



2026 | Case Study

Transforming GI Care to Improve Outcomes and Lower Costs

Charlotte Burnett

Approximately [60% of adults](#) report weekly gastrointestinal (GI) symptoms that significantly diminish their quality of life. These conditions also impose a heavy economic toll on the U.S. health care system, with GI-related health care expenditures reaching [\\$111.8 billion](#) in 2021. Notably, total GI expenditures exceed that of [mental health](#), [heart disease](#), and [breast and prostate cancers](#).

Multidisciplinary gastrointestinal care (MGC) – which integrates medical, nutritional, and behavioral therapies – is recognized as a clinical best practice, yet it remains largely inaccessible to patients. Clinical trials have shown that MGC achieves [superior outcomes](#). Despite these benefits, access to MGC is severely restricted:

- **Uneven Provider Supply:** [39% of metropolitan and 87% of non-metropolitan U.S. counties](#) lack a single gastroenterologist.
- **Extreme Wait Times:** In 2025, the average wait time for an in-person GI appointment in many major cities was [40 days](#).
- **Geographic Limitations:** High-quality MGC is typically concentrated in select academic medical centers, leaving patients in many regions without options.

Current fee-for-service structures are poorly equipped to support the integrated, team-based approach required for effective MGC. While value-based care has gained traction in primary care, there is a need for more [specialty integration](#) as a critical ingredient for cost and quality management. Oshi Health's model seeks to address this gap by delivering high-quality GI care while containing costs.

Oshi Health's Model

Oshi Health's virtual MGC model transitions GI management from episodic, procedure-based interventions to continuous, holistic care. Oshi diagnoses and treats all GI conditions, including inflammatory bowel disease, and coordinates closely with patients' in-person providers to share clinical updates on progress, care plans, and medication changes.

The Oshi team includes board-certified gastroenterologists, GI-specialized advanced practice providers (APPs), registered dietitians, licensed psychologists, and care coordinators. The care team identifies the root causes of GI symptoms, develops individualized care plans, and helps patients track, control, and manage their symptoms through dietary and behavior change, gut-brain interventions, and medication management.

Oshi Health engages patients through a structured process, including:

- **Intake & Onboarding:** Patients register through a digital platform, complete intake forms, and share their medical histories for review. Patients then self-schedule a virtual onboarding visit with a GI APP, overseen by a board-certified gastroenterologist.
- **Evidence-Based Care Plans:** During the initial visit, the APP and gastroenterologist establish a preliminary diagnosis and a personalized care plan. This plan may include diagnostic testing, medications, dietary interventions (e.g., low-[FODMAP](#)), or brain-gut behavioral therapies.
- **Continuous Engagement:** Care is delivered through both synchronous telehealth visits and asynchronous chat messaging. Patients have unlimited access to their multidisciplinary team until symptom control is achieved and maintained.
- **Hybrid Coordination:** When in-person services like endoscopies and imaging are required, care coordinators facilitate referrals to in-network facilities. Oshi also maintains communication with each patient's in-person provider regarding the care plan.

This approach replaces episodic GI care with continuous, multidisciplinary support tailored to individual patient needs.

Financial Arrangements

Oshi Health partners with commercial plans and Medicare Advantage plans to take accountability for patient outcomes, avoidable utilization, and patient experience. Plans and gastroenterologists refer patients to Oshi.

Oshi bills claims for clinical transitions as the patient progresses through the [care delivery model](#):

- 1 Completion of the initial APP assessment.
- 2 Transition to multidisciplinary care.
- 3 Achievement of symptom control.

Oshi provides an ROI guarantee tied to improvements in outcomes, experience, and cost savings based on claims data analyses with a matched control group.

Outcomes

Oshi Health's framework for monitoring performance:



Clinical Engagement and Access:

- **Timeliness of Care:** Duration from initial account creation to the first clinical onboarding visit.
- **Multidisciplinary Reach:** Volume of appointments across provider types (GI APPs, Dietitians, and Behavioral Health Providers) to ensure patients receive integrated support.



Patient-Reported Outcomes:

- **Symptom Improvement and Control:** Changes in symptoms over time and perceptions of how well patients are managing their symptoms.
- **Patient Satisfaction:** Patient experience via post-visit surveys.



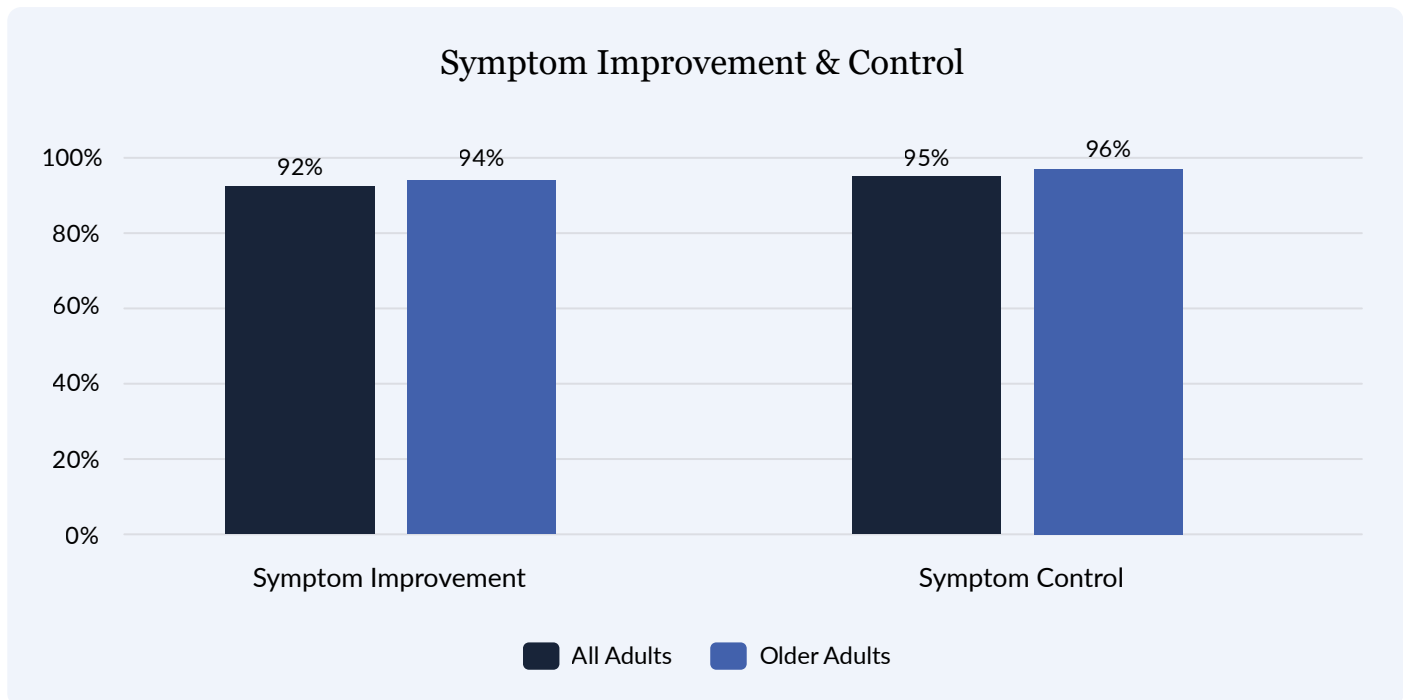
Utilization and Financial Stewardship:

- **Avoidable Utilization:** Services that may be avoided with well managed chronic conditions, such as GI-related Emergency Department visits.
- **Diagnostic Optimization:** Appropriate use of high-cost services, including diagnostic imaging.
- **Cost of Care:** GI-specific and all-cause health care expenditures.

Oshi Health's success is evidenced by high patient engagement, industry-leading clinical outcomes, and a significant reduction in total cost of care. Findings indicate a strong relationship between multidisciplinary engagement and symptom relief. Patients actively engaged with the full multidisciplinary team, typically utilize a mix of medical, dietary, and behavioral health visits to manage their condition.

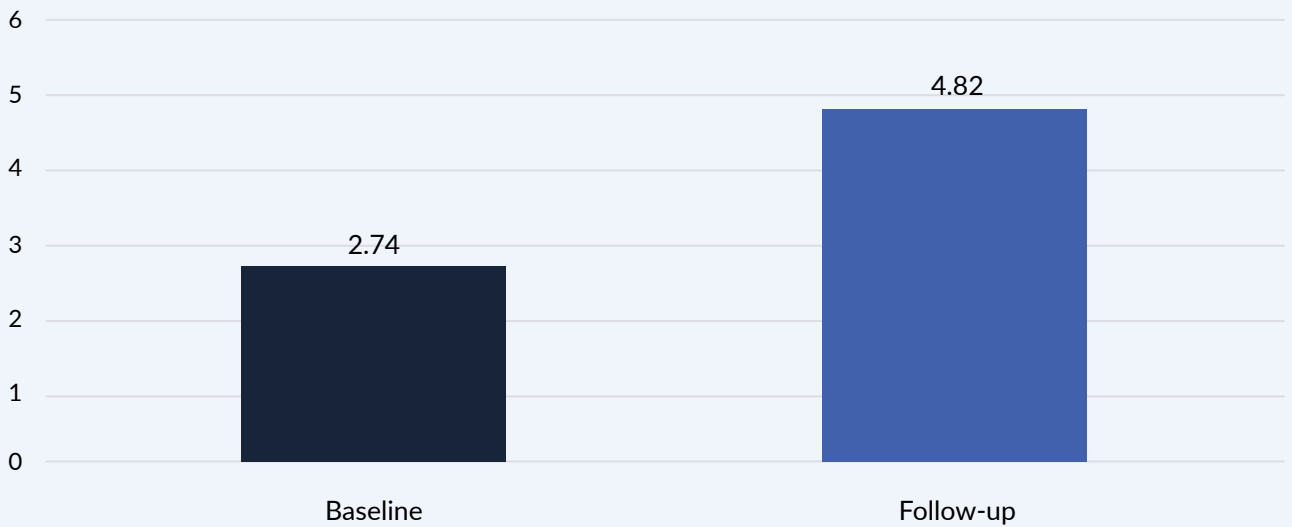
- **Symptoms:** Over 92% of patients experienced symptom improvement, and nearly 95% achieved symptom control.
- **Symptoms Among Older Adults:** Adults 65 years and older experienced the best outcomes among all age groups, with 94% experiencing symptom improvement, and 96% reporting symptom control. After receiving care from Oshi Health, 96% of older adults indicated their symptoms were not noticeable or mild, up from 32% at baseline.
- **Patient Experience:** Satisfaction scores nearly doubled after entering the program, rising from a baseline of 2.74 to 4.82 out of 5.

Oshi's virtual MGC model effectively eliminates traditional barriers to care. One analysis of over 11,000 patients showed a median wait time of only 6 days for the first appointment – a fraction of the 40-day national average.



Data from Oshi Health's internal analysis. HCTTF did not independently validate the results.

Patient Satisfaction Score



Data from Oshi Health's retrospective cohort study of patients receiving care between April 2021 and August 2025, assessing patients who previously saw an in-person provider for their GI needs (n=7,596). Citation: [Wang G, Chey WD, Varma S, Berry SK. Virtual Multidisciplinary Gastrointestinal Care for Adults with Gastrointestinal \(GI\) Needs: A Retrospective Cohort Study. Journal of Medical Internet Research.](#)

Oshi's model has also proven economic impact and reduced utilization. An [analysis](#) of commercially-insured patients compared to a matched control group demonstrated that Oshi Health's model successfully shifts care away from high-cost, high-acuity settings:

- **Total Cost Savings:** Oshi patients achieved an average all-cause cost savings of [\\$6,081](#) per patient over 12 months compared to those in usual care.
- **Averting Unnecessary Procedures:** Oshi patients experienced a 50% relative reduction in the rate of GI-related imaging and 56% reduction in the rate of GI-related surgery compared to the usual care control group.
- **Emergency Diversion:** Notably, while ED visits rose in the control group, they declined significantly among Oshi patients, resulting in a 68% relative reduction in GI-related ED visits.

These outcomes demonstrate that Oshi Health's model delivers meaningful improvements in access, symptom control, and patient experience while achieving savings.

Replicating this Model

Organizations seeking to scale multidisciplinary GI care must align data, payment, and operational strategies to support longitudinal team-based care. The following principles highlight key considerations for building and sustaining similar models.

- **Uncover Hidden Costs:** Traditional actuarial methods often significantly underestimate the financial burden of specialty conditions by only looking at primary condition codes. Appropriate cost estimates require a more expansive view that includes symptom-based visits (e.g., abdominal pain) and preventive encounters (e.g., screenings). Without this comprehensive data, benchmarks will be set artificially low, making it difficult to justify the investment in higher-quality multidisciplinary teams.
- **Identify High-Risk Subgroups:** Organizations can identify and tailor care for patients identified through a specific index event. This could be a first-time emergency room visit for a digestive issue or a primary care referral for a chronic symptom. By focusing on these moments, teams can isolate the small percentage of patients driving the highest costs (often over \$17,000 annually) and deliver the tailored, intensive support they need before their condition escalates.
- **Remove Financial Barriers for Members:** Organizations can boost ROI by reducing or eliminating patient cost-share for multidisciplinary services. For example, when a large employer with approximately 11,000 covered lives waived all member cost-sharing, enrollment rates were twice as high as average and all-cause medical savings were approximately \$10,900 per patient. Waiving patient out-of-pocket costs is a critical lever that can lead to better engagement and symptom control with subsequent decreases in utilization and costs.
- **Start with Feasible Payment Arrangements:** When launching a new partnership, simplicity is the key to feasibility. Organizations should start with a flexible framework that utilizes existing codes to represent clinical milestones. This approach allows both payers and providers to prove the model's clinical effectiveness and gather the data required to move toward more advanced value-based arrangements.

As specialty care continues to represent a growing share of total health care spending, models like Oshi Health's demonstrate how multidisciplinary, virtual-first approaches can expand access while improving outcomes and reducing unnecessary utilization. These efforts represent a critical pathway for advancing integrated value-based specialty care.