**MOSY**

**What’s the product?**

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| A feedback system to regulate oxygen intake in patients under oxygen therapy. |
| MOSY - An automatic Oxygen Treatment System |
| Oxygen therapy |
| An oxygen regulator that is automatic. |
| Box to change oxygen delivery based on patient oxygen level. |
| Real time O2 therapy |
| A medical device to control oxygen concentration for patients |
| An electronic device that regulates oxygen for patients (currently done manually in hospitals by healthcare providers) |
| An automatic oxygen regulator |
| Automated oxygen supply monitoring device |
| A medical device that monitors and provides the correct amount of oxygen a person needs. |
| Oxygen system automatic regulator |
| Self-adjusting oxygen system |
| O2 personally treatment system |
| A montorization device that adapts oxygen therapy to the needs of the patient. |
| closed loop O2 management |
| medical device that automates oxygen therapy. |
| Oxygenater with automatic regulation |
| Automated oxigen system |
| automated oxygen supply |
| closed-loop O2 flow controller |
| A device to automatize oxygen delivery for respiratory diseases, allowing for personalized treatment. |
| A smart monitor of oxygen |
| Automated oxygen delivery system adjusting to O2 sat levels |
| Automatic Oxigen Therapy: Mosy. |

**What’s the problem they are trying to solve?**

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| The amount of oxygen is currently regulated manually by the patient. |
| Improve oxygen therapy which is currently manual |
| Solving Oxygen therapy problems in patients |
| They want to remove the dependency of physicians regulating and monitoring oxygen control machines. |
| Better patient outcomes... smaller variations |
| Manual (personnel) regulation of O2 is required for many patients and presents a significant cost for hosptals |
| They have a product that can easily control the oxygen level |
| Inconsistency of oxygen delivery and high manual labor required to monitor and adjust constantly |
| Removing the dependency on physicians to constantly monitor these patients |
| Human intervention in oxygen treatment is often inadequate, slow, incomplete. |
| Need for efficient ventilators and high costs. |
| The dependence on physicians to monitor the oxygen levels constantly. |
| Patients have different needs for O2 supplementation based on condition, status, etc, and present systems are not dynamically adjusting |
| Current O2 treatment for asthma and COPD are not personalized and manual leading to issues. |
| Better oxygen therapy? |
| They aren't sure... |
| current oxygen therapy procedures require manual adjustment of oxygen supply, which is risky, costly, and non-continuous. |
| The actual clinical need is a bit unclear. Doing something automatically does not mean the outcomes will be better, or enough time will be saved to warrant the cost. |
| Having to adjust the oxigen system manually |
| personalized timely oxygen supply |
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| Avoid manual oxygen regulation, which could end up in a crisis (because not being delivering enough oxygen) or an over-expense delivering more than needed. |
| Inaccurate dose oxygen |
| Approval, marketing and mass production |
| Avoids the manual interaction of current oxigen therapies. |

**Comments/Questions**

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| 1. This is a very clear need, especially for patients at home. Why has no one proposed a solution yet? Is it technically too difficult?  2. Is your device compatible with standard oxygen bottles, and how small can you make it? |
| Provide some data of the expected impact (reduction in time care).  Nice presentation. Do you consider the EU market in the future? Maybe it is worth moving forward the process to obtain the CE mark. |
| (1) how does this product compare to nurse interventions based on continual read pulse oximeters?   (2) what regulatory advantage can be gained by going to market in Peru ahead of other countries?  (3) how will you stop competitors from copying you?  (4) instead of finger pulse oximeters, is there a way that the thinking with Mosy could be with wearables (like iWatch)? |
| \* This seems to be a 'closed' system: Have you investigated the regulatory requirements and validation requirements? This will be a very challenging barrier.  \* Why focus on hospital first vs home market? |
| I wonder if other companies could also design a similar product without having a conflict with their patent |
| Can you consider different business models in different geographies? The hospitals are a good primary customer in Peru; in the US, you might want to target home patient usage with oxygen concentrators as suggested during the Q&A. |
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| Do you have more metrics on the clinical impacts of poor regulation of oxygen supply, and how much of this is owing to staffing interventions?  If different patient profiles require different oxygen levels, do these need adjustment? And can the level be set and monitored and adjusted using the technology? Especially in critical care situations? |
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| Is this an oxygen concentrator also?  This is a closed loop system sold to the hospital - this is a harder sell then home sales. |
| Does the device require bottled oxygen or does it enrich it from the atmosphere?  If used at home, how would it improve the life of the patient? |
| I think it's a great idea, practical, and addresses a true need. There are some IP issues that may be show stoppers. So I suggest that you explore IP sooner rather than later. Suggest you start with oxygen concentrators that are used at home as they produce only 2-5L of O2, so are safer for a product like this. The product you propose is quite complex, I have some ideas for simplifications. |
| 300 million people is a lot. How many of them actually require oxygen therapy, and for how long? |
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| The presentation was amazingly clear and went to the point. Congratulations!  Can the system be patented? |
| What are the parameters for the automated program? Is spO2 level the only factor for the automation? The individual patient might have different sensitivity to O2 due to different red blood cell concentrations. Relating to blood test results with your system will help further personalize your system. |
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| Good idea, but how are you planning to get into the hospitals and their budgets? |
| I would like to see how many oxygen intoxication in patiens and their complications |
| Do you see an in home version for chronic oxygen users ? |
| **From the chat question burst:**  300 million people is a lot. How many of them actually require oxygen therapy, and for how long?  Seems amazing that hospitalization time reduced by 30% by controlling o2.  How would this change outcomes (costs, morbidity, mortality, etc.)? Are there any data to support outcomes benefits?  Does the device require bottled oxygen or does it enrich it from the atmosphere?  Nice presentation. Do you consider the EU market in the future? Maybe it is worth moving forward the process to obtain the CE mark.  How many units would an average 400-500 bed hospital need to purchase in order to see benefits on outcomes?  Did you say mosy costs $15,000?  Congratulations on your clear presentation!  I really find it promising  Suggest you focus not on the hospital market but on the in-home market. Ppl on o2 concentrators need to tweak their O2 themselves as they are more active.  Do nursing personnel perform any other monitoring activities when adjusting oxygen supply? What might be missed, if anything, if you automate the intervention?  It’s unclear exactly how much control is needed to improve what’s happening in hospitals - and is that improvement worth the $15k for the hospitals? It seems it might be, but the question here isn’t “spend $15k on this v $15k on something else”, it’s “spend $15k on this v $0”, so the value prop from a cost/outcomes perspective has to be very clear  Do you think you will have strong competitors in the future?  How much work is it to setup the device? The ease-of-use hurdles are high, because the alternative is open a valve and put a mask on. If it is challenging to setup, the user may just want to go the manual route |