

## Work plan 2023 – Forhealth

This work plan for 2023 is the third for the SFI Forhealth, with the timeframe 2020-2028. The Forhealth work plan represents the formal road map for the activities at the centre each year. This plan is a reference for the goal, objectives, tasks and team members who are responsible for the activities.

Work plan 2022 – Forhealth is organised in three parts "Introduction", "Part I", Part II":

- The "Introduction" sums up the background and primary and secondary objectives of the centre.
- "Part I" first states the work packages (WP 1-6), with milestones, background and tasks. Second, for each WP, states sub-tasks (T1.1) with planned deliverables (D1.1) and current activities, as well as information on partners, project leaders and personnel. The aim of "Part I" is to give the required steps to achieve our stated goals, so that we can transform them into action.
- "Part II" gives the detailed information about costs and funding for all activities, given in the required SFI template.

### Forhealth - 2020-2028

Number and name	309264 - Forhealth – SFI Opened 1. December 2020
Partners involved	Helse Bergen HF (HUH), Youwell (YW), Helse i Hardanger (HIH), CheckWare (CW),

	Nasjonal senter for e-helseforskning(NSE), Regionsenter for barn og unges psykiske helse (RBUP), Lifekeys (LK), Helse Vest IKT (HVIKT), eMeistring (eM-HUH, eM-Nidaros) eMestring (eM-Vestfold), Mage-tarmskolen (IBS), Changetech (CT), Handelshøyskolen BI (BI), Bergen kommune (BM), Universitetet i Bergen (UIB).
Centre director	Tine Nordgreen

## Primary objective

The primary objective of Forhealth 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. Results: Increased knowledge that leads to innovation and sustainable value creation in the businesses, including more sales and more employees.
- (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. Results: First-time documentation of the effectiveness of three innovative products and interventions in routine care, including patient evaluation, negative effects and other relevant information to decision makers in healthcare.
- (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. Results: First time documentation of the cost-effectiveness of digital psychological interventions within different service models.

(4) Conduct innovative and beyond state-of-the-art research studies on early Health Technology Assessment in the businesses and the healthcare services. Results: An early decision support tool for decision makers in the business and healthcare services.

(5) Compare the effectiveness of tailored implementation strategies to implementation-as-usual in a beyond state-of-the-art pragmatic controlled multicentre trial. Results: Identified barriers and tailored implementation strategies in primary and secondary care and in somatic and mental health services.

(6) Establish and further develop productive business-research-healthcare collaborations that attracts new user- and research partners during the centre period. Results: Recruited a minimum of two new business partners and two new healthcare partners during the centre period. Submit a competitive application for EU funding with existing and future research partners.

7) Communicate and disseminate knowledge, results, tools and interventions to businesses, researchers, and healthcare services, decision makers, patient and professional organizations (please see Table 1). Results: Increased access to knowledge, tools and interventions in the private and public sector, which will facilitate increased use and impact of digital psychological interventions.

## WP 1 Effectiveness 2020-2028

Main milestone	M1 clinical testing.
Background	There is a need to increase access to digital psychological interventions and the knowledge about effectiveness in regular mental health care.
Tasks	<p>Conduct three innovative and beyond state-of-the-art clinical trials on the effectiveness.</p> <p>1.1: Effectiveness trial of a digital psychological intervention for adolescents with anxiety in primary care providing the first-time documentation of a new software platform;</p> <p>1.2 Effectiveness trial of a digital follow-up for adults with chronic diseases providing the first-time documentation of a new software platform;</p> <p>1.3 Effectiveness trial of a digital psychological intervention for adults recovering from cancer providing the first-time documentation of a new software platform.</p>
Type of Research	Fundamental.
Dissemination activities 2022	<p>Conferences national: 3. Conferences international: 1.</p> <p>Educational training (Industry/Health service): 3. Popular science: 4.</p>
WP manager	Tine Nordgreen, HUH.

## WP 1 Effectiveness - Work plan 2023

Research project D1.1 a) Adolescents with anxiety in primary care	
Start and duration	1.12.2020-31.12.2024.
Partners involved	HUH, UiB, YW, BM.
Project leaders	Tine Nordgreen (research) / Nina Bolstad (user-partner).
Background	There is a need to develop and evaluate accessible and scalable interventions for adolescents with anxiety.
Objectives	The interventions needs to be tailored to the user groups involved, including adolescents, parents and health personnel. The Person-based approach will be used in order to integrate previous research and user's needs.
Activities current year	Understanding the needs of the primary care services and adolescents with anxiety. Interviews with adolescents and health personnel. Assessment of needs in the digital platform. Assessing help-seeking behaviour among adolescents in the primary care.
Type of Research	Fundamental.
Personnel	BM: Nina Bolstad (head), Ragnhild T Thornam and health personnel in the municipality. YW: CEO Jonny Klemetsen, project leader Øivind Grimsgård, programmer Per Kåre Otteren. HUH/UiB: Tine Nordgreen, post doc Smiti Kahlon, Runa Kongsvik.
Deliverables 2022	D: 1.1.a) A first version of a digital intervention for adolescents with anxiety seeking help in Bergen Municipality. The intervention is based on best practice and developed together with adolescents, health personnel, business partner and researchers.
Deliverables 2023	D: 1.1. a) Completed a feasibility trial (N = 30) and submitted RCT protocol to REK.

Communication Deliverables 2023	<ul style="list-style-type: none"> <li>• Poster at ESRII September 2023 (post.doc Smiti Kahlon)</li> <li>• Promotion of VR application at Ung.no (post.doc Smiti Kahlon)</li> <li>• Youwell will participate in the "Helseteknologikonferansen" and "Digitale Helsedager"</li> </ul>
Milestones	M1 clinical testing, 31.12.2024.

D1.1 a) Adolescents with anxiety in primary care				
Costs	HUH	YW	BM	Total
Personnel costs	1 393	235	245	1 873
Equipment/lab costs	0	72	0	72
Other operational costs	61	0	0	61
Total costs	1 453	307	245	2 006

Funding	HUH	YW	BM	Total
RCN Grant	1 453	0	0	1 453
Financial contribution in self-funded resources	0	307	245	552

## Part I.

## WP 1 Effectiveness - Work plan 2023

Research project: D1.2 a) Digital follow-up for adults with chronic diseases	
Start and duration	1.12.2020-31.12.2026.
Partners involved	HUH, YW, HIH, LK.
Project leaders	Tine Nordgreen (research) / Sissel Aase Børve (user-partner).
Background	There is a need to evaluate the effect of follow-up for adults with chronic diseases.
Objectives	The digital follow-up for adults with chronic diseases is an integrated part of the treatment at Helse I Hardanger. In this study, we will investigate the effect of digital follow-up.
Activities current year	To collect new data and use already collected data in order to investigate and report the use of and effect of digital follow-up for adults with chronic diseases at Helse i Hardanger.
Type of Research	Fundamental.
Personnel	HiH: Sissel Børve. LK: Erik Hellestøl. YW: Jonny Klemetsen, developer Per Kåre Otteren. HUH: Tine Nordgreen. Phd. candidate Jill Bjarke.
Deliverables 2022	D: 1.2.a) Collected data (N=150) and preliminary of the efficacy of digital follow-up for adults with chronic diseases.
Deliverables 2023	D 1.2.b) Analysing and submitting paper on data on low back pain (N = 80) and long covid (N = 60) from Helse in Hardanger. Tentative title: The effects of an adjunct digital during and follow-up after the 4-day treatment of chronic diseases: an explorative moderator analysis

Communication Deliverables 2023	<ul style="list-style-type: none"> <li>Spring semester 2023 chronicle (PhD. Jill Bjarke)</li> <li>Autumn semester 2023 article (PhD. Jill Bjarke)</li> </ul>
Milestones	M1 clinical testing, 31.12.2026.

D1.2 a)					
Costs	HUH	YW	LK	HIH	Total
Personnel costs	1 393	118	98	1 144	2 752
Equipment/lab costs	0	36	0	550	586
Other operational costs	61	0	24	200	285
Total costs	1 453	154	122	1 894	3 622

Funding	HUH	YW	LK	HIH	Total
RCN Grant	1 453	0	0	0	1 453
Financial contribution in self-funded resources	0	154	122	1 894	2 169

## Part I.

## WP 1 Effectiveness - Work plan 2023

Research project D1.3 a) Digital psychological intervention for adults recovering from cancer	
Start and duration	1.12.2020-31.12.2026.
Partners involved	HUH, YW.
Project leaders	Tine Nordgreen (research) / N.N (user-partner).
Background	There is a need to develop and evaluate accessible and scalable interventions for adults recovering from cancer.
Objectives	The interventions needs to be tailored to the user groups involved, including patients, relatives and health personnel. The Person-based approach will be used in order to integrate previous research and user needs.
Activities current year	Understanding the needs for a digital psychological intervention including cognitive training for adults recovering from cancer.
Type of Research	Fundamental.
Personnel	HUH: Tine Nordgreen, Post doc Sunniva Myklebost YW: CEO Jonny Klemetsen, developer Per Kåre Otteren
Deliverables 2022	D: 1.3.a) Assessment of relevant user groups within the domain of cancer and to establish collaboration with a cancer clinic providing treatment and rehabilitation for patients with cancer.
Deliverables 2023	D 1.3.b) Applying the person-based approach to develop an intervention for adults with cognitive difficulties during and after cancer treatment: Qualitative interviews with patients (N = 15) and health personnel (N = 12) and completed a pragmatic literature review.

Communication Deliverables 2023	<ul style="list-style-type: none"> <li>Dissemination: Providing education for patient/health/industry on clinical issues and methods (post.doc. Sunniva Brurok Myklebost)</li> <li>Dissemination of knowledge and results at conferences (post.doc. Sunniva Brurok Myklebost)</li> </ul>
Milestones	M1 clinical testing, 31.12.2026.

D1.3 a)			
Costs	HUH	YW	Total
Personnel costs	1 393	200	1 592
Equipment/lab costs	0	72	72
Other operational costs	61	0	61
Total costs	1 453	272	1 725

Funding	HUH	YW	Total
RCN Grant	1 453	0	1 453
Financial contribution in self-funded resources	0	272	272

Part I.

## WP2 Cost-effectiveness 2020-2028

Main milestone	M2 Completed economic evaluations/cost-effectiveness analyses.
Background	There is a lack of knowledge about the cost-effectiveness of digital psychological solutions and a lack of knowledge about optimal and sustainable cost-effective service models.
Tasks	Conduct three innovative and beyond state-of-the-art research studies on the cost-effectiveness and budget impact, and the sustainability of service models, based on clinical real-world effectiveness studies. 2.1: Cost-effectiveness study of an evidence-based digital psychological intervention preventing postpartum depression and enhancing quality of life (Mamma Mia). 2.2: 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. 2.3: Implementation: Analyse alternative service models, service model characteristics, barriers and facilitators related to implementation.
Type of Research	Fundamental.
Dissemination activities 2022	Academic publications: 1. Conferences national: 2. Conferences international: 2. Educational training (Industry/Health service): 2. Popular science: 2.
WP manager	PhD Vidar Halsteinli, RSHU/St. Olavs Hospital.

Activities current year:	Project planning, planning for data collection on all three tasks and starting data collection.
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## Part I.

### WP 2 Cost-effectiveness - Work plan 2023

Research project D2.1: Cost-effectiveness study of an evidence-based digital psychological intervention preventing postpartum depression and enhancing quality of life (Mamma Mia)	
Start and duration	01.08.2021-31.07.2025.
Partners involved	RSHU/St. Olavs Hospital, RBUP, CT
Project leader	Vidar Halsteinli, RSHU/St. Olavs Hospital.
Background	There is a lack of knowledge about the cost-effectiveness of preventive digital psychological solutions and factors that influence cost-effectiveness.
Objectives	To assess the cost-effectiveness of the Mamma Mia intervention.
Activities current year	Project planning, planning for data collection and starting collection of data.
Type of Research	Fundamental.
Personnel	St. Olavs: Vidar Halsteinli, Jørn Heggelund, Kristian Kidholm, PhD-candidate Zareen Abbas Khan. RBUP: Filip Drozd, Silje Maria Haga. CT: Harald Scjhelderup Lund, Kjell Ø. Petersen
Deliverables 2022	Data collected from child health clinics on resource use including time spent by health personnel.

	<p>Blended care intervention costs calculated and analysed.</p> <p>First draft on paper I "Costing digital interventions – the case of Mamma Mia" prepared.</p>
Deliverables 2023	<ul style="list-style-type: none"> <li>• Submit a paper on the topic "Costing digital interventions – the case of Mamma Mia": <ul style="list-style-type: none"> <li>- Present a general framework for costing a digital health intervention covering e.g. development and infrastructure costs and time spent by health personnel</li> <li>- Calculate Mamma Mia-cost per user for 39 well-baby clinics (from 31 municipalities)</li> <li>- Analyse cost variation according to degree of personnel involvement</li> </ul> </li> <li>• Work with a next paper on the topic "Long term economic evaluation of Mamma Mia" (planned submission 2024/2025). The work in 2023 will cover: <ul style="list-style-type: none"> <li>- Build a first version of a simulation model for costs and consequences of postpartum depression. The model will allow for evaluation of costs and consequences within a 10-15 years follow-up period of mothers</li> <li>- Prepare inputs to the model, in specific based on data from the TOPP-study owned by UiO, a longitudinal study following 900 families for 18 years examining maternal distress and adolescent offspring social skills and depression</li> <li>- Make a final plan for model-based analyses covering Mamma Mia as self-help and Mamma Mia with health personnel involvement, compared to a situation with no Mamma Mia available</li> </ul> </li> </ul>
Communications Deliverables 2023	<ul style="list-style-type: none"> <li>• Present the paper "Costing digital interventions – the case of Mamma Mia" at the Sixteenth Workshop on Costs and Assessment in Psychiatry - MENTAL HEALTH OUTCOMES, SERVICES, ECONOMICS, POLICY RESEARCH - Venice, Scuola Grande di San Giovanni Evangelista March 24-26, 2023</li> <li>• Present the same paper at International Health Economic Association World Congress in Cape Town in July</li> <li>• Present the simulation model paper at the Nordic Health Economic Study Group meeting in Odense, August 2023</li> <li>• Present paper at National Conference on Health Service Research in Stavanger October 2023</li> </ul>

D2.1					
Costs	HUH	St. Olav	RKBU	CT	Total
Personnel costs	0	1 160	244	187	1 591
Equipment/lab costs	0	0	0	0	0
Other operational costs	61	19	0	43	123
Total costs	61	1 178	244	230	1 713

Funding	HUH	St. Olav	RKBU	CT	Total
RCN Grant	61	1 061	0	0	1 122
Financial contribution in self-funded resources	0	117	244	230	591

## WP 2 Cost-effectiveness - Work plan 2023

Research project D2.2: 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	
Start and duration	01.08.2022-31.07.2025.
Partners involved	RSHU/St. Olavs Hospital, HUH, CW, eMeistring HUH/Nidaros/Vestfold/Innlandet
Project leaders	Vidar Halsteinli, RSHU/St. Olavs Hospital.
Background	There is a lack of knowledge about the cost-effectiveness of preventive digital psychological solutions.
Objectives	To assess cost-effectiveness of eMeistring and how implementation influence cost-effectiveness.
Activities current year	Project planning.
Type of Research	Fundamental.
Personnel	St. Olavs: Vidar Halsteinli, Jørn Heggelund, Kristian Kidholm, PhD-candidate Zareen Abbas Khan, PhD candidate NN. HUH: Tine Nordgreen. eM-HUH: Reidar Nævdal. eM-N: Liv Sigrun Engvik/Lise Tidemann Veium. eM-V: Arne Repål og Elin Katrine Vestly. CW: Stig Husby.
Deliverables 2022	Appointment of PhD/Post doc delayed until 01.01.2024
Deliverables 2023	Plan and prepare data and data collection for post doc-project starting 2024 – see D2.3

Communication Deliverables 2023	Participate in a meeting at Direktoratet for e-Helse in March 2023. Present and discuss challenges concerning evaluation of digital health interventions based on experiences so far from the case of Mamma Mia and eMeistring.
Milestones	M2.2 Economic evaluations of eMeistring 31.12.2026.

D2.2								
Costs	HUH	EM-HUH	St. Olav	EM-N	CW	EM-V	EM-I	Total
Personnel costs	122	81	241	81	224	81	81	912
Equipment/lab costs	0	0	0	0	144	0	0	144
Other operational costs	61	0	0	0	24	0	0	85
Total costs	183	81	241	81	392	81	81	1 141

Funding	HUH	EM-HUH	St. Olav	EM-N	CW	EM-V		Total
RCN Grant	183	0	128	0	0	0	0	310
Financial contribution in self-funded resources	0	81	113	81	392	81	81	830

## WP 2 Cost-effectiveness - Work plan 2023

Research project D 2.3: Analyse alternative service models, service model characteristics, barriers and facilitators related to implementation	
Start and duration	01.01.2021-31.12.2027.
Partners involved	RSHU/St. Olavs Hospital, RBUP, CT, HUH, CW, eMeistring HUH/Nidaros/Vestfold/Innlandet
Project leaders	Jørn Heggelund, RSHU/St. Olavs hospital.
Background	There is a lack of knowledge about barriers and facilitators related to different service models in a real-world setting.
Objectives	To examine barriers and facilitators that influence successful and sustainable implementation.
Activities current year	Project planning, planning for data collection and starting collection of data.
Type of Research	Fundamental
Personnel	St. Olavs: Jørn Heggelund, Vidar Halsteinli. HUH: Tine Nordgreen. eM-HUH: Reidar Nævdal. eM-N: Liv Sigrun Engvik/Lise Tidemann Veium. eM-V: Arne Repål, Elin Katrine Vestly. CW: Stig Husby.
Deliverables 2022	Baseline data collected from DPS units on organization, personnel and other resource components, patient pathways. Start up for data collection on referrals, activity and therapist use of time. One extra location included in the study. The first version of costs per patient calculated – stage 1.
Deliverables 2023	<ul style="list-style-type: none"> <li>Submit paper on the topic "A comparative analysis of eMeistring implementation characteristics and efficiency indicators for four locations (DPS units) in Norway", (Helse Bergen, Sykehuset i Vestfold, Innlandet Sykehus and St. Olavs hospital).</li> <li>Updated collection of 2023-data from the four eMeistring locations (DPS units) at Helse Bergen, Sykehuset i Vestfold, Innlandet Sykehus and St. Olavs Hospital. Data on <u>referrals</u>, <u>patient activity</u> and <u>personnel involved</u>.</li> </ul>

	<ul style="list-style-type: none"> <li>Based on the framework for costing a digital health intervention (see D2.1), calculate eMeistring-cost per patient for the four locations participating in the eMeistring study.</li> <li>Assessment of cost differences according to different implementation strategies at the four locations.</li> <li>Include patient to the research study: N=219 at end of 2022, the goal is to increase 300 new patients in 2023.</li> <li>A first assessment of patient reported outcomes from patients having accepted to participate in the eMeistring-study in 2022 (n=219). Prepare these data for analytic purposes.</li> </ul>
Communication Deliverables 2023	<ul style="list-style-type: none"> <li>Present paper at National Conference on Health Service Research in Stavanger October 2023</li> <li>eMeistring Sykehuset Vestfold: Planned popular science article in Cognitive therapy journal, "How to get patients to request internet treatment" (Elin Katrine Vestly)</li> <li>eMeistring Sykehuset Vestfold: Planning for media coverage in connection with the introduction of "eMeistring alcohol nationally" (Elin Katrine Vestly)</li> </ul>
Milestones	M2.3, 31.12.2027

D2.3								
Costs	HUH	EM-HUH	St. Olav	EM-N	CW	EM-V	EM-I	Total
Personnel costs	122	81	723	81	56	81	81	1 226
Equipment/lab costs	0	0	0	0	36	0	0	36
Other operational costs	61	0	13	0	6	0	0	79
Total costs	183	81	736	81	98	81	81	1 342

Funding	HUH	EM-HUH	St. Olav	EM-N	CW	EM-V	EM-I	Total
RCN Grant	183	0	623	0	0	0	0	805
Financial contribution in self-funded resources	0	81	113	81	98	81	81	536

## WP3 Early HTA 2020-2028

Main milestone	M3 Decision support tool.
Background	<p>Early HTA has the potential to address factors that can reduce risk and control costs in the early stage of innovation, highlighting future gains, and thus enhance the implementation of suitable interventions that target the needs. A further challenge stressed in the literature is the scarce evidence available in an early innovation stage, and there is a need for integration of the end-user perspective or preferences in early assessment. Business development and scaling always takes place in a specific context of other activities, resources, interests and policies. Hence, for a new intervention to be implemented, distributed and scaled, it is required that it fits into the already existing services, and that the services are being adjusted to help the innovation to become integrated. The many co-dependencies need to be understood and managed in order for something to actually make its way to widespread use.</p>
Tasks	<p>Conduct three innovative and beyond state-of-the-art research studies on early HTA. 3.1 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. 3.2 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. 3.3 Study the development and implementation of IT infrastructure needed to integrate the new services into existing services. These tasks are important for future innovation and value creation because early decision support tools can optimize cost of care and implementation, and achieve better patient related outcomes. Knowledge that contributes to how the healthcare sector innovates, in cooperation with the private sector, will be of great benefit to society, both in Norway and internationally. The work in this Forhealth WP 13/20 will increase the likelihood of successful innovation use, by improving innovation management in</p>

	health care settings, improving early decision support, and improving the governance of procurement projects aimed at innovation.
Type of Research	Fundamental.
Dissemination activities 2022	Conferences national: 2. Conferences international: 2. Educational training (Industry/Health service): 2. Popular science: 1.
WP manager	Per Ingvar Olsen, BI.
Activities current year	Data collection.

## WP 3 Early HTA - Work plan 2023

Research project D3.1 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	
Start and duration	1.8.2023-31.6.2026.
Partners involved	BI, LK, HUH, HiH, BM
Project leaders	Per Ingvar Olsen, Linn Støme, Kari Kværner.
Background	Based on experience from the Clinic of Innovation, SFI-C3 has developed an early assessment methodology with templates and tools that will be used for sequential piloting in this WP. The methodology is based on early engagement of stakeholders, systematic literature reviews, scenario analysis and estimates on potential value of the innovation. The aim is to develop an early stage decision support system for healthcare managers specially adapted to decision making in mental health. The methodology is based on Health Technology Assessment. The focus of this WP is on early development phases, including conceptualizations and step-wise decisions, and will be further expanded to stakeholder analysis and technology transfer.
Objectives	Understanding the co-dependencies between the private and public sector early in the innovation process. To iterate and validate an early HTA tool. Describing the challenges in relation to service models and IT infrastructure in mental health.
Activities current year	The research in this work package will not start until 2023 as the resource allocation for the work package is planned for the last four years of the centre. Data collection for this work package will however begin in 2021 through the following project: D3.1 Description of co-dependencies between the private and public sector early in the innovation process. Case: Adolescents with anxiety in Bergen Municipality. Data collection will be

	done through workshops with project participants to understand unmet needs in anxiety treatment and follow-up in Bergen Municipality.
Type of Research	Fundamental.
Personnel	HUH: Tine Nordgreen. BI: Per Ingvar Olsen, Kari Kværner, Linn Støme. LK: Erik Hellestøl. HiH: J, Sissel Børve, BM: NN
Deliverables 2022	Preliminary need assessment through workshops with project participants.
Deliverables 2023	Work Package 3 (WP3) will start up its research activities in August 2023. The work builds on the research and innovation projects done within WP 10 within the SFI Center for Connected Care (C3) hosted by Oslo University Hospital.
Communication Deliverables 2023	TBA workplan 2024
Milestones	D3.1, Early HTA, 31.6.2026.

D3.1						
Costs	HUH	BI	LK	HiH	BM	Total
Personnel costs	30	610	98	206	327	1 270
Equipment/lab costs	0	0	0	0	0	0
Other operational costs	182	0	24	0	0	206
Total costs	212	610	122	206	327	1 477

Funding	HUH	BI	LK	HiH	BM	Total
RCN Grant	212	508	0	0	0	720
Financial contribution in self-funded resources	0	102	122	206	327	756

## WP4 Implementation 2020-2028

Main milestone	M4 Implementation of digital interventions.
Tasks	Conduct a multicentre innovative and beyond state-of-the-art research trial on the effectiveness of a tailored implementation strategy toolkit adapted to the Norwegian context and Forhealth's objectives. 4.1. Conduct a multicentre trial including five sites: a) three secondary care clinics in three health regions providing the eMeistring treatment for anxiety and depression; b) one primary care clinic with low-threshold treatment for adolescents with anxiety; c) clinic providing education and long-term follow-up for adults with Irritable Bowel Syndrome. The multicentre trial includes adoption of the ItFits-toolkit, collect baseline data, and 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. 4.2. Understand the mechanisms that shape implementation across settings.
Type of Research	Fundamental.
Dissemination activities 2022	Conferences national: 3. Conferences international: 1. Educational training (Industry/Health service): 2. Popular science: 2
WP manager	PhD Robin Kenter, University of Bergen/ Haukeland University Hospital.
Activities current year	Preparing for implementation trial; Detailed description of implementation sites and implementation objects.

## WP 4 Implementation - Work plan 2023

Research project D4.1 Implementation research eMeistring clinics	
Starting date and duration	1.12.2020-31.12.2026.
Partners involved	HUH, UIB, CW, eM-HUH/Nidaros/ Vestfold/Innlandet, HVIKT, NSE
Project leaders	Robin Kenter (research) / eM HUH/Nidaros/Vestfold (user partners).
Background	<p>There is a need to identify barriers and facilitators for effective implementation strategies of digital interventions.</p> <p>Assessment of several outcomes during (initial) implementation of digital interventions from relevant stakeholder perspectives is important. Qualitative insights are needed to better understand the determinants of implementation. Perceived barriers, facilitators, and attitudes towards implementing iCBT will be explored for relevant stakeholders, through a combination of qualitative methods (e.g. semi-structured interviews, analysis of written content Itfits-toolkit etc.) and quantitative measures (e.g. survey).</p>
Objectives	To explore the attitudes, perceived barriers, facilitators, and experiences of implementing iCBT in relevant stakeholders.
Activities current year	<p>T4.3 Developing study protocol stepped-wedge study (HTN, CV, RK, eM V/B/N/I).</p> <p>T4.4 Developing study protocol and interview guide determinants of implementation study (BS).</p> <p>T4.5 Collect baseline measurements (Normalization; Service uptake; Organizational readiness; Satisfaction; Impact) (RK in cooperation with WP2 and eM V/B/N/I).</p> <p>T4.6a Semi-structured interviews and survey with therapists of participating clinics (BS).</p> <p>T4.6b Semi-structured interviews and survey with the management of participating clinics (BS).</p>

	T4.7 Start implementation trial (HTN, RK, CV).
Type of Research	Fundamental.
Personnel	UiB/ HUH: Robin Kenter. UiB: PhD-candidate Beate Standal, Inger Lise Teig, HUH: Christiaan Vis, PhD-candidate Henriette Tyse Nygård EM-HUH: Reidar Nævdal. eM-N: Liv Sigrun Engvik/Lise Tidemann Veium. eM-V: Elin Katrine Vestly. EM: Innlandet (NN) CW: Stig Husby. HVIKT: NN., NSE: Monika Knudsen Gullslett,
Deliverables 2022	<p>D4.3 Study protocol for stepped-wedge study.</p> <p>D4.4 Study protocol for qualitative implementation study.</p> <p>D4.5 Collected baseline data.</p> <p>D4.6 Start examination of stakeholder attitudes and perspectives on barriers and facilitators of implementing iCBT in participating clinics through qualitative interviews and quantitative measurements.</p> <p>D4.7. Start implementation trial: implementation as usual vs tailored implementation strategies.</p>
Deliverables 2023	<p>D4.1.1 Analysing 30 qualitative interviews on perceived barriers and facilitators of implementing iCBT</p> <p>D4.1.2 Submitting scientific paper on perceived barriers and facilitators of implementing iCBT</p> <p>D4.1.3 Start quarterly data collection on implementers (n=3), therapists (n=12) and leaders (n=3) on outcome measures NOMAD, ORIC, self-efficacy.</p> <p>D4.1.4 Start using the tailored implementation toolkit for developing implementation strategies in three implementation sites</p> <p>D4.1.5 Submit study protocol for multisite study</p> <p>D4.1.6 Abstracts screened and included in the systematic review on determinants of practice and implementation strategies for Internet delivered treatment in routine mental health care</p> <p>D4.1.7 Data collected on patient perspectives of use of iCBT</p>
Communication Deliverables 2023	<ul style="list-style-type: none"> <li>• Publication of an article in journal (Ph.D. Beate Standal)</li> <li>• Presentation/papers at national conference (Ph.D. Beate Standal)</li> </ul>

	<ul style="list-style-type: none"> <li>Nasjonalt senter for e-Helseforskning: Presentation at EHIN "mental health and digitalisation" (Monika Knudsen Gullslett)</li> <li>Chronicle (Robin Kenter)</li> <li>Abstract for the EIE2023 European Implementation Event on 8. and 9. June in Basel, Switzerland (Robin Kenter)</li> <li>eMeistring Helse Bergen: Teaching about eMeistring at Høgskolen på Vestlandet, academic day and a conference for managers with a focus on internet-based treatment (Reidar Nævdal)</li> </ul>
Milestones	M4 Implementation of digital interventions, 31.12.2026.

D.4.1										
Costs	HUH	EM-HUH	UIB	EM-N	HV IKT	NSE	CW	EM-V	EM-I	Total
Personnel costs	2 634	338	1 586	338	122	184	140	338	338	6 016
Equipment/lab costs	0	0	0	0	0	0	90	0	0	90
Other operational costs	61	0	25	0	0	9	15	0	0	110
Total costs	2 695	338	1 611	338	122	193	245	338	338	6 216

Funding	HUH	EM-HUH	UIB	EM-N	HV IKT	NSE	CW	EM-V	EM-I	Total
RCN Grant	2 695	0	25	0	122	193	0	0	0	3 035
Financial contribution in self-funded resources	0	338	1 586	338	0	0	245	338	338	3 181

Part I.

## WP 4 Implementation - Work plan 2023

Research project D4.2 Implementation research IBS-HUH	
Starting date and duration	1.12.2020-31.12.2026.
Partners involved	HUH, UIB, CW, IBS-HUH,
Project leaders	Birgitte Berentsen (user-partner) / Robin Kenter (research).
Background	Research has recommended that assessment of several outcomes during (initial) implementation of digital interventions (i.e. acceptability, adaptation, etc.) from relevant stakeholder perspectives is important. Perceived barriers, facilitators, and attitudes towards implementing the digital intervention will be explored for relevant stakeholders, together with implementation outcomes and predictors of good outcome in participants of Mage- tarmskolen.
Objectives	To explore the attitudes, perceived barriers, facilitators, and experiences of implementing Mage-tarmskole in relevant stakeholders and predictors of outcome.
Activities current year	T4.4 Collect baseline measurements (Normalization; Service uptake; Organizational readiness; Satisfaction; Impact). T4.5 Semi-structured interviews and survey with relevant stakeholders. T4.6 Examine predictors of outcome.
Type of Research	Fundamental.
Personnel	IBS: Birgitte Berentsen. HUH: Robin Kenter, Christiaan Vis. CW: Stig Husby. UiB: PhD-candidate UiB (NN).

Deliverables 2022	<p>D4.3 Common set of methods for stepped-wedge study protocol across five sites, for evaluating the various implementation processes and outcomes.</p> <p>D4.4 Start examination of barriers and facilitators of implementing Mage- tarmskolen through qualitative interviews and quantitative measurements.</p> <p>D4.5 Start examination of predictors of outcome.</p>
Deliverables 2023	<p>D4.2.1 Common set of methods for multicentre study</p> <p>D4.2.2 Start examination of barriers and facilitators of implementing Mage- tarmskolen through qualitative interviews (n=5) and quantitative measurements.</p> <p>D4.2.3 Start examination of predictors of outcome of (n=100) patients</p>
Communication Deliverables 2023	<p>IBS HUH v. Birgitte Berentsen:</p> <ul style="list-style-type: none"> <li>• Presentation at the CheckWare conference</li> <li>• Evening meeting for GPs</li> <li>• Digital seminar for doctors in specialisation</li> <li>• Courses for doctors in specialization/general practitioners (Legeforeningen/REGUT)</li> <li>• The KEFF conference</li> <li>• Presentation at the Nevrogastro Congress</li> <li>• Lecture at the Friday meeting for employees at Haukeland University Hospital</li> <li>• Teaching medical students, clinical nutritionists</li> </ul>
Milestones	M4 Implementation of digital interventions, 31.12.2026.

D4.2					
Costs	HUH	IBS HUH	UIB	CW	Total
Personnel costs	601	244	1 047	140	2 032
Equipment/lab costs	0	0	0	90	90
Other operational costs	61	0	21	15	97
Total costs	662	244	1 068	245	2 218

Funding	HUH	IBS HUH	UIB	CW	Total
RCN Grant	662	0	1 068	0	1 729
Financial contribution in self-funded resources	0	244	0	245	489

## WP 4 Implementation - Work plan 2023

Research project D4.3 Implementation research anxiety BM	
Starting date and duration	31.12.2020-31.12.2028.
Partners involved	HUH, BM, YW, NSE
Project leaders	Robin Kenter (research) / Nina Bolstad (user-partner).
Background	There is a need to identify barriers and facilitators for effective implementation strategies in the domain of digital interventions.
Objectives	To prepare for the technical infrastructure for the digital intervention within the implementation site.
Activities current year	Survey relevant stakeholders on attitudes, perceived barriers, facilitators, and organizational readiness with regard to the implementation of digital interventions in BM.
Type of Research	Fundamental.
Personnel	BM: Nina Bolstad, Ragnhild Thornam. HUH: Robin Kenter, Christiaan Vis, Henriette Tysse Nygård. YW: Jonny Klemetsen, Per Kåre Otteren. NSE: Monika Knudsen Gullslett
Deliverables 2022	D4.2 Preliminary identification of organizational readiness, potential barriers and facilitators.
Deliverable 2023	<p>D4.3.1 Internal report written on perceived organizational readiness, barriers and facilitators of implementing of digital interventions</p> <p>D4.3.2 Scientific paper submitted to international journal on perceived organizational readiness, barriers and facilitators of implementing of digital interventions</p>

Communication Deliverables 2023	<ul style="list-style-type: none"> <li>Nasjonalt senter for e-helseforskning: Presentation at EHIN "mental health and digitalisation" (Monika Knudsen Gullslett)</li> <li>Nasjonalt senter for e-helseforskning: Lead session at conference "European social service conference", as well as possible abstract (Monika Knudsen Gullslett)</li> <li>Nasjonalt senter for e-helseforskning: Attend a conference on implementation (Monika Knudsen Gullslett)</li> <li>Abstract for an oral presentation for Digital Health Days under the direction of Alrek Helseklynge (Robin Kenter)</li> </ul>
Milestones	M4 Implementation of digital interventions, 31.12.2028.

D4.3					
Costs	HUH	NSE	YW	BM	Total
Personnel costs	601	184	552	327	1 664
Equipment/lab costs	0	0	180	0	180
Other operational costs	61	9	0	0	70
Total costs	662	193	732	327	1 914

Funding	HUH	NSE	YW	BM	Total
RCN Grant	662	193	0	0	855
Financial contribution in self-funded resources	0	0	732	327	1 059

## Part I.

## WP 5 Communication and dissemination 2020-2028

Main milestone	M5 Dissemination and exploitation of results.
Background	In order to support our research we need plans and strategies for communication, dissemination and exploitation of our project work and results.
Tasks	Innovation in and beyond the user partners will be facilitated through communication and dissemination to other parts of the public and private sector working with digitalization and remote patient monitoring. Knowledge will be co-developed and shared across all partners in the board, the general assembly, and the Advisory Council meetings and through workshops. National and international conferences will be arranged, including an opening, a halfway, and a closing conference open to all partners and external national and international collaborators and stakeholders. In addition, we will hold annual internal Forhealth conferences for all partners, including the Advisory council. This is in addition to workshops, seminars, business-research-gatherings and meetings for the consortium. Plans for publication in scientific peer-reviewed journals at Forhealth include 45+ articles.
WP manager	May Frida Bosch, HUH.
Activities current year:	Communication plan, dissemination plan and exploitation plan outlining plans, needs, strategies and goals for these activities.

## WP 5 Communication and dissemination - Work plan 2023

Research project D5.1 a) Webpage	
Starting date and duration	1.12.2020 - 31.12.2021.
Partners involved	All partners.
Project leaders	May Frida Bosch, HUH.
Background	A webpage with communication and interaction features establishes a good communication channel for communication with the public, researchers, health-services, e-health industry and other interested parties. There is a need for good information and a webpage acts as a platform to promote our work and dissemination of our results.
Objectives	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.
Activities current year	Webpage and plan for publishing activities on webpage. Establish routines for news. User evaluation with main stakeholders. Work on SEO to maximize reach.
Personnel	All partners.
Deliverables 2022	D.5.1 a) Updated and engaging webpage, Forhelse.no.
Deliverables 2023	D.5.1 a) Updated and engaging webpage, Forhelse.no.
Milestones	M5 Dissemination and exploitation of results, end date 30.11.2028.

Part I.

## WP 5 Communication and dissemination - Work plan 2023

Research project D 5.1 b) Communication and dissemination plan	
Starting date and duration	1.12.2020 - 31.12.2021.
Partners involved	All partners.
Project leaders	May Frida Bosch, HUH.
Background	In order to disseminate and communicate our work we need a solid framework outlining our dissemination and exploitation goals, needs and strategies.
Objectives	A good communication and dissemination plan anchored with all partners will enable us to effectively share our results, our studies and our work.
Activities current year	Project overarching communication plan outlining communication to different target audiences, what content should be communicated as well as main methods for communicating. Project overarching dissemination plan outlining plans, needs, goals and strategies for dissemination.
Personnel	All partners.
Deliverables 2022	D 5.1 b) Updated communication strategies and to target various audiences through various channels.
Deliverables 2023	D 5.1 b) Updated communication strategies and to target various audiences through various channels
Milestones	M5 Dissemination and exploitation of results, end date 30.11.2028.

Part I.

## WP 5 Communication and dissemination – Work plan 2023

Research project D 5.1 c) Exploitation plan	
Starting date and duration	1.12.2020 – 31.12.2021.
Partners involved	All partners.
Project leaders	Åsne Halskau, HUH
Background	There is a need for early planning and continuous work related to exploit our results. Exploitation processes are time consuming and a framework will aid in these processes as the project progresses.
Objectives	A first version of an exploitation plan will be a tool for future exploitation and create an early dialogue with involved partners about exploitation of our results.
Activities current year	Exploitation plan outlining potential commercial opportunities for the partners in the project, both within the project period and beyond the project period.
Personnel	All partners.
Deliverables 2022	D5.1 c) Updated version of exploitation plan.
Deliverables 2023	D5.1 c) Updated version of exploitation plan and procedures.
Milestones	M5 Dissemination and exploitation of results, end date 30.11.2028.

WP5			
Costs	HUH	YW	Total
Personnel costs	955	71	1 025
Equipment/lab costs	0	0	0
Other operational costs	182	0	182
Total costs	1 137	71	1 208

Funding	HUH	YW	Total
RCN Grant	1 137	0	1 137
Financial contribution in self-funded resources	0	71	71

## Part I.

## WP6 Management 2020-2028

Main milestone	M6 Completion of project.
Tasks	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 and risks as well as conflict resolution. The project manager and administrative manager runs the centre on a daily basis.
WP manager	Tine Nordgreen, HUH, Centre coordinator May Frida Bosch, Administrative leader Anne Mette Søviknes.

## WP 6 Management Work plan 2023

Research project D6.1 Consortium agreement	
Starting date and duration	1.12.2020 - 31.12.2021.
Partners involved	All partners.
Project leaders	Tine Nordgreen/HUH
Background	In order to comply with RCN requirements and amalgamate the different partner's contribution into a joint collaboration, a consortium agreement is needed.
Objectives	A consortium agreement will be a guide for the centre, and will aid communication, interaction with all partners and move us towards a joint goal.
Activities current year	The consortium agreement is signed. Activities for 2020-2021 relates to carry out the agreement with all partners, anchoring it with the board and start operationalising the different elements in the agreement. Amendments to the agreement, including adding new partners, is a probability.
Personnel	All partners.
Deliverables 2022	If needed.
Deliverables 2023	Consortium agreement revised when needed.
Milestones	M6 Completion of project, end date 30.11.2028.

## WP 6 Management Work plan 2023

Research project D 6.2 Data ethics and management plan	
Starting date and duration	1.12.2020 - 31.12.2021.
Partners involved	All partners.
Project leaders	Tine Nordgreen, HUH.
Background	In order to comply with GDPR and ethics regulation.
Objectives	A data ethics and management plan will ensure both compliance with national, international and local guidelines and laws as well as a practical plan and overview for how to handle data and ethics questions in our centre.
Activities current year	First version of data ethics and management plan outlining the legal aspects from a local, national and international perspective as well as practical tools to implement routines and guidelines in the centre. Adoption of this plan in the board and as well as by all consortium members.
Personnel	All partners.
Deliverables 2022	If needed.
Deliverables 2023	Data ethics and management plan revised when needed.
Milestones	M6 Completion of project, end date 30.11.2028

## WP 6 Management Work plan 2023

Research project D6.3 Reporting to RCN and financial management	
Starting date and duration	1.12.2020 - 31.12.2021.
Partners involved	All partners.
Project leaders	Åsne Halskau/HUH, Julia Gunby HUH.
Background	In order to facilitate all WP's in their efforts there is a need, as well as an RCN requirement, to report and manage finances closely.
Objectives	Reporting is a legal requirement in the contract with RCN as well as a requirement to meet our goals.
Activities current year	Continuous reporting to RCN according to the contract and their guidelines. Internal guidelines and systems put in place in order to safeguard our numbers and our documentation for reporting. An overall plan and system will be put in place.
Personnel	All partners.
Deliverables 2022	D6.4 Reporting to RCN and D6.5 Financial management.
Deliverables 2023	D6.4 Reporting to RCN and D6.5 Financial management.
Milestones	M6 Completion of project, end date 30.11.2028.

## WP 6 Management Work plan 2023

Research project D 6.4 Meetings and conferences	
Starting date and duration	1.12.2020 - 31.12.2021.
Partners involved	All partners.
Project leaders	May Frida Bosch, HUH.
Background	Active collaboration requires arenas where project partners interact. Dissemination work requires uptake amongst interested parties and meetings and conferences are required to achieve that.
Objectives	Secure active collaboration between partners. Disseminate work and results amongst interested parties. Promote our work and make network connections.
Activities current year	Establish several arenas for active collaboration including project participant meetings, two biannual board meetings and regular WP manager meetings. Put in place necessary infrastructure around meetings including digital sharing platform and digital tools for meetings.
Personnel	All partners.
Deliverables 2022	T6.5 Organise meetings and conferences.
Deliverables 2023	T6.5 Organise meetings and conferences.
Milestones	M6 Completion of project, end date 30.11.2028.

WP6			
Costs	HUH	St. Olav	Total
Personnel costs	1 530	22	1 552
Equipment/lab costs	0	0	0
Other operational costs	182	0	182
Total costs	1 712	22	1 734

Funding	HUH	St. Olav	Total
RCN Grant	617	0	617
Financial contribution in self-funded resources	1 095	10	1 105

## Part II.

## Project characteristics and costs

SFI Annual Work Plan 2023 - Project characteristics and Costs (all figures in 1000 NOK)

Item	Collaboration project *		Host - Helse Bergen	Host - Helse Bergen IBS	Host - Helse Bergen e-meistring	Partner 1 - UiB	Partner 2 - St. Olav	Partner 2 - St. Olav e-meistring	Partner 3 - BI	Partner 4 - HV IKT	Partner 5 - NSE	Partner 6 - RKB	Partner 7 - Youwell	Partner 8 - Checkware	Partner 9 - Changetech	Partner 10 - Lifekeys	Partner 11 - Helse i hardanger	Partner 12 - Bergen municipality	Partner 13 - Sykehuset i vestfold	Partner 14 - Sykehuset i Innlandet	Total cost
D1.1 a): Adolescents with	YES		1 453	-	-	-	-	-	-	-	-	-	307	-	-	-	-	245	-	-	2 006
D1.2 a): Digital psycholog	YES		1 453	-	-	-	-	-	-	-	-	-	154	-	-	122	1 894	-	-	-	3 622
D1.3 a): Digital psycholog	YES		1 453	-	-	-	-	-	-	-	-	-	272	-	-	-	-	-	-	-	1 725
D2.1: Cost-effectiveness	YES		61	-	-	-	1 178	-	-	-	-	244	-	-	230	-	-	-	-	-	1 713
D2.2: Cost-effectiveness	YES		183	-	81	-	485	81	-	-	-	-	-	392	-	-	-	-	81	81	1 385
D2.3: Analyse alternative	YES		183	-	81	-	736	81	-	-	-	-	-	98	-	-	-	-	81	81	1 342
D3.1: Strategic analysis, i	YES		212	-	-	-	-	-	610	-	-	-	-	-	-	122	206	327	-	-	1 477
D4.1 D4.2 D4.3: Impleme	YES		2 695	-	338	1 611	-	338	-	122	193	-	-	245	-	-	-	-	338	338	6 216
D4.1 D4.2 D4.3: Impleme	YES		662	244	-	1 068	-	-	-	-	-	-	-	245	-	-	-	-	-	-	2 218
D4.1 D4.2 D4.3: Impleme	YES		662	-	-	-	-	-	-	-	193	-	-	732	-	-	-	327	-	-	1 914
D5.1 a): Webpage	YES		379	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	379
D5.1 b): Communication	YES		379	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	379
D5.1 c): Exploitation plan	YES		379	-	-	-	-	-	-	-	-	-	71	-	-	-	-	-	-	-	450
D6.1: Consortium agree	YES		180	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	180
D6.2: Data ethics and ma	YES		180	-	-	-	22	-	-	-	-	-	-	-	-	-	-	-	-	-	202
D6.4, D6.5: Reporting to	YES		1 344	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1 344
D6.5: Meetings and conf	YES		83	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	83
<b>Total budget</b>	<b>YES</b>		<b>11 942</b>	<b>244</b>	<b>500</b>	<b>2 679</b>	<b>2 421</b>	<b>500</b>	<b>610</b>	<b>122</b>	<b>386</b>	<b>244</b>	<b>1 535</b>	<b>980</b>	<b>230</b>	<b>243</b>	<b>2 100</b>	<b>899</b>	<b>500</b>	<b>500</b>	<b>26 634</b>

\* Collaboration project: YES / NO. If NO, explain the reasons in the work plan or separate annex.

## Part II.

## Project funding

SFI Annual Work Plan 2023 - Funding (all figures in 1000 NOK)																									
Item			Host - Helse Bergen	Host - Helse Bergen IBS	Host - Helse Bergen e-meistring	Partner 1 - UIB	Partner 2 - St. Olav	Partner 2 - St. Olav e-meistring	Partner 3 - BI	Partner 4 - HV IKT	Partner 5 - NSE	Partner 6 - RKBU	Partner 7 - Youwell	Partner 8 - Checkware	Partner 9 - Changetech	Partner 10 - Lifekeys	Partner 11 - Helse i hardanger	Partner 12 - Bergen municipality	Partner 13 - Sykehuset i vestfold	Partner 14 - Sykehuset i Innlandet	Other funding **	NFR	Total funding	Indirect state aid ***	
D1.1 a): Adolescents with			-	-	-	-	-	-	-	-	-	-	307	-	-	-	-	245	-	-	-	-	1 453	2 006	C
D1.2 a): Digital psycholog			-	-	-	-	-	-	-	-	-	-	154	-	-	122	1 894	-	-	-	-	-	1 453	3 622	C
D1.3 a): Digital psycholog			-	-	-	-	-	-	-	-	-	-	272	-	-	-	-	-	-	-	-	-	1 453	1 725	C
D2.1: Cost-effectiveness			-	-	-	-	117	-	-	-	-	244	-	-	230	-	-	-	-	-	-	-	1 122	1 713	C
D2.2: Cost-effectiveness			-	-	81	-	113	81	-	-	-	-	-	392	-	-	-	-	81	81	-	-	554	1 385	C
D2.3: Analyse alternative			-	-	81	-	113	81	-	-	-	-	-	98	-	-	-	-	81	81	-	-	805	1 342	C
D3.1: Strategic analysis, f			-	-	-	-	-	-	102	-	-	-	-	-	-	122	206	327	-	-	-	-	720	1 477	C
D4.1 D4.2 D4.3: Impleme			-	-	338	1 586	-	338	-	-	-	-	-	245	-	-	-	-	338	338	-	-	3 035	6 216	C
D4.1 D4.2 D4.3: Impleme			-	244	-	-	-	-	-	-	-	-	-	245	-	-	-	-	-	-	-	-	1 729	2 218	C
D4.1 D4.2 D4.3: Impleme			-	-	-	-	-	-	-	-	-	-	732	-	-	-	-	327	-	-	-	-	855	1 914	C
D5.1 a): Webpage			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	379	379	C
D5.1 b): Communication			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	379	379	C
D5.1 c): Exploitation plan			-	-	-	-	-	-	-	-	-	-	71	-	-	-	-	-	-	-	-	-	379	450	C
D6.1: Consortium agreeer			19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	161	180	C
D6.2: Data ethics and me			19	-	-	-	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	161	202	C
D6.4, D6.5: Reporting to			1 114	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	230	1 344	C
D6.5: Meetings and conf			19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	64	83	C
Total budget			1 170	244	500	1 586	366	500	102	-	-	244	1 535	980	230	243	2 100	899	500	500	-	14 936	26 634	-	
** Other funding: Specify in the budget table and/or in the work plan																									
*** No indirect state aid: The conditions for the collaboration are in accordance with paragraph 28 of the ESA Guidelines for state aid for Research and Development and Innovation. Specify which condition a) - d) is fulfilled. If necessary, describe in more detail in the work plan.																									