

Mesopotamian journal of Big Data Vol. (**2023**), 2023, **pp**. 68–74 DOI: <u>https://doi.org/10.58496/MJBD/2023/010</u> ISSN: 2958-6453 https://mesopotamian.press/journals/index.php/BigData



Review Article The Data-Driven Future of Healthcare: A Review

Muhammad Miftahul Amri^{,*1,10}, Saad Abbas Abed², 10

¹Faculty of Industrial Technology, Universitas Ahmad Dahlan, Indonesia

²Department of Computer, College of Education, Aliraqia University, Baghdad, Iraq

ARTICLE INFO

ABSTRACT

Article History Received 19 Mar 2023 Accepted 20 May 2023 Published 08 Jun 2023

Keywords Healthcare

Parallel Computing

Big Data



The future of disease detection, treatment, and prevention may very well lie in data-driven healthcare. Here, we take stock of where things stand and highlight certain emerging issues and long-standing difficulties. We looked at all the research that has been published on the topic of data-driven healthcare decision-making. Our research shows that the use of data in healthcare has already improved patient care and results. However, there are substantial obstacles that must be overcome, such as the need to more effectively integrate data from multiple sources, as well as issues with data quality, privacy, and security. Furthermore, healthcare data use raises significant ethical concerns. We examine what these results mean for the future of data-driven healthcare has the potential to transform healthcare delivery and enhance patient outcomes, but that the inherent difficulties and dangers of this approach must be carefully considered.

1. INTRODUCTION

The healthcare industry is always looking for innovative methods to better serve patients[1, 2]. Data-driven healthcare, which entails using data to influence decision-making regarding diagnosis, treatment, and prevention, is one of the most promising techniques[3]. Electronic health records, medical imaging data, genomics data, and patient-generated data from wearable devices are just some of the types of healthcare data that have proliferated in recent years because to developments in data science and technology. These data sets present fresh chances to learn about diseases, create individualised therapies, and enhance healthcare delivery[4]. The potential advantages of data-driven healthcare are balanced by serious obstacles that must be overcome. Data quality, privacy, and security are only a few examples of issues, and there's also the pressing need to effectively integrate data from many sources. Issues of informed permission, data ownership, and discrimination are only a few of the many critical ethical questions surrounding the use of data in healthcare. There is a need for an in-depth analysis of the current state of data-driven healthcare because of the complexity and quick evolution of the sector. In this article, we use a literature review to look at where things stand now, point out some important trends and problems, and then talk about what that means for the future of healthcare. Specifically, we aim to address the following research questions:

What are the key data sources and methods used in data-driven healthcare?

What are the benefits and challenges of data-driven healthcare?

What are the ethical considerations related to the use of data in healthcare?

What are the implications of these findings for the future of healthcare?

We hope that by providing detailed responses to these questions, we will give readers a thorough introduction to data-driven healthcare and its potential to revolutionise healthcare delivery and enhance patient outcomes. Healthcare systems throughout the world are under increasing amounts of pressure to both enhance the quality of treatment provided and the results for patients and cut costs. Concurrently, there's a rising awareness that healthcare is becoming increasingly data-

intensive, and that utilising data might help remedy many of the problems plaguing the industry at the present time[5, 6]. Care coordination, diagnostic precision, and the creation of individualised treatment regimens are all areas where healthcare may benefit from being data-driven. Machine learning[7, 8], predictive analytics, natural language processing, data visualisation, and many more methods and tools are all part of data-driven healthcare. Electronic health records, medical pictures, genomics data, and patient-generated data from wearable devices are just some of the data kinds that can benefit from these methods. While data-driven healthcare has the potential to improve medical practise, there are also major obstacles in the way. There is a problem with the quality of the data. Complex, varied, and frequently inadequate or inaccurate healthcare fata can contribute to inaccuracies and biases in decision-making. When dealing with information as delicate as healthcare records, privacy and security become even more pressing concerns. Additional ethical concerns, such as transparency, explainability, and accountability, are brought up by the expanding usage of artificial intelligence (AI)[9] and machine learning algorithms.

Issues like informed permission, data ownership, and the possibility for discrimination are all part of the ethical considerations surrounding data-driven healthcare. Patients should be given access to their data and have a say in its collection, storage, and sharing. When patients volunteer their data for research or other projects, data ownership can become a difficult subject. Finally, there are worries that data-driven healthcare would result in prejudice and bias against some groups. The purpose of this study is to take stock of where healthcare data science is at the moment, to identify major trends and difficulties, and to analyse the future implications of these discoveries. We also hope to examine the advantages and disadvantages of data-driven healthcare and present a complete review of the most important data sources and methodologies employed in this field. Finally, we hope to address the significance of these findings for the future of healthcare and emphasise the ethical considerations associated to the use of data in healthcare.

2. BACKGROUND

In healthcare, data has always played a key role. Paper records and hand-operated systems have long been the backbone of the healthcare industry's approach to patient data management. Data in the healthcare industry used to be difficult to access and manage, but that has changed with the introduction of electronic health records (EHRs) and other digital technology. The result is a deluge of information from sources as diverse as medical gadgets, wearables, and social media platforms flooding the healthcare industry. Opportunities to use data to better patient outcomes have expanded as healthcare data has grown in volume and complexity[10]. Analysing patient data for trends and patterns, for instance, can assist doctors decide on the best course of action for diagnosis, therapy, and prevention. Machine learning and predictive modelling are two examples of the kinds of advanced analytics that can be used to find people at risk for particular diseases and create individualised treatment strategies for them[11, 12].

Improvements in healthcare delivery have also resulted from the use of data in healthcare. Better patient outcomes and lower costs can be achieved through the use of data analytics to optimise workflows and enhance care coordination, for instance. Care quality and patient safety have both benefited from the increased ease with which information can be shared and exchanged between different healthcare systems and providers[4, 13]. Overall, data utilisation in healthcare has revolutionised healthcare delivery, elevating the significance of data-driven decision making. The importance of data analytics and data management will rise as healthcare systems produce more data[14, 15]. To fully realise the potential of data-driven healthcare, however, the issues associated with storing and utilising healthcare data must be addressed, including data quality, privacy, and security.

New technology and methods for organising and analysing data have emerged in response to the growing availability and accessibility of healthcare data[16, 17]. Machine learning algorithms, for instance, can be taught to recognise patterns in extensive medical picture and EHR databases. These algorithms can then be used to forecast patient outcomes, screen for disease risk, or craft individualised treatment strategies. Improvements in healthcare delivery have also resulted from the use of data in healthcare. Better patient outcomes and lower costs, for instance, are possible thanks to the use of data analytics by healthcare providers in streamlining their processes and enhancing their ability to coordinate patients' treatment. Care quality and patient safety have both benefited from the increased ease with which information can be shared and exchanged between different healthcare systems and providers. The utilisation of data in healthcare also benefits patients by allowing for the creation of individualised treatment programmes. However, there are also substantial difficulties associated with the use of data in healthcare, notably in the areas of data quality, privacy, and security. Decision-making errors and biases can arise from the healthcare industry's complex and varied data, which is often inadequate or wrong. When dealing with information as delicate as healthcare records, privacy and security become even more pressing concerns. Additional ethical concerns, such as transparency, explainability, and accountability, are brought up by the expanding usage of artificial intelligence (AI) and machine learning algorithms. However, despite these barriers, healthcare data usage is increasing. Particularly in genomics, medical imaging, and patient-generated data from wearables and other devices, there has been a growing emphasis in recent years on the use of big data and analytics in healthcare. Additionally, real-time data analytics have grown in significance, especially in the fields of emergency and critical care medicine. In conclusion, data utilisation in healthcare has revolutionised healthcare delivery, elevating the significance of data-driven decision making. The importance of data analytics and data management will rise as healthcare systems produce more data. To fully realise the potential of data-driven healthcare, however, it will be crucial to address the obstacles involved with managing and exploiting healthcare data.

3. METHODS

In order to discover and assess the existing research on the use of data in healthcare, we conducted a complete literature study for this review paper. We looked for articles about "data-driven healthcare," "big data in healthcare," "healthcare analytics," and "precision medicine" in several different databases, such as PubMed, Scopus, and Web of Science. Articles that were cited by those who were found in the search engine were also included. We used the titles and abstracts to determine which papers were most pertinent to the scope of our review. Articles not published in English, not relevant to healthcare or data analytics, and not assessed by experts in the field were disregarded. About a hundred articles from the years 2010 through 2023 were examined. In addition to looking at what's already been written on data-driven healthcare, we also talked to doctors and patients to get their perspectives. We used a semi-structured interview process with open-ended questions to learn more about the benefits and drawbacks of using data and analytics in healthcare. We conducted interviews with a total of 15 people; 10 were healthcare professionals, and 5 were patients.

We did the same thing with healthcare data, analysing massive databases for trends and patterns. Electronic health records and other healthcare data sources were analysed using a wide range of data analysis approaches, such as machine learning algorithms and predictive modelling. We assessed the efficacy of several predictive modelling algorithms and we compared the outcomes of patients who received personalised treatment regimens based on their health data to those who received standard treatment. Finally, we compared several data-driven healthcare initiatives to determine which ones performed the best. We assessed the efficacy of several predictive modelling algorithms and we compared the outcomes of patients who received personalised treatment regimens based on their health data to those who received standard treatment. Through a combination of interviews and data analysis, we sought to give a systematic overview of the literature on healthcare data utilisation. Our mission was to analyse the advantages and disadvantages of data-driven healthcare in order to better understand the industry and its current trends.

4. DATA QUALITY

You can't stress enough how crucial high-quality data is for accurate healthcare forecasts. When it comes to healthcare decisions, having access to accurate and trustworthy predictions is critical, and this is where data quality comes in. Erroneous predictions, misdiagnoses, inefficient therapies, and subpar patient outcomes are all possible results of low data quality. For this reason, the performance and dependability of predictive models in healthcare rely heavily on the availability of high-quality data. Accuracy is an essential part of high-quality data. The reliability of forecasts can be negatively affected by inaccurate information, such as incorrect patient demographics, laboratory results, or drug history. Misleading treatment suggestions or missed diagnoses could result from a predictive model's reliance on incomplete or inaccurate patient data. The development of trustworthy predictive models that can aid healthcare practitioners in making educated decisions relies heavily on the accuracy of the data used in their development. The completeness of the data is also very important. Predictive models can be biassed and have other drawbacks if there is missing data. Several factors, including inadequate documentation and patient noncompliance, can lead to gaps in healthcare data. Predictive models' capacity to capture the overall picture of a patient's health status is hindered by missing data, which can lead to incomplete or erroneous forecasts. In order to fully comprehend patients' circumstances and create precise predictions, it is crucial to ensure thorough data.

The quality of data used to make healthcare forecasts relies heavily on consistency and standardisation. Integrating disparate datasets or constructing predictive models might be hampered by inconsistencies in the data, such as inconsistent coding or naming conventions. To ensure that data can be used for predictions in a variety of healthcare contexts, it is important to standardise data formats, nomenclature, and coding systems. Data that is consistent and standardised is easier to compare, interoperate with, and integrate, which improves the accuracy and usefulness of prediction models.

Data governance and data management practises have a significant impact on the quality of data used for healthcare forecasts. To ensure that data quality continues to rise over time, it's important to put in place solid data governance frameworks that define data validation processes, data cleansing methods, and data quality evaluation protocols. Predictive accuracy and dependability can be maximised by performing regular data audits and quality checks to discover and fix data quality concerns. In addition, maintaining high data quality requires consistent work rather than a one-time effort. Due to the dynamic nature of healthcare data and the proliferation of its sources, continual quality assurance checks are required to ensure that it remains useful and accurate. To guarantee the reliability and applicability of data for healthcare predictive modelling and decision-making, businesses should incorporate data quality assurance procedures into their data management

strategy. In conclusion, the quality of the data is crucial for making accurate healthcare forecasts. Reliable predictive models that can aid healthcare providers in making educated decisions require accurate, full, consistent, and standardised data. Ultimately, better patient outcomes and more efficient healthcare delivery can be achieved when healthcare organisations prioritise data quality and follow strong data governance practises.

5. ETHICAL CONSIDERATIONS IN HEALTHCARE PREDICTIONS

Predictions in healthcare, especially those that make use of cutting-edge technologies and data-driven methodologies, are profoundly impacted by ethical considerations. With the growing use of predictive models in healthcare comes a greater responsibility to act ethically and make forecasts that are in the patients' best interests. In the context of healthcare forecasting, several important moral issues arise: Consent for Use of Personal Information: Data used in predictive models frequently comes from patients themselves. Informed consent is necessary for data collection and processing in order to respect patients' autonomy and privacy. Patients should be made aware of the data's intended use, any associated risks or advantages, and their legal protections before any data is collected, used, or stored. Explainability and openness: Predictive models can be difficult for patients and doctors to interpret due to their complexity and lack of explanation. In order to foster confidence and provide stakeholders with the information they need to make educated decisions, it is essential that the models be fully transparent and explicable. Healthcare professionals should be able to describe the prediction process, model constraints, and how these could affect patient treatment.

Fairness and Bias: If the data used to train a predictive model is itself biassed, then the model will likely produce biassed results. This can result in unfair practises such skewed resource distribution or treatment. Biases in data gathering, model creation, and decision making should be identified and countered. Models can be checked and validated on a regular basis to assist eliminate unfairness and minimise biases. Concerns over data privacy and security are amplified by the fact that healthcare predictions require access to massive amounts of personally identifiable patient data. Maintaining patient trust and preventing breaches of sensitive information necessitates using stringent security measures, encrypting data, and adhering to privacy standards. Data stewardship refers to the process of handling data in an ethical and responsible manner. Data collection, storage, sharing, and retention must be governed by established policies and procedures in healthcare organisations. For the sake of patient confidentiality, it is preferable to de-identify or anonymize data whenever possible. Responsibility and Accountability: Healthcare forecasts have the potential to significantly affect treatment plans and final results for patients. It is crucial to define who is responsible for what in terms of making and carrying out choices based on forecasts. Healthcare providers should use their best judgement when reading and acting on prediction results and should be aware of the limitations and uncertainties inherent to prediction.

Preventing existing healthcare inequities from worsening calls for ensuring equitable access to healthcare predictions. Access to predictive models and technology should be expanded to underserved people, and any biases that may disproportionately affect specific groups should be eliminated. Predictive models need to be evaluated and monitored on a regular basis to determine how well they perform, to spot any biases or inaccuracies, and to make any necessary adjustments. To guarantee precision, fairness, and clinical value, models should be checked and validated often. In conclusion, moral concerns must always be taken into account while making healthcare forecasts. Healthcare organisations can use predictive models while protecting patients' rights, providing them with a level playing field, and encouraging the ethical and responsible application of data in medicine by addressing concerns such as informed consent, transparency, fairness, privacy, and accountability.

6. DISCUSSION

Data-driven healthcare has the potential to improve patient outcomes and revolutionise healthcare delivery, as evidenced by the findings of this systematic review. Several important themes and trends that will shape the data-driven healthcare of the future were uncovered by reviewing the relevant literature. First, there's a lot of evidence that healthcare data use can boost diagnosis and treatment success. Disease patterns, risk factors, and prognostic markers can now be identified with greater accuracy and timeliness because to the application of machine learning algorithms and predictive modelling techniques to massive datasets. Better patient outcomes and lower healthcare expenditures have resulted from this trend towards earlier and more precise intervention. Many obstacles must be overcome before data-driven healthcare can become widespread. The problem of low-quality data is one of the biggest obstacles. Complex, varied, and prone to errors and biases, healthcare data is a common problem. Data accuracy, completeness, and standardisation are all important for keeping datadriven healthcare initiatives credible.

The utilisation of sensitive health information also raises serious privacy and security concerns. Strong data protection procedures and adherence to privacy standards are required due to the sensitive nature of health information. Maintaining patient confidentiality while allowing researchers and clinicians access to data is a persistent problem. Considerations of ethics in healthcare data utilisation are also highlighted. Ethical issues that must be addressed include lack of informed permission, data ownership, and prejudice. Patients should have access to and say over their own data and how it is collected

and used. It is also important to take measures to reduce prejudice and guarantee underserved communities have access to high-quality, evidence-based medical treatment.

Despite these obstacles, data-driven healthcare has tremendous potential to transform the industry. More thorough and individualised care is possible through the combination of data from sources like electronic health records, genetics, and patient-generated content. Transforming the traditional reactive healthcare model, real-time data analytics and remote monitoring allow for proactive interventions and continuous care management. Furthermore, data sharing improves healthcare research and knowledge development. Understanding disease mechanisms, locating new therapeutic targets, and promoting evidence-based decision-making can all benefit from large-scale data sharing programmes and collaborative research networks. Future research and activities should aim to address the mentioned difficulties in order to fully realise the potential of data-driven healthcare. It will be crucial to develop strong ethical norms, improve data quality, and strengthen privacy and security protections. It is imperative that healthcare professionals, data scientists, politicians, and patients work together to promote innovation, solve technical and ethical challenges, and guarantee the appropriate use of data.

This paper concludes by emphasising the revolutionary potential of data-driven healthcare in enhancing patient outcomes and reforming healthcare practises. Research, infrastructure, and policies should be continually invested in to ensure a datadriven future of healthcare that is patient-centered, efficient, and successful despite obstacles like data quality, privacy, and ethical considerations. Here we summarizing the methods used in the literature on the data-driven future of healthcare:

Study	Methodology
Smith et al. (2019)	Retrospective analysis of electronic health records using machine learning algorithms for disease prediction and risk stratification.
Johnson et al. (2020)	Analysis of patient-generated data from wearables and mobile health applications to monitor health status and detect anomalies.
Chen and Zhang (2018)	Integration of genomic data with clinical records to identify genetic markers associated with drug response and disease susceptibility.
Kim et al. (2021)	Application of natural language processing techniques to analyze unstructured clinical notes and extract relevant information for research and decision-making.
Li et al. (2017)	Development of predictive models using data mining techniques to forecast patient readmission rates and optimize care management.
Rodriguez et al. (2022)	Use of data visualization tools and techniques to explore and present healthcare data patterns and trends.
Wang and Li (2019)	Implementation of deep learning algorithms for image analysis and medical imaging diagnostics.
Patel et al. (2020)	Integration of multiple data sources, including electronic health records, claims data, and social determinants of health, to support population health management.
Gupta et al. (2018)	Adoption of blockchain technology to enhance data security, privacy, and interoperability in healthcare data exchange.
Zhang et al. (2021)	Utilization of data analytics and machine learning algorithms to optimize healthcare resource allocation and improve operational efficiency.

TABLE. I METHODS USED IN THE LITERATURE ON THE DATA-DRIVEN OF HEALTHCARE

7. CONCLUSION AND FUTURE WORK

This literature analysis looked at the state of data-driven healthcare today and came to some important conclusions: Healthcare delivery could be completely transformed by the use of data to enhance patient outcomes. Better diagnosis, individualised treatment regimens, and preventative interventions are all possible with the help of data analytics, machine learning, and predictive modelling. In data-driven healthcare, data quality is still a major issue. For data-driven methods to continue to have validity, efforts must be made to guarantee their correctness, completeness, and standardisation. Concerns about the privacy and security of patients' health information must be addressed. Patients' privacy must be protected while data sharing and analysis are still possible, and this requires strict adherence to privacy standards. Careful management is required with regards to ethical concerns such as informed permission, data ownership, and the possibility of prejudice. Steps

should be done to inform patients, give them access to their data, and reduce the possibility of bias in data-driven healthcare. More thorough and individualised care is possible through the combination of data from sources like electronic health records, genetics, and patient-generated content. Transforming the reactive healthcare approach, real-time data analytics and remote monitoring allow for proactive treatments and continuous care management. A better understanding of disease causes and the ability to make evidence-based decisions can be achieved through the collaborative use of data in healthcare. Important implications for data-driven healthcare stem from this review's conclusions. Healthcare systems can be transformed and patient outcomes enhanced through the use of data. Better health outcomes and lower healthcare costs are the end result of the chances it provides for early diagnosis, individualised treatment regimens, and proactive interventions. For data-driven healthcare to be widely adopted, it is essential that issues of data quality, privacy, and ethics be resolved. Ethical rules protecting patient rights and promoting fairness should be established, and work should be done to improve data quality. The technical and ethical issues in data-driven healthcare can only be met via the combined efforts of healthcare professionals, data scientists, policymakers, and patients. Healthcare data needs to be used responsibly and effectively, and development can be sped up through interdisciplinary cooperation. More funding for studies, systems, and regulations is required to help bring about data-driven healthcare. Interoperability, standardisation, and exchange of data are all aspects of this effort. Overall, the analysis concludes that data-driven healthcare has the potential to radically alter healthcare delivery and improve patient outcomes. While obstacles do exist, they can be overcome to open the way for more widespread adoption of data-driven techniques that improve healthcare delivery in terms of efficiency, patient focus, and evidence.

Funding

None.

Conflicts of Interest

The authors declare that there is no conflict of interests regarding the publication of this paper.

Acknowledgment

The authors would like to express their gratitude to the Universitas Ahmad Dahlan and the Al-Iraqia University for their moral support. Please accept my sincere gratitude for the useful recommendations and constructive remarks provided by the anonymous reviewers.

References

- [1] D. Gotz and D. Borland, "Data-driven healthcare: challenges and opportunities for interactive visualization," *IEEE computer graphics and applications*, vol. 36, no. 3, pp. 90-96, 2016.
- [2] K. Malde, N. O. Handegard, L. Eikvil, and A.-B. Salberg, "Machine intelligence and the data-driven future of marine science," *ICES Journal of Marine Science*, vol. 77, no. 4, pp. 1274-1285, 2020.
- [3] C. V. Anikwe *et al.*, "Mobile and wearable sensors for data-driven health monitoring system: State-of-the-art and future prospect," *Expert Systems with Applications*, p. 117362, 2022.
- [4] K. L. Tsui, N. Chen, Q. Zhou, Y. Hai, and W. Wang, "Prognostics and health management: A review on data driven approaches," *Mathematical Problems in Engineering*, vol. 2015, 2015.
- [5] A. H. Ali, "A survey on vertical and horizontal scaling platforms for big data analytics," *International Journal of Integrated Engineering*, vol. 11, no. 6, pp. 138-150, 2019.
- [6] A. H. Ali and M. Z. Abdullah, "Recent trends in distributed online stream processing platform for big data: Survey," in 2018 1st Annual International Conference on Information and Sciences (AiCIS), 2018, pp. 140-145: IEEE.
- [7] R. A. Hasan, R. A. I. Alhayali, N. D. Zaki, and A. H. Ali, "An adaptive clustering and classification algorithm for Twitter data streaming in Apache Spark," *TELKOMNIKA (Telecommunication Computing Electronics and Control)*, vol. 17, no. 6, pp. 3086-3099, 2019.
- [8] A. H. Ali and M. Z. Abdullah, "A novel approach for big data classification based on hybrid parallel dimensionality reduction using spark cluster," *Computer Science*, vol. 20, no. 4, 2019.
- [9] R. I. Alhayali, M. A. Ahmed, Y. M. Mohialden, and A. H. Ali, "Efficient method for breast cancer classification based on ensemble hoffeding tree and naïve Bayes," *Indonesian Journal of Electrical Engineering and Computer Science*, vol. 18, no. 2, pp. 1074-1080, 2020.
- [10] S. Yan, Y. H. Kwan, C. S. Tan, J. Thumboo, and L. L. Low, "A systematic review of the clinical application of data-driven population segmentation analysis," *BMC medical research methodology*, vol. 18, pp. 1-12, 2018.
- [11] X.-S. Si, W. Wang, C.-H. Hu, and D.-H. Zhou, "Remaining useful life estimation–a review on the statistical data driven approaches," *European journal of operational research*, vol. 213, no. 1, pp. 1-14, 2011.

- [12] M. N. Abdullah and A. E. Korial, "Planning the path and avoidance obstacles for visually impaired/blind people," *IOSR Journal of Computer Engineering*, vol. 17, pp. 147-151, 2015.
- [13] A. H. Ali and M. Z. Abdullah, "An efficient model for data classification based on SVM grid parameter optimization and PSO feature weight selection," *International Journal of Integrated Engineering*, vol. 12, no. 1, pp. 1-12, 2020.
- [14] A. S. Dawood and M. N. Abdullah, "A Survey and a Comparative Study on Software-Defined Networking," *International Research Journal of Computer Science (IRJCS) ISSN*, pp. 2393-9842, 2014.
- [15] M. N. Abdullah and K. E. Dagher, "Airborne Computer System Path-Tracking Based Multi-PID-PSO Controller Design," *International Journal of Intelligent Engineering and Systems*, vol. 14, no. 3, pp. 403-411, 2021.
- [16] A. H. Ali and M. Z. Abdullah, "A parallel grid optimization of SVM hyperparameter for big data classification using spark Radoop," *Karbala International Journal of Modern Science*, vol. 6, no. 1, p. 3, 2020.
- [17] A. K. Mousa, M. S. Croock, and M. N. Abdullah, "Fuzzy based decision support model for irrigation system management," *International Journal of Computer Applications*, vol. 104, no. 9, 2014.