UVM Project ECHO
Dementia Diagnosis and Care for the Primary Care Team

Course Directors: Mary Val Palumbo, DNP, APRN, GNP-BC & John Steele Taylor, MD
ECHO Director: Patti Smith Urie

Series Faculty:
Heather Zuk, OTR, CRS, CDI
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Didactic presentation is recorded. Registered participants will receive the link.

Session Agenda

- Welcome
- Objectives
- Didactic Presentation (20-30 min)
  - Q&A
- Case presentation(s)
  - Clarifying questions
  - Discussion
- Closing Announcements
  - Topic and cases for next session
  - Feedback and evaluation

ECHO Model: All Teach, All Learn

Cohort-based learning on ZOOM

- Have your camera on as much as possible, especially when joining the meeting and during discussions
- Questions and comments are welcome – use the “raise hand” feature or put them in the chat
- This is not a webinar! Participation is key

Case-based learning

- 1-2 participant cases each session using provided template
- Contact Mary Val Palumbo to present a case

Series Objectives

Learning objectives for this ECHO series include the ability to:

1. Describe the current standard of care for screening, diagnosis, treatment, and care of patients with cognitive impairment, AD and other dementias
2. Identify resources for family caregivers including caregiver supports and assistance in management of caregiver stress
3. List non-pharmacological and pharmacological approaches to delay disease progression and manage behavioral issues, including adverse effects
4. Discuss Vermont-specific rules regarding driving, guardianship, and the benefits and process for Advance Directives

CMIE Disclosures

In support of Improving patient care, The Robert Larner College of Medicine at The University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

The University of Vermont designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)™.* Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This program has been reviewed and is acceptable for up to 1.5 Nursing Contact Hours.

As a Jointly Accredited Organization, The Robert Larner College of Medicine at the University of Vermont is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. The University of Vermont maintains responsibility for this course. Social workers completing this course receive 1.5 general continuing education credits.

This activity was planned by and for the healthcare team, and learners will receive 1.5 Interprofessional Continuing Education (IPCE) credit for learning and change.

CMIE Disclosures

Interest Disclosures: As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.

Meeting Disclaimer: Regarding materials and information received during this educational event, the views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of the University of Vermont.

Dementia and Driving

September 28, 2023

Heather Zuk, OTR/L, CDRS, CDI

UVM Medical Center – Fanny Allen Campus, Rehabilitation Therapies

Colchester, VT

Heather.zuk@uvmhealth.org

[I have no conflicts to disclose.]

Session Objectives

Learning objectives for this ECHO session include the ability to:

1. Have a general understanding of older driver statistics
2. Understand how dementia can affect skills needed for driving
3. Explore ways to discuss driving with clients, plan early
4. Understand screening tools that can be used in the clinic
5. Understand resources for driving evaluations and next steps for driving cessation
6. Understand VT specific rules and processes

Why is driving important to our clients and why should we address it?

- Driving is the major mode of transportation in the U.S.
- Health care practitioners caring for older adults in leading position to help patients with maintaining independence (including community access)
- Adopt preventative practices –
  - assessment and counseling
  - identify older drivers at risk, screen and refer for evals
  - help enhance driving safety
  - ease transition to driving retirement when necessary

The Difficult Topic
Why Physicians and Providers are essential

- Medical conditions impact driving skills
- Aging patients with more complex presentation
  - You are on the front line and know patients well
  - Family approach Provider about a parent
  - Nursing and Allied health professionals with concerns
- DMV sees physicians/providers as the experts
- Ethical responsibility to identify if patients at risk to self or others

Statistics

- US Older adult population age 65+ reached 43 million in 2012 and expected to double by 2050 (1, 2)
- Approximately 86% of Americans 65+ continue to drive
- 29% of drivers are considered senior drivers (***Federal Highway Administration***)
- Between 2000 and 2020, the number of licensed senior drivers, or those aged 65 and older, increased by 68 percent to nearly 48 million drivers. (***Center for Disease Control-CDC***)
- Senior drivers (age 65+) were involved in 13 percent of fatal accidents in 2020, up 26 percent from the organization's previous study in 2011. (***National Highway and Traffic Safety Administration-NHTSA***)
- 233,235 people aged 65 and older were injured in traffic accidents in 2020. *(NHTSA)*

Statistics Cont.

- Motor Vehicle Accidents (MVAs) = the leading cause of injury-related death between the ages of 65 and 74. (5)
- MVAs are second leading cause of death after falls between ages of 75 and 84. (5)
- Increased co-morbidities and frailty associated with aging make it far more difficult to survive a crash (5)
- Vermont: (January 2018-Sept 2018) - Over age 65: 10,119 crashes
    - Main reasons for crashes: failed to yield right of way, failure to keep in lane, too fast, disregard for traffic signs, signals or markings, wrong way *(VT Highway Safety Alliance)*

Key Facts about Older Adult Drivers

- Many older drivers self regulate their driving
- Night, local, time of day, weather
- However, driving locally does not mean less risk
- Some do not have insight that they are at risk
- Self report not an adequate measure of fitness to drive

Top 5 Crash Types for Older Drivers

1. Turning left at an intersection with a stop sign.

2. Turning left at an intersection on a green light <u>without</u> a dedicated green turn arrow.
3. Turning right at a yield sign to merge with traffic at speeds 40-45 mph.
4. Merging onto a highway from a ramp that has a yield sign.
5. Changing lanes on a road that has four or more lanes. (5)

Identifying Risk/Red Flags in the Clinic

- Keep driving on your radar, ask a few questions

- **Patient history:** acute changes? Medication changes?
- *Diagnosis of dementia is a red flag*
- **Observation for more gradual changes**:
  - sensory loss
  - poor self care
  - impaired ambulation/mobility and FALLS
  - difficulty with navigation
  - impaired attention, memory
  - language expression/comprehension
  - decreased insight/difficulty managing medical encounters

How dementia can affect driving

- **Short term memory, working memory, long term memory changes** (route planning, running out of gas, right of way errors, confusing gas/brake)
- **Slowed processing speed, reaction time** (memory affects processing speed, intersection management, id/react to hazards, anticipating hazards)
- **Difficulty with divided attention** (drifts in lane, not checking mirrors, intersections, managing hazards)
- **Impaired visual perception** (mental maps, construction zones, etc)
- **Impaired executive function skills** (problem solving, impulse control, decision making)

How dementia can affect driving

- People with early dementia may continue to do ok driving
- Earliest symptoms of AD + driving: loss of recent memory and inability to recognize familiar objects, lost in familiar areas
- Drivers under pressure to navigate their way have more safety errors – cognitive load
- Popular recommendation is to drive locally – may not remember this recommendation AND many tragic events happen when drivers with dementia are driving to local familiar areas
- Co-piloting not recommended – couples often get lost and die together

Drivers with Dementia and Outcomes of Becoming lost while driving (Hunt et al, AOTA, 2010)

- Exploratory study of 207 reports of lost drivers with dementia over 10 year period reported by newspapers and media (ages 58-94, most male)
- 32 drivers found dead, 116 found alive (35 injured)
- People found alive: range of miles was 1-1,730 with an ave of 2 days missing
- People found dead, range of miles was 4-930 with an ave of 26.76 days until body found
- Cause of death included: drowning after driving into body of water, driving into a mine and could not find way out, struck a tree, MVA, exposure to elements.
- People who became lost while driving and died were driving to familiar places such as grocery store, PO, doctor's office, or family's home.

Alzheimer's Association – Signs of unsafe driving

- Forgetting how to locate familiar places
- Failing to observe traffic signs
- Making slow or poor decisions in traffic
- Driving at an inappropriate speed
- Becoming angry or confused while driving
- Hitting curbs
- Using poor lane control
- Making errors at intersections
- Confusing the brake and gas pedals
- Returning from a routine drive later than usual
- Forgetting the destination you are driving to during the trip

Identifying Risk Factors

Cognitive Impairments

- Memory
- Processing speed
- Divided attention
- Executive function skills
- Impulsivity
- Behavior issues
- Mental health concerns
- Visual perceptual difficulty
- Insight

Cognitive Screens

- No single assessment can predict fitness to drive – should use array of tests
- **Short Blessed Test** – scores higher than 6 indicate high risk for being in a crash due to memory deficits
- **St. Louis Mental Status Exam (SLUMS) –** norms: HS Education: 27-30, Less than HS ed: 25-30. MNCD: 21-26/ 2-=24, Dementia: 1-20/1-19
- **Montreal Cognitive Assessment (MoCA)** (norm: 26-30). Significant relationship between MoCA score and on road outcome. For every 1 point decrease in score, x1.36x as likely to fail road test. (8)
- **Clock Draw** (more than 1-2 errors indicate risk)
- **AD8 caregiver/family interview**
- **Mini-Cog, VT Mini-Cog**
- Subjective reports of getting lost when driving, running red light, recent accident, relying on co-pilot

What to do with the data?

- **GREEN**: **Lower risk/Acute issues**

- Hip replacement, knee replacement, hand in splint
- Address driving
- May not need full driving evaluation
- Advise re: current abilities, anticipated healing time
- Consider medications, precautions, readiness
- Advise re: temporary transportation, temporary handicap placard
- Helpful resources: CarFit, self-awareness tools

What to do with the data?

- **YELLOW: Needs further evaluation**
- Mix of strengths and impairments that clearly affect IADLs
- Screen in clinic
- Provide education re: comprehensive driving evaluation
- Help decide on readiness
- **Referral** to a Driver Rehabilitation Program: "OT Driving Evaluation", diagnosis
  - If not sure – contact a Driver Rehabilitation Specialist (www.ADED.org)

Why an eval with Driver Rehab Specialist vs DMV?

- **Driver Rehab Program**: 2 part evaluations
  - Clinical testing (2 hours evaluation) – comprehensive assessment of vision, motor, cognitive skills, simulator

    &

    On-road testing (2 hour session evaluation/education)

  - Occupational Therapist, Certified Driver Rehab Specialist, Driving School Instructor
  - Medical/rehabilitation focus, breaking down areas of strength, challenges
  - Make recommendations to clients and family, referring providers
  - Provide rehabilitation/training as needed and if appropriate
  - Adaptive equipment

Why an eval with Driver Rehab Specialist vs DMV?

DMV:

- 15 minute road test
- May require vision test
- Tester in client's car – no instructor brake
- Not sensitive to medical changes or issues
- Does not test cognition/executive function
- "Turn left at stop sign"
- Pass/fail – can keep retesting
- May request MD evaluation and further testing through a driver rehab program

What to do with the data?

- **RED= STOP DRIVING**
- **Vision impairment:** does not meet legal requirements –
  - advise no driving. DMV notification. Refer to Driver Rehab if potential to use bioptics.
- **Moderate to severe Alzheimer's** – should no longer drive. This is a general consensus through medical associations, AOTA.
- **Impairments that <u>clearly demonstrate a safety risk</u>**
- **If Not a rehab candidate** – do not need Driver Rehab
  - report right to DMV

- **Discuss recommendation to stop driving with patient and family, care team/doctor**.
- **Letter to DMV or Universal Medical Evaluation Form** *recommending* medical suspension, "not medically fit to drive"
  - **Universal Medical Evaluation/Progress Report**

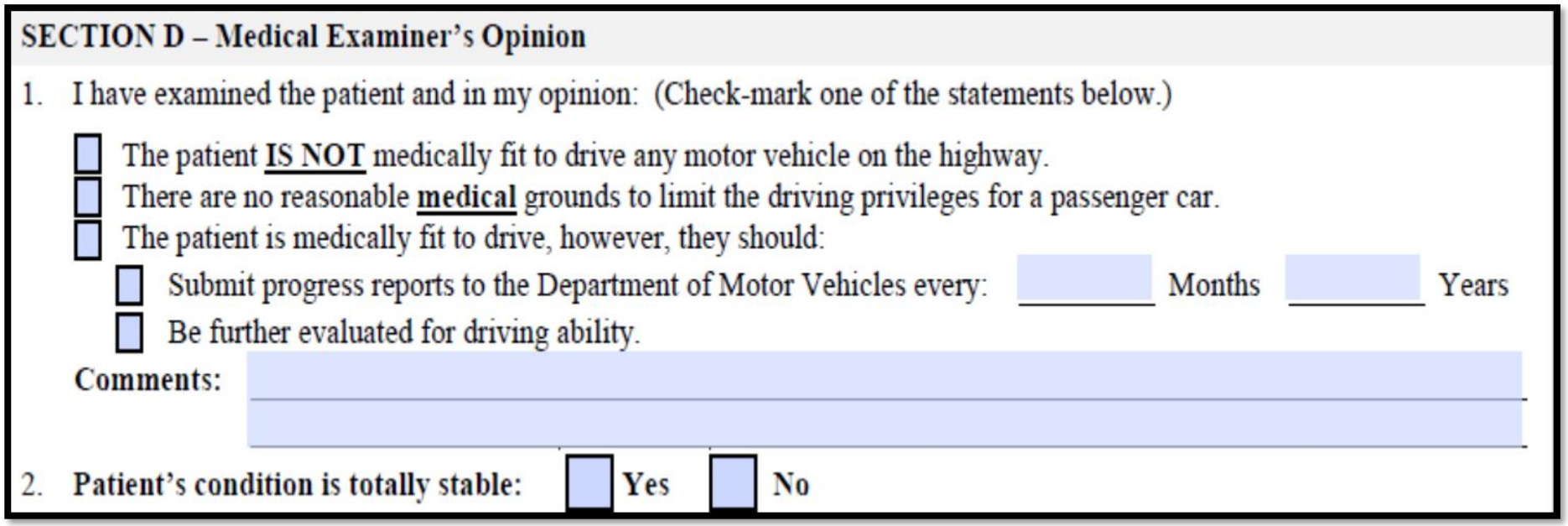
    Department of Motor Vehicles - Agency of Transportation

    120 State street, Montpelier, Vermont 05603-0001

    802.828.2000 or 888.99-VERMONT dmv.vermont.gov
- DMV in NY or other states have slightly different process
- DMV makes final decision, not MD/Provider
- Advise to get non-driver ID card
- Plan for giving up car/keys
- Referral/PLAN for alternative transportation
  - Agency on Aging/Age Well
  - Social Worker

DMV Process

- Report to DMV using Universal Medical Evaluation Form
- What happens when DMV notified?
  - If stating NO driving, medical suspension, patient can appeal
  - If refer for further evaluation:
    - DMV testing - Driver Improvement “Special” Exams
    - May be written and road test – same as 16 year olds
  - Recommendation for Driver Rehab/driving with instructor only restriction



SECTION D – Medical Examiner’s Opinion

1. I have examined the patient and in my opinion: (Check-mark one of the statements below.)

☐ The patient **IS NOT** medically fit to drive any motor vehicle on the highway.
☐ There are no reasonable **medical** grounds to limit the driving privileges for a passenger car.
☐ The patient is medically fit to drive, however, they should:
☐ Submit progress reports to the Department of Motor Vehicles every: _____ Months _____ Years
☐ Be further evaluated for driving ability.

Comments: _____

2. **Patient’s condition is totally stable:** ☐ **Yes** ☐ **No**

Ethical Questions re: Driving and reporting

From Jan Ferguson, JD – UVM Health Network Risk Management *(Driving and the Elderly Presentation 2018)*

Based on AMA ethical opinion E-2.24 Impaired drivers and their physicians:

- Physicians should assess patients' physical or mental impairments that might adversely affect driving abilities. In making evaluations, physicians should consider:
  - *The MD must be able to identify and document physical or mental impairments that clearly related to the ability to drive*
  - *The driver must pose a clear risk to public safety*
- Before reporting, steps should be taken:
  - *Discussion with client and family*
  - *Recommendation for further treatment or evaluation*

The Take-Away….

- Consider and discuss driving with your elderly patient
- Determine need for further screening/evaluation
- Can do some screening in clinic/identify needs
- With dementia, beginning stages AD may still be at risk if getting lost. Moderate to severe AD = no driving
- Significant functional impairment may mean cessation of driving without further eval needed (vision and cognition)
- Older adults with visual or physical impairments have greater potential for “rehab” of safe driving than those with cognitive impairment
- Refer for driving evaluation with a driver rehab specialist for comprehensive assessment/recommendations

Community Resources

Driver Rehab Programs in Vermont:

- UVM Medical Center
  - Partnered with CVMC, NWMC, Porter for clinical evals FOR MEMORY/COGNITIVE DX
- Rutland Regional
- Adaptive Driving Associates (WRJ, VT)

www.ADED.org – national and international organization of driver rehab specialists

More Resources

- **Clinician's guide to assessing and counseling older drivers, 4th edition:** https://www.safemobilityfl.com/pdfs/CliniciansGuide/CliniciansGuideOlderDriversComplete4thEdition.pdf
- **The Hartford Brochures:** https://www.thehartford.com/resources/mature-market-excellence/publications-on-aging
- **Vermont DMV** – Universal Medical Evaluation Form: https://dmv.vermont.gov/sites/dmv/files/documents/VS-113-Medical_Evaluation_Report.pdf
- **AOTA.ORG** – has great resources on driving and the elderly
- **Fitness to Drive Screening (FTDS):** Web based tool for caregivers/family members and OTs to detect drivers at risk: http://fitnesstodrive.phhp.ufl.edu/us/
- **AAA Roadwise Review**: A Tool to help seniors Drive Safely Longer http://aaaroadwisereview.com/

More Resources

- **AARP –** Driver Safety course for older drivers www.Seniordriving.aaa.com
- **Agency on Aging** https://dcf.vermont.gov/contacts/partners/aaa
- **Short Blessed Test** https://global-uploads.webflow.com/600754479f70fb2c4d356be6/64542a4ca8bbe4172ae52ca5_Short%20Blessed%20Test.pdf
- **MoCA** https://mocacognition.com/
- **SLUMS** https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/assessment-tools/mental-status-exam.php
- **Clock Draw Test and AD8:** https://www.alz.org/getmedia/9687d51e-641a-43a1-a96b-b29eb00e72bb/cognitive-assessment-toolkit
- **Snellgrove Maze Test** ttps://www.safemobilityfl.com/pdfs/CliniciansGuide/SnellgroveMazeTest4thEdition.pdf
- **Mini Cog:** https://mini-cog.com/
- **Vermont Mini Cog:** https://legislature.vermont.gov/Documents/2020/WorkGroups/Senate%20Health%20and%20Welfare/Bills/S.300/Written%20Testimony/S.300~Jill%20Sudhoff-Guerin~The%20Vermont%20Mini-Cog~2-21-2020.pdf

We are here to help! Contact us anytime.

UVM Medical Center – Driver Rehab Program

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5. American Geriatrics Society & A.Pomidor, Ed. (2016, January). *Clinician's guide to assessing and counseling older drivers, 3rd edition*. (Report No. DOT HS 812 228). Washington, DC: National Highway Traffic Safety Administration. The American Geriatrics Society retains the copyright.

6. CDC website

7. VT Highway Safety Alliance

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Case Presentation

Bringing Knowledge to Action through interactive, case-based discussions

Participant presents the case and poses the question(s) for the group

↓

Clarifying questions about the case from group to case presenter

↓

Ideas, suggestions, recommendations from participants

↓

Ideas, suggestions, recommendations from ECHO faculty team

↓

Full group discussion

↓

Summary and wrap-up by facilitator

Case Presentation

DO <u>NOT</u> INCLUDE:

Names, Address, DOB, Phone/Fax #, Email address, Social Security #, Medical Record #

Consider the level of detail necessary. Go with less when possible.

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.

Case

Questions

1.
2.
3.
4.

2023 FALL SERIES – Thursdays from 7:30AM to 9:00AM

WHO SHOULD ATTEND?	DATES	DIDACTIC TOPICS (In addition to case review)
The **target audience** is primary care teams, including providers, nurses, and social workers/ case managers, from Vermont.	**September 14**	**Early Evaluation of Cognitive Complaints** *John Taylor, MD*, UVMMC Memory Program Co-Director
	September 28	**Dementia and Driving** *Heather Zuk, OTR, CDRS, CDI*, UVMMC Driver Rehab
	October 12	**Caregiver Resources and Supports** *Rhiannon Champagne, LICSW*, UVMMC Memory Program
	October 26	**Approaches to Physical Aggression During Episodes of Care** *Jennifer Hall, DO*, Geriatric Psychiatry
	November 9	**Legal Issues of Guardianship, Competency, and Power of Attorney** *Heather Allin, M.S.A., N.C.G*, Director, Office of Public Guardian Vermont Department of Disabilities, Aging and Independent Living *Sarah Nussbaum*, Public Guardian

SAVE THE DATE:

2024 Spring Series – Advanced Topics in Dementia Care for Primary Care – begins Feb. 8, 2024

Advanced topics include treatment updates, prevention, covering calls from nursing homes and end of life care.

Registration will open in December for the spring series.

Closing Announcements

- Slides are posted at www.vtahec.org
- Recording of didactic portion will be sent by email to the full cohort
  - **All recordings are for the use of registered participants only**
- Please complete the evaluation survey
- CMIE information and session QR code auto-send after evaluation
- Please contact us with any questions, concerns, or suggestions:
  - Mary.Palumbo@med.uvm.edu
  - Patti.Smith-Urie@uvm.edu