

Project ECHO Dementia

Welcome! Agenda for June 28, 2024

1. Opening Notes and Reminders
2. Introductions – **First time with us? We'd love to meet you!**
3. Didactic: '**Driving and Dementia**' by Dr. Kristoffer Rhoads
4. Case Vignettes

ZOOM Reminders

- Please RENAME yourself: **First Name + Last Name, Clinic**
- Please Mute microphone when not speaking and say name when you Unmute
- Please turn video ON (we like to see who's here & we'd like you to see each other)
- If there are several people in the same room on the call, please list names in chat



Attendance & CME Credit

- For all University of Washington Faculty, Staff, or Students – Complete the Mobile Text Registration & Sign In
- If you have not registered yet:
 - Send your UW email address to (833)-394-7078
 - You should receive a response stating your number has been updated
 - If you do not receive this message, sign into uwcme.org
- After registration:
 - **Text 10085 to (833)-394-7078**
 - You should receive a response stating "Thank you, John Doe MD, we have recorded your attendance to DS2440 Dementia ECHO"



Attendance & CME Credit

- For all other attendees – Your attendance will be recorded by the Program Manager & through Zoom Analytics
 - Please ensure you are displaying your full name
 - Samantha Lafontaine will reach out in the chat if she needs additional information



Questions about Practice

We do not have a formal case presentation,
but we would love to have any attendees
ask any questions

Please reach out to Samantha Lafontaine,
MBS today via chat, or at smlafon@uw.edu

Thank you!



CME-accredited Series*

for Washington State Healthcare Providers

UW Traumatic Brain Injury – Behavioral Health ECHO

12:00-1:30 pm, 1st and 3rd Fridays each month

tbi-bh@uw.edu | Register at <https://redcap.link/sjjeo45p>



UW Psychiatry & Addictions ECHO (UW PACC)

12:00-1:30 pm, Thursdays

uwpacc@uw.edu | ictp.uw.edu/programs/uw-pacc

TeleBehavioral Health Training series

3rd Fridays monthly 11.00am – 12.00pm PST

bhinstitute@uw.edu

<https://bhinstitute.uw.edu/training-workforce-policy/training/telehealth-support/>

*No cost for participation.

*Please see individual websites for CME accreditation information and fees.

Pain Management Support for Washington State Healthcare Providers:

Telephone Consultation

UW Pain & Opioid Provider Consultation Hotline

Guidance re complex pain medication regimens, particularly high dose opioids.

1-844-520-PAIN (7246) | [Consultation \(washington.edu\)](https://www.washington.edu/consultation)

CME-accredited Case Conference Series

UW TelePain series

12:00-1:30 pm, Wednesdays

telepain@uw.edu | <https://depts.Washington.edu/anesth/care/pain/telepain>

CME Accreditation

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this live activity for a maximum of **72 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is 1.5 credits)

The CME opportunities listed here are of no cost to medical providers

Psychiatry Grand Rounds



UW Psychiatry Grand Rounds Archive

Available via Zoom: <https://psychiatry.uw.edu/training-workforce-development/grand-rounds/>

Archives available: <https://psychiatry.uw.edu/training-workforce-development/grand-rounds/grand-rounds-archive/>

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Project ECHO Reminders

- Protect Private Health Information! During these sessions please do not display or say anything that could reveal patient or family members
- Don't forget that all sessions are recorded, and available on our website.
- One-Minute Post-Session Survey



Accreditations

School of Medicine

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this live activity for a maximum of *31.25 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is 1.25 credits)





Disclosures

Today's speaker has no financial relationships with an ineligible company relevant to this presentation to disclose.

None of the planners have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients

All relevant financial relationships have been mitigated

UW Medicine
UW SCHOOL
OF MEDICINE



Project ECHO - Dementia



• Hub Team

- **Kristoffer Rhoads, PhD ECHO Co-Lead**
Neuropsychologist, Professor of Neurology, UW
- **Nancy Isenberg, MD, MPH, FAAN ECHO Co-Lead**
Neurologist, Swedish Neuroscience Institute, Clinical Associate Professor, UW
- **Karen Clay, MSW, LICSW**
Clinical Social Worker, Memory and Brain Wellness Center, UW
- **Kimiko Domoto-Reilly, MD**
Neurologist, Associate Professor of Neurology, UW
- **Barak Gaster, MD**
General Internal Medicine, Professor of Medicine, UW
- **Trang Le, PharmD**
Pharmacist, Overlake Senior Health Clinics, Overlake Hospital
- **Mimi Pattison, MD**
Palliative Medicine, Medical Director for Franciscan Hospice and Palliative Care
- **Karen Hays, DNP, CNM**
Family Caregiver
- **Samantha Lafontaine, MBS**
Program Manager/Project Coordinator



Project ECHO - Dementia



We've provided 1,499 Instructional hours since June 2020

~70% of survey Respondents plan to change practice based on learnings.

Current community

- 70 Sites
- 187 Providers



To find out more or to sign up, please contact Samantha M. Lafontaine, Program Me: smlafon@uw.edu

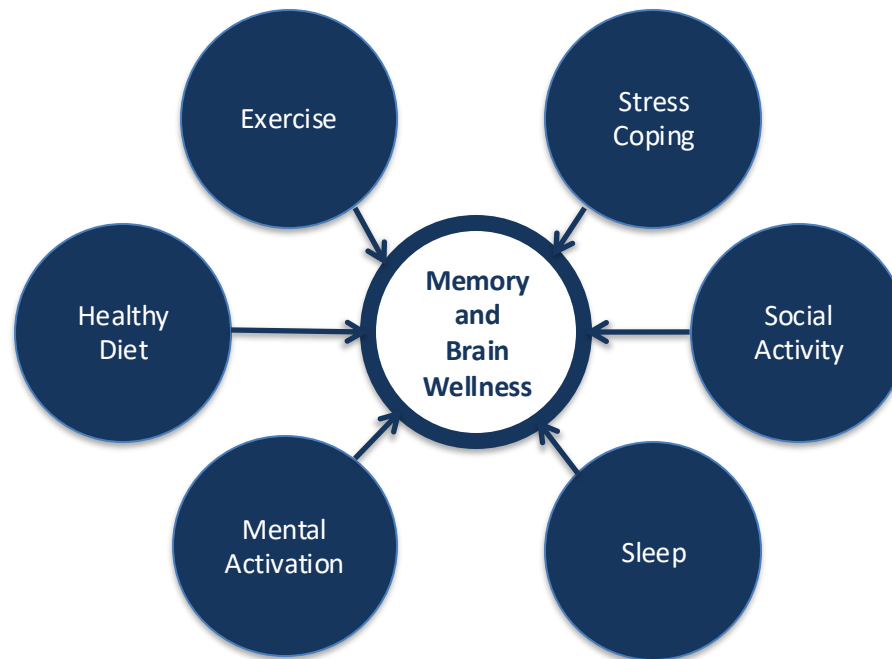
<https://depts.washington.edu/mbwc/resources/echo>

Didactic



**'Driving and Dementia' by
Dr. Kristoffer Rhoads PhD**

Driving and Dementia



Kristoffer Rhoads, PhD

Clinical Neuropsychologist

Associate Professor, Department of Neurology

Memory and Brain Wellness Center

Harborview Medical Center/University of Washington School of Medicine

Presentation Objectives



- Identify most prevalent risk factors threatening driving skills.
- Identify screening/assessment for cognitive function with combined ecological validity and suitability for primary and specialty care settings.
- Identify resources and referral processes for further evaluation and additional community mobility services.



Background

- Driving as a complex, overlearned, multidimensional task
 - Cognitive domains
 - Attention
 - Processing speed
 - Visuospatial skills
 - Executive functioning
 - Memory
 - Psychological/emotional domains
 - Identity and independence
 - Needs vs. wants
 - Privileges vs. rights
 - Public health concern
 - Ethical and legal dilemmas



Background (cont.)

- Studies evaluating driving skills in dementia are fraught with methodologic difficulty
 - In-vehicle/naturalistic monitoring (i.e., Davis et al, 2020; Roe et al, 2019)
- Driving skills inversely correlated with dementia severity
 - Higher risk = mild dementia
 - Majority will pass an on-road driving test
- How to balance risk and safety with preserved independence and autonomy?
- Traditional screening measures are marginally effective
 - Correlate grossly with driver test failure
 - No clear cutoffs
 - Improved with a careful history
 - Referral trigger for detailed evaluation

Primary Care Concerns

- Mixed feelings at best around fitness to drive evals
 - Assessment of cognitive impairment
 - Lack of familiarity with legal requirements
 - Uncertainty about local resources
 - Negative impacts
 - Relationship
 - Patient QOL
- Significant value to specialized assessment
 - OT
 - Geriatrics
 - Memory Disorders

AAN Practice Parameter

- Level A
 - CDR of .5-1
 - 41-85% will pass OTRE
 - Do not rely on patient
- Level B
 - Caregiver rating as marginal or unsafe
- Level C
 - MMSE<25
 - Traffic citations (prior 2-3 yrs) & crashes (prior 1-5 yrs)
 - Reduced mileage & situational avoidance
 - Aggressiveness or impulsivity
- Level U
 - Neuropsychological evaluation
 - Rehabilitation/interventional strategies

Practice Parameter update: Evaluation and management of driving risk in dementia

Report of the Quality Standards Subcommittee of the American Academy of Neurology



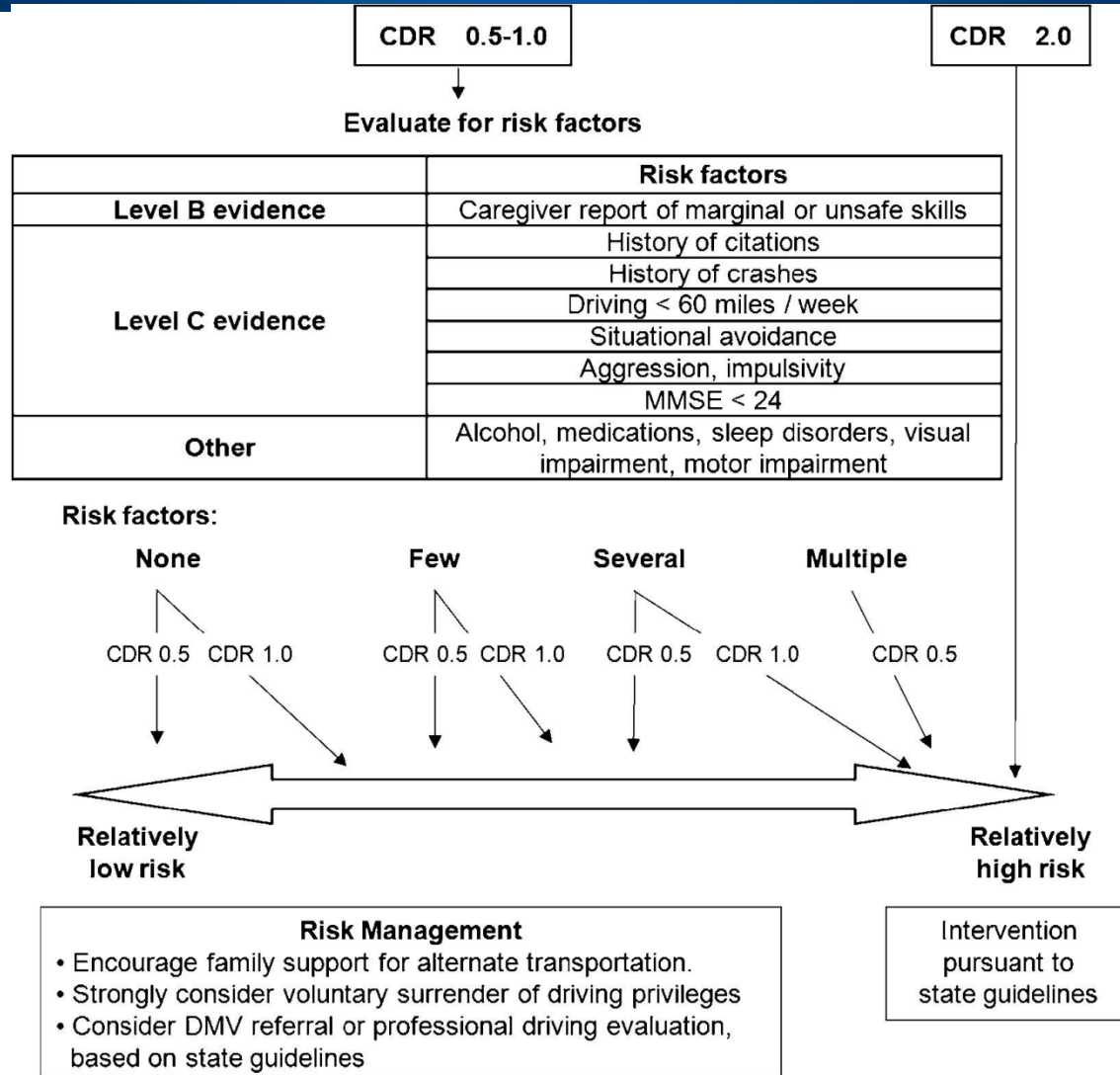
ABSTRACT

Objective: To review the evidence regarding the usefulness of patient demographic characteristics, driving history, and cognitive testing in predicting driving capability among patients with dementia and to determine the efficacy of driving risk reduction strategies.

Methods: Systematic review of the literature using the American Academy of Neurology's evidence-based methods.

Recommendations: For patients with dementia, consider the following characteristics useful for identifying patients at increased risk for unsafe driving: the Clinical Dementia Rating scale (Level A), a caregiver's rating of a patient's driving ability as marginal or unsafe (Level B), a history of crashes or traffic citations (Level C), reduced driving mileage or self-reported situational avoidance (Level C), Mini-Mental State Examination scores of 24 or less (Level C), and aggressive or impulsive personality characteristics (Level C). Consider the following characteristics not useful for identifying patients at increased risk for unsafe driving: a patient's self-rating of safe driving ability (Level A) and lack of situational avoidance (Level C). There is insufficient evidence to support or refute the benefit of neuropsychological testing, after controlling for the presence and severity of dementia, or interventional strategies for drivers with dementia (Level U). *Neurology*® 2010;74:1316-1324

Evaluating Risk (AAN, 2010)



CFP Practice Parameter

Figure 1. Checklist of considerations in driving safety



- History of driving accidents or near accidents*
- Family member concerns*
- Trail Making A and B tests—for processing speed, "task switching," and visuospatial and executive function
- Clock-drawing test—for visuospatial and executive function
- Copying intersecting pentagons or cube—for visuospatial function
- Cognitive test scores—possibly helpful
- Dementia severity according to the Canadian Medical Association guidelines²⁶—inability to independently perform 2 instrumental activities of daily living or 1 basic activity of daily living

*Ask the patient and a family member separately.



Office Assessment

- Past and Current Driving History
 - Miles per week, where, why
 - Traffic stops/violations/tickets
 - Accidents
 - Been in, caused, at fault
 - Navigation issues
 - Familiar, infrequent, new places, GPS use
 - Three point turns, parking spaces, garages
 - Concerns about safety
 - Self and others
 - Family members who will no longer ride as a passenger
 - Changes in habits
 - Situational avoidance (night, rain, freeway, traffic)
 - Speeding
 - How fast if sure not going to get caught, freeway vs. surface streets
 - Red lights
 - Distance estimation
 - Alcohol/medications
 - Horn/gestures/road rage
 - Aggressor vs. recipient
 - Damage to vehicle/wheels



Office Assessment

- Collateral informant
 - All of the above, but:
 - Interviewed separately, ideally
 - Last time they rode with the patient?
 - Under what circumstances
 - AAN Caregiver Driving Safety Questionnaire
- Assessing insight and plans
 - Beginning the conversation about transitions
 - “Retirement” from driving
 - Education about liability

Screening: MoCA

• MMSE vs. MoCA Driving Test Prediction

– Piersma, et al., Acta Neuro, 2018

- N=81
- Outcome: Standardized road test
- MMSE<20, all failed
- MMSE>24, one third failed

– Hollis et al., JAGS 2015

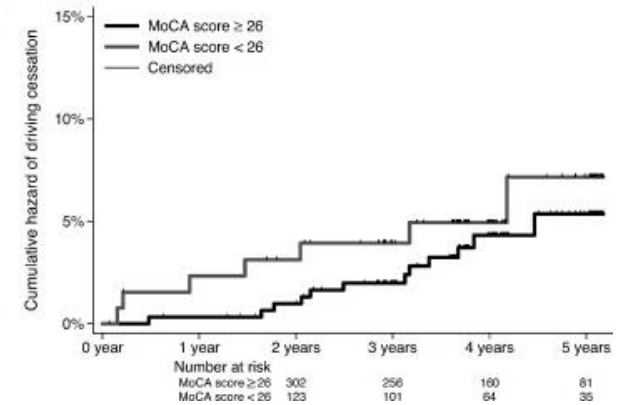
- N=92
- Outcome: Standardized road test
- Only useful for those with existing cognitive impairment
- 1-pt decrease = 1.36 times as likely to fail road test
- MoCA < 18

– Esser et al., JNNP 2015

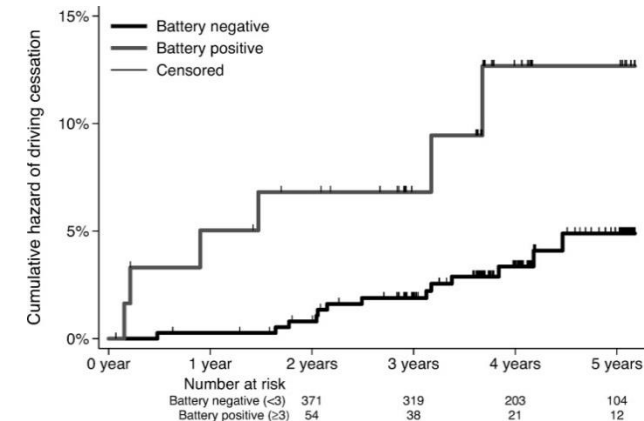
- N = 243
- Outcome: Road test
- MoCA > 27 likely to pass
- MoCA <12 likely to fail
- 50/50 otherwise

– Kokkinakis et al., PLoS One 2021

- Utility may be improved in combination with other measures



HR 1.24, 95% CI: 0.48–3.18, p = 0.660



HR 3.46, 95% CI: 1.31–9.13, p = 0.012

Neuropsychological evaluation

- Visuospatial skills

- Clock drawing
- Block Design
- Rey Complex Figure
- Line Orientation
- Facial Recognition

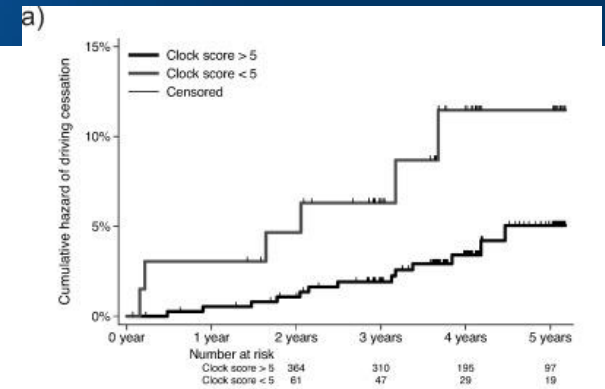
- Speed of information processing

- Symbol Digit
- Stroop Word & Color

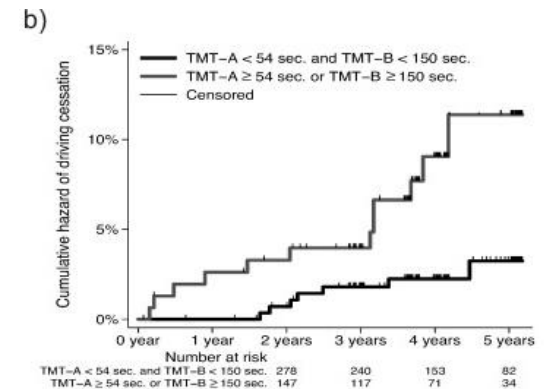
- Visual attention (divided and selective)

- Trail making test (B-A)
- Stroop interference

- Mood / depression (in MCI)



hazard ratio 2.89, 95% CI: 1.01–7.71, $p = 0.033$



hazard ratio 3, 95% CI: 1.16–7.78, $p = 0.023$

Driving Skills Evaluations

- Private, non-clinical assessment
 - Vehicle operation
 - Driver-vehicle fit
 - Risk perception
- Outcome recommendations:
 - Supplemental in-car training
 - A clinical driving assessment by an OT-DRS
 - No supplemental training
- Cost = ~\$100 to \$200
 - Training sessions ~\$75 to \$150 per hour



Clinical Assessment

- Driving Rehabilitation Specialists
 - Medical history
 - Physical assessment
 - UFOV
 - Cognitive assessment
 - Functional/on-road assessment
 - Adherence to traffic rules and regulations,
 - consistent use of compensatory strategies
- More nuanced outcome recommendations
- Cost = ~\$300 to \$600
 - \$100-\$200 an hour for rehabilitation.
- Searchable database from American Occupational Therapy Association: <https://www.aota.org/Practice/Productive-Aging/Driving/driving-specialists-directory-search.aspx>

Driving with Dementia

- American Academy Neurology 2010 Practice Parameter:... *“clinicians should reassess dementia severity and appropriateness of continued driving every 6 months.”*
- Monthly care partner “ride along”
- Small prospective studies correlating office cognitive assessment with road tests:
 - 4 of 7 with Alzheimer’s failed their 2nd test @ 6 mos
 - Worsening survival curve in drivers w/ AD, even at 6 mos post initial assessment with mild dementia



Counseling

- Validate the difficulty
- Recommendations are not all or nothing
 - Identify as needing tracking and re-evaluation
 - Restrictions/limitations
 - Consultation/evaluation from other providers
 - Scalable behavioral interventions
 - Avoid triggers (keys, car, mentioning driving)
 - Avoid confrontation
 - Avoid arguing about ability/capacity
 - Proactively offering to drive
 - “Oh, let me drive- I really need the practice”
 - Finding other roles/purpose as a passenger
 - “Oh, let me drive- I really need the practice and I really need your help with directions”
 - Changing/losing the keys
 - Relocating/disabling the car



Counseling

- Educate
 - Literature/evidence
 - Legal and financial risks
 - Progressive nature of ADRD
- Elicit patient's sense of responsibility
- Focus on preserving patient's driving legacy
- Maintain awareness of own reactions
 - Especially resistant or agitated patients
- Stay up to date on resources



Potentially Useful Phrases

- “How have your driving habits changed?”
- “What would have to happen for you to decide it’s time to retire from driving? What would the road signs be?”
- “We all retire from driving at some point- what’s your plan when that happens for you?”
- “What changes you could make now to minimize risks for accidents/getting lost/etc? Who can help you with those?”
- “It sounds like you’ve been an excellent driver for X decades and it’s important for you to be able to preserve your driving legacy.”



Community Resources

- DOL
 - Safe Driving for Seniors Collision Prevention Courses
 - Age 55+
 - 8 hours, wide array of content
 - Insurance discount
 - Offered online or in person
 - Request for Re-evaluation
 - Reporting

Reporting- Washington

- Physician/medical reporting permitted but not required
- No immunity
- No legal protection
- Neither anonymous nor confidential

- The DMV sends a letter to the driver
 - Due process
 - Action following failure to respond

- Will accept information from courts, other DMVs, police, family members, and other competent sources.
 - May be required to establish firsthand knowledge/standing

Reporting

Click here to START or CLEAR, then hit the TAB button



Driver Evaluation Request

You can use this form to request we evaluate an individual's driving ability. You must provide specific information about their medical/visual conditions and/or driving ability. Age is not a consideration. Based on the information provided, we will investigate and take action as necessary. Insufficient information may result in no action. We are unable to divulge the outcome to you, however, we will provide this form to the driver or their attorney upon written request.

Additional witnesses must complete separate forms.

Return this form and any additional information or documents to:
Driver Records, Department of Licensing, PO Box 9030, Olympia, WA 98507-9030

Based on my personal observation and knowledge, I request the Department evaluate this driver's qualifications.

Name of driver (First, Middle, Last)		Date of birth	
Residence address			
City	State	ZIP code	Driver license number
Statement			
<i>I am concerned that this driver has one or more of the following conditions that may affect their ability to safely drive:</i>			
<input type="checkbox"/> Medical condition <input type="checkbox"/> Vision condition <input type="checkbox"/> Poor driving skills			
Details			
Knowledge of this driver is based on observation as a			
<input type="checkbox"/> Law enforcement officer Agency _____ Badge number _____			
<input type="checkbox"/> Check here if there was a collision with a serious injury or fatality and the driver was at fault			
<input type="checkbox"/> Medical professional Professional license number _____			
<input type="checkbox"/> Concerned citizen			
Name of requestor (First, Middle, Last)			
Mailing address			
City	State	ZIP code	(Area code) Telephone number

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date and place _____ When you have completed this form, please print it out and sign here. _____
Signature

Reporting- WWAMI

- Alaska (https://doa.alaska.gov/dmv/akol/medical_impair.htm)
 - If requested, information will be kept confidential. However, if an administrative hearing is requested, it may be necessary to release information
- Idaho (<https://www.accessidaho.org/itd/driver/profile/index>)
 - No specific form, but age 62+ must renew in person every 4 years with vision test
 - Online & renewal changes with COVID, now up to age 75
- Montana (<https://media.dojmt.gov/wp-content/uploads/Recommendation-for-Re-examination.pdf>)
 - All licenses expire at age 75, the renewal every 4 years
 - There is a statute granting physicians immunity from liability for reporting in good faith any patient whom the physician diagnoses as having a condition that will significantly impair the patient's ability to safely operate a motor vehicle.
- Wyoming (<http://www.dot.state.wy.us/driverservices>)
 - Physicians providing information concerning a patient's ability to drive safely are immune from liability for their opinions and recommendations.

Clinician Resource

CLINICIAN'S GUIDE TO

Assessing and Counseling Older Drivers

4th Edition



AGS Geriatrics
Healthcare
Professionals
Leading Change. Improving Care for Older Adults.

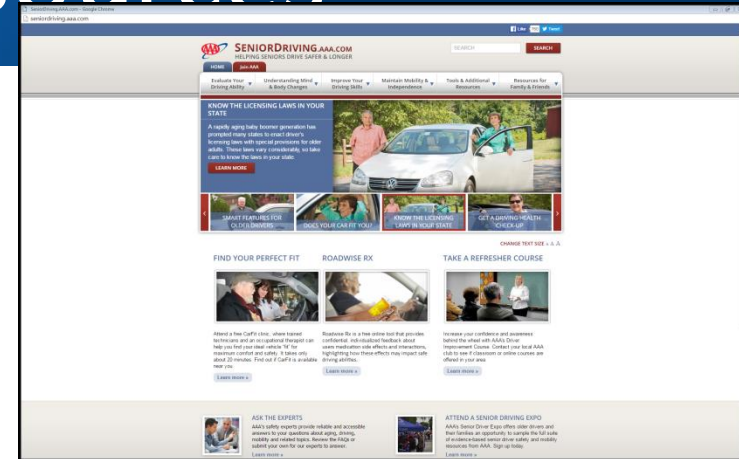
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<https://geriatricscareonline.org/toc/clinicians-guide-to-assessing-and-counseling-older-drivers-4th-edition/B047>

Community Resources

- AAA Senior Driving Site
- ACCESS
- Area Agencies on Aging
 - Community Living Connections
- DSHS
- The Hartford Group
- VA Benefits
- Local organizations and societies
 - APDA taxi voucher program



References

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Case Vignettes



We want to hear from you!

Please bring forth any case vignettes or relevant examples related to driving and dementia.

You can raise your hand on Zoom, or write them in the chat!

Upcoming Case Presentations?

Your cases are a vital part of our community learning.

Please reach out to Samantha Lafontaine, MBS today via chat, or at smlafon@uw.edu

Thank you!



Reminder: Attendance & CME Credit

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Upcoming 2024 ECHO Didactics

Date	Didactics	Presenter
July 12, 2024	Lecanamab Update	Dr. Michael Rosenbloom MD, FAAN

Closing



Next Session: Friday, July 12, 2024

“Lecanamab Update”

Dr. Michael Rosenbloom MD, FAAN

Thank you for completing our 1-minute post-session survey!