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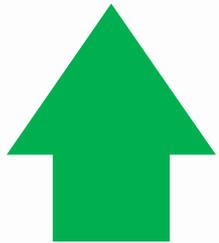
# Oregon Medicaid's Innovative Approach to Back Pain

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Health Evidence Review Commission

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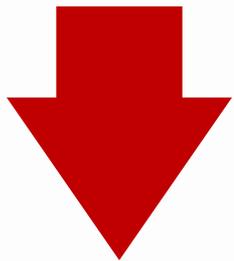


# Oregon's Back Pain Coverage Paradigm



Cognitive behavioral therapy  
Spinal manipulation  
Acupuncture  
PT/OT  
Non-opioid medications

If available:  
Yoga  
Interdisciplinary rehab  
Supervised exercise  
Massage therapy



Opioids (acute and chronic)  
Epidural steroid injections & other injections  
TENS  
Back surgeries

# Guideline Note 56: New Treatment Pathways

Risk Stratification (STarT Back)

## Low Risk

Office visits

OTC meds,  
muscle  
relaxers

**4 visits**  
PT/OT/OMT/  
Chiro/Acupuncture/  
Massage

## High Risk

Office visits

Cognitive Behavior  
Therapy

**Up to 30 visits**  
PT/OT/OMT/  
Chiro/Acupuncture

OTC meds,  
muscle relaxers  
**Limited** opioids

If available:  
Yoga,  
interdisciplinary  
rehab, supervised  
exercise, massage

**Not  
Recommended:**  
1<sup>st</sup> line Opioid  
prescribing or Long  
Term Opioid use

# Challenges to coverage decisions for nonpharmacologic therapies

\$

- Cost
- Reimbursement

Workforce

- Licensing/credentialing
- Rural availability

Education/Cultural shift

- Providers
- Patients
- Plan medical directors

Implementation

- Difficulty with requirements
- Opioid tapering

# Evidence needs?

## Critical outcomes

- Long-term function
- Opioid use
- Inappropriate utilization (ED)
- Return to work

## Dose-response

- Duration
- Intensity

## Payer policies

- Improvement in critical outcomes
- Reduction in opioids
- Cost impacts