

Health Hub: Business partner interviews synthesis

Background

We interviewed OCTO business partners as a first step in our research process, so that we understood the VA's vision for migrating MHV to VA.gov and the implications we should be considering. By meeting with our business partners we also uncovered their individual interests, stake, and impact on our research going forward.

Goals

1. Better understand the Veterans' health care journey, and the pain points along the way
2. Better understand the authenticated and unauthenticated experience for Veterans
3. Learn about underserved Veteran populations and how to capture them with our research recruitment
4. Learn about dependencies and other factors

Who we spoke to

1. Meg Peters, UX Design for Health
2. Danielle Thierry, Sitewide Content Lead
3. Mikki Northuis, VFS Information Architect
4. Beth Potts, Sitewide Content Lead
5. Samara Strauss, OCTO team lead for authenticated experience
6. Jeff Barnes, Deputy CTO, Digital Experience, UX Research

Findings summary

1. Veterans interact with health care differently than their other VA benefits.
2. Veterans view the VA as one singular entity; VA.gov should reflect that mental model.
3. There are a number of underserved audiences for VA benefits.
4. The VA is unique in the range and combination of benefits it offers.

Findings details

Veterans interact with health care differently than their other VA benefits.

All stakeholders we spoke with shared an understanding that most Veterans interact with health care benefits more frequently than other VA benefits they may have. This frequency applies both to tasks related to managing their health care—prescriptions, messaging, appointments, etc—as well as needing to periodically check and reassess their priority group and disability rating as they relate to their health care benefits.

“[Health care is] an ongoing thing you do for the rest of your life”

“I think there are different Veteran mental models for interacting with health tasks”

Implications:

- Further research may need to be conducted to understand Veterans’ mental model for how they understand their health care benefits and how they relate to other VA benefits.

Veterans view the VA as one singular entity; VA.gov should reflect that mental model.

Stakeholders expressed concerns over having disparate experiences—or a “site within a site”—Veterans managing their health care versus interacting with their other VA benefits.

“What does it say for a Veteran who’s not enrolled in health care?”

“I know you’re researching health, but I can’t talk about it without considering the whole picture”

Implications:

- This expectation aligns with one of the hypotheses we will be testing during our initial research with Veterans.

There are a number of underserved audiences for VA benefits.

Stakeholders brought to our attention the fact that there are a number of underserved audiences for VA benefits. For example, members of the LGBTQAI2S+ community can get their dishonorable discharge corrected, and then be eligible for VA benefits.

“One of the hot topics right now is there are a number of underserved audiences for VA benefits.”

Implications:

- We need to ensure our research cohorts contain members of underserved communities.

The VA is unique in the range and combination of benefits it offers.

A stakeholder brought to our attention that the VA is a unique organization, and this makes it hard to solve certain problems.

“There is not another organization like this. The VA does so many things ... Your private health care provider isn’t trying to make sure you’re going to college. There isn’t anything like it ... We’re a little bit on our own. It’s really hard”

Implications:

- While we can use examples from industries like banking and private health care, we need to ensure we carefully conduct our own research since the VA is so unique.