# 20220512

**Attendees**: Jordan, Thomas, Munish, Shashank, Tami, Carl, Jeff Barnes
**Notes:**

- *Introductions*
- I'm in the CTO's office, I do a lot of stuff with VA.gov and the contract work for our team.
- Get and manage is the current setup, should they be separate or merged into one. In your experience, what makes it most difficult or complicated to design digital interfaces for veterans?
    - That's a big one. No softballs. I live in Arlington, VA. The biggest thing for me was when you go and talk to veterans in a medical center. When you talk to them about the typical use cases for health products. They are not familiar with the primary modes of mobile devices. They prefer in person. Don't think of the phone as the first way to solve that problem.
    - A lot of it is two-factor authentication. This population. Older population. Less tech-savvy. That's the biggest barrier.
    - REally low technical competence.
    - Defaulting to doing things on a mobile format vs. desktop (is not familiar).
- Do Veterans interact with healthcare differently than they do with their other benefits?
    - Medical has different frequency and task orientation. If I'm doing education benefits, quarterly recertification. I do it one time, sit down for two hours, and am done. Medical - secure messaging, it's every day. Prescription refill is a recurring task. Claims status is one of our highest use features. They bookmark, and click the thing to check the claim status. They check claim status every day even though it doesn't update every day. I think there are different veteran mental models for interacting with health tasks.
- You had touched on it earlier. When it comes to the way the model is currently, getting benefits and managing benefits. We're in the process of executing two tree tests, are there populations that could get lost? Demographic, or unique use cases.
    - Yeah. I struggle with this. I did unmoderated studies for the va.gov relaunch. Used optimal workshop-style tree tests. The key there is the distribution method. For ours, we leveraged our highest volume targeted based. Myhealthevet user base. But you're not getting veterans who don't use their email frequently. Or veterans who aren't going to click through the study because they don't trust the VA. Low trust in Va. Low tech-savviness.
    - At the same time, I'm not going to make tradeoff decisions for you. You can do them in person but volume and labor are different.
        - For the amount of energy, you can get a hundred results online.

        - I have not solved the how do you get a low trust group to engage with this.
        - These veterans are not pleased with their experience in Va. the folks that sign up through perigean they have to volunteer into that. That's not typically who are dissatisfied. You are targeting people wanting to participate.
- What makes a person not trust in the VA?
    - Delay, deny, wait to die. Not getting my service-connected disability rating high enough. Thinking that the ratings official is trying to lower my claim. Most of the things that affect trust are general incompetence. Most veterans like the care that they are getting in the medical center. VBA claims processors are the problem. We have a lot of trouble with the beneficiary travel system. Negative bureaucracy experiences with the VA. Then the word of mouth, a sergeant told you about their experiences.
- When it comes to this research, the ideal state for a veteran to get and mange their healthcare. What do you want to leanr? What questions do you want to ask?
    - I would want to know. ONe thing I don't understand personally, the mental model of interacting with myhealthevet, vs. cerner vs. va.gov. WE have an intention of find all your stuff in one place. Every doctor has a different portal. Those have different interactions patterns than myhealthevent. The 4m veterans use it, and like it. That vs model of seeing other information making it a one va experience. It's unclear to me how much of that is convenience vs. the veteran really needs. How ofeten do they need to check their education claim status and secure messaging and prescription. What are the usecases that we are solving for? HOmepage research. What is the mental model for veterans when they come to va. Are they thinking apply, track, manage. Are they thinking health. Took most time, getting a feel for what are the top ten interactions we're solving for. Are they together or separate experiences.
- What do you envision the future of VA.gov to be?
    - I think for the healthcare interactions, because of the subset of hte population and frequency of interactions. A dedicated space for health and health tasks and interacting with medical center and dcots. With a lot of simple ways to get out to other tings is what makes the most sense. I think the idea of claims status and secure messages need to be on the same place. THat solves for getting things in one place, but doesn't get to how veterans interact. The way that we end up going, it'll prove out that there are 4m veterans who want to do healthcare and don't think about other benefits.
    - Compensation and get monthly payments veterans. Payments and debt. Integrating debt into the profile is a big deal. Veterans who pursue healthcare also pursue debt. Those types of things that are related to the health epxerience is the way that va.gov will go. I think we'l overindex on putting everything in one place. We'll eventually go back to more on the healthcare side. WE'll end up with a cleain separation because of hte individual task each veteran will solve.
- MyVA top right, MyHealth. Only one site. Any issues with that?

    - What does it say for a veteran who's not enrolled in healthcare?
    - I don't know exactly. I would have to look at that.
    - If you think about the personas for va.gov. A newly separated veteran with no intention of enrolling in healthcare but they are looking for education benefits. Get the GI bill. They are not going to use healthcare. I don't know how you solve for that. I think that they putting on the right MyVA tab was a half baked idea. How do we do an authenticated website. There was previously no task orientation on the website. The va.gov website was informational only. HOw do we link out into the top 25 tasks on this page. Indicate that there is an account experience. Now we're trying to fold in the whole myhealthevet experience. I don't know how you're solving for it. Icon with their name?
- You'd mention it a little earlier. How will cerner and everything going on there impact va.gov?
    - Ideally we're the ones making the impact. VA.gov interaction, if you receive care at a Cerner site and another one, you still go to VA.gov and get the same experience. Snowbird veterans can be registered at multiple sites. Differences in the data that comes from cerner. I thought that myhealthevet was building services that translate into cerner. Make a common data set. I don't see how that plays out yet. But myhealthevent is thinking about that on the back end.
    - I mean that's one of hte big concerns. MOdels proposed, that cerner will let you iframe their data. THat gets to that model, show cerner data in their format. You can't properly merge that with views of toher data. A service like secure messaging would be a nightmare to do. The point is for the veteran to not know whether they are in a Cerner site or not. Expereinc eon the web protal is the same.
- Nice work on the 1095 B. The health enrollment folks have been waiting a long time. I like that for a pull for account creation. Yo should create an account to see your tax form. It hink that's cool.
- This is a gnarly problem. The health intergration thing. TI's been on the radr, no one has been able to make progress on it. Getting out there and talking to veterans. They are not thinking about cerener when they suggest not turning on myhealthevet.
- Happy to be available another time. We realy appreciate your time.

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**Notes:**

- *No show.*
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