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Leveraging machine learning and AI in healthcare: A paradigm shift from the

traditional approaches

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Abstract

Electronic health data is becoming more and more accessible, which presents tremendous opportunities for medical research and development as well as useful advancements. Healthcare epidemiologists need computational methods that can handle big, complicated datasets in order to fully utilize these data. These tools are provided by machine learning (ML), which recognizes patterns that can change patient risk stratification, particularly in infectious diseases, and result in focused treatments that stop the spread of pathogens. Health emergencies and disease states can now be predicted more accurately thanks to recent developments in AI and ML. Although there is doubt about ML's usefulness in healthcare, its use is expanding quickly. In fields like radiology, genetics, and neuroimaging, machine learning techniques—including supervised, unsupervised, and reinforcement learning—have demonstrated efficacy. Nevertheless, issues like privacy and morality still need to be taken into account for applications in the future.

Keywords: Machine Learning; AI; Electronic Health Records; Healthcare; Clinical Prediction; AI in Healthcare

1. Introduction

As electronic health records become more prevalent, healthcare epidemiologists are now faced with the task of processing and interpreting large, complex data sets. Large-scale patient and facility-level data are now available, creating new possibilities for enhancing our knowledge of risk factors, patient risk stratification, and the transmission of infections linked to healthcare (HAIs). Targeted prevention strategies are made possible by this change, which is reinforced by the use of sophisticated data collection techniques like electronic health records (EHRs). Clinical data was previously underutilized because of difficulties with storage and analysis, but machine learning (ML) now provides a remedy. Large datasets can be efficiently analyzed by ML, which makes it an important tool in healthcare epidemiology.

Machine learning has developed to improve efficiency across a range of industries, including healthcare, by assisting doctors, increasing prediction accuracy, and simplifying procedures like electronic health record management. Recent developments have been helpful in fields like illness prediction, medical imaging, and hospital resource management, especially during the COVID-19 pandemic. Testing, resource management, and even vaccine development has accelerated thanks to AI and ML. Though it presents issues like privacy concerns and ethical considerations, machine learning (ML) continues to play a critical role in improving diagnosis, care quality, and operational efficiency as healthcare adopts these technological advancements. There could be more advancements in patient care and illness management with machine learning in the future.

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2. Machine Learning Overview

In order to help with both understanding current phenomena (such as identifying risk factors for infections) and making future predictions (such as forecasting who might become infected), machine learning (ML) entails studying tools and methods to identify patterns in data. With its roots in optimization, statistics, and computer science, machine learning (ML) is typically viewed as an optimization problem with the goal of discovering the model that best fits the available data. Three categories usually apply to machine learning applications: reinforcement learning, unsupervised learning, and supervised learning.

Machine learning has been used for a variety of clinical tasks, including prediction (e.g., predicting hospital readmissions) and diagnosis (e.g., automatic skin lesion classification) due to the increasing availability of clinically relevant data. There are ongoing efforts to incorporate machine learning into healthcare practice, even though the full clinical impact is still being investigated. With the increasing availability of data, particularly in the areas of infectious diseases and healthcare epidemiology, machine learning (ML) holds great promise for enhancing patient outcomes and decision-making.

3. Overview of AI

Although the terms machine learning (ML), deep learning, and artificial intelligence (AI) are frequently used synonymously, they refer to distinct methodologies. Any computer-based intelligence that imitates human skills, including problem-solving and decision-making, is referred to as artificial intelligence (AI). Examples of this type of intelligence include robots and personalized advertisements. In order to ensure that models learn efficiently and generate objective predictions, AI algorithms are usually trained using datasets that have been divided into training and testing sets.

ML is a branch of AI that solves problems without the need for specialized programming by using statistical techniques and algorithmic models. A significant amount of data preprocessing is necessary for many single-layered machine learning models in order to guarantee accurate predictions and avoid overfitting or underfitting. On the other hand, deep learning is a more sophisticated type of machine learning that makes use of layered artificial neural networks. It offers higher accuracy and precision at the expense of less interpretability. Through the use of several layers of data processing, these networks allow the models to learn from the data on their own and produce specialized results by forming deeper, more intricate connections.

4. Influence of AI in Healthcare

Artificial intelligence (AI) and machine learning (ML) have advanced significantly in the healthcare industry, helping with tasks like neuroimaging, diagnosis, picture analysis, case triage, and decision-making. The fields of genetic engineering, medical imaging, and electronic health records (EHRs)-which manage substantial amounts of structured and unstructured data and have demonstrated significant promise in clinical practice—have received the most attention. In the field of healthcare, shared datasets are essential because they allow various machine learning (ML) techniques to be compared for particular clinical problems. It is difficult to make meaningful comparisons between methods in the absence of shared datasets. The process of extracting and preprocessing data, or "data wrangling," is a major component of healthcare machine learning projects because health data, particularly clinical notes, frequently contain errors, inconsistencies, and inaccuracies. Larger datasets can aid in identifying significant signals despite the noise, even though machine learning is unable to detect patterns that are absent from the data. Regularization and the use of held-out test sets are two strategies that can be used to assess if the quality of the data is adequate for learning. Accurate data for the selected target outcome is crucial when creating machine learning models. For example, information about which patients actually developed Clostridioides difficile infection (CDI) is required to predict the development of CDI. ML models can withstand a certain amount of uncertainty, even though imperfect testing will always result in some uncertainty. It's also critical to realize that a model's predictions are based on the results of the training process.

4.1. Electronic Health Records

Since their inception as clinical information systems by Lockheed in the 1960s, electronic health records, or EHRs, have undergone substantial development. After the U.S. government invested in EHRs in 2009, the technology was widely adopted; by 2015, 87% of office-based practices were using EHRs. Data organization, accessibility, and overall quality of care have all improved as a result of this digitization, which has made it possible to use EHR data for deep learning applications like managing medication refills and diagnosing illnesses.

Clinical condition diagnosis and prediction have advanced with the use of EHRs and deep learning models. Liu, Zhang, and Razavian, for instance, created a deep learning algorithm that predicts diseases like heart failure and stroke by combining CNNs and LSTM networks. To increase accuracy, the algorithm incorporates both structured and unstructured EHR data. Ge et al. also developed a model to predict post-stroke pneumonia, and it achieved a high degree of accuracy with AUC values of 90.5% for 14-day predictions and 92.8% for 7-day predictions. Furthermore, with an accuracy rate of 81.30%, ML-based models such as the Statistically Robust Machine Learning-based Mortality Predictor (SRML-Mortality Predictor) have been used to predict mortality in intensive care unit (ICU) patients, including those with paralytic ileus. These forecasting tools offer insightful information to patients and physicians so they can make better treatment decisions.

4.2. Medical Imaging

Through the use of structured data formats like DICOM across a variety of imaging modalities, including CT, MRI, X-ray, PET, and ultrasound, machine learning (ML) has greatly improved medical imaging. Models based on machine learning have been created to detect ailments such as tumors, lesions, fractures, and tears. One noteworthy instance is a deep learning model created by McKinney and associates that outperformed seasoned radiologists by 11.5% in AUC score for early breast cancer detection using mammograms. CNNs have been used in other studies, like the ones by Esteva and colleagues, to classify skin diseases with performance on par with board-certified dermatologists.

Additionally, ML has been used to monitor the development of retinal diseases such as diabetic retinopathy (DR). In a study, Arcadu and colleagues identified tiny, low-contrast microaneurysms by using a CNN to identify aneurysms that cause vision loss. Furthermore, Rajpurkar and colleagues' CNN showed that ML models have improved the analysis of chest X-rays for thoracic diseases; it achieved an 81% accuracy, surpassing radiologists by 2%.

ML models have been applied to neuroimaging to forecast the course of mental illnesses like PTSD and depression as well as neurodegenerative diseases like Alzheimer's and Parkinson's. For example, Faturrahman et al. used deep belief networks (DBNs) with structural MRI data to predict the course of Alzheimer's disease with 91.76% accuracy. Patel and colleagues used information from functional MRI and cognitive scores to create a highly accurate decision tree model for diagnosing depression and forecasting treatment response.

Overall, the application of machine learning to medical imaging has proven to be highly beneficial, providing improved sensitivity, specificity, and accuracy in the diagnosis and prognosis of a range of conditions, supporting medical professionals and lessening the strain on healthcare systems.

4.3. Predicting Infectious Disease

In hospital epidemiology (HE) and infectious disease management, machine learning (ML) has many uses that cover different facets of control, diagnosis, and prevention. Important domains where machine learning is applied are:

Risk Classification according to Particular Infections: To evaluate the risk of hospital-acquired infections (HAIs) such as ventilator-associated pneumonia, surgical site infections, or Clostridium difficile infection (CDI), machine learning models are created. Based on a number of variables, including the patient's medical history, comorbidities, duration of hospital stay, and recent procedures, these models are able to assess the risk level of the patient. This enhances outcomes and slows the spread of infections by enabling healthcare providers to apply focused interventions for individuals who are more vulnerable.

Determining Risk Factors and Their Contributions: Machine learning can assist in identifying the factors that most strongly raise the chance of infection. Algorithms, for instance, can evaluate the influence of variables on infection risk, such as age, immune status, exposure to particular environments, or use of specific medications. With this knowledge, healthcare professionals can develop more potent preventative plans and gain a deeper understanding of the dynamics of infection.

Comprehending Pathogen-Host Interactions: Complex interactions between pathogens (like bacteria and viruses) and their human hosts are being modeled through machine learning techniques like deep learning. Machine learning (ML) can provide light on how pathogens evade immune responses or how specific genetic predispositions in hosts increase susceptibility to infections by analyzing large datasets of genetic information, clinical records, and laboratory results. This knowledge can inform vaccine development and targeted therapies.

Forecasting the emergence and Dispersal of Contagion: Machine learning models are also applicable to epidemiological surveillance, forecasting the dissemination of contagion within a community or among geographical

areas. Through the integration of data from various sources, such as travel patterns, hospital records, climate data, and social media trends, these models are able to predict outbreaks and direct public health interventions. Predictive models have proven especially useful in the event of disease outbreaks, including COVID-19, influenza, and other emerging infections. They have facilitated the implementation of prompt and efficient interventions.

5. Risks and Challenges

Exceptionally high accuracy in machine learning frequently points to possible problems such as "data leakage," in which a covariate inadvertently encodes the result, for example, by revealing a diagnosis made by a clinician. This may produce unreliable outcomes. In order to solve this, it is essential to examine the model's decision-making procedure or carry out preliminary testing to guarantee the accuracy and validity of the forecasts.

Healthcare professionals are aware of the many inaccuracies and inconsistencies in medical data, particularly in clinical notes. "Data wrangling," or the extraction and preprocessing of data, accounts for a large portion of the labor in machine learning projects. Even though low-quality data restricts machine learning's potential, noise may still cause meaningful patterns to emerge as data volumes increase. Techniques like regularization and using a held-out test set can help determine whether there's enough signal in the data to learn meaningful relationships.

It is imperative that the model be matched to the particular clinical task when assessing predictive performance in the healthcare industry. To predict the daily risk of CDI, for example, the model should be used every day instead of right before the event. Calibration (the accuracy of risk estimates) and discriminative performance (the ability to separate patients at high and low risk) are important factors to take into account. Transparency in the model is also essential because interpretable models make predictions more actionable by offering insights into their reasoning. This interpretability can point up problems such as data leaks and make biologically tenable research hypotheses.

6. Ethical Considerations

The use of AI in healthcare raises a number of ethical questions, most pertaining to consent, privacy, accountability, and transparency. The employment of AI in healthcare procedures raises questions about accountability in the event that mistakes are made, even though humans have traditionally made these decisions. Since many AI models—particularly the deep learning algorithms used in image analysis—are challenging to understand, transparency is a crucial problem. Patients may request explanations for AI-based diagnoses, such as a cancer diagnosis, but because these algorithms are opaque, it may be challenging to respond succinctly.

The potential for AI systems to treat or diagnose patients incorrectly would make determining who is at fault more difficult. Additionally, patients may prefer to receive sensitive medical information from a compassionate clinician rather than an impersonal AI. Furthermore, it's possible that AI systems, even in situations where these factors are not causal, will predict higher disease risks based on gender or racial stereotypes. We call this kind of bias in algorithms.

As AI continues to have an impact on healthcare, significant changes will occur in technology, medicine, ethics, and occupation. In order to address these concerns and ensure that the negative effects of technology are kept to a minimum, governments, regulatory bodies, and healthcare institutions must establish governance and monitoring frameworks. Careful policy formulation will be necessary to address the substantial effects of AI on society.

7. Prospects of AI in healthcare

In the future of healthcare, artificial intelligence (AI) is anticipated to be very important, especially through machine learning, which powers innovations like precision medicine. Although there have been difficulties with early attempts to use AI for diagnosis and treatment recommendations, current development indicates that AI will eventually be very good in these areas. AI is positioned to analyze a large number of medical images in fields like pathology and radiology, and tools like text and speech recognition are already facilitating clinical note-taking and patient communication.

Integrating AI into routine clinical practice is the main obstacle. Regulatory approval, standardization, financial support, clinician training, integration with EHR systems, and ongoing updates are all necessary for this. Although overcoming these obstacles might take some time, as the technology advances, wider adoption is anticipated in the next five to ten years.

Artificial intelligence is expected to improve human clinicians' capacity to provide patient care, not to replace them. More emphasis may be placed by clinicians on positions that make use of human abilities like empathy and holistic comprehension. Professionals who refuse to work with AI technologies are the only ones in danger of losing their jobs.

8. Conclusion

Although machine learning in healthcare has come a long way, more progress can still be made. The goal of current machine learning advancements is to help doctors treat patients more quickly, accurately, and successfully. Enhancing ML capabilities may require addressing issues with data gathering, storage, and unstructured data processing. Future developments may result in more reasonably priced medical exams and imaging, which would help close the gap in health and increase low-income populations' access to care. Researchers hope to make progress in the areas of genetic modification treatments, optimized medication selection, and personalized drug response prediction. Existing machine learning algorithms offer a solid basis for upcoming advancements in healthcare, despite ongoing challenges.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

References

- [1] Bates DW, Saria S, Ohno-Machado L, Shah A, Escobar G. Big data in health care: using analytics to identify and manage high-risk and high-cost patients. Health Aff (Millwood) 2014; 33:1123–31.
- [2] Opmeer BC. Electronic health records as sources of research data. JAMA 2016; 315:201–2.
- [3] Lewis-Kraus G. The great AI awakening. In The New York Times Magazine. 2016
- [4] Alpaydin, E. Introduction to machine learning. MIT Press, 2020
- [5] Wiens J, Horvitz E, Guttag JV. Patient risk stratification for hospital-associated c. diff as a time-series classification task. in Advances in Neural Information Processing Systems. 2012.
- [6] Rao, S.R.; Desroches, C.M.; Donelan, K.; Campbell, E.G.; Miralles, P.D.; Jha, A.K. Electronic health records in small physician practices: availability, use, and perceived benefits. J. Am. Med. Inform. Assoc., 2011,18(3), 271-275.
- [7] Komorowski, M., Celi, L. A., Badawi, O., Gordon, A. C. & Faisal, A. A. TheArtificial Intelligence Clinician learns optimal treatment strategies for sepsis in intensive care. *Nat. Med.* 24, 1716–1720 (2018).
- [8] Yu, K.-H., Beam, A. L. & Kohane, I. S. Artificial intelligence in healthcare. *Nat. Biomed. Eng.* 2, 719–731 (2018).