Facility usability testing #1 research findings

Prepared by the VA.gov CMS Team

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What to expect

1. Study goals
2. Research method
3. Summary
4. Detailed findings & recommendations
5. Outcomes
6. Next steps

We did moderated interviews with 10 Veterans and family members to learn how we could improve the information architecture and design patterns used in the proposed Facility design.

1. Study goals

STUDY GOALS

Task-based evaluation of the new Facility IA and design patterns with Veterans and their family members.

- What are participants' initial impressions of the prototype?
- How helpful is the information? Is content associated in a way that maps to expectations?
- How easily do participants navigate to find what they are looking for?
- What aspects of the in-person experience can we help illuminate online?

Tasks

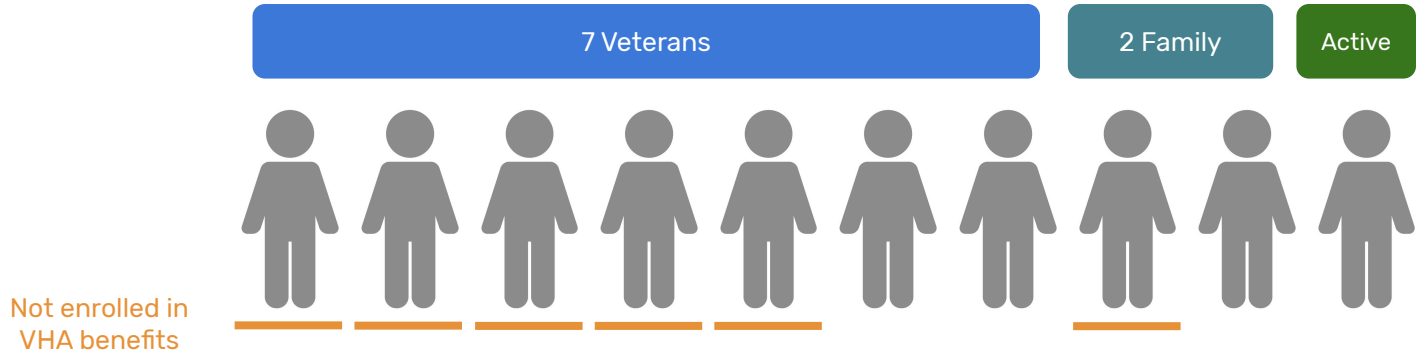
- **Schedule a visit**
- **Enroll in VA healthcare**
- **Learn about facility parking**

2. Research method

RESEARCH METHOD

Remote moderated, task-based usability testing

- Participants used the existing VA.gov website and an Invision prototype to show us how they would:
  - Enroll in health care, make an appointment & find parking at a local VA center



3. Summary

Success rates by participant

Matrix of participants and their attributes, their enrollment status, and tasks completion success. Values 0 and 1 are success, while 2 and 3 indicate that the participant encountered difficulty.

Key	
0	positive experience
1	demonstrated hesitation, OR works as expected
2	did not complete; moderate problems
3	did not complete severe problems

enrolled in HC?	N	N	N	N	Y	N	Y	Y	Y	N
fam/vet/active	Family	Vet	Vet	Vet	Vet	Vet	Vet	Active	Family	Vet
parking	2	3	1	0	0	0	0	0	0	0
appointment	0	0	0	0	0	2	0	0	0	1
become patient	3	1	3	0	0	2	n/a	0	0	1

SUMMARY

Schedule a visit to the Pittsburgh medical facility

- All 10 participants were able to complete this
  - 1 did so with support
  - 9 did so with ease
- Provide more context to the button. Who should be going here? Why would they need to click this?
- Provide various channels for this action, since not all VAMCs have similar levels of digital maturity.
- Make more noticeable, visually and contextually (identical button styles reduce meaning).

Helping a fellow Veteran enroll in VA healthcare

- 7 out of 10 participants were able to complete this
  - 3 completed with support
  - 4 completed with ease
- Iterate “Become a patient” label to reflect conventional healthcare language and be more specific about action.
  - Suggestion: “Enroll in VA health”
- Provide more context to the button. Who should be going here? Why would they need to click this?
- Make this repeatable and disperse call to action within page bodies. (honoring the context of various content sections)

SUMMARY

Identify where to find information about facilities parking

- 8 out of 10 participants were able to complete this
  - 1 completed with support
  - 7 completed with ease
- Provide a link to Parking adjacent to (or within proximity of) Directions.
- Iterate on clustering Parking with Shuttles and any content about public transit. Participants saw these as contextually similar.
  - Suggestion: a new parent content area labeled “Getting there”
- Include maps with any future content design.
- Include accessibility considerations (how many wheelchair spaces are available, etc.)

4. Detailed findings & recommendations

FINDING

Participants avoided interacting with the VA

- 4 of 10 were not enrolled in VA-sponsored healthcare; they had past experiences that caused them to question the quality of care they would receive.
- Those who did have employee-based healthcare, were satisfied with their existing coverage.
- One participant expressed that VA-sponsored healthcare and facilities should prioritize **active service members** versus Veterans who may have additional, private options.
- While talking about current experience, 5 out of 10 participants looked at the map in Google search results, looked up a local facility on google.com/maps, or said they would use Waze or car navigation rather than a government site.

"The reason is a fear of waiting in long lines, not getting access to a doctor. I use my doc for primary care and to renew my Rx. I'm in a sustainment phase. I'm naive to what's available to me. I have high expectations. The convenience-factor for me is that I see my doctor and I'm good to go. If that experience were similar at VA, I'd jump on it." – P6

FINDING

Participants' actions and content needs were based on their specific health statuses and service histories

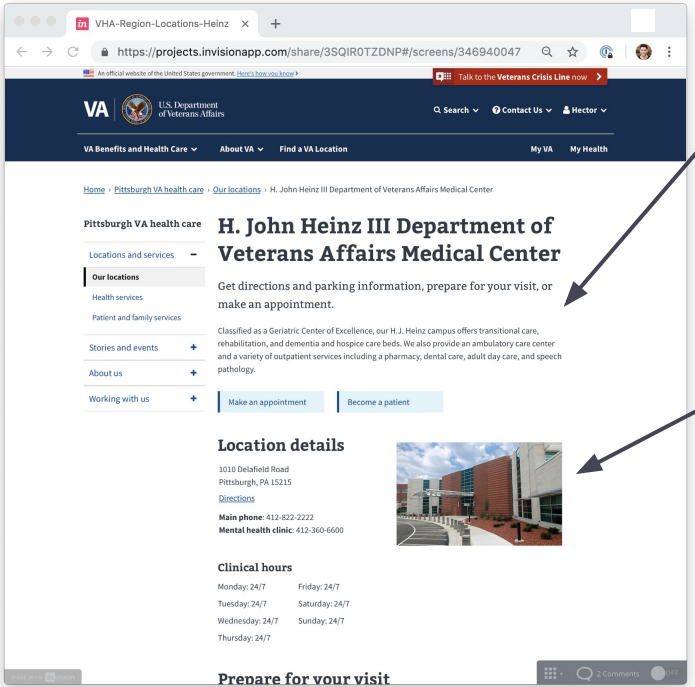
- Two participants were post-911 Veterans, and wanted a way to view the unique benefits available to them. (P6, P7)
- Two participants wanted to find out if they are eligible for or get reassessed on their disability status (P2, P10)

FINDING

People preferred information density on prototype

- Overall, participants reacted positively to the Invision prototype when they first encountered it
- Most participants stated the **the prototype felt less cluttered** after doing tasks on the current VAMC websites.
- One vocal participant noted the reduction of phone numbers and actionable content in the top of the page that was “above the fold.”
- Participants preferred content organization on current (Pittsburgh) site vs the prototype (flat vs deep navigation), but appreciated the “simple, straightforward, direct” look.

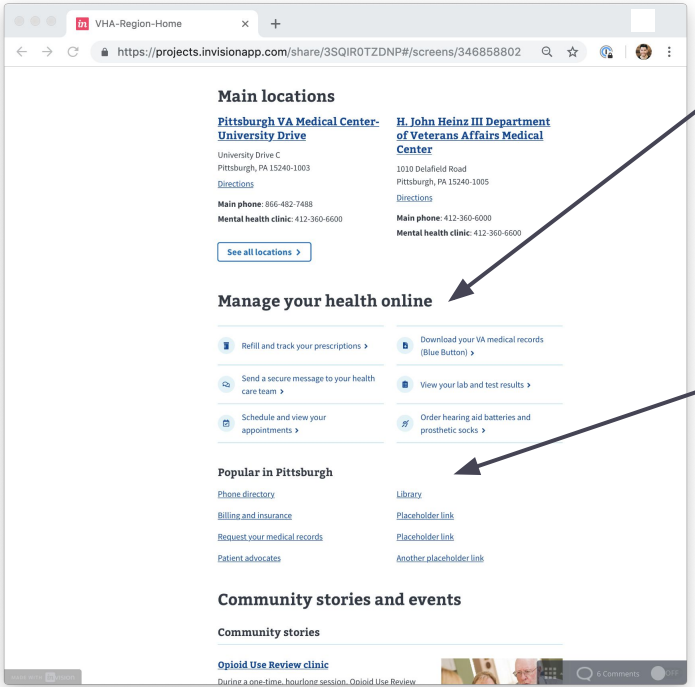
Re-prioritize content: The most prominent content on the location page was the least relevant to users.



- Language at the top of the page was generally ignored. One participant called it out as useful, but they wanted *in-page links* to help them “jump” to useful content.
- *Location details* seemed more important to the participants who actively discussed priority.

FINDING

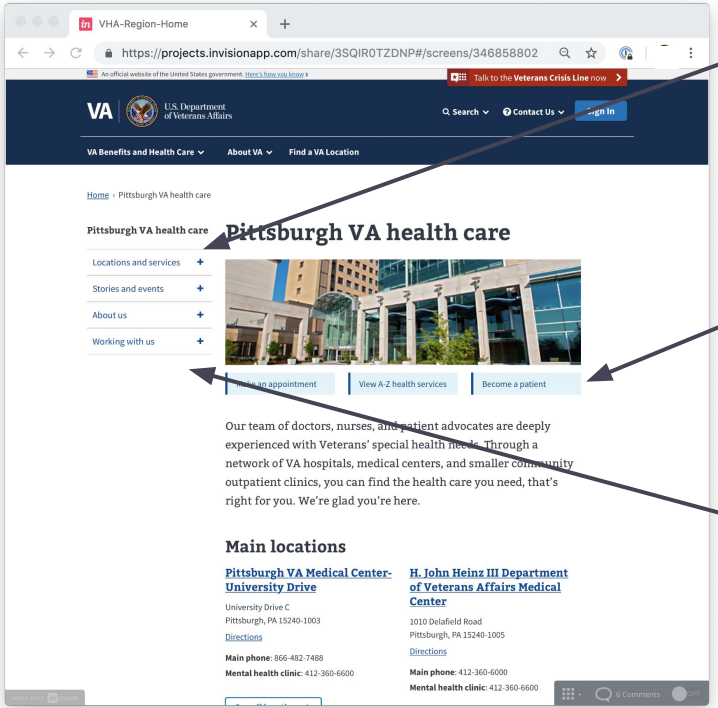
Re-prioritize content: there were mixed responses to the relevance of content on Region home



Manage your health online was very successful. Many participants cited that they already have a MyHealthyVet account and wondered if these links would lead them there.

Participants appreciated the reduction in “clutter” in the prototype, but some found content to be extraneous. For example *Popular in…* section.

Participants looked to the navigation and content to give them as sense of the steps they'd need to take.



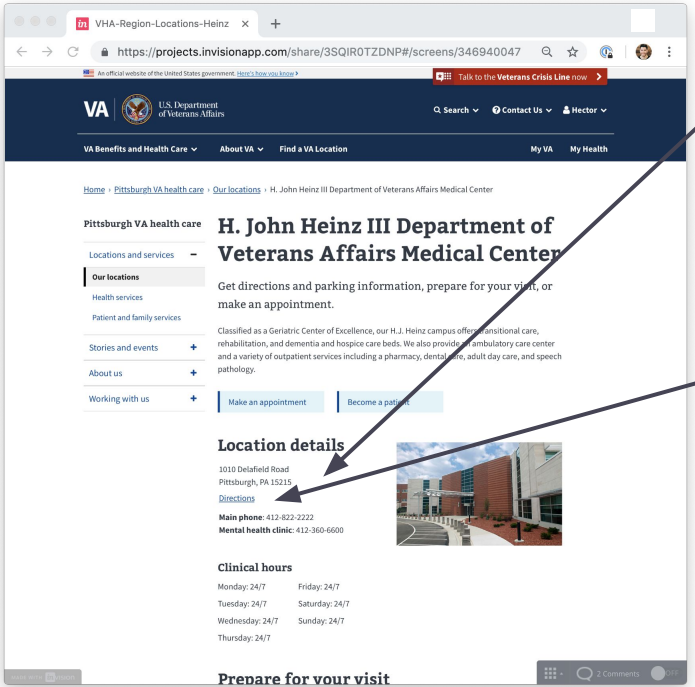
- The left-hand navigation felt intuitive; participants repeatedly said that it felt more approachable than the current .gov navigation.
- 4 of 10 participants initially noticed the 3 main actions. Most spent time seeking them. 2 participants stated that they did not seem interactive.
- Participants who were not enrolled scanned that nav menus like checklists

"...think about a checklist. It's the military in me. **Where are we in the milestones so you can get care?** Where are you on this journey? Right now I don't know the process. I'd like to know where I am in this process." — P6

"The entry page was trying to do everything for everybody." – P10

"Can I make an appointment with behavioral health or do I need to see a primary care doctor first? In Washington, I had to see a pharmacist first, then a primary care doctor, then see and endocrinologist, *then* a mental health care provider. And I have PTSD." – P5

Participants expected to be able to take action on the Facility location page.



- *Maps were often expected to be within proximity to the VAMC address.* This was considered especially helpful given the test scenario of being a recent Pittsburgh transplant.
- *Participants associated parking with "Directions."* The physical separation between these two content items caused some initial confusion. Caveat: this could potentially a result of Invision prototype.

"A map would be a lot better at this point. I know where I live, that's one of the few things I know as a new person in town. **I want to search where I live and want to see if the services I need are near me.**" — P10

"[Many Veterans'] **ability to hang on to a lot of information at once is greatly reduced**. They're older and/or have mobility or cognitive issues. If they missed it [a CTA] the first time, they have to know they have to [do the action the CTA encourages] later." — P10

"My knee-jerk reaction is that 'find a dental clinic location' was hard to find. Would be nice to have a big button for '*find*.'" — P1

RECOMMENDATION

Eligibility and comparison tools could increase enrollment

- Provide enrollment tools for new or potential benefits seekers which enable Veterans and their family members to learn the level of care for which they are eligible and how it compares to existing benefits.
  - Answer questions about cost, wait times, and quality-of-care, which were key issues when participants considered enrolling in VA-sponsored benefits versus employee-sponsored benefits.

RECOMMENDATION

Organize location-related info to meet expectations set by the most used products on the internet (E.g. Google)

- Maps were often mentioned as expectations. They also wanted contextually relevant information like location details, parking and what to expect when they arrived in person to be in the same physical vicinity on the website.
- **Combine all location-related information** – from address, map, hours, parking locations and costs, etc. and organize into a component like the one used by Google in their search result.

In addition to decluttering pages, we can use this and future research to help us better group content

- Establish a strategy for the triad of buttons / quick links at the top of each page
- See location finding and recommendation
- 3 out of 10 participants noticed components like "Manage Your Health Online" and said they were useful. Consider additional packaging of content and services to help take the guesswork out of services.

"The blue things at the top were the most important but at first I didn't see them. I didn't even see the third one" – P5

RECOMMENDATION

Add brand recognition to “Manage your health online”

- If “Manage your health online” links do indeed lead users to MyHealthyVet, write a short line here saying so to reassure users.

RECOMMENDATION

Re-evaluate the relevance of content such as Popular in...

- What content is part of "Popular in..."?
- Where does the content get pulled from?
- How might different Regions utilize or customize this section? how would different styles / content across Facilities impact user experience?
- Can this content be part of a more relevant section vs being featured on the landing page?

- If we can't answer these questions now, we recommend **removing this section, and approach it later when we can apply a more holistic and user-focused approach**.

RECOMMENDATION

Repeat and consistently contextualize calls to action, across all relevant pages

- Unfamiliar or inconsistent language in navigational items led to doubt about what participants would find when they clicked, lots of exploring until they happened to land where they needed to go.
- We recommend
  - Repeating the CTAs (examples: enroll in healthcare, make an appointment, find health services) in a clear, consistent way across all relevant, inner pages.
  - Contextualize the CTAs. Make it easy for people to view health services (for example) that they need, and for a CTA to make an appointment at the nearest Facility that provides that service.
- The repetition is important because, depending on SEO, people may not always land on Region Home, and to meet Veteran user needs.

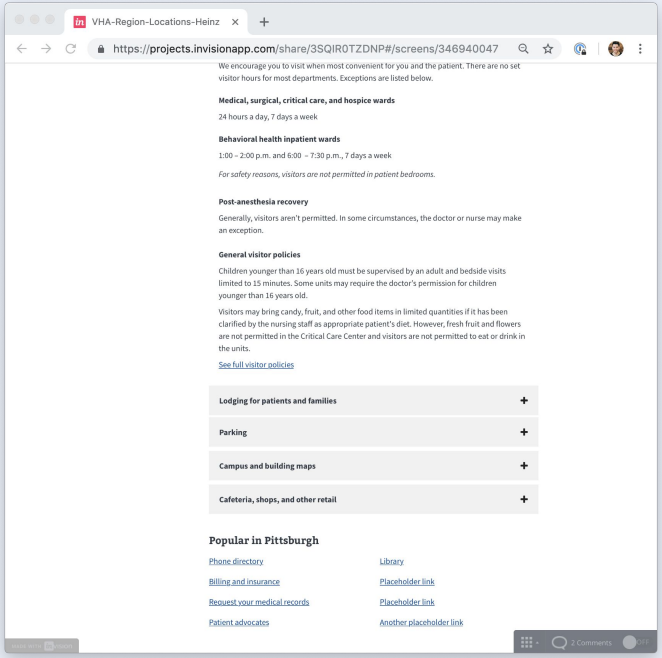
RECOMMENDATION

Create content that helps users understand what's next in the journey.

- Make an Appointment was a popular feature but the content in the prototype did not provide enough information to participants. Many questioned whether it was a feature they could use based on their circumstances.
- For a robust online process like enrollment, participants were intrigued but did not feel they had the time or information to begin the task. None were motivated to begin the process online without more information.

RECOMMENDATION

Test Facility page again with live content for clearer read on how well the content and interactions work.



- Static accordions were not useful to test on Invision (no dynamic interaction or full content available).
- While interaction pattern was noted as conventional, some participants expressed that *content felt buried*.
- *Some content expectations:* maps, lists of possible parking lots, public transit options, accessibility, other nearby parking (urban sites).

RECOMMENDATION

Consider robust plain language search functionality

- When participants missed the key CTA's, or were not able to find the information they needed health services or Facility location page, they mentioned that they would prefer to search in the header.
- We should investigate the feasibility of building a **robust plain language search functionality** that allows users to reach the content they need using their own words.

Iterate on the IA and calls to action

Global recommendations

- Main CTAs need more supporting text or information, so that the user can know what to expect to find or do
- Main CTAs need to be more prominent; still repeatable
- Reduce the prominence of pictures and “comfort” text
- Sub-nav should be expandable on click to expose categories prior to page load

Region (Pittsburgh)

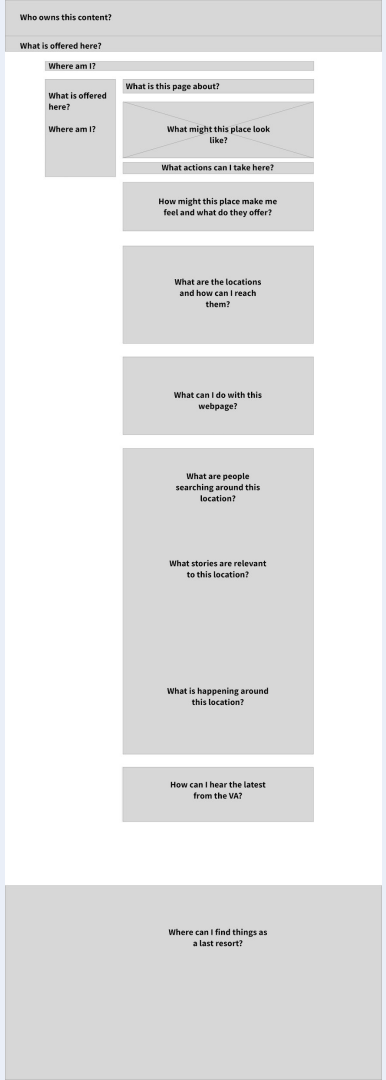
- Emphasize that there are multiple locations
- Use maps to allow visitors to get a sense of relative position

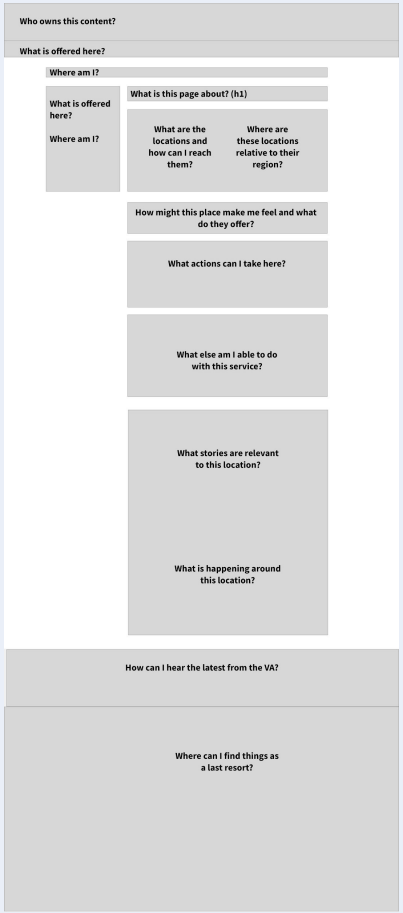
Facility (Heinz)

- Emphasize contact information

Consider the intention for the overall information architecture and each block of content

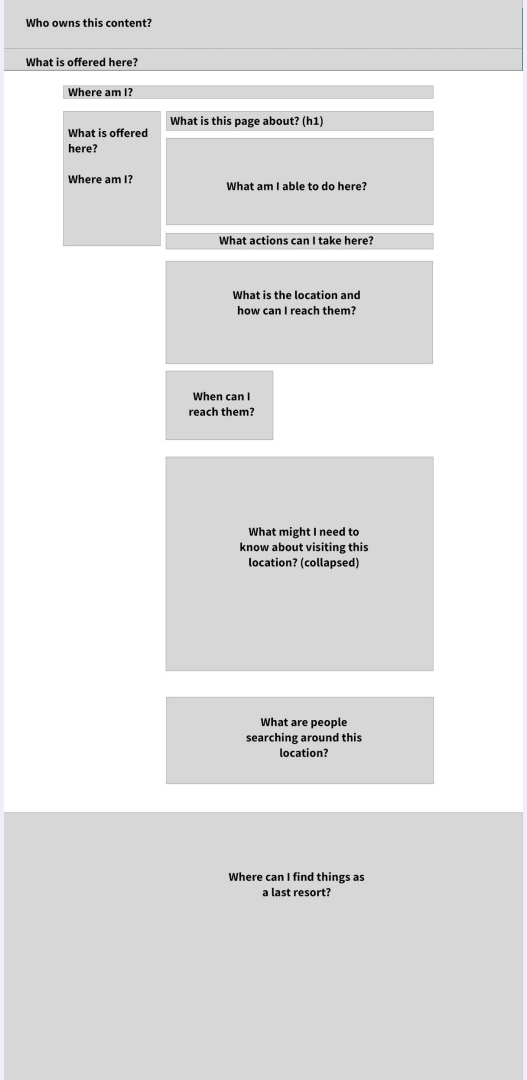
- On the left is the intention of the current design for the the ***regional home page for Pittsburgh***.
- On the right are our recommendations based on the challenges and opportunities that this research study illuminated.





Consider the intention for the overall information architecture and each block of content

- On the left is the intention of the current design for the a ***specific location within the region of Pittsburgh***.
- On the right are our recommendations based on the challenges and opportunities that this research study illuminated.



5. Outcomes

Did we reach our goals for the study?

- What are participants' initial impressions of the prototype? Generally positive. Visual styles felt more inviting and content seemed more readable.
- How helpful is the information? Is content associated in a way that maps to expectations?
  - Making an appointment. Label is good, visual priority mildly lacking.
  - Becoming a patient. Label insufficient (40% unassisted success).
  - Parking information. Interaction design (accordions) adequate. Proximity to germane content (Directions) mildly lacking.

Did we reach our goals for the study?

- How easily do participants navigate to find what they are looking for?
  - Making an appointment. 100% completion. 90% with ease.
  - Becoming a patient. 70% completion. 40% with ease.
  - Parking information. 80% completion. 70% with ease.
- What aspects of the in-person experience can we help illuminate online?
  - Materials needed to prepare for enrollment and/or visit. Will vary based on VAMC digital maturity.
  - Suggested mode of transportation.

6. Next steps

Open questions

- **Make an appointment:** What can we do to standardize information about making an appointment across facilities, whether it's online or not?
- **Facility locations:** Are active duty stations available on VA.gov? Which subset of Veterans are eligible or use active base clinics, and do we want to show these on VA.gov?
- **Tracking success:** What can we do to begin a data analytics and implementation plan?

Immediate next steps

- List of prioritized recommendations for Sprint 9 and 10
- VFS team meeting Xdate, have this list ready along with task success/failure (?) by this date ^

Future research

- A research plan for **Facility usability test #2** on the built site will be written in Sprint 9, to learn relevance of content and identify gaps.
  - Interactivity of navigation (left, top, accordions)
  - Recruit 2-3 participants who use screen readers
  - Interviews to be done in Sprint 10
- **Unmoderated poll** for visitors to Facilities websites, such as pittsburgh.va.gov, to determine who visits the site and why, learn relevance of content and identify gaps.

Appendix

APPENDIX: F/R MAP

Finding	Recommendations
Participants avoided interacting with the VA	• Eligibility and comparison tools could increase enrollment • Organize location-related info to meet expectations set by the most used products on the internet (E.g. Google)
Participants navigated the prototype and wanted content available to them based on their specific identity and service history	• Iterate on the IA and calls to action • Create health-specific that content that addresses specific needs as they arise – E.g. regarding the Camp Lejeune water rulings
Information density on prototype was preferred	• In addition to decluttering pages, we can use this and future research to help us better group/package content • Re-prioritize content: The most prominent content on the location page was the least relevant to users • Re-prioritize content: there were mixed responses to the relevance of content on Facility home

Finding	Recommendations
Participants looked to the navigation and content to give them as sense of the steps they'd need to take.	Create content that helps users understand what's next in the journey, especially for more robust tasks like *Make an Appointment* and *Become a Patient*
Participants expected to be able to take action on the Facility location page.	• Test Facility page again with live content for clearer read on how well the content and interactions work. • Repeat and consistently contextualize calls to action, across all relevant pages • Investigate robust plain language search functionality

Thank you!

Contact us with questions:
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