

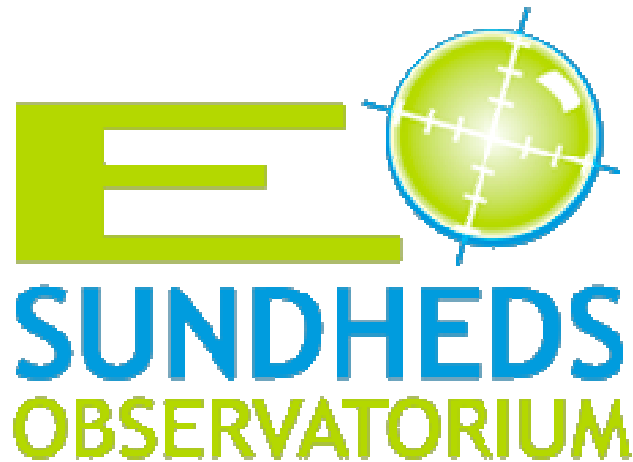
Et sundhedsinformatisk review af 2009

Christian Nøhr

Institut for Samfundsudvikling og Planlægning

Virtual Centre for Health Informatics

Aalborg Universitet



www.e-sundhedsobservatoriet.dk

	Google	Bing	Yahoo
E-Health	274.000.000	617.000.000	22.900.000
E-sundhed	1.210.000	2.110.000	10.200
eSundhed	5.760	193	740

e-sundhed.dk

Tip en ven

Produkter

Alt det praktiske

Beregn / BMI

Kontakt os

Sponser program

Indkøbskurv



Pro Balance syre base regulering

Gå til produkt



I en ny og forbedret udgave

Du kan selv kontrollere, om din krop har den rette syre-base-balance. Det gør du ganske enkelt med Pro Balance teststrips.

Hvorfor burde man indtage et baseprodukt?

Kroppens egen buffersystem som er i kropsvæskerne og i cellerne kommer ud af balance og oversyrer, på grund af: Miljøbelastninger, Psykiske belastninger (stress, lang tid foran fjernsynet, larm osv.). Usund levevis og nydelsesmidler (cigaretter, alkohol, medicin, kaffe, te). Uafbalanceret kost (færdigretter, for lidt frugt og grøntsager, for mange animalske fedtstoffer, for meget sukker)

ProBalance

Mineralstoffer som f.eks. Na, K, Mg, Ca i specielle saltforbindelser, findes i ProBalance. Her i en basisk virkning, der udligner oversyringen.

Hvad kan der blandt andet ske på/i kroppen, når den oversyrer?

Halsbrand, Generelt ude af balance, Vedvarende træthed, Bindevævssvagheder, Spændinger i nakke- og rygmuskler, Mangelende energi, Mangelende koncentrationsevne, Mangelende handlekraft og drivkraft, Nedtrykthed, Mat hud.

Hvordan reagerer kroppen ved en oversyring? Forskellige organer har del i syre- base- balancen som f.eks. lever, nyre, lunger og fordøjelsesorganerne. Dette samspil kan blive alvorligt forstyrret ved en oversyring. De basiske salte der skal modvirke dette skal i så fald trækkes ud et andet sted (f.eks. af knoglerne).

Pro Balance / teststrimler

Risk urin samles i et bæger. Riv en teststrips af med tørre fingre, hold den ned i urinen i 1 sekund, træk op og ryst overskydende væske af.

www.e-sundhed.dk

Influenza A (H1N1)



Influenza A (H1N1)

Sundhedsstyrelsen vurderer, at befolkningen i Danmark generelt ikke bør være bekymret for smitte. Læs mere om influenza og beredskabet.



Den skræmmende sandhed om rygning

"Hver eneste cigaret skader dig" er hovedbudskabet i ny tobakskampagne.



Nyt nyhedsbrev

Øget fokus på børn, der har slugt fremmedlegemer, og brug af transfusioner - læs nyhedsbrevet "Fokus på patientsikkerhed".



Ny strategi for psykiatri

Det skal være lettere for de ti til tyve procent af danskerne, der får en psykisk lidelse, at få hjælp tidligt og målrettet. Læs den ny nationale strategi.

Emneoversigt Mest læste emner Emner alfabetisk Avanceret søg



SUNDHED OG FOREBYGGELSE

Alkohol
Graviditet
Indeklima og skimmelsvamp
Smitsomme sygdomme



UDDANNELSE OG AUTORISATION

Autorisationsregister
Søg autorisation - dansk uddannet
Søg autorisation - udenlandsk uddannet



BEHANDLINGSFORLØB

Behandling i udlandet
Patientinformation
Ventetider
Ligsyn og obduktion



PLANLÆGNING OG KVALITET

Behandling af hjertesygdomme
Kræftbehandling
Medicinsk Teknologivurdering
Specialeplanlægning



TILSYN OG PATIENTSikkerhed

Tilsyn med autoriserede sundhedspersoner
Autoriserede sundhedspersoners pligter



INDBERETNING OG STATISTIK

Cancerregisteret
Forskerservice
Om DRG
Sundhedsdata

Nyheder

3 dage siden

Færre udsættes for passiv rygning

En ny evaluering af rygeloven viser, at færre danskere udsættes for passiv rygning.

08.10.2009

Nyt om KUMTV

Sundhedsstyrelsen har i en ny kvalitativ målgruppeundersøgelse sat fokus på KUMTV-rapporterne (Kommenteret udenlandsk MTV)

05.10.2009

Get Moving 2009

Mange børn og unge bevæger sig for lidt, og det er baggrunden for Sundhedsstyrelsens nye kampagne Get Moving 2009.

05.10.2009

Den skræmmende sandhed

"Hver eneste cigaret skader dig" er hovedbudskabet i ny tobakskampagne, som blandt andet viser skræmmende billeder.

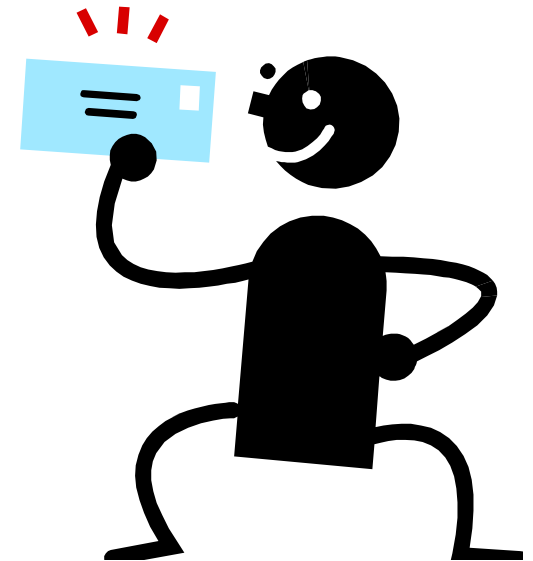
Se flere Se alle Abonnér

Sundhedsfaglige kommentarer



**Send forslag til
oplæg
på årsmødet**

**Modtaget næsten
70 forslag**



ONSDAG DEN 21. OKTOBER 2009

8.30	Registrering og kaffe/te				
9.30	Plenumsession 1: Åbning af konferencen Velkommen v/ Stig Kjær Andersen, E-sundhedsobservatoriet Danske Regioners forventninger til udviklingen af it i det danske sundhedsvæsen v/ Poul-Erik Svendsen, bestyrelsesmedlem, Danske Regioner Evaluating Adoption of Health Information Technology in North America: Issues, Barriers and Trends v/ Andre Kushniruk, professor, University of Victoria, BC, Canada				
10.30	Kaffepause				
11.00	Plenumsession 2: Kommentarer på sundhedsinformatik i 2009 Et sundhedsinformatisk review af 2009 v/ Christian Nahr, professor, Aalborg Universitet, Institut for Samfundsudvikling og Planlægning De ti vigtigste e-sundhedsbegivenheder i det forgangne år v/ Søren Vingtoft, overlæge, Enhed for Klinisk Kvalitet, Region Hovedstaden På vej mod sammenhængende klinisk og administrativ ledelsesinformation v/ Morten Hjulstager, kontorchef, Sundhedsstyrelsen				
12.00	Frokost				
13.00	Nationale initiativer I	EPJ i Danmark - implementering I	Telehomecare	Simulering og usability-evaluering	SFI og arketyper
14.30	Kaffepause				
15.00	Nationale initiativer II	EPJ i Danmark - implementering II	Patienten som aktiv i sundhedssektoren	Evaluering	Open Source
16.30	Pause				
17.00	Plenumsession 3: Paneldiskussion Sundhedsvæsenets ledelsesudfordring: Hvordan sikres fornuftig balance mellem innovation, implementering og drift? Moderator: Steen Friberg, chef, Region Midtjylland Dagmar Beck, selvstændig rådgiver, Velfærdinnovation Paul Jensen, overlæge, Dansk Center for Sæmmedicin, Glostrup Hospital Finn Kensing, professor og direktør, Københavns Universitet, Center for IT Innovation Morten Nørgaard, chef, Regionssygehus Randers og Gens, Hospitalsskolen Ivan Lund Pedersen, projektschef, SDSD Klaus Phanareth, overlæge, formand for Dansk Selskab for Klinisk Telemedicin				
18.00	Første konferencedag slutter				
19.00	Festmiddag				

TORSdag DEN 22. OKTOBER 2009

9.00	Plenumsession 4: Hvor langt er vi - set fra nogle af nøglespillerne Sundheds-it-systemer som strategisk løftestang til afbureaukratisering af sundhedsvæsenet v/ Bjarne Kohl, partner, Implement Healthcare Kommunernes muligheder for at it-understøtte sammenhængende, tværsektorielle patientforløb og borgerservice v/ Henriette Jakobsen, projektskleder, Odense Kommune, Aldre- og Handicapforvaltningen Digital sundhed - et digitalt sammenhængende sundhedsvæsen - hvor langt er vi? v/ Ivan Lund Pedersen, projektschef, Digital Sundhed				
10.30	Kaffepause				
11.00	Nationale initiativer III	DEMO	Samarbejde mellem sektorer	Visualisering og overblik	E-journal
12.30	Frokost				
13.30	Plenumsession 5: Visionært og kritisk blik på de muligheder, der tegner sig for udviklingen af fremtidens e-sundhed Monitorering af sundhed og forebyggelse - hvad kan man og hvor går udviklingen hen? v/ Torben Jørgensen, professor, enhedsschef, Forskningscenter for Forebyggelse og Sundhed, Region Hovedstaden Slut på konferencen v/ Søren Vingtoft, E-sundhedsobservatoriet				
14.30	Konferencen slutter				

Brugt 58 af dem
 Suppleret med 6
 (indbudte) for at få
 helstøbte sessioner
 grupperet i temaer

Plenumsessioner
 har vi selv planlagt
 efter input fra
 rådgivningsgruppen.

Place ring	Emne	Score
I	IT / Data	194

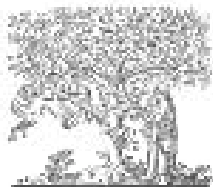
Place ring	Emne	Score
1	IT / Data	194
2	EPJ	131

Place ring	Emne	Score
1	IT / Data	194
2	EPJ	131
3	Implementering	111

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1	IT / Data	194
2	EPJ	131
3	Implementering	111
4	Evaluering, vurdering, effekt	88

Place ring	Emne	Score
1	IT / Data	194
2	EPJ	131
3	Implementering	111
4	Evaluering, vurdering, effekt	88
5	Integration, sammenhæng, tværs	72

Place ring	Emne	Score
1	IT / Data	194
2	EDI	121
3	Implementering	111
4	Evaluering, vurdering, effekt	88
5	Integration, sammenhæng, tværs	72
6	Tele-	34
7	Kvalitet	33



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journal homepage: www.intl.elsevierhealth.com/journals/ijmi



Adopting electronic medical records in primary care: Lessons learned from health information systems implementation experience in seven countries

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^c TRILabs, Edmonton, AB, Canada

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Keywords:

General practice

Primary care

Electronic medical record

ABSTRACT

The adoption of health information systems is seen world wide as one method to mitigate the widening health care demand and supply gap. The purpose of this review was to identify the current state of knowledge about health information systems adoption in primary care. The goal was to understand factors and influencers affecting implementation outcomes from previous health information systems implementations experiences. A comprehensive systematic literature review of peer reviewed and grey literature was undertaken to identify the current state of knowledge regarding the implementation of health information systems. A total of 6 databases, 27 journal websites, 20 websites from grey sources, 9 websites from medical colleges and professional associations as well as 22 government/commission websites were searched. The searches returned almost 3700 article titles. Eighty-six articles met our inclusion and exclusion criteria.

Titel: *Adopting electronic medical records in primary care: Lessons learned from health information systems implementation experience in seven countries*



Adopting electronic medical records in primary care:

Metode: Litteratur review (kvalitativ meta analyse)

Søgninger i databaser, grå litteratur, Google.

D.A. Ludwick^{a,b,*}, John Doucette^{a,c}

^a Department of Mechanical Engineering, University of Alberta, Edmonton, AB, T6G 2G6, Canada

^b Sherwood Park - Strathcona County Primary Care Network, Sherwood Park, AB, Canada

^c TRILabs, Edmonton, AB, Canada

Resultat: 3700 artikler fundet

466 artikler opfyldte inklusionskriterium for abstract review

242 artikler læst

86 artikler udvalgt til dybdeanalyse

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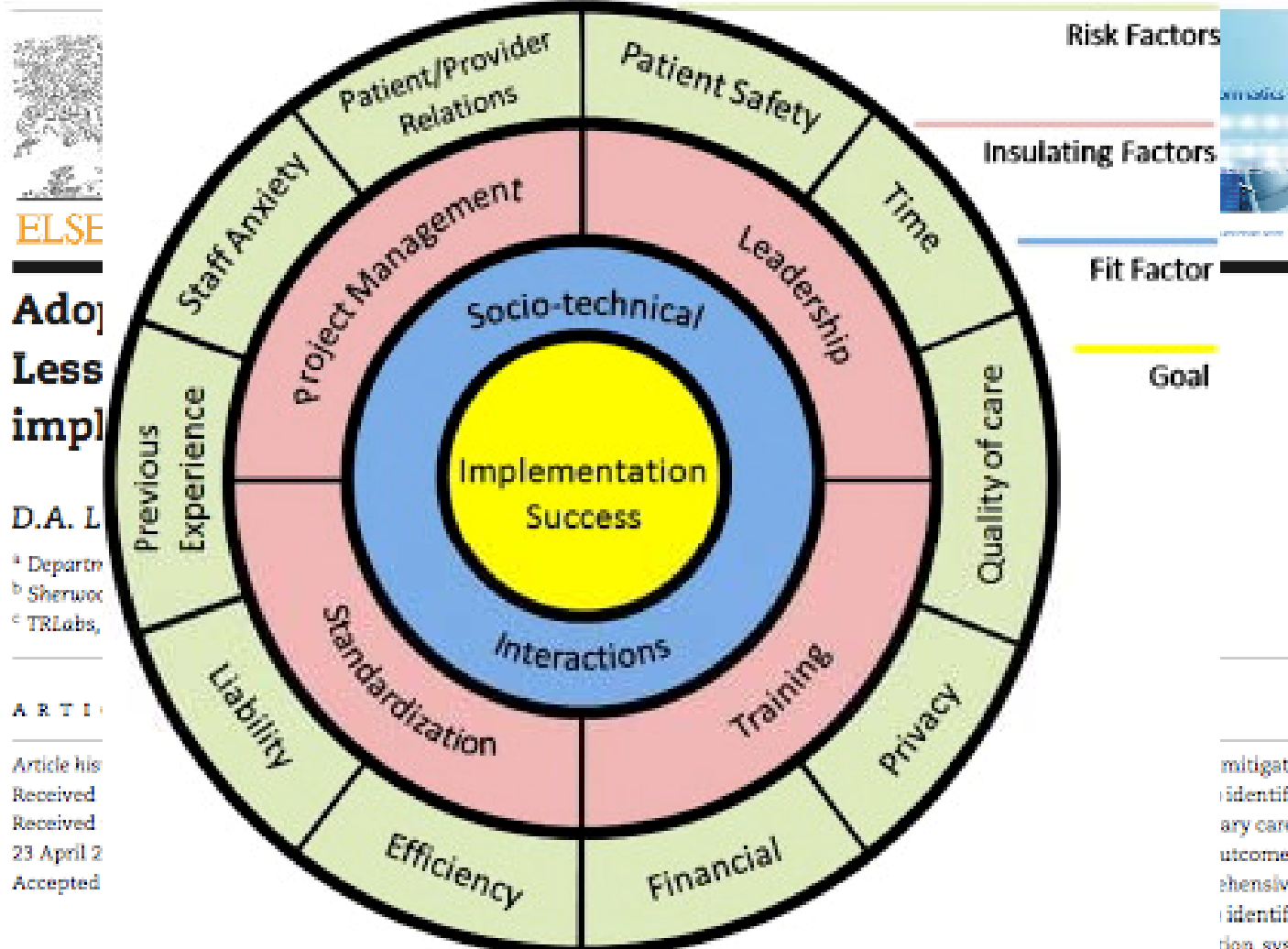
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^c TRLabs,

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Insulating and risk factors

terms. A total of 6 databases, 27 journal websites, 20 websites from grey sources, 9 websites from medical colleges and professional associations as well as 22 government/commission websites were searched to the sea and returned 1034 articles. Eighty-six articles met our inclusion and exclusion criteria.

mitigate
identify
ary care.
utcomes
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identify
don sys-

Konklusion:

- Sundheds it systemer hverken forbedrer eller forværrer effektivitet, kvalitet i behandlingen eller patientsikkerheden.

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journal homepage: www.intl.elsevierhealth.com/journals/ijmi



- Sundheds it systemer er ikke i sig selv årsag til utilsigtede hændelser, men arbejdsprocesserne omkring dem muliggør fejl

implementation experience in seven countries

- Kvaliteten af implementeringsprocessen er lige så vigtig som kvaliteten af systemet

D.A. Ludwick^{a,b,*}, John Doucette^{a,c}

^a Department of Mechanical Engineering, University of Alberta, Edmonton, AB, T6G 2G8 Canada

^b Sherwood Park - Strathcona County Primary Care Network, Sherwood Park, AB, Canada

^c TRLabs, Edmonton, AB, Canada

- Den kliniske ledelse kan formilde de nævnte risici gennem uddannelse af brugerne, standardisering af terminologi og stærk it ledelse.

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- Signifikante faktorer for en implementerings-succes er usability, IT kompetencer, og systemets tilpasning til organisationen

Place ring	Emne	Score
1	IT / Data	194
2	EPJ	131
3	Implementering	111
4	Evaluering, vurdering, effekt	88
5	Integration, sammenhæng, tværs	72
6	Tele-	34
7	Kvalitet	33



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Positive effects of electronic patient records on three clinical activities

Morten Hertzum*, Jesper Simonsen

Computer Science, Roskilde University, Roskilde, Denmark

ARTICLE INFO

Article history:
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Keywords:
Electronic patient records
Mental workload
Team conferences
Nursing handovers
Healthcare IT
Real-world evaluation

ABSTRACT

Purpose: To investigate the effects of a fully functional electronic patient record (EPR) system on clinicians' work during team conferences, ward rounds, and nursing handovers.

Method: In collaboration with clinicians an EPR system was configured for a stroke unit and in trial use for 5 days, 24 h a day. During the trial period the EPR system was used by all clinicians at the stroke unit and it replaced all paper records. The EPR system simulated a fully integrated clinical-process EPR where the clinicians experienced the system as if all transactions were IT supported. Such systems are not to be expected to be in operational use in Denmark until at least 2 years from now. The EPR system was evaluated with respect to its effects on clinicians' mental workload, overview, and need for exchanging information. Effects were measured by comparing the use of electronic records with the use of paper records prior to the trial period. The data comprise measurements from 11 team conferences, 7 ward rounds, and 10 nursing handovers.

Results: During team conferences the clinicians experienced a reduction on five of six sub-scales of mental workload, and the physicians experienced an overall reduction in mental workload. The physician in charge also experienced increased clarity about the importance of and responsibilities for work tasks, and reduced mental workload during ward rounds. During nursing handovers the nurses experienced fewer missing pieces of information and

Formål: Undersøge forskel mellem anvendelse af papirjournal og EPJ

Metode: Måling på

- Morgenkonferencer
- Stuegang
- Sygeplejerske rapport

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Måling med NASA task load index

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6 underskalaer:

- Mental demand
- Physical demand
- Temporal demand
- Effort
- Performance
- Frustration

+ 7 andre kvantitative målinger

Observation

Opfølgende interview

INTERNATIONAL JOURNAL OF MEDICAL INFORMATICS 77 (2008) 809–817

journal homepage: www.intl.elsevierhealth.com/journals/ijmi





Resultater

Table 2 – Mental workload for team conferences, N = 71 TLX ratings

TLX subscale	Paper records		Electronic records		Statistical test	
	M	S.D.	M	S.D.	ANOVA	Significance p
Mental demand	29.37	21.91	29.31	20.15	$F(1, 65) = 4.04$	.048
Physical demand	18.86	14.61	18.89	18.64	$F(1, 65) = .11$	.7
Temporal demand	40.00	23.42	33.06	20.88	$F(1, 65) = 4.34$	.04
Effort	29.09	17.12	24.03	19.52	$F(1, 65) = 4.46$	.04
Performance	34.71	22.26	26.67	21.88	$F(1, 65) = 7.85$	.007
Frustration	32.86	26.63	21.81	19.86	$F(1, 65) = 7.38$	.008

M, mean, S.D., standard deviation.

Table 4 – Mental workload for ward rounds, N = 31 TLX ratings

TLX subscale	Paper records		Electronic records		Statistical test	
	M	S.D.	M	S.D.	ANOVA	Significance p
Mental demand	40.28	15.86	8.85	7.40	$F(1,29) = 43.85$	.00001
Physical demand	28.89	18.44	6.54	7.74	$F(1,29) = 16.83$	.0003
Temporal demand	46.94	16.46	15.77	15.66	$F(1,29) = 28.18$	.00001
Effort	42.50	14.88	9.62	9.23	$F(1,29) = 49.47$	.00001
Performance	26.39	12.58	3.08	3.25	$F(1,29) = 42.23$	.00001
Frustration	27.78	17.08	3.08	3.25	$F(1,29) = 26.25$	.00002

M, mean; S.D., standard deviation.

Konklusion

- Med EPJ var lægernes psykiske arbejdsbyrde lavere ved morgen konferencer og stuegang.
- Mindre behov for yderligere oplysninger i forbindelse med sygepleje rapport og færre beskeder skulle videregives efter rapport.
- Med EPJ skifter arbejdspraksis fra individuel mundtlig præsentation til kollektive læsning og fortolkning i forbindelse med morgen konferencer og sygepleje rapport.



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Method: In collaboration with clinicians an EPR system was configured for a stroke unit and implemented in 2004. In a controlled trial period the EPR system was used by clinicians at the stroke unit and it replaced all paper records. The EPR system simulated a fully integrated clinician-process EPR where the clinicians experienced the system as if all consultations were IT supported. Subsequently, the system was used to help in operational use in Denmark until at least 2 years from now. The EPR system was evaluated with respect to its effects on clinicians' mental workload, overview, and need for exchanging information. Six measures were measured by comparing the use of electronic records with the use of paper records prior to the trial period. The data comprise measurements from 11 team conferences, 7 ward rounds, and 10 nursing handovers.

Results: During team conferences the clinicians experienced a reduction on five of six sub-scales of mental workload, and the physicians experienced an overall reduction in mental workload. The physician in charge also experienced increased clarity about the importance of and responsibilities for work tasks, and reduced mental workload during ward rounds. During nursing handovers the nurses experienced fewer missing pieces of information and



Essay

Evaluating eHealth Interventions: The Need for Continuous Systemic Evaluation

Lorraine Catwell, Aziz Sheikh*

Centre for Population Health Sciences, The University of Edinburgh, Edinburgh, Scotland

This is the first in a monthly series of three articles on evaluating eHealth.

There is now considerable interest internationally in exploiting the potential of information communication technology (ICT) systems to improve the quality, safety, and efficiency of health care. Given that the adoption of ICT systems by health care providers is some 25 to 30 years behind many other private and public sectors [1], there is an understandable sense of urgency with which these eHealth initiatives are now being commissioned, developed, and deployed, typically at considerable expense [2–5]. The American Recovery and Reinvestment Act of 2009 [6], which includes \$34 billion to incentivise health care professionals to “use a certified EHR (electronic health record) technology in a ‘meaningful manner’,” is a recent high-profile example of the sums of money that are being invested in eHealth [7].

Whilst eHealth interventions undoubtedly have the potential to play a substan-

Summary Points

- eHealth interventions will play a substantial role in shaping health care systems in the 21st century.
- Until eHealth interventions are “fit for purpose”, health care professionals are unlikely to adopt them and this risks implementation failure.
- eHealth developments should be viewed as interventions, and evaluated as new drugs or management programmes, recognising the challenges of evaluating complex interventions.
- We propose a means to evaluate eHealth interventions while they are being designed, developed, and deployed.
- We argue that continuous systematic evaluations of eHealth interventions are needed.

ably, reluctant to adopt these new technologies. The paradox is that unless we have the means to demonstrate the true benefits of these systems, which requires integrating these technologies throughout the health care industry, we will never have the necessary evidence to support the case for ICT in health care [17].

So, while financial incentives to adopt certain eHealth interventions may be understandable [6,7], they should never be the main reason for their adoption. Instead, society must be able to judge the true value of eHealth interventions in its own right. Therefore a means simultaneously to evaluate eHealth interventions while they are being developed and deployed is required [20]. In this article, we argue for continuous systematic multifaceted evaluations—throughout the lifecycle of eHealth interventions—on the grounds that such an evaluative approach is likely to provide timely and relevant insights that can help to assess the short-, medium-, and long-term safety, effectiveness, and cost-effectiveness of

Essay

Sundhedsvæsenet i en catch 22 situation:

Lorraine Carver, Izzi Sheikh*

Centre for Population Health Sciences, The University of Edinburgh, Edinburgh, Scotland

Klinikerne vil ikke tage IT-systemer til sig før det er påvist at de medfører signifikante gevinster for patientbehandlingen, hvilket kræver at IT-systemer er integreret i hele sundhedsvæsenet

There is now considerable interest internationally in exploring the potential of information and communications technology (ICT) systems to improve the quality, safety, and efficiency of health care. Given that the average life expectancy of health care providers is some 20 to 30 years behind many other private and public sectors [1], there is an understandable sense of urgency. In the United Kingdom, for example, following commissioning, development, and deployment, typically at considerable expense [2,5], the American Recovery and Reinvestment Act of 2009 has allocated \$34 billion to incentivise health care professionals to “use a certified EHR (electronic health record) technology in a “meaningful manner,” is a particularly high-profile example of the sums of money that are being invested in eHealth [7].

Whilst eHealth interventions undoubtedly have the potential to play a substan-

Summary Points

- eHealth interventions will play a substantial role in shaping health care systems in the 21st century.
- Until eHealth interventions are “fit for purpose”, health care professionals will likely resist them and this may well result in system failure.

eHealth developments should be viewed as interventions and evaluated as such using programme management programmes, recognising the challenges of evaluating complex interventions. We propose a means to evaluate eHealth interventions while they are being designed, developed, and deployed. We argue that continuous systematic evaluations of eHealth interventions are needed.

tially reluctant to embrace the new technology. The paradox is that uncertainty and the means to demonstrate the true benefits of these systems, which requires integrating these interventions throughout the health care infrastructure, will not have the necessary evidence to support the case for ICT in health care [17].

As we will discuss, there are a number of reasons. Health interventions may be understandable [6,7], they should never be the main reason for their adoption. Instead, they may be more likely to be adopted if they are seen to be cost-effective. Therefore a means simultaneously to evaluate eHealth interventions while they are being designed and deployed is needed [20]. In this article, we argue for continuous systematic multifaceted evaluations—throughout the lifecycle of eHealth interventions—on the grounds that such an evaluative approach is likely to provide timely and relevant insights that can help to assess the short-, medium-, and long-term safety, effectiveness, and cost-effectiveness of

