

# AI-Enabled Electrocardiogram Analysis for Small Japanese Clinics

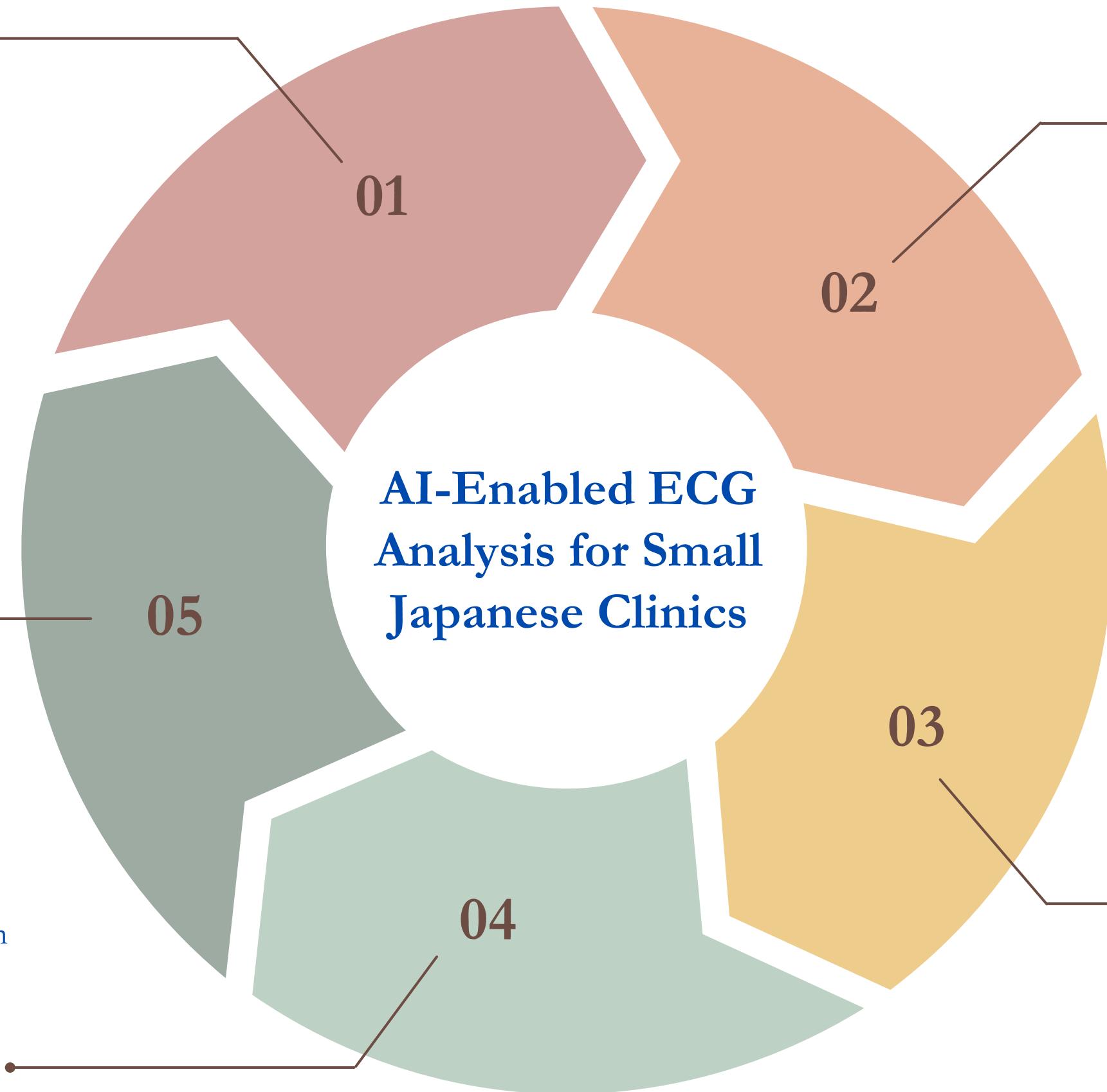
Market Potential and Implementation

Presented by  
Wambi Jotham Martin

Supervised by  
Prof. Yoshiyuki Matsuura

● Yamaguchi University, Graduate School of Innovation & Technology Management  
Interim Research Report for Specific Topical Research of the year 2024





## Motivation - Ikata town case study:

- Rising CVD prevalence
- Limited specialist access in rural areas.
- High error rates in manual ECG interpretation.

## Objectives:

- Quantify the impact of visual ECG inspection.
- Develop a prototype for accurate ECG analysis.
- Define market and value proposition.
- Create an implementation plan.

## Next Steps:

Launch Solution

## Key Outcomes:

- 98.46% AI accuracy vs 83.4% human expert.
- Adoption barriers & solutions
- Tailored value proposition for small clinics
- Implementation plan developed.

## Approach:

- Market analysis & early adopter profiling.
- AI model prototype dev't.
- Implementation plan design.

# Agenda



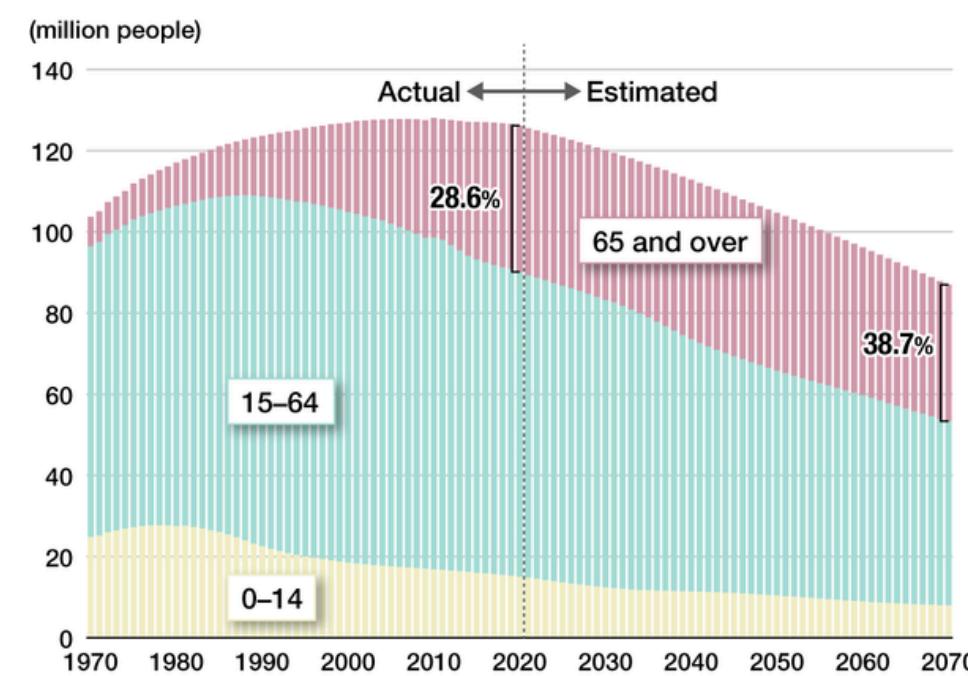
- 1 [Introduction - Background & Motivation](#)
- 2 [Research Objectives](#)
- 3 [Market Analysis](#)
- 4 [Technical Development](#)
- 5 [Market Definition & Value Proposition](#)
- 6 [Implementation Plan](#)
- 7 [Future Development](#)
- 8 [References](#)

# Background & Motivation to the study...

## Demographic Context:

- Over 28% aged 65 or older
- **Rising cardiovascular disease (CVD) prevalence**

## Population Change in Japan



Created by Nippon.com based on data from the National Institute of Population and Social Security Research.

nippon.com

## Challenges in Remote Healthcare Delivery:

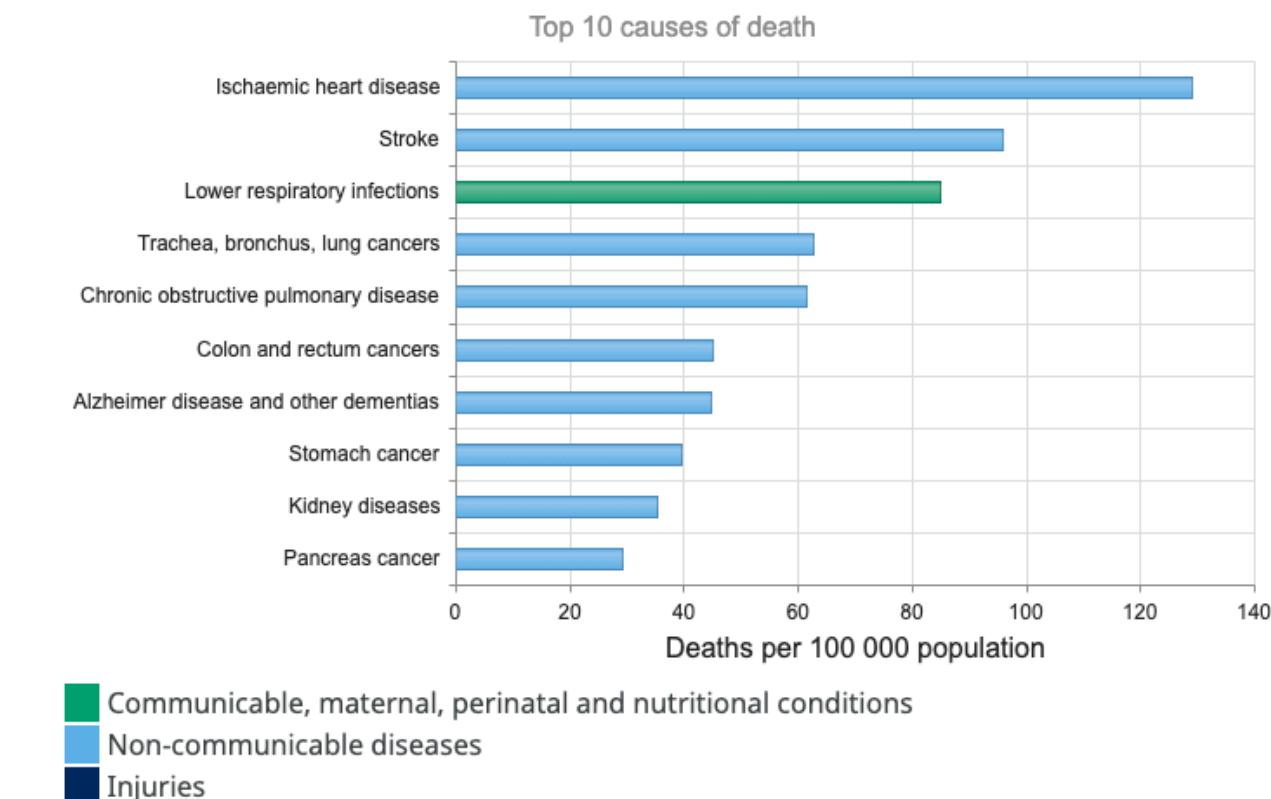
- **Shortage of cardiology specialists**, especially in remote areas.
- A **limited number of doctors** and clinics serving growing CVD cases.
- General practitioners **relying on visual ECG inspection**
- **Limited access to advanced diagnostic tools** in small clinics.

## Economic impact:

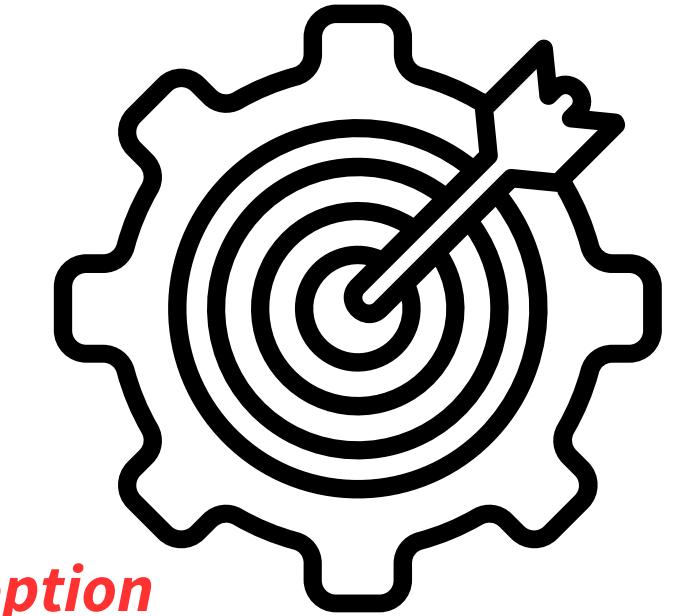
- Cardiovascular treatment: **6 trillion yen (\$50 billion)** annually.
- **1.5 times higher** than cancer treatment costs.

## Personal observation from Ikata town:

- Patients **wait weeks** for specialist visits.
- Highlighting the urgent need for improved cardiac care access.
- Need for innovative solutions to bridge the urban-rural healthcare gap.

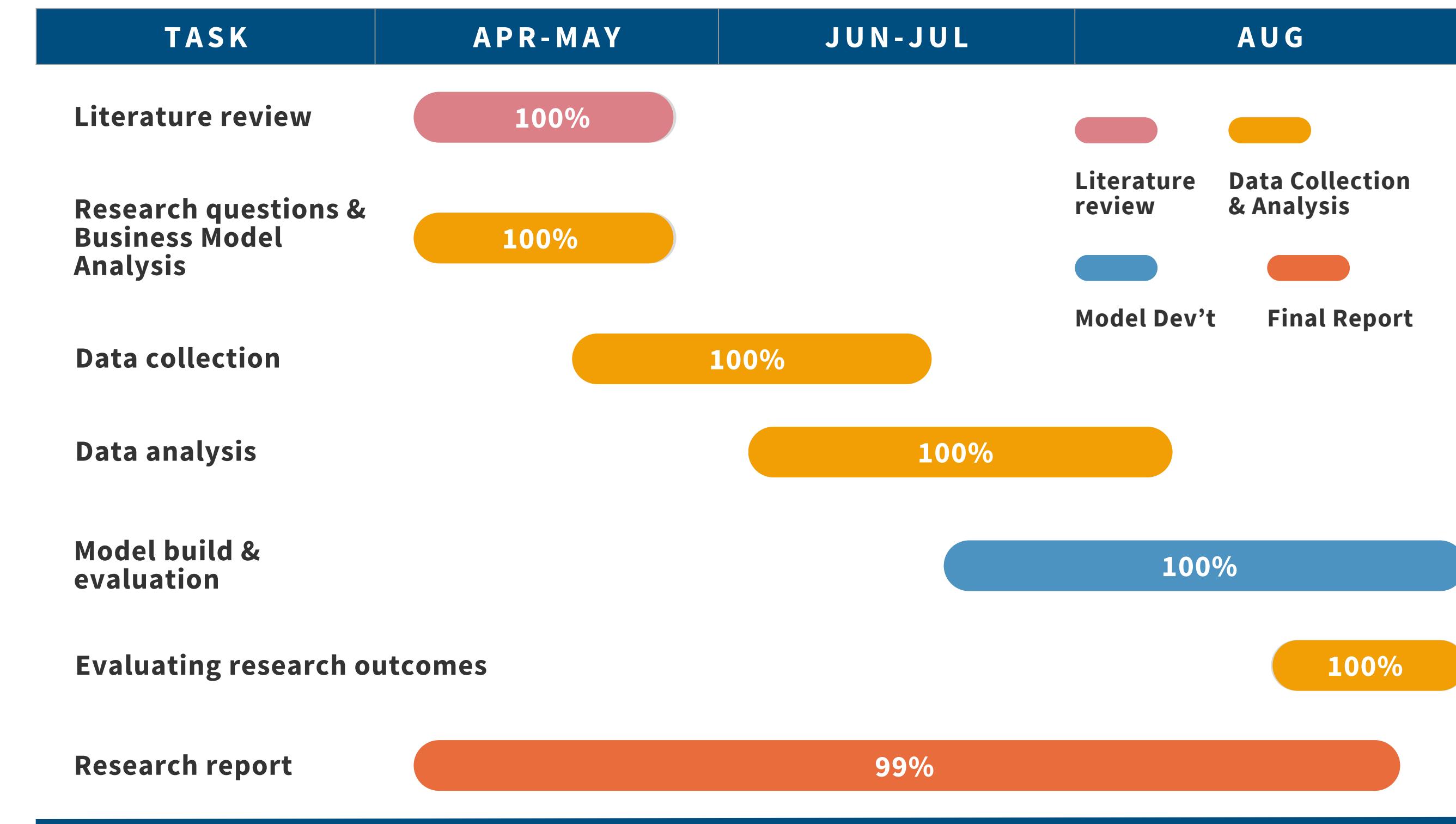


## Research Objectives



1. Identify the ***impact of visual ECG inspection*** for CVD diagnosis & identify key ***adoption barriers*** to AI-enabled analysis.
2. Develop & evaluate a ***prototype*** deep learning model for ***ECG analysis*** tailored to small clinics, assessing its accuracy & reliability.
3. Define the solution's ***early adopter profile***, ***value proposition***, & ***unique selling points***.
4. Formulate an ***implementation plan*** to overcome identified adoption barriers.

## Research schedule & Progress



# Market Analysis: ECG Interpretation Challenges

- **Accuracy of human ECG interpretation:**

- Non-cardiologists: **36-96% accuracy rate**.
- Cardiologists: **74.9% - 84% average accuracy**.
- High error rates in detecting subtle CVD indicators.

- **Consequences of misinterpretation:**

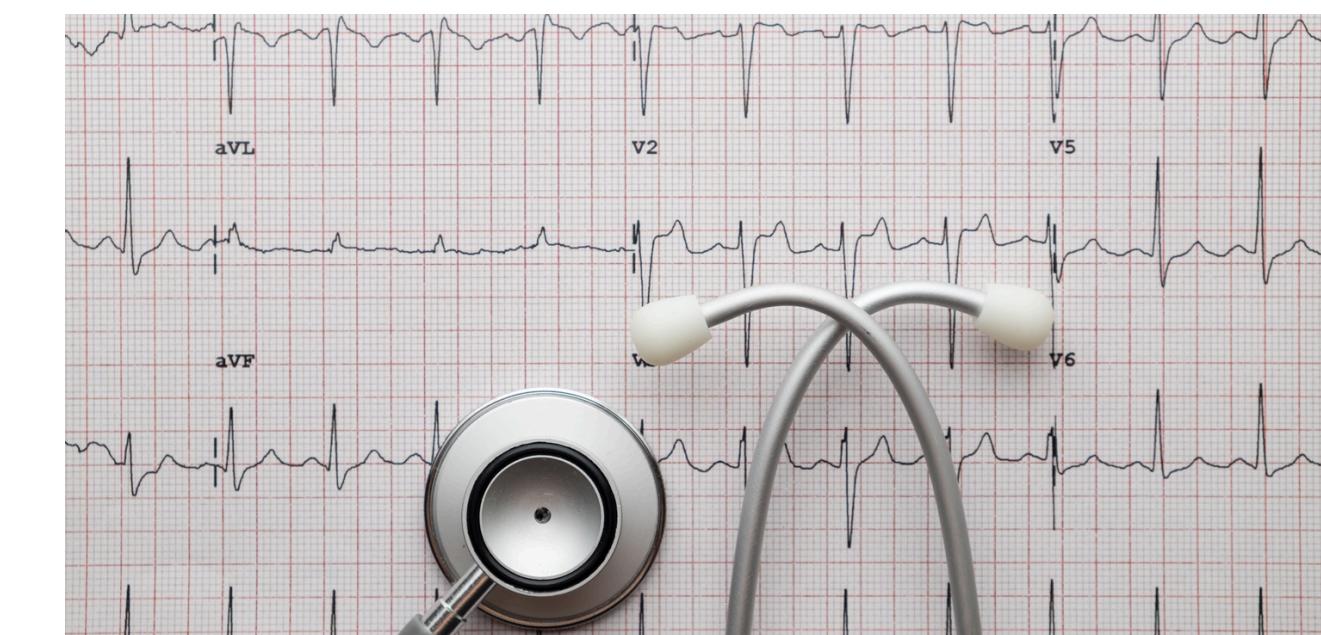
- Up to **11% of cases** lead to inappropriate medical interventions.
- **40% of malpractice claims** involve diagnostic errors, including ECG misinterpretation.
- **Wrongful death lawsuits** due to missed diagnoses of critical conditions.
- Modern ECG analysis tools are prohibitively **expensive** for small clinics.

- **Factors contributing to errors:**

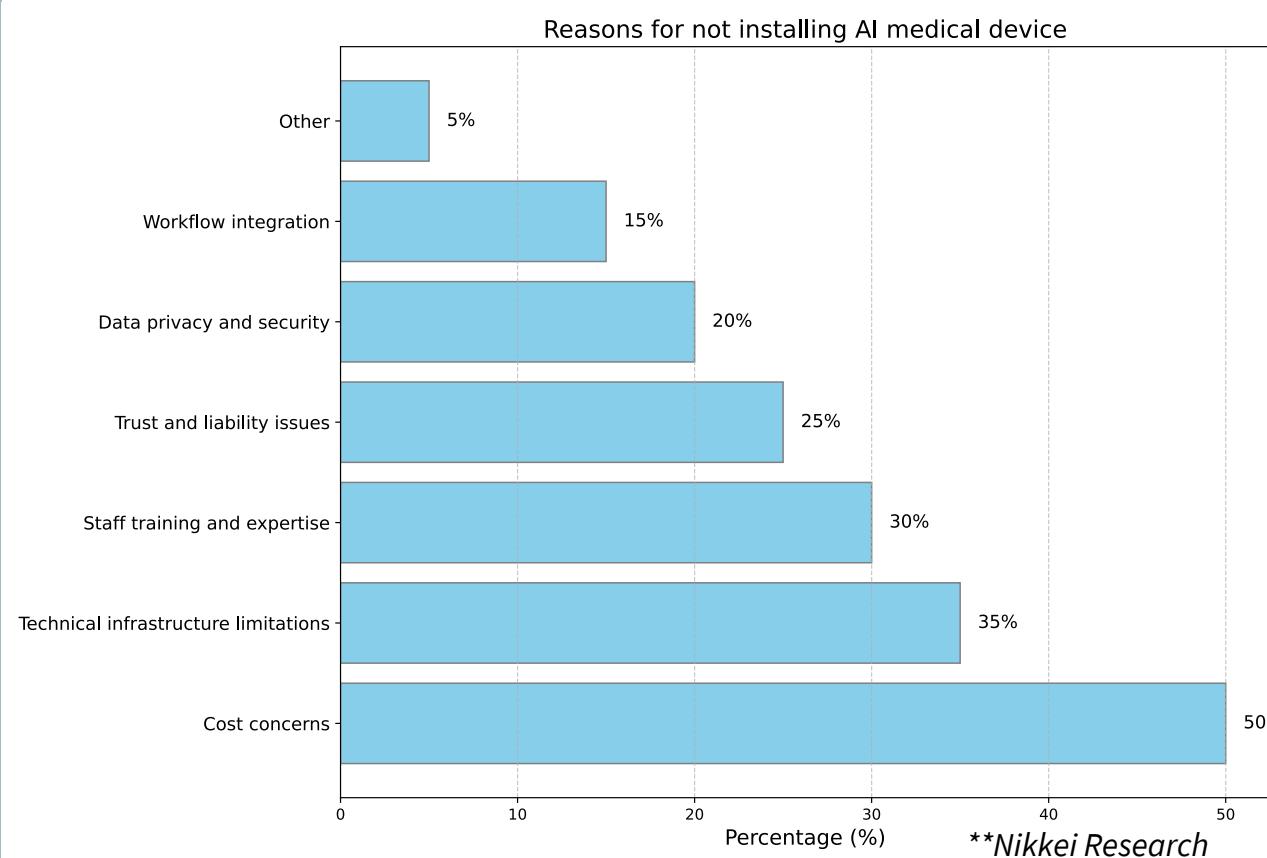
- **Extended training** requirement (**3,500** supervised ECG reads for proficiency).
- **Time pressure** in **emergency** settings.
- **Limited access** to specialists in remote areas.

- **Regional imbalance in specialist concentration:**

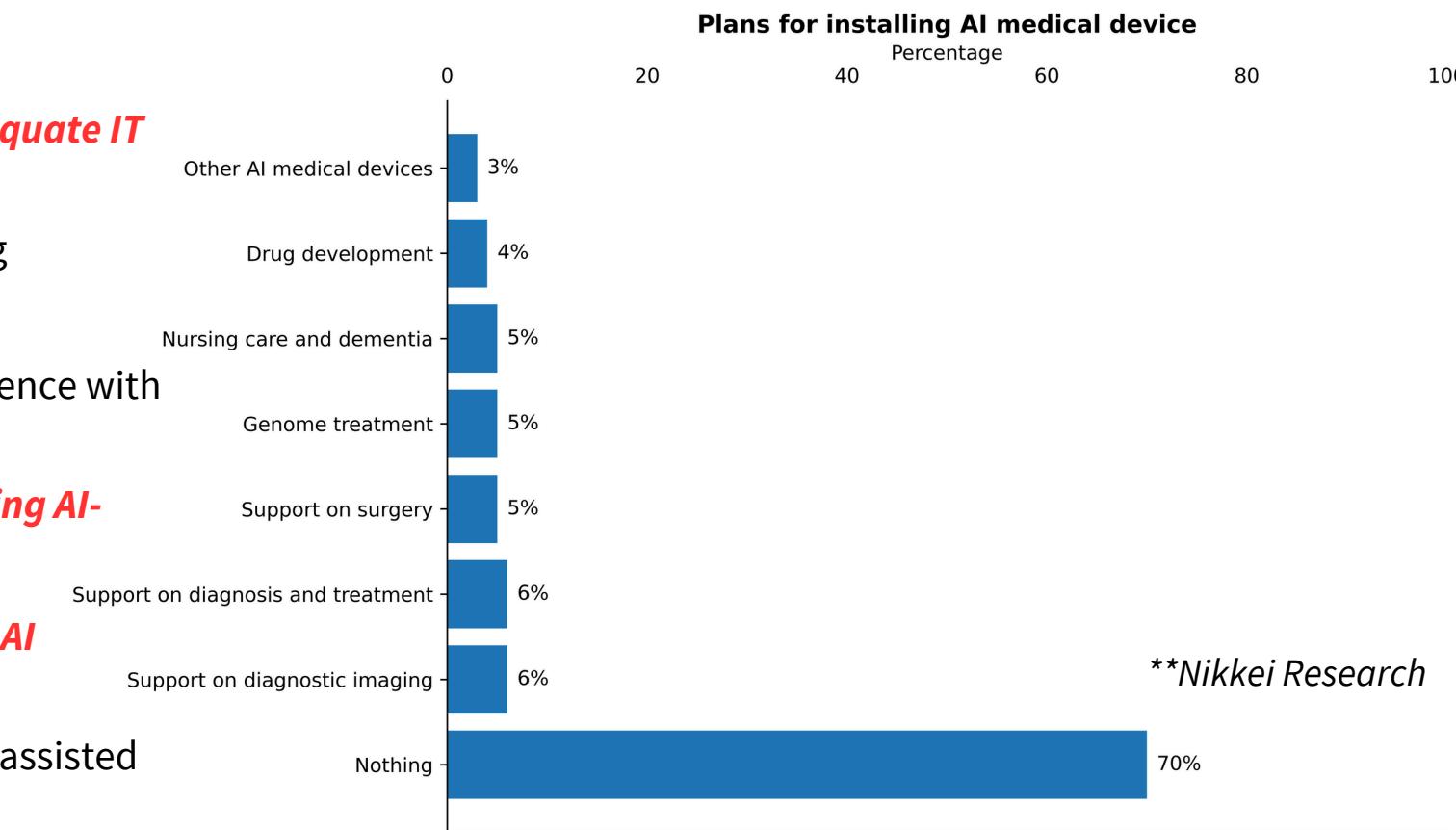
- Specialists prefer metropolitan areas over small cities and towns.
- Creates significant **disparities** in ECG interpretation accuracy.



# Market Analysis: Adoption Barriers for AI-Enabled ECG Analysis



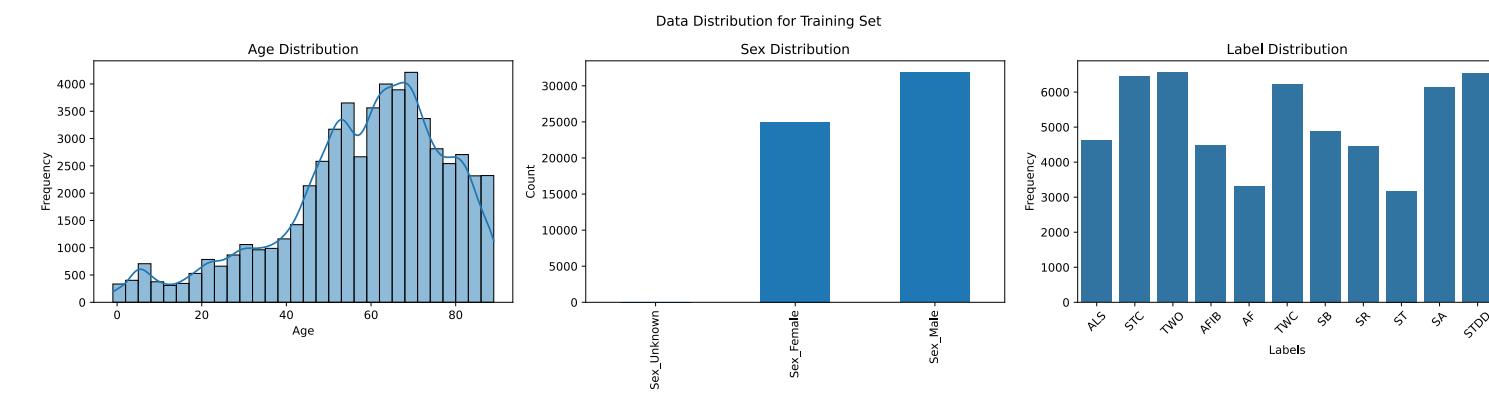
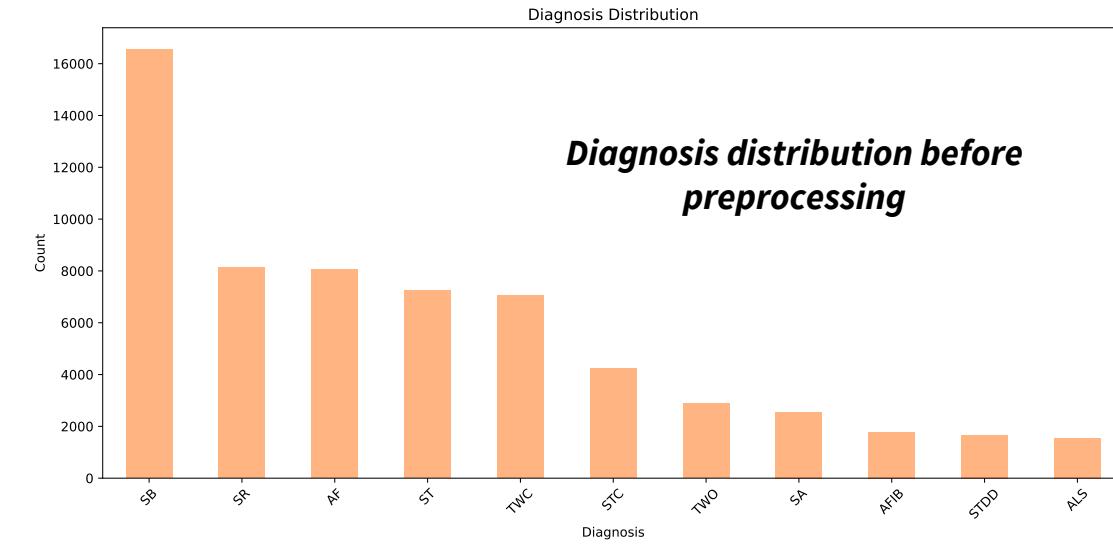
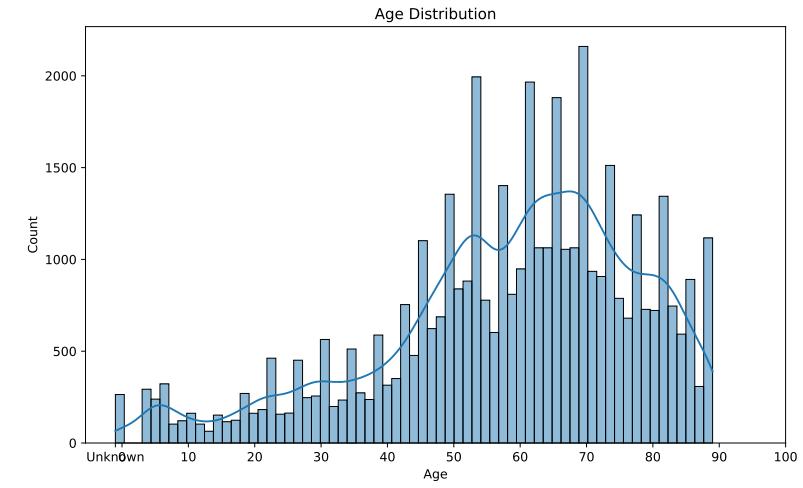
- **Cost concerns:** *Initial investment* in new technology
  - *Ongoing operational expenses.*
- **Technical infrastructure limitations:** *Inadequate IT systems* in small and remote clinics
  - Concerns about *integration* with existing equipment.
- **Staff training and expertise:** Limited experience with AI technologies
  - Concerns about operating and *interpreting AI-assisted tools.*
- **Trust and liability issues:** Skepticism about *AI reliability* in critical diagnoses
  - Worries about *legal responsibility* for AI-assisted decisions.
- **Data privacy and security:** Patient *data protection* concerns
  - Compliance with healthcare data regulations.
- **Workflow integration:** Resistance to changing established clinical routines
  - Concerns about *disruption* to current practices.



# Technical Development: Data and Preprocessing

## Dataset

- "A large scale 12-lead electrocardiogram database for arrhythmia study"
- **Size:** 45,152 patient ECGs (10-second readings), Sampling Rate @ 500 Hz
- **Source:** Physionet.org
- **Usage:** *Creative Commons Attribution 4.0 International License (CC-BY 4.0)*

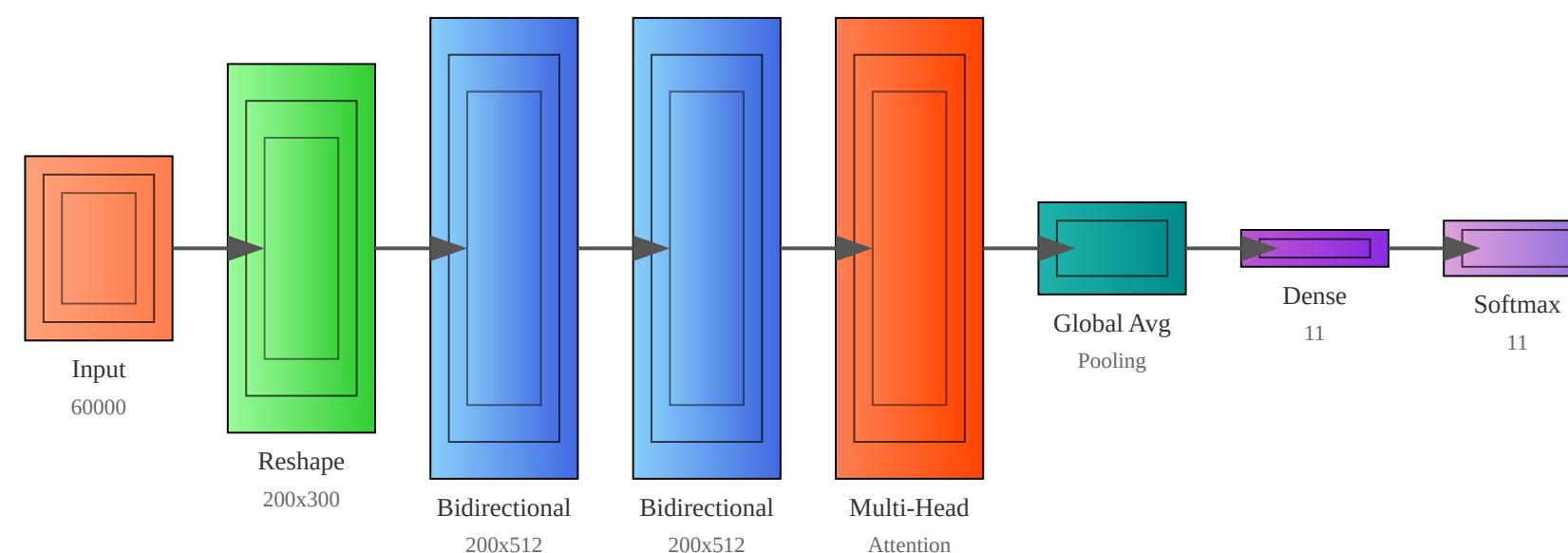


*Training distribution after preprocessing & class balancing*

# Technical Development: Model Architecture and Hyperparameter Tuning

## Model Architecture

- **Lightweight design: 5,460,875** trainable parameters.
- **Key components:**
  - **2 Bidirectional GRU layers (512 units each).**
  - Multi-head attention layer.
- **Deployment flexibility:**
  - Cloud or edge devices.



## Hyperparameter Tuning

- **Method: Hyperband Search Algorithm**
- **Optimal Configuration:**
  - **512 GRU units in 2 layers**
  - Dropout rate: **0.2**
  - **13** attention heads
  - L2 regularization: **0.00021**
  - Learning rate: **0.00014**

Model: "functional\_4"

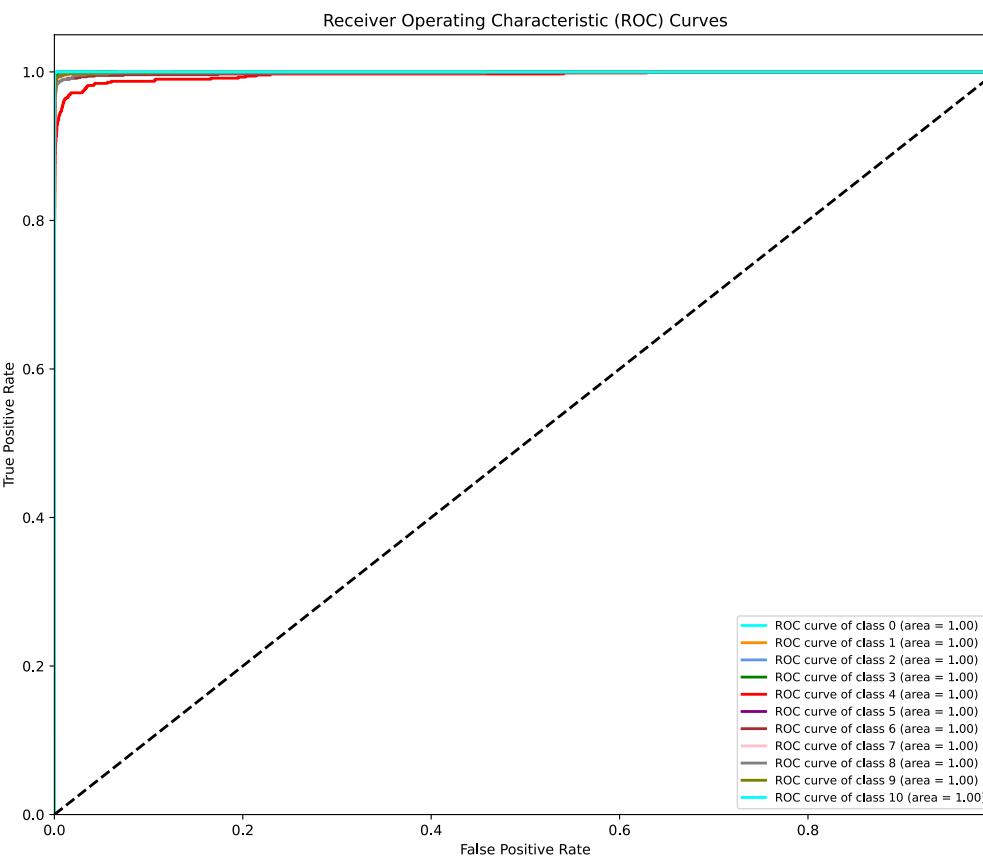
Layer (type)	Output Shape	Param #	Connected to
input_layer_4 (InputLayer)	(None, 60000)	0	-
reshape_4 (Reshape)	(None, 200, 300)	0	input_layer_4[0][0]
bidirectional_8 (Bidirectional)	(None, 200, 512)	857,088	reshape_4[0][0]
batch_normalization_8 (BatchNormalization)	(None, 200, 512)	2,048	bidirectional_8[0][0]
dropout_12 (Dropout)	(None, 200, 512)	0	batch_normalization_8[0][0]
bidirectional_9 (Bidirectional)	(None, 200, 512)	1,182,720	dropout_12[0][0]
batch_normalization_9 (BatchNormalization)	(None, 200, 512)	2,048	bidirectional_9[0][0]
dropout_13 (Dropout)	(None, 200, 512)	0	batch_normalization_9[0][0]
multi_head_attention_4 (MultiHeadAttention)	(None, 200, 512)	3,413,376	dropout_13[0][0], dropout_13[0][0]
global_average_pooling1d_4 (GlobalAveragePooling1D)	(None, 512)	0	multi_head_attention_4[0][0]
dense_4 (Dense)	(None, 11)	5,643	global_average_pooling1d_4[0][0]

Total params: 16,384,675 (62.50 MB)  
 Trainable params: 5,460,875 (20.83 MB)  
 Non-trainable params: 2,048 (8.00 KB)  
 Optimizer params: 10,921,752 (41.66 MB)

# Technical Development: Performance Metrics

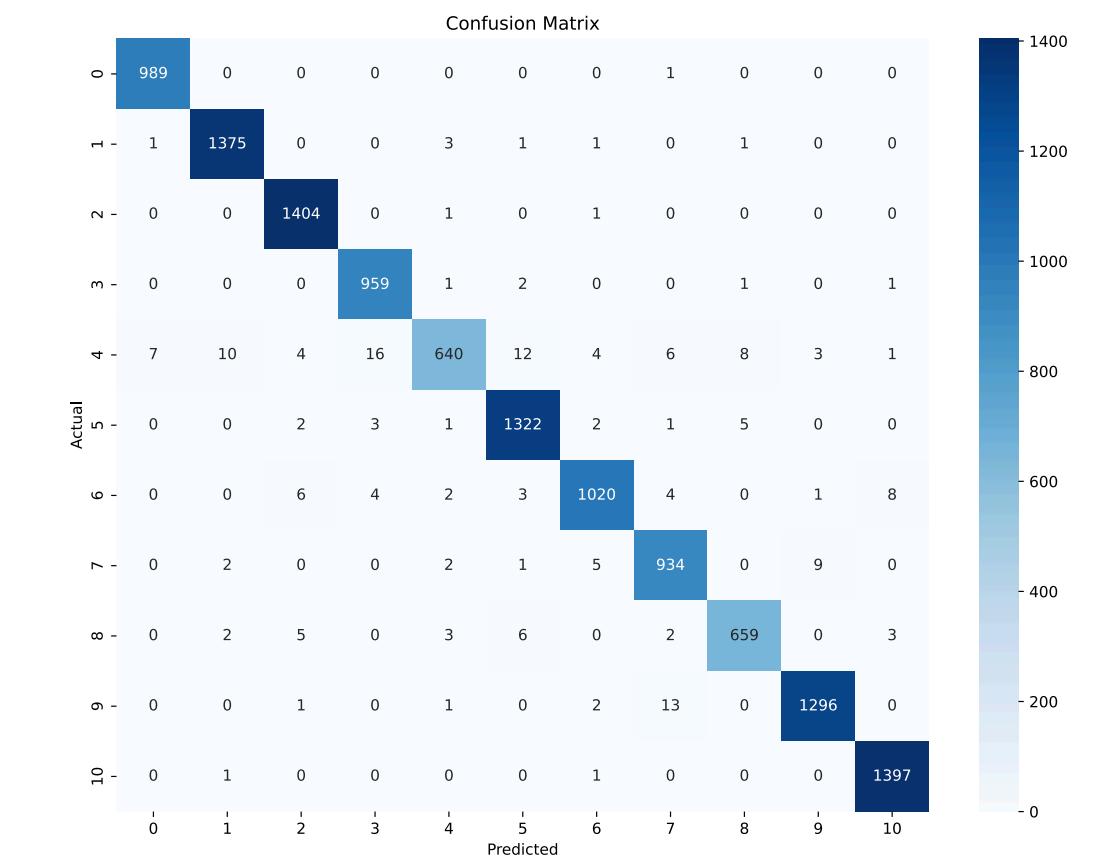
## Overall Performance

- **Test Accuracy: 98.46%**
- **Macro-average F1-score: 0.9819**
- **Weighted-average F1-score: 0.9845**



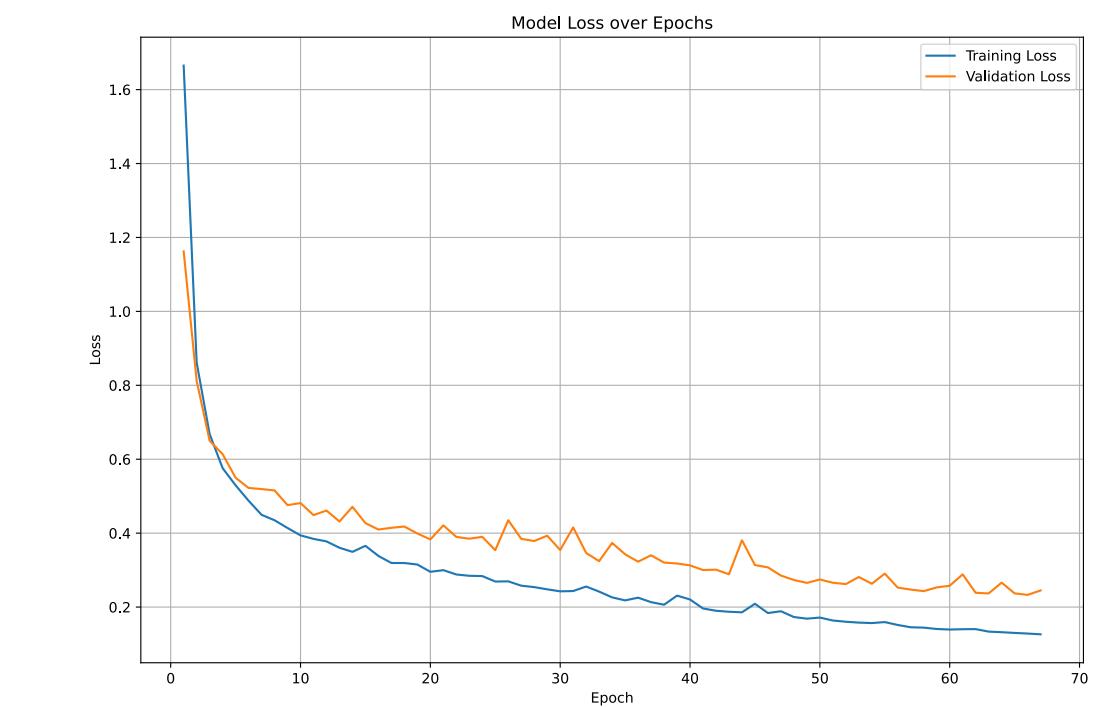
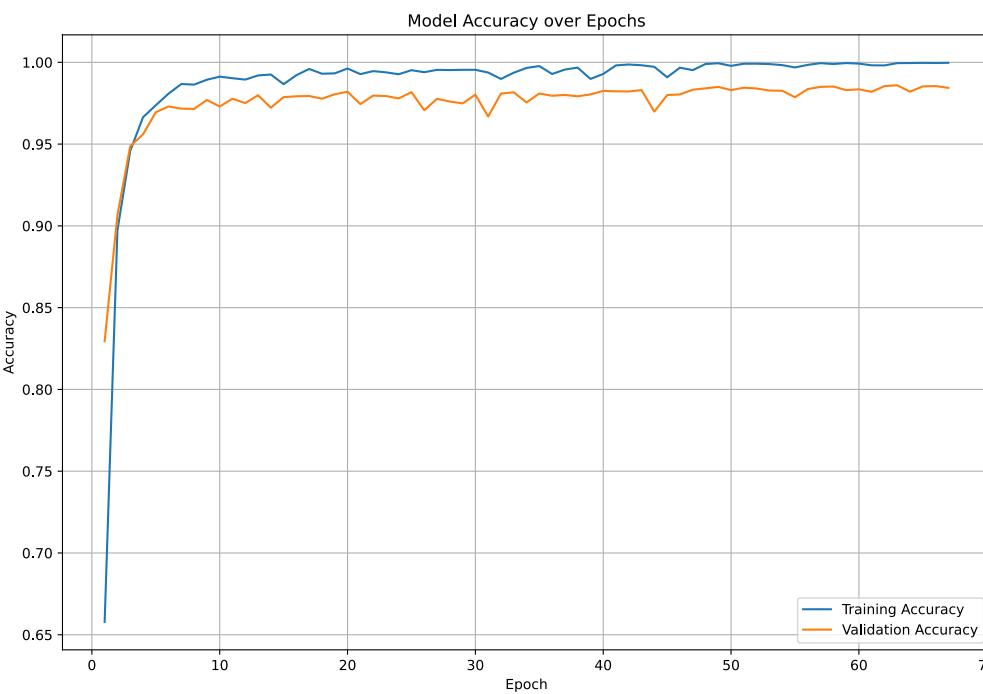
## Class-wise Performance

- **Precision range: 0.972 - 0.992**
- **Recall range: 0.900 - 0.999**
- **F1-score range: 0.938 - 0.995**



## Model Training

- **Total epochs: 67**
- **Training accuracy: 99.97%**
- **Validation accuracy: 98.44%**



# Technical Development: Comparison with Human Interpretation

## Model Performance

- **Accuracy:** 98.46%
- **Consistent across 11 cardiac conditions.**

## Human Expert Performance

- **Mean accuracy:** ~83.4% (based on literature)
- **Variability in interpretation across different experts.**

## Key Advantages of AI Model

- **Higher consistency across various conditions**
- **Rapid analysis:** seconds vs. minutes
- Potential for 24/7 availability

## Classification Report

Class	Precision	Recall	F1-Score	Support
0	0.9920	0.9990	0.9955	990
1	0.9892	0.9949	0.9921	1382
2	0.9873	0.9986	0.9929	1406
3	0.9766	0.9948	0.9856	964
4	0.9786	0.9001	0.9377	711
5	0.9814	0.9895	0.9855	1336
6	0.9846	0.9733	0.9789	1048
7	0.9719	0.9801	0.9760	953
8	0.9777	0.9691	0.9734	680
9	0.9901	0.9871	0.9886	1313
10	0.9908	0.9986	0.9947	1399
accuracy	0.9846	0.9846	0.9846	0.984649
macro avg	0.9837	0.9805	0.9819	12182
weighted avg	0.9846	0.9846	0.9845	12182

## Complementary Role

- **AI as a supportive tool for human clinicians**
- Enhancing diagnostic capabilities, especially in remote settings.

# Market Definition & Value Proposition

## Early Adopter Profile

- **Small to medium clinics** (1-5 physicians in semi-urban and rural areas)
  - **High volume** of cardiovascular patients (30%+ of consultations)
  - **Limited access to cardiology specialists** (<8 hours/week)
  - Recently **adopted EHRs**, open to innovation.

## Value Proposition

- **Improved diagnostic accuracy:** Potential **20%+** reduction in missed diagnoses
  - **Time efficiency:** ECG analysis reduced from **minutes to seconds**
  - **Cost-effective expertise:** Specialist-level interpretation without a full-time cardiologist
  - **Enhanced patient care:** **Early detection** and **intervention** for cardiac issues
  - **Risk mitigation:** **Reduced exposure** to malpractice claims.

## Unique Selling Points

- AI-powered yet **tailored** to small clinic needs
  - Seamless **integration** with 95% of common ECG machines
  - Cloud and edge deployment options for ***data security and flexibility***
  - Continuous learning and updates to stay current with the latest cardiac research.



# Implementation Plan to Overcome Adoption Barriers

## 1. Addressing Cost Concerns:

- Flexible pricing strategy:
    - **Tiered pricing** based on clinic size and usage
    - **Pay-per-use** option for low-volume users
    - A **freemium** model with basic features free, premium features paid.

## 2. Overcoming Technical Infrastructure Limitations:

- Offer both cloud-based and ***on-premises*** deployment options.

### 3. Facilitating Staff Training and Expertise

## Development:

- **Comprehensive *customer education* program:**  
Online resources, regional workshops, ongoing support.

#### **4. Building Trust and Addressing Liability Concerns:**

- Clear communication: AI as a **supportive tool**, not a replacement for clinical judgment
  - Implement **AI explainability** features for transparency in decision-making.

## 5. Ensuring Seamless Workflow Integration:

- **Compatibility** with 95% of ECG machines and formats commonly used in Japanese clinics.

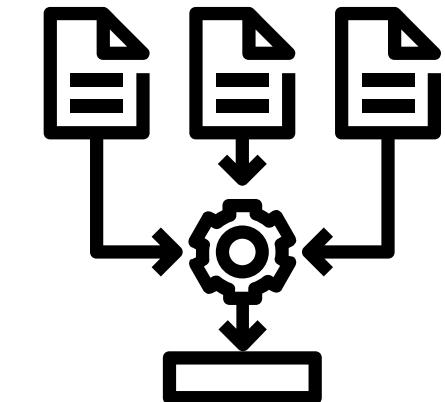
## 6. Addressing Data Privacy and Security

## Concerns:

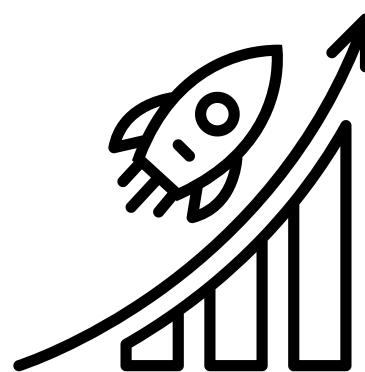
- End-to-end **encryption** and **on-premise inferencing** options.



## Future Development & Next Steps



- Enhance model with *multimodal clinical data integration*
- 2. Develop *predictive analytics* for *personalized preventive care*
- 3. Launch a startup to bring the *solution to market*



# References



Ribeiro, A.H., et al. (2020). **Automatic diagnosis of the 12-lead ECG using a deep neural network**. *Nature Communications*, 11, 1760.

Ito, K., et al. (2023). **AI in cardiovascular diagnostics: Clinician perspectives and implementation challenges**. *Journal of Medical Internet Research*, 25(4), e42568

Ministry of Health, Labour and Welfare. (2022). **Annual Report on Regional Healthcare Disparities**

Chapman University, Shaoxing People's Hospital, & Ningbo First Hospital. (2023). **A large scale 12-lead electrocardiogram database for arrhythmia study**. PhysioNet.

<https://physionet.org/content/ecg-arrhythmia/1.0.0/>

Huang, J.-D.; Wang, J.; Ramsey, E.; Leavey, G.; Chico, T.J.A.; Condell, J. **Applying Artificial Intelligence to Wearable Sensor Data to Diagnose and Predict Cardiovascular Disease: A Review**. *Sensors* 2022, 22, 8002. <https://doi.org/10.3390/s22208002>

A. Perlmutter, M. Benchoufi, P. Ravaud, and V. T. Tran, **'Identification of patient perceptions that can affect the uptake of interventions using biometric monitoring devices: Systematic review of randomized controlled trials'**, *Journal of Medical Internet Research*, vol. 22, no. 9. JMIR Publications Inc., Sep. 01, 2020. doi: 10.2196/18986.

Suzuki, M., et al. (2021). **Adoption barriers for AI-enabled medical devices in Japanese healthcare settings**. *Journal of Medical Systems*, 45(7), 1-12

Sato, K., et al. (2022). **Medical malpractice claims related to diagnostic errors in Japan: A retrospective analysis**. *Journal of Patient Safety and Risk Management*, 27(2), 78-86.

Takahashi, M., et al. (2023). **Data privacy concerns in AI-based healthcare solutions: A Japanese perspective**. *Journal of Medical Systems*, 47(5), 1-9



# Thank you!

---

jothammartin.wambi@gmail.com

[Back to Agenda](#)