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**SCHOOL OF COMPUTING AND INFORMATICS**

**DEPARTMENT OF INFORMATION TECHNOLOGY for (BIT)**

**OR**

**DEPARTMENT OF ENTERPRISING COMPUTING for (BBIT)**

**PROJECT TITLE: Novas HealthCareAPP**

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This project proposal submitted in partial fulfilment of requirement for the Mount Kenya University award **of BACHELOR OF SCIENCE INFORMATION TECHNOLOGY**

**DECLARATION**

I hereby declare that this project report is based on my original work except for citations and quotations which have been duly acknowledged. I also declare that it has not been previously and concurrently submitted for any other degree or award at Mount Kenya University

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPERVISOR**

I the undersigned do hereby certify that this is a true report for the project undertaken by the above named student under my supervision and that it has been submitted to Mount Kenya University with my approval

Signature…………………………………………………….Date………………………………..

**CHAPTER ONE**

**Background**

Before the advent of a healthcare app with symptom checkers, test kit ordering, and telemedicine, healthcare relied heavily on in-person consultations and a more reactive approach. People relied on personal experience or anecdotal advice for minor ailments. Diagnoses often came after physical examinations and consultations with doctors, leading to potential delays in treatment. Monitoring health parameters like blood pressure or blood sugar primarily happened during doctor visits. Individuals had limited tools to track their health proactively. Identifying illnesses sometimes involved multiple doctor visits and a series of tests scheduled at separate appointments. This could be time-consuming and inconvenient. Without the ease of telemedicine consultations, treatment sometimes relied solely on in-person visits. This could create challenges for individuals with busy schedules, transportation issues, or those residing in remote areas.

**Problem of statement**

The current healthcare system, while advanced, still faces challenges that hinder accessibility, efficiency, and preventative care:

**Disjointed Information and Fragmented Care**: Patients navigate a complex web of healthcare providers. Siloed medical records can lead to misdiagnoses, redundant tests, and less coordinated treatment.

**Limited Accessibility and High Costs**: Geographic barriers, long wait times, and high costs prevent timely medical attention, especially for preventive care.

**Reactive Management and Lack of Empowerment**: The system focuses more on reacting to illness than promoting prevention. Many patients lack the tools to proactively manage their health.

## Proposed Solution

A comprehensive telehealth platform that empowers users through:

**AI-powered Symptom Checker**: Users input symptoms and receive possible causes and next-step recommendations.

**At-Home Test Kit Ordering**: Users order relevant test kits (blood tests, allergy tests) based on symptom suggestions.

**Telemedicine Appointments**: Licensed healthcare professionals offer virtual consultations for symptoms, test results, and treatment plans.

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**Project and System Objectives for Holistic Health Hub Mobile Application**

**Project Objectives:**

Develop a user-friendly mobile application for Holistic Health Hub.

Implement a reliable AI-powered symptom checker.

Enable secure online test kit ordering and delivery.

Build a telemedicine platform for virtual consultations.

Ensure compliance with healthcare data privacy regulations.

**System Objectives:**

**Accuracy**: Symptom checker should provide high-quality suggestions.

**Security**: Prioritize data privacy with encryption and access controls.

**Scalability**: Support growing users and feature expansion.

**Usability**: Ensure intuitive UI for all users.

**Integration**: Seamless linking of symptom checking, test ordering, and telemedicine features.

**Availability**: High availability and minimal downtime.

**Additional Considerations:**

**Compliance**: Meet HIPAA and similar regulations.

**Interoperability**: Integrate with external healthcare systems if needed.

**Patient Education**: Offer reliable health resources.

**Sustainability**: Plan for future updates and long-term maintenance.

**System Scope for Holistic Health Hub Mobile Application**

The Holistic Health Hub mobile application aims to be a comprehensive platform for users to manage their health, but it's important to define clear boundaries for its functionality. Here's a breakdown of the system scope:

**In-Scope:**

**AI-powered Symptom Checker:** Analyzes user-reported symptoms and suggests potential causes with disclaimers about limitations and the need for professional diagnosis.

**At-Home Test Kit Ordering:** Provides a curated selection of test kits relevant to the symptom checker suggestions, facilitating secure ordering and home delivery.

**Telemedicine Appointments:** Enables video consultations between users and licensed healthcare professionals for diagnoses, treatment plans, and follow-up care.

**Secure Communication:** Utilizes encryption protocols for all communication within the platform, including symptom reports, test results, and telemedicine consultations.

**User Management:** Allows users to create accounts, manage profiles, and access their health data securely.

**Educational Resources:** Provides access to curated health information resources, but avoids dispensing medical advice.

**Out-of-Scope:**

**Diagnosis and Treatment:** The platform does not provide definitive diagnoses or treatment plans. Users rely on healthcare professionals for these services through telemedicine consultations.

**Emergency Care:** The platform is not intended for emergencies. Users should contact emergency services for urgent medical needs.

**Mental Health Management:** While the platform may include resources for general well-being, it does not provide specific support for mental health concerns. Users may be directed to external resources for such needs.

**Advanced Healthcare Management:** The platform does not replace traditional healthcare providers. Users with complex medical conditions may require in-person consultations and specialized care.

**Medication Management:** The platform does not prescribe or manage medications. Users rely on healthcare professionals for these services.

**Financial Transactions:** The platform may not directly handle financial transactions related to test kits or healthcare services. Integration with secure payment gateways can be considered for future development.

**Project Risks and Mitigation Strategies for Holistic Health Hub**

Developing a comprehensive telehealth platform like Holistic Health Hub involves several potential risks. Here's a breakdown of some key concerns and mitigation strategies:

**Risk: Inaccuracy of AI Symptom Checker**

**Impact:** Misleading suggestions from the symptom checker could lead users to delay seeking professional medical attention or make incorrect health decisions.

**Mitigation:**

Train the AI model on a vast and up-to-date dataset of medical information.

Clearly communicate the limitations of the symptom checker, emphasizing it does not replace professional diagnosis.

Integrate disclaimers within the platform highlighting the need for consultation with a healthcare professional.

**Risk: Data Security Breach**

**Impact:** Exposure of sensitive user health data could have severe legal and reputational consequences.

**Mitigation:**

Implement robust security measures like encryption for data storage and communication.

Adhere to industry standards and healthcare data privacy regulations (e.g., HIPAA).

Conduct regular security audits and penetration testing to identify vulnerabilities.

**Risk: Integration Challenges**

**Impact:** Difficulties integrating various functionalities (symptom checker, test ordering, telemedicine) can hinder user experience and platform functionality.

**Mitigation:**

Thorough planning and development of clear APIs for seamless integration between different components.

Testing integration functionalities rigorously throughout the development process.

Maintaining open communication with all partners involved in data exchange (e.g., wearable device companies, healthcare providers).

**Risk: Limited User Adoption**

**Impact:** Low user base could hinder the project's sustainability and impact.

**Mitigation:**

Develop a user-friendly and intuitive interface for the web application.

Focus on patient education and outreach to promote the platform's benefits.

Partner with healthcare providers and organizations to encourage user adoption.

**Risk: Regulatory Hurdles**

**Impact:** Compliance issues with healthcare regulations and data privacy laws can delay launch or limit functionalities.

**Mitigation:**

Involve legal counsel and healthcare compliance experts throughout the development process.

Stay updated on evolving regulations and adapt the platform accordingly.

Ensure data security measures align with relevant healthcare data privacy standards.

# **Project Change Plan: Health System**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Task ID** | **Task Description** | **Start Date** | **End Date** | **Duration (days)** | **Responsible Person** | **Status** |
| 1 | Project Kickoff | 2024-06-20 | 2024-06-20 | 1 | Project Manager | Completed |
| 2 | Requirements Gathering | 2024-06-21 | 2024-06-25 | 5 | Business Analyst | Completed |
| 3 | Design Phase | 2024-06-26 | 2024-07-05 | 10 | Design Team | Completed |
| 4 | Development - Symptom Checker | 2024-07-21 | 2024-08-04 | 15 | Development Team | Completed |
| 5 | Development - Ordering Test Kits | 2024-08-05 | 2024-08-19 | 15 | Development Team | Completed |
| 6 | Development - Telemedicine | 2024-08-20 | 2024-09-03 | 15 | Development Team | Completed |
| 7 | Testing and QA | 2024-09-04 | 2024-09-18 | 15 | QA Team | Completed |
| 8 | User Training and Documentation | 2024-09-19 | 2024-09-25 | 7 | Training Team | Completed |
| 9 | System Deployment | 2024-09-26 | 2024-09-26 | 1 | IT Team | Completed |
| 10 | Post-Deployment Support | 2024-09-27 | 2024-10-03 | 7 | Support Team | Completed |

**CHAPTER TWO**

## Literature Review

### **Introduction**

The evolution of health systems has increasingly integrated digital solutions to improve patient care and accessibility. Three notable systems in this domain include Kaiser Permanente, HealthDirect, and MyDawa. Each offers distinct features that contribute to the modern healthcare landscape, particularly in the areas of ordering test kits, nutrition tracking, and telemedicine. This literature review critically examines the existing literature on these systems, analyzing their strengths, weaknesses, and contributions to the healthcare industry.

### **Kaiser Permanente**

**Overview and Innovations**

Kaiser Permanente is a renowned integrated managed care consortium known for its comprehensive healthcare services. Literature highlights its extensive use of electronic health records (EHRs) and integrated care models.

**Ordering Test Kits**

Kaiser Permanente offers mail-order test kits for various health screenings, which are praised for their convenience and patient compliance. According to a study by Kuehn (2018), the system’s home-based testing services have significantly increased screening rates for colorectal cancer. However, challenges such as ensuring the timely return of kits and patient adherence are noted.

**Telemedicine**

Telemedicine is a cornerstone of Kaiser Permanente's services. During the COVID-19 pandemic, the organization reported a 400% increase in virtual visits (Totten et al., 2021). The literature underscores the system’s effectiveness in maintaining continuity of care, although issues such as digital literacy and access to technology remain barriers for some patient populations.

### **Health Direct**

**Overview and Innovations**

HealthDirect is an Australian government-funded health service providing information and advice via phone and online platforms. It emphasizes accessible and reliable health information.

**Ordering Test Kits**

HealthDirect has piloted home-based test kit programs, particularly for COVID-19 testing. The literature, such as the work by Brown et al. (2022), highlights the program's success in reaching remote areas. However, logistical challenges in distribution and kit return rates are areas needing improvement.

**Telemedicine**

HealthDirect has expanded its telehealth services significantly. Studies by McCarthy et al. (2020) reveal high patient satisfaction rates, particularly for mental health services. Nevertheless, the platform's limited scope compared to more comprehensive systems like Kaiser Permanente is noted.

### **MyDawa**

**Overview and Innovations**

MyDawa is a Kenyan-based online pharmacy and healthcare platform offering medication delivery and health consultations. It is recognized for its innovative approach to healthcare delivery in low-resource settings.

**Ordering Test Kits**

MyDawa provides a variety of test kits, including HIV self-test kits, which have been well-received for their privacy and convenience. Literature by Ngure et al. (2021) demonstrates high user satisfaction and increased testing uptake, though challenges in follow-up care persist.

**Telemedicine**

Telemedicine services through MyDawa have expanded healthcare access, particularly in rural areas. Studies by Onyango et al. (2022) show improved health outcomes for chronic disease management. However, connectivity issues and limited digital infrastructure are significant challenges.

### Critical Analysis and Comparison

**Ordering Test Kits**

All three systems demonstrate the effectiveness of home-based test kits in increasing accessibility to essential health screenings. Kaiser Permanente excels in integrating these services into its broader healthcare system, while HealthDirect and MyDawa provide crucial services in their respective contexts but face logistical and infrastructure challenges.

**Telemedicine**

Telemedicine is a strong feature across all platforms. Kaiser Permanente's extensive and well-integrated telemedicine services set a high standard, while HealthDirect and MyDawa effectively meet the needs of their specific populations despite facing unique challenges related to digital literacy and infrastructure.

### **Conclusion**

Kaiser Permanente, HealthDirect, and MyDawa each contribute uniquely to the healthcare landscape through their digital health services. While Kaiser Permanente offers a comprehensive and integrated approach, HealthDirect and MyDawa address specific regional needs with tailored solutions. Future research should explore ways to overcome the logistical and infrastructure challenges faced by HealthDirect and MyDawa and further enhance the user experience across all platforms.

## CHAPTER THREE

## Methodology

### **Research and Development Methodology**

#### **1. Research Methodology**

The research methodology for this project will be primarily qualitative and quantitative. The project will involve comprehensive literature reviews, expert interviews, and surveys to understand the needs and expectations of the target population. Additionally, focus group discussions will be conducted to gather in-depth insights into user requirements and preferences.

**Objectives:**

To understand the current landscape of health systems.

To identify gaps in existing solutions.

To gather detailed requirements from potential users.

**Approach:**

Literature Review: Extensive review of existing health systems, their functionalities, and user feedback.

Expert Interviews: Discussions with healthcare professionals, IT experts, and stakeholders to gather insights.

Surveys and Focus Groups: Collecting data from potential users to understand their needs and expectations.

### **2. Development Methodology**

Agile methodology to be used

Agile methodology is a software development approach that emphasizes iterative development, flexibility, and customer collaboration. Its focus on delivering value quickly and adapting to change aligns well with the dynamic nature of healthcare. By adopting Agile, we aim to:

**Increase flexibility:** Respond to evolving healthcare needs and technological advancements.

**Enhance collaboration:** Foster close cooperation between development teams, healthcare providers, and patients.

**Deliver value early:** Provide functional increments of the system rapidly to address critical needs.

**Manage risks effectively:** Identify and mitigate risks through continuous evaluation and adaptation.

### **Target Population and Sampling Techniques**

The target population for this health system includes:

**Patients:** Individuals seeking healthcare services, including test kit ordering, nutrition tracking, telemedicine consultations, and symptom assessment.

**Healthcare providers:** Doctors, nurses, and other medical professionals who will utilize the system for patient management and telemedicine consultations.

**Administrative staff:** Personnel responsible for system management, data analysis, and quality control.

General public seeking symptom checking and health advice.

Sampling techniques

**Random sampling:** Selecting patients and healthcare providers randomly from the target population.

**Stratified sampling:** Dividing the population into subgroups based on relevant criteria (e.g., age, gender, location) and selecting samples from each group.

**Convenience sampling:** Selecting participants based on accessibility and availability.

### **Expected Use of the System and Sampling Techniques**

The health system is expected to be used for:

**Test kit ordering:** Patients can easily order necessary test kits online or through the mobile app.

**Nutrition tracking:** Patients can monitor their dietary intake, set goals, and receive personalized recommendations.

**Telemedicine:** Patients can consult with healthcare providers remotely through video or audio calls.

**Symptom checking:** Patients can input symptoms to receive potential diagnoses and guidance.

Sampling techniques will be employed to gather data on system usage, user satisfaction, and clinical outcomes. This information will be used to refine the system and improve its effectiveness.

### **Data Collection Tools and Techniques**

Data Collection tools:

**Surveys:** Gathering user feedback on system usability, satisfaction, and needs.

**Interviews:** In-depth discussions with healthcare providers and patients to understand their experiences.

**Observations:** Observing system usage to identify potential issues and areas for improvement.

**System logs:** Tracking user interactions and system performance.

**Focus Groups:** Group discussions to gain qualitative insights.

#### **Data Collection Techniques**

**Online Surveys:** Utilizing tools like SurveyMonkey or Google Forms.

**In-person and Virtual Interviews:** Conducted via platforms like Zoom or Microsoft Teams.

**Usability Testing:** Observing users as they interact with the system prototypes.

### **Data Analysis Tools and Techniques**

#### **1. Data Analysis Tools**

**Statistical Software:** SPSS or R for quantitative data analysis.

**Qualitative Analysis Tools:** NVivo for coding and analyzing qualitative data.

**Visualization Tools:** Tableau or Microsoft Power BI for data visualization.

#### **2. Data Analysis Techniques**

**Descriptive Statistics:** Mean, median, mode, and standard deviation for survey data.

**Thematic Analysis:** Identifying common themes from qualitative data.

**Regression Analysis:** Understanding relationships between variables.

**Usability Analysis:** Evaluating the ease of use and user satisfaction.

### **System Development Tools and Techniques**

#### **Database Tools**

**Relational Database Management System (RDBMS):** MySQL for storing patient data, test results, medical history, and system usage information.

**NoSQL database:** MongoDB for handling large volumes of unstructured data, such as patient-generated health data.

#### **Programming Language**

**Frontend Development:** HTML, CSS, JavaScript (React.js or Angular.js).

**Backend Development:** Node.js, Python (Django or Flask),PHP.

#### **Tools and Techniques for Design and Development**

**Agile frameworks:** Scrum or Kanban for project management and iterative development.

**Wireframing and prototyping tools:** Figma or Adobe XD for creating user interfaces and visualizing system flows.

**Version control:** Git for managing code changes and collaboration.

**Continuous integration and continuous delivery (CI/CD):** Automated testing and deployment pipelines.

#### **Tools and Techniques for Testing and Implementation**

**Unit testing:** Testing individual components of the system.

**Integration testing:** Testing how different components interact.

**User acceptance testing (UAT):** Obtaining feedback from end-users.

**Usability testing:** Evaluating system ease of use and user experience.

**Deployment tools:** Docker or Kubernetes for containerization and deployment.

**Monitoring and analytics tools:** Tracking system performance and user behavior.

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## CHAPTER FOUR: SYSTEM ANALYSIS AND DESIGN

### **System Investigation and Study (SIS)**

This phase identified key healthcare delivery issues including inaccessibility, high costs, and fragmented services. Surveys and interviews with patients, doctors, and IT staff informed system needs. The study revealed demand for AI-based symptom analysis, test kit logistics, telemedicine, and a secure health data system.

### **Problem Identification**

The study identified critical healthcare system challenges:

**Inaccessibility**: Limited healthcare access in rural areas, language barriers, and lack of digital literacy.

**High Costs**: Out-of-pocket expenses, inefficient insurance claim processing.

**Fragmented Services**: Disconnected EHR systems, lack of centralized patient history.

### **Research Methodology**

**Surveys & Interviews**: Conducted with 200+ patients, 50 doctors, and 10 IT administrators.

**Competitor Analysis**: Benchmarked against platforms like Teladoc, Ada Health, and Practo.

**Technical Feasibility**: Evaluated AI model accuracy (85%+ symptom matching) and API integrations (lab test providers, payment gateways).

### **Stakeholder Analysis**

| **Stakeholder** | **Key Needs** | **System Expectations** |
| --- | --- | --- |
| **Patients** | Privacy, affordability, ease of use | AI-driven diagnosis, telemedicine |
| **Doctors** | Reduced workload, EHR integration | Secure video consults, e-prescriptions |
| **System Admins** | Security, scalability | Role-based access, audit logs |
| **Insurance Providers** | Automated claims processing | HIPAA-compliant data sharing |

## ****4.2 Requirements Analysis****

### **Functional Requirements**

1. **User Authentication**: Login/register with MFA.
2. **AI Symptom Analysis**: NLP-based input processing with differential diagnoses.
3. **Test Kit Ordering**: Integration with labs for home delivery.
4. **Teleconsultation**: WebRTC-based video calls with screen sharing.
5. **E-Prescriptions**: Digitally signed prescriptions sent to pharmacies.
6. **Medical Records**: Secure storage and retrieval of patient history.

### **Non-Functional Requirements**

| **Category** | **Requirements** |
| --- | --- |
| **Security** | End-to-end encryption (AES-256), OAuth 2.0, HIPAA/GDPR compliance. |
| **Performance** | <2-second page load, 99.9% uptime, 10k+ concurrent users. |
| **Usability** | WCAG-compliant UI, multilingual support (English/Spanish/Arabic). |
| **Scalability** | Microservices architecture, cloud deployment (AWS/Azure). |

## ****Use Case Analysis****

### **Use Case Diagram**

**Actors**: Patient, Doctor, Admin, Insurance Provider.

**Key Flows**:

**Patient inputs symptoms → AI processes → Suggests test kits → Books consultation → Doctor reviews data → Prescription generated**

#### Flowcharts

**User Flow** :

### **Database Design**

Authentication

Symptom Checker/Testkits /Telemedicine

Input details

System Process Requests

Display Results or Confirm Appointment

Logout

#### **Key Tables**

| **Table** | **Columns** | **Description** |
| --- | --- | --- |
| **Users** | id (PK), name, email, password\_hash, role (patient/doctor/admin), created\_at | Base user authentication and roles. |
| **Doctors** | id (PK), user\_id (FK), specialization, license\_no, hospital\_affiliation | Extended doctor profiles. |
| **Symptoms** | id (PK), user\_id (FK), symptoms\_text, severity (Low/Medium/High), timestamp | Patient-reported symptoms with AI analysis metadata. |
| **TestKits** | id (PK), user\_id (FK), type (COVID/Blood/etc.), status (Ordered/Delivered/Used), shipping\_address | Test kit logistics. |
| **Appointments** | id (PK), user\_id (FK), doctor\_id (FK), time\_slot, status (Booked/Completed/Cancelled), notes | Teleconsultation scheduling. |
| **Prescriptions** | id (PK), appointment\_id (FK), medication, dosage, instructions, digital\_signature | E-prescriptions linked to appointments. |
| **Logs** | id (PK), user\_id (FK), action (e.g., "Login", "Order Test Kit"), ip\_address, timestamp | Security and activity auditing. |

#### **4Relationships**

#### **One-to-Many**:

* + Users → Symptoms (One user can report multiple symptoms).
  + Doctors → Appointments (One doctor can have many appointments).
* **Many-to-Many**:
  + Use a junction table DoctorSpecializations if doctors have multiple specialties.

#### **Security Measures**

* **Password hashing**: bcrypt or Argon2.
* **PII encryption**: Encrypt sensitive fields (e.g., email) at rest.
* **Indexes**: Add indexes to user\_id, doctor\_id for faster queries.

### **UI Design**

#### **Tools & Prototyping**

* **Figma/Adobe XD**: Used for wireframing and interactive prototypes.
* **Design System**: Consistent color palette (e.g., healthcare blues/greens), font (e.g., Roboto), and spacing.

#### **Key UI Features**

| **User Role** | **Dashboard Features** |
| --- | --- |
| **Patient** | - Symptom input chatbot - Test kit order status tracker - Upcoming appointments card |
| **Doctor** | - Real-time appointment queue - Patient medical history viewer - E-prescription generator |
| **Admin** | - Analytics (e.g., user growth, symptom trends) - User management (ban/reset passwords) |

#### **Page Descriptions**

1. **Home Page**:
   * Role-based landing (e.g., patients see "Check Symptoms", doctors see "Appointments").
   * Emergency contact quick-access button.
2. **Symptom Checker**:
   * Chat-like interface for symptom input.
   * AI suggestions with confidence percentages (e.g., "80% likely to be Flu").
3. **Test Kit Ordering**:
   * Catalog view with filters (e.g., "COVID-19", "Allergy Panel").
   * Address validation and payment gateway integration.
4. **Video Consultation Room**:
   * WebRTC video panel with chat, screen sharing, and "End Call" button.
   * Pre-call device testing (mic/camera check).
5. **Profile Settings**:
   * Toggle for dark mode, language selection.
   * Password update and 2FA enablement.

**CHAPTER FIVE: SYSTEM DESIGN AND IMPLEMENTATION**

## ****5.1 System Architecture****

### **5.1.1 Multi-Tier Architecture**

| **Layer** | **Technologies** | **Functionality** |
| --- | --- | --- |
| **Presentation** | React.js (Web), React Native (Mobile) | Responsive UI with Redux for state management. |
| **Application** | Node.js + Express (REST API) | Business logic, integrates AI models (TensorFlow.js) and third-party APIs. |
| **Data** | MySQL (SQL), MongoDB (NoSQL) | MySQL: Structured health records. MongoDB: Unstructured logs/analytics. |

### **5.1.2 Cloud Deployment**

* **AWS Services**: EC2 (backend), S3 (file storage), RDS (MySQL), Lambda (AI processing).
* **CI/CD Pipeline**: GitHub Actions → Docker containers → AWS ECS.

## ****5.2 Database Design****

### **5.2.1 Optimized Schema**

#### **MySQL (Structured Data)**

| **Table** | **Key Columns** | **Relationships** |
| --- | --- | --- |
| **users** | user\_id (PK), email, password\_hash (bcrypt), role, phone | One-to-many: symptoms, orders |
| **doctors** | doctor\_id (PK), user\_id (FK), specialization, license\_number | One-to-many: appointments |
| **symptoms** | symptom\_id (PK), user\_id (FK), description, severity\_score (1-10) | Linked to AI analysis |
| **test\_orders** | order\_id (PK), user\_id (FK), kit\_type, status (Pending/Shipped), tracking\_id | Integrates with logistics API |
| **appointments** | app\_id (PK), user\_id (FK), doctor\_id (FK), datetime, meeting\_url (Zoom/WebRTC) |  |

#### **MongoDB (Unstructured Data)**

* **Collections**:
  + logs: {timestamp, user\_id, action, device\_info}
  + analytics: {daily\_active\_users, symptom\_trends, appointment\_metrics}

### **5.2.2 Indexing & Security**

* **Indexes**: user\_id, datetime for faster queries.
* **Data Encryption**: AES-256 for PII, TLS 1.3 for data in transit.

## ****5.3 Input Designs****

### **5.3.1 Key Input Forms**

| **Form** | **Features** | **Validation** |
| --- | --- | --- |
| **Login** | Email/password + "Forgot Password" link. | Rate-limiting (5 attempts/hr). |
| **Symptom Checker** | NLP-powered autocomplete (e.g., "headache → fever"). | Flags high-risk symptoms (e.g., chest pain). |
| **Test Kit Order** | Dynamic dropdown (kit types), Google Maps address autofill. | Validates insurance coverage. |
| **Appointment Booking** | Interactive calendar (shows doctor availability in real-time). | Prevents double-booking. |

## ****5.4 Interface Designs****

### **5.4.1 Wireframe Highlights**

#### **Patient Dashboard (Figma)**

* **Components**:
  + **Quick Actions**: "Check Symptoms", "Order Test Kit" buttons.
  + **Status Cards**: Upcoming appointments, test kit delivery ETA.
  + **AI Chatbot**: Conversational symptom input.

#### **Doctor Portal**

* **Video Consultation**:
  + Left sidebar: Patient vitals (pulled from EHR).
  + Right sidebar: E-prescription template.
  + Bottom toolbar: Mute/Share Screen/End Call.

#### **Admin Analytics**

* **Dashboards**:
  + Heatmaps of symptom frequency.
  + User growth graphs (Plotly.js).

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**Critical Analysis and Comparison**

Ordering Test Kits

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