



2026

Services Report

Putting the Care Into Telehealth...



“

“Our Team Is Who We Are”



Another Year of
Providing Quality
Virtual Care

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To our Colleagues, Partners, and the Broader Community,

It is with great respect and optimism that I present this foreword to Telecare's service report. In an ever-evolving healthcare landscape, Telecare continues to stand out for its commitment to clinical excellence, patient safety, and innovative service delivery.

Throughout my career in medical administration and governance across Victoria, whether in executive leadership roles within major health services, through my work with the Post Graduate Medical Council of Victoria, or in supporting the next generation of clinicians through education, I have come to deeply value the importance of strong clinical governance frameworks. These are the bedrock of sustainable, patient-centred care.

Telecare exemplifies this philosophy. Its approach to clinical governance is robust and dynamic, driven by a multidisciplinary committee of experienced professionals who continuously oversee quality, manage risk, and respond proactively to feedback. These structures are not simply formalities; they are the foundation of the organisation's commitment to delivering care that is safe, effective, and compassionate.

The achievements outlined in this report are a testament to the dedication and collaboration of the entire Telecare team. Behind every metric is a story of innovation, responsiveness, and an unwavering focus on the needs of patients and communities, including improving access to specialist services within their local community.

As Telecare continues to expand its reach and impact, I am confident that its steadfast approach to clinical quality and innovation will remain at the heart of its success. I commend the team for their ongoing efforts and look forward to what the future holds.

Warm regards

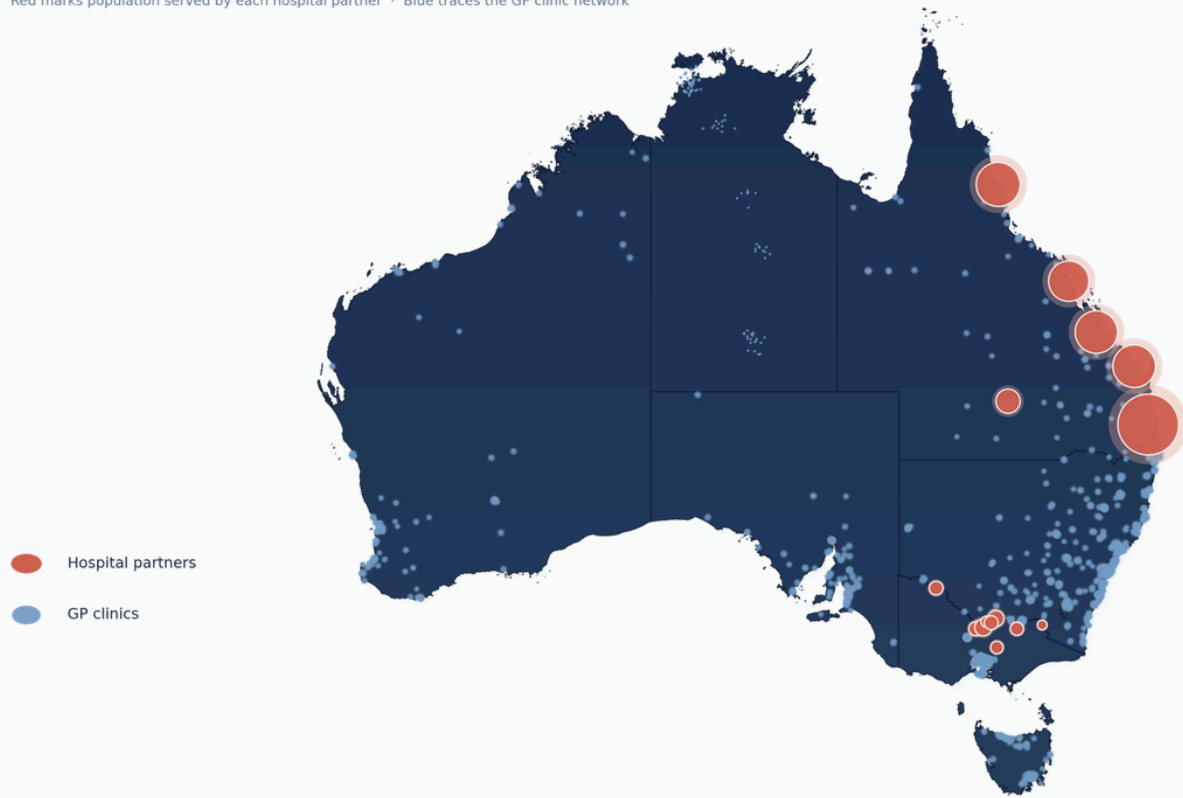
Dr John Ferguson
Chair of Clinical Governance Committee
Telecare Australia



TELECARE HOSPITAL PARTNERSHIPS

Telecare Partnerships — Across Australia

Red marks population served by each hospital partner · Blue traces the GP clinic network



Australia-Wide Clinical Network

Telecare's growing hospital partnership network spans both metropolitan and regional Australia, helping improve access to specialist healthcare services for communities that have traditionally faced barriers to care. Through partnerships with organisations including: Mackay HHS, South West HHS, Wide Bay HHS, Metro North HHS (Caboolture), Central Queensland HHS (Emerald), NCN Health, Beechworth Health, Rochester and Elmore District Health Service, Robinvale District Health Service, Corryong Health, Kyabram District Health Service, and Alexandra District Health Care. Telecare continues to expand healthcare accessibility across Queensland and Victoria.

These partnerships support a broad range of communities, from major population centres through to rural and remote regions where workforce shortages, travel distances, and long public wait times can significantly impact access to healthcare. By combining telehealth infrastructure with collaborative hospital partnerships, Telecare is helping bridge gaps in specialist care delivery and improving patient access to timely clinical support. As our network continues to grow, including expansion into additional regional centres in North Queensland, Telecare represents our ongoing commitment to strengthening healthcare accessibility across Australia through innovative, technology-enabled models of care.

We are continually expanding our healthcare network and actively seeking new partnerships with hospitals, healthcare providers, and community organisations that share our vision of improving access to care for Australians. Through collaboration, innovation, and technology-driven healthcare solutions, our goal is to continue building a stronger, more connected healthcare system capable of reaching communities wherever they are.

About Us & Our Journey

Telecare was founded on the combined experience of medical doctors and business and technology professionals, which has allowed us to provide quality virtual care throughout the country while offering software solutions to streamline healthcare delivery. To date, we have facilitated over 100,000+ appointments, primarily to underserved rural and regional communities.

Telecare commenced operations in 2019, six months prior to the COVID-19 pandemic. We currently provide specialist medical services in all Australian states and territories, as well as Christmas and Norfolk Island, supporting hospitals, GPs, patients, and specialists alike. We foster a collaborative work environment and are passionate about improving patient outcomes.

In August 2025, Telecare became part of Teladoc Health International the world's largest virtual care organisation bringing global clinical technology and scale behind our Australian, rural-born model of care.

Our Mission

VISION

To provide equitable and accessible healthcare to all.

MISSION

We are committed to improving accessibility and delivering high-quality, cost-effective healthcare by optimising operational efficiency without compromising quality. We will achieve this goal by enhancing the efficiency of healthcare providers and organisations through the provision of quality virtual care enabled by innovative technology.

VALUES

Healthcare Innovation, we leverage technology to improve virtual healthcare access and productivity.
Collaboration, we believe in the power of partnerships, internal and external.

Clinical Excellence we uphold the highest clinical standards, guided by our Clinical Governance Committee.

Inclusivity & Equity your postcode shouldn't determine the level of care you can receive.

Virtual Hospital Services

In 2022, Telecare entered its first public partnership with Mackay Hospital and Health Service. Since then, we have continued to expand our partnerships with hospital networks, currently providing innovative virtual models of care to over 40 different hospitals and health services around Australia.

At Telecare, all our innovative models have been co-designed to meet the unique needs of every hospital and healthcare provider we work with. This collaborative development model allows for adaptive implementation, ultimately serving the needs of not just our public partners, but also the patients in the public health system.

Our Software Solutions

At Telecare, we don't just deliver clinical services, we also design and build innovative software solutions in-house to make healthcare more efficient and connected. From streamlining hospital workflows to reducing administrative burden, our products are purpose-built to meet the needs of modern healthcare teams.

With tools such as electronic prescribing and hospital management platforms, we enable clinicians and administrators to focus more on patient care and less on paperwork. Every solution is co-designed with frontline staff, ensuring our software is practical, intuitive, and able to deliver real improvements in healthcare delivery.

Telecare Private

Telecare Private delivers specialist virtual care across five core clinical fields Psychology, Psychiatry, Pain Medicine, Immunology, and Paediatrics. In 2026, we made the deliberate decision to consolidate our specialty offerings, focusing our expertise and resources where we can deliver the deepest clinical impact. By concentrating on these five disciplines, we are able to invest in richer care pathways, stronger clinician support, and a better patient experience, ensuring that the care we provide is not just accessible, but truly excellent. Our model leverages innovative technology and streamlined operational solutions to connect patients with the right specialist, at the right time, without the barriers of geography or cost.

Our Clinical Governance

At Telecare, clinical governance is defined as *“the way we do things and hold ourselves accountable at all levels, in supporting the delivery of safe, high-quality care that is constantly improving.”* This framework underpins all hospital, GP, mental health and specialist services, balancing proactive risk management with retrospective learning to ensure safe, effective, and patient-centred care.

Governance Structure

Oversight is provided by the Clinical Governance Committee (CGC), which meets quarterly and reports directly to company directors. Members includes senior medical administrators and practitioners, executives, and service representatives. The CGC:

- Reviews policies and procedures relevant to clinical governance
- Monitors credentialling outcomes and processes
- Reviews complaints, incidents, and risks, escalating serious issues
- Proactive monitoring of safety and quality indicators
- Oversees patient safety and experience reporting

This structure is supported by Telecare’s certifications in ISO 9001 (Quality Management) and ISO 27001 (Information Security Management). Telecare is also accredited under the National Safety and Quality - Digital Mental Health (NSQDMH) standards.



Credentialling and Workforce Assurance

All clinicians undergo a structured credentialling process before practice, aligned with Safer Care Victoria and hospital guidelines. Annual re-credentialling maintains currency of qualifications. Any concerns are reviewed by the CGC, with urgent matters escalated immediately to the Chief Medical Officer.

Risk, Incidents, and Complaints

Telecare maintains a proactive risk register, rating risks by likelihood and consequence. High-level risks are escalated to the CGC. Incidents and complaints are logged and classified by severity, with investigations conducted within clear timelines. Formal complaints trigger structured reviews and documented follow-up actions.

Patient Safety and Escalation

Safety protocols set out triage steps, escalation pathways, and criteria where virtual care is unsuitable. Clinicians are responsible for urgent escalation, including emergency referrals. Non-clinical staff are trained to recognise red flags but never make clinical decisions.

Patient Experience and Continuous Improvement

Patient Reported Experience Measures (PREMs) are systematically collected after consultations and reviewed at every CGC meeting. PREMs from hospital partnerships are also included, supporting transparency, accountability, and continuous improvement.

Partner Integration

Telecare’s governance extends to partner organisations. Incidents may be jointly logged and investigated, with quarterly joint governance meetings tracking performance, resolving issues, and co-designing improvements.

Our Social Impact

Environmental & Cost Impact per consultation

300 km

Saved in travel

\$330

Public cost savings

\$437

Patient cost savings

54.3 kg

CO2e emissions averted

Based on a regional patient avoiding a return trip to a base hospital for specialist care

Since 2019, Telecare has facilitated more than 100,000+ appointments, connecting patients in underserved rural and regional communities with the healthcare they need, wherever they live.

Every virtual consultation delivers meaningful savings in travel, cost and emissions for patients, the health system and the environment.

Closing the Gap with Armajun Aboriginal Health Service

For families in the Armajun catchment, accessing a paediatrician often meant waiting up to two years. Even then, families faced travelling five to seven hours for an appointment. Telecare worked alongside Aboriginal health workers and local clinicians to establish a weekly virtual paediatric clinic, ensuring specialist care remained connected to families' own healthcare team. By delivering culturally informed care through trusted local partnerships, the program supports the national Closing the Gap initiative, helping reduce barriers to specialist healthcare for Aboriginal and Torres Strait Islander families.

The result was more than improved access. It demonstrated how technology, designed around local relationships rather than replacing them, can create sustainable models of specialist care.

Mental Health, Without the Wait

Our Streamlined ADHD and Autism Assessment Pathway moves patients from intake to a psychiatrist assessment in two to four weeks. Alongside this, our On-Call Mental Health Services bring virtual psychiatrists and psychologists into high security settings, schools and aged care homes, and our partnership with Amplar Health offers fully funded psychology sessions with no GP referral required.

Innovating for Access

When Stanhope's longstanding outreach GP service closed, Telecare responded by establishing Victoria's first Telecare-operated GP practice, combining virtual consultations with regular face-to-face visits to restore local access to primary healthcare.

Stanhope was a town in need. Telecare stepped in, helping preserve access to healthcare and bringing meaningful, day-to-day improvements to the lives of the people who call the community home.

A Growing National Network

Telecare began seeing patients in 2019. Since our first public hospital partnership with Mackay Hospital and Health Service in 2022, we've grown to serve more than 40 hospitals and health services, and care for patients across every Australian state and territory, including Christmas and Norfolk Island.

1. Australian Journal of Rural Health, *Travel-associated cost savings to patients and the health system through provision of specialist head and neck surgery outreach clinics in rural New South Wales, Australia*

2. Future Healthcare Journal, *Does telemedicine reduce the carbon footprint of healthcare? A systematic review*

3. ISPOR - The Professional Society for Health Economics and Outcomes Research, *Quantifying the Societal Benefits From Telehealth: Productivity and Reduced Travel*



Virtual Outpatient Services

Telecare's Virtual Outpatient Service supplements hospitals by forming a hybrid clinical workforce for effective and efficient outpatient management.

This model involves the provision of Telecare specialists and administrative staff to hospitals for the delivery of telehealth consultations, either at the hospital facilitated by a local doctor or nurse, or at the patient's home on their own device.

A New Workforce Model

This model is distinguished from a locum service or a conventional outsourcing model: we provide high-quality continuity of care, which is scalable and supported by robust clinical governance.

Virtual Administration

In providing Virtual Outpatient Services, Telecare manages the administration of patients virtually. This means that hospitals are able to increase their capacity to service patients without needing to increase on-site staff.

Our administrative processes remain transparent for hospitals by using our proprietary digital hospital outpatient management systems. This allows our hospital partners direct oversight in relation to booking flows, waiting times, and key performance indicators.

Telecare currently partners with:

- Mackay Hospital and Health Service (MHHS)
- Wide Bay Hospital and Health Service (WBHHS)
- South West Hospital and Health Service (SWHHS)
- Central Queensland Hospital and Health Service (CQHHS)
- Cairns and Hinterland Hospital and Health Service (CHHHS)
- Metro North Hospital and Health Service (MNHHS)

Key Benefits

Increased Capacity

This model effectively increases the capacity of hospitals to treat patients across a broader range of specialties, leading to shorter wait times and an increase in both patient access and hospital activity.

Streamlined Care

Broad specialty offerings mean fewer patients are sent to other hospitals, driving efficiencies by keeping care within the same system.

Greater Flexibility

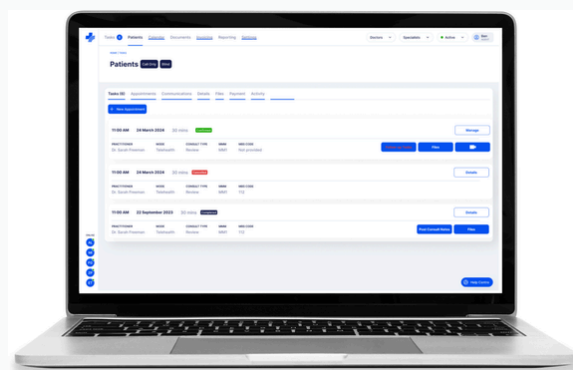
This model offers more flexible appointment options, reducing the need to travel and saving time for patients. This has further resulted in a reduction in hospital no-show rates.

Cost Efficiencies

Our services are provided below the average activity-based funding allocation, meaning Hospitals and Health Services can potentially access surplus funding using Telecare.

Powered by OPAU

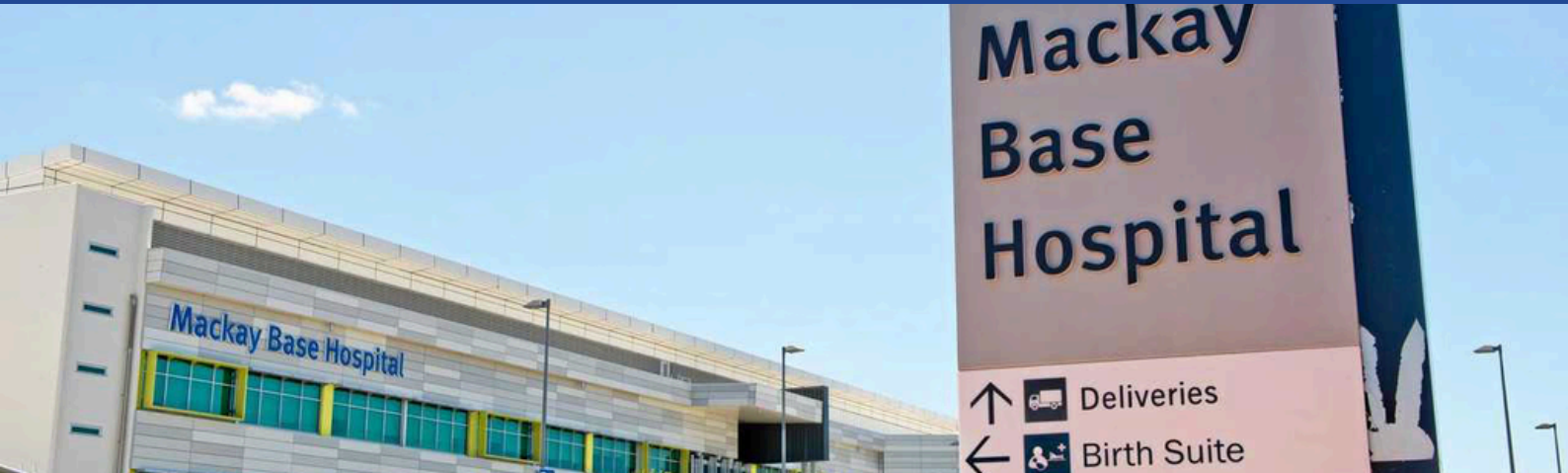
OPAU is Telecare's proprietary digital hospital outpatient management system. It streamlines clinical documentation, appointment scheduling, patient communications, and automated reminders. OPAU also coordinates tasks among nurses, doctors, and staff, improving workflow and enabling data-driven decisions.



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Specialties Provided

Rural Inpatient Support Services



Making Local Hospital Care Possible

Across Mackay HHS - a region where rural hospitals are separated from Mackay Base Hospital by real distance - local teams often have the beds but not always the on-site medical coverage a case needs. Several hospitals, including Sarina, Clermont, Collinsville, Moranbah and Dysart, operate without consistent on-site Senior Medical Officer coverage. When no local admitting doctor is available, patients who could otherwise be safely treated locally are transferred to Mackay Base Hospital - adding hours of travel, time away from family, and unnecessary pressure on ambulances and larger hospitals.

Telecare bridges that gap: a virtual, FRACP-qualified physician works directly with local nursing teams, reviewing patients, completing admissions and providing ongoing ward support remotely - alongside specialist input on demand across Cardiology, Paediatrics, Respiratory Medicine, Neurology, Anaesthesia and more.

- | | | | |
|-------------|----------------------------------|----------------------|--------------|
| Cardiology | Dermatology | Endocrinology | Haematology |
| Anaesthesia | Inflammatory Bowel Disease (IBD) | Medical Oncology | Neurology |
| Paediatrics | Pharmacy | Respiratory Medicine | Rheumatology |



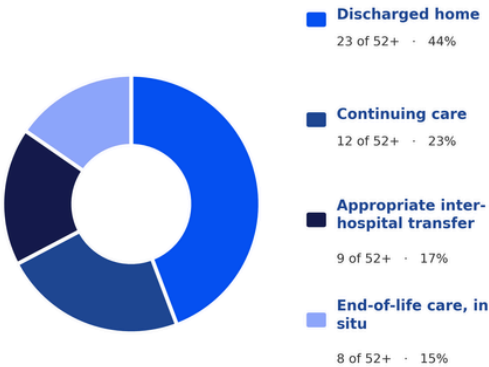
This is more than a virtual consultation. In some cases, it is the medical coverage that makes local admission possible.

Better Care, Closer to Home

Over 6 months, Telecare supported more than 52 rural hospital admissions across the five sites. Most patients stayed within their region - recovering and returning home, or continuing care locally, close to family and community. Nine patients were appropriately transferred to hospitals closer to home.

Patient Outcomes

Of 52+ admissions supported to date



Virtual care strengthens the local workforce rather than replacing it - easing pressure on rural teams while helping Mackay HHS make fuller use of its workforce, beds and specialist expertise across the region.

Telecare embeds a virtual, FRACP-qualified physician across five rural sites - Sarina, Clermont, Collinsville, Moranbah and Dysart - credentialed by the Mackay panel with full iMR access, providing 24/7 admission and ward-round support alongside on-site nursing.

Virtual Inpatient Service

Telecare's Virtual Inpatient Model empowers hospitals to continue operating their inpatient wards at high capacity in the face of workforce shortages.

As part of this model, Telecare provides virtual, FRACP-qualified physicians who work in collaboration with on-site hospital staff to conduct ward rounds and complete all necessary functions, including managing admissions and discharges, coordinating orders for tests and medication, and writing progress notes.

Key Features of this Model

- Provision of a panel of FRACP-qualified physicians experienced in virtual admissions and inpatient acute care.
- Access to a wider panel of specialists for secondary inpatient consultations.
- A fee-for-service model co-designed with our hospital partners featuring no lock-in contracts or ongoing costs.
- Transfer of patient data via Telecare's secure cloud IPAU (lite-EMR) platform
- Rapid implementation, with the ability to be functional within two weeks.
- Safety, efficiency and effectiveness of the model was evaluated by an independent report conducted by the University of Melbourne during the 2022 pilot. The model is now well established across multiple sites.

Key Benefits

Reducing GP Burnout

Virtual physicians are able to support local GPs who are burdened with on-call duties during weekends and after hours, reducing the risk of burnout.

Optimising Transfers

Facilitates timely inter-hospital transfers, reducing bed block in larger centres, while avoiding unnecessary transfers to larger regional hospitals.

Community Support

Keeps local inpatient facilities running at capacity, enhancing healthcare options closer to home and supporting the community's healthcare needs.

Access to Specialists

Provides hospitals with streamlined access to specialist expertise and a wider panel of specialists for secondary inpatient consultations.

Powered by IPAU

IPAU is Telecare's custom-built, co-designed, clinical workflow and lite-EMR software for streamlining inpatient administrative processes and clinical documentation. It securely stores patient data, tracks encounters, and manages task delegation among doctors, nurses, and staff. With customisable medical templates, IPAU reduces administrative burdens, enhances communication, and ensures compliance with clinical governance standards.

6437 Inpatient Consults

Virtual Subspecialist Inpatient Support

Rapid access to expert opinions without patient transfer

Hospitals across Australia, particularly in rural and regional areas, often operate without on-site subspecialists in disciplines such as dermatology, neurology, gastroenterology, and geriatrics. When a patient requires subspecialist input, the options are typically limited or inefficient: either transfer the patient to a larger hospital, or delays in definitive management locally whilst awaiting a tertiary hospital subspecialty opinion. Both approaches create bottlenecks that prolong patient stays, increase pressure on scarce hospital beds, and compromise continuity of care.

Telecare's Virtual Subspecialist Inpatient Support provides a sustainable alternative. The service connects inpatient doctors directly to Telecare's panel of specialists across more than 30 disciplines. Consultations are typically completed within 24 hours, giving medical teams rapid access to expert secondary opinions without the delays, risks, and costs associated with transfers. The model integrates into existing hospital workflows, ensuring subspecialty support is delivered when and where it is needed.

How it Works

Through the Virtual Subspecialist Inpatient Support service, inpatient teams can request subspecialist input quickly and securely whenever complex cases arise. Once a request is submitted, Telecare allocates an appropriate subspecialist, often within the same day, who then connects with the treating team via secure video conferencing. These consultations typically involve registrars, junior doctors, and nursing staff, with the subspecialist guiding the review of investigations, treatment decisions, and care planning. Importantly, the same subspecialist remains available for follow-up during the admission, ensuring continuity of advice and rapid clarification as new issues emerge. By embedding this process seamlessly into hospital workflows, the model provides timely access to expertise that would otherwise require patient transfer (or result in lengthy delays), while also building confidence and capability within the local workforce.

Key Benefits

Faster Access to Expertise

Most consults delivered within 24 hours, expediting diagnosis and treatment.

Reduced Length of Stay

Timely decisions enable earlier discharges and improved hospital bed flow.

Care Close to Home

Patients remain in their local hospital, avoiding disruptive and costly transfers.

Upskilling Local Teams

Registrars and junior doctors gain real-time exposure to specialist decision-making, strengthening workforce capability.

System Efficiency

Hospitals avoid the expense of fly-in specialists or transfer logistics, while still delivering high-quality care.



Multi-Disciplinary Team Case Conferencing

Telecare's Virtual MDTCC Model enhances collaborative care by integrating specialists with local practitioners, ensuring comprehensive patient management and improved outcomes.

Enhancing Care through Collaboration

Collaborative models of care enhance the treatment of complex patients by integrating the expertise of doctors and other clinicians across various disciplines.

Telecare's Multi-disciplinary Team Case Conferencing (MDTCC) model addresses the need for specialist support in health networks facing specialist shortages. Our virtual physicians assist in the diagnostic and treatment pathways for complex patients while simultaneously upskilling the local workforce through knowledge sharing and collaboration.

Collaborative Consultations

Telecare physicians work with Hospital networks to provide virtual outpatient consultations in collaboration with local or on-site practitioners.

Case Consultations

For complex cases, Telecare specialists are then available for case conferences with the patient's GP and other involved healthcare professionals.



The MDTCC Model Delivers the Following Benefits

Upskilling the Local Workforce

Capability building and knowledge sharing for all clinicians.

Collaborative Care

Efficient clinical collaboration leads to broader expertise among healthcare professionals for better patient care.

Supplementary Service

Complements existing services and improves utilisation of existing resources for enhanced clinical outcomes.

Outsources Virtual Administration

Telecare handles administrative aspects of the patient journey, including appointment booking, reminders, referral management, and managing diagnostic results, allowing practitioners to focus on providing care.

Continuity of Care

Ensures seamless patient care by maintaining consistent communication and follow-up between all healthcare providers involved in the patient's treatment.

Our Collaboration with South West HHS

In August 2023, Telecare was commissioned to implement a Virtual Multi-Disciplinary Team Case Conferencing (MDTCC) service at South West Hospital and Health Service (SWHHS) in Queensland, addressing the challenges of fragmented healthcare services and unmet healthcare needs. Building upon their existing case conference model, this expansion caters to the healthcare needs of a vast region encompassing 3 hospitals and 9 GP services.

Telecare Provides the Following Four Specialities to SWHHS



General Physician



Respiratory & Sleep



Endocrinology



Paediatrics

Telecare initially rostered two credentialed physicians covering Endocrinology and General Medicine. In 2024, we expanded our service provision to include Behavioural Paediatrics and Respiratory & Sleep. Since adding paediatrics, our referral volume has increased sixfold, highlighting the value of the MDTCC model in responding to local specialist demand.

The Referral Pathway

01

Referral and Triage

Telecare receives referrals from SWHHS or SWHHS GPs for cases that are clinically appropriate for telehealth.

02

Contact

Telecare contacts the GP, MDT clinicians where appropriate, and patients where participating, to coordinate booking of a multi-party appointment

03

Appointment

The patient is seen at a SWHHS facility with multiple clinicians present for the MDTCC. Telecare specialists provide prescriptions and investigation requests directly.

04

GP Letter

The Telecare specialist dictates the patient's letter and a copy is sent to the referring GP and SWHHS. Results management is handled by Telecare specialists.



Hybrid GP Service

The Problem

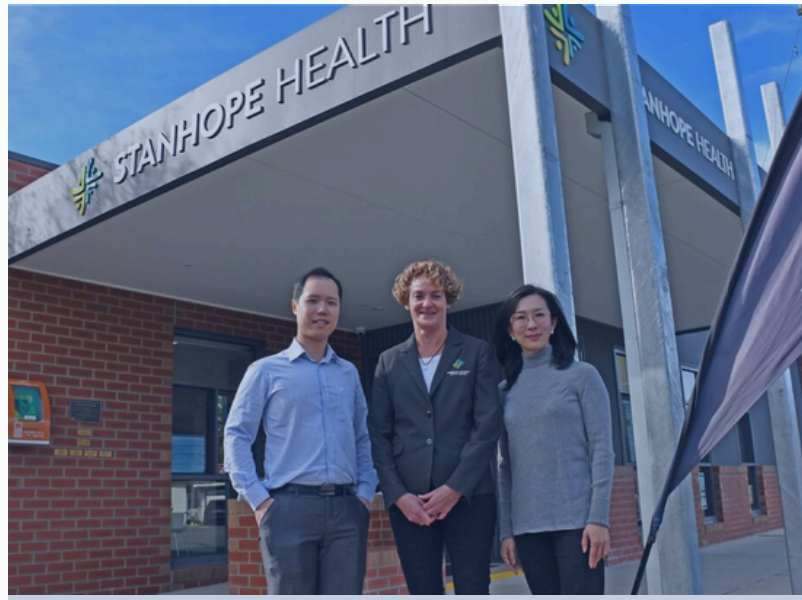
In Australia, rural and remote communities are heavily impacted by a shortage of healthcare providers, driven by persistent workforce challenges such as the difficulty of recruiting and retaining GPs in smaller towns.

This results in long journeys to see a doctor, limited appointment availability, and difficulty maintaining consistent care. These barriers make it harder to find care, increasing pressure on the public health system. Without accessible GP services, more patients turn to emergency departments or go without timely treatment, leading to delayed diagnoses and poorer health outcomes.

Our Solution

Telecare's Community Hybrid GP Model is designed to restore and sustain primary care access in rural and remote communities. The model blends in-person consultations with telehealth services to:

- Provide consistent GP availability;
- Leverage a larger, distributed workforce;
- Reduce travel burdens for patients; and
- Ensure continuity of care



How it works

Clinical Operation

Owned and managed by Telecare, with local facility and administrative support provided in partnership with host communities or health services.

Governance Oversight

Delivered through local health service committees and clinical governance structures.

Supplementary Service

Telecare's Hybrid GP service complements existing services and improves utilisation of pre-existing resources for enhanced clinical outcomes.

Telecare provides two days of service each week. These consultations are primarily delivered via telehealth; however, once per month, our GPs will travel to Stanhope to deliver in-person consultations.

Services are facilitated at the Stanhope Health facility, with reception, telehealth assistance, and practice nurse support provided locally.

Practice nurses assist with procedures and coordinate patient flow, enabling GPs to focus on complex cases.

Service Delivery

- Initial on-site GP presence to assess needs and establish patient relationships.
- Ongoing hybrid care with periodic face-to-face visits supported by regular telehealth clinics.
- Practice nurse facilitation for procedures, patient coordination, and telehealth support.

Our Work in the Stanhope Community

Our partnership with Stanhope began in August 2024 in response to the community's urgent need for a sustainable GP service following the closure of its longstanding outreach clinic. The Stanhope Telecare Medical Centre, the first of its kind in Victoria, has restored consistent primary care access, and demand for services has grown steadily since launch.

Key Services of the Stanhope Model

- Skin checks
- Men's health check
- Immunisations
- GP Chronic Condition Management Plans (GPCCMP)
- Health assessments
- Mental Health Care Plan
- Pap Smear
- Veteran care program

This Model has Delivered the Following Benefits to Stanhope

Improved Access

Consistent GP availability in a community that previously had significant service gaps.

Community Satisfaction

Feedback surveys highlighted that patients were overwhelmingly satisfied with the quality of care provided by this model.

Attracted Ancillary Health Services

An in-town GP service has attracted other ancillary health services such as pathology collections (Austin Pathology) and Pharmacy

Spirometry

We have expanded our service offering to include spirometry - a key diagnostic tool in the early detection and monitoring of respiratory conditions such as asthma and COPD. This addition broadens patient access to preventive respiratory assessments without the need for specialist referral or metropolitan travel.

Aged Care and Virtual Integrated Practice Models

Telecare's Hybrid Aged Care and Virtual Integrated Practice (VIP) models have been designed to improve access to consistent, high-quality general practice services for residents of aged care facilities and health service owned general practices while making more efficient use of the available rural medical workforce.

Hybrid Aged Care Model

Through this model, a general practitioner based in Stanhope provides scheduled face-to-face visits to participating residential aged care facilities on a regular basis, allowing for comprehensive in-person assessments, care planning, and relationship building with residents and facility staff.

These visits are complemented by weekly telehealth consultations, facilitated by the clinical team on-site within the aged care home. With nursing staff present to support examinations, monitor observations, and coordinate care, residents receive regular GP review and avoid unnecessary transfers or delays.

Virtual Integrated Practice (VIP) Model

By integrating face-to-face workforce and Telecare's virtual workforce, the VIP model provides health services with a flexible workforce model. This approach enables rural communities and health services to access virtual GP appointments at least once each week, supporting earlier intervention, improved continuity of care, and more responsive management of chronic health conditions, whilst local workforce manage more acute presentations.

Delivering Sustainable GP Access

Through a combination of these models, Telecare is strengthening collaboration between primary care, and residential aged care and rural health service teams, improving continuity of care for communities while helping regional health services address workforce constraints through sustainable models of service delivery.



On-Call and Scheduled Mental Health Services

A centralised model delivering consistent access to virtual mental health practitioners.

Telecare's On-call and Scheduled Mental Health Services provide our organisational and institutional partners with consistent, timely access to qualified mental health professionals. Telecare works alongside local care teams to deliver both urgent support and regular, scheduled clinics, ensuring that patients have reliable pathways to assessment, treatment, and review consultations. By centralising access to mental health expertise, the model helps organisations streamline referrals, reduce service gaps, and provide equitable care across multiple sites or regions.

Key Benefits of this Model

Reliable Access

Recurring clinic times are scheduled for each organisation, with on-call support available as needed.

Seamless Booking

Local care teams can directly book clients into available slots, reducing coordination delays.

Continuity of Care

We provide consistent care by matching clients with the same clinician each session.

Secure & Private

All consultations are delivered through encrypted telehealth systems, ensuring privacy and accessibility.

Highly Adaptable

Service can be tailored to match each organisation's size, location, and requirements.

Integrated Communication

Centralised scheduling and shared care planning ensure timely updates and coordination across providers.

Suitable Use Cases

Community Health Services

Expands reach by integrating with existing local care facilities virtually.

Correctional Centres

Provides scheduled access to mental health services for detainees.

Schools and Universities

Provides flexible mental health access to younger population groups.

Aged Care Homes

Supports residents through regular mental health clinics and continuity.

Workplaces and Corporates

Supports employees with flexible telehealth appointments.

Secure settings

Access to psychological care for people in geographically dispersed, secure and community based settings.

National Virtual Psychology Access Program With Amplar Health

Telecare and Amplar have worked together to create a comprehensive virtual psychology service that caters to both direct-to-consumer needs and broader, community-funded mental health programs. This partnership streamlines access to mental health professionals, making it easier for individuals to receive timely, consistent, and high-quality care regardless of their location. Together, we deliver two complementary program streams, one tailored for individuals seeking direct support, and another designed to serve communities through funded initiatives, ensuring mental health care is accessible across different needs and circumstances.

Operational Integration

- All appointments are delivered via secure telehealth platforms, ensuring privacy and convenience.
- Sessions are available across multiple timeslots, allowing for flexibility to suit different schedules and time zones.
- Telecare's clinicians maintain continuity by seeing the same client where possible, fostering strong therapeutic relationships.
- Communication with referring services is streamlined, ensuring clinical updates and treatment plans are shared promptly.



Direct-to-Customer Virtual Psychology Services

Through Telecare's partnership with Amplar Health, individuals can book psychology appointments directly online without needing a referral or Mental Health Care Plan (MHCP). This removes common barriers and makes access simple and immediate.

First sessions are bulk-billed or offered at a reduced rate for eligible members, keeping care affordable. Clients can then continue using private health extras or switch to Medicare funded sessions if they obtain a MHCP.

- Direct Online Booking with no referral.
- Bulk-billed or reduced-rate first sessions.

PHN-Funded Medicare Mental Health Centre Program

In partnership with one of the largest Primary Health Networks (PHNs) in New South Wales, Telecare provides clients with up to 10 fully funded sessions with a registered psychologist. Referrals are coordinated through the PHN's central intake system, eliminating the need for a GP referral and ensuring timely access.

This program is designed for people with moderate to high mental health needs, ensuring they receive appropriate support without financial barriers.

- Up to ten fully funded sessions (via PHN funding)



Geriatric In Reach Program

Bringing specialist geriatric expertise into rural communities through an integrated, collaborative model of care

The Problem

Across Australia, older people living in rural and remote areas face significant challenges in accessing specialist geriatric care. There are only 1,074 geriatricians nationally, just 4 per 100,000 people, and only 11.5% practise outside major cities. This shortage means many patients miss out on timely specialist assessment, which can delay important interventions, increase hospitalisations, and worsen health outcomes.

Our Solution

Telecare partnered with the Hume Health Service Partnership to deliver an expanded Virtual Geriatrics Program, combining on-site assessments by a nurse practitioner or local GP with secure telehealth consultations from Telecare geriatricians and old age psychiatrists. This blended approach ensures timely specialist input without requiring travel, while supporting local clinicians and involving residents and families in every stage of care.

Our Work With Hume

Since launching in September 2024, the program has delivered across multiple facilities in the Hume region. Clinicians estimate that the service has **prevented deterioration or avoided hospital admission for at least 10 patients.**

In some facilities, the program has achieved **100% annual geriatric review**, something previously unattainable due to workforce shortages.

How the Model Works

Our collaborative approach promotes proactive management of frailty, cognitive changes, and behavioural health concerns, reducing avoidable hospital transfers and improving residents' quality of life.

On-site Assessment

Nurse practitioners or local GPs will conduct an initial in-person evaluation of the resident.

Specialist Review

A Telecare geriatrician or old age psychiatrist joins via secure video, having already reviewed the patient's history and test results.

Collaborative Care

The session involves the resident, their family, local staff, and the specialist, ensuring care plans reflect both clinical needs and personal preferences.

Instant Care Plans

Recommendations are documented and shared immediately with the in-reach team via the Telecare platform, supporting smooth follow-up care.

Hospital in the Home (HITH)

Hospital in the Home (HITH) allows patients to receive acute care in their own homes, supported by local healthcare teams and Telecare's remote specialists. Patients remain formally admitted under the hospital's care, with virtual bedside consultations conducted by Telecare specialists and in-person support from nurses or allied health staff.

HITH provides the following benefits:

- Frees up hospital beds for patients needing on-site treatment.
- Reduces hospital-acquired complications through safe recovery at home.
- Expands access to specialist care in regional areas.
- Builds workforce capability through collaboration and training.

How It Works

Admitted at Home

Patients remain formally admitted under the hospital's care, with all clinical governance and documentation managed just as if they were in a ward.

Team-Based Support

Local nurses or allied health staff provide in-person care at home, while Telecare doctors join virtually for bedside consultations and specialist input.

Ongoing Monitoring

Patients are reviewed through a mix of home visits and virtual check-ins, with care plans updated directly into hospital systems until discharge.

HITH Delivery to Mackay

With no local geriatricians and rising bed pressure, Telecare partnered with Mackay to deliver geriatric care at home.

The Model in Mackay

Remote Specialist Integration

A Telecare geriatrician joins the care team virtually, enabling the hospital to run a geriatric HITH program that would otherwise be unfeasible.

Seamless Home Admissions

Patients remain admitted under the Senior Medical Officer (SMO) bed card, with home visits conducted by local nurses or allied health staff.

Pre-Visit Diagnostics

Imaging and cognitive assessments are organised before consultations, ensuring efficient specialist reviews.

Training & Upskilling

Registrars present cases for teaching and active feedback; nursing and allied health staff benefit from observation and collaboration.

Key Statistics

Patient Feedback

215 home visits and 41 virtual geriatric consults delivered

20+ multidisciplinary case conferences, supporting training and shared learning (83% staff benefited)

644 hospital bed days freed; average stay 11.5–30.7 days

86% of staff agreed patients would not have accessed home treatment otherwise

Remote Pill Cam Reporting

Telecare's Pill Cam service brings capsule endoscopy into hospitals and health services that otherwise lack subspecialist gastroenterology support. The model combines on-site nursing or clinical staff with remote gastroenterologists, creating a seamless diagnostic pathway that avoids patient transfers and long delays.

The process is simple: patients swallow or have the capsule endoscopically placed, images are captured on a wearable recorder throughout the day, and footage is securely uploaded. Telecare specialists then review the study, prepare a detailed report, and provide findings directly back to the hospital team. This approach means patients receive timely, specialist-led care in their own community, while hospitals extend their diagnostic capability without needing to recruit new staff.

How It Works

Patient Preparation & Counselling

Local clinicians educate the patient, confirm readiness, and arrange any required investigations prior to the consult.

Capsule Administration & Recording

The capsule is swallowed or placed endoscopically, with images continuously captured throughout the day on a wearable recorder.

Secure Upload & Specialist Review

Footage is transferred via a protected portal and interpreted by a Telecare gastroenterologist, who prepares a detailed report.

Care Coordination & Follow-Up

Findings are shared with the local hospital team, enabling rapid treatment decisions and same-day or short-interval follow-up care.

Pill Cam Reporting with Mackay

After two years without capsule endoscopy access, Mackay Hospital and Health Service partnered with Telecare in 2024 to restore this service. Together we co-designed a sustainable model: procuring equipment, developing protocols, training staff, and supporting patient education.

Positive Impacts of this Service

Since launching this service with Mackay in October 2024, we have facilitated [32 pill cam procedures](#), resulting in:

Faster Access to Care for Patients

Wait times reduced from 1,085 days to as little as 2 days

Turnaround times for pill cam procedures have been as little as 12 hours for inpatients (average 4–5 days)

Improved Detection

Resulted in the discovery of 3 active bleeds, 1 previously undetected caecal carcinoma, Crohn's disease, vascular lesions, gastritis/duodenitis.

Enabled targeted interventions including surgery, push enteroscopy, and gastroscopy.

The Proven Benefits

- Patients are diagnosed faster, have to travel less and receive earlier treatment.
- Hospitals increase their specialist coverage and reduce the number of external transfers.
- Specialists are able to service multiple hospitals remotely, while maintaining diagnostic quality.

Virtual Pre-Admission Anaesthetic Clinic

Regional health services face a compounding problem: anaesthetist workforce shortages constrain surgical throughput, while fragmented pre-admission processes, particularly around high-risk medications such as anticoagulants and SGLT2 inhibitors, introduce preventable perioperative safety risks. Telecare's Virtual Pre-Admission Anaesthetic Clinic combines virtual triage, pharmacist-led medication review and telehealth anaesthetic consultation into a single, ieMR-integrated perioperative episode, extending safe surgical throughput without hospitals needing to recruit additional anaesthetic staff.

How It Works

Virtual Triage

Patients are directed to the appropriate virtual or in-person assessment pathway using clear clinical criteria.

Pharmacist Review

A clinical pharmacist leads review of high-risk medications, including anticoagulants and SGLT2 inhibitors, reconciled ahead of surgery.

Telehealth Review

Telehealth anaesthetic consultations optimise patient readiness and reduce day-of-surgery cancellations.

Two anaesthetists + one clinical pharmacist • Fully ieMR-integrated • A scalable perioperative safety blueprint for regional Australia

Pre-Admission Anaesthetic Clinic with Mackay

Telecare Australia partnered with Mackay Hospital and Health Service to establish this Virtual Pre-Admission Anaesthetic Clinic, staffed by two anaesthetists and a clinical pharmacist. All clinical documentation is integrated directly into the ieMR, maintaining continuity from referral through to the day of surgery.

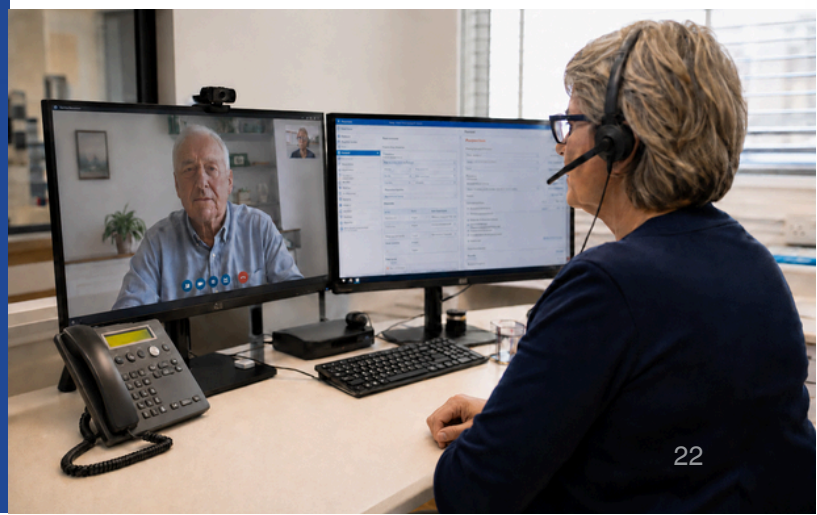
Positive Impacts of this Service

Since launching with Mackay, indicators point to:

- Faster, More Flexible Access
- Appropriate patients are redirected to virtual pathways, increasing scheduling flexibility and easing pressure on in-person capacity.
- Fewer Day-of-Surgery Cancellations
- Optimised patient readiness ahead of surgery is reducing avoidable, last-minute cancellations.
- Strengthened Medication Safety
- Earlier identification of anaesthetic-interacting medications is catching risks before they reach the operating theatre.

Key Lessons

- Clear, well-defined triage criteria are essential to route patients safely.
- Tight ieMR integration preserves continuity across the perioperative episode.
- Robust pharmacist involvement from the outset is a core safety lever, not an add-on.
- The model offers a scalable perioperative safety blueprint for regional services nationally.



Streamlined ADHD and Autism Assessment

The Problem

Demand for ADHD and Autism assessments continues to increase across Australia, placing significant pressure on an already constrained mental health workforce.

Many patients face extended wait times, limited access to appropriately qualified specialists, and significant geographic barriers, particularly in rural and regional communities.

For referring clinicians, navigating assessment pathways can be complex, with patients often experiencing delays between referral, assessment, diagnosis, and treatment planning.

These delays can impact educational outcomes, employment, mental health, and overall quality of life.

Our Solution

Getting an ADHD or Autism assessment can be a long and frustrating journey, particularly outside major cities. Telecare's two-step pathway makes the process simpler, faster and more accessible.

Patients begin with an intake assessment with a mental health clinician before progressing to a comprehensive telehealth assessment with a psychiatrist. Recommendations are then shared with the patient's regular GP, supporting ongoing care close to home.

By combining specialist expertise with a shared-care model, Telecare improves access to timely assessments, supports rural and regional communities, and allows psychiatrists to focus on delivering high-quality clinical care. As Telecare grows, we remain committed to developing innovative models that strengthen Australia's mental healthcare system.

How the Model Works

Clinical Intake

Patients complete an initial telehealth appointment with a mental health clinician who gathers history, reviews concerns, and prepares information for specialist assessment.

Specialist Assessment

Patients are matched with an appropriate psychiatrist who conducts a comprehensive ADHD or Autism assessment via telehealth.

Medicare Support

For eligible patients with a valid GP referral under Medicare, psychiatrist appointments will be Medicare rebateable, reducing out-of-pocket costs.

Shared Care Model

Following assessment, recommendations and treatment plans are provided to the patient's GP, supporting ongoing care within the community.

Accessible Australia-Wide

The service is delivered entirely via telehealth, helping patients access specialist care regardless of location.



Rural Aboriginal Health: Virtual Behavioural & Developmental Paediatrics.

Closing the health gap for Aboriginal and Torres Strait Islander communities requires more than good intentions, it requires models that are built with community, delivered with cultural safety, and measured by real outcomes.

In rural New South Wales, Aboriginal families have long faced significant barriers to specialist paediatric care, with waits of up to two years and journeys of five to seven hours for appointments. In partnership with Armajun Aboriginal Health Service, Telecare co-designed a culturally safe, community-led model that places trust, family needs, and local Aboriginal Health Workers at the centre of care.

Over 12 months, this partnership has delivered **paediatric care to 168 children, across four regional communities**, with 97 children accessing paediatric care for the first time through this pathway.

High attendance rates reflect more than clinical success, it demonstrates genuine community trust. Behind every consultation is a child receiving earlier diagnosis, a family avoiding unnecessary travel, and a community accessing care on its own terms.

Behavioural and Developmental Paediatrics is one of the most in-demand specialist services nationally right now, and it's one of more than half a dozen virtual specialties available to Aboriginal health services under the same connected model, from GP primary care through to mental health and allied health support.



How the Model Works

Weekly Virtual Clinics

Telecare paediatricians deliver regular virtual consultations, ensuring reliable and timely access to specialist care.

Local Support

Armajun Aboriginal Health Workers assist during sessions, providing cultural guidance, family support, and continuity of care.

Digital Portal

A secure platform enables direct bookings, secure file transfers, and smooth communication between local teams and specialists.

Coordinated Care

A Senior Medical Officer oversees the program across four sites, with case conferences available for complex patients.

Integrated Pathways

The service is embedded into Armajun's existing primary care systems, avoiding duplication and supporting seamless patient journeys.

Our Productivity Software

Our productivity solutions support virtual healthcare delivery and enhance the efficiency of the healthcare workforce.

RxPad helps clinicians save time, reduce paper waste, and minimise administrative overhead, enabling practitioners to focus more on patient care rather than non-patient-facing tasks.

Over 1,000
users
throughout
Australia.

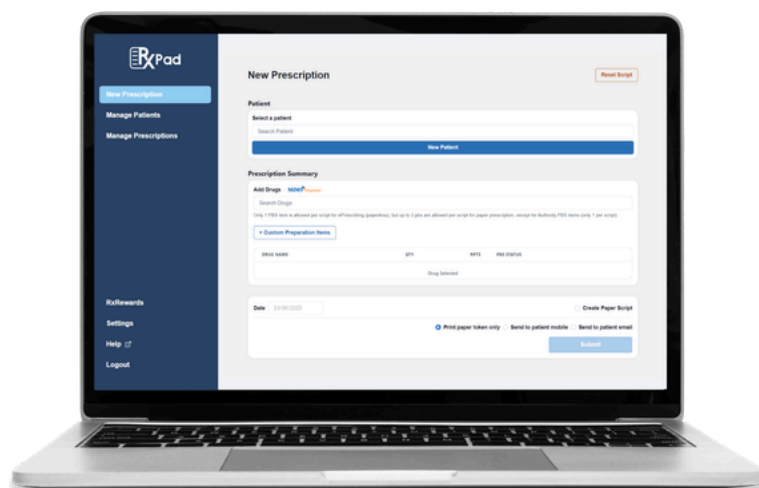


Telecare officially launched RxPad in August 2023. RxPad is Australia's first standalone, mobile-friendly electronic prescribing tool and is fully conformant with ADHA standards and integrated with eRx. It runs entirely within a web browser with no installations required. Clinicians can prescribe from any device: whether at a desk, on a ward, or in the field. It is currently used by clinicians across both public and private systems, and many users have reported a substantial reduction in prescribing time.

RxPad supports PBS, RPBS, Private, S100 and authority scripts, integrating with both MIMS medication database and PBS database for a seamless workflow. A Multi-Script feature allows clinicians to send multiple scripts to a patient in a single transaction.

Bulk patient upload and shared patient lists give every prescriber in an organisation a unified view of patients. For larger organisations, Teams capabilities add multi-location support under a single HPI-O, per-location reporting, and centralised administration and billing, with optional prescribing analytics and SSO or API integration available where required.

RxPad is hosted on AWS with Australian data residency and has completed the NSW Government Prequalification Scheme and PSAF framework for NSW Government procurement.

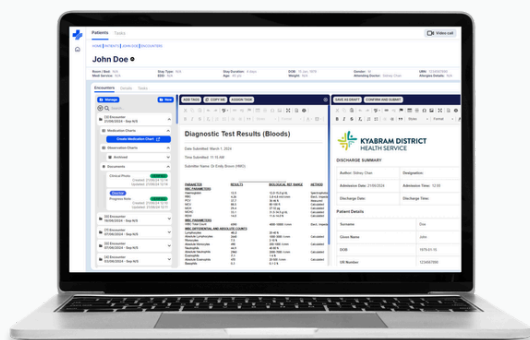


Our Hospital Management Software

Telecare's Hospital Management Software is designed to modernise hospital operations by digitalising clinical and administrative workflows. By replacing manual processes with streamlined, integrated systems, we reduce administrative burden, enhance communication between care teams, and improve patient outcomes.

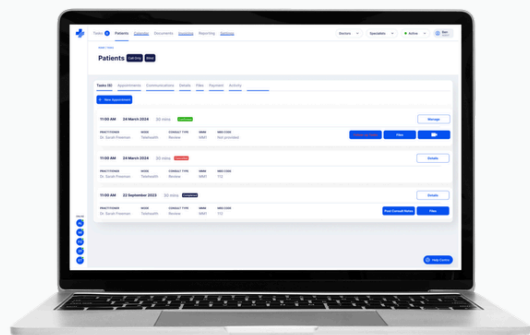
Our software solutions are co-designed with clinicians, administrators, and other key stakeholders, ensuring that the tools align with real-world hospital needs. With secure data storage and governance at the core, these solutions consolidate patient records, optimise task delegation, and provide customisable templates to adapt to each organisation's unique requirements.

Inpatient Process Automation Unit (IPAU)



IPAU is Telecare's proprietary system for inpatient workflow and documentation management. It digitalises patient records so that all encounters are consolidated into a single, accessible medical file, while also streamlining task management across doctors, nurses, and allied health staff. By securely storing records and supporting consistent documentation practices, IPAU strengthens compliance and governance, reduces inefficiencies, and enhances multidisciplinary collaboration. The result is less administrative overhead, more time for patient care, and greater continuity across teams.

Outpatient Process Automation Unit (OPAU)



OPAU is Telecare's outpatient management system, built to optimise the unique challenges of outpatient services. It replaces paper processes with secure digital records, manages appointments and automates reminders, and facilitates efficient communication between patients and providers. By enabling seamless task delegation and real-time tracking across clinical teams, OPAU has delivered measurable improvements in waiting times, reduced missed appointments, and strengthened overall administrative efficiency.

Conferences & Research 2026

RWAV

Virtual Inpatient Care as a Foundation for Rural Hospital Recovery

Poster: Expanding Virtual Geriatric Care – Collaborative telehealth models across regional and rural settings

WA Digital Health Summit (AIDH)

Practical AI Implementation in Digital Health: Real-world automation that improves clinical and operational workflows

Balancing Old Principles and New Risks: Clinical Governance in the Digital Realm

Optimising Specialist Access Through Workflow Automation

Clinical Excellence Queensland Showcase

"Virtual Care Rural Hospital Support Model"

SFT-26 - Oral Presentation (upcoming)

Metro to Rural: Co-designing a Hybrid GP Service to Sustain Primary Care in a Thin Market

RMA 26

Giving Rural GPs Their Weekends Back: After-hours Virtual Inpatient Cover in VIC

Keeping Rural Queensland Inpatient Wards Open: The Mackay RISP Five-Site Evaluation

AI Care 2026 (upcoming)

Practical Implementation of AI

HIC 26 (upcoming)

Commissioning Virtual Specialist Care at Scale

RACMA (upcoming)

- Closing the Rural Admitting Officer Gap: Virtual On-Call Physicians Across Five Mackay HHS Sites

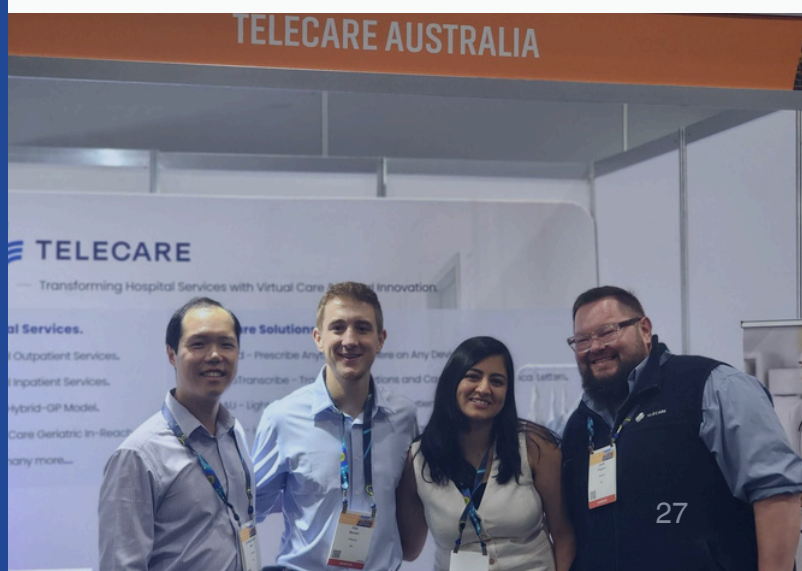
ACHSM (upcoming)

- Safe, Smart, and Virtual: A Multidisciplinary Pre-Admission Anaesthetic Clinic Addressing Perioperative Workforce and Safety Challenges in Regional Queensland
- From 1,085 Days to 2: How Remote Capsule Endoscopy Reporting Is Eliminating Diagnostic Inequity in Regional Queensland

Posters

- Virtual geriatric in-reach across rural residential aged care: partnering nurse practitioners with remote geriatricians and aged psychiatrists
- Virtual subspecialist inpatient support: co-designed access to subspecialties in regional Queensland
- Restoring capsule endoscopy through a remote reporting model: what worked, and what got stuck downstream
- Virtual inpatient care as a foundation for rural hospital recovery: three years of lessons from a paper-hospital pilot to a multi-site Victorian model
- Bridging the dermatology care gap: a fully virtual specialist model in a region with no resident dermatologist
- GEM-R HITH: embedding a virtual geriatrician in a Hospital-in-the-Home model where no local specialist exists
- Culturally safe paediatric care for Aboriginal communities: a co-designed virtual specialist model with Armajun Aboriginal Health Service

At Telecare, we are dedicated to improving virtual healthcare through research collaborations and active participation in key conferences. Below is our consolidated list of 2026 abstract submissions and conference presentations.



Putting The Care Into Telehealth

Learn how we expand access
and strengthen care through
virtual health innovation.

Committed to Clinical Excellence

