Title:

Incentive Systems for Diabetes Prevention with Digital Health

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Background/Introduction:

The global rise in noncommunicable diseases necessitates innovative prevention technologies. In Switzerland, nearly half of 2017 healthcare expenditures were for those aged over 65, with 75% spent on noncommunicable diseases (Stucki, 2021), particularly costly metabolic diseases like diabetes (Wieser et al., 2014). Companies are developing digital health tools for early prevention (Cohen et al., 2020). However, the benefits of implementation still need to be justified due to the fragmented healthcare market and stakeholders (Borges do Nascimento et al., 2023). This study aims to identify incentives and business models that promote the implementation of diabetes prevention with digital health.

Methods:

This study uses a multi-method approach: a literature review and a market analysis to identify incentives for preventive care and a business model analysis to pinpoint digital delivery models focused on diabetes prevention. Finally, we conducted expert interviews to triangulate the results and refine incentive patterns (Hermes et al., 2020; Retterath and Braun, 2020).

Results:

Evaluating the benefits of preventive interventions is challenging due to their long-term impact on all stakeholders in the healthcare system. However, our results reveal promising both financial and non-financial incentives for users, payers, and care providers. Incentive patterns like universal access through integrated care platforms and shared savings programs with care providers can potentially address user reach and retention challenges in preventive care implementation.

Conclusion:

The presented incentive patterns can overcome the challenges of unclear benefits in preventive care. Numerous recognized systems aim to provide personalized, cost-effective care by leveraging health technologies and ecosystems, enhancing adoption rate and participation. Innovative delivery methods, including creative marketing and social entrepreneurship, are highlighted to engage patients and effectively promote long-term preventive intervention adherence.

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Self declaration of category:	☐ basic-experimental	□ clinical
Asemo:	□ yes	⊠ no
Status of first author:	Student ■ Student	no student