

What Shashank heard: Meg

- Meg: Managing your healthcare online. Not know whether is this a distinct hub or apartment right now. How that experience is going to flush out.
- Meg: If you just think about the concept of learning. You might be learning up about what you get with VA healthcare. After you get it you might be learning what kind of vision dental you get based on priority groups (based on disability rating). Looking up your healthcare policy. And co-pay rates. If VA charged you the right amount. Based again on your priority group. Look up and see if it's correct. YOU might have looked up copay rates ahead of time.
- As new health needs arise, you have to learn how to manage those new issues. Lets say you had a child, or got married. You want to figure out what kind of benefits you want to get for your family.
- I was also thinking about Veterans, who are known for sharing with each other. ONE veteran might be sharing to other one. Look into something, my experience. Send information to each other.
- Personalized learn?
 - For example dental and vision care is not included for everyone.
 - We don't have much personalization right now.
 - The approach we've taken with the prototype is kind of not go there yet. Have personalization be defined. We're not going to personalize blocks of copy.
- The dream is to translate all this content. Incremental and gradual progress on translation. WE'll be thinking about ways to organize the content that make translation easy.
- Content doesn't change very often (but this is a question for Danielle).
- The approach that we've taken is more of a 'go here to manage'. Unauth, and we don't know you. We've had a lot of content about Rx refill, secure messaging. We've tried to guide the people. Our approach has been one place to manage all of these things. But wanting to acknowledge people who are signed in but don't have healthcare.
- Go in there, sign in and do their things.
- If you don't have healthcare, and we know you, and you're signed in. We also want you to see what you could do with pharmacy and secure messaging. What you see on the pages right now in the health hub.
- The way the benefits hubs came about. Jeff Barnes and others did a lot of research around benefits. That model for categorizing the benefits has been around. They basically came up with those benefit categories. The way in which I see that it's org-centric that disability and healthcare are separate. Disability is compensation not just related to healthcare. There's been this rift between them. Create more of a flow.
- Leaders chose the apartment concept, vs. the single family home concept.
- We've backed up and talk about learn and apply and manage. Should it all be in the same place.
- Is there any concern about there only one 'My' up there? Are people going to want other 'My's? Yes, absolutely. One thing leadership agreed on was keeping

the MyHealtheVet brand. It's a much loved term. I've watch a lot of Veterans type MyHealtheVet and just go to the site.

- Minimal branding for MyHealtheVet.
- Healthcare is the most important and the most used. There could be research that could be done: easy access to the other things? Authenticated homepage. Easy access to everything you want. Already exists.
- We have a mobile prototype. It was desktop only. It's not normal. We did mobile and desktop only. We are doing mobile research now, and focusing on manage tasks. We feel that it's going to be good feedback to get. Very solidly in the manage territory.