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NEW BAXTER STUDY DEMONSTRATES PERCEIVED VALUE OF TELEMEDICINE TO INCREASE ACCESS TO CARE AND REDUCE HOSPITALIZATIONS

- *Remote monitoring may improve renal patients' confidence and therapy adherence; patient management and costs.*
- *Funding and policies for remote monitoring chronically ill patients are emerging based on potential for increased efficiencies and effectiveness.*

DEERFIELD, IL – June 23, 2016 – A new study conducted by Baxter International Inc. (NYSE: BAX) and published in *PLOS ONE* indicates healthcare systems in the United Kingdom, Germany, Italy and Spain see value in supporting remote monitoring technology for chronic health conditions, including end-stage renal disease (ESRD). The study indicates remote monitoring may improve access to care, decrease hospitalizations and reduce treatment costs by helping healthcare professionals manage patients' treatments and improve adherence.

“Increasing healthcare costs and a growing number of chronically ill patients are driving the need for more affordable and innovative options, like remote monitoring that may support better delivery of home healthcare,” said Giuseppe Accogli, president, Renal, Baxter. “Baxter conducted this study to better understand the perceived multi-faceted value of remote monitoring, and the continued need for supportive funding and policies that may enable more patients to have access to the new technology.”

Baxter has launched AMIA Automated Peritoneal Dialysis (APD) system with SHARESOURCE, a cloud-based, two-way remote connectivity platform that enables remote patient management in the United States, and the HOMECHOICE CLARIA APD system with SHARESOURCE in Europe. SHARESOURCE is designed to provide more timely therapy decisions by enabling healthcare professionals to deliver individualized dialysis care and allowing on-demand access to treatment data while the patient is at home.

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The study, “[Remote Monitoring of Chronic Diseases: A Landscape Assessment of Policies in Four European Countries](#)”¹ observed a growing number of funding approaches and policies supporting remote monitoring for chronic diseases, such as chronic heart failure, chronic obstructive pulmonary disease and diabetes. The study also reports a survey of healthcare payers and policy makers in these countries indicating the value of remote monitoring is perceived to be moderate to high in these chronic diseases, as well as ESRD.

Remote monitoring and telehealth can be defined as the electronic exchange or transfer of a patient’s medical information allowing a healthcare professional to review and make medical or clinical decisions. This information may include cardiovascular and metabolic data such as blood pressure, blood glucose, body temperature and weight. For patients on home dialysis, additional information related to individual treatment results, data history and device settings can be transferred to the healthcare team, enabling earlier identification of problems.

Study Results

Results demonstrated the value of remote monitoring was perceived to be moderate to high across all the chronic disease states. The most common factors contributing to highest ratings for remote monitoring included situations where patients:

- live in rural areas or without easy access to a doctor or hospital;
- have just been discharged from the hospital and require close monitoring or follow-up; or
- are suffering from rare, more serious or multiple diseases.

The study also explored overall policies and reimbursement for remote monitoring in these countries. Results found several policies and initiatives existed to promote adoption of remote monitoring, and most of the studied countries had initiated regional or national pilot projects to further evaluate remote monitoring. Overall, the study notes a lack of national tariffs. However, regional reimbursement programs for remote monitoring exist in some countries. Although public support for remote monitoring is present in the countries studied, implementation is generally inconsistent. It was also recognized that barriers to wider adoption exist including the need to align incentives and address any potential impact on physician budgets.

For prescription only. For safe and proper use of the devices mentioned herein, refer to the complete instructions in the Operator's Manual.

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About Baxter

Baxter provides a broad portfolio of essential renal and hospital products, including home, acute and in-center dialysis; sterile IV solutions; infusion systems and devices; parenteral nutrition; biosurgery products and anesthetics; and pharmacy automation, software and services. The company's global footprint and the critical nature of its products and services play a key role in expanding access to healthcare in emerging and developed countries. Baxter's employees worldwide are building upon the company's rich heritage of medical breakthroughs to advance the next generation of healthcare innovations that enable patient care.

Forward-Looking Statements

This release includes forward-looking statements concerning Baxter's AMIA and HOMECHOICE CLARIA APD systems and the SHARESOURCE remote connectivity platform and a Baxter conducted study regarding benefits associated with their integrated usage in select countries. The statements are based on assumptions about many important factors, including the following, which could cause actual results to differ materially from those in the forward-looking statements: satisfaction of regulatory and other requirements; actions of regulatory bodies and other governmental authorities; product quality, manufacturing or supply issues; patient safety issues; changes in law and regulations; breaches or failures of the company's information technology systems; and other risks identified in Baxter's most recent filing on Form 10-K and other SEC filings, all of which are available on Baxter's website. Baxter does not undertake to update its forward-looking statements.

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¹Rojahn, et al. Remote Monitoring of Chronic Diseases: A Landscape Assessment of Policies in Four European Countries; *PLOS ONE* 2016 11(5): e0155738.doi:10.1371/journal.pone.0155738.