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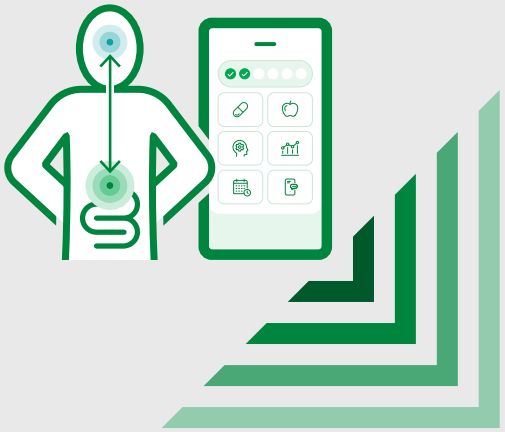
OVERVIEW FOR POLICYMAKERS



Virtual Gastrointestinal Care Solutions

HEALTH TECHNOLOGY ASSESSMENT | MARCH 2026

The Peterson Health Technology Institute (PHTI) evaluated virtual gastrointestinal (GI) solutions. 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.

GI conditions affect one in five adults in the United States and account for $112 billion in total healthcare spending per year, driven by diagnostic imaging, scoping, specialty medications, emergency department visits, and hospitalizations.[1] Because IBS and IBD impact multiple dimensions of health, clinical guidelines increasingly recommend multidisciplinary care; however, for many patients with IBS and IBD, access to such high-quality, effective GI care is limited.[2]

Based on PHTI's review of the clinical evidence, virtual GI solutions are associated with improvements in clinical outcomes for patients with IBS and IBD. All the solutions evaluated can reduce total healthcare spending for some patients, primarily by helping them to avoid hospitalizations and other high-cost healthcare services.

IBS is a functional condition characterized by recurring symptoms, like abdominal pain, diarrhea, and constipation, without visible damage in the digestive tract.[3] IBS is a disorder of the gut-brain interaction that may be acute or chronic and is frequently managed through lifestyle interventions.[4, 5]

IBD is a group of structural conditions—primarily ulcerative colitis and Crohn's disease—characterized by intestinal inflammation and blockages.[6] IBD causes persistent symptoms and requires medical treatment, including medication and surgery.[7]

Categorizing Virtual GI Solutions

Virtual GI 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. PHTI evaluated five virtual solutions that provide GI care for a range of conditions, including IBS and IBD, which can be divided into two distinct categories:

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 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.

Clinical and Economic Impact for Virtual GI Solutions

PHTI's assessment used a published framework and included a systematic literature review of more than 1,700 pieces of evidence, including information submitted by the five companies with products under evaluation. PHTI also received input from clinical advisors, patients with GI conditions, and companies selling digital health solutions.

Wraparound Solutions: Based on PHTI's review of the evidence, 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, such as IBD.

Clinician-Led Solutions: Based on PHTI's review of the available evidence, clinician-led solutions appear to deliver clinical outcomes comparable to in-person multidisciplinary care for patients with IBD, including improved quality of life. 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. Clinician-led solutions may 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.

Clinician-led solutions that address both IBS and IBD deliver the greatest overall savings potential across a broader set of patients, while wraparound solutions also offer substantial savings per user but benefit a smaller share of patients. Estimated savings vary by payer and condition. For example, in Medicare, wraparound solutions would result in annual net healthcare savings per user of $629 for patients with IBS. With a higher price, clinician-led solutions result in $446 annual savings per user across a blended enrollment of patients with IBS or IBD. These clinician-led solutions have the potential to generate higher savings ($2,141) when targeting IBD patients with moderate-to-severe symptoms, as well as patients with IBS.

NET SAVINGS FOR VIRTUAL GI SOLUTIONS, BY CATEGORY, IN MEDICARE OR MEDICAID

	Wraparound Solutions	Clinician-Led Solutions	
	IBS Only	IBS + Average IBD Combined)	IBS + Moderate-to-Severe IBD Combined
MEDICARE			
Estimated Percent of Beneficiaries Using a Virtual Solution*	0.43%	0.73%	0.57%
Average Annual Savings per User	$629	$446	$2,141
Total Annual Savings per 1M Beneficiaries	$2.7M	$3.3M	$12.3M
MEDICAID			
Estimated Percent of Beneficiaries Using a Virtual Solution*	0.52%	0.62%	0.56%
Average Annual Savings per User	$303	$53	$490
Total Annual Savings per 1M Beneficiaries	$1.6M	$0.32M	$2.8M

Note: * Assuming 25% of all eligible Medicare or Medicaid enrolled adults with IBS or IBD who are receiving treatment will utilize a virtual solution.

Realizing the Full Potential of Virtual GI Solutions: Policy Implications

Given the observed clinical efficacy and potential budget impacts of virtual GI solutions, policymakers should consider whether and how to increase deployment of these tools, especially in Medicare and Medicaid—public programs in which many digital health companies do not currently participate.

To better leverage virtual solutions and expand access to GI specialty care, policymakers should:

1 **Test performance-based payment models for virtual GI solutions:** The magnitude of potential cost savings varies substantially between IBS and IBD. IBS is typically managed at lower, more consistent costs, while the chronic, inflammatory nature of IBD can lead to high-cost, resource-intensive care. In practice, most virtual GI solutions are offered as bundled packages that serve patients with a mix of GI conditions, limiting purchasers' ability to match solutions to individual patient needs to maximize savings. Tying payment for virtual GI solutions to incremental improvements in clinical outcomes or reductions in utilization may better reflect the value delivered by virtual GI solutions.

A potential vehicle to test such models is the Centers for Medicare and Medicaid (CMS) ACCESS model, which anchors payments to outcomes for technology-enabled chronic care management in Medicare.[8] More robust evidence generation will help clarify where virtual GI solutions deliver the greatest value, for which patients, for how long, and across which disease stages.

2 **Consider new coverage pathways for GI-specific prescription digital therapeutics (PDTs) as the evidence evolves:** PDTs are software-based clinical interventions authorized by the U.S. Food and Drug Administration (FDA) that require a prescription from a licensed healthcare provider.[9] PDTs designed for GI care may take the form of app-based, gut-directed cognitive behavioral therapy or hypnotherapy. PHTI found evidence of significant improvements in IBS symptoms, quality of life, and spending for patients using a PDT or other interventions that offer gut-brain therapy.[10–12]

As of 2025, Medicare covers PDTs only for digital mental health treatment as part of a patient's comprehensive treatment plan. In 2025, CMS solicited comments in the 2026 Medicare Physician Fee Schedule Proposed Rule regarding establishing coding and payment for FDA-cleared, GI-specific PDTs.[13] CMS ultimately declined to extend coverage to devices that treat GI conditions. CMS should continue to review new evidence to determine when Medicare payment for GI PDTs may be appropriate.

3 **Establish permanent access to virtual GI specialty care for Medicare beneficiaries paired with a long-term reimbursement strategy:** Gastroenterologists have the third longest wait times for specialists in the United States and nearly all multidisciplinary programs are located within academic medical centers.[14] Outside of rural areas, Medicare covers only a limited set of services via telehealth on a permanent basis. Access to telehealth beyond these services first began during the COVID-19 federal public health emergency and has been repeatedly expanded on a temporary basis by Congress, most recently through December 31, 2027.

To establish permanent access to virtual GI specialty care for all Medicare beneficiaries, Congress could add GI specialty care to the limited set of services covered under Medicare's telehealth policy or remove geographic and originating site restrictions more broadly. In either case, an expansion of telehealth services should be paired with a long-term reimbursement strategy that balances cost, outcome, and access considerations.

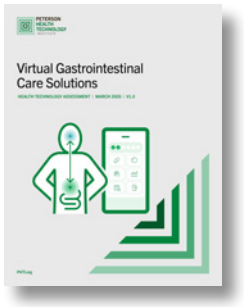
4 **State Medicaid programs should evaluate virtual GI solutions for their patient populations:** State Medicaid programs have broad flexibility to design coverage and reimbursement policies for telehealth services and other digital health technologies, resulting in substantial variation across states. States and Medicaid managed care organizations should assess the size and clinical needs of their Medicaid populations that could benefit from virtual GI solutions. These tools have the potential to mitigate persistent specialist shortages and challenges with the distribution of specialty care, as well as offer potential cost savings for state Medicaid programs in the form of avoided hospitalizations and other high-cost care.

About the Peterson Health Technology Institute

The Peterson Health Technology Institute (PHTI) provides independent evaluations of innovative healthcare technologies to improve health and lower costs. Through its rigorous, evidence-based research, PHTI analyzes the clinical benefits and economic impact of digital health solutions. These evaluations inform decisions for providers, patients, payers, and investors, accelerating the adoption of high-value technology in healthcare. PHTI was founded in 2023 by the Peterson Center on Healthcare. PHTI does not accept financial contributions.

Accessing PHTI's Full Report

You can access the full report here.



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