# Preferred Health Facilities

**Research Findings**

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# Background

When scheduling a VA appointment through VAOS, Veterans are asked to select a facility.

VAOS shows every VA facility where a Veteran has registered for care: **this often includes facilities where a Veteran no longer receives care.** Often they do not understand why they are being asked to make appointments at facilities they don't go to. This has resulted in a considerable amount of complaints.



NEW APPOINTMENT

## Choose a VA location for your primary care appointment

Below is a list of VA locations where you're registered that offer Primary care appointments. Locations closest to you are at the top of the list.

**Facilities based on your location**

Or, use your home address on file

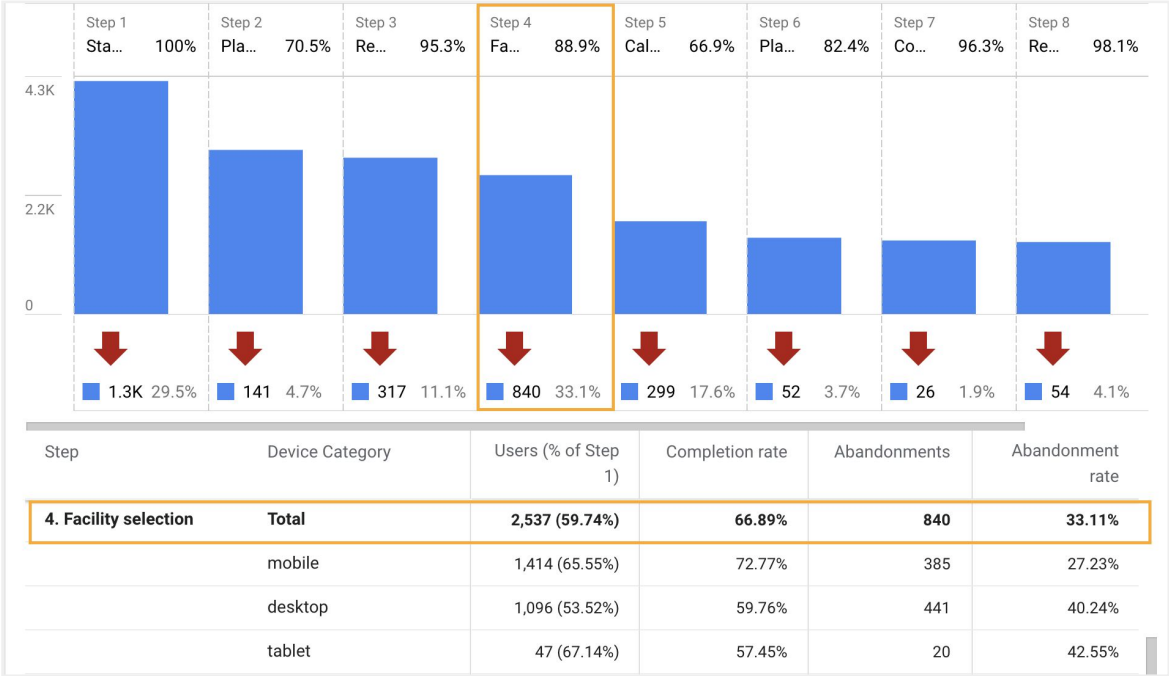Please select where you'd like to have your appointment.
(*Required)

○ **Rawlins VA Clinic**
Rawlins, WY
814.7 miles

○ **Cheyenne VA Medical Center**
Cheyenne, WY
947.9 miles

○ **Fort Collins VA Clinic**
Fort Collins, CO
951.4 miles

○ **Loveland VA Clinic**
Loveland, CO
959.7 miles

○ **Sidney VA Clinic**
Sidney, NE
1034.2 miles

+5 more locations

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*Choose a VA location step in the scheduling workflow.*

# Background



| Step | Device Category | Users (% of Step 1) | Completion rate | Abandonments | Abandonment rate |
|---|---|---|---|---|---|
| **4. Facility selection** | **Total** | **2,537 (59.74%)** | **66.89%** | **840** | **33.11%** |
| | mobile | 1,414 (65.55%) | 72.77% | 385 | 27.23% |
| | desktop | 1,096 (53.52%) | 59.76% | 441 | 40.24% |
| | tablet | 47 (67.14%) | 57.45% | 20 | 42.55% |

*The facility selection step has the highest abandonment rate in the scheduling process.*

We believe that if we surface only the facilities where the Veteran currently receives care, they will be able to find relevant facilities more easily.

Doing so will lower the abandonment rate for this step in the process.

# Research Goals

Primary goal:

- Improve completion of the VA facility selection step.

Other goals:

- Discover what Veterans need to know when selecting a facility

- Better understand how Veterans think and talk about facilities

- Learn what Veterans know about the registration process

# Research Methodology

**Remote interview and concept test**

We asked 8 Veterans how they currently select health care facilities,

We had our participants complete tasks in a mobile prototype:

- Navigate to the profile from the VAOS facility page to manage their current facilities
- Return to VAOS to finish scheduling their appointment.
- Save current facilities in VAOS
- Navigate to the profile to manage their current facilities.
- Edit current VA health facilities in the profile
- Schedule an appointment when saved/current facility does not offer online scheduling
- Find your list of facilities from the VA.gov home page

**Your VA health facilities**

These are the facilities you go to for care. We may use this information when you schedule a health appointment online at certain facilities. You can edit this list at any time.

**Note:** Editing the list in your profile won't delete or change your facility registrations.

Select the medical facilities where you currently receive healthcare. Facilities are listed in alphabetical order.

- ☑ **Evanston VA Clinic**
  Evanston, IL
- ☐ **Jesse Brown Department of Veterans Affairs Medical Center**
  Chicago, IL
- ☑ **Lakeside VA Clinic**
  Chicago, IL
- ☐ **Toledo VA Clinic**
  Toledo, OH
- ☐ **VA Puget Sound Health Care System**
  Seattle, WA

[Update] [Cancel]

How can I add a new facility? ⌄

NEW APPOINTMENT
# Choose a VA facility

You can schedule primary care appointments online at these facilities.

**Your VA health facilities**

- ⦿ **Evanston VA Clinic**
  Evanston, IL
- ○ **Lakeside VA Clinic**
  Chicago, IL

**Recently visited**

- ○ **Jesse Brown Department of Veterans Affairs Medical Center**
  Chicago, IL

**Other**

- ○ I need a different facility

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*Prototypes of the concept for facility selection*

# Participant demographics

| Scenario | Gender | Ethnicity | Age | Education | Branch | Location |
|---|---|---|---|---|---|---|
| 1 | Male | White or Caucasian | 45-54 | Master's degree | Marine Corps | TN |
| 1 | Male | Hispanic, Latino, or Spanish Origin, Black or African American | 35-44 | Master's degree | Army | PR |
| 2 | Male | White or Caucasian | 65-74 | Associate's degree / trade certificate / vocational training | Army | MD |
| 2 | Male | White or Caucasian | 65-74 | Master's degree | Coast Guard | OK |
| 2 | Female | White or Caucasian | 65-74 | Master's degree | Marine Corps | IN |
| 1 | Male | White or Caucasian | 45-54 | Master's degree | Army | KY |
| 1 | Male | Hispanic, Latino, or Spanish Origin, Black or African American | 25-34 | Some college (no degree) | Army | MD |
| 1 | Male | Hispanic, Latino, or Spanish Origin, Black or African American | 35-44 | Some college (no degree) | Army | CT |
| 2 | Male | Hispanic, Latino, or Spanish Origin | 55-64 | Associate's degree / trade certificate / vocational training | Army | NM |

| Category | Target | Study |
|---|---|---|
| **Marginalized Group** | | |
| Age 55-64+ | 50% | 44% |
| Cog. Disability | 50% | 67% |
| Mobile user | 50% | 0% |
| People of color | 30% | 44% |
| Rural | 25% | 67% |
| No degree | 25% | 22% |
| Women | 10% | 11% |
| Assistive tech user | 10% | 11% |
| Native American | 10% | 0% |
| Transgender | 10% | 0% |
| Veterans abroad | 10% | 0% |

This study may not meet the needs of the following marginalized Veteran groups:

- Age 55-64+
- Mobile users
- Native American
- Transgender
- Veterans Abroad

Findings

# Expectations and preferences

# Key Findings

1.  When choosing care, participants wanted to know what was nearby, more than where they were registered.

2.  Participants saw registration as a step in the process to receiving care; not a tool for finding facilities.

3.  Participants expected that all VA clinics should be able to easily access their VA medical information.

4.  Half of the participants preferred to schedule appointments through a combination of secure messenger and in person.

5.  7 of 8 participants shared a negative perception of calling the VA.

# Details of Findings

**When choosing care, participants wanted to know what was nearby, more than where they were registered.**

- Health care decisions start and end with their primary care provider (PCP).

- Once they've established care, participants reported clear preferences for how they choose facilities.

- Geographic location is a primary factor for participants when looking for care

# Details of Findings

**Participants saw registration as a step in the process to receiving care; not a tool for finding facilities**

- Participants reported that they didn't find it useful to see facilities where they had registered in the past and no longer receive care.

- No one expected they would see old facilities they had visited in the past.

- No one had an immediate reason they would need to see this information.

*Moderator: Would it be useful for you to know where you are registered to receive care?*

*P13: I would say not really. I think that'd just be added information that wouldn't be necessary. You would think if you're a service connected Veteran you're in the database regardless of where you would go, however they'd track you through your social, you're in there.*

# Details of Findings

**Participants expected that all VA clinics should be able to easily access their VA medical information**

- Participants expect that if they have health care through VA, they can receive health care from any VA facility.

- They also expect that all VAs will communicate with each other and be able to easily share Veteran data.

- Most participants expected to be able to receive care at any VA regardless of where they have been in the past, and understood that a brief registration process (scanning their VA ID card) will be required.

*"If I could just log on to VA.gov and it'd automatically know my facility and I could just schedule just like that, it'd be super easy." - P9*

*"I don't know why you really need to register at a new facility since all the VAs are all linked together. In all honesty I think that's a waste of time. Some Veterans would be annoyed...I just see it as an unnecessary step since all the VAs are all linked together." - P11*

# Details of Findings

**Half of the participants preferred to schedule appointments through a combination of secure messenger and in person.**

There was no common reason as to why they prefer secure messaging, but individual reasons that came up were:

- Easily able to access records of communication

- More convenient and less painful than calling to schedule

- More accessible for those with disabilities

*"I do better with secure messaging. This way I can see it. With a little bit of hearing loss, I don't always want to be on the phone saying, "Sorry, I didn't hear what you said, Sorry, can you say that again?" It gets annoying for me. I can only imagine what the person on the other end would be thinking." - P11*

# Details of Findings

**7 of 8 participants shared a negative perception of calling the VA.**

As we've heard in many previous studies, participants described calling as taking a long time and being inefficient. One participant described lining up multiple activities to do while on hold so they didn't get bored.

*"People die on hold when they call the VA. Not from anything but old age." - P1*
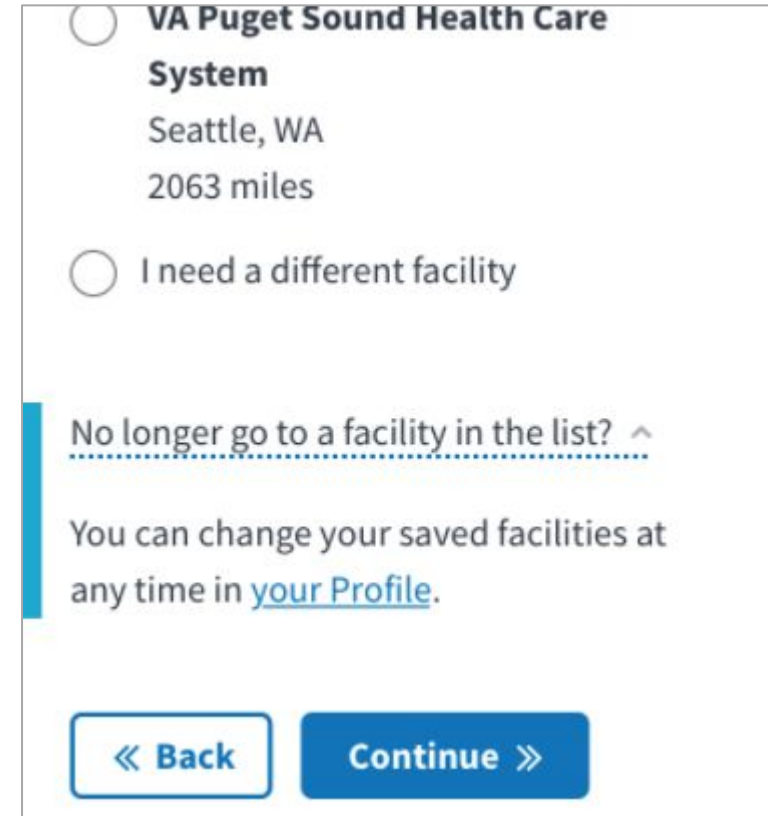
Findings

# Usability

# Key Findings

1. Participants easily completed most tasks, but it was not intuitive that they needed to go between VAOS and profile to do so.

2. No participant was able to find the list of facilities in the profile when starting from the VA.gov homepage without guidance.

3. In the VAOS facility list view, the content and functionality for the "How do I remove a facility from my list" additional info component didn't align with participant expectations.

4. Participants clearly understood that they couldn't schedule online at every facility, but they weren't confident as to why.

5. 6 of 8 participants had a hard time using the profile mobile menu.

6. Participants shared other points of feedback for consideration around the UI and content.

# Details of Findings

**Participants easily completed most tasks, but it was not intuitive that they needed to go between VAOS and profile to do so.**

- All participants easily saved a facility in VAOS and modified their facilities in the profile.
- Participants understood the steps necessary to schedule a new appointment from the VA.gov homepage, and from the VAOS confirmation page.
- Participants also understood how to edit their facility list in their profile, often editing without prompting.

However, wayfinding between the facility list in VAOS and the profile proved challenging. **Across both scenarios we tested, 6 of 8 participants didn't realize they needed to navigate to profile to edit their facility list.**



*Above: screenshot from prototype showing step in VAOS that sends users to profile to edit their facility list*

# Details of Findings

**No participant was able to find the list of facilities in the profile when starting from the VA.gov homepage without guidance.**

Though all had previously seen and interacted with this list in the profile, **all participants had to be guided by the moderator to the personalized menu.**

Once exposed to menu options, 7 of 8 participants weren't confident where to look and had to guess where they might find it.

- My VA or My Health were the most common guesses.
- Only one participant guessed Profile.

Participants struggled to come up with a reason they would look for a similar list.

*"I assume My Health has a list of my facilities and in My VA (pauses) they both kind of direct me in the same direction, know what I'm saying? My VA and My Health? Yeah, I'd say one of those two." - P7*
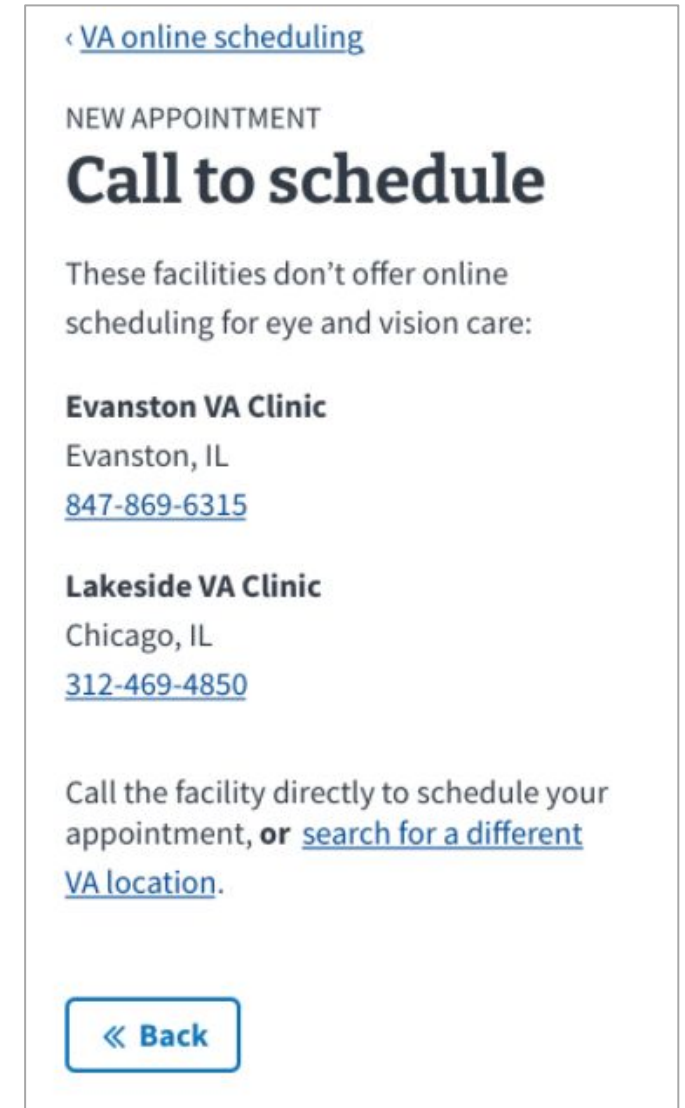
# Details of Findings

**In the VAOS facility list view, the content and functionality for the "How do I remove a facility from my list" additional info component didn't align with participant expectations.**

2 of the 4 participants who saw this expected to be able to select a facility via the radio input in the list, and remove the list within that accordion. Both expected to be able to edit the list directly in VAOS.

# Details of Findings

**Participants clearly understood that they couldn't schedule online at every facility, but they weren't confident as to why.**

- At least one participant thought they had to call because the clinic simply didn't offer the service they were trying to schedule. This caused frustration.
- A few participants indicated they would not select "I need a different facility" the second time.
- One said they would try to schedule at the facility that was displayed on the previous screen.
- Another said they go directly to the clinic as a walk-in appointment.
- One participant said specifically that they would have liked to see this information sooner in the scheduling process.

‹ VA online scheduling

NEW APPOINTMENT

## Call to schedule

These facilities don't offer online scheduling for eye and vision care:

**Evanston VA Clinic**
Evanston, IL
847-869-6315

**Lakeside VA Clinic**
Chicago, IL
312-469-4850

Call the facility directly to schedule your appointment, **or** search for a different VA location.

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*Above: screenshot of VAOS call to schedule page*

# Details of Findings

**6 of 8 participants had a hard time using the profile mobile menu.**

- Only 2 of 8 participants easily navigated via the profile mobile menu.

- 2 participants did not see the mobile menu at all.

- The remaining participants saw it only after scrolling up and down the page multiple times.

- One participant did not realize there was more to profile beyond the page they were looking at (personal and contact information).

# Additional Insights

- A few participants didn't like having to select "I need a different facility" multiple times.
- Two participants commented the profile page had too much content, making it difficult to scan.
- One participant expected to pick up in VAOS where they left off on the "Choose facility" page, but it did not cause a major frustration.

Findings

# Value

# Key Findings - Value

1.  Most participants saw value in being able to save facilities to refine scheduling options, send secure messages to their provider, or for travel purposes.

2.  Some participants explained it would be better if the process required less work for the Veteran.

3.  Seeing recently visited facilities was useful for recognizing the facilities, not for speeding up the scheduling process.

# Details of Findings

**Most participants saw value in being able to save facilities to refine scheduling options, send secure messages to their provider, or for travel purposes.**

During the study two situations repeatedly came up where changing their preferred facilities would be useful:

**A Veteran who is seeking health care at their regular clinic.**

- Participants expected that limiting their options to clinics they are currently visiting would make their online scheduling process slightly faster.
- Some participants expected to be able to click on a facility in their profile list and send a secure message directly to that provider

**A Veteran who is traveling away from home.**

- Participants we spoke to who traveled for work, or traveled to different locations for part of the year expected that VA would know about their location preferences and update which facilities are available to them accordingly.
- They also stated saving facilities in anticipation of travel would be valuable. It wasn't clear to them why they would only see facilities where they had previously established care.

# Details of Findings

**Some participants explained it would be better if the process required less work for the Veteran.**

Some participants were frustrated that we were asking the Veteran to do work of managing their current facilities, instead of using information VA already presumably had about them. We heard in multiple sessions that participants expect that patient information is shared and accessible across all VA health facilities.

*I guess I'd go to edit - [but this] should just update once you go to the [facility]. It'd be great if these systems communicate with each other once you get established somewhere, and less rely on the Veteran to clear up his own Profile. Cause Vets don't have time. That's why they don't like to do all that. - P9*

One participant was annoyed and said they would not spend their time managing their facilities:

*"Why should a Veteran have to go and do that? I'm not gonna spend my time to update that because it's not really important to me. As long as I can communicate to my primary and I see my primary in there I could care less about the other stuff. - P9*

# Details of Findings

**Seeing recently visited facilities was useful for recognizing the facilities, not for speeding up the scheduling process.**

- About half of the participants were confused to see recently visited facilities as a separate section in the VAOS facility list.

- One participant said it was helpful to know they recently visited a facility because the clinic names were hard to remember - so it would help them recognize that facility to select it.

- One participant mentioned that it wasn't helpful because the list wasn't that long.

- Another was frustrated because it didn't make sense with the process they expected.

*"If I need to go back [to a recently visited facility], that'd be because I have follow-up appointments that were already approved by my primary. Once they send the referral out, like if it's therapy or whatever, she does a consult, I get approved, and I get the initial visit. It usually comes with so many visits. After I use all those appointments I have to go back to my primary.*

*"I can't go back to my recently visited, because the doctor needs to know who 'did that work' and they need to reevaluate after. You just can't keep going to new doctors. The doctor here needs to know all the things that are happening." - P9*

# Recommendations

# Recommendations summary

1. Surface helpful facility information for the Veteran based on their data, instead of asking them to manually manage facilities in the scheduling flow or their profile.

2. Consider other ways to support Veterans who have moved or travel regularly.

3. Consider ways to reduce Veteran frustration when calling to schedule.

# Recommendations detail

**We recommend surfacing helpful facility information for the Veteran based on their data, instead of asking them to manually manage facilities in the scheduling flow or their profile.**

While Veterans were able to use the prototype easily, our study reveals that manually updating current facilities does not ease the scheduling process in a meaningful way.

Instead, let's consider how we might provide Veterans options to contact and schedule appointments with their primary and specialty care providers at key moments in their health care journey:

- When they start scheduling an appointment
- When a Veteran is looking for general information about their health care facilities
- When a Veteran is looking for information about health care in My VA
- At their provider's office, discussing a follow-up appointment is needed

# Recommendations detail

**Consider showing Veterans how to communicate and schedule with providers that their PCP has given them consults/authorizations/referrals to see.**

The Veterans we spoke to had no expectation of seeing only registered facilities in VAOS, and by asking them to manage the facility list we are actually increasing the cognitive load required to remember to find and update these settings changed during an already stressful time of changing health care providers. As a result, we don't think it makes sense to forward with designs tested in our study.

# Recommendations detail

**Consider other ways to support Veterans who have moved or travel regularly**

Throughout all sessions, participants talked about the importance of location when finding access to care, and many participants cited travel as a potentially valuable use for the prototype they were shown.

The current tools we offer Veterans to find facilities by particular locations, or define their location have limitations and inconsistencies:

- VAOS offers ability to see facilities near the VA.gov profile home address, or current browser location.
- VA.gov profile offers the ability to define one home address and one mailing address.
- The facility locator offers the ability to search by a manually entered (not saved) location.

We recommend more research in this area to understand how our current tools support the needs of this Veteran population, understand if there are any problems as a result, and identify use cases that offer us an opportunity to provide better support. There's a specific program for traveling Veterans. We recommend speaking to Veterans in this program, as well as Veterans living abroad).

# Recommendations detail

**Consider ways to reduce Veteran frustration when calling to schedule**

- Clarify language used to explain why an appointment has to be scheduled over the phone.

- Consider surfacing facilities that require a Veteran to call earlier in the flow.

- Identify the facilities that are the most sought after for online scheduling, but don't have VA Online Scheduling turned on.

# Recommendations detail

**Revisit the design of the profile mobile menu**

- Analytics data can be pulled to compare mobile vs desktop usage of profile navigation and identify any discrepancies that may suggest Veterans are having a hard time using it. We can also look at analytics for pages on VA.gov using the side nav component, which has similar but different functionary than our profile mobile menu.

- Our moderated methodology may have impacted participant usage; consider an unmoderated study to evaluate how the 2 side navigation mobile menus works as Veterans go through a natural task.

- We should look into any research available on the side nav component to see what other teams have learned. This study is the first time this mobile menu pattern has been evaluated, so there isn't anything specific to this component we can refer to.

# Next Steps

# Authenticated Experience

- Pause FE and design work on adding "Your VA health facilities" to profile.

- Seek to understand if there are other business reasons we should pursue this work.

- Explore ways to improve the profile mobile menu UX.

# VAOS

- Determine if we can surface a Veteran's current:

  - Primary care facility

  - Primary care provider or PACT

- Improve the UX for selecting how facilities are sorted as a first step toward determining if the sorting options meet user needs.

# Resources

# Resources

- VAOS product outline
- Profile preferred facilites product outline
- Research plan
- Conversation guide
- Prototypes
  - Scenario 1
  - Scenario 2
- Synthesis Artifacts
  - Session data
  - Affinity Map