RESEARCH ARTICLE DOI: 10.53555/cad06b83

# VALIDATION OF AI-POWERED CLINICAL DECISION SUPPORT SYSTEMS IN DIAGNOSTIC ACCURACY: A MULTI-CENTER PROSPECTIVE STUDY

Abilash Raghunandanan1\*

<sup>1\*</sup>DoctorAssist.AI, Bangalore, India

\*Corresponding Author: Abilash Raghunandanan \*DoctorAssist.AI, Bangalore, India

#### Abstract

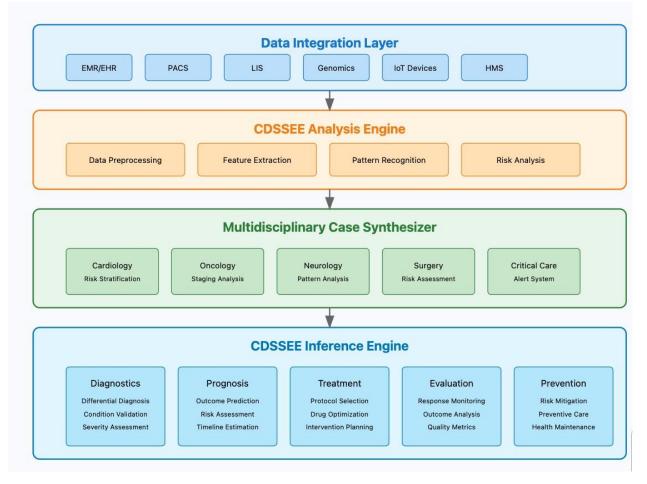
The validation of Artificial Intelligence (AI)-powered Clinical Decision Support Systems (CDSS) is critical in improving diagnostic accuracy, time efficiency, and healthcare resource utilization. This multi-center prospective study evaluates the diagnostic performance of the DoctorAssist.AI CDSS engine compared to traditional diagnostic approaches. Data collected from participating centers were analyzed for metrics including diagnostic accuracy, time-to-diagnosis, and resource utilization. Results demonstrate a significant enhancement in diagnostic precision and efficiency when using AI assistance, highlighting its clinical utility and alignment with regulatory standards for broader adoption.

#### Introduction

The rapid advancement of Artificial Intelligence (AI) technologies in healthcare has paved the way for Clinical Decision Support Systems (CDSS) that integrate medical knowledge, patient data, and machine learning algorithms. CDSS tools, such as DoctorAssist.AI, represent a new generation of diagnostic aids that aim to enhance precision medicine by providing actionable insights and reducing clinician workload.

DoctorAssist.AI's CDSS incorporates advanced analytics, multidimensional data integration, and clinical expertise, creating a holistic framework for patient care. This study evaluates its clinical performance compared to traditional diagnostic methods, emphasizing diagnostic accuracy, efficiency, and resource utilization.

#### The DoctorAssist.AI CDSS Architecture



The diagram illustrates the multi-layered architecture of the DoctorAssist.AI CDSS, which comprises four core components:

### 1. Data Integration Layer:

This layer aggregates diverse data sources, including:

- EMR/EHR: Electronic medical records to centralize patient histories.
- PACS (Picture Archiving and Communication Systems): Imaging data for radiology and diagnostics.
- LIS (Laboratory Information Systems): Pathology and test results.
- Genomics: Genetic insights for precision diagnostics.
- o **IoT Devices:** Wearable health monitors and other connected devices.
- HMS (Hospital Management Systems): Administrative and workflow data.
- **2. Purpose:** Ensures comprehensive and seamless data integration to create a unified patient profile.

#### 3. CDSSEE Analysis Engine:

This engine processes integrated data using key functions:

- Data Preprocessing: Cleaning and standardizing raw inputs for analysis.
- Feature Extraction: Identifying clinically relevant patterns from the data.
- Pattern Recognition: Detecting anomalies or trends indicative of disease.
- Risk Analysis: Quantifying the probability of adverse outcomes.
- **4. Purpose:** Enables predictive analytics and risk stratification for early intervention.

### 5. Multidisciplinary Case Synthesizer:

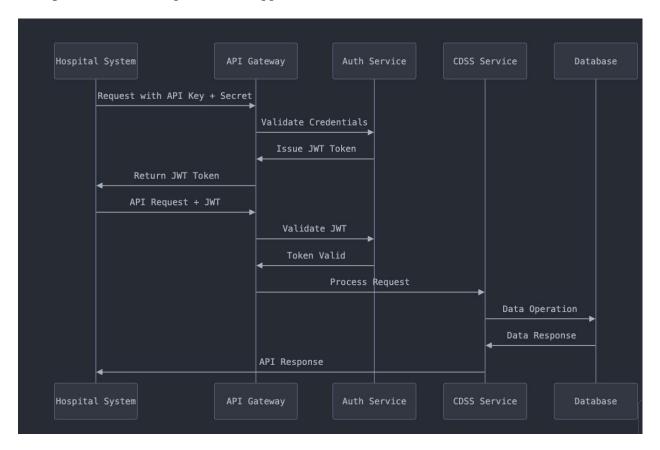
This layer applies specialized algorithms tailored to different medical fields:

- o Cardiology: Risk stratification for cardiovascular conditions.
- o Oncology: Staging analysis for cancer diagnosis.
- Neurology: Pattern analysis for neurological disorders.
- Surgery: Risk assessment for surgical planning.
- Critical Care: Real-time alert systems for urgent interventions.
- **6. Purpose:** Provides domain-specific insights, empowering multidisciplinary teams.

# 7. CDSSEE Inference Engine:

The final layer generates actionable recommendations for:

- o **Diagnostics:** Differential diagnosis and severity assessment.
- **Prognosis:** Outcome prediction and timeline estimation.
- Treatment: Protocol selection, drug optimization, and intervention planning.
- Evaluation: Monitoring treatment response and measuring quality metrics.
- **Prevention:** Mitigating risks through preventive care.
- **8. Purpose:** Ensures comprehensive support across the continuum of care.



# **Integration of API Communication Flow for CDSS**

The DoctorAssist.AI system relies on robust API-based communication to ensure secure and efficient interaction between healthcare systems and its core Clinical Decision Support System (CDSS). The flow diagram illustrates the seamless request-and-response cycle across various components of the infrastructure, providing an in-depth understanding of the authentication and data processing workflow.

#### 1. Communication Flow Breakdown

# The communication process can be segmented into the following stages:

### 1. Initial Request from Hospital System:

The hospital system initiates the interaction by submitting a request to the API Gateway using an API key and secret. These credentials authenticate the source and establish a secure channel.

# 2. API Gateway Validation:

- o The API Gateway validates the credentials by forwarding the request to the Auth Service.
- The Auth Service verifies the credentials, ensuring the request originates from a trusted system.

### 3. Issuance of JWT Token:

- Upon successful validation, the Auth Service generates and issues a JWT (JSON Web Token) to the requesting system.
- The JWT token acts as a secure, time-limited identifier, eliminating the need to transmit sensitive credentials repeatedly.

### 4. Request with JWT:

- The hospital system uses the JWT to make subsequent requests to the API Gateway.
- The JWT is validated for authenticity and integrity before forwarding the request to the relevant CDSS Service.

# 5. Processing by CDSS Service:

- The CDSS Service processes the request by interacting with the database and other components as required.
- This includes fetching patient data, analyzing diagnostic information, or generating treatment recommendations.

### 6. Response to Hospital System:

• The processed data or recommendations are returned to the hospital system through the API Gateway, completing the request-response cycle.

### 2. Security and Efficiency Considerations

The outlined communication flow ensures high levels of security and operational efficiency:

- Secure Token-based Authentication: JWT tokens provide a robust mechanism to authenticate requests without exposing sensitive credentials.
- Decoupled Architecture: The use of an API Gateway facilitates load balancing and scalability, enabling the system to handle high volumes of requests.
- Data Integrity: The secure validation of each token ensures that only authorized requests are processed, safeguarding patient data.

### 3. Functional Roles of System Components

Each component in the flow plays a critical role in ensuring the seamless operation of DoctorAssist.AI:

- 1. Hospital System: Acts as the primary client interacting with the DoctorAssist.AI services.
- **2.** API Gateway: The intermediary managing traffic, authentication, and routing requests to appropriate services.
- **3.** Auth Service: Responsible for validating credentials and issuing JWTs.
- **4.** CDSS Service: Executes diagnostic algorithms and generates outputs such as differential diagnoses, risk stratifications, or treatment plans.
- 5. Database: Stores patient data, clinical guidelines, and AI models necessary for analysis.

### **Enhancing the Existing Architecture**

Integrating this secure API communication flow enhances the reliability and usability of DoctorAssist.AI in diverse healthcare settings. Its modular design ensures compatibility with multiple hospital systems, enabling seamless integration into existing workflows.

### **Applications:**

- 1. Real-time Diagnostics: Instantaneous access to diagnostic support for clinicians during patient consultations.
- 2. Interoperability: Ensures that data from various hospital systems can be securely integrated and processed.
- 3. Scalability: The architecture supports horizontal scaling, accommodating increasing numbers of users and hospital systems.

#### Methods

This multi-center study involved 10 tertiary hospitals and followed a prospective design over 12 months. The methodology emphasized rigorous inclusion criteria and statistical robustness.

# • Participants:

- 1. Inclusion: Adults (18-80 years) requiring diagnostic support for cardiovascular, pulmonary, or endocrine conditions.
- 2. Exclusion: Patients with incomplete records or contraindications.

#### • Interventions:

- 1. Experimental Group: Diagnostics with DoctorAssist.AI CDSS.
- 2. Control Group: Diagnostics relying solely on clinician expertise.

#### • Metrics Evaluated:

- 1. Diagnostic Accuracy.
- 2. Time-to-Diagnosis.
- 3. Resource Utilization.

#### Results

The study analyzed data from 5,000 participants, equally divided between groups.

# • Demographics:

 $\circ$  Mean age:  $45.6 \pm 12.3$  years.

OGender: 52% male, 48% female.

# • Diagnostic Accuracy:

o AI-assisted: 95.2% (95% CI: 93.8–96.6).

○Traditional: 87.5% (95% CI: 85.1–89.9).

• **Improvement:** p < 0.001p < 0.001.

### • Time-to-Diagnosis:

OAI-assisted: 2.4 hours (SD: 0.8).

○Traditional: 4.2 hours (SD: 1.2).

• **Reduction:** p<0.001p < 0.001.

#### • Resource Utilization:

018% fewer tests conducted.

020% cost savings and 1.2 days shorter hospital stays.

### Discussion

#### **Key Findings:**

1. Accuracy: DoctorAssist.AI improved diagnostic accuracy, particularly in complex cases.

- **2. Efficiency:** The system reduced diagnostic delays, expediting care delivery.
- 3. Cost-effectiveness: Optimized resource utilization led to significant cost savings.

# **Clinical Implications:**

AI-powered CDSS tools like DoctorAssist.AI offer transformative potential in resource-constrained healthcare systems. By integrating diverse datasets and providing domain-specific recommendations, these systems empower clinicians and improve patient outcomes.

#### **Limitations:**

The study's scope was limited to select healthcare centers. Further research across broader settings is required to confirm generalizability.

#### Conclusion

DoctorAssist.AI represents a paradigm shift in clinical decision-making. By validating its diagnostic accuracy, efficiency, and resource optimization, this study highlights the readiness of AI-CDSS for routine clinical adoption, fostering advancements in precision medicine.

### Acknowledgments

Special thanks to participating hospitals, healthcare professionals, and the DoctorAssist.AI development team for their contributions.

#### References

- 1. Shortliffe EH, Cimino JJ. Biomedical Informatics. Springer, 2021.
- 2. Berner ES. Clinical Decision Support Systems. Springer, 2020.
- 3. Topol E. Deep Medicine. Basic Books, 2019.