

Health and Self-Esteem

R-H. PAN, Y-F CHEN. A video-based m-health system incorporating video visits, multidisciplinary care, and social supports. *Gerontechnology* 2018;17(Suppl):171s; <https://doi.org/10.4017/gt.2018.17.s.166.00> **Purpose**

Recently, the biopsychosocial model has been adopted to address the biomedical and psychosocial interaction of diseases, especially those such as chronic pain, chronic fatigue syndrome, fibromyalgia, irritable bowel syndrome, and multiple sclerosis that cannot be well treated by traditional biomedical models^{1,2}. Placebo effects are related to complex neurobiological functions involving neurotransmitters and activation of specific and relevant brain areas³, and include psychologically inert treatments and psychosocial aspects of medical environment, such as care, clinician-patient relationship, and group support. In our previous study, a text-based m-health system with health education and symptom self-management was shown to be effective in caring for patients with BPS/IC⁴. It was later updated by replacing text-based contents with video-based contents and has been shown to be more effective⁵. We hypothesize that, in addition to health education and self-management, incorporation of online e-Consult and e-Video through mediation by an advanced nursing practitioner will be effective to promote sense of control and to elicit placebo effects⁶⁻⁸. The objective of this study is to design a video-based m-health system based on the biopsychosocial model to care for patients with chronic pains for reducing outpatient and ER visits, thereby improving patient quality of life (QoL) and decreasing healthcare cost. **Method** Architecture of the designed biopsychosocial m-health system is shown in *Figure 1*. In addition to video-based patient education and symptom self-management, the biopsychosocial m-health system also integrates various functions including multidisciplinary specialty care through e-Consult and e-Visit as well as family and group supports were also integrated into the m-health system to further elicit placebo effects for full-ranged biopsychosocial healthcare. **Results & Discussion** Online surveys of pain, disease severity, QoL, patient's trust in clinician, and user attitude/behavior intention have also been implemented and will be used to assess usefulness and effectiveness of the proposed biopsychosocial m-health model. Moreover, its cost-effectiveness will be compared with the video-based intervention and traditional face-to-face visit in the future.

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Address: Department of Information Management, Tunghai University, and La Vida Tec Co. Ltd., Taichung 43347, Taiwan (R.H.P.); Department of Dental Technology and Materials Science, Central Taiwan University of Science and Technology, Taichung 40601, Taiwan, (Y.F.C.); E: pan@51donate.com

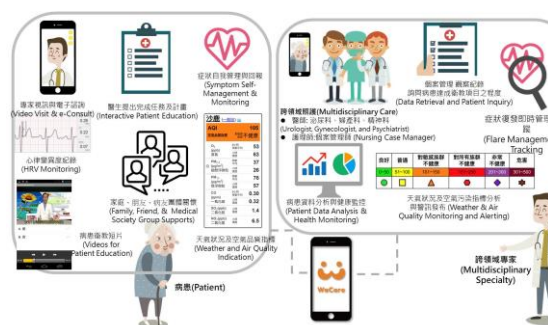


Figure 1. Functions of video-based biopsychosocial m-Health system