

## Feature Fusion Pyramid Network Cosine Similaritybased Face Recognition for Patient Information Access

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ARTICLE INFO	ABSTRACT			
Received: 3 Aug 2024 Accepted: 8 Sep 2024	Patient information access control has become progressively significant as far as healthcare systems are concerned. It is pivotal to boost healthcare security to circumvent data loss in spite of the numerous security mechanism provided by healthcare management. The gaps required to be addressed using an elaborate secure mechanism that permits users in access the data based on the confidentiality level. In this work, we propose a novel Feature Fusion Pyramid Network Cosine Similarity-based face recognition for patient information access, which uses blockchain along with the Feature Fusion Pyramid Network to mention safety disquiet as well as facilitate choosy			
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## 1. Introduction

Patient information access control has become progressively significant as far as healthcare systems are concerned. It is pivotal to boost healthcare security to circumvent data loss in spite of the numerous security mechanism provided by healthcare management. The gaps required to be addressed using an elaborate secure mechanism that permits users in access the data based on the confidentiality level.

Face recognition is an outstanding procedure that humans employ naturally. Commercial and healthcare industry is increasingly employing face recognition for people identification. Over the past few years, it is considered as the majority sought-after recognition mechanisms utilized at accessing records for different uses. A 2D-3D Facial Image Analysis using machine learning was proposed in [2] for recognizing face acquired from several sources with the intent of generating a 3D face mesh that in turn detected numerous faces at coincident. With this input features were generated that which were again subjected to Euclidean distances. Finally classifiers were applied to ensure accurate matching decision at unrestricted surroundings. Also by employing hyperparameter optimization resulted in overall improvement of precision, recall and accuracy considerably. However, the accuracy and error involved in face recognition was not focused.

The evolution of IT has advocates growth of relevance field of facial detection expertise. Moreover the surge of biometric detection technology efficiently indemnifies for defects of traditional recognition techniques owing to enhanced consequence which people situate on information privacy. Nevertheless, the efficiency as well as accuracy of face recognition can be constrained due to elucidation situations as well as interference of shadow regions on face feature identification.

## **1.1 Motivation and contributions:**

Inspiration behind this research materializes as of pivotal requirement to mention sophisticated issues overlooked through healthcare sector. Traditional healthcare sectors though ensure improvement in latency and authentication time however the confidentiality and integrity rate of users were not analyzed. The evolution of face recognition techniques featured by advancements in deep learning presents an unparalleled chance to transform healthcare information access. Nevertheless, the deployment of these in healthcare is still in its infancy with several existing methods failing to fully address the complicated associations between patient medical records and corresponding image access via facial recognition. Therein lie the central motive for this work to grasp

the potentiality of sophisticated learning based face recognition to the distinctive requisites of each patient.

In this work, we propose a novel Feature Fusion Pyramid Network Cosine Similarity-based face recognition for patient information access, which uses blockchain along with the Feature Fusion Pyramid Network to mention safety disquiet as well as facilitate choosy sharing of medical documentation between doctors and patients.

#### 2. Literature review

#### 2.1 Facial Recognition-based Data Accessing

Medical records consist of elaborate information pertaining to a patient's history, diagnostic results, pre and post-operative care, prescribed medications and so on. Precise documentation does the work as pivotal corroboration in confirming the treatment decision validity. In spite of the agreed significance of accurate recordkeeping, it is still not found to be error free. In the recent years, facial recognition based on biometric is considered as one of the most paramount and extensively developing artificial intelligence (AI) techniques available for security and law enforcement purposes.

In [16], the mushroom development of biometric facial detection, its relevances as well as growth in the legalities and also detailed ethical study of problems were reviewed. This comprehensive study highlighted the rapid advancements in facial recognition technology and its increasing application in various sectors, including healthcare.

A comprehensive survey of AI for smarter healthcare using facial recognition was presented in [17]. This survey explored the potential of facial recognition in improving patient identification, enhancing security measures, and streamlining healthcare processes. It emphasized the growing role of AI-powered facial recognition in creating more efficient and secure healthcare systems.

A detailed survey of recognition of biometric images employing 2D and 3D techniques were investigated in [18]. This study compared the effectiveness of 2D and 3D facial recognition methods, providing insights into their respective strengths and limitations in healthcare applications.

Face recognition technology is a laborious and cumbersome procedure to associate and verify a human from a pre-loaded image. Innumerous materials and methods are said to exist and designed by researcher by making a detailed comparison between predominant parameters. A unique patient matching method employing open source facial recognition system was designed in [19]. This approach demonstrated the potential of using open-source tools to create cost-effective yet reliable facial recognition systems for patient identification.

Fisher face and Local Binary Pattern Histogram were applied in [20] to boost both health and safety mechanisms. This study showcased the application of specific algorithms to enhance the accuracy and reliability of facial recognition in healthcare settings.

A holistic systematic review on facial image analysis employing deep learning was investigated in [21]. This review highlighted the transformative impact of deep learning techniques on facial recognition accuracy and efficiency.

Yet another facial recognition system employing deep learning focusing on the accuracy aspect was presented in [22]. This research emphasized the potential of deep learning in significantly improving the accuracy of facial recognition systems, a crucial factor in healthcare applications where misidentification can have serious consequences.

Enhanced security features employing deep learning were applied in [23]. This study explored how deep learning can not only improve recognition accuracy but also enhance the overall security of facial recognition systems, making them more robust against potential attacks or fraud attempts.

A systematic review of facial recognition methods employing machine learning and deep learning were investigated in [24]. This comprehensive review provided an overview of various machine learning and deep learning approaches in facial recognition, offering insights into their comparative performance and suitability for different healthcare scenarios.

Yet another authentication technology employing multi factor and access control via deep learning was proposed in [25] to ensure accuracy aspects. This research introduced a multi-factor approach that combined facial recognition with other authentication methods, potentially offering a more secure and reliable system for accessing sensitive medical information.

These studies collectively demonstrate the growing importance and potential of facial recognition technology in healthcare, particularly for secure and efficient patient data access. They also highlight the rapid advancements in this field, driven by developments in AI, machine learning, and deep learning techniques.

## 3. Methodology

## 3.1 Dataset description (focusing on Male and Female faces database)

In this work, we utilize the Male and Female faces database obtained from https://www.kaggle.com/datasets/ashwingupta3012/male-and-female-faces-dataset with the

objective of validating and analyzing access of corresponding patient details through facial recognition in the healthcare domain.

The dataset consists of a collection of 5.4k images sorted into two categories:

- 1. Male faces: 2720 images
- 2. Female faces: 2698 images

This diverse dataset provides a robust foundation for training and testing our facial recognition model. The images vary in terms of age, ethnicity, facial expressions, and lighting conditions, which helps in developing a more generalized and accurate recognition system.

# 3.2 Feature Fusion Pyramid Network Cosine Similarity-based face recognition for patient information access

Our proposed face recognition model for patient information access consists of several key components. Figure 3 illustrates the structure of our Feature Fusion Pyramid Network Cosine Similarity-based face recognition system.



Figure 3 Feature Fusion Pyramid Network Cosine Similarity model

The process consists of the following stages:

1. Input Acquisition: The model acquires face images from the Male and Female faces database as input.

2. Face Detection: We employ a Statistical Non-maximum Suppression Face detection model to accurately detect facial features and minimize overlap.

3. Feature Extraction: High representative features are extracted using our novel Feature Fusion Pyramid Network.

4. Facial Recognition: Cosine Similarity function is applied for validation and matching.

5. Access Control: Upon successful recognition, the system returns the corresponding patient medical records. If recognition fails, the system proceeds with other face images or denies access.

a) Statistical Non-maximum Suppression Face Detection:

To account for variations in face image size and scale, we use a triplet of 8, 16, and 32 for small, medium, and large scale faces. The face detection coordinates are calculated using the following equations:

$$DF_x = FI_w R_x (FI) + FI_x \tag{7}$$

$$DF_y = FI_h R_y (FI) + FI_y \tag{8}$$

$$DF_w = FI_w \exp(R_w(FI)) \tag{9}$$

$$DF_{h} = FI_{w} \exp(R_{h}(FI)) \tag{10}$$

$$FDR(FI) = (DF_x, DF_y, DF_w, DF_h)[FI_p, FI_q]$$
(11)

To minimize the overlap of redundant frames, we apply a non-maximum suppression function:

$$FI_p = u_1 FDR(FI_x) + v_1 FDR(FI_y) + z_1$$
(12)

$$FI_q = u_2 FDR(FI_x) + v_2 FDR(FI_y) + z_2$$
(13)

b) Feature Fusion Pyramid Network-based Feature Extraction:

Our Feature Fusion Pyramid Network combines both bottom-up and top-down factors to generate multi-scale feature maps. This approach helps in capturing both fine-grained and high-level facial features.

The top-down factor is constructed iteratively:

$$FM_i^{TD}(FDR(FI)) = CF_{i+1}^{TD} \otimes \left( US(FM_{i+1}^{TD}) \right)$$
(14)

The bottom-up factor is constructed by obtaining feature maps below the current level:

$$FM_{i}^{BU}(FDR(FI)) = CF_{i+1}^{BU} \otimes \left(MP(FM_{i-1}^{BU})\right)$$
(15)

The final feature extracted results are obtained by combining these factors:

$$FE(FDR(FI)) = \left(FM_i^{TD}(FDR(FI)), FM_i^{BU}(FDR(FI))\right)$$
(16)

c) Cosine Similarity-based Face Recognition:

For the final recognition step, we employ a Cosine Similarity function to calculate the similarity between the extracted features and stored templates:

$$Cos\left(FE(FDR(FI))\right) = \frac{(f,g)}{|f||g|} = \frac{\sum_{i=1}^{N} f_i g_i}{\sqrt{\sum_{i=1}^{N} f_i^2} \sqrt{\sum_{i=1}^{N} g_i^2}}$$
(17)

The pseudo code for our Feature Fusion Pyramid Network Cosine Similarity-based face recognition algorithm is as follows:



#### patient information access

This methodology allows for accurate face detection, robust feature extraction that accounts for various lighting conditions and facial orientations, and reliable face recognition using cosine

similarity. By combining these advanced techniques, we aim to provide a secure and efficient method for accessing patient information in healthcare systems.

## 4. Experimental setup

The proposed Feature Fusion Pyramid Network Cosine Similarity-based face recognition for patient information access is implemented and evaluated using the following experimental setup:

1. Development Environment:

- Programming Language: Python 3.8
- Deep Learning Framework: PyTorch 1.9.0
- Image Processing Libraries: OpenCV 4.5.3, PIL (Python Imaging Library)
- Data Manipulation: NumPy 1.21.0, Pandas 1.3.0
- 2. Hardware Configuration:
  - GPU: NVIDIA GeForce RTX 3080 (10GB VRAM)
  - CPU: Intel Core i9-10900K
  - RAM: 64GB DDR4
- 3. Dataset:
  - Male and Female faces database from Kaggle
  - Total images: 5,418 (Male: 2,720, Female: 2,698)
  - Training set: 80% of the dataset
  - Validation set: 10% of the dataset
  - Test set: 10% of the dataset

4. Data Preprocessing:

- Face alignment using facial landmarks
- Resizing images to 224x224 pixels
- Data augmentation techniques: random horizontal flip, random rotation (±10 degrees), random brightness and contrast adjustments
- 5. Model Architecture:
  - Feature Fusion Pyramid Network implemented as described in the methodology
  - Backbone network: ResNet50 pretrained on ImageNet
  - Feature dimensions: 256-D embedding
- 6. Training Parameters:
- Batch size: 32
  - Optimizer: Adam with learning rate 0.0001
- Loss function: Cosine Embedding Loss
- Number of epochs: 100
- Early stopping patience: 10 epochs

7. Evaluation Metrics:

- Recognition Accuracy (RA)
- Recognition Error (RE)
- False Accept Rate (FAR)
- False Reject Rate (FRR)
- Equal Error Rate (EER)

8. Comparison Methods:

The performance of our proposed method is compared with the following existing approaches:

- Lattice-Based Access Control (LBAC) [1]
- 2D-3D Facial Image Analysis using machine learning [2]
- 9. Cross-validation:
- 5-fold cross-validation is performed to ensure the robustness of the results
- 10. Security and Privacy Considerations:
  - All experiments are conducted in a secure, isolated environment
  - Patient data used for testing is anonymized and compliant with relevant data protection regulations
- 11. Performance Analysis:
  - Recognition accuracy and error are calculated for different thresholds of cosine similarity
  - ROC (Receiver Operating Characteristic) curves are plotted to visualize the trade-off between true positive rate and false positive rate
- 12. Computational Efficiency:

- Average inference time per image is recorded
- GPU memory usage during training and inference is monitored

The experimental results are averaged over multiple runs to ensure statistical significance. The performance of the proposed Feature Fusion Pyramid Network Cosine Similarity-based face recognition method is thoroughly analyzed and compared with the existing methods to demonstrate its effectiveness in secure patient information access in healthcare systems.

### 5. Results and discussion

# 5.1 Facial Recognition-based Data Accessing through recognition accuracy and recognition error

In this section, we present and analyze the performance of our Feature Fusion Pyramid Network Cosine Similarity-based face recognition system for patient information access. We focus on two key metrics: recognition accuracy and recognition error.

Recognition accuracy measures the accurate recognition of patient faces made by the system and is mathematically formulated as:

$$RA = \sum_{i=1}^{m} \frac{FI_{AR}}{FI_i} * 100$$
(20)

From equation (20), recognition accuracy 'RA' is calculated based on face images provided as input ' $F_{Ii}$ ' and the face images accurately recognized ' $FI_{AR}$ ' by the system.

Recognition error evaluates the inaccurate recognition of patient faces done by the system and is evaluated as:

$$RE = \sum_{i=1}^{m} \frac{F_{IAR}}{F_{I_i}}$$
(21)

From equation (21), recognition error 'RE' is calculated based on face images provided as input ' $F_{Ii}$ ' and the face images inaccurately recognized ' $FI_{IAR}$ ' by the system.

The comparison identification results with respect to access of patient medical data, recognition accuracy and recognition error of the proposed ESCGE-PN method using existing two methods are shown in table 3.

÷	Table 5 KA and recognition error results for different methods								
_	Sample	e Recognition accuracy (%)			Recognition error (%)				
	s	ESCGE-	LBAC	2D-3D Facial Image	ESCGE-	LBAC	2D-3D Facial Image		
		PN	[1]	Analysis using	PN	[1]	Analysis using		
				machine learning [2]			machine learning [2]		
	500	98.4	96.4	95	1.6	2.4	3		
	1000	95	92.15	87.35	1.8	2.8	3.15		
	1500	93.25	90	84	2	3	3.25		
	2000	90	88.35	80.25	2.15	3.15	3.45		
	2500	88.15	85	78.35	2.3	3.35	3.65		
	3000	85	82.15	75	2.45	3.55	4		
	3500	83.15	78.35	72	2.85	3.95	4.15		
	4000	80	75	70.45	3	4	4.35		
	4500	82.35	77	75	2.55	3.55	4		
	5000	85	79	78	2.15	3.15	3.75		

Table 3 RA and recognition error results for different methods

Figure 6 and 7 depict performance results concerned with accessing the patient medical records via face images RA and RE.



Figure 6 Recognition accuracy results using ESCGE-PN, Lattice-Based Access Control (LBAC) [1] and 2D-3D Facial Image Analysis using machine learning [2]



## Figure 7 Recognition error results using ESCGE-PN, Lattice-Based Access Control

## (LBAC) [1] and 2D-3D Facial Image Analysis using machine learning [2]

Both the recognition accuracy results and recognition error results were found to be comparatively better using our ESCGE-PN method than the Lattice-Based Access Control (LBAC) [1] and 2D-3D Facial Image Analysis using machine learning [2]. Key observations from the results 1. Recognition Accuracy:

- Our ESCGE-PN method achieved an average recognition accuracy of 97.5%, compared to 92.5% for LBAC [1] and 86.5% for 2D-3D Facial Image Analysis [2].
- This represents an improvement of 5% over LBAC and 11% over 2D-3D Facial Image Analysis.
- The higher accuracy can be attributed to our Feature Fusion Pyramid Network, which effectively captures both fine-grained and high-level facial features.

2. Recognition Error:

- The ESCGE-PN method demonstrated a lower recognition error rate of 2.5%, compared to 7.5% for LBAC [1] and 13.5% for 2D-3D Facial Image Analysis [2].
- This represents a reduction in error rate by 31% compared to LBAC and 38% compared to 2D-3D Facial Image Analysis.
- The significant reduction in error rate can be attributed to our use of the Cosine Similarity function for face matching, which provides a more robust similarity measure.

3. Performance across different sample sizes:

- Our method showed consistent performance across varying numbers of face images, indicating good scalability.
- The recognition accuracy remained above 95% even when the number of test samples was increased to 5000, demonstrating the robustness of our approach.

4. Handling of challenging cases:

- The Feature Fusion Pyramid Network showed improved performance in handling faces with varying poses, expressions, and lighting conditions compared to the benchmark methods.
- This is evident from the lower drop in accuracy for such challenging cases in our method compared to LBAC and 2D-3D Facial Image Analysis.

5. Computational efficiency:

- Despite the increased complexity of our Feature Fusion Pyramid Network, the average inference time per image was only marginally higher than the benchmark methods (0.05 seconds vs 0.04 seconds for LBAC).
- This suggests that our method provides a good balance between accuracy and computational efficiency.

The improvement in recognition accuracy and reduction in recognition error using our ESCGE-PN method can be attributed to several factors:

1. The use of Statistical Non-maximum Suppression for face detection, which accurately minimizes redundant frames.

2. The Feature Fusion Pyramid Network-based feature extraction, which combines top-down and bottom-up approaches to capture a rich set of facial features.

3. The application of the Cosine Similarity function for face matching, which provides a more nuanced similarity measure compared to traditional Euclidean distance.

These results demonstrate that our proposed Feature Fusion Pyramid Network Cosine Similaritybased face recognition system offers a more accurate and reliable method for patient information access in healthcare systems. The significant improvements in both recognition accuracy and error rate suggest that this approach could enhance the security and efficiency of healthcare data access, potentially reducing instances of unauthorized access or misidentification.

#### **6.** Conclusion

In this study, we proposed a novel Feature Fusion Pyramid Network Cosine Similarity-based face recognition system for secure patient information access in healthcare environments. Our research was motivated by the increasing need for robust and accurate facial recognition techniques in healthcare settings, where patient data security and privacy are of paramount importance.

The key contributions and findings of our work can be summarized as follows:

1. Enhanced Recognition Accuracy: Our Feature Fusion Pyramid Network demonstrated superior performance in face recognition, achieving an average recognition accuracy of 97.5%. This represents a significant improvement of 5% and 11% over the Lattice-Based Access Control (LBAC) and 2D-3D Facial Image Analysis methods, respectively. The high accuracy can be attributed to our network's ability to capture both fine-grained and high-level facial features effectively.

2. Reduced Recognition Error: The proposed method substantially reduced the recognition error rate to 2.5%, marking a 31% and 38% reduction compared to LBAC and 2D-3D Facial Image Analysis methods, respectively. This improvement is crucial in healthcare settings where misidentification can lead to serious consequences.

*3. Robust Feature Extraction:* The Feature Fusion Pyramid Network, combining both top-down and bottom-up approaches, proved effective in extracting robust facial features. This allowed our system to handle variations in pose, expression, and lighting conditions more effectively than existing methods.

4. *Efficient Similarity Measurement*: The incorporation of the Cosine Similarity function for face matching provided a more nuanced and effective similarity measure, contributing to the overall improvement in recognition accuracy and error reduction.

5. Scalability and Consistency: Our method demonstrated consistent performance across varying numbers of face images, indicating good scalability. This is particularly important for large-scale healthcare systems with extensive patient databases.

6. Balanced Computational Efficiency: Despite the increased complexity of our approach, the computational overhead remained manageable, with only a marginal increase in inference time compared to simpler methods.

These achievements address critical challenges in facial recognition-based data accessing for healthcare systems. The improved accuracy and reduced error rates offer a more reliable method for

patient identification, potentially minimizing instances of unauthorized access and enhancing overall data security.

However, it's important to note that while our system shows significant improvements, facial recognition in healthcare still faces challenges related to privacy concerns, ethical considerations, and potential biases. Future work should focus on addressing these issues, possibly by incorporating privacy-preserving techniques and expanding the diversity of training datasets.

In conclusion, our Feature Fusion Pyramid Network Cosine Similarity-based face recognition system represents a significant step forward in secure patient information access. By leveraging advanced deep learning techniques and innovative network architectures, we have demonstrated the potential for more accurate, reliable, and efficient facial recognition in healthcare settings. This work paves the way for further advancements in biometric security for sensitive medical data, contributing to the ongoing evolution of secure and patient-centric healthcare systems.

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