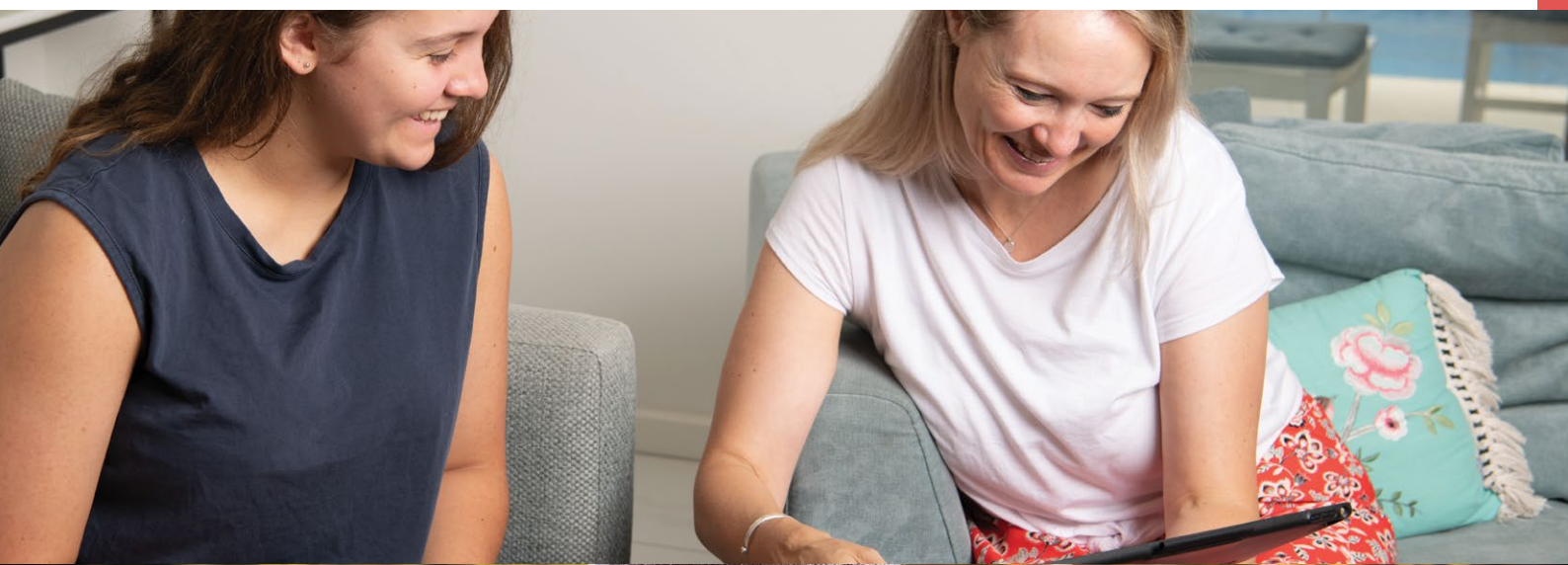




Annual Report
Financial Year 2019 – 2020

healthdirect
Australia



"My caller was feeling overwhelmed and confused with all the COVID-19 information out there and wondering if she needs to be tested and where the closest testing facility was. She was also feeling isolated, not being able to do her usual activities of sports and socialising with family, friends or her partner.

I provided information on the closest testing clinic, the symptoms of COVID-19 and suggestions on how she can keep herself happy and healthy at home to keep her spirits up. She was very appreciative of the information and the time taken to listen to her."

Quote from a call handler, National Coronavirus Helpline, 20 April 2020



Contents

From the Chair	4
From the CEO	5
About Healthdirect Australia	6
Governance	7
Healthdirect Australia's COVID-19 response	8
National Coronavirus Helpline	11
healthdirect	12
healthdirect Video Call	16
National Health Services Directory	18
Pregnancy, Birth and Baby	20
Keeping COVIDSafe	22
Financial statements	23

From the Chair

The past financial year has been pivotal for Healthdirect Australia and a testament to the capability and flexibility of the Company in delivering virtual health services for government and all Australians.

In the past 12 months, we have met major health challenges caused by bushfires and COVID-19, rapidly scaling our services with efficiency and consistency.

Across our services there have been over 77 million interactions with the community, up from 57 million in the last financial year. That's 2.5 interactions a second, with the majority reaching the service they need via digital channels.

Healthdirect Australia has found new and innovative ways to deliver virtual health services and, today, we are a different, more versatile organisation from the one we were a year ago.

Evidence of our connectivity and value to the health system is outlined in the recent Data Linkages report, commissioned by NSW Health. Looking at data from 2016-2018, the study confirmed that the healthdirect nurse triage service provides people with appropriate advice, diverting less acute cases away from busy emergency departments, advising people to go to the emergency department when appropriate, and assisting people with self care. Trust in our service is demonstrated through 83 per cent of callers following the advice given.

Over the past 12 months, we have further enhanced the governance framework of the Company and appointed new external experts as members of the Clinical Governance Advisory Committee. In addition, the Finance, Risk Management and Audit Committee continues to play a rigorous role in providing ongoing assessment of the risks that may affect the Company in the short and medium term, keeping us alert to emerging matters, and suitably equipping us to navigate them effectively.

As a not-for-profit company and in accordance with Australian Accounting Standards, we have operated within budget this financial year.



I am especially honoured to take up the position of Chair of the Board of Directors and wish to acknowledge the previous Chair, Wayne Cahill, along with other outgoing Board members Dr Michael Beckoff, Dr Martin Lavery and Peter Dowling for their commitment to Healthdirect Australia during their tenure.

We welcomed new Board members, Gayle Ginnane, Louise McElvogue and Dr Helen Nott who stepped into a very intense period of change. I wish to acknowledge the resolve and commitment of my colleagues on the Board over the past 12 months.

On behalf of the Board, I thank our Shareholder Committee for their continued support and guidance. We look forward to working together to deliver on their health priorities over the next 12 months.

Finally, I take this opportunity to thank Karen and her team for their significant efforts and sheer dedication in taking the Company forward this year, strengthening our reputation as a reliable provider of virtual health services for our shareholders.

Jane Muirsmith, Chair

From the CEO

The critical role of virtual health services in supporting the Australian public during the COVID-19 health pandemic has reinforced Healthdirect Australia's partnership with governments as a trusted provider of health information and advice.

Working with the Australian Government Department of Health as it prepared for the anticipated local spread of COVID-19, we applied our experience in delivering virtual health services to set up a new national helpline in a matter of days.

As the crisis progressed, we acted as a central point of liaison with all jurisdictions to ensure every Australian had equitable access to clinical care and the latest health information for their location, allowing people to feel safe as they navigated the pandemic.

In 2020, we also established two additional bespoke helplines, supporting the wellbeing of healthcare workers in NSW and those working with people with disability nationally.

Existing services were significantly impacted by COVID-19 and rapidly scaled up to meet demand. The healthdirect service was a trusted access point to health services beyond the traditional physical doors of hospital emergency departments and GPs, helping millions of people to get the right care when they needed it via the helpline, website, COVID-19 Symptom Checker and Service Finder.

Our management of the healthdirect service and the National Coronavirus Helpline meant both services benefited from operational efficiencies, combined data trends and insights, and shared digital tools and authorised information to convey consistent health messages across all channels.

During this time, healthdirect Video Call was made available to all GPs and Aboriginal Community Controlled Health Services, safely connecting patients and health workers and setting the foundation for ongoing demand for virtual consultations.

Other key services have done their part to meet the needs of the public during the COVID-19 pandemic – My Aged Care added a dedicated team to help the most vulnerable and Pregnancy, Birth and Baby added nurses to answer questions from worried parents.



The huge growth in usage of our services and digital tools during the pandemic is evidence that people value access to immediate and accurate health information.

The success and fast-paced growth over the past five months was achieved with a wide range of suppliers, including the Australian Taxation Office, Services Australia and the Australian Digital Health Agency in the public sector, organisations in the private sector that quickly provided helpline staff, and existing and new relationships with technology companies which provided expert assistance to help us achieve our goals.

I would like to thank Jane Muirsmith and Wayne Cahill and the current and previous Board for providing counsel as we navigated a challenging time for the organisation and allowing us to exercise our areas of strength.

I also thank our shareholders and funders with whom we actively partner to deliver their services.

It has been an extraordinary year for Healthdirect Australia and the outcomes achieved would not have been possible without the experienced and hard-working team I have the privilege to lead. They have stepped up when needed and have kept our customers, providers and the many Australians who contact us each day front of mind. Thank you for your commitment.

Karen Borg, CEO

About Healthdirect Australia

Healthdirect Australia is a national, government-owned, not-for-profit organisation established by the Council of Australian Governments (COAG) in 2006. We design and deliver virtual health services that can be easily accessed by phone, video, websites and an app.

Health system integration

As a national telephony and virtual health service provider, Healthdirect Australia partners with government at national, state and local levels to provide customer-facing services that interconnect with many health services and organisations.

Healthdirect Australia is well positioned to assist Primary Health Networks (PHNs) to achieve community health objectives. A two-way engagement strategy ensures tight integration of our services, with a particular focus on after-hours services and awareness campaigns. We work with PHNs to facilitate government-funded use of healthdirect Video Call for funded Medicare Benefits Schedule (MBS) items.

The National Health Services Directory is a core piece of health infrastructure that connects the public with services in their local area through multiple data-sharing arrangements across the sector.

Equity of access

Healthdirect Australia delivers services that make health information and advice available to everyone in Australia, facilitating easy access to the right care at the right time and overcoming potential barriers, such as geography, culture or socio-economic situation.

Health information and advice across telephony and online channels adheres to best-practice health literacy principles and supports people to take charge of their own health and health-focused goals.

Response to public health emergencies

A robust and scalable telephony infrastructure allows Healthdirect Australia to rapidly provide solutions for Australian and state governments in response to public health emergencies, such as the bushfires throughout the summer season and COVID-19 in 2020.

Expertise in managing multiple contact centres, combined with the oversight of an in-house clinical team, allows us to tap into existing processes and workforces to quickly develop and implement a range of service channels, including digital clinical tools and helplines.

Our services

healthdirect

healthdirect
after hours GP helpline

healthdirect
Video Call

pregnancybirth&baby

Australian Government | **myagedcare**

get healthy
Information & Coaching Service

National Health
SERVICES DIRECTORY

**The NSW Palliative Care
After Hours Helpline**

New COVID-19 services

National Coronavirus Helpline

NSW COVID Connexion

COVID-19 Health Professionals
Disability Advisory Service

Governance

External and internal governance processes and committees ensure Healthdirect Australia meets its legal, compliance and financial obligations while delivering high quality, clinically safe services.

The Australian Health Ministers' Advisory Council (AHMAC) established the Healthdirect Australia Shareholder Committee to provide policy guidance to Healthdirect Australia.

The Shareholder Committee comprises representatives from participating jurisdictions, ensuring appropriate governance of Healthdirect Australia and communication with AHMAC.

As a not-for-profit public company, regulated under the *Corporations Act 2001* and limited by shares, Healthdirect Australia has a Board of Directors. The Board is appointed by the Shareholder Committee to deliver on the shareholders' investment vision.

The Board oversees three internal committees which assist in carrying out its responsibilities: the Clinical Governance Advisory Group, the Finance, Risk Management and Audit Committee and the Project Review and Workplace Health and Safety Advisory Committee.

Government shareholders

Healthdirect Australia is jointly funded by the Australian Government and the governments of the Australian Capital Territory, New South Wales, Northern Territory, Tasmania, South Australia and Western Australia.

All participating jurisdictions are engaged in the future and potential of Healthdirect Australia through regular meetings facilitated by the Shareholder Committee representatives, which ensures a productive working relationship.

During the COVID-19 pandemic, these relationships were cemented across all participating and non-participating jurisdictions as we worked together to ensure information flow and connectivity between services to ensure the public could access information during the pandemic.

The Australian Government Department of Health was the key shareholder during this period, providing funding, critical guidance and quick decision-making to enable the establishment and scale-up of the National Coronavirus Helpline.

Our shareholders


Australian Government
Department of Health

 **ACT**
Government
Health

 **NSW**
GOVERNMENT | **Health**

 **NORTHERN
TERRITORY**
GOVERNMENT

 **SOUTH
AUSTRALIA**
Government
of South Australia
SA Health

 **Tasmanian
Government**

 **Government of
Western Australia**
Department of Health

Healthdirect Australia's COVID-19 response

With reliable infrastructure and more than a decade's expertise in delivering virtual health services on behalf of the governments of Australia, Healthdirect Australia was well positioned to take a leading role in the national health response to the COVID-19 pandemic.

In the five months to 30 June 2020, Healthdirect Australia established three new helplines, developed and deployed two new digital tools, published and maintained the accuracy of health information across three websites, uploaded the details of 400 testing clinics to the National Health Services Directory and offered its video consulting platform to 8,000 general practices.

During the same period, existing services experienced unprecedented demand as the public sought reassurance through trusted health information and advice.

Health system integration and support

The well-established video consulting service, healthdirect Video Call was in high demand as the pandemic put both health workers and patients at risk. Healthdirect Australia facilitated fast-tracked registrations to use the service under existing government-funded pilot programs.

The Australian Government funded access to healthdirect Video Call for all general practices and Aboriginal Community Controlled Health Services to keep them and their patients safe.

In June and July 2020, Healthdirect Australia was asked by shareholders in NSW and the Australian Government to provide two bespoke helplines to assist health workers during COVID-19. The NSW COVID Connexion is a health and wellbeing helpline for NSW Health employees. The COVID-19 Health Professionals Disability Advisory Service provides specialised advice for health workers who are helping people living with disability during COVID-19.



healthdirect COVID-19 Symptom Checker

In the very early stages of the pandemic, our clinical governance team expanded the healthdirect Symptom Checker to add a COVID-19 flow designed to help people understand their symptoms and whether they need a COVID-19 test. Used nearly three million times in its first five months, the digital tool has innovated and evolved with the pandemic.

- Close monitoring of changes in testing criteria and case definition resulted in 35 clinical updates – ensuring every user received the right information
- Integrated with differences in jurisdictional health systems – accurately reflects state and territory differences and provides correct connection to COVID-19 health services
- Versions created for use by clinical and non-clinical call handlers on the National Coronavirus Helpline
- Voicebot (interactive voice response audio Symptom Checker) deployed for callers in National Coronavirus Helpline queue

The healthdirect COVID-19 Symptom Checker was promoted by the Prime Minister, Premiers, Health Ministers and Chief Medical Officers as a key health safety tool.

Building on existing capability

Healthdirect Australia was able to create new services very quickly due to its scalable existing infrastructure, enabling the company to be responsive and flexible.

- National Coronavirus Helpline
 - The initial version of the helpline (Coronavirus Health Information Line) was quickly established using an existing call centre provider and robust management systems.
 - When the helpline needed to be scaled-up, an existing theoretical blueprint for a new management model provided a framework to work with.
 - Existing technology partnerships enabled fast solutions, testing and implementation.
- Centralised information – using existing healthdirect content development processes, website, thesaurus and information management systems, Healthdirect Australia created the Knowledge Base – a single source of truth that could be used across multiple services (see table on the next page).

In addition to the service requirements stipulated by the government, Healthdirect Australia saw opportunities to maximise the reach of its trusted information and advice through digital tools.

These tools are based on proven models, adapted, designed and timed to meet the demand for information as the impacts of the pandemic evolved.

- The COVID-19 Symptom Checker was built as an additional flow in the clinical decision support systems used for the healthdirect Symptom Checker. The clinical team oversaw development to ensure its safety.
- The healthdirect Service Finder widget's enhanced functionality was integrated into the COVID-19 Symptom Checker, allowing a seamless journey from health concern to the right step with bookable appointments (including providers of telehealth) and locations of testing clinics.
- The new healthdirect COVID-19 Restriction Checker was based on elements of the interactive tools already available on the website so that easy navigation could provide up-to-date information on restrictions in each state and territory.

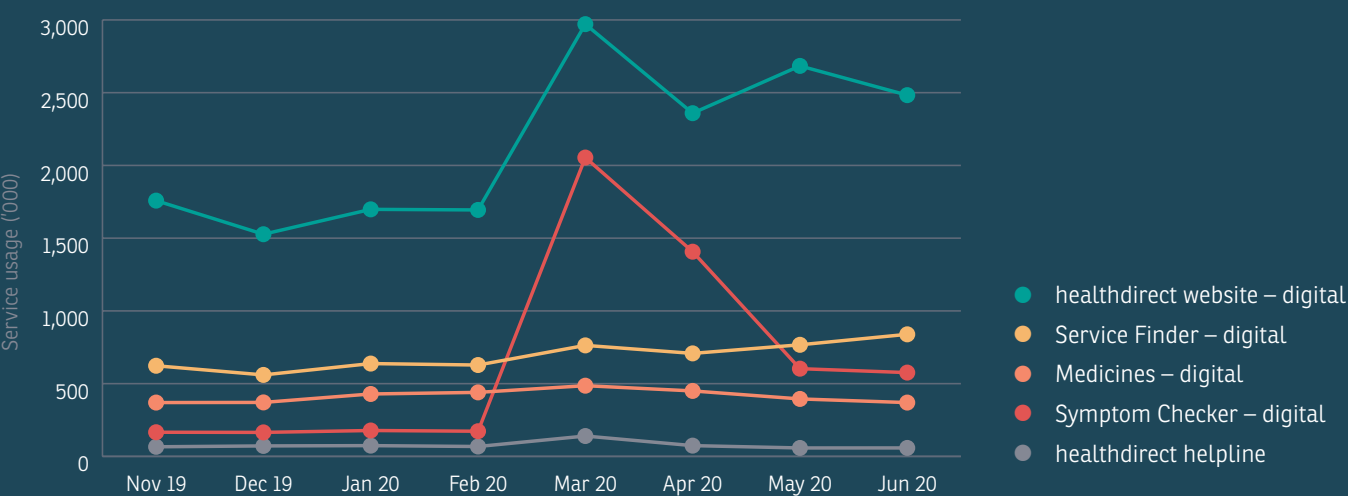
The healthdirect COVID-19 Symptom Checker and Restriction Checker are integrated into the Australian Government's official COVID-19 information app.



Maximising access to health information via the healthdirect service during COVID-19

During the COVID-19 pandemic up to 30 June 2020, the healthdirect service provided health information and advice to millions of people, particularly via its digital channels which seamlessly managed surges in demand for trusted information.

Use of healthdirect service channels



Maintaining consistent information across channels

Healthdirect Australia repurposes digital tools and information across services so people can access consistent health information no matter which service they contact or which channel they use.

		Healthdirect Australia's virtual health services			Other government agencies / websites / call centres
		National Coronavirus Helpline (new)	healthdirect service	Pregnancy, Birth and Baby service	
Existing assets leveraged for COVID-19	Clinical decision support system and processes	<ul style="list-style-type: none"> ✓ Screening and assessment tools for helpline agents ✓ IVR-powered Audio Symptom Checker on helpline 	<ul style="list-style-type: none"> ✓ COVID-19 Symptom Checker on website and in mobile app 	<ul style="list-style-type: none"> ✓ COVID-19 Symptom Checker on website 	<ul style="list-style-type: none"> ✓ COVID-19 Symptom Checker on websites and apps
	Clinical content management and publishing processes	<ul style="list-style-type: none"> ✓ Knowledge Base for helpline agents 	<ul style="list-style-type: none"> ✓ Knowledge Base for helpline agents ✓ Restriction Checker on website and in mobile app ✓ COVID-19 information on website 	<ul style="list-style-type: none"> ✓ Knowledge Base for helpline agents ✓ Restriction Checker on website 	<ul style="list-style-type: none"> ✓ Reference source for switchboard operators ✓ Restriction Checker on websites
	Australian Health Thesaurus	<ul style="list-style-type: none"> ✓ Knowledge Base for helpline agents 	<ul style="list-style-type: none"> ✓ COVID-19 information on website 		
	National Health Services Directory	<ul style="list-style-type: none"> ✓ Testing location information for helpline agents 	<ul style="list-style-type: none"> ✓ Testing location information in COVID-19 Symptom Checker and on website 		
	GP appointment booking engine integrations		<ul style="list-style-type: none"> ✓ Appointment booking of COVID-19 tests 		

National Coronavirus Helpline

Set up as part of the Australian Government's early response to the COVID-19 pandemic, the National Coronavirus Helpline provides both general information and symptoms assessment to callers, 24 hours a day, seven days a week.

The helpline has flexed with the needs of both the Australian Government and public, scaling up in anticipation of heightened demand and scaling down to run efficiently as demand stabilised.

Responsive using existing infrastructure

In January 2020, the Australian Government Department of Health funded Healthdirect Australia to rapidly set up a general information helpline to answer questions from the public about the spread of the disease. Just five days later, on 31 January 2020, Healthdirect Australia launched the Coronavirus Health Information Helpline using existing service providers and telephony infrastructure. The helpline operated from 8am to 10pm, providing general information about the disease, and was extended to a 24-hour service on 4 February 2020. Most calls related to symptoms, spread and international travel.

Scaling up to meet demand

Healthdirect Australia was invited to attend the Primary Care COVID-19 Preparedness Forum, led by Australia's Chief Medical Officer on 6 March 2020. The forum aimed to connect the parts of the health system that were best positioned to support the public during the expected health crisis.

At this time, the Australian Government Department of Health advised Healthdirect Australia of an expected surge in demand for information as restrictions were implemented to reduce the spread of the disease. With the helpline positioned as a key asset in the Government's public information campaign, it needed to scale up to handle an estimated 25,000 calls a day, including callers with COVID-19 symptoms.

Boosting staff numbers from 35 to more than 800 in just over a week required engaging nine organisations, including some businesses with available staff due to the national lockdown. The need to manage data collection and consistent service operations across multiple service providers initiated a complete rescope and rebuild of the helpline infrastructure.

New model of service

Healthdirect Australia engaged its technology partners, Amazon Web Services, Atlassian and MediRecords, to build a cloud-based telephony management and call record system. This allowed for service providers to be in different locations and ensured all call handlers could safely work from home during the pandemic if necessary.

The additional staff were trained on the new system in time for its switch-over on 16 March 2020. Renamed the National Coronavirus Helpline, the new service launched with no interruption of service for callers.

The helpline received diverted calls from every jurisdiction in Australia, providing nationally consistent clinical information and health advice.

Centralised information

To ensure all call handlers provided the same safe and consistent information to callers, Healthdirect Australia developed an online searchable Knowledge Base which contained accurate and constantly updated information about the evolving pandemic. Information was developed in close partnership with the National Incident Room, with input from states and territories via emergency bunkers and operations centres.

The new healthdirect COVID-19 Symptom Checker was adapted to provide a screening tool for use by clinical call handlers when answering caller questions about COVID-19 symptoms. In March, to alleviate wait times for callers with symptoms, the service model was rapidly transformed to enable all call handlers to assess callers with COVID-19 symptoms.

Supporting health professionals

Early in the crisis, the National Coronavirus Helpline bridged a gap in information for general practitioners and health workers, providing advice on matters that included personal protective equipment and the location of testing clinics.

Supporting government

Throughout the evolving pandemic, Healthdirect Australia provided data on call characteristics and patterns to the Department of Health, advising of top caller concerns and call volumes, giving critical indicators of where additional messaging was required. We were able to escalate issues of concern and issues requiring further clarification, often resulting in improved jurisdictional, inter-agency and health system connectivity to help the public navigate how the lockdown applied in their situation.

The National Coronavirus Helpline received more than one million calls from 31 January to 30 June 2020, answering caller concerns through the first wave of the pandemic.

Top five questions from callers

1. What are the symptoms of COVID-19?
2. Can I visit other Australian states and territories?
3. After I get tested, when will I get the results and where do I get them from?
4. What is a 'close contact' and a 'household contact'?
5. What is isolation?



healthdirect

healthdirect provides virtual health advice and information 24 hours a day, 7 days a week, to help people make more informed health decisions. With multiple points of access, the service is available when and where people need it: they can phone, visit the website, check their symptoms online, view social media and access all information via the free app.

This year, the healthdirect service saw a dramatic increase in demand across all channels due to the catastrophic bushfire season and the COVID-19 pandemic. A well-established service, healthdirect is highly scalable and able to flex quickly to meet the needs of the Australian public.

healthdirect helpline

With two health crises in the past year, the healthdirect nurse triage helpline received 13 per cent more calls, with demand more than doubling in March 2020. The increase in demand meant some callers experienced a wait before speaking to a nurse. Messages for callers in the queue encouraged them, where appropriate, to seek information on self-serve digital channels, such as the healthdirect website and app.

after hours GP helpline

A program funded by the Australian Government Department of Health integrated healthdirect Video Call into the healthdirect after hours GP helpline. Video Call provides a reassuring visual option for both the caller and the GP, after hours on weekdays, on weekends and on public holidays. For the purposes of clinical quality and assurance, after hours GP helpline consultations are recorded if the caller consents.

Digital tools

Healthdirect has continued to develop and expand its digital tools to grow their potentially exponential reach. The Symptom Checker, Restriction Checker, Risk Checker and Question Builder are available via the healthdirect website, free healthdirect app and are embedded across various health organisation websites.

healthdirect Symptom Checker

The Symptom Checker infrastructure was enhanced ahead of its promotion by the Australian Government as part of its COVID-19 public health campaign. This ensured it was robust enough to manage expected surge capacity, successfully coping with an almost 200 per cent increase in usage compared with last year (5.9 million sessions this year, of which 2.0 million were in March, compared with 2.0 million in total in the previous financial year). Clinical content continued to be reviewed and aligned with specific major health issues.

healthdirect Service Finder

The Service Finder is available on the healthdirect website and through a free widget which is available for use on other websites or apps. Data from the National Health Services Directory (NHSD) powers the Service Finder tool to ensure consumers can find relevant health services.

Based on partnerships formed with booking providers HealthEngine and HotDoc during implementation of the GP Urgent Care Clinic trial (see NHSD case study on page 17), one-click, next-appointment booking functionality for GPs was implemented on the Service Finder. This is a key step in healthdirect's continuity of care principle for users, connecting information and advice with seamless actionable next steps, making compliance with advice easier and contributing towards better health outcomes.

Search capability, both in the NHSD widget and the Service Finder, was expanded this year to enable users to search practices and practitioners by name. Searching practitioners by name returns all services the practitioner is linked to in the NHSD, making it a better search experience.

Website enhancements

This year was one of consolidation and optimisation for the healthdirect website.

In addition to publishing 111 new health topic pages and blogs, the team focused on making website content more accessible, enhancing the user experience on the page, increasing organic search traffic and optimising pages for voice search and delivery.

To improve healthdirect's page ranking on Google searches, the content team worked to meet Google's EAT guidelines – expertise, authoritativeness, trustworthiness – ensuring each page meets the criteria of being created or reviewed by experts, based on evidence and authoritative sources, and trustworthiness.

This involved restructuring how content is displayed on webpages. For example, summarised content and anchor-link navigation were introduced at the top of pages. Health topics, previously spread across several shorter pages, were redesigned as comprehensive single-page articles. Sub-headings were transposed to questions and content rewritten to answer those questions directly and simply, with links to healthdirect tools – such as the Symptom Checker, Risk Checker, Service Finder and Question Builder – embedded contextually across the content.

Consumer research to assess the new design was positive, with feedback showing participants interacted more with links, tools and multimedia in the new content design compared with the old pages.

Social media

healthdirect grew its social media following by 35 per cent this financial year, primarily through its informative approach during the COVID-19 pandemic.

The healthdirect Facebook community responded positively, evidenced by a 20-fold increase in organic impressions (from 100,000 to 2 million), a 7-fold increase in website click-throughs (from 1,000 to 7,000) and engagement metrics increasing 30-fold (from 5,000 to more than 150,000).

A key channel for connecting with consumers, healthdirect's social media activities are interconnected – taking in content development on the website, caller trends from the healthdirect helpline and user dispositions from the Symptom Checker. All posts adhere to healthdirect's clinical governance guidelines.

During the pandemic, our social channels supported the Australian Government Department of Health in amplifying the delivery of key national health messages.



Bushfire support across all channels

The intensity and duration of the summer bushfire season affected most states and territories, devastated communities and brought significant community health implications as thick smoke and poor air quality triggered respiratory and cardiac symptoms.

During January, when bushfires impacted thousands and dense smoke covered several states, there was a 20 per cent increase from the previous month from callers in NSW to the healthdirect helpline regarding breathing difficulties and other respiratory concerns.

In response to caller numbers and symptoms, additional information was added to the website, resulting in development of the first health hub providing easy access to information during a health crisis. Website visitors found health advice, tools and apps developed by trusted health Information Partners to help Australians prepare for an emergency. Bushfire and other related health information on the website was visited approximately 250,000 times over the affected months.

The Symptom Checker provided easy access to information for people worried about their symptoms, with an increase in average daily usage for respiratory symptoms in October and November, peaking at a 73 per cent year-on-year increase in December.

Ashlee's story

Using the healthdirect Symptom Checker, Ashlee made an informed decision to monitor her daughter's abdominal pain at home.

It was 7pm on a Saturday night when Ashlee's 16-year-old daughter, Tilly, came to her complaining of stabbing pains in her abdomen.

"My first thought was that Tilly was suffering from appendicitis because the pain came on so quickly. She had never experienced abdominal discomfort like this before," Ashlee said.

Living in Adelaide, Ashlee says health services are available seven days a week but accessing care after hours is difficult.

With her local medical centre already closed for the day, Ashlee had to decide if Tilly's symptoms were serious enough to need a trip to the hospital. Before rushing off, she decided to do a quick online check of Tilly's symptoms.

A trusted source of advice

Ashlee's online search immediately brought up the healthdirect website.

"When I saw healthdirect was a government website, I thought I should look there first," she said.

"I searched the website for 'abdominal pain' and the healthdirect Symptom Checker came up straight away. It provided me with a checklist to run through, so I read the questions to Tilly and she responded with a 'yes' or a 'no'."

The healthdirect Symptom Checker guides people through their symptoms and provides them information and advice on what to do next.

"I felt the questions were in the order of importance, making me feel a lot better as we progressed. Tilly wasn't experiencing fever, swelling or redness, quelling our fears she might be suffering from appendicitis," Ashlee said.

"As I checked off the symptoms, I found myself saying, 'that's not happening, that's not happening, that's not happening,' allowing me to play the situation down rather than panic and think the worst."

Informed and safe decisions at home

Although Tilly was experiencing a lot of pain, Ashlee followed the advice and applied a heat pack to Tilly's abdomen along with a dose of paracetamol.

"I monitored Tilly overnight and by morning I felt her symptoms had eased enough for her to remain at home and rest," she said.

"The healthdirect Symptom Checker allayed our fears when we were both really concerned. It allowed me to make an informed judgement call and saved an unnecessary trip to the emergency department."



Adelaide, SA



COVID-19 impact on healthdirect

healthdirect was a key service in the provision of trusted health advice and information during the COVID-19 pandemic, rising to meet the concerns of Australians across multiple channels. The robust infrastructure of the service enabled rapid scalability and innovation, including through new digital tools.

healthdirect helpline

In January 2020, with the COVID-19 pandemic imminent, specific clinical guidelines were rapidly established to respond to the rising number of callers with COVID-19 health concerns to ensure they received clinically safe advice. In March, the healthdirect helpline saw a 105 per cent spike in call volumes.

The addition of clinical staff to the National Coronavirus Helpline helped to take pressure off the healthdirect helpline. With both helplines managed by Healthdirect Australia, operational efficiencies were achieved on the helplines through shared consistent advice and information for callers and by transferring callers to the most relevant helpline for their situation.

healthdirect website

Starting with a general information page on coronaviruses on 22 January 2020, an around-the-clock team worked to continually ensure a comprehensive information hub – featuring 12 extensive question-and-answer pages – remained up to date during the quickly evolving crisis. Content management was coordinated with the National Coronavirus Helpline and applied across other healthdirect digital tools to ensure consistency of messaging no matter what channel people sought COVID-19 information and advice.

Information was presented in a variety of ways, based on health literacy principles and including myth-busting blogs, short videos and at-a-glance infographics to help get health messages across.

The COVID-19 hub had 5.7 million page views to 30 June 2020, peaking at 250,000 page views on 29 March when there were major announcements about physical distancing and other restrictions. The most-viewed pages changed and evolved with the pandemic and its impact – from symptoms and spread in March, to physical distancing requirements in April, to domestic travel in May.

healthdirect COVID-19 Symptom Checker

The COVID-19 Symptom Checker was launched on the healthdirect website in March, during lockdown restrictions, and was promoted by the Australian Government Department of Health and Healthdirect Australia. It was a critical tool, helping users learn whether they should get tested for COVID-19. From an original flow of questions in the existing healthdirect Symptom Checker, the tool has been highly adaptable, with instances created for use on the National Coronavirus Helpline for handling clinical and non-clinical calls. An automated version helped callers waiting in the queue to check their symptoms by answering questions with their dial pad.

Of the 5.9 million Symptom Checker sessions this financial year, the COVID-19 flow was used almost three million times. March and April represented an all-time peak in Symptom Checker use, with a 10-fold increase in traffic and a high of 486,000 sessions on one day.

healthdirect Restriction Checker

As restrictions were eased at different rates across jurisdictions, healthdirect launched a digital Restriction Checker tool, following the Australian Government's 3-step framework for a COVIDSafe Australia. The Restriction Checker collated information from authorised government sources, providing an easy-to-use hub for information, updated daily, about what people can and cannot do.

Launched in mid-May, the Restriction Checker was used almost 150,000 times by 30 June with a noticeable increase in usage by Victorians during the second set of lockdowns in that state. It was promoted by jurisdictional departments of health to help people make sense of the rules and requirements for domestic travel, gatherings and entertainment venues.

healthdirect app

At the onset of the pandemic, downloads of the healthdirect app increased by 440 per cent. It was, at times, the top trending health app and was preferred as a trusted health app in the Apple App Store.



healthdirect Video Call

healthdirect Video Call is a secure, comprehensive video consulting service for healthcare in Australia. The service safeguards privacy by leaving no digital footprint.

Purpose-built for health settings, healthdirect Video Call is a core government-endorsed virtual health service suitable for conducting consultations throughout Australia, helping health professionals to connect safely with their patients.

Independent review

In early 2020, a review of healthdirect Video Call was undertaken to provide insights into the value and benefits of the service and to identify strategic opportunities for future investment and implementation.

The review found healthdirect Video Call is a valuable telehealth service that demonstrates benefits for rural and remote Australians. Video Call users expressed a high level of satisfaction with the service, were very positive about its value and saw potential for much broader use.

The review outlined opportunities for Video Call in the priority areas of Aboriginal and Torres Strait Islander health, aged care, mental health, disability and rural and remote regions.

It concluded that as consumer expectations of virtual health services change, the potential for mainstream use of Video Call for consultations will likely become increasingly important.

Extending jurisdictional reach

In March and April 2020, as the impact of COVID-19 generated an urgent requirement for telehealth consultations, ACT Health and SA Health became funders of healthdirect Video Call, alongside the established users of the service – the Australian Government Department of Health, WA Health and the Victorian Department of Health and Human Services.

SA Health quickly adopted Video Call, completing more than 22,000 video consultations from April to June. All South Australian Local Health Networks are now using Video Call, as is the SA Ambulance Service.

Implementing Video Call across Canberra Health Services was an integral part of ACT Health’s Digital Health Strategy. Video Call’s high standards for safety, security and privacy, and the service’s ease of use meet ACT Health’s aim to enable exemplary person-centred care through digital innovation.

The WA Country Health Service (WACHS) expanded its uptake of Video Call, setting up almost 100 clinics in April and May. Covering a huge area, including some of the most remote parts of Australia, WACHS engaged Video Call to reduce the travel required by rural and remote patients to access health services. A survey of WACHS Video Call users in late April and early May found they most valued the time saved and the physical distancing enabled by Video Call. There was a very high level of satisfaction and confidence with Video Call appointments.

The Australian Department of Veteran Affairs also started using Video Call in June.

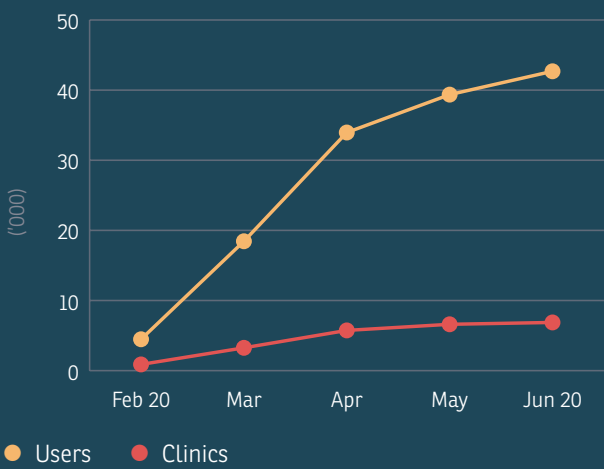


COVID-19 impact on Video Call

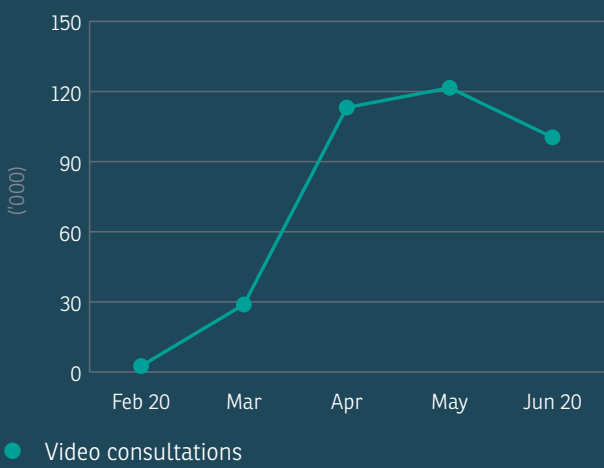
The number of health professionals using Video Call and consultations spiked significantly during the COVID-19 lockdown period of March to April 2020. The solid existing technology and secure cloud infrastructure of Video Call enabled Healthdirect Australia to quickly scale up and manage increased demand across Australia.

In support of expanded Medicare Benefits Schedule (MBS) items for telehealth, the Australian Government funded free access to Video Call for general practices and Aboriginal Community Controlled Health Services (ACCHS) to assist in the containment of COVID-19. Healthdirect Australia worked with Primary Health Networks (PHNs) to introduce Video Call to GPs. Many PHNs were already familiar with the Video Call service through participation in existing pilot programs and with the roll-out of this new program, every PHN in Australia is now managing Video Call in their area.

Spike in health professionals registered with Video Call



Increased number of video consultations



CASE STUDY: Northern Territory psychologist, Zoe Collins

Northern Territory psychologist, Zoe Collins, has used healthdirect Video Call since 2018 to streamline care for a transient fly-in, fly-out population and for very remote Aboriginal and Torres Strait Islander and non-Aboriginal communities. She was part of the Australian Government’s PHN Pilot Program for Video Call.

“healthdirect Video Call is an easy, fit-for-purpose, clinically-oriented platform,” Zoe says. “I have embedded it in my website for a consistent entry point for all my patients.

“I appreciate being able to change the upload/download quality to adapt to the remote settings I work in and variable internet connections.”

Video Call offers the opportunity for people in rural and remote communities to see a psychologist, counsellor or psychiatrist whom they may otherwise be unable to see. It also offers anonymity, which can lessen the possible anxiety of being seen attending in person in a small town, especially for a series of consultations.



National Health Services Directory

The National Health Services Directory (NHSD) is a key piece of national virtual health infrastructure. It is a comprehensive, up-to-date, online directory of Australian health services and the practitioners who provide them.

The NHSD was accessed more than 13 million times this year by consumers and health professionals searching for health services and practitioners. The NHSD includes information for more than 140,000 health services and 50,000 individual practitioners.

Re-platforming to ensure long-term sustainability

The NHSD aggregates large data sets from across the health sector and makes this data accessible through application programming interfaces (APIs) and widgets embedded into the systems and websites of health organisations.

The NHSD underwent significant change at the end of 2019, decommissioning legacy platforms and migrating all NHSD users to the new NHSD widget and APIs. The legacy components carried significant cost and operational complexity. The new platform enables long-term sustainability in managing the quality of the data and improving national coverage. The transition was successfully completed in December 2019.

The NHSD validates its data with external, trusted data sources so it can be confident of the quality of the information it publishes about practitioners and health services.

Ongoing data quality enhancements

The NHSD continued to be integrated with new strategic data sources – including the Pharmacy Guild, online booking providers and the Independent Hospital Pricing Authority – to improve the data quality of the Directory. The NHSD validates its data with these external, trusted data sources so it can be confident of the quality of the information it publishes about practitioners and health services. This supports the delivery of effective, national healthcare strategies around continuity of care.

The quality data in the NHSD this year helped the Victorian Department of Health and Human Services to successfully send more than one million discharge summaries from hospitals via secure messaging to patients' referring or regular GPs.

Independent review

In late 2019, an independent review of the NHSD consulted key stakeholders about how to strengthen the NHSD, its functionality, utility and future purpose. The review confirmed the NHSD's position as core, national digital health infrastructure and Healthdirect Australia will work with key stakeholders to implement the recommendations from the review in the 2021 financial year.



COVID-19 impact on the National Health Services Directory

During the COVID-19 pandemic, Healthdirect Australia used the healthdirect Service Finder widget, powered by the NHSD, as an effective tool across its services.

Testing clinics

Healthdirect Australia worked with the Australian Government Department of Health to add the details of more than 400 COVID-19 testing clinics to the NHSD.

This information was available to people who used the healthdirect COVID-19 Symptom Checker and were advised to seek a COVID-19 test. Users were able to find their nearest testing clinic, as well as a local GP or emergency department, as appropriate.

Call handlers on the National Coronavirus Helpline used the same widget to help callers who needed a COVID-19 test to find out where to go.



CASE STUDY: GP Urgent Care Clinics

Since September 2019, people with urgent health concerns in the Perth metro area and parts of WA's South West have been able to attend a GP clinic equipped to provide urgent care instead of going to the emergency department. Appointments can be made via a dedicated online booking service via the use of the NHSD.

The 18-month GP Urgent Care Clinics trial brings together government, GPs and the private sector to facilitate easier access to treatment for urgent health concerns, including cuts, some fractures, sports injuries, stings, bites, rashes, gastrointestinal illnesses and issues with the eye, ear, nose and throat, as well as offering radiology and pathology services.

According to WA Health, a study has found that each year, up to 400,000 WA patients with non-life-threatening conditions could have been seen by a GP instead of attending hospital.

Those who need urgent care can find out which GP practices are part of the trial via an NHSD Service Finder widget on the WA GP Urgent Care webpage hosted on the healthdirect website.

They can locate a GP Urgent Care Clinic near them, view available appointments in real time, then click to book an appointment through a third-party booking vendor.

People can also call the healthdirect helpline, 1800 022 222, to be referred to a GP Urgent Care Clinic based on their disposition, location and the time of day. Nurses can SMS booking options to the caller or transfer the caller to a nearby practice so they can book directly if they can't receive an SMS.

The University of Western Australia will complete a formal evaluation of the GP Urgent Care Clinic pilot in FY21, with Curtin University validating the consumer data.

The GP Urgent Care Clinic Network pilot is a joint partnership between the Western Australia Department of Health and the WA Primary Health Alliance (WAPHA).



Pregnancy, Birth and Baby

The Pregnancy, Birth and Baby service provides reassurance, advice and information for parents, families and carers on the journey from pregnancy to pre-school. The service is available via a website, social media, telephone and video call.

Helpline usage

Pregnancy, Birth and Baby is a well-trusted service with consistently high caller satisfaction rates. Service model changes implemented in 2018 have resulted in improved capacity to handle increasing call volumes while maintaining a high quality, agile and efficient service.

This year, more robust research into satisfaction levels has provided deep insights into the service, such as how the maternal child health nurse's manner impacts a caller's satisfaction and confidence in managing the parenting issue concerning them. This type of information helps inform its Australian Government funder of the value of the service to the public.

A 'go to' trusted website

Visits to the Pregnancy, Birth and Baby website continued to grow month-on-month, reaching a milestone of two million visits in April 2020. The due date calculator remains the most visited page on the website.

More than 100 new content pages were created on the Pregnancy, Birth and Baby site during the year, including blogs, infographics and podcasts. Some of the most popular new pages were 'Pregnancy week-by-week', a series of 38 health articles and illustrations that describe what to expect in each week of pregnancy.

Articles were also published on adoption, family separation, same-sex parenting, toddler development, pregnancy health issues and travelling with babies and children. Infographics on keeping babies cool in hot weather, baby poo, early signs of pregnancy and storing expressed breast milk were created for the website and our social media channels.

Pregnancy, Birth and Baby also responded to emergencies in Australia, quickly producing content during the bushfires and the COVID-19 pandemic.

Socially relevant services

Facebook is Pregnancy, Birth and Baby's main social media channel. It has seen 15 per cent growth this year, reaching 60,000 followers and with a 20 per cent increase in impressions. To encourage sharing among Pregnancy, Birth and Baby's online community, engaging videos and infographics are designed to correspond with relevant health awareness days. Tailored COVID-19 content and more frequent social posts responded to developments as they occurred.

Facebook forums, conducted by maternal child health nurses, continued to be popular, with 'Sleep advice for mums and bubs' and 'Pregnancy and parenting during COVID-19' resulting in the highest community engagement.

Instagram has shown the strongest growth this year, increasing our follower base from last year's launch to more than 2,500 followers and with 870,000 impressions. Sharing posts through high-turnover content has resulted in quicker and higher consumption.



COVID-19 impact on Pregnancy, Birth and Baby

During March, the Pregnancy, Birth and Baby helpline received almost 30 per cent more calls than usual, mainly from people anxious to know how the COVID-19 pandemic might impact their family. Many callers were concerned about issues such as the safest place to give birth and the timing of vaccinating their children during the pandemic.

Scaling up to meet demand

The Australian Government Department of Health provided funding for additional maternal child health nurses to handle the increased calls.

Healthdirect Australia provided the nurses with the same information as call handlers on the National Coronavirus Helpline so they had the latest, consistent information to help parents with a wide range of concerns and questions.

Sharing knowledge between these services reduced the demand on the National Coronavirus Helpline and delivered a better experience for anxious callers to the Pregnancy, Birth and Baby helpline who had all their questions answered in one place, without needing to be transferred.

Website

Website visits spiked during the height of the pandemic in March and April as people turned online for trusted information. COVID-19-related content for parents received some of the highest pageviews on the website since it was launched in 2013. COVID-19-specific pages featured links to other healthdirect services, such as the COVID-19 Symptom Checker, Restriction Checker and the healthdirect COVID-19 information hub.



Alissa's story

Living in a rural community in the Hunter Valley of NSW as a new mum, Alissa found the Pregnancy, Birth and Baby service a reassuring source of immediate answers to her many questions and moments of near panic.

"My sister told me about the Pregnancy, Birth and Baby helpline and I can't believe how helpful it's been," Alissa said. "In the first six months after Astrid was born, I called them several times, mostly about sleeping and settling, but sometimes about more serious issues.

"Once I called them at 8pm as Astrid had a rash and I was concerned about whether to put her to bed. The maternal health nurse asked me a few questions, made sure her temperature was normal and then assured me that it would be okay to wait to see the doctor the next day. It turned out Astrid had roseola, a common childhood illness."

Alissa welcomed the relaxed but reassuring manner of the maternal health nurses.

"You can have a really open conversation and they speak to you with easy-to-understand terminology. It doesn't matter if it's about biting during breastfeeding or concerns about immunisation, the nurses provide great advice and refer you to healthdirect or other services where necessary," she said.

Alissa has noticed a few differences since she moved from Sydney's inner west to a small rural holding in the Hunter Valley.

"In a rural area, it's not always easy to get an appointment with the maternal health nurse or our regular GP," Alissa said. "That's why I find Pregnancy, Birth and Baby is so good – I can rely on them to be at the end of the phone line whenever I have a concern or question."



Hunter Valley, NSW

Keeping COVIDSafe

As Healthdirect Australia swung into action to support the government's response to COVID-19, we dealt with the challenge of delivering new and existing virtual health services that help others while concurrently working to ensure the health and safety of our staff during the health crisis.

COVID-19 business continuity

In early March 2020, Healthdirect Australia pre-empted the COVID-19 restrictions and began preparing systems to enable all staff to work from home. Small teams tested their home office connections, set-up and productivity to help iron out information technology issues. A third of the way through the testing schedule, the lockdown commenced and 85 per cent of staff were instructed to work from home until further notice.

A core operational crew continued to work from our NSW office during the pandemic. While supporting those working remotely, we implemented physical distancing and enhanced hygiene measures for those who remained in the office.

We prepared a comprehensive plan to manage our COVIDSafe workspace that follows the Australian Government's 3-step framework and complies with WorkSafe's COVID-19 guidelines.

Virtual productivity

Healthdirect Australia has been steadily moving towards more robust, cloud-based operating systems and collaborative tools for employees to optimise productivity via virtual meetings, project development, and document collaboration. These embedded systems allowed staff to move seamlessly from working in the office to working in their homes, as required.

Each employee's home office set-up was evaluated for suitability, internet connection and ergonomics to ensure they were able to work effectively.

All employees were surveyed in May to provide insights into overall wellbeing and how remote working was tracking across the organisation. The survey will be tailored and repeated each month to help plan for the full return to office.

Financial statements

Directors' report	24
Auditor's independence declaration	30
Independent auditor's report to the members	31
Directors' declaration	34
Financial statements	35
Statement of comprehensive income	35
Statement of financial position	36
Statement of changes in equity	37
Statement of cash flows	38
Notes to the financial statements	39

These financial statements are the financial statements of Healthdirect Australia Limited as an individual entity. The financial statements are presented in Australian dollars.

The financial statements were authorised for issue by the Directors on 12 October 2020. The Directors have the power to amend and reissue the financial statements.



Directors' report

Your Directors present their report on Healthdirect Australia Limited trading as Healthdirect Australia (referred to hereafter as the Company) for the year ended 30 June 2020.

Directors

The following persons were Directors of the Company during the whole of the financial year and up to the date of this report:

J Muirsmith
D Ashbridge
P Jurd

The following persons were appointed as Directors of the Company on 1 January 2020 and remain as Directors up to the date of this report:

G Ginnane
L McElvogue
H Nott

W Cahill was a Director and Chair from the beginning of the financial year until his resignation on 31 December 2019.

M Beckoff was a Director from the beginning of the financial year until his resignation on 31 December 2019.

P Dowling was a Director from the beginning of the financial year until his resignation on 31 December 2019.

M Laverty was a Director from the beginning of the financial year until his resignation on 31 December 2019.

Information on Directors as at the date of this report

Mrs Jane Muirsmith, Chair
Appointed January 2016 – December 2019, reappointed January 2020 – December 2022

Mrs Muirsmith is an accomplished digital and marketing strategist, having held several executive positions in Sydney, New York, Melbourne, Singapore and Perth.

Mrs Muirsmith is Managing Director of Lenox Hill, a digital strategy and advisory firm, and is a Non-Executive Director of Cedar Woods Properties Ltd, Australian Finance Group (AFG) and the Telethon Kids Institute.

Mrs Muirsmith is a member of the Corporate Sector Advisory Committee at Chartered Accountants Australia and New Zealand, a member of the Ambassadorial Council – University of Western Australia Business School, and a former President of the Women’s Advisory Council of the Western Australian Government.

Qualifications

Bachelor of Commerce with Honours (BCom (Hons))
Fellow of Chartered Accountants Australia and New Zealand (FCA)
Graduate of the Australian Institute of Company Directors (GAICD)

Special responsibilities

Chair of the Board (appointed February 2020)
Ex officio member of the Clinical Governance Advisory Group (appointed February 2020)
Ex officio member of the Finance, Risk Management and Audit Committee (appointed Member January 2016, appointed Chair July 2018 – December 2019, appointed ex officio member February 2020)

Professor David Ashbridge, Director
Appointed July 2018 – June 2021

Professor Ashbridge has held senior roles in health in both state and Australian governments. He is currently the Strategic Health System Advisor for the National Disability Insurance Scheme. He was CEO of Barwon Health, and prior to taking up that position, Professor Ashbridge worked for 22 years in the Northern Territory where he practised initially as a remote area medical officer in Aboriginal communities.

Professor Ashbridge moved into health administration and was CEO of the Northern Territory Department of Health from 2006 to 2010. Professor Ashbridge is a member of the Royal College of General Practitioners (MRCGP).

Qualifications

Bachelor of Medicine, Bachelor of Surgery (MBBS)
Diploma in Child Health (DipChildHealth)
Diploma in Tropical Medicine (DipTropMed)
Master of Public Health (MPH)
Graduate of the Australian Institute of Company Directors (GAICD)

Special responsibilities

Chair of the Clinical Governance Advisory Group (appointed Member July 2018, appointed Chair February 2020)

Ms Peta Jurd, Director
Appointed July 2018 – June 2021

Ms Jurd is the Chief Commercial Officer and Company Secretary of digital health technology company Simavita Limited. Prior to this, she was Executive Director at Technology Enabling Healthcare and Head of Health Solutions at Hills Limited. Ms Jurd has also held senior management positions at Telstra, Veolia Environmental Services and Mayne Nickless Health Care.

Ms Jurd has more than 17 years’ experience in healthcare and has substantial Board director experience in a variety of roles including eight years as a Board Director for the National Breast Cancer Foundation.

Qualifications

Bachelor of Commerce (BCom)
Diploma in Law (Legal Practitioners Admission Board)
Diploma in Corporate Management (Institute of Corp. Managers, Secretaries & Administrators)
Stanford University Executive Program in Strategy and Organisation
Fellow of the Australian Institute of Company Directors (FAICD)
Member of Certified Practising Accountants Australia (CPA)

Special responsibilities

Member of the Finance, Risk Management and Audit Committee (appointed February 2020)
Member of the Clinical Governance Advisory Group (July 2018 – December 2019)

Board Directors January 2020 – June 2020

Ms Gayle Ginnane, Director
Appointed January 2020 – December 2022

Ms Ginnane is currently an Independent Director on the Board of Police Health, the Australian Pharmacy Council and the University of New South Wales Canberra Advisory Council, and was Chair of the National Blood Authority for eight years. She also serves on several audit committees including the Department of Finance, the Department of Veterans' Affairs, the Organ and Tissue Authority, the National Health and Medical Research Council, and Cancer Australia.

Ms Ginnane was CEO of the Private Health Insurance Administration Council (PHIAC), reporting to the Minister for Health and Ageing, with financial and regulatory responsibility for the private health insurance industry. She has previous government experience in the Departments of Health and Defence, including the Defence Intelligence Organisation.

Qualifications

Bachelor of Arts (BA)
Bachelor of Economics (BEc)
Master of Defence Studies (MDS)
Graduate Diploma Strategic Studies (GradDipStratStudies)
Fellow of the Australian Institute of Company Directors (FAICD)
Affiliate Member of the Actuaries Institute

Special responsibilities

Chair of the Finance, Risk Management and Audit Committee (appointed Member and Chair February 2020)

Ms Louise McElvogue, Director
Appointed January 2020 – December 2022

Ms McElvogue is an expert in customers, technology and strategy and has worked in Sydney, London, Washington DC and New York City. She is an Industry Professor, Data and Digital at the UTS Business School.

Current board roles include WhiteHawk (ASX), Australian Physiotherapy Association, Australian Institute of Company Directors NSW Councillor.

Ms McElvogue served on the Australian Government's Convergence Review Committee, which analysed regulatory policy for media and technology. Previous board roles include Sydney Living Museums, Chair of the UTS Faculty of Arts and Social Sciences Advisory Board, and the Nominet (UK) Specialist Board.

She has delivered more than 30 digital products in executive and consulting roles, including video streaming services for Channel 4, BBC and ITV in the UK and work for McDonald's, Fairfax Media, British Gas and the ABC. Ms McElvogue started as a journalist and her work has appeared in *The New York Times*, *The Los Angeles Times* and the *Guardian*.

Qualifications

Bachelor of Arts (BA)
Master of Arts (MA)
Fellow of the Australian Institute of Company Directors (FAICD)

Special responsibilities

Member of the Clinical Governance Advisory Group (appointed February 2020)

Dr Helen Nott, Director
Appointed January 2020 – December 2022

Dr Nott is currently a Non-Executive Director of the QBE Australia Pacific portfolio of companies and Paralympics Australia. At QBE, she is Chair of the Investments Committee. Dr Nott is Vice-President of the Paralympics Australia Board and Chair of the Audit and Risk Committee.

Dr Nott has previously held senior leadership roles in the insurance industry, including with Insurance Australia Group and QBE Australia and New Zealand. She has created InsureTech businesses and supported new investment to meet emerging customer needs. Prior to this, Dr Nott spent many years in leading advisory roles, such as with Booz Allen Hamilton (now Strategy&), PwC Corporate Finance and with CSIRO Mathematics and Information Sciences (now Data61). In this capacity, she worked with boards and executive teams, including in the health, government and not-for-profit sectors.

Dr Nott is known for getting to the heart of complex problems in organisations by understanding the system of interconnected decisions needed today, with an eye on long term sustainability of the organisation.

Qualifications

Bachelor of Science (BSc Hons I, Mathematics and Computer Science)
Doctor of Philosophy (PhD Engineering)
Graduate of the Australian Institute of Company Directors (GAICD)

Special responsibilities

Member of the Finance, Risk Management and Audit Committee (appointed February 2020)

Financial statements

Board Directors July 2019 – December 2019

Mr Wayne Cahill, Chair
Appointed January 2016, appointed Chair July 2018, resigned December 2019

Mr Cahill has been a corporate partner of Blake Dawson/Ashurst, and formerly Hunt & Hunt, for more than 25 years, specialising in commercial health and aged care work, and has previously held chief executive positions with major health organisations.

Mr Cahill is a Director of Navy Health and a member of its Audit and Compliance Committee and Remuneration and Nomination Committee. He is also a Director and Chair of Co-Group and Homestay Limited.

Mr Cahill has been a Director and Chairman/President of the Australasian College of Health Services Management and a Director of HealthQuest, Blake Dawson Partners Superannuation Fund, the Health Services Association of New South Wales, the Institute of Magnetic Resonance Research, Macquarie Area Health Service and the Skin and Cancer Foundation Australia. He has been acknowledged by his legal peers as a leading Australian lawyer in health and aged care and corporate law in Best Lawyers (2008 – 2020, inclusive).

Qualifications
Bachelor of Health Administration (BHA)
Bachelor of Laws (LLB)
Master of Commerce (MCom)
Fellow of the Australasian College of Health Service Management (FCHSM)
Fellow of the Australian Institute of Company Directors (FAICD)

Special responsibilities
Chair of the Board (appointed July 2018, resigned December 2019)
Member of the Finance, Risk Management and Audit Committee
Ex officio member of the Clinical Governance Advisory Group

Dr Michael Beckoff, Director
Appointed January 2016, resigned December 2019

Dr Beckoff is a procedural rural generalist with over 40 years' experience, currently working as a locum in regional, rural and remote areas of Australia.

Dr Beckoff is a Director and Vice President of the Australian College of Rural and Remote Medicine (ACRRM), Chair of Rural Doctors Workforce Agency (RDWA) in South Australia, Clinical Adviser for Country Health South Australia Local Hospital Network (CHSALHN), Chair of the Board of the Murray Mallee GP Network (MMGPN) and Chair of the SA MET Professional Medical Colleges Committee.

After graduating from the University of Adelaide and completing post-graduate training positions, Dr Beckoff joined Bridge Clinic at Murray Bridge, South Australia in 1977 where he was an equity partner for 33 years. Other previous roles include Inaugural Member of the South Australia Health Performance Council and Chair of General Practice South Australia.

Qualifications
Bachelor of Medicine, Bachelor of Surgery (MBBS)
Fellow of the Australian College of Rural and Remote Medicine (FACRRM)
Fellow of the Australian Institute of Company Directors (FAICD)
Associate Diploma in Agriculture (AssocDipAgric)

Special responsibilities
Chair of the Clinical Governance Advisory Group

Mr Peter G. Dowling AM, Director
Appointed January 2016, resigned December 2019

Mr Dowling is an accountant and former Ernst & Young Partner. An experienced company director and independent audit and risk committee member, Mr Dowling's current board appointments include Metro South Hospital and Health Service and TAFE Queensland, among others.

Mr Dowling's independent audit and risk committee roles include Queensland local governments and state agencies. In 2007, Mr Dowling was made a Member of the Order of Australia for services to accountancy and the community.

Qualifications and honours
Member of the Order of Australia (AM)
Bachelor of Accounting (BA(Acc))
Fellow of Certified Practising Accountants Australia (FCPA)
Fellow of the Australian Institute of Company Directors (FAICD)

Special responsibilities
Member of the Finance, Risk Management and Audit Committee

Financial statements

Dr Martin Laverty, Director
Appointed July 2018, resigned December 2019

Dr Laverty is the General Secretary of the Australian Medical Association. He is Deputy Chair of the Australian Charities and Not-for-profits Commission Advisory Board and Director of the National Disability Insurance Agency. Dr Laverty has formerly been the Chief Executive of the Royal Flying Doctor Service of Australia, a member of the NSW Public Service Commission Board, a director of the National Heart Foundation, a member of the Australian Government Aged Care Sector Advisory Committee, a member of the National Health Performance Authority's Private Hospital Committee, and the Australian Catholic University Faculty of Health Sciences Advisory Board.

A lawyer by training, his doctoral thesis was on the contribution of health board directors to organisational outcomes.

Qualifications
Master of Laws (LLM)
Doctor of Philosophy (PhD)

Special responsibilities
Member of the Finance, Risk Management and Audit Committee

Information on Chief Executive and Company Secretary

Ms Karen Borg, Chief Executive Officer
Appointed April 2019

Ms Borg has extensive experience across multiple industry sectors and has led organisational transformation and growth in emerging and mature markets in the Asia-Pacific region, the USA and Europe.

Prior to joining Healthdirect Australia, Ms Borg was the inaugural CEO of Jobs for NSW, where she led a combined public and private sector team that redesigned government support for private enterprise. Ms Borg was previously President Asia Pacific at ResMed, and Global Vice President at Johnson & Johnson. Ms Borg has also held senior leadership positions at Revlon, Seagram, Goodman Fielder and Nestlé.

Qualifications
Bachelor of Arts (BA)

Ms Fleur Katsmartin, Company Secretary
Appointed June 2017

Ms Katsmartin is Senior Legal Counsel at Healthdirect Australia and has been with the company since 2013. Ms Katsmartin has more than 12 years' legal experience with a focus on government and commercial advisory.

Prior to joining Healthdirect Australia, Ms Katsmartin was a Senior Lawyer at the Australian Government Solicitor and Senior Associate at Lander & Rogers Lawyers.

Ms Katsmartin was a Director for Sisters Housing Enterprises Inc in Wagga Wagga up to January 2020.

Qualifications
Bachelor of Arts (BA)
Bachelor of Laws with Honours (LLB (Hons))
Graduate Diploma of Legal Practice (GDLP)
Graduate of the Australian Institute of Company Directors (GAICD)

Meetings of Directors

The number of meetings of the Company's Board of Directors and of each board committee held during the financial year ended 30 June 2020, and the number of meetings attended by each Director are detailed in the table.

The Project Review and Workplace Health and Safety Advisory Committee (PROWAC) is a committee of the Board and meets on an ad hoc basis as required by the Board. PROWAC did not meet this financial year.

	Full meetings of Directors		Finance, Risk Management and Audit Committee		Clinical Governance Advisory Group	
	A	B	A	B	A	B
W Cahill	4	4	3	3	n/a	n/a
J Muirsmith	14	14^	3	3	n/a	n/a
M Beckoff	3	4	n/a	n/a	n/a	n/a
D Ashbridge	14	14^	n/a	n/a	3	3
P Dowling	4	4	2	3	n/a	n/a
P Jurd	12	14^	3	3	2	2
M Laverty	4	4	2	3	n/a	n/a
H Nott	10	10^	3	3	n/a	n/a
L McElvogue	10	10^	n/a	n/a	1	1
G Ginnane	9	10^	2	3	n/a	n/a

A = Number of meetings attended
B = Number of meetings held during the time the Director held office
* = Attended in ex officio capacity
^ = Includes five formal Board Briefings scheduled between meetings

Principal activities

The principal activities of the Company during the period are outlined below:

- a. Aggregate, procure and evaluate publicly funded health and related services, as well as design and implement innovative digital health services on behalf of all Australian governments.
- b. Provide the Australian public with access to the right health advice and the most appropriate health services for their needs, when and where they need it.

During this financial year, the Company was engaged to support the Australian Government's response to the COVID-19 health crisis, setting up and managing the National Coronavirus Helpline. The Company returned management of the Carer Gateway service to the Department of Social Services.

Operations

A summary of the Company's operations is contained on pages 4–22.

Operating results

This financial year saw Healthdirect Australia scale its infrastructure to support two health crises: the summer season bushfires and COVID-19, providing health advice and information to millions of Australians across multiple services and channels.

The healthdirect service created information specifically to help people affected by the bushfires and COVID-19 to manage their health. For COVID-19, this included an information hub on the website, a COVID-19 Symptom Checker and a Restriction Checker to keep people up to date on restrictions in their state and territory.

The National Health Services Directory (NHSD) transitioned to a new platform, decommissioning legacy platforms and migrating all NHSD users to the new NHSD widget and Application Programming Interfaces (APIs). The Service Finder tool was enhanced with GP search and appointment booking functionality.

healthdirect Video Call transitioned to a new software provider, and extended its reach into more jurisdictions and government departments. The service was provided free of charge to general practices and Aboriginal Community Controlled Health Services (ACCHS) in support of the special COVID-19 Medicare Benefits Schedule (MBS) items for telehealth.

Healthdirect Australia set up multiple health lines to provide health advice and support during COVID-19. The National Coronavirus Helpline launched in January 2020 as a general information and clinical support helpline for the general public. The COVID Connexion helpline provides health and wellbeing support for health workers in NSW. The COVID-19 Health Professionals National Disability Advisory Service provides specialised advice for health workers who are helping people living with disability during COVID-19.

The Company's recorded operating deficit before tax is \$1,191,318. This reflects the depreciation of assets funded in prior years exceeding the funding received for assets purchased this year. The application of AASB 16 increased the expenditure incurred during the current year. The bulk of grants received by the Company are recognised as revenue in the period when the terms and conditions of the grants have been met. If those funds are not fully expended before the financial year end, the unexpended amounts are recognised as an unearned revenue liability in accordance with the new revenue recognition standard, AASB 15.

Dividends and distributions

The Company did not pay any dividends or distributions to shareholders during the year.

Insurance of Officers

The Company entered into deeds of access, insurance and indemnity with Directors. Under these deeds, the Company indemnifies, to the extent permissible by law and subject to the prohibitions in section 199A of the *Corporations Act 2001 (Cth)*, each of the Directors who have entered into deeds, against any and all liabilities incurred by the Directors as officers of the Company, and against any and all reasonable legal costs incurred by the Directors in defending action for a liability incurred, or allegedly incurred, by the Directors as officers of the Company. During the financial year, the Company paid a premium of \$32,694 (2019: \$29,800) to insure the Directors and Officers of the Company.

Proceedings on behalf of the Company

No person has applied to the Court under section 237 of the *Corporations Act 2001 (Cth)* for leave to bring proceedings on behalf of the Company, or to intervene in any proceedings to which the Company is a party, for the purpose of taking responsibility on behalf of the Company for all or part of those proceedings.

No proceedings have been brought or intervened in on behalf of the Company with leave of the Court under section 237 of the *Corporations Act 2001 (Cth)*.

Matters subsequent to the end of the financial year

With the exception of the items disclosed below, the Directors are not aware of any matters that have arisen subsequent to the end of the financial year that may significantly affect the Company's operations, the results of those operations, or the Company's state of affairs in future financial years.

a. **Impact of COVID-19**

The COVID-19 pandemic continues to impact communities and business in Australia where the Company operates. During the pandemic the Company has experienced a growth in revenue predominantly due to the establishment and operation of the National Coronavirus Helpline. Continued business growth and increased revenue are expected in the following financial year as further COVID-19 support services such as the NSW COVID Connexion helpline, COVID-19 Health Professionals National Disability Advisory Service, and the Victorian COVID-19 Case Contact Management Service are established.


Auditor's independence declaration

A copy of the auditor's independence declaration as required under section 307C of the *Corporations Act 2001 (Cth)* is set out on page 30.

Auditor

Crowe South Queensland continues in office in accordance with section 327 of the *Corporations Act 2001 (Cth)*.

This report is made and signed in accordance with a resolution of the Board of Directors, pursuant to section 298(2)(a) of the *Corporations Act 2001 (Cth)*.



J Muirsmith
Chair
Sydney

12 October 2020

Auditor's independence declaration



12 October 2020

The Board of Directors
Healthdirect Australia Limited
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SYDNEY NSW 2000

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Dear Board Members

Healthdirect Australia Limited

In accordance with section 307C of the Corporations Act 2001, I am pleased to provide the following declaration of independence to the Directors of Healthdirect Australia Limited.

As audit partner for the audit of the financial report of Healthdirect Australia Limited for the financial period ended 30 June 2020, I declare that to the best of my knowledge and belief, that there have been no contraventions of:

- (i) the auditor independence requirements of the Corporations Act 2001 in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

Yours sincerely

Crowe South Queensland

Ash Pather
Partner

The title 'Partner' conveys that the person is a senior member within their respective division, and is among the group of persons who hold an equity interest (shareholder) in its parent entity, Findex Group Limited. The only professional service offering which is conducted by a partnership is the Crowe Australasia external audit division. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.

Findex (Aust) Pty Ltd, trading as Crowe Australasia is a member of Crowe Global, a Swiss Verein. Each member firm of Crowe Global is a separate and independent legal entity. Findex (Aust) Pty Ltd and its affiliates are not responsible or liable for any acts or omissions of Crowe Global or any other member of Crowe Global. Crowe Global does not render any professional services and does not have an ownership or partnership interest in Findex (Aust) Pty Ltd. Services are provided by Crowe Sydney, an affiliate of Findex (Aust) Pty Ltd. Liability limited by a scheme approved under Professional Standards Legislation.

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Independent auditor's report to the members



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Independent Auditor's Report to the Members of Healthdirect Australia Limited

Opinion

We have audited the financial report of Healthdirect Australia Limited (the Company) which comprises the statement of financial position as at 30 June 2020, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of Healthdirect Australia Limited is in accordance with the *Corporations Act 2001*, including:

- (a) giving a true and fair view of the Company's financial position as at 30 June 2020 and of its financial performance for the year then ended;
- (b) and complying with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations Regulations 2001*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of the *Corporations Act 2001* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

The title 'Partner' conveys that the person is a senior member within their respective division, and is among the group of persons who hold an equity interest (shareholder) in its parent entity, Findex Group Limited. The only professional service offering which is conducted by a partnership is the Crowe Australasia external audit division. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.

Findex (Aust) Pty Ltd, trading as Crowe Australasia is a member of Crowe Global, a Swiss Verein. Each member firm of Crowe Global is a separate and independent legal entity. Findex (Aust) Pty Ltd and its affiliates are not responsible or liable for any acts or omissions of Crowe Global or any other member of Crowe Global. Crowe Global does not render any professional services and does not have an ownership or partnership interest in Findex (Aust) Pty Ltd. Services are provided by Crowe Sydney, an affiliate of Findex (Aust) Pty Ltd. Liability limited by a scheme approved under Professional Standards Legislation.

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Independent Auditor's Report

Healthdirect Australia Limited

Other Information

The directors are responsible for the other information. The other information comprises the information included in the Company's Annual Report for the year ended 30 June 2020, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the Company to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.

Independent Auditor's Report

Healthdirect Australia Limited

- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during the audit.

Crowe South Qld

Crowe South Queensland

Ash Pather

Ash Pather
Partner

12 October 2020
Sydney

Directors' declaration

In the Directors' opinion:

- A. The financial statements and notes set out on pages 35 to 51 are in accordance with the *Corporations Act 2001 (Cth)*, including:

i. Complying with Accounting Standards – Reduced Disclosure Requirements, the *Corporations Regulations 2001 (Cth)* and other mandatory professional reporting requirements.

ii. Giving a true and fair view of the Company's financial position as at 30 June 2020 and of its performance, as represented by the results of the Company's operations, changes in equity and its cash flows, for the financial year ended on that date.
- B. There are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



J Muirsmith
Chair
Sydney
12 October 2020

Statement of comprehensive income

	Notes	2020 (\$)	2019 (\$)
Revenue from contracts with customers	3	157,841,093	125,070,989
Other income	4	6,002,805	6,012,846
Expenses			
Call centre costs		(119,213,219)	(85,478,782)
Depreciation and amortisation expense	5	(2,421,959)	(2,079,247)
Employee benefit expenses	5	(24,835,677)	(28,271,838)
Legal, risk management and audit fees		(401,865)	(289,626)
Software research and development		(480,062)	(2,366,777)
Marketing and advertising		(747,453)	(814,349)
Outsourcing and consultancy fees		(5,681,161)	(3,201,197)
Office cost		(900,632)	(1,815,230)
Technology support		(9,324,465)	(6,065,390)
Travel and entertainment		(179,896)	(399,202)
Website management		(560,570)	(861,202)
Other expenses		(288,257)	(189,363)
Total expenses		(165,035,216)	(131,832,203)
(Loss) before income tax		(1,191,318)	(748,368)
Income tax benefit	6	2,234,518	217,875
Profit/(Loss) from continuing operations		1,043,200	(530,493)
Profit/(Loss) for the year and total comprehensive profit/(loss) for the year		1,043,200	(530,493)
Profit/(Loss) is attributable to:			
Shareholders of Healthdirect Australia Ltd		1,043,200	(530,493)
		1,043,200	(530,493)
Total comprehensive profit/(loss) for the year is attributable to:			
Shareholders of Healthdirect Australia Ltd		1,043,200	(530,493)
		1,043,200	(530,493)

The above statement of comprehensive income should be read in conjunction with the accompanying notes.

Statement of financial position

	Notes	2020 (\$)	2019 (\$)
ASSETS			
Current assets			
Cash and cash equivalents	7	35,615,152	39,656,407
Trade and other receivables	8	10,627,778	6,907,698
Prepayments		1,381,711	784,955
Financial assets at amortised cost	9	862,526	10,423,037
Other current assets	10	7,030	876,625
Total current assets		48,494,197	58,648,722
Non-current assets			
Financial assets at amortised cost	11	5,271,055	5,592,502
Property, plant and equipment	12	3,055,474	3,498,400
Right-of-use assets	13	10,982,011	12,666,379
Intangible assets	14	3,218	5,616
Total non-current assets		19,311,758	21,762,897
Total assets		67,805,955	80,411,619
LIABILITIES			
Current liabilities			
Trade and other payables	15	23,805,603	12,589,400
Unearned revenue	16	23,227,940	47,012,012
Provision	17	3,263,745	583,693
Employee benefits obligation	18	1,176,409	1,196,632
Lease liability		1,743,461	1,633,360
Other current liabilities	19	4,278	1,667
Total current liabilities		53,221,436	63,016,764
Non-current liabilities			
Deferred tax liabilities	20	23,893	2,258,411
Employee benefits obligation	21	476,411	372,146
Provision for lease make good		722,901	702,723
Lease liability		11,660,577	13,404,038
Total non-current liabilities		12,883,782	16,737,318
Total liabilities		66,105,218	79,754,082
Net assets		1,700,737	657,537
EQUITY			
Contributed equity	22	392	392
Retained surplus		1,700,345	657,145
Total equity		1,700,737	657,537

The above statement of financial position should be read in conjunction with the accompanying notes.

Statement of changes in equity

	Notes	Contributed equity (\$)	Reserves (\$)	Retained earnings (\$)	Total equity (\$)
Balance at 1 July 2018		392	40,633,927	1,934,150	42,568,469
Adjustment for change in accounting policy		-	(40,633,927)	(746,512)	(41,380,439)
Balance at 1 July 2018 – restated		392	-	1,187,638	1,188,030
Loss for the year		-	-	(530,493)	(530,493)
Balance at 30 June 2019		392	-	657,145	657,537
Balance at 1 July 2019		392	-	657,145	657,537
Profit for the year		-	-	1,043,200	1,043,200
Balance at 30 June 2020		392	-	1,700,345	1,700,737

The above statement of changes in equity should be read in conjunction with the accompanying notes.

Statement of cash flows

	Notes	2020 (\$)	2019 (\$)
Cash flows from operating activities			
Receipts from funding agreements and lease incentive		140,972,807	124,778,367
Payments to suppliers and employees		(155,258,057)	(132,216,078)
Interest received		518,917	796,932
Net cash (outflow)/inflow from operating activities		(13,766,333)	(6,640,779)
Cash flows from investing activities			
Payments for property, plant and equipment	12	(274,922)	(3,272,902)
Proceeds from financial assets at amortised cost		10,000,000	4,000,000
Proceeds from/(Payments for) term deposits		-	675,342
Net cash inflow/(outflow) from investing activities		9,725,078	1,402,440
Net (decrease)/increase in cash and cash equivalents		(4,041,255)	(5,238,339)
Cash and cash equivalents at the beginning of the financial year		39,656,407	44,894,746
Cash and cash equivalents at the end of the financial year	7	35,615,152	39,656,407

The above statement of cash flows should be read in conjunction with the accompanying notes.

Notes to the financial statements

1. Summary of significant accounting policies	40
2. Critical accounting estimates and judgements	43
3. Revenue	44
4. Other income	45
5. Other expenses	45
6. Income tax expense/(benefit)	45
7. Current assets – cash and cash equivalents	46
8. Current assets – trade and other receivables	46
9. Current assets – financial assets at amortised cost	46
10. Current assets – other current assets	46
11. Non-current assets – financial assets at amortised cost	46
12. Non-current assets – property, plant and equipment	47
13. Non-current assets – right-of-use assets	47
14. Non-current assets – intangible assets	48
15. Current liabilities – trade and other payables	48
16. Current liabilities – unearned revenue	48
17. Current liabilities – provisions	49
18. Current liabilities – employee benefits obligation	49
19. Current liabilities – other current liabilities	49
20. Non-current liabilities – deferred tax liabilities/(assets)	49
21. Non-current liabilities – employee benefits obligation	50
22. Contributed equity	50
23. Key management personnel disclosures	50
24. Remuneration of auditors	50
25. Contingencies	51
26. Related party transactions	51
27. Events occurring after the reporting period	51

1. Summary of significant accounting policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

a. New Accounting Standards and Interpretations adopted

The Company has adopted all of the new Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that are mandatory in the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

b. Basis of preparation

This financial report is a general purpose financial report and has been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements, other authoritative pronouncements of the Australian Accounting Standards Board, Australian Accounting Interpretations and the *Corporations Act 2001 (Cth)*.

The Company is a not-for-profit entity for the purpose of preparing the financial statements.

i. Historical cost convention

These financial statements have been prepared under the historical cost convention.

ii. Critical accounting estimates

The preparation of financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the Company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in Note 2.

c. Statement of compliance

This financial report has been prepared in accordance with and is compliant with the Australian Accounting Standards – Reduced Disclosure Requirements.

d. Revenue recognition

The Company recognises revenue as follows:

i. Revenue from contracts with customers and contracts liabilities

Revenue is recognised at an amount that reflects the consideration to which the Company is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the Company: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised. Any consideration received over the expected entitlement is recognised as a contracts liability owed to jurisdictions. This amounted to \$21.2 million (2019: \$44.2 million) as disclosed in Note 16.

ii. Funding from governments

Funding from governments are accounted in accordance with AASB 15 if the promises to be delivered are sufficiently specific.

iii. Funding from government grants

Funding from government grants that are within the scope of AASB 1058 are recognised as income when the Company has contractual rights to receive the funding. All invoices are issued in accordance with a predetermined schedule detailed in the specific funding agreement.

iv. Unearned revenue

Amounts received in advance when the Company has not met all the conditions to obtain the control of the funding are accounted for as unearned revenue. Five invoices (2019: three invoices) to the sum of \$2.0 million were invoiced during June 2020 (2019: \$3.0 million), however as they relate to the next financial year, they have been recorded as unearned revenue and are classified in the statement of financial position as a current liability. A total of \$2.0 million remains unspent at 30 June 2020 (2019: \$2.8 million) from invoices issued during the previous financial year.

e. Income tax

The income tax expense or revenue for the period is the tax payable on the current period's taxable income based on the notional income tax rate adjusted by changes in deferred tax assets and liabilities attributable to temporary differences between the tax bases of assets and liabilities and their carrying amounts in the financial statements. Unexpended grant income is excluded from taxable income in accordance with the Australian Taxation Office's tax ruling 2006/3. Grant income is only considered to be taxable when all of the requirements stipulated within the funding agreement have been met.

Deferred tax assets and liabilities are recognised for temporary differences at the tax rates expected to apply when the assets are recovered, or liabilities are settled. The relevant tax rates are applied to the cumulative amounts of deductible and taxable temporary differences to measure the deferred tax asset or liability. Deferred tax assets are recognised for deductible temporary differences and unused tax losses only if it is probable that future taxable amounts will be available to utilise those temporary differences and losses.

Deferred tax assets and liabilities are offset when there is a legally enforceable right to offset current tax assets and liabilities and when the deferred tax balances relate to the same taxation authority. Current tax assets and tax liabilities are offset where the entity has a legally enforceable right to offset and intends either to settle on a net basis, or to realise the asset and settle the liability simultaneously.

f. Leases

The Company leases an office and equipment. Lease contracts are made for four to eight years. Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. The lease agreements do not impose any covenants, but leased assets may not be used as security for borrowing purposes.

Leases are recognised as a right-of-use asset and a corresponding liability at the date at which the leased asset is available for use by the Company. Each lease payment is allocated between the liability and finance cost. The finance cost is charged to profit and loss over the lease period so as to produce a constant periodic rate of interest on the remaining balance of the liability for each period. The right-of-use asset is depreciated over the shorter of the asset's useful life and the lease term on a straight-line basis. Assets and liabilities arising from a lease are initially measured on a net present value basis.

g. Cash and cash equivalents

Cash and cash equivalents in both the statement of financial position and statement of cash flows include cash at bank and cash on hand.

h. Trade receivables

Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any allowance for expected credit losses. Trade receivables are generally due for settlement within 30 days. The Company has applied the simplified approach to measuring expected credit losses, which uses a lifetime expected loss allowance. To measure the expected credit losses, trade receivables have been grouped based on days overdue. Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

i. Investments and other financial assets

Investments and other financial assets are initially measured at fair value. Transaction costs are included as part of the initial measurement, except for financial assets at fair value through profit or loss. Such assets are subsequently measured at either amortised cost or fair value depending on their classification. Classification is determined based on both the business model within which such assets are held and the contractual cash flow characteristics of the financial asset unless an accounting mismatch is being avoided. Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and the consolidated entity has transferred substantially all the risks and rewards of ownership. When there is no reasonable expectation of recovering part or all of a financial asset, its carrying value is written off.

Financial instruments are initially measured at cost.

i. Financial assets at fair value through profit or loss

Financial assets not measured at amortised cost or at fair value through other comprehensive income are classified as financial assets at fair value through profit or loss. Typically, such financial assets will be either: (i) held for trading, where they are acquired for the purpose of selling in the short term with an intention of making a profit, or a derivative; or (ii) designated as such upon initial recognition where permitted. Fair value movements are recognised in profit or loss.

ii. Financial assets at amortised cost

Held-to-maturity investments are held with the objective to collect contractual cash flows and the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

j. Property, plant and equipment assets

Plant and equipment is stated at cost less accumulated depreciation and any impairment losses.

Plant and equipment assets are depreciated over their estimated useful lives using the straight-line or diminishing value method as considered appropriate. Estimates of remaining useful lives are made on a regular basis for all assets. New assets are depreciated from the date of acquisition. The expected useful lives are as follows:

IT hardware	1–4 years
Furniture and fittings	3–5 years
Office equipment	1–5 years
Fitout	1–20 years

At each reporting date, the Company reviews the carrying value of its tangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and its value-in-use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of comprehensive income.

k. Lease right-of-use assets

The lease right-of-use assets are associated with the costs to be incurred in obtaining the rights to use premises and office equipment, under lease, in line with AASB 16. The right-of-use assets are depreciated over the shorter of the assets' useful life and the lease term on the straight-line basis.

l. Intangible assets

i. Website and software development

Website costs related to the development of applications and infrastructure, graphic design and content development are capitalised to the extent that the cost is directly attributed to preparing the website to operate in the manner intended by management. Software development costs include only those costs directly attributable to the development phase and are only recognised following determination of technical feasibility and where the Company has an intention and ability to use the asset. Internal labour costs are capitalised when labour costs directly attributable to the website and software development during its development phase can be measured reliably. Website and software development costs are stated at cost less accumulated amortisation and impairment losses. Website and software developments costs are amortised over their useful life of two and a half years.

ii. IT software

IT software costs related to costs incurred in acquiring externally developed software programs and associated costs incurred in bringing them into intended use are amortised over their useful lives ranging from one to four years.

iii. Impairment of intangible assets

At each reporting date, the Company reviews the carrying values of its intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and its value-in-use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of comprehensive income.

m. Trade and other payables

Trade and other payables are carried at amortised costs. They represent liabilities for goods and services provided to the Company prior to the end of the financial year which are unpaid. The amounts are unsecured and are paid within 30 days of recognition.

n. Employee benefits

i. Short-term obligations

Liabilities for wages and salaries, including annual and long service leave expected to be settled within 12 months of the reporting date, are recognised as a current liability in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

ii. Other long-term employee benefit obligations

The liability for long service leave and annual leave which is not expected to be settled within 12 months after the end of the reporting period in which the employees render the related service is recognised in the provision for employee benefits and measured as the present value of expected future payments to be made in respect of services provided by employees up to the end of the reporting period using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the end of the reporting period on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows. The obligations are presented as current liabilities in the statement of financial position if the entity does not have an unconditional right to defer

settlement for at least 12 months after the reporting date, regardless of when the actual settlement is expected to occur.

o. Contributed equity

Ordinary shares are classified as equity.

p. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. If the amount of GST is not recoverable from the taxation authority it is recognised as part of the cost of acquisition of the asset or as part of the expense. Receivables and payables are stated inclusive of GST where appropriate. The net amount of GST recoverable from, or payable to, the taxation authority is included with other receivables or payables in the statement of financial position. Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the taxation authority, are presented as operating cash flows.

The Company is designated as a Government Related Entity (GRE) for GST purposes. This means that no GST is added to invoices if the customer is a government department or another GRE. Invoices raised on any other type of customer will still need to have GST added.

q. Government grants – economic dependence

The Company's sole source of income is from grants received from the Australian and various state and territory governments. As such, the Company is dependent on the receipt of these grants. The Company has agreed the level of funding from the Australian and state and territory governments up to 2022.

The Company had a working capital deficit of \$4.7 million at 30 June 2020 (2019: \$4.4 million). This deficit includes a current portion of lease liability of \$1.7 million (2019: \$1.6 million), which will be funded with governance funding in the 2020–21 financial year.

The majority of the available funds have been provided to fund various Service Definition Management Orders (SDMOs) under the Umbrella Funding Agreement (UFA) dated 13 June 2013. The available funds balance reflects accumulated unspent funds received for SDMOs completed in the prior years.

The UFA has a clause that the fund providers may, at their sole discretion, require the Company to repay the funds on the expiry or any earlier termination of the UFA or the funds have been spent, or committed, not in accordance with the UFA.

The UFA expires on 30 June 2022. Although the Company does not have a contractual obligation to repay the funds until the termination of the UFA, the fund providers may repurpose the use of the funds for new projects and have been doing so. To date, the fund providers have not given any notice to stop providing funding to the Company or required the funds to be repaid.

The Company has economic dependence on the support of the shareholders to continue its operations and manage its working capital.

The Company is carrying a \$1.1 million exposure from South Australia Health which relates to the healthdirect service for the 2015–18 financial years. An external review of factual findings has taken place and the Company is awaiting a response from shareholders.

2. Critical accounting estimates and judgements

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that may have a financial impact on the entity and that are believed to be reasonable under the circumstances.

a. Critical accounting estimates and assumptions

i. Income taxes

The Company is subject to income taxes in Australia. There are certain transactions and calculations undertaken during the ordinary course of business for which the ultimate tax determination is uncertain. The Company estimates its tax liabilities based on the Company's understanding of the tax law. Where the final tax outcome of these matters is different from the amounts that were initially recorded, such differences will impact the current and deferred income tax assets and liabilities in the period in which such determination is made.

ii. Estimation of useful lives of assets

The Company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Financial statements

Healthdirect Australia Ltd
ABN 28 118 291 044
Notes to the financial statements (continued)
30 June 2020

iii. Lease break clause

The Company has entered into an eight-year premises lease for 477 Pitt Street, Sydney, NSW 2000. This lease has a four-year break clause option. The Company has assessed its business requirements and does not plan to exercise the four-year break clause in the lease.

iv. Lease make good provision

The Company has estimated a value of make good for the current premises lease. This estimate was based on market rates. The make good estimate has been discounted to provide a present value cost and has been added to the right-of-use asset.

v. Employee benefits obligation provision

The Company has estimated the liability for employee benefits expected to be settled more than 12 months from the reporting date which are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been considered.

b. Critical judgements in applying the Company's accounting policies

i. Impairment of intangible assets

In the 2020 financial statements, the Company made a significant judgement about the impairment of its intangible assets. The Company follows the guidance of AASB 138 Intangible Assets and AASB 136 Impairment of Assets to determine when an intangible asset is impaired. In making this judgement, the Company evaluates, among other factors, any decline in the asset's market value, significant changes in the market, economy or legal environment in which the Company operates, obsolescence or physical damage to the assets, whether the assets have become idle, plans to discontinue or restructure operations, and any evidence from internal reporting that an asset's economic performance is worse than expected.

The Company has concluded that there is no impairment, on the basis that there are no indicators of impairment as at 30 June 2020. Furthermore, the appropriate recoverable amount is depreciated costs, which is the method by which these assets are recognised in these financial statements.

ii. Unearned revenue

The Company made a significant judgement on whether the terms and conditions of the grants have been met, therefore the respective revenue can be recognised in the current financial year.

3. Revenue

	2020 (\$)	2019 (\$)
Revenue from contracts with customers	157,841,093	125,070,989
<i>Disaggregation of revenue</i>		
The disaggregation of revenue from contracts with customers is as follows:		
<i>Major lines of business</i>		
Contact centre activities (including service management)	128,048,194	95,539,861
Digital activities	19,255,289	27,765,190
Other	10,537,610	1,765,938
	157,841,093	125,070,989

Revenue is recognised over time when the services are delivered.

Financial statements

Healthdirect Australia Ltd
ABN 28 118 291 044
Notes to the financial statements (continued)
30 June 2020

4. Other income

	2020 (\$)	2019 (\$)
Income from government grants	6,000,000	6,000,000
Net profit on disposal of IT hardware	2,805	12,846
	6,002,805	6,012,846

5. Other expenses

	2020 (\$)	2019 (\$)
Loss before income tax includes the following specific expenses:		
<i>Employee benefit expenses</i>		
Defined contribution superannuation expense	1,914,436	2,116,546
Other employee benefit expenses	22,921,241	26,155,292
Total employee benefit expenses	24,835,677	28,271,838
<i>Depreciation and amortisation expenses</i>		
Depreciation expenses	2,419,561	1,880,404
Amortisation expenses	2,398	198,843
Total depreciation and amortisation expenses	2,421,959	2,079,247

6. Income tax expense/(benefit)

	2020 (\$)	2019 (\$)
a. Income tax expense/(benefit)		
Current tax	-	(1,340,960)
Deferred tax	(2,234,518)	1,412,440
Prior period adjustment to deferred tax	-	(289,355)
	(2,234,518)	(217,875)
The major components of income tax (benefit)/expense are:		
Current income tax charge	-	(1,340,960)
Prior period adjustment to deferred tax	-	(289,355)
Decrease in deferred tax assets	4,225,811	323,294
(Decrease)/Increase in deferred tax liabilities	(6,460,329)	1,089,146
	(2,234,518)	(217,875)
b. Numerical reconciliation of income tax expense to prima facie tax payable		
(Loss) from continuing operations before income tax expense	(1,191,318)	(748,368)
Tax at the Australian tax rate of 30% (2019: 30%)	(357,396)	(224,510)
Tax effect of amounts which are not deductible (taxable) in calculating taxable income:		
Entertainment	4,165	6,635
Prior period adjustment to deferred tax	(1,881,287)	-
Income tax (benefit)	(2,234,518)	(217,875)

Financial statements

Healthdirect Australia Ltd
ABN 28 118 291 044
Notes to the financial statements (continued)
30 June 2020

7. Current assets – cash and cash equivalents

	2020 (\$)	2019 (\$)
Petty cash	200	200
Cash at bank	35,614,952	39,656,207
	35,615,152	39,656,407

Cash at bank is bearing variable interest rates. The weighted average interest rate is 1.01% (2019: 1.43%) at the end of the period.

8. Current assets – trade and other receivables

	2020 (\$)	2019 (\$)
Trade receivables	7,879,436	5,648,152
GST receivable	2,728,471	1,208,507
Interest receivable	19,479	77,710
Sundry receivable	392	(26,671)
	10,627,778	6,907,698

9. Current assets – financial assets at amortised cost

	2020 (\$)	2019 (\$)
Term deposits for investment	-	10,000,000
Term deposits held as security for bank guarantee	862,526	423,037
	862,526	10,423,037

10. Current assets – other current assets

	2020 (\$)	2019 (\$)
Accrued income (AASB 1058)	7,030	876,625

11. Non-current assets – financial assets at amortised cost

	2020 (\$)	2019 (\$)
Term deposits held as security for bank guarantee	5,156,785	5,481,453
Term deposits for investment	114,270	111,049
	5,271,055	5,592,502

Financial statements

Healthdirect Australia Ltd
ABN 28 118 291 044
Notes to the financial statements (continued)
30 June 2020

12. Non-current assets – property, plant and equipment

	IT hardware (\$)	Office equipment (\$)	Furniture and fittings (\$)	Fitout new premises (\$)	Fitout (\$)	Total (\$)
At 1 July 2019						
Cost or fair value	2,299,103	237,392	68,058	3,001,830	6,813	5,613,196
Accumulated depreciation	(1,694,631)	(156,036)	(56,568)	(201,493)	(6,068)	(2,114,796)
Net book amount	604,472	81,356	11,490	2,800,337	745	3,498,400

Year ended 30 June 2020						
Opening net book amount	604,472	81,356	11,490	2,800,337	745	3,498,400
Reclassifications	(1,700)	1,700	-	-	-	-
Additions	263,286	11,164	472	-	-	274,922
Additions from AASB 16	-	-	-	-	-	-
Disposals	(2,131)	-	-	-	(703)	(2,834)
Depreciation charge AASB 16	-	-	-	-	-	-
Depreciation charge	(305,923)	(31,637)	(2,184)	(375,228)	(42)	(715,014)
Closing net book amount	558,004	62,583	9,778	2,425,109	-	3,055,474

At 30 June 2020						
Cost or fair value	2,500,110	250,256	68,530	3,001,830	-	5,820,726
Accumulated depreciation	(1,942,106)	(187,673)	(58,752)	(576,721)	-	(2,765,252)
Net book amount	558,004	62,583	9,778	2,425,109	-	3,055,474

13. Non-current assets – right-of-use assets

	2020 (\$)	2019 (\$)
Lease and office equipment	13,603,761	13,583,582
Less: Accumulated depreciation	(2,621,750)	(917,203)
	10,982,011	12,666,379

Financial statements

Healthdirect Australia Ltd
ABN 28 118 291 044
Notes to the financial statements (continued)
30 June 2020

14. Non-current assets – intangible assets

	IT software (\$)	Intangible right-of-use assets (\$)	Other intangible assets (\$)	Website (\$)	Software development (\$)	Total (\$)
At 1 July 2019						
Cost	222,244	4,125,871	167,052	8,141,178	7,168,214	19,824,559
Accumulated amortisation	(216,628)	(4,125,871)	(167,052)	(8,141,178)	(7,168,214)	(19,818,943)
Net book amount	5,616	-	-	-	-	5,616
Year ended 30 June 2020						
Opening net book amount	5,616	-	-	-	-	5,616
Amortisation charge	(2,398)	-	-	-	-	(2,398)
Closing net book amount	3,218	-	-	-	-	3,218
At 30 June 2020						
Cost	222,244	4,125,871	167,052	8,141,178	7,168,214	19,824,559
Accumulated amortisation	(219,026)	(4,125,871)	(167,052)	(8,141,178)	(7,168,214)	(19,821,341)
Net book amount	3,218	-	-	-	-	3,218

15. Current liabilities – trade and other payables

	2020 (\$)	2019 (\$)
Unsecured		
Trade payables	7,222,338	1,104,465
Accrued expenses	16,323,385	11,176,369
Credit card payables	3,435	18,286
Other payables	256,445	290,280
	23,805,603	12,589,400

16. Current liabilities – unearned revenue

	2020 (\$)	2019 (\$)
Unearned revenue – funding received in advance	2,049,032	2,834,799
Contract liabilities owed to jurisdictions (AASB 15)	21,178,908	44,177,213
	23,227,940	47,012,012

Financial statements

Healthdirect Australia Ltd
ABN 28 118 291 044
Notes to the financial statements (continued)
30 June 2020

17. Current liabilities – provisions

	2020 (\$)	2019 (\$)
Provision for funding owed to jurisdictions (AASB 1058)	3,263,745	583,693

18. Current liabilities – employee benefits obligation

	2020 (\$)	2019 (\$)
Employee benefits – annual leave (see Note 1(n))	1,154,472	1,117,706
Employee benefits – long service leave	21,937	78,926
	1,176,409	1,196,632

19. Current liabilities – other current liabilities

	2020 (\$)	2019 (\$)
Others	4,278	1,667

20. Non-current liabilities – deferred tax liabilities/(assets)

	2020 (\$)	2019 (\$)
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Deferred tax liabilities

The balance comprises temporary differences attributable to:

Interest receivable	5,844	23,313
Accrued income	2,109	262,988
Unexpended grant liability	-	5,858,097
Property, plant and equipment	608,817	932,701
	616,770	7,077,099

Deferred tax assets

The balance comprises temporary differences attributable to:

Superannuation payable	(53,098)	(51,891)
Lease	(21,356)	(67,821)
Provision for employee entitlements	(346,342)	(335,312)
Provision for long service leave	(149,504)	(135,322)
Tax (loss)	-	(4,197,409)
Legal fees	(1,652)	(7,143)
Audit accrual	(20,925)	(23,790)
	(592,877)	(4,818,688)
Total deferred tax liabilities	23,893	2,258,411

Financial statements

Healthdirect Australia Ltd
ABN 28 118 291 044
Notes to the financial statements (continued)
30 June 2020

21. Non-current liabilities – employee benefits obligation

	2020 (\$)	2019 (\$)
Employee benefits – long service leave	476,411	372,146

22. Contributed equity

	2020 Shares	2019 Shares	2020 (\$)	2019 (\$)
Ordinary shares				
Uncalled shares	392	392	392	392

23. Key management personnel disclosures

	2020 (\$)	2019 (\$)
Key management personnel compensation	2,930,517	3,549,853

The above amount includes compensation paid to Directors and senior executives.

24. Remuneration of auditors

	2020 (\$)	2019 (\$)
Audit and other assurance services		
Audit services	56,000	56,000
Other assurance services	13,750	13,300
New accounting standards education and review	-	10,000
Total remuneration for audit and other services	69,750	79,300

Financial statements

Healthdirect Australia Ltd
ABN 28 118 291 044
Notes to the financial statements (continued)
30 June 2020

25. Contingencies

The Company had no contingent liabilities or assets at 30 June 2020 (2019: nil).

26. Related party transactions

a. Key management personnel

Disclosures relating to key management personnel are set out in Note 23.

b. Transactions with related parties

Directors may hold positions with organisations that trade with the Company. Any contracts and transactions between these organisations and the Company are based on normal commercial terms and conditions. The Company transacted with none of these organisations in this financial year (2019: \$5,591).

27. Events occurring after the reporting period

With the exception of the items disclosed below, the Directors are not aware of any matters that have arisen subsequent to the end of the financial year that may significantly affect the Company's operations, the results of those operations, or the Company's state of affairs in future financial years.

a. Impact of COVID-19

The COVID-19 pandemic continues to impact communities and business in Australia where the Company operates. During the pandemic the Company has experienced a growth in revenue predominantly due to the establishment and operation of the National Coronavirus Helpline. Continued business growth and increased revenue are expected in the following financial year as further COVID-19 support services such as the NSW COVID Connexion helpline, COVID-19 Health Professionals National Disability Advisory Service, and the Victorian COVID-19 Case Contact Management Service are established.

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