

Patient Check-In (PCI) Bay Pines Research Report

June 2022

Last updated: July 7, 2022



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Background

The [patient check-in \(PCI\)](#) product is reimagining the ecosystem that allows a Veteran to check in for a medical appointment. The Modernized Check-In Experience Team created the portion of the ecosystem that enables a Veteran to utilize their mobile device to “check-in” through VA.gov. I.e., letting clinic staff know that the patient has arrived for their appointment.



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High level view of the Veteran check-in journey

Pre-check-in



An official website of the United States government. Here's how you know.

Talk to the Veterans Crisis Line now >

VA Jennifer Menu

Start pre-check-in

We need to verify your identity so you can start pre-check-in.

Your last name

Last 4 digits of your Social Security number

Continue

Need help?

For questions about your appointment or if you have a health-related concern, call your VA provider. Contact your VA provider.

For questions about how to fill out your pre-check in tasks or if you need help with the form, please call our MyVA11 main information line at 800-698-2411 and select 0. We're here 24/7.

If you have hearing loss, call TTY: 711.

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Check-in (day of appointment)



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Talk to the Veterans Crisis Line now >

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Have an appointment? Check in with your smartphone

1 Text check in to 53079 OR scan this code with your camera.

To: 53079 Message: check in



2 Wait until you get a text back with a link. This should only take a few seconds.

3 Tap on the link to start your check-in. Data charges may apply.

Can't scan the QR code? Text us instead ⓘ Need to update your information? Check in with a staff member instead ⓘ



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Check in at VA

We need some information to verify your identity so we can check you in.

Your last name

Last 4 digits of your Social Security number

Continue

Need help?

Ask a staff member.

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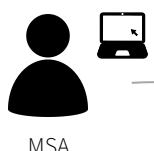
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Veteran waits to be seen



MSA



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Our goals for this research

- Evaluate effectiveness of check-in and pre-check-in experiences with Veterans and staff.
- Identify strengths, pain points and opportunities for improvements within the PCI ecosystem.
- Understand how, if at all, MSAs are using VSE CS.
- Gain insights into understanding the optimal experience for incorporating travel reimbursement into PCI for Veterans.*

The Beneficiary Travel Reimbursement Path Analysis Team identified the check-in product as a recommended access point for Veterans to file for travel reimbursement, among other recommendations.

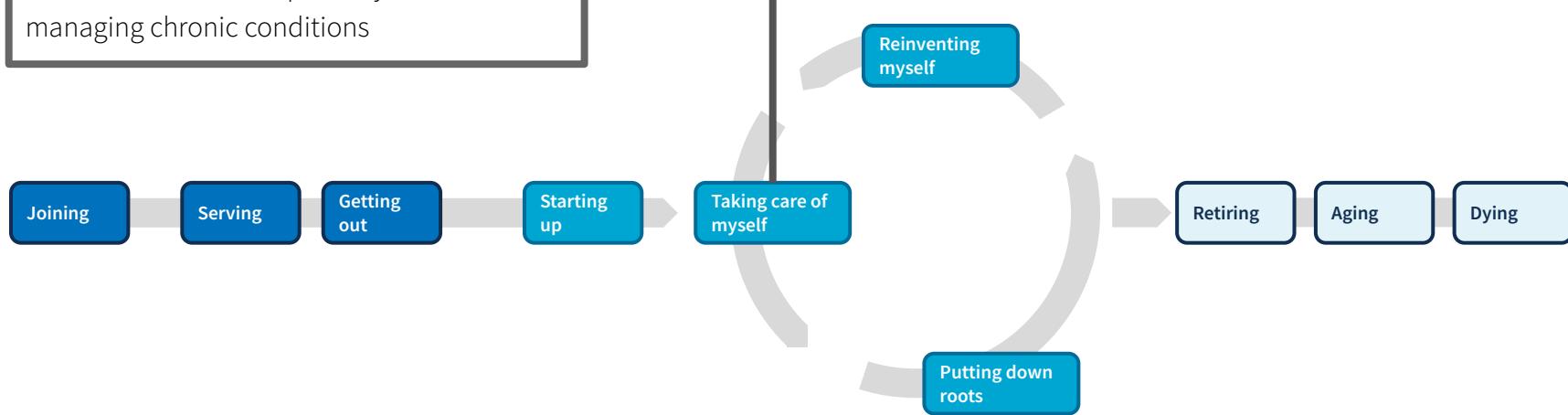


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How this research maps to the overall Veteran journey

Moments that matter

Veterans expect to be able to easily check in for their medical appointments, whether it's for acute care needs, speciality care or managing chronic conditions



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



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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 (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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Methodology

Our research methodology

We visited Bay Pines Healthcare System (Bay Pines) to observe and conduct intercept interviews with Veterans when they arrived for medical appointments. We interacted with Veterans during the check-in process, documented how their experience went with PCI and asked follow-up questions to understand what went well and what didn't go well.

We were able to observe Veterans in multiple clinics at Bay Pines VAMC Building 100, Lakeside Building, Lee County VA Clinic, St. Petersburg VA Clinic and North Pinellas VA Clinic.

We also observed and interviewed a variety of VA staff at those clinics who have a role in PCI – mostly MSAs and MSA leads, but also one clinician and a couple clinic managers.

And, finally, we conducted a remote interview with three reimbursement travel assistants and supervisors where we collected feedback on a [travel reimbursement prototype](#) and asked follow-up questions.

The research plan, conversation guide and session notes for our [Veteran](#) and [staff](#) studies can be found in VA's GitHub repository for additional information.



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Travel reimbursement prototype

9:41 AM 100%
Check in for your VA appointment at [URL].
Today 12:30pm
Here's a summary of your recent appointment at the Cheyenne VA Medical Center:
Visit Summary: Cheyenne VA Medical Center Clinic: Dermatology MOD4 MD5 A, May 15, 10:00 a.m. ET va.gov
You're eligible to get reimbursed for your appointment travel today. Would you like to file a claim?
Okay. You can file your claim for this appointment here:
File Your Beneficiary Travel Reimbursement Claim
bt.va.gov

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[Back to last screen](#)

Your appointments

Here are your appointments for the past 30 days.

May 15, 10:00 a.m. ET

Facility: Cheyenne VA Medical Center
Clinic: Dermatology MOD4 MDS A

[File Travel Reimbursement](#)

April 27, 9:30 a.m. ET

Facility: Cheyenne VA Medical Center
Clinic: Purple Dr. Agustin

Travel reimbursement issued on May 1st, 2022

April 21, 1:30 p.m. ET

Facility: Cheyenne VA Medical Center
Clinic: Rheumatology TEAMLET 7/NP

Travel reimbursement issued on April 21

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Is this where you travelled from?

Please confirm that this is the location you travelled to your appointment from.

Home address
15431 Boston Road Apt 1C
Boston, MA 00000

[Yes](#)

[No](#)

Need help?

Call your [local travel office](#).

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Did you drive?

You are eligible for travel reimbursement if you or a caretaker drove your own vehicle to your appointment.

[Yes](#)

[No](#)

Need help?

Call your [local travel office](#).

Do you confirm the following is true?

1. You travelled to your appointment in your own vehicle, and did not use transportation provided from the VA.
2. You travelled from the following address to get to your appointment:
15431 Boston Road Apt 1C, Boston, MA 00000
3. You have no receipts to file for this appointment.

[Confirm and Submit](#)

Reimbursement claim submitted

No need to do anything further. You'll receive an email when your claim has been processed.

[Go to another appointment](#)

Need help?

Call your [local travel office](#).

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Who we spoke with

17 Veterans	Those willing to participate through intercept method at clinics
28 MSAs 2 MSA leads 2 Clinic managers 1 Clinician	Four facilities; various clinics



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Veterans who we spoke with

Participant	Location	Did Veteran use PCI?	Reason	Check-in Method	Was Check-in Complete?	Reason	Notes & Comments
1	Bay Pines VAMC Building 100	Yes	-	QR code	Yes		Received a system not operational message from CHIP, but also received a second text message with a link to start check-in. This occurred at the clinic that was still using VetLink for check patients in.
2	Bay Pines VAMC Building 100	No	Prefer in person	-	-		
3	Bay Pines VAMC Building 100	No	No phone	-	-		VA ID in hand
4	Bay Pines VAMC Building 100	No	No phone	-	-		VA ID in hand
5	Bay Pines VAMC Building 100	No	Prefer in person	-	-		
6	Bay Pines VAMC Building 100	Yes	-	QR code	Yes		"I like it. But, I thought I did some of this before." Had used PCI 5-6 times before.
7	Bay Pines VAMC Lakeside Building	No	No phone	-	-		
8	Bay Pines VAMC Lakeside Building	Yes	-	Text	No	Too early	"I thought my appointment was at 1pm," but it was scheduled for 2pm. Consider including appointment time in text message response.
9	Lee County VA Clinic	No	Prefer in person	-	-		
10	Lee County VA Clinic	Yes	-	Text	Yes		"Some Veterans need help with using their cell phone, so it's not right for everyone." "The kiosks were much easier because it's bigger." "Saved time. It was awesome. Real simple." "I just didn't do it," when asked if he recalls getting a pre-check-in message.
11	Lee County VA Clinic	Yes	-	QR code	Yes		
12	Lee County VA Clinic	Yes	-	Text	No	Too late	Provide more information to Veteran in the CHIP response - "We're sorry. We can't check you in online. Ask a staff member for help."
13	St. Petersburg VA Clinic	Yes	-	QR code	No		Starting the CHIP response with, "I'm sorry," seems like something went wrong. When in fact, nothing was wrong.
14	St. Petersburg VA Clinic	Yes	-	Text	Yes		First and second attempt were QR codes. Neither pre-populated "check in," in the message field. Android OS.
15	St. Petersburg VA Clinic	Yes	-	QR code	No	Health insurance review	
16	North Pinellas VA Clinic	Yes	-	QR code	Yes		"Worked well. I will use it again next time."
17	North Pinellas VA Clinic	Yes	-	Text	Yes		He put his phone in his pocket after texting "check in." He thought check-in was complete.
		64.71%		55% QR Code	63.64%		
				45% Text			



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Summary of Key Findings

Summary of key findings

1. A few clinics were not fully ready to use PCI due to conflicting communication or unresolved clinic-specific needs, i.e., routing slips.
2. The kiosks were affecting the check-in experience for Veterans, e.g., using them, ignoring the check-in poster and thinking they're checked in. Additionally, too many choices (e.g., posters, brochures, VA-owned devices) presented to Veterans during check-in may lead to no self-service solutions being used at all.
3. Confusion exists, for various reasons, among Veterans and MSAs on the difference between pre-check-in and check-in.
4. MSAs from a few clinics and one Veteran thought that adding travel reimbursement to check-in would be valuable.
5. The current travel reimbursement process is complex due to nuances in how BTSSS works, eligibility criteria (e.g., community care vs. VA clinic appointments), claim review process, etc.
6. Travel assistants recommend avoiding the inclusion of options in the travel reimbursement experience for Veterans that likely lead to a denial of reimbursement, such as “Other” fields, VTS and carpool.



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Summary of key findings, cont.

7. Many Veterans prefer checking in with MSAs, and that's okay, while others preferred the kiosks because it's a larger screen.
8. MSAs and one clinician confirmed feedback we've previously heard about the staff-facing applications; many of which are being addressed. E.g., adding last four, too much of a delay, etc.
9. MSAs pointed out new feedback about the staff-facing applications. E.g., no shows not working, walk-ins not working, sort within each clinic/group, etc.



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Key Findings

1. A few clinics were not fully ready to use PCI due to conflicting communication or unresolved clinic-specific needs

- MSAs at Bay Pines VAMC, Building 100 received conflicting direction on whether to start using PCI. Some MSAs were instructed to continue using VetLink. Therefore, communication to Veterans about PCI was limited, resulting in low utilization.
- Mobile check-in was not being used at Bay Pines VAMC, Building 100, clinic 3D because MSAs need to print routing slips for each patient, which is something not supported in VSE CS.
 - Currently, MSAs print the routing slips once a patient checks in with them.



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2. The kiosks were affecting the check-in experience for Veterans, e.g., using them, ignoring the check-in poster and thinking they're checked in



2. The kiosks were affecting the check-in experience for Veterans, e.g., using them, ignoring the check-in poster and thinking they're checked in, cont.

- Kiosks were still present in most clinics and “on” in some. On the kiosks, Veterans were able to view today’s appointments, future appointments and update their information. While they still work, they’re also impacting the check-in experience:
 - Increases the number of touch points during a visit
 - Creates confusion on where to go to check in
 - Conflates using the kiosk with a check-in – something that MSAs have confirmed is happening
 - Creates inconsistencies of the check-in experience between clinics
- In addition, where the check-in posters are located in the clinics are becoming problematic due to the number of other choices they’re presented with. E.g., kiosk, BTSSS brochure, My HealtheVet brochure, privacy reminder, social distancing reminder, and more. The more choices, the greater the chance no choice is made or no self-service solution is used at all.



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Too many choices for Veterans during check-in may lead to no self-service solution being used at all



3. Confusion exists for Veterans and MSAs on the difference between pre-check-in and check-in

- Veterans and MSAs didn't seem to understand the distinction between pre-check-in and check-in.
 - Some MSAs had never heard of pre-check-in (or conflated it with PCI).
 - We observed a Veteran thinking they were checked in for an appointment after having received the first text message response from CHIP.
- MSAs reported that there's times when Veterans think they're checked in after completing pre-check-in.
- MSAs at Lee County VA Clinic Mental Health 4A clinic received direction from clinic supervisors to bring all patients up to the counter to confirm their information even if they completed mobile check-in. We speculate that this is a tactic to help counter Veterans thinking they're checked in, when they're not.

“I like it. But, I thought I did some of this before.”



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4. MSAs from a few clinics and one Veteran thought that adding travel reimbursement to check-in would be valuable

- One Veteran explained how difficult it is to file a claim with Beneficiary Travel Self-service System (BTSSS) and get it approved. He said that he was close to giving up on filing claims since none of his claims get approved or reviewed very quickly.
- He thought that adding travel reimbursement during check-in would be ideal compared to the existing process with BTSSS.

“It’s been very, very difficult. They have a lot of work, but it’s not going very well.”

“Absolutely. That would be a lot easier.”



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5. The current travel reimbursement process is complex due to nuances in how BTSSS works, eligibility criteria (e.g., community care), claim review process, etc.

- Most claims are manually reviewed by travel assistants.
- Community care appointments are eligible for reimbursement. However, they require an extra step compared to VA appointments. I.e., a doctor's note that contains no protected health information (PHI). If there's no note provided in the claim, travel assistants send them a letter explaining why their claim was denied. This process is a cause for confusion and frustration among Veterans and staff.
- Sometimes the clinic doesn't check the patient out. When this happens, the travel assistants on site tell the Veteran to go back to the clinic to get checked out, which is a cause of frustration.
- Lab appointments, EKGs, X Rays, etc. (i.e., walk-ins) don't get checked out. Travel assistants can override in BTSSS.
- There's a national database that travel assistants use to determine driving routes and mileage.
- Mileage disputes will occur when Veterans file a claim for visiting a VA location that is farther away from a closer location that offers the same service or treatment.



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5. The current travel reimbursement process is complex due to nuances in how BTSSS works, eligibility criteria (e.g., community care), claim review process, etc., cont.

- 9/10 claims submitted are incomplete. E.g., information was missing, information was not entered in the correct format, etc. This means that travel assistants have to spend time with each claim to correct it before it's approved.
- If a Veteran was to file a claim during check-in, wait for their appointment and leave because the wait is too long, that would be problematic from a reimbursement perspective. Therefore, it's important to ensure the Veteran has completed their appointment before a claim can be submitted.
- Walk-in appointments are eligible for one-way reimbursement. Often in BTSSS, these appointments come in as round trip that need to be changed.
- Travel reimbursement is paid by the visit, not the appointment.



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6. Travel assistants recommend avoiding the inclusion of options that likely lead to a denial of reimbursement, such as “Other” fields, VTS and carpool

“Don’t show options that aren’t eligible for reimbursement, such as VTS or carpool.”

“Don’t include “Other” options. It’s just another opportunity that could lead to a denied claim.”

The image displays two side-by-side screenshots of the official U.S. Department of Veterans Affairs website. Both screenshots feature the VA logo and the text "An official website of the United States government. Here's how you know". A red banner at the top right encourages users to "Talk to the Veterans Crisis Line now". The left screenshot shows a form titled "How did you get to your appointment?" with five options: "VTS", "Carpool", "Public Transportation", "Airline", and "Other". The right screenshot shows a form titled "Add expenses" with five categories: "Tolls", "Parking", "Meals", "Lodging", and "Other". Both forms include standard navigation links like "Search", "Contact Us", and "Sign In". At the bottom of each form is a link to "Need help?".

7. Many Veterans prefer checking in with MSAs, and that's okay, while others preferred the kiosks

- We witnessed many Veterans walking into the clinics with their VA ID in hand, ready to scan it or hand it to the MSAs and ready to announce their last name, last four.
- With continued awareness and education about PCI, some Veterans will try check-in in the future.

“They liked the kiosks. They could also see their future appointments and update their information.”

“Some Veterans need help with using their cell phone, so it’s not right for everyone.”

“The kiosks were much easier because the screen is bigger.”



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8. MSAs and one clinician confirmed feedback we've previously heard about the staff-facing applications; many of which are being addressed

- Many MSAs expressed frustration that the amount of applications they use have increased from moving away from VetLink. In addition, some MSAs have to rely on other staff to make updates in VistA, which hampers the process of keeping Veterans' information up to date.
- The delay between VSE and VSE CS is too long.
- There's a need for a memo field to communicate which provider the patient is with or what's being done. E.g., EKG. In addition, MSAs from Lee County VA Clinic pointed out that they lost the ability to write in the patient's reason for visit for walk-in appointments in VSE since moving away from VetLink.
- Better notifications in VSE CS to ensure clinicians know when a Workflow Status change occurs. E.g., visual, sound or pop-up dialogue that requires closure.
- Clinicians would like to see last four added to VSE CS to be able to more easily match the patient in other applications. E.g., CPRS, VistA, etc.



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9. MSAs pointed out new feedback about the staff-facing applications

- No MSAs asked about adding check-in into VCE CS, which was something we heard previously from other facilities. Roughly half of the MSAs we spoke with monitor VSE CS, while the other half do not use it at all. Unlike what we heard from other facilities, many clinics at Bay Pines are not using Teams to tell clinicians that their patients have arrived.
- MSAs at Bay Pines VAMC reported that marking a patient as a “no show” in VSE is not saving to VSE CS and vice versa.
- One MSA expressed the need to be able to view and check-in multiple patients at the same in VSE, which was possible in VetLink. For example, having multiple windows open would allow them to check a patient in that's at the counter, while updating another patient's information that's currently on hold on the phone.
- One staff member who monitors clinical operations at a few clinics would like the ability to group clinics together, then sort by appointment time within each group in VSE CS's Workflow List.
- New appointments that are created in VSE for walk-ins are not consistently appearing in VSE CS.



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Secondary findings

- MSAs report PCI feedback to clinic supervisors or Health Administration Services (HAS) trainers.
- One Veteran received a system not operational message from CHIP, but also received a second message with a link to start their check-in. This occurred at the clinic that was still using VetLink for checking patients in.
- One Veteran on an Android device scanned the QR code, but it did not populate “check in” into the message field.
- A Veteran checking in who didn’t realize their appointment was scheduled for later in the day wasn’t clear why they were receiving the following response from CHIP: Our records show that you have an appointment today. You can check in up to 30 minutes before your appointment. Try again later.
- One Veteran, who turned out to be late for their appointment, couldn’t understand why they were receiving the following response from CHIP: We’re sorry. We can’t check you in online. Ask a staff member for help.
- When a Veteran needed their health insurance reviewed, they thought something was wrong when reading the response from CHIP, which lead with, “We’re sorry...”



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Recommendations

Recommendations

Reducing the number of Veterans thinking they're checked in when they're not

1. Add a "check in now" message from VeText/CHIP delivered 30 minutes before the appointment.
2. Test a stepped form design for check-in with Veterans as a way to better communicate the remaining steps.

Better distinguish pre-check-in from check-in

3. Add a link on the pre-check-in confirmation page for Veterans to [learn about how to check in on the day of their appointment](#).
4. Explore new naming convention for “pre-check-in” that doesn’t include “check-in.” Specifically, draft new ideas and document usage across Veteran and staff-facing applications. Consider how pre-check-in may be perceived by Veterans once new functionality is introduced and considered more valuable compared to current state. E.g., health questionnaires, editing information and medication review.
5. Explore creating a test to send a pre-check-in reminder text (via VeText/CHIP), if not completed.
6. As kiosks are removed, migrate remaining functionality into PCI, to the extent possible, especially as a way to improve the value of pre-check-in for Veterans, which will also help distinguish it from check-in. E.g., edit information, view future appointments and beneficiary travel reimbursement.



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Recommendations, cont.

Travel reimbursement

7. Introduce travel reimbursement into PCI for Veterans to quickly file a claim during check-in.
8. Talk to more travel assistants at Bay Pines and Corpus Christi to better understand what information in claims they're reviewing, why it's important and how they're making decisions as a means to streamline the reimbursement process for Veterans.

Addressing Veterans that prefer the kiosks

9. Explore reintroducing a VA-owned check-in device in clinics – once kiosks are removed and remaining functionality has been migrated into PCI or elsewhere – to better serve the needs of Veterans that aren't interested in a mobile check-in solution. And, as more functionality becomes available in both a VA-owned check-in device and a mobile solution, remove superfluous posters and brochures from clinics to streamline the check-in experience for Veterans.

Bug fixes

10. Research if there's any known QR code bugs associated with text messages not populating.
11. Research how a Veteran may have received both a system not operational message from CHIP and a second message with a link to start their check-in.



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Recommendations, cont.

Staff-facing applications

12. Revisit adding the ability to print routing slips, which is [something we've heard from clinics in previous discovery sessions](#).
13. Evaluate and prioritize all feedback mentioned by MSAs and one clinician about staff-facing applications that has been previously reported. E.g., adding last four, too much of a delay, update Veteran information in VSE or VSE CS, memo field, reason for visit for walk-ins in VSE, better notifications in VSE CS and last four.
14. Evaluate and prioritize all new feedback mentioned by MSAs about staff-facing applications. E.g., no shows not working, multiple windows in VSE, walk-ins not working and sort within each clinic/group.

Providing more information to Veterans in CHIP/VeText responses

15. Explore adding appointment time to CHIP response when Veteran is too early for check-in.
16. Explore adding information related to being too late for check-in to CHIP response when Veteran is too late for check-in.
17. Explore removing, "We're sorry," from CHIP response when a Veteran needs their health insurance reviewed to avoid possible Veteran concern or frustration.



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Thank you



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