## Digital Literacy and E-Health Engagement in Spain: Insights from a Survey to chronic patients with diabetes, COPD, risk of thrombosis and transplanted



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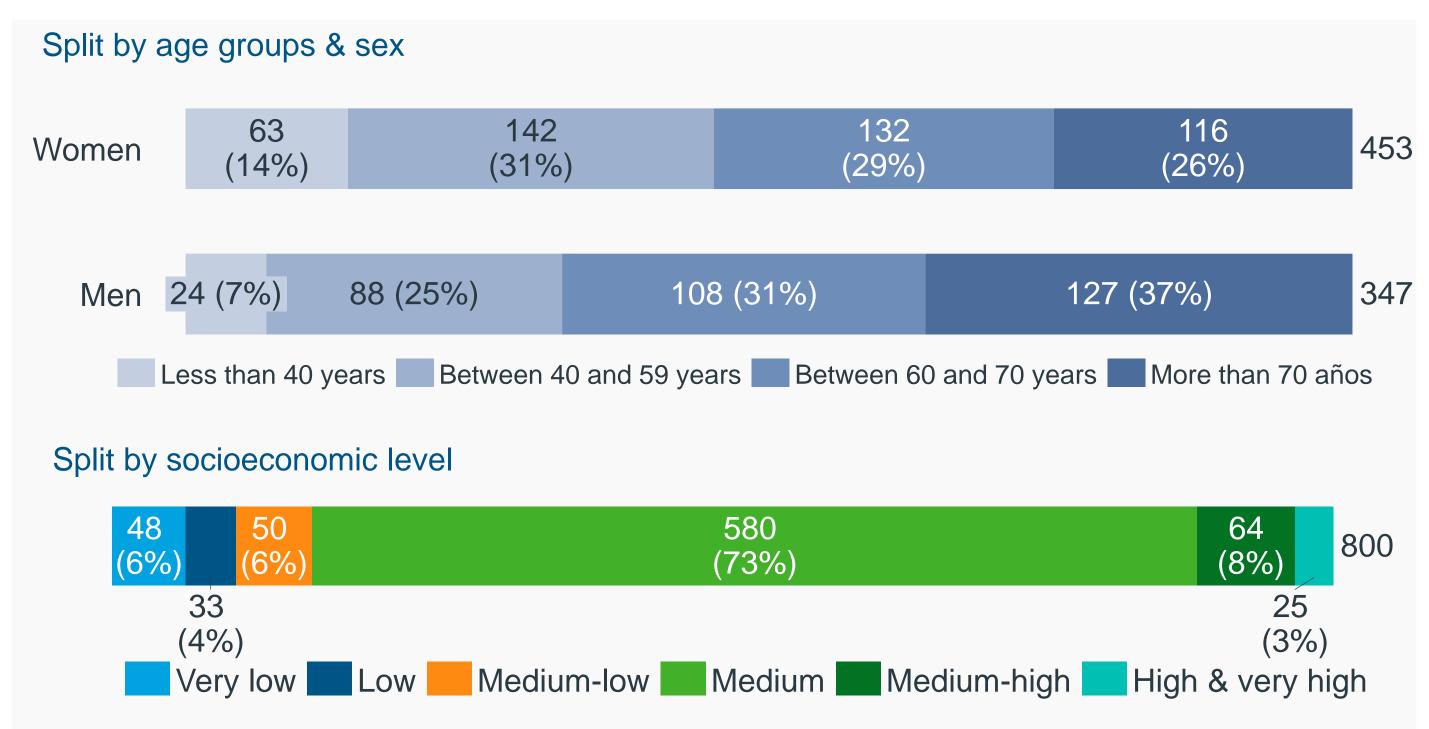
## **OBJECTIVES**

• To understand how chronic patients interact with the healthcare system in Spain and their proficiency using digital tools.

## **METHODS**

■ A survey was conducted on 800 chronic patients in September 2023, using an IQVIA panel of 400 pharmacies spread across Spain. The survey was administered via computer-assisted web interviewing by healthcare professionals dispensing the medication. The sample was composed of patients with the following groups of chronic conditions: diabetes (n=200), COPD and asthma (n=200), risk of thrombosis (n=200), and transplant-related conditions (n=200). Results were stratified by respondent's sex, age and socioeconomic level.

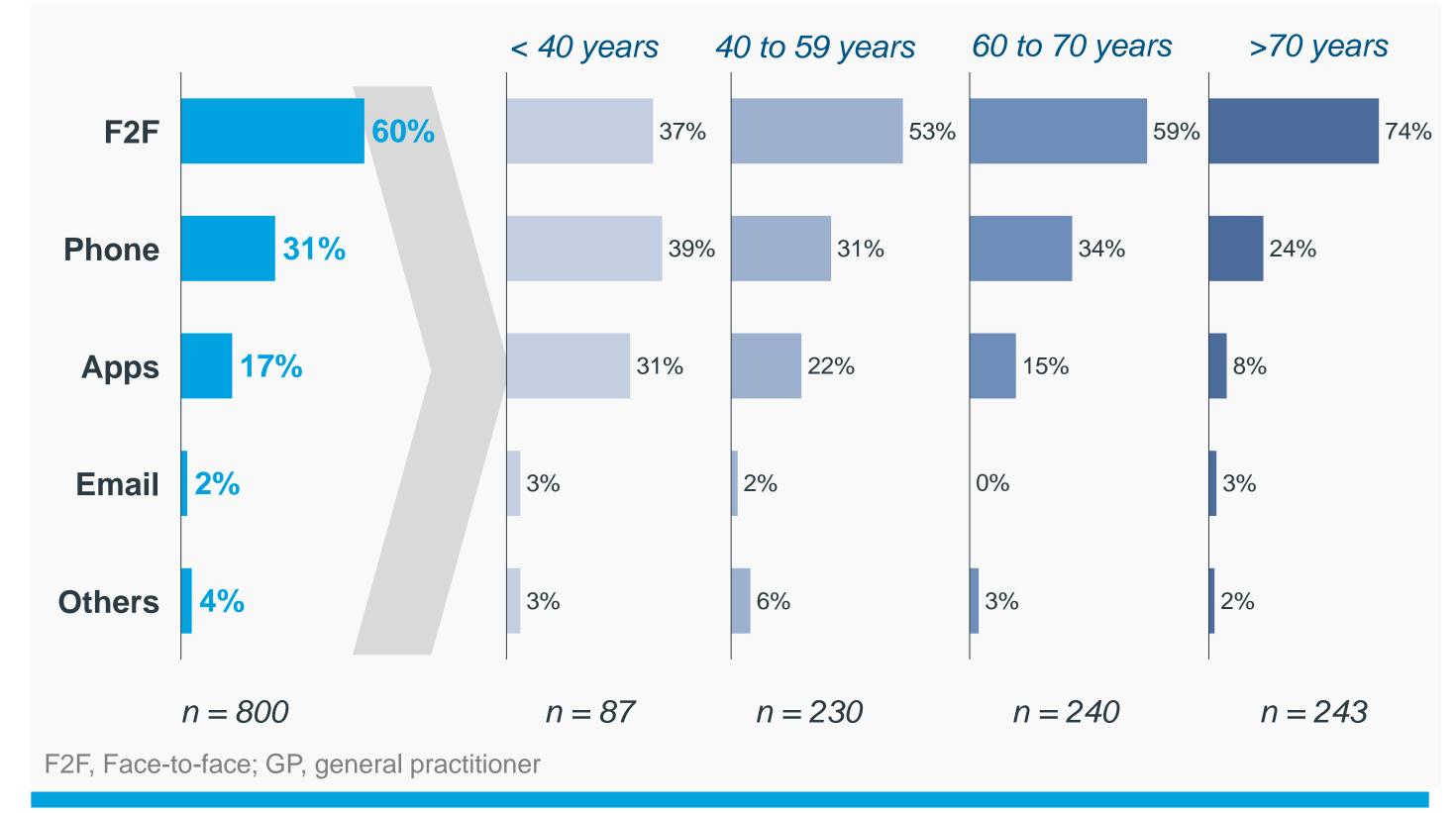
Figure 1. Survey sample



The socioeconomic levels correspond to the percentiles of the predominant household income level in the pharmacy environment, with the average annual income per household being €14,500 in the "very low" level, €18,000 in the "low" level, €23,750 in the "medium-low", €29,500 in the "medium", €38,000 in the "medium-high", €54,500 in the "high" and €65,000 in the "very high" level.

- Most (62.8%) reported general practitioners as their usual point-of-contact, followed by other specialists (30.6%), pharmacists (4.5%), and nurses (2.1%).
- Despite the available digital tools, 60% of the surveyed individuals scheduled their doctor appointments in-person. Fewer than 1 in 5 people scheduled their appointments through a mobile app (17.0%), a percentage that varied between 31.0% in those aged <40 and 8% in those aged >70 years. (Fig 2.)

Figure 2. Tools used to schedule an appointment with the GP (multiple choice)



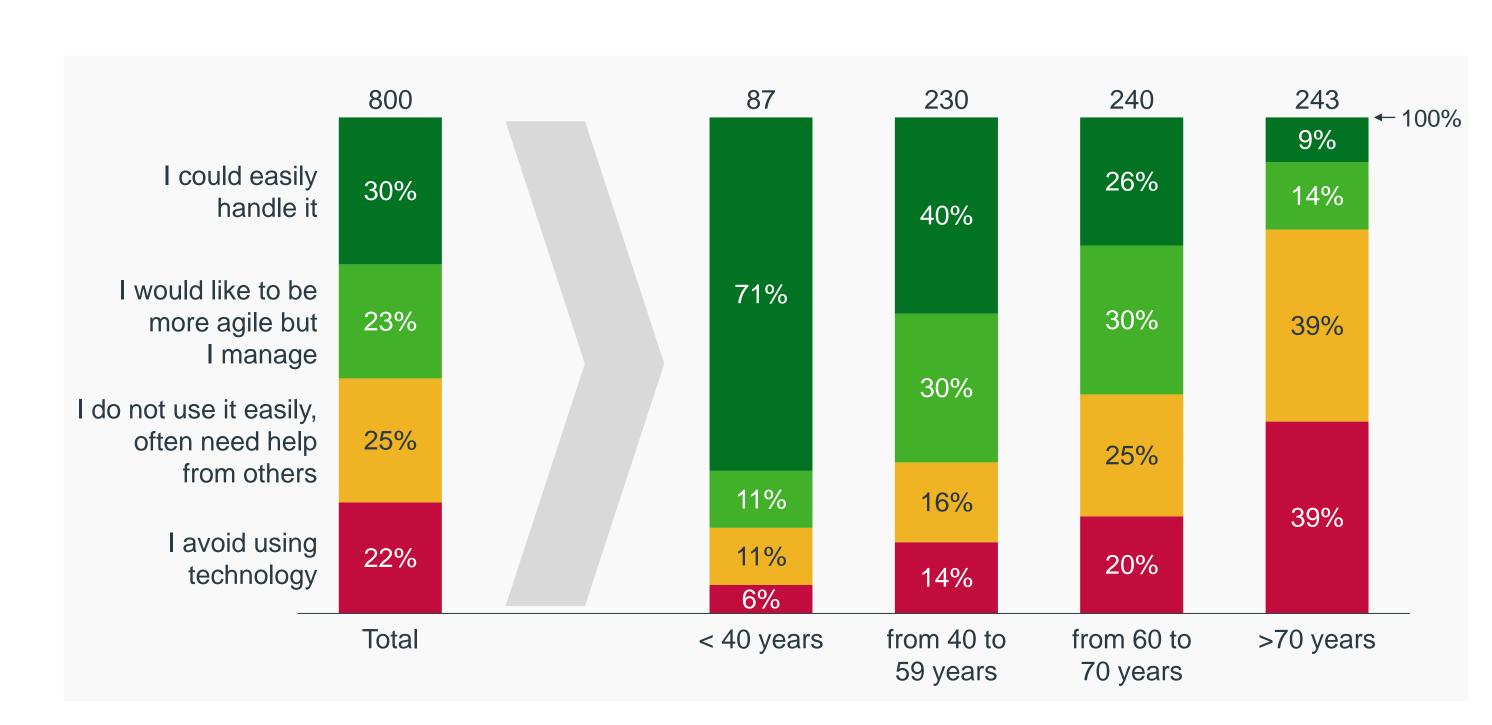
## CONCLUSION

Nearly 1 in 2 chronic patients used alternatives to face-to-face interactions for scheduling some of their GP appointments. An inverse relationship between income level and medicine consumption was noted.

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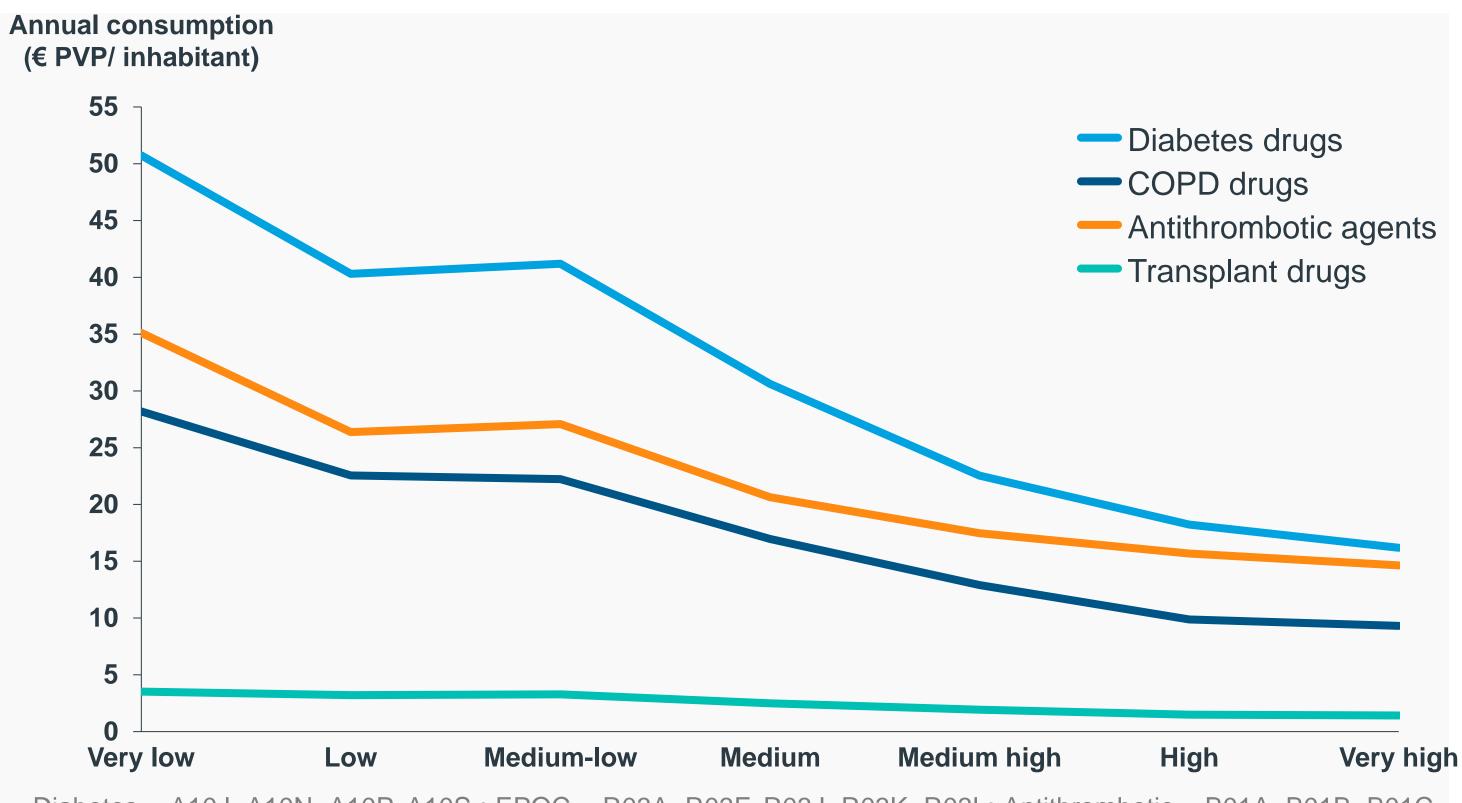
• Regarding digital proficiency, 29.6% stated they could handle technology very well (varying from 9.1% in the oldest and 71.3% in the youngest groups), 23.0% could handle it but would like to be more agile, 25.0% reported difficulties using technology and frequently requiring support from others, and 22.4% avoided using technology whenever possible (Fig.3).

Figure 3. How chronic patients manage with videocalls and apps



 A negative relationship appears to exist between income level and per capita medicine consumption across the four chronic conditions examined. (Fig. 4)

Figure 4 Socioeconomic level – Diabetes, COPD, antithrombotic y drug consumption for transplants (€ / inhabitants)



Diabetes – A10J, A10N, A10P, A10S; EPOC – R03A, R03F, R03J, R03K, R03L; Antithrombotic – B01A, B01B, B01C, B01E, B01F, B01X; Transplant – Tacrolimus, Sirolimus, Mycophenolic Acid, Mofetyl Mycophenolate (L04X) Source: Sell Out of IQVIA; Isochronous; IQVIA analysis

 Although annual drug consumption decreases across all four pathologies and age groups for higher socioeconomic levels, it is consistently higher in older age groups. (Fig. 5)

Figure 5 Socioeconomic level – Diabetes, COPD, antithrombotic y drug consumption for transplants (€ / inhabitants) for >50 and >65 age groups

