

Perceptions of Real-world Functionality of the Electronic Medical Record to Document and Identify Patient Care Partner Needs: Unique Considerations when Serving Veterans and Service Members with TBI



Rebecca Campbell-Montalvo, Ph.D.,^{1,2} Cassandra Decker, M.A.,^{1,3} Natalie Gilmore, Ph.D.,^{1,3} Marc A. Silva, Ph.D.,⁴⁻⁵ Risa Nakase-Richardson, Ph.D.,⁵⁻⁶ Jolie Haun, Ph.D.,^{1,7} Kristen Dams-O'Connor, Ph.D.,⁸ Jill Coulter, M.A.,³ Deveney Ching, Ph.D.,¹ Megan Moore, Ph.D.,⁹ Jessica L. Ryan, Ph.D.^{1,3}

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



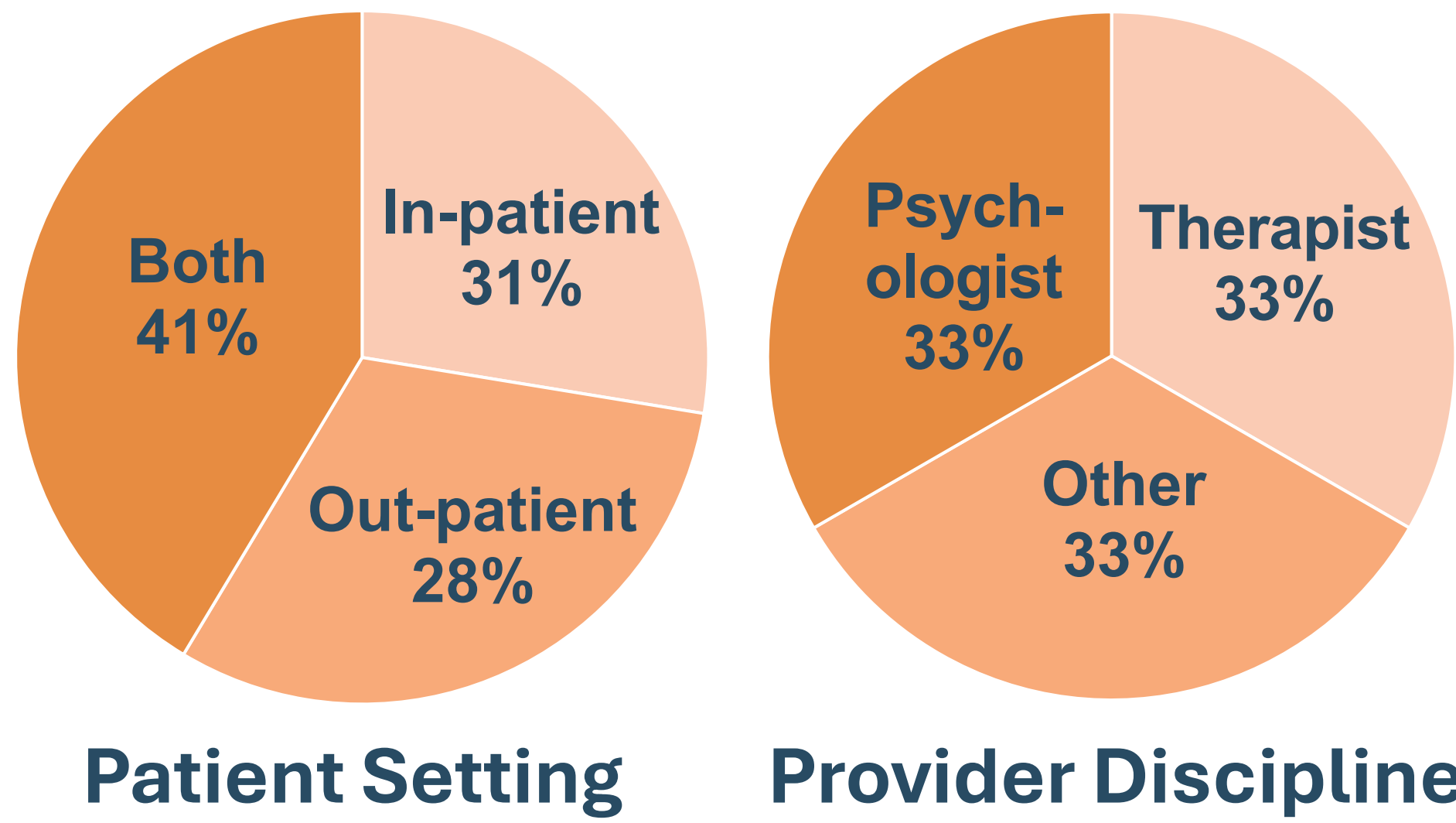
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Introduction

- Care partners enhance healthcare use and outcomes in Veterans and Service Members (V/SMs) with Traumatic Brain Injury (TBI)^{1,2}—fostering duty fitness.
- Care partners are excluded from appointments more than 1/3 of the time.³
- This project will develop an electronic medical record (EMR) flag to cue care partner inclusion.
- Study objective:** To identify provider practices in documenting need for care partner inclusion and subsequent challenges in identifying this need in the EMR.

Methods

- A focus group guide designed with 8 Veterans with TBI and care partners' input.
- Virtual hourlong focus groups (N=29) with VA (n=15) and civilian (n=14) providers.
- Sample:** Participants' mean age was 43 and they treated TBI survivors for 12 years. Most were women (17% men) and White (Asian 10%, Hispanic 7%, Black 7%).
- Analysis:** Thematic analysis⁴ used a priori and emergent codes; Access to Care⁵ and Consolidated Framework for Implementation Research⁶ (CFIR) frame this work.



Providers perceive real EMR utility in documenting and identifying need for care partner inclusion for TBI survivors, but there are important challenges of EMR trustworthiness and operability.



Practices for Documenting	Perceived Challenges	Examples from Provider Data
<ul style="list-style-type: none">Notation of informal, formal bedside or other evaluation.Includes evaluation of how patients absorb information in appointment, results of standardized tests, observation of false appearance.	<ol style="list-style-type: none">Others may not read notes.<i>VA-Specific.</i> Careful phrasing is needed to avoid unwarranted job threats.<i>VA-Specific.</i> Assessment sensitivity issues with Special Operations Forces.	<ol style="list-style-type: none">"I'm not convinced people read my notes. I put 'mild' or 'major neurocognitive disorder'... diagnosing that tips off [care partner need]: 'unreliable reporter, good to give external aid.'" (Civilian)"We see many pilots; that's a whole other ballgame with FAA. One sentence could be damning, so we're especially careful." (VA)"My team works with a lot of Special Operations patients ... they may test normal ... they're pretty good at faking it." (VA)

Practices for Identifying	Perceived Challenges	Examples from Provider Data
<ul style="list-style-type: none">Review of EMR medical or administrative sections.Includes looking for signs of cognitive status, information on point of contact, or reports of missed appointments.	<ol style="list-style-type: none">Information may be inaccurate.Content may be outdated.Data may be hard to locate.Information can be missing.	<ol style="list-style-type: none">"The times in hospital I've gone to see someone globally aphasic, and it's not mentioned in the EMR." (Civilian)"I'm in post-acute.... It can be hard for us to have accurate perception ... some people rapidly improve in days." (Civilian)"Is it in the summary, beginning or end of note? In education section? It's extremely hard to find." (Civilian)"Concerns documenting mostly stem from someone we don't have much information on to begin." (VA)

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Results

- Identifying and documenting care partner inclusion needs often **centered on the EMR**.
- There were **trust and operability concerns**.
- VA-Specific.* Some used EMR "in between the lines" to avoid inappropriate threats to duty fitness declaration or pilot licensure.
- VA-Specific.* Some perceived EMR less accurate for Special Operations Forces, for whom meaningful change may not be detected on standard cognitive screening tests.

Table 1. Frequency of themes across focus groups

EMR-Related Codes	Civilian	VA	Total
Chart Review in Advance	15	8	23
Administrative section	4	2	6
Medical history	14	3	17
Content Documented	13	21	34
Patient formal test/evaluations	6	6	12
Patient observations	6	9	15
Patient false appearance	1	3	4
Verbiage for inclusion	7	2	9
Provider recommendations	7	4	11
Care partner recommendations	10	2	12
Mode Documented	20	22	42
Virtual	21	18	39
Trustworthiness of EMR	13	6	19
Positive EMR attributes	2	1	3
Negative EMR attributes	11	5	16
<i>Totals (Primary Codes Only)</i>	<i>61</i>	<i>57</i>	<i>118</i>

Discussion

- The Access domain of Appropriateness and CFIR frame of Context highlight how **EMR perceptions threaten** documentation and identification of care partner inclusion needs.
- Application:** Findings support need for EMR flag with implications for documentation and identification of care partner inclusion need.
- Important nuances in **military settings** exist.
- Additional analysis on how findings map onto injury severity will offer further refinement.