

# for helse

## Ekstra styremøte i Forskningscenter for digitale psykiske helsetjenester – SFI

Møte	3/2021
Dato	26/11/21
Tidspunkt	08:30 – 09:00
Møteleder	Jonny Klemetsen
Referent	Senterledelsen

### Innkalt:

Navn	Partner
Jonny Klemetsen	Youwell AS
Hans Olav Instefjord	Helse Bergen HF
Erik Hellestøl	LifeKeys AS
Alette Hilton Knudsen	Bergen Kommune
Helge Ræder	Universitetet i Bergen
Janiche Buanes Heltne	Helse i Hardanger
Silje Marie Haga	RBUP
Heidi Aabel	Checkware AS
Thomas Hoholm	BI
Siri Bjørvig	NSE
Kjell Ø. Petersen	Changetech AS
Elin Ulleberg	St. Olavs hospital
Jørn Jacobsen	Sykehuset i Vestfold

### Sekretariat:

Navn	Rolle
Tine Nordgreen	Senterleder
May Frida Bosch	Senterkoordinator
Anne Mette	Administrativ leder

## Saksliste

<b>Saksnummer</b>	<b>Saksnavn</b>	<b>Behandlingsform</b>	<b>Vedlegg</b>
24/21	Arbeidsplan og budsjett 2022	B	B



## Saksfremlegg

Sak nr	24/21
Sak navn	Arbeidsplan og budsjett 2022
Behandlingsform i møte (B,O,D)	Beslutning
Møte	3/2021
Dato	26/11/21
Saksbehandler	Anne Mette Søviknes og Tine Nordgreen

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### 24/21 –Arbeidsplan og budsjett 2022

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#### Om saken:

I henhold til kontrakten med NFR skal det årlig utarbeides en arbeidsplan og budsjett for all aktivitet i senteret.

I tråd med styremøte 2/21 legger vi med dette frem revidert arbeidsplan og budsjett 2022.

Legg merke til at arbeidsplanen punkt 1.2. er revidert i henhold til aktiviteten i Helse i Hardanger, der vi skifter fra "ryggsmerter" til "kronisk sykdom". Det er også ellers gjort små oppdateringer/tydeliggjøringer i planen.

Budsjett 2022 er oppdatert på grunnlag a økonomimøter med alla partnere i senteret gjennomført i uke 45. Generelt fremkommer det i møtene at underforbruket i 2021 ikke er representativt for de påfølgende årene. I tillegg har et flertall av partnerne nå synliggjort mer ressursbruk for 2021 enn opprinnelig rapportert.

#### Forslag til vedtak:

Styret vedtar arbeidsplan og budsjett.

## Work plan 2022 – Forhealth

This work plan for 2022 is the second 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”.

o The “Introduction” sums up the background and primary and secondary objectives of the centre.

o “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.

o “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), Nasjonalt senter for e-helseforskning(NSE), Regionsenter for barn og unges psykiske helse (RBUP), Lifekeys (LK), Helse Vest IKT (HVIKT), eMeistring (eM-HUH, eM-Nidaros) eMeistring (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.

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 psychological intervention for adults with severe musculoskeletal disease 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	PhD Tine Nordgreen, HUH.

## WP 1 Effectiveness - Work plan 2022

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: PhD Tine Nordgreen, PhD-candidate Smiti Kahlon, Runa Kongsvik.
Deliverables 2021	D: 1.1.a) A first version of a logic model and guiding principles describing the needs for adolescents with anxiety seeking help in Bergen Municipality.
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.



D1.1 a)					
Costs	HUH	UIB	YW	BM	Total
Personnel costs	1 128	0	135	557	1 820
Equipment/lab costs	36	0	72	0	108
Other operational costs	28	0	0	0	28
<b>Total costs</b>	<b>1 192</b>	<b>0</b>	<b>207</b>	<b>557</b>	<b>1 955</b>

Funding	HUH	UIB	YW	BM	Total
RCN Grant	1 192	0	0	0	1 192
Financial contribution in self-funded resour	0	0	207	557	764

Part I.

## WP 1 Effectiveness - Work plan 2022

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, UiB, YW, HIH, LK.
Project leaders	Tine Nordgreen (research) / Janiche Buanes Heltne (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: Janiche Buanes Heltne, Sissel Børve. LK: Erik Hellestøl. YW: CEO Jonny Klemetsen, developer Per Kåre Otteren. HUH/UiB: PhD Tine Nordgreen.
Deliverables 2021	D: 1.2.a) A first description of the needs for digital interventions before and after the 4-day intensive in-patient treatment at Helse i Hardanger.
Deliverables 2022	D: 1.2.a) Collected data and preliminary of the efficacy of digital follow-up for adults with chronic diseases.
Milestones	M1 clinical testing, 31.12.2026.

D1.2 a)						
Costs	HUH	YW	LK	HIH	BM	Total
Personnel costs	238	135	98	440	0	910
Equipment/lab costs	36	72	0	200	0	308
Other operational costs	28	0	24	50	0	102
<b>Total costs</b>	<b>301</b>	<b>207</b>	<b>122</b>	<b>690</b>	<b>0</b>	<b>1 320</b>

Funding	HUH	YW	LK	HIH	BM	Total
RCN Grant	301	0	0	0	0	301
Financial contribution in self-funded resour	0	207	122	690	0	1 019

Part I.

## WP 1 Effectiveness - Work plan 2022

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, UiB, 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: PhD Tine Nordgreen, PhD-candidate Sunniva Myklebost. YW: CEO Jonny Klemetsen, developer Per Kåre Otteren.
Deliverables 2021	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 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.
Milestones	M1 clinical testing, 31.12.2026.

D1.3 a)				
Costs	HUH	UIB	YW	Total
Personnel costs	732	0	68	800
Equipment/lab costs	36	0	36	72
Other operational costs	28	0	0	28
Total costs	796	0	104	899

Funding	HUH	UIB	YW	Total
RCN Grant	796	0	0	796
Financial contribution in self-funded resour	0	0	104	104

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.

## WP 2 Cost-effectiveness - Work plan 2022

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, HUH
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: Philip Drozd, Silje Maria Haga. CT: Harald Scjhelderup Lund, Kjell Ø. Petersen
Deliverables 2021	PhD-project-plan, plan for data collection.
Deliverables 2022	Data collected from child health clinics on resource use including time spent by health personnel. Blended care intervention costs calculated and analysed. First draft on paper I "Costing digital interventions – the case of MammaMia and eMeistring" prepared (paper together with Jørn Heggelund/D2.3).
Milestones	M2.1 Economic evaluations of Mamma Mia 31.07.2025

D2.1					
Costs	HUH	St. Olav	RBUP	CT	Total
Personnel costs	10	1 136	237	187	1 571
Equipment/lab costs	36	0	0	410	446
Other operational costs	28	0	0	1 933	1 961
<b>Total costs</b>	<b>74</b>	<b>1 136</b>	<b>237</b>	<b>2 530</b>	<b>3 978</b>

Funding	HUH	St. Olav	RBUP	CT	Total
RCN Grant	74	1 018	0	0	1 092
Financial contribution in self-funded resour	0	119	237	2 530	2 886



## WP 2 Cost-effectiveness - Work plan 2022

<p>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</p>	
Start and duration	01.08.2022-31.07.2025.
Partners involved	RSHU/St. Olavs Hospital, HUH, CW, eMeistring HUH/Nidaros/Vestfold.
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: Gunn Elise Sætre. eM-N: Liv Sigrun Engvik. eM-V: Arne Repål og Elin Katrine Vestly. CW: Tori Almaas.
Deliverables 2021	Start 01.08.2022.
Deliverables 2022	PhD-candidate appointed. PhD-project-plan.
Milestones	M2.2 Economic evaluations of eMeistring 31.07.2025.

D2.2							
Costs	HUH	EM-HUH	St. Olav	EM-N	CW	EM-V	Total
Personnel costs	10	250	1 334	250	224	250	2 318
Equipment/lab costs	36	0	0	0	144	0	180
Other operational costs	28	0	0	0	24	0	52
<b>Total costs</b>	<b>74</b>	<b>250</b>	<b>1 334</b>	<b>250</b>	<b>392</b>	<b>250</b>	<b>2 550</b>

Funding	HUH	EM-HUH	St. Olav	EM-N	CW	EM-V	Total
RCN Grant	74	0	1 216	0	0	0	1 289
Financial contribution in self-funded resour	0	250	119	250	392	250	1 261

## WP 2 Cost-effectiveness - Work plan 2022

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.
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: Gunn Elise Sætre. eM-N: Liv Sigrun Engvik. eM-V: Arne Repål, Elin Katrine Vestly. CW: Tori Almaas.
Deliverables 2021	Postdoc-project-plan, organizing and planning for data collection.
Deliverables 2022	Data collected from DPS units on organization, personnel and other resource components, patient pathways. Costs per patient calculated and analysed. First draft on "costing digital interventions – the case of MammaMia and eMeistring" prepared – paper together with Zareen Abbas Khan/D2.1. Comparative description of patient pathways for the three DPS-units.
Milestones	M2.3, 31.12.2027

<b>D2.3 Analyse alternative service models, service model characteristics, barriers and facilitators related to implementation</b>									
<b>Costs</b>	<b>HUH</b>	<b>EM-HUH</b>	<b>St. Olav</b>	<b>EM-N</b>	<b>RBUP</b>	<b>CW</b>	<b>CT</b>	<b>EM-V</b>	<b>Total</b>
Personnel costs	10	0	119	0	0	56	0	0	185
Equipment/lab costs	36	0	0	0	0	36	0	0	72
Other operational costs	28	0	0	0	0	6	0	0	34
<b>Total costs</b>	<b>74</b>	<b>0</b>	<b>119</b>	<b>0</b>	<b>0</b>	<b>98</b>	<b>0</b>	<b>0</b>	<b>291</b>

<b>Funding</b>	<b>HUH</b>	<b>EM-HUH</b>	<b>St. Olav</b>	<b>EM-N</b>	<b>RBUP</b>	<b>CW</b>	<b>CT</b>	<b>EM-V</b>	<b>Total</b>
RCN Grant	74	0	0	0	0	0	0	0	74
Financial contribution in self-funded resources	0	0	119	0	0	98	0	0	217

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 2022

<p>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</p>	
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: Janiche Buanes Heltne, Sissel Børve, BM: NN
Deliverables 2021	Preliminary need assessment through workshops with project participants from Helse i Hardanger (changed from Bergen Municipality). This work package has no funding in 2021 in terms of in-kind or financing from the Research council.
Deliverables 2022	Preliminary need assessment through workshops with project participants.
Milestones	D3.1, Early HTA, 31.6.2026.

D3.1						
Costs	HUH	BI	LK	HIH	BM	Total
Personnel costs	119	0	98	110	238	565
Equipment/lab costs	108	0	0	0	0	108
Other operational costs	83	0	24	0	0	107
<b>Total costs</b>	<b>311</b>	<b>0</b>	<b>122</b>	<b>110</b>	<b>238</b>	<b>780</b>

Funding	HUH	BI	LK	HIH	BM	Total
RCN Grant	311	0	0	0	0	311
Financial contribution in self-funded resour	0	0	122	110	238	470



## 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 2022

Research project D4.1 Implementation research eMeistring clinics	
Starting date and duration	1.12.2020-31.12.2026.
Partners involved	HUH, NSE, UIB, VU, CW, eM-HUH/Nidaros/ Vestfold.
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 (PhD2 NN).</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).</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> <p>T4.7 Start implementation trial (PhD2 NN).</p>

Type of Research	Fundamental.
Personnel	UiB/ HUH: Robin Kenter. UiB: PhD-candidate Beate Standal, Inger Lise Teig. VU: Christiaan Vis. EM-HUH: Kristin Hogstad Bruvik. eM-N: Liv Sigrun Engvik. eM-V: Elin Katrine Vestly. CW: Tori Almaas. NSE: Monika Knudsen Gullslett. HVIKT: NN.
Deliverables 2021	D4.1 Translated questionnaires and adapted Itfits-toolkit. D4.2 Detailed description of implementation site and object (in cooperation with WP2).
Deliverables 2022	D4.3 Study protocol for stepped-wedge study. D4.4 Study protocol for qualitative implementation study. D4.5 Collected baseline data. 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. D4.7. Start implementation trial: implementation as usual vs tailored implementation strategies.
Milestones	M4 Implementation of digital interventions, 31.12.2026.

D4.1 D4.2 D4.3 Implementation research eMeistring clinics									
Costs	HUH	EM-HUH	UIB	EM-N	HV IKT	NSE	CW	EM-V	Total
Personnel costs	1 059	250	1 543	250	119	237	140	250	3 849
Equipment/lab costs	36	0	0	0	0	0	90	0	126
Other operational costs	28	0	0	0	0	0	15	0	43
Total costs	1 123	250	1 543	250	119	237	245	250	4 017
Funding	HUH	EM-HUH	UIB	EM-N	HV IKT	NSE	CW	EM-V	Total
RCN Grant	1 123	0	0	0	119	237	0	0	1 479
Financial contribution in self-funded resources	0	250	1 543	250	0	0	245	250	2 538

Part I.

## WP 4 Implementation - Work plan 2022

Research project D4.2 Implementation research IBS-HUH	
Starting date and duration	1.12.2020-31.12.2026.
Partners involved	HUH, NSE, UIB, VU, CW, IBS-HUH.
Project leaders	Robin Kenter (research) / Birgitte Berentsen (user-partner).
Background	<p>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.</p>
Objectives	To explore the attitudes, perceived barriers, facilitators, and experiences of implementing Mage-tarmskole in relevant stakeholders and predictors of outcome.
Activities current year	<p>T4.4 Collect baseline measurements (Normalization; Service uptake; Organizational readiness; Satisfaction; Impact).</p> <p>T4.5 Semi-structured interviews and survey with relevant stakeholders.</p> <p>T4.6 Examine predictors of outcome.</p>
Type of Research	Fundamental.

Personnel	IBS: Birgitte Berentsen. HUH: Robin Kenter. VU: Christiaan Vis. CW: Tori Almaas. UiB: PhD-candidate NN. NSE: Monika Knudsen Gullslett.
Deliverables 2021	D4.1 Translated questionnaires and adapted Itfits-toolkit. D4.2 Detailed description of implementation site and object. D4.3 Common set of methods for stepped-wedge study protocol across five sites, for evaluating the various implementation processes and outcomes.
Deliverables 2022	D4.3 Common set of methods for stepped-wedge study protocol across five sites, for evaluating the various implementation processes and outcomes. D4.4 Start examination of barriers and facilitators of implementing Mage- tarmskolen through qualitative interviews and quantitative measurements. D4.5 Start examination of predictors of outcome.
Milestones	M4 Implementation of digital interventions, 31.12.2026.

D4.1 D4.2 D4.3	Implementation research IBS-HUH					
Costs	HUH	IBS HUH	UIB	NSE	CW	Total
Personnel costs	1 059	237	495	0	140	1 931
Equipment/lab costs	36	0	0	0	90	126
Other operational costs	28	0	0	0	15	43
Total costs	1 123	237	495	0	245	2 100

Funding	HUH	IBS HUH	UIB	NSE	CW	Total
RCN Grant	1 123	0	495	0	0	1 618
Financial contribution in self-funded resources	0	237	0	0	245	482

## WP 4 Implementation - Work plan 2022

Research project D4.3 Implementation research anxiety BM	
Starting date and duration	31.12.2020-31.12.2028.
Partners involved	HUH, NSE, UIB, VU, BM, YW.
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. YW: Jonny Klemetsen, Per Kåre Otteren. UiB: NN.
Deliverables 2021	D4.1 First description of the technical infrastructure and understanding of the technical requirements for the digital intervention within the implementation site.
Deliverables 2022	D4.2 Preliminary identification of organizational readiness, potential barriers and facilitators.
Milestones	M4 Implementation of digital interventions, 31.12.2028.

<b>D4.1 D4.2 D4.3 Implementation research anxiety BM</b>						
<b>Costs</b>	<b>HUH</b>	<b>UIB</b>	<b>NSE</b>	<b>YW</b>	<b>BM</b>	<b>Total</b>
Personnel costs	565	0	0	338	159	1 061
Equipment/lab costs	36	0	0	180	0	216
Other operational costs	28	0	0	0	0	28
<b>Total costs</b>	<b>629</b>	<b>0</b>	<b>0</b>	<b>518</b>	<b>159</b>	<b>1 305</b>

<b>Funding</b>	<b>HUH</b>	<b>UIB</b>	<b>NSE</b>	<b>YW</b>	<b>BM</b>	<b>Total</b>
RCN Grant	629	0	0	0	0	629
Financial contribution in self-funded resources	0	0	0	518	159	677

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 2022

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 2021	D.5.1 a) Updated and engaging webpage, Forhelse.no.
Deliverables 2022	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 2022

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 2021	D 5.1 b) Updated communication strategies and to target various audiences through various channels.
Deliverables 2022	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 2022

Research project D 5.1 c) Exploitation plan	
Starting date and duration	1.12.2020 - 31.12.2021.
Partners involved	All partners.
Project leaders	May Frida Bosch, 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 2021	D5.1 c) First version of exploitation plan.
Deliverables 2022	D5.1 c) Updated version of exploitation plan.
Milestones	M5 Dissemination and exploitation of results, end date 30.11.2028.

WP5		
Costs	HUH	Total
Personnel costs	927	927
Equipment/lab costs	108	108
Other operational costs	83	83
Total costs	1 119	1 119

Funding	HUH	Total
RCN Grant	1 119	1 119
Financial contribution in self-funded resour	0	0

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 2020-2021

Research project D6.1 Consortium agreement	
Starting date and duration	1.12.2020 - 31.12.2021.
Partners involved	All partners.
Project leaders	Tine Nordgreen, Anne Mette Søviknes 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 2021	D6.1 Consortium agreement adopted by all partners.
Deliverables 2022	If needed.
Milestones	M6 Completion of project, end date 30.11.2028.

## WP 6 Management Work plan 2020-2021

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, Anne Mette Søviknes, 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 2021	D6.2 Data ethics and management plan.
Deliverables 2022	If needed.
Milestones	M6 Completion of project, end date 30.11.2028

## WP 6 Management Work plan 2020-2021

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	Anne Mette Søviknes, Vegar Løland, 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 2021	D6.4 Reporting to RCN and D6.5 Financial management.
Deliverables 2022	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 2020-2021

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 2021	T6.5 Organise meetings and conferences.
Deliverables 2022	T6.5 Organise meetings and conferences.
Milestones	M6 Completion of project, end date 30.11.2028.

WP6		
Costs	HUH	Total
Personnel costs	1 842	1 842
Equipment/lab costs	108	108
Other operational costs	83	83
<b>Total costs</b>	<b>2 034</b>	<b>2 034</b>

Funding	HUH	Total
RCN Grant	971	971
Financial contribution in self-funded resour	1 063	1 063

Part II.

Project characteristics and costs

SFI Annual Work Plan 2022 - Project characteristics and Costs (all figures in 1000 NDK)																					
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 - RKBK	Partner 7 - Youwell	Partner 8 - Checkware	Partner 9 - Changetech	Partner 10 - Lifekeys	Partner 11 - Helse i hardanger	Partner 12 - Bergen municipal	Partner 13 - Sykehuset i vestfo	Total cost	NFR	Inkind
D1.1 a): Adolescents wit	YES	1192	-	-	-	-	-	-	-	-	-	207	-	-	-	-	557	-	1955	1192	764
D1.2 a): Digital psychol	YES	301	-	-	-	-	-	-	-	-	-	207	-	-	122	690	-	-	1320	301	1019
D1.3 a): Digital psychol	YES	796	-	-	-	-	-	-	-	-	-	104	-	-	-	-	-	-	899	796	104
D2.1: Cost-effectiveness	YES	74	-	-	-	1136	-	-	-	-	237	-	-	2530	-	-	-	-	3978	1092	2886
D2.2: Cost-effectiveness	YES	74	-	250	-	1334	250	-	-	-	-	-	392	-	-	-	-	250	2550	1289	1261
D2.3: Analyse alternativ	YES	74	-	-	-	119	-	-	-	-	-	-	98	-	-	-	-	-	291	74	217
D3.1: Strategic analysis	YES	311	-	-	-	-	-	-	-	-	-	-	-	-	122	110	238	-	780	311	470
D4.1D4.2D4.3: Implem	YES	1123	-	250	1543	-	250	-	119	237	-	-	245	-	-	-	-	250	4017	1479	2538
D4.1D4.2D4.3: Implem	YES	1123	237	-	495	-	-	-	-	-	-	-	245	-	-	-	-	-	2100	1618	482
D4.1D4.2D4.3: Implem	YES	629	-	-	-	-	-	-	-	-	-	518	-	-	-	-	-	159	1305	629	677
D5.1 a): Webpage	YES	373	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	373	373	-
D5.1 b): Communicator	YES	373	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	373	373	-
D5.1 c): Exploitation pla	YES	373	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	373	373	-
D6.1: Consortium agree	YES	338	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	338	338	-
D6.2: Data ethics and m	YES	338	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	338	338	-
D6.4, D6.5: Reporting to	YES	1290	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1290	227	1063
D6.5: Meetings and cor	YES	67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	67	67	-
<b>Total budget</b>	YES	<b>8 849</b>	<b>237</b>	<b>500</b>	<b>2 038</b>	<b>2 589</b>	<b>500</b>	-	<b>119</b>	<b>237</b>	<b>237</b>	<b>1 035</b>	<b>980</b>	<b>2 530</b>	<b>243</b>	<b>800</b>	<b>954</b>	<b>500</b>	<b>22 349</b>	<b>10 870</b>	<b>11 479</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 2022 - 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 municipal	Partner 13 - Sykehuset i vestfo	Other funding **	NFR	Total funding	Indirect state aid ***
D1.1 a): Adolescents wit			1 192	-	-	-	-	-	-	-	-	-	207	-	-	-	-	557	-	-	1 192	1 955	C
D1.2 a): Digital psychol			301	-	-	-	-	-	-	-	-	-	207	-	-	122	690	-	-	-	301	1 320	C
D1.3 a): Digital psychol			796	-	-	-	-	-	-	-	-	-	104	-	-	-	-	-	-	-	796	899	C
D2.1: Cost-effectiveness			74	-	-	-	1 136	-	-	-	-	237	-	-	2 530	-	-	-	-	-	1 092	3 978	C
D2.2: Cost-effectiveness			74	-	250	-	1 334	250	-	-	-	-	-	392	-	-	-	-	250	-	1 289	2 550	C
D2.3: Analyse alternativ			74	-	-	-	119	-	-	-	-	-	-	98	-	-	-	-	-	-	74	291	C
D3.1: Strategic analysis			311	-	-	-	-	-	-	-	-	-	-	-	-	122	110	238	-	-	311	790	C
D4.1D4.2 D4.3: Implem			1 123	-	250	1 543	-	250	-	119	237	-	-	245	-	-	-	-	250	-	1 479	4 017	C
D4.1D4.2 D4.3: Implem			1 123	237	-	495	-	-	-	-	-	-	-	245	-	-	-	-	-	-	1 618	2 100	C
D4.1D4.2 D4.3: Implem			629	-	-	-	-	-	-	-	-	-	518	-	-	-	-	159	-	-	629	1 305	C
D5.1 a): Webpage			373	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	373	373	C
D5.1 b): Communicator			373	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	373	373	C
D5.1 c): Exploitation pla			373	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	373	373	C
D6.1: Consortium agree			338	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	338	338	C
D6.2: Data ethics and m			338	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	338	338	C
D6.4, D6.5: Reporting to			1 290	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	227	1 290	C
D6.5: Meetings and cor			67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	67	67	C
<b>Total budget</b>			<b>8 849</b>	<b>237</b>	<b>500</b>	<b>2 038</b>	<b>2 589</b>	<b>500</b>		<b>119</b>	<b>237</b>	<b>237</b>	<b>1 035</b>	<b>980</b>	<b>2 530</b>	<b>243</b>	<b>800</b>	<b>954</b>	<b>500</b>		<b>10 870</b>	<b>22 349</b>	

\*\* 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.