

LITERATURE SURVEY

Analytics For Hospitals' Health-Care Data

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TITLE :HEALTHCARE

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Poverty is the real context of India. Three fourths of the population live below or at subsistence levels. This means 70-90 per cent of their incomes goes towards food and related consumption. In such a context social security support for health, education, housing etc. becomes critical. Ironically, India has one of the largest private health sectors in the world with over 80 per cent of ambulatory care being supported through out-of-pocket expenses. The public health services are very inadequate. The public curative and hospital services are mostly in the cities where only 25 per cent of the one billion population reside. Rural areas have mostly preventive and promotive services like family planning and immunisation. The private sector has a virtual monopoly over ambulatory curative services in both rural and urban areas and over half of hospital care. Further, a very large proportion of private providers are not qualified to provide modern health care because they are either trained in other systems of medicine (traditional Indian systems like ayurveda, unani, siddha, and homoeopathy) or worse, do not have any training. These, however, are the providers from whom the poor are most likely to seek health care. This adds to the risk faced by the already impoverished population. The healthcare sector is widely considered as one of the most important industries in information technology (Wager 2005). More and more, information technology has been considered as a practice that facilitates healthcare performance through using data and information efficiently within the healthcare sectors. Therefore, Wager et al (2005) said that in order to

understand the relation between information technologies and healthcare, we first need to understand what are the technologies used in healthcare. The healthcare sector is widely considered as one of the most important industries in information technology (Wager 2005). More and more, information technology has been considered as a practice that facilitates healthcare performance through using data and information efficiently within the healthcare sectors. Therefore, Wager et al (2005) said that in order to understand the relation between information technologies and healthcare, we first need to understand what are the technologies used in healthcare.

TITLE :Information System Healthcare Sectors

AUTHOR :WAGER

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technologies used in healthcare. In the mid-80's, information technology changed the healthcare industry and brought many benefits when they used microcomputers, which were small in shape, fast and very powerful for that time. Moreover, this allowed hospitals to develop clinical applications for various medical care settings. As a result, hospitals started to purchase and adopt information systems in the healthcare industries, and after that, challenges began to emerge when professionals tried to integrate data among these systems (Wager et al 2005).

TITLE : Data Analytics in Healthcare

AUTHOR : J. Archana

The healthcare industry has generated large amount of data generated from record keeping, compliance and patient related data. In today's digital world, it is mandatory that these data should be digitized. To improve the quality of healthcare by minimizing the costs, it's necessary that large volume of data generated should be analysed effectively to answer new challenges. Similarly government also generates petabytes of data every day. It requires a technology that helps to perform a real time analysis on the enormous data set. This will help the government to provide value added services to the citizens. Big data analytics helps in discovering valuable decisions by understanding the data patterns and the relationship between them with the help of machine learning Algorithms (1). This paper provides an overview of big data analytics in healthcare and government systems. It describes about big data generated by these systems, data characteristics, security issues in handling big data and how big data analytics helps to gain a meaningful insight on these data set. The healthcare industry has generated large amount of data generated from record keeping, compliance and patient related data. In today's digital world, it is mandatory that these data should be digitized. To improve the quality of healthcare by minimizing the costs, it's necessary that large volume of data generated should be analysed effectively to answer new challenges. Similarly government also generates petabytes of data every day. It requires a technology that helps to perform a real time analysis on the enormous data set. This will help the government to provide value added services to the citizens. data analytics helps in discovering valuable decisions by understanding the data patterns and the relationship between them with the help of machine learning algorithms. This paper provides an overview of data analytics in healthcare and government systems. It describes about data

generated by these systems, data characteristics, security issues in handling data and how big data analytics helps to gain a meaningful insight on these data set.

TITLE :Historical Review of Health Policy Making

AUTHOR : Ravi Duggal

Health policy making and health planning in India is not a post-independence phenomenon. In fact, the most comprehensive health policy and plan document ever prepared in India was on the eve of Independence in 1946. This was the 'Health Survey and Development Committee Report' popularly referred to as the Bhore Committee. This Committee prepared a detailed plan of a National Health Service for the country, which would provide a universal coverage to the entire population free of charges through a comprehensive state run salaried health service. Such a well-studied and minutely documented plan has not as yet been prepared in Independent India. Health services in India today in terms of accessibility are as inadequate and underdeveloped as they were during the time of the Bhore Committee. The analysis of the health situation by the Bhore Committee in the early forties would hold good if a similar enquiry were undertaken today, over half a century later. Instead of the National Health Service that the Bhore Committee had envisaged, which would be available to one and all irrespective of their ability to pay, further commodification of health care services took place strengthening the operation of market forces in this sector. The enclave pattern of development of the health sector continues even today - the poor, the villagers, women and other underprivileged sections of society, in other words the majority, still do not have access to affordable basic health care of any credible quality.