

Medical Expenditure Panel Survey (MEPS) OVERVIEW

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Who Uses MEPS?



- □ Academic Researchers
- □ Policymakers (federal, state, local)
- **■** Non-profit organizations
- ☐ For profit companies
- Media

MEPS OVERVIEW: Outline



☐ What is MEPS: □ Components **Purpose** □ Design and Sample □What MEPS collects ☐ Core and Supplemental Content ☐ Supplemental CAPI sections & Questionnaires □ Data Dissemination □ Data Files ☐ Website and Web Tools □ Data Center

MEPS Survey Components



	M	EPS-HC: Household Component
[Collects data from a sample of families and individuals in selected communities across the United States
Ţ		Annual Survey of about 15,000 households since 1996
[Provides national estimates of health care use, expenditures, insurance coverage, sources of payment, access to care and health care quality
	M	EPS-IC: Insurance Component
[Collects data from a sample of private and public sector employers on the health insurance plans they offer their employees.
[An independent survey of employers and unions not linked to the household survey

MEPS Survey Components



□ ME	PS-MPC: Medical Provider Component
□ S	urvey of medical providers linked to respondents of the HC
	MPC collects data from a sample of providers (physicians, hospitals, home health agencies, and pharmacies) who provided medical care to MEPS-HC respondents.
	MPC collects data on dates of visits/services, use of medical care services, charges and sources of payments and amounts, and diagnoses and procedure codes for medical visits/encounters.
	MPC data is not designed to yield national estimates.
	MPC data are used solely for editing and imputation purposes of the Household Component data.
	Data files with only this supplemental respondent information are not available for public use.

MEPS-Household Component Purpose & Uses



Provides data collected from individual households and their members, which is supplemented by data from their medical providers.
Provides nationally representative estimates of health care use, expenditures, sources of payment, and health insurance coverage for the U.S. civilian noninstitutionalized population.
Estimates can be produced for individuals, families, and selected population subgroups and socio-economic characteristics.
Used for policy-related and behavioral research on the determinants of health care use, spending, and insurance coverage
Used in microsimulation models to analyze alternative health care delivery proposals

MEPS-HC Survey Design



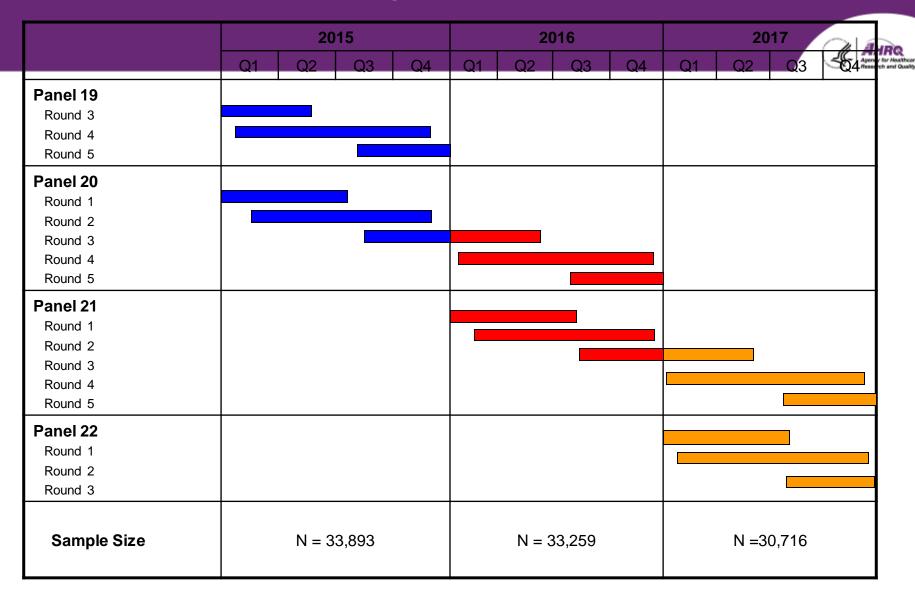
- ☐ Since 1996, each year a new panel of sample households is selected.
- MEPS-HC sample is a subsample of households participating in the previous year's National Health Interview Survey (NHIS) conducted by NCHS.
- ☐ Sample is representative of the civilian non-institutionalized population of the USA.
- □ Data collected for two years of healthcare usage from each panel.

MEPS-HC Survey Interviews



- ☐ Five in-person interviews using CAPI (Computer-assisted Personal Interviewer) technology.
- ☐ All data reported by a single household respondent.
- ☐ To collect two years of healthcare usage data, it can take up to two and half years.
- ☐ Interviews can last anywhere from one to four hours.

MEPS Panel Design: Data Reference Periods



MEPS-HC Sample Sizes



Year	Number of families	Number of persons
<u>2016</u>	13,587	33,259
<u>2015</u>	13,800	33,893
<u>2014</u>	13,421	33,162
<u>2013</u>	13,936	35,068
<u>2012</u>	14,763	37,182
<u>2011</u>	13,449	33,622
<u>2010</u>	12,445	31,228
<u>2009</u>	13,875	34,920
<u>2008</u>	12,316	31,262
<u>2007</u>	11,615	29,370
<u>2006</u>	12,811	32,577
<u>2005</u>	12,810	32,320
<u>2004</u>	13,018	32,737
<u>2003</u>	12,860	32,681
<u>2002</u>	14,828	37,418
<u>2001</u>	12,852	32,122
2000	9,515	23,839
<u>1999</u>	9,345	23,565
<u>1998</u>	9,023	22,953
<u>1997</u>	13,087	32,636
<u>1996</u>	8,655	21,571

MEPS-HC Core Interview Content



- □ Collected in every round (5x)
 - Demographics
 - □ Charges and Payments
 - Medical Conditions
 - □ Employment
 - ☐ Health Status
 - Health Insurance
 - Utilization

MEPS-HC: Core Content



- Demographics
 - ☐ Age
 - ☐ Sex
 - □ Race and Ethnicity
 - □ Language and English Proficiency
 - Marital Status
 - Foreign Born Status
 - Student Status and Educational Attainment
 - Military Service and Honorable Discharge
 - ☐ Income and Poverty Status

MEPS-HC: Core Content



- □ Charge and Payments (CP)
 - ☐ Tracks total charges and sources of payment for medical events reported in earlier sections.
- □ Conditions (CN)
 - □ Collects additional information about physical and mental health conditions.
- □ Employment (EM)
 - ☐ Covers questions about each person's employment or self-employment status.

MEPS-HC: Core Content



- □ Health Insurance (HX)
 - □ Collects information about health insurance including private and public health insurance programs.
- □ Health Status (HE)
 - Assesses the physical and mental health status for both children and adults. For children it obtains additional information on childhood immunizations, limitations to school attendance etc.
- Utilization
 - Collects data in each round on use and expenditures for officeand hospital-based care, home health care, dental services, vision aids, and prescribed medicines. Data were collected for each sample person at the event level (e.g., doctor visit, hospital stay).

MEPS-HC: Supplemental Sections



Sections asked in rounds 2 and 4:

- □ Access to care
- Child Health and Preventive Care

Sections asked in rounds 3 and 5:

- □ Income
- Preventive Care
- Priority Conditions (panel 21 onwards in rounds 1, 3 and 5)
- □ Assets (round 5 only)

MEPS-HC: Supplemental Sections Rounds 2 and 4



- □ Access to Care (AC)
 - Identifies whether each household member has a medical provider who provides the usual source of care (USC).
- □ Child Preventive Health (CS)
 - □ Collects information on general health status, special health care needs, potential behavioral problems, accessibility to health care, preventative care, height, and weight of any child in the family.

MEPS-HC: Supplemental Sections Rounds 3 and 5



- □ Income (IN)
 - Collects information about income and tax returns.
- □ Preventive Care (AP)
 - Collects information on any preventive care received (dental and physical check-ups, flu shots, and other preventative health exams).
- □ Assets (AS)
 - ☐ To supplement financial data collected in the Income section, the Assets section asks about household members' real estate, businesses, vehicles, investments, other assets, and debts.



- □ Adult Self-Administered Questionnaire (SAQ)
- Given once a year (in rounds 2 and 4) to each adult 18 years old and older
- A total of 46 questions focus on self-reported opinions on one's physical and mental health, receiving care from specialists; communication and quality of health care received from providers.
- Contains health care quality measures from the health plan version of CAHPS®, designed to measure quality of care from the consumer's perspective.
- Contains three measures of health status: the Short-Form 12 Version 2 (SF-12v2), the Kessler Index (K6) of non-specific psychological distress, and the Patient Health Questionnaire (PHQ-2).



- □ Diabetes Care Survey (DCS)
 - ☐ Given once a year (in rounds 3 and 5) to each person identified as having diabetes; total 14 questions related to diabetes related tests and managing diabetes.



- □ Cancer Self- Administered Questionnaire
 - ☐ The 2011 CSAQ was developed and administered to the respondents identified as having cancer with questions about the burden of cancer, long lasting effects of the disease, financial impacts, and employment outcomes for cancer survivors and their families. 93 questions
 - ☐ The CSAQ was updated and administered for data year 2016. 62 questions
 - ☐ The same CSAQ was administered in 2017



- □ The 2014 Preventive Care Self-Administered Questionnaire (PSAQ)
 - ☐ First time fielded during Panel 18 Round 5 of the 2014 MEPS survey. The questionnaires were administered in early 2015.
 - ☐ Collects a variety of person-level preventive health care data for adults.
 - □ There are separate versions of the survey for males (30 questions) and females (35 questions).



The 2015 Medical Organizations survey (MOS)		
	Collects information on office-based usual source of care (USC) practice characteristics for MEPS sample persons who saw their office-based USC during the year	
	Funding provided by the Robert Wood Johnson Foundation	
	Support studies of association between practice characteristics and consumer access, service use, expenditures and quality of care.	
	Questionnaire located under MPC questionnaires	
	Data is publically available	
	MOS was administered in 2016 and 2017	

MEPS-HC: Caveats and Limitations



- Sample size limitations preclude some analyses
- Typically, one respondent provides data for the entire household
- Household respondents may not be able to report accurately certain types of information
 - type of health plan
 - detailed event information
 - diagnoses

MEPS-HC: Data Files for Public Use (PUFs): Levels



□ Person Level - detailed person information
□ Each record represents a person, has all of person's demographics, health, income, expenses, etc.
■ Event Level - detailed event information
☐ Each record represents an event, such as a hospital visit, has all details on conditions, expenditures, etc. for that visit.
☐ Condition Level - detailed condition information
☐ Each record represents a condition, all details on that condition are on that record.
☐ Job Level - detailed job information
☐ Each record represents a job and all details associated with it.

MEPS-HC: Data Files for Public Use (PUFs): Types



- ☐ Full-year Files Contain expenditure and utilization data for the calendar year from several rounds of data collection.
 - Consolidated Data File
 - □ Event File
 - Medical Conditions File
 - □ Jobs File
 - Person Round Plan Public Use File

MEPS-HC: Data Files for Public Use (PUFs): Supporting Documents



	Documentation Files		
		Contain general information about MEPS	
		List and discuss file variables including variable-source crosswalk to link back to questionnaire items	
		Instructions on how to link files	
☐ File Codebooks		odebooks	
		Contains names and location of all variables	
		Provides formatted frequencies for all variables on the file	
	Users	notes	
	SAS Programming Statements		
	SPSS Programming Statements		
	STATAProgramming Statements		
	Data f	ile in SAS transport and ASCII formats	
	Samp	le code	

MEPS Website



	UR	L: https://meps.ahrq.gov/mepsweb/
		nterials on the MEPS Web site: Micro Data Files - Public Use Files (PUF's) Questionnaires Core and Supplemental
I		Redesigned HC Summary Data Tables Platform: Medical utilization and expenditures Demographic and socioeconomic characteristics Health insurance coverage Access to care and satisfaction with care Prescribed medicine purchases
l		Publications Statistical Briefs Methodology Reports Research Findings

MEPS Website



Data Center Discussion Forum MEPSnet Query Tools ■ MEPSnet/Household component ■ MEPSnet/Insurance component MEPS Data Summary Tables ■ MEPS Topics □ Participants' Corner **Mailing List and List Serve** ☐ What's New ■ Workshops and Events – workshops, webinars and seminars

MEPS Data Tools



www.meps.ahrq.gov

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Communication

The Medical Expenditure Panel Survey (MEPS) is a set of large-scale surveys of families and individuals, their medical providers, and employers across the United States. MEPS is the most complete source of data on the cost and use of health care and health insurance coverage. Learn more about MEPS.

Contact MEPS

New to MEPS?

Select a profile:

- General user
- Researcher
- Policymaker
- Media
- Survey participant

MEPS Topics

- Access to Health Care
- Children's Health
- Children's Insurance Coverage
 Medicare/Medicaid/SCHIP
- Elderly Health Care
- . Health Care Costs/Expenditures. Mental Health
- Health Care Disparities

- Health Insurance
- Medical Conditions
- Men's Health
- Obesity

- Prescription Drugs
- Projected Data/Expenditures
- . Quality of Health Care
- State and Metro Area Estimates
- The Uninsured
- Women's Health

Click here for full topic list ...

What's New Highlights

Upcoming Events

Registration is now OPEN for the MEPS Data Users' Workshop, April 10, 2018, Rockville, MD. More details.



MEPSnet Query Tools



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MEPSnet/HC Trend Query

MEPSnet/HC gives you easy access to nationally representative statistics of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. With MEPSnet/HC you can generate statistics using Medical Expenditure Panel Survey (MEPS) Household Component public use files.

Quick Guide to MEPSnet/HC

Step 1: Data Source Selection - Select a data year Step 2: Variable Selection - Choose variables to use Step 3: (Optional) Variable Recoding - Regroup variables your way Step 4: (Optional) Record Selection - Select the records you want Step 5:

Descriptive Statistics - Select Show Statistics to generate the statistics.

Click here for additional information about MEPSnet/HC.

START WEPS NET /HC

Summary Data Tables



MEPS summary tables

Household Component Tables ▼

MEPS Home

Household Component summary tables

The MEPS Household Component summary tables provide frequently used summary estimates for the U.S. civilian noninstitutionalized population on household medical utilization and expenditures, demographic and socio-economic characteristics, health insurance coverage, access to care and satisfaction with care, medical conditions, and prescribed medicine purchases. Most tables can be stratified by demographic or socio-economic characteristics. Plots from selected data can also be generated, and R and SAS code for calculating selected estimates is available. See <u>Sample Design and Data Collection Process</u> for details on the collection of individual data items (e.g., health insurance status, age). The estimates provided in the tables are based on data available in standardized <u>public use data files</u>. Pages have been optimized for Chrome, Firefox, and Safari.



Use, expenditures, and population

Utilization, spending, and population totals by demographic characteristics, event type, or source of payment.



Health insurance

Number and percentage of people by insurance coverage and demographic characteristics.



Accessibility and quality of care

Number and percentage of people with a usual source of care, difficulty accessing needed care, preventive care, diabetes care, and patient-reported quality of doctor's visits, by demographic characteristics.

AHRQ Data Center (ADC)



Pu	irpose
	Provides researchers access to non-public use MEPS data (except directly identifiable information)
Lo	cation
	Secure room
Ac	cess
	Terminal connected to secure LAN
	No internet connectivity
Sta	atistical software
	SAS, STATA, SUDAAN, R
Lit	mited staff support by experts on:
	l Data
	Confidentiality issues
	l Software

Examples of Confidential Data Projects



-	Fully Specified ICD-9 Codes These codes allow medical conditions to be identified with greater specificity.
	Fully Specified Industry and Occupation Codes These codes allow a worker's industry and occupation to be identified with greater specificity.
	State and County FIPS Codes: These codes can be used to merge data from the Area Resource File, or any data at the State and/or County level, onto the MEPS data.
.	Census Tract and Block-Group Codes These codes can be used to merge data from the U.S. Census, or any data at the tract or block-group level, onto the MEPS data.
	Non-Public Use Data Elements These are data elements from our questionnaires that are not directly identifiable data, but have yet to be edited or released, i.e., asset information and imputed NDC codes. Federal and State Marginal Tax Rates Tax amounts and marginal tax rates have been computed for Federal, State and FICA taxes.

AHRQ Data Center: Procedures



□ Submit proposal to Data Center coordinator ☐ Review within 2 weeks for feasibility, and data availability ☐ Institutional Review Board (IRB) review required from users' institute ☐ Sign the Data Center agreement □ Fee - \$300 to cover technical assistance and simple file construction, waived for full time students. □ Run analysis – on or off-site – depending on the project

AHRQ Data Center: Guidelines



Researcher may bring data in, but not out
Researcher has access only to data needed for approved project
All tabular data is reviewed for confidentiality before release from Center - only approved tables can leave the Center
Center will store data files, foreign merge files, and all outputs needed for replication
Limited remote access
MEPS data can be accessed in many data centers across the country including Census Bureau and many universities.