

The HeartScreen.

Starting with the heart.



Community diagnostics, heart and lung screening,
portable hubs and specialist-backed access
pathways for Australians



A Preventia
Initiative



First Nation
Owned



Medicare-
Supported



Specialist-Led



We pay the diagnostic and
specialist bills, so Australians
do not have to.

Engage our services. Open the pathway.
Increase screening numbers. Sustain the
specialist workforce required to keep
prevention moving.

Preventia.



CORE MESSAGE

Who we are

A First Nation-owned community diagnostics and specialist healthcare platform built around GP continuity.



We bring specialist-backed pathways into GP clinics, community settings, aged care, regional and remote areas, mining sites and workplace health programs.

The GP remains the front door and clinical continuity point. Preventia supplies the workforce, equipment, booking, reporting and governance layer around that pathway.

Preventia is a First Nation owned community diagnostics and specialist healthcare provider. We bring preventative and timely diagnostic health assessment pathways directly into the community - through GP clinics, aged care facilities, corporate workplaces and regional towns.

The HeartScreen is our flagship cardiac pathway: GP-referred cardiac diagnostics such as echocardiography, ECG, Holter and blood pressure monitoring, with specialist reporting and GP-led follow-up.

Element	Summary
Provider model	A First Nation-owned community diagnostics and specialist healthcare provider, supported by clinical advisory input across specialists, GPs and First Nation clinical teams.
Operating thesis	Move specialist-grade diagnostics closer to patients, workers and GPs, instead of forcing people to move across a fragmented system.
Proof point	The HeartScreen: GP-referred cardiac diagnostics such as echocardiography, ECG, Holter and blood pressure monitoring, with specialist reporting and GP-led follow-up.
Broader platform	Heart and lung screening, mobile/FIFO diagnostics, portable imaging hubs and a repeatable chronic disease diagnostics workflow.

WHY THIS MATTERS NOW

The access problem

The current specialist pathway is under pressure: costs are rising, consumers lack price clarity, specialist attendance is falling, and regional communities face the hardest barriers.

<p>51%</p> <p>of consumers are stressed by medical costs</p>	<p>44%</p> <p>were not aware of specialist appointment costs before attending</p>	<p>55%</p> <p>received medical bills bigger than expected</p>
<p>\$270</p> <p>median visible out-of-pocket cost for in-hospital medical services in FY24</p>	<p>-8%</p> <p>decline in initial specialist consults from FY19 to FY24, despite GP attendances rising</p>	<p>61%</p> <p>of rural consumers reported they cannot get timely specialist appointments</p>

Challenge	Impact
Specialist waitlists	Months-long delays for cardiac diagnostics
Out-of-pocket costs	\$270 median out-of-pocket for in-hospital services (FY24)
Deferred care	1.2 million Australians delay care due to specialist costs
Rural access gaps	Regional communities carry the heaviest access burden
Disconnected referrals	Patients lost between GP, scan, specialist, and follow-up
Financial stress	51% of consumers stressed by medical costs



This is not a communications problem.

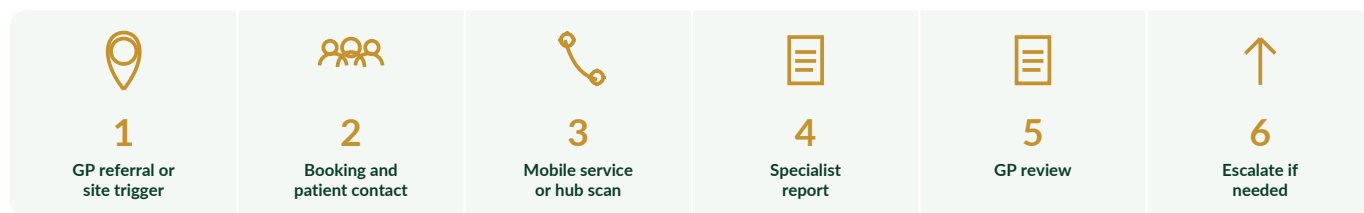
It is an access, cost, workforce and pathway-design problem. Preventia is built as an implementation response.

HOW IT WORKS

The Preventia model

Move specialist-grade diagnostics closer to patients, workers and GPs - instead of forcing people to move across a fragmented system.

Preventia's model shifts specialist-grade diagnostics from the hospital to the community - with the GP as the front door. The point is not to replace existing services. It is to remove avoidable friction, connect GPs to specialist interpretation, and escalate only when the next test is clinically indicated.



Traditional pathway	The Preventia pathway
GP referral -> separate scan booking with patient cost/waitlist -> specialist review with additional cost/delay -> report back with multiple handoffs.	GP referral/site trigger -> local diagnostic imaging -> specialist report to GP -> GP action, care plan or escalation.

Layer	What it means in practice
Clinical Team	Specialist reporters, cardiac sonographers, mobile/FIFO teams, GPs, nurses, logistics and administration.
Equipment	Diagnostic equipment, transport logistics and portable or semi-permanent imaging hub capability where demand justifies it.
Workflow	Referral intake, booking, patient communications, local scan delivery, structured report and GP result return.
Medicare alignment and governance	Medicare Benefits Schedule rules are applied where eligible. Rebates and bulk-billing depend on item, indication, requestor and patient eligibility. Partners receive utilisation, turnaround and access-gap reporting.



What we provide

Not a scan vendor. A complete clinical operating model.

We bring the hospital-grade cardiac screening team directly into the community: specialist reporters, cardiac sonographers, diagnostic equipment, transport logistics, patient communications, structured reports and GP result return.

What we deploy	Description
Specialist Cardiologists	Expert interpretation and structured reporting
Cardiac Sonographers	FIFO and mobile sonographers deployed to your location
Diagnostic Equipment	Hospital-grade echocardiography and cardiac monitoring
Structured Pathways	Referral, booking, patient communication and reporting - end to end
GP Continuity	Results returned to the referring GP for next clinical decisions
Governance & Reporting	Quality, privacy, turnaround and utilisation reporting

Model	Strategic value
1. Heart + lung screening	HeartScreen cardiac diagnostics plus respiratory/lung and other preventative chronic disease pathways such as spirometry, designed for GP-led follow-up and clear escalation where needed.
2. Mobile/FIFO diagnostics	Takes sonographers, diagnostic equipment and specialist reporting into local clinics, regions, aged care, mining and workforce settings.
3. Portable imaging hubs	Relocatable diagnostic capacity for priority catchments and worksites, built for continuity rather than one-off weekend drop-ins.
4. Chronic Disease Diagnostics and Prevention Network	Transferable workflow for cardiovascular, respiratory, vascular, renal/metabolic, women's health and prevention pathways.



WHERE WE SERVE

Impact and footprint

Local diagnostics, specialist-backed reports and GP-led continuity across clinics, communities, aged care and worksites.

Metric	Result
Lives saved	15 critical cardiac conditions identified that would have gone undetected
Clinics serviced	30+ GP clinics across Queensland, Victoria and New South Wales
Patient cost	\$0 for eligible fully bulk-billed screening pathways, where MBS rules apply
Screenings delivered	Thousands of Australians screened in community settings
Deployment settings	GP clinics, aged care, corporate, regional, PHN networks and insurance

Setting	What we deliver
GP Clinics & Medical Centres	Currently servicing over 30 clinics across QLD, VIC and NSW
Aged Care & Residential Care	On-site cardiac diagnostics - no hospital transfers required
Corporate & Workforce Health	Meaningful employee welfare programs across corporate, mining and construction
Regional & Remote Communities	FIFO echo and sonography through ACCHO and community clinics
PHN & Private Network Programs	Partnering with Primary Health Networks and private networks
Life Insurance & Underwriting	Structured cardiac diagnostic pathways for insurance assessments



Fifteen people are alive today because we showed up.

Critical conditions that could have gone undetected were identified early, reported to the GP, and managed before it was too late.





Beyond cardiology

The heart is the proof point. The platform extends across diagnostic and preventative pathways.

The transferable asset is the workflow: referral, booking, local service, expert report and GP-led next step. Heart and lung screening are the immediate services; the larger opportunity is a chronic disease diagnostics and prevention network.

Pathway	Scope
Cardiology	Echocardiography, ECG, Holter monitoring, ambulatory blood pressure
Respiratory	Spirometry and lung function pathways
Vascular	Ultrasound and vascular risk pathways
Renal & Metabolic	Risk stratification and monitoring
Women's Health	Diagnostic access closer to community
Prevention	Screening, recall and structured reporting

Portable imaging hubs exist because access after detection matters. These are not weekend drop-ins. They are relocatable community diagnostic assets - sitting where the need is real, close enough for patients, practical for local GPs, and flexible enough to move when demand changes.

 Semi-permanent placement Priority communities and worksites where demand justifies continuity.	 Modular deployment Shared use for local providers without every clinic building its own service.
 Demand-led movement Relocatable capacity that follows access pressure and regional need.	 Complements existing services Designed to strengthen local pathways, not displace providers.

CLINICAL THESIS

Why the heart came first

Cardiac diagnostics are high-impact, high-volume and clinically actionable.

Starting with echocardiography proved the operating thesis: specialist-grade diagnostics can be delivered through GP-led pathways without building a new hospital footprint.

Statistic	Source
12% of Australia's total disease burden is cardiovascular disease	AIHW 2024
685,000 years of healthy life lost to cardiovascular disease annually	AIHW 2024
CHD is the leading single cause of disease burden for males	AIHW 2024
7 young Australians under 35 die from SCD every week	Paratz et al., Europace 2022 [1]



Same clinical seriousness. Less friction, less leakage, stronger GP continuity.

The model is built to detect earlier and escalate only when clinically needed.

How you can support us

The strongest support is access to the right tables, local data, pilot partners and booked service pathways.

Support is practical: engage our life-saving services so more Australians can access the bulk-billed pathways our model delivers.

Every additional site, referral pathway and screening day increases the numbers needed to keep cardiologists, sonographers and mobile teams in the field.

We need more platforms to expand awareness of the model and more practical pathways to showcase and deliver the service. The priority is not another passive brochure. The priority is utilisation: GP networks using the pathway, workplaces hosting screening days, aged care providers opening access, industry partners backing hubs, and local leaders introducing us to the right health stakeholders.

Engage the service Book HeartScreen clinic days, workforce screening, aged-care programs or regional access sessions.	Open the pathway Introduce Preventia to GP networks, PHNs, ACCHOs, LHDs, aged-care providers and corporate wellbeing teams.
Increase awareness Invite briefings, forums and stakeholder sessions so eligible patients and sites know the pathway exists.	Sustain specialists Higher utilisation supports the specialist reporter roster, mobile sonographer pipeline and equipment deployment.
Sponsor capacity Back pilots, portable hubs and community access days where local need and travel burden are clear.	Measure the outcome Track utilisation, turnaround, travel avoided, time off work avoided, escalations and GP/patient experience.

Pilot opportunity

Select one priority catchment, aged care residence, remote region, industry corporate corridor or mining-community corridor.

Co-design a Community Diagnostics Access Corridor where travel burden, wait times, chronic disease risk and GP referral patterns show clear access pressure. Deploy heart and lung screening, mobile/FIFO sessions and, where demand justifies it, a portable hub. Measure impact, then scale responsibly.

Step	Action
1. Nominate catchment/site	Use PHN needs assessment, GP referral patterns, waitlist pressure, travel burden, community health equity markers and mining workforce/site logistics.
2. Stand up access capacity	Deploy clinic sessions, FIFO/mobile sonographers or a portable hub placement with specialist reporting and GP-led review.
3. Build awareness	Use the deployment to tell a practical prevention story: early detection, local access, GP continuity, worker welfare and reduced patient friction.
4. Measure and scale	Track utilisation, turnaround time, travel avoided, patient experience, GP experience, worker/community uptake, escalations and access-gap closure.

System pressure	Preventia operating response
Costs are rising	Eligible Medicare/MBS pathways, clear patient logistics and local delivery designed to reduce friction and unnecessary travel.
Specialist access is declining	Specialist interpretation is embedded behind GP-led diagnostics, reducing the need for patients to immediately enter a separate specialist appointment pathway.
Rural patients cannot get timely appointments	Mobile/FIFO sonography and portable hubs can be placed in priority communities, ACCHOs, community clinics, mining regions and GP networks.
Consumers lack clarity and choice	Structured pathway, report return to the GP and utilisation/access-gap reporting for partners.
Workforce capability is constrained	Shared specialist, sonographer and equipment capacity across multiple local providers and worksites, rather than every clinic trying to solve the problem separately.

Industry and community model

Turning workforce health into shared regional health infrastructure.

Industry partners can host or sponsor hub capacity for their workforce while Preventia and local providers open defined community access pathways around the site. That gives the company a measurable employee welfare and community benefit program, while giving government and local health partners a practical access platform.

Deployment component	Practical value
On-site portable hub	Semi-permanent or relocatable diagnostic hub positioned at a mine site, nearby clinic or shared community location where workforce and community demand overlap.
Mobile/FIFO service	Clinical team, sonographers, equipment, booking and reporting deployed into sites, clinics or community days without each location having to build its own service.
Heart + lung screening	Preventative cardiac and respiratory screening model suited to workforce health, chronic disease risk, regional communities and GP-led escalation.
Community access days	Dedicated access windows for surrounding towns, First Nation communities and local GP or ACCHO referrals, designed with local providers.
First Nation-owned model	A stronger cultural and community-fit proposition for Aboriginal health, regional engagement and mining company social licence.
Measured outcomes	Track worker and community uptake, travel avoided, time off work avoided, report turnaround, escalations, GP feedback and community experience.

Why it matters to each partner

A direct operating model for workforce welfare, community access, GP continuity and measurable prevention.

Stakeholder	What they gain	What they can do
Mining companies	On-site prevention infrastructure, reduced travel friction, workforce welfare, measurable community benefit and stronger social licence.	Host or sponsor hub capacity; support community access windows; share site logistics and workforce health priorities.
Communities and GPs	Local diagnostics, specialist-backed reports, less travel, fewer handoffs, stronger GP continuity and better early detection.	Nominate referral pathways; support patient follow-up; help design culturally safe community access.
Government and PHNs	A practical regional health access pilot that does not require a new hospital footprint and can be measured quickly.	Convene partners; nominate priority catchments; back measurement and responsible scale-up.

Support needed	What it unlocks
Platform to speak	Invite Preventia to brief corporate wellbeing teams, GP clinics, aged care support systems, regional health, Aboriginal health, ageing, prevention and resources stakeholders; support presence at PHN, LHD, community health and regional access forums.
Mining/resource introductions	Connect Preventia with high-stress industries such as mining, civil, aviation, construction and remote operations that can host or sponsor portable hubs, workforce screening and community access days.
Health partner introductions	Connect Preventia with PHNs, Local Health Districts, ACCHOs, regional GP networks, aged-care providers and local MPs in priority catchments.
Pilot sponsorship	Help identify and validate one pilot catchment or major industry/mining-community corridor, then support co-designed deployment with local providers.
Narrative and metrics	Position the model as earlier diagnostics closer to home and work, with GP continuity. Set metrics from day one: utilisation, turnaround, travel avoided, time off work avoided, GP/patient experience and escalation patterns.

HOW YOU CAN SUPPORT

The HeartScreen National Launch Gala

A formal launch and fundraising moment to build national momentum for preventative cardiac screening.

Date: Saturday 17 October 2026, 6:30 PM - 10:30 PM
Venue: Princeton Room, Bond University, Gold Coast
Format: Formal black-tie gala dinner for 200-250 guests
Dining: 3-course plated dinner a la carte with drinks

On 17 October 2026, we gather Australia's influential leaders to officially launch The HeartScreen nationally. A survivor testimonial, government addresses and a live fundraising drive - all in service of one goal: ensuring no Australian dies from a preventable cardiac condition.

How to support	What it means
Attend the Gala	Purchase individual tickets (\$350) or host a corporate table
Become a Sponsor	Platinum (\$20,000), Gold (\$10,000), or Silver (\$5,000) packages
Fund a Pilot	Directly fund community cardiac screenings for aged care and regional towns
Partner With Us	Join as a deployment, research or network partner



Built for Australia. Backed by Medicare. Specialist-led diagnostics. Local access. Better outcomes for every community.

Contact and close

A practical way to bring earlier detection and specialist-backed diagnostics closer to communities and worksites.



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Preventia is not trying to replace GPs. It strengthens the GP pathway by putting specialist-backed diagnostics behind primary care.

The model is active, supported and scalable: workforce, equipment, booking, reporting and governance can be taken into clinics, communities, aged care and worksites.

Evidence base and Medicare note. Prepared from The HeartScreen / Preventia supplied materials and the Preventia PHN & Partner Pitch Deck references to Mandala, Restoring affordable access to specialist care in Australia, February 2026. Medicare rebates and bulk-billing depend on the relevant Medicare Benefits Schedule item, clinical indication, requestor rules and patient eligibility. This brochure avoids promising that every patient or service will be free.

Reference [1]. Paratz et al., 'Cardiac arrest in the young,' Europace, vol. 24, no. 12, p. 1933, 2022. Supplied source notes: study of <=50 year olds in Victoria found 90 confirmed cardiac SCAs annually in <=35s; Victoria represents 24.1% of Australia's population - extrapolating nationally: ~360 sudden cardiac deaths per year in Australians under 35, or 7 per week.