VCR LIGHTHOUSE PROJECT BETA PACK
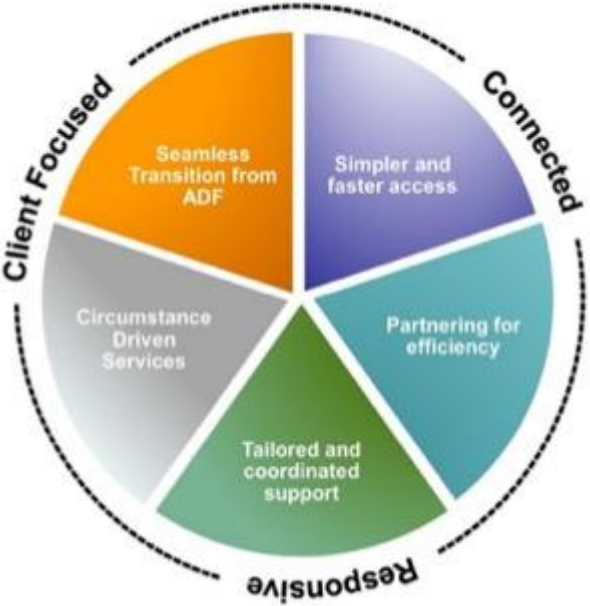
A DVA/DHS digital transformation initiative

8 September – 9 December 2016
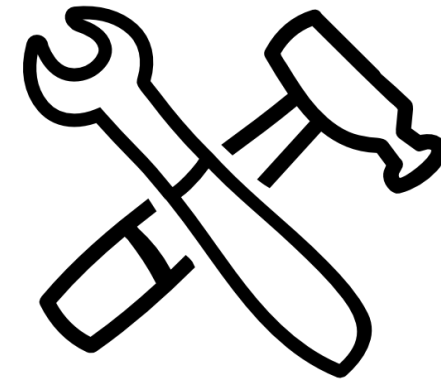
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Section 1 – Background and purpose

Background and purpose

In February 2016 Executives from the Department of Veterans' Affairs and the Department of Human Services announced a joint digital 'Lighthouse Project' to start transforming client focused services as part of Veteran Centric Reform (VCR).

VCR Lighthouse Project

The VCR Lighthouse project has been designed to support and inform Veteran Centric Reform (VCR). VCR is a major transformation initiative underway within the Department of Veterans' Affairs (DVA) to modernise the department's culture, processes, services and ICT. This transformation will be achieved by redesigning business processes and underpinning business operations with modern ICT solutions.

The VCR Lighthouse project will test the application of the Digital Service Standard in improving the liability process. The insights and lessons learnt from the project have informed the second pass business case.

The VCR Lighthouse project commenced a 20 week project to apply the Digital Transformation Agency (DTA) service design and delivery method. The process has four stages summarised in the table below.

Stage	Snap shot	Output
Discovery	• Map the broad service landscape. • Research real needs and problems faced by users. • Understand policy intent and technology restraints.	• A hypothesis defining the target state of the service which will be tested with a number of solutions in Alpha.
Alpha	• Test hypotheses with prototypes. • Explore multiple ideas. • Do user research. • Iterate solutions using learnings.	• A tested low-fidelity prototype testing the vision of the service. • Definition of the MVP to be developed in Beta.
Beta	• Define a minimum viable product. • Build an accessible and secure service. • Allow public trial. • Use feedback to improve the service. • Iterate the build of the minimum viable service.	• The earliest usable product: the simplest working service meeting a real user need.
Live	• Put team and processes in place to operate & improve service. • Phase out old services. • Consolidate existing non-digital channels.	• A scaled service replacing the legacy service.

What is Beta?

In Beta the team begins to build a working service that users are able to transact with.

By the end of the Beta stage a minimum viable product (MVP) will be built and tested with users. The MVP is a product with the minimum number of functions required to be built to meet a user need. The product will continue to be improved based on insights from users.

Private Beta vs public Beta

The Lighthouse project team have chosen to complete Beta in two stages, a private Beta and a public Beta. In October 2016, the team released MyService in a private Beta to a controlled group of eligible participants.

Some of the benefits of completing a private Beta are being able to test the service in a controlled environment, provide support and collect feedback from a sample of users and staff. This helps to ensure the service works and meets the needs of users and staff before a public Beta.

Future iterations will take into account expanding the service, complementing existing services and greater back-end integration.

Our Minimum Viable Product (MVP) - 'MyService'

From the prototypes refined in Alpha we identified the fundamental features related to the core service offer, 'improving clients access to services by; simplifying determination, reducing time taken to process, reducing ambiguity and becoming transparent'.

The features of the MVP include:

For clients:
- User is able to register for the service and login on multiple platforms
- User is able to request cover* for a condition related to service
- User is able to upload diagnosis and supporting evidence
- User is able to update profile details

For staff:
- Staff are able to view and sort all claims*
- Staff can view individual claim details*
- Staff can assign a claim to themselves *
- Staff can make a status update*
- Claim data has some integration with Integrated Support Hub (ISH – DVA's compensation IT system) using paper digitisation capabilities

We have also kept in mind that users responded well to other features tested in Alpha; however as they are not core to the service, we have stored these for future releases. They include:
- Status updates on requests for cover
- Contact DVA option
- Feature to find nearby providers accepting DVA Cards
- A digital White Card

Digital Service Standard (DSS)
The MVP was built in compliance with the DSS and met all of the criteria. This was assessed by a trained cross-agency DSS assessment team.
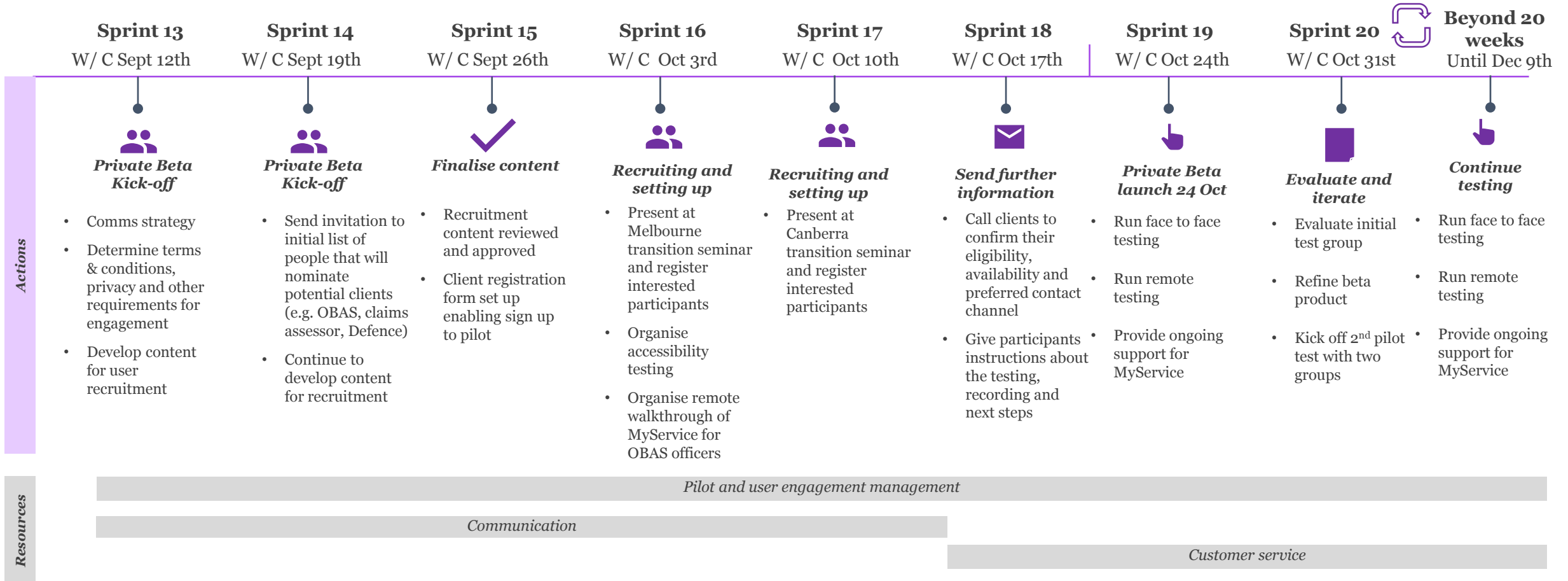
* The MyService private Beta is currently testing the word 'cover' as an alternative to claim.

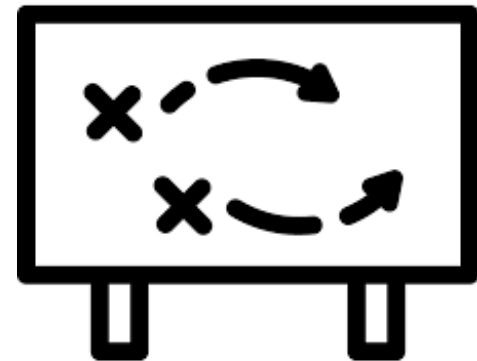*Feature has been built but not deployed into production.

Beta timeline

The Lighthouse team spent eight weeks building MyService, developing staff and client communication and recruiting participants in preparation for the MyService private Beta release on 24 October 2016.

	Sprint 13 W/ C Sept 12th	Sprint 14 W/ C Sept 19th	Sprint 15 W/ C Sept 26th	Sprint 16 W/ C Oct 3rd	Sprint 17 W/ C Oct 10th	Sprint 18 W/ C Oct 17th	Sprint 19 W/ C Oct 24th	Sprint 20 W/ C Oct 31st	Beyond 20 weeks Until Dec 9th
Actions	***Private Beta Kick-off*** • Comms strategy • Determine terms & conditions, privacy and other requirements for engagement • Develop content for user recruitment	***Private Beta Kick-off*** • Send invitation to initial list of people that will nominate potential clients (e.g. OBAS, claims assessor, Defence) • Continue to develop content for recruitment	***Finalise content*** • Recruitment content reviewed and approved • Client registration form set up enabling sign up to pilot	***Recruiting and setting up*** • Present at Melbourne transition seminar and register interested participants • Organise accessibility testing • Organise remote walkthrough of MyService for OBAS officers	***Recruiting and setting up*** • Present at Canberra transition seminar and register interested participants	***Send further information*** • Call clients to confirm their eligibility, availability and preferred contact channel • Give participants instructions about the testing, recording and next steps	***Private Beta launch 24 Oct*** • Run face to face testing • Run remote testing • Provide ongoing support for MyService	***Evaluate and iterate*** • Evaluate initial test group • Refine beta product • Kick off 2nd pilot test with two groups	***Continue testing*** • Run face to face testing • Run remote testing • Provide ongoing support for MyService
Resources	*Pilot and user engagement management*								
	Communication								
						Customer service			

Section 2 –
Private Beta planning

Private Beta - Outcomes and objectives

Objectives

- Test the functionality and usability of MyService in a controlled test environment.

- Continuously iterate MyService based on user needs and insights from user testing.

- Measure the success of MyService through user satisfaction and data tracking.

Outcomes

- A working MVP users can access to tell DVA about conditions related to their service.

Target users

- Members who enlisted after 30 June 2004 (MRCA clients).
- Serving and former members including those transitioning from the ADF.
- Navy, Army and Air Force.
- Existing clients and those new to DVA.
- Located across Australia with targeted recruitment in NSW, QLD & VIC.

Private Beta - User testing

Location

Face-to-face testing was completed at:
- Lavarack Barracks, Townsville
- HMAS Kuttabul, Sydney
- Holsworthy Barracks, Sydney
- RAAF Base, Wagga
- Army Recruit Training Centre, Kapooka
- ADFA for members in Canberra, and
- Canberra DVA office for former members

Remote testing was completed with a user in Melbourne and a user in Algiers.

User Tests

During private Beta we tested:
- **Usability** – Is it easy for people to use? How much knowledge/skill is required?
- **Desirability** – Do people have a positive experience beyond functionality and usability?
- **3rd parties and other processes** – How complicated is it for people to gather the information/evidence required?
- **Role of the family and advocates** – Did the participants feel the need to ask for assistance? Did participants feel confident completing an application for cover independently?

Activities

- Face-to-face testing
- Remote testing
- Observing pilot workshops

User service map for MyService private Beta

The map below illustrates the experience map for users participating in the MyService private Beta. This map will continue to evolve as future improvements to MyService are made.
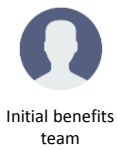
Stages

Awareness	Activate	Understand	Diagnosis	Fill MyService form*	Submit	Cover	Access

Still serving

Receive contact from OBAS officer and/or rehab officer

Post transition

Receive contact from an ESO or referral from a friend or colleague

Receive email from MyService team with further instructions

Get familiar with steps to submit an application for cover.

I ask the Health Centre at my Defence base to provide my medical diagnosis

I book and visit a GP. I provide the GP with the DVA diagnosis form

I begin the process of adding cover, fill in the details of the condition and upload my diagnosis and other evidence

I review and submit my request for cover

My request for cover is accepted. I receive a White Card

My request for cover is not accepted. I receive a response with next steps

I continue to serve and rely on Defence for any support while serving

I use my White Card to access health and rehabilitation services and/or apply for other services from DVA

Touch-points

email   poster   call   Instructions sent via email   https://www.dva.com.au/myservice   Doctor   Medical documents   https://www.dva.com.au/MyService   Medical documents   email   call

Defence
Advocate / Appeal
Treatment

Facebook group /call / email service available.

MyService Project team

Request help from OBAS, ESO, Defence to help recruit participants for pilot tests

Recruit and train DVA staff to assess claims

Schedule face to face sessions to observe clients using the system

- Post determination follow up, post survey
- Analyse usability test

DATA

Enlistment data: PMKeyS number, date of enlistment and date of birth along with client contact details collected manually

Medical records/ diagnosis

Supporting documentation

Staff service map for MyService private Beta

The map below illustrates the experience for staff during the MyService Beta. This map will continue to evolve as improvements are made to MyService.

	Access to client information	Registering Client information	Assessing claims	Determination

MyService Project team

1.
- Extract form and attachments from MyService
- Enter user details onto a template and send to Registration Team

✉ email
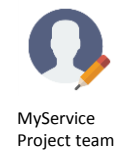
Provide support to use the system

Initial benefits team

Touch-points

2.
- Receive email and follow current process of registration
- Sends claim details to nominated delegate/s

💻 ISH   💻 Advance
💻 TRIM   💻 Cadet

✉ email
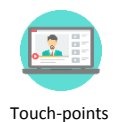
Initial liability

Delegates

3. Assess claims. Request further evidence from clients if required via email*

💻 ISH   💻 Advance   🩺 DVA Medical advisors
💻 TRIM   💻 Cadet   ✉ Email

4. Update systems with determination, produce determination letter and call client to explain next steps

💻 ISH   💻 Cadet   📞 Phone
💻 TRIM   ✉ Email

* Incident date, location, medical report and/or witness report

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Section 3 –
Summary of private Beta

A private Beta for MyService was held from 24 October to 9 December 2016. MyService was iterated based on insights and feedback from users.

Screenshots of MyService are included in the appendix.

BETA

BUILD OUT A VERSION
OF THE SERVICE THAT
CAN BE USED BY
REAL USERS

ITERATE
INCREMENT

USEABILITY TESTING TO
IMAROVE DESIGN AND
BETTER MEET USER NEEDS
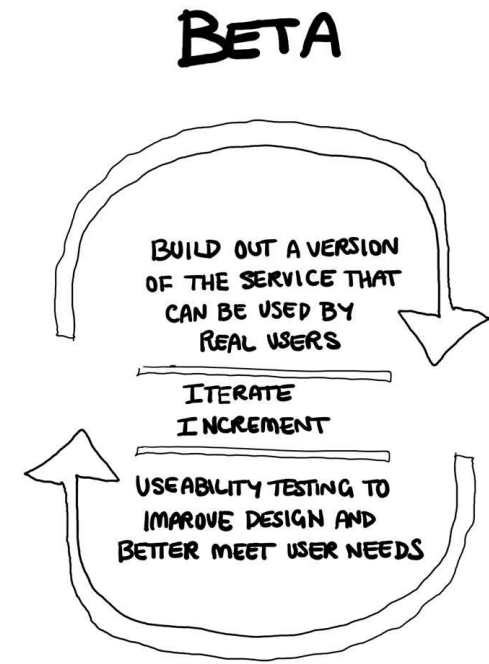
Summary of our users

27 users participated in the private Beta. The Lighthouse team collected basic data from users which is illustrated below. As it was a private Beta, we had designated delegates to assist with processing requests for cover.

Of those users who participated in the trial…

| Average age was **28** years old | Average length of service was **4.8** years | From the 27 participants **74%** were still serving | **25** were male **2** were female |
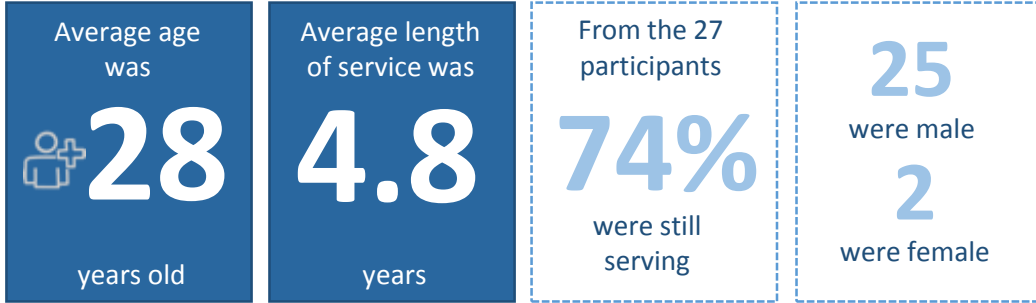
25 out of the 27 participants were new to DVA.

Participants were located in…

Wagga	**5**
Brisbane	**1**
Melbourne	**1**
Sydney	**10**
Canberra	**5**
Townsville	**5**
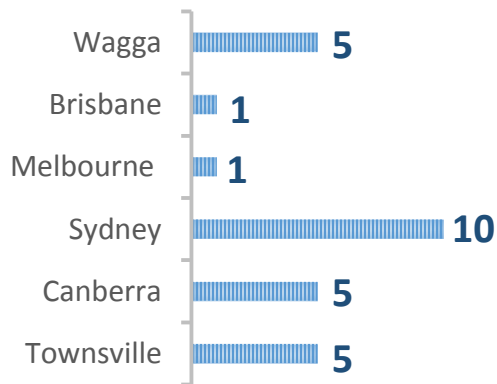
And from these arms of Defence.

Bar chart: Navy, Army, RAAF, ADFA (y-axis 0 to 20)
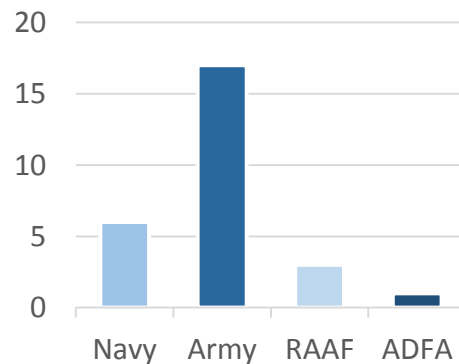
During MyService private Beta…

| **27** users submitted a request for cover | For… **45** different conditions | **20** users participated in face-to-face testing | **195** documents were uploaded via MyService |
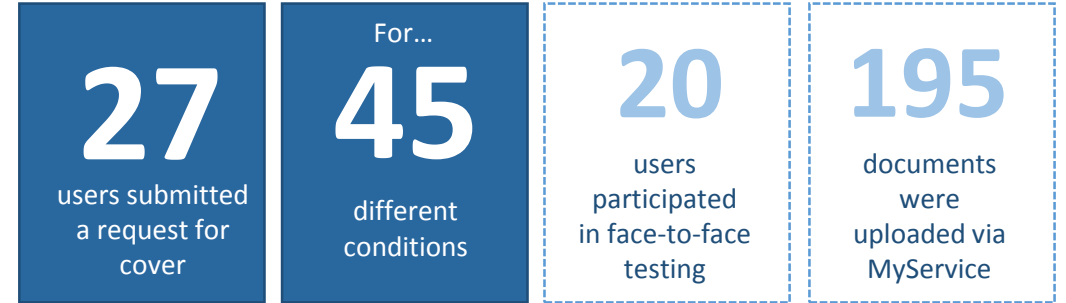
MyService received a positive Net Promoter Score

(NPS) of **+40**

NPS measures the loyalty of a firm's customer relationships and ranges between -100 and +100, a positive score is considered to be good.

Summary of staff processing…

We had two assigned delegates (Melbourne and Sydney) and one registration officer (Melbourne) to work with us to process requests for cover

16 requests for cover were processed in Sydney and 11 in Melbourne.

We held a planning workshop with two delegates, one registration officer and two team leaders

We completed two days of staff observations in Melbourne.

Face-to-face testing in Townsville

On 27 and 28 of October 2016 we tested MyService with four clients at Lavarack Barracks in Townsville.

Key functions	Themes		Observations
Registration Users create an account by adding in their PMKeyS details. They then receive a prompt through their email to change their password and log in.	**Works well √**	**Watch outs X** • Matching with PMKeyS data was unclear • Users do not always know PMKeyS details	• Even though when asked, users said they knew their enlistment date and PMKeyS number, they sometimes got them incorrect, "Your enlistment date is like your birthday, you don't forget it". • It wasn't clear to users the details entered during registration needed to directly match with their PMKeyS data.
Diagnosis The user selects if they have a diagnosis and are required to enter in the diagnosed condition using a dropdown list as a prompt. Users need to upload a copy of their diagnosis.	**Works well √** • Drop down list prompted users to think of medical term	**Watch outs X** • Users have medical records on CDs • Users don't know what is on their CD • Difficult to navigate diagnosis drop down menu	• Not all users remembered the exact date of onset but seemed comfortable providing an approximate date. "I can't remember the exact date but I can remember it happened in January." • One user had two conditions related to the same injury they wanted included in the same claim. • Documents are difficult to access and users aren't always aware of what is in their medical record, "I've never actually looked at the disc. I dare say it's a massive PDF."
Incident details Users provide details of their incident and have the opportunity to upload a Sentinel report.	**Works well √** • Upload	**Watch outs X** • Users want to provide additional information • Difficult to locate files • Many users do not understand warlike and non-warlike operations	• Some users did not have an incident report on hand, the ability to save and return was highly desirable.
Statement and supporting documents Users are asked to select statements relevant to their diagnosis and incident. Users are able to upload any other evidence helping link their condition to their service.	**Works well √** • Users were able to succinctly articulate how their condition happened and did not feel obliged to write volumes of content	**Watch outs X**	• Some users indicated they had additional supporting documents they would like to provide but had to locate them, the ability to save and return was highly desirable.
Review and submit Users are given a summary of the information they provided and are able to edit information if necessary before they submit.	**Works well √** • Users liked being able to see their application in full and have the option to make adjustments	**Watch outs X** • Visibility of success message	• Users didn't see the success message straight away and did not realise their claim had been successfully submitted.

Face-to-face testing in Sydney

On 24 November 2016 we tested MyService with four clients at Holsworthy Barracks, Sydney.

Key functions	Themes		Observations
Registration Users create an account by adding in their PMKeyS details. They then receive a prompt through their email to change their password and log in.	**Works well √** • Accessing registration verification emails via phones	**Watch outs X** • PMKeyS details being incorrect	• Some users did not pay much attention when entering their PMKeyS details. This coupled with human error in the registration process caused a few issues.
Diagnosis The user selects if they have a diagnosis and are required to enter in the diagnosed condition using a dropdown list as a prompt. Users need to upload a copy of their diagnosis.	**Works well √** • Accessing documents was not too difficult	**Watch outs X**	• When users could not match their diagnosis to the drop down list they weren't concerned. • Users were able to access their documents easily however this could have been because the advocate had been helping them get their paperwork together.
Incident details Users provide details of their incident and have the opportunity to upload a Sentinel report.	**Works well √** • Information in Sentinel report	**Watch outs X**	• "my exact training session is in my Sentinel report, I don't think I need to upload anything else."
Statement and supporting documents Users are asked to select statements relevant to their diagnosis and incident. Users are able to upload any other evidence helping link their condition to their service.	**Works well √** • Minimal evidence required	**Watch outs X** • 3 different uploads • Meaning of some statements of principles is unclear/ambiguous	• Users seemed to have the same advocate who had provided them with a document checklist and asked them to write an attributing statement. • Users compared MyService to the current process and liked they were asked to provide minimal evidence, "I've been collecting paperwork since August. With this I have two pieces of paper to upload, its great. If they need more information from me that's fine, I'll get that to them. But for me at least the claim is in. It's a sigh of relief." • Users didn't always understand the statements but were able to use Google to find out. • The difference between the three different uploads was confusing.
Review and submit Users are given a summary of the information they provided and are able to edit information if necessary before they submit.	**Works well √** • Process became faster with each new cover added • Ability to finish it in one sitting • Quick	**Watch outs X**	• Users were pleased the form only had a few questions, "Oh, is that it? That's all I have to do now, just review and submit? That's great." • "There's so much paperwork you have to do, I would keep putting it off. But with this thing, its so easy I would definitely claim as I go."

Face to face testing in Sydney

On 25 November 2016 we tested MyService with four clients at HMAS Kuttabul, Sydney.

Key functions	Themes		Observations
Registration Users create an account by adding in there PMKeyS details. They then receive a prompt through their email to change their password and log in.	**Works well √** • Forgot password function	**Watch outs X** • Password requirements • Registration error message	• One user wanted to use a full stop in his password but MyService didn't recognise it as a symbol. As other services had allowed him to use a full stop he expected the same standard. • When the registration details didn't match, users were sent an error via email. One user suggested the error message should be more directive and ask the user to check the PMKeyS details they provided were correct before they contacted the team for support. • The participants had registered the week before, however a lot of them forgot their passwords. They navigated the forgot password tool quite easily.
Diagnosis The user selects if they have a diagnosis and are required to enter in the diagnosed condition using a dropdown list as a prompt. Users need to upload a copy of their diagnosis.	**Works well √** • When diagnosis matches drop down list	**Watch outs X** • When Diagnosis does not match drop down list	• Some users knew exactly what was on their medical records, their documents were labelled and organised into folders, "I read through the documents 5 times before I got here". Other clients had their medical records on CDs but didn't know what was on there. The users with low trust for Defence/DVA seemed to be more organised. • When users could not match their diagnosis with a term in the dropdown list it made them anxious, "it makes me feel like my claim is not valid". If they were able to match their diagnosis they felt positive about the tool. • Users had a lot of difficulty accessing their documents. There was a process to get medical records released and sometimes users had to retrieve documents from ships.
Incident details Users provide details of their incident and have the opportunity to upload a Sentinel report.	**Works well √** • Questions are straight forward • Information easily found in supporting documents	**Watch outs X** • The upload error message	• The upload error message didn't direct users to check the size of the document or the number of documents uploaded. • "I wonder if this will crash if I upload all these documents at once. Oh sweet that was easy." He uploaded 7 or 8 documents. He put the information in and said "if they don't like it they will let me know".
Statement and supporting documents Users are asked to select statements relevant to their diagnosis and incident. Users are able to upload any other evidence helping link their condition to their service.	**Works well √** • Telling their story via free text	**Watch outs X** • Users did not understand the meaning of some of the statements	• Users sometimes felt it was more important to get some conditions recognised over others. One user spent a lot of time finessing his statement of support for a mental health condition as he felt it would be more difficult to prove. • Other users were very comfortable adding only a few words under free text. • Statements require a definition and an example.
Review and submit Users are given a summary of the information they provided and are able to edit information if necessary before they submit.	**Works well √** • Quick and easy • Opportunity to review	**Watch outs X** • The visibility of the update profile message	• Users were surprised at how little time it took and were able to easily navigate to add another condition. • If a user submits a lot of claims there is nothing to tell them what they have submitted so far.

Face to face testing in Wagga

On 1 December 2016 we tested MyService with one client at RAAF Base Wagga and three clients at Army Recruit Training Centre Kapooka.

Key functions	Themes		Observations
Registration Users create an account by adding in their PMKeyS details. They then receive a prompt through their email to change their password and log in.	**Works well √** • Password requirements similar to Defence	**Watch outs X** • Recruits have limited access to DRN computers and personal emails/phones	• Recruits use Defence Restricted Network (DRN) to lodge claims but don't have access to DRN during their training period.
Diagnosis The user selects if they have a diagnosis and are required to enter in the diagnosed condition using a dropdown list as a prompt. Users need to upload a copy of their diagnosis.	**Works well √**	**Watch outs X** • Multiple conditions	• Clients are used to uploading all files at once due to their experience with Defence forms where they only have one opportunity to upload attachments . • "Multiple things have gone wrong with my knee multiple times."
Incident details Users provide details of their incident and have the opportunity to upload a Sentinel report.	**Works well √** • All users had incident reports	**Watch outs X**	• Loss of income due to injury is important to recruits as those who are injured have their graduation, and subsequent pay rise deferred. • Clients view claims in context of a single incident (may have multiple injuries).
Statement and supporting documents Users are asked to select statements relevant to their diagnosis and incident. Users are able to upload any other evidence helping link their condition to their service.	**Works well √** • User can cut and paste their statement written in Word	**Watch outs X**	• One user wanted to be able to expand on the 'other' option under the statements.
Review and submit Users are given a summary of the information they provided and are able to edit information if necessary before they submit.	**Works well √**	**Watch outs X**	• Most users had prior instruction from the Member Support Co-ordinator and were well prepared.

Remote and face to face user testing in Canberra

Throughout the private Beta we tested MyService with three users in Canberra and two users remotely.

Key functions	Themes		Observations
Registration Users create an account by adding in their PMKeyS details. They then receive a prompt through their email to change their password and log in.	**Works well √** • Being able to see the password	**Watch outs X** • Matching with PMKeyS unclear • Remembering date of enlistment is an issue • Shared email accounts	• "I could probably say my PMKeyS number backwards. You were identified as a number and you used it for everything." • One user provided an email account that was shared. This could be an issue.
Diagnosis The user selects if they have a diagnosis and are required to enter in the diagnosed condition using a dropdown list as a prompt. Users need to upload a copy of their diagnosis.	**Works well √** • Drop down list prompted users to think of medical term • Upload function	**Watch outs X** • Can't add two conditions related to the same incident in one claim • Collecting documents is difficult • Last upload seems compulsory	• Users grouped conditions occurring in the same incident and perceived them as one claim. • Users did not always have the documents required. They needed to request for incident reports, call doctors etc. • One user's diagnosis did not have a term matched with the drop down list. He wasn't sure what to write so he wrote out the paragraph on the diagnosis.
Incident details Users provide details of their incident and have the opportunity to upload a Sentinel report.	**Works well √**	**Watch outs X** • Warlike/ non warlike question is confusing	• Not everyone will have Sentinel reports, "I think when people in Defence get injured they think it will go away in a couple of days and don't really take note of the day it happened". • One user was concerned this information would go back to Defence and influence the training regime. "I mean it aggravated me but you need to do the training regime, it's part of the job."
Statement and supporting documents Users are asked to select statements relevant to their diagnosis and incident. Users are able to upload any other evidence helping link their condition to their service.	**Works well √** • Having the option for free text	**Watch outs X**	• The question about the Statement of Principles (SOPs) didn't make sense when users were not able to match their diagnosis to a condition in the dropdown list. • In regard to the statement of support one user said, "if it helps you guys help me then the more information I give the better." • One user did not like the suggestion of witness statements in the third upload option, "The question is strange and quite frankly a bit stupid. If something happens out on the football field you don't go around asking friends to write a witness statement."
Review and submit Users are given a summary of the information they provided and are able to edit information if necessary before they submit.	**Works well √**	**Watch outs X** • Visibility of the progress bar	

Contextual users insights

Contextual insights were collected from users during the private Beta to help us better understand our users.

"I figured I needed to start soon, My dad has two claims in for his knees. It's taken a year for each knee and it's still not done. It's alright for me, but two years is a long time when you're 72."

"Quite honestly I had heard from a lot of people that didn't have much luck so I was a bit reluctant."

"I'm not looking for anything now but it's just about having it documented."

"The people here [in the rehabilitation wing] are really good. They force you, well not force, they tell you why you should claim with DVA and help you get all your stuff together."

Would you mind Defence sharing your data with DVA?

- "I just thought it already happened"
- "Yeah but I would like to see it first"
- "They're both government, I don't see what the issue is"

"It's a nightmare, the DVA website is a shamble. I looked at it 6 months ago and put it off because it felt too hard at the time."

"They are the ones you have to go to for your entitlements, but they do not want to give you your entitlements."

"It's all smoke and mirrors, they are the ones pushing the army around, telling them to pay us what we are entitled to."

"When I get out that will be when DVA jumps on board and says I've got you covered. If I'm getting physio at Defence then I would be expecting to be covered for physio outside of Defence as well."

"I know about the White Card, I know that I can go in and get a proportion of it paid for. I also know some places don't accept it as DVA pays less money than the government."

How could the service improve?

- A save function
- A list of submitted claims
- Instructions should have more examples and definitions
- Adding multiple conditions to one claim

What was the trigger for you to add cover with DVA?

What would you like to get as a result of your claim with DVA?

What is your understanding of DVA?

What was the reason for the rating you gave the service?

"I want to be able to put this in quickly so I can start getting assistance straight away."

"I've been told a bunch of different things. Most importantly I would like to get covered as most likely my legs will be stuffed after the army. I also missed out on battalion wage so I would like to get that back paid."

"I would expect to be notified of the stages. The last one I did took so long which was okay, but I didn't have any idea of where it was up to."

"I don't really know what the options are, there are rumours going around about what you do and what you don't get from DVA."

"I rated it a 10 because it was quick and easy."

"A 10 as I don't need to make an appointment to get it done, I could smash it out in an arvo."

"10 – because it was easy saved me from doing a lot more paper work."

"If it works then definitely a 10, I've been trying the current process for 9 months and this took me half an hour."

"10 – I felt like a customer and not an inconvenience."

Target group for the MyService private Beta

Most participants in the MyService private Beta did not require immediate support from DVA. Instead they were largely interested in seeking coverage for their future health.

MyService offers an accessible way for clients to tell DVA about injuries or illnesses related to their service before there is an urgent requirement. Early interaction with DVA will prevent some of the client pain points identified in Discovery.

We developed a new persona to reflect the circumstances and priorities of users in the target group for MyService.

Our new persona is Sarah! She doesn't need anything from DVA right now but she does want cover for her future.

Still serving, wanting cover

"I'm not looking for anything now but it's just about having it documented"

Behavioural insights

Willingness to claim
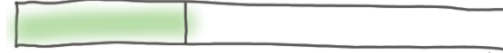
Confidence to submit

Ability to cope

Trust in claims process

Sarah

Age	28yrs
Gender	Female
Service history	Other ranks, Army
Occupation status	Full-time
Family	Single, no children
Other	Lives off base

Sarah has served for five years in the Army. Sarah suffered a physical injury whilst training during an operation. She ignored the injury for some time but it has gotten worse. Sarah is currently receiving treatment from Defence and is on reduced duties but is expecting to make a full recovery and resume normal duties as soon as she is given the all clear.

User experience goals

- Simple
- Fast
- Timely updates

Motivation & drivers

- Wants assurance for the future
- Instructed to apply for cover

Technology

- Online preference
- Highly confident using technology
- Uses a range of devices

Referents & Influences

- Work colleagues
- Superiors
- Parents

Must do	Must never
• Engage early • Link DVA information with Defence information systems • End to end digital experience	• Provide a fragmented experience

Insights from staff observations and staff workshop

Currently DVA frontline staff need to navigate multiple complexities and challenges. The Lighthouse project team is working with staff to help identify these challenges and look at ways business processes can be transformed to improve the experience for staff and users.

Staff workshop - Tuesday 18 October 2016

A workshop was held with two team leaders, two delegates and one registration officer.
The purpose of this workshop was to work with staff to plan how requests for cover through MyService will be processed. Some of the staff insights are documented below:
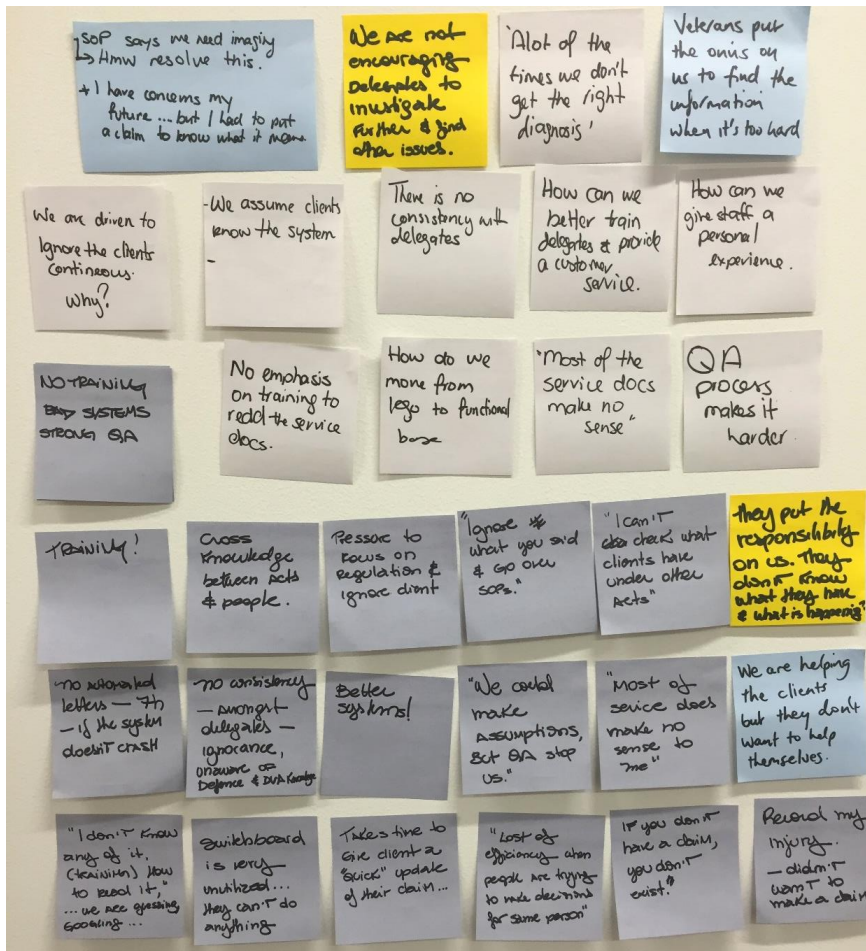
Insights from staff observations:

Members from the Lighthouse project team spent two days in Melbourne observing staff registering and processing claims. Some of the insights from these observations are below:

- There is a lot of manual work in the registration process.

- Sometimes it takes 10-15 days for the registration team to register something before it gets to the claims officer to start the process.

- Staff feel the need to collect evidence beyond the client's word. "I need to see their MRI scan, I need to see their physical activity's approval..."

- DVA staff knowledge of diagnosis and conditions has positive and negative outcomes for the clients "He has "x" written here in this report, maybe he also has "y"... we need more information".

- People rely on their personal check-list to make sure they follow all steps to register/ assess a claim, which leaves room for error.

- Staff believe they need to find exact sentences matching SOPs.

- DVA staff need to use various systems to look for client information, but none of those helps them match the diagnosis with the SOP.

- The process is very manual (they need to scroll through PDF documents with 5-20 pages and sometimes the handwriting is illegible).

- DVA staff request more information as they want to make the best decision.

- Staff request client's medical records from Defence even when client has uploaded those documents.

- Letters are manual and take a long time to draft.

- Their decision is not a simple 'yes' or 'no'. They need to make sure the condition and the date of onset is correct.

Section 4 –
*Next steps…*
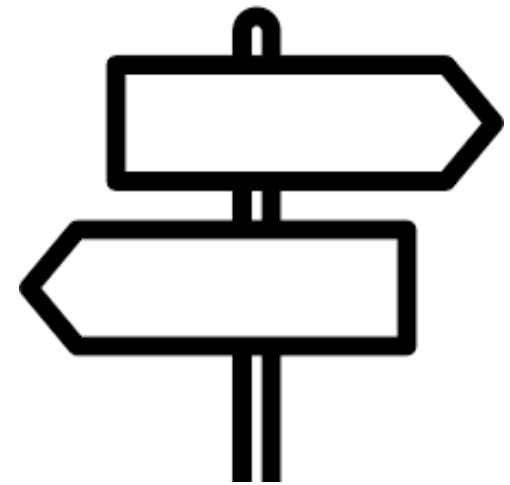
Continuous improvement

From the user insights collected in Alpha and Beta, the Lighthouse project team has identified features to be added to MyService to increase the value to the user. Some of these features are currently in progress and some have been stored for future development.

Feature	Why is it required?	Status	Dependencies
Save	Users may need to leave the form to perform a related or non-related task and return to complete the form at a later time.	In progress	Nil.
Straight through processing (STP)	STP has the greatest impact in reducing Total Time Taken to Process (TTTP).	In progress	Policy endorsement
Review Statement of Principles	Ensure users can identify the correct factor related to their condition.	Not started	Nil
Multiple conditions	Users may have multiple conditions as a result of the same incident. Completing multiple claims is repetitive.	Not started	Having multiple conditions within a single claim can make STP more complex
Web analytics	Critical to understanding the online behavior of users when they interact with and access the service.	Not started	Integration of Google Analytics with MyService infrastructure.
Automatically determine whether a condition happened during Warlike/Non-warlike service	Many users do not understand and identify whether their condition occurred during a war-like or non-warlike operation. Based on the date of onset and the operation history of the user this can be programmatically determined and remove any confusion.	Not started	Access to up-to-date PMKeyS data
Information management	Critical to measuring the performance of the service (success) and make improvements.	Not started	Unknown.
Track progress	Allow users to track progress of their cover and receive an outcome using a single service.	Not started	Staff screens allow for status of the cover to be updated Need greater information on existing staff processes.

Lessons learnt

At the end of private Beta the Lighthouse project team brainstormed the lessons learnt over the 20 weeks of the project. This included what worked well for us, what was key to the project's success and what we could do differently next time.

1. There is a need to focus more on the internal (staff) users of a service.

2. Take everyone along on the journey.

3. Strong and agile governance is required for decision making.

4. Identify the key stakeholders, champions and contributors. Engage with them regularly and review regularly.

5. Make the big picture explicit to those outside the project.

6. Look after ourselves and each other.

7. The importance of good resource planning cannot be underestimated.

8. Maintain momentum through planning and marketing of the project.

9. Constantly maintain project relationships with broader VCR program.

10. Gain greater visibility of project boards.

11. Showcases result in greater buy-in and responsive decision making.

12. Ensure appropriate methods are in place to measure success.

13. Executive engagement and support is key to the success of a project.

14. Multi-disciplinary teams provide team alignment and greater efficiencies.

15. Spend the time getting the technology, tools and administration right upfront (as agreed by the team).

16. Slack is an awesome tool for providing transparency across the team and fostering better collaboration.

17. Need to consider how research is shared across the team and wider DVA.
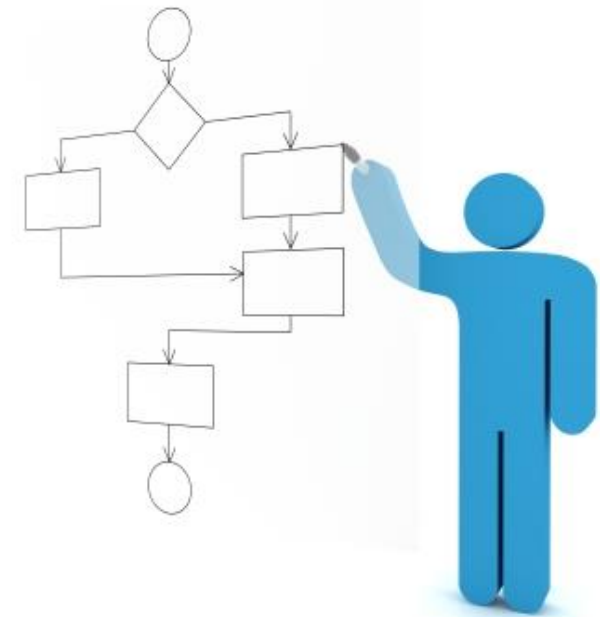
Key opportunities and challenges

The table below illustrates opportunities and challenges for service transformation existing within different organisational layers of DVA.

Delivery	Opportunities	Challenges
1. Experiences	• Expand MyService brand to entire online channel OR • Keep MyService as a Beta product for those who are still serving	• How do we maintain a consistent brand and experience across all of our online channels?
2. Interactions	• Enable MyService (go-live) • Expand MyService to SRCA and VEA clients • Expand MyService capabilities e.g. income support • Deliver needs assessment capability • Early engagement	• Do MyAccount and MyService co-exist or do we bring them together?
3. Operations	• Straight through processing • Online verification • Improve time taken to process (internal)	• How do we share data in a more timely manner? • How do we shift our culture to investigate using a risk based model?
Foundation	**Opportunities**	**Challenges**
4. Infrastructure	• To modernise and standardise the technology stack and supporting infrastructure to deliver high quality services	• Do we integrate with ISH or do we wait until everything moves across to DHS? • How do we ensure the service can be maintained by DHS?
5. Decision DNA	• Review Statement of Principles (SOPs) • Implement exception handling • Review legislation • Apply behavioural insights to enable risk based decision making	• How do we ensure policy keeps pace to support changes to MyService and user expectations? • How do we shift focus from compensation to treatment and rehabilitation?
6. Structure & incentives	• Review Quality Assurance framework • How do we best structure our organisation to optimise service delivery?	• How do we remove red-tape to enable better outcomes? • How do we empower our staff to be outcome focused in decision making?
Bedrock	**Opportunities**	**Challenges**
7. Mandate	• To align our organisational mindset to helping those who served to be healthy and productive	• How do we enable continued and iterative change?
8. Culture	• As above	• As above

Future direction

The Lighthouse project team organised a workshop to explore opportunities for enabling MyService to go live as a public Beta. The workshop was attended by stakeholders in DVA and DHS including from the Transformation Taskforce, ICT and policy areas.

Recommendations:

1) Kick off a short discovery in January next year to determine the pathway to enable MyService including go-live and expanding the service. This will determine a program of work and set the direction of MyService.

2) Launch MyService as a public Beta to MRCA clients in April 2017.

Output from workshop:

ROADMAP

IT FRAMEWORK COMPONENTS

Identify $ resource the right people

Governance ⇩ Identify ⇩ recommendations
- Deployment
- Assessment
- Readiness

mapping integration MyService → My Account

Integration to MyService legacy.

Developing for future technology.

Cyber assessment and plan

Determine criteria for Production ready.

Go-live

JAN 2017   FEB   MAR   APR   MAY   JUN   JULY 2017

Section 5 – Appendix

- ❑ Guide to MyService

- ❑ ICT Solution Design

- ❑ MyService Key Performance Indicators (KPIs)

Guide to MyService

Screenshots of the MVP, MyService, are included to illustrate the flow a user would follow when submitting a request for cover.

Registration
Users create an account by adding in there PMKeyS details. They then receive a prompt through their email to change their password and log in.

Left screen:

Australian Government
Department of Veterans' Affairs

MyService BETA

MENU ☰

Welcome, Alex Mironov

➕
Add cover

🪪
View profile

📞
Contact us

You can **get covered** for your injury or condition in three easy steps:

1 — Obtain a diagnosis

Obtain a medical diagnosis from your service medical records, a service doctor or visit a GP and ask them to complete a Medical diagnosis form. For some mental health conditions you can provide a medical diagnosis up to 6 months after applying for cover.

2 — Tell us your story

Submit your diagnosis. For some conditions we may require you to visit a specialist or obtain other documents, such as an MRI. Depending on the circumstances, we may ask you about the incident that caused your injury or disease including providing supporting documents.

3 — Get cover

We will review your request for cover. If you are eligible and no longer serving full-time in the ADF we will issue you with a White Card that will cover your treatment and rehabilitation costs. If you are still serving, the ADF will continue to provide your health care and rehabilitation needs. You may also be contacted about other needs you may have.
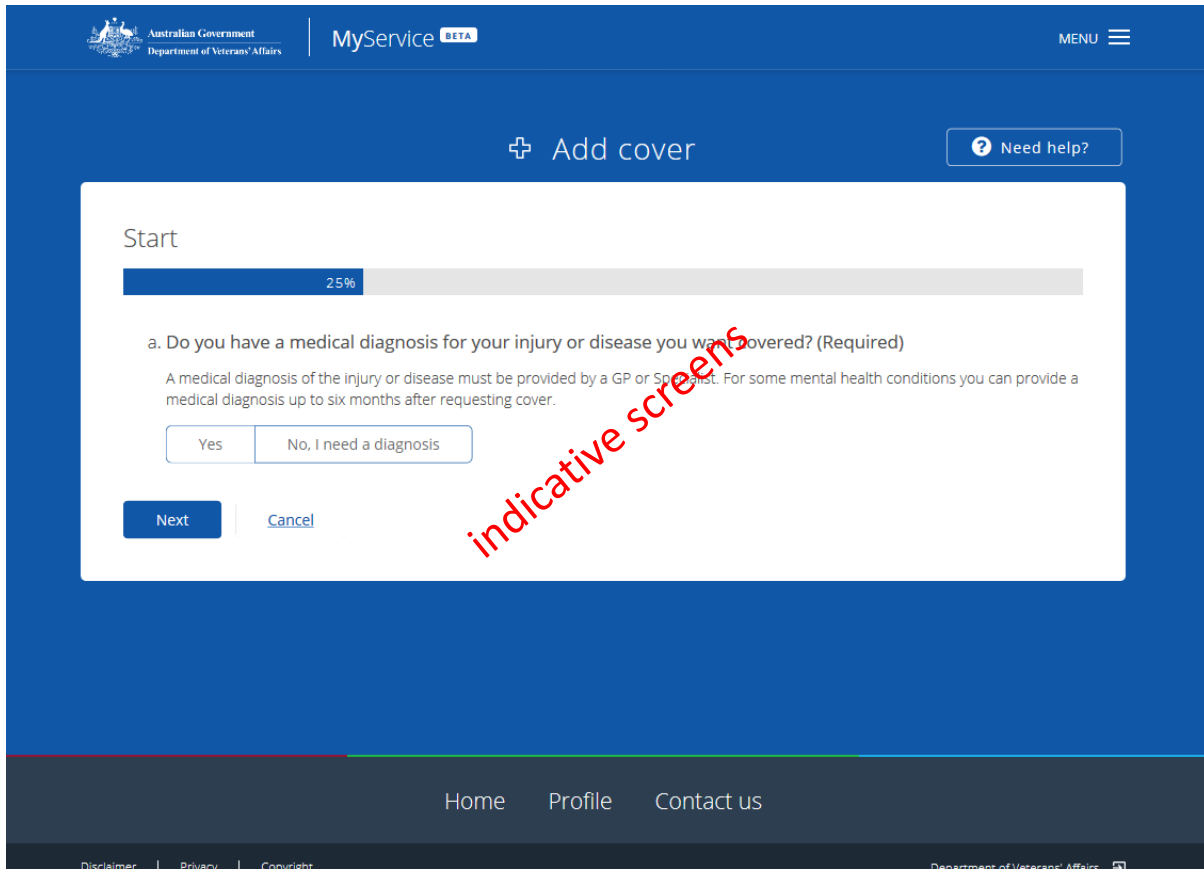
Add cover ➤

Home   Profile   Contact us

Disclaimer | Privacy | Copyright   Department of Veterans' Affairs

Right screen:

Australian Government
Department of Veterans' Affairs

MyService BETA

MENU ☰

➕ Add Cover

Getting Started

You can **get covered** for your injury or condition in three easy steps:

1 — Obtain a diagnosis

Obtain a medical diagnosis from your service medical records, a service doctor or visit a GP and ask them to complete a Medical diagnosis form. For some mental health conditions you can provide a medical diagnosis up to 6 months after applying for cover.

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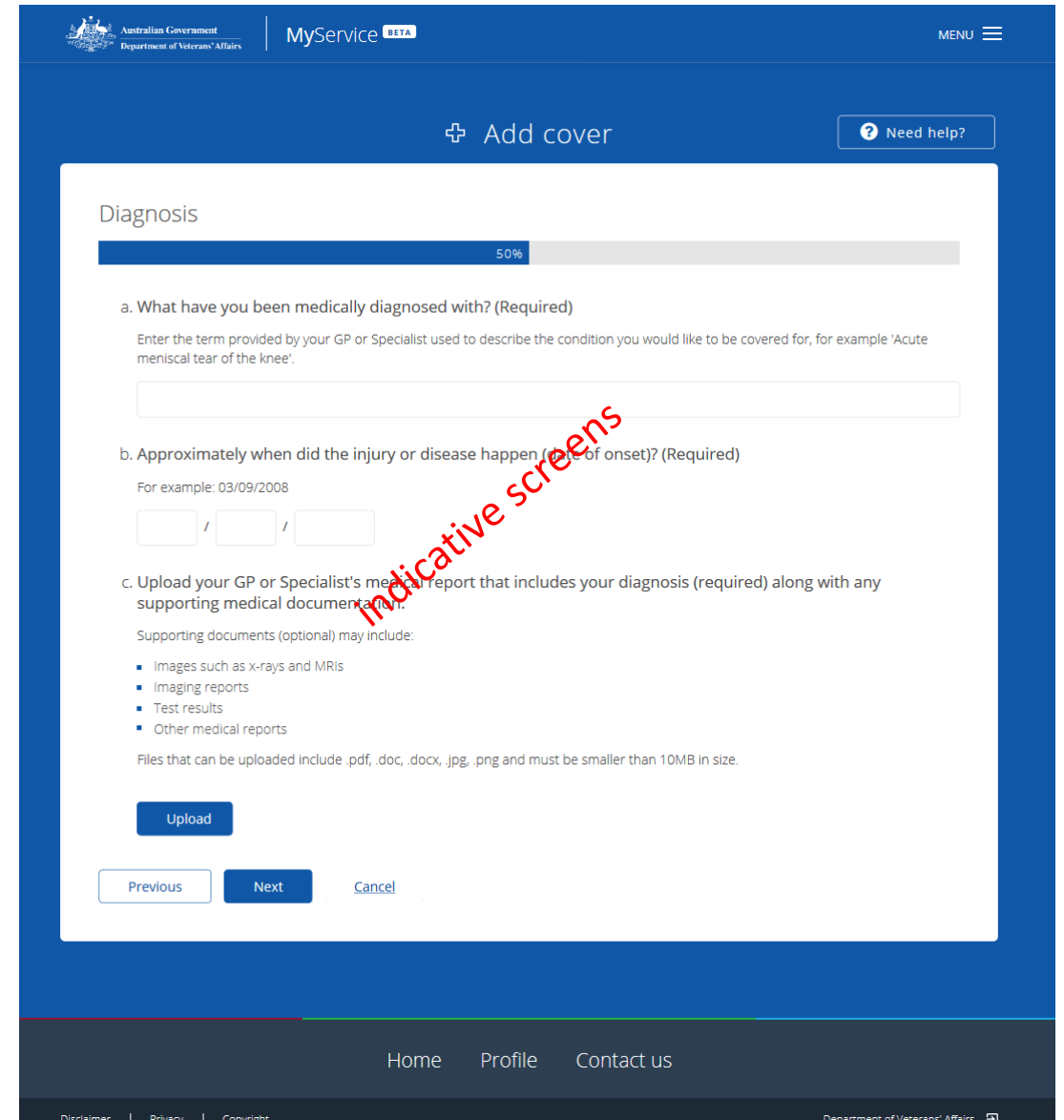
Start ➤

Home   Profile   Contact us

Disclaimer | Privacy | Copyright   Department of Veterans' Affairs

Indicative screens

Australian Government Department of Veterans' Affairs | MyService BETA — MENU

✛ Add cover — ❓ Need help?

Start

25%

a. Do you have a medical diagnosis for your injury or disease you want covered? (Required)

A medical diagnosis of the injury or disease must be provided by a GP or Specialist. For some mental health conditions you can provide a medical diagnosis up to six months after requesting cover.

[Yes] [No, I need a diagnosis]

[Next] Cancel

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indicative screens

Australian Government Department of Veterans' Affairs | MyService BETA — MENU

✛ Add cover — ❓ Need help?

Diagnosis

50%

a. What have you been medically diagnosed with? (Required)

Enter the term provided by your GP or Specialist used to describe the condition you would like to be covered for, for example 'Acute meniscal tear of the knee'.

b. Approximately when did the injury or disease happen (date of onset)? (Required)

For example: 03/09/2008

[ ] / [ ] / [ ]

c. Upload your GP or Specialist's medical report that includes your diagnosis (required) along with any supporting medical documentation.

Supporting documents (optional) may include:

- Images such as x-rays and MRIs
- Imaging reports
- Test results
- Other medical reports

Files that can be uploaded include .pdf, .doc, .docx, .jpg, .png and must be smaller than 10MB in size.

[Upload]

[Previous] [Next] Cancel

Home   Profile   Contact us

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indicative screens

The MVP asks users nine questions about their diagnosis and incident details. Users are asked to upload their diagnosis and any other relevant evidence.

Diagnosis
The user selects if they have a diagnosis and are required to enter in the diagnosed condition using a dropdown list as a prompt. Users need to upload a copy of their diagnosis.

➕ Add cover

❓ Need help?

Incident

70%

a. Is your injury or disease linked to a single incident or did it develop over time? (Required)

| Single incident | Developed over time |

b. Did your injury or disease happen during a warlike or non-warlike deployment? (Required)

| Yes | No |

c. Upload the incident report, e.g. Sentinel report or AC563 Defence WHS Incident Report, for your disease or injury if it was reported. (Optional)

The incident report should describe how your injury or disease happened.

Files that can be uploaded include .pdf, .doc, .docx, .jpg, .png and must be smaller than 10MB in size.

Upload

Previous   **Next**   Cancel

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indicative screens

➕ Add cover

❓ Need help?

90%

Statement and supporting documents

a. Which statement(s) below best describes how your injury or disease happened? (Required)

Based on your condition and responses to the previous questions we have listed the most common causes of your injury or disease. Select all that apply.

☐ carrying or lifting loads while bearing weight
☐ trauma to the lumbar spine
☐ lumbar intervertebral disc prolapse
☐ Other

b. Based on the above statement, how did your service cause, contribute to or aggravate your injury or disease? (Optional)

If your disease or injury happened during a classified operation, enter *classified* (do not provide details about the operation here).

c. Upload any other documents that may further support the link between your service and your injury or disease. (Optional)

For example:
- Authority to Participate in Civilian Sport
- Hazardous Material Exposure Report
- Training programs/itineraries
- Witness statement(s)

Files that can be uploaded include .pdf, .doc, .docx, .jpg, .png and must be smaller than 10MB in size.

Upload

Previous   **Next**   Cancel

Home   Profile   Contact us

indicative screens

Incident details
Users provide details of their incident and have the opportunity to upload a Sentinel report.

Statement and supporting documents
Users are asked to select statements relevant to their diagnosis and incident. Users are able to upload any other evidence that helps link their condition to their service.

Review and submit
Users are given a summary of the information they provided and are able to edit information if necessary before they submit.
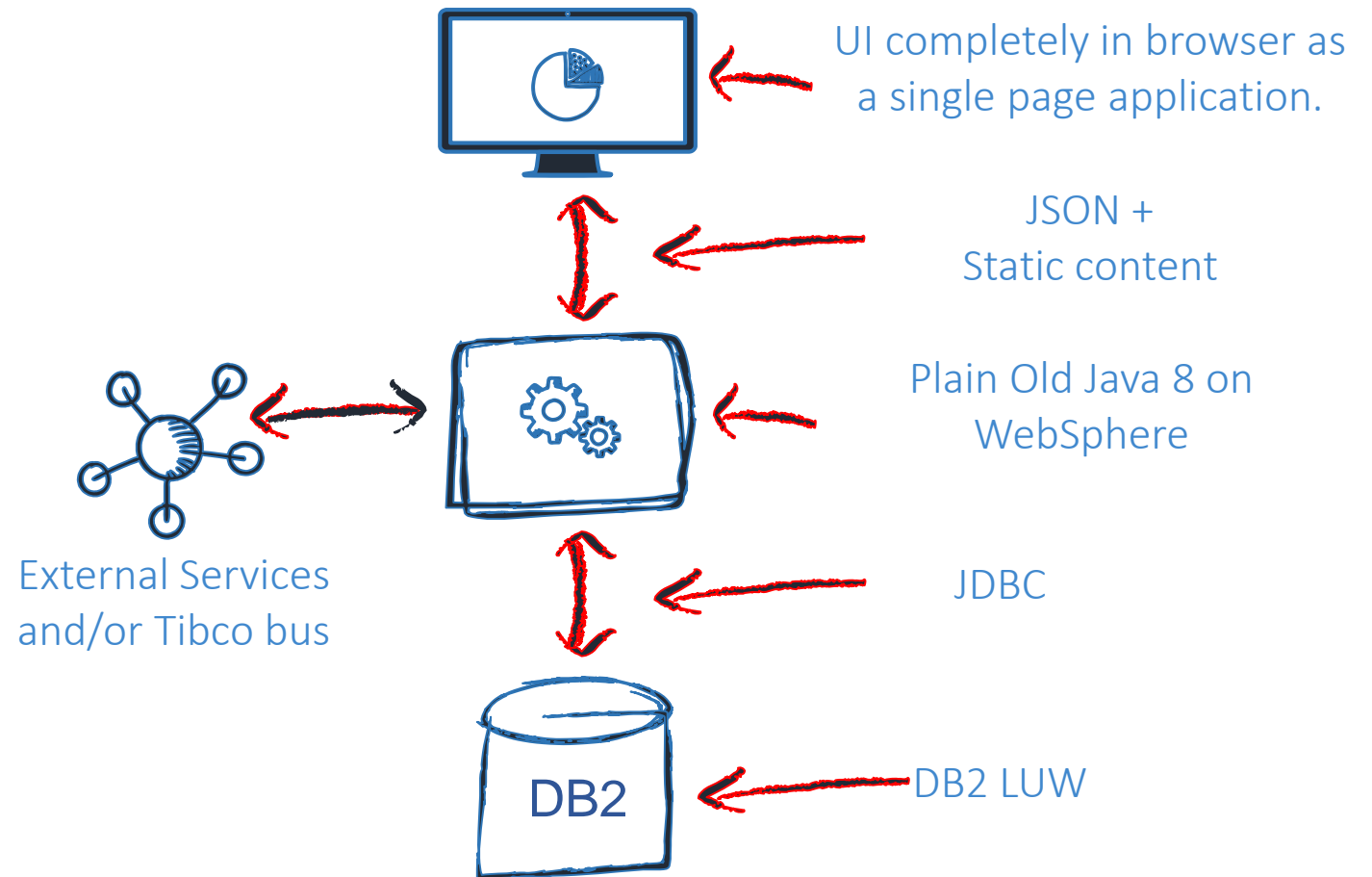
High-level Architecture

The following diagram outlines the high level three-tier architecture of MyService. The presentation layer consists of the client's browser running a single-page app. The middle layer is a websphere server with backend logic and integration. The final layer uses DB2 as a data store.

1 Presentation

UI completely in browser as a single page application.

JSON + Static content

2 Logic & Integration

External Services and/or Tibco bus

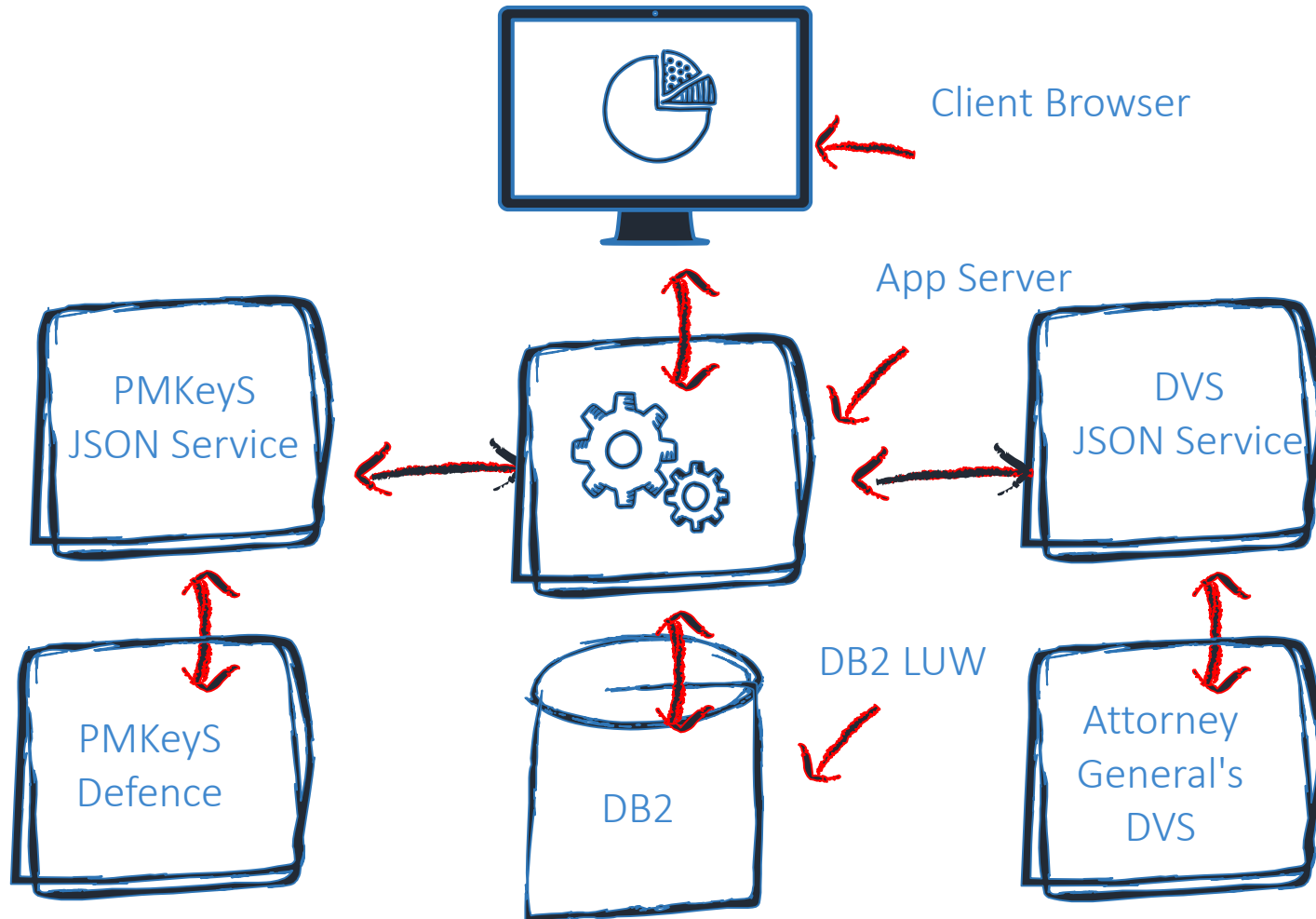Plain Old Java 8 on WebSphere

JDBC

3 Data

DB2

DB2 LUW

Data Flow Diagram

The following diagram describes how data flows within the various components of MyService. MyService communicates with PMKeyS and DVS to verify and obtain data. The data is finally stored in the MyService DB2 database.

Client Browser

App Server

PMKeyS
JSON Service

DVS
JSON Service

PMKeyS
Defence

DB2

DB2 LUW

Attorney
General's
DVS

Technology Stack

The following slide shows the various standards & technologies that are used in the MyService architecture stack. The overarching pattern used is consistent with DVA's Java + DB2 direction.
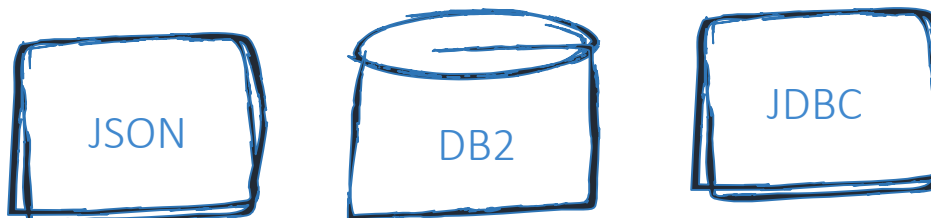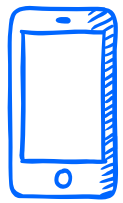
1 Presentation

| HTML5 | CSS3 | JavaScript ES6 |

2 Logic & Integration

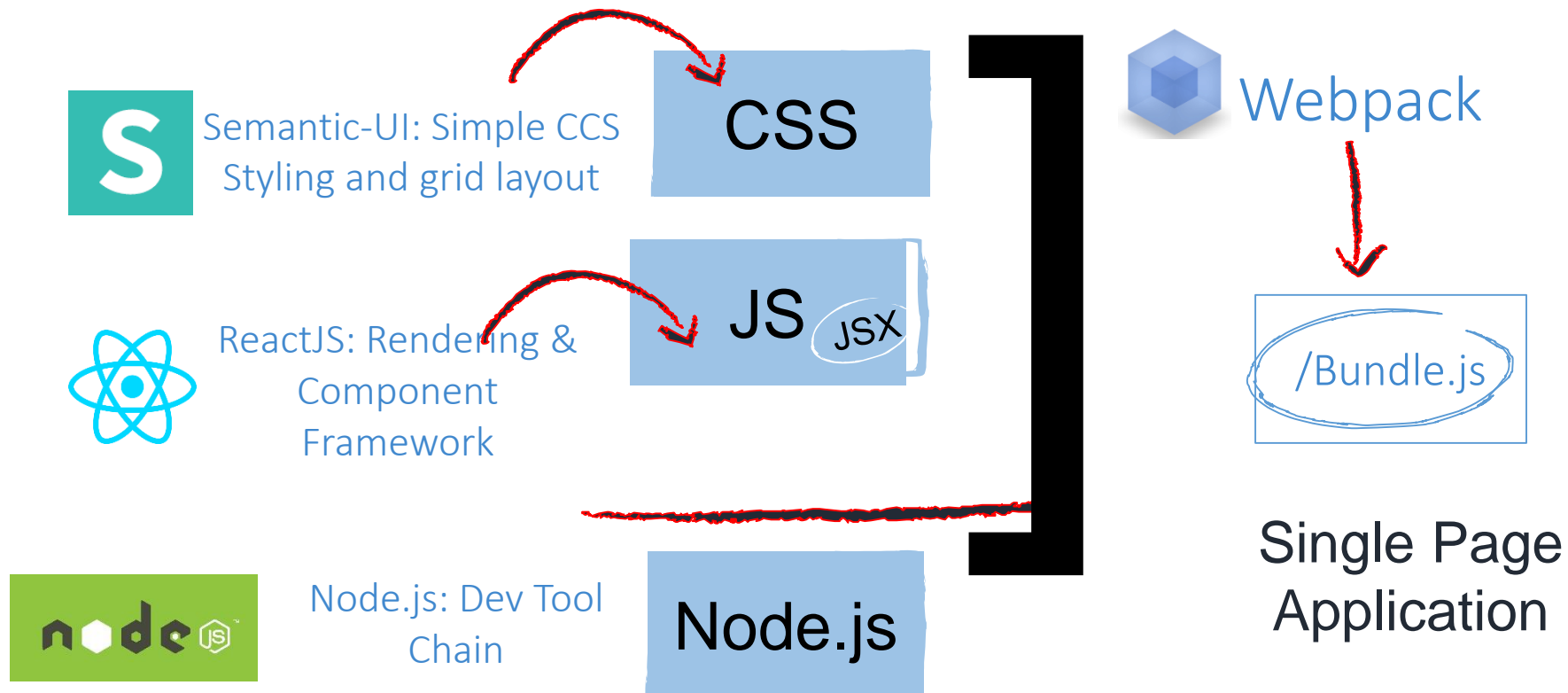| SOAP & REST | Java 8 SE | WebSphere |

3 Data

| JSON | DB2 | JDBC |

Web UI Technology

Built for mobile & tablet experience first

The following diagram details the front-end UI technology stack. MyService uses the ReactJS framework for its UI rendering, semantic-UI for its responsive layout, and Webpack for ES6 javascript bundling and deployment as a single page app.

Semantic-UI: Simple CCS Styling and grid layout

CSS

Webpack

ReactJS: Rendering & Component Framework

JS JSX

/Bundle.js

Node.js: Dev Tool Chain

Node.js

Single Page Application

MyService Key Performance Indicators (KPIs)

To meet criteria 11 of the Digital Service Standard (DSS), the Lighthouse project team need to identify and capture the right metrics. The table below illustrates early investigation on how the Lighthouse project team might apply the four KPIs detailed in criteria 11.

Happiness	Engagement	Adoption	Retention	Task Success	DTA KPIs	GOALS	SIGNALS	METRICS	Existing Data	Estimated users	Performance Framework	Additional Metrics
●	●				USER SATISFACTION	To build a service where people feel valued and confident. Create experiences of joy, satisfaction and connection	Positive feedback at the point of submission and determination. Referrals	The percentage of users that nominated satisfied and very satisfied in the survey conducted after submission and determination Net-promoter score	Client Satisfaction Survey 2014 Results FER Contestability Dashboard Redesign CMFS Website ratings	Potential users = 1-2,000 p.a. Number of IL MRCA claims = 8,472 in 2015/16 and increasing		Number of MRCA IL decisions reviewed, # of decisions overturned
●		●	●		DIGITAL UPTAKE	Eliminate the need for paper claims for MRCA	People show preference to use this service over the other services available	The number of completed transactions on MyService divided by total number of MRCA transactions from all channels over a month period. This includes assisted digital transactions	MyAccount data Client Contact Support data			
	●	●	●	●	COMPLETION RATE	Users are confident to use the service and submit the claim in one sitting	Users are able to successfully submit claims without seeking other channels	Number of claims completed by users divided by number of claims started	Processing Data Annual Report Statistics & Data Services			
			●	●	COST PER TRANSACTION	To make the service more cost efficient, eliminating duplication, human error and manual requests for information.	The cost to process claims are reduced	This is a budget managed arrangement. Cost per transaction is not broken into components per transaction but is considered the total money spent to run the program divided by the number of transactions completed	Internal DVA transaction costs			
			●	●	TTTP	To reduce the current processing time , and the burden of asking for more information using existing data from Defence	Days taken to process request for cover	Average number of days taken to process a claim from the submission date to the determination date.	DVA Annual report Statistics & Data Services		TTTP Current target = 120 days, 117 reported	

* For the MyService private Beta we have been measuring user satisfaction through a net promoter score (NPS). See page 13 for more information.