

**Focus Group on Improving Data Quality in MEPS**  
**Focus Group Moderator's Guide**

Form Approved OMB No. 0935.0124 Exp. Date 1/31/2024
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**I. Introduction and Ground Rules [10 min.]**

Thanks for joining us today. I'm \_\_\_\_\_ from Westat. Thanks to each of you for your ongoing participation in MEPS and for participating in this special focus group today. The focus of our discussion is to gather your feedback on your experiences participating in MEPS, and to gather your ideas about how to improve the quality of the data we collect on MEPS. As experienced respondents, your insights are very important to us, and your time today is appreciated. We will have about 90 minutes for our discussion.

- Before we get started there are a few things I need to mention. When you were scheduled for this focus group, you received an informed consent document. Now, I would like to review this document with you. First, your participation is voluntary. You can skip any question that you don't want to answer, and you can leave at any point in the discussion. There's no penalty to you for doing so.
- Having said that, we do not think there are any risks to you for participating in today's discussion. There are no particular benefits to your participation, either, although you will be helping us to identify ways to improve MEPS. We will email you a \$75 electronic gift card after today's discussion as a token of appreciation for your time.
- Next, everything you say here today will be kept confidential, which means we will never use your name in anything we write about the project. When preparing our report for AHRQ, we might use a quote from someone in the group, but we would only say, "A MEPS respondent said..."
- We are also audio- and video-recording today's discussion. This is so we have an accurate record of what was said when we do our analysis. The files are stored on secure servers at Westat, are only available to members of the project team, and will be destroyed once the project is completed.
- We also have some virtual observers today from [Westat and the project team at AHRQ]. All staff who are observing have had to complete our human subjects training and must maintain your confidentiality.

Does anyone have any questions? [ANSWER ALL QUESTIONS]

Great! Let me tell you just a couple of ground rules to make sure our discussion flows smoothly today.

- If you could, please try to speak one at a time. This will ensure that I can hear everybody and that everyone’s perspective can be included in our study.
- I’d like to ask everyone to keep your cameras turned on for this discussion. It helps the discussion flow freely if we can all see each other.
- Please use your mute button if there are background noises where you are, but otherwise, we’d like you to stay unmuted so that it’s easy for you to jump into the discussion.
- You don’t need you raise your hand when you want to speak, but sometimes Zoom can be a little choppy when multiple people speak at once, so if it helps, you’re welcome to raise your hand.
- Also, there are no right or wrong answers to any of the questions I ask. Feel free to express an opinion that’s different from others on the line – we want to hear the full range of views on this topic.
- If you have any technical problems during the session, please send a direct chat to the participant who is named “Tech support” within our Zoom session. They will try to help you resolve the issue.
- Finally, if you need to step away from the discussion at any point, that’s fine, but be sure to mute yourself and turn your camera off so that it’s not disruptive to our conversation. Be sure to turn your camera back on and unmute when you’re ready to re-join the discussion. But please be mindful that there are only a few of you in the discussion today so we want to have as full of a discussion at all times as we can.

Any questions? [ANSWER ALL QUESTIONS]

Let’s get started!

This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey 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)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. Your participation is voluntary and all of your answers will be kept confidential to the extent permitted by law. Public reporting burden for this collection of information is estimated to average 90 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0124) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

**II. Warm-up [5 min.]**

Let's go around our virtual room and please tell me your first name, how many people live in your household, and something interesting about yourself or your family. I'll go first... [MODERATOR GO FIRST. CALL ON ATTENDEES ONE AT A TIME.]

### III. MEPS Experiences [15 min.]

- A. Each of you recently participated in a Zoom interview to test out the idea of a monthly check in. Setting aside that Zoom interview for a moment, I'd like to start today's discussion by having you focus on your overall experiences participating in MEPS over the past several years. I'd like each of you to answer this question. What is one word or phrase that best describes your overall experience participating in MEPS? [DO NOT PROBE]
- B. Now I'd like to hear more about your experiences. I know some of you participated in 5 interviews over about 2.5 years, and others of you participated in 9 interviews over 4.5 years. I invite each of you to say more about your experiences participating in MEPS. I'm interested in all of your feedback, whether it's positive or negative, and encourage you to speak openly about your experiences.

PROBE AS NEEDED:

- Was there anything you particularly enjoyed about participating in MEPS?
- Was there anything you found to be particularly challenging about the study?
- What was your favorite aspect of being part of this study?
- What was your least favorite aspect of being part of this study?

### IV. MEPS Ideas [50 min.]

You are our most experienced MEPS respondents. So next, I'd like your help in thinking about ways that the MEPS study could be improved in the future. We are interested both in ways we can make the experience better for future respondents, and are also interested in ways that we can improve the quality of the data we collect.

- A. Let's start by opening up the floor to see if anyone has any ideas for how to improve the experience for MEPS respondents.

PROBE AS NEEDED:

- What could we do to make it easier or more enjoyable for you to respond to MEPS?
  - What do you wish could have been done differently?
  - If you could make one change to MEPS to make it a better experience for you, what would that be?
- B. Now let's brainstorm a little more about what we might do to improve the quality of the data we collect on MEPS. Does anyone have ideas for changes we could make to ensure we are collecting more accurate information about your household's health care events and the costs associated with those events?

PROBE AS NEEDED:

- What could we do differently to help household respondents keep better track of all of the healthcare events that they and their household members have?
- What could we do differently to help household respondents look up information about each event, like the name and address of the provider?
- What could we do to better help respondents report on the costs associated with each healthcare event?

C. I'd like to share a few ideas that we've been considering and get your reactions to each of them.

- Recently you were each asked to go online to fill out a "monthly check-in". What do you think about the idea of asking MEPS respondents to go online each month to log their recent healthcare events? This information would then be fed into the regular 6-month interview to help respondents recall everything that happened over that time period.
    - What do you like about that idea?
    - What don't you like about it?
    - Based on your own experiences participating in MEPS, how likely would you be to do this on a monthly basis? What makes you say that?
    - Do you think once-a-month is a reasonable time interval for this, or would some other interval be better, like every 2 or every 3 months? What makes you say that?
    - Do you have any additional suggestions for how to improve this idea of a monthly check-in?
  - I'd like to go through nine other ideas that we have for improving data quality or improving the respondent experience on MEPS and get your thoughts on each one.
    - PROBES FOR EACH IDEA:
      - What do you like about this idea?
      - What don't you like?
      - Do you have any suggestions for how to improve this idea?
1. Set up a phone number where respondents could call in at any time and leave a voice recording about a recent healthcare visit. They would be asked to share basic information like the date, who had the visit, which provider they saw, and any details about the reason for the visit. This information would then be used to help trigger recall for the next main interview.
  2. Offer an online site where you can access a calendar for making appointments for the next interview, update your contact information if you move or get a new email address, and a space for you to take notes about health care visits/events.
    - How would you feel about allowing staff from the MEPS study to be able to access these notes to help with the next main interview?
  3. For people who report no events in the online monthly check-ins, instead of an interviewer conducting the next main interview, these respondents could go online to complete much or all of their next interview, without the help of an interviewer.
  4. For people who report only a small number of events in the monthly check-ins, their next main interview would be conducted over video (like on Zoom) instead of face-to-face.

5. If something major happened to you (like an in-patient hospital stay), your next main interview would be scheduled sooner than 6 months, like within the next two months, to make it easier for you to remember the details.
  6. If you have a patient portal, downloading a list of all of your recent events from the portal to share with the MEPS study, thus greatly reducing the length of your main interview.
  7. Switching to an episode-based approach to collecting events, instead of by event type. So for instance, instead of telling us about all of your hospital in-patient events, then all emergency visits, then all outpatient visits, etc., we might start with you telling us about a specific health event that happened to you, what happened, and collect every type of event and number of events associated with it, including follow up visits and prescription medications.
  8. Giving you a downloadable annual summary of all your health care events and costs (including out of pocket costs) for the year, to help you in doing your taxes, and to have your family medical history, etc.
  9. Giving you a downloadable annual summary of all the conditions, medications, and doctors and their contact info that you have reported.
- Does anyone have any additional ideas for how we could improve the quality of information we collect?

**V. Close [5 min.]**

Thank you everyone, we are nearing the end of our discussion but before we conclude I'd like to check in with the observers to see if they would like to ask follow-up questions.

[**MODERATOR NOTE:** Check chat for message from co-moderator. Ask follow-up questions if there are any.]

Those are all the questions that I had for you. Any final thoughts for me?

Thank you and you will be receiving your \$75 electronic gift cards in the next week.