

# Driver Assessment for the Older Adult



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# Older Adult Population

- By the year 2030, the population of adults older than 65 will more than double to approximately 70 million, making up 20 percent of the total U.S. population (1 in 5).
- The fastest growing segment of the population is the 80-and-older group, which is anticipated to increase from about 3 million this year to 8 to 10 million over the next 30 years.



# Older Adults & Driving

- Census projections estimate that by the year 2020 there will be 53 million persons over age 65 and approximately 40 million (75%) of those will be licensed drivers.
- Driving can be crucial for performing necessary chores and maintaining social connectedness, with the latter having strong correlates with mental and physical health.



# Older Adults & Driving (Cont.)

- Many older adults continue to work past retirement age or engage in volunteer work or other organized activities.
- In most cases, driving is the preferred means of transportation. In some rural or suburban areas, driving may be the sole means of transportation.
- Just as the driver's license is a symbol of independence for adolescents, the ability to continue driving may mean continued mobility and independence for older drivers, with great effects on their quality of life and self-esteem.

# Older Adults & Driving (Cont.)

- It is estimated that the average male will have 6 years without the functional ability to drive a car and the average female will have 10 years.
- However, our society has not prepared the public for driving cessation, and patients and physicians are often ill-prepared when that time comes.



# Older Adults & Driving (Cont.)

- Self-regulating in response to impairments is simply a continuation of the strategy we all employ daily in navigating this dangerous environment of driving.
- Each of us, throughout life, is expected to use our best judgment and not operate a car when we are impaired, whether by fatigue, emotional distress, physical illness, or alcohol.





# Older Adults & Driving (Cont.)

- In fact, a recent study indicated that some older adults do not restrict their driving despite having significant visual deficits.
- Reliance on driving as the sole means of transportation can result in an unfortunate choice between poor options.
- In the case of dementia, drivers may lack the insight to realize they are unsafe to drive.



# Older Adults & Driving (Cont.)

- In a series of focus groups conducted with older adults who had stopped driving within the past five years, about 40 percent of the participants knew someone over age 65 who had problems with his/her driving but was still behind the wheel.
- This data clearly indicates that some older drivers require outside assessment and interventions when it comes to driving safety.





# Older Adults & Driving (Cont.)

- Compared with younger drivers whose car crashes are often due to inexperience or risky behaviors, older driver crashes tend to be related to inattention or slowed speed of visual processing, vision impairments, cognitive limitations, medication side effects, slower reaction times, muscular difficulties, and limited range of motion.



# Older Adults & Driving Statistics

- Currently, motor vehicle injuries are the leading cause of injury-related deaths among 65- to 74-year-olds and are the second leading cause (after falls) among 75- to 84-year-olds.
- While traffic safety programs have reduced the fatality rate for drivers under age 65, the fatality rate for older drivers has consistently remained high (3-4 times higher than 30-59 year old group).

# The Physicians Role

- Physicians are in a leading position to address and correct this health disparity.
- By providing effective health care, physicians can help their patients maintain a high level of fitness, enabling them to preserve safe driving skills later in life and protecting them against serious injuries in the event of a crash.



# The Physicians Role (Cont.)

- By adopting preventive practices, including the assessment and counseling strategies outlined in the guide, physicians can better identify drivers at risk for crashes, help enhance their driving safety, and ease the transition to driving retirement if and when it becomes necessary.



# The Physicians Role (Cont.)

- In a series of focus groups conducted with older adults who had given up driving, all agreed that the physicians should talk to older adults about driving, if a need exists.
- As one panelist put it, “When the doctor says you can’t drive anymore, that’s definite. But when you decide for yourself, there might be questions.”
- While family advice had limited influence on the participants, most agreed that if their physicians advised them to stop and their family concurred, they would certainly retire from driving.



# Physicians Role (Cont.)

- Physicians assist their older patients to maintain safe mobility in two ways.
- They provide effective treatment and preventive health care, and they play a role in determining the ability of older adults to drive safely.
- Additionally, improved cardiovascular and bone health has the potential to reduce serious injuries and improve the rate of recovery in the event of a crash.



# Physicians Role (Cont.)

- Physicians are in a position to identify patients at risk for unsafe driving or self-imposed driving cessation due to functional impairments, and address and help manage these issues to keep their patients driving safely for as long as possible.



# Physicians Role (Cont.)

- Physicians must abide by State reporting laws. While the final determination of an individual's ability to drive lies with the driver licensing authority, physicians can assist with this determination.
- Driver licensing regulations and reporting laws vary greatly by State. Some State laws are vague and open to interpretation; therefore, it is important for physicians to be aware of their responsibilities for reporting unsafe patients to the local driver licensing authority.

# Physicians Role (Cont.)

- Thus, physicians can play a more active role in preventing motor vehicle crashes by assessing their patients for medical fitness to drive, recommending safe driving practices, referring patients to driver rehabilitation specialists, advising or recommending driving restrictions, and referring patients to State authorities when appropriate.



# The Guide to Counseling and Assessing Older Drivers

- The guide is intended to help you answer the questions, “At what level of severity do medical conditions impair safe driving?” “What can I do to help my patient drive more safely?”, and if necessary to help you counsel patients about driving cessation and alternate means of transportation.

# The Guide to Counseling and Assessing Older Drivers (Cont.)

- Mobility counseling and discussing alternative modes of transportation need to take a more prominent role in the physician's office.



# The Guide to Counseling and Assessing Older Drivers (Cont.)

- The AMA and NHTSA reviewed the scientific literature and collaborated with clinicians and experts in this field to produce the following physician tools:
  1. An office-based assessment of medical fitness to drive. This assessment is outlined in the algorithm, *Physician's Plan for Older Drivers' Safety* (PPODS)
  2. A functional assessment battery, the Assessment of Driving Related Skills (ADReS).
  3. A reference table of medical conditions and medications that may affect driving, with specific recommendations for each.



# *Physician's Plan for Older Drivers' Safety (PPODS)*

## *Physician's Plan for Older Drivers' Safety (PPODS)* recommends that physicians:

- **Screen** for red flags such as medical illnesses and medications that may impair driving safety;
- **Ask** about new-onset impaired driving behaviors (see Am I a Safe Driver and How to Help the Older Driver in the appendices);
- **Assess** driving-related functional skills in those patients who are at increased risk for unsafe driving; for the functional assessment battery, Assessment of Driver Related Skills (ADReS), see Chapter 3;

## *Physician's Plan for Older Drivers' Safety (PPODS) (Cont.)*

- ***Treat*** any underlying causes of functional decline;
- ***Refer*** patients who require a driving evaluation and/or adaptive training to a driver rehabilitation specialist;
- ***Counsel*** patients on safe driving behavior, driving restrictions, driving cessation, and/or alternate transportation options as needed; and
- ***Follow-up*** with patients who should adjust their driving to determine if they have made changes, and evaluate those who stop driving for signs of depression and social isolation.

# Everyone's Responsibility



- While primary care physicians may be in the best position to perform the PPODS, other clinicians have a responsibility to discuss driving with their patients as well.
- Ophthalmologists, neurologists, psychiatrists, physiatrists, orthopedic surgeons, emergency department and trauma center physicians, and other specialists all treat conditions, prescribe medications, or perform procedures that may have an impact on driving skills.

# Everyone's Responsibility (Cont.)

- In Michigan, anyone can refer a person for a Specialized Driving Assessment, or report them as a potentially unsafe driver to the DMV, as a result of a medical condition or a loss of skills due to aging.
- Therefore, it is the responsibility of all healthcare personnel to take into consideration whether their patients are capable of safely operating a motor vehicle and referring to a physician or Driving Rehabilitation Specialist when unsure.

# AMA Ethical Opinion E-2.24

- The purpose of this policy is to articulate physicians' responsibility to recognize impairments in patients' driving ability that pose a strong threat to public safety and which ultimately may need to be reported to the Department of Motor Vehicles.



# AMA Ethical Opinion E-2.24 (Cont.)

1. **Physicians should assess patients' physical or mental impairments that might adversely affect driving abilities.**
  - In making evaluations, physicians should consider the following factors: (a) the physician must be able to identify and document physical or mental impairments that clearly relate to the ability to drive; and (b) the driver must pose a clear risk to public safety.



# AMA Ethical Opinion E-2.24 (Cont.)

## 2. Before reporting, there are a number of initial steps physicians should take.

- A tactful but candid discussion with the patient and family about the risks of driving is of primary importance.
- Depending on the patient's medical condition, the physician may suggest to the patient that he or she seek further treatment, such as substance abuse treatment or occupational therapy.
- Physicians also may encourage the patient and the family to decide on a restricted driving schedule, such as shorter and fewer trips, driving during non-rush-hour traffic, daytime driving, and/or driving on slower roadways if these mechanisms would alleviate the danger posed.
- Efforts made by physicians to inform patients and their families, advise them of their options, and negotiate a workable plan may render reporting unnecessary.

## AMA Ethical Opinion E-2.24 (Cont.)

### **3. Physicians should use their best judgment when determining when to report impairments that could limit a patient's ability to drive safely.**

- In situations where clear evidence of substantial driving impairment implies a strong threat to patient and public safety, and where the physician's advice to discontinue driving privileges is ignored, it is desirable and ethical to notify the Department of Motor Vehicles.

# AMA Ethical Opinion E-2.24 (Cont.)

**4. The physician's role is to report medical conditions that would impair safe driving as dictated by his or her State's mandatory reporting laws and standards of medical practice.**

- The determination of the inability to drive safely should be made by the State's Department of Motor Vehicles.

# AMA Ethical Opinion E-2.24 (Cont.)



5. Physicians should disclose and explain to their patients this responsibility to report.
6. Physicians should protect patient confidentiality by ensuring that only the minimal amount of information is reported and that reasonable security measures are used in handling that information.

# AMA Ethical Opinion E-2.24 (Cont.)

7. Physicians should work with their State medical societies to create statutes that uphold the best interests of patients and community, and that safeguard physicians from liability when reporting in good faith.



# Additional Tools

- **Red Flags for Further Assessment**
  - **Acute events**
  - **Patient's or family member's concern**
  - **Medical history :**
    - Chronic Medical Conditions
    - Unpredictable/Episodic Events
    - Medications
    - Any other concerns arising from a review of systems



# Assessment of Driving-Related Skills (ADReS)

- The three key functions for safe driving are (1) vision, (2) cognition, and (3) motor/somatosensory function. ADReS assesses some aspects of these three important functions to help you identify specific areas of concern.
- Please note that ADReS does ***not*** predict crash risk! While many researchers are working to create an easy-to-use test battery that predicts crash risk, further research is needed.

# Assessment of Driving-Related Skills (ADReS) (Cont.)

- Although cut-off scores are provided for these tests (see Chapter 4), the ADReS battery is a tool for identifying areas of concern that require additional evaluation.
- The physician should use his/her clinical judgment regardless of the scores by utilizing all available information (driving history, medical history, and functional assessment).
- In addition, not all important functions are tested on the ADReS battery; rather specific items were chosen for their applicability and feasibility in the office setting, along with their correlates with impaired driving outcomes.

# Assessment of Driving-Related Skills (ADReS) (Cont.)

- The tests in ADReS were selected by a consensus panel of driving safety experts who worked with the AMA, and were chosen from among the many available functional tests based on their ease of use, availability, amount of time required for completion, and quality of information provided by the patient's test performance.



# Assessment of Driving-Related Skills (ADReS) (Cont.)

- Step by step instructions for administration of each subtest within the key functional areas of the ADReS are covered in detail in Chapter 3 of the guide.



# What do you do next?

- If the patient performs well on all three sections of the ADReS battery, you may advise him/her that there are no medical contraindications to safe driving and there is no need for further work-up or treatment.
- If the patient performs poorly on any section of ADReS, but the causes of poor performance are medically correctable, pursue medical treatment until the patient's function has improved to the fullest extent possible.

## What do you do next? (Cont.)

- The patient may need to be counseled to limit driving as treatment proceeds. Assess the patient's level of improvement with repeat administration of ADReS. If the patient now performs well on all three sections of the ADReS battery, counsel him/her on health maintenance.
- If the patient's poor performance on the ADReS battery cannot be medically corrected, or if the patient's function shows no further potential for improvement with medical interventions, refer him/her to a DRS.

# What do you do next? (Cont.)

- The ADReS battery is useful as an in-office assessment, but it does not evaluate the patient's performance in the actual driving task, and the results even if abnormal are not sufficient to recommend driving cessation.
- For this, an on-road assessment performed by a DRS is needed. The DRS can more specifically determine the patient's level of driving safety and correct his/ her functional impairments, if possible, through adaptive techniques or devices.

# Driver Rehabilitation Specialist (DRS)

- **What is a driver rehabilitation specialist?**
  - A DRS is one who “plans, develops, coordinates and implements driving services for individuals with disabilities.”
  - DRS’s are often occupational therapists who undergo additional training in driver rehabilitation.
  - Aside from occupational therapy, DRS’s also come from backgrounds such as physical therapy, kinesiotherapy, psychology, and driver education.



# Driver Rehabilitation Specialist (DRS)

- Despite your medical interventions, your patients will sometimes continue to demonstrate functional impairments that may impair their driving performance.
- In these cases, a DRS is an excellent resource. A DRS can perform a more in-depth functional assessment and evaluate performance with an actual driving task.
- Based on the patient's performance, the DRS can recommend that he/she continue driving with or without further restrictions or interventions, recommend adaptive techniques and devices to overcome functional deficits, or recommend that the patient cease driving and offer mobility counseling.

# DriveWell Michigan

Adult and Teen Driving School  
Certified by the State of Michigan

**DriveWell Michigan** is a community based driver rehabilitation agency serving Southwest Michigan. Individuals who are experiencing difficulties with driving, or are currently unable to drive, are appropriate for this program.



# DriverWell Michigan

## Adult and Teen Driving School

- **We serve:**
  - New adult drivers with disabilities
  - New younger drivers with disabilities
  - Seniors with age related concerns
  - Individuals returning to driving after injury or illness

# DriveWell Michigan

## Adult and Teen Driving School

- Develop a community mobility action plan
- Determine the ability to drive safely
- Get a formal driving evaluation from a Licensed Occupational Therapist/Certified Driving Rehabilitation Specialist (CDRS)
- Develop routes that can be driven safely
- Become familiar with, and confident using transportation alternatives BEFORE one needs to retire from driving

# DriveWell Michigan

## Adult and Teen Driving School

- A Licensed Occupational Therapist can help a person with physical, visual, and cognitive conditions, plan an appropriate community mobility action plan tailored to their needs
- Develop a list of area agencies that can assist with future transportation needs using the 5 A's of senior-friendly transportation
- Seek help from professionals or local community agencies to support the need for appropriate transportation in one's community

# DriveWell Michigan

## Adult and Teen Driving School



### Referrals

- Self Referrals
- Physician Referral
- Family Member
- Insurance Company
- Local & Government Agencies

# DriveWell Michigan

## Adult and Teen Driving School

- **COST**

- The cost of each individual's program will vary, depending on the specific services needed and number of hours required for evaluation and training
- **DriveWell Michigan** can help determine if insurance or other financial coverage is available
- **DriveWell Michigan** accepts cash, check, and all major credit cards

# DriveWell Michigan Adult and Teen Driving School





# Additional Information

- Also in the guide-
  - Counseling the Patient Who Is No Longer Safe to Drive
  - Ethical and Legal Responsibilities of the Physician
  - State Licensing and Reporting Laws
  - Medical Conditions and Medications That May Affect Driving
  - CPT codes
  - Printable and reproducible caregiver and patient handouts and resources
  - Continuing Medical Education Questionnaire and Evaluation