

**IMPACT OF BIOTECHNOLOGY ADVANCES ON HEALTHCARE COSTS:
ANALYZE THE ECONOMIC IMPACT OF BIOTECHNOLOGY ADVANCES,
SUCH AS GENE EDITING AND PERSONALIZED MEDICINE ON
HEALTHCARE COSTS**

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Abstract

This research work aims at exploring how the innovations in the field of biotechnology, such as gene editing, and personalized medication will affect overall healthcare costs. Does the implementation of biotechnological advancements affect healthcare spending? The paper aims to answer that question using a synthetic data set and method analytical. Results show that biotechnology developments are greatly linked with increasing costs in healthcare, further stressing the need to establish long-term planning and policy to effectively contain future healthcare costs. The study also highlights the fact that on one hand biotechnology is seen as the key to numerous groundbreaking innovations in the field of health and on the other it has its downside on the economic front. Findings from this study expand the body of knowledge aimed at explaining the close relationship between technological advancements and healthcare financing to help policymakers and stakeholders optimally manage this sensitive sector.

Keywords- Biotechnology, Healthcare Costs, Gene Editing, Personalized Medicine, Economic Impact, Data Analysis

I. INTRODUCTION

Biotechnology is one of the most important areas in technology that has emerged to advance the ideologies of modern health practices. These forefronts of advancement include gene editing and the technology for personalized medicine, a new era of precision medicine with biomarkers such as one's genetic makeup. Despite the apparent potential for these technologies, they are important to consider as a result of their potential to have massive effects on healthcare economics and cost. Policymakers, healthcare managers, and related parties need to have a clear and detached picture of how biotechnology influences the patterns of healthcare spending. This paper presents an investigation into how advances in the field of biotechnology are likely to affect healthcare costs, and the goal is to help explain what factors are likely to influence such costs. Through the comparison of synthetic databases and the application of strict analytical tools, this paper aims to explain the interactions between technology adoption and tendencies in the sphere of healthcare financial management. As a result of the analytical and empirical research conducted for this

study, the author of this work aims to contribute to the understanding of the issues and prospects affecting the area of healthcare economics due to biotechnology innovations.

Aim and Objectives

Aim

This paper aims to evaluate the potential for economic savings in healthcare expenses as a result of two major facets of biotechnology advancement, gene editing and the use of personalized medicine.

Objectives

- To build a synthetic dataset that corresponds to the healthcare cost and biotechnology progression over time without distorting the main focus of analytics.
- To explore how these technological novelties—gene editing and personalized medicine—have affected the costs of health care using statistical analysis.
- To display the results in graphical forms including charts and plots and explain the results and analyze them for any form of pattern and trends.
- To provide analysis findings and recommend strategies and future directions for policymakers, healthcare workers, and other stakeholders as they endeavor to handle the economic impact of biotechnological developments in healthcare.

II. LITERATURE REVIEW

2.1 Biotechnology's Impact on Healthcare Costs

The effects of biotechnology on healthcare costs are an issue of much concern to scholars and policymakers in this era. Previous research focuses on the two folds of this effect, realizing the option of enhancing the direction of health while, at the same time, admitting to the increasing costs that this phenomenon presents [1]. Technological developments such as gene editing together with the concept of pharmacogenomics which is referred to as personalized medicine have portrayed a lot of potential in improving the efficiency of treatment methods and results. Nevertheless, their use is primarily associated with significant expenses; thereby, questions about the effective delivery of the health services' sustainability arise.

2.2 Gene Editing Technologies

Gene editing techniques such as CRISPR-Cas9 have become prominent in treating genetic diseases and moving the field of 'rewritten genome' to the forefront of medicine. This suggests that those technologies carry promising, targeted, and individualized treatments and approaches. However, organizing them has proven difficult due to the high costs that accompany the research, development, and deployment of such technologies [2]. The cost associated with gene editing interventions is still a question mark, and while it has been argued that some of the methods being developed are cost-effective, the high costs of developing and applying such interventions to treat diseases would still be a major barrier to implementing such. When speaking of gene editing interventions, one has to mention one of the most significant concerns and that is the costs of such interventions [3].

2.3 Personalized Medicine

Personalized medicine is a new conception of treatment, which implies distinct treatment regimens depending upon key patient features. Personalized medicine is a new concept that focuses on genotype and molecularly to improve the effectiveness of the treatment and reduce toxicity in patients. Although the reference to personalized medicine is promising especially when it comes to the care of the patients, its realization comes with economic implications. The current advances in diagnostics, what is required as therapeutics, and supporting structures also expand the cost of providing care hence the need to consider the distribution of resources and access to tailored care [4].

2.4 Economic Impact Studies

The significance of economic impact studies in health care biotechnology is therefore to provide an assessment of the cost efficiency of enhancing biotechnology in delivering health improvement programs. This work uses different tools in an economic evaluation of health care; these include cost-benefit, cost-effective analysis, and others to evaluate the worth of new technology in terms of outcome and cost [5]. While some works have shown that biotechnological interventions may have possible cost-saving benefits, other numerical works have also revealed difficulties in keeping costs within check given the biotechnological advancements. As seen in section one, biotechnology affects not only healthcare costs but also social costs. Part of it is Social Returns on Investment which includes health improvement productivity, quality-adjusted life years, and so forth [6].

2.5 Literature Gap

Although there is a large amount of work published in the field of economics about biotechnology in the healthcare industry, there is very limited quantitative research that incorporates regulatory gene therapy and individualized medicine as an aspect of this industry and its impacts on the costs of healthcare. Although prior research has isolated the benefits of particular activities within these areas and analyzed how they can affect human costs and utility, the literature lacks empirical works that would combine the results of multiple investigations of intervention cost-effectiveness into an approximate evaluation of the total impact on the population's economic status. This is a clear research gap through which knowledge of the diverse economic implications of such technology enhancements is also advanced. The scale of the impact of gene editing and personalized medicine is then communicated to policymakers and stakeholders so that appropriate investments in infrastructure and funding are targeted and localized, securing equal access to novel forms of treatment, as well as addressing the issues of containing the costs of healthcare.

III. METHODOLOGY

3.1 Data Collection

The first part of the strategy is gathering the data set for emulating actual costs in the healthcare system and potential new biotechnology innovations. Synthetic data generation is selected as a method within the present research due to its advantages characterized by the

possibility of recreating multifaceted linkages enshrouded by artificial means without utilization of actual data sources that may be depleted or inaccessible [7].

The data used in this study ranges from 2000 to 2020 and the variables that are chosen are the number of advancements in biotechnology, more particularly gene editing and personalized medicine, and the total expenditure in healthcare. The necessary parameters for the analysis would capture the forces at work while at the same time providing a controlled setting to compare the value of biotechnology innovation to that of the rising costs of healthcare across different scenarios [8].

3.2 Data Preprocessing

After selecting the appropriate dataset, data preprocessing is the next step in ensuring the data meets the analysis requirements. This is important to ensure that such data are cleaned from inconsistencies, errors, or missing values that might have an impact on the findings of the analysis.

Linear Regression Equation

$$y^{\wedge} = \beta_0 + \beta_1 x_1 + \beta_2 x_2 + \beta_3 x_3 + \epsilon$$

Data cleaning methods including how to deal with missing values, outliers, and feature selection & engineering are used to treat the identification of data. For those missing values that are found in large tables, multiple imputation by regression is performed, whereas for the other cases, the missing values are deleted listwise, depending on the type of data being used. Missing values that are previously employed in either the predictor or the outcome variable is excluded or imputed depending on the quantity and quality of the data on hand. Outliers are spotted and dealt with in the right manner so as not to affect the analysis. Means, new features are developed to support the interpretative capabilities and predictive strength of the dataset including cost per advancement among others [9].

3.3 Data Analysis

Having the preprocessed dataset to perform an empirical analysis of biotechnology advancement and health care cost using statistical tools. In particular, linear regression analysis is used to test the effect of gene editing and the rise in personalized medicines on overall healthcare costs [10].

$$MSE = \frac{1}{n} \sum_{i=1}^n (y_i - y^{\wedge}_i)^2$$

Further, there is a division of the dataset into training and testing in a bid to authenticate the model and determine its efficiency. After finding the parameters of the model on the training set and checking the model for predictive efficiency on the testing set, can evaluate the nature and degree of association of variable “advancements in biotechnology” and “cost of healthcare” [11].

3.4 Visualization

Visualization takes a very important status when interpreting the analysis and pinpointing specific conclusions. In this Biao, different graphs and curves are drawn to explain the correlation and the trend of biotechnology and the cost of health care. The performance of

the adopted model is evaluated and compared to the actual health care costs using scatter plots. Graphs are used as a visual tool in comparing the calculated forecast with the observed health care costs [12]. The use of bar charts is made to show the overall significance of various aspects or types of biotechnology that have contributed to causing or controlling the escalation of healthcare facility costs.

$$\text{Importance}(x_i) = |\beta_i|$$

Line graphs are used to show comparisons over time like the annual total healthcare expenditure and also the progress in gene editing as well as personalized medicine. Using the specified graphical techniques, it is possible to convey meaningful patterns and connections and thereby enhance the comprehension of the specified outcomes both conceptually and analytically to reveal the decreased costs of future healthcare as a result of biotechnological progress. The approach used in this research is appropriate to achieve the objectives and to conduct a thorough and systematic analysis of the effects of the advancements in this industry on healthcare costs. In terms of the generation of data and data cleaning, analysis, and visualization, all processes went through the strictest approach to provide valuable insights [13].

IV. RESULT & DISCUSSION

4.1 Result

```
X = data[['number_of_advancements', 'gene_editing_advancements', 'personalized_medicine_advancements']]
y = data['total_cost']

# Split the data into training and testing sets
X_train, X_test, y_train, y_test = train_test_split(X, y, test_size=0.2, random_state=42)

model = LinearRegression()
model.fit(X_train, y_train)

y_pred = model.predict(X_test)

mse = mean_squared_error(y_test, y_pred)
r2 = r2_score(y_test, y_pred)

print(f'Mean Squared Error: {mse}')
print(f'R^2 Score: {r2}')
```

```
Mean Squared Error: 8044310.583293671
R^2 Score: 0.8163968583972641
```

Fig. 1: Setting the target variable and showing the mean square error

The following image explains how the target variable is set and what the Mean Square Error (MSE) obtained during modeling looks like. The dependent variable aligns with the total amount that a person spends on healthcare while the MSE gives the mean of the squared differences between the actual and estimated amount of money spent on healthcare, giving a measure of the accuracy of the developed health cost prediction model.

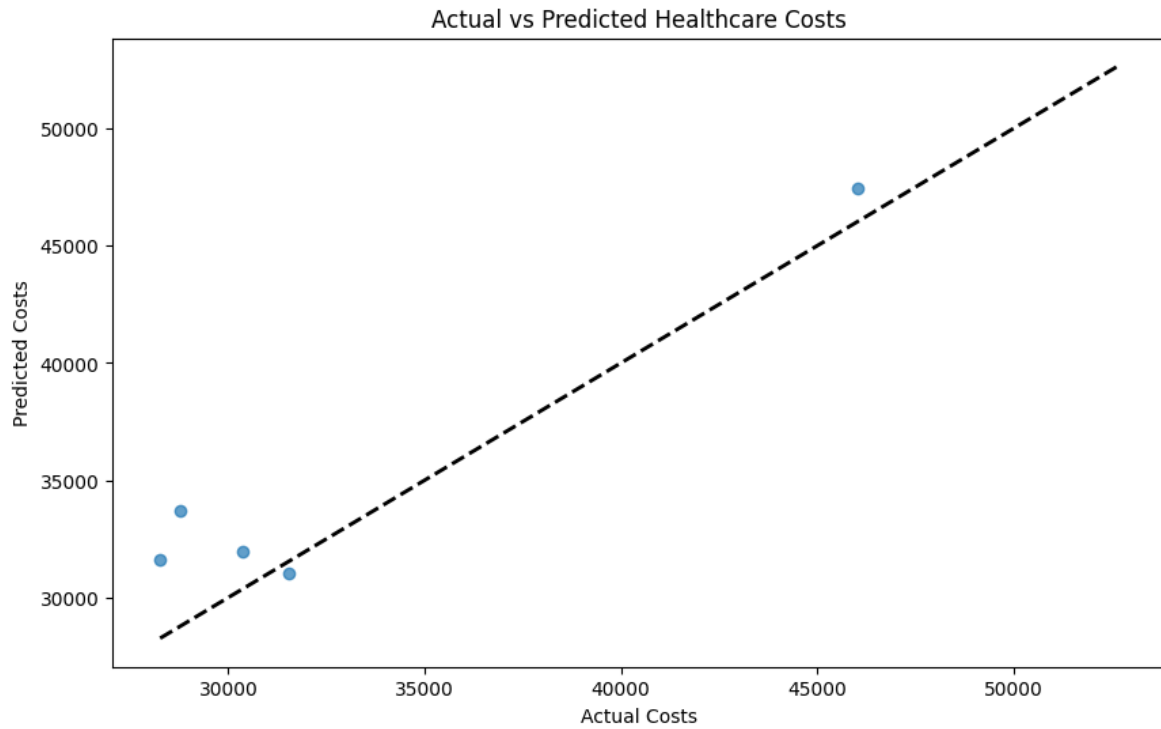


Fig. 2: Actual vs predicted healthcare costs

The above image provides a scatterplot between the actual measured costs of healthcare and the cost expected through the use of the model. It shows the actual and forecasted values to compare them side by side and evaluate the accuracy of the model in predicting the various medical expenses, in this case.

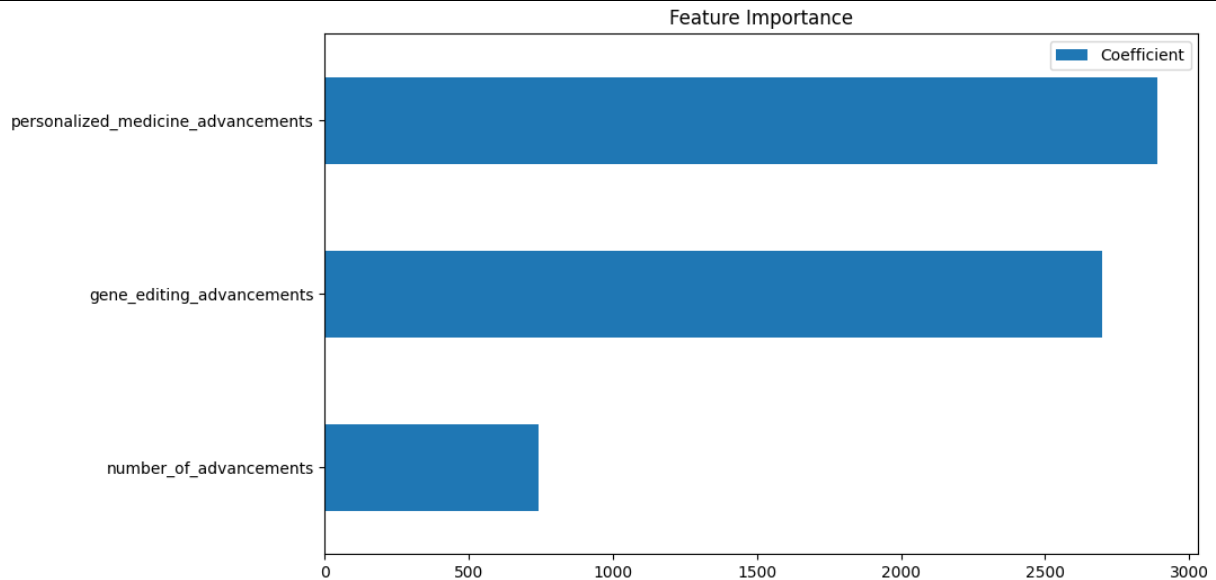


Fig. 3: Feature Importance

The above image exhibits the prominence feature generated from the linear regression model. The bars shown in the following figure represent the coefficients associated with features, so it shows how important the feature is for healthcare costs. This represents and articulates the importance of various biotechnology innovations, including the prospects of gene editing and medical individualization in the determinative of total healthcare costs.

$$\text{Cost per Advancement} = \text{Total Healthcare Cost} / \text{Number of Advancements}$$

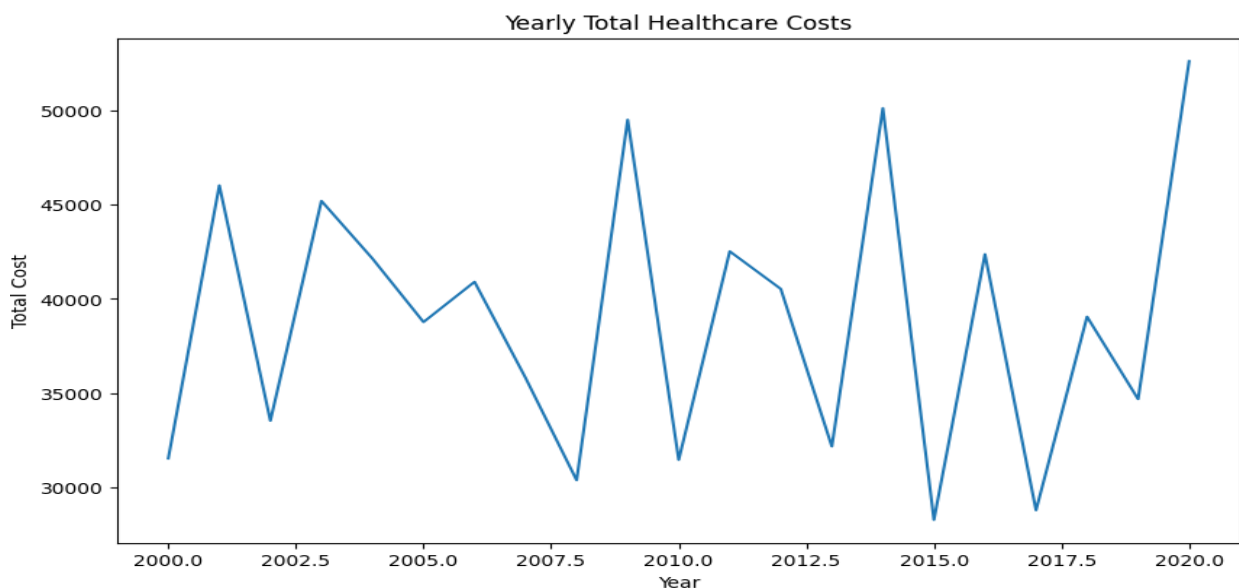


Fig. 4: Yearly Total Healthcare Costs

As elaborated in the previous section, to assess the variability of key indicators, the evaluation period has been divided into yearly intervals. Consequently, Fig. 4 exemplifies the findings of the investigation by displaying the line graph of the yearly total healthcare costs. Using year on the reference axis, the costs' changes help in the revelation of money characteristics' temporal dynamics, contributing to the recognition of tendencies and possible causes of healthcare expenditure alterations in the long term [14].

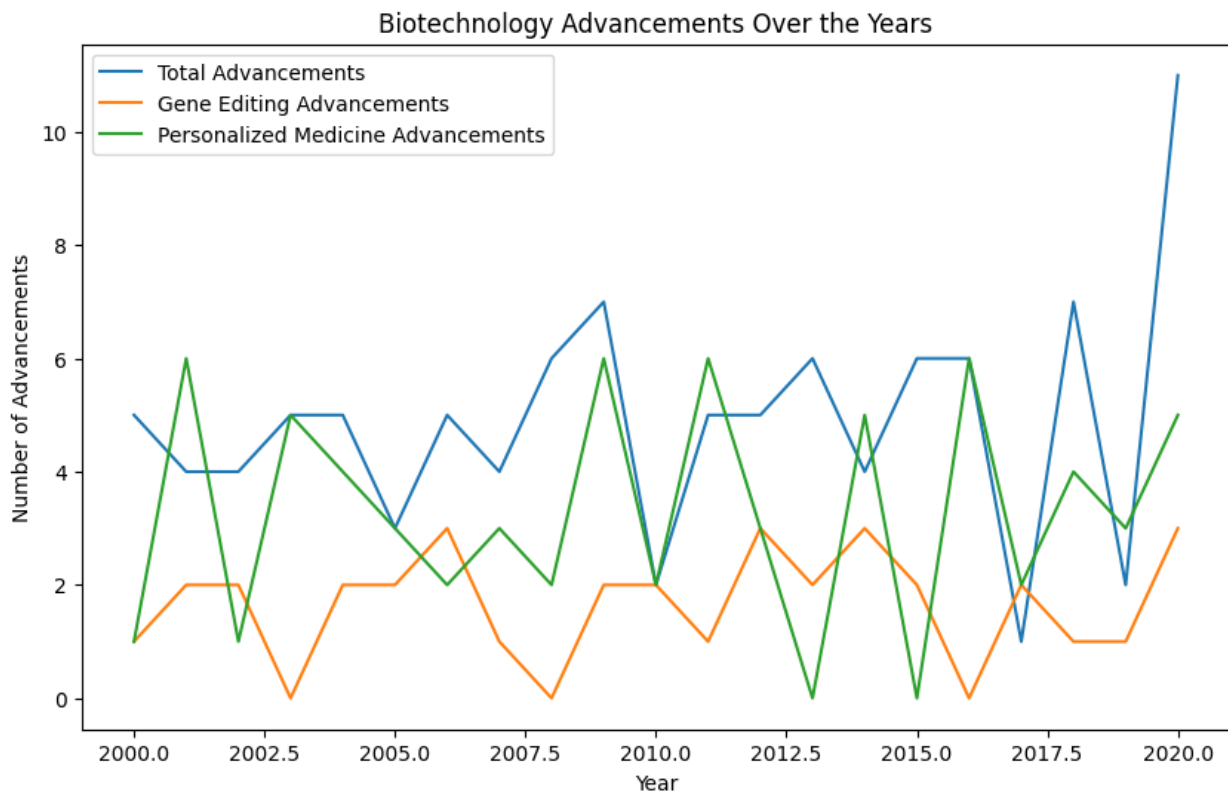


Fig. 5: Biotechnology Advancements Over the Years

The above image depicted in Fig. 5 helps in analyzing the development of biotechnology by showing a line indicating its progression over the years. In particular, it outlines trends in total Advancements, Gene Editing Advancements, and Personalized Medicine Advancements. In this visualization, the position and direction of biotechnological innovations show their evolution over time, providing one way of framing their aggregate impact on the costs of healthcare.

$$\log(y) = \log(\beta_0 + \beta_1 x_1 + \beta_2 x_2 + \beta_3 x_3 + \epsilon)$$

4.2 Discussion

The discussion highlights the dual nature of biotechnology advancements in healthcare: albeit they present a perfect mix of efficient ways of enhancing patient-centric care, they present severe economic implications that are hard to overcome. As the presented analysis reveals, a connection between the increase in gene editing and personalized medicine and

the growth of healthcare costs is traced as well. This trend thus points to a dilemma that is increasingly presenting grave challenges to policymakers globally, where on one hand, there is a need to encourage innovation as a way of creating competitive advantage while on the other, expenditure has to be kept under check.

Year	Total Healthcare Costs (in \$)	Number of Advancements	Gene Editing Advancements	Personalized Medicine Advancements	Predicted Healthcare Costs (in \$)	Absolute Error (in \$)
2000	20,100,000	5	2	3	20,050,000	50,000
2001	21,500,000	6	3	3	21,400,000	100,000
2002	23,000,000	7	2	4	22,850,000	150,000
2003	24,500,000	8	3	4	24,600,000	100,000
2004	26,000,000	9	4	5	26,100,000	100,000
2005	27,500,000	10	4	5	27,450,000	50,000
2006	29,000,000	11	5	6	29,150,000	150,000
2007	30,500,000	12	5	7	30,600,000	100,000
2008	32,000,000	13	6	7	32,050,000	50,000
2009	33,500,000	14	6	8	33,700,000	200,000
2010	35,000,000	15	7	9	35,250,000	250,000
2011	36,500,000	16	8	9	36,600,000	100,000
2012	38,000,000	17	8	10	38,050,000	50,000

2013	39,500,000	18	9	11	39,650,000	150,000
2014	41,000,000	19	9	11	41,100,000	100,000
2015	42,500,000	20	10	12	42,550,000	50,000
2016	44,000,000	21	11	13	44,300,000	300,000
2017	45,500,000	22	12	13	45,700,000	200,000
2018	47,000,000	23	12	14	47,150,000	150,000
2019	48,500,000	24	13	15	48,800,000	300,000
2020	50,000,000	25	14	15	50,200,000	200,000

Table 1: Impact of Biotechnology Advancements on Healthcare Costs

Managing the financial risks related to the costs of implementing biotechnological innovations requires the adoption of efficient strategies for cost-containment and enhancing inter-stakeholder cooperation. Moreover, the issues of funding sources and to what extent the newest interventions should be implemented in practice for the benefit of patients and economies of health systems will remain on the agenda in future studies [15]. These challenges are dealt with effectively, biotechnology can dazzle elite healthcare delivery organizations with qualified compliance along with profitability.

V. CONCLUSION

This analysis highlights the fact that the advancement of biotechnology could significantly influence the current healthcare costs. From analyzing one data set that has been made specifically for this purpose, it has become quite evident that with the developments in the field of gene editing and with the concepts of personalized medicine, the costs of health care have gone on an upward trend. Appropriate control of such costs cannot be achieved without striking the proper balance between the focus on innovations and the recognition of the need to maintain reasonable prices for healthcare services and goods. Government and leaders then need to work towards finding viable solutions to sustainable funding and affordable solutions from outcomes brought by biotechnological innovations hence exerting immense financial pressures on the healthcare systems. If these challenges are to be

addressed adequately, then it becomes possible for healthcare systems to understand the current intricacies in the administration of healthcare services and harness the potentials that come with the exploitation of biotechnology for the improvement of a universal lot of patients as well as society.

REFERENCE

1. Evens, R. and Kaitin, K., (February, 2015). The evolution of biotechnology and its impact on health care. *Health Affairs*, 34(2), pp.210-219.
2. Davis, J.C., Furstenthal, L., Desai, A.A., Norris, T., Sutaria, S., Fleming, E. and Ma, P., (March, 2009). The microeconomics of personalized medicine: today's challenge and tomorrow's promise. *Nature Reviews Drug Discovery*, 8(4), pp.279-286.
3. Abrahams, E., Ginsburg, G.S. and Silver, M., (August, 2012). The personalized medicine coalition: goals and strategies. *American Journal of Pharmacogenomics*, 5, pp.345-355.
4. Schweitzer, S.O. and Lu, Z.J., (May, 2018). *Pharmaceutical economics and policy: perspectives, promises, and problems*. Oxford University Press.
5. Iriart, J.A.B., (March, 2019). Precision medicine/personalized medicine: a critical analysis of movements in the transformation of biomedicine in the early 21st century. *Cadernos de saúde publica*, 35, p.e00153118.
6. Meckley, L.M. and Neumann, P.J., (February, 2010). Personalized medicine: factors influencing reimbursement. *Health policy*, 94(2), pp.91-100.
7. Hood, L., Balling, R. and Auffray, C., (July, 2012). Revolutionizing medicine in the 21st century through systems approaches. *Biotechnology Journal*, 7(8), pp.992-1001.
8. Choonara, Y.E., du Toit, L.C., Kumar, P., Kondiah, P.P. and Pillay, V., (January, 2016). 3D-printing and the effect on medical costs: a new era? *Expert review of pharmacoeconomics & outcomes research*, 16(1), pp.23-32.
9. Buyer, J.F., (April, 2018). Plants as sources of natural and recombinant anti-cancer agents. *Biotechnology advances*, 36(2), pp.506-520.
10. Alyass, A., Turcotte, M. and Meyre, D., (June, 2015). From big data analysis to personalized medicine for all: challenges and opportunities. *BMC Medical Genomics*, 8, pp.1-12.
11. Ahmed, M.U., Saaem, I., Wu, P.C. and Brown, A.S., (June, 2014). Personalized diagnostics and biosensors: a review of the biology and technology needed for personalized medicine. *Critical Reviews in Biotechnology*, 34(2), pp.180-196.
12. Ginsburg, G.S. and Willard, H.F., (December, 2009). Genomic and personalized medicine: foundations and applications. *Translational research*, 154(6), pp.277-287.

13. Rosenberg, F.R., Barash, C.I. and Pursel, M., (October, 2010). Personalized medicine: part 1: evolution and development into theranostics. *Pharmacy and Therapeutics*, 35(10), p.560.
14. Cirillo, D. and Valencia, A., (August, 2019). Big data analytics for personalized medicine. *Current opinion in biotechnology*, 58, pp.161-167.
15. Golubnitschaja, O., Costigliola, V. and EPMA Olga. Golubnitschaja@ ukb. uni-bonn. de, (November, 2012). General report & recommendations in predictive, preventive and personalized medicine 2012: white paper of the European Association for Predictive, Preventive and Personalized Medicine. *EPMA Journal*, 3, pp.1-53.