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Minutes

Name of Organization:	Task Force on Alzheimer's Disease (TFAD) Driving and Dementia Subcommittee
Date and Time of Meeting:	Thursday, July 23, 2015 1:00 p.m.
Location:	Sanford Center for Aging Center for Molecular Medicine (CMM) Room 155 1664 N. Virginia Street Reno, NV 89557
Driving/Parking Directions:	http://dhs.unr.edu/aging/contact-us
To Join the Telephone Conference	Call-in Number: 877-336-1831 Access Number: 9186101

Agenda

I. Call to Order/Roll Call
Jane Fisher, Ph. D., Subcommittee Chair
Department of Psychology
University of Nevada, Reno

Members present: Jane Fisher, Ph. D. and Peter Reed, Ph. D.

Members participating by telephone: Virginia Cunningham

Others present: Susan Longchamp, M. A.

Others participating by telephone: Jeff Duncan and Nicole Nalder

Staff present: Sunadda Woodbury

II. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item.)

No public comment.

III. Welcoming Remarks
Jane Fisher, Ph. D., Subcommittee Chair

Jane Fisher, Ph.D., Subcommittee Chair, welcomed all participants to the meeting.

Dr. Fisher began by providing a history of the subcommittee. She stated that the Task Force on Alzheimer's Disease (TFAD) decided to develop a subcommittee in recognition of the fact that everyone with a neurocognitive disorder at some time will no longer be safe to drive. The TFAD also recognized the importance of driving for independence, but also the risks of impaired driving to persons with dementia, their families, and the larger community. The group thought that it would be important to examine more detail at what is happening in Nevada and to see if the infrastructure is meeting the needs of these persons with dementia, their families, and the community.

Dr. Fisher expressed her optimism that the subcommittee will be able to develop recommendations that will address promoting the quality of life and independence for persons with dementia, as well as promoting their safety and the safety of others as a whole.

Dr. Fisher also introduced Susie Longchamp, an advanced doctoral student in Clinical Psychology at the University of Nevada, Reno, specializing in Geropsychology. Ms. Longchamp has been a caregiver coach at the UNR Nevada Caregiver Support Center for the last three years and is highly experienced in both research and working with persons with dementia and their families, including on the issue of driving and whether an individual is safe to continue driving. Ms. Longchamp will be involved in assisting the subcommittee in collecting information that will inform our recommendations.

IV. Review and Discuss Overview of the Goals of Addressing Driving in Persons with Neurocognitive Disorders Including the Prevention of Impaired Driving, Reaction to Impaired Driving, and Consumer Support Services (**For Possible Action)**
Jane Fisher, Ph. D., Subcommittee Chair

Dr. Fisher gave an overview of the three areas of interest as follows:

1. Prevention of impaired driving

    - It is known that persons with neurocognitive disorders will eventually no longer be able to drive safely.
    - A question emerges as to what criteria should be applied in deciding whether or not someone should continue to drive or not.

    - Nationally there is a wide range of approaches. Most criteria associated with driving competence are focused on age, where there is an age-based trigger. When someone reaches a certain age in that state, the person is required to undergo more frequent evaluations, and, in some instances, a more direct evaluation of driving ability involving a road test where a person actually gets behind the wheel. The use of a diagnosis-based trigger is rare.

    - Often times the decision about driving is made by families in a subjective way, where there are no objective data. The decision is made unfortunately at times after an incident has occurred--for example, a person getting lost, engaging in a driving or moving violation, or driving in a way that clearly demonstrates impairment. The burden of the decision is often on families.

    - If someone has been driving for decades but now their judgment is impaired, it is often very difficult for that person to make the decision to stop driving or not.

Dr. Fisher explained that in the last TFAD meeting, the group agreed that it would be useful to systematically examine driving evaluation criteria in other states, what driving evaluation procedures are supported by empirical data, and what is cost-effective in terms of two approaches: 1) the age-based approach and 2) the diagnosis-based approach.

Dr. Fisher commented that her understanding is that California is the only state where a neurocognitive diagnosis necessarily leads to a physician having to report. Subsequently, an evaluation is made on the level of impairment.

2. Reaction to impaired driving

    - It is clear that there are cases of persons with dementia driving beyond the point where it is safe for them or the community.

    - Several agents address the issues that emerge when driving competence is in question including healthcare providers, law enforcement, the Department of Motor Vehicles (DMV), the Elder Rights Unit, and transportation services.

3. Consumer support services

    - The loss of driving privileges can affect people's independence, especially in rural areas and areas of the state where there is little or no public transportation or access to services like grocery delivery, transportation to healthcare appointments, etc.

Peter Reed, Ph. D., confirmed the need to address all three areas of concern and suggested the group outline a strategy for developing recommendations for these.

Discussion ensued between members about the timeline for this project. Dr. Fisher would like the group to have ample time to collect the data mentioned above to prepare informed recommendations. Ideas for different processes were deliberated. Gini Cunningham remarked that she would like to see some sort of legislation as the end result so action can be taken on this issue.

Dr. Reed questioned whether the group should consider developing policy recommendations or recommendations for a new program and practice that could be implemented to address these issues. He reviewed the possible avenues that could be explored. Dr. Reed also mentioned that Ruth Gay of the Alzheimer's Association suggested that consumer input should be solicited. Altogether, involving many stakeholders will affect the timeline.

Dr. Fisher noted that recommendations involving both support services and policies should be considered. She would like to see the recommendations be driven by the data, including the input of stakeholders as well as what has been found through research pertaining to the three areas of concern (i.e., What approaches have other states implemented and are cost-effective? Are there empirical data supporting one driving evaluation approach versus another? What services have been found to be effective in supporting families when driving privileges are in question or are revoked due to impaired driving?

Dr. Fisher proposed that at the August 21st meeting of the TFAD, the overarching goals and plans of the subcommittee can be shared. She added that the team can begin collecting data and gathering input from stakeholders in Nevada. Ms. Longchamp will be a great help in accessing available information. Town hall meetings could be held to garner input from the public. Dr. Fisher further remarked that by the October 23rd TFAD meeting, a rough draft of the areas to be addressed in the recommendations could be presented. Then by the December 11th meeting, the recommendations could be revised as necessary. In January 2016, the recommendations could be finalized.

Dr. Reed pointed out that it would be important to provide prompters, such as existing data from research, to the public to create interest and generate dialogue and discussion points.

Ms. Cunningham motioned to move to develop recommendations for driving and dementia for the State Plan by integrating research data with consumer input through public forums. Dr. Reed seconded the motion. The group approved the motion unanimously.

V. Identify Stakeholders in Nevada and Plans for Obtaining Input Regarding the Prevention of Impaired Driving (**For Possible Action)**
Jane Fisher, Ph. D., Subcommittee Chair

Discussion on identifying stakeholders in Nevada and obtaining input comprised the following:

Who are the stakeholders?

1. Persons with dementia and their families

- Jacob Harmon and Ruth Gay of the Alzheimer's Association offered to organize and host a town hall meeting in northern Nevada.
- Input from rural communities as well as Clark County should also be solicited.
- In regards to rural areas, Ms. Cunningham suggested contacting Senior Centers, Law Enforcement, and the local DMVs.
- Sending out introductory letters to seek feedback and providing a call-in number to the town hall meeting would also be helpful.
- AARP recently did a presentation on driving at the Cleveland Clinic in Las Vegas. The subcommittee can maybe work with them to expand this further.
- Return rates on surveys is only 30%, but the group can explore methods that have worked in other states and incorporate them here in Nevada.
- Surveys could be used to follow-up after town hall meetings.
- The Cleveland Clinic Lou Ruvo Center for Brain Health offers Lunch and Learn sessions which may provide a good venue to seek input on the driving issue. Dr. Reed suggested that one of the sessions could be dedicated as a town hall meeting for southern Nevada. Lee Ann Mandarino can be contacted for help.

- The public could also possibly give input during Caregiver Support and Early-Onset meetings conducted by the Alzheimer's Association.

Dr. Fisher asked Ms. Longchamp to follow up with Ms. Cunningham regarding ideas for the rural areas, as well as explore opportunities to work with organizations mentioned above.

Dr. Fisher inquired about existing consumer services that could assist persons with dementia should they lose their ability to drive. Jeff Duncan of ADSD said he could share some information about the services in Nevada which are provided by grants from the Older Americans Act, including transportation services, that amount to nearly one million dollars. Some of these programs include taxi cab voucher programs in Washoe and Clark counties, in cooperation with the Taxicab Authority and other entities. Mr. Duncan indicated the funding is filtered through ADSD to its grant-funded partners.

Discussion took place about other types of consumer services such as grocery delivery service to the homebound. Amazon now offers delivery of dry-goods, but fresh products are not included. Dr. Fisher urged the investigation of what services actually exist for those who are transportation-challenged, especially in the rural areas. Ms. Cunningham shared that in her observation there are very limited services offered, if any. Dr. Reed added that often the programs are limited only to low-income individuals. However, dementia affects people across the spectrum. Mr. Duncan confirmed that the Older Americans Act funding is only available for those older than 60 and is income-based.

Dr. Reed queried whether service specifications could be expanded to include people living with dementia who can no longer drive. Mr. Duncan affirmed that this could be discussed to best meet needs going forward. He said at present those who qualify as low-income receive the services for free and others may participate with a donation, but there is no provision for a sliding-scale method. Priority is given to those who are deemed of greatest need.

Ms. Cunningham concluded that if people had more access to services, it would take away from the stress of driving when they really should not continue to do so.

A closer examination of the infrastructure of support services in communities throughout Nevada is necessary to determine ways to improve the system. Collaboration between community partners is also essential and could generate more cost-effective care and support.

Discussion ensued among the group about healthcare and the availability of telehealth and telemedicine. Mr. Duncan stated that there is no state data on this subject currently. However, he commented that the Cleveland Clinic has

launched new programs in this area. Dr. Reed mentioned that Renown is offering telemedicine services and Project Echo is doing telehealth but not telemedicine.

The Sanford Center Clinic is also partnering with Project Echo to work with the Nevada Health Centers beginning at five pilot sites and potentially expanding to sixteen other sites along with other rural primary care clinics. Telehealth education programs on interdisciplinary geriatric approaches will be offered to rural primary care providers. If a case requires more extensive evaluation, a telemedicine consultation with the provider and the patient can be set up. Dr. Reed said that Project Echo could be accessed remotely at various sites, including through a personal computer at home. Mr. Duncan recommended working with transportation partners to fill in the gap to improve access to services wherever it is needed.

2. Elder Protective Services (EPS)

    - When someone is driving impaired, staff at EPS have reported that they do not typically intervene, even if the family has been informed and the person is allowed to continue to drive.

    - Still EPS is often on the frontlines about safety. They may have ideas about ways to help people who are homebound or faced with transportation challenges to not take risks.

    - Dr. Fisher and Susan Longchamp will follow up with the Elder Rights Unit.

3. Law Enforcement

    - Dr. Reed suggested speaking with Mr. Harmon who has a strong connection with Washoe County Sheriff's Office. He conveyed that the Alzheimer's Association has been working with them in developing dementia training for law enforcement, and would likely be able to solicit their involvement for our project.

    - Dr. Fisher will contact Mr. Harmon and work with her colleagues at the Carson City Sheriff's Office.

    - Ms. Cunningham related that the individuals she has contacted in the rural communities would certainly be interested to be involved. Once we have a plan in place, she can ask them to participate.

4. Healthcare providers

    - In many states, there is a diagnosis-based requirement for physicians to inform the DMV.

    - California is the only state where a neurocognitive diagnosis functions in that way.

    - In other states, a seizure disorder requires a physician to respond.

    - Many times the physicians are on the frontlines, communicating with the families and reporting concerns to the DMV.

    - Dr. Fisher suggested consulting Dr. Charles Bernick, a neurologist and Dr. Steve Phillips, a geriatrics specialist, for their input.

    - Dr. Fisher asked Dr. Reed to contact Dr. Phillips to obtain guidance on how we might approach the healthcare community on this issue.

5. DMV

    - Sunadda Woodbury will provide contact information for David Fierro, Chief Public Information Officer at the Nevada DMV.

    - It would be beneficial to get information on what the DMV is seeing at present in regards to the driving and dementia issue, how many complaints they have received, and what the process is in dealing with these.

    - Dr. Reed remarked that the group would have to secure the support and cooperation of the DMV to ensure the success of the recommendations we wish to make.

6. Social Services

    - Non-profit organizations should also be considered for involvement.

    - Utilize the comprehensive directory of services available through ADSD.

7. Transportation agencies

    - Providers of transportation such as the Regional Transportation Commission (RTC) should also be consulted.

Dr. Fisher stated that Ruth Gay of the Alzheimer's Association has also offered to contact her colleagues nationally to look at observations from programs across the country to see what has or has not worked in other states. Dr. Fisher also provided a list of information from a few states regarding their processes. (Attached to file)

Dr. Reed motioned to move forward with the work plan as discussed. Ms. Cunningham seconded. All members voted in the affirmative.

VI. Plan and Vote on Future Meeting(s) and Discuss Timeline for Preparing Recommendations for the State Plan (**For Possible Action)**
Jane Fisher, Ph. D., Subcommittee Chair

Dr. Fisher stated the subcommittee will present to the TFAD on August 21st what the group discussed today and the plan of action going forward.

Dr. Fisher proposed the next meeting to be scheduled some time in September. Ms. Longchamp will generate a Doodle Poll to the members with possible dates.

VII. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item.)

No public comment.

VIII. Adjournment

The meeting was adjourned at 2:30 p.m.

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body may place reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint.