

# Strategy for research in Helse Midt-

## Norge 2016-2020

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your health



## Introduction

Research is one of four statutory tasks in the specialist healthcare service and in hospitals, together with patient treatment, education of health personnel, and training of patients and relatives.

All hospitals must have research activities within the framework of clinical issues, research that is relevant for strengthening clinical practice, the population's state of health (epidemiology) and healthcare services. St. Olavs Hospital HF also has special responsibility for basic research, translational research, technologically advanced research, as well as researcher training and the establishment of network collaboration in the region.

Innovation is not required by law in the same way, but forms part of the Ministry of Health and Care's (MOH) research strategy from 2006 and, together with research, has been part of the assignment documents of the regional health organizations since 2007. The RHF's have a joint strategy group for research together with the HOD. The health regions have also committed to participate in a joint investment in innovation and business development, through the coordination committee for innovation in the healthcare service. There are established routines for innovation work in the region, with professional support from NTNU, Technology Transfer AS and InnoMed by SINTEF Technology and Society. The former shall stimulate product innovation, while the latter shall be a driving force for service innovation.

The healthcare service is facing a number of challenges in the coming years. In Helse Midt-Norge "Strategy 2020", these are identified as:

1. The population's composition and needs are changing
2. Clearer requirements for documented quality
3. Employees in the health sector are becoming a scarcity factor
4. Economic growth is slowed for the specialist healthcare service.

These challenges will individually and collectively generate a need for change in the health region. This requires knowledge of what works and what doesn't, and will also require determination to bring about the right changes. It is therefore important that research, development and innovation are used as instruments, as help to meet these challenges.

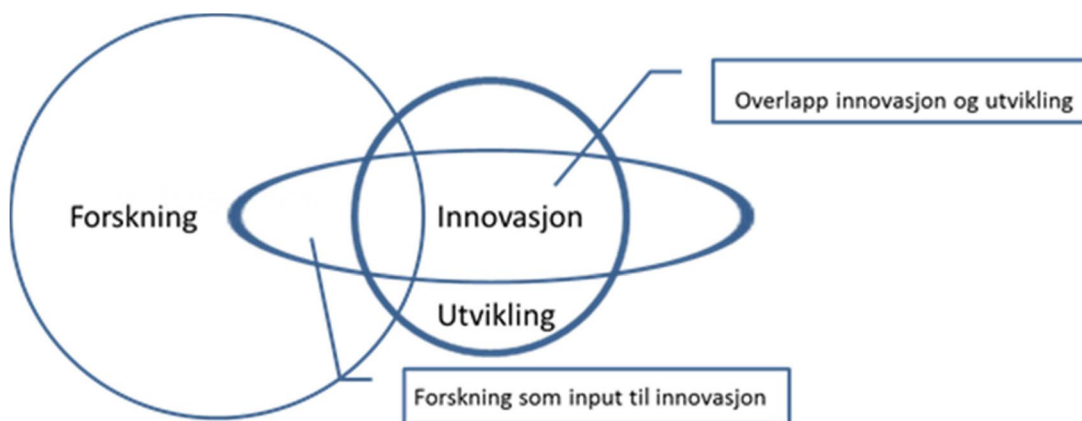
Strategy for research is one of three strategies that must be seen in context. The other two strategies are strategy for innovation, and strategy for education and competence. This research strategy replaces the "Regional strategic plan for research and development in Helse Midt-Norge RHF, 2009-2014".

The model used in this work is based on strengths and weaknesses in the region within the various areas, both internally and externally. Midt-Norge has many specialist areas that are very strong, also outside the health organizations, and collaboration between these actors and the health organizations can help to strengthen the service. Input from the various actors is combined with guidelines from national strategies and the health organization's needs. This in sum,

gives us a basis for defining strategy points, where each of these should result in action plans for implementation.

Research, development and innovation are different activities that are closely integrated. Together with education and competence development, these areas are essential for the population to receive a high-quality healthcare service, while at the same time it must be financially sustainable. The connection between these is often referred to as the knowledge triangle. It has been documented that it takes a long time from research to changing clinical practice. By connecting the elements of the knowledge triangle more closely, it can help to reduce this time gap.

The connection between research, development and innovation can be illustrated as in the figure below. It shows that the areas partially overlap, but that the overlap is greatest between development and innovation. This is because it is the relationship between development and innovation that can be the most difficult to distinguish, particularly for innovations that are not commercialized (service innovations). There is a large extent of this in the healthcare sector, and will be an important premise for succeeding in a sufficient restructuring and streamlining to meet the needs of the future.



Prinsippskisse for forholdet mellom forskning, utviklingsarbeid og innovasjon

Source: NIFU, Report 22/2011.

## Overall premises:

In Helse Midt-Norge's mission document for 2015, the following long-term goals are given:

*The organizations in Helse Midt-Norge will increase the scope and implementation of clinical patient-oriented research, healthcare service research, global health research and innovations that contribute to increased quality, patient safety, cost-effectiveness and more holistic patient processes, through national and international collaboration and active participation from users. Increased number of patients who are offered participation in clinical studies.*

HelseOmsorg21 is a national research and innovation strategy that was completed in spring 2014. This also lays down guidelines for the health organizations' research and innovation activities. The goal of HO21 is threefold: to contribute to good public health; cutting-edge research;

industry development and national economic development. This includes that HO21 must contribute to a knowledge-based health and care service, characterized by quality and patient safety and effective services, which contribute to better public health for the population and the individual.

## **Regional strategy for research**

Regional strategy for research in Helse Midt-Norge is a means of achieving our ambitions to provide the population with equal healthcare services of good quality now and in the future. The strategy is to be used as a basis for planning and organizing research at an overall level. It must be a leading document that will ensure a targeted and holistic effort within research in the region, because it has been documented that research-intensive hospitals also implement new knowledge more quickly. Hereunder, the strategy will be an important basis for the region's priorities in the area in the years to come.

## **Strategic challenges**

The challenges in the specialist healthcare service are both internal and external. In line with HO21, strengthened collaboration between sectors is necessary to deal with these challenges, and the need for collaboration is great at all levels. The integrated university hospital in Trondheim, which represents a close formal collaboration between St. Olavs Hospital and NTNU with the Faculty of Medicine are one means of action, but there is also a need for collaboration with other research actors in the region. The rest of NTNU, the universities in the region and SINTEF have large resources that the healthcare service needs to collaborate with.

The research communities in the region have reported in various contexts that good infrastructure and resources for research are important for research activity. It is also considered a strength that we have an integrated university hospital, and there are opportunities in the technology competence in the region. More integration and closer collaboration with universities, colleges and other actors in the region can make a positive contribution. At the same time, there are several small and fragmented professional environments that should be strengthened in order to better be able to conduct research. A lack of collaboration or a lack of common understanding of goals can also be an obstacle to research. Clinical work has first priority, but experienced clinicians should also have research competence.

Research competence starts with PhD education, but it is a goal that the research career continues beyond this, through postdoctoral and research positions. Assessments as to whether the balance in the number of different positions is satisfactory, must be done continuously.

Measures presented below are a result of these analyses.

## **Overall goal for research:**

*The research in Helse Midt-Norge must be internationally competitive, and strengthen clinical practice and patient treatment.*

In order to achieve this goal, research activity in and around all health organizations must be strengthened, by recruiting new researchers and increasing research production. Increased national and international cooperation will be necessary. HMN will facilitate large international competitive intervention studies with participation from the entire region.

## Investment areas

Midt-Norge's focus areas are based on the need for more knowledge. These must be in line with overall guidelines, at the same time there is a need for research in general which can contribute to strengthening the service. The following areas will be prioritized during this period:

- Clinically relevant and patient-oriented research
- Research on quality and patient safety
- Healthcare service research incl. interaction, logistics and service development
- Translational research<sup>1</sup>
- Medical technology
- Global Health Research

## Measures

A number of measures will be required to achieve the target, which help to strengthen or maintain research activities in which the region has special advantages. These measures are the result of requirements and strategies from higher authorities as well as a broad review of the research actors in the region, and are presented below. Each measure will represent an action plan that will apply during the strategy period. Strong research environments must contribute to strengthening research in the entire region.

## User involvement

Based on national guidelines for user participation in health research, Helse Midt-Norge must ensure active participation from users. The assignment document requires justification if user participation is absent in the planning and implementation of clinical research or healthcare service research. Helse Midt-Norge must therefore ensure that user representatives contribute actively to the development of prioritized research areas:

- Involve users in the region's research committee
- Participate in benefit assessments of project applications
- Contribute to the training of user representatives
- Assess direct user participation in research projects

## Resource use

Research measurements carried out by NIFU and CRISTin show that Helse Midt-Norge has a lower production of research credits than the population indicates. Some of this can be explained by the fact that Helse Midt-Norge uses a relatively higher proportion of the research funds for infrastructure. The part of the research funding that is announced, is limited, and there is thus great competition

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<sup>1</sup> Translational research is research that contributes to the transfer of results from basic medical research to diagnostics and patient treatment (also called translational research). Collaboration between basic research and clinical research is important in order to test the relevance of experimental findings to clinical activities and bring experience from the clinic back to the laboratory.

about these. In order to utilize the infrastructure and strengthen research activity in the region, one must have ambitions for real growth in research during the strategy period.

- Helse Midt-Norge RHF is increasing the research budget with 3 per cent annual real growth, based on the 2015 research budget (beyond the price adjustment). This amounts to approximately NOK 10-12 million per year in real growth.
- From their base allocation, the health organizations must increase their research budgets annually by a corresponding amount, according to the resource needs index in the income distribution. This means an annual growth of over 6 million kroner for St. Olav. About 3 mill. kroner for Helse Møre og Romsdal, and approx. 1,5 mill. kroner for Helse Nord-Trøndelag. The hospital pharmacies in Midt-Norge have a different economic model, and are therefore not included in this growth.

Price growth comes in addition to this increase. This indicates a real growth in the period from 2016 to 2020 of NOK 112 million, and distributed so that the growth is relatively greater in the smallest health organizations. In this way, one will help to reduce the gap in research effort between the organizations.

In addition, the goal from the previous strategy of externally funded projects corresponding to one percent of the health region's turnover, is maintained.

## Infrastructure<sup>2</sup>

There is a well-developed infrastructure for research in the health organizations and NTNU. It is essential that the infrastructures are in line with the research priorities, and a regular assessment of needs must be carried out. In particular, the availability of basic infrastructure in all health organizations must be ensured. The following points are important:

- Ensure sufficient resources for the most important infrastructures for research, incl. participation in HUNT 4.
- Ensure that there is access to the necessary training in method, research design and statistics in all health organizations.
- Ensure that personnel in the clinics have the time and competence to participate in research activities, and make better arrangements for shared positions.
- It must be continuously assessed whether sufficient ICT tools are available, as an important premise for supporting research.
- Better utilization of clinical data and registry data.
- The research communities must contribute actively to the acquisition of new EPR/PAS in the region

## Research culture

In order to run good hospitals, clinical research must be carried out in the clinic/wards and ensure the implementation of new knowledge in clinical practice through local and regional

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<sup>2</sup> With infrastructure for research, we mean equipment, resources and other services that research environments use to carry out research within their respective subject areas. This includes, among other things, scientific equipment, databases and collections, and structured scientific information that enables research. Research infrastructures can be gathered in one place, distributed in networks, or as separate units for research.

patient process. The health organizations are at different levels when it comes to research activities, and St. Olavs Hospital, as an integrated university clinic, is, and will be, the leading health organization in the region. However, all health organizations have a responsibility to improve their own research activity. Clarification of management lines, responsibilities and roles related research in the organization group.

- Work to ensure that research is integrated into everyday life in all clinics.
- St. Olav will include environments from the other health organizations in their research activity.
- St. Olav will contribute actively to the other health organization' research projects.
- Research should be recognized at all levels in the health organizations.
- User participation must be real, and users are seen as a resource.
- In order for the research to be applied, measures must be put in place to communicate research activities and results both internally within the health organizations and to the public.
- In order to obtain inspiration and knowledge, increased contact with international research environments must be stimulated.

### Collaboration

Collaboration is necessary to provide the healthcare service we need today and in the future. NTNU and some universities have formal responsibility for research training, and PhD projects in particular are dependent on interaction with the HE sector. The degree of joint publication in the region highlights that the research projects are largely carried out in collaboration with the HE sector. Furthermore, there is a need for more collaboration between the regions, among other things based on guidance from the HOD and requirements for collaboration in order to be able to apply for national funds. Regional and national research networks can form the basis of such collaboration. The following players are central to the collaboration:

- University, colleges and SINTEF
- The municipal healthcare service
- Other health organizations

### External funding and internationalization

It is a goal to obtain more research funding at national and international level. Researchers in the region must to a greater extent apply to national sources such as the Research Council, the Extrastiftelsen and Kreftforeningen, as well as to private actors such as foundations, industry, etc. The best environments should to a far greater extent seek international sources such as the EU, NIH and others.

- It is expected that established research environments in the organization group orientate themselves towards national and international activities and obtain funds from there.
- Necessary support functions must be established/further developed to strengthen the opportunities for national and international grants, and such services must be made available to the entire region.
- Arrangements must be made for exchanges and guest stays at other institutions nationally and internationally, and to attract foreign researchers to the region.

## Literature list

Task document from HOD – <https://www.regjeringen.no/no/tema/helse-og-omsorg/sykehus/styringsdokumenter1/oppdragsdokument/id535564/>

HO21- [http://www.forskningsradet.no/prognett-helseomsorg21/Om\\_HelseOmsorg21/1253985487322](http://www.forskningsradet.no/prognett-helseomsorg21/Om_HelseOmsorg21/1253985487322)

Specialist healthcare act – <https://lovdata.no/dokument/NL/lov/1999-07-02-61>

HODs research strategy – <https://www.regjeringen.no/no/dokumenter/helse-og-omsorgsdepartementets-forskning/id438517/>

Strategy for education and competence – <http://www.helse-midt.no/no/Fag/Utdanning/84416/>