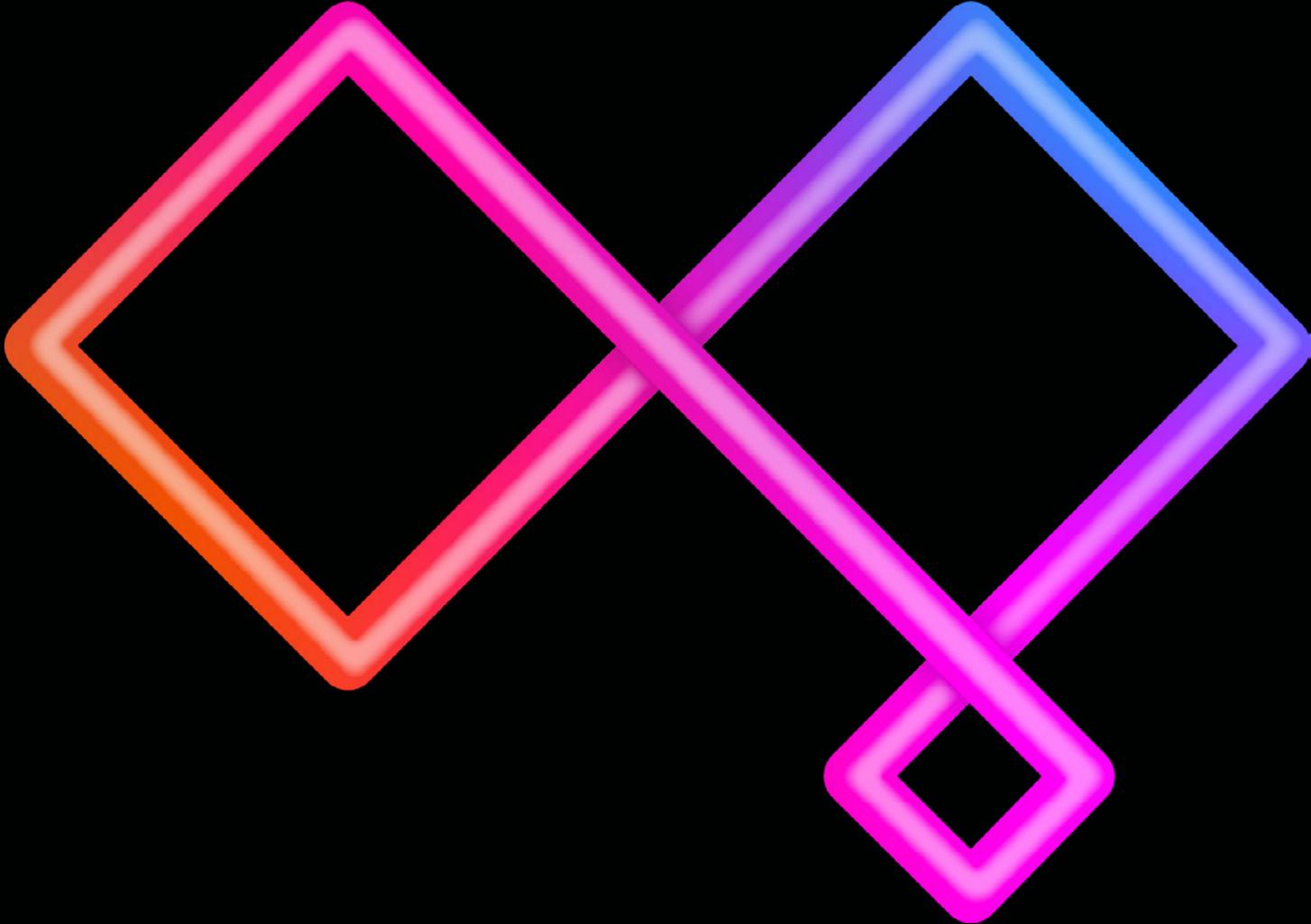


Annual Report 2021-22

digital
health
crc



Australian Government
Department of Industry,
Science and Resources

AusIndustry
Cooperative Research
Centres Program

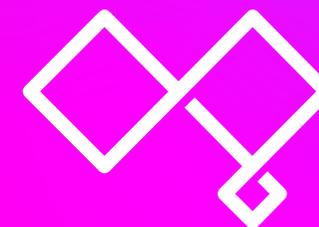
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The Digital Health Cooperative Research Centre (DHCRC) harnesses the power of data and digital technologies to improve health outcomes, increase efficiency in health and aged care delivery, and grow a competitive digital health industry for Australia.

We connect the technology industry, the health sector and academia, to invest in collaborative R&D, targeted commercialisation and workforce capacity building programs.

We are co-funded through the Commonwealth Government's Cooperative Research Centres Program, and our Participant organisations.



Chair report

As a long-term Board member of the DHCRC it was an honour to be appointed Chair in February. It is such an exciting time to be in this position.

The opportunity for digital health is enormous. It is predicted that over the next 10 years, every industry, including healthcare, will be reinvented as the rate of technology adoption continues to accelerate. Add to this an ageing population that demands more from the health system for longer, and a workforce that is more stretched than ever following a post COVID-19 exodus of healthcare workers, means the pressure on the healthcare system has never been so acute.

This presents obvious challenges but also significant opportunities. We need to start by reimagining how healthcare can be provided. Technology is of limited value if you just digitalise the paper-based processes. We need to reorganise and redesign many of the operating models so that benefits can be sourced from clinical data and health information to improve healthcare outcomes. We need to rebuild our current infrastructure so we have an opportunity to provide more efficient, more affordable and more effective healthcare services and we need to refocus on what consumer experience could and should be for patients. This is the exciting opportunity ahead for digital health and we see the DHCRC playing a critical role in helping to solve these challenges.

We are focused on how we bring the right parties together to build and implement the right technologies that solve real-world pain points; on how we can empower the healthcare workforce to embrace new ways of delivering care to maximise the potential opportunities in digital health; and how we can then scale and expand these opportunities to the benefit of all Australians. What an exciting mission. And we are only halfway through!

This year we made a number of people changes to bring in a refreshed leadership to further support the achievement of these ambitious goals. Our new CEO Annette Schmiede is a well-known and experienced leader in the healthcare space. She brings a network and depth of expertise critical to guiding DHCRC through this important phase. Also joining the leadership team this year was Research Director Dr Clare Morgan and Program Director Alessandro Luongo. You can read more about these appointments further in this report. Suffice to say I am confident the DHCRC is in safe hands.

The future of the healthcare sector is digital. We have a unique opportunity in time and technology to drive this change and we believe this presents exciting opportunities for business, the healthcare sector, practitioners and ultimately health consumers. We look forward to collaborating with all these parties to help make this future vision a reality.



“The future of the healthcare sector is digital.”

Kate Munnings
DHCRC Chair

CEO report

It has been a very busy and gratifying year for the DHCRC and at a time we mark a significant milestone – we have reached the halfway point through our Commonwealth funding period. We are now taking the time to take stock and look forward and assess where we dedicate our time, effort and focus from now through to mid-2025.

It is safe to say the world has changed since the DHCRC commenced. The one-in-one-hundred-year pandemic had a profound impact on all of us and also a generational impact on digital health. We saw more change and advances in the past two years in digital health than experienced in the prior decade. It has been an exceptional opportunity for the DHCRC team to be embedded in this transformation of the healthcare system as technology and innovation became integral in the clinician and patient experience. Now it is time to re-set and reaffirm our core focus areas at the DHCRC.

Firstly, that is to continue to bring together industry, academia and government to establish and develop digital health projects that make an impact to the delivery of care and provide an evidence base for the future. To date our committed R&D expenditure is close to \$30 million. In this report you'll read case studies of some of the projects we undertook in FY2021-22. We span the full breadth of the health sector, from aged care to primary care and acute care. We are collaborating with leading organisations, researchers and healthcare providers to make a tangible and lasting impact.

The second area of focus has become ever more critical over the past two years and that is building digital capacity and improving the digital capability of the health workforce. To fully reap the power of digital technology we will need a digitally skilled and capable healthcare workforce. The DHCRC is playing an integral role in creating a digitally enabled workforce for Australia's healthcare system. We are collaborating with our partners to develop a range of accessible and achievable training and learning opportunities to ensure our workforce has the necessary skills to contribute to future digital innovation and enable smooth integration into clinical workflows and new models of care.

Finally, our third area of focus is to identify and develop those opportunities that have commercial potential that will benefit the economy and strengthen the Australian digital health technology sector. With more than 40 projects underway or complete and an engaged network of over 70 government, industry and university participants we are well placed to identify opportunities that can drive efficiencies, improve consumer and provider outcomes and deliver better experiences across the health system. This will be an area of focus for the DHCRC through to 2025.

There have been many other achievements that are highlighted throughout this report that reflect the efforts of the dedicated DHCRC team who throughout this period were impacted by lock downs and remote working but continued to progress the critical pipeline of work that we are delivering.

To the team I say thank you and congratulations. To our participants, we welcome your continued engagement and enthusiasm for identifying and delivering projects that matter. To the broader healthcare sector, we look forward to continuing to share our story and engaging with you to make sure we are helping to address challenges that matter to you.

“We are collaborating with leading organisations, researchers and healthcare providers to make a tangible and lasting impact.”

Annette Schmiede
DHCRC CEO



Our purpose

The DHCRC was established to improve the health and healthcare of all Australians. We do this by connecting government, academia and industry to accelerate the implementation and translation of evidence-based digital health technologies that solve the most pressing healthcare challenges.



Our strategic objectives for 2022-2025

We are co-funded through the Commonwealth Government's Cooperative Research Centres Program, and by our Participant organisations to:

- 01 Facilitate collaborative R&D projects that drive system efficiency, improve health and wellbeing of patients and create lasting impact.
- 02 Increase capacity and capability through education and training; enabling our healthcare workforce to keep pace with, and contribute to, the digital transformation of the healthcare sector.
- 03 Identify and support commercially viable outcomes for the Australian economy and promote Australia's global leadership in digital health and innovation.

Our focus areas

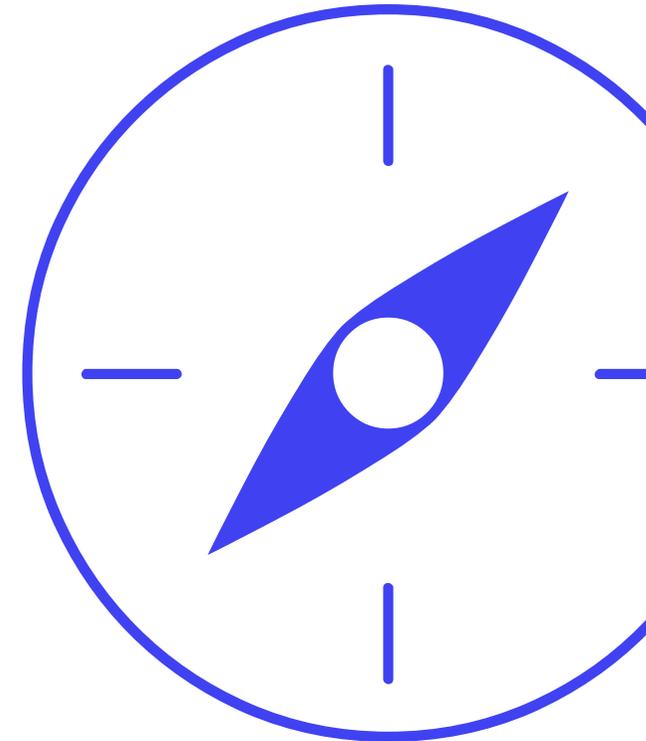
Working with our Participant organisations and the broader digital health ecosystem, DHCRC co-invests in both research and development, and education and capacity building.

Research and Development

- Virtual care including telehealth, hospital-in-the-home, remote monitoring and new models of care.
- Effective use of data including data standards, interoperability and data linkage.
- Sustainability and equitable access including regional and remote care.

Education and Capacity Building

The DHCRC has a highly successful education and training program, which supports our Higher Degree Research (HDR) students and interns, as well as the development and delivery of graduate training programs, a clinical fellowship (with AIDH) and microcredentials in digitally enabled healthcare (with RMIT Online).



110M Total funding
Commonwealth
Industry and Universities

71 Industry, government
and academic participant
organisations across Australia

100 Students
and postdocs
supported

44 Projects in
delivery or
completed

Highlights & achievements

The DHCRC refocused its efforts throughout FY2021-22, engaging with participants to ensure it is delivering on the most critical areas of unmet need across the digital health spectrum and appointing a number of senior and experienced team members to deliver on the pipeline of opportunities.



Appointments

Annette Schmiede was appointed to the role of CEO in April 2022. Annette has been an active participant in the DHCRC through a number of roles: as a member of the Research and Education Committee since 2019; a Participant representative through her role at the Bupa Health Foundation until October 2020; and a Senior Adviser to the DHCRC from November 2020.

Annette is a well-respected leader within Australia's health and aged care sector, having held leadership and governance roles that include public and private healthcare, industry, universities and research entities. Her previous role was Executive Leader of the Bupa Health Foundation. She completed a 10-year term as Deputy Chair of the Northern Sydney Local Health District in June 2021.

She is currently Chair of Research Australia and a Senate member of the Australian Catholic University. Her research interests include aged care, mental health and health system reform. Annette is an economics graduate and Adjunct Associate Professor in the Faculty of Medicine and Health University of Sydney.

Dr Clare Morgan was appointed Research Director in January 2022. Clare is a PhD-qualified research scientist with extensive experience in project and stakeholder management and the commercialisation of academic research.

Most recently, a senior business development manager at the Walter & Eliza Hall Institute (WEHI), Clare has direct experience in the commercialisation of personalised medicine, bioinformatics and computational biology research projects. Previously, she led an extensive collaborative alliance between WEHI and a commercial partner, overseeing large-scale research projects encompassing up to 30 scientists and three organisations (both academic and industry).

Alessandro Luongo was appointed Program Director in March 2022. Alessandro has a clinical background with post-grad qualifications in public health, health management and over a decade of experience in public and private healthcare projects.

Previous roles include a tenure at Australian Digital Health Agency establishing a new digital health solution testing centre, preceded by an 8-year term in the Medicare Local/Primary Health Network space leading teams and collaborating cross-jurisdictionally on the implementation, adoption and development of novel digital health solutions in data linkage and interoperability with federal and state bodies.



Research & collaboration

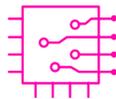
During FY2021-22 the DHCRC undertook an extensive engagement process with its industry and government participants to understand their current and future challenges and areas of unmet need.

In response to this feedback the DHCRC refined its research priorities to the following key areas:



Virtual care

Telehealth, remote monitoring, hospital-in-the-home and new models of care.



Effective use of data

Interoperability, data standards and data linkage.



Sustainability and equitable access

Regional and remote care.

Six projects commenced in FY2021-22, with a net value consisting of*:

4.8M (AU\$) cash, and **4M** in-kind.

Project 0179 [↗](#)

Aims to optimise digital health solutions for comprehensive primary health care in remote indigenous communities in Northern Australia.

Project Participants NT Health, Menzies School of Health Research, Australian Government Department of Health and Aged Care, the University of Sydney, Healthdirect Australia, NT Primary Health Network

Project 0158 [↗](#)

Enhancing telehealth to improve patient and clinician experiences.

Project Participants Healthdirect Australia, Melbourne Health (Northwestern Mental Health), Monash Health, Monash University, University of Melbourne, Victoria Department of Health

Project 0131 [↗](#)

An AI-powered, virtual platform is being developed to improve care for patients living with genetic disorders.

Project Participants Peter MacCallum Cancer Centre, Swinburne University of Technology

Project 0172

An independent evaluation to build a business case for hospital wide virtual home care program based on a post-discharge cardiac program.

Project Participants Alfred Health, Monash University

Project 0014 [↗](#)

Clinical decision support tool to help healthcare professionals accurately prescribe medicines for patients with impaired kidney function. The tool will be a standalone service allowing for easy integration with existing prescribing and/or dispensing software systems.

Project Participants NT Health, the University of South Australia

Project 0156 [↗](#)

Research, development and implementation of predictive harm algorithms to influence clinical practice and improve prevention. Trialing in hospital settings within 2 local health networks.

Project Participants Central Adelaide Local Health Network, Government of South Australia, Southern Adelaide Local Health Network, the University of South Australia

*approximate values.

Commercial & industry partnerships

The DHCRC established several collaborative relationships in FY2021-22. This further deepens our industry-lead approach to engagement and our focus on identifying and supporting the realisation of commercial opportunities.



South Australian Department for Trade and Investment



Menzies School of Health and Research

An organisation contributing unique research expertise and capabilities in working with remote indigenous communities to [Project 0179](#).



Max Kelsen

A Brisbane-based SME delivering machine learning and quantum computing solutions.



Annalise AI

A Sydney-based SME developing radiology AI solutions.



Stryker

A NASDAQ-listed multinational medical devices company establishing R&D capability in Australia.



Healthdirect

Funded by government, Healthdirect Australia is the national virtual public health information service.

“A core focus for the DHCRC is to translate innovation that comes from our partners into commercial opportunities that benefit all stakeholders across the digital health spectrum.”

Annette Schmiede
DHCRC CEO

Education & training

During the year the Education and Capacity Building team led over \$1 million of activities to build digital health capability in the existing and future workforce.

Its courses and learning experiences targeting the current and future healthcare workforce across government and industry were co-created with subject matter contributions from participants and other partners, including consumers. The courses and experiences included:

Q1 FY2021-22

2-day Concept Camp

29 DHCRC HDRs and interns worked in teams to solve real-world telehealth problems provided by the Consumers Health Forum of Australia. Supported by mentors, teams used lean canvas methodology to conceptualise ideas and pitched their solutions to a panel of entrepreneurs for feedback.

Q2 FY2021-22



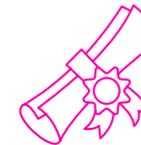
Online research showcase

153 attendees from DHCRC Participant organisations and the wider partner network participated. Presentations and panel discussions included participation from across multiple states and representation from industry, government and universities.

Partnership with the CRC for Developing Northern Australia

To co-sponsor up to 150 learners to undertake our digital health short courses (Digital Health Strategy and Change, Healthcare Design and Technology Enabled Care) developed with RMIT Online and industry partners.

Q3 FY2021-22



The first intake of 25 learners enrolled in our Graduate Certificate in Clinical Informatics and Digital Health

Co-designed in partnership with The University of Queensland, Queensland Health and other partners.

Partnership with the Cooperative Research Centre for Developing Northern Australia, the University of Queensland and Queensland Health

To establish a co-sponsored undergraduate digital health internship program.

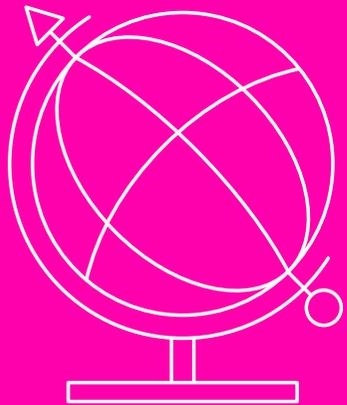
Q4 FY2021-22

Launched a Clinical Informatics Fellowship Program in partnership with the Australasian Institute of Digital Health and The University of Queensland

Extensive consultation is currently underway involving DHCRC Participants and the broader digital health ecosystem. A pilot of the program will run in FY23.



Actively contributing to the Australian digital health ecosystem



1



2

AUSTRALIAN
BRITISH
CHAMBER
of COMMERCE

Australian British Health Catalyst 2022

The Future of Health in the
UK and Australia and People

3



4



5



- 1 Stefan Harrer, Annette Schmiede, Shiva Sharif at Australian Healthcare Week 2022
- 2 Stefan Harrer, Christine Bennett and Annette Schmiede at Australian British Health Catalyst 2022
- 3 DHCRC Team at Digital Health Festival 2022
- 4 Kate Munnings at Innovate Health Conference 2022
- 5 Stefan Harrer at Australian Healthcare Week 2022

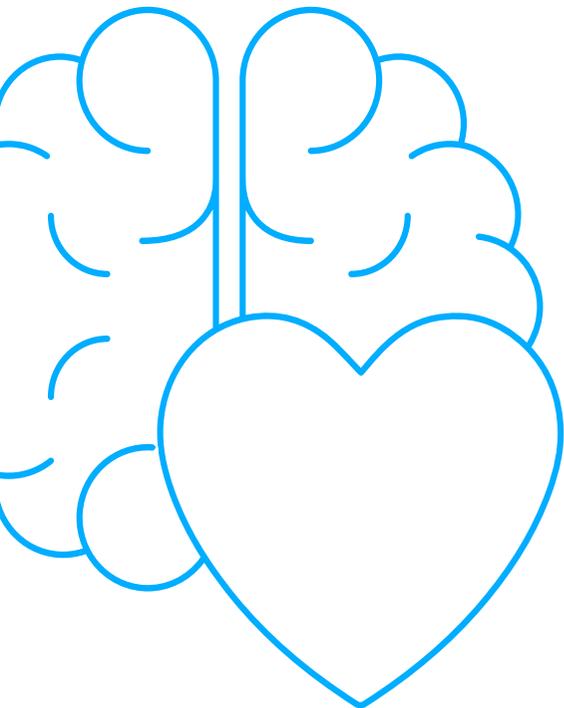


Case studies

The DHCRC continues to bring together industry, academia and government to establish and develop digital health projects that make an impact to the delivery of care and provide an evidence base for the future.

Case study: research

Reimagining healthcare in Australia: the journey from telehealth to 21st century design



Published in March 2022, the white paper *Reimagining Australia's Health System*, led by Deloitte, Curtin University and the Consumers Health Forum of Australia through a DHCRC project, is a foundational study that aligns the perspectives of consumers, industry and academia to set the scene for the creation of a consumer-driven healthcare system that is accessible, sustainable and digitally enabled.

The white paper calls for a reimagined health system to address growing health inequity, and improve system sustainability through a purpose driven, digitally enabled health system. It also found that while there is strong support for virtual health, support is lowest from groups with the most to gain, with education background a standout separator of individuals' use of digital health. The paper identifies a number of factors that are integral to the transformation of Australia's healthcare system and closely aligns with the core objectives of the DHCRC.

This includes ongoing investment into areas such as data interoperability, implementation programs and building workforce capacity. The paper reinforces the need for the DHCRC to continue to drive coordinated action via our ecosystem and champion a multidisciplinary approach to innovating and commercialising digital healthcare solutions.

The white paper has attracted significant interest across the healthcare sector and has been cited in presentations by senior leaders in industry and government.



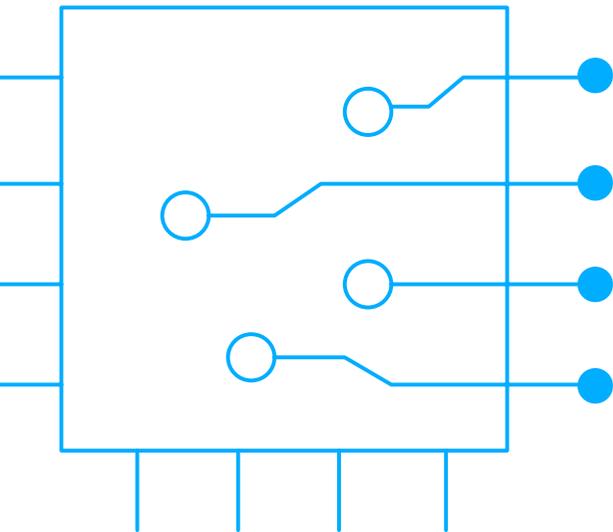
Reimagining Australia's Health System has been downloaded

9000+ times

Read more [here](#).

Case study: research

Enhanced telehealth capabilities for improved patient and clinician experiences



A vital new DHCRC project commenced in FY2021-22, focusing on enhancing telehealth delivery and user-experience for palliative care and mental health services.

The \$2 million project aims to improve patient, clinician and caregiver experiences, and is being led by Monash University, collaborating with the University of Melbourne, Victoria Department of Health and Healthdirect Australia.

The new “Enhanced Telehealth Capabilities” project will deliver user-centred and research-based software solutions to enhance telehealth services like real-time transcription, smoother integration of personal diagnostic data from medical devices and better accessibility for the elderly or Australians from culturally and linguistically diverse communities.

Project Lead, Associate Professor Rashina Hoda, from Monash University’s Faculty of IT, said with more than 16 million Australians accessing health services remotely since March 2020, it is essential that telehealth experiences are robust, especially for those in regional and rural communities.

“We will be working closely with patients, caregivers and doctors to understand their needs and create software solutions like providing language translations, explanations for medical terminologies in real time during medical appointments, better integration of portable medical devices and generating consultation summaries to support patients and doctors. We are looking to augment current web-based video telehealth services with further enriched clinical capabilities support that will create more streamlined and reliable systems, while maintaining the privacy of all the users involved.”

Associate Professor Rashina Hoda

Project Lead, Monash University’s Faculty of IT

“The project is especially important for palliative care patients and their carers who have difficulty accessing in-person consultation and will provide data and enhancements to better support virtual care,”

Associate Professor Peter Poon

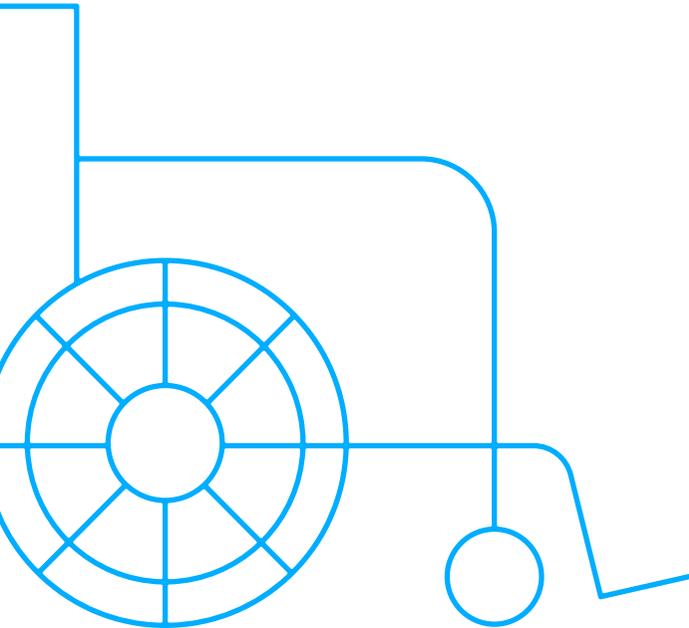
Director of Supportive and Palliative care at Monash Health and project collaborator

Over the next two and a half years, the research team will be working closely to enhance virtual care capabilities with Australia’s national public telehealth provider, Healthdirect Australia.

Once developed, the improved video telehealth solutions will be available to Victorian clinics using Healthdirect Australia Video Call.

Case study: research

Improving the way data is used within Australian residential aged care



In its final report, the recently concluded **Royal Commission into Aged Care Quality and Safety** recommended that the **Australian residential aged care sector invest in information systems that could enable better services through interoperability, standardisation, improvements in data quality, and development of real-time and automated systems (Recommendation 109) (Royal Commission into Aged Care Quality and Safety 2021a).**

Recently completed, DHCRC-Project 0078: *Aged care FHIR IG API and benchmarking MVP (known as Aged Care Data Compare/ACDC)* has developed solutions to standardise care data at residential aged care facilities and enable data exchange among software environments typically encountered within the residential aged care sector for the purpose of measuring and benchmarking quality of care in residential aged care.

A collaboration between University of Queensland, the Bupa Foundation and the Commonwealth Department of Health and Aged Care, the project undertook a collaborative, co-design and co-development approach through working groups where the community can contribute in an open and transparent, consensus-driven manner. Solutions that are co-designed and co-developed will better serve the needs of end-users and thus are more likely to have wider adoption in practice.

The ACDC project has produced a standardised dataset and interoperability standard for aged care to support quality analytics in residential aged care facilities.

The solutions developed in ACDC will help advance interoperability within the aged care sector and with other care sectors by enhancing the sector's capability to adopt FHIR (Fast Healthcare Interoperability Resources), a data exchange standard which has already been adopted by other care sectors.

Development of an extension project, ACDC+, is nearing finalisation and the DHCRC is actively exploring development of an ACDC-type project for community care, as recommended by the Royal Commission. ACDC+ will implement and evaluate the data standards, interoperability solutions, and quality of care benchmarking.



Read more [here](#).

Case study: education

Telehealth internships:
a case study of
disruptive innovation



COVID-19 has been a disrupter in digital health with the transition of digital technology into business-as-usual health. The expansion of Medicare-subsidised telehealth services to minimise the exposure of patients and health professionals to COVID-19, is just one example.

As waiting rooms in hospitals and general practices emptied out, health professionals went online to serve their patients during lockdown. The result? A staggering 18 million telehealth consultations.

Technologic advances in healthcare have often outpaced the system's ability to integrate the technology efficiently, establish best practices for its use, and develop policies to regulate and evaluate its effectiveness.

The DHCRC developed its telehealth internship program to demonstrate how a strategic plan to link the Research and Education and Capacity Building streams of work can create and support an ecosystem to deliver telehealth across Australia.

Telehealth internships

So far 10 internships involving 13 undergraduate, masters and PhD students have been used to complement and support the delivery of DHCRC's telehealth and virtual care research projects with more in planning. These internships have been conducted in partnership with Curtin and La Trobe universities and various government and industry partners including WA Country Health Service, Northern Health, Consumers Health Forum of Australia (CHF) and Obvious Choice.

The internships were used to explore consumer preferences and help with the design of future services and workflows. The intern projects have developed our understanding of the challenges of implementing and

operating a telehealth model by healthcare professionals and the experience of receiving health services through telehealth models by patients. The accelerated use of telehealth has required healthcare professionals to develop new skills in order to deliver effective telehealth services and optimise patient outcomes. For this reason, providers are seeking flexible and rapid ways to train and upskill health professionals in parallel to their day jobs, so learning can be applied for immediate impact. Four interns have contributed to the development of an educational product to meet this industry need and it will be piloted in FY23.

Internship outcomes

Through DHCRC's paid internship program students gain first-hand experience of working in the health sector where they can practically apply the knowledge learned in their university degrees. Internships provide an opportunity for students to build their CVs and networks and graduates are awarded a shareable digital badge from DHCRC to verify their skills and learning outcomes. Several graduates have already secured employment with host partners upon completion of the program. Industry and government benefit from hosting interns as this emerging talent brings diversity and new ways of thinking into the workplace that can fill skills gaps and fast-track innovation.

“Telehealth has become an indispensable part of healthcare around the world. As a future allied healthcare worker, the ability to understand the perspective of patients in using these communication modalities has provided invaluable insights for telehealth consultations. It has highlighted the importance of developing communication skills using these channels that I can practice in my clinical placements later this year.”

Curtin University intern

Governance



DHCRC Board

The DHCRC Board in FY2021-22 consisted of:



Kate Munnings (Chair)

Appointed 28 November 2019
Board Chair from 7 February 2022
Chair, Audit, Risk, Privacy & 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 Megan Robertson

Appointed 28 November 2019
Member, Research & Education Committee
Chair, Research & Education Committee
(from 27 August 2020)
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 is on the boards of 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 the Australian National University. Previously, she held positions as the Director of Professional Affairs at College of Intensive Care Medicine, as the Executive Director of Research at Epworth HealthCare, and as the Co-Director of the Intensive Care Unit at Epworth Freemasons.

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.



Paul McBride

Appointed 28 November 2019
Member, Audit, Risk, Privacy & Finance Committee
(from 5 December 2019)
BComm; MTaxLaw, Non-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 has worked to develop a whole of health system understanding of how incentives, structures and funding from governments and healthcare 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, Australian Institute of Health and Welfare and the Australian Housing and Urban Research Institute. His previous senior governance roles include: DSS Audit committee deputy chair and deputy chair of Department of Social Services Research Ethics Committee.



Dr Neale Fong

Appointed 28 November 2019
MBBS DipCS MTS MBA FSCSM(Hon) FAIM FAICD
Non-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 DHCRC. 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.

He 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.



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 DHCRC, 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 healthcare reform for the next 10 years, as part of the Government's Long Term National Health Plan.



Dr Sanjay Mazumdar

Appointed 20 October 2021
 Member, Research & Education Committee
 (from 20 October 2021)
 BE (Hons); PhD (Engineering); MAICD
 Independent

Sanjay has 30 years of experience in ICT across a broad range of sectors. Sanjay was KPMG Australia's inaugural Chief Data Officer applying his data and AI expertise to KPMG's clients.

Prior to joining KPMG, Sanjay was the CEO of the Data to Decisions Cooperative Research Centre (D2D CRC Ltd) and founding Board Director of the D2D CRC's spinout companies – Fivecast and NQRY.

Sanjay has extensive experience in general management, engineering management, business development and project management. He combines this management experience with a strong understanding of AI/machine learning, data analytics and cybersecurity. As a result of his leadership in AI and data science, Sanjay was listed in The Australian newspaper's Knowledge Nation 100 as a "Big Data Pioneer".



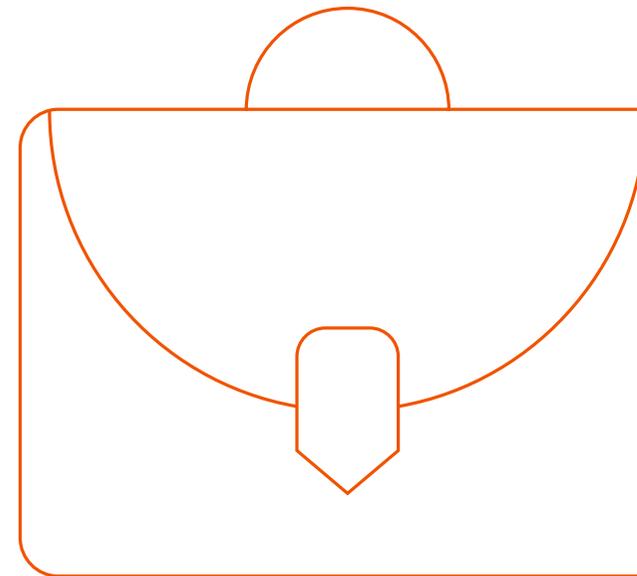
Jenny Morawska

Appointed 8 February 2022
 Member, Research & Education Committee
 (from 8 February 2022)
 MBA; MSc; BA(Sciences); GAICD
 Independent

Jenny is a highly experienced Senior Executive. She has worked across multiple industries including finance, medical, technology, health, and education.

Her commercial acumen and successful business career have been underpinned by her training as a research scientist and her further career as a banker. Jenny was one of the four most senior women in Federal Government.

She is also a pragmatic commercial businesswoman, who for the last 15 years has worked on the global stage. She has a deep understanding of emergent technologies and sustainability, and practical experience in driving new revenues and customer engagement within a range of industries.



Academic leaders

Our Flagship Research and Education Directors provide advice and support to the DHCRC, ensuring our programs are underpinned by academic excellence. In FY2021-22 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 Tim Shaw

Professor of Digital Health, University of Sydney.

Professor Suzanne Robinson (to January 2022)

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

Professor Susan Gordon (to November 2021)

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

Committees

Research & education committee

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

Dr Megan Robertson

DHCRC Director, (Chair from August 2020)

Ms Annette Schmiede

DHCRC Senior Adviser (until March 2022)

Professor Deborah Sweeney

DHCRC Director (until March 2022)

Dr Sanjay Mazumdar

DHCRC Director

Ms Jenny Morawska

DHCRC Director

Professor Matthew Bellgard

Queensland University of Technology

Professor Ross Coppel

Monash University

Associate Professor Christopher Pearce

Outcome Health

Ms Jo Root

Consumers Health Forum of Australia

Mr Richard Taggart

Sydney Local Health District

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 Paul McBride

DHCRC Director

Mr Geoff Knuckey

External

Nominations & remunerations committee

Purpose: To 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 (until February 2022)

Ms Kate Munnings *Chair

DHCRC Director (from February 2022)

Dr Steve Hambleton

DHCRC Director

Dr Priscilla Rogers

DHCRC Director (until February 2022)

Participants

The DHCRC's Participants
(core and additional)
in FY2021-22 included:

Academia

Curtin University
Flinders University
La Trobe 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 Pty Ltd
ANDHealth Limited
Annalise AI
Bupa Health Foundation
Deloitte Consulting Pty Ltd
eHealthier Complexity Science Medical Systems
Epworth Healthcare Ltd
goAct Pty Ltd
HELPA Care Circle Connected Enterprises
HMS United States
Infoxchange
Insurance Australia Group Limited
Lorica Health Pty Ltd
Melbourne East GP Network Limited (Outcome Health)
Mirus Australia Pty Ltd
Pen CS Pty Ltd
Persona Informatics Inc.
Peter MacCallum Cancer Centre
Potential(x) (Chappell Dean Pty Limited)
Ramsay Hospital Research Foundation
Royal Australasian College of Physicians
Royal Australasian College of Surgeons
Sisu Wellness Pty Ltd
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 for Health and Wellbeing
Australian Government Department of Health and Aged Care
Department of Health Northern Territory
Department of Health Victoria
Department of Health Queensland
Eastern Health
Eastern Melbourne Primary Health Network
Gippsland Health Network Limited
Government of South Australia
Metro North Hospital and Health Service
Metro South Hospital and Health Service
Ministry of Health NSW
Population Health Research Network
South Eastern Melbourne Primary Health Network Ltd
Sydney Local Health District
WentWest PHN
Western Australia Country Health Service
Western Australia Department of Health
Western Australian Primary Health Alliance



Australian Government
Department of Industry,
Science and Resources

AusIndustry
Cooperative Research
Centres Program

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