A qualitative study of clinician discussions with older drivers:

“I wish we could normalize driving health”

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Growing Numbers of Older Drivers

- Older adults are the most rapidly growing segment of the US population
  - 2006: 15% of US drivers were age 65+
  - 2020: Est. 40 million US drivers age 65+ (NHTSA 2010)

(Federal Highway Administration 2008, in Eby & Molnar, Maintaining Safe Mobility in an Aging Society 2009)
Aging Affects Driving Ability

- Safe driving requires:
  - Vision, cognition, strength, flexibility, quick reactions
    - Some of these decrease with normal aging
    - Some of these are affected by specific medical conditions
    - Some of these are affected by medications

- There is no specific age at which a driver becomes unsafe
Risks of Driving

MVCs by driver age
2007

- Rate per licensed drivers

Fatal MVCs per 100 million miles traveled by driver age,
2001-2002

Benefits of Driving

- Prolonged independence and mobility
- Enhanced interaction with community and family
- Convenience (versus other transportation options, which may not be available)

→ Premature driving cessation associated with depression, decreased social interactions, and worsened health or even premature death (Foley 2002; Taylor 2001)
Driving Retirement

- Most older adults outlive their safe driving ability by 6-10 years (Foley 2002)

- Prior studies:
  - 65% of surveyed drivers would be open to talking with their physician about plans for driving retirement
  - But only 21% had talked with someone about their wishes (most of these were with family)

→ So how do we help older drivers make decisions about driving retirement?
Clinicians have a Leading Role

- Trusted by patients and their families 
  *(Tuoko 2002; Betz 2012)*

- Have obligations related to patient and community safety 
  *(Drickhamer 1993; AMA Guide 2012)*

- But discussions about driving are difficult
“Advance Driving Directive”

I have expressed my desire to drive as long as it is safe for me to do so. However, the time may come when I can no longer make the best decisions for the safety of others and myself.

Therefore, in order to help those who care about me make necessary decisions, this statement is an expression of my wishes and directions while I am still able to make these decisions.

I believe the following conditions, and others, could affect my ability to drive safely. If I am affected by these conditions, I would like ________________ to work with me about whether I am still a safe driver. This could include office-based testing or evaluation by a driving specialist.

- Vision problems
- Dizziness or passing out
- Conditions that affect my strength and mobility (such as arthritis)
- Use of sedating medications
- Memory or thinking problems
- Other (list):

If the time comes when it is no longer safe for me to drive, I would like___________ to tell me, and I will follow his/her recommendation.

I trust those who care about me will take the necessary steps to prohibit my driving in order to ensure my safety and the safety of others while protecting my dignity.

________________________________________________          __________
Printed name & Signature Date
## Study Questions

- How can we improve clinician-patient communication about advance planning for driving?
- Are Advance Driving Directives a useful tool?
Methods

- Separated, iterative, semi-structured focus groups (3) & interviews (6):
  - Older drivers (community-dwelling, current drivers)
  - Internal medicine clinicians (at 3 university clinics)
- Recruited via flyers, newsletters & emails
- $15 incentive
- Sessions digitally recorded and transcribed
<table>
<thead>
<tr>
<th></th>
<th>Drivers (n=33)</th>
<th>Clinicians (n=8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Groups Interviews</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Age (median, IQR)</td>
<td>80 (75-84.5)</td>
<td>43.5 (41.5-46)</td>
</tr>
<tr>
<td>Female (n, %)</td>
<td>30 (91)</td>
<td>5 (62.5)</td>
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<td>Years driving (median, IQR)</td>
<td>60 (50-64)</td>
<td>--</td>
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<td>Years in medicine (median, IQR)</td>
<td>--</td>
<td>13.5 (9-15)</td>
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Analysis

- Analyzed material
  - Transcripts (231 pages) plus field notes from sessions and team discussions (10 pages)
  - Atlas.ti used for data management and analysis
- Multi-disciplinary team-based approach to data review
  - Predetermined codes from interview guides, plus new codes that emerged during analysis
  - Iterative process with regular team discussions to synthesize codes into a core set of themes
  - Stopped recruitment when no new themes arising
- Organized core themes into a preliminary framework concerning conversations related to driving and advance planning for mobility changes
  - Shared themes and framework with participants in last set of interviews
Preliminary Framework of Clinician-Driver Interactions Concerning Advance Planning for Driving

Constructive conversation about advance planning for driving
Preliminary Framework of Clinician-Driver Interactions Concerning Advance Planning for Driving

Clinician initiates conversation → Driver open to conversation → Constructive conversation about advance planning for driving

Family input → Environment supports conversation → Specific recommendations
Preliminary Framework of Clinician-Driver Interactions Concerning Advance Planning for Driving

CLINICIAN LEVEL
- Clinician initiates conversation

PATIENT LEVEL
- Driver open to conversation
  - Constructive conversation about advance planning for driving
  - Specific recommendations

SYSTEM-LEVEL
- Family input
  - Environment supports conversation
Theme 1: Clinician initiation of conversations

- Clinicians initiate conversations when concern arises
- Driving conversations unplanned and unusual

Barriers:
- Possible negative reactions from patients
- Uncertainty about local transportation options

Facilitators:
- Ethical & legal obligations of physicians
- Fits with other health promotion activities
- Should be within an established relationship
CLINICIANS

- “The conversation is almost always either initiated by myself...or occasionally by concerned family members, hardly ever initiated by the patient.”
- “I don’t really plan in advance.”
Theme 2
Driver openness to conversations

- Worry about being a burden on family
- Need help finding alternative transportation
- Advantages to stopping driving (e.g., saving money)

- Barriers:
  - Time constraints
  - Driving status not discussed or not known
  - Driving as key symbol of independence
  - Some drivers won’t want to talk about it

- Facilitators:
  - Saw clinicians as fair
  - Especially open to objective evidence
Theme 2
Driver openness to conversations

CLINICIANS
- “Patients would be receptive, so long as it was in the abstract.”

DRIVERS
- “There’s going to be more of us driving... we’re going to be living longer...so I think it would really be an advantage to doctors be comfortable talking to this.”
- “I don’t think they’re out to get anybody.”
Theme 3
Family influences on conversations

- Concern often sparks clinician conversation
  - Clinicians can be the “bad guy”
  - But clinicians worry about talking about a patient “behind their back”
- Family members take older drivers on test drives
- Smaller role in preventive conversations
  - Patients come to appointments without family
  - Some older adults don’t have involved family
Theme 3
Family influences on conversations

CLINICIANS
- [They’re] “looking for us to support them, or to be the bearer of that bad news.”
- “I rely heavily on what the family says.”

DRIVERS
- “Oh no, don’t take my keys!’ But I hope to … make the decision myself.”
- “I don’t have anyone to have [an ADD] with.”
Theme 4
Clinical setting factors

- Time constraints
  - Competing priorities
  - Complaints about number of required questions already
  - Healthcare reform might support inclusion of preventive services/conversations
- Importance of support staff
  - Can provide additional resources
  - Drivers open to initial questions by medical assistant
Theme 4
Clinical setting factors

CLINICIANS

- “I never have time for anything.”
- “Complaints from patients about how many questions they have to answer.”

DRIVERS

- “With a primary care doctor, your appointment is usually scheduled for 15 or 20 minutes, he’s not going to take 5 or 10 minutes out of that to discuss your driving.”
Importance of improved communication about driving safety
- Regular, **routine** questioning
- Part of routine Medicare wellness exam
- Ideally linked to algorithms for testing or referral

Advance Driving Directives
- Won’t be useful for all patients
- Could be useful tool to facilitate conversation
Theme 5
Recommendations for conversations

CLINICIANS

• “I wish we could normalize driving health, just like … in pediatrics we try to help folks think ahead about developmental stages, and I think [an ADD] is maybe a useful tool.”

DRIVERS

• “They could say ‘this is part of our prevention policy here,’ and introduce it that way.”
Limitations

- Participating clinicians were from university-based clinics
- Drivers were mostly women and generally healthy
  - May not reflect views of general population, especially men or drivers with complex medical comorbidities
- Sample size relatively small
  - But analysis revealed thematic saturation suggesting recruitment was adequate
Conclusions

- Identified gaps in patient-clinician communication
  - Many drivers said their clinicians do not know if they currently drive or not
  - Many clinicians said they do not routinely ask about driving

- **Routine** questioning to “normalize” the topic of driving
  - “Anticipatory guidance” concept to prepare for future mobility changes

- Advance Driving Directives may be a useful communication tool
Selected References

Questions?

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“Red Flags” for Driving Risk

- Cognitive impairment
- Motor weakness
- Diminished peripheral sensation
- Significant arthritis with poor extremity or neck mobility
- Visual impairment
- History of a crash caused by a medical condition
  - E.g., syncope, seizure or dizziness
- Multiple prescription medications
  - Especially sedating medications such as narcotics or benzodiazepines
21% had talked with someone about wishes should driving skills decline

If yes, what about?

- 36%: whose advice to follow
- 28%: who I would want to take away the keys
- 22%: what kind of testing I would want to undergo

If yes, with whom? (%)

- Adult child: 57%
- Spouse: 31%
- Friend: 28%
- Family member: 17%
- PCP: 11%
- Other provider: 6%
Figure 1. Likely response if a doctor or family member/friend talked with you about setting a plan for when your driving abilities decline in the future (N=168)