



CARDI HAB

Investor Information Deck

February 2021

Helen Souris
CEO

What problem does Cardihab Solve?

~1 in 3 people that had a cardiac event (eg heart attack) **will have a repeat event within 3 months**

Cardiac rehabilitation has been proven to reduce this risk and even save lives

Yet 80% of patients do not have access to cardiac rehabilitation.

Results and highlights



Cardiovascular disease is the leading cause of death and healthcare costs globally

80% of patients do not access life saving rehabilitation programs



422M people globally

Have cardiovascular disease



785,000 Americans

will have a new MI p.a. with direct and indirect CVD cost > US\$316B ¹



~1 in 3 people

will have a repeat event within 3 months



Medications and surgery

are not enough to prevent events



Cardiac rehabilitation saves lives

yet 80% of patients **do not access** programs

Cardiac rehabilitation reduces risk of death and subsequent cardiac events, **yet uptake is low**



1.2 million Australians or 1 in 20
are living with heart disease

278,000
Acute overnight separations with cardiac diagnosis in 2018-19

60,000
Coronary procedures in Australian hospitals in 2018-19

Just ~25,000
patients participating in CR

Poor participation is due to

- inconvenience of in Clinic Programs
 - (time capacity and location)
- Group capacity constraints
- Poor access to programs for rural and remote patients
- Busy schedules of patients

Cardihab Solution

Cardihab is Australia's first clinically proven digital cardiac rehabilitation (CR) platform

An online cardiac rehabilitation platform to support cardiac patients in recovery and reduce hospital re-admissions.

Cardihab provides clinicians with licenses to our digital health tools to deliver virtual care to patients.

Class I Medical Device ARTG ID: 340440
Australian Register Therapeutic Goods

Aligned with clinical guidelines



Telehealth enabled

Clinically validated mHealth Apps are changing the medical landscape, **but more are needed**



Clinically validated digital health innovations are needed to help relieve the untenable pressures on healthcare budgets and systems at scale

mHealth apps have already shown proven reductions in acute care utilisation across diabetes prevention, diabetes care, asthma, cardiac rehabilitation and pulmonary rehabilitation ([IQVIA](#)).

As regulation of mHealth apps tighten, only registered Software as Medical Devices (SaMD) will be used in clinical settings

Cardiac rehabilitation anytime, anywhere

Cardihab fills a gap in the global market.

We enable cardiac patients access to cardiac rehabilitation, focusing on recovery and prevention of re-occurrence.

Digitally, remotely, and with flexibility.

- City, Rural and Remote patients
- Patients with busy schedules
- Continuity of care during COVID-19 Social Distancing



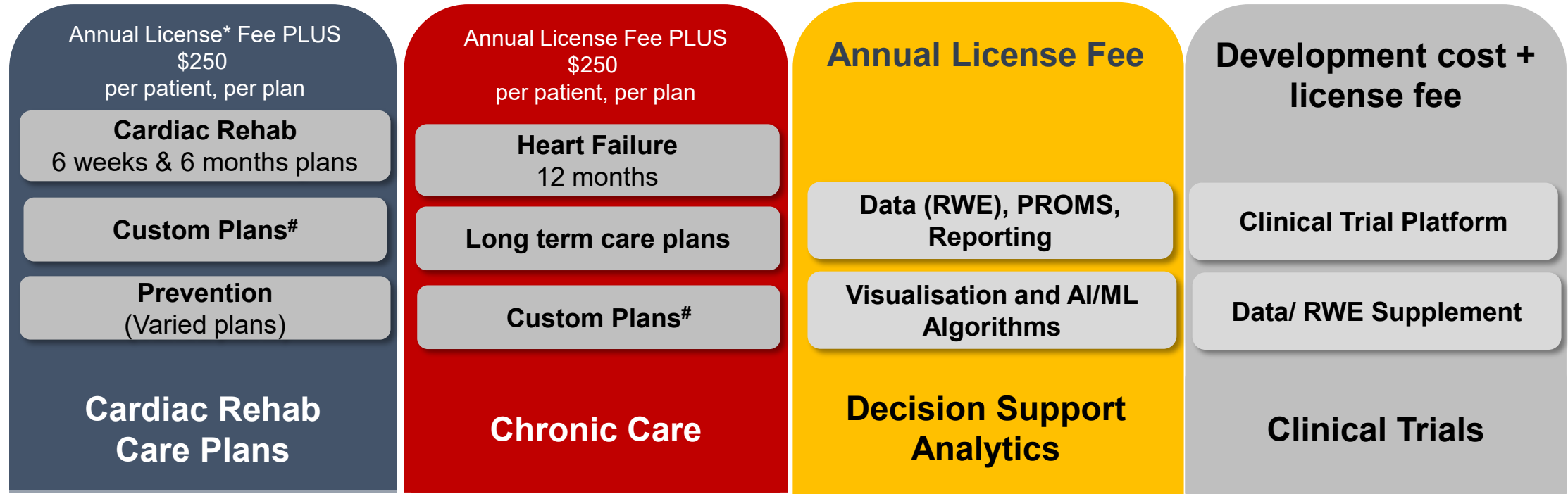
Hybrid
Combines in-clinic & at home

Traditional
Face-to-face in clinic

Remote
Home-based

Telehealth
enabled

Revenue streams span clinical programs and data



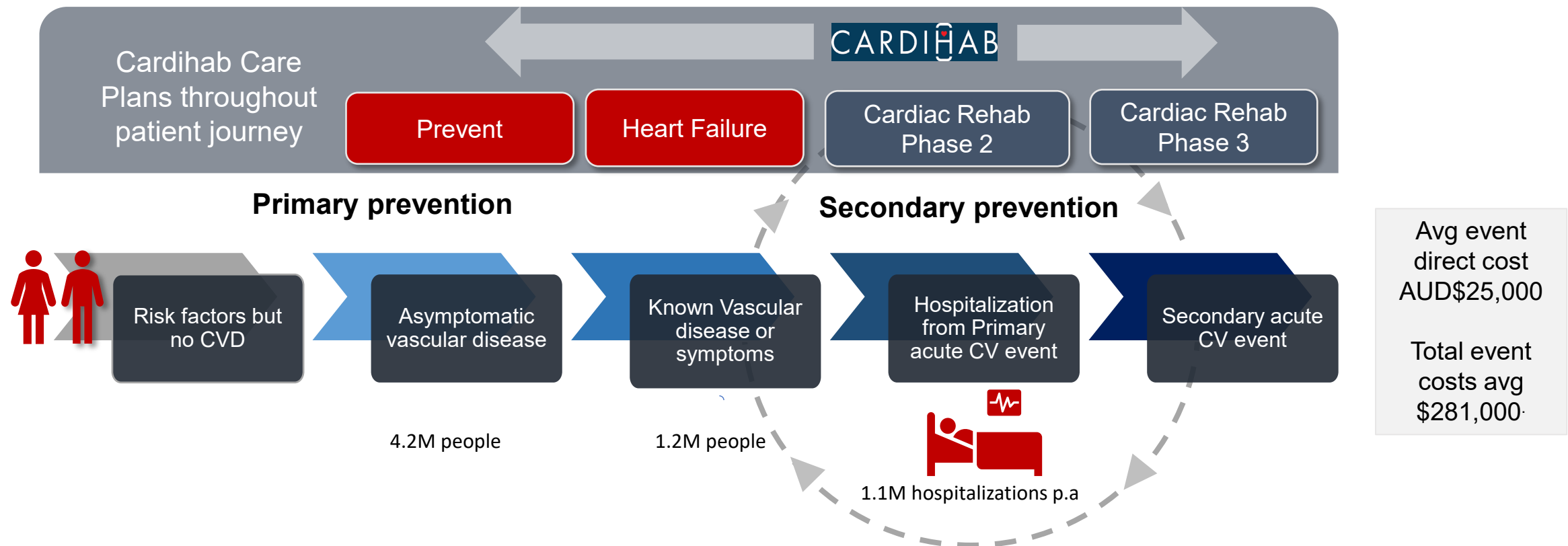
Cardihab product offering targeting health enterprises
and giving greater access to cardiac rehabilitation for patients

*Standard license \$10K
Enterprise License \$35K

#Enterprise customers only

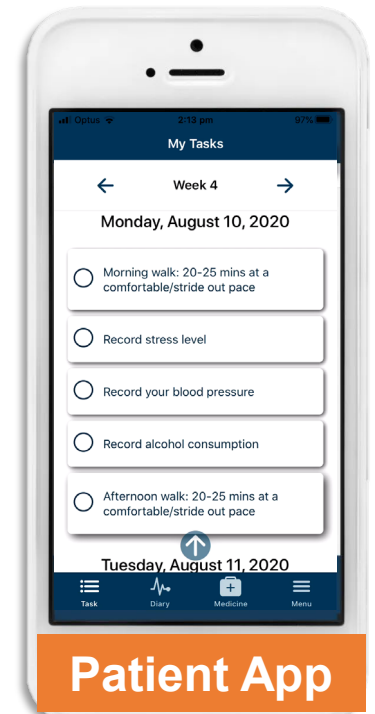
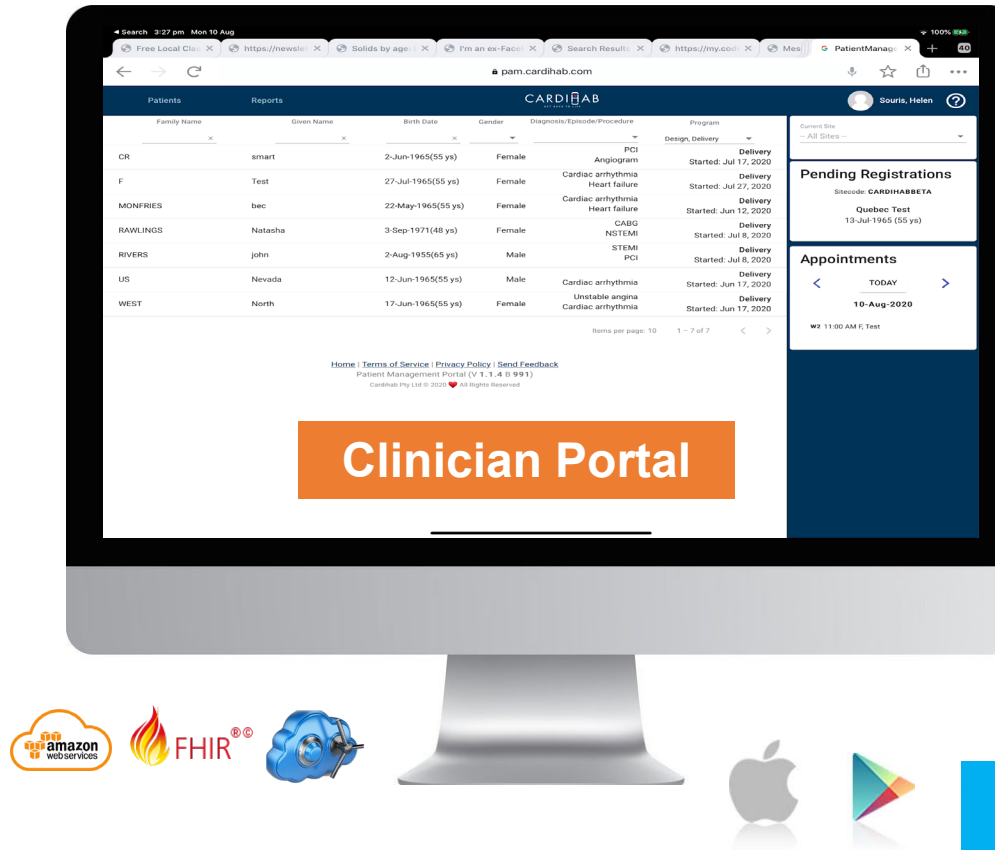
Together with clinicians, Cardihab helps people recover from and prevent life threatening cardiac events

Patient Journey



Cardihab's digital health platform improves access to quality care and outcomes


- ✓ Connect patient to Care team
- ✓ Patient Centred care plans
- ✓ Synchronised Data - real time
- ✓ On-demand patient education
- ✓ Secure data hosting



Smartphone or
Tablet

Cardi hab delivers better outcomes and reach

Cardi hab's structured care plans and model of care delivers significantly better outcomes vs traditional face-to face cardiac rehabilitation*

 CARDI HAB		
Digital Cardiac Rehabilitation Program comparison		Traditional Face-to-Face Cardiac Rehabilitation
Uptake of Program	80%	62%
Completion of Program	80%	47%
Adherence to Program	94%	68%
Anxiety and Depression	Sig reduction	No reduction
Health-related quality of life	Sig improvement	Improvement

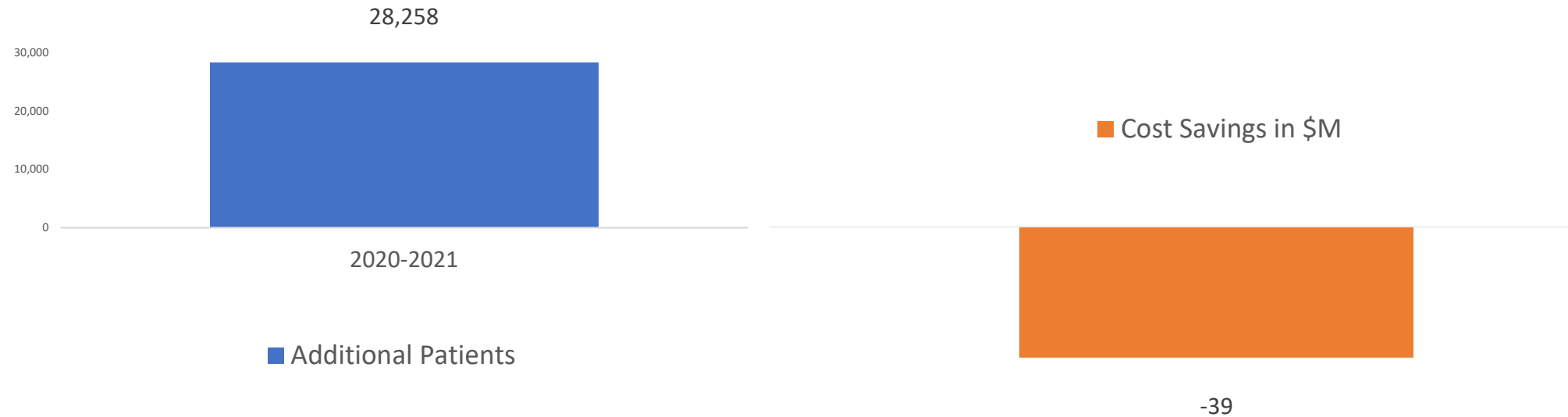


*Varnfield M, Karunanithi M, Lee C-K, et al. Heart 2014;100:1770–1779

Our solution improves participation and outcomes while generating cost savings

Additional patients p.a. if no change in referral rates (@30%)

Cost savings p.a. with Cardihab if no change in referral rates



Additional Australian patients completing CR with Cardihab, compared with traditional CR (30.2% of patients referred⁴)



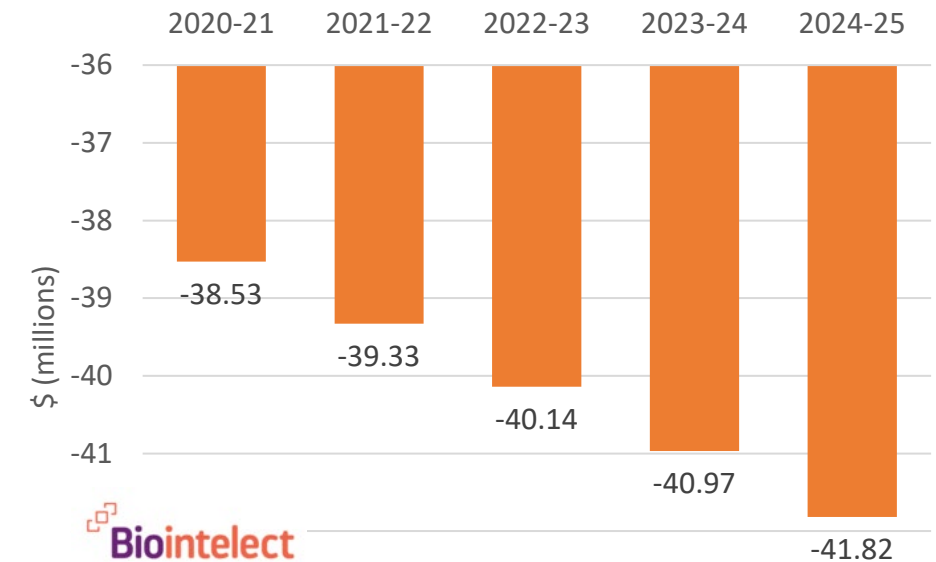
- 1 AIHW Admitted patient care 2014-15 to 2018-19 (Chapter 4), <https://www.aihw.gov.au/reports-data/myhospitals/content/data-downloads> - principal diagnoses included are: ischaemic heart disease (I20-I25), heart failure (I50) and atrial fibrillation (I48); 2 Varnfield et al. 'Smartphone-based home care model improved use of cardiac rehabilitation in postmyocardial infarction patients: results from a randomised controlled trial', Heart. 2014 Nov;100(22):1770-9. doi: 10.1136/heartjnl-2014-305783; 3 2.3% of separations result in in-hospital or 30-day mortality, and have been excluded from the analysis (VCOR Annual Report 2018); 4 Astley et al. 'The Impact of Cardiac Rehabilitation and Secondary Prevention Programs on 12-Month Clinical Outcomes: A Linked Data Analysis', Heart, Lung and Circulation (2020) 29, 475-482; <https://doi.org/10.1016/j.hlc.2019.03.015>.

Potential **budget savings** in Australia by substituting traditional CR models with Cardihab is **~\$40M p.a.**

We save costs because we:

1. Improve patient access and participation rates
2. Provide more efficient care with less resources
 - (equipment, people and time)
3. Prevent readmission rates especially in cohorts that would otherwise not participate
 - (ie 80% who don't access CR programs)

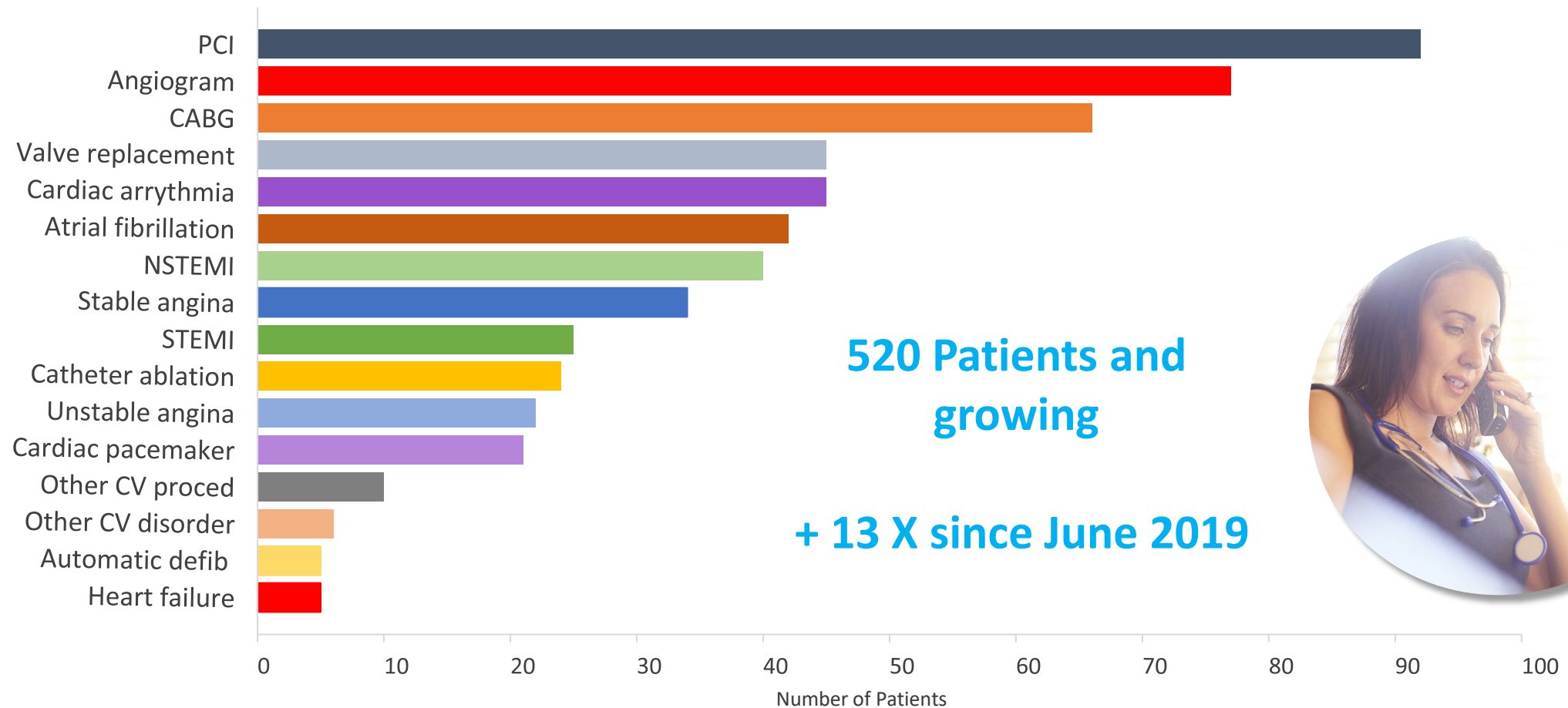
**Avoided costs of separations through preventative CR
Australia (assuming 30.2% of patients referred⁴)**



- Eligible separations have principal diagnosis ischaemic heart disease, heart failure or atrial fibrillation¹
- Higher uptake and adherence to CR with Cardihab means that more patients will benefit²
- Cost of Cardihab is estimated at approximately 25% of the cost of traditional CR³
- No growth is assumed in the cost of Cardihab or traditional CR (due to wide variation in previous growth of NEP price for non-admitted CR³)

¹ AIHW Principal diagnosis data cube 2017-18, National Hospital Morbidity Database – principal diagnoses included are: ischaemic heart disease (I20-I25), heart failure (I50) and atrial fibrillation (I48); ² Varnfield et al. 'Smartphone-based home care model improved use of cardiac rehabilitation in postmyocardial infarction patients: results from a randomised controlled trial', Heart. 2014 Nov;100(22):1770-9. doi: 10.1136/heartjnl-2014-305783; ³ IHPA National Efficient Price Determination 2020-21; ⁴ Astley et al. 'The Impact of Cardiac Rehabilitation and Secondary Prevention Programs on 12-Month Clinical Outcomes: A Linked Data Analysis', Heart, Lung and Circulation (2020) 29, 475–482; <https://doi.org/10.1016/j.hlc.2019.03.015>.

Cardiab's use demonstrated across most cardiac conditions



Medibank HeartHealth at Home is achieving great results with NPS +72 and adherence of 91%

Independent assessment by researchers at Monash reported high engagement from patients and clinicians involved in the program

92% of members would recommend the program

91% Adherence to program



MONASH University



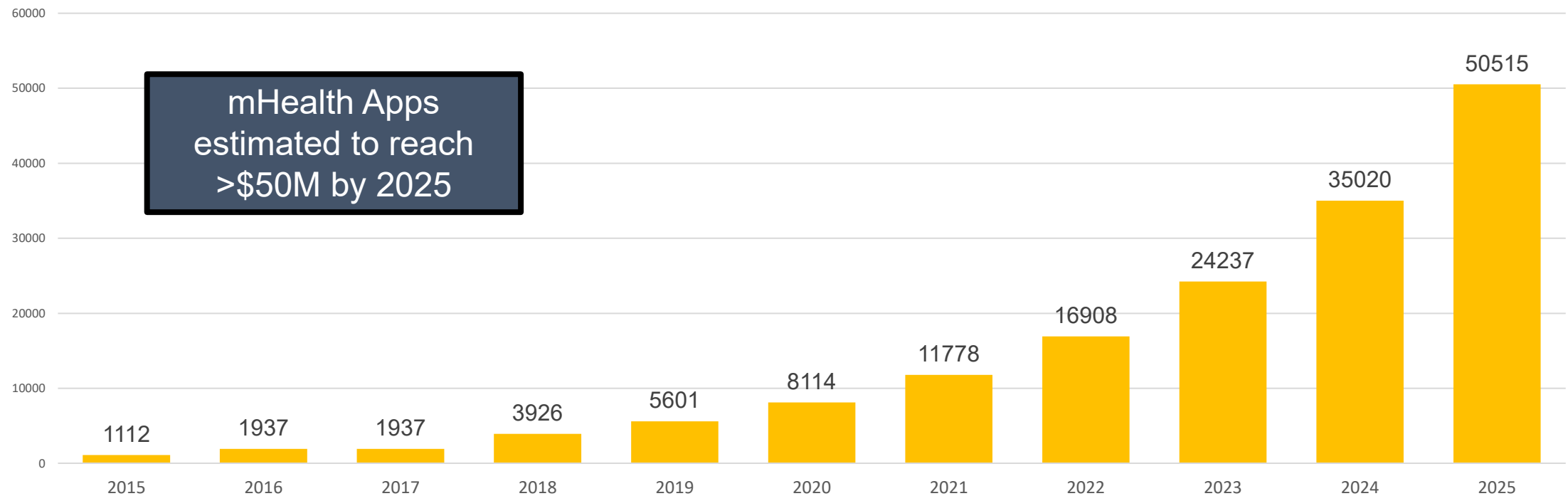
medibank

- ✓ Supporting patient during COVID restrictions
- ✓ Enabling participation by people in full time and part time employment – typically unable to attend traditional programs
- ✓ Enabling achievement of equitable access targets for remote regional areas
- ✓ Australia wide coverage

The Market

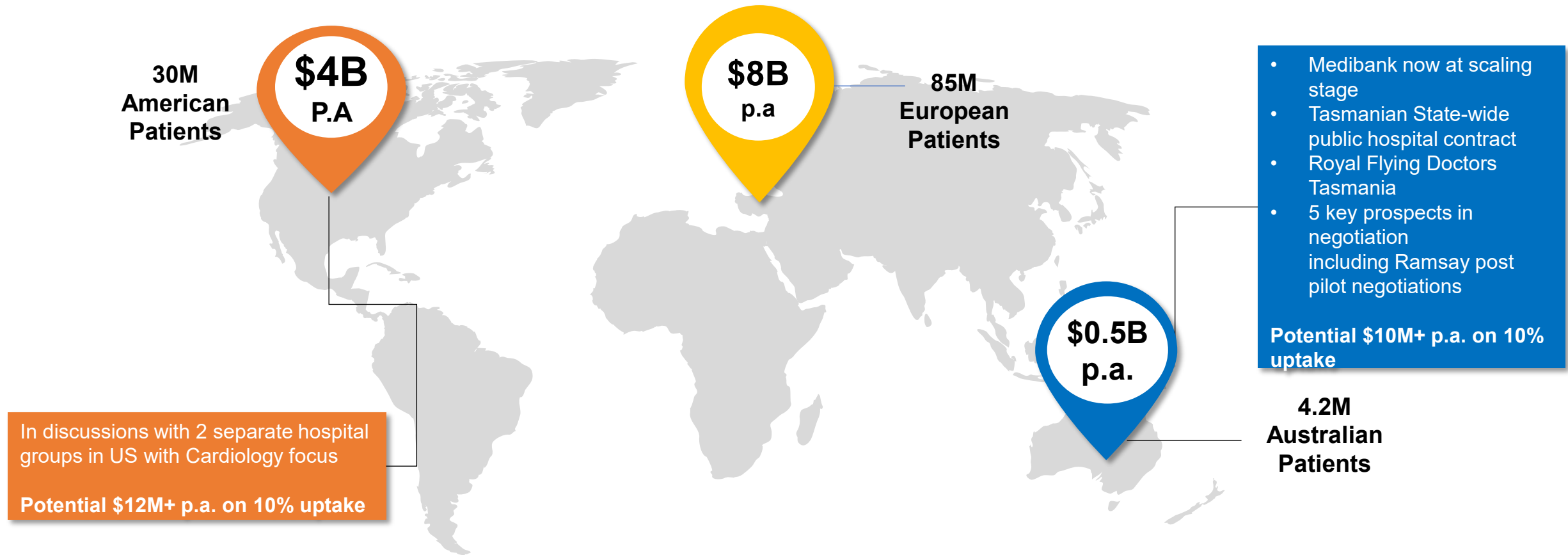
Cardiovascular disease presents a significant opportunity within the growing digital health market

Total mobile health apps market forecast in the United States from 2015 to 2025
(in million U.S. dollars)

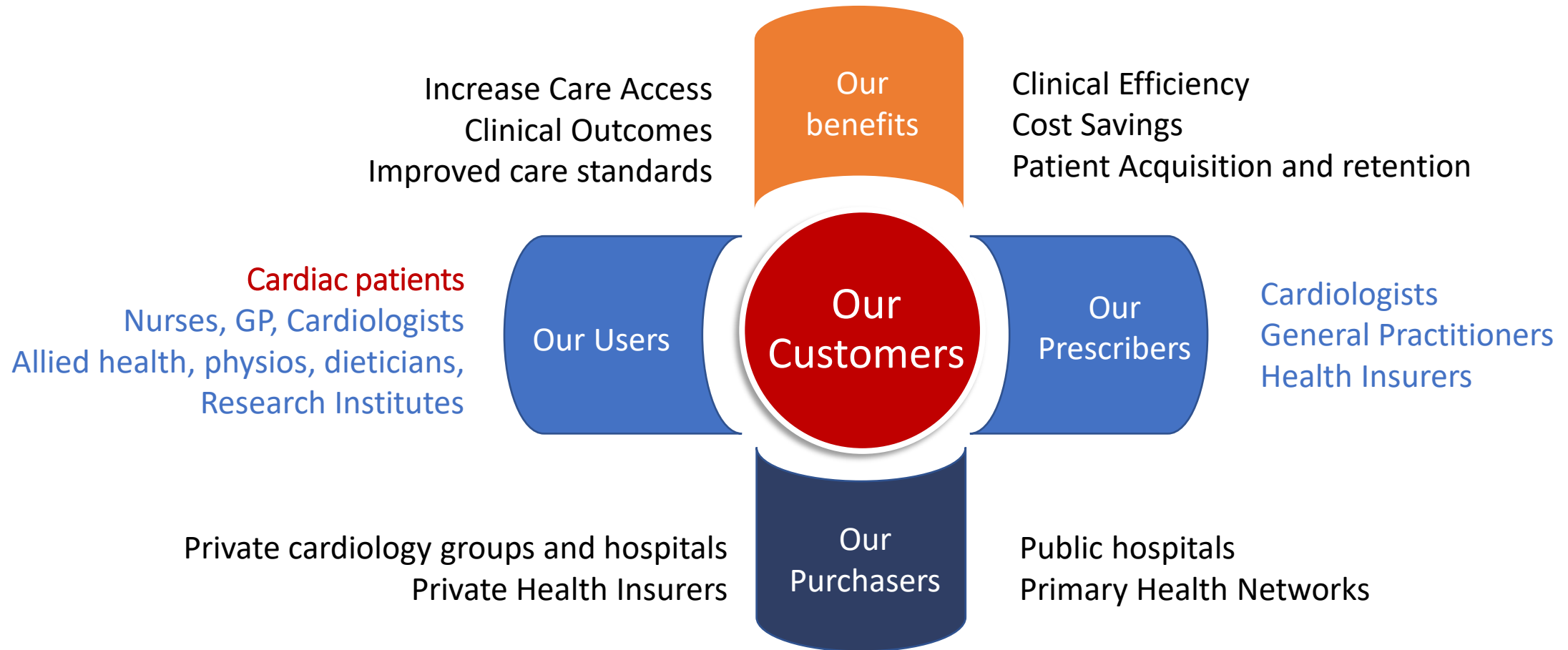


NB Source Statista 2017 - Pre-COVID estimates

422M people globally living with cardiovascular disease. Significant TAMs in key markets



Our stakeholders and customers span all sectors



Healthcare providers and payers are our customers

Private cardiology groups and hospitals

Public hospitals

Private Health Insurers

Cardiac rehab providers/enablers

Hospital in the Home Services



Queensland
Cardiovascular
Group



Epworth



WESLEY MEDICAL
RESEARCH

Metro
South
Health

Tasmanian Health
Service State-
wide



Royal Flying Doctor Service



Queensland
Country
Health Fund

hbf

medibank



HEART of
AUSTRALIA



WA Primary
Health Alliance
Better health, together

phn

PERTH NORTH, PERTH SOUTH,
COUNTRY WA
An Australian Government Initiative



CareComplete

Customers need Cardihab to reach more patients with quality, cost effective and efficient care

Cardihab is purchased by health enterprises to:

- Increase care **access** for patients
- Improve clinical care **standards**
- Improve clinical **efficiency**
- Achieve cost **savings**
- Increase patient **acquisition** and **retention**



Who is the End User

- Cardiac patients
- Cardiologists
- General Practitioners
- Nurses
- Allied health e.g. physios, dieticians.
- Research Institutes

CardiHab's revenue model comprises Platform License + Patient Access Fees

Standard App

\$10K p.a. per site + \$250 per patient per year, per care plan fees

- Standard service offering
- Cloud based platform for clinicians
- Patient Apps
- Clinical expertise and workflow integration



Enterprise App

\$35K p.a. + \$250 per patient per year, per care plan fees

- Includes all standard items
- Corporate branding on apps
- Technology development for plan customisation



Clinical Partners & collaborators



Competitors are active, but SaMD regulatory changes will impact the market

The competitive landscape is active, particularly in the USA.

Australian competition is minimal with some unvalidated disease agnostic platforms

CardiHab's competitive edge will be maintained by:

- ✓ Our RCT clinical validation
- ✓ Clinical expertise
- ✓ Regulatory registration (Class I Medical Device SaMD)
- ✓ Unique real world evidence suite
- ✓ New platform innovations
- ✓ ISO Compliance
- ✓ Innovative ML/AI and analytics



Samsung HeartWise
Collaboration between
Kaiser Permanente/
Samsung (USA) digital CR



(USA) Cloud- and mobile-based
population health management
platform, with an emphasis on
patient engagement.



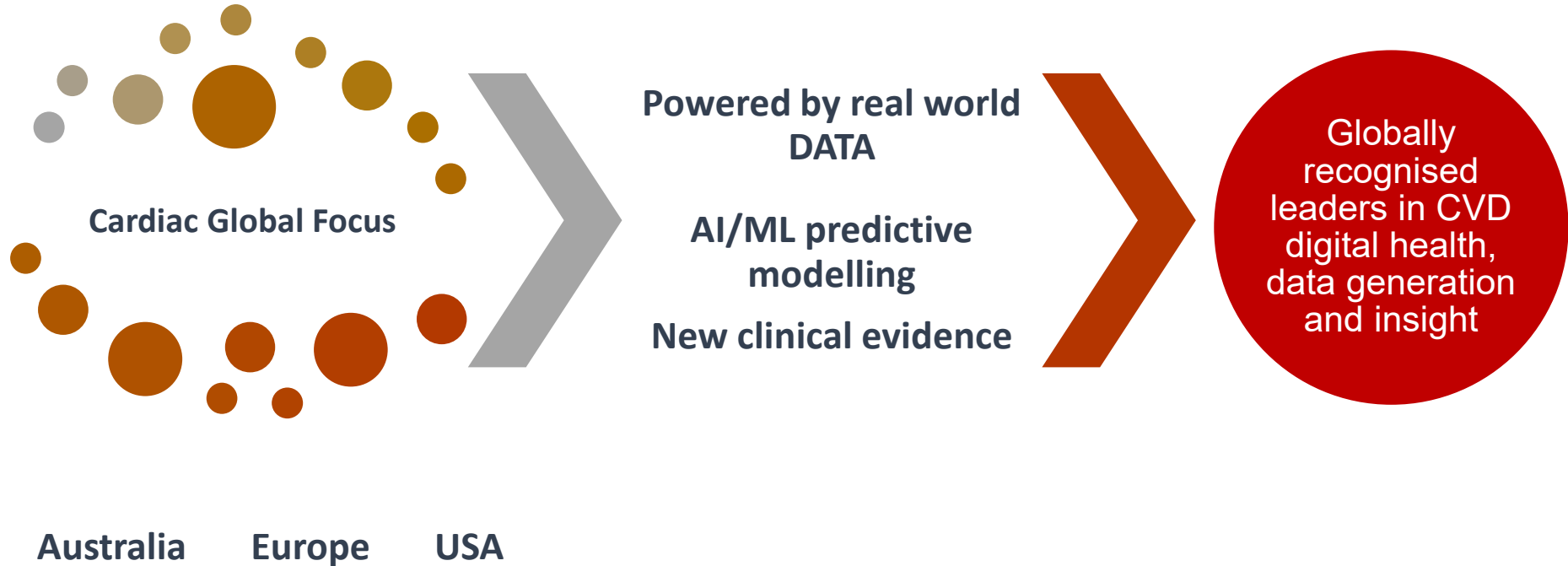
Personify (AUS) disease agnostic
Software for health providers to
streamline care



Welldoc Diabetes (USA) Digital
care delivery solution for
Diabetes

Strategic focus is to maximise the use of Cardihabs platforms within Cardiac disease + DATA optimisation

Our strategic focus is to transform Cardihab from a cardiac rehabilitation digital provider to a leading digital provider of chronic disease management + DATA generator + clinical trials platform.



Cardihab Team



Helen Souris, CEO

- 20+ years digital & health commercial expertise
- Leading multinational and Australian start-ups.
- ACNielsen, Red Sheriff, Eli Lilly, AstraZeneca, OneFourNine, PainChek
- B.A Statistics (CS)



Grant Jennings
Snr Tech



Christine Kwong
Clinical Specialist



Mark Roland
Engineer



Sai Paruchuri
Engineer



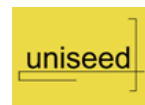
Ezsa Franza
QA



Loyd Ocampo
Engineer



Claire Cottrell
H/O Clinical Outcomes and
Market Access



Cardihab Board Members



Natasha Rawlings
Uniseed Investment
Manager, Cardihab Board
Chair, GAICD



Dr. John Rivers
BSc (Med) | MBBS | FRACP
| FCSANZ , Director
Queensland Cardiovascular
Group (QCG)



Tim Fortin Ex Vice President &
Managing Director, Australia &
New Zealand for Medtronic,
and prior Boston Scientific
General Manager,
Cardiovascular, ANZ



Prof Hugh Dawkins
PhD, GAICD
Prof, School of Medicine,
University Notre Dame; and
A/Prof Division of Genetics,
School of Biomedical
Sciences, University of WA.

The Investment Offer

Investment offer

CardiHab is seeking investment of AUD\$3M by way of equity

Current pre money valuation: AUD\$7.8M

Funds will be used to support channel expansion and to ramp up enterprise sales, paid clinical trials and user acquisition of the platform.

Investment Offer	
Raise target	AUD \$3,000,000 (three million dollars)
Offer Type	Preference Shares
Offer Open	February 2021
Offer Closed	April 2021
Details	Per investor minimum \$50K (new investors) Professional, Sophisticated Investors, Family Offices, Companies, Trusts, Investment Funds and other Institutions

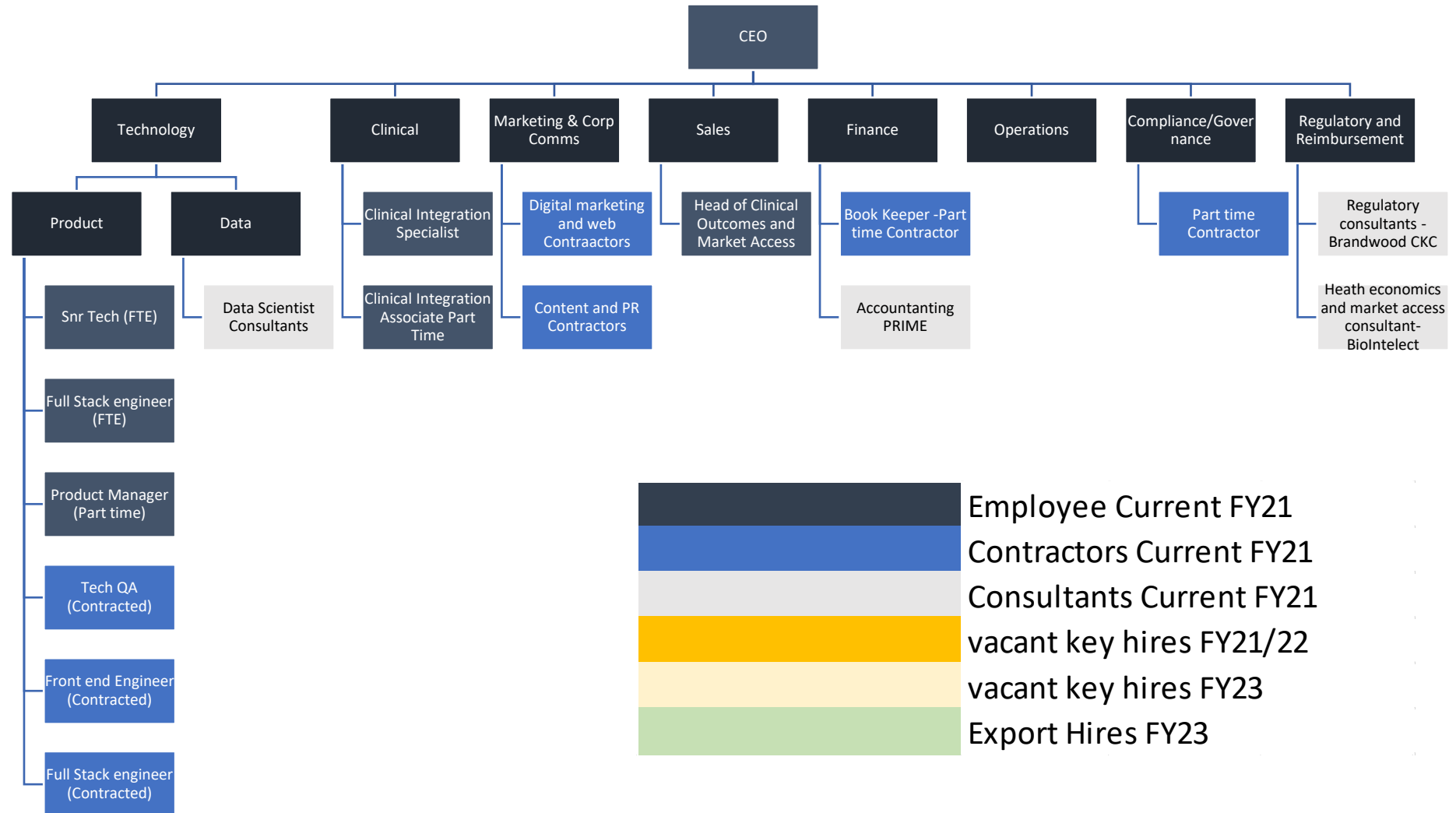
Use of funds

CardiHab is an early stage growth company, experiencing strong interest both locally and globally in its clinically proven cardiac rehabilitation digital solution.

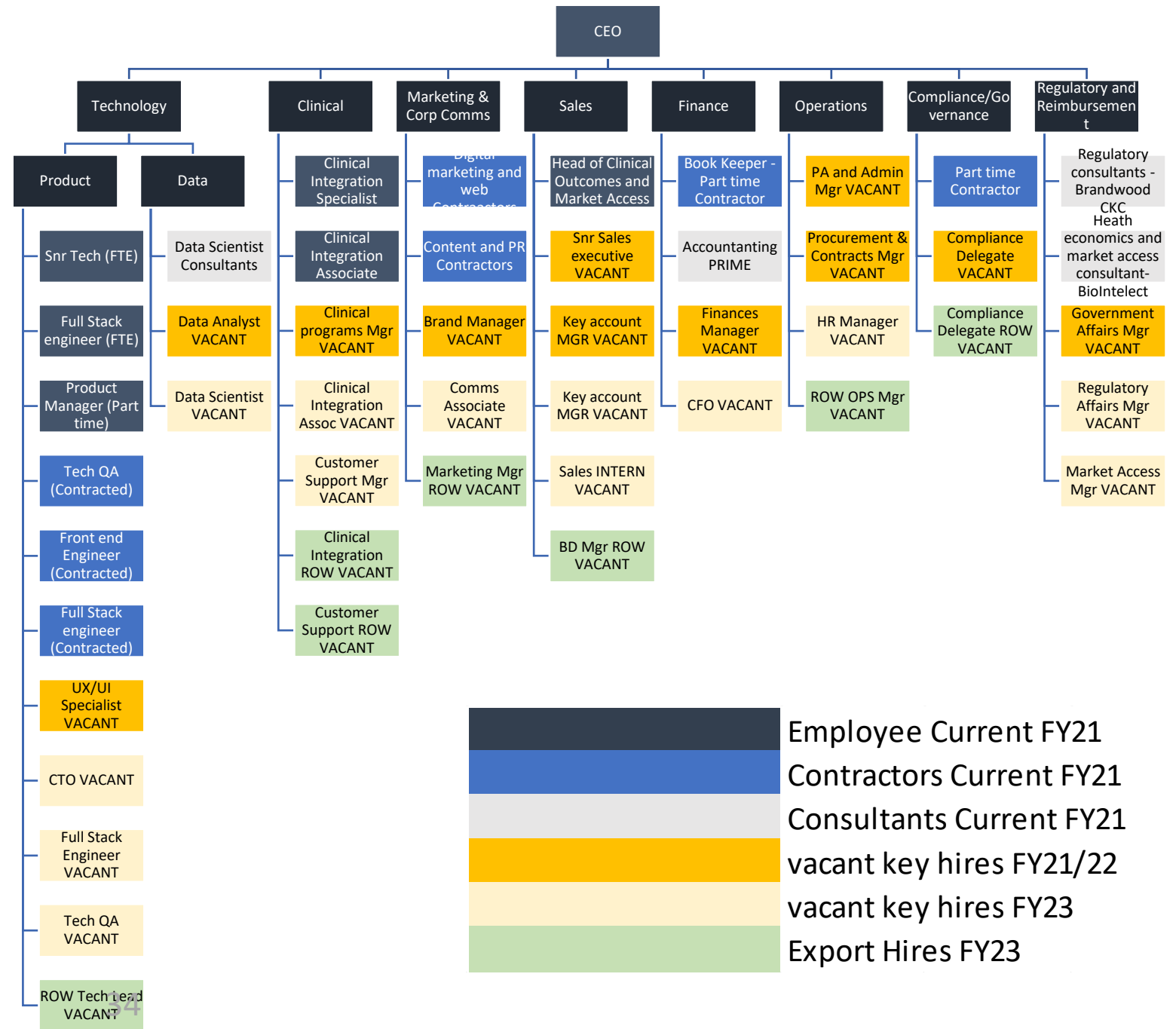
Funds will be used predominantly to facilitate scaling key current customers and major leads, expanding clinical platform and service offering and lay foundations for international expansion.

Use of Funds	\$3,000,000 Capital Raise
Product and Software Development	\$360,000
Resources / R&D projects	\$630,000
Operations	\$450,000
Sales & Marketing	\$750,000
Recruitment	\$600,000
Regulatory and QMS	\$210,000
Total Use of Funds	\$3,000,000

Current Org Chart and team composition

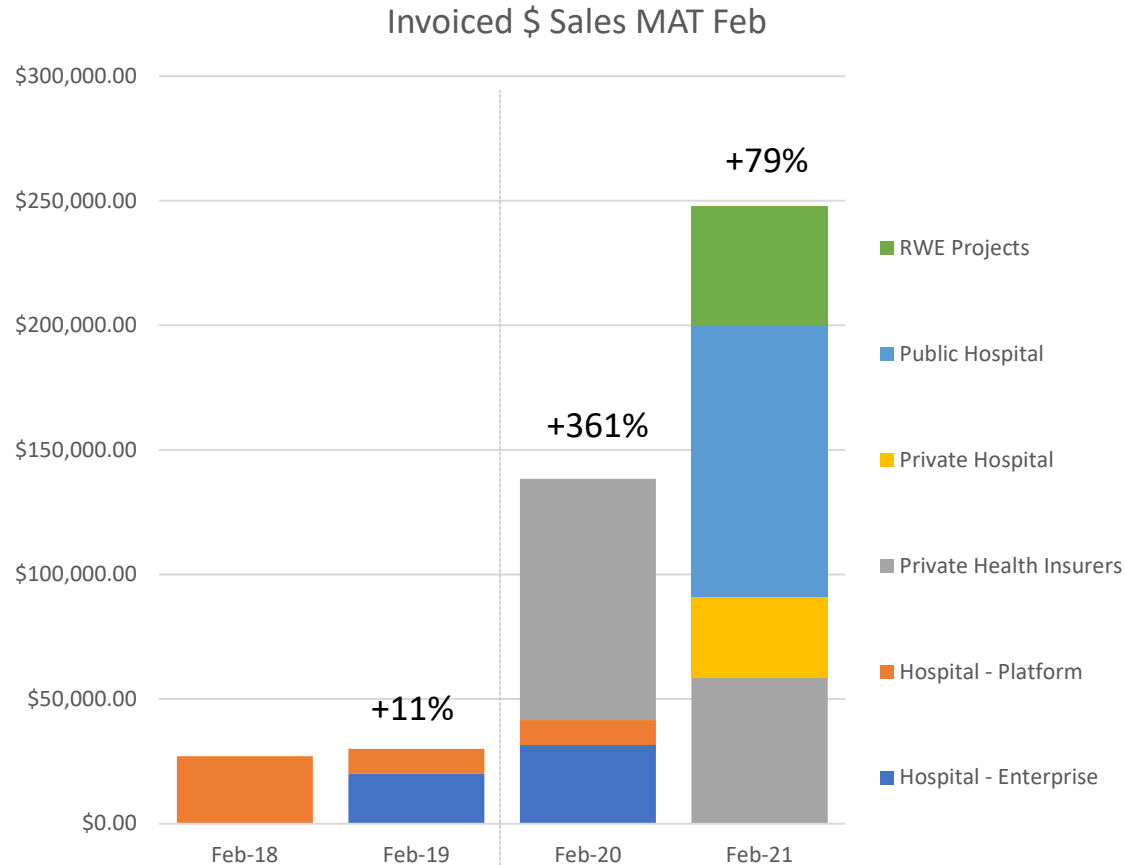


3 year
projections for
planned team
expansion to
create growth
and scale



Financials And Forecast

Strong growth in revenue and broader customer uptake in consecutive Moving Annual Total (MAT)



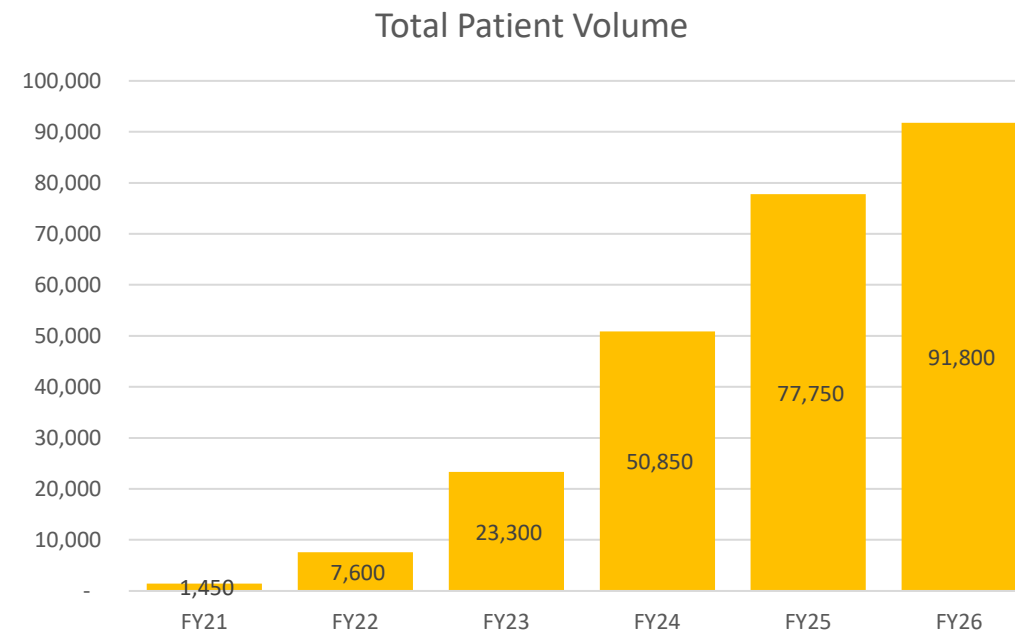
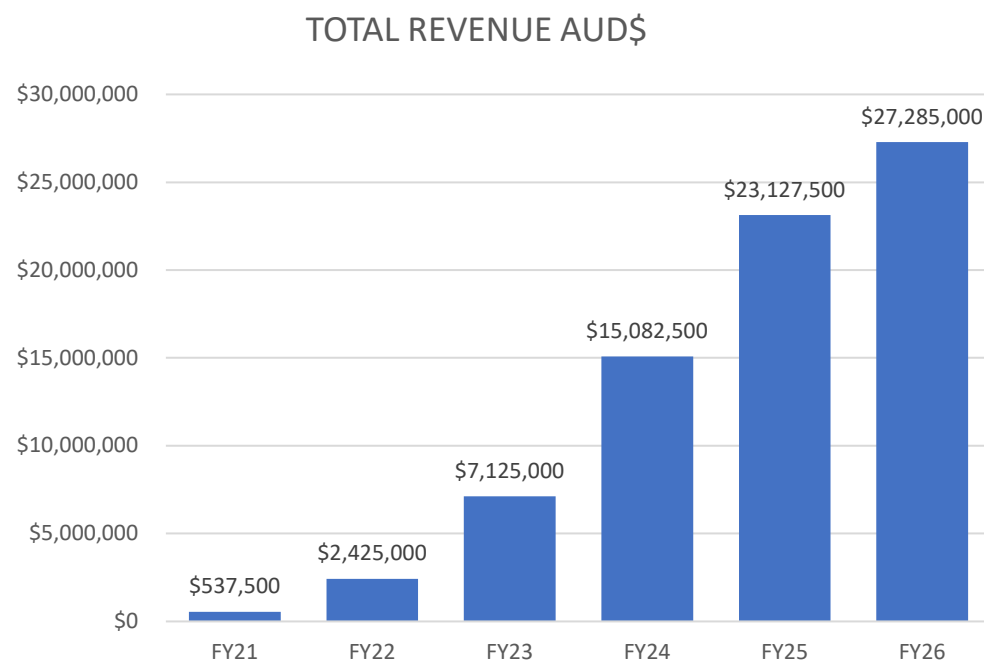
June 2019 – Helen Souris joined as CEO

Contracted ARR ~\$340K +
Annual subscription plus minimum
patient volume commitments



NB figures exclude scaled contract negotiations that are in progress for key PHI and Private hospital accounts

CardiHab has the potential to be a high value business and delivers what customers need now and for the future



Market Access Route:

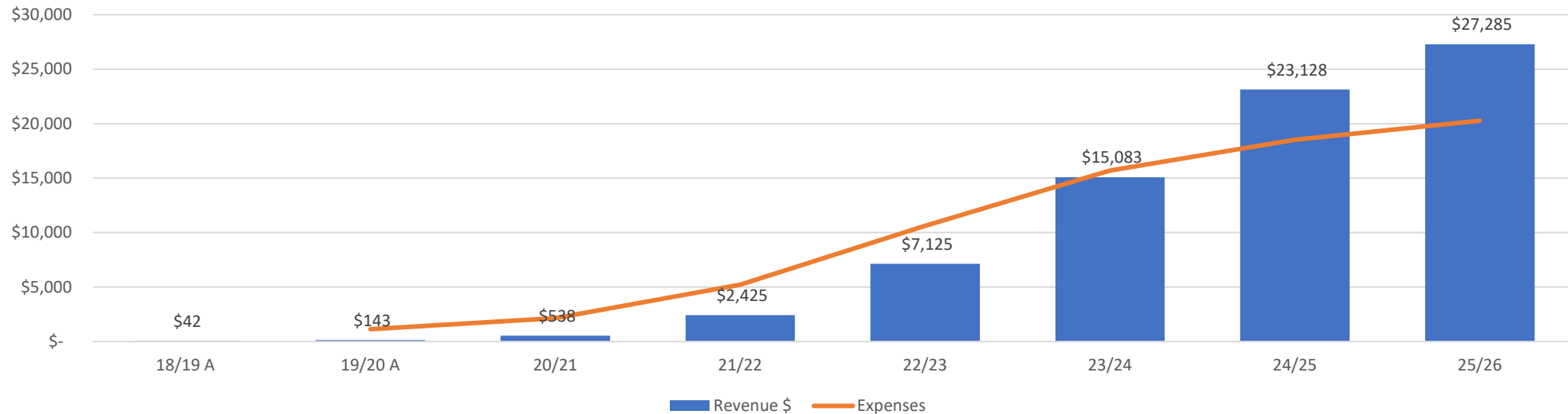
- Few key clients with multiple sites and large patient volumes for scale
- Private sector focus
- Slightly more smaller customers addressing critical gaps in care
- Earlier but smaller scale public sector activation with full scale FY24 +

Key assumptions :

- Overall COVID 12-18 month impact on patient flows (lower)
- Change in mix of Chronic Care plans (upwards over time) vs CR
- Pilots in OS markets (USA/EU) FY 23 +

Cardihab has the potential to be a high value business and delivers what customers need now and for the future

Sales Forecast Vs OPEX AUD (\$'000)



	Historical Actual		Forecast FY					
Annual Sales (FY)	18/19 A	19/20 A	20/21	21/22	22/23	23/24	24/25	25/26
Revenue \$	\$ 42	\$ 143	\$ 538	\$ 2,425	\$ 7,125	\$ 15,083	\$ 23,128	\$ 27,285
Patients (A+C)		40	1450	7600	23300	50850	77750	91800
Sites		5	9	22	31	44	70	80
Funding			\$1.5M	\$3M	\$5M *			
Expenses		\$ 1,143	\$ 2,139	\$ 5,220	\$ 10,615	\$ 15,703	\$ 18,520	\$ 20,262

NB one customer can have multiple "Sites"

* Tentative funding for OS expansion

Break even FY 2025@ ~\$1.4M revenue per month

Illustrative revenue model demonstrates that revenues are largely driven by patient volumes

Cardihab example global revenue model – illustration only

Illustrative Revenue - Enterprise License	Scenario 1	Scenario 2	Scenario 3	Scenario 4
LICENSE SALES				
Number of Standard Customers (hospitals, cardiac care groups, health insurers etc.) – one site only	40	120	500	1000
Estimated total revenue based upon SmartCR Package @ \$10k per site, per annum	\$ 400K	\$ 1.2M	\$ 5M	\$ 10M
Number of Enterprise Clients (hospitals, cardiac care groups, health insurers etc.)	60	180	750	1000
Estimated total revenue based upon Enterprise (White label) Package \$35k (Head Office) per annum	\$ 2.1M	\$ 8.7M	\$ 26.3M	\$ 35M
PATIENT SUBSCRIPTIONS				
Scenario 1: Number of patients (500 per site per annum)	50K	150K	625K	1M
Scenario 2: Number of patients (1000 per site per annum)	100K	300K	1.3M	2M
Estimated total revenue based upon Patient subscription to one of Cardihab's care plans @ \$250 p.a.	\$12M- \$25M	\$37M - \$75M	\$156M - \$312M	\$250M- \$500M

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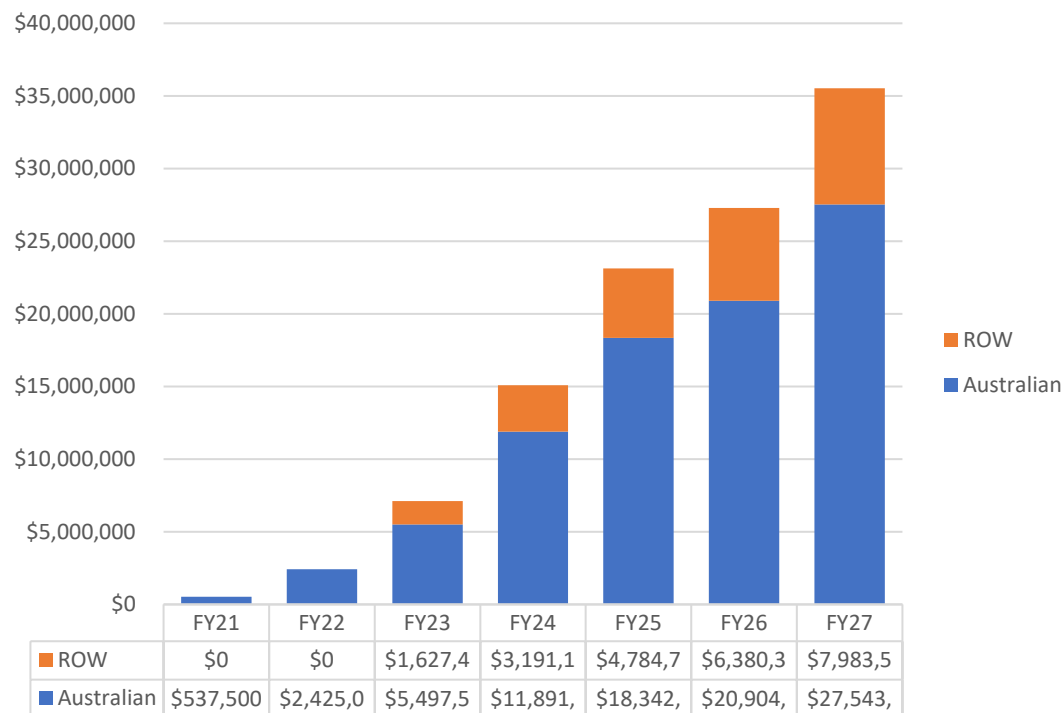
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Forecasts and assumptions for international expansion and patient segments within cardiovascular disease

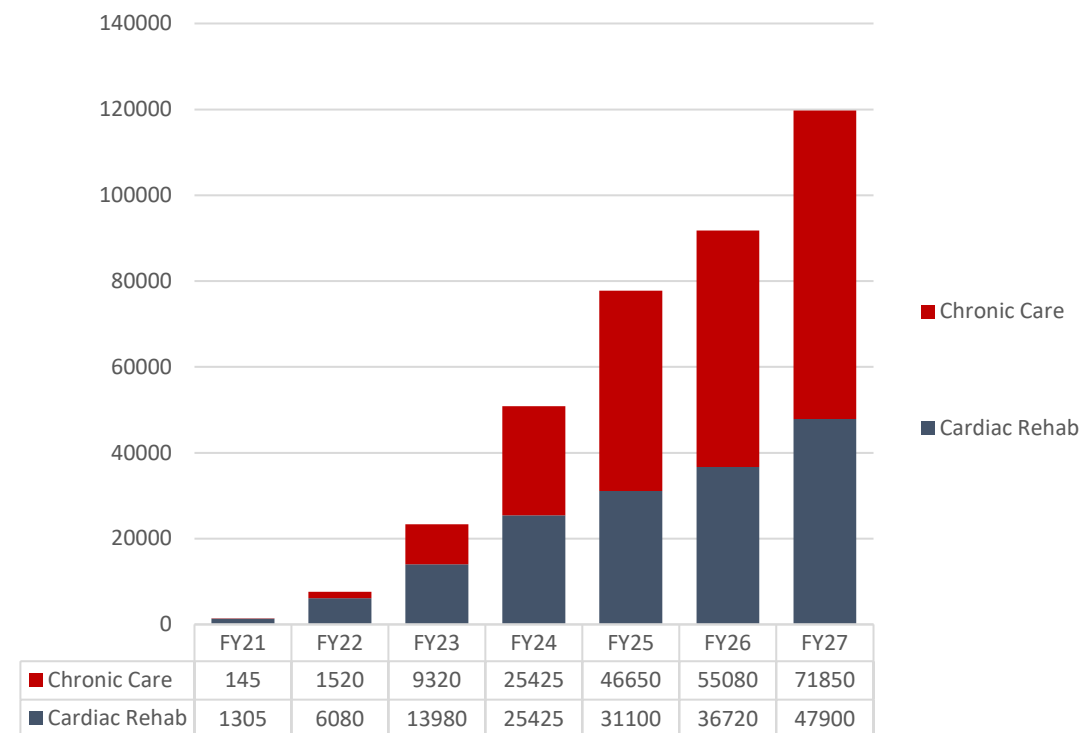
Local vs Rest of World (ROW) \$AUD Revenue



Key assumptions :

- FDA / EUMDR registration as Class I medical device
- Pilots required in key clinics before scale
- Clinical integration and customer support teams in each market

Patients by Stream

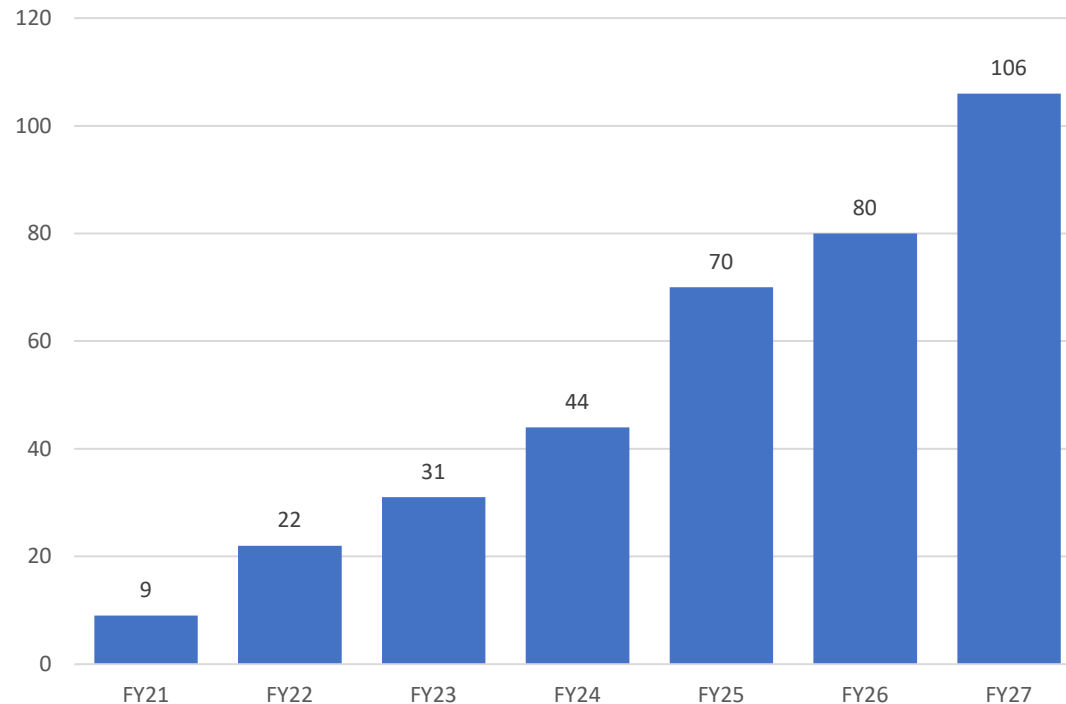


Key assumptions :

- Larger population in chronic disease market than cardiac rehab
- Segmentation and targeting higher risk population vs newly diagnosed low risk
- Cardiovascular population only (no other indications in this forecast)

Forecasts and assumptions site count and revenue streams

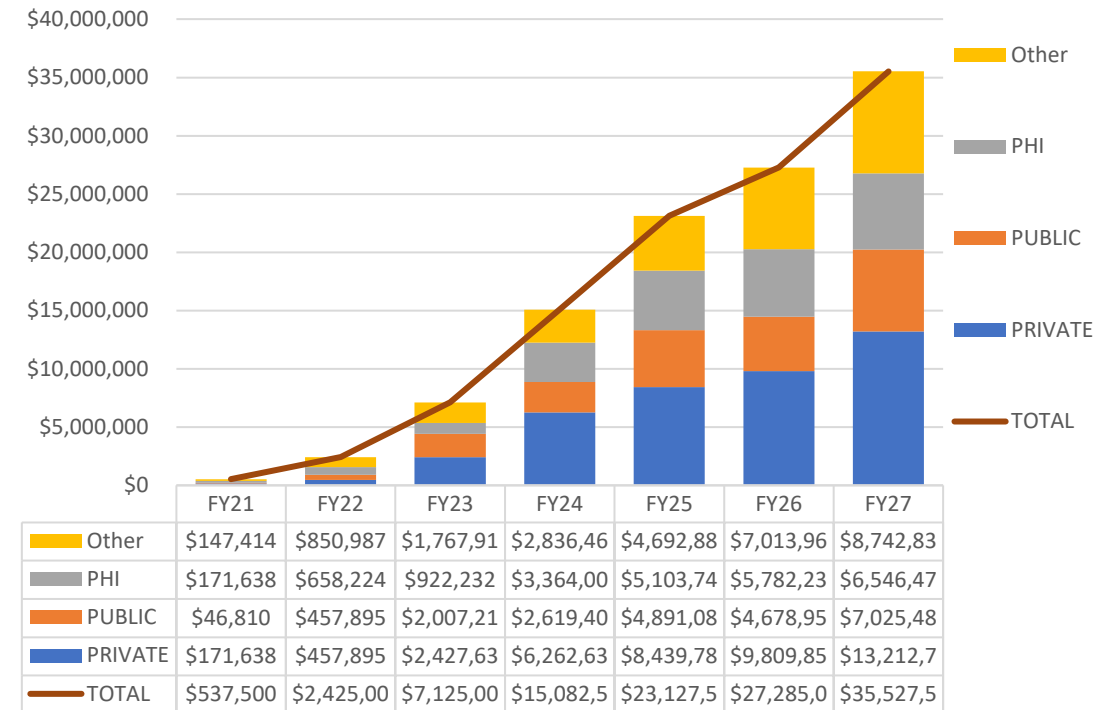
Site Count



Key assumptions :

- Focus on key accounts with high patient volumes and/or multiple sites to drive revenue
- NB Key accounts (eg Tasmanian Health Service) have multiple “sites”

Revenue Forecast



Key assumptions :

- Decision support and analytics revenues captured within streams
- Project based clinical trials technology revenue only vs trial management

Financial Overview

Summary P&L (Financial Years – FY ending 30 June)

	Historical FY		Forecast FY						
(\$'000's)	18/19 A	19/20 A	20/21	21/22	22/23	23/24	24/25	25/26	26/27
Revenue									
Hospital (private & Public)	41.5	41.5	280.9	1,516.8	5,397.8	10,158.5	15,563.8	18,622.8	25,321.0
Private Insurers	0.0	101.2	171.6	658.2	922.2	3,364.0	5,103.7	5,782.2	6,546.5
RWE/ CT/Other	0.0	0.0	85.0	250.0	805.0	1,560.0	2,460.0	2,880.0	3,660.0
Net sales	41.5	142.7	537.5	2,425.0	7,125.0	15,082.5	23,127.5	27,285.0	35,527.5
COGS	14.6	31.0	68.1	222.0	408.0	744.0	1,020.0	1,164.0	1,320.0
Gross Profit	26.9	111.7	469.4	2,203.0	6,717.0	14,338.5	22,107.5	26,121.0	34,207.5
<i>Gross Margin %</i>	<i>87%</i>	<i>81%</i>	<i>87%</i>	<i>91%</i>	<i>94%</i>	<i>95%</i>	<i>96%</i>	<i>96%</i>	<i>96%</i>
Operating Expenses									
General and Administrative (G&A)	92.1	88.6	225.6	606.5	1,175.9	1,666.2	2,353.2	2,773.2	3,110.5
Physical Assets	0.4	3.7	28.1	118.3	209.0	280.3	310.6	338.4	366.0
Research and Development	147.4	325.5	467.5	729.6	1,770.8	3,836.9	3,969.6	4,221.6	4,632.0
Sales and Customer Acquisition	61.5	70.2	168.3	751.5	1,393.4	2,106.0	2,592.0	3,036.0	3,600.0
Consultants/Advisory	0.0	164.3	267.6	618.0	1,528.6	1,807.8	1,916.1	1,808.1	1,980.0
Wages and Salaries	1,058.0	490.4	982.1	2,395.7	4,537.7	6,005.4	7,378.4	8,084.8	9,163.6
Total Operating Expenses	1,359.5	1,142.7	2,139.1	5,219.6	10,615.5	15,702.7	18,519.8	20,262.1	22,852.1
Net Operating profit (loss)	-508.0	-1,301.0	0.0	-1,669.7	-3,016.6	-3,898.5	-1,364.2	3,587.7	5,858.9
Interest income									11,355.4
Net income (loss)	-508.0	-1,301.0	0.0	-1,669.7	-3,016.6	-3,898.5	-1,364.2	3,587.7	5,858.9
Summary Cash Flow									
Beginning Cash	0.0	0.0	524.0	354.3	337.7	1,439.2	75.1	3,662.7	9,521.6
Cash from (Used) operations	0.0	-1,301.0	-1,669.7	-3,016.6	-3,898.5	-1,364.2	3,587.7	5,858.9	11,355.4
Other Sources (Uses) of Cash	656.0	2,000.0	1,500.0	3,000.0	5,000.0	0.0	0.0	0.0	0.0
Ending Cash Balance	0.0	699.0	354.3	337.7	1,439.2	75.1	3,662.7	9,521.6	20,877.0
FTEs (year end)	11	5	10	19	27	33	39	41	41

Commentary

- First sales via paid pilots began in Jul 2017
- Total \$ earned to date \$428K @Dec 2020
- Total \$ burned to date (August 1) ~\$3M
- 2019/20 validation :
 - Medibank signed (~\$100K over 12 months)
 - Renewed till October 2021
 - Wesley Heart Failure Clinical Trial funding \$~50K
 - HBF ~\$30K
 - Epworth Camberwell ~\$39K
 - QCCN renewal ~\$7k
 - **NEW:** Tasmanian Statewide Health Service ~\$80K+ beginning Q1 2021
 - **NEW:** Royal Flying Doctors Tasmania ~\$80K+ beginning Q1 2021
 - Ramsay Health negotiating staged roll out beginning Q1 2021
- Model assumes \$3 million Pre-Series A round to fund the Company through to FY22 with further Fundraising upon target milestones
- Cardihab currently has funding until May 2021

• NB , due to rounding to \$'000s, not all columns add exactly

Financial Highlights

Revenue (FY)

- 2019 @ \$42K
- 2020 @ est \$143K
- 2021 @ est \$538K (~\$253K to date)
- 2022 @ est \$2.4M
- 2023 @ est \$7.1M
- 2024 @ est \$15.1M
- 2025 @ est \$23.1M

Burn Rate

- Current @ ~\$100K
- Peak @ \$1.2M (FY25)

Breakeven

- At \$1.7M monthly revenue run rate
- Targeted B/even for FY24
- B/even requires Data opportunity project, US expansion Q4 FY22 and Clinical Trial platform concept dev.

Estimated Losses (FY)

- 2020 @ \$(1.3M) (actual)
- 2021 @ \$(1.6M)
- 2022 @ \$(3.0M)
- 2023 @ \$(3.9M)
- 2024 @ \$1.4M
- 2025 @ \$3.6M

Cost of Key Projects-

- Data opportunity - Optimised platform functionality, reporting and AI/ML analytics. ~\$700K
- Optimise integration with medical device wearable and EMR ~\$200K
- Rebranding and relaunch Australia ~ \$250K
- Customer engagement optimisation \$500K
- Clinical Trial platform concept ~\$400K
- Reg and operations (incl export prep) \$500K

Key Value-Drivers (next 12 months)

- TGA registration
- Patient uptake and Data showing patient benefit
- Revenue model established; sales cycle reduced
- Firm relationships with major customers
- Back end activity / opportunity tangible
- Plan for expansion other countries and/OR other chronic indications
- Bolster team – accomplished full time leadership

Appendix

About Cardihab



Queensland
Cardiovascular
Group



- A digital health company that exists to help patients reach optimal health when at risk of, or living with, heart disease – globally.
- The technology originates from within the CSIRO
- Cardihab was incorporated in February 2016 as the commercialisation vehicle for mobile health (m-health) research at the Australian E-Health Research Centre (AEHRC) - a joint venture between CSIRO and Queensland Health.
- Strong commercial Board and Management
- Current shareholders include Uniseed Artesian Capital Management, Stoic VC, Queensland Cardiovascular Group (QCG) and CSIRO (on behalf of AEHRC).

Risks and Mitigants



References

Slide 2 Cardiac rehabilitation reduces risk of death and subsequent cardiac events, and yet uptake is low

1.G. Balady et al. Referral, Enrollment, and Delivery of Cardiac Rehabilitation/Secondary Prevention Programs at Clinical Centers and Beyond. A Presidential Advisory From the American Heart Association; Originally published 1 Dec 2011 <https://doi.org/10.1161/CIR.0b013e31823b21e2> Circulation. 2011;124:2951–2960.

Slide 7 Australian statistics and participation rates

1 ABS National Health Survey: First Results, 2017–18 — Australia, <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~Heart,%20stroke%20and%20vascular%20disease~55>; 2 AIHW Admitted patient care 2018-19, <https://www.aihw.gov.au/reports-data/myhospitals/content/data-downloads> (excludes private hospitals in Tasmania ACT and NT) – principal diagnoses included are: ischaemic heart disease (I20-I25), heart failure (I50) and atrial fibrillation (I48); 3 AIHW Non-admitted patient care 2018-19 (Table S3.13); 4 AIHW 'Transition between hospital and community care for patients with coronary heart disease: New South Wales and Victoria 2012–2015', 2018, <https://www.aihw.gov.au/reports/heart-stroke-vascular-diseases/transition-hospital-community-care-heart-disease/contents/table-of-contents>; 5 Anderson et al. 'Exercise-based cardiac rehabilitation for coronary heart disease', Cochrane Systematic Review – Intervention 2016, <https://doi.org/10.1002/14651858.CD001800.pub3>.

Slide 8 Digital health sector projections US sales

Sources: Statista estimates 2017; Grand View Research © Statista 2020

Slide 16 Cardihab Outcomes

Varnfield M, Karunanithi M, Lee C-K, et al. Heart 2014;100:1770–1779



CARDI HAB

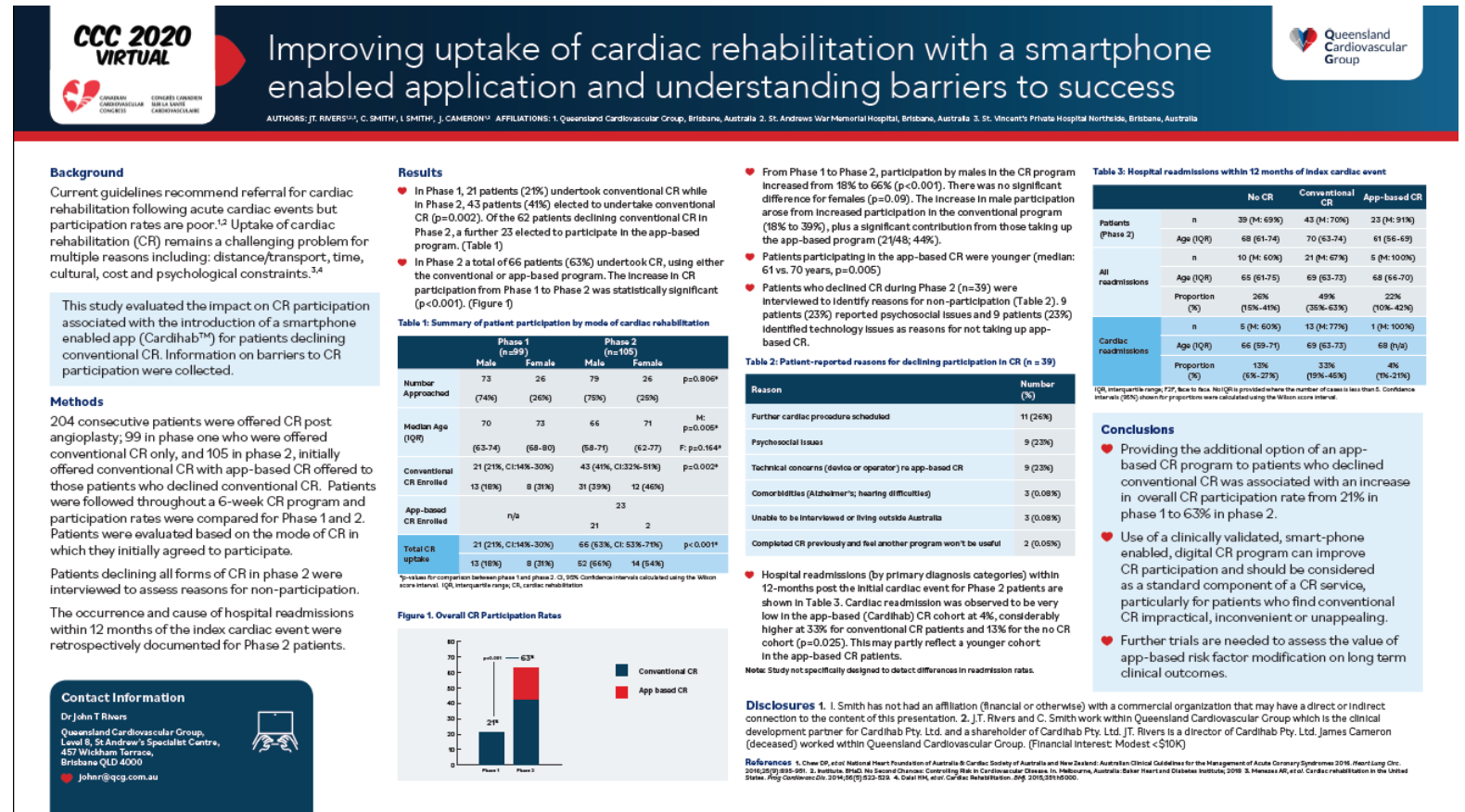
Helen Souris
CEO

Cardihab Pty Ltd
Australia
m: +61409111177
e: Helen.souris@cardihab.com

Canadian College of Cardiology poster October 2020

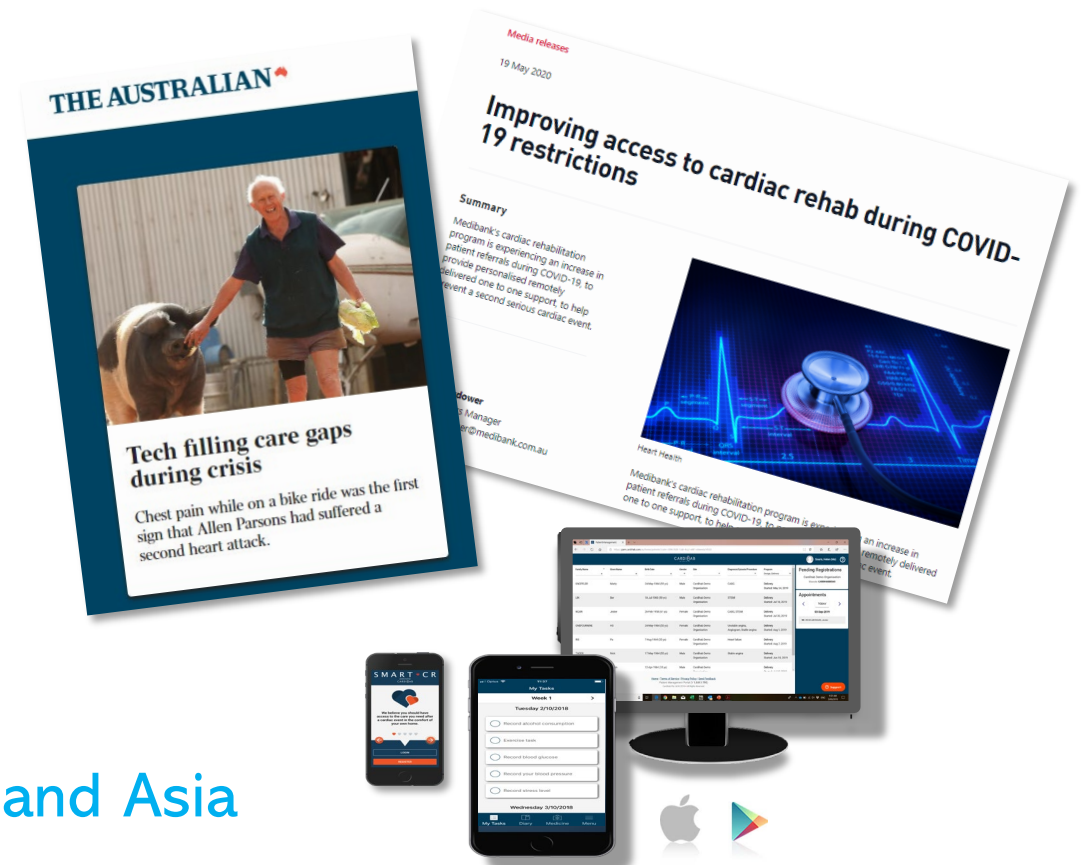
View poster via this link

<https://1o7ckp449bjlb9e6l40nn3t1-wpengine.netdna-ssl.com/wp-content/uploads/CCC-2020-conference-poster-final-09102020.pdf>



Cardihab is getting a great response from patients and clinicians across Australia

Our digital health platform enables **quality and engaging care** without face to face contact with telehealth enabled clinical consultation over video or phone



Our expansion plans include US, Europe and Asia

We are committed to expanding our community of Cardihab providers to deliver more results like these

Heart of the matter

By Ewen McRae

Heart surgery can be stressful at the best of times, but surgery during a pandemic creates a whole new range of headaches.

Melton man Kevin McCarthy, 70, faced exactly that back in March, when his doctors discovered a faulty valve in his heart that had been there since birth.

He was quickly booked in for an aortic valve replacement before hospitals closed elective surgeries.

It was a discovery that almost lay dormant.

"I was booked in for some other tests, and my doctor decided to do a stress echo test as well, which showed the faulty valve," Mr McCarthy said.

"They told me something like this generally becomes an issue in men around the age of 50-55, so I got well past that."

"They found it on March 17, and the operation took place on the 30th. They weren't sure what the outcome would be if I had to wait because of the pandemic."

Following the surgery, Mr McCarthy had to undertake all his rehab remotely through Medibank's Heart Health at Home program which conducted appointments with nurses and mapped out his progress and recovery.

Already a fit man before the surgery, he said the ability to slowly build his way back to full health while taking less risks during the pandemic was crucially important.

"It's all about fitness, you've just got to get that back," he said.

"Doing appointments with nurses over the phone was obviously a much better way of doing it, being able to keep social distancing while also letting the nurses track my progress was important for my recovery."

"I was initially able to do a walk around



Kevin McCarthy has been doing rehab remotely during the pandemic. (Images: Jasekodi 270316, 06)

the block once or twice a day, and then I just progressively built it up as I felt better. I'm now walking five kilometres twice a day, flat out.

"I've been a long-time swimmer and have just got back into that as well which is fantastic."

Mr McCarthy said there was a simple message out of his experience, as his health and wellbeing improves.

"I'm definitely doing things much easier," he said.

"I'm not puffing. I guess the warning I'd say is that I just ignored things because it built up gradually, and I didn't pay attention to my body."

"The message I'd say to people, especially older men, is don't put it off and get yourself checked out if you feel something."

"Doing appointments with nurses over the phone was obviously a much better way of doing it, being able to keep social distancing while also letting the nurses track my progress was important for my recovery."

824 views LinkedIn

track with a heart he X +

bluemountainsgazette.com.au/story/6848364/keeping-on-track-with-a-heart-health-app/

Keeping on track with a heart health app

Ilisa Cunningham

Local News



Comments

Neil Buckland had a heart valve replacement and bypass operation in March, and credits a telehealth cardiac rehabilitation program with his ongoing recovery.



"Not only filling it in encouraged me to do the exercise, and do the check in. I might not have done it [the exercise] otherwise, I would have got a bit lazy."

Medibank HeartHealth at Home is achieving great results with NPS +72 and adherence of 91%

Independent assessment by researchers at Monash reported high engagement from patients and clinicians involved in the program

92% of members would recommend the program

91% Adherence to program



MONASH University



medibank

- ✓ Supporting patient during COVID restrictions
- ✓ Enabling participation by people in full time and part time employment – typically unable to attend traditional programs
- ✓ Enabling achievement of equitable access targets for remote regional areas
- ✓ Australia wide coverage

Team at QCCN are also getting great feedback from their Cardihab patients



Tina Clark
Queensland Country
Care Navigation Manager

Introducing our Phase 2 Cardiac Rehab Program

In mid-2020, the Queensland Country Care Navigation team in partnership with Cardihab introduced a new Phase 2 Cardiac Rehab Program for eligible Members, 18 years and over, who have had a cardiac related condition or been admitted to hospital. The program provides Members with a home-based cardiac rehabilitation service, to help them reach optimal health when at risk of, or with, heart disease.

Who is Cardihab?

Cardihab is an Australian digital health company that exists to help patients reach optimal health when at risk of, or living with, heart disease.

Cardihab is registered on the Australian Registry of Therapeutic Goods as a Class I Medical Device, ARTG No. 340440.

As part of the program, the Member receives weekly education that is personalised to their risk factors and includes safe exercise and emotional support for successful completion of SmartCR (Cardiac Rehabilitation).

Some examples of the program's weekly education include:

- Week 1**
 - Learn about your health condition
 - Driving restrictions
 - Blood pressure monitoring
 - How your heart works
 - What is a heart attack?
- Week 2**
 - Resuming exercise
 - Goal setting
 - Managing stress
- Week 3**
 - Healthy heart diet
 - Relaxation techniques
 - Smoking and your heart
 - Emotional and social support
- Week 4**
 - Risk factors for heart disease
 - Alcohol and your heart
- Week 5**
 - Cholesterol
 - High blood pressure
- Week 6**
 - Managing a healthy heart lifestyle

"Really happy with the Cardihab app, and the advice has been really good. We have learnt a lot. Really impressed with the attention: phone support and organising extra services. I felt a bit lost about my prognosis at the beginning, but now I know so much more. And more confidence about my heart health."
M. & B. Jensen, Mt Pleasant

Who can benefit from the Cardiac Rehab Program?

The National Heart Foundation of Australia has defined the patients with the following as eligible for Cardiac Rehabilitation.

- 1. Acute Myocardial Infarction**
Both ST elevation and non-ST elevation, including patients with and without post-MI revascularisation, eg those medically-managed only.
- 2. Revascularisation**
Procedures including coronary artery bypass graft surgery and percutaneous coronary interventions.
- 3. Coronary Artery Disease**
Medically-managed coronary artery disease (CAD), such as stable angina.

- 4. Cardiovascular Disability**
Particularly heart failure and cardiomyopathy diseases.
- 5. Heart Devices/Transplants**
Valve device, replacement and repair; permanent pacemaker and implantable defibrillator insertions. Heart transplant and ventricular assist devices.
- 6. Recent evidence has shown**
Cardiac Rehabilitation may also be of benefit to patients with:
 - Atrial Fibrillation
 - High risk for coronary artery disease
 - Other vascular or heart diseases and interventions
 - Familial hypercholesterolaemia

To find out if Cardiac Rehabilitation is right for you, or learn more about Queensland Country Care Navigation visit queenslandcountry.health/members/carenavigation/

Cardihab Pty Ltd. ABN 20 610 471 910. 1/3, 318 Brunswick Street Fortitude Valley QLD 4006. e: info@cardihab.com ARTG No. 340440

"Great service which has helped me through one of the most difficult times of my life. With great and caring support, I now understand my heart condition and I am empowered to manage and improve my heart health and regain my quality of life. My Cardiologist is 'over-the-moon', that I have had cardiac rehabilitation and that I have learnt how to manage my cardiac condition."
N. Oswin, Ingham



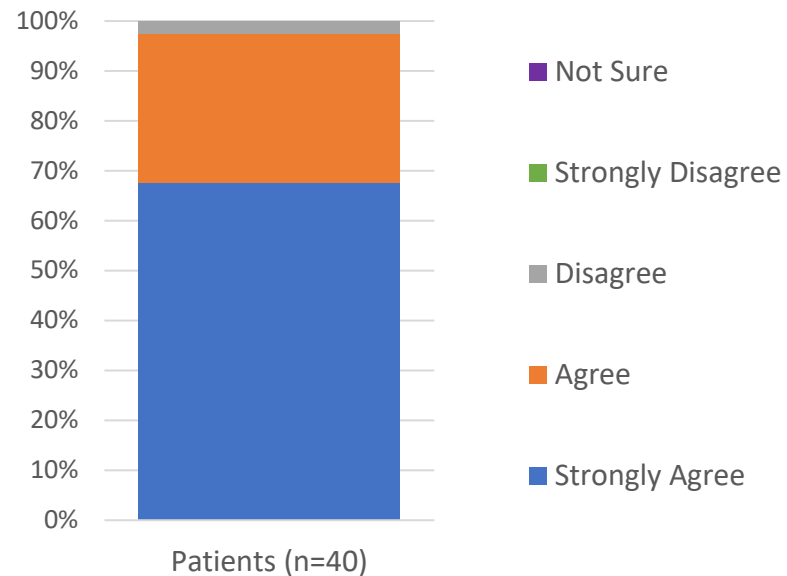
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M. & B. Jensen, Mt Pleasant

"Great Service which has helped me through one of the most difficult times of my life. With great and caring support, I now understand my heart condition and I am empowered to manage and improve my heart health and regain my quality of life. My Cardiologist is 'over-the-moon', that I have had cardiac rehabilitation and that I have learnt how to manage my cardiac condition."
N. Oswin, Ingham

CardiHab enabled continuity of care during COVID-19 lockdowns with positive outcomes and support for patients

98% motivated

The Smart CR app **motivated** me to complete my daily tasks and activities including my daily recommended walks



100% Supported

By using the Smart CR App and having weekly contact with the cardiac nurse did you feel **supported** in your cardiac recovery?



"Felt totally supported not only in regards to heart condition but mentally and physically. Complete care physically, mentally and educationally"

"Motivation to change behaviour and lifestyle"

"App is great, covers a lot of different areas of support"

"... I very much enjoyed the app together with the online consultation with the suite of expert nurses.... I can see this just being enhanced with in person classes as well"

Proud to collaborate on research that will provide important insight into COVID-19 and Heart Failure

This study aims to understand the impact of :

- COVID-19 infection and sequela for heart failure patients
- health implications of patient isolation
- benefits of Cardihab in monitoring and mitigating some of the associated risk factors
- Utilizes the Cardihab platform as the trial intervention platform and database

Wesley Medical Research's COVID-19 Rapid Response Research Centre



**WESLEY MEDICAL
RESEARCH**

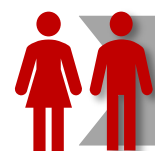
Partnership with Baker Heart And Diabetes Institute

- Successful Heart Foundation Vanguard grant application by A/Prof Melinda Carrington
- Study aims: Improving secondary prevention and survivorship after a coronary event through enhanced disease management in higher risk individuals
- Up to Two Years
- VIC



FY21-FY22 Clinical Trial program to expand clinical evidence and use of Cardihab

Patient Journey



Risk factors but
no CVD

Secondary prevention

Asymptomatic
vascular disease

4.2M people

Known Vascular
disease or
symptoms

1.2M people

Hospitalization
from Primary
acute CV event

1.1M hospitalizations p.a

Secondary acute
CV event

Planned Trials

Prevention High
Risk patients

TBC

Heart Failure
Study QCG Wesley
Live Q4 2020



Queensland
Cardiovascular
Group



WESLEY MEDICAL
RESEARCH

2 year prevention
study live Q2 2021



Women CVD
Prevention

TBC