

E-Hospital: Data Analysis & Visualization for Chronic Diseases

DTI 6302 - Final Presention

By Linh Chi Hoang, Lakshika Paiva, Kartik Banga



PROJECT OVERVIEW

Project Objectives:

- Enhance the E-Hospital app by providing actionable data analysis and visualizations for chronic diseases.
- Empower healthcare professionals and patients with data-driven insights for better diagnosis of chronic disease and enhace primary care.

Phases & Outcomes:

- MVP Phase: Focused on heart disease, delivering dashboards for risk assessment, lifestyle recommendations, and management of complex cases.
- **Final Phase:** Expanded to include analysis for diabetes and lung cancer & Integrated the analysis and visualizations into the E-Hospital app for effective use by healthcare providers.



EXPANSION OF ANALYSIS & VISUALIZATION

DIABETES ANALYSIS:

Data Insights:

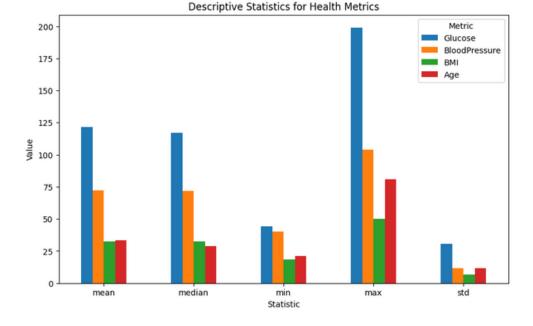
- Risk Factors: Elevated glucose, BMI, and blood pressure.
- Demographics: Age group **30–50** shows the **highest diabetes prevalence.**
- Thresholds:
 - Pre-Diabetic glucose levels: **68.5%** diabetes prevalence.
 - Obese BMI category: 45.8% diabetes prevalence.

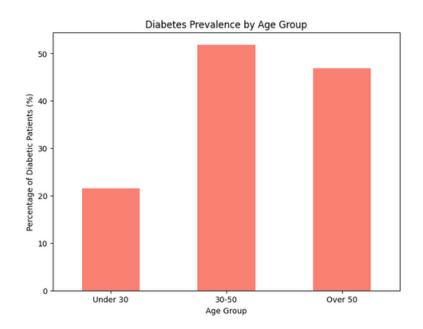
Key Findings:

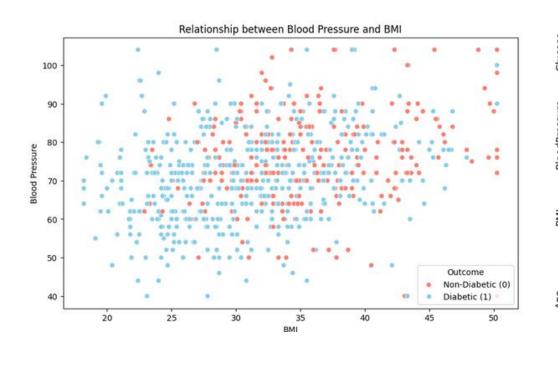
- Glucose and BMI are the strongest indicators for diabetes.
- Correlation observed between BMI and blood pressure.

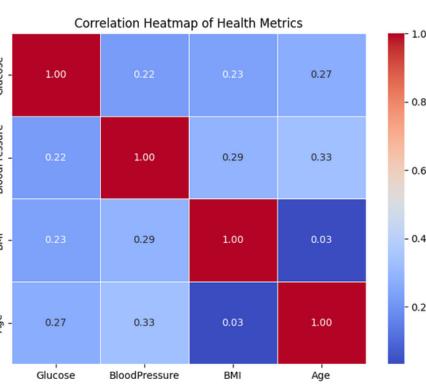
Implications for Healthcare:

- Targeted Screening: Focus on individuals with prediabetic glucose levels and obese BMI.
- **Preventive Care:** Encourage lifestyle modifications (e.g., diet, exercise) in high-risk age groups (30–50).









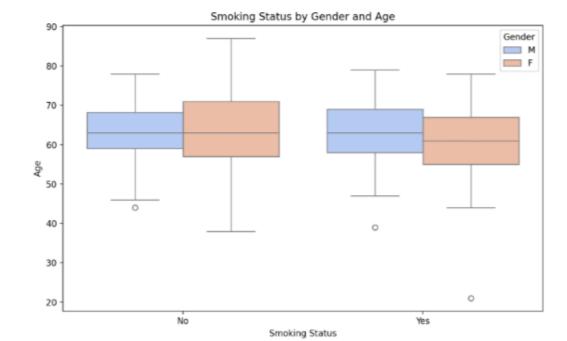
- Personalized Treatment: Tailored plans for patients with coexisting high BMI and blood pressure.
- Long-Term Management: Continuous monitoring for glucose and BMI levels.

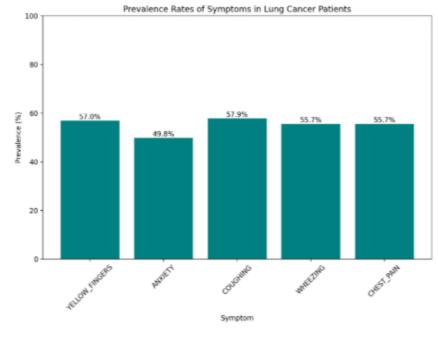
EXPANSION OF ANALYSIS & VISUALIZATION

LUNG CANCER ANALYSIS:

Data Insights:

- Key Risk Factors: Smoking, age (50–70), symptoms (e.g., coughing, chest pain).
- Demographics: Slightly higher prevalence in men.
- Symptoms: ~60% prevalence for **coughing** and **yellow fingers** in lung cancer patients.
- Comorbidities: Chronic diseases (52.6%) and allergies (61.9%).



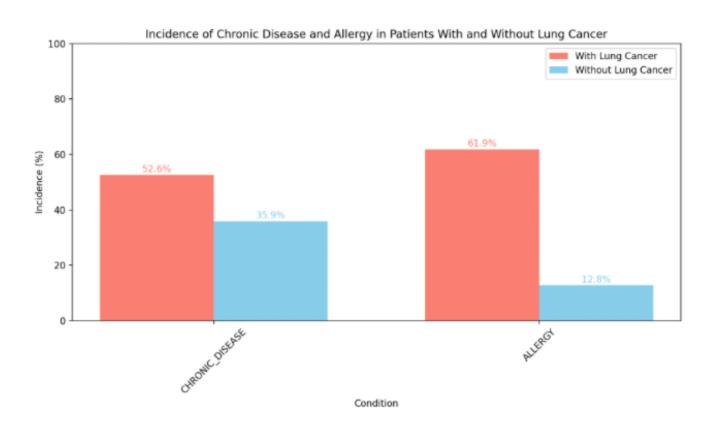


Key Findings:

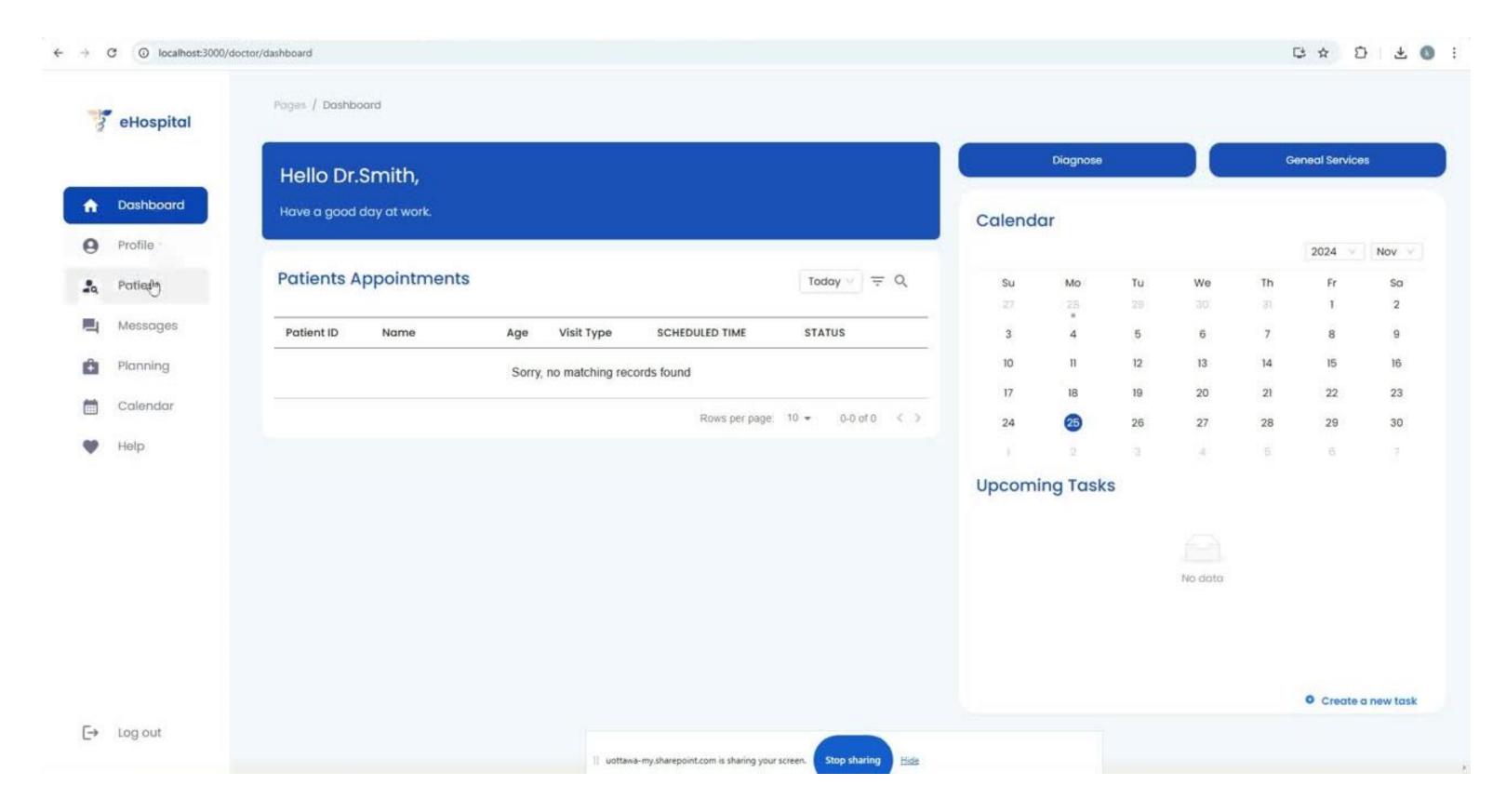
- Smoking is the leading cause of lung cancer.
- Coughing, wheezing, and yellow fingers are critical indicators for lung cancer.
- High prevalence of multiple symptoms and comorbidities.

Implications for Healthcare:

- Focused Screening: Prioritize older smokers (50–70) with specific symptoms (e.g., coughing, wheezing).
- **Symptom-Based Detection:** Use prevalent symptoms (e.g., chest pain, yellow fingers) for early diagnosis.
- Integrated Care: Develop multi-disciplinary care plans addressing lung cancer along with comorbidities such as chronic diseases (e.g., diabetes, hypertension) and allergies.



INTEGRATION INTO E-HOSPITAL



FUTURE SCOPES

- Broader Disease Coverage

 Extend analysis to other chronic conditions like cancer, hypertension, and arthritis.
- Integration of Predictive Analytics

 Leverage machine learning to predict disease outcomes and trends.
- Develop interactive dashboards for both patients and doctors.
- Cross-Institutional Collaboration

 Share anonymized data insights to inform public health policies and research.

BENEFITS

01

For Doctors:

- Improved diagnosis: Data-driven insights for identifying high-risk chronic disease patients.
- **Personalized care:** Actionable recommendations tailored to individual patients.
- Enhanced efficiency: Streamlined dashboards simplify complex data interpretation.

02

For the Healthcare Sector:

- **Better resource allocation:** Insights help prioritize high-risk populations.
- Improved preventive care: Early detection reduces disease progression and complications.
- Scalable model: Framework can be expanded to other diseases.



THANK YOU!

Our project showcases the transformative power of data-driven healthcare solutions, paving the way for more effective, and scalable care delivery systems.

By Linh Chi Hoang, Lakshika Paiva, Kartik Banga

