

Medical Advisory Board
November 3rd, 2023 12:00 Noon
Meeting Minutes

Meeting conducted in person with Zoom attendees

- I. Call to order: MAB Chair, Dr. Taylor
 - A. Present in person: John Taylor, Pat Keaney, Robert Lodato, Lori Towne, Tom Morrione, Evan Savage, Chris Ireland, Cindy Lincoln, Michelle Cloutier, Brendan Moody, Tom Meuser, Secretary Bellows, Rebecca McCabe
 - B. Attendance via Zoom: Jims Jean-Jacques, Dan Pierce, Kristen Silvia, Evan Savage, Linda Schumacher-Feero, Chris Delenick, Joann Bautista, Ruta Kadonoff
 - C. Absent: Isabella Askari, Dan Potenza
- II. Housekeeping Dir. Ireland
 - A. Introductions
 - i. Dr. Jay Taylor – MAB Chairman, Neurologist in Brunswick
 - ii. Dr. Bob Lodato – Internist in Dexter
 - iii. Dr. Tom Meuser – Clinical Geropsychologist, Head of Aging Center at UNE
 - iv. Lori Towne – Family Nurse Practitioner and newest MAB member, IM
 - v. Michelle Cloutier – Clerk IV Supervisor for BMV Medical Review unit
 - vi. Cindy Lincoln – Sr. Section Mgr. including Medical unit
 - vii. Dr. Tom Morrione – Geriatrician in Portland
 - viii. Dr. Evan Savage – PM&R Physical medicine and rehabilitation in Portland
 - ix. Brendan Moody – Director Ireland’s administrative assistant, tech support
 - x. Dr. Linda Schumacher-Feero - Ophthalmologist in Augusta
 - xi. Joann Bautista – Secretary of State policy advisor including legislation, rules
 - xii. Dr. Dan Pierce – UNE Adjunct professor, partial clinical retired
 - xiii. Chris Ireland – Division of Driver License Services, Director
 - xiv. Dr. Chris Delenick – UNE Assistant Clinical Professor. Dept. of Health Promotion
 - xv. Dr. Jean Jacques Jims – Cardiologist at St. Joseph Healthcare in Bangor
 - xvi. Rebecca McCabe – BMV Medical Review Coordinator
 - B. BMV Building Safety
 - i. Fire Drill Evacuation plan
 - C. Critical Incident notification
 - D. Lori Towne Welcome – newest MAB member and first nurse practitioner
- III. Review of April 7, 2023 meeting minutes Dr. Taylor
 - A. Mention of Epic software at MidCoast Medical Group should be updated to indicate impact to all EHR users at various facilities - Jay
 - B. No other changes suggested
 - i. All in favor to approve

IV. Old business:

A. Revised FAP roll out

Dir. Ireland

- i. Kicked off 4/20/2023 with a visit to the New England Rehabilitation Hospital (Dr. Morrione and Dr. Savage facility). Chris joined Thea in delivering presentation of the new FAP updates.
- ii. Webinar for Maine Association of Social Workers – mental health, substance use
- iii. 05/06/2023 Maine Academy of Family Physicians in Portland
- iv. 05/12/2023 Maine Society Surgeons in Freeport
- v. Working with Maine Board of Licensure to include new FAP link in their Spring newsletter
- vi. Interest in looking at how effective the revised FAP is for later discussion

B. Provider outreach training 2023

Dir. Ireland, Rebecca McCabe

- i. Introduction to the new FAP orange book and rule changes.
 - Notified associations, licensing agencies, large hospital training centers
 - Mailed notification of the new FAP in orange envelopes. Advised the new rules are online and to contact BMV if they want a hard copy delivered.
 - This was the main source of our training requests which became opportunities to field questions.
- ii. Received positive feedback on process, content and changes to FAP (especially sleep apnea, vision) that address common concerns.
 - New England Rehabilitation Hospital – Thea and Chris
 - Audience – Occupational therapist, registered nurse
 - Eye Conference – Dr. Schumacher and Chris
 - Audience – Optometrist, ophthalmologist
 - Family Practice Association in So. Portland
 - Maine Chapter for the National Association of Social Workers – online session
 - St. Mary's Center for Sleep Disorders – Auburn 9/19, Chris, Becca, Michelle
 - MaineGeneral Health Geriatric Center (Dr. Spear), Augusta is scheduled for 11/16

C. Vision Exceptional Case program

- i. This is a new program for drivers who don't meet the BMV peripheral vision requirement (110 degrees in a horizontal meridian continuous visual field)
- ii. Process to recruit panel of optometrist/ophthalmologists included communication that the program is for participants that otherwise would be de-licensed due to failing peripheral vision requirements.
- iii. Program assesses safety of drivers with peripheral defects.
- iv. New panel includes Linda, two other ophthalmologists (including neuro-ophthalmology training), and one optometrist (currently on maternity leave). We would like more optometrists to join and are open to suggestions.
- v. 7 cases with visual field loss

- a. Cause
 - 5 subjects due to stroke
 - 1 subject due to retinal pigmentosa
 - 1 subject due to brain tumor and resection surgery
- b. Status
 - 6 subjects approved to take a road exam
 - a. 3 subjects completed road exam (2 Daylight restriction, 1 day/night)
 - i. 2 subjects passed and regained their driver license
 - ii. 1 subject denied
 - iii. 1 subject failed exam (related to visual defect)
 - a. They felt they needed more time to practice. Initially given 60 days. This subject has had their license suspended for over 5 years.
 - b. Panel concluded they were not effectively adapting for their visual defect. Agreed they should seek support to learn how to compensate. Recommendation to work with occupational therapist driving rehabilitation specialist, at driver expense. The OT professional will work with the driver and let BMV know when the subject is ready for their second exam.
 - i. Heather Sheilds of Pathways Rehab Services recommended
 - ii. Communicate all options (Alpha One) to driver.
 - Linda has done a tremendous job leading this program and the panel has been helpful in advising on a case-by-case basis: education/support options, criteria for temporary license expiration extensions and number of exams. Thank you to the panel for helping to make the right decisions for the right customers.
- D. Sleep apnea
 - i. Provider availability – low volume of staffing, delays in securing appointments, there have been shut downs in regional sleep centers, increase in home studies
 - a. Recalls are mostly accounted for since 2021 and patients should have a new one by now. We’ve maintained flexibility working with drivers to grant extensions in filing CR24 forms.
 - ii. Sleep studies for new CPAPs
 - a. Required by some health insurance companies, Medicare
 - b. Drivers requesting extensions to file CR24 forms
 - Medical Review unit grants up to 90 days, upon receiving doctor letter
- E. Presentation by Tom Meuser, PHD & Chris Delenick, OTD – ME BMV MAB Date Review
 - i. Introduction
 - a. Tom Meuser – Clinical Psychologist, Applied Gerontologist, & Social Scientist

- Professor & Director, UNE Center for Excellence in Aging & Health
 - Presented work on Missouri driver fitness program to BMV in 2019 – Led team to build database (2001 – 2005)
 - a. Meuser, T. M., & Carr, D. B. (2008). Medical fitness to drive and a voluntary state reporting law. AAFTS: Washington, DC.
 - b. Clinician Effectiveness in Assessing Fitness to Drive of Medically At-Risk Older Adults, Meuser et al. JAGS 2016
- b. Chris Delenick – OTR/L, OTD
 - Occupational Therapist with over 20 years in practice and experience in settings including level I trauma centers, rehabilitation facilities, skilled facilities, & outpatient/community-based services. Experience with mild brain injury and only certified evaluator in Maine for ADL-focused, Occupational-based, Neurobehavioral Evaluation (A-ONE). Experience with assessing executive function and evaluation for return to driving with use of assistive technology.
- ii. Resumed meeting with BMV medical again in 2023
 - a. Reviewed data dump from Jan. 2022 – Oct. 13, 2023
 - 32,971 Maine BMV medical reports
 - b. This is a brainstorming meeting, meant to start a conversation and ask questions, not a comprehensive evaluation of data at this time
 - Limited to data provided on first row for each individual driver
 - c. With funding from AAA Foundation for Traffic Safety, conducted analysis of medical advisory board/medical review process in state of Missouri
 - Led team which developed current medical review process through Missouri BMV
 - Developed MO physician statement form in 2009 which is still current
- iii. Objectives
 - a. Develop a mutual understanding of current & desired Maine BMV MAB data
 - b. Brainstorm on potential questions & analyses
 - c. Agree on a stepwise analytic plan and timeline
- iv. Framing questions
 - a. Do current Maine BMV MAB requirements, processes and procedures result in evidence-based, equitable licensing decisions and outcomes whereby:
 - Medically unfit drivers are identified, evaluated, and remediated to remain safely behind the wheel or adopt another means of transportation; and
 - Public health and safety are protected without undue burden on the autonomy rights of individual citizens?
- v. Public Health Perspective
 - a. Upstream - prevention
 - Promoting healthy environments, preventing injury & illness, addressing social injustice
 - This is a proactive approach that BMV is already doing
 - a. We can imbed decisions with outcomes over time and look at equity issues including geographic and medical trends

- Example: Safe driving mobility, awareness of driving fitness concerns, vigilance for red flags, proactive approach to addressing concerns, treatment, remediation, training, recertification, voluntary retirement from driving
 - b. Downstream - reaction
 - Reacting to problems, treating illness & injury, ignoring social inequities
 - Example: Inattentive driving, erratic driving, dangerous actions, moving violations, crashes, injuries, deaths
- vi. Process: Individual autonomy, crash & moving violation context, public safety
 - a. Identification of medically at-risk driver – self report, law enforcement, concerned citizen
 - BMV Law Enforcement Officer's Report Relating to Adverse Driving form
 - b. Medical evaluation & input to BMV - FAP
 - c. Short-term actions & outcome – restriction, suspension, road test, no driving
 - d. Long-term actions & outcomes – active, no driving
- vii. Crash data
 - i. MaineDOT – Maine Public Crash Query Tool
 - a. Location, year, crash type, injury level, behavior
 - ii. 2,385 total crashes (2002-23 BMV MAB sample), some drivers in 2+ crashes
 - a. Top volume: OSA, mental health, hypoglycemia, peripheral vision, seizures
 - OSA – high volume of drivers, may want to look at crash per diagnosis and may see similar result (Dr. Keaney)
 - Data not showing cause of crash, just association of FAP rating with individual that was involved in crash. Maine Crash Reporting System
 - b. Crash types, moving violations
 - May look at when crash or moving violation occurred: before, during or after medical review?
 - c. Moving violation
 - d. Demographics
 - 55% male
 - Mean age 61 years, median age 65, mode 74
 - Age distribution of reviewed drivers in 5 year intervals – consider vision testing requirements
 - a. Are outcomes different based on age?
 - b. Are health conditions distributed evenly?
 - c. Are certain conditions more prevalent among age groups?
 - d. How can we track crashes across age groups?
 - e. How can we control for ageism?
 - e. Driver status at time of data pull
 - 92% of drivers remain active over time.
 - Gender trends
 - a. Women more likely to be suspended
 - b. Men more likely to die during review process

- c. Voluntarily surrendered means driver leaves Maine to go to another state where Cancelled status means driver voluntarily gives up license due to medical condition
- f. Clinician provided diagnoses – OSA top
 - Double diagnosis in the data due to the different naming convention for medical conditions based on FAP version. Example obstructed sleep apnea became sleep apnea syndrome in the revised 2023 FAP. Cindy L.
 - Would be interesting to look at data impact on 2017 FAP verses 2023 FAP revision.
 - Vision: Data currently does not capture visual acuity data or standard restriction information, but this information is documented on the BMV eye examination form. May or may not include diagnosis which would be documented in system notes field and not included in reporting.
 - Top health conditions by FAP rating
 - a. 3B: Sleep apnea syndrome
 - i. Going forward we should expect higher volume of 3A based on recent FAP changes – Dr. Keaney
 - b. 3C: Dementia
 - i. Timeframe when patient goes from 3B to 3C should tell us information such as if we are missing frequency of evaluation – Dr. Morrione
- g. FAP rating frequencies
 - No diagnosis condition, in some circumstances requires multiple medical driver evaluation forms (one to remove initial diagnosis “1” and one to report the new diagnosis)
 - a. Driver Education student – mental health condition verses feeling anxious
 - b. Perhaps opportunity to revise verbiage on new license application/renewal process to guide customers in selecting accurate medical conditions. Also reinforce law requirement. – Dr. Keaney
 - Profile level name required action crosstabulation
 - a. Active impairment moderate: road evaluation
 - b. Active impairment severe: no driving restriction
 - c. No diagnosed condition: no action
 - d. Rural vs Urban comparisons
- h. Rural-Urban Commuting Area (RUCA)
 - Do outcomes/driver status differ based on where drivers are from?
 - Errors made during medical road testing in Maine
 - i. These are general categories but there are more specific categories that we could review further
 - 1. Turning, or dangerous which could be a number of things
 - ii. Do certain exam fail categories correlate with specific medical conditions/categories?
 - iii. Are certain exam fail categories amenable to remedial training so that a medically at-risk driver may stay behind the wheel and remain mobile?
 - Driver Exams

In 2022-3 101 drivers with dementia took road test and most passed (opposite of MO data). Non of those diagnosed with sleep apnea were required to test despite some having recent crash histories. We can look at the primary fail categories of which turning, signaling and following traffic rules were most frequent.

- a. Consider review of the BMV driver examination process. What is variability between examiners? Should some steps be diagnosis specific? Example, instruct dementia driver to navigate to their grocery store. Tom Morriane
 - b. Perhaps look at high volume of errors made by dementia drivers who pass exam and then go on to have a crash, to determine predictive trend.
 - c. How are driver examiners trained? Do they administer the same test for all customers regardless of diagnosis? For example, Medical Review does give information to examiners regarding dementia diagnosis, but this creates bias in the process. Tom Morriane
 - i. Missouri process included a change to verbalize instruction one time, so this might result in a dementia driver to forget the full command.
 - ii. Consider customers with English language challenges. SOS
 - iii. Perhaps create stepwise system to increase level of difficulty of tasks required by driver.
 1. Consider predictor of safe driver, example: ability to cross road. The predictor would actually be if driver could not cross.
 - iv. May look at data of drivers who pass driver exam and have no crashes per diagnosis type and evaluate a need to look at other conditions and FAP requirements for exam. Or are they crashing after exams? Dr. Keaney
 1. Who's crashing and who isn't? This will also tell us if we might be tracking data that we don't need to. Perhaps we may need to focus on fewer categories. Dr. Taylor
 - d. Interest in mental health data. SOS received feedback from Disability Rights Maine on stigma from the names of the FAP mental health conditions. Communicated to BMV during rulemaking process. Considering higher volume of mental health conditions being voiced in younger generations, are we focusing on the disorders that actually impact driving risk?
- iii. Restrictions
- a. Are restrictions applied consistently across drivers?
 - b. Are certain restrictions over or under-utilized?
 - c. Do drivers with restrictions continue to drive safely at a similar rate to other drivers?
 - d. Is application of restrictions predictive of future driving related problems?
 - e. Are restriction decisions consistent with the needs of their associated conditions?
 - Is "daylight driving" associated with primarily vision-related concerns?
- iv. Questions for analysis
- a. Validity & Reliability Concerns
 - Do BMV data review and entry processes capture all relevant fields accurately and reliably? What is error rate?
 - Does BMV data align correctly with other relevant data sources (moving violation, crash, road test)?

- Do clinicians utilize the FAP guidance reliably and validly across driver types, diseases, and severity presentations? – look at clinician credentials such as NP, MD PA etc. What percent of clinician specialty/credential type are submitting CR24s?
- Do road test examiners apply testing procedures and scoring rules reliably and validly across driver types, diseases, and severity presentations?
- b. Process & Outcome Analyses
 - What happens at each step (stage) from initial notification to final licensing outcome?
 - Do decisions and outcomes at each step (stage) of the process align with core priorities and objectives of the FAP?
 - Do decisions and outcomes at each step (stage) appropriately balance individual autonomy and broader public safety interests?
 - a. Maine Health Access Foundation – Ruta Kadonoff
 - i. Private foundation – Maine health and healthcare, ensure equitable access to quality care for people who are not insured and underserved. Interest in how BMV decisions impact the health of individuals.
 - Which of the FAP categories evidence the strongest associations with respect to downstream outcomes and protection of public safety?
 - a. Do data outcomes advance public safety?
 - i. Promoting public safety is our main goal with equity being secondary. SOS
 - b. Data may become education for clinicians to have visibility into the association with diagnosis type and crash impact so they are informed on why a particular diagnosis should be reported to advance public safety. Dr. Morrione
 - c. How do we focus our efforts on the few correlations that matter versus the many with minimal impact and get the reporting rate up for the ones that matter? Dr. Taylor
 - Should the medical road test be modified to account for cognitive and other disorders in older adults?
 - Feedback welcome.
 - a. We want to use the data to guide next iteration of FAP as well as identify things that are going really well
 - i. Consider review of Interval of review categories and if this might be too standardized. Perhaps some diagnosis types don't fall within the criteria outlined.
 - ii. What are the questions we want answered and how should they be sequenced and funded?
 - iii. Need to develop data, remove errors, and perform quality checks first. This must be done before we can proceed with analysis.

G. Acknowledgements by MAB chair and Secretary of State

- i. Medical advisory board is a voluntary commitment and we're doing important work that will impact a lot of people in the state of Maine. Greatly appreciate everyone's time including MAB and BMV. – Dr. Taylor

- ii. Appreciate the extensive amount of time that's been volunteered. Proud of your work with the functional ability profiles. This will help us get to the next level. Thank you to the MAB, BMV medical and licensing teams. – Secretary Bellows

VIII. Meeting Schedule:

- A. Next Meeting Dates: Friday, April 5, 2024
Friday, November 1, 2024
- B. Time: 12:00 – 3:00 PM
- C. Location: BMV main office – 101 Hospital St., Augusta

IX. Adjournment: 3:00 PM

Meeting Handouts:

- 1. Agenda
- 2. Minutes: April 7, 2023
- 3. Dr. Meuser presentation - ME BMV MAB Date Review