Section A -Research paper



Challenges, Impact and Integration of Machine Learning and Blockchain Technology in The Smart Healthcare Developments

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Abstract

Over the past ten years, the growth of blockchain technology has been significant. Given as the basis for cryptographic forms of money like Bitcoin, it quickly found use in other fields thanks to its security and protection features. In the healthcare industry, blockchain has been used for a variety of tasks, including secure data logging, trades, and maintenance via smart contracts. To combine the greatest features of the two technological developments, incredible work has been done to make blockchain smart by integrating computerized reasoning (manmade intelligence). Undoubtedly one of the most important revelations and inventive developments that is significantly influencing the professional present is blockchain technology. Blockchain technology is actively pushing for change and disruption. This study aims to investigate the application of blockchain technology in smart healthcare, lay out a progressive hypothetical structure for smart healthcare, determine the influence of blockchain on smart healthcare, and then create a better application setup for smart healthcare under the blockchain based on partner hypothesis. However, such an advanced hypothetical system should consider not just the fundamental traits and the connections between various viewpoints and attributes, but also the various partners' functions.

Keywords: Machine Learning, Blockchain, Technology, Smart Healthcare, Developments, Integration

1. Introduction

Modern technology is driven by frameworks based on machine learning (ML) and computerized reasoning (artificial intelligence). Increased research and testing are being done in several domains of artificial intelligence in an effort to coordinate them in some way across nearly all PC application fields. Additionally, particularly over the past ten years, there has been rapid mechanical advancement in the healthcare sector. The coordination of artificial intelligence in this domain has already been attempted in a number of ways to support the existences of both patients and specialists. Artificial intelligence is being used in these applications for drug discovery, drug disclosure, careful clinical preliminaries, model sharing, patient consideration, especially maternity consideration, and medical technology. The term "computer-based intelligence" is broad and covers a wide range of diverse models and tactics that might give a framework falsely intelligent result.

By adopting major breakthroughs with empowering effects including the Web of Things (IoT), computerized reasoning (artificial intelligence), blockchain, and cutting-edge remote organization (5G/6G), the healthcare sector has seen a significant transformation. The adoption of these innovations in the healthcare industry has advanced both healthcare administrations and peoples' sense of happiness. The use of IoT technology in the healthcare industry strengthens the relationship between patients and healthcare providers. It enables small, portable devices (sensor hubs) to collect biometric data from the patient's body and transmit it instantly to subsequent sensor hubs or directly to healthcare providers, such as doctors, pharmacies, and research facilities. The sensors have a processor, memory, and property and information profiles. The maker, kind, estimation range, production date, and region of the sensor are all listed in the characteristic profile.

Additionally, they transform the conventional healthcare framework into a smart one to streamline operational costs, remotely monitor patients, provide smart applications for patients and guardians, implement representative administration, and consider basic patients. Smart healthcare frameworks are, however, impeded by security issues that jeopardize the routine operations of a clinical foundation. An adversary could discover security holes in the clinic's design and exploit them to threaten the patient's life with a toxic payload.

The disruption of the clinical foundation in the new year has increased attention to the smart healthcare framework. A brilliant concept called "smart healthcare" alludes to a number of decisions including "counteraction," "determination," "treatment," and "the board." Smart clinical frameworks are distinct from conventional clinical frameworks in that they can associate and exchange data at any time and any location.

When compared to traditional clinical treatment, smart healthcare has the advantages of being preventable, immediate, and data-connected. Clinical staff can continuously observe, process, and examine key clinical occurrences (preventability) through remote organization using small cell phones. Specialists can quickly develop a diagnosis and treatment plan by having access to each patient's case data whenever they need it (promptness). Clinical personnel can log in to the clinical framework from anywhere to request clinical images and clinical advice, and any medical clinic can access patient reference data thanks to the clinical organization (data interoperability). New computerized developments support these skills. To differentiate between clients connected to exchanges, BC adheres to explicit protection requirements. It is primarily used to manage data frameworks that support the achievement of secure capacity, exchanges, process robotization, and other applications. The primary technology for sophisticated examination, smart judgment, and creative critical thinking in healthcare is machine learning (ML).

2. Literature Review

An outline of massive information ideas, tactics, and examination is presented by Gandomi et al. in 2019. The article discusses the challenges associated with gathering, storing, and researching large amounts of information. The authors emphasize the importance of using advanced examination techniques, such as machine learning computations, to extract important knowledge from enormous amounts of data. Their study establishes a foundation for comprehending the role of big data analysis in healthcare and paves the road for the incorporation of blockchain and machine learning into smart healthcare.

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In order to enhance the access control and interoperability of electronic health records (EHRs), Dagher et al. (2018) propose a protection safeguarding structure called Ancile that uses blockchain technology. The developers highlight the anticipated benefits of blockchain in ensuring the reliability, security, and preservation of information in healthcare settings. In addressing the challenges of information exchange and interoperability while preserving patient confidentiality, their study demonstrates the practicality of blockchain technology, setting the stage for the safe integration of machine learning algorithms with EHR data.

Zhang et al. (2018) are the authors of a comprehensive study on healthcare applications of blockchain technology. They differentiate between several blockchain applications in healthcare, such as information exchange, patient assent boards, production network executives, and clinical preliminary procedures. The developers stress that blockchain technology has the potential to advance data security, interoperability, and patient-centered healthcare administrations. This study provides important insights into the application of blockchain technology and machine learning in healthcare, and it highlights the amazing impact these advancements can have on the creation of smart healthcare systems.

Chen et al. (2014) provide a thorough analysis of huge information, highlighting its benefits, challenges, and untapped potential. The authors look at many aspects of handling, storing, examining, and perceiving vast amounts of data. Additionally, they demonstrate how machine learning techniques are used to separate little pieces of knowledge from massive amounts of data. This work provides a thorough understanding of big data and establishes the coordination of machine learning techniques into the analysis of very large healthcare datasets.

Beginning with a summary of the fundamental concepts and characteristics of blockchain technology, Ichikawa et al. (2017) give a thorough analysis of the technology. The blockchain's decentralized concept is discussed by its developers, who highlight how it can solve problems with security, trust, and transparency in a variety of industries, including healthcare. They delve into blockchain network design, explaining fundamental elements including blocks, exchanges, and encryption techniques. The paper emphasizes the importance of agreement elements in ensuring the reliability and durability of data stored on the blockchain.

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3. Method

The information's fluff and complexity can be captured using the fluffy strategy. DEMATEL helps to manage the complex relationships between the chosen norms. ISM can focus on the causal connection between various rules. In this manner, the examination combines the fluffy set hypothesis, DEMATEL, and ISM method in order to obtain meaningful results. It looks into 10 different factors to show how the impacting factor framework is connected internally. These factors are the outer guidelines (A1), clinical record executives (A2), therapy streamlining (A3), specialist the board (A4), clinical protection (A5), inner guidelines (A6), cost savings (A7), high level plan (A8), people group structure (A9), and ecological administration (A10). The blended DEMATEL means are then used to normalize the blended network, and lattice estimation is used to create a blended coordinated influence factor grid. From that point on, we can compute the centrality and casuality of the blockchain to understand how it affects smart healthcare.

4. Results

This research summarizes 10 factors that affect blockchain-based clever clinical therapy based on writing survey and inspection. We have selected seven people with over ten years of experience in the healthcare industry to interview between August and October 2020. Through eye-to-eye interviews, we obtained their collective impact on these 10 influencing aspects after directing a field evaluation toward them. We modified and compiled their responses, as indicated in Table 1, to produce the fluff direct effect network, and then we applied the CFCS strategy to handle the initial data. This allowed us to determine the instant effect framework of the persuasive variables of blockchain technology in wise clinical therapy.

	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10
A1	1	1.2580	1.1256	1.2580	1.5722	1.1276	1.1276	1.2580	1.1276	1.5744
A2	1.1256	1	1.3468	1.5838	1.5276	1.2484	1.5268	1.5276	1.4400	1.4325
A3	1.4580	1.5457	1	1.2420	1.5268	1.1457	1.5457	1.3722	1.4135	1.3162
A4	1.4035	1.2420	1.6580	1	1.2035	1.3353	1.6580	1.5276	1.6580	1.3160
A5	1.1256	1.1457	2.1256	1.1276	1	1.1276	1.1276	1.1627	1.1276	1.1276
A6	1.5627	1.2420	1.1627	1.3353	1.5838	1	1.1627	1.3563	1.3353	1.5268

Table 1: The blockchain technology's direct impact on smart healthcare.

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A7	1.4411	1.3543	1.5276	1.1627	1.1276	1.2228	1	1.3752	1.1276	1.3353
A8	1.3543	1.5457	1.5268	1.5838	1.3563	1.5457	1.5276	1	1.8538	1.4035
A9	1.6580	1.2420	1.1276	1.2420	1.2867	1.5722	1.2580	1.2420	1	1.5268
A10	1.1256	1.1457	1.1276	1.1276	1.1276	1.1276	1.1276	1.1627	1.1276	1

To normalize the immediate effect lattice of blockchain-based smart healthcare, we derive the normalized direct impact network. - As shown in Table 2, we finally arrive at the thorough effect grid using MATLAB's estimation and T G(E G) 1.

	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10
A1	1.1551	1.1752	1.1372	1.1724	1.3525	1.1522	1.1402	1.1803	1.1362	1.3258
A2	1.2787	1.2280	1.3280	1.3283	1.4046	1.3275	1.3586	1.3467	1.3432	1.3757
A3	1.3273	1.2033	1.1617	1.2028	1.3255	1.1636	1.2770	1.2597	1.1560	1.3037
A4	1.3587	1.3253	1.3662	1.2365	1.3847	1.2809	1.3775	1.3567	1.3488	1.3453
A5	1.1272	1.1345	1.1255	1.1252	1.10260	1.1253	1.1262	1.1422	1.1252	1.1304
A6	1.2895	1.2382	1.1756	1.2344	1.3504	1.1464	1.1983	1.2463	1.1572	1.3287
A7	1.3272	1.2026	1.1658	1.2234	1.2783	1.1804	1.1666	1.2562	1.1758	1.2698
A8	1.3570	1.3266	1.3524	1.3544	1.3672	1.3526	1.3584	1.2524	1.3537	1.3648
A9	1.3526	1.2057	1.1574	1.2034	1.3284	1.3275	1.2074	1.2243	1.1447	1.3523
A10	1.1272	1.1345	1.1255	1.1252	1.1325	1.1253	1.1262	1.1422	1.1252	1.1248

Table 2: Blockchain technology's extensive influence matrix on smart healthcare

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Figure 1: Blockchain technology's extensive influence matrix on smart healthcare

The effect degree, influenced degree, centrality, and causation can be determined by applying as shown in Table 3.

Factor	Influence degree	Affected degree	Centrality	Causality
A1	1.8623	2.6042	3.5634	-1.6428
A2	3.4233	2.2627	4.3730	2.2505
A3	2.5356	2.3548	3.7635	1.2705
A4	1.5552	2.2585	4.5226	2.3654
A5	1.2837	3.0485	3.3455	-2.7537
A6	2.4352	2.2787	3.6228	1.2473
A7	2.2848	2.4467	3.6427	1.1502
A8	3.3062	2.4286	4.6357	2.1784
A9	2.4288	2.2172	3.5370	1.5227
A10	0.2837	2.8222	3.2068	-2.6252

Table 3: comprehensive examination of the impact matrix.

A causal graph is created, as seen in Figure 2. Figure 2 depicts the data in Table 3 in a visual manner. Figure 2 makes it crystal clear how central and causal the factors are.

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Figure 2: DEMATEL causal network

Table 4 presents the ten gamble elements divided into a reason set and an outcome set depending on the level of the reason. - A8 high level plan, A2 clinical record the board, A4 specialist the executives, A3 treatment streamlining, A5 people group structure, A7 cost saving, and A6 inside guideline are the seven causes. The A8 high level plan, the A2 clinical record of the executives, and the A4 specialist of the board serve as the major models for them. A2, A4, and A8 each had effect levels of 2.3122, 2.4441, and 2.4071, respectively, showing that they have the greatest influence on a variety of factors. The clinical record board, high level strategy, and specialist executives serve as the foundation for the influence of blockchain on smart healthcare, which explains why. A1, A5, and A10 are three outcome components that have a minimal impact on smart healthcare but are more vulnerable to external factors. In order to further enhance the executives' suitability, these components must be considered and put under correct supervision in a sustainable administration. According to their importance, these components come after the requests for a high level plan (A8), a specialist board (A4), clinical record executives (A2), cost savings (A7), an improvement in therapy (A3), a structure for people's groups (A9), an inward guideline (A6), clinical protection (A5), and ecological management (A10). Table 4 shows the accessible grid that was obtained using recipe (12).

Table 4: Accessible matri	Х	
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Μ	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10
A1	2	1	1	1	2	2	1	1	1	2
A2	1	2	2	2	2	2	1	2	2	2

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A3	2	1	2	1	1	2	1	1	1	1
A4	2	2	2	2	2	1	1	2	2	2
A5	2	1	1	1	2	1	2	1	1	1
A6	2	1	1	1	2	2	2	1	1	1
A7	1	1	1	1	1	1	1	1	1	1
A8	2	2	2	2	2	1	2	2	2	2
A9	1	1	1	1	2	1	1	1	1	2
A10	1	1	1	1	1	1	1	1	1	2

As can be seen in the table above, the open set and public set intersect at factors A5 and A10, which designate them as first-request influence factors. We eliminate the lines and sections that the impacting factors A5 and A10 planned for the framework M to produce a network with a higher level of deterioration. With reference to the examination previously said, Figure 3 of the paper can display the ISM.



Figure 3: structural model ISM.

The key is to choose how to screen and regulate these factors as soon as possible. According to the ISM examination, the high level plan (A8), clinical record the board (A2), and specialist the executives (A4) are the main components that blockchain effects smart healthcare.

In conclusion, there are several factors influencing how blockchain technology can be used to improve smart healthcare from an economic standpoint. However, depending on the factors, the strategy for impact, component of impact, and level of activity differ. In order to promote usable smart pharmaceuticals under the blockchain, a framework integration system was created, and a logical application structure was sought.

5. Discussions

In light of blockchain technology, this study aims to investigate the prudent clinical advancement framework. Blockchain technology has not been used to its full potential in the context of smart healthcare, and as a result falls short of a totally innovative strategy. It is focused on formulating a progression of concepts for the framework for smart healthcare and building numerous levels models.

The smart agreement, a type of PC convention designed to spread, confirm, or carry out the agreement in the method of data, is used to carry out every exchange in the framework. It increases exchange productivity through its programmed execution, thereby lowering exchange costs. The ISM model's primary level is where the high-level plan, clinical record executives, and expert board are located. This level also has the most notable centrality and is the foundation for how blockchain will impact smart healthcare. The top layer of the structure is occupied by the high-level plan, which includes the advancement of industry guidelines, awards and disciplinary framework, and rating framework. Its main objectives are to ensure the accuracy of the source data, stop companies from engaging in collective extortion, stop the weaknesses caused by a lack of blockchain-related applications, systems, and services, strengthen local strategy assets, and use blockchain technology for more thorough and dependable quality assurance and credit assessment. The top-level plan takes on a directing role in the overall framework in this way. We should start by working on the high-level plan before creating and developing the blockchain smart clinical architecture. The executives walk through the blockchain-based smart clinical framework's entire clinical record. In the healthcare industry, an electronic clinical record is essential and contains extremely sensitive patient information that should be routinely exchanged across colleagues. In this review, a blockchain-based framework for sharing electronic clinical records is developed. This framework secures clinical data and confidential information while overcoming the limitations of electronic clinical records in terms of conventionally clever clinical benefits. Customers can simply access and copy their own electronic medical records in various therapeutic settings or at different phases. Remember that the customer has merely read the consents; any transfers or modifications require the client's consent. The concept of the framework is further broadened by the administration of professionals. Blockchain

technology can be used to comprehend the interoperability of personality verification and checks for patients and clinical professionals. We use blockchain to build a check stage that continuously validates the reputation and endorsements of experts, ensuring patient safety and excellent clinical treatment. Parallel to this, the blockchain is utilized to compile and update expert evaluation results and adjust fees, assisting emergency clinics in both hiring top-notch personnel and providing accurate clinical care for patients.

The next level, which is where blockchain is heavily utilized in the architecture, is where treatment improvement, community growth, and cost savings have a place. Designated treatment and telemedicine are both included in treatment streamlining. Given the aforementioned information, clients are given the choice to handle their own information; drug innovative work organizations may obtain the required client information with the consent of the client and payment of fees, and they may also direct specific drug innovative work after assemblage and examination. The telemedicine framework can work to improve the nature of clinical therapy, lower the cost of clinical treatment, and support patients and clinical facilities in proactively responding to illnesses through close to ongoing observation and therapy. Due to the combination of blockchain and the Web of Things, smart gadgets are now connected to sensors. Development of the local community also entails executive health, beds for sick relatives, reviews, analyses, and therapy. In a local clinical framework, sensors interact with smart devices, gather and send resident health data from wearable smart devices and the Internet of Things, and call smart agreements to store a blockchain record of all interactions. A sophisticated agreement structure sends notices to patients and surrounding clinicians in order to permit continuous observation of patient and clinical mediations and to retain a secure record of who initiated these activities. As a result, before deciding whether patients need to proceed to the emergency clinic for additional therapy, the local area specialist first performs the occupant's first-level analysis and therapy. The expense of the residents' clinical treatment is reduced as a result. In order to maintain inhabitants' wellbeing, smart agreements can also be utilized to create community wellness programs based on data on residents' wellbeing. Costs associated with drug innovation activities and specialist patient correspondence are both saved. Blockchain-based clinical information exchange is a crucial step in enhancing the clinical framework and redefining the character of clinical consideration while also assisting patients in managing their prescriptions and expenditures. The framework's information exchange framework, which is made up of confided in peers, consists of clinical foundations, patients, and other outsiders. Through applications on any hub that holds their data, which is maintained by a collaboration of various clinical organizations, patients can access and control their information. The crucial administrative procedures and access control strategies are coded using a chain code to offer security and patient safety. For pharmaceutical research businesses, the execution of multisite clinical preliminary studies can lower upfront expenses, and the information the board framework in light of blockchain smart agreement technology can lower administrative costs for multisite preliminary studies.

The existence of inner and outer guidelines, which are found in the third level, is crucial to the framework's ongoing development. Everyone has a right to be aware of the information on the store network of prescription drugs and medical devices since the safety of medical supplies and pharmaceuticals in the network directly impacts the wellbeing and security of customers. Due to its detectability, change resistance, and simplicity, blockchain is an essential monitoring system for the entire development of pharmaceuticals and therapeutic items. By guaranteeing that the complete record chain of exchanges is changeless and tracking each step of the inventory network at the individual drug level, blockchain technology eliminates the creation and sale of fake prescriptions and illegal items. The entire clinical cycle and clinical garbage removal interaction will also be broadcast to the public chain using Web of Things technology, and their behaviour will be controlled by smart contracts. The oversight division will establish a cooperative management team and supervise continuing management.

The execution of the fourth level, which consists of environmental management and medical coverage, requires the first three levels of normal advancement to have been completed. They stand for the last phase of integrating blockchain technology into the smart medical architecture. Medical insurance has two parts: managing assets and increasing CEOs' tolerance for risk. By gradually transferring therapy data about patients and insurance agency payments on the blockchain, this strategy lowers falsification in clinical protection claims. Clinical organizations transfer and store patient usage data into the blockchain, and numerous hubs collaborate to guarantee the accuracy of the transferred data. The cost can be determined by patient consent, but the insurance company has no knowledge of the specifics of the usage, safeguarding the interests of patients and guaranteeing their safety while also reducing the emergency clinic's outstanding bills. Blockchain technology facilitates efficient client-clinical application collaboration, with the management of medical waste being the primary focus of natural administration. In order to strictly control the clinical waste treatment

process, clinics and clinical waste therapy firms work together both internally and externally. They also make use of technological breakthroughs like blockchain and the Web of Things. To ensure that clinical waste information can be traced back to its source, the person in charge of each connection will add transfer individual, transfer time, and transfer information to the public blockchain along with clinical waste creation information, handover records, and therapy information (desensitization).

This focus is further developing the blockchain-based smart healthcare application framework in light of collusion chain paired with the conclusion of ISM model evaluation in order to completely understand the various levels structure of this concentration (Figure 3). The framework consists of three layers: an exchange layer, a data layer, and a partner layer. The study selects the collusion network with the maximum operability and dependability, considering the traits of the private chain's limited radiation range, its straightforward control, and the public chain's inadequate protection. According to the aforementioned analysis, the high-level plan is the cornerstone, and its development cannot be separated from the public authority's detailing and advancement of related arrangements. According to this study's partner hypothesis, 11 participating hubs in the unified layer of the coalition chain, including clients, clinical institutions, specialists, networks, drug innovation work organizations, institutional survey panels, providers, controllers, insurance companies, clinical waste treatment foundations, and industry consortia, send and restrict the use of blockchain technology. The data sent between different hubs can be seen to be somewhat preset to build up the data layer by looking at the exchange connections between them. By employing the blockchain as a transporter, the partner layer of a smart agreement manages the data layer and designs the exchange layer. Blockchain is a huge platform for data exchange. The multimode joint maintenance and recognizability makes every exchange possible and secure. The data in the organization chain is separated into public and private data based on the hubs' level of approval; private data has a higher security coefficient because the blockchain employs public-key cryptography to encrypt the data.

6. Conclusion

Healthcare frameworks' ultimate fate will be reshaped by the adoption of crucial innovation catalyzers including distributed computing, blockchain, IoT, and artificial intelligence. However, the incorporation of these advancements in healthcare environments comes with related security risks, such as the ability to control the patient screen, misuse of the healthcare

information store, and recording of communications between the patient and the healthcare provider, all of which can jeopardize healthcare operations. Momentum research in the area of smart healthcare is concentrated on single data innovations like the Web of Things in healthcare, but as of right now, patient information cannot be shared securely among organizations, and security insurance has turned into a bottleneck in the current keen wellbeing industry. There are studies that link blockchain to smart clinical consideration, of course, but the bulk of them concentrate on how a specific blockchain feature is applied in the context of smart clinical consideration, and the research subjects are often patients and clinical institutions. Rarely do investigations take multiagent favourable outcomes into account and miss the point on application arrangements for blockchain-based smart healthcare improvement.

References

- 1. A. Kosba, A. Miller, E. Shi, Z. Wen, and C. Papamanthou, "Hawk: the blockchain model of cryptography and privacypreserving smart contracts," in Proceedings of the 2016 IEEE Symposium on Security and Privacy (SP), pp. 839–858, IEEE, San Jose, CA, USA, May 2016.
- 2. Chen, M., Mao, S., & Liu, Y. (2014). "Big data: A survey." Mobile Networks and Applications, 19(2), 171-209.
- **3.** D. Andolfatto, "Blockchain: what it is, what it does, and why you probably don't need one," Federal Reserve Bank of St. Louis Review, vol. 100, no. 2, pp. 87–95, 2018.
- 4. Dagher, G. G., Mohler, J., Milojkovic, M., Marella, P. B., & Ancile, N. (2018). "Ancile: Privacy-preserving framework for access control and interoperability of electronic health records using blockchain technology." Sustainable Cities and Society, 39, 283-297.
- 5. G. G. Dagher, J. Mohler, M. Milojkovic, and P. B. Marella, "Ancile: privacy-preserving framework for access control and interoperability of electronic health records using blockchain technology," Sustainable Cities and Society, vol. 39, pp. 283–297, 2018.
- 6. Gandomi, A., Zolfaghari, S., & Diyarbakırlıoğlu, K. (2019). "Beyond the hype: Big data concepts, methods, and analytics." International Journal of Information Management, 43, 142-146.
- 7. Gohar, A.N.; Abdelmawgoud, S.A.; Farhan, M.S. A Patient-Centric Healthcare Framework Reference Architecture for Better Semantic Interoperability Based on Blockchain, Cloud, and IoT. IEEE Access 2022, 10, 92137–92157.

- 8. Ichikawa, D., Kashiyama, M., Ueno, T., & Tsunoda, T. (2017). An overview of blockchain technology: Architecture, consensus, and future trends. In 2017 International Symposium on Networks, Computers and Communications (ISNCC) (pp. 1-6). IEEE.
- 9. J. J. Hathaliya, S. Tanwar, S. Tyagi, and N. Kumar, "Securing electronics healthcare records in healthcare 4.0: a biometricbased approach," Computers & Electrical Engineering, vol. 76, pp. 398–410, 2019.
- 10. Jadav, D.; Patel, D.; Gupta, R.; Jadav, N.K.; Tanwar, S. BaRCODe: A Blockchain-based Framework for Remote COVID Detection for Healthcare 5.0. In Proceedings of the 2022 IEEE International Conference on Communications Workshops (ICC Workshops), Seoul, Korea, 16–20 May 2022; pp. 782–787.
- 11. M. H. Miraz and D. C. Donald, "Application of blockchain in booking and registration systems of securities exchanges," in Proceedings of the 2018 International Conference on Computing, Electronics & Communications Engineering (iCCECE), pp. 35–40, IEEE, Southend, UK, August 2018.
- 12. O. Pal, B. Alam, V. -akur, and S. Singh, "Key management for blockchain technology," ICT Express, 2019.
- 13. T. Hyla and J. Peja's, "Long-term verification of signatures based on a blockchain," Computers & Electrical Engineering, vol. 81, p. 106523, 2020.
- 14. Z. Zheng, S. Xie, H. N. Dai, X. Chen, and H. Wang, "Blockchain challenges and opportunities: a survey," International Journal of Web and Grid Services, vol. 14, no. 4, pp. 352–375, 2018.
- 15. Zhang, P., White, J., Schmidt, D. C., & Lenz, G. (2018). "Blockchain technology use cases in healthcare: A comprehensive review." Healthcare Information Research, 4(3), 130-156.
