



From Electronic Health Records to AI: A Review of Health Informatics Advancements

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Abstract

The combination of technology systems with data management methods through health informatics operations enables healthcare transformation which brings better patient services alongside operational performance improvement. This evaluation investigates the fundamental growth of Electronic Health Records (EHRs), Artificial Intelligence (AI), telemedicine along with remote patient monitoring (RPM). EHRs excel at data organization and AI uses this mechanism to reach improved medical diagnosis outcomes as well as predictive analysis capabilities and patient-tailored treatment plans. Telemedicine together with RPM delivers healthcare to underserved populations because they provide care at a distance alongside continuous observation. Health informatics needs to resolve present difficulties connected to AI decision systems security and ethical matters and data privacy systems. The combination of blockchain technology with wearable devices and advanced data analytics brings new possibilities to healthcare delivery which ensure more efficient personalized and accessible medical care. Health informatics development will define future healthcare systems worldwide through the essential process of solving digital divide problems and establishing digital equality across technologies. Health informatics has great capability to advance healthcare achievements worldwide.

Keywords: Health informatics, Electronic Health Records (EHR), Artificial Intelligence (AI), Telemedicine, Remote Patient Monitoring (RPM).

1. INTRODUCTION

This interdisciplinary domain combines health system practices with data science mysteries and technological elements to improve medical service delivery quality and operational effectiveness. Health informatics manages and utilizes both patient information and healthcare data to create



better results while making operations more effective and decreasing expenditures [1]. Information technology integration in healthcare systems brought fundamental changes to how medical staff work with patient information while enabling better research-based clinical choices [2].

Health informatics has evolved as an immediate response to accommodate rising demands for correct and efficient processing of vast healthcare datasets because medical research combined with patient care and advancing technology produces increasingly large data volumes. Several scientific and management fields including computer science and information technology join forces with health management and clinic practice [3]. The main objective is to connect clinical operational knowledge with analytical systems so healthcare organizations can effectively use technology for delivering better treatment along with stronger medical decisions and superior patient results [4].

Health informatics features Electronic Health Record (EHR) as its fundamental component because it allows medical providers to digitize patient record management. Healthcare providers gain enhanced communication capabilities when health information transfers digitally between systems because the shift away from paper records enables improved efficiency combined with reduced mistakes [5]. The field of health informatics includes EHR systems with telemedicine technology and decision-support tools and Health Data Analytics platforms and emerging technologies such as artificial intelligence (AI) and machine learning (ML) that assist in diagnostic and predictive medical processes and customized healthcare plans. Health informatics has transformed healthcare operations by consolidating technological solutions which enables practitioners to make decisions through live data-based information [6].

Health informatics stands as a vital element for contemporary healthcare systems and healthcare institutions along with policy-makers understand it as such. Health informatics holds an essential role in future healthcare developments because it will enhance the availability of healthcare and decrease its costs and improve its quality worldwide [7].

2. THE ROLE OF ELECTRONIC HEALTH RECORDS (EHR) IN HEALTHCARE TRANSFORMATION



EHRs constitute the essential component of current healthcare operations which have outpaced conventional paper-based medical recordkeeping. Electronic Health Records (EHRs) present digital versions of medical patient histories containing diagnostic information along with treatment details and medication data and test outcomes as well as allergic reactions and immunization history [8]. The implementation of EHRs largely transformed the way healthcare professionals handle patient information thus creating new possibilities for higher effective and efficient medical care. EHRs offer their basic utility by simplifying the process of handling patient information. Beneath paper-based records lies a major problem involving accessibility, errors and data retrieval difficulty yet EHRs provide instant and accurate patient information access to healthcare providers [9]. The quick information retrieval capability strengthens clinician decisions by providing them with updated complete patient data to improve diagnoses along with treatment protocols. Patient survival can be increased in life-critical emergencies because emergency personnel get instant access to complete medical histories during these critical periods [10].

Key benefits of EHR adoption in healthcare

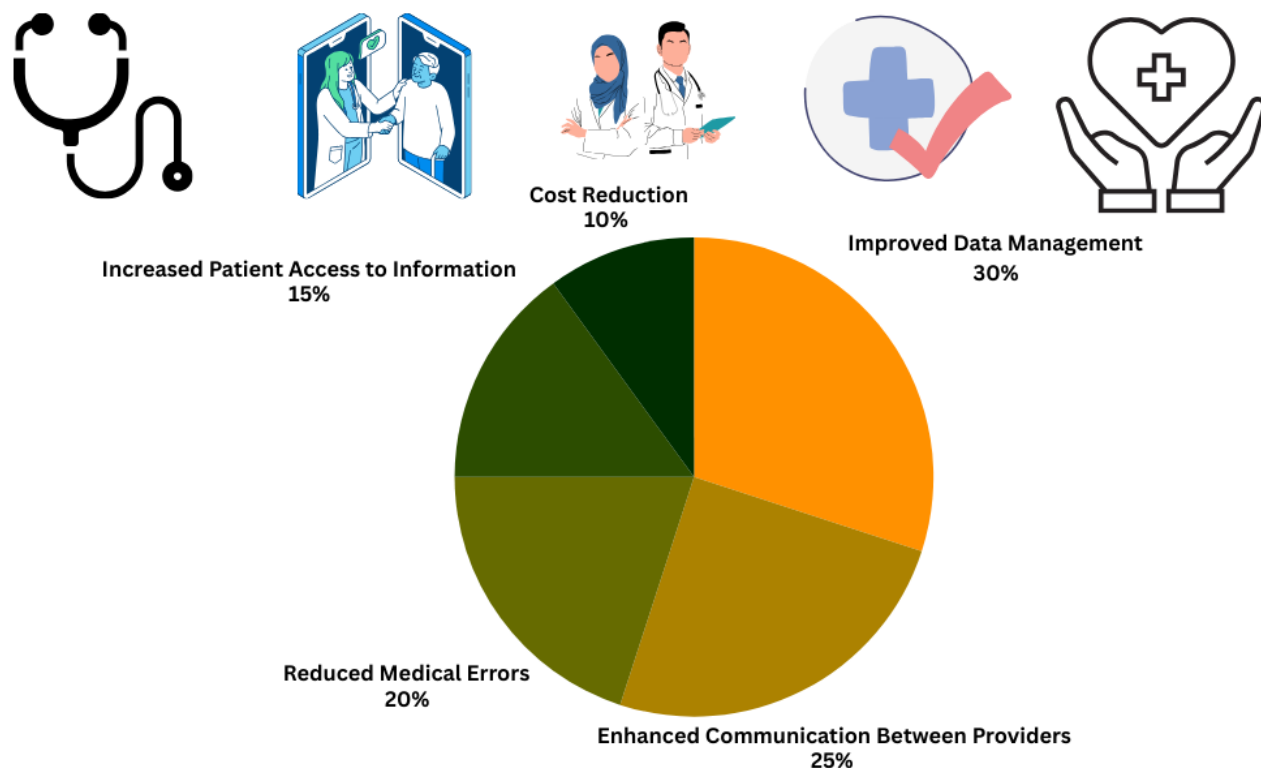


Figure: 1 showing key benefits of EHR adoption in healthcare



EHR technology creates better communication between different medical staff members. The traditional healthcare approach isolates patient medical records among different healthcare departments which produces communication barriers about essential patient information. The implementation of EHRs removes patient data transmission barriers because professionals from any location or institution now share records effortlessly [11]. Hospital patients along with their medical crew benefit from easy information exchange because EHRs maintain seamless communication between various care locations. The primary advantage of EHRs lies in their ability to decrease medical errors between patient treatments. Digitized healthcare records prevent healthcare providers from experiencing issues with unreadable written notes and missing patient documentation [12]. EHRs include clinical decision support functions that trigger warnings to providers about medication reactions and allergies or additional risks discovered from patient medical histories. Automated alert systems present in EHRs reduce the occurrence of drug-related adverse events and various preventable treatment complications [13].

The implementation of EHRs has produced various advantages although their adoption process has encountered multiple obstacles. Healthcare organizations struggle to overcome three substantial obstacles which include the expensive cost of setup and training requirements for clinical staff alongside the pressing matters of privacy and security risks. The challenge persists because different EHR systems cannot easily exchange health information because they lack standardized operations [14]. The impact EHRs have on healthcare improvement remains vast despite existing challenges. Advancements in technology will lead EHR systems to connect strongly with artificial intelligence and telemedicine platforms to deliver individualized data-based health care. EHR development progresses as an essential operational step to create health services that will become more effective with enhanced transparency and personalized care for patients [15].

3. THE EMERGENCE OF ARTIFICIAL INTELLIGENCE IN HEALTH INFORMATICS

The field of health informatics gets its transformation power from Artificial Intelligence (AI) through which data analysis and clinical assistance and patient care enhancement become possible. Machines demonstrate Artificial Intelligence when they execute mental work tasks which normally



need human intellect including data understanding and pattern detection and prediction abilities. Healthcare professionals use AI technologies which include machine learning (ML), natural language processing (NLP) and deep learning to transform clinical practice areas alongside research operations that lead to changes in delivery and management of healthcare [16]. The main application of AI in health informatics exists for diagnostic purposes. Engineering algorithms process immense medical datasets which allows them to detect hidden patterns that regular human medical practitioners might miss from images and genetic facts and patient records [17]. The diagnosis process gets enhanced through AI technology which enables radiologists to examine X-ray images as well as MRI and CT scan pictures to identify cancer and cardiovascular diseases together with neurological conditions. The use of AI systems enhances medical diagnosis and lowers human Mistakes which produces both quicker diagnosis and superior therapeutic approaches [18].

Role of AI in health informatics



Figure: 2 showing role of AI in health informatics



Patient outcomes prediction together with decision-making support stands as a major benefit of AI in health informatics. The analysis of previous patient records combined with artificial intelligence models reveals statistical patterns that enables prediction about future clinical events including hospital returns and worsened medical states together with medication side effects. The predictive healthcare models enable medical providers to develop better treatment strategies by using intelligent patient outcomes predictions which lead to superior clinical results [19]. AI predictive tools currently serve as the foundation for detecting patients who face elevated risk of developing diabetes or heart failure thus enabling medical staff to deliver early prevention care. Through artificial intelligence researchers speed up the process of developing drugs. Machine learning algorithms process big datasets from medical trials and genetic records and clinical literature to discover drug possibilities which they assess before optimizing the structure of clinical research studies [20]. The framework speeds up the pharmaceutical development timelines while minimizing expenses needed to release new medical treatments to the market.

The medical field faces various barriers when implementing artificial intelligence systems even though these systems demonstrate great potential. Medical data privacy along with security are essential challenges for AI systems because they operate using extensive sets of patient-sensitive information. The systems need to meet all healthcare regulations specifically including HIPAA standards in the United States [21]. Some AI models operate with opaque algorithms which prevents full visibility into their operational decisions thus straining trust in AI-based clinical decision systems. Health informatics employs AI as its fundamental element through which diagnostics and predictive analysis help drug discovery and treatment solutions for individual patients [22]. AI keeps many obstacles in its path yet shows vast capability to improve healthcare services and enhance medical choices and reshape healthcare systems. Health informatics will benefit from expanding AI capabilities through technological progression to establish more efficient effective personal health systems worldwide [23].

4. TELEMEDICINE AND REMOTE PATIENT MONITORING: INNOVATIONS POWERED BY HEALTH INFORMATICS

Health informatics allows remote patient monitoring (RPM) and telemedicine services to establish quick advancements that transform healthcare delivery systems. Modern healthcare delivery



platforms based on digital technology let medical service providers talk to patients from their homes and track their health data through real-time monitoring for continuous medical supervision [24]. Through healthcare system implementation of telemedicine and RPM developers create a solution which delivers better care accessibility while reducing expenses and offering superior patient experiences particularly in underprivileged communities and isolated regions [25].

A formal system named telemedicine allows patients to receive healthcare remotely through the combination of video calls with secure messaging and online platforms for consulting with healthcare providers. Telemedicine has recently seen massive adoption because COVID-19 demonstrated that remote healthcare delivery methods were essential for patients [26]. Remote healthcare consultations in combination with follow-up care and mental health services through telemedicine systems help patients receive medical services without requiring them to leave their homes. Telemedicine helps healthcare providers improve their scheduling efficiency while letting them treat more patients irrespective of their physical space limitations [27].

Key points and benefits Remote Monitoring in Healthcare Informatics to Boost Your Productivity

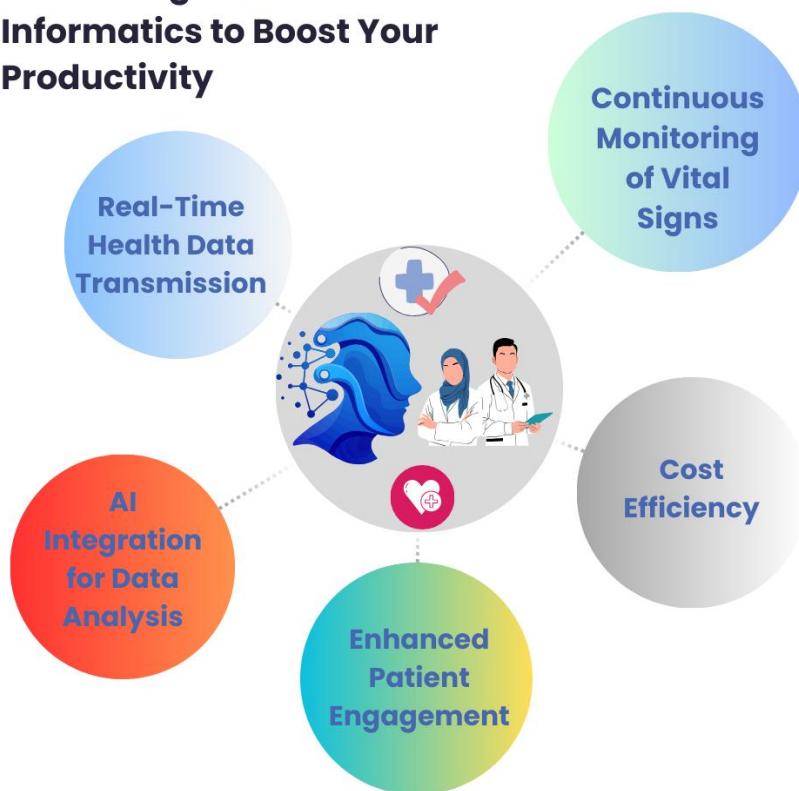


Figure: 3 showing remote monitoring in health informatics



Through remote patient monitoring software healthcare providers obtain real-time health data collection from patients situated beyond standard clinical sites. Through RPM patients use wearable devices and sensors alongside mobile applications to collect important vital signs from their body including heart rate as well as blood pressure levels and glucose levels and oxygen saturation. The immediate transfer of these measurements enables doctors to implement proactive healthcare approaches for managing diabetes as well as treatment of high blood pressure and heart disease [28]. The continuous glucose monitoring system enables diabetes patients to monitor blood sugar levels that professionals then analyze to respond promptly. Health professionals monitor continuous health data streams to spot developing health risks before they launch into dangerous conditions therefore minimizing subsequent hospital admissions and emergency room visits [29].

The primary benefit of telemedicine and RPM allows patients in underserved regions without sufficient healthcare facilities to obtain better access to medical care. Patients located in distant settings from medical facilities now avoid lengthy journeys to their healthcare appointments including regular check-ups and consultation meetings as well as follow-up appointments. Telemedicine provides a solution for patients who struggle with disabilities and senior citizens and people suffering from ongoing medical disabilities who cannot easily go outside their homes [30].

Another advantage is cost reduction. Telemedicine together with RPM works as cost-saving tools by preventing patients from needing medical centers for hospitalization and emergency services and basic face-to-face healthcare appointments. The discovery of healthcare problems at an early stage allows healthcare providers to implement specific treatment methods which decreases the need for costly future treatments [31]. Telemedicine helps healthcare systems maximize resource distribution which enables clinical staff to service a larger number of patients by limiting unnecessary face-to-face consultations.

The adoption of telemedicine along with RPM faces numerous barriers in widespread implementation. The security of data and privacy of health information remains a major concern since critical medical data is transmitted through internet channels [32]. The Health Insurance Portability and Accountability Act requirements demand attention because patient confidentiality depends on full compliance with regulations. Patients without secure internet or smartphones face restrictions to telemedicine and RPM services because of the digital divide [33].



Despite these challenges, telemedicine and remote patient monitoring represent major advancements in the delivery of healthcare. Mainstream healthcare systems will expand their incorporation of these tools because of advancing technology and regulatory evolution to deliver patients convenient affordable healthcare with custom solutions [34]. The combination of telemedicine practices with RPM together with health informatics technology shows promise to build healthcare environments with maximum efficiency and accessibility while prioritizing patient needs [35].

5. DATA PRIVACY, SECURITY, AND ETHICAL CONSIDERATIONS IN HEALTH INFORMATICS

Health informatics advancements continue to expand patient health systems yet privacy concerns along with security issues and ethical dilemmas become crucial management areas. Healthcare processes that integrate technology deliver substantial advantages which enhance operational efficiency and generate better patient results as well as enhanced decision-making practices [36]. The implementation of digital health records as well as telemedicine alongside AI-driven systems creates new difficulties which endanger patient confidentiality while posing risks to healthcare security and ethical practice standards [37].

Data Privacy in health informatics refers to the protection of patient information from unauthorized access or disclosure. Electronic health records (EHRs) have replaced paper-based records to store vast amounts of sensitive health data which exists digitally and can be accessed by multiple locations through different devices. The rapid patient information access along with better care coordination through electronic data storage exposes data to potential breaches [38]. Cybercriminals specifically search for Personal Health Information (PHI) which contains medical records together with patient treatments alongside monetary data. To protect patient information healthcare organizations must practice data encryption together with strong access restrictions and conformity with HIPAA in the U.S. and GDPR in Europe. The implementation of these legal systems protects patient records while establishing patient rights related to their data utilization [39].



Data protection stands as one of the essential components which health informatics professionals need to address. Healthcare institutions need to establish extensive security protocols which defend patient information from system breaches and cyber intrusions as well as unapproved system access attempts [40]. Healthcare organizations use advanced cybersecurity technologies including firewalls and intrusion detection systems together with multi-factor authentication to stop unauthorized personnel from reaching sensitive health information stored on databases. Health data transmission remains secure through encrypting fundamental patient health systems along with telemedicine and remote monitoring systems. Healthcare institutions face substantial harm from weak information protection which includes multiple serious outcomes like identity theft and financial fraud in addition to reputation damage [41].

Medical informatics technologies have to consider ethical concerns in addition to privacy and security provisions. The essential matter in these applications requires healthcare providers to obtain explicit consent from patients when acquiring their medical data for any type of research or sharing activities. All patients need informed consent before their data use in order to receive both complete details about data utilization and the ability to decline specific uses [42]. The introduction of artificial intelligence together with machine learning technologies in healthcare creates additional hurdles because algorithms now independently conduct patient care decisions without human supervision [43]. The systems which employ artificial intelligence need sizeable data arrays to recognize patterns although their determination processes sometimes demonstrate insufficient transparency thus producing concerns on accountability. AI diagnosis and treatment recommendations resulting in errors lead to resolution uncertainties among healthcare providers and AI system developers as well as additional entities about who bears responsibility [44].

Health informatics in combination with AI face difficulties because of both bias and unfairness in their applications. The biases which exist in the original patient populations are transmitted through training data to produce unfair results against specific groups. Training an AI system with primarily one demographic in the data produces a reduced ability to correctly serve patients who do not belong to that group [45]. The absence of fairness in medical treatment through these systems creates more disparities among minority patient groups. Professionals in health informatics together with developers need to use training data for AI algorithms that contains



diverse and representative information about all patient demographics to prevent biased outcomes [46].

The practice of health informatics needs to implement measures that will eliminate barriers to care distribution among different population groups. Some patients who lack proper technology and internet connections to access telemedicine services or health apps face increased health inequality. Healthcare institutions need to guarantee universal access to digital healthcare resources for patients no matter what their financial situation or residential area or technical ability may be.

The implementation of digital tools through health informatics has vast delivery improvement potential in healthcare yet faces significant privacy and security and ethical concerns in patient care application [47]. Patient data safety depends on confidentiality protection while AI decision transparency with bias reduction and universal digital healthcare tool availability represents essential factors to follow for proper health informatics ethical use. Healthcare organizations and policymakers together with technology developers need to develop ethical standards and best practices which will balance innovation against patient rights protection because the field continues to grow [48].

6. FUTURE DIRECTIONS IN HEALTH INFORMATICS: EMERGING TRENDS AND TECHNOLOGIES

The fast-evolving technologies of the future will direct the path of health informatics by improving how healthcare systems handle and examine and use medical data. Healthcare will continue its transition toward data-driven systems since new tools and innovations will build the foundation for superior patient care and stronger clinical decisions and better healthcare services delivery. The upcoming phase of health informatics will mainly develop through various emerging technologies along with new patterns [49].

Healthcare institutions pursue block chain technology as one of their most vital development directions. Through its secure and unalterable infrastructure block chain technology creates a new method to store and share patient health records in transparent means. The sharing of patient records between multiple healthcare providers remains safe and private through this technology which reduces the chance of data breaches [50]. Through its implementation Block chain allows



patients to establish their own health records which gives them complete ownership of medical data.

Healthcare authorities observe the growing prominence of wearable medical technology together with the rise of Internet of Things devices in medical environments. Health monitoring technology continues to advance through the use of medical devices such as smart watches as well as fitness trackers and connected medical devices which allow continuous patient health observation [51]. Vital health data from heart rate to blood pressure and glucose levels together with physical activity counts are gathered through these devices before healthcare practitioners receive them. Better preventive care services more easily detect health problems early while developing treatment approaches customized to individual patients [52].

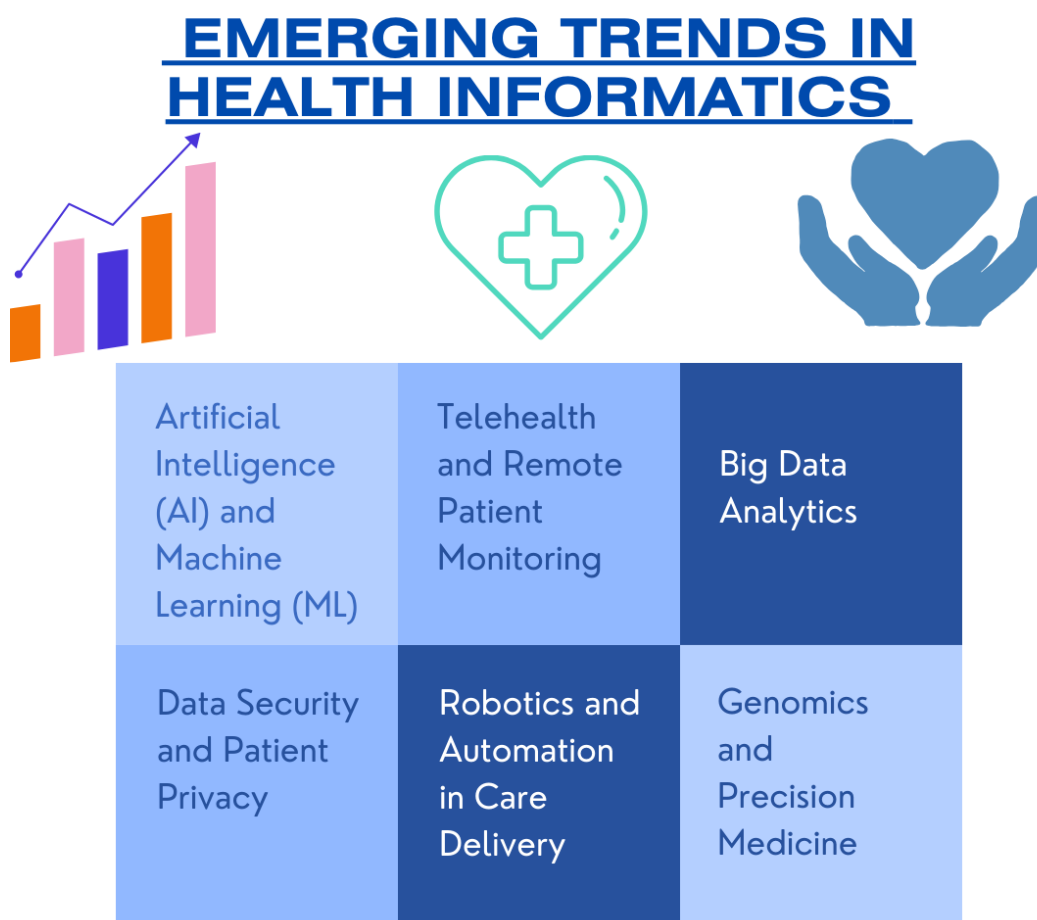


Figure: 4 showing emerging trends in health informatics



Predominant roles in health informatics' approaching future belong to advanced data analytics systems together with predictive modeling methods. Through the combination of big data analytics and artificial intelligence and machine learning healthcare systems have earned the ability to anticipate disease outbreaks and monitor patient treatment success rates and treatment optimization [53]. Further development in these technologies will produce more precise real-time decisions thus achieving better healthcare results at lower expenses. Health informatics will deepen its role within modern healthcare systems because of technological developments which will generate smarter more efficient patient-oriented care [54].

7. CONCLUSION

The healthcare industry is transforming through technological advancements which produce better medical results together with better practice operations and new healthcare practices. Healthcare continues to evolve through digital tool integration and artificial intelligence (AI) and data analytics adoption and emerging technological developments which will create personalized efficient healthcare that patients can conveniently access in the future.

Health informatics brings forth its most important effect through enhanced care quality. Various digital health records combined with AI-driven decisions and telemedicine and patient monitoring systems allow healthcare providers to give better, faster and patient-focused care to their patients. Healthcare practitioners can now integrate and analyze big patient datasets immediately which changes medical protocols toward more precise diagnostic procedures and effective treatment design and superior health results. Machines learning technology will reach new heights of sophistication so health predictions and proactive care segments will improve for better disease prevention capabilities.

The field of health informatics enhances healthcare availability by fueling its transformation in this domain. Telemedicine combined with remote monitoring systems now enables medical care that was previously unavailable for people who live in remote underserved areas. Health technology provides patients with home-based consultation services followed by continuation of care and mental health treatment services thus minimizing patient travel needs and removing access limitations to healthcare services. Through healthcare informatics the system becomes more



accessible for all patients because it reduces financial and location-based barriers to healthcare services.

Healthcare organizations will direct more efforts to data interoperability standards which ensure smooth information exchange between disparate healthcare systems. General data and protocol standardization in healthcare will provide universal access to patient information across all medical providers and create improved care coordination with fewer treatment errors.

The existing promising situation comes with ongoing hurdles. Healthcare-dependent organizations must solve problems pertaining to data privacy and security alongside ethical challenges in artificial intelligence decision processes and variations in digital access to technology. Continued research together with evolving regulations and joint work among healthcare staff and government officials and technology creators will create an exceptional future for health informatics. The upcoming healthcare revolution is directed by health informatics. Technological progress requires health informatics to play a central role in designing worldwide healthcare delivery systems. Health informatics will establish a healthcare system which delivers accurate and efficient services to provide personalized and equality-based medical care for the entire population.

8. REFERENCES

- [1]. Tang, P. C., & McDonald, C. J. (2006). Electronic health record systems. *Biomedical informatics: computer applications in healthcare and biomedicine*, 447-475
- [2]. Krishnamoorthy D. Advancements and Challenges in Health Informatics: A Comprehensive Overview of Data Management, Interoperability, AI Applications, and Privacy Concerns.
- [3]. Secginli, S., Erdogan, S., & Monsen, K. A. (2014). Attitudes of health professionals towards electronic health records in primary health care settings: a questionnaire survey. *Informatics for Health and Social Care*, 39(1), 15-32.
- [4]. Nguyen, L., Bellucci, E., & Nguyen, L. T. (2014). Electronic health records implementation: an evaluation of information system impact and contingency factors. *International journal of medical informatics*, 83(11), 779-796.



- [5]. Hasan ME, Islam MJ, Islam MR, Chen D, Sanin C, Xu G. Applications of Artificial Intelligence for Health Informatics: A Systematic Review. Journal home: [http](http://). 2023 Dec;4(2):19-46.
- [6]. Negro-Calduch E, Azzopardi-Muscat N, Krishnamurthy RS, Novillo-Ortiz D. Technological progress in electronic health record system optimization: Systematic review of systematic literature reviews. International journal of medical informatics. 2021 Aug 1;152:104507.
- [7]. Häyrynen, K., Saranto, K., & Nykänen, P. (2008). Definition, structure, content, use and impacts of electronic health records: a review of the research literature. International journal of medical informatics, 77(5), 291-304.
- [8]. Jha, A. K., DesRoches, C. M., Campbell, E. G., Donelan, K., Rao, S. R., Ferris, T. G., ... & Blumenthal, D. (2009). Use of electronic health records in US hospitals. New England Journal of Medicine, 360(16), 1628-1638.
- [9]. Johnson, K. B., Neuss, M. J., & Detmer, D. E. (2021). Electronic health records and clinician burnout: a story of three eras. Journal of the American Medical Informatics Association, 28(5), 967-973.
- [10]. Khalifa, M., Magrabi, F., & Gallego, B. (2019). Developing a framework for evidence-based grading and assessment of predictive tools for clinical decision support. BMC medical informatics and decision making, 19, 1-17.
- [11]. Kim, E., Rubinstein, S. M., Nead, K. T., Wojcieszynski, A. P., Gabriel, P. E., & Warner, J. L. (2019, October). The evolving use of electronic health records (EHR) for research. In Seminars in radiation oncology (Vol. 29, No. 4, pp. 354-361). WB Saunders.
- [12]. Kim, E., Rubinstein, S. M., Nead, K. T., Wojcieszynski, A. P., Gabriel, P. E., & Warner, J. L. (2019, October). The evolving use of electronic health records (EHR) for research. In Seminars in radiation oncology (Vol. 29, No. 4, pp. 354-361). WB Saunders.
- [13]. Kumar, M., & Mostafa, J. (2020). Electronic health records for better health in the lower- and middle-income countries: a landscape study. Library Hi Tech, 38(4), 751-767.
- [14]. Kumar, R., Arjunaditya, Singh, D., Srinivasan, K., & Hu, Y. C. (2022, December). AI-powered blockchain technology for public health: A contemporary review, open challenges, and future research directions. In Healthcare (Vol. 11, No. 1, p. 81). MDPI.



- [15]. Lee, T. C., Shah, N. U., Haack, A., & Baxter, S. L. (2020, July). Clinical implementation of predictive models embedded within electronic health record systems: a systematic review. In *Informatics* (Vol. 7, No. 3, p. 25). MDPI
- [16]. Lehne, M., Sass, J., Essenwanger, A., Schepers, J., & Thun, S. (2019). Why digital medicine depends on interoperability. *NPJ digital medicine*, 2(1), 79.
- [17]. Lewkowicz, D., Wohlbrandt, A., & Boettinger, E. (2020). Economic impact of clinical decision support interventions based on electronic health records. *BMC Health Services Research*, 20(1), 1-12.
- [18]. Čartolovni, A. Tomičić, E.L. Mosler, Ethical, legal, and social considerations of AI-based medical decision-support tools: a scoping review, *Int. J. Med. Inform.* 161 (2022), 104738.
- [19]. W. Wang, S. Leonhardt, L. Tarassenko, C. Shan, D. McDuff, Guest editorial: Camera-based monitoring for pervasive healthcare informatics, *IEEE J Biomed. Health Inform.* 25 (2021), 1358–1360
- [20]. F.A. Kraemer, A.E. Braten, N. Tamkittikhun, D. Palma, Fog computing in healthcare—a review and discussion, *IEEE Access.* 5 (2017), 9206–9222
- [21]. H.A. Park, J.Y. Lee, J. On, J.H. Lee, H. Jung, S.K. Park, 2016 year-in-review of clinical and consumer informatics: analysis and visualization of keywords and topics, *Healthc. Inform. Res.* 23 (2017), 77–86.
- [22]. E. Gustafson, J. Pacheco, F. Wehbe, J. Silverberg, W. Thompson, A machine learning algorithm for identifying atopic dermatitis in adults from electronic health records, 2017 IEEE International Conference on Healthcare Informatics (ICHI), IEEE, Park City, UT, USA, 2017, pp. 83–90.
- [23]. M.H. Lim, Y.M. Cho, S. Kim, Multi-task disentangled autoencoder for time-series data in glucose dynamics, *IEEE J. Biomed. Health. Inform.* 26 (2022), 4702–4713.
- [24]. U.M. Butt, S. Letchmunan, M. Ali, F.H. Hassan, A. Baqir, H.H.R. Sherazi, Machine learning based diabetes classification and prediction for healthcare applications, *J. Healthc. Eng.* 2021 (2021), 9930985.
- [25]. W. Guo, W. Ge, L. Cui, H. Li, L. Kong, An interpretable disease onset predictive model using crossover attention mechanism from electronic health records, *IEEE Access.* 7 (2019), 134236–134244.



- [26]. S. Spänig, A. Emberger-Klein, J.P. Sowa, A. Canbay, K. Menrad, D. Heider, The virtual doctor: an interactive clinical-decision-support system based on deep learning for non-invasive prediction of diabetes, *Artif. Intell. Med.* 100 (2019), 101706.
- [27]. S. Rama Sree, A. Vanathi, R.K. Veluri, S.N.S.V.S.C. Ramesh, A comparative study on a disease prediction system using machine learning algorithms, In: A. Dev, S.S. Agrawal, A. Sharma (Eds.), *International Conference on Artificial Intelligence and Speech Technology*, Springer, Cham, 2021, pp. 485–499.
- [28]. M.M. Baig, H. GholamHosseini, A.A. Moqem, F. Mirza, M. Lindén, A systematic review of wearable patient monitoring systems – current challenges and opportunities for clinical adoption, *J. Med. Syst.* 41 (2017), 1–9
- [29]. D. Gu, K. Li, X. Wang, X. Li, F. Liu, L. Jiang, et al., Discovering and visualizing knowledge evolution of chronic disease research driven by emerging technologies, *IEEE Access.* 7 (2019), 72994–73003
- [30]. B.M. Maweu, S. Dakshit, R. Shamsuddin, B. Prabhakaran, CEFES: a CNN explainable framework for ECG signals, *Artif. Intell. Med.* 115 (2021), 102059.
- [31]. F. Ma, Y. Wang, H. Xiao, Y. Yuan, R. Chitta, J. Zhou, et al., Incorporating medical code descriptions for diagnosis prediction in healthcare, *BMC Medical Inform. Decis. Mak.* 19 (2019), 267.
- [32]. L. Men, N. Ilk, X. Tang, Y. Liu, Multi-disease prediction using LSTM recurrent neural networks, *Expert Syst. Appl.* 177 (2021), 114905.
- [33]. J. Mulani, S. Heda, K. Tumdi, J. Patel, H. Chhinkaniwala, J. Patel, Deep reinforcement learning based personalized health recommendations, In: S. Dash, B. Acharya, M. Mittal, A. Abraham, A. Kelemen (Eds.), *Deep Learning Techniques for Biomedical and Health Informatics*, Studies in Big Data, Springer, Cham, 2020, pp. 231–255. [45] H. Ren, J. Wang, W.X. Zhao, Generative adversarial networks enhanced pre-training for insufficient electronic health records modeling, *Proceedings of the 28th ACM SIGKDD Conference on Knowledge Discovery and Data Mining*, ACM, New York, NY, United States, 2022, pp. 3810–3818. [46] E. Rebello, S. Kee, A. Kowalski, N. Harun, M. Guindani, F. Goravanchi, Reduction of incorrect record accessing and charting patient electronic medical records in the perioperative environment, *Health Inform. J.* 22 (2016), 1055–1062.



- [34]. P. Sawangjai, M. Trakulruangroj, C. Boonnag, M. Piriyaジットakonkij, R.K. Tripathy, T. Sudhawiyangkul, et al., EEGANet: removal of ocular artifacts from the EEG signal using generative adversarial networks, IEEE J. Biomed. Health Inform. 26 (2022), 4913–4924.
- [35]. G. Paragliola, A. Coronato, Definition of a novel federated learning approach to reduce communication costs, Expert Syst. Appl. 189 (2022), 116109.
- [36]. . Dey, P. Zhang, D. Sow, K. Ng, PerDREP: Personalized drug effectiveness prediction from longitudinal observational data, Proceedings of the 25th ACM SIGKDD International Conference on Knowledge Discovery & Data Mining, ACM, New York, NY, United States, 2019, pp. 1258–1268.
- [37]. J. Yoon, C. Davtyan, M. van der Schaar, Discovery and clinical decision support for personalized healthcare, IEEE J. Biomed. Health Inform. 21 (2017), 1133–1145.
- [38]. Y. Chen, X. Qin, J. Xiong, S. Xu, J. Shi, H. Lv, et al., Deep transfer learning for histopathological diagnosis of cervical cancer using convolutional neural networks with visualization schemes, J. Med. Imaging & Health Infor. 10 (2020), 391–400.
- [39]. 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.
- [40]. Mallozzi, C., Perkins, R., Shelov, E., Schreiber, R., Gawande, A., Jha, A., ... & Dowding, D. (2020). Reducing alert burden in electronic health records: state of the art recommendations from four health systems. Applied clinical informatics, 11(01), 001-012.
- [41]. Mehta, S., Grant, K., & Ackery, A. (2020). Future of blockchain in healthcare: potential to improve the accessibility, security and interoperability of electronic health records. BMJ Health & Care Informatics, 27(3).
- [42]. Ajami, S., & Arab-Chadegani, R. (2013). Barriers to implement electronic health records (EHRs). Materia sociomedica, 25(3), 213.
- [43]. 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.



- [44]. Melton, G. B., McDonald, C. J., Tang, P. C., & Hripcsak, G. (2021). Electronic health records. In *Biomedical Informatics: Computer Applications in Health Care and Biomedicine* (pp. 467-509). Cham: Springer International Publishing
- [45]. Mourya, A. K., & Idrees, S. M. (2020). Cloud computing-based approach for accessing electronic health record for healthcare sector. In *Microservices in Big Data Analytics: Second International, ICETCE 2019, Rajasthan, India, February 1st-2nd 2019, Revised Selected Papers* (pp. 179-188). Springer Singapore
- [46]. 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.
- [47]. Neves, A. L., Freise, L., Laranjo, L., Carter, A. W., Darzi, A., & Mayer, E. (2020). Impact of providing patients access to electronic health records on quality and safety of care: a systematic review and meta-analysis. *BMJ quality & safety*.
- [48]. Niazkhani, Z., Toni, E., Cheshmekaboodi, M., Georgiou, A., & Pirnejad, H. (2020). Barriers to patient, provider, and caregiver adoption and use of electronic personal health records in chronic care: a systematic review. *BMC medical informatics and decision making*, 20(1), 1-36.
- [49]. 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.
- [50]. Ostropolets, A., Zhang, L., & Hripcsak, G. (2020). A scoping review of clinical decision support tools that generate new knowledge to support decision making in real time. *Journal of the American Medical Informatics Association*, 27(12), 1968-1976
- [51]. Patterson, B. W., Pulia, M. S., Ravi, S., Hoonakker, P. L., Hundt, A. S., Wiegmann, D., ... & Carayon, P. (2019). Scope and influence of electronic health record-integrated clinical decision support in the emergency department: a systematic review. *Annals of emergency medicine*, 74(2), 285-296.
- [52]. Shiwlani A, Kumar S, Kumar S, Hasan SU, Shah MH. Transforming Healthcare Economics: Machine Learning Impact on Cost Effectiveness and Value-Based Care. *Pakistan Journal of Life and Social Sciences*. 2024.



- [53]. Hoerbst, A., & Ammenwerth, E. (2010). Electronic health records. Methods of information in medicine, 49(04), 320- 336.
- [54]. Secginli, S., Erdogan, S., & Monsen, K. A. (2014). Attitudes of health professionals towards electronic health records in primary health care settings: a questionnaire survey. Informatics for Health and Social Care, 39(1), 15-32.