

SUPPORTING STATEMENT

Part A

**MEPS Social and Health Experiences Self-Administered Questionnaire and
COVID-19 Changes**

June 2020

Agency for Healthcare Research and Quality (AHRQ)

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A. JUSTIFICATION

1. Need for Information

The mission of the Agency for Healthcare Research and Quality (AHRQ) is to produce evidence to make health care safer, higher quality, more accessible, equitable and affordable, and to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used.

AHRQ shall promote health care quality improvement by collecting data on and producing measures of the quality, safety, effectiveness, and efficiency of American health care and health care systems; fostering the development of knowledge about improving health care, health care systems, and capacity; and partnering with stakeholders to implement proven strategies for health care improvement. Also, AHRQ shall conduct and support research and evaluations, and support demonstration projects, with respect to (A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and (B) health care for priority populations, which shall include (1) low-income groups, (2) minority groups, (3) women, (4) children, (5) the elderly, and (6) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

The MEPS survey consists of the following three components and has been conducted annually since 1996:

- **Household Component:** A sample of households participating in the National Health Interview Survey (NHIS) in the prior calendar year are interviewed 5 times over a 2 and one half (2.5) year period. These 5 interviews yield two years of information on use of, and expenditures for, health care, sources of payment for that health care, insurance status, employment, health status and health care quality.
- **Medical Provider Component:** The MEPS-MPC collects information from medical and financial records maintained by hospitals, physicians, pharmacies and home health agencies named as sources of care by household respondents.
- **Insurance Component (MEPS-IC):** The MEPS-IC collects information on establishment characteristics, insurance offerings and premiums from employers. The MEPS-IC is conducted by the Census Bureau for AHRQ and is cleared separately.

This request is for the MEPS-HC only. The OMB Control Number for the MEPS-HC and MPC is 0935-0118, which was last approved by OMB on November 8, 2019, and will expire on November 30, 2022.

The purpose of this request is to integrate several items into MEPS including several new questions related to COVID-19 (see Attachments A and A1) including telehealth (telemedicine) questions (see Attachment B) into the CAPI questionnaire and a new self-administered questionnaire (SAQ) entitled, “Social and Health Experiences,” (see Attachment C). The questions on COVID-19 capture information on any delay in care due to COVID-19. The

questions will be administered through an RU level gate question with follow up questions asked at the person level as appropriate. Telehealth (telemedicine) will be administered as its own event type with questions and probes mirroring those used for in-person medical provider visits. The Social and Health Experiences SAQ will include questions in a dual mode (web and paper) self-administered questionnaire about social and behavioral determinants of health including questions about housing affordability and quality, neighborhood characteristics, food security, transportation needs, financial strain, smoking and physical activity, and experiences with discrimination, social support, general well-being, personal safety, and adverse circumstances in childhood. Data collection will be for eligible adults (aged 18 and over). AHRQ proposes a mixed-mode (web and paper) primarily to further protect respondent's privacy due to the sensitive nature of some of the items. Web completion will be the main mode with paper offered to those with barriers to internet access. In addition, due to COVID-19, in March of 2020, MEPS moved to telephone interviewing for all panels and rounds currently in the field with increased use of the web to facilitate respondent reporting; for example the use of showcards. The current plan is to resume at least some face-to-face interviewing during the fall rounds for Panels 23, 24, and 25. Moreover, Panels 23 and 24 are to be extended two years with the creation of Round 6 and 7 and Rounds 8 and 9 in order to contribute to the data collected for data years 2020, 2021, and 2022. The MEPS Medical Provider Component Authorization Forms will also reflect the extended time period. Although, the data collected will offset any impact on response rates due to the pandemic or changes in primary mode for data collection, the need for the additional rounds of MEPS data collection primarily stems from the decreased NHIS sample (MEPS will receive approximately $\frac{3}{4}$ the size of the regular sample from NHIS for its sample frame). The additional rounds from Panel 23 and Panel 24 of MEPS will be used to supplement the sample. That would both enhance sample size, increase precision, and provide a means for better assessing data quality. In addition to increasing sample sizes, it will also provide analytical capabilities for a longitudinal assessment of health care utilization and costs over a four year period of time, including the year of the pandemic and the two years following it. Such longitudinal data can be expected to be of substantial interest to those seeking to better understand health care needs in the U.S. Also, since these additional rounds of data collection are planned to be carried out via telephone, it is expected to be less burdensome and less costly than an in-person interviewing approach.

As to the release of the data, whether rounds 6 through 9 will be released in combination with rounds 1 through 5 or as a separate public use file remains to be determine. Rounds 6 through 9 will be assessed for potential bias and data quality given the unique circumstances pertaining to their collection.

This study is being conducted by AHRQ through its contractors, Westat and RTI International, pursuant to AHRQ's statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to the cost and use of health care services and with respect to health statistics and surveys. 42 U.S.C. 299a(a)(3) and (8); 42 U.S.C. 299b-2.

2. How, by Whom, and for What Purpose Information Will Be Used

The new CAPI questions collecting information about COVID-19 including telehealth (telemedicine) will be folded into the regular processing stream of MEPS data to produce estimates of health care utilization and expenditures.

This SAQ will include questions about social and behavioral determinants of health including questions about housing affordability and quality, neighborhood characteristics, food security, transportation needs, financial strain, smoking and physical activity, and experiences with discrimination, social support, general well-being, personal safety, and adverse circumstances in childhood. The information collected will be used to examine the relationship between measures of the social determinants of health and measures of health status, and the use and expense of health care services. The goal of this survey is to help understand the relationship between social determinants of health and health care need in order to ultimately improve health care and health. Data collection will be for eligible adults (aged 18 and over). Web completion will be the main mode with paper offered to those with barriers to internet access.

Since many provider and payer groups are now fielding surveys of social determinants in order to improve health or risk adjust payments, some questions were taken from these tools (CMS, IOM) so that data users will be able to analyze the correlation between the questions used and measures of the use of health care services, health expenditures, and health status in the MEPS. All other questions were taken from well-established surveys such as CDC's Behavioral Risk Factor Surveillance System (see Attachment D MEPS New Social and Health Experiences SAQ Items Crosswalk). Since the SAQ asks about many different domains with only a handful of questions for each, source surveys were generally those asking a broad array of questions rather than those focusing only on one area (such as surveys about housing from the Department of Housing and Urban Development). The latter generally have longer and more specific blocks of questions for each topic than we can accommodate in the MEPS while minimizing respondent burden. Given the SAQ will be fielded among adults, some questions focusing on experiences of children (such as in the National Survey of Children's Health) were also generally not appropriate for our purpose.

3. Use of Improved Information Technology

Web completion will be the main mode for this SAQ with paper being offered to those with barriers to internet access.

4. Efforts to Identify Duplication

There is no other survey that is now or has been recently conducted that meet all of the objectives of the MEPS. Collecting data related to COVID-19 and the increased use of telehealth (telemedicine) is new due to the 2019/2020 pandemic. The questions related to COVID-19 including telehealth (telemedicine) questions are derivatives of OMB approved MEPS questions when possible. While the SAQ does include survey questions from other surveys, none of those surveys collect the depth of information on health care use and expenses available in the MEPS which uniquely positions MEPS to examine the relationship between

measures of the social determinants of health and measures of health status and the use and expense of health care services.

5. Involvement of Small Entities

The MEPS-HC collects information only from households.

6. Consequences if Information Collected Less Frequently

The CAPI questions on COVID-19 and telehealth (telemedicine) will become part of the core MEPS interview that is administered with all panels and rounds beginning with Panel 25 Round 5, Panel 24 Round 3, and Panel 26 Round 1 in January 2021.

The Social and Health Experiences SAQ will be completed during Round 1, Panel 26, Round 3, Panel 25, and Round 5, Panel 24 (January 2021-July 2021) by each person in the RU that is 18 years old and older. It is a one-time SAQ.

7. Special Circumstances

Aside from offering compensation to the SAQ respondents, the MEPS-HC will fully comply with 5 CFR 1320.6.

8. Federal Register Notice and Outside Consultations

8.a. *Federal Register Notice*

In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13) and Office of Management and Budget (OMB) regulations at 5 CFR Part 1320 (60 FR 44978, August 29, 1995), AHRQ published a notice in the Federal Register announcing the agency’s intention to request an OMB review of this information collection activity. This notice was published on May 7, 2020, page 27225, Volume 85, Number 89, and provided a sixty-day period for public comments. AHRQ received two substantive comments from the public. See Attachment E for the Notice, Attachment F and G for the public comment, and Attachment F1 and G 1for AHRQ’s responses.

8.b. *Outside Consultations*

In developing the SAQ, AHRQ consulted with several experts in the area and used their expertise to identify questions that have already been tested and widely accepted. All items are either from Federal surveys or from instruments that have been carefully validated.

Social and Health Experiences SAQ Consultants

LAST NAME	FIRST NAME	AFFILIATION
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Carlier	Melissa	Office of the Assistant Secretary for Planning and Evaluation
Carr	Debby	Boston University
Fields	Jason	Census Bureau (Survey of Income and Program Participation)
Hempstead	Katherine	Robert Wood Johnson Foundation
Karpman	Michael	Urban Institute
Kenney	Genevieve	Urban Institute
Ponce	Ninez	University of California, Los Angeles
Smith	Scott	Office of the Assistant Secretary for Planning and Evaluation
Tucker-Seeley	Reginald	University of Southern California
Yabroff	Robin	American Cancer Society

9. Payments/Gifts to Respondents

For completing the Social and Health Experiences SAQ, AHRQ proposes to provide respondents with a \$20 per person, post-collection incentive to improve response rates, especially in Round 1, and mitigate perceived additional burden with a new data collection mode (web).

10. Assurance of Confidentiality

Confidentiality is protected by Sections 944(c) and 308(d) of the Public Health Service Act (42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)). This research project will be carried out in compliance with these confidentiality statutes. Respondents will be told the purposes for which the information is being collected, that the confidentiality of their responses will be maintained, and that no information that could identify an individual or establishment will be disclosed unless that individual or establishment has consented to such disclosure.

11. Questions of a Sensitive Nature

As additions to the MEPS core CAPI questionnaire, the sensitivity of questions related to COVID-19 and telehealth (telemedicine) are comparable to the rest of the MEPS interview.

All questions in the Social and Health Experiences SAQ pertain to social and behavioral determinants of health. The SAQ includes questions about housing affordability and quality, neighborhood characteristics, food security, transportation needs, financial strain, smoking and physical activity, and experiences with discrimination, social support, general well-being, personal safety, and adverse circumstances in childhood. Some of these topics may be deemed sensitive by some respondents.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 shows the estimated annualized burden hours for respondent’s time to participate in this research. The addition of several questions related to COVID-19 and telehealth (telemedicine) adds minimal burden in hours and costs to the core CAPI interview, estimated to add 1 minute per interview and a total of 222 burden hours. The Social and Health Experiences SAQ will be completed during Round 1, Panel 26, Round 3, Panel 25, and Round 5, Panel 24 by each person in the RU that is 18 years old and older, an estimated 27,059 persons, and takes about 7 minutes to complete. The total annualized burden for this SAQ is estimated to be 3,157 hours.

Exhibit 2 shows the estimated annualized cost burden associated with respondents’ time to participate in this research. The total cost burden is estimated to be \$82,244 annually (\$5,403 for COVID-19 related research including telemedicine questions and the \$76,841 for the Social and Health Experiences SAQ).

Exhibit 1: Estimated annualized burden hours

Activity	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
COVID-19 and Telehealth (telemedicine) questions included in the MEPS questionnaire	13,338*	1	1/60	222
Social and Health Experiences SAQ ; Adult SAQ – Year 2021	27,059	1	7/60	3,157
Total	40,397	n/a	n/a	3,379

*While the expected number of responding units for the annual estimates is 12,804, it is necessary to adjust for survey attrition of initial respondents by a factor of 0.96 (13.338=12/804/0.96)

Exhibit 2: Estimated annualized cost burden

Activity	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
COVID-19 and Telehealth (telemedicine) questions included in the MEPS questionnaire	13,338	222	\$24.34	\$5,403
Social and Health Experiences SAQ (SDOH); Adult SAQ – Year 2021	27,059	3,157	\$24.34	\$76,841
Total	40,397	3,379	n/a	\$82,244

* Mean hourly wage for All Occupations (00-0000)

Occupational Employment Statistics, May 2017 National Occupational Employment and Wage Estimates United States, U.S. Department of Labor, Bureau of Labor Statistics.

13. Estimates of Annualized Respondent Capital and Maintenance Costs

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Annualized Cost to the Government

Exhibit 3 shows the estimated total cost for the COVID-19 questions that include telehealth (telemedicine) questions. Since the COVID-19 and telehealth (telemedicine) questions are part of the core questionnaire there is no additional cost. The SAQ will only be used once in 2021 so that the total and annual costs are identical. The total cost is approximately \$1,182,500.

Exhibit 3. Estimated Total and Annualized Cost

Cost Component	Total Cost	Annualized Cost
Sampling Activities	22,500	22,500
Interviewer Recruitment and Training	0	0
Data Collection Activities	340,000	340,000
Data Processing	675,000	675,000
Production of Public Use Data Files	90,000	90,000
Project Management	55,000	55,000
Total	1,182,500	1,182,500

15. Change in Burden

The total estimated annual burden hours for the MEPS increased 3,379 hours is due to the addition of the COVID-19 related questions, including telehealth (telemedicine) questions, and the Social and Health Experiences Adult SAQ. This is a one-

time increase for 2021 only.

16. Time Schedule, Publication and Analysis Plans

The questions related to COVID-19 including telehealth (telemedicine) questions will become part of the core MEPS interview that is administered with all panels and rounds beginning with Panel 25 Round 5, Panel 24 Round 3, and Panel 26 Round 1 in January 2021.

The Social and Health Experiences SAQ data collection will begin in January 2021 and continue through mid-July 2021. Data collected from the SAQ will be used in a variety of descriptive analyses. Our website www.meps.ahrq.gov contains examples of such publications. Those publications include statistical briefs, research findings, chart books, and journal articles. Additional analyses will be presented at annual meetings of professional associations and in professional journals.

To the extent possible, we release public use data files from this project as soon as possible.

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.

List of Attachments

Attachment A – COVID-19 Questions

Attachment A1 - MEPS New COVID-19 Delays in Receiving Care Items Crosswalk

Attachment B – Telehealth (telemedicine) Questions

Attachment C – Social and Health Experiences Self-Administered Questionnaire

Attachment D - MEPS New Social and Health Experiences SAQ Items Crosswalk

Attachment E – 60 Day FRN

Attachment F – Public Comments: Academy of Nutrition and Dietetics

Attachment F1 – AHRQ Response to Academy of Nutrition and Dietetics

Attachment G – Public Comments: Brookings

Attachment G1 - AHRQ Response to Brookings