

Agreement 12: Inflammatory Bowel Disease Management Program

Parties: GastroTherapeutics SA and Dutch Health Insurance Collective **Country:** Netherlands **Disease Area:** Crohn's Disease and Ulcerative Colitis **Agreement Overview:** This comprehensive agreement addresses the chronic, relapsing nature of inflammatory bowel disease and the significant costs associated with biologics and surgical interventions. Covering approximately 2,100 patients with moderate to severe IBD across the Netherlands, this contract incentivizes sustained remission, reduced hospitalizations, and improved quality of life while optimizing biologic therapy use. The agreement includes specific pathways for pediatric and elderly populations.

Financial Structure:

- Annual capitation: €16,800 per patient for comprehensive IBD management
- Tiered payment structure based on disease severity:
 - Mild disease: €9,200 base payment
 - Moderate disease: €16,800 base payment
 - Severe disease: €24,500 base payment
- Performance bonuses:
 - 18% bonus if >65% of patients maintain steroid-free remission for 6+ months
 - 12% bonus for reducing hospitalization rate by ≥40% compared to historical data
 - 15% bonus if >70% of patients show normalized CRP and fecal calprotectin
- Penalty provisions:
 - 20% clawback if surgical intervention rate exceeds expected threshold
 - 15% repayment if biologic therapy discontinuation exceeds 25% due to adverse events
- Medication optimization incentive: Share 40% of savings from appropriate biosimilar switching
- Cost ceiling: Maximum expenditure cap of €38.5 million annually with risk-sharing above threshold
- Patient co-payment reduction: Patient out-of-pocket costs reduced by 75% when adherent to treatment plan

Duration: 3 years with annual review and metric recalibration **Special Provisions:**

- Centralized IBD expert center with virtual consultation network
- Standardized treat-to-target approach with regular biomarker monitoring
- Therapeutic drug monitoring for all patients on biologics (minimum quarterly assessment)
- Dedicated IBD nurse specialists (1:200 nurse-to-patient ratio)
- Nutritional therapy program including medical nutrition for specific indications

- Specialized care pathways for complex perianal disease
- Mental health screening and support services
- Fertility preservation counseling for patients of reproductive age
- Patient-reported outcome collection using IBD-specific instruments
- Integration with national IBD registry for benchmarking and research