A Collaborative Model for the Comprehensive Driving Evaluation: How to Build an Occupational Therapy Driving Program with the Partnership of a Driving Instructor

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Purpose: This educational module provides guidelines, resources, protocols and case examples required to provide comprehensive driving evaluations for select clients through a collaborative model of an experienced occupational therapist and licensed driving instructor.

Rationale: Occupational therapy is the "go to" profession to address driving and community mobility (Pomidor, 2019), including the *comprehensive driving evaluation* that determines medical fitness to drive. Currently, occupational therapy practitioners who practice in driving rehabilitation gain additional training and education over a period of years to attain the title of a driver rehabilitation specialist (DRS). Depending on state laws, the **occupational therapist may also be required to attain the license/certification as a driving instructor.** Advanced training or certification as a driving rehabilitation specialist is achieved through the American Occupational Therapy Association's *Specialty Certification in Driving and Community Mobility* and/or the Association of Driver Rehabilitation Specialists (ADED)'s *Certification as a Driver Rehabilitation Specialist* (CDRS).

With the aging of the population and only about 600 DRSs in the United States (Dickerson et al., 2014), it has been clear for some time that the demand for services exceeds the number of providers who have the expertise to determine fitness to drive. Thus, there has been significant effort in recent years to expand the occupational therapy general practice to assist in determining driving risk as a means to refer only the most appropriate clients at the right time to the DRS (Schold Davis & Dickerson, 2017; Schold Davis et al., 2016). Specifically, the OT-DRIVE model (Schold Davis & Dickerson, 2017) provides a framework for practitioners to appropriately evaluate their clients to determine if the client has potential to return to driving and/or when further evaluation by a specialist is needed. In addition, there is a variety of resources that assist practitioners in addressing their clients' driving and community mobility needs.

However, even with this growth of occupational therapy practitioners in general practice who address driving, there is often still a shortage of skilled occupational therapy driving specialists (OT-DRS) for the comprehensive driving evaluation. Moreover, as attention to driving and community mobility increases, the demand for the on-road component will also grow. There are communities and some states where no OT-DRS are currently located and/or the OT-DRSs only provide to specific populations (e.g., veterans, private pay). While some health care facilities or medical/rehabilitation centers may choose to build a driving rehabilitation program (including a modified vehicle for the on-road component), the vehicle and its associated training for the occupational therapist is a significant barrier for financially strapped medical systems. Thus, this education was created to provide a training and education for an alternative strategy. **Using this training, occupational therapists and health care systems have the option to provide a**

comprehensive driving evaluation for a specific population (e.g., cognitive impairment, dementia) without the purchase of a vehicle and extensive training of the practitioner.

Background: This education module is the result of a National Highway Traffic Safety Administration Demonstration Project to the State on North Carolina1. As part of the project, the strategy of developing a collaborative relationship between occupational therapy practitioners and driving instructors was implemented and evaluated. Three programs were developed or enhanced. One program was developed in a major medical center using the driving instructor and the driving school's vehicle to provide the on-road component, with the occupational therapist riding in the vehicle. An additional program was developed *within* a driving school. This was a collaboration of a private occupational therapy practice that works collaboratively within the driving school to provide the comprehensive driving evaluations. Finally, a long-standing occupational therapy program who used driving instructors was revised to require more oversight by the occupational therapist, who had the certification of a CDRS.

Need for Education: As a result of the experiences of the four-year demonstration project, it was recognized that even though the education/training of the occupational therapist might be reduced2, the area of practice is complex and diverse. In addition, in using a driving instructor's vehicle, the types of clients are restricted, at least initially, to those who **do not** require vehicle modification. Again, while this reduces the learning curve, there is much to learn beyond what typical occupational therapists see in their typical clinic, which why these guidelines and education is needed and should be required learning for any occupational therapy provider considering developing this model.

Requirements for Development of a Successful Collaborative Model:

Occupational Therapist:

- Preferably 5-10 years of experience, but at least 3 years of experience with adult clients with a range of cognitive abilities in diverse settings (e.g., inpatient, outpatient, private practice, home care).
- An established relationship with an OT-DRS for referrals of clients needing vehicle modification, novice drivers, and/or more complex medical issues.

Note: There are driver rehabilitation specialists (DRS) and certified driver rehabilitation specialists (CDRS) who may be from other professional fields (e.g., recreational therapy, driver's education, kinesiologists) in your service area. We **strongly recommend** the occupational therapist collaborate with a DRS/CDRS who is **also an occupational therapist.** As a "novice" in driver rehabilitation, working with an OT-DRS will ensure the learning is at the professional-level knowledge, abilities and skills based on a solid medical educational background of occupational therapy.

- A working understanding of the driving rehabilitation area of practice (gained through experience, education, mentoring, or reading) is essential. Specific resources are suggested, although there may be other sources (see Table 1). hyperlink

- Experience in applying the OT-DRIVE model or similar method of identifying driving risk and potential.
- Routinely observes clients in performance of ADLs and IADLs (not just paper and pencil tests). Training in the *Assessment of Motor and Process Skills* (AMPS) (Fisher & Bray Jones, 2014) is ideally suited for this role and is highly recommended.
- Experience in addressing driving **and** community mobility. One of the challenging tasks of this practice area is discussing the recommendation of driving cessation. It is vitally important for the therapist to ensure they are confident and component in this task, or the program and therapists will be at risk ethically and potentially legally.
- Skills in working collaboratively with a partner with a non-medical background and different world view of driving.

Driving Instructors/School:

- Driving instructor is licensed or certified in their state of practice.
- Driving instructor(s) allow occupational therapists to ride in the rear seat for observation to complete the on-road assessment to be able to make a fitness to drive decision.
- Driving instructors with at least 3-5 years of experience (depending on whether full time or part time), who are willing and able to work positively with older adults.
- Preferably a driving school with a variety of instructors rather than one lone driving instructor for longevity of the program.

- Driving instructors willing to come to the occupational therapy program or mutually agreed upon locations convenient to both parties.
- Preferably a driving school that is fully integrated in the community. Driving instructors will require training, which may not be reimbursed. While a business, if the school is a part of the community, the driving schools are more willing to contribute time and energy to get the program started.
- Insurance – The driving school/instructor needs to ensure that their insurance covers fitness to drive evaluations. This is typically **not** a barrier.

Space: The space needed for this type of program is minimal, as most of the evaluations will be typical occupational therapy assessments that, as with all evaluations, should be done in a quiet, private area. The occupational therapist will, however, need to leave the hospital grounds to ride as a passenger in the driver instructor's vehicle with the client/patient to observe and make the fitness to drive determination. A space will be needed to have a discussion with the client/patient and family members to review the outcome upon return from the on-road assessment. This can be an office or area that allows privacy for the verbal report and discussion.

Appropriate Population: Unless the therapist has prior experiences as an OT-DRS, the population for this program will be individuals who need a comprehensive driving evaluation, but do **not** require any type of vehicle modification3. Essentially, the population are those drivers with mild cognitive impairment (MCI), early dementia, advanced aging, and other medical conditions that impact cognitive processes (e.g., processing speed, visual-perceptual issues, memory, executive function) critical for fitness to drive. While the population can be expanded as the driving rehabilitation program grows, this population with cognitive impairment is

substantial. The program will grow, with the rate of growth depending on the area of the country and current services.

Populations NOT Appropriate (at least initially)4:

1. ***Vehicle modification:*** There are individuals who should not be evaluated with this model. As mentioned already, individuals who will need vehicle modification should be referred to an OT-DRS or CDRS who has the appropriate level of vehicle modification training needed (see *Spectrum of Driver Services*). While the occupational therapist in this program might perform the clinical assessment, it is unfair/unethical to do an on-road assessment without the correct equipment. Diagnoses include, but not limited to: CVA with hemiplegia, amputation, TBI with motor impairment, spinal cord injury, cerebral palsy (CP).

1. ***Novice Drivers:*** Novice drivers are not evaluated for driving fitness, but potential to drive. This evaluation is ideally completed by an expert OT-DRS who has experience with novice drivers. While driving instructors are skilled at teaching novice drivers, drivers with autism spectrum disorder (ASD), for example, are uniquely challenging and need specialized training before even getting in the vehicle. Novice drivers who need vehicle modification (e.g., dwarfism, CP, spina bifida) can be extremely complex and should not be seen without substantial experience and/or additional education. These novice drivers need more time, more training and ongoing relationship with the therapist and thus, a referral to the OT-DRS.

1. ***Bioptic Drivers****:* Bioptic driving evaluation and training is a niche skill and only a small percentage of OT-DRS or CDRS are experienced in this area.

1. ***Complex Neurological conditions****:* Traumatic brain injuries, moderate to severe Parkinson's disease, CVAs or Multiple Sclerosis can manifest with complex cognitive, visual-spatial issues, and motor deficits. It is certainly within an experienced occupational therapist's purview to evaluate individuals with these conditions and follow through with interventions. However, determining fitness to drive is challenging when there are no clear indicators to decide one way or the other. In these cases, the occupational therapist might refer this type of client to the collaborating OT-DRS and then discuss as a learning process. In this manner, the occupational therapist in this collaborative plan can learn when to refer, when to counsel cessation, and how to evaluate more complex individuals in the future.

Program Name: In developing a driving program, an appropriate name is needed. It may be useful to review other program names through the AOTA's Specialty Directory. The name should include what you will specifically do (i.e., driving risk assessment, comprehensive driving evaluation, driving and community mobility assessment). Regardless of the name, your services, and limitations (e.g., not for vehicle modification, novice drivers) need to be very clear for the clientele.

Documentation and Reimbursement: Documentation and reimbursement for settings vary and that is true for driving programs. There are several references that may be helpful (Dickerson et al., 2017; Dickerson et al., 2012; Stressel & Dickerson, 2014) for using codes and charging for services. In general, the occupational therapist can typically use a comprehensive occupational therapy evaluation under the current guidelines that will include many of the same evaluations for driving. Even when using a driving simulator, you are not doing "driving" per se, but using an occupation-based tool to measure processing speed, attention, multi-tasking and many other cognitive, sensory and motor processes.

When it comes to the on-road driving evaluation, it is likely the easiest to require the client to pay the driving school directly prior to the on-road assessment. The change should be similar to the school/driver's typical charge of an hour's drive. This ranges from $60 to $125 per hour. It is **important for the occupational therapist to drive with the client and driving instructor,** for at least the beginning of the process. Observation is the key strength of the occupational therapist's evaluation, and nothing is quite the same as seeing the subtle or major issues with driving when the client is actually driving. Driving instructors have a vastly different world view and tend to *focus on bad habits* in addition to driving fitness and *consider practice as an intervention* when it may or may not be effective. During this portion of the evaluation, occupational therapist often uses the community mobility billing code.

Finally, it is not uncommon for these programs to be self-pay. However, as an evaluation of daily living tasks, it would be more appropriate for part of the evaluation to be billed for insurance. In fact, in some areas, it is possible to bill for the entire evaluation (see Stressel & Dickerson, 2014).