

Peer Review

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

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It is well understood that, without change, health care systems face increasing costs but with no apparent willingness from the public or patients to meet these costs. A coherent response to this challenge must include shifting towards prevention, but such a transformation is difficult to achieve. This article by Michael Friebe takes a refreshing and positive approach to how this might be addressed.

At the heart of the analysis is the argument that a new – probably parallel – business model is required to create the practical conditions under which resources might be allocated to prevention. This would require the alignment of multiple stakeholders who are often differently motivated by current pressures, professional interests, and a reluctance to make short-term payments for long-term benefits. To achieve this transformation, the article argues, requires ‘early stakeholder engagement, evidence-based solutions, training, and fostering innovation.’

Michael Friebe proposes that we require a new business model to facilitate this shift. Crucially, this would also require metrics for value creation, and in turn, this requires exploiting new digital opportunities for data collection and use.

There are at least two points for discussion in response to this. The first is the possible confusion over what a ‘business model’ includes. A business model is normally something that adheres to an existing organisation. However, the problem – as Michael Friebe makes clear – is that there is no organisation in a position to develop such a model. What, perhaps, is intended is something more akin to what evaluators call a ‘theory of change’. This would establish the multiple inputs, processes, and outcomes required to deliver such a shift. Undoubtedly, metrics would be part of this, but it would be rooted in understanding how complex health systems work.

The second point for discussion is that the approach is technocratic. This is both interesting and helpful, but it misses a critical dimension: power. Overcoming the vested interests that combine to make us unwell, and the poorest of us most unwell, requires more than a business model. It requires a social movement willing and able to bring our shared interests in being healthy to bear on challenging politicians and corporations, on demanding more from educators and physicians, and indeed on changing how we raise our children and manage our own lives.

This article is a helpful first step towards thinking about how we can overcome the innovators' dilemma and bring about structural change. But we also need to ask how this could in practice come about, and where conflict, inequality, and power sit within any credible account of transforming healthcare.

Declarations

Potential competing interests: No potential competing interests to declare.