

COMMUNITY CARE PROGRAM

# Veteran Experience Map

DEPARTMENT OF  
VETERANS AFFAIRS

VA



U.S. Department  
of Veterans Affairs

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Human Centered Design  
Community Care IT PMO

TO CARE FOR HIM WHO SHALL  
HAVE BORNE THE BATTLE AND  
FOR HIS WIDOW, AND HIS ORPHAN  
A. LINCOLN

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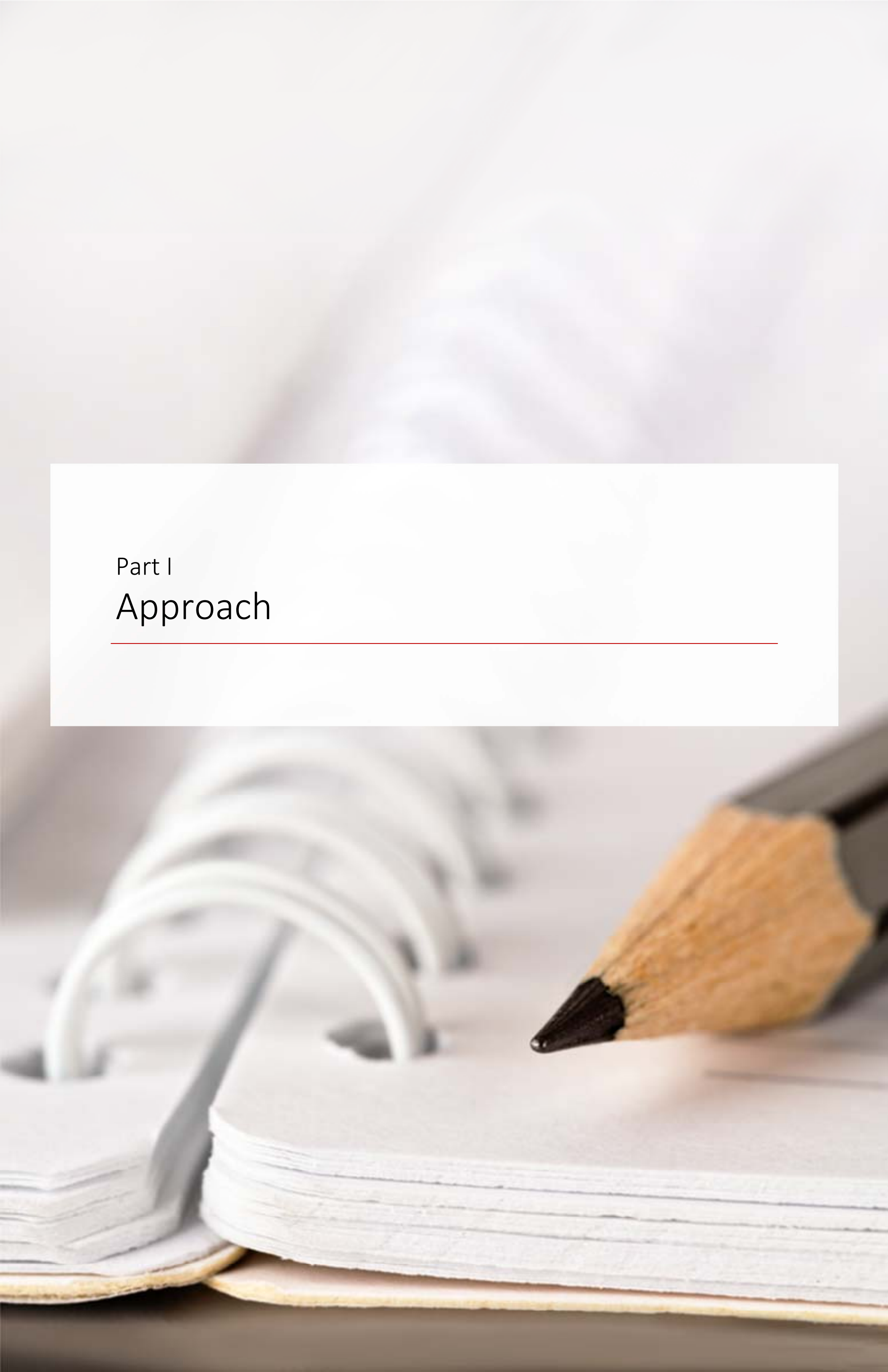
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The background of the slide is a close-up photograph of a spiral-bound notebook. The notebook is open, showing several lined pages. A wooden pencil with a dark eraser and a sharp lead tip is resting on the right page. The spiral binding is visible on the left side. The overall tone is soft and focused on school or study-related themes.

## Part I Approach

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# Executive Summary

## The Community Care Program

The Community Care (and Choice) Program is rapidly evolving, with enterprise-wide system changes that will impact the health care experience for many Veterans. New tools and methodologies are continually introduced to address systemic needs while requirements are still being identified. Data models are in perpetual transition. Legislation impacting the Community Care Program is in a constant state of flux, with frequent announcements of modified standards, regulations and mandates. In this ever-shifting environment, services meant to address Veteran needs may become overwhelmed in the churn of reactive solutions. This document is meant to strengthen awareness of Community Care's behind-the-scenes processes – and how proposed interactions may create unexpected challenges for Veterans.

## Objectives

For some projects, a journey map may be developed early in the discovery phase – to help business teams better understand the needs of their audience. Ideally, journey maps support additional research, eventually leading to identification and prioritization of requirements and features. Community Care has shifted attention beyond initial requirements to focus on development and release planning, with a good deal of activity now aligned to connecting integration points, validating data sets, and responding to technology concerns. Additionally, when considering Community Care's various constructs, the predominate thought seems to be that, since there is no online touchpoint for the Veteran, there is really no Veteran "experience" to address.

This Veteran Experience Map tells a different story – from the Veteran's perspective. The intent is to demonstrate how the network of Community Care products and services, as proposed for the "Transition Plan," may combine to impact the Veteran in a great number of ways.



## Focus Areas

- This document offers a unique perspective, super-imposing the Veteran's experience alongside the timeline required to fulfill prerequisite activities intended to occur "backstage," often unknown to the Veteran. To make this Experience Map information meaningful and actionable for Community Care Program leaders and team members, the following focus areas have been targeted:
- Mapping the Veteran's experience as a timeline to support a clearer understanding of trouble spots that may impact the Veteran
  - Correlating the Veteran's perspective to the system workflow in the "Transition Plan," including customer service and offstage activities
  - Calling out topics for further consideration
  - Mapping areas of concern as potential pain points
  - Visualizing an ideal Veteran experience
  - Identifying additional Veteran use cases to be considered for prioritization

## This Material Is Foundational

The Community Care Veteran Experience Map lays the foundation for defining a more ideal patient experience for Veterans who use Community Care. This document responds to a number of initial questions and begins to fill in gaps in knowledge for the next iteration and promote Veteran-centric discussions with stakeholders. Next iterations can include a more in-depth exploration of other use cases and their prioritization. With a deeper understanding of Veterans' end-to-end experiences with Community Care, the VA has the opportunity to utilize these experience maps and use cases to inform decisions that will improve the patient experience and make it consistent across Community Care services.

# Research

## Understanding the Veteran’s Experience

An experience map provides a clearer understanding of how a current or proposed process might impact a particular user or audience type. Although Veterans don't necessarily have a formal, system-oriented role within the Community Care workflow – understanding their perspective is crucial to meeting the multi-faceted needs of Veterans.

## Research Goals

Research activities, including over 20 discovery sessions with VA Community Care stakeholders and subject-matter experts, supported development of the material provided in this document. Additionally, numerous documents, reports, and related artifacts were investigated and synthesized in an effort to validate assumptions and open new areas of inquiry. Research efforts were guided by the following goals:

- 1 *Understand how backstage processes may impact the Veteran’s experience of Community Care*
- 2 *Clarify potential system/enterprise changes – and how these could impact the Veteran*
- 3 *Bring recommendations to light – for ways the VA might improve the success of the Community Care program from the Veteran’s perspective*

## Methodology

A number of research results were combined to develop assumptions and questions. These considerations led to further study and either validation of assumptions or basis for further inquiry. Additionally, investigation looked into underlying details related to system architecture, proposed processes, workflows, and procedures. The following methods were applied in incremental phases, with each layer of research providing further questions and validation of assumptions:

- 1. Research of existing artifacts
- 2. Attendance at off-site meetings and cross-team collaborative discussions about the Community Care landscape and its inherent processes
- 3. Study of legislation and other mandates related to the Choice Program, Community Care, non-VA provider care, e-prescribing, and other similar topics
- 4. Review of workflow diagrams, system architecture plans, standard operating procedures (SOPs), and service documentation
- 5. Initial drafts of the Veteran Experience Map, with questions and assumptions, leading to further questions and considerations
- 6. Recurring stakeholder discovery sessions, where stakeholders and subject matter experts were queried in guided and open discussions
- 7. Additional draft versions of experience maps, with the concept of a timeline becoming a focus – as it was critical to demonstrate the correlation between planned system functions and the Veteran's experience
- 8. Investigation into ongoing changes across the Community Care landscape as several systems and processes continue to shift. Because these changes seem often to be made "on the fly", and the impact to the Veteran's experience is not always clearly indicated, more focus was placed on deriving actionable recommendations – particularly around providing a way for the Veteran to know what is going on backstage.
- 9. Final stages of experience map development, which led to an awareness that the Community Care "system" remains in flux and, with the new "Transition Plan", the strongest value the Veteran Experience Map offers is to bring to light questions, concerns, and potential red flags that may negatively impact Veterans

## Stakeholders

Stakeholders for the Veteran Experience Map are the Business and IT leads and team members across – and even outside of – the Community Care Program. This document will be made available to and discussed with stakeholders to help explain the material and to seek input, which will support further study and incremental improvements to Community Care products and services.

# Veteran Use Cases

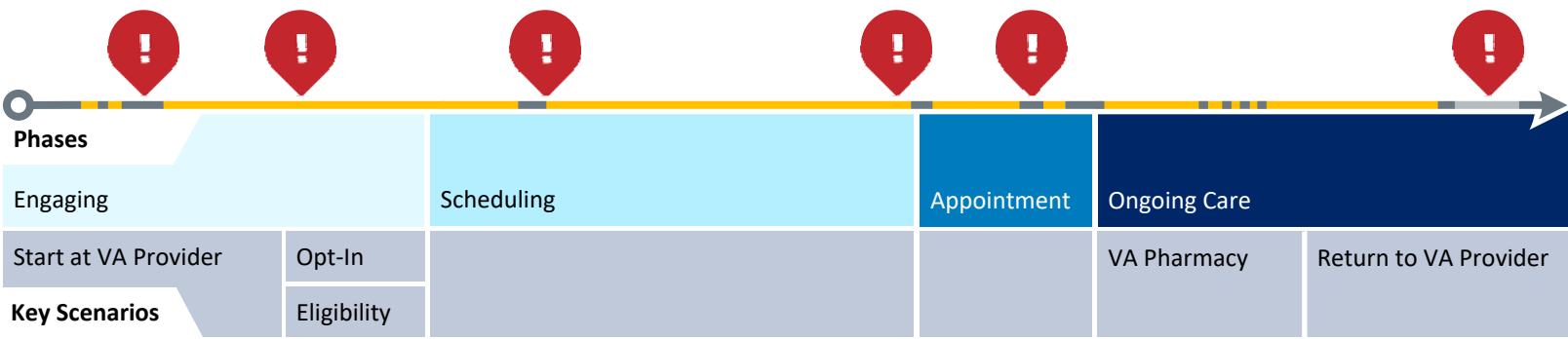
## Initial Veteran Use Cases

One key research finding was that – while a large volume of use cases exists related to the system, back-end processes, payment functions, and data-related architectures – there does not seem to be a similar catalog of Veteran-centric use cases. While Veterans do not yet have an online presence within the Community Care network, their needs remain intrinsically tied to the purpose of the entire Community Care effort.

To this end, this document identifies three primary Veteran use cases and then maps them to currently proposed Community Care processes:

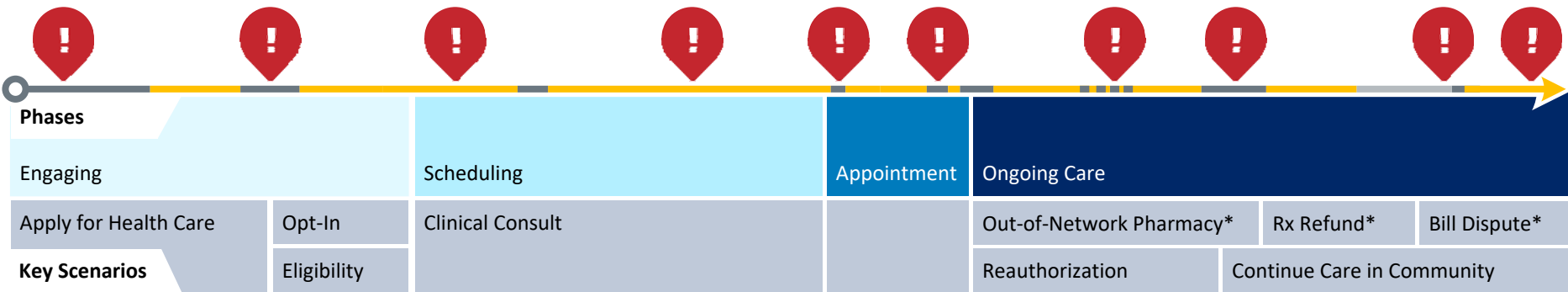
### 1 VA-REFERRED VETERAN (BASELINE)

The baseline story is labeled, "VA-Referred Veteran" due to services not available. This is sometimes called the "Happy Path." It is happy in that it does not present a significant number of challenges or diversions to the Community Care process model.



### 2 DISTANCE-ELIGIBLE, NEW-TO-VHA VETERAN (COMPLEX)

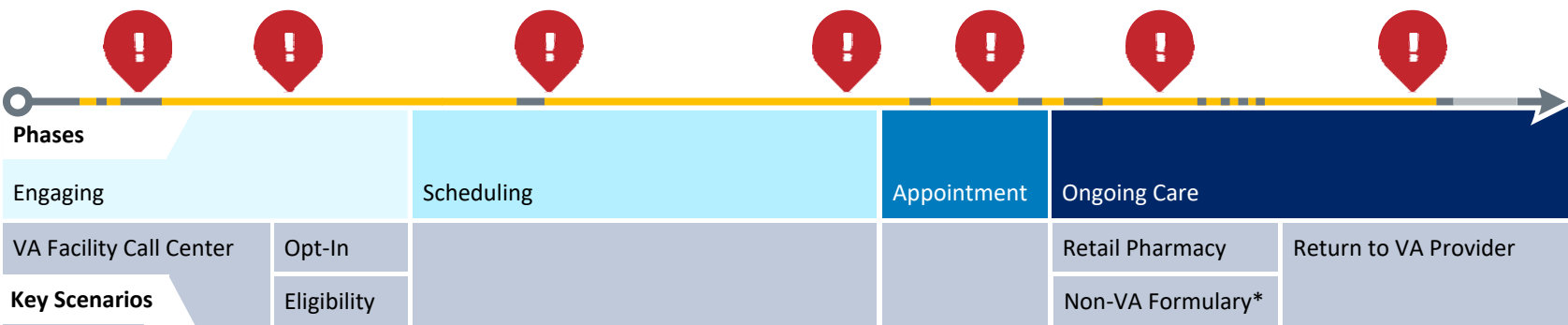
A more complex story is labeled "Distance-Eligible, New-to-VHA Veteran." This illustrates how challenging Community Care is to Veterans and the issues they may face while using Community Care services.



*\*This scenario will be mitigated in Post-Community Care Network.*

### 3 WAIT-TIME-ELIGIBLE VETERAN

This story is called "Wait-Time-Eligible Veteran" and outlines processes that may occur when the VA is unable to provide a Veteran with a health care appointment within 30 days. It is similar to the baseline path of the VA-Referred Veteran, but with the added scenarios of a retail pharmacy and a non-VA formulary prescription.



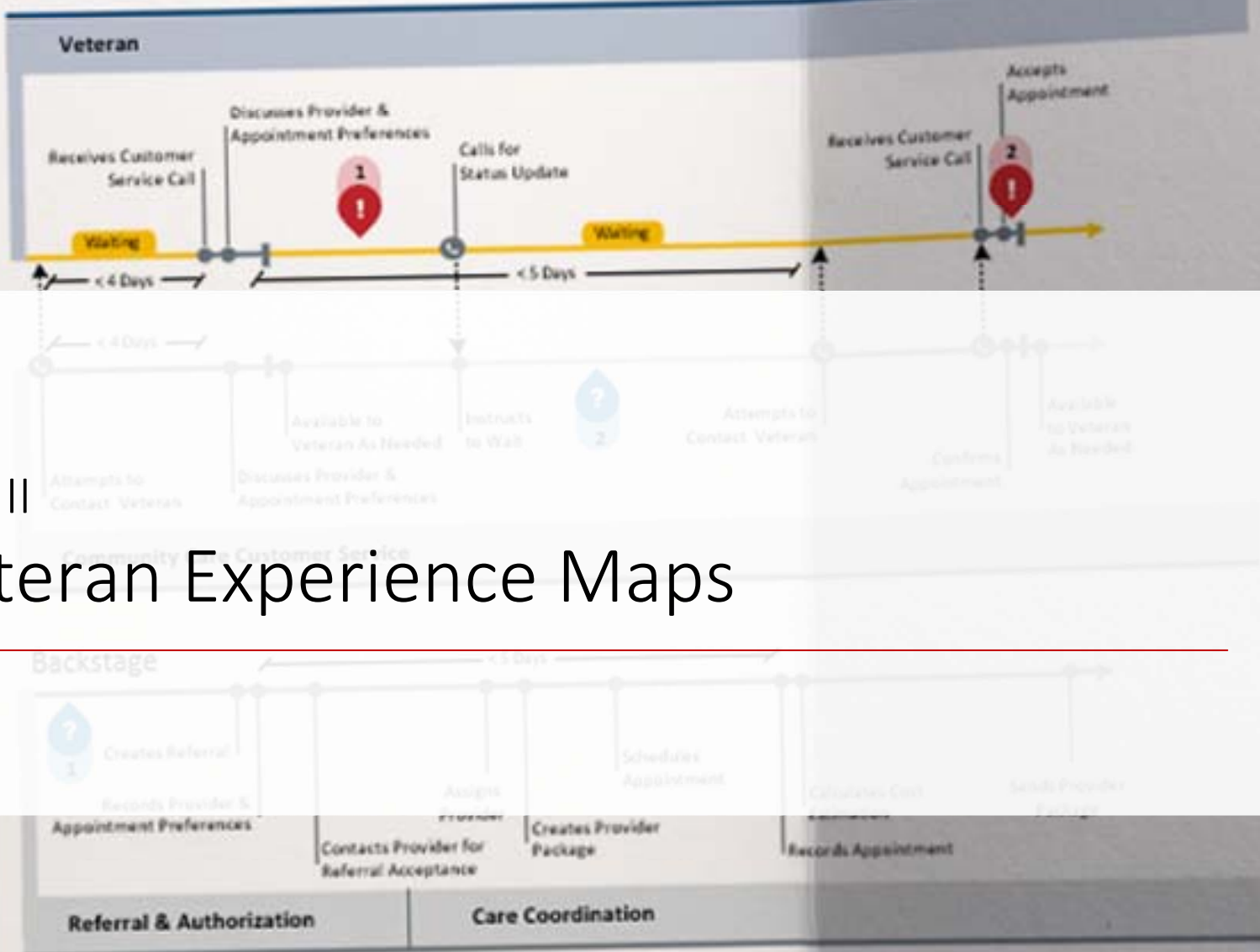
*\*This scenario will be mitigated in Post-Community Care Network.*

## Additional Veteran Use Cases

An additional number of Veteran use cases have been identified and captured in "Additional Veteran Use Cases" page in the "Findings & Recommendations" section. As a next step, Community Care stakeholders will be engaged to support expanding and prioritizing this library.



## SCHEDULING AN APPOINTMENT



Part II

## Veteran Experience Maps



### Considerations

- 1 How long does the backstage process take for each step and its impact on the Veteran experience? What are the standard operating procedures (SOPs) to describe transaction time for each step?
- 2 How long is the wait time between touchpoints for the Veteran? How often does the Veteran contact call the call center for a status update?
  - How might the VA address the Veteran's feelings during the wait time?



### Pain Points

- 1 The Veteran is frustrated they need to contact a call center to schedule an appointment. They would prefer to schedule an appointment online. If the Veteran is unavailable by phone and does not respond in 14 business days, the Veteran will have to start the process over.
- 2 The Veteran's preferences may not be available.



### Timing Insights

- Once a referral is accepted, the VA will attempt to contact the Veteran a minimum of three times over the next four business days to obtain provider preferences.
- The VA will have five business days to schedule an appointment once instructed by the Veteran.
- If attempts to reach the Veteran by phone have been unsuccessful, the VA will send the Veteran a letter.
- If the Veteran fails to call the VA within 14 business days from the date of the letter, the VA will return the referral to the VA.
- Appointments for urgent referrals must be scheduled and completed within two business days or returned to the VA on the third business day.



# Mapping the Community Care Experience

## The Four Phases

The experience maps reflect a Veteran’s experiences as he or she seeks and receives health care through the Community Care Program. The maps are organized to align to the key segments of time. There are four phases: beginning with initial engagement with Community Care, followed by scheduling an appointment, then during the appointment, and finally ongoing care. Each phase can have different interactions, depending on the relevant use case and alternate scenarios.



### 1. Engaging with Community Care

This phase represents when the Veteran first engages and learns about Community Care services. Key moments are understanding eligibility and the opt-in process.

### 2. Scheduling an Appointment

This phase includes the process around scheduling an appointment. Key moments are interactions with customer service and waiting as backstage actions process the request.

### 3. During the Appointment

This phase depicts the clinical encounter in Community Care, and it is the most simple. Key moments include receiving prescriptions and reauthorization for continued care.

### 4. Ongoing Care

This phase is about the continuation of care for the Veteran, and it can be the most complex. Key moments can include continued care at VA facilities and/or in the community, picking up medications, payment, and billing-related issues.

### ? Considerations

*During research, a number of questions and considerations emerged. These represent opportunities for future discussion and investigation with stakeholders. The questions can help fill gaps in knowledge and identify potential changes for the VA to consider.*

### ! Pain Points

*Deep analysis of backstage processes and qualitative research sessions have indicated potential challenges to Veterans while they are seeking, receiving, and managing health care. Pain points indicate areas of the patient experience in need of investigation and/or improvement.*

### 🕒 Timing Insights

*When available, the experience maps include time references indicated by backstage processes and call center standard operation procedures (SOPs). This focus provides a Veteran perspective, showing the wait time experienced by the Veteran while backstage processes are running.*



# 1. VA-Referred Veteran

## Overview

*This use case represents the simplest path a Veteran can take, where the VA provider refers the Veteran for services that are not available at his or her preferred VA facility. This use case is sometimes called the "Happy Path" because the backstage processes work smoothly and the Veteran has no unique or disruptive requirements. In addition, this story assumes the Veteran will be available for all VA calls, making the process as efficient as possible.*

## Phases for This Use Case



## Scenarios and Assumptions

### Scenarios

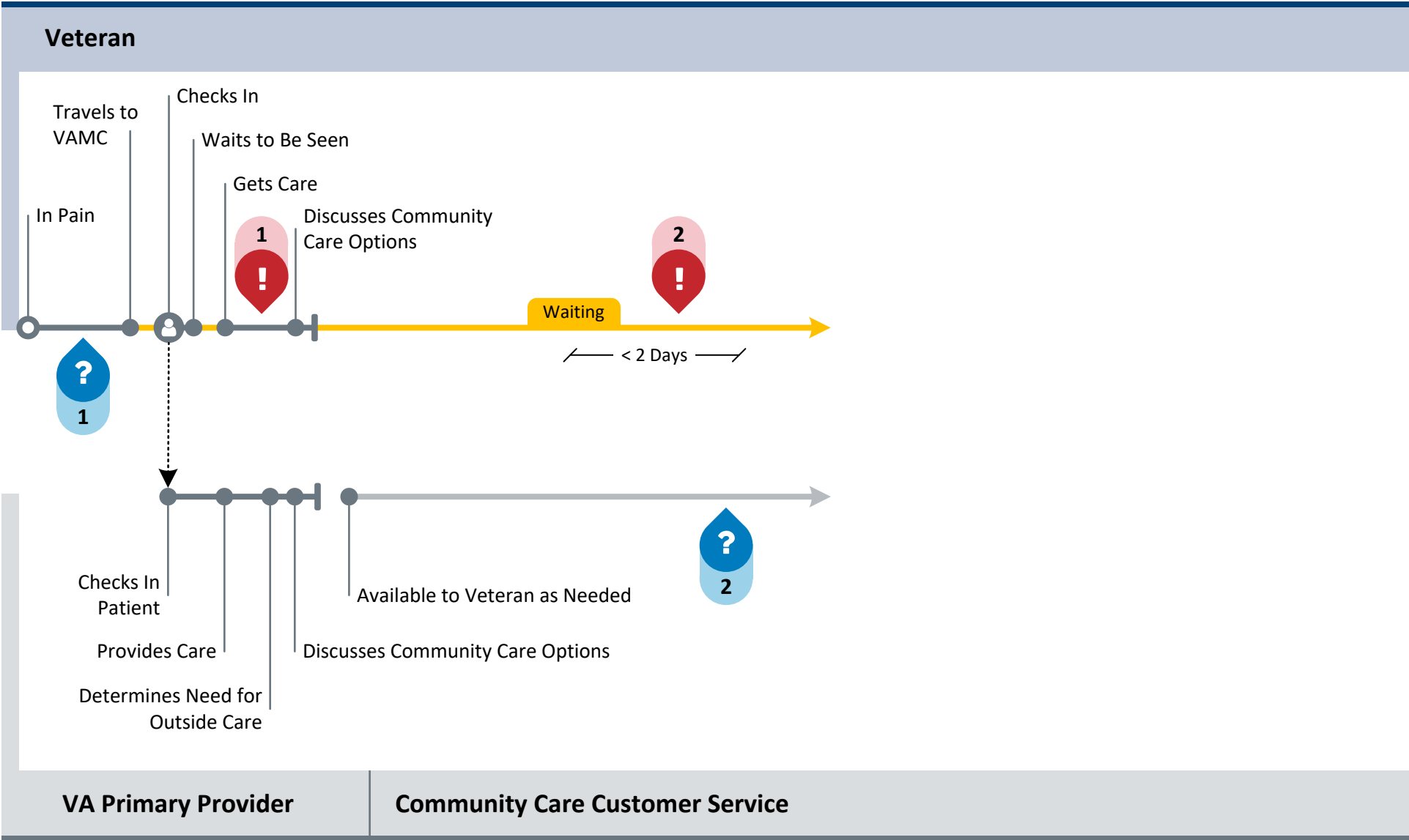
- The Veteran is currently enrolled in the VHA system with a VA referring provider.
- The VA will handle scheduling.
- The Veteran requires a prescription (via ePrescribe) and will use a local VA pharmacy.
- The Veteran will not continue care in the community, thus the consult will close and no reauthorization is required.
- The Veteran will continue care at a VA facility from a VA referring provider.

### Assumptions

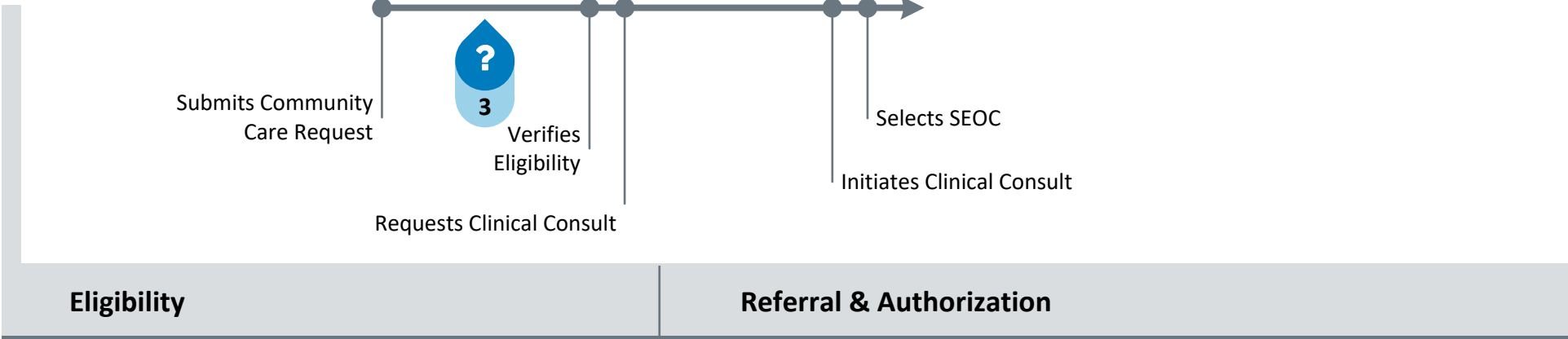
- The Veteran is available for phone calls.
- The Veteran will not receive any bills or have any payments required.

# 1. VA-Referred Veteran

## ENGAGING WITH COMMUNITY CARE



## Backstage



## Considerations

1. How might the VA improve the Veteran's expectations of Community Care?
2. How might the VA design and evaluate the quality of information given to the Veteran?
3. How long does it take for the Community Care administration staff to receive and start the request?
3. How long does the backstage process take for each step? What is the impact on the Veteran experience?

## Timing Insights

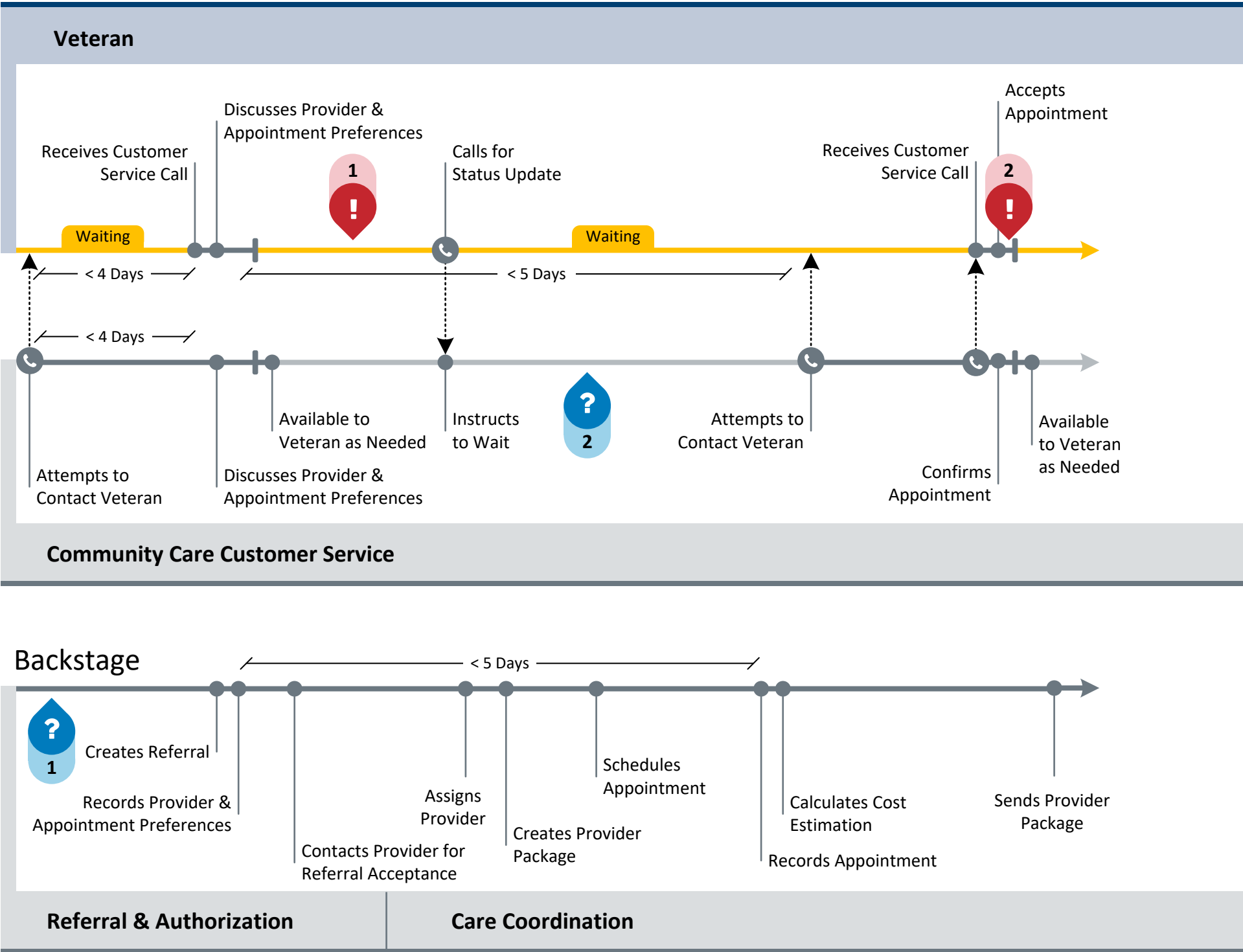
- The VA Community Care staff or contractor (if still in transition) has two business days to review and accept or reject the referral. The first business day is defined as the business day after a referral is received by the VA.

## Pain Points

1. The Veteran finds out that his or her VA facility cannot provide care for a specialty need or the health care service is not available.
2. The Veteran is not sure how long the process will take and the next steps.
- The Veteran has no awareness of the complexity happening backstage.

# 1. VA-Referred Veteran

## SCHEDULING AN APPOINTMENT



### Considerations

- 1
  - How long does the backstage process take for each step? What the impact on the Veteran's experience?
  - What are the standard operating procedures (SOPs) to describe transaction time for each step?
- 2
  - How long is the wait time between touchpoints for the Veteran?
  - How often does the Veteran contact the call center for a status update?
  - How might the VA address the Veteran's feelings during wait times?

### Timing Insights

- Once a referral is accepted, the VA will attempt to contact the Veteran a minimum of three times over the next four business days to obtain provider preferences.
- The VA will have five business days to schedule an appointment once instructed by the Veteran.
- If attempts to reach the Veteran by phone have been unsuccessful, the VA will send the Veteran a letter.
- If the Veteran fails to call the VA within 14 business days from the date of the letter, the VA will rescind the referral.
- Urgent referral appointments must be scheduled and completed within two business days or returned to the VA on the third business day.

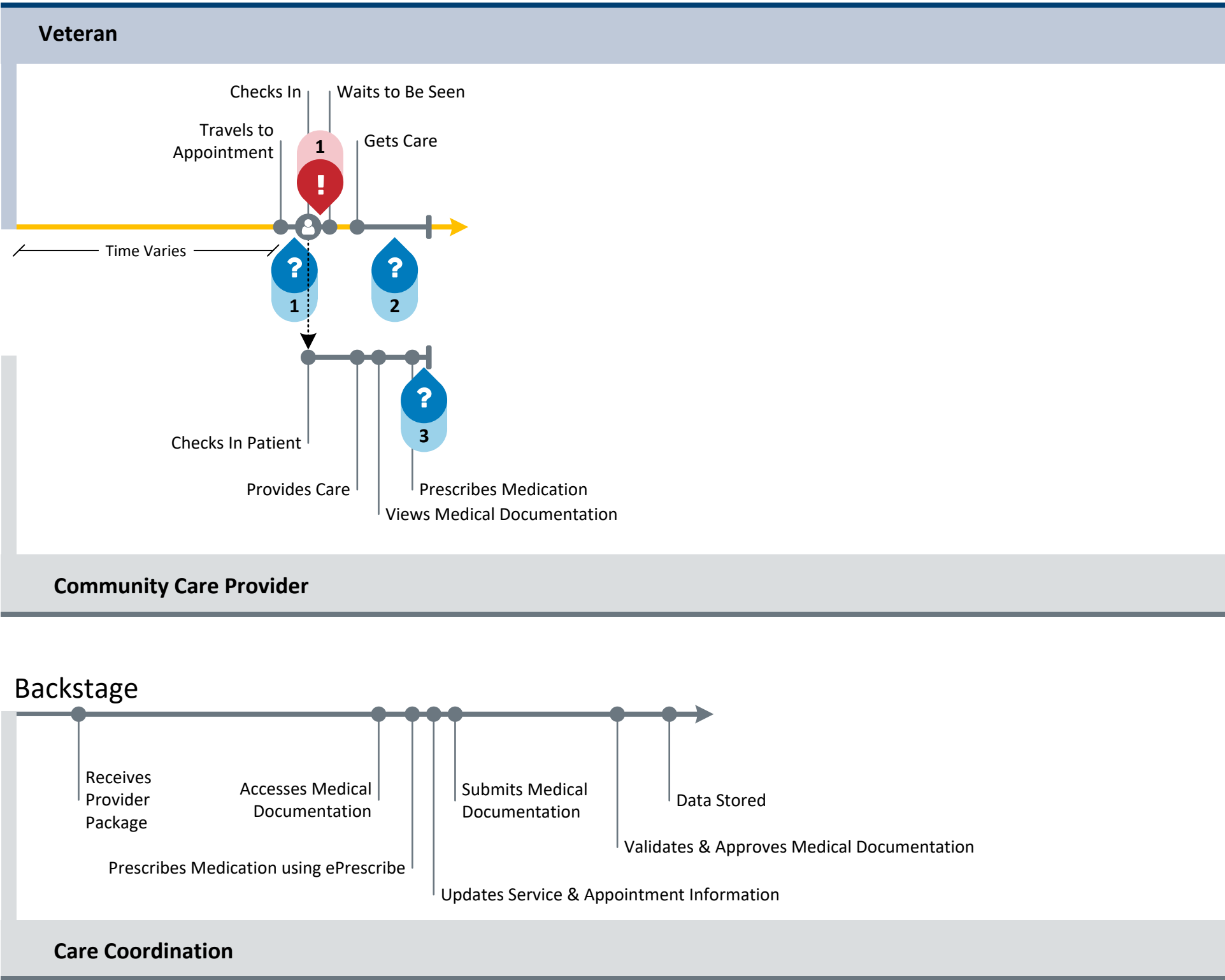
### Pain Points

- 1
  - The Veteran is frustrated by having to contact a call center to schedule an appointment, and would prefer to schedule online.
  - The Veteran does not have a way to view his or her status online, which can result in frequent calls to customer service for updates.
  - The Veteran's preferences may not be available.
- 2
  - If the Veteran is unavailable by phone and does not respond in 14 business days, the Veteran will have to start the process over.



# 1. VA-Referred Veteran

## DURING THE APPOINTMENT



### Considerations

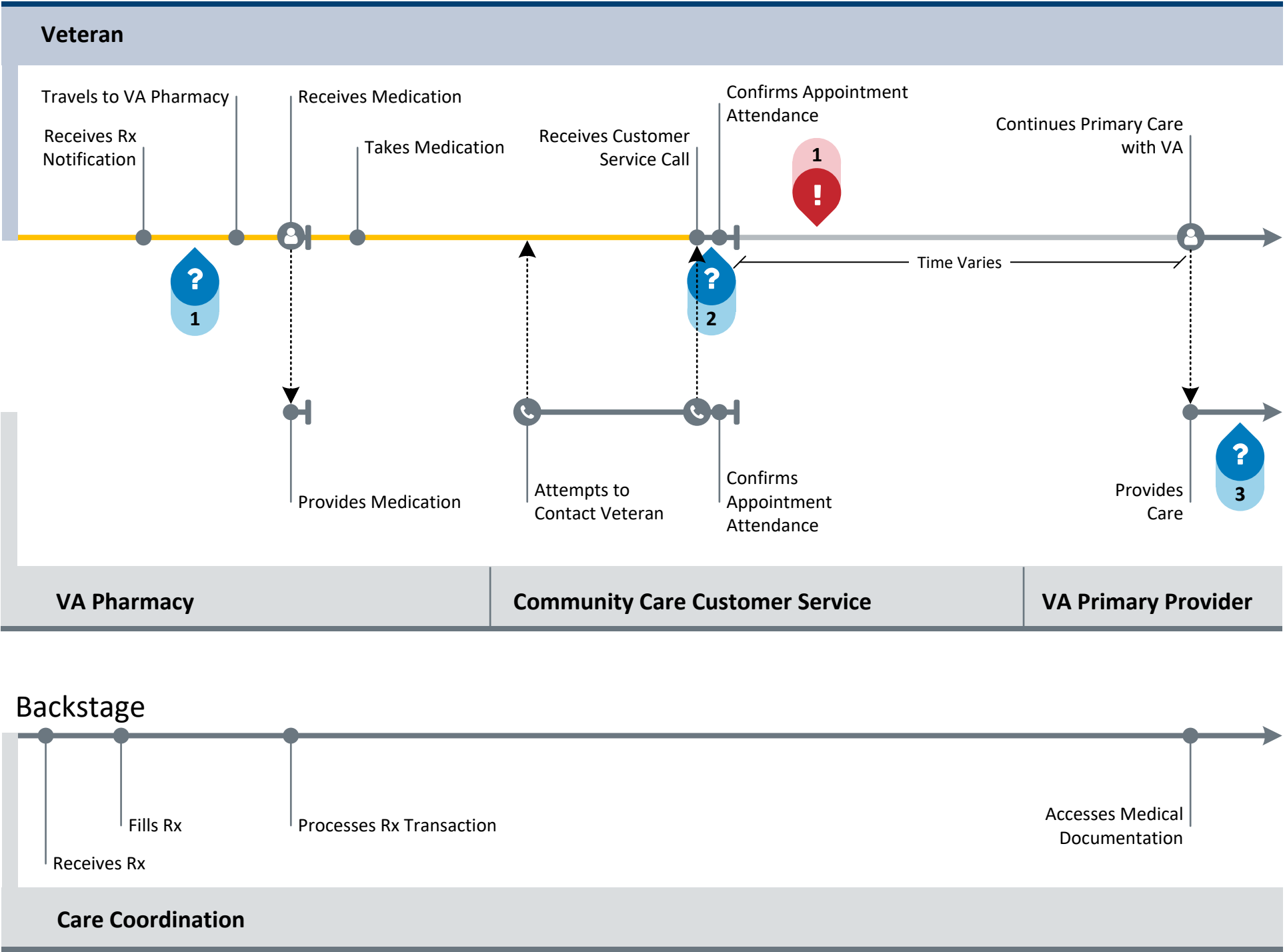
- 1 • How might the VA facilitate wayfinding information to the Veteran?
- 2 • How could the Secondary Authorization Request (SAR) impact the Veteran experience?
- 3 • How does the Veteran’s experience receiving a prescription differ between a VA and a community provider?
- What if the Veteran is a no-show? How does the VA find out?

### Pain Points

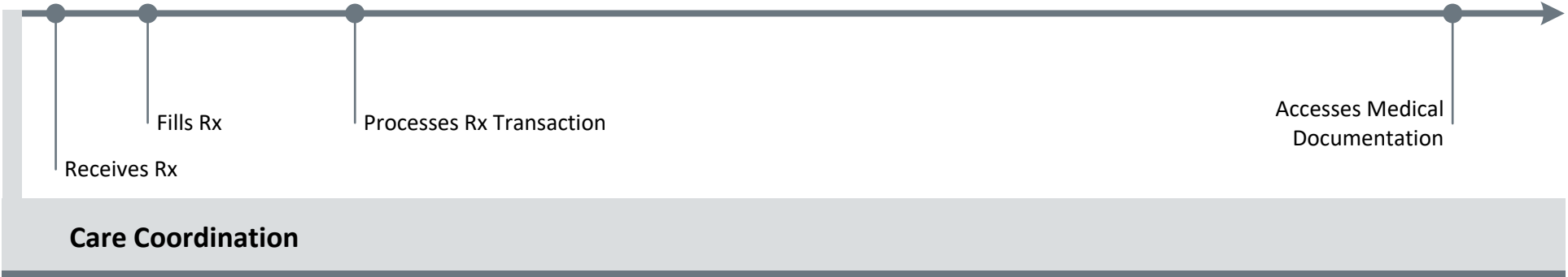
- 1 • If billing information is requested, the Veteran may be concerned on why it is required, since the VA is responsible for the bill.

# 1. VA-Referred Veteran

## ONGOING CARE



## Backstage



## Considerations

- 1
  - How does the Veteran's online experience with VA prescriptions differ between the VHA and a community provider?
  - How will the Veteran be notified a prescription is ready?
- 2
  - What if the Veteran has a question for the Community Care provider? How does the Veteran contact the provider?
  - Can My HealtheVet be used for secure messaging with community provider?
  - How often does the Veteran get "lost" in follow-up care? What are the key roadblocks?
  - How does the Veteran see the health record from the Community Care provider? Is this viewable in My HealtheVet?
  - How long does it take for the record to appear in My HealtheVet after the visit?
- 3
  - How long is it between when the Care Coordination teams close the consult and the referring VA provider can view the health record?
  - What happens if the Veteran has a scheduled follow-up appointment with the VA referring provider and the health records from the Community Care provider are not available?

## Pain Points

- 1
  - Navigating back and forth between the VA and Community Care can be confusing and cause delays for the Veteran.
  - The Veteran is anxious to know if any costs might be owed. The Veteran has heard negative experiences of cases going to collections.

# 2. Distance-Eligible, New-to-VHA Veteran

## Overview

*This use case represents a complex path with several challenges. The Veteran lives over 40 miles from nearest VA facility, has never used VHA services, will have to apply for health care benefits, and will require clinical triage. In this unique scenario, an out-of-network pharmacy will be used, requiring the Veteran to pay out of pocket and apply for a refund (Post-Community Care Network (CCN) will mitigate this scenario). It is assumed that the Veteran is able to pay for the prescription.*

*Additionally, the Veteran will need to dispute an unwarranted hospital bill (Post-CCN will mitigate this scenario). The bill can be from an approved surgery at an in-network hospital, however the anesthesiologist is out of network. Such hospital bills can cost thousands of dollars and take months to resolve.*

## Phases for This Use Case



## Scenarios and Assumptions

### Scenarios

- The Veteran is distance eligible or 40+ miles from the nearest VA facility.
- The Veteran needs to apply for VA health care.
- The Veteran requires clinical triage.
- The VA will handle scheduling.
- Care will start in the community.
- The Veteran will receive medication from an out-of-network pharmacy.
- The Veteran will pay for a prescription out of pocket.
- The Veteran will request a refund for the prescription.
- Care continues in the community, requiring a new SEOC and reauthorization.
- The Veteran will receive an unwarranted hospital bill.
- The Veteran will dispute the hospital bill.

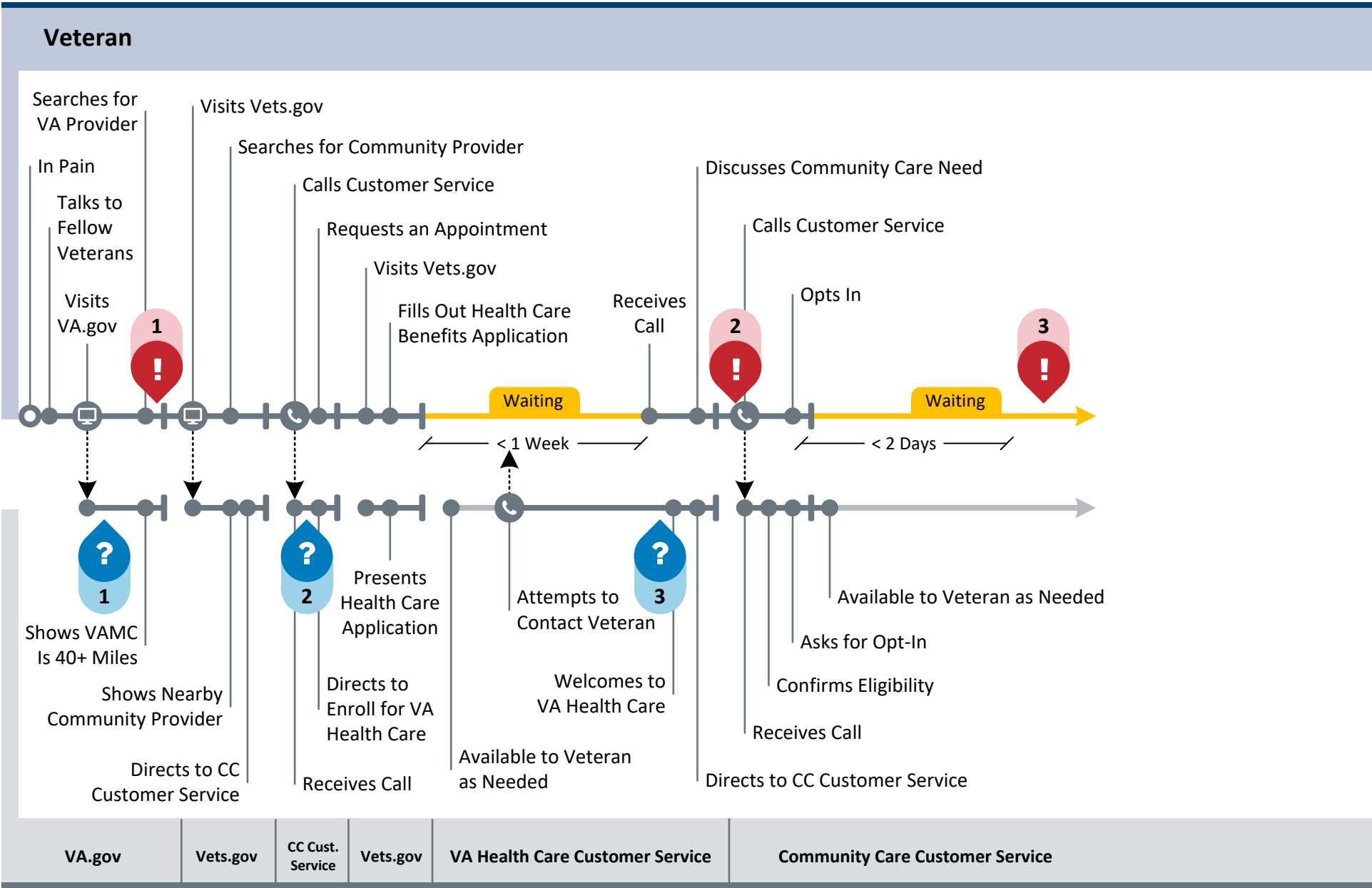
### Assumptions

- The Veteran has the funds to pay for an out-of-pocket expense.
- The bill will not get “lost” in the mail and go to collections.

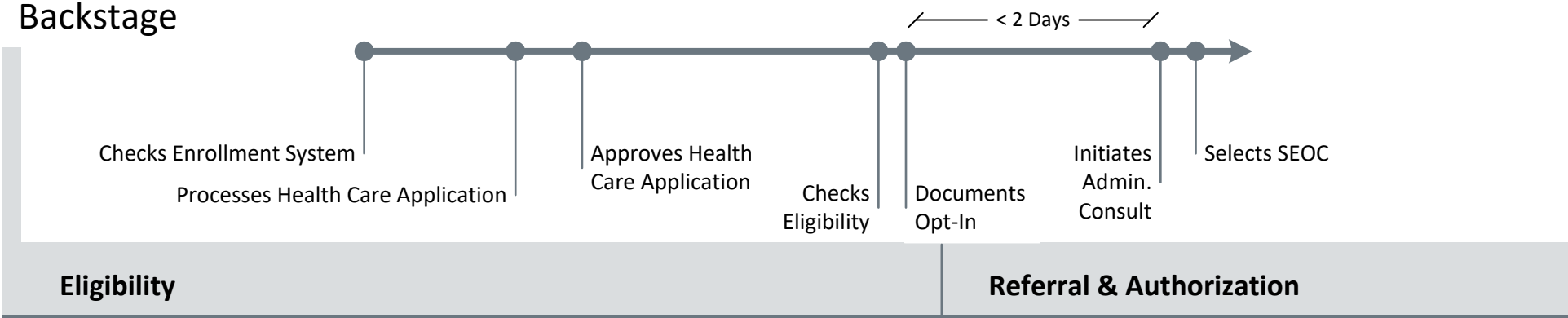


# 2. Distance-Eligible, New-to-VHA Veteran

## ENGAGING WITH COMMUNITY CARE



### Backstage



### Considerations

- 1
  - How might the VA improve the Veteran expectations of Community Care for distance-eligible Veterans?
  - How might the VA design and evaluate the quality of information given to distance-eligible Veterans?
  - How long is the wait time between touchpoints for the Veteran?
- 2
  - Can a Community Care customer service representative enroll the Veteran into VA health care? If not, is there a warm handoff to someone who can?
- 3
  - Who calls the Veteran when approved for VA health care? Can they answer questions about the Veteran's appointment? If not, is there a warm handoff to someone who can?
  - What is the backstage online enrollment process? Does it really take a week for approval per Vets.gov?
  - Can the enrollment agent help confirm Community Care eligibility? If not, can the agent provide a warm handoff?

### Pain Points

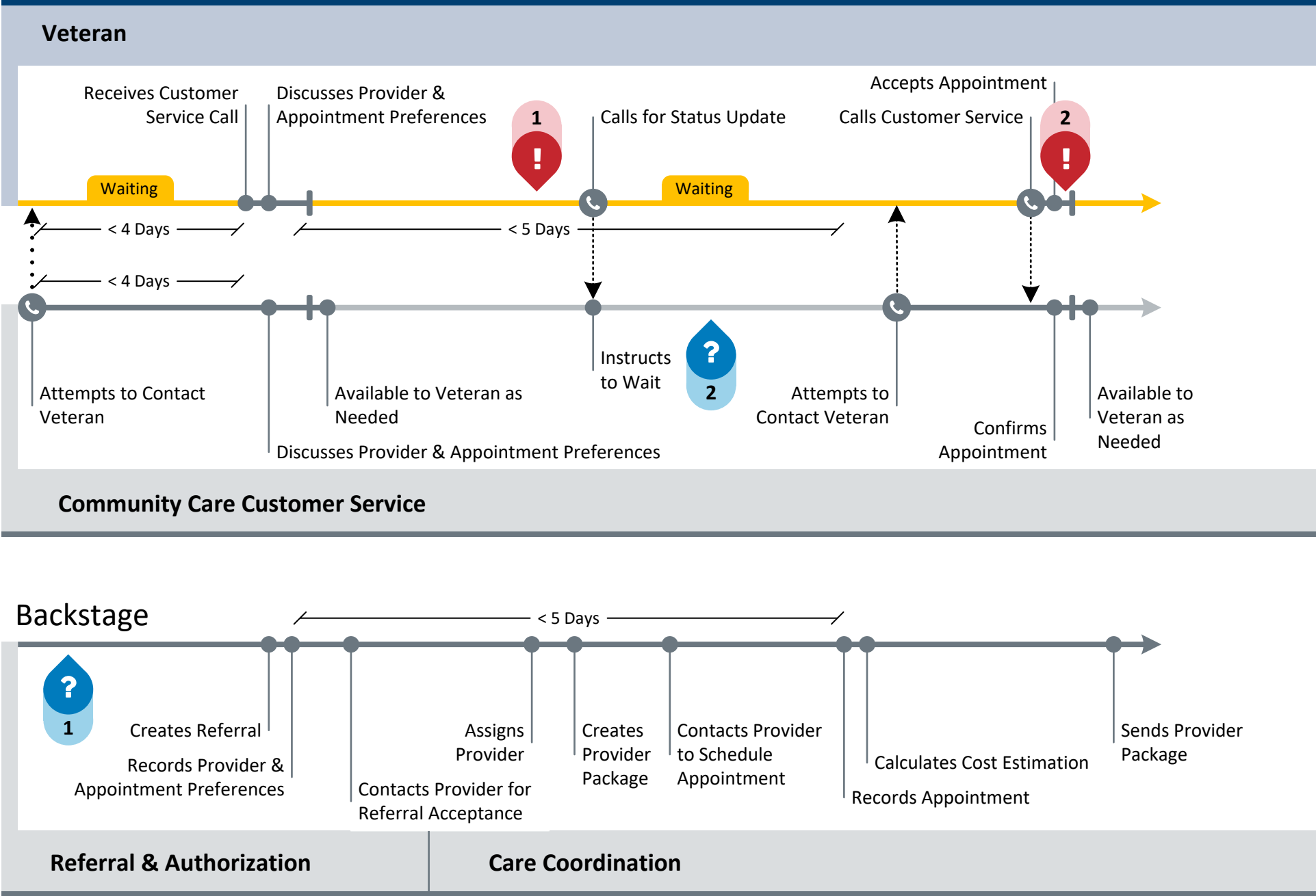
- 1
  - The Veteran finds that the nearest VAMC is 40+ miles away and is unsure how to get there or receive care.
  - The Veteran is confused by disjointed information on VA.gov and Vets.gov.
- 2
  - The Veteran does not have a way to view the status online and must wait for a welcome call from the VA.
- 3
  - The Veteran may have to call multiple times due to a lack of warm handoffs between customer service agents. This is especially true for questions regarding general benefits and enrollment.

### Timing Insights

- Per Vets.gov, it takes less than one week to receive notification on approval status for health care benefits.
- The VA Community Care staff or contractor (if still in transition) has two business days to review and accept or reject the referral. The first business day is defined as the business day after a referral is received by the VA.

# 2. Distance-Eligible, New-to-VHA Veteran

## SCHEDULING AN APPOINTMENT



### Considerations

- 1 How long does the backstage process take for each step? What is the impact on the Veteran's experience?
- What are the standard operating procedures (SOPs) to describe transaction time for each step?
- 2 How long is the wait time between touchpoints for the Veteran?
- How often does the Veteran contact call the call center for a status update?
- How might the VA address the Veteran's feelings during wait times?

### Timing Insights

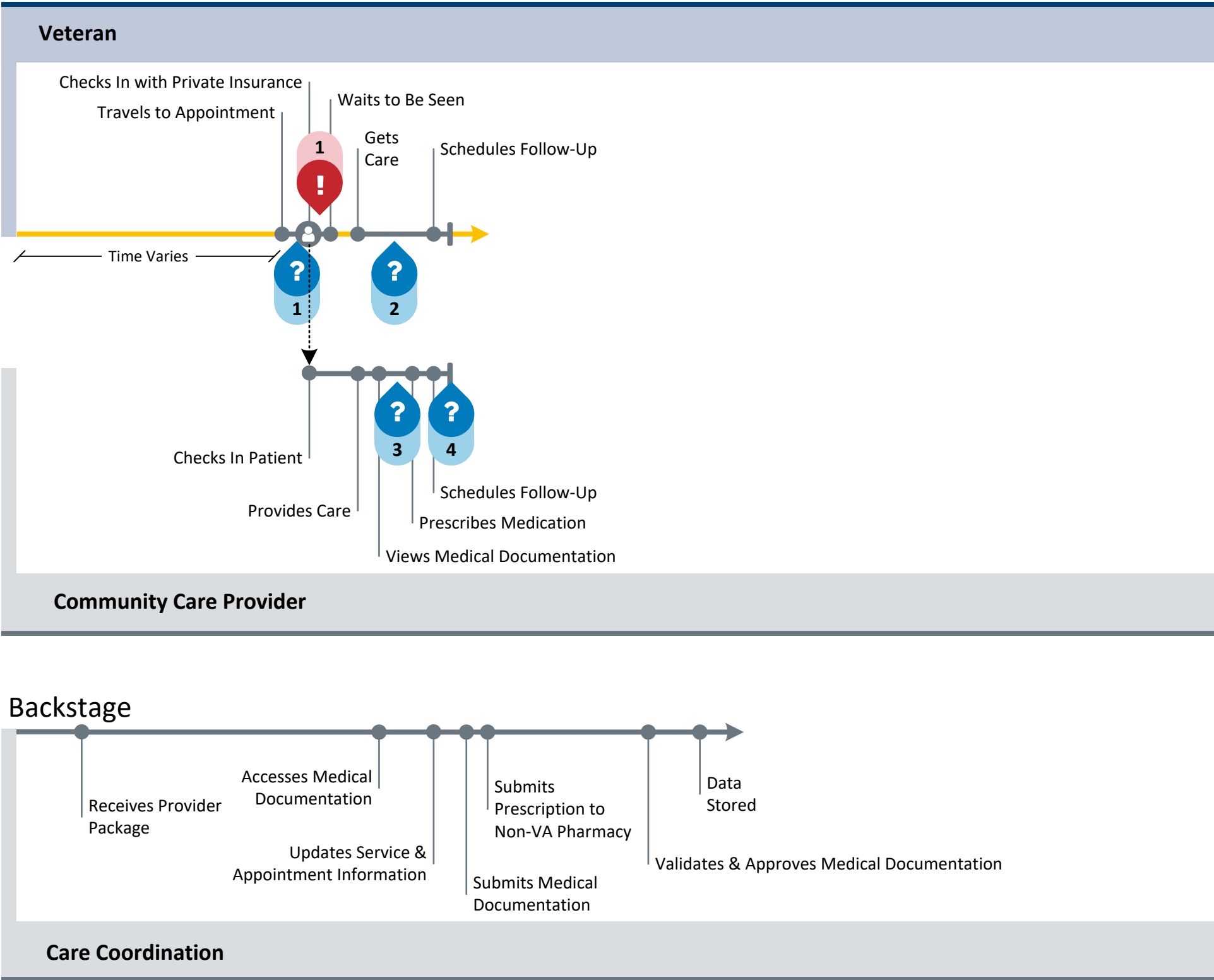
- Once a referral is accepted, the VA will attempt to contact the Veteran a minimum of three times over the next four business days to obtain provider preferences.
- The VA will have five business days to schedule an appointment once instructed by the Veteran.
- If attempts to reach the Veteran by phone have been unsuccessful, the VA will send the Veteran a letter.
- If the Veteran fails to call the VA within 14 business days from the date of the letter, the VA will rescind the referral.
- Appointments for urgent referrals must be scheduled and completed within two business days or returned to the VA on the third business day.

### Pain Points

- 1 The Veteran is frustrated by having to contact a call center to schedule an appointment and would prefer to schedule an appointment online.
- The Veteran does not have a way to view status his or her online. This can result in frequent calls to customer service for an update.
- The Veteran's preferences may not be available.
- 2 If the Veteran is unavailable by phone and does not respond in 14 business days, the Veteran will have to start the process over.

# 2. Distance-Eligible, New-to-VHA Veteran

## DURING THE APPOINTMENT



?

Considerations

1

- How might the VA facilitate wayfinding information to the Veteran?

2

- How could the Secondary Authorization Request (SAR) impact the Veteran experience?
- What if the Veteran is a no-show? How does the VA find out about a no-show?

3

- How does the Veteran’s experience receiving a prescription differ between a VA and a community provider?
- Does the Veteran know that a contract pharmacy can be requested?
- What does the provider tell the Veteran about possible out-of-network prescriptions, especially about out-of-pocket costs?

4

- During the encounter, does the Veteran receive any form or notification for follow-up care on the same Standard Episode of Care (SEOC)? What if it is a different SEOC or SAR?
- How does the Veteran ask the Community Care provider questions outside of the encounter?

!

Pain Points

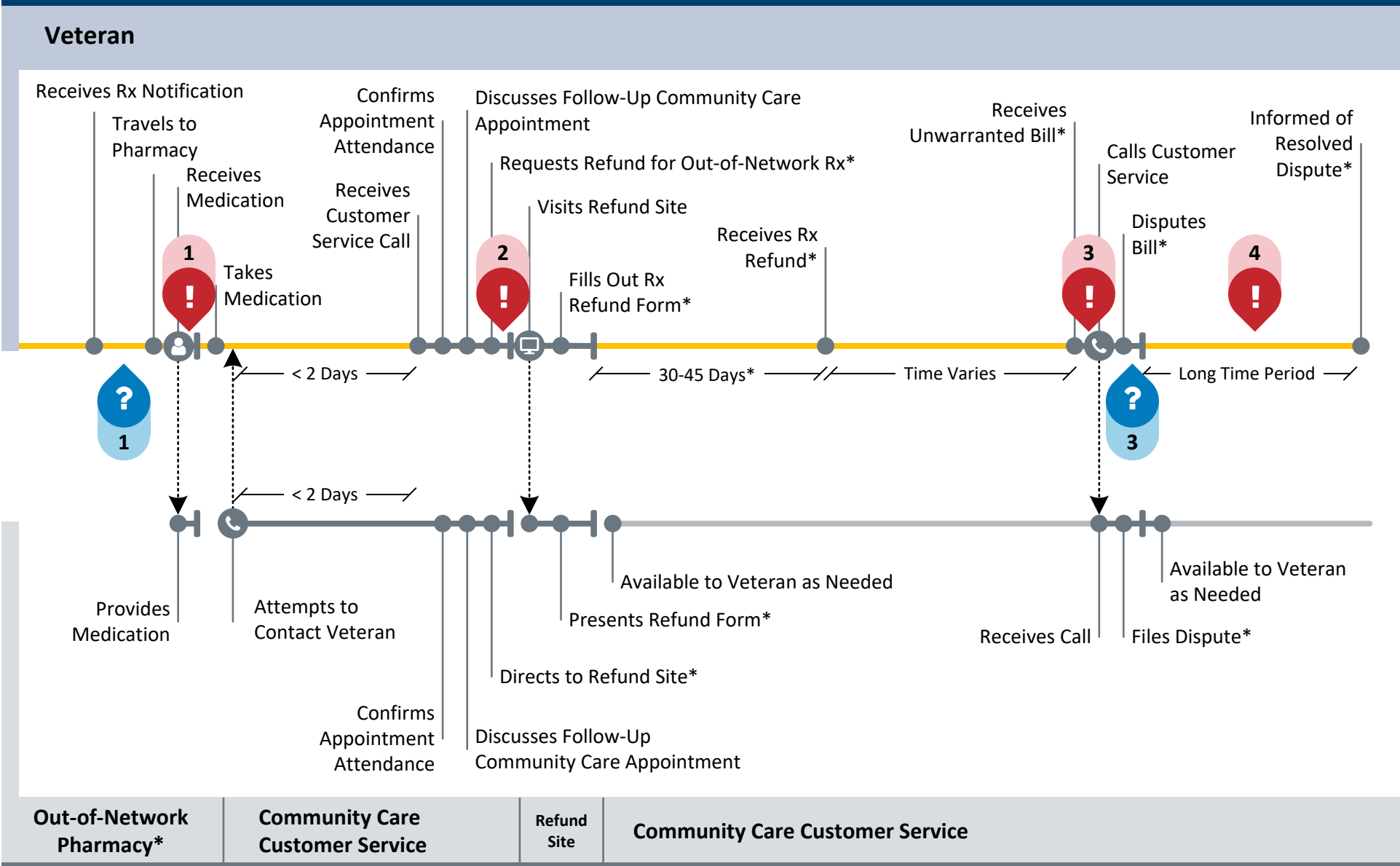
1

- The Veteran has other health insurance (OHI), and provides that information upon check-in. Having heard negative stories from other Veterans, the Veteran is worried if a payment for a bill will be required.



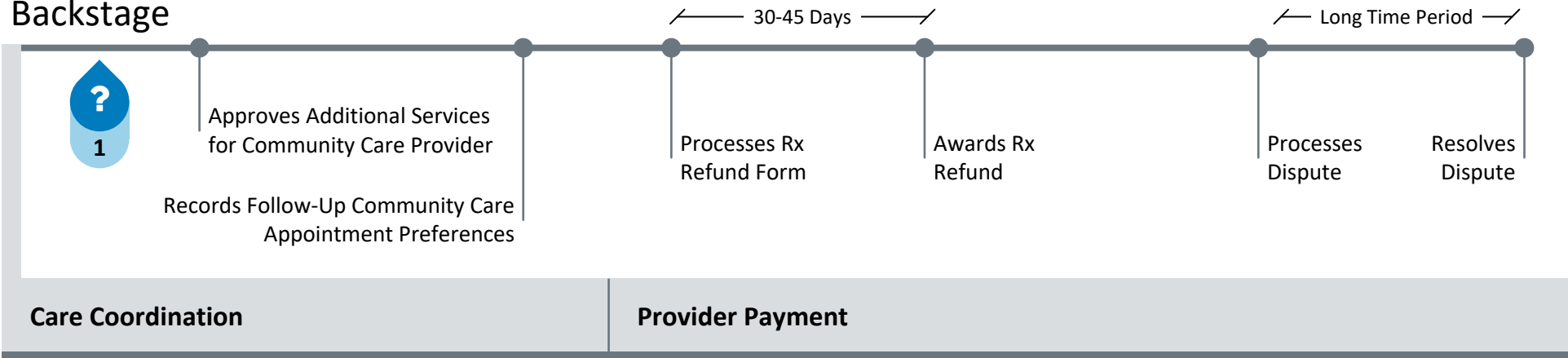
# 2. Distance-Eligible, New-to-VHA Veteran

## ONGOING CARE



\*This scenario will be mitigated in Post-Community Care Network.

## Backstage



?

Considerations

- 1
- How long does it take for the Care Coordination team to confirm services are in the same Standard Episode of Care (SEOC)? What about a different SEOC?
- 2
- How does the Veteran’s online experience with VA prescriptions differ between the VHA and a community provider?
  - Does the Veteran receive a digital notification when the prescription is ready? If not, how does the Veteran know when it is ready?
  - If the Veteran cannot cover the cost, what options are available?
- 3
- What is the process to dispute a bill?
  - What if the bill goes to collections? Can the VA fix the Veteran's credit score?
  - What if the Veteran already paid an unwarranted hospital bill? How does the Veteran get reimbursed?
  - How does the Veteran check the status of a disputed bill?

!

Pain Points\*

- 1
- The Veteran is stressed because the prescription payment is out of pocket and there is a long wait for a refund (30-45 days).
  - The Veteran is concerned about affording the medication. The out-of-pocket cost is unclear.
- 2
- The Veteran is confused by the reimbursement process for the out-of-network pharmacy.
  - The 30-45 day reimbursement estimate is too long and affects finances.
  - The Veteran is frustrated that there is no ability to view the status online. He or she is forced to contact the call center.
- 3
- The Veteran is frustrated to receive an unwarranted bill that could amount to several thousands of dollars.
  - The Veteran does not know the process to dispute the bill.
  - The Veteran is worried the bill may go to collections and affect his or her credit score.
- 4
- The Veteran does not know how long the dispute process will actually take.

# 3. Wait-Time-Eligible Veteran

## Overview

*This use case represents a Veteran who is unable to schedule an appointment within 30 days of the clinically indicated date (CID)/patient indicated date (PID) at his or her local VA facility. This use case is similar to the baseline path of the VA-Referred Veteran. The Veteran will receive a non-VA formulary prescription, causing a delay, and will pick-up his or her prescription at an in-network contract retail pharmacy.*

## Phases for This Use Case



## Scenarios and Assumptions

### Scenarios

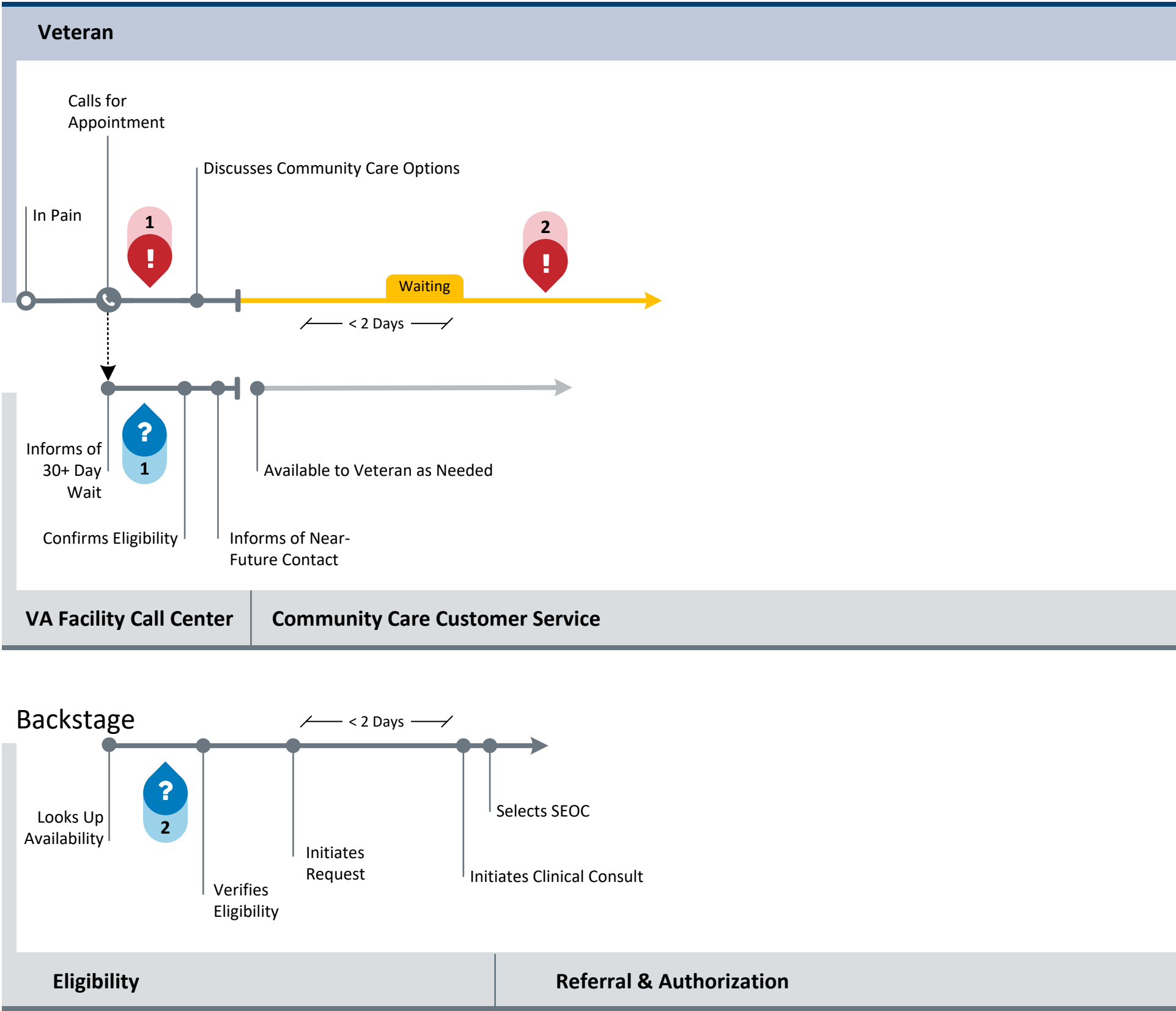
- The Veteran would have to wait 30+ days for an appointment at a VA facility.
- The community provider will issue a prescription that is non-VA formulary, causing a delay.
- The Veteran will use an in-network contract retail pharmacy.
- The Veteran is currently enrolled in the VHA system.
- The VA will handle scheduling.
- The Veteran will not continue care in the community, thus the Standard Episode of Care (SEOC) will close and no reauthorization is required.
- The Veteran will continue care at a VA facility from a VA referring provider.

### Assumptions

- The Veteran is available for phone calls.
- The Veteran will not receive any bills or have any payments required.

# 3. Wait-Time-Eligible Veteran

## ENGAGING WITH COMMUNITY CARE



### Considerations

- 1
  - How might the VA improve the Veteran expectations of Community Care?
  - How might the VA design and evaluate the quality of information given to the Veteran?
- 2
  - Can the Community Care staff look up the clinically indicated date (CID) in real-time, and, if not, how long does the process take? What is communicated to the Veteran?
  - Can the Community Care staff look up the CID and then verify eligibility on the same call?



### Timing Insights

- The VA Community Care staff or contractor (if still in transition) has two business days to review and accept or reject the referral. The first business day is defined as the business day after a referral is received by the VA.

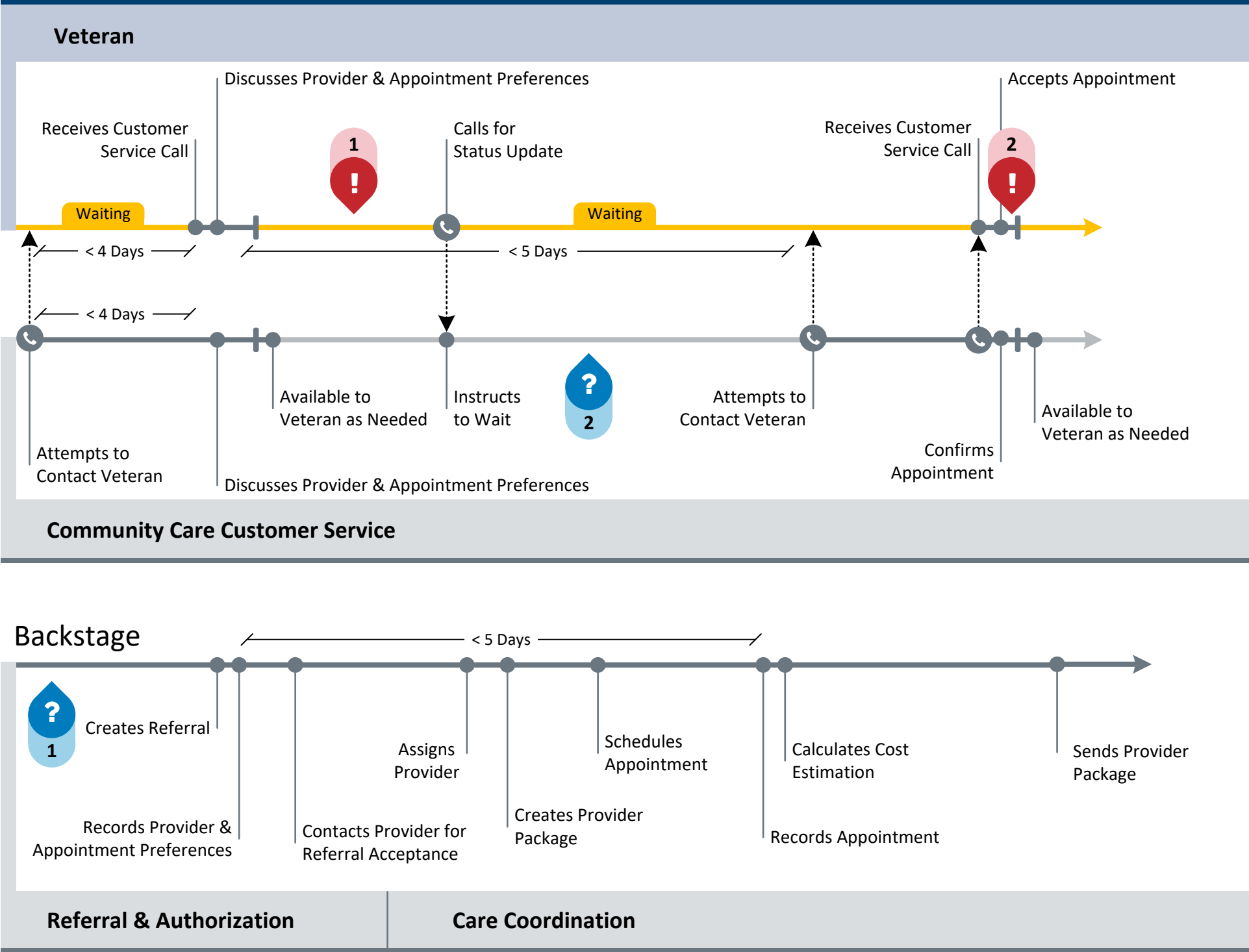


### Pain Points

- 1
  - The Veteran finds out his or her VA facility cannot provide care within 30 days.
- 2
  - The Veteran is not sure how long the process will take and the next steps.
  - The Veteran has no awareness of the complexity happening backstage.

# 3. Wait-Time-Eligible Veteran

## SCHEDULING AN APPOINTMENT



### Considerations

- 1
  - How long does the backstage process take for each step? What is the impact on the Veteran's experience?
  - What are the standard operating procedures (SOPs) to describe transaction time for each step?
- 2
  - How long is the wait time between touchpoints for the Veteran?
  - How often does the Veteran contact the call center for a status update?
  - How might the VA address the Veteran's feelings during the wait time?

### Timing Insights

- Once a referral is accepted, the VA will attempt to contact the Veteran a minimum of three times over the next four business days to obtain provider preferences.
- The VA will have five business days to schedule an appointment once instructed by the Veteran.
- If attempts to reach the Veteran by phone have been unsuccessful, the VA will send the Veteran a letter.
- If the Veteran fails to call the VA within 14 business days from the date of the letter, the VA will rescind the referral.
- Appointments for urgent referrals must be scheduled and completed within two business days or returned to the VA on the third business day.

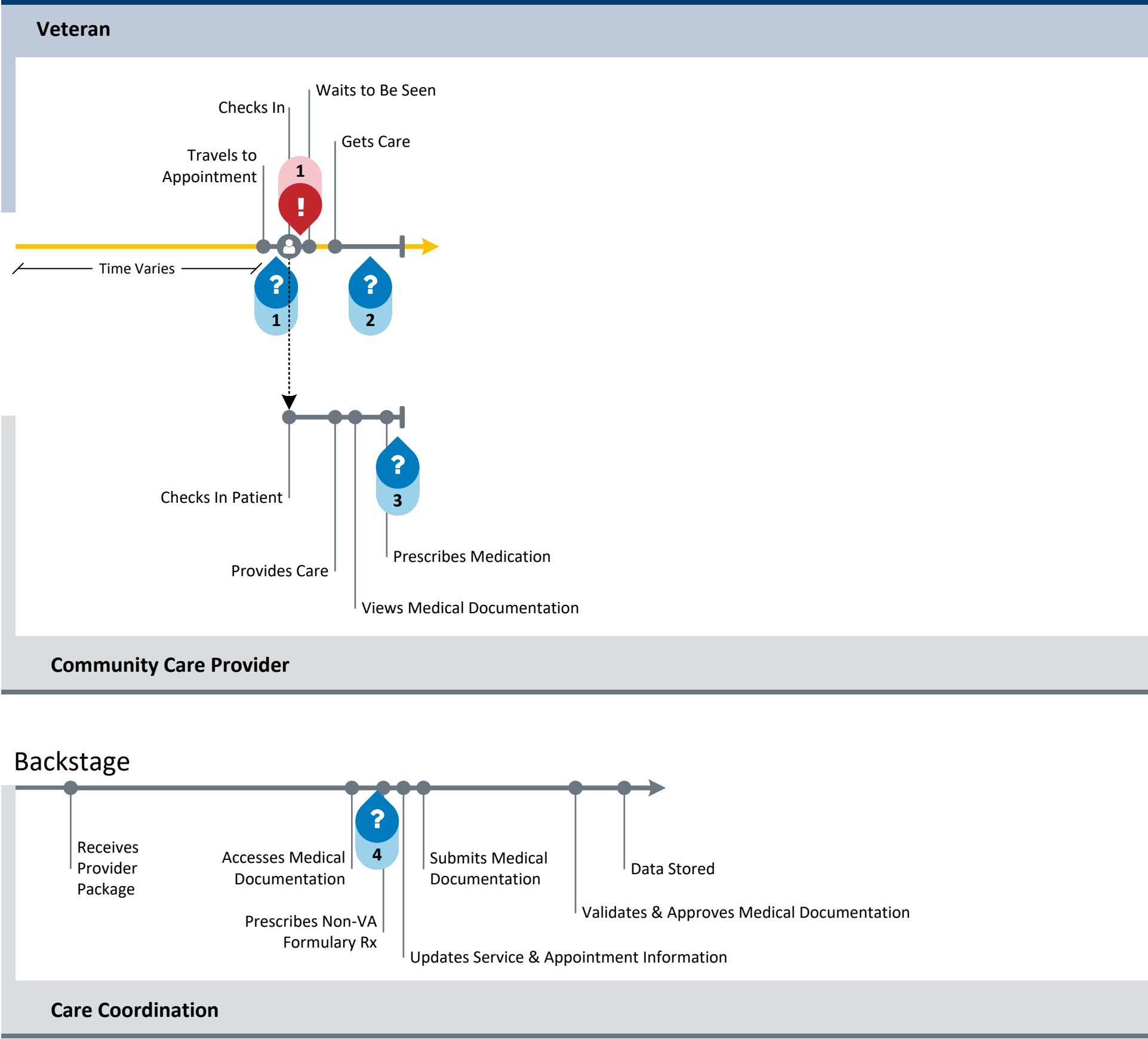
### Pain Points

- 1
  - The Veteran is frustrated by having to contact a call center to schedule an appointment and would prefer to schedule an appointment online.
  - The Veteran does not have a way to view his or her status online, which can result in frequent calls to customer service for an update.
  - The Veteran's preferences may not be available.
- 2
  - If the Veteran is unavailable by phone and does not respond in 14 business days, the Veteran will have to start the process over.



# 3. Wait-Time-Eligible Veteran

## DURING THE APPOINTMENT



?

Considerations

1

- How might the VA facilitate wayfinding information to the Veteran?

2

- How could the Secondary Authorization Request (SAR) process impact the Veteran experience?
- What if the Veteran is a no-show? How does the VA find out?

3

- How does the Veteran’s experience receiving a prescription differ between a VA and a community provider?

4

- Does the community provider know if he or she writes a prescription non-VA formulary? What does he or she tell the Veteran?

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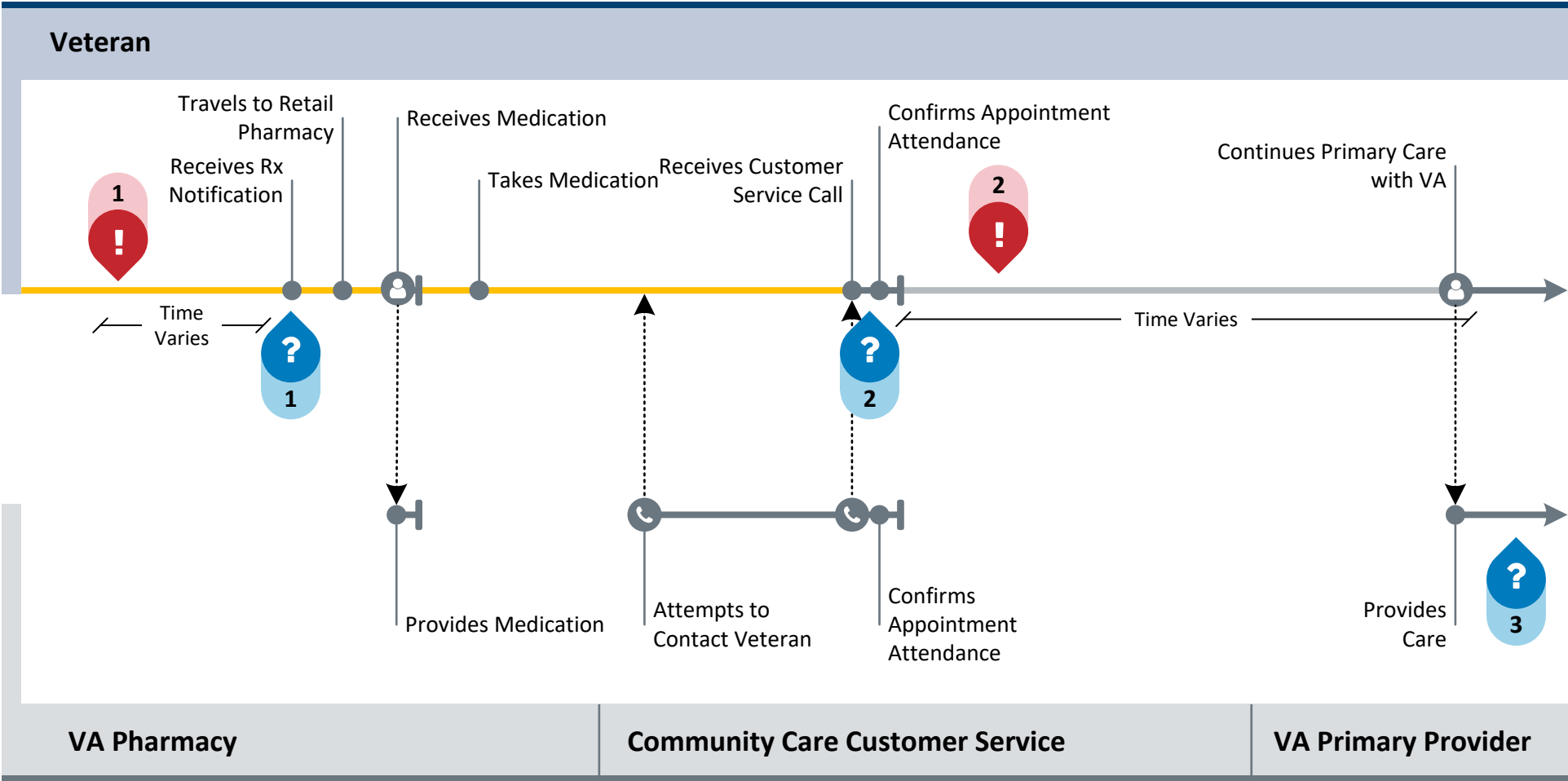
Pain Points

1

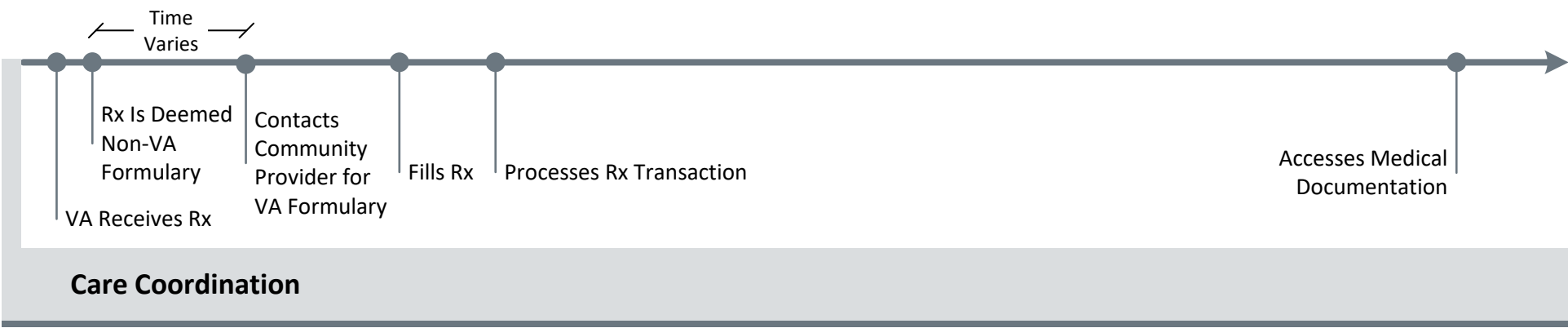
- If billing information is requested, the Veteran may be concerned on why it is required, since the VA is responsible for the bill.

# 3. Wait-Time-Eligible Veteran

## ONGOING CARE



## Backstage



## Considerations

- 1**
  - How does the Veteran's online experience with VA prescriptions differ between the VHA and a community provider?
  - How will the Veteran be notified when a prescription is ready?
- 2**
  - What if the Veteran has a question for the Community Care provider? How does the Veteran contact the provider?
  - Can My HealtheVet be used for secure messaging with the community provider?
  - How often does the Veteran get "lost" in follow-up care? What are the key roadblocks?
  - How does the Veteran see the health record from the Community Care provider? Is this viewable in My HealtheVet?
  - How long does it take for the record to appear in My HealtheVet after the visit?
- 3**
  - What happens if the Veteran has a scheduled follow-up appointment with the VA referring provider and the health records from the Community Care provider are not available?

## Timing Insights

- There is a time delay for the pharmacist to seek approval from the community provider to acquire a VA formulary option.\*

## Pain Points

- 1**
  - The Veteran might be confused why the pharmacist made the community provider switch prescriptions.\*
- 2**
  - Navigating back and forth between the VA and Community Care can be confusing and cause delays for the Veteran.
  - The Veteran is anxious to know if any costs might be owed. The Veteran has heard negative experiences of cases going to collections.

\*This scenario will be mitigated in Post-Community Care Network.

## Findings & Recommendations



# Key Takeaways

## Enterprise-Level Change Can Roll Down to Impact Veterans

The future of the VA and how it delivers health care is evolving. The VA is facing disruptive policy and enterprise-wide changes within Community Care (and Choice) programs. The Community Care Program, itself, faces continuous change – ranging from flipping from internal legacy systems to a commercial off-the-shelf (COTS) tools to negotiations for new national contracts to debates on significant legislative upheaval, opening up Community Care to all Veterans. These changes will likely impact the Veteran experience and may exacerbate current pain points and cause new, unforeseen challenges.

## A Veteran Perspective Is Needed

Analysis of Community Care documents and process maps indicate Veteran-focused use cases and/or requirements are few and far between. Use cases for non-traditional or non-optimal paths are rare or non-existent. During stakeholder discovery sessions, subject matter experts agreed that a deeper and more formal understanding of the Veteran perspective is desperately needed. Experience maps and use cases are tools that the VA can use to help inform significant decisions to improve the Veteran experience.

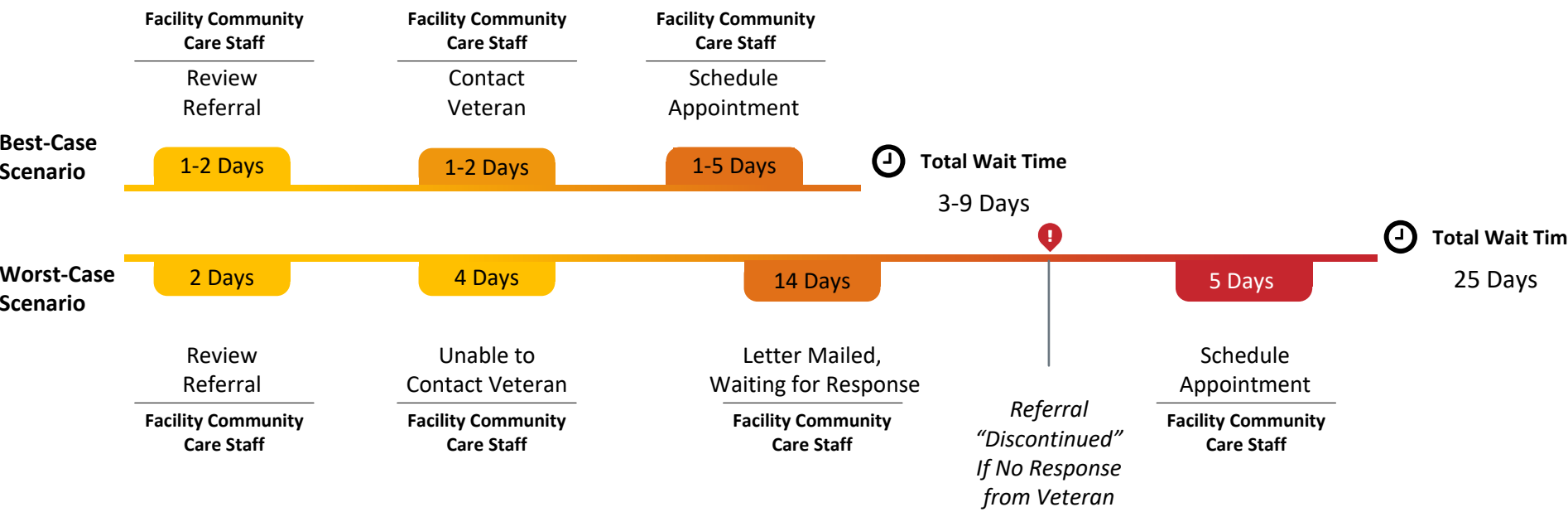
## Wait Time for Veteran to Receive an Appointment

A Veteran may need to wait several days to receive a scheduled Community Care appointment. The VA has documented a range of estimated wait times for each step for Post-Community Care Network (CCN), as outlined in the VHA Office of Community Care (OCC) Transition Guidebook.

In the diagram below, the best scenario depicts a three-day wait time for making an appointment, assuming each step takes only one day. However, even this ideal case can take up to nine days if the Veteran is not easily reached.

In the extreme scenario shown below, the wait time to schedule an appointment can take up to 25 days. Even more daunting, if the Veteran cannot be reached, the referral will be returned or "discontinued" – at which point the Veteran will need to start over.

Note that these estimates assume staff and resources are available to meet SOP guidelines. If staffing is overburdened, the time to schedule an appointment with Community Care may be even longer.



## Key Pain Points Identified

Research and study of the experience maps indicate the following significant pain points:

- The Community Care process is confusing and may take longer than care at a VA facility.
- There is a lack of transparency and unclear wait times. The Veteran does not know what is happening backstage.
- Procedures are manual, requiring phone calls for all status updates and setting appointments.
- Online features that Veterans expect are almost non-existent.
- Contract pharmacies do not provide online features in the VA Portal.
- Out-of-network prescriptions and out-of-pocket expenses may still happen in Post-CCN.
- The process to schedule follow-ups and ongoing care is burdensome.
- Billing and financial related issues represent most of the trouble calls.



# Recommendations

## Key Recommendations

In addition to the “Actionable Findings” listed on the previous page, the following recommendations outline specific targets that would significantly improve both the Veteran's experience with Community Care and experience with health care overall.

**Align the VA’s online and offline communications to be consistent and set clear expectations.**

Learning about Community Care comes from a variety of channels (VA.gov, Vets.gov, call centers, providers) with inconsistent information, resulting in confusion and poor expectations.

**Provide the ability to review, rate, and determine eligibility of nearby providers.**

The Choice website does have the ability to determine if nearby providers are eligible. However, it lacks the ability to write and/or see reviews along with possessing poor mobile usability.

**Provide the ability to make and track appointments online.**

The VA already has this feature for VA appointments in VA facilities, but not for Community Care services. Integrated features are recommended for a seamless online care experience and consistent expectations.

**Provide clear records for call center conversations and follow-up care guidance.**

Create an easily navigable record that captures all of a Veteran’s episodes of care and future care guidance.

**Provide a clear and simple path for prescriptions.**

VA, contract, and out-of-network pharmacies should have an integrated online experience with the ability to order and track prescriptions. Until the transition plan is completed, have the ability to easily request reimbursements for out-of-pocket expenses.

**Provide tracking and status of bills and payments.**

Veterans should know up front what, if any, costs they could incur; along with the ability to dispute payments and track the status of disputes.

**Provide clear guidance on follow-up steps required for continued care.**

The Community Care appointment, itself, is usually a positive experience. The problem is not knowing the process and reauthorization required to schedule a follow-up appointment. VA Medical Center (VAMC) follows-up are simple compared to Community Care – and the Veteran may not be aware of the difference.



## Need for Common, Veteran-Facing Tools

One of the most significant elements missing from the Veteran’s experience within the Community Care system is that the Veteran is left out of the loop. There is little or no insight into what is happening, what is next, or how to manage one’s own care activities. The Veteran is on the sidelines, waiting for a call. Or the Veteran wants to change an appointment or understand what is happening backstage.

Ideally, the Veteran should only go to one place for their VA health care. Whether they are being seen at a VA facility or at an outside facility within their own community – the Veteran should have a single-threaded, consistent, and transparent experience.

# Veteran-Facing Online Experience







## Online Experience Needed

Both the Veteran and Community Care support staff would benefit immeasurably from a Veteran-facing, integrated online experience. While the goal is to create a seamless health care experience, just offering more transparency, the ability to initiate interaction, and the ability to communicate online would go a long way toward providing a holistic, Veteran-first system.





## Recommended Features

Aligning with the VA’s online experience for self-managed health care would result in a more consistent, cohesive experience. The Basic Features are those currently available to Veterans for VA health care. The Additional Features are those that would also benefit the Veteran when considering Community Care.

### Basic Features

 <b>Provider Search</b> <ul style="list-style-type: none"><li>Find VA Providers</li><li>Find Community Providers</li></ul>	 <b>Eligibility</b> <ul style="list-style-type: none"><li>Check Eligibility</li><li>Opt In/Opt Out of Medical Records</li></ul>	 <b>Appointments</b> <ul style="list-style-type: none"><li>Schedule Appointments</li><li>Track Appointments</li><li>Get Email Reminders</li></ul>
 <b>Health Records</b> <ul style="list-style-type: none"><li>View, Print, and Download Records</li></ul>	 <b>Messages</b> <ul style="list-style-type: none"><li>Ask Questions to Providers</li><li>Ask Questions to Care Teams</li></ul>	 <b>Pharmacy</b> <ul style="list-style-type: none"><li>Refill Prescriptions</li><li>Track Delivery</li><li>View Medication List</li></ul>

### Additional Features

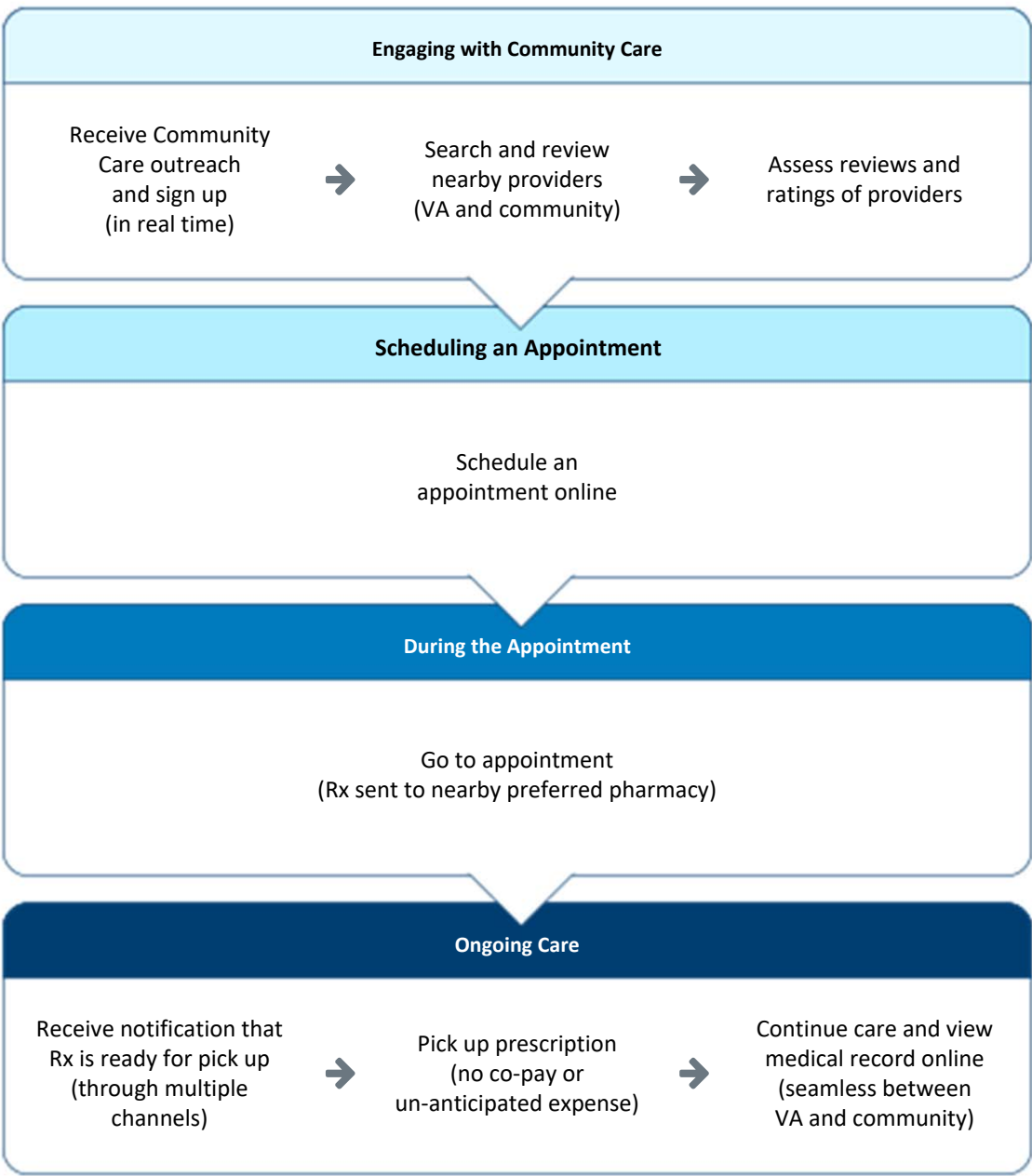
 <b>Provider Ratings &amp; Reviews</b> <ul style="list-style-type: none"><li>View Ratings and Reviews</li><li>Give Ratings and Reviews</li></ul>	 <b>Billing &amp; Payments</b> <ul style="list-style-type: none"><li>Calculate Costs</li><li>Dispute Bills and Track Status</li><li>Pay Online</li></ul>	 <b>Contract Pharmacy</b> <ul style="list-style-type: none"><li>Refill Prescriptions</li><li>Track Delivery</li><li>Get Reminders</li></ul>
 <b>Miscellaneous</b> <ul style="list-style-type: none"><li>Get Related Health Education</li><li>Get Follow-Up Care Guidance</li><li>Sign Up for Meds by Mail</li><li>File Grievances</li><li>Create and Update Profile</li><li>Request Refunds and Track Status (Out-of-Network Pharmacy)*</li></ul>		

*\*This is expected to be mitigated in Post-Community Care Network.*

# Ideal Veteran Experience

## Ideal Experience

While a detailed, ideal experience map may be used to explore key pain points and recommendations, a simplified high-level view of an ideal Community Care experience is provided below. This diagram offers a simplified guide, meant to support future design decisions related to providing a high-quality Veteran experience in Community Care. Current initiatives and potential incremental and systemic solutions may be prioritized with this high-level map in mind. While this high-level view does not represent what happens to every Veteran during every appointment, it is a good starting point to define the ideal patient experience in Community Care and recognize high impact improvement opportunities.



## Phases & Actions

As described in the “Recommendations” sections of this document, an ideal Veteran experience should include a consistent and holistic online experience with seamless interactions between the VHA and the community health care activities. The diagram above outlines high-level Veteran actions in the four phases of Community Care. In this ideal flow, Community Care offers an effective outreach campaign, providing new and current Veterans with relevant guidance on where to find and how to utilize Community Care resources. Ideally, Veterans would also have the ability to schedule their preferred appointment online – without having to contact the call center or an agent. Additionally, Veterans should be able to select their preferred pharmacy and receive notification when their medications are ready. Finally, prescriptions and medical records from both the VA and the community would be viewable and integrated within a single online portal.

# Additional Veteran Use Cases

In addition to the three initial use cases depicted in the experience maps earlier in this document, the following list outlines other Veteran use cases identified for further study. These Veteran stories will be reviewed with Community Care stakeholders for deeper understanding and prioritization.

In the diagram below, the Primary Use Cases represent major paths that Veterans may undertake within the Community Care system. These are often independent of each other. The scenarios listed below represent subsets of experiences that may be incorporated as slices within any use case. In fact, it is likely the use cases will each encompass multiple scenarios.

## Primary Use Cases

Identified by Current Choice Legislation	Future Key Types	Types Identified by the VA
VA Provider Referred	In Crisis	Priority Groups
Distance Eligible	Mobile User	Triage Ratings
Wait-Time Eligible	Caregiver	
	Traveling	

## Engaging with Community Care

Learning about Community Care	Eligibility
Search for Providers	Opts In/Opts Out
Preferred Provider Out of Network	Not Eligible
View Provider Ratings	

## Scheduling an Appointment

Clinical Triage	Self Schedule
Community Provider Unavailable	Schedule Online
Reschedule Appointment	Unavailable for Contact
Unapproved Care at Community ER	Referral Returned
VA Schedules	Receives Appointment Letter
Approved Care at Community ER	

## Ongoing Care

During the Appointment	Prescriptions	
No-Show	Non-VA Pharmacy Medication	VA Pharmacy
	Meds by Mail	Emergency Medication
	Track Prescription Online	Refills Medication
Billing and Payment	Follow-Up Care	
Priority Group 7 (Low-Income)	Receive Unwarranted Bill	Follow Up in Community
Priority Group 8 (Middle-Income)	Dispute a Bill	Follow Up with VA
Private Insurance	Request Prescription Refund	Same SEOC
Co-Pay	Refund Is Delayed	New SEOC
Pay Prescription Out of Pocket		Secondary Authorization Request (SAR)

## Miscellaneous

VA Health Care Enrollment Required
Medical Home
Follow-Up Question for Community Provider
Rate a Provider
Provider Complaint
Passes Away



# Next Steps

This Veteran Experience Map document explores the corresponding relationship between Community Care products and services – and the experience of Veterans as their health care needs are addressed. The initial use cases diagramed here are foundational, and further study is needed to help inform a more ideal and consistent front stage experience for all Veterans participating in the Community Care Program. Following this foundational work, next steps are expected to include the following:

- In-depth exploration and prioritization of additional use cases to further understand risks, pain points, and potential features needed to meet the needs of Veterans and system users
- Stakeholder discovery sessions to address questions called out in this document
- Ongoing research to maintain understanding of ever-changing Community Care processes and technologies – and continual presentation of findings and recommendations to improve the experience of Veterans



## In Appreciation

This effort would not have been possible without the insight and generous investment of time by so many stakeholders and subject matter experts. Thank you for offering your insight and feedback.

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- CIPT F2F application presentation (Source: Email (Patrick Shakiba) on 1/9/2018)
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