

Intelligent Pain Assessment

Company Presentation March 2019

PainChek Ltd ASX:PCK



Our "Why"



Our purpose is to give a voice to people who cannot verbalise their pain

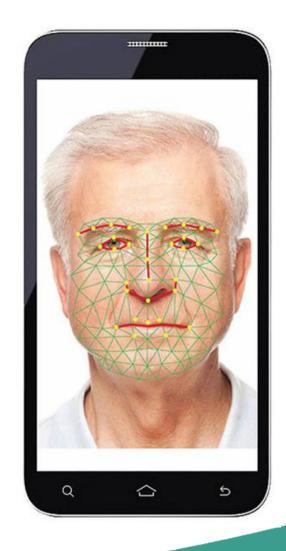


The PainChek® Solution

A secure, validated, **medical device** in the form of a mobile app

Uses existing smartphone and tablet hardware¹

Artificial Intelligence (AI) technology to analyze facial expressions indicative of pain in real time

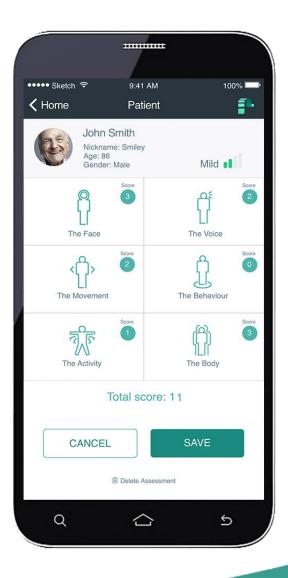




¹ Edge devices (smartphones and tablets) are being adopted extensively within Aged Care and Primary Care health services to capture patient medical records and resident data

The PainChek® App

- Automated facial pain analysis:
 - 3 second video of a patient face
 - recognises 9 micro-facial expressions that indicate pain
- Digital questionnaire checklist:
 - guide the carer in other pain assessment factors e.g. movement, vocalization
 - leading questions with Yes/No decisions
- Automated pain assessment score:
 - based on 42 test points
- Documented electronically via cloud backend:
 - pain trend line and monitoring of treatment
 - integrated into patient medical records



PainChek® Highlights

Proven business model

Accelerating sales in Residential Aged Care (RAC) including Allity, Top 5 RAC

Partnering with 3rd Party Software Suppliers for local and international market expansion

Core team in place for global market execution

New Business Opportunities

Dementia App extending into Palliative Care, GP, Pharmacy and Home Care Settings

Anticipate Kids App clinical trial with recognized children's hospital Q1 19

PainChek becoming standard of care for pain assessment and monitoring



Large initial global market opportunities

47M people living with dementia worldwide - CAGR 3%

400M children aged between 0-3 years old

Broad range of carers in health care professional and consumer segments

High clinical relevance and market acceptance

Improving current clinical practice (18,000+ PCK clinical assessments in Australian RAC by Feb 2019)

Support of industry and clinical experts

5 peer reviewed publications

CE Mark and TGA regulatory clearance in place - FDA in progress



Our Initial Target Markets

Carers of non-communicative people with pain:

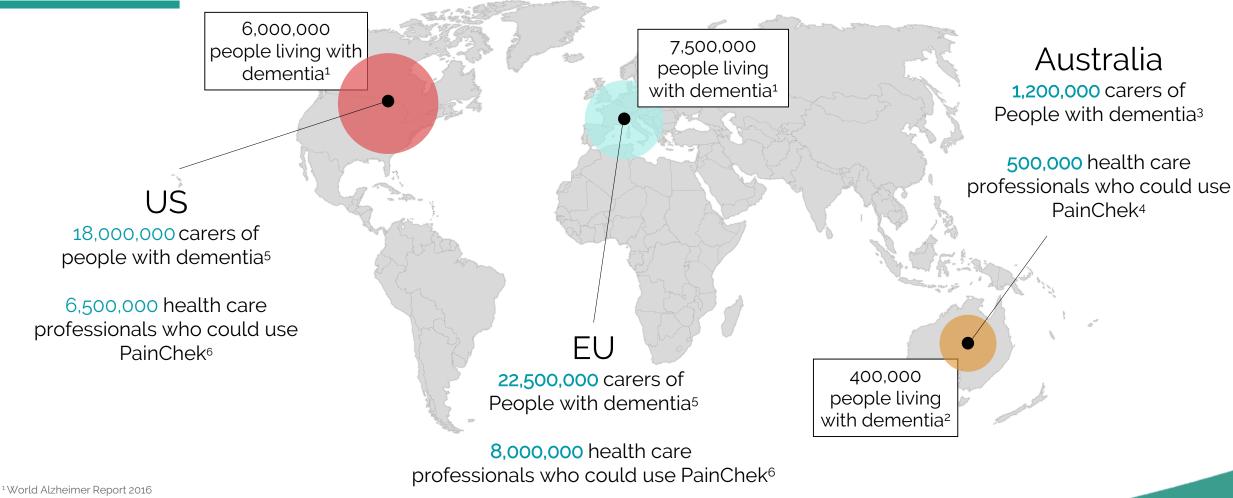
- Dementia sufferers
- Pre-verbal children







PainChek® Initial Market Opportunity - Carers of People Living with Dementia





² Alzheimer's Australia key facts and statistics 2017

^{3.4} Australian health care statistics

⁵ Estimated based on Australian dementia data ratios

⁶ Estimated based on Australian population ratios

New Market Opportunity: Pre-verbal Children's App

- Children's App developed with facial recognition capability
- Clinical trial sites identified with major Australian children's hospital
- Trials scheduled to commence Q1/Q2 2109
- Product launch scheduled for Q4 2019

Carers of pre-verbal children Mums & Dads Grandparents **Health care professionals** Nannies Babysitters Day care workers

~ 130 million¹

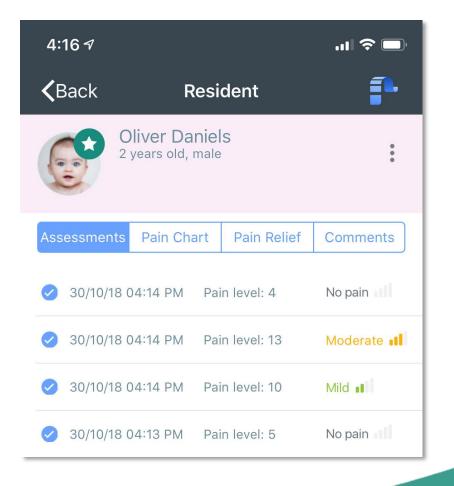
Births per year in world

~ 1.25 million²

0-3 year olds in Australia

~ total of 400 million

0-3 year olds worldwide



1 http://www.ecology.com/birth-death-rates 2 ABS 2016





Philip Daffas
CEO & Managing Director, MBA, BSc

Philip is a highly accomplished global business leader and people manager with an international career spanning more than 25 years with leading blue-chip healthcare corporates. Philip has held senior global leadership positions with Cochlear and Roche in Europe, US and Australia.



Scott Robertson
Chief Technology Officer, MBA, B.Eng.
(Comp. Systems)

Scott has over 25 years' experience designing, deploying and managing enterprise software systems. He mostly worked in private enterprises, where adapting to changing client needs, markets directions and government regulations were paramount to commercial success.



Prof. Jeff Hughes Chief Scientific Officer PhD, MPS

Jeff is a professor in the School of Pharmacy, Curtin University in Western Australia. Jeff served as the Head of the School of Pharmacy of Curtin University, from March 2009 to May 2014. Jeff is one of the team who developed the PainChek® concept.



David Allsopp
Head of Business Development ANZ

David has more than 15 years' experience in the account management, relationship management and business development space. Ten of those spent in the aged care sector with market leaders Healthstrong and Mirus. He is renowned for establishing trusting, transparent and long-standing relationships in the healthcare space.



Mustafa Atee
Research Scientist MPS, PhD (candidate)

Mustafa is a clinical, community and academic pharmacist and he has managed a number of community pharmacies in Western Australia. The PainChek® concept was born out of his PhD research. His PhD research has been supported by both a grant and an academic scholarship from Alzheimer's Australia.



Dawn Kerr Senior Clinical Specialist

Dawn has 16 years' nursing experience. She completed her nurse training at West of Scotland University in Glasgow, where she graduated with a BSc in Adult Nursing. Dawn has an extensive knowledge in the area of pain management nursing. Patient orientated in providing care, Dawn believes pain management is of paramount importance in any care facility.



The Challenge of Managing Pain for People with Dementia

Pain is common

- Up to 80% of people in aged care experience chronic pain¹
- More than 50% of people in Australian aged care have dementia²
- 47 Million globally living with Dementia³ growing at 3% p.a.

But pain often goes undetected and untreated¹

- Pain is difficult to assess
- Tools to assess pain are often not used or use subjective rating scales
- Adverse impact on quality of care, operational efficiency and compliance





¹ Aged Care Awareness

² Australian Govt. Dept. of Health data at 30 June 2015

³ World Alzheimer's report 2016

Evolution of Pain Assessments in Dementia

Table I Common pain behaviors in cognitively impaired elderly persons according to the AGS Panel on persistent pain in older persons.¹⁸

I. Facial expressions Slight frown; sad, frightened face Grimacing, wrinkled forehead Closed or tightened eyes Any distorted expression Rapid blinking 2. Verbalizations, Sighing, moaning, groaning vocalizations Grunting, chanting, calling out Noisy breathing Asking for help Verbally abusive 3. Body movements Rigid, tense body posture, guarding Fidgeting Increased pacing, rocking Restricted movement Gait or mobility changes 4. Changes in interpersonal Aggressive, combative, resisting care Decreased social interactions Socially inappropriate, disruptive Withdrawn 5. Changes in activity Refusing food, appetite change Increase in rest periods patterns or routines Sleep, rest pattern changes Sudden cessation of common routines Increased wandering 6. Mental status changes Crying or tears Increased confusion

2002

Irritability or distress

AGS



Pain Assessment IN Advanced Dementia PAINAD

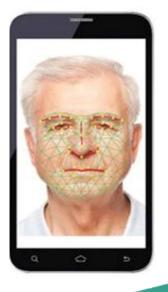
	0	1	2	Score
Breathing Independent of vocalization	Normal	Occasional labored breathing. Short period of hyperventilation	Noisy labored breathing. Long period of hyperventilation. Cheyne-stokes respirations	
Negative Vocalization	None	Occasional moan or groan. Low level speech with a negative or disapproving quality	Repeated troubled calling out. Loud moaning or groaning. Crying	
Facial expression	Smiling, or inexpressive	Sad. Frightened. Frown	Facial grimacing	
Body Language	Relaxed	Tense. Distressed pacing. Fidgeting	Rigid. Fists clenched, Knees pulled up. Pulling or pushing away. Striking out	
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract or reassure	
				TOTAL

Abbey Pain Scale

O1. Vocalisation (eg whimpering, groaning, crying) Absent 0 Mild 1 Moderate 2 Q2. Facial expression (eg looking tense, frowning, grimacing, looking frightened) Absent 0 Mild 1 Moderate 2 Q3. Change in body language (eg fidgeting, rocking, guarding part of body, withdrawal) Absent 0 Mild 1 Moderate 2 O4. Behavioural change (eg confusion, refusing to est, alteration in usual nattern) Absent 0 Mild 1 Moderate 2 Q5. Physiological changes (eg temp, pulse BP outside normal limits, perspiring, flushing, Absent 0 Mild 1 Moderate 2 Q6. Physical changes (eg skin tears, pressure areas, arthritis, contractures) Absent 0 Mild 1 Moderate 2 Total pain score Tick the box that matches the Tick the box that matches the typeofpain 0-2 3-7 7-13 14+ Chronic Acute Acuteon No pain Mild Moderate Severe Secrite Hills: Tel Pile, Annia Bellin, Admediterrar, Debrik Parke, Lynny Glessel Bellinks Lower 1994 The Hillstrank under all-



2017





PainChek® Benefits Impacts All Key Stakeholders

Clinical Utility

- · Improve quality of life
- Reduce rates and severity of behavioural and psychological symptoms
- · Reduce rates of incorrectly prescribed antipsychotics

Cost Benefit

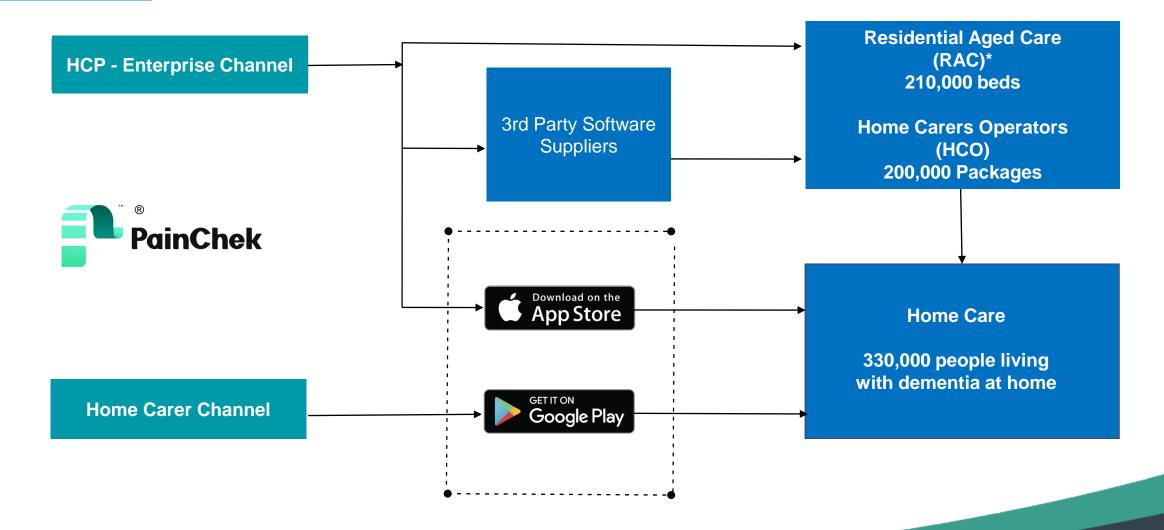
- Point of Care testing
- Automated documentation
- · Eliminate double handling of data
- · Reduce labour time to focus on care



- Addresses pain assessment requirements for accreditation standard 2.8
- Accurate and validated tool as evidence base for Aged Care Funding Instrument (ACFI) including ADLs & CHC items 3, 4a, 4b



PainChek® App Market Entry Strategy - Australia





3rd Party Software Partners Integration Update

Australian market partners:

- Health Metrics and LeeCare go live target 4/19
- New partner agreements in negotiation targeting
 6/19
- Total partner agreements will cover more than 100,000 Australian Residential Aged Care beds

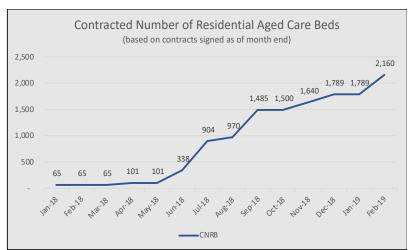
Overseas markets partners:

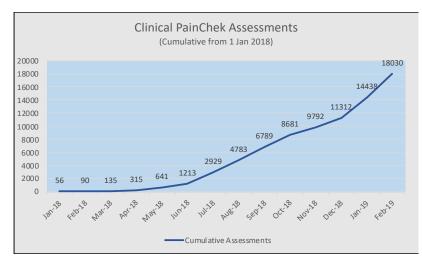
- UK market leading software provider in negotiation
 targeting 6/19
- NZ and Singapore agreements in process



PainChek® Gaining Strong Market Momentum







Currently engaged with trials and pre-contract negotiations with a significant number of Australian RAC providers

Revenue Model: The PainChek monthly Average Revenue per Licensed Bed (ARLB) across the RAC customers based on the agreements signed to date is \$5 per month, and the Average Revenue per Active Resident (ARAR) is in the range of \$10 per month based on actual resident usage.



Our Clients Include:









































Partners and Supporters













PainChek® Global Entry Market Strategy

Current regulatory clearance provides access for up to 40% of the global market.

1

Australia 2017/18

Goal: Established sales, business model and clinical utility data

Focus: RAC, HCP, Primary Care and Consumer markets

Distribution: Direct Operation established and local partners

Regulatory: TGA clearance received in 2017

Global market access: 3-4%

2

International Expansion 2019

Goal: Expand into international markets using Australian experience

Focus: Europe (500 Million people) and other CE Mark countries

Distribution: Establish overseas presence and engage with local distributors (including 3rd party software partners overseas operations).

Regulatory: CE mark clearance 2017

Global market access: 35-40%

3

US entry 2020

Goal: Extend into US market post FDA clearance and predicate for Children App

Focus: RAC,HCP and Consumer segments

Distribution: Establish US presence and local partners

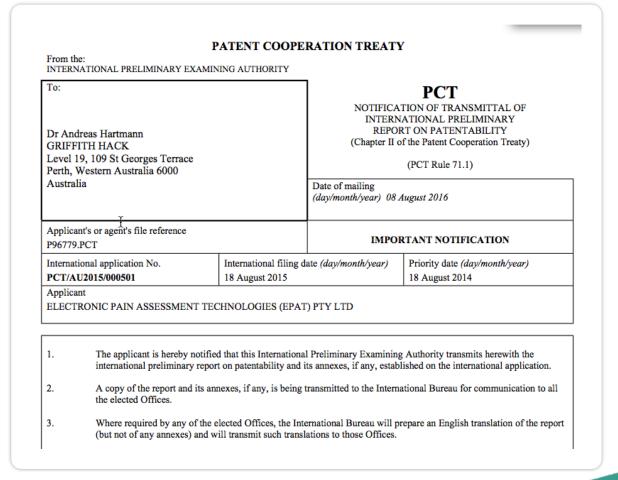
Regulatory: FDA de Novo clearance projected in 2019/2020

Global market access: 70%



PainChek® Patent Status

- Patent clearance for PCT filing received in August 2016
- National filings commenced Feb 2017 in all key global markets;
 - Europe
 - US
 - Australia
 - China
 - Japan





PainChek® Key Milestones

Dementia App

Q4 2017 First commercial sales achieved

Q4 2018 20 RAC Providers , 2000 beds under contract and 10,0000 clinical assessments completed

Q1 2019 FDA de Novo clearance pre-submission completed Home Care package sales commenced Australia

Q2 2019 integrations completed with 3 Australian Software Suppliers and 1 UK strategic partner in place Consumer App commercialized in Australia

Q3 & Q4 2019 Launch into UK market & other overseas Goal is 20,000 contracted RAC beds by end Q4 2019 Extend into new market sectors (Palliative, GP and Acute care)

2020 Broader international expansion - Europe and Asia FDA clearance and US entry

Pre-Verbal Children Apps

2018 Completion of children video library, data model and algorithm

Q1 2019 Completion of Children's App for clinical trial Clinical study agreement with Children's hospital in Australia

Q2 2019 Clinical studies and validation work commenced in leading Children's hospital in Australia

Q2-Q4 2019 Progress reports on clinical trial and validation studies

Q4 2019 Target for publications and TGA/CE mark clearance launch into Australian market with HCP's Prepare documentation for FDA clearance submission

2020 Broaden application to home care/family members Launch into International markets – Europe/Asia Submit for FDA clearance



PainChek® Board

John Murray, Chair
 years in tech VC, multiple board roles including aged care



- Philip Daffas, MD
 Senior global healthcare executive: Global market experience with Roche Diagnostics and Cochlear
- Ross Harricks, NED
 Senior global medical device exec with Nucleus and healthcare NED





Adam Davey, NED
 Corporate finance executive with extensive capital markets experience



PainChek® Financial Update

- Current shares on issue: 839,384,587
- Market cap undiluted at 4.2c = \$35m
- Unlisted Options on issue: 175,448,155
- Cash at bank: 31 December 2018: \$2.3m



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