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.
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.
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

Patient and Family

Health care providers

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

### CHALLENGES

- Access/Disparity
- Early complications
- Wait List Risk
- Late allograft injury

### OPPORTUNITIES

- Learning System-Crowd sourcing
- Big Data/Analytics
- Targeted Research
- Value

### Future
How do we complete the cycle?

Identify Gaps
Problem-finding

Decision-making
Problem-solving

Value

Execute
Clinical care
Improvement,
Research