RAG-LLM Healthcare Interaction System

Report submitted in partial fulfillment of the requirements for the

B.Tech. in

Computer Science and Engineering Artificial Intelligence

By

Ojas (2021UCA1825)

Nikita Kanodia (2021UCA1803)

Under the supervision of

Prof. M.P.S. Bhatia

Computer Science and Engineering (CSE)

Netaji Subhas University of Technology, Delhi



Department of Computer Science and Engineering

NETAJI SUBHAS UNIVERSITY OF TECHNOLOGY DELHI-110078

DECEMBER 2024

CERTIFICATE

This is to certify that the project titled **RAG-LLM Healthcare Interaction**System is a bonafide record of the work done by

Ojas (2021UCA1825)

Nikita Kanodia (2021UCA1803)

under my supervision and guidance in partial fulfillment of the requirements for the award of the degree of Bachelor of Technology in Computer Science and Engineering Artificial Intelligence of the Netaji Subhas University of Technology, DELHI-110078, during the year 2024-2025.

The original Research work was carried out by the team under my guidance and supervision in the academic year 20242025. This work has not been submitted for any other diploma or degree from any university. Based on the declaration made by the group, we recommend the project report for evaluation

DATE

Prof. M.P.S. Bhatia

Professor

Department of Computer Science and Engineering

Netaji Subhas University of Technology

DECLARATION

This is to certify that the work which is being hereby presented by us in

this project titled "RAG-LLM Healthcare Interaction System" in partial

fulfilment of the award of the Bachelor of Technology submitted at the Department

of Computer Sciene and Engineering, Netaji Subhas University of Technology,

Delhi, is a genuine account of our work carried out during the period from August

2024 to December 2024 under the guidance of Prof. M.P.S. Bhatia, Department

of Computer Science and Engineering, Netaji Subhas University of Technology,

Delhi.

The matter embodied in the project report to the best of our knowledge has

not been submitted for the award of any other degree elsewhere.

DATE:

Ojas

Nikita Kanodia

(2021UCA1825)

(2021UCA1803)

2

ACKNOWLEDGEMENT

We would like to express our gratitude and appreciation to all those who made it possi ble to complete this project. Special thanks to our project supervisor (s) **Prof. M.P.S. Bhatia** whose help, stimulating suggestions, and encouragement helped us in writing this report. We also sincerely thank our colleagues for the time spent proofreading and correcting our mistakes.

We would also like to acknowledge with much appreciation the crucial role of the staff in Computer Science & Engineering, who gave us permission to use the lab and the systems and gave permission to use all necessary things related to the project.

Ojas Nikita Kanodia

(2021UCA1825) (2021UCA1803)

TABLE OF CONTENTS

Title	Page No.
CERTIFICATE	1
DECLARATION	2
ACKNOWLEDGEMENT	3
TABLE OF CONTENTS	4
1 Introduction	5
2 Motivation	7
3 Literature Review	8
4 Problem Statement	11
5 Objectives	13
6 Requirements	15
References	15

Introduction

Due to the advancement of technology in the society especially in the health-care sector, it has become very important for the patients as well as providers to have easy to easy access to medical information and to be able to manage it effectively. People find it difficult to comprehend their complicated medical records including prescriptions, laboratory results and treatment regimens that results to confusion that may lead to wrong health decisions. In contrast, doctors and administrative employees engaging in computing these large patient data obtained from the EHRs or any affiliated computer systems have to spend considerable time in data search and processing with high chances of making errors. These challenges posit the importance of an intelligent solution that will help to disengage the gap between the patients and the healthcare providers via a more simplified and accurate means to seek for medical information.

As for now with the help of LLMs, such as GPT-4 and Retrieval-Augmented Generation (RAG), the AI systems can produce responses relevant to the context with the help of an external knowledge base. The described models can become a significant improvement for the communication process in the field of healthcare since they can offer immediately and always correct solutions to patients' questions as well as help healthcare workers in finding the needed information. However, existing Systems still have some limitations like hallucinations meaning, the generation of false information, and some problems, which concern the security and the protection of the users' rights and the data in compliance with the rules of organizations like HIPAA, GDPRTo this end, this thesis suggests the design and implementation of a RAG-based LLM system suitable for healthcare context with a goal to improve the patient's and the provider's satisfaction, as well as protect the

privacy and confidentiality of the medical data.

Motivation

The answer to the origin of this motivation comes from the fact that the healthcare data are becoming complex and there is need for reliable AI-driven system to process these data. Some recent studies on RAG systems show that, the external knowledge integration capability of RAG systems can enhance the performance of LLM by minimizing hallucinations and maximizing the response accuracy. But, they are yet to be installed in real life applications in a health care system or where patients' lives are at risk and it the information given is in accurate can lead to harm.

The patient's records are often incomprehensible to the particular patient which may, in turn, entail wrong decisions about his/her treatment and wellbeing. Health care providers on the other hand require quicker and efficient means of retrieving and analyzing patient data most especially in emergency situations. By combining LLMs like GPT-4 and LLaMA models with a more robust RAG framework, these issues are not as much of a hurdle because they avail users with context-specific information. Furthermore, when human-in-the-loop strategies were incorporated into the system, it was possible to attain procedural accuracy and clinical validity thus making the technology appropriate for sensitive health-care applications.

Literature Review

The use of Retrieval-Augmented Generation (RAG) together with Large Language Models (LLMs) within the healthcare field is one of the current trends, which has been the centre of attention in the recent years mainly because of the issues connected with the quality as well as context comprehension of the medical data. Haez et al. (2024) have suggested improved RAG strategy to increase the trust level in the medical chatbot by adding an initial interaction cycle in the RAG pipeline. This involves the LLM creating a mock document to use in requesting from a certified information source hence minimizing hallucinations in responses. Their work also shows that despite the current challenges, RAG-LLMs can improve the user trust specifically in maternal health domains by using the certified knowledge sources for the responses [1].

In the same vein, Al Ghadban et al., (2023) discuss the feasibility of using RAG models in healthcare education learning with frontline health workers in LMICs. One tool developed by them is known as "SMARThealth GPT" [2] that employ RAG to generate targeted, context-sensitive information to foster comprehension of the existing gaps in the delivery of community health services. It supports the RAG's capacity in individually catering LLMs for expanding educational ends, in boosting the health worker's ability on accurate guideline-based care. Furthermore, another study is about using generative AI with RAG to derive the critical clinical data from the EHRs. This way patient data summarization is performed and examples are shown on how a RAG system can reduce the burden of data management on clinicians while at the same time providing them with context relevant information [3].

Comparing the medical application of RAG also have a significant part

to investigate its performance. Studies that compared RAG in requiring the healthcare domain present the advantage and drawbacks of using LLMs for searching for medical information. Therefore, this work lays a foundation for the development of future implementations in healthcare by raising the element of the need to include retrieval mechanisms that will enable the delivery of contextually relevant and precise information [4]. Research on the effectiveness of EMR search engines continues to indicate that learning to rank techniques have the potential of further boosting RAG systems' performance in dealing with the large volumes of medical information. This study shows that augmenting learning-to-rank approaches can enhance the process of document search and enhance patient treatment by offering better outcomes [5].

The other significant area appropriate for RAG-LLM development is dealing with the issue of semantic uncertainty and making the answers more accurate. Query-based innovations in RAG systems are described in a study but the approaches employed in the study are applied in reducing ambiguity and enhancing the retrieved documents relevance. This way, the given approach enhances the validity of LLM-produced responses in medical situations, which should bring the enhanced trust of the users in automatized healthcare systems [6]. To supplement the reliability of medical chatbots, SelfRewardRAG [7] provides LLMs with a self-evaluation function so as to enable them critically evaluate their generated responses in terms of accuracy and relevancy. This helps in minimizing the frequency of hallucinations and improves the quality of generated responses demonstrating that selfevaluation can effectively cause enhanced LLM performance in the medical context. There is also some emerging safety issues which have also been discussed in the recent papers as applying AI to generate medical advice. The use of graph-based RAG systems [2] in one study therefore trains the system with rules and regulation that will make the LLM utterances conform to certified medical standard. The use of graph retrieval techniques improves on the safety and accuracy of the interactions and especially on patients' sensitive data. This emphasis on using verified information sources show the key idea of developing safe and rather reliable artificial intelligence applications in healthcare. paper 568

Problem Statement

It have been noticed that in the present day's health care delivery system the communication between patients and healthcare providers is of paramount important. One of the main issues, which arise dealing with medical information, including electronic health records (EHRs), laboratory results, and prescriptions, is that all the information can be overwhelming. This results to producing confusion and wrong decisions regarding their health. On the other hand, the health care providers are experiencing challenges on how to address the big issue of managing and searching large amount of data from multiple hospital information systems using repetitive and manual methods which are inconveniencing. Such existing and currently popular tools, and chatbots, for instance, provide simple solutions but cannot give a context-aware answer in real-time for both the patient and the health care personnel.

Recently, Large Language Models (LLMs) and Retrieval-Augmented Generation (RAG) systems present the solution path to these problems. Although the investigated LLMs are capable of providing natural language outputs, they are inclined to certain problems such as hallucinations. RAG systems therefore propose to improve the reliability of these models by incorporating external sources of knowledge for production of accurate and reliable results. The study reveals that RAG systems lead to noteworthy reduction in hallucination and increase in quality of the response as the system incorporates only certified medical knowledge to derive response and such complex health care sectors like maternal care are most vulnerable to benefit from the implementation of RAG systems.

Nevertheless, there are difficulties in the development of RAG-LLM systems that should support the calculation of the result in healthcare, making the system as reliable as possible, and at the same time, consuming minimal resources. Some of the key stakeholders' concerns include privacy of the data, accuracy of medical information in the system, and integration of the new system management with the existing hospital management systems. However, there is a need for human-in-the-loop approaches to handle the vagueness as well as to make sure that the last decisions are made by doctors. This paper aims at developing a RAG based LLM system in healthcare context with special reference to both patient and provider interfaces. The solution seeks to reduce the patient's involvement as much as possible with their records while at the same time making the retrieval of information smooth, fast and efficient for the healthcare providers; it makes communication in the health sector safe and reliable.

Objectives

The primary goal of this thesis is to employ Retrieval-Augmented Generation (RAG) and Large Language Models (LLM) to build an AI-assisted healthcare communication system to improve the experience of the patient/healthcare provider relationship. The points for the objective are as follows:

- Improve Patient Access to Medical Information: Develop a chatbot that allows patients to interact with their medical data in simple, natural language, providing clear and accurate responses to queries about lab reports, prescriptions, and treatment plans.
- Streamline Data Retrieval for Healthcare Providers: Create a system that enables healthcare workers to retrieve patient data quickly and efficiently through natural language queries, reducing the time spent on manual searches and improving decision-making.
- Mitigate Hallucinations and Enhance Reliability: Integrate RAG systems to augment the LLM generation process with certified external knowledge, minimizing the risk of hallucinations and ensuring trustworthy, accurate responses.
- Ensure Data Privacy and Compliance: Implement robust encryption, access control mechanisms, and audit logs to secure patient data and ensure compliance with healthcare regulations like HIPAA [8] and GDPR.
- Incorporate Human-in-the-Loop Mechanisms: Introduce a human-inthe-loop mechanism for reviewing and validating ambiguous or crit-

ical queries to ensure the highest level of accuracy in the system's responses.

Chapter 6 Requirements

Bibliography

- [1] S. Ghanbari Haez, M. Segala, P. Bellan, S. Magnolini, L. Sanna, M. Consolandi, and M. Dragoni, "A retrieval-augmented generation strategy to enhance medical chatbot reliability," in *Artificial Intelligence in Medicine*, J. Finkelstein, R. Moskovitch, and E. Parimbelli, Eds. Cham: Springer Nature Switzerland, 2024, pp. 213–223.
- [2] J. Wu, J. Zhu, and Y. Qi, "Medical graph rag: Towards safe medical large language model via graph retrieval-augmented generation," 2024.
 [Online]. Available: https://arxiv.org/abs/2408.04187
- [3] M. Alkhalaf, P. Yu, M. Yin, and C. Deng, "Applying generative ai with retrieval augmented generation to summarize and extract key clinical information from electronic health records," *Journal of Biomedical Informatics*, vol. 156, p. 104662, 2024. [Online]. Available: https://www.sciencedirect.com/science/article/pii/S1532046424000807
- [4] G. Xiong, Q. Jin, Z. Lu, and A. Zhang, "Benchmarking retrieval-augmented generation for medicine," 2024. [Online]. Available: https://arxiv.org/abs/2402.13178
- [5] C. "Exploring learning-to-rank approach enhance the retrieval augmented generation (rag)-based elecmedical records search engines," Informatics and Health, vol. 1, 2, 93 - 99, 2024.[Online]. Available: pp. https://www.sciencedirect.com/science/article/pii/S2949953424000146
- [6] E. Yang, J. Amar, J. H. Lee, B. Kumar, and Y. Jia, "The geometry of queries: Query-based innovations in retrieval-augmented generation," 2024. [Online]. Available: https://arxiv.org/abs/2407.18044
- [7] Z. Hammane, F.-E. Ben-Bouazza, and A. Fennan, "Selfrewardrag: Enhancing medical reasoning with retrieval-augmented generation and self-

- evaluation in large language models," in 2024 International Conference on Intelligent Systems and Computer Vision (ISCV), 2024, pp. 1–8.
- [8] Centers for Medicare & Medicaid Services, "The Health Insurance Portability and Accountability Act of 1996 (HIPAA)," Online at http://www.cms.hhs.gov/hipaa/, 1996.