Addendum to:
An MCO's Perspective on
Access to Care in the State of Oregon

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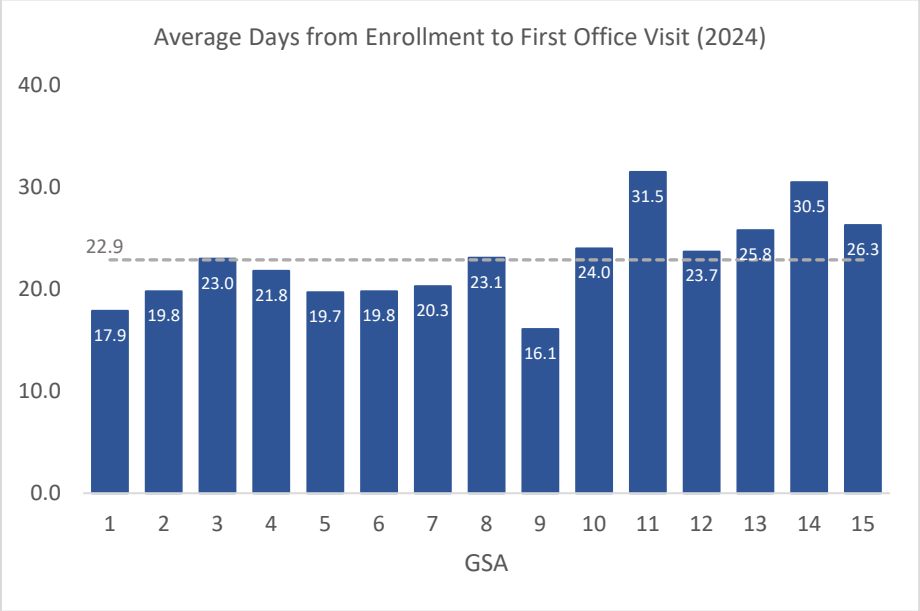
Introduction

Majoris continues to investigate available data for additional insights into the question of access to care for Oregon injured workers. This addendum includes an expansion on available Majoris statistics originally reported in the 2024 publication in response to reader inquiries. It includes data Majoris presented to the MLAC Access to Care Subcommittee on June 4, 2025.

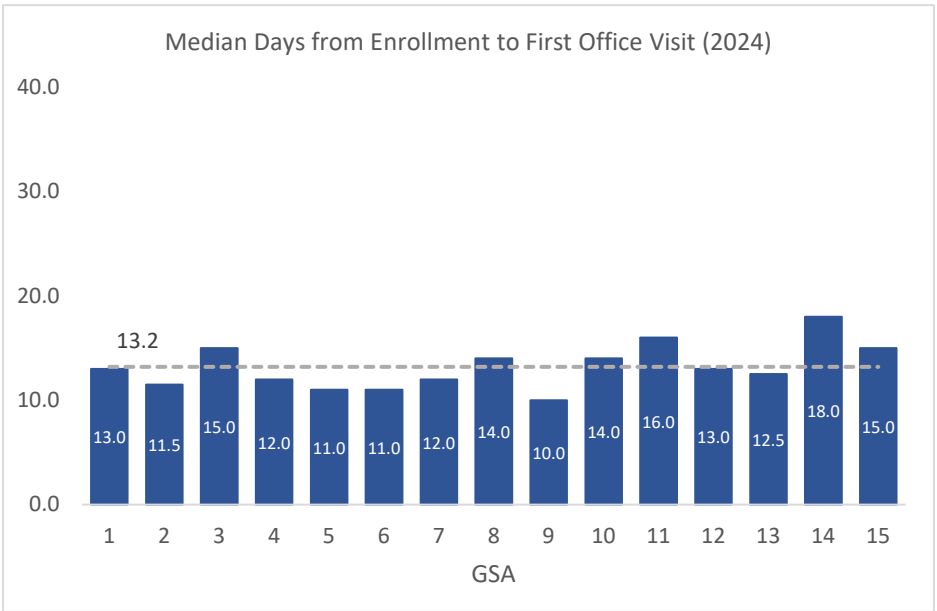
Average days from Enrollment to First Office Visit

The statewide average days from enrollment to first office visit improved in 2024, moving from 28.3 to 22.9. The decrease in the average days to first visit correlates with the 2024 expansion of Physician Associates (PAs) attending physical authorization, which may indicate a causation link between the two.



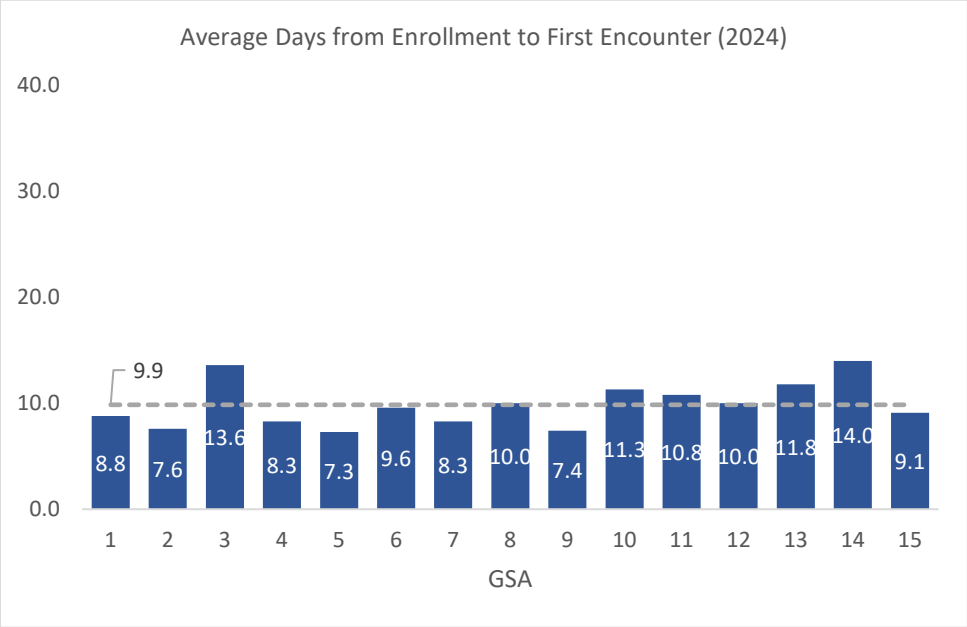
Median Days from Enrollment to First Office Visit

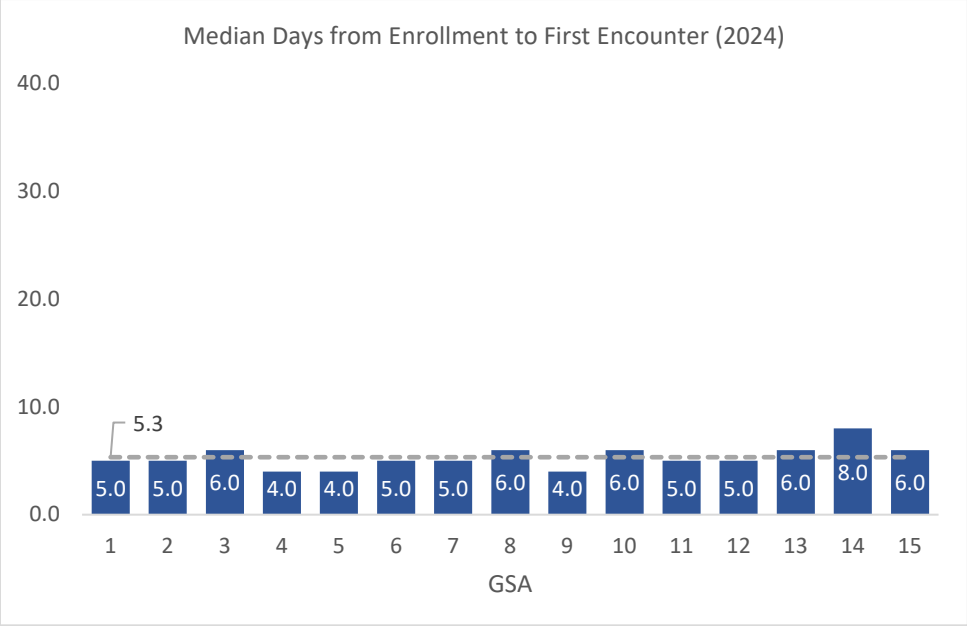
Not originally reviewed, the median days from enrollment to first office visit show that more extreme outliers skew the average upward.



Average and Median days from Enrollment to First Encounter

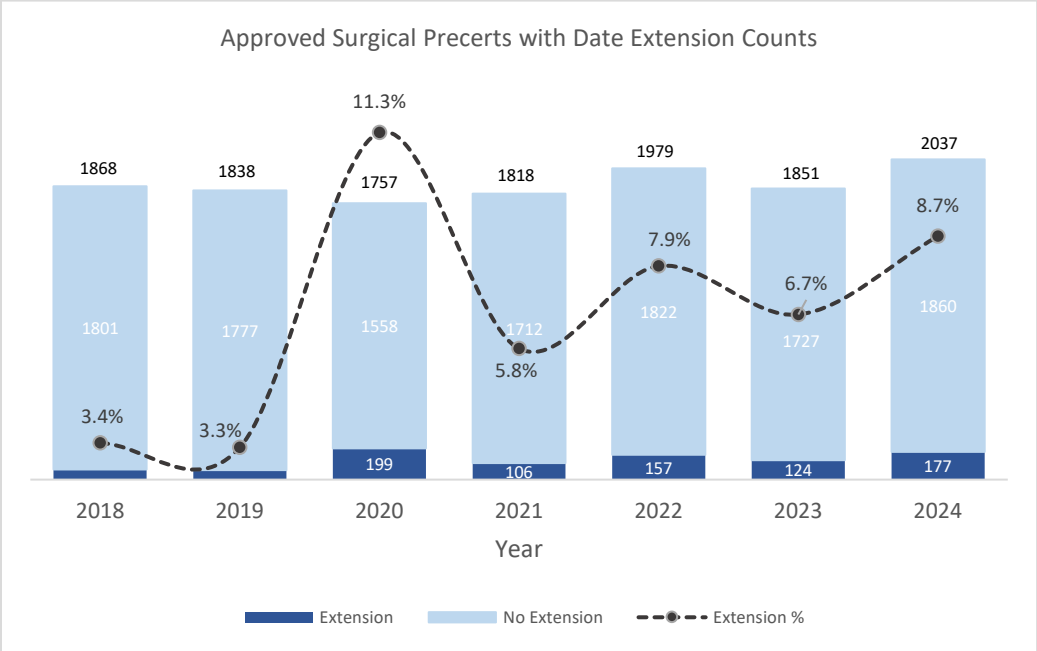
When quantifying access, another approach is to measure access to any care, rather than office visits only. Office visits with the attending physician typically occur monthly to monitor recovery and treatment effectiveness. As a result, when a worker enrolls in the MCO, their next office visit may be scheduled several weeks out. However, the worker typically accesses additional care in between these visits, such as diagnostics or ancillary treatment. Measuring enrollment to first care encounter significantly drops the range and underscores the nuance in measuring access.





Surgical Extensions

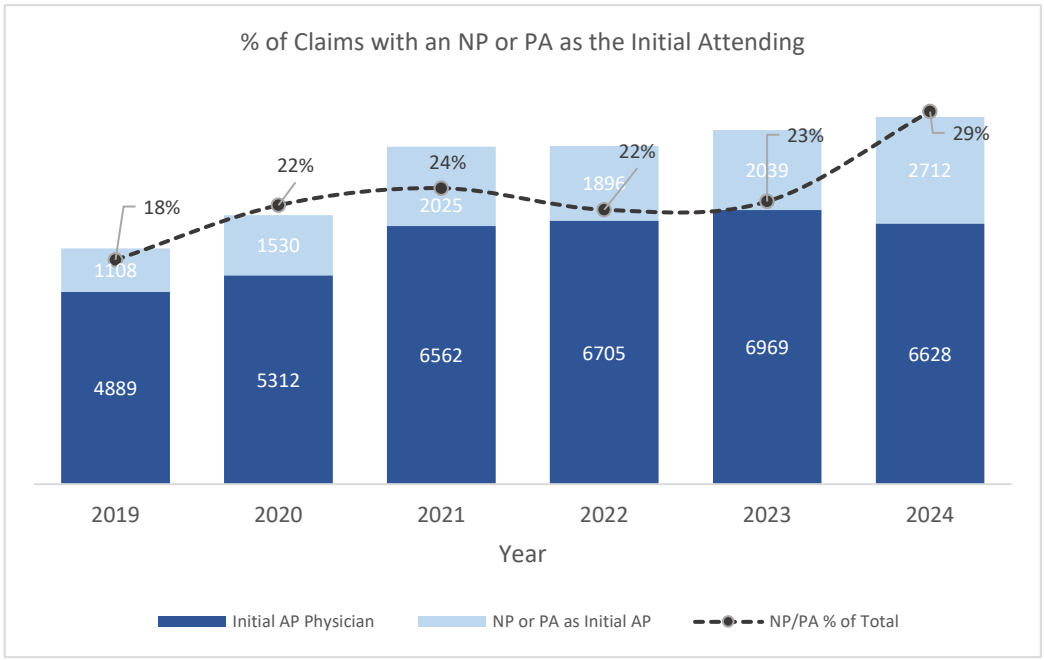
Surgical extensions have continued at the elevated rate observed since the post-COVID period. The data provided in the white paper is now updated to include approved surgeries from the remainder of 2023, which were not included in the original publication, as well as data from 2024. Orthopedic clinics continue reporting challenges related to limited availability of anesthesiologists and surgical scheduling slots.



Mid-Level Practitioner as AP Utilization & Impact

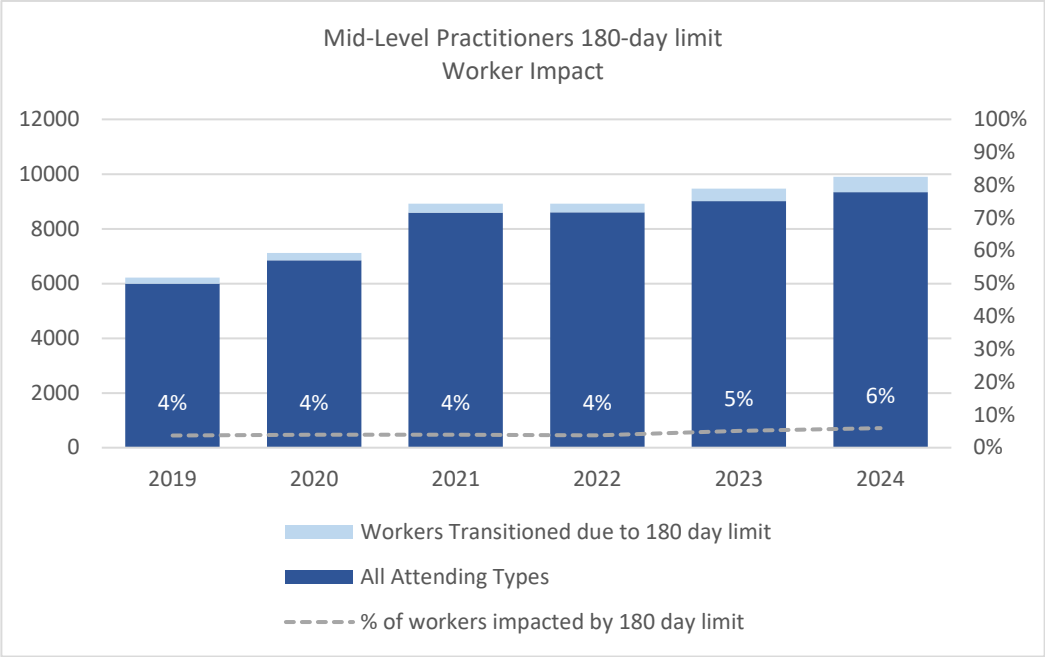
NP/PA Frequency

This data set provides the frequency an enrolled worker starts with a nurse practitioner or physician associate as their attending physician. The 7% increase in 2024 compared to the prior 5 years average is likely driven by the 2024 update to the statutes that increased Physician Associate attending physician authority to 180 days.



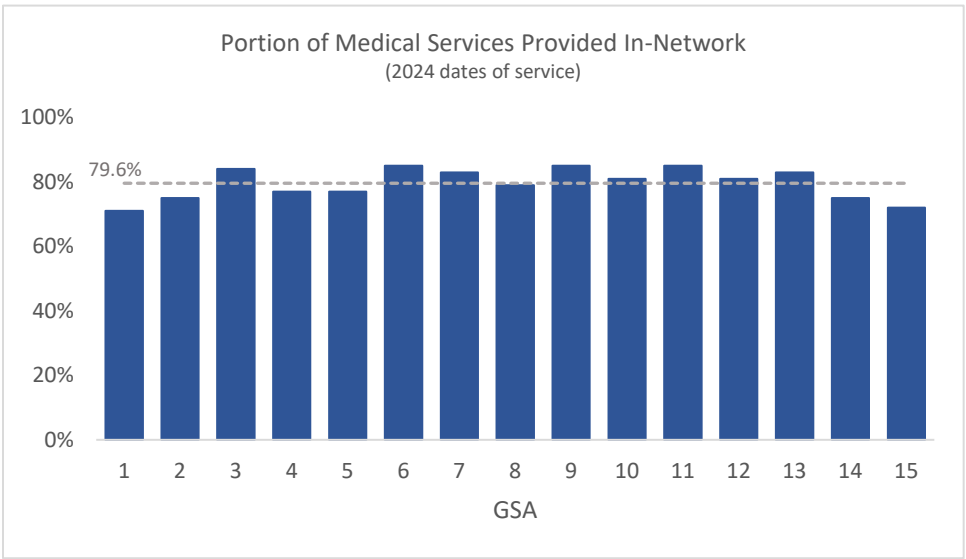
Impact from NP/PA 180-day Limit

In 2024, 6% of claims were required to transition to a new attending physician because their injury had not resolved within 180 days from establishing care with a nurse practitioner or physician associate as their attending physician. This does not include workers that transitioned to a different attending physician by referral or choice.



Network vs Non-Network Services

Majoris has a robust network, and we continually invest in recruitment of new providers. In 2024, the percent of care delivered by a non-network provider decreased from 22.9% to 20.4%. Because workers are allowed to treat with their established primary care physician even if they are not in-network, Majoris anticipates a continued portion of care delivered outside the network.



3-in-a-GSA 14 Day Deadline: Impact on Accessibility

The MCO is required to provide a list of three providers who have confirmed their willingness to schedule an appointment if contacted by the injured worker. When confirming willingness, providers do not know when—or if—the worker will choose to call and schedule. Additionally, most providers require a review of medical records prior to confirming an appointment, to ensure they are an appropriate fit for the worker's care needs.

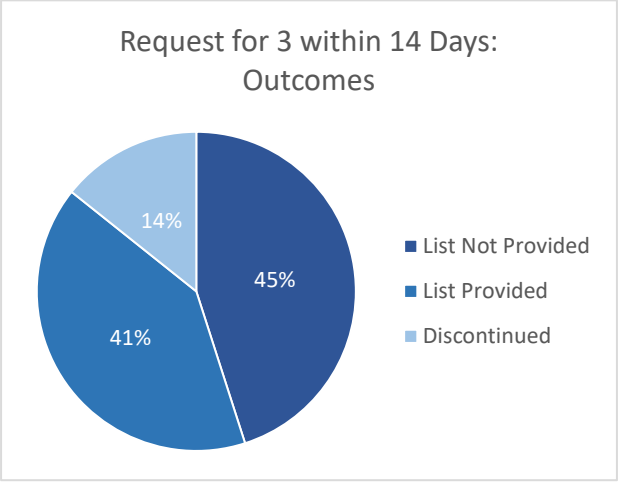
In 2024, rule updates established a 14-day requirement for the MCO to provide the list of three confirmed providers. If the MCO is unable to provide the list within this timeframe, the worker may seek treatment outside the MCO network for that specific provider type.

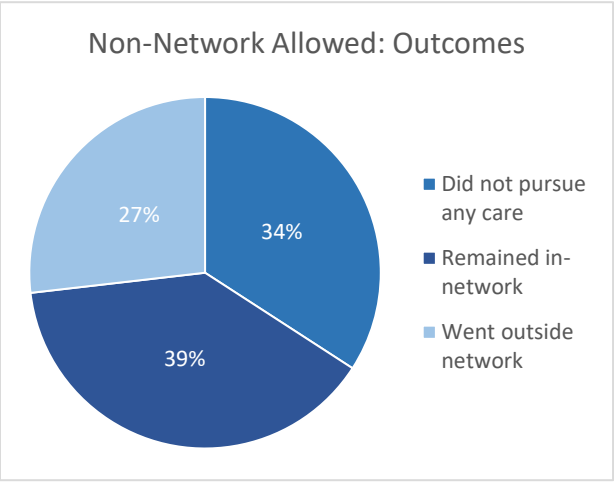
Following the rule change, Majoris began tracking the requests for insights into:

- Majoris' ability to provide a list of three willing and available providers within a two-week time frame,
- The impact on accessibility to care when a worker was allowed to treat outside the network, and
- The reasons prompting a worker to request a list of three options.

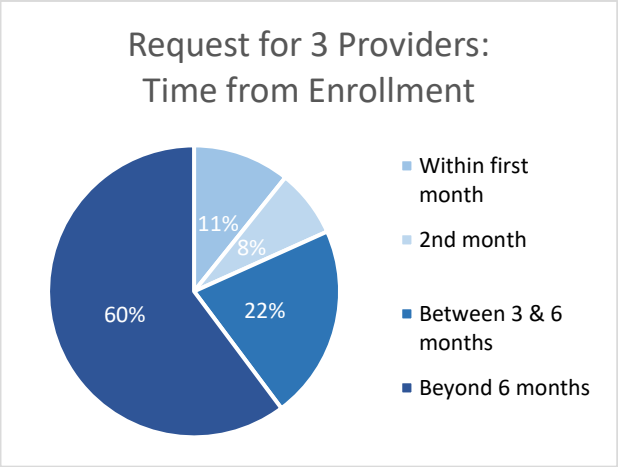
From April 2024 to April 2025, Majoris recorded 93 requests for a list of at least three providers willing to schedule with the enrolled worker. This represents less than 1% of total claims enrolled into Majoris in the same 12-month period. 85% of requests focused on finding an attending physician, the remainder for specialty or ancillary care. At the time of this report, two of the requests were recent enough the resulting outcome is not known, and these are excluded from the data set.

Majoris provided a list for 41% of the enrolled workers, failed to provide a list for 45%, and discontinued the search for the remaining 14% because the worker no longer required it. When a worker was allowed to treat outside the network, 34% did not pursue any further care, 39% remained in-network and 27% treated outside the network.





On average, days to treat was 33.6 days when a list of network providers was procured, and 49.3 days when one was not. 25% of requests involved cases where the enrolled worker did not have a provider or needed to establish with a network option. 13% of requests came after a medically stationary determination and 7% of cases included context of worker behavior challenges, such as harassment of medical staff or frequent cancellations/no-shows. The majority of requests came 90 or more days out from enrollment; the average number of days from enrollment to request was 437.



Majoris assists workers daily in navigating the workers' compensation system and accessing appropriate care, including assistance with scheduling. The data demonstrates that nearly all enrolled workers find acceptable care options without requiring the more formal "3 in a GSA" process. Of those that do request the more in-depth process, most are outside the acute phase of their injury, a stage in which securing an appropriate and willing provider is more difficult. The statistics also shed light on the nuance and range of challenges, such as worker behavior, seeking new care after another provider has declared the patient medically stationary, and failure to pursue treatment even when allowed to treat outside the network.

Moving Forward

Majoris remains committed to investigating the question of access to care for Oregon injured workers. We will continue to share new insights, data sources or solution pathways with the Oregon workers' compensation community. We recognize the MCO represents one of many valuable perspectives. The access issues faced by injured workers reflect a subset of broader healthcare system challenges affecting Oregon and the nation. Resources such as data and discussions from the Oregon Health Authority, the Oregon Health Forum, other states' worker' compensation systems, and medical associations offer essential context and should be incorporated into ongoing review and strategic planning within the Oregon workers' compensation system.