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SPECIAL ARTICLE

The Oregon Experiment — Effects of Medicaid on Clinical Outcomes

Katherine Baicker, Ph.D., Sarah L. Taubman, Sc.D., Heidi L. Allen, Ph.D., Mira Bernstein, Ph.D., Jonathan H. Gruber, Ph.D., Joseph P. Newhouse, Ph.D., Eric C. Schneider, M.D., Bill J. Wright, Ph.D., Alan M. Zaslavsky, Ph.D., and Amy N. Finkelstein, Ph.D. for the Oregon Health Study Group
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BACKGROUND

Despite the imminent expansion of Medicaid coverage for low-income adults, the effects of expanding coverage are unclear. The 2008 Medicaid expansion in Oregon based on lottery drawings from a waiting list provided an opportunity to evaluate these effects.

METHODS

Approximately 2 years after the lottery, we obtained data from 6387 adults who were randomly selected to be able to apply for Medicaid coverage and 5842 adults who were not selected. Measures included blood-pressure, cholesterol, and glycated hemoglobin levels; screening for depression; medication inventories; and self-reported diagnoses, health status, health care utilization, and out-of-pocket spending for such services. We used the random assignment in the lottery to calculate the effect of Medicaid coverage.

RESULTS

We found no significant effect of Medicaid coverage on the prevalence or diagnosis of hypertension or high cholesterol levels or on the use of medication for these conditions. Medicaid coverage significantly increased the probability of a diagnosis of diabetes and the use of diabetes medication, but we observed no significant effect on average glycated hemoglobin levels or on the percentage of participants with levels of 6.5% or higher. Medicaid coverage decreased the probability of a positive screening for depression (−9.15 percentage points; 95% confidence interval, −16.70 to −1.60; P=0.02), increased the use of many preventive services, and nearly eliminated catastrophic out-of-pocket medical expenditures.

CONCLUSIONS

This randomized, controlled study showed that Medicaid coverage

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TABLE 1

Characteristic	Medicaid	Control	P
Age	45.2	45.1	.98
Female	52.1	52.3	.92
White	78.5	78.2	.91
Hispanic	12.3	12.1	.95
Black	8.2	8.1	.96
Other	1.0	1.0	.99
Married	45.3	45.1	.98
Unemployed	18.7	18.5	.94
Medicaid	100.0	0.0	<.001

Characteristics of the 12,229 Survey Respondents.

TABLE 2

Measure	Medicaid	Control	P
Diabetes	12.3	8.5	<.001
Diabetes medication	15.2	10.1	<.001
Glycated hemoglobin	6.8	6.9	.45
Depression	12.1	15.2	.002
Preventive services	18.5	15.2	<.001
Catastrophic out-of-pocket	0.1	1.2	<.001

Mean Values and Absolute Change in Clinical Measures and Health Outcomes with Medicaid Coverage.

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generated no significant improvements in measured physical health outcomes in the first 2 years, but it did increase use of health care services, raise rates of diabetes detection and management, lower rates of depression, and reduce financial strain.

The findings and conclusions expressed in this article are solely those of the authors and do not necessarily represent the views of the funders.

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SOURCE INFORMATION

From the Department of Health Policy and Management, Harvard School of Public Health (K.B., J.P.N., E.C.S.), the Department of Health Care Policy, Harvard Medical School (J.P.N., E.C.S., A.M.Z.), and RAND Corporation (E.C.S.) — all in Boston; the National Bureau of Economic Research (K.B., S.L.T., M.B., J.H.G., J.P.N., A.N.F.), the Harvard Kennedy School (J.P.N.), and the Department of Economics, Massachusetts Institute of Technology (J.H.G., A.N.F.) — all in Cambridge, MA; Columbia University School of Social Work, New York (H.L.A.); and the Center for Outcomes Research and Education, Providence Portland Medical Center, Portland, OR (B.J.W.).

Address reprint requests to Dr. Baicker at the Department of Health Policy and Management, Harvard School of Public Health, 677 Huntington Ave., Boston, MA 02115, or at ibaicker@hsph.harvard.edu.

Members of the Oregon Health Study Group are listed in the Supplementary Appendix, available at NEJM.org.

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