



This product is from a project within the Department of Defense Congressionally Directed Medical Research Focus Program Award "Improving Health Care Access and Engagement for Veterans and Service Members with TBI Morbidity" (I-HEAL). Learn more about I-HEAL by visiting <https://iheal.tbndsc.org/>

Enhancing Efficacy of TBI Treatment Among Veterans and Service Members: Provider Perceptions on Leveraging Care Partner Functions to Promote Patient Independence

Cassandra R. Decker, MA^{1,3} Natalie Gilmore, PhD^{1,3} Marc A. Silva, PhD^{1,2} Kristen Dams O'Connor, PhD^{3,4} Jill Coulter, MA³ Deveney Ching, PhD^{1,3} Jessica L. Ryan, PhD¹⁻³ Jolie N. Haun, PhD^{1,3,5} Megan Moore, PhD^{1,6} Risa Nakase-Richardson, PhD¹⁻³ Rebecca Campbell-Montalvo, PhD¹⁻³

¹Tampa VA Research and Education Foundation, Tampa, FL; ²Research and Development Service, James A. Haley Veterans Hospital, Tampa, FL; ³Mental Health and Behavioral Service, James A. Haley Veterans' Hospital, Tampa, FL; ⁴Department of Neurosurgery, Morsani College of Medicine, University of South Florida, Tampa, FL; ⁵Ichan School of Medicine at Mount Sinai, New York, NY; ⁶University of Utah, Salt Lake City, UT; ⁷University of Washington, Seattle, WA; ⁸Chief of Staff Office, James A. Haley Veterans' Hospital, Tampa, FL; ⁹Department of Emergency Medicine, Morsani College of Medicine, University of South Florida, Tampa, FL



Introduction

- Due to cognitive impairment, persons with traumatic brain injury (TBI) may face challenges adhering to treatment plans¹ and providing accurate health updates to providers.
- Care partner support during appointments improves health outcomes.²⁻⁴
- **Objective:** To identify key care partner functions, potential challenges to engaging care partners, and how providers can promote effective use of care partners for high-quality health encounters in pursuit of independence and military readiness for Veterans and Service Members (V/SMs) with TBI.

Methods

- I-HEAL "Systems Intervention" project conducted focus groups (n=8) to elicit provider perceptions (n=29) on inclusion of care partners in appointments for persons with TBI.
- Sample demographics: VA (n=15), civilian (n=14); 31% in-patient, 28% out-patient, 41% both; 83% women; predominantly White; ≈age 43 with 12 years treating TBI survivors.
- Reflexive thematic analysis yielded codes on the importance of care partners' capacity to engage in treatment, act as a trusted healthcare reporter and advocate, and enact strategies that enhance patient independence.
- Capacity codes also included care partner specific (in)abilities that create barriers to performing key functions.

References

1. FA, Smith AN, et al. Family needs after traumatic brain injury: a VA TBI model systems study. *J Head Trauma Rehabil.* 2020;42(9):1305-1315. doi: 10.1080/08980101.1522551
2. Cotner BA, Nakase-Richardson R, O'Connor DR, et al. Barriers and Facilitators to Accessing Rehabilitation Health Care: A Veterans Affairs Traumatic Brain Injury Model Systems Qualitative Study. *Arch Phys Med Rehabil.* 2022;S0003-9993(22)01659-8. doi: 10.1016/j.apmr.2022.09.020
3. Fisher A, Bellon M, Lawn S, Lennon S. Brain injury, behaviour support, and family involvement: putting the pieces together and looking forward. *Disabil Rehabil.* 2020;42(9):1305-1315. doi: 10.1080/08980101.1522551
4. Finn JA. *Klocksieben Rehabil.* 2022;37(6):327-37. doi:10.1087/HTR.0000000000000799
5. Website for the Improving Healthcare Engagement and Access for Persons Living with TBI. <https://iheal.tbndsc.org/>. Last accessed July 7, 2025.

Acknowledgments and Disclosures

Financial Disclosures: This work is funded by CDMRP Award Number HT9425-23-1-0621 for Improving Health Care Access and Engagement for Veterans and Service Members with TBI Morbidity (I-HEAL) IRBNet #: 1804543-1 **Acknowledgment of VA Research Support:** This material is the result of work supported with resources and the use of facilities at the James A. Haley Veterans' Hospital. The administering institution for this work is the Tampa VA Research and Education Foundation. **Disclaimer:** The views expressed in this presentation are those of the authors and do not necessarily represent the official policy or position of the Departments of Veterans Affairs or any other U.S. government agency. Poster presentation at the 2025 Military Health Science Research Symposium, August 2025.



Providers who optimize care partners' functions as part of the medical team—by leveraging their abilities and addressing difficulties—can support positive health outcomes, pursuit of independence, and increased likelihood of return to duty for patients.

Care Partner Functions to Promote High Quality Healthcare Encounters and Increased Independence for Persons with TBI

Healthcare Reporting



Care partners validate accuracy of patient reporting and provide additional insight on patient conditions.



The family member will correct what the patient [is] saying or at least guide them in a direction that reveals the truer sequence of events, or a more realistic explanation of their symptoms.

Patient Advocacy



Care partners illuminate issues by reiterating concerns seen at home and act as a conduit to support patient-provider communication.



[Providers occasionally] need family to help you decode body language or what patients are trying to say.

Prompt Treatment Adherence to Promote Independence and Quality of Care



Providers, patients, and care partners work in tandem to encourage flexibility and responsiveness in care partner roles (both in medical encounters and at home) to best support quality of care and patient independence.



[I suggest to have care partner support the patient use of] a planner where they can write down the plan for each day ... information to help cue their memory increases independence and a lot of times their self-confidence.

Provider Reported Difficulties in Engaging Care Partners

Providers reported three main barriers to engaging care partners to perform the above functions. These barriers include:

Care partners' awareness and acceptance of patient improvement during rehabilitation toward independent functioning

Personal skills and attributes of care partner (e.g. health literacy, physical and emotional well-being)

Care partners' willingness and intent to provide support beneficial to patient well-being (mindfulness around abuse, neglect, over-involvement)

Results

Providers reported **three key functions of care partners** in the healthcare delivery exchange:

1. Crucial healthcare reporting
2. Patient advocacy (observations and communication)
3. Treatment plan development and adherence

These **functions elevate providers' ability** to form an accurate understanding of patients' current status and adjust their treatment plan accordingly.

However, providers reported that not all care partners have the ability to perform these functions. Providers continually assess care partners for ability to perform functions (e.g., awareness/acceptance, personal skills/attributes, willingness/intent to support).

Data show that best practices for leveraging care partners include:

- The provision of care partner education to augment care partners' abilities to:
 - Act as a health reporter (e.g., directions for a progress diary so patients provide update).
 - Increase awareness and acceptance of recovery.
- Assessing care partner ability (e.g., risk of harmful practices that range from overbearing to malintent or abuse); intervening if necessary.

Discussion

V/SM with TBI-related morbidity are at high-risk for poor healthcare quality due to poor cognition.

Findings highlight that care-partner inclusion is a patient-centered strategy for those who need assistance in their healthcare encounters due to cognitive difficulties.

Providers can implement strategies to support care partner effectiveness, increasing positive healthcare interactions and outcomes for patients. **Strategies to identify those who require assistance and promote care-partner inclusion are needed** to foster high-quality healthcare for V/SM with TBI.