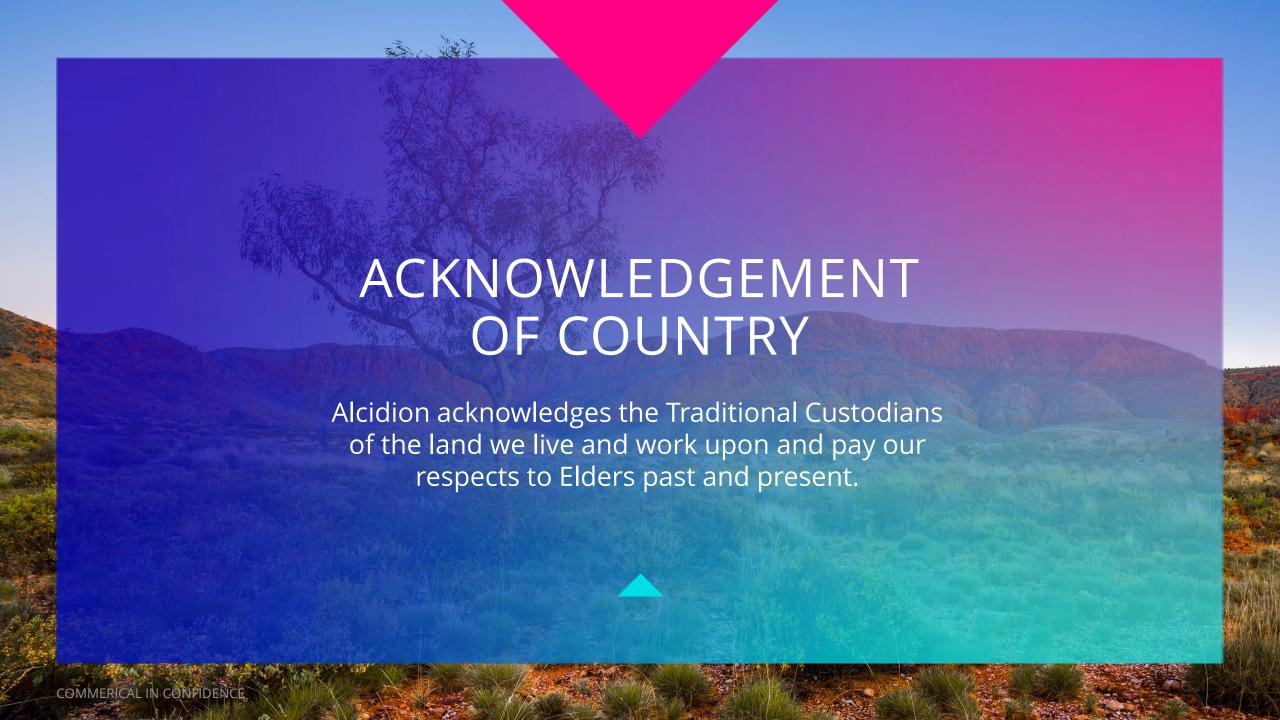




# Bell Potter Healthcare Conference

**Presenting:** 

Rebecca Wilson, Chair



### **Smarter Solutions for Clinicians**





### MIYA PRECISION BY ALCIDION

**Powering Smarter Care** 

At the core of Alcidion's solutions is our FHIR-based interoperability platform for smarter decision support



### **Miya Precision Platform**

Data to FHIR, Ontology Mapping, CDS Engine



### Patient Flow

Industry leading digital patient flow journey boards



### Virtual Care

Virtual care and remote patient management



### **Operations Centre**

Integrated
Operations Centre
enablement



### Specialised Care

Emergency
Department and
Specialised Care



### Data & Analytics

Real-time data replication, insights and predictive analytics



### Integrated Care Record

Longitudinal patient health record



### Modern Modular EPR

Modular cloud-native EPR and PAS



### Clinical Workflow

NLP enabled noting, assistive workflow tasking, clinical comms, and mobility

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### A sample of our customers . . .





Alfred Health

Journey Boards & IOC Collaboration



**South Tees NHS Trust** *Miya EPR* 



Western Health
Patient Flow, Command Capability



Australian Defence Force
Longitudinal Health Record



NT Health
Patient Flow & Command Capability



**Dartford & Gravesham NHS** *Miya EPR* 

### **Global Operations...**



### **Current Operations**

### Australia & New United Kingdom Zealand 51% **FY24 Revenue** 49% **FY24 Revenue**

### **Future Geographical Expansion**

#### **Key Criteria:**

- Sizable market
- English speaking (reduced development spend)
- Healthcare structure similar to UK / Australia
- Access to digital healthcare data

#### **Target location:**

- North America (initial focus on Canada)
- Europe Nordics priority
- United Arab Emirates (UAE)
- Southeast Asia



### Notable Wins/Renewals & Deployments \* 🙎



New contracts reinforce modular strategy, catering to needs of customers as they enhance their digital maturity Alcidion's technical service capability a strength of the business; able to deploy solutions efficiently and effectively

	ANZ		U	UK		
	Hume Rural Health Alliance	Northern Adelaide LHN	Dartford & Gravesham NHS	South Tees NHS		
cts ,	• TCV of \$4.0m over 5 years	<ul> <li>TCV of \$4.5m over 5 years</li> </ul>	<ul> <li>TCV of \$3.4m over 3 years</li> </ul>	<ul> <li>\$23.3M extension for 8 yrs (2033) for Miya Precision EPR</li> <li>Options to extend to 2038 + add further modules; if taken TCV</li> </ul>		
Contracts	• Patient flow + virtual care	• Patient flow + clinical	<ul><li>Builds on 6-year relationship</li><li>Modular approach positions D&amp;G</li></ul>			
New Col	• Potential for module expansion	<ul> <li>messaging &amp; comms</li> <li>Competitive tender; first deployment in SA</li> <li>Modular approach positions D&amp;C</li> <li>well for future enhancements</li> </ul>				
			increase to \$54M over 15 yrs			

## Successful eployments

#### **Hume Rural Health Alliance**

- 'Live' with 1<sup>st</sup> site in late Oct; fastest ever roll-out of Miya Precision
- Remaining hospitals going 'live' in Nov

#### **Calvary Health**

- Data & analytics team worked with Calvary to deliver the Calvary Data Hub
- Encompasses 28 live dashboards & ingesting 38 data sources, across 7 years of data

#### Herefordshire & Worcestershire NHS

- 1<sup>st</sup> deployment of Miya Precision for Flow in community & mental health Trust
- Provides reference site for new market segment

#### **Hampshire Hospitals NHS**

- 1<sup>st</sup> site using Miya Emergency (ED) module
- Highlight's ability to innovate & commercialise new functionality
- Expands within same ICS as UHS

1. Over the last 12 months

### **EPR Validation: North Cumbria**



Selected as Preferred Supplier by North Cumbria Integrated Care NHS Foundation Trust (NCIC) for new EPR platform solution

#### **Preferred Supplier - Overview**

- Selected following a competitive tender process
- Deploy Miya Precision encompassing full suite offering incl. Silverlink PCS
  - NCIC is an existing Alcidion customer utilising Silverlink PCS PAS
- Solution will provide clinicians real-time access to patient records while streamlining patient flow & improving clinical decision-making processes

#### **Anticipated Contract Terms**

10 years

Contract duration

A\$30-40M

Total Contract Value (TCV) under negotiation

Q3 FY25

Targeted deployment

#### **Traction in UK EPR Market**

- 2<sup>nd</sup> UK EPR contract following 10 year \$23m extension of South Tees contract signed in Dec-23.
  - Optionality for additional modules; if selected would add TCV of \$10m+ and thus similar size to NCIC
- NCIC and South Tees provides two good reference points as to the shape and size of various EPR contracts



#### **NCIC - Overview**

- Provides care for approx. half a million people in the North of the UK
- Hospital & community care provided across:
  - 2 acute care hospitals
  - 8 community-based hospitals
  - 8 Integrated Care Communities (ICC)



# The Impact of Miya

DELIVERING MEASURABLE BENEFITS FOR CUSTOMERS

# Calculating the impact of Miya

**ALCIDION** 

Our objective:

To create a **business case template**...

which **supports our customers**...

to **understand and communicate** the proven impact of Miya Precision...

in a manner which **respects healthcare** workers...

and aligns to healthcare economics.



### PART 1

Recap the DHCRC/Monash study of Miya Precision at Alfred Health.



### PART 2

Present Alcidion customer reported benefits from Miya and Smartpage deployments



### PART 3

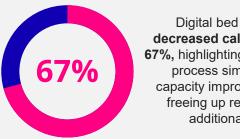
Using health economics to translate these benefits into a business case for Miya

### **Alfred Health - Independent Study on Miya Precision Benefits**



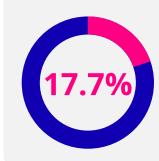
In 2023, Alfred Health introduced electronic patient journey boards (EPJBs) to 38 inpatient wards across 3 hospitals. The Digital Health CRC and Monash University used the deployment to conduct an 18-month study on the benefits of EPJBs.

#### 1. Efficiency in bed allocation



Digital bed allocation decreased call duration by 67%, highlighting transparency, process simplification, capacity improvements and freeing up resources for additional tasks.

#### 2. Reduction in outliers



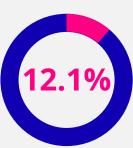
The study identified a 17.7% reduction in the number of outliers at the point of admission, indicating improved availability of beds and visibility of both incoming patient demand and bed capacity in target wards.

#### 3. Real-time patient information



100% Alignment of Patient Information FHIR-based two-way real-time integration eliminated a 25-40% discrepancy between EMR data and traditional whiteboards, enhancing patient safety and streamlining clinical updates.

#### 4. Reductions in length of stay



During the course of the study, a consistent decline in patient length of stay (LoS) was observed, decreasing by 12.1% over an 18-month period from 3.15 days to 2.77 days.

#### 5. Discharge planning improvement



100% of patient records now include an Estimated Date of Discharge (EDD), up from a baseline of 61%. Changes to EDDs require a reason, aiding analysis of

discharge forecast accuracy and continuous improvement.

### 6. Consistency in ways of working

From 30 different ways of working





To 9 variations of EPJB tailored to the clinical workflow (with 80% commonality)

### **Customer reported benefits**



	Released Nursing Time	Released Physician Time	Released Non- clinical Time	+ + + + + + + + + + + + + + + + + + +	Released Operational Cost
Miya Observations & Assessments (Patientrack)	20 mins / admission 1 min / observation				975 documents per day
Smartpage	4 mins p/transfer	20 mins p/hr	13% efficiency saving		
Miya Noting		60 mins p/round			2500 documents per day
Miya Flow	75 mins p/shift	also releases nurses	67% shorter bed allocation calls	17.7% fewer outliers 12.1% lower length of stay	
Miya Virtual Care				1 for 1 release in bed capacity	20% reduction in cost of care
Miya Emergency					4750 documents per day

### For an 800-bed healthcare system...





Released Nursing Time



Released Physician Time



Released Non-clinical Time



Released Capacity



Released Operational Cost

How much capacity have we released?

321,235 hours (165 FTEs) 408,220 hours (209 FTEs) 27,397 hours (14 FTEs)

35,375 bed days (97 beds) 3,002,125 docs digitised

Est. how much that worth in theoretical dollars

\$8-12m

\$17-20m

\$0.8-1m

\$50-150m

\$0.85m

**Grand Total:** 

\$70.1m

Estimated value of annual benefits for an 800-bed provider using all Alcidion modules



# Alcidion delivers over \$1bn of value to the global healthcare economy



As a theoretical exercise, we looked at each of our customers and applied the benefits model to estimate Alcidion's global impact on the healthcare economy:

How big could this impact be if all our customers adopted all our modules....

\$1.06 billion



\$3.34 billion

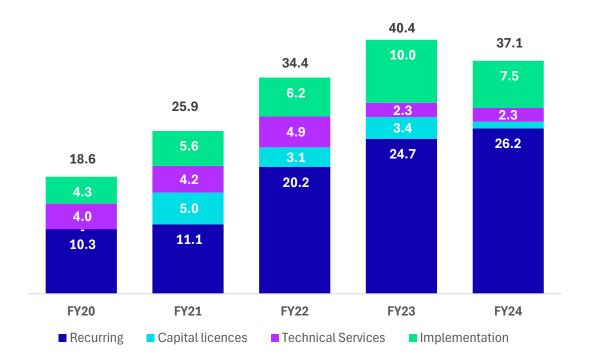


### **Revenue Dashboard**



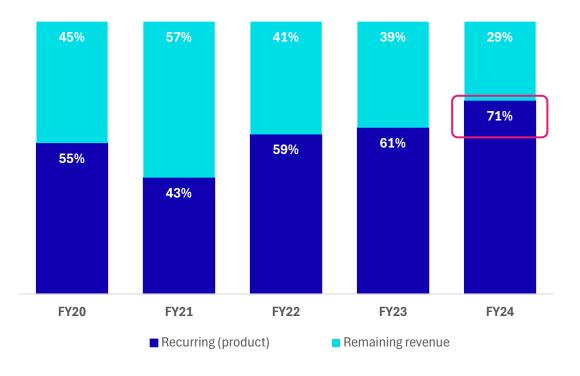
#### **Revenue Category Breakdown (\$M)**

- Recurring product revenue (ARR) of \$26.2M, up 6% on pcp
  - Includes: Annual Maintenance & Support (M&S); Annual recurring licence fee; or Annual subscription fee (bundled M&S + licence fee)
- Capital licenses includes revenue received for licence fees which are recognised upfront that cover a multi-year period



#### Recurring ARR (product) % vs. Total Revenue (%)

- 71% of FY24 revenue classified as ARR
  - Highest percentage in Alcidion history



### Profit & Loss (H1 vs H2 FY24)



Significant impact of cost saving initiatives implemented in H2; Alcidion on clear path to profitability

Profit & loss (A\$000)	H1'24	H2'24	% change
Total revenue	19,059	17,998	(6%)
Direct costs	(2,322)	(2,815)	21%
Gross profit	16,737	15,183	(9%)
Gross profit %	87.8%	84.4%	
Salaries & wages 1	(16,137)	(13,099)	(19%)
Professional fees	(541)	(400)	(26%)
Marketing	(456)	(472)	4%
Other operating expenses 2	(2,391)	(1,818)	(24%)
Operating expenses	(19,525)	(15,789)	(19%)
Underlying EBITDA 3	(2,788)	(606)	na
Restructure & related costs	-	(1,033)	
Share based payments	(136)	(16)	na
EBITDA	(2,924)	(1,655)	na

- 1 19% reduction in staff costs in H2 vs H1
  - Tightened cost base throughout FY24 which resulted in ~\$6.4m of annualised savings, predominantly related to staffing
  - Due to timing of cost initiatives being implemented, H2 includes
     \$0.9M of staff costs that will not be incurred in future periods
  - Q4'24 exit run-rate staff costs were approximately \$6.2M
- 2 24% reduction in other operating expenses in H2 vs H1
- 3 H2 EBITDA loss of \$0.6M, an improvement of \$2.2M over H1

Run-rate EBITDA breakeven sales of ~\$36m<sup>1</sup>

Approximate EBITDA breakeven point based on Q4 exit run-rate fixed cost base assuming gross profit margin of ~90%



### Outlook



Increased procurement activity has continued, with re-aligned cost base positioning business well for profitability

- As of 30 September 2024, \$28.5M of contracted and renewal revenue expected to be recognised in FY25
  - Excludes recent NALHN contract win; and
  - Excludes any potential revenue from NCIC (North Cumbria) which would be material and expected in 2H'25
- Targeting EBITDA positive in FY25, with run-rate EBITDA breakeven revenue of approximately \$36.0M<sup>1</sup>
- Increased market activity over the past 6 months with several opportunities progressing to selection stage of procurement cycle
- ~\$130M of contract and renewal revenue able to be recognised from FY25 to FY29, representing significant long-term value (excluding upside expansion from existing contracts or impact of preferred supplier contract with North Cumbria)
- Cash balance of \$7.9m and no debt as of 30 September 2024
- Appointed global digital health leader Will Smart (based in UK) as Non-Executive Director from 1 October 2024
  - Currently Digital NED, Great Western Hospitals NHS Foundation Trust & previously CIO for Health and Social Care for England;
     previously Global Director of External Relations at Dedalus

1. Approximate EBITDA breakeven point based on Q4 exit run-rate fixed cost base assuming gross profit margin of ~90%

### Questions...

THANK YOU

### **Investment Highlights**



### **Large Addressable Market**

- ~146 Acute UK NHS Trusts; ALC with foothold in only ~27%
- Focus on management of patient flow creating increasing opportunities
- AUS opportunities in clinical decision support and operational efficiency using EMR data
- Geographical expansion on radar

### **Product Offering**

- Cloud native, modern modular platform improving hospital efficiencies and clinical decision-making
- Highly interoperable and built on open standards
- Designed to be an active participant in health care rather than passive data store

### **Strong Financial Profile**

- ~71% recurring product revenue, supported by multi-year contracts
- Gross profit margins 90%+
- Run-rate EBITDA breakeven revenue of approximately \$36M
- \$28.0M contracted/renewal revenue in FY24

### **Long-term Contracts**

- Long-term customer contracts (typically 3-10 years) with ongoing options for renewal
- Critical nature of software results in negligible churn
- Enterprise healthcare organisations (NHS Trusts, State health, private health)

#### **Marquee Customers**

- Selected as preferred supplier for new EPR to North Cumbria; TCV \$30-40m over 10 yrs
- \$31.7M over 5.5 years with Leidos (Aus) to assist Australian Defence Force with health record
- \$23M over 10 years (to 2033) with South Tees NHS (UK) for full Miya Precision suite

#### **Market Tailwinds**

- Health systems stretched with limited bed availability & under-resourced clinical staff seeking improved tech solutions for efficiency
- UK Government remaining committed to their pursuit of modernising the NHS, significant funding being allocated

### **Capital Structure**



#### Capital Structure – as at 8 November 2024

Snapshot	
Last Traded Price (A\$) – ASX:ALC	\$0.054
Market Capitalisation (A\$)	\$72.5m
Cash (at 30 Sept 2024) – (No external Debt)	~\$7.9m

Fully Paid Ordinary Shares + Performance Rights		
Ordinary Shares on Issue (Quoted on ASX)	1,342,952,696	
Performance Rights (Exp 31.10.2025) - unlisted	6,341,174	
Performance Rights (Exp 31.10.2026) - unlisted	6,696,000	



### **Major Shareholders**

Major Shareholders	Shares	% Holding
AustralianSuper (institutional fund)	153.1m	11.4%
Malcolm Pradhan (co-founder)	134.6m	10.0%
Salter Brothers (institutional fund)	78.0m	5.8%
Raymond Blight (co-founder)	72.9m	5.4%
Kate Quirke (CEO)	48.6m	3.6%
[Individual - Senior Mgmt]	31.6m	2.4%
Top 6 Shareholders	~519m	~38%

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