Health Hub

Problem statements

As currently expressed to us [kickoff document]:

Problem statement 1: How might we best serve Veterans who are trying to learn about and apply for VA healthcare while also making sure we have clear pathways to the MyHealth experience for Veterans who do have healthcare?

- How do Veterans navigate to/from “learn/apply” and “manage” content?
- How does the “learn/apply” and “manage” strategy for the health hub apply (or not apply) to the rest of the VA.gov hubs?

Problem statement 2: How might we create the best user experience for returning Veterans (with healthcare) to manage their healthcare online?

- How to best represent the ‘manage’ health content and tasks on va.gov?
- My Health as the only ‘My’ space on the top nav
- My Health persistent across the auth and unauth experiences, on the top nav
- How does the proposed flow for all types of users of the Apartment differ from the current HHV experience and is this an issue?
- How to carve out ‘manage’ landing pages to go to Cerner and Apartment, if the Apartment does not have all Cerner functionality built-in?
- How do Veterans access health tools and their content on va.gov before they are in My Health on va.gov?
- How are Veterans made aware that MHV is moving to va.gov?

[Feedback from sitewide, account experience, and OCTO designers on the above problem statements]

Users

Veterans

	Unauthenticated	**Authenticated**
Active with health care	Learn	Manage, Learn
Not active with health care	Learn	Learn, Manage
Does not have health care	Learn, Apply	Learn, Apply

Here’s a sequence diagram of the authenticated experience

Information about Veterans

- Veteran population demographics
- More demographics and analytics information about Veterans and VA.gov (also contains VA personas)
- Lifestages a Veteran may encounter from pre-service to end of life
    - ‘Veterans select health care coverage according to their individual set of needs and preferences, **often choosing private healthcare over VA unless they seek care and compensation for a service-related disability or have no other options**.
    - VA.gov users are task-oriented. They don’t come to VA.gov to browse; they come to get a very specific task done. [personalization discovery]
- Survey data tells us that understanding of VA benefit options is low among Veterans from underserved communities. This is part of what’s driving our work around streamlining the ‘learn’ section of the hubs + translation work. [Feedback from sitewide, account experience, and OCTO designers on the above problem statements]
- Veterans at all stages express that it can be a paint point to discovery what VA benefits are available to them, and what benefits they are eligible for

Goals

From other resources

- Streamline and optimize the VA.gov benefit hubs for increased findability and accessibility [content strategy deck]
- Are there opportunities to reduce the cognitive load on benefit hub pages? [content strategy deck]
- A key aspect of designing and building the MVP will be devising a linking strategy between the health apartment, My HealtheVet, and parts of VA.gov related to health, and the VA flagship mobile app. [digital health modernization product brief]

Context

From other resources:

To get the healthcare they need, Veterans must find, register for, and learn to use a different number of different websites and software products. Our generative research from late 2020 shows that Veterans find it extremely difficult to navigate commonplace interactions with VA health care. This VA ecosystem is so complex that Veterans feel discouraged to apply for, manage, and maximize their benefits.

- We found multiple instances across different studies where Veterans noted that while the content was written and structured well, it wasn't easy to find and was overwhelming in its density [1]
- It's hard for Veterans to use healthcare because there is a fragmentation of resources and tools
    - We chose to reduce fragmentation by making a My HealtheVet 'apartment' on VA.gov
    - Ways to interact with the VA for health care, a mural that shows some of the fragmentation

The authenticated experience is fragmented. There's not one place to view and manage your business with VA. As we continue to launch 'tools' that require sign-in, we're making important information and tools harder to find. This has also complicated the unauthorized experience because of the need to link to auth tools, which are now scattered throughout the benefit hubs. [Mural on streamlining experience from unauth to auth]

Consider booking a doctor's appointment: One system locates nearby facilities. Another schedules appointments. Another handles follow-ups like messages and prescriptions. And another reimburses travel expenses. That's a lot for Veterans to learn. It's also difficult for VA staff to support so many siloed systems. [2]

Several developments, including the introduction of Community Care through the MISSION Act and VA's transition to the Cerner EHR, have created a health-specific aim: to ensure VA's patient portal is EHR agnostic and interoperable with outside providers while creating a consistent user experience that serves Veterans' needs. [4]

Insight 3: Veterans and caregivers don't go to VA.gov to do health tasks.

- Theme 3.1 Veterans continue to go to MHV and eBenefits because they are familiar with and they have what Veterans need. Participants navigated directly to My HealtheVet to start their health tasks.
- Theme 3.2 Participants had difficulty with the fragmented experience between MHV, eBenefits, and VA.gov. The fragmented experience is inaccessible for Veterans with cognitive impairments.
- Theme 3.3 Participants struggled to complete health tasks whenever those tasks took them outside MHV. This included copay, travel pay, and scheduling appointments.

[digital health modernization generative research]

Project kickoff

- Document from Tracey used to talk about the Health Hub navigation project

Logging in as a Veteran to va.gov

You can login as a Veteran to staging.va.gov.

- CSV list of accounts
- Use the DS.Login method

Information about the Health Apartment

- Health apartment product brief
- Health apartment proof of concept
- Site map that shows only 'manage' tasks in the Health Apartment

Design principles

Some design principles from digital health modernization generative research:

- **Accessibility is core to all design decisions.** Everyone should be able to use any tool or application regardless of features or complexity.
- **Write content with an empathetic tone.** We talk person-to-person with our customers and use language that puts the person first, not the disability, condition, age, gender, or race.
- **Communicate proactively.** Use effective channels all Veterans can access to share health information or events

Resources

VA 101: Welcome to the VA
ZenHub product board

Previous research

- Applying for health care (1010-ez team)
    - https://github.com/department-of-veterans-affairs/va.gov-team/blob/master/products/health-care/application/va-application/research/user-testing/mar-2019/research-summary.md
    - https://github.com/department-of-veterans-affairs/va.gov-team/tree/master/products/health-care/application/va-application/research

Goals and Desired Outcome

From other resources

- Streamline and optimize the VA.gov benefit hubs for increased findability and accessibility [content strategy deck]
- Are there opportunities to reduce the cognitive load on benefit hub pages? [content strategy deck]
- A key aspect of designing and building the MVP will be devising a linking strategy between the health apartment, My HealtheVet, and parts of VA.gov related to health, and the VA flagship mobile app. [digital health modernization product brief]

The desired outcome from this work is to achieve the above goals through rigorous and focused research, resulting in the following;

- A better, more robust understanding of Veteran mental models, needs, and behaviors around health care
- Insights that can inform design decisions on this topic
- Design direction regarding the information architecture for the consolidated body of MyHealtheVet, VA.gov, and Health apartment

Work to Date

Primary Design Work Repository

Discovery Research

Business Partner Interviews

Research Study 1: Health Hub IA Tree Test

To better understand how Veterans use VA.gov to perform tasks related to seeking information about, applying for, and then managing their health care, a series of studies have been carried out. The initial study exploring IA Updates for Health Hub was a tree test conducted in Optimal Workshop in which participants were asked to complete a set of tasks related to “Getting” and “Managing” VA Health Benefits

The Tree Test examined three information architectures based on The Health Aprtment tools and content as depicted in the latest Health Apartment prototype;

- Hypothesis 0: Veterans find it easier to understand the benefits that are available to them and navigate through the information when there is one unified section to ‘get benefits’ and ‘manage benefits’.
- Hypothesis 1: Veterans find it easier to navigate when there are two separate sections for ‘get benefits’ and ‘manage benefits’.

- We'll also be testing the existing VA.gov sitemap to give us a baseline against which we can measure both hypotheses

This test was carried out with Veteran and Caregive cohorts for each Hypothesis as well as the Baseline

[Feedback from sitewide, account experience, and OCTO designers on the above problem statements]

Documentation for this study can be found here;
Tree Test Research Plan
Design Review Sprint 6 Deck: Overview of study structure and synthesis
Veteran-Only Preliminary Synthesis
Tree Test Synthesis

Research Study 2: Health Hub Moderated IA Tree Test

Iterating on the output of Research study 1, research plan set was structured to understand the 'why' of the decisions made in the first study. Utilizing the same hypotheses and IA Trees, 40 participants were recruited to take part in interviews during which they would be given a set of tasks. Veterans were then asked to complete the tasks and give voice to their thought processes by the moderator as they completed the tasks.

Research Plan 2
Conversation Guide
Research Session Notes

Recommended Next Steps

- More testing may be appropriate in the event that conclusive insights cannot be derived from analysis
- In the event that further study is required, the next logical step would be to test information architecture in context by using a prototype. A moderated study where

participants are asked to complete a set of tasks similar to the first two studies, and using an IA derived from the IA used in the first two tests

- Alternatively, synthesis cand and should be utilized to draft design concepts as the culmination of this larger effort (a consolidated IA and “home” for the Health Apartment). These concepts should be based on insights regarding structure, nomenclature, and mental models derived from the research study.