

2 May 2018

Australian Securities Exchange
20 Bridge Street,
Sydney NSW 2000

Alcidion – MKM Health and Patienttrack Acquisition – Investor Presentation

Adelaide, South Australia, 2 May 2018 - Alcidion Group Limited (ASX: **ALC**), today released an investor presentation which will be presented at an investor roadshow taking place in Melbourne, Sydney and Brisbane from 2 May – 4 May 2018.

Ray Blight, Chief Executive Officer and Kate Quirke, Chief Executive Officer of MKM Health will be jointly delivering the presentation, to provide investors with an overview of the recently announced acquisition of MKM Health and Patienttrack.

ENDS

For further information, please contact:

Ray Blight, Chief Executive Officer

Ph: +61 (08) 8208 4600

Alcidion Group Limited

ray.blight@alcidion.com

Kyahn Williamson, WEBuchan

Ph: 0401018828

kwilliamson@we-buchan.com

About Alcidion

Alcidion Group Limited (ASX:ALC) is a publicly listed, innovative health informatics company that specializes in clinical products that improve productivity, safety and efficiency. Alcidion's solutions target key problems for Emergency Rooms, Inpatient Services and Outpatient Departments and are built upon a next generation health informatics platform, which incorporates an intelligent EMR, Clinical Decision Support Engine, Data Integration Capability, Smartforms, Terminology Support and Standards Based Web Services.

Alcidion's focus is on delivering solutions that enable high performance healthcare and which assist clinicians by minimising key clinical risks, tracking patient progress through journeys and improving quality and safety of patient care.

www.alcidion.com

© Alcidion Group Limited 2017. Alcidion and Miya are registered trademarks. All other brands and product names and trademarks are the registered property of their respective companies.



Acquisition of MKM Health & Patientrack

May 2018



Creating a new leader in health informatics



Market-leading “next generation” decision intelligence technology

- Enlarged Alcidion Group has:
 - Diversified product platform with lead products including Miya (Alcidion) & Patientrack (MKM Health)
 - Cloud-enabled, mobility focused
 - Innovative technology that complements existing electronic medical record (EMR) vendor offerings
 - Extensive capabilities in healthcare system implementation, integration and data management, supporting product platforms
 - Proven sales and go-to market capabilities and strong customer relationships
 - Large, diversified customer base across Australia, UK and New Zealand
 - Combined revenue of approximately \$13 million (on a FY2017 pro-forma basis)
- Highly experienced Board & Management team
 - MKM Health CEO Kate Quirke to be appointed CEO; Ray Blight to remain Executive Chairman



Transformative acquisition



- **Expanded Product Set:** Highly complementary and aligned functionality and technology – a highly differentiated platform to take to market
- **Strengthens Strategic Capabilities:** Proven go-to-market capability, long term customer relationships & specialist health IT advisory, implementation and integration skills
- **Global Reach & Expansion:** Strong presence in three markets provides opportunity to accelerate Alcidion's presence in new geographies, that are fast growing markets
- **Highly valuable “big data” play:** Larger data set increases the value of AI. Learnings can be fed back into real-time clinical decisions
- **Improved Financial Model:** Adds profitable new business lines and diversifies revenue streams; doubles annuity revenue and smooths cash flow
- **Builds Critical Mass:** Three-fold business growth + lower risk expansion model via established customer base
- **Ready to hit the ground running:** Aligned cultures and positioning, minimises integration challenges

- [illegible]

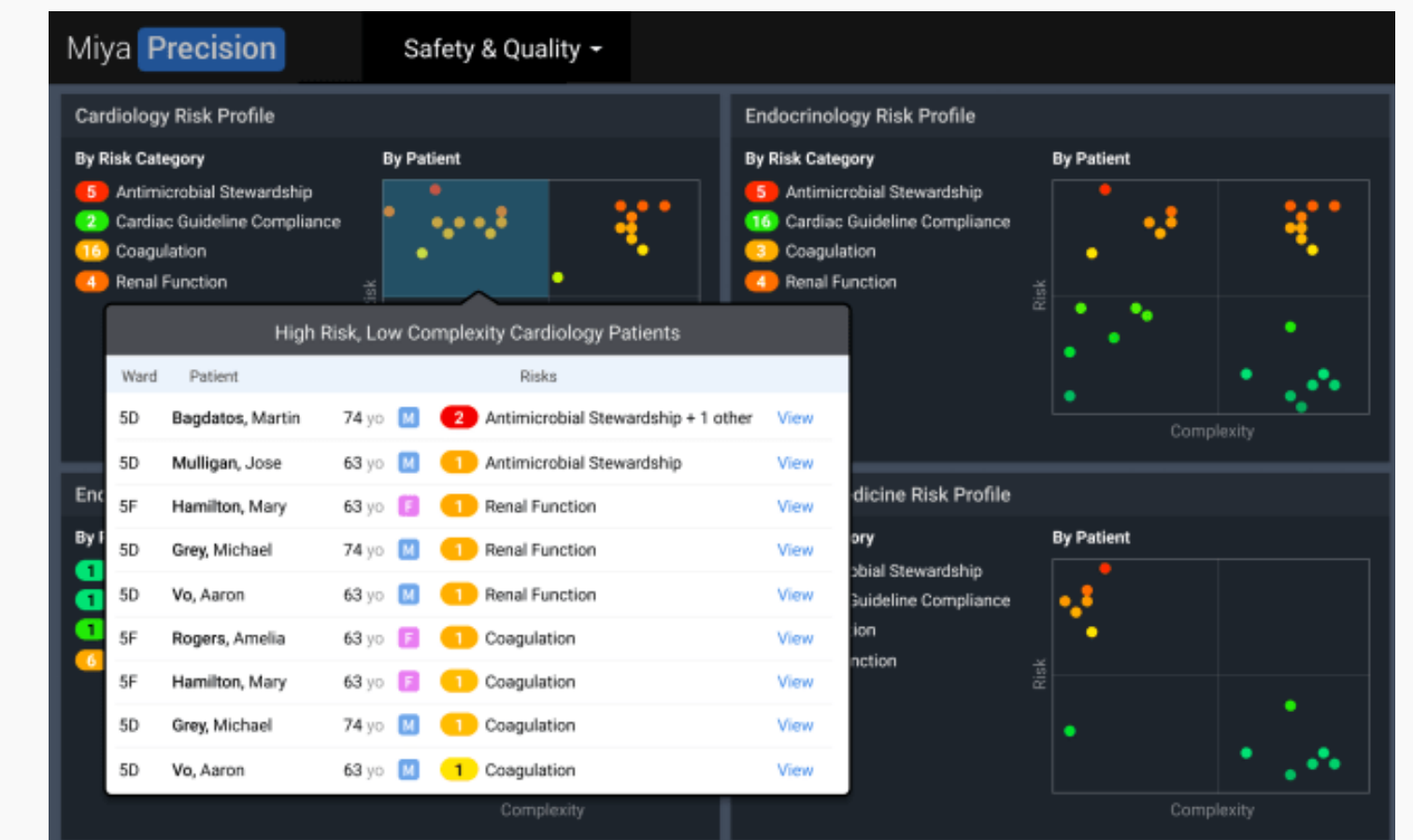
Miya Precision Orthopaedics Cardiology Coding																		Pradhan	
Location	Patient	LOS	Doctor	EDD	Risks	Coding	Observation			Note	Imaging	Post-Op			Wound	Mobility	Discharge Medic...	Info Sheets	Post-op Appoint...
7F B 01	Trujillo , Katherine URN 1920001	F 59y	Day 2	John Shaw	Tomorrow 12 Apr 11:01 High Pre-op INR Anaemia	Neck of femur fractu... Atrial Fibrillation 5+ more	BP 139/70 P 70s T 36.6-37.0	mmHg b/min °C	RR 16-20 SpO2 >=98 MEWS 2	/min %	0 Films	0 incomplete 0 overdue	Post-Op	Wound	Needs Review	Mobility	Discharge Medic... Info Sheets Post-op Appoint...	☐	☐
7F B 02	Majors , Edward URN 1920002	F 49y	Day 3	John Shaw	Surgical Risk Risk of internal bleeding Infection	Neck of femur fractu... Hypertensive disease 12+ more	BP - P - T -	mmHg b/min °C	RR - SpO2 - MEWS 0	/min %	3 Films	2 incomplete 2 overdue	Post-Op	Wound	Needs Review	Mobility	Discharge Medic... Info Sheets Post-op Appoint...	☐	☐
7F B 03	Mitchell , Cockburn URN 1920003	M 83y	Day 3	Sanath Krishn...	Uncontrolled BGI Bleeding Risk + more 1 1	Triple vessel disease Myocardial infarction 4+ more	BP 109/78 P 60s T 37.1-37.5	mmHg b/min °C	RR 16-20 SpO2 >=98 MEWS 0	/min %	0 Films	0 incomplete 0 overdue	Post-Op	Wound	OK	Mobility	Discharge Medic... Info Sheets Post-op Appoint...	☐	☐
7F B 04	Michael , Caitlin URN 1920004	F 29y	Day 2	Susan Costello	No risks detected	Sepsis	BP 139/75 P 80s T 36.1-36.5	mmHg b/min °C	RR 16-20 SpO2 94-97 MEWS 0	/min %	0 Films	0 incomplete 0 overdue	Post-Op	Wound	Urgent Review	Mobility	Discharge Medic... Info Sheets Post-op Appoint...	☐	☐
7F B 05	Hindmarsh , Graeme URN 1920005	F 46y	Day 2	John Shaw	Surgical Risk Risk of internal bleeding Infection	Sepsis Fluid overload 27+ more	BP 141/85 P 70s T 36.1-36.5	mmHg b/min °C	RR 16-20 SpO2 94-97 MEWS 0	/min %	0 Films	0 incomplete 0 overdue	Post-Op	Wound	OK	Mobility	Discharge Medic... Info Sheets Post-op Appoint...	☐	☐

Miya platform



Miya is focused on BETTER, FASTER decisions that support improved patient care

- Decision intelligence software that consolidates real-time data from disparate healthcare IT systems
- Differentiated decision intelligence platform that :
 - PUSHES relevant decision intelligence to users rather than requiring user to PULL the information
 - Integrates with all major hospital IT systems to simplify extensive volumes of data for clinicians
 - Provides “higher value” cloud based analytics and decision support for healthcare providers
- Consolidates and extends customer’s existing data investment (based on other vendors information)
- Reduces and eliminates avoidable injury and death (clinical workflows)
- Improves business process improvement (cost, productivity and revenue) (business workflows)



MKM Health & Patientrack



Synergistic technology to Alcidion + sales and delivery capacity + long standing customer base = a turbo charged offering with near term growth opportunities

- Established provider of IT solutions and services – working exclusively in the health industry
- Multi-sector experience: Government departments, public / not for profit & private healthcare providers, research institutions and specialist health agencies
- Areas of expertise:
 - **Data management & analytics:** Providing meaningful data to support care delivery & research initiatives, identify clinical events & business efficiencies & deliver cost savings
 - **Integration & interoperability:** All aspects of system interoperability, across integration platforms & standards, healthcare solutions & applications in use across Australia
 - **Solutions & services:** Providing healthcare ICT solutions & expert services to address clinical & business needs, optimise existing investments & contribute to improved patient care
- A team with deep industry experience, blend of clinical and technical / IT expertise
- Operations and customers across Australia, New Zealand and the UK: 54 FTE

Proven track record



- Health IT solutions & services firm with diversified revenue streams
 - Revenue from product sales, specialist healthcare IT implementation, integration and data management skills
 - Lead product is Patientrack which is focused on improving patient safety and the quality and efficiency of care in hospitals and healthcare
 - Highly experienced team, with proven capability in sales and marketing
 - Been in business 15 years, commenced in AU and expanded to NZ and UK
- Strong team and culture attracting some of the most sought after healthcare IT specialists
- Large and long standing customer base with more than 80 customers: NHS customers in the UK and public and private hospital and healthcare groups in Australia & NZ
- Revenues of approx. \$9.5 million and NPAT of \$0.7 million in FY17
 - MKM Health has delivered 2.5x revenue growth over past five years – at a compound annual growth rate of 29%
 - 28% of MKM Health / Patientrack revenue from recurring annual licence fees or annual support revenues in FY17
- Partner with several large software companies to deliver product

Some of our client relationships



Leading digital healthcare solution, highly complementary to Alcidion's Miya product suite

- Best-in-class patient safety software product, developed with clinicians and evolved over eight years in market
- A complete digital and mobile bedside patient data collection solution which improves patient safety, quality and efficiency of care in one easy-to-use application
- Real time data to the right person, at the right time at the point of care
- Captures Early Warning Scores (EWS), clinical responses to EWS and assessment protocols

“Any clinician can instantly see the profiles of the sickest patients in the hospital. Patientrack has helped us introduce some of the biggest and most immediate changes in clinical practice I have ever seen” Dr Gavin Simpson, Critical Care Consultant, NHS Fife Scotland

40 acute hospitals using Patientrack solution in proven deployments across UK & ANZ

10,000
licenced beds served to date

20,000
active users

500 Million
vital signs analysed

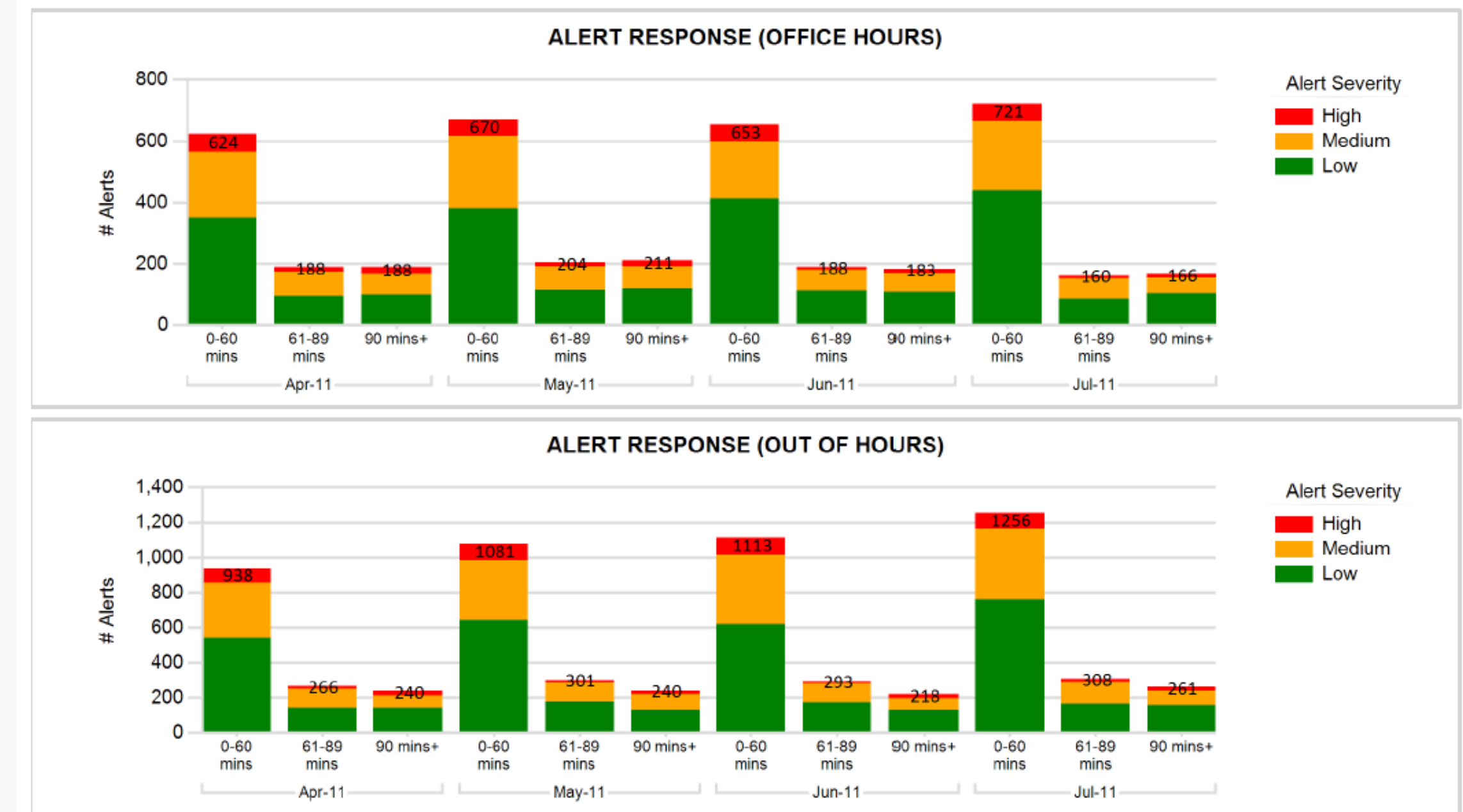
25 Immediate and near-term opportunities

Demonstrated ROI



In multiple clinical trials Patienttrack delivered dramatic results in improved patient outcomes & economic benefits

- Hospital length-of-stay reduced by 20%
- 80% reduction in cardiac arrests
- High risk admissions to ICU fell from over 10% to under 5%
- Saved thousands of hours after seeing a two-third reduction in time spent performing observations
- Early intervention in deteriorating patients improved significantly > reduces the wastage of care team time and resources
- Calls to the medical emergency team have fallen by one-fifth



*Jones S, Mullaly M, Ingleby S et al. Bedside electronic capture of clinical observations and automated clinical alerts to improve compliance with an Early Warning Score Protocol. *Crit Care Resusc* 2011;13(2):83-8

*Achieving Digital Excellence in the NHS. A Strategic Analysis of Digital Transformation Projects in the NHS. March 2017

Patienttrack customers



United Kingdom

- Manchester University NHS Foundation Trust
- Western Sussex Hospitals NHS Foundation Trust
- George Eliot Hospital NHS Trust
- Harrogate and District NHS Foundation Trust
- Derby Teaching Hospitals NHS Foundation Trust
- Bolton NHS Foundation Trust
- Basildon and Thurrock Hospitals NHS Foundation Trust
- St Helens and Knowsley Teaching Hospitals NHS Trust
- Stockport NHS Foundation Trust
- Pennine Acute Hospitals NHS Trust
- NHS Fife Scotland
- Noble's Hospital, Isle of Man



Australia

- Hunter New England Health - 43 Hospitals
- ACT Health
- Australian Society of Head and Neck Surgeons



New Zealand

- Canterbury and West Coast DHBs
- Waitemata DHB
- Counties Manukau DHB
- Nelson Marlborough DHB



Health
Hunter New England
Local Health District



Waitemata
District Health Board
Best Care for Everyone



Nelson Marlborough
Health



Canterbury
District Health Board
Te Poari Hauora o Waitaha



ASOHNS
THE AUSTRALIAN SOCIETY
OF OTOLARYNGOLOGY
HEAD AND NECK SURGERY

Product visualisation: What a nurse sees



Cancel

ESPOSITO, Julian

Submit

Temperature* °C

38.2 ✓

Lying BP* (Lying) mmHg

125/85 ✓

Standing BP (Standing) mmHg

✓

Heart Rate* /minute

101 ✓

Respiration Rate* /minute

31 ✓

AVPU*

Verbal ✓

7

8

9

0

4

5

6

RA

1

2

3

✕

Observation Set Submitted

close

ESPOSITO, Julian

4

RAG7787

Male, 26-Nov-1967, 48y

Ward : 1A

Temperature °C

38.2

1

Lying Blood Pressure (Lying)mmHg

125/85

0

Standing Blood Pressure (Standing)mmHg

Heart Rate /minute

101

1

Respiration Rate /minute

31

1

AVPU

Verbal

1

Oxygen Saturation %

98

0

Fraction of Inspired Oxygen %

21

RAG7787

Male

26-Nov-1967, 48y

Ward : 1A

Flag : -

ESPOSITO, Julian

Med - First Hour

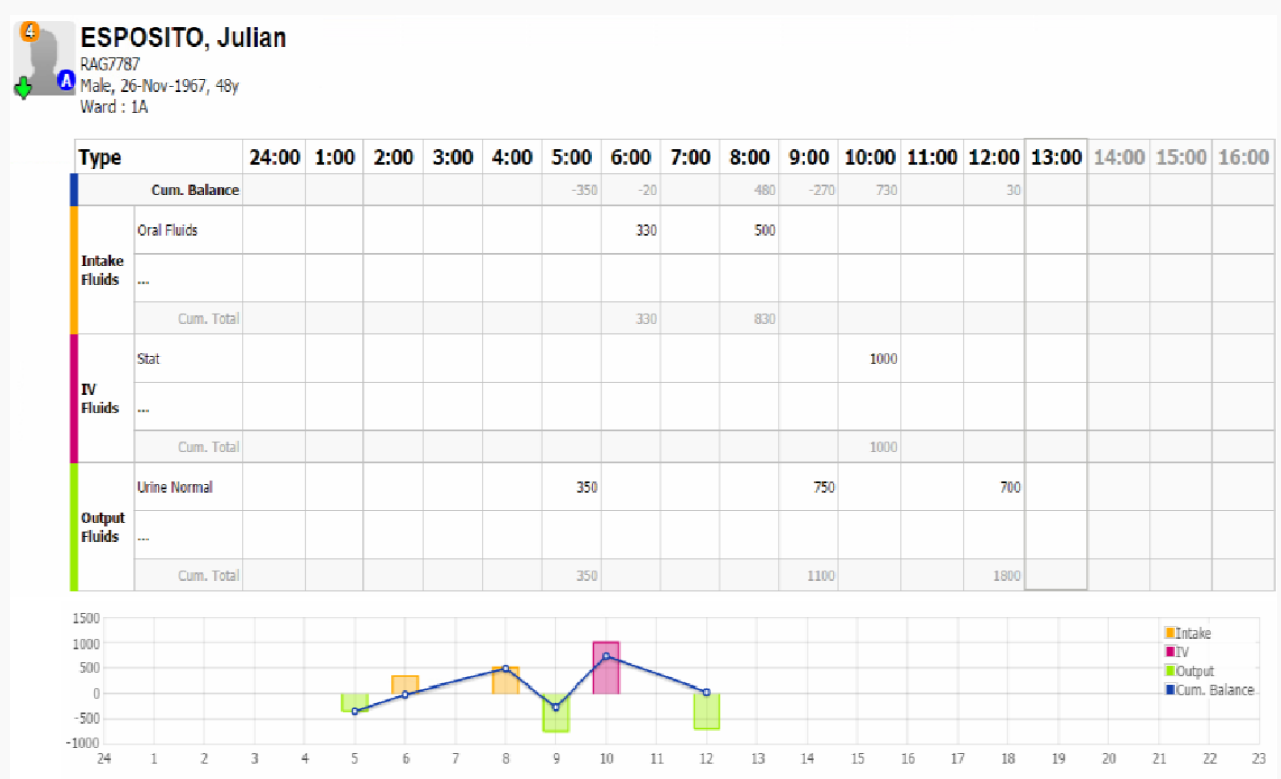
Assigned

Team: Cardiac Surgery - Abercrombie

Specialty: Cardiac Surgery

Attendance Due

13:18



	Medlor	Falls	Delirium	M&H	MUST	Infection Control	Critical Meds
AGE			45				
BMI					0		
Unplanned weight loss in past 3-6 months					0		
Nutritional intake	3				0		
Overall clinical condition	4						
Specific illness/injury							
Medication							
Current medication contributes to falls risk							
Bladder continence	0						
Faecal continence	0						
Continence issues							
Skin condition	0						
Consciousness	1				0		
Cognition/psychological					1		
Previous falls					4		
Attachments					1		
Environment					2		
Range of body movement	2						
Mobility	2				2		
Balance							
Poor hearing/vision					1		
Pain	1				1		
Total score	19			13	0		
Risk level							
Subjective malnutrition risk assessment							

Product visualisation: What a doctor sees



PersonalTeam11Messages

Hospital @ Night

Prescribe insulin

Moore,Dustin Z01440686

08:53:20 (10 min)

Review or Prescribe Critical Meds (

Test, D1233453

08:53:20 (10 min)

Review or Prescribe Critical Meds (

Test, D1233453

08:53:20 (10 min)

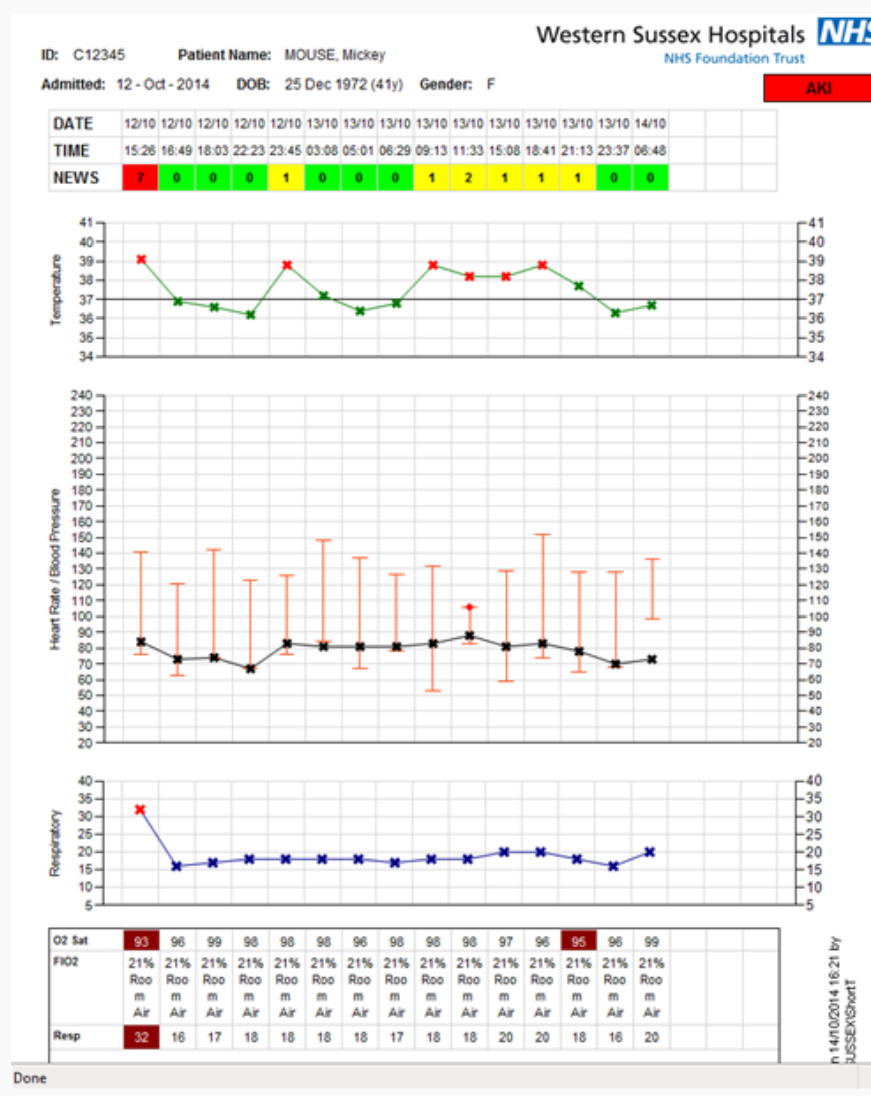
Neurological Assessment

Test, D1233453

08:53:20 (10 min)

Neurological Assessment

Sort:Due, Filter: Ward 10



AKI Status

AKI Baseline: 165.3

Latest SC Received: 02 Jun

Latest SC Result: 205.3

AKI Management Status: First Hour Outstanding

Assess for signs of shock, hypoperfusion and sepsis, and if NEWS $\geq$ 5 request senior review

Is Sepsis suspected?

Hypovolaemia

Urine tests

Drug chart review

AKI Amber First Hour Guidance

AKI Red First Hour Guidance

AKI Red Six Hour Guidance

AKI Red Twenty Four Hour Guidance

SEVERE SEPSIS RESULT

SEVERE SEPSIS RESULT

THIS PATIENT HAS SEVERE SEPSIS

This patient has SEPSIS.

THIS PATIENT NEEDS TO FOLLOW SEVERE SEPSIS PATHWAY (BUFALO)

B - Blood cultures

U - Urine output measurements commenced

F - IV Fluid resuscitation

SEPSIS Assessment

SEPSIS Buffalo

SEPSIS BUFALO WS

SIRS Assessment

Search

All Wards

All Specialties

Admissions

EOL

EWS 5+

Handover/Tasks

My Patients

Orthopaedic

SEPSIS

Ward View

Name	Sex	Flags	Ward	Team	EWS
BENNETT, Martin	M	SEPSIS	1B	CSURGBEWSH	8
TRELOAR, Zubari	F	TRMA,SEPSIS	D11		4
NWANDO, Chifo	M	SEPSIS	D11		3
SCHNEIDER, Michael	M	TRMA,SEVSEP	ED	RESUSMACKE	3
BRUNNER, Allan	M	COPD,SEPSIS	1A	CSURGBEWSH	2
DOHERTY, Theodore	M	NOCC,SEVSEP	1A		1
HYDE, Clara	F	SEPSIS	1B	CSURGBEWSH	1
WAX, Maurice	M	SEPSIS	1A	CSURGBEWSH	0

Support Patienttrack None
19/08/16 10:50

Patients

My Views

Admit

Tasks

[Home](#) | [Reports](#) | [Data Entry](#)

AKI Flag: Ward:

Consultant:

14 1 of 2 Find | Next

AKI Status for Patients with All AKI Status on AMU1(Chichester) under All Consultants

Patient ID	Patient Name	Admission Date	Ward	Current Hp	Date Of Birth	RR	AVPU	CCF	CKD	Liver	D.M.	Current Status	Severity	APS	Creat	Base Line	
2094589	Nilsen, Valerie	07/09/15 19:38 (375 days)	AMU1(Chichester)	Murphy, Neil	04/06/1922 (93)									3	15		
2099187	Schmidt, Dustin	08/09/15 14:52 (374 days)	AMU1(Chichester)		19/07/1923 (92)									3	8		
26751	Wouters, Vanessa	10/09/15 23:50 (372 days)	AMU1(Chichester)		14/08/1906 (109)									4	8		
2231626	Muller, Rodney	13/09/15 10:22 (369 days)	AMU1(Chichester)	Roberts, Robert	25/05/1949 (66)									2	1		
0665145	Harris, Marc	13/09/15 20:57 (369 days)	AMU1(Chichester)	Roberts, Robert	25/08/1948 (67)									2	90	9	
2091668	Fischer, Ryan	18/09/15 16:06 (364 days)	AMU1(Chichester)		15/02/1933 (82)									3	20		
0202040	Pett, Julia	18/09/15 18:18 (364 days)	AMU1(Chichester)	Wimmer, Zahed	03/04/1919 (96)									4	89	8	
12247	Muller, Steve	19/09/15 22:43 (363 days)	AMU1(Chichester)	Schmidt, Adam	21/03/1968 (46)									1	7		
0191265	Reiter, Elaine	20/09/15 00:43 (363 days)	AMU1(Chichester)	Schmidt, Adam	05/05/1949 (66)									4	74	7	
2232315	Wright, Faye	20/09/15 01:32 (363 days)	AMU1(Chichester)	Schmidt, Adam	09/12/1914 (100)									4	12		
0729824	Pett, Ryan	20/09/15 03:03 (362 days)	AMU1(Chichester)	Schmidt, Adam	25/02/1944 (71)									2	1		
0729551	Wimmer, Theresa	20/09/15 08:16 (362 days)	AMU1(Chichester)	Wright, Jocelyn	25/03/1923 (92)									5	23		
2232315	Fischer, Faye	20/09/15 15:24 (362 days)	AMU1(Chichester)	Schmidt, Adam	28/12/1974 (40)									0	1		
79616	Jensen, Gloria	20/09/15 15:30 (362 days)	AMU1(Chichester)	Schmidt, Adam	26/03/1966 (49)									0	63	6	
0147782	Bianchi, Dorothy	20/09/15 19:07 (362 days)	AMU1(Chichester)	Schmidt, Adam	08/01/1954 (61)									2	77	7	
15164	Kruidsen, Pearl	20/09/15 20:03 (362 days)	AMU1(Chichester)	Schmidt, Adam	15/09/1936 (79)									3	108	10	
0790464	Wouters, Pearl	20/09/15 23:07 (362 days)	AMU1(Chichester)	Schmidt, Adam	02/09/1915 (100)									3	4	233	7
17492	Abela, Angela	21/09/15 00:31 (362 days)	AMU1(Chichester)	Schmidt, Adam	16/02/1981 (34)									0	1	7	
26132	Jacobs, Terry	21/09/15 02:16 (361 days)	AMU1(Chichester)	Schmidt, Adam	04/10/1929 (106)									3	1	6	
2232465	Maier, Victoria	21/09/15 03:05 (361 days)	AMU1(Chichester)	Schmidt, Adam	09/05/1992 (23)									0	0	1	
14845	Thompson, Jackie	07/10/15 00:47 (346 days)	AMU1(Chichester)	Roberts, Robert	06/12/1955 (59)									1	0	212	13
2083448	Rinnus, Ryan	14/10/15 10:45 (338 days)	AMU1(Chichester)	Schmidt, Adam	15/07/1947 (73)									7	1	8	

Business integration & market opportunity



Strong platform & product integration



Welcome

Demo Nurse

Reports

Handover

Patienttrack

Edit Placements

Feature 1.9.0.84

Logout

Miya

Patient Flow

FLR - F 2D

Change

Find & Manage Patients

All Units

Filter by name or URN

NUM Tina Blake

NIC Tom Peterson

Team	Bed/Rm	Care Patient Name	Unit/Dr	LOS	Day	Leave	Locn	Diet Code	Flags	TBP	Internal Referrals	D/C Dest.	GDD	EDD	W4W	Med Trn	Comments	Results	EWS	Due	eVitals	Clinical tasks	Orderly
Bob S.	B01 R01	A Ortiz, Diana URN 1106333	39y GAST Beck	Day 43	7hr 0min 27 Apr 08:30		FO				PT AUD OT D Ed Diet Mob 455 123 889 123 555	Resi Care - New	Tomorrow 28 Apr 09:00	2 Days 29 Apr 09:00	D/C sum Script - comp...		Ambulance booked for 1000 Husband will meet at Clarinda Hospital	32	EWS 6	Obs: 14:10 Bed: 14:25		Pain Maria Taylor Click to update	11:04
Polly E.	B02 R01	A Howell, Beverly URN 379333	79y GAST Perry	Day 7			D					Resi Care - Re...	8 Days 05 May 09:00		Ready, Other		IV AB cease Tuesday - then DC	17	EWS 0	Obs: 22:00		Analgesia Maria T... Click to update	09:56
Polly E.	B03 R02	A Campbell, Frank URN 334939	72y RESP Hurst	Day 2	DAY		F				OT PAC E Mob 69987 04...	Home	6 Days 03 May 09:00	Tomorrow 28 Apr 09:00	FUNC Comm Servi... + 1 more		family meeting	2	EWS 5	Obs: 14:11 Bed: 14:56		Initiate Page	Initia
Polly E.	B04 R03	A Banks, Marilyn URN 908951	28y ID Mills	Day 31			HEHP					Home	Today 27 Apr 09:00		Script - write		Hospital acq infection	51	EWS 3	Obs: 14:00 Bed: 14:56		Initiate Page	Initia
Bob S.	B05 R04	A Andrews, Ronald URN 772943	84y GAST Perry	Day 6			L				PT Woun Cons P Mob 665 04... 689	SNAP - Gem	2 Days 29 Apr 09:00	Today 27 Apr 16:35	SNAP bed		care planning team meeting	9	EWS 5	Obs: 18:11 Bed: 18:56		Initiate Page	Initia
Bob S.	B06 R04	A Hunter, Robert URN 1456754	20y GAST Perry	Day 5			S					Home	Tomorrow 28 Apr 09:00		Imaging - U/S		U'sound booked 0900, home if OK	3	EWS 2	Obs: 14:00		Initiate Page	Initia
Bob S.	B07 R04	P Bowman, Harry URN 249955	85y ID Alford	Day 7			HEHP				D Ed SW SP Diet AUD HITH P P P E Mob 664 665 66325 04... 6547 04...	Home	-1 Day 26 Apr 09:00	Tomorrow 28 Apr 09:00	Ongoing Me... I Proc		PEG booked Thursday 1000	11	EWS 2	Obs: 14:00		Initiate Page	Initia
B08 R04		VACANT																					
Tina B.	B09 R05	R Johnston, Stephanie URN 623657	50y RESP Goodman	Day 23			NILN				Pain E 5687	Home	Today 27 Apr 09:00	Today 27 Apr 17:00	D/C Med		partner collecting at 1130	240	EWS 4	Obs: 14:12 Bed: 14:57		Initiate Page	Initia
Tina B.	B10 R06	A Schmidt, Jeremy URN 569740	83y IM2B Burch	Day 29							ACLS PT P E 56231 56123	TBD	9 Days 06 May 09:00		Ongoing Me... Imaging - MRI			36	EWS 1	Obs: 14:00		Initiate Page	Initia
Tina B.	B11 R07	A Sanchez, Alan URN 844011	91y RESP Doming...	Day 2			S				Psy L Cons E P 56412 236	Home	Tomorrow 28 Apr 09:00		Trans D/C sum		DC meds given to son	0	EWS 2	Obs: 14:00		Initiate Page	Initia
Tina B.	B12 R07	A Chapman, Anthony URN 1466627	42y ID White	Day 28								Home	Tomorrow 28 Apr 09:00		Imaging		home if chest x-ray OK	8	EWS 4	Obs: 14:13 Bed: 14:58		Initiate Page	Initia
Tom P.	B13 R07	Jacobs, Jerry URN 168531	75y RESP Doming...	Day 5			HEHP				PT Mob 04...	SNAP - Rehab	3 Days 30 Apr 09:00		Ready, Other		ambulance booked for 0830	0	EWS 5	Obs: 17:49 Bed: 18:33		Initiate Page	Initia

Boards & Outliers

Number of incoming Patients

Elective Admission Requests

Transfer Requests

Direct Admissions

ED Length of Stay

7

24

5

0

1

0

1

0

1

0

0

0

3

Boards

Outliers

Today

Tomorrow

Today

Tomorrow

Today

Tomorrow

Today

Tomorrow

0-4 hrs

4-8 hrs

> 8 hrs

Referral Legend: Referred Active Completed Rejected

Capitalising on the opportunity for *cloud based predictive analytics* and *artificial intelligence* for decision guidance to healthcare providers, in specialist points of care and across all health care settings



Powerful, clinical decision intelligence



A disruptive force in healthcare IT

- **Unacceptable Truth:** *Clinical risk & avoidable errors are a major healthcare issue – third largest killer in US behind heart disease and cancer (Johns Hopkins University study, 2016)*
- Current health IT requires care team to PULL data from repositories – this deluges care team with masses of data and masks the critical intelligence needed for fast quality decisions
- Patient data is going digital, driven globally by Government spending, creating a massive need for Alcidion type technology to reduce data to meaningful intelligence to help the care team make better, faster decisions
- ~\$40 billion spent in US in digitising patient data via EHR and other systems, in accordance with the US Patient Protection & Affordable Care Act
- UK Government has allocated £4 billion to transition the National Health Service into a paperless environment
- Clinical Decision Support System Market to grow at 21.5%p.a between 2013-2018 (Source : IndustryARC)



Corporate Overview & Growth Strategy



Combined Group corporate profile



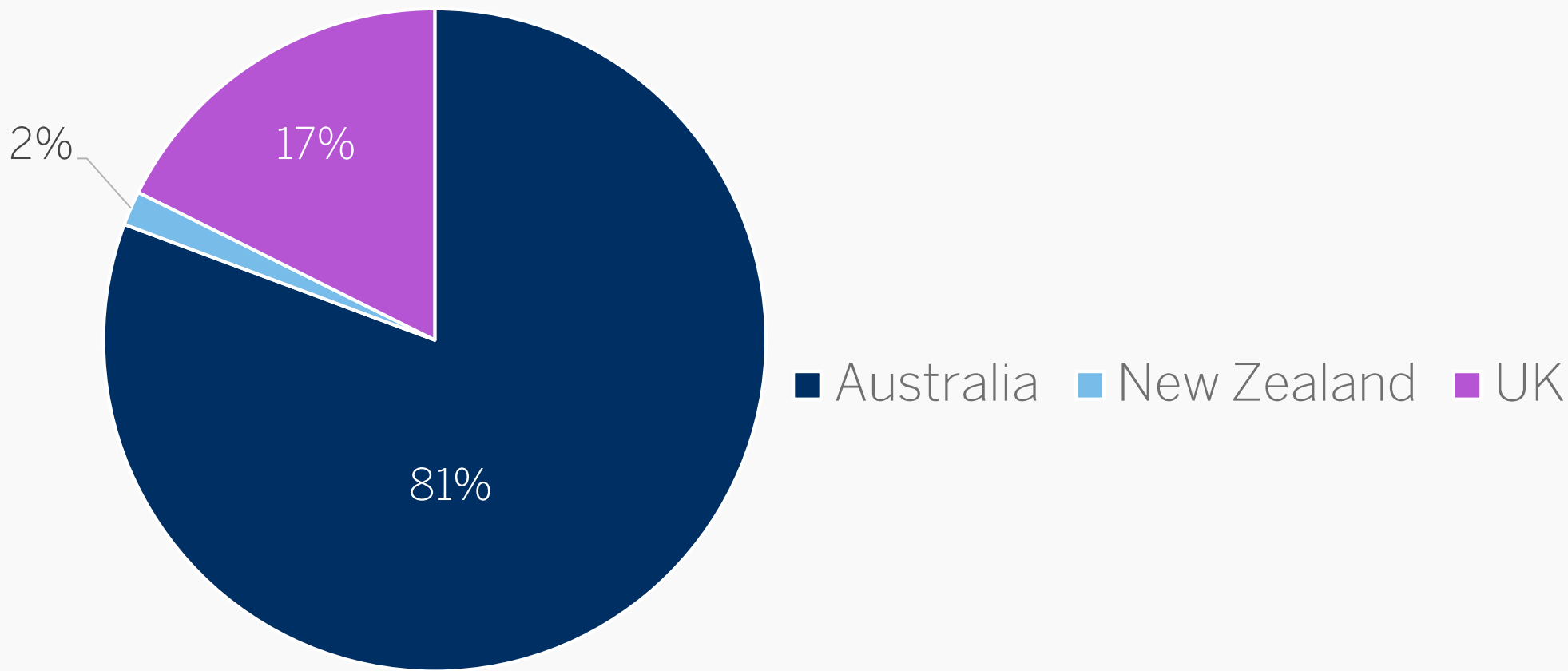
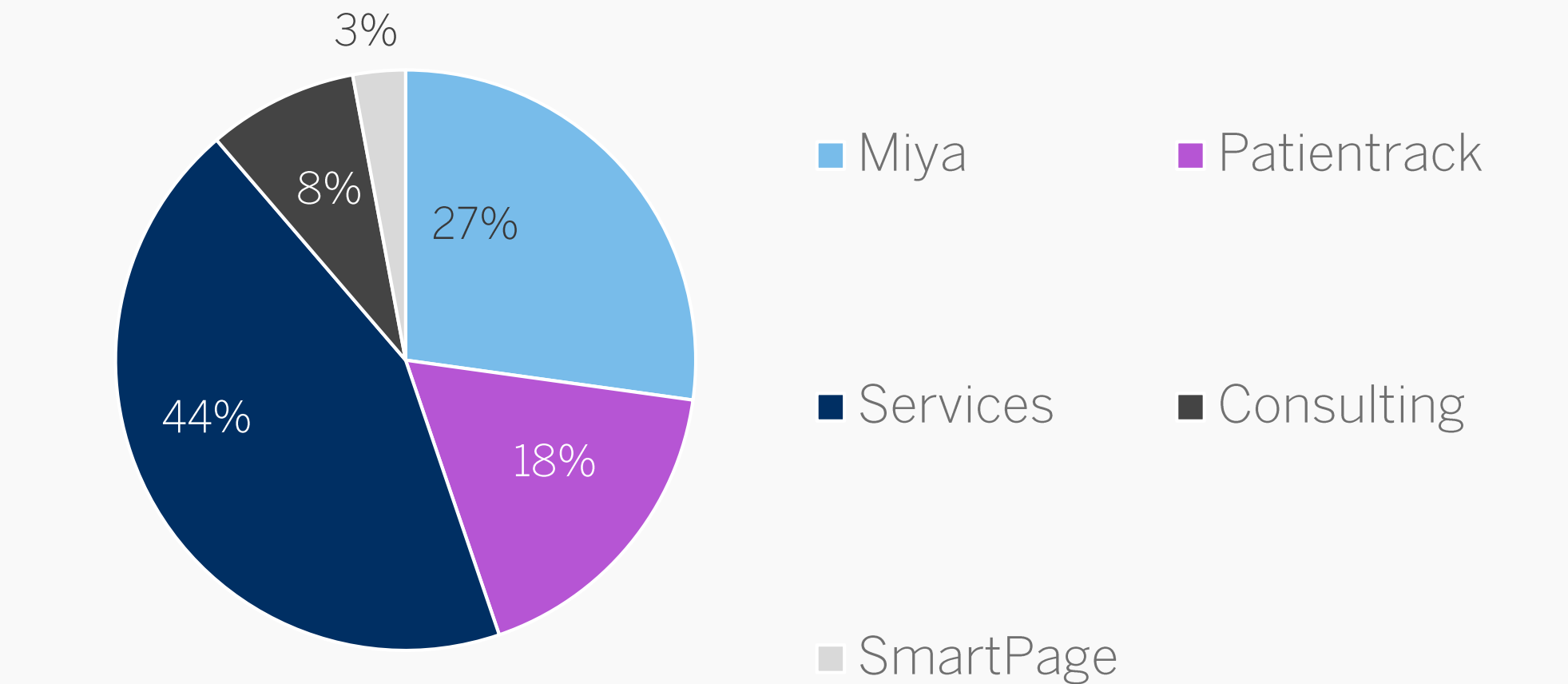
Key financials (FY17)	\$m
Revenue (pro-forma) ¹	13.0
Cash (as at 31 Mar 18, pro-forma)	3.2

Notes :

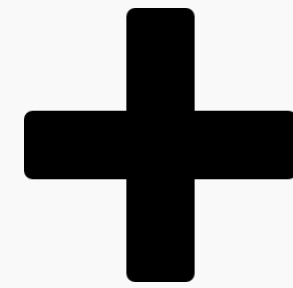
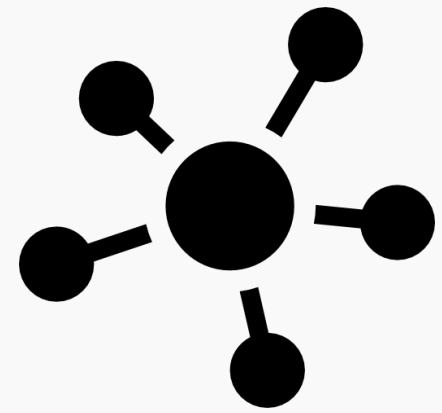
1 Before additional contingent scrip payment to vendors if revenue and earnings targets are met

2 Based on closing ALC share price of \$0.04 per share as at 9/4/18 and includes new shares issued to MKM shareholders as acquisition consideration

Enlarged share capital ¹	Shares (m)	%
Existing Alcidion shareholders	608	75%
Shares issue to vendors	198	25%
Total shares post transactions	806	100%



Focus on building long term contracts and annuity revenues



- Integrate key MKM Health sales & marketing personnel
- Leverage domestic MKM Health relationships
- Utilise success of key reference sites
- Launch integrated Patientrack and Miya PatientFlow product offering
- Business strategy for accelerated market entry in place
- Additional MKM Health product & services capability enhances customer proposition
- Valuable opportunities given much shorter procurement cycle
- New analytics & advanced metrics products to be launched in 2018
- Exploring additional point-of-care product offering
- Complementary cloud based product offering
- MKM track record of product innovation and new service offerings
- MKM provides a “beachhead” to begin cross-selling of Miya products into UK market
- Further investment in UK sales and marketing team post acquisition
- Leverage strong NHS relationships

Summary



Alcidion's acquisition of MKM Health creates a group with:

- Innovative and proven sales team, with long-standing relationships
- Large and diversified customer base with demonstrated appetite to invest in IT innovation
- New international market opportunities
- Experienced management team with proven specialist health IT credentials and depth and breadth required to drive and manage continuing growth
- Positioned to disrupt and lead the fast growth digital health sector
- Revenue growth via additional long term contracted and annuity revenues
- Strategic partnerships with global health IT software suppliers
- Lean operation and cost base
- Unrivalled profile, reputation and contact network across our target markets