The Medical Professionals Who Built Health&

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Each professor has received an Order of Australia for their contribution to medicine and is a recognised leader both locally and internationally. It's their invaluable knowledge that is being brought to you.

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Health& is the product of more than a decade of collaboration between over 100 professionals across medicine, health literacy, governance, technology, design and communications.

Healthcare Doesn't Have a Prevention Problem. It Has a Participation Problem.

The Challenge

Governments, health funds, employees and healthcare providers invest billions in:

- Health screening
- Health education
- Digital health
- Prevention programs

Yet participation does not always occur. Many people fail to progress from:
Risk Identified → Health Action

Executive Insight

A health check measures a moment in time. Participation measures what happens next.

The Participation Gap™

Most organisations measure:

- Health checks completed
- App downloads
- Engagement metrics
- Identified risks

Far fewer measure:

- Risk understanding
- Confidence to act
- Healthcare follow-through
- Care pathway progression
- Sustained participation

The Hidden Risk: Participation Risk™

The risk that health screening opportunities fail to become health action because participation breaks down.

Introducing Participation Intelligence™

A New Measurement Framework

The capability to **understand, measure, predict, and improve participation** across preventive healthcare journeys.

Executive Question

Not: ‘How many people completed a health check?’

But: **‘How many people acted on the insight generated by that health check?’**

Traditional Metrics → Participation Metrics

- Healthcare check completed → Risk understanding & navigation confidence
- Engagement metrics → Verified clinical follow-through & care progression

The Participation Infrastructure™ Framework.

1. Measurement Capability: Participation Intelligence™
Understanding, measuring, and improving participation between insight and action.

2. Implementation Capability: Participation Infrastructure™
The systems, pathways, content, governance, and engagement architecture that enable participation at scale.

3. AI Capability: Retrieval-Augmented Participation™
Extends beyond information retrieval to provide clinically governed, trusted and effortless personalised, context-aware support that guides navigation and follow-through with confidence.

Evidence: What Happens When Participation is Measured and Supported?

Across Three Independent Evidence Programs (N = 7,137)

7,137 Registered participants
94.9% User activation rate
77.6% Wellness assessment participation rate
54% Identified with one or more health risks
92% GP follow-up after risk identification
47% Repeat preventive health participation

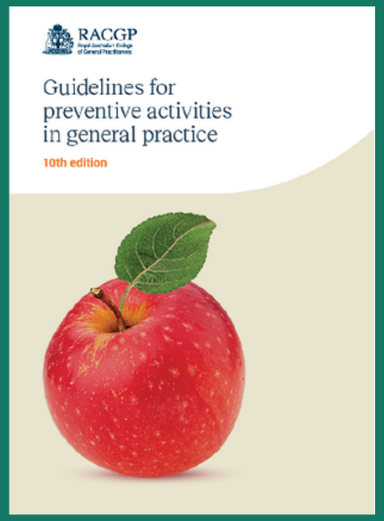
Key Finding

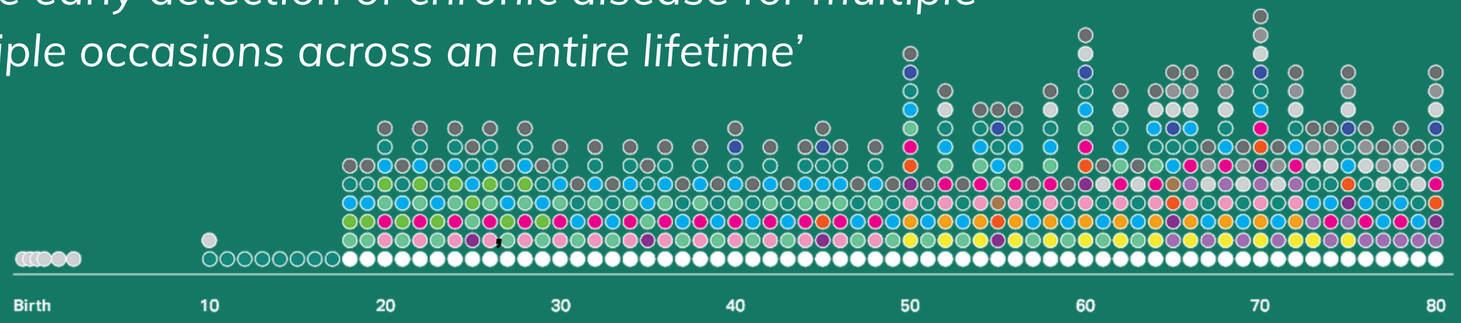
The value of preventive health is not created when risk is identified. It is created when individuals act on that information.

Clinical Foundation & Best Practice

Aligned with RACGP Guidelines for Preventive Activities in General Practice

'Best practice in the early detection of chronic disease for multiple conditions on multiple occasions across an entire lifetime'





Detecting risk factors that lead to:
- Heart disease
- Cancer
- Stroke
- Diabetes
- COPD
- High blood pressure
- Mental health issues
- and many others

- Alcohol assessment
- Bowel cancer screening
- Breast cancer screening
- Cervical cancer screening
- Falls prevention
- Kidney disease screening
- Lipids assessment
- Nutrition screening
- Osteoporosis screening
- Physical activity assessment
- Sexually transmitted infections screening
- Skin cancer screening
- Smoking assessment
- Type 2 diabetes screening
- Vaccination
- Vision & hearing assessment
- Weight assessment

- Systematic screening for cardiovascular disease, diabetes, and chronic kidney disease
- Evidence-based lifestyle and risk factor management (SNAP)
- Grounded in gold-standard Australian primary care frameworks

The Member Experience: Frictionless Engagement to Action

1. Ingestion & Onboard: Enterprise embed, white-label assets, ~400 bite-sized animations, Murtagh-guided matching fact sheets, ~4,000 GP ground-truth Q&As, and digitally enabled RACGP recommended preventive health assessments.

2. Understand: 60-second storytelling, human-centred design, Grade 8 SMOG literacy, Disney-style visuals, zero medical jargon.

3. Navigation: Trusted, effortless and fully automated. Contextual AI via Retrieval-Augmented Participation™.

4. Activate: Prepared GP sync, pre-consultation summary, direct booking link (**92% GP follow-up rate**).

5. Reinforce: Trustworthy, frictionless, and effortless lifelong longitudinal engagement, automated recall loops, dynamic adaptive nudges (**47% voluntary return**).

Enterprise Integration & Capability Roadmap

• **Stage 1 (Implementation) - Participation Infrastructure™:** Deploy clinically governed multilingual assets first to make the action effortless. Includes: ~400 bite-sized animations, Murtagh-guided matched fact sheets, ~4,000 GP ground-truth Q&As, preventive health assessments engine, GP Booking synchronisation and Pharmacy connections. **Stage 2 (The Problem) - Participation Gap™:** Audit existing drop-off rates between initial screening and downstream care, identify patient literacy bottlenecks, and map navigation friction across current pathways. • **Stage 3 (Measurement) - Participation Intelligence™:** Set up the Participation Risk Index™ to track risk understanding, monitor true clinical follow-through, and measure care progression rather than relying solely on vanity metrics. • **Stage 4 (AI Capability) - Retrieval-Augmented Participation™ (RAP):** Deliver clinically verified, trusted, and effortless context-aware guidance, uncertainty triage, and lifelong longitudinal engagement.

Core Integration Principle: *First deploy the Participation Infrastructure™ to make action effortless, then audit the Participation Gap™ for existing drop-off rates, before applying Participation Intelligence™ to measure, predict, and optimise downstream outcomes.'*

Why it Matters For Health Funds, Insurers, Digital Health Providers & Employers

- Clinically governed, automated, trusted and effortless infrastructure
- Increase member activation and engagement
- Improve preventive health program participation
- Strengthen healthcare follow-through and primary care navigation
- Increase uptake of underutilised preventive services
- Support earlier intervention before chronic escalation
- Create new leading indicators of preventive health value
- Improve visibility of downstream claims mitigation

Final Thought

The future challenge in prevention isn't identifying more risk. It's helping more people act on the risks we've already identified