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ALERT

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SPECIALISTS AID IN ASSESSING DRIVER ABILITY

The following article co-authored by Stephen Buckley, Director of the Medically At-Risk Driver program with Oregon Driver Education Center, Inc., (ODEC), and ODEC President Don Crites, was written to help physicians comply with Oregon's Medically At-Risk Driver law—HB 3071.

The responsibility of physicians and other health care providers to manage the health and well-being of patients has moved to a new level with the implementation of HB 3071. Although patients and family members have looked to their physician to help make important life-changing decisions, the issue of assessing driving ability now has the force of law. Although doctors are immune from civil liability associated with making the report, provided the report is made in good faith, moral and ethical responsibilities remain. Consider the following facts and statistics:

- Fatality rates for Oregonians age 70 and over are more severe than that of teen drivers.
- Involvement in fatal crashes for older drivers increased 20.5 percent from 1991 to 1999.
- Though they account for 10.5 percent of Oregon's population, older drivers accounted for over 14 percent of all driver fatalities in 1999.
- Drivers 70 and older are six times more likely to die in a crash than those age 25–69, and over 2.5 times more likely to be involved in a fatal crash than those age 25–69.
- Persons with cognitive impairments are over seven times as likely to have a car crash.
- In 1997, 2,372 drivers were referred to Oregon's DMV Medical Re-examination program. Seventy-five percent of those drivers were over the age of 66.
- Oregon is projected have the fourth highest proportion of elderly by 2025—an annual increase of 0.46 percent.

The fact that the law does not discriminate according to an individual's diagnosis creates a challenge for health care professionals given the responsibility of completing "Mandatory Impairment Referrals" (DMV Form 7230). The question as to whether the cognitive or functional impairment is "severe and uncontrollable" to the extent that it "cannot be corrected by medication, therapy and/or surgery, and not correctable by driving device and/or technique" is often difficult to assess within the clinical setting.

Decisions that involve a major life change are never easy. Consider the following examples:

A 67-year-old patient with Type II diabetes mellitus and hypertension mentions to you that she hit a stop sign while performing a right-hand turn a week ago. She was uninjured and has felt anxious about driving since the episode. If she asks you if she should stop driving, what would you say?

A 74-year-old male with hypertension and congestive heart failure comes to see you because he had felt “light headed every now and then” for the past few weeks. While listening to his heartbeat you notice it to be irregular. After a thorough exam you order some lab tests to determine the cause of his arterial fibrillation. As you discuss his follow-up appointment for the following week, he mentions he will be unavailable because he is leaving on a three-day road trip to visit his son and new grandchild that same week. What would you do?

Age, by its sheer nature, eventually diminishes our capacity in one form or another. The decision to further reduce independence is not taken lightly and every effort should be taken to increase quality of life, not diminish it. Studies have shown that the quality of life tends to diminish and depression sets in once an individual loses his or her ability to drive.

The American Medical Association (AMA) recommends the services of a Driver Rehab Specialist (DRS) to aid in the evaluation process. A Driver Rehab Specialist can evaluate a client’s driving skills through an on-road assessment as well as evaluate the client’s vehicle and recommend adaptive equipment and/or driving techniques, to enhance the client’s comfort and driving safety.

Local resources can be difficult to find. Oregon Driver Education Center, Inc. (ODEC) employs Driver Rehab Specialists who are also state certified driving instructors able to assess driving ability and recommend adaptive equipment and/or modifications to driving habits. Following a 90-minute in-car appraisal, the referring physician is provided with a written assessment. Drivers are asked to perform a variety of driving tasks in increasingly complex driving environments. Driver attitude, endurance, visuospatial responses, judgment and problem solving ability, physical limitations, general awareness and observations, and overall aptitude are included in the seven-page report. ODEC specialists also utilize adaptive equipment as needed for physically impaired individuals.

The cost of the initial assessment is \$165. In some cases the costs are absorbed by the state’s Workers’ Compensation or Vocational Rehabilitation programs. Unfortunately, many older drivers don’t qualify for either program, and insurance coverage from Medicare, Medicaid, and private insurance companies is variable. Advisably, each patient should check with his or her individual insurance provider if a driving assessment is required.

Oregon law requires health care providers, in all Oregon counties, to report to Driver and Motor Vehicle Services (DMV) patients whose ability to safely operate a motor vehicle is impaired due to vision, physical ability or cognitive ability.

For information concerning the Medically At-Risk Driver law, please refer to the following links:

AMA Physician’s Guide to Assessing and Counseling Older Drivers
<http://www.ama-assn.org/ama/pub/category/10791.html>

Division 74 Mandatory Reporting Rules
http://www.odot.state.or.us/rules/pdfs/20030521/A_Text_AtRisk.pdf

DMV site for the Medically At-Risk Driver program
<http://www.oregondmv.com/DriverLicensing/atriskquestions.htm>

The Association For Driver Rehab Specialists
<http://www.driver-ed.org/i4a/pages/index.cfm?pageid=1>

Mandatory Impairment Referral Form 7230
<http://www.odot.state.or.us/forms/dmv/7230.pdf>

OMA’s Older Driver Safety and Medically At-Risk Driver webpage
<http://www.theoma.org/Page.asp?NavID=164>

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