

TITLE: Expanding Services for Medicaid Recipients: Healthcare Provider Experiences Implementing the Oregon Back Pain Policy

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TOPIC/TARGET AUDIENCE: policymakers, researchers, evaluators

ABSTRACT: The Oregon Back Pain Policy (OBPP) is a 2016 state-level Medicaid policy designed to improve treatment for back pain by restricting opioids while expanding access to integrative and complementary care. The objective of this study was to increase understanding of OBPP implementation from the provider perspective. To understand provider experiences implementing this policy, in 2020, we conducted seven asynchronous online focus groups. Participants included 48 medical clinicians and 44 integrative and complementary care providers. Themes were identified by a multi-disciplinary team using thematic analysis. Results revealed that clinicians and integrative and complementary care providers favor the OBPP. Clinicians appreciated having guidelines to support clinical decisions and appreciated being able to offer an alternative to opioids. Both provider groups reported implementation challenges. Clinicians struggled to find ICM providers who accepted Medicaid, and mirroring this barrier, ICM providers reported difficulty providing care to Medicaid patients given low reimbursement rates and high administrative burden. The goal of the OBPP was to increase access to evidence-based back pain care, including expanded coverage of complementary and integrative care services and decreased opioid prescribing for back pain. This study revealed that although providers support the goals of this policy, the policy was hampered by implementation challenges.

OBJECTIVE(S): 1. Describe perceptions and experiences among Oregon healthcare professionals implementing the Oregon Medicaid Back Pain Policy. 2. Compare and contrast policy barriers and facilitators between clinicians (Medical doctors, Doctors of osteopathy, Naturopathic doctors, Nurse practitioners, and Physician assistants) and integrative and complementary care providers (Acupuncturists, Chiropractic physicians, Licensed massage therapists, and Physical therapists). 3. Identify potential levers of action for policy improvement.
