

## LITERATURE SURVEY

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Sl. No.	Title of paper	Authors	Methodology	Observation
1	Big data and visual analytics in anesthesia and health care  British Journal of Anesthesia 115 (3): 350–6 (2015)	A. F. Simpao, L. M. Ahumada and M. A. Rehman	Enhancing data aggregation with real-time analytics to provide point-of-care information to oncologists to allow physicians to tailor care for individual patients, better targeting of disease management and innovative patient care approaches, formation of searchable and accessible collections that are usable for large-scale health analytics, generating life-expectancy indices Potential perioperative applications of such methods include data aggregation combined with real-time analytics of intraoperative physiological data to guide point-of-care anesthetic decisions.	The proliferation of AIMS and EHRs has resulted in big data in anesthesia and health care to be managed and analyzed for various purposes, including practice management, quality improvement, and outcomes research. Emerging trends for analytics and big data in health care include facilitating population health management and value-based accountable care, detecting fraud, and using targeted communication.

2.	<p>Role of Big Data Analytics in Rural Health Care - A Step Towards Svasth Bharath</p>	<p>Muni Kumar N and Manjula R</p>	<p>e-Health File: The creation of an e-Health care file for each patient, where all health care providers and patients themselves were able to submit information (with the consent of the patient). Both subjective data, symptom diaries, lab data, image diagnostics, pathology reports etc., could be filed. Creating awareness with chronic diseases: The system must identify and create awareness among the people with the common chronic diseases at particular areas, through which we can prevent diseases. These chronic diseases are responsible for 75% of health care spending due to lack of awareness and prior care. Paper based prescriptions are archaic and lead to several miseries each year due to errors in prescription.</p>	<p>A fair gap is often missing; lab tests are often 45 days old, as the data flow move from batched data fields to real time fields from transactional systems and streaming data from analytical modeling devices. Data refreshes need to be done in real-time not once in a month. If all the three parties (payer, provider, pharmaceutical company) work collaboratively and share data/insight, disease management programs will become cost-effective and deliver improved patient outcomes at a scale that will further optimize overall health-care cost structure.</p>
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3.	Analysis of the role and scope of big data analytics with IoT in healthcare domain	Sushruta Mishra , Brojo Kishore Mishra , Hrudaya Kumar Tripathy , Arijit Dutta	Sources of healthcare data are Electronic health records(EHR), Clinical text mining, medical imaging data, genomic data, behavioral data. Tools and data analytics interfaces in medical and health case system is Advanced data visualization(ADV), Presto, Hive, Vertica, Key Performance indicators, Online analytical processing(OLAP), Online transaction processing(OLTP), The hadoop distributed file system, Cassandra file system, Map reduce system, Complex event processing, text mining, cloud computing, mahout JAQL, AVRO.	There are some issues related to policy and fiscal factors. Issues related to technology is the status of medical data. Organizations are no more required to develop data bridges and convert the data between proprietary systems. Challenges in Iot in healthcare are, A ideal IoT firm must be competent enough to provide ease of connection to device thereby facilitating device management functionalities, easy device management, information ingestion, informative analytics, reduced risk.
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