

# Oregon Workers' Compensation Medical Care Landscape

Kelli Borushko (Senior Economist) & Rafael Robles (Lead Analyst)

DCBS Research Unit

July 2025



Department of Consumer  
and Business Services

# Outline

- DCBS data sample and background
- First non-emergency E&M visit
- Oregon Workers' Compensation provider supply and demand
- Oregon overall provider supply and demand
- Summary

# DCBS Sample and Other Data Sources

DCBS data focuses on Oregon workers' compensation claims and servicing providers from 2010 to 2024

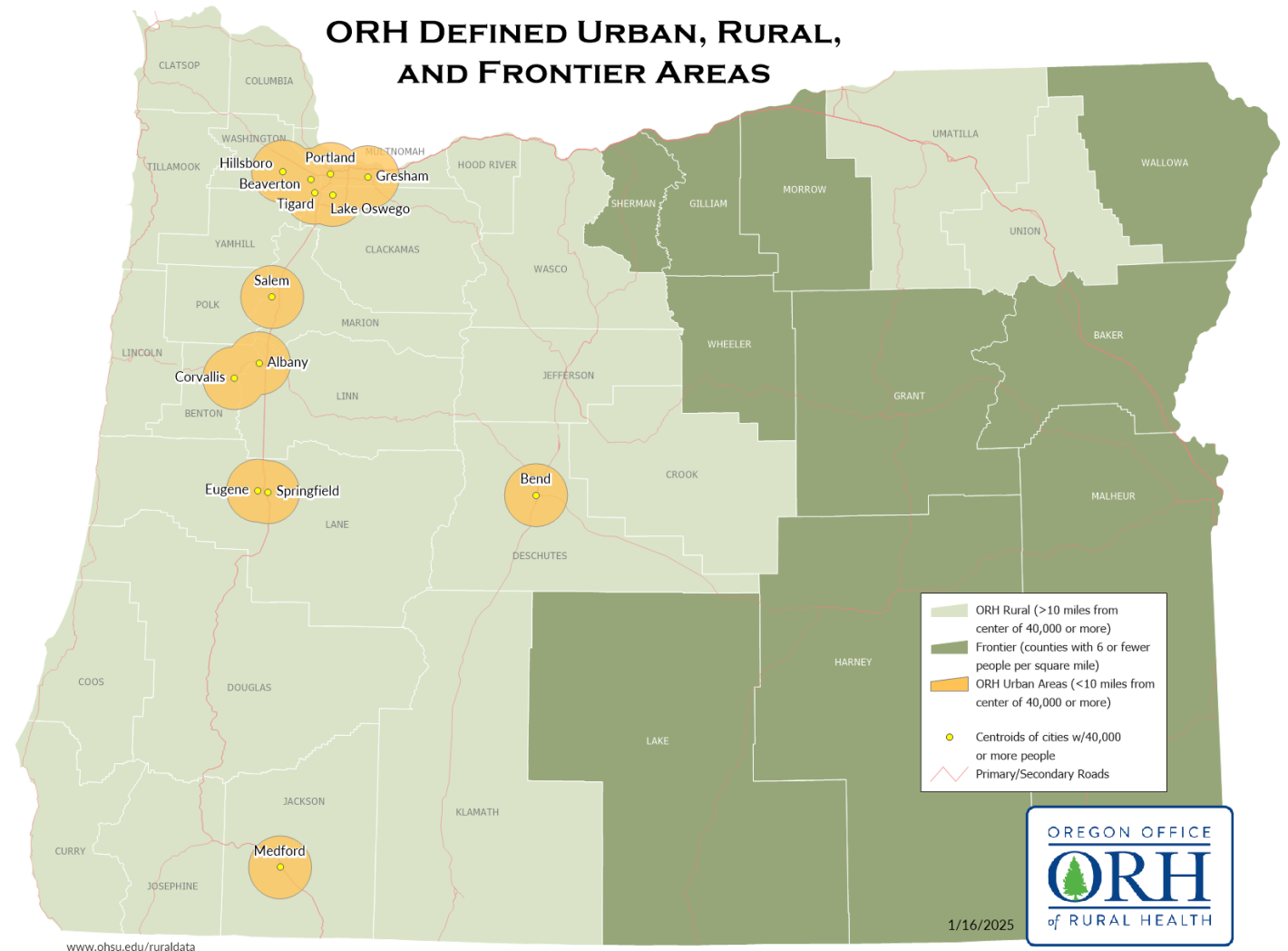
- Provider categorization based on WCD's Provider Matrix
- Provider types reported from National Provider Identifier (NPI) Registry
  - Organizations and unregistered providers not included in sample
- Claims sourced from medical bills and services reported to DCBS
  - Claim type (disabling/non-disabling; accepted/denied) not always available
  - Not all bills and services reported
- When possible Urban and "Rural" areas identified
  - Based on Oregon Health and Science University Designations
  - Rural and Frontier areas combined as "Rural"

# Oregon Health Science University Area Designations

OHSU's Office of Rural Health Designates Areas by zip code or county

- **Urban areas** (Yellow Areas; zip code):  
< 10 miles from center with 40k+ people
  - 65% of Oregon population (2024)
- **Rural areas** (Light Green; zip codes):  
> 10 miles from center of 40k+ people
  - 33% of Oregon population (2024)
- **Frontier areas** (Dark Green) – County with 6 or less people per square mile
  - 2% of Oregon population (2024)

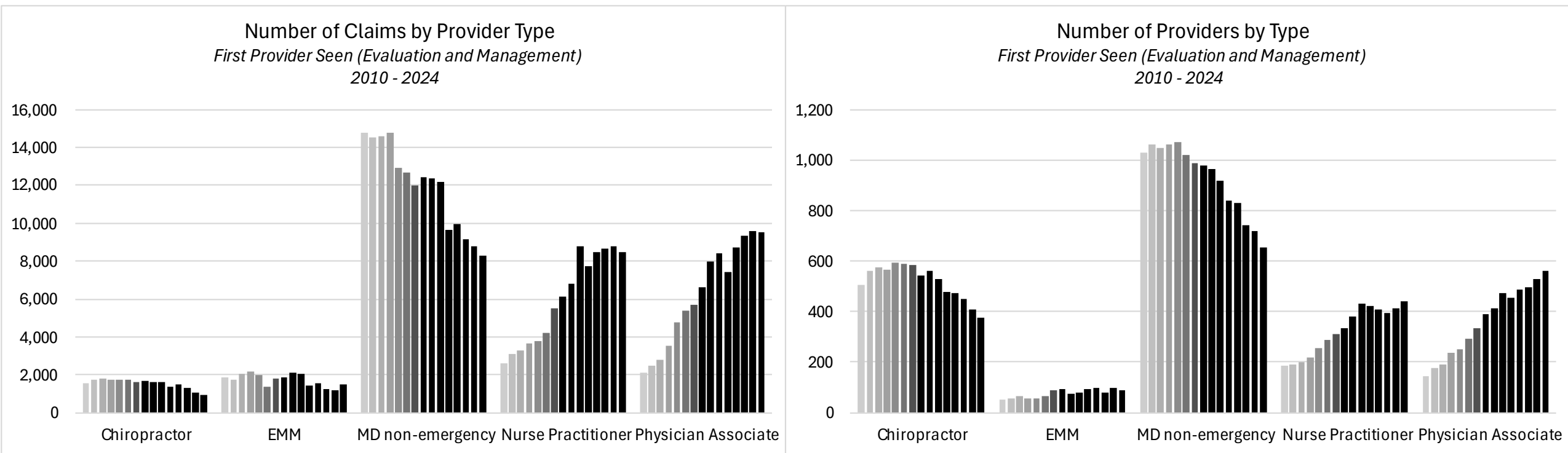
Frontier and Rural areas were combined as “Rural” for analyses.



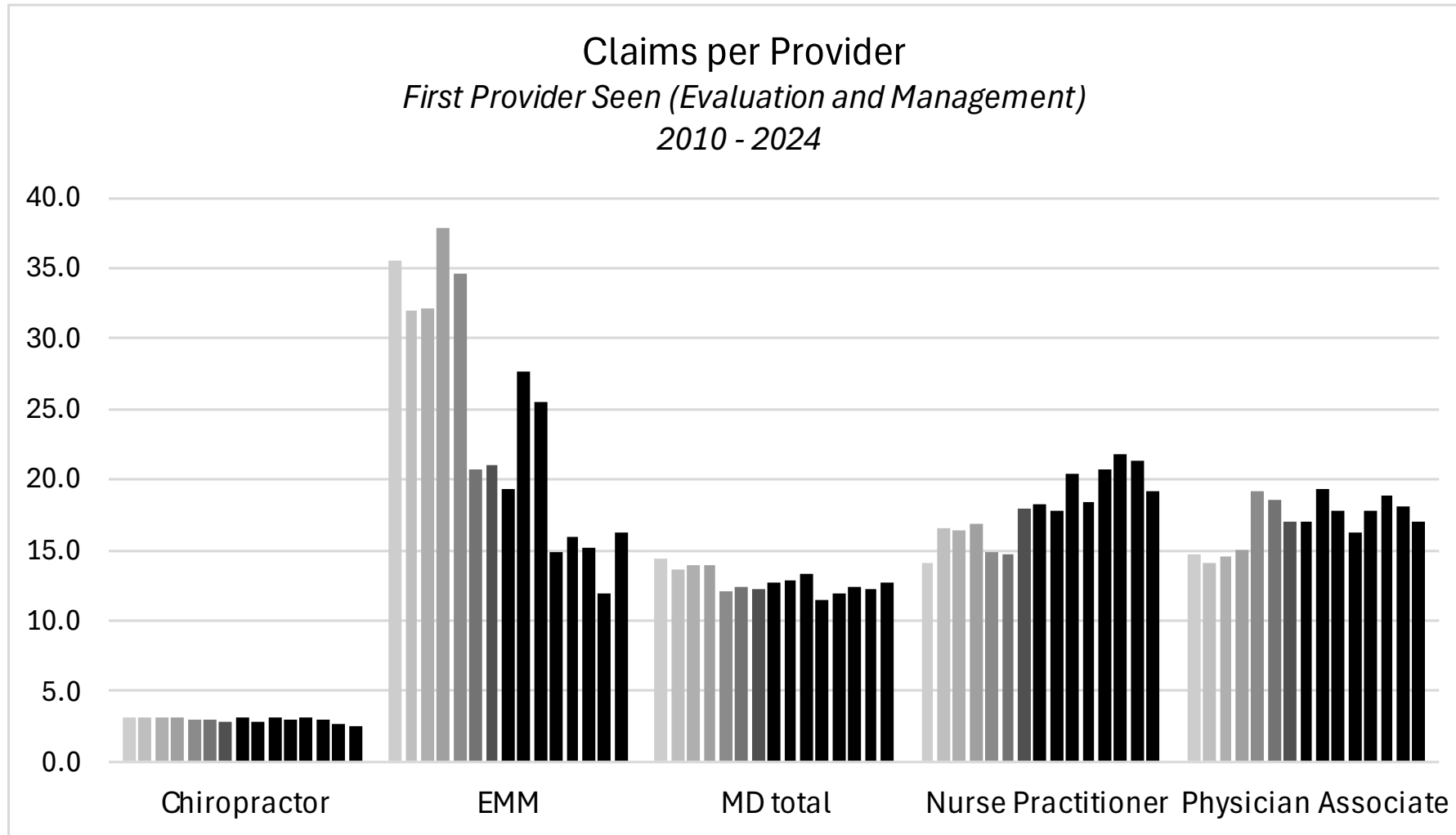
# First Non-Emergency Evaluation & Management Appointments

- This category is considered the first office visit for claimants – when they are first evaluated after injury
  - This does not include claims coded as urgent care and emergency room visits
- We look at claims for the following provider types
  - Chiropractors
  - Nurse Practitioners
  - Physician Associates
  - MD – Emergency Medicine
  - Other MD
    - Family Practice
    - General Practice
    - Internal Medicine
    - Non-specialty MDs

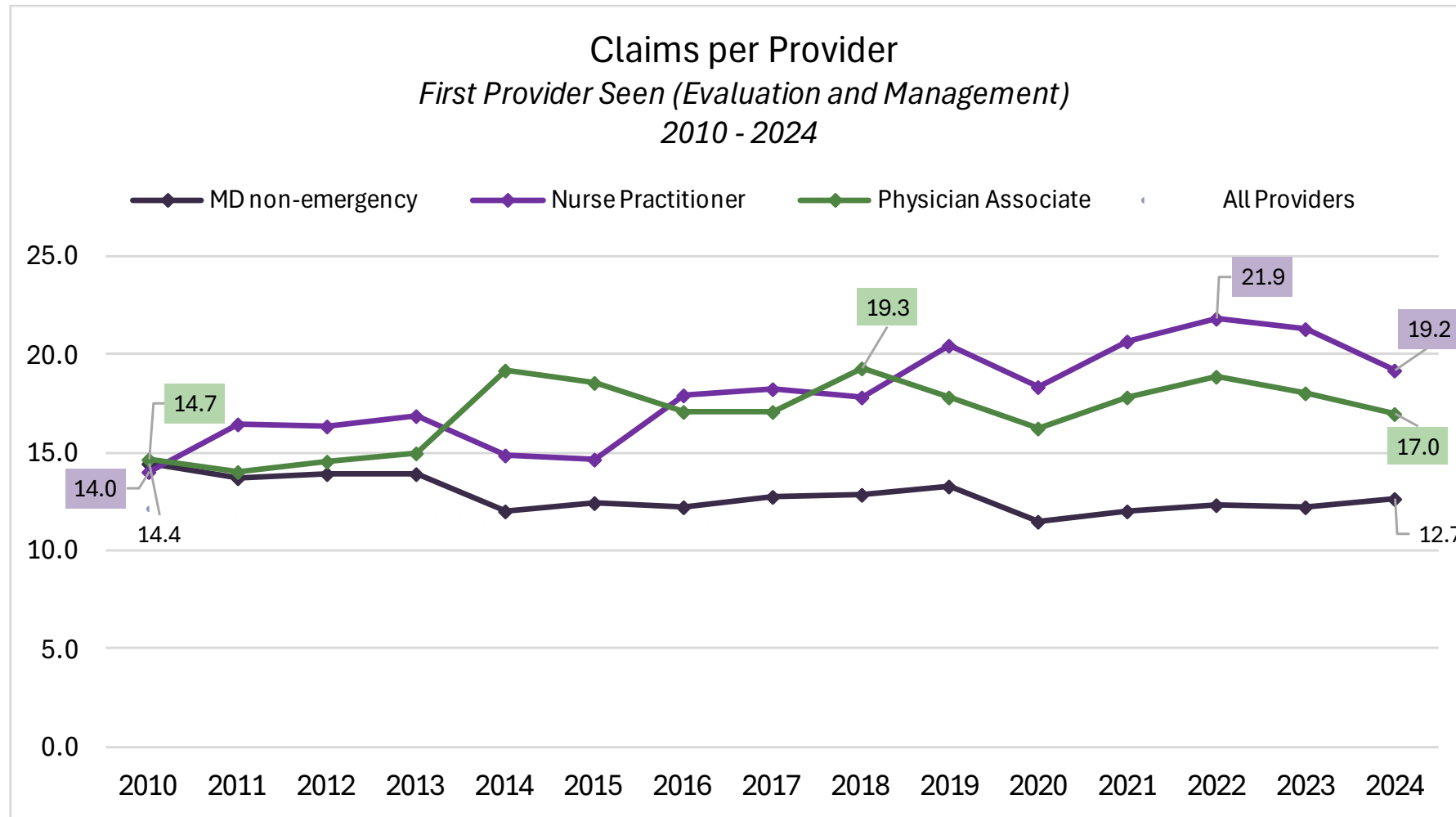
# The number of claims by provider type generally trends with the number of providers



# The number of claims per provider generally trends with the number of providers...

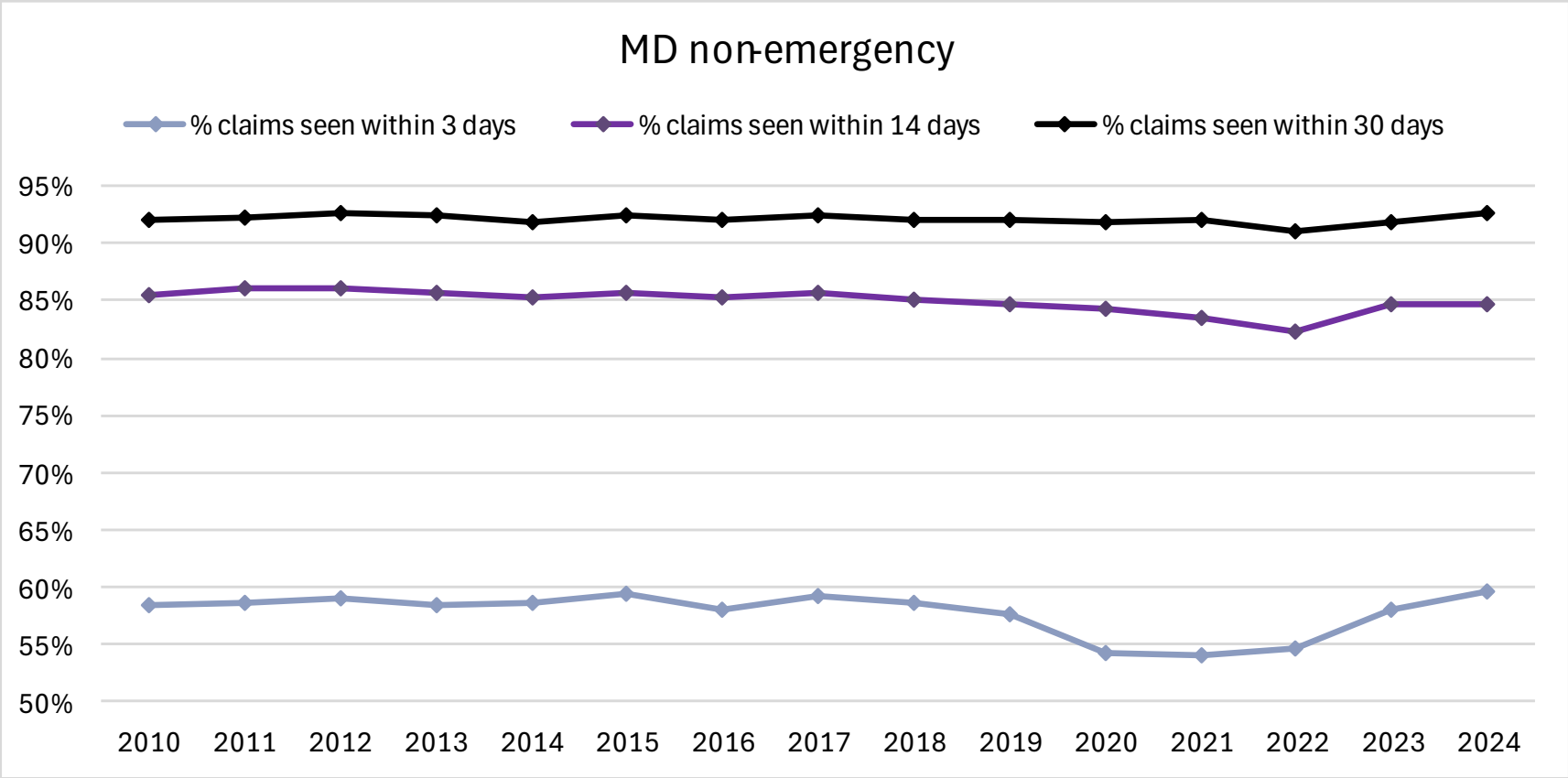


...but we do see that PAs and Nurses have an increasing number of claims and MDs have a decreasing number

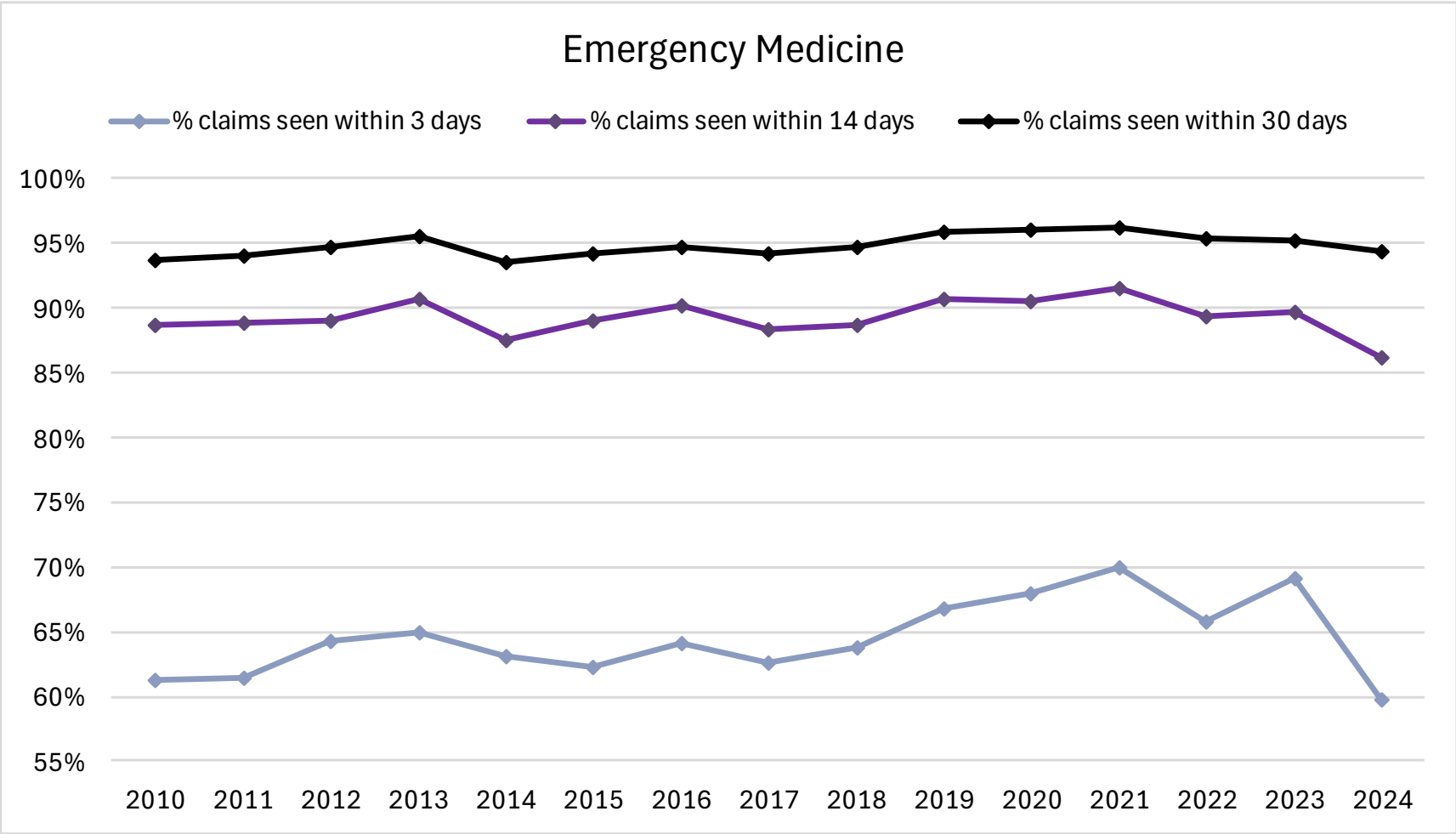




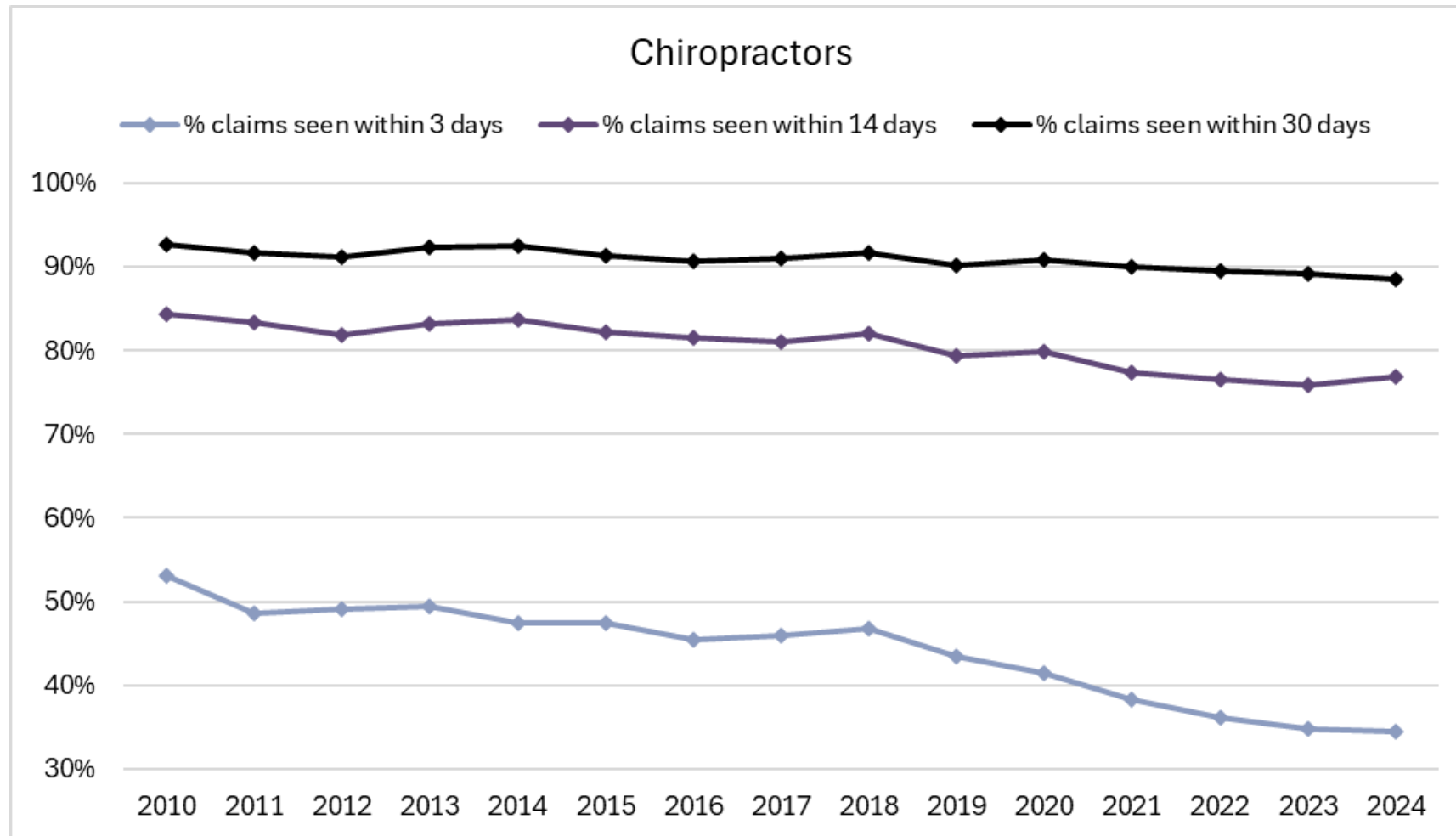
# Non-emergency MDs saw a decrease in percent of claims seen within three days during COVID-19 pandemic, but have since returned to their highest levels



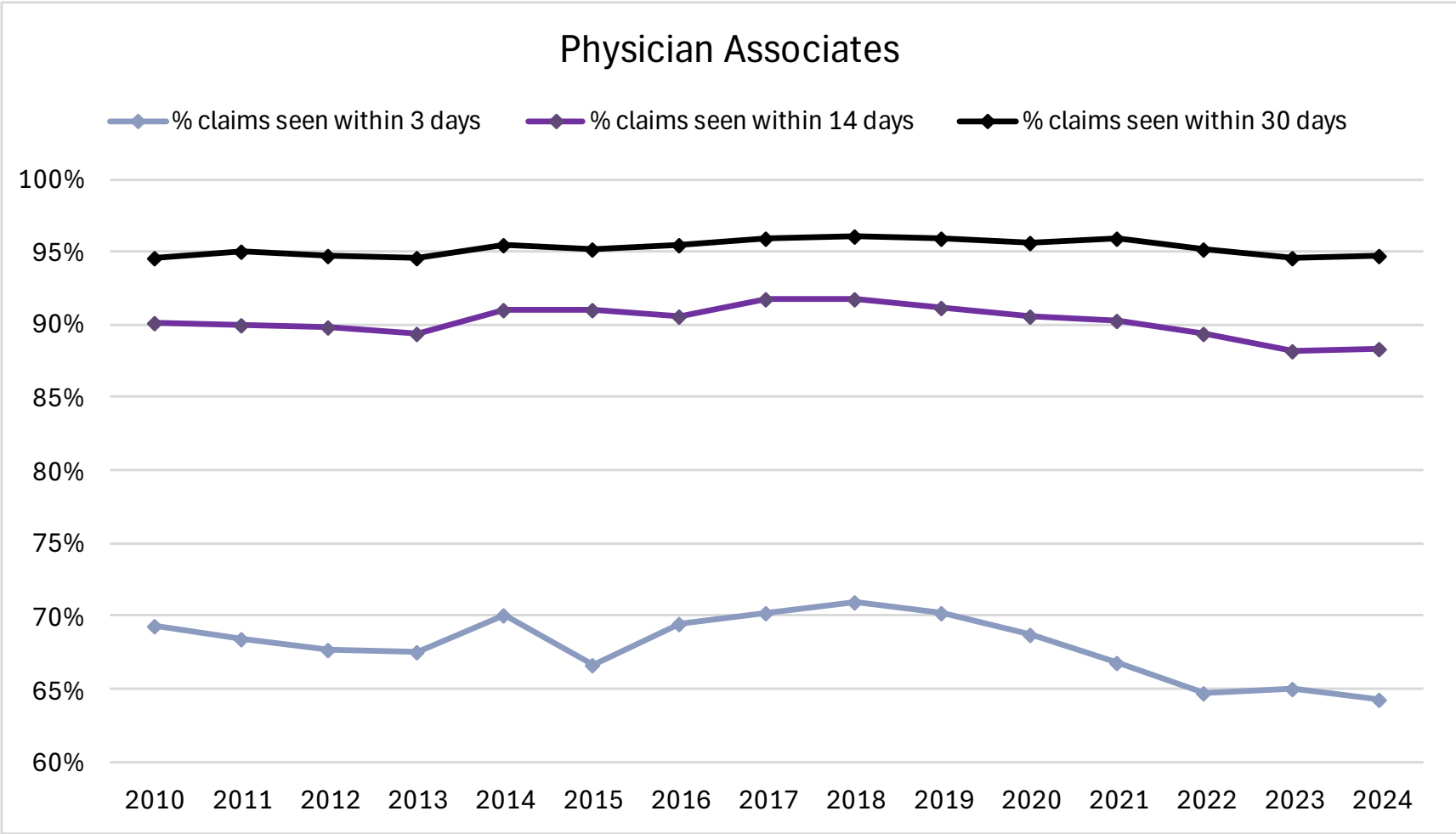
# MDs with Emergency Medicine specialty saw an increase in percent of claims seen within three days during COVID-19 pandemic



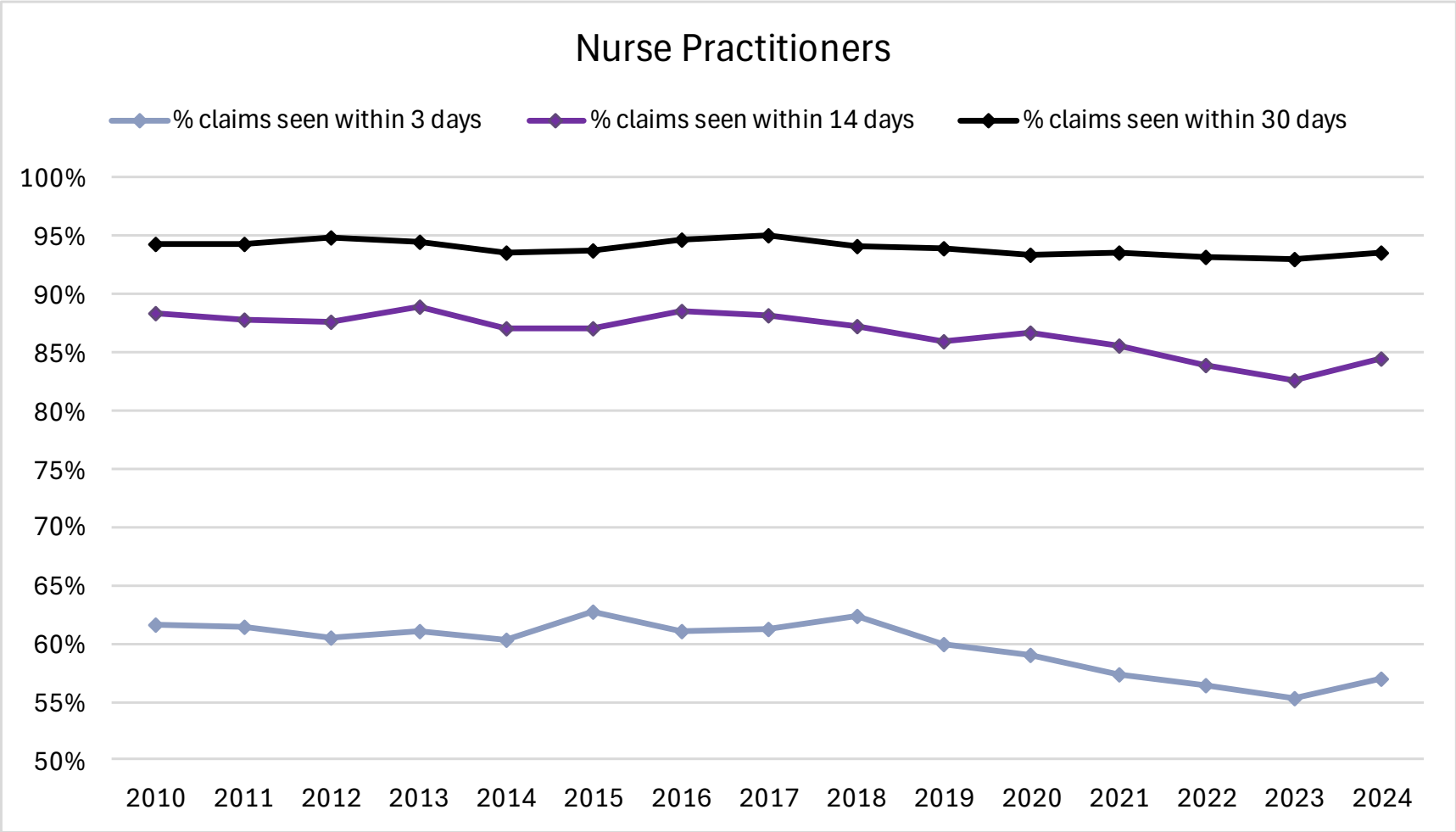
# It is taking longer for claimants to see Chiropractors for Evaluation & Management appointments



# Physician Associates are seeing about the same number of claimants within 30 days at E&M appointments, but fewer earlier in the claim process



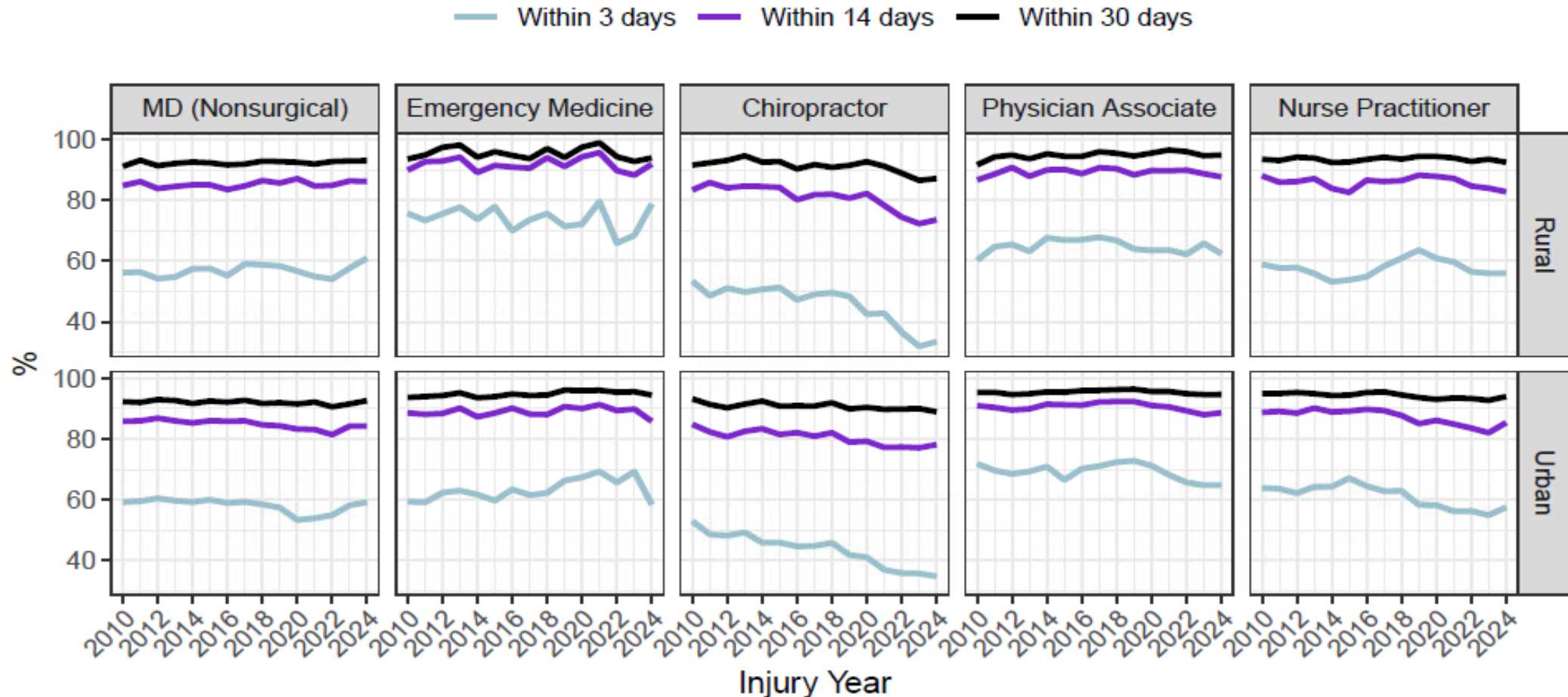
# Nurse Practitioners are also seeing about the same number of claimants within 30 days at E&M appointments, but fewer earlier in the claim process



# Rural areas are maintaining their trends better than urban areas

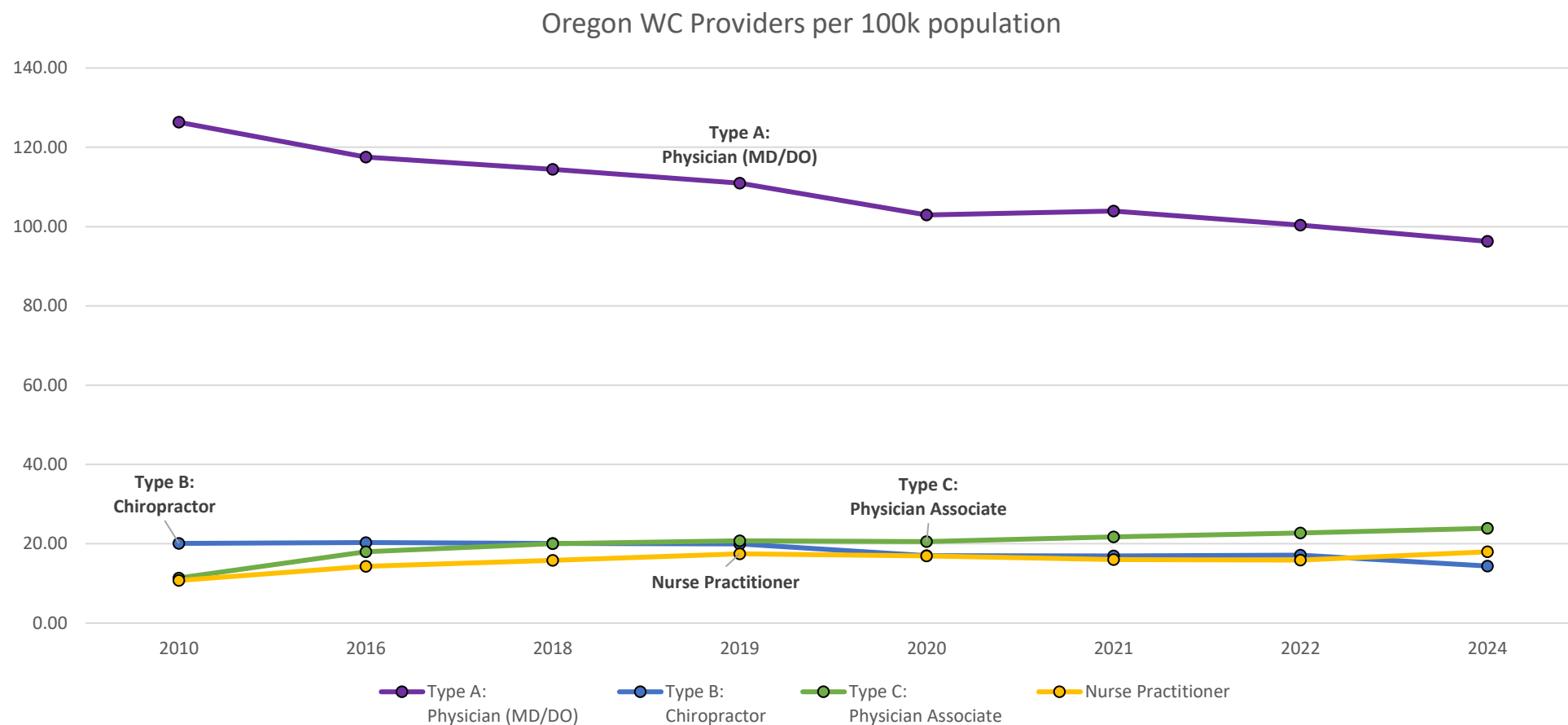
Percent of claimants seen within 3, 14, and 30 days after injury, 2010–2024

First non-emergency E&M visit  
By provider type and area



# **Workers' compensation provider supply and demand**

# The number of workers' compensation serving physicians and chiropractors per capita have decreased in Oregon



Notes: Population values sourced from Oregon Health Authority's Health Care Workforce Supply Reports (<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Health-Care-Workforce-Reporting.aspx>).

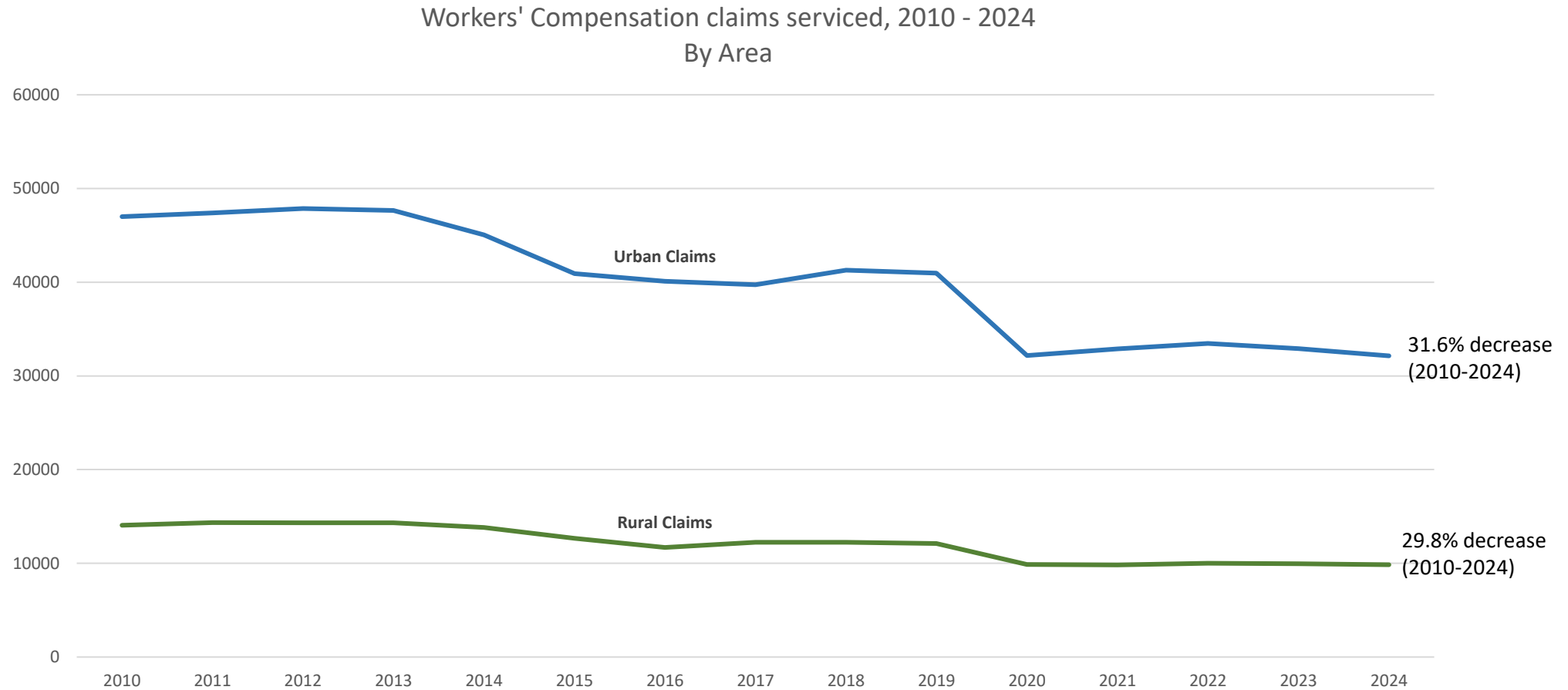


# Workers' compensation claims have declined statewide



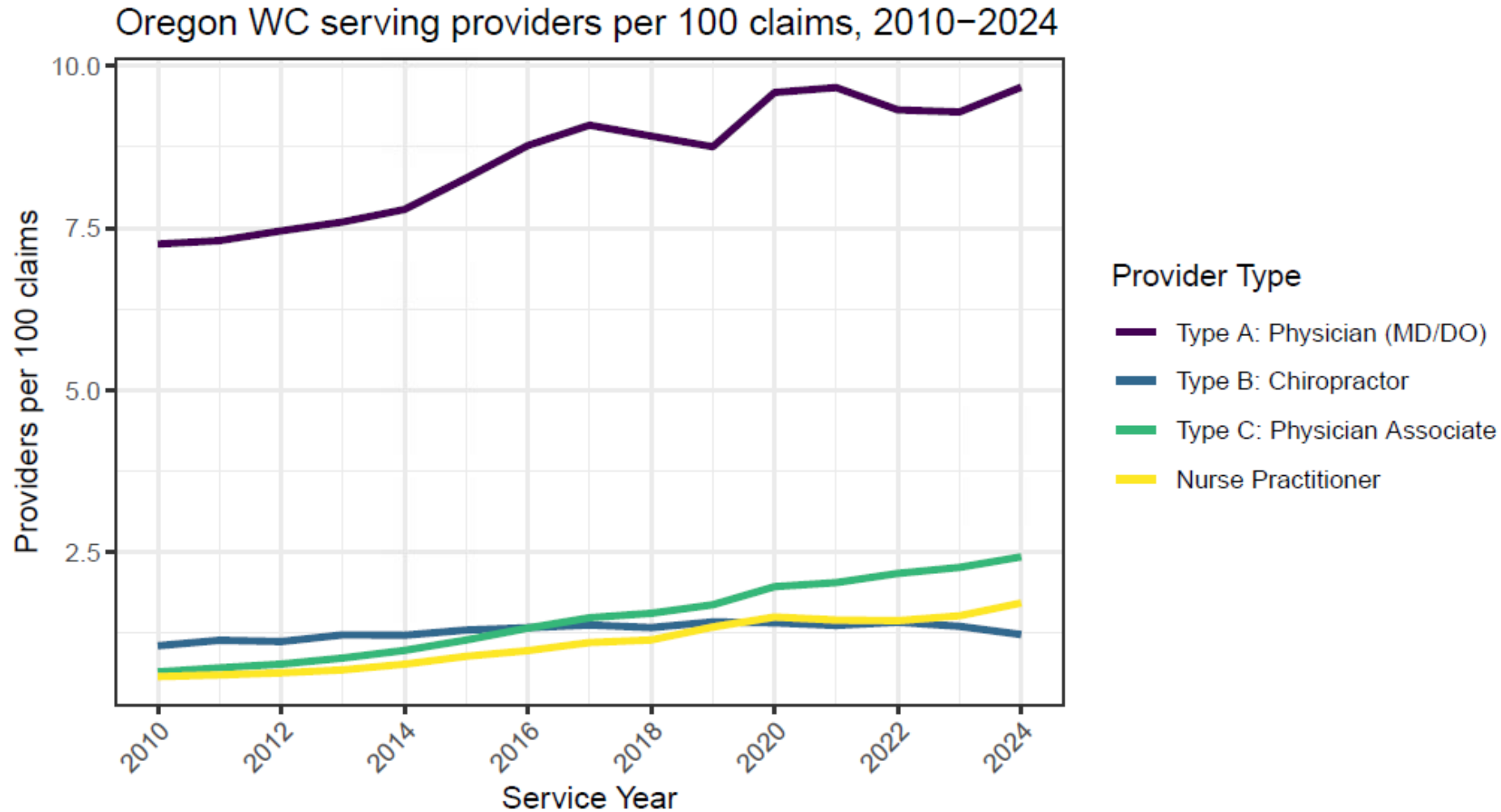
*Notes: May include accepted, denied, disabling, and non-disabling claims. Only includes claims that are associated with individual providers. A single claim can be serviced in multiple years.*

# The drop in claims has been slightly higher in Urban areas



Notes: May include accepted, denied, disabling, and non-disabling claims. Only includes claims that are associated with individual providers. A single claim can be counted in multiple years depending on service date. Areas based on first provider's zip code. Areas from OHSU (<https://www.ohsu.edu/oregon-office-of-rural-health/about-rural-and-frontier-data>). "Frontier" and "Rural" areas combined.

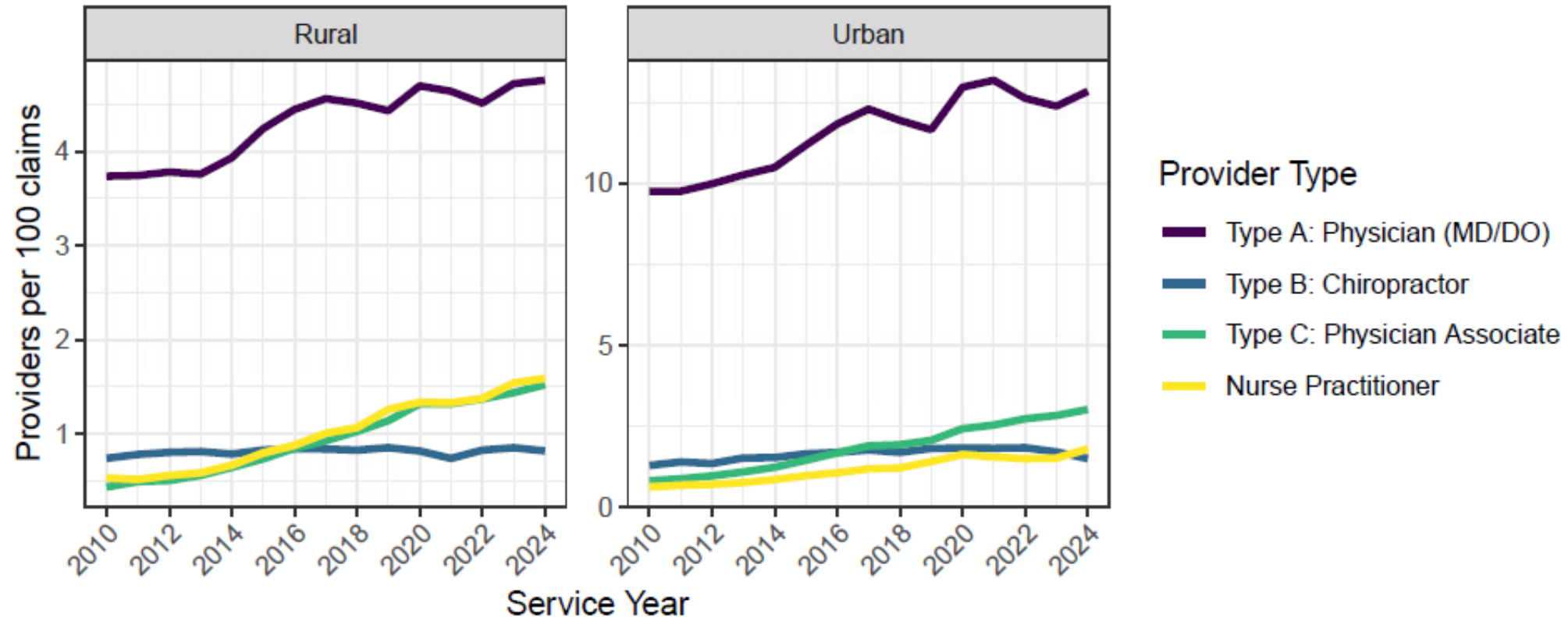
# Available providers per claim is increasing statewide with large gains for PAs and NPs



Notes: May include accepted, denied, disabling, and non-disabling claims. Only includes claims that are associated with individual providers. A single claim and provider can be counted in multiple years.

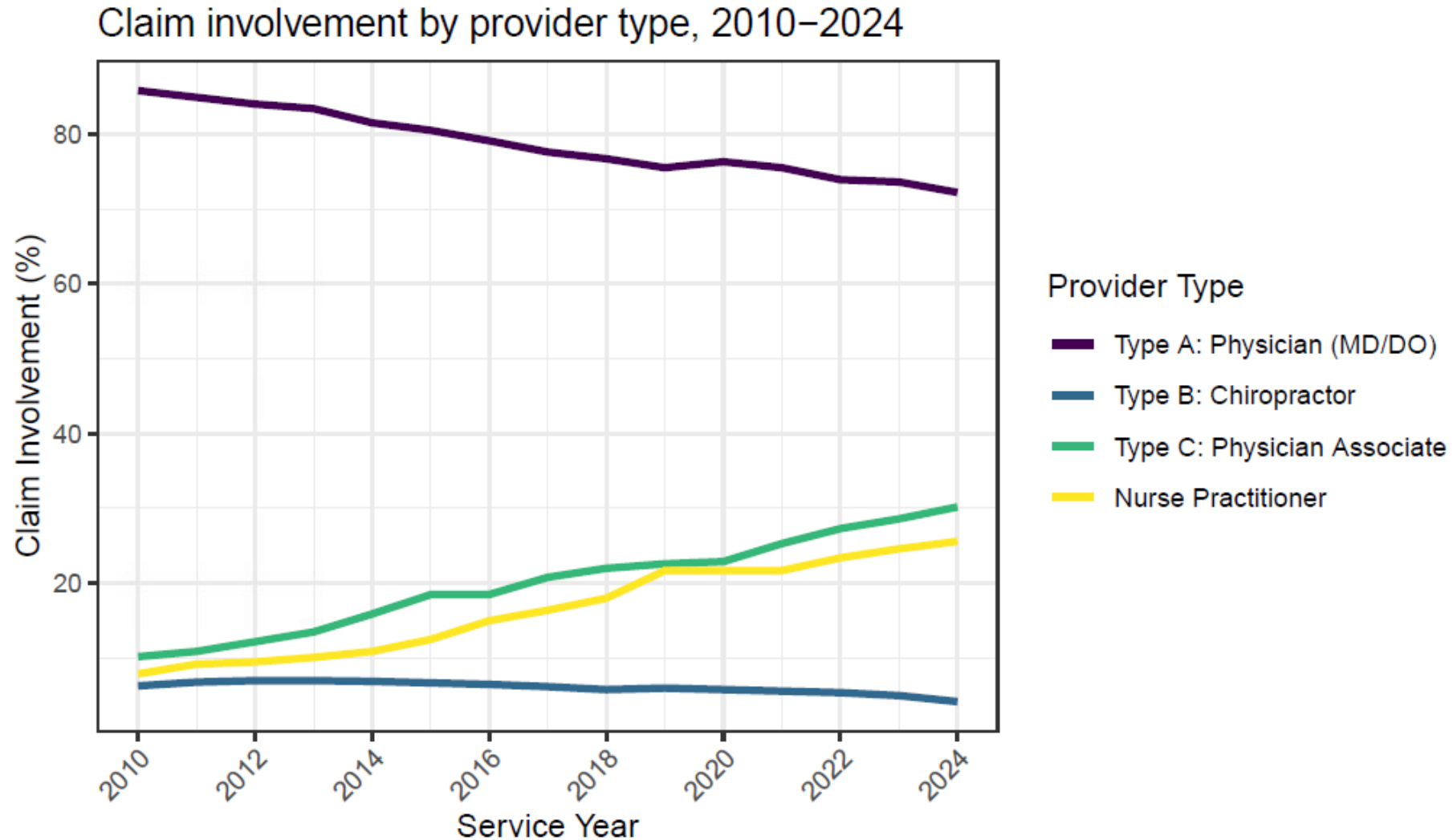
# Available providers per claim increasing across areas but NPs are increasing further in rural areas.

Oregon WC serving providers per 100 claims, 2010–2024  
By Area

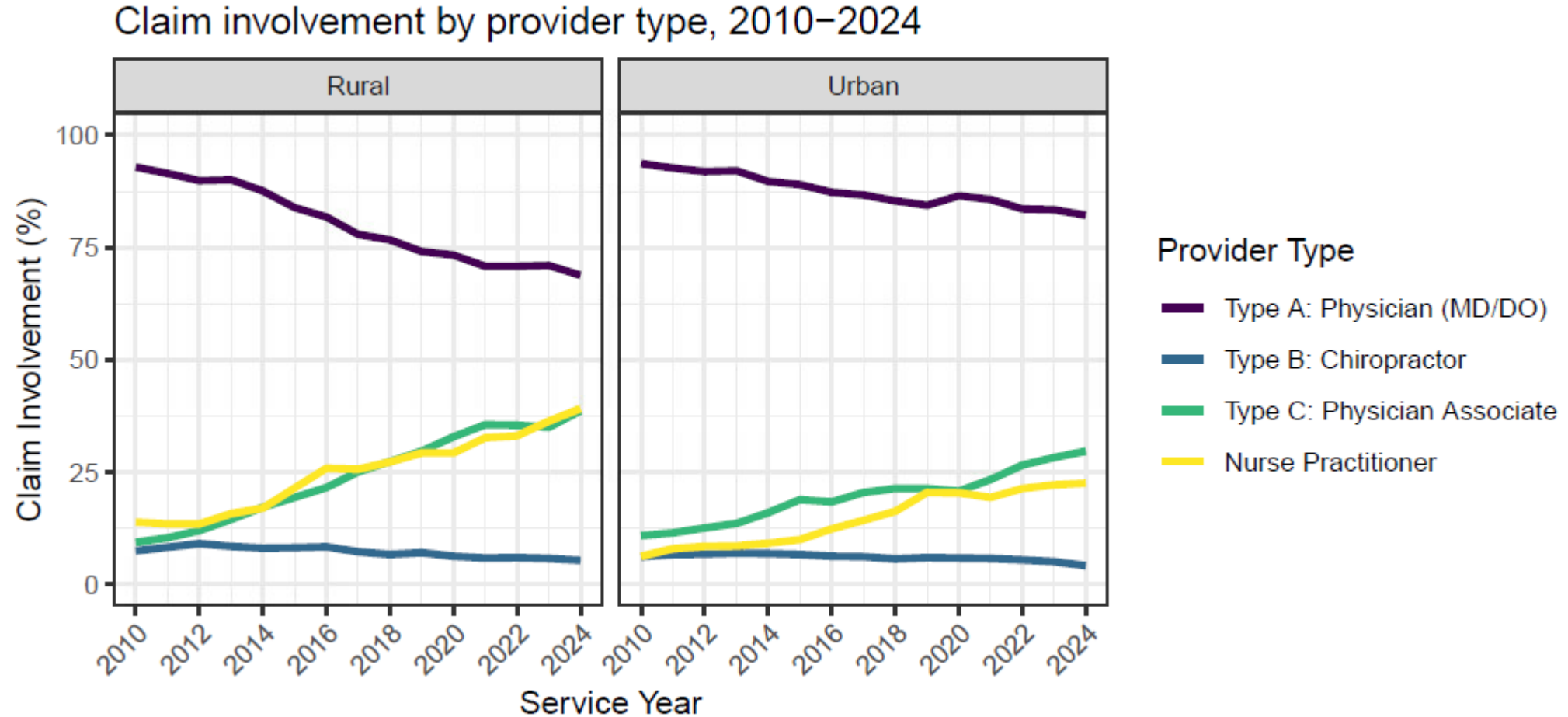


Note: Area based on provider and claimant zip codes. Area types from OHSU (<https://www.ohsu.edu/oregon-office-of-rural-health/about-rural-and-frontier-data>) "Frontier" and "Rural" areas combined. A single claim and provider can be counted in multiple years if services occur across years. A single claim can be counted in multiple areas.

# Despite increase in availability, physician and chiropractor involvement in claims is decreasing with NPs/PAs filling a larger role



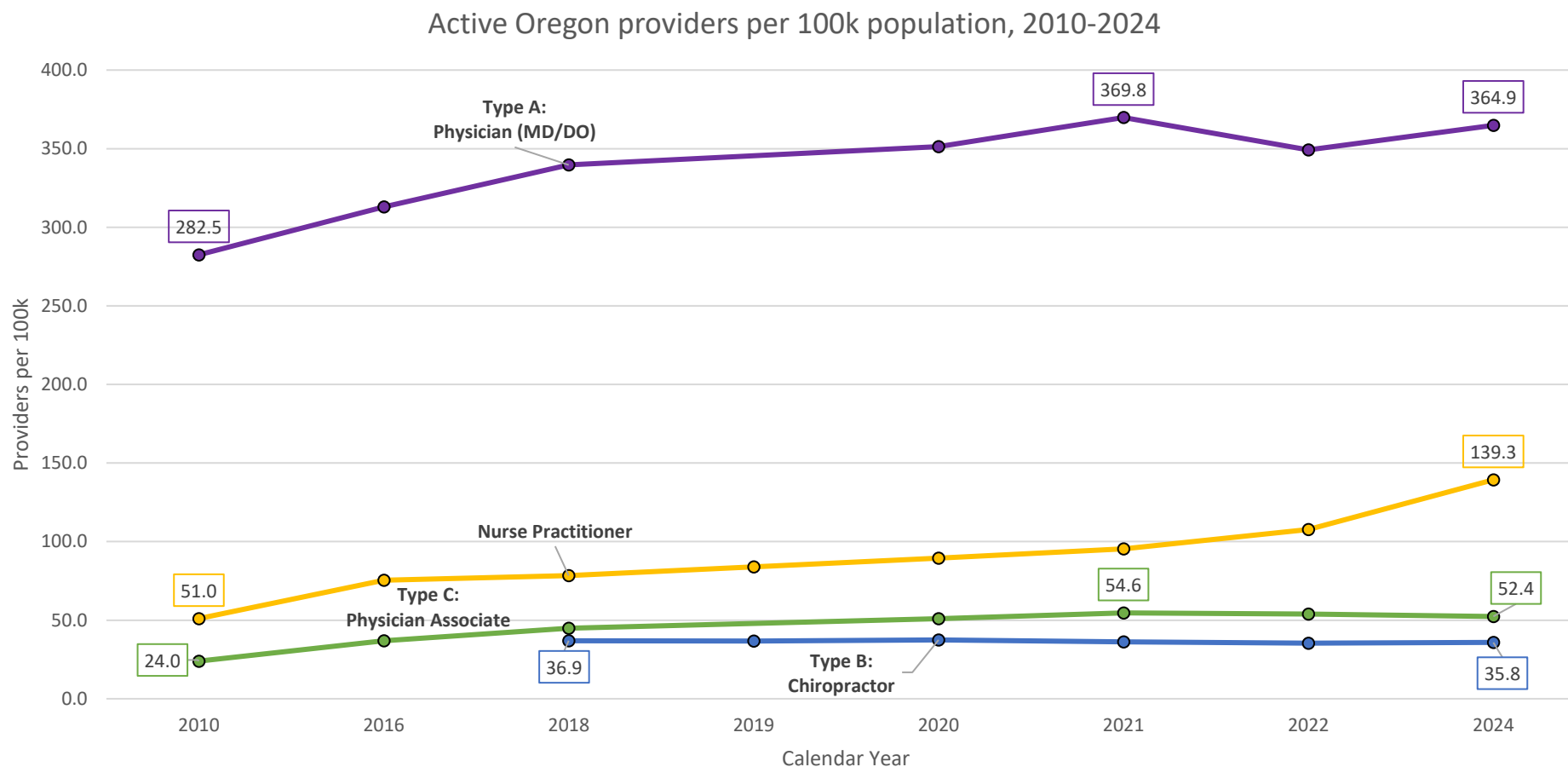
# The decrease in physician claim involvement and increase in PA involvement is stronger in rural/frontier areas



Note: Area types from OHSU (<https://www.ohsu.edu/oregon-office-of-rural-health/about-rural-and-frontier-data>)  
"Frontier" and "Rural" areas combined. Area based on provider zip code. A single claim can be serviced in multiple areas.

# Overall Oregon provider supply and demand

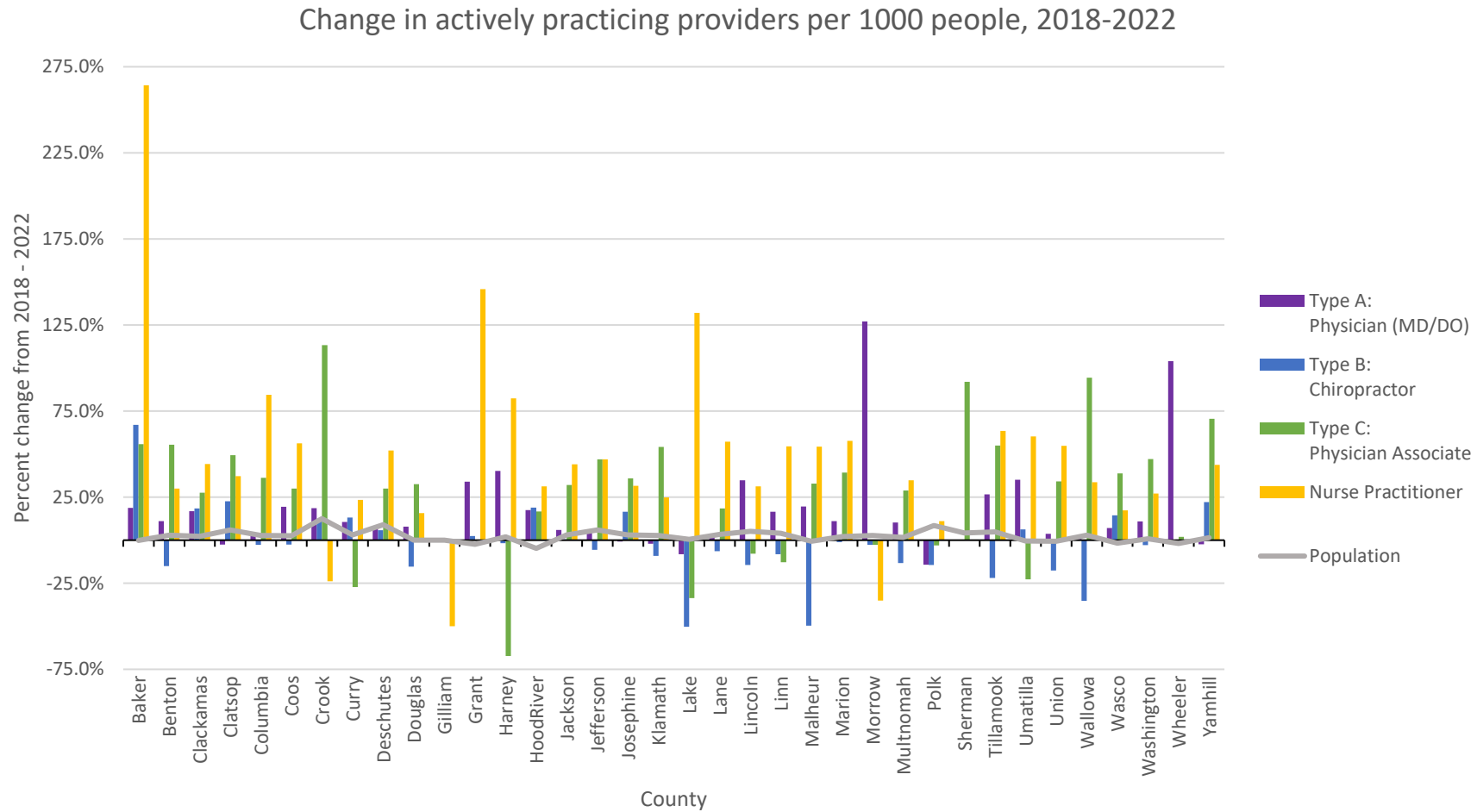
# The pool of providers actively practicing in Oregon is generally outpacing or matching its population growth...



Notes: Active provider estimates, and population values sourced from Oregon Health Authority's Health Care Workforce Supply Reports (<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Health-Care-Workforce-Reporting.aspx>). Physician and Physician Associate data missing for 2019, Chiropractor data unavailable before 2018.

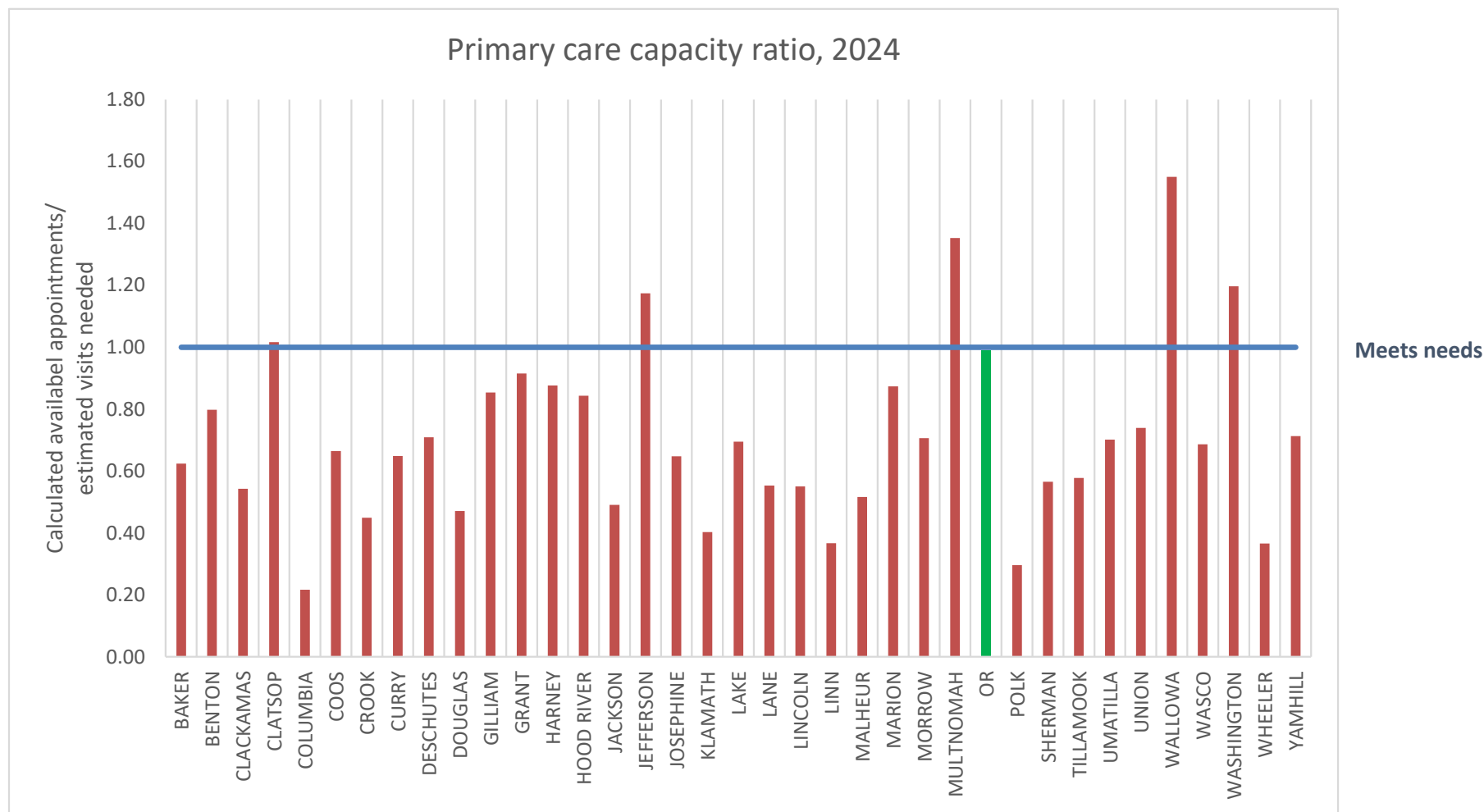


# ...and this can be seen across most Oregon counties



Notes: Active provider estimates, and population values sourced from Oregon Health Authority's Health Care Workforce Supply Reports (<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Health-Care-Workforce-Reporting.aspx>).

# Despite the pool of available providers increasing, most Oregon counties do not have capacity to meet their patient needs



Source: Oregon Rural Health Areas of Unmet Health Care Needs 2024 Report (<https://www.ohsu.edu/oregon-office-of-rural-health/health-care-need-designations>). The primary care include general and family physicians, pediatricians, obstetrician-gynecologists, internists, primary care physician associates, and primary care nurse practitioners. Calculated available appointments based on provider FTE, estimated visits needed based on demographics

# There are multiple reasons for the increase in patient demand

Oregon provider supply has grown, but patient demand has also increased

- There are now more insured individuals able to receive affordable care
  - Percentage of uninsured Oregonian's has decreased from 14.6% in 2011 to 2.7% in 2024  
Source: OHA (<https://www.oregon.gov/oha/HPA/ANALYTICS/pages/ohis-coverage.aspx>)
- The population in Oregon is skewing older
  - Percentage of population over age 65 has increased from 13.5% (518,786) in 2010 to 19.9% (848,078) in 2024  
Source: Portland Population Research Center  
(<https://www.pdx.edu/population-research/population-estimate-reports>)
  - The 65+ age group has 4x the number of office visits as 1-44 year-olds and nearly 2x the visits of 45-64 year-olds  
Source: [CDC Characteristics of Office-based physician visits by age, 2019](#)
- > 50% of Oregonians have at least one chronic medical condition (e.g., diabetes, arthritis, heart disease etc.)

Source: Oregon Health Authority Chronic Conditions and Risk Factors

(<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONICDISEASE/DATAREPORTS/Pages/Adult-Prevalence.aspx>)

# Summary

- **Time to first non-emergency E&M visit has increased since 2010**
  - Fewer claimants are seen within 3 days of injury across multiple provider types
- **There are more providers available per workers' compensation claim**
  - This is primarily due to decreases in the overall number of workers' compensation claims not increases in provider supply
- **Nurse practitioners and physician associates have increased their involvement in workers' compensation claims while physician involvement has decreased**
  - This could partially explain increases in time to first appointment for these groups
- **Overall providers active in Oregon have outpaced its population growth, however, demand has increased further leading to inability to meet capacity statewide**

# References

Oregon Workers' Compensation Division Provider Type Matrix

<https://wcd.oregon.gov/medical/Documents/matrix-health-care-providers.pdf>

NPPES National Provider Identifier Registry

<https://npiregistry.cms.hhs.gov/search>

OHA Healthcare Workforce Supply Reports

<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Health-Care-Workforce-Reporting.aspx>

OHSU Urban, Rural, and Frontier Designation

<https://www.ohsu.edu/oregon-office-of-rural-health/about-rural-and-frontier-data>

OHSU Areas of Unmet Health Care Need Report

[https://www.ohsu.edu/sites/default/files/2024-09/AUHCN%20Report 2024%20-%20FINAL%202.pdf](https://www.ohsu.edu/sites/default/files/2024-09/AUHCN%20Report%202024%20-%20FINAL%202.pdf)