for helse

Research centre for digital mental health services (Forhelse.no)

Annual report 2020

Senter for forskningsdrevet innovasjon

Contents

Summary

Our main goal is to increase the use and impact of digital psychological interventions to 15 % by 2025 and to 20 % by 2030. Centre for Mobile Mental Health started on December 1st 2020. As a direct result of our end of year start our activity in 2020 mainly focused on establishing the centre and connecting our partners with each other. We had an official opening broadcast on December 14th 2020 as well as a centre based meeting to start building a bridge between our partners, and start understanding our individual and common strengths as well as the needs of our partners.

[Åpning av Forskningssenter for digitale helsetjenester 14.12. 2020 (vimeo.com)](#)

Vision/objectives

The primary objective of the Centre for research-based innovation on Mobile Mental Health (CMMH) is to increase the use and impact of digital psychological interventions. The goal is to have a minimum of 15% of all psychological interventions accessed digitally by 2025, growing to 20 % by 2030. This will increase access to evidence-based mental health care and have a substantial positive impact on health outcomes, burden of disease, healthcare costs, eHealth industry and society as a whole. There is a large body of evidence documenting the efficacy of digital psychological interventions for highly prevalent mental disorders (e.g., depression and anxiety) and other health disorders (e.g., pain, irritable bowel syndrome, and cancer).

Digitalization of the healthcare services are needed in order to meet future needs for effective and sustainable healthcare services. However, the current use of digital healthcare services in routine care is low, and their impact on the industry, healthcare, and society is limited. CMMH will move the research on digital psychological interventions from the interventions themselves, to research on the impact of the interventions in real world settings. CMMH will promote innovation and sustainable value creation as we will conduct beyond state-of-the-art research on effectiveness, cost-effectiveness, early assessment of innovation potential and effective implementation strategies.

CMMH bring together the five most ambitious and relevant eHealth businesses in Norway, four national and international leading groups of researchers in the domain of innovative digital healthcare services in Norway and in Europe, five public healthcare services with nationally leading positions in the domain of digitalization, one innovative private non-profit healthcare service integrating mental and somatic health services, and therapists and patients with first-hand experience with digital interventions.

Primary objective
The primary objective of the Centre for research-based innovation on Mobile Mental Health (CMMH) is to increase the use and impact of digital psychological interventions. The goal is to have a minimum of 15 % of all psychological interventions in Norway accessed digitally by 2025, growing to 20 % by 2030
Secondary objectives
(1) Establish a minimum of 12 studies based on knowledge gaps addressed by the user partners.
(2) Compare clinical effectiveness of three digital interventions to treatment-as-usual in beyond state-of-the-art pragmatic controlled research trials in routine care.
(3) Compare the cost-effectiveness of digital interventions to treatment-as-usual in Norway, in beyond state-of-the-art research trials in routine care.
(4) Conduct innovative and beyond state-of-the-art research studies on early Health Technology Assessment in the businesses and the healthcare services.
(5) Compare the effectiveness of tailored implementation strategies to implementation-as-usual in a beyond state-of-the-art pragmatic controlled multicenter trial.
(6) Establish and further develop productive business-research-healthcare collaborations that attracts new user- and research partners during the centre period.
(7) Communicate and disseminate knowledge, results, tools and interventions to businesses, researchers, healthcare services, decision makers, patient and professional organizations

Research plan/strategy

Our workplan for the first year was established before December 1st. However our activities related to 2020 was mainly focused on recruiting and establishing a structure in the centre that was conducive to research in 2021 and beyond. The workplan for 2021 will be adopted formally by the steering group in February 2021. The overall goals of our work packages are as seen below (2020-2028).

WP 1 – Effectiveness (Tine Nordgreen)	
Tasks	**Deliverables**
T1.1 Effectiveness trial of a digital psychological intervention for adolescents with anxiety in primary care providing the first-time documentation of a new software platform	D1.1-3 Specification of intervention content and components.
T1.2 Effectiveness trial of a digital psychological intervention for adults with severe musculoskeletal disease providing the first-time documentation of a new software platform	D1.4-6 Specification of end-user needs and preferences.
T1.3 Effectiveness trial of a digital psychological intervention for adults recovering from cancer providing the first-time documentation of a new software platform.	D1.7 Common set of methods for clinical effectiveness trials (approved study protocols).
	D1.8-1-10 Clinically tested and validated interventions.
Partners: HUH, UiB, YW, LK, BM, HiH	

WP2 – Cost-effectiveness (Vidar Halsteinli)	
Tasks	**Deliverables**
T2.1 Cost-effectiveness study of an evidence-based digital psychological intervention preventing postpartum depression and enhancing quality of life (Mamma Mia). An economic evaluation will be conducted alongside a randomized controlled trial, testing varying amount of healthcare personnel guidance, performed in both Norway and the US. Additionally, decision analytical modelling will be conducted by synthesizing evidence from multiple sources	**D2.1** Common set of methods for cost-effectiveness trials
T2.2 Cost-effectiveness evaluation of eMeistring at three sites in Norway. Data will be collected as a part of routine care and benchmarked across different service models from the three sites. A decision analytical modelling will also be conducted for eMeistring	**D2.2-3** Economically evaluated interventions.
T2.3 Analyze service model characteristics and establish a flexible modelling framework for evaluations beyond actual clinical trials taking e.g., amount of guidance, alternative service models, barriers and facilitators, and a long-term perspective into account. Develop tools for analysis of budget impact and return on investment in order to guide decision processes	**D2.4** Tool for BIA and RoI across service models.
Partners: RSHU, RBUP,CW,CT, eM-HUH/V/N	

WP3 – Early HTA (Per Ingvar Olsen)	
Tasks	Deliverables
T3.1 Strategic analysis, in-depth case studies of selected new remote care health services, in order to gain a deeper understanding of the particular co-dependencies and challenges of the private and public healthcare systems.	D3.1 Description of co-dependencies between the private and public sector early in the innovation process.
T3.2 Further development of an early HTA tool based on early stage health economic modelling and stakeholder preferences to identify of unmet needs in early innovation stages.	D3.2 A validated early HTA tool.
T3.3 Study the development and implementation of IT infrastructure needed to integrate the new services into existing services.	D3.3 Description of challenges in relation to service models and IT infrastructure.
Partners: BI, NSE, LK, YW, BM and HUH	

WP4 – Implementation (Robin Kenter)	
Tasks	Deliverables
T4.1. Conduct a multicenter trial including five sites: three secondary care clinics in three health regions providing the eMeistring treatment for anxiety and depression; one primary care clinic with low-threshold treatment for adolescents with anxiety; and one clinic providing education and long-term follow-up for adults with Irritable Bowel Syndrome. The multicenter trial includes adoption of the ItFits-toolkit, collect baseline data, introduce the Itfits-toolkit and a continuous assessment of the uptake of digital psychological interventions (main outcome) and normalization of service provision in staff members.	D4.1 Common set of methods for stepped-wedge study protocol across five sites, for evaluating the various implementation processes and outcomes.
T4.2. Understand the mechanisms that shape implementation across settings.	D4.2 Assess barriers and test the effectiveness of tailored implementation strategies in five different eHealth clinics in Norway.
	D4.3 Knowledge of mechanisms that shape implementation.
Partners: HUH, UiB,VU, NSE, YW, CW, eM-HUH/V/N, BM, IBS -HUH	

WP5 - Communication and dissemination (May Frida Bosch)

Give information and promote our work in order to communicate our work, connect with researchers, health and industry, other interested parties and the general public.

WP6 - Management (Tine Nordgreen)

All the partners are consortium members. All consortium partners are board members, the board will meet 2 times a year and is the main decision-making body of the centre, led by CEO Klemetsen, Youwell AS. WP6: Management with the centre leader and administrative manager acts as a secretariat to the board. The main tasks of the board are to monitor and review progress, key performance indicators, risk mitigation processes, quality of the project through annual work plans, budgets, deliverables and milestones. All plans will be presented to, approved and followed up by the board. The consortium agreement will further detail our decision-making processes.

All WP managers together with project manager, administrative manager and chief coordinator of research will form the project group (project management and all WP managers). The project group will convene bi-weekly in order to ensure close collaboration and focus on our joint objectives. The project groups' main tasks are to ensure progress, common understanding of our common objectives, reporting and tracking deliverables, budget, Key Performance Indicators

Our organisation and how we collaborate

Organisational structure

As seen below we have a clear organisational structure from the Research Council of Norway on top as our funder, via the host institution to the steering group, centre management and WP's. We also have three entities that will advise us along the way on scientific goals, overall goal and user perspective.

Research Council of Norway					
Host institution - Helse Bergen HF					
Board					
Centre management					
Work packages					

Lived experience group
SAC
Monitoring council

WP 1: Effectiveness Leder: Tine Nordgreen Partnere: HUH, UiB, YW, BM, HiH, LK	WP 2: Cost-effectiveness Leder: Vidar Halsteinlig Partnere: RSHU, USD, RBUP, eMeistring, CW, CT	WP 3: Early HTA Leder: Per Ingvar Olsen Partnere: BI, NSE, LK, YW, NM, HUH	WP 4: Implementation Leder: Robin Kenter PartnereHUH, UiB, NSE, VU, eMeistring, IBS, BM, CW, YW, HVIKT	WP 5: Dissemination Leder: Partnere: Alle	WP 6: Adminstration Leder: Tine Nordgreen Partnere: Alle

Centre management

The centre management is centre director Tine Nordgreen, centre coordinator May Frida Bosch and administrative manager Kristine F. Griffin.

Tine Nordgreen, centre director

May Frida Bosch, centre coordinator

Kristine F. Griffin, administrative manager

WP managers – WP 1 through 4

Tine Nordgreen
Senterleder
Psykologspesialist - Forsker
Helse Bergen HF

Vidar Halsteinli
Helseøkonom, forsker
Regionalt Senter for
helsetjenesteforskning (RSHU)

Per Ingvar Olsen
Professor
Institutt for strategi og entreprenørskap

Robin Maria Francisca Kenter
Forsker,PhD
Post Doc

We have established biweekly WP manager meetings, and will have monthly joint meetings with all partners.

Our offices

Centre for Mobile Mental Health is located at Haukeland University Hospital (HUH), hosted by the Division of Psychiatry at the hospital. Our offices as well as our administration is at HUH. We have space for both the centre management staff as well as space for joint meetings and room for our partners. Due to the Covid-19 pandemic we have not been able to utilize the space to its full potential as of yet.

Partners

In addition to Haukeland University Hospital our research partners are University of Bergen, St. Olavs Hospital, BI Norwegian School of Business, Regional Centre for Child and Adolescents Mental Health – Eastern and Southern Norway, Norwegian Centre for e-health research and Helse Vest ICT. Our user partners are Youwell AS, ChecWare AS, Changetech AS, Lifekeys AS, Bergen Municipality, Helse i Hardanger, Vestfold hospital, St. Olavs hospital as well as eMeistring and IBS-school at Haukeland University Hospital.

Other collaborators

Since our opening in December we have consistently and frequently been contacted by researchers, research organisations and user partners that would like to collaborate with the centre in one form or another. We have started working on procedures that will regulate these connections.

Scientific activities and results

For 2020 we do not have any scientific results to report. However we have established connections between researchers and partners and have made plans for scientific activities in 2021 and beyond.

International cooperation

International cooperating is established with scientific partners in Denmark and The Netherlands. From the start in December 2020 international researchers have joined in our opening broadcast as well as in joint meetings.

Recruitment

As of December 2020 we have started recruitment for a few of our position in line with our plans and budget. Our planned positions are spread over several years and several partners. Recruitment is discussed in every biweekly WP manager meeting to ensure progress with recruitment and joint understanding of what the purpose and focus of each position is.

Communication and dissemination activities

We have established a webpage, Forhelse.no where we present our centre. We also have a clear graphical profile that we will use throughout all information and communication from the centre. Our webpage will continue to grow according to the needs of those we communicate to (the public, partners, and other interested parties).
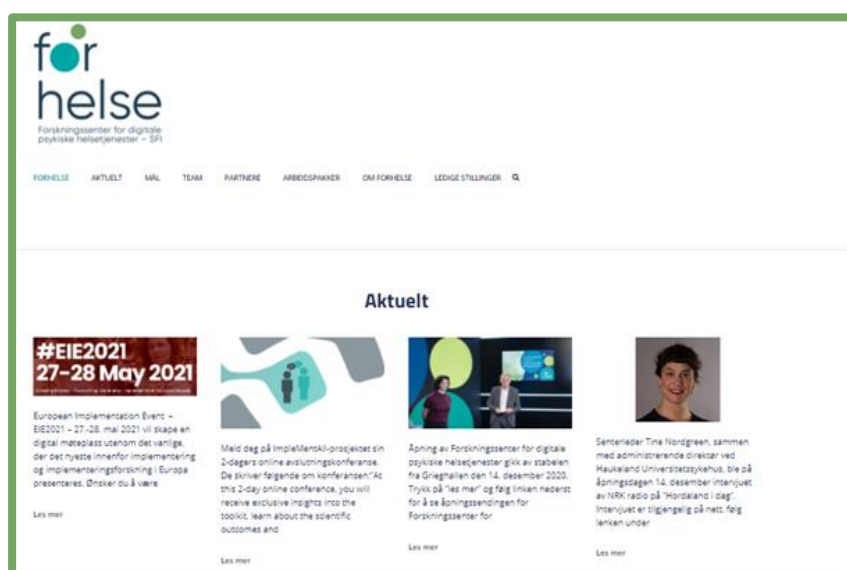
Attachment to the report*:

- o *Personnel*
- o *Accounts*

In following years we will also attach a publication list. Due to the late start in 2020 we currently have no publications to report.

Personell

A1 Personnel

Key Researchers		
Name	**Institution**	**Main research area**
Tine Nordgreen	Helse Bergen HF	WP 1 Effectiveness
Vidar Halsteinli	St. Olavs hospital	WP 2 Cost-effectiveness
Per Ingvar Olsen	BI	WP 3 Early HTA
Robin Kenter	UiB	WP 4 Implementation
Filip Drozd	RBUP	WP 2 Cost-effectiveness
Silje Marie Haga	RBUP	WP 2 Cost-effectiveness
Monika Gullslett	NSE	WP 3 Early HTA / WP 4 Implementation
Linn Støme	OUS/BI	WP 3 Early HTA

Postdoctoral researchers working on projects in the centre with financial support from other sources					
Name	Funding	Nationality	Period	Sex M/F	Topic
Robin Kenter	RCN	Dutch	1.12.2020-31.12.2020	F	WP 4 Implementation
Joseph Szhultz	Inkind	American	1.12.2020-31.12.2020	M	WP 2 Cost-effectiveness

PhD students working on projects in the centre with financial support from other sources					
Name	Funding	Nationality	Period	Sex M/F	Topic
Smiti Kahlon	RCN	Norwegian	1.12.2020-31.12.2020	F	WP 1 Effectiveness
Sunniva Myklebost	Inkind	Norwegian	1.12.2020-31.12.2021	F	WP 1 Effectiveness

As of December 2020 we have no personnel in the following categories
- Visiting researchers
- Postdoctoral researchers with financial support from the Centre budget
- PhD students with financial support from the Centre budget
- Master students

A2 Statement of Accounts

(All figures in 1000 NOK)

Funding	
Partner or partner category	**Amount**
The Research Council	120
Helse Bergen HF - host institution	0
Research partners	47
User partners - health services	114
User partners - industry	119
Total	*400*

Costs	
Partner or partner category	**Amount**
Helse Bergen HF - host institution	109
Research partners	58
User partners - health services	114
User partners - industry	119
Total	*400*

Allocation per WP						
Partner or partner category	**WP 1**	**WP 2**	**WP 3**	**WP 4**	**WP 5**	**WP 6**
Helse Bergen HF - host institution	49	3	3	3	2	49
Research partners		47				
User partners - health services		54	21	50		
User partners - industry	50	15	6	48		
Amount per WP	*99*	*119*	*30*	*101*	*2*	*49*

Note: Two institutions have more than one partner type

Helse Bergen HF - host institution is also legal partner for to user partners; IBS HUH and eMeistring HUH. The table above lists the host institution costs only for the research part of Helse Bergen. For clarity we have included the numbers for Helse Bergen HF as one legal entity below

Costs	
Partner type	**Amount**
Helse Bergen - host institution research partner	109
Helse Bergen - host institution user partner health services IBS HUH	6
Helse Bergen - host institution user partner health services eMeistring HUH	42
Total amount Helse Bergen - research and user partners	*157*

St. Olavs Hospital HF is also a legal partner for one user partner; eMeistring Nidaros. The table above contains numbers for St. Olav as a research partner in the research partner category, and eMeistring Nidaros as a user partner in the user partner - health services category.