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**BAXTER LAUNCHES SHARESOURCE 2.0 TELEHEALTH PLATFORM TO SUPPORT GREATER CLINICAL INSIGHTS AND PERSONALIZED PERITONEAL DIALYSIS CARE**

- *Enhancements designed to give healthcare providers access to more comprehensive treatment data and improve clinic workflow*
- *New study further supports value of remote patient management technology to personalize dialysis treatments, reduce alarms and in-person visits, while saving clinicians and patients significant time*

**DEERFIELD, ILL., JUNE 11, 2019** – Baxter International Inc. (NYSE:BAX), a global innovator in renal care, announced today the launch of the **Sharesource** 2.0 clinical portal to give healthcare providers greater insights to their patients' home peritoneal dialysis (PD) treatments, while offering improved clinic workflow. Healthcare providers will now receive more comprehensive patient treatment summaries from the remote patient management platform, including trending ultrafiltration data, so they can make better informed and more timely treatment decisions.

**Sharesource**, the most widely adopted telehealth platform globally for home dialysis, has helped manage more than 7 million PD treatments in more than 40 countries. Supporting its broad adoption, there is growing evidence the remote patient management technology assists healthcare providers with early detection and intervention of catheter issues<sup>1,2,3,4</sup>, peritonitis<sup>5</sup>, and adherence-related<sup>6,7,8</sup> complications, which can lead to reduced hospitalizations<sup>9</sup>.

“While the global patient population requiring dialysis is growing, the number of clinicians and their resources are not increasing,” says Laura Angelini, general manager, Baxter’s Renal Care business. “For this reason, we are committed to transforming renal care through meaningful innovations like **Sharesource** that support better care options for both clinicians and patients.”

**Sharesource** 2.0 features a new clinical dashboard that provides:

- A more comprehensive patient treatment summary to enable faster clinical insights
- Trending total ultrafiltration data to help make informed decisions about treatment effectiveness
- Improved workflow to triage and review patient dashboards faster

In a recent independent, observational study, “Longitudinal Experience with Remote Monitoring for Automated Peritoneal Dialysis Patients,” in *Nephron Clinical Practice*, 2019, researchers described how the PD center at San Bortolo Hospital (Vicenza, Italy) altered its clinical practice following the implementation of remote patient management with **Sharesource**.

The study observed 43 patients using Baxter’s **HomeChoice Claria** with **Sharesource** over a one-year period, compared to a historical control (42 patients on automated peritoneal dialysis (APD) without **Sharesource**). They found prescription changes for patients managed with **Sharesource** nearly doubled, while night alarms and in-person visits were significantly reduced. Further findings indicated remote patient management supports significant time savings—approximately 105 hours per year—for the physicians and nurses collectively at the San Bortolo Hospital. This suggests remote patient management can achieve time and cost savings for providers and patients by allowing for a more personalized therapy regime and early detection and resolution of technical problems.

The **Sharesource** 2.0 update is live on Baxter’s **Amia** and **HomeChoice Claria** APD systems across Europe, Canada, Latin America and the United States, and will be live later this year across Asia where **Kaguya** and **HomeChoice Claria** are available.

## About Peritoneal Dialysis

People living with end-stage renal disease require dialysis treatment or a kidney transplant to stay alive. PD therapy is typically managed by patients in their home, at a time of day that is convenient for them. It works by cleaning the blood of toxins and removing extra fluid through the body’s peritoneal cavity.

## About Baxter

Every day, millions of patients and caregivers rely on Baxter’s leading portfolio of critical care, nutrition, renal, hospital and surgical products. For more than 85 years, we’ve been operating at the critical intersection where innovations that save and sustain lives meet the healthcare providers that make it happen. With products, technologies and therapies available in more than 100 countries, Baxter’s employees worldwide are now building upon the company’s rich heritage of medical breakthroughs to advance the next generation of transformative healthcare innovations. To learn more, visit [www.baxter.com](http://www.baxter.com) and follow us on [Twitter](#), [LinkedIn](#) and [Facebook](#).



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

*This release includes forward-looking statements concerning **Amia, HomeChoice Claria, Kaguya and Sharesource**, including anticipated availability and potential 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, or patient safety issues; changes in law and regulations; 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.*

Baxter, **Amia, HomeChoice Claria, Kaguya** and **Sharesource** are registered trademarks of Baxter International Inc.

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- <sup>1</sup> Jiménez S & Condia J. Abstract presented at 17th ISPD congress. Vancouver (Canada). 2018. [P-337]
- <sup>2</sup> Garcia I, et al. Abstract presented at 13th Euro-PD congress. Dublin (Ireland). 2017. [P-63]
- <sup>3</sup> Jotterand Drepper V, et al. Abstract presented at ASN Kidney Week congress. Chicago (US). 2016. [SA-P0023]
- <sup>4</sup> Rojas-Diaz M, et al. Abstract presented at ASN Kidney Week congress. New Orleans (US). 2017. [PUB344]
- <sup>5</sup> Gomez R, et al. Abstract presented at 13th Euro-PD congress. Dublin (Ireland). 2017. [P-222]
- <sup>6</sup> Jiménez S & Condia J. Abstract presented at 17th ISPD congress. Vancouver (Canada). 2018. [P-229]
- <sup>7</sup> Firanek C, et al. Abstract presented at 54th ERA-EDTA congress. Madrid (Spain). 2017. [MP557]
- <sup>8</sup> Jotterand Drepper V, et al. Perit Dial Int. 2018; 38:76–78; 10. Rojas-Diaz M & Ramos A. Abstract presented at ASN Kidney Week congress. New Orleans (US). 2017. [TH-P0859]
- <sup>9</sup> Rivera A, et al. Abstract presented at ASN Kidney Week congress. San Diego (US). 2018. [FR-P0683]