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**BAXTER PRESENTS DATA ON TELEHEALTH'S ROLE IN IMPROVING
PERITONEAL DIALYSIS PATIENT CARE AT ERA-EDTA 2017**

- *Physicians using SHARESOURCE remote patient management – a telehealth platform – have more accurate and timely visibility to their patients' home therapy adherence*
- *Remote patient management allows for earlier intervention in response to PD patient clinical issues*
- *Nurses managing patients via remote patient management reported a 35 percent increase in time available to perform proactive patient-related tasks*

MADRID, JUNE 5, 2017 — Baxter International Inc. (NYSE: BAX), a global innovator in renal care, presented new data demonstrating the abilities of its SHARESOURCE remote patient management technology to improve peritoneal dialysis (PD) patient care and increase dialysis clinic efficiencies. The findings were shared at the 54th Congress of the European Renal Association and European Dialysis and Transplant Association (ERA-EDTA), June 3-6.

Data show SHARESOURCE, a unique two-way, cloud-based technology platform that comes with the HOMECHOICE CLARIA automated PD (APD) system, is offering healthcare providers more accurate and timely visibility to their patients' therapy adherence, allowing earlier discovery and intervention for clinical issues (Abstract #MP557). Additional data show the technology is associated with nurses gaining as much as 35 percent more time to perform proactive patient-related work (Abstract #SP508).

“Baxter’s SHARESOURCE remote patient management system was designed to support patients’ access to PD, with the confidence to perform home therapy knowing their healthcare providers are remotely managing their care,” said James Sloand, M.D., senior medical director, Baxter. “New data show the technology can help healthcare providers achieve this goal because they have timely access to accurate patient therapy adherence data, allowing them to address pertinent clinical issues earlier.”

The discrepancy between actual APD treatment time compared with prescribed treatment time (Abstract #MP557) was evaluated, because non-adherence (missing >10% of prescribed PD therapy (≥four treatments)) is associated with poor clinical outcomes, including, but not limited to peritonitis^{1,2}. The study included 399 European APD patients using remote

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patient management over a one-year period, and showed an average of 30 percent of patients were non-adherent in the first month on therapy.

An additional study determined remote patient management is associated with a change in the PD nursing paradigm, providing nurses more time to focus on proactive clinical management and better prioritize patients, and potentially support earlier interventions (Abstract #SP508). The observational study included more than 36 hours of monitoring the work routines of three PD nurses, each working at a different hospital. The nurses' work routines were observed prior to the use of remote patient management and after the technology was established at their facilities.

Keeping Patients on PD Therapy

Preliminary results on early PD attrition from the PD Outcomes and Practice Patterns Study (PDOPPS) – a Baxter co-sponsored research effort looking at treatment and outcomes across seven countries – showed about 10 percent of PD patients drop out within 120 days (Abstract #MO061). Overall, catheter-related complications were the most frequent (21 percent) reason for patients to transfer to hemodialysis. Further patient recruitment and longer study follow up will allow PDOPPS to better understand the causes and develop recommendations to help patients stay on therapy longer.

Baxter's SHARESOURCE has helped healthcare providers manage more than 700,000 PD patients' home therapy sessions across the company's HOMECHOICE CLARIA and AMIA APD systems. HOMECHOICE CLARIA with SHARESOURCE is available in select European, Asian and Latin American countries. SHARESOURCE is available with AMIA in the United States and Canada.

ERA-EDTA presentations may be available on the congress website following the meeting. For more information, log on to era-edta2017.org.

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; surgery 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.

This release includes forward-looking statements concerning Baxter's AMIA and HOMECHOICE CLARIA APD systems, and SHARESOURCE remote patient management platform, including anticipated benefits associated with their use. 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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¹ J Bernardini, M Nagy, B Piraino. *Pattern of Noncompliance with Dialysis Exchanges in Peritoneal Dialysis Patients*. Am J Kidney Dis 2000; 35: 1104-1110.

² J Bernardini, B Piraino. *Compliance in CAPD and CCPD Patients as Measured by Supply Inventories During Home Visits*. Am J Kidney Dis 1998; 31: 107-107.