



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



# Medical Expenditure Panel Survey (MEPS) Recent Changes to the Survey

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# MEPS Survey Recent Changes



## ☐ MEPS 2018 changes

- ☐ Motivation behind the changes

- ☐ Omitted sections

- ☐ Added sections

- ☐ Modified sections

- ☐ Self-Administered Questionnaires (SAQs)

- ☐ Changes to use and expenditure collection

- ☐ Research implications

# MEPS Survey Recent Changes



- ☐ **MEPS Changes Due to COVID-19**
  - ☐ **Interviewer Preparation**
  - ☐ **Timeline of Changes**
  - ☐ **Temporary Changes in Sample Design**
  - ☐ **Addition of New Data Items**
  - ☐ **Cautions for Researchers**

# MEPS 2018 Changes

# MEPS 2018 Motivation behind the Changes



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

# Changes: Summary

- ☐ Omitted sections
- ☐ Added sections
- ☐ Modified sections
- ☐ SAQs
- ☐ Changes to use and expenditure collection
- ☐ Research implications



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

# Omitted Sections: Condition Enumeration (CE)



## *Omitted* Condition Enumeration

**Conditions information is now collected in Priority Conditions Enumeration (PE) and in event enumeration.**

## Disability Days

**Some disability days questions were moved to added section called Additional Healthcare Questions (AH).**


## Preventive Care

**Some of the questions from Preventive Care section are included in the new PSAQ, and two variables are now part of the new questionnaire (AH).**

## Provider Directory

***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 National Provider Identifier (NPI) ID.**

# Changes: Summary (cont.)

- ☐ Omitted sections
- ☐ Added sections 
- ☐ Modified sections
- ☐ SAQs
- ☐ Changes to use and expenditure collection
- ☐ Research implications

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



# Added Sections: Additional Healthcare Questions (AH)



## *Added* Additional Healthcare

### Start/Restart

### Event Follow-up

### Respondent Forms


**AH** includes a subset of questions previously included in the eliminated sections: Disability Days (DD), Accidents/Injuries and Conditions (CN), and modified PE section. The section also asks about smoking and engaging in vigorous exercise.

**Start/Restart** 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.

**Event Follow-up** is administered only if a household member reports having received lab tests and/ or 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

**Respondent Forms** is 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).

# Changes: Summary (cont.)

- ☐ Omitted sections
- ☐ Added sections
- ☐ Modified sections 
- ☐ SAQs
- ☐ Changes to use and expenditure collection
- ☐ Research implications

- ☐ Health Status (HE)
- ☐ Priority Conditions 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 (cont.)

☐ Omitted sections

☐ Added sections

☐ Modified sections

☐ SAQs



☐ SAQ

☐ Preventive Care  
SAQ (PSAQ)

☐ Changes to use and  
expenditure collection

☐ Research implications

# Self-Administered Questionnaires (cont.)

## 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 healthcare (CAHPS); health status (Veterans RAND 12-Item Health Survey [VR-12]); nonspecific psychological distress (Kessler Psychological Distress Scale [K6]), and Patient Health Questionnaire-2 (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.**

# Changes: Summary (cont.)

☐ Omitted sections

☐ Added sections

☐ Modified sections

☐ SAQs

☐ 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 (cont.)

- ☐ Omitted sections
- ☐ Added sections
- ☐ Modified sections
- ☐ SAQs
- ☐ Changes to use and expenditure collection
- ☐ Research implications



- ☐ Variable changes
- ☐ Variables renamed
- ☐ Other implications

# Changes: Research Implications

- ❑ The 2018 design changes will impact trend analysis and longitudinal research projects.
- ❑ Due to design changes, many variables have been eliminated, added, or modified.
  - ❑ DUPERSID now has two-digit panel number at the beginning.
  - ❑ Variables ending in “\_M18” indicate major changes to question or response values.
- ❑ 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.
- ❑ **Please read the Documentation carefully before starting your analysis – a full list of added and deleted variables and all other variable changes is included in the documentation for the 2018 Consolidated data file.**

# **MEPS Changes Due to COVID-19**



# Timeline of COVID-19 related Changes

- ▶ **No interruption in data collection throughout pandemic**
- ▶ **Spring 2020: Shift to telephone interview**
  - Inclusion of telehealth: informal prompting of telemedicine events
- ▶ **Fall 2020:**
  - COVID added to Condition Roster (3 entries)
  - COVID-19 in-person mitigation protocols
  - Generalized CAPI instrument to accommodate 9 data collection rounds
- ▶ **Spring 2021:**
  - Telehealth questions added to provider probes
  - Inclusion of Telehealth event type
  - Added items related to 'Delays in care due to COVID'

# Timeline of COVID-19 related Changes

## ► Fall 2021:

- Added COVID-19 vaccine item
- Gradual shift to Face-to-face interviewing

## ► Spring 2022:

- Face-to-face interviewing – as much as possible (varied geographically dependent on COVID-19 activity)
- Added COVID-19 vaccine booster item
- Roll out of Computerized Assisted Video Interview CAVI
- MEPS data collection is now multi-mode (in-person, CAVI and phone)

## ► Spring 2023:

- Addition of COVID-19 questions to measure LONG COVID

# Temporary Changes in Sample Design

- **Data collection from Panels 23 and 24**
  - ▶ Extended to nine rounds
  - ▶ This translates into a respondent participating in MEPS for four years
- **Panel 25 onwards**
  - ▶ Data collection went back to five rounds

# Addition: COVID-19 to Condition Look-up List

- **Fall 2020 (P25R2, P24R4, P23R6)**
  - ▶ **Added 3 COVID options to condition look-up list:**
    - Covid-19/coronavirus
    - Covid-19 test neg / DK – exposure to coronavirus
    - Covid-19 test neg / DK - no known exposure to coronavirus

These options will remain on the condition look-up list in future.
- **Spring 2021 (P26R1, P25R3, P24R5, P23R7)**
  - ▶ **Added Telehealth event type**

The telehealth event type will be an ongoing event type

# **Addition: Delays in Care due to COVID-19**

- **Spring 2021 (P26R1, P25R3, P24R5, P23R7)**
  - ▶ **A series of items asking whether the person had to delay care due to COVID. Questions asked about medical care, dental care and prescription medicines.**
  - ▶ **These items are part of a separate section called (COVID Delays in Care).**
  - ▶ **This was asked in MEPS only during the following interviewing cycles: Spring and Fall 2021 and Spring 2022 (except for Round 1).**
  - ▶ **The series was discontinued for all rounds beginning in Fall 2022 (P27R2, P26R4, P24R8).**

# Addition: COVID-19 Vaccine and Boosters

- **Fall 2021 (P26R2, P25R4, P24R6, P23R8)**
  - ▶ A COVID-19 vaccine question was added.
- **Spring 2022 (P27R1, P26R3, P25R5, P24R7, P23R9)**
  - ▶ A booster item was added for those RU members that reported in the current round or a previous round that they received the vaccine.
- **Spring 2023 (P28R1, P27R3, P26R5)**
  - ▶ Booster item removed
  - ▶ The Vaccine question will change to always asking if the person had a vaccine during the reference period.

# MEPS Panel Design: Data Reference Periods

	2019				2020				2021				2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Panel 23</b>																
Round 3																
Round 4																
Round 5																
Round 6																
Round 7																
Round 8																
Round 9																
<b>Panel 24</b>																
Round 1																
Round 2																
Round 3																
Round 4																
Round 5																
Round 6																
Round 7																
Round 8																
Round 9																
<b>Panel 25</b>																
Round 1																
Round 2																
Round 3																
Round 4																
Round 5																
<b>Panel 26</b>																
Round 1																
Round 2																
Round 3																
Round 4																
Round 5																
<b>Panel 27</b>																
Round 1																
Round 2																
Round 3																
<b>Sample Size</b>	N = 27,648				N = 26,847				N = 27,332				N = TBD			

N is equal to the number of people with a positive weight on the file.

# Cautions for Using MEPS 2020 Data File



- Due to the impact of the COVID-19 pandemic on MEPS collection methods, the following needs to be kept in mind while using 2020 data files:
  - ▶ 2020 MEPS includes three panels of data, Panel 25 Rounds 1, 2, and 3, Panel 24 Rounds 3, 4, and 5, and Panel 23 Rounds 5, 6, and 7.
  - ▶ The overall response rate of 27.6 percent for 2020 is substantially lower than that for 2019 (39.5 percent).
  - ▶ 2020 data was collected predominantly by phone.
  - ▶ Adjustments were made to the weighting process to accommodate use of 3 panels.
  - ▶ TELEMEDICINE is not Home health. The event type matches the type of provider seen.
- Please read the Documentation carefully before starting your analysis using MEPS 2020 data files.



# Cautions for Using MEPS 2021 Data File



- Due to the impact of the COVID-19 pandemic on MEPS collection methods, the following needs to be kept in mind while using 2021 data files:
  - ▶ 2021 MEPS includes four panels of data, Panel 26 Rounds 1, 2 and 3; Panel 25 Rounds 3, 4, and 5, Panel 24 Rounds 5, 6, and 7, and Panel 23 Rounds 7, 8, and 9.
  - ▶ The overall response rate of 21.8 percent for 2021 is lower than that for 2020 (27.6 percent) and substantially lower than the years prior to that.
  - ▶ Adjustments were made to the weighting process to accommodate use of 4 panels.
- Please read the Documentation carefully before starting your analysis using MEPS 2021 data files.

# Thank you!



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