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MEPS – HC Medical Conditions Data

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MEPS-HC CAPI Medical Condition Data Collection

☐ Priority Condition Enumeration

- 15 specific condition questions

☐ Sections with Open-Ended Reporting

- Condition Enumeration
- Medical Events
- Disability Days
 - 1996-2012 (discontinued in 2013)



Priority Condition Enumeration (PE) Section

☐ 15 priority conditions determined by

- Prevalence
- Expenditures
- Policy relevance

☐ Questions:

- “Ever been told by health professional” they had the condition (13 of the 15 conditions)
 - age at first diagnosis collected
- During past 12 months (2 of the 15 conditions)



Priority Conditions: Ever told by health professional (18+)

- Hypertension/High Blood Pressure (HIBPDX)
- Coronary Heart Disease (CHDDX)
- Angina (ANGIDX)
- Heart Attack/Myocardial Infarction (MIDX)
- Other Heart Disease (OHRTDX)
- Stroke/Transient Ischemic Attack (STRKDX)
- Emphysema (EMPHDX)
- High cholesterol (CHOLDX)
- Cancer/Malignancy (CANCERDX)
- Diabetes (DIABDX)
- Arthritis (ARTHDX)
- Asthma (ASTHDX)- All ages
- Attention Deficit Hyperactivity Disorder (ADHDADDX) – ages 5-17



Priority Conditions: During past 12 months

☐ Chronic Bronchitis

☐ (CHBRON31, CHBRON53)

☐ Joint pain/aching/stiffness/swelling

☐ (JTPAIN31, JTPAIN53)



Open-Ended Reporting of Conditions

☐ Condition could be reported in all or some of these sections and in one or more rounds:

- Condition Enumeration
- Medical Events

☐ Questions for Condition Enumeration:

- Between (START DATE) and (END DATE), did (PERSON) have any physical or mental health problems, accidents, or injuries?
- What did (PERSON) have?



Medical Event Sections

☐ Event types

- Hospital Inpatient
- Hospital Outpatient
- Emergency Room
- Office Based
- Home Health
- Prescribed Medicine purchases

☐ Condition question asked:

- All event types except prescribed medicines: What conditions were discovered or led person to make this visit?
- Prescribed medicine purchases: What health problem is medicine prescribed for?



Condition Coding and Editing

- ☐ Verbatim text recorded and coded to fully specified ICD-9 CM codes (up to 5 digits)
 - some text not clear or easily coded
- ☐ Collapsed to 3 digits in public files to maintain confidentiality
- ☐ Approximately 10% of condition codes are collapsed further by combining 2 or more 3-digit codes



Condition Variables on Healthcare Event Files

☐ ICD9 (1996-2012) and CCC variables for conditions included on many event files

- Up to 3 condition variables for most event types (4 for inpatient file)
- No condition data on dental, home health or other medical event files

☐ Most events associated with only 1 condition

- No official “primary” condition if >1

☐ Can link to condition files to identify:

- Additional conditions associated with events (beyond 3 or 4)
- Conditions associated with Home Health events



Medical Conditions File

- ☐ Each record represents unique person/condition

- ☐ Condition Codes
 - 3-digit ICD9 (ICD9CODX)
 - Clinical Classification Codes (CCCODEX)
 - ICD-9 codes aggregated into broad clinically meaningful categories
 - Crosswalk included in documentation

- ☐ Priority condition question data not part of MEPS Medical Condition File



Medical Conditions File: Procedure Data

Procedures (ICD9PROX) not systematically collected

- only obtained if mentioned by respondent in medical events section(s)
- verbatim text recorded and coded to fully specified 4 digit ICD-9 CM codes
- collapsed to 2 digit codes on file

Limited analytic utility



Medical Conditions File: Linking to Event Files

☐ CONDIDX (12 digit condition-level ID)

- Digits 1-8: DUPERSID
- Digits 9-12: Condition ID

☐ Merge with CLNK file (by CONDIDX) to get event ID (EVNTIDX)

☐ Link merged data to different event file types (by EVNTIDX)

- PMED linkage different (RXLINK)

☐ A condition can link to >1 event and an event can link to >1 condition



Medical Conditions File: Event Count Variables

☐ Indicates total number of medical events
that can be linked to the condition record

- Home Health (HHNUM)
- Inpatient stays (IPNUM)
- Hospital outpatient (OPNUM)
- Office-based (OBNUM)
- Emergency room (ERNUM)
- Prescribed medicine purchases (RXNUM)

☐ Can link conditions to specific events



Medical Conditions Data: Limitations/Caveats

☐ Household-reported

- one respondent usually providing information for all family members
- more salient conditions tend to be better reported

☐ Many recorded text strings not easily classifiable into ICD-9 codes

☐ Procedures not systematically collected; limited in analytic utility



National Estimates of Condition Prevalence

☐ Factors affecting condition underreporting:

- respondent not aware
- not salient or bothersome
- no medical care received

☐ MEPS most appropriate for “treated prevalence” (i.e. linked to events)

- most conditions reported in medical events section



Condition Data References

- ❑ Public Use File documentation
- ❑ Report titled “*Understanding and Analyzing MEPS Household Component Medical Condition Data*”
 - http://meps.ahrq.gov/mepsweb/survey_comp/MEPS_condition_data.pdf