

Design of Medical Mobile Application for Prediction of Medical Security Issues in Health Care

Dr. Priya Vij¹, Patil Manisha Prashant²

¹Assistant Professor, Department of CS & IT, Kalinga University, Raipur, India.

²Research Scholar, Department of CS & IT, Kalinga University, Raipur, India.

These days, people can utilise mobile applications, or "apps," to manage their chronic illnesses and overall health. Apps have gained a lot of attention. However, further research is needed to determine the acceptability and usefulness of this approach for low-income, ethnically and nationally diverse groups that bear a disproportionate burden of chronic illness and its consequences. The study intends to analyse the usability of medical mobile applications in order to facilitate the development and customisation of patient-facing apps for a range of demographics. The Usability Recommendation Model with Deep Learning for Medical Mobile Applications. Using a series of questionnaires, software quality assurance and management practices were investigated. One of the intelligent decision-making systems revolutionising the MMA that was previously introduced to the market is the proposed QoES framework. Additionally, the computation was examined in terms of data rate and end-user time.

Keywords: healthcare, medical environments, App, Security, Privacy, Trust.

1. Introduction

The World Health Organization aims to enhance the quality of healthcare, particularly for diseases like cancer, diabetes, respiratory disorders, and others, by the year 2050. Nonetheless, chronic health issues like obesity are becoming more prevalent in nations like the UK. And by 2040, it's predicted that one in ten individuals would be impacted. A healthy lifestyle is promoted by medical mobile apps, or MMA. These are applications for mobile devices [1]. Making decisions and monitoring health-related behaviours are the major objectives [12]. MMA assists patients in self-managing their health issues and helps them achieve better healthcare outcomes. Both patients and medical professionals utilise these [6]. They are economical when it comes to education, monitoring, healthcare, and other services [9]. Here, communication and information are key components of how technology supports healthcare. The expense of treatment is rising in light of the current health issues. In the meantime, people's incomes are declining and their financial status is declining. The population shifts

reduce people's ability to pay for healthcare. The widespread use of smartphone technologies has been embraced to enhance healthcare services and overall health [2]. Many applications related to healthcare were also submitted with their help. A plethora of healthcare applications could be deemed beneficial in the field to track, organise, and accomplish healthcare goals. The smartphone is becoming a more indispensable part of everyday life and is playing a bigger role in routine tasks. Today, they serve as a variety of features and functions, unlike in the past. Android and iOS applications are typically utilised extensively. Over the past few decades, the healthcare industry has made great progress due to the increasing usage of telephones. Experts have recommended the wider use of mobile technology, apps that reduce barriers to adopting appropriate healthcare practices, and self-management of chronic conditions. [13].

The rest of the paper is organized as follows: Section 2 provides the classification scheme for the survey; Section 3 provides an overview of proposed architecture. Section 4 provides a summary and comparison of the results of the various papers discussed in this taxonomy. Finally, Section 5 concludes the paper.

2. Related Works

Software businesses are introducing new methods for providing healthcare services. In order to enhance the conventional method of obtaining software requirements, the authors [4] created a Design Thinking Principle that helps software engineers identify the healthcare requirements. There is a greater need for healthcare services due to population growth. Thus, in order to promote patient health, technologists must offer software capabilities [3]. The numerous software programmes pertaining to health were described in [5] with the aim of enhancing the regulatory approval procedure. The authors emphasised, however, that a healthcare professional needs to be aware of the different risk levels associated with a software programme utilised for medical services. The lean methodology in the healthcare industry was highlighted in [14]. Lean helps organisations find and get rid of healthcare waste. Lean encompasses both large-scale and narrow-scale waste removal. Additionally, the authors of [7] concentrated on machine learning-based software engineering features. The goal of the study was to provide the software company with the tools necessary to develop applications based on artificial intelligence.

The use of digital twins and cyber-physical systems in healthcare to enhance patient care services and capabilities was the main topic of [8]. Based on their security and performance, the author conducted a critical analysis of the aforementioned system's issues. People, data, and devices are all interconnected in cyberspace. Medical gadgets are associated with medical cyber-physical systems. After reviewing a number of software engineering methods, the authors came to the conclusion that the agile approach is the most appropriate for intelligent healthcare. [15] concentrated on the regulatory aim of the MMA assessment. As a diagnostic and therapeutic tool, MMA is being advocated by physicians worldwide. to carry out reimbursement in the decision-making process and guarantee the quality assessment of this technology. These days, healthcare providers are frustrated by health information technology. In terms of patient care, mobile applications are quite important. A research to investigate how mobile photography applications might be used to enhance clinical care was proposed in [10].

The service providers who included medical photographs into electronic health records were the ones who completed the survey. The findings showed that the majority of medical professionals were content with how medical photography was used in mixed martial arts. Nonetheless, care must be taken to guarantee that pictures don't go against the patient's right to privacy.

3. Methodologies

The growth of mixed martial arts (MMA) has led to a rise in smartphone usage during the last ten years. In certain ways, the current application that operates on a remote server is replaced by MMA. Nowadays, MMA provides patients with medical safety as well as diagnosis, treatment, and care. Regulations are in place to safeguard public health and safety. Thanks to smartphone availability and app connectivity, the Covid-19 epidemic has had a significant impact on digital health. Patients and healthcare professionals find it challenging to select the best mixed martial arts (MMA) software because fresh versions appear on a regular basis. The standard resources that help people choose apps are the star rating and user reviews.. A new evaluation paradigm is needed to address the decreasing effectiveness of traditional evaluation in the modern day [11]. The medical outcomes, access, revenue, and cost of the resources are assessed in relation to their influence on the QoES (quality of user experience and service) computation. The figure 1 shows the complete workflow.

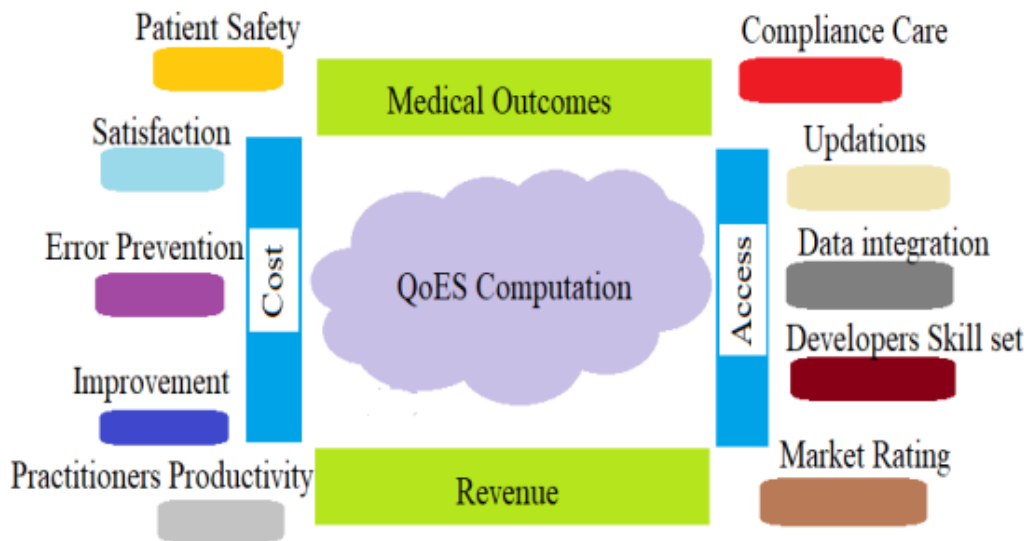


Figure 1: Resources influencing QoES Computation

These days, there are a number of trustworthy websites offering guidance on mental health applications. These websites typically include information on published evidence, if any, along with ratings for "professional" and "consumer" use.

Algorithm 1: Multi criteria based QoES (MC-QoES) Evaluation
Step 1: Prepare the input using the MMA and a set of criteria.
Step 2: Use Spearman's rank correlation coefficient to estimate the Multi Criteria ranking index.
Step 3: Utilising the Spearman's rank correlation coefficient equation and the MC-QoES Evaluation Framework, estimate the weights for each criterion.
Step 4: Use the TOPSIS Ranking Correlation Coefficient to Predict the Best and Worst Criteria
Step 5: Use MATLAB 7.0.25 to train and test the chosen conventional classifiers based on the chosen criteria.
6: Conclude the procedure.

This software is likely to be classified as a mental health app, however further research is not necessary to determine its efficacy or usefulness. It does not assert that it can diagnose mental illness or provide all-encompassing treatment for it [16]. Because there are so many apps that have similar features and offer small "interventions" for certain goals, these are serious challenges. Research, in our opinion, ought to concentrate on programmes that claim to provide a thorough therapeutic course and/or a diagnosis of a mental illness. The steps that make up the evaluation procedure are outlined in Algorithm 1.

4. Results and Discussion

IT professionals as well as healthcare professionals were among the study's target audience. It was anticipated that 1000 surveyors would take part in this study. A1: AliveCor Heart Monior, A2: Mobile MIM, A3: MobiUS Ultrasound Imaging System, A4: Customised Sound Therapy (CST), and A5: Eko Electronic Stethoscope System are the five MMAs related to healthcare that have been selected for the study.

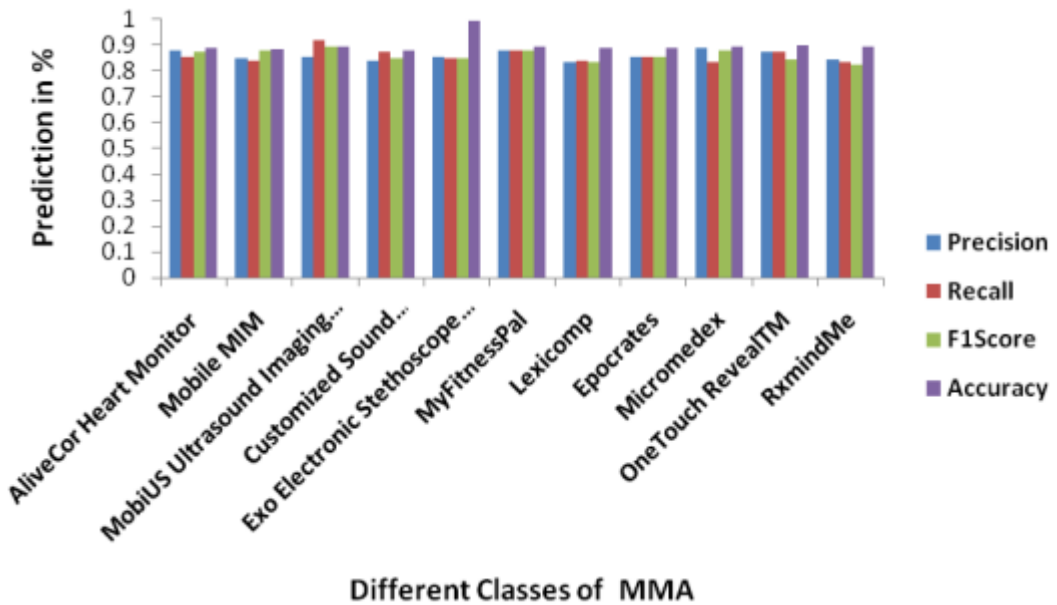


Figure 2: Observations on Ranking Coefficients with proposed methods

Nevertheless, we observed that our models prioritise protecting the network from the adversary above focusing on individual nodes. If a node connects to the network, verifies its authenticity, and registers with the network, we assume it is reliable.

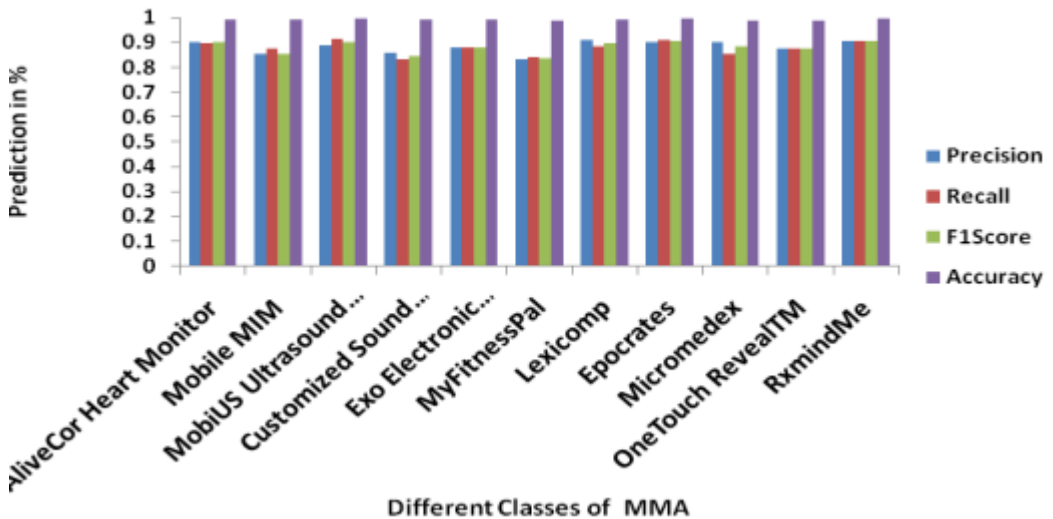


Figure 3: Observations on Performance Measures with Classifiers

The creation of the experiment is based on actual facts. According to the Bytes or Char requirements of the avalanche effect, small changes can spread quickly during algorithm rounds; therefore, before the algorithm runs out, every chunk of the output should rely on

every chunk of the input. In the end, studies might show that under really high load, that is, when our process exhibits a performance level that varies from considerably better to comparable. Here, we want to emphasise that near-perfect coordination between all parameters must be determined according to a certain load in order to achieve a performance level similar to ours.

5. Conclusions

This section offers a framework that assesses the MMA's usability and makes choices that will alter the MMA's development process going forward. The modifications pertain to the expectations and experience of the end user. Although there isn't a one answer that works for everyone, software engineering processes still need to be innovative and open to change. The software engineering process used in the creation of MMA is evaluated in its entirety for quality assurance in the following chapter. MMAs are essential in the developing field of healthcare applications. One difficult factor that needs to be watched over is how well users are integrating the changes. One of the intelligent decision-making systems that, when put on the market, completely transforms the mixed martial arts industry is the suggested QoES framework.

References

1. Wang, Meiquan, Huiru Zhang, Haoyang Wu, Guangshun Li, and Keke Gai. "Blockchain-based secure medical data management and disease prediction." In Proceedings of the Fourth ACM International Symposium on Blockchain and Secure Critical Infrastructure, pp. 71-82. 2022.
2. Tian, Shuo, Wenbo Yang, Jehane Michael Le Grange, Peng Wang, Wei Huang, and Zhewei Ye. "Smart healthcare: making medical care more intelligent." *Global Health Journal* 3, no. 3 (2019): 62-65.
3. S. Neelima, Manoj Govindaraj, Dr.K. Subramani, Ahmed ALkhayyat, & Dr. Chippy Mohan. (2024). Factors Influencing Data Utilization and Performance of Health Management Information Systems: A Case Study. *Indian Journal of Information Sources and Services*, 14(2), 146–152. <https://doi.org/10.51983/ijiss-2024.14.2.21>
4. Ellahham, Samer, Nour Ellahham, and Mecit Can Emre Simsekler. "Application of artificial intelligence in the health care safety context: opportunities and challenges." *American Journal of Medical Quality* 35, no. 4 (2020): 341-348.
5. Lo'ai, A. Tawalbeh, Rashid Mehmood, Elhadj Benkhelifa, and Houbing Song. "Mobile cloud computing model and big data analysis for healthcare applications." *IEEE Access* 4 (2016): 6171-6180.
6. Kodric, Z., Vrhovec, S., & Jelovcan, L. (2021). Securing edge-enabled smart healthcare systems with blockchain: A systematic literature review. *Journal of Internet Services and Information Security*, 11(4), 19-32.
7. Adewole, Kayode S., Abimbola G. Akintola, Rasheed Gbenga Jimoh, Modinat A. Mabayoje, Muhammed K. Jimoh, Fatima E. Usman-Hamza, Abdullateef O. Balogun, Arun Kumar Sangaiah, and Ahmed O. Ameen. "Cloud-based IoMT framework for cardiovascular disease prediction and diagnosis in personalized E-health care." In *Intelligent IoT systems in personalized health care*, pp. 105-145. Academic Press, 2021.

8. Wei, Lee, and Wai Cheng Lau. "Modelling the Power of RFID Antennas By Enabling Connectivity Beyond Limits." *National Journal of Antennas and Propagation* 5.2 (2023): 43-48.
9. Xu, Lingwei, Xinpeng Zhou, Ye Tao, Lei Liu, Xu Yu, and Neeraj Kumar. "Intelligent security performance prediction for IoT-enabled healthcare networks using an improved CNN." *IEEE Transactions on Industrial Informatics* 18, no. 3 (2021): 2063-2074.
10. Malathi, K., Shruthi, S.N., Madhumitha, N., Sreelakshmi, S., Sathya, U., & Sangeetha, P.M. (2024). Medical Data Integration and Interoperability through Remote Monitoring of Healthcare Devices. *Journal of Wireless Mobile Networks, Ubiquitous Computing, and Dependable Applications (JoWUA)*, 15(2), 60-72. <https://doi.org/10.58346/JoWUA.2024.I2.005>
11. Qureshi, Kashif Naseer, Sadia Din, Gwanggil Jeon, and Francesco Piccialli. "An accurate and dynamic predictive model for a smart M-Health system using machine learning." *Information Sciences* 538 (2020): 486-502.
12. Nagamani, S., and D. R. Nagaraju. "A mobile cloud-based approach for secure m-health prediction application." *International Journal for Innovative Engineering & Management Research* 7, no. 12 (2018).
13. Bobir, A.O., Askariy, M., Otabek, Y.Y., Nodir, R.K., Rakhima, A., Zukhra, Z.Y., Sherzod, A.A. (2024). Utilizing Deep Learning and the Internet of Things to Monitor the Health of Aquatic Ecosystems to Conserve Biodiversity. *Natural and Engineering Sciences*, 9(1), 72-83.
14. Kumar, Priyan Malarvizhi, S. Lokesh, R. Varatharajan, Gokulnath Chandra Babu, and P. Parthasarathy. "Cloud and IoT based disease prediction and diagnosis system for healthcare using Fuzzy neural classifier." *Future Generation Computer Systems* 86 (2018): 527-534.
15. Pires, Ivan Miguel, Gonalo Marques, Nuno M. Garcia, Francisco Fl3rez-Revuelta, Vasco Ponciano, and Salome Oniani. "A research on the classification and applicability of the mobile health applications." *Journal of personalized medicine* 10, no. 1 (2020): 11.
16. Krishna, T., S. Phani Praveen, Shakeel Ahmed, and Parvathaneni Naga Srinivasu. "Software-driven secure framework for mobile healthcare applications in IoMT." *Intelligent Decision Technologies* 17, no. 2 (2023): 377-393.
17. Patra, Ritwik, Manojit Bhattacharya, and Suprabhat Mukherjee. "IoT-based computational frameworks in disease prediction and healthcare management: Strategies, challenges, and potential." *IoT in healthcare and ambient assisted living* (2021): 17-41.