

Alaska GI Group Joins Gazuntite to Expand Its Services to Multiple States and Eventually Nationwide

Gazuntite and Pioneer GI group join forces to provide specialist access to rural and underserved areas

WASHINGTON, DC, DC, UNITED STATES, October 3, 2026 /EINPresswire.com/ -- The [Pioneer GI](#) group of Alaska has joined [Gazuntite](#) as its Founding Gastroenterology Specialists, taking an ownership stake in the company and national leadership of its gastroenterology practice. Dr. Ajay Pabby, Managing Partner of Pioneer GI, becomes Gazuntite's GI Service Line Director. Drs. Ajay Pabby, Nicolas Villa, Miguel Ordonez and Mariajose Rojas will set the clinical standard for every GI consult on the Gazuntite network and build the team of gastroenterologists behind it.



Specialist Decision Support to Primary Care in Rural Areas

In America's safety-net clinics, one of the biggest problems is lack of specialist access. Gazuntite plugs specialists directly into primary care at urban community health centers, rural health clinics and tribal health systems, so the treating clinician quickly gets a specialist's guidance instead of a referral out that takes months. In published eConsult programs and in Gazuntite's own experience, roughly two out of three of those cases never need an outside referral at all. For Pioneer GI, the partnership expands an Alaska practice into multiple states and eventually nationwide, without the time and cost of building the physical infrastructure that kind of growth normally demands.

"Pioneer GI's vision and dedication to expanding care to underserved areas is unmatched and proven in their partnership and investment in Gazuntite," said John E. Harrison, CEO of Gazuntite. "Gastroenterology sits in the top specialties needed on the front lines of care, roughly 8 to 10% of everything a primary care doctor sends out in these communities. In the places we serve, that referral can mean a two-hour drive each way and more than 100 days of waiting. Pioneer decided to take matters into their own hands and put their guidance where it does the

most good, which is with the PCP, before the patient is sent anywhere."

The gap is well documented. Rural counties have roughly 98 active physicians per 100,000 residents compared with 286 in urban counties, and the divide is far wider in specialty care. Urban areas have more than eight times as many gastroenterologists per capita as rural areas, according to the Association of American Medical Colleges, and rural patients travel three to four times farther than urban patients for specialty care.

"We have spent our careers getting gastroenterology to people who cannot easily get to us, which in Alaska can mean a plane ride," said Dr. Ajay Pabby, Managing Partner of Pioneer GI and Gazuntite's GI Service Line Director. "Now that reach is not only much easier but goes well beyond our four walls. With the power of the Gazuntite Specialist Decision Support platform we will be able to settle about 60 to 70% of non-procedural GI questions by directly coordinating care with the PCP. This is a game changer for us and for the patient. It is exciting to be at the forefront of healthcare innovation."

Distance changes who gets diagnosed in time, and colorectal cancer is where it shows. Over 1999 to 2023, the age adjusted colorectal cancer death rate was 23.2 per 100,000 in nonmetropolitan counties against 18.7 in metropolitan counties, 24% higher, and the rural decline stalled after 2014 while urban rates kept falling. The scarce resource in these communities is not advice, it is the procedure slot and the trip to reach it. Specialist guidance at the moment of the question decides who needs a colonoscopy now, who can be scheduled routinely, and which patients should move to the front of the line.

"Travel time and time off work are huge hurdles for patients and lead to a very high no show rate," said Dr. Nicolas Villa. "This means patients do not get the specialist treatment plan they need to reduce and, in some cases, stop disease progression. In many cases they end up in the ER. Through Gazuntite we are able to get our gastroenterology guidance to the PCP so the patient can be treated in their own medical home. This has a profound impact on total cost of care and, most importantly, patient health outcomes."

The largest program of its kind backs that up. After the Veterans Health Administration put eConsults in front of specialty referrals, time to treatment fell from months to days, downstream costs fell by up to 40% in some specialties, and 60% of patients turned out not to need the specialist visit at all. In a rural safety-net population in Texas, the average wait for a face to face specialty visit fell from 107 days to 20 days after eConsults were introduced. In a 2026 study of rural provider to provider consultations, clinicians reported that 35% of consults avoided an emergency department visit.

"A byproduct of plugging specialists such as us into safety-net clinics is that the clinics retain patients and, as a result, strengthen their own financial footing," said Dr. Miguel Ordonez. "Leakage is a real problem for primary care in terms of both lost income and disease progression. Take inflammatory bowel disease. Much of that care is medical, not procedural, and

it can be guided remotely: choosing and monitoring therapy, managing a flare, deciding when a scope is actually needed. Expanding a clinic's care services keeps the patient in house, along with the reimbursements associated with that, while improving outcomes, reducing trips to the ER and increasing medication compliance."

"Many of our patients put off care because of what it costs them to get here, a day of lost wages, a long drive, sometimes a flight, and some are navigating all of it in a second language," said Dr. Mariajose Rojas. "Working through the primary care team removes most of that. The patient hears the plan from the clinician they already trust, and when a procedure genuinely is the answer, we have identified it early instead of months later. For an interventional endoscopist, that is the best use of our time and our patients' time."

Gazuntite's Founding Specialist status carries equity, a share of the service line and clinical authority over it. Gazuntite is recruiting founding groups in its other specialty lines now.

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