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The technological development that we make use of must also gain the health sector - with some restrictions and adaptations.

Professionals and politicians agree that technology should contribute to good health services and be utilised by users and dependents, as well as health professionals and for gathering knowledge. This is the basis for the report to the Norwegian Parliament, “One Citizen – One Health Record”.

The expected development described in the report should be knowledge-based. Independent research expertise will be an important contribution to and guideline for this development. This is why the Ministry of Health and Care Services decided to establish the Norwegian Centre for E-health Research from 1 January 2016.

2016 has been a year of start-up and change. The Centre must find its new role and adapt, in order to be in the best possible position to deliver on its national mission. Previously, the Centre could prioritise its own research. Now, it will conduct research and knowledge building that supports the priorities of the health authorities and the sector, primarily commissioned research. This has both advantages and disadvantages for the individual researcher: the possibilities for choosing a research topic are limited, but the individual researcher and the Centre as a whole are given a relatively clear opportunity to contribute to the development of e-health in Norway.

The Norwegian Centre for E-health Research will continue to conduct research funded by international, national and regional research funds, with requirements for publication in reputable journals. This part of the research activity will support the national focus areas.

The new mandate assigns the Centre to cooperate with other relevant research communities. It enables us to make use of the nation’s total research expertise. The many collaborative projects with the Norwegian Directorate of eHealth are a good start. The Centre will provide expertise and activities that support the ongoing and planned national procurement and implementation projects in the sector.

The establishment of the Norwegian Centre for E-health Research coincides in time with the establishment of the Norwegian Directorate of eHealth. The Norwegian Directorate of eHealth is the Centre’s most important collaborating partner. This cooperation has contributed to good relations with the national prioritisation bodies, such as the National Board for eHealth.

It is exciting to follow the development of the e-health field, one of the most important drivers of the sector’s development for users and dependents as well as health professionals. We need good, documented and independent knowledge and The Norwegian Centre for E-health Research is determined to play a vital role.

Bjørn Engum, Chairman
The Steering Committee represents Norwegian healthcare as a whole

The Centre’s national Steering Committee has broad expertise. It will ensure, monitor and contribute to the Norwegian Centre for E-health Research and support e-health development in a good and trustworthy way. Together with the Centre management and the academic community, the Steering Committee has in 2016 contributed to the Centre’s business strategy. This clarifies the direction of the Centre’s activity towards future evaluation.

The purpose of the Steering Committee is to ensure that:

• The Centre develops its expertise in research and investigation on e-health in line with the sector’s needs and priorities.
• The Centre further develops its national and international role in research and investigation on e-health, and is a useful, relevant and competent actor.
• The Centre has good quality in terms of professional activities, support functions and administrative duties.
Organisation

**Number of employees**
- 49 in full positions
- 5 in half positions
- 12 additional positions
- Total 66 people (52 full time equivalents)

**Gender distribution**
- 32 women
- 34 men

**Ph.D.’s**
- 32 Ph.D.

**Where do we come from?**
- Czech Republic
- Denmark
- Spain
- Ethiopia
- France
- Greece
- Norway
- Portugal
- Russia
- USA
- Zimbabwe

**Age**
- Seven in the age group 20-29 years
- 19 in the age group 30-39 years
- 22 in the age group 40-49 years
- 13 in the age group 50-59 years
- Five in the age group 60-69 years

**Equality**

**Employee gender distribution**
- 34 men
- 22 women

**Steering Committee gender distribution**
- 6 men
- 8 women

**Management gender distribution**
- 2 men
- 4 women
The research in numbers

Publications and scientific dissemination

<table>
<thead>
<tr>
<th>Number</th>
<th>Publications</th>
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</thead>
<tbody>
<tr>
<td>46</td>
<td>Scientific article</td>
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<tr>
<td>5</td>
<td>Scientific monograph or anthology</td>
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<tr>
<td>46</td>
<td>Scientific lectures and posters</td>
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<tr>
<td>23</td>
<td>Summary / abstract</td>
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<tr>
<td>9</td>
<td>Reports</td>
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<td>13</td>
<td>Feature articles</td>
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<td>7</td>
<td>Popular science articles</td>
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Scientific publications

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<td>Publication points</td>
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<td>6,93</td>
<td>29,5</td>
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*Applicable for publication points.
Establishment of a new research centre

In 2015, the Ministry of Health and Care Services decided to establish a new national centre for research on e-health, and on 1 January 2016, the Norwegian Centre for E-health Research was established.

The establishment of the new centre followed the Norwegian Directorate of Health’s recommendation to close the national advisory unit for telemedicine. The Ministry of Health and Care Services concluded that the Norwegian Centre for Integrated Care and Telemedicine had completed its mission as a telemedicine advisory unit, and that the health regions were capable of adopting telemedicine without the help of external expertise.

In order to preserve the expertise in the Centre, the Ministry of Health and Care Services decided in 2015 that the Centre should be converted to a national research and analysis centre for e-health under the auspices of the Northern Norway Regional Health Authority.
Strategy

Norwegian Centre for E-health Research shall produce, gather and disseminate knowledge that is relevant to the e-health field. The Centre’s ambition is to be nationally leading and internationally recognised for research within the focus areas.

Duties

Research:
Norwegian Centre for E-health Research shall provide research that is relevant to the national development in the field of e-health. The research should maintain high scientific quality and be published in international forums. The research should be independent, verifiable and critical, in line with good research tradition. Also in cases where the research is done on behalf of the public.

Investigation:
Norwegian Centre for E-health Research shall provide knowledge-based investigations that are prioritised by the National Board for eHealth. Expertise and experience from previous and existing projects can form the basis for high quality investigations.

Knowledge management:
Norwegian Centre for E-health Research shall have an overall overview of knowledge and environments in the field of e-health in Norway and internationally. Through collecting and producing knowledge on e-health in Norway, the Centre should contribute to a sound knowledge base for national priorities and management of e-health measures, quality improvement work in the health sector, health services research and research and analysis in the field of public health work.

Dissemination:
Norwegian Centre for E-health Research shall make available all their knowledge of e-health, and disseminate that of others where it is natural. Scientific publication is central to ensuring legitimacy and professionalism. The Centre will disseminate its results in national and international arenas.

Representation:
Norwegian Centre for E-health Research is part of the national e-health system, and represents Norwegian e-health internationally.

Focus areas

The records of the future
The aim of the research in this area is to provide knowledge that contributes to medical records becoming the e-health tools of the future, especially in terms of interaction, diagnostics and support in the treatment process.

Comprehensive health services
Research on comprehensive health and care services shall study the development of ICT-supported organisational models that will make the health service appear comprehensive and coherent for users and patients. This is particularly important for patient groups with complex and long-term needs.

Personal systems and welfare technology
Norwegian Centre for E-health Research shall research how and why citizens use welfare technology. This is important both in public health work and in the work with building a patient-oriented, good and sustainable health and care service.

Accessibility and analysis of health data
Norwegian Centre for E-health Research shall work with the accessibility and analysis of health data. Using modern statistical solutions, we can find patterns, teach programs to understand and predict based on historical data, thus obtaining a more proactive health service. E-health research should look at the organisation, management and use of register data for automatic collection and registration as well as decision and process support in the medical record.

Stakeholders
E-health research stakeholders are management, authorities, decision makers and other knowledge communities in the field. The Centre shall collaborate with other actors in the sector, including service providers, users, academia, administration, industry and commerce.
National activity

In 2016, the Norwegian Centre for E-health Research managed 17 projects in cooperation with the Norwegian Directorate of eHealth. The projects were organised into five portfolios:

- **Follow up projects**
  The purpose of the follow up projects is to identify, understand and disseminate technological trends through the mapping and analysis of e-health development both nationally and internationally. The projects will provide an overview of knowledge environments, expertise and projects throughout the country, and develop cooperation with these. Research and knowledge should be disseminated so that it becomes part of the sector’s shared resource base.

- **One Citizen – One Health Record**
  Research and investigation carried out in the Centre shall be relevant to report to the Norwegian Parliament No. 9: One Citizen – One Health Record. Based on the review of report to the Norwegian Parliament No. 9, the Centre will in 2016 lay the groundwork for future knowledge production. Together with the Norwegian Directorate of eHealth, the Centre will identify the need for knowledge, establish a plan for research and development activities and contribute to acquiring the knowledge that is necessary to implement a new e-health strategy and action plan.

- **National solutions**
  The purpose of this portfolio is to document and evaluate the experiences and effects of the national implementation and development projects, identify the barriers that exist for making use of digital solutions in the health sector and build expertise on the factors that inhibit and promote the implementation of large and complex e-health solutions. The impact of the implementations should be documented scientifically.

- **Welfare technology**
  Employees at the Norwegian Centre for E-health Research have long and solid experience in welfare technology, and in this portfolio a knowledge and experience summary of the area will be undertaken. The assignment follows up report to the Norwegian Parliament no. 29 (2012-2013) Future Care.

- **Planned initiatives**
  Through this portfolio, Norwegian Centre for E-health Research will gain experience and knowledge that can support the effective implementation of nationally prioritised e-health initiatives.

The Ministry of Health and Care Services stated in early 2016 that the Norwegian Directorate of eHealth and the Norwegian Centre for E-health Research together should clarify the national needs for research and investigation. The National Portfolio management, NUFA and the National Board for eHealth will prioritise the needs. In this way, those who are owners of and responsible for the health services participate; municipalities, hospital trusts and authorities.

The Norwegian Directorate of eHealth coordinates the national projects the Centre manages. This cooperation is regulated through an agreement. In addition, R & D agreements are drawn up for each project.
In 2016, the Centre mapped different national approaches to the reuse of health data. The mapping supports work with recommendations for reference architecture and common technical solutions for the national health records by describing a set of national approaches that can serve as strategic benchmarks for developing the Norwegian strategy.

The Centre will provide more knowledge about the opportunities and challenges associated with the use of ICT solutions that can support coherent patient management when care go across clinics.

A legal assessment of the cooperation has been carried out in the light of the public procurement regulations and the EEA Agreement’s state aid rules. The main conclusion was that, although the individual R & D agreements can be regarded as reciprocal contracts, the cooperation falls under the exception of extended self-management.

It is also concluded that the allocation is not affected by the state aid rules, as the Norwegian Centre for E-health Research does not conduct economic activities.

Reports are available at: ehealthresearch.no/en/project-reports

In the end of 2016, the Norwegian Directorate of eHealth and the Norwegian Centre for E-health Research evaluated the cooperation. Both organisations feel that the cooperation is working well. Their aim is a knowledge-based development of e-health, and both wish to succeed with the mission.
The setup of new organisations takes time and resources, and on September 13th, the Norwegian Centre for E-health Research was finally officially opened with a colourful and festive inauguration.

The Minister of Health and Care Services Bent Høie unveiled the Centre in front of guests from the Norwegian healthcare sector. The Swing jazz band Søstrene Andersen played joyful fifties music to mark the new era.

The opening was a great opportunity to highlight the new, fresh graphical profile of the Centre, developed in collaboration with the design company Tank Design Tromsø. At the centre of the profile stands the logo — a strong E — which symbolises the purpose of the Centre: collecting, producing and disseminating knowledge about e-health. The profile is playful and friendly in order to express the Centre’s desire for openness and cooperation.

Centre Director Stein Olav Skrøvseth and Minister of Health and Care Services Bent Haie at the opening.
New graphic profile developed in collaboration with Tank Design Tromse.

‘Søstrene Andersen’ entertained the guests at the opening.
International activity

Research is by nature international. The activity of Norwegian Centre for E-health Research reflects this. Our staff travels throughout the world to share and get new knowledge through collaboration with others and participation in conferences and meetings.

Employees are often asked to participate in program committees for both scientific conferences and supplier conferences, and the Centre is represented in the major organisations working with e-health. Through these activities, e-health research has a close and important contact with the outside world, and keep track of trends and developments.

EU projects

The European Union (EU) is an important contributor to our project portfolio. In 2016, the Centre participated in six EU projects, for one of which it was project manager.

E-health research is seen as an attractive collaborating partner because the Centre delivers timely and with high quality. Through participation in projects, the network is expanded and provides access to good research from countries with shared challenges.

Project spotlight:

- **CHROMED:** This large-scale clinical study will develop and evaluate clinical protocols and organisational models. The study looks at new surveillance technologies developed to improve both quality of life and health costs for people with COPD.
- **Victorya@Home:** The project develops support networks for health and safety monitoring services, and facilitates social contact. Victorya@Home is not just about responding to specific health issues, but primarily promotes self-care.
- **MasterMind:** By using ICT, the project will make depression treatment more accessible to adults.
- **RemoAge:** Based on existing knowledge from research and development, the project will develop ICT-based services for those suffering from serious and chronic diseases. The goal is for users to get the support they need to be able to live at home for as long as possible.
- **eCAP:** The project tests the use of modern information technology to develop diagnostics, consultations, supervision, treatment and interaction between healthcare professionals and relatives of children and adolescents with mental health challenges.
- **USECARE:** The project looks at ICT solutions for persons with chronic illnesses, and studies primary and secondary prevention through behavioural change.
State visit
In September 2016, the Norwegian Centre for E-health Research participated in a state visit to Finland. The visit was organised by Innovation Norway, and for the Centre it was a new and exciting experience. A small delegation composed of researchers, investigators and leaders travelled to Helsinki and Oulu. E-health research had fruitful meetings with current and potential collaborating partners, and had an opportunity to present for Norwegian and Finnish ministers.

European Telemedicine Conference
The Norwegian Centre for E-health Research is one of five international partners who together organise the European Telemedicine Conference (ETC). The conference is organised every autumn, and in 2016, it was the Centre’s turn to host. Since E-Health in Norway (EHiN) is arranged in the same period, the two conferences were linked together.

ETC 2016 had about 300 registered participants, and with EHiN’s over 700 participants, it became a large event in Oslo Spektrum. Under the ETC flag, a scientific track was organised, and a track of discussions and presentations were held by professionals from all over Europe in the field of telemedicine. The scientific track received more than 80 abstracts, and the ETC’s scientific committee chose 24 of them for oral presentation and 20 for poster presentation. In addition, the finals of the ETC Innovation Competition were held, and the year’s best Start up and Young Innovator were elected.
Conference participation in 2016

- European Telemedicine Conference, Oslo
- EHiN, Oslo
- 2nd International ADMIT workshop on motivational mechanisms in eHealth, Tromsø/Chicago
- Regional helseforskningskonferanse, Tromsø
- 33rd Nordic Congress of Dermatology and Venereology 2016, Trondheim
- PASIENTSIKKERHETSKONFERANSEN 2016, Tromsø
- HeisIT, Trondheim
- Sykepleierkongressen 2016, Gardermoen
- ReHabiliteringkonferansen i Helse Ser-Øst, Lillestrøm
- Farmasidagene 2016, Oslo
- Nordic Conference in Nursing Research 2016, Stockholm
- WHINN Odense
- The Nordic Congress for Cardio and Respiratory Physiotherapy 2016, Helsingør, Danmark
- Nordic m-health Congress, Stockholm
- Arctic Europe Forum, Oulu
- Workshop e-health, Oulu
- Les Trophées de la Santé Mobile, Paris
- World of Health IT, Barcelona
- Université d’Été de la e-santé, Castres
- Himss2016, Las Vegas
- eHealthWeek, Amsterdam
- Mobile World Barcelona
- EASST/4S, Science & technology by other means: Exploring collectives, spaces and futures, Barcelona
- International Conference on Narratives of Health and Illness, Tenerife
- ATTD, 9th International Conference on advanced Technologies and Treatment for Diabetes, Milano
- 14th International Conference on Informatics, Management and Technology in Healthcare, Athen, Hellas
- 13th International Congress in Nursing Informatics (NI2016), Genève,
- eTELEMED 2016, The Eighth International Conference on eHealth, Telemedicine, and Social Medicine, Venezia
- The European Federation for Medical Informatics (EFMI) and the French Association for Medical Informatics (AIM), the Special Topic Conference (STC) ”Transforming Healthcare with the Internet of Things”, Paris, France
- HEC 2016: Health - Exploring Complexity: An Interdisciplinary Systems Approach, Munchen
- The 27th International Congress of the European Respiratory Society, Milan
- Open days: European Week of Regions and Cities, Brussels, Belgium
- Fifth International Conference on Families and Children with Parental Mental Health Challenges, Basel, Switzerland
WHO-activities:

The Norwegian Centre for E-health Research is a World Health Organization (WHO) collaborating centre in the fields of telemedicine and e-health. The Centre provides advice to WHO and member countries about the use of ICT in health services. The cooperation dates back to 1997, and the Centre is in the fourth agreement period, which expires in 2018.

In 2016, the Centre carried out a series of assignments on behalf of WHO. Among other things, we worked with Moldova to develop their national e-health and development strategy. The activity in Russia increased in scope with projects within mental health, public health and information security. We have hosted delegations from Chile, the Kyrgyz Republic and Russia. The Centre has contributed to the development of e-health indicators and an analysis of the Global eHealth Observatory Survey through the Nordic network NERN (Nordic e-Health Research Network), where we also organised a workshop. The Centre is also involved in the development of the European health atlas EURO Health Atlas, and heavily involved in Be He@lthy, Be Mobile.

Committees and organisations:

- HIMSS Governing Council
- EHTEL
- The European Connected Health Alliance
- Nordic track HIMSS Annual 2016, Las Vegas
- International Dermoscopy Society
- Norwegian Physiotherapist Association’s professional group for cardiovascular and pulmonary physiotherapists
- Health Technology Assessment International (HTAi)
- Journal of Telemedicine and Telecare, editorial board
- IARIA Journals, editorial board
- Reference group for the establishment of a Child and Family Section in Tromsø Municipality
- DIPEX International (Database of Individual Patients’ Experiences)
University Hospital of Odense, Denmark
World Health Organisation, WHO, Copenhagen, Denmark
University of Southern Denmark, Esbjerg, Kolding, Odense, Slagelse and Sønderborg, Denmark
Lynby Tårbesk municipality, Denmark
University of Copenhagen, Denmark
Aalborg University (AAU), Department of Health Science and Technology, Denmark
Aalborg University, Aalborg, Denmark
EPITAL HEALTH A/S, Copenhagen, Denmark
University of Oulu, Finland
University Hospital of Oulu, Finland
University of Eastern Finland, Kuopio, Finland
Kuopio University Hospital, Kuopio, Finland
Luleå University of Technology, Sweden
Cambio Healthcare Systems, Sweden
Karolinska University Hospital, Stockholm, Sweden
Cambio Healthcare Systems, Sweden
Norrbotten County, Luleå, Sweden
Umeå University, Umeå, Sweden
The Association of Local Authorities of Norrbotten, Sweden
Örebro University School of Business, Örebro, Sweden
University of Uppsala, Uppsala, Sweden
North Norway European Office, Brussel, Belgium
EHTEL, Brussels, Belgium
Herbert Kirchesh dermatology practice, Cologne, Germany
dmd Santé, Paris, France
mHealthQuality, Paris, France
Ministère des Affaires Sociales et de la Santé, Paris, France
Orange Healthcare, Paris France
Castres Mazamets Technopole, Castres, France
NHS24 Scotland, Glasgow, Scotland
University of Aberdeen, Inverness, Scotland
Centre for Rural Health, Inverness, Scotland
University of Stirling, Stirling, Scotland
NHS Western Isles, Western Isles, Scotland
NHS Shetland, Shetland, Scotland
Marand d.o.o., Slovenia
Bolnisnica Sežana Zavod, Slovenia
Tallinn University of Technology, Estonia
Ministry of Health, Chisinau, Moldova
SPA, Czech Technical University, Prague, Czech Republic
2nd Department of Internal Medicine, University Hospital Motol, Prague, Czech Republic
Universitat Politècnica de València, Spain
Universidad de Sevilla, Spain
Hospital Municipal de Badalona, Spain
University of Barcelona, Spain
Universidad Politècnica de Valencia, Valencia, Spain

International cooperation

- University Hospital of Odense, Denmark
- World Health Organisation, WHO, Copenhagen, Denmark
- University of Southern Denmark, Esbjerg, Kolding, Odense, Slagelse and Sønderborg, Denmark
- Lynby Tårbesk municipality, Denmark
- University of Copenhagen, Denmark
- Aalborg University (AAU), Department of Health Science and Technology, Denmark
- Aalborg University, Aalborg, Denmark
- EPITAL HEALTH A/S, Copenhagen, Denmark
- University of Oulu, Finland
- University Hospital of Oulu, Finland
- University of Eastern Finland, Kuopio, Finland
- Kuopio University Hospital, Kuopio, Finland
- Luleå University of Technology, Sweden
- Cambio Healthcare Systems, Sweden
- Karolinska University Hospital, Stockholm, Sweden
- Cambio Healthcare Systems, Sweden
- Norrbotten County, Luleå, Sweden
- Umeå University, Umeå, Sweden
- The Association of Local Authorities of Norrbotten, Sweden
- Örebro University School of Business, Örebro, Sweden
- University of Uppsala, Uppsala, Sweden
- North Norway European Office, Brussel, Belgium
- EHTEL, Brussels, Belgium
- Herbert Kirchesh dermatology practice, Cologne, Germany
- dmd Santé, Paris, France
- mHealthQuality, Paris, France
- Ministère des Affaires Sociales et de la Santé, Paris, France
- Orange Healthcare, Paris France
- Castres Mazamets Technopole, Castres, France
- NHS24 Scotland, Glasgow, Scotland
- University of Aberdeen, Inverness, Scotland
- Centre for Rural Health, Inverness, Scotland
- University of Stirling, Stirling, Scotland
- NHS Western Isles, Western Isles, Scotland
- NHS Shetland, Shetland, Scotland
- Marand d.o.o., Slovenia
- Bolnisnica Sežana Zavod, Slovenia
- Tallinn University of Technology, Estonia
- Ministry of Health, Chisinau, Moldova
- SPA, Czech Technical University, Prague, Czech Republic
- 2nd Department of Internal Medicine, University Hospital Motol, Prague, Czech Republic
- Universitat Politècnica de València, Spain
- Universidad de Sevilla, Spain
- Hospital Municipal de Badalona, Spain
- University of Barcelona, Spain
- Universidad Politècnica de Valencia, Valencia, Spain
Appendix

Publications

Andreassen, Hege; Skrøvseth, Stein Olav.
NTNU UiT UNN

Atique, Suleman; Hosueh, Mowafa; Fernandez-Luque, Luis; Gabarron, Elia; Wan, Marian; Singh, Onkar; Salcedo, Vicente Traver; Li, Yu-Chuan Jack; Shabbir, Syed Abdul.
UI T UNN

Beckmann, Dani; Reehorst, Christian Marstrander; Henriksen, André; Mužný, Miroslav; Årsand, Eirik; Hartvigsen, Gunnar.
UI T UNN

Bergmo, Trine Strand; Olsen, Anne Grethe; Dalbakk, Monika; Aabotsvik, Birgitte; Eriksen, Monika; Aasen, Johanne; Sørensen, Veronica; Mathisen, Hege; Jakobsen, Grete; Kristoffersen, Stian; Johansen, Torunn Irene; Kollnes, Elisabeth; Larsen, Marte F; Haustreis, Stine-Mari.
Patient-Centred Healthcare Team Work Practice, Experiences, and Estimated Benefits. *eTELEMED ... the ... International Conference on eHealth, Telemedicine, and Social Medicine* 2016
SNHF UNN

Bradway, Meghan; Amtzen, Ellen Caroline; Årsand, Eirik.
UI T UNN

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UI T UNN

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UI T UNN

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UI T UNN

Brož, Jan; Holubová, Anna; Mužík, Jan; Oulicka, M.; Mužný, Miroslav; Polacek, M.; Fiala, D.; Årsand, Eirik; Brabec, M.; Kwapil, M..
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Using Online Forums to Better Understand Motivations Behind Technology Uptake Among Type 2 Diabetes Patients, Using CGM as the Use-Case. *Diabetes Technology & Therapeutics* 2016 ;Volum 18. (S1) s.A88-A88
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Chomutare, Taridzo; Johansen, Svein-Gunnar; Årsand, Eirik; Hartvigsen, Gunnar.
UNN

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Effectiveness of an Internet Community for Severely Obese Women. *Studies in Health Technology and Informatics* 2016 ;Volum 225. s.597-601
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Contreras-Porta, J; Ruiz-Baques, A; Gabarron, Elia; Capel-Torres, F; Ariño-Pla, MN; Zorroza-Santisteban, A; Sáinz-de-la-Maza, E.
Evaluation of an educational programme with workshops for families of children with food allergies. *Allergologia et Immunopathologia* 2016 ;Volum 44.(2) s.113-119
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Ekeland, Anne G..
Assessing Electronic Health Records: Are Basic Assumptions in “Health Technology Assessment” Useful?. *eTELEMED ... the ... International Conference on eHealth, Telemedicine, and Social Medicine* 2016 s.36-42
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Ekeland, Anne G.; Grettland, Astrid.
Assessment of mast in European patient-centered telemedicine pilots. *International Journal of Technology Assessment in Health Care* 2016 ;Volum 31.(5) s.304-311
UNN

Elvevåg, Brita; Cohen, Alex S.; Wolters, Maria K.; Whalley, Heather C.; Gountouna, Viktoria-Eleni; Kuznetsova, Ksenia A.; Watson, Andrew R.; Nicodemus, Kristin K.. An examination of the language construct in NIMH’s research domain criteria: Time for reconceptualization!. *American Journal of Medical Genetics Part B: Neuropsychiatric Genetics* 2016 ;Volum 171.(6) s.904-919
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UNN

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UIT UNN

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UIT UNN

Pedersen, Rune; Granja, Conceicao; Marco Ruiz, Luis.
UIT UNN

Solvoll, Terje.
UNN

Solvoll, Terje; Granja, Conceico.
UNN

Syed-Abdul, Shabbir; Gabarron, Ella; Lau, Annie Y.S.; Househ, M.
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Integrating data from apps, wearables and personal Electronic Health Record (pEHR) systems with clinicians' Electronic Health Records (EHR) systems. European Telemedicine Conference 2016; 2016-11-15 - 2016-11-16
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Pompilio, Pasquale; Zanaboni, Paolo; Bergmo, Trine Strand; Grzetic Romcevic, Tanja; Isetta, Valentina; Janson, Christer; Malinovschi, Andrei; Marusic, Dorijan; Middlemass, Jo; Montserrat, Josep; Munaro, Giulia; Prikk, Kau; Pepper, Ruth; Siriwardena, Niroshan; Calverley, Peter; Deliaca, Raffaele; Rosso, Roberto; Walker, Paul.
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Patients' online access to their health record's log: Improving patient privacy. EHiN-Future Health 2016; 2016-11-14 - 2016-11-16
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Varsi, Cecilie; Wibe, Torunn; Gammon, Barbara Deede; Ekstedt, Mirjam; Ruland, Cornelia.
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OUS UO UNN
Woldaregay, Ashenafi Zebene; Walderhaug, Ståle; Hartvigsen, Gunnar.
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THE NEED TO TAILOR MOBILE PHONE-BASED DIABETES SELF-MANAGEMENT TOOLS. The 9th International Conference on Advanced Technologies & Treatments for Diabetes (ATTD 2016); 2016-02-03 - 2016-02-06
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UiT UNN
### NORWEGIAN CENTRE FOR E-HEAL TH RESEARCH

#### PAYROLL EXPENSES

<table>
<thead>
<tr>
<th>Departments Norwegian Centre for e-health research</th>
<th>Financial statement 31.12.16</th>
<th>Financial statement 31.12.16</th>
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<tbody>
<tr>
<td>Health Analytics</td>
<td>7 840 658,6</td>
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<tr>
<td>Future Journal</td>
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<td>10,7</td>
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<td>Personal E-health</td>
<td>15 899 530,8</td>
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<tr>
<td>Subtotal wages</td>
<td>34 419 666,8</td>
<td>34,4</td>
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<tr>
<td>Support functions Norwegian Centre for e-health research</td>
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<tr>
<td>Management</td>
<td>1 992 606</td>
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<tr>
<td>Staff and IT</td>
<td>3 400 163</td>
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<tr>
<td>Communication</td>
<td>1 470 209</td>
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<tr>
<td>Subtotal wages</td>
<td>6 862 977,6</td>
<td>6,9</td>
</tr>
<tr>
<td>TOTAL payroll expenses</td>
<td>41 282 644,3</td>
<td>41,3</td>
</tr>
</tbody>
</table>

#### OPERATING EXPENSES

| Direct project expenses | 20 499 132 | 20,5 |
| Indirect expenses - department operations | 1 374 369 | 1,4 |
| Indirect expenses - administrative services and infrastructure | 5 666 181 | 5,7 |
| Indirect expenses - investment and operations | 2 909 361 | 2,9 |
| TOTAL operating expenses | 30 449 043,1 | 30,4 |

#### TOTAL expenses

| TOTAL expenses | 71 731 687,5 | 71,7 |

#### INCOME

| Ministry of Health and Care Services (HOD) | 27 724 141 | 27,7 |
| Northern Norway Regional Health Authority base funding | 4 000 000 | 4,0 |
| External income (exposed to competition) | 36 073 563 | 36,1 |
| TOTAL income | 67 797 703,7 | 67,8 |

| Operating loss | -3 933 983,8 | -3,9 |

#### HOD funds offset 2016-2017 before deficit cover | 8 086 593,0 | 8,1 |
#### Actual HOD funds offset 2016-2017 after deficit cover | 4 159 693,0 | 4,2 |
#### Actual offset 2016-2017 (external funds) | 15 300 616,0 | 15,3 |

#### Net result 2016

-