

Interview: Joanna Yao - General Manager Taiwan & Hong Kong, Baxter Healthcare



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Joanna Yao, general manager of

Taiwan & Hong Kong at Baxter, documents the company's commitment to bring the most innovative renal diseases solutions and expertise to Taiwanese patients and physicians and the strategic role played by the affiliate in nurturing an innovation-centered relationship that originates from Taiwan's world-class healthcare system and benefits the Baxter ecosystem globally.

We saw that Taiwan has one of the highest end-stage renal disease rates in the world at nearly 12 percent. How can this high prevalence be explained?

Overall, chronic kidney disease (CKD) is becoming a global health concern with one in 10 people worldwide having some degree of the disease, while many CKD patients who progress to end-stage renal disease (ESRD) are unaware of their therapy options. Looking at Taiwan specifically, there are of course multiple reasons for, and no clear answer to, this high prevalence, but I believe that this is a sign of the excellent quality and accessibility of the Taiwanese healthcare system as much as anything else.

The country indeed has one of the best healthcare systems in the region, and from an insurance perspective one of the most advanced and efficient healthcare systems anywhere. In fact, the country's healthcare system is widely admired around the world, so much so that the Taiwanese National Health Insurance Administration is the second most visited institution in Taiwan after the

national palace!

In Taiwan it is easy for patients to get access to healthcare services and therefore to be diagnosed, and by extension to be treated as treatment is affordable. Thus, compared to many countries where citizens have less access to quality healthcare, Taiwan should have relatively high diagnosis and treatment rates of renal disease. Second, because we have quality healthcare in Taiwan, the expected survival period for end-stage renal disease patients is also relatively long. The Taiwanese healthcare system keeps more patients alive longer, meaning there are more surviving patients to be counted in the statistic for renal disease prevalence.

As you say, high renal disease prevalence rates may reflect the quality of the care patients receive, and therefore their relatively long survival, as much as anything else. But what steps could be taken to improve the situation even further?

I believe there are many patients in Taiwan who could benefit from being on home dialysis, which can allow them to live a more regular life schedule. There are two modalities of dialysis, hemodialysis and peritoneal dialysis (PD), and each have different implications for patient, physicians, healthcare professionals, and payers.

Peritoneal dialysis can be done by patients at home, either manually four times per day, or automatically while they sleep with the new generation of medical devices such as Baxter's APD systems. In this regard, PD can be a more efficient care model, as it requires less capital investment and may use fewer healthcare resources overall.

There are clear benefits for patients who can do their treatments on their own time, either at home, at school or work, or overnight, as they can have much more flexibility in how they arrange their lives, and ultimately live a fairly normal life. While this form of treatment is certainly not appropriate for all patients with renal disease, more patients could be using peritoneal dialysis at home.

Why are patients who could be benefiting from peritoneal dialysis still being prescribed hemodialysis?

One barrier thus far has been that doctors do have a concern regarding patient treatment compliance. With hemodialysis in a hospital, doctors have access to the results and records of every test and know each and every time a patient come for treatment, while patients on peritoneal dialysis can skip sessions, not notify their doctor of poor results, etc. As such, many doctors have erred on the side of caution by prescribing hemodialysis to decrease the risk of poor

patient treatment compliance.

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However, this situation is on the brink of significant change as the new generation of devices feature remote monitoring and telehealth features – such as Baxter’s APD systems with the telehealth platform, providing a two-way connectivity between patients at home and health care provider and allowing physicians to view their patient’s therapy compliance and results remotely. This full platform has already been introduced in Hong Kong and has been received very positively, and in Taiwan the devices have been approved but we have yet to launch the telehealth platform.

What steps is Baxter taking to promote this new generation technology and capabilities, and what are the benefits of peritoneal dialysis in general?

Primarily it is about education, both of doctors and patients. It is of course important to work with doctors, from the top KOLs to the recently trained younger generation, to ensure they understand which patients fit which modality and the full scope of patients who can benefit from peritoneal dialysis, so that ultimately they can ensure the right patients get the right treatment.

However, it is also very important that patients are able to play a role in the decision making process, and to be able to have reasonable knowledge of the different options before a decision regarding their long-term chronic care is made. This is something the Taiwanese government is promoting as a shared decision making (SDM), and with this philosophy it is essential not only that patients consent to their treatment, but have reasonable education and knowledge of the different options so they can contribute an informed opinion to the decision regarding their therapy.

Looking at the Baxter Taiwan organization, how can your team contribute to Baxter’s regional and global business?

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Baxter Taiwan strives to be a source of leadership and inspiration for our colleagues in other countries, and this has a few different facets. Moreover, Taiwanese clinical practice is well respected globally and as such what we might learn in Taiwan through working with Taiwanese KOLs will carry weight in the international medical community. The other aspect to leadership is talent, as we aim to develop a pool of Taiwanese talent to support the regional organization, and already we have seen several individuals from Taiwan get promoted to the regional level.

I would also point out that Baxter has recently signed a partnership with Taiwan-based ScinoPharm to develop, manufacture and commercialize generic oncology injectables. The ScinoPharm partnership expands and compliments Baxter's portfolio of essential generic injectable drugs and will enable Baxter to help meet a growing demand for these medicines.

Looking ahead, what are your strategic objectives and priorities for the Baxter Taiwan organization?

We actually just celebrated the 35th anniversary of the Baxter Taiwan organization last year, and as a part of that carried out a number of exercises to develop a roadmap for the future of our organization. Out of that came a myriad of events, project, and task forces and many of them have wrapped up now that the anniversary year has ended, but we came to set four key long-term objectives for the Baxter Taiwan organization.

First, we are focused on accelerating the pace at which we bring new innovations and technologies that lead to better outcomes for patients. We talked about how telehealth is significantly changing dialysis care, but Baxter also has innovation programs looking at how to better use technology in the hospital. One area of focus is using data-driven insights to transform care, whether increasing hospital efficiency, improving safety, or providing predictive data to help clinicians make better therapy decisions. These are very promising areas currently under exploration.

Our second objective is to be seen as a "best place to work" in Taiwan and further develop engagement activities, bring diversity in leadership, invest in our people, and ensure they pursue rewarding careers. and take pride in how we bring our mission to life.

The third goal is to give back to our community. Baxter's ethos and mission as an organization is ultimately about saving and sustaining lives. Our core focus is of course on caring for the patients in need, but we also want to have a positive impact on the wider society where we and our patients live. As such, we have a strong public education program, and encourage our employees to volunteer to do things like helping the elderly and supporting vulnerable or disadvantaged members of our society. Since 2011, Baxter Taiwan has partnered with TFCF and organized various kinds of volunteering activities, such as story-telling, baking, excise programs to introduce some life skills. Baxter Taiwan shall continue to leverage our established partnership and engage in more volunteering services for disadvantaged children

Ultimately, this is about innovation, whether bringing innovation to patients, or finding innovative ways to do so.

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