Treating Veterans/Service Members with Cognitive Impairment after TBI: An I-HEAL Survey on Preparedness and Caregiver Inclusion

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Introduction

- Cognitive impairment is present in 21-57% of traumatic brain injury (TBI) survivors, and is associated with poor treatment adherence, higher rates of rehospitalization, and premature mortality.[1-3]
- According to the 2022 NASEM report, caregivers (often family members) are vital in facilitating recovery of people with TBI.[4]
- **Objective:** Describe provider and healthcare system preparedness to work with individuals with cognitive impairment and caregivers to optimize health care delivery.

Methods

- Web-based survey distributed over professional organization mailing lists.
- Convenience sample of health care providers. (N=319)
- Brown-Forsyth Robust Test of Equality of Means.[5]
- Games-Howell post-hoc tests.

Figure 1: Provider Type

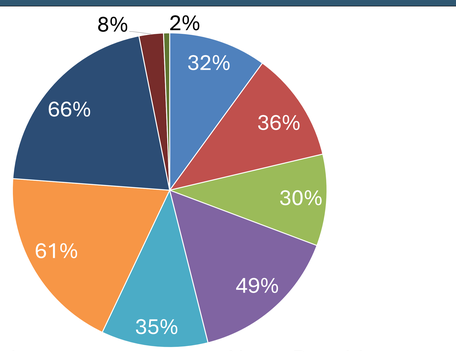

Table 1: Survey Respondents, Provider Type

	Civilian N=135		Military N=7		Veteran N=176	
Provider type	**N**	**%**	**N**	**%**	**N**	**%**
Medical Doctor (Physician)	12	37.5	2	6.3	18	56.3
LMHC, LPC, LMFT, or Social Worker	3	8.6	0	0	32	91.4
Nurse Practitioner (ARNP)	26	72.2	0	0	10	27.8
Nurse (RN, LPN, CNA)	28	57.1	0	0	21	42.9
Other	1	11.1	0	0	8	88.9
Physician's Assistant	23	76.7	3	10.0	4	13.3
Psychologist	27	40.9	2	3.0	37	56.1
Rehabilitation Therapist	15	24.6	0	0	46	75.4

Table 2: Omnibus Brown Forsyth Tests Comparing Provider Types

		α	ε^2
Q1	How qualified (trained, prepared) are you in delivering care to people who have cognitive difficulties during healthcare encounters/ interventions?	<.001	.064
Q2	Is your healthcare setting (e.g., procedures, staff, physical environment) prepared to deliver care to people who have cognitive difficulties?	.096	.016
Q3	How qualified (trained, prepared) are you in delivering care to a person with cognitive difficulties with a caregiver present?	<.001	.079
Q4	How important is it for you (healthcare team or office) to be alerted to an incoming patient with cognitive difficulties?	.896	-.013

Note: ε^2 Interpretation: Negligible: 0.00 to < 0.01; Small / Weak: 0.01 to < 0.06; Moderate: 0.06 to < 0.14; Large / Strong: ≥ 0.14

Table 3: Pairwise Comparisons

	Q1		Q2		Q3		Q4	
Provider type	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**
Medical Doctor (Physician)	7.41	2.42	5.94	2.98	7.94	2.11	7.63	2.34
LMHC, LPC, LMFT, or SW	7.03 [A]	2.57	5.71	3.10	7.71 [A]	2.19	7.94	2.87
Nurse Practitioner (ARNP)	7.69 [B]	1.65	7.08	1.61	7.31 [B]	1.47	7.97	1.36
Nurse (RN, LPN, CNA)	7.67 [C]	1.64	6.45	2.16	7.67 [C]	1.59	7.86	1.74
Physician's Assistant	7.73 [D]	1.53	6.87	1.96	7.37 [D]	1.13	7.77	0.97
Psychologist	7.30 [E]	2.35	6.77	2.56	7.36 [E]	2.58	7.50	2.99
Rehabilitation Therapist	8.82 [A,B,C,D,E]	1.36	7.03	2.54	8.98 [A,B,C,D,E]	1.27	7.51	2.65

Discussion

- Rehabilitation therapists report being the most prepared for developing strategies to support patients with cognitive impairment (and may be allies/resources for less prepared providers).
- Nurses, psychologists, and other mental health providers (LPCs, LCSWs, LMHCs, etc.) reported less preparation (and may benefit from a systems intervention).
- Providers who spend more time providing health care services to those with cognitive impairment reported higher preparedness.
- All providers (across license types or frequency of managing patients with cognitive difficulties) want to be notified that an incoming patient has cognitive difficulties.

References

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