- When it comes to the current pain points and the problem we're trying to solve? Are these mainly Veteran facing problems?

  - We're really thinking about it from the veteran perspective. Whether they are learning about and managing healthcare. Aspects of manage that point back to learning. If you're getting healthcare, you might not be sure what the benefits are. Things like that, for example. Thinking in a veteran facing way.
  - For problem statement number 1, we share the deck that goes into the content criteria and that work. That work is something that Mikki and I have been diving into. We know from research from Veterans, there is a sense of being overwhelmed. MVP nature of the navigation that we need to keep iterating on. From a learn/apply side of things, that's a piece that we're working on. Some of the pain points that we're trying to solve for there. I think that blue card starts to speak to that. Overwhelming nature of the information. The desire to make it easier for the veteran or family member. What are my benefits? How do I get access to them?
  - We have multiple goals and pressures on the team that is working on this. We are trying to iterate in a way. What do we feel comfortable moving and testing and monitoring on live production? There's a page on health benefits, we feel we can lighten the cognitive benefit on that page. When we get into the larger IA changes, we'd want to be doing testing first. So that we're not introducing too much risk. We are using that placement criteria in our pilot effort with community care. Working with that team to migrate that legacy content. Not add even more content to the health hub. Create more targeted smaller bite sizes pieces of conete. Some of it will need testing. Some of it is in active stages of being implemented. I'm more than happy to get deeper into that with you (Danielle Thierry speaking)
  - DT: Is that we purposely didn't touch the manage section in that discovery effort. We knew the apartment was working on that piece.

- We could easily get if applying online. We have contacts in the member office. (Percentage of veterans applying in person vs. online).
- I've dealt mostly with manage folks. It's all those big four tasks.
- Is one of the pain points, accessing learning information for users who are already deep into the manage task? Is it a discoverability and access task about that learning information?

  - VA has many different support systems. IRIS. Inquiry Routing something. Went across benefits. Million FAQs. That tool was deprecated several months ago. Using that in our resources and support section. How can we serve that up vs. unauth, auth. Consistent and accurate. Content sets out ok, and then people forget about it. That is part of that larger effort to serving up some content maybe need to be set up. Maybe a specific FAQ and how-to. That would be a question. What are some of those things that are coming up that need to be addressed in both areas?

- What part of content that relates to both learn and manage is co-pay rates?
- Helpful to start learning about more pieces?
- Eligibility criteria, break that into tiny little package? That would be good research.
- In person vs. online.

  - Might be helpful to know. travel pay. I pulled data on that for our travel partners recently. The tool itself for travel pay isn't great experience. Because tool isn't helpful, majority of people were choosing the PDF to download. If the online experience is bad, people aren't even bothering necessarily to go there. We were seeing that there was a much greater click-through rate.

- What's the difference between patientportal.myhealth.va.gov and MyHealtheVet? How does eBenefits fit into this?

  - There used to be many many places. Slowly but surely, bringing them all together. eBenefits is pretty far along in bringing those tools into [va.gov](va.gov). Health apartment is a part of that effort. Bringing those tasks fully into that experience. The travel pay is off in another portal. There is a lot of fragmentation in general. The first kind of effort is [VA.gov](VA.gov). That's what you see in the benefit hub. 2018. Bringing the front door of [va.gov](va.gov) to be veteran centric. Vets.gov got shut down and migrated into veterans.gov. The bringing it all together we are in one phase of this. The apartment is a piece of that work.

- eBeneftis is mostly migrated to [VA.gov](VA.gov), but *many* Veterans still use the eBenefits homepage as their VA homepage for wayfinding to [VA.gov](VA.gov) and myHealtheVet.
- I noticed you have a couple of my flows in there. That mural is my brain dumping area. You have one label that's current user flow. Understand the impact of the two things that are going on. What you see, might be completely different in a week? What to have some stuff in there to visualize?
- One thing that'll be really helpful is to continue and collaborate. Resources and support pilot. Migration, content writer experience. If you have questions, just reach out any time.
- Considerations around MyHealtheVet vs. MyVA. Having those tool live side by side?

  - That's a good question. The brand equity is huge. Generative research from 2021. They trust is very strongly. MyVA is not a brand. It's what we're calling that space from [VA.gov](VA.gov). That is the plan. We're not there yet.

- MyHealtheVet - 5M users.
- Difference in Meg and Danielle role

  - Danielle is on the site-wide crew. Content strategy work, focuses on certain hubs, most notably the healthcare hub. Generally tries to improve content.

- Meg Health Apartment team design lead. Content strategy. Information architecture.