VA.gov CMS research for Facilities

Round 3
Pittsburgh, PA

Prepared by the VA.gov CMS Team

[Research: June 25-27. Presentation: July 12]

Outline

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4. Task results with Veterans

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This research examines the effectiveness, usability, and clarity of information on Pittsburgh's facility site.

1. Intro

Who we are

CMS project team: Pittsburgh facility site, drupal CMS product

Research team:

- Eric
- Ryan
- Kate
- Rachel

- Lapedra
- Meghana
- Jane

Executive summary

- The goal of this study was to evaluate the current VA.gov experiences for immediate usability and long-term user experience improvements.

- We spoke with 22 people at 2 campuses: University Drive and Heinz

- Overall, people appreciated the new, sleeker style of the website and were pleased with the slimmed down presentation of content on the site.

- We learned that: 1) site navigation between the regional health services page and facilities pages did not meet users' expectations in finding actionable content; 2) appointment access and wait time data can potentially dissuade users from seeking care without a baseline for comparison; 3) sharing relevant content through direct linking was seen as one of the most valuable parts of having a website, warranting further need for "detail pages" on services.

- We learned of potential improvements to the site that were beyond the scope of our study.

What the team experienced 💙

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

VA employees will "get scrappy" to help Veterans, whether it be access to care or other benefits, resolving issues with care teams, or helping Veterans simply feel heard and appreciated.

We felt the VA employees' deeply personal definitions of success in helping Veterans get care.

2. Study Goals

Our approach

We wanted to understand the user experience of the external facing VA.gov (the front stage) and the internal VA-facing CMS (the backstage) from multiple, discrete user perspectives.

This is important because the usability on the backstage directly impacts the quality of the front-stage experience.

Our goals

For the Veteran facilities webpage experience **(this study)**

- Evaluate 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

For the Authoring experience **(readout coming soon)**

- Evaluate the usability of the editorial workflow (create, review, edit, and publish content) within the Drupal CMS

3. Research Methods

How we did it

Focus areas

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

Methods

- Task-based usability testing
- Paraphrase testing
- Contextual inquiries (My HealtheVet team)

How we did it

Prototype testing
(i.e. "usability" testing)

- Qualitative methodology

- Small sample, moderated

- Uses task-based conversations to surface firsthand sentiments and concerns from Veterans

- Includes facilitators and notetakers

A former team member evaluating designs with a Veteran at VA Pittsburgh, University Drive campus

What we did

2 ½ research days at 2 locations:

- University Drive to focus on Veterans
- Heinz (Aspinwall) to focus on administrators/authors

22 participant interviews, each lasting 1 to 1 ½ hours:

- Veterans (7) and Caregivers (2)
- VA Employees (13)
  - Eligibility specialists (3), Patient advocates (3), Care coordinators (6), Librarian (1)

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

What we hypothesized

H1   Information about appointment access and wait times will be useful for Veterans and caregivers in making decisions about their health care. [Paraphrase testing]

H2   Users will be able to understand the content nuances between region- and facility-level service pages.

H3   The newly categorized health services will better help users find information they need.

Tasks and scenarios aimed to surface:

- What about the content do Veterans and caretakers find to be useful?

- What blockers do folks face when trying to find the target service?

- Does this design seem to help or hinder the user experience?

- How often do participants correctly access the new navigation to find what they are looking for?

- How does the crosslinking between the regional and the facility pages affect participant understanding in navigation?

Usability tasks

Description (not as it was said during sessions)	What we wanted to address
1. Find information about urology (later, optometry) at University Drive, starting from the VA Pittsburgh region page. Hear reactions to both wait times data and appointment access data.	Assess usability of health service accordions (H3), navigation between regional level and facility level service pages (H2), and wait time & appointment access data (H1)
2. Find information about a nutritionist (or other relevant service) in the area, starting from the University Drive facility page.	Assess usability of navigation between facility level and region level service pages (H2)
3. Find information about parking or transportation to the facility from the VA Pittsburgh region page.	Continuing validation of content density and user expectations (H3)

Pittsburgh home

All services at Pittsburgh

All services at University Drive

Make an appointment

4. Task results with Veterans

Task 1: Find optometry (or relevant service)

Examples of expected paths:

… > Our services > Optometry (PGH) > University Drive > Optometry.

… > University Drive [or first Our locations] > Optometry.

… > Make an appointment > Optometry. (✗#)

#	10-UD	13-UD	9-UD	2-H	14-H	15-H	4-H	7-UD	11-UD
V/CG	V	CG	V	CG	V	V	V	V	V
Result	✔	✗	✔	✗	✗#	✔	✗	✗#	✔

✗**#** indicates partial failure because the participant was unable to find facility-specific content

Task 2: Make an appointment with nutrition (or other relevant service)

Examples of expected paths:

… > *Make an appointment* > *Nutrition phone number*.

… > *VA Pittsburgh* > *Heinz* > *Nutritionist.*

#	10-UD	13-UD	9-UD	2-H	14-H	15-H	4-H	7-UD	11-UD
V/CG	V	CG	V	CG	V	V	V	V	V
Result	-	✔	✖	✖	✔	-	✔	✖#	✔

- indicates non-participation in task (fall off due to time constraints. Task 1 had highest study priority)

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Task 3: Find parking for (other facility)

Examples of expected paths:

(Make an appointment) > Our Locations or VA Pittsburgh > University Drive / Heinz > Parking.

(Nutritionist accordion) > Our Locations > University Drive / Heinz > Parking.

#	10-UD	13-UD	9-UD	2-H	14-H	15-H	4-H	7-UD	11-UD
V/CG	V	CG	V	CG	V	V	V	V	V
Result	-	✔️	-	❌	✔️	-	-	✔️	-

5. High level insights

How we got here
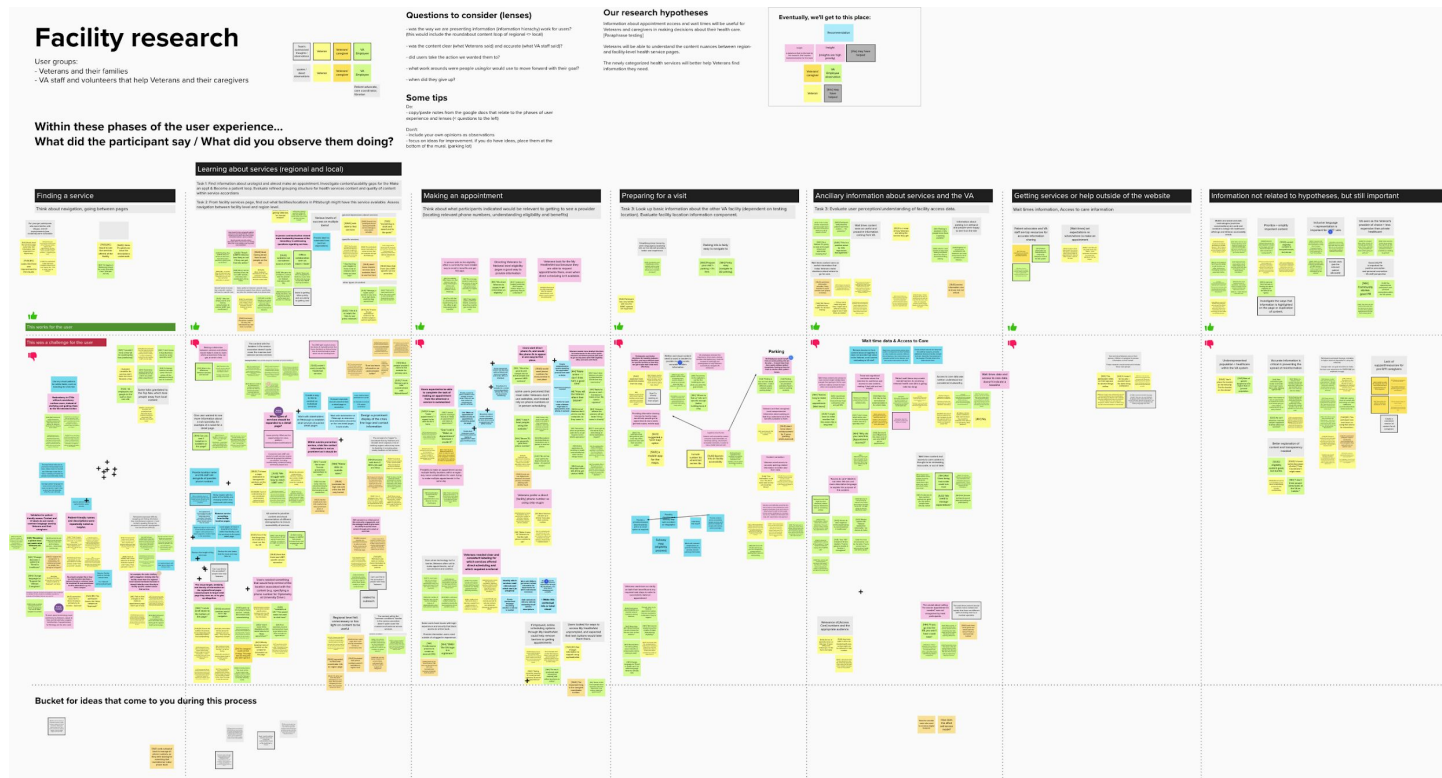
Findings snapshot

Hypothesis	General finding
H1: Information about appointment access and wait times will be useful for Veterans and caregivers in making decisions about their health care. [Paraphrase testing]	Inconclusive [current content does not support this, but changes might]
H2: Veterans will be able to understand the content nuances between region- and facility-level health service pages.	Unsupported (Disproved)
H3: The newly categorized health services will better help Veterans find information they need.	Supported (Proved)

Hypothesis 1: Information about appointment access and wait times will be useful

👍 *What's working*

Veterans felt like VA was being transparent by providing wait times.

👎 *What's not working*

Some Veterans were generally worried about the wait times for critical services (felt slow).

Appointment access data felt misleading or unhelpful without a baseline (especially to Veterans with more regular appointments)

In response to paraphrase testing, the Wait Times and Access to Care sections were varied: Some Veterans and VA employees felt the information in these section was helpful while others felt the data contained was misleading and questioned its origin.

Hypothesis 2: Content nuance between region and facility level will be understood

👍 *What's working*

There was no indication that this worked.

👎 *What's not working*

No participants indicated they understood that they were looking at regional information versus facility information.

Participants didn't understand that they were taken from a regional page to a local page.

When participants looked for more information about services at a specific facility, they were taken to the facility page.

Hypothesis 3: New service categories will be helpful

👍 *What's working*

Service groupings appeared valuable to those who noticed them.

Patient friendly names were seen as invaluable.

Participants highlighted that patient friendly names, etc. helped them understand specialized concepts.

👎 *What's not working*

Many participants didn't notice the service groupings which forced them to scroll the lengthy page.

Participants did not scroll down far enough to see the health services accordions on facility pages.

In some cases participants didn't notice they were on a page that contained information about health services at all, which led to them to taking no action at all.

Valuable insights in addition to ones related to our hypotheses

- The need for basic information, such as parking information and phone numbers was considered essential.

- Many veterans prefer phone contact, but automated phone-tree felt inaccessible and confusing.

- There is a risk when presenting digital-only solutions; omnipresent need for printing on-screen materials.

- Information in regional health service accordions felt incomplete; people expected to be able to take action.

- Multiple paths toward making appointments felt confusing and redundant.

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

6. Findings

Access to care data might initially deter people from going to VA for care without a relative measure of how other care systems perform.

So what?

Without context, this information can reinforce mental barriers users have in receiving relevant health care.

Appointment access at this location

Veteran-reported satisfaction scores come from the Consumer Assessment of Health and Systems survey, which measures satisfaction of nearly 150,000 Veterans across the U.S. every 6 months.

Urgent care appointments at this location

Veterans who say they usually or always get an appointment when they need care right away.

Primary care	Specialty care
85%	**88%**

Routine care appointments at this location

Veterans who say they usually or always get an appointment when they need it.

Primary care	Specialty care
79%	**91%**

Last updated: June 20, 2019

"[Were I a patient] I would look at [Access to Care data] and say I'll go somewhere else and get 90%." - *Patient advocate*

[Looking at 76%] "No, not so good. Anything above 80% would be 'Oh, that's not bad.'" - *Veteran*

"... if I was going to use this information to compare to an outside health care option – I don't know, it's hard to compare this data. I don't find it useful." - *Veteran*

We recommend

- Deprioritize appointment access data and the visuals that accompany it. This can be done by placing information into an accordion.

- Add context to appointment access data to clarify both what it means and why it's important; provide simplicity around what appointment access data means.

Findings

People generally liked seeing wait times for services, but some worried they were not being able to get an appointment earlier than the window of time stated, despite the note that they could make a call to schedule earlier.

So what?

Wait times can be potentially demotivating without visible caveats.

Optometry
Vision care, corrective lenses, glasses   —

Common Conditions: vision exams, prescription glasses, contact lenses

Our optometrists offer you routine eye exams, preventive vision testing, and treatment for conditions like glaucoma. We also provide prescriptions for eyeglasses and other assistive devices.

Where to find us

1-East (map)

Hours
Monday - Friday, 8:00 a.m. - 4:30 p.m. ET

Make an appointment or contact us

You can make optometry appointments at our locations without a referral.

Phone
412-360-6700

Patient wait times

The average number of days to receive care for this service if you make an appointment today.

New patient	Existing patient
13 days	**6 days**

Last updated: July 01, 2019

These wait times may not always reflect the actual wait for services. Call us if you would like to make an appointment or have questions about accessing this service.

Care we provide

- Comprehensive evaluation of ocular diseases
- Subspecialty services such as retina, cornea, and glaucoma evaluation and treatment

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"I might have an initial reaction that this seems like a long time."
- *Patient advocate*

"Sometimes I want a female doctor so I have to wait longer. So that time might be longer than the one listed [within the service accordion]." - *Veteran*

"Usually I don't have a problem getting my appointments. I'm not worried about it. I have no problems getting seen, getting my answers. I don't know this information is really necessary. I like the wait time between appointments." - *Veteran*

We recommend

- Design a new disclaimer component, using an "alert" design pattern to raise visibility that folks can call to make an appointment if matters are more time sensitive.

- Always pair information coming from the API with this disclaimer

Suicide prevention services and on-page Crisis Line contact info felt ==neither prominent nor visually consistent== with the Crisis Line brand, especially within the service accordion.

So what?

Without extra guidance, the most emotionally and cognitively vulnerable users might not be able to find lifesaving services they need.

Talk to the Veterans Crisis Line now ›

🔍 Search ⌄   ❓ Contact us ⌄   **Sign in**

Suicide Prevention/Veterans Crisis Line —

Call our Veterans Crisis Line at **800-273-8255** (select 1) for free, private help anytime 24/7. Our local suicide prevention coordinators can also connect you with ongoing counseling and services.

Where to find us

Consolidation Building (map)
Building 29
1M-109

Hours
Monday - Friday, 8:00 a.m. - 4:30 p.m. ET

Contact us

Phone
412-360-6515

Care we provide

- Suicide prevention care coordinators
- Suicide prevention case managers
- Gun safety locks

" Suicide is one of the biggest challenges we face with Vets. You hear that 22 number, but the biggest thing is those 22 aren't getting healthcare with us.

"Crisis line can make referrals to the suicide prevention coordinator so we can start the process to get Vets enrolled and get them started with care. " *- Patient advocate*

We recommend

- Introduce existing [national] Crisis Line branding and contact information within relevant service accordions and enable authors to easily add it in the CMS (similar to other in-page alerts).

- Use this new component either a) in the appropriate service accordion or b) beneath the Mental Health category header.

- Use consistent design patterns for similar tasks, such as branding for crisis line.

- Making the crisis hotline label in the header "sticky", on-scroll.

Main content and UI labels <mark>do not match common language</mark> used by Veterans and their caregivers, but Patient-friendly names and descriptions were repeatedly noted as helpful.

So what?

There will always be instances of this, but we can broaden understanding through continual improvement of patient friendly names.

Physical medicine and rehabilitation Physiatry	+
Podiatry Foot, ankle and lower extremities	+
Rehabilitation and prosthetics Prosthetics, orthotics and medical equipment	+
Spinal cord injury and disorders	+
Surgery	+
Transplant surgery	+

"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. Same with gynecology." - *Veteran*
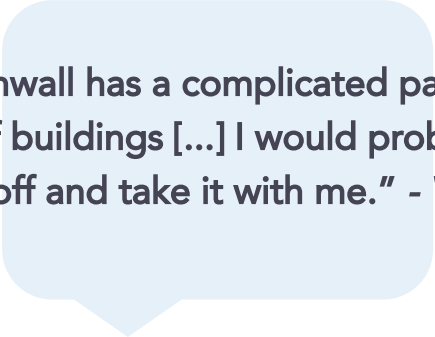
" I don't understand what [some of these descriptions] are, but as long as I read the word "heart," I know that's affecting me because I have heart disease and high blood pressure." - *Veteran*

We recommend

- Require the Patient-friendly name field for every service (both clinical and non-clinical).

- Continue research on providing more context within close proximity major call to actions, including the "top 3" buttons (Make an appointment, etc.)

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

So what?

Giving them the option to transform content into a physical format gives users the chance to make information usable to them.

"Aspinwall has a complicated parking lot, with lots of buildings [...] I would probably print [the map] off and take it with me." - *Veteran*

We recommend

Detail pages for maps, directions, and shuttle services are currently in development. 🎉

- Indicate accessibility measures in any and all maps (and include areas that are inaccessible).

Sensitive and cross-disciplinary services, such as women's health and LGBT services, have a critical need for heightened visibility and specialized language. 🏳️‍🌈

So what?

Universally, underrepresented populations seek services that outwardly demonstrate a thorough understanding of nuanced needs.

"What I would want to know [...] have they ever worked with trans people before, what's their comfort level in working with trans people. I would never ask this to a provider, but it's something I would want to know." - *Veteran*

"There are a lot of Veterans who don't know the VA is LGBT friendly."

-    patient advocate

"Of the [22] million veterans in the US, 134,000 identify as transgender."

-   Patient advocate and coordinator

We recommend

- Investigate current efforts for specializing LGBT services, then conduct specialized content research on:

  - Lesbian, gay, and bisexual health services

  - Transgender and gender affirming services

- Consider use of visuals in representing traditionally underrepresented Veteran groups.

The <mark>visual length, similarity, and density of information</mark> on the regional and facility pages caused people to forget what page they were on, or to give up on finding the information they needed altogether.

So what?

Any visually homogeneous content blocks can lead to critical usability problems in wayfinding.
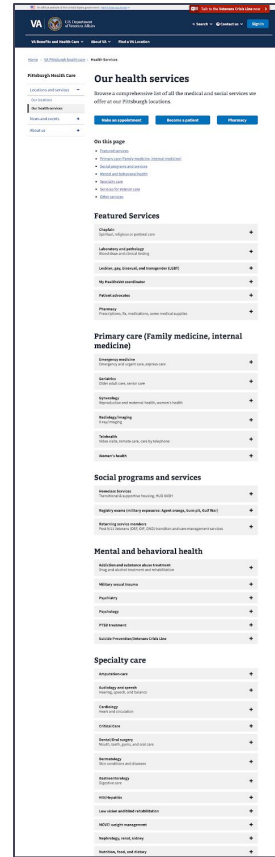
"I never scroll down to the bottom of the page." - *Veteran*

"[Scrolls a little then selects health service from left nav.] I can't find it. [Goes back to Heinz page] I can't find it here. Am I missing something?" - *Caregiver*

"I'm looking for the number I'd call. I can't find that." [Clicks back to health services. Continues to try to find the name and number. Finds location page, but doesn't scroll down to the service listing.] - *Veteran*

Let's watch a video of this!
(without sound to protect privacy)
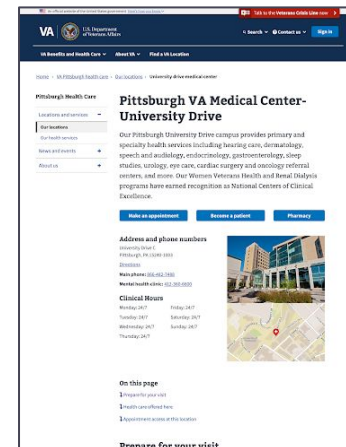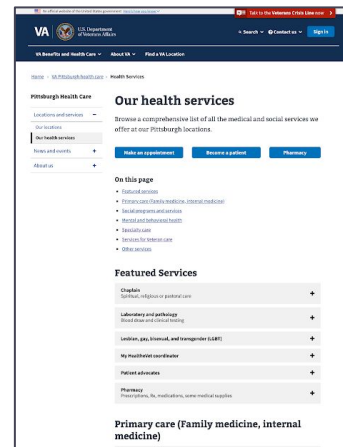
In this video, a user struggles to find facility-specific information [right] on caregiver support from the regional health services page [left]. We see the user scrolling down the page, only to return to the top of the page before seeing the health services accordion. This behavior demonstrates the problem with not placing actionable content high enough on the page's hierarchy.

We recommend (length, similarity, density of information)

- Introduce interaction and content patterns that remind users of the page they are on.

  - "Sticky" headers and/or side navigation, show facility name, and VA staff role alongside any contact info

- Reduce the length of introduction text and contact/map components, by setting a character limit within the CMS, so that pages do not appear overly similar upon arrival to users.

We recommend (services on regional and facility pages)

- Brainstorm potential solutions for ways for users to find the right level of (health or non-health) service information more quickly

- Reduce number of paths (clicks and scrolls) to key information

- Allow detailed contact information, such as phone numbers and to be available anywhere

- Introduce ability for users to share links to key content

7. Next steps

What we're doing next

- Working with Product Owners to establish design and development work

- Socialize this research with DSVA

Thank you!

Contact with questions:
Eric Chiu eric@navapbc.com
Ryan Sibley ryan@navapbc.com
Meghana Khandekar meghana@navapbc.com