**Supplementary Table 3. Impact of digital health technologies on other outcomes.**

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| **Author, year** | **Type of Intervention** | **Outcome Measurements** | **Duration of Follow-up** | **Findings** |
| De Jong, 2017 | 1. Telemedicine (myIBDcoach)  2. Control | Self-Efficacy Scale (IBD-SES; 29-items; 4 domains)  Diagnosis and treatment related knowledge (VAS score) | 12 months | * No significant differences in quality of care, self-efficacy or knowledge of medication |
| Elkjaer M, 2010 | 1. Web (Constant-Care)  2. Control | SQ: satisfaction questionnaire (6+ cm = +)  CCKNOW: checks for understanding of IBD, medication, diet, complications of IBD  HADS: anxiety and depression questionnaires; 0-7 = normal, 8-10 = borderline, 11+ = anxious/depressed | 12 months | **Denmark**   * Significant improvement in IBD knowledge in web group. * Improvement in web-group group for general health (p=0.009), vitality (p=0.03), role emotional (p<0.0001), and social functioning (p=0.002) compared to control-group * Improved depression score in control group (p=0.01) although both groups had normal scores   **Ireland**   * Improved mental health (p=0.01), physical functioning (p=0.03), social functioning (p=0.02) in web * Although depression and anxiety normal in both, anxiety improved in web (p=0.02)   General IBD-knowledge significantly improved in Denmark but not in Ireland. |
| Linn AJ, 2018 | 1. Mobile-based  2. Control | Self-efficacy: Medication Understanding and Use Self-Efficacy Scale (MUSE). Utilized to assess patients’ self-efficacy of understanding and taking medication.  Beliefs about Medicines Questionnaire (BMQ-Specific). 10-item scale with regards to patients’ concerns about taking their medications.  Patient satisfaction: 29-item questionnaire with three scales. | 6 months | * Text messaging did not improve patient satisfaction with the communication about the disease and treatment. Text messaging did improve patient’s satisfaction with the nurses’ communication. * Increased self-efficacy – patients reported being able to overcome obstacles that might hinder them from taking the medication as prescribed. |
| Akobeng AK, 2015 | 1. Mobile-based (telephone consultation)  2. Control | Patient and parent satisfaction with consultations using Consultation Satisfaction Questionnaire  Anthropometric measurements | 24 months | * No significant differences for anthropometric scores between the two groups. * No significant differences between child and parent satisfaction between the two groups. * No significant differences in BMI, weight, and height between the two groups. |
| Carlsen K, 2017  (Non-biologic cohort) | 1. Web-based (yong.constant-care.com)  2. Control | School absence | 24 months | * There was a significant difference in the number of IBD-related days of absence from the school: web (mean 1.6 days per patient with standard error of 0.5) and the control group (mean 16.5 days per patient with standard error 4.4) (p<0.01). |
| Del Hoyo, 2019 | 1. Web-based telemedicine - remote monitoring (G\_TECCU)  2. Nurse-assisted telephone care (G\_NT)  3. Standard care with in-person visits (G\_control) | Work productivity and activities of daily living with Work Productivity and Activity Impairment questionnaire.  Patient satisfaction. | 6 months | * There were no differences in work productivity and social activities among the three groups. * Mild increase in patient satisfaction in the G\_TECCU and G\_control. |
| Krier M, 2011 | 1. Remote telemedicine encounter (TE)  2. Face-to-face standard encounter | Duration of appointment visit, wait time, number of patients seen per clinic day, trainee and physician satisfaction using TE system, utilization of the network to gain insight into bandwidth requirements need for use | 9 months | * All major clinical satisfaction end points were similar between the two arms: indices of attention to patient outcomes, bedside manner, and perceived skill level of the doctor. * The fellow and subspecialist rated the technical informational quality of the telemedicine sessions highly. * Patients had similar satisfaction whether telemedicine encounter or standard encounter. |
| McCombie, 2020 | 1. Mobile application (IBDsmart and IBDoc)  2. Control | Usability and acceptability of IBDsmart and IBDoc | 12 months | * Good usability and acceptability among patients and gastroenterologists. |

IBD: Inflammatory bowel disease

SES: Self-Efficacy Scale

VAS: Visual analog scale

HADS: Hospital Anxiety and Depression Scale

MUSE: Medication Understanding and Use Self-Efficacy Scale

BMQ: Beliefs about Medicines Questionnaire

BMI: Body Mass Index

TE: Telemedicine Encounter