SRC-HCD Subcommittee Meeting Minutes

Human Centered Design Subcommittee Teleconference

February 26, 2021, 9:30 AM – 11:00 AM CST

Voting Members:
Chris Zinner (Co-chair)
Ryan Armbruster, MHA
Harry Hochheiser, PhD
Sue Chu, PhD
Kate Clayton

Ex-Officio Members:
Cory Schaffhausen, PhD (Co-chair)
Shannon Dunne, JD (HRSA)

HRSA:
Adriana Martinez
Chris McLaughlin

SRTR Staff:
Ajay Israni, MD, MS
Jon Snyder, PhD, MS
Mona Shater, MS
Amy Ketterer
Tonya Eberhard

Welcome and Introductions

Mr. Chris Zinner welcomed the subcommittee members. He stated that the agenda was to discuss the original vision of the Human Centered Design (HCD) subcommittee, and brainstorm how the subcommittee could be of the most value and impact for SRTR. The co-chairs and voting members introduced themselves:

- Chris Zinner, Co-chair, Accenture Federal Services, Accenture Federal Digital Studio Founder
- Ryan Armbruster, MHA, Executive Healthcare Administration Education, University of Minnesota
- Harry Hochheiser, PhD, Associate Professor, Department of Biomedical Informatics, University of Pittsburgh
- Sue Chu, PhD, Professor, Department of Design, University of Minnesota
- Kate Clayton, MS, Designer, UX Research Leader at Medable
- Cory Schaffhausen, PhD, Co-chair, Researcher at Hennepin Healthcare, SRTR Human Centered Design Engineer

Mr. Zinner reminded members of conflict of interest management and proceeded with the agenda.

SRTR Contract and HCD Overview

Dr. Cory Schaffhausen summarized the work SRTR does under a federal contract with the Human Resources and Services Administration (HRSA). The contract consists of a series of tasks SRTR is required to complete (eg, produce and publish data reports, make data available to the community, analyze potential policy changes). Outside of task requirements, SRTR focuses on special projects or studies, pending approval for project funding.

While the 2015-2020 SRTR contract did not have specific requirements for conducting patient and stakeholder engagement or design expertise, SRTR staff and researchers sought external funding as

research grants to do that work. The 2020-2025 contract stipulates new requirements for increased patient and stakeholder engagement and HCD in the advisory committees.

Dr. Schaffhausen reviewed SRTR information products to introduce the subcommittee to projects that needed design focus. One example was a 2017 transplant center search tool, versus its improved, current version. Changes included the 5-tier outcome assessment system (visual bars). While preferable to the previous 3-tier version, the scale rating was controversial in the transplant community. The format was reviewed for several years before being finalized. Dr. Schaffhausen said it was important to collect data rigorously during controversial decisions. The patient feedback collected was done as if a research study, so data that reinforce its decisions can be published in a transparent way.

Another example was the program-specific report (PSR). Specific to the individual transplant programs, the PSR report contains information of interest to patients, in pre and posttransplant stages such as transplant and mortality data, survival statistics and candidate and recipient characteristics. A long-term goal has been to decide what data are relevant to stakeholders and patients and how to present the data. One project underway involved transferring PSR report data into an interactive online tool to reach broader audiences (eg, new infographics on SRTR website).

Other tools that could be expanded and improved were decision support tools. This includes tools that explain risks and benefits of certain procedures (eg, living organ donation) and decision support for accepting or declining an organ offer. Another example is the national data report, which gives an overview of the country by region. Typically used by professionals, the report comes in different versions according to organ and presents data with graphs and charts. Dr. Schaffhausen said an overall goal for national data was to have it available in an online, interactive format for professionals and the general public.

Discussion of HCD Subcommittee Scope

Mr. Zinner asked how the subcommittee could get data consumers to better understand and use SRTR data from an HCD perspective, given time and resource constraints. Mr. Zinner suggested design critique (or crit), which is a discussion and feedback of a new feature from a user perspective. Dr. Sue Chu suggested a co-design feedback loop, and Ms. Amy Ketterer emphasized showing data to different consumer groups (eg, patients, transplant programs, researchers) to understand and address areas of confusion.

Ms. Kate Clayton felt it was important to understand developer skills on the SRTR staff, conduct user research to define problems on and goals for the SRTR website, and define specific metrics to solve. Once metrics are defined, the subcommittee could discuss prototypes to test. Dr. Harry Hochheiser emphasized the utility of identifying the most important information and anticipating how it would be used. Mr. Ryan Armbruster added identifying questions that rapid prototypes could address. Mr. Chris McLaughlin said it would be helpful for the subcommittee to inform development of new products (including metrics) that are designed to meet the needs of patients. Mr. Zinner and Dr. Schaffhausen agreed that HCD coaching could guide SRTR, particularly on when and how to apply HCD to design efforts.

Mr. Zinner moved into an HCD framework concept aimed to help SRTR staff identify audiences with which to engage information products and how to do so. Dr. Hochheiser said it was important to analyze how groups of people are defined and how to reach them. Contextual and scenario-based

design may be helpful when looking at engagement groups. Dr. Chu brought up assessment by measuring impact. Mr. Zinner said the subcommittee would focus on how to implement the items discussed in future meetings.

Closing business

Hearing no other business, the meeting concluded. The next meeting will take place in late May or early June.