

National Highway Traffic Safety Administration (NHTSA)
& East Carolina University (ECU)

Cooperative Agreement: DTNH2217H00005

In collaboration with

NC Governor's Highway Safety Program:

***Demonstration Project Promoting Highway
Safety Program Guideline #13
2017-2021***

Presentation to North Carolina's
Executive Committee for Highway Safety

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NC Senior Driver Safety Coalition/Older Driver Working Group

HSP Guideline #13: OLDER DRIVER SAFETY

- I. Program Management
- II. Roadway Design for Older Driver Safety
- III. Driver Licensing (Medical Review Unit)**
- IV. Medical Providers**
- V. Law Enforcement**
- VI. Social and Aging Service Providers**
- VII. Communication Program
- VIII. Program Evaluation and Data

Objectives:

1. Expand on the GHSP's priorities to reduce older driver fatalities and injuries from crashes.
2. Improve communication and collaboration between driver licensing, medical providers, law enforcement, and aging and social services.
3. Develop and implement educational opportunities for our key groups for the medically-at-risk older drivers.

Older Drivers

- Generally safer; avoiding risks
- Fatalities increase after age 70
 - Frailty and fragility
 - With increased age – increased medical conditions
- Driving Privilege based on Function – not Age
 - DMV driving test – control of the vehicle & rules of the road
 - Not designed to determine *fitness to drive*



Medically-at-Risk Driver

- Individuals with medical conditions that may affect driving
- Medical professional needs to determine ***fitness to drive***
 - Comprehensive Driving Evaluation
 - Clinical assessment in motor, sensory, perceptual and cognitive
 - On the road – most ecologically valid assessment
 - Driving rehabilitation specialist/occupational therapist



Medical Review Unit

Mission is to evaluate the driving fitness of individuals who suffer from conditions that adversely affect their ability to safely operate a motor vehicle.

- *A comprehensive driving evaluation:* Requested or recommended
 - Only 5 DRS in NC & none in the eastern NC
 - Complicates and lengthens the process of completing the review.

This project will not address the MRU process directly – but

Support the process through education & communication

Include strategies for transitioning and transportation planning - not just about the “test”.

Overall Plan:
5 Strategies over 4 Years

Demonstration City:
Greenville



Spectrum of Driver Services: Right Services for the Right People at the Right Time

A description consumers and health care providers can use to distinguish the type of services needed for an older adult.



	COMMUNITY-BASED EDUCATION		MEDICALLY-BASED ASSESSMENT, EDUCATION AND REFERRAL		SPECIALIZED EVALUATION AND TRAINING
Program Type	Driver Safety Programs	Driving School	Driver Screen	Clinical IADL Evaluation	Driver Rehabilitation Programs (Includes Driver Evaluation)
Typical Providers and Credentials	Program specific credentials (e.g. AARP and AAA Driver Improvement Program).	Licensed Driving Instructor (LDI) certified by state licensing agency or Dept. of Education.	Health care professional (e.g., physician, social worker, neuropsychologist).	Occupational Therapy Practitioner (Generalist or Driver Rehabilitation Specialist). Other health professional degree with expertise in Instrumental Activities of Daily Living (IADL).	Driver Rehabilitation Specialist*, Certified Driver Rehabilitation Specialist*, Occupational Therapist with Specialty Certification in Driving and Community Mobility*.
Required Provider's Knowledge	Program specific knowledge. Trained in course content and delivery.	Instructs novice or relocated drivers, excluding medical or aging conditions that might interfere with driving, for purposes of teaching / training / refreshing / updating driving skills.	Knowledge of relevant medical conditions, assessment, referral, and / or intervention processes. Understand the limits and value of assessment tools, including simulation, as a measurement of fitness to drive.	Knowledge of medical conditions and the implication for community mobility including driving. Assess the cognitive, visual, perceptual, behavioral and physical limitations that may impact driving performance. Knowledge of available services. Understands the limits and value of assessment tools, including simulation, as a measurement of fitness to drive.	Applies knowledge of medical conditions with implications to driving. Assesses the cognitive, visual, perceptual, behavioral and physical limitations that may impact driving performance. Integrates the clinical findings with assessment of on-road performance. Synthesizes client and caregiver needs, assist in decisions about equipment and vehicle modification options available. Coordinates multidisciplinary providers and resources, including driver education, health care team, vehicle choice and modifications, community services, funding / payers, driver licensing agencies, training and education, and caregiver support.
Typical Services Provided	<ol style="list-style-type: none"> 1) Classroom or computer based refresher for licensed drivers: review of rules of the road, driving techniques, driving strategies, state laws, etc. 2) Enhanced self-awareness, choices, and capability to self-limit. 	<ol style="list-style-type: none"> 1) Enhance driving performance. 2) Acquire driver permit or license. 3) Counsel with family members for student driver skill development. 4) Recommend continued training and / or undergoing licensing test. 5) Remedial Programs (e.g., license reinstatement course for teens / adults, license point reduction courses). 	<ol style="list-style-type: none"> 1) Counsel on risks associated with specific conditions (e.g., medications, fractures, post-surgery). 2) Investigate driving risk associated with changes in vision, cognition, and sensory-motor function. 3) Determine actions for the at-risk driver: <ul style="list-style-type: none"> • Refer to IADL evaluation, driver rehabilitation program, and / or other services. • Discuss driving cessation; provide access to counseling and education for alternative transportation options. 4) Follow reporting / referral structure for licensing recommendations. 	<ol style="list-style-type: none"> 1) Evaluate and interpret risks associated with changes in vision, cognition, and sensory-motor functions due to acute or chronic conditions. 2) Facilitate remediation of deficits to advance client readiness for driver rehabilitation services. 3) Develop an individualized transportation plan considering client diagnosis and risks, family, caregiver, environmental and community options and limitations: <ul style="list-style-type: none"> • Discuss resources for vehicle adaptations (e.g., scooter lift). • Facilitate client training on community transportation options (e.g., mobility managers, dementia-friendly transportation). • Discuss driving cessation. For clients with poor self-awareness, collaborate with caregivers on cessation strategies. • Refer to driver rehabilitation program. 4) Document driver safety risk and recommended intervention plan to guide further action. 5) Follow professional ethics on referrals to the driver licensing authority. 	<p>Programs are distinguished by complexity of evaluations, types of equipment, vehicles, and expertise of provider.</p> <ol style="list-style-type: none"> 1) Navigate driver license compliance and basic eligibility through intake of driving and medical history. 2) Evaluate and interpret risks associated with changes in vision, cognition, and sensory-motor functions in the driving context by the medically trained provider. 3) Perform a comprehensive driving evaluation (clinical and on-road). 4) Advise client and caregivers about evaluation results, and provides resources, counseling, education, and / or intervention plan. 5) Intervention may include training with compensatory strategies, skills, and vehicle adaptations or modifications for drivers and passengers. 6) Advocate for clients in access to funding resources and / or reimbursement. 7) Provide documentation about fitness to drive to the physician and / or driver-licensing agency in compliance with regulations. 8) Prescribe equipment in compliance with state regulations and collaborate with Mobility Equipment Dealer[^] for fitting and training. 9) Present resources and options for continued community mobility if recommending driving cessation or transition from driving. <p>Recommendations may include (but not restricted to): 1) drive unrestricted; 2) drive with restrictions; 3) cessation of driving pending rehabilitation or training; 4) planned re-evaluation for progressive disorders; 5) driving cessation; 6) referral to another program.</p>
Outcome	Provides education and awareness.	Enhances skills for healthy drivers.	Indicates risk or need for follow-up for medically at-risk drivers.		Determines fitness to drive and provides rehabilitative services.

#DRS – Health professional degree with specialty training in driver evaluation and rehabilitation. *CDRS – Certified Driver Rehabilitation Specialist-Credentialed by ADED (Association for Driver Rehabilitation Specialists). +SCDCM – Specialty Certified in Driving and Community Mobility by AOTA (American Occupational Therapy Association).

[^]Quality Approved Provider by NMEDA (National Mobility Equipment Dealers Association).

Spectrum of Driver Services: Right Services for the Right People at the Right Time

A description consumers and health care providers can use to distinguish the type of services needed for an older adult.



AOTA® The American Occupational Therapists' Association, Inc.

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Typical	1) Classroom	1) Enhance	1) Counsel on risks associated	1) Evaluate and interpret risks as-	Programs are distinguished by complexity of evaluations,

Increase access to CDE

Improve access for medically at risk older drivers to obtain get a comprehensive driving evaluation.

Model Program: Occupational therapists collaboration with driving instructors.

- Develop education materials and process;
- Implement as 1-2 day workshop;
- Evaluate
- Consider state-wide



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Education for Medical Providers

- Education and communication needs to be improved:
 - Medical review objectives and procedures
 - Transition services
- Three types of providers will be targeted *comprehensive driving evaluations*:
 - Primary care providers (e.g., general practice physicians, PAs, nurse practitioners, geriatricians)
 - Specialty practice (e.g., physiatrists, neurologists)
 - Occupational therapy practitioners

Law Enforcement

- Law enforcement is a major referral source for the medical review.
- State Highway Patrol has been active in ODWG
- The Law Enforcement Academy – now educates most law enforcement
 - Opportunity to develop educational module
- Need to engage local law enforcement

Aging & Social Services: Education & Collaboration

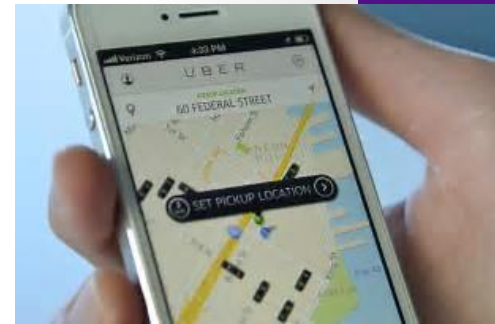
Key stakeholders:

- social workers;
- senior center staff;
- medical office managers;
- AAA staff

Two key agencies:

- Area Agencies on Aging –
- Area Health Education Centers – (AHEC)

Strategies to Increase Transportation



Education Strategy of the *Transportation Plan*

- Using the aging and social services as venues,
- Materials also developed,
- Develop specialized and targeted messages to make transportation plans.

Pilot program for true door-to-door services.

- Identify services that would provide beyond curb-to-curb services.
 - Uber, Taxi, Lyft, faith-based services
- Train older adults to use smart phones for services



Thank you for your attention!

Questions?

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