

SRC – HCDS Meeting Minutes

Via Zoom

March 3, 2026; 3:00 PM – 4:30 PM CDT

Voting Members:

Scott McPhee ('26) (Co-chair)
Keren Ladin, PhD ('28)
Devika Patel, MS ('27)
Rebecca Weimer ('28)

Not in attendance:

Bree Fouss ('26)
Melissa McQueen, MBA ('28)

Ex-Officio:

Cory Schaffhausen, PhD (SRTR Staff Co-chair)
Shannon Dunne, JD (HRSA)
Sarah Laskey, PhD (HRSA)
Annie Tor (HRSA)

Not in attendance:

Adriana Alvarez, MS (HRSA)
Brianna Doby, MPH (HRSA)
Allison Hutchings, MA, MPH (HRSA)
Penni McMahan

SRTR Staff:

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

Not in attendance:

Ryutaro Hirose, MD
Ajay Israni, MD, MS

Welcome

Dr. Cory Schaffhausen and Mr. Scott McPhee called the Human Centered Design Subcommittee (HCDS) of the Scientific Registry of Transplant Recipients (SRTR) Review Committee (SRC) meeting to order. Dr. Schaffhausen said that this is the first meeting with the new members, but due to some unforeseen illnesses, one of the new members and one existing member would be unable to attend the meeting today. He reviewed the agenda for the meeting and the conflict-of-interest guidelines for the subcommittee, then reminded members to reach out with any new developments or questions.

New members and introductions

Dr. Schaffhausen stated that three new members have accepted positions on the committee, in addition to three returning members. He welcomed the new members and asked each to introduce themselves, provide a brief overview of their role in design work, and say what brought them to the subcommittee. Dr. Keren Ladin introduced herself and detailed her background as a health services researcher and ethicist. She shared that she helps develop decision aids for large health systems to disseminate information for older adults with kidney failure. Melissa McQueen is absent due to a family illness, so Dr. Schaffhausen mentioned that she is the parent of a pediatric organ recipient and is active in the patient advocacy and education sphere, as well as in software development. Ms. Rebecca Weimer introduced herself as a visual designer based in Austin, Texas, who works alongside Ms. Bree Fouss at Accenture. Her mother is a recent lung transplant recipient, so Ms. Weimer has lived experience as a caregiver in addition to her design background.

Mr. McPhee introduced himself to the new committee members and detailed his background as Chief of Product at Afflo, a software program for organ transplant management at transplant

centers and organ procurement organizations (OPOs). He said that this is his third year as co-chair of the HCDS and mentioned his current project leads in artificial intelligence and human interaction. Ms. Devika Patel introduced herself as a current fourth-year medical student, with previous experience in product design and public health. Dr. Schaffhausen welcomed all the new members and expressed his excitement about working with this well-rounded group.

2025 review and 2026 SRTR pipeline items

Dr. Schaffhausen reviewed an outline of the work done by the HCDS through 2025. He mentioned the visual icons for outcomes metrics and the kidney waiting times calculator application, both of which were reviewed in September 2024. He said that the new home page and landing page designs, navigation menu structure and behavior, and patient-specific search tool were reviewed in March 2025, with follow-up on the patient-specific search tool done in September 2025; they are in active development and implementation heading toward the March 2026 website launch.

Dr. Schaffhausen reviewed the visual icons for outcomes metrics, which was an initiative to adjust the tier icons and change how the icons are perceived. He explained that the goal was to move away from a 1-5 rating like a product or restaurant review, where 3 of 5 bars could be misconstrued as bad when it was intended to portray average performance. Per some questions in the chat from Ms. Weimer, he described the process of soliciting feedback through social media and in partnership with the Patient and Family Affairs Subcommittee (PFAS). He said that Dr. Earnest Davis, PFAS co-chair, helped recruit groups of patients and family members to provide input on the design elements. The work helped lead to the proposed dial icon structure, the design specifications of which were finalized in November 2025; implementation has started for the March 2026 SRTR website update. Dr. Schaffhausen detailed similar work in the development of several calculators by the SRTR team for waiting times and outcomes, through holding meetings with patients and gathering feedback. He said that these tools are also in the process of being updated ahead of the launch of the updated SRTR website. In the chat, Mr. McPhee shared links for webpages that show the tier rankings and calculators, and Dr. Ladin questioned whether input was received for percentage factors rather than a visual metric. Dr. Schaffhausen replied that this was considered, but that due to the use of risk adjustment in other metrics, it was hard to use percentages in comparison unless they were risk adjusted, so a more standardized dial visual was selected.

Dr. Schaffhausen also detailed the multiyear project of developing the SRTR preview website, which is a new web page on more modern online architecture. He said that the legacy site, srtr.org, contains more professional content, while the preview site is now also targeted toward patients and family members. He reviewed the ongoing efforts by the software development teams to unify these two sites to an updated home page and update the landing pages, and the input solicited from the HCDS regarding examples and components of the site.

Dr. Schaffhausen reviewed the patient-specific search tool, which has been expanded to include a multistep guide with options for patients to enter pertinent data and which gives information about key outcomes for each transplant center. He said that patients would enter information about their age, weight, insurance, and so on and receive tailored outcome results based on their information for a list of centers provided to them. He detailed the extensive process involved in improving the website, including the work done over the past 5 years to make it more patient-focused rather than

being a resource just for transplant professionals. He highlighted the ongoing work to implement these updates ahead of the end of the current contract cycle later in March 2026.

Dr. Schaffhausen and Mr. McPhee also detailed some of the work taken on by the HCDS over the past 6 months, including further discussing analytics on web pages and continuity across different tools and calculators. Mr. McPhee reviewed the work done on basic analytics collected from website visits, and what can be gathered from the analytic information captured. Ms. Weimer highlighted the benefit of identification of website users (patients/caregivers versus professionals) and targeting resources for each group. Mr. McPhee said that the group is working through how to track users and their sites accessed without needing users to log into the site. Dr. Ladin questioned the value of having a log-in, in terms of the potential for storing information and integration into electronic health records such as Epic. Dr. Schaffhausen showed SRTR's transplant subway map, which is used by both transplant professionals and patients to visualize a pathway through the entire transplant process.

SRTR website accessibility/language planning

Dr. Schaffhausen spoke about the SRC's ongoing work to expand on the findings of SRTR's 2022 Consensus Conference, which resulted in several recommendations for work SRTR could do to better support the transplant community. Among those recommendations was to help patients and all users effectively interpret data, through website accessibility and mobile-friendly platforms. He detailed ongoing work with the website developer to increase accessibility through larger font sizes and higher contrast, as well as planning for multiple-language support in the future. Ms. Weimer suggested potentially adding support for screen reader functionality, which would be written into the structure of the code, and software that helps with accessibility checks and suggestions. Mr. McPhee agreed with these recommendations and added that good accessibility is good for everyone, and that users who may not explicitly use accessibility features would still benefit from them. Dr. Schaffhausen reviewed previous efforts to provide multiple-language support for websites through grant research funding, as well as Mr. McPhee's experience in developing websites that function in multiple languages, as is mandated in many cases in Canada, where Mr. McPhee lives. Mr. McPhee detailed the extensive work in translation accuracy for public sector or government websites throughout various regions of Canada, and he highlighted the differences in the French language between Ontario and Quebec. He said that the most practical way to add multiple-language functionality to a website is through switching text content on specific pages with coding. He has primarily used human translations to ensure accuracy and to provide language and region-specific nuances. Ms. Patel stressed the importance of cultural context, especially for something as specific as medical information, and of making sure the translations capture the nuances of languages, rather than being rote or automatic translations. Mr. McPhee, Dr. Ladin, and Dr. Schaffhausen emphasized the importance of prioritizing pages to have a feasible scope and intentional translation, especially given the resources required for human translations.

Closing business

Dr. Schaffhausen thanked the subcommittee members for the discussion and feedback. He stated that he would communicate with the members regarding scheduling based on the SRTR contract process during the next 3-6 months. Ms. Shannon Dunne thanked Dr. Schaffhausen, Mr. McPhee,

and all subcommittee members for their creative input and dedication of time to the topics discussed. With no other business being heard, the meeting concluded. The next meeting is tentatively scheduled for June 3, 2026, at 1:00 PM CT.