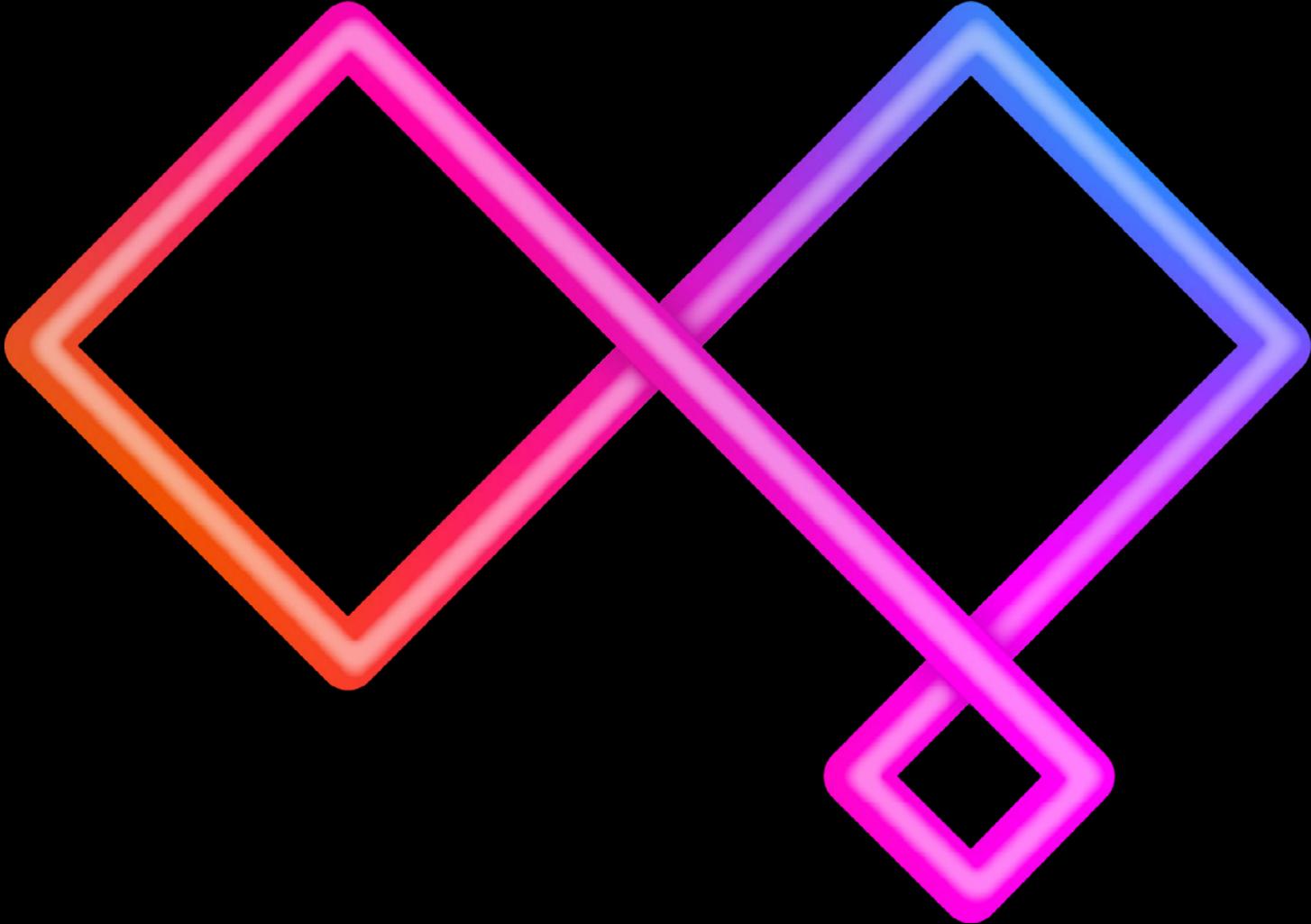


Annual Report 2020/21

digital
health
crc



Australian Government
Department of Industry, Science,
Energy and Resources

AusIndustry
Cooperative Research
Centres Program

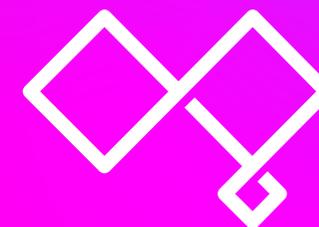
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The Digital Health Cooperative Research Centre (DHCRC) is Australia's leading organisation for digital health innovation and commercialisation. It connects the ecosystem of industry, government, providers, consumers, academia and research to solve pressing healthcare challenges.

Focused on a sustainable impact on health outcomes and increased efficiencies, the DHCRC identifies, co-invests and supports projects, accelerating the implementation of digital health technologies, underpinned by research-driven evidence.

The DHCRC is also committed to developing the digital economy and forming a vibrant industry for Australia, creating jobs and attracting global talent.



CEO Report 2020-21

The 2021 financial year (FY21) brought a number of challenges, but also opportunities for digitally-assisted healthcare. The COVID-19 pandemic has accelerated the implementation and uptake of digital health technologies and required us to adapt to the immediate requirements of the Australian healthcare sector. We continue to engage and listen to our Participants, reacting to their needs accordingly in what has become an extremely dynamic environment.

Informed by consultations with our community of Participants and the broader industry, we have revised the DHCRC's strategy accordingly, increasing our focus on agile innovation and support for commercialisation. In FY21 we continued to provide governance and support for over 35 active research projects, spanning across our key themes and focus areas. These projects continue to be led by many of our Participants across academia, industry and government sectors. In September 2020, we welcomed a new participant, Epworth Healthcare, a Melbourne-based provider of acute medical, surgical and rehabilitation services. In the coming financial year, we expect to provide an update on additional Participants joining our community.

Since taking up this role in December 2020, I've been motivated and excited by the passion that exists within our ecosystem. With a new leadership team now firmly in place, we are in a position to execute on our Commonwealth milestones and play a key role in developing a thriving digital health industry for Australia, showcasing our combined strengths to the world.



“We continued to provide governance and support for over 35 active research projects, spanning across our key themes and focus areas.”

Dr Terry Sweeney CMG

Our new vision focuses on three key words:

Smart.
Connected.
Transformative.

In FY21, we developed new branding, representative of a connected Australia, and reflecting a bright future and strategic focus on innovation, commercialisation and inclusiveness. We have also been developing and implementing commercialisation strategies to take us beyond our Commonwealth funding term. We aim to deliver ongoing impact to the community and boost the economy, supporting and providing value to our Participants for years to come.

Smart. The DHCRC's own ecosystem is made up of the brightest, innovative minds. From academic leaders to industry experts, we are proud to work within a sector that is committed to using its expertise to translate directly to real world outcomes.

Connected. Not just digitally. The DHCRC exists to connect great minds and solve the most pressing healthcare challenges through digital technologies.

Transformative. We plan to truly transform the development and delivery of healthcare. We have already commenced work with healthcare providers to identify problems and we will solve these through the acceleration and implementation of emerging digital health solutions and technologies.

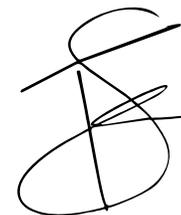
Our transformative direction extends to the digital economy. We remain committed to creating a vibrant industry for Australia, developing the digital health economy, creating jobs and attracting global talent to digital health, the next multibillion-dollar industry.

To support our refined strategic direction and take future projects from ideation to action, in FY21 the DHCRC launched specific new healthcare and technology research themes. Our team also commenced a new and agile process to co-design research projects with Participants, embedding commercialisation plans at an early stage of project development, and moving from 'idea' to 'action' with greater speed.

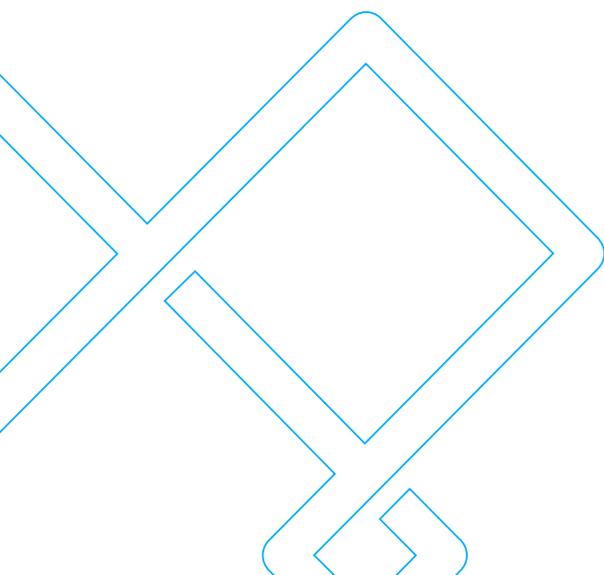
Our thriving education and workforce capacity building program also continued to progress its milestones. During FY21, we were proud to have a cohort of 71 active students and postdocs. In collaboration with RMIT Online, the DHCRC also co-designed and launched three micro-credentialed online short courses in FY21, providing tailored and industry relevant professional development opportunities for Australia's healthcare workforce.

To further build our profile and contribution to the national digital health economy, we were thrilled to work with the Australian Trade and Investment Commission (Austrade), after successfully securing a tender to develop a value proposition for foreign direct investment into digital health in Australia. This work continues in the new financial year and we're looking forward to sharing this with our stakeholders.

As we move into the new financial year, the urgent challenges facing the Australian health sector continue to drive our strategy and focus. Now with a complete team and thriving ecosystem of Participants, our aim is to build workforce capacity and support research projects that fulfill an unmet need and have the potential to deliver economic benefits or viable commercialisation pathways in health.



Dr Terry Sweeney CMG



Highlights and Achievements

The DHCRC underwent significant transformation in FY21 financial year, attracting and appointing a new leadership team and developing and commencing a revised long-term strategy focused on commercialisation.



Appointment of Chief Executive Officer (CEO) and Chief Innovation Officer (CINO)

Dr Terry Sweeney CMG joined the DHCRC in December 2020 as CEO. With over 22 years global industry experience, Terry is recognised as a thought leader in digital health innovation and commercialisation. Terry's industry insights are in regular demand from international governments, healthcare organisations, public forums and media outlets, and is a strategic advisor to a number of global organisations, including the G20. Throughout his career, he has established and scaled a number of startups, several being acquired by large multinationals.

Terry has a proven track record of scaling and commercialising research, start-ups/scale-ups and large scale enterprises. He created a US\$1.2B joint venture to use new and emerging technology to support the Chinese Government's national healthcare strategy. Working with Japanese industry and government, he also created a US\$100M partnership to use artificial intelligence to improve patient safety across Japan.

During Terry's tenure as Global Managing Director for IBM Health, he was responsible for leading global partnerships with world leading organisations such as the American Medical Association, Mayo Clinic, Cleveland Clinic and Ministry of Health, Labour and Welfare Japan. Reporting to the Secretary of State for Health, Terry was the UK Government Special Advisor on the health and social care digital strategy, leading the transformation of front-line services through technology adoption. He is also a Board Director of the Southern Adelaide Local Health Network and a Professor at the Faculty of Health and Medical Sciences, Adelaide University.

Dr Stefan Harrer joined the DHCRC in March 2021 as the inaugural Chief Innovation Officer. Stefan is a researcher and data scientist at the intersection of Artificial Intelligence and Neuroscience. He spent over 12 years with IBM Research in the US and Australia, including being the Global Lead of Epilepsy Research and was inducted to the IBM Academy of Technology.

Stefan was inducted to the Forbes Technology Council, is a member of the New York Academy of Sciences and a Senior Member of the IEEE. He holds an Adjunct Professor position at the University of Technology Sydney and has authored 59 papers in peer-reviewed scientific journals. Stefan received a Research Scholarship from UC Berkeley, a Karl Chang Innovation Fund Grant from the Massachusetts Institute of Technology, an Honorary Principal Research Fellowship from the University of Melbourne and several Research Grants from the NIH and the Australian Research Council. Stefan holds a PhD in Electrical Engineering and Computer Science from the Technical University of Munich and an Honors Degree in Technology Management from CDTM.

Stefan now supports the DHCRC's Participants and the broader industry with identifying problems worth solving, guiding them through the incubation of projects and ventures to build innovative solutions with clinical and commercial impact.



Research and collaboration

In FY21, the DHCRC determined new research themes to guide future project submissions. This was required considering the change in national and global healthcare priorities from the COVID-19 pandemic.

Led by Participant and industry feedback, the DHCRC determined these new themes (listed right) have the biggest potential to develop and scale digital health and digitally assisted new models of care.

These key themes will help the DHCRC focus on supporting unmet and pressing needs in clinical settings. Given the immediate challenges facing the health sector, the DHCRC will only look to support research projects that have the potential to deliver economic benefits, viable commercialisation pathways, or research case studies in health.

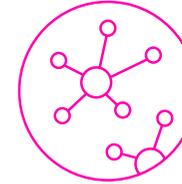
Healthcare Themes



Chronic Disease Management



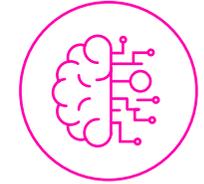
Cancer Care Transformation



Emerging Infectious Diseases



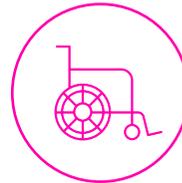
Mental Health



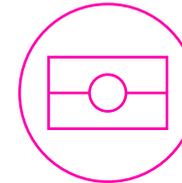
Neurological Diseases



Women's Health



Aged Care



Indigenous Health

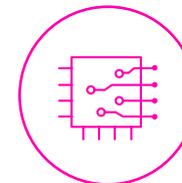
Technology Themes



Virtual Care



Consumer-Driven Healthcare



Data



Artificial Intelligence & Machine Learning



Thought leadership and exposure

As part of the DHCRC's revised strategy, a focus has been on driving thought leadership for digital health in Australia. This has been showcasing the opportunity for innovation and commercialisation in digital health, while positioning the DHCRC as a national and international leader. Highlights include:

- Dr Stefan Harrer was invited to become a member of the Forbes Technology Council, an invitation-only global organisation comprised of leading CIOs, CTOs and technology executives.
- Dr Terry Sweeney accepted a board position with Southern Adelaide Local Health Network, which has strong partnerships with DHCRC's Core Participant Flinders University.
- As one of two Commonwealth funded organisations working in the aged care digital health space, the DHCRC was invited to participate in the Aged Care Intergovernmental Working Group, established to bring together representatives from the various central agencies working on aged care reform and research.
- Numerous speaking engagements for DHCRC's CEO and CINO at key digital health events.

A photograph of a man with a beard and short hair, wearing a dark suit jacket over a black t-shirt, speaking at a podium. He is looking slightly to his right. The background is dark with the AWS logo and some blurred lights. The image is partially obscured by a large pink triangle in the bottom right corner.

“The DHCRC exists to connect great minds and solve the most pressing healthcare challenges through digital technologies.”

The DHCRC continued to provide value for Participants and other stakeholders within the digital health ecosystem through relevant and timely webinars. Highlights include:

September 2020

Reimagining Healthcare in Australia.

As part of the DHCRC's Project 0129, Professor Brendan Murphy, Australia's Secretary of Health (at the time of event) led an important panel discussion that explored the role of digital in future health delivery. He was joined by a stellar list of industry experts including Leanne Wells (Consumers Health Forum), Mark Simpson (eHealth NSW), Kulleni Gebreyes (Deloitte US), Dr Steve Hambleton (Australian Medical Association) and Gabrielle O'Kane (National Rural Health Alliance).

May 2021

Idea to Action: How to think like a health-tech entrepreneur and turn your big idea into reality.

Dr Terry Sweeney led this webinar with special guests Ken Saman (Personify Care), Louise Schaper (AIDH) and Michelle Perugini (Presagen). This webinar provided an investor's eye view of the digital health landscape and practical insights and advice to help translate big ideas into action.



April 2021

Practice Analytics.

The DHCRC hosted a national webinar focused on the potential use of health data for practice reflection and professional development. Led by the DHCRC's outgoing Director of Research, Professor Tim Shaw, panellists considered how this aligns with the Medical Board of Australia's Professional Performance Framework. Panellists included Anne Tonkin (Medical Board of Australia), John Wilson (Royal Australasian College of Physicians), Julian Archer (Royal Australasian College of Surgeons), David Rankin (Cabrini Health) and Robert J Birnbaum (Harvard Medical School).

Commercialisation

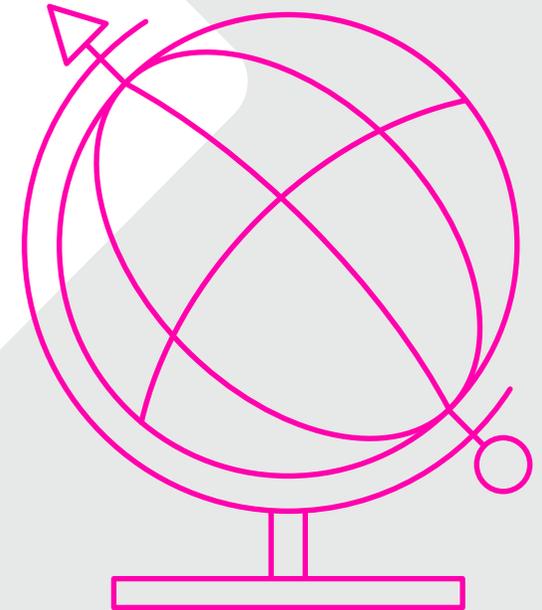
Australia's technology ecosystem is experiencing rapid growth and undergoing an exciting period of expansion and change, contributing over six per cent of GDP to the Australian economy. In tandem, the global digital health market is booming and expected to reach over \$500bn by 2025. The time is now for Australia to become a global leader in this multibillion industry.

The DHRC's revised research strategy includes a new process for reviewing research applications from Participants and other potential partners. This includes:

- Only considering applications which are tied to projects that foster, leverage, and commercialise innovation.
- Projects can span single or multiple stages of the idea to impact pathway and need to be defined through timelines and deliverables.
- While the DHCRC strongly encourage start-ups, scale-ups, and other early-stage ventures to apply for funding to support their entrepreneurial journey from seed to later-stage rounds, it will not participate in general funding rounds that are not tied to specific projects.

In FY21, the DHCRC also finalised plans for the launch of its commercialisation hub to drive growth in the digital health industry, with innovation and commercialisation at its core. Launching in FY22, as an intermediary service connecting problems to ecosystem driven solutions in digital health, it will:

- Support big and small tech to localise, test and scale new digital health solutions.
- Help organisations develop, incubate and go to market with commercial IP.
- Deliver competitive advantage to our partners, providing trusted advisory and industry analyst services.
- Make strategic investments in new and emerging health solutions.



In FY21, the DHCRC was also contracted by Austrade to develop a strategy and value proposition on digital health as an industry for Australia, focused on the opportunities to attract global organisations and talent.

In FY22 and beyond, the DHCRC will utilise this research to support its Participants in their contribution to the digital economy.

[Read Case Study on p15](#)

Education and Training

The DHCRC co-designed courses with its Participants in FY21 to build capability and capacity in digital health.

These courses target the current and future healthcare workforce across government and industry and were co-created with subject matter contributions from Participants and other partners including consumers. The courses include:

Online Graduate Certificate in Digital Health with RMIT Online, including inaugural DHCRC scholarships.

Other key partners include Amazon Web Services, Telstra Health and Consumers Health Forum. The first cohort of learners to is set to commence in Q1 FY22, with two of eight scholarships awarded for this intake.

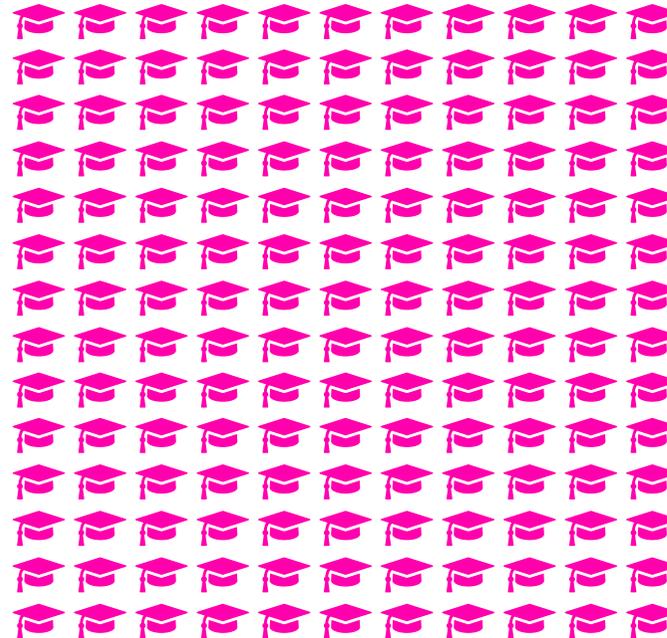
Scholarship selection criteria promotes the change DHCRC encourages in healthcare: supporting digital literacy, underrepresented groups and employer engagement.

Three micro-credentialed online short courses with RMIT Online in digital health.

Other key partners included Telstra Health, Queensland Health, Health Transformation Lab and Canteen.

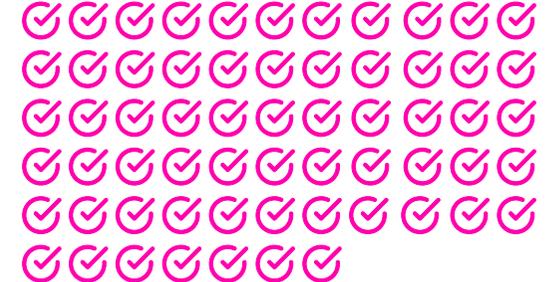
154

DHCRC sponsored learners have now completed these courses.



66

additional sponsored learners are enrolled in current and future intakes.



[Read Case Study on p16](#)

Other education highlights for the DHCRC include:

Webinar series for digital health ecosystem.

A seven-day online event where 79 data and health professionals worked in teams to solve real-world telehealth challenges using HMS data.

Open invitation to Digital Health 'Shut Up & Write' Online Network.

15 DHCRC universities represented.

Attendees included 34% from DHCRC Participant universities, 11% from non-partner Australian universities and 53% from international institutions.

Members of the existing Digital Health 'Shut Up & Write' Online Network community bring multiple talents and rich skillsets to the group. Evidence suggests that empowered and multidisciplinary communities such as these have the potential to make meaningful impact and design solutions to solve real world problems in digital health.

DHCRC PhD graduate nominated for the Dean's Award for Outstanding Higher Degree Research Thesis



Reducing transformation friction: the role of organisational leadership in transformational project outcomes.

Natalie Smith, University of Queensland
<https://doi.org/10.14264/51e0d73>

A thriving student and postdoctoral community including:



27 PhDs, one Masters by research, 24 Postdocs and 19 interns (10 completions).



Monthly online research support group meetings and annual retreat.

Being a member of the Steering Group for the National Digital Health Capability Action Plan with the Australian Digital Health Agency.

Case Studies



Case Study: Research

DHCRC-0095: Using real-time health data to enable personalised, adaptive and early community health care – project with Flinders University, SA Health and goAct.

Flinders University, a core Participant of the DHCRC, is leading the development of a vital new solution for mental health care delivery in statewide trials in South Australia. With telehealth solutions now responding to the rising demand for mental health services across the board, the DHCRC project which commenced in FY21, is now targeting this more vulnerable group with a digital solution created with their special needs in mind.

After extensive research and trials, the AI² software model as part of this project is rolling out across South Australia in partnership with public mental health services linked to the Local Health Networks of Southern Adelaide, Northern Adelaide, Central Adelaide, Barossa, Fleurieu, and Adelaide Hills, as well as the State Government's Digital Health SA.

Project lead, Associate Professor Niranjan Bidargaddi from Flinders University explained that the current monitoring, management, and treatment of chronic mental illness across different parts of the health system is poorly coordinated and inadequate.

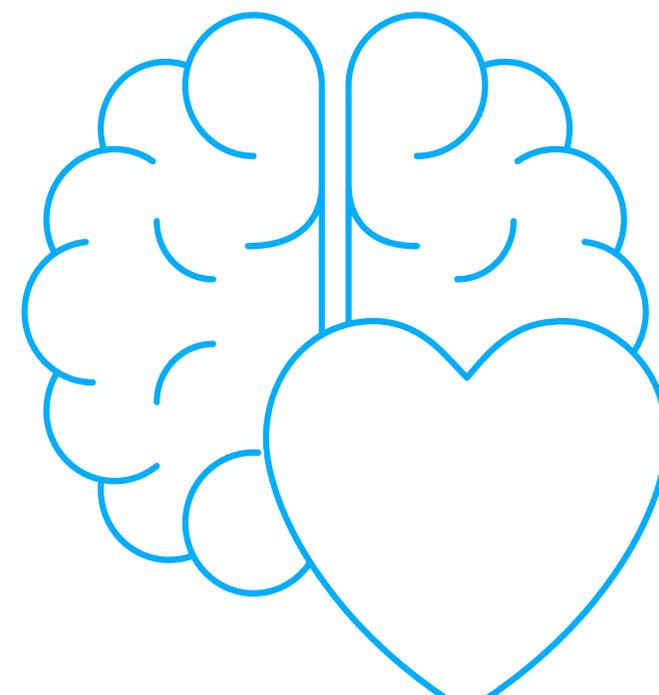
The AI-squared software is being enhanced to algorithmically trawl through integrated health care interaction data sourced from My Health Record and Electronic Health Records (EHR), to flag care gaps and nudge interventions.

The tools and resources developed in this AI² project will enable mental health services to run remote check-in on mental health patients and ensure they are receiving the continuum of care in the community.

“The program will help people with severe and enduring mental health illnesses who aren't confident or don't have access to the internet or smart technologies.”

A/Professor Niranjan Bidargaddi

Digital Health, College of Medicine and Public Health,
Flinders University



Case Study: Research

DHCRC-0118: COVID-19
– utilising near real-time
electronic General Practice
data to establish effective care
and best-practice policy.

The DHCRC commenced a new collaborative project in FY21 to build a real-time reporting system that shows where and how COVID-19 is impacting Australia's health system, based on de-identified data from 500 general practices across NSW and Victoria.

The project is a collaboration between three Primary Health Networks (PHN) in Victoria (Eastern Melbourne, Gippsland and South Eastern Melbourne) along with Macquarie University, Outcome Health and the Royal College of Pathologists of Australasia (Quality Assurance Programs).

Professor Andrew Georgiou from the Australian Institute of Health Innovation at Macquarie University explained that primary care is in the frontline of the health system.

“In a COVID-19 situation, you want to know what’s happening immediately – we are already seeing a second wave in various places, and primary care is where this often shows up first.”

The data will go further than simply identifying COVID-19 hot-spots and could include medications prescribed, tests ordered or carried out and referrals made.

Adam McLeod, CEO of Outcome Health said:
“We will look at recent trends and near real-time data to see the impact of COVID-19 on different areas of care,” adding an example may be low compliance with chronic disease appointments.

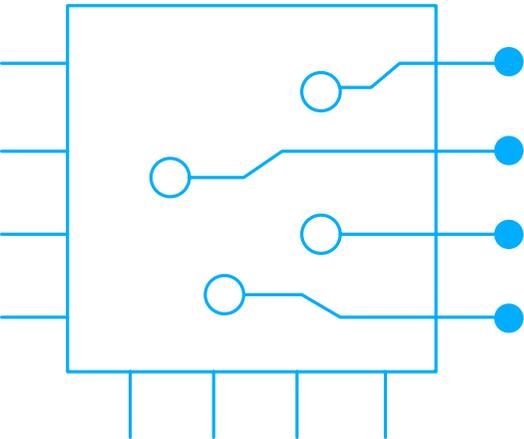
“Surveys only provide a snapshot; but with data that’s near real-time, not only can we pick things up almost immediately, we also get a bigger dataset over a period of time so we can analyse with greater statistical confidence.”

McLeod, who created the POLAR (Population Level Analysis and Reporting) tool, explained that their platform takes de-identified patient data extracted securely from general practice software to deliver population health planning information to PHNs. He said that using the de-identified data from general practice sources needed to be done carefully and sensitively and Outcome Health takes great responsibility around that.

“It was important to partner with people we trust, who the PHNs trust and who can work with and understand the context of the data. General Practice is a complex environment, so having the right partners is essential.”

This DHCRC project brings together key expertise that can rapidly and safely establish a real-time geo-spatial reporting framework, to quickly understand how the spread of COVID-19 has hit our health system.

The aim is to understand the impact of interventions and policy decisions almost immediately, and at the same time build a secure foundation so we can use general practice data to shape decision-making and policy.



Case Study: Commercialisation

DHCRC develops national value proposition for foreign direct investment in digital health in Australia.



In FY21 the DHCRC was contracted by Austrade to develop a strategy and value proposition on digital health as an industry for Australia, focused on the opportunities to attract global organisations and talent to Australia. In FY22 and beyond, the DHCRC will utilise this research to support its Participants contribution to the digital economy. Key findings on why Australia is more than ready to become a global leader in digital health include:

- Approved and endorsed national strategy for digital health workforce and upskilling.
- Proven specialist knowledge and a willingness to access new treatments and innovation.
- Single payer system – leading to easier and more seamless adoption of new processes and technologies.
- Driven national initiatives to establish EMR data standards and interoperability, led by the Australian Digital Health Agency.
- Similarities in SaMD (Software as a Medical Device) regulatory frameworks between Australia and UK/USA, creating a beeline for export and import of innovation.
- Provides a low-risk and controllable testbed to deploy and pilot early-stage digital health solutions for later scaling to global growth markets. This comes from strong similarities in healthcare consumer ecosystems and market dynamics between Australia and the US, however Australia's healthcare market size is marginal compared to the US market.
- Proven model for scalability. There is proof of successful scalability of foreign companies in Australia (such as MTX and Google) as well as Australian companies that have successfully scaled to new overseas markets (such as Adherium, CancerAid and Eucalyptus).

“We have been extremely impressed by the knowledge and passion of the DHCRC team, leading the research and development of a foreign direct investment value proposition for digital health in Australia. The feedback on the findings from our Austrade investor team across the world has been overwhelmingly positive.”

We look forward to continuing to work with the DHCRC to build digital health as a thriving industry for the Australian economy.”

Professor Regina Crameri

Head of Health Centre of Excellence, Austrade

Case Study: Education

DHCRC becomes first Cooperative Research Centre to create industry-relevant micro-credentials.



The DHCRC collaborated with RMIT Online in FY21, in an Australian-first collaboration, creating a suite of digital health micro-credentials. Other collaborative partners included Queensland Health, Canteen, Telstra Health and RMIT's Health Transformation Lab, with the aim to address skills shortages in digital health, change management and patient care.

The three new courses delivered under this project address the in-demand skills required to respond to the fast-moving pace of technology in healthcare and to ensure Australia's hospitals and its health workforce can continue to deliver high quality care in new and improved methods.

The Technology Enabled Care course equips clinicians working closely with patients to understand, assess and integrate new technologies and services into their practice safely to improve preventative health outcomes where access to services is limited.

The Healthcare Design course provides design thinkers and leaders in healthcare and social services with the capacity to reimagine and design prototypes of new digitally-enabled healthcare services that incorporate good healthcare design principles.

The Digital Health Strategy and Change course prepares clinical and professional healthcare leaders to innovatively and digitally enable transformations within their organisation.

The DHCRC is the first Cooperative Research Centre to combine forces with one of Australia's leading technical universities to create industry-relevant micro-credentials. 154 sponsored learners have now completed these courses with 66 additional learners enrolled in current and future intakes.

Queensland Health Acting Deputy Director-General and Chief Clinical Information Officer Professor Keith McNeil said it is imperative for industry to work with education to quickly upskill health workers in critical innovations happening across the sector.

“In this environment, harnessing the capability for innovation to enhance patient care, transform health delivery and preserve healthcare capacity while creating better health and wellbeing outcomes is essential. Queensland Health is pleased to partner with RMIT Online and DHCRC to be supporting the healthcare workforce of today and into the future.”

“I've worked in and around technology and the role that it can play in improving health for many years, however it's always good to get a fresh perspective and learn about new capabilities and what other health industries are doing,”

“The course outline from RMIT really interested me in terms of using that to seek new ideas and perspectives. The fact that the course was also shaped by the Digital Health CRC was also a huge plus. The training has given me the confidence to continue to contribute to and shape digital transformation at Lifeblood.”

Cameron Botterill

ICT Director – Business Growth & Innovation, Australian Red Cross Lifeblood completed the Digital Health Strategy and Change micro-credential.

Governance and Financial Planning



Governance and Financial Planning

FY21 saw the DHCRC take some important financial steps, reflecting a higher level of research activity, together with the resumption of funding.

This was in line with the September 2021 Deed of Variation to the Commonwealth Funding Agreement. Key features include:

During the year, the Education and Capacity Building team led over \$700k of activities, with the pivot to virtual contact following COVID-19.

The Governance activities of the DHCRC continued to focus on requirements of the CRC program and the Commonwealth Funding Agreement, along with the regular corporate responsibilities. Led by the Executive, with oversight of the Board and Audit, Risk, Privacy and Finance Committee, internal and external reporting has occurred on a timely and accurate basis.

The year-end financial statements and financial reporting to the Commonwealth was subject to an independent audit, with the auditor providing an unqualified opinion as to the truth and fairness of the information provided.

\$8m

Research & Development expenditure, an increase of 295% on the 2020 year.

\$9.5m

In-kind contributions, an increase of 265% on the 2020 year. These were predominantly applied to the DHCRC's Research activities, leading to a total value in excess of \$17m.

\$7.7m

Participant and Project contributions, an increase on the 2020 year.

Digital Health CRC Board

The DHCRC Board in FY21 consisted of:



Michael Walsh (Chair)

Appointed 28 November 2019
 Chair, DHCRC Board
 Chair, Nominations & Remuneration Committee
 Qualifications: MBA; BA(Hons); BSc; BEd; Dip Ed
 Independent

Michael currently provides strategic advisory services to large organisations with a focus on leadership, digital health, governance, strategy, planning and transformation.

Over the past 20 years, Michael has held senior executive positions in NSW and QLD, working as Director-General of Queensland Health as well as Chief Executive roles for HealthShare NSW and eHealth NSW. Michael also worked in the private sector as a principal with PwC.

Michael was chair of the Australian Health Ministers Advisory Council (AHMAC) from 2016 to 2019 and has held Board positions with the Australian Digital Health Agency and Brisbane Diamantina Health Partners. Michael holds a Master of Business Administration, Bachelor of Arts (Hons) in psychology, Bachelor of Science in human movement and Bachelor of Education.

Michael has a passion for organisational excellence and leading value-based teams achieving outcomes that improve the lives of all Australians.



Dr Megan Robertson

Appointed 28 November 2019
 Chair, Research & Education Committee
 MBBS FRACP FANZCA FCICM
 Independent

Megan Robertson is an alumna of the University of Melbourne where she completed a Bachelor of Medicine, Bachelor of Surgery (MBBS). She is the current Group Chief Research Officer at St Vincent's Health Australia and Director of Research at St Vincent's Hospital, Melbourne. She also works as a Senior Intensive Care Consultant at Epworth HealthCare (Richmond and Freemasons). She is on the boards of the Digital Health CRC, Opyl AI, St Vincent's Institute of Medical Research, FearLess (PTSD-ANZ), and Queen's College (University of Melbourne), and the Tuckwell Scholarship Selection Panel at ANU.

Megan also works with national bodies including the Australian Commission on Safety and Quality in Healthcare, AusBiotech, and the National Health and Medical Research Council. Previously, she held positions as the Director of Professional Affairs, CICM, as the Executive Director of Research at Epworth HealthCare, and as the Co-Director of the Intensive Care Unit at Epworth Freemasons.



Paul McBride

Appointed 28 November 2019
 Chair, Nominations & Remuneration Committee
 Qualifications MBA; BA(Hons); BSc; BEd; Dip Ed
 Independent

Paul is First Assistant Secretary in the Commonwealth Department of Health. He has spent more than a decade in senior policy and advisory roles, with a primary focus on Taxation, Superannuation, Housing, Welfare Payments and most recently Health.

Since joining the Department of Health in October 2018, Paul worked to develop a whole of health system understanding of how incentives, structures and funding from governments and health care providers drive patient level outcomes. He also had responsibility for data modelling and analytics functions. Current responsibilities include the Medical Benefits schedule (including telehealth and pathology), Private Health Insurance, and the policy responsibility for the COVID Safe App.

Paul's previous board roles include Housing Supply Council, AIHW and the Australian Housing and Urban Research Institute (AHURI). His previous senior governance roles include: DSS Audit committee deputy chair and deputy chair of Department of Social Services Research Ethics Committee.



Kate Munnings

Appointed 28 November 2019
 Chair, Audit, Risk, Privacy and Finance Committee
 LLB; BHlthSc (Nursing)
 Independent

Kate is the CEO of Virtus Health, with a strong track record of leading teams that deliver exceptional services and drive commercial improvement; and in transforming businesses in preparation for changing operating environments. A qualified lawyer and registered nurse, Kate's breadth of professional experience equips her to lead the Virtus Health team in continuing to provide their exceptional work, which helps people become parents.

Prior to joining Virtus Health, Kate led significant operations as Chief Operating Officer of Ramsay Health Care Limited's Australian business; and as Chief Executive, Operations at ASX-listed Transfield Services Limited (now Broadspectrum Limited). Kate previously served on the Board of South East Sydney Local Health District.

Kate has also been a partner at law firms Corrs Chambers Westgarth and Baker McKenzie; specialising in contract law and also spent eight years as Chief Risk & Legal Officer/Company Secretary at Transfield Services.



Dr Steve Hambleton

Appointed 11 May 2018
 Member, Nominations & Remuneration Committee
 MBBS FAMA FRACGP (hon) FAICD
 Independent

Dr Steve Hambleton is a General Practitioner in Brisbane and former State and Federal President of the Australian Medical Association. Steve is the Chief Clinical Adviser to the Australian Digital Health Agency having served as the final Chairman of the National e-Health Transition Authority (NeHTA). In addition to the Digital Health CRC, he serves on the Boards of Avant Mutual Group Limited and Mercy Community Services.

In October 2019 he became co-chair of the Primary Health Reform Steering Group to set a vision and path to guide future primary health care reform for the next 10 years, as part of the Government's Long Term National Health Plan.



Dr Neale Fong

Appointed 28 November 2019
 Chair, Nominations & Remuneration Committee
 Qualifications MBA; BA(Hons); BSc; BEd; Dip Ed
 Independent

Dr Neale Fong has more than 35 years' experience in medical, healthcare and aged care leadership roles. He is currently the Chief Executive Officer of Bethesda Hospital, Chair of the WA Country Health Service Board, President of the Australasian College of Health Service Management and a Non-Executive Director at the Digital Health CRC. He was formerly Project Director for the establishment of the Curtin Medical School, the Director General of the WA Department of Health and Chief Executive Officer of St John of God Hospital Subiaco.

Neale currently consults widely through Australis Health Advisory to a number of key health clients in Australia. He holds Bachelor Degrees in Medicine and Surgery, a Masters in Theological Studies and a Masters in Business Administration.



Professor Priscilla Rogers

Appointed 28 November 2019
 Member, Nominations & Remuneration Committee
 Member, Research & Education Committee
 BEng; PhD (Eng)
 Independent

As an engineer and an entrepreneur, Priscilla believes technology innovation can transform industries and improve lives. She has spent her career in the research, development and translation of new technologies including medical devices, AI and digital health solutions, pharmaceuticals, and more recently, automotive products.

Today, Priscilla is a co-founder of Doftek, which is commercialising the world's first active wheel alignment systems. She is also a Director of the DHCRC and the Australian Dementia Network Limited. Prior to this, Priscilla was leading the Cognitive Health & Life Sciences portfolio at IBM Research - Australia, and was a co-founder of a medical device company, which was acquired in 2017.

Priscilla's passion for technology innovation began when she undertook a PhD in Engineering at Monash University, specialising in micro/nano-technology.



Professor Deborah Sweeney

Appointed 18 June 2020
 Member, Research & Education Committee
 BOptom; PhD; GAICD
 Non-Independent

Professor Deborah Sweeney is the Deputy Vice-Chancellor Research, Enterprise and International at Western Sydney University with more than 20 years' experience in research and research management, including Chief Executive Officer of Vision CRC.

Deborah has a Bachelor of Optometry and PhD from University of NSW, with her major research area being corneal physiology. Deborah has been instrumental in developing an understanding of the physiology of the human cornea and the effects of contact lens wear and refractive surgery on corneal function characteristics and the development of alternative forms of vision correction.

She has received both national and international award recognition for her research in this area, published over 100 refereed articles and several book chapters, and is co-inventor on two patents. Deborah is a Graduate Member of the Australian Institute of Company Directors.



William (Bill) Lucia

Appointed 28 November 2019
Resigned 30 April 2021
Non-Independent

Bill Lucia has served as HMS chairman, president, and chief executive officer since March 2009. He has been a member of the board of directors since May 2008 and was appointed chairman in July 2015. From May 2005 to March 2009, Bill served as HMS president and chief operating officer. He joined the company in 1996 and continues to lead HMS through the evolving healthcare landscape, demonstrating the ability to formulate and implement key strategic initiatives.

Prior to HMS, Bill served as senior vice president of operations and chief information officer for Celtic Life Insurance Company, and senior vice president of Insurance Operations for North American Company for Life and Health Insurance. He also is a director on the board of AllyAlign Health.

Bill also is a Fellow of the Life Management Institute program through LOMA, an international association of insurance and financial services companies engaging in research and educational activities to improve operations.



Academic Leaders

Our Flagship Research and Education Directors provide advice and support to the DHCRC, ensuring our programs are underpinned by academic excellence. In FY21 they included:

Professor Barry Drake

Industry Professor, Faculty of Engineering and Information Technology, University of Technology Sydney.

Professor James Boyd

Professor of Public Health, Curtin University and inaugural Chair in Digital Health, La Trobe University.

Professor Rachel Davey

Director, Health Research Institute, University of Canberra.

Professor Steven McPhail

Director, Australian Centre for Health Services Innovation, and Co-Director of the Centre for Healthcare Transformation, Queensland University of Technology.

Professor Suzanne Robinson

Lead, Health Systems and Health Economics Discipline, Curtin University and Co-Director of Curtin Research and Data Analytics Hub.

Professor Susan Gordon

Professor of Healthy Ageing, College of Nursing and Health Sciences, Flinders University.

Committees

Audit, Risk, Privacy & Finance Committee

Purpose: To advise the Board on matters pertaining to financial reporting, audit, risk management and privacy.

Ms Kate Munnings *Chair

DHCRC Director

Mr Geoff Knuckey

External

Mr Paul McBride

DHCRC Director

Nominations & Remunerations Committee

Purpose: advise the Board on nominations, performance, remuneration and retention for members of the Board and its Committees, the CEO and their direct reports and board members of any wholly-owned subsidiary of DHCRC.

Mr Michael Walsh *Chair

DHCRC Director

Dr Steve Hambleton

DHCRC Director

Dr Priscilla Rogers

DHCRC Director

Dr Terry Sweeney CMG

DHCRC CEO (from July 2021)

Research and Education Committee

Purpose: To provide strategic advice to the Board on issues relating to the Research, Education and Capacity-Building Programs.

Dr Megan Robertson *Chair

DHCRC Director

Professor Matthew Bellgard

Queensland University of Technology

Professor Ross Coppel

Monash University

Mr Anthony Egeland

Consumers Health Forum (August 2020 - May 2021)

A/Professor Christopher Pearce

Outcome Health

Dr Priscilla Rogers

DHCRC Director (to August 2020)

Ms Jo Root

Consumers Health Forum (from May 2021)

Ms Annette Schmiede

DHCRC Senior Adviser

Professor Deborah Sweeney

DHCRC Director (from November 2020)

Mr Richard Taggart

Sydney LHD

Participants

The DHCRC's Participants (core and additional) in FY21 included:

Academia

Curtin University
 Flinders University
 LaTrobe University
 Macquarie University
 Monash University
 Queensland University of Technology
 Royal Melbourne Institute of Technology
 Swinburne University of Technology
 University of Notre Dame
 University of Canberra
 University of Queensland
 University of South Australia
 University of Sydney
 University of Technology Sydney
 University of Wollongong
 Western Sydney University

Industry

Adventist Healthcare
 Alcidion Corporation
 Amgen Australia
 ANDHealth Limited
 Bupa Health Foundation
 Deloitte Consulting
 eHealthier Complexity Science Medical Systems
 Epworth Healthcare Ltd
 goAct Lty Ltd
 HELPA Care Circle Connected Enterprises
 HMS Inc.
 Infoxchange
 Lorica Health Pty Ltd
 Melbourne East General Practice Network
 Mirus Australia Pty Ltd
 Pen CS Pty Ltd
 Persona Informatics Inc.
 Peter MacCallum Cancer Centre
 Potential (x) Pty Ltd
 Ramsay Hospital Research Foundation
 Royal Australasian College of Physicians
 Royal Australasian College of Surgeons
 St John of God Health Care Inc.
 Telstra Health
 The Australian Council on Healthcare Standards
 Wave Digital
 yourtown

Government

ACT Health
 Alfred Health
 Australian Commission on Safety & Quality in Health Care
 Australian Digital Health Agency
 Australian Health Practitioner Regulation Agency
 Capital Health Network
 Department of Health (Commonwealth)
 Department of Health Northern Territory
 Department of Health and Human Services Victoria
 Department of Health Queensland
 Eastern Health
 Eastern Melbourne Primary Health Network
 Gippsland PHN
 Government of South Australia
 Metro North Hospital and Health Service
 Metro South Hospital and Health Service
 New South Wales Health
 Population Health Research Network (PHRN)
 South Eastern Melbourne Primary Health Network Ltd
 Sydney Local Health District
 Wentwest PHN
 Western Australia Country Health Services
 Western Australia Primary Health Alliance
 Western Australia Department of Health



AusIndustry
Cooperative Research
Centres Program

Sydney

Sydney Startup Hub
Level 8, 11 York Street
Sydney, NSW 2000

Adelaide

MIT Living Lab, Lot 14
North Terrace
Adelaide, SA 5000

Melbourne

YBF Ventures
520 Bourke St
Melbourne, VIC 3000

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