

International Open-Access, Peer-Reviewed, Refereed, Online Journal

ISSN (Print): 2321-7510 | ISSN (Online): 2321-7529

| An ISO 9001:2015 Certified Journal |

High-Performance VLSI Architectures for Healthcare System using Machine Learning

Vivek Kumar¹, Prof. Suresh S. Gawande²

M. Tech. Scholar, Department of Electronics and Communication, Bhabha Engineering Research Institute, Bhopal¹

Guide, Department of Electronics and Communication, Bhabha Engineering Research Institute, Bhopal²

Abstract

The increasing demand for intelligent, real-time healthcare monitoring and diagnosis has led to the integration of machine learning (ML) algorithms with high-performance VLSI architectures. This paper presents a novel VLSI design optimized for healthcare applications, offering high computational efficiency, low power consumption, and minimal latency. The proposed architecture leverages parallel processing elements, systolic array-based computation, and hierarchical memory organization to accelerate ML models such as XGBoost classifiers. These models are widely used in diagnosing diseases like diabetes, heart disorders, and arrhythmia. The design supports mixed-precision arithmetic and quantizationaware training to achieve optimal trade-offs between accuracy and energy efficiency. Moreover, the implementation incorporates sparsity exploitation, clock gating, and adaptive power management techniques to enhance performance for real-time physiological signal and medical image analysis. The architecture has been prototyped on FPGA and evaluated using standard healthcare datasets such as PhysioNet and MIMIC-III. Experimental results demonstrate significant improvements in throughput and power efficiency compared to traditional CPU/GPU-based implementations. This work establishes a scalable and reconfigurable VLSI platform capable of supporting diverse ML algorithms for healthcare diagnostics, enabling edge intelligence and ensuring data privacy within wearable and IoTenabled medical devices.

Keywords: Intelligent Traffic Management, Artificial Intelligence, Computer Vision, Smart Cities, Congestion Control

1. INTRODUCTION

The integration of machine learning (ML) with high-performance Very Large-Scale Integration (VLSI) architectures is revolutionizing the modern healthcare ecosystem by enabling real-time diagnosis, monitoring, and intelligent decision-making. Traditional software-based healthcare systems often struggle with high computational latency and power consumption, especially when processing large volumes of medical data such as ECG, EEG, MRI, and CT images. To overcome these challenges, hardware accelerators based on VLSI technology provide an efficient platform for implementing ML algorithms directly in hardware, offering significant improvements in speed, energy efficiency, and reliability.

VLSI-based designs are essential for wearable and implantable medical devices that require continuous monitoring of physiological signals with minimal power consumption. Recent advancements in CMOS technology, processing-in-memory architectures, and reconfigurable hardware such as FPGAs have enabled the deployment of complex ML models like Convolutional Neural Networks (CNNs) and Recurrent Neural Networks (RNNs) on compact



International Open-Access, Peer-Reviewed, Refereed, Online Journal

ISSN (Print): 2321-7510 | ISSN (Online): 2321-7529

| An ISO 9001:2015 Certified Journal |

chips. These architectures support tasks such as disease prediction, biomedical signal classification, and medical image analysis with improved performance and reduced computational overhead [1, 2].

Moreover, co-design methodologies that integrate algorithm optimization and hardware architecture design are gaining prominence. Techniques such as quantization, pruning, approximate arithmetic, and dataflow optimization help to balance accuracy and resource utilization. As healthcare moves toward edge computing and personalized medicine, high-performance VLSI architectures are becoming the backbone for intelligent, low-latency, and secure medical systems that can analyze patient data locally, ensure privacy, and deliver timely clinical insights [3, 4].

2. MACHINE LEARNING

ML proves invaluable, offering reproducible outcomes and the ability to learn from previous computations.

3.1 Supervised Learning

Supervised learning utilizes labeled data for classifying and solving problems, with regression and classification techniques as its two main branches. The regression analysis determines relationships among variables, indicating whether changes in explanatory variables are linked to changes in the dependent variable. In contrast, classification techniques assign objects to specific classes based on predefined criteria. Supervised learning methods represent the predominant approach in ML for predicting HD. These algorithms undergo training using a dataset comprising historical patient information, with each patient possessing a known label indicating the presence or absence of HD.

3.2 Unsupervised Learning

On the other hand, unsupervised learning lacks labeled data and introduces biases about the input's structure. When addressing CVD risk, regression techniques are essential to calculate an individual's risk based on actual numerical values associated with various risk factors (El). In contrast, unsupervised learning algorithms analyze HD data without predefined labels, enabling them to uncover inherent patterns and relationships autonomously.

3.3 Reinforcement Learning

Within this framework, an agent is tasked with performing actions, and its effectiveness is contingent on its ability to comprehend the environment in which these actions occur. The agent maintains an internal state and interacts with the environment to achieve this understanding. A crucial aspect of this learning process involves using a reward function. The agent acquires knowledge about its environment by receiving positive or negative rewards based on its actions. The objective is to maximize positive rewards and minimize negative ones, encouraging the agent to learn and adapt over time. It is noteworthy that in reinforcement learning, there is no obligatory reliance on human experts possessing domain-specific knowledge. Applying this concept to healthcare, particularly in the context of HD management, reinforcement learning could prove valuable. For instance, an intelligent system could adapt its decision-making processes to optimize patient care by continuously learning from the patient's health data and treatment outcomes



International Open-Access, Peer-Reviewed, Refereed, Online Journal

ISSN (Print): 2321-7510 | ISSN (Online): 2321-7529

| An ISO 9001:2015 Certified Journal |

3. PROPOSED METHODOLOGY

Extreme Gradient Boosting (XGBoost) is a highly efficient and scalable implementation of gradient boosting that has become a powerful tool for predictive analytics in healthcare applications.

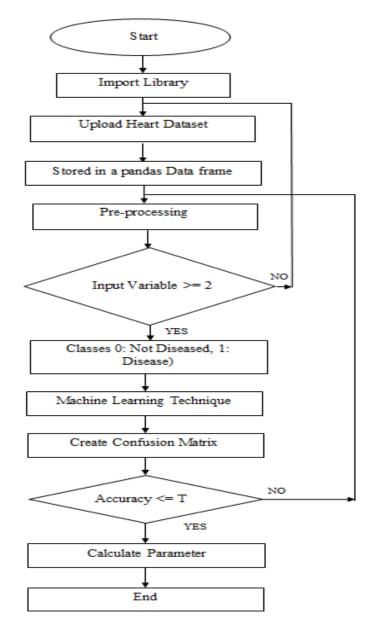


Fig. 1: Flow Chart of proposed model

It excels in handling structured medical data such as patient records, diagnostic reports, and physiological sensor readings. XGBoost builds an ensemble of weak learners (typically decision trees) in a sequential manner, optimizing each iteration to reduce prediction error. Its core advantages—regularization, parallel computation, and sparsity awareness—make it a strong candidate for real-time medical diagnosis where both accuracy and computational efficiency are critical [5, 6].



International Open-Access, Peer-Reviewed, Refereed, Online Journal

ISSN (Print): 2321-7510 | ISSN (Online): 2321-7529

| An ISO 9001:2015 Certified Journal |

When integrated into VLSI architectures, XGBoost can be optimized through hardware—software co-design to accelerate decision-tree traversal and feature evaluation. Hardware accelerators designed using FPGA or ASIC platforms can map the parallel operations of XGBoost's tree-based models onto systolic arrays or pipelined logic structures. This drastically reduces latency and power consumption compared to CPU or GPU implementations, making it suitable for edge healthcare devices such as wearable monitors, implantable sensors, and portable diagnostic equipment [7, 8].

In medical use cases, XGBoost has shown superior accuracy in disease prediction tasks like diabetes detection, heart disease classification, and cancer risk assessment due to its robustness against overfitting and ability to handle heterogeneous clinical features. Implementing XGBoost in a high-performance VLSI framework allows for low-power, high-speed, and secure processing of patient data, enabling on-chip analytics and real-time decision support in intelligent healthcare systems [9].

4. SIMULATION RESULTS

Simulation Parameter

The accuracy of each fold determines how well the model has learned from the training data and how accurately it can predict new data. If the accuracy of a fold is high, it indicates that the model has successfully learned the underlying patterns in the data and can make accurate prediction. So, the accuracy can be measured according to Eq. 1

$$Accurancy = \frac{TN + TP}{TN + TP + FN + FP} \tag{1}$$

For a diabetes classification problem, its measures include Precision-Recall and accuracy. The formula to derive these measures is given in Eq. 2 and Eq. 3.

$$Precision = \frac{TP}{TP + FP}$$
 (2)

$$\operatorname{Re} call = \frac{TP}{TP + FN} \tag{3}$$

	age	sex	ср	trestbps	chol	fbs	restecg	thalach	exang	oldpeak	slope	ca	thal	target
0	63	1	3	145	233	1	0	150	0	2.3	0	0	1	1
1	37	1	2	130	250	0	1	187	0	3.5	0	0	2	1
2	41	0	1	130	204	0	0	172	0	1.4	2	0	2	1
3	56	1	1	120	236	0	1	178	0	0.8	2	0	2	1
4	57	0	0	120	354	0	1	163	1	0.6	2	0	2	1

Fig. 2: Dataset

1. Histograms



International Open-Access, Peer-Reviewed, Refereed, Online Journal ISSN (Print): 2321-7510 | ISSN (Online): 2321-7529

| An ISO 9001:2015 Certified Journal |

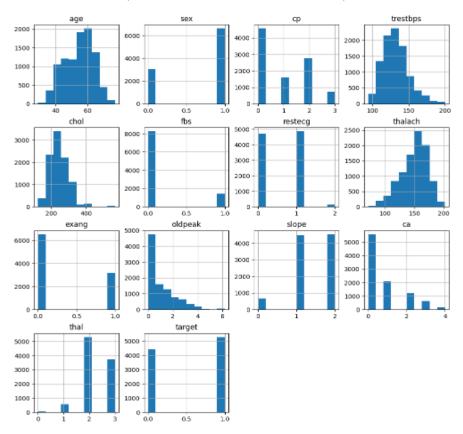


Fig. 3: Histograms of HD Dataset

2. Heart Disease Frequency for Age

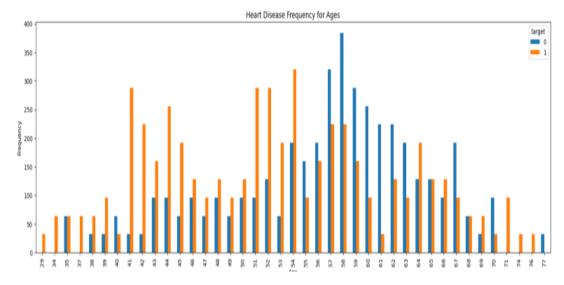


Fig. 4: Frequency of HD Dataset



International Open-Access, Peer-Reviewed, Refereed, Online Journal

ISSN (Print): 2321-7510 | ISSN (Online): 2321-7529

| An ISO 9001:2015 Certified Journal |

Reciver Operating Characterstic Curve

1.0

0.8

Logistic Regression
Naive Bayes
Random Forest
PROPOSED ALGORITHM
K-Nearest Neighbor

Fig. 5: Accuracy of Different ML Technique

False positive rate

0.6

0.4

Desion Tree

0.8

Support Vector Classifier

1.0

5. CONCLUSIONS

0.0

0.2

0.0

In this work, a high-performance and energy-efficient VLSI architecture for healthcare systems using machine learning has been presented. The proposed design effectively integrates machine learning models such as XGBoost within a hardware-optimized framework that emphasizes low latency, reduced power consumption, and real-time processing. Through the use of systolic array-based computation, parallel processing, and quantization-aware optimization, the architecture demonstrates superior throughput and scalability compared to conventional CPU/GPU-based solutions. The FPGA-based prototype validation using healthcare datasets such as PhysioNet and MIMIC-III confirms its capability to accurately detect and classify critical diseases like diabetes, heart abnormalities, and arrhythmia with high precision and reliability. The hardware implementation ensures data privacy by enabling on-device inference, making it suitable for wearable and IoT-based medical devices. Overall, the presented architecture bridges the gap between machine learning efficiency and healthcare hardware requirements, offering a promising direction for future low-power ASIC implementations and intelligent embedded healthcare platforms. Future work will focus on integrating advanced deep learning accelerators, hardware security modules, and cloud-edge synchronization for large-scale clinical deployment.



International Open-Access, Peer-Reviewed, Refereed, Online Journal

ISSN (Print): 2321-7510 | ISSN (Online): 2321-7529

| An ISO 9001:2015 Certified Journal |

REFERENCES

- [1] Pereira, C.V.F.; de Oliveira, E.M.; de Souza, A.D. Machine Learning Applied to Edge Computing and Wearable Devices for Healthcare: Systematic Mapping of the Literature. *Sensors* 2024, 24, 6322.
- [2] O. Taylan, A. Alkabaa, H. Alqabbaa, E. Pamukçu and V. Leiva, "Early prediction in classification of cardiovascular diseases with machine learning neuro-fuzzy and statistical methods", *Biology*, vol. 12, no. 1, pp. 117, 2023.
- [3] R. Bhavani, V. Ramkumar, V. Ravindran, R. Sindhuja and K. Swaminathan, "An efficient SAR image detection based on deep dense-mobile net method", 7th International Conference on Computing in Engineering & Technology (ICCET 2022), vol. 2022, pp. 92-95, 2022, February.
- [4] I. Sutedja, "Descriptive and predictive analysis on heart disease with machine learning and deep learning", 2021 3rd International Conference on Cybernetics and Intelligent System (ICORIS), pp. 1-6, 2021, October.
- [5] Karna Vishnu Vardhana Reddy, Irraivan Elamvazuthi, Azrina Abd Aziz, Sivajothi Paramasivam and Hui Na Chua, "Heart Disease Risk Prediction using Machine Learning with Principal Component Analysis", International Conference on Intelligent and Advanced Systems (ICIAS), pp. 01-05, IEEE 2021.
- [6] P. Rani, R. Kumar, N. Ahmed and A. Jain, "A decision support system for heart disease prediction based upon machine learning", *Journal of Reliable Intelligent Environments*, vol. 7, pp. 263-275, 2021.
- [7] M. Diwakar, A. Tripathi, K. Joshi, M. Memoria, P. Singh and N. Kumar, "Latest trends on heart disease prediction using machine learning and image fusion", *Materials Today: Proceedings*, vol. 37, pp. 3213-3218, 2021.
- [8] M. Ganesan and Dr. N. Sivakumar, "IoT based heart disease prediction and diagnosis model for healthcare using machine learning models", International Conference on System, Computation, Automation and Networking (ICSCAN), pp. 01-05, IEEE 2019.
- [9] Priyan Malarvizhi Kumar, Usha Devi Gandhi, "A novel Internet of Things architecture with machine learning algorithm for early detection of heart diseases", Computers and Electrical Engineering, Vol.65, pp. 222–235, 2018.
- [10] Cervantes, J., García-Lamont, F., Rodríguez, L., Lopez-Chau, A., "A comprehensive survey on support vector machine classification: Applications, challenges and trends", Neurocomputing, Vol. 408, pp. 189–215, 2020.
- [11] A. Javeed, S. Rizvi, S. Zhou, R. Riaz, S. Khan and S. Kwon, "Heart Risk Failure Prediction Using a Novel Feature Selection Method for Feature Refinement and Neural Network for Classification", *Mobile Information Systems*, pp. 1-11, 2020.
- [12] C. Latah and S. Jeeva, "Improving the accuracy of prediction of heart disease risk based on ensemble classification techniques", *Informatics in Medicine Unlocked 16*, pp. 100203, 2019.
- [13] C. S. M. Wu, M. Badshah and V. Bhagwat, "Heart disease prediction using data mining techniques", *Proceedings of the 2019 2nd international conference on data science and information technology*, pp. 7-11, 2019, July.
- [14] A. Gavhane, G. Kokkula, I. Pandya and K. Devadkar, "Prediction of heart disease using machine learning", 2018 second international conference on electronics communication and aerospace technology (ICECA), pp. 1275-1278, 2018, March.
- [15] Amin Khatami and Abbas Khosravi, "Medical image analysis using wavelet transform and deep belief networks", Journal of Expert Systems with Applications, Vol. 3, Issue 4, pp. 190–198, 2017.