

PD108 Digital Transformation Of An Organization Supporting Informal Caregivers During Pandemic: Lessons Learned And Future Direction For A Sustainable Solution

Amir J Khan, Ala Szczepura (ab5794@coventry.ac.uk),
Deidre Wild, Sara Nelson, Mark Collinson,
Marc Greenwood and Sonja Woodhouse

Introduction: The COVID-19 pandemic has catalyzed a move from face-to-face to online delivery of services by hospitals and primary care providers, but little is known about the impact of digital transformation in organizations supporting unpaid caregivers. The value of care provided by informal caregivers since the start of the COVID-19 pandemic has been estimated at EUR111 billion in England.

Methods: The study assessed the impact of digital transformation in an English caregivers' support organization covering a population of 0.98 million. A retrospective mixed method study was conducted of digital and non-digital support service utilization among caregivers in city and rural geographical areas from January 2019 to June 2021. Organizational performance and service quality indicators were compared for two financial years: 2019-2020 and 2020-2021. A survey of users was conducted to evaluate barriers to and facilitators of digital service uptake, computer proficiency among caregivers, and preferences for future digital service provision.

Results: The number of caregivers registered with the organization rose by 36 percent to 20,237 in 2021. Monthly contacts rose by 225 percent to 6,500, with remote contacts rising from 65 to 85 percent. Observed behavior patterns differed between city and rural caregivers. Overall, one-to-one contacts increased by 89 percent and caregiver assessments by 21 percent, with no expansion in staffing. User-reported service quality improved in five out of eight indicators ($p < 0.05$). The demographic characteristics of survey respondents (152 caregivers) were similar to all registered caregivers. The mean short form Computer Proficiency Questionnaire score of 25.61 indicated a relatively high computer proficiency. Qualitative analysis confirmed a preference for face-to-face and online options. The most highly rated online services were peer support groups and wellbeing assessment and support needs checks.

Conclusions: Considering the economic importance of unpaid caregivers, more attention should be paid to the organizations supporting them and the potential for technology to enhance caregivers' access to and benefit from such services. This initial assessment of digital

transformation in one such organization demonstrates the potential for cost-effective service transition. Further research is required to inform sustainable future solutions.

PD109 Health Vulnerability: Rethinking Intervention Strategies In A Health Maintenance Organization In Brazil

Matheus del-Valle, Paulo Estevao Franco Braga,
Marcus Carvalho Borin (marcusborin@gmail.com),
Silvana Marcia Bruschi Kelles and
Fernando Martin Biscione

Introduction: This study identified health susceptibility using socioeconomic and environmental indicators, focusing on their impact on population health, by using a health vulnerability index (HVI). The aim was to map vulnerabilities using the HVI among beneficiaries of a health maintenance organization (HMO) in the metropolitan region of Belo Horizonte (MRBH), to enhance access, efficiency, equity, and quality in health services.

Methods: Established in 2012 by Belo Horizonte's municipality using 2010 census data, the HVI incorporates eight socioeconomic and sanitation indicators. This methodology was extended to all HMO beneficiaries in the MRBH using georeferencing to assess their vulnerability levels (low, medium, high, or very high) and proximity to health facilities.

Results: The findings revealed that 5.44 percent of the HMO's clients reside in areas categorized as high or very high risk, which corresponds to more than 70,000 individuals. Notably, 91.8 percent of these high-risk beneficiaries are situated in the suburban and peripheral areas of the region and predominantly utilize health facilities located on the outskirts of Belo Horizonte or within the metropolitan area. This distribution underscores a notable disparity in healthcare accessibility and service utilization patterns, with a marked inclination toward the use of emergency services among these populations.

Conclusions: The study underscores a strong correlation between vulnerability and the type of healthcare service utilized, with vulnerable groups often resorting to emergency services, which leads to fragmented care. It highlights the need to improve service processes, particularly for those reliant on public transport, and advocates for an integrated approach to health interventions that promotes equitable healthcare access in complex socioeconomic landscapes.