

Collaborative AI Healthcare Solution Development (MedicAI)

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Patients struggle to find the right specialists, and doctors face overwhelming medical literature. An AI system on a user-friendly website aids diagnosis, medication choice, and literature access with Literature Review, Drug Recommendation, and Disease Detection models.

Problem Definition

In the modern healthcare environment, several persistent challenges continue to affect both patients and healthcare affect both patients and healthcare professionals. Patients often struggle to determine which specialist to consult based on their symptoms, leading to delays in receiving appropriate care and potentially resulting in ineffective or incorrect treatment. This confusion can asjenticantly hinder timely and effective healthcare delivery.

New York Mealthcare professionals face the daunting task of styning updated with the extension and confinnally separating body of medical and confinnally separating body of medical liberature. The other volume of new research and advancements can be overenhelming, making it difficult for practitioners to keep alberts of the latest developments. Additionally, prescribing the correct medication for waters diventioned to the confidence of the

Introduction

To address these issues, a comprehensive system has been developed in a user-friendly website format. This system offers separate loging for doctors, patients, and administrators. Depending on their loging users can access different models specifically designed to assist them. These models include a Literature Review Model, a Drug Recommendation Model, and a Disease Detection Model.

The Literature Review Model assists healthcare professionals in efficiently accessing relevant medical literature, staying accessing relevant medical literature, the construction of the control of the

Literature Review

Various AI models have been developed to address specific healthcare challenges, such as ChatGPT by OpenAI and ClinicalBERT, each with their unique capabilities and n, Limitations.

ChatGPT is a general-purpose language model capable of engaging in a wide range of conversations but lacks the specialized focus required for medical applications.

ClinicalBERT, on the other hand, has been fine-tuned on cilicial notes from electronic fine-tuned on cilicial notes from electronic flowers and the control of the control

Methodology

Literature Review Model: A new dataset was created from 15 medical books on various subjects. The books were divided into chunks and question-nanwer pairs were generated, resulting in approximately 13,000 pairs. This dataset was used to train a conversational Al model based on Bioloff from Hugging face. A web scraping function was developed to extract nelevant information from web pages, (ocusing on Wilkpedia to exame reliable and structured information.

Drug Recommendation Model: A dataset containing 165,235 entries about various drugs and their ratings for different conditions was used. This dataset included columns for medical conditions, drug names, and ratings. The drug names were encoded into numerical labels, and the model was trained using the RLHFlow/RemOM-Llman-38 eV.01 model from Hugging Face.

Disease Detection Model: The "Symptom-Disease Dataset" from Hugging Face was used, containing training and test datasets mapping symptoms to diseases. The data was tokenized using the BERT tokenizer, and a BERT-based model for sequence classification was trained.

Website Development: A user-friendly website was

developed using Flask, HTML, and CSS, allowing patients, doctors, and medical students to access the models. The website featured a chat interface where users could input questions and receive answers from the trained models.



Results

The Liberature Review Model demonstrated a moderate degree of semantic similarity with an average cosine similarity score of 0.6154 and an average fucilifean distance of 2.5342 between the provided answers and the ground ruth. The models predictive capability was effective, Relevancy assessment using the OpenAL PPI confirmed the correctness of responses.

The Disease Detection Models showed significant improvements across training epochs. In the first spoch, the model achieved a loss of 4.3759 and an accuracy of 30.20%, by the wild availables accuracy of 80.20%, by the wildstow accuracy of 80.20%, by the depoch, the loss decreased to 12.291, and accuracy increased to 83.35%, with a wildstow accuracy of 46.95%. These results indicate effective learning and robust generalization to now data, making the model reliable for disease diagnosis based on symptom imports.