

# COMPANY PRESENTATION

G MEDICAL DIAGNOSTIC SERVICES

July 2018



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## OVERVIEW



**G Medical Innovations** is at the forefront of the digital health revolution in developing next generation mobile technologies that will empower consumers and providers to better monitor, manage, and improve clinical and personal health outcomes.

- Founded in 2014
- Public company traded on the ASX (GMV)
- Global Presence
- 90 Employees worldwide





#### **G** Medical Innovations Holdings Limited **Cayman Islands** G Medical G Medical G Medical G Medical Innovations USA Inc. Innovations Ltd Innovations MK Ltd Innovations Asia Limited Israel Delaware Hong Kong Macedonia 100% 100% 100% 100% Guangzhou Yimei G Medical Diagnostic G Medical Innovative Medical Services Innovations Science and USA UK Technology Co., Ltd 100% 100% China 70%

- **G Medical Innovations Israel** R&D and Regulatory
- G Medical Diagnostic Services, USA Independent Diagnostic Testing Facility (IDTF)

- China Production and local sales and marketing
- G Medical Macedonia Additional R&D
- G Medical UK Administration, online sales
- G Medical Asia Limited (HK) Business sales hub

**OUR BOARD & MANAGEMENT – EXPERIENCE & TRACK RECORD** 

### Strong R&D

Over 25 years of experience in developing mobile embedded medical sensors

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### **Regulatory approvals**

- Medical grade devices approved following FDA and CE guidance
- Over 48 medical devices approved by FDA



### Go To Market

 Over 25 years of medical device development and commercialization

Medical Service Model – Medical Call Centers setup and operation

- Over 25 years of experience in international and US patients monitoring
- Over 5M patients monitored



### **MANAGEMENT TEAM**

### Established track record in commercialising medical devices

#### Dr. Yacov Geva

#### President & CEO

A well-known pioneer in the industry of Medical Devices and remote monitoring services, and co-founder of LifeWatch AG (former Card Guard AG and Card Guard Scientific Survival Ltd.). Successfully led LifeWatch to an IPO. Dr. Geva holds a B.Sc in Mechanical and Nuclear Engineering, a Ph.D. (with honors) in Business Administration from the International School of Management, Paris and an honorary doctorate from Oxford Brooks University. Dr. Geva is also a senior member of the royal society of medicine in the UK (RSM).

### Mr. Rafi Heumann

#### President & COO

Mr. Heumann has over 20 years of experience in Hi-tech, mHealth, operations and services industries. He brings with him advanced skills in strategic planning, international negotiations and business development, and directing complex projects. Mr. Heumann has business management education from Bar-Ilan University, Israel.

#### Mr. Kobi Ben-Efraim CFO

An experienced and senior CFO of global companies with more than 20 years' experience in the finance and accounting domain. He has served in Israeli high tech companies including DSPC Group (a NASDAQ-traded company) and EI-Op. Mr. Ben-Efraim holds a B.A. in Economics and Accounting from Tel Aviv University, and is a Certified Public Accountant (IL).

#### Mr. Louis Antoniou

#### President & Corporate Business Development

Mr. Antoniou is considered an industry pioneer with history of innovative program evolution and cutting-edge product launches. He has diverse industry sales channel experience including telecommunications, electronics, automotive, distribution and information technology. Mr. Antoniou has a bachelor's degree in economics from the University of Bridgeport.

#### Mr. Mark Bogart

#### **President G Medical USA**

Mr. Bogart has a track record of over 20 years as an executive in the medical device and healthcare services. He is a subject matter expert in mHealth, wireless telemedicine and remote monitoring, and brings also substantial experience in strategic business development and managing and directing sales force teams.

#### Mr. Benny Tal

#### VP, R&D

Mr. Tal brings over 40 years of expertise in Electronics Development, Engineering and Operations. He has led R&D, engineering, and operation teams for OEM/ODM products. Mr. Tal holds a B.Sc.in Electrical Engineering and Computers and an MBA from Ben-Gurion University, Israel.

#### Mr. Nir Geva

#### **CTO & Business Development**

Mr. Geva has over 17 years of experience in the Hi-Tech and Medical Device industry. A former CTO and strategic projects manager at LifeWatch Technologies, he has broad knowledge on project management and manufacturing of medical devices. Mr. Geva wrote over 15 patents related to Medical Devices, Remote Patients Monitoring and IoT. He holds a BSc. in Mechanical Engineering from the Technion in Haifa and an Executive MBA from Kellogg school of management, (Northwestern University in Chicago).





### **G MEDICAL DIAGNOSTIC SERVICES**

### IDTF providing diagnostic monitoring services across the US

G Medical Diagnostic Services, Inc. ("GMedDx"), (a wholly owned subsidiary of G Medical Innovations Holdings Ltd) is a commercial stage provider of wearable ECG technologies and 24/7 monitoring services in the US. Our certified Independent Diagnostic Testing Facility (IDTF), located in Austin, Texas, deliver actionable heart data to physician providers and hospitals and has served hundreds of thousands of patients over many years of operation. Our vision is to positively impact individual health outcomes through partnership, innovation and leadership.

GMedDx offers a variety of body-worn technologies that are easily utilized by patients for monitoring arrhythmia, including Atrial Fibrillation. Our experienced leadership team supports key business and operational areas to insure our near and long-term commercialization efforts are sustainable and profitable.

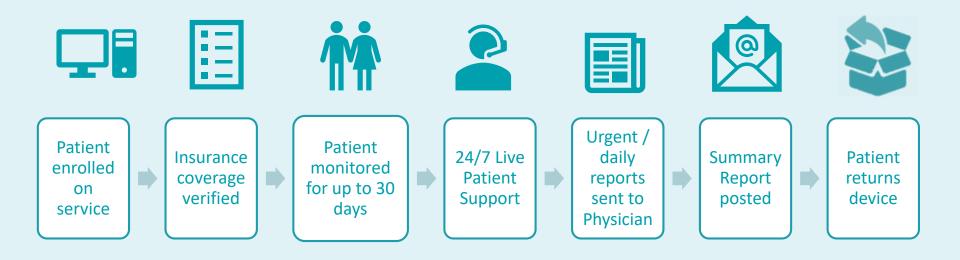
- Years of experience and expertise in the delivery of innovative healthcare technologies and remote patient monitoring services
- Multi-channel ECG monitors that provide higher predictive values and more thorough and definitive data to assist physicians' in earlier interventions, and less costly and more appropriate treatments
  - 3-channel wearable non-transmitting Extended Ambulatory ECG (AECG) patch
  - 3-channel Mobile Cardiac Telemetry monitor with near-real time communication of abnormal arrhythmia
- · Regional and national payor agreements exceeding 100M covered lives
- · Cloud based ECG enrolment and reporting
- · Excellent customer support and 24/7 patient care
- 24/7/365 certified monitoring center recognized for Clinical Excellence

Our mission is to provide an exceptional monitoring experience using patented wireless technologies, proprietary IT and service platforms that empower consumers, patients and providers to improve quality of life.

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### **GMedDx BUSINESS MODEL**

### **The Process**



#### How we operate

GMedDx employs a team of experienced field managers who call on electrophysiologists and cardiologists, the main prescribers of heart monitoring services. Once an account enrols on the service, an inventory of heart monitors are provided based on patient volumes, and the account is provided with access to a secure cloud-based portal. When a patient is enrolled on a monitoring service, their demographics and insurance information are entered in the portal, and they are set-up on the heart monitor as prescribed by the MD.

The patient can then go about their daily routine until the service is completed (from 3 to 30 days, as determined by the physician and the diagnostic service prescribed). The incoming ECG data is collected, analyzed by GMedDx clinicians and then generated into a report with the preliminary findings. This report is uploaded to the portal for the physician and is used to make a definitive diagnosis.



#### **Short-term Holter**

These monitors are typically used by a physician when a patient reports daily symptoms of a cardiac irregularity. A Holter records the patient's heart rhythm for 24 to 48 hours during which the patient assumes normal, daily activities. After wearing the monitor, the patient returns the device for data upload and reporting. Holter is a low-cost, low-risk option, however it has demonstrated very low diagnostic rates. This is because symptoms may not reappear in the 24 to 48 hours when the Holter is recording a patient's heart rhythm.

#### Long-term Holter (AECG)

Long-term Holter (AECG) monitoring provides Full Disclosure data for a much longer period. Most are in a patch format with incorporated electrodes that adhere to the chest. This convenient format encourages greater patient compliance, which make patch devices appealing to many physicians. Due to these advantages, long-term Holter (AECG) monitors are cannibalizing utilization of short-term Holter monitors.

#### **Cardiac Event Monitors**

These monitors are typically worn for 30 days and are prescribed for patients whose symptoms occur infrequently. The patient manually presses a button to record an event of up to 5 minutes. There is usually an auto-capture feature to capture the data if the patient is unaware of the activity. The data is sent to the provider via a cellular network. The diagnostic rate is higher than Holter, but lower than MCT as not enough data is collected to generate arrhythmia burdens.

#### **Mobile Cardiac Telemetry**

Mobile cardiac telemetry (MCT) devices detect and automatically send data to the 24-hour manned monitoring center via a mobile network as it occurs. These devices provide even more information such as AFIB burden and PVC counts which help physicians determine a diagnosis and even which treatment is required. MCT provides real-time monitoring and analysis. MCT devices have proven beneficial in patients with unexplained syncope, Cryptogenic Stroke and post ablation.

### **INCOME BASED ON SERVICE TYPE**

Extended Holter (AECG)

Mobile Cardiac Telemetry (MCT)

Cardiac Event Monitoring (CEM)

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### **G MEDICAL DIAGNOSTIC SERVICES**

### **IDTF Progress**

In 2018, GMedDx implemented a direct sales strategy and has a field sales organization of approximately 16 people, which includes several top producing competitive hires with extensive industry experience, known leadership qualities and tangible provider relationships to shift immediate business to GMedDx. The net result, YTD we are seeing 50-60% month over month growth in patient enrolments in AECG and MCT. GMedDx only launched the Clarus M service in June, so we expect this product and service to gain further market penetration in Q3 & Q4.

In parallel, the company invested significant resources in R&D and software development to bring to market a "best in class" clinical report portfolio that offers physician providers comprehensive reporting capabilities with actionable data and results

Current diagnostic services are further expanding to provide for a more balanced product-service mix resulting in an increased reimbursement and diagnostic yield. In aggregate, GMedDx will add an additional 100 payor contracts, including several key strategic agreements that will put total "covered lives" in excess of 100M individuals.



### PRIZMA

### A new standard of care for personal health and wellness in the US

GMedDx is expanding Prizma commercialization beyond "direct to consumer" models. There is a clear shift to valuebased healthcare which means that providers (hospitals and physicians) will be paid based on their patients' health outcomes. A primary emphasis includes preventing <u>unnecessary readmissions</u>, which can result in significant penalties.

- 1. In its core diagnostic services business, GMedDx sees physician providers prescribing Prizma for long term monitoring their patients with conditions such as Atrial Fibrillation.
- 2. As health systems in the US are moving patients outside the walls of traditional hospitals, they seek (together with commercial payors) effective solutions that enable patients to self-manage and monitor chronic conditions to improve clinical outcomes. The "Chronic Care Management (CCM) model is defined as "non-face-to-face services" and is provided to Medicare beneficiaries who have multiple (two or more) significant chronic conditions

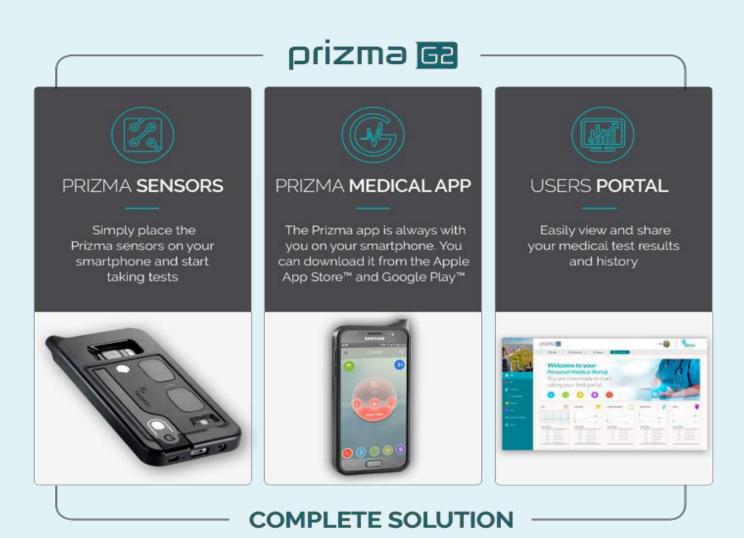
CCM + Mobile Remote Patient Management (RPM) – Compliment Care Coordination:

- Grow and Enhance Platform Offerings
- Market Adoption of PGHD (Personal Generated Health Data)
- Greater Value + Increased Revenues for Providers

#### Population Health and Shared Risk with IDTF:

- Call Center Near Real Time Analysis
- Revenue Sharing and Risk Mitigation
- First in Class Biometric Capabilities + Class II Device (Prizma)





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### **G MEDICAL PATCH (GMP)**

### **Better Decisions, Beat By Beat**

The GMP multi-lead patch can function as a continuous 14 day AECG monitor, an MCT (Mobile Cardiac Telemetry) monitor, and a Vital Signs monitor. The multi-channel ECG patch format is designed to increase patient comfort, and capture additional data from the additional leads, for improved diagnostic yield.

GMedDX contracted with a well-known consulting firm for an assessment on the GMP technology. The research methodology included a review of the clinical indications for coverage, a review of medical policies, and interviews with six US private health plan medical policy decision makers to identify the coverage decision making processes, and their insights into reimbursement methodologies and future reimbursement issues. The research concluded that healthcare payers perceive GMP to potentially offer greater value than current solutions and is likely well positioned from a reimbursement perspective.

- Cardiac disease is still of high importance to payers and healthcare providers.
- There are moderately high levels of interest in the GMP technologies that can fill unmet clinical needs in continuous and real-time continuous wireless monitoring in an acute hospital setting and in the home.
- Additional algorithms available on GMP have proven to be accurate and feature improved diagnostics.
- Ease of use for patients is key, as payers will not pay for something too complicated for use by patients.

The GMP platform provides GMedDx with a proprietary product and service offering that allows us to expand monitoring outside its traditional core IDTF diagnostic services business. GMedDx can leverage its existing call center efficiencies and resources to further the continuum of care from the provider to the patient, independent of the point of care. Profitability and margin contribution expand exponentially and new revenue opportunities are realized.



### **GMP – BETTER DECISIONS, BEAT BY BEAT**

### **COMPREHENSIVE MONITORING SYSTEM**

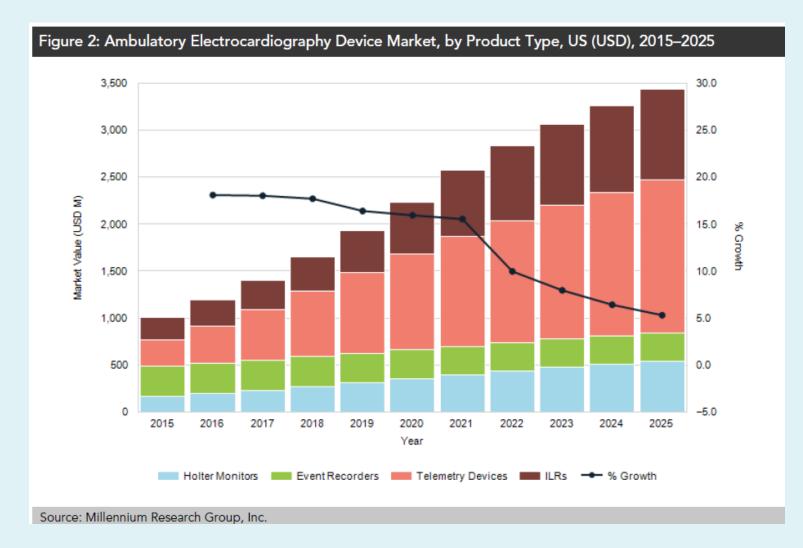




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## THE MARKET

16 © 2015 Deloitte **US MARKET SIZE – REMOTE CARDIAC MONITORING** 



<sup>6</sup>Ambulatory Electrocardiography Monitoring Devices | Medtech 360 | Market Analysis | US | 2017

### MARKET DRIVERS IN THE US

#### **Remote Cardiac Monitoring Market**

According to recent market research, remote cardiac monitoring services will reach 5,469 billon prescriptions in 2018. Revenues are expected to reach \$1.54 billion in 2018 with double digit growth for Holter and MCT services<sup>6</sup>.

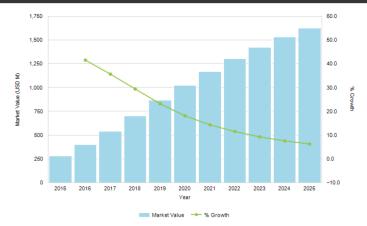
#### Main market drivers for remote cardiac monitoring services:

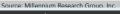
- Growing and aging population
- Increasing prevalence of co-morbidities such as obesity, diabetes and hypertension
- Increasing public awareness of cardiac disease, such as Atrial Fibrillation
- Hospital outsourcing of monitoring services

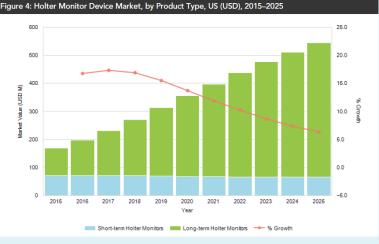
#### **Report highlights are below:**

- Overall ambulatory ECG monitoring prescription volumes will grow at a healthy pace yet will vary significantly between device types.
- Healthcare providers are outsourcing their ambulatory ECG monitoring needs to Independent Diagnostic Testing Facilities (IDTF) in an effort to cut costs and improve workflows.
- Revenues will grow rapidly due to acceptance of more expensive types of monitoring like long-term Holter monitors and mobile cardiac telemetry.
- Increasing physician and patient demand for patch devices that are easier to wear and increase patient compliance.

#### Figure 8: Telemetry Device Market, US (USD), 2015–2025







#### <sup>6</sup>Ambulatory Electrocardiography Monitoring Devices | Medtech 360 | Market Analysis | US | 2017





### **TARGETED MEDICAL CONDITIONS**

#### **Cardiac Arrhythmia**

An estimated 14.4 million Americans or 1 in 18 suffers from some sort of cardiac arrhythmia<sup>1</sup>. Early outpatient follow-up after hospitalization can be a means of reducing readmission rates<sup>2</sup>. Being able to diagnose and find the cause of a cardiac arrhythmia is important both to treat those patients with serious cardiovascular diseases as well as to identify those patients that require no further medical attention.

#### **Atrial Fibrillation**

The Centers for Disease Control (CDC) estimates that 2.7–6.1 million Americans have Atrial Fibrillation (A-Fib), which is the most prevalent and life-threatening cardiac arrhythmia. A-Fib is associated with increased risk of stroke, heart failure, impaired quality of life, reduced exercise tolerance, left ventricular systolic impairment and death<sup>3</sup>.

- More than 750,000 hospitalizations occur each year because of A-Fib.
- A-Fib contributes to an estimated 130,000 deaths each year. The death rate from A-Fib as the primary or a contributing cause of death has been rising for more than two decades.
- The lifetime risk of developing A-Fib is one in four for men and women over the age of 40.
- Subclinical atrial tachyarrhythmia are associated with a 5.6-fold higher

The huge economic burden associated with A-Fib in healthcare systems<sup>4</sup> demonstrates the need for improved management strategies to help reduce the high utilization and medical costs in all settings of care for A-Fib patients.

- Emergency room visits: Nearly 14% of A-Fib patients had ≥ 3 ER visits during the first year post-A-Fib diagnosis
- · A-Fib-related hospital admissions: 60% increase in the last 20 years
- Cardiac related readmissions: A-Fib accounted for 31% of the diagnoses
- · Chronic A-Fib: High readmissions rates occur within 1, 3, and 6 months for newly-diagnosed A-Fib

#### **Stroke**

- · A-Fib is responsible for 15% to 20% of all ischemic strokes
- Each year stroke affects approx. 795,000 Americans
- Approximately 10% of all strokes occur in people 18 to 50 years of age.
- Hospitalizations between 1995 and 2008 for ischemic stroke increased among adolescents and young adults (aged 5–44 years)<sup>5</sup>
- · Stroke is the fifth leading cause of death in the US
  - 1. NHIS95: Heart Rhythm Disorders
  - 2. https://www.heart.org/idc/groups/heart-public/@wcm/@hcm/.../ucm\_307983.ppt
  - 3. https://www.cdc.gov/dhdsp/data\_statistics/fact\_sheets/fs\_atrial\_fibrillation.htm
  - 4. http://avalere.com/research/docs/Avalere-AFIB\_Report-09212010.pdf
  - 5. National Health Interview Survey data



AMBULATORY CARDIAC MONITORING

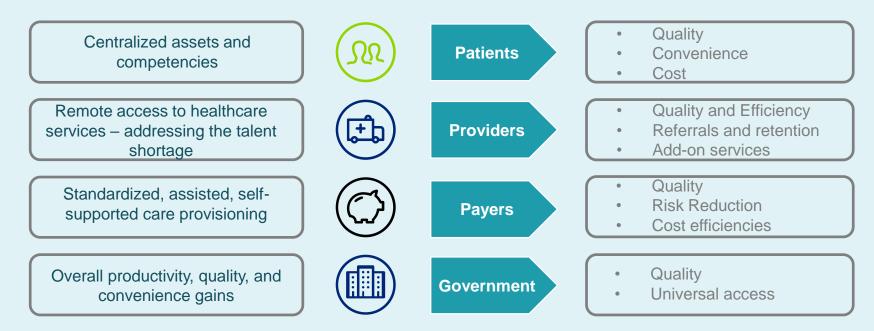
### **Offers Significant Opportunity**



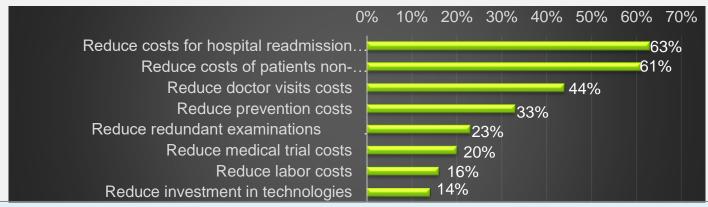
|                            | Telemet ry Devices | 282   | 399   | 542   | 701   | 864   | 1,020 | 1,166 | 1,300 | 1,421 | 1,528 | 1,625 | 19.1% |
|----------------------------|--------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|                            | ILRs               | 236   | 273   | 313   | 366   | 437   | 549   | 711   | 796   | 865   | 920   | 963   | 15.1% |
|                            | Total              | 1,008 | 1,190 | 1,405 | 1,653 | 1,924 | 2,231 | 2,577 | 2,834 | 3,059 | 3,256 | 3,429 | 13.0% |
| Market Value (%<br>Growth) | Holter Monitors    | _     | 16.8% | 17.3% | 16.9% | 15.5% | 13.7% | 11.9% | 10.2% | 8.7%  | 7.4%  | 6.3%  | 12.4% |
|                            | Event Recorders    | _     | 0.0%  | -0.6% | -1.0% | -1.4% | -1.5% | -1.4% | -1.0% | -0.7% | -0.2% | 0.3%  | -0.8% |
|                            | Telemet ry Devices | _     | 41.5% | 35.7% | 29.4% | 23.2% | 18.1% | 14.3% | 11.5% | 9.3%  | 7.6%  | 6.3%  | 19.1% |
|                            | ILRs               | —     | 15.6% | 14.6% | 17.1% | 19.4% | 25.6% | 29.6% | 12.0% | 8.6%  | 6.3%  | 4.7%  | 15.1% |
|                            | Total              | _     | 18.1% | 18.0% | 17.7% | 16.4% | 15.9% | 15.5% | 10.0% | 8.0%  | 6.4%  | 5.3%  | 13.0% |

### G THE SOLUTION

### Mobile Health solutions promise better care and lower costs



#### On which cost drivers will mHealth have the highest positive impact in the next 5 years?





#### **PEER ANALYSIS**

The IDTF space is fragmented, with many new entrants since 2014. BioTelemetry continues to be the industry leader.

### BioTelmetry (CardioNet)

NASDAQ:BEAT - market cap of ~\$1.57B

Revenues of approx. \$286.78M (2017)

Revenues mainly generated from their core IDTF business, as well as from device sales, and clinical research services.

They acquire market share by buying competitors:

- 2017 -acquired LifeWatch for \$280M;
- 2014 acquired cardiac monitoring division of BioMedical Systems;
- 2013 acquired Mednet cardiac monitoring;
- 2012 acquired ECG scanning;
- 2007 acquired PDS.

### iRhythm

NASDAQ:IRTC - raised \$107 million in IPO (October 2016) with current market cap of ~\$2B

Revenues of 98.51M (2017)

Leads the long-term Holter market with ZIO, the first patch to enter the market. ZIO is a non-transmitting patch - the patient must mail it back to iRhythm for analysis, which is an issue for some physicians.





# THANK YOU

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