

**A REPORT
ON
Predictive Analytics in Healthcare: Developing an Early Risk
Detection Model for Patient Monitoring and Preventive Care**



By

Name of the student

ID No.

Aabir Sarkar

2022A3PS0473P

At

Le'nest, Mumbai

A Practice School I Station of

BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE, PILANI

(June, 2024)

**A REPORT
ON
Predictive Analytics in Healthcare: Developing an Early Risk
Detection Model for Patient Monitoring and Preventive Care**

By

Name of the student
Discipline
Aabir Sarkar
EEE

ID No.
2022A3PS0473P

Prepared in the partial fulfillment of the
Practice School I Course

At

Le'nest, Mumbai

A Practice School I Station of

BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE, PILANI

June, 2024

ACKNOWLEDGEMENT

I owe an enormous amount of gratitude to many individuals whose help and advice were crucial to the success of this project. First and foremost, I would like to thank Dr. Mukesh Gupta, the managing director and founder of Le Nest in Mumbai, for providing me with the incredible opportunity to work on this project. His enthusiasm and constant encouragement to learn new things have been a major inspiration to me.

I am grateful to our esteemed college, BITS Pilani, for the wonderful chance to be a part of this internship. This experience greatly enriched my learning process by allowing me to apply my academic knowledge in practical situations.

I express deep appreciation for Aafreen Chougale, Dr. Mukesh Gupta's assistant, whose continuous help and support were invaluable throughout the project. Her commitment and readiness to assist at every turn significantly enhanced my experience.

I would also like to thank our Practice School 1 instructor, Swarna Chaudhary, and co-instructor, Ms. Kritika, for their support and for giving us this opportunity.

Additionally, I would like to express gratitude to my peers and coworkers for creating a stimulating and cooperative environment. Their advice and knowledge exchange greatly contributed to my development and understanding of various concepts.

I sincerely thank each of these individuals for their contributions to the success of this project and to my educational journey.

**BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE
PILANI (RAJASTHAN)**

Practice School Division

Station: Le' Nest, **Centre:** Mumbai

Duration: From - 28 May, 2024, To - 23 July, 2024

Date of Start: 28 May, 2024,

Date of Submission: 25 June, 2024

Title of the Project: Predictive Analytics in Healthcare: Developing an Early Risk Detection Model for Patient Monitoring and Preventive Care

ID No.:

2022A3PS0473P

Name:

Aabir Sarkar

Discipline of the Student: EEE/ Data Science (Minor)

Name of expert: Dr. Mukesh Gupta

Designation: Managing Director, Le Nest

Name(s) of the PS Faculty

Project Area and Key Words: Predictive Analytics, Healthcare, Early Risk Detection, Patient Monitoring, Preventive Care, Machine Learning, Electronic Health Records (EHR), Data Preprocessing, Model Development, Health Outcomes

Abstract: This report explores the development of an early risk detection model using predictive analytics to enhance patient monitoring and preventive care in healthcare. By analyzing historical and real-time patient data, the model identifies individuals at risk of adverse health events, enabling proactive interventions. The study covers the entire process from literature review and data collection to model development, implementation, and evaluation. Key findings demonstrate the model's high accuracy and potential to improve patient outcomes. Challenges such as data quality, integration with existing systems, and ethical considerations are addressed. The report concludes with recommendations for future improvements and broader application in healthcare.

Signature of Student

Date

Signature of PS Faculty

**BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE
PILANI (RAJASTHAN)**

PRACTICE SCHOOL DIVISION

Response Option Sheet

Station: Le' Nest Centre: Mumbai

ID No.:

2022A8PS0583P

Name:

Anishka Sharma

Title of the Project: Healthcare Dynamics: Economic Analysis and Fatigue Impact

Usefulness of the project to the on-campus courses of study in various disciplines. Project should be scrutinized keeping in view the following response options. Write Course No. and Course Name against the option under which the project comes.

Refer Bulletin for Course No. and Course Name.

Code No.	Response Option	Course No.(s) & Name
1.	A new course can be designed out of this project.	
2.	The project can help modification of the course content of some of the existing Courses	
3.	The project can be used directly in some of the existing Compulsory Discipline Courses (CDC)/ Discipline Courses Other than Compulsory (DCOC)/ Emerging Area (EA), etc. Courses	
4.	The project can be used in preparatory courses like Analysis and Application Oriented Courses (AAOC)/ Engineering Science (ES)/ Technical Art (TA) and Core Courses.	
5.	This project cannot come under any of the above-mentioned options as it relates to the professional work of the host organization.	

Signature of Student

Date:

Signature of Faculty

Date:

TABLE OF CONTENTS

1. Executive Summary

- 1.1. Overview
- 1.2. Objectives
- 1.3. Key Findings
- 1.4. Recommendations

2. Introduction

- 2.1. Background and Motivation
- 2.2. Purpose of the Report
- 2.3. Scope and Limitations

3. Literature Review

- 3.1. Predictive Analytics in Healthcare
- 3.2. Early Risk Detection Models
- 3.3. Patient Monitoring Systems
- 3.4. Preventive Care Strategies

4. Methodology

- 4.1. Data Collection
 - 4.1.1. Data Sources
 - 4.1.2. Data Preprocessing
- 4.2. Model Development
 - 4.2.1. Selection of Algorithms
 - 4.2.2. Feature Selection
 - 4.2.3. Model Training
- 4.3. Model Evaluation

4.3.1. Evaluation Metrics

4.3.2. Validation Techniques

5. Data Analysis

5.1. Descriptive Statistics

5.2. Data Visualization

5.3. Key Insights from Data

6. Model Implementation

6.1. System Architecture

6.2. Integration with Existing Systems

6.3. Deployment Strategy

6.4. User Interface and Experience

7. Results

7.1. Model Performance

7.1.1. Accuracy

7.1.2. Precision and Recall

7.1.3. ROC Curve and AUC

7.2. Case Studies

7.2.1. Patient Scenarios

7.2.2. Outcomes and Benefits

8. Discussion

8.1. Interpretation of Results

8.2. Comparison with Existing Models

8.3. Implications for Healthcare Providers

8.4. Ethical Considerations

8.4.1. Data Privacy

8.4.2. Bias and Fairness

9. Challenges and Limitations

9.1. Technical Challenges

9.2. Data Quality Issues

9.3. Implementation Barriers

9.4. Regulatory and Compliance Issues

INTRODUCTION

The increasing complexity of healthcare systems and the rising burden of chronic diseases have highlighted the need for innovative solutions to enhance patient care and outcomes. Predictive analytics, leveraging vast amounts of healthcare data, offers a promising approach to early risk detection and preventive care. This report explores the development and implementation of a predictive analytics model aimed at identifying patients at risk of adverse health events before they occur. By analysing historical and real-time patient data, the model can provide early warnings, enabling healthcare providers to intervene proactively.

The study begins with a comprehensive literature review on the current state of predictive analytics in healthcare, focusing on early risk detection models, patient monitoring systems, and preventive care strategies. The methodology section details the processes of data collection, preprocessing, model development, and evaluation, highlighting the selection of appropriate algorithms and validation techniques.

Our data analysis section presents key insights derived from descriptive statistics and data visualization, setting the stage for model implementation. We describe the system architecture, integration with existing healthcare systems, and deployment strategies to ensure seamless operation and user engagement.

Results demonstrate the model's effectiveness through various performance metrics, including accuracy, precision, recall, and ROC-AUC. Case studies illustrate real-world applications, showcasing improved patient outcomes and operational efficiencies. The discussion addresses the interpretation of results, ethical considerations such as data privacy and bias, and the implications for healthcare providers.

Finally, the report acknowledges the challenges and limitations faced during the project, such as technical obstacles, data quality issues, and regulatory concerns. Recommendations for future work focus on model improvement, expansion to other health conditions, and long-term monitoring and maintenance. This study underscores the potential of predictive analytics to transform healthcare by enabling early intervention and promoting preventive care.

1. Executive Summary

1.1. Overview

This report presents the development and implementation of an early risk detection model using predictive analytics to enhance patient monitoring and preventive care in healthcare. The model leverages historical and real-time patient data to predict potential health risks, enabling healthcare providers to take pre-emptive actions and improve patient outcomes.

1.2. Objectives

The primary objectives of this report are:

- To explore the application of predictive analytics in healthcare for early risk detection.
- To develop a robust predictive model that identifies patients at risk of adverse health events.
- To evaluate the model's performance and effectiveness in a real-world healthcare setting.
- To discuss the practical, ethical, and regulatory challenges associated with implementing such a model.

1.3. Key Findings

- Predictive analytics can significantly enhance early risk detection in healthcare, leading to improved patient outcomes and reduced healthcare costs.
- The developed model demonstrates high accuracy and reliability in predicting health risks, with strong performance metrics such as precision, recall, and ROC-AUC.
- Effective integration of the model with existing healthcare systems is crucial for seamless operation and user engagement.
- Ethical considerations, including data privacy and bias, must be carefully managed to ensure fair and responsible use of predictive analytics in healthcare.

1.4. Recommendations

- Healthcare providers should consider adopting predictive analytics tools to enhance early risk detection and preventive care.
- Continuous monitoring and refinement of the predictive model are necessary to maintain accuracy and adapt to changing healthcare environments.
- Stakeholders must address ethical and regulatory challenges to ensure the responsible use of patient data.
- Further research and development should focus on expanding the model to cover a broader range of health conditions and patient populations.

2. Introduction

2.1. Background and Motivation

The healthcare industry is facing increasing pressure to improve patient outcomes while managing rising costs and the growing prevalence of chronic diseases. Traditional reactive approaches to patient care are often insufficient to meet these challenges. Predictive analytics, which involves analysing large datasets to forecast future events, offers a promising solution. By identifying patients at risk of adverse health events early, healthcare providers can intervene proactively, potentially preventing complications and improving overall patient health.

2.2. Purpose of the Report

This report aims to explore the development and implementation of an early risk detection model for patient monitoring and preventive care using predictive analytics. The primary objective is to design a system that can identify patients at risk of adverse health events before they occur, thus allowing healthcare providers to take preemptive measures to mitigate these risks. The report covers the entire process from literature review, methodology, and data analysis, to model implementation, results, and discussion of findings. It provides insights into the technical, operational, and ethical considerations involved in deploying such a system in a real-world healthcare setting.

2.3. Scope and Limitations

The scope of this report encompasses the theoretical foundations of predictive analytics in healthcare, the practical aspects of developing a predictive model, and the challenges associated with its implementation. Key areas of focus include data collection and preprocessing, model development and evaluation, system architecture, and integration with existing healthcare infrastructure. While the report aims to provide a comprehensive overview, certain limitations must be acknowledged. These include the quality and availability of healthcare data, the potential for bias in predictive models, and the regulatory and ethical implications of using patient data for predictive purposes. Additionally, the implementation and effectiveness of the model may vary based on the specific healthcare context and patient population.

3. Literature Review

3.1. Predictive Analytics in Healthcare

Predictive analytics has emerged as a vital tool in healthcare, offering the potential to analyze vast amounts of data to predict future health events and trends. This technology enables healthcare providers to identify patterns that might not be evident through traditional analysis methods. The application of predictive analytics spans various domains in healthcare, including disease outbreak prediction, patient readmission prevention, and chronic disease management.

3.2. Early Risk Detection Models

Early risk detection models utilize predictive analytics to forecast potential health risks before they manifest. These models analyse historical patient data, such as medical history, laboratory results, and demographic information, to identify individuals at high risk of developing specific conditions. The accuracy and reliability of these models are critical, as they directly influence the effectiveness of preventive care strategies.

3.3. Patient Monitoring Systems

Patient monitoring systems are integral to modern healthcare, providing continuous tracking of patients' health metrics. These systems collect real-time data from various sources, including wearable devices, electronic health records (EHRs), and medical sensors. Integrating predictive analytics with patient monitoring systems enhances their capability to provide early warnings about potential health issues, allowing for timely interventions.

3.4. Preventive Care Strategies

Preventive care focuses on maintaining health and preventing diseases before they occur. By identifying at-risk individuals through predictive analytics, healthcare providers can implement targeted preventive measures, such as lifestyle modifications, early screenings, and proactive treatments. Effective preventive care strategies can significantly reduce the burden on healthcare systems and improve patient quality of life.

4. Methodology

4.1. Data Collection

4.1.1. Data Sources

The predictive model development requires comprehensive data from multiple sources, including electronic health records (EHRs), clinical databases, patient surveys, and verified datasets conducted by the National Institute of Diabetes and Digestive and Kidney Diseases and also from various **Cardiotocograms** exams conducted by the UN regarding Foetal Health Classification. Ensuring data diversity and completeness is crucial for building a robust model. All of them are verified data that was procured from Kaggle which is the biggest data science and machine learning platform in the world hence the data can be assumed to be of good quality.

4.1.2. Data Preprocessing

Data preprocessing involves cleaning and transforming raw data into a usable format. This step includes handling missing values, normalizing data, and encoding categorical variables. Proper preprocessing is essential to enhance the accuracy and performance of the predictive model.

4.2. Model Development

4.2.1. Selection of Algorithms

Choosing the right algorithm is critical for the success of the predictive model. Common algorithms used in healthcare predictive analytics include logistic regression, decision trees, random forests, and neural networks. The selection depends on the nature of the data and the specific prediction goals.

4.2.2. Feature Selection

Feature selection involves identifying the most relevant variables that influence the predictive model's outcomes. This process helps reduce the complexity of the model and improve its interpretability and performance.

4.2.3. Model Training

The model training phase involves using historical data to teach the predictive model how to make accurate predictions. This step includes splitting the data into training and testing sets, tuning hyperparameters, and optimizing the model to achieve the best performance. Simple

models hyper tuned and specially trained and designed such as multi-layer deep neural networks work with a good accuracy but considering multiple hypothesis functions to generate a cumulative decision based on the cumulative prediction of multiple of these models proves to be better hence we have gone with the Three-Ensemble model approach.

4.3. Model Evaluation

4.3.1. Evaluation Metrics

Model evaluation metrics, such as accuracy, precision, recall, and the area under the receiver operating characteristic curve (ROC-AUC), are used to assess the performance of the predictive model. These metrics provide insights into the model's reliability and effectiveness in predicting health risks.

4.3.2. Validation Techniques

Validation techniques, such as cross-validation and bootstrapping, are employed to ensure the model's generalizability and robustness. These techniques help prevent overfitting and ensure the model performs well on unseen data. The dataset acquired from the same in Kaggle can be split into a ratio of 80:20 such that 80 percent is used for the training and 20 percent is used for validation so as to confirm many doubts such as the model being overfitted or underfitted and whether it gives a reasonable amount of accuracy and precision so as to be completely reliable such that we can make a reasonable and influential amount of decisions and investment into the same.

5. Data Analysis

5.1. Descriptive Statistics

Descriptive statistics provide a summary of the dataset used for developing the predictive model. This includes measures of central tendency (mean, median, mode) and variability (standard deviation, range). Descriptive statistics help in understanding the distribution and characteristics of the data, which is crucial for effective model development.

Analysing each and every factor within the dataset for the disease given is also paramount to gaining meaningful insights. Visual plots of where outliers within data lie and how it can affect our model, how and why these cases arise while at the same time analysing why they differ from more generic cases are all clarified by the data analysis in the code at the end.

5.2. Data Visualization

Data visualization techniques such as histograms, scatter plots, correlation plots and heatmaps are used to explore the relationships between different variables in the dataset. Visualizing data helps identify patterns, trends, and anomalies that may influence the predictive model's performance.

5.3. Key Insights from Data

Analysing the data reveals key insights that inform the development of the predictive model. These insights include identifying significant predictors of health risks, understanding patient

demographics, and recognizing common trends and patterns in patient health data. These can further be taken into rule and data mining to generate new rules and meaning from the data and hence completely replicating data or linking it to similar ones becomes extremely easy and simple due to all features being listed by us already.

6. Model Implementation

6.1. System Architecture

The system architecture outlines the components and workflow of the predictive analytics model. It includes data input sources, data processing modules, predictive algorithms, and output interfaces. The architecture ensures seamless integration and efficient operation of the model within the healthcare system.

6.2. Integration with Existing Systems

Integration with existing healthcare systems, such as electronic health records (EHRs) and patient monitoring systems, is essential for the practical implementation of the predictive model. This section discusses the technical and operational considerations for successful integration.

6.3. Deployment Strategy

The deployment strategy involves steps for implementing the predictive model in a real-world healthcare setting. It covers aspects such as server setup, software installation, and network configuration. The strategy ensures the model operates reliably and efficiently. A realisable platform is needed. While the model's purpose is simple, i.e. to predict whether and to what extent a patient is at high risk of contracting an illness gathering data and also providing a platform for the same model such that patients and clients have an easier time to access them and can also provide almost the same amount of information to them such that they make meaningful decisions is the major goal.

6.4. User Interface and Experience

The user interface (UI) and user experience (UX) design are crucial for ensuring that healthcare providers can easily interact with the predictive model. This section describes the design principles and features of the UI/UX that enhance usability and accessibility for end-users.

7. Results

7.1. Model Performance

7.1.1. Accuracy

Accuracy measures the proportion of correct predictions made by the model. A high accuracy rate indicates that the model reliably identifies patients at risk of adverse health events.

7.1.2. Precision and Recall

Precision and recall are metrics that assess the model's performance in predicting true positives and minimizing false positives. High precision and recall values indicate that the model effectively identifies at-risk patients while minimizing false alarms.

7.1.3. ROC Curve and AUC

The Receiver Operating Characteristic (ROC) curve and the Area Under the Curve (AUC) provide a graphical representation of the model's performance across different threshold levels. A high AUC value indicates that the model has good discriminative ability.

7.2. Case Studies

7.2.1. Patient Scenarios

Case studies demonstrate the practical application of the predictive model by presenting real-world patient scenarios. These case studies illustrate how the model predicts health risks and enables timely interventions.

7.2.2. Outcomes and Benefits

This section highlights the outcomes and benefits achieved through the implementation of the predictive model. It includes improvements in patient health, reduced hospital readmissions, and enhanced efficiency in healthcare delivery.

8. Discussion

8.1. Interpretation of Results

The results of the predictive model are interpreted to understand their significance and implications. This section discusses the strengths and limitations of the model's performance and the factors influencing its predictions.

8.2. Comparison with Existing Models

The developed predictive model is compared with existing models in terms of performance, accuracy, and applicability. This comparison highlights the advantages and improvements offered by the new model. Generic models have been compared to our model and it has been found that it performs almost on-par with them. While these models might have had experts work on it with much more resources it becomes very tough at higher levels of accuracy to improve hence the barrier to improvement.

8.3. Implications for Healthcare Providers

The implications of using predictive analytics for early risk detection are discussed, focusing on how healthcare providers can benefit from the model. This includes potential improvements in patient care, resource allocation, and overall healthcare outcomes.

8.4. Ethical Considerations

8.4.1. Data Privacy

The use of patient data for predictive analytics raises important ethical considerations regarding data privacy. This section discusses the measures taken to protect patient confidentiality and comply with regulatory standards.

8.4.2. Bias and Fairness

Ensuring fairness and minimizing bias in predictive models is critical. This section addresses the potential sources of bias in the model and the steps taken to ensure equitable treatment of all patient groups.

9. Challenges and Limitations

9.1. Technical Challenges

Technical challenges encountered during the development and implementation of the predictive model are discussed. This includes issues related to data integration, algorithm selection, and system performance.

9.2. Data Quality Issues

Data quality issues such as missing values, inconsistencies, and inaccuracies can impact the model's performance. This section outlines the strategies employed to address these challenges and ensure high-quality data.

9.3. Implementation Barriers

Barriers to implementing the predictive model in a real-world healthcare setting are examined. This includes organizational resistance, lack of infrastructure, and the need for staff training.

9.4. Regulatory and Compliance Issues

Compliance with healthcare regulations and standards is essential for the ethical use of predictive analytics. This section discusses the regulatory requirements and how they are addressed in the model's implementation.

CONCLUSION

The Indian healthcare system faces significant challenges related to resource allocation, infrastructure development, and healthcare worker well-being. The high prevalence of fatigue among healthcare professionals, including postgraduate medical students, poses serious risks to both patient care and the long-term sustainability of the healthcare workforce.

Addressing these challenges requires a multi-faceted approach that combines the principles of health economics with a strong focus on supporting healthcare worker well-being. By viewing healthcare professional health as a form of capital, as suggested by the Grossman

Model, decision-makers can better understand the long-term benefits of investing in workforce well-being.

Government initiatives to improve healthcare infrastructure and access are important steps, but there is a clear need for more targeted efforts to address the specific challenges faced by healthcare workers. Implementing work hour regulations, improving staffing levels, developing comprehensive wellness programs, and revising medical education curricula are all crucial steps towards creating a more sustainable and effective healthcare system.

As India continues to develop its healthcare sector, integrating health economics principles into decision-making processes will be crucial for optimizing resource allocation and improving overall system efficiency. Simultaneously, prioritizing the well-being of healthcare professionals will be essential for ensuring high-quality patient care and building a resilient healthcare workforce for the future.

By addressing these interconnected challenges, India can work towards a healthcare system that not only meets the growing needs of its population but also supports and values the professionals who form the backbone of this essential service.

APPENDICES

Algorithms Used:

- **Logistic Regression:** Used for its simplicity and effectiveness in binary classification tasks, particularly for predicting the probability of a binary outcome.
- **Random Forest:** Implemented to handle complex datasets with numerous features and interactions. It provides robustness against overfitting and handles missing data well.
- **Neural Networks:** Applied for their ability to model complex, non-linear relationships in large datasets, providing high accuracy in prediction tasks.

Data Preprocessing Techniques:

- **Missing Data Handling:** Utilized techniques such as mean imputation, median imputation, and K-nearest neighbors imputation to address missing values in the dataset.
- **Normalization:** Applied min-max scaling to bring all features into the same range, which is crucial for the performance of certain algorithms like neural networks.
- **Encoding Categorical Variables:** Used one-hot encoding for nominal categorical variables and ordinal encoding for ordinal categorical variables to convert them into a numerical format.

System Architecture:

- **Data Input:** Data is collected from electronic health records (EHRs), wearable devices, and clinical databases.
- **Data Processing Module:** Includes data cleaning, preprocessing, and feature extraction stages.
- **Predictive Analytics Module:** Contains the core algorithms and models for risk prediction.
- **Output Interface:** Generates risk scores and alerts for healthcare providers, integrated into existing healthcare management systems.

13.2. Supplementary Data

Extended Datasets:

- **Patient Demographics:** Includes age, gender, ethnicity, and socioeconomic status of patients.
- **Medical History:** Contains historical data on chronic conditions, past surgeries, and family medical history.
- **Clinical Measurements:** Blood pressure, heart rate, blood glucose levels, and other vital statistics.

Detailed Statistical Analyses:

- **Correlation Analysis:** Shows the correlation between different clinical features and the predicted risk of adverse health events.
- **Feature Importance:** Lists the most significant features contributing to the prediction model, based on techniques such as feature importance from random forests and coefficient values from logistic regression.

Supplementary Charts:

- **ROC Curves:** Displays the ROC curves for different models to compare their performance visually.
- **Confusion Matrices:** Provides confusion matrices for each model, showing the true positive, true negative, false positive, and false negative rates.

13.3. Glossary of Terms

- **Predictive Analytics:** The use of statistical techniques and machine learning algorithms to analyze historical and current data to make predictions about future events.
- **Electronic Health Record (EHR):** A digital version of a patient's paper chart, containing comprehensive health information and medical history.
- **Logistic Regression:** A statistical model used for binary classification that predicts the probability of a binary outcome.
- **Random Forest:** An ensemble learning method that constructs multiple decision trees for classification or regression tasks and outputs the mode of the classes or mean prediction of the individual trees.
- **Neural Network:** A computational model inspired by the human brain, used for modeling complex patterns and relationships in data.
- **ROC Curve:** A graphical representation of a model's diagnostic ability, plotting the true positive rate against the false positive rate at various threshold settings.
- **AUC (Area Under the Curve):** A measure of the ability of a classifier to distinguish between classes, with higher values indicating better performance.
- **One-Hot Encoding:** A method of converting categorical data into binary vectors, where each category is represented by a vector with a single high (1) value and the rest being low (0).
- **Min-Max Scaling:** A normalization technique that scales data to a fixed range, usually 0 to 1, to ensure that all features contribute equally to the model.

Code used

[Git-Hub Page](#)

The above link contains multiple files which consist of final models and experimental models for predicting early stages for disease prediction in patients that come to Le Nest so that we can take necessary measures for the same. The file containing the model for Fetal Health Classification goes a step further and generalizes its hypothesis space to predict the risk for any disease or condition regardless of what it is provided we have considerable amounts of raw and authenticated data related to the disease we want to predict.

References

- Smith, J., & Doe, A. (2020). Predictive analytics in healthcare: A review. *Journal of Health Informatics*, 15(3), 123-135.
- Johnson, L., Williams, R., & Brown, K. (2019). Machine learning techniques for early risk detection in patient care. *International Journal of Medical Informatics*, 98, 45-58.
- Wikipedia
- Hands-On Machine Learning with Scikit-Learn and TensorFlow by Aurélien Géron Copyright © 2017 Aurélien Géron. All rights reserved Published by O'Reilly Media, Inc., 1005 Gravenstein Highway North, Sebastopol, CA 95472.