# Health Hub Current Research

## Table of Contents



## Sprint 1 Research Sources

### Initial Discovery Presentation – Content Strategy for the Veteran benefit experience

https://github.com/department-of-veterans-affairs/va.gov-team/blob/master/products/content/content-strategy-ia-collaboration/content-placement-criteria/content-strategy-benefit-content-021622.pptx

Supported goals:

- 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

- Increase Veteran satisfaction with VA.gov and benefit use and enrollment, across all business lines
- Decrease call center volume, wait time, and time to resolution
- Decrease time from online benefit discovery to benefit delivery

Phase 1 discovery Key Findings:

- The pages that consistently ranked in the top trafficked “explore” content pages, were the eligibility page, how to apply page, and a general about page (when available). Users often moved between these 3 core pages.
- The current rates pages (for those benefits that have them) were highly trafficked content. These pages were often part of a single page session (bounce), where users enter the site on a rates page, view the content and leave
- The top previous pages to the application funnel for both health care and disability were the home page, the how to file page, and the eligibility page. Beyond these pages, the number of people who continue to the application from any other content page drops significantly. In addition, these pages seldom have a prominent CTA to drive users to an application.
- We found multiple instances across different studies where Veterans noted that while content was written and structured well, it wasn’t easy to find and was overwhelming in its density.

From discovery, developed content placement criteria.

## Benefit hub vs. Resources and Support criteria

### Criteria for benefit hub as a primary home

Content must support a VA benefit that has a unique application or application process that results in the beneficiary receiving a core or supplemental benefit.

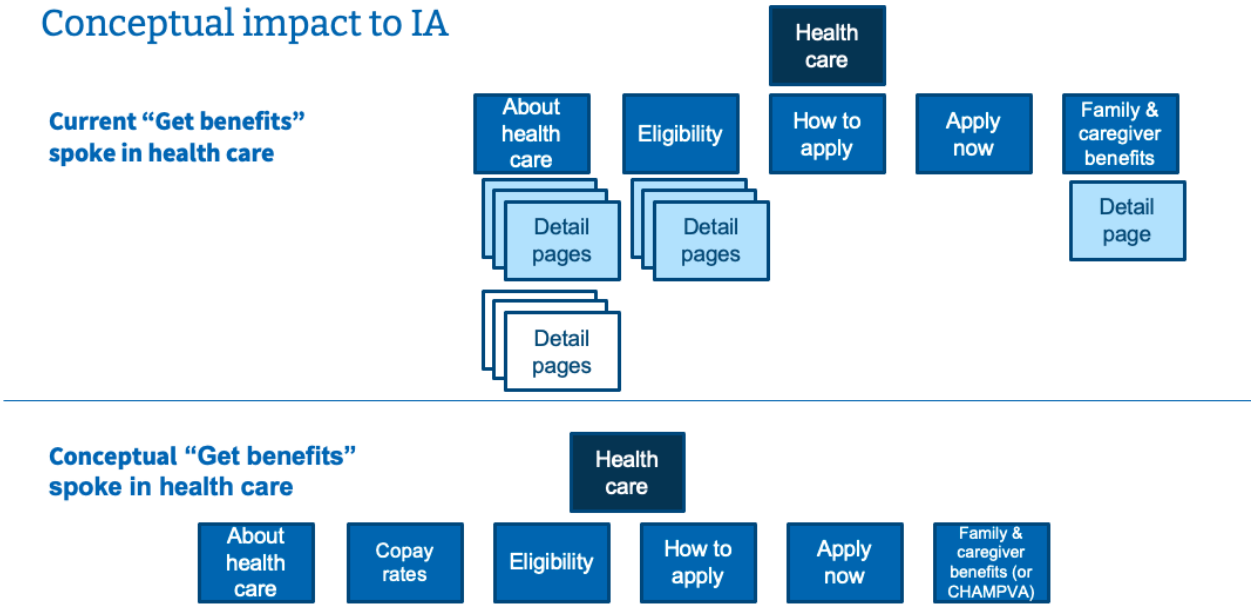
**And** the content must provide a basic overview of one of these topics:

- A tool needed to manage or use the benefit or service, **or**
- What the person gets with the benefit (including current compensation rates)
- Top-level benefit eligibility
- Instructions on how to apply

### Criteria for R&S as a primary home

Content must support one of these goals:

- Provides supplemental eligibility, evidence information, or application instructions for a benefit
- Explains ways to use a VA benefit
- Provides more information about a specific program, service, or sub-benefit that a person can use after they apply for a VA benefit
- Provides a brief overview and link to more information about a Veteran benefit from another government agency (like DoD)
- Provides support for signing into and using VA’s digital tools
- Answers a top Veteran, service member, or family member question about VA benefits and services (based on contact center reports, search data, and user feedback)




**Note:** This is not a final structure. It's for informational purposes only. Effective crosslinking between benefit hubs and R&S will continue to surface helpful information to Veterans when and where they need it.

## Product brief for the My HealtheVet on VA.gov – Health Apartment

https://github.com/department-of-veterans-affairs/va.gov-team/blob/master/products/health-care/digital-health-modernization/product/product-brief.md

## Health care hub evolution (mural)

https://app.mural.co/t/mikkiva8222/m/mikkiva8222/1649089920171/c32e89d497e6fa77fb75672a905e51a03fc2c241?sender=mikki1741

Work in progress. Overview of content to be evaluated for placement within health hub, Resources & Support and My health. Reviews options currently being considered for managing spoke in health care hub and short term options for "Resources" in health care hub.

1. **Manage spoke in health care hub**

    a. **Benefits hubs maintain task landing pages.** The health care hub will continue to include a "Manage" spoke and static tool landing pages for each tool as it does currently. The page will be updated to link users to the new auth tool within My health. Content on the page may be modified. All navigation components will

drive users to the existing static tool landing pages first, then send auth users to My health.

b. **Benefit hubs eliminate task landing pages.** The health care hub will continue to include a "Manage" spoke but no content pages will live under that spoke. The individual links will remain on the hub page, but will go directly to My health. Links would either be removed from left nav or need to be properly represented as content that does not live in the current section.

2. Options for “Resources” spoke in health care hub

   a. **Keep “Resources” spoke, link directly to Resources & Support.** The health care hub will continue to have a “Resources" spoke, but no child content pages. The individual links will remain on the hub page, but will link away from the health care hub to the specific R&S article page. Links would either be removed from the side nav component or separated into separate component to clearly indicate the content does not live in the current section.

   b. **Create single “Resources” landing page.** The health care hub will have a single "Resources" landing page to replace the spoke, that will provide brief teaser text and links to content within R&S or elsewhere.

   c. **Remove “Resources” spoke from hub.** The health care hub will not include a "Resources" spoke or landing page. Links to resource type content would only be represented as contextual links within appropriate pages.

## Model for auth and unauth (Mural)

https://app.mural.co/t/departmentofveteransaffairs9999/m/departmentofveteransaffairs9999/1620919229869/557b3f36f36ae4f6b9b6073ae7fa58263ef64ff9?sender=uf884d122b7055bc310de5524

High level proposal of how to address the issues of personalization on Va.gov. Seeks to solve for a fragmented authenticated experience by consolidating authenticated things in an intuitive way; guiding Veterans to sign in; and having a strategy for authenticated experiences. Outlines 2 approaches for guiding users to sign in and for implanting personalization.

1. **For each benefit hub, manage benefits in a separate area within the hub – or on a personal dashboard. Current mockups show a proposed starting point, not necessarily end state.** My VA will evolve—eventually may become logged-in homepage. Mockups show how the “health apartment” might fit into VA.gov’s navigation and a way to evolve the homepage content. See mural for mockup & diagram.

2. **Personalize in place. VA.gov and My HealtheVet work this way now.** Once you sign in, you see personal information in areas of the site that offer it. Ex. You can manage refills on the “Refill VA Prescriptions” page. This is the approached intended for building the “health apartment” on VA.gov.


## Health apartment site map

https://app.mural.co/t/departmentofveteransaffairs9999/m/departmentofveteransaffairs9999/1643826109164/a19c6f1b4d6e0570477757008aad730f1cf7782a?sender=uf884d122b7055bc310de5524

## Health apartment proof of concept

## Manage only APT sitemap (mural)

https://app.mural.co/t/departmentofveteransaffairs9999/m/departmentofveteransaffairs9999/1649447463057/e638a4e79e6a9553c8eb5aac4ba90475ac6ab61f?sender=uf884d122b7055bc310de5524

Considers what the health apartment site map might look like if “apply + learn” were removed from the IA and the Health Apartment was “manage” only. Does this scale for other benefits?

## Personalization 2.0 Discovery: Summary and Strategy

https://github.com/department-of-veterans-affairs/va.gov-team/blob/master/products/identity-personalization/personalization%202.0/discovery-research/README.md

## Veteran Journey Map

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

## 101EZ Discovery Research

https://github.com/department-of-veterans-affairs/va.gov-team/blob/master/products/health-care/application/va-application/research/april-may-2021/end-user-discovery/10-10EZ%20Discovery%20Research%20readout.pdf

# Sprint 1 Business Partner Interviews

## 04.18.22 Health Hub product kick off: Danielle Thierry, Meg Peters, Tracey Strauss

Gave overview of Health Hub current state and proposed team project. Introduced 2 problem statements:

**Problem Statement #1:** How might we best serve Veterans who are trying to learn about and apply for VA health care while also making sure we have clear pathways to the My Health experience for Veterans who do have health care?

**Problem Statement #2:** How might we create the best user experience for returning Veterans (with health care) to manage their heath care online?
Research will focus on research for information architecture, not details of content. The key assumption is IA for Veterans with and without health care, not solely unauthenticated vs authenticated.

## 04.25.22 Danielle Thierry, Meg Peters, Mikki Northius

- **When it comes to the current pain points and the problem we're trying to solve? Are these mainly Veteran facing problems?**
    - We're really thinking about it from the veteran perspective. Whether they are learning about and managing healthcare. Aspects of manage that point back to learning. If you're getting healthcare, you might not be sure what the benefits are. Things like that, for example. Thinking in a veteran facing way.
    - For problem statement number 1, we share the deck that goes into the content criteria and that work. That work is something that Mikki and I have been diving into. We know from research from Veterans, there is a sense of being

overwhelmed. MVP nature of the navigation that we need to keep iterating on. From a learn/apply side of things, that's a piece that we're working on. Some of the pain points that we're trying to solve for there. I think that blue card starts to speak to that. Overwhelming nature of the information. The desire to make it easier for the veteran or family member. What are my benefits? How do I get access to them?
    - We have multiple goals and pressures on the team that is working on this. We are trying to iterate in a way. What do we feel comfortable moving and testing and monitoring on live production? There's a page on health benefits, we feel we can lighten the cognitive benefit on that page. When we get into the larger IA changes, we'd want to be doing testing first. So that we're not introducing too much risk. We are using that placement criteria in our pilot effort with community care. Working with that team to migrate that legacy content. Not add even more content to the health hub. Create more targeted smaller bite sizes pieces of conete. Some of it will need testing. Some of it is in active stages of being implemented. I'm more than happy to get deeper into that with you (Danielle Thierry speaking)
    - DT: Is that we purposely didn't touch the manage section in that discovery effort. We knew the apartment was working on that piece.

- **Is one of the pain points, accessing learning information for users who are already deep into the manage task? Is it a discoverability and access task about that learning information?**
    - VA has many different support systems. IRIS. Inquiry Routing something. Went across benefits. Million FAQs. That tool was deprecated several months ago. Using that in our resources and support section. How can we serve that up vs. unauth, auth. Consistent and accurate. Content sets out ok, and then people forget about it. That is part of that larger effort to serving up some content maybe need to be set up. Maybe a specific FAQ and how-to. That would be a question. What are some of those things that are coming up that need to be addressed in both areas?
    - What part of content that relates to both learn and manage is co-pay rates?

- **In person vs. online.**
    - Might be helpful to know. travel pay. I pulled data on that for our travel partners recently. The tool itself for travel pay isn't great experience. Because tool isn't helpful, majority of people were choosing the PDF to download. If the online experience is bad, people aren't even bothering necessarily to go there. We were seeing that there was a much greater click-through rate.

- **What's the difference between patientportal.myhealth.va.gov and MyHealtheVet? How does eBenefits fit into this?**
    - There used to be many places. Slowly but surely, bringing them all together. eBenefits is pretty far along in bringing those tools into va.gov. Health apartment

is a part of that effort. Bringing those tasks fully into that experience. The travel pay is off in another portal. There is a lot of fragmentation in general. The first kind of effort is VA.gov. That's what you see in the benefit hub. 2018. Bringing the front door of va.gov to be veteran centric. Vets.gov got shut down and migrated into veterans.gov. The bringing it all together we are in one phase of this. The apartment is a piece of that work.
    - eBeneftis is mostly migrated to VA.gov, but *many* Veterans still use the eBenefits homepage as their VA homepage for wayfinding to VA.gov and myHealtheVet.

- **Considerations around MyHealtheVet vs. MyVA. Having those tool live side by side?**
    - That's a good question. The brand equity is huge. Generative research from 2021. They trust is very strongly. MyVA is not a brand. It's what we're calling that space from VA.gov. That is the plan. We're not there yet.
    - MyHealtheVet - 5M users.

## 04.29.22 Meg Peters

- Meg: Managing your healthcare online. Not know whether is this a distinct hub or apartment right now. How that experience is going to flush out.
- Meg: If you just think about the concept of learning. You might be learning up about what you get with VA healthcare. After you get it you might be learning what kind of vision dental you get based on priority groups (based on disability rating). Looking up your healthcare policy. And co-pay rates. If VA chraged you the right amount. Based again on your priority group. Look up and see if it's correct. YOu might have looked up coppay rates ahead of time.
- As new health needs arise, you have to learn how to manage those new issues. Lets say you had a child, or got married. You want to figure out what kind of benefits you want to get for your family.
- I was also thinking about Veterans, who are known for sharing with each other. ONe veteran might be sharing to other one. Look into something, my experience. Send information to each other.
- Personalized learn?
    - For example dental and vision care is not included for everyone.
    - We don't have much personalization right now.
    - The approach we've taken with the prototype is kind of not go there yet. Have personalization be defined. We're not going to personalize blocks of copy.
- The dream is to translate all this content. Incremental and gradual progress on translation. WE'll be thinking about ways to organize the content that make translation easy.
- Content doesn't change very often (but this is a question for Danielle).

- The approach that we've taken is more of a 'go here to manage'. Unauth, and we don't know you. We've had a lot of content about Rx refill, secure messaging. We've tried to guide the people. Our approach has been one place to manage all of these things. But wantitng to acknowledge people who are signed in but don't have healthcare.
- Go in there, sign in and do their things.
- If you don't have healthcare, and we know you, and you're signed in. We also want you to see what you could do with pharmacy and secure messaging. What you see on the pages right now in the health hub.
- The way the benefits hubs came about. Jeff Barnes and others did a lot of research around benefits. That model for categorizign the benefits has been around. They basically came up with those benefit categories. The way in which I see that it's org-centric that disability and healthcare are separate. Disability is compensation not just related to healthcare. THere's been this rift between them. Create more of a flow.
- Leaders chose the apartment concept, vs. the single family home concept.
- We've backed up and talk about learn and apply and manage. Should it all be in the same place.
- Is there any concern about there only one 'My' up there? Are people going to want other 'My's? Yes, absolutely. One thing leadership agreed on was keeping the MyHealtheVet brand. It's a much loved term. I've watch a lot of Veterans type myhealthevent and just go to the site.
- Minimal branding for MyHealtheVet.
- Healthcare is the most important and the most used. There could be research that could be done: easy access to the other things? Authenticated homepage. Easy access to everything you want. Already exists.
- We have a mobile prototype. It was desktop only. It's not normal. We did mobile and desktop only. We are doing mobile research now, and focusing on manage tasks. We feel that it's going to be good feedback to get. Very solidly in the manage territory.

## 04.29.22 Danielle Thierry

- Pilot phase: Is that question about the resources and support pilot. I can give you a little more information of that. Resoruces and support wascreated at an MVP product to house targeted content. A lot of people would get there through resources and support. You'd get that piece of content. Have a strong CTA to next action. The product itself has limitations. Lots of figure out with tagging. We don't know how it will work yet.
- One of the things we want to do is lighten the cognitive load on hub pages. We want to streamline the hub. The idea with R+S. We've only migrated the tip of the ice berg. We are looking at how we use resources and support to start migrating more of thisdeeper content without blowing up the hubgs. Keeping it targeted. Keeping it findable. As we grow that content. Is it tagging, is it hierarchy? One of our biggest questions now is how do we get people from a hub page to resourfecs and support (and back again). If they come in through search, we can have a strong call to action. But if we're on a hub page,

for example on eligibility. We want to take some of the deeper questions you might have. Do we lose people when we take them over there? Can they get back. The other side of resources nad support. As we're migrating this content, we need to bring content authors with it. Can't just be our tiny little content team. We should not own the content for va.gov. We also need to govern it. Resources and support has not structure. It could become then wild west.

- Pilot
    - Testing out MVP governance. Creating a process. I can send you a link to that. How do I figure out if it even needs an article in resources and support.
    - How do we use it effectively as part of the ecosystem on VA.gov.
    - If a chat bot (way down the road) might need to pull r+s content.
- If we move some content around can do that without causing chaos?
- We know that a lot of Veterans use the homepage, or go back to home as way to reset.
- The overall learn structure. When does learn transition into manage.
    - I think that is a question we're also going to try and answer with this. This project could really help that. I think it depends on the person. We see that in the research. Some people read all the content. I saw three bullets and I want to aply and I don't care about anything else. One of the things we are working on, on the content criteria.
    - We looked at where people were going in the navigation path. They really weren't going past. Going to main page, eligibility, apply. Disability rates is highest.
    - Research would help to determine how much of that is in the learn. Maybe I want to know my copay rates. You're also maybe coming back to that often once you're managing. Definitely see that in both area.s
    - With criteria, really looking at those patterns. Top high level about. General idea of what you're going to get with your healthcare. Am I eligible? Beyond healthcare, eligibility can go deep – such as disabiliyt.
    - We're leaning towards R+S.
    - My instinct, it's relatively light towards what I need to learn before I apply. KNow that I have the benefit, what are the different services. I guess you'd put that more in the manage bucket, Right now we'ed put that in R+S.
- I would say it's pretty light on the learn front.
- Wehave those after you apply pages. We can give people links to all the deeper information.
- I think that we have. Our main goal is to figure out if learn and apply should be it's own thing. Here's my view of R+S. It's an mVP product. Using what we have to get to a better place. I see it evolving in all kinds of ways. Use it as a ways to target out content.
- If that means that targeted content should live in a health portal, or a disability portal. It'll be in these targeted pieces.
- I do think that the navigational path would be a good thing to understand. Do people get lost. Are people going to link over to the deeper information? Does it mess them up? Does it make sense?
- Or is there something in learn that could come from R+S.

- One of the things that we talked about. We could look at that data, and monitor that. What evidence do I need, for example. That content could also show on the eligibility page.
- Disability rating directly affects copay.
    - I don't know we can break it down by task. Medsbymail with community care. Does VA have mail order presecriptions? Can I get my medicine through mail order is a personalized question?
    - Co-pay riate. We could tell what their copay rate is. That's where would the learn would be different. You dont' have a priority group yet.
- How much are people digging into disability ratings?
- I'm not always monitoring the reddit threads for veterans. I don't think my disability rating is accurate. That would be worth testing. Really good example of this. Recently put an article in resources and support. REally common question. Difference between disability compenssation and epnsion. That's a simple quesiton that's coming up a lot. Thats' the kind of thing that somebody might have that question ebfnore they apply for one or the other.
- What's the difference between champva and tricare?
- When you get into the tasks. We could eventually personalize content.
- As we figure out pathways, learn/apply/manage. I think this is something that's going to be interesting to lookat. There's a difference in healthcare. Interaction is likely to be much more regular. Regvular appointments and prescriptions. You might not be interaction with other hugs.
- With education, verifcy enrollment for that semester.
- Some of them are different. Burials and memorials have a differen structure. It may not scale to all the hubs. I could see disabilty and education potentially having a similar. Housing is structured differently. One of the interesting things there to, is that some of those manage tasks are cross benefits. Check your claim status (acros a few benefits). This would give us information that would be very valuable in the hubs.