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Business Stockhead

ASX healthcare stocks riding the point-



Lumos and Atomo are making waves in point-of-care testing. Pic: Getty Images

Point-of-care testing emerges as one of the most disruptive shifts in global diagnostics



But long before Covid-19 POC testing was already bringing medical diagnostics out of laboratories and into GP clinics, pharmacies and homes leading to faster results and treatment. Good morning! Here's everything you need to know before the ASX opens and begins trading today. Developed in the late 1970s home pregnancy tests were among the first widely adopted POC diagnostics, allowing women to receive accurate results within minutes with ovulation tests following.

In the 1980s finger-prick blood glucose monitors became widely available, transforming diabetes care by enabling people to check their blood sugar levels in seconds.



The test aims to help reduce the inappropriate and unnecessary use of antibiotics, recognised as a key driver of the growing global public health challenge of antimicrobial resistance (AMR).

Guy Le Page looks at Yugo Metals and the multi-metallic momentum picking up across its exploration assets in an understated jurisdiction. Lumos chief executive Doug Ward told *Stockhead* the test gave clinicians greater confidence while the patient was still in the consulting room.

"FebriDx is a 10-minute, finger-stick point-of-care test that distinguishes bacterial from non-bacterial, typically viral, respiratory infections," Ward said. [Read More >](#)



The test received US FDA 510(k) clearance in 2023, but Ward said the biggest commercial milestone came earlier this year when it secured a [Clinical Blood spilt as chair, Mayfair Hotel to be Laboratory Improvement Amendments \(CLIA\) waiver, directors ousted at transformed after iconic Aussie company \\$75m sale](#). This allows FebriDx to be used in more than 300,000 waived testing sites across the US, including physician offices, urgent care centres and retail clinics.

Ward said FebriDx was the only CLIA-waived, instrument-free point-of-care test in the US that differentiated bacterial from non-bacterial respiratory infections across the full spectrum of respiratory illnesses rather than targeting a single virus.



million acute respiratory infection visits in the US each year by bringing more appropriate antibiotic prescribing into the point-of-care workflow. Kane Cornes, ex-Essendon midfielder, second bid to keep link with local footy clubs. IBAC report secret from public. Reimbursement has been encouraging, with more than 90% of claims being paid, broad Medicare recognition and private payers typically reimbursing above Medicare rates."

Commercial rollout is underway after Lumos signed a six-year exclusive national US distribution agreement worth ~US\$317 million with PHASE Science.

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"PHASE has in turn established sub-distribution relationships with Henry Schein, McKesson, NDC and others, representing more than 2,000 trained

reps." Ward said.
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Our own and PHASE's field teams are hyper-focused on the top 1
care parent entities, which alone account for roughly half of all US urgent
care sites, while partners like Henry Schein and McKesson cover the long tail
of smaller practices.
alleged Cannes beach
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This is a capital-efficient way to move the needle where volumes
influence are highest."



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the needle where volumes



Victoria

Use of FebriDx is also being
LBS scrap planned vote
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d within the WellStreet Urgent Care
\$100m burger empire's
huge Aussie rollout

"WellStreet is a good example of how we approach large urgent care
accounts," Ward said.

Peter Marshall gets
Swon started by building Feb
report secret from public
In Fayetteville, Georgia, before CLIA waiver, to prove clinical value and refine
how the test fits into the workflow," Ward said



News
single moderately complex WellStreet site
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Robertson on life as a

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"After CLIA waiver, that pilot expanded to more than 40 sites and is now
serious: Car brands
stretching across the footprint in multiple states."



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Ward said FebriDx now had the regulatory clearance, clinical evidence,
economic rationale and commercial infrastructure to become a standard POC
tool for managing acute respiratory infections.

"The next respiratory season is about converting that foundation into visible,
repeat utilisation and revenue across a growing base of high-value accounts."

Beyond FebriDx, Lumos is also involved in a range of POC development
programs through commercial and technical collaborations.

Atomo grows supply partnerships and in-house tests

[Atomo Diagnostics \(ASX:AT1\)](#) powers part of the POC testing supply chain,
but also develops and commercialises its own rapid diagnostic tests.

Its Pascal platform is used to make single-use test cassettes for rapid blood
testing outside traditional laboratories.

The design is focused on improving ease of use, consistency and suitability for
testing in clinics, pharmacies and other POC environments.

A key commercial relationship is its role as a supplier of these test cassettes to
Lumos for their FebriDx test.

Atomo has an established presence in infectious disease testing, including HIV
self-tests in markets such as Australia, New Zealand and the UK.

It has also developed a rapid syphilis test, targeting a sexually transmitted
infection (STI) that has re-emerged as a growing public health concern in
several developed markets, including Australia and the US, after years of
decline.

The company also has early-stage programs in liver health testing. Atomo said recent new customers reflected growing interest in its test solutions as a scalable foundation for rapid diagnostic test development including self-testing at home.

Shift beyond POC testing to remote monitoring

While point-of-care testing continues to expand, [Adherium \(ASX:ADR\)](#) sits within a broader shift toward remote monitoring and decentralised healthcare.

Adherium's FDA-cleared Hailie Smartinhaler targets poor medication adherence in respiratory medicine, which is a key driver of avoidable flare-ups, hospitalisations and declining disease control.

Chief commercial officer John Perry told *Stockhead* the device attached to standard asthma and COPD inhalers, automatically recording when medication was taken and capturing real-world usage data between clinical visits.

"Most adherence programs fail because they depend on the patient adopting a new habit," he said.

"Ours does not because capture is passive, so the data keeps flowing even from the older, disengaged, hard-to-reach patients who need it most.

"On that foundation, care moves off patient recall and the occasional in-clinic snapshot and onto objective, real-world data captured between visits.

Perry said the data provided from the Hailie Smartinhaler was already changing clinical decisions.

"Clinicians see whether controller medication is actually being taken, whether reliever use is climbing and whether technique is the real problem," he said.

He said it then became a matter of "coach or prescribe" where care teams could tell whether the fix was a technique correction or a medication change.

And rather than adding another monitoring task for stretched clinicians, Adherium operates a managed care model where its team monitors adherence data, engages patients between appointments and escalates only clinically significant cases.

"Routine support is handled remotely, and only the patients who need clinical review reach the clinician," Perry said.

Adherium is also building a strong case for adoption, backed by clinical evidence from its iCARE program with Intermountain Health, based in Utah in the US, which has deployed 4,000 Hailie Smartinhalers across up to 2500 asthma and COPD patients in five healthcare facilities.

"Patients on Hailie-connected controllers used them as prescribed roughly two-thirds of the time, against the one-in-five typically reported in this population," Perry said.

"Nearly four in 10 cleared 80% adherence, the threshold associated with roughly half as many respiratory attacks."

The improvement translated into a 50.3% reduction in hospital admissions, a 20% reduction in emergency department visits and a 57% fall in annual cost of care per patient, from US\$36,837 to US\$15,899. Patient engagement remained high, with retention above 90% at 12 months.

Perry said moves to value-based care, where providers were paid for outcomes rather than activity, was driving a new commercial model well suited to Adherium.

"The iCARE cost-of-care reductions are exactly what health systems and payers now buy under value-based reimbursement," he said.

"So this is not a pivot away from revenue. It is the path to larger, stickier, outcomes-linked revenue, and to Adherium becoming a digital respiratory care partner rather than a connected device company."

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