CGM Investor & Analyst Conference 2014

Rejuvenating Health Connectivity Services

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Koblenz 10 October, 2014



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HCS revenue development

EUR million

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Workflow & Decision Support (W&D)	17	23	25	23	24	25	24	25	25	
W&D software for providers		7	8	8	9	10	10	11	12	•
Admin software for German payers		4	4	4	4	4	3	2	0	
TPA services Turkey				3	4	5	4	5	5	1
Payer services Germany & other	11	12	13	8	8	7	7	7	7	1
	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Communication & Data (C&D)	22	24	37	37	33	29	31	29	22	
Germany	22	24	36	36	31	26	27	25	18	-
Other countries	0	0	1	1	2	3	4	4	4	1
Other HCS (incl. ISP)	8	13	14	13	13	10	11	10	11	1
Total HCS	47	61	75	72	69	64	66	64	58	1
y-o-y growth		30%	24%	-4%	-4%	-8%	3%	-2%	-10%	



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Unique position of CGM



Market penetration

 Over 200,000 GPs use software from CGM - on average for six hours per day

Acceptance

- At the moment of a medical decision, the software becomes a treasured advisor
 - individually for every patient
 - based on most current medical and scientific knowledge



Next generation HCS products

Workflow & Decision Support

- SAM for compliance programs
- CGM LIFE for health insurance membership services

Communication & Data

- Medical value communication
- eDetailing
- Clinical research support



SAM for compliance programs in USA

CUSTOMERS

- Accountable Care Organizations (ACOs)
- Patient-Centered Medical Home (PCMH)
- Affordable Care Act 2006

BUSINESS MODEL

- Pay-for-performance for enrollment and compliance (fee per patient per month)
- EHR to participating physicians (derived revenue)

CGM OFFERING

- Portals for providers, patients and payers
- Reporting for entire patient population to meet quality requirements

STATUS

- Contract with Managed Care
 Organization in Oregon
- Running pilots in 2 counties (up to ~15,000 patients)



SAM in Germany – challenges for breakthrough

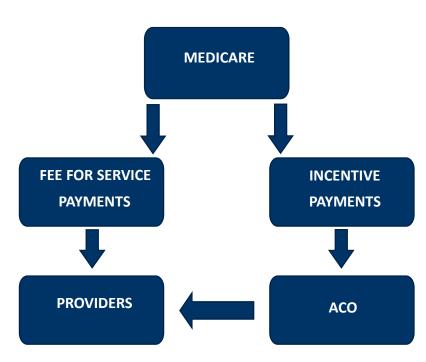


- §140a-d integrated care start-up financing ("Anschubfinanzierung") 2004-2008
- § 73b family doctor gatekeeper model ('Hausarztzentrierte Versorgung') additional compensation removed 2010
- §137f-g Disease Management Program (DMP) tariffs drastically reduced in 2007 and further reduced in 2011



SAM for compliance programs – Incentive structures in the US

- Patient Protection and Affordable Care Act 2010 ("Obamacare"): aims to reduce health care costs by encouraging health care providers to form networks which coordinate patient care
 - Prio 1 Target Customers:
 >450 ACOs (Accountable Care Organizations), today serving est. 15-20 percent of U.S. popopulation
 - Eligible for bonuses (for delivering care more efficiently (avoiding hospitalizations by meeting quality benchmarks for prevention and carefully managing patients with chronic diseases)
 - In the first year of the Medicare ACO program, provider groups saved a total of \$380 million (Source: Center for Medicare & Medicaid services), further program expansion by U.S. Department of Health expected
 - Shared savings for ACOs typically ~50% of the generated savings (CMS)





SAM for compliance programs: Payers portal supports improvement of the quality of care



- Increased attractiveness for payers to collaborate through economic benefit & transparency
- Reduced disease-related complications & avoidable hospital admissions
- Precise targeting of at-risk members & those already diagnosed



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SAM for compliance programs –

Patient Portal displays relevant personal health status information



- Schedule appointments and send refill requests
- Generate actionable insight about patients' health
- Personalize health goals unique to each patient



SAM Patient Portal, quick walk through





SAM for compliance programs –

Provider Portal empowers improvement of disease management



- Giving access to the most critical patient data at a glance
- Rule-based, automated process that generates the resources providers need to improve disease management
- Closely monitor patient's progress towards defined goals and quality metrics



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SAM Provider Portal, quick walk through: Dashboard

SAM DIABETES					PROFILE ADMIN LOG OU	
	Welcome, Dr. Leiderman	t, Q				
		Patient Look	up		Add New Patien	
		Status Last N	ame First Name	DOB	SSN Phone	
	Congratulations! You are now in the t	Tessla	Nikolla	11/14/1945	***-**-2817 (602) 555-121	
		Tillton			***-**-1901 (480) 555-0989	
	To-Do List	Turock			***-**-1014 (480) 555-412	
DASHBOARD			Status: (check) Enrolled (!) Declined Enrollment (: Not at Risk			
⊡r TASKS	OVERDUE Dave Andrew Black Complete Enrollmen	t 4/2	22/2013	8:15A Tess	sla, Nikolla Follow-up	
G TASKS					e, Howard Follow-up	
PATIENT	OVERDUE Clare Heart Complete Risk Asses	sment 5/9	9/2013	8:45A Mc0	Cormick, Aviel Follow-up	
	OVERDUE Sam Rosewell Complete Enrollmen	. 50	20/2013	9:15A Dun	n, Robert Follow-up	
MESSAGES	OVERDUE Sam Rosewell Complete Enrollmen	t 5/4	20/2013			
வ் REPORTS	This Week Matrim Cauthon Complete Enrollmen	t 5/2	28/2013			
	-		YTD Bonus	5		
	This Week Perrin Aybara Complete Enrollmen	t 5/3	31/2013			
			÷			
	Unread Messages		Compose			
	Referral Dr. LeidermaI need a new referral to see a kidney specialist.	Noodleman 6/5/2013 3:		Practice Provider Patient Enrollment		
	! Glucose Levels Dr. Leiberman For the past 2 days my daily glue	Gore, Howa				
	levels have been very high - 297 & higher.					
				Patient Enr	rollment	
				300		
				200		
				0		
				-	ractice Provider	
				Comp	oliant Non-Compliant	
	Version 0.1.4903.30759 (2013-06-05 00:05)			© 2013	CompuGroup Medica	
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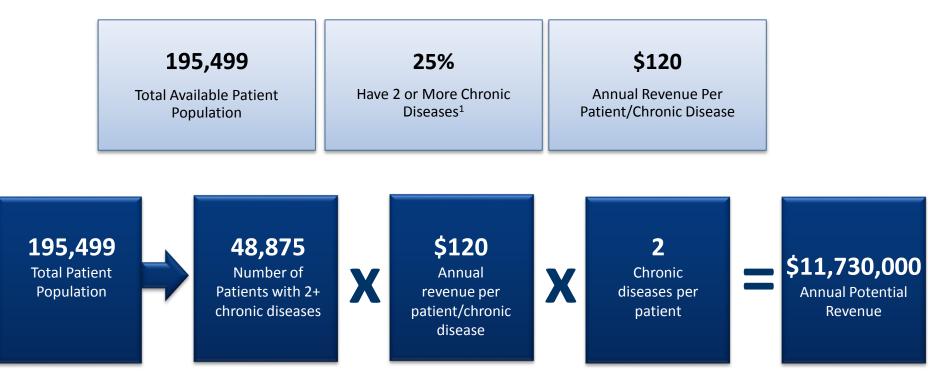


SAM for compliance programs – Pilot in Oregon and Further Pipeline

- Project with Behavioral Health Care Organization in Oregon started
 - 15,200 potential patients (Mental Health focus)
 - Analytics Module: monthly fees per member per month
 - Enrollment of patients for mental disease management: fee per member per months for enrollment, separate bonus for compliance metrics
 - Larger patient enrollment expected for 2015
- Pipeline of ~50 opportunities, two in contract negotiation stage:
 - Nation-wide managed care network in Michigan
 - ACO in California



SAM for compliance programs – Eastern Oregon Revenue Potential





Next generation HCS products

Workflow & Decision Support

- SAM for compliance programs
- CGM LIFE for health insurance membership services

Communication & Data

- Medical value communication
- eDetailing
- Clinical research support

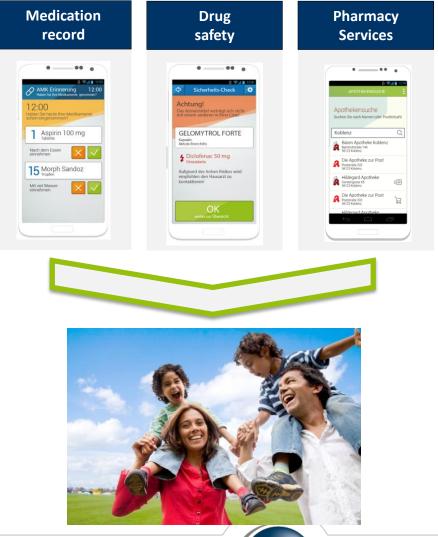


CGM LIFE for payers – Established Technology for Online Patient Services

Facts:

- >250,000 users (mostly in Germany, >100% growth of base per year)
- > 5,000 registered physicians for eSERVICES
- Live in Germany, Austria, Italy, France, Czech Republic, United States
- Typically 20% of physician's patient pool use the service after few months







CGM LIFE for payers – Objectives and Use cases

Strategic objectives of payers							
Reduce treatment cost	Reduce medication cost	Excel in patient services	Expand service portfolio				
 Avoid hospita- lizations Select providers Increase compliance 	 Influence choice Avoid over- usage Enable tracking 	 Improve convenience Provide guidance Preserve exclusivity 	 Manage care Serve smaller payers Monetize expertise 				
Appointment	Chronic disease	Prescription	Invoice				
booking	management	management	management				
Provide	r search mana	rug gement Eligibility afety	checks				
CGM LIFE Solution Portfolio							



CGM LIFE for payers – Example applications for the end user





myMedication

Medication management, Adherence, Drug Safety

myDoctor

Provider search, Appointment booking, Prescriptions, Findings



myPharmacy

Pharmacy and Drug search, Order function



myVitalMonitor

Vitaldaten managen mit Gerätekopplung



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CGM LIFE for payers – Milestones and Business models

- 2014: Progressed discussions with payers in Germany and other European countries
- We expect **first contracts with private and public payers in 2015** (starting with Germany and rolling out to further markets)
- Business models:
 - Account fees per user per month
 - Service usage fees (transaction fees per appointment/prescription etc.)
 - Pay-for-performance models (e.g., increased compliance of patients and providers alike)



Next generation HCS products

Workflow & Decision Support

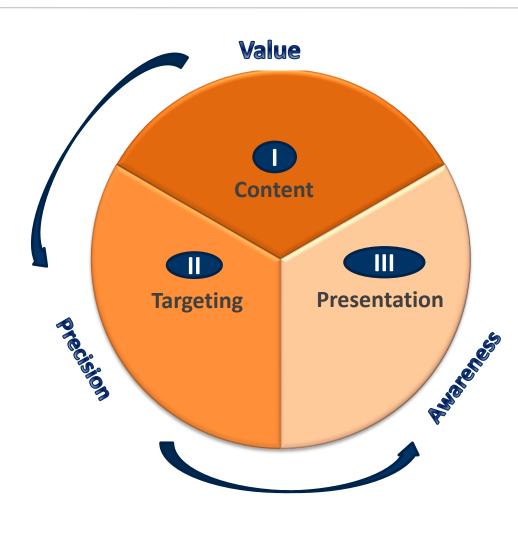
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Medical value communication: Governing thoughts



Our communication to providers and consumers must excel in...

- The value we bring through our beneficial content.
- The **precision** we have in targeting the right providers and consumers.
- The **awareness** we generate through the way of presenting the value offerings.

First project examples:

- Vaccination Reminder
- Genetic classification of patients
- Drug safety alerts
- Value tracking (for stroke risk patients)



Medical value communication: CGM ASSIST Drug Safety Alert

Customer: BERLIN-CHEMIE

Project: Warning of physician, that simultaneous prescription of FU-5 drug with Zostex can lead to serious drug-drug-interactions and hence unwanted side effects

Targeting of communication: Prescription of the named drugs for a given patient in a time frame of 4 weeks





Customer: GRIFOLS

Project: Identification of patients potentially affected by Alpha-1 deficiency, although having been diagnosed for COPD; Offering of free-of-charge genetic test and communication of treatment guidelines

Targeting of communication: General practitioners, internists, pneumologists, Patients below 50 years of age, Diagnosis COPD with additional diagnostic parameters (special range FEV-value)





Medical value communication: CGM ASSIST Patient programs

Customer: AXA Insurance Group

Project: Indication about special and regional patient care program for rare disease hemophilia by AXA

Targeting of communication: AXA insured patients, diagnosis of hemophilia (ICD10 code)





Medical value communication: Performance-based Business Model

The business model for medical value communication consists of three parts:

- 1. One-time setup-fee (concept & development)
- 2. Quarterly booking fee
- 3. Performance-based renumeration: The key performance indicators are defined for each WICOM Assist campaign individually.

Examples:

- Increase in targeted diagnoses
- Number of referrals to specialist
- Number of completed market research questionaires
- Number of patients/physicians enrolled in market research panel
- Number of diagnostic tests ordered or conducted



Next generation HCS products

Workflow & Decision Support

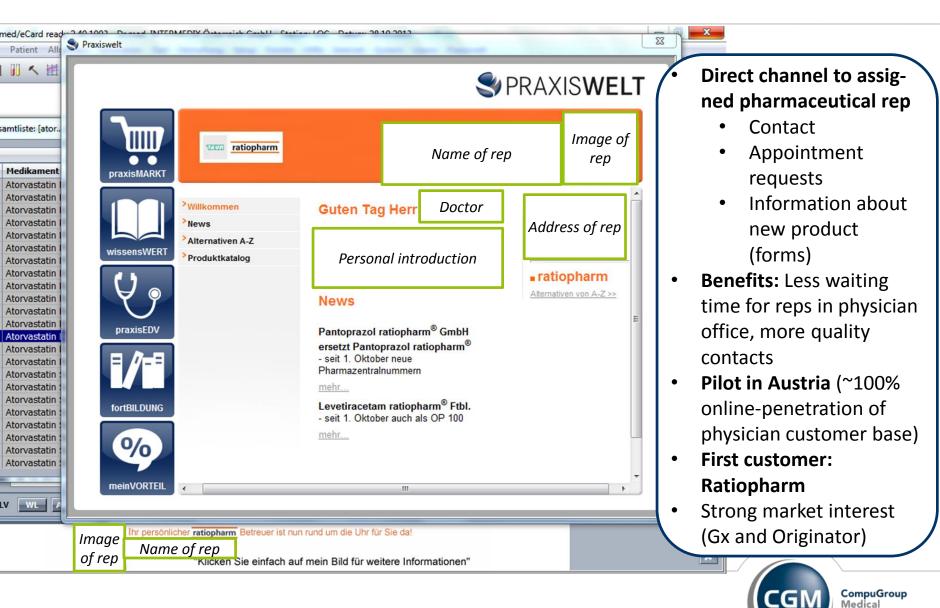
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eDetailing: Advanced communication between physican and industry



eDetailing: Business model

The business model for eDetailling consists of three parts:

- 1. One-time setup-fee (concept & development)
- 2. Quarterly booking fee
- 3. Performance-based renumeration: The key performance indicators are defined for each campaign individually

Examples:

- Access Frequency by doctors
- Duration of stay
- Number of Emails sent via the tool



Next generation HCS products

Workflow & Decision Support

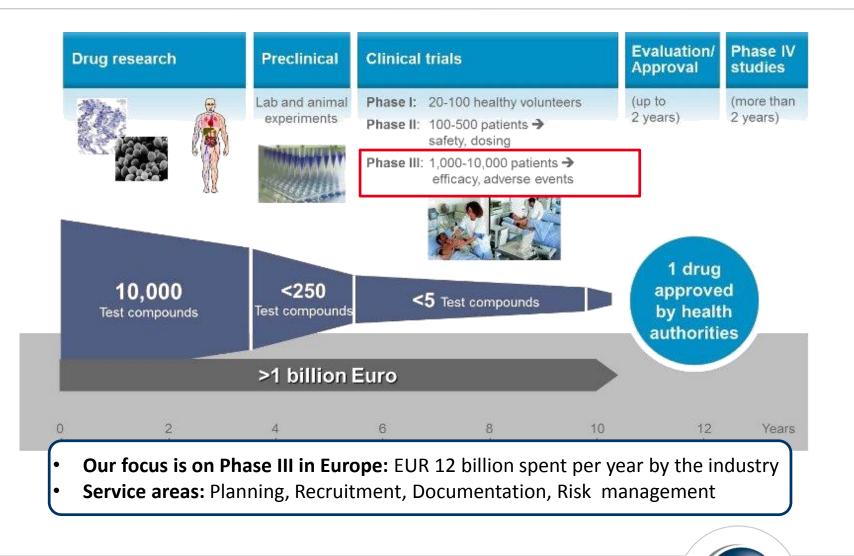
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Support of clinical research: Market need

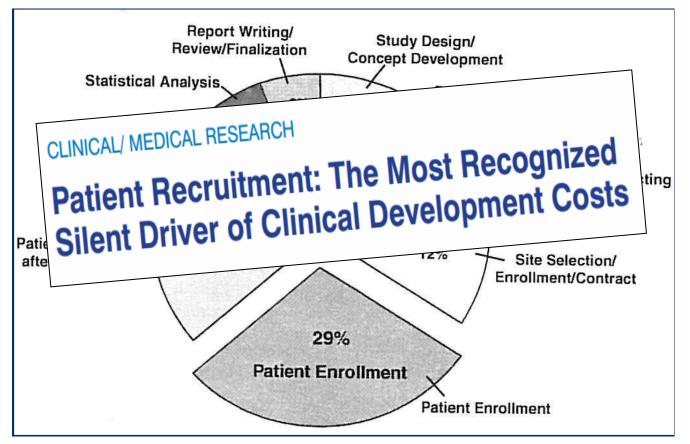


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Support of clinical research: Delays in Patient Recruiting cause tremendous risk and costs for the industry

Costs of clinical drug development



Almost 80% of clinical trials fail to meet enrolment timelines.

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Support of clinical research: Market potential of product categories

eDC / ePRO	Single SourcePatient Reported Outcomes	TMP € 1,0 bn
Patient Recruitment	Accelerate Trial ExecutionLeverage Market Reach	TMP € 1,1 bn
Predictive Study Nav / CTMS	Risk ControlPredict last patient in	TMP € 120 - 470 M
Study Planner	Feasibility / Plan StudiesSales Tool	TMP € 210 M
Patient Pre- Screening	Establishing market reachBuild customer network	TMP \$56 M



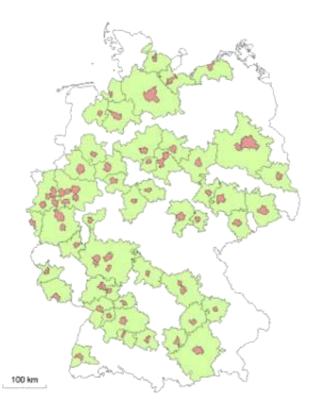
Support of clinical research: Customer groups



Support of clinical research: 2014 – Proof-of-concept

Setting the scene / First Milestones

- Pilot with able SMO in Saxony
- Confirm Price Points and Process
- Ensure legal setting and cooperation with relevant bodies
 - Ethics commissions
 - Data privacy registrar
 - Medical Chambers...
- Physicians





Service Charges

- Setup per Trial
- Amendments
- Early Termination

Risk Sharing Model / Pay for Performance

- Sponsor / CRO define qualified patients
 - Prequalified patients detected automatically by AIS
 - Manual review by GP (compensated activity)
- CGMR receives fee per qualified patient (projected range of 500-1,000 EUR per patient for most trials)



Support of clinical research: Milestones

2014 – Setting the scene and first milestones

- Customers: Individual Study Centers in Germany
- Recruiting support for running Phase III Studies
- Focus on metabolic therapies in primary care

2015 – Scaling-up in Germany and internationally

- Customers: CRO / supported by Pharma
- + Planning of Studies
- + More Indications, + Secondary care
- + Internationalization (F, I, CZ)



Solid underlying growth in our "Bread-and-Butter" Businesses

Business units showing >5% y-o-y revenue growth in 2014

Communication & Data

- Intermedix
 - France
 - Austria
- Ifap
 - Drug database
 - Pharmaceutical data for 3rd parties

Workflow & Decision Support

- Germany Payer and Care Management Services
 - Cardtrust
 - Medication intelligence
 - Billing Services
- Turkey Payer Services (TPA)



Thank you for your attention!

CompuGroup Medical AG

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