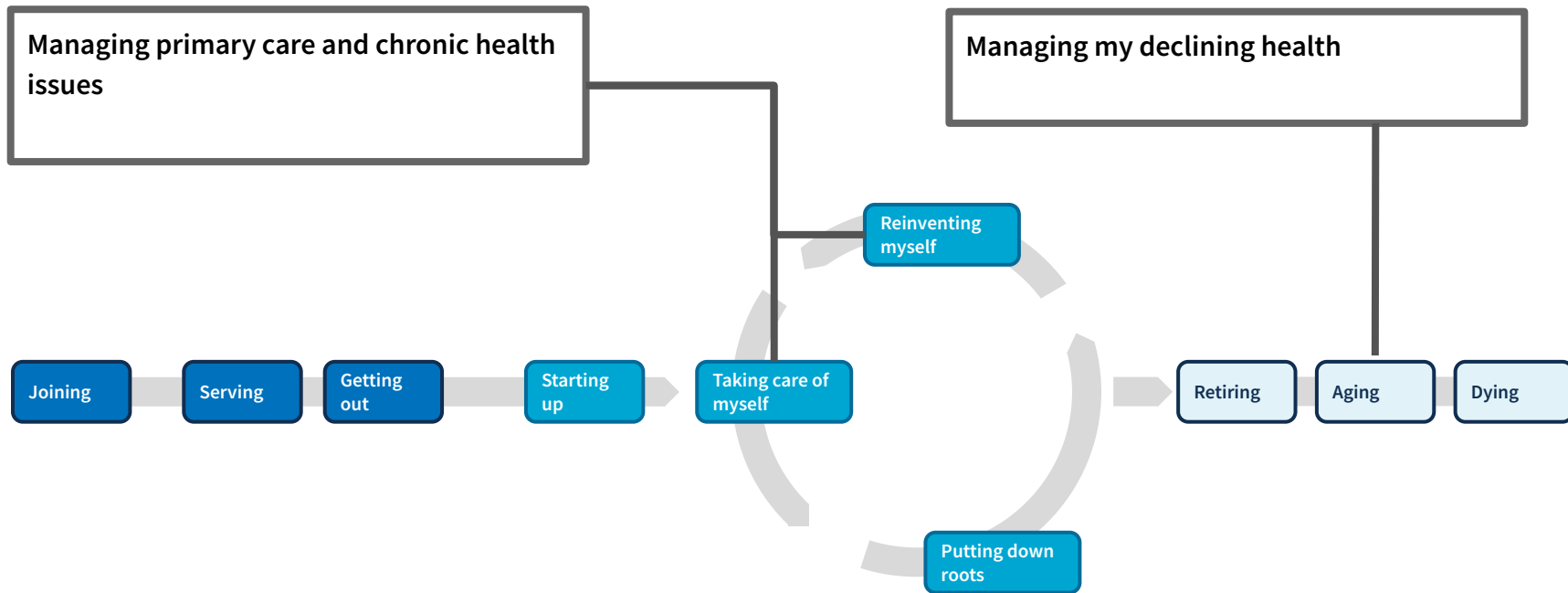


# Enabling pre-check-in for telephone appointments



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# How this research maps to the Veteran journey



For a fully detailed Veteran journey, go to

<https://github.com/department-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

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 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 successfully 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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# Background

Pre-check-in is currently available for in-person appointments.

Veterans can review and confirm:

- contact information
- emergency contact
- next of kin

We built an MVP for pre-check-in for telephone appointments.

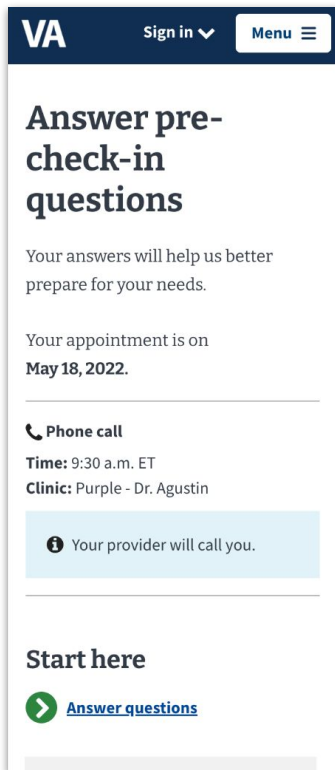
Our MVP addresses two potential pain points\*:

- Veterans show up on-site, confusing telephone appointments for in-person
- Providers may be late and often don't call at the appointment time

\*based on an interview with VA provider

# Research goals

- 1) Validate our MVP:
  - Clearly state it's a telephone appointment
  - Set expectations with a Veteran that a provider may join the appointment late
- 2) Understand Veteran's current experience with telephone appointments
- 3) Clarity of the "too late" message – this is when a Veteran tries to complete pre-check-in after midnight on the day of their appointment



VA Sign in Menu

## Answer pre-check-in questions

Your answers will help us better prepare for your needs.

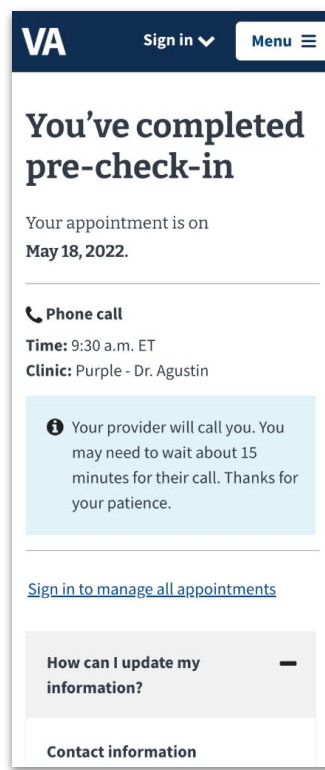
Your appointment is on **May 18, 2022.**

**Phone call**  
Time: 9:30 a.m. ET  
Clinic: Purple - Dr. Agustin

**Your provider will call you.**

**Start here**  
[Answer questions](#)

Introduction page



VA Sign in Menu

## You've completed pre-check-in

Your appointment is on **May 18, 2022.**

**Phone call**  
Time: 9:30 a.m. ET  
Clinic: Purple - Dr. Agustin

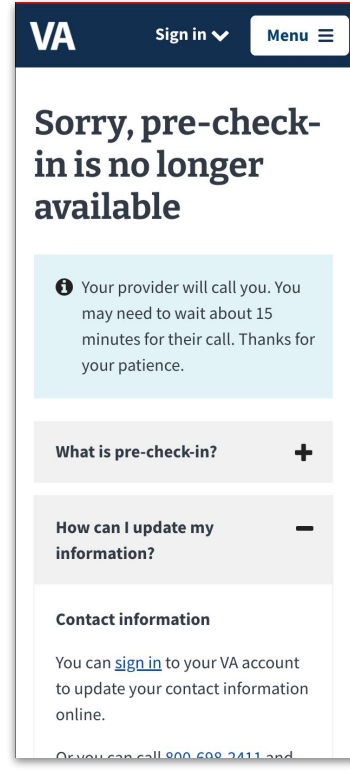
**Your provider will call you.** You may need to wait about 15 minutes for their call. Thanks for your patience.

[Sign in to manage all appointments](#)

**How can I update my information?**

**Contact information**

Confirmation page



VA Sign in Menu

## Sorry, pre-check-in is no longer available

**Your provider will call you.** You may need to wait about 15 minutes for their call. Thanks for your patience.

**What is pre-check-in?**

**How can I update my information?**

**Contact information**

You can [sign in](#) to your VA account to update your contact information online.

Or you can call 800.698.2411 and

"Too late" message



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# Methodology

- Used Perigean recruitment
- Remote, moderated 1 hour sessions
- Semi-structured interviews
- Observational and task-based [usability testing via UX Pin](#)

# Who we talked to

Title of the research | mm dd, yyyy

We tested with 13 participants

- 12 had a telephone appointment in the past 6 months; 1 via video
- 5 Android; 7 iOS
- 5 aged 55+
- 5 female; 7 male
- 2 identified LGBTQ+
- 6 live in rural areas
- 3 identified as Black, 4 as Hispanic, 1 as Asian, 2 as Native
- 3 used an AT device
- 4 live with a cognitive disability

Findings does not include the following underserved Veteran groups:

- Of immigrant origin
- Additional assistive technology (AT) devices

We recommend studies with these underserved groups in the future.



# Key findings

## How telephone appointments current work and are viewed

1. Telephone appointments are viewed as convenient, time saving, and reducing travel.
2. The vast majority of past telephone appointment examples were follow ups with specialists or primary care physicians.
3. Often someone, such as a nurse, called a few days before to confirm the telephone appointment, but no other information was review prior to the appointment.
4. There are a variety of methods implemented to send reminders and manage telephone appointments.
5. Veterans have strong preferences on how they want to be contacted by the VA for telephone appointments.

## Pre-check-in feedback

6. Veterans had a polarized reaction to current pre-check-in, which ranged from positive and valuable to negative and concerned.



# Key findings

## Pre-check-in feedback (continued)

7. A few Veterans believed that telephone appointments included video appointments, but the UI design helped eliminate this confusion.
8. Health questionnaires and medication reviews increased the perceived value of pre-check-in for Veterans.
9. Veterans suggested a variety of features or appointment information to add to the experience.
10. All participants thought the name 'Pre-check-in' clearly represented the experience.
11. The majority of Veterans appreciated the 'running late' message.
12. The current link to VA.gov's profile in order to edit contact information is sufficient for Veterans; however, most participants ultimately expected to edit directly within the pre-check-in workflow.
13. Veteran expectations for the 'Sign in to manage appointments' link matched the designed intent.
14. The 'too late' message confused many Veterans.



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# Key Findings

# How telephone appointments currently work and are viewed



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# 1. Telephone appointments are viewed as convenient, time saving, and reducing travel.

- However, some participants prefer it for non-assessment type conversations with their providers.
- The Veteran's relationship with their provider and stress level caused by meeting in-person also influences this appointment modality preference.

**“I tend to get stressed going to in-person appointments. Having them over the phone eases the stress.”**

**“Just the convenience...I don't have to take an extra hour to drive to an appointment, when I need to schedule around motherly duties.”**



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## 2. The vast majority of past telephone appointment examples were follow ups with specialists or primary care physicians.

- Behavioral health, nutrition, and neurology were a few of specialties Veterans had telephone appointments with.
- In some cases, the appointment may be an initial consult with a primary care physician.



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### **3. Often someone, such as a nurse, called a few days before to confirm the telephone appointment, but no other information was reviewed prior to the appointment.**

- Contact, emergency contact, and next of kin information were not reviewed by any participants prior to their current telephone appointments. This is also true at the beginning of their call with their provider.

## 4. There are a variety of methods implemented to send reminders and manage telephone appointments.

Current telephone appointments includes a variety of reminders via:

- Phone call
- SMS
- Email
- Physical card (letter or postcard)

Veterans reschedule and cancel telephone appointments in a variety of ways:

- Calling in
- Digital method (website, native app, or secured messaging)

## 5. Veterans have strong preferences on how they want to be contacted by the VA for telephone appointments.

- Veterans may screen calls, so it is important to identify the phone number that the provider is calling from.
- Some Veterans missed calls from the VA, when the VA didn't contact them at their preferred phone number.
  - For our participants, most wanted their mobile phone listed as their preferred number and they commented on missing calls to their landlines or not having a home phone.
    - However, we specifically recruited for Veterans with a mobile phone for this study, which could influence this preference.



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# Pre-check-in feedback



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## 6. Veterans had a polarizing reaction to current pre-check-in, which ranged from positive and valuable to negative and concerned.

Reactions to the pre-check-in experience as currently implemented were either:

- Positive: easy-to-use, preference for digital
- Negative: sees no value to complete prior

Some shared general concerns related to:

- accessibility (wi-fi, AT)
- reluctance to complete if mandatory for every appointment

**“I like it...it is really simple”**

**“The pre-check in doesn’t do anything because they re-verify it when you call.”**

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## 7. A few Veterans believed telephone appointments included video appointments, but the UI design helped eliminate this confusion.

- We recruited for Veterans who had a medical appointment over the phone within the past 12 months.
  - As a result, we had a few Veterans start sharing their experience with video visits via VVC. After clarifying, most of the Veterans were able to share an experience with an audio only telephone appointment.
- The phone icon, “Phone call” wording, and the next steps wording were well understood and liked by Veterans.
  - The combination helped eliminate confusion between this appointment type being an audio only appointment vs. a video appointment.


### You've completed pre-check-in

Your appointment is on  
**May 18, 2022.**

 **Phone call**

**Time:** 9:30 a.m. ET

**Clinic:** Purple - Dr. Agustin

 Your provider will call you. You may need to wait about 15 minutes for their call. Thanks for your patience.

**VA**



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## 8. Health questionnaires and medication reviews increased the perceived value of pre-check-in for Veterans.

- Without any specific prompting about health questionnaires,
  - Half of our participants commented that they would like to review their medication list within pre-check-in. They believe it would help their provider understand their medical history and help streamline their appointment experience.
  - Half of our participants also commented that they wanted other health questionnaire features, such as:
    - Questions for my provider
    - Updating what medical concerns they want to talk to their provider about

**“I try to have all my ducks in a row before the appointment, so I get what I need...I will have the list of questions I have to ask her and that kind of stuff.”**



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## 9. Veterans suggested a variety of features or appointment information to add to the experience.

- Preferred phone number (3 participants)
- Provider's name (3 participants)
- Type of appointment, such primary care or cardiology (3 participants)
- Add to calendar (2 participants)
- Insurance review (2 participants)
- Confirmation email that pre-check-in was completed (2 participants)
- Sharing earlier when pre-check-in expires (2 participants)



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## 10. All participants thought the name “Pre-check-in” clearly represented the experience.

“Yeah, I think it is good. I don’t think I could call it anything else.”

“I think pre-check-in is the best bet. You aren’t checking in, because you are doing it in advance.”

“I don’t know what else you would call it. It is exactly a pre-check-in.”

“I would leave it the same, because that is normal verbiage.”



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## 11. The majority of Veterans appreciated the “running late” message.

- While most Veterans understood and liked this wording, it prompted additional questions from a select few Veterans:
  - What do I do if it's past the 15 minutes?
  - Why am I seeing this?
    - This group was also confused about the timing and overall purpose of pre-check-in.

**i** Your provider will call you. You may need to wait about 15 minutes for their call. Thanks for your patience.

**“I understand doctors get behind and I am glad the box is there to remind people. At least, there’s a preventative step to warn people whereas a lot of people don’t want to wait.”**

**VA**



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## 12. The current link to VA.gov's profile in order to edit contact information is sufficient for Veterans; however, most participants ultimately expected to edit directly within the pre-check-in workflow.

Is this your  
current contact  
information?

**Mailing address**

1221 Douglas Way  
Douglas, MA. 00000

**Home address**

15431 Boston Road Apt 1C  
Boston, MA 00000

**Home phone**

555-555-5555

**Mobile phone**

555-555-5555

**Work phone**

Not available

**Email address**

email@email.com

Yes

No

“If I click no, then it  
would let me edit it.”

How can I update my  
information?

**Contact information**

You can [sign in](#) to your VA account  
to update your contact information  
online.

Or you can call [800-698-2411](#) and  
select 0. We're here 24/7.

**Emergency and next of kin  
information**

Please call [800-698-2411](#) and select  
0. We're here 24/7.

“I think it is fine,  
because it does give  
you the option to sign  
in to correct those  
positions that need to  
be corrected.”

*Link to VA.gov profile*

**VA**

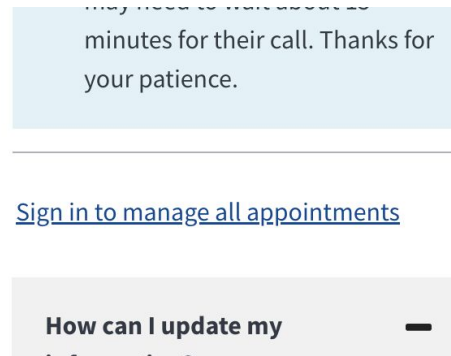


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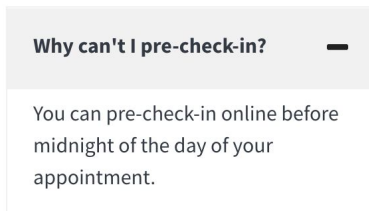
## 13. Veterans expectations for the ‘Sign in to manage appointments’ link matched its designed intent.

- An earlier version of the link label was “Go to your appointment details”.
  - We heard that Veterans didn’t understand the value of this link (to VAOS).
  - They also didn’t expect to have to sign in further to access the additional information.
- With this new wording, these misinterpretations were corrected.
  - Veterans understood that they could review, cancel, and manage their other appointments.
  - They also understood that they would have to sign in further to access VAOS.



## 14. The 'too late' message confused many Veterans.

- Veterans thought the message was due to variety of reasons -- system error, missing their appointment
  - However, the content in the 'Why can't I pre-check-in' accordion seemed to help clarify the confusion



- Of those who understood the message, the 'running late' message was helpful and eased concerns



### Sorry, pre-check-in is no longer available

**i** Your provider will call you. You may need to wait about 15 minutes for their call. Thanks for your patience.

What is pre-check-in?



How can I update my information?



#### Contact information

You can [sign in](#) to your VA account to update your contact information online.

Or you can call 800.698.2411 and

## Secondary findings

1. We spoke with a participant who wears a hearing aid as well as another participant who utilizes live captions.
  - a. They had generally positive impressions of pre-check-in.
    - i. They particularly liked that it was text-based and questions weren't verbally asked during the appointment.
    - ii. The participant who used live caption wanted to be called on their mobile phone, because they have it connected to their live caption.
2. 3 participants initially missed the “Answer questions” actionlink on our [Introduction page](#).
3. A minority of participants wanted to complete pre-check-in on a desktop due to the advantages of a large screen.
  - a. Our participant sample is biased towards mobile and may not represent the larger Veteran population.



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# Recommendations

1. Enabling pre-check-in for telephone appointments is valuable to Veterans, so we should continue with implementation.
2. Keep the name “Pre-check-in.”
3. Explore/revisit adding health questionnaires (AKA digital health forms), a medication review, and editing contact information to pre-check-in.
  - a. This may help address the negative reaction to pre-check-in, because the current-state may be too minimal to add value for some Veterans.
4. Evaluate and prioritize all the additional features mentioned by Veterans for pre-check-in, such as ‘Preferred phone number’ and ‘Provider’s name.’
5. Update the VAOS link to the new wording ‘Sign in to manage all appointments’.
6. Re-imagine the ‘too late’ messaging to reduce confusion.



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