

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
☐ Website
□ Data Files
☐ Web Tools
□ AHRQ 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
	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



MEP	S-MPC: Medical Provider Component
☐ St	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.
	A sample of medical providers are contacted by telephone to obtain information that household respondents can not accurately provide.
	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. It also collects data on drug detail information, including National Drug Code (NDC) and medicine name, as well as date filled and sources and amounts of payment.
	MPC data is not designed to yield national estimates, 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



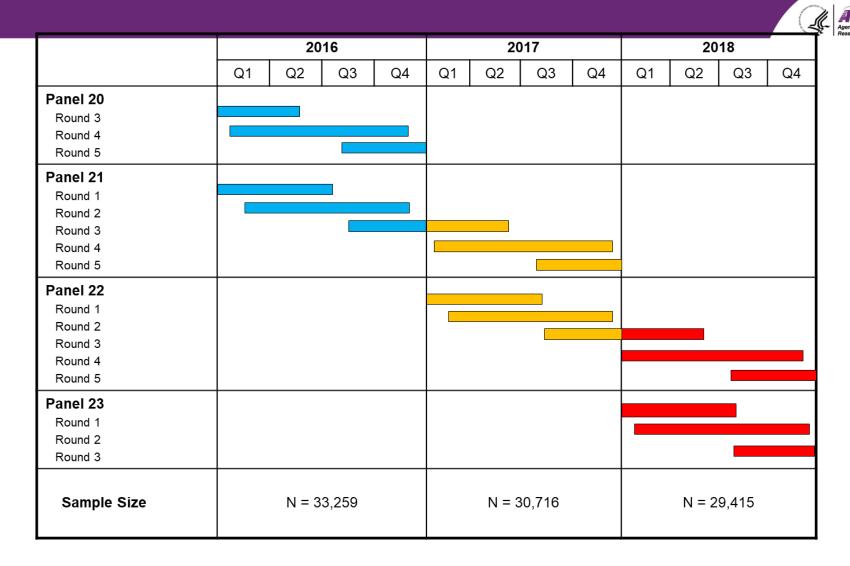
- ☐ Five in-person interviews using CAPI (Computer-assisted Personal Interviewer) technology.
- ☐ All data reported by a single household respondent.
- ☐ To collect two years of healthcare usage data, it can take up to two and half years.
- ☐ Interviews can last anywhere from one to four hours.

MEPS-HC Sample Sizes



Year	Number of families	Number of persons
Year	Number of families	Number of persons
<u>2017</u>	12,756	30,716
<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
<u>2000</u>	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 Panel Design: Data Reference Periods



MEPS-HC Core Interview Content



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

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.
- □ 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: Core 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: Supplemental Sections



- □ Access to care
- Child Health and Preventive Care
- ☐ Income
- □ Preventive Care revised
- □ Priority Condition Enumeration
- □ 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)
 - □ Collected information on any preventive care received (dental and physical check-ups, flu shots, and other preventative health exams). (until 2016)
 - □ Starting 2017, most of the variables in this section were dropped new questionnaire is called Additional Health Questions and has only 3 questions (Lost teeth and physical activity and how often do you smoke)
- □ 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 Supplemental Paper Instruments



	D	D	D	D	Daywed 5
	Round 5	Round 5	Round 5	Round 5	Round 5
-					
DCS	Round 3	Round 3	Round 3	Round 3	Round 3
				Round 5	
MSAQ				Round 3	
IVIDAC				itouriu 3	
				Darmal 1	
	 			Round 1	
			Round 5		
VSAQ			Round 3		
			Round 1		
PSAQ		Round 4		Round 4	
		Round 2		Round 2	
		itouria 2		Nouna 2	
640	Round 4		Round 4		Round 4
SAQ					
_	Round 2		Round 2		Round 2
	2017	2018	2019	2020	2021
	2017	2018	2013	2020	2021



- ☐ 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)
- Given once a year (in rounds 2 and 4) to each adult 18 years old and older until 2016. Starting in 2017, this will be administered in every other year.
- A total of 46 questions 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 CAHPS® health care quality measures, as well as three measures of health status: SF-12v2, K6 and PHQ-2.



- □ 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 (30 questions) and females (35 questions).
 - Starting with 2018, PSAQ would be administered every other year in rounds 2 and 4.



- □ 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 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 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 - Core and Supplemental **Redesigned HC Summary Data Tables Platform** Publications **Mailing List and List Serve** □ What's New Workshops and Events – workshops, webinars and seminars ■ MEPSnet Query Tools

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			
	Contains names and location of all variables		
	Provides formatted frequencies for all variables on the file		
Users	notes		
SAS Programming Statements			
SPSS Programming Statements			
STATA Programming Statements			
Data file in SAS transport and ASCII formats			
Sample code			

MEPS Data Tools



www.meps.ahrq.gov

MEPS Home

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Survey Components

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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 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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