

Is AI Cost-Effective for Rare Disease Diagnosis? A Deep Dive into Digital Health Economics

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Abstract

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The journey to a rare disease diagnosis is often described as an "odyssey"—a long, arduous, and costly endeavor. With over 7,000 identified rare diseases, collectively affecting an estimated 300 million people worldwide, the economic and human burden is immense. The average diagnostic delay can span years, a period known as the "diagnostic odyssey," which not only postpones life-saving treatment but also imposes significant financial strain on patients and healthcare systems. In this context, the question of whether Artificial Intelligence (AI) is a **cost-effective** solution for rare disease diagnosis is not merely academic—it is a critical inquiry for the future of digital health.

The High Cost of the Diagnostic Odyssey

The current diagnostic pathway for rare diseases is inherently inefficient. It typically involves serial testing, specialist consultations, and misdiagnoses, leading to a cumulative cost that far exceeds the price of a single, definitive test. Studies have shown that the financial impact on patients is substantial, with many losing a significant portion of their monthly income due to work absenteeism and prolonged uncertainty. For healthcare providers, the cost is tied up in the repeated use of expensive, narrow diagnostic tools and the management of complications arising from delayed treatment.

The economic argument for AI begins with its potential to drastically shorten this odyssey. By leveraging machine learning and deep learning models, AI can analyze vast, complex datasets—including electronic health records (EHRs), medical images, and genomic data—to identify subtle patterns indicative of a rare condition.

AI: A Catalyst for Cost Reduction and Efficiency

AI's cost-effectiveness stems from two primary mechanisms: **time reduction** and **diagnostic precision**.

1. Reducing Time to Diagnosis

The most immediate economic benefit of AI is its ability to accelerate the diagnostic process. A system like **AI-MARRVEL (AIM)**, developed to prioritize potentially causative variants for Mendelian disorders, can sift through genomic data in a fraction of the time it would take a human geneticist. This speed translates directly into cost savings by: **Minimizing Serial Testing:** *AI can guide clinicians to the correct test sooner, eliminating the need for a costly sequence of incorrect or inconclusive tests.* **Enabling Earlier Intervention:** Early diagnosis allows for timely, often less invasive, and more effective treatment, preventing the progression of the disease and reducing the need for expensive, long-term management of advanced complications.

2. Enhancing Diagnostic Precision

AI models, particularly those trained on large, multi-modal datasets, demonstrate high accuracy in identifying rare disease phenotypes. For example, AI can analyze facial dysmorphism from photographs or detect subtle signs of a condition in retinal scans or cardiac MRIs. This precision reduces the rate of misdiagnosis, which is a major source of wasted healthcare expenditure.

Furthermore, AI-delegation frameworks, such as the **Personalized Recursive Intelligent Cost Estimation (PRICE)** model, are being developed to formally integrate AI into diagnostic workflows. These models perform a cost-effectiveness analysis (CEA) that captures the sequential nature of real-world diagnostic pathways, demonstrating how the initial investment in AI tools can yield significant long-term savings by optimizing the entire process.

The Investment vs. The Return

While the long-term cost-effectiveness is compelling, the initial investment in AI infrastructure—data curation, model training, and system integration—is not trivial. The challenge lies in demonstrating a clear Return on Investment (ROI) to healthcare administrators and policymakers.

However, the ROI extends beyond simple financial metrics. It includes: **Improved Quality of Life (QoL):** *A faster diagnosis significantly improves the patient's QoL, a factor often quantified in health economics as Quality-Adjusted Life Years (QALYs).* **Increased Productivity:** Reducing the diagnostic odyssey allows patients and their caregivers to return to work sooner, mitigating the societal cost of lost productivity.

For more in-depth analysis on the intersection of digital health, AI, and healthcare economics, the resources at [www.rasitdinc.com] (<https://www.rasitdinc.com>) provide expert commentary and cutting-edge research.

Conclusion

The evidence strongly suggests that AI is not just a technological advancement but a **cost-effective necessity** for rare disease diagnosis. By

drastically reducing the time and cost of the diagnostic odyssey and improving the precision of diagnosis, AI transforms a fragmented, expensive process into a streamlined, economically viable one. The initial investment is justified by the profound long-term savings in healthcare expenditure and, more importantly, the immeasurable benefit to patients who finally receive the answers and care they need. As AI tools become more integrated and standardized, their role in making rare disease diagnosis accessible and affordable will only grow.

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