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Increase in chronic morbidity, ageing populations and rising health costs, combined with a shift from a paternalistic to a patient-centred health service, means patients are expected to take larger responsibilities for their own healthcare. Technology is seen as an enabler for this transition and a wide range of patient-centred digital services are being offered to citizens and patients. In an attempt to collate services, hospitals and governments provide such services through common platforms and portals.
Innovation and development of digital services for patients takes place in a highly institutionalised setting. At the same time solutions for patients can be tightly intertwined with existing information systems and data sources in the health sector. Anne Thorseng's thesis explores how the development of patient-centred digital services takes place within a context of information infrastructures. The aim is to contribute to our understanding of the practical aspects of the development of such services and more broadly highlight how innovation takes place within the context of information infrastructures. Through this thesis she aims to understand better and support innovation of patient-centred digital services (PCDS), more specifically, how health providers and authorities can facilitate the development of platforms for PCDS. Thorseng uses information infrastructure and institutional theory as a lens to discuss the empirical findings.

This thesis is based on empirical investigations of three different attempts to build and develop patient-centred digital services and infrastructures to support such services, namely a national infrastructure for citizen and patient services in Denmark (sundhed.dk), a hospital infrastructure at Oslo University Hospital (MinJournal) and an application for patients with diabetes (Dia:Clock).

The findings highlight the collective effort of creating infrastructures for PCDS. They also show that different types of PCDS require different approaches, both in terms of architectural configurations and development approach. The thesis makes contributions to the literature on patient-centred e-health research and emphasise the importance of addressing e-health for patients beyond singular and disconnected applications. The thesis contributes to information infrastructure theory in terms of emphasising how institutional work and institutional entrepreneurship can lead to an increased awareness of the actual actors that strive to create change within information infrastructures.
This thesis also contributes advice to practitioners on how to facilitate the development of PCDS.