

# MHV on VA.gov

## Round 2 Usability Research Findings

May 24, 2022

# Background and Goals

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This project is part of the Digital Health Modernization strategy, which aims to create a centralized place for Veterans to access their health information. As part of this effort, MyHealthVet (MHV) will be replatformed to VA.gov.

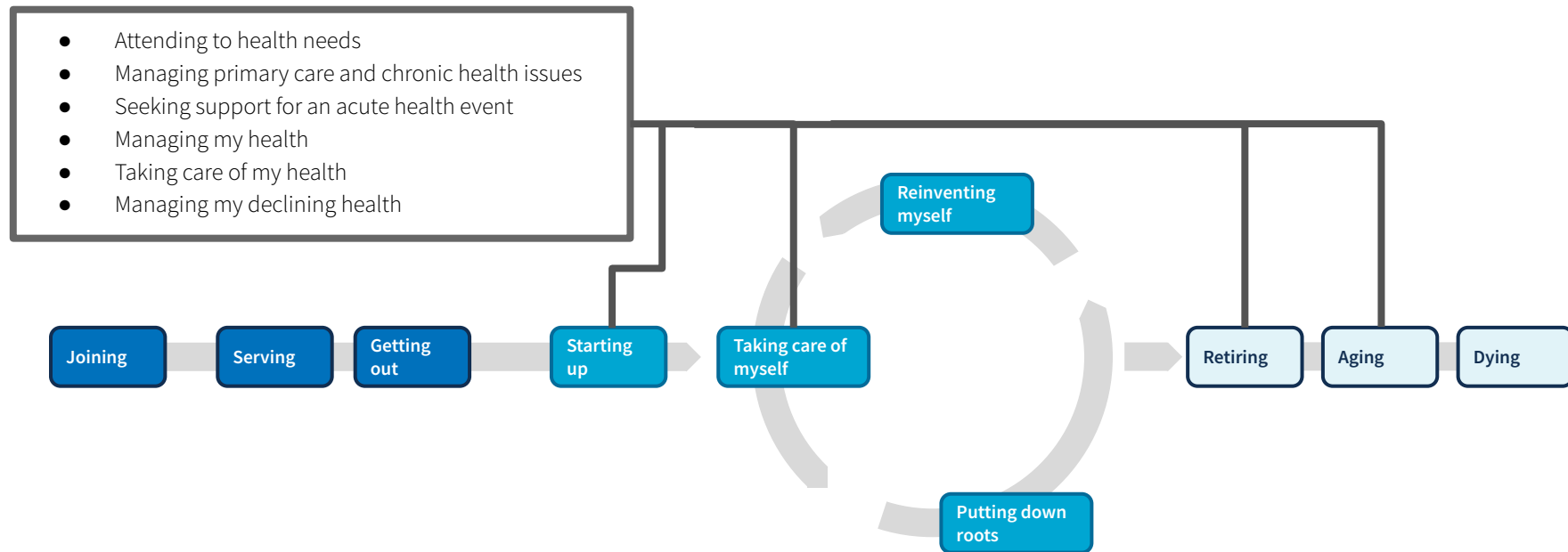
1. Determine if participants understand the concept of MHV on VA.gov as a centralized place to access healthcare
2. Identify major usability or content issues with our current concept of replatforming MHV on VA.gov
3. Evaluate if participants are able to use the current prototype on a mobile device (currently 50% of users access MHV from a mobile device)



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# How this research maps to the Veteran journey

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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

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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

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# Participant Demographics

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

- Black and Native Veterans
- Transgender and non-binary Veterans
- Expat Veterans

We recommend studies with these underserved groups in the future.

Name of study																			
final # of participants		12		# of AT users		6		# of no shows		0									
Category	%	Target	Study	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Veterans		Based on current VA statistics																	
<a href="#">Age 55-64+</a>	50.00%	6	8	1	1	N	0	0	1	1	1	1	1	1	0	N	N	0	
<a href="#">Cognitive Disability</a>	50.00%	6	5	1	0	0	1	0	1	0	0	0	1	0	0	N	N	1	
<a href="#">Mobile user</a>	50.00%	6	10	0	1	N	1	N	1	1	1	1	1	1	1	N	N	1	
<a href="#">Rural</a>	25.00%	3	5	1	1	0	0	N	0	1	0	1	0	0	0	0	0	1	
<a href="#">No degree</a>	25.00%	3	3	1	0	0	0	N	0	1	0	1	0	0	0	0	N	0	
<a href="#">Other than honorable</a>	21.00%	3	2	0	0	N	1	0	0	0	0	0	0	0	1	0	0	0	
<a href="#">Immigrant origin</a>	17.00%	3	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	
<a href="#">Women</a>	10.00%	2	5	0	0	0	1	0	0	0	1	0	1	1	1	N	0	0	
<a href="#">Expat (living abroad)</a>	0.40%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Race		Based on VA's projected statistics																	
Black	15.00%	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hispanic	12.00%	2	3	0	1	0	0	N	0	1	0	0	0	0	0	0	0	1	
Biracial	3.90%	1	3	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	
Asian	3.00%	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	
Native	0.30%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	N	0	0	
LGBTQ+		LGBTQ+ Veterans are 5 times as likely to have PTSD																	
Gay, lesbian, or bisexual	--%	1	2	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	
Transgender	--%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nonbinary, gender fluid, ger	--%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

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# Participant Usage of VA Services

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- Participants who had healthcare through the VA: 9 Yes/2 No
- Participants who were MHV users: 7 Yes/ 2 No/ 2 Unknown
- How participants interacted with their healthcare: 7 in-person visits/ 3 virtual appointments/ 5 MHV+SM/ 3 phone calls/ 1 texting
- Participants who were Secure Messaging users: 7 Yes/ 4 No
- Participants who had VA benefits other than healthcare: 7 Yes/ 3 No/ 1 Unknown



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# Key findings

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1. Many participants (5/9) were able to successfully navigate from the primary page to secondary pages and back using the breadcrumbs; however, they struggled with the navigation within secondary pages.
2. Participants were able to successfully complete many basic health-related tasks.
3. Participants were confused about certain terms, including "Pending," "Blue Button," and "Adverse Reactions."
4. Participants did not find the pre-appointment paperwork under the "Pre-check-in" link in the "In This Section" menu.



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# Details of Findings

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1. Many participants (5/9) were able to successfully navigate from the primary page to secondary pages and back using the breadcrumbs (4 said they would use the back button); however, they struggled with the dropdown navigation within secondary pages. In the previous round of research with a desktop prototype participants were confused by the navigation breadcrumbs but the secondary navigation on the left side of the worked well.





# Details of Findings

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2. Participants were able to successfully complete many basic health-related tasks, including refilling their medications, sending their providers a message, viewing their medical records, making an appointment, and viewing details about an existing appointment. This was true in the desktop (Round 1) and the mobile (Round 2) prototype.
3. Participants did not understand certain terms, such as "Pending," "Blue Button," and "Adverse Reactions." 50% of users knew what Blue Button was depending on if they had used it before; this was similar to the previous round. None of the participants understood that a Pending appointment is an appointment that has been requested by a Veteran but not yet confirmed by the VA. Of the 5 participants that gave details about what they would expect in the "Allergies and Adverse Reactions" section, 3 expected to see the general potential side effects of medications instead of specific reactions that they have had to a medication.

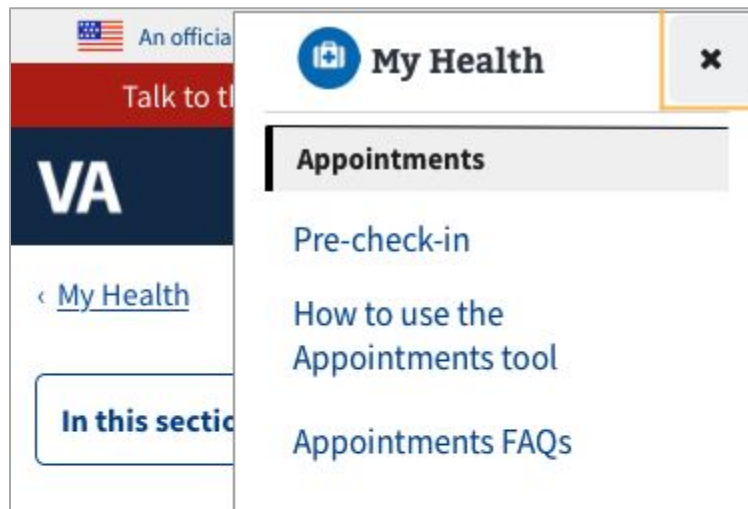


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# Details of Findings

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- Participants did not find the pre-appointment paperwork under the "Pre-check-in" link in the "In This Section" menu. When asked where they would expect to find the link, participants expected to find it under Appointment Details or in their Messages. In the previous desktop design users also did not expect to find their paperwork under the "Pre-check-in" link, but the link was more discoverable because it was in the side navigation and so more of them saw it.



# Secondary Findings

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1. Most users (10/11) logged in using the embedded sign in/create an account button. In the previous round of testing with the desktop prototype users saw both options.
2. Some users did not see the difference between health tool content and the VA.gov header, menu, and footer.
3. Users understood prescription statuses, such as in process, renew soon, and in transit. In the previous round users struggled with this aspect of the pharmacy tool.
4. 9 of 11 participants found or commented on the ability to search messages. This is an improvement from 6 of 11 participants in the previous round.

# Feedback from Visually Impaired Participants

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1. "I can really do everything [with this prototype] that I would normally do on any given time I go to MHV. I can do here with just a click, rather than several clicks. Here, you go to 1 menu, and then you're there. It is hard to keep changing to a different screen, with all the steps. A blind person tries to memorize the steps." (P2, Veteran)
2. "I would have to go to different home sites, My HealtheVet it does not show all these. I would have to go to MyHealtheVet, VA.gov, and Benefits pages to get all this information. It is tricky but that is how you would do it now. . . . Doing it this way would save a lot of time." (P2, Veteran)
3. "The current website is set up nicely- straight to the point." (P6, Veteran)
4. "Seems like you have an interest on making this websites easier to navigate." (P6, Veteran)
5. "I think it should give me an option of bigger font and for inverted colors/dark theme because the bright background is hurting my eyes." (P6, Veteran)



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# Recommendations (7 or fewer)

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1. Explore the feasibility of changing the language on the “In this section” menu to help Veterans know what to expect inside the menu and to help Veterans understand the differences between health navigation and Va.gov navigation.
2. Adopt the naming convention of VA.gov and Health Homepage in the breadcrumbs.
3. Coordinate with other teams working on appointment scheduling to find language that is clearer to Veterans than “Pending” appointments.
4. Consider what the pre-check-in experience should be going forward. In both the desktop and mobile prototypes participants expected tools to be linked, for example they expected to see pre-check-in paperwork in their appointment details because the paperwork is related to a specific appointment.
5. Continue to pay attention to pharmacy label text in future rounds, participants struggled with it in the desktop prototype but it tested well in the mobile prototype.
6. Continue with both the login button and the login link as they tested well on mobile and desktop.