

St. Louis VAMC Check-In Pilot UAT Report

April 2022

Last updated: May 12, 2022

Background

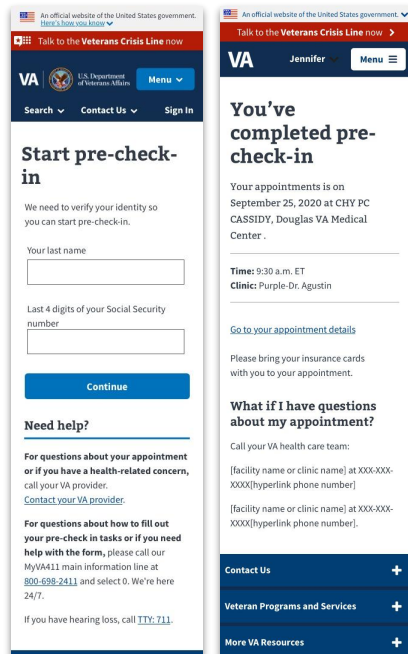
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The [check-in product](#) is reimagining the ecosystem that allows a Veteran to check in for a medical appointment. The check-in experience team, in particular, has created the portion of the ecosystem that enables a Veteran to utilize their mobile device to “check-in” through VA.gov (e.g., letting the VA know that the patient has arrived for their appointment).

High level view of Veteran check-in journey

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Pre-check-in 



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[Search](#) [Contact Us](#) [Sign In](#)

Start pre-check-in

We need to verify your identity so you can start pre-check-in.

Your last name

Last 4 digits of your Social Security number

[Continue](#)


Need help?

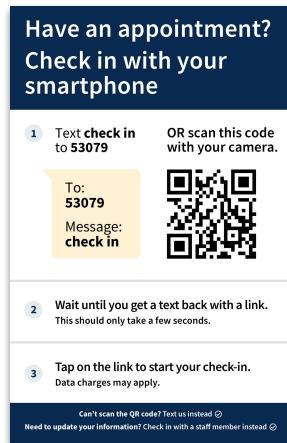
For questions about your appointment or if you have a health-related concern, call your VA provider. [Contact your VA provider.](#)

For questions about how to fill out your pre-check-in tasks or if you need help with the form, please call our MyVA411 main information line at [800-698-2411](#) and select 0. We're here 24/7.

If you have hearing loss, call [TTY: 711](#).

[Contact Us](#) [Veteran Programs and Services](#) [More VA Resources](#)


Check-in (day of appointment) 



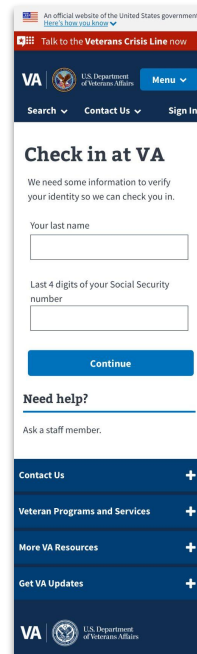
Have an appointment? Check in with your smartphone

- 1 Text **check in** to **53079** OR scan this code with your camera.

To: **53079**
Message: **check in**


- 2 Wait until you get a text back with a link. This should only take a few seconds.
- 3 Tap on the link to start your check-in. Data charges may apply.

Can't scan the QR code? Text us instead [📞](#)
Need to update your information? Check in with a staff member instead [📞](#)



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Check in at VA

We need some information to verify your identity so we can check you in.

Your last name

Last 4 digits of your Social Security number

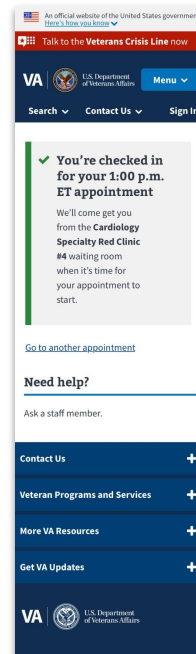
[Continue](#)

Need help?

Ask a staff member.

[Contact Us](#) [Veteran Programs and Services](#) [More VA Resources](#) [Get VA Updates](#)

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You're checked in for your 1:00 p.m. ET appointment

We'll come get you from the **Cardiology Specialty Red Clinic #4** waiting room when it's time for your appointment to start.

[Go to another appointment](#)

Need help?

Ask a staff member.

[Contact Us](#) [Veteran Programs and Services](#) [More VA Resources](#) [Get VA Updates](#)

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Veteran waits to be seen



MSA

VA



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Our goals for this research

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- Evaluate effectiveness of check-in and pre-check-in experiences with Veterans and staff at St. Louis pilot clinics.
- Identify strengths, pain points and opportunities to inform product team and roadmap (as VISN rollouts begin).
- Evaluate effectiveness of new poster that addresses low-vision concerns.
- Gain insights and opinions on product naming.
- Gain insights from VA staff on opportunities to integrate telephone appointments with pre-check-in and displaying patient record flags in VSE-CS.



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Specific questions we're looking to have answered

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- Are Veterans able to complete pre-check-in successfully from home? Do they understand the difference between pre-check-in and check-in?
- What friction points arise for Veterans during check-in? How easy or difficult is check-in to complete on VA.gov?
- What is the impact on the new poster addressing low vision concerns?
- How do Veterans refer to the check-in process?
- How do MSAs interact with Veterans during the check-in process? What impact does pre-check-in and check-in have on MSAs workflow?
- What are the overall impressions of check-in among Veterans and staff?
- How are patient record flags currently used by staff?
- How would adding telephone appointments to the pre-check-in experience impact staff workflow?

Hypotheses that we tested

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- Veterans should be able to successfully complete pre-check-in from the comfort of their homes. Veterans will correctly assume that they still need to complete mobile check-in even if they completed pre-check-in. The pre-check-in experience improves the staff experience, since they need to review contact, next of kin and emergency contact information with fewer Veterans.
- Veterans will be able to successfully check-in via their mobile device, verify their identity and confirm their demographic information without any friction. In the ideal scenario, Veterans will be able to complete check-in with little to no intervention from MSAs. Therefore, MSAs should have shorter lines of Veterans waiting to check in, since Veterans will be utilizing the new check-in solution in the waiting area.
- The updated poster enables low-vision Veterans to easily read check-in instructions.
- MSAs will still check-in Veterans who prefer in-person over mobile.



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Hypotheses that we tested, cont.

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- Veteran responses will indicate that the pre-check-in and mobile phone check-in solutions are useful and do not negatively impact their care experience.
- Staff responses will indicate that the mobile check-in solution is useful and does not negatively impact experience or clinical workflow.
- Properly displaying patient record flags is very important to staff.
- Gathering necessary pre-registration and other information prior to a telephone appointment can be difficult. Adding telephone appointments to pre-check-in would solve the staff pain point of reviewing pre-registration during appointments.



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Methodology

Our research methodology

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- We visited St. Louis VAMC, North County CBOC and Olive Street VA Clinic to conduct intercept interviews with Veterans when they arrived for their appointment. We observed Veterans interact with the updated poster, complete check-in on their mobile device and asked follow-up questions.
- We also observed and interviewed a variety of VA staff who have a role in the check-in process, including MSAs and clinicians.
- The [research plan, conversation guide and session notes](#) can be found on VA's GitHub repository for additional information.



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Who we spoke with

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Veterans

- 59 Veterans were observed during check-in
 - 17 (29%) of the 59 Veterans either did not have a mobile device with a data plan or were unable or willing to use the mobile check-in process
 - Due to the intercept method used for this research, we were unable to collect demographic information that supports the VA's inclusive research guidelines

Staff

- 9 MSAs or clinic administrators
- 6 clinicians

Note: Of the 42 (71% of total) Veterans that did begin the check in process, not all resulted in a “happy path” check-in.

Key Findings

Summary

Key findings

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The Veteran experience

- There's a large population of Veterans that feel they shouldn't have to use their phone to check in at the VA. However, younger Veterans and returning patients have adopted the changes much faster.
- Pre-check-in was not widely used by Veterans because it's overlooked when confirming their appointment with VeText.
- Veterans were frustrated that they had to wait to check in when arriving early for appointments.
- The new poster addressing low vision concerns was successful, but requires additional testing with low-vision participants.
- If posters weren't in line of sight of Veterans between entering the clinic and walking up to the MSA counter, then Veterans often missed them altogether.
- Veterans are saving "53079" in phones as "VA Check In."
- Network and cell signal strength are variable between clinics. 3-15 seconds to receive second text message from VeText. 5-15 seconds for VA.gov to load.
- Work has increased for many MSAs as a result of helping Veterans with check-in. However, Veterans appreciate the help and have a much better first time experience.



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Key findings, cont.

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The staff experience

- MSAs see value in allowing editing of demographic information in pre-check-in.
- A lot of staff felt that the roll out lacked proper training. Staff would benefit from training on a variety of fronts. E.g., how to use Workflows, how to fix specific "hard stops" on Veteran side, when to check in Veterans themselves, etc. How staff were trained at each clinic seems variable, which could also be a result of typical staff turnover. E.g., one clinic was not checking Veterans in who said they didn't want to use the mobile check-in process.
- Technical and network issues have been the root of some staff unhappiness, however most see the potential with check-in when those issues are resolved.
- Staff had a variety of recommendations for VSE-CS, including more visual alerts, text box option for Workflow status, adding last 4 digits of SSN to patient record, ability to check Veterans in and filtering options, among a few others.
- Some staff see value in adding patients flags to VSE-CS, while others are content with using CPRS.
- Inconsistencies in how clinicians and clinics complete pre-registration with patients for telephone appointments.



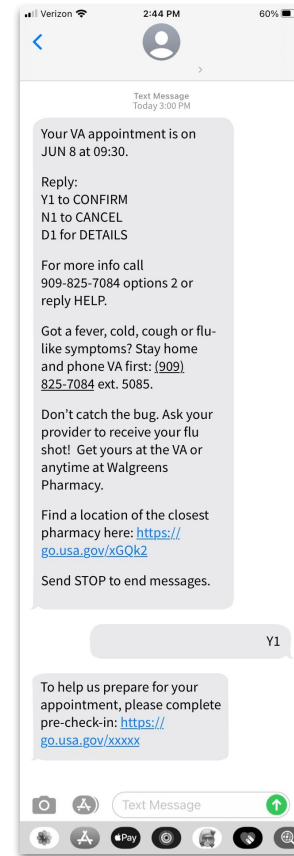
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Veteran Research Findings

Pre-check-in use

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- When asked if they remember completing pre-check-in, almost all Veterans either thought, a) they completed it by confirming their appointment through text, or b) they weren't aware it existed.
- One Veteran mentioned that they receive too many text messages from the VA to easily spot the pre-check-in message. (**"It looks like all the other messages."**) They suggested that they may be more inclined to see the text message if it wasn't an immediate response tied to the appointment confirmation.
- Most Veterans were unaware of pre-check-in's value to them.



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Veterans arriving early at clinics

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- We observed many Veterans arriving 1 hour early (i.e., 30 minutes prior to check-in availability) for their scheduled medical appointments as a result of a number of reasons:
 - Travel arrangements;
 - Provider/clinical staff recommendation;
 - Typically requires caregiver assistance
- We learned that it can be frustrating for Veterans, especially those that require caregiver assistance, to wait to check in to only learn that they have to stand back up and see the MSA to confirm their information.
- We also heard from clinicians that they like to know if their patients are there early because there's a chance they can be seen earlier (especially for morning appointments).

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Poster placement learnings

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- If posters weren't in line of sight of Veterans between them entering the clinic and walking up to the MSA counter, then Veterans often missed them altogether.
- In turn, this created a small waiting line at some clinics (for staff to provide help).
- Check-in posters were often competing with others for real estate.



Note: Some posters were altered to include a VA logo (we suspected for authenticity and credibility).

Poster use

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- Veterans chose to use SMS text vs. QR code equally.
- However, many Veterans had difficulty using the QR code:
 - Had never encountered;
 - Outdated photo app that doesn't recognize QR codes;
 - Hard to tap link when scanned;
 - Didn't realize that they needed to click "send" on the text message
- No Veterans mentioned having difficulties being able to read the new poster.


Have an appointment? Check in with your smartphone

1 Text **check in**
to **53079**

To:
53079

Message:
check in

OR scan this code
with your camera.



2 Wait until you get a text back with a link.
This should only take a few seconds.

3 Tap on the link to start your check-in.
Data charges may apply.

Can't scan the QR code? Text us instead ☺

Need to update your information? Check in with a staff member instead ☺

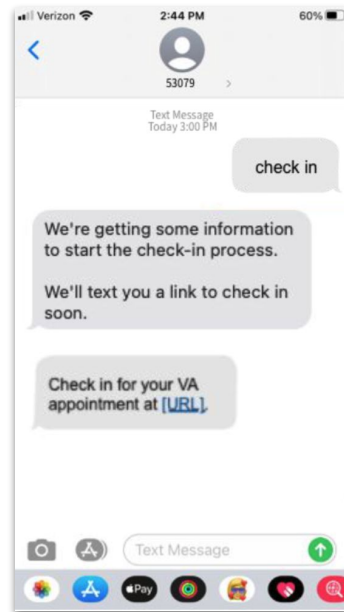


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Text message and VA.gov response timing

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- Initial response from VeText following “check in” was immediate. The second message from VeText took 3-15 seconds on average to arrive. Although not a lengthy time, it had the potential to create a line at the MSA counter.
- Depending on the strength of cell service for the Veteran’s mobile device, it took anywhere from 5-15 seconds on average to load VA.gov.
- And, at times, we observed that the Contact Information page was slow to load. There were a few scenarios where the bottom of the page loaded first, requiring the Veteran to scroll up to view the question.



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MSAs still interacted with most Veterans

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- Most MSAs still interacted with Veterans because of their proximity to the clinic entrance. Other reasons included:
 - Veterans may not have seen the check-in posters;
 - MSAs offered to assist them through the check-in process, e.g., to get them comfortable;
 - Some Veterans needed assistance using their mobile device
- **“It was much easier since you helped me.”** - Veteran
- At times, there was a pattern for MSAs to walk Veterans down the “happy path” of confirming all of their information (in order to create a frictionless experience for the Veteran).
- There were moments that MSAs reached “hard stops” with Veterans either as a text or on VA.gov. In a few of those scenarios, MSAs didn’t know how to correct the issue and instructed the Veteran to try again, which led to a repeat failure (and frustrating experience for both).
- Although MSAs ensured all Veterans were checked in to VSE-GUI, many still messaged providers in Teams to let them know their patients had arrived (likely due to technical issues the clinic has previously experienced with check-in).

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When asking Veterans what to call it

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- Most Veterans didn't have a response when prompted what they would call the check-in process. However, a few Veterans suggested the following:
 - Check-in
 - Mobile check-in
- In addition, there's been at least one staff member saving "53079" in Veteran's phones as "VA Check In," and instructing them to use this contact for subsequent check-ins. We witnessed this contact saved on multiple phones. Other Veterans often asked, **"Can we save this number and use it again?"**



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Overall Veteran perception of check-in

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For those that were able (e.g., have a cell phone, data plan, able to use cell phone, etc.) and willing to learn something new, using check-in still had a mixed sentiment among Veterans. Returning patients were the most confident using check-in, often checking in from their car or as they walked into the clinic. Younger Veterans tended to have an easier time adjusting to the new process.

Positive

“It [mobile check in] was better than the kiosk.”

“It was super easy to get checked in.”

“Love how it works. It works really well.”

“I like not having to wait in a long line.”

“It was hard at first, but it’s been good now.”

Somewhat negative

“Don’t use a cell phone. Never do.”

“It would have been easier if I had just spoken to them [MSA].”

“It was pretty difficult.”

“What are they going to have us do next?”

Veterans and staff that we observed at the eye clinic were less enthusiastic about the check-in process compared to other clinics, likely because it’s difficult for many within this population to use their mobile device effectively.



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A few Veterans also asked about...

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- If there's plans to include travel reimbursement within check-in.
- If they're able to make changes to their information (vs. having an MSA update their information in the back of house systems).
- Their caregiver being able to check-in for them (on the caregiver's mobile device).
- Checking in for walk-in appointments for blood work, etc.



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Staff Research Findings

MSA's overall impressions on how it's going

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The most common complaint received is that cellular service is not good in many locations. The second most common complaint is technical issues. E.g., where there is lag or the system is down for everyone or specific individuals.

“[There’s] potential to reduce work and improve wait times when the system is functioning properly and [when] Veterans have more fully adopted it.” - MSA

“If the Veteran does pre-check-in, it saves us time. They should be able to update their demographic information in pre-check-in.” - MSA

“It has impacted our work for the better. But, it really hurts us when the system is slow.” - MSA

“Some Veterans don’t get good cellular service in the office. In addition, many of the Veterans do not have unlimited plans, so they get charged for each text message. Sometimes, cellular service may be turned off too and the Veteran doesn’t know how to connect to WiFi or turn off airplane mode.” - MSA



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The impact on MSA's jobs were varied by clinic

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“Work has increased. And, we get yelled at by patients [exclaiming] that check-in is difficult, takes too long and that they shouldn’t have to use a phone.” - MSA

However, it also seems that the amount of training is a major factor on whether their job seems greatly impacted. It’s worth noting that clinic type and staffing (e.g., amount, personnel, etc.) can also impact whether they feel their work has changed.

In addition, direction on how to use the systems seemed inconsistent at times across clinics or individual MSAs. For example, some MSAs were instructed to use VSE-CS for specific activities, while others weren’t. And, some MSAs were more persistent in requiring Veterans to use mobile check-in vs. simply using VSE-GUI to check them in.

Clinics that received sufficient training and were staffed higher than others viewed the changes to be fairly easy and convenient.

Some clinics acknowledge nearly every Veteran, regardless of their check-in method. They believe in being friendly and engaging with their Veterans. [“Getting to know the Veteran and assisting them improves the experience and makes them feel more comfortable when visiting.”](#) [MSA] When working with Veterans in a positive manner, Veterans seemed to learn check-in much faster.



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Clinicians raised concerns, but positive outlook

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- Clinicians in multiple clinics were frustrated at VSE-CS and said it doesn't work. **E.g., concern around time it takes for statuses to change in VSE-CS.** Their work has increased considerably, which is negatively impacting patient care. They are constantly having to go to the waiting room to look for patients. Then, they have to stop and assist Veterans with check-in.
- Two OT's were very unhappy with VSE-CS, primarily because of its slowness in updating patient statuses and how it was rolled out. **"No one knew about it; neither staff or Veterans."**
- **However, when VSE-CS is working as it's supposed to, they like it.**
- In the Dermatology clinic, the nurse who functions as a coordinator between the front office and the nurses uses VSE-CS and really likes it. They're able to easily see if and when a patient has arrived.

VA



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Customer service drives positivity, adoption

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- The Speciality Care clinic had a staff member dedicated to helping Veterans with checking in.
- The excellent customer service this individual brought to the clinic was overwhelming positive and felt by many Veterans.
- Even still, they said at times half the waiting room could be happy, while the other half is much less tame because of one individual affecting the entire room.



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Staff's recommendations for VSE-GUI, VSE-CS

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- Many clinicians mentioned they'd like to see alerts in VSE-CS that persist to notify them that patients are checked in and ready to be seen. Or, highlight the row when statuses change.
- Would like to see visual indicators like sounds, colors, flashing, etc. to know that the screen has refreshed and there is new information.
- One OT requested that alerts be sent to their VA pager when a patient checks in. This solution was proposed because the OT does not have a laptop and has to go back to their office to find out if their patient has arrived.
- Two clinicians talked about the need for an "other" option in the Workflow dropdown that offered a text input.
- Adding last 4 digits of SSN in VSE-CS seemed helpful to most clinicians and MSAs.
- One nurse requested the ability to assign the Workflow to a specific user so the provider knows which nurse to look for to find the patient instead of having to track down each nurse individually to locate the patient.
- The MSAs in the Speciality Clinic would like the patient summaries to print out automatically when the patient checks in. They'd like to see the patient's future appointments added to the Patient Summary. And, they would like to see the patient's current medications on the Patient Summary, but not discontinued medications.
- We heard multiple times that MSAs would like to check patients in with VSE-CS.
- One nurse would like the ability to use filters to shorten the list of patients by check-in status in VSE-CS, such as only show checked in patients.



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When asked about patient record flags

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Staff at each clinic responded differently on the need for patient record flags in VCE-CS.

- MSAs don't always look at the patient record flags, depending on how busy they are. Most know who the patients are and their needs.
- "We don't use patient flags. Not useful in VSE-CS. We typically see the flags in CPRS and acknowledge them." - Clinician
- "Would like to see patient flags added to VSE-CS on the Workflow List as an indicator near the patient name (or in a new column). Hover text would be great. I want to avoid clicking to get the information." - Nurse
- "The flag should pop up when the patient checks in." - Nurse
- Some clinics use national, local, behavioral or both types of flags.
- Two OT's said patient flags are not needed in VSE-CS. Patient flags are in CPRS and it would be overkill to have them in both places.



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Each clinic handles phone appointments differently

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- Some clinics do more telephone appointments than others, typically based on the speciality, treatment, etc. E.g., physical therapy can't not do phone appointments.
- Completing pre-registration is inconsistent. E.g., MSA may call before or after the appointment. Depends on how busy they are. Or, sometimes nurse will call.
- One provider was asking whether or not they could check a patient in through VSE-CS since MSAs aren't involved with check-in for those patients. Sometimes, the MSA will mark them as a "no show" the following day because it appears they never arrived.

Recommendations and Next Steps

Recommendations and next steps

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Pre-check-in

- Explore opportunities to increase utilization of pre-check-in with Veterans (and ensure it doesn't "get lost.") E.g., communicating the value to Veterans, test new text message variations, send the text message multiple times if not completed, send text message at a different time or day after confirming their appointment, move pre-check-in link into initial text message, etc.
- Consider implementing editing of demographic information in pre-check-in.

Recommendations and next steps, cont.

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Check-in

- Consider implementing a push SMS message on day of appointment (knowing that Veterans are arriving earlier than 30 minutes) for check-in. And, consider increasing the check-in window beyond 30 minutes.
- Work with engineers to replicate (and correct, if possible) the scenario where users are starting lower on the page after identity verification.
- Look for opportunities to provide more context in error messages in VA.gov to expedite check-in process for Veterans and staff.
- Explore opportunities to improve the CHIP text response when 0 appointments are found. E.g., avoid Veteran confusion if/when directed to va.gov/find-locations.

Check-in poster

- Consider finding a way to include the “30 minute window” message into the poster to increase Veteran satisfaction. In addition, consider adding a VA logo to the poster to add credibility and authenticity.
- Consider testing a poster option without a QR code (knowing that it’s troublesome for some Veterans and devices).
- Look into creating guidelines for poster placement in clinics. In addition, look for opportunities for Human Centered Designers to offer assistance at clinics when setting up posters.



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Recommendations and next steps, cont.

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Back of the house

- Share knowledge with training team on observations and feedback heard from staff on the desire for more training opportunities and creating consistencies between clinics on VSE-GUI and VSE-CS usage, how to assist Veterans with check-in, when to go ahead and check in some Veterans, how to fix hard stops, etc.
- Share knowledge with training team on success of staff member helping Veterans in the clinic waiting room for check-ins. Recommend piloting at other locations during roll out.
- Continue to look for opportunities to improve lag time between VSE-GUI and VSE-CS.
- Work with staff-facing check-in team to share knowledge on suggested improvements from staff on VSE-CS. E.g., more visual alerts, text box option for Workflow status, adding last 4 digits of SSN to patient name, ability to check in, filtering options in Workflow, etc.

Feature enhancements

- Talk with additional staff to understand if patient record flags are desirable in VSE-CS.
- Discuss telephone appointment findings with check-in team to determine if additional gaps exist prior to piloting.
- Prioritize feature enhancements with product owners:
 - Integration of travel reimbursement into check-in
 - Ability for caregivers to check in for Veterans
 - Expansion into walk-in appointments



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Thank you

What MSAs hear from Veterans

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MSAs encounter skepticism and frustration from Veterans, but fewer complaints from younger Veterans.

- “Veterans don’t read the entire pre-check-in message, and therefore don’t know what pre-check-in even is. The message needs to be a lot shorter.” - MSA
- “If the government wants them to check-in with their phone, then the government should provide a phone.” - MSA
- “Many hate it. We take a lot of verbal abuse from patients over it.” - MSA
- “Veterans feel like they’re being hacked and tracked.” - MSA
- “It has increased older Veterans’ frustration. Younger Veterans have far fewer complaints.” - MSA
- “Some Veterans turn around, go home and don’t even try.” - MSA



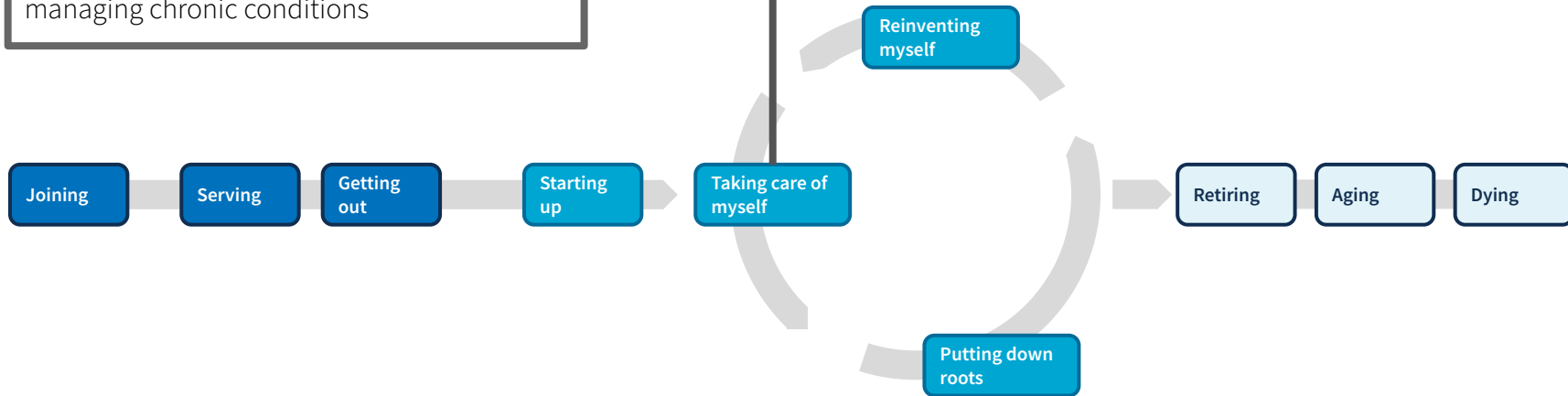
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How this research maps to the Veteran journey

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Moments that matter

Veterans expect to be able to easily check in for their medical appointments, whether it's for acute care needs, speciality care or managing chronic conditions



For a fully detailed Veteran journey, go to

<https://github.com/departement-of-veterans-affairs/va.gov-team/blob/master/platform/design/va-product-journey-maps/Veteran%20Journey%20Map.pdf>

Serving and separation

Living civilian life

Retiring and aging

VA



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OCTO-DE goals that this research supports

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Supported

Not supported

Veterans and their families can apply for all benefits online

Veterans and their families can find a single, authoritative source of information

Veterans and their families trust the security, accuracy, and relevancy of VA.gov

Veterans can manage their health services online

VFS teams can build and deploy high-quality products for Veterans on the Platform

Logged-in users have a personalized experience, with relevant and time-saving features

Logged-in users can update their personal information easily and instantly

Logged-in users can easily track applications, claims, or appeals online

Measures to increase

Completion rate of online transactions

Percent of applications submitted online (vs. paper)

Veteran satisfaction with VA.gov Benefit use and enrollment, across all business lines

Benefit value (in \$) delivered from online applications or transactions

Number of VA.gov users as a function of total Veteran population

Usage of digital, self-service tools

Measures to decrease

Time to successful complete and submit online transactions

Time to process online applications (vs. paper)

Call center volume, wait time, and time to resolution

Time from online benefit discovery to benefit delivery

VA



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Our research goals

CIE St. Louis pilot research report | April 2022

- Evaluate effectiveness of check-in and pre-check-in experiences with Veterans at St. Louis pilot clinic locations
- Identify strengths, pain points, perceptions and opportunities to be used for product improvements (as VISN rollouts begin)
- Evaluate effectiveness of new poster that addresses low-vision concerns
- Gain insights or opinions on product naming



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Participant Demographics

Title of the research | mm dd, yyyy

Findings may not include the perspectives of the following underserved Veteran groups:

- Live in rural areas or abroad
- Are above the age of 55
- Don't have a degree
- Identify as Latinx, Biracial, Asian, Native, or LGBTQ+)

We recommend studies with these underserved groups in the future.

Example 1, Needs more research																	
# of participants	7		# of no shows				1		# of AT users								0
Category	Target	Study	1	2	3	4	5	6	7	8	9	10	11	12	13		
General	Based on current VA statistics																
Age 55-64+	4	1	0	0	0	0	0	0	0	1							
Cognitive Disability	4	3	0	0	1	1	0	0	1	0							
Mobile user	4	0	0	0	0	0	0	0	N	0	0						
Rural	2	0	0	0	0	0	0	0	0	0	0						
No degree	2	0	0	0	0	0	0	0	0	0	0						
Immigrant origin	2	0	0	0	0	0	0	0	N	0	0						
Women	1	5	1	1	1	1	0	N	1	0							
Expat (living abroad)	1	0	0	0	0	0	0	0	0	0	0						
Race	Targets based on VA's projected statistics																
Black	2	1	0	0	0	0	0	0	N	1	0						
Latinx	1	0	0	0	0	0	0	0	0	0	0						
Biracial	1	0	0	0	0	0	0	0	0	0	0						
Asian	1	0	0	0	0	0	0	0	0	0	0						
Native	1	0	0	0	0	0	0	0	0	0	0						
LGBTQ+	LGBTQ+ Veterans are 5 times as likely to have PTSD																
Gay, lesbian, or bisexual	1	0	0	0	0	0	0	0	0	0	0						
Transgender	1	0	0	0	0	0	0	0	0	0	0						
Nonbinary, gender fluid, ge	1	0	0	0	0	0	0	0	0	0	0						

[Participant Tracker on Google Sheets](#)

More veterans dislike pre-check-in and mobile check-in. Only about 20% of their patients like it.

Most elderly veterans won't do it. The tech-savvy veterans do fine.

The main issues are:

- (1) Some veterans don't want to learn something new.
- (2) Some veterans don't have a phone or have difficulty connecting to the internet.
- (3) Some veterans feel like they are being hacked or tracked.

Veterans feel confused about the difference between check-in and pre-check-in.

- Some veterans say it is easy and convenient. Others are lost don't understand what pre-check-in is. They think they are checked in.

The e-check-in sometimes slows down the process.

- If the veteran comes in right before their appointment the wait is longer because they have to learn how to do e-check-in which is a new process for them.



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Mobile check-in increases the workload of MSAs.

MSAs greet the veteran and ask if they used mobile check-in and walk the veteran through the process.

- Some MSAs motivate veterans by telling them that it'll be easier when they get to the clinic if they complete pre-check-in.
- Some veterans can't use mobile check-in because they need to verify insurance status.
- MSAs need to talk to patients, teach them and pacify them if something goes wrong. (OT/PT Clinic) “It’s okay..It’s okay.. You are doing good.”
- Some MSAs still talk to Veterans who are using the mobile check-in because they like to double check to ensure the veteran checked in successfully.



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Accommodate the new mobile check-in

In some clinic, MSAs change the workflow because the patient summary is not automatically print on e-check-in.

- They print the appointment list from VistA because when they first started using VSECS.
- The kiosk would print a routing sheet for the patient at check-in. Now they have to manually complete the routing sheet.

Mobile check-in hasn't affected communication between the MSAs and providers.

- MSAs still talk to providers because of the inconsistent app up/down for individuals due to technical issues, including network issues, and lag in updating workflow status changes). Providers will ask if their patient is here.

NAME ALERT

YELLOW CLINIC ROUTING SLIP

DATE _____ APT TIME _____ ARRIVAL _____

NAME _____ SSN XXX-XX-_____
WALK-IN

VIST APT _____

EXPEDITE TRIAGE

OPTOMETRY

MON	TUE	WED	THU	FRI
Optom 1 _____	Optom 1 _____	Optom 2 _____	Optom 1 _____	Optom 1 _____
Optom 2 _____	Optom 2 _____	Optom 3 _____	Optom 2 _____	Optom 2 _____
Optom 3 _____	Optom 3 _____	Optom 4 _____	Optom 3 _____	Optom 3 _____
Optom 4 _____	Optom 4 _____	Contact Lens _____	Optom 4 _____	Optom 4 _____
Optom 5 _____	Optom 5 _____		Optom 5 _____	Optom 5 _____
	Optom 6 _____			

OPHTHALMOLOGY

MON	TUE	WED	THU	FRI
Laser Glaucoma _____	PRP _____	Shepherd _____	Cornea _____	Glaucoma _____
Glaucoma _____	Shepherd _____	Retina Proc Wed _____	Glaucoma _____	Retina Proc _____
Retina _____	Harocopes _____	Hong _____	Plastics _____	
Preop _____	Neuro _____	Preop _____	Postop _____	Postop _____
	Cornea _____			
	Preop _____			

HVF 24-2 _____ 10-2 _____ 30-2 _____ GVF _____ OCT _____

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About VSE-GUI, VSE-CS, and the Patient Record Flags

- MSAs constantly checking the different check-in statuses within VSE-GUI throughout the day.
- The changes to VSE GUI hasn't been much impact to MSA's work (4 who was asked about this question)
- 4 MSAs do not use patient flags, others acknowledge them and act on the flags accordingly
- MSA would like to see patient flags added to VSECS on the Workflow List as an indicator by the patient name. Hover text would be great. They don't want another click to get the information they need.
- It may be good to see Last 4 of SSN and patient needs like wheelchair, low vision, in VSE for Clinical Staff.

Telemedicine – Phone Appointments

- Many clinic providers, except for the Ophthalmology clinic, do phone appointments. However, they encourage face-to-face appointments.
- Regular clinic appointments for established patients. No new patients, consults, or procedures.
- Pre-registration process differ from clinic to clinic
 - Some of them ask date of birth, mailing address, emergency contact, insurance, and phone number to call for the appointment.
 - At Dermatology Clinic, it is a nurse that actually talk to patients so MSA don't really know about it.
- For many clinics, MSA are familiar with the process and do not have challenges with scheduling or conducting phone appointments.
- Some MSAs think mobile check-in may be helpful for phone appointments because patients are waiting for a phone call. They can complete check-in 20 minutes before their appointment.



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Appointment Notifications

- For most clinic, MSA communicate veterans through phone call and letter.
- Challenges:
 - Incorrect patient phone numbers or addresses in VistA.
 - Mailing delay.
 - Some patients don't receive the letter and they need to resend it.
- MSAs do not capture health information from patients before an appointment. They only ask it when scheduling an appointment. For clinics, such as Women's clinic,, there are some screening questions when they arrive here.
- Other systems, such as texts, My HealthEVet email, are used in some clinics to communicate with patients. LPN also calls patients to remind patients..



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