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Vantiveâ??s Gary Wong shares insights into the companyâ??s evolution from Baxterâ??s kidney care business into a standalone, vital organ therapies organisation. He discusses the challenges of building a new brand across multiple diverse markets, driving digital adoption in dialysis and ICU care, and expanding patient access through innovation and integrated care solutions. Wong also reflects on his leadership approach and the lessons learned from steering teams through complex transformation and growth.

Having spent much of your career in kidney care and navigated the transition from Baxter to Vantive, how has this experience shaped the way you lead?

I began my career at Baxter in 2012, so I have more than 14 years with the organisation through a period of significant transformation. Early on I managed a rather broad and diversified portfolio in Hong Kong and Taiwan at Baxter from devices used in operating rooms and clinical equipment to pharmaceutical products and anaesthesia therapies. That breadth meant I was constantly balancing different clinical priorities, regulatory nuances, and operational requirements. It taught me to be flexible, to prioritise under complexity, and to listen closely to different clinical stakeholders.

The turning point came in 2023, when Baxter announced the decision to separate and form a dedicated kidney care business. In the markets I managed at the time, more than half of the business already came from renal therapies, so the move made strategic sense. It meant R&D, product development, and commercial investment could be far more focused. Rather than trying to be everything for everybody, we could concentrate on particular therapies and services that truly move the needle for patients and health systems.

When Vantive became a fully independent company in February 2025, that focus broadened into â??vital organ therapies.â?• Kidney care remains our foundation, but our ambition expanded to address multi-organ critical illness: Extracorporeal Carbon Dioxide Removal ($ECCO_2R$) for lung support, sepsis management filters, liver support therapies in development, , and improved critical-care platforms. That strategic shift reflects the reality that many critically ill patients require integrated organ support rather than siloed treatments.

For me as a leader, the change reinforced three lessons. First, the power of focus: deep expertise in a few areas delivers higher impact than being superficially present across many. Second, the importance of clarity of purpose: teams perform better when they understand the mission and the patient outcomes we target. Third, managing change with stability: during separation we had to reassure partners and patients that clinical services, supply chains, and homecare would remain uninterrupted. Delivering with continuity while steering a strategic reinvention has been a formative leadership experience.

How well recognised is Vantive within your managed markets and how have you been establishing this new brand among your partners?

Vantive is still a very young company, so building recognition has been a top priority. We started the dialogue well before the official separation. From 2023, we consistently communicated with customers: there would be no disruption to therapies, product supply or home delivery. That early reassurance reduced anxiety and gave partners time to absorb the change in a practical way.

A major public moment was our global launch at the World Congress of Nephrology in India last year. The event allowed us to present the Vantive identity to the international nephrology community and show clinically grounded evidence of continuity and investment. Following by exhibitions and local forums such as Vantive Dialysis Forum in Taiwan helped us engage clinicians, hospital leadership, and regulators in a more focused way. Brand recognition grows by repetition and delivery: visible identity, consistent messaging, and, above all, reliable performance.

This year we celebrated our first anniversary with series of regional kick-offs and local forums. Those gatherings were practical and symbolic: we reviewed the first yearâ??s work, aligned on priorities for the next phase, and shared patient stories that make our mission of extending lives >>> expanding possibilities tangible. I always find patient stories more persuasive than corporate slides. We highlighted people on home dialysis who travel with confidence, remain independent, and maintain work and family life. Those stories both motivate our teams and remind partners why continuity and innovation matter.

How are you ensuring that Vantive becomes a trusted name associated with quality, particularly given Baxterâ??s long-standing reputation?

Trust is not given it is earned through reliable, day-to-day performance. Our approach was deliberately incremental. We focused on continuity first: supply chains, home services, and clinical support had to be stable as the best partner with our customers. We communicated repeatedly before, during, and after the official separation so customers experienced a seamless transition.

Once the operational continuity was demonstrated, we layered in the new brand identity through regional and local events, clinical education, and academic evidence. Clinicians care about evidence and patient outcomes so we reinforced our brand with clinical forums, peer-to-peer engagement, and practical demonstrations of how our therapies and digital tools work in real-world settings.

We also made sure to be present where clinical opinion forms: national societies, congresses, and hospital workshops. Combination of operational reliability and clinical engagement is what convinces hospitals, payers, and regulators that Vantive is a credible partner committed to quality and long-term investment.

What is the rationale for grouping your cluster of markets together, and how do you manage their different healthcare realities?

Across my cluster which we shorthand as â??TISHIPâ?• for Taiwan, India, Singapore, Hong Kong Indonesia and Philippines, we deliberately used the imagery of being â??Together on one ship.â?• The cluster is highly diversified, which is both a challenge and an opportunity. I tend to think in two broad segments: the developed markets Taiwan, Hong Kong, and Singapore and the emerging markets India, Indonesia, and the Philippines.

Developed markets have mature healthcare infrastructure, established reimbursement system, and relatively high patient and clinician awareness. The work there is about innovation, digital leadership, and raising standards of care. These markets can serve as reference hubs or â??showcasesâ?• for new ways of working â?? for example, remote patient management or integrated home therapy models that can later be adapted elsewhere.

Emerging markets focus primarily on access and affordability. Here the immediate priorities are reimbursement engagement, policy advocacy, and building clinical capabilities. On the other side, emerging markets also have out-of-pocket potentials where premium services serve as a self-pay option. These institutions are valuable testbeds where we can demonstrate a digital-enabled model of care, prove clinical and economic value, and then use that evidence to talk to payers and policymakers.

Grouping these markets allows us to do both: pilot and perfect in mature markets, prove value in premium private segments in developing markets, and then scale through policy and reimbursement pathways. It is a pragmatic, multi-track strategy that uses the strengths of each market to accelerate the progress of TISHIP cluster.

Looking at revenue today, what is the split between developed and emerging markets and how do you see it changing?

Today, more than half of our revenue comes from the mature markets Hong Kong, Taiwan, and Singapore which remain the backbone of performance. They provide stability and allow us to invest in innovation. But our long-term strategic priority is to accelerate growth in emerging markets. While mature markets might expand at a steady pace, some developing markets in kidney care are already

showing double-digit growth. If we can address access and reimbursement barriers, we expect those emerging markets to grow substantially faster, and over time to contribute a much larger share of overall revenue. The revenue mix will shift; the task is to manage that transition deliberately while preserving margins and service quality.

As Asia drives the growth of the $120 billion global dialysis market, what will distinguish the leaders from the rest?

The critical differentiator will be the ability to support sustainable healthcare systems at scale. In most of Asian markets, we face nurse shortages and capacity constraints. Home dialysis expands capacity by shifting care to patientsâ?? homes, reducing the dependence on in-centre resources.

But home therapy only scales sustainably when it is supported by digital monitoring, integrated logistics, and consistent clinical support. Remote patient management changes the safety equation: automated peritoneal dialysis (APD) can be performed at night, with treatment data transmitted securely for clinicians to review. That model reduces unnecessary hospital visits and allows clinicians to focus their in-person efforts where they are most needed.

Delivering that full ecosystem therapy, monitoring technology, home delivery, clinical education, and logistics is much harder to replicate than simply selling a machine or consumables. Local players can compete on price, but the companies that win will be those that integrate clinical outcomes, digital capability, and robust service models.

What remains the biggest obstacle to digital adoption today?

The technology itself is largely available. The obstacle is adoption, which is about clinicians seeing clear local value and fitting tools into workflows. Education and demonstration projects matter. You also need aligned incentives: reimbursement or other motivators that reward clinicians and hospitals for adopting new models. Taiwanâ??s experience is instructive after several years of data gathering and collaboration with the Taiwan Society of Nephrology, government reimbursement for remote patient management followed. Once the incentives align, adoption accelerates.

Taiwan is known for strong reimbursement of dialysis and related treatments. Is it a gold standard in the region, and can it be a pilot hub?

Each market is different. Hong Kongâ??s public system is highly subsidised and has had a PD (peritoneal dialysis)-first policy since the 1980s, which has driven very high peritoneal dialysis adoption. Singapore reimburses patients directly and tends to focus on awareness and patient choice. Taiwanâ??s model is hospital-based reimbursement under National Health Insurance. In late 2023 onward the Taiwan government has increased incentives for hospitals to adopt PD and started PD-specific budgeting. We have supported hospitals by sharing benchmarks from markets like Thailand, which adopted PD-first policy, and by demonstrating clinical and economic benefits.

So, while Taiwan may not be a universal â??gold standard,â?• it is certainly an important early adopter with a structured reimbursement environment and active government engagement. That makes it an excellent candidate to pilot initiatives and then scale learnings to other markets.

How willing are emerging markets to adopt new digital technologies, and how are you helping them?

Emerging markets have many competing priorities such as access, under-diagnosis, and constrained budgets so digital adoption in public hospitals can be slow. In addition to shaping the national policy, one of our practical approaches is to start in out-of-pocket premium hospitals where patients and providers are willing to pay for higher-quality, tech-enabled care. Those settings let us demonstrate measurable clinical and economic value.

Once we can visualise the benefits, we use that evidence to engage payers and policymakers, making the case for reimbursement and broader roll-out. It is a step-by-step process: prove value in premium segments, then scale through policy, reimbursement, and larger programs.

How do you see Vantive evolving?

Accessibility remains the anchor of our strategy. On the therapy side, we will continue to innovate Extracorporeal Carbon Dioxide Removal ($ECCO_2R$) and sepsis management for ICU lung support are immediate examples, and we are working on liver support innovation. We are also building modular platforms. PrisMax system is a good example: we designed it as a modular ICU platform so we can support Continuous Renal Replacement Therapy (CRRT) for Acute Kidney Failure (AKI) today and add therapies $ECCO_2R$, sepsis management on the same platform enabled by PrisMax system. That modularity reduces capital friction and makes adoption easier for hospitals.

On the digital side we launched MyPD application to enable home PD patients to input treatment data into the cloud, with clinician access for timely review. TrueVue digital solution is our hospital integration layer that pulls device and patient data into clinical workflows from PrisMax platform. Our long-term ambition could be to layer analytics and AI to provide rapid interpretation and decision support not to replace clinicians, but to help them act faster when every minute matters.

How are you building the right capabilities in-house to support these innovations?

We are shifting from a traditional sales-and-marketing model to a digitally enabled, technical-support model. First, we are upskilling existing teams on cloud concepts, data security, and digital selling so they can hold technical conversations with customers. Second, we are hiring dedicated digital specialists who can be regionally shared across markets. We are also partnering with local universities and clinical centres for pilots and to build clinical evidence. This hybrid approach upskilling plus strategic hires and local partnerships helps us scale capability without overstaffing and fosters a culture that is adaptive to technology.

Looking ahead to 2030, what would success look like for Vantive in your markets?

Success varies by market. For the mature markets, I would like to see them become regional digital hubs, demonstrators of remote patient management, telecare integration, and outcome-driven protocols that other markets can emulate. For developing markets, success is about dramatically increasing therapy penetration and more patients receiving PD or home therapies instead of being

limited to in-centre HD (hemodialysis). If we can link Vantiveâ??s legacy assets with a new, digitally enabled care model, we can expand access and improve outcomes.

How would you describe your leadership style?

I value agility, clear and direct communication, even over-communication when needed, and a result-driven approach that focuses on delivery. I dislike excessive bureaucracy, rigid hierarchies, and working in silos. Transparency matters: leaders must walk the talk to build trust.

I also believe in being close to the front line. There are times when I bypass layers to gather data directly from clinicians and patients. That can be uncomfortable at first for some colleagues, but it speeds decision-making and reduces unnecessary process friction when done with respect. Over time, that approach builds trust and drives faster action that is critical in such competitive markets.

What leadership lessons would you share with the next generation of leaders?

My advice is simple: do not let fear paralyse action. Often, we overestimate risks and underestimate the value of starting. I encourage teams to test, fail fast, learn, and then iterate. When I first moved to Taiwan, my team was hesitant to engage senior government officials. I modelled the behaviour by initiating small, respectful conversations, showing courtesy, and building relationships. Over time, the team grew more confident in outreach and in taking calculated risks. Courage, adaptability, and persistence matter more than over-analysis.

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