

SRC-HCDS Meeting Minutes

Human Centered Design Subcommittee Teleconference

January 10, 2023, 1:00 PM – 2:30 PM CST

Voting Members:

Christopher Zinner (Co-chair)
Harry Hochheiser, PhD
Olivia Foss
Kaia Raid

Not in Attendance:

Sue Chu, PhD

Ex-Officio Members:

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

HRSA:

Adriana Martinez

SRTR Staff:

Jon Snyder, PhD, MS
Allyson Hart, MD, MS
Mona Shater, MA
Amy Ketterer, SMS
Tonya Eberhard

Not in Attendance:

Ajay Israni, MD, MS
Ryutaro Hirose, MD

Welcome and opening remarks

Dr. Cory Schaffhausen called the Human Centered Design Subcommittee (HCDS) meeting to order. He reviewed conflict of interest management and the agenda. A new voting member introduced herself:

- Kaia Raid – OPTUM Sr. UX Engineer, UnitedHealthcare consumer-driven experiences

Dr. Schaffhausen proceeded with the first agenda item.

Patient-centered website user guides

Dr. Schaffhausen summarized progress on building the new Scientific Registry of Transplant Recipients (SRTR) website. SRTR planned to implement feedback given on the website design prototypes, which were constructed by an outside contractor. Feedback sessions were done with patients and donors and iterated a few cycles, with this phase ending September 2022. Also in September, SRTR started planning for implementation work to build the new website, which will be a big focus in the coming year. More interactive testing will also be done.

Dr. Schaffhausen said one main design objective of the project included transitioning to a website tailored for different stakeholders. He reviewed new website design prototype examples, including the main homepage and the Patient, Families & Donors homepage. The patient homepage had a variety of information, like finding a transplant center and decision aids. He said the four boxes titled User Guides, Decision Aids, Videos, and FAQ, needed further content development.

The next mockup was a partial image of the transplant system map, meant to be an interactive display with pop-ups providing additional details and routing to different data. Dr. Schaffhausen said

this would be a key focus area of the website build. Then, he returned back to the four categorized boxes available on the patient homepage. He noted that label overlap that needed differentiation was discussed at the last meeting and was revised. Dr. Schaffhausen said Videos and FAQ content development was underway. He said Decision Aids would highlight existing tools, and User Guides would be for those who wanted user-friendly guidance, though he hoped the website would eventually be intuitive enough that most users could navigate without a guide.

Members discussed the four box/button categories. Dr. Harry Hochheiser asked for clarification on what User Guides pertained to. Dr. Schaffhausen explained User Guides meant to give a more detailed view of content on the whole website, so users know the full extent of available information. Mr. Christopher Zinner said a tool like that might not be used since many people do not use website maps anymore. Ms. Raid agreed, and advocated for changing User Guides to “Where to Start” and Decision Aids to “Help Me Make a Decision.” Ms. Olivia Foss said the label User Guides invites the question of why does someone need a user guide to use the product. She also suggested users who are new may benefit from something brief, and experienced users may be ready for more of a guided experience. Mr. Zinner said it was important to establish what the content under User Guides would be, so its name matches the actual contents. Ms. Raid also suggested that the static flow chart under User Guides be a yes or no quiz with links to specific pages. Mr. Zinner said this interactive quiz could be branded as a tool to help users navigate to the most useful content.

Dr. Hochheiser said the buttons should be designed to help users make the right choices. He interpreted the User Guides as a “getting started” point for new patients—a layout that could include a summation of available information, and tools to help them decide what options are best for them. For the Decision Aids button, he recommended adding space to list the decision aids. Regarding the Videos button, Dr. Hochheiser said the media format was not as important as the information itself. He also advised being more descriptive, such as patient testimonials videos instead of just “Videos.”

Dr. Allyson Hart added that patient feedback requested more videos and a clear navigator, and also that the User Guides content descriptions were vague. Mr. Zinner said that usability testing would be helpful for this process as opposed to using only qualitative research. He also suggested considering different video layouts, such as a video paired with relating questions rather than only a link to a video library. He added that Centers for Medicare & Medicaid Services (CMS) patient research efforts showed the most important topic to patients was decisions they need to make or actions they need to take that sequentially align to their journey, with supplementary content falling underneath that. Because of this, video content could be promoted in each “content bucket” that aligned with specific patient questions.

Dr. Schaffhausen, returning to the transplant system map, said an issue of having navigation built around the patient journey was that it may be too much information at once. It might be useful to capture all of the information not included on the map so users have more information and the ability to decide what pieces are most helpful. He also said there would be some content differences for professionals and patients, and stressed the importance of inviting everyone to explore whatever part of the site that fits their needs.

Next, Dr. Schaffhausen reviewed user guide mockups. The first was a linear flow chart with questions meant to direct users to certain pages based on information needs. It also included

Information modules for users looking for information on options for specific decisions. Mr. Zinner approved of this straightforward format and the detailed transplant system map, as both catered to a cognitive diverse audience. Dr. Hochheiser was concerned it was too linear, as it restricted users who wanted to “jump ahead” to specific information. Ms. Raid agreed, saying some users may want the options and come to their own decision. She added that the transplant system map was important as it allowed patients a high-level overview of where they are at in the process. She suggested strategically weaving in video content right into the map.

The second visual contained page thumbnails, or a preview of where the user could go. Divided by patient and professionals, users may click on buttons to expand the path on either side to compare the differences between professionals and patients. Dr. Schaffhausen stressed that for optimal use, patients may want to use these tools with their care team, transplant coordinator, or someone with a navigator role, and this was reflected in one section of the design. Mr. Zinner preferred this visual approach since it had less “if, then” logic, and that the “bucket” information format was more cognitively accessible. Dr. Schaffhausen added that patients thought this format may be a preference for the three formats they saw. The third visual layout had the same information in a nonlinear flowchart design. Mr. Zinner said the arrows in the flowchart could be removed. Having to understand all the different “flow directions” may be overwhelming and be a cognitive burden for a user. Dr. Hochheiser said use of borders and shading could be helpful.

Dr. Schaffhausen showed the fourth format, inspired by Dr. Sue Chu’s feedback of creating separate flows for patients and donors. Members thought this format was a good idea. The next chart was in response to patient feedback, which gravitated to the thumbnail style. Ms. Raid said thumbnails were too small and suggested icons. Dr. Hochheiser said there needed to be distinct labels. Mr. Zinner added that if the purpose of the thumbnails was to drive a familiarity with the website, they may serve as a good visual reminder. Dr. Schaffhausen proposed instead having a “built with purpose” image/icon. Members thought this was a possibility. Mr. Zinner also pointed out the redundancy of thumbnails for exploring patient and professional homepages, if users go through the homepages to access these user guides.

The last visual was in table format with the columns “Who is this written for?” and “What will you learn?” Dr. Hochheiser liked the labeled columns, and suggested an iconic presentation to reduce the amount of text—or columns for professionals, patients, and families with check marks next to each that align with each of the rows. Ms. Raid imagined a progressive disclosure concept where users could get a preview of additional text by hovering over icons.

Mr. Zinner added a general comment that applied to the user guides: instead of applying arrows to the flow charts, have “nested” lines under a main component such as a homepage to visually show the content components are underneath it. He also pointed out on the chart visual that using “patient friendly reports” may come across as dumbed-down language. Dr. Hochheiser said this was an opportunity to user test the language. He also suggesting clearly labeling tools specifically for patients as opposed to labeling certain content as having more technical jargon.

Dr. Schaffhausen moved on to the prototype for the step-by-step interactive quiz. Ms. Raid suggested adding a cue or breadcrumb so users could see what step they were on. Dr. Hochheiser said the one question per screen might frustrate users. Mr. Zinner preferred the other concepts,

since their layout provided a list of resources. Ms. Foss agreed, and advised spending time with each concept, asking who would benefit from it and what are the affordances of each type of layout. Ms. Raid said the transplant system map could be leveraged more, as it can be used to view the different transplant aspects and help make decisions on where a patient should start.

Dr. Schaffhausen was hopeful that new physical pages would be ready for critique by the next meeting.

Closing business

With no other business being heard, the meeting concluded. The next HCDS meeting date is to be scheduled for April 2023.