



Annual Report

Financial Year

2024 – 2025

Connecting Australians to the right care, at the right time

Company overview

Company overview

Healthdirect Australia is the national provider of virtual health services, owned and funded by the federal, state and territory governments.

Our services provide trustworthy, free advice 24 hours a day to help Australians care for themselves and their families, connect with services, and access virtual care.

We support our funders to address the increasing need for health and aged care services in a secure, efficient, and cost-effective manner.

Supporting government policy and strategy

Healthdirect is an active enabler of health reform and key government, strategies and policies that work toward a vision of a sustainable, consumer-centred and connected health care system.

System engagement

Government and industry are investing in digital technologies to re-shape the way healthcare is delivered. We work to realise the benefits of this investment through collaboration with state and federal governments, PHNs, Local Health Networks, the medical technology industry, clinical peak bodies and consumers.

Enabling a more connected system

Our services seamlessly integrate across healthcare systems, ensuring the timely sharing of critical health information with GP practice management software and digital infrastructure such as My Health Record.

Healthdirect is a founding member of the Sparked community, accelerating the creation and development of national FHIR standards in health care information exchange.

Workforce

Healthdirect engages a substantial clinical workforce of registered nurses, general practitioners, and non-clinical call operators who support our helplines: Healthdirect, Pregnancy, Birth and Baby, Virtual GP, Medicare Mental Health and My Aged Care.

Consumer-centred

We prioritise consultation with consumers to improve service delivery and efficiency. As a national health provider, we lead inclusive service design through consumer participation. Our Consumer Engagement Framework guides our efforts to plan, design, deliver, and evaluate services that meet consumer needs, including carers.

Public health emergencies

Our scalable telephone and digital infrastructure allows us to rapidly provide solutions for federal and state governments in response to public health emergencies. Through our contact centres, the National Health Services Directory and in-house clinical team, we tap into existing workforces and processes to quickly develop and implement clinically and operationally robust responses.

Environmental sustainability, social contribution and governance

We acknowledge our environmental, social, and governance (ESG) responsibilities and manage them transparently. As Australia continues to experience more frequent and extreme weather events, our virtual services maintain critical access points to quality healthcare, and a source of information and connection to available health services. [Read our ESG Report on page 24.](#)

Healthdirect Australia acknowledges the Traditional Owners of Country throughout Australia and their continuing connection to land, sea and community. We pay our respects to the Traditional Owners and to Elders both past and present.

Services and capability

Digital self-help

- Healthdirect website
- Healthdirect app
- Symptom Checker
- Service Finder
- Question Builder
- BMI Calculator
- Opioid Risk Checker
- Medicines Information Service
- Pregnancy, Birth and Baby website
- Pregnancy Due Date Calculator

Digital connectors

- Upload to My Health Record
- SMS follow-up care advice to consumers
- Real-time online booking integration with commercial booking engines
- NHSD FHIR API e-referrals
- Warm transfer to Virtual ED and 000
- Video and/or phone GP call back
- Pregnancy Due Date Calculator
- E-prescribing

Helpline services

- Healthdirect
- Virtual GP
- My Aged Care
- Pregnancy, Birth and Baby
- Medicare Mental Health
- Bespoke state health services
- Health alert lines

National digital infrastructure

- Healthdirect Video Call
- National Health Services Directory
- Australian Health Thesaurus
- Health Terminology Database
- Medicines Information Service
- A-Z health information
- Self-care

Core capabilities

- Scalable operations
- Flexible, robust and secure technology platforms
- Integration and data exchange
- Customer experience
- Clinical governance
- Data and insights

Our shareholders

Healthdirect Australia is owned by all Australian governments who are equal shareholders of the Company. Under our constitution, Healthdirect only provides services to our shareholders.



Healthdirect Australia: Strategic Plan 2024-27



Vision
A healthier Australia



Purpose
To help Australians actively manage and improve their health by providing trusted information and virtual services anywhere and at any time.

Our strategic priorities

1

Improving the experience and efficiency of consumers' access to care

Remove barriers to make it easier for consumers to access the right advice and the right care, at the right time and through the right channel.

2

Enabling a more connected health system

Contribute to a connected and resilient healthcare system that provides 'connected care' with the consumer at the centre by collaborating with partners and using our platforms and services to support national health reforms.

3

Delivering measurable value for the health system

Provide an evidence base that demonstrates to governments a return on equity/investment, while responding to their demands quickly and efficiently as a trusted set of hands for the system.

Enabling priorities

1

Accelerating innovation in the health system

Be an adopter of new solutions that improve how we deliver our core services, in a way that balances delivering safe and quality care, meets consumers' expectations, delivers value to our shareholders and creates positive impact for the Australian healthcare system.

2

Stronger partnerships through data and insights

Solidify our position as a central repository of first-contact consumer-data that can be safely and ethically leveraged to develop actionable insights. This will inform system and service design for both Healthdirect Australia and our stakeholders. Our goal is to think beyond reporting performance and to develop a framework that helps us to identify opportunities to unlock the value that we know exists in our data assets.

3

Unlocking potential through scalable operations

Improving the efficiency of our services by scaling our platforms to increase the impact and accessibility of trusted health information, while also remaining modular enough to respond to the localised and changing needs of consumers.

FY25 Annual Report highlights

This year we continued to work closely with Federal and State governments to leverage our capability to achieve better health outcomes for Australians. Read more about our work, including innovative solutions to health system challenges, throughout the report.

Jurisdictional partnerships and scalable solutions

1



Virtual Front Door strategy sees more consumers connected to the right care

11



National infrastructure enables local health response during climate events

23

2



Video Call supports paramedics to reduce demand on ambulance resources

19



Queensland virtual emergency service first to be connected to the Healthdirect Symptom Checker

13

National health system innovation

3



National Health Services Directory enables consumer continuity of care with GPs

17



New virtual emissions measurement tool empowers governments to meet emissions targets

25



Research and consumer insights on AI ensures future service designs meet expectations

14



Access to a virtual GP helps older Australians receive care in place

21

Service demand trends

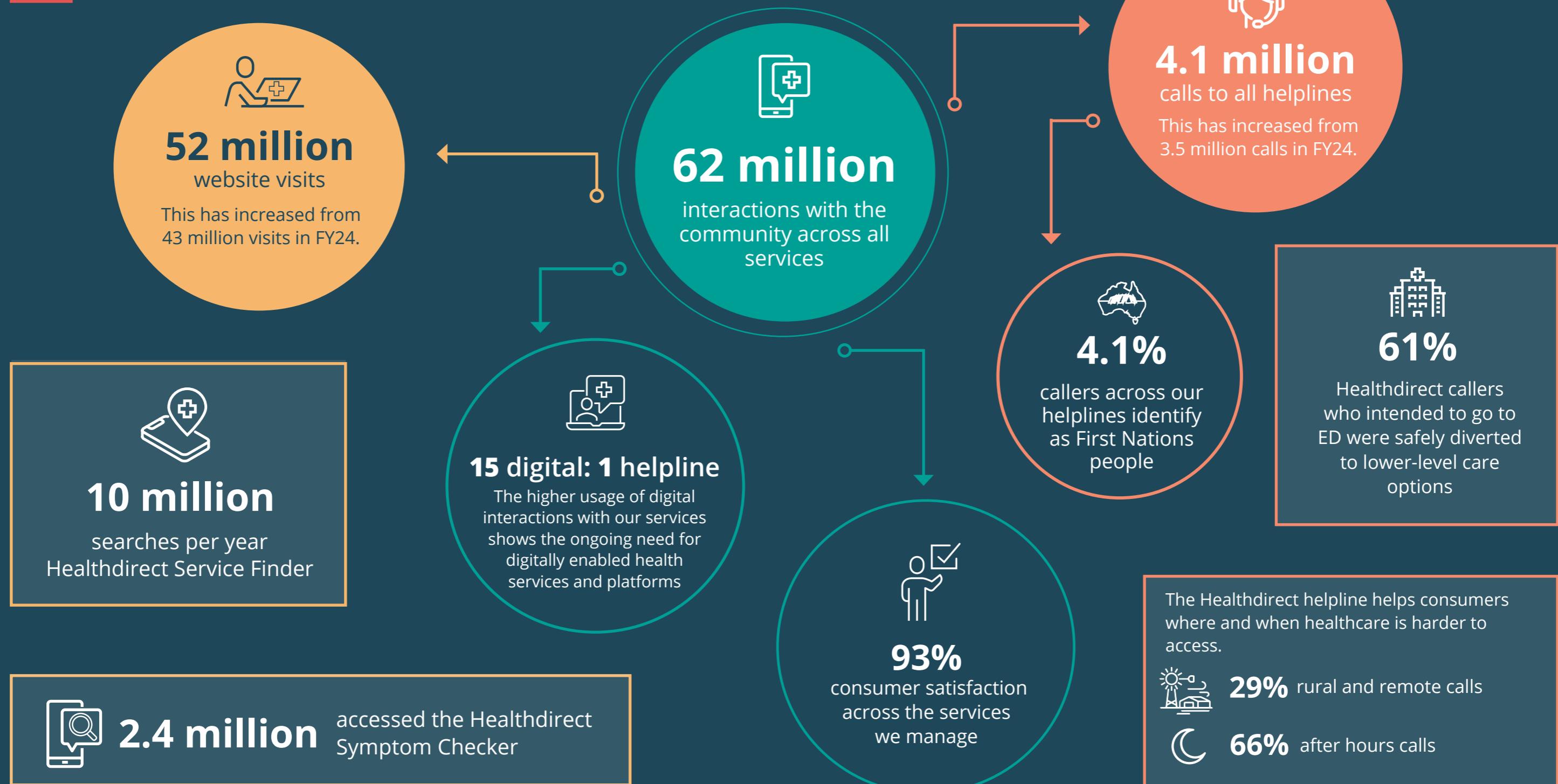


Historical service data shows strong demand post-pandemic and continuing consumer satisfaction

30

Our FY25 data

Our virtual services support Australians and their families find and connect with a health service that meets their need – in the right place and at the right time. Health professionals also use our services to support their patients. In FY25, our services continued to help those who were not sure what to do next in their journey towards better health.



Company overview

From the Chair



The Australian healthcare environment has undergone significant transformation in recent years, shaped by the aftermath of the COVID-19 pandemic, an ageing population, evolving workforce expectations, and pressure on the health workforce. Australians

are living longer—often with chronic conditions—resulting in heightened demand on services and rising costs across the sector. While much progress has been made, it is clear there remains substantial opportunity for further innovation and improvement.

Australia's federated healthcare system is unique. It offers broad national reach and world class outcomes, but also presents challenges, particularly across care settings—most notably between primary care and hospital services.

Healthdirect Australia is acutely aware of its pivotal role in ensuring that our nation continues to deliver high quality, efficient, and person-centred care, and the role we can play to improve consumer access and navigation of the health system. We are pleased to report on the positive impact Healthdirect has had in the 2025 financial year by helping consumers connect to appropriate care including through viable alternatives to emergency departments.

Another distinctive challenge our system faces is the existence of separate entry points for each state. Healthdirect continues to improve our

digital and phone services to create a streamlined, user-friendly access point—one that is simple to navigate and delivers on the promise of a 'front door' to the health system for all Australians.

It has been a privilege to step into the Board Chair role in January 2025. I would like to formally recognise the contribution Jane Muirsmith made as a Board member since 2016 including five years as Board Chair. Jane led the Board with distinction through the rapid upscaling in response to COVID, fostering trust among consumers and governments and ensuring that Healthdirect was well-positioned for the future. I'd also like to recognise the contribution made by Richard Taggart who also stepped off the Board in 2024. Richard brought invaluable digital health expertise and practical experience to the organisation during his tenure.

Healthdirect remains steadfast in its commitment to driving positive change and delivering solutions that address both current and future challenges within our health system. Together, with ongoing collaboration and innovation, we are building a stronger, more responsive, and more equitable healthcare system for all Australians.

Professor Christine Kilpatrick AO
Chair, Board of Directors
Healthdirect Australia

From the CEO



As CEO of Healthdirect Australia, it is my privilege to lead an organisation that has so much potential to have an impact at a time of significant transformation of Australia's health system.

Healthdirect continues to provide health information advice and service navigation to millions of Australians through phone, video and digital channels. Consumers continue to express very high levels of satisfaction with our services, and we are constantly working to meet their evolving expectations for high quality, convenient care whenever they need it.

We remain acutely aware of the systemic challenges facing the healthcare sector and the important role we play in maintaining sustainability in our health system. Workforce pressures—including a projected shortfall of 70,000 nurses by 2035 and the rising average age of general practitioners—raise the stakes for triage and navigation services to ensure consumers are connected with the right care, first time. Workforce pressures are amplified by the fact that 50% of Australians now live with at least one chronic condition, with one in five managing multiple conditions—a 60% increase over the past two decades, representing 91% of the non-fatal burden of disease.

In the face of these demands, digital health and virtual care have become indispensable. As a virtual

entry point to the healthcare system, Healthdirect provides consumers with evidence-based information, expert advice, and seamless connections to care. Last year alone, we facilitated 62 million meaningful interactions between the community and health professionals, and we report on the impact of those interactions in this annual report.

In April 2025, the Australian Government announced its plan to simplify access to Healthdirect by rebranding and promoting our health triage and advice service to 1800MEDICARE, to better communicate this high quality, free service to more Australians. We have commenced preparing for the expected increase in consumer demand and stand ready to meet this challenge, just as we met a surge in demand during COVID.

As we look to the future, Healthdirect Australia remains committed to sustainable, high-quality care and is innovating to address emerging challenges. I am excited about our continuing role in a more connected, consumer-centred healthcare system.

Bettina McMahon
CEO
Healthdirect Australia

1 Improving the experience and efficiency of consumers' access to care

Our virtual front door model informs consumers about and connects them to many health care options available to them. New virtual and urgent care options provide efficient access to care, improving consumer experience and demonstrating measurable value to government.

We work to better understand and remove barriers to make it easier for all consumers to access the right advice and care at the right time.



Improving the experience and efficiency of consumers' access to care

Virtual front door shows impact

Healthdirect helps consumers who are not sure what help they need to get the right care, first time through a virtual front door model.

This model appropriately distributes demand across the health system, improving consumer experience, and reducing pressure on emergency departments.

In FY25, our health advice and triage service received 1.4 million calls, with nurse triage required on 74% of calls. Our digital channel was accessed 2.4 million times. On both channels, consumers are recommended the most appropriate, open and available care option for their situation.

Expansion

Our longstanding triage and advice service operates in every state and territory, and is evolving to support expanding choices for consumers in New South Wales,

South Australia, Victoria and Western Australia. In these states, new services were added and promotion of Healthdirect boosted consumer awareness.

For example, Western Australia, in early 2025, connected the Western Australia Virtual Emergency Department service and 24/7 access to Healthdirect Virtual GP.

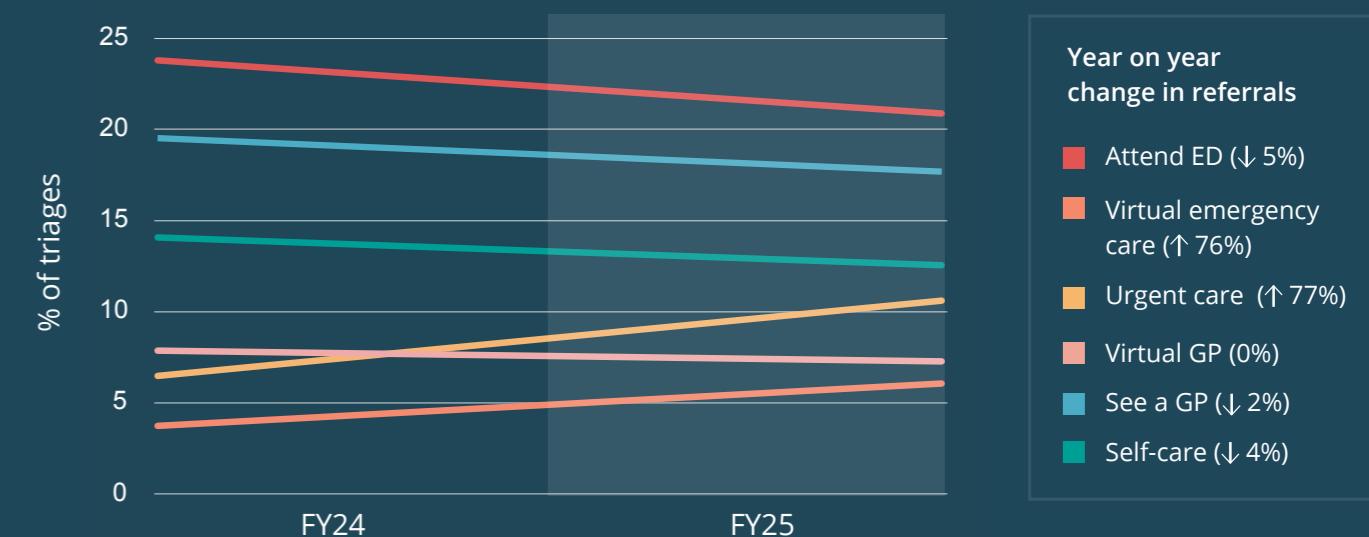
Consumers now have more healthcare options available to them via Healthdirect, especially after-hours and in regional and rural areas.

Healthdirect is connected to all government-funded virtual emergency departments, as well as urgent care services which have continued to open across the country.

Virtual front door begins to realise potential

The virtual front door model is operational in four states - New South Wales, South Australia, Victoria and Western Australia. The model shows decreased referrals to emergency departments as more options become available to consumers via the Healthdirect helpline. This graph shows the linear trends across FY24 and FY25 appropriately distributing demand as more care options become available to consumers.

Call outcomes on the Healthdirect helpline



Improving the experience and efficiency of consumers' access to care

Distribution of demand across the health system

The combination of increased awareness of Healthdirect through public health campaigns and the increased availability of non-ED options for consumers is helping to reduce pressure on EDs.

Healthdirect's referral to ED has reduced by 10% over the past year, and we have diverted 61% of callers who thought they needed an ED to lower acuity care options.

These consumers are primarily being recommended to virtual EDs, urgent care services or a Virtual GP consultation. With 65% of calls to Healthdirect occurring after-hours, thousands of consumers are connected to services that are also operating after-hours as an alternative to ED.

By providing consumers with more choice, we help them avoid long wait times in ED and ensure they are matched to the most appropriate care for their situation.



73% of Healthdirect's virtual GP consultations are resolved with the consumer not needing to leave home.

Approximately 1 in 5 callers are not aware that their situation is more serious than they thought and requires medical attention. These consumers are advised by Healthdirect to seek urgent medical care, potentially saving lives.

Serving priority groups

Those living in regional areas are 1.6 times more likely to contact Healthdirect than those living in metro

areas. With limited health services outside metro areas, the availability of virtual care options removes a geographical barrier to accessing high quality care.

Aboriginal and Torres Strait Islander people represent 3.2% of the Australian population, yet account for 4.8% of calls to the Healthdirect helpline. This overrepresentation reflects a higher need for medical services among these communities. We are proud to provide care and support when it's needed most, and we continue to improve our services to better meet the needs of Aboriginal and Torres Strait Islander Australians.

Consumer experience

Healthdirect consistently achieves high consumer satisfaction scores of 90%. Each year, we seek feedback from 12,000 consumers about their experience on the Healthdirect helpline.

Most find the service reassuring and easy-to-use. Their confidence to manage their next steps and comply with advice provided by a nurse is high.

International perspectives

To learn more from global peers, Healthdirect leaders have engaged through virtual forums, hosting visiting delegates, and attending international forums. This has fostered the sharing of insights, enabling best practice, informed decision making and risk mitigation strategies.

What's next

The governments of Australia have realised the long-term and scalable impact Healthdirect can have on matching demand with supply across the health system. The Australia Government has committed to increase access and awareness of the nurse helpline and virtual GPs through Healthdirect.

Consumer usage of digital and phone triage

Usage of the helpline for triage and advice increased 7% in FY25 and the digital channel triage increased 29%. Digital usage reflects the surge during COVID, and stabilisation since. Overall, interactions with the community were 9% higher in FY25 than in FY19, before the impact of COVID.

Healthdirect
triage calls

Healthdirect Symptom Checker
self-guided triage

FY14 FY15 FY16 FY17 FY18 FY19 FY20 FY21 FY22 FY23 FY24 FY25

Symptom Checker delivers more efficient access to care

The Healthdirect Symptom Checker has helped Australians find health information and advice for over 10 years.



In FY25, the Healthdirect Symptom Checker was accessed 2.4 million times with 70% of consumers completing their self-guided journey to receive advice on the type of care they need.

As the digital triage and advice channel, the Symptom Checker is managed through direct clinical oversight and comprehensive quality assurance by our in-house clinical governance medical teams.

Triage outcomes from the Symptom Checker are mapped to the scope of practice for pharmacies, GPs, urgent care clinics, virtual and physical EDs to provide the most appropriate care recommendation for each consumer. In some instances, we recommend the consumer phone us to speak with a nurse.

Additionally, consumers are only recommended care options that are available and for which they are eligible, such as paediatric or women's health services, or public services funded for specific acuity and times of the day.

Consumers may be seamlessly connected to the Healthdirect Service Finder, the consumer interface

to the National Health Services Directory. They can locate their preferred clinic or practice, see the time of the next available appointment for services offering online bookings, and make an appointment booking.

Australia's first virtual emergency service connection from digital channel

Queensland-based users of the Healthdirect Symptom Checker are the first in Australia to be able to access a virtual emergency care service via the online tool.

The Symptom Checker refers users directly to Queensland's Virtual Emergency Care Service if they need it based on the health information they enter. This reduces the demand for face-to-face care, supporting the Queensland health system.

Launched in July 2024, this care option has improved the experience for Queenslanders, including those living in rural areas who may not have easy access to emergency care. Peak usage times of 9pm and data on users also show that it mostly supports parents who can potentially avoid a trip to the ED after-hours.

What's next

- Develop secure self-referral capabilities, health information sharing and appointment booking for urgent care services
- Add virtual care options in more states and territories

Improving the experience and efficiency of consumers' access to care

Embedding the consumer voice into service design

Our consumer experience framework guides how we gather and apply consumer insights to current and future states of our services, measure consumer experience and engage consumers in service design and improvement.

Consumer insights

Research we conducted with over 90 consumers and Healthdirect nurses in FY25, aimed to understand consumer health seeking behaviour and whether digital options and self-care might play a role in reducing ED presentations. The research found that:

- Consumers prefer to see their regular GP but accept this isn't always possible.
- Consumers take a 'wait and see' approach before heading to ED. The timeframe they wait correlates to their health literacy and confidence to self-manage their symptoms.
- Consumers continue to worry about their symptoms after a health professional provides health advice.
- The bar is high for digital experiences, so quality, personalisation and credentials are essential for building trust.

These insights informed our roadmap of consumer experience enhancements across our services. The insights have also led to further research, particularly in AI projects that have high consumer touchpoints. 

Pregnancy, Birth and Baby

Pregnancy, Birth and Baby is a free national helpline, video and website service that supports expecting parents, parents, families and carers of children aged up to five years.

Across these channels, consumers access free information and advice in a manner that best suits their needs and circumstances, allowing them to make informed decisions during pregnancy, birth and parenthood. The Department of Health, Disability and Ageing commissioned a review of the service in FY25. [Read about this on page 21.](#) 

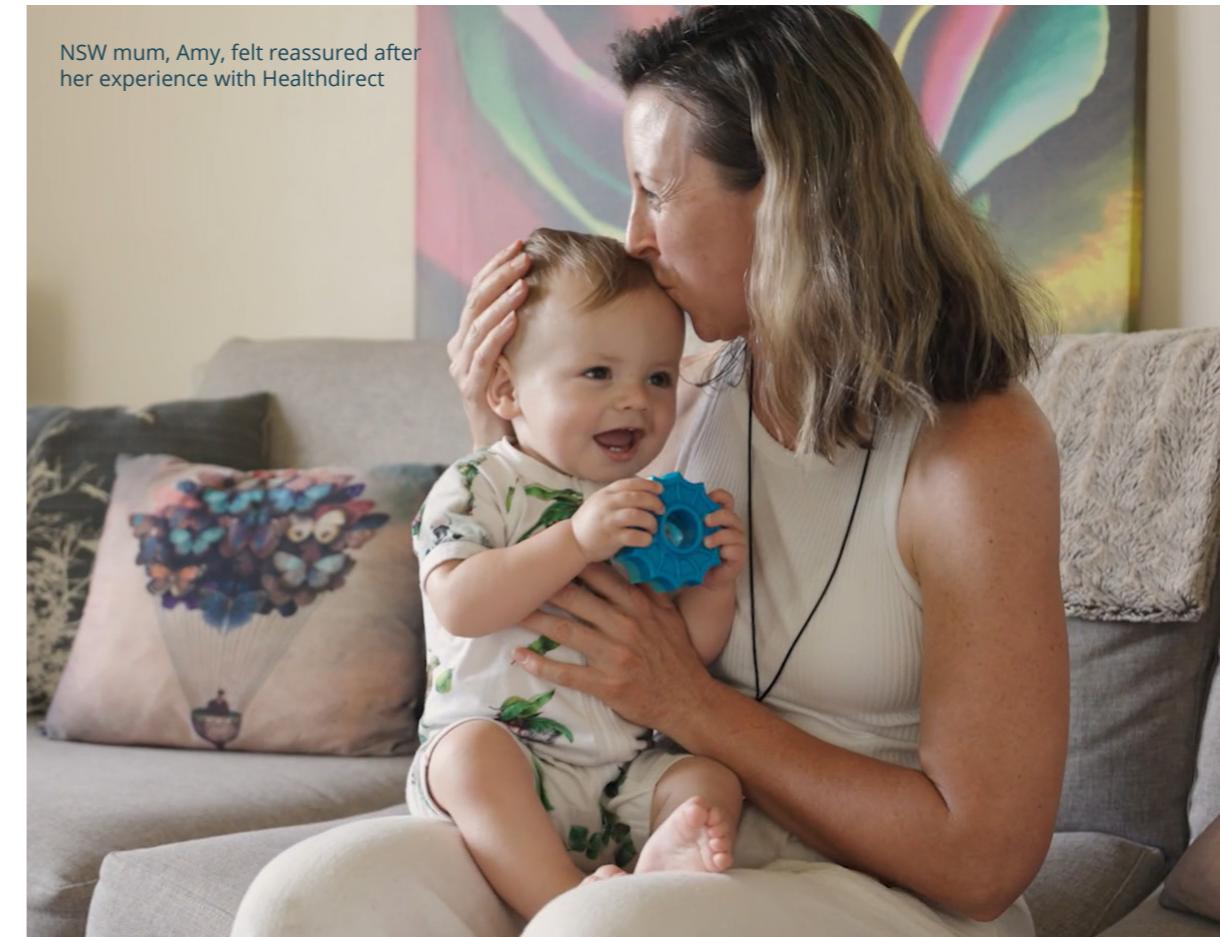


Finding reassurance: A first-time mum's experience with Healthdirect's virtual front door

As a first-time mum, I was very anxious when my 11-month-old son, Caleb, became unwell. I couldn't get him into the doctor, and I was worried about what to do next. I remembered that I had a Healthdirect flyer on my fridge, so I decided to call the helpline for some reassurance. The experience with the helpline was lovely. The nurse was very calming which helped ease my anxiety.

The nurse asked questions about my son's symptoms and explained that while we could go to the emergency department, there was another option available. She was able to connect me with a paediatric nurse through a telehealth call. The nurse made me feel much more at ease.

The experience with the paediatric nurse during the telehealth call was wonderful. She was incredibly thorough in her assessment, asking really sensible questions and even got me to do a body check on camera. Her expertise and the thoroughness made me feel confident that my son was receiving the best possible care, even though it was conducted completely remotely. 



2 Enabling a more connected health system

We contribute to a connected and resilient healthcare system collaborating with partners and using our national digital health infrastructure.

The National Health Services Directory is at the forefront of supporting the national digital health interoperability agenda by promoting the use of contemporary digital health standards such as FHIR in our interactions with the health system.

Our digital platforms such as Video Call are critical to ensuring access to and support for care in regional, rural, and remote Australia.



Enabling a more connected health system

NHSD enables interoperability across the health system

The National Health Services Directory (NHSD) is Australia's most comprehensive directory of information about health services and availability. It supports consumers and providers to find health service information and supports provider communication and exchange of clinical information across care settings.

The NHSD is recognised as a core piece of national digital health infrastructure under the Intergovernmental Agreement on National Digital Health and it supports the implementation of the National Digital Health Strategy 2023–2028 and the National Health Interoperability Plan 2023–2028.

Healthdirect manages continuous data quality improvement measures for the NHSD, including integration with Provider Connect Australia and through data sharing partnerships with Systems of Record and Sources of Truth.

Strengthening secure messaging through FHIR

In FY25, we worked with secure messaging vendors to uplift the quality and coverage of endpoint data in the NHSD and accelerate improvements in the secure exchange of clinical information via digital pathways across the sector. This work will enable more seamless and automated exchange of endpoint data between our system and secure messaging platforms and have a significant impact on enabling connectivity across the public health system. Engagement work is underway to help states and territories leverage the NHSD Fast Healthcare Interoperability Resources (FHIR) capability as part of their directory and secure messaging solutions. The Victorian Department of Health integrated with NHSD FHIR in August 2024, and we are working with other states and territories to enable this efficient method of data ingestion.

Improving appointment booking

We have continued to enhance integration between

the NHSD and booking platforms in FY25 resulting in an increase from 68% to 70% of general practices and pharmacies with appointment availability enabled. Appointments are also now available for the new services offered by pharmacies, increasing accessibility to these services for consumers via the Healthdirect Service Finder. We have also started to transition booking providers to our FHIR standard-based API technology for data exchange which will improve data synchronisation to the booking link information for consumers using Service Finder.

The NHSD includes listings for
 **110,825 healthcare services**
248 types of health services

Enhancing pharmacy information for consumers

Healthdirect has supported community pharmacy pilot programs by working with pharmacies to ensure their additional services, including management of urinary tract infections and skin conditions, and hormonal contraception resupply, are included the NHSD. This includes the availability of palliative medications.

Consumers can see this information and book an appointment with the pharmacy via Healthdirect's Service Finder, the consumer-facing interface of the NHSD. There were more than 560,000 searches for 'pharmacy' on the Service Finder in FY25.



What's next

- Integrate with the Healthcare Identifiers Service
- Support the Australian Digital Health Agency's Health Connect Australia

Enabling a more connected health system

Connecting consumers to a reformed aged care system

As a key enabler of the new *Aged Care Act*, which is due to come into effect on 1 November 2025, the My Aged Care service needed to be fully prepared to support the changes that impact consumers of aged care services.

Healthdirect undertook extensive preparations in the My Aged Care contact centre in coordination with the Department of Health, Disability and Ageing.

Healthdirect prepared the My Aged Care contact centre to provide the new Support at Home Packages and manage increased demand

 **Increased the call centre workforce by 25%** to meet demand and expected longer call times, reduces wait time on the helpline

 **30 flexi-agents** – specialist agents that can resolve challenges across multiple teams

 **Remapped 100+ processes** to align with the My Aged Care website and other agencies

 **Updated and prepared 260 knowledge articles** to ensure a consistent source of truth for all agents

What's next

- Continue to embed the Support at Home program
- Continue to optimise the contact centre operational systems
- Maintain and enhance consumer-centricity as a core of the My Aged Care service



Video Call supports virtual health initiatives

As national digital infrastructure, Healthdirect Video Call operates in all Australian states and territories, except three. Usage has significantly increased since the pandemic, reaching 6.6 million consultations since December 2019.

Healthdirect Video Call supports



12,300+
clinics



112,000+
healthcare
professionals



90
specialties

Expansion and scalability

As the virtual health system matures, video consultations are increasingly providing benefits for consumers, clinicians, the health system and the environment.

Virtual emergency care

The service is now the telehealth platform of choice for emergency response pathways. Victoria, which was the first state to adopt Video Call into its Victoria Virtual Emergency service in 2020, currently accounts for 67% of all virtual emergency consultations on the Video Call platform.



In FY25, the NSW virtual urgent care service for adults **helped 73% of patients** who would have otherwise gone to the emergency department **safely receive care at home**.

NSW Health

In FY25, New South Wales adopted Healthdirect Video Call across all Local Health Districts (LHDs), Specialty Networks and statewide virtual emergency services.

It is expected that NSW consultations will average around 700,000 per year once the rollout is complete.

Continuous innovation

We are working with health partners to develop innovative real-time remote patient monitoring capabilities such as home spirometry, monitoring patient lung via Bluetooth-enabled home which allows the patient to avoid travel and the risk of infection.

We have also developed an add-on app which allows health practitioners to share a concise patient consultation summary with a patient before the end of a Video Call consultation. It is enriched with medical definition explanations drawn from the Healthdirect content library.

These designs leverage Healthdirect's existing technology capability, linking patients and clinicians for better health outcomes and increased productivity and efficiency.

Support remote access for culturally and linguistically diverse populations

As a member of the Digital Health Cooperative Research Centre Northern Territory Remote Care Project, Healthdirect is trialling digital solutions to improve access to care in remote Aboriginal communities in the Northern Territory. In August 2024 a tele-dentistry service started to provide consultations using Healthdirect Video Call, modelling a previously successful trial for women's health. Access to video-enabled virtual care minimises travel away from community and can easily accommodate family members and carers.

What's next

- Expanding the range of real-time monitoring devices
- Rollout the Patient Consult Summary more broadly

Delivering measurable value for the health system

Our strategic plan outlines a commitment to provide an evidence base that demonstrates a return on investment, while responding to government needs quickly and efficiently as a trusted set of hands.

Measuring value is achieved through data linkage, research and evaluations, which support service optimisation and our ability to respond quickly in an emergency.



Delivering measurable value for the health system

Data linkage

Healthdirect uses its data to continuously monitor the effectiveness of its services in connecting people to the right care, first time. We are investigating avenues to connect our rich data with hospital and general practice data to create better visibility of end-to-end consumer journeys, so we can rigorously evaluate the true impact of our services.

Working with our government shareholders, Healthdirect has become the first non-NSW Health or general practice entity to be able to link to Lumos in NSW, providing greater visibility across patient journeys that span primary and acute services. We have also linked to hospital data in Victoria and South Australia. Analysis of these linked datasets is underway, with results expected in the next financial year.

Evaluations

Evaluations of our services create welcome opportunities for better understanding and improvement.

Primary Care Pilots

Under the Department of Health, Disability and Ageing's Primary Care Pilot, some states and territories were provided funding to use Healthdirect as a virtual front door to the health system and expand Virtual GP. Findings from the Interim Evaluation Report of the virtual front door model were positive, showing that the model helps distribute demand appropriately across the health system and reduce pressure on EDs. It also showed that consumers living in regional and rural areas, where there is less access to healthcare, are more likely to use Healthdirect than those living in metro areas.

Residential Aged Care Homes pilot

The Department of Health, Disability and Ageing engaged Healthdirect to provide rostered nurses caring for residents at selected Residential Aged Care Homes (RACH) with a fast-track pathway for accessing telehealth GPs in the after-hours. The evaluation of the program showed that while improvements in awareness and process would enhance the service, the pilot was successful in effectively supporting care in place, with over three-quarters of consultations resulting in the RACH

nurse recommended to manage the care of the resident in situ. This aligns well with the goal of reducing avoidable ED presentations and providing safe, timely alternatives within RACH settings.

Medicare Mental Health pilot

Country to Coast Queensland PHN commissioned Healthdirect to deliver the Medicare Mental Health Helpline (formerly known as Head to Health) in the PHN's region. The service commenced in August 2023 supported by national infrastructure, standardised referral processes and a workforce of mental health-trained clinicians providing assessment and referral support. An evaluation of the service completed in 2025 showed that the model demonstrated early success as a regionally delivered, nationally aligned intake and referral service. There is potential for scalability in the longer-term to further support those experiencing mental health concerns to find the right local service to meet their needs.

Pregnancy, Birth and Baby review

The Department of Health, Disability and Ageing conducted a review of the Pregnancy, Birth and Baby service to determine its alignment with women-centred health policies. The review identified that the service is viewed positively by those who use it, with high levels of consumer satisfaction reported, especially with the maternal and child health

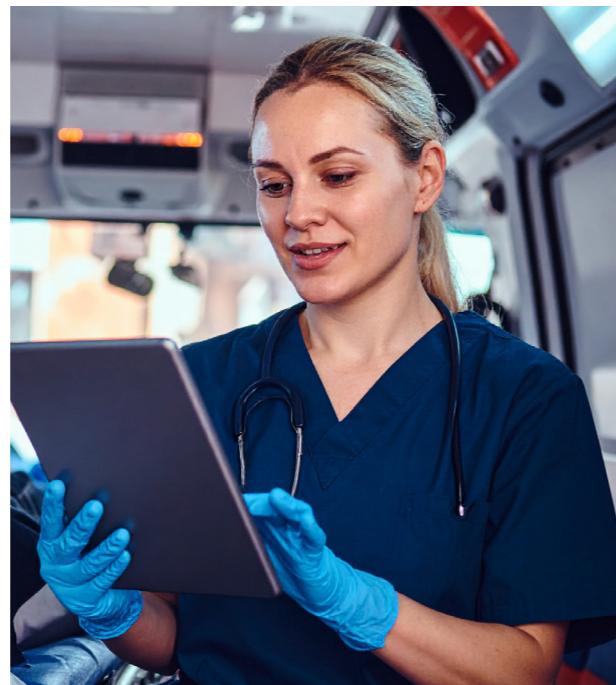
Delivering measurable value for the health system

nurses who deliver the service. The review also called out the need for the service to improve how it serves First Nations, remote and culturally and linguistically diverse communities. We are committed to listening, learning, and acting on this feedback and in FY26 we will work with the Department to ensure the service meets the needs of women.

Ambulance Victoria video assisted triage pilot

Ambulance Victoria receives 000 calls and completes a primary triage. Some calls require a second triage for further assessment. Ambulance Victoria identified a need for secondary triage practitioners to see the patient and environment. Ambulance Victoria conducted a three-month trial using Healthdirect Video Call, a technology already well-embedded in the Victorian health system.

 The pilot showed that using video increased diversion away from ambulance usage by 10%.



As a result of this success, video-based secondary triage has been adopted as standard practise for Ambulance Victoria, greatly improving resource allocation by reducing unnecessary ambulance usage and unnecessary ED presentations. 

Publications

Research partnerships and published papers allow Healthdirect's data and public health models to be accessed and inform policy and service design locally and internationally.

Impact of helpline on healthcare seeking behaviours

Research by the CSIRO's Australian e-Health Research Centre, co-authored by Curtis Plate, Head of New Service Delivery, Healthdirect, published in *Marketing Review Quarterly*, found the National Coronavirus Helpline, operated by Healthdirect Australia between 2019-

2023, was trusted by consumers and reduced unnecessary emergency department visits.

How AI is improving national virtual front doors

A policy commentary, co-authored by Healthdirect CEO Bettina McMahon finds that AI-enabled virtual front doors can solve major health care challenges by improving consumers' engagement in managing their own care, improving equity of access, reducing unwarranted variability in care pathways, and matching demand with available capacity, while at the same time reducing cost. 

Strengthening Virtual GP

Healthdirect provides virtual GP services via the Healthdirect nurse triage service. To more effectively manage this pathway, maintain the GP workforce sustainably and realise its potential, Healthdirect implemented an overhaul of its operational model in FY25. This included shifting to Healthdirect's contact centre management platform.

The virtual GP service integrates with national health infrastructure and recent work aims to make interoperability with other systems more seamless. GPs upload event summaries to My Health Record, supporting the *Modernising My Health Record (Sharing by Default) Act 2025*. They ensure continuity of care with a patient's regular GP by sending encounter summaries sent to the GP practice via secure message. Healthdirect's virtual GPs can provide e-scripts

through electronic script exchanges, which makes it easy for the consumer to use at the local pharmacy.

The service is also supported by national digital infrastructure, managed by Healthdirect, including the National Health Services Directory (NHSD) and Healthdirect Video Call, which provides consumers the option of a video-based consultation. 



Uploads to My Health Record increased by 13% in the months after the transition to the Healthdirect platform.

Healthdirect enhances access to services during natural disasters

As ex-Tropical Cyclone Alfred headed towards the Queensland and northern NSW coasts in March 2025, Healthdirect was part of a coordinated response to ensure people could continue to access health services.

We worked closely with the Department of Health, Disability and Ageing, NSW Health, Queensland Health and local Primary Health Networks (PHNs) to use our national infrastructure to meet the needs of local communities.

The coordinated response was repeated and refined in May when flooding in northern NSW impacted communities and caused significant disruption to infrastructure.

These crises highlight how virtual services can support communities when physical healthcare is risky to attend, or unavailable. 

Healthdirect's impact during ex-Tropical Cyclone Alfred



994 updates to the National Health Services Directory and Service Finder keeping consumers up-to-date with available health services in their area



150 calls a day from Queenslanders impacted by the crisis, through a partnership with the local service 13HEALTH



8000 website sessions across flood and cyclone health and safety, and mental health articles

ESG Report FY25

Healthdirect's commitment to a healthier Australia is underpinned by an understanding that our impact reaches far beyond our direct services, touching the community and environment we all share. This responsibility guides our operations and investment decisions, ensuring we manage our services transparently and accountably.

Building on the strong foundation of our Board-endorsed ESG Framework, established in 2024 and updated in 2025, we continue to enhance our ability to evaluate, measure, and report on our sustainability activities.

We are pleased to share our FY25 Environmental, Social, and Governance (ESG) Report, detailing key outcomes and achievements from the past year.

In New South Wales and Queensland, during and after ex-Tropical Cyclone Alfred, Healthdirect helped towns that were cut off from physical health services.

Hyserb / Shutterstock.com

ESG Report FY25

Environment

Climate change

Green technology

We have continued to transition our digital services, such as websites and online self-help health tools, to serverless architecture where appropriate. The subsequent reduction in downtime and quicker page loads reduce the associated energy consumption and environmental impacts of our digital presence, helping us to continue to provide quality services with a lower energy and emissions footprint.

Our cloud service partner AWS provides us with a 100% renewable energy package, providing an assurance that our data load on their energy consumption is provided through renewable sources.

Green building

In October of 2024, Healthdirect achieved the highest NABERS rating of 6 stars for our office tenancy. NABERS is a national rating system that measures the energy efficiency, water usage, waste management and indoor environment quality of a building or tenancy and its impact on the environment.

In our office, we have



Replaced lighting with bulbs that use **39% less energy**



Introduced a system that has **reduced landfill waste by 95%**

Adapt

Supporting the National Climate Resilience and Adaptation Strategy and National Health and Climate Strategy, our national services are part of a response to the increasing number of natural disasters. A coordinated hyper-local response was deployed twice in FY25 involves targeted content and information and ongoing access to care through virtual health services when physical access may be unavailable, inaccessible or unsafe to attend.

Innovate

This year, we developed the Virtual Health Emissions Measurement Framework, a modular and scalable tool for health services to support emissions measurement and reporting of their services.

Developed through consultations with representatives from across Australia's health system providing local insights, knowledge and data, we launched the framework and accompanying carbon emissions calculator in June 2025.

Using our emissions calculator, we estimate



The total estimated emissions impact of the Healthdirect service in FY25 is 1.7 kilotonnes of CO₂e, the equivalent of 11,653 economy passenger flights between Sydney and Melbourne.

Supply chain

To support the reduction of environmental impacts across our supply chain, Healthdirect is now leveraging a supplier monitoring tool to track and benchmark suppliers and provide alignment with our ESG objectives and principles. We monitor and assess the ESG credentials and compliance of our suppliers and are integrating this into our procurement processes to ensure we make sustainability led procurement decisions into the future.

We can also show that for every caller who avoids going to the emergency department Healthdirect saves an average of 10kg CO₂e, which is equivalent to the emissions generated by driving 40 kilometres from the NSW suburb of Bondi Beach to the Western Sydney suburb of Liverpool.

This work has been recognised through the *Australian Financial Review*, with Healthdirect named a 2025 Sustainability Leader in the Professional Services, Engineering, Advisory and Health category.

Inform

The Virtual Health Emissions Measurement Framework has allowed us to support shareholders and government partners to calculate the emissions they avoid from transitioning clinically appropriate in-person health services to virtual low carbon alternatives. Detailed reports were provided to all states and territories about the environmental impact of Healthdirect as a virtual health service. This information fills a critical gap in understanding how they can make meaningful contributions to their government emissions reductions targets. 

Social

Future of work

Employee wellbeing

The FY25 Staff Engagement survey results showed improvement in engagement score (83% up from 79% in FY24), with Healthdirect in the top 25% of organisations for engagement in Australia. This progress is the result of collective efforts to address specific areas identified for focus, including better communication about strategic priorities, managing change, and leadership.



Our FY25 Staff Engagement Survey had a record high participation rate of 95%, showing our people have a genuine interest in contributing to the continual improvement of their working environment.

Gender equity

In the FY25 engagement survey, 89% of staff said they feel their gender is not a barrier to success. We actively target gender equity across recruitment, promotions and remuneration. In the past year, this approach has delivered measurable results with the average gender pay gap reduced from 21.3% to 17.2%, and the median salary gap reduced from 27.7% to 26.3%. This brings Healthdirect in line with the average for the Technology sector of 17.2% and below the national average of 21.8% by 4.6 points. The positive decrease from last year is also reflected in the hiring of five female employees in senior roles bringing an equal gender balance at our most senior levels. We recognise that there is still work to do within Healthdirect, and across the economy, to bring down the gender pay gap.

Building for future capability

Our leaders benefit from world-class, award-winning learning opportunities and this year the focus has been on creating adaptability to a changing working environment. An internally-run change management course for our leaders focused on embedding AI into the business, lifting confidence in AI adoption and managing through times of change.



91% of leaders participated in the change management leadership course



9% increase in employee confidence in the organisation's ability to manage and thrive through periods of change (up from 63% to 72% in the engagement survey).

Healthdirect has a well-established holistic Wellbeing program focused on inclusive consultation. We have a strong psychosocial safety environment, which is demonstrated through consistently strong scores in the engagement survey increased from 85% to 87% in FY25. This year the program introduced men's and women's health engagement streams to assist in the creation of targeted health initiatives.

A series of privacy, cyber and risk education activities throughout the year reminded our people of their daily responsibilities as the first and last line of defence for the security of our data and the consumer data we hold and manage.

Health system capacity

During public health emergencies, we have developed a streamlined, efficient and timely service model, that enabled the Healthdirect service to support expanded operating hours of referral pathways, such as virtual emergency services.

We actively contribute to workforce capacity management across the health system by being sensitive to the shortage of nurses and doctors – offering shorter shifts, flexible working arrangements, managing burnout between jobs through shift scheduling. Further, by reviewing the market for opportunities to extend our panel of providers, we spread the load across multiple employers of clinical staff, alleviating pressure on other parts of the health system.



Equity

Our Strategic Plan requires us to seek out and remove access barriers to quality free healthcare. We worked with the Northern Territory Health Department to launch a bespoke care pathway aimed at increasing access to care for Aboriginal and Torres Strait Islander communities living in remote areas.

Through deep insights into our data, we are developing a fuller picture of who our services are serving well and who is missing out. Geo-spatial analysis of our data cross-references national socio-economic, language and location, with usage of our services, showing where the gaps are. We have conducted research with culturally and linguistically diverse populations to understand their perceptions of AI-powered translation and interpreter services before we select and deploy solutions. 

Governance

Trust

Corporate governance

In FY25, we implemented a new governance model that consolidates and realigns internal committees to streamline decision-making and strengthen organisational accountability. This governance transformation marks a significant step toward making Healthdirect more agile, efficient and collaborative, while maintaining our commitment to the delivery of safe, high-quality services.

AI transparency statement

Healthdirect has published an AI Transparency statement that provides information on how AI is implemented across our services and consumer touchpoints.

Safety and quality statement for technology

We have published a statement outlining the technology we manage, how we manage it and the technology partners that underpin our services.

Sustainable sourcing

Our Supplier Code of Conduct sets out a consolidated view of the minimum standards of behaviour that Healthdirect Australia expects its suppliers to meet in the areas of labour and human rights, health and safety, sustainability, business integrity, privacy and supplier diversity.

In FY25, we continued to use and embed our third-party risk management framework that enables us to identify, assess and control risks, such as modern slavery and ESG risks through the supply chain. This process ensures our suppliers are resilient and sustainable, mitigating upstream operational and cyber risks, and alignment with our policy position and risk appetite. The third-party risk management framework was nominated for an industry award for excellence.

Internal audit and risk

The internal audit and risk function is overseen by the Board's Finance, Risk Management and Audit Committee. Healthdirect is committed to maintaining robust financial integrity, risk management and internal controls. This supports our strategic objectives, enhances governance, promotes compliance, ensures accountability and improves decision-making.

In FY25, the rolling 3-year Internal Audit and Fraud Control Delivery program looked at procurement, content maintenance, records management, fraud and vendor workforce employment management and data quality.

Integrity

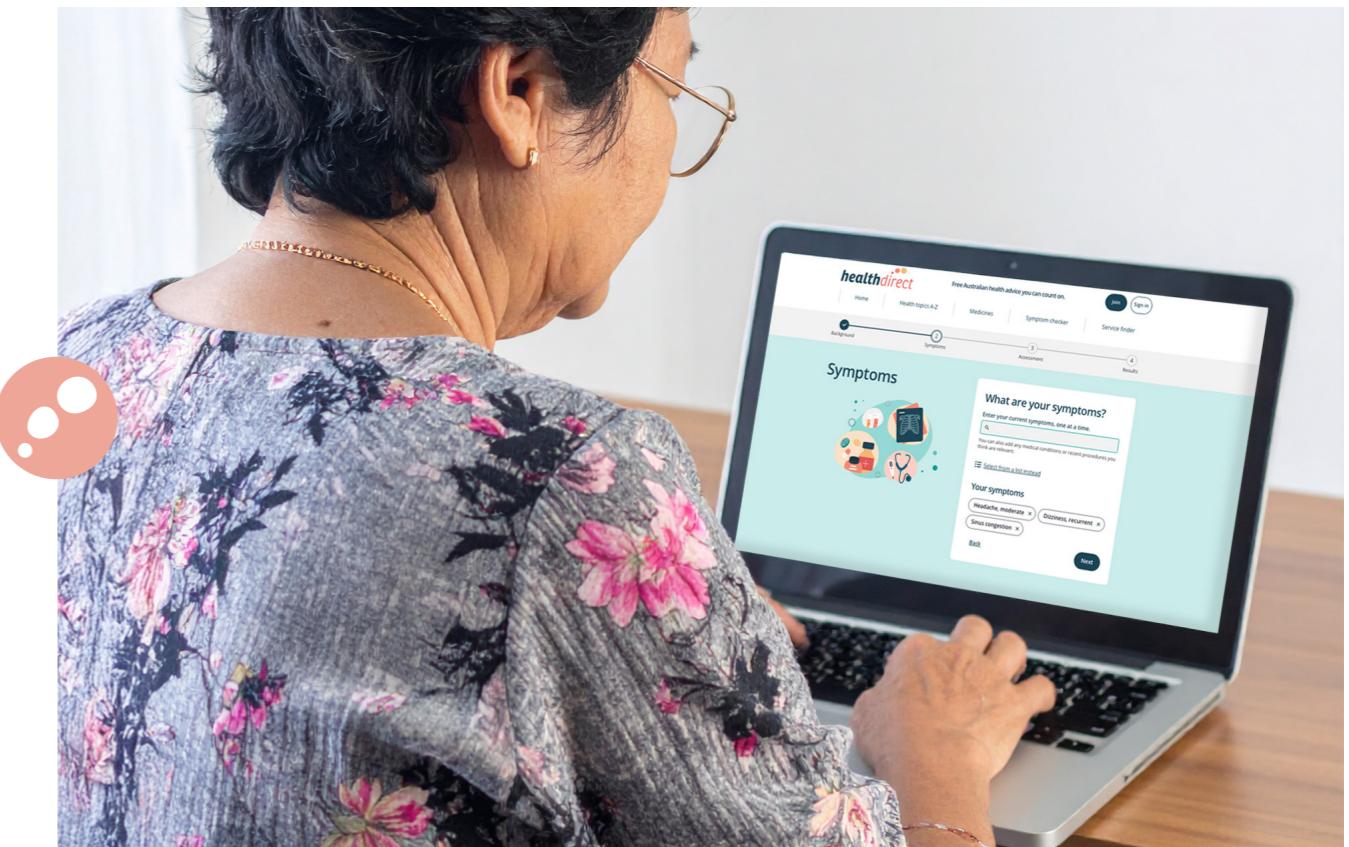
Clinical governance

The clinical governance function is overseen by the Board's Clinical Governance Committee. All services managed by Healthdirect adhere to our Clinical Governance and Quality Framework, Australian clinical practice guidelines and protocols to ensure the highest level of quality and safety for users.

An internal governance restructure created co-Chair positions – Chief Medical Officer and Chief Operating Officer - at key meetings to ensure balanced focus on safety and quality of service operations across the business.

International knowledge sharing program

Healthdirect participation in the national and global thought-leadership forums contributes to the global virtual care knowledge base, showcase innovative solutions, and compare performance with other health systems.



Privacy and security

Privacy

Healthdirect collects and holds personal health information as part of our delivery of services, and we take our duty seriously to ensure proper safeguarding and appropriate decision-making about how that data is used. We prioritise responsible data handling and management practices and collect only the information necessary for the provision of services.

In FY25, we developed the Consent and Data Use Framework to guide the ethical and legal sharing of data, with defined risk-based controls for data access and use. This piece of work is critical to supporting our strategic imperative to develop stronger partnerships through data and insights.

Healthdirect's Privacy Policy and Privacy Statements are published on the website providing transparency about how we manage consumer information.

There were no notifiable breaches of privacy in FY25.

Security

Healthdirect continues to maintain a robust cybersecurity stance, particularly crucial in the health sector where cyber threats are prevalent. In line with our commitment to proactive security measures, we introduced an Internal Security Operations Center, enhancing our capabilities in threat detection and prevention. Additionally, we have implemented advanced AI safeguards to protect data integrity amidst increased AI integration.

To mitigate risks associated with third-party vendors, we have enhanced and streamlined our regular third-party reviews. These improvements ensure better risk management, compliance, and oversight, crucial for safeguarding sensitive information and maintaining trust with our partners.

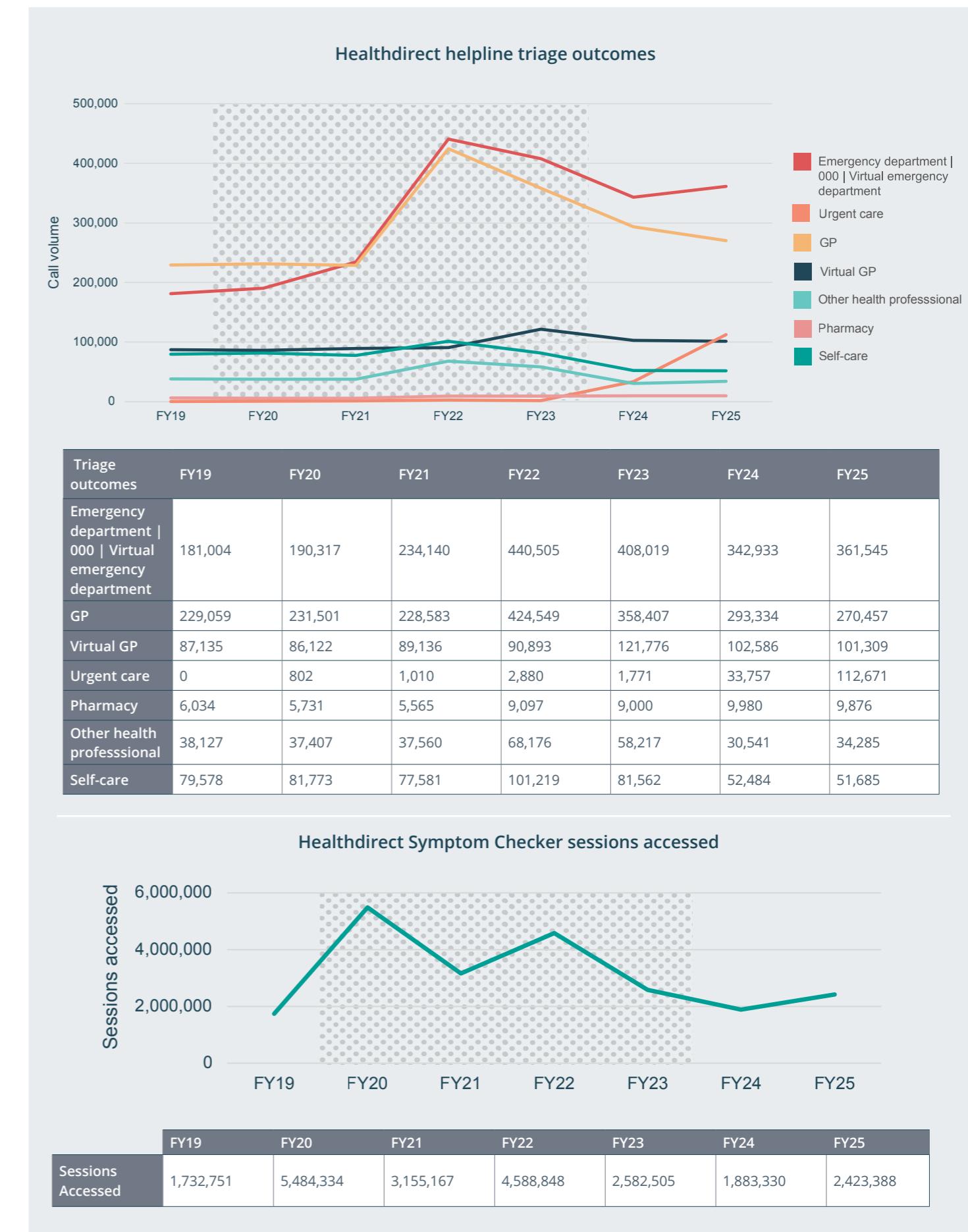
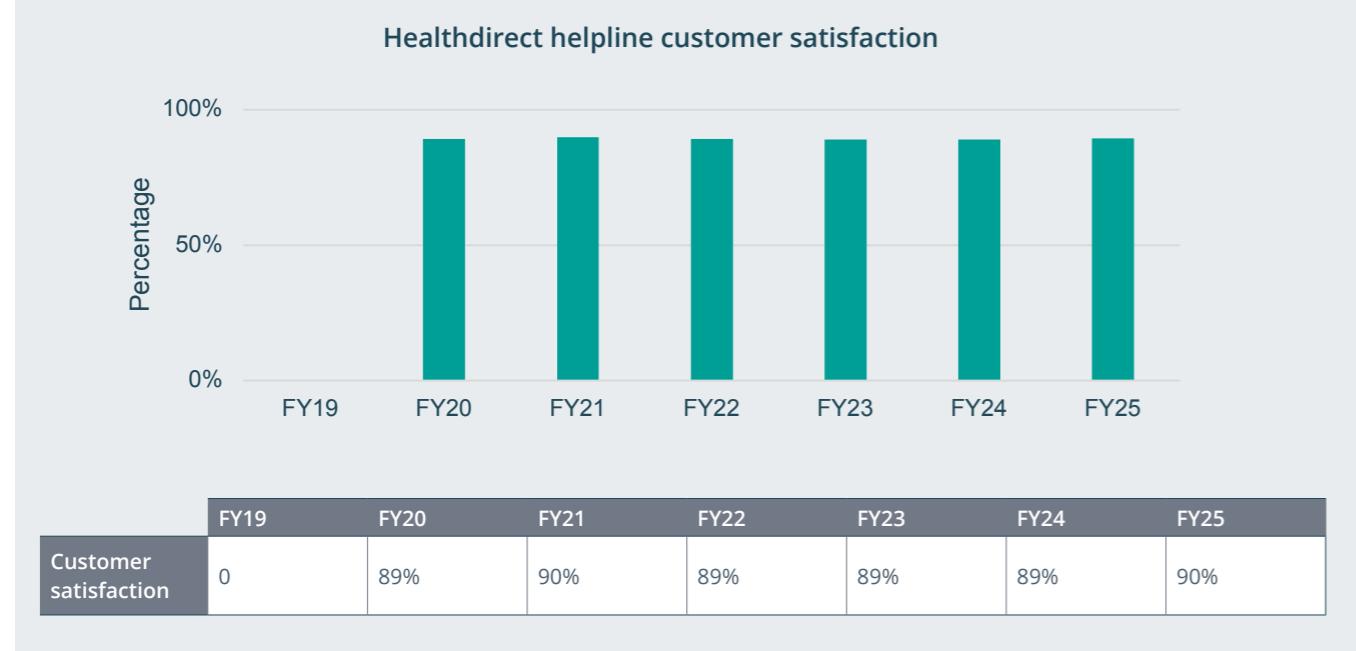
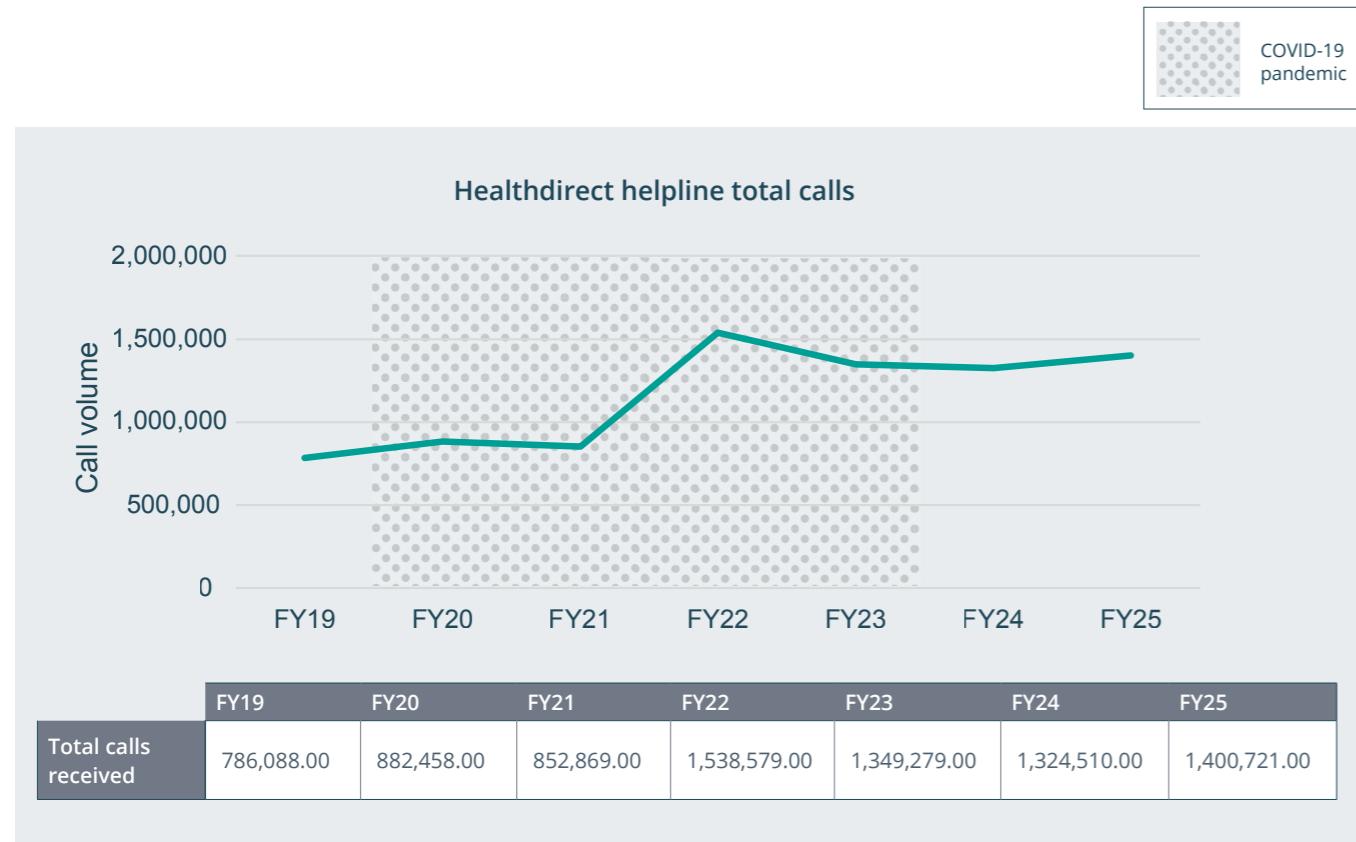
Our cyber security initiatives are overseen by the Board, and we remain proud of our cyber security record in FY25. This accomplishment reflects our commitment to excellence and proactive security strategies.



Appendix

Healthdirect Australia service data

This appendix provides historical service data for the Healthdirect, Pregnancy, Birth & Baby, and My Aged Care helplines for FY19-FY25. This data period includes the COVID-19 pandemic where our services experienced increased demand. Across all services demand is higher in FY25 than pre-pandemic levels, showing stronger awareness and familiarisation of virtual health services.



Appendix



Financial statements

Directors' report	35
Auditor's independence declaration	43
Independent auditor's report to the members	44
Directors' declaration	46
Financial statements	47
Statement of comprehensive income	47
Statement of financial position	48
Statement of changes in equity	49
Statement of cash flows	50
Notes to the financial statements	51
Consolidated entity disclosure statement	65

These financial statements are the financial statements of Healthdirect Australia Limited as an individual entity. The financial statements are presented in Australian dollars. Healthdirect Australia Limited is domiciled in Australia. Its registered office and principal place of business is:

Level 4
477 Pitt Street
Sydney
NSW 2000

The financial statements were authorised for issue by the Directors on 28 October 2025. 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 2025.

Directors

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

C Kilpatrick
S Duckett
P Lewinsky
S Walsh

The following persons were Directors of the Company from 1 May 2025 up to the date of this report:

E Kirkpatrick
E MacLeod

The following person were Directors of the Company from 1 January 2016 to 31 December 2024:

J Muirsmith

The following person was Director of the Company from 1 January 2023 to 31 December 2024:

R Taggart

Information on Directors as at the date of this report

Professor Christine Kilpatrick AO, Chair
Appointed Director January 2023 – December 2025
Appointed Chair January 2025

Professor Kilpatrick had a 20-year career as a senior executive, including 15 years as a chief executive, most recently Chief Executive Royal Melbourne Hospital. Prior to these appointments she was a neurologist, specialising in epilepsy, working in both public and private practice.

Professor Kilpatrick is also Chair of the Royal Children's Hospital Melbourne, Chair of the Australian Commission on Safety and Quality in

Health Care, Board Director of Victorian Managed Insurance Authority and Central Adelaide Local Health Network. Professor Kilpatrick is an Enterprise Professor Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne.

She was awarded a Centenary Medal in 2001 and in 2019 appointed an Officer of the Order of Australia.

Academic and Professional Qualifications

Doctor of Medical Science (honoris causa) (DMedSci (Hon))
Doctor of Medicine (MD)
Bachelor of Medicine, Bachelor of Surgery (MBBS)
Master of Business Administration (MBA)
Fellow of the Australian Institute of Company Directors (FAICD)
Fellow of the Royal Australasian College of Medical Administrators (FRACMA)
Fellow of the Australian Academy of Health and Medical Science (FAHMS)
Fellow of the Royal Australasian College of Physicians (FRACP)
Honorary Fellow of the Australasian College of Health Service Management (FCHSM(Hon))

Special responsibilities

Chair of the Board of Directors
Chair of the Clinical Governance Committee
(appointed Member 1 January 2023 to 30 April 2025)
appointed Chair (1 March 2024 to 28 February 2025)

Dr Stephen Duckett AM, Director

Appointed Director January 2023 – December 2025

Dr Duckett is a health economist, renowned for designing and introducing evidence-based innovation and reform in areas ranging from the introduction of activity-based funding for hospitals to new systems of accountability for the safety of hospital care.

Dr Duckett has been a leader in health care operations and policy in Australia and Canada, including as a past Secretary of the Australian Department

of Health. He has published works in areas of improving paying for hospital care and access to primary care in rural and remote Australia.

Dr Duckett is an Emeritus Professor of Health Policy at La Trobe University, Chairperson of South Australia's Health Performance Council and a Life Member of the Australian College of Health Service Executives.

Academic and Professional Qualifications

Master of Health Administration (MHA)

Doctor of Philosophy (PhD)

Doctor of Science (DSc)

Life Member of the Australian College of Health Service Executives

Fellow of the Australian Institute of Company Directors (FAICD)

Fellow of the Academy of the Social Sciences in Australia (FASSA)

Fellow of the Australian Academy of Health and Medical Sciences (FAHMS)

Special responsibilities

Member of the Finance, Risk Management and Audit Committee (appointed Member 1 January 2023)

Mr Peter Lewinsky AM, Director

Appointed Director July 2024 – June 2027

Mr Lewinsky is an experienced board and committee Chair and member. He has an extensive private and public sector career spanning investment banking, corporate and government advisory and stockbroking, both in Australia and internationally. Over the past 30 years, he has been appointed across various Victorian Government departments in governance roles, often as a finance, audit and risk and integrity specialist and including in Administrator roles.

Mr Lewinsky is currently a board member of Early Childhood Management Systems and Emmy Monash Aged Care, National Blood Authority, Chair of Holmesglen Foundation, a former Chair of Holmesglen Institute, and a former board member of Ambulance Victoria.

Mr Lewinsky also holds appointments as Chair of

Audit and Risk Committees, of the Department of Energy, Environment and Climate Action, Department of Jobs, Skills, Industry and Regions, Directorate of Environment, Planning and Sustainable Development, the Environment Protection Authority, Essential Services and Labour Hire Authority.

Academic and Professional Qualifications

Bachelor of Economics (BEc)

Master of Business Administration (MBA)

Fellow of Chartered Accountants

Australia and New Zealand (FCA)

Fellow of the Australian Institute of

Company Directors (FAICD)

Special responsibilities

Chair of the Finance, Risk Management and Audit Committee (appointed Member 1 July 2024, appointed Chair 1 July 2024)

Ms Sabrina Walsh, Director

Appointed Director July 2024 – June 2027

Ms Walsh has extensive experience in health service delivery and digital health. Originally a clinical psychologist, she moved into policy and then consulting roles. Past roles include Chief Information Officer roles in Queensland and NSW and area health service chief executive roles in Queensland. More recently, she was a member and then Chair, of the Sunshine Coast Hospital and Health Service Board in Queensland.

Ms Walsh is passionate about using technology to improve health outcomes and combines practical experience with strategic insights and governance expertise.

Academic and Professional Qualifications

Graduate of the Australian Institute of Company Directors (GAICD)

Master of Applied Psychology (Mapp (Psych))

Executive Master of Public Administration (EMPA)

Special responsibilities

Chair of the Clinical Governance Committee (appointed Member 1 July 2024, appointed Chair 1 March 2025)

Dr Emily Kirkpatrick, Director

Appointed Director May 2025 – December 2027

Dr Kirkpatrick is a highly regarded general practitioner, medical administrator and leader across the public, private and academic health systems.

Dr Kirkpatrick is a Non-executive Director of the Southern Adelaide Local Health Network, Australian Medical Association (SA), UNE Life, the Managing Director of the EKology Group and a Senior Clinical Lecturer at the Australian Institute for Machine Learning, where she applies her clinical governance expertise to advancing health technologies.

Dr Kirkpatrick's past roles include Deputy Chief Medical Officer, Deputy Chief Public Health Officer and Executive Director of Community and Primary Care Partnerships within SA Health. She was critical in leading South Australia's COVID-19 response as the COVID Community Commander and establishing virtual hospital care.

Academic and Professional Qualifications

Bachelor of Medicine (BMed)

Master of Public Health (MPH)

Master of Medicine (Skin Cancer) (MMed)

Master of Business Administration (MBA (Health Management))

Master of Health Administration (MHA)

Fellow of the Royal Australian College of General Practitioners (FRACGP)

Fellow of the Royal Society for Public Health (FRSPH)

Fellow of ISQua International Society for Safety and Quality in Health Care (FISQua)

Fellow of Royal Australasian College of Medical Administrators (FRACMA)

Fellow of the Australasian College of Health Service Management (FCHSM)

Graduate of the Australian Institute of Clinical Governance (AICGG)

Graduate of the Australian Institute of Company Directors (GAICD)

Diploma of Child Health (DCH)

Graduate Certificate Health Professional Education (GCHPE)

Certified Health Informatician (CHIA)

Special responsibilities

Member of the Clinical Governance Committee (appointed Member 1 May 2025)

Ms Elizabeth MacLeod PSM, Director

Appointed Director May 2025 – December 2027

Ms MacLeod is a physiotherapist by background with extensive experience in healthcare starting with and founded by the provision of care. She has been a senior leader in Health for approximately 15 years and most recently Chief Executive of the East Metropolitan Health Service in Western Australia from 2016-2023. During this time, Ms MacLeod played a pivotal role in WA's response to COVID-19 as Chief Executive for COVID-19 Health Operations, where she led the coordination and oversight of activities carried out by WA's healthcare providers in response to the pandemic.

Ms MacLeod was recognised for her excellence in public service leadership when she was awarded the Public Service Medal (PSM) in 2023, Institute of Public Administration Australia (IPAA) Patrons Award 2023, the Australian College of Health Service Management (ACHSM) WA Branch Presidents Award 2023 and the Leader of the Year working within a division, team or organisation at the 2021 Institute of Public Administration Australia (IPAA) Achievement Awards.

Academic and Professional Qualifications

Bachelor of Applied Science (Physiotherapy) (BAppSc (Phys))

Master of Health Administration (MHA)

Fellow of the Australasian College of Health Service Management (FCHSM)

Graduate of the Australian Institute of Company Directors (GAICD)

Fellow of the Institute of Public Administration Australia (FIPAA)

Special responsibilities

Member of the Finance, Risk Management and Audit Committee (appointed Member 1 May 2025)

Member of the Clinical Governance Committee (appointed Member 1 August 2025)

Information on Directors from January 2016 to 31 December 2024

Mrs Jane Muirsmith, Chair

Appointed Director January 2016 – December 2019

Appointed Chair January 2020

Reappointed Director January 2020 – December 2022

Reappointed Director January 2023 – December 2023

Reappointed Director January 2024 – December 2024

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 (CWP), Australian Finance Group (AFG) and The Kids Research Institute Australia.

Mrs Muirsmith is a member of the UWA Business School's Ambassadorial Council and a former President of the Western Australian Women's Advisory Council to the Minister for Women's Interests.

Academic and Professional 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)

Member of the Australasian Institute of Digital Health (MAIDH)

Special responsibilities

Chair of the Board of Directors (appointed

1 January 2020 to 31 December 2024)

Information on Directors from January 2023 to 31 December 2024

Mr Richard Taggart, Director

Appointed Director January 2023

Mr Taggart has more than 20 years' experience as a transformative leader in digital health.

Mr Taggart is National Director ICT and Digital at Calvary Healthcare and Independent Chair of Australian Stroke and Heart Research Accelerator, which brings together researchers and industry investors to translate research into new benefits for patients. He has extensive experience in digital health, innovation and operation of large-scale service delivery.

Academic and Professional Qualifications

Master of Pharmacy (MPharm) (Hons)

Master of Business Administration Healthcare Management (MBA Healthcare)

Fellow of the Australian Institute of Digital Health (FAIDH)

Special responsibilities

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

1 January 2023 to 31 December 2024)

Information on Chief Executive Officer and Company Secretary

Ms Bettina McMahon, Chief Executive Officer

Appointed March 2021

Ms McMahon has considerable experience in digital transformation in the health sector and an extensive record of accomplishment in delivering major reforms in complex regulatory and stakeholder environments. Prior to joining Healthdirect Australia, Ms McMahon was the Interim Chief Executive Officer at the Australian Digital Health Agency, where she had also held roles as the Chief Operating Officer and Executive General Manager for Industry and Government. She was the Chair of the Board of the Australasian Institute of Digital Health until September 2024 and has been a Director on the Management Board of SNOMED International from October 2024.

Academic and Professional Qualifications

Master of Business Administration (IT Management)

Master of Public Policy

Graduate Diploma in Applied Finance

Fellow of the Australian Institute of Digital Health (FAIDH)

Mr Nathan Bartrop, Company Secretary Appointed May 2024

Mr Bartrop is a corporate governance professional with over 15 years' experience in compliance, corporate advisory and corporate governance. He has assisted publicly listed companies, not for profit entities, and unlisted and private companies in Perth and Sydney across a wide spectrum of industries. Mr Bartrop is also a lecturer in the subject Corporate Accountability, Meetings and Disclosure, WA State Council Member and member of the Corporate and Legal Issues Committee at Governance Institute of Australia.

Academic and Professional Qualifications

Bachelor of Laws (LLB)

Bachelor of Commerce (BCom)

Graduate Diploma of Applied Corporate Governance (GradDip ACG)

Fellow of the Governance Institute Australia (FGIA)

Fellow of the Chartered Governance Institute (FCG)

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 2025, and the number of meetings attended by each Director are detailed in the table below.

	Full meetings of Directors		Finance, Risk Management and Audit Committee		Clinical Governance Committee	
	A	B	A	B	A	B
J Muirsmith	3	3	N/A	N/A	N/A	N/A
P Lewinsky	7	7	5	5	N/A	N/A
S Walsh	7	7	N/A	N/A	5	5
S Duckett	7	7	5	5	N/A	N/A
R Taggart	3	3	2	2	N/A	N/A
C Kilpatrick	7	7	1	2	4	4
E Kirkpatrick	2	2	N/A	N/A	0	1
E MacLeod	2	2	1	1	N/A	N/A

A = Number of meetings attended.

B = Number of meetings held during the time the Director held office.

Principal activities

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

- Establish and manage virtual health services on behalf of the governments of Australia.
- Provide the Australian public access to the right health advice and the most appropriate health services for their needs, when and where they need it.

Operations

A summary of the Company's operations is contained on pages 2-33.

Operating results

The Company continued to deliver virtual health services to the Australian public on behalf of government shareholders and funders in this financial year.

These services include the Health Information and Advice Service (HIAS), My Aged Care, virtual GP services, Medicare Mental Health, Pregnancy Birth and Baby service and the National Health Services Directory.

Through 2024 and 2025 we have continued to engage with the Commonwealth and State Health Departments to broaden the value of the virtual front door model. This model positions HIAS as the virtual front door to the health system, including urgent

care clinics, virtual emergency departments, GPs and virtual GPs and self-care advice. The virtual front door model supports jurisdictional health initiatives to reduce demand on emergency departments and is now operating in four states. The service is continuing to divert consumers to appropriate care and reduce the burden on hospital emergency departments.

In this financial year, significant effort went into scaling up and preparing the My Aged Care contact centres to support changes under the new Aged Care Act.

Healthdirect Video Call has been adopted as the clinical video technology of choice by the NSW Ministry of Health, significantly expanding the reach and number of consultations hosted on this technology platform.

The Company continued to invest in its foundational technology, transitioning virtual GP services to the contact centre operating platform.

The governments of Australia have realised the long-term and scalable impact Healthdirect can have on matching demand with supply across the health system. The Australian Government has committed to increase access and awareness of the nurse helpline and virtual GPs through Healthdirect.

The Company recorded an operating profit before tax of \$199,987. The primary reason for this profit is the normal adjustment made to reflect the difference between the lease related expenses and the funding we receive for lease payments and other related lease expenses.

Other than the impact of lease accounting the balance of the operating result is effectively nil because 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 unearned revenue in accordance with the revenue recognition standard, AASB 15.

Government grants – economic dependence

The Company is governed by the current Governance Agreement (Agreement), which took effect on 15 October 2022 (and updated in October 2023 for the inclusion of Queensland). The agreement has an expiry date of 30 June 2026, with an extension option of two four-year periods. The Company is currently negotiating the renewal of the Agreement beyond 30 June 2026 and has written advice from the shareholders of their intention to provide a one-year extension to 30 June 2027. Following a meeting of Health Ministers on 12 September 2025 they issued a communication that "reaffirmed their commitment to Healthdirect Australia and noted the Commonwealth's commitment to the establishment of a nationally consistent virtual care Medicare branded service". A one year extension will provide time to finalise the full details of this policy. Further details are in Note 1(p) in the Notes to the Financial Statements.

Dividends and distributions

The Company did not pay, recommend or declare 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 effected Directors and Officers insurance and paid the premium.

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

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.

Consolidated entity disclosure

For the purposes of section 295(3A) of the *Corporations Act 2001 (Cth)*, Healthdirect Australia Ltd had no controlled entities at 30 June 2025 and is not required by Australian Accounting Standards to prepare consolidated financial statements. Accordingly, paragraph 295(3A)(a) does not apply. The Consolidated entity disclosure statement in the financial report provides the required statement under 295(3A)(b).

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 43.

Auditor

Grant Thornton Audit Pty Ltd 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)*.



C Kilpatrick
Chair
Sydney
28 October 2025

Auditor's Independence Declaration



Grant Thornton Audit Pty Ltd
Level 26
Grosvenor Place
225 George Street
Sydney NSW 2000
Locked Bag Q800
Queen Victoria Building NSW
1230
T +61 2 8297 2400

Auditor's Independence Declaration

To the Directors of Healthdirect Australia Ltd

In accordance with the requirements of section 307C of the *Corporations Act 2001*, as lead auditor for the audit of Healthdirect Australia Ltd for the year ended 30 June 2025, I declare that, to the best of my knowledge and belief, there have been:

- a. no contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
- b. no contraventions of any applicable code of professional conduct in relation to the audit.



Grant Thornton Audit Pty Ltd
Chartered Accountants



Andrew Riggle
Partner – Audit & Assurance
Sydney, 28 October 2025

www.grantthornton.com.au
ACN-130 913 594

Grant Thornton Audit Pty Ltd ACN 130 913 594 a subsidiary or related entity of Grant Thornton Australia Limited ABN 41 127 556 389 ACN 127 556 389. 'Grant Thornton' refers to the brand under which the Grant Thornton member firms provide assurance, tax and advisory services to their clients and/or refers to one or more member firms, as the context requires. Grant Thornton Australia Limited is a member firm of Grant Thornton International Ltd (GTIL). GTIL and the member firms are not a worldwide partnership. GTIL and each member firm is a separate legal entity. Services are delivered by the member firms. GTIL does not provide services to clients. GTIL and its member firms are not agents of, and do not obligate one another and are not liable for one another's acts or omissions. In the Australian context only, the use of the term 'Grant Thornton' may refer to Grant Thornton Australia Limited ABN 41 127 556 389 ACN 127 556 389 and its Australian subsidiaries and related entities. Liability limited by a scheme approved under Professional Standards Legislation.

Independent auditor's report to the members



Independent Auditor's Report

To the Members of Healthdirect Australia Ltd

Report on the audit of the financial report

Opinion

We have audited the financial report of Healthdirect Australia Ltd (the Company) which comprises the statement of financial position as at 30 June 2025, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information, the consolidated entity disclosure statement and the Directors' declaration.

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

- giving a true and fair view of the Company's financial position as at 30 June 2025 and of its performance for the year ended on that date; and
- complying with Australian Accounting Standards *AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* 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 *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.

www.grantthornton.com.au
ACN-130 913 594

Grant Thornton Audit Pty Ltd ACN 130 913 594 a subsidiary or related entity of Grant Thornton Australia Limited ABN 41 127 556 389 ACN 127 556 389. 'Grant Thornton' refers to the brand under which the Grant Thornton member firms provide assurance, tax and advisory services to their clients and/or refers to one or more member firms, as the context requires. Grant Thornton Australia Limited is a member firm of Grant Thornton International Ltd (GTIL). GTIL and the member firms are not a worldwide partnership. GTIL and each member firm is a separate legal entity. Services are delivered by the member firms. GTIL does not provide services to clients. GTIL and its member firms are not agents of, and do not obligate one another and are not liable for one another's acts or omissions. In the Australian context only, the use of the term 'Grant Thornton' may refer to Grant Thornton Australia Limited ABN 41 127 556 389 ACN 127 556 389 and its Australian subsidiaries and related entities. Liability limited by a scheme approved under Professional Standards Legislation.

Grant Thornton Audit Pty Ltd
Level 26
Grosvenor Place
225 George Street
Sydney NSW 2000
Locked Bag Q800
Queen Victoria Building NSW
1230
T +61 2 8297 2400

Information other than the financial report and auditor's report thereon

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 2025, 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 – *AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities*, and the *Corporations Act 2001* (other than the consolidated entity disclosure statement); and
- the consolidated entity disclosure statement that is true and correct in accordance with 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; and
- the consolidated entity disclosure statement that is true and correct and is free of misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the Company's ability 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.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

Grant Thornton Audit Pty Ltd
Chartered Accountants

Andrew Rigele
Partner – Audit & Assurance
Sydney, 28 October 2025

Directors' declaration

In the Directors' opinion:

A. The financial statements and notes set out on pages 47 to 65 are in accordance with the *Corporations Act 2001 (Cth)*, including:

- Complying with Accounting Standards - Simplified Disclosures, the *Corporations Regulations 2001 (Cth)* and other mandatory professional reporting requirements.
- Giving a true and fair view of the Company's financial position as at 30 June 2025 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.
- A consolidated entity disclosure statement required by section 295(3A) is included in the annual financial report for the year ended 30 June 2025. As the Company has no controlled entities, paragraph 295(3A)(a) does not apply and the disclosure is made under 295(3A)(b).

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.



C Kilpatrick
Chair
Sydney
28 October 2025

Statement of comprehensive income

	Notes	2025 (\$)	2024 (\$)
Revenue from contracts with customers	3	197,902,370	182,468,511
Other income	4	8,998,397	8,949,248
Expenses			
Call centre costs		(134,391,511)	(120,723,909)
Employee benefit expenses	5	(51,528,746)	(50,026,726)
Consultancy fees		(1,171,088)	(986,418)
Outsourcing fees		(2,192,843)	(1,587,344)
Legal, risk management and audit fees		(495,997)	(607,455)
Website management		(759,500)	(803,171)
Design, develop and build		(298,516)	(1,179,347)
Technology support		(10,858,820)	(10,575,362)
Travel		(417,722)	(305,262)
Marketing and advertising		(632,356)	(747,971)
Office cost		(864,318)	(772,621)
Insurance		(564,901)	(596,621)
Interest expense		(285,942)	(254,553)
Other expenses		26,904	24,380
Depreciation and amortisation expense	5	(2,265,424)	(2,472,444)
Total expenses		(206,700,780)	(191,614,824)
Profit/(Loss) before income tax		199,987	(197,065)
Income tax (expense)/benefit	6	(59,996)	57,010
Profit/(Loss) from continuing operations		139,991	(140,055)
Profit/(Loss) for the year and total comprehensive profit/(loss) for the year		139,991	(140,055)
Profit/(Loss) is attributable to:			
Shareholders of Healthdirect Australia Ltd		139,991	(140,055)
Total comprehensive profit/(loss) for the year is attributable to:		139,991	(140,055)
Shareholders of Healthdirect Australia Ltd		139,991	(140,055)

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

Statement of financial position

	Notes	2025 (\$)	2024 (\$)
ASSETS			
Current assets			
Cash and cash equivalents	7	94,391,741	94,497,216
Trade and other receivables	8	66,158,991	15,847,149
Prepayments		3,075,744	2,188,294
Contract asset		780,848	2,028,756
Financial assets at amortised cost	9	-	2,677,720
Total current assets		164,407,324	117,239,135
Non-current assets			
Financial assets at amortised cost	10	1,015,561	1,015,561
Property, plant and equipment	11	855,708	1,210,405
Right-of-use assets	12	2,388,460	4,003,388
Deferred tax assets	17	2,067,346	1,808,741
Prepayments		14,819	-
Total non-current assets		6,341,894	8,038,095
Total assets		170,749,218	125,277,230
LIABILITIES			
Current liabilities			
Trade and other payables	13	23,249,537	32,420,720
Unearned revenue	14	136,339,928	80,991,385
Employee benefits obligation	15	2,901,470	2,711,166
Lease liability	12	1,626,921	1,449,047
Other current liabilities	16	16,006	14,403
Total current liabilities		164,133,862	117,586,721
Non-current liabilities			
Deferred tax liabilities	17	1,888,638	1,570,037
Employee benefits obligation	18	743,360	714,406
Provision for lease make good	12	1,202,768	1,138,545
Lease liability	12	2,722,431	4,349,353
Total non-current liabilities		6,557,197	7,772,341
Total liabilities		170,691,059	125,359,062
Net assets		58,159	(81,832)
EQUITY			
Contributed equity	19	504	504
Retained surplus		57,655	(82,336)
Total equity		58,159	(81,832)

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

Statement of changes in equity

	Notes	Contributed equity (\$)	Retained earnings (\$)	Total equity (\$)
Balance at 1 July 2023		448	57,719	58,167
Shares		56	-	56
(Loss) for the year		-	(140,055)	(140,055)
Balance at 30 June 2024		504	(82,336)	(81,832)
Balance at 1 July 2024		504	(82,336)	(81,832)
Profit for the year		-	139,991	139,991
Balance at 30 June 2025		504	57,655	58,159

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

Statement of cash flows

	Notes	2025 (\$)	2024 (\$)
Cash flows from operating activities			
Receipts from funding agreements and lease incentive		207,076,660	164,281,955
Payments to suppliers and employees		(211,642,843)	(185,215,349)
Principal lease payments to lessor		(2,317,421)	(2,441,512)
Interest received		4,331,984	4,300,544
Net cash (outflow)/inflow from operating activities		(2,551,620)	(19,074,362)
Cash flows from investing activities			
Payments for property, plant and equipment	11	(231,575)	(146,689)
Proceeds from financial assets at amortised cost		2,677,720	632,166
Net cash inflow from investing activities		2,446,145	485,477
Net (decrease)/increase in cash and cash equivalents		(105,475)	(18,588,885)
Cash and cash equivalents at the beginning of the financial year		94,497,216	113,086,101
Cash and cash equivalents at the end of the financial year	7	94,391,741	94,497,216

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	52
2. Significant accounting estimates and judgements	56
3. Revenue	57
4. Other income	57
5. Other expenses	58
6. Income tax expense/(benefit)	58
7. Current assets – Cash and cash equivalents	59
8. Current assets – Trade and other receivables	59
9. Current assets – Financial assets at amortised cost	59
10. Non-current assets – Financial assets at amortised cost	59
11. Non-current assets – Property, plant and equipment	60
12. Non-current assets – Leases	60
13. Current liabilities – Trade and other payables	62
14. Current liabilities – Unearned revenue	62
15. Current liabilities – Employee benefits obligation	62
16. Current liabilities – Other current liabilities	62
17. Non-current liabilities – Deferred tax assets/(liabilities)	63
18. Non-current liabilities – Employee benefits obligation	63
19. Contributed equity	63
20. Key management personnel disclosures	63
21. Remuneration of auditors	64
22. Contingencies	64
23. Commitments	64
24. Related party transactions	64
25. Events occurring after the reporting period	64

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 or amended Accounting Standards and Interpretations adopted

The Company has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that are mandatory for 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 – Simplified Disclosures, 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. Rounding of amounts

The company is of a kind referred to in Corporations Instrument 2016/191, issued by the Australian Securities and Investments Commission, relating to 'rounding-off'. Amounts in this report have been rounded off in accordance with that Corporations Instrument to the nearest dollar.

iii. 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 - Simplified Disclosures.

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 contracts liabilities owed to jurisdictions. This amounted to \$63.3 million (2024: \$65.8 million) as disclosed in Note 14.

ii. Funding from governments

Funding from governments is 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. Contract asset

The Company has a Contract Asset in relation to the upfront costs to train the call centre workforce and a range of other contract set-up costs. The estimated period to consume is disclosed in Note 2.

v. Unearned revenue – funding received in advance

Amounts received in advance when the Company has not yet met all the conditions to obtain the control of the funding are accounted for as unearned revenue. 43 invoices (2024: 21 invoices) to the sum of \$72.8 million were invoiced during June 2025 (2024: \$15.2 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 \$73.1 million remains unspent at 30 June 2025 (2024: \$15.2 million) from invoices issued during the financial year and prior financial year.

e. Income tax

The income tax expense or benefit 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 requirements stipulated within the funding agreement have been met and expenses are recognised for tax purposes.

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 space. 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 right-of-use assets 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. The right-of-use assets include an estimated cost of make good and net lease incentives received.

A revised lease agreement was executed in December 2023, incorporating an early termination option after three years, with a full term extending to seven years. In last financial year, the company remeasured the lease liability (with adjustments to the related right-of-use asset) to reflect changes in the lease payments and a reassessment of the discount rates. This remeasurement was recorded as a Lease Modification in FY24.

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	1-5 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

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.

n. Contributed equity

Ordinary shares are classified as equity.

o. 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.

p. Government grants - economic dependence

The Company's main source of income is from grants received from the Commonwealth and various state and territory governments. As such, the Company is dependent on the receipt of these

grants. The Company has contractually agreed the level of funding from the Commonwealth and state and territory governments up to June 2026.

The positive equity of \$0.06 million is primarily due to a historical surplus earned in the early operational years of the Company. In recent years the treatment of lease accounting is the primary driver of the net result. More lease expense is recognised in the first half of the lease period when compared to the lease payments, and revenue is based on drawing down grant funds for the required lease payments. Over the remaining period of the lease term the revenue to fund the lease will exceed the lease expenses and the early losses will be reversed.

The majority of the grants have been provided to fund various Service Definition Management Orders (SDMOs), using standard terms set out in the Head Deed of Agreement for Services, and within an overall framework that is provided by the Governance Agreement (Agreement) for the Company dated 15 October 2022 (and updated in October 2023 for the inclusion of Queensland). The unearned revenue balance at balance date of \$136.3 million (\$81.0 million at June 2024) reflects accumulated unspent funds received for SDMOs and other agreements.

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

The Company has an economic dependence on the support of the shareholders to continue its operations and renew the Agreement at its extension dates. The current Agreement expires on 30 June 2026. The fund providers have advised in writing of their intention to extend the Agreement beyond 30 June 2026, initially for a one year period to 30 June 2027. Following a meeting of Health Ministers on 12 September 2025 they issued a communication that "reaffirmed

their commitment to Healthdirect Australia and noted the Commonwealth's commitment to the establishment of a nationally consistent virtual care Medicare branded service". A one year extension of the Agreement will provide time to negotiate and finalise the full contractual details to support this policy announcement.

q. Forward foreign exchange contracts

To protect against exchange rate movements, the Company has entered into forward foreign exchange contracts. These contracts are hedging highly probable forecasted cash flows for the ensuing financial year. The Company has hedged between 70% and 80% of anticipated foreign currency transactions for the subsequent 6 months services for the next financial year. At the end of the financial year it has unrealised foreign exchange contract liability of \$16,006 (2024: liability of \$14,403) in Note 16.

r. Auditors

Audit services for this financial year were provided by Grant Thornton Audit Pty Ltd, appointed auditor in the 2021 financial year.

2. Significant 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. Significant 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. 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.

iii. Estimated period to consume Contract asset

The Company has a Contract asset in relation to the upfront costs to train the call centre workforce and a range of other contract set up costs. The benefit of this training is realised over the period that the Company use the workforce provider and is recognised in conjunction with their monthly

workforce charge to reflect the delivery of their performance obligations. The life of this benefit is influenced by the term of the underlying funder contract, the period of the work order for the workforce provider, and the probability the workforce provider will be awarded a renewed work order.

During the year the Company reassessed the benefit period for the initial set-up costs and extended this period to 30 June 2026. All the Contract Asset is now considered current.

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

i. 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

	2025 (\$)	2024 (\$)
Revenue from contracts with customers	197,902,370	182,468,511
<i>Disaggregation of revenue</i>		
Major lines of business		
Contact centre activities (including service management)	161,809,973	136,115,696
Digital activities	33,924,649	30,172,362
Other	2,167,748	16,180,453
	197,902,370	182,468,511

Revenue is recognised over time when the services are delivered.

4. Other income

	2025(\$)	2024 (\$)
Income from government grants	9,000,000	9,000,000
Unrealised foreign exchange (loss)/gain	(1,603)	(50,752)
	8,998,397	8,949,248

Revenue from government grants is recognised when contractually enforceable.

5. Other expenses

	2025 (\$)	2024 (\$)
Profit before income tax includes the following specific expenses:		
<i>Employee benefit expenses</i>		
Defined contribution superannuation expense	4,358,461	3,826,646
Other employee benefit expenses	47,170,285	46,200,080
Total employee benefit expenses	51,528,746	50,026,726
<i>Depreciation and amortisation expenses</i>		
Right-of-use depreciation expense	1,679,153	1,903,563
Property, plant and equipment depreciation expense	586,271	568,881
Total depreciation and amortisation expenses	2,265,424	2,472,444

6. Income tax expense/(benefit)

	2025 (\$)	2024 (\$)
(a) Income tax expense/(benefit)		
Current tax	-	-
Deferred tax	59,996	(57,010)
The major components of income tax (benefit)/expense are:		
(Increase)/Decrease in deferred tax assets	(258,605)	(336,728)
(Decrease)/Increase in deferred tax liabilities	318,601	279,718
	59,996	(57,010)
(b) Reconciliation of income tax expense to prima facie tax payable		
Profit/(Loss) from continuing operations before income tax expense	199,987	(197,065)
Tax at the Australian tax rate of 30% (2024 - 30%)	59,996	(59,120)
Tax effect of amounts which are not deductible (taxable) in calculating taxable income:		
Entertainment	4,955	7,618
Tax Loss utilised against prior period tax loss	(4,955)	(7,618)
Tax losses written off as not virtually certain	-	2,110
Income tax expense/(benefit)	59,996	(57,010)

Total taxable losses carried forward is \$9,002,914 (2024: \$8,644,201) at the end of the period.

7. Current assets – Cash and cash equivalents

	2025 (\$)	2024 (\$)
Cash at bank	94,391,541	94,497,016
Petty cash	200	200
	94,391,741	94,497,216

Cash at bank is bearing variable interest rates. The weighted average interest rate is 4.11% (2024: 3.39%) at the end of the period.

8. Current assets – Trade and other receivables

	2025 (\$)	2024 (\$)
Trade receivables	64,569,021	13,591,977
GST receivable	944,104	1,874,068
Interest receivable	332,107	380,712
Sundry receivable	313,759	392
	66,158,991	15,847,149

9. Current assets – Financial assets at amortised cost

	2025 (\$)	2024 (\$)
Term deposits held as security for bank guarantee	-	2,677,720

10. Non-current assets – Financial assets at amortised cost

	2025 (\$)	2024 (\$)
Term deposits held as security for bank guarantee	1,015,561	1,015,561

11. Non-current assets – Property, plant and equipment

	IT hardware	Office equipment	Furniture and fittings	Fitout new premises	Fitout	Total
At 1 July 2024						
Cost	1,458,330	228,691	59,696	3,001,830	156,764	4,905,311
Accumulated depreciation	(1,275,623)	(213,887)	(55,042)	(2,077,636)	(72,718)	(3,694,906)
Net book amount	182,707	14,804	4,654	924,194	84,046	1,210,405
Year ended 30 June 2025						
Opening net book amount	182,707	14,804	4,654	924,194	84,046	1,210,405
Reclassifications of asset class	(4,080)	4,080	-	-	-	-
Additions	212,291	-	-	-	19,284	231,575
Disposals	(206)	-	-	-	-	(206)
Depreciation charge	(165,484)	(9,688)	(527)	(375,229)	(35,138)	(586,066)
Closing net book amount	225,228	9,196	4,127	548,965	68,192	855,708
At 30 June 2025						
Cost	1,274,213	179,352	46,572	3,001,830	176,048	4,678,015
Accumulated depreciation	(1,048,985)	(170,156)	(42,445)	(2,452,865)	(107,856)	(3,822,307)
Net book amount	225,228	9,196	4,127	548,965	68,192	855,708

12. Non-current assets – Leases

(a) Non-current assets – Right-of-use assets						
						2025 (\$)
						2024 (\$)
Right-of-use assets						
				2,388,460		4,003,388
At 1 July 2024						
Cost or fair value	1,138,545	12,483,168	32,623	13,654,336		
Accumulated depreciation	(788,284)	(8,830,041)	(32,623)	(9,650,948)		
Net book amount	350,261	3,653,127	-	4,003,388		
Year ended 30 June 2025						
Opening net book amount	350,261	3,653,127	-	4,003,388		
Revalue Make good	64,224	-	-	64,224		
Depreciation	(194,813)	(1,484,339)	-	(1,679,152)		
Closing net book amount	219,672	2,168,788	-	2,388,460		
At 30 June 2025						
Cost or fair value	1,202,768	12,483,168	32,623	13,718,559		
Accumulated depreciation	(983,096)	(10,314,380)	(32,623)	(11,330,099)		
Net book amount	219,672	2,168,788	-	2,388,460		

12. Non-current assets – Leases (continued)

(b) Current and Non-current liabilities – Lease liabilities and provision make good					
					2025 (\$)
					2024 (\$)
Current - lease liabilities					1,626,921
Non-current - lease liabilities					2,722,431
					4,349,352
Non-current - Provision make good					1,202,768
					1,138,545

	Make good	Office space	Office equipment	Total
At 1 July 2024				
Cost or fair value	1,138,545	15,484,996	32,623	16,656,164
Accumulated addition to provision	-	-	-	-
Accumulated interest expense	-	1,353,489	1,349	1,354,838
Accumulated lease payments	-	(11,040,085)	(33,972)	(11,074,057)
Net book amount	1,138,545	5,798,400	-	6,936,945

Year ended 30 June 2025					
Opening net book amount	1,138,545	5,798,400	-	6,936,945	
Revalue make good	64,223	-	-	64,223	
Interest expense	-	285,942	-	285,942	
Lease payments	-	(1,734,989)	-	(1,734,989)	
Closing net book amount	1,202,768	4,349,352	-	5,552,120	

At 30 June 2025					
Cost or fair value	1,202,768	15,484,996	32,623	16,720,387	
Accumulated addition to provision	-	-	-	-	
Accumulated interest expense	-	1,639,431	1,349	1,640,780	
Accumulated depreciation	-	(12,775,075)	(33,972)	(12,809,047)	
Net book amount	1,202,768	4,349,352	-	5,552,120	

13. Current liabilities – Trade and other payables

	2025 (\$)	2024 (\$)
Unsecured		
Trade payables	2,529,148	17,870,489
Accrued expenses	19,635,085	13,525,158
Other payables	1,085,304	1,025,073
	23,249,537	32,420,720

14. Current liabilities – Unearned revenue

	2025 (\$)	2024 (\$)
Unearned revenue - funding received in advance	73,063,938	15,183,088
Contract liabilities owed to jurisdictions (AASB 15)	63,275,990	65,808,297
	136,339,928	80,991,385

15. Current liabilities – Employee benefits obligation

	2025 (\$)	2024 (\$)
Employee benefits - annual leave (see Note 1(m))	2,135,062	2,141,880
Employee benefits - long service leave	766,408	569,286
	2,901,470	2,711,166

16. Current liabilities – Other current liabilities

	2025 (\$)	2024 (\$)
Unrealised forward foreign exchange contracts liability/asset)	16,006	14,403

17. Non-current liabilities – Deferred tax assets/(liabilities)

	2025 (\$)	2024 (\$)
Deferred tax assets		
The balance comprises temporary differences attributable to:		
Property, plant and equipment	34,532	35,333
Superannuation payable	106,640	93,733
Lease	811,682	612,386
Provision for employee entitlements	640,519	642,564
Provision for long service leave	452,930	385,108
Audit accrual	21,043	23,220
FBT	-	16,398
	2,067,346	1,808,741

Deferred tax liabilities

	2025 (\$)	2024 (\$)
The balance comprises temporary differences attributable to:		
Deferred revenue from contracts with customers	1,888,638	1,570,038
	1,888,638	1,570,038
Total deferred tax assets/(liabilities)	178,708	238,703

18. Non-current liabilities – Employee benefits obligation

	2025 (\$)	2024 (\$)
Employee benefits - long service leave	743,360	714,406

19. Contributed equity

	2025 Shares	2024 Shares	2025 \$	2024 \$
Ordinary shares				
Uncalled shares	504	504	504	504

20. Key management personnel disclosures

	2025 (\$)	2024 (\$)
Key management personnel compensation	2,998,010	2,933,278

The above amount includes compensation paid to Directors and Senior Executives.

21. Remuneration of auditors

Audit and other assurance services

	2025 (\$)	2024 (\$)
Audit services	74,655	67,700
Other assurance services	10,710	9,700
Total remuneration for audit and other services	85,365	77,400

22. Contingencies

The Company has contingent liabilities on the lease of current premises of \$1,015,561 at 30 June 2025 (2024: \$1,015,561) as a result of the landlord holding a term deposit of the same amount.

23. Commitments

Non-cancellable operating leases

In December 2023, the Company entered into a revised lease agreement for its existing premises. The lease incorporates an early termination option after three years, with a full term extending to seven years. The non-cancellable lease period is to December 2026, with an effective option to extend for a further four years.

	2025 (\$)	2024 (\$)
Commitments for minimum lease payments in relation to non-cancellable operating leases are payable as follows:		
Within one year	1,827,985	1,734,989
Later than one year but not later than five years	863,035	2,691,020
Later than five years	-	-
	2,691,020	4,426,009

24. Related party transactions

a. Key management personnel

Disclosures relating to key management personnel are set out in Note 20.

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 Nil in this financial year (2024: \$84,303).

25. Events occurring after the reporting period

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.

Consolidated entity disclosure statement

Healthdirect Australia Ltd had no controlled entities at 30 June 2025 and is not required by Australian Accounting Standards to prepare consolidated financial statements. Accordingly, for the purposes of section 295(3A) of the *Corporations Act 2001 (Cth)*, paragraph (a) does not apply and this statement is provided under paragraph (b).

© Healthdirect Australia Ltd 2025. Published October 2025.

Healthdirect Australia Ltd owns all copyright in these materials, including (without limitation) text, graphics and information, or uses it under licence or applicable law.

Other than as permitted by the *Copyright Act 1968 (Cth)*, no part of these materials may be reproduced in any material form or transmitted to any other person without the prior written permission of Healthdirect Australia Ltd.

Requests and enquiries concerning reproduction and rights for purposes other than those permitted under the *Copyright Act 1968 (Cth)* should be submitted for the attention of Healthdirect Australia Ltd via email to communications@healthdirect.gov.au.

An online version of this report can be accessed at about.healthdirect.gov.au.