Challenges to Healthcare Delivery for Veterans/Service Members with Cognitive Impairment after TBI: I-HEAL Focus Group Results

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Introduction

Many Veterans and Service Members (V/SM) with traumatic brain injury (TBI) experience cognitive challenges that impact health care access and quality. Challenges experienced by V/SM with TBI may contribute to increased morbidity, rehospitalization, and premature mortality. Caregiver support is a facilitator of care and may help improve healthcare outcomes.

Objective: To identify provider perspectives on best practices to facilitate caregiver inclusion in healthcare appointments to improve health care engagement and quality for V/SM with TBI-related cognitive challenges.

Methods

Sample

- 29 licensed healthcare providers (VA and civilian settings); ≥20% of caseload involved TBI patients.
- Multiple disciplines; recruited via professional networks and VA provider lists.
- 8 virtual focus groups (60 min each), Nov 2024–Mar 2025, continued until we reach thematic saturation.

Coding

- Codebook combined a priori (literature-derived) and emergent codes.
- 2 primary coders independently coded initial transcripts (80% agreement); reconciled via discussion.
- 2 additional coders joined in concurrent coding of the remaining transcripts.

Analysis

General inductive analysis; codes grouped into categories, then iteratively condensed into themes via memoing and team discussion.

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Results

Table 1: Provider Perspectives on Best Practices for Caregiver Inclusion in Healthcare Appointments for V/SM with TBI-Related Cognitive Challenges (N = 29)

Theme	Key Practices	Illustrative Quote
Identifying Need	Chart review, pre-visit contact, in-session screening (formal and informal)	"The flag would be if there's a discrepancy between what the caregiver says and what the patient says." (Participant 1, FG#4)
Structuring Appointments	Patient speaks first; assign caregiver roles; consent checked every visit, not just once	"Always checking in with the patient…are you still okay with this? (Participant 3, FG#2)
Leveraging Caregivers as Team Members	Collateral history, functional status updates, and reinforcement of home care strategy	"We often notice that the family member will…reveal the truer sequence of events." (Participant 2, VA FG#1)
Educating & Training Caregivers	Multi-format materials, teach-back, paced to caregiver capacity	"I love just printed materials…step-by-step." (Participant 2, FG#4)
Promoting Patient Independence	Avoiding infantilization; coaching caregivers to step back; functional demonstrations of true capability.	"Making sure that the patient feels empowered, that there's a system that's working for the family caregiver team."(Participant 1, FG#3)
Managing Expectations Over Recovery	Framing TBI recovery as non-linear; renegotiating caregiver role as patient improves.	"You might need a guardian at two months post, but that might not be the case at eight months post." (Participant 1, FG#1)
Managing Safety Risks	Screening for abuse, financial exploitation, substance use, or dysregulation involving caregivers	"Disability check…turns them into sugar daddy material…wants their check…cleaned out completely." (Participant 2, VA FG#1)
Supporting Caregiver Wellbeing	Support groups, individual/family therapy, informal "space to vent"	"It's always education, but you've got to support the caregiver because they're gonna burn out." (Participant 1, VA FG#2)
Interdisciplinary Collaboration	Team huddles, IDT meetings, and shared documentation systems supporting coordinated caregiver inclusion	"We do a lot of collaboration and inter-team discussions." (Participant 2, FG1)
Documentation & Communication	Multi-channel flagging (EMR, verbal, and physical); low trust in EMR alone	"I'm not convinced people read my notes." (Participant 1, FG1)

Legend: FG = civilian site focus group; VA FG = VA site focus group. Numbers following (e.g., FG#4) indicate focus group number

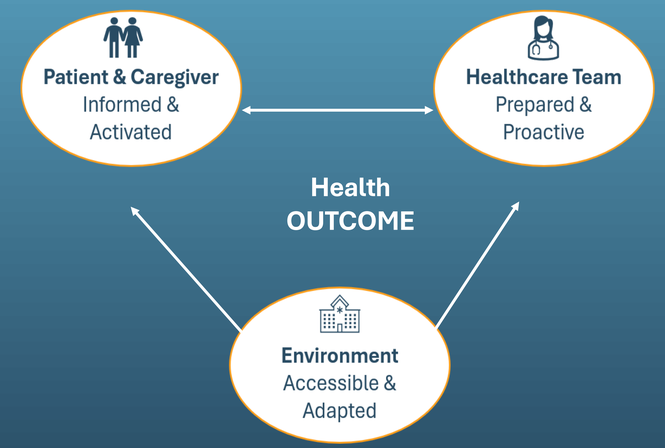
Provider types: psychologists (n=10), rehabilitation therapists (n=12), other (n=7).

Discussion

Caregiver inclusion can help optimize healthcare for individuals with cognitive difficulties after TBI. Inclusion effectiveness requires systematic identification of need, thoughtful and feasible pathways of communication of need, and role clarification.

Inclusion strategies should be judicious, patient-focused, and align with legal and ethical practices.

Active Engagement in Healthcare



Streamlined processes are needed to:

- Determine support needs of patients with TBI.
- Communicate needs to facilitate health care access.
- Guide implementation of standardized protocols for care partner inclusion.

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