



# Welcome to the Fisher & Paykel Healthcare Virtual Investor Series

Andrew Somervell - Vice President  
Products and Technology



# Our purpose

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Improving care & outcomes  
through inspired and  
world-leading  
healthcare solutions

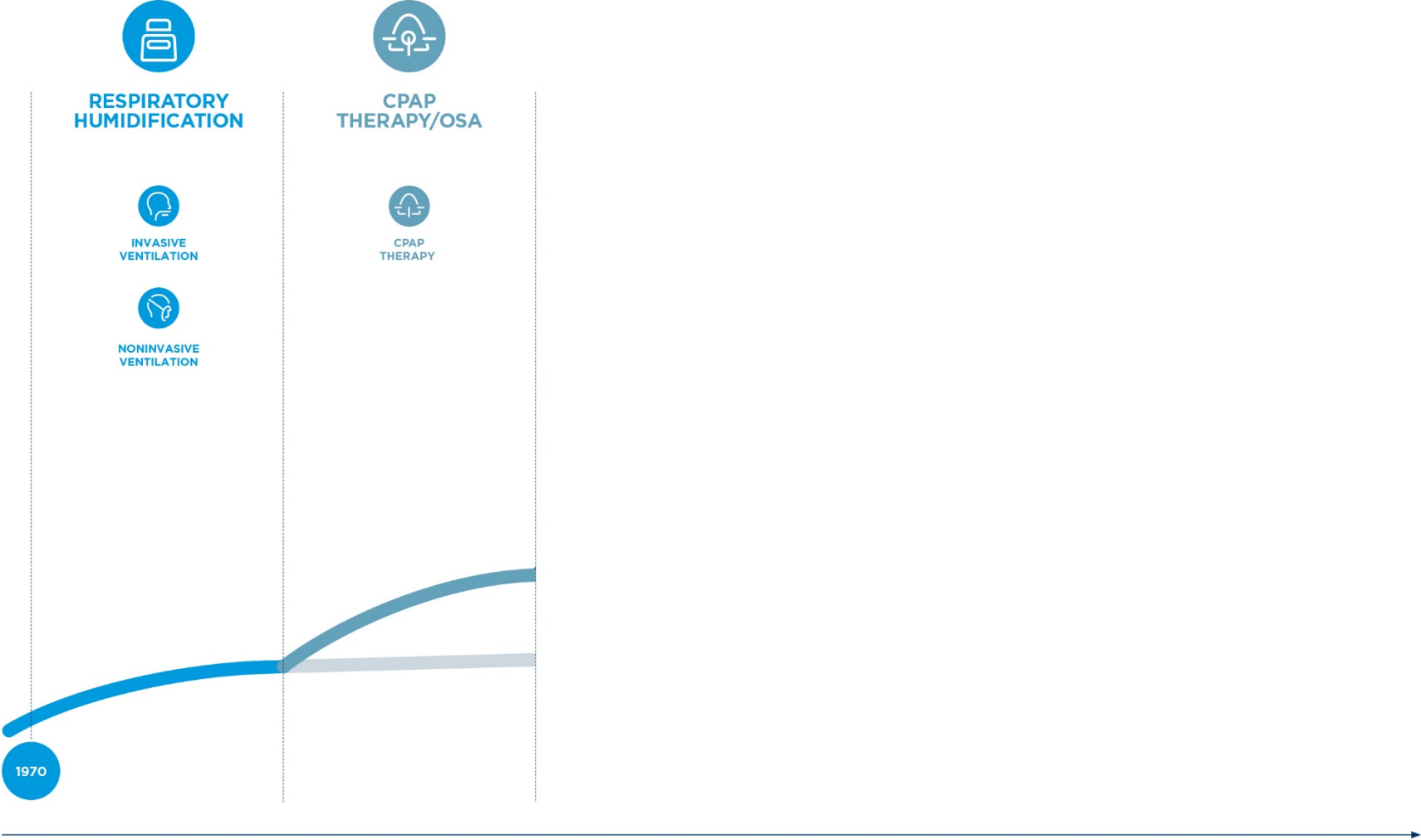


# Our strategy

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We aim to grow our business in a way that is sustainable over the long term by creating better products, extending our global reach and changing clinical practice.

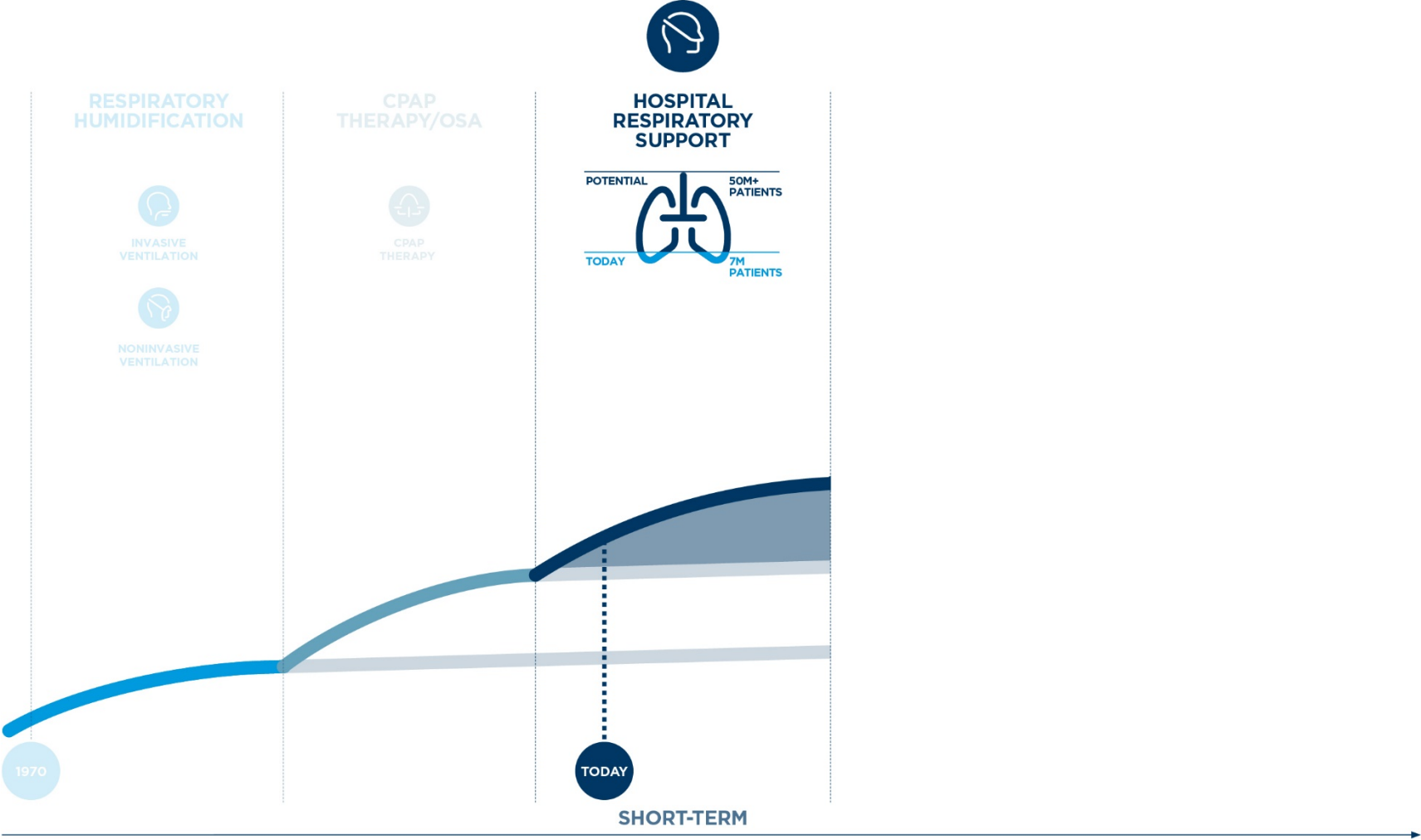
# Our aspiration



We've established an enviable track record for delivering **SUSTAINABLE REVENUE GROWTH.**

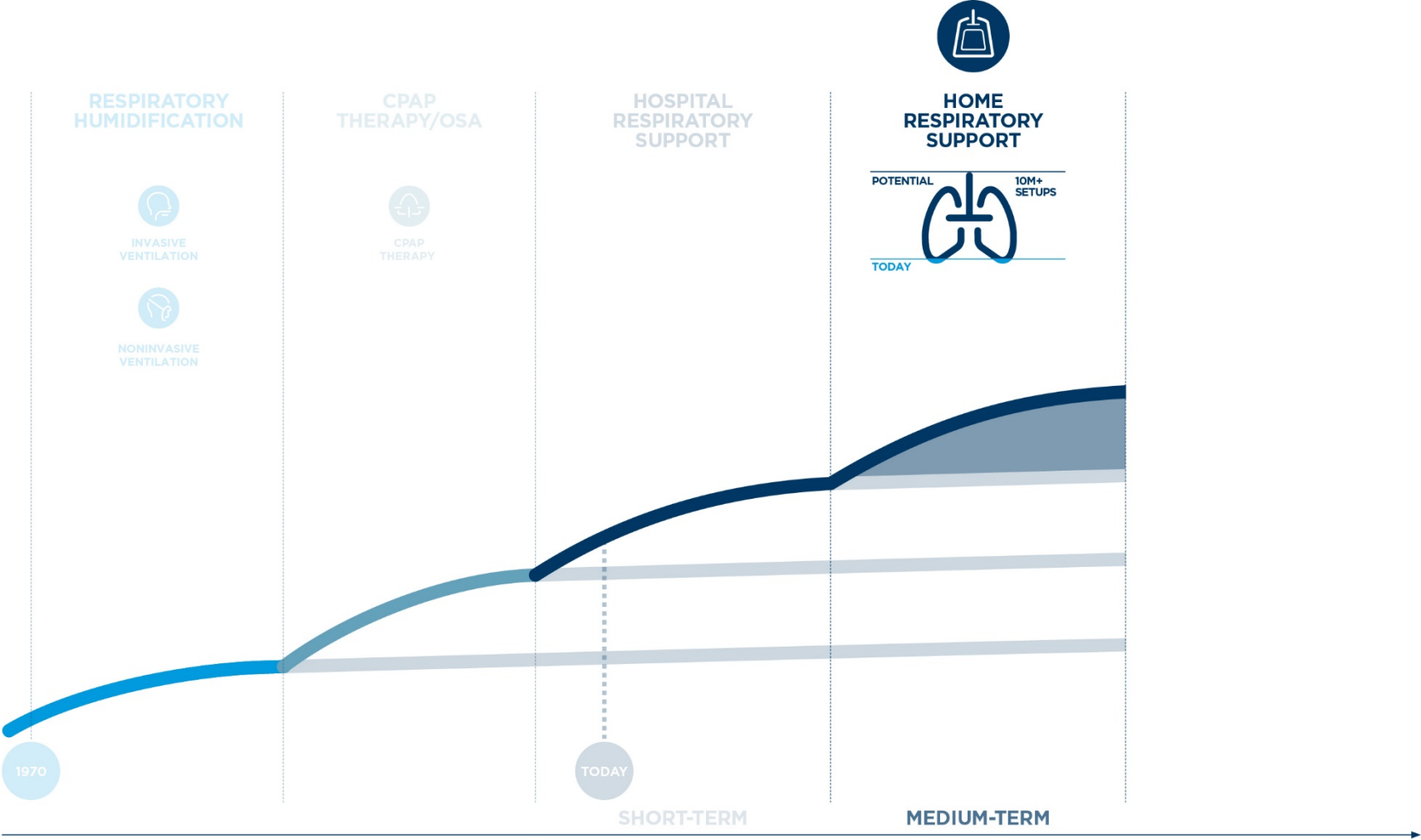


# Hospital respiratory support



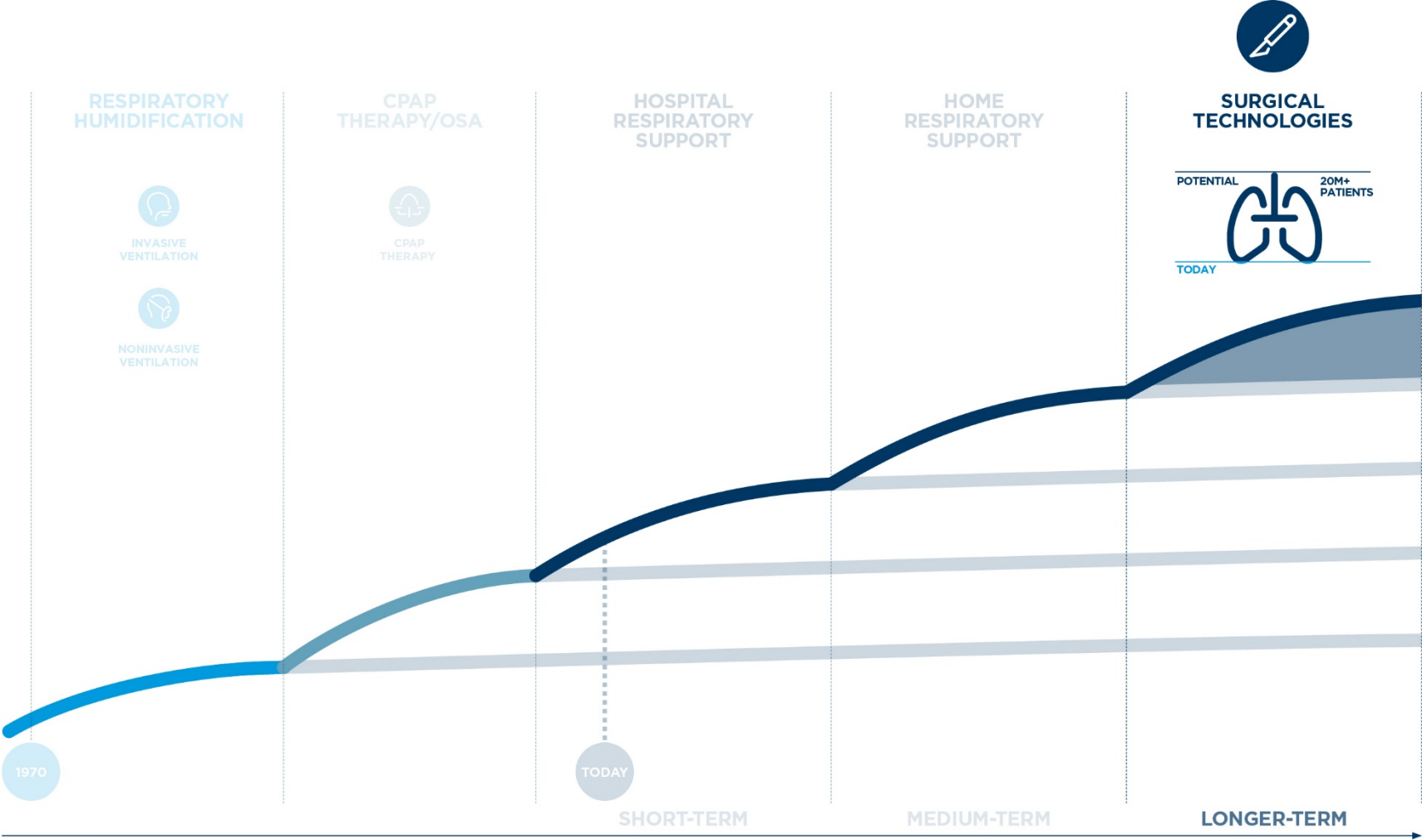
Where will sustainable growth come from in the SHORT-TERM?

# Home respiratory support



Where will sustainable growth come from in the MEDIUM-TERM?

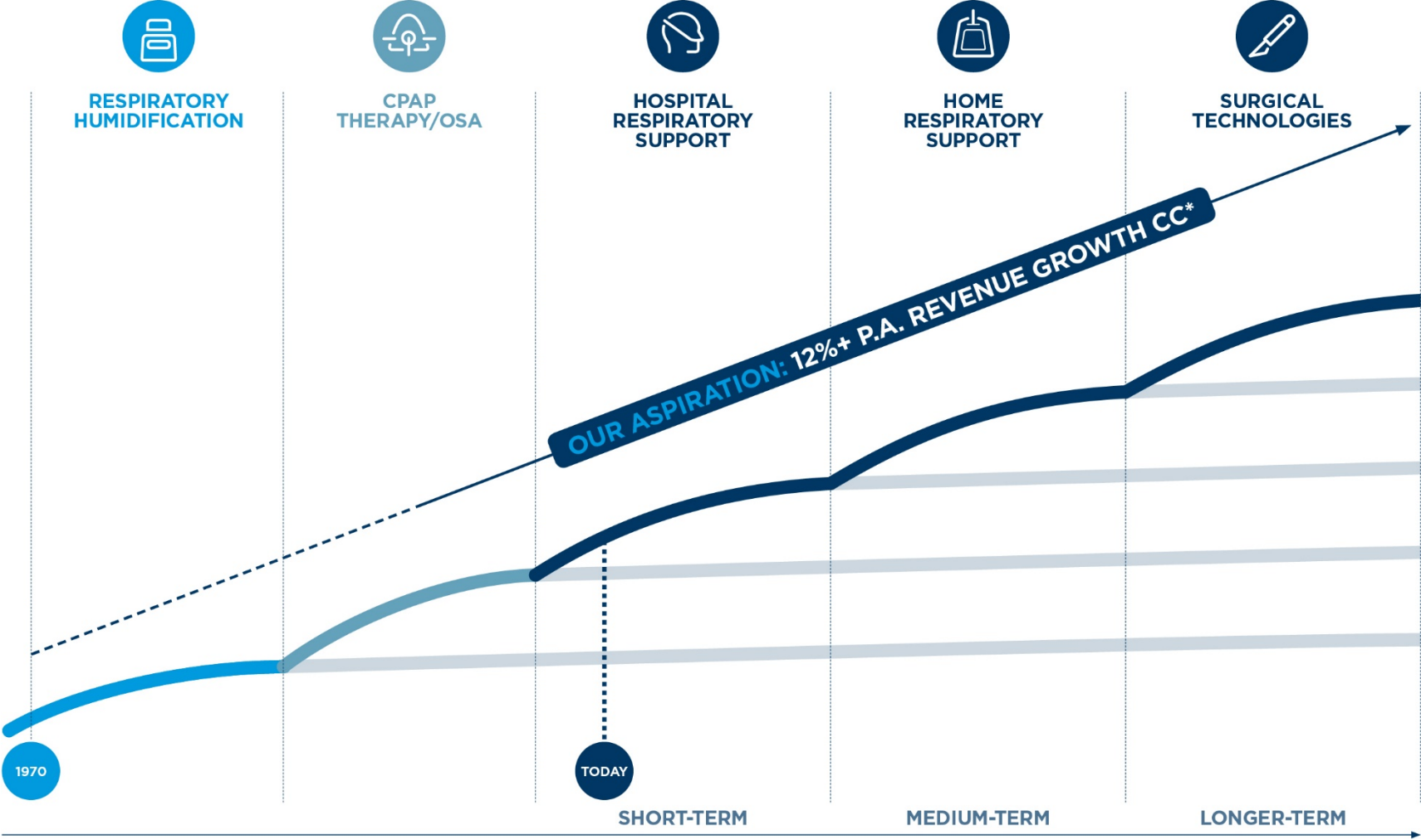
# Surgical technologies



Where will sustainable growth come from in the LONGER-TERM?



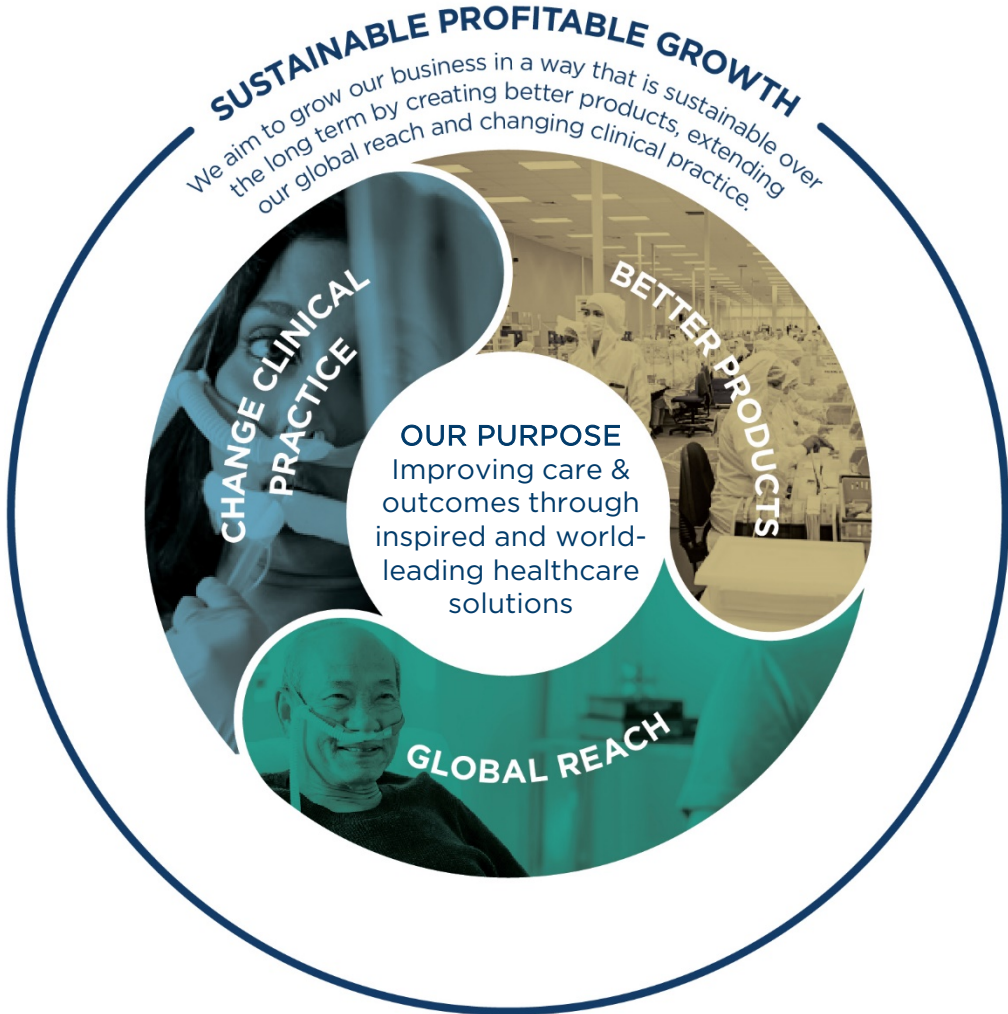
# Our aspiration



**OUR ASPIRATION:**  
Sustainably  
**DOUBLING**  
our constant  
currency revenue  
every 5-6 years.

\*CONSTANT CURRENCY

# Our strategy



# A patient centred approach

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**Patient Care is Complex**

Complexity provides opportunity

**Doing the right thing for our patients**

All parties want the best outcome for patients  
Leads to long term thinking

Deep understanding of patients and their care



New Insight / Original Thought



Valued, Protected Differentiation

**Deep understanding of a patient's care is key**



# Virtual investor series itinerary

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Day 1 – Changing clinical practice / Better products

- **Optiflow: Hospital Respiratory Support** – Sam Frame


Day 2 – Changing clinical practice / Better products

- **Optiflow: Home Respiratory Support** – Rob Kirton
- **Surgical** – Winston Fong (VP Surgical Technologies)

Day 3 – Global Reach

- **Global Reach** – Justin Callahan (President North American Operations)
- **Global Reach** – Bryan Peterson (General Manager International Operations)

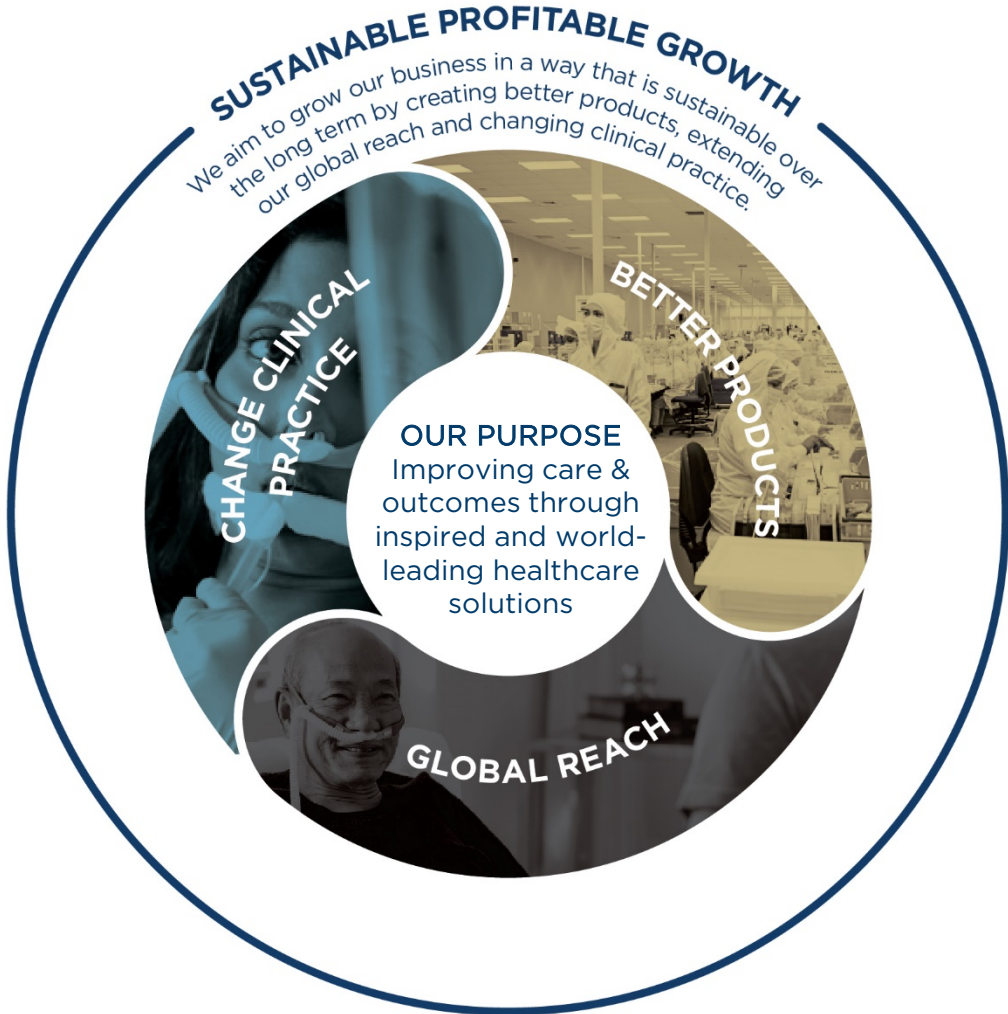
Each day will end with a ten-minute Q&A section. Please write in questions through the Zoom chat function. While every endeavour will be made to answer all questions that are submitted, this may not be possible due to time constraints.



# Optiflow™ Nasal High Flow therapy

Sam Frame  
Marketing Manager - Optiflow and Airvo

# Hospital Respiratory Support



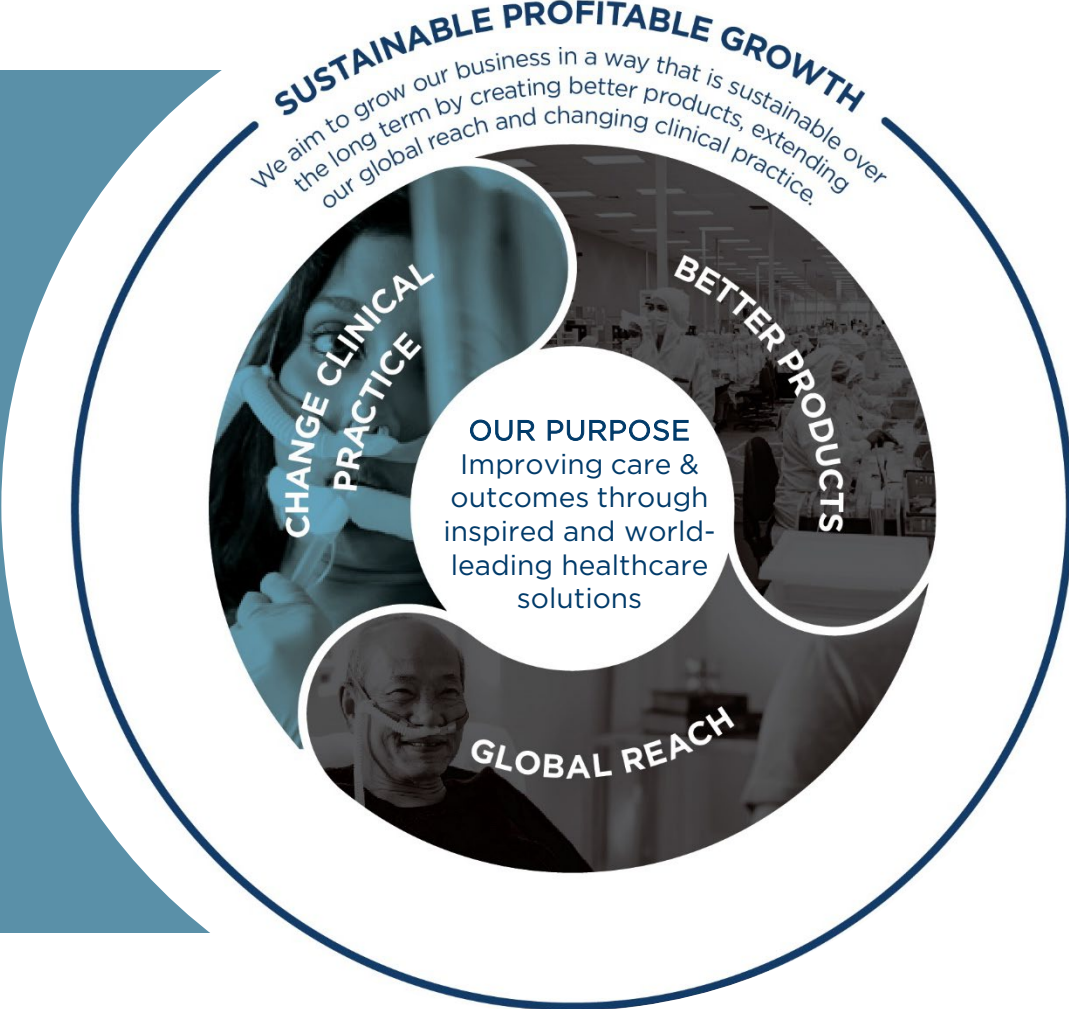


# Changing Clinical Practice

Changing clinical practice is difficult

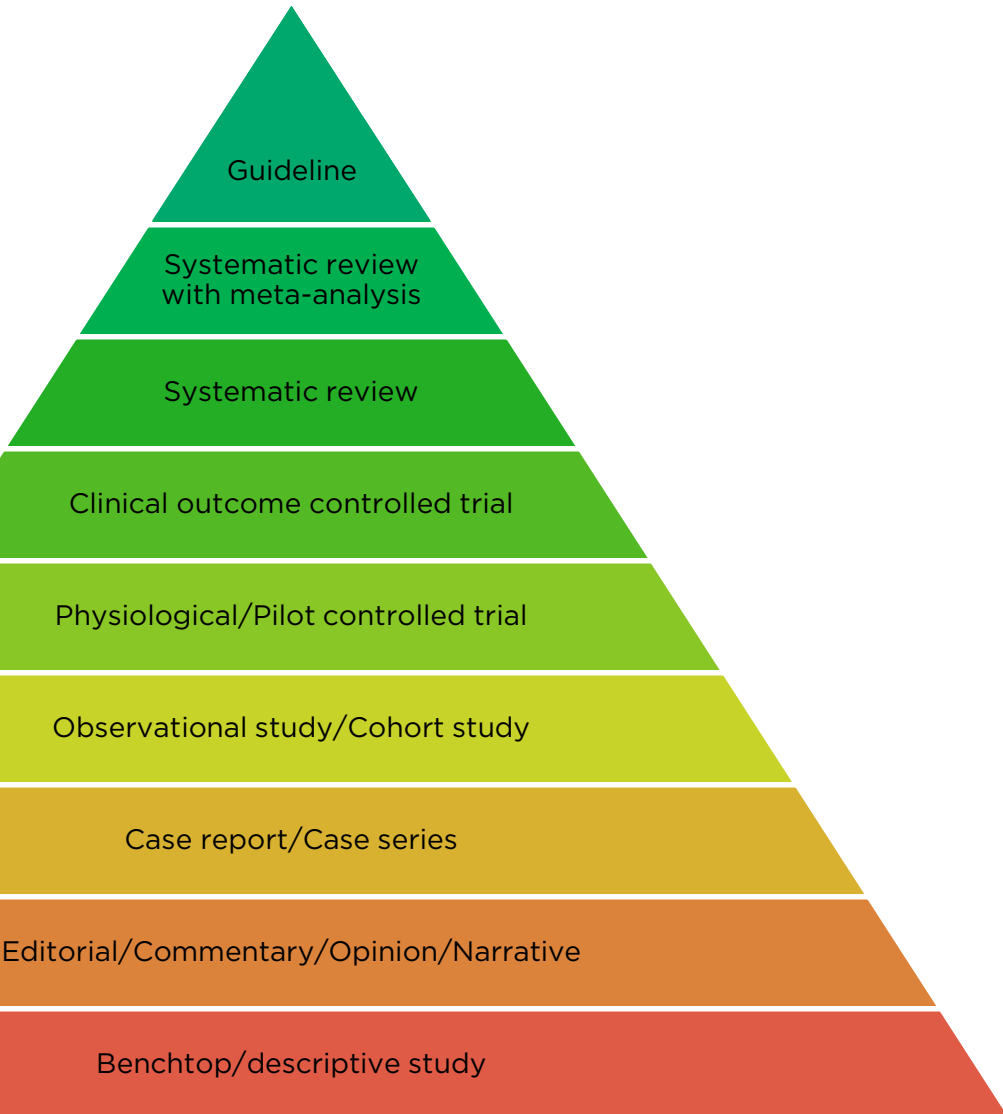
Global practice change

Local practice change



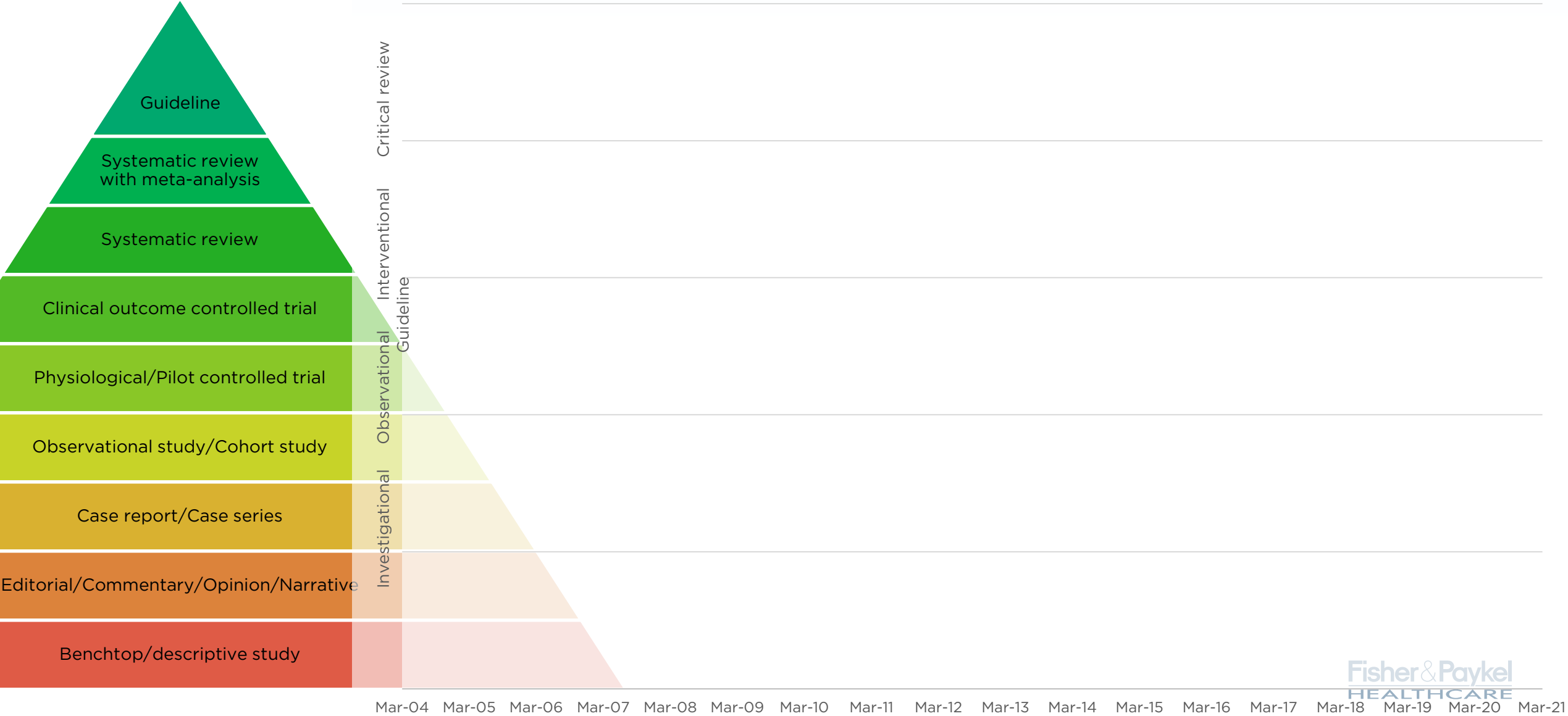
# Global Practice Change

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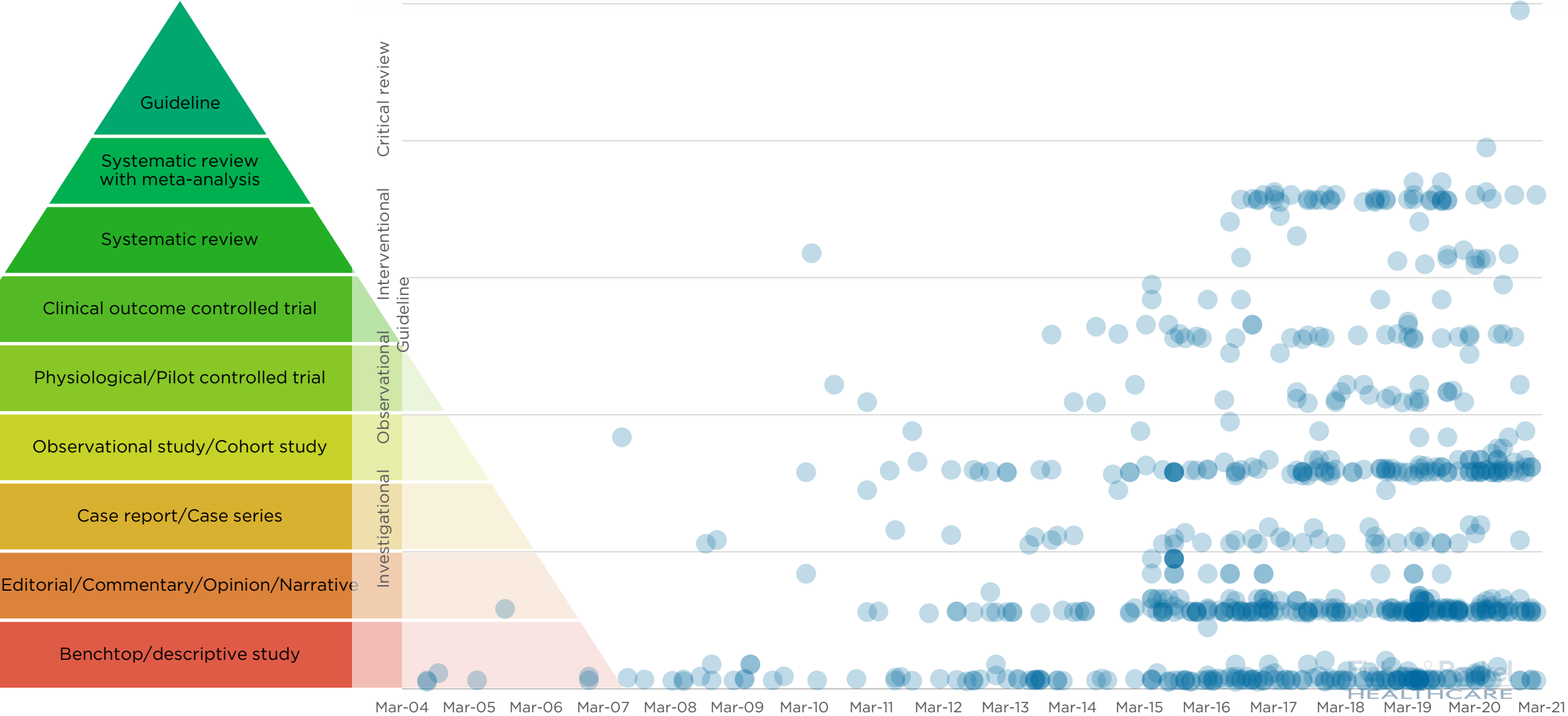
# Global Practice Change

Publications featuring NHF for respiratory support in Adults



# Global Practice Change

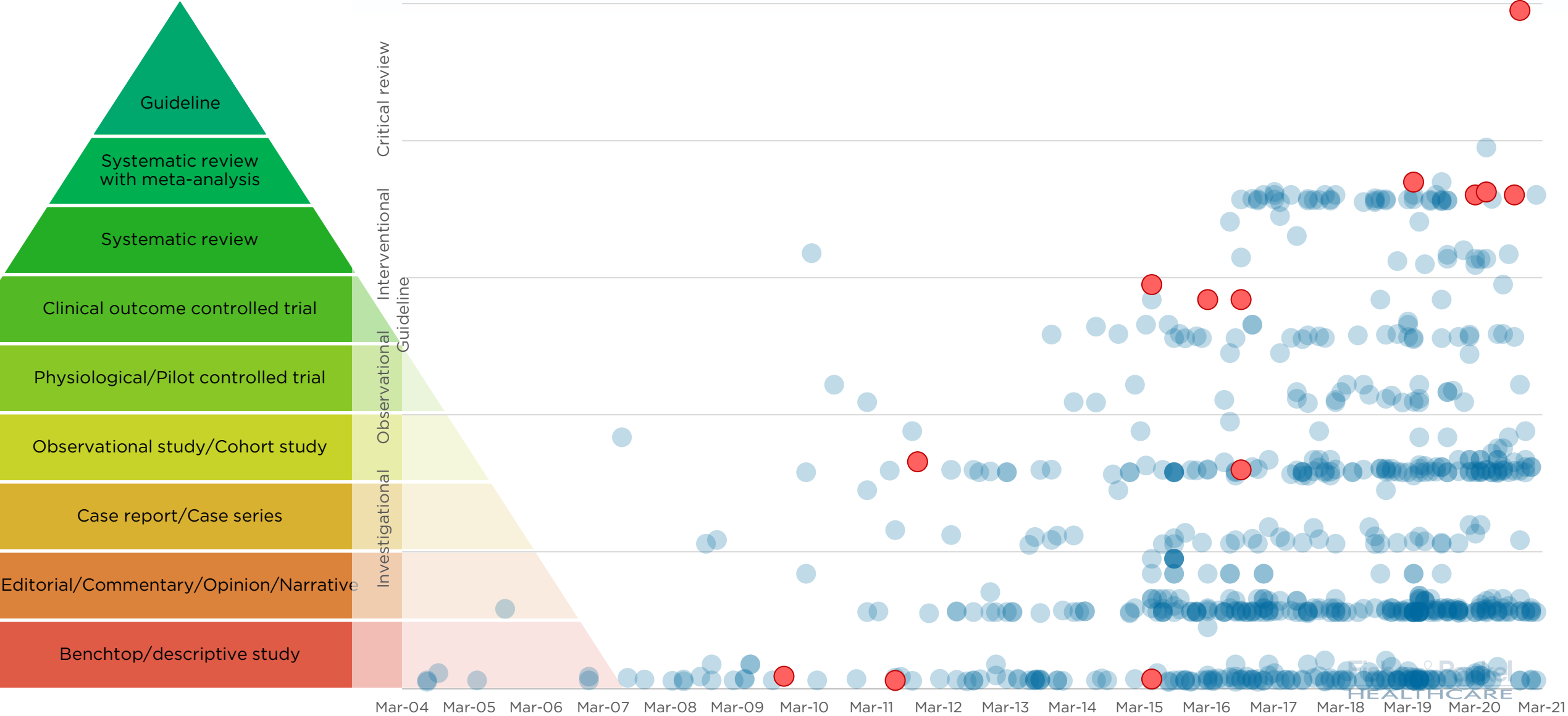
Publications featuring NHF for respiratory support in Adults





# Global Practice Change

Publications featuring NHF for respiratory support in Adults



# Local Practice Change

Requires us  
to change  
practice  
hospital by  
hospital





# Changing Clinical Practice

Changing clinical practice is difficult

Global practice change helps local

Local practice change helps global



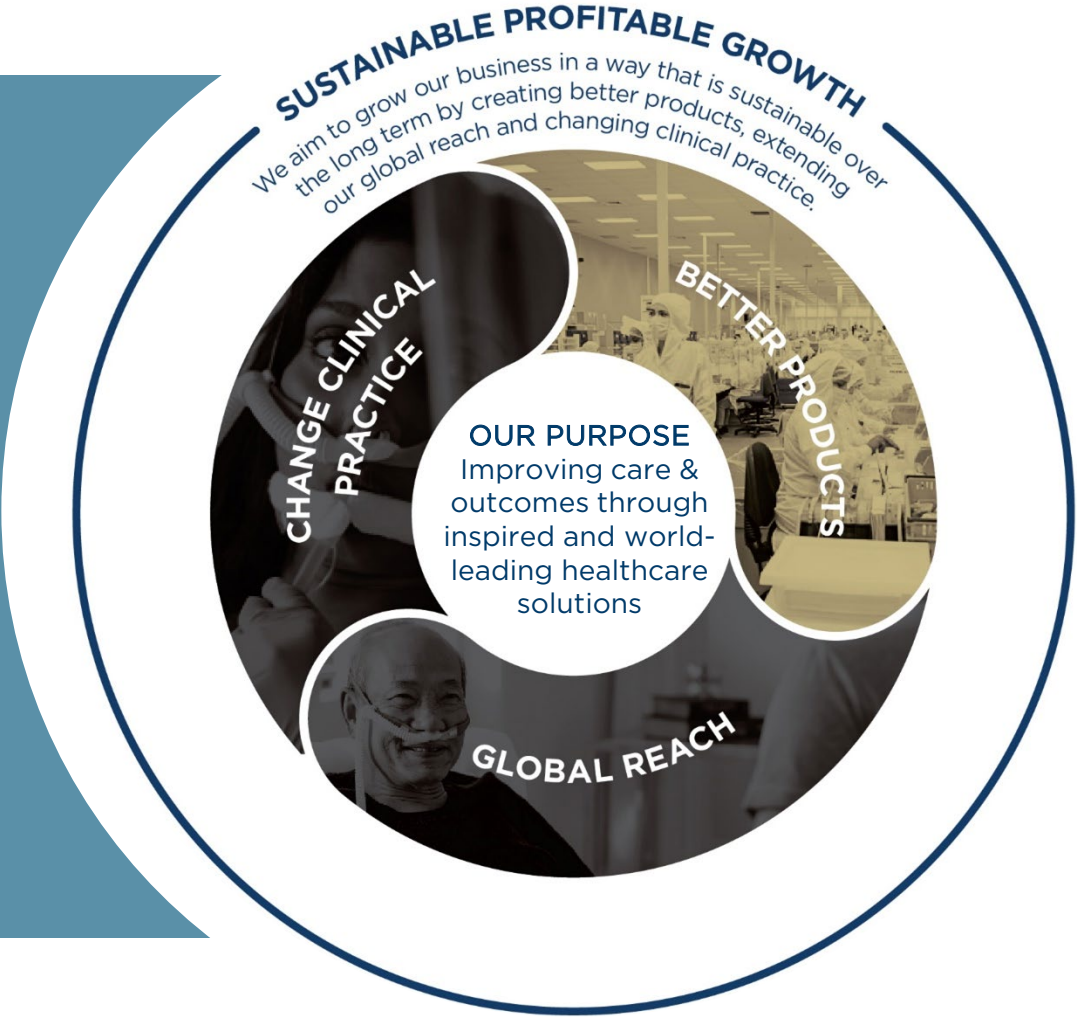
# Better products

Optiflow systems

Applying our expertise

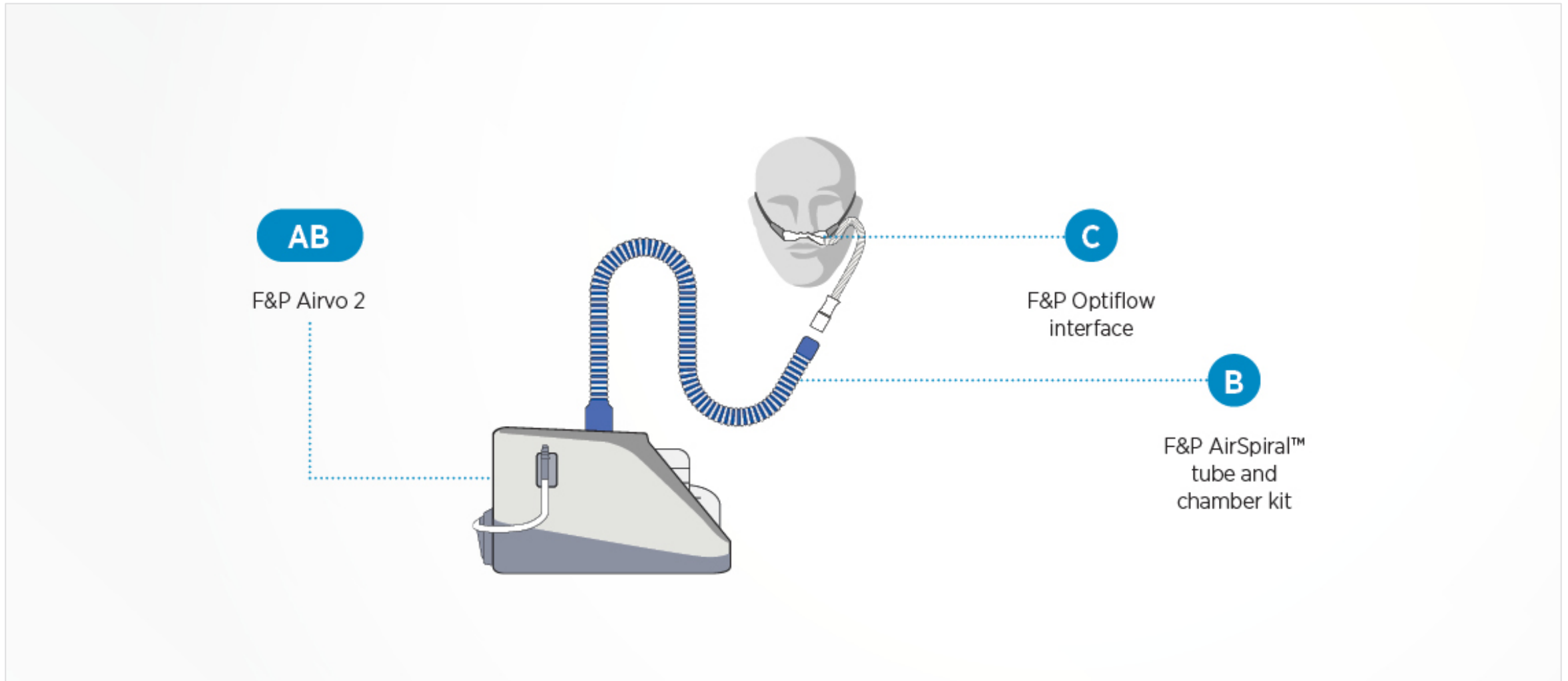
Broad application

Adoption





# Airvo Optiflow System



# Humidification

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# Broad application

## ESICM CLINICAL PRACTICE GUIDELINE FOR NASAL HIGH FLOW

Rochweg B, et al. Intensive Care Medicine. 2020.

### The role for high flow nasal cannula as a respiratory support strategy in adults



#### Acute hypoxemic respiratory failure

NHF is preferred to conventional oxygen therapy (COT) for patients with hypoxemic respiratory failure.

**STRONG  
RECOMMENDATION**



#### Post-operative

NHF is preferred to COT in high risk and/or obese patients undergoing cardiac or thoracic surgery to prevent respiratory failure in the immediate postoperative period.

Prophylactic NHF to prevent respiratory failure in other postoperative patients is not recommended.

**CONDITIONAL  
RECOMMENDATION**



#### Peri-intubation

No recommendation is made regarding use of NHF in the peri-intubation period.

NHF during intubation should be continued for patients who are already receiving NHF.

**CONTINUE  
NHF**



#### Post-extubation respiratory failure

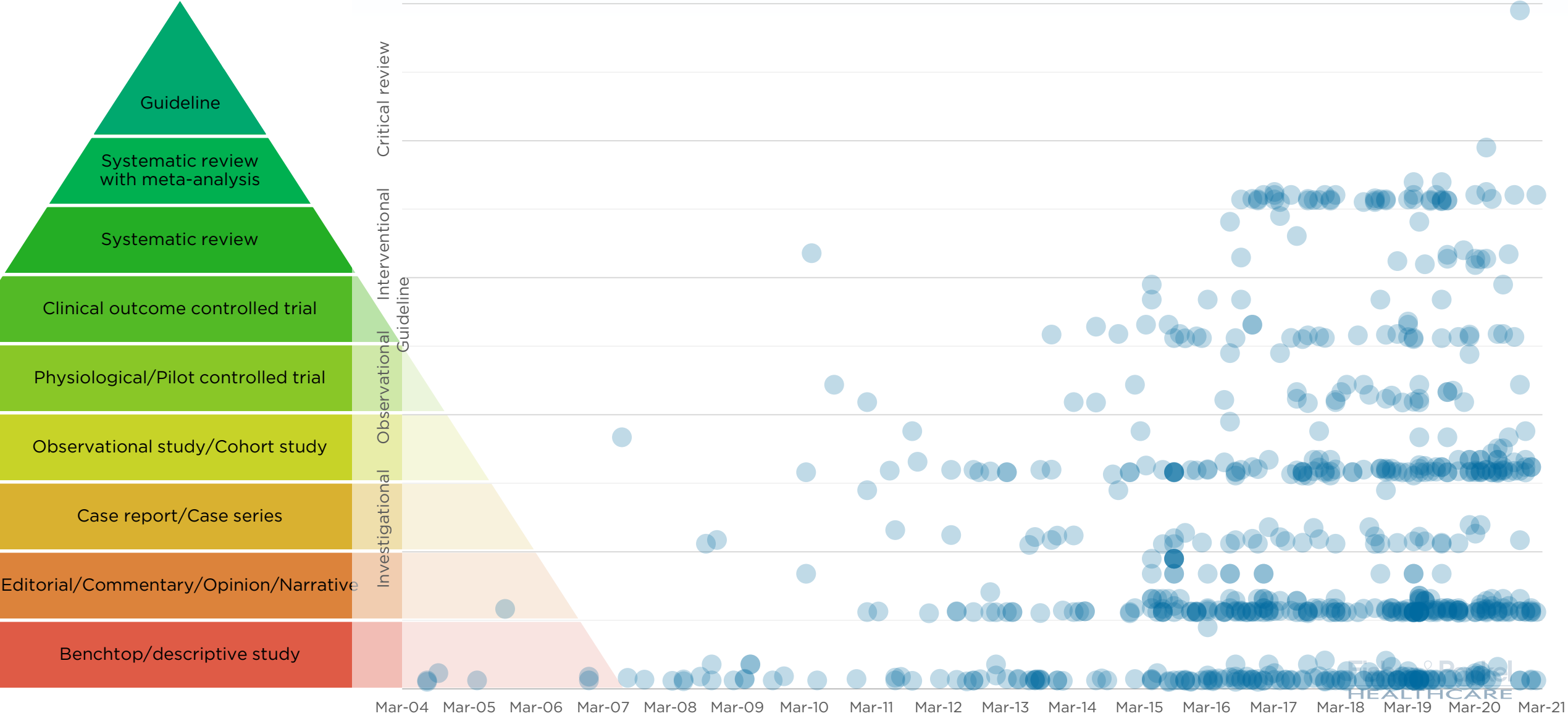
NHF is preferred to COT following extubation in patients with any high-risk feature who were intubated for >24 hours.

NIPPV is preferred to NHF in patients who would normally be extubated to NIPPV.

**CONDITIONAL  
RECOMMENDATION**

# Adoption

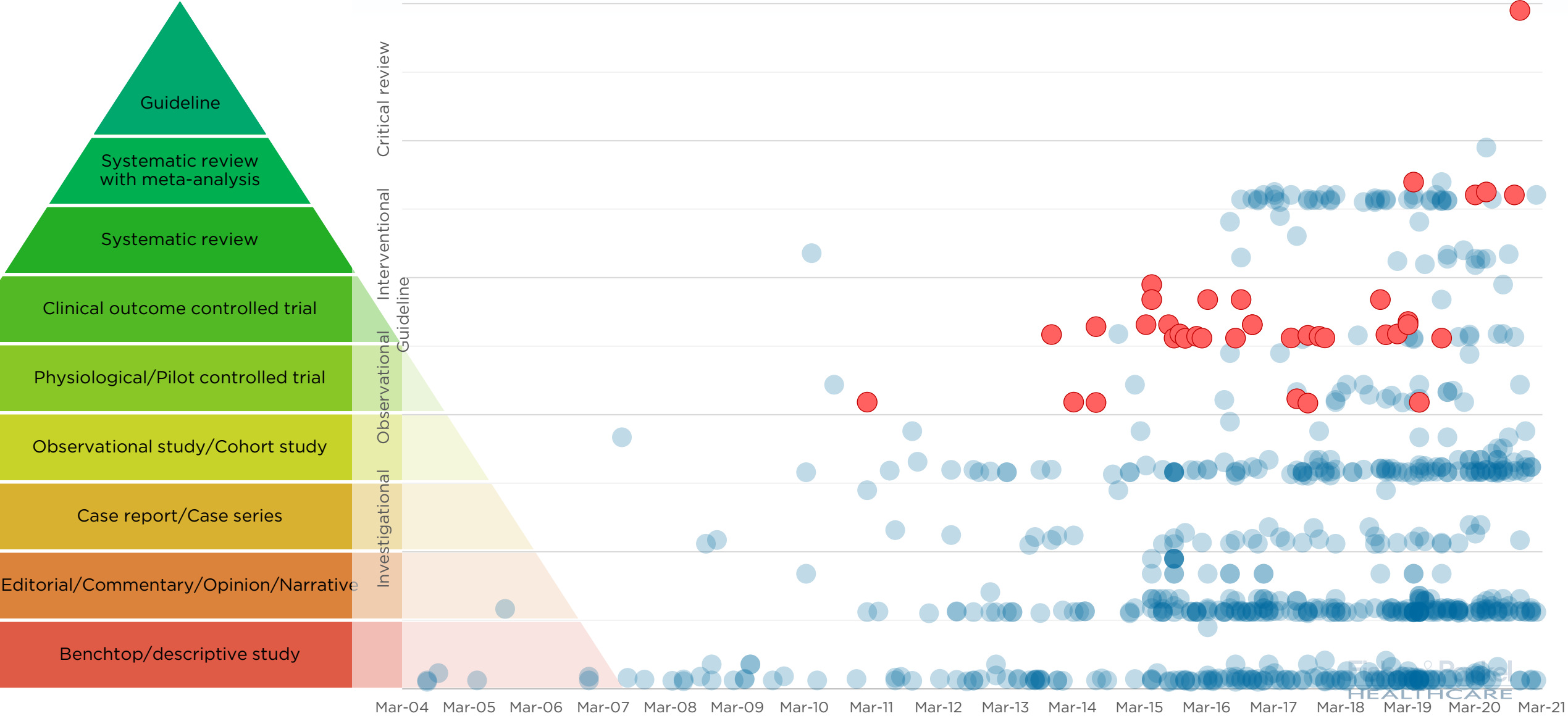
Publications featuring NHF for respiratory support in Adults





# Adoption

Publications featuring NHF for respiratory support in Adults



# Broad application

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# Broad application

## ESICM CLINICAL PRACTICE GUIDELINE FOR NASAL HIGH FLOW

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**CONTINUE  
NHF**



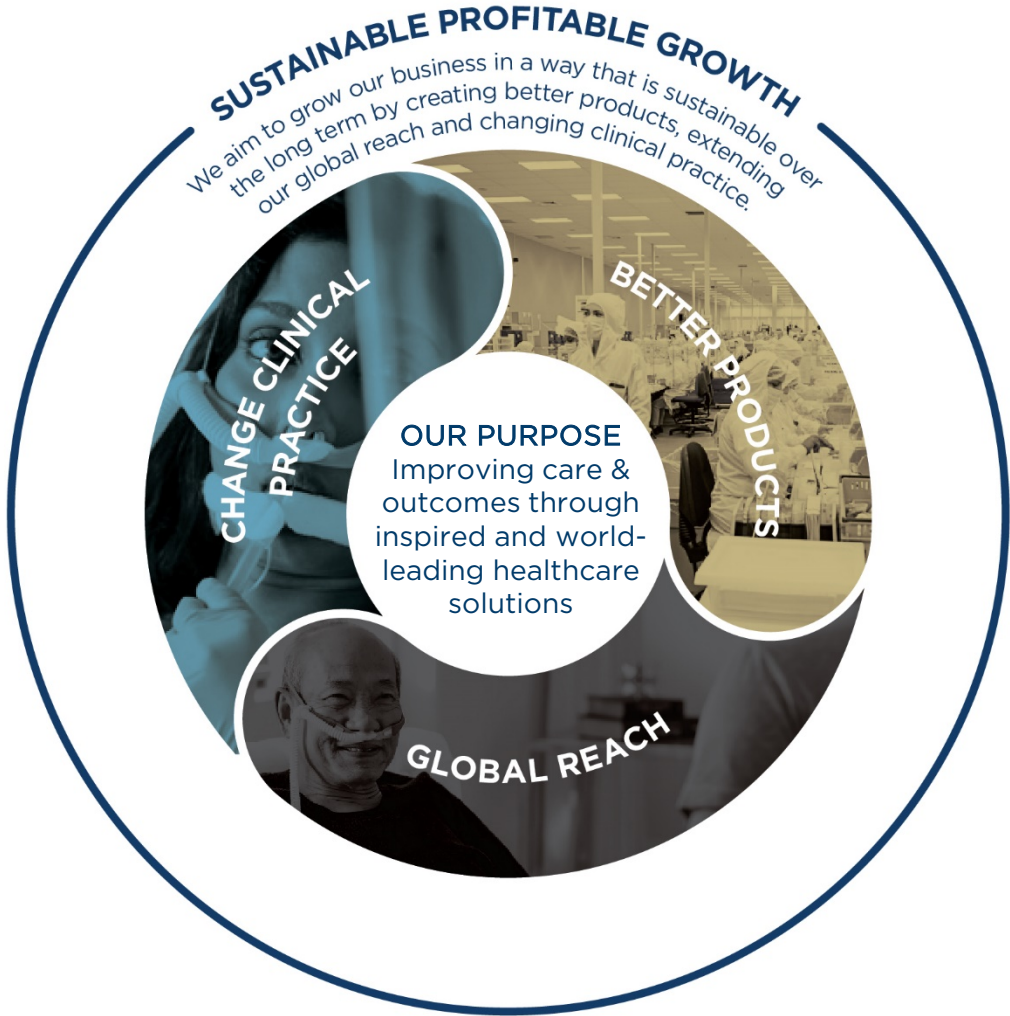
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**CONDITIONAL  
RECOMMENDATION**

# Hospital Respiratory Support





A photograph of an elderly man sitting in a white armchair. He is wearing a dark blue sweater and light-colored trousers. He has a nasal cannula connected to a CPAP machine. The machine is white and blue, with a clear water reservoir. A blue tube connects the machine to the cannula. The man is holding a white manual or booklet and a pen, looking at the manual. The background is a bright, indoor setting with a window and some furniture. The overall tone is professional and informative.

# Home Respiratory Support -myAirvo

Dr Robert Kirton  
Marketing Manager



# myAirvo

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- Better patient outcomes
- Reduce chronic patients ➔ hospital
  - Major cost of care
- Initial target COPD



# myAirvo - Care Continuum

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- Chronic patient has respiratory exacerbation ➔ Hospital
- Treated with AIRVO/Optiflow in hospital
- Discharged from Hospital
- Prescribed myAirvo for home use



# myAirvo - Nasal High Flow Therapy

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- Humidified air for respiratory support
  - Body temperature and 100% Humidified
    - Essential for therapy tolerance
    - Essential for improving mucus clearance
  - 2 to 60 l/min of gas flow
    - Making breathing easier
    - Wash out CO<sub>2</sub>
- If oxygen required
  - Can be added into therapy



# myAirvo – Who uses it?

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Anyone with a Chronic Respiratory Disease

## Initial focus is COPD

- 3rd leading chronic killer (WHO)
- **6-8% of the population**
- **Estimates ~ 384 M people worldwide**
- Limited treatment options
- Major unmet need for non-pharma treatment

## Other respiratory conditions

- Bronchiectasis
- Asthma
- Cystic Fibrosis
- ILD / IPF
- Chronic Hypoxemia
- Pediatrics
- Tracheostomy
- Other



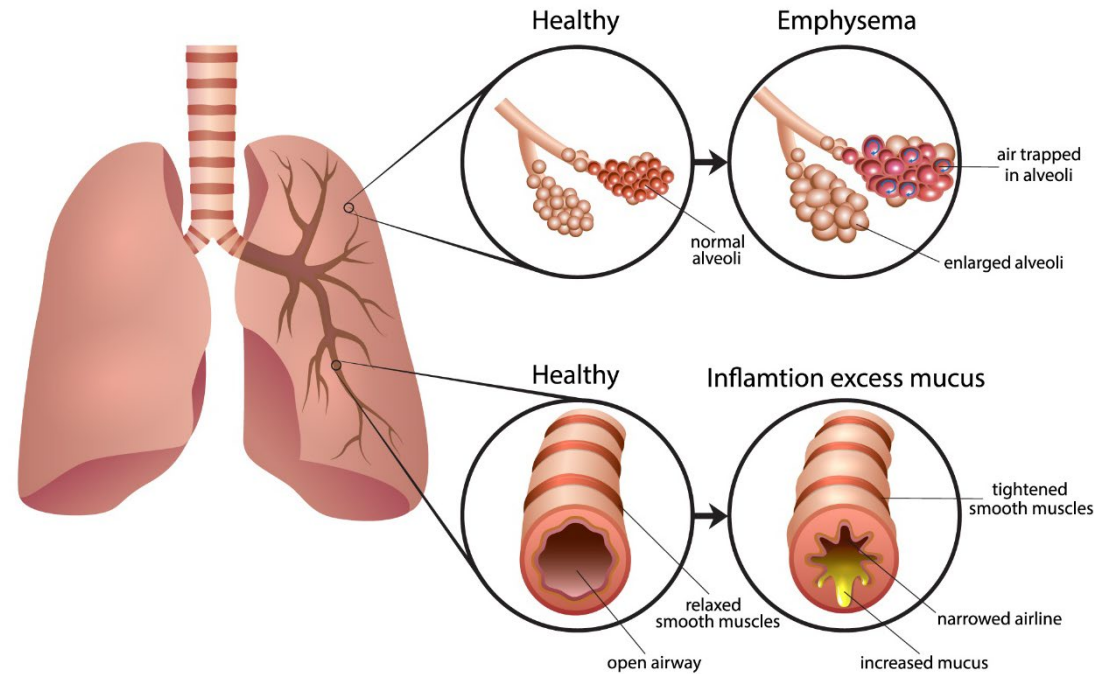
# COPD – Chronic Obstructive Pulmonary Disease

Debilitating and incurable

Progressive disease

Can slow progression and improve quality of life

Reduce exacerbations and going to hospital



*“COPD is like ‘spending ten years drowning,’ to quote one of my patients’ progressive dyspnea gradually erodes the patient’s quality of life, and thus, their independence.”*

- Lindsay M. Lawson, MD



# GOLD characterisation of COPD

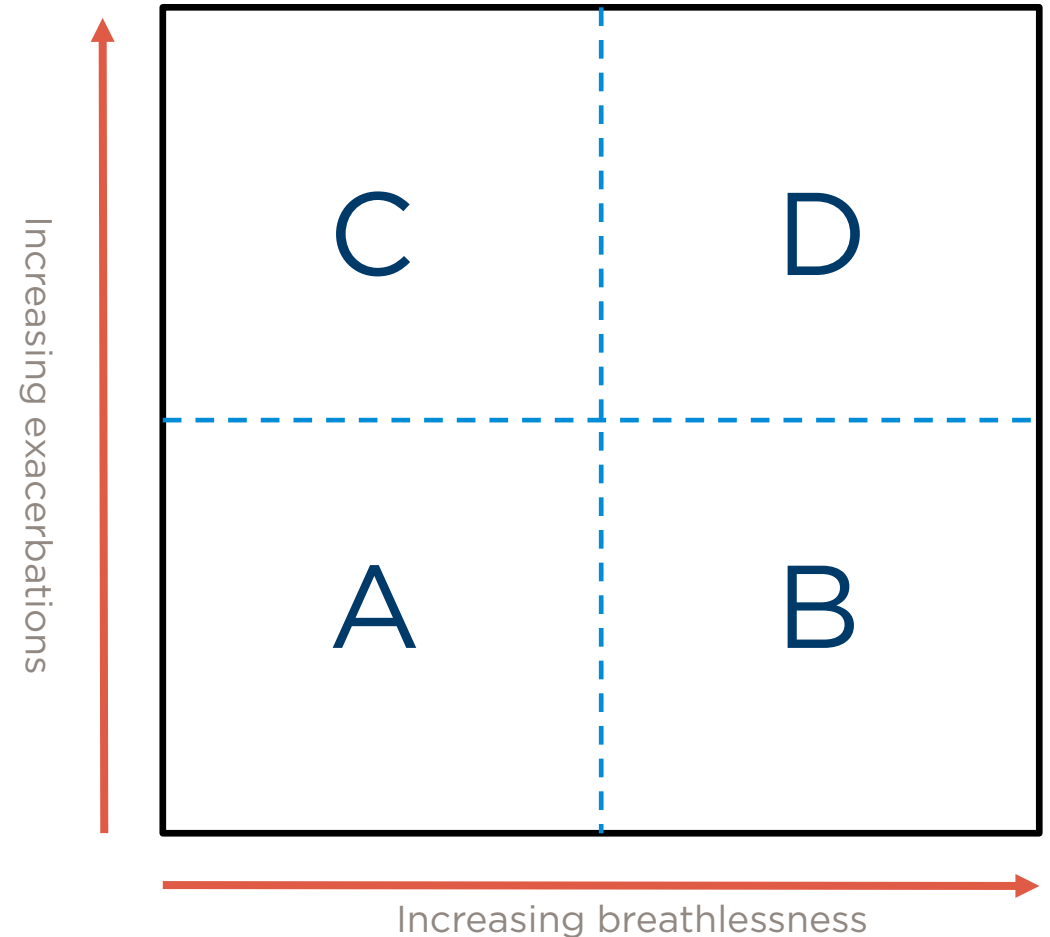
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- Global Strategy for the Diagnosis, Management, and Prevention of COPD
- Degree of COPD is characterized by the airflow limitation (**obstructive**)
  - “How hard to breath in and out”
  - As disease progresses, get harder

FEV <sub>1</sub> % predicted	
Gold 1	≥80
Gold 2	50-79
Gold 3	30-49
Gold 4	<30

# GOLD characterisation of COPD

- Global Strategy for the Diagnosis, Management, and Prevention of COPD
- Degree of COPD is characterized by the airflow limitation (**obstructive**)
  - “How hard to breath in and out”
  - As disease progresses, get harder
- A combination of exacerbations and other symptoms



# COPD: Key Published Clinical Evidence



COPD and bronchiectasis patients in the home


  
**REDUCED**  
escalation

  
**IMPROVED**  
quality  
of life

  
**REDUCED**  
hypercapnia


**STORGAARD et al. 2018**  
Hypoxemic COPD on LTOT


**REDUCED**  
exacerbations




**REDUCED**  
CO<sub>2</sub>

**NAGATA et al. 2018**  
Hypercapnic COPD on LTOT









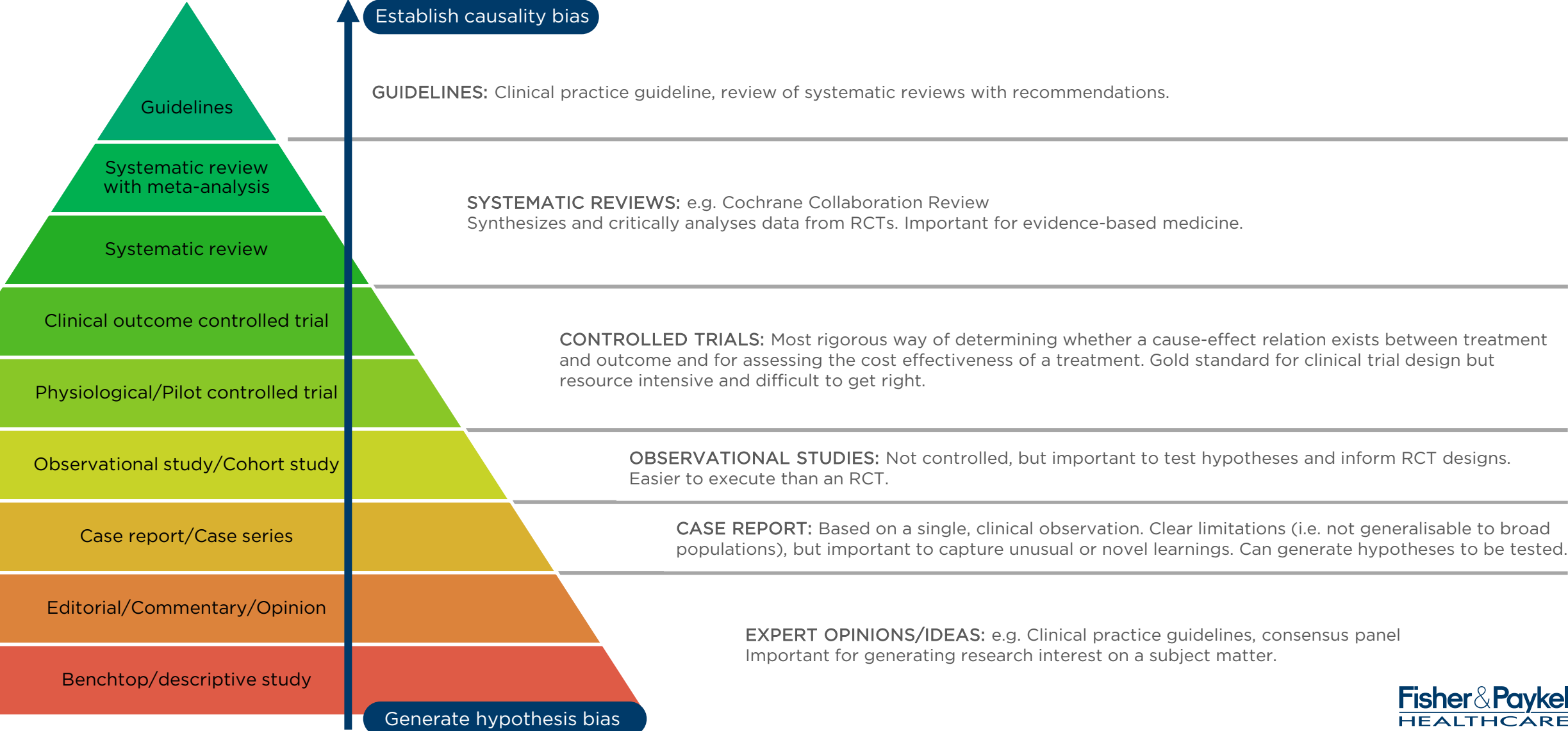
**REA et al. 2010**  
COPD and/on bronchiectasis

**REDUCED**  
exacerbations  
days



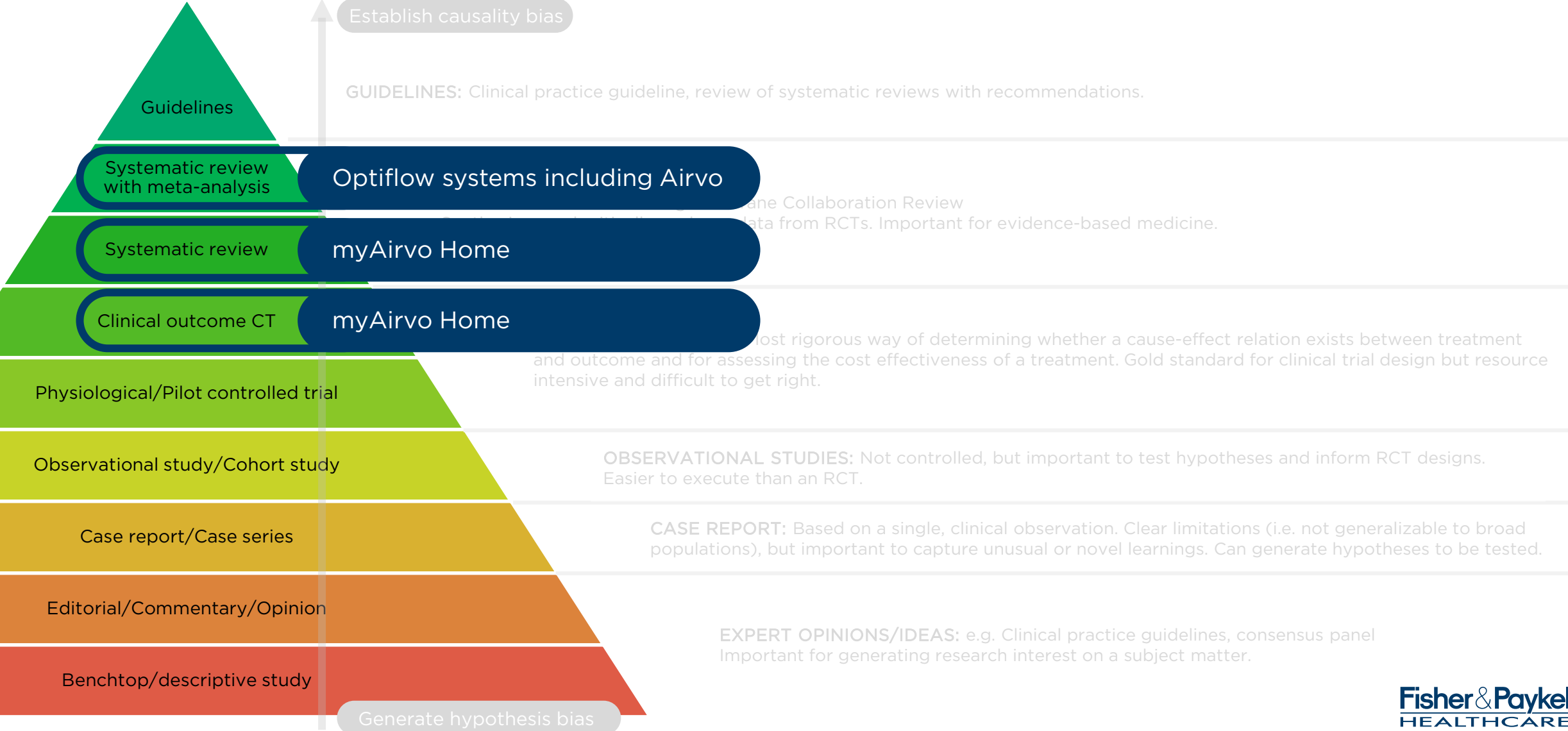


# Quality of Clinical Evidence



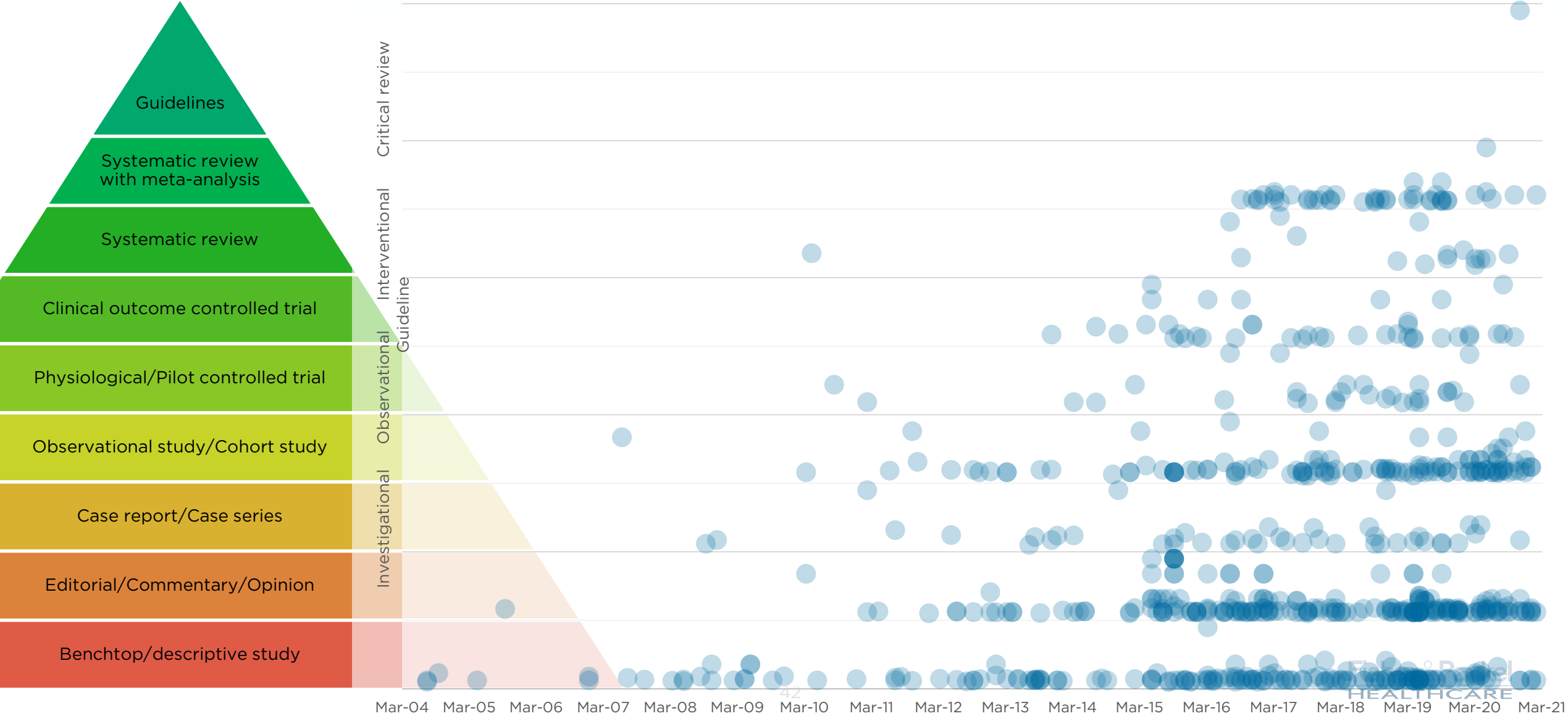


# Quality of Clinical Evidence



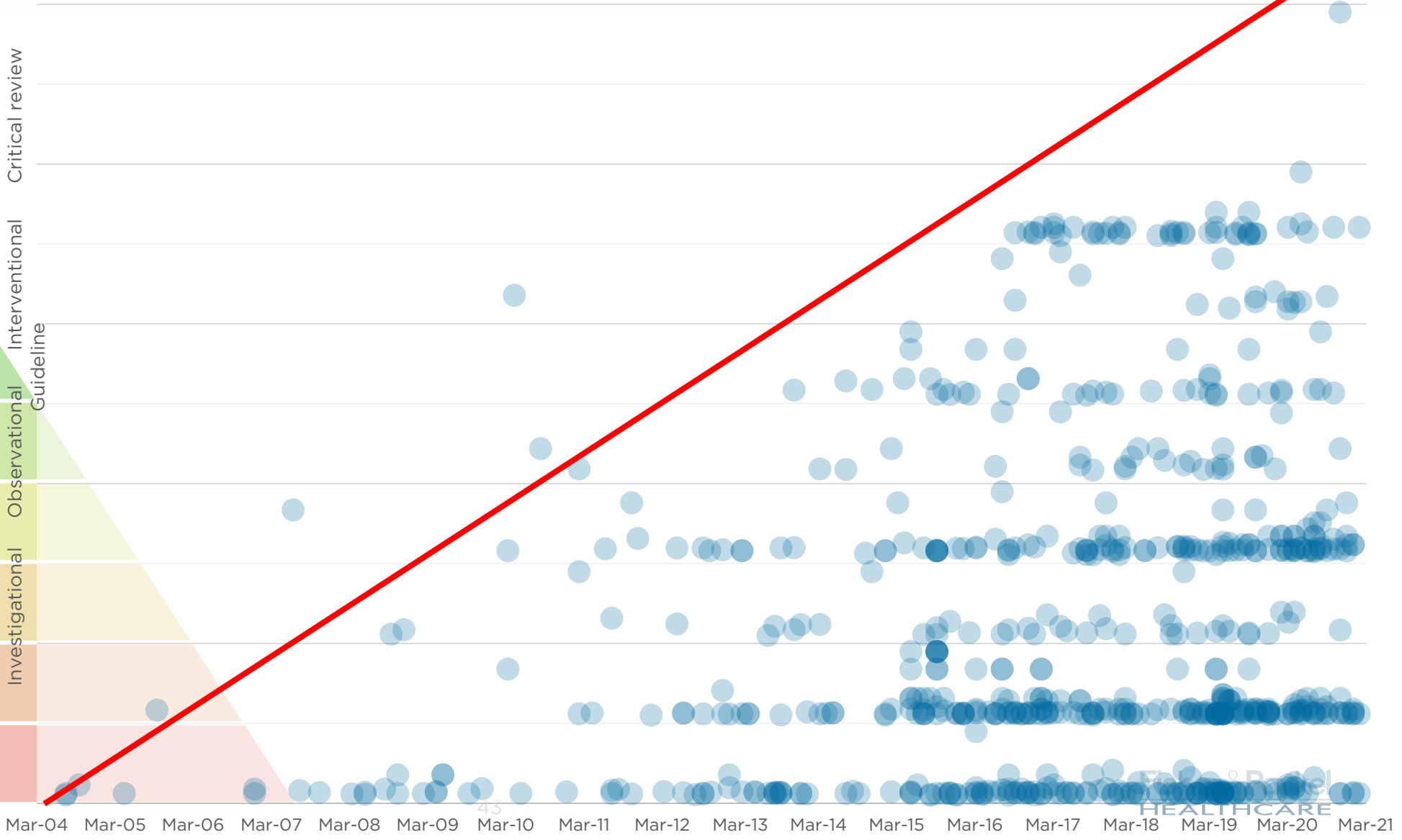
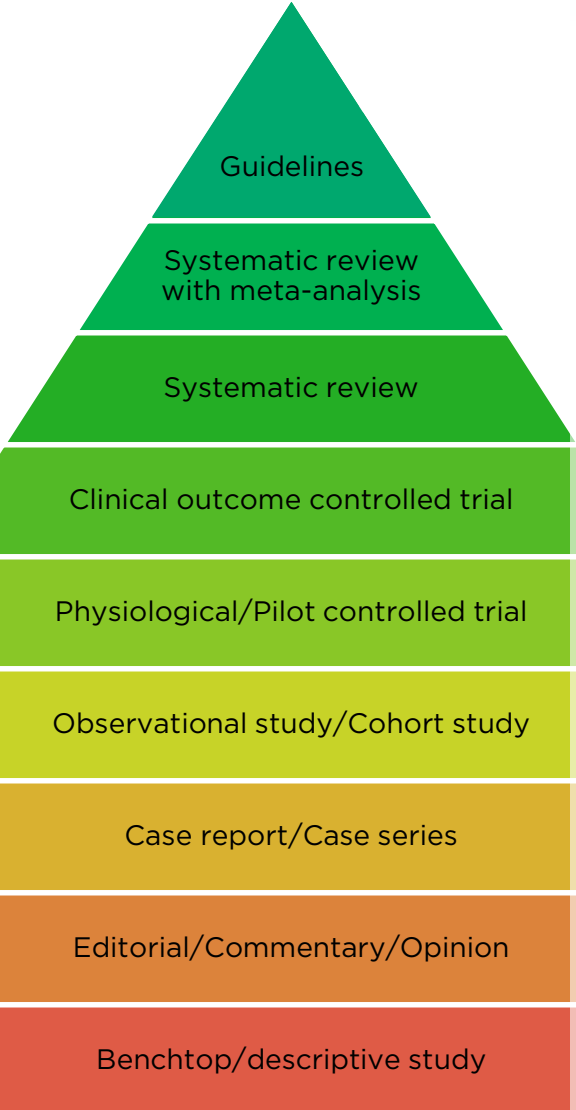
# Quality of Clinical Evidence Unstable Higher Acuity

Publications featuring NHF for respiratory support in adults



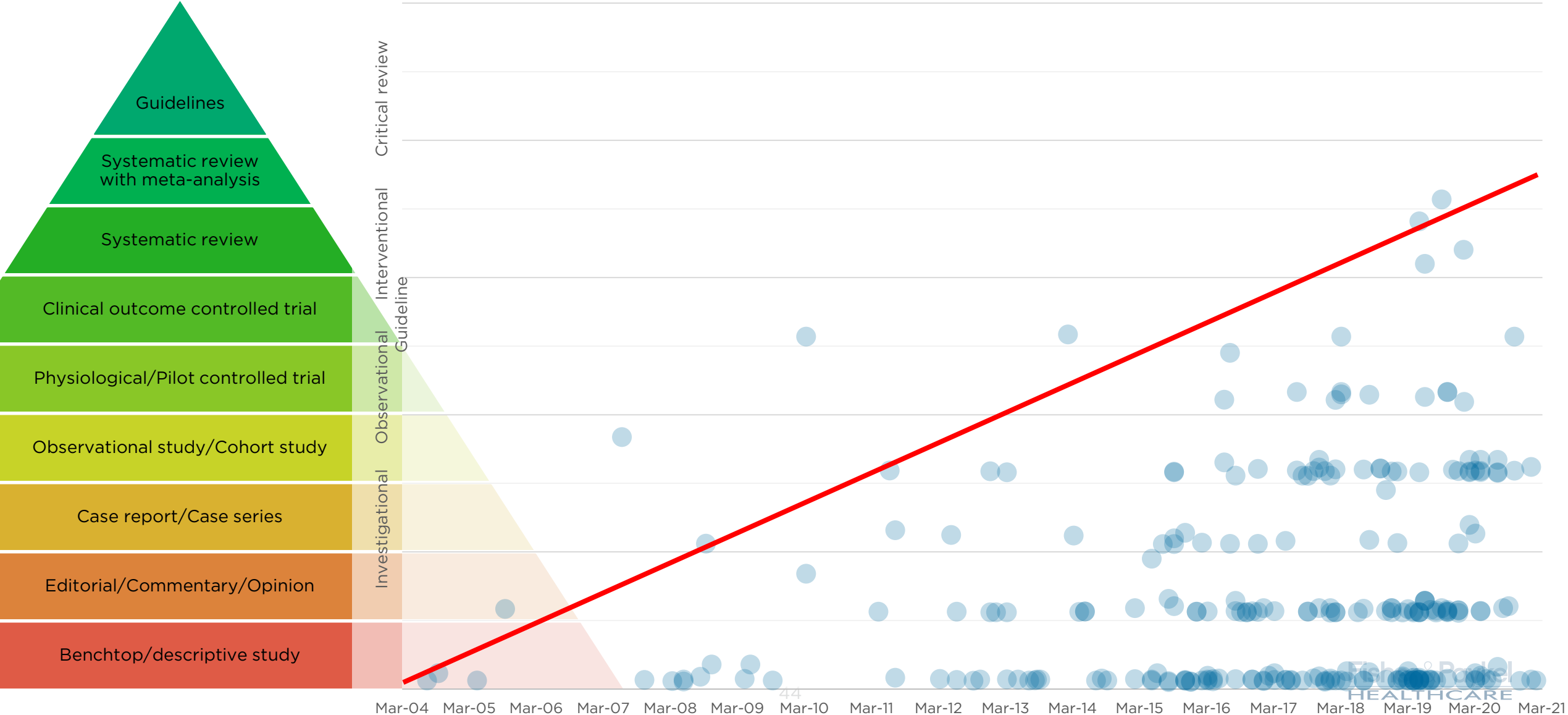
# Quality of Clinical Evidence Unstable Higher Acuity

Publications featuring NHF for respiratory support in adults



# Quality of Clinical Evidence Stable Low Acuity

Publications featuring NHF for respiratory support in stable adults





# myAirvo – Growing Clinical evidence

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Early evidence  
very promising

Needs to change  
clinical practice

Many studies underway to  
strengthen clinical  
evidence

COPD studies = 13

Pulmonary rehab studies  
= 5 (COPD)

= 5 (other diseases)

Other disease studies = 5

# Summary

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- Many potential patients for myAirvo in the home
- COPD a major market opportunity with largely unmet need
- Growing clinical evidence
- Changing clinical practice



# Surgical Humidification

Winston Fong  
VP Surgical Technologies





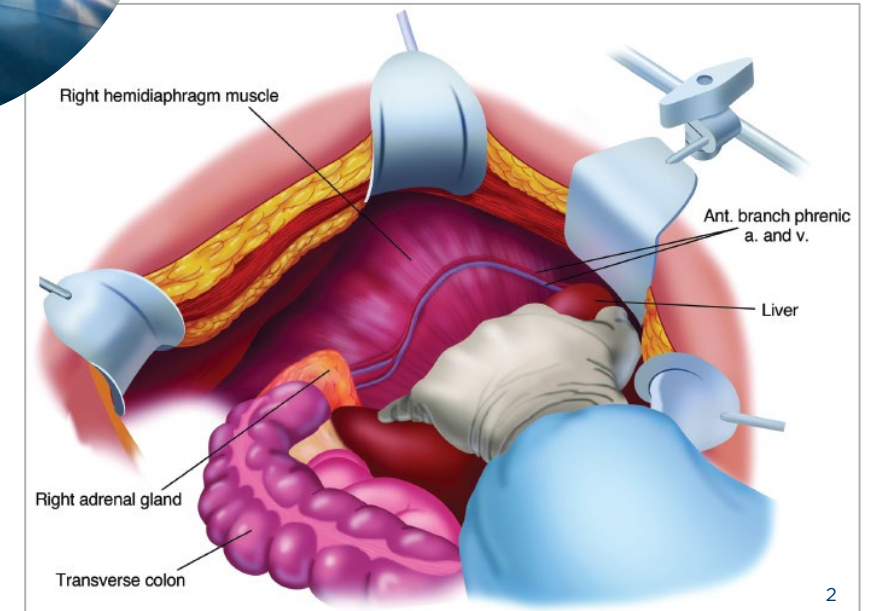
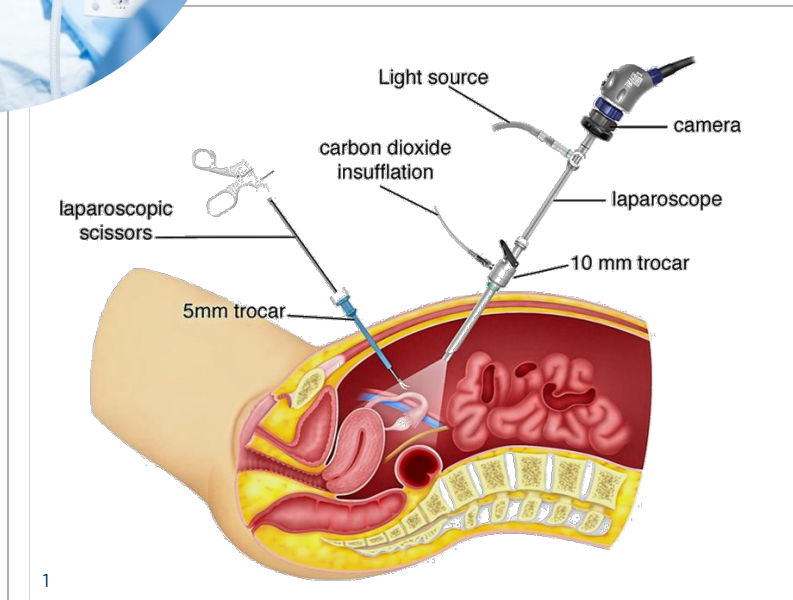
# Intro - Laparoscopy and laparotomy



**14M**  
Laparoscopy  
procedures



**6M**  
Laparotomy  
procedures

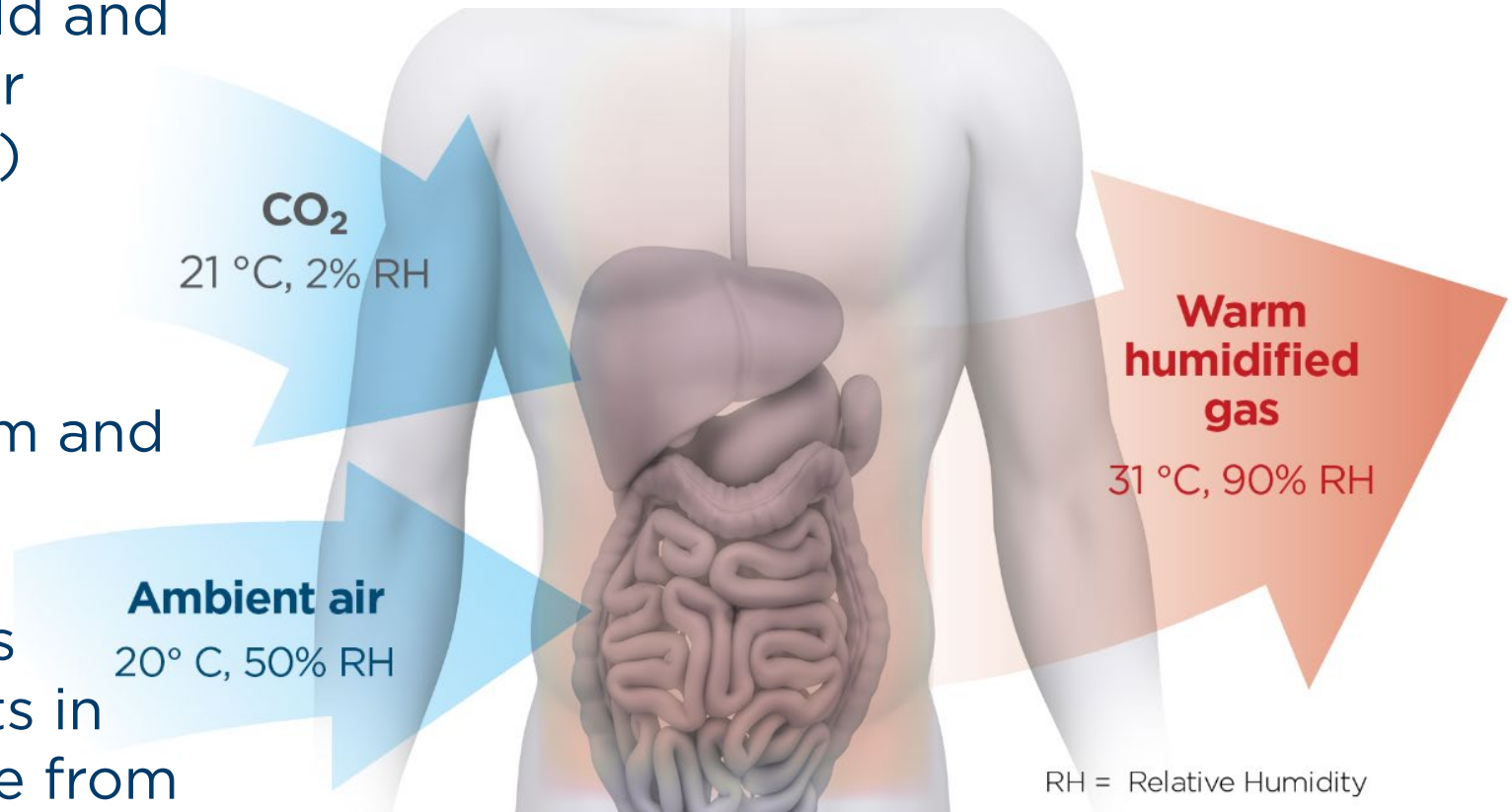


1. <https://www.thestar.com.my/lifestyle/health/2017/05/07/a-keyhole-to-health>; 2. Sugarbaker PH. Cytoreductive surgery using peritonectomy and visceral resections for peritoneal surface malignancy. *Translational Gastrointestinal Cancer*. Vol 2, No 2 (April 2013).

# Cold dry exposure to the patient

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- Patient is exposed to cold and dry CO<sub>2</sub> (laparoscopy) or ambient air (laparotomy) during surgery
- Very different to natural physiological state (warm and wet)
- Cold and dry CO<sub>2</sub> causes evaporation which results in loss of heat and moisture from patient



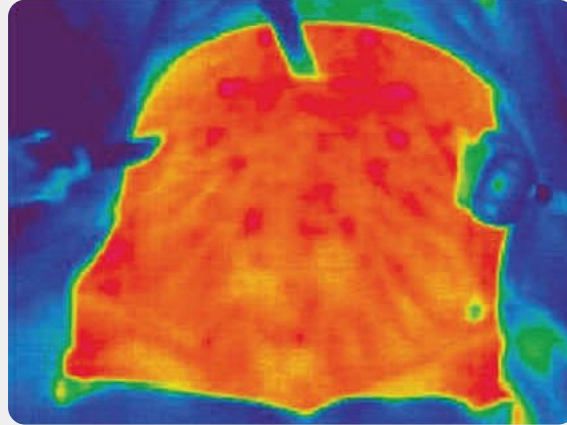


# What's the impact from cold dry exposure?

## Hypothermia

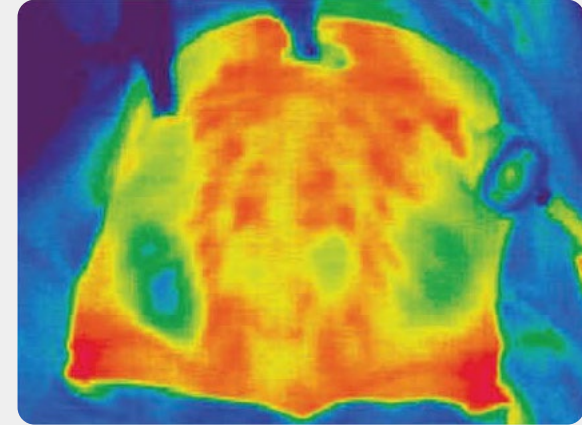
Evaporative heat loss due to exposure to cold, dry CO<sub>2</sub> and/or cold, dry operating room environment

CONTROL



AT THE START OF INSUFFLATION

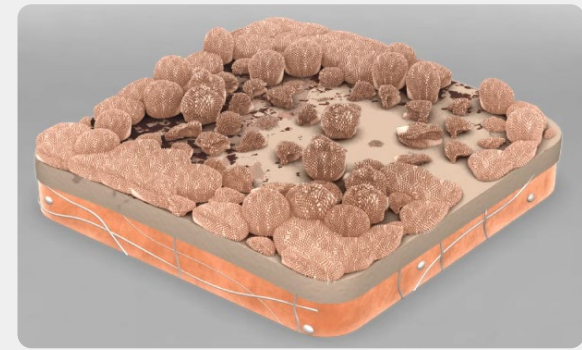
COLD, DRY



AFTER 2 HOURS OF INSUFFLATION

## Tissue/Cell damage

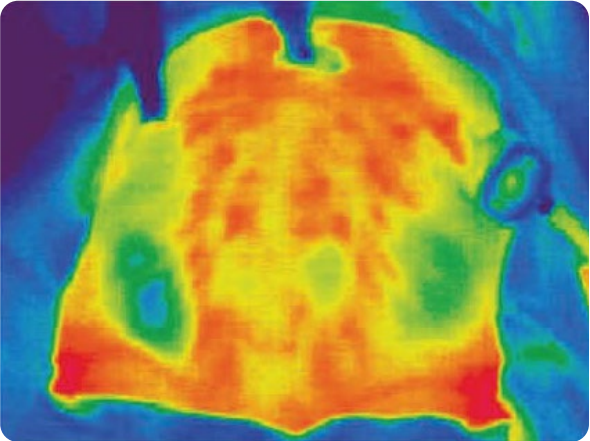
Effect of cold, dry CO<sub>2</sub> and/or cold, dry operating room environment on the tissue surface



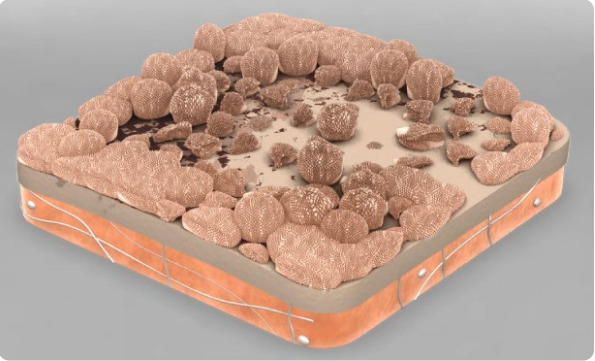
# Implications of Hypothermia and Tissue/Cell damage

## Intraoperative

Hypothermia

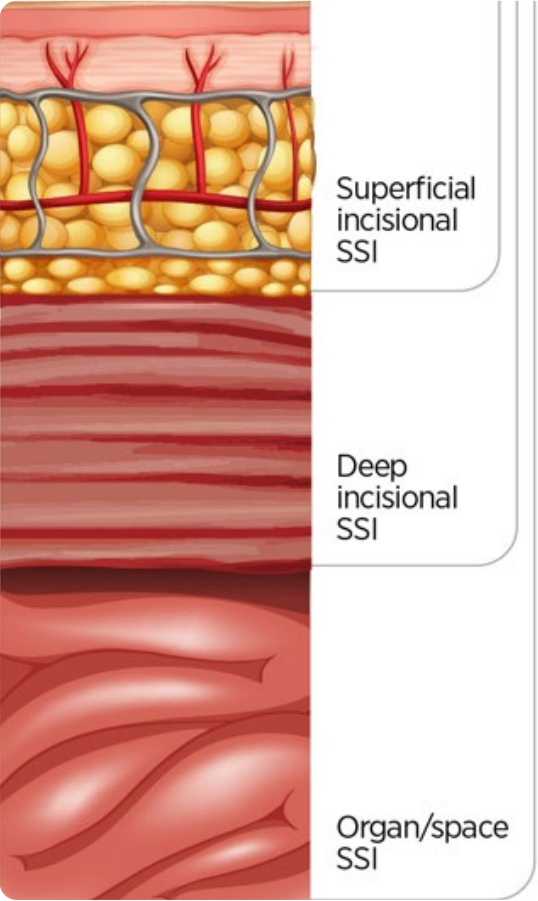


Tissue / Cell damage

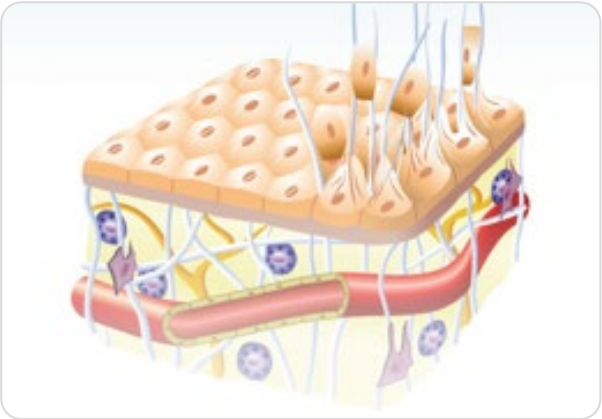


## Postoperative

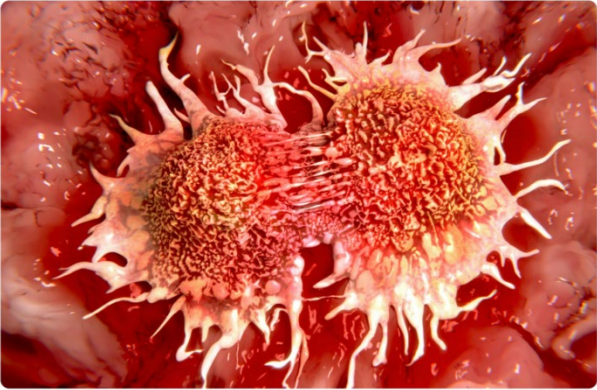
Surgical site infection



Adhesions



Peritoneal Tumor Metastasis



# Surgical Humidification with HumiGard

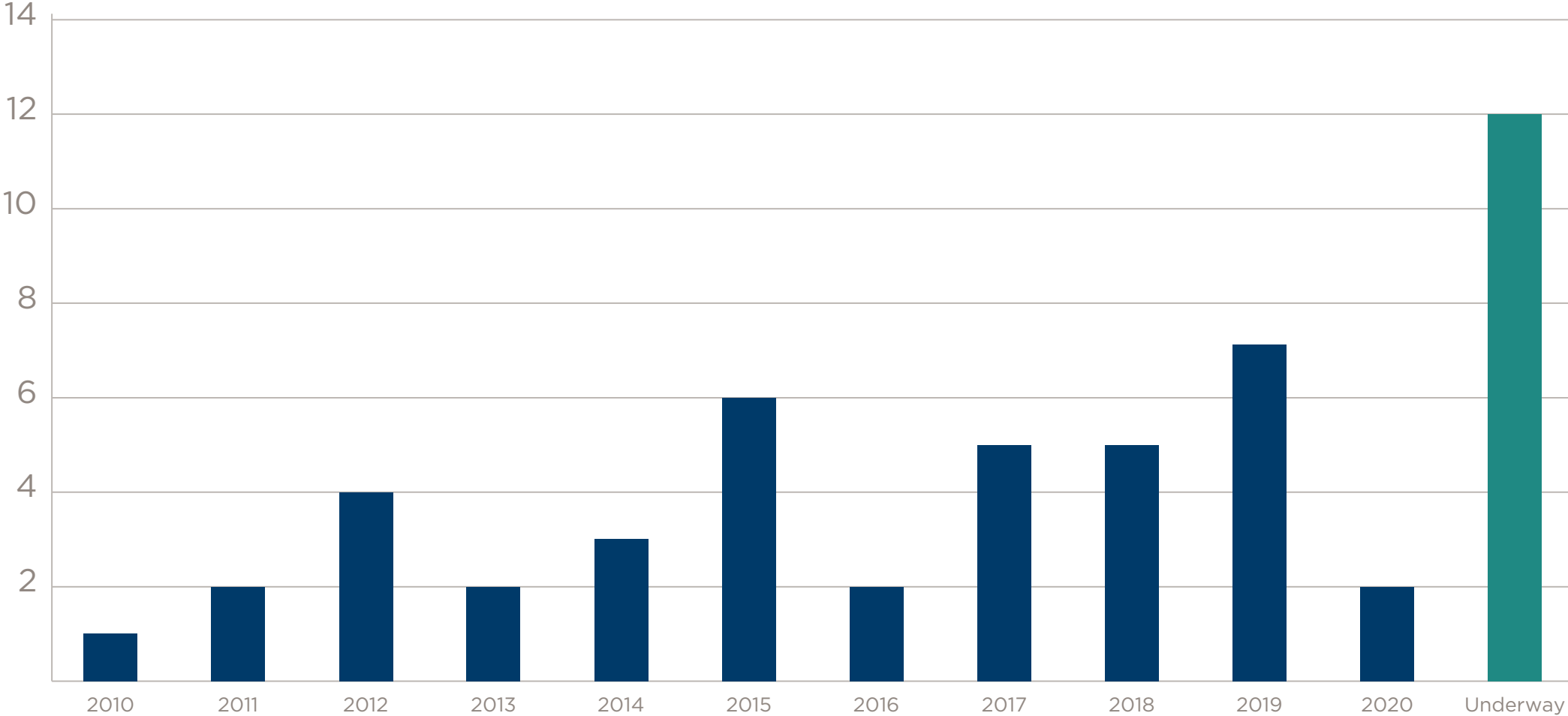
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- Surgical Humidification Platform
  - Tuned to deliver warm humidified CO<sub>2</sub>
- Humidified Consumables Kit
  - Thermally insulated tube – prevents the loss of heat and humidity to the theatre environment
  - Optimised for Operating Room environments



# Growing the clinical evidence

Surgical Humidification research publications per annum

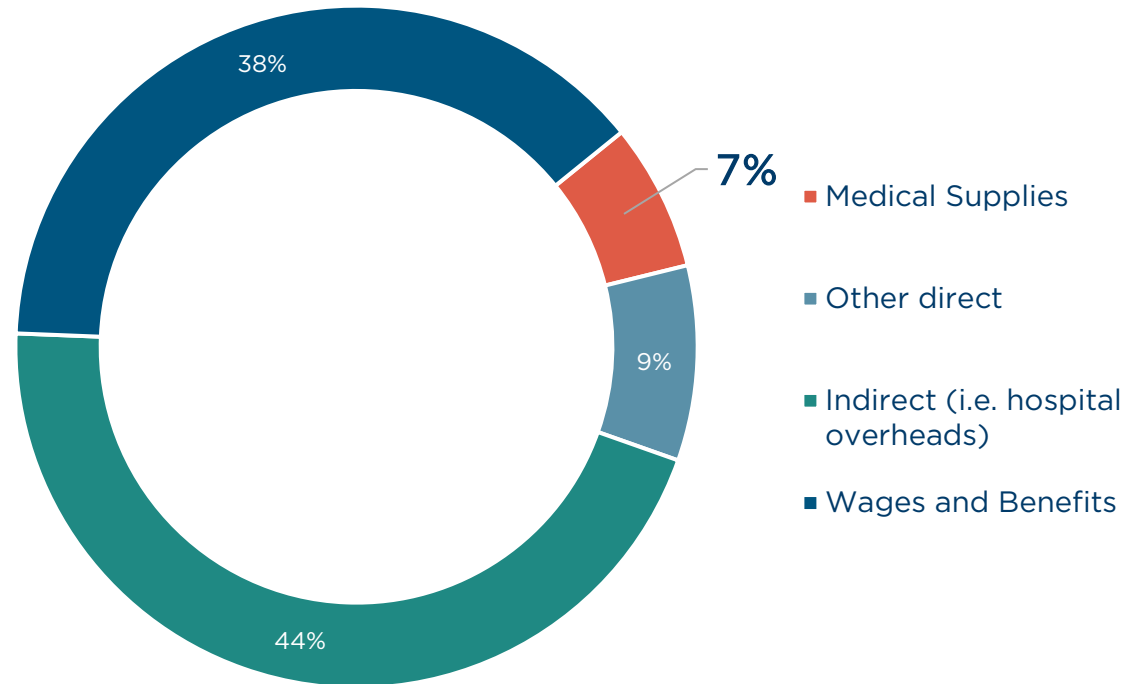


# Benefit of improved patient outcomes

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## Costs of Care in the Operating Room

- 30% of hospital admissions are through the Operating theatres. These admissions represent 50% of hospital costs
- Cost of a hospital stay after a surgical procedure in an OR was 2.5 times more expensive than that of a hospitalised patient not requiring a surgical procedure





# Summary

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- Surgical humidification plays a key part in establishing a third market within the hospital.
- Right for the patient, good for the caregivers and hospital systems
- ~20M patients (14M Lap, 6M Open) globally

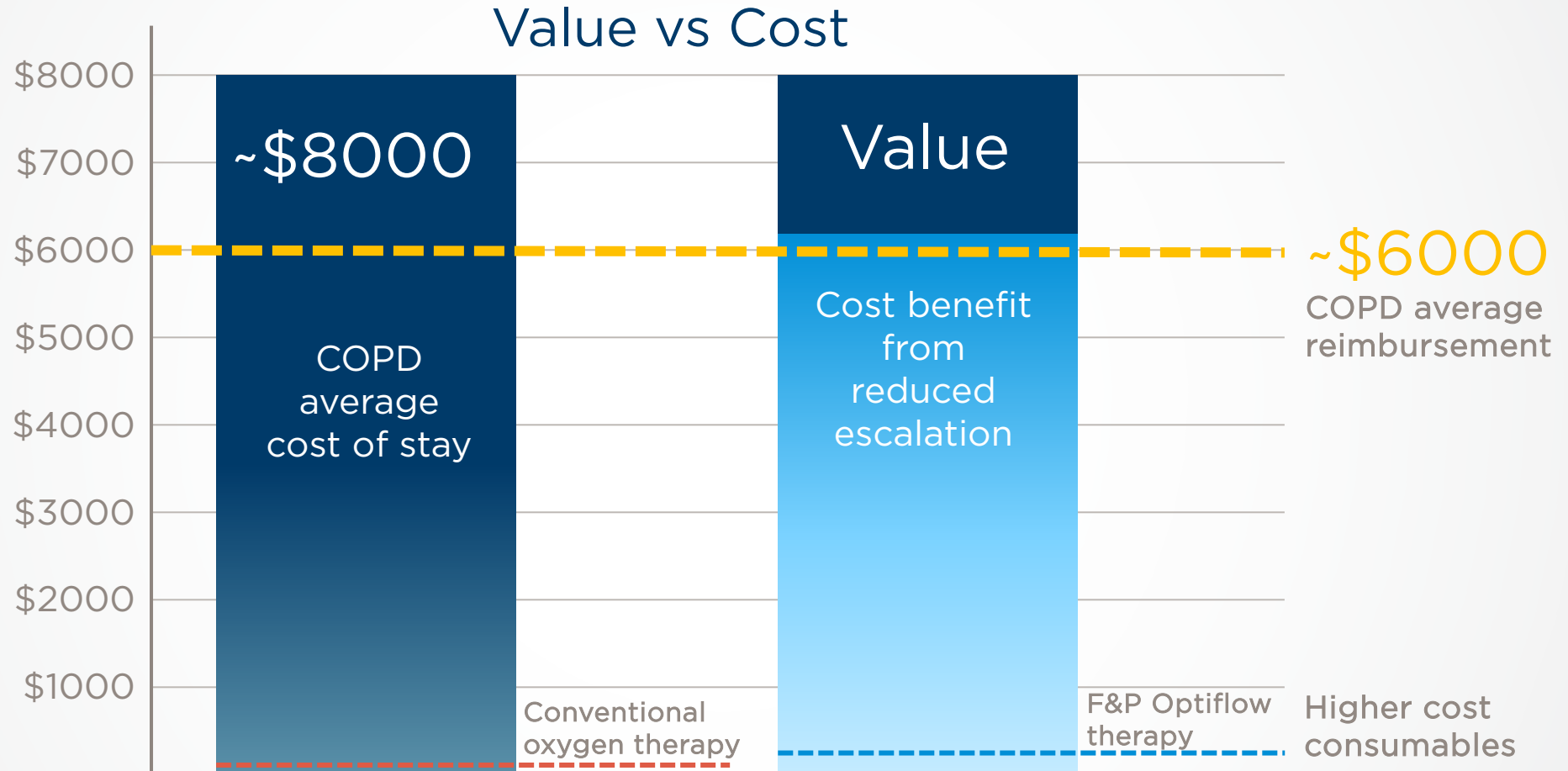


# Global Reach Sales & Marketing

Justin Callahan - President  
North American Operations



# Positioning





# Changing Clinical Practice

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Using clinical evidence to drive change

Multi layered with multiple stakeholders

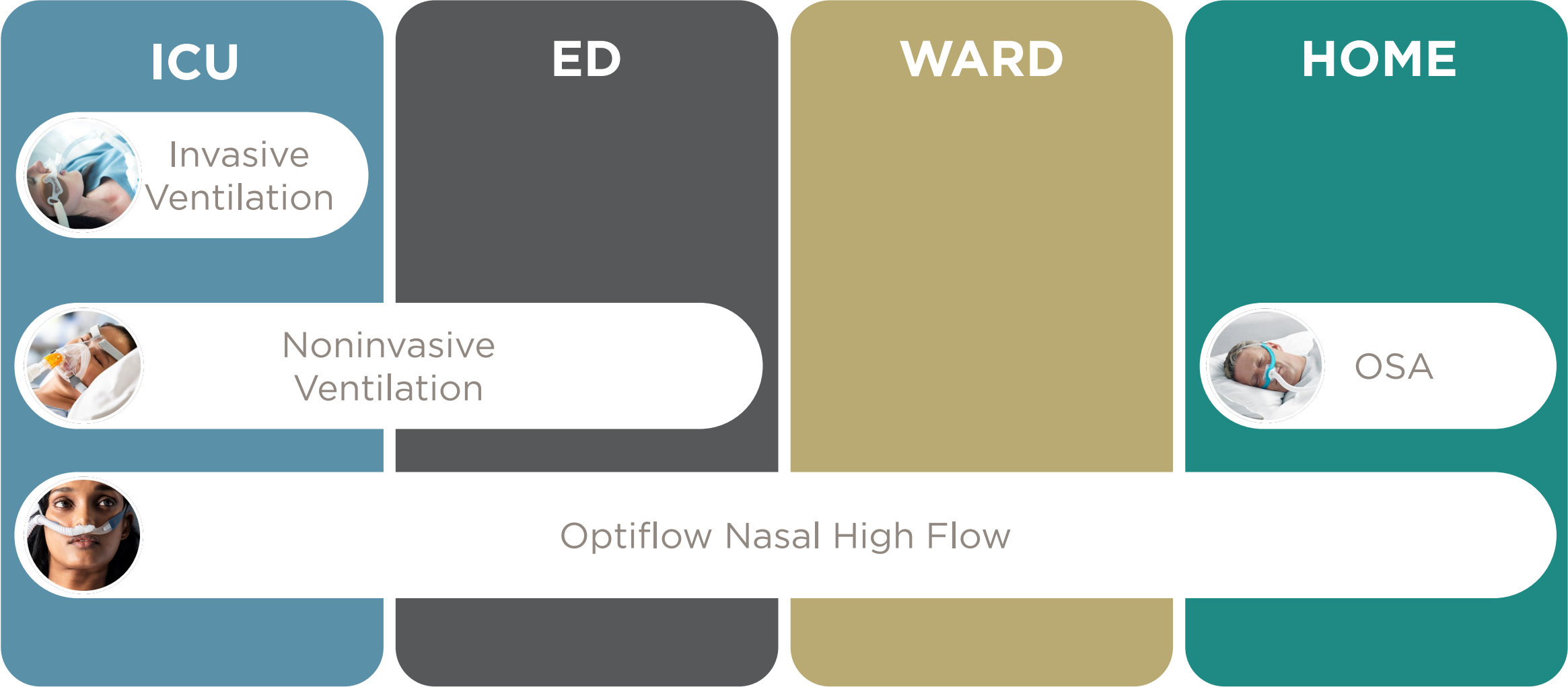
Building confidence with usage inline with the evidence, demonstrating value

Products in each care area builds familiarity and confidence

Customer experience build's trust and confidence



# Opportunity across the Care Continuum





# Reach & Expertise

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## Acute Care



### Focused Sales Team

- Sales teams need to be experts in the clinical application across the care continuum
- Utilize multiple platforms to access and inform customers

## Homecare



### Focused Sales Team

- Developing strong collaborative relationships with Key Opinion Leaders
- Manage complex supply chain

# Global reach in Developing Markets

Bryan Peterson - General Manager  
International Sales - ROW



# Changing Clinical Practice

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## Evolution of a therapy to change clinical practice

- Therapy/Product Development
  - Ideas / observations
  - Improvements to therapy with existing technology
  - Refinement of ideas / development of prototypes, constant improvement
  - Clinical evaluation
- Clinical Development
  - Case studies
  - Physiological outcomes
  - Observational studies
  - RCT's
  - Meta analyses
  - Clinical practice guidelines



# Our Global Coverage

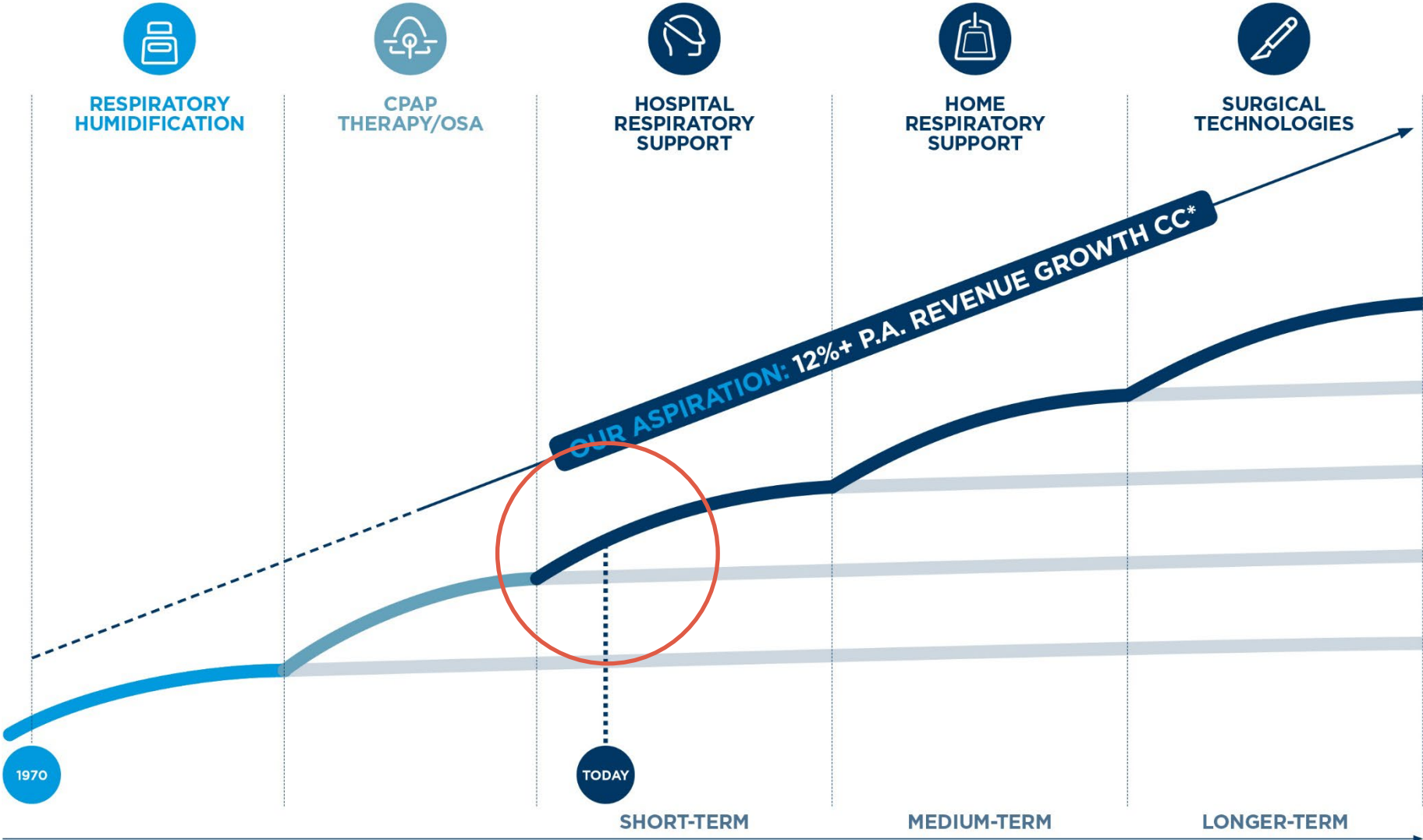


Our people  
are located in  
**45 countries**

Sell into more than  
**120+ countries**

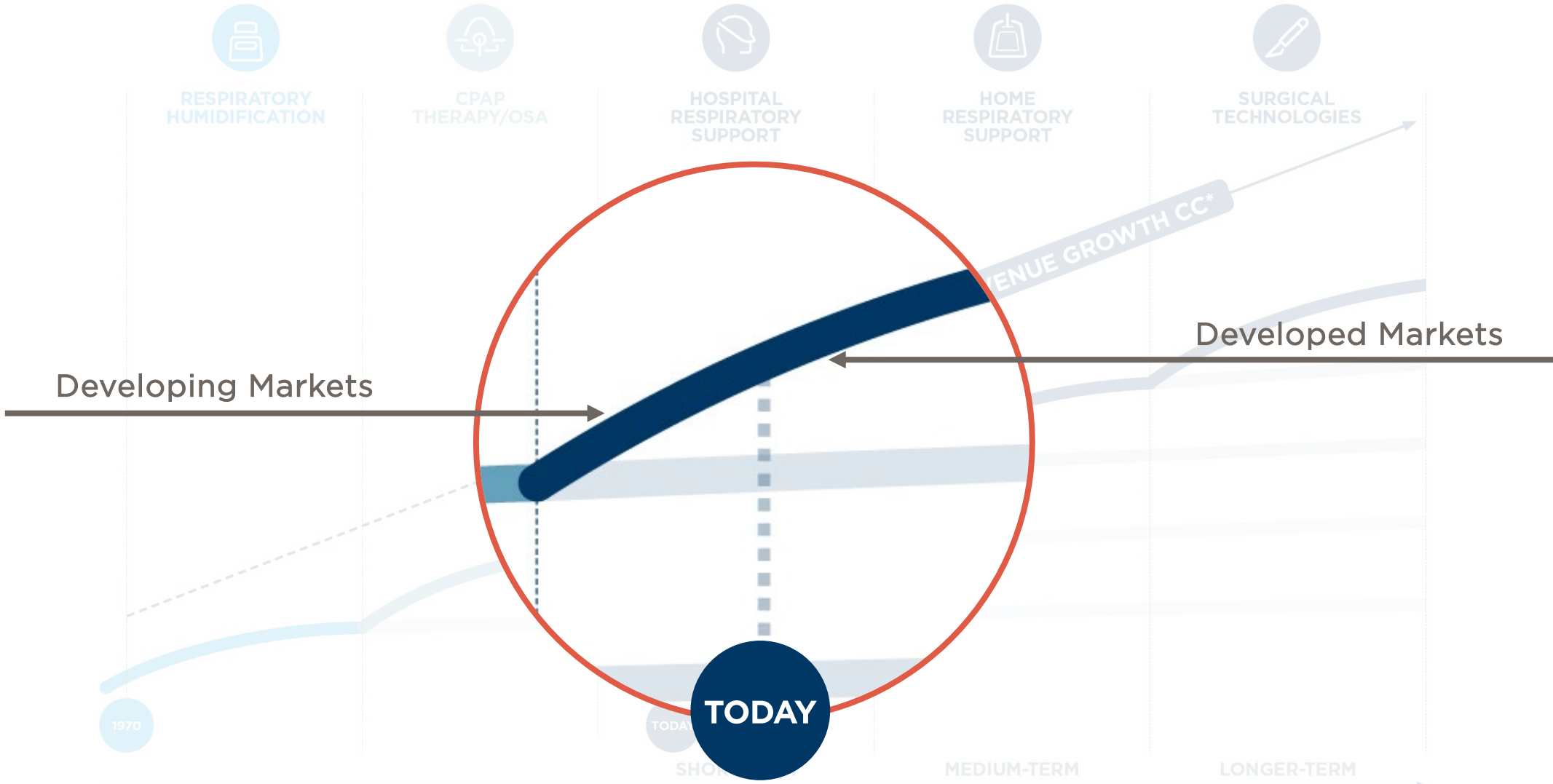
With more than  
**180+ Distributors**

# The Market Development Curve





# The Market Development Curve



# Enhancing Distribution Partners

## Distribution Partners

- Independent local company
- Sales/Marketing team
- Finance/Operations team
- May distribute few or many products
- Typically 10-100 people



## Multi-channel distribution

- Focus
- Training & support
- Strategic alignment



# Story remains the same

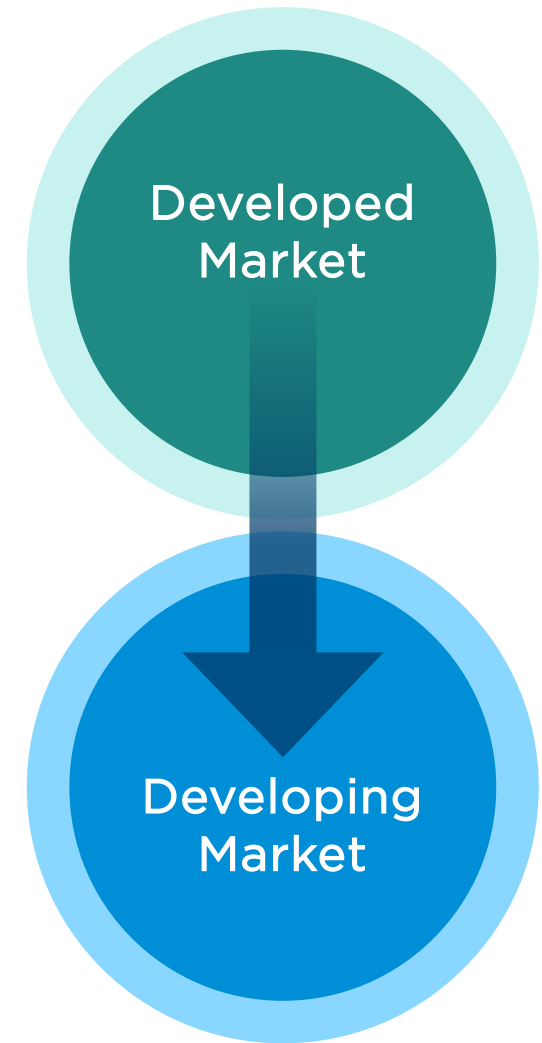
- Changing Clinical Practice
- Reducing escalation of care
- Enhancing the de-escalation of care and avoidance of rebound
- Sustainable sales



# Lessons learned accelerates growth

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- Knowledge and learnings from the Developed markets drives growth in Developing markets
  - Same patients
  - Same environment,
  - Potentially different resources available
- Working with KOL's, educating clinicians on therapy, supporting broad utilisation of F&P therapies.
- Distributors tell our story...





# Improving care and outcomes

People Helping People

