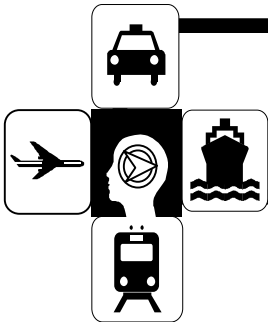


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Medical Review Case Reporting at MVC

FHWA/NJ-2007-013

SEPTEMBER, 2007

SUMMARY:

As they age, drivers become liable to physical, cognitive, visual, and medical conditions that may interfere with their ability to drive safely. The method that New Jersey, along with most other states, use to maintain safety given the increased risk of driving problems with an aging population is to have trained staff and/or physicians review the skills and physical conditions of drivers who have been identified as apparently at-risk. The Motor Vehicle Commission (MVC) of New Jersey, concerned that the number of these potentially high risk and/or unsafe drivers was underreported, looked for more effective ways to encourage the reporting of high risk drivers.

To examine this problem, this research survey the literature related to medically at-risk drivers, review the state of practice in state license jurisdictions, and interviewed , in-depth, a selected set of state jurisdictions regarding their practices in obtaining referrals for the medically at-risk driver.

The results revealed the most common methods for referrals and important factors as well as problems in getting referrals. Specific recommendations for enhancing the referral process at the NJ Motor Vehicle Commission were made.

INTRODUCTION/BACKGROUND:

As they age, drivers become liable to physical, cognitive, visual, and medical conditions that may interfere with their ability to drive safely. The method that New Jersey, along with most other states, use to maintain safety given the increased risk of driving problems with an aging population is to have trained staff and/or physicians review the skills and physical conditions of drivers who have been identified as apparently at-risk. The Motor Vehicle Commission (MVC) of New Jersey is concerned that the number of these potentially high risk and/or unsafe drivers is underreported. The Driver Review Unit of MVC is seeking a more effective way to encourage the reporting of high risk drivers.

The objective of the research described in this report is to determine how the New Jersey Motor Vehicle Commission (NJMVC) can increase the number of potentially at-risk drivers that are identified.

The steps to achieve this objective have been to:

- survey the literature related to medically at-risk drivers and in particular the means of identifying these drivers
- review the state of practice in state license jurisdictions
- identify those which seem to be proactive in identifying the medically at-risk,
- interview, in-depth, a selected set of state jurisdictions regarding their practices in obtaining referrals for the medically at-risk driver
- make recommendations to the NJMVC regarding best practices among the jurisdictions.

RESEARCH APPROACH

The method used to determine how to increase referrals of at risk drivers was to interview the heads of the medical review units at 17 licensing agencies in the United States. The agencies were selected to represent the most pro-active states in medical review based on the literature (primarily the AAMVA Survey) and from general knowledge.

FINDINGS

Based on the literature review and a previous survey done by the American Association of Motor Vehicle Administrators, twenty two jurisdictions out of 51 (the 50 states plus the District of Columbia) were identified as having proactive procedures for referring drivers for medical review. Seventeen of these 22 were included in the interviews.

The following methods were commonly used for referrals:

- Self reporting by drivers on the license application or renewal application
- Referrals by physicians (either voluntarily or as required by state law)
- Referrals by other health professionals

- Referrals by police or court system
- Crash reports
- Analysis of driving records
- Referral upon applying for disabled parking privileges
- Referrals from family, friends, or concerned citizens
- Observation or questions by testing or counter personnel at the licensing agency

The interviews indicated that two important factors in getting enough referrals are insuring that accurate and complete information is reported by the people making the referrals and having the licensing agency personnel observe applicants and renewal applicants. Two problems with the process that were mentioned include applicants not being honest about their conditions for fear of losing their license and physicians not reporting patient conditions either due to fear of losing the patient or because the physician does not understand the relationship between the medical condition and ability to drive safely. Another issue that was raised was the use of restrictions (e.g., no driving after dark) in lieu of license removal; many of the personnel interviewed suggested that if people making the referrals (including the driver themselves) were aware of the possibility of keeping the license but with circumscribed privileges, they would be more forthright in their referrals.

CONCLUSIONS AND RECOMMENDATIONS

The report makes the following recommendations:

1. Questions asking about medical or physical conditions on the license application or renewal application (i.e., self reporting questions) should not ask the applicant to make a judgment as to whether the condition affects their driving. The phrasing of questions on applications should simply ask if the applicant has any medical conditions or any of a specific list of medical conditions.
2. The NJ MVC should add a training unit for its customer service personnel regarding observation of applicants. The training should include behavior and characteristics to observe as indicators of medical risk and actions that the counter personnel will need to take regarding the observation.
3. In order to increase outreach to the Medical and Law Enforcement communities, the NJ MVC should establish an advisory committee with representatives from law enforcement, health, and aging agencies. This committee would keep each agency abreast of new and relevant information, changes in policy and legislation, and any other pertinent information. It also would be the starting point for increasing awareness among the constituents of each of the agencies. Finally, formalizing the interactions at committee level permits contacts to continue even as personnel change so that outreach and interactions do not depend on informal and personal relationships.
4. NJ MVC should consider using license restrictions such as:
 - Geographic restrictions

- Time of day restrictions,
- Types of road and highway restrictions

The use of such restrictions changes the current licensing options from a black and white choice between a full license and no license (with a resulting extreme loss of mobility and potentially a loss of independence) to a gradation of driving choices with restrictions that reflect the actual limitations of the driver.

5. The NJMVC should explore integrating the New Jersey vehicle crash reporting system with the driver safety unit and medical review. The use of such a system provides the medical review unit with timely information about drivers who are involved in crashes and shows indices of behavior that warrant medical review. Given the rate of crashes on New Jersey's densely traveled roads, such an exploration seems justified.

6. NJ MVC should add a test of peripheral vision to the acuity vision test both at initial application and for renewal. This would increase the identification of drivers with potentially degraded visual skills. As New Jersey's population continues to age, we can expect more drivers on the road with visual problems and degenerative visual disorders. Enhanced vision testing would catch more of these drivers.

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