

Q2 Quarterly Report

October – December
2024

INSIGHT – PERFORMANCE - INNOVATION


healthdirect
Australia



Healthdirect Australia report

October – December 2024

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

Q2 FY25

Service: HIAS			
Metric description	Q2 FY2025	Q1 FY2025	
Call volume	345,309	348,329	
Answer calls within 20 seconds. Target 80%	76.69%	76.49%	
Consumer satisfaction. Target: 95%	89.00%	89.90%	

Service: HIAS Digital			
Metric description	Q2 FY2025	Q1 FY2025	
Website volume (Aus)	11,493,664	12,355,870	↓
Symptom checker triages started*	304,705	450,000	↓
Symptom Checker completed triages (Aus)	87.00%	75.90%	↑

GP helpline			
Metric description	Q2 FY2025	Q1 FY2025	
Higher acuity - call back in 30 minutes	91%	94%	
Lower acuity – call back in 2 hours	70%	82%	↓
Volume of calls	25,115	23,974	

Service: Pregnancy Birth and Baby			
Metric description	Q2 FY2025	Q1 FY2025	
Call volume	8,489.00	8,299.00	
Answer calls within 2 minutes. Target 70%	78.0%	76.3%	
Customer satisfaction. Target 95%	96%	96%	

Service: Video Call			
Metric description	Q2 FY2025	Q1 FY2025	
System availability. Target 99.95%	100%	100%	
Facilitated consultation volume	331,693	334,496	

Service: My Aged Care			
Metric description	Q2 FY2025	Q1 FY2025	
Call volumes	494,369	540,776	↓
Answer calls within 60 seconds	40 sec	46 sec	↓
Consumer Satisfaction. Target 95% - Consumer Line	95.2%	94.4%	

NHSD			
Metric description	Q2 FY2025	Q1 FY2025	
Service Finder sessions (Aus)	2,864,210	3,042,816	↓
API Calls NHSD (excl Service Finder)	8.76M	12.51M	↓

Service: Head to Health			
Metric description	Q2 FY2025	Q1 FY2025	
Volume of referrals	1,209	814	↑

- (1) Volumes and performance metrics are reflective of a 3-month period October – December 2024
- (2) Quarterly variance of +/- 5% indicated with ↑ ↓. Stable indicated by no arrow..



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 data insight: Minor illnesses present economic opportunity
2. Consumer research insight: Experience drivers inform GP training
3. System insight: Patient experiences

1. Service data insight

Minor illnesses and appropriate pathways

Background

Insight into consumer usage of the HIAS service can help identify opportunities to manage system demand, and where clinically appropriate, divert consumers away from higher acuity/higher cost services. The service data presented in Graph 1. provides insight into consumer usage by channel for users presenting with symptoms that indicate low acuity conditions, and the recommended pathway distribution. Per month, this represents approximately 10% of all helpline calls and 14% of all symptom checker interactions.

Findings

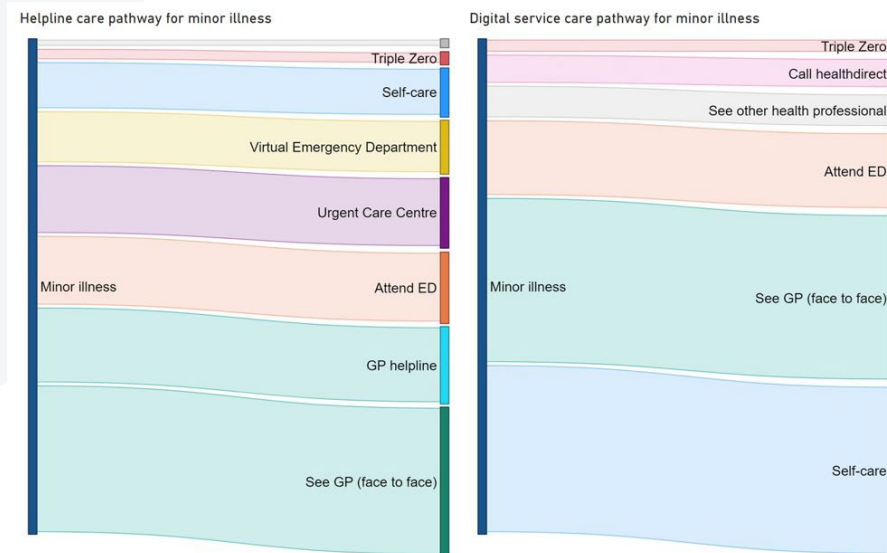
- Despite presentation of minor illness, there is a small percentage of consumers advised to go to triple zero or Attend ED.
- It is significantly more likely to receive a Self-Care recommendation for a minor illness in a self-help channel where virtual pathways are not yet available.
- Only a fraction of users are referred to 'other health professionals', despite their appropriateness for some minor illnesses.

Opportunity

- We will continue to mine this data to understand why minor illness presentations are resulting in higher acuity pathway outcomes. This may inform adjustments to the algorithms in the Outcome Rules Engine which would further increase personalisation of recommendations, or there could be higher acuity risk factors present in individual cases.
- Self-care is an underdeveloped 'pathway' to manage minor illnesses. Healthdirect has identified several potential initiatives to meet this need, co-designed with consumers and nurses. Funding for these initiatives will be explored in the FY26 corporate planning process.
- In partnership with Jurisdiction Shareholders, we invite discussion about development of the 'other health professional pathway' to divert system demand appropriately and efficiently.

Graph 1. Comparison of pathway recommendation distribution by channel for minor illnesses

For this purpose, minor illness is defined as the following conditions: Common cold, sore throat, earache, conjunctivitis (pink eye), coughs, sinusitis, gastroenteritis (stomach flu), urinary tract infections (UTIs), headaches, minor skin infections (like impetigo), eczema and dermatitis, athlete's foot, mouth ulcers, verrucae (plantar warts).



2. Consumer research insight

Experience drivers to inform GP training

Background

We conduct ongoing qualitative surveys with our helpline users to understand how well their needs are being met. This helps us to continually improve our services. We ask specific research questions about the factors we know influence users' satisfaction. These factors are known as 'experience drivers'.

Findings

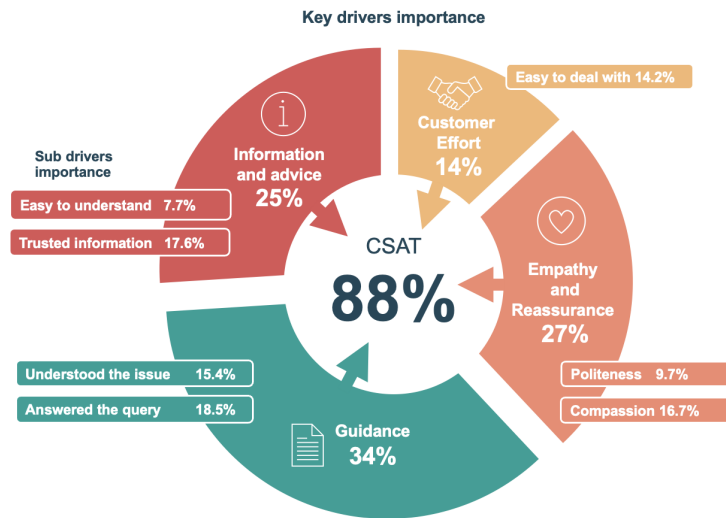
For the Healthdirect Virtual GP service the experience drivers include Customer Effort, Empathy and Reassurance, Guidance and Information and Advice. Drivers contribute to overall satisfaction differently, as shown in Graph 1. By mapping the importance of the driver against our performance meeting expectations, as shown in Graph 2, we can identify which drivers to target to improve satisfaction.

Opportunity

This research identifies an opportunity to target consumers experience, and perception of drivers to target incremental improvement in satisfaction from an already high base. A capability framework is in development for our GP workforce, which will establish a standard, measurable set of expected behaviours for GPs in the Healthdirect telehealth setting. This will inform training to support GPs including communication skills, which we hypothesise may influence the sub-driver results. This training will be incorporated into the transition program for the GP service and as part of onboarding for future GPs. We will continue to monitor the experience drivers through surveys and call quality audits and use findings to inform continual improvement.

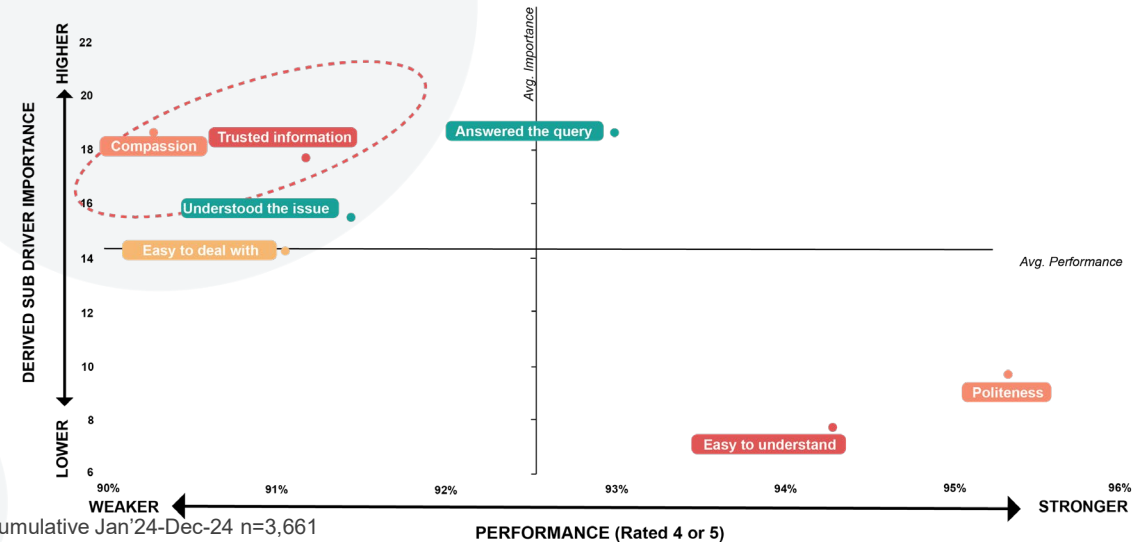
For more information on experience drivers by service, please refer to the survey reports published on the extranet.

1. GP service experience drivers - importance to service satisfaction



Fifty Five 5 - GP Survey Q4 2024. Base: Oct-Dec 24 (n=771), Accumulative Jan'24-Dec-24 n=3,661

2. GP service relative importance and performance of sub-drivers



3. System insight

Patient experiences

The ABS *Patient Experiences Report for FY24* provides insight into consumer access and use of healthcare services in Australia. It has identified some of the key barriers to access that Healthdirect aims to overcome. It illustrates the critical need to provide accessible, free, quality health advice, information and connection to care across multiple channels.

Healthcare service use

GPs remain the most seen health professionals

- 66% of people could always see their preferred GP when needed
- 34% of people could not see their preferred GP when needed
- 5% saw an after-hours GP

Barriers to seeking care

Less people delayed or did not use health services when needed, but reasons for delaying seeking care include:

- Unaffordable
- Service not available when needed
- Service too busy
- Waiting time too long

Rural and remote disadvantage

People living in areas of most socio-economic disadvantage and those living in rural and remote areas were more likely than those living in areas of least disadvantage to:

- visit a hospital ED
- be admitted to hospital

Quality of care interaction

Consumers consider telehealth consultation quality higher than in person

	In person – GP	Telehealth practitioner
Spend enough time	72%	77%
Listen carefully	72%	81%
Show respect	80%	83%



Two thirds of calls to the healthdirect helpline are made outside normal clinic hours.

70% of calls connected to the virtual GP service are between 6pm-8am.

Wait times on the healthdirect helpline is an average of 36 seconds (FY24).

National virtual workforce model overcomes local access barriers.

We refer a higher proportion of consumers from rural areas to ED than those calling from metro areas (25% rural: 17.6% metro)

Healthdirect nurse helpline satisfaction score 89% this quarter.

Virtual GP helpline satisfaction score 88% this quarter.

[Patient Experiences, 2023-24 financial year | Australian Bureau of Statistics](#); 26,176 respondents, aged 15 and over



Corporate initiatives

An overview of key initiatives that are in progress at Healthdirect. Each quarter we focus on different initiatives, profiling the breadth of our work across our services and infrastructure.

QLD Virtual Emergency Care Service

The first virtual emergency pathway available via digital self-triage

Initiative overview

QLD engaged Healthdirect to provide access to its new virtual emergency care service - Queensland Virtual Hospital (VECS) via the Symptom Checker. Access to this care pathway via healthdirect went live in July 2024.

Healthdirect is currently designing the next phase for consumers to self-refer into VECS using a form and for their Symptom Checker outcome to travel with them to the VECS virtual waiting room.

Objectives

- QLD Virtual Hospital's aim is to divert non-emergent visitations to VECS, reducing pressure on EDs.
- Self-triage via Symptom Checker gives consumers the freedom to access appropriate care when and when they need it. A digital-first approach provides access to care

in a scalable way and is further supported by QLD 13 Health telephony service.

- The information transfer of the Symptom Checker outcome for the next phase will reduce repetition of consumers inputting their information, aid clinical decision making by the VECS practitioners, and align with the 'Tell Us Once' national approach.

Approach

This project was a precursor to a significant enhancement to the Symptom Checker in late 2024 - it involved consumer research, design and development and testing. Implementation required enhancement and expansion of capability in Symptom Checker and the clinical decision support tool, the Outcomes Rules Engine, Service Finder and connection to VECS.

The information transfer of the consumer information and Symptom Checker outcome will be via a new secure API.

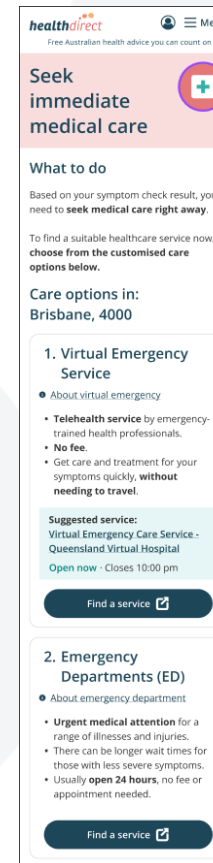
The design and technology will be leveraged as other state and Commonwealth virtual service pathways are added to digital self-triage.

Status

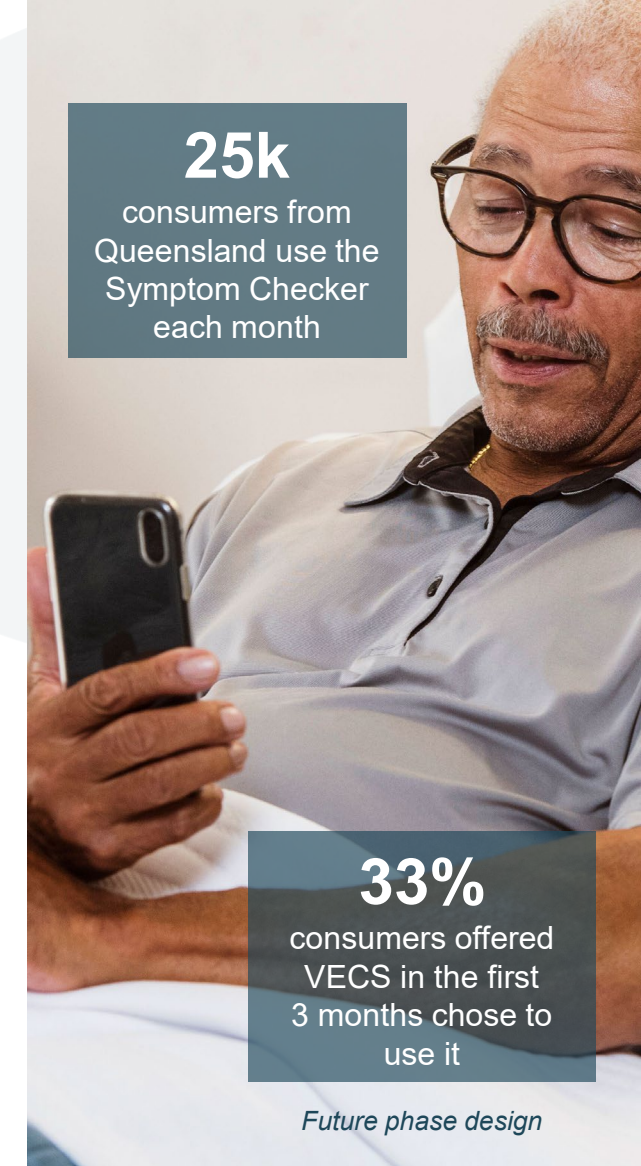
On track.

Next steps

Integration of a healthdirect form to the VECS service to further support self-referral, and secure transfer of information including Symptom Checker. This is currently in the design and costing phase.

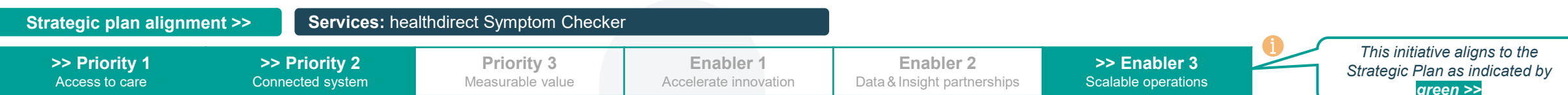


25k
consumers from Queensland use the Symptom Checker each month



33%
consumers offered VECS in the first 3 months chose to use it

Future phase design



Interoperability Program - Provider Connect Australia and NHSD

Consumers access more reliable and accurate health service information

Initiative overview

The NHSD integrated with the Australian Digital Health Agency's (ADHA) Provider Connect Australia (PCA) through FHIR APIs, connecting these two pieces of national digital health infrastructure.

PCA enables healthcare provider organisations to efficiently manage and update information about their health services and practitioners. It also facilitates seamless publication of this data to the NHSD and other business partners, ensuring accurate and consistent information is readily available across platforms.

Objectives

The objective of the integration between the NHSD and PCA, and collaboration with the ADHA is to drive greater efficiency, accuracy, and depth of data sharing to:

- Maximise the scope of data the NHSD can obtain automatically
- Refine the matching / ingestion process to optimise data management
- Increase uptake of the PCA and accuracy of data
- Collaborate on a shared roadmap to engage providers

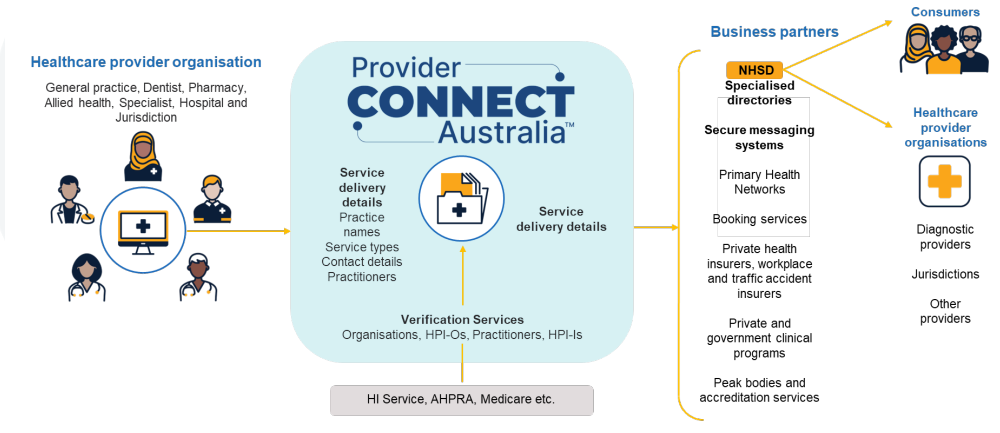
listed providers by being more discoverable.

Status and next steps

This project is on track. In FY25, the intent is to significantly improve and broaden the scope of data sharing capabilities by reviewing the matching algorithm and enable seamless data exchange and integration across all FHIR entities.

Approach and impact

Through collaboration across a series of work packages in FY25, Healthdirect Australia and ADHA aim to optimise the uptake of PCA with healthcare providers. For Healthdirect, this will result in less manual data validation with providers to ensure the quality of data in the NHSD. This benefits consumers accessing the healthdirect helpline and the Service Finder, and



Strategic plan alignment >>

Services: National Health Services Directory, healthdirect

>> 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

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

NSW Health onboarding to healthdirect Video Call

Consumers have a seamless video consultation experience

Initiative overview

NSW Ministry of Health, through an RFI process in 2023, has identified healthdirect Video Call as the state-wide virtual care platform. Healthdirect Video Call was selected because it meets the ongoing needs of NSW Health's virtual care strategy, including interoperability with other systems and ongoing feature development.

The service will be adopted by all LHDs in NSW and is currently live across VirtualKids and VirtualAdults services (which include referrals from the healthdirect helpline).

The Ministry is the eighth funder of the healthdirect Video Call program.

Objectives

- Increase access to healthcare for NSW consumers
- Provide a consistent virtual care experience

Approach

Healthdirect has worked with the Ministry to determine technical readiness and prepare an implementation process. Each new implementation milestone leverages learnings of previous LHD implementations, including but not limited to:

- Service access design and technical readiness
- Consultation with each LHD
- Rollout – platform organisations instance creation and support for each LHD

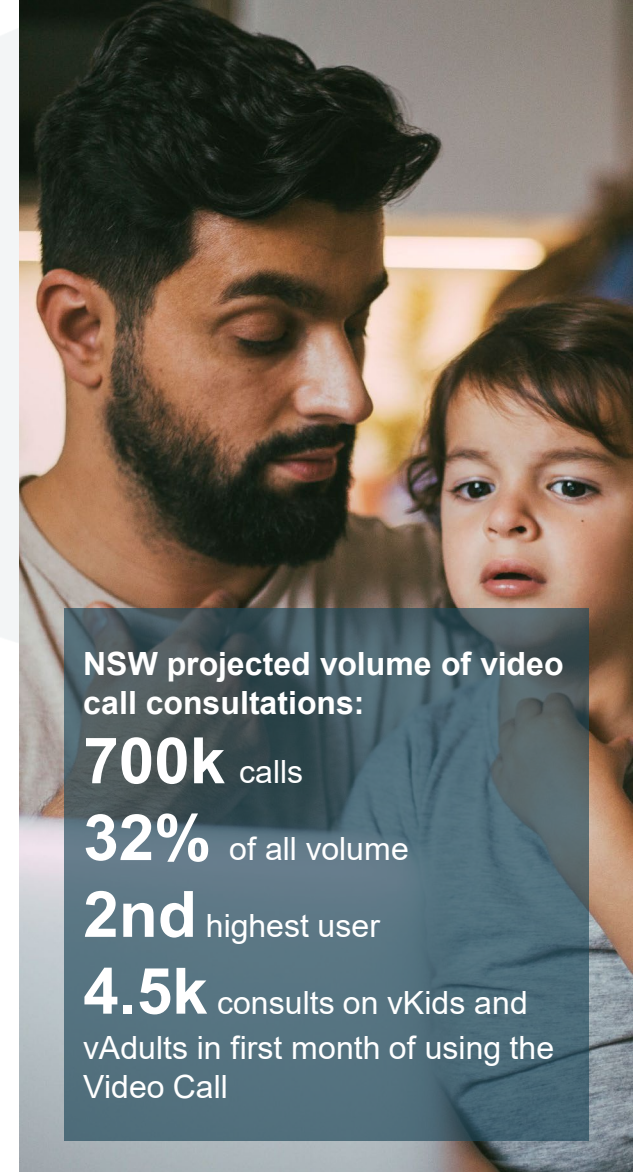
- Change management assistance
- Creation of training and information resources as required
- Regular scheduled administration and technical training to health organisation administrators, clinic administrators and clinicians
- Ongoing administrative and technical support

Status

On track

Next steps

- Take learnings from vKids, vAdults, Sydney LHD launch and apply during implementation for next tranche of LHDs



Strategic plan alignment >>

Services: healthdirect Video Call

>> 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

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



Capability spotlight


National Health Services Directory

Quality health services data supports connected care

The National Health Services Directory (NHSD) is Australia's most comprehensive health services directory, used over a million times a month, providing up-to-date information on available services nationwide. It helps consumers, health professionals and health services to navigate the healthcare system efficiently and effectively. It is recognised as critical national digital health infrastructure.

Key features include

Comprehensive health service listings	Real-time service information	Booking integration	API access	Interoperability
Contains over 160,000 service listings, including 15,000+ in rural and remote areas, covering a wide range of health services from general practice to emergency	Offers accurate, up-to-date details on health service availability, locations, and hours of operation.	Seamless integration with booking systems, allowing consumers to easily see availability and schedule appointments.	Provides secure access for third parties to integrate service information into their platforms, expanding the directory's reach.	Complies with FHIR standards for data exchange, ensuring compatibility with other local and national health databases.

Access/usage	Coverage					Interoperability		
 <p>1+ million searches a month by consumers using healthdirect tools</p>	 <p>255 types of health service</p>	 <p>127,797 healthcare services</p>	 <p>70,220 healthcare practitioners</p>	 <p>100% coverage of urgent care services and priority care</p>	 <p>29,841 rural or remote services</p>	 <p>65% GPs with real-time booking enabled</p>	 <p>66% Community pharmacies with real-time booking enabled</p>	 <p>71% GPs enabled with secure messaging endpoints</p>

Related Corporate Initiatives

- New services and pathways for Healthdirect
- Virtual front door – state and national programs
- National Interconnectivity Program
- Interoperability Program



Company news



Symptom checker self-care

Healthdirect has confirmed partnership with the Sydney Health Literacy Lab to conduct translational research and user testing as a CX foundation to guide the corporate initiative to use Retrieval-Augmented Generation (RAG) AI to generate care advice in Symptom Checker.



NSW VirtualAdults

From 3 December 2024, consumers in NSW who call healthdirect, are triaged by a registered nurse and, if appropriate, immediately referred to the new service. The healthdirect Video Call service provides the clinical video technology that connects callers and specialist urgent care clinicians.

A real-time data feed from healthdirect to VirtualAdults means consumers do not have to repeat their information.



CEO presents at World Health Summit

Bettina McMahon presented at the World Health Summit 2024 as a speaker (fully funded by the WHS) in October showcasing the Australian case study of healthdirect as the virtual front door to healthcare and advice, joining fellow presenters in a well-attended session on the role technology plays in nationally scaling-up during a digital health transformation.



Visit from Canada

Prof Kendall Ho, an Emergency Medical Specialist visited Healthdirect in a reciprocal information exchange visit. He showcased the Canadian emergency department diversion number, sharing insights into challenges and successes.



NSW Ambulance

NSW Ambulance hosted a collaborative session with NSW Health and Healthdirect to discuss their workforce strategies, referral pathways and included a tour their control centre. The meeting provided valuable insights into the training, processes and tools that support their non-clinical 000 workforce. The aim of the information exchange was to establish relations and improve collaboration between the two services.



Data and Insights

Healthdirect joined the National Respiratory Infection Surveillance Committee and commenced collaboration with the Interim Australian Centre for Disease Control which includes Healthdirect data in weekly surveillance reports.



Research award for PhD

Dr Darran Foo, Medical Director for virtual GP received a research grant from the RACGP Foundation for his PhD: Establishing safety and quality standards for direct-to-consumer digital clinics in Australia.

Rachel De Sain, Director, Sustainability Measurement and Impact, has been granted funding from the Department of Industry for a PHD in virtual care environmental impacts.



ESG

Healthdirect has achieved a 6-star NABERS energy and greenhouse gas emissions rating for its tenancy, the highest possible rating. Healthdirect uses 19% renewable energy at its head office in Sydney.