Improving the Disability Claims and Appeals Process

Communications and Measurement Field Research: Primary Takeaways

Veterans Experience Office

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1. Finding: **Many Veterans will continue to rely on VSOs to navigate the process for them**, no matter how well we educate and clarify.
   1. Recommendation: **VSOs need education along touchpoints** that mirrors what we’re offering Vets
   2. Associated concepts: All
2. Finding: Veterans want three primary things no matter their claim type, separation date, personal story, personal disability etc: **They want to know what’s going on now, how long it will take, and what happens next.**
   1. Veterans are comfortable with average or estimated times, and understand that VA cannot provide times specific to their own claim. **They much prefer average or estimated times to nothing at all.**
   2. Recommendation: We do not need customized communications per Veteran persona. We DO need **contextually relevant communications** based on the claim type, conditions claimed, etc. **All baseline informational communications we create should be equally applicable to all Veterans.**
   3. Recommendation: For letters and other claim-related communication sent directly to the individual claimant, **use data to determine the potential variances in communications that will add value and clarity**, such as personalizing messages based on service record, condition type, local traffic conditions. Treat this as a concierge opportunity. **Small gestures of individual recognition go a long way:**

*“They don’t take into consideration that out of service you’re probably at a new job and trying to get permission to do all these exams with a new boss is challenging, especially for a non-military boss.”*

Associated concepts: Claims Status, Appointment Flexibility

1. Finding: **Veterans are confused about the process every time they file,** whether it’s their first time, their third time, for a new condition, for an increase in service. **Each time they file it feels different and they get conflicting information.**
   1. Recommendation: When Veterans file for something associated with a prior claim, all of that prior claim’s records and data need to be readily applied and available in context to the new task.
   2. Recommendation: All of the steps that are the same between claim types should be presented the same way, in the same order, and with the same language (modular). Even if the new claim is a truncated process, or a variation in that process, replicate the steps that are shared and be clear about what is different and why. Do not create a brand-new process for each claim, or make it seem as if it’s different.
2. Finding: Many Veterans will not use eBenefits to submit their claim, no matter how much it’s improved in the future.
   1. Recommendation: we need **communications accessible via multiple formats and in multiple locations** (online, in VCs and VSOs, sent via mail…)
   2. Recommendation: While eB is a good resource for adding pre-submission educational material, this same material needs to be available in other ways. Right now **VSOs are playing that role, so let’s tap into that knowledge base to drive access if not using eBenefits.**
   3. Associated concepts: All
3. Finding: While eBenefits allows Veterans to have control by filing their own claim, the UI and language is convoluted enough that Veterans make mistakes when using it, sometimes causing claims to be rejected.
   1. Veterans self-selecting their conditions **may choose the wrong condition because eBenefits uses medical jargon. The claim will be rejected**.
   2. Veterans think that their **add-on claims and appeals are not linked to the original claim that it refers to**. Even if it is linked, the UI is too complex for Veterans to think otherwise.
   3. Recommendation: Use a similar UI and language as WebMD **where the target is the patient, not a docto**r. Winnow down to the correct conditions via taxonomies that resonate and that cluster by symptom.
4. Finding: The perceived lack of quality of care in the exams is as much of a frustration as the convoluted process.
   1. **No amount of communication targeting the Veteran can make up for a lousy experience in the exam**
   2. There is **a lack of VA oversight of the contractors**, both in facility accessibility (ADA) and potential abuse of the system (mentions of fraud) (RA note: this may be specific to the SF Bay local contractor, MSLA)
   3. **Contract examiners do not understand military culture** (RA note: this may be specific to the SF Bay local contractor, MSLA)
5. Finding: Veterans who go through claims during service or in TAP generally have a faster claims process.
   1. These are likely **fully developed claims**
   2. TAP does **NOT do a better job at preparing Veterans for C+P exams**
   3. TAP does **NOT prepare Vets for future claims submissions,** because the Vet is not an active participant during the TAP submission process, and because TAP treats disability claims as a once in a lifetime event
   4. Some service members get the **C+P exams on base and assume it’s a military doctor, not a VA doctor** (Renee note: not sure if a. this is true and b. if it matters in the long run)
   5. Associated concepts: Claims Comparison Tool
6. Finding: Veterans are prompted to file for claims for non-service-connected conditions by well-meaning people
   1. Insight: The very person who best recognizes a deteriorating condition or a new condition – the medical doctor – will suggest they file for disability. But **often these are not service connected** **and clog up the system, as well as set false expectation** that the Veteran will receive or increase compensation.
7. Finding: Veterans want to feel like they’re control of any process. The current claims process makes them feel vulnerable, which goes against military conditioning.
   1. Not surprisingly, of the 9 concepts we shared with Veterans, **most of** **the highest ranked concepts were all about control and self service**: Claims Status, Appointment Flexibility, Pre-claim Checklist, Alerts/Notifications
   2. Recommendation: **Develop communications and tools that offer Veterans a sense of control, even if nothing has inherently changed in the overall process.**
   3. Recommendation: **Fully Developed Claims also lends itself to a sense of control**. We need to promote this claim type while making it “idiot proof.”
8. Finding: VSOs are filing on paper. Paperwork gets lost. The SEP portal that VSOs “use” isn’t being used consistently.
   1. Recommendation: **Conduct research/surveys with VSOs to tell us about their SEP use and access**
9. Finding: While there is general dissatisfaction around the “checklist” approach to DBQs, two insights stand out: there need to be more gender-specific questions on some DBQs; and the checklist approach is actually good for mental health exams.
   1. Insight: For mental health exams (called “psych” in vernacular) asking probing questions that can be found in the patient’s medical records can trigger symptoms**. Genericizing the mental health DBQ’s allows VSOs (and potentially the VA) to help prepare Vets for what to expect.**
   2. Recommendation: Many Veterans with a mental health disability drop out of the claim process out of fear of the exam. VSOs are an underutilized resource for Veterans who fall into this gap. **VA needs to better connect Veterans with VSOs when separating from service, for help filing for any condition, but in particular with PTSD and other mental health conditions.**
   3. Recommendation: Determine which DBQs need a closer look to differentiate how questions might be added and/or rephrased based on gender
   4. Associated concepts: Videos preparing for exams
10. Finding: **Even the best intentioned solutions might not be what Veterans want.**
    1. We tested a way-finding map to help navigate facility campuses with multiple buildings; and floorplans of facility buildings. Veterans often stated they didn’t use maps, even while recognizing that the facilities could be hard to navigate. Instead of developing a resource-intensive mapping app or printed maps for each facility, just give Veterans written directions in the appointment letter telling them where to go (turn right; up the elevator to the third floor…)
    2. We tested a Rating Estimator tool that allowed Veterans to self-select different criteria that are used in the rating, accessible prior to receiving the rating letter. Veterans completely rejected this, stating that it would set expectation, and that the math was too complex.
11. Finding: Veterans are almost never asked for their feedback during the claims process, or during the appeals process. The few times they are asked to provide feedback, inconsistencies in methodology exist between facilities and touchpoints.
    1. **Veterans want to give feedback.** This aligns with their desire to be heard.
    2. **It is VA’s responsibility to standardize feedback processes and** **mechanisms** so the feedback is consistently administered and analyzed for **all VA facilities and contractor clinics.** Without standardization, Veterans and VA both will suffer from:
       1. Misidentifying true problem areas
       2. Wrongly prioritizing which things need to be improved first, leading to misdirected funds and resources

Ranked Concepts

1. eBenefits Status Screen Improvements
2. Reminders/Alerts
3. (tied) C&P Exam Videos
4. (tied) Appointment Flexibility
5. Claims Checklist
6. VA Rep in Clinic
7. (tied) Claims Comparison
8. (tied) Mobile Appointment Reminder
9. Wayfinding Tools
10. Rating Estimator