

Canadian Perspectives: Evolution of the National Strategy Research: A View from North of the 49th

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Research: A View from the North

1. Medically At-Risk Drivers: A Framework for Licensing Decisions
 - Collaborative project (OSMV/BCMA, University of Alberta-Dobbs) to revise the BC Guide for Physicians in Determining Fitness to Drive a Motor Vehicle
2. The Medically At-Risk Driver: Engaging the Health Care Community
 - Continuing Medical Education for Physicians/Health Care
 - Electronic Medical Reporting
3. After the Keys Are Gone: Support for Individuals and Families Living With Loss of License

Medically At-Risk Drivers: A Framework for Licensing Decisions

(Dobbs & Dobbs, 2002; 2005)

- Medical guidelines/consensus conference statements and in-car driver testing procedures lack universal applicability across all medical conditions.
- Need for a method of categorizing medical conditions that would point the way toward effective assessment protocols and guide the search for best practice procedures.
- Categorizing medical conditions in terms of the *temporality and predictability* of the potentially impairing outcome provides an effective framework.

Two Categories of Medical Condition Outcomes Chronic vs. Acute Outcomes

- Group medical conditions in terms of whether the outcome relevant for driving is a *chronic*, relatively stable, ongoing impairment or an *acute* debilitating event.
- Distinction fundamental to defining best practice for evaluations of medical fitness-to-drive.
- What *needs to be evaluated* and the *nature of the evidence* is distinctly different for Acute and Chronic categories of outcomes.



Best Practice Framework (Dobbs & Dobbs, 2005)

Sporadic Debilitating Events

(e.g., seizure, hypoglycemic episodes, acute MI, narcolepsy)

Chronic Outcomes

(e.g., dementia, COPD, Diabetes Mellitus, Head Injury, Stroke)

No question about driving ability when the event occurs

Assessment question is the **likelihood** of the event

No question about the event- it is ongoing

Assessment question is the **ability** of the driver

Judgment about the risk level.

Stable illness outcome is **measurable**

Science unlikely, **consensus guidelines** = Best Practice

Science is possible, **science based evidence** = Best Practice



Acute Effects

(e.g., epileptic seizure, hypoglycemic reaction)

- With acute effects, event is **sporadic and unpredictable**
- Event \Rightarrow Incompetent to drive
- Licensing decisions
 - Cannot be based on direct measurement
 - Must be policy based (expert panel decisions, calculated relative risk)
- Consequences
 - Variability within and across jurisdictions (epilepsy is a good example)

Chronic Effects (dementia, diabetes, COPD, etc.)

- By definition, effects are more enduring
- Relatively predictable and stable
- Impact on driving *measurable*
- Decisions about driving can be based on *individual performance* (e.g., *functional ability*) rather than estimates of risk

1. Collaborative Project (OSMV, BCMA, University of Alberta-Dobbs)

- Revise the BC *Guide for Physicians in Determining Fitness to Drive a Motor Vehicle*
- Key Foundation: Updating of the Dobbs report
- New Dobbs Report chapters
 - Functions needed for driving
 - Current reporting legislation
 - Current protocols for identifying and assessing medically at-risk drivers
 - Compensation
- Results of Dobbs report will be incorporated into the BC Guide
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Office of the Superintendent of Motor Vehicles

Ministry of Public Safety and Solicitor General

The Medically At-Risk Driver: Engaging the Health Care Community

- Physicians well placed to play an active role
- Lack of physician knowledge re: reporting policies and procedures or about evaluation of fitness-to-drive a major barrier
- Continuing medical education (CME) courses for *practicing* physicians focused on the medically at-risk driver needed (Dobbs & Dobbs, 2006)



2. Continuing Medical Education Curriculum for the Medically At-Risk Driver (The Pallium Project)



Module based course

- Best Practice guiding principles
- Removing barriers to physician participation
- Physician's toolkit
- Communication strategies

Continuing Medical Education Curriculum for the Medically At-Risk Driver

Difficult
Conversations



Continuing Medical Education Curriculum for the Medically At-Risk Driver

- After The Keys Are Gone: For Health Care Professionals

Engaging the Health Care Community

2. Electronic Medical Reporting

- Driver Fitness and Monitoring (Alberta) moving towards electronic medical reporting
- Exploring opportunities for a collaborative research project between government and the University of Alberta to measure outcomes

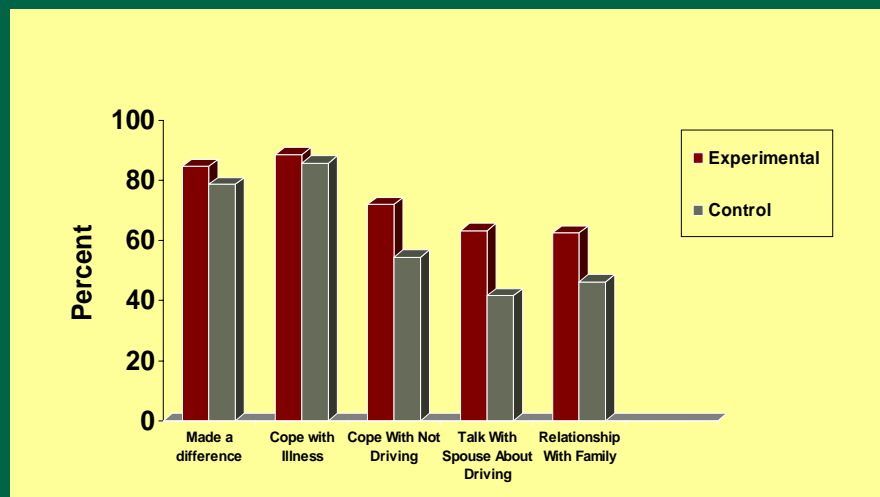
After the Keys Are Gone: Support for Individuals and Families Living With Loss of License

- Loss of license associated with life altering event (medical condition)
- Consequences often negative for individual and family (reductions in mobility, independence, feelings of self-worth, etc.)
- Difficult for DMV personnel, physicians, etc.
- Little in the way of support

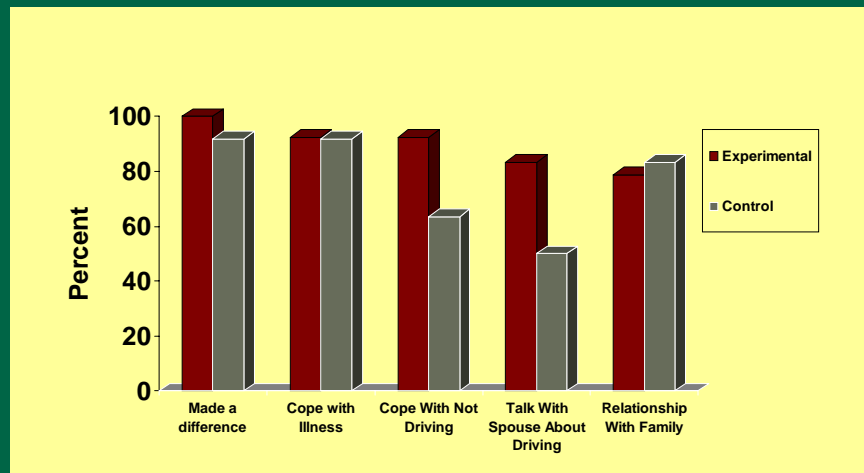
Driving Cessation Support Groups

- Support groups focusing on the driving issue developed and tested over two years (funding from Alzheimer Canada)

Feedback from Individuals with Dementia



Feedback from Caregivers



Support Group Participants



Need for Support Groups



Conclusions from Support Groups Next Steps

- Specialized support groups particularly effective for early stage dementia individuals and their caregivers in dealing with issues related to driving cessation
- Effective in other areas (quality of life, communication)
- Implementing on an ongoing basis in April, 2006
- Important resource for stakeholders (Driver Fitness and Monitoring – notices about groups in communications with clientele)