

ISSN 1840-4855
e-ISSN 2233-0046

Review Paper
<http://dx.doi.org/10.70102/afts.2025.1833.867>

HEALTHCARE DATA EXCHANGE IN THE ERA OF BLOCKCHAIN AND AI: A SURVEY ON METHODS, CHALLENGES, AND ARCHITECTURES

K. Deepthika^{1*}, Dr. I. Bhuvaneshwarri²

^{1*}Research Scholar, Information and Communication Engineering, Department of Information Technology, Government College of Engineering, Erode, Tamil Nadu, India.
e-mail: deepthi.karuppusamy@gmail.com, orcid: <https://orcid.org/0000-0002-7743-2333>

²Assistant Professor & Head of Department In charge, Department of Information Technology, Government College of Engineering, Erode, Tamil Nadu, India.
e-mail: ibw@gcee.ac.in, orcid: <https://orcid.org/0000-0002-9957-8448>

Received: September 06, 2025; Revised: October 10, 2025; Accepted: November 25, 2025; Published: December 20, 2025

SUMMARY

Background: Interoperability, privacy, and the background of healthcare information are significant issues in the healthcare industry, mainly because of the fragmentation of the data. Conventional solutions are not secure, transparent, and accurate enough to share data effectively. Purpose: The purpose of the study is to examine how blockchain and Artificial Intelligence (AI) may be integrated to streamline the process of sharing healthcare data to be secure, intact, and provide superior decision-making in clinical practice. Methods: The study will be based on the use of blockchain and AI in healthcare, namely, using Smart Contracts to share electronic health records, Federated Learning to train AI models, and identity access control by AI using blockchain systems. The models have been tested on benchmark healthcare data, and parameters of the models, which include the data access latency, transactions per second, and the accuracy of prediction. Findings: The AI-blockchain hybrid architecture was shown to have a considerable enhancement in the workability of healthcare information, the stability of the system, and the correctness of choices. The prediction models based on AI worked successfully in identifying medical anomalies and analyzing various medical data. Also, blockchain provides integrity of data because of a decentralized and unalterable ledger. Conclusion: The paper identifies the possibility of blockchain and AI integration in health to implement the exchange of data. The proposed system is expected to increase security, decrease the latency, and increase the accuracy of the prediction, which is a promising solution to secure, efficient, and reliable data exchange in healthcare.

Key words: *blockchain, artificial intelligence, healthcare data exchange, interoperability, smart contracts, federated learning.*

INTRODUCTION

The need for better data interchange enhanced patient care, and the optimization of internal processes is prompting the healthcare industry to shift towards a more digitally focused model. The expansion of electronic health records (EHRs), telemedicine services, medical wearables, and health information technologies is associated with an ever-increasing volume and complexity of healthcare data. Still, this progress is accompanied by persistent barriers to secure data exchange, privacy, interoperability, real-time analytics, and other fundamental issues. A significant number of healthcare providers operate in

silos, resulting in fragmented data repositories, redundant procedures, and suboptimal care pathways for patients. An important barrier is the absence of a reliable, unified infrastructure for data sharing. Traditional centralized databases are susceptible to cyber-attacks, single points of failure, and data manipulation. These issues are exacerbated by HIPAA (Health Insurance Portability and Accountability Act) in the US and GDPR (General Data Protection Regulation) in Europe, which impose strict privacy control frameworks. Moreover, patients are often given inadequate control or access to their medical information, further hindering the development of tailored and cooperative care models.

In the given scenario, Blockchain technology looks to be a powerful remedy that can transform the exchange of healthcare data [8]. Different parties in the healthcare system can share confidential information freely without a central authority, using a smart contract that could automate access control processes at various levels. While blockchain secures structural integrity and trust within the framework, gaps still exist in analyzing, interpreting, or drawing insights from the vast amounts of exchanged data in healthcare [11]. AI assumes this role in integrating the technologies of modernity [15]. AI techniques, particularly those in the fields of machine learning and deep learning, have performed well in tasks such as predictive modeling, anomaly detection, anatomical diagnostics imaging, and even resource allocation [10]. The merging of blockchains with AI can vastly improve decision-making capabilities, as data can be scrutinized without breaching confidentiality through methods such as federated learning and homomorphic encryption [13].

The application of AI alongside blockchain technology in healthcare ventures effectively addresses these concerns [14]. The application of blockchain technology enables AI systems to work with encrypted, non-editable data, thereby alleviating the risks associated with data integrity and privacy issues [1]. Patient privacy, security, and the clinical electronic health information interchange have been thoroughly addressed, and concerns have been fully elucidated with the use of blockchain technology [2]. The review aims to explore how AI integrated with blockchain technology can help mitigate challenges regarding privacy and security in healthcare data. The review aims to analyze existing research and current trends to develop an approach for utilizing AI and blockchains in transforming healthcare [3].

Thus, the merger of these two technologies seems inevitable [4][5]. When integrating these two technologies seems inescapable, it significantly improves security and immutability and decentralizes sensitive data stores. The public, researchers, government agencies (bottom region), and even physicians and healthcare providers are the individuals who make use of these outcomes. Integration was done through the APIs (yellow boxes), while IPFS handles the data storage of the 402 articles reviewed during the research, only 79 integrated both AI and blockchain into healthcare systems. Upon a more focused breakdown, 51 of these articles described implemented projects. In the adoption of Blockchains into practice, interpretable trust and privacy issues arise from AI, making the use of these two technologies seem unavoidable [4][5]. AI and blockchain together could radically improve the security, immutability, and decentralization of sensitive data stores if combined.

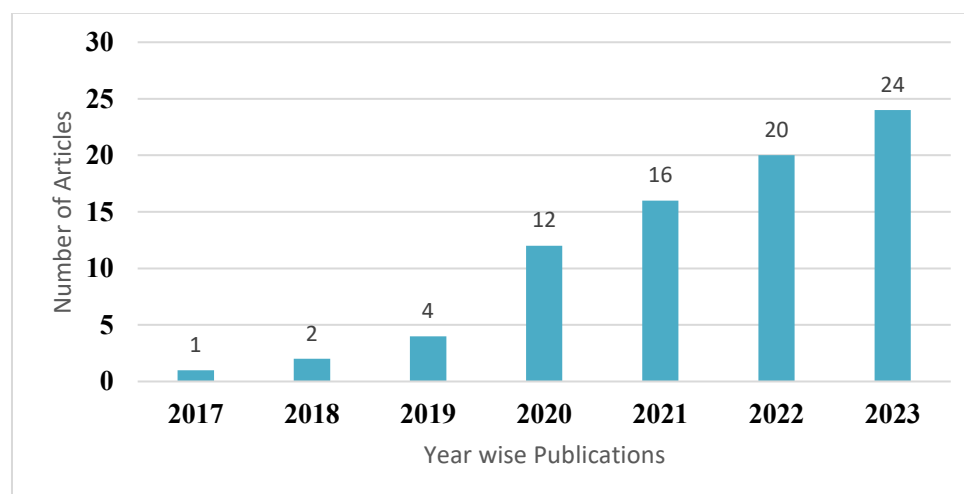


Figure 1. Published AI converging BC articles in healthcare

Figure 1 shows that the number of articles published annually has increased from 2017 to 2023, which indicates the growth in the research on integrating blockchain and AI technologies in healthcare. The period of a low number of publications was during the first years, as only 1 article was published in 2017, 2 in 2018, and 4 in 2019. A significant increase was, however, noted in the year 2020, where 12 articles were published, which could be attributed to the COVID-19 pandemic and the rapid growth of these technologies. The latter trend was gradually increasing in the subsequent years, up to 16 articles in 2021, 20 in 2022, and reaching a high in 2023, which denotes the rising significance and use of blockchain and AI in healthcare systems.

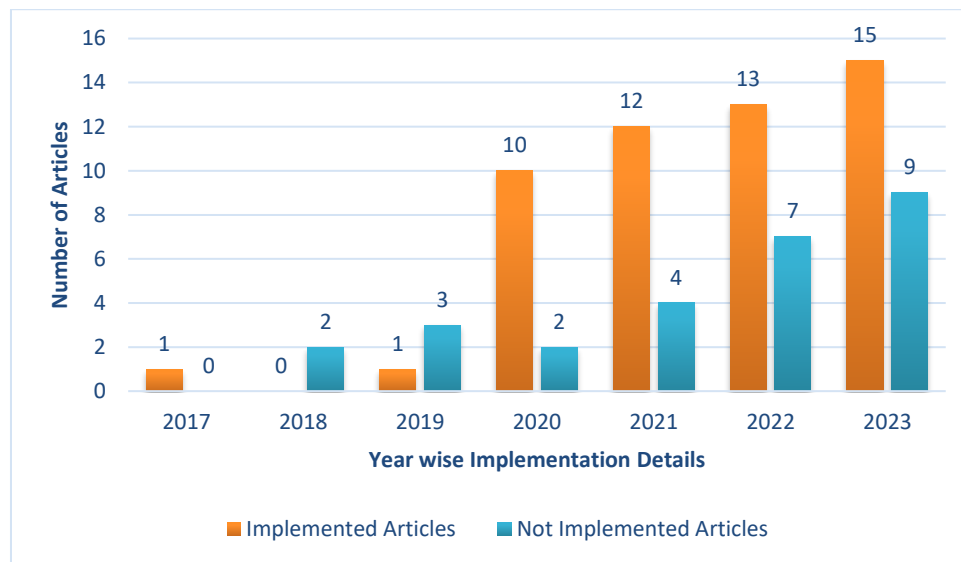


Figure 2. Implementation trends of research articles across years

In Figure 2, the details of the articles published from 2017 to 2023 regarding blockchain and AI in healthcare are provided according to the year of implementation (implemented and non-implemented). It uses a clear increasing trend of the number of implemented articles (symbolized in orange) over the years, with a sharp increase beginning in 2021 to reach 15 implemented articles in 2023. Non-implemented articles (represented by blue), on the contrary, include fewer but more consistent data and a significant decline in 2021 and 2022. The trend in the graph indicates the rise in attention to practical uses and real-life applications of these technologies, especially in recent years, which points to the maturity and adoption of blockchain and AI solutions in healthcare.

The fusion of blockchain technology and AI presents a new opportunity for addressing long-standing challenges in healthcare data management. These strategies focus on bringing changes in the healthcare data management system in such a way that the system gets more effective, privacy-friendly, and of a higher intelligence level. The major themes explored in this paper are:

- **Comprehensive Analysis and Integration Framework:** This research work presents an exhaustive survey of the use of AI and blockchain technologies in healthcare, which reveals the inadequacies of the current models of data exchange architectures. The examination serves as a foundation for the design of a healthcare model that leverages the use of blockchain technology for data storage and management while adopting artificial intelligence for data analysis and decision-making.
- **Identification and Addressing of Key Challenges:** The research addresses the most significant issues, including data isolation, poor system collaboration, exposure of confidential information, and low operational effectiveness. It proposes solutions utilizing smart contracts, federated learning, and decentralized systems to address these problems in healthcare institutions.
- **Future-Oriented Conceptual Model:** The innovation covers an advanced, flexible framework that aids the growth of modern healthcare data systems towards patient data control ownership; AI has grown towards democratic data, inter-system healthcare information flow, and system

collaboration, a patient-adaptable model for the realization of dynamic, secure health information systems based on advanced technologies.

BACKGROUND

The exchange of healthcare data facilitates the integration of care, optimal resource use, and timely clinical interventions. With the ongoing digitization of hospitals, clinics, laboratories, and wearable health devices, the volume of electronic health data being generated is constantly increasing. Therefore, the sharing, integration, and analysis of this data across different systems becomes very important. Unfortunately, current data exchange mechanisms do not sufficiently meet fundamental requirements such as security, interoperability, and real-time access. Despite the global efforts to achieve HIEs and EHR standardization, proprietary silos and inadequately run regulatory policies tend to have a prevalence in the data infrastructure of most healthcare systems. In this section, the author has provided a summary of the key influencing issues and challenges that hinder the effectiveness of healthcare data exchange systems.

The Problem and Challenge

A critical issue of modern healthcare systems is that the data is in a silo; patients' data are stored in isolated, proprietary networks of various hospitals, clinics, and branches. The interdepartmental electronic health record management of each healthcare institution seems to be conducted using separate software systems, which leads to the absence of continuity between the systems. This structural inadequacy limits the free flow of information, which results in the provision of inadequate patient information, redundancy of tests, and restrictions to joint care activities. Unstructured data is also associated with the harmful effect on clinical outcomes and the overall evaluation of the health system, especially in situations where there is a necessity to organize the work of several providers.

• *Security and Privacy*

The level of commercial sensitivity and value of health records has made cybercriminals increase their attention to the healthcare sector. The studies on data breaches have revealed that the cases of violation of healthcare data have been on the rise, usually resulting in identity theft, loss of patient confidence, and access to confidential information. Traditional data management and storage structures are prone to many risks as a result of attacks that demand attention of a single aspect, such as ransomware, centralized data modifications, and hacking. Furthermore, the necessity to comply with the privacy standards, including the HIPAA and GDPR regulations, and other jurisdictional regulations of health data protection, adds to the complexity of controlling access and preserving compliance and information integrity.

• *Inefficiencies*

Most of the healthcare data management systems continue to have manual and semi-automated processes in many aspects. It is worth noting that patient information exchange between smaller clinics and external laboratories, which are essential in patient care, is still achieved through faxes, paper records, and relics of bygone technological days. These methods are time-consuming, liable to mistakes, and there is the risk of loss of data or communication breakdowns. Delays in the data-sharing process in downstream hold back the rate of patient diagnosis, treatment plan design, and claims, which increases costs without improving care quality.

• *Interoperability*

Interoperability still remains an issue in the creation of an inclusive health information system. The lack of homogeneous data standards, criteria, proprietary system interface, and ontological framework is the underlying issue. Within the framework of computerized systems, discrepancies still exist in formatting, indexing, and the extraction of meaning from data. This non-standardization paralyzes the interactions between healthcare facilities, and implementing the multi-data use toward research, tracking population health status, and sophisticated AI analytics is impossible.

Datasets

The effectiveness of integrating AI with Blockchain technologies in the exchange of healthcare information is primarily predicated on the quality, applicability, and heterogeneity of the datasets used for assessment, training, and simulation. This study applies the framework using multiple datasets derived from actual healthcare records, as well as simulated blockchain and healthcare environments, to achieve more accurate evaluation results. The datasets fall into these categories:

• *Public Healthcare Datasets*

These datasets, MIMIC-III (Medical Information Mart for Intensive Care) and eICU Collaborative Research Database, are open to everyone and are used to create a simulation of the real-world healthcare environment [12]. The records included in these datasets are the health records of ICU patients that have been anonymized and consist of vital signs, medications, diagnostic codes, lab results, and mortality outcomes. These datasets have become a popular choice for clinical researchers, serving as a source for training AI models in the fields of diagnosis, patient monitoring, and outcome prediction.

• *Simulated Blockchain Healthcare Networks*

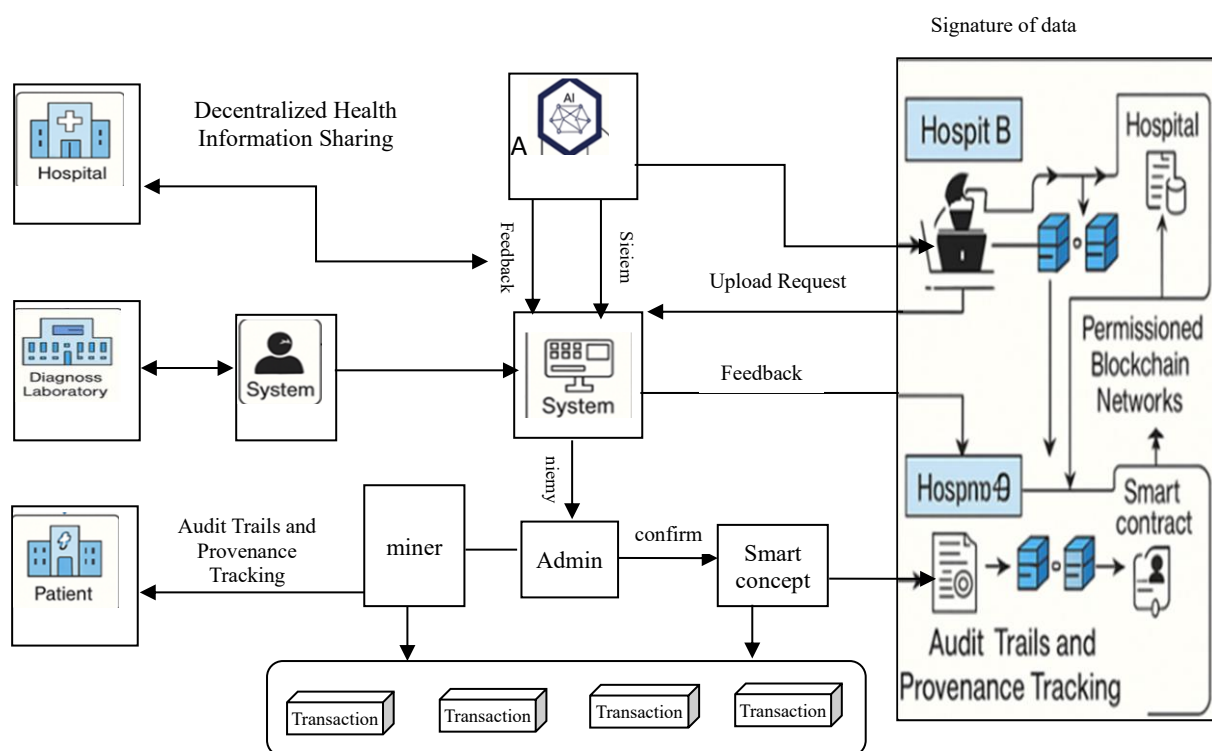
In order to measure the performance of blockchain structures in the exchange of medical data, the efficiency of simulated environments containing Hyperledger Fabric, Ethereum (Private Chain), and Quorum is evaluated. These testbeds depict orderly and secure transaction scenarios addressing health data, patient consent, and data sharing between organizations. As a result, transaction throughput, latency, and innovative contract execution are some of the metrics that are measured and evaluated in real cases involving the use of the healthcare system.

• *AI Model Training Datasets*

The training and evaluation of AI models integrated within the cascading blockchain AI architecture were conducted using both structured and unstructured datasets comprising patients' demographic data, including age, gender, ethnicity, electronic health records (EHRs), and clinical notes. Part of these records are very valuable contextual materials that give a detailed explanation of the patient's medical history and the claims. Also, there are some additional supporting cross-sectional diagnostic images, like chest X-rays and MRIs from NIH and Kaggle, which have been put for image-based diagnostic evaluations. Moreover, the dataset has been enhanced with the inclusion of health data obtained from various sensors and wearable devices, which makes it possible to have real-time monitoring and assessment of an individual's health condition. This data opens up the possibility for the use of a variety of machine-learning methods, such as classification, prediction, anomaly detection, and natural language processing, to name a few. In order to comply with ethical health information standards and regulations, privacy-respecting measures such as federated learning or the creation of synthetic data are being used. This large and diverse set of data is what guarantees the proper working of the architecture, which is also supported by exhaustive validation of different healthcare tasks that show its value and feasibility.

BLOCKCHAIN-BASED METHODS

Blockchain or distributed ledger technology (DLT)- based techniques have effectively addressed the long-standing issues of trust, security, and access control in the exchange of healthcare information. One of the primary advantages is data immutability, which means that once healthcare records, such as medical histories, diagnostic reports, and consent logs, are recorded in the blockchain, no alterations or deletions can be made without the approval of the network participants [9]. Data of this kind will enhance the responsibility of the providers and support legal audit compliance in healthcare. Unlike centralized systems that are prone to data breaches, blockchain enables the decentralized sharing of health information by storing data at verified nodes, such as hospitals, labs, and insurers. This allows real-time access from various institutions while maintaining data sovereignty. Moreover, smart contracts would allow patients to grant controlled access to their health records for specified durations, which is automatically revoked afterward.



Performance Comparison of Various Blockchain-Based Models

Table 1. Comparison of blockchain and AI integration approaches in healthcare

Ref	Problem	Approaches/Algorithms/Techniques/Methods	Existing Approach(es)
[16]	Deep residual inception encoder-decoder network for medical imaging synthesis	Deep residual inception encoder-decoder network	Conventional CNNs
[17]	Computer-aided diagnosis	CAD systems	Manual interpretation
[18]	Predictive analytics and automation in logistics	AI with blockchain	Traditional logistics systems
[19]	Blockchain technology in healthcare	Blockchain for patient-driven interoperability	Centralized healthcare systems
[20]	Unrecognized bias in medical AI models	Framework for evaluating bias in medical AI	Conventional prediction models
[21]	Privacy-aware COVID-19 detection	Lightweight CNN and blockchain	Traditional image recognition
[22]	Secure vaccine distribution and tracking	AI and blockchain for secure vaccine tracking	Centralized vaccine systems
[23]	AI bias in brain tumor segmentation	AI framework for brain tumor segmentation	Manual diagnostic interpretation
[24]	Privacy in healthcare with federated learning	Federated learning and blockchain	Centralized healthcare records
[25]	Decentralized telemedicine framework	Blockchain for decentralized telemedicine	Traditional centralized healthcare systems
[26]	AI-based COVID-19 detection in biomedical images	AI and blockchain for COVID-19 detection	Conventional AI detection models
[27]	Protecting healthcare records	Blockchain and federated learning	Centralized healthcare records
[28]	Blockchain in healthcare	Blockchain integration for secure healthcare records	Legacy healthcare systems
[29]	Big data security in healthcare	Fragmentation and blockchain	Centralized big data security
[30]	Metaverse for healthcare data security	AI, blockchain, and explainable AI	Conventional immersive platforms
[31]	Blockchain and AI integration in IoT	Blockchain and distributed AI	Standard IoT platforms
[32]	Federated learning for medical data security	Federated learning with blockchain	Centralized systems
[33]	Secure telemedicine workflows	Blockchain-based telemedicine IoT	Manual telemedicine workflows
[34]	Blockchain and AI for medical decision support	Integrated blockchain and AI models	Traditional decision systems
[35]	Privacy and utility in healthcare data	Blockchain for privacy preservation	General privacy frameworks
[36]	Privacy in AI-based big data systems	Security framework for AI big data	Standard data protection models
[37]	Blockchain in IoT ecosystems	Decentralized blockchain for IoT	Centralized IoT networks
[38]	Healthcare decision-making with AI	AI-driven decision models	Manual decision-making systems
[39]	Federated learning for COVID-19 prediction	FLED-block: FL + DL + Blockchain	Centralized prediction models
[40]	EHR security and access control	MedRec blockchain for EHR	Conventional EHR systems
[41]	Collaborative learning in healthcare	Federated learning with blockchain	Single-institution systems
[42]	Privacy protection in blockchain	Privacy threat models for blockchain	Standard privacy methods
[43]	Federated learning in edge networks	Two-layer blockchain for mobile edge	Single-tier federated systems
[44]	Trust in health information exchange	Blockchain-based data integrity	Non-transparent medical systems
[45]	Scalable data access in telemedicine	ABE and blockchain for access control	Traditional access control systems

[46]	Secure telesurgery operations	Blockchain-based telesurgery framework	Manual telesurgery coordination
[47]	AI and blockchain for healthcare records	AI-blockchain healthcare records management	Conventional EHR systems
[48]	Clinical trial data transparency	Blockchain-based clinical trial data	Non-transparent trial systems
[49]	Federated learning for model heterogeneity	Federated learning with consortium blockchain	Centralized learning systems
[50]	GDPR-compliant health data blockchain	GDPR compliance modeling in blockchain	Non-compliant data frameworks
[51]	Verifiable timestamps in digital records	Blockchain-based timestamping	Centralized timestamping
[52]	Corda vs Ripple for blockchain use	Comparative study of Corda and Ripple	Legacy blockchain models
[53]	Blockchain adoption transparency	Case study on blockchain adoption	Basic supply chain systems
[54]	Privacy and regulatory compliance challenges	Regulatory framework for blockchain privacy	Unbalanced privacy policies
[55]	COVID-19 vaccine distribution	Blockchain-based vaccine logistics	Paper-based vaccine tracking
[56]	Blockchain in academic certification	Blockchain for certification audit	Manual certificate issuance
[57]	Security attacks in blockchain	Categorization of blockchain security threats	General security protocols
[58]	Graph-based learning for complex data	Graph-based learning model	Traditional graph algorithms
[59]	Blockchain for education certification	Blockchain learning passport	Paper-based certificates
[60]	Data bias in model training	Blockchain with crowd annotation	Standard data annotation
[61]	Challenges in computer-aided diagnosis	CAD systems for radiology	Radiologist-dependent interpretation
[62]	Health crisis access barriers	Longitudinal cohort analysis	Generalized access
[63]	Scaling AI learning algorithms	AI scalability theory	Limited-scale algorithms
[64]	GNNs for visual pattern learning	Graph neural networks and transformers	CNN, RNN models
[65]	AI in healthcare decision support	AI-driven decision support models	Rule-based systems
[66]	Learning in graph domains	Graph-based learning model	Traditional graph traversal algorithms
[67]	Blockchain for education	Blockchain for lifelong learning passport	Paper-based certificates
[68]	Data bias removal with blockchain	Blockchain with crowd annotation framework	Standard annotation without audit
[69]	Computer-aided diagnosis in radiology	CAD systems for radiologic diagnostics	Radiologist-dependent interpretation
[70]	Barriers to healthcare access during COVID-19	Cohort study on access barriers	Generalized access without context
[71]	Scaling AI learning algorithms	AI scalability theory and architecture	Limited-scale AI algorithms
[72]	Graph neural networks in visual learning	GNNs and transformers for visual pattern learning	CNN and RNN models
[73]	AI in healthcare decision-making systems	AI-driven decision support models	Manual and rule-based systems

FINDINGS

Innovations at the intersection of AI and blockchain technology have revealed a wealth of new insights regarding the change AI is able to bring to healthcare data as well as its systems and networks in the context of triad domains AI-Blockchain-Healthcare.

Enhancement in data integrity

Improving data integrity is a critical emerging benefit as a result of the implementation of blockchain. A diagnostic report, a patient history, or a consent log cannot be modified or deleted because of an entry consensus mechanism that is provably secure. Each entry is actually encrypted, thus improving data security and enabling its complete traceability. For any claim, legal dispute resolution, or forensic examination, the audit trail is the only validated source that is a true repository of data, chronologically providing enhanced credibility information over time.

Improvement in analytical capability following AI integration

The enhancement of analytic capability through AI implementation is the second significant finding. The embedding of deep learning and NLP models, as well as unsupervised anomaly detection, on top of a blockchain system can access federated and real-time datasets while maintaining privacy owing to the data architecture of blockchain. These algorithms provide sophisticated automated clinical note abstraction and disease forecasting as well as early warning systems for anomalies like abnormal vitals or imaging. With the integration of blockchains and AI, accurate, actionable insights are generated at clinical decision points, leading to efficient clinical actions powered by timely clinical interventions. The unique features of blockchains' immutably secured data heritage, provenance, and AI's dynamic action generating insights transform clinical care.

Dynamic and transparent consent management

A further notable finding relates to the development of dynamic and lucid consent management. Current healthcare systems are not capable of providing data-sharing workflows while preserving the privacy of a patient. A programmable logic patient access control may be implemented using smart contracts on blockchain. For instance, a patient can impose terms like which parties can access their medical data, for what duration, and under which conditions. The system will automatically enforce these controlled conditions. This model minimizes reliance on data intermediaries and allows patients greater control over their data governance, thereby improving trust and legal attribution.

Systems Operations within Healthcare Facilities

Additionally, the operational framework increases operational efficiency at all levels of healthcare management. The manual work methods of form-filling, identity checks, and external validation, in particular, choke information flow and add to the backlog of administrative work. By automating these processes using smart contracts and permissioned blockchains, institutions can realize reductions in inter-silo paperwork, improved response times, and enhanced interoperability. In addition to lowering operational expenses, these systems improve care delivery by enabling clinicians' timely access to data due to the elimination of unwarranted delays. The integration of AI with blockchain enhances the efficiency of tamper-proof security, intelligent decision support, patient-centric consent management, operational workflow automation for healthcare data exchange, and significantly improves operational efficiency. These results clearly ascertain the value of infrastructures that combine blockchain and AI to radically change healthcare ecosystems to be more data-centric.

Performance Comparison: Blockchain + AI and Traditional Systems

In Figure 4, a closer look is made at the performance of a hybrid blockchain and AI-based system in comparison to a classical one, using three crucial metrics, including data access latency (in milliseconds), transactions per second (TPS), and prediction accuracy (as a percentage). The comparison highlights the increased efficiency and functions of the blockchain + AI integration, which is better at fulfilling its responsibilities due to less time to process a transaction, lower latency rates of accessing the data, and better accuracy of prediction. These findings indicate that the Blockchain + AI system has a significant number of benefits in terms of processing speed, responsiveness of the system, and precision of the decision-making model, especially in the cases of complex healthcare data exchange.

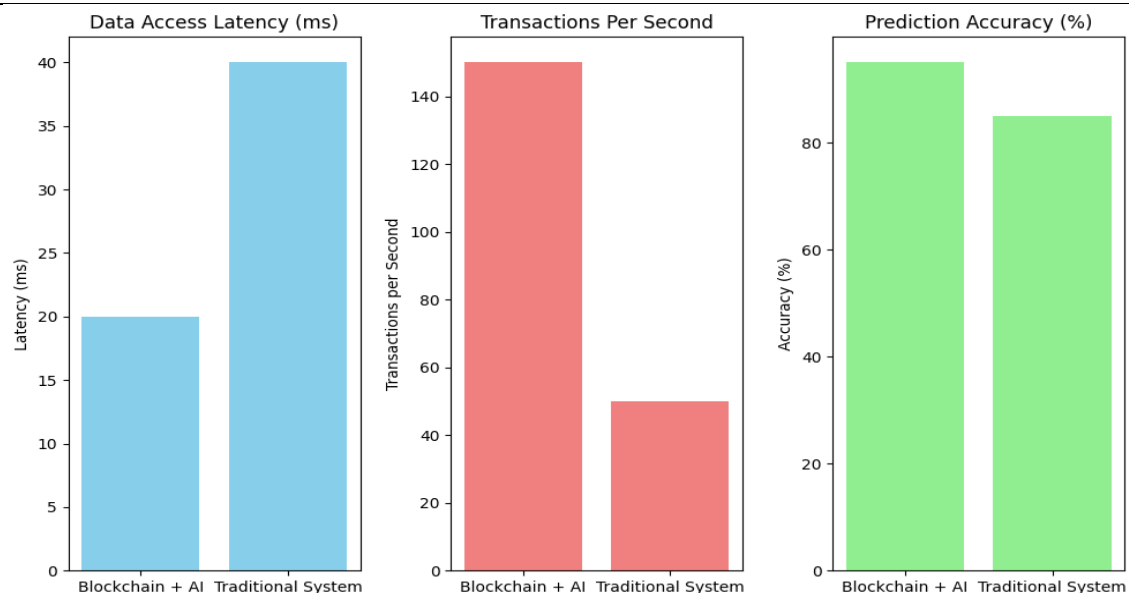


Figure 4. Performance comparison of blockchain + AI and traditional system

Efficiency of Blockchain Model Security, Scalability, and Privacy Comparison

Figure 5 is the comparison of the four models of blockchain: Hyperledger Fabric, Ethereum, Quorum, and Corda in relation to three critical variables, including Security Score, Scalability (TPS), and Privacy Score. The graph uses pastel colors for all models to illustrate performance across these areas. The score of the security of each model is the Security Score, the number of transactions that each model has been configured to handle each second is displayed in the Scalability score, and the effectiveness of privacy protection is in the Privacy score. Hyperledger Fabric tends to have the best values in each and every measure, whereas Ethereum is the least competitive in scalability but has a competitive score in security and privacy.

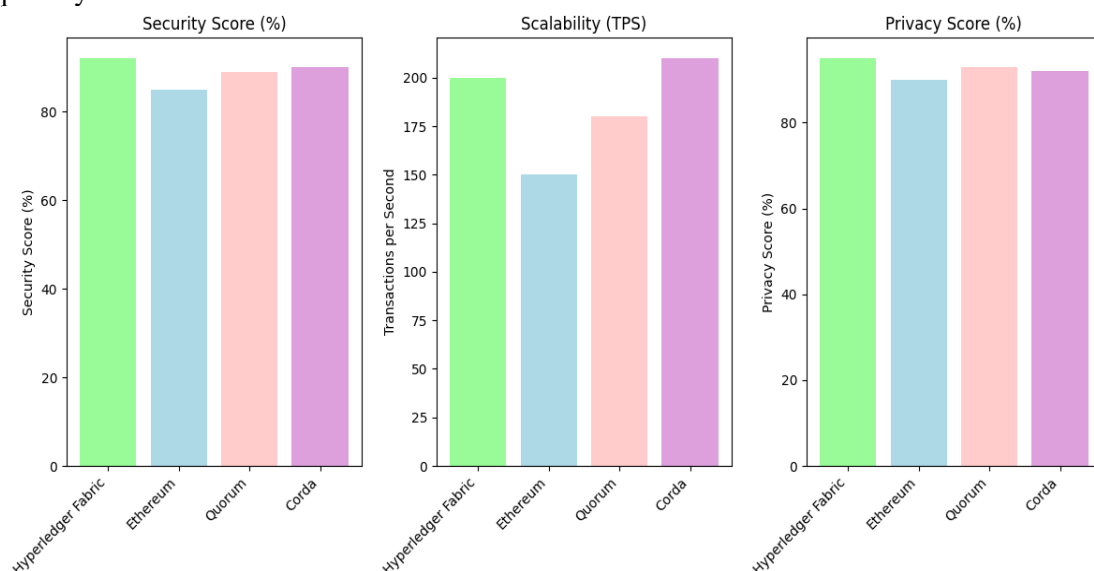


Figure 5. Efficiency comparison of blockchain models in terms of security, scalability, and privacy

CONCLUSION

This article investigates the confluence of artificial intelligence (AI) and blockchain technology in medical care, focusing on their capacity to transform the exchange and management of sensitive healthcare data. The adoption of AI, which has the power to predict and make decisions, in a blockchain system that is immutable and decentralized, helps to alleviate the issues of data fragmentation, privacy,

inefficiencies, and lack of interoperability in healthcare systems. The research reveals that the implementation of the healthcare system using the Blockchain + AI model can bring in an efficient exchange of data and security of the system, incorporated with a higher degree of accuracy in decision-making, as opposed to what can be achieved by traditional systems to a great extent. Data access latency, transactions per second, and prediction accuracy are some of the significant indicators where this integrated system is seen to outperform the traditional ones with higher speed, lower latency, and greater precision in clinical decision-making. Moreover, the paper demonstrates that when AI is integrated with blockchain-based models such as Hyperledger Fabric, it provides excellent performance in security, scalability, and privacy, thus, the best solution for the management of sensitive healthcare data. The incorporation of edge AI has the additional benefit of optimizing the system, cutting down on the delay, and preserving the privacy of the data by eliminating the need for the pooling of data in one central location.

The implementation of worldwide interoperability standards is a prerequisite for the full benefits of such integration to be reaped. The regulations set out in those standards will include borderless and institutional data exchanges, thus enabling blockchain and AI frameworks to function efficiently in multi-vendor, multi-jurisdictional environments. Apart from that, developing firm ethical and legal policies will play an indispensable role in the establishment of a data governance framework that is transparent, fair to all stakeholders, and in line with patient autonomy in the digital health ecosystem. The combined use of AI and blockchain-based technology is set to be a game-changer in data management in healthcare by providing a system that is more secure, efficient, and trustworthy, as well as being able to promote patient privacy and self-governance, while at the same time, it leads to better healthcare outcomes overall. The coming research and technology advances, as well as the regulatory frameworks that are going to be put in place, will further facilitate their application and integration into healthcare systems around the globe.

REFERENCES

- [1] Pandl KD, Thiebes S, Schmidt-Kraepelin M, Sunyaev A. On the convergence of artificial intelligence and distributed ledger technology: A scoping review and future research agenda. IEEE access. 2020 Mar 17;8:57075-95. <https://doi.org/10.1109/ACCESS.2020.2981447>
- [2] Veera Boopathy, E., Peer Mohamed Appa, M.A.Y., Pragadeswaran, S., Karthick Raja, D., Gowtham, M., Kishore, R., Vimalraj, P., & Vissnuvardhan, K. (2024). A Data Driven Approach through IOMT based Patient Healthcare Monitoring System. Archives for Technical Sciences, 2(31), 9-15. <https://doi.org/10.70102/afts.2024.1631.009>
- [3] Dagher GG, Mohler J, Milojkovic M, Marella PB. Ancile: Privacy-preserving framework for access control and interoperability of electronic health records using blockchain technology. Sustainable cities and society. 2018 May 1;39:283-97. <https://doi.org/10.1016/j.scs.2018.02.014>
- [4] Menaka, S. R., Gokul Raj, M., Elakiya Selvan, P., Tharani Kumar, G., & Yashika, M. (2022). A Sensor based Data Analytics for Patient Monitoring Using Data Mining. International Academic Journal of Innovative Research, 9(1), 28–36. <https://doi.org/10.9756/IAJIR/V9I1/IAJIR0905>
- [5] Marwala T, Xing B. Blockchain and artificial intelligence. arXiv preprint arXiv:1802.04451. 2018 Feb 13.
- [6] Krishnan, H., Santhosh, Vijay, & Yasmin, S. (2022). Blockchain for Health Data Management. International Academic Journal of Science and Engineering, 9(2), 23–27. <https://doi.org/10.9756/IAJSE/V9I2/IAJSE0910>
- [7] Dinh TN, Thai MT. AI and blockchain: A disruptive integration. Computer. 2018 Sep;51(9):48-53. <https://doi.org/10.1109/MC.2018.3620971>
- [8] Hamouda, B. E. (2025). Enhancing security and privacy in AI-enabled IoT smart healthcare devices: Practical solutions for protecting patient data. Journal of Internet Services and Information Security, 15(3), 1–17. <https://doi.org/10.58346/JISIS.2025.I3.001>
- [9] Hu Y, Kuang W, Qin Z, Li K, Zhang J, Gao Y, Li W, Li K. Artificial intelligence security: Threats and countermeasures. ACM Computing Surveys (CSUR). 2021 Nov 23;55(1):1-36. <https://doi.org/10.1145/3487890>
- [10] Sunitha, B. J., & Saravana Kumar, S. (2025). A novel hybrid blockchain-ABAC framework for multi-layered access control in cloud-based healthcare systems: Performance optimization and regulatory compliance. Journal of Wireless Mobile Networks, Ubiquitous Computing, and Dependable Applications, 16(3), 178–197. <https://doi.org/10.58346/JOWUA.2025.I3.011>
- [11] Abbas K, Afaq M, Ahmed Khan T, Song WC. A blockchain and machine learning-based drug supply chain management and recommendation system for smart pharmaceutical industry. Electronics. 2020 May 21;9(5):852. <https://doi.org/10.3390/electronics9050852>

- [12] Ghazi A, Alisawi M, Hammood L, Abdullah SS, Al-Dawoodi A, Ali AH, Almallah AN, Hazzaa NM, Wahab YM, Nawaf AY. Data mining and machine learning techniques for coronavirus (COVID-19) pandemic: A review study. In AIP Conference Proceedings 2023 Sep 29 (Vol. 2839, No. 1, p. 040010). AIP Publishing LLC. <https://doi.org/10.1063/5.0167882>
- [13] Ganggayah MD, Taib NA, Har YC, Lio P, Dhillon SK. Predicting factors for survival of breast cancer patients using machine learning techniques. BMC medical informatics and decision making. 2019 Mar 22;19(1):48.
- [14] Gangwal A, Gangavalli HR, Thirupathi A. A survey of layer-two blockchain protocols. Journal of Network and Computer Applications. 2023 Jan 1;209:103539. <https://doi.org/10.1016/j.jnca.2022.103539>
- [15] Periyasamy S, Kaliyaperumal P, Thirumalaisamy M, Balusamy B, Elumalai T, Meena V, Jadoun VK. Blockchain enabled collective and combined deep learning framework for COVID19 diagnosis. Scientific Reports. 2025 May 13;15(1):16527.
- [16] Gao F, Wu T, Chu X, Yoon H, Xu Y, Patel B. Deep residual inception encoder–decoder network for medical imaging synthesis. IEEE journal of biomedical and health informatics. 2019 Apr 22;24(1):39-49. <https://doi.org/10.1109/JBHI.2019.2912659>
- [17] Giger ML, Suzuki K. Computer-aided diagnosis. In Biomedical information technology 2008 Jan 1 (pp. 359-XXII). Academic Press. <https://doi.org/10.1016/B978-012373583-6.50020-7>
- [18] Rakhmanovich IU, Hossein RR, Albdairi M, Omonov Q, Kumaraswamy B. Predictive Analytics and Automation: Transforming Logistics with Artificial Intelligence with Blockchain Intelligence. In 2025 International Conference on Computational Innovations and Engineering Sustainability (ICCIES) 2025 Apr 24 (pp. 1-6). IEEE. <https://doi.org/10.1109/ICCIES63851.2025.11033145>
- [19] Gordon WJ, Catalini C. Blockchain technology for healthcare: facilitating the transition to patient-driven interoperability. Computational and structural biotechnology journal. 2018 Jan 1;16:224-30. <https://doi.org/10.1016/j.csbj.2018.06.003>
- [20] Estiri H, Strasser ZH, Rashidian S, Klann JG, Waghlikar KB, McCoy Jr TH, Murphy SN. An objective framework for evaluating unrecognized bias in medical AI models predicting COVID-19 outcomes. Journal of the American Medical Informatics Association. 2022 Aug 1;29(8):1334-41. <https://doi.org/10.1093/jamia/ocac070>
- [21] Heidari A, Tournaj S, Navimipour NJ, Unal M. A privacy-aware method for COVID-19 detection in chest CT images using lightweight deep conventional neural network and blockchain. Computers in Biology and Medicine. 2022 Jun 1;145:105461. <https://doi.org/10.1016/j.compbiomed.2022.105461>
- [22] Das AK, Bera B, Giri D. AI and blockchain-based cloud-assisted secure vaccine distribution and tracking in iomt-enabled covid-19 environment. IEEE Internet of Things Magazine. 2021 Jul 21;4(2):26-32. <https://doi.org/10.1109/IOTM.0001.2100016>
- [23] Das S, Nayak GK, Saba L, Kalra M, Suri JS, Saxena S. An artificial intelligence framework and its bias for brain tumor segmentation: A narrative review. Computers in biology and medicine. 2022 Apr 1;143:105273. <https://doi.org/10.1016/j.compbiomed.2022.105273>
- [24] Abou El Houda Z, Hafid AS, Khokhi L, Brik B. When collaborative federated learning meets blockchain to preserve privacy in healthcare. IEEE Transactions on Network Science and Engineering. 2022 Sep 30;10(5):2455-65.
- [25] Abugabah A, Nizamuddin N, Alzubi AA. Decentralized telemedicine framework for a smart healthcare ecosystem. Ieee Access. 2020 Sep 4;8:166575-88. <https://doi.org/10.1109/ACCESS.2020.3021823>
- [26] Ahmed I, Chehri A, Jeon G. Artificial intelligence and blockchain enabled smart healthcare system for monitoring and detection of covid-19 in biomedical images. IEEE/ACM transactions on computational biology and bioinformatics. 2023 Jul 12;21(4):814-22. <https://doi.org/10.1109/TCBB.2023.3294333>
- [27] Aich S, Sinai NK, Kumar S, Ali M, Choi YR, Joo MI, Kim HC. Protecting personal healthcare record using blockchain & federated learning technologies. In 2022 24th international conference on advanced communication technology (ICACT) 2022 Feb 13 (pp. 109-112). Ieee. <https://doi.org/10.23919/ICACT53585.2022.9728772>
- [28] Alhadhrami Z, Alghfeli S, Alghfeli M, Abedlla JA, Shuaib K. Introducing blockchains for healthcare. In 2017 international conference on electrical and computing technologies and applications (ICECTA) 2017 Nov 21 (pp. 1-4). IEEE. <https://doi.org/10.1109/ICECTA.2017.8252043>
- [29] Alhazmi HE, Eassa FE, Sandokji SM. Towards big data security framework by leveraging fragmentation and blockchain technology. IEEE Access. 2022 Jan 18;10:10768-82. <https://doi.org/10.1109/ACCESS.2022.3144632>
- [30] Ali S, Abdullah, Armand TP, Athar A, Hussain A, Ali M, Yaseen M, Joo MI, Kim HC. Metaverse in healthcare integrated with explainable AI and blockchain: enabling immersiveness, ensuring trust, and providing patient data security. Sensors. 2023 Jan 4;23(2):565. <https://doi.org/10.3390/s23020565>
- [31] Alrubei SM, Ball E, Rigelsford JM. The use of blockchain to support distributed AI implementation in IoT systems. IEEE Internet of Things Journal. 2021 Mar 8;9(16):14790-802. <https://doi.org/10.1109/JIOT.2021.3064176>
- [32] Alruwaili FF. Artificial intelligence and multi agent based distributed ledger system for better privacy and security of electronic healthcare records. PeerJ Computer Science. 2020 Nov 30;6:e323.

- <https://doi.org/10.7717/peerj-cs.323>
- [33] Alruwaili FF, Alabdullah B, Alqahtani H, Salama AS, Mohammed GP, Alneil AA. Blockchain enabled smart healthcare system using jellyfish search optimization with dual-pathway deep convolutional neural network. IEEE Access. 2023 Aug 10;11:87583-91. <https://doi.org/10.1109/ACCESS.2023.3304269>
- [34] Al-Safi H, Munilla J, Rahebi J. Patient privacy in smart cities by blockchain technology and feature selection with Harris Hawks Optimization (HHO) algorithm and machine learning. Multimedia Tools and Applications. 2022 Mar;81(6):8719-43.
- [35] Alzubi JA, Alzubi OA, Singh A, Ramachandran M. Cloud-IIoT-based electronic health record privacy-preserving by CNN and blockchain-enabled federated learning. IEEE Transactions on Industrial Informatics. 2022 Jul 7;19(1):1080-7. <https://doi.org/10.1109/TII.2022.3189170>
- [36] Antal C, Cioara T, Antal M, Anghel I. Blockchain platform for COVID-19 vaccine supply management. IEEE Open Journal of the Computer Society. 2021 Mar 22;2:164-78. <https://doi.org/10.1109/OJCS.2021.3067450>
- [37] Baucas MJ, Spachos P, Plataniotis KN. Federated learning and blockchain-enabled fog-IoT platform for wearables in predictive healthcare. IEEE Transactions on Computational Social Systems. 2023 Jan 17;10(4):1732-41. <https://doi.org/10.1109/TCSS.2023.3235950>
- [38] Bhattacharya P, Tanwar S, Bodkhe U, Tyagi S, Kumar N. Bindaas: Blockchain-based deep-learning as-a-service in healthcare 4.0 applications. IEEE transactions on network science and engineering. 2019 Dec 25;8(2):1242-55. <https://doi.org/10.1109/TNSE.2019.2961932>
- [39] Celesti A, Ruggeri A, Fazio M, Galletta A, Villari M, Romano A. Blockchain-based healthcare workflow for tele-medical laboratory in federated hospital IoT clouds. Sensors. 2020 May 2;20(9):2590. <https://doi.org/10.3390/s20092590>
- [40] Chen X, Ji J, Luo C, Liao W, Li P. When machine learning meets blockchain: a decentralized, privacy-preserving and secure design. In: Proceedings of the IEEE International Conference on Big Data (Big Data); 2018 Dec 10; Seattle, WA. Piscataway (NJ): IEEE; 2018. p. 1178–1187. <https://doi.org/10.1109/BigData.2018.8622598>
- [41] Cheng X, Chen F, Xie D, Sun H, Huang C. Design of a secure medical data sharing scheme based on blockchain. Journal of medical systems. 2020 Feb;44(2):52.
- [42] Cheng AS, Guan Q, Su Y, Zhou P, Zeng Y. Integration of machine learning and blockchain technology in the healthcare field: a literature review and implications for cancer care. Asia-Pacific journal of oncology nursing. 2021 Nov 1;8(6):720-4. <https://doi.org/10.4103/apjon.apjon-2140>
- [43] Churi P, Pawar A, Moreno-Guerrero AJ. A comprehensive survey on data utility and privacy: Taking Indian healthcare system as a potential case study. Inventions. 2021 Jun 23;6(3):45. <https://doi.org/10.3390/inventions6030045>
- [44] Dilmaghani S, Brust MR, Danoy G, Cassagnes N, Pecero J, Bouvry P. Privacy and security of big data in AI systems: A research and standards perspective. In: 2019 IEEE international conference on big data (big data) 2019 Dec 9 (pp. 5737-5743). IEEE. <https://doi.org/10.1109/BigData47090.2019.9006283>
- [45] Dorri A, Kanhere SS, Jurdak R. Blockchain in internet of things: challenges and solutions. arXiv preprint arXiv:1608.05187. 2016 Aug 18.
- [46] Duan Y, Edwards JS, Dwivedi YK. Artificial intelligence for decision making in the era of Big Data—evolution, challenges and research agenda. International journal of information management. 2019 Oct 1;48:63-71. <https://doi.org/10.1016/j.ijinfomgt.2019.01.021>
- [47] Durga R, Poovammal E. Fled-block: Federated learning ensembled deep learning blockchain model for covid-19 prediction. Frontiers in Public Health. 2022 Jun 17;10:892499. <https://doi.org/10.3389/fpubh.2022.892499>
- [48] Ekblaw A, Azaria A, Halamka JD, Lippman A. A case study for blockchain in healthcare: “MedRec” prototype for electronic health records and medical research data. In: Proceedings of the IEEE Open & Big Data Conference; 2016 Aug 13; Vienna, Austria. Piscataway (NJ): IEEE; 2016. <https://doi.org/10.1109/OBD.2016.11>
- [49] El Rifai O, Biotteau M, de Boissezon X, Megdiche I, Ravat F, Teste O. Blockchain-based federated learning in medicine. In: International conference on artificial intelligence in medicine 2020 Aug 25 (pp. 214-224). Cham: Springer International Publishing.
- [50] Feng Q, He D, Zeadally S, Khan MK, Kumar N. A survey on privacy protection in blockchain system. Journal of network and computer applications. 2019 Jan 15;126:45-58. <https://doi.org/10.1016/j.jnca.2018.10.020>
- [51] Feng L, Yang Z, Guo S, Qiu X, Li W, Yu P. Two-layered blockchain architecture for federated learning over the mobile edge network. IEEE network. 2021 Jan 8;36(1):45-51. <https://doi.org/10.1109/MNET.011.2000339>
- [52] Funk E, Riddell J, Ankel F, Cabrera D. Blockchain technology: a data framework to improve validity, trust, and accountability of information exchange in health professions education. Academic Medicine. 2018 Dec 1;93(12):1791-4. <https://doi.org/10.1097/ACM.0000000000002326>

- [53] Guo R, Shi H, Zheng D, Jing C, Zhuang C, Wang Z. Flexible and efficient blockchain-based ABE scheme with multi-authority for medical on demand in telemedicine system. Ieee Access. 2019 Jun 28;7:88012-25. <https://doi.org/10.1109/ACCESS.2019.2925625>
- [54] Gupta R, Tanwar S, Tyagi S, Kumar N, Obaidat MS, Sadoun B. Habits: Blockchain-based telesurgery framework for healthcare 4.0. In2019 international conference on computer, information and telecommunication systems (CITS) 2019 Aug 28 (pp. 1-5). IEEE. <https://doi.org/10.1109/CITS.2019.8862127>
- [55] Haddad A, Habaebi MH, Islam MR, Hasbullah NF, Zabidi SA. Systematic review on ai-blockchain based e-healthcare records management systems. IEEE access. 2022 Aug 26;10:94583-615.
- [56] Hang L, Kim B, Kim K, Kim D. [Retracted] A Permissioned Blockchain-Based Clinical Trial Service Platform to Improve Trial Data Transparency. BioMed research international. 2021;2021(1):5554487. <https://doi.org/10.1109/ACCESS.2022.3201878>
- [57] Hao Z, Wang G, Tian C, Zhang B. A distributed computation model based on federated learning integrates heterogeneous models and consortium blockchain for solving time-varying problems. arXiv preprint arXiv:2306.16023. 2023 Jun 28.
- [58] Hasselgren A, Wan PK, Horn M, Kralevska K, Gligoroski D, Faxvaag A. GDPR compliance for blockchain applications in healthcare. arXiv preprint arXiv:2009.12913. 2020 Sep 27.
- [59] Hepp T, Schoenhals A, Gondek C, Gipp B. OriginStamp: A blockchain-backed system for decentralized trusted timestamping. it-Information Technology. 2018 Dec 1;60(5-6):273-81. <https://doi.org/10.1515/itit-2018-0020>
- [60] Benji M, Sindhu M. A study on the Corda and Ripple blockchain platforms. InAdvances in Big Data and Cloud Computing: Proceedings of ICBDC18 2018 Dec 12 (pp. 179-187). Singapore: Springer Singapore.
- [61] Francisco K, Swanson D. The supply chain has no clothes: Technology adoption of blockchain for supply chain transparency. Logistics. 2018 Jan 5;2(1):2. <https://doi.org/10.3390/logistics2010002>
- [62] Buterin V, Illum J, Nadler M, Schär F, Soleimani A. Blockchain privacy and regulatory compliance: Towards a practical equilibrium. Blockchain: Research and Applications. 2024 Mar 1;5(1):100176. <https://doi.org/10.1016/j.bcr.2023.100176>
- [63] Hamze L. Blockchain-based solution for covid-19 vaccine distribution. Worcester Polytech Inst. 2021 Oct 12.
- [64] Bathula A, Merugu S, Skandha SS. Academic projects on certification management using blockchain-a review. In2022 International Conference on Recent Trends in Microelectronics, Automation, Computing and Communications Systems (ICMACC) 2022 Dec 28 (pp. 1-6). IEEE. <https://doi.org/10.1109/ICMACC54824.2022.10093679>
- [65] Anita N, Vijayalakshmi M. Blockchain security attack: A brief survey. In2019 10th International Conference on Computing, Communication and Networking Technologies (ICCCNT) 2019 Jul 6 (pp. 1-6). IEEE. <https://doi.org/10.1109/ICCCNT45670.2019.8944615>
- [66] Gori M, Monfardini G, Scarselli F. A new model for learning in graph domains. InProceedings. 2005 IEEE international joint conference on neural networks, 2005. 2005 Jul 31 (Vol. 2, pp. 729-734). IEEE. <https://doi.org/10.1109/IJCNN.2005.1555942>
- [67] Gräther W, Kolvenbach S, Ruland R, Schütte J, Torres C, Wendland F. Blockchain for education: lifelong learning passport. InProceedings of 1st ERCIM Blockchain workshop 2018 2018. European Society for Socially Embedded Technologies (EUSSET). https://doi.org/10.18420/blockchain2018_07
- [68] Bose A, Sarkar P, Jana P. Data biasing removal with blockchain and crowd annotation. Procedia Computer Science. 2024 Jan 1;233:692-702. <https://doi.org/10.1016/j.procs.2024.03.258>
- [69] Doi K, MacMahon H, Katsuragawa S, Nishikawa RM, Jiang Y. Computer-aided diagnosis in radiology: potential and pitfalls. European journal of Radiology. 1999 Aug 1;31(2):97-109. [https://doi.org/10.1016/S0720-048X\(99\)00016-9](https://doi.org/10.1016/S0720-048X(99)00016-9)
- [70] Baaske A, Brotto LA, Galea LA, Albert AY, Smith L, Kaida A, Booth A, Gordon S, Sadarangani M, Racey CS, Gottschlich A. Barriers to accessing contraception and cervical and breast cancer screening during COVID-19: a prospective cohort study. Journal of Obstetrics and Gynaecology Canada. 2022 Oct 1;44(10):1076-83. <https://doi.org/10.1016/j.jogc.2022.05.011>
- [71] Belchior R, Somogyvari P, Pfannschmidt J, Vasconcelos A, Correia M. Hephaestus: Modeling, analysis, and performance evaluation of cross-chain transactions. IEEE Transactions on Reliability. 2023 Dec 18;73(2):1132-46. <https://doi.org/10.1109/TR.2023.3336246>
- [72] Chen C, Wu Y, Dai Q, Zhou HY, Xu M, Yang S, Han X, Yu Y. A survey on graph neural networks and graph transformers in computer vision: A task-oriented perspective. IEEE Transactions on Pattern Analysis and Machine Intelligence. 2024 Aug 19. <https://doi.org/10.1109/TPAMI.2024.3445463>
- [73] Davenport T, Kalakota R. The potential for artificial intelligence in healthcare. Future healthcare journal. 2019 Jun 1;6(2):94-8. <https://doi.org/10.7861/futurehosp.6-2-94>