

20220511

De-brief

- She felt engaged. But you switched up some of the questions, I was curious about what she said in her conversation.
 - I wanted to make sure that we were getting something unique after her. I didn't realize before that she's Danielle's counterpart. This isn't to validate that what we heard from Danielle is true. When she started answering the first question. I don't want to ask her too many broad questions. I want to try and approach it.
 - The other areas are her sandbox.
- See if a very general note. Resources and Support is such a catch-all. If they gravitate towards resources and support, vs a labeled path specific to the task. Interested to know how much gravity that has. Whether it ends up drawing people in.
- What I found useful and insightful, was when we did start to talk about the pain point of apply. Having to go back, in certain applications, that get information aspect is built-in. We don't necessarily have to answer that.
- Health in itself is unique.
- Healthcare is unique.

Beth Potts

- Glad you were able to join us. Nice to see everyone. We'll do a quick round of introductions. Thank you so much for meeting with us. We are Team MOVE. We're working on the, looking at navigation between the health hub and the VA health apartment.
 - I haven't been deeply involved. I have a general awareness.
- *Introductions*
- Thanks, everyone for those quick introductions. So you have some familiarity with the apartment concept. Take MHV and move it to VA.gov. What we're looking at is the connection between the health hub and the apartment, and how people will be navigating in between. Use this as an opportunity to investigate the IA structure. The convention, looking at the top navigation. Items that are get, manage. Seeing what the best way to organize against that IA and content structure. People can apply to things that they need to. Get manage things, figure out the best roadmap for that.
- Just to kick it off, quick overview of your role, and where you fit in the VA
 - I'm at the most basic level, Danielle's counterpart. Oversee the content and quality standards in the VBA space. That's why Danielle is more directly involved. She has overseen the healthcare side of things. I'm her counterpart with Benefits.
- Can you talk a bit about the organizing principles for content strategy on VA.gov?
 - We've had those three general buckets of content for quite a while. I worked early on Vets.gov. We kept the content intact. The get, manage. WE have more resources as the third bucket. That's the content that Danielle and Mikki. Mikki is

very involved. Very involved in solidifying the content strategy and where the resources content goes vs. what stays in the tier one content. We've had that structure for a while.

- You sort of touched on it. We're interrogating get and manage. Is that the best fit for healthcare, or is there something outside of that? Is healthcare unique enough? Is it different in the way benefits are set up for healthcare?
 - I would say that the general approach is the same. Initially gather information and learn about benefits. Applying in the benefits space. You apply for benefits. Watching your claim go through the process. Watching appeal. Needing to get notifications about that. The claim status tool. Are you familiar with that? That's something that authenticated users can go into and see where their claim is in the process. That's one of the main manage tasks that happens.
 - For healthcare, what have you talked about? What are the parallels between healthcare and benefits? How have you talked about separating that out?
 - I think that's partially what we're trying to work through now. We've been briefed on the. We have two hypotheses. People can learn and apply. The manage items all drive to the apartment. They are able to get it from there. Our second solution is, is there something where it is mixed. We have these learn and apply items in the health hub as well as manage items. Subpages. With additional content and cross-links.
 - You're wondering whether there could be a similar approach with benefits content? The work we're doing here might scale to other benefits. Get a perspective on the landscape. Do you want to look at it? Might be helpful to screen share a little bit. I think this might be helpful.
 - So, for the benefits content. For the content that's going to remain in the hub. That's sort of informational. The content that's about here's what the benefit is, find out if it's eligible. That's the content in the top nave. Manage is what you're talking about moving.
 - If we look at Disability, the benefits side. Look at manage section, that'll give you a sense of what the tasks are that veterans would need to do for disability compensation and education. There's this way to sign in and go check on the status of various claims and appeals.
 - There are other tasks, like upload evidence.
- Do veterans interact with tasks and content in healthcare differently than the other benefits? In disability might be things that people are doing more than other. Do they conceptualize healthcare differently. Connecting on a more frequent basis?
 - That's true. Check your claim is one of the most used tasks. Maybe education might be the benefit where the frequency approaches healthcare. Monthly tasks that need to be done to verify enrollment.
 - There are some that are education probably where they would be that frequency. Disability is a close second vs. checks your claim or appeal.
- We are in the process of building out some tree tests. As we've been working through this and thinking bout this. We're figuring out about overlap in some tasks. H OW to best approach that?

- Mixing benefits.
 - We didn't think about it on vets.gov. It blows my mind that it's been many years. That we're finally getting to this point.
 - Change your address is not going to be that frequent.
- Are you aware of any pain points for veterans navigating the current structure? How you currently work through thinking about those pain points?
 - The one thing that's hard about all the benefits. How many different tools do veterans need to use. To do just an education loan, several places vets need to go to make a change to their benefits. It's not all in one place. That's always a pain point. Veterans are confused about what tools they need to use to do a thing. That is similar between healthcare and other benefits that Va offers.
- Plain language is always something we're addressing with benefits and manage content. Make sure it's written in a way that veterans understand it. Something I wanted to ask about it specifically is how do you approach it. We're lurking that's a lot of interplay between healthcare and disability. How do you approach that overall and cross-linking?
 - We have some cross-linking in place between healthcare and disability. That's a content strategy task for this year that we'll be addressing. A lot of the content that's written, that we're iterating on. WE have to lean on our content to make those connections. As opposed to leaning on tools. Sure that's a pain point. If I have a 20% disability rating what does that mean for my benefits? We're addressing a lot of that with the content. Organize the content with bulleted lists. Make it simple as possible, and understandable as possible.
- I guess that get and manage. Are they always completely separate? On a page that is get you'll inevitably cross-link? Maybe my disability rating impacts this? I may have to go back and see?
 - We have pretty good cross-linking in place. Between these different sections of our content we have pretty good cross-linking. An example of where it's less graceful is when you get into online applications, forms. Where the veteran is walking through a flow to apply for something. Sometimes in the beginning of that flow, it's too much eligibility information. We'll link off to the eligibility content, if you're starting to apply for a benefit. We've been trying to figure out the best approach for. If it's a ton of eligibility content. You have to know enough to return to the application. That's an interesting case. Trying to figure out the best way to do that. Components, additional information links.
- That is part of what we're discovering. They need information along the way. The role of authenticated vs. unauthenticated? We've been thinking about it as personalization vs. not personalized.
 - How much the person needs to see if they are authenticated vs. not?
- Kind of related to what we're talking about. What information, is eligibility information in an application. How do you see the resources and support content being worked on. How do you see that interplay with get and manage?
 - R+S strategy is another one of those sections that is where we're working on the strategy right now for what goes in there. As it often happens, we'll role something out without a firm content strategy in place. We're figuring that out

right now. Generally, that is a place to get often very specific information that might not be for all veterans, or the majority of veterans. We're trying to keep the basics bout eligibility and the benefits and the content that applies across the board in the get section we're looking right now at moving some content that's peripheral but related to benefits into the resources section.

- I don't know if Danielle has shared with you. Put together a series of questions as we're moving content into resources.
- It basically just walks you through questions.
- Ask her for that if you haven't seen that.
- Thank you, Beth.
 - If you think of anything after this call. I'm kind of wrapping my head around what you're wanting from me. Just follow up with anything. I'm happy to talk more.