

Medical Expenditure Panel Survey (MEPS) OVERVIEW

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MEPS OVERVIEW: Outline



- **□ MEPS Basics**
 - □ Components
 - □ Purpose
 - □ Design and sample
 - □ Data Collection Process
 - **■MEPS Interview Content**
 - **☐** Core questionnaires
 - **☐** Self-administered questionnaires
 - **□**Data Access
 - □ Public Data
 - Non-Public (Confidential Data)



MEPS BASICS Components Purpose Design and sample Data Collection Process

MEPS Components



Medical Expenditure Panel Survey (MEPS)

Household
Component
(HC)

Medical <u>P</u>rovider
Component
(MPC)

Insurance Component (IC)

MEPS Components



MI	EPS-HC: Household Component
	Collects healthcare use data from a sample of families and individuals in selected communities across the United States
	Annual survey of about 15,000 households since 1996
ME	EPS-MPC: Medical Provider Component
	Survey of medical providers linked to respondents to the HC
	Collects data from a sample of providers who provided medical care to HC respondents
	Data not designed to yield national estimates; used solely for editing and imputation purposes related to the Household Component data
MI	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 HC

MEPS-Household Component Purpose & Uses



MEPS-HC is an annual survey of about 15,000 households fielded since 1996
Collects data from a sample of families and individuals in selected communities across the United States
Provides data collected from individual households and their members, which is supplemented by data from their medical providers
Provides nationally representative estimates of healthcare use, expenditures, sources of payment, access to care, and health insurance coverage for the U.S. civilian noninstitutionalized population
Allows estimates to be produced for individuals, families, and selected population subgroups and socioeconomic characteristics
Is used for policy-related and behavioral research on the determinants of healthcare use, spending, and insurance coverage

MEPS-HC Survey Design



The sample is representative of the civilian noninstitutionalized population of the United States and is subsample of previous year's National Health Interview Survey (NHIS) sample.
Since 1996, every year a new panel of sample households has been selected.
Each Panel participates in MEPS for two years.
There are five interview rounds to collect two years of healthcare usage data.
Data is collected by in-person interviews using CAPI technology.
All data is reported by a single household respondent.
Interviews can last anywhere from 1 to 4 hours.

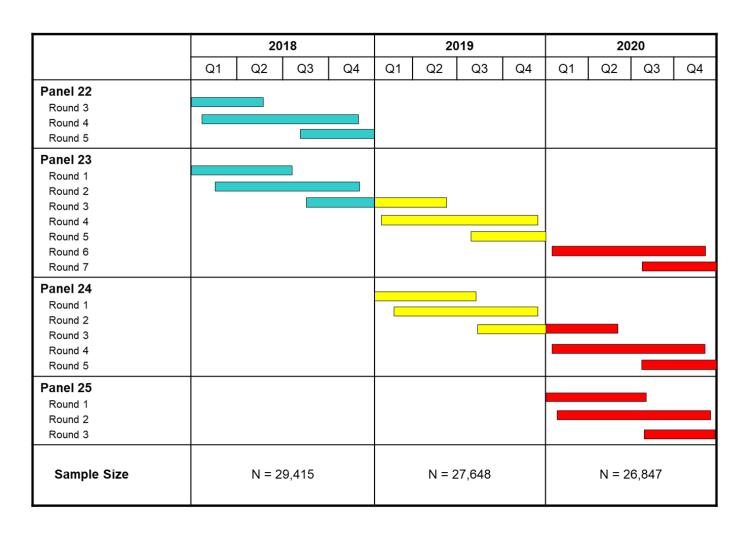
MEPS-HC Sample Sizes



Year	Number of families	Number of persons
2020	12,290	26,847
2019	11,924	27,648
2018	12,475	29,415
2017	12,756	30,716
2016	13,587	33,259
2015	13,800	33,893
2014	13,421	33,162
2013	13,936	35,068
2012	14,763	37,182
2011	13,449	33,622
2010	12,445	31,228
2009	13,875	34,920
2008	12,316	31,262
2007	11,615	29,370
2006	12,811	32,577
2005	12,810	32,320
2004	13,018	32,737
2003	12,860	32,681
2002	14,828	37,418
2001	12,852	32,122
2000	9,515	23,839
1999	9,345	23,565
1998	9,023	22,953
1997	13,087	32,636
1996	8,655	21,571

MEPS Panel Design: Data Reference Periods





MEPS-HC Data Collection Process



- MEPS has two cycles of data collection each year; the first in the Spring from January through June for odd numbered rounds and the second in the Fall, from July through December for even numbered rounds.
 In the first six months of each year, data collection is in progress for three panels: the panel beginning its first year, the panel beginning its second year, and the panel completing its final interview.
- annual data files on health care use and expenditures.

☐ With this design, MEPS produces a continuing series of

☐ Each annual data file contains data from two panels.



MEPS Interview Content

Core Questionnaires Self-administered Questionnaires

MEPS-HC Interview Content



- MEPS Interview Content has two types of collections:
 - Questionnaires using CAPI
 - □ Every Round
 - □ Every Round except last
 - □ Once a year
 - □ Only in the Last round
 - **☐** Self-Administered Questionnaires

MEPS-HC: Questionnaires using CAPI



- □ Following is the list of sections that are asked using CAPI in all rounds:
 - Demographics
 - Utilization and Expenditures
 - □ Charges and Payments
 - Employment
 - ☐ Health Insurance



Demographics

□ Collects demographic characteristics of each person: age, sex, race and ethnicity, Language and English proficiency, marital status, foreign-born status, student status and educational attainment, military service and honorable discharge and poverty status.

Utilization and Expenditures

□ Collects data in each round on use and expenditures for office- and hospital-based care, home healthcare, dental services, vision aids, and prescribed medicines. Data are collected for each sample person at the event level (e.g., doctor visit, hospital stay).



- □ Charges and Payments (CP)
 - ☐ Tracks total charges and sources of payment for medical events reported in earlier sections.
- □ Employment (EM)
 - ☐ Covers questions about each person's employment or self-employment status.
- □ Health Insurance (HX)
 - Collects information about health insurance including private and public health insurance programs.



- □ Following are asked in rounds 1-4 only
- □ Health Status (HE)
 - □ Assesses physical and mental health status for both children and adults.
- □ Priority Conditions Enumeration (PE)
 - □ Obtains a summary assessment of each person's physical and mental health and collects information about a select group of highly prevalent conditions, called priority conditions.



- □ Some sections are only asked once a year:
 - □ Access to Care (Rounds 2 and 4)
 - □ Child Health and Preventive Care (Rounds 2 and 4)
 - ☐ Income (Rounds 3 and 5)
 - □ Additional Health Questions (Rounds 3 and 5)
 - □ Assets (Round 5 ONLY)

MEPS-HC: Core Questionnaires Rounds 2 and 4



- □ Access to Care (AC)
 - □ Identifies whether each household member has a medical provider who serves as the usual source of care (USC), reasons why members without a USC do not have a USC, Questions about satisfaction with USC provide, and any problems experienced in obtaining needed healthcare.
- □ Child Preventive Health (CS)
 - □ Collects information on general health status, special healthcare needs, potential behavioral problems, access to healthcare, preventive care, and 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.
- Additional Health Questions (AH)
 - Questions assess the impact of physical illness, injury, or mental/emotional health on household members' attendance at work. The section also asks about smoking and engaging in vigorous exercise.
- □ Assets (AS)
 - Questions ask about household members' real estate, businesses, vehicles, investments, other assets, and debts to supplement the financial data collected in the Income section.

MEPS-HC: Self-Administered Questionnaires



Diabetes Care Survey (DCS)
 Adult Self-Administered Questionnaire (SAQ)
 The Preventive Care Self-Administered Questionnaire (PSAQ)
 Veteran Self-Administered Questionnaire (VSAQ)
 Cancer Self-Administered Questionnaire

(CSAQ)

Diabetes Care Survey (DCS)



☐ The DCS is given once a year in rounds 3 and 5 to each person identified as having diabetes. ☐ Short survey with 14 questions. **☐** Question include the following: Diabetes caused problems with your kidneys? Diabetes caused problems with your eyes? When did you have an eye exam in which your pupils were dilated? ■ When did you have a health professional check your feet for any sores or irritations? How is your diabetes being treated?

Adult Self-Administered Questionnaire (SAQ)



- □ Administered once a year (rounds 2 and 4)
- Questions include the following:
 - □ Satisfaction with healthcare—Consumer Assessment of Healthcare Providers and Systems (CAHPS)
 - ☐ Health status—Veterans RAND 12-Item Health Survey (VR-12)
 - Nonspecific psychological distress—Kessler Psychological Distress Scale (K6)
 - □ Patient Health Questionnaire-2 (PHQ-2)
- □ The SAQ has been administered every other year since 2018.

The Preventive Care Self-Administered Questionnaire (PSAQ)



The PSAQ was fielded for the first-time during Panel 18 Round 5 of the 2014 MEPS. The questionnaires were administered in early 2015.
 The PSAQ collects a variety of person-level preventive healthcare data for adults.
 There are separate versions of the survey for males and females.
 Since 2018, the PSAQ has been administered every other year in rounds 2 and 4.
 PSAQ for 2020 has additional Mental Health questions.

Veteran Self-Administered Questionnaire (VSAQ)



	VSAQ was administered to eligible veterans rounds 3 and 5.
	AQ data is included in 2018 and 2019 solidated data files.
VS	AQ has a total of 34 questions.
Col	lected information related to the veteran's:
	Health conditions
	Any healthcare services used from the U.S. Department of Veterans Affairs (VA), outside of the VA, or neither
	Veteran's choice of care, such as cost or location
	Receipt of healthcare from specialists

Cancer Self- Administered Questionnaire (CSAQ)



- ☐ 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 2016 version of the CSAQ was administered in 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 certain types of information accurately, e.g., health plan, diagnoses etc.



MEPS Data Access

Public Data
Non-Public Data

MEPS Website



- MEPS Website https://meps.ahrq.gov/mepsweb
- **■** Materials on the MEPS website:
 - Data Files
 - Data Tools
 - Questionnaires
 - Publications
 - Workshops and events—workshops, webinars, and seminars
 - Mailing list

Data Access



- □ Public Data
 - □ Available on MEPS Website
 - Data Files
 - □ Data Tools

- Non-Public Data
 - ☐ Has confidential information
 - □ Only available from Data Centers

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



□ Full-Year Files—Contain expenditure and utilization data for the calendar year from several rounds of data collection Person Level—Detailed person information Each record represents a person and has all the person's demographics, health, income, expenses, etc. **Event Level—Detailed event information** Each record represents an event, such as a hospital visit, and 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): Supporting Documents



Documentation files		
	Contain general information about MEPS	
	List and discuss file variables including variable-source crosswalk to link back to questionnaire items	
	Include instructions on how to link files	
File codebooks		
	Contain names and location of all variables	
	Provide formatted frequencies for all variables in the file	
Programming statements		
	SAS, SPSS, STATA, R (2017 onwards)	
Data	a File in following formats	
	ASCII, SAS transport, Stata, SAS V9 and XLXS (2018 onwards)	
Indu	stry and Occupation Codes	

MEPS-HC Data Tools



- Explore trends and cross-sectional bar charts for nationally representative estimates of household medical utilization and expenditures.
- Customize tables by demographic characteristics, health insurance coverage, accessibility and quality of care, treated medical conditions, and prescribed medicine purchases.
- □ Customize tables by number of people, total expenditures, prescription medicines or dental visits, source of payment (such as Medicare, Medicaid, Out of Pocket).
- MEPS-HC Variable Explorer Tool : Quick and easy way to find variables and files for research purposes.

Data Centers



- □ Purpose provide researchers access to non-public use MEPS data (except directly identifiable information)
 - Examples: State and County FIPS Codes, Non-Public Use Data Elements: Fully Specified ICD-9/10 Codes; Date of cancer diagnosis, etc.
- □ Access: data can be accessed through many data centers around the country.
 - AHRQ Data Center (ADC)
 - Federal Statistical Research Data Centers (FSRDC)
 - University Data Centers

AHRQ Data Center



- □ Location
 - □ Located in Rockville, MD at AHRQ building
 - □ Secure room with no internet connectivity; terminal connected to secure LAN
 - ☐ Users escorted while in the building
- ☐ Statistical software
 - ☐ SAS, Stata, SUDAAN, R
- **☐** Programming Support

AHRQ Data Center: Procedures



Proposal and review—two weeks for feasibility and data availability.
Requirements—institutional review board (IRB) review from users' institute; signing the data use agreement; and \$300 one-time fee to cover technical assistance.
Other General Rules:
Researcher may bring data in, but not out; given access only to data needed for approved project; run analysis—onsite or offsite (rarely).
All tabular data is reviewed for confidentiality before release — only approved tables can leave the data center.
ADC will store data files, foreign merge files, and all outputs needed for replication—may be accessed remotely in special circumstances.
If MEPS data is accessed through any other data center, users are expected to follow rules and pay fees required by that data center in addition to ADC.

MEPS Contact Information



For any MEPS questions: mepsprojectdirector@ahrq.hhs.gov

For AHRQ Data Center: CFACTDC@AHRQ.HHS.GOV

For MEPS workshops or webinars: WorkshopInfo@ahrq.hhs.gov

Thank you!



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