

VA



U.S. Department
of Veterans Affairs

St. Louis Research Visit

Discovery Readout

Kristen McConnell

kristen.mcconnell@adhocteam.us

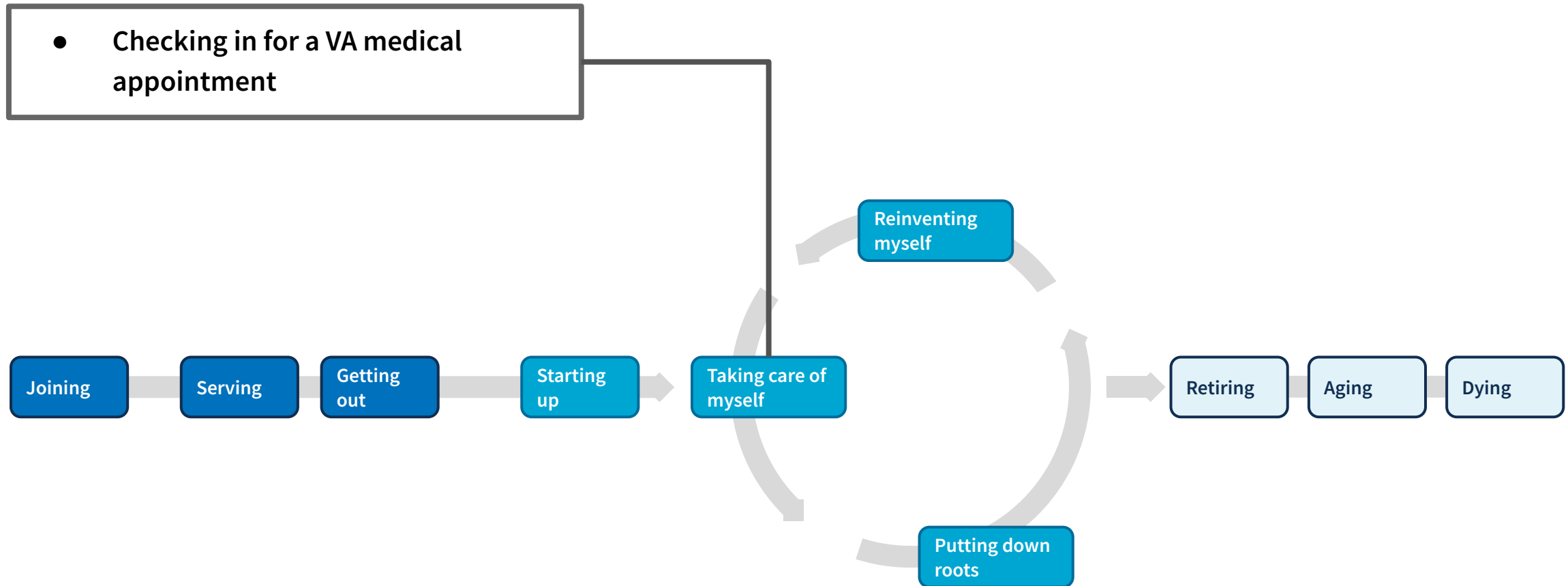
Julie Adair

julie.adair@agile6.com

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How this research maps to the Veteran journey

Check-in: identity verification and multiple appointments usability findings | October 4, 2021



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

VA



U.S. Department
of Veterans Affairs

OCTO-DE goals that this research supports

Check-in: identity verification and multiple appointments usability findings | October 4, 2021

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
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Measures to increase

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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

VA



Background & Methodology

Background

This product is reimagining the ecosystem that allows a Veteran to check-in for a medical appointment. One portion of the ecosystem enables Veterans to utilize their mobile device to check-in (letting the VA know that they have arrived for their appointment) via va.gov. Another portion, called pre-check-in, allows the Veteran to complete a series of tasks, in order to prepare for their appointment, a few days before the appointment.

With this round of research, we were looking to understand the current check-in workflows at the Franklin County VA Clinic in Washington, Missouri, which is the proposed next pilot site for the product. We also wanted to get feedback on pre-check-in, pre-registration, and staff indicators/alerts. Once we arrived onsite, we were invited by the MSA Supervisor to visit St. Charles County VA Clinic in O'Fallon, Missouri.

The complete [conversation guide](#) utilized at both locations as well as the [notes from the visit](#) can be found on VA's GitHub.

Methodology

At **Franklin County VA Clinic**, we conducted interviews with and observed the following staff:

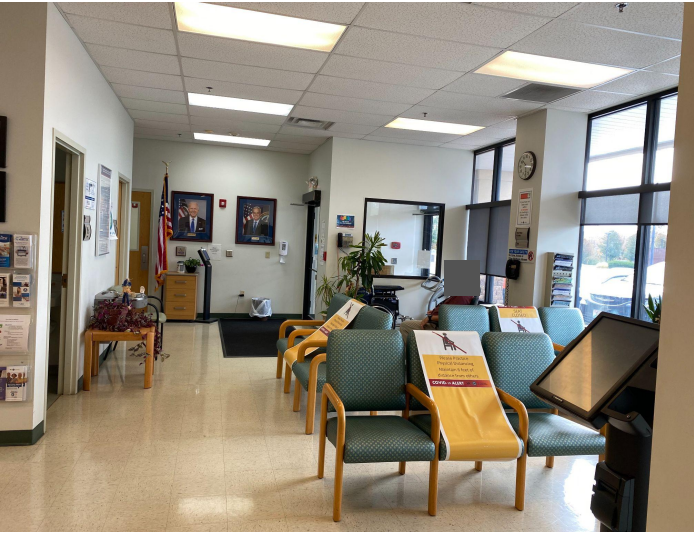
- 3 Medical Support Assistants (MSA)
- 1 MSA Lead
- 1 MSA Supervisor
(same person as St. Charles County)
- 1 Clinic Manager

We also observed a few Veterans checking in on a kiosk as staff assisted them. We did not engage Veterans or ask them questions.

At **St. Charles County VA Clinic**, we conducted interviews with and observed the following staff:

- 3 MSAs
- 1 MSA Lead (very briefly)
- 1 MSA Supervisor
(same person as Franklin County)
- 1 Clinic Manager

About Franklin County VA Clinic



Waiting room with COVID screener



Check-in counter with 2 MSAs



1 kiosk currently in use



Not a lot of wall space

- One waiting room for 3 primary care providers and 9 other specialties, such as physical therapy and labs.
- An hour away from the main St. Louis VAMC, not super close to other VA locations, and in a more rural location.

Background & Methodology

About St. Charles County VA Clinic



Waiting room with 1 kiosk currently in use

- One waiting room for 4 primary care providers and 9 other specialties, such as physical therapy and labs.



Check-in counter with 2 MSAs



Not a lot of wall space

- A larger, younger and more tech-savvy patient population than Franklin with better cell reception and closer to St. Louis.



In building with other businesses

Research Findings

Key Findings

Patient Tracking

1. Franklin utilizes VetLink and Teams messages to notify clinical staff that Veterans have arrived. St. Charles mostly used VetLink for these notifications and sent Teams messages as an extreme back-up.
2. St. Charles utilizes VetLink statuses throughout the entire appointment.
3. MSAs requested visual alerts be added to the new check-in solution. They want the alerts to remain on the screen until they are acknowledged.
4. Clinic managers are interested in understanding how long it takes a Veteran to go through each stage of an appointment.

Pre-registration, Pre-check-in, and Statuses for Staff

5. Franklin and St. Charles MSAs don't update permanent addresses for Veterans. Phone, email, next of kin and emergency contact changes are most often made if the Veteran requests them.
6. MSAs do not have a way to determine a Veteran's preferred phone number.

Key Findings

Pre-registration, Pre-check-in, and Statuses for Staff continued

7. Pre-check-in may occur at the same time as other appointment notifications, such as phone calls from LPNs. Staff commented that Veterans already receive too many appointment notifications, thus they ignore them.
8. All staff found it valuable to know when a Veteran completed pre-check-in, started check-in, and completed check-in via mobile check-in. They also wanted to know if they needed to review demographic or insurance information with the Veteran.

Printing

9. A routing sheet/cover sheet and medication list automatically print when a Veteran checks in. The MSA's workload greatly increases when this printing capability isn't working. The routing sheet serves multiple purposes for both the Veteran and provider.

Key Findings

Pilot Site Location Feedback

10. The MSA Supervisor and Clinic Manager suggested that St. Charles might be a better pilot site due to better cell reception and a younger/more tech-savvy patient population.

Patient Tracking

Research Findings

Franklin utilizes VetLink and Teams messages to notify clinical staff that Veterans have arrived. St. Charles mostly used VetLink for these notifications and sent Teams messages as an extreme back-up.

- Most specialists and LPNs monitor VetLink; clinical staff do not have access to VSE GUI.
 - Some providers still periodically check the waiting room to see if a Veteran arrived.
- When Teams messages were sent, they were sent to a channel with everyone in the clinic.

Research Findings

St. Charles utilizes VetLink statuses throughout the entire appointment.

- The clinical staff will mark that the Veteran is with the nurse or done within VetLink.

Research Findings

MSAs requested visual alerts be added to the new check-in solution. They want the alerts to remain on the screen until they are acknowledged.

- The current Teams messages get lost due to interruptions and multiple messages coming in at once.
- Due to phone calls and other noises, some of the currently existing audible alerts have been missed.
- Due to utilizing multiple applications, overseeing multiple clinics, and dealing with constant interruptions, MSAs want the alert to stay up until it is acknowledged. They worry the alert might be missed otherwise.

Research Findings

Clinic managers are interested in understanding how long it takes a Veteran to go through each stage of an appointment.

- They mentioned the following time intervals to be of interest:
 - time when the Veteran arrives.
 - time when the nurse calls them back.
 - time when the doctor/provider starts to see them.
 - time when the Veteran checks out.

Pre-registration, Pre-check-in, and Statuses for Staff

Research Findings

Franklin and St. Charles MSAs don't update permanent addresses for Veterans. Phone, email, next of kin and emergency contact changes are most often made if the Veteran requests them.

- Since they can only impact permanent address changes for 30 days, they no longer update permanent addresses for Veterans.
 - Veterans are directed to the kiosk or eligibility department to update their permanent address. MSAs will send information to eligibility on behalf of the Veteran if the Veteran prefers.
- Other demographics are most often updated when the Veteran mentions to the MSA that they need an update and not by the MSA asking.
 - Both sites try to direct Veterans to check in via the kiosk, which does make the Veteran review all of this information.

Research Findings

MSAs do not have a way to determine a Veteran's preferred phone number.

- They can view mobile, home, and work phone numbers, but they do not know if the Veteran wants them to call their mobile or home.

Research Findings

Pre-check-in may occur at the same time as other appointment notifications, such as phone calls from LPNs. Staff commented that Veterans already receive too many appointment notifications, thus they ignore them.

- Staff believe some no shows or Veterans coming onsite at incorrect times or days is partially due to ignoring current appointment notifications.
 - Staff mentioned that it might be better to review demographic information every so often and not at every appointment.
- LPNs call about a week prior to an appointment and ask a lot of the same questions that are planned for pre-check-in.
- One clinic manager stated that they would not stop their LPNs from making certain pre-visit phone calls without medication reconciliation and clinical reminders being a part of pre-check-in.

Research Findings

All staff found it valuable to know when a Veteran completed pre-check-in, started check-in, and completed check-in via mobile check-in. They also wanted to know if they needed to review demographic or insurance information with the Veteran.

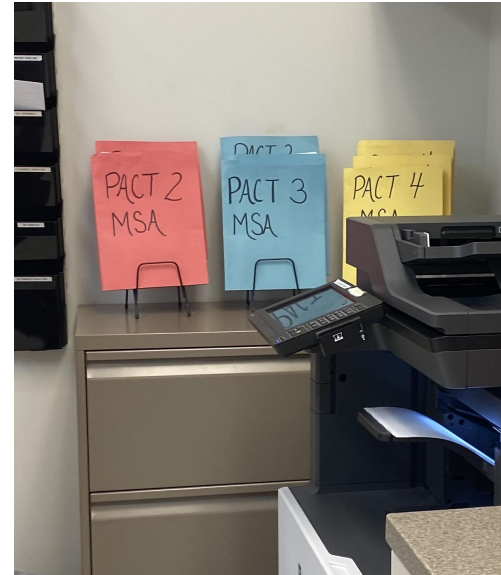
- Pre-check-in started was the only status that some staff thought wouldn't be valuable to them.
- Staff absolutely wanted to know if a Veteran started check-in, but didn't finish. They would have to find and help that Veteran complete check-in.
- MSAs wanted to know when a Veteran successfully checked in, so they could notify clinical staff.
- Knowing if they needed to take action and review demographic or insurance information was important to MSAs.

Printing

Research Findings

A routing/cover sheet and medication list automatically print when a Veteran checks in. The MSA's workload greatly increases when this printing capability isn't working. The routing sheet serves multiple purposes for both the Veteran and provider.

- The routing sheet hasn't been printing at St. Charles for awhile. As a result, MSAs have to manually write out routing sheets for each Veteran.



Name _____ Last 4 SSN _____

Clinic: JC-WASH PHARM MED MGMT Appt Time: 9:00 AM Check-in Time: 8:38 AM

HT: 47.5 P: _____ R: _____ BP: _____ BP(2): _____ Pain: _____ Pulse Ox: _____

WT: _____ BS: _____

Medical Instructions: _____

Before you leave today, we are sending you to see:

Lab	Eligibility	Release of Information	Pharmacy
Radiology	EKG	Prosthetics	Other: _____

Any questions or concerns please call your team at: _____

Women's Health Provider visit (make at in THIS clinic for next available date) _____

Return visit: Office _____ Phone: _____

Audiology (Hearing) JC 53595/JB 66696	Gastroenterology (Gut) 56434	Pain Clinic, SCI/Chiropractor 66411
Cardiology (Heart) JC 56329	Gero Psych 66552	Urology (Bladder) JC 55093
Clinical Nutrition (Food Plan) JC 56420 /JB 63437	Hematology/Oncology (Blood and Cancer) 56308	Pulmonary (Lungs) 55027
Eye Clinic JC 56409 /JB 66590	Hope Recovery Center 55480	Radiology (X Ray) JC 56319 /JB 6666
Dental (Teeth) JC 54512	Mental Health Clinic 56550	Renal (Kidneys) JC 56485
Dermatology (Skin) 56521	MOVE (weight loss) and Smoking JB/JC/CBOC 56503	Rheumatology (Joints) JC 55027
8N-JC 56403- Visit Clinic • Endocrinology (Diabetes/Thyroid/Hormones) • Gastroenterology • Infectious Disease • Leg Ulcer	Neurosurgery (Nerve Surgery) JC 55083 Neurology (Nerves) JC 57914	Podiatry (Feet) Call Center 314-652-4100 ext 57600 JC 55092 JB 66587
ENT (Ear, Nose, Throat) 56341	Orthopedic (Bones) JC 56376	Women's JC 56540
Compensation & Pension 56408	Pharmacy Audio renewal Line (Refill and Renewals) 314-289-7666	Suicide Crisis Line 1-800-273-8255, press 1
Eligibility (Enrollment) JC 54165 /JB 65036	Pharmacy Help Desk 66501	Social Work Service JC 56391
Healthcare for Homeless Veterans 55460		Surgery AM - Outpatient 56477

Images of Franklin's routing sheet and the folders where MSAs place the printouts. The clinical staff pull the paperwork out of the folders when they come to get the Veteran.

Pilot Site Location Feedback

Research Findings

The MSA Supervisor and Clinic Manager suggested that St. Charles might be a better pilot site due to better cell reception and a younger/more tech-savvy patient population.

- St. Charles also has a higher volume of patients.
- However, St. Charles is going to move locations.

Recommendations and Next Steps

Recommendations and Next Steps

Patient Tracking

- Implement visual alerts for MSAs that require acknowledgement, so the messages aren't missed due to complex and busy environments.
- Implement alerting for clinical staff, so they know a Veteran has checked in.
- Explore ways to report on each phase of the appointment for clinic managers and administrators.

Pre-registration, Pre-check-in, and Statuses for Staff

- Create guidelines on the frequency that pre-registration information should be reviewed by Veterans.
- Look into medication reconciliation and clinical reminders within the pre-check-in experience.
- Look further into the rules and protocols around updating permanent addresses.

Recommendations and Next Steps

Pre-registration, Pre-check-in, and Statuses for Staff continued

- Add preferred phone capabilities for Veteran and staff.
- Look into the current landscape of appointment notifications.
 - Look into notification preferences for pre-check-in data and appointment notifications.
- For the short-term, review when pre-check-in links are sent compared to LPN phone calls. Make sure the two methods don't result in duplicate questions being asked to the Veteran.
- Add “pre-check-in complete,” “check-in started,” “check-in complete,” “demographics needs to be reviewed,” and “insurance needs to be reviewed” statuses for MSA. Further evaluate the need for the “pre-check-in started” status.

Recommendations and Next Steps

Printing

- Explore alternative solutions to automatic printing that meet the same needs as current printing.
- Share co-pay information and number of weekly phone calls about lost medications with va.gov and mobile app teams working in those areas.

Pilot Site Location Feedback

- After visiting both locations, we agree that St. Charles might be the better pilot site. However, an alternative solution to printing and staff alerts are needed before either can become a pilot site.