

Medical Advisory Board
November 1st, 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: Dr. Jay Taylor, Dr. Dan Pierce, Lori Towne, Dr. Linda Schumacher-Feero, Dr. Tom Morrione, Dr. Evan Savage, Dr. Tom Meuser, Dep. Sec. Cathie Curtis, Dir. Chris Ireland, Larry Boivin, Cindy Lincoln, Sarah Erving, Rebecca McCabe
 - B. Attendance via Zoom: Dr. Isabella Askari, Dr. Jims D. Jean-Jacques, Dr. Bob Lodato, Dr. Pat Keaney, Dr. Kristen Silvia, Heidi Ritts, Lori Merrill
 - C. Absent: Dr. Dan Potenza, Sec. Bellows
- II. Welcome, introductions and housekeeping Rebecca McCabe, Dir. Ireland
 - A. Introductions and special guests:
 - i. Heidi Ritts - New Jersey Motor Vehicle Commission (NJMVC) Medical Unit:
 - BMV Medical unit met with New Jersey MVC after completing their AMVVA survey about medical review/MAB process.
 - ii. Lori Merrill – BMV Medical unit
 - Specializes in vision report processing and initiates new exceptional cases for review by the MAB vision panel.
 - iii. Larry Boivin – BMV Chief Driver License Examiner Dir. Ireland
 - Longest serving Chief Examiner for 20+ years
 - a. Larry has vast knowledge on road testing and case reviews. Planning to retire soon. On behalf of BMV and MAB, thank you Larry for everything you’ve done for the state of Maine and for this medical program at BMV.
- III. Review of April 5th, 2024 meeting minutes MAB Chair, Dr. Taylor
 - A. No changes suggested
 - i. All in favor to adopt
- IV. BMV Updates:
 - A. Vision Exceptional Case program Dr. Linda Schumacher-Feero
 - i. Program update:
 - a. 15 cases total reviewed since program started
 - b. Road test
 - Approved: Case #12 failed Daylight exam 1st attempt
 - Waived: Case #14 – No driving gap since OT and clean driving history
 - c. Not Eligible
 - 3 cases do not meet FAP criteria
 - 2 cases now meet visual field standard
 - ii. Periodic Review Process

- a. Case #1
 - 1-year review 8/2024: “graduated” exceptional program!
 - Stroke recovery, now meets visual field standards
- b. Case #2
 - 1-year review 8/2024: MAB approved for 2 years
- iii. Discussion
 - a. Prisims are not allowed for Esterman testing. If they choose to use them for driving, they may such as for a road exam.
 - b. Vision exceptional case panel
 - Still looking for members to join from Optometry
 - Currently have two Ophthalmologists
 - Consider reaching out to Maine Optometry board for recruitment

V. New Business

A. Spotlight topics – Autism and Mental Health

Rebecca McCabe

i. Discussion

- a. MAB consult with Dr. Potenza regarding constituent concerns
- b. Dr. Potenza led meeting to be planned early 2025 to review mental health
- c. Some diagnosis categories seem too broad. Opportunity for next FAP revision.
- d. BMV application form revision considerations

NOTE - Vehicle non-CDL, CDL and motorcycle applications all have same medical question with check boxes.

- Would be helpful to change “will” result in immediate suspension TO “may”, if there’s a misstatement on the application.
- How truthful are people when they check off boxes? Is this the best way to capture self-reporting? Are drivers checking off conditions appropriately? What percent of the population is filling out the form correctly? Some people regret checking off conditions. What are other states doing (consider launching AMVAA survey)?
- Consider system optimization to collect data like mental health conditions
- Consider moving paper applications online, use conditions dropdown list

NOTE - 33, 000 CR24 forms processed by Medical unit over past 10 months

B. Phase I Research Descriptive Findings

Dr. Meuser

i. Presentation (handouts available)

ii. Discussion

- We can setup additional meetings with those interested to drill further into other conditions. Today’s focus: dementia and seizure disorders
- Maine BMV reporting system is more diagnostic focused. Missouri process is more reactive as reports typically initiated by crash.
- 140, 559 individual drivers evaluated for medical review beginning 1/1/2014 through June (medical data) and September 2024 (all other data: license status outcome). 2024 is partial year so will look through

2023. We have crash data from 2005. We can look at annual crash involvement across whole sample or individual conditions.

NOTE – Crash data does not differentiate between cause vs involvement in crash.

- Due to multiple diagnoses per driver, may look at pure (single) vs mixed (multiple) morbidity.
- In this sample set there are 3 different FAP revisions represented. (May 2023, Dec. 2016, Dec. 2000)
- Consider mortality and multi-morbidity influence. Medical road test may have been ordered for other reason.
- Average crash involvement in Maine is about 3% per 2021 data (same as Missouri). Drop in data around time of pandemic. Consider that State of Maine changed definition of reportable crash about year ago (injury/fatality same, but property damage changed to \$1,000 to be reportable).
 - a. Shouldn't this be reflected in Maine annual crash rate? What is crash definition in MO state? Would need to be similar to compare data.
- High crash rate for OSA also with high rate of obesity. Would be interesting to see obesity data with sleep apnea pulled out. This is in the report on a demographic page.
- Road tests – most pass on first attempt. About a third of drivers don't follow through with taking exam (become delicensed). Impact of mortality and failure to appear for road exam.
- Cardiovascular: large volume 14% for Other Cardiac vs. supraventricular and ventricular conditions. Other Cardiac: CAD, CHF, VHD etc. System notes field may include specific dx, but we don't have this data.
- Top volume for multi-morbidity: visual acuity and peripheral
- Delicensing data
 - a. New Jersey: highest volume they work is Seizures. Many related to other disorder like substance use. We can look at this multi-morbidity combination further. FAP includes provoked/unprovoked seizures and explained verses unexplained loss of consciousness. Share with NJ.
 - b. 3C may be active status such as recommendation to remain suspended until completing road exam.
- Dementia
 - a. Can data tell us if road test is appropriate?
 - b. Request for road test delicensures more people than the road test.
 - c. Road exam process. Better to give one instruction followed by another (turn right then...).
 - i. High pass rate even for 3C. Consider that providers instead of choosing 3C first, fall back on 3B with road exam (they're not the bad guy). Previous feedback on BMV driver license examiner approach – our job is to keep people on the road. This could conflict with MAB

FAP trying to get people off road. Examiner role should be to objectively assess safety of individual behind wheel. They may feel same pressure as physicians do, not to be bad guy. How many road tests are allowed? Typically, 3 medical exams (more for non-medical) or less depending on demonstrated risk to driver safety.

- ii. New Jersey process includes knowledge test option with consideration of passing due to “good day”. About 6 years ago the BMV written exam was reviewed by MAB. Decision was that written exam not as relevant as road exam. First exam pass rate may not be accurate due to multiple exam attempts. There’s a degree of learning that occurs. But with Dementia at 3C that learning should not be there. NJ state offers “one and done” road test if only the road test is the outcome of the medical pre-hearing conference.
- Seizures/Epilepsy
 - a. Change in percent volume over years due to 2016 FAP change and definition of what should be captured (provoked, unprovoked, loss of consciousness)
 - b. Elevated crash rates
 - c. Are we taking people off the road that we should be taking off the road when we label them a higher profile level? We should prioritize what we want to find.
 - d. Medical unit keeping track of opportunities (running log) for the future FAP revision. Include Heidi’s comment on NJ state process for dementia. Also, suggestion to change driver license application form verbiage from “will” TO “may” result in immediate suspension due to misstatement. We will consider this in wider discussion of form.
- Sleep Apnea
 - a. Volume goes up after 2016 due to FAP change
 - b. Per FAP no road exams required for OSA, road exam would need to be for a different FAP condition
 - c. Similar crash pattern as seizures
- Thoughts
 - a. FAP system working. Data is great.
 - b. 87% in medical review that are living still have active status, but not dementia. Consider that not all are actually driving. Comparing to Missouri (voluntary reporting state), fewer than 5% retain active license. Bad road behavior is MO state trigger for medical review resulting in higher degree of medical impairment by the time driver enters review process. BMV looking at diagnosis, not road behavior and people are self-

reporting. Different approaches but are there differences in the crash rates per diagnosis? Working on getting current MO data.

- c. We want to look at safety patterns:
 - i. Between those who passed the road test and failed
 - ii. Based on FAP profile levels
 - iii. Based on FAP profile levels and disease categories (all)
 - iv. We should start with highest volume FAP category being reported in our system
- d. Road test data - should take less priority compared to others
- e. Consider comorbidity combinations and road test outcomes. Are there conditions where we really should not be requiring road exam? Dementia isn't single entity, many types. Dementia and Parkinson's - examples of more terminal/progressive conditions.
- f. Education opportunities – families, providers (FAP use)
- g. Publication opportunity
 - i. Move from quality improvement research to human subject research which requires IRB
 - ii. Consider MAB as author, Tom as writing author
 - iii. Let's plan a meeting with Sec. Bellows in January
 - iv. FAP ratings and editions to safety outcomes
 - v. MAB includes different areas of subject matter experts. Would be helpful to get SMEs together for relevant FAP discussion instead of whole board. Allows us to answer in real-time before next MAB meeting in April 2025. Plan for MAB/BMV series of FAP category specific Zoom gatherings/focus groups.
 - vi. MAB to reach out/email Tom with questions, comments.

VI. Open Discussion

- A. When are we due for FAP revision? We should use data to drive FAP optimization. Next FAP revision should be 2026-2028.
 - i. Consider looking at FAP format, should we continue with the profile level process or move to binary options?
 - ii. We should look at interval of reviews, are they working or consider standardizing across conditions. We could look at data after the medical review process to find out.
 - iii. Would be helpful to look at moving violation data. Moving violations are attributable to the individual by law verses crashes. Are there types of moving violations that are constructive to this effort?
- B. Lori Towne is primary care faculty and liaison for HRSA Dementia Care grant. Role includes developing education modules for primary care providers. 10 member organizations from Portland and Presque Isle. Also, overlap with the Center for Aging.
- C. BMV system has notes field to enter specific sub diagnosis. Mental Health, Musculoskeletal & Neurological, Dementia (cause), Other Cardiac, etc.

- i. If clinician enters specific diagnosis, Medical team should enter in notes section. Not all clinicians give this (~30%) and we don't require it. Sometimes only the first CR24 received included the specific diagnosis, so we may view historical records to see if at one point they were diagnosed (even though subsequent forms received do not include the specific diagnosis).
 - ii. Given our large sample size of 140,000 cases, even if it's 30% that have this information, it might still be interesting.
- D. What is overall number of cases we're tracking for OSA and how has that changed since last FAP update. Dr. Keaney noticing a significant drop off in the number ones in his office. That's to be expected, patients now mainly on three-year review cycle. Expecting stabilization or decrease in numbers.
- VII. Meeting Schedule
 - A. Friday, April 4, 2025
 - B. Friday, November 7, 2025
- VIII. Closing Remarks Dir. Ireland and MAB Chair, Dr. Taylor
 - A. We'll plan a meeting with Dr. Potenza on Mental Health and public topics in Jan. 2025.
 - B. We'll schedule meeting with the Secretary to provide MAB update.
 - C. Will work on reviewing application forms for revision opportunities.
 - D. Will plan multiple FAP deep dive sessions.
 - E. There's a lot of new BMV people since last revision. BMV welcomes MAB suggestions for approaching next FAP revision.
 - F. We're headed in the direction that we've wanted to be headed for years.
- IX. Adjournment
- X. Meeting Handouts
 - A. Agenda
 - B. Meeting minutes April 5, 2024
 - C. Phase I Research
 - D. Presentation deck – BMV MAB: Phase I Research Descriptive Findings
 - E. MAB Research – Full Report Draft