

SUPPORTING STATEMENT

Part B

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

June 2020

Agency for Healthcare Research and Quality (AHRQ)

Table of Contents

B. STATISTICAL METHODS.....	3
1. Potential Respondent Universe and Sample Selection Method.....	3
2. Information Collection Procedures.....	4
3. Methods to Maximize Response Rate.....	4
4. Tests of Procedures.....	5
5. Statistical Consultation and Independent Review.....	5

B. STATISTICAL METHODS

1. Potential Respondent Universe and Sample Selection Method

The Medical Expenditure Panel Survey (MEPS) Social and Health Experiences SAQ and new questions related to COVID-19 including telehealth (telemedicine) will be fielded as part of the MEPS. The MEPS is a nationally representative sample of households within the United States. For a detailed description of the MEPS sample design see Chowdhury, S.R., Machlin, S.R., and Gwet, K.L. *Sample Designs of the Medical Expenditure Panel Survey Household Component, 1996–2006 and 2007–2016*. Methodology Report #33. January 2019. Agency for Healthcare Research and Quality, Rockville, MD.

https://meps.ahrq.gov/data_files/publications/mr33/mr33.shtml

The new CAPI questions collecting information about COVID-19 including telehealth (telemedicine) questions will be integrated into the core interview for MEPS beginning in January 2021 for Panel 24 Round 5, Panel 25 Round 3, and Panel 26 Round 1 data collection. The questions on COVID-19 capture information on any delays in care resulting from COVID-19. They will be administered through an RU level gate question with follow up questions asked at a person level. Telehealth (telemedicine) will be administered as its own event type with questions and probes mirroring those used for in-person medical provider visits. The information collected on COVID-19 and telehealth (telemedicine) will be folded into the regular processing stream of MEPS data to produce estimates of health care utilization and expenditures. The increase in burden associated with the addition of these items to the core CAPI questionnaire is minimal at 1 minute per interview.

The MEPS Social and Health Experiences SAQ will be administered to eligible MEPS adult (aged 18 and older) respondents identified in Round 5 of Panel 24, Round 3 of Panel 25, and Round 1 of Panel 26. The cumulative data will be included in MEPS 2021 data year and will be publically available in 2023. While such an approach had not been undertaken for MEPS in the past, response rates for Rounds 3-5 of a MEPS panel have always been very high, suggesting that if Round 5 respondents were asked to participate in additional rounds due to the contingencies required with the COVID-19 outbreak, a high percentage would be receptive to further participation. With five rounds of experience with MEPS data collection, data would be expected to be of high quality. This approach would also increase sample yields beyond what is typically obtained for MEPS and with this increase in sample size, an increase in the precision of survey estimates. To obtain a full year database, compositing of the individual panel weights across three panels, instead of the usual two, will be used to provide estimates based on 2020 MEPS data. Because weights are developed representing the MEPS target population for a given year for each MEPS panel separately, comparisons of estimates between panels has always been a part of the assessment of data quality in MEPS. For 2020 these comparisons will be across three panels rather than the usual two.

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 given and data quality the unique circumstances pertaining to their collection.

We expect to distribute 36, 079 questionnaires with a 75% anticipated response rate, and expect to collect 27,059 completed SAQs.

Table 1. Respondent Recruitment

Respondent Panels	Number of Eligible Adults (>=18)	Estimated Response Rate	Number of Respondents, Completed Forms
Panel 24 (round 5)	11,233	80.2%	9,008
Panel 25 (round 3)	11,803	80%	9,442
Panel 26 (round 1)	13,043	65%	8,609
Total	36,079	75%	27,059

2. Information Collection Procedures

COVID-19 questions including telehealth (telemedicine) questions will be integrated as part of the core MEPS CAPI questionnaire so there is no need for specialized data collection procedures.

As with other MEPS self-administered questionnaires, the computer assisted personal interviewing system (CAPI) will identify eligible adults during the core interview who need to complete the Social and Health Experiences SAQ. The primary mode of administration is web-based with a paper SAQ distributed to respondents with barriers to internet access. Eligible respondents will receive an email or text message approximately 24 hours after completion of the MEPS core interview, inviting them to complete the SAQ on-line by following the link provided. For outstanding SAQs, respondents will receive email/text reminders with a mailing to them if SAQ completion is still pending 3-4 weeks following completion of the core interview.

If paper SAQs are distributed, respondents will be provided with an envelope to store the completed SAQ to maintain privacy of responses. Interviewers will followed established follow-up procedures including re-visiting the household to pick up the form or providing a postage-paid envelope so that the SAQ can be mailed directly to Westat's home office.

3. Methods to Maximize Response Rate

AHRQ proposes to provide respondents with a \$20 per person, post-collection incentive to maximize response rates and mitigate perceived additional burden with a new data collection

mode (web). A preloaded \$20 debit card will be mailed to each SAQ respondent who completes either the web or paper survey. The systems for tracking completes and mailings out debit cards will be based on approaches currently in use for the MEPS Cost-Sharing Document Collection submissions and incentives.

4. Tests of Procedures

As part of the CAPI questionnaire, testing of the questions related to COVID-19 including telehealth (telemedicine) will be folded into the regular testing protocol already established for MEPS. The procedures for the Social and Health Experiences questionnaire are new as this is the first MEPS SAQ to have a predominantly web mode option for completion.

Both the changes to CAPI instrument for SAQ respondent selection and the web-based questionnaire will be tested individually (alpha and beta testing), followed by integration testing to ensure that the MEPS invitation and tracking systems, as well as follow-up notifications work seamlessly with CAPI and other case management systems in MEPS. The procedures for distributing the paper version are well established as other paper SAQs are already distributed in MEPS, including the Diabetes Care Survey (DCS) and the Adult SAQ.

5. Statistical Consultation and Independent Review

The following are responsible for statistical aspects of the MEPS Study:

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