**Services Taxonomy Conversation Guide**

* **I have started recording.**
  + I'd like to confirm: Are you comfortable if I record my screen the audio as we talk today?" Yes that’s fine.

**Warm-up [5 minutes]**

* **Can you tell me a little about what kinds of VA facilities you have visited before?** I left the army in 2014 so I started with the va in 2015. I have been to hospitals, local clinics and I did an outpatient mental health one time. For the most part it has been big hospitals
* **Rate interactions:** Cant beat the price. I don’t have private insurance but my wife does and I am getting a job that the price isnt bad then will sue the va as a secondary because I am covered for service connected
* **Have you ever participated in a VA research study before?** I think this is my 3rd or 4th. The last one was like this. Paying va benefits online.

**Usability tasks [~ 40 minutes]**

**Card sort 1**

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| **SERVICES** | **PARTICIPANT NOTES** |
| Medical records | Administrative |
| Wheelchair and mobility | I would put under specialty care because its not primary. |
| Whole health | Primary care. |
| Women Veteran care | Primary care |
| Workshops and classes | I feel like that can go under administrative |
| Billing and insurance | Administrative |
| Chaplain service | Temporary for right now. Put Chaplin under social services and programs because it doesn’t go to transition but if I needed a Chaplin would be social programs first. |
| Library services | Administrative |
| Radiology | I feel like that is normal enough so it can go to primary care. |
| Advice nurse | Primary care |
| LGBTQ+ Veteran care | I would put that under social programs. I don’t know if they would need specialty care. If you have a cold you don’t need special care, it doesn’t matter who you love. |
| Military sexual trauma care | I would put that under specialty care because I feel like theres a physical and mental aspect. |
| Minority Veteran care | Same as LGBQT, it doesn’t relate to medical concerns so social programs. |
| Social work | social services and programs. To me social work is like programs that aren’t direct va programs but services and programs in the community. |
| Caregiver support | Specialty care, the caregiver program is if you are looking for something it will only be a small portion. |
| Registry exams | Can you tell me what that is. I would put it under administrative but I might put that under a special category to be named later. Yeah a new category but I don’t know what I want to call it yet. |
| Returning service member care | Temporary. What does the va say that is. Okay I am starting to build temporary into something. I might call that transition because that’s coming form the military to veteran side. I want to call that transition. |
| Smoking and tobacco cessation | Specialty care because primary care is something an average person needs. An advantage person wont need specialty care. |
| Substance abuse care | Specialty care. I am starting to think about developing another category with substance abuse and smoking in the same spot. Let’s just call it substance abuse for now. |

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| --- | --- |
| **CATEGORIES** | **PARTICIPANT NOTES** |
| Mental health care | I would take the bubble and put it under primary care or specialty care. None of these are specific mental health issues like suicide issues it could be caused my MST. I don’t feel like any of these are one off health care issue. I wouldn’t walk into the va and be like I am here for mental health; you’d go to primary care and they would refer you. |
| Prepare for your visit | None fit the bill |

**I am sure theres a program that incorporates those programs so a more appropriate name could go there.**

Any need reworded: **No I think I like what’s going on here.**

**Card Sort 2**

|  |  |
| --- | --- |
| **SERVICES** | **PARTICIPANT NOTES** |
| Grief and bereavement counseling | Mental health care. |
| MOVE! weight management | Right off the bat I would put that in specialty care but I think it will relocate shortly |
| My HealtheVet coordinator | I would put that under primary care because myhealthevet is where I make all of my appoint3metns. So primary care is a good place for that to go. |
| Nutrition, food, and dietary care | I want to create a new category and put that and move in the same category. I think I would call it dietary improvement but it might change. |
| Patient advocates | Primary care as well because that’s something a lot of people can use and you can use it for every appointment if wanted. |
| Recreation and creative arts therapy | I would put that under specialty care for now. |
| Applying for health care | Prepare for visit, actually let’s put that in post service because it’s another one I might change the title later. |
| Travel reimbursement | Administrative because if my brain was like where is that. It would go to the Administrative section |
| Veteran connections | Lets start a new subcategory and call it post service. Yes it will have voc rehab and veteran connections in there. I feel like they aren’t specific a lot of this is medical oriented and these two options to me seem like they are to help the veteran through their life changes and not their medical or va. I think those are more of support for life like employment and education. They fit together. |
| Vocational rehabilitation and employment programs | Specialty for now but it will move shortly as well I think. |
| Employment verification | Administrative |
| Freedom of Information Act requests | Administrative |
| Privacy office | Administrative because it seems like and administrative function. |
| Make an appointment | Prepare for visit. |

Post service I would rename that to “I’m out now what”. I am thinking of a label. Lets leave it at post service because I cant think of a label. It’s a place for a new veteran to go to answer the question they have. They could start there. If I saw that I would know exactly which one to tap on.

Any need reworded: No. Let me think. Let’s put recreation and art therapy under mental health because it has the word therapy. I don’t know that, yeah its mostly the word therapy. I think everything else is good.

**Closing [5 minutes]**

**Post-research follow-up questions**

* Anything you would like to point out not discussed: No based on what we saw. A lot of those I was trying to go through this and maybe do another round for refining the headers. I think they are all appropriate.
* Va.gov site page for a facility: I have yes
* Experience: It is really old and I was confused.