

Veteran health experience and patient portal research

Office of the Chief Technology Officer (OCTO)

March 22, 2021

Contents

- 1. INTRODUCTION**
- 2. RESEARCH STUDY SETUP**
- 3. RESEARCH ACTIVITIES**
- 4. INSIGHTS AND OPPORTUNITIES**
- 5. REFERENCES**

Introduction

**DIGITAL MODERNIZATION STRATEGY
CHANGES TO THE VA HEALTH LANDSCAPE**



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VA will deliver self-service tools on par with top private sector companies, and will have the best online experience in the Federal Government. Every digital service will be customized to the individual using it. Interacting with VA digital services will feel like navigating TurboTax, not filling out a form.

Defined July, 2017



Digital Modernization Principles

- 1** Every VA service has a single, high quality digital version, designed with direct input from users
- 2** Every service is accessible from a single “front door” experience – VA’s internal org chart is invisible to customers
- 3** Whenever possible, services are personalized for the individual using the tool
- 4** Existing VA account holders can use that account to access all of VA’s digital tools
- 5** All of VA’s service channels provide support for and information consistent with VA’s digital tools
- 6** Customer information is protected with best-in-class security

VA.gov health product timeline



CHANGES TO THE VA HEALTH LANDSCAPE

MISSION ACT

- VA has created partnerships with health systems to provide community care.
- We want to avoid each provider creating a separate patient portal.
- Each provider in community care systems uses their own EHR – that may or may not be compatible with VA’s – creating loads of data interoperability opportunities.
- Veterans can schedule a community care appointment in VA.gov. How can we do more?
- We do not currently have a great way to surface the VA formulary or reminders about how to bill VA within community care providers’ systems.

CERNER

- Cerner is moving data systems, clinical facing tools, and patient portal one facility at a time.
- Veterans at impacted facilities have to navigate two separate patient portals – My HealtheVet and Cerner’s My VA Health – to access their health data.

Research study setup

GOAL AND RESEARCH TOPICS

METHODS

RECRUITMENT

PARTICIPANTS



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Understand how Veterans and caregivers think about and experience VA health care.

Our research was situated within the context of the My HealtheVet patient portal, other VA benefits, and non-VA health care systems.

RESEARCH TOPICS

Mental models and information architecture: What health-related content and tools outside of the MHV patient portal do users find valuable? What do they need integrated into their experience to support end-to-end workflows?

Branding and trust: What attitudes do Veterans hold toward the MHV brand? Which aspects of the MHV brand generate trust?

Patient portal: How does the current MHV patient portal support user needs? Where are there opportunities to bridge gaps or improve on existing functionality?

Sharing health information and tasks: Who do Veterans need to help them manage their health information and tasks? And how do they want to manage that sharing?



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METHODS

We conducted **remote, semi-structured interviews** with 23 participants to understand their stories.

We then observed as participants completed a series of health-related tasks online.

From this, we **learned how Veterans and caregivers navigate, sign-in, and do tasks related to health.**

TASKS

- Ask your VA care team a question
- Refill a prescription
- Check the date of an upcoming medical exam for a disability claim
- Check the date of an appointment for a yearly check up with your VA care team
- Check the date of an appointment with a provider outside the VA
- Pay a VA health care bill
- Request reimbursement from the VA for traveling to your health appointments
- Update the dependents on your VA benefits
- Update health care benefits



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RECRUITMENT

Participants were required to have applied for or currently be enrolled in VA health care.

We recruited participants for diversity within 3 variables:

- User role
- Era of military service/age
- Use of VA benefits

Significant variables that emerged during analysis:

- How and when participants enrolled in VA health care
- Use of non-VA health care and insurance for themselves or dependents
- Cognitive impairments (TBI, PTSD)

NOTE: The insights from this study do not include perspectives of

- Participants using assistive technologies
- Transitioning service members
- Providers (VHA, Community Care, or private)
- MHV coordinators, call center representatives, or VSO/VSR staff

PARTICIPANTS

User Role

- **10** Veterans
- **8** Veterans with dependents
- **5** caregivers

Use of VA Benefits

- **7** participants who utilized health care and disability only
- **13** participants with health care, disability, and 1 or more additional benefits
- **1** participant with health care but not disability
- **2** participants not enrolled in VA health care

Accessibility

- **9** participants identified as cognitively impaired
- **12** participants with 100% disability rating
- **3** participants with 50 - 90% disability rating

Age

- **7** participants aged 25-34
- **4** participants aged 35-44
- **3** participants aged 45-54
- **6** participants aged 55-64
- **3** participants 65-74

Geographic Area

- **17** different states
- **9** participants living in rural areas
- **14** participants living in urban areas



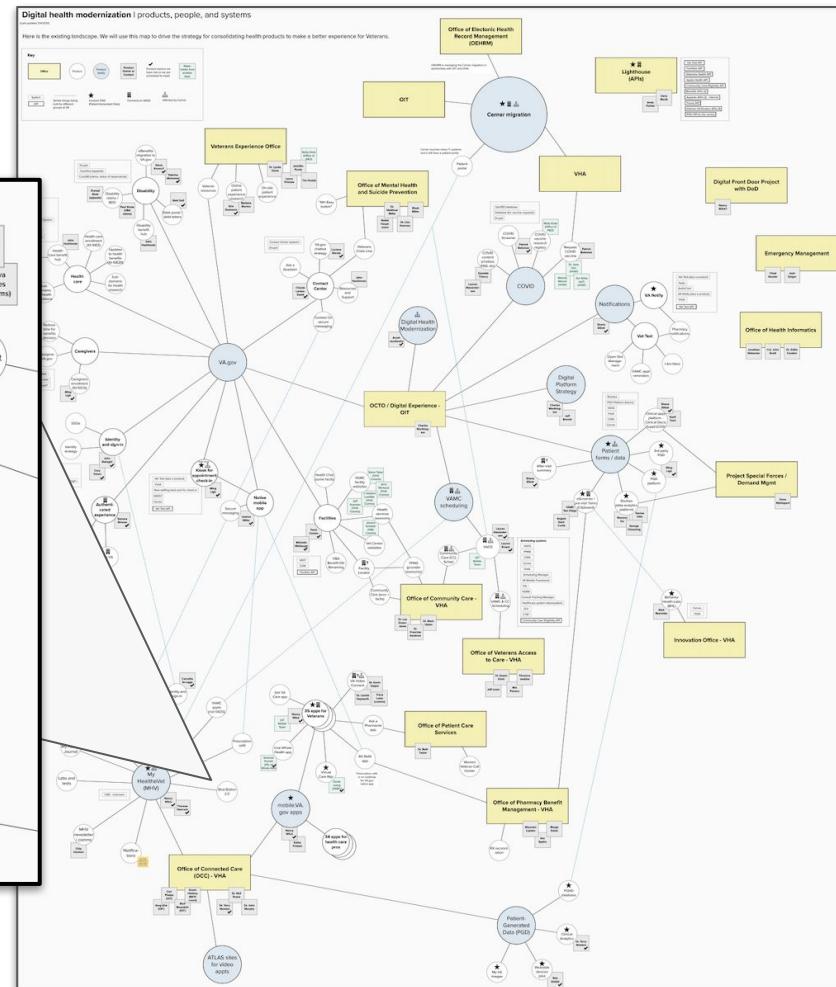
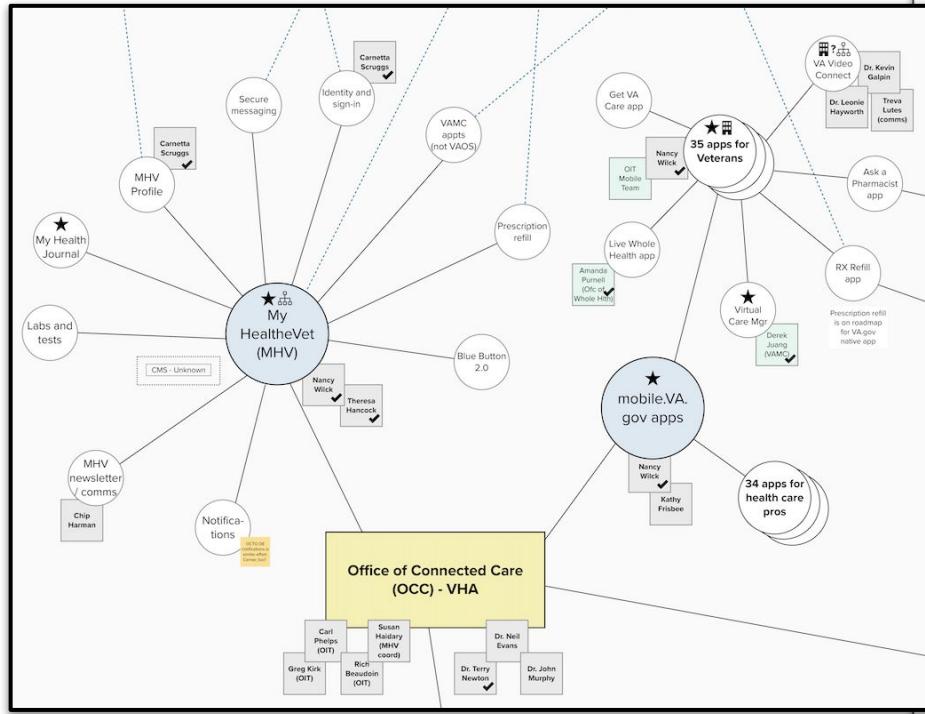
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Research activities

**SECONDARY RESEARCH
GENERATIVE RESEARCH
SYNTHESIS
OPPORTUNITIES**

SECONDARY RESEARCH

VA health landscape map: people, products, and systems

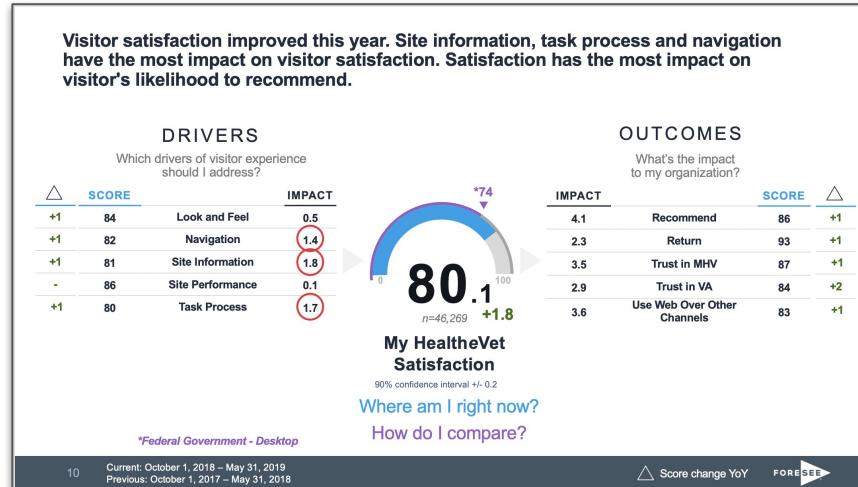


We conducted stakeholder research to understand the vast health landscape.

RESEARCH ACTIVITIES

SECONDARY RESEARCH

ForeSee Customer Satisfaction Survey, 2019



My HealtheVet consistently receives satisfaction scores over the government benchmark.

Google Analytics Report, 2021



The site has strong user engagement and has seen an increase in traffic over the COVID-19 pandemic.

RESEARCH ACTIVITIES

GENERATIVE RESEARCH

Semi-structured user interviews

Research Plan for Digital Health Modernization Discovery Research, December 2020

Goals
The Digital Health perspective. The patient portal-->dependents, and

Background
This project mainly every health prod one place, on VA.

Research questions
This research stu

1. Patient portas or improve on
2. Mental mode find valuable
3. Branding and
4. Account stru they like to b

Hypothesis
For each research

1. The MHV pat record functi
2. Veterans need experience.
3. Veterans have communicati
4. Veterans need own benefits Veteran while

Conversation Guide: Digital Health Modernization Discovery Research

Session setup
For this session, we may ask participants to share their screen in order to show us how they manage their health online. The moderator should also be prepared to share her screen and show an authenticated My HealthVet account for reference and participant feedback.

Introduction (2 minutes)
Thanks for joining us today! My name is Emily and I also have some colleagues on the line observing and taking notes. Today we're going to talk about your experience with VA health care.
Before we start, a few things I want to mention:
This entire session should take about an hour. I want to be sure not to keep you much longer, so I may occasionally prompt you with the next question or topic.
We want hear your personal experience and honest opinions. If you've had a frustrating experience or find something we show you to be confusing, we want to know about it. Understanding your story will help us create better digital products for Veterans [or caregivers] like you, and we will not be offended by any opinions you express.
Health can be a personal topic. I understand that there may be aspects about your health that you do not want to share with us. If you'd rather not answer a question, please just let me know and we can skip it.
If for any reason and at any time you want to stop the session, please let me know. This is a voluntary session, and you will not be penalized in any way if we need to stop.
Are you comfortable if I record my screen and audio as we talk today? For this session, I will have you share your screen and ask you to show us how you manage benefits online, so this means that the information in your account would be part of the recording. Just so you know, these recordings are not shared outside of the people on this call. We use them only to confirm that we have captured what you have said accurately, and then we delete them a few weeks after the session. Do you have any questions about this? Are you ok if we record today?

- If yes: Once I start recording, I am going to confirm that you are ok with me recording this session once more.
- I have started recording. I'd like to confirm: Are you comfortable if I record my screen and the audio as we talk today?

Background (5 minutes)

Remote observations with screen share

The screenshot shows a computer screen displaying the 'Compose Message - My HealthVet' page from the VA website. At the top, there's a navigation bar with links for Home, Personal Information, Pharmacy, Secure Messaging, Get Care, Track Health, Research Health, and MHV Community. Below the navigation is a main content area with a placeholder for a message and a 'Compose a Message' button. On the right side, there's a sidebar with sections for My Health, Appointments, and Wellness Reminders. A red arrow points to the 'Appointments' link in the 'Get Care' dropdown menu, which is highlighted in blue. Below the screenshot, a note reads: "Participant waffles a bit about which main navigation item, hovers over 'Get Care' in and clicks 'Appointments' link in submenu drop down."

SYNTHESIS**Qualitative data analysis framework****INSIGHT 2**

2 The VA benefit ecosystem is so complex that Veterans feel discouraged to apply for, manage, and maximize their benefits.

THEME 2.1

Veterans are unaware of what benefits are available to them or how to apply after leaving the service.

Many participants had to overcome shame in order to identify that they were deserving of VA benefits.

THEME 2.2

The application process is so overwhelming that Veterans have to rely on in-person services to access benefits.

Participants with cognitive impairments removed themselves from the process out of frustration.

FINDINGS**Barriers to discovering benefits**

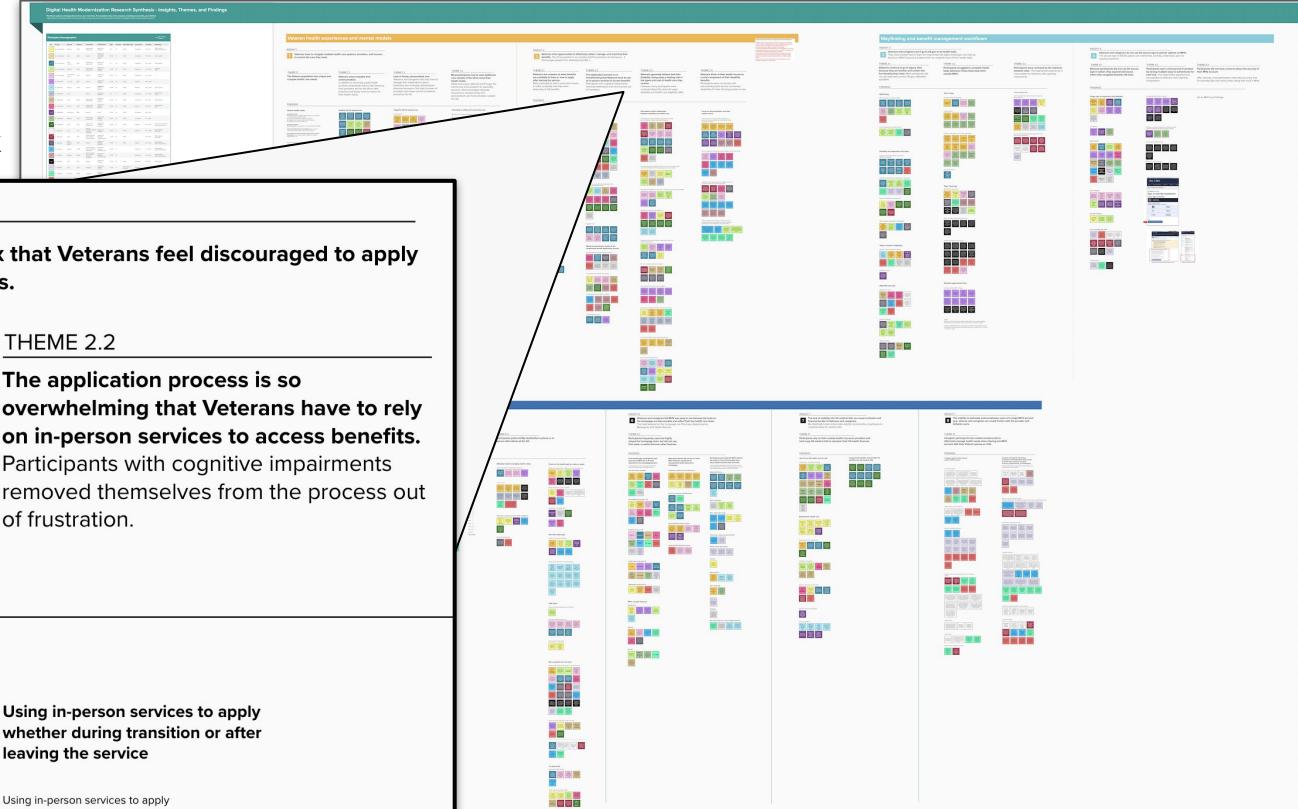
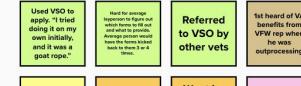
When participants enrolled in benefits

- 10 applied during retirement/discharge process
- 8 applied no more than 5 years after retirement
- 3 applied 16-21 years after retirement/discharge

Unaware of what benefits were available and how to apply

**Using in-person services to apply whether during transition or after leaving the service**

Using in-person services to apply



We start with raw data from research sessions, organize findings into themes based on trends in participant feedback and behavior, and synthesize into key insights.



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OPPORTUNITIES**Generating opportunities****Digital Health Modernization Big Rock Planning**

Co-creating recommendations

Insights and opportunities

- 1** Veterans and caregivers value MHV because it is the fastest, easiest method available to them. The digital tools are preferable to paper or in-person alternatives.
How might we lean into MHV's reputation when integrating health tools on VA.gov?
How might we empathetically transition users from a familiar and trusted MHV site?

- 2** Veterans and caregivers don't go to VA.gov to do health tasks.
How might we make new tools discoverable from existing paths?

- 3** Veterans and caregivers do not use the secure sign-in partner option to sign into MHV.
How might we remove login barriers?

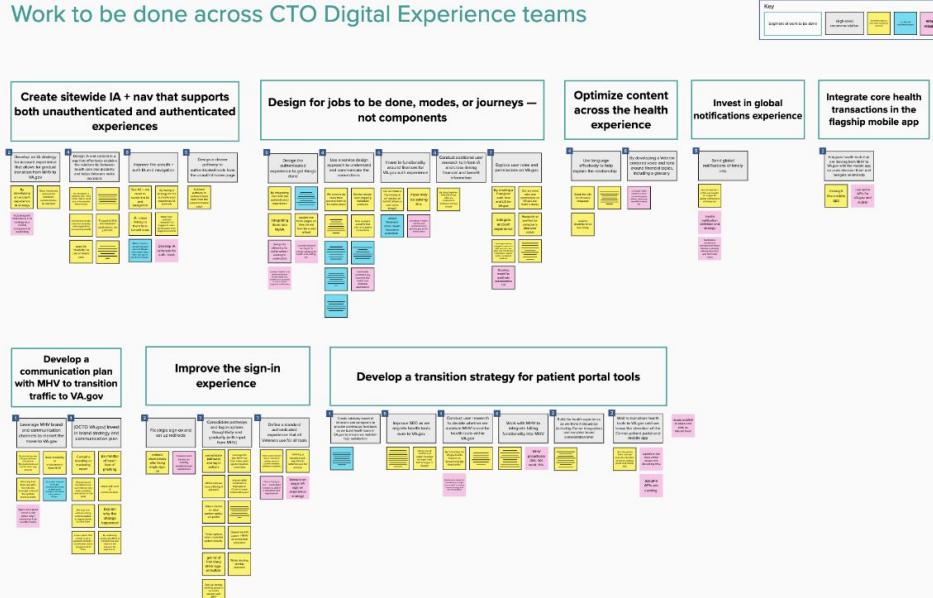
- 4** Veterans miss opportunities to efficiently obtain, manage, and maximize their benefits because VA manages disability and health care separately, without exploring the connections between them.
How might we simplify and demystify the relationship between healthcare and disability?

- 5** Veterans and caregivers felt MHV was easy to use because the tools they use the most have visual prominence on the homepage.
How might we make high-value, high-traffic health tools discoverable on VA.gov?

- 6** The lack of visibility into VA medical bills can cause confusion and potentially financial tension to Veterans and caregivers.
How might we make money matters more transparent and easier to manage?

- 7** Not being able to deactivate accounts between users of a single MHV account (Veteran and caregiver) can create friction with the provider and between users.
How might we empower Caregivers while respecting Veterans' privacy and clinicians' efficiency?

Work to be done across CTO Digital Experience teams



Insights and opportunities

INSIGHTS FRAMEWORK

THEMES AND FINDINGS

DESIGN PRINCIPLES AND NEXT STEPS



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HEALTH EXPERIENCE AND MENTAL MODELS

BENEFIT MANAGEMENT AND SIGN-IN

MHV BRAND AND PATIENT PORTAL

1

Veterans have to navigate multiple health care systems, providers, and insurers to get the care they need.

2

The VA ecosystem is so complex that Veterans feel discouraged to apply for, manage, and maximize their benefits.

3

Veterans and caregivers don't go to VA.gov to do health tasks.

4

The secure sign-in partner options on MHV are not utilized or understood by users.

5

Veterans trust the My HealtheVet brand because it offers the fastest, easiest method to complete health tasks.

6

The MHV homepage tools reflect users' top health care tasks.

7

The lack of visibility into VA medical bills can cause confusion and financial burden to Veterans and caregivers.

8

The inability to delineate actions between users of a single MHV account causes friction and confusion.

INSIGHTS FRAMEWORK**HEALTH EXPERIENCE
AND MENTAL MODELS****BENEFIT MANAGEMENT
AND SIGN-IN****MHV BRAND AND
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INSIGHT 1

Veterans have to navigate multiple health care systems, providers, and insurers to get the care they need.

THEMES

1.1 Complex health care needs.

The Veteran population has unique and complex health care needs.

1.2 Veterans value empathy and communication.

In addition to getting quality health services, participants want to feel heard by their providers, and they want proactive and timely communication from the VA about their health needs.

1.3 Lack of timely, personalized care.

Veterans and caregivers feel they have to manage their expectations about timeliness and receiving individualized attention because of the high turnover of providers and sheer volume of patients served by the VA.

1.4 Most participants had to seek care outside of the VA to meet their health needs.

While some were referred out through the Community Care program for specialty services, others leveraged separate insurance to receive timely and personalized care from providers outside the VA.

SUPPORTING SECONDARY RESEARCH

Approximately 40% of American Veterans have an identified disability, but there are likely many more that are not identified, in part due to the military culture.¹

About 1.52 million (8.5%) of Veterans had a service-connected disability rating of 70% or higher.¹

About 320,000 (19.5%) report experiencing a traumatic brain injury (TBI) during deployment.²

An estimated 31% of troops returning from Iraq and Afghanistan have a mental health condition or reported experiencing a TBI.³

DETAILED FINDINGS

Most participants had to seek care outside of the VA to meet their health needs.

16 participants received non-VA health care (includes community care)

15 participants use other insurance (private/employer-based, Medicare/Medicaid, TRICARE)

- 10 participants have 1 additional type of health insurance
- 4 participants had 2 additional types of health insurance
- 1 participant had 3 additional types of health insurance

PARTICIPANT QUOTES

"It started when our doctor, the really good one, he said you know you still have your Tricare and we both had a lightbulb going off moment. We just started going out and it was easy."

– Veteran (P10-C)

"I really am only permitted to leave my husband for maybe 4 hours at a time. To go and do what I need to do. And that includes doing things like taking care of my medical care."

– Caregiver (P11-C)

"If I wake up and something don't hurt I look for a pulse."

– Veteran (P8-B)

"If his health is stalled, then our house is stalled."

– Caregiver (P9-C)

Make the patient portal experience the constant in an otherwise varied health landscape.

Veterans should have access to their health information online, shown in a holistic, simple, and actionable way.

DESIGN PRINCIPLES

Accessibility is core to all design decisions.

Everyone should be able to use any tool or application regardless of features or complexity.

Write content with an empathetic tone.

We talk person-to-person with our customers, and use language that puts the person first, not the disability, condition, age, gender, or race.

Communicate proactively.

Use effective channels all Veterans can access to share health information or events.



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INSIGHT 2

The VA ecosystem is so complex that Veterans feel discouraged to apply for, manage, and maximize their benefits.

THEMES**2.1 Veterans are unaware of what benefits are available to them or how to apply.**

Many participants had to overcome shame in order to identify that they were deserving of VA benefits.

2.2 Veterans have to rely on in-person services to access benefits.

Participants with cognitive impairments removed themselves from the process out of frustration.

2.3 Veterans are confused about the nuanced ways disability and health care eligibility differ. Participants generally understood that their disability rating determines the types and cost of health care they can get.**2.4 Veterans are concerned with documenting their service connected disabilities for fear of losing access to care.** Veterans think of their health record as a crucial component of their disability benefits.**SUPPORTING SECONDARY RESEARCH**

Frog, Atlas Brand Strategy, 2017 Insight 2: Because Veteran's experiences are unique, they feel best served by people who are knowledgeable and experienced in navigating VA services.⁴

VE Research Finding 6: The perceived lack of quality of care in the exams is as much of a frustration as the convoluted process.⁵

VE Finding 3: Veterans are confused about how the process every time they file. Every time they file feels different and they get conflicting information.⁵

VCRD Insight 5: 'Document and store everything' is the mantra of Veterans who have filed disability claims.⁶

DETAILED FINDINGS

Veterans are concerned with documenting their service connected disabilities for fear of losing access to care.

A few participants expressed concern about not receiving care for conditions that were not claimed, even though they were already rated 100%.

Issues with their health record prevented some participants from claiming their service-connected conditions in the first place.

PARTICIPANT QUOTES

"If you have no disability at all, I don't think you can get care from the VA."

– Veteran (P2-B)

"I have had a lot of injuries but did not claim them because of different things. You are taught to suck it up and move on, you just move forwards. It hurts you when you get out because it is not documented."

– Veteran (P7-C)

"Even though I'm 100% P&T and the VA will treat me for anything, if it isn't recognized as service connected and things go seriously sideways, there are other benefits that I wouldn't be eligible for."

– Veteran (P11-A)

OPPORTUNITIES

Integrate siloed workflows so that Veterans can more easily obtain, access, and maximize their benefits.

Design IA and content in a way that clearly shows the relationship between health care and disability and helps Veterans make decisions.

The screenshot shows a personalized dashboard for Kimberly Elizabeth Washington Smith, a United States Army veteran with a 40% service-connected disability rating. The top navigation bar includes links for VA Benefits and Health Care, About VA, Find a VA Location, My VA, and My Health. A search bar and contact links are also present. The main content area is titled 'My VA' and includes sections for 'Claims & appeals', 'Health care', and 'Apply for VA benefits'. Each section contains cards with specific information and calls-to-action. For example, the 'Claims & appeals' section shows a claim for compensation received in 1999, while the 'Health care' section lists an appointment for November 12, 2020, and links for messaging, refilling prescriptions, and viewing lab results. The 'Apply for VA benefits' section shows two applications in progress for FORM 10-10EZ, 'Application for title', with details about expiration dates and opening times.

Early design concept for a personalized view of VA benefits.

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1

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The VA ecosystem is so complex that Veterans feel discouraged to apply for, manage, and maximize their benefits.

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Veterans and caregivers don't go to VA.gov to do health tasks.

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The secure sign-in partner options on MHV are not utilized or understood by users.

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INSIGHT 3

Veterans and caregivers don't go to VA.gov to do health tasks.

THEMES

3.1 Veterans continue to go to MHV and eBenefits because they are familiar and they have what Veterans need.

Participants navigated directly to My HealtheVet to start their health tasks.

3.2 Participants had difficulty with the fragmented experience between MHV, eBenefits, and VA.gov.

The fragmented experience is inaccessible for Veterans with cognitive impairments.

3.3 Participants struggled to complete health tasks whenever those tasks took them outside MHV.

This included copay, travel pay, and scheduling appointments.

SUPPORTING SECONDARY RESEARCH

Frog, Atlas Brand Strategy Theme:
Veterans are ok with going to different sites for different services, but expect there to be clear paths between and that they'll feel like the same place/same organization.⁴

DETAILED FINDINGS

“I don’t know any of these other than My Health Vet, which what I signed into to get here.” – Veteran, P8-C

The screenshot shows the AccessVA homepage with the U.S. Department of Veterans Affairs logo at the top left. The main title is "Securing your Access to VA". A large blue bar at the top features the IAM (Identity & Access Management) logo. Below the bar, there's a section titled "I am a Veteran" with several service links:

- Direct Upload (Veterans Claims Intake Program)
- eSCREENING
- Life Insurance Online Policy Access
- MILLION VETERAN PROGRAM
- ROES (Remote Order Entry System)
- VIP (Vendor Information Pages)
- Apply for Service-Disabled Veterans Insurance
- VIC (Veteran Identification Card)
- Veteran Patient Statement
- My healthvet
- Veteran Travel Claim Entry
- VA-VMC (Virtual Medical Center)

Two links, "My healthvet" and "Veteran Travel Claim Entry", are highlighted with red rectangular boxes.

Participants were frustrated by the fragmented experience to complete travel pay.

PARTICIPANT QUOTES

“[VA.gov] usually ends up kicking me to another website, so I go to the primary website to start with.”

– Veteran (P11-A)

“I keep getting eBenefits and My HealtheVet mixed up. So I can’t remember which one I get on there and chat with.”

– Veteran with cognitive impairments (P2-C)

“I wish one would lead to the other...Maybe a link from My HealtheVet that would take me directly to here [pay.gov] and log me in?”

– Veteran (P8-A) referring to copay workflow

Create a clear path between websites for health tasks.

Veterans should be taken directly to the information and tools they need, especially when tasks are distributed across multiple websites.

WHAT WE ARE DOING

Streamlining health workflows on VA.gov.

Improving the information architecture on health pages to solve discoverability issues and streamline health workflows.

Developing the VA flagship app.

Integrating health and benefits tools and information as one consistent experience.



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INSIGHT 4

The secure sign-in partner options on MHV are not utilized or understood by users.

THEMES

4.1 Because participants did not use the secure sign-in option, they experienced issues when they navigated between VA sites.

4.2 Participants were confused and frustrated by having multiple ways to authenticate for each site.

This fragmented experience is inaccessible to Veterans with cognitive impairments.

4.3 Participants felt their MHV account was secure.

Most participants cited security when rating their trust in MHV.

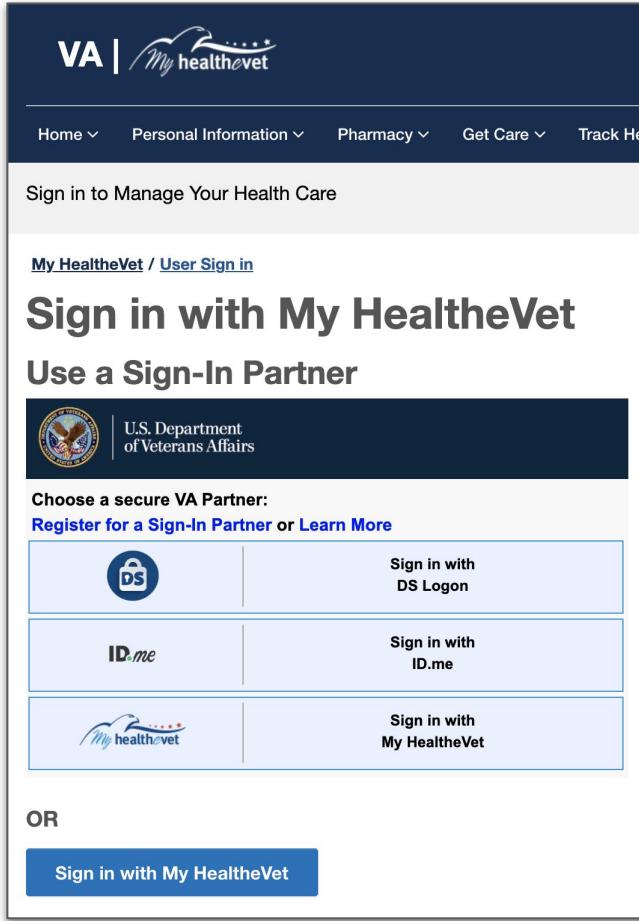
SUPPORTING SECONDARY RESEARCH

VCRD Insight 9 supporting theme:
Veterans have to manage multiple credentials to access VA benefits, health and money. The disparate and disconnected systems are confusing, and managing multiple accounts is too much work.⁶

Foresee Technology Use Survey finding:
31% of respondents stated they were “extremely concerned” (10/10) about privacy and security when using technology for managing health.⁷

DETAILED FINDINGS

Multiple sign-in options cause confusion.



PARTICIPANT QUOTES

"I always just go with the one that says My HealtheVet. It is easier for me to get to it that way."

– Veteran (P5-C)

"Why would I use DS Logon if I have the MHV option?"

– Veteran (P11-A)

"He knows if he needs help logging in I am usually here."

– Caregiver (P11-C)

"I think his phone finally saved his password. For a long time he couldn't get on because he couldn't remember the password or where to find the password."

– Caregiver (P9-C)

Give Veterans a consistent, consolidated sign-in experience for all VA digital services.

Veterans should not have to manage multiple credentials and websites to manage their benefits.

WHAT WE ARE DOING

Working across OCC, VBA, VHA, and others as the Identity Working Group to implement identity vision.

Fixing single sign-on between MHV and VA.gov so Veterans and caregivers can do key tasks easily, starting from either website.

Coordinating memo from VHA leadership.

Getting feedback on proposed identity roadmap (presented 3/18/21).

Doing stakeholder research with MHV coordinators, contact center, and help desk.



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INSIGHT 5

Veterans trust the My HealtheVet brand because it offers the fastest, easiest method to complete health tasks.

THEMES

5.1 My HealtheVet has high name recognition, satisfaction, and trust among Veterans and caregivers.

Participants found My HealtheVet easy to use and secure.

5.2 Veterans prefer My HealtheVet to phone or in-person alternatives at the VA.

When rating their satisfaction and trust, participants described MHV in contrast to their other interactions for VA health care.

SUPPORTING SECONDARY RESEARCH

Forsee Technology Use Survey:
Customer satisfaction with My HealtheVet is 80.1%, well above the government benchmark for satisfaction (74%).

Site information, task process and navigation have the most impact on visitor satisfaction.⁷

DETAILED FINDINGS

“Your 1-stop shop for everything health care related, once you have your disability rating.”

– Veteran (P11-A)

Participants navigated to the patient portal by searching for some version of “My HealtheVet” or had the page saved on their device.

Participants rated their satisfaction in MHV **4.6 / 5** on average.

Participants rated their trust in MHV **4.5 / 5** trust on average.

PARTICIPANT QUOTES

“That is the easiest way to get ahold of them. Otherwise you are sitting on hold from 45 minutes to an hour trying to transfer through the systems.”

– Caregiver (P9-C)

“It is easier and more versatile than to get on a call to ask questions or schedule.”

– Caregiver (P11-C)

“Quicker to do what you need to do. I don't need to be frustrated by talking to the doctor before I can get [medication]. I can just go onto MHV, select the meds I need to refill and it is mailed to me.”

– Veteran (P5-C)

INSIGHT 6

The MHV homepage tools reflect users' top health care tasks.

THEMES

6.1 Overwhelmingly, participants used and valued MHV for its 4 tools featured on the homepage banner.

Pharmacy, Appointments, Messaging, and Health Records tools were the most valuable.

6.2 Participants do not use or find value in self-entered data or resources.

Veterans and caregivers felt the transactional tasks were captured on the homepage, and did not explore additional resources.

6.3 Participants felt MHV offered the same or more functionality than other patient portals they had used.

SUPPORTING SECONDARY RESEARCH

My HealtheVet Statistics Overview:
1.3 unique registrants logged into MHV.⁸

- 44% (599,000) requested Rx refills
- 39% (525,000) viewed their appointments
- 32% (439,000) sent Secure Messages
- 13% (180,000) used Blue Button
- 5% (66,000) used Health Summary

DETAILED FINDINGS

An official website of the United States government. [Here's how you know.](#)

VA | My healthvet

Talk to the Veterans Crisis Line now >

Search | About | Contact

Home | Personal Information | Pharmacy | Get Care | Track Health | Research Health | MHV Community | Secure Messaging

Welcome, Test (Premium) U.S. Air Force, U.S. Marine Corps Account last accessed: 18 Mar 2021 @ 1653 ET Log Out

i COVID-19
Learn about [COVID-19 vaccines at VA](#). We encourage [telehealth](#) visits to reduce risks. The [VA coronavirus chatbot](#) answers most questions about VA services.

New Patient Portal:
Manage your health care at Spokane (Mann-Grandstaff) VA Medical Center using the My VA Health patient portal at URL <https://patientportal.myhealth.va.gov/>. For assistance call the My VA Health Support Line at 888-444-6982 (MYVA). We recommend accessing My VA Health from Google Chrome or Microsoft Edge.

Pharmacy
[Refill VA Prescriptions](#)
[Track Delivery](#)
[Medications Lists](#)

Appointments
[View My VA Appointments](#)
[Schedule a VA Appointment](#)
[VA Facility Locator](#)

Messages
[Inbox](#)
[Compose Message](#)
[Manage Folders](#)

Health Records
[Blue Button Medical Reports](#)
[Labs and Tests](#)
[Electronic Sharing Options](#)

Resources

Benefits	Veterans Health Library	Community
Mental Health	Healthy Living	HealthLiving Assessment

In the Spotlight

Can I Take Off My Mask?

Have you been fully vaccinated but aren't sure what to do next? CDC has new guidelines to help you understand what's safe to do now and what hasn't changed.

Schedule or Cancel a VA Appointment

PARTICIPANT QUOTES

"Really what I use it for are the 4 big boxes."

– Veteran (P9-A)

"The little blue blocks pretty much categorize every need that you would request from the VA."

– Veteran (P8-A)

"You are supposed to fill in where you saw the VA. Which VAs you are going to. I don't know why I would do that."

– Veteran (P10-C) referring to self-entered Treatment Facilities

Veteran health outcomes should always be the north star.

We must help Veterans navigate the fragmented health landscape as we reimagine a future patient experience.

WHAT WE ARE DOING

Consolidating the sign-in experience across VA websites.

Fixing single sign-on between MHV and VA.gov so Veterans and caregivers can do key tasks easily, starting from either website.

Working across OCC, VBA, VHA, and others as the Identity Working Group to implement identity vision.

Streamlining health workflows on VA.gov.

Improving the information architecture on health pages to solve discoverability issues and streamline health workflows.

Collaborating across teams.

Building the digital health modernization vision and roadmap as a combined OCTO-OCC-MHV team.



U.S. Department
of Veterans Affairs

INSIGHT 7

The lack of visibility into VA medical bills can cause confusion and financial burden to Veterans and caregivers.

THEMES

7.1 Participants rely on their outside health insurance providers and hard copy VA medical bills to decipher their VA health finances.

My HealtheVet does not provide visibility, functionality, or pathways to complete tasks for medical bills.

SUPPORTING SECONDARY RESEARCH

MHV Google Analytics, January - March 2021:
4 of the top 10 search terms related to health finances.⁹

- Travel pay: 6,541 unique searches
- Travel: 2,759 unique searches
- Billing: 2,261 unique searches
- Travel reimbursement: 1,624 unique searches

DETAILED FINDINGS

Medical copayments on pay.gov

The screenshot shows the Pay.gov homepage with a banner for the U.S. Federal Government Agencies. Below the banner are several boxes for different agencies:

- Department of Veterans Affairs:** Make a VA Medical Care Copayment. Pay it right here.
- Small Business Administration:** Make a SBA 1201 Borrower Payment. Pay it right here.
- United States Coast Guard:** Pay a Merchant Mariner User Fee. Pay it right here.
- Department of Defense:** Make a VA Medical Care Copayment. Pay it right here.
- Internal Revenue Service:** Apply for IRS 1023 EZ. Pay it right here.
- Treasury:** Pay a Delinquent Federal Non-tax. Pay it right here.

At the bottom, a link says "What would you like to do?"

Travel pay on access.va.gov

The screenshot shows the AccessVA homepage with a banner for "Securing your Access to VA". Below the banner are two rows of links:

I am a Veteran:

- Direct Upload
- eSCREENING
- ROES
- Veteran Patient Statement
- MVP MILLION VETERAN PROGRAM
- VIP VETERAN PRIORITY ACCESS
- VA-VMC VIRTUAL MEDICAL CENTER

I am a Family Member:

- Direct Upload
- FAST
- My Health-Vet
- Veteran Travel Claim Entry

I am a Service Member:

- VA-VMC VIRTUAL MEDICAL CENTER

I am a VA Business Partner:

I am a VA Employee or Authorized Contractor:

At the bottom, links for VA HOME, PRIVACY, and FDA are shown.

Veterans have to navigate multiple sites to complete financial tasks for their health care.

PARTICIPANT QUOTES

"If I lost the letter, I'd be totally lost."

– Veteran (P8-A) referring to a VA medical bill.

"The one thing that is not on [MHV] is on my [health insurance] website, it shows me when a bill has been submitted and the allowed amount and what the insurance has paid as well as how much I need to pay. This site [MHV] does not show dollar amounts for exams here."

– Veteran (P9-A)

"I can't submit this to my FSA because it doesn't send me an itemized [bill]... I just get these strange letters from the VA."

– Veteran (P10-B)

Money matters should not be separate from health tasks.

Veterans should be able to see financial information in context with their VA health services.

WHAT WE ARE DOING

Add medical copayments to VA.gov debt portal.

It's officially on VA.gov roadmap.

WHAT WE COULD DO IN THE FUTURE

Connect health tasks through notifications.

Leverage VA.gov's platform to design usable and useful notifications.



U.S. Department
of Veterans Affairs

INSIGHT 8

The inability to delineate actions between users of a single MHV account causes friction and confusion.

THEMES

8.1 Caregivers have developed workarounds to effectively manage health needs when sharing one MHV account with their Veteran spouse or child.

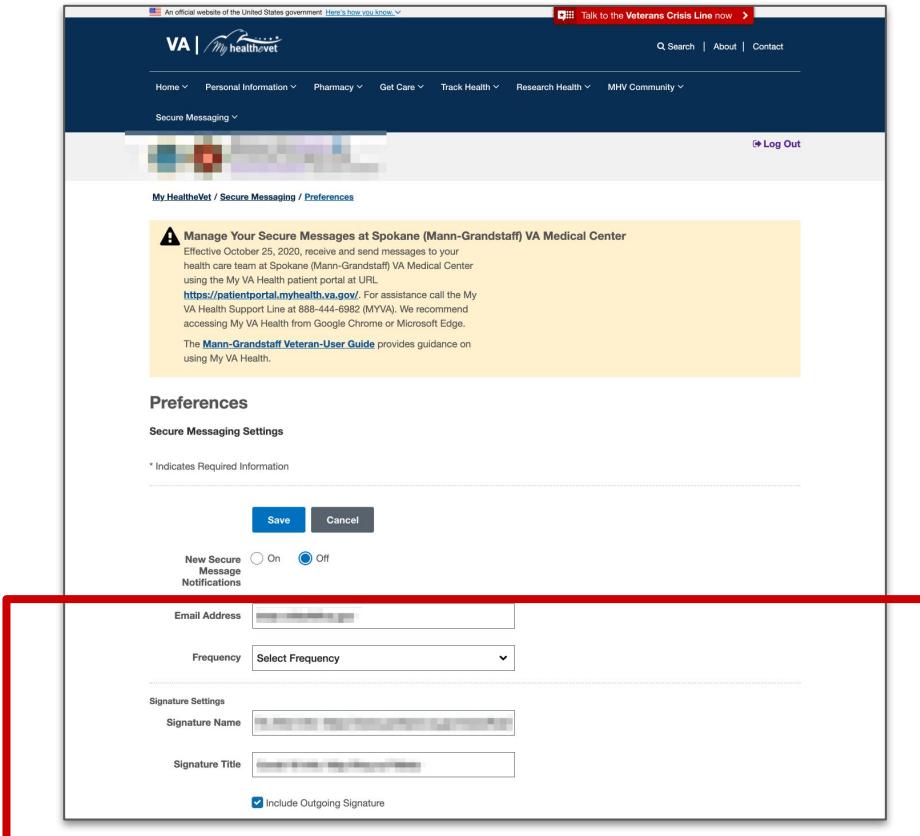
Some providers were uncomfortable communicating with the caregiver through secure messaging on the Veteran's account.

SUPPORTING SECONDARY RESEARCH

IAM VDT Qualitative Inquiry Findings:
Benefits - Participants want opportunity to co-manage Veterans healthcare needs. They value the option to communicate directly with the healthcare provider on the Veteran's behalf.

Barriers - Participants raised concerns about tech literacy, lack of knowledge with the system and authentication process, and complications with VDT registration.¹⁰

DETAILED FINDINGS



The screenshot shows the 'Secure Messaging' preferences page for the VA MyHealtheVet system. At the top, there's a message about managing secure messages at Spokane (Mann-Grandstaff) VA Medical Center. Below that, the 'Preferences' section has a heading 'Secure Messaging Settings'. It includes a note about required information and two buttons: 'Save' and 'Cancel'. Under 'New Secure Message Notifications', there are fields for 'Email Address' (redacted), 'Frequency' (set to 'Select Frequency'), 'Signature Settings' (with fields for 'Signature Name' and 'Signature Title' both redacted), and a checked checkbox for 'Include Outgoing Signature'. A red box highlights the 'Signature Settings' area.

Caregivers leveraged the signature and email preferences in Secure Messaging to effectively manage their Veteran's health.

PARTICIPANT QUOTES

"If there is a way to create a separate login with the same permissions without making you feel like you're the parent logging into the kid's computer. That's sometimes how I feel."

– Caregiver (P1-C)

"I have to talk to my doctors, they won't really talk to [my caregiver] I guess. That part falls on me."

– Veteran (P2-C)

"It is a struggle to get somebody to listen to you. The doctor sees them once every 6 months. I see him every day. I have a unique perspective they don't have. I am not saying I know more than them but I do and its from a non-clinician aspect."

– Caregiver (P11-C)

Make user delegation simple.

Find ways to make it easier for caregivers to manage Veterans' health.

WHAT WE ARE DOING

Defining user role for dependents in Master Person Index (MPI).

Making it easy to identify dependents in MPI (part of the Dependent Benefits Letter work).

Updating Terms of Service.

Working with Legal to change Terms of Service so we can stop closing accounts for non-malicious account-sharing.

WHAT WE COULD DO IN THE FUTURE

Simplify delegation tools to increase adoption.

Conduct service design research to do this.

Questions

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