International Journal for Multidisciplinary Research (IJFMR)



E-ISSN: 2582-2160 • Website: www.ijfmr.com

• Email: editor@ijfmr.com

# The Implementation of AI in Clinical Decision **Support System: Effects on Patient Outcomes** and **Operational Costs**

# **Kiran Veernapu**

kiran\_veernapu@yahoo.com

# Abstract

The healthcare industry is under increasing pressure to improve patient outcomes while managing rising operational costs. Healthcare professionals need consistent inputs, insights, recommendations, alerts, and data evidence to enhance the quality of care, make clinical decisions, and reduce errors. A Clinical Decision Support System (CDSS) is an interactive software designed to assist healthcare providers in making clinical decisions. Artificial Intelligence (AI) has emerged as a promising tool to improve clinical decision-making, offering the potential to reduce costs, optimize workflows, and improve care delivery. AI technologies, such as machine learning, natural language processing, and predictive analytics, are increasingly being integrated into CDSS, enabling healthcare providers to make more accurate, timely, and evidence-based decisions. This paper explores how the implementation of AI in clinical decisionmaking affects operational costs and patient outcomes. It examines both the positive impacts and potential challenges of AI integration, focusing on its role in improving clinical efficiency, enhancing diagnostic accuracy, reducing errors, and ultimately transforming healthcare delivery.

Keywords: Clinical Decision Support, Systems, Clinical decision-making, AI, ML, CDSS, improve operational cost, reduce diagnostic error, patient outcome, AI in clinical diagnosis, AI in patient care.

# **1. Introduction**

Healthcare professionals face increased demand for situation-specific advice based on the type of disease and specific to a patient they deal with. The software system that provides insights and advice with builtin intelligence for specific situations is referred to as a clinical decision support system (CDSS) [1]. CDSS has been used to help clinicians in clinical decision-making since the 1980s with technological advancement they evolved to have advanced capabilities [2]. Healthcare systems are continuously striving to balance the need for high-quality patient care with the necessity of controlling operational costs. One promising approach to achieving this balance is the integration of Artificial Intelligence (AI) into clinical decision-making processes. AI can process vast amounts of medical data quickly and accurately, aiding clinicians in making more informed decisions and reducing inefficiencies that contribute to rising healthcare costs. A CDSS needs strong analytical skills to work well in a field where causal relationships are not fully understood, leading to unavoidable uncertainty. A CDSS should give reliable assistance while also meeting tough requirements to ensure that clinicians will use the system. For instance, good decision support should avoid making users input extra information, like a CDSS that gathers most of the necessary data for case analysis through connection with an electronic health record (EHR). Currently, EHRs make



this difficult because they usually lack the necessary cross-platform transparency and standards for a single CDSS to seamlessly connect with various EHR products or versions [3].

CDSS, powered by AI, is designed to assist healthcare providers in making evidence-based decisions by analyzing patient data, medical literature, and treatment protocols. By enhancing clinical decision-making, AI has the potential to improve both operational efficiency and patient outcomes [5]. This paper discusses how AI-driven clinical decision-making impacts operational costs and patient outcomes, drawing upon case studies, industry research, and practical examples of AI applications in healthcare.

# 2. AI in Clinical Decision-Making: An Overview

AI technologies in healthcare, particularly machine learning (ML) and predictive analytics can analyze large datasets, recognize patterns, and make predictions that help clinicians optimize their decision-making processes [6]. AI utilized more in support of clinical diagnosis, brings big gains in healthcare. Key AI applications in clinical decision-making include:

# 2.1 Diagnostic Support

AI tools can analyze patient symptoms, medical histories, lab results, and imaging data to assist in diagnosing diseases with high accuracy. Radiologists look at medical images like X-rays, CT scans, MRIs, and mammograms. This task can take a long time and have errors too, especially with many scans to check. AI systems, particularly deep learning ones, can aid by examining these medical images with good accuracy and often spotting issues that humans might miss [7].

For instance, AI algorithms aim to find early signs of breast cancer from mammograms. These systems use convolutional neural networks (CNNs) to scan the images for problems like tumors or calcifications [7]. When a mammogram gets uploaded, the AI checks for areas that seem strange and mark them for radiologists' notice.

The help from the system is finding cancerous growths sooner which leads to quicker treatment. For example, AI could show a group of microcalcifications possibly signaling early cancer that's hard to see otherwise [8]. This improves how accurate diagnoses are; AI-assisted diagnostics may lessen false positives and negatives making diagnoses better overall. Tools using AI speed up checking by quickly showing where issues are allowing radiologists to direct their focus on important parts only. Moreover, AI serves as extra advice helping healthcare workers make smarter decisions when specialists aren't close by. The IBM Watson Health tool uses AI tech to analyze medical pictures looking for patterns aiding radiologists in decision-making regarding diagnosing [9] patients' conditions notably used across fields such as oncology and cardiology improving diagnostic precision.

#### **2.2 Predictive Analytics**

Using AI for predictive analytics in CDSS is a strong method to make healthcare decisions better. Advanced machine learning algorithms and big data help AI deal with lots of patient info to predict results, spot risks, and suggest treatments, improving the clinical processes greatly [10]. AI models, particularly those from supervised learning, learn from past patient data like demographics and medical history to estimate how likely it is for a patient to get certain illnesses such as heart disease[11] or diabetes. By looking at old patient outcomes, these models can figure out the chance of a disease appearing sooner so actions can be taken earlier.

AI also predicts the chance of patients returning to the hospital after getting released by examining factors like past stays and ongoing health issues. It can foresee dangerous drug interactions based on what kind of medicines a person is taking right now alongside their health background and genetics. Predictive



models use current health details to guess outcomes such as death risk or recovery chances which helps organize resources better while allowing doctors clearer talks with patients about what's happening. On a bigger scale, AI finds population trends that signal who might need more attention regarding public health matters, especially for chronic diseases like diabetes helping in forming strategies for overall public health improvements. Machine Learning uses many types of supervised and unsupervised algorithms including decision trees or deep networks to produce predictions [12]. These systems analyze big sets of data coming from various sources like Electronic Health Records (EHRs), lab tests, genome sequences plus data from wearable devices filtering complex healthcare information swiftly through advanced neural networks.

# 2.3 Treatment Optimization

AI can recommend personalized treatment plans based on patient-specific factors, such as genetics, lifestyle, and past medical history. CDSS treatment plans specifically help clinicians create individualized, evidence-based care strategies for patients. The system might integrate medical records, including past diagnoses, medications, and treatment responses. Based on the symptoms and test results, the CDSS helps suggest potential diagnoses and treatment options. It can alert providers to potential drug interactions based on a patient's current medications. More advanced CDSS solutions may integrate patient preferences into treatment planning, helping doctors consider factors like lifestyle, religious views, and personal values. Treatment plans often include a schedule for follow-up tests, appointments, or monitoring, which the CDSS can help establish based on the diagnosis and treatment chosen. Xu, F et al conducted a study on the AI models and the prediction outcome on patients with breast cancer, they only changed 11% of the treatment plans proposed by the system [13].

CDSS helps ensure that clinicians have the latest evidence-based information to make decisions. By automating some parts of the decision-making process, CDSS speeds up the time it takes to form a treatment plan [14]. Ensures that decisions are made based on clinical guidelines, which can help reduce variability in care delivery. Alerts clinicians to potential risks like medication errors, allergies, or harmful interactions.

# 2.4 Natural Language Processing (NLP)

Natural Language Processing (NLP) is a part of artificial intelligence (AI) that aims to help computers understand, interpret, and produce human language in a way that makes sense [15]. In healthcare, NLP is especially useful because it helps deal with large amounts of unstructured text data, such as clinical notes, prescriptions, patient histories, and research articles that healthcare professionals use.

In healthcare, NLP can pull useful information from these unstructured sources and organize it for Clinical Decision Support Systems (CDSS), improving the system's ability to provide accurate suggestions. By analyzing large amounts of medical literature, patient records, and clinical guidelines using NLP, CDSS can quickly offer treatment options or diagnoses that a healthcare worker might not think of right away, thus saving time [16]. NLP can identify discrepancies between prescribed medications and reported allergies, helping to prevent harmful interactions. Additionally, NLP can improve communication among healthcare teams by extracting key information from clinical notes, noting changes in a patient's condition, and enabling real-time updates to patient care records.

Clinical Text Mining refers to extracting important clinical details like symptoms, diagnoses, treatments, and test results from clinical notes so that they can inform decisions in a CDSS. NLP can examine unstructured medical text and identify entities such as diseases, medications, dosages, and other crucial information for making immediate decisions. Many healthcare providers use speech recognition



technology for documentation. NLP can assist in refining this spoken input into structured data that can be used in a CDSS [17].

# 3. Impact on Operational Costs

The integration of AI in clinical decision-making has the potential to reduce operational costs in several ways:

# **3.1 Reducing Diagnostic Errors and Rework**

Diagnostic errors [18] and unnecessary tests are significant contributors to healthcare costs. AI-driven decision support systems can assist clinicians in making more accurate diagnoses, reducing the likelihood of misdiagnoses and preventing costly follow-up tests or treatments. By improving diagnostic accuracy, AI helps avoid unnecessary hospital readmissions, additional procedures, and delays in treatment.

One of the examples where AI and CDSS implemented is radiology imaging. AI-powered image recognition tools can analyze radiological images to assist in detecting conditions such as tumors, fractures, or infections. By reducing the rate of missed diagnoses, AI minimizes the need for repeated imaging studies, ultimately cutting costs and improving efficiency.

# 3.2 Enhancing Efficiency in Clinical Workflows

AI can streamline clinical workflows by automating routine tasks such as data entry, patient scheduling, and documentation [19]. This reduces the administrative burden on healthcare professionals, allowing them to focus more on patient care. Additionally, AI-driven decision support systems can help prioritize tasks based on urgency and clinical relevance, improving the allocation of resources.

AI systems that process and analyze patient records can help triage cases in emergency departments, identifying the most critical patients and directing resources accordingly. This optimizes the flow of patients and reduces bottlenecks, leading to improved operational efficiency.

#### **3.3 Optimizing Resource Allocation**

AI can analyze historical data to predict patient demand, enabling healthcare organizations to optimize staffing levels and resource allocation. According to Fernandes et al, AI can forecast periods of high patient volume [20], such as flu season or a disease outbreak, allowing emergency departments in hospitals to prepare in advance by adjusting staffing and inventory levels.

AI models can predict hospital admission rates based on trends in patient data, enabling hospitals to allocate resources more effectively. This prevents overstaffing or understaffing, improving the overall efficiency and cost-effectiveness of the healthcare facility.

#### 3.4 Preventing Preventable Readmissions and Complications

AI systems can predict which patients are at risk of readmission or developing complications after discharge, allowing healthcare providers to take preventative measures. Early interventions can reduce the need for costly rehospitalizations and improve the overall management of chronic diseases. Lai et al, have designed a CDSS system based on the patient data collected from the Taiwan National Health Insurance research database to predict all patients that can potentially cause readmissions [20].

AI-driven predictive analytics can identify high-risk patients with chronic conditions, such as heart disease or diabetes, and recommend specific interventions to prevent readmissions. This approach can save healthcare organizations substantial amounts by reducing the financial burden of readmissions.

#### 4. Impact on Patient Outcomes

In addition to reducing costs, the integration of AI in clinical decision-making has the potential to signifi-



cantly improve patient outcomes:

#### 4.1 Improved Diagnostic Accuracy and Timeliness

AI tools can assist clinicians in making faster and more accurate diagnoses, which is particularly important in the case of time-sensitive conditions such as cancer, stroke, or sepsis. Early detection and accurate diagnosis enable timely treatment, which can significantly improve patient outcomes and reduce mortality rates. Kwan et al conducted 108 studies with a sample of 1,203,053 patients, the CDSS they used showed an improvement of 95% confidence interval [22]. AI algorithms used in oncology can analyze medical imaging and histopathological data to detect early-stage cancers, allowing for earlier interventions that increase the chances of successful treatment.

#### 4.2 Drug Interactions and Safety Alerts

A drug interaction is when one medicine changes how another works when both are taken together. This can result in one or both medicines not working well, more side effects, or other harmful results. The system checks prescribed drugs against a big database of known interactions [23]. When a doctor prescribes two or more medicines, CDSS can notify them if any interactions are known. The alerts often have severity labels (like mild, moderate, or severe). This assists healthcare workers in assessing the concern level and deciding the best action. If a serious interaction is found, the system may recommend other drugs or changes in dosage that might be safer for the patient. CDSS systems often use current drug interaction databases that are regularly updated by pharmacology experts.

Safety alerts in a CDSS assist healthcare workers by marking any risks tied to giving medications. Alerts can show drugs that might cause allergies, based on the patient's history. CDSS can also warn about possible overdoses or underdoses considering the patient's age, weight, kidney function, and other factors. If lab results indicate a problem with a medication, the system can notify the provider before writing a prescription. For instance, if a patient has heart disease, some medications that might worsen the issue can be highlighted.

#### **4.3 Risk Predictions and Prevention**

CDSS uses patient info like medical background, lab results, vital signs, and demographics to predict health risks or complications. It often employs machine learning, statistical models, and past data to forecast different conditions, including risks of heart issues (like heart attack or stroke), sepsis, hospital readmissions, bad drug reactions, infections, falls, or other complications, especially in at-risk patients (like elderly or immunocompromised individuals). For instance, a CDSS might look at a patient's cholesterol, blood pressure, smoking habits, and more to estimate the chance of a heart attack in the next five years [24].

Besides spotting risks, CDSS aids healthcare staff in preventing problems by proposing evidence-based actions. This includes changing medications, suggesting lifestyle adjustments, starting early interventions, and outlining clinical pathways. CDSS can give real-time alerts or reminders about key risk factors, making sure clinicians do not miss critical issues. This could include alerts for unusual lab results or vital sign changes, reminders for preventive care (like flu shots), and warnings for upcoming procedures that need extra safety measures (like high-risk surgeries).

#### 4.4 Clinical Research and Evidence Synthesis

Clinical research involves checking out new treatments, methods, or processes to see how well they work, how safe they are, and whether they can be used in medical care. Evidence synthesis means putting together findings from different studies to build strong and trustworthy conclusions [25]. Different kinds of Evidence Synthesis include Systematic Reviews and Network meta-analyses.



Clinical Research and Evidence Synthesis can help reduce human errors. CDSS can decrease adverse drug reactions, wrong diagnoses, and complications. It assists healthcare workers make decisions faster and reduces time spent searching for information. By recommending the best care choices, CDSS can improve long-term health for patients.

Standardization of Care happens when findings from many studies are summarized, making sure practices are the same and based on evidence in all healthcare places. By looking at and combining evidence, researchers can spot and point out where knowledge is lacking and suggest areas that need more research. Some examples of synthesis include Evidence-Based Drug Dosing, Personalized Medicine, and Guideline Adherence.

# 5. Challenges and Considerations

While the implementation of AI in clinical decision-making offers significant benefits, there are several challenges and considerations that need to be addressed [26]:

# 5.1 Data Privacy and Security

AI systems in healthcare rely on large volumes of patient data, raising concerns about data privacy and security. Healthcare organizations must ensure that patient data is protected [26] from breaches and that AI tools comply with regulatory standards such as HIPAA in the U.S. and GDPR in Europe.

# **5.2 Integration with Existing Systems**

Integrating AI-driven decision support systems with existing electronic health records (EHR) and other healthcare technologies can be complex. Healthcare organizations must ensure that AI systems are interoperable with current systems to avoid disruptions and maximize the effectiveness of AI tools.

#### **5.3 Trust and Adoption by Healthcare Providers**

Some healthcare providers may be hesitant to trust AI systems, particularly in critical decision-making. It is essential for AI tools to be transparent and explainable, enabling clinicians to understand the rationale behind recommendations and ensuring that AI systems are viewed as trustworthy. Vasey et al survey on literacy indicate that there is very little adoption of the system and more testing is needed to adopt and gain trust in the AI-based CDSS systems [27].

#### **5.4 Initial Costs of Implementation**

While AI can lead to long-term cost savings, the initial investment required for AI technology, training, and infrastructure can be significant. Healthcare organizations need to weigh the upfront costs against the anticipated benefits to ensure that AI adoption is financially sustainable.

#### 6. Conclusion

The integration of AI in clinical decision-making offers substantial potential for reducing operational costs and improving patient outcomes. By enhancing diagnostic accuracy, optimizing resource allocation, and personalizing treatment plans, AI can help healthcare organizations achieve better care at a lower cost. However, challenges related to data privacy, system integration, and provider adoption must be addressed to fully realize the benefits of AI in healthcare. As AI continues to evolve, its role in clinical decisionmaking will become increasingly central to the transformation of healthcare systems. With careful implementation and ongoing evaluation, AI has the potential to revolutionize healthcare delivery, leading to more efficient, effective, and equitable care for patients worldwide. It is important to consider robust model testing with an adequate amount of sample to improve the CDSS outcome.



#### References

- Musen, M. A., Middleton, B., & Greenes, R. A. (2021). Clinical decision-support systems. In Biomedical informatics: computer applications in health care and biomedicine (pp. 795-840). Cham: Springer International Publishing.
- Sutton, R. T., Pincock, D., Baumgart, D. C., Sadowski, D. C., Fedorak, R. N., & Kroeker, K. I. (2020). An overview of clinical decision support systems: benefits, risks, and strategies for success. NPJ digital medicine, 3(1), 17.
- 3. Shortliffe EH, Sepúlveda MJ. Clinical Decision Support in the Era of Artificial Intelligence. JAMA. 2018;320(21):2199–2200. doi:10.1001/jama.2018.17163
- 4. Giordano, C., Brennan, M., Mohamed, B., Rashidi, P., Modave, F., & Tighe, P. (2021). Accessing artificial intelligence for clinical decision-making. Frontiers in digital health, 3, 645232.
- 5. Lysaght, T., Lim, H. Y., Xafis, V., & Ngiam, K. Y. (2019). AI-assisted decision-making in healthcare: the application of an ethics framework for big data in health and research. Asian Bioethics Review, 11, 299-314.
- 6. Shortliffe, E. H., & Sepúlveda, M. J. (2018). Clinical decision support in the era of artificial intelligence. Jama, 320(21), 2199-2200.
- 7. Chan, H. P., Samala, R. K., Hadjiiski, L. M., & Zhou, C. (2020). Deep learning in medical image analysis. Deep learning in medical image analysis: challenges and applications, 3-21.
- 8. Sum, L. Y. (2022). Microcalcification Detection in Mammography for Early Breast Cancer Diagnosis Using Deep Learning Technique (Master's thesis, University of Malaya (Malaysia)).
- 9. Strickland, E. (2019). IBM Watson, heal thyself: How IBM overpromised and underdelivered on AI health care. IEEE Spectrum, 56(4), 24-31.
- 10. Lourdusamy, R., & Mattam, X. J. (2020). Clinical decision support systems and predictive analytics. Machine Learning with Health Care Perspective: Machine Learning and Healthcare, 317-355.
- 11. Hassan, A. (2016). Predictive analytics and decision support for heart failure patients (Doctoral dissertation).
- Busnatu, Ş., Niculescu, A.-G., Bolocan, A., Petrescu, G. E. D., Păduraru, D. N., Năstasă, I., Lupuşoru, M., Geantă, M., Andronic, O., Grumezescu, A. M., & Martins, H. (2022). Clinical Applications of Artificial Intelligence—An Updated Overview. Journal of Clinical Medicine, 11(8), 2265. https://doi.org/10.3390/jcm11082265
- Xu, F., Sepúlveda, M. J., Jiang, Z., Wang, H., Li, J., Liu, Z., ... & Rhee, K. (2020). Effect of an artificial intelligence clinical decision support system on treatment decisions for complex breast cancer. JCO clinical cancer informatics, 4, 824-838.
- 14. Prasad, J., Mallikarjunaiah, D. R., Shetty, A., Gandedkar, N., Chikkamuniswamy, A. B., & Shivashankar, P. C. (2022). Machine learning predictive model as clinical decision support system in orthodontic treatment planning. Dentistry Journal, 11(1), 1.
- 15. Chowdhary, K., & Chowdhary, K. R. (2020). Natural language processing. Fundamentals of artificial intelligence, 603-649.
- 16. Kreimeyer, K., Foster, M., Pandey, A., Arya, N., Halford, G., Jones, S. F., ... & Botsis, T. (2017). Natural language processing systems for capturing and standardizing unstructured clinical information: a systematic review. Journal of biomedical informatics, 73, 14-29.
- 17. Chen, J., Wei, W., Guo, C., Tang, L., & Sun, L. (2017). Textual analysis and visualization of research trends in data mining for electronic health records. Health Policy and Technology, 6(4), 389-400.



- 18. Olakotan, O. O., & Yusof, M. M. (2020). Evaluating the alert appropriateness of clinical decision support systems in supporting clinical workflow. Journal of biomedical informatics, 106, 103453.
- 19. Raparthi, M. (2020). Robotic Process Automation in Healthcare-Streamlining Precision Medicine Workflows With AI. Journal of Science & Technology, 1(1), 91-99.
- Fernandes, M., Vieira, S. M., Leite, F., Palos, C., Finkelstein, S., & Sousa, J. M. (2020). Clinical decision support systems for triage in the emergency department using intelligent systems: a review. Artificial Intelligence in Medicine, 102, 101762.
- 21. Lai, H. J., Tan, T. H., Lin, C. S., Chen, Y. F., & Lin, H. H. (2020). Designing a clinical decision support system to predict readmissions for patients admitted with all-cause conditions. Journal of Ambient Intelligence and Humanized Computing, 1-10.
- 22. Kwan JL, Lo L, Ferguson J, Goldberg H, Diaz-Martinez JP, Tomlinson G, Grimshaw JM, Shojania KG. Computerised clinical decision support systems and absolute improvements in care: meta-analysis of controlled clinical trials. BMJ. 2020 Sep 17;370:m3216. doi: 10.1136/bmj.m3216. PMID: 32943437; PMCID: PMC7495041.
- 23. Pirnejad, H., Amiri, P., Niazkhani, Z., Shiva, A., Makhdoomi, K., Abkhiz, S., ... & Bal, R. (2019). Preventing potential drug-drug interactions through alerting decision support systems: a clinical context based methodology. International journal of medical informatics, 127, 18-26.
- 24. Liu, J., Li, C., Xu, J., & Wu, H. (2018). A patient-oriented clinical decision support system for CRC risk assessment and preventative care. BMC medical informatics and decision making, 18, 45-53.
- Kwan, J. L., Lo, L., Ferguson, J., Goldberg, H., Diaz-Martinez, J. P., Tomlinson, G., ... & Shojania, K. G. (2020). Computerised clinical decision support systems and absolute improvements in care: meta-analysis of controlled clinical trials. Bmj, 370.
- 26. El Naqa, I., Kosorok, M. R., Jin, J., Mierzwa, M., & Ten Haken, R. K. (2018). Prospects and challenges for clinical decision support in the era of big data. JCO clinical cancer informatics, 2, 1-12.
- 27. Vasey, B., Ursprung, S., Beddoe, B., Taylor, E. H., Marlow, N., Bilbro, N., ... & McCulloch, P. (2021). Association of clinician diagnostic performance with machine learning-based decision support systems: a systematic review. JAMA network open, 4(3), e211276-e211276.