Agreement 8: Asthma Control Improvement Plan

Parties: RespiCare Therapeutics and Brazilian Unified Health System Country: Brazil Disease Area: Moderate to Severe Asthma Agreement Overview: This population-based agreement aims to reduce the significant burden of asthma on Brazil's public health system. Targeting approximately 12,000 patients with moderate to severe persistent asthma across five major urban centers, this contract emphasizes improved disease control, reduced emergency utilization, and enhanced quality of life. The agreement incorporates special considerations for pediatric populations and environmental factors unique to Brazil's urban environments.

Financial Structure:

- Baseline payment: R\$1,200 per patient per month for comprehensive asthma management
- Performance incentives:
 - 25% bonus payment for reduction in emergency visits by ≥60% compared to preintervention baseline
 - 20% bonus if >75% of patients achieve Asthma Control Test (ACT) score >20, indicating good control
- Penalty structure: 15% clawback if hospitalization rates exceed historical average by treatment center
- Medication adherence incentive: R\$300 quarterly bonus per patient with >90% adherence (measured through electronic monitoring)
- Annual cost growth cap: Maximum 5% increase year-over-year with manufacturer absorbing excess costs
- Public health component: R\$1.5 million investment in asthma awareness program targeting early intervention
- Regional adjustment factor: Payments adjusted by 5-15% based on local environmental challenges
- Pediatric-specific metrics: Enhanced payments for achieving control in patients under 12 years (historically more challenging)

Duration: 3 years with option for nationwide expansion Special Provisions:

- Includes inhaler technique training conducted quarterly (documented competency assessment)
- Environmental trigger assessment and remediation recommendations for home environment
- Standardized action plans for all patients with emergency response protocols
- School-based education program for pediatric patients
- Integration with air quality monitoring networks in major cities
- Pulmonary function testing at regular intervals (spirometry every 6 months)
- Specialized care pathways for severe and difficult-to-treat phenotypes

- Mobile health application for symptom tracking and medication reminders
- Provider education program on latest treatment guidelines