

VA



U.S. Department  
of Veterans Affairs

# Martinsburg Research Visit

Discovery Readout

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# Background & Goals

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# 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](https://va.gov).

With this round of research, we are looking to get feedback on the initial limited release of our MVP with real users checking in and staff. Lastly, we are interested in understanding pre-registration more as well as check-in indicators needed by staff.

# Research questions

- After a Veteran utilizes the new mobile check-in solution, are they called back for their appointment without having to talk to a clerk/Medical Support Assistant (MSA)?
- What is the impact to the staff workflow when Veterans check in on their mobile phones?
- How do Veterans and staff feel about the mobile check-in solution?
- Where within the facility should Veterans utilize VA.gov to check in for their appointment?
- What do MSAs need/want to be notified about related to check in (including pre-registration and insurance capture)?
- What is important to administration about pre-registration and insurance capture?

# Hypotheses to be tested

- The Veterans will successfully check in via their mobile phone, because the clerk and clinical staff will know the Veteran is in the waiting room without needing to speak directly to them. As a result, a nurse or other clinical staff will call the Veteran back for their appointment without first talking to an MSA/clerk.
- Clerks/MSAs should have shorter lines of Veterans waiting to check in, since Veterans will utilize this solution. They shouldn't need to speak directly to the Veterans who check in via their mobile phones, in order for the clinical staff to know the Veteran has arrived for their appointment. The impact to their in-person Veteran check in (Veterans who choose not to utilize the mobile check-in solution) workflow may vary depending upon their current workflows.

# Hypotheses to be tested

- There should be minimal to no impact to clinical staffs' workflow on how they know a Veteran has arrived for their appointment.
- Veteran and staff responses will indicate that the mobile phone check-in solution is useful and does not negatively impact experience or clinical workflow.
- Veteran should utilize VA.gov to check in for their appointment when they reach the clinic check-in area/waiting room.
- MSAs and administration will have clear ideas on what check in indicators would be helpful to them as well as what is important for pre-registration.

# Methodology

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## Methodology

# Method and detailed research questions

We traveled to Martinsburg VAMC and conducted intercept interviews with Veterans before their appointment. We watched the Veterans complete check-in on their mobile phone and asked follow-up questions.



During the same trip, we observed and interviewed a variety of staff members, who have a role in the check-in process.


The complete [conversation guide with all the detailed research questions asked](#) as well as the [raw notes from the visit](#) can be found on VA's GitHub.






# Pre-registration prototype



Staff members were also shown a [prototype](#) to help guide discussions about pre-registration and insurance.

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# Check in at VA

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

Your last name

Last 4 digits of your Social Security number

[Continue](#)


## Need help?


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Ask a staff member.

- [Contact Us](#)
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# Do you need to update your insurance or emergency contact information?

Yes



No

## Need help?

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Ask a staff member.

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## Methodology

# Who we spoke with

**8 Veterans and 2 caregivers**  
checking in to the pain clinic

## 5 Staff

- Pain Clinic MSA
- Physical Medicine (OT, PT, Chiropractic) MSA
- MSA Supervisor/Business Manager
- MSA Trainer
- Administrator



# Research Findings

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# Key Findings

## **Pilot Feedback and Observations - Staff**

1. Staff's overall impression of the pilot was overwhelmingly positive.
2. The pilot has minimal impact to the MSA's workflow.
3. The MSA still talked to most Veterans who came through the door.
4. If a Veteran has multiple appointments on a particular day within one clinic, there is interest in checking them in for all of those appointments at once.

## **Pilot Feedback and Observations - Veterans**

5. Feedback from the Veterans and caregivers, who attempted mobile check-in, was positive.
6. 2 out of 5 needed assistance texting or scanning the QR code.
7. All participants started to put their phone in their pockets or paused after texting "check-in," because the SMS link took a while to return.

# Key Findings

## **Pre-registration**

8. It is important to have up-to-date pre-registration information for the following reasons: sending medications to the correct location, “patient safety,” accurate beneficiary travel calculations, wellness checks, and knowing who the primary next of kin is.
9. Pre-registration is mostly thought of as the review of address, phone, email, emergency contact, and next of kin information.
10. Tracking and reporting on pre-registration changes is very important to administrators and could be improved.

## **Things MSAs want/need to be notified about check-in (Staff indicators)**

11. MSAs want indicators about things that they need to take action on.
12. MSAs are interested in alerts, since the actions they must take are time sensitive.

# Pilot Feedback and Observations

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Staff

## Research Findings

Staff's overall impression of the pilot was overwhelmingly positive.

*"It's going well."* -

MSA

*"Staff love it.*

*Love that it is a system that the MSAs already use."*

- Administration

*"Couple of patients didn't bother with it. Some don't have smartphones."*

- MSA

## Research Findings

# The pilot had minimal impact to the MSA's workflow.

- “It is still close to previous workflow.”
  - Already used VSE GUI.
  - Still logs into VistA to timestamp that contact information is up-to-date.
  - Uses ICB to update insurance.
  - Communication with clinicians hasn't changed; they still utilize Teams.
- MSA finds this to be “fun.”
- Net Promoter Score: 100\*



## Research Findings

# The MSA still talked to most Veterans who came through the door.

- Reasons for this interaction:
  - to promote the Veteran's participation in the pilot.
  - to complete pre-registration.
    - No Veterans required an insurance review on this day.
  - the physical space is very small and there isn't a lot of traffic in this clinic.



## Research Findings

If a Veteran has multiple appointments on a particular day within one clinic, there is interest in checking them in for all of those appointments at once.

- This idea came from the MSA participants.
- When a Veteran checks in in-person, MSAs currently check them in for all appointments within the clinic.
- Two examples given were:
  - Nurse triage appointments, which occur immediately before the actual appointment with the provider.
  - Within the physical medicine clinic, patients can have physical therapy, occupational therapy, and/or chiropractic appointment back-to-back.

# Pilot Feedback and Observations

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Veterans

## Research Findings

Feedback from the Veterans and caregivers, who attempted mobile check-in, was positive.

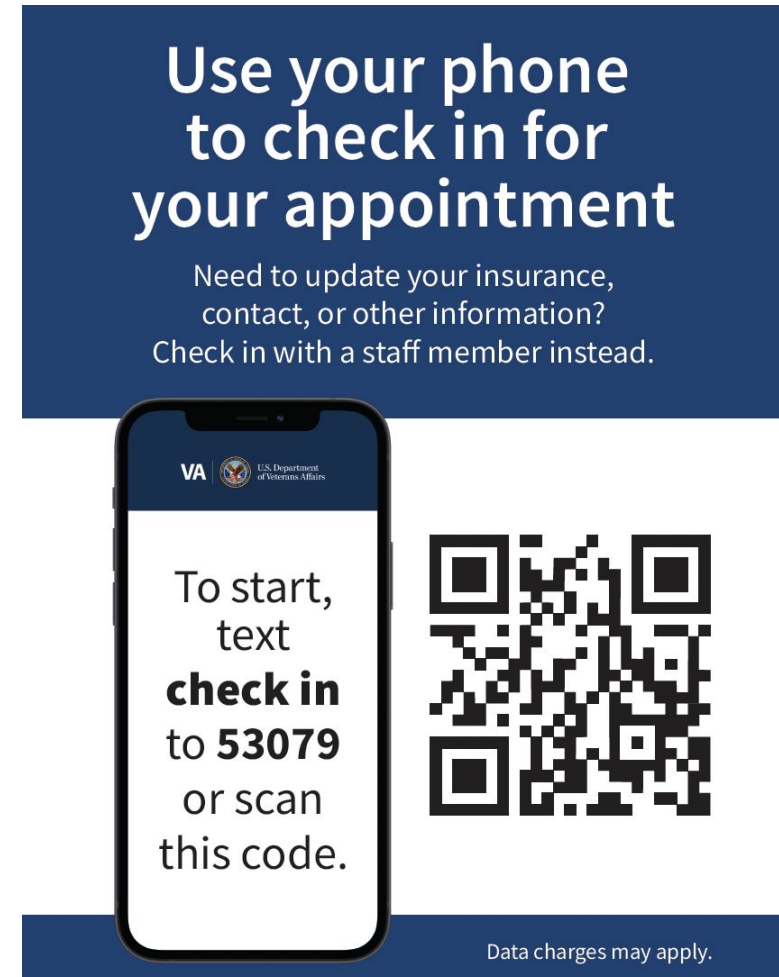
*“That is easier than waiting in line...not having to touch a kiosk is a good thing.”* - Caregiver

- 5 out of 8 attempted mobile check-in.
  - 3 Veterans didn't have smartphones.
  - Of those who attempted mobile check-in, 4 out of 5 were “successful.”
- NPS: 100 (2 Veterans gave it a 10).

## Research Findings

# 2 out of 5 needed assistance texting or scanning the QR code.

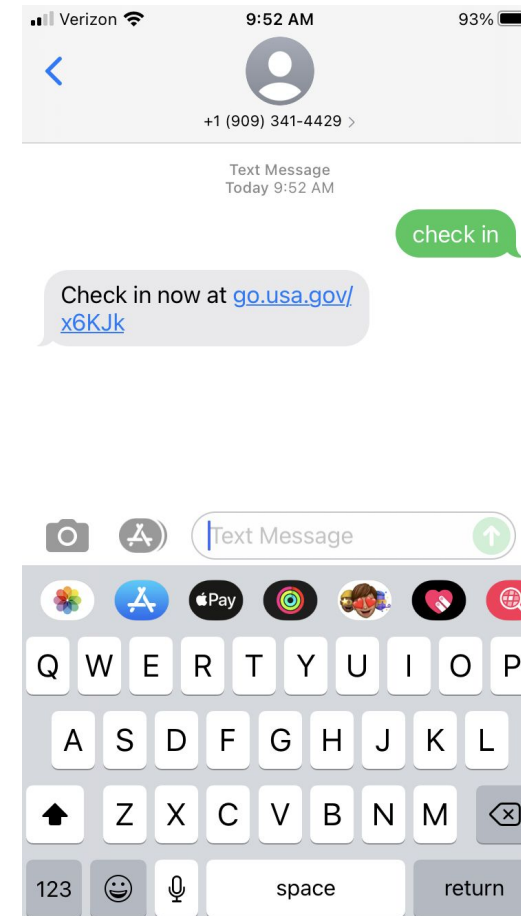
- 1 Veteran needed guidance/instructions on how to send a text message.
- 1 Veteran successfully brought up their iPhone camera and scanned the QR code. However, they misclicked the link to create the text message and became confused on what to do next.
- This supports additional findings from the [Phase 2 usability study](#).



## Research Findings

All participants started to put their phone in their pockets or paused after texting “check in,” because the SMS link took a while to return.

- MSA noticed this similar trend on other days as well.
- There was a lot of verbal instructions to notify Veterans/caregivers that a link would appear.



# Pre-registration

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## Research Findings

It is important to have up-to-date pre-registration information for the following reasons:

- Sending medications to the correct location
- “Patient safety”
- Accurate beneficiary travel calculations
- Wellness checks
  - If needed, responders are deployed to the correct address.
- Knowing who the primary next of kin is.



## Research Findings

Pre-registration is mostly thought of as the review of address, phone, email, emergency contact and next of kin information.

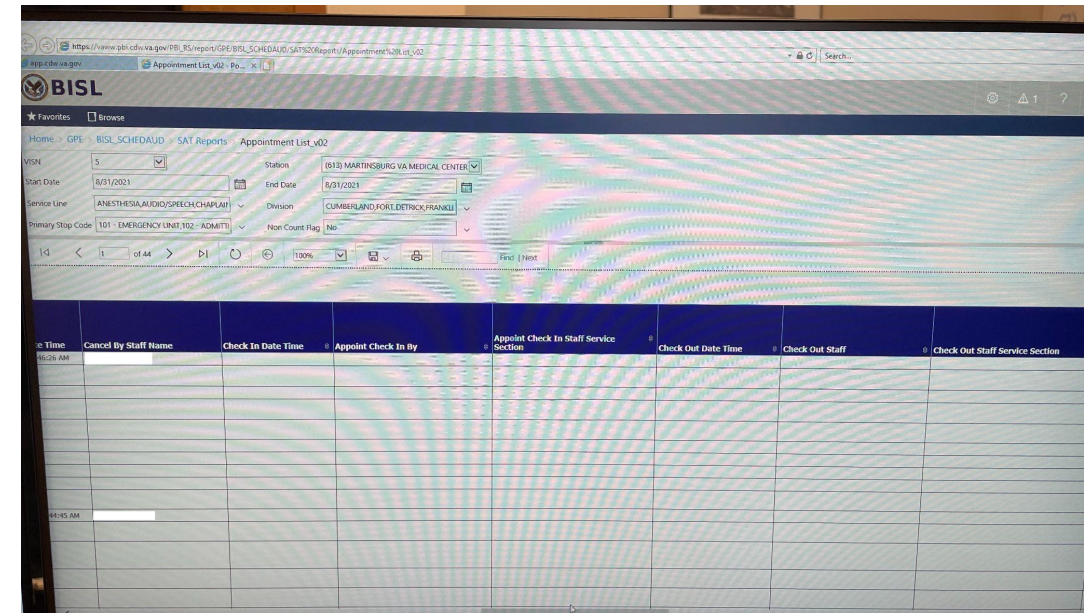
- Insurance review is thought of as a related, but somewhat separate review.
- When asked to prioritize the addition of pre-registration versus insurance in the mobile check-in product, all administrators and supervisors picked pre-registration.
  - When reviewing the pre-registration prototype, all staff agreed the information being reviewed was the most important (even with emergency contact and next of kin not being reviewed).

The screenshot shows a mobile interface for the U.S. Department of Veterans Affairs. At the top, there is a header with the VA logo and the text "U.S. Department of Veterans Affairs". Below the header is a navigation bar with "Search", "Contact Us", and "Sign In" options. The main content area is titled "Is your contact information correct?". It lists several fields: "Mailing address" (1221 Douglas Way, Douglas, MA 00000), "Home address" (15431 Boston Road Apt 1C, Boston, MA 00000), "Home phone" (555-555-5555), "Mobile phone" (555-555-5555), "Work phone" (555-555-5555), and "Email address" (email@email.com). At the bottom, there is a "Yes" button.

## Research Findings

Tracking and reporting on pre-registration changes is very important to administrators and could be improved.

- Trainers at Martinsburg currently instruct MSAs to only update demographic information in VistA, since it is the only place that date/time stamps pre-registration and lists who did the update.
- Administrators are interested in tracking
  - if pre-registration has been updated or not
  - who completed the updates
- Pre-reg report in BISL (Business Intelligence Service Line) is rarely populated with data, but has fields that administrators are interested in.



The screenshot displays the BISL web application interface. The top navigation bar includes 'Home', 'GPE', 'BISL\_SCHDAUD', and 'SAT Reports'. The main content area shows a report titled 'Appointment List\_v02'. The report includes a header with various filters and a table with columns for appointment details.

Start Time	Cancel By Staff Name	Check In Date Time	Appoint Check In By	Appoint Check In Staff Service Section	Check Out Date Time	Check Out Staff	Check Out Staff Service Section
8:00 AM							
8:15 AM							

Things MSAs want/need to be notified  
about check-in (Staff indicators)

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# MSAs want indicators about things that they need to take action on.

- MSAs were interested in knowing:
  - if a Veteran started check-in, but didn't complete it.
    - This meant there was a Veteran that they needed to find, in order to finish check-in.
  - if a Veteran successfully completed check-in, because they would need to notify the clinical staff (unless the mobile check-in system eventually handles this handoff).
  - if a Veteran needed to update their contact information or insurance.
    - There was interest in a long-term combined demographic and insurance indicator.

## Research Findings

# MSAs are interested in alerts, since the actions they must take are time sensitive.

- Due to the following reasons, MSAs want to be notified if a Veteran checks in:
  - MSA can have up to 6-7 software applications open at any given time, so they aren't always monitoring VSE-GUI.
  - VSE GUI currently has only patient-centric views, so the MSA doesn't have a view of what is happening across the clinic.
  - Some MSAs oversee check-ins for more than one clinic.
- When asked if a clinic view would solve this problem, the MSA said it would be helpful, but an alert that pops-up would be more helpful.
  - Particularly when overseeing more than one clinic.

# Clinic exploration for expansion

## Suggestions from MSAs and Administrators

Departments with good reception are in the front of the building

- Dental
- Urology
- Podiatry
- Cardiology

Additional suggestions from administration

- Transfer care management
  - Veterans who recently transition from active duty
  - Younger demographic
  - Area has good reception
- Primary care #1 and #2
  - Good reception
- Medical

# Recommendations and Next Steps



# Recommendations and Next Steps

## **Short-term changes to pilot**

- Explore ways to notify Veterans that they aren't done checking in after texting "check in." Let them know that a link will appear.
- Think about ways to better guide Veterans through texting and scanning QR codes.

## **Pre-registration suggestions**

- Implement pre-registration solution to support staff workflows.
- Prioritization of pre-registration and insurance components
  - Address, phone and email
  - Emergency contact and next of kin
  - Insurance

# Recommendations and Next Steps

## **Pre-registration suggestions (continued)**

- Look into the need to incorporate temporary address and advance directive reviews in the future.
- Look into how beneficiary travel regulations on address discrepancies might apply to the check-in product.
- Talk about administrators more to understand the best solutions for pre-registration reporting.

## **Things MSAs want/need to be notified about check-in (Staff indicators)**

- Work with the VSE-GUI team to transfer the knowledge gained about staff indicators.