VA.gov CMS research in Pittsburgh

Pittsburgh's facility site & CMS

Prepared by the VA.gov CMS Team
Prepared for and presented to VA stakeholders & DSVA

[Research: June 25-27. High level takeaways presented during Sprint 17 demo July 3]

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This research examines the effectiveness and clarity of information on:

- Pittsburgh's facility site (staging)
- Drupal CMS (staging)

1. Study Goals

Our approach

This problem space straddles a service boundary: a *Veteran-facing front stage* that lives on VA.gov, and a Drupal-driven *administrative backstage.*

Usability on the backstage directly impacts the quality of the front-stage experience, so we needed to investigate the UX from discrete perspectives.

Our goals

Evaluate the current Drupal and VA.gov experiences for immediate usability and longer-term workflow improvements.

- For the Authoring experience
  - Evaluate the usability of the editorial workflow (create, review, edit, and publish content) within the Drupal CMS
- For the Veteran facilities webpage experience
  - Assess perceived utility of wait time and appointment access data for decision making about care
  - Evaluate comprehension of labels and global navigation
  - Gather additional feedback to make our designs more usable

2. Research Methods

How we did it

Focus areas

- Usability: current architecture, content labels, on-page interactions
- Future feature discovery

Methods

- Observational interviews
- Task-based usability testing (*in tandem*)
- Paraphrase testing
- Contextual inquiries (My HealtheVet team)

What we did

- 2 ½ research days

- 2 locations:

  - University Drive to focus on Veterans

  - Heinz (Aspinwall) to focus on administrators/authors

- Participant interviews, 1 to 1 ½ hours:

  - Veterans/Caregivers

  - VA Employees-focus on informational experience

  - VA Employees/Authors-focused on authoring experience

We talked to 29 people

- Veterans (7)

- Caregivers (3)

- VA employees (19)

  - Eligibility specialists (3)

  - Patient advocates (3)

  - Care coordinators (6): My HealtheVet, LGBT, Women's Health, Caregiver Support

  - Librarian (1)

  - Website Authors/Editors (6): Public affairs staff (writer, editor, outreach, deputy director, webmaster)

💙 Shoutout to Heather Steele and our Pittsburgh partners for recruitment!

What we hypothesized (1 of 2)

- Information about appointment access and wait times will be useful for Veterans and caregivers in making decisions about their health care. [Paraphrase testing]

- Veterans will be able to understand the content nuances between region- and facility-level health service pages.

- The newly categorized health services will better help Veterans find information they need.

What we hypothesized (2 of 2)

- Editors need resources (inline help, training sessions or materials) to use the new CMS comfortably and confidently.

- A facility dashboard in Drupal will help editors understand the content structure, so that they can more effectively locate and edit pages within the CMS.

What happened

- 💙 The team was inspired by the level of care and passion people on the ground have for the Veterans they're serving.

- We saw a reliance on a community of Veterans helping other Veterans for creating awareness around services.

- When we spoke with pairs of employees from eligibility, women's health, and MyHealtheVet, the strength of their working partnerships was tangible. felt stronger than any connection to VACO

- VA employees' definition of success in their roles was if they are able to help Veterans get what they need (access to healthcare or other benefits, helping Veterans resolve issues with their care team, or helping them feel heard and appreciated).

4. Findings (first impressions)

High-level takeaways - access

- The need for basic information, such as parking information and phone numbers, was not only validated, but also considered essential.

  - *"People need to know where they're going. Facilities are far apart and some are much easier to get to than others." (Veteran)*

- Participants from all three user segments expressed the risk of digital-only solutions, stressing the need for printing on-screen materials.

  - *"If it wasn't for my wife, I wouldn't touch the damn thing [the computer]." (Veteran)*

High-level takeaways - access

- Older veterans, mostly, pre-9/11 (e.g. Vietnam, WWII, Korean war) prefer contacting the facility directly via phone, as opposed to visiting va.gov. Automated phone-tree still felt confusing for some.

  - *"I don't like that, when I call the numbers they [VA employees] give me, I'm not getting them, I'm getting the hospital. Used to be able to call straight into the clinic, now it just goes to the hospital."*

  - *"Older generation have a hard time hearing. Hearing loss and tinnitus is an issue… and a challenge for many. So sitting on the phone hearing beeps and prompts is a challenge."*

High-level takeaways - findability

- Over half of participants struggled (or failed) to find facility-level health service information content from regional health service page. We observed that participants did not scrolled down far enough to see the health services accordions on facility pages.

  - *"I'd rather see all of this [local information] on one page. Many people navigating this are older. This would be harder for them." (Veteran and VSO)*

- Multiple paths toward making appointments felt confusing and redundant

High-level takeaways - accuracy and context

- Participants valued content (patient friendly names, etc.) that helped them understand specialized concepts.

  - *"I like how each option has a quick snippet about what it's for. If I didn't know what geriatrics was, I could find out. " (Veteran)*

- Participants said that sensitive and cross-disciplinary services, such as women's health and LGBT services, have a critical need for heightened visibility and specialized language.

High-level takeaways - accuracy and context

- Veterans felt information in regional health service accordions was incomplete, since they could not take action from there (such as finding contacts).

- In response to paraphrase testing, the Wait Times and Access to Care sections were varied; while some VA employees felt the information in these sections was helpful, other employees felt the data contained therein was misleading.

  - *"I think this [Appointment Access section] is totally inaccurate." (Patient Advocate)*

High-level takeaways - AX

- Staff found navigating the Drupal IA challenging, but saw the facility dashboard prototype as an improvement to being able to find relevant pages faster.

  - *"What will help, honestly, is some color. It would be very easy for me to get confused in a system like this."* *(Content author)*

High-level takeaways - AX

- In the case of finding a detail page, participants failed to connect the "sections" menu item which groups content by VA administrations. Of the two routes available, all participants navigated to "manage" to locate the "make an appointment"page.

  - *"Manage… I would think this would have what I need, editing content."* *(Content editor)*

  - *"I would attempt to go to content, and then find and manage content."* *(Content editor)*

5. Next steps

What we're doing next

- Further consolidating observations on how content and design are supporting (or hindering) users in achieving their goals

- Codify insights through inductive and deductive synthesis methods to inform actionable next steps

- Size tactical short and longer term improvements

- Prioritize based on *effort*, *time*, and *(user & business) impact* across design and development. Pair requests from PGH stakeholders with prioritized improvements.

- Share with internal and external team

Thank you!

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