# ASSESSING THE ROLE OF CLINICAL SUMMARIZATION AND PATIENT CHART REVIEW WITHIN COMMUNICATIONS, MEDICAL MANAGEMENT, AND DIAGNOSTICS

#### Chanseo Lee

Yale School of Medicine and Sporo Health New Haven, CT 06510 chanseo.lee@yale.edu

#### Kimon-Aristotelis Vogt

Sporo Health Boston, MA 02134 kvogt@sporohealth.com

#### Sonu Kumar

Sporo Health Boston, MA 02134 sonu@sporohealth.com

July 25, 2024

#### **ABSTRACT**

Effective summarization of unstructured patient data in electronic health records (EHRs) is crucial for accurate diagnosis and efficient patient care, yet clinicians often struggle with information overload and time constraints. This review dives into recent literature and case studies on both the significant impacts and outstanding issues of patient chart review on communications, diagnostics, and management. It also discusses recent efforts to integrate artificial intelligence (AI) into clinical summarization tasks, and its transformative impact on the clinician's potential, including but not limited to reductions of administrative burden and improved patient-centered care.

#### 1 Introduction

Patient information is critical in the delivery of effective care – thousands of practices, tools, and techniques have been developed in patient interview, health record storage, and physical examination purely for the sake of effective usage of key patient information. Clinicians must have an effective understanding of a patient – including but not limited to the history of present illness (HPI), past medical history (PMH), family history (FH), and more. This allows them to discern accurate differentials and develop efficacious management plans.

In modern healthcare, collected patient information is stored in electronic health records (EHRs), where they lie unstructured across thousands of progress notes, lab results, office visits, phone call transcriptions, and the like. Clinical summarization involves condensing this unstructured information into an accurate picture of a patient's medical history and current health status into a concise, accessible format. This practice has significant implications for healthcare professionals, patient health outcomes, and hospital expenditures. However, even in a strictly regulated industry that is American healthcare, clinicians have diverse ways of approaching clinical summarization – with many placing much time, energy, and value, while others not so much.

Tools that streamline the clinical summarization process have been a hot topic of debate, with many arguing for its effectiveness in healthcare delivery while others fear issues in data privacy, ethical considerations, and more. This debate is further complicated with the advent of generative AI and its impact on workflows across the industry. However, it is no surprise that AI that automates clinical workflow is an exciting frontier. It is an undeniable truth that generative AI is finding its foothold cautiously in the hands of physicians – this review article will explore the current state of clinical summarization in healthcare, and how AI pushes its frontiers to previously unexplored heights.

# 2 Quantifying Patient Chart Review's Impact on Diagnostic Accuracy and Time Burden

Patient chart review is the manual clinical summarization conducted through the interpretation of unstructured patient health data, stored in EHRs in modern times. It is an essential part of any clinical workflow, regardless of clinician, specialty, or patient. Reviewing EHRs allows for the physician to focus on talking with patients effectively by gaining contextual information about the patient.<sup>[1]</sup> The wealth of information housed within the patient charts is just as critical as the patient interview, physical examination, or lab/imaging workups, especially to avoid misdiagnoses or contraindicatory management plans.

In fact, this valuable nature of EHR data is precisely why there are many efforts to implement natural language processing of clinical narratives into both workflow and diagnostics, including in managing coronary artery disease, depression, and more. [2][3] Especially for patients with chronic conditions, it is generally agreed that clinical free-text, or the unstructured narrative information lying inside the health records, is dominant in value over any of the other structured data such as ICD-10 codes, which are often plagued with errors/misdiagnoses. [4] Thus, it should only be natural that literature on EHR have discovered that low quality medical data management and usage are key reasons for medical error. [5]

One case study has also shown that unstructured, clinical narrative information contained in EHRs for patient chart review is sufficient for conclusions about the patients' pathophysiological processes and therapeutic advances, even for up to 94.9% of cases. In fact, thorough patient chart reviews can take up to 30 minutes per patient case, but this time investment can have high returns, identifying most or even all of the major patient issues correctly in up to 93.8% of the cases. [6]

However, even while taking 30 minutes per patient to conduct a thorough chart review, the diagnostic and management decisions are not perfect – an independent, second round of patient chart review evaluating the accuracy of the first round of patient chart review found that 36.6% of the cases had to be corrected in either the pathophysiological process identification or therapy/management decisions, highlighting the imperfection of even the most thorough patient chart review process.<sup>[6]</sup>

#### 3 Medical Errors Associated with Patient Chart Review

Most physicians in the United States do not take sufficient time to conduct patient chart review. A survey of 155,000 U.S. physicians in ambulatory subspecialties or primary care utilizes 5 minutes and 22 seconds per patient encounter<sup>[7]</sup> – a significant time sink, but nowhere near the 30 minutes average used in the aforementioned case study. The poorer quality of the average patient chart review, whether it be due to work burden overload, lack of time, or negligence, leads to larger quantities of misdiagnoses, and thus, medical errors/malpractice.

There are many medical error scenarios associated with patient chart review. For example, a common case of medical error are iatrogenic adverse drug events (ADE), most commonly caused by inconsistencies in a clinician's knowledge on patient allergies to medications. There is a wealth of literature and case studies that review these adverse drug events caused by insufficient documentation, poor patient health record communication, and lack of proper information collection from charts. As these case studies show, many of these ADEs involve insufficient knowledge on the side of a clinician due to incomplete record review and internal inconsistencies found in the unstructured data within health records.<sup>[8]</sup> In fact, another study highlights this lack of clinician knowledge despite sufficiently documented patient information, having caused 29% of the study's preventable ADEs.<sup>[9]</sup>

Another sector where patient chart review is key is transition of care. Patients being transferred between clinicians, whether internally in hospital systems or across practices, require fluid and comprehensive communication of all relevant patient health history to prevent confusion, poor management, and ultimately malpractice or negligence. An average large academic teaching hospital can have up to 4,000 transitions per day, and this high volume of transition is a rich breeding ground for medical errors due to lack of comprehensive patient information and thus, a poor understanding of a patient's status. [10] In fact, a 2016 study showed that 30% of malpractice claims in the U.S. were attributed to poor communication between clinicians, resulting in 1,744 deaths and \$1.7B in claims. [11]

# 4 Information Overload and Physician Burnout

The root driver behind patient chart review causing medical errors has been investigated quantitatively through literature. On the other side of the patient-physician interaction, consider the burden of information placed on the physician. Each patient can have patient records as short as 29 pages and as long as over 500 pages long, [12] and to paint an accurate picture from the mountains of data is a monumental manual task. A physician spends an average of 4.5 hours per day doing EHR workflow, with 33% of that being patient chart review, translating to 1.5 hours of patient chart review per day. [7] Even the average U.S. medical resident spends 112 hours per month exclusively reading patient charts. [13]

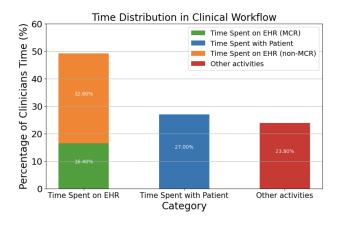


Figure 1: Time Distribution in Clinical Workflow

Electronic health records directly contribute to what has been dubbed as "information overload crisis," where physicians actively face an excess of information from patients, research, and administration. <sup>[14]</sup> In fact, studies have shown that 75% of physicians facing burnout cite EHR workflow as the main contributor, <sup>[15]</sup> especially in primary care, where burnout rates are the highest at 50%. This high correlation between burnout and EHR workflow can be attributed to the fact that physicians spend 49.2% of their time per day with EHRs while only 27% is dedicated towards face-to-face time with patients. <sup>[16]</sup>

It is difficult to quantify exactly what portion of medical errors are caused by problems with the information crisis and electronic health records. However, it is still possible to discern what the errors that were made from information handling processes, which heavily involve patient charts. In fact, one family medicine case study found that 29% of the errors made can be associated with patient information processing. These errors include the availability of information within patient charts, physician-physician communications, and clinical knowledge gaps.<sup>[17]</sup>

Another study of 2,590 primary care physicians showed that 69.6% receive more information that they can handle. This study measured the number of alerts a physician received, which is a common proxy for measuring information overload. Furthermore, these alerts lead to almost 30% of these physicians reporting missing test results and delayed patient care as a result, another proxy for medical errors due to the information overload. <sup>[18]</sup> These studies highlight the burden of information placed on the physician, and how it impacts not just their time usage, but also prevalence of medical errors and physician burnout.

#### 5 The Role of AI in Clinical Summarization

The growing crisis in healthcare information volume, physician burnout, and patient-physician relations, increasing efforts to incorporate artificial intelligence into clinical summarization. Natural language processing (NLP) can be used to determine illnesses or patient information from clinical free-text. The increasing capabilities and token storage of LLMs in 2024 such as Google's Med-Gemini, Meta's Llama 3, OpenAI's ChatGPT4, or Anthropic's Claude 3.5, has allowed for these models to process the enormous portions of information for summarization and analysis. In recognition of the stringent accuracy, the need for personalization, privacy regulations, and the high knowledge floor needed for AI in clinical workflow, the innovation space gave birth to companies like Sporo Health to combat the aforementioned issues in clinical summarization using AI agents. Several case studies verify AI usage in various clinical settings to aid in chart review and summarization of clinical information.

# 6 Radiology Case Reports and Biomedical Research

Radiological reports, essential for diagnosing and monitoring diseases, can be lengthy and complex, often integrated into almost every progress note. While the data is more structured than typical progress notes, there is much to unpack in what is necessary information and what is not.

One case study utilized NLP summarization models from various sources for the purpose of summarizing neuroradiology case reports and charts. These included models such as BARTcnn, trained on news datasets from CNN, LEDClinical, trained on references from the MIMIC-III dataset, and even GPT3 davinci from OpenAI. Both clinical-sided physician evaluation of comprehensibility, accuracy, redundancy, and readability as well as standard AI-sided quantitative evaluation using s ROUGE or BERTscore [21][22] was performed on the summarization capabilities of these models.

These AI models, especially BARTcnn and GPT3 davinci, demonstrated considerable summarization capabilities, enhancing the readability and comprehensiveness of summaries, while simultaneously reducing text length to less than 20% of the original case reports. These results are especially notable when considering that most of the models tested were not trained on any clinical dataset, which opens much potential for using these AIs as tools for enhancing clinical workflow in fast-paced clinical settings. [20]

Beyond patient case reports, AI is also applied in summarizing extensive biomedical literature. This includes systematic reviews and meta-analyses, which are pivotal for evidence-based medicine. The use of AI helps in distilling vast volumes of data into digestible summaries, although challenges such as maintaining accuracy and managing large datasets persists.<sup>[19]</sup>

#### 7 Capabilities of Large Language Models with Patient Charts

A recent study published in Nature Medicine evaluated the leading Large Language Models (LLMs) in their ability to summarize clinical information in patient charts. [23] Eight open source and proprietary models including ChatGPT3.5, ChatGPT4, LLaMa-2, Med-Alpaca, which were then adapted to the summarization tasks at hand using in-context learning (ICL) and quantized low-rank adaptation (QLoRA), were evaluated in its capabilities to summarize progress notes, radiology reports, dialogue, and other patient-sided sources of information. Datasets utilized for clinical summarization tasks included MIMIC-III, MIMIC-CXR, and ProbSum. The study found that the best-performing models, namely ChatGPT4 adapted with ICL, performed superior to even physicians when evaluated both on the AI-sided metrics and clinical-sided expert evaluations by other physicians. In fact, the best model even produced fewer instances of fabricated information, suggesting that its hallucination rate is lower to the average clinician's summary. This has large implications on how the usage of these LLMs can significantly reduce rates of medical error associated with patient chart review.

## 8 Methodologies Behind Innovating AI into Clinical Summarization

Beyond the typical usages of AI in clinical summarization, there have also been efforts to improve AI performance in clinical settings. The SPeC framework represents a breakthrough in addressing the variability of AI outputs in clinical summarization. By employing soft prompts, this method enhances the stability and consistency of AI-generated summaries, which is critical for clinical accuracy and reliability. The framework aims to mitigate the impact of prompt quality on the performance of LLMs, demonstrating a novel approach to improving AI utility in healthcare. [24]

Furthermore, one must also consider that many AI applications in clinical summarization heavily rely on using comprehensive datasets like the MIMIC series, including MIMIC-CXR, as training data, which contains extensive patient reports, unstructured clinical information, radiological reports, and images. While there are not many comprehensive datasets that present an end-all-be-all solution to the open-source data problem in healthcare, the available datasets enable the training and refinement of AI models for specific tasks such as disease detection and report generation, highlighting the importance of high-quality, detailed data for successful AI implementation.

# 9 Challenges in AI-driven Clinical Summarization

The use of AI in handling sensitive patient information raises significant privacy concerns. Ensuring the security of patient data and compliance with healthcare regulations such as HIPAA in the US is paramount. AI systems must be designed to prevent unauthorized data access and ensure patient confidentiality. The accuracy of AI-generated summaries is heavily dependent on the quality of the input data. Errors in initial data or poorly calibrated AI models can lead to incorrect summaries, which may adversely affect patient care. Therefore, continual monitoring and refinement of AI systems are necessary to maintain their reliability. Lastly, integrating AI tools into existing healthcare IT systems poses significant technical and operational challenges. Compatibility with diverse systems, user training, and the adaptation of clinical workflows are essential factors that must be addressed to achieve seamless integration and utilization.

## 10 Moving Forward

AI in clinical summarization offers transformative potential for healthcare, promising to enhance the efficiency and accuracy of medical documentation and decision-making. However, realizing this potential requires overcoming substantial challenges in data management, system integration, and maintaining the ethical standards of patient care. Future developments in this field must focus on refining AI technologies, improving their adaptability, and ensuring they align with the overarching goal of improving patient outcomes.

As AI continues to evolve, future research will likely explore more sophisticated models that can handle a wider range of data types and clinical scenarios. Additionally, the ethical implications of AI in healthcare, such as racial or socioeconomic bias in AI algorithms and the impact of automation on employment within the healthcare sector, will need to be carefully considered.

#### References

- [1] O'Malley AS, Cohen GR, Grossman JM. Electronic medical records and communication with patients and other clinicians: are we talking less? *Issue Brief Cent Stud Health Syst Change*. 2010 Apr;(131):1–4. PMID: 20499485.
- [2] Buchan K, Filannino M, Uzuner Ö. Automatic prediction of coronary artery disease from clinical narratives. *J Biomed Inform.* 2017 Aug;72:23-32. doi: 10.1016/j.jbi.2017.06.019. Epub 2017 Jun 27. PMID: 28663072; PMCID: PMC5592829.
- [3] Zhou L, Baughman AW, Lei VJ, Lai KH, Navathe AS, Chang F, Sordo M, Topaz M, Zhong F, Murrali M, Navathe S, Rocha RA. Identifying Patients with Depression Using Free-text Clinical Documents. *Stud Health Technol Inform*. 2015;216:629-33. PMID: 26262127.
- [4] Zhan X, Humbert-Droz M, Mukherjee P, Gevaert O. Structuring clinical text with AI: Old versus new natural language processing techniques evaluated on eight common cardiovascular diseases. *Patterns (N Y)*. 2021 Jun 17;2(7):100289. doi: 10.1016/j.patter.2021.100289. PMID: 34286303; PMCID: PMC8276012.
- [5] Adane K, Gizachew M, Kendie S. The role of medical data in efficient patient care delivery: a review. *Risk Manag Healthc Policy*. 2019 Apr 24;12:67-73. doi: 10.2147/RMHP.S179259. PMID: 31114410; PMCID: PMC6486797.
- [6] Siems A, Banks R, Holubkov R, Meert KL, Bauerfeld C, Beyda D, Berg RA, Bulut Y, Burd RS, Carcillo J, Dean JM, Gradidge E, Hall MW, McQuillen PS, Mourani PM, Newth CJL, Notterman DA, Priestley MA, Sapru A, Wessel DL, Yates AR, Zuppa AF, Pollack MM. Structured Chart Review: Assessment of a Structured Chart Review Methodology. *Hosp Pediatr*. 2020 Jan;10(1):61-69. doi: 10.1542/hpeds.2019-0225. PMID: 31879317; PMCID: PMC6931034.
- [7] Overhage JM, McCallie D Jr. Physician Time Spent Using the Electronic Health Record During Outpatient Encounters: A Descriptive Study. *Ann Intern Med.* 2020 Feb 4;172(3):169-174. doi: 10.7326/M18-3684. Epub 2020 Jan 14. Erratum in: Ann Intern Med. 2020 Oct 6;173(7):596. doi: 10.7326/L20-1077. PMID: 31931523.
- [8] Kiechle ES, McKenna CM, Carter H, Zeymo A, Gelfand BW, DeGeorge LM, Sauter DA, Mazer-Amirshahi M. Medication Allergy and Adverse Drug Reaction Documentation Discrepancies in an Urban, Academic Emergency Department. *J Med Toxicol*. 2018 Dec;14(4):272-277. doi: 10.1007/s13181-018-0671-7. Epub 2018 Jul 2. PMID: 29968185; PMCID: PMC6242795.
- [9] Leape LL, Bates DW, Cullen DJ, Cooper J, Demonaco HJ, Gallivan T, Hallisey R, Ives J, Laird N, Laffel G, et al. Systems analysis of adverse drug events. ADE Prevention Study Group. *JAMA*. 1995 Jul 5;274(1):35-43. PMID: 7791256.

- [10] Inadequate hand-off communication. Sentinel Event Alert. 2017 Sep 12;(58):1-6. PMID: 28914519.
- [11] Malpractice risks in communication failures: 2015 Annual benchmarking report. [Internet]. [cited 2024 Jun 23]. Available from: https://psnet.ahrq.gov/issue/malpractice-risks-communication-failures-2015-annual-benchmarking-report.
- [12] Geiger G, Merrilees K, Walo R, Gordon D, Kunov H. An analysis of the paper-based health record: information content and its implications for electronic patient records. *Medinfo*. 1995;8 Pt 1:295. PMID: 8591176.
- [13] Chen L, Guo U, Illipparambil LC, Netherton MD, Sheshadri B, Karu E, Peterson SJ, Mehta PH. Racing Against the Clock: Internal Medicine Residents' Time Spent On Electronic Health Records. *J Grad Med Educ*. 2016 Feb;8(1):39-44. doi: 10.4300/JGME-D-15-00240.1. PMID: 26913101; PMCID: PMC4763387.
- [14] Klerings I, Weinhandl AS, Thaler KJ. Information overload in healthcare: too much of a good thing? *Z Evid Fortbild Qual Gesundhwes*. 2015;109(4-5):285-90. doi: 10.1016/j.zefq.2015.06.005. Epub 2015 Jul 27. PMID: 26354128.
- [15] Tajirian T, Stergiopoulos V, Strudwick G, Sequeira L, Sanches M, Kemp J, Ramamoorthi K, Zhang T, Jankowicz D. The Influence of Electronic Health Record Use on Physician Burnout: Cross-Sectional Survey. *J Med Internet Res.* 2020 Jul 15;22(7):e19274. doi: 10.2196/19274. PMID: 32673234; PMCID: PMC7392132.
- [16] Budd J. Burnout Related to Electronic Health Record Use in Primary Care. J Prim Care Community Health. 2023 Jan-Dec;14:21501319231166921. doi: 10.1177/21501319231166921. PMID: 37073905; PMCID: PMC10134123.
- [17] Dovey SM, Meyers DS, Phillips RL Jr, Green LA, Fryer GE, Galliher JM, Kappus J, Grob P. A preliminary taxonomy of medical errors in family practice. *Qual Saf Health Care*. 2002 Sep;11(3):233-8. doi: 10.1136/qhc.11.3.233. PMID: 12486987; PMCID: PMC1743626.
- [18] Nijor S, Rallis G, Lad N, Gokcen E. Patient Safety Issues From Information Overload in Electronic Medical Records. *J Patient Saf.* 2022 Sep 1;18(6):e999-e1003. doi: 10.1097/PTS.000000000001002. Epub 2022 Apr 7. PMID: 35985047; PMCID: PMC9422765.
- [19] Wang M, Wang M, Yu F, Yang Y, Walker J, Mostafa J. A systematic review of automatic text summarization for biomedical literature and EHRs. *J Am Med Inform Assoc*. 2021 Sep 18;28(10):2287-2297. doi: 10.1093/jamia/ocab143. PMID: 34338801; PMCID: PMC8449627.
- [20] Chien A, Tang H, Jagessar B, Chang KW, Peng N, Nael K, Salamon N. AI-Assisted Summarization of Radiologic Reports: Evaluating GPT3davinci, BARTcnn, LongT5booksum, LEDbooksum, LEDlegal, and LEDclinical. AJNR Am J Neuroradiol. 2024 Feb 7;45(2):244-248. doi: 10.3174/ajnr.A8102. PMID: 38238092.
- [21] Lin C-Y. ROUGE: A Package for Automatic Evaluation of Summaries. *ACL Anthology*. 2004 Jul;Text Summarization Branches Out:74–81.
- [22] Zhang T, Kishore V, Wu F, Weinberger KQ, Artzi Y. BERTScore: Evaluating Text Generation with BERT. *International Conference on Learning Representations* 2020. 2020.
- [23] Van Veen D, Van Uden C, Blankemeier L, Delbrouck JB, Aali A, Bluethgen C, Pareek A, Polacin M, Reis EP, Seehofnerová A, Rohatgi N, Hosamani P, Collins W, Ahuja N, Langlotz CP, Hom J, Gatidis S, Pauly J, Chaudhari AS. Adapted large language models can outperform medical experts in clinical text summarization. *Nat Med.* 2024 Apr;30(4):1134-1142. doi: 10.1038/s41591-024-02855-5. Epub 2024 Feb 27. PMID: 38413730.
- [24] Chuang YN, Tang R, Jiang X, Hu X. SPeC: A Soft Prompt-Based Calibration on Performance Variability of Large Language Model in Clinical Notes Summarization. *J Biomed Inform.* 2024 Mar;151:104606. doi: 10.1016/j.jbi.2024.104606. Epub 2024 Feb 5. PMID: 38325698.

# THE ROLE OF ARTIFICIAL INTELLIGENCE IN HEALTHCARE: A SYSTEMATIC REVIEW OF APPLICATIONS AND CHALLENGES

Article in International Medical Science Research Journal · April 2024

DOI: 10.51594/imsrj.v4i4.1052

CITATIONS

READS

141

4 authors, including:

Francisca Udegbe
11 PUBLICATIONS 689 CITATIONS

SEE PROFILE

Chukwunonso Ekesiobi
Chukwuemeka Odumegwu Ojukwu University
78 PUBLICATIONS 1,399 CITATIONS

SEE PROFILE

SEE PROFILE



International Medical Science Research Journal P-ISSN: 2707-3394, E-ISSN: 2707-3408 Volume 4, Issue 4, P.No.500-508, April 2024

DOI: 10.51594/imsrj.v4i4.1052

Fair East Publishers

Journal Homepage: www.fepbl.com/index.php/imsrj



# THE ROLE OF ARTIFICIAL INTELLIGENCE IN HEALTHCARE: A SYSTEMATIC REVIEW OF APPLICATIONS AND CHALLENGES

Francisca Chibugo Udegbe<sup>1</sup>, Ogochukwu Roseline Ebulue<sup>2</sup>, Charles Chukwudalu Ebulue<sup>3</sup>, & Chukwunonso Sylvester Ekesiobi<sup>4</sup>

<sup>1</sup>Independent Researcher, Iowa, USA <sup>2</sup>Nigerian Institute for Trypanosomiasis and Onchocerciasis Research (NITRA), Asaba, Nigeria

<sup>3</sup>Department of Community Medicine and Primary Healthcare, Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State, Nigeria <sup>4</sup>Department of Economics,

Chukwuemeka Odumegwu Ojukwu University, Igbariam, Anambra State, Nigeria

Corresponding Author: Francisca Chibugo Udegbe

Corresponding Author Email: udegbefrancisca14@gmail.com

**Article Received:** 15-01-24 **Accepted:** 20-03-24 **Published:** 18-04-24

**Licensing Details**: Author retains the right of this article. The article is distributed under the terms of the Creative Commons Attribution-Non Commercial 4.0 License (<a href="http://www.creativecommons.org/licences/by-nc/4.0/">http://www.creativecommons.org/licences/by-nc/4.0/</a>), which permits non-commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the Journal open access page.

#### **ABSTRACT**

This paper presents a systematic review of the role of Artificial Intelligence (AI) in healthcare, highlighting its applications and challenges. AI technologies, including machine learning, natural language processing, and predictive analytics, are transforming healthcare through diagnostic assistance, treatment personalization, patient monitoring, optimization of healthcare operations, and public health. Despite the potential benefits, the integration of AI in healthcare faces significant challenges, such as data privacy and security concerns, ethical and legal issues, interoperability and integration difficulties, scalability and accessibility obstacles, and the intricacies of human-AI interaction. This review emphasizes the need for robust cybersecurity measures, ethical guidelines, clear legal frameworks, universal standards for interoperability,

and equitable access to AI technologies. Recommendations for overcoming these challenges include fostering interdisciplinary collaboration, enhancing healthcare professional education, and promoting research and development. AI can realize its full potential in enhancing healthcare delivery and patient outcomes by addressing these challenges.

**Keywords:** Artificial Intelligence, Healthcare, Diagnostic Assistance, Treatment Personalization, Data Privacy, Ethical Considerations

#### INTRODUCTION

Artificial Intelligence (AI) represents a transformative force reshaping the landscape of numerous sectors, from finance and education to transportation and beyond. At its core, AI involves the development of computer systems capable of performing tasks that typically require human intelligence, such as understanding natural language, recognizing patterns, making decisions, and learning from experience (Dwivedi et al., 2021; Păvăloaia & Necula, 2023; Taj & Zaman, 2022). In recent years, the healthcare sector has emerged as a primary beneficiary of AI's potential, leveraging its capabilities to enhance various aspects of patient care and administrative efficiency. Integrating AI technologies in healthcare is not just a futuristic vision but a present reality, driven by the exponential growth in healthcare data, advancements in computational power, and significant breakthroughs in machine learning algorithms (Dwivedi et al., 2021; Leone, Schiavone, Appio, & Chiao, 2021).

# Importance of AI in Healthcare

The significance of AI applications in healthcare cannot be overstated. AI has the potential to revolutionize how we diagnose diseases, tailor treatments to individual patients, monitor health conditions in real time, and manage the operational aspects of healthcare delivery. For instance, AI-driven diagnostic tools can accurately analyze medical images, often identifying subtleties that may elude human eyes. This precision translates into earlier and more accurate diagnoses, significantly impacting patient outcomes. Similarly, in treatment personalization, AI algorithms can sift through vast datasets to identify patterns and predict which treatments will be most effective for specific patient profiles, marking a leap towards truly personalized medicine. Moreover, AI applications extend to patient monitoring, where wearable devices and remote monitoring systems offer continuous oversight of patient health, enabling timely interventions and reducing hospital readmissions. In terms of healthcare delivery, AI can streamline operations, from scheduling appointments to optimizing hospital workflows, thereby improving efficiency and patient satisfaction (Alshamrani, 2022; Farid, Bello, Ahamed, & Hossain, 2023; Shaik et al., 2023).

# **Purpose and Scope of the Review**

This systematic review aims to meticulously examine AI's multifaceted applications and inherent challenges within the healthcare sector. By systematically compiling and analyzing current literature, this review provides a comprehensive overview of how AI technologies address healthcare challenges, enhance patient care, and improve healthcare outcomes. Additionally, this review will critically assess the obstacles and limitations faced in integrating AI into healthcare practices, from technical and ethical dilemmas to regulatory and implementation hurdles. The objective is to offer a balanced perspective that not only celebrates the achievements of AI in healthcare but also addresses the complexities and challenges that come with its adoption.

The scope of this review is deliberately broad yet focused, encompassing a wide array of AI technologies and their applications within the healthcare sector. This includes, but is not limited to, machine learning models, natural language processing (NLP) tools, robotic process automation (RPA), and AI-driven predictive analytics. The review will explore these technologies in the context of diagnostic assistance, treatment personalization, patient monitoring and care, healthcare operations, and public health initiatives. While the potential of AI in healthcare is vast, this review will also delineate the boundaries of current applications, critically evaluating the success and shortcomings of AI technologies in real-world healthcare settings. By doing so, the review aims to paint a clear picture of the current state of AI in healthcare, identifying areas of promise, ongoing challenges, and potential pathways for future research and implementation.

In sum, this introduction sets the stage for a thorough exploration of the dynamic interplay between artificial intelligence and healthcare, underscoring the transformative potential of AI to enhance healthcare delivery and patient outcomes while navigating the complex landscape of challenges accompanying its integration into the healthcare ecosystem.

# **Applications of AI in Healthcare**

The integration of Artificial Intelligence into healthcare has opened new avenues for enhancing patient care, optimizing healthcare operations, and advancing public health initiatives. This section comprehensively explores the pivotal applications of AI across various domains within the healthcare sector.

#### **Diagnostic Assistance**

AI algorithms have significantly improved the accuracy and efficiency of disease diagnosis, leveraging data from medical imaging, genetic testing, and biometric sensors. In medical imaging, for example, AI-driven tools analyze X-rays, MRI scans, and CT scans to detect anomalies such as tumours, fractures, and signs of neurological disorders with precision, often surpassing human capability. These systems utilize deep learning techniques to identify patterns and abnormalities that may indicate early stages of diseases like cancer, making timely intervention possible.

Genetic data analysis is another area where AI excels, offering insights into a patient's predisposition to certain diseases and conditions. By analyzing genetic markers and variations, AI algorithms can predict the risk of genetic disorders, enabling preventative measures or early treatments tailored to the individual's genetic makeup. Similarly, in biometric data analysis, AI applications process data from wearable devices to monitor vital signs and detect deviations that may signal health issues, facilitating early diagnosis and intervention (Abdallah et al., 2023; Alrefaei et al., 2022).

# **Treatment Personalization**

AI's role in personalizing treatment is transformative, enabling the shift towards precision medicine where treatments are tailored to the individual characteristics of each patient. AI models analyze vast datasets, including genetic information, environmental factors, and patient history, to predict individual patients' most effective treatment plans. This approach enhances the efficacy of treatments, minimizes side effects, and reduces the trial-and-error process often associated with finding the right medication or therapy.

In drug development, AI accelerates the discovery and testing of new drugs by predicting how different chemical compounds will interact with biological targets. This speeds up the drug

discovery process and increases the likelihood of identifying viable drug candidates, thereby reducing the time and cost associated with bringing new treatments to market (Gupta et al., 2021; Paul et al., 2021; Vatansever et al., 2021).

# **Patient Monitoring and Care**

AI has revolutionized patient monitoring and care, mainly through wearable technology and remote monitoring systems. These AI-enabled devices continuously collect health data such as heart rate, blood pressure, glucose levels, and sleep patterns, providing real-time insights into the patient's health status. Advanced AI algorithms analyze this data to detect anomalies that may indicate emerging health issues, enabling prompt medical intervention.

Furthermore, AI-driven systems offer personalized health recommendations and alerts, facilitating self-management of chronic conditions and improving patient engagement in their care. This proactive approach to patient monitoring significantly enhances the quality of care, reduces hospital readmissions, and empowers patients to manage their health actively (Ahmadi; B. Wang, Asan, & Zhang, 2024).

# **Healthcare Operations**

AI applications streamline healthcare operations, improving efficiency, reducing costs, and enhancing patient satisfaction. Through workflow optimization, AI tools automate administrative tasks such as appointment scheduling, patient triage, and billing, freeing healthcare professionals to focus on patient care. Resource allocation algorithms optimize medical equipment and hospital beds. At the same time, AI-driven patient flow management systems ensure patients receive timely care, reducing wait times and improving healthcare delivery (Abidi, Rehman, Mian, Alkhalefah, & Usmani, 2024; Patil & Shankar, 2023).

### **Public Health and Epidemiology**

In public health and epidemiology, AI is crucial in analyzing disease patterns, predicting outbreaks, and informing public health strategies. AI systems process vast amounts of data from various sources, including health records, social media, and environmental sensors, to track and predict the spread of diseases. This real-time surveillance enables public health authorities to implement targeted interventions, allocate resources effectively, and mitigate the impact of outbreaks. Moreover, AI models contribute to understanding complex public health challenges, such as the effects of social determinants on health outcomes, facilitating informed policymaking and intervention strategies (Schwalbe & Wahl, 2020; Zeng, Cao, & Neill, 2021). In conclusion, the applications of AI in healthcare are vast and varied, offering unprecedented opportunities to improve diagnostic accuracy, personalize treatment, enhance patient monitoring and care, optimize healthcare operations, and advance public health initiatives. As AI technologies continue to evolve, their potential to transform the healthcare sector grows, promising to increase the efficacy of healthcare delivery and improve patient outcomes globally.

#### **Challenges of AI in Healthcare**

While the applications of Artificial Intelligence in healthcare promise to revolutionize the sector, they are not without significant challenges. These challenges span technical, ethical, legal, and social domains, requiring careful consideration and strategic solutions to ensure that the benefits of AI are realized without compromising patient welfare, data integrity, or ethical standards.

## **Data Privacy and Security**

One of the foremost concerns with deploying AI in healthcare is the management of data privacy and security. AI systems require access to vast amounts of sensitive patient data to train algorithms and provide personalized care. However, this raises significant concerns about such data's collection, storage, and use. Ensuring the confidentiality and integrity of patient information is paramount, as breaches can lead to unauthorized access to personal health information, potentially resulting in identity theft, discrimination, and other forms of harm to patients. Healthcare providers and AI developers must adhere to stringent data protection regulations, such as the General Data Protection Regulation (GDPR) in Europe and the Health Insurance Portability and Accountability Act (HIPAA) in the United States, and implement robust security measures to safeguard patient data (Bradford, Aboy, & Liddell, 2020; Shuaib, Alam, Alam, & Nasir, 2021).

# **Ethical and Legal Considerations**

The integration of AI into healthcare also brings to the forefront a range of ethical and legal considerations. One of the most pressing issues is algorithmic bias, where AI systems may exhibit prejudices based on the data they were trained on, potentially leading to unequal treatment outcomes for different demographic groups. Addressing these biases requires transparent algorithm design and continuous monitoring to ensure fair and equitable patient treatment. Additionally, legal challenges surrounding liability and accountability arise when AI systems are involved in patient care, particularly in misdiagnosis or treatment errors. Determining responsibility—whether with the healthcare provider, the AI developer, or the technology itself—complicates the legal landscape and necessitates clear regulations and guidelines (McLennan et al., 2022; Naik et al., 2022).

# **Interoperability and Integration**

Integrating AI technologies into existing healthcare IT systems presents another significant challenge. Many healthcare systems operate on legacy platforms that may not be compatible with the latest AI solutions, hindering the seamless data exchange and limiting the effectiveness of AI applications. Furthermore, ensuring interoperability between different platforms and technologies—each with its own standards and protocols—is crucial for the comprehensive, coordinated care that AI promises to enhance. Achieving this requires concerted efforts from technology developers, healthcare providers, and regulatory bodies to establish and adhere to universal standards that facilitate interoperability and data exchange (Dwivedi et al., 2021; Lee & Yoon, 2021).

## **Scalability and Accessibility**

The scalability of AI solutions across diverse healthcare settings, especially in low-resource environments, poses another challenge. While AI has the potential to improve healthcare outcomes significantly, the technology and infrastructure requirements for implementing AI can be prohibitive for under-resourced clinics and hospitals. Additionally, ensuring equitable access to AI-driven healthcare services remains a concern, as socioeconomic disparities may lead to a digital divide where only patients in well-funded healthcare systems benefit from AI advancements. Addressing these issues involves developing cost-effective AI solutions and policies that promote access to technology across all levels of healthcare (Krones & Walker, 2023; Lee & Yoon, 2021; Q. Wang, Su, Zhang, & Li, 2021).

#### **Human-AI Interaction**

Finally, the dynamics of human-AI interaction in healthcare settings raise important considerations. Trust in AI systems by healthcare professionals and patients is essential for the effective use of technology. However, issues of over-reliance on AI, potential deskilling of medical professionals, and the need for meaningful oversight of AI decisions are critical. Ensuring that AI acts as a support tool rather than a replacement for human judgment is vital for maintaining healthcare workers' quality of care and professional integrity. This requires ongoing education and training for healthcare professionals to work effectively alongside AI technologies, understanding their capabilities and limitations.

In conclusion, while AI in healthcare offers transformative potential, addressing the challenges of data privacy and security, ethical and legal considerations, interoperability and integration, scalability and accessibility, and human-AI interaction is crucial for realizing its full benefits. Overcoming these challenges requires a collaborative effort among AI developers, healthcare providers, policymakers, and the wider community to ensure that AI technologies are implemented in a way that is secure, ethical, accessible and enhances the quality of healthcare for all.

#### Recommendations

To navigate the challenges and maximize the benefits of Artificial Intelligence (AI) in healthcare, it is essential to implement a set of strategic recommendations to ensure the ethical use of AI, safeguard patient data, enhance interoperability, and promote equitable access to AI-driven healthcare services.

Firstly, strengthening data privacy and security measures is paramount. This involves implementing and regularly updating advanced cybersecurity protocols to protect against evolving threats. Compliance with international data protection regulations, such as GDPR and HIPAA, must be ensured to safeguard patient information. Additionally, adopting data anonymization and encryption techniques can enhance privacy while allowing valuable data to be used for AI training.

Addressing ethical and legal considerations is also crucial. Developing transparent AI systems where the decision-making process can be audited and understood is necessary to reduce the risk of algorithmic bias. Establishing multidisciplinary ethics committees to oversee AI projects in healthcare ensures that ethical principles guide the development and deployment of AI technologies. Moreover, clarifying legal frameworks regarding the use of AI in healthcare is essential to define accountability and liability clearly, ensuring patients are protected, and providers have clear guidelines for implementation.

Promoting interoperability and seamless integration is another vital recommendation. Advocating for adopting universal standards and open platforms facilitates data exchange and interoperability between healthcare IT systems and AI applications. Collaboration between tech developers, healthcare providers, and regulators is encouraged to ensure AI solutions are compatible with existing healthcare infrastructure. Investing in the modernization of legacy systems enhances their compatibility with AI technologies, ensuring that the benefits of AI can be fully realized.

Ensuring the scalability and accessibility of AI solutions is imperative, especially in healthcare settings with limited resources. Developing scalable AI solutions that can be adapted to different healthcare settings and implementing policies and initiatives that support deploying AI

technologies in underserved areas can reduce the digital divide and promote equitable access to healthcare services. Partnerships between governments, NGOs, and the private sector are essential to fund and support the implementation of AI in healthcare across diverse environments.

Enhancing human-AI interaction requires providing ongoing education and training for healthcare professionals on the use and limitations of AI, ensuring they can effectively integrate AI tools into clinical practice. Encouraging the development of AI systems that support decision-making rather than replace human judgment enhances the healthcare professional's role. Establishing clear guidelines for supervising AI systems ensures that human oversight is maintained in critical decision-making processes.

Lastly, fostering research and development is vital to continuously assessing AI's impact on healthcare, addressing emerging challenges, and exploring new applications. Supporting interdisciplinary research and encouraging public-private partnerships can accelerate innovation in AI technologies while ensuring they meet the highest safety, efficacy, and ethics standards. Promoting the sharing of datasets and findings within the scientific community advances the development of robust, effective AI solutions.

By implementing these recommendations, stakeholders can address the current challenges of AI in healthcare and pave the way for a future where AI technologies are seamlessly integrated into healthcare systems, enhancing patient care, improving outcomes, and ensuring equitable access to healthcare services worldwide.

#### **CONCLUSION**

In conclusion, integrating Artificial Intelligence into healthcare holds immense promise for transforming patient care, enhancing diagnostic accuracy, personalizing treatment plans, optimizing healthcare operations, and improving public health surveillance. However, realizing the full potential of AI in healthcare requires navigating a complex landscape of challenges, including data privacy and security, ethical and legal considerations, interoperability and integration issues, scalability and accessibility concerns, and the dynamics of human-AI interaction.

To overcome these challenges, a comprehensive approach involving strengthened data protection measures, ethical oversight, legal clarity, investment in interoperability, and efforts to ensure equitable access to AI technologies is essential. Moreover, enhancing the education and training of healthcare professionals on AI's capabilities and limitations will be crucial for fostering effective human-AI collaboration.

As we move forward, it is clear that AI will play a pivotal role in shaping the future of healthcare. By addressing the challenges and adhering to the recommendations outlined, stakeholders can ensure that AI technologies are implemented responsibly and effectively, leading to improved healthcare outcomes, greater efficiency in healthcare delivery, and a more equitable healthcare system for all. The journey toward AI-enabled healthcare is complex and ongoing. However, with collaborative effort and commitment, the benefits for patients, providers, and society can be profound and far-reaching.

#### References

Abdallah, S., Sharifa, M., Almadhoun, M. K. I. K., Khawar Sr, M. M., Shaikh, U., Balabel, K. M., . . . Ekomwereren, O. (2023). The impact of artificial intelligence on optimizing

- diagnosis and treatment plans for rare genetic disorders. Cureus, 15(10).
- Abidi, M. H., Rehman, A. U., Mian, S. H., Alkhalefah, H., & Usmani, Y. S. (2024). The Role of AI in elevating hospital service quality: framework, development, and applications. In *Modern Healthcare Marketing in the Digital Era* (pp. 211-224): IGI Global.
- Ahmadi, A. (2024). Digital Health transformation: leveraging ai for monitoring and disease management.
- Alrefaei, A. F., Hawsawi, Y. M., Almaleki, D., Alafif, T., Alzahrani, F. A., & Bakhrebah, M. A. (2022). Genetic data sharing and artificial intelligence in the era of personalized medicine based on a cross-sectional analysis of the Saudi human genome program. *Scientific Reports*, 12(1), 1405.
- Alshamrani, M. (2022). IoT and artificial intelligence implementations for remote healthcare monitoring systems: A survey. *Journal of King Saud University-Computer and Information Sciences*, 34(8), 4687-4701.
- Bradford, L., Aboy, M., & Liddell, K. (2020). International transfers of health data between the EU and USA: a sector-specific approach for the USA to ensure an 'adequate'level of protection. *Journal of Law and the Biosciences*, 7(1), Isaa055.
- Dwivedi, Y. K., Hughes, L., Ismagilova, E., Aarts, G., Coombs, C., Crick, T., . . . Eirug, A. (2021). Artificial Intelligence (AI): Multidisciplinary perspectives on emerging challenges, opportunities, and agenda for research, practice and policy. *International Journal of Information Management*, 57, 101994.
- Farid, F., Bello, A., Ahamed, F., & Hossain, F. (2023). The roles of ai technologies in reducing hospital readmission for chronic diseases: a comprehensive analysis.
- Gupta, R., Srivastava, D., Sahu, M., Tiwari, S., Ambasta, R. K., & Kumar, P. (2021). Artificial intelligence to deep learning: machine intelligence approach for drug discovery. *Molecular Diversity*, 25, 1315-1360.
- Krones, F. H., & Walker, B. (2023). From theoretical models to practical deployment: A perspective and case study of opportunities and challenges in AI-driven healthcare research for low-income settings. *Medrxiv*, 2023.2012. 2026.23300539.
- Lee, D., & Yoon, S. N. (2021). Application of artificial intelligence-based technologies in the healthcare industry: Opportunities and challenges. *International Journal of Environmental Research and Public Health*, 18(1), 271.
- Leone, D., Schiavone, F., Appio, F. P., & Chiao, B. (2021). How does artificial intelligence enable and enhance value co-creation in industrial markets? An exploratory case study in the healthcare ecosystem. *Journal of Business Research*, 129, 849-859.
- McLennan, S., Fiske, A., Tigard, D., Müller, R., Haddadin, S., & Buyx, A. (2022). Embedded ethics: a proposal for integrating ethics into the development of medical AI. *BMC Medical Ethics*, 23(1), 6.
- Naik, N., Hameed, B., Shetty, D. K., Swain, D., Shah, M., Paul, R., . . . Smriti, K. (2022). Legal and ethical consideration in artificial intelligence in healthcare: who takes responsibility? *Frontiers in Surgery*, *9*, 266.
- Patil, S., & Shankar, H. (2023). Transforming healthcare: harnessing the power of AI in the modern era. *International Journal of Multidisciplinary Sciences and Arts*, 2(1), 60-70.
- Paul, D., Sanap, G., Shenoy, S., Kalyane, D., Kalia, K., & Tekade, R. K. (2021). Artificial intelligence in drug discovery and development. *Drug Discovery Today*, 26(1), 80.

- Păvăloaia, V.-D., & Necula, S.-C. (2023). Artificial intelligence as a disruptive technology—a systematic literature review. *Electronics*, *12*(5), 1102.
- Schwalbe, N., & Wahl, B. (2020). Artificial intelligence and the future of global health. *The Lancet*, 395(10236), 1579-1586.
- Shaik, T., Tao, X., Higgins, N., Li, L., Gururajan, R., Zhou, X., & Acharya, U. R. (2023). Remote patient monitoring using artificial intelligence: Current state, applications, and challenges. *Wiley Interdisciplinary Reviews: Data Mining and Knowledge Discovery,* 13(2), e1485.
- Shuaib, M., Alam, S., Alam, M. S., & Nasir, M. S. (2021). Compliance with HIPAA and GDPR in blockchain-based electronic health record. *Materials Today: Proceedings*.
- Taj, I., & Zaman, N. (2022). Towards industrial revolution 5.0 and explainable artificial intelligence: Challenges and opportunities. *International Journal of Computing and Digital Systems*, 12(1), 295-320.
- Vatansever, S., Schlessinger, A., Wacker, D., Kaniskan, H. Ü., Jin, J., Zhou, M. M., & Zhang, B. (2021). Artificial intelligence and machine learning-aided drug discovery in central nervous system diseases: State-of-the-arts and future directions. *Medicinal Research Reviews*, 41(3), 1427-1473.
- Wang, B., Asan, O., & Zhang, Y. (2024). Shaping the future of chronic disease management: Insights into patient needs for AI-based homecare systems. *International Journal of Medical Informatics*, 181, 105301.
- Wang, Q., Su, M., Zhang, M., & Li, R. (2021). Integrating digital technologies and public health to fight Covid-19 pandemic: key technologies, applications, challenges and outlook of digital healthcare. *International Journal of Environmental Research and Public Health*, 18(11), 6053.
- Zeng, D., Cao, Z., & Neill, D. B. (2021). Artificial intelligence–enabled public health surveillance—from local detection to global epidemic monitoring and control. In *Artificial intelligence in medicine* (pp. 437-453): Elsevier.