



## Healing with Data: The Power and Promise of Health Informatics

Mohammed Javeedullah<sup>1\*</sup>

<sup>1</sup>New England College 98 Bridge Street, Henniker, NH 03242

[JMohammed3\\_GPS@nec.edu](mailto:JMohammed3_GPS@nec.edu)



### ABSTRACT

#### Corresponding Author

Mohammed Javeedullah  
[JMohammed3\\_GPS@nec.edu](mailto:JMohammed3_GPS@nec.edu)  
[du](#)

#### Article History:

Submitted: 17-03-2025

Accepted: 22-04-2025

Published: 27-04-2025

#### Keywords

Health informatics,  
Electronic Health Records  
(EHRs), artificial  
intelligence, predictive  
analytics, data privacy.

**Global Journal of Machine  
Learning and Computing**  
is licensed under a Creative  
Commons Attribution-  
Noncommercial 4.0  
International (CC BY-NC  
4.0).

Through the integration of technology and data with clinical practices health informatics drives healthcare transformation toward superior patient services along with operational effectiveness. The analysis examines health informatics development while focusing on three critical breakthroughs including Electronic Health Records (EHRs) together with artificial intelligence applications and predictive analytics functionalities. The article looks at the data privacy issues while analyzing barriers to system interoperability and ethical problems in healthcare. Health informatics shows great potential to develop personalized medical treatments while allowing improved population health management through empowered patients. Technology advancement requires healthcare professionals to walk the narrow path between patient care advancements and compassionate treatment which will define future medical care.

### INTRODUCTION

Health informatics has developed into an essential foundation of present healthcare operations which completely revitalizes both healthcare service delivery and management and operational optimization. Health informatics functions as a field through information systems and digital tools and data collection for better patient healthcare and workflow management and evidence-based decisions [1]. The growing complexity of healthcare programs requires health informatics to establish essential connections between medical practice and state-of-the-art technological capabilities.

Health informatics developed alongside the digital transformation which started in the final quarter of the twentieth century and reshaped all sectors of the world economy. The technological revolution



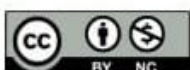


has produced major changes in all communication methods and work processes together with learning methods and healthcare delivery systems. The extensive use of digital tools did not exist because healthcare information existed primarily as paper documents [2]. Medical staff depended on pen-and-paper methods together with paper-based charts to record healthcare services for their patients. Such traditional healthcare system generated administrative deficits as well as data errors and made it hard to reach and exchange critical patient information. Adverse communication between healthcare providers produced broken information exchange that resulted in incorrect diagnoses and needless tests and extended medical delays [3].

Healthcare improvements through advanced technology led to recognition about the value of improved health data organization and management for significant improvements in the medical field. Electronic Health Records (EHRs) arrived in the healthcare sector during the early 2000s establishing a fundamental breakthrough in health informatics. Through electronic health record digitization healthcare providers obtained continuous access to precise current patient information [4]. The transition eliminated paperwork and enabled better care coordination along with faster diagnosis and heightened patient safety because it reduced errors from poor handwriting or lost patient records. Healthcare providers operating under EHRs could exchange patient data between various institutions and systems which enabled the critical continuous flow of information needed for time-sensitive appropriate treatment [5].

Record-keeping stands as one of the numerous elements that make up health informatics. Health informatics maintains several specific areas of practice including clinical informatics and bioinformatics and imaging informatics and consumer health informatics. Each healthcare domain concentrates on understanding a particular aspect of data generation in medical fields and their potential applications [6]. Healthcare professionals utilize data through clinical informatics to make better clinical decisions but bioinformatics uses data science and specifically focuses on genomic management and analysis of biological data. Patient health management through digital tools constitutes the core area of consumer health informatics while imaging informatics addresses medical imaging data storage and interpretation together with retrieval functions [7].

Health informatics shifted into an innovative force due to the implementation of artificial intelligence (AI) with machine learning (ML) and big data analytics technologies. Multiple technologies function to evaluate extensive health information hence they find hidden trends in patient data. Data-based predictive modeling examines these analytics outcomes to detect patterns which helps healthcare providers make early interventions through which both patient care quality improves with simultaneous cost reduction [8].





Current healthcare systems possess health informatics as their fundamental component for establishing more cost-effective and accessible patient-focused healthcare services. This field provides answers to tackle essential healthcare problems which include fighting exorbitant health care expenses and securing medical access across all areas and reducing health service delivery gaps. Intelligent information technology utilization will determine the direction of healthcare evolution because such use will enhance patient worldwide outcomes [9].

### THE FOUNDATIONS OF HEALTH INFORMATICS

Health informatics adopts its foundational framework from healthcare combined with computer science and information technology together with data management principles. Health informatics needs complete foundational knowledge for people to comprehend its current width and power of influence. Health informatics implements data strategies which effectively gather patient information for clinical purposes and research-based studies and educational applications and administrative uses [10].

Medical practice benefits from data-dependent decisions which have a long tradition in the field. The earliest human civilizations used both papyrus and clay tablets as a basis to document medical observations. The systematic effort to manage health information started when computers appeared in the beginning of the 20th century [11]. The history of health informatics introduced hospital systems which handled billing operations together with administrative procedures. Technical progress led health information systems to develop so they could improve direct patient care quality [12].

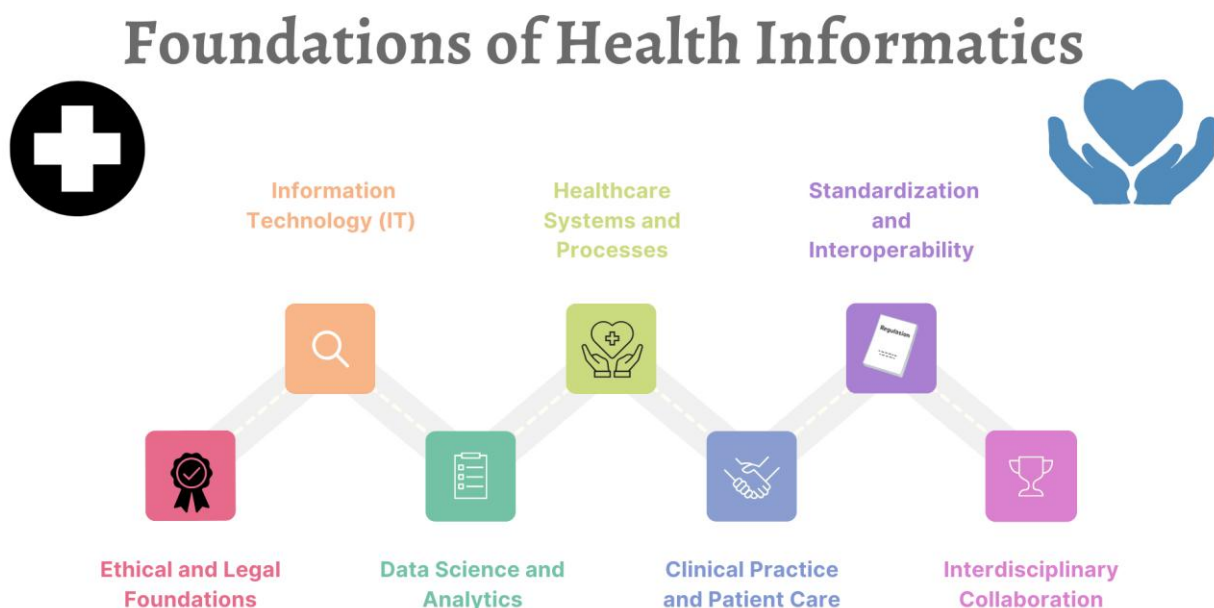


Figure: 1 showing foundations of health informatics



The fundamental structure of health informatics includes various essential elements. People first started using electronic health records (EHRs) to regain patient data access in multiple healthcare environments in real time. Healthcare practitioners receive patient-relevant information together with vital knowledge through clinical decision support systems (CDSS) which boosts their decision-making capabilities when they interact with patients directly [13]. The implementation of health information exchange (HIE) mechanisms represents a solution for safe medical data distribution between different healthcare organizations to improve both patient care coordination and treatment maintenance [14].

The core component of interdisciplinary collaboration functions as a vital organizational element. Health informatics elements derive from medical disciplines and nursing alongside public health administration and computer science along with cognitive science and organizational behavior. The combination of these disciplines leads to technology solutions that utilize complete clinical workflow understanding as well as human behavior knowledge for optimal use and performance [15].

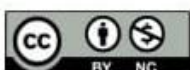
Standardization activities serve as a vital component to achieve their objectives. Through initiatives such as Health Level Seven International and Systematized Nomenclature of Medicine -- Clinical Terms together with International Classification of Diseases hospitals across the world maintain consistent and interoperable health information exchange [16]. The fundamental components of health informatics have formed an energetic developing field which teaches the direction of medical services and their management.

### **THE POWER OF DATA IN HEALTHCARE**

Healthcare institutions place data at the top of their valuable assets in modern times. Medical care delivery has transformed through health data collecting and analysis which leads to exact and efficient services that focus on the needs of patients. Healthcare professionals previously made decisions by relying on personal experiences alongside restricted information resources. Healthcare providers currently benefit from data-based evidence which leads to enhanced patient diagnosis and improved treatment strategies and successful outcomes [17].

Clinical decision support stands as one of the most pivotal methods data applies to healthcare. Healthcare professionals gain better decision-making abilities due to their ability to review complete medical histories following laboratory results and imaging analyses and genetic information [18]. Predictive analytics analyzes patient information to find people who face high danger of disease development so providers can deliver timely interventions which save lives and minimize healthcare expenses [19].

Population Health Management depends crucially on data for its accomplishment. Public health





officials review mass population data patterns to recognize health outbreaks while guiding disease management processes and creating specific health intervention programs. The COVID-19 pandemic enabled governments together with organizations to monitor infection rates through analytical data which helped them create resource allocation strategies and future projections [20].

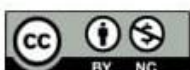
The use of personalized medicine represents another essential application which benefits healthcare. Medical practitioners can enhance patient treatment through uniting medical data with personal genetic selectors and planning resources to create customized therapy solutions beyond traditional mass-based solutions. Better treatment outcomes emerge which produce reduced side effects that create superior patient care quality [21].

Patient empowerment continues to expand because clinical data access has become widely available. Patients who use personal health records and mobile health applications can track their health metrics independently which results in enhanced participant involvement and better condition self-management [22]. The greater power implemented in an organization brings forth essential obligations for its leaders and stakeholders. Aquistic use of data faces essential challenges regarding protection of information alongside data protection rules and system security. Fostering proper management of these challenges will result in ethical and effective utilization of health data power [23].

### **THE IMPACT OF HEALTH INFORMATICS ON HEALTHCARE COSTS AND EFFICIENCY**

Healthcare systems worldwide face increasing expenses and patient volume requirements so health informatics has established itself as the vital instrument to optimize both operational spending and service quality in medical care. The sensible application of patient data with digital systems and intelligent information solutions presents the ability to cut healthcare spending while making care more advanced and reachable to patients [24]. Health informatics advances healthcare operations by implementing improved resource management and process efficiencies which enhances patient results and solves frequently occurring financial problems in the sector [25].

The reduction of costs emerges from health informatics mainly through better care coordination. Fundamental patient medical records stored in paper-based environments cause health practitioners to experience difficulty in accessing complete healthcare documentation for individual patients. Building patient data in coordinated fashion eliminates duplicate tests and medical procedures and reduces hospital stay durations which directly increases healthcare expenses [26]. Health informatics platforms such as Electronic Health Records (EHRs) offer a unified system through which healthcare professionals can access current patient healthcare information at once. Patients experience better





outcomes through timely interventions because the accessibility allows specialists to coordinate better with general practitioners along with hospital staff therefore minimizing repetitive tests [27].

## Impact of Health Informatics on Healthcare Costs and Efficiency

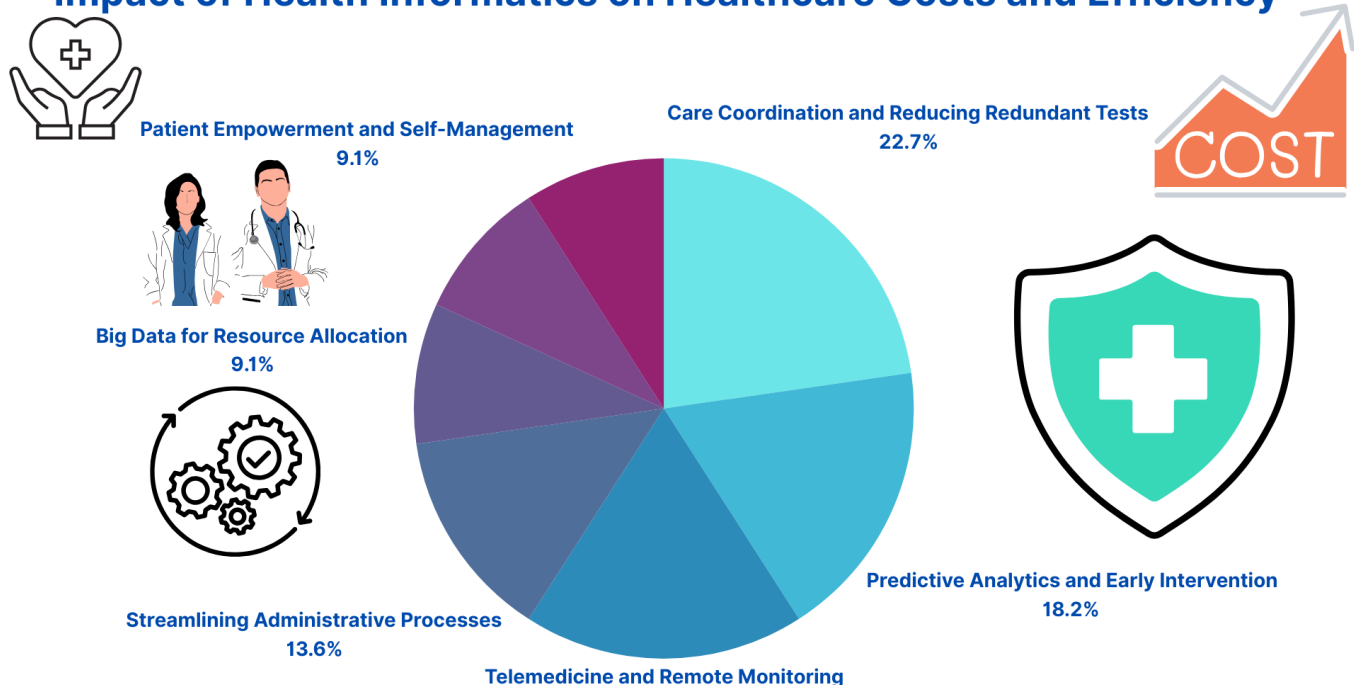


Figure: 2 showing impact of health informatics on healthcare costs and efficiency

Health informatics erodes healthcare expenses when health organizations employ predictive analysis systems. Vast patient health data analysis by predictive models enables the detection of both systematic trends and patients who exhibit high-risk status in advance of demanding costly treatments [28]. Healthcare providers receive the ability to take preventive measures by using predictive tools which identify early indications of chronic diseases such as diabetes and cardiovascular conditions. Early healthcare intervention delivers better health results to patients yet simultaneously cuts down on emergency care expenses and long-term treatment needs thus decreasing healthcare system costs [29].

Healthcare cost reduction occurs through telemedicine services which let patients receive affordable and convenient care away from medical facilities. With telemedicine patients can obtain healthcare professional consultations from home which eliminates the necessity of making time-consuming and costly hospital journeys [30]. Through remote monitoring of hypertension and diabetes patients healthcare providers obtain live updates of health metrics that help them better manage chronic conditions without hospital visits being necessary. The transition to cheaper healthcare delivery approaches proves most helpful to regions with limited medical facility availability especially rural and underserved territories [31].



The administrative operations of the healthcare system experience better streamlining because of health informatics solutions. Digital systems for scheduling and billing in addition to claims processing minimize the requirement of human workers while cutting administrative expenses. Digital transformation of healthcare processes enables organizations to decrease errors and operate faster and more efficiently so they can maximize resource utilization thus saving costs [32]. Through big data analysis healthcare providers obtain better options to distribute their resources effectively. Healthcare providers utilize historical information to assess patient results in order to determine which hospital resources will provide the best support at specific moments. Through this method hospitals and clinics achieve better resource distribution that enables them to place their human resources and equipment and medications where they will do the most good [33].

The applications of health informatics exceed better patient care quality to include cost-effective healthcare delivery and operational efficiency rates. Health informatics delivers reduced healthcare expenses and enhanced patient results through its systems which connect medical services and enable forecast analysis and remote medical care functions and administrative work optimization [34]. The evolution of healthcare systems requires health informatics integration to protect sustained accessible medical service for all populations.

### **INNOVATIONS DRIVING HEALTH INFORMATICS**

Modern healthcare delivery undergoes change because of several significant technological innovations in health informatics. These technological breakthroughs boost both the health information management processes while they revolutionize patient-provider relations and disease identification methods and treatment adaptation. EHRs (Electronic Health Records) represent the most fundamental innovation that became widely used in healthcare settings [35]. The shift from paper charts to Electronic Health Records created better accessibility to accurate information that healthcare professionals can easily share throughout their systems. The system enables time-sensitive data entry combined with clinical advisory instruments as well as better team collaboration between healthcare specialists [36].

Artificial Intelligence (AI) and Machine Learning (ML) represent the primary forces behind healthcare system progress. AI systems process enormous medical data collections much faster and more precisely than human capabilities to detect important patterns which help healthcare providers make diagnoses earlier and provide treatment protocols and forecast patient health evolutions [37]. The application of AI through natural language processing for clinical notes along with image recognition for radiology represents how artificial intelligence is currently making notable advancements in healthcare. Health informatics underwent a transformation through the





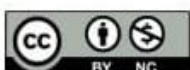
implementation of telemedicine along with remote patient monitoring systems which brought important impacts during COVID-19 [38]. Patients receive healthcare services directly from providers within their homes while wearable technology continuously gathers patient health information which gets transmitted for real-time monitoring of long-term health problems such as diabetes or heart disease [39].

Big Data Analytics provides a platform to collect and scrutinize enormous amounts of health information taken from numerous data sources. Through this ability healthcare industries can conduct extensive research projects and enhance population health services alongside optimized resource distribution within their networks [40]. Block chain technology functions as an emerging innovation system through which secure tamper-proof methods maintain and distribute health information to resolve patients' privacy and security considerations. Medical technology advances have made healthcare systems grow more effective and more customer-focused while enhancing their overall efficiency. The increasing number of technological breakthroughs will make health informatics even more powerful thus deepening its technological presence throughout all areas of healthcare [41].

### **CHALLENGES IN HEALTH INFORMATICS**

Health informatics transforms healthcare practice through its effective combination of technological strength with data analysis to achieve superior patient services together with advanced clinical choices and superior healthcare operations. Healthcare systems operate with various important hurdles when technologies merge into their structures. Health informatics implementation requires effective solutions for data privacy security concerns as well as interoperability standardization problems and ethical legal regulations that must be resolved to create safe and equitable effective health informatics systems [42].

Health informatics faces its most severe challenge in developing effective ways to protect patient data privacy along with security measures. Very sensitive healthcare information consisting of complete medical reports along with diagnosis details and therapeutic approaches and genetic insights belongs to individual patients. Increased use of Electronic Health Records (EHRs) together with telemedicine and wearable health devices generates large databases that are stored and distributed across digital platforms [43]. The popularity of healthcare systems among cyber adversaries creates substantial risks of unapproved system entry that can lead to data breaches. Coping with these security threats healthcare providers need to deploy strong security protocols which feature encryption along with multi-factor authentication along with a program of audits [44]. Organizations operating in the U.S. must comply with Health Insurance Portability and Accountability Act (HIPAA) requirements which enforce health data control standards. Health technology growth exceeds regulatory capabilities thus





generating continuous challenges to implement proper data privacy standards [45].

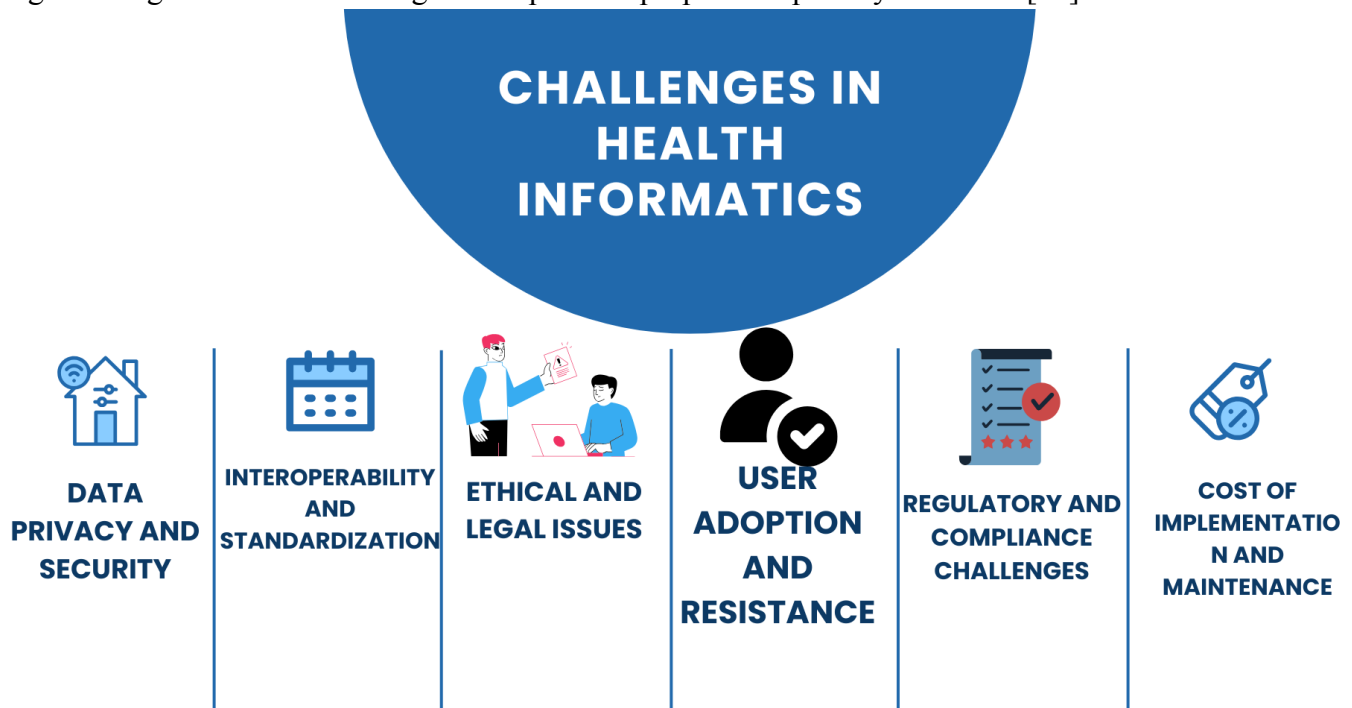


Figure: 3 showing challenges in health informatics

The main hurdle facing healthcare providers today exists in making different healthcare systems and technologies communicate with each other effortlessly. Healthcare organizations utilize various EHR systems and diagnostic tools and management software yet these different components do not have mutual compatibility [46]. Lack of interoperability creates isolated patient information databases known as data silos which make important healthcare data inaccessible by different provider teams. When healthcare professionals lack standardization they cannot see the full or exact medical history of patients thus causing poor efficiency alongside mistakes and fragmented care [47]. The inability to exchange medical data limits the effectiveness of health informatics in improving both care coordination and decision-making as well as the adoption of new technologies. The resolution of these difficulties demands standardized operating systems and sharing protocols and regulatory standards that enable hassle-free system connections while sustaining patient information confidentiality [48].

The adoption of health informatics systems generates multiple ethical along with legal challenges. The fundamental ethical problem exists in providing equal health technology access to all patients. AI and machine learning expansion brings risks for some population groups to receive adequate care including rural areas and individuals from disadvantaged financial backgrounds. Special issues regarding algorithmic bias arise specifically when using AI systems for diagnostic services and treatment suggestions [49]. Training AI models with incomplete biased datasets leads to the expansion

of present health inequalities in medical care delivery instead of their reduction. Health data ownership together with their permissible use remains a controversial aspect in legal matters [50]. The question of patient data ownership arises as well as the matter of system-generated data accessibility questions which need legal standards establishing rights for patients. Medical law needs to transform through improved guidelines which establish regulations for data privacy besides patient control of personal information and subject approval protocols in healthcare applications [51]. The full benefits of health informatics will be accessible through responsible practice only when we successfully resolve privacy issues with data and system integration challenges as well as ethical considerations [52].

### THE PROMISE OF HEALTH INFORMATICS FOR THE FUTURE

Health informatics will transform healthcare delivery because it enables medical care to become more person-centered and efficient with prediction capabilities and equitable service delivery. Future evolution of technology will make health informatics the key force that constructs active healthcare services instead of reactive ones while prioritizing prevention and early diagnosis above treatment needs. Personalized health care stands as an extremely promising field among health informatics possibilities [53]. Healthcare providers can create person-centered treatment strategies specifically designed for each individual patient by bringing together genomic information with clinical reports and life patterns as well as instant surveillance measurements. Such treatment methods enhance both patient outcome results and reduce side effects leading to greater satisfaction for patients [54].

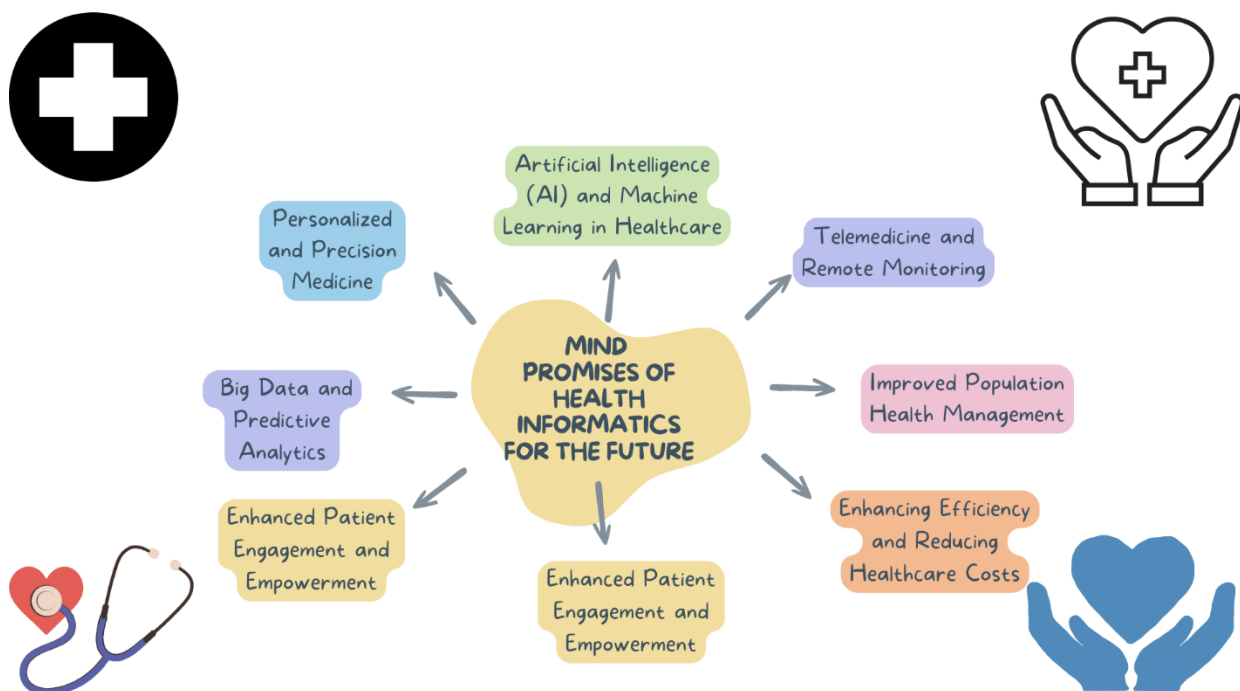


Figure: 4 showing promises of health informatics

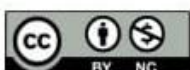


Health informatics enables predictive analytics to function as a newly developed powerful capability. The analysis of extensive databases enables healthcare institutions to detect warning patterns which leads to disease prevention efforts before symptoms materialize. Predictive models recognize the first indications of diabetes and cancer together with cardiovascular disease so healthcare providers become able to respond immediately and stop disease progression [55]. Health informatics has introduced the possibility of better population health management capabilities. Health authorities gain the ability to develop improved health campaigns and resource distribution strategies through comprehensive data analysis of population groups which resulted in rapid pandemic response as observed during the COVID-19 outbreak [56].

Patient empowerment reaches its strongest realization through health informatics implementation methods. Healthcare technology enables people to access their health data more easily through patient portals and mobile apps and wearable technology. Health data transparency leads patients to become more active in their own healthcare process while they manage their ongoing health conditions together with healthcare professionals [57]. The growing applications of artificial intelligence together with natural language processing technologies and robotic systems will revolutionize diagnostic processes and medical treatment preparation as well as practical clinical activities to enhance healthcare provider attention on patient care [58]. Health informatics holds a promising future though it needs proper guidance based on ethical practices together with principles of fairness and patient-centered design. By responsible use of health informatics technology will move healthcare beyond transformation to a state of superior operational excellence.

## **CONCLUSION**

Healthcare transforms at the technological convergence point with patient care services into an appealing but intricate system for our health system of the future. The healthcare systems worldwide have already experienced fundamental changes from health informatics yet the continuous evolution of this field requires an acknowledgement that technology exists to improve human healthcare delivery not to substitute it. The main objective of health informatics seeks to transform medical technology into tools that maximize patient care quality and create effective and personal healthcare services which are convenient for everyone. Health informatics presents an unmatched ability to transform disease prevention diagnosis and treatment approaches through its incredible potential which includes personalized medicine and predictive analytics and population health management capabilities. The recent technological developments need to maintain proper respect for compassionate healthcare that puts patients at its core. The design of healthcare technology needs to help providers in delivering personalized patient care through methods that support their role as



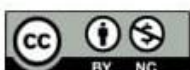


caregivers.

Achieving balance poses one of the essential barriers during this process. The integration of healthcare tools featuring digital components and AI systems along with big data needs safety checkpoints to maintain ethical and responsible and fair application. The system needs to resolve privacy and security issues together with bias elimination to ensure medical progress benefits all patients regardless of their social status. Health informatics integration requires collaborative teamwork between healthcare technologists and clinicians alongside policymakers and patients for designing systems which address medical practice requirements. Achieving patient care excellence requires this partnership which will break adoption barriers and optimize work processes to deliver quality medical results. The future of healthcare looks promising because health informatics can reshape the entire framework of medical services yet its advancement will succeed based on how we handle system development alongside current healthcare infrastructure. Health informatics provides an approach to improve patient lives through technological solutions which deliver compassionate effective healthcare.

## References

- [1]. Demchenko Y, Zhao Z, Grosso P, Wibisono A, de Laat C (2012) Addressing Big Data challenges for Scientific Data Infrastructure In: IEEE 4th International Conference on Cloud Computing Technology and Science (CloudCom 2012). IEEE Computing Society, based in California, USA, Taipei, Taiwan, pp 614–617
- [2]. Huan JL, Pai V, Teredesai AM, Yu S(Eds) (2013) IEEE Workshop on BigData In Bioinformatics and Health Care Informatics. <http://www.ittc.ku.edu/~jhuan/BBH/>
- [3]. Yuan Q, Nsoesie EO, Lv B, Peng G, Chunara R, Brownstein JS (2013) Monitoring influenza epidemics in China with search query from Baidu. PLoS ONE 8(5): e64323. [doi: 10.1371/journal.pone.0064323]
- [4]. Tsow F, Forzani E, Rai A, et al. A wearable and wireless sensor system for real-time monitoring of toxic environmental volatile organic compounds. IEEE Sensors J 2009; 9:1734–40.
- [5]. Das R, Kumar N. Investigations on postural stability and spatiotemporal parameters of human gait using developed wearable smart insole. J Med Eng Technol 2015; 39:75–8.
- [6]. Crea S, Cipriani C, Donati M, et al. providing time-discrete gait information by wearable feedback apparatus for lowerlimb amputees: usability and functional validation. IEEE Trans Neural Syst Rehabil Eng 2015; 23:250–7.





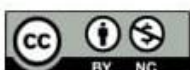
- [7]. Steins D, Dawes H, Esser P, et al. Wearable accelerometrybased technology capable of assessing functional activities in neurological populations in community settings: a systematic review. *J Neuroeng Rehabil* 2014; 11:36.
- [8]. Shull PB, Jirattigalachote W, Hunt MA, et al. Quantified self and human movement: a review on the clinical impact of wearable sensing and feedback for gait analysis and intervention. *Gait Posture* 2014; 40:11–19.
- [9]. Delahoz Y, Labrador M. Survey on fall detection and fall prevention using wearable and external sensors. *Sensors* 2014; 14:19806–42.
- [10]. Duschek S, Schuepbach D, Doll A, et al. Self-regulation of cerebral blood flow by means of transcranial doppler sonography biofeedback. *Ann Behav Med* 2010; 41:235–42.
- [11]. Del Din S, Bertoldo A, Sawacha Z, et al. Assessment of biofeedback rehabilitation in post-stroke patients combining fMRI and gait analysis: a case study. *J Neuroeng Rehabil* 2014; 11:53.
- [12]. Gondal MN, Shah SU, Chinnaiyan AM, Cieslik M. A systematic overview of single-cell transcriptomics databases, their use cases, and limitations. *Frontiers in Bioinformatics*. 2024 Jul 8; 4:1417428.
- [13]. Delbanco T, Walker J, Bell SK, et al. Inviting patients to read their doctors’ notes: a quasiexperimental study and a look ahead. *Ann Intern Med* 2012; 157:461-70.
- [14]. Schiff GD, Amato MG, Egualé T, et al. computerized physician order entry-related medication errors: analysis of reported errors and vulnerability testing of current systems. *BMJ Qual & Safety* 2015; 24: 264-71.
- [15]. Drew BJ, Harris P, Zègre-Hemsey JK, et al. Insights into the problem of alarm fatigue with physiologic monitor devices: a comprehensive observational study of consecutive intensive care unit patients. *PLoS One* 2014; 9:e110274.
- [16]. Muller, U. R., and Nicolau D. V. 2004. “Microarray Technology and Its Applications”. Berlin: Springer. 361– 374.
- [17]. Andrzej Polanski and Marek Kimmel 2007. *Bioinformatics*. New York: Springer Verlag Berlin Heidelberg.
- [18]. Prerna S., and Kimberly T., 2009. “Translational Bioinformatics and Healthcare Informatics: Computational and Ethical Challenges”. *Online Research Journal Perspectives in Health Information Management*, 6.
- [19]. Hersh W. 2009. “A stimulus to define informatics and health information technology”. *BMC Med Inform Decision Making* 9:24





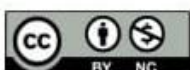


- [20]. In Y. C., Tae-Min K., Myung S. K., Seong K. M. and Yeun-Jun C. 2013. Perspectives on Clinical Informatics: Integrating Large-Scale Clinical, Genomic, and Health Information for Clinical Care. Genomics and Informatics. Published online by Korea Genome Organization.
- [21]. Gondal MN, Chaudhary SU. Navigating multi-scale cancer systems biology towards model-driven clinical oncology and its applications in personalized therapeutics. *Frontiers in Oncology*. 2021 Nov 24; 11:712505.
- [22]. US Department of Health. 2002. Making information count: a human resources strategy for health informatics professionals. USA: Department.
- [23]. IBM Institute for Business Value 2012. The Value of Analytics in healthcare. IBM Global Business Services, USA.
- [24]. Dale, S., David, A. S. and Denis, P. 2013. The Healthcare Analytics Adoption Model: A Framework and Roadmap. White paper by Health Catalyst.
- [25]. Bacha A, Shah HH, Abid N. The Role of Artificial Intelligence in Early Disease Detection: Current Applications and Future Prospects. *Global Journal of Emerging AI and Computing*. 2025 Jan 20;1(1):1-4.
- [26]. LaValle, S., Lesser E., Shockley R., Hopkins M.S., Kruschwitz N. 2011. "Big data, analytics and the path from insights to value". *MIT Sloan Manag Rev*, 52:20-32.
- [27]. Raghupath, W. 2012. Data Mining in Health Care. In *Healthcare Informatics: Improving Efficiency and Productivity*, pp. 211-223.
- [28]. Korsten, P. and Christian S. 2010. The world's 4 trillion dollar challenge. Using a system-of-systems approach to build a smarter planet. IBM Global Business Services.
- [29]. The Commonwealth Fund, 2011. Commonwealth Fund National Scorecard on U.S. Health System Performance. Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011.
- [30]. Adams, J. R., Bakalar, M. D., Michael B., Karen K., Edgar L. M. and Neil S. 2008. "Healthcare 2015 and care delivery: Delivery models refined, competencies defined." IBM Institute for Business Value.
- [31]. Ravi, K. 2013. Informatics or Analytics? Understanding Healthcare Provider Use cases. Retrieved September 10, 2014 from: <http://practicalanalytics.wordpress.com/2013/07/15/informatics-or-analytics-understanding-healthcare-provideruse-cases/>





- [32]. Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clin Proc* 2015; 90:1600-13.
- [33]. Friedberg MW, Chen PG, Van Busum KR, et al. Factors affecting physician professional satisfaction and their implications for patient care, health systems, and health policy. Santa Monica, CA: RAND Corporation 2013.
- [34]. Hillestad R, Bigelow J, Bower A, et al. Can electronic medical record systems transform health care? Potential health benefits, savings, and costs. *Health Affairs* 2005; 24:1103–1117.
- [35]. Bacha A, Abid N. AI-Driven Drug Discovery: Revolutionizing the Pharmaceutical Industry and Reducing Time to Market. *Global Journal of Machine Learning and Computing*. 2025 Jan 23; 1(1):1-4.
- [36]. J. W. Rae et al., “Scaling language models: Methods, analysis & insights from training gopher,” 2021, arXiv: 2112.11446.
- [37]. V. Sanh et al., “Multitask prompted training enables zero-shot task generalization,” 2021, arXiv:2110.08207
- [38]. Z. Dai, H. Liu, Q. V. Le, and M. Tan, “CoAtNet: Marrying convolution and attention for all data sizes,” in *Proc. Adv. Neural Inf. Process. Syst.*, 2021, vol. 34, pp. 3965–3977.
- [39]. S. d’Ascoli et al., “ConViT: Improving vision transformers with soft convolutional inductive biases,” in *Proc. Int. Conf. Mach. Learn.*, 2021, pp. 2286–2296.
- [40]. M. Tan et al., “Efficientnet: Rethinking model scaling for convolutional neural networks,” in *Proc. Int. Conf. Mach. Learn.*, 2019, pp. 6105–6114.
- [41]. M. Tan et al., “EfficientNetV2: Smaller models and faster training,” in *Proc. Int. Conf. Mach. Learn.*, 2021, pp. 10096–10106.
- [42]. Y. Huang et al., “GPipe: Efficient training of giant neural networks using pipeline parallelism,” in *Proc. Adv. Neural Inf. Process. Syst.*, 2019, vol. 32.
- [43]. Singh et al., “FLAVA: A foundational language and vision alignment model,” in *Proc. IEEE/CVF Conf. Comput. Vis. Pattern Recognit.*, 2022, pp. 15638–15650.
- [44]. Z.Wang et al., “SimVLM: Simple visual language model pretraining with weak supervision,” in *Proc. Int. Conf. Learn. Representations*, 2022.
- [45]. S. Huang et al., “Language is not all you need: Aligning perception with language models,” Mar. 2023, arXiv: 2302.14045.





- [46]. J. Li, D. Li, C. Xiong, and S. Hoi, “BLIP: Bootstrapping language-image pre-training for unified vision-language understanding and generation,” in Proc. Int. Conf. Mach. Learn., Jun. 2022, pp. 12888–12900, iSSN: 2640-3498.
- [47]. Kotozaki Y, Takeuchi H, Sekiguchi A, et al. Biofeedbackbased training for stress management in daily hassles: an intervention study. Brain Behav 2014; 4:566–79.
- [48]. Simkin DR, Thatcher RW, Lubar J. Quantitative EEG and neurofeedback in children and adolescents. Child Adolesc Psychiatr Clin N Am 2014; 23:427–64.
- [49]. Coben R, Ricca R. EEG biofeedback for autism spectrum disorder: a commentary on Kouijzer et al. (2013). Appl Psychophysiol Biofeedback 2014; 40:53–6.
- [50]. Kuntz JL, Safford MM, Singh JA, et al. Patient-centered interventions to improve medication management and adherence: a qualitative review of research findings. Patient Educ Couns 2014; 97:310–26.
- [51]. DiCarlo LA. Role for direct electronic verification of pharmaceutical ingestion in pharmaceutical development. Contem Clin Trials 2012; 33:593–600.
- [52]. Belknap R, Weis S, Brookens A, et al. Feasibility of an ingestible sensor-based system for monitoring adherence to tuberculosis therapy. PLoS One 2013; 8:e53373.
- [53]. Fagnan DE, Yang NN, McKew JC, et al. financing translation: analysis of the NCATS rare-diseases portfolio. Sci Transl Med 2015; 7:276ps3.
- [54]. Guo Z, Wang H, Yang J, et al. A stock market forecasting model combining two-directional two-dimensional principal component analysis and radial basis function neural network. PLoS One 2015; 10:e0122385
- [55]. Mao Y, Chen W, Chen Y, et al. An integrated data mining approach to real-time clinical monitoring and deterioration warning. In: Proceedings of the 18th ACM SIGKDD International Conference on Knowledge Discovery and Data Mining - KDD ‘12. Association for Computing Machinery (ACM), Beijing, China, 2012.
- [56]. Zhang Y, Fong S, Fiaidhi J, et al. Real-time clinical decision support system with data stream mining. J Biomed Biotechnol 2012; 2012:1–8
- [57]. Henry KE, Hager DN, Pronovost PJ, et al. A targeted real-time early warning score (TREWScore) for septic shock. Sci Transl Med 2015; 7:299ra122.
- [58]. Van der Velde ET, Foeken H, Witteman TA, et al. Integration of data from remote monitoring systems and programmers into the hospital electronic health record system based on international standards. Neth Heart J 2012; 20:66–70.

