7 August 2017

Australian Securities Exchange
Exchange Centre
20 Bridge Street
Sydney NSW 2000

Alcidion to Present at The Health Informatics Conference

Alcidion Group Limited (ASX:ALC) today announced that it will present at The Health Informatics Conference in Brisbane on the 7th August 2017.

Executive Director and Chief Medical Officer (CMO), Adjunct Professor Malcolm Pradhan will present on behalf of Alcidion. Updating the group on the latest developments within the company as a listed company.

Event Details

Adelaide Event

Date: Monday 7th August 2017
Alcidion presenting at 11:40 am

Venue: Brisbane Convention and Exhibition Centre
Merivale Street and Glenelg Street
South Brisbane, Qld 4101

A copy of the presentation in included as an Appendix to this announcement.

ENDS

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About Alcidion

Alcidion Group Limited (ASX:**ALC**) is a publically 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

Better, faster decisions

Making clinical AI and decision support a reality through adaptive user interfaces

Malcolm Pradhan MBBS, PhD (Stanford), FACHI
CMO, Alcidion

Adjunct Professor
University of South Australia

Alcidion

- ASX listed health informatics company based in Adelaide
- Customers large public hospitals, new in Private
- Clinical Decision Support (CDS), predictive analytics
  - Logistics (Patient Flow)
  - Efficiency (Revenue)
  - Safety

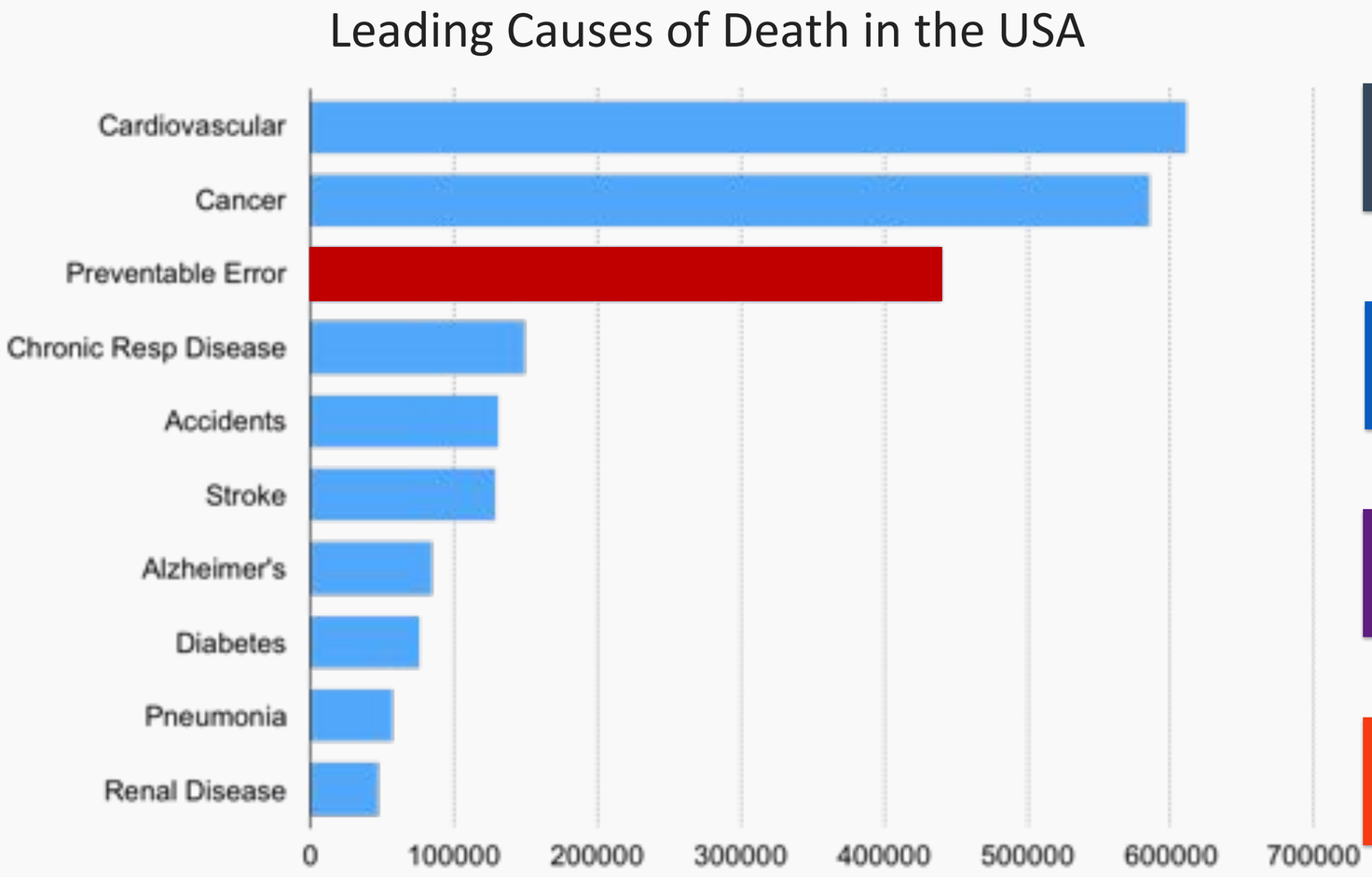
What's the problem?

- Large investments in Health EMRs

HIMSS EMRAM

Stage	Cumulative Capabilities
7	Medical record fully electronic; HCO able to contribute **CCD as byproduct of EMR**; **Data warehousing** in use
6	**Physician documentation (structured templates), full CDSS (variance & compliance)**, full R-PACS
5	**Closed loop medication administration**
4	**CPOE, CDSS (clinical protocols)**
3	**Clinical documentation (flow sheets)**, **CDSS (error checking)**, PACS available outside Radiology
2	**Clinical Data Repository, Controlled Medical Vocabulary, Clinical Data Support System**
1	Ancillaries– Lab, Rad, Pharmacy

EMRAM ≠ High Performance Healthcare



Patient harm 10-50%+ of multi-day episodes

Up to 40% of lab results are not seen

30% of AMI patients not on guideline meds

Mis- or late diagnosis in 10%–20% of cases

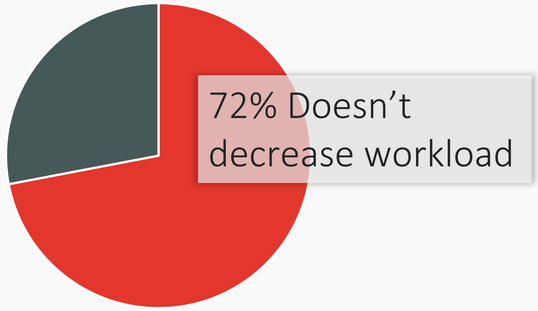
Performance with a highly educated and dedicated workforce

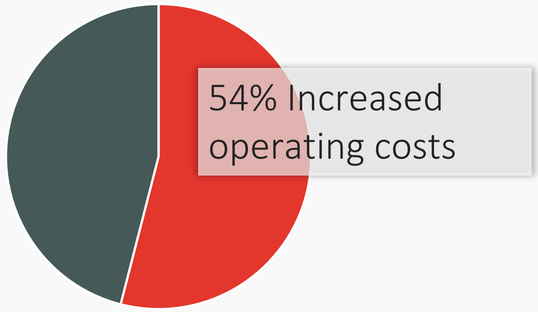
The Reality of Health IT

"Across clinical settings, new generation CDSSs integrated with EHRs do not affect mortality and might moderately improve morbidity outcomes"

Am J Public Health. 2014. 104:e12–e22

- Productivity loss
- Safety – ? drivers for safety (starting to change)
- Data hiding as a strategy
  - Lack of innovation
  - Difficult to support new models of care





AMA College of Physician survey on attitudes to EMRs (2014)

The Future is About Algorithms

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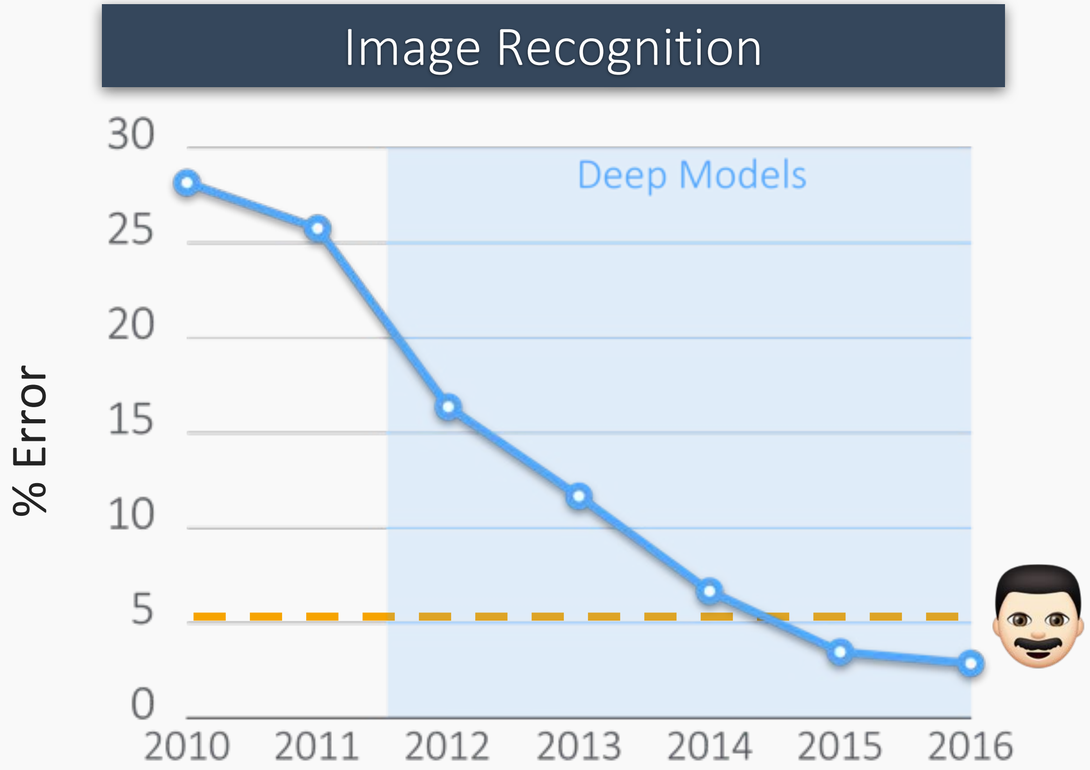
> One could consider that paradigm shifts are required either in the design, the development, or the implementation of CDSSs”
>
> Yearb Med Inform 2014:163-6

- More powerful predictive models through machine learning and ‘AI’
- The technology is available, how do we make it work in health?
- How can we integrate CDS and AI into clinical workflows?



Making Technology Work

- People will use technology if it saves them time

- Alcidion's design principles
  1. Access to key data < 1s
  2. Make the right thing to do the easier thing to do
  3. Every click (or tap) is pushing the friendship with a clinician
  4. Each specialty is it's own business

What is an Adaptive User Interface?

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- A user interface (UI) which adapts, that is changes, its layout and elements to the **context** and the **needs of the user**

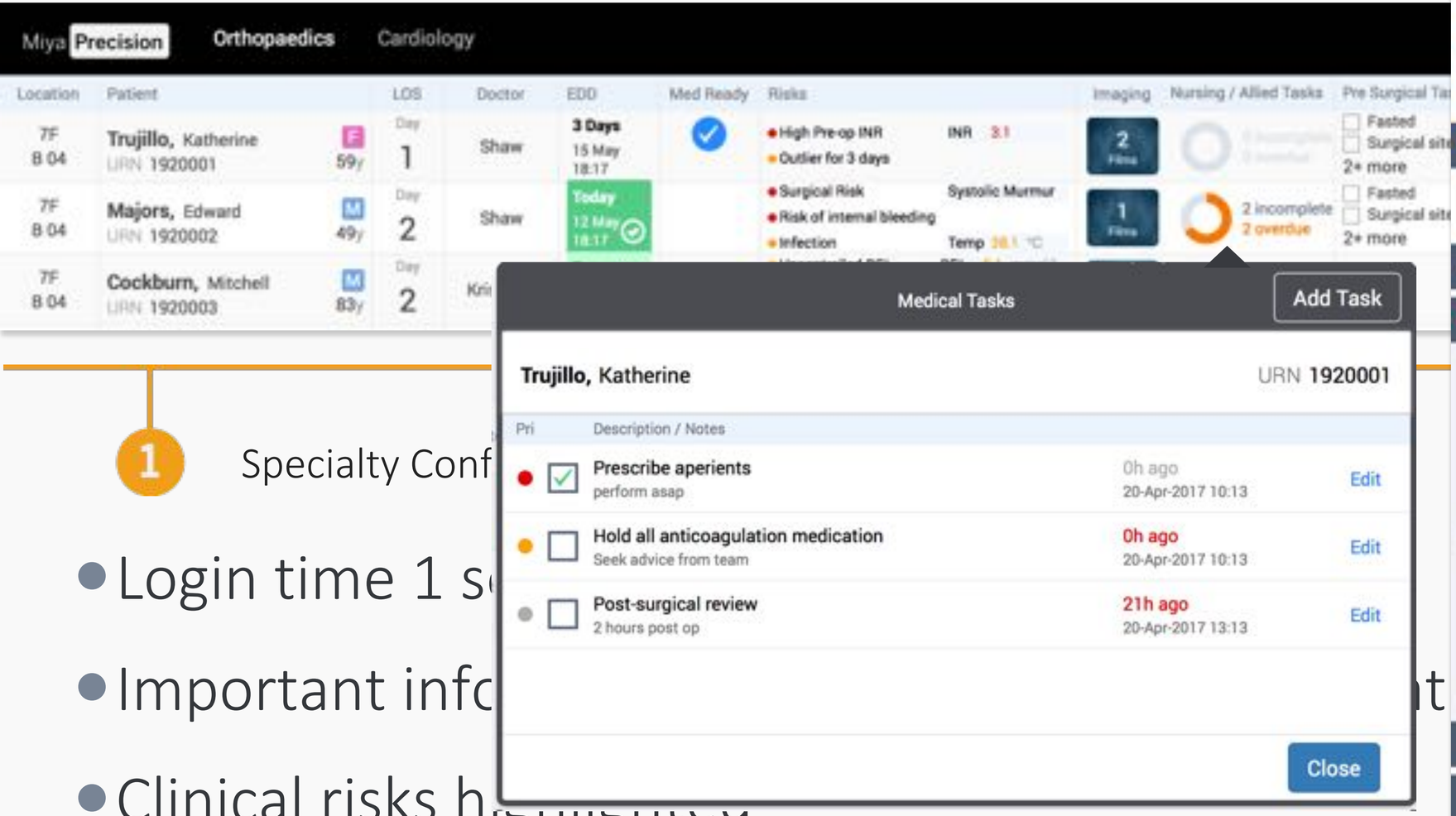
Role, specialty

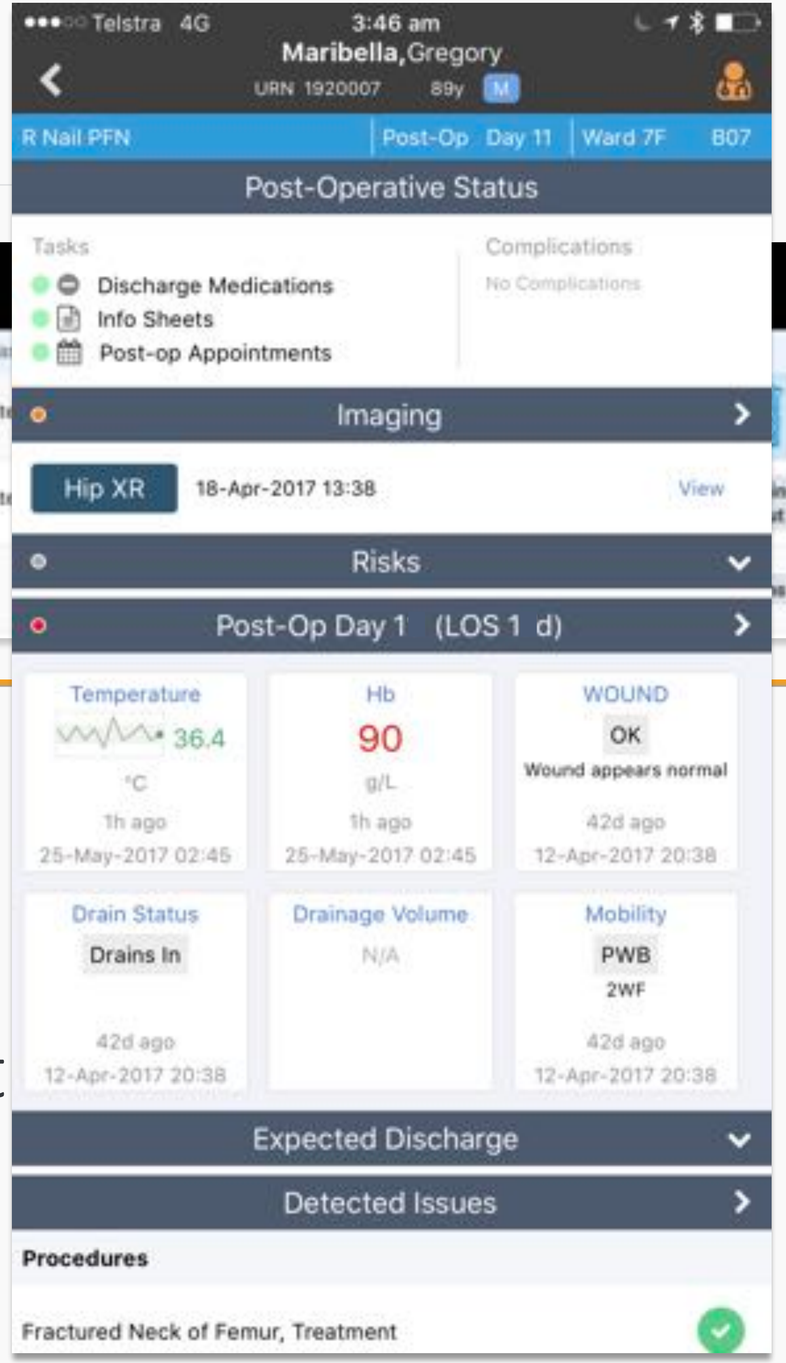
Patient, task

- What does the user **want** to know
  - Information needs & context?
- What **should** they know
  - Salient past history
  - Current clinical risks
  - Blocking tasks

This implies a smart, real-time CDS capability that monitors activity & data

Adaptive, Real-Time User Interfaces





1 Specialty Conf

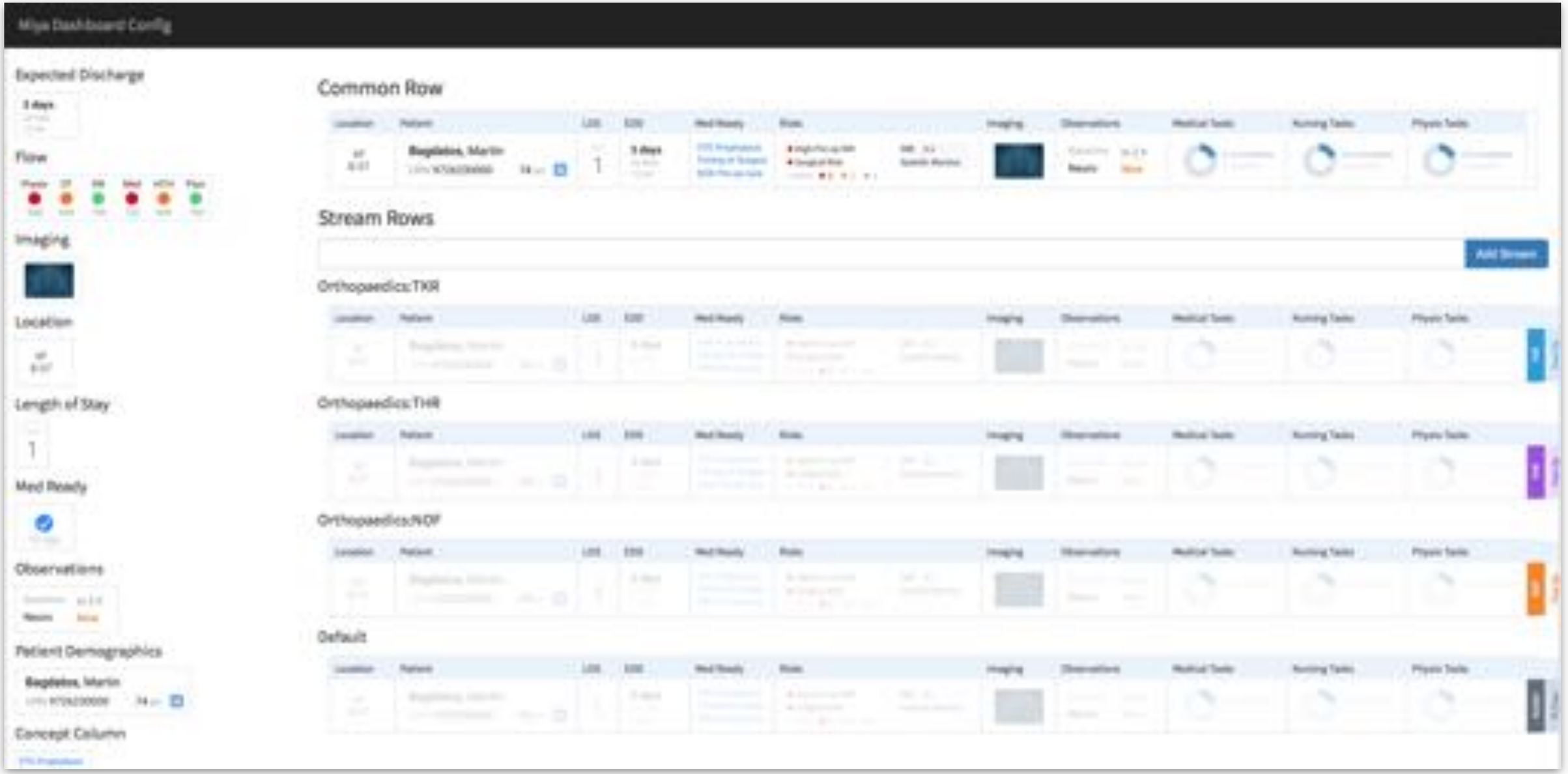
- Login time 1 s
- Important info
- Clinical risks highlighted

Emergency Department Context

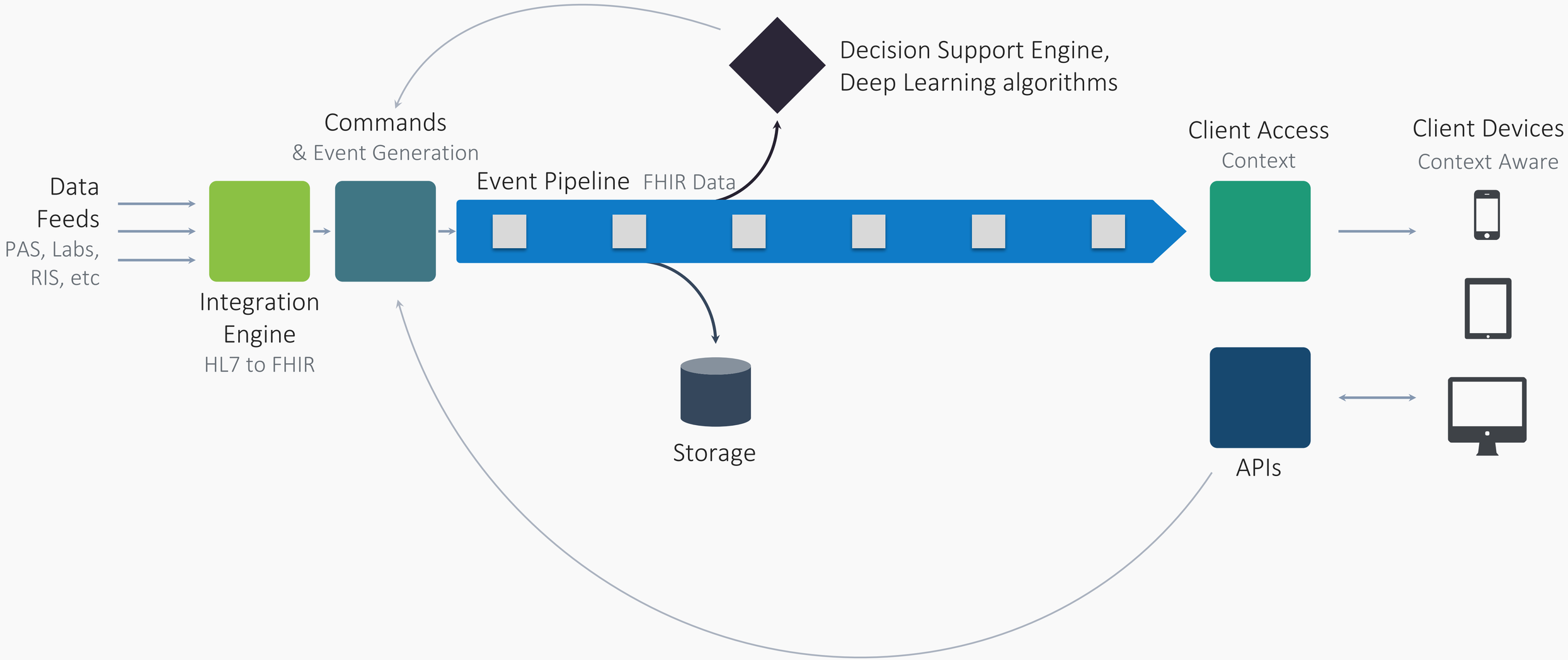
Flags & Tags

- Tags
  - Can be manually assigned e.g. This patient should be reviewed in the MDT
  - CDS rules can tags to a patients
  - Automatic tags e.g. pre/post-operative
- Flags
  - ‘Detected issues’ in FHIR
  - Highlight dynamic risk for patients
  - Also highlight risks for the organisation e.g. patient flow

Configuring Specialty Dashboards



Miya Platform for Adaptive Solutions



Summary

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- Health care performance relies on IT playing a more integral role
  - To support clinicians
  - To support patients
  - For the sustainability of the health care system
- Adaptive User Interfaces are vital
  - To allow local innovation
  - To support new models of care
  - To integrate smart algorithms into clinical workflows
- The Adaptive UI is one part of an adaptive system

Thank you