

CompChoice
Occupational Health Services

**Are you Ready for
Changes in DOT
Medical Examinations?**

Friday, November 15, 2013

Presented by:

**Dean K. Wampler, M.D.
Medical Director, CompChoice**

National Registry of Certified Medical Examiners (NRCME)

DOT MEDICAL EXAMS ARE ABOUT TO CHANGE

How Did We Get Here?

A little history lesson



Motor Carrier Safety Improvement Act of 1999

- ▶ Established the Federal Motor Carrier Safety Administration (FMCSA)
- ▶ Took the Office Of Motor Carriers from the Federal Highway Administration (FHWA)

FMCSA Mission

- ▶ "FMCSA is focused on reducing crashes, injuries and fatalities involving large trucks and buses."
- ▶ Over the years FMCSA has improved vehicle safety and standards.
- ▶ The next step: reducing crashes from medically impaired drivers.
 - ▶ Major focuses: Sleep Apnea, Cardiac conditions, Aging driver population.

Concerns of the FMCSA

- ▶ Increasing driver population
 - ▶ Currently more than 7 million, requiring 4 -- 5 million exams/year
- ▶ Job-related Stress
 - ▶ Variable routes and drive times
 - ▶ Cargo problems and hazardous materials
 - ▶ Isolation, lack of social support
 - ▶ Changing road environment and quality conditions

FMCSA Concerns

- ▶ A typical driver is an unhealthy profile
 - ▶ Male, over 40 years old
 - ▶ Obese
 - ▶ Smoker
 - ▶ Unhealthy eating and sleeping habits
 - ▶ Has more than 2 health problems
- ▶ Risks of advancing age
 - ▶ High likelihood of chronic disease and problems causing sudden incapacitation

49 CFR 391

- ▶ CFR: Code of Federal Regulations
- ▶ 49: Title for Transportation
- ▶ 391: refers to Commercial Motor Vehicles (CMV) and Longer Combined Vehicles (LCM)
- ▶ 49 CFR 391.41: Physical qualifications for drivers of CMV

Limitations of 49 CFR 391.41

- ▶ In very broad terms establishes a driver must be free of any health condition that could adversely affect their ability to safely operate a truck.
- ▶ Only exam parameters specified by law
 - ▶ Blood pressure
 - ▶ Vision
 - ▶ Hearing
 - ▶ Urinalysis for sp.gr., glucose, blood and protein

- ▶ Non-discretionary medical standards (mandated by law)
 - ▶ Vision
 - ▶ Hearing
 - ▶ Epilepsy
 - ▶ Insulin-dependent diabetes
- ▶ All other medical conditions are under the discretion of the medical examiner.

- ▶ NOT ANY MORE...

► Change the medical examination law?
 ► Would take forever

► Sooo, Lets make the medical examiners more accountable

► FMCSA charter allows them to "educate" motor carriers and medical examiners about safety issues

Create medical guidelines for examiners

► Medical Expert Panels,
 ► Created ad-hoc for specific concerns
 ► Recruited specialists from Cardiology, Neurology, Diabetes, Pulmonary, OSA

► MEPs provided recommendations to the Medical Advisory Committee of FMCSA

► Incorporation into a Medical Examiner Handbook (on-line)

NRCME

► As of May 21, 2014, all drivers must receive their medical examinations from a certified medical examiner

Examiner requirements

- ▶ Complete an approved training course
- ▶ Pass a certifying examination
- ▶ "The examiner must apply the qualifications standards consistently and uniformly" (examiner discretion effectively removed)
- ▶ Must transmit exam information to FMCSA
- ▶ Must submit to periodic audits
- ▶ May be removed from the panel for errors and omissions, as well as willful fraud.

Key Changes

- ▶ Waiting periods for new conditions and surgical procedures
- ▶ Mandatory consideration of sleep apnea
- ▶ Treatment compliances defined

Heart Attack

- ▶ 2 month waiting period for RTW
- ▶ Have release from cardiologist
- ▶ Must be asymptomatic and tolerates meds
- ▶ Must pass an exercise test ('pass' criteria given)
- ▶ Have an echocardiogram showing EF >40%
- ▶ Must pass exercise test every 2 years

Percutaneous Coronary Intervention (Stent and angioplasty)

- ▶ Minimum 1 week wait after procedure
- ▶ Cardiologist release
- ▶ No symptoms, tolerates meds
- ▶ No ischemia post-procedure EKG
- ▶ Initial certification for 6 months, then yearly
- ▶ Must pass an ETT 3-6 months after procedure
- ▶ Pass ETT every 2 years

Coronary Artery Bypass Surgery

- ▶ 3 month waiting period (for sternal healing)
- ▶ Cardiologist release
- ▶ Asymptomatic and tolerating meds
- ▶ Echo showing EF >40%
- ▶ No special tests until 5 years post-op., then yearly ETT

Other Cardiac Considerations

- ▶ Pacemaker
 - ▶ 1 month wait, annual proof of routine PM checks
- ▶ Heart valve surgery
 - ▶ Same as CABG
- ▶ Blood Thinners
 - ▶ 1 month wait to verify stability
 - ▶ Proof of monthly blood tests at annual exam
- ▶ Implantable defibrillators
 - ▶ Cannot medically certify

Obstructive Sleep Apnea

- ▶ Because drivers are already under-reporting sleep problems, the Expert Panel has recommended mandatory consideration of OSA risk factors by physical exam and characteristics
- ▶ The cause for 70% of all people with EDS is either OSA or narcolepsy

In-Service Evaluation Recommended any one of:

- ▶ Suggestive sleep history (loud snoring, admitted excessive daytime sleepiness (EDS))
- ▶ Two or more:
 - ▶ BMI >35
 - ▶ Neck circumference >17 in. (16 in. for women)
 - ▶ Presence of hypertension
- ▶ Epworth Sleepiness Score >10
- ▶ Known OSA, but no compliance data
- ▶ AHI >5 but <30 in previous sleep study

Out-of-Service Evaluation

- ▶ Observed, unexplained EDS or confessed excessive sleepiness
 - ▶ Falling asleep in the working room
- ▶ MVA likely related to falling asleep or inattentiveness
- ▶ ESS >16
- ▶ Not treating known OSA
- ▶ AHI >30

OSA Testing

- ▶ Polysomnogram (classic overnight sleep test)
 - ▶ Measures breathing correlated to oxygen saturation
- ▶ Maintenance of wakefulness
- ▶ Multiple sleep latency
- ▶ The medical examiner is warned to interpret home sleep studies with caution. (inaccurate and don't measure total sleep time)

OSA Medical Certification

- ▶ Minimum 1 week waiting period after starting CPAP
- ▶ Must re-certify yearly
- ▶ Must provide proof of treatment compliance
 - ▶ Use data from CPAP machine
 - ▶ More than 4 hours per night
 - ▶ More than 70% of nights
 - ▶ Alternate - 'napping' tests

Smokers – Asthma – COPD

- ▶ Must ask every driver if they smoke
- ▶ If >35 years old, spirometry is required
 - ▶ An individual can have substantial reduction of lung function without symptoms
- ▶ >65% predicted for FEV1 and FEV1/FVC
- ▶ Fail spirometry – needs pulse oximetry (>92%)
- ▶ Fail oximetry – needs arterial blood gases

What Employers can Expect

- ▶ Substantial increase in exam "holds" to obtain medical documentation
 - ▶ Hgb A1C tests in diabetics (must be in previous 3 months)
 - ▶ Proof of compliance for CPAP
 - ▶ Get exercise test completed for heart conditions
 - ▶ Smokers to complete pulmonary testing
- ▶ Some increase in medical disqualifications
 - ▶ Finding drivers with disqualifying conditions
 - ▶ Drivers with known disease but no treatment

What Employers can Expect

- ▶ Increased exam costs
 - ▶ More tech time for exam
 - ▶ More assistant time to obtain and coordinate medical information
 - ▶ Paying for some tests to expedite certification

What Employers can Expect

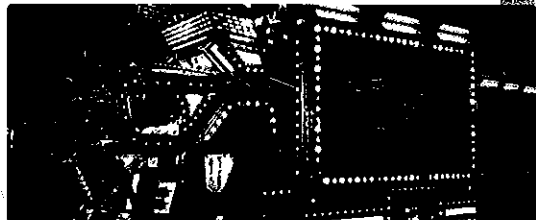
- ▶ Increased exam costs -- physician time
 - ▶ Initial time for training and exam
 - ▶ Submit all exam information for each driver
 - ▶ Obtain test information and physician releases
 - ▶ Obtain test results and verify compliance
 - ▶ Required periodic training
 - ▶ Prepare records for audits
 - ▶ Expect a minimum of double or triple exam process time

What CompChoice Can Do

- ▶ Provide efficient medical assessments
- ▶ Provide driver education packets for the employer to distribute to drivers
 - ▶ What information to provide at the exam
 - ▶ Encourage full disclosure
- ▶ Provide written instructions for the driver to take to his personal physician explaining required documentation
- ▶ Provide testing for spirometry, pulse ox, Hgb A1C during the exam

What CompChoice can Do

- ▶ Medical examiners cannot diagnose or treat during exam
- ▶ But, we can direct the driver to resources when needed
- ▶ Partner with local primary care providers and specialists
- ▶ Partner with testing centers (sleep study)



Driving into the Future of DOT Medical Exams

CompChoice

Occupational Health Services

CompChoice PROGRAM EVALUATION

Program: DOT Lunch and Learn

Date: November 15th, 2013

Presenter: Dean Wampler, M.D.

Location: Westside Community Conference Center

Your evaluation of the program/presenter is very important. It will help us improve our programs and serve you better. We review each evaluation so please consider each question carefully. Thank you.

Overall, were you satisfied with the program? Yes ___ No ___

	Disagree		Average		Agree
1. I learned useful information.	1	2	3	4	5
2. Program content was appropriate.	1	2	3	4	5
3. Presenter(s) knew subject matter.	1	2	3	4	5
4. Presentation was effective.	1	2	3	4	5
5. Facility was conducive to learning.	1	2	3	4	5
6. Course objectives were achieved.	1	2	3	4	5
7. Where did you learn about the program?	<input type="checkbox"/> Email	<input type="checkbox"/> Flyer	<input type="checkbox"/> Other	_____	

Comments: _____

Please leave evaluations on the table or give to Sara Schroeder
Thank you for attending our seminar!

For more information on our services, contact:

saraschroeder@CompChoice.net

or

402-898-5600