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**BAXTER PRESENTS DATA AT ISPOR ANNUAL MEETING WITH FOCUS ON  
HELPING HOSPITALS IMPROVE PATIENT CARE**

- *Baxter presents results of [seven studies](#) at ISPOR 2017, one of the largest health economics and outcomes research (HEOR) conferences*
- *Studies analyzed critical areas of care for hospitals and health systems, including kidney disease, hospital malnutrition, medication delivery and surgery*

BOSTON, MAY 23, 2017 – Baxter International Inc. (NYSE: BAX), a global medical products company, presented data from seven health economic and cost studies at the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) annual meeting this week. The data covered four critical areas of patient care – kidney disease, hospital malnutrition, medication delivery and surgery.

“Baxter is committed to providing real-world information that hospitals and health systems can use to make decisions that help to further improve patient care,” said Halit Bander, vice president of clinical and health economic and outcomes research for Baxter. “As one of the largest of its kind, ISPOR is an important opportunity for leaders like Baxter to contribute new data around the economic impact of critical treatment options.”

Among the data being presented:

### **Kidney Disease**

- A cost consequence analysis concluded that Baxter's RTS Disease Management Model in Colombia, from the payer perspective, is a cost-saving alternative to other existing treatment models based on improved hospitalization outcomes and mortality in dialysis patients. In one year of follow up, related hospitalization costs in Colombia could be reduced by almost 20 percent with the RTS Disease Management Model. Assuming a base case population of 2,500 patients, the model could potentially reduce costs by more than US\$1.6 million in one year. *(PHS176 – Cost Consequence Analysis of a Renal Disease Management Model Currently Implemented in a Colombian Payer)*
- A study describing the hospital costs as well as the clinical and demographic drivers of patients currently treated through the RTS Disease Management Model in Colombia found the average cost of one hospital visit for one of these dialysis patients could be around US\$2,500. The results provide a better understanding of costs associated with the RTS patient population and may help lead to the development on different risk profiles based on patient characteristics (e.g., diabetes, anemia). *(PHS190 – Prediction of Hospitalization Cost in Dialysis Patients)*
- Under the best available cost information, results of a budget impact model demonstrated the potential for several billion yen in cost savings for the Japanese government if the number of patients treated with peritoneal dialysis is increased from 3 percent in 2016 to more than 20 percent in 2020 versus treated with in-center hemodialysis. The model incorporates estimates for the dialysis patient population in five years and associated costs collected by a well-established data source for epidemiological and pharmaco-economic studies in Japan. *(PUK9 – A Budget Impact Analysis of Increasing Peritoneal Dialysis (PD) in Japan)*

### **Hospital Malnutrition**

- A budget impact analysis shows that using Baxter's NUMETA ready-to-use pediatric parenteral nutrition (PN) could provide an overall positive impact on pediatric PN budgets in Colombian hospitals. Assuming a base case population of 24,000 patients treated with PN, savings driven by a progressive adoption of NUMETA could range between US\$1.6 million and US\$3 million in a three-year period. The data was derived from a model that took into account all necessary PN compounding resources, such as ingredients, consumables, device costs and staff time. The model also looked at costs associated with medication errors and blood stream infections, which were demonstrated to be important drivers of cost. *(PIH15 – NUMETA Budget-Impact Model for Pediatric Parenteral Nutrition)*

## Medication Delivery

- Research has shown the use of smart infusion pumps reduces drug administration errors by 80 to 95 percent. A technology assessment suggested that using smart pumps for intravenous drug administration in non-critical settings compared to standard infusion pumps could be an effective technology to not only help avoid medication errors, but also reduce adverse events, improve medication adherence and enhance convenience for clinicians. (*PMD115 – Technology Assessment of the Effectiveness and Convenience of Smart Pumps in Non Critical Hospitalary Settings*)

## Surgery

- A systematic literature review analysis assessed the clinical and economic burden associated with bleeding during cardiac surgery, and observed that patients with bleeding had higher mortality rates versus patients without bleeding (perioperative mortality 21 percent versus 5 percent; 30-day mortality 22 percent versus 5.5 percent). Results also showed significantly higher overall per-patient costs for those who experienced a bleeding-related complication and/or transfusion. (*PCV111 – Clinical and Economic Burden of Bleeding in Cardiac Surgery: A Systematic Review*)
- A systematic review analysis of published literature assessed the clinical and economic burden associated with transfusions used during and after cardiac surgery. Data indicates transfusion use may be associated with negative effects on patient discharge status, long-term complication rate (90.4 percent for transfusion patients versus 82.99 percent for non-transfused patients) and mortality rate (5.8 percent for transfusion patients versus 3.3 percent for non-transfused patients). Results indicate that widespread adoption of strategies and procedures that reduce the risk of post-operative bleeding, and therefore the need for blood transfusion, may reduce both the clinical and economic burdens of transfusion. (*PCV110 – Clinical and Economic Burden of Transfusion in Cardiac Surgery: A Systematic Review*)

Abstracts for the seven healthcare use, policy and cost studies are available in the

[ISPOR Scientific Presentations Database](#).

## 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.

*This release includes forward-looking statements concerning anticipated benefits associated with the use of Baxter's RTS Disease Management Model, NUMETA product, smart infusion pumps and procedures that reduce the risk of post-operative bleeding complications. 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: the applicability of the studies to related cost savings estimates (as described above in "—Kidney Disease," "—Hospital Malnutrition," "—Medication Delivery" and "—Surgery"); 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.*

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