Health Hub: Moderated Tree Test Findings

Research Summary and Synthesis
09/07/2022

MOVE

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Agenda

Document Purpose:

This document provides a synthesis of a moderated tree test study conducted by Team MOVE

Introduction

The Study

    A.   Research Goals, Questions, and Hypothesis

    B.   Methodology and Participants

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Health Hub Moderated Tree Test

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This document presents a synthesis and findings from the Health Hub Moderated Tree Test carried out by Team MOVE in August/September of 2022. The study was conducted as part of a larger effort to understand how the "Health Apartment" should be situated in the information architecture of the Health Hub on VA.gov. This iterative research effort began with an unmoderated tree test in which two potential information architectures were tested; one in which content related to "Get" health care benefits and content related to "Manage" benefits were integrated ("Hypothesis 0"), and one in which they were clearly separated (Hypothesis 1). While some benefit from delineating "Get" and "Manage" content was clear, there was not a conclusive "winner" between the two. To better understand why Veterans made the decisions they did, the test was repeated here as a moderated study, in which participants were interviewed as they carried out the test.

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Health Hub Moderated Tree Test Findings

The Study

Research Goals, Question, and Hypotheses

Research Goal

The goal of this research was to gather qualitative insights to supplement the findings of the Health Apartment IA Tree Test completed in July 2022. The same two hypotheses were tested against a subset of tasks in a moderated setting in order to gather additional feedback on what is and is not meeting the mental model of Veterans and their family members/caregivers as they navigate the healthcare space.

Our objective was to better understand how labeling, organization, and hierarchy of menus impact Veterans' ability to successfully complete tasks.

Desired Outcome:

This research will help inform the next iteration of IA for the health care experience on VA.gov, identify what additional research needs are, and help inform the roadmap for the continued health apartment work

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Research Goals, Question, and Hypotheses

Research Question

Can users (Veterans and Caregivers or family members) navigate proposed changes to VA.gov to find information or complete core tasks as they get and/or manage their VA health care benefits and care?

Specific Goals

- Evaluate the usability of navigation in and between the 'get benefits' and 'manage benefits' sections
- Assess the labeling of the Health Hub section
- Gain insight into user mental models as they get and manage their benefits and care

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Research Goals, Question, and Hypotheses

We tested two hypotheses:

Hypothesis 0:
Veterans find it easier to understand the benefits that are available to them and complete health care related tasks when there is one unified section to 'get benefits' and 'manage benefits'.

Hypothesis 1:
Veterans find it easier to understand the benefits that are available to them and complete health care related tasks when health care related tasks when there are two separate sections for 'get benefits' and 'manage benefits'.

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Research Goals, Question, and Hypotheses

Method

We conducted remote moderated sessions via Zoom, using Optimal Workshop's TreeJack tool. We tested the same 2 hypotheses/trees, with no changes, that were tested in the unmoderated round of tree testing.
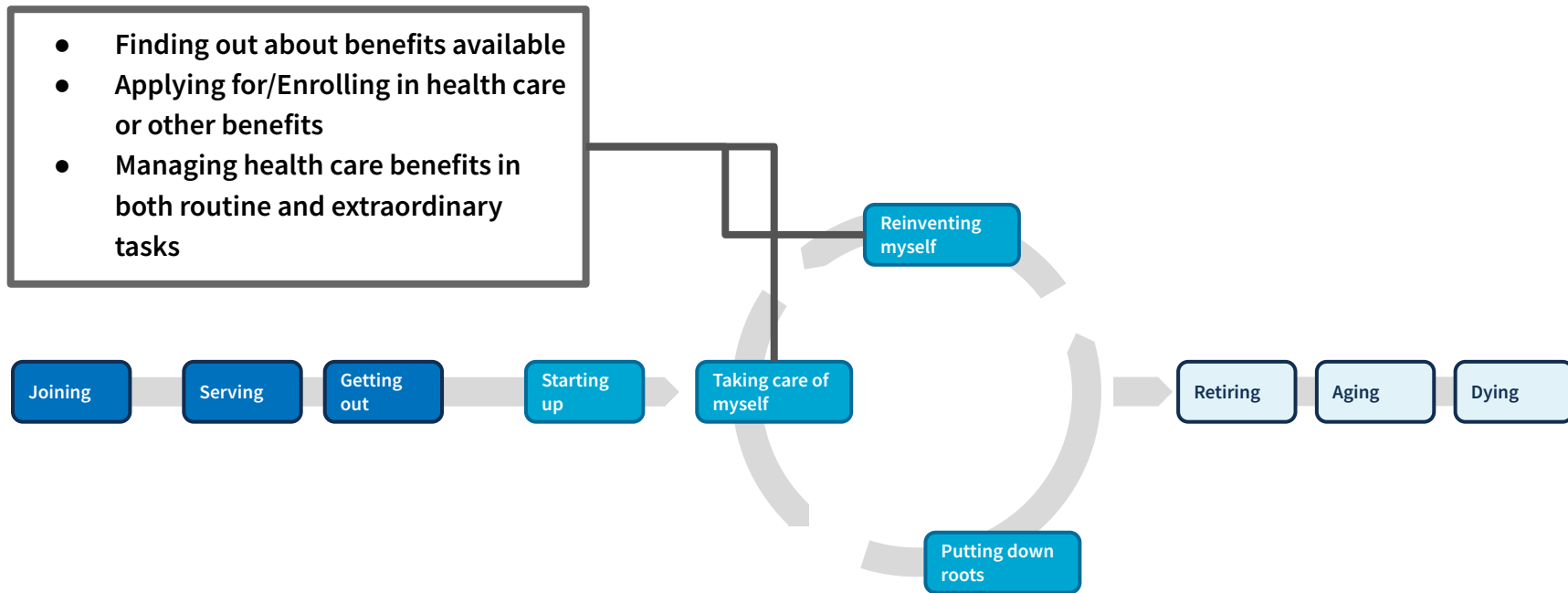
Veterans were given a task, then asked to navigate the tree to identify where they would go to find the information or complete the action. Optimal Workshop logged their navigational path and where they indicated the answer was.

The team observed and listened for feedback from the users, asking follow-up questions to better understand what was and was not working as expected. All Veterans who participated were asked to complete the same set of tasks. Tasks were randomized for each participant to avoid bias due to participants "learning the tree" and giving later tasks an advantage.

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How this research maps to the Veteran journey

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- **Finding out about benefits available**
- **Applying for/Enrolling in health care or other benefits**
- **Managing health care benefits in both routine and extraordinary tasks**

Joining

Serving

Getting out

Starting up

Taking care of myself

Reinventing myself

Putting down roots

Retiring

Aging

Dying

For a fully detailed Veteran journey, go to
https://github.com/department-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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- A total of 50 Veteran participants were recruited by Perigean, representing a diverse sample of Veterans composed of varying ages, races, geographical locations, education levels, and cognitive abilities.

- Veterans were separated into 4 cohorts to test our hypotheses
  - Cohort 1: H0, Veterans with health care
  - Cohort 2: H1, Veterans with health care
  - Cohort 3: H0, Veterans without health care
  - Cohort 4: H1, Veterans without health care

Cohort	Studies Completed
Cohort 1 Hypothesis 0 - Veterans with health care	6
Cohort 2 Hypothesis 1 - Veterans with health care	6
Cohort 3 Hypothesis 0 - Veterans eligible without health care	5
Cohort 4 Hypothesis 1 - Veterans eligible without health care	5*

* Participant 46 did not meet requirements for study

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Health Hub Moderated Tree Test Findings

Findings

Key Findings

1. Mission-critical content would benefit from multiple paths, elevation in the IA, and more direct navigation access/availability

2. While "My Health" provided an intuitive go-to location for "Manage" tasks, it was often not considered for "Get" content and tasks

3. Labeling and taxonomy bear improvement; Clear, concise language and familiar keywords

4. Mental Health should be easier to find with fewer steps to in navigation

5. Copay, Travel pay, and other financial content and tools could benefit from better organization, labeling, and definition

Health Hub Moderated Tree Test Findings

Findings Details

Finding Detail 1

Mission-critical "Get" content would benefit from multiple paths, elevation in the IA, and more direct navigation

- 10 out of 21 users wanted to be able to have multiple ways of getting to the correct information
- Users wanted shortcuts to places they might use frequently

"MYHealth is talking about ME, & the benefits I've used."

"I want shortcuts to MY Dental & Refill prescriptions"

"Once I'm eligible, then I can just be focused on my H.C. I like having Admin stuff separate from MyHealth."

Eligibility: "definitely under my health and health resources, picked getting started with va health care, I'm assuming that's going to tell me."

"It seems wonky that CoPay & travel pay are together. One is where I'm paying the VA & the other is paying me. It's like reverse."

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Finding Detail 2

While "MyHealth" provided an intuitive go-to location for "Manage" tasks, it was often not considered for "Get" content and tasks

- Wanted to have "everything in one place."
- Many users expressed concern about this being difficult for "non computer savvy vets."
- Users expressed concern with tasks related to "Get" Benefits vs "Manage" benefits being in the same dropdowns.
- Users pointed out that they wouldn't have a MyHealth section if they weren't "enrolled" yet in VA Health Care.

"I'd like to see 'Message your doctor,' rather than 'Messages.' Spelling it out more than necessary may be better for the technically challenged"

"I rely on a good search box. HC has so many shades of gray which makes it difficult"

Want to Enroll in HC: "I don't know if there is another place to put it. You might want to have it higher up the tree, esp. if it's a first time user. Where I work we try to do this so we don't lose people. Esp. if this is my first introduction to the VA."

"I like MYHealth, everything I need to manage my health, a one stop shop, all in one place."

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Finding Detail 2 (cont.)

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While "My Health" provided an intuitive go-to location for "Manage" tasks, it was often not considered for "Get" content and tasks.

- "My Health" tab is about me, my records, communications with my Dr, test results."
- Users found data by remembering they had seen it somewhere in the tree before but not always having an easy time of getting back to that tab.
- Only 2 users mentioned they would use the Search feature to find data on the website.
- Users seemed to prefer better labels and word choices that reflected the key words they were searching for or plain language.

"I'm used to going to My health, but if I'm looking for if I'm eligible it wouldn't be there just yet"

So my health is everything that has to do with you? "Yes."

"The way I am looking at my health is if I am already enrolled."

Why wouldn't you look under "My health"? "Because you are enrolling, you don't have a My health. I wouldn't think that would be an option if you're not enrolled yet."

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Finding Detail 3

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Users need clear concise language & key words for labels

- Users seemed to prefer better labels and word choices that reflected the key words they were searching for or plain language; trying to complete their task by using keywords, such as costs, records, eligibility.
- Users often overlooked or had difficulty understanding labels that were overly verbose or broke to multiple lines; example: "Manage your electronic record sharing options," was often overlooked at first pass, preferring a more scannable label like "share your records"

"I chose it because it said records"

"Labels were not my favorite, some drop downs were detailed enough to figure it out but also comes from experience working in MHV, but if I was clueless I would be totally confused"

Most challenging? - "probably just trying to figure out which tab the information was in…sometimes the wording just didn't apply the way I thought it would apply…the easier you can make it for vets to find things…especially that mental health"

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Finding Detail 4

Mental Health should be easier to find with fewer steps to in navigation

- Many users found the content for Mental Health to be buried, only being able to find it after some searching
- Users preferred a more direct path to finding mental health resources that was clearly labeled at the Health care or My Health level
- Veterans felt that since mental health was so important, it should be on the homepage or at the forefront when you first log in

Looking for MH: "Went to disability, tried about VA, then went to My Health. Then went to health resources to make a selection"

"In my mind I'm looking for a mental health tab"

You mentioned seeing mental health as its own tab, is there a way to make it more visible? "On the home tab I would like to see the services that are available. The services should be listed because I wouldn't know you are listing them together from looking at this"

"Would like to see dental and mental up higher, want to hit My Health and see it right there"

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Finding Detail 5

Copay, Travel Pay, and other financial content and tools would benefit from better organization, labeling, and definition

- In general, the matter of financials was somewhat confusing to participants. Identifying where and why cost, debt, and payment related content and tools was difficult
- There were multiple instances of confusion as to why copay and travel reimbursement were grouped together
- Many users did not consider copays, travel pay or other "financial" content to be a good fit to be under Health care or My Health. They felt that it should be separate– "My Health" vs "My Account"

"I do not like copays and travel pay under the same umbrella. I would think that would need to be separated out [copays and travel pay]; still under my health it should just be its own tab."

"Not everybody is going to pay a copay and not everybody is eligible to be reimbursed for travel."

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Health Hub Moderated Tree Test Findings

Recommendation

Recommendations

A Systemic Approach

In terms of UX patterns, taxonomy, and content organization, it became clear that a holistic and systemic approach will be required to effectively address the redesign challenges faced by VA.gov. Where possible, design decisions should be with the UX of the entire site in mind as well as Veteran needs and mental models. Structural consistency across the entire site is critical, so patterns considered as solution here should align with the larger site outside of the Health Hub.

Organization

- Maintain a clear delineation between "Get" and "Manage" content
- Audit content in "MyHealth" for the degree to which it is "Manage" related. "Get" content should not be integrated with "Manage"
- Create direct pathways to fundamental/critical actions (e.g. Get Mental Health care, "Apply for Health care", etc)
- Reconsider where content related to financials is situated (e.g. all money matters in one place vs. a distributed model)

Labeling and Taxonomy

- Some changes to content labeling is merited in a few instances. Where possible, long or multi-word labels should be simplified
- "Service Member Benefits" in particular seemed to cause confusion for a number of participants, implying that paths for completing "Get" tasks were not clear or intuitive enough

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Health Hub Moderated Tree Test Findings

Next Steps

Next Steps

Design

There is more to explore, but design decisions can be made based on the outcome of this study. Both studies conducted here examined the information architecture in "tree" form. Participants had no visual cues or interaction with interface elements or affordances that could impact their ability to navigate the site. A logical iteration of this research effort would be to revise the IA and evaluate it in a more "real-world" scenario;

1. Iterate on the IA based on findings in this synthesis
2. Using this IA, an interactive prototype can be built, allowing design to leverage visual cues, hierarchy, and layout to support navigation and usability
3. Conduct a third study, iterating on the first two. The revised IA could be evaluated in a more "real-world" scenario taking into consideration the role of visual cues, hierarchy, and layout.

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Health Hub Moderated Tree Test Study Findings

Thank You!