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857 - ONLINE INFORMATION SEEKING FOCUSED ON SPANISH SUPPLY AND DEMAND FOR PALLIATIVE CARE

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Resumen

Background/Objectives: In Spain, healthcare and social care structures are evolving towards a model of comprehensive care that aims to improve citizens' quality of life until the end of their lives. Palliative care (PC) is a basic healthcare service provided by the Spanish National Health Service(SNHS).This study uses the OHISB (Online Health Information Seeking Behaviour) framework to analyse demand patterns for PC information among Spain's autonomous communities(AC)in 2019.This analysis is in conjunction with the supply of PC resources and demand(population needs).

Methods: This research has been conducted on those AC for which all data is available in these sources: Medicina Paliativa (SECPAL), Asociación Española Contra el Cáncer, Ministerio de Sanidad, Google Trends (GT) and Instituto Nacional de Estadística. The demand for CP information is driven with OHISB via GT. The database of available resources is created by integrating information on the following: care models by AC(integrated and/or coordinated);types of CP healthcare resources with home support, hospital support, hospitalisation resources and paediatric resources; monitoring of the CP plan (centralised or sectorised); and availability of care (24/7) for patients with CP needs. The database on AC healthcare demand was collected using the percentage of people who required CP and those who died at home with CP needs. Furthermore, the public healthcare expenditure managed by AC per inhabitant covered by SNHS was used. Factor Analysis of Mixed Data (FAMD), a multivariate analysis technique, was used to process our database, through the use of the R software.

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Results: Pattern 1 (Andalucía, Madrid and Cataluña): OHISB demand: high; CP demand: medium-low; CP supply: similar between Madrid and Andalusia; Health expenditure: medium. Pattern 2 (Extremadura and Valencia): OHISB demand: medium (Valencia)-low (Extremadura); CP demand: medium-low; CP supply: similar; health expenditure: Medium-high. Pattern 3 (País Vasco, Castilla y León): OHISB demand: low; CP demand: medium-low; CP supply: similar; health expenditure: High. Pattern 4 (Rioja, Castilla la Mancha, Murcia, Galicia, Cantabria, Asturias, Aragón): OHISB demand: low; CP demand: medium-low; CP supply: similar to AC in clusters 4.1 (Rioja, Castilla-la Mancha) and 4.2 (Aragón, Asturias, Cantabria, Galicia, Murcia) of this pattern; health expenditure: Medium-High.

Conclusions/Recommendations: The OHISB is a valuable indicator of CA sensitivity in online CP research: Pattern 1 there is a high level, Pattern 2 intermediate, Pattern 3 and 4 low. This information could empower healthcare decision-makers to gain a more comprehensive understanding of the social PC needs and incorporate them into action plans.

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