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משרד הבריאות
לחיים בריאים יותר

אגף הסברה ויחסים בינלאומיים

STATE OF ISRAEL
MINISTRY OF HEALTH
Information and International Relations

ב' בטבת, התשפ"ב
06 דצמבר 2021
סימוכין 1246282621

אל: ועדת מכרזים

הנדון: **בקשת פטור ממכרז להתקשרות עם ה- OECD**
להשתתפות ישראל ב- Patient Reported Indicator Surveys (PARIS)

ישראל חברה בפורום האיכות והבטיחות של ה- OECD באמצעות אגף איכות ובטיחות.

ישראל מעוניינת להשתתף בסקר העולמי הנוגע לחולים כרוניים המתקיים ע"י ה- OECD.

רקע: פרויקט חדש של תכנית PARIS של ה- OECD המתייחסת למטופלים בקהילה עם מחלות כרוניות.

21 מדינות כבר חתמו על השתתפותם בתכנית.

מדובר בפרויקט המקיף ביותר שנעשה עד כה בתחום ה- PROMs על פיו תגובש סטנדרטיזציה ויוחלט על מדדים בינלאומיים. משתתפות בו מרבית מדינות אירופה, ארה"ב, אוסטרליה, סין ואף ערב הסעודית. חשוב שישראל תיטול בו חלק, תהיה שותפה לפעילות ולהחלטות ותפיק תועלת מהתוצרים למען רווחת המטופלים והמטפלים.

על מנת שנוכל להוות חלק מהמדינות המשתתפות בפרויקט שבנדון יש לחתום על החוזה מול הארגון והדבר כרוך בתשלום של 54,300 יורו לשנה – לשלוש שנים.
סה"כ ההתקשרות בסך 162,900 יורו.
תקופת ההתקשרות 2022-2024.
ספק: OECD
אודה לאישור הוועדה להתקשרות.

בברכה,

דר' אשר שלמון
מנהל המחלקה ליחסים בינ"ל

אגף הסברה ויחסים בינלאומיים
משרד הבריאות
ת.ד 1176 ירושלים 91010
טל 02-6787382 פקס 02-6787982

Information and International Relations
Ministry of Health
P.O.B 1176 Jerusalem 91010
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החשב הכללי

שם הטופס: חוות דעת מקצועית במסגרת כוונה להתקשר עם ספק יחיד/ספק חוץ

פרק ראשי: התקשרויות ורכישות — מספר הוראה: 7.8.2

פרק משני: פטור ממכרז — מספר טופס: ט. 7.8.2.1

אל: ועדת המכרזים

משרד:	הבריאות
יחידה מזמינה:	יחסים בינל'
תאריך:	21/12/21

הנדון: **<u>חוות דעת מקצועית במסגרת כוונה להתקשר עם ספק יחיד/ ספק חוץ</u>**

הבקשה מסתמכת על תקנה ☐ 3(29) / ☐ 3(31) (סמן את התקנה המתאימה) לתקנות חובת מכרזים ועל הוראות תכ"ם מס' 7.8.1 ו-7.8.2.

תיאור מהות ההתקשרות (רקע ופירוט התכונות של הטובין/השירות/העבודה)

התקשרות עם ה- OECD להשתתפות ישראל ב- Patient Reported Indicator Surveys (PARIS)

האם קיים בנושא זה מכרז מרכזי של החשב הכללי או גורם ממשלתי מוסמך אחר? ☐ כן ☒ לא

סוג ההתקשרות: (סמן **X** במקום המתאים)

☐ טובין ☒ שירותים ☐ ביצוע עבודה

שם הספק:	OECD
מספר הספק (ח.פ/ח.צ/ע.מ/מספר עמותה)	
ספק זה הנו:	☐ ספק יחיד ☐ ספק חוץ
אומדן / שווי ההתקשרות:	162,900
תקופת ההתקשרות:	1/1/2022 - 31/12/2024

נימוקים כי הספק הוא ספק יחיד או כי הטובין הם טובי חוץ
(במקרה הצורך ניתן לצרף עמודים נוספים וכל מסמך רלוונטי נוסף)

שם הטופס: חוות דעת מקצועית במסגרת כוונה להתקשר עם ספק יחיד/ספק חוץ

פרק ראשי: התקשרויות ורכישות | מספר הוראה: 7.8.2

פרק משני: פטור ממכרז | מספר טופס: ט. 7.8.2.1

נא להתייחס לסעיפים הבאים:

1. האמצעים שבהם נערכו בדיקות לאיתור ספקים נוספים והכנת חוות דעת כולל פירוט מקורות מידע ופעולות שננקטו (לדוגמה חיפוש באינטרנט, התכתבות עם ספקים, פגישה או שיחה עם ספקים וכדומה).

2. ממצאי הבדיקה (אם ישנם ספקים נוספים בתחום ההתקשרות, יש לפרט את הסיבות לאי התאמתם לביצוע ההתקשרות עימם ואת הסיבות להיות הספק שלגביו נכתבה חוות הדעת ספק יחיד/ספק חוץ)

3. נימוקים והערות נוספות

מצ"ב מכתב מד"ר אשר שמיון מתאריך 16/12/21

לאור הנימוקים שמניתי לעיל אנו מבקשים לערוך ההתקשרות בהליך פטור ממכרז.

חוות דעתי זו ניתנת מתוקף היותי הסמכות המקצועית לנושא זה.

בכבוד רב,

שם בעל הסמכות המקצועית	תפקיד בעל הסמכות המקצועית	חתימה
ד"ר אשר שמיון	מנהל המח' [illegible]	אשר שמיון

רויטל מימרן

נושא: FW: update on PaRIS survey Agreement

From: VAN DEN BERG Michael, ELS/HD
Sent: 06 December, 2021 10:43 AM
To: אשר שלמון<asher.salmon@MOH.GOV.IL>
Cc: GUANAIS Frederico, ELS/HD <Frederico.GUANAIS@oecd.org>; COLOMBO Francesca, ELS/HD <Francesca.COLOMBO@oecd.org>; ELS PaRIS Survey <paris_survey@oecd.org>
Subject: update on PaRIS survey Agreement

Dear Asher,

I am following up on our recent conversation online about next steps on PaRIS. We are fully aware that the pandemic has put a lot of pressure on countries and that this has especially impacted health authorities. In Israel, there has unfortunately been an accumulation of circumstances that have caused significant delays on PaRIS. We are grateful for Israel's commitment to the PaRIS initiative since the beginning and your continued commitment despite the challenging situation.

As explained, there are currently serious delays for Israel in the implementation of the field trial. Our contractor, the PaRIS consortium, has also informed us that keeping up with other countries is not feasible as data collection is about to start next month. I would like to take this opportunity to summarise what we discussed and also to clarify our proposal to facilitate an extension of the timeline for one year.

We have asked the consortium to provide us with an offer for extending the timeline of the project for one country. This offer covers mainly:

- Keeping their infrastructure (such as the online survey platform) in place for an additional year
- Keeping dedicated staff in place for an extra year
- An extra round of data cleaning, quality checks and data analysis
- Continued technical support
- Project management and liaison with the NPM
- Completing the rest of the translation process by cApStAn

This extension of one year for one country means that we are not able to keep the economies of scale, and our contractor has indicated that these additional costs would be approximately 75 000 Euro. On top of this, we also have to factor in the extra costs for the Secretariat. However, we consider the participation of Israel extremely important and therefore, we can make an effort and cover part of these costs from our existing budget. This means that we would need from Israel a contribution of one additional year at the same rate that was previously calculated (being 54 296 Euro), to be made in the year 2024. This will bring your total contribution to 217 185 euro, to be paid over the period 2022 – 2024.

If you could let me know whether you agree with this way forward, we will draft an amendment to the Partition Agreement, I will send a draft to you before sending the version for signing. The Amendment would also include a couple of standard conditions, which I do not expect would cause any problems (such as agreeing with all the existing standards and committing to centralised data collection).

Please let me know if you want to further discuss this.

Best wishes,

OECD | 60 Michael van den Berg
Policy Analyst
Health Division

מדינת ישראל
משרד הבריאות
ועדת המכרזים המרכזית לשירותים וטובין

נוסח אישור אג"ת לרכישה באמצעות מכרז עבור יחידות המיניסטריון

תאריך: 14/11/2021

לכבוד

אגף רכש נכסים ולוגיסטיקה

שלום רב,

הנדון: טופס אישור אגף תקציבים ליציאה למכרז עבור יחידות מיניסטריון

פירוט ההתקשרות:	פרויקט עם ה-OECD
סכום מאושר להתקשרות:	162,900 יורו (לשלוש שנים)
סעיף תקציבי:	24020561
שם היחידה:	האגף להסברה ויחסים בין-לאומיים
שם גורם מקצועי:	רויטל מימרן

הריני לאשר כי הפעילות לעיל מהווה חלק מתוכנית העבודה של היחידה וקיים תקציב למימושה

אישור זה מהווה הסכמה שאין השלכות כלכליות חריגות או בעיות רוחב למשרד/מערכת הבריאות

שם נציג מאשר אגף תקציבים:	רעות הרשקוביץ
חתימה:	

משרד הבריאות
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קול הבריאות *5400

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Tel: * 5400 Fax: 02-5655969

PaRIS-SUR

Joint development of roadmaps for surveys in participating countries

International survey on outcomes and experiences of people living with chronic conditions (PaRIS survey)

Summary

Purpose of this document

The purpose of this document is to inform National Project Managers (NPM) how, and on which topics, the PaRIS consortium will collaborate with them in converting the general survey design into country-specific procedures and activities to enable the implementation of the survey.

Project context

The PaRIS Survey for People Living with Chronic Conditions, commissioned by the OECD, will collect and benchmark information on primary care for people with chronic conditions, in order to support countries in improving care service delivery.

From general to country-specific survey design

The details of the specification of the general study design for each country will be laid out in a Country Roadmap (CRM). The CRM will guide the NPM and their team in order to carry out the survey in their own country.

CRMs will include the following sections:

- Communication and engagement plan for stakeholders, policy makers and patients
- Alignment with national priorities in primary care and care for patients with chronic conditions
- Sampling and recruitment of providers
- Sampling and approaching patients
- Data collection protocol

Roles, responsibilities and communication

In supporting the development of CRMs, NPMs will gather and provide information on national health care context, sampling frames, ethical review processes and survey approaches. NPMs will do so in conjunction with the member of the PaRIS consortium allocated to their country, who will assist with the adaptation of the general study design. In addition to the usual modes of communication, an IT environment will be developed to facilitate communication and monitoring.

Activities in developing the CRM

The following activities have been identified provisionally:

- First contact between local teams and consortium
- Information to be gathered on the country (health care) context
- Involvement of stakeholders and policy makers in order to create support for the survey.
- Guidelines to be developed for sampling and recruitment of providers and patients
- Adopt / adapt data collection protocol
- Obtaining ethical approval for the survey
- Establish country roadmap

Annexes

The annexes to this document provide details on what needs to be gathered, answered and organised in the various activity domains towards the development of a CRM. These are:

Annex 1 - Availability of institutional support

Annex 2 - Specification of the survey design

Table of Contents

1 Introduction

1.1 Purpose of this document

This document, explains:

- How the PaRIS-SUR consortium intends to collaborate with countries;
- Which and how PC providers will be sampled and recruited;
- How patients with chronic conditions of these providers will be identified, sampled and approached;
- Whether certain national policy priorities can be combined with the PaRIS survey (e.g. the option of adding questions to the survey);
- The details of the data collection;
- Which information and background data on the PC system in the country[1] will be needed and how these will be gathered.

Before addressing these practicalities and the mutual responsibilities, this document will describe the project and the context and challenges of this international study.

1.2 Context of the PaRIS Survey of People Living with Chronic Conditions

The PaRIS Survey of People living with Chronic Conditions has been commissioned by the Organisation for Economic Cooperation and Development (OECD), on behalf of its members. It aims to collect and exchange information on primary care for people living with chronic conditions, and thus supports countries in improving care for these groups of patients. Care for patients living with chronic conditions benefits from integration of community-based primary care services and high-quality medical specialist and hospital care. The policy brief that the OECD has published on the importance of this care in a time of rising needs for chronic care, states the following:

[1] For reasons of readability we use the term country, but in some cases, this could be replaced by an other geographical unit, e.g. a region, province or other part of a country.

"As populations age, and more people suffer from chronic conditions, additional pressure is placed on primary, community and ambulatory health care services, which typically are the first points of contact with the health system. These services manage and treat people with chronic conditions, support self-management of their health and advise on health pathways. Because patients with chronic conditions often receive fragmented care from multiple health care providers, they are at risk of complications and errors. For health systems, this adds to cost. While primary health care is asked to modernise and address rising needs of populations, many countries struggle to measure what happens within primary health care, with little information and data available on outcomes for patients and performance of health systems. The PaRIS survey of Patients with Chronic Conditions fills in this critical information gap in primary health care, focusing on:

- *Patient-Reported Experience Measures (PREMS), which measure how patients experience health care and refers to practical aspects of care, such as care co-ordination, waiting times and provider-patient communication.*
- *Patient-Reported Outcome Measures (PROMS), which measure how patients assess the results of the care they receive. PROMS contain information about outcomes such as quality of life, pain, physical functioning and psychological well-being".*

The International PaRIS Survey of Patients Living with Chronic Conditions will be carried out by an international consortium, in collaboration with participating countries and the OECD Secretariat. In each of the participating countries an NPM will be appointed as the focal point for coordination of the activities in that country. Usually, NPMs will be assisted by a team of experts for specific tasks.

1.3 Collecting comparable data from different health systems

Many countries are facing similar challenges in health care, such as how to best organise care for patients living with chronic conditions, and are looking abroad to identify best practices. International comparative studies, like the PaRIS Survey, potentially have much to offer for health care providers and decision makers in this respect. However, as health care systems differ substantially in terms of structure and construct, a balance needs to be found to determine the appropriate requirements for international comparisons.

An obvious approach to achieve comparability of results across countries is to standardize methods of sampling and data collection, so that differences in results cannot be attributed to differences in the methods applied. However, standardized methods may not be feasible or appropriate in every country, and accordingly, some adaptation will be inevitable. While making such adaptations, the comparability of results across countries should be safeguarded as much as possible.

For the implementation of the survey, an assigned consortium partner institute will closely work together with the NPM of a participating country[2]. The aim is to jointly translate the general study design into the best fitting local approach for this country. The result of this translation process will be provided in a CRM for the implementation of the study in that particular country. The CRM will specify the strategy and details of the activities to be undertaken; major ones being mentioned above in section 1.1.

[2] National Project Managers (NPMs) have been appointed by their country to implement the PaRIS Survey for People with Chronic Conditions

1.4 Structure of this document

The next chapter will outline the roles and responsibilities of the NPM and the consortium, the working modalities and various activities in working towards the CRM. In chapter 3, these activities will be described in more detail, in terms of exploring the national context of the survey, in drawing the samples of providers and patients, and in obtaining mandated ethical approvals. The final chapter contains a time schedule of activities. The two annexes of this document describe how NPMs and the PaRIS consortium will work together to identify the availability of institutional support for the survey in the country and how the general survey design can best be adapted into the national approach.

Not all collaborative activities between the NPM and the consortium will be included in the current document (and its annexes) or in the CRM; sometimes only references will be made, and details will be worked out separately. For instance, this applies to the procedures for the translation of the survey questionnaires[3].

The collaboration between the consortium and the NPMs will be facilitated by various tools and instruments. IT structures to facilitate the collaboration are currently being developed and will be used to share documents, communicate and monitor the collaboration. Furthermore, documents on important issues will be made available, including: sampling guidelines, materials to facilitate ethics review, translation and adaptation guidelines for the patient and provider questionnaires, quality control procedure for translation quality, technical support plan for translation and cognitive testing, and a cognitive testing manual.

In its current form, this document outlines the intended approach of the PaRIS consortium. In due course, however, when NPMs will more and more provide their experiences and tools and instruments are increasingly being jointly developed, the present document is likely to be subject to extension and refinement.

[3] This document should describe the intended process that will bring the consortium, in close collaboration with NPMs, to a Country Roadmap (CRM) for each country that will participate in the PaRIS survey. However, certain essential activities, such as the translations of the survey questionnaires and the submission of the ethical review, should have been completed already at the time this roadmap has to be delivered to OECD. These activities will also be addressed in the collaboration of the consortium and the NPM, but are largely out of scope for the present document and will be dealt with separately.

2 Roles, responsibilities and communication

2.1 General roles of NPMs and the consortium

After countries have agreed with the OECD Secretariat to participate in the PaRIS Survey, a NPM will be appointed to implement the survey in their country, in collaboration with the consortium. NPMs have a major role in supporting the development of the CRM for their country in line with the general study design. To this end, NPMs will gather / provide information on the situation in their country that is relevant for the implementation of PaRIS and will develop – in conjunction with the consortium member – strategies for necessary adaptations of the general study design, without compromising comparability of results. The comparability of results is an important requirement as much of the added value of the PaRIS survey is the ability of countries to learn from each other through comparisons.

Each member institute of the PaRIS-SUR consortium will serve as the focal point for a certain number of participating countries. This allocation, that enables a more tailored approach, can be based, for instance, on previous experiences or collaboration with the country or available language skills. The corresponding consortium member assists in coordinating CRM development and will be responsible for maintaining alignment with the general study design such that results can be compared across countries. To this end, the consortium member will share materials on the general study design, as well as formats to gather and structure information of countries (see annex 1 and 2 for examples that will be embedded in excel forms). Within the consortium, the CRM processes across all countries will be coordinated to ensure consistency. For instance, any intended adaptations of the general study design will be reported and discussed in order to coordinate adaptations across countries and minimize the impact of such changes on comparability of results of the PaRIS survey. If there is a concern regarding the impact of adjustments to the study design, the consortium will consult external experts from the Technical Advisory Community[4] before taking a decision.

2.2 Activities and intended division of responsibilities

The table below outlines the responsibilities of both the NPM and the consortium in developing the CRMs. This table is provisional and not exhaustive.

[4] The Technical Advisory Community advises the consortium on technical matters related to the implementation of the PaRIS Survey for Patients with Chronic Conditions, including the development of the survey, sampling, data collection, data privacy, analysis, and so on. The community consists of world-leading experts on these topics.

Table 2.1 Activities and responsibilities of NPM and Consortium *)

Activities	NPM	Consortium
Informing NPMs about the survey details; clarification of questions	x	xxx
Providing information on primary care system and background data	xxx	x
Requirements and procedure of ethical review	xxx	x
Exploration of sampling frame of PC providers	xxx	x
Exploration of identification / sampling of patients with chron. cond.	xxx	x
Discussion of possible alignment with general study design	xx	xx
Information on 'similar solutions' in other countries	x	xxx
Communication to / involvement of national stakeholders for support	xxx	x
Organising regular meetings within the country and with consortium	xx	xx
Monitor timetable / progress	xx	xx
Draft / edit text of CRM	xxx	x
Establishing final version of CRM (conform to time plan)	x	xxx

*) The number of 'x' reflects the intensity of involvement

2.3 How we intend to communicate

Communication between NPMs and members of the PaRIS consortium may develop in many ways based on working preferences, however, actions will be taken to ensure streamlining and common modes of communication. This section provides an outline of a structure of communication for the benefit of developing CRMs.

2.3.1 Regular (phone or video) meetings and ongoing discussions via MS Teams/email

The NPM and the consortium member for the country should establish regular contact and be easily accessible to one another. Regular meetings by telephone or video should take place once every two weeks, from the start of the 'intensive phase of working together' (originally scheduled to start in July or August). As working with a number of NPMs has started earlier, in this initial phase a lower frequency could be appropriate. The proposed frequency is not prescribed; it can be increased or decreased depending on how the work unfolds, in particular in view of the agreed timeframe.

Most exchanges between the NPM and the consortium will take place via the project management platform MS Teams. Each NPM will have access to a channel of communication with their consortium partner. This channel will have restricted access, to ensure confidentiality between the NPM and the relevant consortium member. For monitoring and coordination reasons, these channels of communication will also be accessible to Nivel, as consortium leader, and Ipsos MORI, who are overseeing development of the roadmaps. The OECD will also have access to this platform. More information on the functionality of MS Teams will be presented to NPMs in the form of a "How to" Guide.

We envisage that most conversations between NPMs and partners will take place via MS Teams (using the 'Posts' function). However, some conversations, for example, involving third parties, may need to take place via email. NPMs will have direct access to their consortium partner via email. In addition, a central project email address has also been set up for general queries about the project (PaRIS_SUR@nivel.nl). NPMs may also contact the OECD directly at paris_survey@oecd.org.

If there are frequently asked questions or if information from the log file indicates common or recurrent themes, meetings among all NPMs may be organised. At these meetings NPMs will have the opportunity to share experiences and solutions for common issues encountered during the implementation of the surveys in their countries.

Note that MS Teams is not appropriate for sharing confidential information – separate tools will be provided for this.

2.3.2 Exchange of materials

As illustrated in the table in section 2.2, the drafting of the CRM will primarily be completed by the NPM. NPMs are expected to share drafts with their consortium member for review and guidance as well as to facilitate meetings related to this process. The consortium member will use drafts to seek alignment where appropriate, along with the rest of the consortium in the pursuit of similar solutions to similar constraints across countries.

It is important that the consortium member shares all relevant materials related to the methods and design of the PaRIS survey with the NPM. The above-mentioned IT structures will facilitate these exchanges between consortium and NPM.

3 Activities in developing the CRM

3.1 Overview

This chapter provides the foreseen activities that the NPM and the consortium member will jointly undertake in developing a CRM. In brief, these activities include:

- First contact (getting to know each other)
- Collecting information on the country context
- Develop approach for involving stakeholders and policy makers
- Developing guidelines for sampling and recruitment
- Adopt the (adapted) data collection protocol
- Obtaining ethical approval
- Establishing the Country Roadmap

For each activity described in this chapter we have briefly outlined the input, process and output on a global level (see figure 4.1 for an example). For many of the activities, more detailed materials and procedures are currently under development. As soon as these become available, they will be attached to this document as annexes and shared with NPMs.

3.2 *Activity 1*: First contact

The first contact between participating countries and the PaRIS-SUR consortium will be initiated – in most cases – by the consortium at the request of the OECD. The NPM and the consortium member will introduce themselves to one another and explore the process ahead, including timelines and division of responsibilities. This will contribute to a good start of the working relationship as well as the start of developing a shared understanding on the current situation and potential challenges in a country. As the NPM will usually not work on his or her own for this project, the team of the NPM should be included in this first activity.

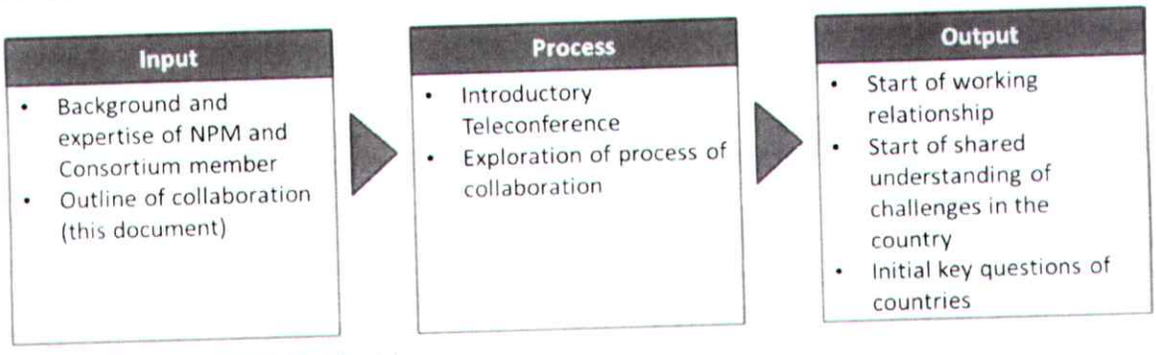


Figure 4.1. First contact (Activity 1)

3.3 *Activity 2*: Collecting information on country context

3.3.1 A solid basis for decision making

A good overview of a country's health care system, data infrastructures and relevant regulatory issues is indispensable in order to understand the context of the study results. Information on these

issues will be the basis for many important decisions on tailoring the general study design to the local situation. It will help the NPM and the consortium member to work on the CRM from a shared understanding. In addition, it will help the NPM to substantiate many of the choices made to stakeholders and policy makers in their country. Finally, this information will be important for the consortium member to coordinate with the consortium on alignment of approaches across countries.

3.3.2 Gathering structured information

To facilitate, structure and integrate the collection of all relevant information, the consortium has developed a series of items (see Annex 1 and Annex 2) that will be embedded in an excel sheet. Within this excel sheet, various sections are distinguished. NPMs will be responsible for coordinating the inputs to the excel sheet, after with the contents will be discussed in detail with the consortium. This is in order to broaden and deepen the shared perspective of the challenges in a country, as well as to explore possible needs for tailoring the general study design to the national context. Currently the following sections have been identified:

- Institutional support (Annex 1)
  - Relevant organisations of primary care (PC) providers; patient organisations
  - What can they do to support the survey?
- Specification of survey design (Annex 2)
  - Sampling frame and procedure for PC providers
  - Methods for identifying and approaching patients with chronic conditions via PC providers
  - Ethics review procedures
  - Availability of relevant background data and statistics

In addition, the PaRIS-SUR consortium will gather data on the structure, organization and delivery of primary care in the country. This information will be used to explain differences of the survey results between countries. Much of the data required will be available from existing databases and NPMs will be asked whether these data are accurate and up to date. In addition, NPMs and consortium members will work together to fill any remaining gaps in information.

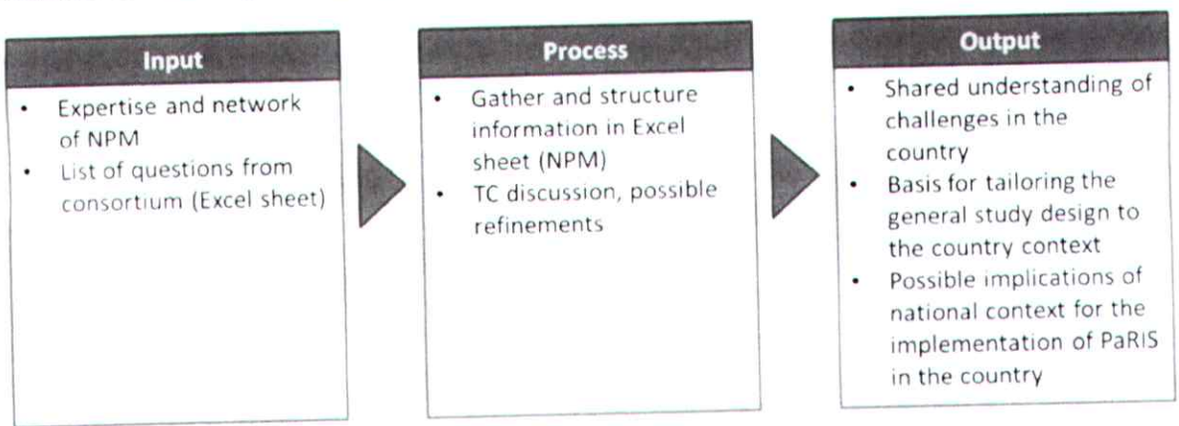


Figure 4.2. Collecting information (Activity 2)

3.4 *Activity 3*: Develop approach for involving stakeholders and policy makers

The involvement and support of stakeholders is crucial for the success of the PaRIS project. Their support and involvement may be needed to carry out the data collection in an effective and reliable manner. In addition, and perhaps even more importantly, stakeholders and policy makers will be using results of the survey to inform policies with the potential to make health systems more responsive to patient needs. As such, the involvement of stakeholders and policy makers is not only helpful for data collection, but should also provide a platform for meaningful interpretation of the results and to translate these results into actions. So, their involvement will be important from the beginning of the project.

The methods for stakeholder involvement may differ according to the administrative and political structure of a country. These differences will be respected and therefore the general study design does not impose any specific requirements or constraints. As NPMs can provide insight on the most effective approach, they will be the leads in identifying and conducting outreach to appropriate stakeholder groups. The consortium will share experiences from their own country or that of other participating countries. As an objective, the consortium will strive for the mutual agreement of the NPM and consortium on the involvement of stakeholders and policy makers. In case essential requirements of the survey will be at stake or substantial delays become likely, the consortium may need to lead in the decision-making process. In such cases, however, the consortium will ask advice from the OECD Secretariat and consult the external experts from the Technical Advisory Community.

3.5 *Activity 4*: Developing guidelines for sampling and recruitment

3.5.1 Regions as a possible relevant level

In participating countries, substantial differences may exist between regions in policy and structure of primary health care systems. In some cases, these differences can be so profound that for the purpose of the PaRIS survey, it may be advisable to consider such regions as a separate unit of analysis, like a country or health care system. Implications of such an approach for implementation, sample sizes and, eventually, costs of the PaRIS survey would be extensive however, so it is important to consider the implications carefully. The sampling guidelines should include a decision and justification on how to deal with possible regional differences in the sampling procedure. The information gathered in activity 2, together with considerations on the level of regions from the general study design, will be the basis for deciding on the relevance of the level of regions and if relevant, inform the way the level of regions will be handled in the sampling procedure.

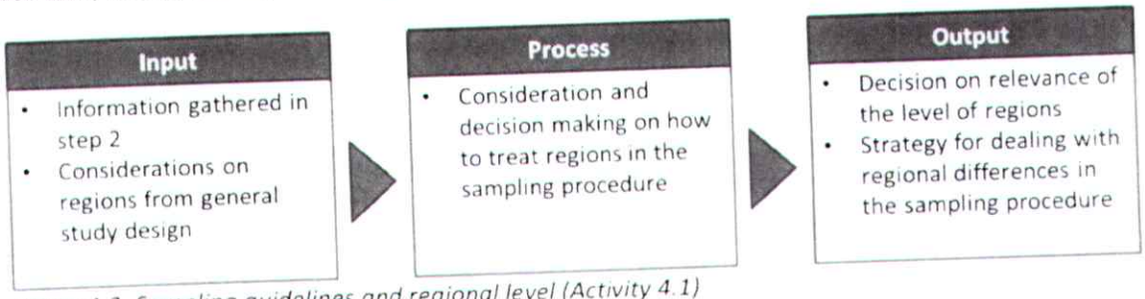


Figure 4.3. Sampling guidelines and regional level (Activity 4.1)

3.5.2 PC providers

The primary methodological requirement for sampling and recruitment of PC providers is *representativeness* of both the sample and, subsequently, the group of these participating providers, compared to the national population of PC providers. In a separate document the consortium will provide materials on eligibility criteria and the preferred scenario for drawing a sample and recruiting PC providers, as well as considerations on common constraints, for example, the absence or unavailability of an up to date and complete registry of providers working in primary care.

The NPM and the consortium member will jointly develop a strategy for sampling these providers that fits the local context and is sufficiently consistent with the general study design. Regarding the recruitment of providers, it is known from previous international survey studies that participation rates may vary substantially across countries. The NPM and the consortium member will explore together the possible challenges related to the recruitment of PC providers and the opportunities there are to win them over (e.g. by getting support from professional associations of PC providers).

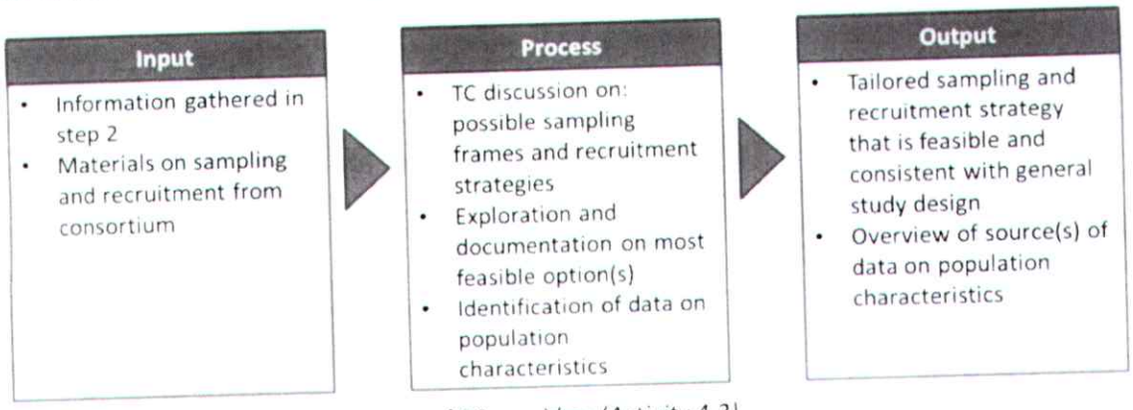


Figure 4.4. Sampling and recruitment of PC providers (Activity 4.2)

3.5.3 Patients living with chronic conditions

Also, for sampled patients, the primary methodological requirement for sampling and recruitment is *representativeness* of both the sample and the group of respondents, with characteristics of patients with chronic conditions at national level. The consortium will provide materials on eligibility criteria and the preferred scenario for drawing a sample of patients, as well as considerations on possible constraints. Overall, the process steps are similar to those of the sampling of providers, but the details are substantially different.

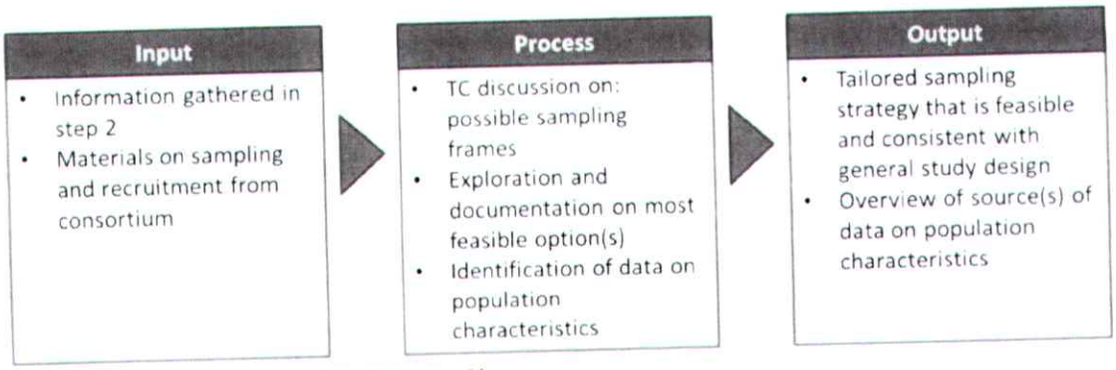


Figure 4.5. Sampling patients (Activity 4.3)

3.6 *Activity 5*: Adopt the (adapted) data collection protocol

The CRM should also specify how the data will be collected within a country. The procedures offered by the consortium may be adopted in many participating countries with limited further specifications, while other countries may require more elaborate additions or adaptations. In this activity, the NPM and the consortium member will assess the extent to which the central data collection protocol can be applied and will identify any adaptions necessary for the country.

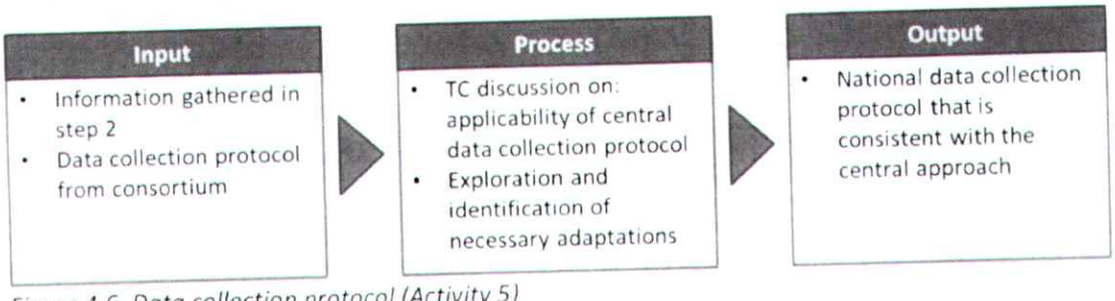


Figure 4.6. Data collection protocol (Activity 5)

3.7 *Activity 6*: Obtaining ethical approval

Although there may be participating countries where ethical approval provided centrally at the consortium level would be sufficient, we assume that, normally, in each of these countries national ethical approval may be required for the PaRIS survey. While ethics review is listed as activity 6, preparations need to start as early as possible in order to ensure that ethical approval will be obtained smoothly and on time. The consortium will consequently provide materials relevant to ethical review procedure, including the study protocol, models for a letter of invitation and informed consent form and the (draft) survey questionnaires.

Importantly, the ethical review must be completed at around the same time that the CRM has to be completed, so technically, the ethical review process will not be part of the CRM. However, since ethical reviewing processes can require substantial throughput time, we should, at least, need to know as part of the initial exchanges what sort of ethics approval would be required, what would be the steps, responsibilities and the expected timeline.

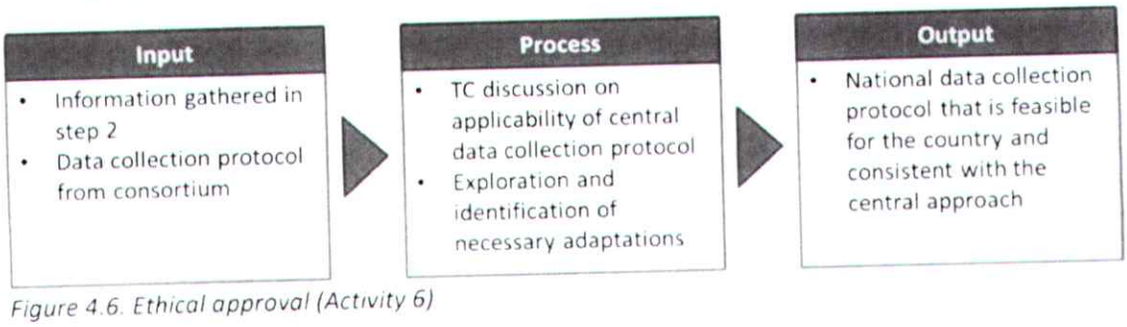


Figure 4.6. Ethical approval (Activity 6)

3.8 *Activity 7*: Establishing the Country Roadmap

In the development of the CRM, the NPM will safeguard the feasibility of the implementation of the survey in his or her country, while the consortium will safeguard the conformity to the general study

design, which enables the international comparability of results. To that end, both parties will engage in a process of approval and consultation which will, normally, result in agreement on the text of the CRM. Draft versions will be produced and revised by NPMs based on review and discussion with the consortium member. In case of dispute, independent experts from the Technical Advisory Community will be consulted. In the unlikely event that no agreement can be achieved, the consortium will take a decision on how to proceed in collaboration with the OECD Secretariat.

4 Timing of activities

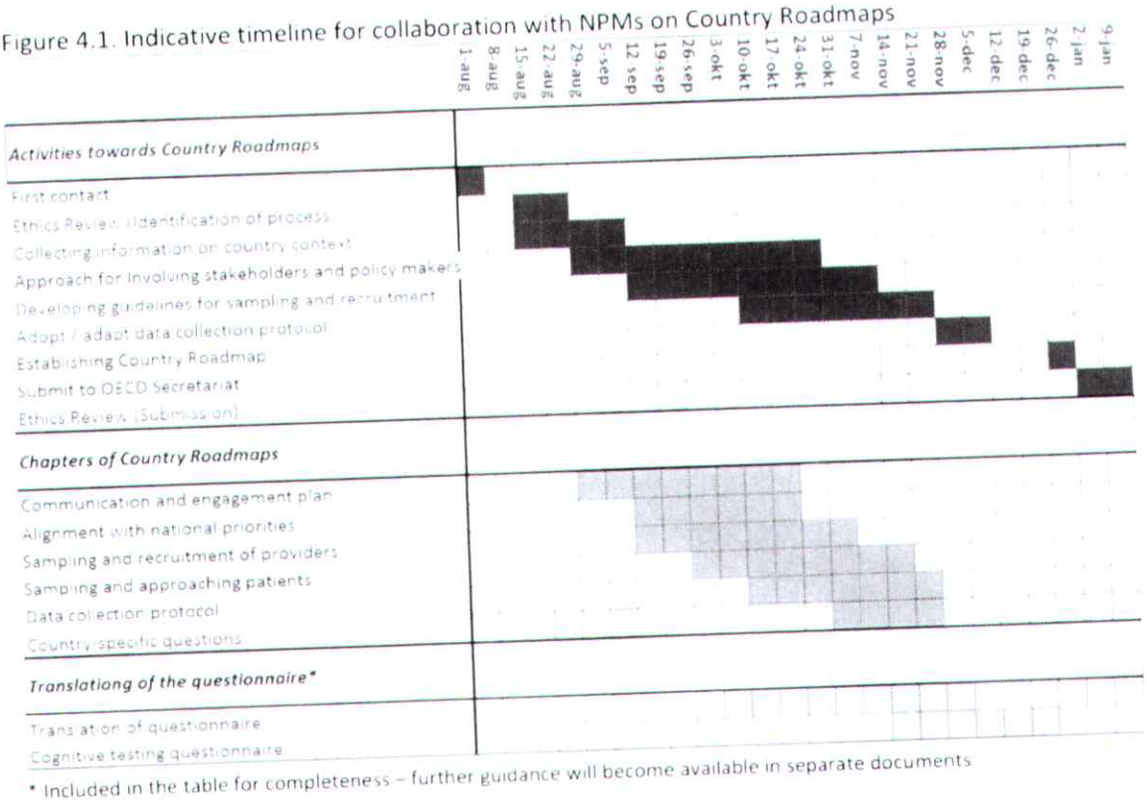
4.1 Activities and sections of the roadmap

To help National Project Managers and the consortium to jointly plan the work on the CRM, a suggested timetable is provided in Figure 4.1. This timetable is indicative and integrates the process of activities outlined in section 3 of this document under Activities towards Country Roadmaps (see table), together with the sections that will be in the CRM as it is now foreseen. These sections are:

- Communication and engagement plan (e.g. among policy makers, stakeholders, networks, general public)
- Alignment with national health policy priorities (e.g. the option of adding questions to the survey)
- Sampling and recruitment of providers
- Sampling and approaching people receiving care from these providers
- Data collection protocol
- Country specific questions

In the timetable the collaboration between NPMs and the consortium starts at the first of August, whilst in reality the collaboration with many NPMs starts much earlier. This is because many countries have committed to participation in the PaRIS survey at an early stage and already have an NPM available. For those who join PaRIS a little bit later in the timeline, the Figure shows what is still a feasible timeline when starting in August.

Figure 4.1. Indicative timeline for collaboration with NPMs on Country Roadmaps



* Included in the table for completeness – further guidance will become available in separate documents

ANNEXES

Annex 1
Availability of institutional support

Annex 2
Specification of the survey design