

# The Impact of Integrated Care on Patient Outcomes, Satisfaction, Engagement & Compliance in Gastrointestinal Care

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## INTRODUCTION

Patients with gastrointestinal (GI) conditions such as Irritable Bowel Syndrome (IBS), Inflammatory Bowel Disease (IBD), and Gastroesophageal Reflux Disease (GERD) often lack access to dietary and behavioral health services, even though clinical guidelines identify these interventions as highly effective at reducing costs and improving clinical outcomes.

- GI-specific dietary programs often involve eliminating certain foods and slowly reintroducing them into one's diet to understand what types of foods may trigger symptoms.
- Behavioral health interventions achieve GI symptom control through well validated techniques, such as cognitive behavioral therapy, gut-directed hypnotherapy, and psychodynamic therapy.
- Disease education and care coordination can also impact outcomes in GI care delivery.

We evaluated a virtual GI-specific integrated care program built around these evidence-based interventions and its impact on clinical outcomes and patient satisfaction.

## METHODS

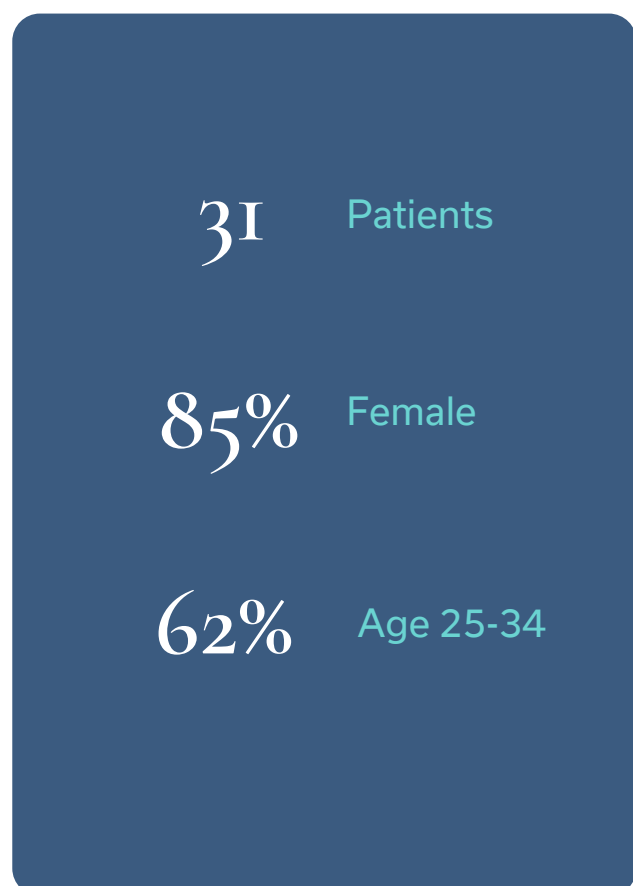
Patients were enrolled into a 10-week, fully-virtual, integrated care program based on ICHOM integrated practice units. Interventions were evidenced-based and followed societal guidelines regarding dietary and psychological interventions for GI conditions.

- The program was delivered via telehealth with remote monitoring between visits to track compliance with dietary and behavioral recommendations.
- Registered dietitians delivered the care according to protocols developed by gastroenterologists.
- Health coaches helped with behavior change and compliance with the care plan.

This program differs from the standard of care in that it is intensive, higher-touch, and proactively measures compliance and symptom response. Patient demographics, satisfaction, engagement, and symptom improvement was measured through patient surveys based on modified ICHOM questionnaires. This was a descriptive analysis and feasibility study.

## RESULTS

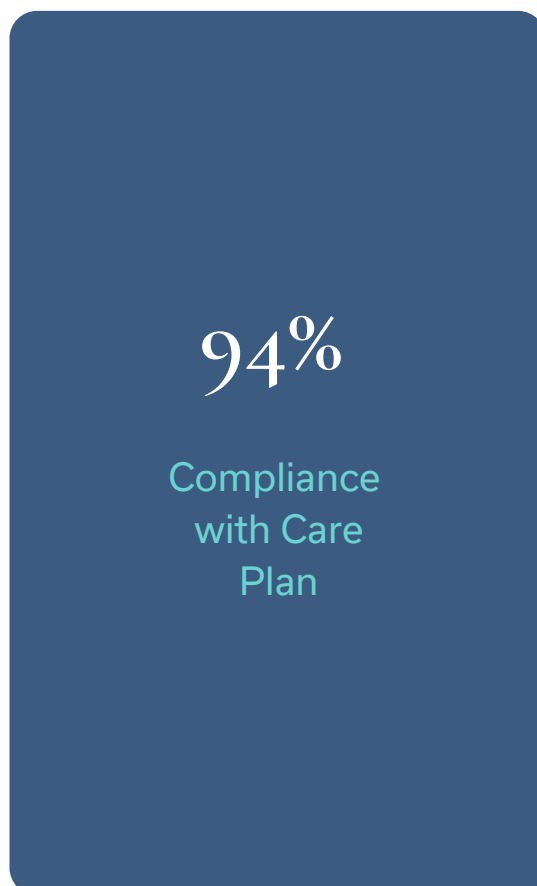
### Program Enrollment



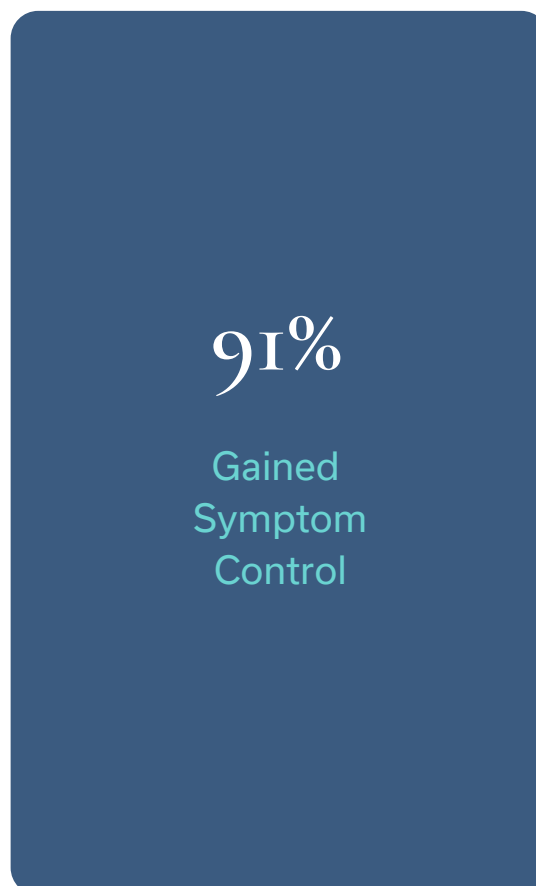
### Average Engagement



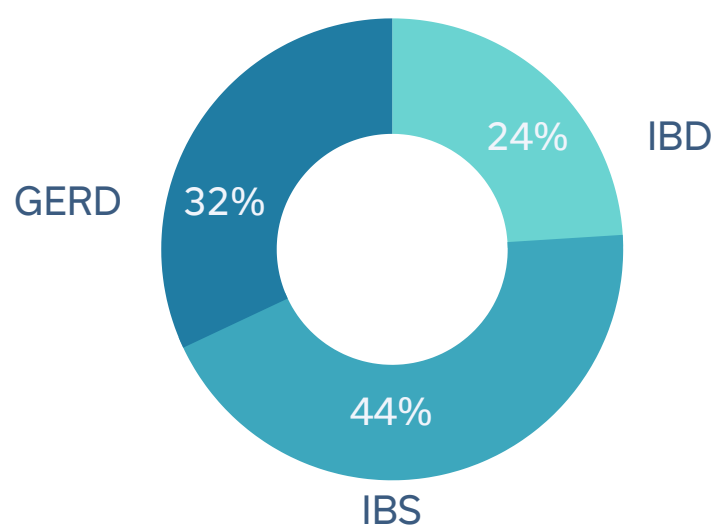
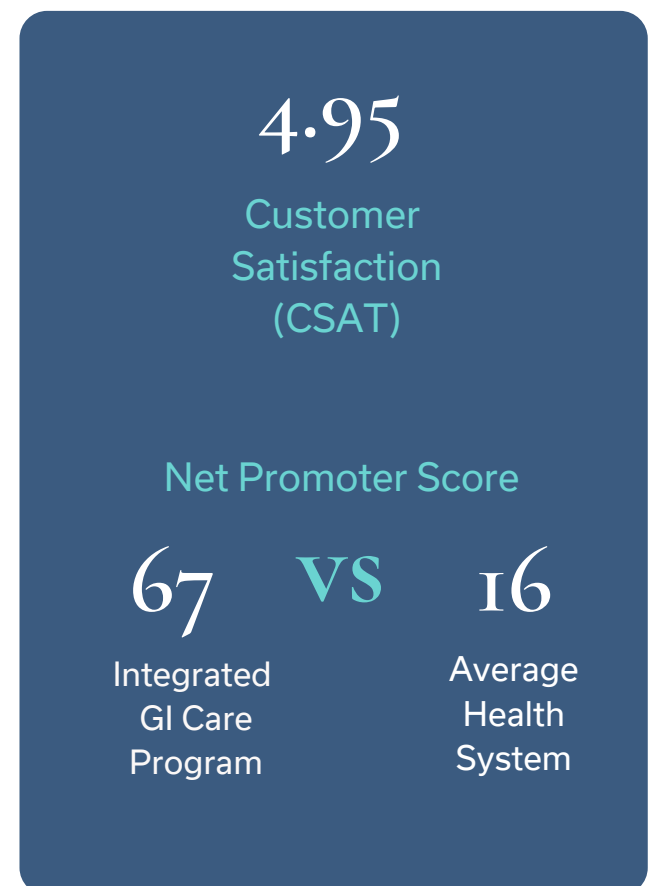
### Patient Compliance



### Patient Outcomes



### Patient Satisfaction



## CONCLUSIONS

This pilot study showed significant patient satisfaction and improvement within 10 weeks. Patients had significant engagement and compliance, metrics known to improve clinical outcomes.

Further research is necessary to further validate these findings and ensure long-term durability of response. This model is now being evaluated in a year-long prospective, pragmatic clinical trial in a large commercially insured population (n=300), in partnership with a major health plan in the United States.