



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



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

Anita Soni, PhD, MBA
March 2023

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 

☐ Changes to use and
expenditure collection

☐ Research implications

☐ SAQ

☐ Preventive Care
SAQ (PSAQ)

☐ CSAQ

☐ Veteran SAQ
(VSAQ)

Self-Administered Questionnaires (cont.)

New!

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.**

New!

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 plans to readminister the CSAQ (as of this time).**

Veterans SAQ (VSAQ)

Understanding Veterans' Healthcare Needs

- ☐ Administered to veterans as identified in the MEPS round 1 interview.
- ☐ Collects information about veterans' health conditions, healthcare services, choice of care, and specialist care.
- ☐ Only 2018 and 2019 VSAQ data is available.
- ☐ **There are no plans to readminister the VSAQ (as of this time).**

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.

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.

Thank you!



Anita.Soni@ahrq.hhs.gov