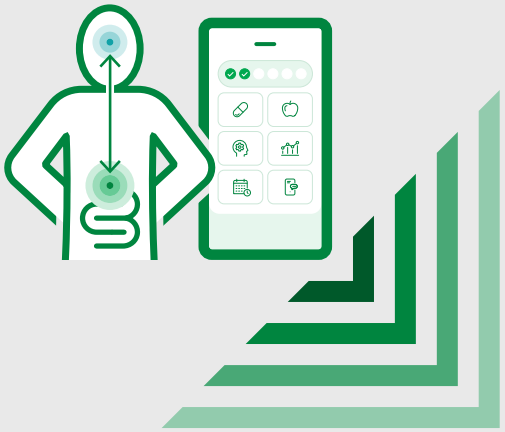
PETERSON HEALTH TECHNOLOGY INSTITUTE

Virtual Gastrointestinal Care Solutions



HEALTH TECHNOLOGY ASSESSMENT | MARCH 2026

Executive Summary

Gastrointestinal (GI) conditions impact one in five adults in the United States, causing symptoms that negatively affect patients' quality of life, productivity, and mental health. These disorders account for $112 billion in total healthcare spending per year—driven by diagnostic imaging, scoping, specialty medications, emergency department visits, and hospitalizations.[1] While there is a broad range of GI conditions, this report focuses on irritable bowel syndrome (IBS) and inflammatory bowel disease (IBD) as representative conditions, because of their high prevalence and cost burden, respectively.

Because IBS and IBD affect multiple dimensions of health, clinical guidelines increasingly recommend multidisciplinary care that includes gastroenterologists, dietitians, and behavioral health specialists to deliver coordinated, nutritional, psychological, and medical interventions. However, for many patients with IBS and IBD, access to high-quality, effective GI care is limited. Gastroenterologists have the third longest wait times for specialists in the United States and nearly all multidisciplinary programs are located within academic medical centers.[2]

Virtual GI solutions aim to provide expanded access to multidisciplinary GI services, with the goals of both improving symptom control and quality of life and reducing the total cost of care. This evaluation reviews the clinical effectiveness and economic impact of five virtual solutions that provide GI care for a range of conditions, including IBS and IBD. These solutions are designed to replicate a multidisciplinary GI care experience for patients by providing a suite of support services, including nutrition counseling, behavioral health support, care navigation, and symptom tracking. The solutions can be divided into two distinct categories by whether they offer support services that complement the patient's existing clinical care team ("wraparound solutions") or they integrate gastroenterologist care directly within the solution ("clinician-led solutions").

CATEGORIES OF VIRTUAL GI SOLUTIONS*

Wraparound Solutions

Cylinder Health Digbi Health

Clinician-Led Solutions

Ayble Health Oshi Health Salvo Health

*Note: Some solutions are evolving their business models to offer products in multiple categories. These groups represent the primary configuration for each company and the product design most commonly reflected in their evidence, company materials, and discussed in company meetings.

1 **Wraparound Solutions** complement patients' existing GI treatment by offering them a virtual program that includes support services, as well as engagement with coaches, dietitians, and mental health providers. These solutions generally operate independently of patients' GI specialist, primary care provider, or other clinicians. Wraparound solutions are typically purchased by health plans and employers for a flat rate per engaged member, and patients enroll directly in these solutions.

2 **Clinician-Led Solutions** are designed to offer comprehensive GI care that includes gastroenterologists and other clinicians integrated with a suite of support services, to deliver a virtual multidisciplinary care model. The solutions rely on clinical teams to develop and modify treatment plans —including prescribing and adjusting medications—and directly oversee nutrition, behavioral health, and other support services. Most of these solutions are reimbursed as in-network providers. One solution sells directly to gastroenterologists and other providers who want to offer virtual support services to deliver multidisciplinary care for their patients.

PHTI Assessment Approach

This evaluation has two primary components: clinical effectiveness and economic impact. Findings are based on the evidence from a systematic literature review, company-submitted information, and company website review.

Clinical Effectiveness: This evaluation reviewed evidence assessing the clinical effectiveness of virtual solutions in improving symptoms and quality of life for patients with GI conditions. The systematic literature review identified 41 unique studies that met inclusion criteria. Most studies had relatively short follow-up periods of 1–6 months, though some included up to two years of follow-up. Studies used both validated and nonvalidated scales to capture changes in symptoms and quality of life, which limits the direct comparison of results across studies. This report also examines secondary outcomes, including behavioral health, patient condition knowledge and self-efficacy, safety, healthcare resource use (HCRU), and user experience.

Economic Impact: The budget impact model estimates annual healthcare savings from offering virtual GI solutions to patients with IBS and IBD over one year. The economic model estimates the number of adults with IBS or IBD who could be eligible for the virtual solutions, the gross reduction in expected healthcare spending resulting from changes in HCRU, and the net impact on healthcare spending once such savings are offset by the cost of virtual solutions. The model also estimates the impact of virtual GI solutions on a higher-cost subgroup of patients with moderate-to-severe IBD.

Stakeholder Engagement: During the assessment process, PHTI partnered with clinical advisors, experts in health technology assessment, and health economists. PHTI also conducted interviews with patients with GI conditions who had experience using virtual solutions. All companies included in the report had an opportunity to submit clinical, economic, and other commercial information to inform the assessment; all five of the companies engaged with PHTI during the assessment process, and all five submitted evidence.

Summary of Findings

Based on PHTI's review of clinical evidence, virtual GI solutions improve clinical and economic outcomes for patients with IBS and IBD. Solutions that include gut-brain behavioral health and nutrition counseling deliver clinically meaningful improvements in symptoms and quality of life for patients with IBS compared with usual care. Clinician-led solutions that integrate gastroenterologists with other virtual support services may be effective alternatives to in-person multidisciplinary care for patients with IBD. All of these solutions can reduce total healthcare spending for some patients by helping to avoid hospitalizations and other high-cost healthcare services. Clinician-led solutions that address both IBS and IBD deliver the greatest overall savings potential across a broader set of patients, while wraparound solutions that address IBS-only populations also offer substantial savings per user but benefit a smaller share of GI patients.

Wraparound Solutions deliver clinically meaningful improvements in symptoms and quality of life for patients with IBS. However, the limited available evidence examining wraparound solutions for patients with IBD shows no clinical benefit over usual care. For the one-third of patients with IBD who also suffer from IBS symptoms, wraparound solutions may offer benefits for their functional GI symptoms. More evidence is needed to understand whether wraparound solutions—absent a GI specialist to coordinate care—can provide clinical benefits for patients with more complex, structural GI conditions, like IBD. Wraparound solutions substantially decrease net healthcare spending for patients with IBS by $1,889 per year in the commercial market and result in greater per user savings than clinician-led solutions for IBS.

NET SAVINGS FOR VIRTUAL GI SOLUTIONS, BY CATEGORY, IN A COMMERCIAL PLAN

	Wraparound Solutions	Clinician-Led Solutions	
	IBS Only	IBS + Average IBD Combined	IBS + Moderate-to-Severe IBD Combined
Estimated Percent of Plan Members Using a Virtual Solution	0.68%	0.86%	0.77%
Average Annual Savings per User	$1,889	$1,539	$2,901
Total Annual Savings per 1M Members	$12.8M	$13.3M	$22.2M

Clinician-Led Solutions appear to deliver comparable clinical outcomes to in-person multidisciplinary care for patients with IBD, including improved quality of life, based on the limited evidence available. These solutions also offer support services, like gut-brain hypnotherapy and nutrition counseling, which achieve clinically meaningful improvements for patients with IBS that are on par with those achieved by wraparound solutions. Despite having a higher price, clinician-led solutions may also reduce utilization for patients with IBS and IBD, resulting in lower net healthcare spending. The potential for savings is greatest when these solutions are targeted to patients with moderate-to-severe IBD, as well as those with IBS—saving an estimated $2,901 per user on average.

PHTI RATINGS FOR VIRTUAL GASTROINTESTINAL CARE SOLUTIONS BY CATEGORY

● Positive ● Moderate ● Negative
● Higher Clinical Evidence Certainty ○ Lower Clinical Evidence Certainty

Category of Solution	Clinical Effectiveness[a]	Economic Impact	Summary Rating[b]
Wraparound Solutions Cylinder Health Digbi Health	● **Results:** Clinically meaningful improvements in symptoms and quality of life for patients with IBS compared with usual care No evidence of clinical benefit for patients with IBD only **Evidence Certainty:** Higher (for IBS)	● Decreases net spending for patients with IBS	● **Evidence supports broader adoption for patients with IBS; patients with IBD require clinician-led interventions**
Clinician-Led Solutions Ayble Health Oshi Health Salvo Health	○ **Results:** Improvements in symptoms and quality of life for patients with IBS and/or IBD compared with usual care **Evidence Certainty:** Lower	● Decreases net spending for patients with IBS and/or IBD, with the highest savings for patients with moderate-to-severe IBD	● **Evidence supports broader adoption for patients with IBS and/or IBD, particularly those with moderate-to-severe IBD**

Source: PHTI, Virtual Gastrointestinal Care Solutions, March 2026. See PHTI.org for complete report, methods, and recommendations.

Notes: [a] Not all solutions have clinical data that meet the inclusion standards for this report. [b] Summary rating reflects the combination of clinical and economic results. Some solutions are evolving their business models to offer products in multiple categories.

Next Steps

These positive clinical and economic findings warrant broader adoption of virtual GI solutions; however, further evidence is needed to build purchaser confidence, target their deployment across a broad and heterogeneous set of GI conditions, and hone their pricing and contracting models.

To fully realize the benefits of these solutions, PHTI recommends:

- **Strengthening evidence generation to clarify where virtual GI solutions deliver the greatest value,** including comparative studies that assess durability of impact, effectiveness across disease stages, and performance among diverse and underserved patient populations.
- **Generating evidence on the durability of outcomes and the role of patient adherence,** including longer-term follow-up to assess sustained clinical improvement and the relationship between engagement, treatment duration, and long-term economic impact.
- **Leveraging virtual GI solutions to expand access to specialty care,** particularly in regions with limited gastroenterology capacity, while pairing access expansion with targeted outreach and enrollment strategies to ensure that solutions reach the patients most likely to benefit.
- **Aligning payment models with sustained clinical and economic outcomes,** prioritizing validated clinical measures, durability of benefit, and reductions in avoidable utilization over short-term engagement or enrollment-based metrics.

These findings are based on the criteria set forth in the ICER-PHTI Assessment Framework and the currently available evidence. Please see the full PHTI report and appendices, and online data supplement for complete assessment, methods, and recommendations.

Accessing PHTI's Full Report

You can access the full report here.

[1] Anne F. Peery, Caitlin C. Murphy, Chelsea Anderson, et al., "Burden and Cost of Gastrointestinal, Liver, and Pancreatic Diseases in the United States: Update 2024," *Gastroenterology* 168, no. 5 (2025): 1000–1024. https://doi.org/10.1053/j.gastro.2024.12.029.

[2] Xiaohan Ying, Leah Yao, Walter S. Mathis, et al., "Geographic Disparities in Access to Gastroenterologists in the United States," *Gastroenterology* 168, no. 6 (2025): 1189–1191.e1. https://doi.org/10.1053/j.gastro.2025.01.232.

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