Medical Advisory Board

Minutes

November 1, 2019 12:00 – 2:45 PM

1. Call to Order: MAB Chair, John Taylor
   1. Present: John Taylor, Patrick Keaney, Robert Lodato, Thomas Morrione, Linda Schumacher-Feero, Mary Tibbetts, Thea Fickett, Linda Grant
   2. Attended by Phone: Frederick Goggans
   3. Guest attendees: Thomas Meuser and Christopher Delenick From University of New England
   4. Absent: Eileen Fingerman, Gene Giunti, Larry Boivin, Dawna Dostie
   5. Resignation: Cardiologist, Sourbha Dani, is moving out of state
      1. Members were asked to recommend cardiology candidates for consideration by the Secretary of State
2. Introductions Group
   1. New member – Mary Tibbetts, Psychiatrist
3. Approval of Minutes John Taylor
   1. April 5, 2019 meeting minutes were accepted without change
4. Review of Cases Thea Fickett
   1. Case 1 – 73 y/o male with diagnosis of MCI or Dementia, MOCA score 22. The concerned citizen making report brought up issues relevant to the FAP and medical review process. Some of her observations were incorrect but the Deputy Secretary of State, Patty Morneault, requested that they be discussed by the MAB. Concerns included the medical review process, clinician rights vs driver rights in reporting (there is protection for the clinician but no protection for the driver to prevent suspension when a clinician reports), mandatory reporting vs driver obligation for reporting (this is not fair as only honest people report), the process targets older citizens because they have more medical conditions, where are statistics to show the correlation between conditions and risk for driving safely
      1. Board members agreed that more data would be helpful in looking at the correlation between medical conditions and risk of unsafe driving. They requested that funding be obtained to get the data to inform them in making recommendation for the FAP; to enable defense of their position. Currently, FAP guidelines are based on best practice, expertise of board members, and literature review
      2. Physician residents “in training” may sign CR-24’s as they are licensed
   2. Case 2 – 75 y/o male with sleep apnea, had not been using CPAP and needed new work up. This case highlights sleep apnea issues for drivers with old equipment and no capacity for download, having trouble using their equipment, waiving in from out of state, etc. This case resulted in 10 telephone calls between BMV and 3 different doctor’s offices over a period of months while the driver was waiting for his license to be processed. Based on a letter from the clinician, BMV allowed this person to drive and they were given temporary licenses while the workup was completed
      1. OSA subcommittee might consider adding language to a profile description regarding drivers who need further workup but are safe to drive in the opinion of their clinician. Consider describing a process in the FAP allowing time for drivers to complete a workup, possibly 3-4 months in most parts of Maine
      2. Consider whether BMV can share driving record with clinician since this is one factor in determining an appropriate profile level
5. New business:
   1. Cognitive testing and community resources Group Discussion
      1. Guest: Thomas Meuser, PhD, Director, Center for Excellence in Aging and Health, University of New England. His background included working with the Missouri licensing agency. His PowerPoint slide show included statistics about medical review in Missouri; differential diagnosis of dementia, older drivers and cognitive testing; the value of DOSCI as a screening tool and its ability to predict failure of road testing. Missouri licensing agency used the Short Blessed cognitive screen on a trial basis, but the practice was not adopted in part because the staff were not medically trained. Jurisdictions need to determine whether they are restricting people that need to be restricted without restricting unnecessarily. UNE has graduate students that are looking for research projects and they would be interested in working with BMV to review relevant data
      2. Guest: Christopher Delenick, OTR/L, Clinical Instructor, University of New England, Westbrook College of Health Professions Health, Wellness and Occupational Studies. He described the benefits of functional evaluations by occupational therapy when there is concern about at-risk drivers. OT can evaluate people when there are flags for cognitive impairment
      3. When there is concern for cognitive status and the ability to safely operate a motor vehicle, clinicians might use validated cognitive screening tests such as Trail Making, MAZE, etc.
      4. The role of BMV in cognitive screening could include piloting DOSCI at license renewal. (It is also appropriate for law enforcement.) DOSCI is a validated screening tool that is very short and easy to perform and does not require medical expertise. If a driver is at risk based on DOSCI, BMV could recommend further cognitive screening by their clinician; using Trail Making Test, Useful Field of View, or MAZE
   2. Vision and Medical Review Statistics Review Thea Fickett
      1. Medical Review Statistics
      2. Vision Statistics
         1. Best Eye Report:
         2. Vision Detail:
      3. Medical review statistics were compared with Missouri data presented by Dr. Thomas Meuser. It was noted that the Maine statistics in his Power Point presentation may not reflect current trends due to some of his assumptions in interpreting and due to very small sample size. Missouri licensing agency very rarely utilized their MAB; their medical reviews were used primarily to delicense drivers. Their evaluation form is very detailed
      4. Members would like BMV to gather data to help identify where FAP changes are needed and appropriate. Crash data are not tied to medical review in any way, so this will be a challenge.
   3. Letter from Dr. Lodato regarding case (JV) Group Discussion
      1. After further discussion of the OSA and narcolepsy evaluations, and following further review of the workup, Dr. Lodato is comfortable with the MAB rationale. There is nothing in the FAP to prevent him driving and he was put on notice that future crashes may jeopardize his driving privileges.
         1. Future FAP revisions could include indexing that looks at multiple conditions, complexity, frailty, etc.
6. Old business:
7. Summary of FAP Concerns – Update Thea Fickett
8. Functional Ability Profiles Thea Fickett
   * 1. Current Committee Assignments
        1. Chronic Pulmonary Disease – Patrick Keaney, not started yet
        2. Dementia – Thomas Morrione, in process
        3. Hypoglycemia – Robert Lodato, complete
        4. Medical Other – John Taylor, not started yet, needs to include polypharmacy
        5. Mental Health - Mary Tibbetts, not started yet
        6. Musculoskeletal & Neurological – Gene Giunti, not started yet, establishing group members
        7. Narcolepsy – Patrick Keaney, not started yet
        8. Sleep Apnea – Patrick Keaney, not started yet
        9. Substance Use Disorder and Prescription Medications – Frederick Goggans, scheduled to meet in January, group members will also include, Mark Publicker, Eileen Fingerman, Janis Petzel
        10. Seizures/Epilepsy – John Taylor, not started yet
        11. Unexplained Alteration/Loss of Consciousness – John Taylor, not started yet
        12. Vision Disorders – Linda Schumacher-Feero, in process, nearly complete
     2. Remaining assignment
        1. Cardiac Conditions – Recruiting new cardiologist, not started yet
9. BMV Road Test Thea Fickett
   * 1. Description will be included in the revised FAP appendix and may be referred to in any of the FAP condition sections
10. Website updates
    * 1. Description of BMV road test will be posted to the website
      2. 2019, 4th Edition of “Clinician’s Guide to Assessing and Counselling Older Driver’s”, will be added to the website
11. LD 49 Update – “An Act Regarding the Designation of Traumatic Brain Injury on Driver’s Licenses and Non-driver Identification Cards” Linda Grant
    * 1. This became effective January 1, 2020, still working out the details but probably will require neurologist signature on a form and then BMV will issue a non-driver’s license, non-identification card saying the person has a TBI
12. LD 436 Update – “Resolve, Directing the Secretary of State to Review Standards for Vision Tests” Linda Grant
    * 1. This was voted “out not to pass”, but the Transportation Committee made a request that the Department of the Secretary of State work with relevant stakeholders to determine if there were viable solutions to address concerns, and then report progress to the committee. This will be presented to the committee after the new year Linda Grant
13. Open Discussion
    1. Three parties have contacted BMV with interest in joining or assisting the MAB. Per statute, required seats are designated for physicians and certain specialties, although the MAB may recommend the addition of other specialists. Per group consensus, there is no need for additional seats in the area of Occupational Medicine or Preventive Health currently. If needed, these individuals could be called upon to work in an ad hoc capacity. Interested parties include:
       1. Kenji Saito, MD, Chair Medical Specialties, Medical Director, Workplace Health, Wellness & EAP, Regulatory Liaison, MaineGeneral Health. Also, he is an assistant professor at Dartmouth College, UNE and University of Pennsylvania. He would like to supervise students in analyzing crash reports and known medical conditions for Maine drivers, in the hope this would help improve understanding of the health effects of conditions on the functional status of drivers in Maine
       2. Raymond Hicks, MD, MPH, MSc, Board Certified Public Health Examiner, works in occupational and environmental health at MaineGeneral Medical Center’s Workplace Health. He would like to join MAB and offer expertise from the perspective of CDL Medical Examiner.
       3. Thomas Meuser, PhD, UNE, whose background and interest are described above
    2. Considerations if BMV were to work with outside entities:
       1. Confidentiality agreements would be needed
       2. Students would need training in internal BMV systems
       3. Arrangements should be sustainable
       4. Determine if data is qualitative or quantitative
       5. Considerations should include what data are available, what are the processes involved, what data are valued, how can data be linked to outcomes
       6. Research needs to educate BMV regarding specific medical conditions and risk for driving
       7. Communication is needed between investigators and MAB
       8. Awareness of competing interests between Highway Safety, Public Safety, BMV which complicate data
       9. Availability of NHTSA funds (Missouri utilized NHTSA funds)
14. Assignments:
    1. Find cardiologist to fill vacant seat – Thea Fickett
    2. FAP leadership
       1. Chronic Pulmonary Disease – Patrick Keaney
       2. Dementia – Thomas Morrione
       3. Medical Other (needs to include polypharmacy) – John Taylor
       4. Mental Health - Mary Tibbetts
       5. Musculoskeletal & Neurological – Gene Giunti
       6. Narcolepsy – Patrick Keaney
       7. Sleep Apnea – Patrick Keaney
       8. Substance Use Disorder and Prescription Medications – Frederick Goggans,
       9. Seizures/Epilepsy – John Taylor
       10. Unexplained Alteration/Loss of Consciousness – John Taylor
       11. Vision Disorders – Linda Schumacher-Feero
       12. Cardiac Conditions – Recruiting new cardiologist
    3. Add to FAP narrative the availability of Occupational Therapy Comprehensive Driving Evaluation as a resource option, which may be appropriate is some situations – Dementia and other subcommittees as appropriate
    4. Include polypharmacy in FAP revisions. Word this carefully as we don’t want to create a “catch all” category. Wording should include, “Use this FAP only if not described elsewhere” – John Taylor and subcommittee
    5. Create an index for the “Medical – Other” FAP that looks at cases where there are multiple conditions, complexity, frailty, etc., to use when reviewing cases where no single FAP will justify suspension, but there is a real concern for unsafe driving – John Taylor and subcommittee
    6. Sleep apnea FAP revision could consider adding “condition under investigation” language to profile level description, allowing additional time (maybe 3-4 months) for a workup – Patrick Keaney
    7. Determine if BMV can share crash history with clinicians completing CR-24 for sleep apnea or other relevant conditions (e.g. SUD, Narcolepsy) – Thea Fickett
    8. Send current Seizure/Epilepsy and Unexplained AOC/LOC Word documents to John Taylor – Thea Fickett
    9. E-mail the PowerPoint by Dr. Meuser to board members – Thea Fickett
    10. Add road test description to website – Thea Fickett
    11. Add 2019, 4th Edition, “Clinician’s Guide to Assessing and Counselling Older Driver’s” to website – Thea Fickett
    12. Respond to parties interested in joining or assisting the MAB – Thea Fickett
15. Parking Lot:
    1. Research is needed to inform MAB regarding correlation between crashes and specific medical conditions
    2. Consider outside resources such as UNE or MaineGeneral to assist in compiling and analyzing statistics
       1. Considerations for review of statistics might include:
          1. Confidentiality agreements would be needed
          2. Students would need training in internal BMV systems
          3. Arrangements should be sustainable
          4. Determine if data is qualitative or quantitative
          5. Considerations should include what data are available, what are the processes involved, what data are valued, how can data be linked to outcomes
          6. Research needs to educate BMV regarding specific medical conditions and risk for driving
          7. Communication is needed between investigators and MAB to inform FAP revisions
          8. Awareness of competing interests between Highway Safety, Public Safety, BMV which complicate data
          9. Availability of NHTSA funds (Missouri utilized NHTSA funds)
    3. Consider trial of DOSCI at time of license renewals
16. Meeting Schedule:
17. Next Meeting Dates: Friday, April 3, 2020 and November 6, 2020
18. From: 12:00 – 3:00 PM
19. Location: Executive Conference Room
20. Adjournment: 2:45 PM

Meeting Handouts:

1. Agenda

2. Minutes: April 4, 2019 meeting

3. Letter from Dr. Lodato regarding old case review (JV)

4. Summary of FAP concerns update

5. Road test description

6. Medical Review Statistics

7. Vision Statistics

8. Case reviews (2)

9. Mileage reimbursement forms