Medical Fitness to Drive

AAA Policies & Practices

Maryland Older Driver Safety Symposium

Linthicum Heights, MD

April 24, 2013

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AAA Director, Traffic Safety Advocacy & Research

Every Time an Older Driver Crashes…

When it's time for Grandma to stop driving

Getting elderly motorists off the road poses myr challenges

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says.

Can A Driver Be Too Old?

By JAMES CARNEY;JEROME CRAMER/WASHINGTON AND BRUCE HENDERSON/MI

Video Store Crash Prompts Questions About Older

Posted: 6:53 pm EDT April 21, 2010
Updated: 7:10 pm EDT April 21, 2010

PITTSBURGH -- An accident in whi
woman drove her car through a Pittsb
Tuesday has prompted new question
older drivers should continue driving.

An 85-year-old woman, who drove he
through a vacant Hollywood Video st
Squirrel Hill neighborhood, told relati
know how the accident happened.

But investigators said skid marks left
as and brake pedals, Channel 11 News reporte

tatistics indicate that more
ppen at intersections – 54
3.

May 13, 2001

Elderly Drivers: Not Ready to Give Up the Keys

A A Font size Print

(CBS) We shoul
of activity in Sun

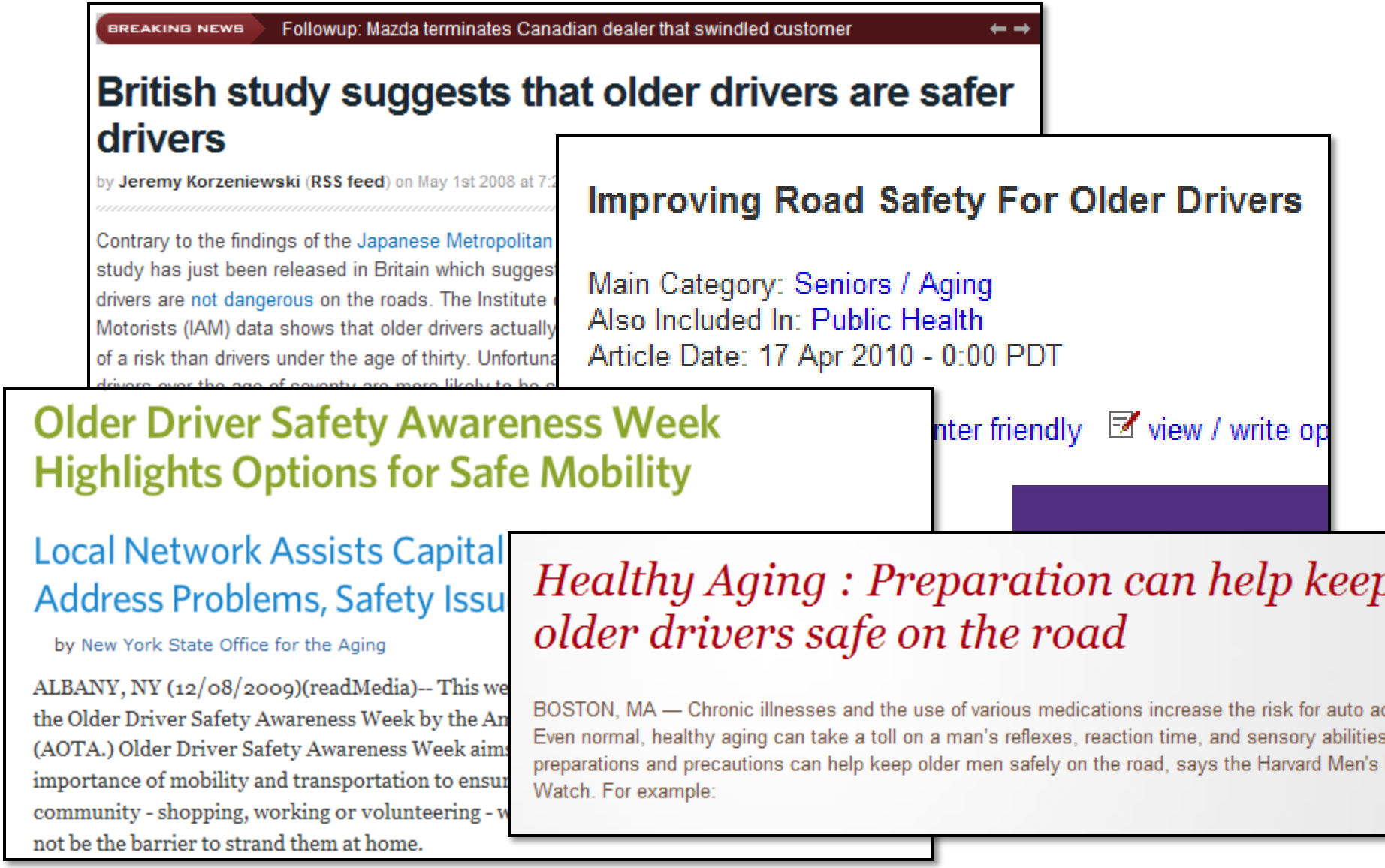
Grannies vs Teens

Who's Scarier On The Road?

It’s always the same reaction…

“What can we do about these older drivers?”

Setting the Record Straight…



Policy Goals

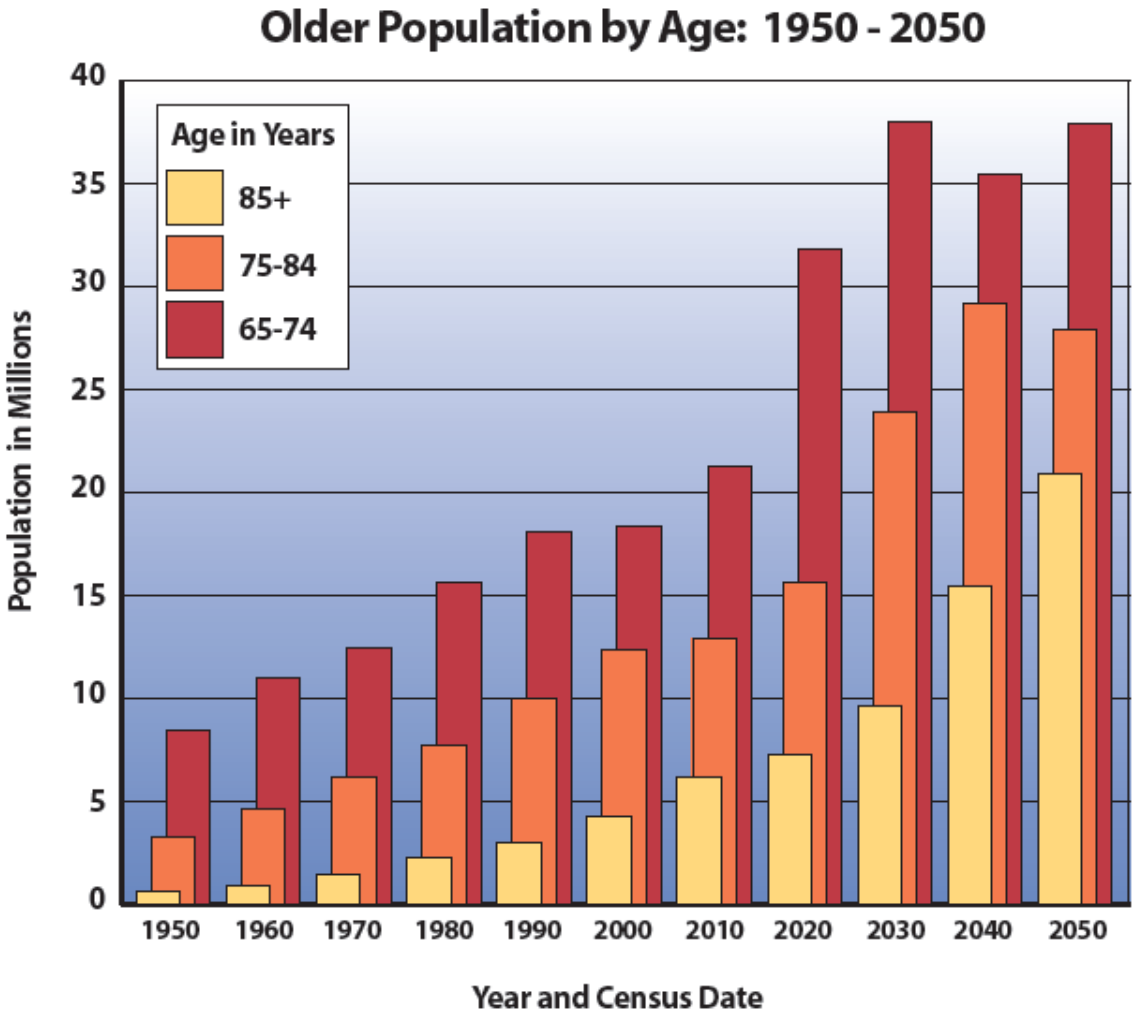
- **Provide evidence-based guidance for improving state driver medical review processes and outcomes**

- **Maximize *safety* and *mobility* for older, medically at-risk drivers**

Why focus on Driver Medical Review?

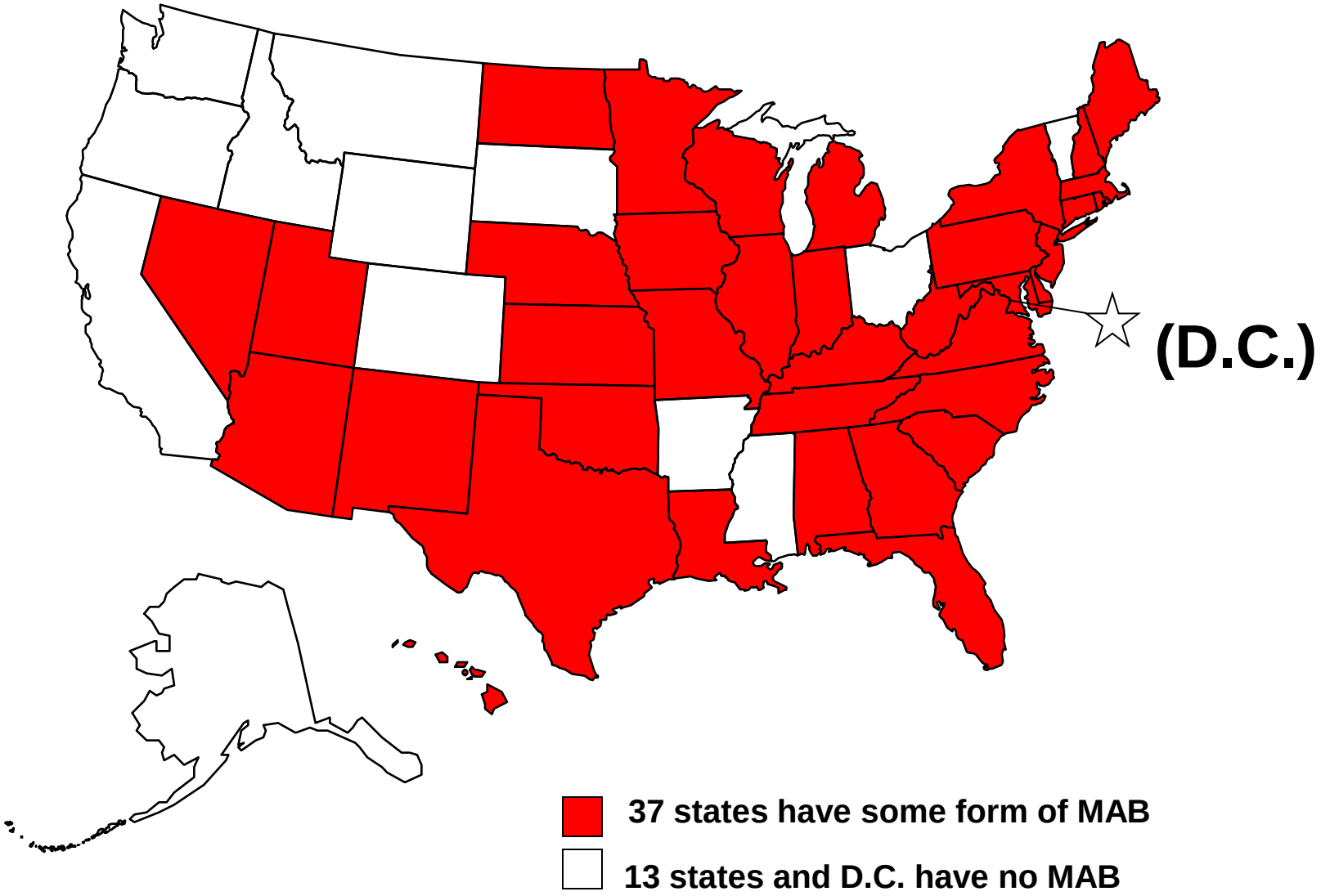
- Importance of driver medical review in light of growing population of older drivers
- DMV mandate to ensure persons licensed possess basic qualifications needed for safe operation of their vehicle
- Considerable state-to-state variation in driver licensing policies and practices
  - "Standard licensing requirements"
  - Procedures and requirements for more formal review of potential medically at-risk drivers

Shifting Demographics

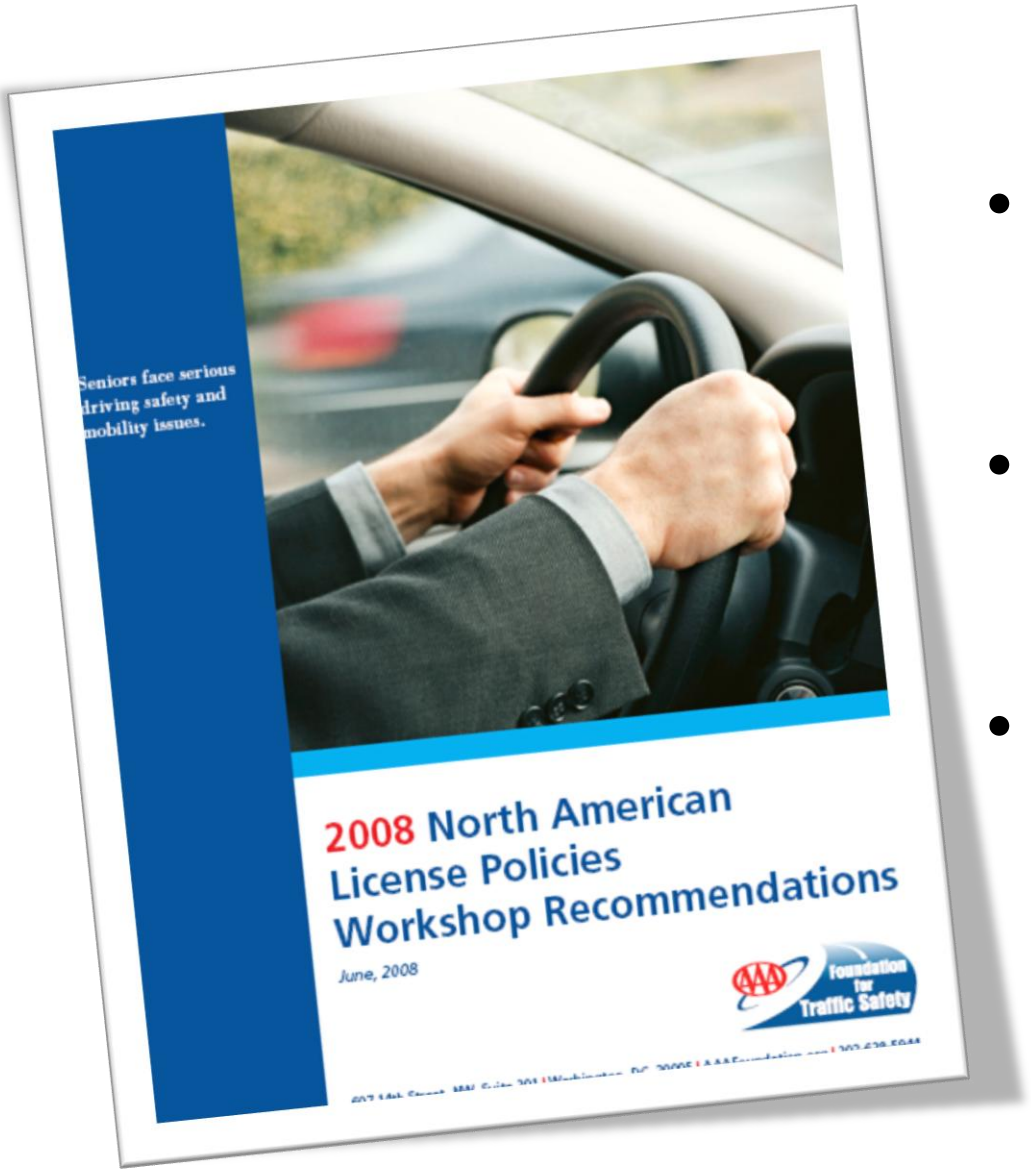


Source: U.S. Administration on Aging based on data from U.S. Census Bureau

States with Medical Review or Advisory Boards

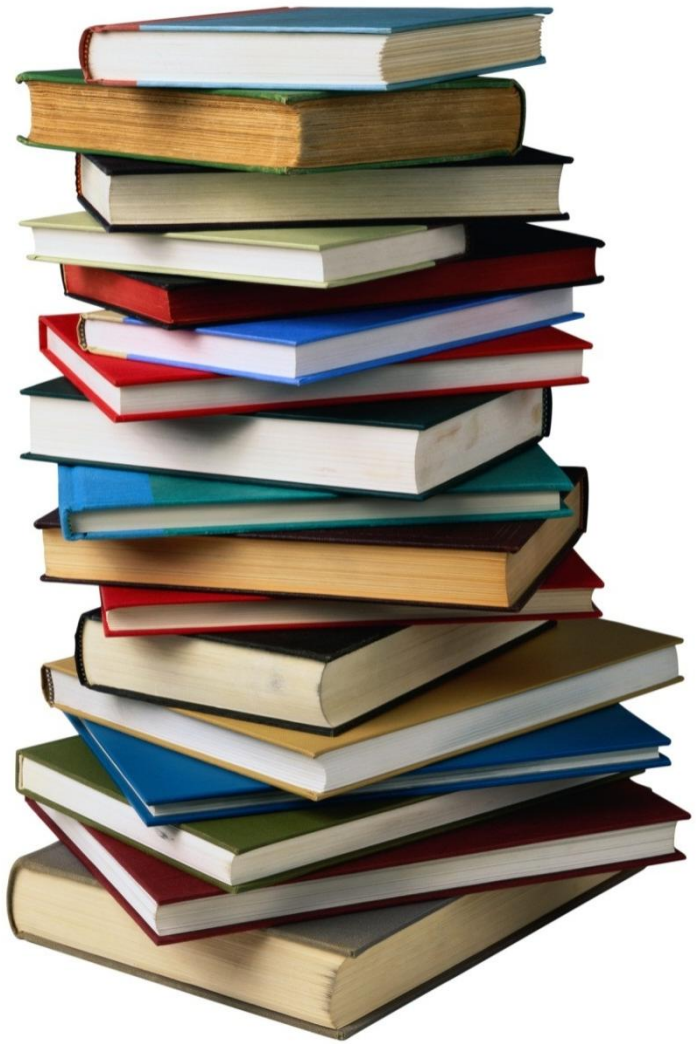


First Attempt…



- Synthesize State of Knowledge
- Develop Consensus-based Recommendations
- Identify Gaps & Research Needs

Seeking Policy Options for States



- AAA initiates research project to evaluate available evidence
- Synthesized research and expert consensus recommendation from over 100 published reports
- Established in-kind consultation from CDC, NHTSA and NAS/TRB
- Developed white paper and accompanying advocacy toolkit

Grouping Policy Options

- **Works** – Evidence is sufficient to warrant a recommendation
- **Likely to work** – Evidence is weak or lacking, but the practice has been successfully applied by one or more DMVs and/or recommended in national/international consensus documents
- **Does NOT work** – Evidence is sufficient to recommend NOT adopting a particular policy/practice
- **Unclear** – Evidence is mixed, so that no clear recommendation can be made at this time

Focus of AAA Recommendations

- Identification & referral of medically at-risk drivers
  - by DMVs
  - by physicians and other health professionals
  - by law enforcement
  - by family members or friends
- Assessment of potential medically at-risk drivers
- Post-assessment options for medically at-risk drivers (balancing safety and mobility)

Two Key Assumptions

- **The target population for driver medical review is drivers *of any age* who are at increased risk of crashing due to medical-related functional impairments.**

- **Licensing decisions should not be determined by disease diagnoses, but by an individualized assessment of fitness to drive.**

Improving Identification of Potential At-Risk Drivers

- **What Works**
  - In-person license renewal
  - Visual acuity testing at license renewal
- **What is Likely to Work**
  - Medical self-report at license renewal
  - Forms for easy physician and LE referral
  - License examiner observational training
  - Healthcare provider immunity for referral in good faith

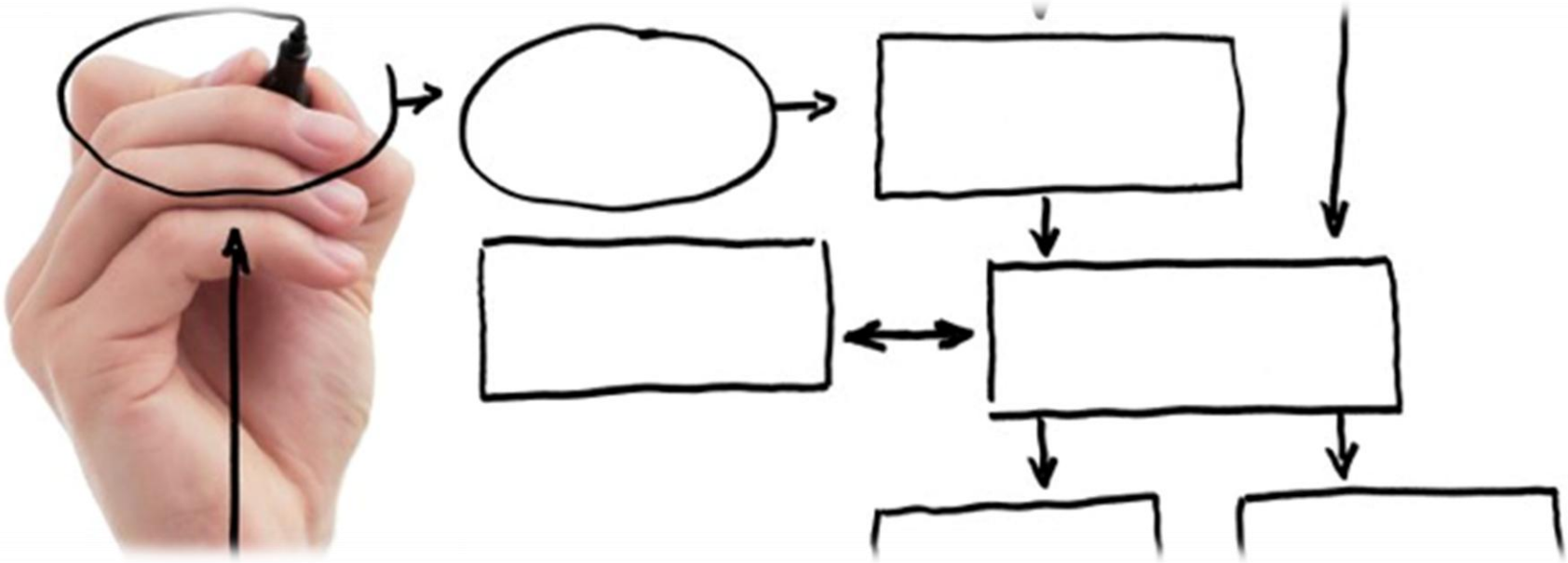
Improving Assessment of Potential At-Risk Drivers

- **What is Likely to Work**
  - DMV access to medical expertise (MABs)

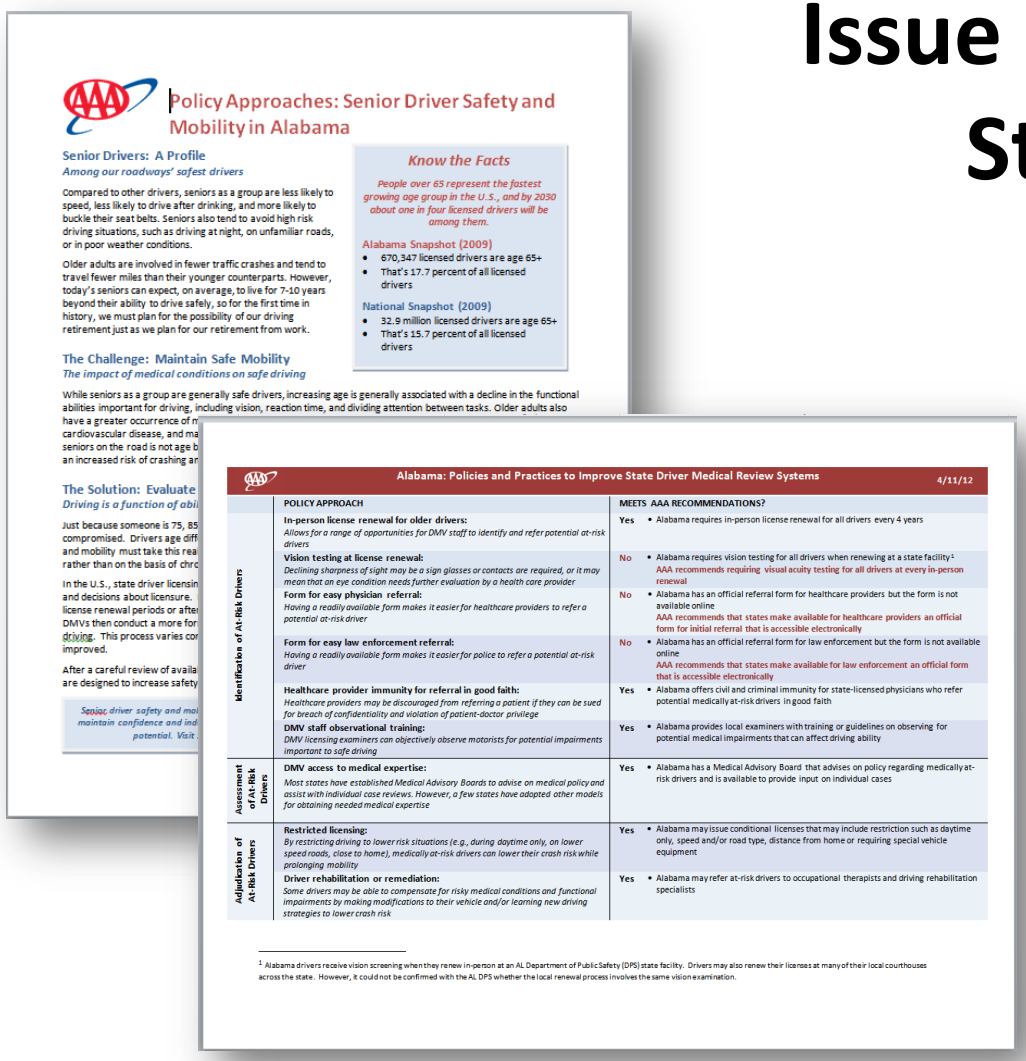
Policies & Practices Related to Case Disposition

- **What Works**
  - Restricted licensing
- **What is Likely to Work**
  - Driver rehabilitation / remediation

Tools to Assist in Putting it Together



A State-by-State Look at Driver Medical Review



Policy Approaches: Senior Driver Safety and Mobility in Alabama

Senior Drivers: A Profile

Among our roadways' safest drivers

Compared to other drivers, seniors as a group are less likely to speed, less likely to drive after drinking, and more likely to buckle their seat belts. Seniors also tend to avoid high risk driving situations, such as driving at night, on unfamiliar roads, or in poor weather conditions.

Older adults are involved in fewer traffic crashes and tend to travel fewer miles than their younger counterparts. However, today's seniors can expect, on average, to live for 7-10 years beyond their ability to drive safely, so for the first time in history, we must plan for the possibility of our driving retirement just as we plan for our retirement from work.

The Challenge: Maintain Safe Mobility

The impact of medical conditions on safe driving

While seniors as a group are generally safe drivers, increasing age is generally associated with a decline in the functional abilities important for driving, including vision, reaction time, and dividing attention between tasks. Older adults also have a greater occurrence of m
cardiovascular disease, and ma
seniors on the road is not age b
an increased risk of crashing ar

The Solution: Evaluate

Driving is a function of abi

Just because someone is 75, 85
compromised. Drivers age diff
and mobility must take this rea
rather than on the basis of chro

In the U.S., state driver licensin
and decisions about licensure.
license renewal periods or afte
DMVs then conduct a more for
driving. This process varies cor
improved.

After a careful review of availa
are designed to increase safety

*Senior driver safety and mo
maintain confidence and ind
potential. Visit*

Know the Facts

People over 65 represent the fastest growing age group in the U.S., and by 2030 about one in four licensed drivers will be among them.

Alabama Snapshot (2009)

- 670,347 licensed drivers are age 65+
- That's 17.7 percent of all licensed drivers

National Snapshot (2009)

- 32.9 million licensed drivers are age 65+
- That's 15.7 percent of all licensed drivers

Alabama: Policies and Practices to Improve State Driver Medical Review Systems 4/11/12

	POLICY APPROACH	MEETS AAA RECOMMENDATIONS?	
Identification of At-Risk Drivers	**In-person license renewal for older drivers:** *Allows for a range of opportunities for DMV staff to identify and refer potential at-risk drivers*	Yes	• Alabama requires in-person license renewal for all drivers every 4 years
	Vision testing at license renewal: *Declining sharpness of sight may be a sign glasses or contacts are required, or it may mean that an eye condition needs further evaluation by a health care provider*	No	• Alabama requires vision testing for all drivers when renewing at a state facility[1] AAA recommends requiring visual acuity testing for all drivers at every in-person renewal
	Form for easy physician referral: *Having a readily available form makes it easier for healthcare providers to refer a potential at-risk driver*	No	• Alabama has an official referral form for healthcare providers but the form is not available online AAA recommends that states make available for healthcare providers an official form for initial referral that is accessible electronically
	Form for easy law enforcement referral: *Having a readily available form makes it easier for police to refer a potential at-risk driver*	No	• Alabama has an official referral form for law enforcement but the form is not available online AAA recommends that states make available for law enforcement an official form that is accessible electronically
	Healthcare provider immunity for referral in good faith: *Healthcare providers may be discouraged from referring a patient if they can be sued for breach of confidentiality and violation of patient-doctor privilege*	Yes	• Alabama offers civil and criminal immunity for state-licensed physicians who refer potential medically at-risk drivers in good faith
	DMV staff observational training: *DMV licensing examiners can objectively observe motorists for potential impairments important to safe driving*	Yes	• Alabama provides local examiners with training or guidelines on observing for potential medical impairments that can affect driving ability
Assessment of At-Risk Drivers	**DMV access to medical expertise:** *Most states have established Medical Advisory Boards to advise on medical policy and assist with individual case reviews. However, a few states have adopted other models for obtaining needed medical expertise*	Yes	• Alabama has a Medical Advisory Board that advises on policy regarding medically at-risk drivers and is available to provide input on individual cases
Adjudication of At-Risk Drivers	**Restricted licensing:** *By restricting driving to lower risk situations (e.g., during daytime only, on lower speed roads, close to home), medically at-risk drivers can lower their crash risk while prolonging mobility*	Yes	• Alabama may issue conditional licenses that may include restriction such as daytime only, speed and/or road type, distance from home or requiring special vehicle equipment
	Driver rehabilitation or remediation: *Some drivers may be able to compensate for risky medical conditions and functional impairments by making modifications to their vehicle and/or learning new driving strategies to lower crash risk*	Yes	• Alabama may refer at-risk drivers to occupational therapists and driving rehabilitation specialists

[1] Alabama drivers receive vision screening when they renew in-person at an AL Department of Public Safety (DPS) state facility. Drivers may also renew their licenses at many of their local courthouses across the state. However, it could not be confirmed with the AL DPS whether the local renewal process involves the same vision examination.

Issue Brief (w/Snapshot) & State Policy Charts

Quick reference to:

- Current state- and national demographics on senior drivers
- Current practice in each state

Research into Practice

- Auto Club Group—Southern Region
  - Tennessee
- AAA Northern New England
  - Vermont
  - New Hampshire
  - Maine
- AAA Arizona
- AAA New York

Life Beyond Driving

Transportation Options

- People today can expect to live 7-10 years beyond their ability to drive safely
- Mobility beyond driving will require a combination of services to meet individual needs
- Importance of planning early and building comfort in leveraging alternatives to driving

Acknowledgements

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&

Dr. Jean Wilkins

Thank You!

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