

# SRC – HCDS Meeting Minutes

## Human-Centered Design Subcommittee Teleconference

December 15, 2025; 1:00 PM – 2:30 PM CDT

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**Voting Members:**

Scott McPhee (Co-chair)  
Bree Fouss  
Kaia Raid

**Not in attendance:**

Devika Patel, MS

**Ex-Officio:**

Cory Schaffhausen, PhD (SRTR Staff Co-chair)  
Shannon Dunne, JD (HRSA)

**Not in attendance:**

Adriana Alvarez, MS (HRSA)  
Brianna Doby, MPH (HRSA)  
Emily Graham, MS (HRSA)  
Allison Hutchings, MA, MPH (HRSA)  
Sarah Laskey, PhD (HRSA)

**SRTR Staff:**

Avery Cook, MPH, MSW  
Earnest Davis, PhD, MHSA  
Tonya Eberhard  
Amy Ketterer  
Sydney Sharma  
Mona Shater, MA

**Not in attendance:**

Ryutaro Hirose, MD  
Ajay Israni, MD, MS  
Jon Snyder, PhD, MS

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### Welcome and introductions

Dr. Cory Schaffhausen and Mr. Scott McPhee called the Human Centered Design Subcommittee (HCDS) meeting to order and said that one member had a conflict and would be unable to join. Dr. Schaffhausen noted that even if quorum was not met, there would be no votes taken at the meeting. He reviewed the meeting agenda and conflict-of-interest management, with Ms. Avery Cook noting that each member would need to fill out their forms for the end of the year.

### Member nominations update

Dr. Schaffhausen reviewed that there are currently two open seats on the subcommittee, due to Ms. Bridgette Huff having stepped away from the group because of a career change and Ms. Kaia Raid's term ending in 2025. He thanked Ms. Raid for her service and input throughout her term. Dr. Schaffhausen confirmed that three applicants were to be offered positions on the HCDS, which would be an expansion of the current membership seats. He shared that due to the government shutdown from October 1–November 12, 2025, the previously scheduled approval had not taken place during the Scientific Registry of Transplant Recipients (SRTR) Review Committee (SRC) meeting on October 16, 2025, but information on the candidates had been presented and reviewed by the SRC during a meeting this morning. Dr. Schaffhausen said that three invitations were to be sent out soon and reviewed the nominations for HCDS:

- Keren Ladin – health services researcher who focuses on stakeholder engagement and academic work around ethics and organ transplant policy
- Melissa McQueen – parent of a pediatric transplant recipient who works in software design

- Rebecca Weimer – colleague of current member Ms. Bree Fouss at Accenture, family and care partner of a lung transplant recipient

Dr. Schaffhausen and Mr. McPhee expressed excitement that the new members would bring unique and expanded perspectives to the subcommittee. Dr. Earnest Davis expressed kudos for the greater inclusion of the patient voice; he shared that he personally knows Ms. McQueen and is very happy with her appointment. He proposed further future collaboration with the Patient and Family Affairs Subcommittee (PFAS).

### **End-of-year summary and transition**

Dr. Schaffhausen reviewed that the current SRTR contract has been extended through March 20, 2026, with aims to complete projects that are currently on the docket. He shared that intent had been expressed to extend the contract another 6 months beyond March, and several items were slated for discussion during the meeting for brainstorming of projects for the following months. Dr. Schaffhausen reviewed the current projects that had previously been reviewed by the HCDS and were currently in implementation processes. He recapped that visual icons for outcomes metrics were reviewed in September 2024, design specifications were finalized in November 2025, and implementation was started for update by March 2026—along with the patient-specific search tool being reviewed in March and September 2025, with design specifications being finalized in December 2025, and implementation started for launch by March 2026. Dr. Schaffhausen also reviewed that the Kidney Transplant Waiting Times calculator, reviewed by the HCDS in September 2024, was publicly launched in September 2025; the new home page, landing page designs, and navigation menu structure and behavior, reviewed by HCDS in March 2025, are receiving periodic updates being pushed live, and new features are present in the development and live domains. Ms. Raid expressed that it is very fulfilling to see the results of past discussion being implemented, with which Mr. McPhee agreed.

Dr. Schaffhausen shifted the discussion to priorities for 2026, including the patient outcomes calculator, patient-centered data navigation, and understanding of website users and the impact of using data. Mr. McPhee reviewed the Google Analytics data currently available and described ways to categorize the data, by placing users into different personas based on their content viewed and tool interactions. He noted how further insight may be gained from clustering data based on the journey and path of pages visited and time spent on each page. Mr. McPhee shared that a previous report showed the site had received 16,000 users returning over a 30-day period. He stated that 87,000 unique pages were viewed, with 77,000 showing user engagement of the page rather than review/click through of page. He shared information about what kind of pages had the most views, with “transplant centers” receiving 51,000 views and “find and compare transplant centers” receiving only 10,000 views. He highlighted ways to break down in more detail the sites viewed before and after these pages, including how to help shape the personas based on the page where viewers came from and where they went next from there. He also said that due to the limitations of the current analytics, there is uncertainty as to whether transplant centers were viewing their own pages and sharing pages with patients or if patients were searching and reviewing transplant centers on their own. Mr. McPhee also shared that the average engagement time is approximately 2 minutes and stressed the importance of engaging the audience in that time frame.

Mr. McPhee concluded the discussion with suggestions for streamlining analytics without having to upgrade the analytics account through Google, including clustering pages and using those clusters to help make personas more explicit, capturing inputs on calculators and filters, and branching points between patient- and professional-oriented sites. Dr. Schaffhausen shared that the current work being done to migrate the current SRTR site and the patient-friendly preview site aims to help create specific journeys that separate the resources available. Ms. Raid proposed an option to provide a link to the last-visited page, citing the drop-off in views after reviewing the “transplant centers” page, and suggested using cookies to help bookmark the last-visited page. Dr. Davis expressed his desire for further analytical information without needing to create an account, which may present barriers to access. Mr. McPhee discussed the possibility of providing assistance to tweak code to capture more information through Java, and the need to find a middle ground that provides useful information without capturing too much information (called “fingerprinting”).

Dr. Schaffhausen reviewed future HCDS strategies, including adjusting the “subway map” of the transplant journey, by directing users to more information based on different points on the subway map. This would include more seamless integration between applications, reports, and other destinations without opening pages in a new tab or page. Mr. McPhee said that this may impact analytics, as each view would not be captured as a unique visit unless a new page is opened. Dr. Schaffhausen pulled up the current development environment and highlighted the separation of patient and professional journeys, noting some differences between the resources provided on each journey, including shortcut buttons to commonly used sites on the professional side. He proposed adding further explanations to help patients understand what they are looking at on some of the more complex tools, as well as how to navigate and extract information without repetition. Dr. Davis remarked that the language on the patient journey still feels very professional and would like it streamlined further with help from PFAS. He expressed a desire to prioritize personalization features and refining to add patient identifying information, or continuation of data across multiple pages, so when patients put in their information it saves and automatically populates in another form.

### **Closing business**

Dr. Schaffhausen thanked members for the discussion and feedback. Mr. McPhee stated that he is looking forward to further work in 2026. With no other business being heard, the meeting concluded. The next HCDS meeting will be scheduled after the new members have accepted their positions.