

Supplemental Claims MVP Research

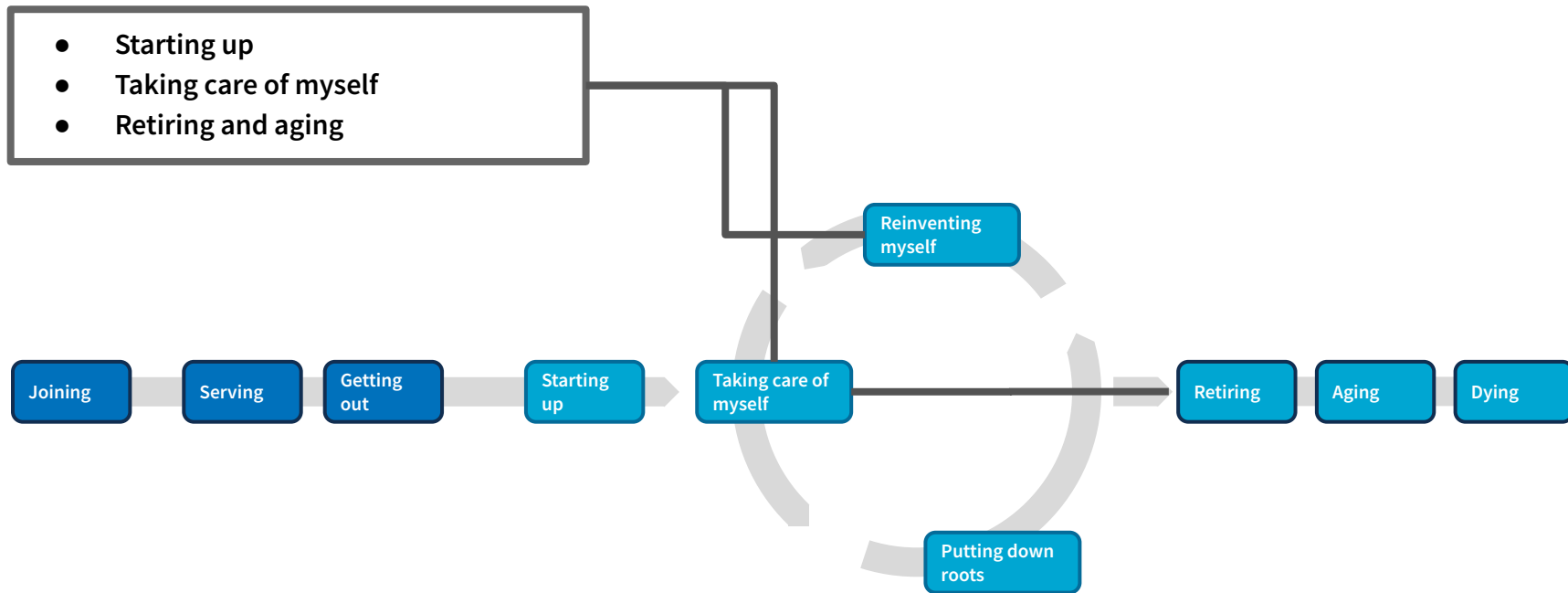
Mobile Prototype Usability study 9/22-29, 2022



U.S. Department
of Veterans Affairs

How this research maps to the Veteran journey

Supplemental Claims MVP | 09/22/2022



For a fully detailed Veteran journey, go to

<https://github.com/departement-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



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OCTO-DE goals that this research supports

Title of the research | mm dd, yyyy

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

Measures to increase

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

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Participant Demographics

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Findings may not include the perspectives of the following underserved Veteran groups:

- Live in rural areas or abroad
- Use assistive technologies

We tested a prototype, which doesn't support testing for assistive technology, but will plan to do that when we have an instance in staging.

Future research should focus on AT, especially magnification/zoom, desktop and mobile screen readers, as well as Veterans who experience arthritis or other dexterity issues.

[Participant Tracker on Google Sheets](#)

Supplemental Claims MVP

final # of participants		9	9 # of AT users								0	# of no shows													4				
Category	%	Target	Study	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24		
Veterans		Based on current VA statistics																											
Age 55-64+	50.00%	5	6	1	1	1	0	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0		
Cognitive Disability	50.00%	5	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Mobile user	50.00%	5	4	0	0	0	1	1	0	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0		
Rural	25.00%	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
No degree [1]	25.00%	3	2	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Other than honorable	21.00%	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Immigrant origin	17.00%	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Women	10.00%	1	5	0	0	1	1	0	0	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
Expat (living abroad)	0.40%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Race		Based on VA's projected statistics																											
Black	15.00%	2	3	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Hispanic	12.00%	2	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Biracial	3.90%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Asian	3.00%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Native	0.30%	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
LGBTQ+		LGBTQ+ Veterans are 5 times as likely to have PTSD																											
Gay, lesbian, or bisexual	--%	1	4	0	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
Transgender	--%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Nonbinary, gender fluid, gender	--%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Assistive Tech (AT)		Ask an a11y specialist to help you complete this. Targets are for a general AT study.																											
Beginner AT User	50.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Experienced AT User	50.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Desktop Screen Reader (SR)	20.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Mobile Screen Reader (SR)	20.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Magnification/Zoom	20.00%	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Speech Input Tech (Siri, Dragon)	20.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Hearing Aids	20.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Sighted Keyboard	10.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Captions	--%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Switch Device	--%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Braille Reader	--%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		



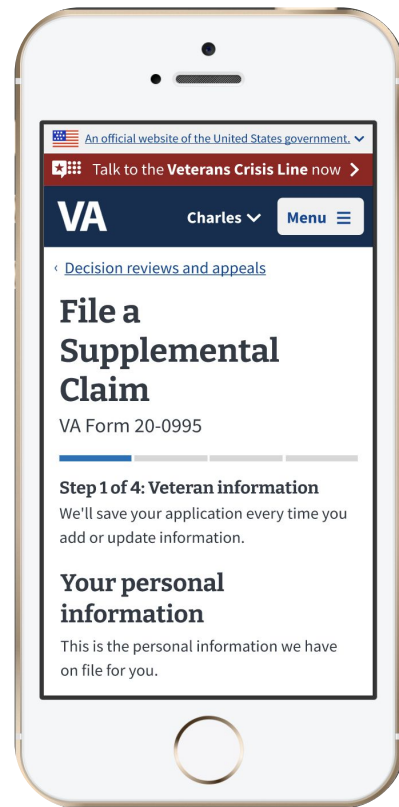
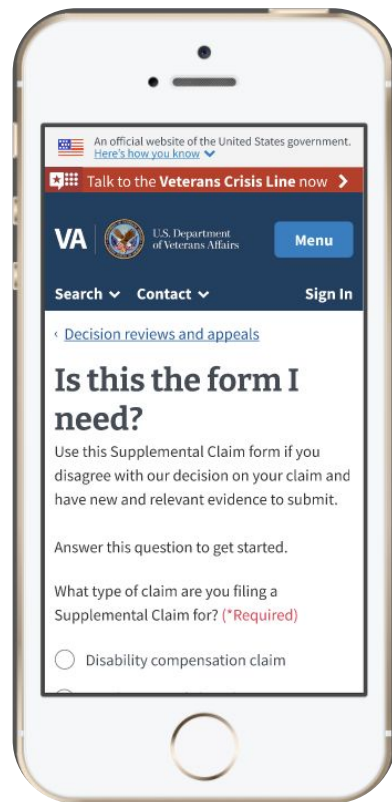
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Supplemental Claims MVP Usability

Usability with prototype | 09, 22-29, 2022

We tested a mobile prototype of the end to end MVP experience of filing a Supplemental Claim, which is an appeal when an initial claim for disability compensation has been denied.

[Prototype link](#)



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Key findings

Supplemental Claims MVP Usability with prototype | 09, 22-29, 2022

1. Representing form progress as “steps” confused some users. Users expect the progress bar to be true to the number of steps they have taken. They lose their way when the steps do not reflect the number of decisions they have made.
2. Several users initially struggled to find their place on a mobile screen.
3. Most participants did not know or were unsure of exact dates of treatment and were nervous about entering a specific day.
4. Some participants got lost in the evidence flow and weren’t confident that they entered the correct evidence for their issues.
5. Some participants missed that their application autosaves and they can return to finish it later.
6. Multiple primary actions confused some Veterans.
7. 9 out of 9 users did not know how to resize a PDF, which is one of the reasons an upload is rejected in some decision reviews.



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Secondary findings

Supplemental Claims MVP Usability with prototype | 09, 22-29, 2022

1. The one question per page experiment to replace the deprecated wizard pattern was successful.
2. The one thing per page experiment to replace the list and loop was successful, but we need to iterate the order to identify the issue as the organizing principle.
3. Veterans expect their entries to match to a VA database. Several participants mentioned their expectation of the form to match what they typed in for conditions to match to an eligible condition. They also mentioned this expectation when typing in VA medical centers.

Findings unrelated to digital experience

Supplemental Claims MVP Usability with prototype | 09, 22-29, 2022

1. Almost all participants learned of their benefit eligibility by word of mouth. Some went 20 years paying for their benefits out of pocket before they were tipped off by a friend.
2. 5 out of 9 participants cited using VA.gov health appointments and medical needs. A few had filed claims on VA.gov but it was implied they were helped by a VSO. Most knew to check their claim status on VA.gov. Some Veterans worry that their claim and files will get lost.
3. There is a general distrust and fear around filing a disability appeal—most participants experienced and expected to be denied, and for their claim to be reviewed unfairly or not thoroughly.

Recommendations

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1. Consider changing the label to sections instead of steps to support a mental model of sections, with each section having steps to complete it.
2. Shorten or do not display the form title as the primary h1 header. Work towards a design that frames the key question or page context in the h1 spot which supports context for screen readers and presents the users with one clear action per page.
3. Employ auto-suggest matching patterns to issue entries and VA medical facilities.
4. Add hint text that lets users know they can estimate the dates of their treatment.
5. Iterate the evidence flow to closely tie evidence to each issue. Display issues within the record location entry to clearly associate each record with the issue it is meant to support.
6. Consider displaying a dismissable success (progress saved) alert on page load and remove the subtitle to create progress awareness. Add language that helps a user know where to find their saved progress (MyVA).
7. Consider one clear action per page for the issues to review.
8. Prioritize a technology solution to resize PDF page dimensions.

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