

A 25 Year Journey

Why: We want kids with require LTX for life threatening liver disease to live full and meaningful lives

How: Use the relationships and network of the SPLIT community to improve outcomes and value

What: Acquire and apply new knowledge and improve the health delivery system

It helps to remember how
far we have come



Thomas Starzyl 1926-2017

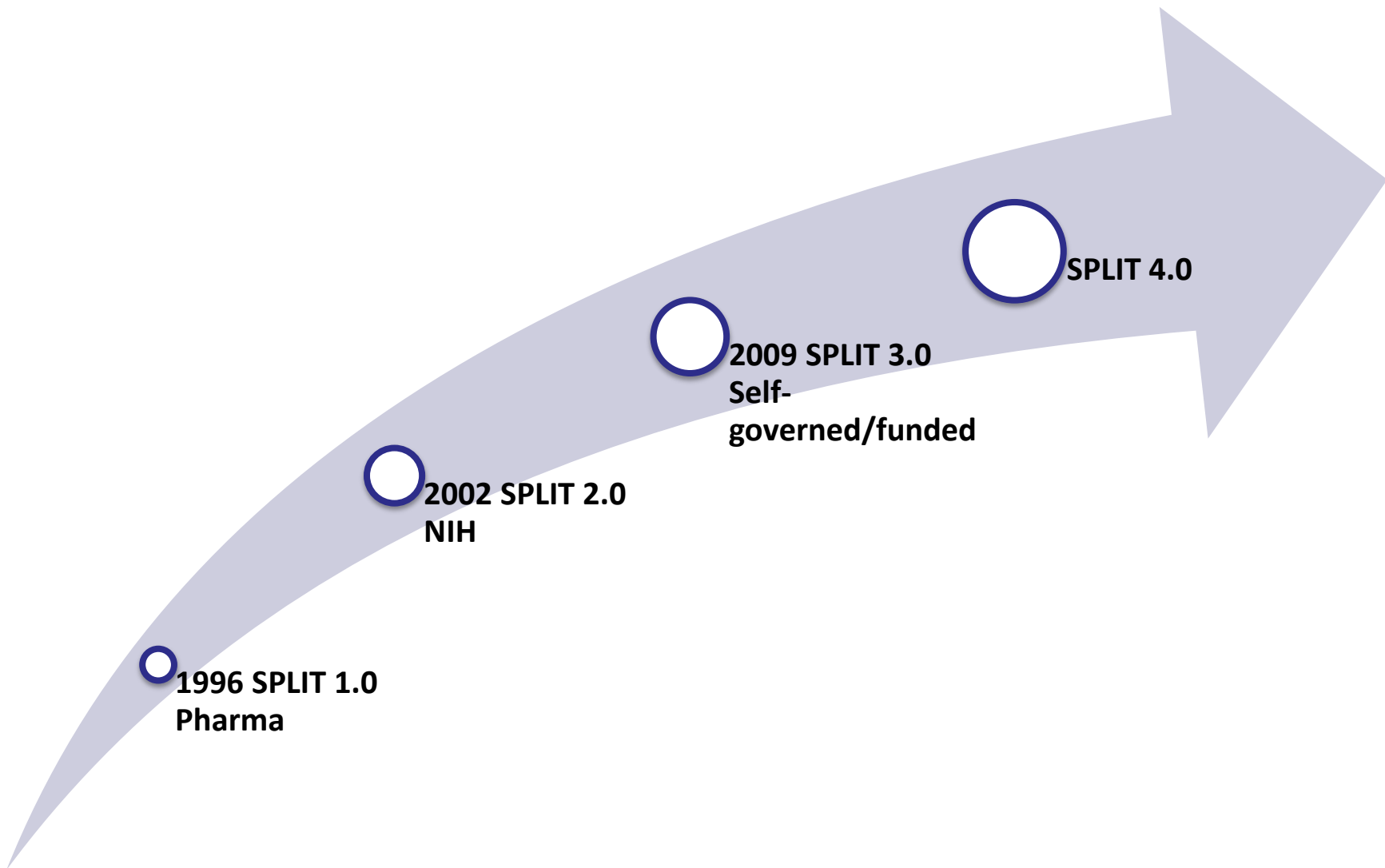
Circa 1986

A infant girl with biliary atresia was listed for LTX. As she waited, she become increasingly ill and was transferred to the ICU. The team never received an size matched organ offer and she died in the ICU.

Circa 2017

A infant girl with biliary atresia was listed for LTX with a **PELD score of 26**. She received a technical variant allograft from a deceased donor. and was discharged 11 days later. At one year, she had normal liver tests.

Fast forward to age 14. The now young woman had become an excellent soccer player and her mother is concerned about **adherence** to medication. The young woman asked if she could **stop taking immunosuppressive medications.**



1996 SPLIT 1.0
Pharma

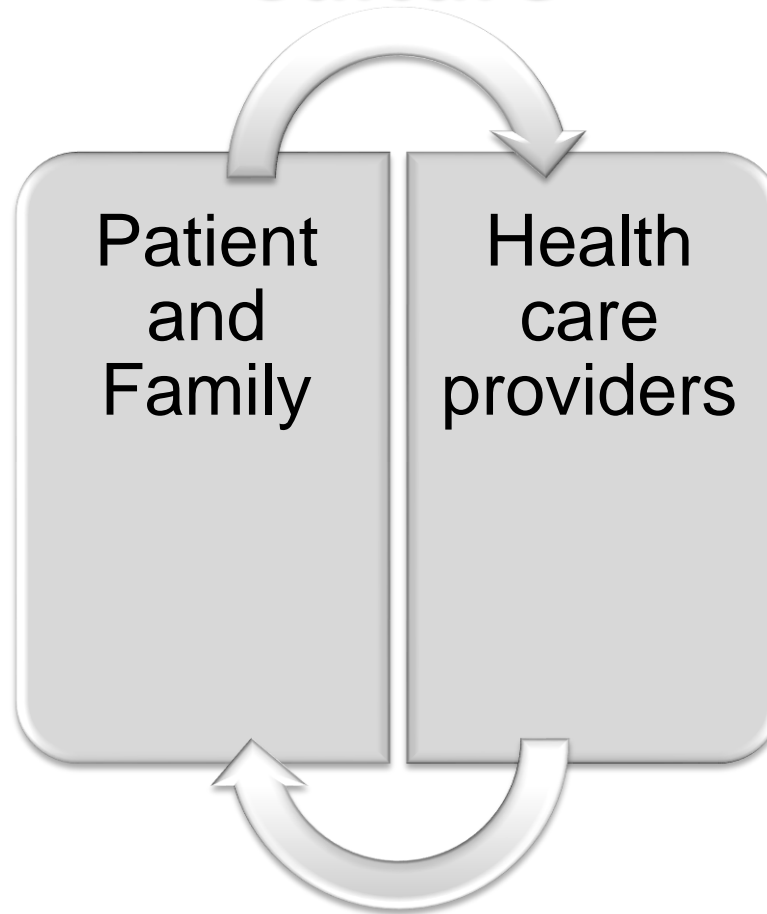
2002 SPLIT 2.0
NIH

2009 SPLIT 3.0
Self-governed/funded

SPLIT 4.0

SUSTAINED HEALTH

Culture



Affordability

Outcomes

Experience

Safety

Motivation/Incentive

- Mastery
- Purpose
- Autonomy

Recruit and Retain

**New Knowledge
External and Research**

Improvement

Decision-making

The Path

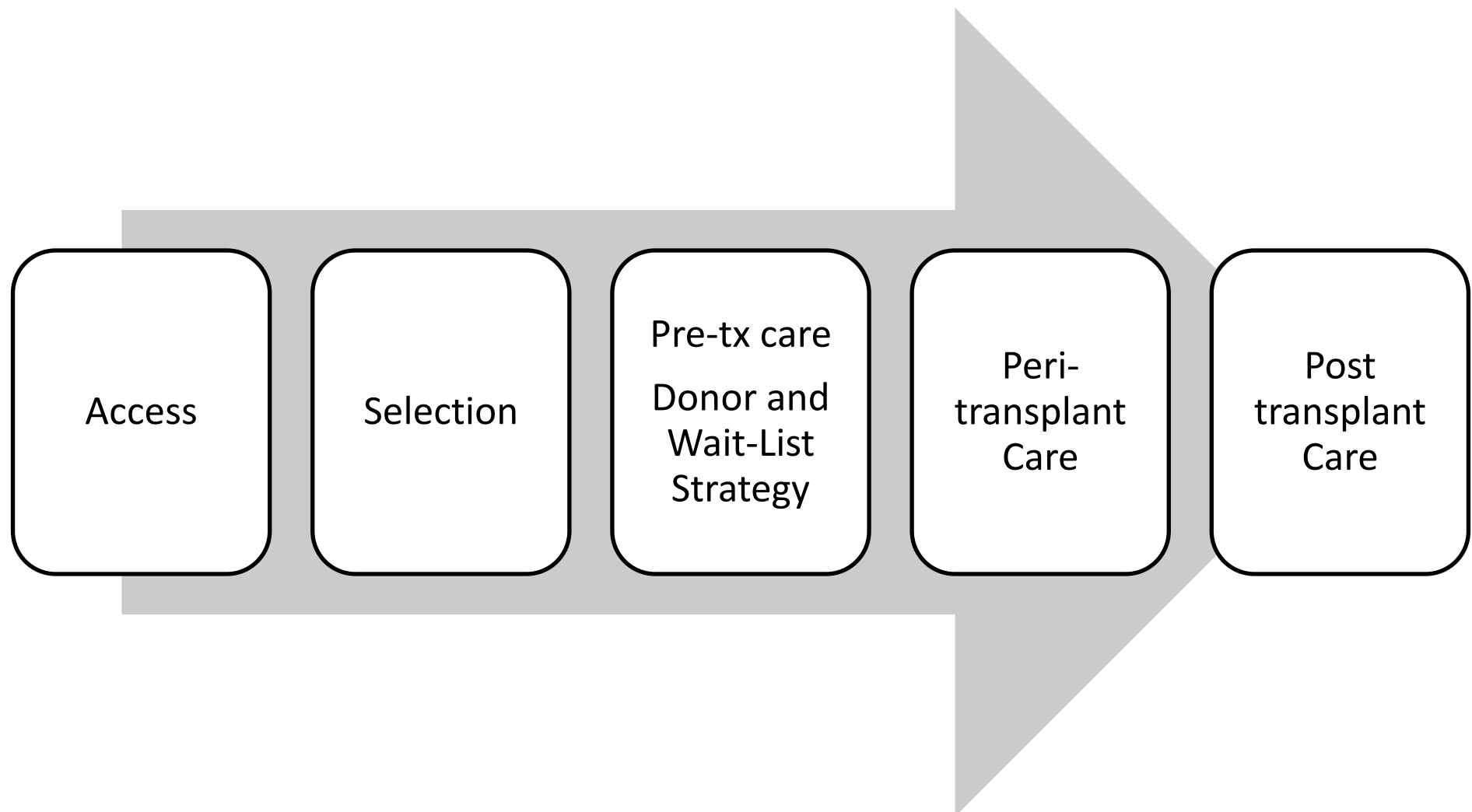
Access

Selection

Pre-tx care
Donor and
Wait-List
Strategy

Peri-
transplant
Care

Post
transplant
Care



STRENGTHS

Culture of Collaboration

Commitment

Reputation

Infrastructure

OPPORTUNITIES

Learning System-Crowd sourcing

Big Data/Analytics

Targeted Research

Value

CHALLENGES

Access/Disparity

Early complications

Wait List Risk

Late allograft injury



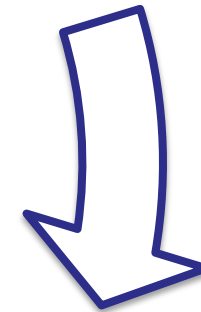
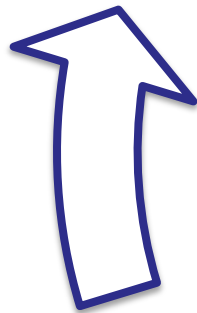
Future

**Execute
Clinical care
Improvement,
Research**



Value

**How do we complete
the cycle?**



**Decision-making
Problem-solving**

**Identify Gaps
Problem-finding**

