



Transforming Healthcare with Artificial Intelligence: Innovations, Applications, and Future Challenges

Tufael^{1*}, Atiqur Rahman Sunny²

Abstract

Background: The integration of artificial intelligence (AI) in healthcare has significantly transformed clinical practices, offering substantial improvements in diagnosis, treatment planning, and patient outcome predictions. AI technologies, including artificial neural networks, fuzzy expert systems, and hybrid intelligent systems, are advancing the field of augmented medicine by combining AI with traditional healthcare practices. **Methods:** This study reviews the diverse applications of AI in healthcare, focusing on its impact on clinical procedures, disease detection, and healthcare management. The analysis covers the use of AI-driven tools such as surgical navigation systems, augmented reality for pain management, and machine learning algorithms for early disease detection and clinical documentation. **Results:** AI technologies like AccuVein and augmented reality headsets have enhanced clinical procedures such as intravenous placements and surgical interventions. Advances in machine learning, particularly neural networks and deep learning, have improved the detection of complex patterns in imaging data, facilitating early diagnosis of diseases like cancer and pneumonia. Natural language processing (NLP) has enhanced the analysis and classification of clinical documentation, while robotic

process automation (RPA) has optimized administrative tasks. AI's role in managing infectious diseases, particularly during the COVID-19 pandemic, has been critical, demonstrating its potential in screening, diagnosis, and treatment surveillance. AI applications in oncology and laboratory medicine have also shown increased accuracy and efficiency in disease diagnosis and patient care. **Conclusion:** AI is revolutionizing healthcare by enhancing diagnostic accuracy, treatment efficacy, and patient care quality. Despite its transformative potential, challenges such as legal accountability and data bias must be addressed for successful integration into healthcare systems. Continued research and innovation in AI applications are essential to maximizing its benefits while minimizing associated risks.

Keywords: Artificial Intelligence, Augmented Medicine, Machine Learning, Deep Learning, Natural Language Processing, Robotic Process Automation.

Significance | This research highlights AI's transformative potential in healthcare, enhancing diagnostic accuracy, patient care, and operational efficiency across medical disciplines.

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Introduction

The development of medical artificial intelligence (AI) involves the creation of AI programs designed to assist clinicians in diagnosing conditions, making therapeutic decisions, and predicting patient outcomes. These systems encompass a range of technologies, including artificial neural networks (ANN), fuzzy expert systems, hybrid intelligent systems, and evolutionary computation. This advancement in intelligent medical technologies has catalyzed the rise of augmented medicine, a new field that integrates AI with

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traditional medical practices to enhance patient care. Digital tools such as surgical navigation systems for computer-assisted surgery and virtual reality continuum tools for surgery, pain management, and treatment of psychotic disorders are now integral components of augmented medicine. For example, AccuVein, a handheld device using laser-based technology, allows medical professionals to see through the skin to locate veins, simplifying blood draws and IV placements. Similarly, augmented reality (AR) technologies equip doctors with headsets that overlay medical images, such as X-rays or computed tomography (CT) scans, onto the patient's body, enabling precise and accurate surgical interventions as if the surgeons had X-ray vision.

Artificial intelligence aims to replicate human cognitive functions and is causing a paradigm shift in healthcare, driven by the increasing availability of healthcare data and the rapid progress of analytical techniques. AI techniques include machine learning methods for structured data, such as support vector machines and neural networks, and modern deep learning, as well as natural language processing (NLP) for unstructured data. AI tools are being applied across major areas of medicine, including oncology, neurology, and cardiology (Smith et al., 2020).

Machine learning, particularly neural networks and deep learning, is widely used in medicine to identify complex patterns and predict outcomes. One common application of deep learning in healthcare is the detection of potentially malignant tumors in radiography images. Deep learning is also increasingly employed in radiomics, which involves discovering clinically significant patterns in imaging data that may be beyond the detection capabilities of the human eye (Jiang et al., 2017).

NLP, another AI subfield, includes applications such as speech recognition, text analysis, and translation. In healthcare, NLP primarily focuses on creating, understanding, and classifying clinical documentation and published research. NLP systems can analyze unstructured clinical notes, prepare reports (e.g., radiology examination reports), transcribe patient interactions, and facilitate conversational AI.

Robotic process automation (RPA) is also being implemented in healthcare to streamline repetitive operations such as prior authorization, updating patient information, and billing. Since the creation of MYCIN at Stanford in the 1970s to diagnose blood-borne bacterial infections, AI has been instrumental in disease diagnosis and therapy. AI processes involve acquiring data, interpreting it, and learning to achieve desired outcomes (Davenport et al., 2019).

Methodology

A comprehensive literature search was conducted across multiple databases, including PubMed, Embase, Google Scholar, and Scopus. The initial search yielded over 50 articles, out of which 41 were

selected based on their relevance and quality. The selection criteria included recent publications, peer-reviewed studies, and research directly related to the subject matter. This review systematically evaluates these 41 shortlisted articles to provide a thorough analysis of the current literature.

Literature Review

Laboratory medicine is continuously integrating new technology to aid clinical decision-making, enhance disease monitoring, and improve patient safety. Innovations in this field have the potential to revolutionize healthcare systems and laboratory practices by equipping healthcare professionals with the knowledge and tools necessary to provide better care to more patients while utilizing fewer resources. Artificial intelligence (AI), in particular, has the capability to transform current diagnostic, preventive, and disease control techniques, significantly enhancing patient safety and the quality of treatment. To streamline workflows and optimize personnel utilization, laboratories now implement software solutions that automate sample processing, operational procedures, and outcome management. For example, rule-based auto-verification systems compare patient outcomes against multiple criteria to validate and expedite reporting or initiate reactive measures. Concurrently, advanced systems monitor laboratory activities to identify bottlenecks and alert staff of potential issues, such as delays in STAT sample processing or reagent expiration.

Digitalization plays a critical role in managing numerous point-of-care (POC) testing devices and their data outside the central lab, with rule-based programs performing tasks and calculations according to predefined logic. AI represents the next phase in the evolution of laboratory software, and while the awareness of AI and its applications is an ongoing discussion among healthcare professionals, it has already demonstrated significant accuracy in the radiological and laboratory diagnosis of infectious diseases. Given the rapid transmission and detrimental effects of infectious diseases, researchers must anticipate and predict the location and future intensity of epidemics. Mathematicians have employed machine learning algorithms to not only estimate the size and location of outbreaks but also to explore the relationships between infections.

The COVID-19 pandemic has acted as a catalyst for AI and innovation. In a study by Kaur et al., the results of AI models demonstrated that human-driven control methods had a substantial impact on screening, analysis, prediction, and tracking of infected individuals. They compared AI and non-AI approaches in identifying COVID-19 symptoms and highlighted AI as a critical tool in infectious disease management, emphasizing its current application in the COVID-19 pandemic with the objective of reducing time, cost, and human effort, while providing efficient and reliable solutions during the crisis (Kaur et al., 2021). Lin et al. conducted a retrospective study using a deep learning model called

COVNet, designed to extract visual information from volumetric chest CT scans for COVID-19 detection. The study included CT scans of community-acquired pneumonia (CAP) and other non-pneumonia abnormalities to test the model's robustness. The authors found that, in an independent test set, the per-scan sensitivity and specificity for identifying CAP were 87% (152 of 175 scans) and 92% (239 of 259 scans), respectively, with an area under the receiver operating characteristic curve of 0.95 (95% CI: 0.93-0.97). This demonstrated that a deep learning algorithm could accurately detect COVID-19 and distinguish it from community-acquired pneumonia and other lung diseases (Li et al., 2020).

Another application of AI during the COVID-19 pandemic is treatment surveillance, which enables automatic prediction of virus spread and the tracking of infected individuals, keeping the public informed about the pandemic situation and facilitating contact tracing by identifying "hot spots" to track infection and predict its future trajectory and remission chances. Among the various measures to prevent the spread of contagious diseases, airport testing is noteworthy. Diverse machine learning parameters, including MATLAB, nested one-versus-one (OVO) support vector machine (SVM), leave-one-out cross-validation (LOOCV), and SVM learning methods, have been utilized in diagnostics to differentiate genetic sequences from bacteria (Agrebi et al., 2020).

Artificial intelligence (AI) is revolutionizing healthcare by expediting the development of vaccines and medications, enhancing drug development methodologies, streamlining diagnostic processes, and improving clinical trial management (Vaishya et al., 2020). Many healthcare organizations have also developed catboats to boost mental health services, telehealth initiatives, and patient engagement, contributing significantly to patient well-being. Researchers have increasingly recognized the impact of emerging healthcare platforms and electronic media, such as mobile health, 5G, telemedicine, the Internet of Things, and AI, in combating pandemics by acting as advanced tools to prevent the further spread of infections (Utermohlen., 2020 and Ye., 2020). AI is making substantial inroads in clinical microbiology informatics, where vast datasets from genomic information, metagenomic microbial results, mass spectra from bacterial isolates, and large digital photographs are employed to create AI-driven diagnoses (peiffere et al., 2020). Machine learning-based image analysis has the potential to revolutionize traditional microscopy for Gram stains, ova and parasite detection, and histopathology slides. For example, neural networks can classify Gram stains from positive blood cultures into Gram-positive or Gram-negative, and cocci or rods, with remarkable accuracy (Smith et al., 2018). Mathison et al. demonstrated the potential of computer vision in identifying protozoa in trichromestained fecal smears, providing a complete validation of the computer vision program, including accuracy, precision, and detection limits (Mathison et al., 2020). A

systematic review highlighted the use of machine learning for species identification and antibiotic susceptibility testing, with support vector machines, genetic algorithms, artificial neural networks, and fast classifiers among the most extensively utilized approaches (Weis et al., 2020). Deep learning is particularly significant in omic analysis, as it allows the combination and interpretation of image-based data with omic information, facilitating the generation of new and more reliable knowledge (Ahmed et al., 2021).

Recently, machine learning techniques have been employed in diagnosing infectious diseases such as malaria, which traditionally required time-consuming criteria and extensive health services. The application of digital in-line holographic microscopy (DIHM) data processing to detect infected red blood cells in the blood of malaria patients is a cost-effective and efficient technology. Machine learning techniques have proven effective and accurate in distinguishing healthy cells from infected ones, without the need for extensive blood sample processing (Go et al., 2018). Technological approaches such as logistic regression, SVM classifiers, single-layer artificial neural networks, and decision trees have been successfully used as indicators for various data configurations related to infectious outbreaks like Ebola (Colubri et al., 2016). Integrating socioeconomic factors into technological approaches is essential to support a consistent response to infection diagnosis and treatment (Kaur et al., 2021).

In oncology, AI is anticipated to play a pivotal role in predicting cancer outcomes. Lee Su-In et al. presented a promising method to identify robust molecular markers for targeted acute myeloid leukemia (AML) treatment by incorporating data from 30 AML patients, including genome-wide gene expression profiles and in vitro sensitivity to 160 chemotherapy drugs. Their computational method, which incorporated multi-omic prior information relevant to each gene's potential to drive cancer, outperformed several state-of-the-art approaches in identifying molecular markers replicated in validation data and accurately predicting drug sensitivity (Kaur et al., 2021). Hirasawa et al. developed a system capable of processing large numbers of stored endoscopic images in a short time, offering clinically meaningful diagnostic capabilities to reduce endoscopists' workloads (Hirasawa et al., 2018). Similarly, Gulshan et al. designed an algorithm for identifying referable diabetic retinopathy and macular edema with excellent sensitivity and specificity (Gulshan et al., 2016). Lee et al. developed a deep learning-based computer-aided diagnosis approach for detecting cervical lymph node metastases by CT scan in thyroid cancer patients (Lee et al., 2019). AI-assisted automated learning in early lung cancer chest CT scans showed good specificity and sensitivity, potentially aiding doctors in the early diagnosis of microscopic lung cancer nodules (Mobadersany et al., 2018). Mobadersany et al. demonstrated that AI could be more accurate than surgical

pathologists in predicting patient outcomes, shedding light on deep learning applications in medicine and the integration of histology and genetic data to address intertumoral heterogeneity challenges (Ahmed Muneer et al., 2019). Muneer et al. employed AI approaches to identify glioma grades with over 90% accuracy (Yala et al., 2017). Yala et al. utilized a machine learning algorithm to extract crucial tumor features from breast pathology reports, creating a large database (Malhi et al., 2021). The smartphone app "Skinvision," powered by algorithm-based technology, guides users through regular self-checks for skin cancer using a phone and a snapshot of a skin spot. The algorithm, akin to a doctor, assesses the texture, color, and shape of lesions, providing an instant risk assessment for skin lesions within 30 seconds, and has been shown to detect 95% of skin cancer cases at an early stage (Silverman., 2017).

IBM's Watson has recently garnered significant attention for its advancements in precision medicine, especially in the realm of cancer detection and treatment. Watson leverages a blend of machine learning and natural language processing techniques to enhance its capabilities. However, despite initial enthusiasm, users found it challenging to train Watson to manage specific cancer types and seamlessly integrate it into existing healthcare procedures and systems. This led to a decrease in excitement regarding this application of the technology (Buchanan et al., 1984; and Rysavy., 2013). Google has been collaborating with healthcare delivery networks to develop big data prediction algorithms designed to alert physicians about high-risk illnesses such as sepsis and heart failure (Buitrago et al., 2019). Similarly, Nvidia, a prominent technology firm based in the United States, announced in November 2020 its plans to build an AI supercomputer aimed at advancing medical research and healthcare delivery (Kochanny et al., 2021; and N.D., 2021).

The demand for automated laboratory recommendation systems has surged in recent years, driven by the need for more accurate and rapid diagnostics. The digital revolution is transforming diagnostic surgical pathology by integrating image analysis and machine learning into routine practices. Automated recommendations can enhance healthcare efficiency by optimizing the accuracy of test requests. A recent study demonstrated that a deep learning model using limited variables from electronic health records (EHRs) exhibited remarkable discriminatory power for all diagnostic laboratory tests, achieving a mean AUROC micro of 0.98 and an AUROC macro of 0.94 (Zemouri et al., 2019). Whole Slide Imaging (WSI) scanners have the capability to capture and store slides as digital images, enabling automated histology slide analysis. This digital scanning, paired with deep learning algorithms, allows for the automated detection of lesions in predetermined regions of interest (Kricka., 2019). In a simulated environment, machine learning algorithms provided faster and more accurate diagnoses

compared to 11 pathologists, as evidenced by a recent study (Ahmad et al., 2021). The future laboratory is anticipated to be more automated, heavily reliant on robotics, and interconnected to leverage the advantages offered by artificial intelligence and the Internet of Things (IoT) (N.D., 2021).

Artificial intelligence also has several administrative applications in healthcare, which are essential given that a typical U.S. nurse, for instance, spends 25% of their time on administrative and regulatory tasks. Robotic Process Automation (RPA) is a technology with wide-ranging applications in healthcare, including billing, claims processing, and clinical documentation management. Based on the Deep Learning (DL) NHS 111 algorithm, the AI-based clinical assessment service "NHS 24" is currently in the clinical testing phase in Scotland (McCartney., 2018). This service aims to assist individuals with minor health concerns through telephonic consultations. Additionally, the virtual care company "Babylon Health" employs semantic web technology to provide digital services that enhance clinical outcomes. The semantic web strives to make internet data machine-readable, and Babylon Health's approach aims to create a clinical Linked Data Graph (LDG) that integrates various bioinformatics-based biomedical databases in a manner accessible to users of AI-based medical services (S.D.H.S., 2018).

However, before AI can be widely adopted in medicine, the issue of legal accountability must be addressed, particularly in imaging fields such as radiology and pathology. The lack of clarity and misunderstanding regarding critical issues like the processing of sensitive personal information, data gathering, consent, transparency, and storage further complicates the question of legal accountability for AI-based decisions in medicine (Alberdi et al., 2004). A recent study indicated that over-reliance on decision support systems in radiology led to a higher rate of false-negative diagnoses compared to scenarios where the computer-aided diagnostic system was unavailable to the same group of radiologists. In a simulated environment, machine learning algorithms provided faster and more accurate diagnoses compared to 11 pathologists, as evidenced by a recent study (Gilpin et al., 2018).

Similarly, integrating AI into clinical decision-making comes with numerous challenges, one of which is ensuring equitable decision-making that is free from biases inherent in the datasets and methodologies used to develop the system. The opacity of some AI models, which may lack cognitive similarity to the problems to address, could exacerbate these challenges. Understanding the rationale behind a model's decision or recommendation is often a complex task (Surmacz et al., 2021). For instance, if a decision-support tool advises postponing a patient's total knee arthroplasty surgery, the patient and their care team would benefit from knowing the factors that influenced that recommendation.

The laboratory of the future is expected to be increasingly automated and dominated by robotics, as well as more networked with the use of AI and the benefits of the Internet of Things (IoT). Artificial intelligence can be applied across various streams of the medical field, extending beyond clinical and laboratory diagnosis (Wan et al., 2020). For example, MetaPath can be used to prioritize novel drug targets. These methods can identify combinations of genetic variants or abnormalities that cause disease, including cases where causal genes are either known or unknown. Progress in data integration combined with novel AI/ML algorithms and disease causality modeling will likely shift the paradigm and establish unbiased methods for target selection and prioritization.

Conclusion

The integration of artificial intelligence (AI) into healthcare represents a significant leap forward, revolutionizing traditional practices and enhancing diagnostic and therapeutic capabilities. AI technologies, including machine learning, deep learning, and natural language processing, are proving invaluable in improving accuracy, efficiency, and patient outcomes across various medical fields. From advanced imaging techniques and predictive analytics to automated administrative processes and innovative diagnostic tools, AI is transforming patient care and operational workflows. The COVID-19 pandemic has further underscored AI's critical role in disease management and outbreak prediction. However, challenges such as legal accountability and potential biases must be addressed to fully realize AI's benefits. As AI continues to evolve, its successful integration into healthcare promises to deliver more personalized, efficient, and effective medical solutions, ultimately advancing global health outcomes.

Author contributions

T., conceptualized the project, developed the methodology, conducted formal analysis, and drafted the original writing. A.R.S., contributed to the methodology, conducted investigations, provided resources and contributed to the reviewing and editing of the writing.

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Competing financial interests

The authors have no conflict of interest.

References

Agrebi, S., & Larbi, A. (2020). Use of artificial intelligence in infectious diseases. In *Artificial Intelligence Precision Health* (pp. 415–438). https://doi.org/10.1007/978-3-030-32181-5_15

- Ahmed Muneer, K. V., Rajendran, V. R., & K, P. J. (2019). Glioma tumor grade identification using artificial intelligent techniques. *Journal of Medical Systems*, 43, 113. <https://doi.org/10.1007/s10916-019-1241-8>
- Ahmad, Z., Rahim, S., Zubair, M., & Abdul-Ghafar, J. (2021). Artificial intelligence (AI) in medicine, current applications and future role with special emphasis on its potential and promise in pathology: Present and future impact, obstacles including costs and acceptance among pathologists, practical and philosophical considerations. A comprehensive review. *Diagnostic Pathology*, 16(1). <https://doi.org/10.1186/s13000-021-01081-0>
- Alberdi, E., Povykalo, A., Strigini, L., & Ayton, P. (2004). Effects of incorrect computer-aided detection (CAD) output on decision-making in mammography. *Academic Radiology*, 11(8), 909-918. <https://doi.org/10.1016/j.acra.2004.03.012>
- Buchanan, B. G., & Shortliffe, E. H. (1984). Rule-based expert systems: The MYCIN experiments of the Stanford Heuristic Programming Project. In B. G. Buchanan & E. H. Shortliffe (Eds.), *Artificial intelligence in medicine* (pp. 702). Addison-Wesley. <https://www.sciencedirect.com/science/article/abs/pii/0004370285900670>
- Buitrago, P. A., Nystrom, N. A., Gupta, R., & Sald, J. (2019). Delivering scalable deep learning to research with Bridges-AI. In *Latin American High-Performance Computing Conference (CARLA)* (pp. 43-57). https://link.springer.com/chapter/10.1007/978-3-030-42090-6_5
- Colubri, A., Silver, T., Fradet, T., Retzepi, K., Fry, B., & Sabeti, P. C. (2016). Transforming clinical data into actionable prognosis models: Machine-learning framework and field-deployable app to predict the outcome of Ebola patients. *PLoS Neglected Tropical Diseases*, 10(3), e0004549. <https://doi.org/10.1371/journal.pntd.0004549>
- Davenport, T. H., & Glaser, J. (2002). Just-in-time delivery comes to knowledge management. *Harvard Business Review*, 80(7), 107–111, 126.
- Davenport, T., & Kalakota, R. (2019). The potential for artificial intelligence in healthcare. *Future Healthcare Journal*, 6(2), 94–98. <https://doi.org/10.7861/futurehosp.6-2-94>
- Gilpin, L. H., Bau, D., Yuan, B. Z., Bajwa, A., Specter, M., & Kagal, L. (2018). Explaining explanations: An overview of interpretability of machine learning. In *2018 IEEE 5th International Conference on Data Science and Advanced Analytics (DSAA)* (pp. 80-89). IEEE. <https://doi.org/10.1109/DSAA.2018.00018>
- Go, T., Kim, J. H., Byeon, H., & Lee, S. J. (2018). Machine learning-based in-line holographic sensing of unstained malaria-infected red blood cells. *Journal of Biophotonics*, 11(8), e201800101. <https://doi.org/10.1002/jbio.201800101>
- Gulshan, V., Peng, L., Coram, M., Stumpe, M. C., Wu, D., Narayanaswamy, A., ... & Webster, D. R. (2016). Development and validation of a deep learning algorithm for detection of diabetic retinopathy in retinal fundus photographs. *JAMA*, 316(22), 2402–2410. <https://doi.org/10.1001/jama.2016.17216>
- Hirasawa, T., Aoyama, K., Tanimoto, T., Ishihara, S., Shichijo, S., Ozawa, T., & Fujishiro, M. (2018). Application of artificial intelligence using a convolutional neural network for detecting gastric cancer in endoscopic images. *Gastric Cancer*, 21(4), 653–660. <https://doi.org/10.1007/s10120-018-0793-2>
- Jiang, F., Jiang, Y., Zhi, H., Dong, Y., Li, H., Ma, S., Wang, Y., Dong, Q., Shen, H., & Wang, Y. (2017). Artificial intelligence in healthcare: Past, present and future. *Stroke and Vascular Neurology*, 2(4), 230–243. <https://doi.org/10.1136/svn-2017-000101>

- Kaur, I., Behl, T., Aleya, L., Sehgal, A., Singh, S., Sharma, S., ... & Bungau, S. (2021). Artificial intelligence as a fundamental tool in the management of infectious diseases and its current implementation in the COVID-19 pandemic. *Environmental Science and Pollution Research*, 28(33), 40515–40532. <https://doi.org/10.1007/s11356-021-14506-6>
- Kaur, I., Behl, T., Aleya, L., Sehgal, A., Singh, S., Sharma, S., ... & Bungau, S. (2021). Artificial intelligence as a fundamental tool in the management of infectious diseases and its current implementation in the COVID-19 pandemic. *Environmental Science and Pollution Research*, 28(33), 40515–40532. <https://doi.org/10.1007/s11356-021-14506-6>
- Kochanny, S. E., & Pearson, A. T. (2021). Academics as leaders in the cancer artificial intelligence revolution. *Cancer*, 127(5), 664–671. <https://doi.org/10.1002/cncr.33345>
- Kricka, L. J. (2019). History of disruptions in laboratory medicine: What have we learned from predictions? *Clinical Chemistry and Laboratory Medicine*, 57(3), 308–311. <https://doi.org/10.1515/cclm-2018-0621>
- Lee, J. H., Ha, E. J., & Kim, J. H. (2019). Application of deep learning to the diagnosis of cervical lymph node metastasis from thyroid cancer with CT. *European Radiology*, 29, 5452–5457. <https://doi.org/10.1007/s00330-019-06152-9>[Clinical Application of Artificial Intelligence Recognition Technology in the Diagnosis of Stage T1 Lung Cancer]. (n.d.). Europe PMC. Retrieved March 17, 2021, from <https://europepmc.org/article/med/31109442>
- Li, L., Qin, L., Xu, Z., Yin, Y., Wang, X., Kong, B., ... & Xia, J. (2020). Using artificial intelligence to detect COVID-19 and community-acquired pneumonia based on pulmonary CT: Evaluation of the diagnostic accuracy. *Radiology*, 296(2), E65–E71. <https://doi.org/10.1148/radiol.2020200905>
- Malhi, I. S., & Yiu, Z. Z. N. (2021). Algorithm-based smartphone apps to assess risk of skin cancer in adults: Critical appraisal of a systematic review. *British Journal of Dermatology*, 184(4), 638–639. <https://doi.org/10.1111/bjd.19872>
- Mathison, B. A., Kohan, J. L., Walker, J. F., Pritt, B. S., Bishop, H. S., & Roberts, G. D. (2020). Detection of intestinal protozoa in trichrome-stained stool specimens by use of a deep convolutional neural network. *Journal of Clinical Microbiology*, 58(7), e02053–19. <https://doi.org/10.1128/JCM.02053-19>
- McCartney, M. (2018). Margaret McCartney: AI in medicine must be rigorously tested. *BMJ*, 361, k1752. <https://doi.org/10.1136/bmj.k1752>
- Mobadersany, P., Yousefi, S., Amgad, M., Gutman, D. A., Barnholtz-Sloan, J. S., Vega, J. E., Brat, D. J., & Cooper, L. A. (2018). Predicting cancer outcomes from histology and genomics using convolutional networks. *Proceedings of the National Academy of Sciences*, 115(13), E2970–E2979. <https://doi.org/10.1073/pnas.1717139115>
- Nurses say distractions cut bedside time by 25%. (n.d.). HealthLeaders Media. Retrieved May 4, 2021, from <https://www.healthleadersmedia.com/nursing/nurses-say-distractions-cut-bedside-time-25>
- Peiffer-Smadja, N., Dellière, S., Rodriguez, C., Birgand, G., Lescure, F. X., Fourati, S., & Ruppé, É. (2020). Machine learning in the clinical microbiology laboratory: Has the time come for routine practice? *Clinical Microbiology and Infection*, 26(10), 1300–1309. <https://doi.org/10.1016/j.cmi.2020.02.003>
- Rysavy, M. (2013). Evidence-based medicine: A science of uncertainty and an art of probability. *Virtual Mentor*, 15(1), 4–8. <https://doi.org/10.1001/virtualmentor.2013.15.1.msoc1-1301>
- Silverman, E. (2017, September 5). IBM pitched Watson as a revolution in cancer care. It's nowhere close. *STAT*. Retrieved May 4, 2022, from <https://www.statnews.com/2017/09/05/watson-ibm-cancer/>
- Smith, K. P., & Kirby, J. E. (2020). Image analysis and artificial intelligence in infectious disease diagnostics. *Clinical Microbiology and Infection*, 26(10), 1318–1323. <https://doi.org/10.1016/j.cmi.2020.04.026>
- Smith, K. P., Kang, A. D., & Kirby, J. E. (2018). Automated interpretation of blood culture gram stains by use of a deep convolutional neural network. *Journal of Clinical Microbiology*, 56(3), e01521–17. <https://doi.org/10.1128/JCM.01521-17>
- Supporting digital healthcare services using semantic web technologies. (2018, October 16). ISWC 2018. Retrieved May 4, 2022, from <http://iswc2018.semanticweb.org/sessions/supporting-digital-healthcare-services-using-semantic-web-technologies/index.html>
- Surmacz, K., Kamath, A. F., & Andel, D. V. (2021). Fairness in AI: How can we avoid bias and disparities in orthopedic applications of artificial intelligence? *Journal of Orthopedic Experimental Innovation*, 4, 25901. <https://doi.org/10.1038/s44167-021-00147-y>
- The performance of DL model based on varying cut-offs for clinical laboratory tests. (n.d.). ResearchGate. Retrieved March 17, 2021, from https://www.researchgate.net/figure/The-performance-of-DL-model-based-on-varying-cut-offs-for-clinical-laboratory-test_tbl1_351969929
- Utermohlen, K. (2020, May 4). 4 Robotic Process Automation (RPA) applications in the healthcare industry. *Medium*. <https://medium.com/@karl.uterhohlen/4-robotic-process-automation-rpa-applications-in-the-healthcare-industry-4d449b24b613>
- Vaishya, R., Javadi, M., Khan, I. H., & Haleem, A. (2020). Artificial Intelligence (AI) applications for COVID-19 pandemic. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, 14(4), 337–339. <https://doi.org/10.1016/j.dsx.2020.04.012>
- Wan, G., Du, B., Pan, S., & Haffari, G. (2020). Reinforcement learning-based meta-path discovery in large-scale heterogeneous information networks. In *Proceedings of the AAAI Conference on Artificial Intelligence*, 34(4), 6094–6101. <https://doi.org/10.1609/aaai.v34i04.6025>
- Weis, C. V., Judeler, C. R., & Borgwardt, K. (2020). Machine learning for microbial identification and antimicrobial susceptibility testing on MALDI-TOF mass spectra: A systematic review. *Clinical Microbiology and Infection*, 26(10), 1310–1317. <https://doi.org/10.1016/j.cmi.2020.02.015>
- Yala, A., Barzilay, R., Salama, L., Griffin, M., Sollender, G., Bardia, A., & Celli, R. (2017). Using machine learning to parse breast pathology reports. *Breast Cancer Research and Treatment*, 161(2), 203–211. <https://doi.org/10.1007/s10549-016-4068-9>
- Ye, J. (2020). The role of health technology and informatics in a global public health emergency: Practices and implications from the COVID-19 pandemic. *JMIR Medical Informatics*, 8(7), e19866. <https://doi.org/10.2196/19866>
- Zemouri, R., Devalland, C., Valmary-Degano, S., & Zerhouni, N. (2019). [Neural network: A future in pathology?]. *Annales de Pathologie*, 39(2), 119–129. <https://doi.org/10.1016/j.annpat.2019.01.002>