Senior Drivers: The Clinician’s Role in Maintaining Independence and Assessing Capabilities for Driving Safely.

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4/8/16
AGENDA

- Audience case examples
- NH Dept. of Motor Vehicle policies, assessments, and forms
- The demographic problems and medical issues
- Using self and family assessments
- Clinical evaluation and counseling techniques and resources
- Legal/ethical implications of reporting
NEW HAMPSHIRE

- NH Dept. of Motor Vehicle policies, assessments, and forms (compared to Maine)
  - Reporting immunity? Anonymity?
  - Reporting guidance?
    - Reporting, how? Forms?
    - For clinicians? Police? Neighbors?
  - Policies specific to senior drivers?
  - Road testing?
  - Medical Advisory Committee or other medical input?
THE AGING OF AMERICAN DRIVERS
CRASH EPIDEMIOLOGY AND
DEMOGRAPHICS

- By the year 2030, 22% of US licensed drivers age 65 or older (26.3% in Maine)

- Seniors over age 80 have the highest fatality rate per mile traveled, not highest rate per licensed driver - why?

- Over-represented in vehicle crash fatalities
US Fatal Crash Rate by Age/Million Miles Traveled (2007)
MAINE FATALITIES PER DRIVER AGE GROUP BY NUMBER OF LICENSED DRIVERS

Maine Fatality Rate (2002-2004) per Driver Age Group
By Number of Licensed Drivers

Driver Age

Estimated Relative Rate (Fatalities/Maine Licensed Driver Population)
MAINE CRASHES (02-04) BY ESTIMATED 100K MILES DRIVEN

Maine Crash Rate (2002-2004) per Driver Age Group
By Estimated Hundred Million Vehicle Miles Traveled

Estimated Relative Rate (Crashes/Hundred Million Vehicle Miles)

Driver Age
MAINE CRASHES (02-04) BY TOTAL DRIVERS

Maine Crash Rate (2002-2004) per Driver Age Group by Number of Licensed Drivers

Estimated Relative Rate (Crashes/Maine Licensed Driver Population)
# MISTAKES* DRIVERS MAKE (MAINE)
## BY AGE GROUPINGS

<table>
<thead>
<tr>
<th>Measure/Action</th>
<th>16-20</th>
<th>21-24</th>
<th>25-64</th>
<th>65-74</th>
<th>75-84</th>
<th>85+</th>
</tr>
</thead>
<tbody>
<tr>
<td># Licensed Drivers</td>
<td>44K</td>
<td>71K</td>
<td>671K</td>
<td>79K</td>
<td>49K</td>
<td>18K</td>
</tr>
<tr>
<td>Est. Miles traveled/ year</td>
<td>8400</td>
<td>14,650</td>
<td>15,185</td>
<td>7,025</td>
<td>5,860</td>
<td>4,420</td>
</tr>
<tr>
<td>Driver in Any Crash</td>
<td>21.4</td>
<td>7.4</td>
<td>3.4</td>
<td>4.7</td>
<td>6.5</td>
<td>5.5</td>
</tr>
<tr>
<td>Any unsafe behavior</td>
<td>9.00</td>
<td>2.7</td>
<td>0.9</td>
<td>1.4</td>
<td>2.6</td>
<td>2.4</td>
</tr>
<tr>
<td>Failure to Yield</td>
<td>2.2</td>
<td>0.67</td>
<td>0.3</td>
<td>0.16</td>
<td>1.45</td>
<td>1.51</td>
</tr>
<tr>
<td>Disregard traffic device</td>
<td>0.45</td>
<td>0.14</td>
<td>0.05</td>
<td>0.15</td>
<td>0.28</td>
<td>0.20</td>
</tr>
</tbody>
</table>

* Per million miles driven
But overall, fatality rates are falling for all age groups; safer cars and roads.
Fraction of U.S. motor vehicle deaths relative to total population

1 death per 10,000 people per year
MAINE’ S OLDER POPULATION

- 4th oldest state with 16.3% of its population over age 65 (US is 13%)*

- Highest median age in the nation (43.2)*, followed by NH, VT, WV, and FL

- Most rapidly aging state in New England and the country (other than Florida)*

- Rural areas have a higher proportion of older adults than urban areas

*US Census- est. 2012
PERCENT OF MAINE POPULATION AGED 65+ AND UNDER 18, 2000-2030
Why Increased Risk?
Physiologic and Medical Reasons

• Increased response time due to a decrease in processing speed and abilities to multi-task

• Diminished metabolism of medications*, alcohol

• More visual impairments:
  Acuity by cataracts
  Fields by glaucoma, macular degeneration and strokes

• More cognitive impairments from meds/drugs/alcohol, and especially dementias**

* opioids analgesics, anticholinergics, and benzodiazepines, even eye gtts!
** 13% over age 65, 50% over age 85
OTHER LESS FREQUENT CONTRIBUTORS

• Obstructive sleep apnea more frequent

• Degenerative Joint Disease of neck and limbs limit range of motion and strength

• Cardiac disease increases including arrhythmias, MIs, syncope

• Diabetes increases with associated eye pathology and hypoglycemia
GRADUATED STEPS TOWARD “RETIRING THE KEYS”

- Natural accommodations are made by most drivers voluntarily as their skills decline:
  - Fewer trips and fewer miles driven
  - Choosing to drive only in daylight
  - Avoiding peak driving times
  - Avoiding difficult intersections or problematic maneuvers such as left hand turns, roundabouts

- Restricted License* may be a step when accommodations are not made, or not enough.
The Clinician’s Role

- Asking the questions
- Encouraging self/family assessment
- Clinically assessing functional capabilities
- Counseling driver and family
- Referral to rehab/OT or BMV road test evaluation
- Intervention if indicated or required
- Reporting to BMV as indicated-BUT clinicians do not “take away the license!” DMV should.
- Assisting the patient and family in navigating the system (as needed)
Historical Indicators of Diminished Driving Capacity

- Accidents or near misses
- Unexplained scratches and dents,
- Increased anxiety, agitation when driving,
- Voluntarily diminished or restricted driving,
- Confusion, forgetfulness, or getting lost,
- Concern by others; refusal to be passengers,
- Inappropriate speeds (too slow or fast),
- Hitting brakes/gas in error,
- Incorrect signaling or maneuvers,
- Incorrect response to stop sign/lights
- “Co-piloting” by a passenger.
- Falls in the past year
Questions for Patient with Family Listening in

- “How did you get here today?”
- “How much do you drive?” (How often, how far)
- “How often are passengers in the car?”
- “Do you have any problems when you drive?”
- “Do you think you are a safe driver?”
- “Do you ever get lost while driving?”
- “Have you gotten any tickets in the past 2 years?”
- “Have you had any dents, near-misses or crashes in the past two years?”
- “If your car ever broke down, how would you get around?” Urge planning!
When to Jump on IT?

Pursue if 2 or more of these risk factors
(NHTSA/AAMVA 2009 Driver Fitness Medical Guidelines)

- Age 80 years or older
- History of a recent crash or moving violations
- Applicant self-report or caregiver report of impaired skills
- Use of psychoactive medications such as benzodiazepines, neuroleptics, antidepressants, or use of medications for Alzheimer’s Disease
- History of active alcohol abuse
- History of falls
- Inability to understand or hear instructions during interactions with the health professional
- Scores with simple screening tools that indicate the possibility of a cognitive deficit
AAA ROADWISE REVIEW:
A TOOL TO HELP SENIORS DRIVE SAFELY LONGER

- State-of-the-Art Screening Tool developed by AAA
- CD-ROM/Online
- Screens 8 functional capabilities associated with increased crash risk among seniors

http://www.aaafoundation.org/resources/index.cfm?button=RoadwiseOnline
SCREENING MEASURES - VALIDITY & RELIABILITY

- Visual Acuity – high contrast
- Visual Acuity – low contrast
- Useful Field of View*
- Working Memory
- Visual Search
- Visualization of Missing Information
- Lower Limb Strength and Mobility
- Head-Neck Flexibility

Based on research on 2000 drivers 55-96 years, seniors with a decline in any of the 8 areas were 2-5 times more at-risk of being in an at-fault crash.
To summarize:

- Stand next to the computer. Prepare to walk to the marker, turn, and come back.
- Begin when your partner says 'Start.' He or she will use the “Start Timer” button to record when you begin walking.
- Your partner will use the “Stop Timer” button to record when you arrive back at the computer.

When you are ready, stand and wait for your partner to say 'Start'. After you finish, click on 'Continue.'
On this practice page, select one of the four figures below that could be completed to match the figure above. Remember, you can only add lines; you cannot move or take away lines.
On which spoke did the outside object appear?
Visual Search
### Roadwise Review screening results for Mark Shaw on 07/20/2004

<table>
<thead>
<tr>
<th>Ability Screened</th>
<th>Measure completed?</th>
<th>Raw Score</th>
<th>Level of impairment</th>
<th>Get extra information?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leg strength &amp; general mobility</td>
<td>YES</td>
<td>3 seconds</td>
<td>none</td>
<td>YES</td>
</tr>
<tr>
<td>Head/neck flexibility</td>
<td>YES</td>
<td>PASS</td>
<td>none</td>
<td>YES</td>
</tr>
<tr>
<td>High contrast visual acuity</td>
<td>YES</td>
<td>20/40 or better</td>
<td>none</td>
<td>YES</td>
</tr>
<tr>
<td>Low contrast visual acuity</td>
<td>YES</td>
<td>20/40 or better</td>
<td>none</td>
<td>YES</td>
</tr>
<tr>
<td>Visualizing missing information</td>
<td>YES</td>
<td>1 incorrect</td>
<td>none</td>
<td>YES</td>
</tr>
<tr>
<td>Visual information processing speed</td>
<td>YES</td>
<td>0.0 millisecs</td>
<td>none</td>
<td>YES</td>
</tr>
<tr>
<td>Visual search</td>
<td>YES</td>
<td>28 seconds</td>
<td>none</td>
<td>YES</td>
</tr>
<tr>
<td>Working memory</td>
<td>YES</td>
<td>0 incorrect</td>
<td>none</td>
<td>YES</td>
</tr>
</tbody>
</table>
Based on your score for this measure, you do not appear to have any impairment in your leg strength & general mobility. The graph shows how your score compares to the scores of thousands of drivers, age 55 and older, who completed this same test in a controlled, scientific study.

One reason leg strength is important for safe driving is so you can always maintain steady control over the pedals, without fatigue. Without enough strength and flexibility in your leg and ankle, you could have difficulty in quickly and accurately shifting back and forth from the gas to the brake pedal. You must be able to put your brakes on quickly in an emergency, and also must be able to smoothly control your speed in routine situations. If you drive erratically, by speeding up and slowing down for no apparent reason, other drivers may react by trying to avoid you or pass you when they shouldn’t. This creates an unsafe situation for everyone.

Though you do not appear to have a measurable loss in your leg strength & general mobility, this doesn't guarantee that you will not be involved in a crash. Your Roadwise Review score does give a reasonable assurance that you are at low risk of impaired driving due to difficulties in this particular area.
Head-Neck Flexibility

What Should I Do?

Your apparent loss of head-neck flexibility, as indicated by this measure, makes it very important that you receive an immediate, in-depth assessment to diagnose the reason for your poor screening outcome.

You should schedule a visit with your physician, an occupational therapist, or certified driving rehabilitation specialist without delay. Ask specifically about how such a loss could affect your driving, and what you should do to stay safe. And, ask a friend or relative for a ride to your appointment, or use some form of alternative transportation.

Though your screening result has indicated an important functional loss, it is does not necessarily mean that you should be thinking about giving up driving. You may benefit substantially from some type of therapy or rehabilitation that can slow or even reverse your loss, or there may be adaptive equipment that can make the driving task safer and easier for you. You may wish to avoid situations that are likely to require frequent lane changes, where you must quickly scan to the sides to check blind spots. Merging into a lane of traffic will also be more difficult; if you use the freeway or expressway, try to find an on-ramp that is long and parallel to the highway lane you wish to enter—this will let you use your mirrors more effectively to smoothly merge with traffic. When you visit your health care professional, also ask him or her how your loss of head-neck flexibility could affect your driving, and what you should do to stay safe.

Select 'Continue' to learn about whether you appear to be at higher risk of impaired driving, based upon your score on this measure. Or, you may choose the other button at right to return to the results page.
QUICK OFFICE SCREENING

- Insist on family/friend participation
- Mini Mental Status Exam, MiniCog, MoCA, and/or CDR scale
- Clock drawing (as in MoCA)
- Trails B, extended
- Brief H+P
More Office Screening

with AMA/NHTSA *Assessment of Driving-Related Skills*

- **Clinician’s Guide to Assessing and Counseling Older Drivers, 3e**, developed by the American Medical Association/National Highway Traffic Safety Administration, September 2015, Chapter 3, 9 and appendix; 8 component testing protocol*

- Much of the testing can be done by office staff

- Clinician time required generally 10 min. or less; gives billing codes

8 COMPONENTS ASSESSED

- Visual Fields
- Visual Acuity
- Rapid Pace Walk
- Range of Motion

- Maze
- MoCA
- Trail-Making Test, Part B
- Clock Drawing Test
How to Help the Older Driver

As experienced drivers grow older, changes in their vision, attention and physical abilities may cause them to drive less safely than they used to. Sometimes these changes happen so slowly that the drivers are not even aware that their driving safety is at risk.

If you have questions about a loved one's driving safety, here's what you can do to help him or her stay safe AND mobile.

Is your loved one a safe driver?

If you have the chance, go for a ride with your loved one. Look for the following warning signs in his or her driving:

• Forgets to buckle up
• Does not obey stop signs or traffic lights
• Fails to yield the right of way
• Drives too slowly or too quickly
• Often gets lost, even on familiar routes
• Stops at a green light or at the wrong time
• Doesn't seem to notice other cars, walkers, or bike riders on the road
• Doesn't stay in his or her lane
• Is honked at or passed often
• Reacts slowly to driving situations
• Makes poor driving decisions

Other signs of unsafe driving include:

• Recent near misses or fender benders
• Recent tickets for moving violations
• Comments from passengers about close calls, near misses, or the driver not seeing other vehicles
• Recent increase in the car insurance premium

Riding with or following this person every once in a while is one way to keep track of his or her driving. Another way is to talk to this person's spouse or friends.

If you are concerned about your loved one's driving, what can you do?

Talk to your loved one. Say that you are concerned about his or her driving safety. Does he or she share your concern?

• Don't bring up your concerns in the car. It's dangerous to distract the driver! Wait until you have his or her full attention.
• Explain why you are concerned. Give specific reasons—for example, recent fender benders, getting lost, or running stop signs.
• Realize that your loved one may become upset or defensive. After all, driving is important for independence and self-esteem.
• If your loved one doesn't want to talk about driving at this time, bring it up again later. Your continued concern and support may help him or her feel more comfortable with this topic.
• Be a good listener. Take your loved one's concerns seriously.

(over)
COUNSELING DRIVERS: PARTIAL RESTRICTIONS

- Geographic
- Time of day
- Type of vehicle
- Equipment accommodations
- Weather (self only)
COUNSELING IMPAIRED DRIVERS

- The challenge of moving to restrict driving include:
  - Alienation of patient*
  - Threat of loss of the relationship & trust
  - Balance between autonomy and safety

- Use “retiring from Driving,” not “taking away license”. Discuss DMV reporting if appropriate; they should make the decision, not you.

- Retirement vs AAA self-assessment vs road test (By family, AAA, OT, or DMV)

- Consider “unintended consequences” of accidents (pedestrian, bicycles) and isolation/depression/suicide
  - *Nejm 2012; 367:1228-1236
COUNSELING DRIVERS: OPTIONS AND ALTERNATIVES

- Assessments including road test [AAA, $100, https://seniordriving.aaa.com/evaluate-your-driving-ability/professional-assessment; OT evals at MGMC ($400), NE Rehab Hospital, private OT home visits]

- Retraining perhaps: with AAA or AARP classes; maybe driver ed schools

- By reaction time training, maybe? (J Am Ger Soc 2010:58:2107-2113)-DriveSharp

- Public/private transportation options:
  - Family, friends
  - Independent Transportation Network/Neighbors Driving Neighbors
  - Volunteer groups (churches, community centers, CAPs, et al)

- Diminish need through assisted living arrangements, housing zoning, etc

- NOT co-piloting
Working with Families
Offer support and resources

- Handouts from AMA/NHTSA book

- “Observing the Senior Driver”
  www.nationalroadsafety.org/pdf/ObservingSeniors2.pdf

- American Automobile Association’s Roadwise Review
  http://seniordriving.aaa.com/evaluate-your-driving-ability/self-rating-tool) and DriveSharp
  training:https://www.drivesharp.com/aaaf/index

- Hartford Foundation’s “We Need to Talk”
  (hartfordauto.thehartford.com/UI/Downloads/FamConHtd.pdf)

- Alzheimer’s Association, Dementia and Driving Resource Center
  (www.alz.org/care/alzheimers-dementia-and-driving.asp)
Maine resources for Senior Drivers and Families

1. Pathways Rehab Services 207-530-0307, Maine Certified Driving Rehabilitation Specialist/Occupational Therapist who travels to the client's home.


- 3. Alpha One 127 Main St, South Portland, ME 04106 (207) 767-2189, http://www.alphaonenow.com/adaptive_driving.htm


- 6. www.maine dni org ude . com, Transportation alternatives

Resources for Clinicians

- Clinicians Guide to Assessing and Counseling Older Drivers AMA, 2015

- Driver Fitness; Medical Guidelines, 2009 NHTSA & AAMVA. Evidence based recommendations with references (search.usa.gov/search?utf8=%E2%9C%93&affiliate=dot-nhtsa&query=nhtsa+aamva+driver+fitness&searchCommit=Search)

- Maine BMV, Functional Ability Profiles II; Available from BMV
  https://www.google.com/#q=maine+bmv+medical+functional+ability+profile and select “29-Maine gov” to download)
Maine BMV Rules

- License Renewal, in person, every 4 years after 65
  - Vision tested: acuity and visual field screens
  - Medical status questionnaire

- BMV May require medical evaluation for cause:
  - Disclosure of a listed medical condition
  - Report of concern from physician, family, police or other
  - Observed concern as seen or assessed by BMV staff.
    - BMV will send CR-24 form to the licensee for physician to complete.
  - Response to concern varies with degree of impairment.
BMV DRIVER EVALUATION FORM

State of Maine
Department of the Secretary of State
Bureau of Motor Vehicles
DRIVER MEDICAL EVALUATION

NAME: ____________________________
ADDRESS: ________________________
DATE OF BIRTH: _________________
LICENSE/HISTORY NUMBER: ________
PRINT DATE: _________________
TELEPHONE: ________
(Please Enter Phone Number)

CERTIFICATE OF EXAMINATION

FOR THE REPORTING PHYSICIAN:
1. This report is requested because the issue has been raised as to the possibility that this applicant may have a mental/physical condition which could affect his/her ability to drive a motor vehicle safely. Your report will be advisory and used to assist in determining eligibility for a driver’s license. If you have any questions, please call the Medical Review Coordinator’s office.

2. A physician acting in good faith is immune from any damages claimed as a result of the filing of a certificate of examination pursuant to 29-A M.R.S.A. Section 1256 (g).

FUNCTIONAL ABILITY PROFILE

Please complete the profile level for the listed conditions and provide information for any other conditions not listed below that may affect the driver’s ability to drive a motor vehicle safely.

<table>
<thead>
<tr>
<th>PROFILE LEVEL</th>
<th>CHECK ONLY ONE BOX PER DIAGNOSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
</tr>
<tr>
<td></td>
<td>4.</td>
</tr>
</tbody>
</table>

Date of last examination: ________________________
How long has applicant been your patient? ________

For seizure/stroke or loss of consciousness give date of most recent episode: __________

Current prescribed medication(s):

☐ No medication prescribed
☐ Reliability in taking medication: Good ☐ Fair ☐ Poor ☐ Unknown ☐

Has this patient demonstrated any side effects from current medication(s) which would interfere with safe operation of a motor vehicle: ________

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize the release of my medical history to the Secretary of State, Bureau of Motor Vehicles and understand the information may be shared with any qualified medical professional submitting information pertaining to the disclosure medical history for the purpose of determining eligibility for a driver’s license by: Dr. ____________________________

Hospital ____________________________
Signature of Patient: ________________________
Date: _________________
(Please forward this form directly to your physician for completion)

Patient Telephone number: ________________________

Being duly licensed to practice in the state of ________________________ I hereby certify that I have examined this applicant:

(Signature) ________________________
(Specialty) ________________________
(Physician’s Name Printed or Typed) ________________________
(Office Phone Number): ________________________
(Office Address): ________________________
(Date): _________________

Reply to: Medical Review Coordinator
Bureau of Motor Vehicles
29 State House Station
Augusta, Maine 04333-0029
Telephone: (207) 624-9000, ext 52124
Fax: (207) 624-9319

A copy of the rules can be viewed at www.maine.gov/dmv/licenses/medical or a Functional Ability Profile booklet can be obtained by calling (207) 624-9000 extension 52124.
FUNCTIONAL ABILITY PROFILE (FAP)

Maine’s Medical Advisory Board has developed and is revising FAP’s for ten categories, with multiple levels under each profile.

Each profile follows the same format:
1. No diagnosed condition
2. Condition fully recovered/compensated
3. Active impairment
   1. minimal,
   2. mild,
   3. moderate,
   4. severe
4. Condition under investigation
<table>
<thead>
<tr>
<th></th>
<th>Active impairment</th>
<th>Diagnosed progressive dementias with 2 or more functional impairments lasting &gt;6 months, and other causes having been ruled out.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Minimal</td>
<td>Dementia without concern for safe driving in clinician’s judgment. Supporting evidence should be submitted and could include documentation of MMSE 24-26+, CDR &lt; 1, or MoCA≥22, without evidence of executive dysfunction or spatial, perceptual impairment. 2 years³</td>
</tr>
<tr>
<td>b.</td>
<td>Moderate</td>
<td>Dementia with risk factors for safe driving in clinician’s judgment, but limited driving may be possible &amp; safe. Supporting evidence should be submitted and could include: MMSE 20-23, CDR 1-1.5, or MoCA 19-21, without evidence of executive dysfunction or spatial, perceptual impairment. Annually Road test required</td>
</tr>
<tr>
<td>c.</td>
<td>Severe</td>
<td>Dementia with history of unsafe driving, or driving is not safe in judgment of clinician. Supporting evidence should be submitted and could include: MMSE ≤19, CDR 2 or greater, or MoCA ≤18, or deficits in perceptual or executive function. No driving</td>
</tr>
</tbody>
</table>
Legal Issues

- Clinicians legal obligations and protections
  - Immunity: NH HB263, 2014: This bill immunizes from civil and criminal liability persons who report someone as medically unfit to drive.
  - Federal Law: Health Insurance Portability, and Accountability Act (HIPAA). Exceptions for:
    1. Disclosures required by law
    2. Judicial/administrative proceedings
EThical Provisions

From AMA Code of Ethics; Opinion 2.24, June 2000*

- (1) Physicians should assess patients’ physical or mental impairments that might adversely affect driving abilities.

- (2) Before reporting, there are a number of initial steps physicians should take.

- (3) Physicians should use their best judgment when determining when to report impairments that could limit a patient’s ability to drive safely.

- (4) The physician’s role is to report medical conditions that would impair safe driving.

- The determination of the inability to drive safely should be made by the state’s Department of Motor Vehicles.
TITLe XXI
MOTOR VEHICLES

CHAPTER 263
DRIVERS' LICENSES

Issuance of Licenses

Section 263:6-b

263:6-b Medical/Vision Advisory Board. —
I. In order to advise the director on medical criteria for the reporting and examination of drivers with medical impairments, a medical/vision advisory board is hereby established within the division. The board shall be composed of 3 members appointed by the director. Two of the members of the board shall be licensed physicians and residents of this state, and one member of the board shall be a licensed optometrist and a resident of this state. Of the original appointees, one shall serve for a term of 2 years and 2 shall serve for terms of 4 years. Subsequent appointees shall each serve for a term of 4 years or until their successors are appointed and approved. Any vacancy shall be filled in the same manner as the original appointment for the remainder of the term. The members of the board shall receive no compensation for their services and shall not hire any staff personnel but shall be paid mileage when attending to the duties of the committee at the maximum rate established in the Internal Revenue Code and regulations. After the first full year of operation of the advisory board, the board shall meet as needed.

II. No civil or criminal action shall lie against any member of the medical/vision advisory board who acts in good faith in advising the director under the provisions of this section. Good faith shall be presumed on the part of members of the medical/vision advisory board in the absence of a showing of fraud or malice.

III. The medical/vision advisory board shall:

(a) Create and keep current criteria and science-based guidelines for use by division hearing examiners in making licensing determinations.

(b) Develop and promote assessment techniques available to healthcare providers to assist patients in driving-related issues.

(c) Assist the division in developing policy regarding medical conditions' effects on driving.

(d) Serve as liaison to the healthcare community in promoting best medical practices related to driving safely.