Qeios

Peer Review

Review of: "Health Transformation Through Prevention Requires Progress Metrics for Value Creation"

Paulo Melo[1]

1. Universidade de Coimbra, Portugal

Review of "Health Transformation Through Prevention Requires Progress Metrics for Value Creation" by Michael Friebe

Core Ideas

This work advocates for a shift in healthcare from a reactive, fee-for-service model to a prevention-oriented paradigm. It emphasizes the need for parallel business models, digital transformation, and value-based care to address systemic inefficiencies, stakeholder misalignment, and the rising burden of chronic diseases. Key themes include overcoming the "healthcare innovator's dilemma," engaging stakeholders, and establishing metrics to quantify the value of preventive care.

Main Contributions

The manuscript introduces several innovative concepts:

1. **Parallel Prevention Business Model**: Proposes coexisting prevention-focused frameworks alongside traditional systems to ensure economic viability without disrupting existing structures.
2. **Reverse Innovation**: Highlights the potential for low-cost preventive solutions from lower-income regions to inspire scalable adoption in high-income settings.
3. **Prevention-as-a-Service (PaaS)**: Utilizes digital tools such as remote monitoring and AI analytics to deliver proactive health management, redefining patient-provider interactions.
4. **Smart Capacitating Investment (SCI)**: A funding model that prioritizes long-term savings over short-term costs, aligning stakeholders through demonstrated value.

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The document contributes actionable strategies for healthcare transformation by identifying barriers to systemic change, proposing metrics to evaluate prevention's impact, advocating for early physician engagement, evidence-based training, and digital integration, and expanding the discourse on health equity through global reverse innovation opportunities.

Weaknesses and Suggestions for Improvement

1. **Lack of Empirical Validation**: The paper relies heavily on theoretical frameworks and secondary sources without presenting original data or any robust case studies. Conducting pilot programs or case studies to validate proposed models and measure outcomes like cost savings or patient engagement is required to strengthen the proposal.
2. **Vague Implementation Strategies**: While proposing systemic changes, the text lacks actionable steps or examples for execution. Providing detailed roadmaps for stakeholder engagement, digital tool integration, and policy alignment, including timelines and resource allocation, would be needed for practical applicability.
3. **Insufficient Discussion of Data Privacy**: The paper mentions digital tools and data collection but glosses over critical privacy, security, and regulatory challenges. Adding sections on secure data governance, encryption standards, and strategies to build public trust in digital health technologies would address this gap.
4. **Superficial Treatment of Global Equity**: The concept of "reverse innovation" is introduced but not explored in depth. Highlighting partnerships between high- and low-income countries and addressing the existing cultural and structural barriers to prevention adoption would deepen the focus on global health equity.
5. **Over-Reliance on Non-Peer-Reviewed Sources**: The text references consultancy reports and online articles, which weaken its academic credibility. Replacing these with peer-reviewed studies on health economics, preventive care outcomes, and longitudinal public health interventions would strengthen the academic rigor. In fact, the paper does not seem to address current research on health economics, cost-containment, or development strategies.
6. **Underestimation of Behavioral Barriers**: The paper assumes patient compliance with prevention measures without addressing motivational challenges or habit formation. Integrating behavioral science theories to design patient-centric or indeed person-centric interventions would address this issue.

7. **Unclear Financial Models**: The concept of "Smart Capacitating Investment (SCI)" is mentioned but lacks concrete funding mechanisms, ROI metrics, or stakeholder incentives, which is particularly noted in a paper that proposes a metric-based framework. Proposing specific funding sources and developing metrics to quantify long-term savings from prevention investments would clarify financial mechanisms.

Overall Evaluation

Friebe's work is a timely critique of healthcare's status quo, offering innovative frameworks for prevention-centric transformation. Its strengths lie in synthesizing diverse concepts and proposing some actionable metrics. However, the lack of empirical validation and detailed implementation strategies underscores the need for further research. This work can, however, serve as a catalyst for reimagining healthcare delivery considering the current era of digital and AI advancement and global health inequity.

Declarations

Potential competing interests: No potential competing interests to declare.