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Main authors:

Strahil Birov	EMPIRICA
Klaus Piesche	EMPIRICA
Alexandra Prodan	EMPIRICA

Other authors:

Ozan Beyhan	MOH	Mikael Lilja	RJH
Myriam Martin	TBM	Marie Sherman	RJH
Marcello Melgara	LISPA	Ivana Ostoic	DZZC
Alessandra Piatti	LOM	Vanja Lazic	DZZC
Vincenzo de Luca	FOUND	Guido Iaccarino	FOUND

Abstract

This document describes the HSMonitor tender scorecard to be used in the evaluation of the tenders submitted as part of the HSMonitor PCP Call for Tenders. The scorecard follows key value-based procurement guidelines.

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Statement of originality

This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation or both.

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EXECUTIVE SUMMARY

This document presents both the methodological background and the actual application of the tender assessment scorecard during the evaluation of the tenders in HSMonitor. Work has been guided by the key principles of value-based procurement and the selection of the most economically advantageous tenders.

The scorecard is based on three main award criteria domains (Excellence, Impact, and Implementation), which include different award criteria. Each criterion is assigned a maximum score and a threshold according to its importance. The total score of an award criterion is determined by the sum of the scores of all its sub-criteria. The tender's overall total score is the sum of scores of all three award criteria domains. This score forms 80% of the overall tender assessment, while the remaining 20% come from the financial offer.

To simplify and standardise the evaluation process for the evaluators, they are assisted by a tender evaluation toolkit.

1 Introduction

HSMonitor is a pre-commercial procurement (PCP) project, providing up to 4.62 million Euros for the procurement of innovative ICT-enabled monitoring to improve health status and optimise hypertension care. Five healthcare providers from four countries are engaged in the procurement, catering to a combined population of over 96 million people, of which over 31 million have hypertension.

The envisaged solutions are developed in competitive phases by industry players (suppliers), as depicted in the figure below.

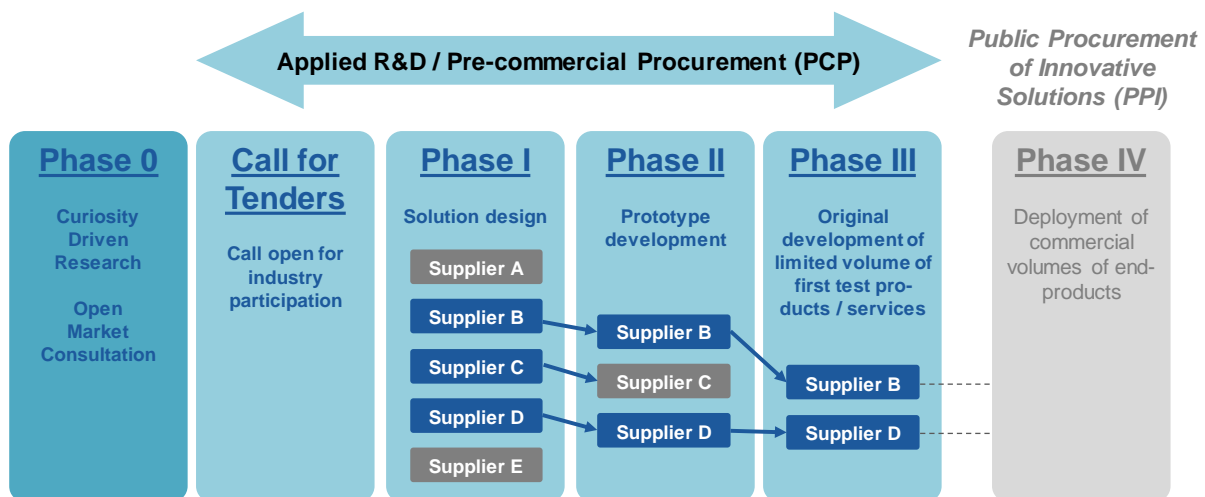


Figure 1. The HSMonitor pre-commercial procurement process

Evaluations are performed at the end of the following phases:

- ▶ **Call for Tenders:** the main evaluation of tenders. Assessment is performed according to defined exclusion, selection, compliance and award criteria. For the first three categories, the assessment typically follows a binary decision (yes/no or pass/fail), whereas the award criteria are scored using a points-based system.
- ▶ **Phase I:** evaluation of the updated tender offers during so-called “call-offs”. Assessment is performed according to the award criteria.
- ▶ **Phase II:** see Phase I.

This deliverable documents the award criteria scorecard to be applied in the evaluations, as well as the application of the scorecard across the five participating procuring organisations. The scorecard is aligned with key principles of value-based procurement in Europe and selection of the most economically advantageous tenders.

The scorecard will feature in the Call for Tender documents, informing potential tenderers of the evaluation approach. Supporting Call for Tender documents, such as application templates, are aligned to reflect the structure and approach followed by the scorecard.

Section 2 presents key principles of value-based procurement which are reflected in the HSMonitor scorecard.

Section 3 presents the scorecard itself, with a points and threshold system.

Section 4 describes how the scorecard will be applied coherently by all procuring organisations to identify the most-economically advantageous tenderers.

2 Value-based procurement (VBP) principles

An efficient (public) procurement environment in healthcare is essential for all healthcare stakeholders: the medical technology industry, patients, society, and the health system in general. Public authorities represent the principal buyer sectors in terms of provision of health and education services. Annually, EU public authorities spend approximately 14% of GDP¹ (around €2 trillion per year) on services, works and supplies acquisition. OECD reports on “Wasteful Spending in Health” (2017)², presenting alarming data on inappropriate care and wasted resources with estimations ranging from a conservative 10% up to 34% of expenditures. Furthermore, it is estimated that one in three patients is not offered the care he/she needs³.

The HSMonitor procurers wish to put value in the centre of the procurement and have therefore adopted a value-based approach to the PCP evaluation process, following key underlying value-based procurement principles.

Value-based Procurement

Value-Based Procurement (VBP) is a type of procurement in which purchasing decisions consider how a product or solution can best deliver the outcomes being measured and reduce the total cost of care, rather than focusing exclusively on purchasing a specific product at the lowest possible price⁴. VBP is highly important for EU public authorities, as it can assist in lowering the pressure on health budgets in the EU Member States while delivering better value and promoting the development of better-quality products and innovations⁵.

In order to understand which outcomes are most relevant to different stakeholders, a dedicated report of the European Commission⁶ has decomposed value into several dimensions: value-based healthcare (VBHC) is a comprehensive concept built on four value-pillars: appropriate care to achieve patients’ personal goals (personal value), achievement of best possible outcomes with available resources (technical value), equitable resource distribution across all patient groups (allocative value) and contribution of healthcare to social participation and connectedness (societal value).

The value-based health-care solution starts by getting all stakeholders to agree on a single overarching goal: improving the quality of care delivered for each euro spent, by getting higher-quality patient outcomes while lowering the overall costs. The goal of value-based health care is increasing value, where “value” is defined as patient outcomes divided by costs⁷.

Key VBP principles

The 2014/24 EU directive on public procurement⁸ introduces two frameworks which support decision evaluation, with methods being fundamental in moving away from price as the only criterion for procurement toward value-based procurement:

- **Total Cost of Ownership (TCO) criteria:** allow public procurers to go beyond the acquisition cost and consider all expenses during the solution’s life cycle (for instance, acquisition costs, maintenance costs, consumables)

¹ https://ec.europa.eu/growth/single-market/public-procurement_en

² OECD (2017), *Tackling Wasteful Spending on Health*, OECD Publishing, Paris, <https://doi.org/10.1787/9789264266414-en>.

³ Expert Panel on effective ways of investing in Health (EXPH), *Benchmarking access to healthcare in the EU*, 2018.

⁴ <https://www.medtronic.com/za-en/transforming-healthcare/perspectives-insights-series/neil-fraser-value-based-procurement-advantages.html>

⁵ <https://www.medtecheurope.org/access-to-medical-technology/value-based-procurement/>

⁶ Expert Panel on effective ways of investing in Health (EXPH). *Defining value in “value-based healthcare”*, 26 June 2019

⁷ Value-Based Procurement, a 2017 report developed by the Nordic medical device industry associations within the project “Nordic Medtech Growth 2”, partly funded by the Nordic Council of Ministers via Nordic Innovation

⁸ Directive 2014/24/EU of the European Parliament and of the Council of 26 February 2014 on public procurement

- **Best price-quality ratio (BPQR):** encourage procurers to consider qualitative and economic benefits for the full set of stakeholders along a care pathway (for example, care providers, care staff, the wider care system, and environment)

The **MEAT (Most Economically Advantageous Tendering)** value-based-procurement framework was launched by MedTech Europe and is a tool which considers the value of a product according to different perspectives / dimensions. The MEAT value-based procurement framework places at its core the outcomes that matter to patients, quality and further benefits for providers, health systems and society. By choosing MEAT value-based procurement instead of selecting the product with the lowest up-front cost, procurement authorities can factor the full value of a product, service or solution into their decision-making and thus select the most economically advantageous solution.

The MEAT framework tender criteria are divided into four dimensions, which highlight different aspects of the purchase (see Figure below)⁹:

- At the center of the specification are criteria that relate to patient outcomes and the cost of producing these.
- The next dimension consists of aspects of secondary relevance to patient outcome, typically benefits for the healthcare personnel, the hospital, etc.
- The last dimension relates to societal impact and wider impact of the purchase.

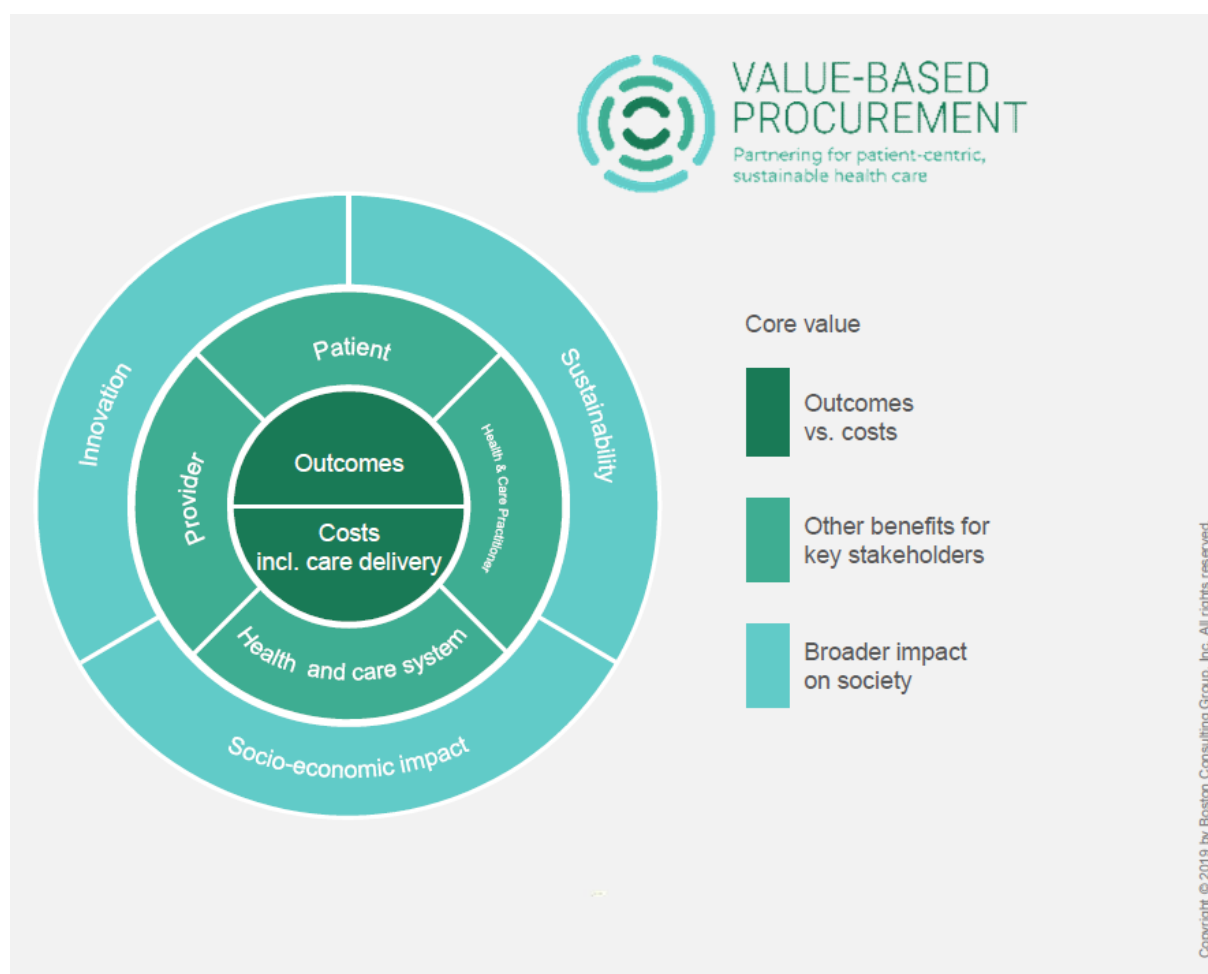


Figure 2. Value-based procurement dimensions

⁹ [https://www.nordicinnovation.org/sites/default/files/inline-images/Value Based%20Procurement%20%28%28%29%20in%20the%20Nordic%20countries.pdf](https://www.nordicinnovation.org/sites/default/files/inline-images/Value%20Based%20Procurement%20%28%28%29%20in%20the%20Nordic%20countries.pdf)

3 The HSMonitor award criteria

The award criteria scorecard and the overall tender evaluation approach developed in HSMonitor has been informed by the value-based procurement principles and guidelines in Directive 2014/24/EU, by the Horizon 2020 approach to evaluation of R&D projects¹⁰, by the practical experiences of a past PCP project ProEmpower¹¹, and by the national and regional experiences of the five procuring organisations.

3.1 Award criteria scorecard

The award criteria are grouped into the following domains:

- ▶ **Excellence:** focusing on the understanding of the tender of the HSMonitor challenge, alignment with the HSMonitor vision, maturity and evidence of effectiveness of the proposed approach, and compliance with the HSMonitor specifications (requirements, use cases and process models)
- ▶ **Impact:** with a focus on the extent to which the expected outputs of the tender contribute to the HSMonitor objectives and the procurers' needs for better hypertension management among their populations. Value is expected to be created in the whole environment of the procurers, with a specific focus on benefits for patients, the procurers and the wider healthcare systems they are a part of
- ▶ **Implementation:** focusing on the quality and efficiency of the proposed implementation approach, as well as the necessity to involve a variety of stakeholders in the design process (e.g. patients and healthcare professionals).

Award criteria for phase I ¹²	Maximum points	Threshold
Excellence of the proposed solution		
Level of innovativeness and ability to go beyond the state-of-the-art	10	7
Understanding of the HSMonitor domain	5	
Extent to which the solution matches the HSMonitor vision	10	5
Extent to which the proposed solution meets the requirements documented in the Call	15	8
Evidence of effectiveness	10	
Total for excellence	50	25
Impact of the proposed solution		
Value of benefits for patients	10	5
Value of benefits for procurers	5	2

¹⁰ https://ec.europa.eu/research/participants/docs/h2020-funding-guide/grants/from-evaluation-to-grant-signature/evaluation-of-proposals/elig_eval_criteria_en.htm

¹¹ <https://proempower-pcp.eu/>

¹² The basis for evaluation in the Call for Tenders evaluation are the written tenders. The evaluation of the call-offs takes into account, in addition to the updated offers from the Call for Tenders, also the experience and outcomes achieved in that phase, distributed across the different award criteria.

Total cost of ownership of the solution	5	2
Sustainability of supplier business case	5	
Soundness of the approach to integration with procurer systems	10	5
Total for impact	35	18
Implementation of the proposed solution		
Quality and completeness of the work-plan as well as detail of task and result descriptions	5	
Feasibility of plan and resources to meet the objectives specified	5	2
Relevance of the proposed way to involve clinicians and patients in design and development	5	
Total for implementation	15	8
Overall total score for tender	100	60

Table 1. The HSMonitor award criteria assessment scorecard for phase I

Award criteria for phase II	Maximum points	Threshold
Excellence of the proposed solution		
Level of innovativeness and ability to go beyond the state-of-the-art	10	7
Understanding of the HSMonitor domain	5	
Extent to which the solution matches the HSMonitor vision	5	2
Extent to which the proposed solution meets the requirements documented in the Call	10	5
Evidence of effectiveness	5	
Total for excellence	35	18
Impact of the proposed solution		
Value of benefits for patients	10	5
Value of benefits for procurers	5	2
Total cost of ownership of the solution	5	2
Sustainability of supplier business case	5	
Soundness of the approach to integration with procurer systems	10	5
Total for impact	35	18

Implementation of the proposed solution		
Quality and completeness of the work-plan as well as detail of task and result descriptions	10	
Feasibility of plan and resources to meet the objectives specified	10	5
Relevance of the proposed way to involve clinicians and patients in design and development	10	
Total for implementation	30	15
Overall total score for tender	100	60

Table 2. The HSMonitor award criteria assessment scorecard for phase II

Award criteria for phase III	Maximum points	Threshold
Excellence of the proposed solution		
Level of innovativeness and ability to go beyond the state-of-the-art	5	2
Understanding of the HSMonitor domain	5	
Extent to which the solution matches the HSMonitor vision	5	2
Extent to which the proposed solution meets the requirements documented in the Call	5	2
Evidence of effectiveness	5	
Total for excellence	25	13
Impact of the proposed solution		
Value of benefits for patients	10	5
Value of benefits for procurers	5	2
Total cost of ownership of the solution	5	2
Sustainability of supplier business case	5	
Soundness of the approach to integration with procurer systems	10	5
Total for impact	35	18
Implementation of the proposed solution		
Quality and completeness of the work-plan as well as detail of task and result descriptions	15	
Feasibility of plan and resources to meet the objectives specified	15	8
Relevance of the proposed way to involve clinicians and patients in design and development	10	

Total for implementation	40	20
Overall total score for tender	100	60

Table 3. The HSMonitor award criteria assessment scorecard for phase III

The award criteria are described in more detail below.

Excellence of the proposed solution

Level of innovativeness and ability to go beyond the state-of-the-art

Proposed solutions should be innovative, based on an assessment of the market offers, on-going and upcoming technological developments and research which has bearing on the HSMonitor challenge. Elements that make the solution original and innovative should be clearly identified, allowing to differentiate the proposed solution with respect to the known state-of-the-art.

Understanding of the HSMonitor domain

Tenderers need to show good understanding of the HSMonitor domain and focus on hypertension management. The “solution” proposed should refer to solution to the needs of the procurers and the end users (patients, healthcare professionals, informal carers), while ICT systems should be regarded as enabling tools.

Extent to which the solution matches the HSMonitor vision

Tenderers need to show that the vision of the HSMonitor procurers has been well understood and reflected in the proposed approach in the tender. The vision consists of the published materials – requirements, use cases and process models, as well as contextual information (e.g. the existing EHR and other systems in each procurer).

Extent to which the proposed solution meets the requirements documented in the Call

A clear explanation should be provided to understand how the proposed solution matches the requirements documented in the Call for Tenders. Specific reference can be made to certain requirements, functionalities and use cases.

Evidence of effectiveness

Novel concepts can be introduced as part of the solution, but there should be evidence available which helps show the effectiveness of the proposed solution, achievable within the duration of the HSMonitor project. The long-term aim of the procurers is to be able to include the solutions as part of standard care, therefore the solutions sought in the PCP cannot be of experimental nature. The approaches proposed should reference literature about outcomes of studies and evaluation trials and discuss the results’ reliability and the evaluation’s rigour.

Impact of the proposed solution

Value of benefits for patients

Tenderers should describe the benefits patients are expected to receive when the proposed solution is in operation. Benefits for patients may include for example:

- ▶ Increased knowledge of the condition
- ▶ Improved level of hypertension management
- ▶ integration of care among care givers
- ▶ Increased role of patients in their own care and effective self-management
- ▶ Reduced incidence of hypertension-related complications
- ▶ Reduced number of visits to hospital and clinician time (compared to current care)

To assess the business case for acquisition of the proposed solution by health services, quantification of benefits will be necessary. Realistic estimates of benefit quantities should be provided where possible, expressed per 1,000 patients and year.

Value of benefits for procurers

Tenderers should describe the benefits procurers are expected to accrue when the proposed solution is in place, over and above benefits to their patients. Benefits for a procurer and their staff may include:

- ▶ Reduced time required per patient, for clinicians, nurses and other staff as well as other reductions in cost, e.g. bed occupancy, laboratory tasks, expenditure on hypertension medications
- ▶ Availability of predictive data about patient disease and a strengthened evidence base on health outcomes and management of comorbidities
- ▶ High quality of integration of procurer ICT systems
- ▶ Improved quality management, certification and overall increased quality and cost-effectiveness of the healthcare system
- ▶ Reduced fragmentation of demand for innovative solutions, networking activities and increased opportunities for solution uptake.

To assess the business case for acquisition of the proposed solution by health services, quantification of benefits will be necessary. Realistic estimates of benefit quantities should be provided where possible, expressed as a number per 1,000 patients and year.

Total cost of ownership of the solution

The total cost of deploying the proposed solution includes both payments to system providers, summarised as total cost of ownership, and additional time required by procurer staff, especially clinicians, summarised as procurer annual operation costs. Tenderers need to ensure that all additional costs incurred in deploying the proposed solution are taken into account.

Different figures should be given for different scales of deployment (e.g. for at least 1,000 patients and 1,000,000 patients). One-off costs should be depreciated over a maximum of five years. All costs incurred by a procurer from third parties to reap the benefits from the proposed solution must be listed (licensing, maintenance, replacement, insurance, etc.). Costs may include:

- ▶ Implementation costs, set-up costs, including hardware, shipping, installation and configuration
- ▶ Operation and maintenance including hosting, security updates and upgrades
- ▶ Replacement of sensors and other components with short lifetimes
- ▶ Adaptation to existing IT systems, e.g. new EHR
- ▶ Additional costs incurred for diabetes medication, external services, etc.

Sustainability of supplier business case

Tenderers need to explain the proposed approach to commercially exploit the results of the PCP and to bring a viable product or service onto the market. This includes a business strategy for commercialising the solution (including market expansion plans, business models, capital plan etc.).

Soundness of the approach to integration with procurer systems

An important aspect of the process is the integration of the solutions with the existing key systems of the procurers (such as their EHR systems). Integration and interoperability are often underestimated. Clear integration approaches should be provided in the tenders to ensure that the solutions tested in phase 3 are working seamlessly with the procurers' healthcare systems.

Implementation of the proposed solution

Quality and completeness of the work-plan as well as detail of task and result descriptions

Comprehensive workplan, to include work packages, tasks and responsibilities, need to be drawn out for all PCP phases.

Feasibility of plan and resources to meet the objectives specified

Details on the resources needed to achieve the work-plan have to be provided for each organisation involved in the tender. Other resources such as travel and licenses need to also be quantified and provided.

The operational capacity of the suppliers aligned with the plan and resources need to be convincing and address all phases. The scope and intensity of work increases in phases II and III of the PCP, where suppliers will need to build prototypes, interact frequently with users (patients and healthcare professionals) of the procurers, pilot the services for several months, provide support in training, change management, a dedicated helpdesk, etc. Past experiences of the procurers have shown the importance of working with local partners to cover the full scope of the procurement, including localisation of the solution to the local language, regular exchanges in meetings with the suppliers and their users (in many cases, communication with patients and healthcare professionals is done using their mother tongue). The tender plan should have a convincing operational capacity, e.g. reflected already in the consortium composition, or by having a plan and reserved budget for involving local subcontractors while complying with the limit on use of subcontracting.

Relevance of the proposed way to involve clinicians and patients in design and development

User-centred design is an important aspect. The HSMonitor procurers have consulted users when preparing the Call for Tenders. Users need to be involved in the work of the suppliers as well, including in the prototype and testing phases.

3.2 Points system

Award criteria points are awarded based on the following scheme:

Assessment			Description
5-point criteria	10-point criteria	15-point criteria	
0	0	0	Insufficient (fails to address the criterion under examination or cannot be judged due to missing or incomplete information)
1	2	3	Poor (the criterion is addressed in an inadequate manner, or there are serious inherent weaknesses)
2	4	6	Fair (while the criterion is broadly addressed, there are some weaknesses)
3	6	9	Good (the criterion is addressed well, although improvements would have been necessary)
4	8	12	Very good (the criterion is addressed well, although certain improvements are still possible)

5	10	15	Excellent (all relevant aspects of the criterion are successfully addressed; any shortcomings are minor)
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Table 4. The HSMonitor points award scheme

3.3 Price-quality ratio

In line with value-based procurement, the HSMonitor Buyers Group has set a price/quality split of 20/80. While there is no clear recommendation for price-quality ratios in Europe, the selected ratio in HSMonitor is within the typical ratios found in practice and in literature, where recommendations for innovative projects indicate a desirable quality between 70 and 90.

4 Tender evaluation

4.1 The evaluation process

Tenders will be evaluated in a non-discriminatory manner in accordance with the legal requirements provided for in relevant provisions under Turkish regulations.

Organisation of the tender evaluation

The tender evaluation is carried out by an Evaluation Committee, which is appointed by the Lead Procurer. Each of the five procurers will nominate three or more experts to the Evaluation Committee they wish to represent them. Irrespective of the total number of experts, the expert members of a given procurer form that procurer's Evaluation Team. The Evaluation Committee is therefore made up of five Evaluation Teams.

The experts should reflect relevant expertise areas – procurement, clinical, technical, business, ethical. The nomination is done by forwarding information on the identity, education, professional qualifications and experience of the relevant nominee to the Lead Procurer. When doing so, the procurers shall use the form provided by the Lead Procurer. It is a duty of each procurer to ensure the person appointed is in accordance with the requirements provided by the law in force and there are no reasons for excluding the candidate.

The Lead Procurer draws up a list of the members of the Evaluation Committee, based on persons appointed by the other procurers.

Note: Each member of the Evaluation Committee will sign in advance a Declaration of absence of conflict of interest and protection of confidentiality and in addition specifically notify the Lead Procurer if there is any conflict of interest with any of the tenderers.

When carrying out their tasks, the Evaluation Committee shall not seek or take instructions from the Lead Procurer, other procurers, any institutions, bodies, offices or agencies, from any government of a Procurer or from any other body. The Committee shall respect the general principles settled in relevant provisions under Turkish regulations, specifically Turkish Code of Public Procurement (No 4734), and work in accordance with all the provisions and content of the Contract Notice.

The nomination and appointment of the Evaluation Committee shall take place in good time for meeting deadlines set for the evaluation of tenders.

Note: For phases II and III, no differences in the composition of the Evaluation Committee or in the procedure are expected.

The Lead Procurer will keep duly certified copies of the Declaration of absence of conflict of interest and protection of confidentiality, signed by the Committee members. The Lead Procurer will refuse to accept a nomination if a conflict of interest is stated in the above-mentioned Declaration.

Evaluation

The Evaluation Committee may request clarification or additional evidence if needed. The tenderer concerned will be notified by the Lead Procurer by email. The tenderer will have 5 calendar days (from the day he receives the notification) to send the clarifications and / or evidences requested. After this deadline, if no answer is received from the tenderer, the offer may be rejected and excluded from the tender evaluation. The tenderer will be informed by the Lead Procurer by email.

The Evaluation Committee will carry out the selection of requests to participate and will evaluate tenders on the basis of exclusion, on/off award and selection criteria e.g. not meeting formal requirements.

Only tenders that satisfy the provided requirements, that are not excluded on the basis of the exclusion criteria and that meet the selection criteria, are admissible for evaluation under the weighted award criteria.

The Evaluation Committee plans to, within three weeks of the start of the evaluation, issue its reports on selection and award, respectively.

In summary, the Evaluation Committee will carry out the following steps:

- ▶ Step 1 — Checking whether the tenderer is not in one of the situations covered by the exclusion criteria
- ▶ Step 2 — For tenderers passing Step 1, assessing whether the tenderer has the capacities necessary to perform the contract, on the basis of the selection criteria
- ▶ Step 3 — For tenderers passing Step 2, evaluating the tender based on the on/off award criteria
- ▶ Step 4 — For tenders passing Step 3, evaluating the tender based on the weighted award criteria
- ▶ Step 5 – After application of the price-quality formulae, preparing the outcome letters which include justification of the evaluation outcome, including the tender scoring, the tender rank, and a summary report with evaluation comments that should be addressed by the selected tenders in the next PCP phase

The Evaluation Committee will reach its decision by a Simple Majority vote (based on the five procurers and their Evaluation Teams, with each procurer / Evaluation Team having one vote). It is, however, expected that the Evaluation Teams make their best endeavours to reach unanimous decisions as to the content and conclusions of the reports.

Each member of the Evaluation Committee shall carry out their tasks in an independent manner, applying their professional judgement.

For Step 5, the Evaluation Committee will incorporate evaluation comments from all Evaluation Committee members. The HSMonitor Expert Board may be requested to provide input to the comments provided. The Board consists of experts with relevant expertise – clinical (related to hypertension and cardiovascular diseases), patient-centric (related to advocacy), and technical (interoperability, safety, privacy and security).

Expert Board members may be requested by the Evaluation Committee to provide comments on weaknesses of the tenders from their respective expert perspective. Inclusion in the evaluation summary reports remains at the discretion of the Evaluation Committee.

Note: Each member of the Expert Board will sign in advance a Declaration of absence of conflict of interest and protection of confidentiality and in addition specifically notify the Lead Procurer if there is any conflict of interest with any of the tenderers.

For phases II and III, no differences in the composition of the Evaluation Committee or in the procedure are to be expected apart from the fact that the evaluation will have only two steps: evaluating the offers based on the on/off and weighted award criteria.

The Buyers Group headed by the Lead Procurer will evaluate the tenders and offers for the call-offs for phase II and III jointly and make a *joint* award decision.

For each phase and each tender received, the Lead Procurer will send an evaluation form to the Commission or its agency as part of the deliverables to be submitted at the end of the tender evaluation. It will include: the final scores awarded, a qualitative appraisal per evaluation criterion, minutes of the evaluation meeting and the final ranking list.

4.2 Application of the scorecard in the evaluation phases

Using the scorecard to form the ranking

If there are no reasons to exclude a tender, Evaluation Teams will check if it meets all the selection criteria and, if positive, distribute the points for the award criteria by using the tender evaluation toolset.

Tenders must score above the thresholds given, for each threshold. Tenders that do not reach the minimum quality thresholds will be rejected.

Tenders will be evaluated by five the Evaluation Teams using a tender evaluation toolset developed by project partner empirica and covering exclusion, selection and award criteria assessment.

Tender Evaluation Toolset (tet)

empirica's tender evaluation toolset supports the evaluation of many tenders (>10) by several evaluators or evaluation teams (>2). Evaluators can work independently and remotely from each other against a common set of criteria with thresholds at criterion and domain level.

In HSMonitor, after registration of the tenders received, the Evaluation Committee works in parallel Evaluation Teams, checking tenders for compliance with the selection criteria and assigning values to each of the award criteria from the scorecard outlined in 3.1. These entries are made on a sheet dedicated to each tender in their *tetScoreCard*.

The selection criteria have a binary pass-fail outcome and any fail value¹³ excludes the tender from further evaluation. Award criteria have a scale of values, typically ranging from zero to five, associated with descriptors such as "good" or "poor" and a threshold value. Tenders with an award criterion score below the threshold will be excluded. Each award criterion is assigned to one of three or more domains. A domain score is the sum of the scores of the constituent award criteria, and each domain has an independently defined threshold value (cf. 3.1).

Queries that an Evaluation Team wishes to address to individual tenderers can be entered directly into the scorecard by the team. The queries of the different teams are collated automatically and a mailing prepared ready to be sent to the Lead Procurer. The Lead Procurer will send those queries to the respective tenderers.

¹³ Differences in evaluation results across the Evaluation Teams are discussed in dedicated online meetings until a final unanimous decision is taken by the Evaluation Committee.

HSMonitor Evaluation Scorecard - Team A - Tender 1

Award criteria	Your points	Maximum points	Threshold	Questions to tenderer	Comments
Excellence of the proposed solution					
Understanding of the HSMonitor domain	3	5			...
Extent to which the solution matches the HSMonitor vision	6	10	5		...
Extent to which the proposed solution meets the requirements documented in the Call	5	15	8	Please provide more input on how you plan to meet requirements A,B,C	The tender still lacks important information on a number of requirements
Evidence of effectiveness	8	10			...
Total for excellence	22	40	20		
Impact of the proposed solution					
Value of benefits for patients	6	10	5		...
Value of benefits for procurers	3	10	5		...
Total cost of ownership	3	5	2		...
Sustainability of supplier business case	5	5			Very detailed and sound approach.
Soundness of the approach to integration with procurer systems	4	10	5	Please clarify how you plan to integrate with systems in Italy	Tender provides insufficient information on how integration should take place in Italy
Total for impact	21	40	20		
Implementation of the proposed solution					
Quality and completeness of the work-plan as well as detail of task and result descriptions	4	5			Workplan as well as tasks are sufficiently described, results could be clearer at some points
Feasibility of plan and resources to meet the objectives specified	9	10	5	Could you please confirm that the total number of	...
Relevance of the proposed way to involve clinicians and patients in design and development	4	5			Tender provides sound ideas how to engage patients in the design and development
Total for implementation	17	20	10		
Overall total score for tender	60	100	60		

Figure 3. Mockup of an HSMonitor tetScoreCard

Values in orange are below threshold and will be flagged here and in the central tetSummary file. These values are then discussed in the Evaluation Committee. Questions in the column Questions to tenderers are automatically sent to the Lead Procurer who passes these questions on to the tenderer. The comments from the column Comments are collected centrally and form the basis of the outcome letters. In this example, the tender would be rejected by Evaluation Team A: Even though the overall score is 60, which is right on threshold, the tender is scored under threshold in three sub-criteria, leading to rejection.

The central tetSummary file, hosted by non-procurement empirica, collates the scoring on award criteria from each tetScoreCard using dedicated sheets for each Evaluation Team. This sheet imports the values for all criteria for all tenders evaluated by the respective Evaluation Team. An overview table then highlights differences between Evaluation Teams' scores in respect of the same tender and award criterion and flags values which any Evaluation Team has assigned under threshold.

If the variance of the scores per criterion exceeds a defined threshold, a flag is set, and these issues will be discussed within the Evaluation Committee. An example is shown in Figure 4 below.

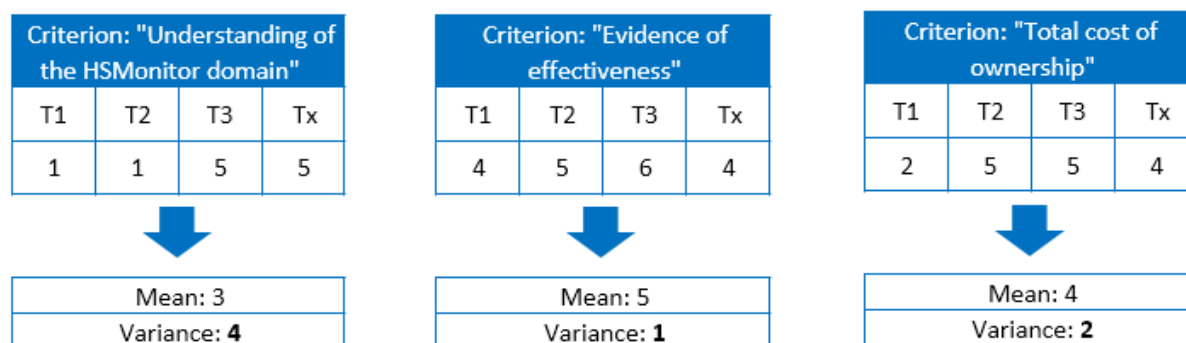


Figure 4. Hypothetical criterion variances during tender evaluation by four teams.

If the variance threshold is defined as 2, only Understanding of the HSMonitor domain would be subject to discussion with the Evaluation Committee; with a defined variance threshold of 1, Understanding of the HSMonitor domain and Total cost of ownership would have to be discussed.

If unanimity cannot be achieved, the Evaluation Committee will reach its decision by a simple majority vote (each Evaluation Team, representing one procurer, has one vote).

As a non-procuring partner and with a moderating role in the process, empirica enters the financial offers in the evaluation tool. This data is not visible to the Evaluation Teams, which are focusing on scoring the tender based on quality.

Final scores and evaluation summaries

The contracts will be awarded to the most economically advantageous tenderers, i.e. the tenders scoring above all thresholds and offering the best price-quality ratio determined in accordance with the formula below.

$$Total\ Score_{Tender\ i} = 80\% * Quality\ Score_{Tender\ i} + 20\% * \left(\frac{lowest\ price\ of\ all\ tenders}{Price_{Tender\ i}} * 100 \right)$$

The price applied is to be the **total offered price** relating to the next specific contract (contract for each phase) in the PCP. For the first tender, the price for phase 1 will be applied.

The maximum score for a tender is 100 points, of which 80% correspond to the technical quality and 20% to the financial offer, as shown in the formula above.

Additional sub-criteria may be added and the point distribution adjusted for the call-offs for phases 2 and 3. These will be to make the award criteria more precise and to take account of improved information available relevant to addressing the challenge without making substantial changes to the criteria presented here.

A ranking across all valid tenders is then automatically carried out according to the defined price-quality ratio and a selection made up to a predefined budget ceiling for the specific PCP phase.

For each tender, a summary of the evaluation is generated, incorporating the evaluator's comments for the tender concerned in relation to an award criterion. *tetSummary* can generate an email message to all tenderers to inform them of the result, with a table of scores and comments by each Evaluation Team. In the same way, *tetSummary* supports the sending of contract documents to successful tenderers.

Informing tenderers

The results (scores and comments) will be sent to the tenderers in outcome letters

- ▶ Outcome letter 1: for the winners, informing them of the outcome and providing the documents to be signed
- ▶ Outcome letter 2: not in the top 5-6 (not the most economically advantageous tender)
- ▶ Outcome letter 3: formulated for those who failed to meet the award criteria threshold(s)

► Outcome letter 4: review of the exclusion and compliance selection, clarification on the exact reason

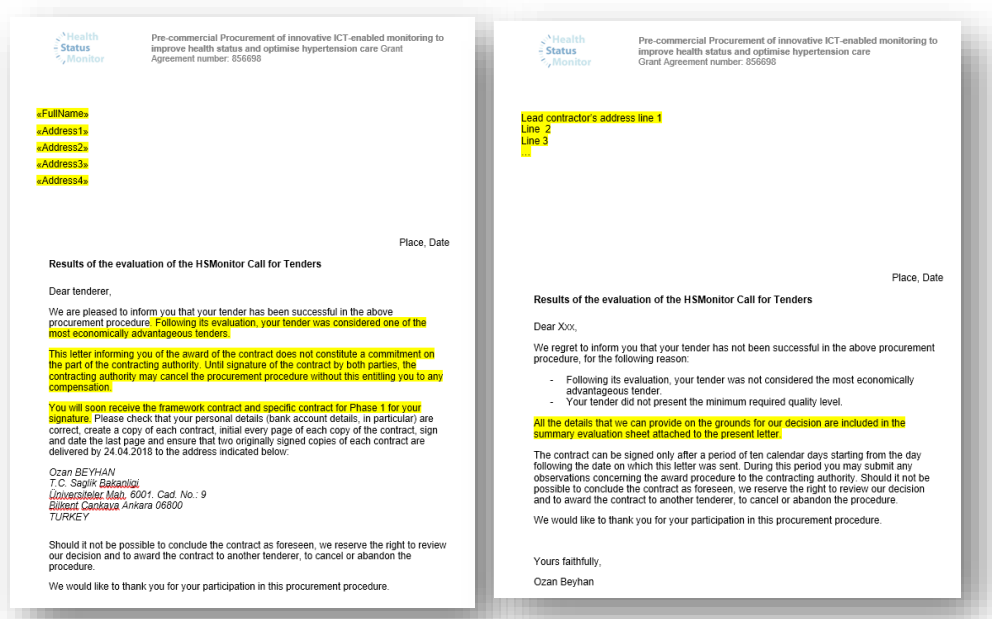


Figure 5. Exemplary outcome letters

The evaluation processes are also visualised in Annex 1.

Annex 1: Visualisation of the evaluation process

