Non-Clinical Services Research Findings

January 5th, 2022



Agenda

1 Research goals

2 Research findings

Recommendations & next steps

4 Appendix



Research Goals



Goals

To align benefits and services across VAMC pages, we need to determine how Veterans expect services to be categorized. This study gathered feedback on existing services, existing categories, and for potential new actions identified in facility site audits.



Research: categories

Existing categories

- Primary care
- Mental health care
- Specialty care
- Social programs and services
- Prepare for your visit

Proposed category

Administrative

New categories

 Participants created new categories, or did not, as appropriate.

Primary care

| Emergency care Emergency room | + |
|---|---|
| Geriatrics Older adult care, senior care | + |
| Gynecology Reproductive and maternal health, women's health | + |
| Pharmacy Prescriptions, Rx, medications, pharmacist consultation | + |
| Primary care Family and internal medicine | + |

Mental health care

| Addiction and substance abuse care Drug and alcohol treatment and rehabilitation | + |
|--|---|
| Mental health care Behavioral health | + |
| Military sexual trauma care | + |



Research: services

(The complete list of services can be found in the appendix section.)

Existing services included

- Women Veteran care
- Travel reimbursement
- Social work
- Registry exams
- My HealtheVet Coordinator

Existing Vet Center services

- Workshops and classes
- Veteran connections
- Grief and bereavement counseling

Proposed services included

- Chaplain service
- Applying for health care
- Library services
- Medical records
- Billing and insurance



Questions & Hypotheses

Questions

- Do the existing categories accurately reflect Veteran expectations?
- 2. Will Veterans create additional categories for existing services?
- 3. Will Veterans create additional categories for new services?
- 4. Are there services that are confusing?
- 5. Do existing category names cause confusion?

Hypotheses

- Veterans will associate most services with existing category headings.
- 2. Veterans will create new categories for some of the existing services.
- Veterans will create new categories for some of the new services.
- 4. Some of the existing, and new, services will cause confusion, and may require plainer language.



Research Findings



Key findings: 1-2/6

- 1. Most participants found the pre-determined categories adequate.
 - 8 of 14 participants sorted all services into the pre-determined categories

"I think the categories are pretty good you know...[they] are self-explanatory and represent a good group of where I would look for information for specific things." [P3]

- 2. All participants utilized the new "Administrative" category.
 - 14 of 14 participants added services to the "Administrative" category.

"It is registration paperwork, so it belongs in administrative...The distinction is that the admin group is paperwork." [P2]

Key findings: 3-4/6

- 3. Some participants suggested new categories for existing services.
 - **6 of 14 participants** chose to add existing services to new categories
 - New categories for existing services:
 - Onboarding
 - Incoming Veterans
 - Transition
 - Post-service
- 4. Almost no participants suggested new categories for new actions.
 - 1 of 14 participants chose to add new actions to two new categories
 - New categories for new actions:
 - Substance abuse
 - Post-service



Key findings: 5 / 6

- 5. There were services that needed plainer description, and/or additional explanation.
 - **13 of 14 participants** had questions about services
 - Services requiring more than one explanation:
 - Registry exams
 - Veteran connections
 - Returning service member care
 - Whole health
 - Library services
 - Advice nurse
 - My HealtheVet Coordinator
 - Privacy office



Key findings: 6 / 6

- 6. How service categorization was distributed across participants:
 - Per-service breakdown of categories based on confidence level (see appendix)
 - High confidence
 - Medium confidence
 - Unsure / need more information
 - The "Administrative" category had the most consistent alignment across participants
 - The most popular categories:
 - Administrative
 - Social programs and services
 - Specialty care
 - The least popular categories:
 - Prepare for your visit
 - Mental health care



Recommendations



Recommendations – 1/3



Add the "Administrative" category to system-level and facility-level pages

• Every participant utilized the "Administrative" category, making it one of the most popular categories for new and existing services. The general sentiment was that some services seemed obviously administrative because they involved registration, paperwork, and requiring employee help for same.



Recommendations – 2/3

2

Adding relevant patient-friendly name to services requiring explanation

Similar services required explanation across participants, so utilizing the service
patient-friendly name design pattern for new and existing services where
appropriate, should help Veterans more quickly understand why a service
belongs in a particular category.



Recommendations – 3/3

3

Consider creating a category heading that calls out returning Veterans

 Of the new categories that were created, the majority were related to leaving active duty service, and returning to civilian life and/or entering the VA health care system. Even though the sample size for this study was relatively small, since multiple participants pointed out the utility this category would have for them, it makes me believe that it is worth considering exploring this additional to facility pages.



Feedback and next steps

Recommendations

- 1. Add the "Administrative" category to facility pages
- 2. Adding relevant patient-friendly language to service accordions if not present
- 3. Consider a new category heading that calls out returning Veterans

Next steps notes

- Change management plan
- Communications plan
- A way to batch requests
- List of services with plain language and without



Appendix



Our participants

- 14 total participants
- Gender
 - Male: 10
 - Female: 4
- Race
 - Black: 2
 - White: 11
 - Native, Black or African American: 1
- Location
 - Urban: 7
 - Rural: 5

• Age

- 25 34: 1
- 34 64: 5
- 65+: 4
- Unknown: 4
- Education
 - High school: 1
 - Some college: 3
 - BA: 4
 - MA: 4
 - Unknown: 2



Service categorization - High confidence

Chart Key





Moving X

* "split" refers to services being divided into different categories, with low/no alignment across participants

| Services | Confidence level | New or existing | Current category | Proposed category |
|--|---|-----------------|---|------------------------------|
| Advice nurse | High - 10/14 in Primary care, 4/10 in Prepare for your visit | Existing | Primary care | Primary care |
| Billing and insurance | High - 14/14 in Administrative | New | N/A | Administrative |
| Chaplain service | High - 10/14 in Social programs and services, split across other categories | New | N/A | Social programs and services |
| Employment verification | High - 12/14 in Adminstrative | New | N/A | Adminstrative |
| Freedom of Information Act requests | High - 13/14 in Administrative | New | N/A | Administrative |
| Medical records | High - 12/14 in Adminstrative | New | N/A | Adminstrative |
| Patient advocates | High - 10/14 in Administrative, split * across other categories | Existing | Social programs and services | Administrative |
| Privacy office | High - 14/14 in Administrative | New | N/A | Administrative |
| Radiology | High - 10/14 in Specialty care, 4/10 in Primary care | Existing | Specialty care | Specialty care |
| Travel reimbursement | High - 12/14 in Adminstrative | Existing | Other services | Adminstrative |
| Veteran connections | High - 11/14 in Social programs and services | Existing | Referral services (Vet centers only) | Social programs and services |
| Wheelchair and mobility | High - 12/14 in Specialty care | Existing | Specialty care | Specialty care |
| Workshops and classes | High - 10/14 in Social programs and services | Existing | (Vet centers only) | Social programs and services |

Service categorization - Medium confidence

| Services | Confidence level | New or existing | Current category | Proposed category |
|---|---|-----------------|--|------------------------------|
| Addiction and substance abuse care | Medium - 8/14 in Specialty care, split across other categories | Existing | Mental health care | Specialty care |
| Applying for health care | Medium - 8/14 in Administrative, 5/14 in Prepare for your visit | New | N/A | Administrative |
| Caregiver support | Medium - 9/14 in Social programs and services, split across a few categories | Existing | Social programs and services | Social programs and services |
| Grief and bereavement counseling | Medium - 9/14 in Mental health care, split across Social programs and services and Specialty care | Existing | Counseling services (Vet centers only) | Mental health care |
| Military sexual trauma care | Medium - 8/14 in Mental health care, split across a few other categories | Existing | Mental health care | Mental health care |
| MOVE! weight management | Medium - 8/14 in Specialty care, 4/14 in Social programs and services, other categories | Existing | Specialty care | Specialty care |
| Nutrition, food, and dietary care | Medium - 9/14 in Specialty care, split across Primary care and Social programs and services | Existing | Specialty care | Specialty care |
| Social work | Medium - 9/14 in Social programs and services, 5/14 in Mental health care | Existing | Social programs and services | Social programs and services |
| Vocational rehabilitation and employment programs | Medium - 9/14 in Social programs and services | Existing | Other services | Social programs and services |
| Whole health | Medium - 8/14 in Primary care, split acros serval categories | Existing | Other services | Primary care |
| Women Veteran care * | Medium - 8/14 in Primary care, split acros serval categories | Existing | Social programs and services | Primary care |

* 3 / 4 female participants put Women Veteran care in the Primary care category. The 4th put it in Specialty care.

Service categorization – Low confidence / unsure

| Services | Confidence level | New or existing | Current category | Proposed category |
|--------------------------------------|---|-----------------|------------------------------|----------------------------|
| LGBTQ+ Veteran care | Unsure / need more info - split several categories | Existing | Social programs and services | Unsure / need more info |
| Library services | Unsure / need more info - split between Social programs and services, and Administrative | New | N/A | Unsure / need more info |
| Make an appointment | Low - 8/14 in Prepare for your visit, 5/15 in Primary care, 1/14 in Administrative | New | N/A | Prepare for your visit |
| Minority Veteran care | Unsure / need more info - 7/10 in Primary care, split across a few other categories | Existing | Social programs and services | Unsure / need more info |
| My HealtheVet coordinator | Low - 7/14 in Administrative, split across other categories | Existing | Other services | Administrative |
| Recreation and creative arts therapy | Unsure / need more info - split across Mental health care, Social programs and services, and Specialty care | Existing | Social programs and services | Unsure / need more info |
| Registry exams | Unsure / need more info - split across several categories | Existing | Social programs and services | Unsure / need more info |
| Returning service member care | Unsure / need more info - split across several categories | Existing | Social programs and services | Unsure / need more info |
| Smoking and tobacco cessation | Unsure / need more info - 6/14 in Social programs and services, 5/14 in Specialty care, split across other categories | Existing | Specialty care | Unsure / need more info |
| | | | | |