

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 Content
Supplemental CAPI sections
□ Self-administered Questionnaires
□ Data Dissemination
☐ Website
□ Data Files
■ Web Tools
□ AHRO Data Center

MEPS Survey Components



	■ MEPS-HC: Household Component		
		Collects health care 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	
■ MEPS-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-MPC: Medical Provider Component			
		Survey of medical providers linked to respondents of the HC collects data from a sample of providers who provided medical care to HC respondent.	
		MPC data is not designed to yield national estimates, used solely for editing and imputation purposes of the Household Component data.	

MEPS-Household Component Purpose & Uses



Collects data from a sample of families and individuals in selected communities across the United States
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
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.

MEPS-HC Survey Design



- ☐ Since 1996, every 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



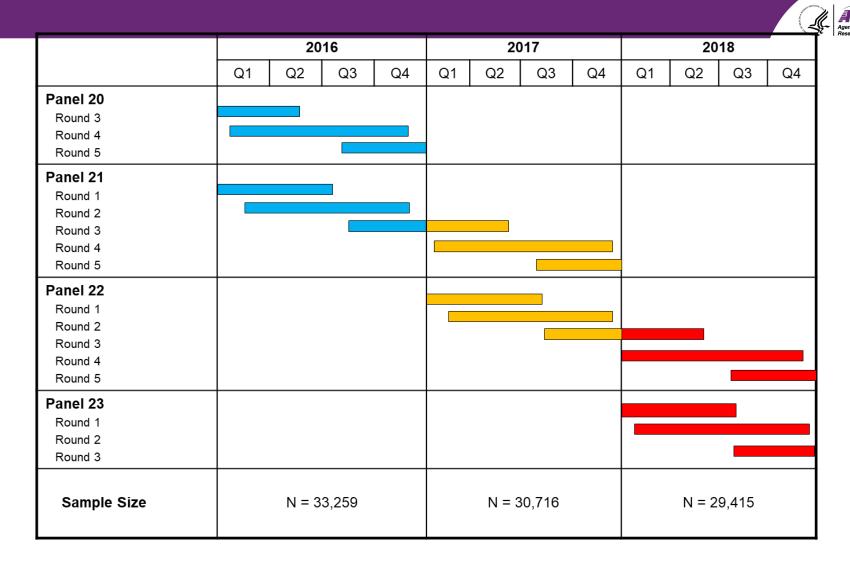
- ☐ Five in-person interviews using CAPI (Computer-assisted Personal Interviewer) technology.
- ☐ All data reported by a single household respondent.
- ☐ To collect two years of healthcare usage data, it can take up to two and half years.
- ☐ Interviews can last anywhere from one to four hours.

MEPS-HC Sample Sizes



Year	Number of families	Number of persons
2018	12,475	30,461
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 Interview Content



- Demographics
- ☐ Health Insurance
- □ Priority Conditions
- □ Access to Care
- Employment
- ☐ Health Status
- ☐ Income
- □ Assets
- Charges and Payments
- Utilization and Expenditures

MEPS-HC: Interview 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: Interview Content



- □ Charge 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.

MEPS-HC: Interview Content



□ 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 office- and 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: Interview Content



- □ Access to care
- Child Health and Preventive Care
- ☐ Income
- Additional Health Questions
- □ Assets (round 5 only)

MEPS-HC: Interview Content Rounds 2 and 4



- □ Access to Care (AC)
 - Identifies about whether each household member has a medical provider who provides the usual source of care (USC), reasons why members without a USC do not have a USC, various aspects of satisfaction with usual care providers, and problems a household may have experienced in obtaining needed health care.
- □ 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.
- Additional Health Questions (AH)
 - Assesses the impact of any physical illness, injury, or mental or emotional problem on household members' attendance at work. Preventive care questions gather information about a small number of preventive care behaviors, such as smoking cigarettes and engaging in vigorous exercise.
- □ 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.

MEPS-HC: Self-Administered Questionnaires



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

□ The 2015 Medical Organizations survey (MOS)

Diabetes Care Survey (DCS)



□ Diabetes Care Survey (DCS)

- Given once a year (in rounds 3 and 5) to each adult identified as having diabetes.
- A total of 14 questions related to various tests and managing the diabetes.

Adult Self-Administered Questionnaire (SAQ)



- ☐ Adult Self-Administered Questionnaire (SAQ)
- Administered once a year (R2 and R4) with followup collection of outstanding forms in R3 and R5.
- Questions include satisfaction with health care (CAHPS); health status (VR-12); non-specific psychological distress (K6), and Patient Health Questionnaire (PHQ-2).
- Administered every other year starting with 2018.

Veteran Self-Administered Questionnaire (VSAQ)



- □ Veteran Self-Administered Questionnaire (VSAQ)
- A total of 34 questions.
- Collects information related to the veteran's:
 - ☐ Health conditions
 - □ Any health care services were used from the VA, outside of the VA, or neither.
 - Veteran's choice of care, such as cost or location.
 - ☐ Getting health care from specialists.

The Preventive Care Self-Administered Questionnaire (PSAQ)



- ☐ The 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 and females.
 - Starting with 2018, PSAQ would be administered every other year in rounds 2 and 4.

Cancer Self- Administered Questionnaire (CSAQ)



- □ 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 same CSAQ was administered in 2017

The 2015 Medical Organizations Survey (MOS)



- ☐ The 2015 Medical Organizations survey (MOS)
 - Collected 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
 - Supports 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 2015 and 2016.

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 Website



- **URL:** https://meps.ahrq.gov/mepsweb/
- Materials on the MEPS Web site:
 - Micro Data Files Public Use Files (PUF's)
 - Questionnaires
 - Publications
 - Workshops and Events workshops, webinars and seminars
 - Mailing List
 - MEPS Data Tools

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, 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): 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	
	odebooks		
		Contains names and location of all variables	
		Provides formatted frequencies for all variables on the file	
	Users	sers notes	
	SAS Programming Statements		
	SPSS Programming Statements		
	STATA Programming Statements		
	R Programming statements (2018)		
	Data file in SAS transport and ASCII formats		
	Sample code		

MEPS Data Tools



www.meps.ahrq.gov

MEPS Home

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Data and Statistics

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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
- . Ouality 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.



AHRQ Data Center (ADC)



- Purpose
 - Provides 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 etc.
- Location and Access
 - □ Secure room with no internet connectivity, terminal connected to secure LAN
- Statistical software and staff support
 - ☐ SAS, STATA, SUDAAN, R

AHRQ Data Center: Procedures



Proposal and Review - 2 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
Access - Researcher may bring data in, but not out; given access only to dat needed for approved project; run analysis – on or off-site (rarely)
All tabular data is reviewed for confidentiality before release from Center - only approved tables can leave the Center
MEPS data can be accessed in many data centers across the country including Census Bureau and many universities.
Center will store data files, foreign merge files, and all outputs needed for replication – may be accessed remotely in special circumstances.

Thank you!



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