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## | RESEARCH ARTICLE

# Mobile Applications in E-Commerce and Healthcare Prescription Management: Integrating AI-Driven Personalization, Accessibility, and Multi-Domain Services

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## | ABSTRACT

Mobile prescription management systems have become revolutionary in dealing with the fragmentation within the healthcare provision sector in the fields of human medications, vision care, and pet prescriptions. The incorporation of adjacent foresight analytics, predictive AI engines of customization, and the accessibility characteristic signifies a paradigm shift to integrated healthcare structures, which forecasts the demand of patients before it occurs. Microservices and secure APIs based on technical architecture and cloud-based infrastructure facilitate smooth interoperability with Electronic Health Records systems, pharmacy management packages, and insurance verification services, without violation of the fundamentals of HIPAA and other regulations. Practical applications show a quantifiable increase in medication compliance, customer experience, and efficiency with streamlined operations, online try-on functionality of eyewear, and automated refills, depending on individual behavioral patterns. The considerations of accessibility, such as ADA compliance, multi-language localization, and inclusive design, ensure that users with various abilities and cultural backgrounds have equal access. To avoid work-amplified bias and healthcare disparities, algorithmic fairness, privacy, and ethical use of AI-enhanced personalization should be monitored continuously. The linking of commercial engagement strategy with clinical outcomes by the engine of promotions and predictive modeling makes sustainable business models that can sustain the development of the platform. The future trend is toward closer integration of cross-domain prescription services, the provision of better population health management services, and responsible innovation that balances technological innovation and the need to promote social equity.

## | KEYWORDS

Mobile Applications; E-Commerce; Healthcare Prescription Management

## | ARTICLE INFORMATION

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## 1. Introduction

Mobile technologies, artificial intelligence, and healthcare delivery have come together in a combination of ways to remake prescription management on many fronts. Today, healthcare systems struggle to coordinate the various siloed prescription services for human medication, vision care, and pet healthcare, each undercutting efficiency and patient adherence. The technology acceptance model provides a theoretical framework for grasping how perceived usefulness and ease of use influence health information technology adoption in clinical settings, underscoring that system design must address functional requirements alongside user experience factors to achieve meaningful implementation [1]. Research examining diffusion of innovation theory shows that patient acceptance of consumer e-health innovations depends on relative advantage, compatibility with existing practices, complexity, trialability, and observability of benefits, suggesting successful prescription management platforms must carefully consider these dimensions during development and deployment [2].

The gap in the unified prescription management, which has emerged as a pressing concern, is the topic of this paper, as it discusses the possibility of mobile applications that can help to integrate human, vision, and pet prescriptions into coherent platforms with predictive analytics, personalization engines, and accessibility options. The topics discussed are the technical

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architecture, implementation practices, real-life applications, and implications on society. The case studies and analysis of the AI-driven engagement that meets regulatory compliance demonstrate the possibility of mobile platforms to enhance healthcare results and business performance, and guarantee equitable access to the services with compliance with the ADA and the use of multi-language localization. Its importance extends past the aspect of technological change to a paradigm shift toward patient-centered, accessible healthcare provision that uses artificial intelligence to predict, eliminate hurdles, and create fluid experiences between historically separate areas of prescription.

## **2. Evolution and Technical Foundations of Unified Prescription Platforms**

### **2.1 Historical Context and Evolution**

In its historical context, the language has been developing since the 11th century, as during that period, the 11th century A.D. was the period when the language was spoken, and it was called English.

The prescription management has been changing significantly over twenty years since the invention of the paper-based system and has now evolved into advanced electronic applications. Conventional operations required patients to commute to various places: prescription clinics, pharmacies, eyewear stores, and veterinary clinics to pick up pet prescriptions. All domains operated in isolation with a paper or disconnected digital system that created inefficiencies, increased errors, and poor compliance. The initial wave of digitization was triggered by the adoption of e-commerce in the early 2000s, which made online prescription refills and online ordering of retail products possible. This change was accelerated during the telehealth revolution of the 2010s, which created the digital eye check, remote veterinary services, and pharmacy delivery services. These innovations remained isolated on different platforms, limiting the overall effect of the innovations.

Research on medication adherence interventions has found that technology-driven interventions can enhance patient compliance, provided they are designed and implemented appropriately, but effectiveness differs with the complexity of the intervention and patient engagement approaches [3]. Unified mobile prescription platforms can be seen as a convergent evolution of all these parallel advances, where human, vision, and pet prescription management are integrated into unified ecosystems to support various healthcare requirements at the same time. The movement towards integrated systems and outdated fragmentation represents wider trends in healthcare technology: the development of interoperability standards, the development of cloud computing, the ubiquity of smartphones, and advancements in artificial intelligence have all allowed integration previously considered unrealistic a few years ago.

### **2.2 Technical Architecture and Frameworks**

Current integrated prescription systems rely on advanced technical systems that offer functionality, security, and scale. Basic elements include API-based interoperability in which secure application programming interfaces connect mobile applications with Electronic Health Records systems, pharmacy management systems, insurance payers, veterinary databases, and optical prescription systems. Standardized exchange of data through the use of RESTful APIs and FHIR standards is also feasible without violating HIPAA compliance, given that the federal security rules and regulations necessitate the implementation of administrative, physical, and technical measures that would guarantee confidentiality, integrity, and the availability of electronic protected health information [4].

Microservices architecture uses the principles of modular design that allow independent scaling of prescription types of human medications, vision prescriptions, and pet healthcare, and share common services such as user authentication, payment processing, and notification systems. This will allow quick feature deployment and system resilience. Offering the personalization engine based on the use of AI and machine learning algorithms, historical refill patterns, user behavior, demographic information, and prescription schedules are analyzed to produce predictive models. These models are intelligent: proactive refills notifications, customized product suggestions, and a more efficient time to engage. The cloud-based infrastructures offer scalable computing platforms that offer computational resources, storage data, and security systems that are required to handle sensitive healthcare information across various prescription fields and ensure geographic redundancy and disaster recovery functionality. The AR implementation integrates computer vision and AR technology to offer eyewear virtual try-on features that allow individuals to preview their frame styles, colors, and fit with camera-equipped devices and then make purchases to reduce returns and increase satisfaction.

### **2.3 User Experience and Interface Design**

Successful mobile prescription systems give priority to user-friendly experiences that support varying user experiences and abilities. Best practices include biometric access to verify secure access, a role-based dashboard with displays pertinent information depending on the type of user patient, caregiver, or pet owner, one-click ordering processes, which reduce friction, and step-by-step instructions for complex tasks such as adding vision measurements or uploading a prescription image. Design

should consider the different levels of digital literacy and ensure that interfaces are easily accessible to users regardless of their ages, education, and technical skills.

Orthopedic mobile health technologies have demonstrated the possibility to go forward in terms of delivering healthcare services in cases where the implementation of mobile health technologies takes into account user-centered design considerations with respect to real-life utilization conditions and workflow integration issues [5]. In architecture, one must pay particular attention to the interaction of various groups of users with the prescription management options, as the elderly patients can require oversized touch targets and a less complicated interface, whereas younger users can require more sophisticated and quicker workflows. To meet these competing demands, user testing is necessary, and refinement of the solution will have to occur after actual use patterns, as opposed to theoretical assumptions of user behavior. The best platforms are known to depend on some of the tiniest details: the positioning of the buttons, the colors of the alerts, notifications terminology, and content loading speed all make a substantial difference in terms of user adoption and continued usage.

Component	Function	Technology Standards	Benefits
API Integration Layer	Connects mobile apps with EHR, pharmacy, vision, and veterinary systems	RESTful APIs, FHIR standards	Enables data exchange while maintaining HIPAA compliance
Microservices Architecture	Independent scaling of prescription domains	Modular design principles	Allows rapid deployment and system resilience
AI Personalization Engine	Analyzes refill patterns and user behavior	Machine learning algorithms, predictive modeling	Generates proactive reminders and product recommendations
Cloud Infrastructure	Manages computational resources and data storage	AWS, Azure, Google Cloud platforms	Ensures geographic redundancy and disaster recovery
AR Virtual Try-On	Visualizes eyewear before purchase	Computer vision, augmented reality	Reduces returns and improves customer satisfaction
Security Framework	Protects electronic health information	End-to-end encryption, biometric authentication	Prevents unauthorized access and ensures data privacy

Table 1: Technical Architecture Components of Unified Prescription Platforms [3, 4]

**3. Predictive Analytics and Personalization in Prescription Management**

**3.1 Research Background and Novel Contributions**

Current mobile applications in healthcare and retail deliver basic prescription management or product recommendations, but most function in isolation without cross-domain intelligence. Existing research has investigated telehealth interventions, medication adherence reminders, and personalized shopping experiences separately, yet limited work has examined integrated predictive systems spanning multiple prescription types while incorporating commercial engagement strategies. Systematic reviews of mobile phone interventions have discovered that text messaging and app-based reminders can produce modest improvements in medication adherence across various chronic conditions, though effect sizes vary considerably depending on intervention design, frequency of contact, and integration with clinical workflows [6].

Unified predictive platforms offer novel contributions through anticipating patient and consumer needs before those needs surface. Analyzing past refill behavior, lifestyle inputs, prescription usage patterns, and purchase history enables systems to proactively suggest renewals, recommend complementary products, and deliver personalized promotions at optimal times. Conventional applications require a manual schedule of reminders, but this method uses temporal pattern recognition, behavioral segregation, and context sensitivity to work out optimal timing of engagement, message, and choice of channel, producing more personal and effective intervention strategies that change in response to unique situations and preferences. The difference is important since generic reminders are frequently ignored or rejected, whereas the individualized interventions with scheduling according to the personal dynamics show significantly better rates of engagement.

### **3.2 Methodology and Implementation**

The creation of predictive prescriptive systems is associated with the combination of various methodological tools that incorporate different data collection and analytic procedures. Data aggregation is the process of combining, in the form of structured data, EHRs, pharmacy dispensing systems, insurance claims, and mobile user interactions to create complete user profiles. These profiles are complemented by unstructured sources of data, such as prescription images and user-generated content that provide comprehensive perspectives of patient needs and behaviors. Foreign engineering determines significant predictive characteristics: frequency of refills, duration of prescription, seasonal variations, demographic and geographic factors, insurance, and previous compliance records. Feature selection algorithms pinpoint the most significant predictors for different prescription types, recognizing that human medications, vision prescriptions, and pet healthcare exhibit differing usage patterns and temporal dynamics.

Predictive modeling employs machine learning algorithms—random forests, gradient boosting machines, and recurrent neural networks—to forecast refill dates, adherence risks, and engagement likelihood. Models get trained separately for each prescription domain due to differing usage patterns and temporal dynamics characterizing human, vision, and veterinary prescriptions. Research on mental health smartphone applications suggests clinical review of user engagement patterns can inform design improvements, enhancing effectiveness, retention, and therapeutic value, principles applying equally to prescription management platforms [7]. A/B testing and validation through iterative testing with pilot user groups measure prediction accuracy, notification effectiveness, conversion rates, and user satisfaction. Constant feedback mechanisms allow refining models and optimizing the parameters so that predictive performance can be enhanced as time passes and more usage data is received, and as user preferences change depending on changing healthcare requirements and life situations.

### **3.3 Comparative Advantages and Applications**

Unified predictive platforms have a number of unique benefits when compared to the current prescription management alternatives that can help overcome the long-standing issues of medication adherence and healthcare involvement. Multi-prescription integration into single interfaces removes the individual applications' requirements and less the cognitive load on users managing complicated medication programs or managing many relatives and pets. Predictive alerts that adapt to user behaviors are more helpful in preventing missed doses than generic reminder systems, and studies have shown that interventions become helpful as soon as they become personalized to user patterns. Personalization does not just start and stop at timing but also incorporates tone of message, choice of channel, and promotional offers based on their preferences and purchase history, which makes the engagement less invasive and more relevant.

The implementation of virtual try-on technology to prescription eyewear is a major counter to online-purchase eyewear because it lowers the number of returns and has a higher success rate of vision care purchases. Multiple stakeholder groups benefit as predictive prescription platforms allow patients to receive timely refill notices and fewer treatment lapses, pet owners timely and coordinated reminders of preventive medications, pharmacies and retailers to have better inventory management and customers more events, healthcare providers with better patient outcomes and no extra administrative load since automated systems take care of routine refill administration and can identify adherence issues that require intervention. The economic consequences include the decrease in healthcare expenses due to the avoidance of complications, lowered costs of operations of pharmacies due to improved inventory management, and the improvement of the customer lifetime value of the retailers due to increased consumer interactions and purchases. The compound effect of such benefits on the stakeholders will develop sustainable business models that will sustain further development and improvement of the platform.

Phase	Activities	Technologies	Outcomes
Data Aggregation	Integration from EHRs, pharmacy systems, insurance claims, and mobile interactions	Structured and unstructured data processing	Comprehensive user profiles capturing health and behavioral patterns
Feature Engineering	Identification of refill frequency, seasonal patterns, demographics, and adherence rates	Feature selection algorithms	Significant predictors for human, vision, and pet prescriptions
Predictive Modeling	Forecasting refill dates, adherence risks, and engagement likelihood	Random forests, gradient boosting, and recurrent neural networks	Domain-specific models for different prescription types
Validation Testing	Pilot user groups measuring accuracy and satisfaction	A/B testing, conversion tracking	Continuous refinement through feedback loops
Personalization	Adapting messaging tone, timing, and channel selection	Behavioral segmentation, contextual awareness	Higher engagement rates compared to generic reminders
Cross-Domain Intelligence	Integrating human, vision, and pet prescriptions	Unified prediction systems	Reduced cognitive load and improved adherence

Table 2: Predictive Analytics Methodology and Implementation Features [5, 6]

**4. Case Study: Walmart Mobile Application Implementation**

**4.1 Implementation Process and Technical Integration**

Walmart, operating one of the largest retail pharmacy networks in the United States, recognized opportunities to harness the mobile application as a unified platform for prescription management across human medications, vision care, and pet prescriptions. Development and deployment followed a structured multi-phase approach beginning with requirements and workflow analysis, where cross-functional teams—software engineers, UX designers, pharmacists, optometrists, and veterinary consultants—conducted comprehensive workflow mapping exercises identifying pain points in existing prescription processes, user journey inefficiencies, and integration requirements across Walmart's pharmacy, vision center, and pet medication systems.

Technical integration involved development teams creating secure APIs connecting the mobile application with Walmart's pharmacy management system, vision center databases, pet medication inventory, and insurance verification platforms. Architecture employed microservices, allowing independent scaling and maintenance of each prescription domain while sharing common infrastructure for user authentication, payment processing, and notification delivery. Telehealth implementations have demonstrated that successful technology integration requires careful attention to clinical workflows, regulatory requirements, and user acceptance factors, principles guiding the Walmart platform development [8]. Machine learning engineers implemented AI and personalization features, developing predictive refill algorithms trained on historical prescription data, purchase patterns, and user engagement metrics. A promotions engine was created, delivering personalized offers based on refill timing, purchase history, and cross-prescription opportunities. Notification systems received optimization, balancing engagement effectiveness with user preferences, using reinforcement learning to adapt messaging frequency and timing based on individual response patterns observed through actual usage data rather than theoretical models. The technical complexity required coordinating dozens of internal teams and external vendors while maintaining existing system functionality throughout the migration period.

**4.2 Results, Outcomes, and Key Learnings**

Implementation produced measurable improvements across multiple dimensions of prescription management and customer engagement. Human prescription management benefited from streamlined refill workflows and predictive reminders, improving adherence rates, with customers reporting higher satisfaction with the convenience of in-app prescription management, insurance verification, and home delivery options. Integration of pet medication services allowed owners to handle treatments of many animals using the same application, with automatic reminders of preventive medication and long-term condition treatment, enhancing adherence to treatment and minimizing the gaps in veterinary services. Virtual try-on vision prescription innovation enhanced online eyewear ordering completion and decreased returns since clients could input or upload prescription data, choose frame styles via AR visualization, and purchase items fully in the mobile app.

The AI-driven promotions engine, which provided personalized offers and yielded more repeat purchases and cross-category engagement, enhanced commercial performance with the timely discounts on their refills, promotions across various types of prescriptions, and loyalty boosting customer LTV. The benefits in operational efficiencies realized through the existence of the backend systems that were based on predictive inventory management, and lessening emergency refills, in addition to a more streamlined fulfillment workflow, are achieved because integration in the domains of prescription allowed for optimization of resources and enhancement of service delivery. A number of insights that were critical in implementation came out. In cross-domain integration, it is important to consider various regulatory regulations, clinical workflow, and user demand for human, vision, and pet prescriptions. The simplicity of user experience comes to the fore with the complexity of the multi-prescription case, as the interface should direct the user through the workflow without swamping them with workflow options or information that confuses the user, to give up. The engines of predictive AI and promotions need a constant calibration process according to the real-life usage patterns in order to stay relevant and prevent notification fatigue, resulting in user engagement or the uninstallation of the app. Co-operation between clinical and pharmacist, optometrist, and veterinarian technical teams, as well as retail operations, is necessary to balance between safety, functionality, and commercial goals as an outcome of caring for both health outcomes and financial performance without compromising either of the two. Most unexpectedly, it is the integration that brought about some unforeseen usage habits, such as the case of customers having to process prescriptions of both their elderly parents and their adult children at the same time, and had to make some interface adjustments that were not originally expected.

Implementation Phase	Key Activities	Stakeholders	Measured Outcomes
Requirements Analysis	Workflow mapping, pain point identification	Engineers, pharmacists, optometrists, veterinarians	Integration requirements across pharmacy, vision, and pet systems
Technical Integration	API development, microservices deployment	Development teams, system architects	Connected pharmacy management, vision databases, and inventory platforms
AI Feature Development	Predictive algorithms, promotions engine	Machine learning engineers	Personalized offers based on refill timing and purchase history
Vision Technology	Virtual try-on, AR visualization	Computer vision specialists	Increased eyewear order completion, reduced returns
Pilot Testing	Regional deployment, user feedback collection	Cross-functional teams, customers	Refined notification timing and interface design
Performance Results	Adherence improvements, satisfaction metrics	Healthcare providers, retail operations	Streamlined workflows, optimized inventory, enhanced engagement

Table 3: Walmart Mobile Application Implementation Phases and Results [7, 8]

## 5. Accessibility, Equity, and Societal Considerations

### 5.1 ADA Compliance, Inclusive Design, and Localization

The mobile prescription apps should be made to be accessible to users with varying abilities, with the features used therein adhering to the Americans with Disabilities Act and other international accessibility requirements. The key facilities of critical accessibility are compatibility with screen readers that have the correct semantic markups and labels on content, font size and color contrast settings that can be adjusted to accommodate users with visual impairments, voice navigation and commanding capabilities that allow hands free interaction, simplified navigation structure that can accommodate users with cognitive impairments, haptic feedback, which can support users with hearing impairments, and compatibility with assistive technologies such as switch controls and alternative input devices.

The application of accessibility goes beyond regulatory compliance as stipulated by the Health Insurance Portability and Accountability Act security rule outlining the administrative, physical, and technical safeguard requirements of electronic health information, to reflect ethical norms and business prospects to serve underserved populations [9]. The studies show that a large percentage of adults are living with a disability of some kind, and it has a large number of users whose needs are poorly catered

to by digital health applications. Accessible design is also useful to aging populations, temporary disabilities, and more difficult environmental circumstances that might leave a user in a situation where there may be situational impairments, such as high-intensity sunlight on a screen or a noisy environment that disrupts audio cues. The world and diverse domestic markets demand mobile prescription platforms with multi-language content, culturally suitable interface components, region-sensitive prescription processes that can adapt to the local healthcare systems and regulatory standards, and localized vision prescription and pharmacologic dosing measurement systems.

The business case of accessibility is increased with the aging of populations and the reinforcement of regulations, which makes accessibility investments ethical and economically wise in the case of platform creators and healthcare providers.

### **5.2 Fairness, Privacy, and Wider Impacts in Algorithms.**

There are intrinsic risks of algorithmic bias perpetuating or increasing healthcare disparities in AI-driven personalization and predictive systems because predictive models may be trained using historical data, which may reflect current inequities in healthcare provision, prescription patterns, and socioeconomic factors against vulnerable groups. The proposed solutions to these issues will require accountable applications where prediction algorithms undergo regular bias audits on demographic groups, where the training data corresponds to the representative samples of different populations, fairness restrictions are imposed to avoid discriminatory outcomes, transparency around the way an algorithm makes its decision is provided, and a human control system to review automated recommendations before implementation.

To achieve the ethical development of AI-based prescription systems, continuous vigilance is essential to guarantee that technological innovations support, not undermine, healthcare equity, such as inspecting how they can contribute to disparities in vulnerable groups and modifying systems to mitigate the occurrence of such disparities by applying algorithmic adjustments and policy modifications to the systems. Prescription management applications deal with very sensitive personal health information that needs very high security levels that are not limited to regulatory compliance, but also end-to-end encryption of the information being transmitted and stored, multiple-factor authentication and biometric security services, direct user control of data sharing and data use, clear and understandable privacy policies, and recurring security audits and vulnerability testing to identify and mitigate any potential threats before they are abused. Customers should know what information is being gathered, how it gets personalized and predicted by algorithms, and what safeguards against unwarranted access or abuse by bad actors or unwanted system malfunctions.

Extended effects of mobile prescription platform on society are not only to the ecological and economic levels where optimization of refill prediction and inventory management will reduce pharmaceutical waste of overstocked or expired drugs, electronic prescriptions and automatic ordering will diminish paper waste and transportation emissions linked to repeated visits to the pharmacy, but also increased convenience may lead to increased consumption frequency that needs to be monitored to be appropriately used and may be overutilized. In the economic terms, these platforms have the potential to lower the cost of healthcare due to greater adherence and associated costs related to expensive complications, and at the same time, generate commercial value by maximizing engagement and loyalty among retailers and pharmacies, which they can address by bringing incentives closer to the goal of supporting health outcomes and patient wellbeing instead of working against them. The conflict between the profitability and patient good demands the perpetual attention of the regulators, medical institutions, and technology developers to ensure that proper parameters are not exceeded.

Consideration Category	Implementation Features	Compliance Standards	Population Benefits
Visual Accessibility	Screen reader compatibility, adjustable fonts, and color contrast	ADA requirements, WCAG guidelines	Users with visual impairments, aging populations
Motor Accessibility	Voice navigation, simplified touch targets	Assistive technology compatibility	Users with motor disabilities, hands-free operation needs
Cognitive Accessibility	Simplified navigation, step-by-step guidance	Universal design principles	Users with cognitive disabilities, varying digital literacy
Auditory Accessibility	Haptic feedback, visual alerts	Multi-sensory interface design	Users with hearing impairments, noisy environments
Language Localization	Multi-language content, cultural adaptation	Regional healthcare regulations	Immigrant communities, limited English proficiency users
Algorithmic Fairness	Bias audits, representative training data	Ethical AI deployment standards	Vulnerable populations, prevention of healthcare disparities

Table 4: Accessibility and Equity Considerations for Prescription Platforms [9, 10]

## 6. Conclusion

The use of mobile prescription solutions that combine human, vision, and pet health services is a breakthrough in accessible and patient-centered care provision. Technical excellence optimizing predictive analytics, AI personalization, and effective security architectures has shown a tangible positive relationship in medication adherence, operational efficiency, and customer satisfaction between various stakeholder groups. Practical examples confirm that integrated systems save fragmentation and develop sustainable business models that provide further innovation. The ability to comply with ADA on accessibility, equity, and algorithmic fairness, localize in languages, and reduce the impact of bias are the keys to success. The way forward requires a balance between technological abilities and social accountability, and thus innovations must be beneficial to all populations equally and without influencing privacy, autonomy, and clinical security. Medical professionals, technology creators, and retail entities need to work together to develop systems that improve human skills and do not circumvent clinical decision-making, and develop ecosystems where technology and human control operate in unison. It is expected that future changes will enhance the predictive capabilities, extend the coverage of the prescription domain, and get deeper into integrating with population health management efforts. To realize such aspirations, it is important to be committed to responsible innovation and put patient welfare, fair access, and ethics first in the design and deployment strategies of platforms.

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## References

- [1] Centaine L. S et al., (2020) Determining if Telehealth Can Reduce Health System Costs: Scoping Review, *Journal of Medical Internet Research*, 2020. [Online]. Available: <https://pubmed.ncbi.nlm.nih.gov/33074157/>
- [2] Clemens S K et al., (2017) Telehealth and patient satisfaction: a systematic review and narrative analysis, *BMJ Open*, 2017. [Online]. Available: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5629741/>
- [3] John T et al., (2018) Clinical review of user engagement with mental health smartphone apps: evidence, theory and improvements, *Evid Based Ment Health*, 2018. [Online]. Available: <https://pubmed.ncbi.nlm.nih.gov/29871870/>
- [4] Linda G P, (2014) A quantitative systematic review of the efficacy of mobile phone interventions to improve medication adherence, *Journal of Advanced Nursing*, 2014. [Online]. Available: <https://pubmed.ncbi.nlm.nih.gov/24689978/>
- [5] Nieuwlaat R. et al. (2014). [Online]. Available: <https://pubmed.ncbi.nlm.nih.gov/25412402/>
- [6] Nieuwlaat R. et al., (2014) Interventions for enhancing medication adherence, *Cochrane Database Syst Rev*
- [7] Regina M B, (2012) Medication Adherence: Helping Patients Take Their Medicines As Directed, *Public Health Reports*, 2012. [Online]. Available: <https://pmc.ncbi.nlm.nih.gov/articles/PMC3234383/>



- [8] Richard J. H and Ben-Tzion K, (2010) The Technology Acceptance Model: Its past and its future in health care, *Journal of Biomedical Informatics*, 2010. [Online]. Available: <https://www.sciencedirect.com/science/article/pii/S1532046409000963>
- [9] U.S. Department of Health and Human Services, (2024) Health Information Privacy, 2024, [Online]. Available: <https://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html>
- [10] World Health Organization, (n.d) mHealth: New horizons for health through mobile technologies. [Online]. Available: <https://www.afro.who.int/publications/mhealth-new-horizons-health-through-mobile-technologie>
- [11] Xiaojun Z et al., (2015) Using diffusion of innovation theory to understand the factors impacting patient acceptance and use of consumer e-health innovations: a case study in a primary care clinic, *BMC Health Services Research*, 2015. [Online]. Available: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-015-0726-2>