

Navigating to/from the Health Apartment and Hubs

Details:

- Project kickoff: Monday at 4-5 ET
- Slack: [Apartment Channel](#)
- Mural: [Tracey's Room](#)
- Github: [Folder in Health Apartment](#)
- No Collab Cycle - Research will have to be approved and readouts provided
- Open questions are prioritized within the Problem Statement. **Bold** is critical to the project.
- All questions need to be thought through for the veteran with and without health care.
- Additional oCTO members will join sprint demo

Problem Statement #1: How might we best serve Veterans who are trying to learn about and apply for VA health care while also making sure we have clear pathways to the My Health experience for Veterans who do have health care?

POC: Tracey Mulrooney (Product) and Danielle Thierry (Design)

Hypothesis: If we create targeted spaces for Veterans to learn and apply vs. manage their health care, we'll make it easier for Veterans who don't have VA health care, or haven't yet started to actively manage their care, get the information they need to apply and get started with care and then find clear pathways to information and tools for managing their care.



- a. How does this change between the unauthenticated to authenticated state
- b. How much information does a Veteran who doesn't have health care, or is getting started with care, need to understand how to access information and tools to manage care—and how/where do they primarily look for that information?
2. **How does the “learn/apply” and “manage” strategy for the health hub apply (or not apply) to the rest of the [va.gov](#) hubs?**
 - a. Is this experience and navigation intuitive and scalable?
 - b. Do Veterans perceive health as a different type of benefit that warrants different representation on [va.gov](#)? Do they expect a different type of experience for managing health care vs. other benefits?

Problem Statement #2: How might we create the best user experience for returning Veterans (with health care) to manage their health care online?

POC: Tracey Mulrooney (Product) and Meg Peters (Design)

Open Questions:

1. How best to represent “manage” health content and tasks on [va.gov](#)?
2. My Health as the only “My” space on the top nav.
3. My Health persistent across the auth and unauth experiences, on the top nav.
 - a. Is there an unauthenticated version of the health apartment and where does that live on [va.gov](#)?
4. How does the proposed flow for all types of users of the Apartment differ from the current MHV experience, and is this an issue? *(Note that the flow will differ depending on how “manage” manifests in the Health Care hub.) What happens to the “Manage” pages in the Health Hub that are not in the apartment. Does the hub link to the Apt, then to the tool? Or does the hub link directly to the tool? IE. Copay (this is in the APT), claim status (APT links to claims and appeals, which links to decision reviews -- APT team wants to understand user needs for decision reviews, as opposed to appeals).*
5. How to carve out “manage” landing pages to go to Cerner and Apartment, if the Apartment does not have all Cerner functionality built in? *(Since users get directed to Cerner after signing in, they would be directed to Cerner from within the “manage” experience.)*
6. How do veterans access health tools and their content on [va.gov](#) before they are in My Health on [va.gov](#)?
7. How are veterans made aware that MHV is moving to [va.gov](#)?



Begin the Project:

- Understand [VA.gov](#) landscape
 - Read past research on auth strategy and breaking out “manage”
 - Read [initial discovery presentation](#) on the Sitewide team’s broader content/IA strategy work for an understanding of how this works fits into the broader efforts.
 - Read [WIP content/IA strategy mural](#) capturing different potential flows from the health care hub to/from My Health + the broader work to move deeper content from the health care hub to the Resources & Support section.
 - Review [high level proposal for auth / unauth strategy](#) as it relates to the health apartment
 - Meet with oCTO partners to learn their stake, interest, and impact in the research as well as get the team's questions answered:
 - **Danielle Thierry, Meg Peters, Mikki Northuis**, Dave Conlon, Samara Strauss, Lauren Alexanderson
 - Check calendars and add the **bold** folks to regular Mo team syncs
- Map current user flow for the veteran with and without health care, in relation to the problem statements (and the hypotheses below)
- Outline the research plan and steps to complete (at least) the bold questions, for oCTO approval
- Build resources required for the approved research
- Go!

Project Complete:

- oCTO has an agreed upon plan for navigating between learn/apply and manage on the health hub and Health Apartment
- oCTO has an agreed upon plan for where the Health Apartment will be on [va.gov](#) for auth and unauth content

Proposed Research:

Hypotheses:

- H0: “Manage tasks” should remain part of the health hub. Health hub & health apartment are the same thing.
- H1: We should separate Learn & Apply tasks (health hub) from Manage (apartment) in two separate sections of the site.
- H2: There is a happy path for Veterans between H0 & H1.

Please test the following **Research Questions** for each hypothesis. We ideally would like to do some more tree tests / card sorts here, to get quantitative results in addition to qualitative results.



- RQ2: How well can Veterans navigate between Learn & Apply and Manage in each hypothesis state? (And do Veterans need to navigate between Learn & Apply and Manage? If so, how often? Or are there 2 different audiences for Learn & Apply and Manage?)
- RQ3: Within each hypothesis, how does authentication work?

Additional questions:

1. If “manage” tasks are pulled out from the health hub and placed in their own section of [VA.gov](#):
(Question: Does this scenario assume all “manage” tasks are completely in the APT and completely out of the hub? Part of this research could be exploring how “manage” would be represented within the hub: 1) keep existing “manage” unauth pages and link to APT for auth/tools, or 2) remove existing “manage” landing pages + create a single “manage” landing page, or 3) completely remove all “manage” pages from the hub and rely on cross-links from hub to APT. The answers to b. and c. below depend on the UX for “manage” within the hub: 1) to 3) above. Also, whether, how much, and when Veterans need to navigate back and forth depends on the IA and content strategy.)
 - a. where would a Veteran go to find them?
 - i. Let’s test home page links, “My Health” in the top nav, megamenu, search, links from the health hub, a big search button on the home page? other ideas?
 - b. How would Veterans navigate back and forth between the hub and the apartment?
 - i. Let’s test different placements and links.
 - c. How might we explore the wayfinding between apartment & Hub for different user scenarios?
 - i. **DT note:** We need to make sure that we consider the needs of traditionally underserved Veterans in this who are new to, or unaware of, VA benefits in this research. For example, Veterans who had dishonorable discharges that are now resolved or Veterans with limited English proficiency.
1. How does a Veteran find their way between resources and support, health hub, and health apartment?
 - a. Card sorts
 - b. Tree tests
 - c. Moderated wayfinding
2. How rich of an unauthenticated experience is needed for the health apartment for Veterans who currently use MHV? (Note that for unauth, we are adding many health resources and programs not in MHV.)
 - a. Can Veterans find the apartment if it is part of the health hub or does it need a higher level landing page?
3. How might we improve wayfinding on [VA.gov](#) for Veterans looking to do something other than the top health care tasks? (This may be out of scope)
4. Let’s test different theories of an authenticated IA for [va.gov](#)
 - a. Tree tests
 - b. Test going back and forth between an unauth and auth IA - particularly if the path changes?



