

Quarterly Report

April – June 2025

INSIGHT – PERFORMANCE - INNOVATION


healthdirect
Australia

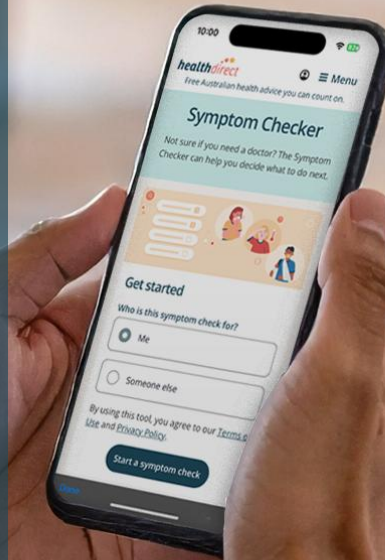


Healthdirect Australia report

April – June 2025

In this report we share insights drawn from operational service usage, consumer research and system data to show the opportunities, benefits and applications that analysis from our data has revealed.

Updates from a range of our strategic plan initiatives for FY25 are profiled from across our service portfolio to illustrate our progress against key focus areas including; removing barriers to access care, connecting the health system, driving measurable value, and partnerships and projects that support innovation at scale.



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Key service performance measures

Q4 FY25

Service: HIAS			
Metric description	Q4 FY2025	Q3 FY2025	
Call volume (received)	355,761	333,266	↑
Answer calls within 20 seconds. Target 80%	66.5%	74.8%	↓
Consumer satisfaction target 95%	89%	90%	

Service: HIAS Digital			
Metric description	Q4 FY2025	Q3 FY2025	
Website volume	10,692,250	11,338,793	
Symptom Checker accessed (landing page)	787,117	680,570	↑
Symptom Checker started (first question)	471,293	424,856	↑
Symptom Checker completed triages	71.2%	73.5%	

Virtual GP			
Metric description	Q4 FY2025	Q3 FY2025	
Call volume (referrals received)	22,280	21,680	
Higher acuity – call back in 30 minutes	91%	88%	
Lower acuity – call back in 2 hours	70%	75%	↓

Service: Pregnancy Birth and Baby			
Metric description	Q4 FY2025	Q3 FY2025	
Call volume (Calls received)	10,867	9,908	↑
Answer call within 2 minutes. Target 70%	79.6%	76.8%	
Customer satisfaction. Target 95%	97%	91.1%	↑

Service: Video Call			
Metric description	Q4 FY2025	Q3 FY2025	
System availability. Target 99.95%	99.98%	100%	
Facilitated consultation volume	387,459	332,899	↑

Service: My Aged Care			
Metric description	Q4 FY2025	Q3 FY2025	
Call volume (calls received)	589,660	610,704	
Answer within 60 seconds	44	119	↑
Consumer Satisfaction Target(95%)	95.2%	93.6%	

NHSD			
Metric description	Q4 FY2025	Q3 FY2025	
Service Finder sessions (Aus)	2,993,544	2,898,498	
API Calls NHSD (excl Service Finder)	9.38M	10.15M	

Service: Head to Health			
Metric description	Q4 FY2025	Q3 FY2025	
Volume of referrals	1,287	1,384	

- (1) Quarterly variance of +/- 5% is indicated with ↑ ↓. Stable indicated by no arrow.
- (2) These measures are the primary service measures specified in the funding contract. Healthdirect monitors a broader range of measures in operations and periodically assess the most appropriate measures to be highlighted in service reports and considered during contract renewals.
- (3) For Q4 FY25 the Grade of service (ability to answer or return calls within the specified timeframe) on the Healthdirect helpline and Virtual GP pathway was lower than last quarter due to higher demand over the winter months.



Insights

This section shares what Healthdirect is learning from our data, operational service usage and from initiatives where we have engaged consumers through qualitative research. These insights aim to inform service improvement and design – for our own services and for the broader health system.

1. Service insight | Where are consumers missing out?
2. Consumer insight | Perceptions of AI-enabled interpreted health advice and information
3. Service insight | AI and interpreter call quality and safety

1. Service insight | Where are consumers missing out?

Through deeper analysis of our data, we are developing a fuller picture of who uses the healthdirect service, with particular interest in priority groups where health equity is lower.

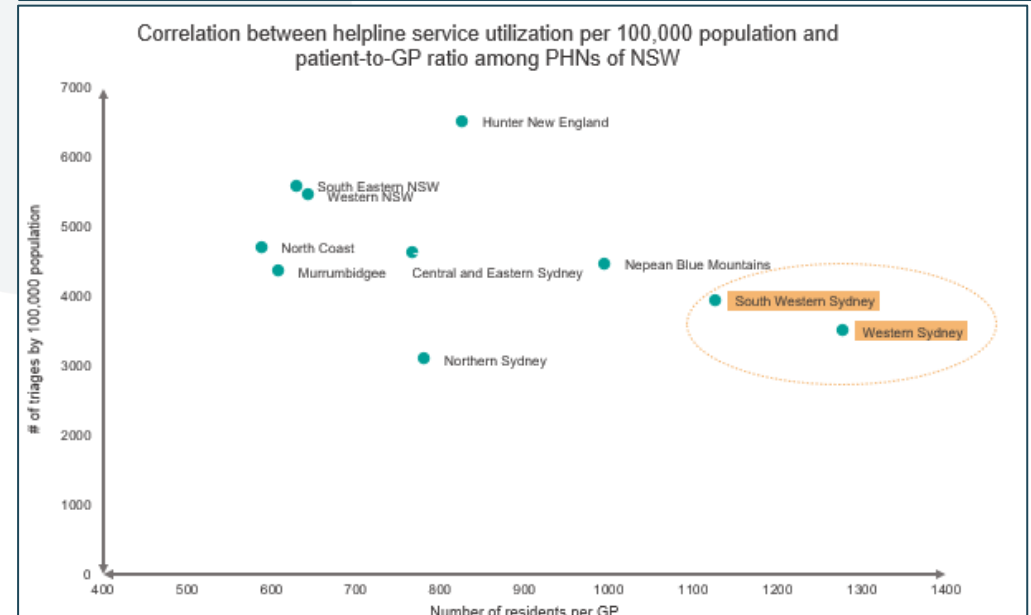
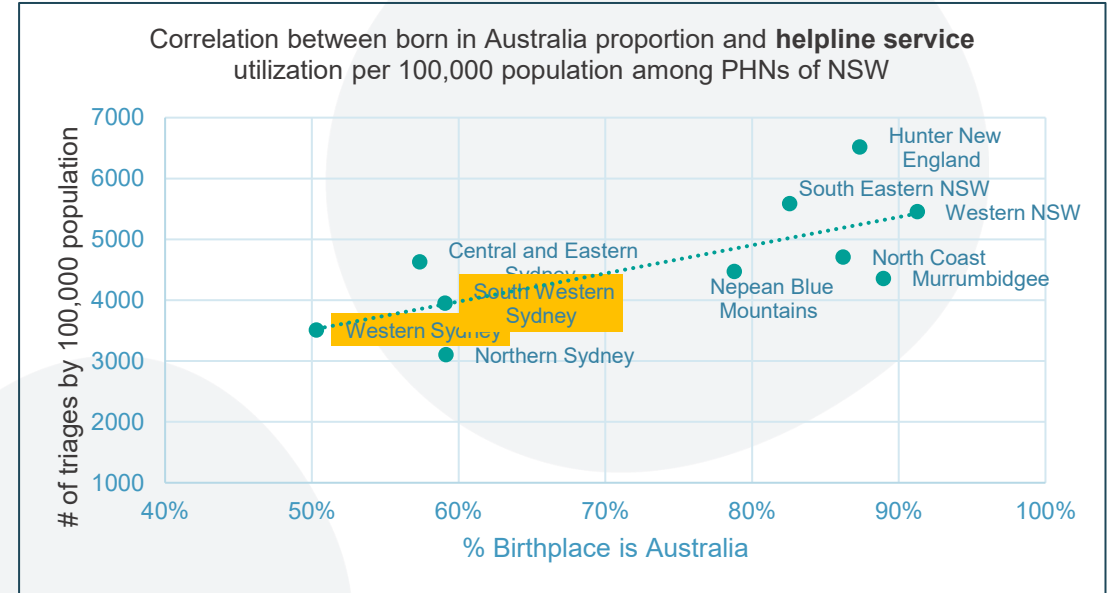
Across Australia, culturally and linguistically diverse consumers are more likely to visit an emergency department than the population average, have high health needs and have poorer health outcomes than the general population.¹ 23% of people living in Australia speak a language other than English at home.²

Looking specifically at NSW, a geospatial analysis of our service usage overlaid with data from the Australian Bureau of Statistics by PHN areas, shows that those born overseas, with lower English proficiency, education and socio-economic indicators are using Healthdirect services less than the population average. Data also shows that those who were born overseas are more likely to live in areas with fewer GPs per capita.

The barriers to access, or service type preference could be due to a number of factors including; low awareness of the Healthdirect service, lack of familiarity with telehealth modes of care in Australia, preference for face-face in-language conversations, and cultural knowledge and preferences towards hospital services and physicians.

The identification of gaps in usage and availability at a postcode level can inform future activity to encourage increased uptake of the service, such as:

- Targeted promotion and community engagement to raise awareness and trust in the service
- System partnerships with hospitals, and further research, to shift behaviour and inform service design
- Identification of priority group locations, and languages, to co-design service pilots



1. [Culturally and linguistically diverse Australians Overview - Australian Institute of Health and Welfare | Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges | BMC Public Health | Full Text](#)

2. [Culturally and linguistically diverse Australians Overview - Australian Institute of Health and Welfare](#)

2. Consumer insight | Perceptions of AI-enabled interpreted health advice and information

Language can be a barrier to seeking healthcare through available channels, including Healthdirect. This may result in consumers going unnecessarily to the emergency department or not seeking help at all.

To enhance accessibility on the Healthdirect helpline, we have investigated the introduction of AI interpreting to the helpline. This would enable a nurse to converse with a non-English speaking caller, in their own language, in real-time.

As part of this initiative, we engaged consumers in research to understand their needs and pain points, ensuring they inform our future service design and technology requirements. This ensures that solutions and features add value to consumers and promote effective adoption.

The qualitative research project included consumers who do not speak English from three language groups. These included Vietnamese, Mandarin and Dari.

All three language groups were selected following review of ABS data for high non-English-speaking populations, as well as consideration for cultural and national system variation. Healthdirect helpline nurses, representatives from the Centre for Cultural Diversity and Ageing and Healthdirect SMEs also participated in the research project.

Findings from the research

1

Despite some hesitations around AI, there is positive sentiment towards AI supported language interpreting on the helpline.

- Experience with human interpreters is broadly low due to different languages and their unique dialectic characteristics. AI offers a possibility to overcome this barrier.
- Consumers do not expect language translation to be perfect right away. Despite this, they are still willing to try it.

2

The technology alone cannot drive adoption. Community relationships and awareness are essential to build service uptake, expectations, and trust.

- Consumers want transparency about how AI works, how their information is used and assurance that it's clinically accurate.
- The process of building trust begins at the awareness stage. This includes communicating about the value of triage, and that the service is AI assisted.

3

New migrants, and those with low system literacy are less familiar with the role and value of triage – advice and connection – in the Australian healthcare system.

- This can mean an expectation of diagnosis from the helpline or Symptom Checker, rather than guidance to the right care pathway.
- A clearer understanding of the value of triage may assist to reduce ED presentations.

4

Consumers, and their peak representatives, expect Healthdirect to test different service delivery options before scaling.

- Consumers and nurses have different preferences for how AI is integrated into the service journey.
- Experiences that do not meet expectations will result in poor word of mouth and detract from uptake. Co-designed pilots can ensure transparency.

3. Service insight | AI and interpreter call quality and safety

Aligned to our strategic priority to remove barriers to access, we have undertaken an initial review of the accuracy, quality, safety of AI interpreting technology.

This review has included a proof-of-concept project to test the interpreting quality of a machine-driven audio interpreter software.

Our research shows there are opportunities, whether with AI, or through live interpreters, to improve the experience for consumers.

Healthdirect has looked to extend the clinical governance team capability to audit non-English calls to monitor quality and safety.

This will be enabled by AI-voice to text translation software that ingests call recordings, including translated non-English components of the call and produces an English transcription of the entire interaction. These transcripts can then be assessed by the Clinical Governance team as part of their broader quality monitoring framework. This software will go-live by November 2025.



Benefits include

- Enhanced clinical governance
- Evidence-based review of interpreted calls
- Evidence to inform future strategy for servicing culturally and linguistically diverse consumers
- Moves a step closer to introducing AI-interpreting functionality to the helpline

The FY26 corporate plan includes a focus on considering AI interpreting for the future.

Current use of the interpreter service:

- Consumers who call the Healthdirect helpline and do not speak English well, or at all, are given the option to use an interpreter.
- Uptake of the interpreter service is low – 80 calls a month.
- Arabic, Vietnamese, Mandarin are the most requested languages for interpreter services.

While specific research has not been undertaken as to why take-up is low, our assumptions include:

- It can take a long time to get an interpreter on the call, especially in the middle of the night.
- Consumers may opt to use a family member to interpret, either for convenience, or perceived privacy and sensitivity of the information they are sharing.
- New migrants may be unaware of the Healthdirect service, and that it offers an interpreter option.



Initiatives

Virtual Health Emissions Measurement

Enable the health sector to measure environmental impact of virtual healthcare delivery

Initiative overview

The health sector faces a dual challenge in the context of climate change. Firstly, it must address how to identify, treat and manage the growing impacts and increased risk to human health, system infrastructure and operational costs of a changing climate. Secondly, the sector is itself a significant contributor to climate change, responsible for an estimated 5-7% of Australia's total greenhouse gas emissions.

Virtual health services are a proven way to support the health sector transition to low carbon care delivery. However, until now there has been no standardised method to measure the emission impact of transitioning clinically appropriate care to virtual pathways.

Healthdirect has developed an evidence-based framework for estimating the carbon

emissions impact of multi-modal virtual health services. This is accompanied by a set of localised emission factors or costs per health service type and an excel based virtual health emissions calculator.

Objectives

- Support jurisdictional commitments to reducing carbon footprint by providing a model that can demonstrate how they are doing this in virtual health.
- Provide evidenced-based argument for transitioning appropriate clinical care pathways to virtual delivery models by showcasing an additional benefit beyond cost, time and clinical impact.

Approach

The framework has a set of localised by jurisdiction emission factors - these are average emission cost per unit of service for each type of health service consultation.

These are broken down by jurisdiction and by geographic regionality. This is because the major component of emissions is transport emissions and there is a significant difference in travel time to care providers in urban versus regional and remote areas. This also differs significantly in different parts of Australia.

The accompanying calculator allows users to calculate their own virtual health pathway emissions estimates.

Status

- On track
- Framework and toolkit launched at MedInfo 2025 – August 2025
- Familiarisation sessions with jurisdictions and provision of the calculator – August/September



Virtual Health Service Emissions Measurement
A framework and tools to support the transition to sustainable healthcare delivery

The Healthdirect virtual health emissions measurement toolkit supports government health agencies to measure and report on how their virtual services support sustainability targets including emission reduction and net-zero.

Strategic plan alignment >>

This initiative aligns to the Strategic Plan as indicated by **green >>**



Priority 1

Access to care



Priority 2

Connected system



Priority 3

Measurable value



Enabler 1

Accelerate innovation



Enabler 2

Data & Insight partnerships



Enabler 3

Scalable operations

Services: Healthdirect

WA connects virtual ED to Healthdirect

Fourth jurisdiction to connect consumers to virtual emergency care via Healthdirect

Initiative overview

The WA Virtual Emergency Department (WAVED) is a system-led initiative that was endorsed by the WA Minister for Health and Cabinet as part of the WA Ambulance Ramping Strategy.

WAVED aims to deliver timely access to exemplary emergency care, to at least the same standard as that provided during a physical Emergency Department (ED) visit, and to link the patient into the most appropriate care. This aligns with the WA Health vision of delivering the right care, at the right time, in the right place.

In April 2025, WAVED was connected to Healthdirect. Consumers call Healthdirect where they are triaged by a nurse and if eligible, connected via video link to WAVED.

Objectives

- WA Health aims to address the issue of overcrowded EDs by redirecting consumers with non-emergency health concerns away from the ED, thereby reducing wait times, optimising healthcare resources, and improving overall patient care.

Approach

The model uses the Healthdirect helpline as the clinical triage gateway for consumer access, connecting consumers triaged with an outcome of “attend emergency department” with the WAVED pathway.

Healthdirect worked with WA Health to establish the service to ensure it’s fit for purpose. Specific areas of engagement were around:

- Clinical safety
- Referral volumes
- Telehealth suitability
- Quality of referrals
- Maintaining a strong relationship and working in partnership to enhance the service and its impact on WA health needs

An API data feed of consumer data to the WAVED system means consumers do not need to repeat their personal information, symptoms and situation to the WAVED clinician.

healthdirect Video Call has provided the video linkage technology since WAVED launched in September 2023.

Status

- Implemented

Consumer journey from Healthdirect to WAVED

- ▶ Consumer is triaged by Healthdirect nurse
- ▶ Receives advice to go to ED
- ▶ Condition-based logic identifies that the consumer is eligible for virtual emergency care option
- ▶ Nurse confirms with the consumer that they accept this option
- ▶ Consumer receives SMS with Healthdirect Video Call link
- ▶ Consumer information shared via API feed to WAVED system ready for consultation
- ▶ Consumer connects with WAVED for consultation

855 consumers were triaged to WAVED from Healthdirect between the date of connection to the end of Q4 (29 April to 30 June 2025)

Strategic plan alignment >>

This initiative aligns to the Strategic Plan as indicated by **green >>**



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Priority 2
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Priority 3
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Accelerate innovation



Enabler 2
Data & Insight partnerships



Enabler 3
Scalable operations

Services: Healthdirect

NT remote community pathway

Healthdirect enables effective use of face-to-face after-hours clinicians

Initiative overview

To improve healthcare delivery for the Northern Territory's (NT) remote population, we have worked with NT Health to develop a centralised remote on-call after-hours health delivery model.

This model uses the Healthdirect helpline and a new bespoke pathway that connects remote callers to a NT hub that will support consumers with care in the after-hours period. The post codes covered by the service support 11,000+ Aboriginal and/or Torres Strait Islander peoples.

Objectives

- The remote community pathway aims to:
 - Provide equity and access to

Aboriginal and/or Torres Strait Islander people living rural and remote communities

- Be clinically and culturally safe
- Enhance continuity of care and clinical governance after-hours
- Effectively use the scarce on-the-ground clinical resources when appropriate

Approach

Our team collaborated with NT Health to design the bespoke approach to meet the clinical and community needs relevant to the population in remote areas of NT.

The model uses a combination of outcome-based assessment logic (including eligible triage dispositions and exclusions) and nurse clinical judgement.

Healthdirect nurses have received culturally specific training to support referrals to the NT remote community pathway. These bespoke materials have been designed in collaboration with community experts and the Clinical Governance Working Group.

Calls from remote areas of the NT will be answered by a senior nurse who can bring clinical and cultural experience to each interaction.

Status

Implemented in July 2025.

Getting medical help after hours is changing

If it is an emergency, call 000

- When you call the clinic after hours, your call will go to a healthdirect nurse who is not on your community.
- You will need to answer the questions so the nurse can help you.
- Make sure to stay on the phone while they are helping you.

1 Call the clinic or press the "button".



2 A healthdirect nurse will ask some questions about you and your health.



3 If you need help now, you will be put through to someone from NT Health to organise your clinic staff to help you.

The healthdirect nurse may ask you to go to the clinic when it is next open for a check-up.

NT Health Consumer Approved

healthdirect NORTHERN TERRITORY GOVERNMENT

Strategic plan alignment >>

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Priority 2
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Priority 3
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Accelerate innovation



Enabler 2
Data & Insight partnerships



Enabler 3
Scalable operations

Services: Healthdirect

Healthdirect Video Call for Ambulance Victoria Secondary Triage

Consumers and the system benefit from effective use of available technology in emergency response situations

Initiative overview

Ambulance Victoria (AV) receives 000 calls and completes a primary triage, where some calls are diverted to the secondary triage for further assessment.

- Voice-only was limiting for the assessing practitioner and presented increased clinical risk in decision-making and unnecessary dispatch of AV to the caller and unnecessary presentation to ED.
- AV Secondary Triage clinical assessment criteria guidelines are better met by being able to visualise the patient and environment.

Incorporating video into secondary triage allows for an immediate and more thorough visual assessment. This enabled clinicians to recommend suitable options for patient treatment such as

virtual ED, Virtual GP follow up or telehealth appointments for mental health.

This greatly improved resource allocation by reducing unnecessary ambulance usage and unnecessary ED presentations.

Objectives

- Improve resource allocation by reducing unnecessary ambulance usage and unnecessary ED presentations
- Reduce ramping at Victorian EDs

Approach

When considering video consulting options, healthdirect Video Call was the most suitable choice for Ambulance Victoria as:

- the Video Call link is constant and

easy to access

- healthdirect Video Call was already in use and familiar in all Victorian Health organisations across the state
- healthdirect Video Call provides the level of privacy and security expected in emergency care

The Video Call team supported AV in the service access design phase, which included workflow mapping, onboarding, testing, training, and technical enhancements to the end-to-end workflows (e.g. Single Sign On and improved virtual backgrounds).

Status

The pilot is complete and now BAU in AV secondary triage operations.

The pilot showed that using video for secondary triage increased diversion away from an ambulance by 10%

VIDEO: 65% No ambulance needed
PHONE: 55% No ambulance needed

93.2% of patients/callers thought that video assessment improved their experience with Ambulance Victoria

Now that video is part of BAU operations, there are 5000+ video-based secondary triage consults per month

Strategic plan alignment >>

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Priority 3
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Enabler 1
Accelerate innovation



Enabler 2
Data & Insight partnerships



Enabler 3
Scalable operations

Services: Healthdirect Video Call

Virtual GP platform transition

Strengthening GP pathway provides value for consumers and scalability for the future

Initiative overview

The Virtual GP pathway is available to eligible consumers via the Healthdirect helpline. If a nurse advises the consumer that they need to see a GP but their regular GP is not available, they are offered a consultation with one of Healthdirect's GPs via a video or phone consultation.

Most jurisdictions offer this pathway and multiple jurisdictions have extended it beyond an out-of-hours model to 24/7. This is a cornerstone of the virtual front door model offering cost-effective expansion to all jurisdictions, all postcodes and all hours as required.

To effectively manage and scale the service into the future we undertook an overhaul of the operational model. This overhaul was intended to enable:

- Effective management of increased demand
- Sustainable resourcing of a GP workforce
- Realisation of the potential of this care pathway into the future

Objectives

The complex project had many objectives, including:

- Enhance value for consumers via free access to GPs consultations when their regular GP or alternate pathways are unavailable and
- Improve experience from the nurse triage through to GP consultation.
- Move operational and technical management in-house, leveraging the contact centre platform.
- Improve secure messaging with GPs

- Transition to 'sharing by-default' integration with My Health Record
- Set the foundations for a panel of GP providers

Approach

The project connects to key pieces of digital health infrastructure, including the National Health Services Directory, My Health Record, eprescribing and secure messaging systems. Ensuring interoperability between systems to benefit consumers was a high priority of the transition project.

Healthdirect worked closely with industry partners, GP workforce providers, secure messaging vendors and clinical peaks throughout the project to ensure alignment, quality and safety.

Status

- Implemented in April 2025.

In FY25:

93,049 consumers connected to a Healthdirect GP

34,201 from regional and rural areas

63,787 were referred to non-emergency care

85% were diverted from their original intention to visit the ED

Strategic plan alignment >>

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Priority 2
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Measurable value



Enabler 1
Accelerate innovation



Enabler 2
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Enabler 3
Scalable operations

Services: Healthdirect Virtual GP



News



Sustainability awards

Healthdirect has been recognised in the AFR 2025 Sustainability Leader Awards for our technology that allows health services to calculate avoided emissions when they switch from in-person consultations to virtual care.

Our services provide a range of economic, social and environmental benefits to the Australian health system and we are particularly proud of our recent work in developing a virtual health emissions measurement framework.



Digital Health Festival

Our CEO, COO and CMO participated in or hosted panel sessions at the Digital Health Festival, covering a range of topics:

- The evolution of virtual care and next steps
- The practicalities of integrating digital tools into clinical decision support processes
- Insights from leaders in healthcare

Being part of the discussion among 8000 dedicated health industry helps us share and gain knowledge in the delivery of high-quality digital health services.



Digital Health Festival

GM, Strategy and CX, Karen Gallagher presented at Digital Health Festival on how we can improve consumer compliance to advice from a Healthdirect / Nurse-on-Call nurse to recover at home. We are working to bridging the self-care gap with post-interaction innovations that support consumers to recover safely outside of a health setting.

Karen was also interviewed on the Talking Health Tech podcast.



Academic appointment

COO Travis Hodgson has been appointed to the Department of Management at Griffith University as an Adjunct Associate Professor.

His role includes collaborating with staff from the Health Services Management discipline to enhance student learning and strengthen engagement with the industry.

Travis will mentor students from across the sector.



Prashan joins Healthdirect

Prashan Malalasekera joined Healthdirect in May 2025, as General Manager, NHSD and Interoperability.

He brings extensive experience in policy, operational, and strategic roles across public health and the private sector, including with the Australian Digital Health Agency, NSW Health, eHealth NSW, and KPMG.

His role will help to further cement NHSD's position as critical national digital health infrastructure and to promote the role of Healthdirect within the national interoperability agenda.



Pregnancy, Birth & Baby

Pregnancy, Birth and Baby data is now available to our Commonwealth shareholder via the data visualisation dashboard. This data includes call volumes and trends, caller demographics, call categories, operational service levels, video call usage, and website traffic. This data provides transparency with our funder about service usage and aligns with reporting consistently with Commonwealth.

We have also updated the Operations Manual which outlines all aspects of running the contact centre.

Over the past year, we participated in the [Commonwealth's review of the service](#), and we look forward to working with them on the recommendations of the review.



Paper: AI in virtual health care

Healthdirect is in the midst of two revolutions in healthcare delivery - AI and providing a virtual front door. Combined, they can overcome limitations of services that triage at national scale.

In a recent paper published in the NEJM, Healthdirect CEO Bettina McMahon and co-author [Daniel McInerney](#) say, "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 — all while reducing cost."

Read the paper here: <https://about.healthdirect.gov.au/research-publications>



Technology Statement

We have published a [statement outlining the technology](#) and technology partners that underpin our services.

The aim of the statement is to increase transparency in Healthdirect Australia's operations and maintain the confidence of Australians in using the Healthdirect service.

The statement provides information about:

- how the Healthdirect service works
- our technology platform
- our systems and use of AI
- workforce and technology
- our processes to ensure quality and safety of our technology

This statement accompanies the recently published AI Transparency Statement which can be found on our website along with evaluations, research publications, frameworks and information about how we manage privacy.