

Reimagining Veterans Healthcare

Veteran and Caregiver Archetypes

September 2021

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Introduction & Background

Archetypes: Purpose and Objectives

This report illustrates the six principal Veteran and one principal Caregiver archetypes that emerged as a result of RVH's ethnographic interviews. These archetypes reflect the Veteran of today and project how their healthcare needs may evolve in the future.

PURPOSE OF THIS REPORT

1 This report serves as a **framing tool and summary analysis of the Veteran cohort**. It situates the archetypes in the context of their **current health ecosystem** as well as the **evolving health landscape of the future**, drawing on RVH's Customer Segmentation and Trends and Benchmarking to understand what future systems and communities looks like in such an advancing world. By including this **future-facing context**, this report aims **to equip RVH to design solutions that will endure** through a changing Veteran and Caregiver population and innovative healthcare trends.

2 The archetypes are **not necessarily representative of every type of Veteran**, but rather, **those who participated in this study**. Phase 2 research will continue to focus on accessing additional underrepresented Veteran populations that were not included in the initial research sample (e.g., unhoused Veterans, severely disabled Veterans, and additional Caregivers). The team will prioritize and fill these gaps during Phase 2 of this work.

OBJECTIVES

- Build an **understanding** of the cohort of **Veterans** interviewed and **how their health needs will unfold** in the future
- **Set the stage** for **identifying opportunity areas** during Ambition Workshop 2
- Leverage as a tool to **inspire and validate future solution designs** during Phase 2

A NEW TAKE ON PERSISTENT CHALLENGES

COVID-19, in all its disruption, has served as a catalyst for revisiting Veterans' healthcare experiences and implementing transformative solutions. Although Veterans of today articulated some of the same health and healthcare challenges as Veterans interviewed in previous studies, **this report differentiates itself from previous work in its focus on the future and the whole health ecosystem**. At the same time, it is important to note where Veteran needs have not evolved in recent years as these present opportunities to address long-standing frustrations during this critical inflection point.

Archetypes: Definition & Methodology

These seven principal archetypes serve as a cross-cutting synthesis of Veteran/Caregiver viewpoints and healthcare needs in a post-pandemic world. They're based on 70+ interviews conducted both virtually and in-person.*

ARCHETYPE DEFINITION

- **Hypothetical figures** that bring research to life and inform design criteria and challenge-framing
- **Cohort of archetypes** represents an **aggregate experience** of the research population
- Grounded in findings from **field research**
- Focus on **qualitative traits** such as mindsets, values, behaviors, motivations, and fears
- Narrative **storytelling and imagery** drives empathy for each archetype

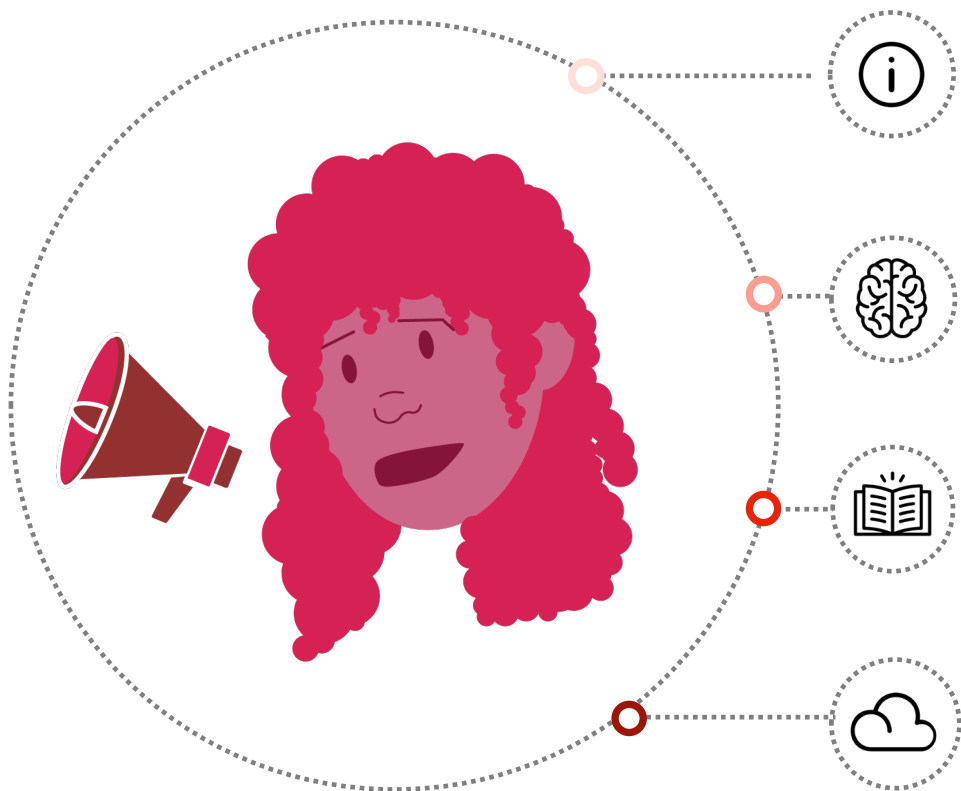
ARCHETYPE METHODOLOGY

During field research sessions, the RVH team spoke to Veterans and Caregivers across the country – both virtually and in-person – about ***their lives, their definitions of health, and their healthcare experiences***, both within and external to VA.

Synthesis of interview findings pointed to ***persistent similarities in Veterans' biographies***, attitudes, needs and preferences, which were then coupled with previous work around Customer Segmentation, Ecosystem Mapping, and Trends and Benchmarking.

Archetypes: How & Why to Use

Archetypes help to tell the story of Veterans' and Caregivers' mindsets by creating individualized stories out of a collective body of research. Archetypes serve as a key reference for future designs.



Fictionalized examples

An archetype is a fictionalized example that represents a grouping of common traits; one archetype does not represent a single Veteran or Caregiver, and no single Veteran or Caregiver maps perfectly onto one archetype. Furthermore, individuals may change archetypes that they align with over time.

Mindsets and motivations

Archetypes dive deeply into Veterans' mindsets, motivations, and priorities. Demographic or life stage factors are not as relevant to an archetype as their state of mind.

Many stories imagined as one

Humans relate to other people's stories. By developing personalized narratives for each archetype, we can establish empathy and understanding for the Veteran population we're designing for.

Purposefully abstract

Archetypes are not an end, they are a means to help us design end solutions. By keeping the archetypes abstract and detached from demographic details, designs can be tailored to the mindsets of the Veteran and Caregiver research cohort.

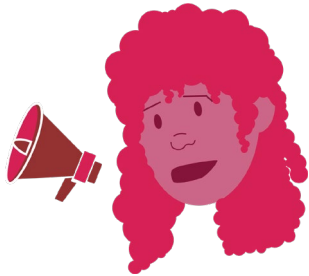
Archetypes: At a Glance

These seven principal archetypes were developed as a tool to understand RVH's cohort of Veteran and Caregiver interviewees and will serve as a reference point for future solutioning and design.



Rural Parents

Loyal and dependable Veterans who live a humble life with family in their rural hometown



Community Campaigners

Motivated Veteran who channel their difficult past into building community resilience



Searching Servicemen

Newly separated Veterans who are trying to stay afloat amidst a precarious environment



Solo Riders

Outdoorsy and introverted Veterans who like to march to the beat of their own drum



Agile Professionals

Career-minded and empathetic Veterans who hold themselves to high expectations



Pivoting Seniors

Aging Veterans who are adapting their habits to maintain autonomy and enjoy time with family



Stalwart Caregivers

Veterans' loved ones who shoulder the burden of care management while tending to the needs of the whole family




Veteran & Caregiver Archetypes

How to Read These Slides (1 of 2)

Rural Parents

Grateful and getting by



The life of one Rural Parent...

Today


The Rural Parent served in the military for an extended period (10+ years), and he is **eager to restart his family life** back in his **rural hometown**. Although he comes from a military family and was proud to serve, he feels that he has **dedicated enough of his life to the military**. His **parents' poor health**, and comments from his young son about his own growing belly have convinced him to **pay more attention to his health** habits.

Future

In the next 10-20 years, the Rural Parent will be a grandparent and **helping his children navigate adulthood**. Workwise, he will continue to retain a **steady job** or possibly **start his own small business**. He **will not care much about professional advancement**, but rather, prioritize **providing for his family's future and maintaining decent health** – more for their sake than his. He will face **several chronic health problems** due to issues he left untreated post-military.

The Rural Parent

Grateful and getting by



"I'm dependable as a worker, as a friend, as a family member. I'm a very loyal person to my family and friends."

MOTIVATIONS & MINDSETS

Locally Involved
Involved in the local sphere such as kids' sports and his religious community

Analog > Digital
Prefers the simplicity of systems he knows well, and is reluctant to adapt to a digital world

Work to Live
High work ethic but embraces a work-to-live, not live-to-work mindset

Slow & Serene
Finds comfort in the pace and space of rural living

Good Moral Fiber
Leverages skills/values gained while in the military such as punctuality, dependability, and loyalty

Pandemic Views

- COVID-19 increased reliance on **virtual appointments** which he found **cumbersome and irritating**.
- He feels the **COVID-19 response is disproportionate to threat** of COVID-19
- He follows **mandates/quarantine rules** because that's the new normal in the public sphere, but in his **private life he doesn't take many precautions**

PERCEPTIONS & USE OF VA

+ VA is good enough
He believes VA is a "good enough" resource; he's satisfied with the care he receives because he doesn't ask for much and is used to living with less

+ Price is right
He's cost-conscious and appreciates when he can get care or resources for free

- Tough to access
He relies on VA as best he can, but accessing care is a challenge due to driving distance, and he struggles to understand everything he's eligible for

- Too many moving parts
He has a hard time managing multiple moving parts; his partner tends to handle the family's healthcare needs, and it's complicated having his spouse and children on a different plan

Today
Current lifestyle, Veteran identity, and behavioral overview of the archetype

Future
How this archetype will evolve in the future and how their health status will change

Veteran Verbatims
Direct quotes from Veteran research cohort

Motivations & Mindsets
Attitudinal attributes and drivers that make this archetype unique

Perceptions & Use of VA
How this archetype uses and perceives VA; pros and cons related to VA use and satisfaction

Pandemic Views
COVID-19's impact on this archetype

How to Read These Slides (2 of 2)

The Rural Parent
Grateful and getting by

Today: Current Healthcare Usage

HEALTH = NO PAIN

- The Rural Parent pays minimal attention to health issues that are not physically ailing him

RELIANCE ON "BAND-AID STATIONS"

- For most acute concerns, he will visit a local Urgent Care to be patched up and sent on his way (a behavior learned through MHS)

ALTERNATE COVERAGE OPTIONS

- He likely has insurance coverage through his employer or Tricare, even if nearby providers are still an issue

Rural Veterans are at 20% greater risk of suicide. Office of Rural Health's Clergy Mental Health Training approach is one way VA is circumventing lack of geographic proximity and internet access.

Future: Ideal Healthcare Ecosystem

SYSTEM

- Permits fluid movement between traditional VA, Community Care, and contracted care to overcome lack of geographically close VA providers
- Has streamlined billing/reimbursement to minimize the burden on the Rural Parent

COMMUNITY

- Provides him with options for healthy food and lifestyle activities to support his desire to improve his long-term health for his family

Trend in Action: In 2019, VA expanded the ATLAS project via North Carolina Walmart partnership that provided Veterans who live far from VHA facilities more telehealth options.

Opportunities: How to Get There

- Incentives for **preventive screenings** with **local providers**
- Lower cost** of health insurance, more access to products (gym or sporting equipment, healthy food credits) for self-selection year over year
- Concise education** products outlining targeted health products and services - "Did you know that your travel to VA is covered?"

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The Rural Parent
Grateful and getting by

Healthcare Values Compass

CONTROL
Proactive

TRUST
Relationships

TIME
Efficiency

REACTIVE
SIMPLICITY

Virtual Accessibility, In-Person Care, Predictive, Digital System, Consolidated Medical Home

1 **Design for Patient-Centric Care**

- The Rural Parent highly values trust and simplicity, which points to a preference for relationships with his clinicians and user-friendly systems

2 **Design for Hands-Off Systems**

- The Rural Parent values simplicity, requiring a system that he does not have to actively manage

Future Focus for VA

- Opportunity to bolster patient-clinician relationships and design front-stage systems with veteran use in mind
- VA already employs a "medical home" approach (PAC Model), but national adoption is inconsistent; Veterans frequently report gaps in coordination and the perception that their care is not always patient-centered

*See appendix for Healthcare Values scoring

15

Today
Current healthcare needs and behaviors

Future
Attributes that comprise ideal healthcare ecosystem in the future. The Healthcare Ecosystem consists of both System & Community inputs.*

Population Highlights
Statistics pertinent to Veterans within this archetype**

Opportunities
Ways in which VA can transform into the ideal future healthcare ecosystem

Healthcare Trends
Relevant trends that indicate potential solutioning options*

Healthcare Values Compass
A map of the archetype's values as they pertain to healthcare needs and preferences

Design Criteria
Insights that emerged from the Healthcare Values Compass

VA Considerations
Existing efforts and design opportunities

*See RVH Trends & Benchmarking Report for in-depth look at Healthcare Ecosystems, System & Community framework, and Trends
**See RVH Veteran Segmentation Report & Ecosystem Map for details on changing Veteran population demographics

Healthcare Values Compass

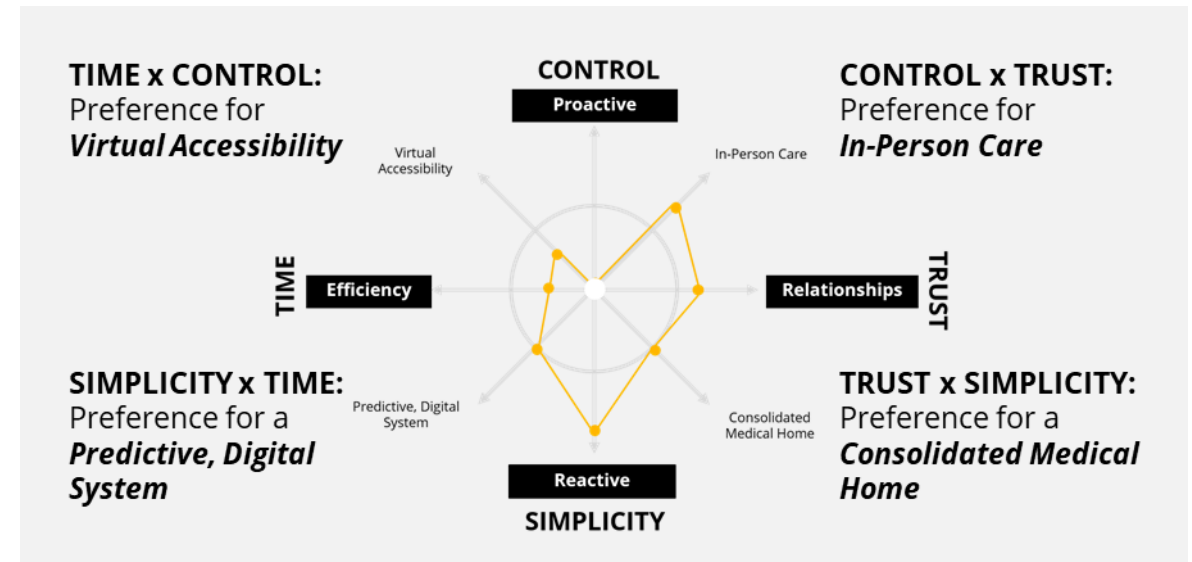
Needs and tensions related to healthcare experience varied within and between archetypes. The Healthcare Values Compass is a qualitative tool to plot these values, dictating archetypes' ideal healthcare systems and care delivery preferences.

WHY THIS TOOL

Mapping archetypes' healthcare values helps to identify **design criteria for each individual archetype**, as well as to view **similarities and differences within the archetype cohort**. This tool provides a **metric for future design calibration**.

Interview insights were used to determine values across each archetype. Areas that are strong across multiple archetypes suggest **particularly ripe opportunities for healthcare design**. Some archetypes may value two opposing directions; **this tension represents an opportunity** to identify solutions that cater to multiple, competing priorities.

Each quadrant in the compass indicates intersecting values, forming the building blocks for future healthcare design criteria. The Compass provides one example of a healthcare design preference that fits each quadrant (e.g., virtual accessibility), but there are many healthcare elements that could result from each intersection; these will be explored later in this research.



The directions of the compass that have the **strongest pull** represent the areas that **this archetype values the most**.^{*} These include:

- | | | | |
|---|---|---|--|
| 1. CONTROL:
<i>Proactive stance toward their healthcare</i> | 2. SIMPLICITY:
<i>Reactive stance toward their healthcare</i> | 3. TIME:
<i>Efficiency is paramount in their healthcare</i> | 4. TRUST:
<i>Relationships are paramount in their healthcare</i> |
|---|---|---|--|

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Rural Parents

Grateful and getting by



The life of one Rural Parent...

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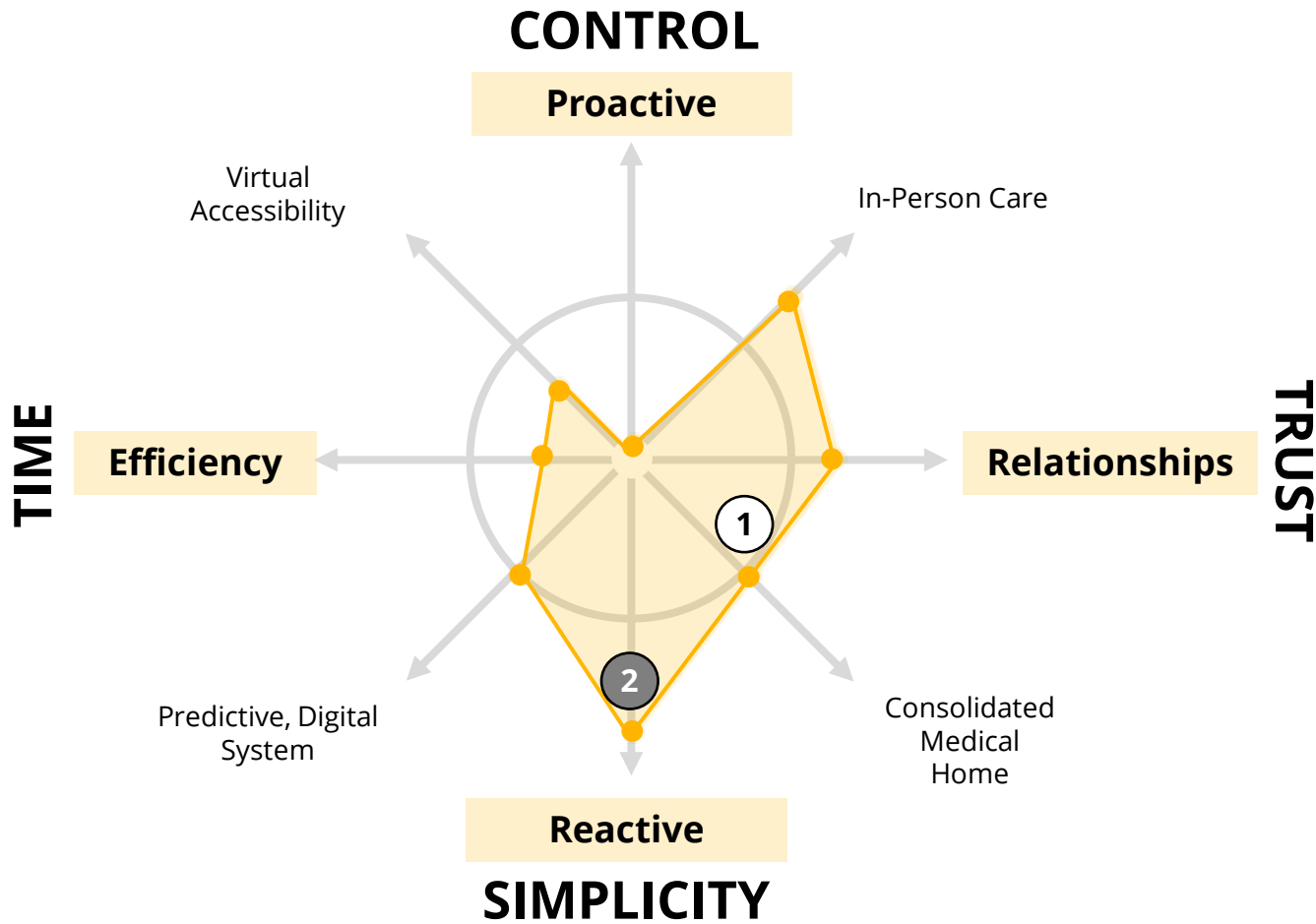
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Rural Parents

Grateful and getting by

Healthcare Values Compass



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Community Campaigners

Helping others to help themselves



The life of one Community Campaigner...

Today

The Community Campaigner is **acutely aware of the needs of others**. Having worked with many **Veteran-serving agencies**, including VA, she knows exactly which community resources exist and which are lacking. She comes from a military family and enlisted to both **pay for college** and uphold **family honor**. After **surviving a trauma** in her life, her advocacy work feels personal. She highly values **good mental healthcare** for herself and her community.

Future

In the next 10-20 years, the Community Campaigner will rise into **leadership roles within her community**, possibly even entering public office. She will continue to be a **pillar of support for her family and those she advocates for**. Her success has been hard earned and she **looks forward to financial stability**. She will take **proactive steps to stay on top of her health** like screenings, exercise, and therapies.

Community Campaigners

Helping others to help themselves



MOTIVATIONS & MINDSETS

Healing Through Helping

Rather than shutting down as a result of her trauma, she confronts her experience by supporting other Veterans

Community as Motivation

Driven by a desire to create tangible transformation for her community

Education Holds the Key

Highly intelligent; prioritized her educational advancement despite limited support or resources

Always Active

Time not spent helping others is spent doing meaningful activities and hobbies with little to no downtime

Other People's Problems

Sometimes finds it easier to help strangers than to help herself or her family

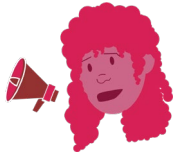
PERCEPTIONS & USE OF VA

- + **VA is a critical safety net**
She views VA as a helpful resource aggregator for Veterans, especially when it comes to critical healthcare needs like suicide prevention and diabetes prevention
- + **Knows how to leverage**
She is knowledgeable about her eligibility and uses VA for anything she can
- **Disaggregation = frustration**
She wishes she could consolidate all her care in one setting, rather than having to rely on Caregivers and systems outside VA due to her lack of full eligibility
- **Off-putting women's care**
Especially when she was younger, she was turned away for serious care needs involving women's health. Things are better at VA now, but she'll never forget how poorly she was treated

"Think about all the other people who have endured what I've endured. I just needed a hand up – I wasn't asking for anything else."

! Pandemic Views

- COVID-19 took a **large mental toll**, as hospitalization, surmounting bills, and job loss profoundly **shook up the lives of several close friends**
- She's tried to remain positive throughout the experience, and **has advocated for better COVID-19 prevention**, community vaccination campaigns, and economic relief



Community Campaigners

Helping others to help themselves

Today: Current Healthcare Usage

EMPATHETIC PROVIDERS

- The Community Campaigner looks for providers who understand and relate to her both within and outside VA
- Manages a wide range of providers from various health systems

OUT-OF-THE-BOX TREATMENTS

- Avid user of mental health therapies such as CBT, mindfulness, and yoga practices
- Seeks external treatments, beyond what is covered such as massage and acupuncture



1 in 3 Female Veterans respond “yes,” that they experienced MST, when screened by their VA provider. Females who have experienced sexual trauma are also likely to be high consumers of healthcare.

Future: Ideal Healthcare Ecosystem

SYSTEM

- Includes **local, culturally competent providers**
- **Minimizes burden on trauma survivors regardless of eligibility**
- **Leverages her connection** to at-risk Veterans to deliver accessible care

COMMUNITY

- Provides opportunities for her to exercise her **leadership** and **community organizing talents**
- **Takes care of** all its **members**



Trend in Action: Woebot, an app for digital therapy, uses AI to deliver cognitive behavior therapy in a lower cost, more accessible method than in-person therapy.

Opportunities: How to Get There

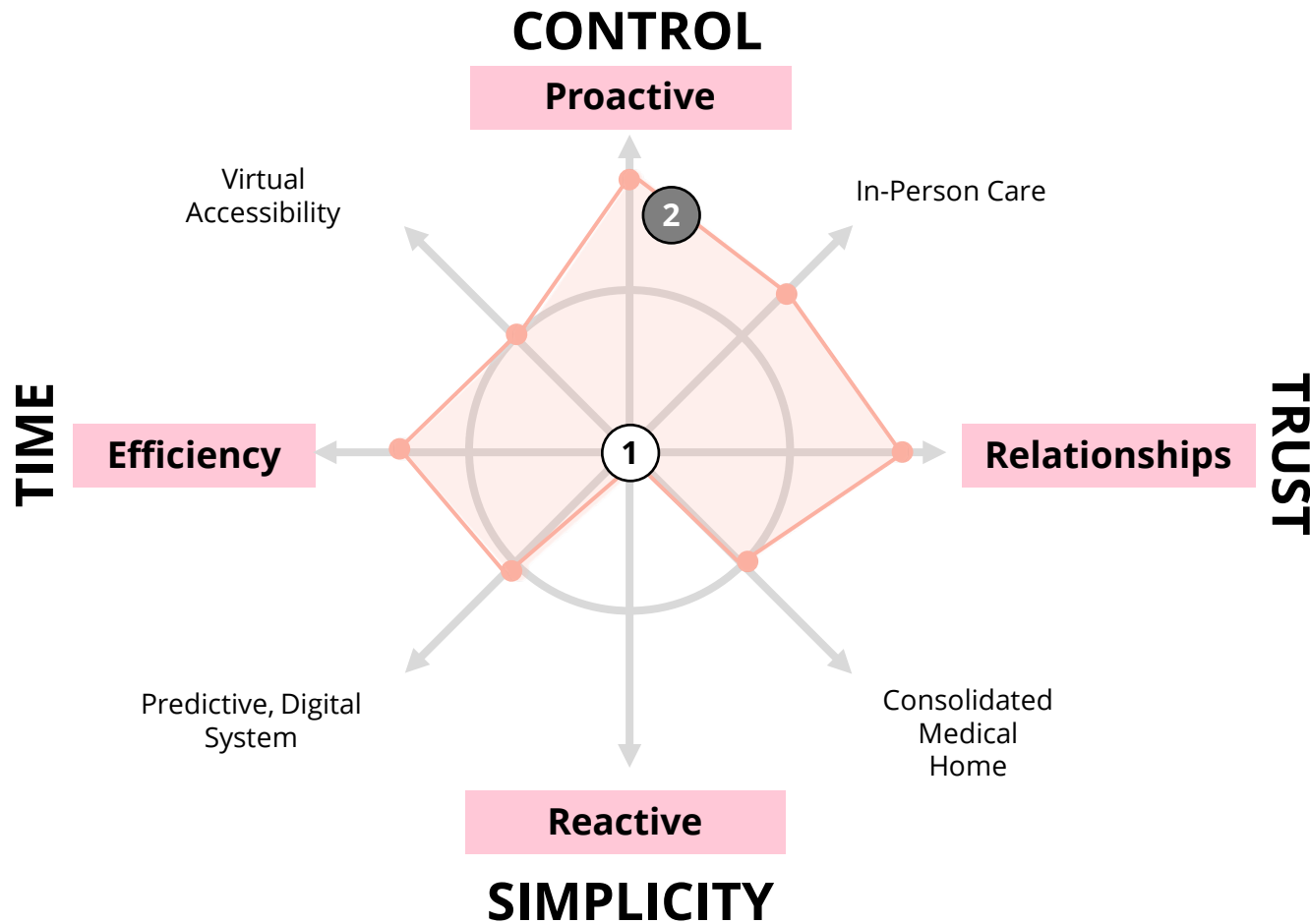
- A **physically proximate** facility she can fully rely on for all her **mental, physical, and spiritual wellness** needs e.g., Non-Western approaches like acupuncture, meditation
- **Culturally relevant care** from providers that relate to her experience
- **Connection to public infrastructure**, community resources, or other organizers to increase her potential impact



Community Campaigners

Helping others to help themselves

Healthcare Values Compass



1

Solutions Must Address Tension Between Time and Trust

- The Community Campaigner highly values both trust and time, which creates a tension between her desire for patient-provider relationships and efficiency in her healthcare

2

Design to Facilitate Active Management

- The Community Campaigner values control more than simplicity, pointing to her highly proactive approach to her own healthcare and wellbeing

Future Focus for VA

- Opportunity to make autonomy in healthcare more efficient for diligent and proactive Veterans
- VA has an abundance of digital resources for those with the time and mindset to search through them, but even proactive Veterans prefer a more connected and efficient means of educating themselves

Searching Servicemen

Overwhelmed in a time of transition



The life of one Searching Serviceman...

Today

The Searching Serviceman lives **in or near a city** and has a low-paying job accompanied with **constant financial worries** and **difficulty accessing care**. He enlisted to get out of a bad environment and **deployed multiple times** while in active duty. While he reflects positively on his service, he feels the military should have done **more to assist his transition** into civilian life; he has just **one person who he can rely on** for support. With many basic needs unmet, he is more **likely than the average American to experience homelessness**.

Future

In the next 10-20 years, if he can find stability, it will be through a combination of **mental health treatment, community support, and public resources**. With his basic needs met, he will be able to focus on family, but will **continue to worry about how to support them**. He will **want to help Veterans** however he can, as overcoming his personal trauma and struggles will prove to be incredibly formative.

Searching Servicemen

Overwhelmed in a time of transition



MOTIVATIONS & MINDSETS

Striving for Self-Sufficiency

Dreams of having a business not just for financial support, but as a source of pride and self-affirmation

Health is Physical

Does not currently consider his intense mental and emotional struggles to be “bad health”

Reactionary

Is self-aware but often acts (or reacts) in ways against his self-interest

Day by Day

Approaches his health and personal life day by day and finds it hard to focus on the future with so much instability

Tech Savvy but Overwhelmed

Though tech savvy, does not know where to begin to look for resources and gets overwhelmed at the idea of searching on his own

PERCEPTIONS & USE OF VA

- + **VA is a critical lifeline**
VA is his only option for healthcare, and he is grateful for the care he receives; sees VA in a largely positive light, but several negative recent experiences have started to disillusion him
- + **Technology is great when it works**
Appreciates tech when it's seamless and consolidates disparate actions and healthcare information
- **Eligibility black hole**
For whatever reason, he may not be not eligible for certain VA services that he wants and needs, and he's not sure exactly why he is not eligible
- **Lack of clinician relationship**
Finds it hard enough just to seek and obtain mental health treatment, so it's frustrating when his clinician doesn't seem to understand him or is seemingly apathetic

! Pandemic Views

- The **isolation and disruption to his life** from COVID-19 has been **very difficult for him**, as he relies on an in-person job to make money
- COVID-19 **exacerbated the effects of a previous trauma** (mental and/or physical), which caused a **negative domino effect** on other unstable aspects of his life

“I know what I am not eligible for. I never looked at anything to see if I'm eligible for more.”



Searching Servicemen

Overwhelmed in a time of transition

Today: Current Healthcare Usage

NO COVERAGE = NO TREATMENT

- The Searching Serviceman forgoes care when he is not eligible or when it is not covered by VA

GAPS IN CARE

- Whether due to eligibility issues, personal instability, or long wait times for appointments and medications, the Searching Serviceman often experiences gaps in care

SELF-MEDICATING

- In the absence of care, he may turn to unregulated or potentially harmful substances without medical oversight



Marines who were deployed to combat zones and were diagnosed with PTSD were 11x more likely to be discharged for misconduct and 8x more likely to be discharged for substance abuse.

Future: Ideal Healthcare Ecosystem

SYSTEM

- **Pushes relevant resources and guidance**, so he doesn't have to figure out where to look
- Provides **greater choice of clinicians**, particularly therapists, so he can switch if he does not feel a connection
- **Minimizes gaps in care** (both for appointments and medication) to avoid decline in health

COMMUNITY

- Is **available 24/7** to support him whenever his stability wavers



Trend in Action: Apple's health apps and data sharing are pioneers in the wearable health technology market. They record real time health data, analyze for trends, and alert for anomalies – all of which facilitate preventive care.

Opportunities: How to Get There

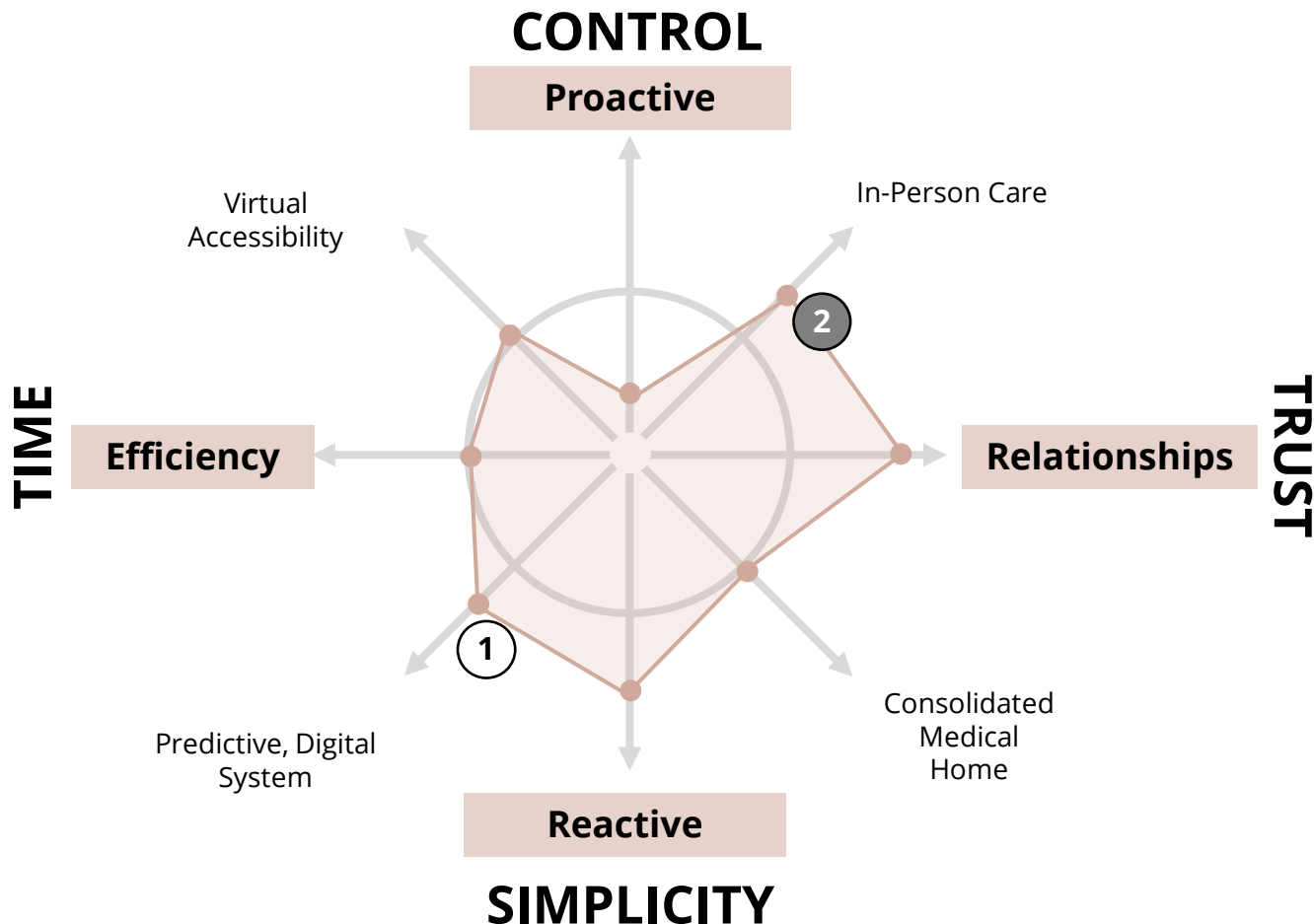
- **Predictive, customized outreach videos** (or other easily digestible format) to inform him of specific care or benefits he is eligible for but not utilizing
- Incentives and **empowerment for individual VA facilities** to **establish partnerships with community organizations** to minimize gaps in care



Searching Servicemen

Overwhelmed in a time of transition

Healthcare Values Compass



1

Design Predictive Systems to Reduce Burden

- The Searching Serviceman values time and simplicity in his healthcare, as he is frequently overwhelmed by complicated systems that require management

2

Design for In-Person Supervision

- The Searching Serviceman highly values in-person care and relationships that he can trust, pointing to his need for human connections and support, especially during difficult transition times

Future Focus for VA

- Opportunity to increase simple hands-off systems while also improving the in-person support needed for vulnerable individuals
- VA leverages automatic communications well in several areas across its ecosystem, but communications could include more customized, personal, and human-to-human interactions

Solo Riders

Cultivating inner peace and self sufficiency



The life of one Solo Rider...

Today

The Solo Rider likes to **do things themselves**. They opt to rely on their **own strength and ingenuity** rather than leaning on others or using resources. They **disdain** the idea of receiving **charity**. They enlisted because their **restlessness** got them into trouble in high school and their family couldn't afford any other options. They're not a self-proclaimed patriot, but they **enjoyed serving** and are **proud of their contributions**.

Future

In the next 10-20 years, we can expect the Solo Rider to **continue working**. They will try to find work opportunities that allow them to be their own boss and **avoid retirement** for as long as physically possible. They will continue to seek **time outdoors** and with their hobbies. Their small circle of **dedicated friends and family** will remain crucial to their wellbeing as they age, and they will prefer to age in place rather than enter an assisted living facility.

Solo Riders

Cultivating inner peace and self-sufficiency



"I don't think they could [make me feel better about not taking too many resources]. I have the care that I need when I need it, there's nothing they need to do above and beyond that."

MOTIVATIONS & MINDSETS

Self Reliant

Has historically only been able to rely on themselves, so that's all they're comfortable with

Friendly Face

Is affable and makes friends easily, yet inherently introverted and cautious with whom they trust

Relationship Challenges

Sometimes has trouble connecting with others in long-term relationships

Nature's Simple Gifts

Strives to live a peaceful life with simple pleasures; likes being outside and working with their hands

No Line Cutters

Is careful about not taking any more than they feel they're owed; becomes frustrated with others who do not exercise the same discretion

PERCEPTIONS & USE OF VA

- + **Piece of the pie**
They view VA as a series of finite resources; does not want to take more than they feel they deserve
- + **Generally content**
The Solo Rider is willing to use VA for all the care they're eligible for; doesn't entertain feelings of discontentment
- **Burdensome paperwork**
They don't have the patience for all the bureaucratic hurdles they must jump through in order to access their care
- **Doctors who overprescribe**
The Solo Rider doesn't appreciate when VA doctors shuffle them out of the office with more and more prescriptions

! Pandemic Views

- They like that they've been **able to work more independently**, and they have **not faced many restrictions** in their personal life
- Although they **have faced economic hardship**, they have **adapted and haven't complained**
- They're **not too concerned with getting sick** because they know how to take care of themselves



Solo Riders

Cultivating inner peace and self-sufficiency

Today: Current Healthcare Usage

SERVICE-CONNECTED TREATMENT

- The Solo Rider forgoes non-service connected care needs due to cost

PHONE A FRIEND

- The Solo Rider prefers to reach out to friends and close contacts before turning to medical professionals

RELIANCE ON ED/ER

- They rely on VA ED for primary care in conjunction with their annual service connection physical



Only 25% of Veterans have a service-connected disability and 41% of Veterans with a service-connected disability report a rating of 60% or higher.



Trend in Action: Humana created an initiative to address social determinants of health and increase overall Healthy Days of members, in order to care for the whole person.

Future: Ideal Healthcare Ecosystem

SYSTEM

- Makes them **feel they deserve to utilize care**
- **Incentivizes** them to access the right kind of care that gets to the root of their problems
- Provides **accessible care** and facilities
- Enables them to **age in place**

COMMUNITY

- **Rewards their independence** by **providing help when they need it**, allowing them to bounce back and stay in control

Opportunities: How to Get There

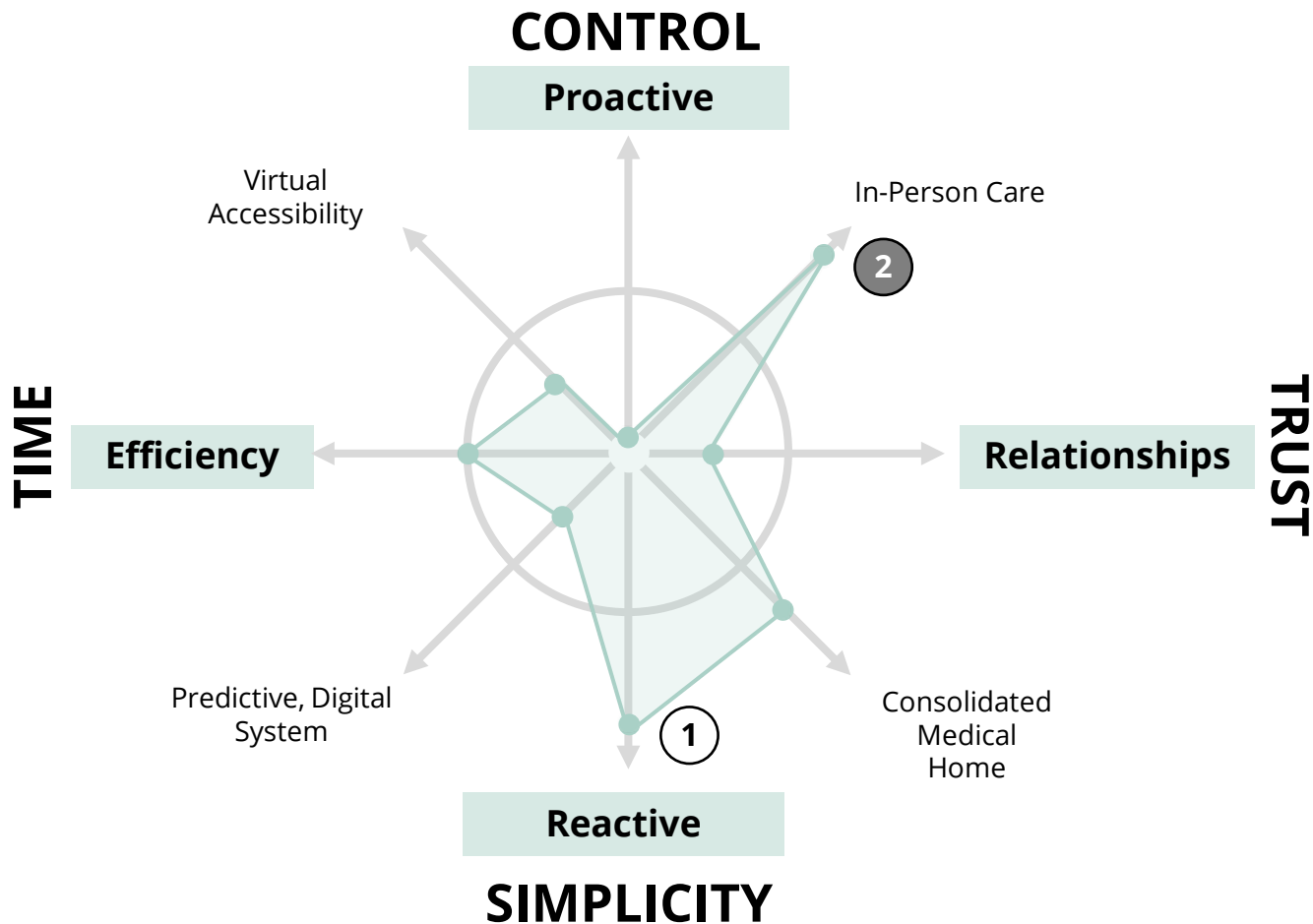
- A **physically proximate facility** that **handles the basics** well to allow them to age in place and maintain autonomy
- **Upstream support systems** that **enable prevention** rather than prescriptions will reward their independence by providing help when they need it



Solo Riders

Cultivating inner peace and self-sufficiency

Healthcare Values Compass



1 Simplify Systems to Lower the Engagement Burden

- The Solo Rider highly values simplicity, as they prefer to be more passive about their formalized healthcare, opting out of anything too cumbersome

2 Straightforward, In-Person Care

- The Solo Rider has a preference for in-person care, which points to a unique need for traditional and straightforward visits that require little care management

Future Focus for VA

- Opportunity to standardize in-person care routines for Veterans who want to put minimal effort into their appointments but dislike digital engagement
- VA has a wide variation in satisfaction scores from facility to facility, indicating an opportunity to streamline in-person patient satisfaction efforts

*See appendix for Healthcare Values scoring

Agile Professionals

Keeping all the balls in the air



The life of one Agile Professional...

Today

The Agile Professional is on her second career in the white-collar workforce. She has started a family and **has adjusted well to civilian life** with a secure income and career. Although her chapter in the military was deeply impactful, she does not want this to be her only identity, and she works hard to make sure she's **judged on her current-day success and merits**, not just on her Veteran status. With so many commitments, she looks to her healthcare as a tool to keep her in **control of her own life**.

Future

In the next 10-20 years, she will enjoy **continued personal growth, providing for her family, and building another successful career outside the military**. As she gets older, the Agile Professional will continue to keep track of all her commitments, **refraining from slowing down**. As she sees more financial prosperity, she will fill her time with additional activities like travel and fitness.

Agile Professionals

Keeping all the balls in the air



MOTIVATIONS & MINDSETS

Busy-Body

Feels most in control when she is juggling multiple personal and professional responsibilities

Knowledge is Power

Leverages her intelligence and powerful work ethic for both personal gain and public impact – and wants recognition for doing so

Social Strength

Has a strong social support system and many friends; is a devoted partner and mother

Healthy Lifestyle

Keeps herself balanced and healthy with regular exercise, time with friends and family, and a healthy diet

PERCEPTIONS & USE OF VA



Nice to have

While she may not actively use VA healthcare, she's happy to know it's there in case she needs it and that it supports her fellow Veterans



Other VA benefits

She benefited from other services from VA - including education and home loans - which have helped her achieve personal goals



Harder to understand than private insurance

She does not feel like VA healthcare is easy to get connected with, especially compared to the convenient insurance offered from her job



Doesn't cover family

She thinks about healthcare for her whole family and because VA does not provide options for everyone, it's easier to use private insurance and have everyone on the same plan



Pandemic Views

- She **takes COVID-19 safety guidance very seriously** and **has drastically adjusted her life**, including having to juggle her virtual career and family's needs
- COVID-19 gave her the **opportunity to transition most of her healthcare to telehealth** and she looks forward to having **more options between telehealth and in-person** healthcare in the future

“My personal goal is to find work I enjoy and continue to move up in positions of responsibility and things of that nature to keep challenging myself. The minute you stop growing, it's over, so I refuse to stop growing.”



Agile Professionals

Keeping all the balls in the air

Today: Current Healthcare Usage

WHOLE FAMILY CARE

- The Agile Professional does not want to have to juggle multiple different healthcare plans for the family

EDUCATED PATIENT

- Researches any health issues arising in her family and stays abreast of best treatments; appreciates options for care from doctors rather than just being told

SEAMLESS INTERGRATION INTO LIFE

- With limited free time, the Agile Professional needs care options to be convenient to schedule (i.e. online scheduling) and easy to access



The number of female Veteran users of VA services increased by 51.8% from 2008-2017. At the same time, female Veterans are more likely to have a Bachelor's degree than both male Veterans and their non-Veteran female counterparts. This means VA can expect a growing share of highly educated women accessing healthcare.



Trend in Action: Electronic Wellness Records (EWR) and patient engagement platforms streamline appointment management and after-visit summaries and recommendations for better integration and monitoring of specific health conditions, protocols, and recommendations.

Future: Ideal Healthcare Ecosystem

SYSTEM

- **Streamlined** but aware of her **unique needs as a Veteran**
- **Keeps up with her fast-paced life** by providing efficient, all-in-one solutions

COMMUNITY

- Caters to her **distinct spheres as: parent, professional, and Veteran**
- Celebrates her **professional advancements**

Opportunities: How to Get There

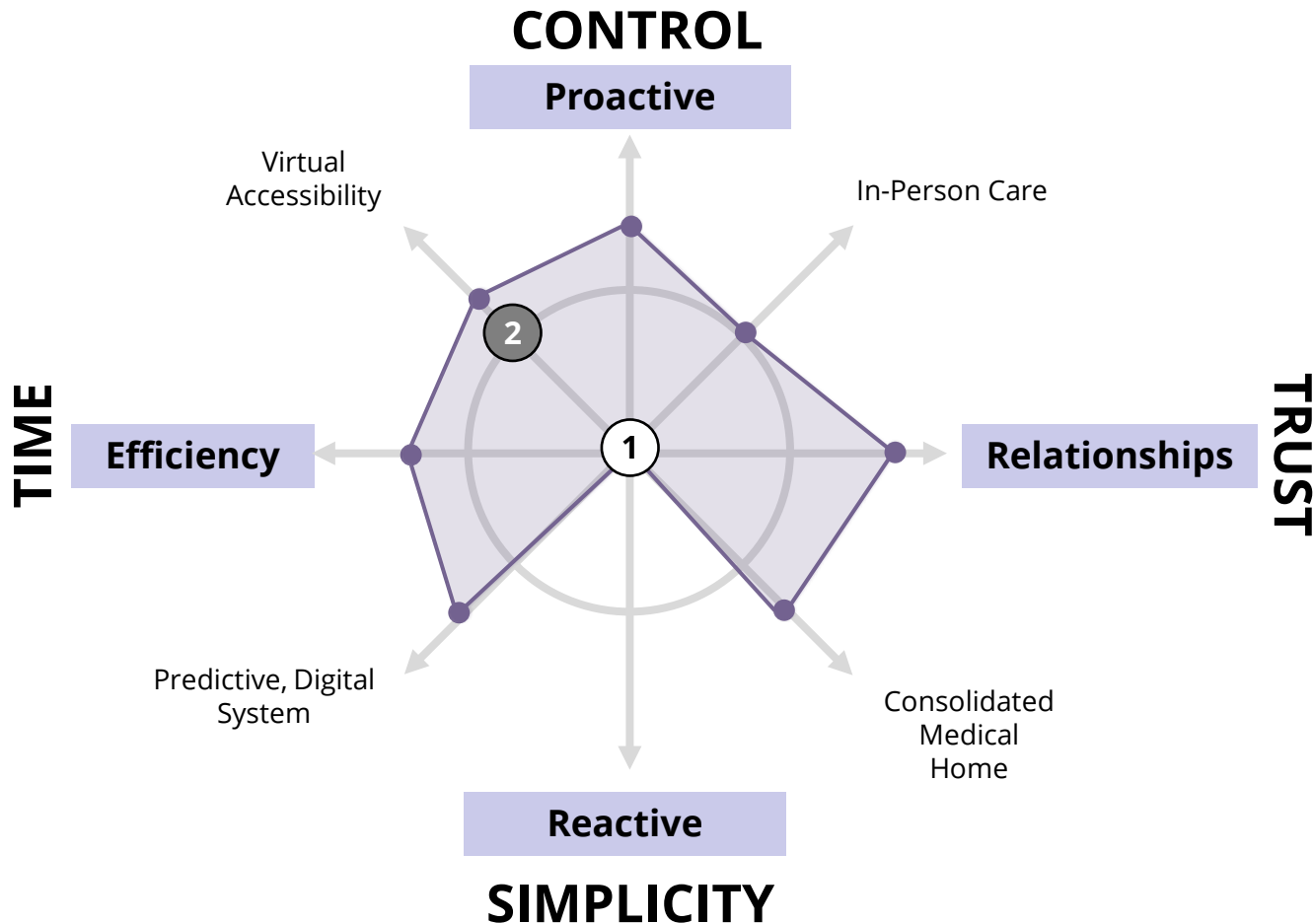
- The ability to seamlessly **consolidate all her family's care with one plan and** easy to access facilities
- **Cutting edge technology, procedures, and devices**, especially in the world of **women's health**
- A **hybrid system** with in-person and remote, on-demand care, staffed by **empathetic providers**



Agile Professionals

Keeping all the balls in the air

Healthcare Values Compass



1

Solutions Must Address Tension Between Time and Trust

- The Agile Professional highly values both trust and time, which creates a tension between her desire for relationships and efficiency in her healthcare; she appreciates flexible options that cater to both values

2

Virtual Accessibility Is Table-stakes

- The Agile Professional values control and time, so she prefers options that aid her desire to be proactive and efficient, especially when on the move

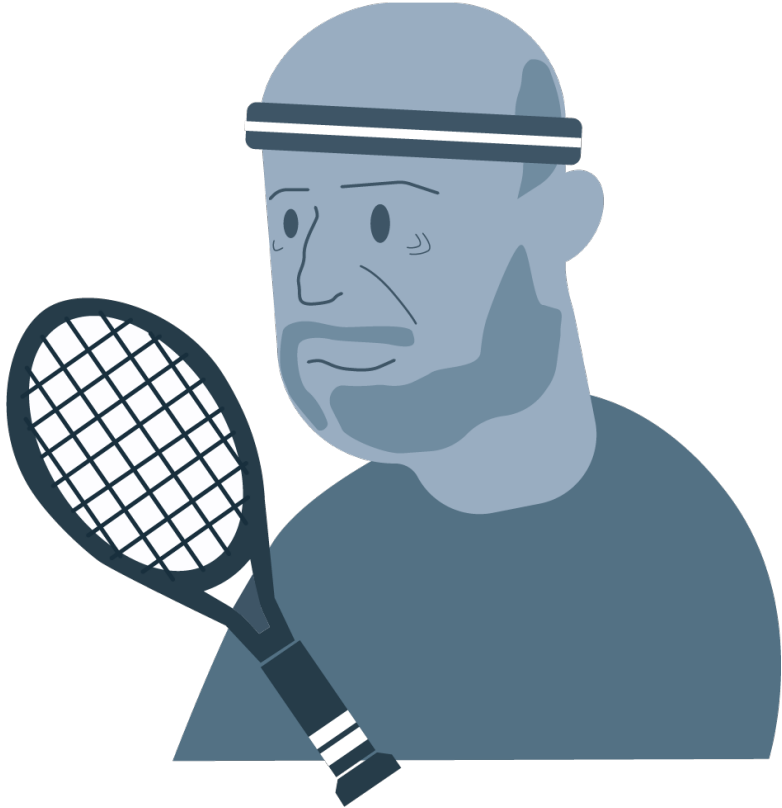
Future Focus for VA

- Opportunity to increase virtual accessibility and automation through predictive systems without sacrificing a preference for provider relationships
- VA has increased its capacity for telehealth in response to the pandemic, but patient-provider relationships could be given a similar boost of energy and resources

*See appendix for Healthcare Values scoring

Pivoting Seniors

Working to maintain independence



The life of one Pivoting Senior..

Today

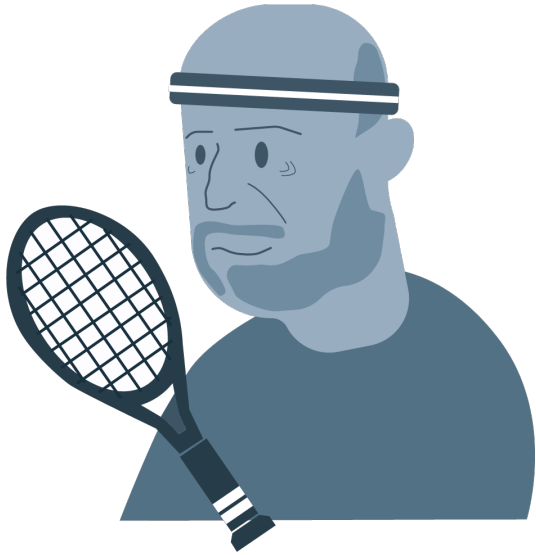
The Pivoting Senior is about to **turn the page on the next chapter of his life**. He is contemplating stepping away from his career or has already left the job he had after decades of dedicated work. He loves **spending time with his spouse, kids, and grandkids**, and **maintaining a weekly routine**; he enjoys structure and predictability. Over time, he has learned to **tamper down difficult emotions** in order to stay in line and carry on with his life.

Future

In the next 10-20 years, the Pivoting Senior will work hard to maintain his physical abilities. He will **toggle his lifelong patterns with an emerging need to adjust** his health and wellness activities to include regular, gentle **exercise, diet changes, an uptick in medications**, and **more use of VA services**. He will do so in order to stay present in his family's life as much as possible.

Pivoting Seniors

Working to maintain independence



"People see my Vietnam Veteran hat and say 'thank you for your service,' but I was just doing my job. I didn't know I could access all these programs because of my service."

MOTIVATIONS & MINDSETS

Helpful Schmooser

Is highly social, especially within his family, and always willing to help anyone who asks

Fitness for Independence

Wants to maintain his fitness, in part as a rejection of the idea of becoming an old man

Values Title not Entitlement

Respects authority and title as a function of perceived merit

Provider & Legacy

Has historically been the breadwinner for his family and worries about what resources (or debt) he'll leave behind for them

By the Books

Is deliberate in his decision-making and values protocol and chain of command

PERCEPTIONS & USE OF VA



Retirement options

As he evaluates retirement and assisted living options, he is revisiting his many eligible VA benefits, though he also worries about whether his spouse will be covered



Positive changes

He is impressed with how his facility has upgraded since his separation, especially with new technology and remodeled buildings



Service-connected coverage

The Pivoting Senior separated decades ago, so it is hard to prove that certain ailments are service-connected; VA does not yet cover certain illnesses developed during his service



Same old VA

Just as he has noted positive changes in VA, he is keenly aware of what hasn't changed: long wait times, poor customer service, pill-first-treatment, and hurried, often rude staff or clinicians who rub him the wrong way



Pandemic Views

- **Socially, he suffered.** He was among the first vaccinated but had to remain distanced from his children and grandchildren. He also lost several close friends due to the virus
- He **approached healthcare with caution** – wait times could mean exposure risks in doctor's office waiting rooms
- His **telehealth appointments went better than expected** but were **less satisfying than in-person care**



Pivoting Seniors

Working to maintain independence

Today: Current Healthcare Usage

COUPLE'S CARE

- The Pivoting Senior is taking a preventive approach to his health. He and his spouse are using their free time to walk and cook more than ever

IN-FLUX

- With a changing career status and emerging health issues he intends to nip in the bud, he's juggling multiple systems and a number of different doctors in various locations

TAKES TIME to BUILD RAPPORT

- With more time on his hands, the Pivoting Senior is willing to spend extra minutes in the doctor's office to get know his provider and understand his care plan



37% of all Veterans are older than 70 years old and utilizing VA at a rate of 21%, compared to middle aged Veterans who utilize at a rate of 52%.



Trend in Action: Global Wellness Institute launches "Wellness Communities & Real Estate" to build environments that optimize the quality of life of those who live, work, play, and learn within the environment.

Future: Ideal Healthcare Ecosystem

SYSTEM

- **Makes sense** – order of operations is known, next steps are articulated, and questions are answered expeditiously
- **Generates trust** for the Pivoting Senior, as he relies more heavily on the healthcare system

COMMUNITY

- Allows the Pivoting Senior to **stay healthy and active** with other seniors
- **Understands and appreciates their past contributions** without patronizing

Opportunities: How to Get There

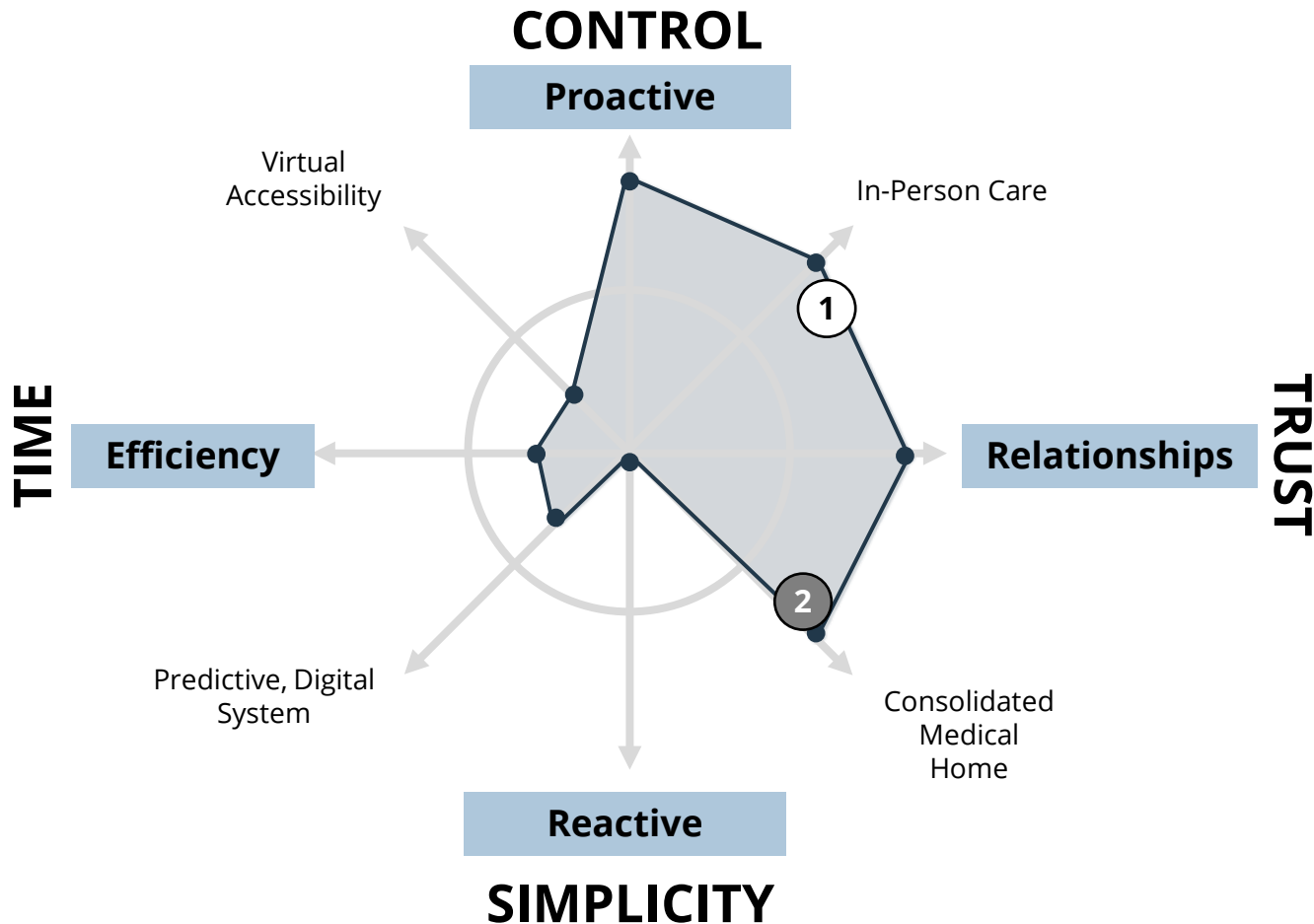
- **Proactive outreach and monitoring** of any emergent health issues through **digital health devices and wearables** that are easy to understand
- **Social supports and check-ins** from their local VA facility to generate trust



Pivoting Seniors

Working to maintain independence

Healthcare Values Compass



1

In-Person Care Fulfills Desire for Trust and Control

- The Pivoting Senior highly values trust and control over his care, so he appreciates options that cater to his need to feel empowered to drive his own healthcare decisions and connect with his providers

2

Design for a Central Location

- The Pivoting Senior has a strong need for a central location he can turn to, especially with an upswing in health issues and doctors' visits, pointing to the desire for a consolidated medical home

Future Focus for VA

- Opportunity to provide a system that allows for user autonomy and customization, while also generating person-to-person trust
- VA allows Veterans to communicate with providers via MyHealtheVet, however, the ability to proactively schedule appointments does not yet exist and may be challenging for senior citizens

Stalwart Caregivers

Striving for sustainability



The life of one Stalwart Caregiver...

Today

The Stalwart Caregiver **meets the needs of her household** while also **caring for her Veteran**. She managed a **massive life transition** when her Veteran became dependent on her, and she is already **planning for a future** where **her partner's health needs continue to increase**. She **prioritizes the needs of others over her own health and well-being**. Her outlets, including exercise and support groups, all serve to help her perform her Caregiver responsibilities as best she can. She **demonstrates resilience**, but she feels the **emotional, financial, and physical toll** of her role.

Future

In the next 10-20 years, the Stalwart Caregiver will **continue to navigate a lack of resources** and may have to **let other priorities fall** to the wayside to provide more intensive care for her Veteran. She will rely on VA healthcare more heavily as her Veteran experiences additional health issues associated with aging. As her Caregiver identity and skills sharpen, she will look to provide **informational and emotional support** to other Caregivers informally or even professionally.

Stalwart Caregivers

Striving for sustainability



“He'd gotten injured and if I hadn't already created the safety net for myself with people to help, I don't know what I would have done, to be honest.”

MOTIVATIONS & MINDSETS

Support Seeker

Pursues and advocates for resources that directly support her Veteran, her mental health, the financial needs of the household, and her children's well-being

Adaptable to Veterans Needs

Adapts to unexpected challenges, including adjusting to a “new normal” if her Veteran's health worsens and/or the type or extent of required care changes

Responsibility Overload

In addition to caregiving for her Veteran, takes on most household responsibilities, including caring for children and managing finances, which results in her being exhausted and overwhelmed

Identity Invasion

Becomes enveloped in the Caregiver role and increasingly sees her own motivations, hobbies, hopes, and goals through this lens

! Pandemic Views

- **COVID protocols prevented in-person access** to her Veteran's healthcare, leading to a **decline in their health** which was in turn detrimental for her own health and resources management
- Her private practice mental health care provider **closed during the pandemic**; she has been **without access to mental health care**, which is one of very few outlets for her to focus on her own health and well-being

PERCEPTIONS & USE OF VA

- + **Wonderful coordinators**
She feels lucky to have worked with a few supportive coordinators but wishes there were more like them throughout VA
- + **Helpful specialty care**
She expresses satisfaction for informational classes and the specialty clinic available to her Veteran, especially as they both grapple with the recent diagnosis of an additional health condition
- **Unclear resources available**
After qualifying for one type of financial assistance or programmatic support through VA, failure to obtain subsequent support inculcates confusion and resentment
- **Supporting those who care for others**
Despite available resources for the Veteran for whom they provide care, the Caregiver has very few resources available directly to her and expresses her need and desire for someone to consistently “check on” her



Stalwart Caregivers

Striving for sustainability

Today: Current Healthcare Usage

LIMITED AGENCY

- The Stalwart Caregiver serves as the first line of care for her Veteran, yet is not included as an equal partner at all the Veteran's medical appointments and in other conversations regarding their health

LACK OF SELF-CARE

- She prioritizes the health of her Veteran and household, which results in her neglect of her own preventative healthcare and health maintenance

TRAINING NEEDS

- Despite recognizing the need for a more specialized knowledge about her Veteran's health challenges, the Stalwart Caregiver cannot easily access training or continuing education



Despite the 120+ programs nationwide to support the ~5.5M Caregivers in the U.S., only 3% provide healthcare, 7% provide respite care, and 10% provide mental health services.

Future: Ideal Healthcare Ecosystem

SYSTEM

- **Realistic expectations** set for what being a Caregiver means, how caregiving impacts the household, and how VA will provide support, especially given that the standard definition of *who is* a Caregiver may change in the future
- **Holistic consistent support** to help with household responsibilities and healthcare related needs

COMMUNITY

- Additional support in caring for her Veteran and children so she **can pursue other life goals and care for herself**
- Connects the Stalwart Caregiver to other Caregivers to **share experiences and advice**



Trend in Action: UK government's TechForce19 challenge fostered the innovative app, Feebris, that guides a Caregiver through a 10-minute check-up and captures vital signs from connected medical-grade sensors like a digital stethoscope and pulse oximeter, enabling them to identify health risks and make triage decisions daily.

Opportunities: How to Get There

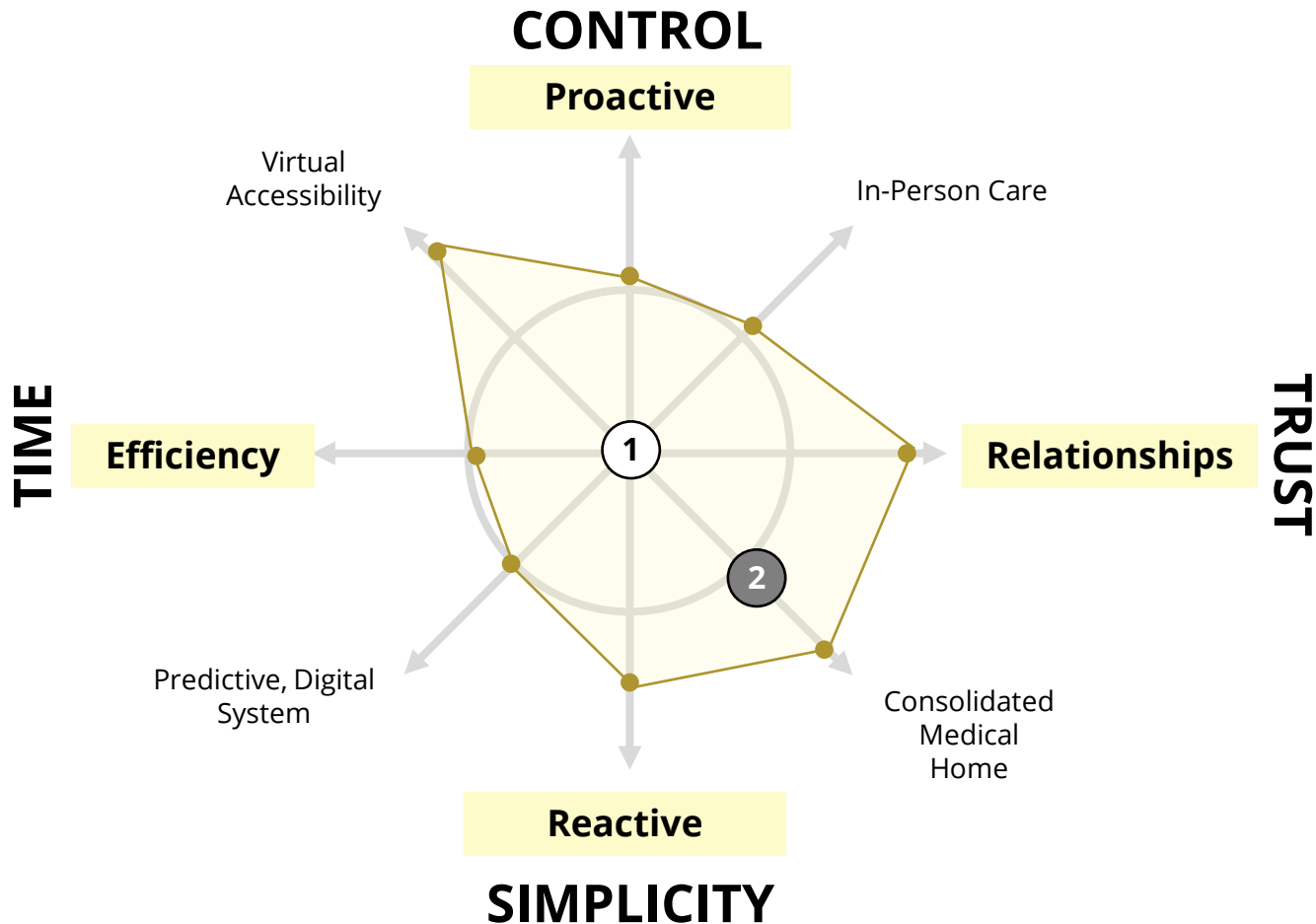
- **Consider Caregivers as essential components of VA healthcare delivery** and provide comprehensive, Caregiver-centric **preparation, resources, and professional development opportunities** to Caregivers and their households
- **Facilitate feedback** from Caregivers and the non-VA organizations that support them to better **understand and address resource deficits, anticipate the changing demographics of Caregivers, and build a framework of continuous quality improvement** of VA Caregiver programs and resources



Stalwart Caregivers

Striving for sustainability

Healthcare Values Compass



1

Design for Centralized and Flexible Care

- The Stalwart Caregiver needs convenient and reliable access to her Veteran's providers so she can maintain her charge's health with the least impact to her daily routine and household; centralized and virtual care options will help meet this need

2

Relationships are Resources

- The Stalwart Caregiver values relationships with other Caregivers and programmatic assistance that can fill the gaps formed by intensive caregiving and household obligations; this includes financial and informational support

Future Focus for VA

- Opportunity for proactive training and resource mapping that anticipates the needs of the Veteran's household and helps the Stalwart Caregiver prepare for their new role
- Virtual and telehealth options allow care to be delivered from wherever the Veteran is; enabling "on-demand" care to further reduce hardship in moments of crisis

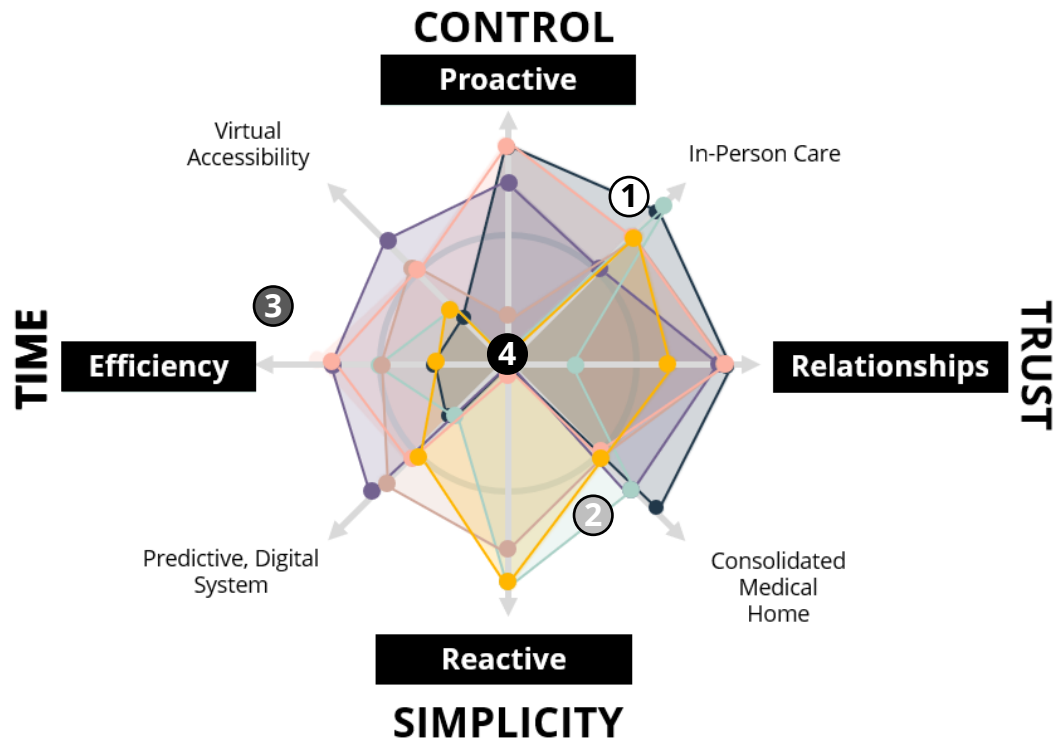
*See appendix for Healthcare Values scoring



Conclusion & Next Steps

Convergence and Divergence: Key Themes

When viewed collectively, four key themes emerged across all archetypes that will be important to consider when identifying and designing for transformational opportunities.



- 1 In-Person Care fulfills the desire for Trust and Control**

 - 4 out of 7 archetypes value trust and control, which indicates a preference for in-person care
 - VA can continue its focus on improving in-person care, which is more highly valued across archetypes
- 2 Patient-Centric Care provides needed Trust and Simplicity in healthcare experiences**


 - 6 of 7 archetypes somewhat or highly value trust and simplicity in their healthcare, which point towards a preference for patient-centered, team-based, coordinated care; this would involve tailored payment systems as well
 - VA already strives for a consolidated medical home approach, but national adoption is inconsistent; Veterans frequently report gaps in coordination and the perception that their care is not always patient-centered
- 3 Efficiency is no one's most valued tenet for healthcare**

 - VA should meet a certain standard of efficiency but can focus efforts on other more highly valued opportunity areas (e.g., Consolidated Medical Home model a.k.a. VA's PACT Model)
- 4 Preferences split across Simplicity and Control**

 - ½ of the archetypes are more reactive, while the other half value control over their healthcare and seek out help proactively
 - VA can focus on solutions that are streamlined and simple, while also allowing more engaged Veterans to customize and shape their own care

Opportunities at a Glance

As RVH prepares to deepen the understanding around opportunity areas for transformation, archetypes' Optimized Health Ecosystems and Bridging Opportunities illuminate **pathways** for design.



Rural Parents

Optimized Health Ecosystem

A system that is **streamlined and permits fluid movement** between medical facilities
A community that **supports and checks in but doesn't monitor**

Bridging Opportunities

- Incentivize **preventive screenings** with **local providers**
- **Reduced cost** of health insurance and preventative health services
- **Concise education products**




Community Campaigners

Optimized Health Ecosystem

A system that includes **local and culturally competent providers** and also **minimizes burden on trauma survivors**. A community that **takes care of all its members**

Bridging Opportunities

- A **physically proximate** facility for **mental, physical, and spiritual wellness** needs
- **Providers who deliver culturally relevant care**
- **Connection to public infrastructure and resources**



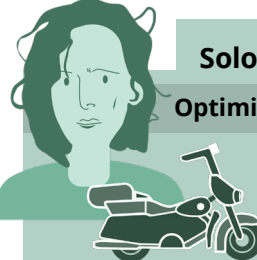
Searching Servicemen

Optimized Health Ecosystem

A system that provides **resources and guidance, greater choice of clinicians, and minimizes gaps in care**. A community that is **available 24/7** to support him whenever his stability wavers

Bridging Opportunities

- **Predictive, customized** outreach materials to **inform Veterans of specific care, benefits, and eligibility**
- **Incentivize and empower individual VA facilities** to establish partnerships with community




Solo Riders

Optimized Health Ecosystem

A system that makes them **feel they deserve care and incentives them to utilize care while enabling them to age in place**. A community that **rewards their independence**

Bridging Opportunities

- **Physically proximate facility with strong primary care services**
- **Upstream support systems that enable preventative healthcare**



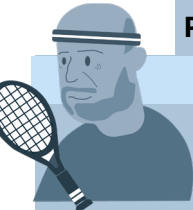
Agile Professionals

Optimized Health Ecosystem

A system that is **efficient and streamlined**, but tailored to her needs. A community that **caters to her multiple spheres of identity**

Bridging Opportunities

- **One stop shop** healthcare for her entire family
- **Advanced medicine** offerings particularly for women's health
- **Accessible hybrid system** staffed by **empathetic providers**



Pivoting Seniors

Optimized Health Ecosystem

A system that **makes sense and generates trust**. A community that **promotes health and activity** and **understands and appreciates past contributions**

Bridging Opportunities

- **Proactive outreach and monitoring through digital health devices and wearables**
- **Social supports and check-ins** from local VA facility



Stalwart Caregivers

Optimized Health Ecosystem

A system that **acknowledges Caregivers have a crucial role** in providing Veteran health care. A community that **supports Caregivers as they navigate the demands** of caregiving, childcare, and household management through financial and social resources

Bridging Opportunities


- **Proactive outreach and reactive resources** that help Caregivers prepare for and recover from the impacts of caregiving as their Veterans' health care needs change
- **Access to respite care and childcare that Caregivers can trust and not hesitate to use**

Phases and Archetypes

Archetypes will be used in tandem with Phases of Veteran Life to identify, prioritize, and test opportunities to reimagine Veteran healthcare.

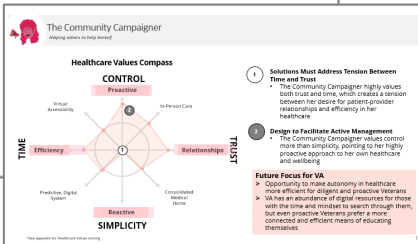
Archetypes

The Community Campaigner
Helping others to help herself



Today

The Community Campaigner is acutely aware of the needs of others. Having worked with many Veteran-serving agencies, including VA, she knows exactly which community resources exist and which are lacking. She comes from a military family and enlisted to both pay for college and uphold family honor. After surviving a trauma in her life, her advocacy work feels personal. She highly values good mental healthcare for herself and her community.



Healthcare Values Compass

CONTROL
Patient Care

TRUST
Relationships

TIME
Efficiency

SIMPLICITY
Patient Care

Solutions Must Address Tension Between Time and Trust

Design to Facilitate Active Management

Future Focus for VA

Definition

This approach provides insights on experiences, characteristics, motivations, needs, constraints, and goals of different types of Veterans. These archetypes capture a range of Veteran perspectives.

Use

- **Acknowledge challenges** faced by Veterans, which can be common across or unique within types
- **Identify opportunity areas** that will impact Veterans in ways that reflect their motivations and needs
- **Generate informed solutions** that meet individual needs of Veterans with different characteristics

Designing Solutions

Use common challenges that Veterans identify within phases to identify where solutions can make the most impact across types of Veterans.

- *How are challenges reiterated across archetypes?*
- *How should the differing motivations, needs, and constraints of Veterans be considered?*

Consider how Veterans of each archetype may feel as they move through each phase.

- *Which Veterans are best prepared to engage with VA processes?*
- *Which Veterans are most likely to struggle during a particular moment or transition?*

Use design principles outlined in phases and archetypes to inform selection of opportunity areas and to guide solutions that consider Veterans both as individuals and as members of a group with its own unique characteristics.

Phases of Life

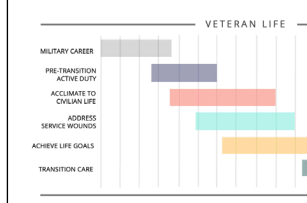
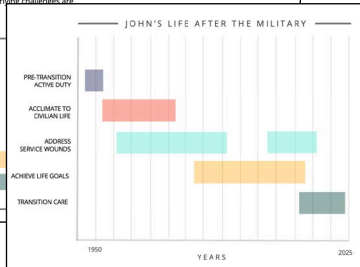
Phases of Veteran Life

As Veterans proceed from Active Duty through the rest of their lifespan, their healthcare needs and priorities evolve. Veterans encounter distinct challenges within each phase, and phases may overlap or repeat throughout a single Veteran's life.

Veterans experience 5 major phases in relation to their healthcare and interactions with VA: Pre-Transition Active Duty, Acclimate to Civilian Life, Address Service Wounds, Achieve Life Goals, and Transition Care.

Despite their common occurrence, these phases look different for every Veteran - they can occur at different points in Veterans' lives, span different lengths of time, and may come in different orders or overlap, yet the underlying challenges are similar.

Each of the challenges in these 5 phases has an impact on Veterans' health and presents opportunities for VHA to better engage and support Veterans.

Definition

This approach views Veterans' health care experiences through a framework of meaningful phases that occur throughout their lifetimes. Phases span military service to late-in-life care.

Use

- **Understand vulnerabilities** common to Veterans in each phase
- **Identify opportunity areas** that will impact all Veterans as they move through each phase
- **Generate overarching solutions** that can be applied at critical moments in lives of Veterans



Next Steps

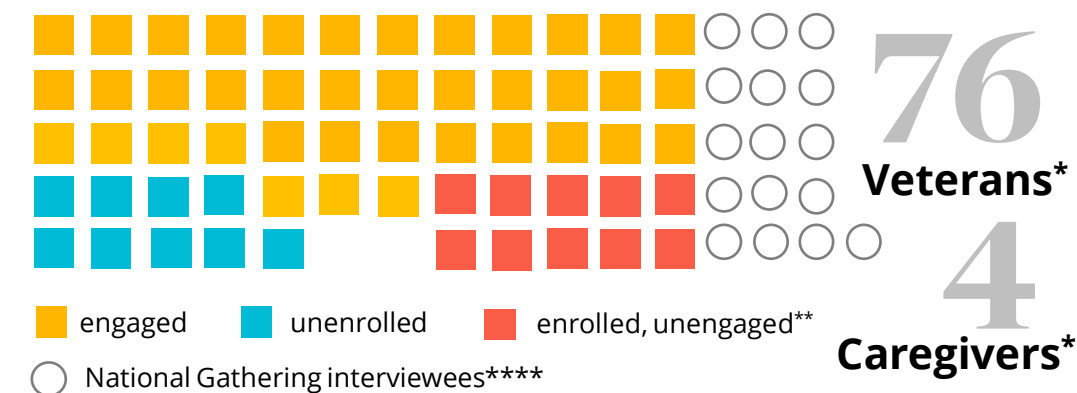
- 1** Incorporate archetypes into Design Artifact #2 (due September 17) to continue deepening stakeholder engagement and use
- 2** Validate, amend, expand, and refine Archetypes based on potential Roadshow and/or “Friends of RVH” feedback
- 3** Use Archetypes as a guide for ethnography discussion during Ambition Workshop #2 (scheduled for October 14 and 15)



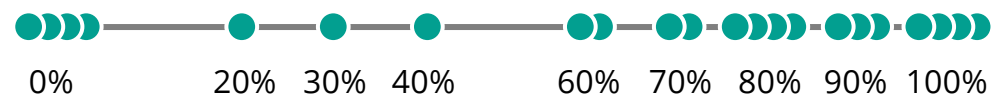
Appendix

Veteran Archetype Cohort

Sixty- to ninety-minute interviews were conducted with Veterans to understand their experiences accessing and navigating VA healthcare and discuss their health care experiences at large. An overview of these Veterans' demographic information is below.

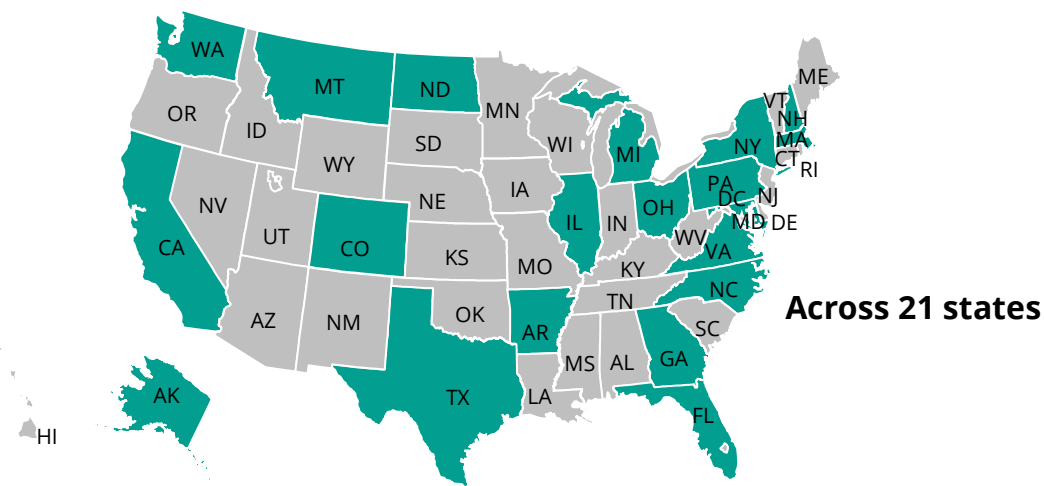


SERVICE CONNECTION RATING ***



RACE AND ETHNICITY

- 34** Veterans Identifying as **White**
- 10** Veterans Identifying as **Black**
- 1** Veterans Identifying as **Hispanic**
- 15** Veterans Identifying as **American Indian/Alaskan Native**
- 3** Veterans Identifying as **Asian**
- 9** Veterans Identifying as **Multiracial**



GENDER IDENTITY and SEXUAL ORIENTATION

- 24** **Women** Veterans
- 14** **LGBTQIA+** Identifying Veterans

AGE

- 6** Veterans **Aged 29 & under**
- 36** Veterans **Aged 30-49**
- 10** Veterans **Aged 50-69**
- 6** Veterans **Aged 70+**

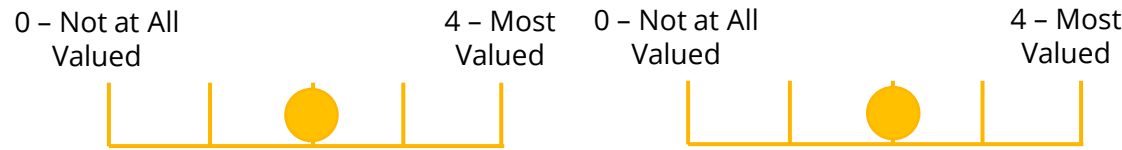
Value Compass Scoring: Rural Parents



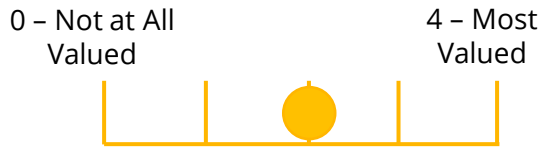
In-Person Care



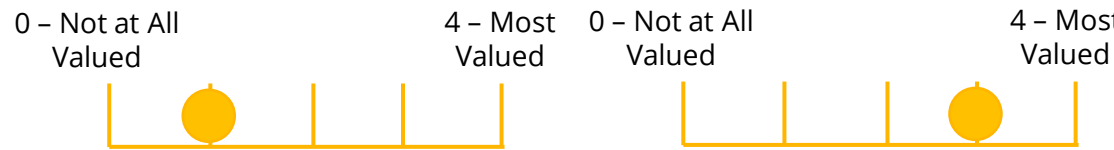
Virtual Accessibility



Predictive System



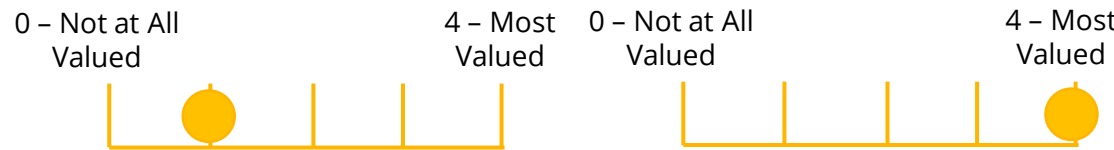
Consolidated Med. Home



Efficiency



Relationships

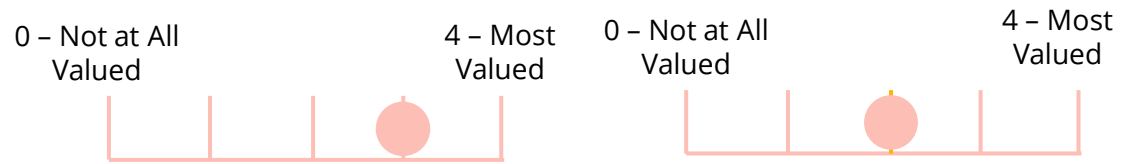


Proactive



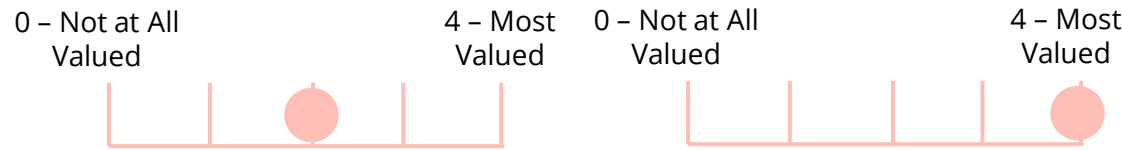
Reactive

Value Compass Scoring: Community Campaigners



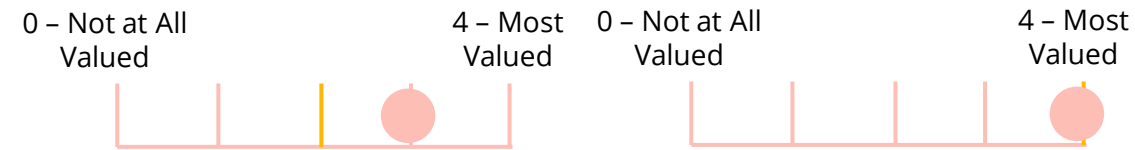
In-Person Care

Virtual Accessibility



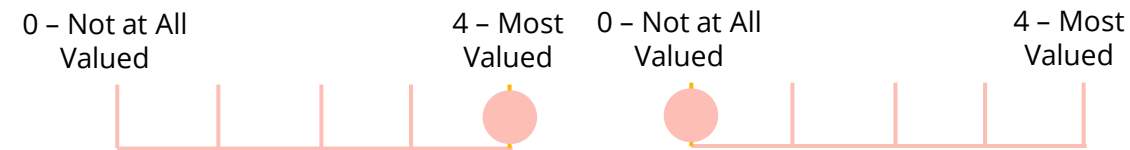
Predictive System

Consolidated Med. Home



Efficiency

Relationships



Proactive

Reactive

Value Compass Scoring: Searching Servicemen

0 – Not at All Valued 4 – Most Valued



In-Person Care

0 – Not at All Valued 4 – Most Valued



Virtual Accessibility

0 – Not at All Valued 4 – Most Valued



Predictive System

0 – Not at All Valued 4 – Most Valued



Consolidated Med. Home

0 – Not at All Valued 4 – Most Valued



Efficiency

0 – Not at All Valued 4 – Most Valued



Relationships

0 – Not at All Valued 4 – Most Valued



Proactive

0 – Not at All Valued 4 – Most Valued



Reactive

Value Compass Scoring: Solo Riders



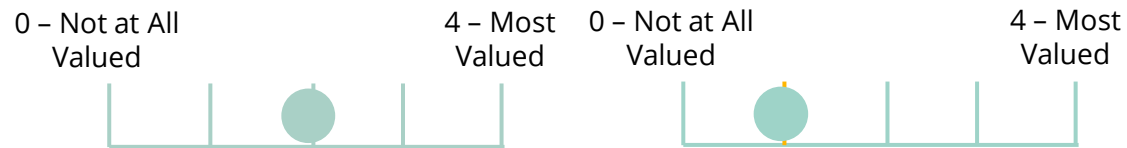
In-Person Care

Virtual Accessibility



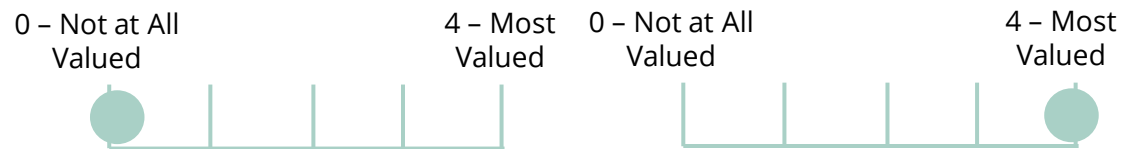
Predictive System

Consolidated Med. Home



Efficiency

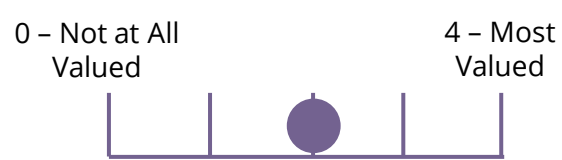
Relationships



Proactive

Reactive

Value Compass Scoring: Agile Professionals



In-Person Care



Virtual Accessibility



Predictive System



Consolidated Med. Home



Efficiency



Relationships



Proactive



Reactive

Value Compass Scoring: Pivoting Seniors

0 – Not at
All Valued

4 – Most
Valued



In-Person Care

0 – Not at
All Valued

4 – Most
Valued



Virtual Accessibility

0 – Not at
All Valued

4 – Most
Valued



Predictive System

0 – Not at
All Valued

4 – Most
Valued



Consolidated Med. Home

0 – Not at
All Valued

4 – Most
Valued



Efficiency

0 – Not at
All Valued

4 – Most
Valued



Relationships

0 – Not at
All Valued

4 – Most
Valued



Proactive

0 – Not at
All Valued

4 – Most
Valued



Reactive

Value Compass Scoring: Stalwart Caregivers

0 – Not at All Valued

4 – Most Valued



In-Person Care

0 – Not at All Valued

4 – Most Valued



Virtual Accessibility

0 – Not at All Valued

4 – Most Valued



Predictive System

0 – Not at All Valued

4 – Most Valued



Consolidated Med. Home

0 – Not at All Valued

4 – Most Valued



Efficiency

0 – Not at All Valued

4 – Most Valued



Relationships

0 – Not at All Valued

4 – Most Valued



Proactive

0 – Not at All Valued

4 – Most Valued



Reactive