

Appointment Information Prioritization for Check-in and Pre-check-in

October 2022

Last updated: Oct. 18, 2022

Background

The [patient check-in \(PCI\)](#) product is reimagining the ecosystem that allows a Veteran to check in for a medical appointment. The Modernized Check-In Experience Team created the portion of the ecosystem that enables a Veteran to utilize their mobile device to “check-in” through VA.gov. I.e., letting clinic staff know that the patient has arrived for their appointment.

High level view of the Veteran check-in journey

Pre-check-in

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Start pre-check-in

We need to verify your identity so you can start pre-check-in.

Your last name

Last 4 digits of your Social Security number

[Continue](#)

Need help?

For questions about your appointment or if you have a health-related concern, call your VA provider.
[Contact your VA provider.](#)

For questions about how to fill out your pre-check-in tasks or if you need help with the form, please call our MyVA411 main information line at [800-698-2411](#) and select 0. We're here 24/7.

If you have hearing loss, call [TTY: 711](#).

[Contact Us](#) [Veteran Programs and Services](#) [More VA Resources](#)

Check-in (day of appointment)

Have an appointment? Check in with your smartphone

- 1 Text **check in** to **53079** OR scan this code with your camera.
To: **53079**
Message: **check in**
- 2 Wait until you get a text back with a link. This should only take a few seconds.
- 3 Tap on the link to start your check-in. Data charges may apply.

Can't scan the QR code? Text us instead [📞](#)
Need to update your information? Check in with a staff member instead [📞](#)



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Check in at VA

We need some information to verify your identity so we can check you in.

Your last name

Last 4 digits of your Social Security number

[Continue](#)

Need help?

Ask a staff member.

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You're checked in for your 1:00 p.m. ET appointment

We'll come get you from the **Cardiology Specialty Red Clinic #4** waiting room when it's time for your appointment to start.

[Go to another appointment](#)

Need help?

Ask a staff member.

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Veteran waits to be seen

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Our goals for this research

Check-in has expanded our access to more appointment data, which we can display to Veterans within the check-in experiences.

The goal for this study is to identify what appointment data is most important within certain portions of the day of check-in experience.

The mobile app and VAOS teams have looked into similar topics. Once our check-in appointment information survey is complete, we will compare all of the studies to determine where we can align with the other products and where we need to differ due to unique check-in needs.



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The status of appointment data within check-in and pre-check-in

Recently added

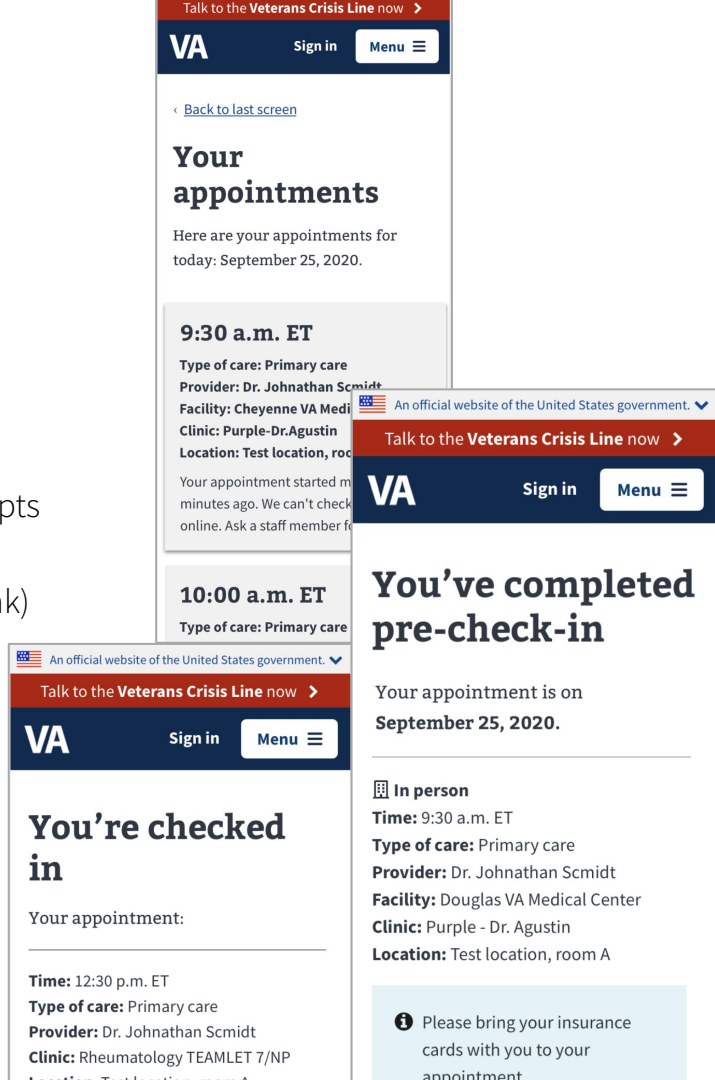
- provider's name
- type of care
- location (floor and room numbers)
- modality (in-person, telephone, etc)

Added a while ago

- clinic name
- facility name
- date
- time (timezone - recently added)
- clinic phone number
- facility phone number and TTY

Could be added

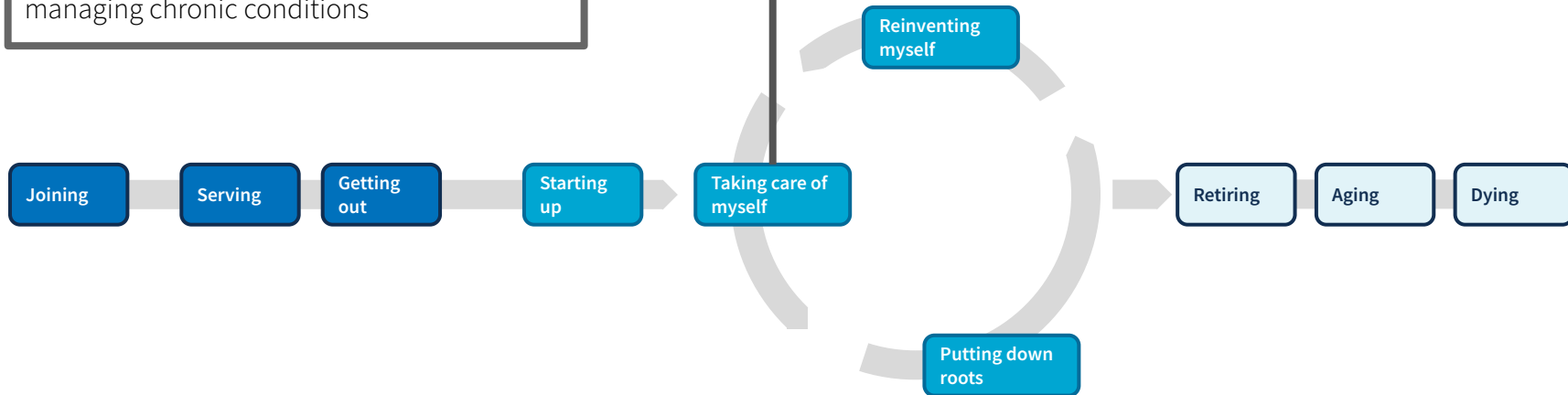
- weekday
- address
- instructions on how to attend video or phone appts
- reason for visit
- facility directions (map link)
- cancel status
- patient name



How this research maps to the overall Veteran journey

Moments that matter

Veterans expect to be able to easily check in for their medical appointments, whether it's for acute care needs, speciality care or managing chronic conditions



For a fully detailed Veteran journey, go to

<https://github.com/departments-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

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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Methodology

Our research methodology

We conducted two unmoderated studies: one focusing on pre-check-in and one focusing on check-in. Veterans were invited by Perigean via email to participate. After accepting the invitation, participants received a link to an online survey that contains a scenario (pre-check-in or check-in) in which the participant will prioritize appointment data. The online survey will be built in Optimal Workshop's survey tool, which is called Questions.

We wanted to get complete survey responses from at least 30 Veterans and others (ideally 40-50) for each study, in distinct cohorts of fewer than 10 participants per cohort (per PRA).



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Who we spoke with

Check-in: 32 total participants

Cohort	# of participants
Male	5
Female	3
Caregivers	5
Cognitive impairment and/or functional disabilities	4
Ages 18-34	5
Ages 35-54	5
Ages 55+	5

Pre-check-in: 34 total participants

Cohort	# of participants
Male	5
Female	4
Caregivers	5
Cognitive impairment and/or functional disabilities	7
Ages 18-34	5
Ages 35-54	3
Ages 55+	5

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Summary of Key Findings

Summary of key findings

Check-in

1. Over 80% of participants deemed a clear set of appointment information as “extremely important” or “very important.”
 - a. Type of care (Cardiology, primary care, etc.)
 - b. Appointment time and timezone
 - c. Canceled status
 - d. Date of the appointment (Sept. 30, Feb. 3)
 - e. Location (Floor and room number)
 - f. Patient's name
 - g. Visit type (In-person, telephone, video, etc.)
 - h. Day of appointment (Monday, Tuesday, etc.)
 - i. Provider's name

Summary of key findings

Check-in continued

2. A secondary group of appointment information received over 50% of participants stating they are “extremely important” or “very important.”
 - a. Clinic name
 - b. Clinic phone number
 - c. Facility phone number
 - d. Reason for visit (Follow-up, physical, etc.)
 - e. Conditions and symptoms you’re experiencing
3. Facility-based information is the lowest ranking grouping of information.
4. The caregiver cohort ranked the most pieces of information differently compared to the other cohorts.
 - a. “Conditions and symptoms you’re experiencing” and “Reason for visit (Follow-up, physical, etc.)” were ranked much higher than the other cohorts.
 - b. “Day of appointment (Monday, Tuesday, etc.)” was ranked much lower.

Pre-check-in

5. When analyzing the “extremely important” or “very important” appointment information for pre-check-in, there weren’t clear groupings like with check-in.



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Summary of key findings

Pre-check-in continued

6. Most facility information (except address) and condition-based information ranked lower than other appointment information.
7. The cohorts varied in their pre-check-in importance ranking more than check-in.

Pre-check-in compared to check-in

8. A lot of the top ranked appointment information is similar across the pre-check-in and check-in scenarios.
 - a. Appointment time and timezone
 - b. Canceled status
 - c. Date of the appointment (Sept. 30, Feb. 3)
 - d. Day of appointment (Monday, Tuesday, etc.)
 - e. Location (Floor and room number)
 - f. Type of care (Cardiology, primary care, etc.)
 - g. Visit type (In-person, telephone, video, etc.)

Details of Key Findings

Check-in

Question asked: Pretend that you are checking in on the day of your VA medical appointment using your smartphone. How important is each of the following to you to see when letting VA know you have arrived for your appointment? The information should help you feel good that you checked into the correct appointment and know what to do next.

Over 80% of participants deemed a clear set of appointment information as “extremely important” or “very important.”

Appointment information	%
Type of care (Cardiology, primary care, etc.)	93.8
Appointment time and timezone	87.5
Canceled status	84.4
Date of the appointment (Sept. 30, Feb. 3)	84.4
Location (Floor and room number)	84.4
Patient's name	84.4
Visit type (In-person, telephone, video, etc.)	84.4
Day of appointment (Monday, Tuesday, etc.)	81.3
Provider's name	81.3

Appointment information	%
Clinic name	68.8
Clinic phone number	65.6
Facility phone number	62.5
Reason for visit (Follow-up, physical, etc.)	62.5
Conditions and symptoms you're experiencing	59.4
Facility address	50
Facility directions (map link)	37.5
Facility name (Pittsburgh VA Medical Center)	31.3



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A secondary group of appointment information received over 50% of participants stating they are “extremely important” or “very important.”

Appointment information	%
Type of care (Cardiology, primary care, etc.)	93.8
Appointment time and timezone	87.5
Canceled status	84.4
Date of the appointment (Sept. 30, Feb. 3)	84.4
Location (Floor and room number)	84.4
Patient's name	84.4
Visit type (In-person, telephone, video, etc.)	84.4
Day of appointment (Monday, Tuesday, etc.)	81.3
Provider's name	81.3

Appointment information	%
Clinic name	68.8
Clinic phone number	65.6
Facility phone number	62.5
Reason for visit (Follow-up, physical, etc.)	62.5
Conditions and symptoms you're experiencing	59.4
Facility address	50
Facility directions (map link)	37.5
Facility name (Pittsburgh VA Medical Center)	31.3



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Facility-based information is the lowest ranking type of information.

Appointment information	%
Type of care (Cardiology, primary care, etc.)	93.8
Appointment time and timezone	87.5
Canceled status	84.4
Date of the appointment (Sept. 30, Feb. 3)	84.4
Location (Floor and room number)	84.4
Patient's name	84.4
Visit type (In-person, telephone, video, etc.)	84.4
Day of appointment (Monday, Tuesday, etc.)	81.3
Provider's name	81.3

Appointment information	%
Clinic name	68.8
Clinic phone number	65.6
Facility phone number	62.5
Reason for visit (Follow-up, physical, etc.)	62.5
Conditions and symptoms you're experiencing	59.4
Facility address	50
Facility directions (map link)	37.5
Facility name (Pittsburgh VA Medical Center)	31.3



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The caregiver cohort ranked the most pieces of information differently compared to the other cohorts.

The data points that specific cohorts ranked very differently than other cohorts are outlined in red.

1 = Most important

17 = Least important

Importance ranking

Appointment data

	Ages 18-34	Ages 35-54	Ages 55+	Male	Female	Caregivers	Cognitive Impairments
Conditions and symptoms you're experiencing	17	17	4	12	15	4	15
Date of the appointment (Sept. 30, Feb. 3)	5	1	1	1	12	4	1
Day of appointment (Monday, Tuesday, etc.)	6	2	1	7	8	11	1
Facility name (Pittsburgh VA Medical Center)	4	8	17	11	17	16	16
Reason for visit (Follow-up, physical, etc.)	10	15	9	15	14	1	12
Type of care (Cardiology, primary care, etc.)	3	14	6	3	2	1	1



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Pre-check-in

Question asked: Pretend it is 3 days before your upcoming appointment and VA has texted you a link to confirm your appointment. When you click the link, VA is asking you to confirm your information prior to your appointment, such as reviewing your contact information or medication list. How important is each of the following to you to see when confirming and answering questions for your VA appointment? The information should help you feel good about confirming your appointment and knowing what to do on the day of your appointment.

When analyzing the “extremely important” or “very important” appointment information for pre-check-in, there weren’t clear groupings like with check-in.

Appointment information	%
Date of the appointment (Sept. 30, Feb. 3)	100
Location (Floor and room number)	94.1
Visit type (In-person, telephone, video, etc.)	94.1
Appointment time and timezone	91.2
Day of appointment (Monday, Tuesday, etc.)	88.2
Type of care (Cardiology, primary care, etc.)	88.2
Canceled status	85.3
Facility address	82.4
Clinic phone number	76.5

Appointment information	%
Patient's name	76.5
Clinic name	70.6
Provider's name	67.6
Facility name (Pittsburgh VA Medical Center)	64.7
Facility phone number	64.7
Reason for visit (Follow-up, physical, etc.)	61.8
Conditions and symptoms you're experiencing	50
Facility directions (map link)	38.2



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Most facility information (except address) and condition-based information ranked lower than other appointment information.

Appointment information	%
Date of the appointment (Sept. 30, Feb. 3)	100
Location (Floor and room number)	94.1
Visit type (In-person, telephone, video, etc.)	94.1
Appointment time and timezone	91.2
Day of appointment (Monday, Tuesday, etc.)	88.2
Type of care (Cardiology, primary care, etc.)	88.2
Canceled status	85.3
Facility address	82.4
Clinic phone number	76.5

Appointment information	%
Patient's name	76.5
Clinic name	70.6
Provider's name	67.6
Facility name (Pittsburgh VA Medical Center)	64.7
Facility phone number	64.7
Reason for visit (Follow-up, physical, etc.)	61.8
Conditions and symptoms you're experiencing	50
Facility directions (map link)	38.2



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The cohorts varied in their pre-check-in importance ranking more than check-in.

The data points that specific cohorts ranked very differently than other cohorts are outlined in red.

1 = Most important

17 = Least important

Importance ranking

Appointment data

	Ages 18-34	Ages 35-54	Ages 55+	Male	Female	Caregivers	Cognitive Impairments
Appointment time and timezone	3	7	1	15	3	11	2
Canceled status	6	7	6	1	6	14	1
Clinic name	8	10	8	3	11	1	13
Conditions and symptoms you're experiencing	16	16	7	11	15	16	17
Date of the appointment (Sept. 30, Feb. 3)	1	1	1	16	1	1	2
Day of appointment (Monday, Tuesday, etc.)	1	1	4	1	1	11	10
Facility address	7	4	11	5	4	1	12
Facility phone number	10	6	14	14	11	11	7
Patient's name	9	1	14	5	15	5	13
Reason for visit (Follow-up, physical, etc.)	15	14	17	3	14	14	10
Type of care (Cardiology, primary care, etc.)	12	13	3	5	6	1	2
Visit type (In-person, telephone, video, etc.)	3	4	10	5	4	8	2

Pre-check-in compared to check-in

A lot of the top ranked appointment information is similar across the pre-check-in and check-in scenarios.

Top ranked = over 80% of participants deemed it “extremely important” or “very important”

Ranked highly for both
Appointment time and timezone
Canceled status
Date of the appointment (Sept. 30, Feb. 3)
Day of appointment (Monday, Tuesday, etc.)
Location (Floor and room number)
Type of care (Cardiology, primary care, etc.)
Visit type (In-person, telephone, video, etc.)

Ranked differently
Facility address (<i>High for pre-check-in only</i>)
Patient's name (<i>High for check-in only</i>)
Provider's name (<i>High for check-in only</i>)



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Recommendations

Recommendations

1. Emphasize the top ranked group visually within any redesigns of check-in and pre-check-in.
 - a. Appointment time and timezone
 - b. Canceled status
 - c. Date of the appointment (Sept. 30, Feb. 3)
 - d. Day of appointment (Monday, Tuesday, etc.)
 - e. Location (Floor and room number)
 - f. Type of care (Cardiology, primary care, etc.)
 - g. Visit type (In-person, telephone, video, etc.)
2. Explore reducing the appointment information shown in check-in to only the top ranked group (same group as Recommendation #1).
 - a. Focusing on the most valuable information that enables a Veteran to determine what appointment to check into follows the previously proven mental model of:
 - i. Check-in is a time-sensitive experience, where Veterans try to make decisions quickly.
3. Since the pre-check-in rankings was more split, most or all available appointment data may need to be displayed somewhere within the pre-check-in experience (most likely the confirmation page).



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Recommendations

4. This study showed that caregivers want to view different appointment data compared to Veterans. In previous studies, we observed caregivers checking in for Veterans, but we aren't 100% sure how big our caregiver audience is. The team should meet to discuss how to address the caregiver persona.
5. Veterans placed more importance on the clinic name compared to facility, but the data within the clinic name field is often not understandable by Veterans. In the future, explore updating the clinic names to something more Veteran-friendly.



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Appendix

Check-in scenario: # of participants ranking importance for each appointment data point (All cohorts)

Appointment data	Importance					
		Extremely important	Very important	Average importance	Low importance	Not at all important
	Date of the appointment (Sept. 30, Feb. 3)	22	6	3	1	0
	Day of appointment (Monday, Tuesday, etc.)	18	8	4	2	0
	Location (Floor and room number)	18	9	5	0	0
	Patient's name	18	9	4	1	0
	Canceled status	17	10	5	0	0
	Type of care (Cardiology, primary care, etc.)	16	14	2	0	0
	Appointment time and timezone	15	12	4	1	0
	Visit type (In-person, telephone, video, etc.)	14	13	4	1	0
	Provider's name	13	13	5	1	0

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Check-in scenario: # of participants ranking importance for each appointment data point (All cohorts) continued

Appointment data	Importance					
		Extremely important	Very important	Average importance	Low importance	Not at all important
	Conditions and symptoms you're experiencing	10	9	3	6	4
	Facility phone number	9	11	9	3	0
	Reason for visit (Follow-up, physical, etc.)	9	11	10	2	0
	Clinic name	7	15	7	3	0
	Clinic phone number	7	14	8	3	0
	Facility address	7	9	13	3	0
	Facility directions (map link)	6	6	11	4	5
Facility name (Pittsburgh VA Medical Center)	6	7	12	6	1	

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Pre-check-in scenario: # of participants importance ranking for each appointment data point (All cohorts)

Appointment data	Importance				
	Extremely important	Very important	Average importance	Low importance	Not at all important
	Date of the appointment (Sept. 30, Feb. 3)	26	8	0	0
	Location (Floor and room number)	18	14	2	0
	Visit type (In-person, telephone, video, etc.)	20	12	2	0
	Appointment time and timezone	21	10	1	2
	Day of appointment (Monday, Tuesday, etc.)	26	4	2	2
	Type of care (Cardiology, primary care, etc.)	19	11	3	1
	Canceled status	20	9	2	3
	Facility address	19	9	6	0
	Clinic phone number	14	12	7	1

Pre-check-in scenario: # of participants importance ranking for each appointment data point (All cohorts)

Appointment data	Importance					
		Extremely important	Very important	Average importance	Low importance	Not at all important
	Patient's name	16	10	5	3	0
	Clinic name	18	6	9	1	0
	Provider's name	12	11	10	1	0
	Facility name (Pittsburgh VA Medical Center)	18	4	11	1	0
	Facility phone number	16	6	9	3	0
	Reason for visit (Follow-up, physical, etc.)	12	9	10	2	1
	Conditions and symptoms you're experiencing	11	6	11	4	2
	Facility directions (map link)	9	4	11	9	1