Jan Berlin, Gene Giunti, Patrick Keane, Robert Lodato, Janis Petzel, Thea Fickett, Linda Grant
 - B. Attended by Phone: Frederick Goggans, Thomas Morrione
 - C. Absent: Sourbha Dani, Eileen Fingerman, Larry Boivin
- II. Introduction of New Member Thea Fickett
 - A. Dr. Jan Berlin, Ophthalmologist
- III. Retirement
 - A. Janis Petzel announced her retirement from the MAB and this will be her last meeting. She remains available to assist with rewriting the rules; and is willing to provide case consultation until a replacement is found
- IV. Approval of Minutes John Taylor
 - A. November 2, 2018 meeting minutes were accepted as written
- V. Review of Cases Thea Fickett
 - A. Case 1 – 71 y/o male with unclear diagnosis and cognitive changes, clinician requested road test
 - B. Case 2 – 85 y/o female with cognitive changes following surgery, history of TIA's, unsafe per OT driving evaluation
 - C. Case 3 – 96 y/o female with severe hypertension (230/115), blurred vision, refused transport to hospital for evaluation for stroke, history of A-fib, carotid artery stenosis, non-compliant with medications, lacks insight into severity of her medical condition and risk, clinician requested road test
 - D. Case 4 – 79 y/o male had unexplained AOC, acute psychosis, PTSD, prolonged hospitalization, work up ruled out seizures and Lewy-body dementia; he has not driven for 2 years due to illness, his condition has improved but etiology still unknown and clinician requested road test
 - E. Case 5 – 82 y/o female with history of syncopal episodes related to dialysis; she has experienced cognitive decline, marked weakness, frequent falls, and history of multiple adverse driving reports. MD stated he could not ascribe any specific medical condition as contributing factor in adverse driving events
 - F. Case 6 – 94 y/o female with multiple medical conditions and "advanced" age, family concerned about driving, clinician requested road test
 - G. Case 7 – 81 y/o female with history of decreased responsiveness more than 6 months ago but no definitive diagnosis; now on anticonvulsant therapy, diagnosed with MCI and clinician urging BMV to conduct road test
- VI. Case review discussion and recommendations All Members
 - A. Recurring themes in case review

- i. Geriatric cases
 - ii. Chronic illness and delirium, declining, waxing and waning
 - iii. Combination of multiple conditions
 - iv. No clear diagnosis but clinician requests road test to determine safety to drive
 - v. Patient needs further cognitive evaluation and clinician unwilling to commit to suspension
 - 1. Clinician may be unsure of what to do
 - 2. Clinician may want road test rather than suspension to avoid being the “bad guy”
 - vi. Clinician lack of understanding of purpose and components of road test
 - B. Create description of road test components and purpose
 - C. Current FAP allows “other” conditions to be reviewed using generic profile levels
 - D. Create clearly identified “Other” category in FAP
 - E. Should BMV conduct any cognitive screening and can or should they recommend or require further cognitive screening; need further discussion regarding BMV role
 - F. Written test
 - i. No longer required for medical testing as of 12/31/2016
 - ii. Similar to that used for young or new drivers
 - iii. Currently no validated evidence that failing a BMV written test correlates with future crash risk
- VII. Old business:
- A. 11/2/18 Case Review update – driver has been seizure free more than 3 months and has been cleared to drive
 - B. Functional Ability Profiles
 - i. Prior assignments
 - 1. Hypoglycemia, Robert Lodato, complete
 - 2. Vision Disorders, Jan Berlin, in process
 - 3. Sleep Apnea, Patrick Keaney, not started yet
 - 4. Dementia, Thomas Morrione, not started yet
- VIII. New business:
- A. Functional Ability Profiles
 - i. Assignments
 - 1. Dementia – Thomas Morrione
 - 2. Musculoskeletal and Neurological Disorders – Gene Giunti
 - 3. Medical Other – John Taylor
 - 4. Narcolepsy – Patrick Keaney
 - 5. Sleep Apnea – Patrick Keaney
 - 6. Substance Use Disorder – Frederick Goggans
 - ii. Summary of concerns – discussion deferred to subcommittees
 - iii. Review of FAP Subcommittee Responsibilities

1. Review goals and guidelines – tweak and improve, minimize impact on current drivers and BMV processes
 2. Subcommittee chair will select 2-3 additional members and lead meetings. Committee members may be selected from active board members or include other qualified clinicians.
 3. Subcommittee members will participate in meetings, offer their clinical expertise and provide references in support of their recommendations.
 4. Thea Fickett will participate in subcommittee meetings; coordinate, facilitate and edit FAP revisions; and coordinate rulemaking process
 5. All FAP sections need to be completed according to schedule and be ready for final review at November, 2020 meeting
- iv. Future assignments, tentative plan
1. November, 2019
 - a. Chronic pulmonary disease
 - b. Mental health disorders
 - c. Seizures/epilepsy
 2. April, 2020
 - a. Cardiac Conditions
 - b. Unknown Alteration/Loss of Consciousness
- B. LD 436 – Resolve, that the Secretary of State shall review the standards for vision tests under the laws governing driver’s licenses and shall submit a report to the Joint Standing Committee on Transportation.
- i. Voted ought not to pass
 - ii. Transportation Committee informally requested that the Bureau of Motor Vehicles Vision Subcommittee review the testimony presented, the specific driver case that prompted legislation, and current vision testing rules
 - iii. Vision subcommittee members include Jan Berlin, Robert Dreher, Linda Schumacher-Feero, Holly McCarthy
- C. LD 668 – Resolve, Directing the Department of Transportation to Convene a Work Group To Study Improving Traffic Safety for Color-blind Drivers
- i. Voted ought not to pass
 - ii. Bureau of Highway Safety will take the lead on this and informally report back to Transportation Committee
- D. LD 49 – An Act Regarding the Designation of Traumatic Brain Injury on Driver's Licenses and Non Driver Identification Cards
- i. Linda Grant asked for the opinion of MAB regarding the issuance of stickers or other designation, showing diagnosis on a driver’s license
 - ii. MAB consensus was that, “The only role of the driver’s license is to determine whether a person can drive.”
 1. There are confidentiality concerns

- 2. A person with a medical condition can still be impaired by substances
- iii. MAB is willing to provide position statement for the Legislative Committee if that would be helpful

E. Medical Review Statistics (2018) reviewed

Thea Fickett

F. Vision Statistics (2018) reviewed

Thea Fickett

- i. Best Eye Report

- 1. Report is based on number of reviews for the time frame

- 2. Can additional column be added to show percentage of drivers by visual acuity reading that have crashes

- 3. Reading of 20/90 is not a valid reading

- ii. Multiple Eye Defects and Dementia Report

- iii. Vision Detail Summary Report

G. Resources that will be linked to the BMV website

- i. Driver Fitness Medical Guidelines, 2009

- ii. Clinicians Guide to Assessing and Counselling Older Drivers, latest edition

- iii. Medical Conditions and Driving: Review of Literature 1960 – 2000

- iv. NHTSA Fact Sheets

- v. Clearing House for Older Road User Safety (CHORUS)

- vi. Other resources may be recommended, send suggestions to Thea Fickett

VI. Assignments:

A. FAP revision drafts to be completed by October, 2019

- i. Dementia – Thomas Morrione

- ii. Musculoskeletal and Neurological Disorders – Gene Giunti

- iii. Medical Other – John Taylor

- iv. Narcolepsy – Patrick Keaney

- v. Sleep Apnea – Patrick Keaney

- vi. Substance Use Disorder – Frederick Goggans

B. Create informational sheet on purpose and components of road test – Thea Fickett

- i. No cognitive component included

- ii. Simply looks at ability to maintain control of vehicle, obey laws, etc.

- iii. Does not substitute for neurocognitive assessment or OT evaluation

- iv. Not intended to take a person off the road

C. Create clearly identified “Other” category in FAP – John Taylor

- i. Address multiple conditions that may not normally require review (hypertensive crisis, dialysis complication) or where there is no clear diagnosis, etc.

- ii. Look at cognitive screening and functional decline of patient (functional assessment, observations and testing)

- iii. Clarify FAP regarding dementia versus MCI

- iv. Recommend some simple screening tests clinicians may use when they have concerns and are unsure of what to do, i.e. Trails A and B, Clock Drawing, Luria part 1 and 2, reaction times, ability to multitask, etc.
- v. List community resources for clinicians when they are not comfortable with their own testing, e.g. neuropsychiatric testing, OT Driving Rehab assessment, online testing, etc.
- vi. Describe actions when there is a cognitive deficit with concern for driving but there is no diagnosed dementia: this is currently excluded from review using the Dementia FAP
- D. Would BMV consider including some cognitive testing in their strategic planning – Linda Grant
 - i. BMV needs to avoid risk of identifying or pointing out or being viewed as discriminatory
 - ii. Review Mature Driver Strategic Plan
 - 1. Need further discussion regarding BMV role; should BMV conduct any cognitive screening and can or should they recommend or require further cognitive screening
 - 2. Evaluating drivers with unclear Driver Medical Evaluation, FAP indicators and concern for driving
 - 3. Cognitive testing by BMV to complement road test
 - 4. Hiring individuals with medical credentials to do cognitive screening at road test sites; or train Driver Licensing or Medical staff to do screening
 - 5. What level of expertise would be needed
- E. Contact Dr. Thomas Meuser, University of New England, for recommendations regarding cognitive testing – Thea Fickett
 - i. Seek advice on cognitive testing guidelines
 - ii. Are there any validated test that can be used by clinicians
 - iii. Ask him about DOSCI
- F. Best Eye Report – add column for each acuity level that shows percent of drivers with crashes – Thea Fickett
- G. Contact subcommittee leaders to initiate and strategize FAP revisions – Thea Fickett

VII. Meeting Schedule:

- A. Next Meeting Date: Friday, November 1, 2019
- B. From: 12:00 – 3:00 PM
- C. Location: Executive Conference Room
- D. 2020 meeting dates: April 3 and November 6

VIII. Adjournment: 2:30 PM

Meeting Handouts:

- 1. Agenda
- 2. Minutes: November 2, 2018
- 3. Medical Review Statistics
- 4. Vision Statistics
- 5. Mileage reimbursement forms
December 17, 2019