



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



Medical Expenditure Panel Survey Household Component (MEPS-HC) 2018 Design Changes

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Outline

- ☐ **MEPS Introduction**
- ☐ **Motivation behind the changes**
- ☐ **Omitted Sections**
- ☐ **Added Sections**
- ☐ **Modified Sections**
- ☐ **Self-Administered Questionnaires (SAQ)**
- ☐ **Changes to Use and Expenditure Collection**
- ☐ **Research Implications**

MEPS-HC Introduction



- ☐ 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 U.S. civilian non-institutionalized population.
- ☐ Data collected for two years of healthcare use from each panel.
- ☐ Five in-person interviews using CAPI (Computer-assisted Personal Interviewer) technology.

Changes: MOTIVATION

- ☐ **Improve health care use reporting**
 - ☐ **Reduce the cognitive burden of responding**
 - ☐ **Use methods that can increase responses and comprehensive reporting**
 - ☐ **Simplify the response task - enumerate first, then collect details (e.g. provider info)**
 - ☐ **Focus on items that support key policy and research needs**
 - ☐ **Simplify interview administration tasks**


Changes: Summary

- ☐ Omitted Sections
- ☐ Added Sections
- ☐ Modified Sections
- ☐ Self-Administered
Questionnaires
- ☐ Changes to Use and
Expenditure Collection
- ☐ Research Implications




- ☐ Condition Enumeration (CE)
- ☐ Disability Days (DD)
- ☐ Preventive Care (AP)
- ☐ Provider Directory (PD)

Changes: Summary

- ☐ Omitted Sections
- ☐ Added Sections 
- ☐ Modified Sections
- ☐ Self-Administered Questionnaires
- ☐ Changes to Use and Expenditure Collection
- ☐ Research Implications

- ☐ Additional Health Questions (AH)
- ☐ Start/Restart (ST)
- ☐ Event Follow-up (EF)
- ☐ Respondent Forms

Changes: Summary

- ☐ Omitted Sections
- ☐ Added Sections
- ☐ Modified Sections 
- ☐ Self-Administered Questionnaires
- ☐ Changes to Use and Expenditure Collection
- ☐ Research Implications

- ☐ Health Status (HE)
- ☐ Priority Enumeration (PE)
- ☐ Access to care (AC)
- ☐ Quality Supplement (QS)
- ☐ Child Health Supplement (CS)
- ☐ Health Insurance
- ☐ Income (IN) / Assets (AS)
- ☐ Calendar (CA)
- ☐ Provider Probes (PP)

Changes: Summary

☐ Omitted Sections

☐ Added Sections

☐ Modified Sections

☐ Self-Administered
Questionnaires

☐ SAQ

☐ PSAQ

☐ CSAQ

☐ VSAQ

☐ Changes to Use and
Expenditure Collection

☐ Research Implications

Changes: Summary

☐ Omitted Sections


☐ Added Sections

☐ Modified Sections


☐ Self-Administered
Questionnaires

☐ Changes to Use and
Expenditure Collection

☐ Research Implications

- 
- ☐ Date Picker
 - ☐ Provider Search Tool
 - ☐ Switch Feature
 - ☐ Off-Path Feature
 - ☐ Event Driver (ED)
 - ☐ Event Detail

Changes: Summary

- ☐ Omitted Sections
 - ☐ Added Sections
 - ☐ Modified Sections
 - ☐ Self-Administered Questionnaires
 - ☐ Changes to Use and Expenditure Collection
 - ☐ Research Implications 
- ☐ Variable Changes
 - ☐ Variables Renamed
 - ☐ Other implications

Omitted Section: Condition Enumeration (CE)



Omitted Condition Enumeration

Disability
Days

Preventive
Care

Provider
Directory

Previously collected information about health conditions bothering a household member regardless of whether the person sought care from a health care provider.

Now CE section removed, and condition information now collected in Priority Conditions Enumeration (PE) and in event enumeration (conditions related to care received from a medical provider or prescribed medicines).

Implications: conditions not associated with an event will not be included in the conditions file (e.g. 'Cold' or 'Headache').

Omitted Section: Disability Days (DD)

Omitted

Condition
Enumeration

Disability
Days

Preventive
Care

Provider
Directory

Previously collected information about the impact of any physical illness, injury, or mental or emotional problem on household members' attendance at work or school. The questions focused on how many days of work or school were missed, for what health condition they were missed, and how many days were missed because of someone else's illness, injury, or health care needs.

Now DD section removed, and disability days questions were moved to added section called Additional Healthcare Questions (AH).

Implications: Some variables are not collected anymore, some are available in a different section.

Omitted Section: Preventive Care (PC)



Omitted

Condition
Enumeration

Disability
Days

Preventive
Care

Provider
Directory

Previously, collected information on preventive care.

Now, this section has been omitted. Some of the questions from this section are included in the new self-administered preventive questionnaire (PSAQ), and two variables are now part of the new questionnaire (AH).

Omitted variables are included in the file documentation.

Implications: All Preventive care variables are not available in 2018, will affect longitudinal research.

Omitted Section: Provider Directory



Omitted

Condition
Enumeration

Disability
Days

Preventive
Care

Provider
Directory

Previously, this information was asked twice in the interview – once during health care utilization reporting, and then at the end of the interview.

Now, this section has been replaced with a newly designed provider lookup tool that links the reported provider name, address, or phone number to the provider's NPI ID. All relevant identifying information about a provider is collected only once in the modified Provider Probes section.

Benefit: all provider information is collected at once to create a provider roster, which reduces interview time and respondent burden.

Added Section: Additional Healthcare (AH)



Added Additional Healthcare

Start/Restart

Event
Follow-up

Respondent
Forms

Includes a subset of questions previously included in the eliminated sections: Disability Days (DD), Accidents/Injuries and Conditions (CN), and modified PE section.

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.

Implications: unavailability of certain variables will impact longitudinal research.

Added Section: Start/Restart (ST)



Added

Additional
Healthcare

Start/Restart

Event
Follow-up

Respondent
Forms

Administered at the beginning of each interview and when interviewing resumes following a breakoff. Questions in the ST section were part of Reenumeration A (RE-A). Reenumeration refers to the process of collecting eligibility and demographic data on each person associated with a household participating in MEPS.

Verifies that the interviewer has selected the correct case, identifies the person to serve as primary respondent, and obtains consent for (audio) recording of the interview for quality control purposes.

Benefit: Ensures that the correct respondent is added/selected, especially after a breakoff.

Added Section: Event follow-up (EF)



Added

Additional
Healthcare

Start/Restart

Event
Follow-up

Respondent
Forms

Follows up on certain events and is administered if:

- ☐ household member reports having received lab tests, to determine whether the tests were performed at the medical provider's office or during a separate health care event at a lab.
- ☐ household member reports a hospital stay for a woman who has given birth to a baby to ensure hospital stay events were collected for both mother and child.

Benefit: Reduces underreporting errors by following up for certain events and subsequently increasing reporting of use and expenditures, which can be observed in the 2018 data.

Added Section: Respondent Forms



Added
Additional
Healthcare

Start/Restart

Event
Follow-up

**Respondent
Forms**

Administered to all households that are asked to complete at least one hard copy supplement or to sign at least one authorization form (medical provider or pharmacy).

Signed authorization forms and completed hard copy supplements (Self-Administered Questionnaires) are collected and an updated status is recorded for each item.

Benefit: Allows the interviewer to switch the order in which the instrument asks about each household member's forms and supplements, to be more responsive to when each household member is available to ask questions and complete the requested materials.

Modified Section: Health Status (HE)

Modified Health Status

Priority Condition
Enumeration

Access to care

Quality
Supplement

Child Health
Supplement

Health Insurance

Income / Assets

Calendar

Provider Probes

Changes: only collected in rounds 1- 4 (rather than all rounds). Some items were omitted which overlapped in content.

In rounds 1 and 3 questions are asked about:

- ▶ Limitations in activities of daily living (ADLs)
- ▶ Instrumental activities of daily living (IADLs)
- ▶ Functional and activity limitations

In rounds 2 and 4 questions are asked about:

- ▶ Hearing and vision problems
- ▶ Disability status

Implications: some variables are not collected any longer and no round 5 data is available.

Modified Section: Priority Condition Enumeration (PE)



Modified

Health Status

Priority Condition Enumeration

Access to care

Quality Supplement

Child Health Supplement

Health Insurance

Income / Assets

Calendar

Provider Probes

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.

Changes: this section is asked in its entirety in Round 1, and in Rounds 2 and 4 only for new RU members (not asked in Round 5). Asthma follow-up questions were added and in Round 3, the joint pain and chronic bronchitis questions were asked for all persons ages 18 or older. Diabetes question is now asked for all ages, compared to ages 18 and older previously.

Benefit: changes to this section will enable person-specific probes related to diabetes and asthma in the Prescribed Medicines (PM) and Other Medical Expenses (OM) sections later in the interview.

Implications: No round 5 PE information is available going forward. Additional asthma information is available and diabetes diagnosis will be available for all ages.

Modified Section: Access to Care (AC)



Modified

Health Status

Priority Condition
Enumeration

Access to care

Quality
Supplement

Child Health
Supplement

Health Insurance

Income / Assets

Calendar

Provider Probes

Includes information on family members' usual source of health care (USC); characteristics of USC providers; access to and satisfaction with the USC provider; affordability of care, and demographic information about person and person-in-facility type providers.

Changes: The whole series about questions on delays in receiving care was modified to ask only about affordability/cost. Some items (e.g. is provider a medical doctor, provider's gender) were asked only the first time the provider is reported in the current interview or in an earlier round interview.

Benefit: reduce burden and perceived repetitiveness.

Implications: Some variables will only be available every other year (once per panel). Other variables were renamed due to wording changes in questions or response categories.

Modified Section: Quality Supplement (QS)



Modified

Health Status

Priority Condition
Enumeration

Access to care

**Quality
Supplement**

Child Health
Supplement

Health Insurance

Income / Assets

Calendar

Provider Probes

Presents an overview of all hard copy supplements requested from any household member, distributes each supplement and collects an initial status for each item.

Changes: Previously the introduction and distribution of hard copy supplements were part of several CAPI sections, for example the Diabetes Care Supplement was distributed in the former PC section while other self-administered questionnaires were introduced, distributed, and collected in the Closing section.

Benefit: Consolidates distribution of all relevant SAQ's at one place, ensuring nothing will be missed and interview continues without interruption. Additional benefit is that all SAQ's are requested a little earlier in the interview possibly allowing for time for completion before the interviewer leaves the household.

Modified Section: Child Health Supplement (CS)



Modified

Health Status

Priority Condition
Enumeration

Access to care

Quality
Supplement

**Child Health
Supplement**

Health Insurance

Income / Assets

Calendar

Provider Probes

Asked in Rounds two and four, includes four different measures. Only two measures are asked in a year of data collection, alternating across the two years of the life of a panel to collect all four measures. The four measures include:

1. Special Health Care Needs – Chronic medical, emotional, and behavioral illnesses – collected every year
2. Child Preventive Care – preventive care a child receives from a health provider – collected in even years only
3. Columbia Impairment Scale (CIS) – Degree of functioning in 13 behavioral areas – collected in odd years only
4. Consumer Assessment of Healthcare Providers and Systems (CAHPS) – Information on unmet needs and provider satisfaction - collected in odd years only

Implications: Some variables dropped due to removed questions. Some variables will be available every other year.

Modified Section: Child Health Supplement (CS)

Modified

Health Status

Priority Condition
Enumeration

Access to care

Quality
Supplement

**Child Health
Supplement**

Health Insurance

Income / Assets

Calendar

Provider Probes

Survey Section	2017	2018	2019	2020	2021
Special Health Care Needs	X	X	X	X	X
Child Preventive Care	X	X		X	
Columbia Impairment Scale (CIS)	X		X		X
Consumer Assessment of Healthcare Providers and Systems (CAHPS)	X		X		X

Modified Section: Health Insurance



Modified

Health Status

Priority Condition
Enumeration

Access to care

Quality
Supplement

Child Health
Supplement

Health Insurance

Income / Assets

Calendar

Provider Probes

- ☐ Verification Series (new!) - administered if at least one household member is without any source of public or private health insurance during entire reference period. Question flow is modeled after similar questions in the Current Population Survey (CPS).
- ☐ Health Insurance Detail (HP) – Minor changes to streamline question flow.
- ☐ Time Period Covered Detail (HQ) – Single-screen grid to help interviewers and respondents more easily identify similar coverage periods for different household members.
- ☐ Old Employment and Private Related (OE) – Single grid screen to reduce cognitive burden and simplify reporting.
- ☐ Public Insurance (PR) – Rewording of some questions to eliminate confusion. Single grid screen forces a “yes” or “no” for each person individually when reviewing coverage from a previous round.

Benefit: Streamline insurance data collection; reduce cognitive burden and simplify reporting.

Modified Section: Income (IN) / Assets (AS)



Modified

Health Status

Priority Condition
Enumeration

Access to care

Quality
Supplement

Child Health
Supplement

Health Insurance

Income / Assets

Calendar

Provider Probes

Income section administered in Rounds 3 and 5.

Assets section administered in Round 5 only.

Changes to Income section: The modified section uses previously provided responses about marital status, employment status, and the ages of household members to skip questions that are not applicable about alimony and unemployment compensation.

Changes to Assets section: The modified section has reduced number of topics covered, and now focuses only on the two main assets applicable to the national sample.

Benefit: Reduces respondent burden without compromising on the information collected.

Modified Section: Calendar Section (CA)



Modified

Health Status

Priority Condition
Enumeration

Access to care

Quality
Supplement

Child Health
Supplement

Health Insurance

Income / Assets

Calendar

Provider Probes

Changes: redesigned instrument collects initial information for all health care events included in the household's records before continuing to the Provider Probes (PP) section, which identifies any additional health care events that were not included in the household's records.

The CA section links with the Event Roster (EV), Provider Roster (PV), and Event Driver (ED) sections of the CAPI interview.

Benefit: eliminates different paths through the sections that collect information on medical events based on the interviewer's assessment of the completeness of the household's record.

Modified Section: Provider Probes (PP)



Modified
Health Status

Priority Condition
Enumeration

Access to care

Quality
Supplement

Child Health
Supplement

Health Insurance

Income / Assets

Calendar

Provider Probes

Collects information required to create a health care event in the database for each reported event not included in the household's records.

Changes: Previously, these were asked for each household member individually. Changes in PP eliminated person-level looping through the section, which was burdensome in larger households. All relevant identifying information about a provider is collected only once in the modified Provider Probes section.

Benefit: Reduced burden by collecting provider information only once.

Self-Administered Questionnaires

Adult SAQ (SAQ):

Your Health and Health Opinions

- ☐ Administered once a year (R2 or R4) with follow-up 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).
- ☐ **Changes: Administered every odd year starting in 2017**

Male/Female Adult Preventive SAQ (PSAQ)

Your Health and Health Choices

- ☐ Administered once a year (R2 or R4), with follow-up collection of outstanding forms in R3 and R5.
- ☐ Collects information about preventive care. Many questions were previously part of Preventive Care (AP) section of the CAPI interview
- ☐ Two versions, one for male and one for female respondents.
- ☐ Administered every even year starting in 2018.

Cancer SAQ (CSAQ)

- ☐ Administered in 2011, 2016 and 2017.
- ☐ Includes questions about the burden of cancer, long lasting effects of the disease, financial impacts, and employment outcomes for cancer survivors and their families.
- ☐ The 2016 and 2017 CSAQs were an updated version of the 2011 CSAQ
- ☐ There are no future plans (as of the time of this webinar) to re-administer the CSAQ.

Veterans SAQ (VSAQ)

Understanding Veterans' Health Care Needs

- ☐ Administered to veterans as identified in the MEPS Round 1 interview.
- ☐ Collects information about veterans' health conditions, healthcare services, choice of care, specialist care.
- ☐ Only 2018 and 2019 VSAQ data will be available. After this, there are no future plans to administer the VSAQ (as of the time of this webinar).

Self-Administered Questionnaires

New!

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Self-Administered Questionnaires

Self-administered Questionnaire	2017	2018	2019	2020	2021
SAQ	X		X		X
Preventive SAQ (PSAQ)		X		X	
Cancer SAQ (CSAQ)	X				
Veteran's SAQ (VSAQ)		X	X		
Mental Health SAQ (MSAQ)				X	
Social and Health Experiences SAQ				X	X

Child Health Survey Section	2017	2018	2019	2020	2021
Special Health Care Needs	X	X	X	X	X
Child Preventive Care	X	X		X	
Columbia Impairment Scale (CIS)	X		X		X
Consumer Assessment of Healthcare Providers and Systems (CAHPS)	X		X		X

Changes: Collection of Use and expenditures

Use and Exp

Date Picker

Provider Search
Tool

Switch Feature

Off-Path Feature

Event Driver

Event Detail

- ☐ Date picker – uses a calendar-based screen format to enhance respondent recall of health care event dates. Especially useful for event dates for care that repeats on one or more days per week, weekly, or monthly.
- ☐ Provider Search tool – user interface similar to an Internet Search Engine. The database is customized to only include providers within 100 miles each RU's zip code, as well as national centers for excellence.
- ☐ **Benefit: Makes data entry faster and more efficient.**

Changes: Collection of Use and expenditures

Use and Exp

Date Picker

Provider Search
Tool

Switch Feature

Off-Path Feature

Event Driver

Event Detail

- ☐ Switch feature – allows interviewer to switch from person to person, as directed by the respondent, in any person-level sections.
- ☐ OFF-Path feature – allows interviewers to accept responses provided after the relevant section, to more easily add data for missed health care events.
- ☐ **Benefit: Respondent-centered tool; allows respondents to control the flow of the interview.**

Changes: Collection of Use and expenditures

Use and Exp

Date Picker

Provider Search
Tool

Switch Feature

Off-Path Feature

Event Driver

Event Detail

- ☐ The Event Driver (ED) section uses a new grid format to structure the verification and modification of reported events.
- ☐ Event detail is collected for only the first event in a repeat visit group
- ☐ The requirement of having three linked events for the same condition to create a repeat visit group has been reduced to two linked events.
- ☐ **Benefit: Reduction of respondent burden for households with high rates of health care utilization.**

Changes: Collection of Use and expenditures



Use and Exp

Date Picker

Provider Search
Tool

Switch Feature

Off-Path Feature

Event Driver

Event Detail

Outpatient Visits (OP), Medical Provider Visits (MV)

- ☐ For multiple visits to the same provider, CAPI now collects certain information about the provider only once.

Dental Visits (DN)

- ☐ Reorganizes seven dental services groupings into five major groupings. Added response category that makes it easier to identify flat fees for orthodontia.

Home Health care (HH)

- ☐ Simplified response categories for provider type and encourages grouping visits for reporting.

Prescribed medications (PM)

- ☐ New lookup function reduces the need for manual pharmacy address input.

Other medical expenses (OME)

- ☐ Expenses are now asked each round to reduce recall period. Previously, expenses were asked about only once a year.

Charge Payment (CP)

- ☐ Deletion of questions about reimbursements or expected payments

➤ **Benefit: reduction of respondent burden and easier collection.**

Research Implications



VARIABLE CHANGES

- ☐ The Full-Year 2018 PUFs are the first year that all rounds of data were collected with the redesigned instrument, and no data were transformed to conform to the previous design.
- ☐ Due to design changes, there are many variables are eliminated, added or modified.
 - ☐ DUPERSID now has 2-digit Panel number at the beginning
 - ☐ Variables ending in ‘_M18’ indicate major changes to question or response values (see next slide)
- ☐ Some variable labels have been changed, even though variable names are the same.
- ☐ A few variables have the categories changed or collapsed.
- ☐ The value -9 NOT ASCERTAINED was removed as an allowable value and replaced with -15 CANNOT BE COMPUTED.
- ☐ Full list of added, deleted and all other variable changes is included in the documentation of 2018 Consolidated data file.

Research Implications

VARIABLES RENAMED

Examples from 2018 Full Year Consolidated file

From	To	Reason for renaming
DIABDX Diabetes Diagnosis (>17)	DIABDX_M18 Diabetes Diagnosis	Now asked of all ages, not just 18+
JTPAIN31 Joint Pain Last 12 Months (>17)	JTPAIN31_M18 Joint Pain Last 12 Months (>17)	New skip pattern: Skipped (and set to -1) if person already reported arthritis
YNOUSC42 Main Reas Pers Doesnt Have USC 1 SELDOM OR NEVER SICK 2 RECENTLY MOVED TO AREA 3 DON'T KNOW WHERE TO GO 4 USC IN AREA NOT AVAILABLE 5 CAN'T FIND PROVIDER WHO SPEAKS LANGUAGE 6 GOES DIFFERENT PLACES FOR DIFF NEEDS 7 JUST CHANGED INSURANCE PLANS 8 DON'T USE DOCS/TREAT SELF 9 COST OF MEDICAL CARE 10 NO HEALTH INSURANCE ... 24 INSURANCE-RELATED REASONS 91 OTHER REASON	YNOUSC42_M18 Main Reas Pers Doesnt Have USC 1 SELDOM OR NEVER GETS SICK 2 RECENTLY MOVED INTO AREA 3 JUST CHANGED INSURANCE PLANS 4 NO HEALTH INSURANCE, OTHER INSURANCE-RELATED 5 DO NOT KNOW WHERE TO GO FOR CARE 6 USC IN THIS AREA NO LONGER AVAILABLE 7 LIKES TO GO TO DIFFERENT PLACES FOR DIFFERE 8 DON'T USE DOCTORS/TREAT SELF 9 COST OF MEDICAL CARE 91 OTHER REASON	New response values

Research Implications

- The 2018 design changes will impact the trend analysis and longitudinal research projects.
 - ▶ *e.g. Design changes to improve reporting likely contribute to observed increases (and may dampen any actual decreases) in events and expenditures from 2016 to 2018, particularly from 2017 to 2018.*
- Almost all data files are affected by re-design
 - ▶ *Full Year Consolidated file, Event files,...*

Thank you!

Anita.Soni@ahrq.hhs.gov