

The Current State and Future of Artificial Intelligence in Health

Guo Hong^{1,2*}, Xiaojing Shi³, Kangsong Chen⁴ and Xindong Liu⁵

Abstract

An overview of the current situation of AI applications in the health field is presented from several aspects, such as whole-cycle health management and infectious disease prevention and control, and an analysis of the prospects for the integration of AI with the health field and the challenges faced in terms of data and technology.

Keywords: Artificial intelligence; Healthcare; Review.

Introduction

Artificial Intelligence (AI) is an intelligent system capable of understanding complex situations, simulating human thought processes, acquiring learning capabilities and knowledge to solve problems, including expert systems, machine learning, natural language processing, automatic planning, image processing and many other technologies [1]. AI is increasingly being used in the health sector, thus creating a new model for the health A new model for the health industry chain. China's State Council's "Development Plan for a New Generation of Artificial Intelligence" clearly states the need to promote the development of intelligent healthcare, establish a precise and intelligent service system, explore the construction of smart hospitals, develop human-machine collaborative medical robots, intelligent treatment assistants and strengthen intelligent health and group intelligent health management [2]. This paper provides an overview of the current status of AI applications in the health sector at home and abroad and provides an outlook on its future development and challenges, so as to promote the in-depth exploration and application of AI in the health sector.

¹The Fourth Affiliated Hospital of Tianjin University of Chinese Medicine, China

²Binhai New Area Hospital of Traditional Chinese Medicine, Tianjin, China

³GuangDong Maternal & Child Health Hospital, China

⁴Department of Otolaryngology, Head and Neck Surgery, The First People's Hospital of Foshan, Hearing and Balance Medical Engineering Technology Center of Guangdong, Foshan, China

⁵Chengdu Seventh People's Hospital, China

*Corresponding Author: Guo Hong, The Fourth Affiliated Hospital of Tianjin University of Chinese Medicine, Binhai New Area Hospital of Traditional Chinese Medicine, Tianjin, China.

Received Date: 06-30-2022

Accepted Date: 07-15-2022

Published Date: 07-30-2022

Copyright© 2022 by, Hong G et al. all rights reserved. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Current status of AI applications in the health sector

Full cycle health management

Disease risk prediction Individual patient differences and disease instability can lead to errors in traditional disease risk prediction, and disease risk prediction is an early application of AI in health. 2008 Google flu prediction software predicted flu changes in the US 1 to 2 weeks in advance by analysing user search data [3]. Chinese scholars use Baidu search engine data to predict seasonal influenza [4]. AI algorithms combined with electronic medical records can be used to predict the risk of hospitalisation and prevent readmission in patients with heart disease and diabetes [5]. Some studies have shown that AI-based remote risk prediction for COPD and asthma is between 40% and 90% accurate. The feasibility of AI for disease risk prediction has thus been demonstrated, but there is still room for improvement in accuracy.

Disease diagnosis over the past decade, there has been a growing number of reports on AI in clinical medicine, with the most common applications including disease diagnosis, health monitoring and digital patient consultation, clinical training, patient data management, drug development and personalised medicine [6]. Rahman, et. al [7] looked at the effectiveness of adopting artificial intelligence (AI) in response to the dire effects of the COVID-19 pandemic. Their applications in response to COVID-19 are highlighted, such as detection and diagnosis, data analysis and treatment procedures, drug research and development, social control and services, outbreak prediction, etc. Rahman,

et. al [8] looked at the use of AI and computer-aided diagnosis (CAD) systems in gastrointestinal disorders such as endoscopy, GERD, eosinophilic esophagitis and motility disorders etc. Cheung, et. al [9] provide an overview of the role of artificial intelligence in oncology imaging, diagnosis and detection of cancer, determining clinical management, assessing treatment response and complications of treatment or disease, screening and detection of cancer, diagnosis and risk stratification, tumour segmentation, precision oncology, predicting prognosis and assessing treatment response.

Surgical robots high-resolution imaging with the aid of minimally invasive robotic arms can enable surgical robots to perform precision surgery. The da Vinci laparoscopic surgical robot is currently the most advanced surgical robot in the world and has been used in more than 3,000 hospitals worldwide. It can switch the surgical viewpoint at will through the imaging device and the robotic arm can memorise and imitate the operation of the attending surgeon [10]. The Remebot neurosurgery robot, developed in China and approved by the State Drug Administration in 2018, can operate with an accuracy of <1mm and can also synthesize a 3D model of the patient's skull to allow the surgeon to observe the lesion and plan the operation [11].

Health care

Nursing robots

Nursing robots assist nurses in completing treatment, reducing their workload, and improving the quality of care. Material transport robots can avoid obstacles based on built-in sensors and carry materials such as

medicines and instruments [11]. Eating care robots assist paralysed patients to eat through human-computer interaction [12]. Mobility assistance robots are aimed at visually impaired patients and can effectively monitor obstacles and build real-time maps to guide patients to their destination [13]. The supervisory robot automatically measures and records patient vital signs and output, as well as detecting urine quality, automatically alerting when indicators hit critical values, and navigating to the ward where the alert is signalled [14]. The intelligent intravenous drug dispensing robot enables nurses to dispense drugs without contact with them throughout the process, making the process precise, efficient, and traceable, effectively avoiding occupational exposure [15].

Nursing decision aids

Helping nurses to reduce the pressure of decision making and improve the efficiency and accuracy of decision making, but not completely replacing them. The clinical care system includes intelligent knowledge decision-making, record quality control and human-computer interaction modules, effectively reducing the incidence of nursing adverse events and quality control problems in medical records [16].

Rehabilitation robots Rehabilitation robots can help restore motor function to patients and help reduce the workload of health care workers [17]. The rehabilitation robot can perform repetitive and complex movements for long periods of time and can monitor and adjust movement and force parameters precisely in real time [18]. The exoskeletal finger rehabilitation robot designed by Calafiore, et. al for patients with severe stroke

and hemiplegia allows the rehabilitation programme to be set up in advance and the degree of finger flexion to be monitored in real time [19]. The exoskeletal finger rehabilitation robot designed by Serrezuela, et. al The gait rehabilitation robot designed by Serrezuela, et. al is aimed at patients with hemiplegia and allows the use of the residual motor capacity of the affected limb and systematic training based on the motor capacity of the healthy limb [20].

Home health management includes physiological indicator testing, healthy lifestyle promotion, medication reminders, nutrition management and mental health management. AI physiological indicator testing is mainly based on smart wearable devices, such as smart wristbands that can monitor users' blood pressure, heart rate, respiration, and body temperature 24 hours a day [21]. Through analysis of user health data AI health management software can plan exercise routines for patients and monitor sleep quality and medication adherence [22]. For nutrition management, AI can help users develop and maintain healthy dietary habits through food recognition and provide more accurate nutritional advice [23]. AI can also analyse users' facial expressions through face recognition to determine their emotions and assist in emotion management through interactive methods such as chat, music or video to promote mental health [24].

Infectious disease control

AI has also been applied in the prevention and control of infectious diseases. The new generation of information technology, represented by big data and artificial intelligence technologies, has been widely

used as an important basic support for the prevention, diagnosis, treatment and management of NCCID. The prevention and control of sudden-onset infectious diseases often relies on controlling the source of infection, blocking transmission routes and developing vaccines [25]. Big data and artificial intelligence are effective technologies for identifying the source of infection and have an irreplaceable role in distinguishing between close contacts and suspected populations. Advanced computational analytics can help speed up vaccine development and improve vaccine quality [26]. AI-based deep learning time series prediction models are important for predicting the onset of hepatitis, helping decision makers to make effective decisions, detecting disease events early and contributing significantly to the control and management of hepatitis disease [27].

Reflections and Insights

Leveraging AI to solve problems in China's health sector

Alleviating the strain and uneven distribution of healthcare resources: The number of patients with chronic diseases has increased dramatically and the public demand for quality healthcare resources is on the rise. However, the tight and uneven distribution of healthcare resources and the inadequate grading and triage system have led to many patients flocking directly to tertiary hospitals, which not only wastes valuable healthcare resources, but also makes it increasingly difficult and expensive to see a doctor. The development of various AI robots will expand the field of telemedicine applications and reduce the uneven distribution of medical

and nursing resources, resulting in patients travelling long distances to seek medical treatment. In addition, AI-assisted health management will enable efficient and quality continuity of care, and patients will be able to ask frequently asked questions through a health management app to reduce the need to travel to and from hospitals and wait for medical appointments [28].

Shorten the waiting time and improve the efficiency of consultation. Poor waiting environment and poor attitude of healthcare providers are the main reasons for patients' dissatisfaction in seeking medical treatment. AI intelligent consultation during patient waiting time can efficiently collect patient's medical history and disease information related to this visit, which can help alleviate patients' discontent caused by long waiting time. Meanwhile, the system will compare and deeply learn the collected information with the medical information database, and the diagnosis and treatment suggestions will be transmitted to the doctor's end in advance, improving the efficiency of doctor's diagnosis and doctor-patient communication [29].

High quality, standardized data acquisition is central

Health care big data is an important basic strategic resource for the country, which will regulate and promote the integration, sharing and open application of health care big data [30]. At present, there is a low level of information sharing and many information silos among Chinese hospitals, and there are problems of duplication, scattered construction and multiple systems standing side by side. A number of big data companies are working together to actively promote the

construction of national health care big data infrastructure. With the establishment of a systematic and standardized system for medical data, which is strongly promoted by the state, data sharing and flow will be promoted, and AI is expected to break through the data bottleneck, accelerate its implementation and develop in a long run [31].

Multiple challenges remain at the technical level

AI is a disruptive technology that faces multiple challenges in its application in the health sector. Ensuring data security is one of the key technical challenges. The current way of storing data under a centralized structure does not guarantee data security well and may result in patient data leakage. Therefore, more secure data storage methods, such as the use of blockchain technology to develop a medical ecosystem with a personal health information repository as the core, so that technology and healthcare can be combined

to maximize benefits is a direction worth exploring. At present, the lack of health behavior and life data is relatively serious, wearable device technology is still in its infancy, the market penetration is low, and an intelligent health management system that includes health behavior and life data and long-term tracking has not yet been established. AI is currently facing data and technical bottlenecks, and the existing AI implementation level is not high enough to meet people's needs for high-quality smart health [32].

Conclusion

This paper provides a review of typical applications of AI in health and an outlook on the future development and challenges of AI in health, with a view to improving healthcare professionals' knowledge of AI and providing new ideas for healthcare professionals to participate in AI research, thereby promoting the further integration and development of AI and healthcare.

References

1. Aung YY, Wong DC, Ting DS. The promise of artificial intelligence: a review of the opportunities and challenges of artificial intelligence in healthcare. *Br Med Bull.* 2021;139(1):4-15. [PubMed](#) | [CrossRef](#)
2. Council S. Notice of the state Council on printing and distributing the 13th five-year plan for deepening the reform of health care system. *Commun State Counc Peoples Repub China.* 2017;3:66-81.
3. Ginsberg J, Mohebbi MH, Patel RS, Brammer L, Smolinski MS, Brilliant L. Detecting influenza epidemics using search engine query data. *Nature.* 2009;457(7232):1012-4. [PubMed](#) | [CrossRef](#)
4. Guo P, Zhang J, Wang L, Yang S, Luo G, Deng C, et. al Monitoring seasonal influenza epidemics by using internet search data with an ensemble penalized regression model. *Sci Rep.* 2017;7(1):1-1.
5. Brisimi TS, Xu T, Wang T, Dai W, Adams WG, Paschalidis IC. Predicting chronic disease hospitalizations from electronic health records: an interpretable classification approach. *Proc IEEE Inst Electr Electron Eng.* 2018;106(4):690-707. [PubMed](#) | [CrossRef](#)
6. Malik P, Pathania M, Rathaur VK. Overview of artificial intelligence in medicine. *J Family Med Prim Care.* 2019;8(7):2328. [PubMed](#) | [CrossRef](#)
7. Visaggi P, de Bortoli N, Barberio B, Savarino V, Oleas R, Rosi EM, et. al Artificial Intelligence in the Diagnosis of Upper Gastrointestinal Diseases. *J Clin Gastroenterol.* 2022;56(1):23-35. [PubMed](#) | [CrossRef](#)
8. Rahman MM, Khatun F, Uzzaman A, Sami SI, Bhuiyan MA, Kiong TS. A comprehensive study of artificial intelligence and machine learning approaches in confronting the coronavirus (COVID-19) pandemic. *Int J Health Serv.* 2021;51(4):446-61. [PubMed](#) | [CrossRef](#)

9. Cheung HM, Rubin D. Challenges and opportunities for artificial intelligence in oncological imaging. *Clin Radiol*. 2021;76(10):728-36. [PubMed](#) | [CrossRef](#)
10. Zou FW, Tang YF, Liu CY, Ma JA, Hu CH. Concordance study between IBM Watson for oncology and real clinical practice for cervical cancer patients in China: a retrospective analysis. *Front Genet*. 2020;11:200. [PubMed](#) | [CrossRef](#)
11. Légner A, Diana M, Halvax P, Liu YY, Zorn L, Zanne P, et al. Endoluminal surgical triangulation 2.0: A new flexible surgical robot. Preliminary pre-clinical results with colonic submucosal dissection. *Int J Med Robot*. 2017;13(3):1819. [PubMed](#) | [CrossRef](#)
12. China National Medical Products Administration. Notice on the Release of Approval Documents for Production. 2018.
13. Ohneberg C, Stöbich N, Warmbein A, Rathgeber I, Fischer U, Eberl I. Service Robotics in Nursing Care. The Preliminary Results of a Scoping Review. *Stud Health Technol Inform*. 2021;281:1075-6. [PubMed](#) | [CrossRef](#)
14. Sathyamoorthy AJ, Patel U, Paul M, Savle Y, Manocha D. COVID surveillance robot: Monitoring social distancing constraints in indoor scenarios. *Plos One*. 2021;16(12):0259713. [PubMed](#) | [CrossRef](#)
15. Spenko M, Yu H, Dubowsky S. Robotic personal aids for mobility and monitoring for the elderly. *IEEE Trans Neural Syst Rehabil Eng*. 2006;14(3):344-51. [PubMed](#) | [CrossRef](#)
16. Maalouf N, Sidaoui A, Elhadj IH, Asmar D. Robotics in nursing: a scoping review. *J Nurs Scholarsh*. 2018;50(6):590-600. [PubMed](#) | [CrossRef](#)
17. Teng R, Ding Y, See KC. Use of Robots in Critical Care: Systematic Review. *J Med Internet Res*. 2022;24(5):33380. [PubMed](#) | [CrossRef](#)
18. Calafiore D, Negrini F, Tottoli N. Efficacy of robotic exoskeleton for gait rehabilitation in patients with subacute stroke: a systematic review. *Eur J Phys Rehabil Med*. 2022;58(1):1-8. [PubMed](#) | [CrossRef](#)
19. Liao PH, Hsu PT, Chu W, Chu WC. Applying artificial intelligence technology to support decision-making in nursing: A case study in Taiwan. *J Health Inform*. 2015;21(2):137-48. [PubMed](#) | [CrossRef](#)
20. Serrezuela RR, Quezada MT, Zayas MH, Pedrón AM, Hermosilla DM, Zamora RS. Robotic therapy for the hemiplegic shoulder pain: a pilot study. *J Neuroeng Rehabil*. 2020;17(1):54. [PubMed](#) | [CrossRef](#)
21. Chen E, Jiang J, Zhou J, Wang H, Sun G, Zhou R, et al. Cardiovascular Disease Risk Stratification in Wrist Wearable Devices and e-Health App Users: A Large-Scale Retrospective Study. *Telemed JE Health*. 2021. [PubMed](#) | [CrossRef](#)
22. Meheli S, Sinha C, Kadaba M. Understanding People with Chronic Pain Who Use a Cognitive Behavioral Therapy-Based Artificial Intelligence Mental Health App (Wysa): Mixed Methods Retrospective Observational Study. *JMIR Hum Factors*. 2022;9(2):35671. [PubMed](#) | [CrossRef](#)
23. Meijaard E, Abrams JF, Slavin JL, Sheil D. Dietary Fats, Human Nutrition and the Environment: Balance and Sustainability. *Front Nutr*. 2022;439. [PubMed](#) | [CrossRef](#)
24. Maithri M, Raghavendra U, Gudigar A, Samanth J, Barua PD, Murugappan M, et al. Automated emotion recognition: Current trends and future perspectives. *Comput Methods Programs Biomed*. 2022;106646. [PubMed](#) | [CrossRef](#)
25. Bibault JE, Xing L. Apports de l'Intelligence Artificielle en épidémiologie Artificial Intelligence in epidemiology. *Cancer Radiother*. 2021;25(6-7):627-29. [PubMed](#) | [CrossRef](#)
26. Dong J, Wu H, Zhou D, Li K, Zhang Y, Ji H, et. al Application of big data and artificial intelligence in COVID-19 prevention, diagnosis, treatment and management decisions in China. *J Med Syst*. 2021;45(9):1-1. [PubMed](#) | [CrossRef](#)
27. Xia Z, Qin L, Ning Z, Zhang X. Deep learning time series prediction models in surveillance data of hepatitis incidence in China. *Plos One*. 2022;17(4):0265660. [PubMed](#) | [CrossRef](#)
28. Yang YC, Islam SU, Noor A, Khan S, Afsar W, Nazir S. Influential usage of big data and artificial intelligence in healthcare. *Comput Math Methods Med*. 2021;2021:5812499. [PubMed](#) | [CrossRef](#)
29. Li X, Tian D, Li W, Dong B, Wang H, Yuan J, et. al Artificial intelligence-assisted reduction in patients' waiting time for outpatient process: a retrospective cohort study. *BMC Health Serv Res*. 2021;21(1):1-1. [PubMed](#) | [CrossRef](#)
30. Bibault JE, Xing L. Apports de l'Intelligence Artificielle en épidémiologie Artificial Intelligence in epidemiology. *Cancer Radiother*. 2021;25(6-7):627-29. [PubMed](#) | [CrossRef](#)

31. Faes L, Liu X, Wagner SK, Fu DJ, Balaskas K, Sim DA, et al. A clinician's guide to artificial intelligence: how to critically appraise machine learning studies. *Transl Vis Sci Technol.* 2020;9(2):7. [PubMed](#) | [CrossRef](#)
32. Zhang L, Zhao D, Li S, Xiao H, Bu J, White M. Research on the impact of regional economy on industrial development from the perspective of big data. *Appl Bionics Biomech.* 2021;2021:5990655. [PubMed](#) | [CrossRef](#)