



digital
health
crc

Annual Report FY2022/23





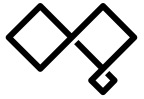
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The Digital Health Cooperative Research Centre (DHCRC) fosters innovation and facilitates the greater utilisation of data and digital technologies in healthcare to improve health outcomes, increase efficiencies in health and aged care delivery, and support the growth of a competitive Australian digital health technology industry.

The DHCRC connects universities, government, the digital technology industry and the healthcare sector to accelerate the implementation and translation of digital health technologies.

We are funded through the Commonwealth Department of Industry, Science and Resources' Cooperative Research Centres Program, and are supported by our 60+ participant organisations across the university, healthcare and technology industries.



Chair report

It is such an exciting time to be Chair of the DHCRC. We are at the epicentre of digital health innovation. Our projects bring together partners from across university, healthcare and the technology sector to build the evidence-base for digital health disruption. Our workforce and capacity building initiatives are developing the digital skills of our emerging leaders. Our advocacy and engagement is helping to design the healthcare system of tomorrow.

It has been especially pleasing this last 12 months to see profound support and dedicated funding from the Federal Government to help position Australia as a leader in digital health. Legislation for the \$15 billion National Reconstruction Fund passed through Parliament earlier this year. We have long been a supporter of this Fund which has a dedicated slice of funding for medical devices. This presents a real opportunity to leverage our world leading health and medical research and position Australia to become a global exporter of digital health technology.

The Federal Budget also included over \$950m for digital health innovation, modernising Medicare and to secure the future and improvement of My Health Record through ongoing funding of the Australian Digital Health Agency. Together, these represented a major commitment from the Federal Government into furthering the investment in, and uptake of, digital health in Australia.

One satisfying aspect of the work we do at the DHCRC is the support of home grown innovation and building up the capability of our SME partners. These partnerships continue to deepen and broaden. The establishment of Propel Health AI through DHCRC's partnership with Max Kelsen and the spin out of CareMapp are two notable highlights during the past year. There was also good news for these partners with the announcement of the \$392 million Industry Growth Program to provide targeted funding to SMEs and startups to commercialise ideas and grow their business. Translation of research is a priority in all projects we undertake and access to greater funding will only benefit SMEs as they look to commercialise their IP.

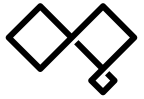
The DHCRC has come a long way since being established. The healthcare landscape is vastly different to what it was back in 2018. COVID-19 certainly delivered plenty of challenges, but also a once in a generation opportunity for the uptake and imbedding of digital health technologies across the healthcare system. With our initial seven year term due to expire on 30 June 2025, we still see much work to do and significant opportunity ahead.

That is why we have begun exploring the possibility of extending the term of our Commonwealth Agreement for a further 18 months beyond 30 June 2025. We believe we have a strong case to do this as we look to maximise the impact of our program of work. We have received encouraging feedback from the Commonwealth on this and will provide an update as this application progresses.

The DHCRC is in strong and capable hands. The experienced leadership team is at the forefront of digital health innovation. We are excited by the opportunities ahead and very much appreciative of the support we receive from our participants, partners, universities, SMEs and government. We are pleased to share in this Annual Report, a snapshot of our work over the past year and case studies that demonstrate the impact of our work.

Kate Munnings

DHCRC Chair



CEO Report

The past year we saw a significant acceleration in the activity at the DHCRC. The numbers tell much of the story. In FY2022-23, we signed 13 project agreements and initiated 3 project extensions with a net value of ~\$10.5m cash and ~\$11.3m in-kind. This brings our total R&D projects in delivery to 38 with a value of over \$81m cash and in-kind. This is in addition to our 18 completed R&D projects that have a value of over \$17m cash and in-kind.

Beyond the numbers, over the past year we have further deepened our partnerships with universities, technology providers and government. We initiated R&D projects that will have significant impact across the health ecosystem. We furthered our support of our growing cohort of emerging leaders who represent the future of digital health. And we heightened our focus on translating commercial outcomes for our partners and the broader economy. We are pleased to present this annual report which details all of this and more.

A personal highlight for me was our very unique, and personal, DHCRC breakfast at MEDINFO23 that explored how to better integrate Aboriginal and Torres Strait Islander voices in the design of digital health initiatives. A panel of prominent Aboriginal and Torres Strait Islander digital health leaders gave a personal and emotive account of their experiences, giving each and every one of the attendees in the room a distinct appreciation on the need for co-design and inclusivity. The DHCRC commenced an important project in the Northern Territory late last year which is looking to deploy digital tools to remote Indigenous communities to improve access to primary care. We have seen first-hand in this project the importance and benefits of listening carefully to indigenous communities.

This past year we have also elevated our voice in the industry. The DHCRC is in the fortunate position of coordinating and overseeing many complex and unique projects across the spectrum of digital health. Individually, these are often groundbreaking initiatives, when looked at more holistically they provide a unique look into the trends and issues affecting the health sector. We used this insight to launch A Call To Action For A National Data Governance Framework. This paper reflected on five DHCRC-funded projects to illustrate the data integration and interoperability challenges researchers continue to face and the strategies and tools that can be used to address them.

We also actively contributed to the challenge and opportunity presented to healthcare by AI. As well as providing recommendations to the Federal Government's AI discussion paper, we also sponsored a National AI in Healthcare Policy Workshop alongside the Australian Alliance for AI in Healthcare (AAAIH) and CSIRO to discuss the safe and responsible use of AI. Without doubt AI will have a major impact on Health, a fact we are already seeing this across several of our R&D projects.

Our education and workforce capacity building program continues to deliver tangible impact. We now have a cohort of over 170 current and completed higher degree by research students, interns and postdoctoral fellows who, through industry-focussed research experiences, have contributed to the application of digital health technologies in practice.

Successful digital transformation of the health system requires investment in people. In collaborating with our university, government and industry partners to co-create bespoke educational opportunities we are able to actively support this massive skill uplift.

A key focus for us in the coming year is the translation and commercialisation of research outcomes. We know the model works. An independent report released this year by the Department of Industry Science and Resources found that Australia's GDP is estimated to increase by \$5.61 for every dollar of government funding for CRCs since 2005. With the majority of our funding now, or soon to be committed, we are focusing on delivering, and measuring, the impact of our projects.

The potential outcomes we are looking at could be many and varied - time/efficiency savings for current manual and repetitive processes; policy and regulatory changes; contribution to research; or the commercialisation of project IP. We are focused on delivering tangible impact for our partners, the health sector and the economy more broadly.

I would like to thank all our participants and partners for your strong support over the past year. It is such a privilege to work at the forefront of digital health innovation. So much has changed since the DHCRC was set up in 2018, but our mission remains the same. To improve health outcomes, increase efficiency in health and aged care delivery, and grow a competitive digital health industry for Australia. It is by working closely with our partners that we deliver on this commitment.

Annette Schmiede

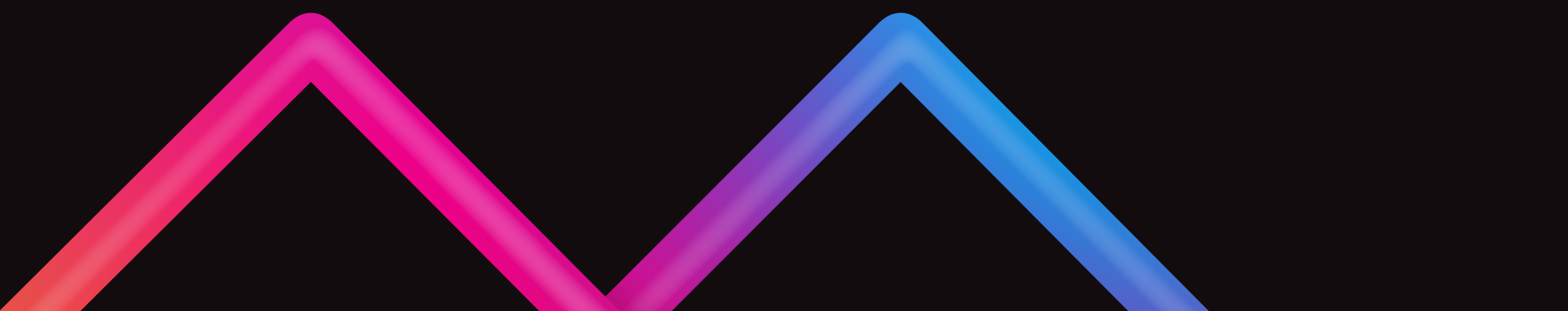
DHCRC CEO



Our purpose

The DHCRC was established to foster innovation and facilitate the greater utilisation of data and digital technologies in healthcare.

We connect the Australian Healthcare sector with universities, industry and government through Research and Development to accelerate the implementation and translation of digital health technologies.





Strategic objectives and focus areas

Our strategic objectives for 2022-2025

- 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, the DHCRC works across three distinct, but inter-related, areas of focus:

Research and development

Virtual care, including telehealth, hospital-in-the-home, remote monitoring and new models of care.

Effective use of data including clinical decision analytics, data standards, interoperability and data linkage.

Advancing a sustainable and connected health and [aged] care system including regional and remote care.

Education & Capacity Building

Supporting the next generation of digital health leaders and upskilling the current workforce.

The DHCRC has a highly successful education and training program that is delivering new and innovative learning opportunities.

Translation & Commercialisation

Developing the evidence base for digital technology to support the creation of new products and services, and drive innovation.

Growing Australia's digital health technology sector, positioning Australia as a global leader in digital health innovation.

110m 

Commonwealth and university funding from 2018-2025

60+ 

Industry, Government and Academic participant organisations across Australia

48 

PhD and Masters students supported

60+ 

Research projects in delivery or completed



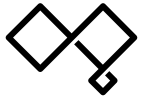
Highlights and achievements

The DHCRC is proud to share its successes throughout FY2022/23 across its core pillars of activity: Research and Development, Education and Commercialisation.





Research and collaboration



Projects in DHCRC's R&D Program span the broad spectrum of digital health across critical areas of focus including sustainability and equity, data and analytics, and virtual care.

16



R&D agreements commenced in FY2022/23

~\$10.5m



with net value of cash

~\$11.3m



in-kind

Highlights include:

DHCRC-0171:

An evaluation of an Australian SME's AI-based, enterprise Chest X-ray solution found in an interim analysis that the tool increased diagnostic accuracy when used in a controlled environment, potentially addressing challenges of capacity and accuracy in the health sector's radiology departments.

DHCRC-0229:

Reported that Alfred Health's COVID community platform was effective in providing patient care, and outlined opportunities to use digital health tools in patient management. Findings support the translation and adoption of the technology solutions and model of care in other locations and use cases.

DHCRC-0086:

A patient Journey modelling project with UTS, eHealth NSW and WentWest PHN has established a first-of-its-kind visualisation tool and method to query Patient Journeys in NSW across General Practice, Emergency and Tertiary health facilities. Leveraging a state-owned data set, Lumos, this tool can help governments, funders and planners to understand the movements of patients across segmented health settings.

DHCRC-0055:

The Decision support tool (CLOTS App) for all surgical and interventional procedures with Swinburne University of Technology and Peter MacCallum Cancer Centre – a point of care decision support tool for clinicians that helps prevent surgery related blood clots which has supported a 79% relative risk reduction in clotting events in a hospital setting resulting in improved patient safety and health outcomes. This App is being considered for commercialisation

DHCRC-0078 & DHCRC-0192:

Aged care FHIR IG API and benchmarking MVP (Aged Care Data Compare/ACDC): - the first phase of this highly successful project developed a prototype data exchange capability, and quality indicators for benchmarking residential aged care providers. Leading residential aged care provider, Regis Aged Care, and software supplier, AutumnCare, have joined the second phase of the project (DHCRC-0192) which commenced in FY23 and are developing and testing a prototype aged care quality indicator app, with plans of broader utilisation and commercialisation.

DHCRC-0128:

This project, with The University of Queensland, University of Technology Queensland, Department of Health Queensland and HIMMS, is evaluating digital health maturity in Queensland and is one of the first studies to show that higher digital health maturity is associated with more positive reported impacts in achieving outcomes for population health.



Education and training

In FY2022/23, DHCRC invested \$700,000 in Education and Capacity Building initiatives to build the next generation of healthcare leaders and upskill the current and future health workforce.

Highlights of DHCRC's Education and Capacity Building program in the FY2022/23 included:



Smart Health Communities

Worked with start-up Metluma and Western Sydney University to build and test a Menopause Smart Health Community that aims to educate, support and retain women in the workforce.



Taking the lead on microlearning

A collaboration with Western Australia Country Health Service, La Trobe University and Curtin University to develop and evaluate telehealth microlearning (bite-sized learning delivered to clinicians by mobile phones) as a tool to build workforce capacity and capability.



Communicating research more effectively

As part of the 2022 Digital Health Institute Summit, DHCRC sponsored the attendance of 50 emerging leaders (Higher Degree Researchers (HDRs), interns and postdocs) and facilitated 20 presentations to industry.



Building communities of practice

A Synthetic Data Community of Practice was established across DHCRC Participants in NSW, WA, Victoria and Queensland in March 2023 to support knowledge sharing, training and innovation in digital health and data science.



Establishing an Australian Digital Health Academic Leaders Forum

Convened in May 2023 to engage senior leaders across the sector to address collective education, research and workforce challenges. The inaugural meeting attracted good representation from across Australian universities resulting in the formation of working groups around five priority areas.



Talent Hub launch

Featured on the DHCRC website this platform showcases DHCRC talent and connects industry with emerging digital health leaders (HDRs, interns and postdocs).



Upskilling the next generation

77 learners (workforce professionals) are enrolled in units that form part of our Graduate Certificate in Clinical Informatics and Digital Health co-designed with The University of Queensland and eHealth Queensland. Five healthcare professionals with DHCRC scholarships graduated from our Graduate Certificate in Digital Health co-designed with RMIT University, Telstra Health and AWS. Three further DHCRC scholarship holders are currently undertaking our Graduate Certificate in Digital Health Leadership and Management co-designed with Queensland University of Technology and Metro North Hospital and Health Service.



Commercialisation

The DHCRC has further deepened its strong focus on commercialisation and translation in FY2022/23. Utilisation plans are being drafted and updated for several projects where developments are reaching formative stages to enable further use, in particular:

DHCRC-0095

Start-up CareMappr is intended to be spun out of this project by Flinders University. The DHCRC first built CareMappr's business plan, including financial modelling and investor deck and then, through the DHCRC Commercialisation Advisory Committee, coached the CareMappr founders on business plan execution and fund raising.

DHCRC-0192

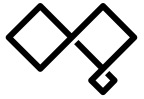
ACDC Plus project is undertaking a staged development of a business model canvas and commercialisation plan to identify and progress a commercialisation/utilisation pathway with Regis Aged Care, AutumnCare, Department of Health & Aged Care, and CSIRO.

DHCRC-0158

Monash and Vic Health developed a speech recognition and clinical terminology definition solution that supports real-time telehealth consultation summarisations for patients and providers.

DHCRC-0108

Has produced a series of data extraction methods and reporting tools to support large hospitals with disparate data sets address early and report on during accreditation that is currently a high resource and costly manual process for many hospitals in Australia.



Commercial and industry collaborations

The DHCRC established several collaborative relationships in FY2022/23. This further deepens our industry-lead approach to engagement and our focus on identifying and supporting the realisation of commercial opportunities.



AutumnCare

AutumnCare works in close collaboration with Aged Care providers to ensure that product development is informed by a true understanding of the industry.



Regis

Regis Aged Care provides you with the support you need to live life on your terms.



Western NSW Local Health District

The Western NSW LHD is the largest Local Health District in NSW covering an area of 246,676 square kilometres, similar to the size of the United Kingdom.



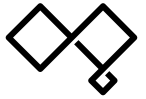
Five Faces

Digitises complex consumer journeys for hospitals, government departments and other service providers.



Consumer Health NSW

Represents the interests of patients, carers and their families in NSW. They believe in shaping a health system that listens to, respects, partners with and values health consumers.



Thought leadership and advocacy

The DHCRC is in the fortunate position of coordinating and overseeing many complex and unique projects across the spectrum of digital health. Individually, these are often ground-breaking initiatives that require funding, perseverance and focus. When looked at more holistically, they provide a unique look into the trends and issues affecting the health sector more broadly. The DHCRC used this unique perspective to drive a range of advocacy and thought leadership initiatives.

Call for National Health Data Governance Framework

Australia lacks the national data and information governance tools to deliver the scale of healthcare transformation required to support effective responses to population health challenges such as pandemics, population ageing and personalised care. Our effective use of healthcare data, whether in support of the delivery of care or accessed for clinical research, is hampered by a lack of national harmonisation around information governance frameworks and resources to support consistent interpretation.

To raise awareness of this challenge we launched *A Call To Action For A National Data Governance Framework*. Shared directly with Government departments, circulated to industry through events, and launched publicly through national media coverage, this paper called for immediate support for today's researchers offering short-term solutions to harmonise data and information governance and longer term, a way forward in building a collective approach to creating a national framework for the governance of data and information.

DHCRC Call for National Health Data Governance Framework



Responding to the Federal Government safe and responsible AI paper

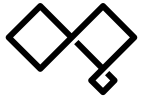
The DHCRC collaborated with the AAAiH, AIDH and CSIRO to develop a National AI in Health and Medicine Governance and Implementation Strategy.

The DHCRC used its first-hand experience in working on AI-driven product and service development with its industry partners to produce policy draft recommendations for the industry and SME sector. Together with its collaborators and participants the DHCRC has created and launched a discussion paper, responded to the DISR Responsible AI consultation paper, published several thought leader articles in top-tier journals, and prominently contributed to public discourse and discussion on the responsible use of AI in health and medicine, nationally and globally.

We continue to advocate for a national data interoperability legislation. We are working with our industry and research partners to identify how this can be implemented in practice.

Dr Norman Swan AM, Dr David Hansen (CSIRO), Professor Enrico Coiera (Macquarie University), Associate Professor and DHCRC CEO Annette Schmiede (DHCRC), Professor Karin Verspoor (RMIT).





DHCRC also played an integral role in key industry events during FY2022/23, including:

2022 Digital Health Summit

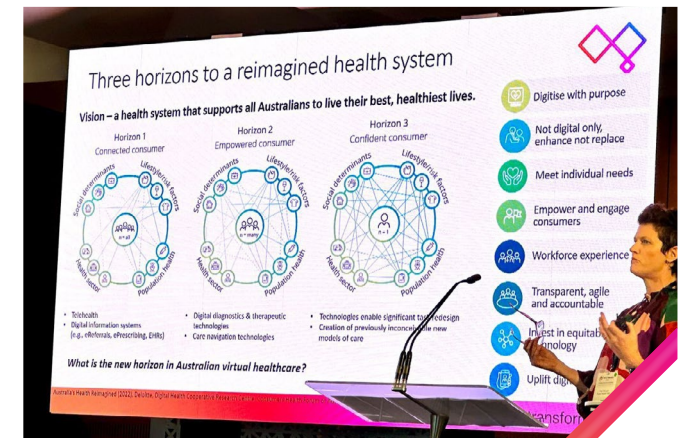
DHCRC was a sponsor and hosted a stream of presentations which included funding for 50 DHCRC Emerging Leaders to attend and present their research projects. Here, we also co-hosted an exhibition stand with Alcicion, Sydney Local Health District and Annalise.ai to showcase our unique industry and health partnerships.

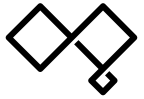
MEDINFO 2023:

DHCRC hosted an exclusive breakfast featuring a panel of Indigenous health leaders from Australia, and abroad, in a flagship event that explored how to better integrate Aboriginal and Torres Strait Islander voices in the design of digital health initiatives.

National Virtual Healthcare Summit:

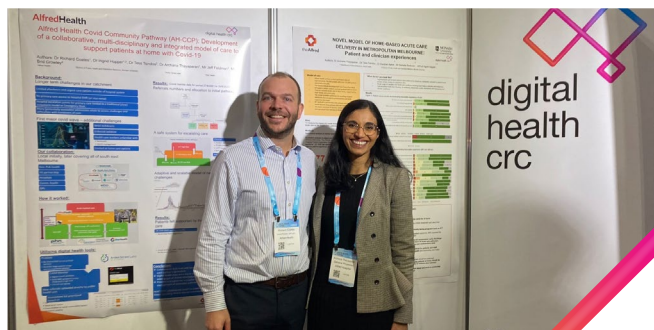
Research Director, Clare Morgan featured as keynote speaker keynote speaker and Chair.

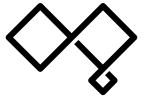




2023 Digital Health Festival in Melbourne

Co-hosted an exhibition stand with Alfred Health and Alcidion; Chief Innovation Officer Stefan Harrer also featured on a number of panels throughout this event.





Actively contributing to the Australian digital health ecosystem



DHCRC Program Director Alex Luongo and Program Managers Shiva and Joycelyn at Australian Healthcare Week – Sydney



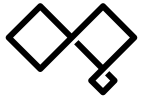
DHCRC CEO Annette Schmiede on a Panel at the CRA Conference – Adelaide



CareMapper a winner at the iAwards for 2023 - Adelaide.



DHCRC CIO Stefan Harrer speaks with Talking HealthTech at Digital Health Festival 2023 – Melbourne



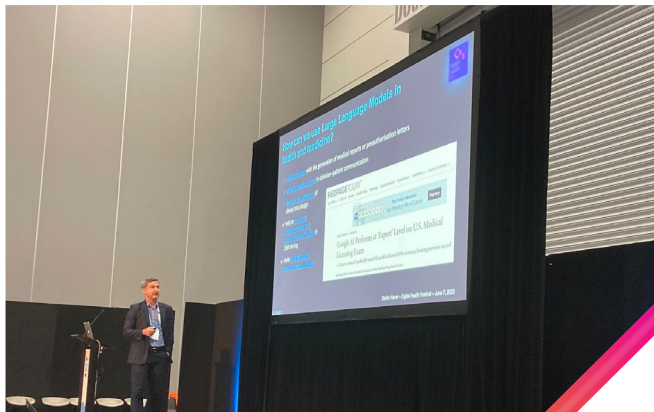
Digital Health Festival booth



DHCRC MedInfo Breakfast Panel



DHCRC with Emerging Leaders at Science Meets Parliament



DHCRC CIO Stefan Harrer presenting at Digital Health Festival – Melbourne



DHCRC MedInfo Breakfast event shows a full crowd



Northern Health Victorian Virtual Emergency Department launch event



Case Studies





Case study: research



Aged Care Data Compare (ACDC) Plus



The industry problem

ACDC Plus is a flagship program for the DHCRC. The initial Aged Care Data Compare project built the foundations for quality reporting measures and was identified in the Royal Commission into Aged Care Quality and Safety as an exemplar of the type of innovation required to help reform the aged care sector.

The aged care sector in Australia is only now embarking upon a truly transparent benchmarking journey as seen with the launch of The Department of Health and Aged Care (DHAC) Star Rating System for Aged Care Providers.



The solution/outcome

ACDC Plus will see a large scale residential aged care provider, Regis Aged Care, and software supplier, AutumnCare, trial a prototype aged care quality indicator app.

The project is being led out of The University of Queensland with support from the Commonwealth Department of Health and Aged Care. The aim is to trial and evaluate the app's effectiveness as a potential quality benchmarking and reporting solution for the residential aged care sector.



The impact

ACDC Plus will complement and align with DHAC's effort to build a robust quality framework for Australian residential aged care. It will accelerate the uptake of the HL7-Fast Healthcare Interoperability Resources (FHIR) capability, across the Australian health care environment and internationally.

This project significantly will also provide the evidence base for how data standards can enable aged care providers to access and share important data held in existing aged care software solutions without significant disruption and cost.



The insight

Regis CEO and Managing Director Dr Linda Mellors said:

“ACDC Plus will pave the way for the sector to demonstrate the value that evidence-based, risk adjusted and benchmarked quality indicators have on further improving the outcomes for residents in our care.”

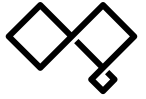
“This project uses contemporary digital standards to help care staff and providers capture and report the data required to generate quality indicators that are relevant and reliable. It will also help demonstrate the benefit of data standardisation and sharing in Australian residential aged care at a time when the sector lacks a national minimum data set.”



What's next

All eyes will be on this project because it is an Australian-first to use the HL7 FHIR data exchange standard to extract data from an aged care system to support the calculation of evidence-based quality indicators.

The app will incorporate the Department's National Aged Care Mandatory Quality Indicator Program (QI Program) quality indicators and additional indicators identified by carers to improve care delivery to residents.



Case study: research



Peter Mac and Max Kelsen: Data Driven Medicine



The industry problem

The Peter MacCallum Cancer Centre (Peter Mac) provides coordinated and comprehensive care across 13 tumour streams, where patient data is captured in siloed systems throughout the patient's diagnosis, treatment, and post-treatment journey.

The disparate storage mechanisms for capturing and storing patient data in a wide range of formats limit the utility of these comprehensive datasets in research & development activities. Current research practices require exorbitant time and costs to manually consolidate data from multiple sources without an infrastructure for governance and regulatory oversight to manage data sharing and collaboration.



The solution/outcome

This project seeks to address this challenge and better understand the benefits that can come from unlocking large health datasets to support collaborative digital health research. To this end, Peter MacCallum Cancer Centre is deploying an end-to-end AI based data information platform from Propel Health AI, which will be evaluated by Swinburne University of Technology.



The impact

The PROPeL platform, one of the first of its kind in Australia, will allow Peter Mac to securely capture and store its comprehensive pool of de-identified patient data, giving its researchers access to de-identified, highly secure, compatible and robust data in a consolidated and meaningful manner, enabling faster translation to clinical practice.



The insight

Associate Professor Kate Burbury, Director of Digital and Healthcare Innovations at Peter Mac, said the unique collaboration across academia, healthcare and commercial organisations represents a potentially transformative digital healthcare project.

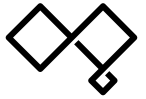
“The goal of this exciting project is to integrate Peter Mac's digital data and better understand the benefits that can come from unlocking large health datasets to support collaborative digital health research.”

“We see significant opportunity for this project to improve clinician decision-making, patient outcomes and drive long term digital health product development and commercialisation.”



What's next

Ultimately, this simpler access to data aims to allow researchers to build and deploy new innovations in clinical practice under the appropriate regulations – and do this faster and more cost-effectively through the application of game changing, ethical and trustworthy AI models. Successful implementation of PROPeL is a foundational step toward multimodal data ingestion and analysis that will more closely reflect the inherent multimodal nature of medicine.



Case study: research



Living with Long COVID



The industry problem

Research shows that up to one in 10 people will develop lasting symptoms from COVID. Long COVID affects each patient differently; symptoms could be respiratory, cardiac or neurological and making a direct link back to COVID as the cause is not always easy, possible or correct.

GPs are on the front line dealing with Long COVID but there is very little understanding or support to help diagnose, let alone treat patients exhibiting with what can be a broad array of symptoms.



The solution/outcome

This Australian-first research initiative will look into the emergence and prevalence of Long COVID in primary care, and how this can be best managed in general practice.

Using deidentified General Practice data extracted through Outcome Health's POLAR system, from 700+ practices, supporting over three million Australians across two Victorian PHNs – Eastern Melbourne PHN and South East Melbourne PHN; and two NSW PHNs – Central and Eastern Sydney PHN and South Western PHN; Macquarie University will look to understand how Long COVID is presented in general practice and treated by clinicians.



The impact

The ultimate goal is to develop a set of best practice recommendations surrounding Long COVID care in general practice.



The insight

Outcome Health Director of Research Associate Professor Chris Pearce said:

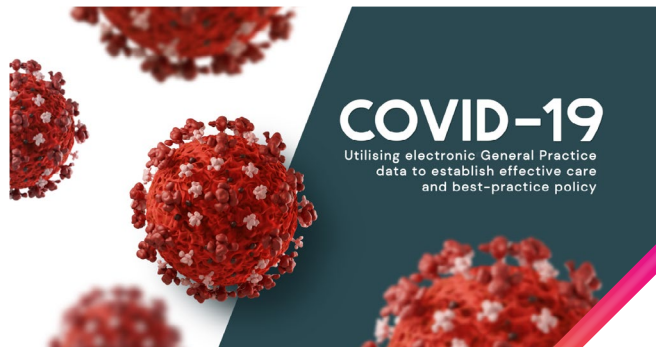
“The challenge is that evidence-based research in Long COVID is limited, which in turn leads to minimal awareness around the condition. By more deeply understanding how GPs identify and classify Long COVID we can increase the evidence pool in this area and in turn advance research in Long COVID.”

“We are investing into this project with the hope we can support GPs in better understanding Long COVID and ultimately help them better care for their patients suffering this new, but chronic, condition.”



What's next

In the longer term, the project's objectives aim to support Primary Health Networks to make data-informed decisions on a population level, to highlight the breadth of key issues across their practices and aid co-designed strategies to support the broader management of Long Covid in their regions.





Case study: education



Building the next generation of healthcare leaders

Digital excellence meets clinical excellence:
building the next generation of healthcare leaders



The industry problem

With the rapid growth of digital transformation, a lack of interdisciplinary leadership in digital healthcare and inability to harness digital capabilities for the benefit of patients has been identified.



The solution/outcome

eHealth Queensland, Health and Wellbeing Queensland and The University of Queensland are supporting the emergence of a new breed of interdisciplinary leader who can use evidence and thought leadership to help shape the digital transformation of healthcare in Queensland and become respected leaders in Australia and globally.

As part of this project, the Digital Health CRC funded three digital health PhD scholarships for outstanding clinicians and one postdoctoral fellowship to intersect research and practice within the state healthcare system and prevention agency. This group of emerging leaders has implemented a range of research studies to resolve present and future issues in digital health and contributed to healthcare system improvement through digital technology and data.

The project has also developed a community of practice to train and position PhD candidates as future digital health leaders and launched a Graduate Certificate in Clinical Informatics and Digital Health to build capability and capacity in the current workforce.



The impact

Development of an emerging leader community who are leveraging the power of technology and data to improve patient outcomes and experiences (~30 members, growth from 3 members in 2020).

Skills uplift in the healthcare workforce with over 60 students (health professionals) enrolled in the Graduate Certificate in Clinical Informatics and Digital Health.



The insight

“We are working hard to ensure we are creating a future fit workforce for tomorrow’s healthcare,” Associate Professor Clair Sullivan, The University of Queensland



What’s next

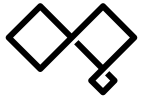
In partnership with the Australasian Institute of Digital Health, the next step is to build a professional career pathway through the creation of a fellowship program for clinicians who wish to become experts in digital health.





Governance





DHCRC Board

The DHCRC Board in FY2022/23 consisted of:

Kate Munnings (Chair)
 Dr Megan Robertson (Deputy Chair)
 Dr Neale Fong
 Dr Sanjay Mazumdar
 Jenny Morawska
 Dr Steve Hambleton
 Paul McBride
 Berne Gibbons



Kate Munnings

Appointed 28 November 2019
 Board Chair 7 February 2022
 Member, Audit, Risk, Privacy and Finance Committee
 Qualifications LLB; BHIthSc (Nursing)
 Independent

Kate brings to the DHCRC a diverse experience as a senior executive at health services companies. Most recently Kate was the CEO of Virtus Health Pty Limited, one of the largest global providers of assisted reproductive services. While at Virtus, Kate developed a growth strategy focused on improving clinical outcomes by the use of data and technology and included the development of the award winning, Precision Fertility™ Digital Platform. Kate also created Virtus Ventures which included successful partnerships between Virtus Health and a range of bio tech start-ups, where they collaborated to undertake translational research, commercialise technology and successfully obtain innovation grants.

Kate also has deep operational experience, including as Chief Operating Officer at Ramsay Health Care where she was responsible for their 73 Australian hospitals and as Chief Executive Operations at Transfield Services (now Ventia) where she managed a portfolio of complex State and Commonwealth Government contracts. Prior to moving into operations, Kate spent eight years as Transfield Service's Chief Risk & Legal Officer/Company Secretary and she also served on the Board of South East Sydney Local Health District for 4 years.

A qualified commercial lawyer and registered nurse, Kate has also been a partner at law firms Corrs Chambers Westgarth and BakerMcKenzie, specialising in contract law. She started her career at St Vincents Hospital Sydney as a Registered Nurse specialising in AIDS/HIV.



Dr Neale Fong

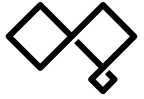
Appointed 28 November 2019
 Qualifications MBBS DipCS MTS MBA FSCSM (Hon)
 FAIM FAICD
 Non-Independent

Dr Neale Fong has more than 35 years' experience in medical, health care 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.

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.



Berne Gibbons

Appointed 28 February 2023
Qualifications GNID,
Non-Independent

Assoc Prof Gibbons is a respected healthcare leader who brings decades of experience in the sector, having an extensive background in nursing and the pharmaceutical industry. She is currently Head of Business Innovation and Partnerships at InfoMedix – delivering software solutions to hospitals.

A passionate advocate for digital health, Ms Gibbons is an advisor on Digital Health Standards to the Australian Digital Health Agency and author of the National Digital Health Standards Guiding Principles. She is also an Associate Professor at the University of Technology, Sydney (UTS) and a member of UTS, Dean's Industry Advisory Board in the Faculty of Health.

Previous roles in the healthcare sector include: Product Manager, at Glaxo/Wellcome; Head of Hospitals at Mayne Health Pharmaceutical Wholesale; CEO for Central Hospital Supplies; and Managing Director for Vitro Software Pty Ltd, where she developed a particular interest in providing digital medical records and the importance of data being stored securely and available at the point of care.

Ms Gibbons is a proud descendant of the Wiradjuri peoples and, a previous Board member of the not-for-profit organisation Pathfinders, leading the project of registering the Births of Aboriginal people through the National Aboriginal Birth Certificate Register, being run by Pathfinders. Berne was awarded the AFR 100 Most Influential Women in Australia and is also a founding Director of the Continuity of Care Collaborative (CCC).



Dr Steve Hambleton

Appointed 11 May 2018
Member, Nominations & Remuneration Committee
Qualifications 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.

He is a strong advocate of health reform and served on the Primary Health Reform Steering Group and the Strengthening Medicare Taskforce and will contribute to the Strengthening Medicare Implementation Oversight Committee.



Paul McBride

Appointed 28 November 2019
Member, Audit, Risk, Privacy & Finance Committee (from 5 December 2019)
Qualifications BComm; MTaxLaw
Non-Independent

Paul is First Assistant Secretary in the Commonwealth Department of Health and Aged Care. 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 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 and, as part of that, responsibility for the Digital Health CRC. 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 (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.



Dr Sanjay Mazumdar

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

Sanjay is currently the Executive Director of The Defence Trailblazer, a \$240 million enterprise comprising 40+ industry partners and powered by the University of Adelaide and the University of New South Wales, with funding from the Australian Government through the Trailblazer Universities Program.

Sanjay was previously a Partner at KPMG Australia. He specialised in technology, data and AI advice to clients across a broad range of sectors. Sanjay was also the lead Partner for Defence Industry in South Australia and the inaugural Chief Data Officer for the firm.

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, IP commercialisation, 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 and Education Committee (from 8 February 2022)
Qualifications MBA; MSc; BA(Sciences); GAICD
Independent

Jenny is a strongly commercial Chair and Director, with deep global technology and finance experience as a CEO and Senior Executive, across multiple industries and diverse stakeholder groups. She brings an understanding of, emergent technologies, sustainability and practical experience in driving new revenues, customer engagement and efficiencies from a diverse range of industries including finance, medical and science 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 consultant and banker. Jenny was one of the four most senior women in the Federal Government. She is also a pragmatic commercial businesswoman who for the last 15 years has worked on the global stage.



Dr Megan Robertson

Appointed 28 November 2019
Deputy Board Chair 7 February 2022
Chair, Research & Education Committee (from 27 August 2020)
Qualifications MBBS FRACP FANZCA FCICM
Independent

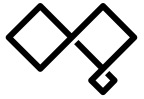
Megan Robertson is an alumna of the University of Melbourne where she completed a Bachelor of Medicine, Bachelor of Surgery (MBBS).

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 the 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.



Academic Leaders and Committees

Academic Leaders

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

In FY2022/23 they included:

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 Barry Drake (to 31 December 2022)

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

Committees

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

DHCRC Director, (Chair from August 2020)

Dr Sanjay Mazumdar

DHCRC Director

Ms Jenny Morawska

DHCRC Director

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

Dr John Lambert

NT Health

Dr Malcolm Pradhan

The University of Sydney

Audit, risk, privacy and 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 and 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.

Ms Kate Munnings *Chair

DHCRC Director

Dr Steve Hambleton

DHCRC Director

Dr Priscilla Rogers

DHCRC Director (until February 2022)

Ms Annette Schmiede

DHCRC CEO



Participants

The DHCRC's Participants (core and additional) in FY2022/23 included:

Academia

Curtin University
Flinders University
La Trobe University
Macquarie University
Menzies School of Health Research
Monash University
Population Health Research Network – PHRN (University of WA)
Queensland University of Technology
Royal Melbourne Institute of Technology
Swinburne University of Technology
The University of Notre Dame
University of Notre Dame
University of Canberra
University of Melbourne
The University of Queensland
University of South Australia
University of Sydney
University of Technology Sydney
University of Wollongong
Western Sydney University

Industry

Aboriginal Medical Services
Alliance Northern Territory
Adventist HealthCare
Alcidion Corporation
ANDHealth Limited
Annalise AI
Australasian Institute of Digital Health
Australian Genomics
AutumnCare
Beamtree
BodyGuide
Cabrini Health Limited
Bupa Foundation (Australia) Ltd
CarePage
Cayenne Consulting
Community Home Australia
Consumers Health Forum of Australia
Delphi Institute
eHealthier Complexity Science Medical Systems
Epworth Healthcare Ltd
Five Faces
goAct Pty Ltd
Health Consumers NSW Inc
Healthdirect Australia
HELPA Care Circle Connected Enterprises
Insurance Australia Group Limited
Max Kelsen
Melbourne East GP Network Limited (Outcome Health)
Metluma Pty Ltd
Mirus Australia Pty Ltd
Monash Health
Pen CS Pty Ltd
Persona Informatics Inc.
Peter MacCallum Cancer Centre
Ramsay Hospital Research Foundation
Regis Aged Care
Royal Australasian College of Physicians
Royal Australasian College of Surgeons
Sanro Health
Save Sight Registries
Sisu Wellness Pty Ltd
St John of God Health Care Inc.
StoryTiling
Telstra Health
The Aged Care Guild Ltd
The Australian Council on Healthcare Standards
Wave Digital
Werribee Hospital Foundation
Yourtown

Government

ACT Health
Alfred Health
Australian Commission on Safety & Quality in Health Care
Australian Digital Health Agency
Australian Health Practitioner Regulation Agency
Brisbane North PHN
Capital Health Network
Central Adelaide Local Health Network
Central and Eastern Sydney PHN
CRC for Developing Northern Australia
CSIRO
Department for Trade & Investment (South Australia)
Department of Health (Northern Territory)
Department of Health (Victoria)
Department of Health Queensland
Department of Health and Aged Care (Commonwealth)
Eastern Health
Eastern Melbourne Primary Health Network
Government of South Australia (SA Health)
Health Network Northern Territory Ltd (PHN)
Illawarra Shoalhaven Local Health District
Melbourne Health
Metro North Hospital and Health Service
Metro South Hospital and Health Service
Ministry of Health NSW
Murrumbidgee Local Health District
Nepean Blue Mountains PHN
North Western Melbourne PHN
Northern Adelaide Local Health Network
Northern Health
Population Health Research Network
South Eastern Melbourne Primary Health Network Ltd
South Western Sydney PHN
Southern Adelaide Local Health Network
Sydney Local Health District
WentWest PHN
Western Australia Country Health Service
Western Australia Department of Health (WA Health)
Western Australian Primary Health Alliance
Western NSW LHD
Western NSW PHN

