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Two research questions for the future:

- The uniqueness of healthcare. Having it embedded with all their benefits together, or all be separate?
- How do they feel about resources and support? How do they feel about digging through resources and support? It was easily navigable.
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Debrief

- She didn't like people to think about unauthenticated and authenticated. Integrate it into VA.gov, not for the veteran to think about a separate site. That seemed a little weird.
- There are a lot of lane changes that a veteran can have.
- Contradicted what we've heard. Beth (healthcare is different). A veteran doesn't think of it as a separate thing. I do hear that a lot on the veteran's pages. Truism to that. A Veteran thinks about it as everything that has to do with me.
- That's a rare occurrence.
- It bothers me that the site is so complex. If they have TBI, they are 100% using their tools (VA). VA should be simpler.
- I get that they can get there. How do we unscrew what we can. Healthcare is the gateway to the VA. If you are the person who's now blind or deaf. You're going to use that service 100% of the time. We're talking about the people who will 100% use it all the time.
- How overwhelming the experience is. How does the experience take that into consideration?

Notes

- Hi Samara. Thanks for taking the time to join us. We really appreciate you taking the time to chat with us. My name is Thomas, I'm the design lead for team MOVE. Working on the user experience for VA.gov. Particularly as it relates to healthcare benefits. Our current inquiry is to better understand how content supports and guides. Learning about applying and managing their healthcare benefits. WE're conducting a couple of tree tests to better understand that. WE're working with a couple of hypotheses. In any case, we are working to better understand that process. To better understand people's viewpoints, and perspectives. Taking to people across the VA.gov landscape. That brings us to our conversation with you.
- Introductions
 - Nice meeting everyone.
- Tell us a little bit about who you are, and your role at the VA?

- Been with the VA for four and half years. We're the authenticated experience team. Manage the login user dashboard. My VA. People can see a personalized view of their benefits. VA.gov user profile. Dashboard My VA updated the status of your benefits in real-time. Profile is information VA knows about you such as address and content information. Working on a pilot for bringing notifications: alerts, error messages. Working on a pilot for onsite notifications. You have a message to read. We're working on that right now.
- Just circling back to provide you with context. We are essentially in the first step of a research journey. Trying to understand how to effectively structure and label content in the overall information architecture. So that it is discoverable. The content is intuitive in terms of its placement. WE're not addressing the content itself. Inquiry into how best to create an effective IA. Working with a couple of hypotheses. One hypothesis posits that it makes sense to have content related to learning about and applying for benefits and manage in (same place, different place) ... I guess the best place to start. To give us a little sense of what your vision is for the authenticated experience. Nutshell or summary of the vision for the authenticated experience. If you could speak to strategy, plan, and ambitions, for authentication. How that impacts the experience for Va.gov
 - I don't want to say I have a vision for the whole authenticated experience. That's not how I want to think about this. I think what it comes to. I think there's a problem with how we think about it. We think about them as unrelated, but that's a problem. There is a flow of user who is logged out, and they log in. that's all one flow. It may be like your bank account. You go log in. It could be something like you're logged out, and then spend some time before you login in. I could my thoughts about the authenticated for a while. Not sure what would be helpful.
 - Think of flow as a whole. Not as logged out, logged in and they are not at all related. Don't want to think about it like this. Can we not think about it like that?
- That's super helpful. Kind of stuff we're looking to understand. We have the authenticated vs. unauthenticated experience. Parse out, figure out what that means. Can you speak that how that relates to healthcare benefits specifically? Let me back up a little bit. We do realize that changes are underway. Efforts to consolidate things with regards to how users manage their healthcare benefits. Thoughts or comments about things that are happening now? Can you give us some insight into some of your biggest concerns, challenges, and considerations for managing things as they go forward? Specifically how that affects how healthcare benefits are presented.d
 - The problem across the board is when people log in, they just want to see their stuff. Be easily want to see and navigate their stuff. They don't want to see what doesn't apply to them. There are 20m veterans. We can't create 20m experiences to match their needs. The challenge is finding that balance between people being logged in and doing the task that they need to do. Veterans are going through different phases of the veterans' lifecycle. At different points in time, people need different things. I know you're researching health, but I can't talk about it without considering the whole picture.

- In a few years, they sign up for VA healthcare. They are already managing benefits, now I need to learn about healthcare. They can be in the phase of management of their benefits and need to apply for additional benefits.
 - Sometimes feel like I feel like I get a little rambly. I want to make sure my answers to your questions are actually helpful.
- You are correct. Our focus is healthcare. In theory, whatever we find out, will have implications for benefits. The inherent uniqueness in healthcare vs. other benefits.
 - Most unique about healthcare. That's a thing you're managing the most overtime. Assuming you're allowed to take advantage of this. Something like going through the disability claims process. Once an individual claim is closed, that process is over. You may have multiple claims. Really want you need from va.gov is view your disability rating. Payment is posted. Less to manage over time. Healthcare is different. Managing it over time, messaging a doctor, prescription. An ongoing thing you do for the rest of your life. Some of the other benefits, you might need to manage over a certain period of time.
- Do you think that there is a consideration for characteristics of the healthcare experience for veterans that is unique? What about veteran needs is unique?
 - I don't know. I don't want to say something. I think that's a good question for Veterans. Since not every veteran can be in the healthcare system. I think they'll be able to speak to that really well.
- You mentioned banking and private health insurance. Are there any websites or industries or domains that you look at as a model or northstar?
 - No. You're going to hear from our team that banking and healthcare are the closest. There is not another organization like this. The VA does so many things. It does so many things. Your private healthcare provider isn't trying to make sure you're trying to go to college. There isn't anything else like it. We can learn from other industries in some sense. We're a little bit on our own. It's really hard.
- What are some of the challenges or pain points with regards to designing experiences when content lives across auth and unauth experiences? Hurdles to get over? Content that's available to users whether they are logged in or not logged in. We're aware of the fact that there's some content in a Drupal CMS. I guess to try and focus the question, what do you see as challenges with content specifically.
 - I think the big challenge we have not solved as va.gov, as an organization. You guys are really coming up against the fact that we have not had the folks to work on this type of problem. It's an even bigger problem with the apartment work. Hard to know when someone will need content. Hard to know when they want to manage something. Hard to know what a given user is coming to the site to do.
 - Some of it gets to the history of the website. In 2018 when the va.gov redesign was launched wasn't much in terms of logged-in tools. The site was structured to prioritize an unauthenticated experience content first. I think it made total sense. We went from a terrible va.gov to one that is putting veterans first. Coming up against this big challenge of management vs learning. What gets prioritized the most and when. I don't even think you will solve it as part of your work. Get into

the whole structure of the website. Not in your wheelhouse to change.
Extraordinarily hard problem.

- What would be the most valuable thing that you can think of that might be a result of this work? The research we're engaged in now.
 - How do we make the health apartment not feel like a separate website within a website? None of us can personally solve VA as healthcare vs. everything else. How can the 'health apartment' work in a way that doesn't feel like it's really disjointed from a fact that a veteran is a whole veteran? That's my personal interest in this. Make personalization on this website work.
- That makes sense. Do you have any thoughts or comments on the experience with something who has registered with the site, but has yet to enroll or apply to any benefits?
 - When I think of that use case. Servicemembers offboard from their service, getting started with the VA. Not an onboarding experience right now. We haven't worked on that yet. That person is getting a foothold on what can I do with the VA. TAP. Transition class, they have to take. A lot of people know there's a gi bill. They might take advantage of that for education. Probably have a sense of injury in the service. Compensation for that disability qualifies. The person who hasn't done anything. What can I do that I don't know about?
- In your experience, are there certain populations that can lost in the margins? When we're designing or doing research for the site.
 - I don't know if it's going to be helpful. Any category of not your able-bodied white male cishet veteran. Able-bodied, we could talk about what that means in general. I think that something that's hard to research, we can't find participants. People are overwhelmed by the experience and can't get support. There are a lot of white male veterans. A lot of people who don't qualify as that. A diverse population.
- On a sort of related note, can you speak to how caregivers, anyone who's serving as a proxy? Doing the healthcare benefit management task for a veteran.
 - I don't know a lot about that population. I know they are an important part, integral to that. We don't have unique permissions. I think the identity team has been trying to do if that's even possible. I know that they need to be supported as well. Not gotten to a place yet with our digital tools. There might be some sort of other health platforms they can use. I'm not sure. There may be more paths for them. But on va.gov we don't have that right now.
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