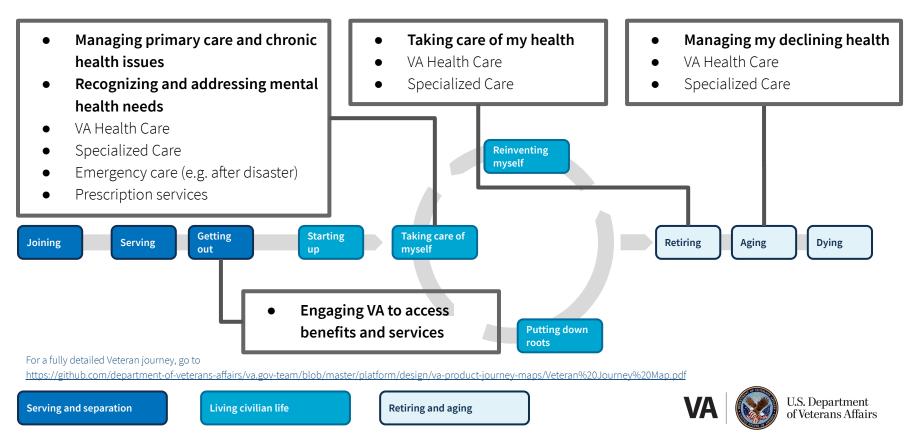
# Facilities Team -VAMC VHA Mobile Redesign -Discovery

Research Readout



### How this research maps to the Veteran journey

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# OCTO-DE goals that this research supports

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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

Supported

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



## **Participant Demographics**

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We interviewed 16 VA employees, in various roles.

Those who run and manage the Mobile Clinics, MMU programs and services:

- 2 Emergency managers
- 6 Health programs and operations management (physicians, nurses and clinic managers)

As well as those who publicize MMU events and information to Veterans:

- 7 Public Affairs (PAOs) and communications officers
- 1- Veteran outreach coordinator



### **Key findings**

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- 1. Mobile clinics, events and services will not be adequately represented by the current VAMC facility template.
- 2. Risk: Web editors are apprehensive or resistant to adopting upgraded websites/tools.
  - a. Staffing and skills vary widely across the VA
  - b. Updating Facebook is much easier so this is often where the most accurate and up-to-date data lives
- The list of Mobile clinics in VAST is inaccurate.
- 4. Communicating MMU/MVC deployment after an emergency may not be done consistently on VA.gov, or at all. More research is needed to understand this area.
- 5. Collaboration between VHA and Vet Centers is inconsistent at best and needs work.
  - a. This is a recurring finding from previous Vet Center research
    - i. Veterans aren't told that Vet Centers offers mental health care
    - ii. Vet Center staff have difficulty collaborating with VA



#### Recommendations

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- Offer multiple solutions to account for the various MMU use cases [see flow chart]
  - a. Get an updated list of all Mobile Units (CMS team doing this work now)
  - b. Prototype design options and solicit PAO feedback.
  - c. Create the ability for facility locator to surface events (long-term)
- 2. Increase empathy, understanding for internal users treat them as our customers:
  - a. More discovery work to understand editor tools, processes, needs and pain points
    - i. create solutions that take their needs into account
  - b. Help editors be more efficient, encourage adoption of tools
    - i. Easy updating = accurate data = Veterans get connected to care
- 3. Share findings regarding Vet Center <:> VHA collaboration issue:
  - a. Identify the entity most receptive to responding to this finding and share: Veteran experience office?
  - b. More research is needed to understand the problem and additional downstream effects that it may be causing Veterans and staff.

#### Recommendations

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View on Github:

Research folder

Research findings markdown file

#### **Questions:**

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