

Medical Advisory Board
April 5th, 2024 12:00 Noon
Meeting Minutes

Meeting conducted in person with Zoom attendees

- I. Call to order: MAB Chair, Dr. Taylor
 - A. Present in person: Linda Schumacher-Feero, Pat Keaney, Chris Ireland, Cindy Lincoln, Sarah Erving, Kathy Russell, Rebecca McCabe
 - B. Attendance via Zoom: Secretary Bellows, John Taylor, Robert Lodato, Dan Pierce, Dan Potenza, Tom Morrione, Evan Savage, Lori Towne, Joann Bautista, Tom Meuser, Chantel Plummer
 - C. Absent: Kristen Silvia, Jims Jean-Jacques, Isabella Askari
- II. Welcome, introductions and housekeeping Dir. Chris Ireland
 - A. Introductions
 - B. BMV Building Safety
 - i. Fire Drill Evacuation plan
 - ii. Critical Incident notification
- III. Review of Nov. 3rd, 2023 meeting minutes MAB Chair, Dr. Taylor
 - A. No changes suggested
 - i. All in favor to approve
- IV. BMV Updates: Rebecca McCabe
 - A. Provider outreach training
 - i. MaineGeneral Health – Augusta (virtual) 11/16/2023
 - Dr. Rebecca Spear DO, Program Director, Geriatric Medicine Fellowship
 - MAB support: Dr. Morrione
 - MaineGeneral Health – Augusta (virtual) 11/16/2023
 - ii. Maine Nurse Practitioner Association – Rockport 5/2/2024
 - MAB support: Lori Towne, FNP
 - iii. Northern Light - Mayo and CA Dean – Virtual 8/6/2024
 - MAB support: Lori Towne, FNP
 - B. Vision Exceptional Case program
 - i. Clinical overview Dr. Schumacher-Feero
 - a. Program update:
 - Since last MAB meeting in 11/2023
 - a. 4 new cases all approved to take road exam (2 Daylight, 2 Nighttime)
 - i. All obtained license
 - ii. One participant failed the exam and was granted another opportunity including 6 mos practice time
 - Since onset of program

- a. 8 cases reviewed
 - i. 7 cases approved to take road exam (2 Nighttime and 5 Daylight, with one learner permit to expire 10/2025)
 - ii. 1 case denied road test
 - iii. 6 cases obtained license
- b. Most case subject participants were granted a road exam and have successfully obtained their license.
- c. One subject had the visual field defect Retinitis pigmentosa and had less than 20% of the minimum acceptable continuous visual field allowed in Maine. The exceptional panel decided not to permit her to proceed to a road test. Another candidate was denied medical panel review for other reasons.
- d. We have 4 candidates that are either in the process of acquiring data or have not yet met criteria to participate in the program such as due to timeline requirements. 3 people have applied to the program but their defect hasn't been present for a year per the FAP. 1 applicant is a new driver, has gone through driver's education and has a learner's permit.
- e. Surprising we don't have more applicants but perhaps it's due to program being too new and there may be more that may join as we move forward. When we looked back at the volume of drivers that may have benefited from the program we found about 100 total. Perhaps there's a number of people from this pool that no longer care to drive. It may take some time for the program participation volume to increase.
- f. Any feedback for BMV?
 - The case review is going well. When it's obvious the candidate should not continue this can be an immediate stop. It does take time to complete the review. Linda reviews all records before it is shared with the panel. Right now we just have a panel of just Ophthalmologists, 3 total. We did have an Optometrist that originally joined but hasn't been present at meetings for the past year and so we assume she's no longer interested in participating. It's unfortunate as we'd love to have an Optometrist. If anyone knows an optometrist that may be interested please let us know.
- g. Where are the primary referrals coming from for this program?
 - Some candidates approached us before this program was in place and BMV proactively reached out to these people when this became a possibility. The applicant themselves can request to become a part of this program or their eye care provider may recommend them.
 - a. There might be a knowledge deficit for clinicians and patients. Seems as the word gets out about this program there may be more participation. Last year we did outreach for both state societies for optometry and ophthalmology to make them aware of the changes and how the

program works. Seems though that lay people will not know this program exists. Perhaps consider outreach with primary care providers as they tend to get questions from the patient about driving. This is a great idea and Linda would be happy to talk to Primary Care providers as well. If there's an interest that they want to know more about the program, Linda can speak to them. There could also be an education opportunity at the annual Maine Driver Educator Summit. The driver educators could make referrals to BMV Medical.

ii. Case progress update

Rebecca McCabe

C. Backlog update

Rebecca McCabe / Sarah Erving

- i. BMV Medical Review unit had a significant backlog in Nov. 2023. This was primarily due to staffing constraints, vacation and sick time. We did receive help from other units and trained some folks on how to process the driver medical report forms. Keep in mind the volume of work now depends on what happened say a year ago including how many forms we received for processing that might require a 1-year review, for example. Changes were made to the FAP also and this also impacts what we're seeing now such as the Sleep Apnea 3A profile level 3-year review requirement, which we expect may slow things down but eventually it should pick up again. Currently we're trying to keep the backlog down and entering CR24 forms as they come off the fax machines and so there's no backlog at this time. The team did also work overtime and coordinated working together early in the morning before the queue call line opened. Cindy Lincoln helped make important managerial decisions that resulted in the team's success. We anticipate that Sleep Apnea reports should soon be less impactful in contributing to the backlog.

- a. Is there any plan to move away from archaic methods including paper and faxing? From a provider's perspective it may help. Death certificates may be processed electronically using a state based website. Yes, it's been a goal to get rid of fax machines. About a year ago there was some discussion about how to use a provider network however we haven't yet found an answer. It gets complicated when you get into the electronic medical records. There are links in Epic EHR software. Or maybe we use an online portal that staff can access and enter data directly which would eliminate the need to fill out a form and print. The BMV Modernization initiative is in progress through the next year and a half or so. Once this is in place we should be able to think about how to setup connectivity for an electronic data solution. Has any other states had traction with setting up electronic processing method for DMV medical reports? We're currently not aware of any. It would help to have something like a BMV app to schedule appointments etc.

- It is a priority of the bureau to move everything out of paper as much as possible. Last time the internal license services database was updated was

in 2005 and it doesn't have the functionality to support a customer portal. When we get data it currently requires a script that our IT team runs and so it's outdated technology. Last budget cycle we were able to get some programmers and developers that are working on the new system. They are working with the business side to understand how it should function as well as working on code to customize a tool specific for Maine that also includes security features to protect against fraud. License Services will be setup first with the next 2 years and this will allow us to explore portal options to support customers and providers. Coding is now being developed and testing is being performed. There's some federal mandates we're working on including one that involves a state driver license to follow a driver from state to state. Chris is setting up a new State to State unit and a national exchange is being setup to share information with other states. The driver record and rules of the road will now be shared. This provides support for when a driver comes to Maine from another state or when they may leave Maine. 3 federal mandates are related to driver license services. Eventually we will get to Medical unit modernization goals. The federal mandate for the CDL electronic medical system goes live in June 2024 and so this may be something we could look to perhaps model after. If this ends up working we could consider something like this rather than create something brand new as it's storing similar information. Perhaps include this as a topic at the next MAB meeting.

D. System stats

Rebecca McCabe / Sarah Erving

- i. Jan and Dec months have holidays, but in Jan. the medical staff was short staffed.
- ii. Current volume depends on previous reporting trends including timelines for periodic interval of reviews
- iii. Driver Medical Evaluation CR24 forms processed
 - a. Volume breakdown since Nov. 2023
 - b. Sleep Apnea top driver (spike in Jan. – Mar. 2024) but this will likely drop going forward due to the FAP changes. Considering sleep apnea volume, kudos to Sarah and medical team for bringing down the backlog to zero!
- iv. We want to know if this sort of information is helpful or does the board suggest we share something else?

V. New business:

A. MAB recruitment

Dir. Ireland, Rebecca McCabe

- i. We're in the process to send communications to provider networks to promote our upcoming opening for the Internal Medicine seat. We also want to target support for rural communities. We could reach out to the American College of Physicians which is the internal medicine specialty society and specify what the board is

seeking in terms of diversity and morality. Also consider representation from organization or hospitals around the state. We have a lot of representation from Maine Health, some from Northern Light. Perhaps consider someone from CMCC. We'll make a list of organizations to have Dr. Lodato look at and Dr. Taylor and then Sec. Bellows before initiate communications.

- ii. For those with upcoming seat expirations we hope you may consider staying on for another term.

B. Maine Bureau of Highway Safety

Chantel Plummer

- i. Chantel is a program manager, and her past work includes child passenger safety and occupant protection. Currently oversees the Older Driver program and Speed and the Maine Driving Dynamic programs (Maine defensive driving program). Funding comes from NHTSA. May give some funding to law enforcement agencies that apply for grants with us which we then reimburse (Click it or Ticket, Distracted driving, Impaired Driving). There are some forensic phlebotomists.

v. Mature Driver program

- a. Chantel inherited this program and is looking to grow it. In the past they have had some PSAs on TV and radio. Also partnered with Eastern area agency on aging. They partnered with drug recognition experts and state police along with some Maine driving dynamics instructors. Education included knowing side effects to their medications. Also partnering with AAA based on federal fiscal year, to start in October. Planning to hold an Older Driver Summit with AAA which will include presenters and an Expo. Chantel is still looking to network and partner to build the Older Driver program such as with caregivers and medical field. Planning to create handouts this year. Ideas include where to turn for your decline in driving skills as well as what are the signs of decline in driving and effects of medication.
 - Goal of Bureau of Highway Safety is to prevent fatalities and serious injury crashes. Chantel aims to meet this goal with the Older Driver program.
 - BMV used to have an Older Driver program that planned to provide support for alternate transportation resources but now it's owned by Bureau of Highway Safety.
- a. Consider AARP. Internal Medicine sees a high volume of older patients and they tend to not want to give up their license. It would be helpful to build resources for alternative transportation to help this process.
- b. Consider focus on patient resources. Having some thing to help families navigate conversation with the driver to give up their license would help.

- c. Planning to create a handout for fiscal year 2024. Would it help to have a handout created for the clinician to give to the caregiver on where to turn for help including finding alternative transportation?
 - i. Depends on quality of what's in handout, it could be useful to clinicians. It would be nice to have. Is there funding in the Older Driver program to perhaps provide vouchers so they could get taxi rides etc? – There potentially could be, Chantel will check into this. It would help to have the handout support the patient. Clinicians are not good at anticipating when the patient will stop driving and so having support material to give to the patient will be helpful. This conversation may get lost between the patient's network of providers. The handout would be good for the children helping their parents through this transition. Clinicians have no background or knowledge on driving resources and so this type of handout would help healthcare providers. Clinicians are good at identifying problems and don't always have the solution.
 - ii. Chantel can share the template of the handout with the MAB so she can receive feedback.
 - iii. What data does the Bureau of Highway Safety maintain? Considering the Older Driver program perhaps we could use some of this data to look at medical crash trends which Dr. Meuser will be heading up.
 - 1. Maine Dept. Crash Query Tool
 - 2. Bureau of Highway Safety uses this tool to review crash statistics and this may be shared with BMV.
 - iv. Chantel may consider connecting with Dr. Meuser too as he has a background in older driver research. Perhaps consider community action programs. Joanne could work on communications with potential partnerships as well. Sec. Bellows is willing to support as needed.

C. New MAB data research program

Dir. Ireland

i. Contracting plans

- a. We've secured funding and setup a contract for Dr. Meuser to come onboard with BMV which started April 1, 2024.

ii. Public Safety objectives

Dr. Meuser

- a. Presentation (handouts available)
- b. Discussion

- When do we have data that correlates to crash/accident data? We want to ensure our FAP is effective and is impactful in keeping roadways safe.

- Benefit of having more data is you can look farther out into the future. 5-year prospective look would be useful for determining risk to public safety in terms of crash or moving violation. This crash data is available and we should have at least 10 years data. Consider the farther the back you go, the more variability of the data. Important to look at variable changes to make sure they're consistent. This is the data cleaning challenge. Predecessor of current FAP was implemented in Dec. 2016. Should we start by collecting 15 years and then cut down if needed? This would allow us to look at progression of FAP changes and measure impact. Need to consider that new FAP iterations include changes in diagnosis/condition name so how can this be accounted for? If we look at too much data it may lose specificity. We can decide later if we will narrow it to the current and previous last FAP only. From a statistical standpoint, we have enough data (volume of drivers) in just 5 years data. No other states have looked at crash data like this. Anticipating this may become publishable in the future should we consider other ideas or to make decisions to support the data to be publishable. To be publishable there has to be an institutional review board review and approval process of the research which can come later as this research data project is being started as an process improvement initiative. We can educate other states through publication like AMVAA or JAMA or JAGS or other medical or crash journals. It's important to meet IRB requirements early on such as Dr. Meuser does not see identifier info externally such as home. We could have the medical advisory board as the author where all of us are co-authors for the state of Maine. Is there any value in reaching out to an IRB beforehand? Hoping to use UNE IRB or University of Maine. Consultation with an IRB beforehand is worth doing and Dr. Meuser will do this.

D. Spotlight topic – Autism

Rebecca McCabe, Dr. Potenza

i. Case review

- a. Asperger's Syndrome, no doctor, email is preferred communication
- b. CR24 filed and signed in April 2023 (old FAP) by retired clinician. Old FAP placed him in a box. Clinician comments advise to remove from medical review. Consult with Dr. Potenza.
- c. Per new FAP Autism and is mentioned as option for profile level 2 under specific conditions that clinicians comments point to. However, autism is not considered treatable and so going forward there may be opportunity to recategorize. This driver has perfect driving record.
 - In future mental health FAP iteration of profile level 2 "condition fully recovered" could be changed to "non-progressive".

- If the condition is non-progressive, we should stop monitoring. At some point this driver passed their road exam to gain their license. How did we recapture them for continued tracking? Perhaps from the form we ask about disclosing certain medical conditions. Surprising we missed this point. Seems we're creating a burden. Flag for next FAP revision, as well as a look at other non-progressive conditions. The last CR24 filing missed the new FAP by about a month.
- Going forward cases can be brought to the MAB specialty member for consultation. They may decide if it's complex to review with the a subset of the board otherwise a decision may be made which may include signing off to remove driver from medical review. Going forward would be a good idea to CC Dr. Taylor on email communications to MAB member specialist. Change process should require discussion and agreement with the entire board but for cases such as this we should let the specialized member review and decide. Cases like this will help shape the next FAP changes.
 - a. Autism seems more of a neurological/developmental disorder rather than mental health. Consider this for future update.
- MAB vote to clear this driver from further medical review.
- We plan to bring a spotlight case for discussion at each MAB meeting going forward.

E. Open Discussion

i. FAP roundtable discussion

- a. Reconsider the name of Functional Ability Profile, let's think about this for the next FAP revision. Consider fiscal restraints, updating forms etc. It might require a statute change.
 - Functional Driving Profile? Driver Fitness Profile?
- b. Progress update reports on Dr. Meuser's research data project would be helpful going to the board for review periodically. The report for the next MAB will focus on early steps in process and feedback from board members will help determine next steps. Going forward periodic reports to the MAB may be useful.
- c. Consider MAB members coordinate with their medical staff to arrange BMV provider outreach training session. This would be beneficial as we receive high volume of CR24s incomplete.

VI. Closing Remarks:

Sec. Bellows / MAB Chair, Dr. Taylor

- A. Next MAB meeting will provide report on CDL national registry certified medical examiners on how that program will come online next year.
- B. Reach out to American College of Physicians for MAB recruitment communications
- C. IRB discussion and review

- D. Parking lot FAP update – non-progressive conditions, let's include this MAB meeting slide going forward to serve as running list
- E. Thanks to everyone who took time out of their day to join this discussion when many may not even have power due to weather. Expertise on this board is greatly appreciated. BMV couldn't do the work without the MAB and we're making it better. Glad everyone stays involved. Appreciate the endeavor to use data to look at the FAP and try and make it better.

VII. Adjournment

Meeting Handouts:

1. Agenda
2. Minutes: Nov. 3, 2023
3. Dr. Meuser presentation - ME BMV MAB Date Review