



Agency for Healthcare Research and Quality

Advancing Excellence in Health Care

www.ahrq.gov

Medical Expenditure Panel Survey

RESEARCH



Who Uses MEPS?

- Academic Researchers
- Policymakers
- Press
- Last year there were about 88,000 visits to the MEPS homepage on the web and AHRQ staff responded to over 1,000 requests for technical assistance



Major Areas of Health Research Topics Using MEPS Data

- Access
- Use
- Expenditures
- Health insurance
- Health status and conditions
- Quality

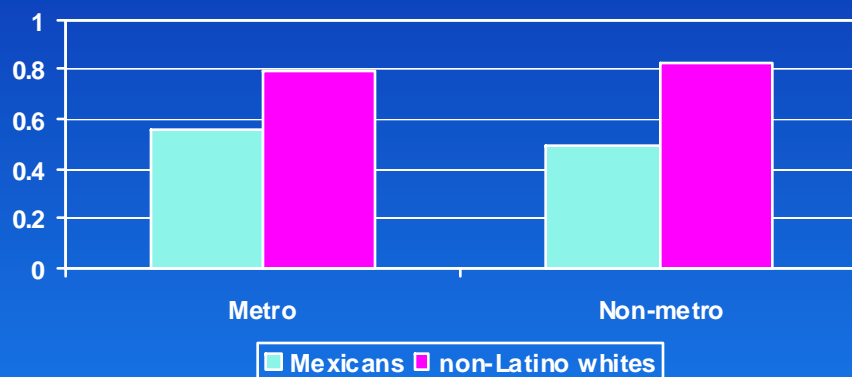


Access



Access to Healthcare for Mexicans in metro and non-metro areas in the United States (2002-2003)

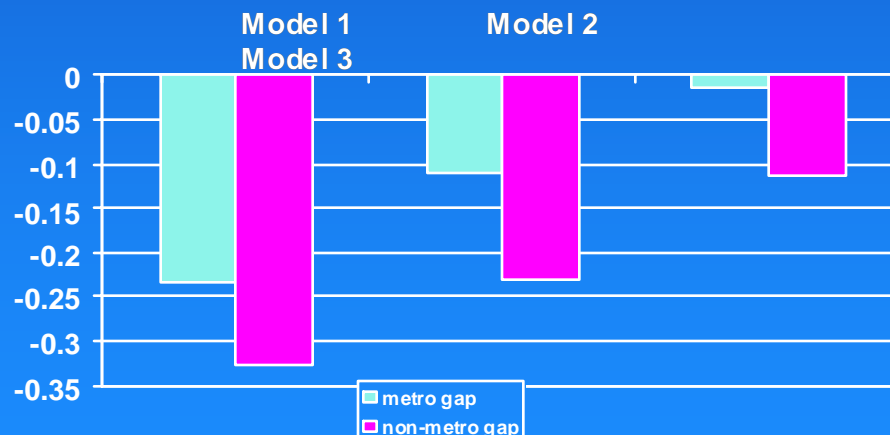
Figure 1: Proportion with a Usual Source of Care



On this benchmark measure of access, the Mexican disparity is larger in non-metro areas. In metro areas, the gap is 23 percentage points, while in non-metro areas it is 33 percentage points.

Mexicans' increased disadvantage persists in multivariate regression models controlling for socio-demographic, health status, and health care supply variables.

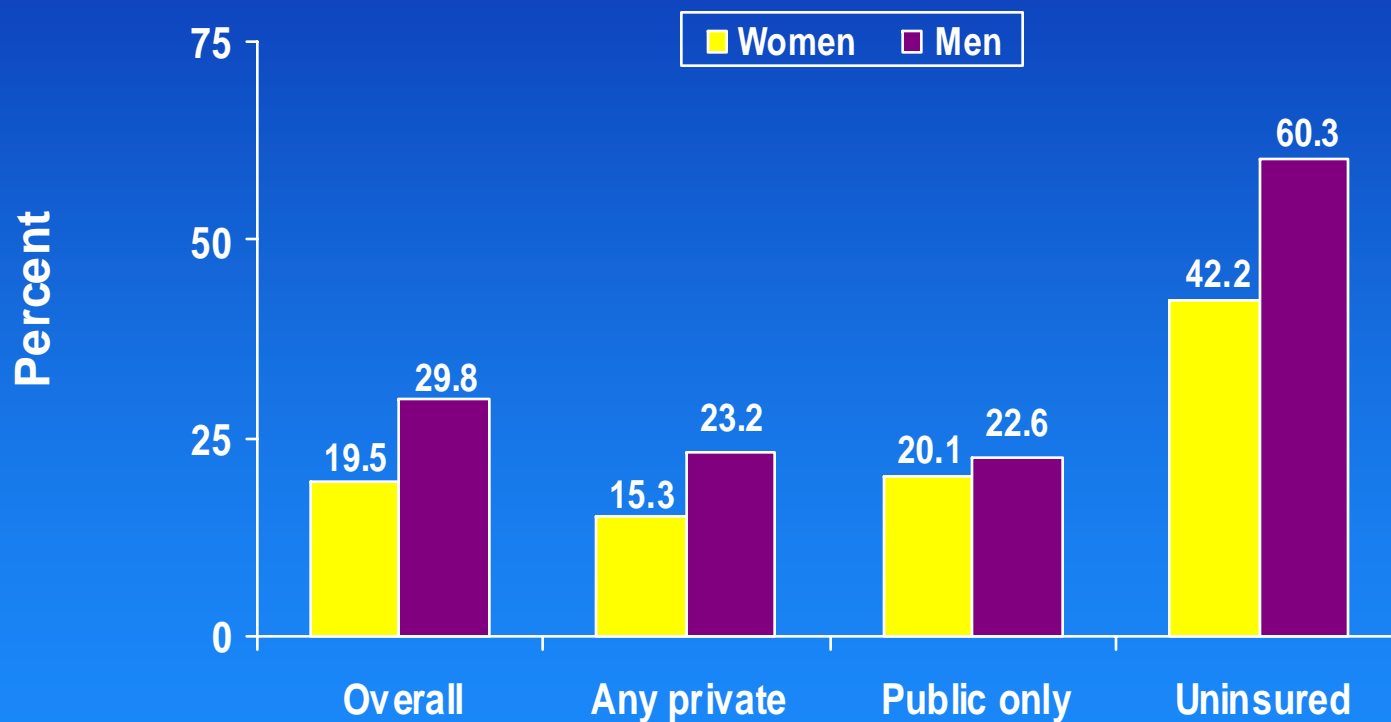
Figure 2: Mexican-white gaps from logistic regression models



Source: Berdahl, Kirby & Stone, forthcoming in *Medical Care* 2007.

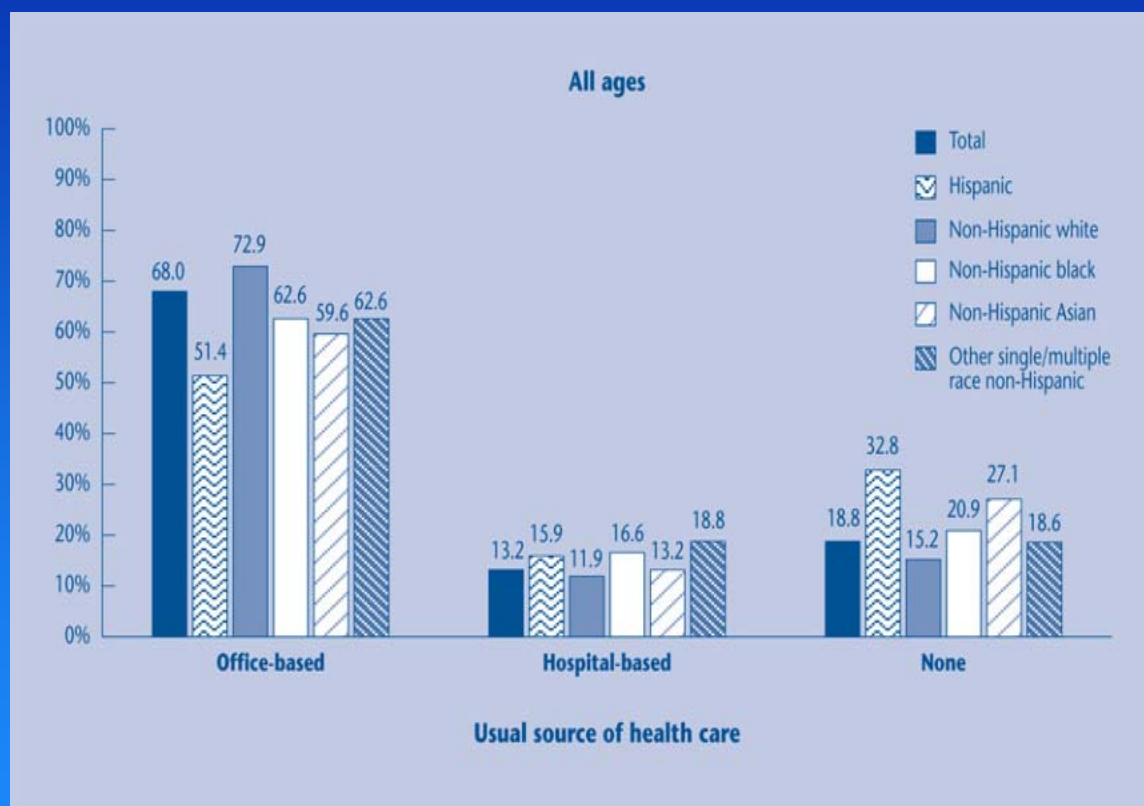


Individuals age 18 to 64 with no usual source of care, by health insurance status, 2002



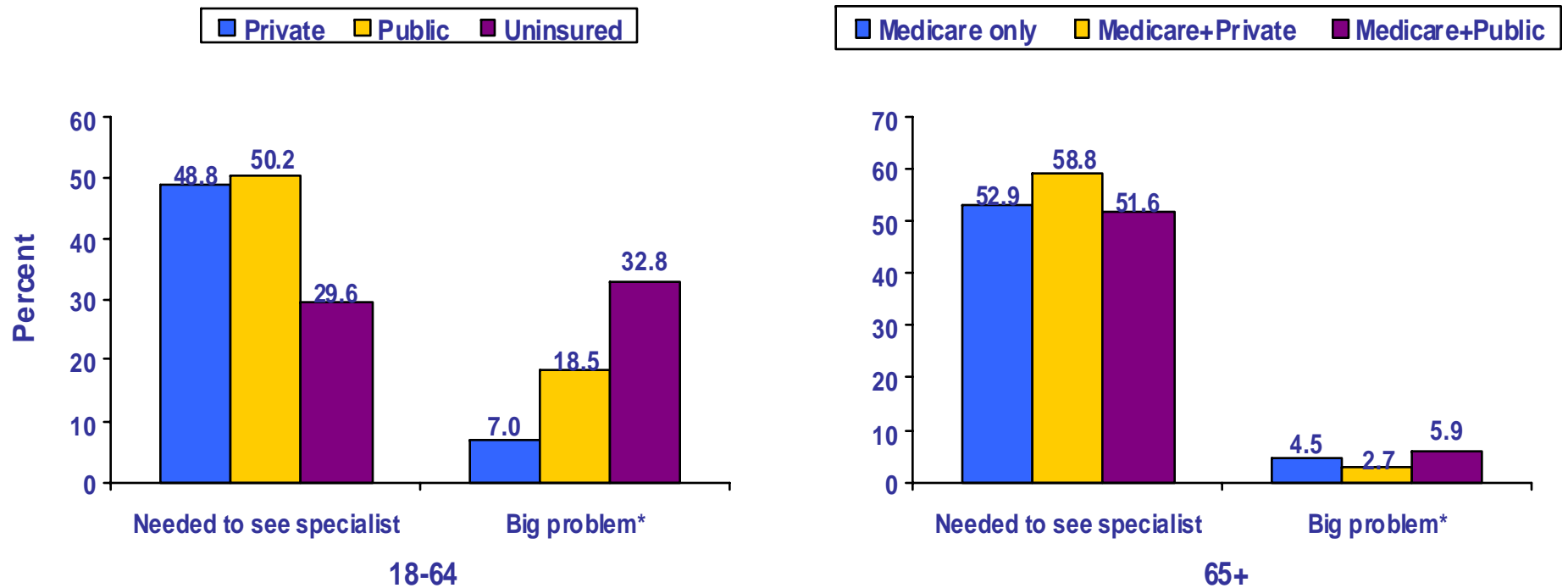


Percent distribution of usual source of care by race/ethnicity, 2002





Percentage of adults with chronic conditions who needed to see a specialist and thought it was a big problem, by age and insurance status, 2004



*Among those who needed to see a specialist.

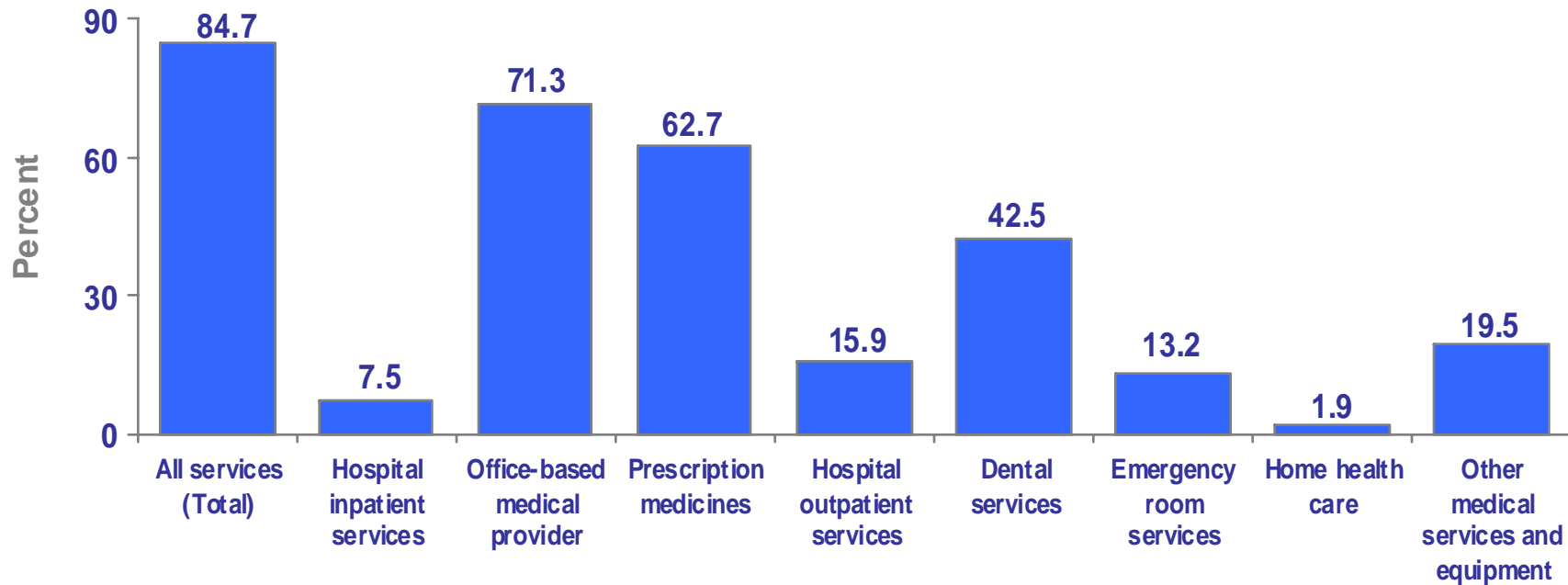
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey 2004.



Use

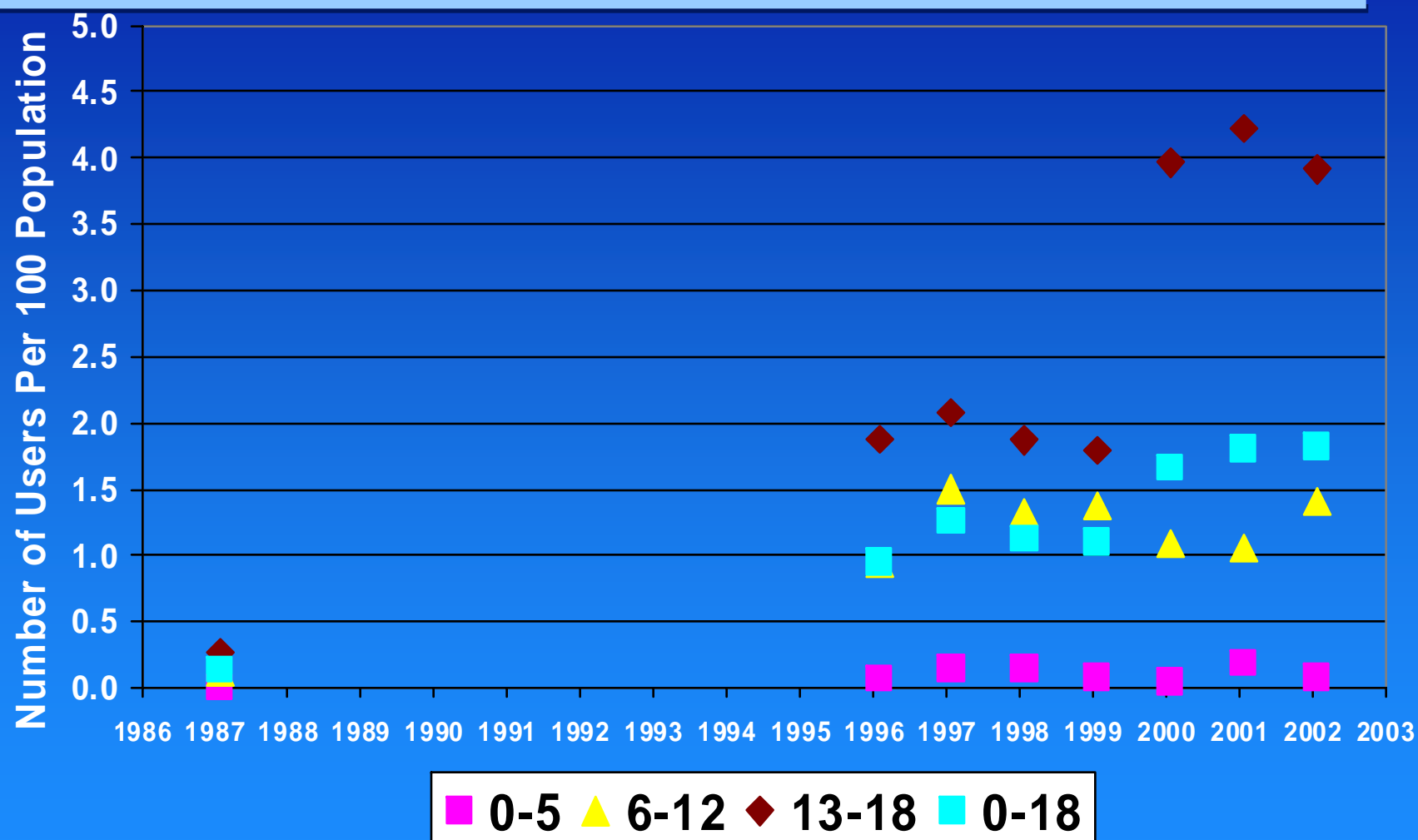


Proportion of the population with an expense, by type of service, 2004





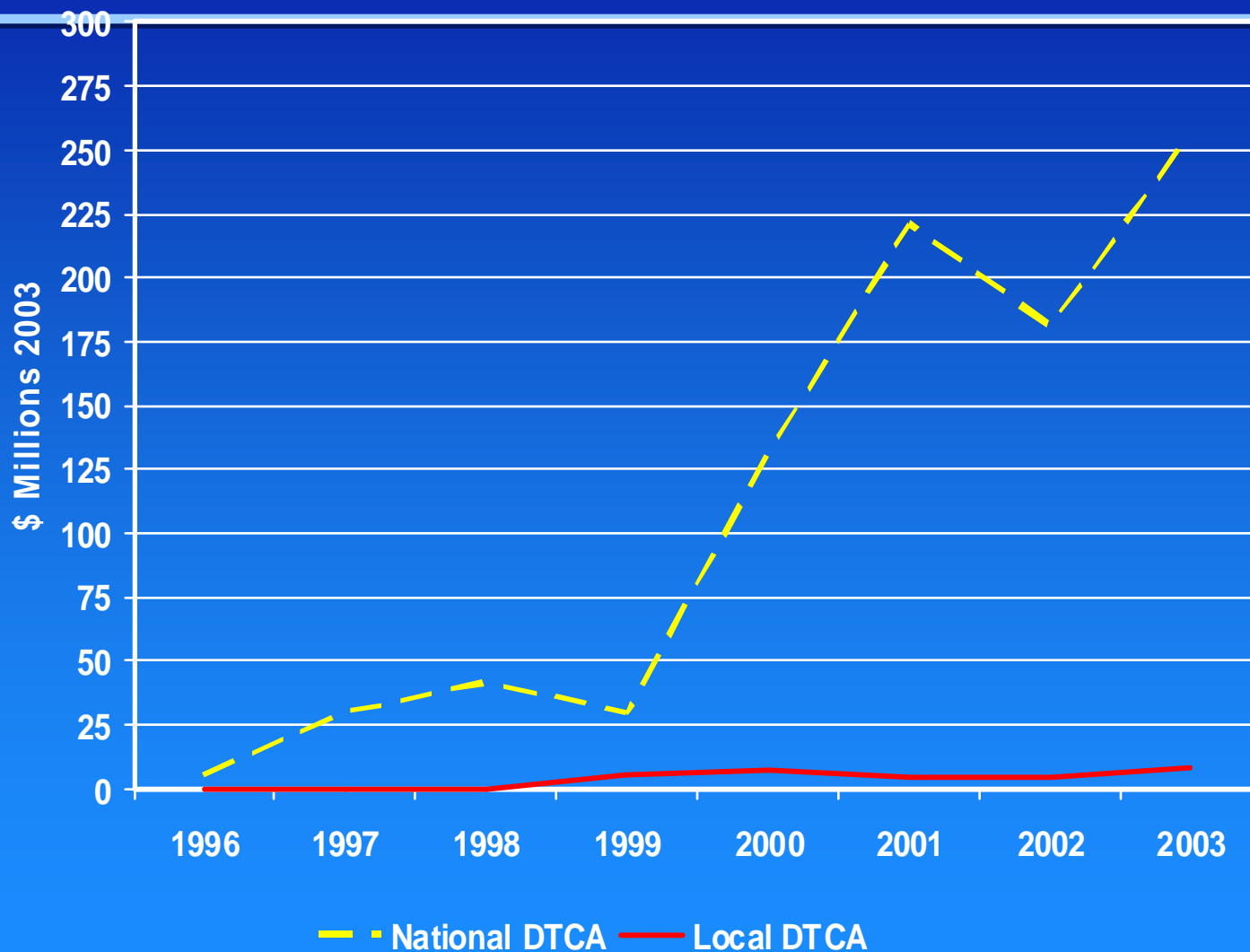
Trends in Antidepressant Use Among Those 18 and Younger



Source: B Vitiello, Zuvekas SH, Norquist GS. 2006. "National Estimates of Antidepressant Medication Use among U.S. Children in 1997-2002," *Journal of the American Academy of Child and Adolescent Psychiatry* 45(3): 271-279.



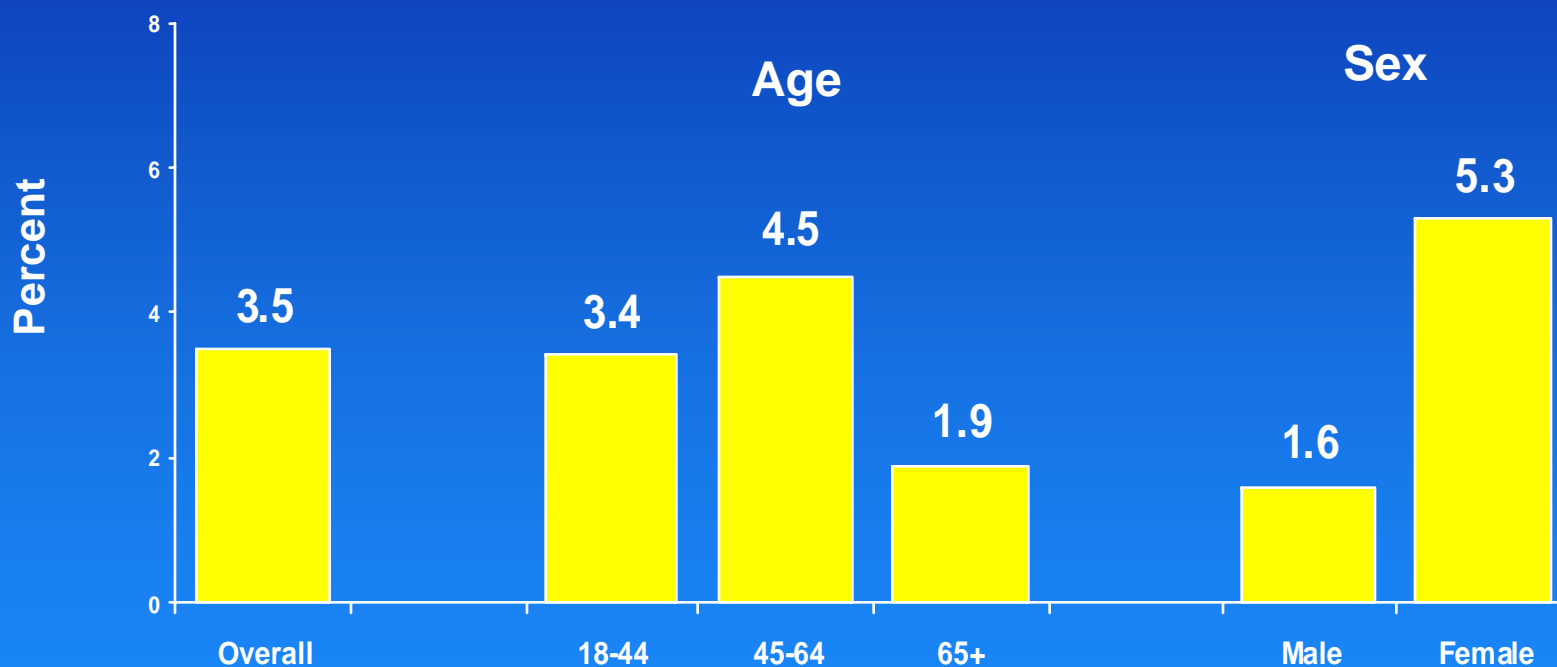
Direct-to-Consumer Advertising on Antidepressants



Source: Authors' estimates from TNS Media Intelligence Data



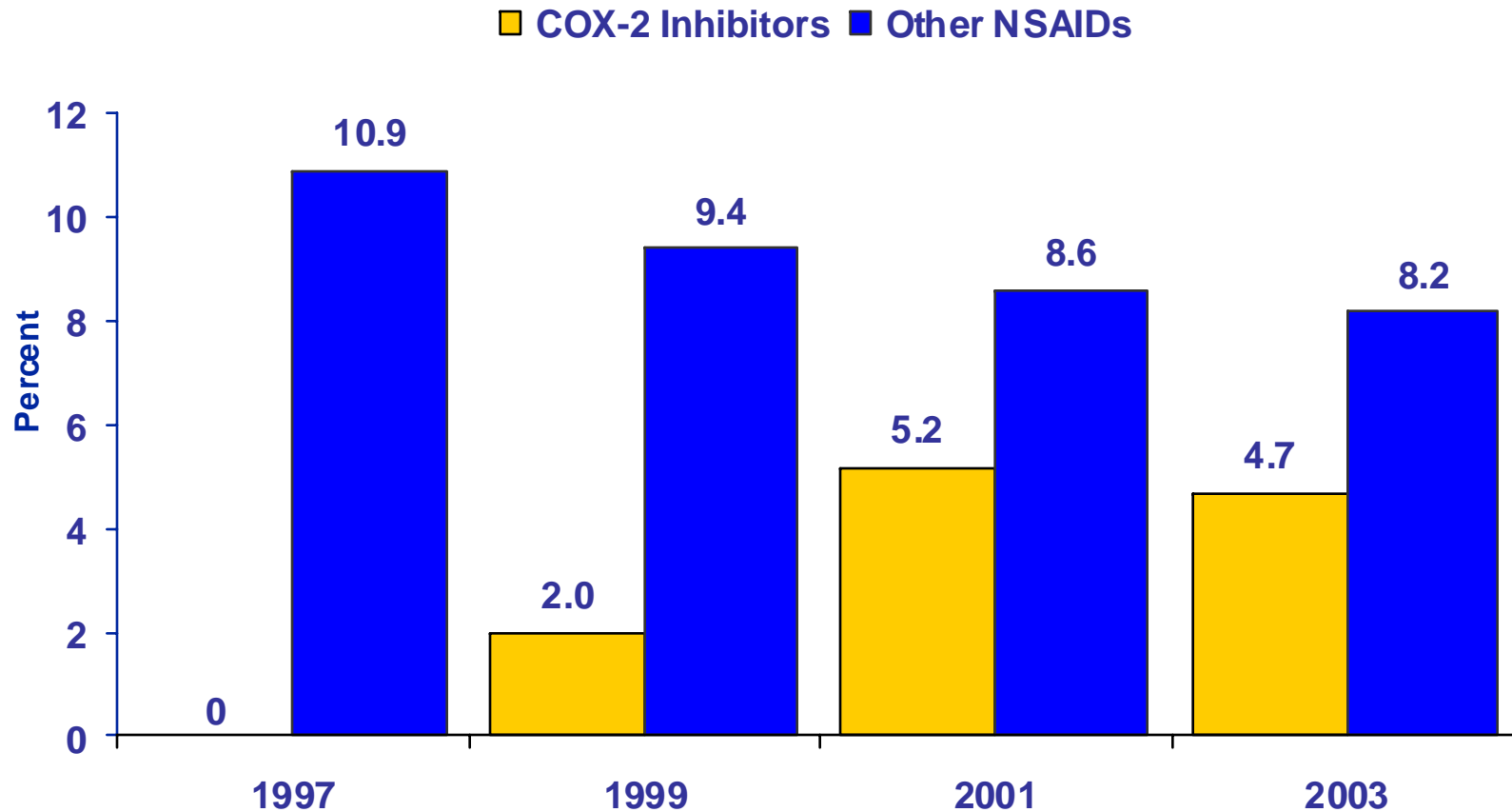
Percentage of adults age 18 and over reported to have health service use* for headaches, by age and sex, average annual, 2002-03



* Health service use includes ambulatory visits and/or prescription drug purchases for migraines or other headaches.



Percentage of total population using COX-2 inhibitors versus other NSAIDs, 1997-2003



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1997, 1999, 2001, and 2003 full-year consolidated data files and the 1997, 1999, 2001, and 2003 prescribed medicines

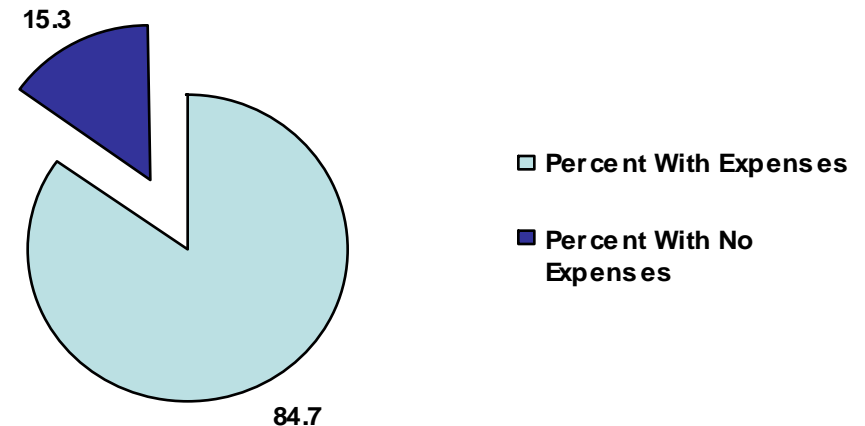


Expenditures



Expenditures in 2004

Total community expenses	\$963.9 billion
Median expense for persons with expenses	\$1,092
Mean expense for persons with expenses	\$3,879

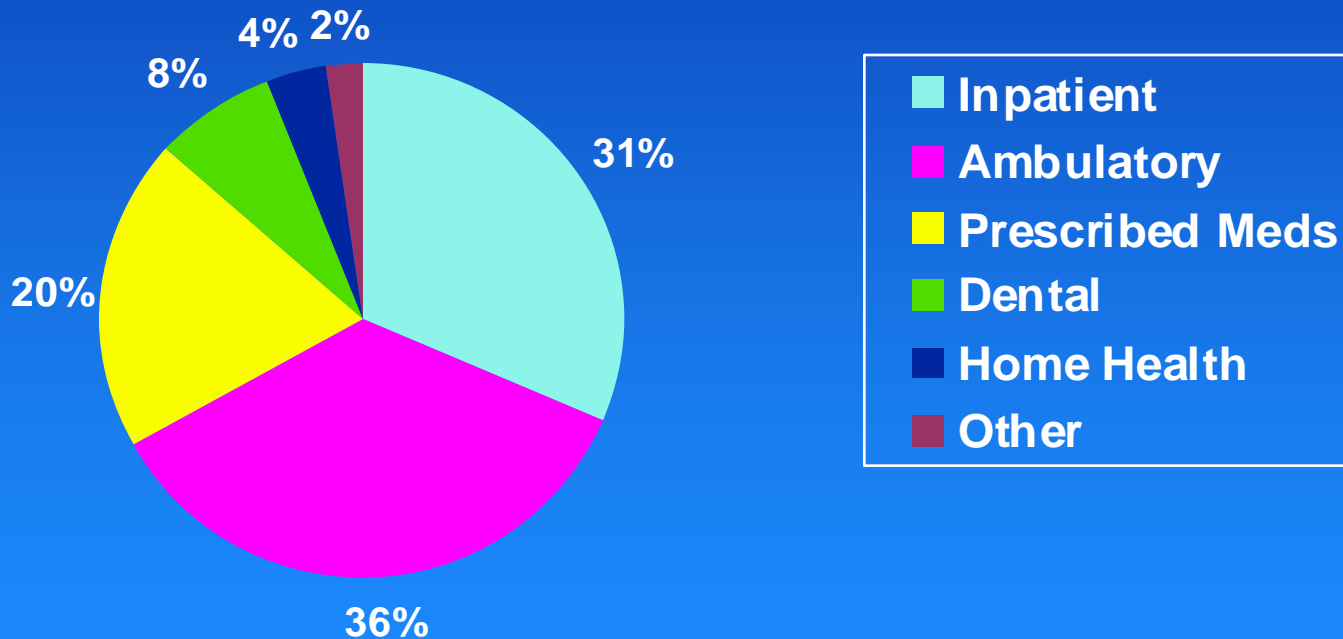


Source: 2004 Medical Expenditure Panel Survey.



What Kind of Care Are We Buying?

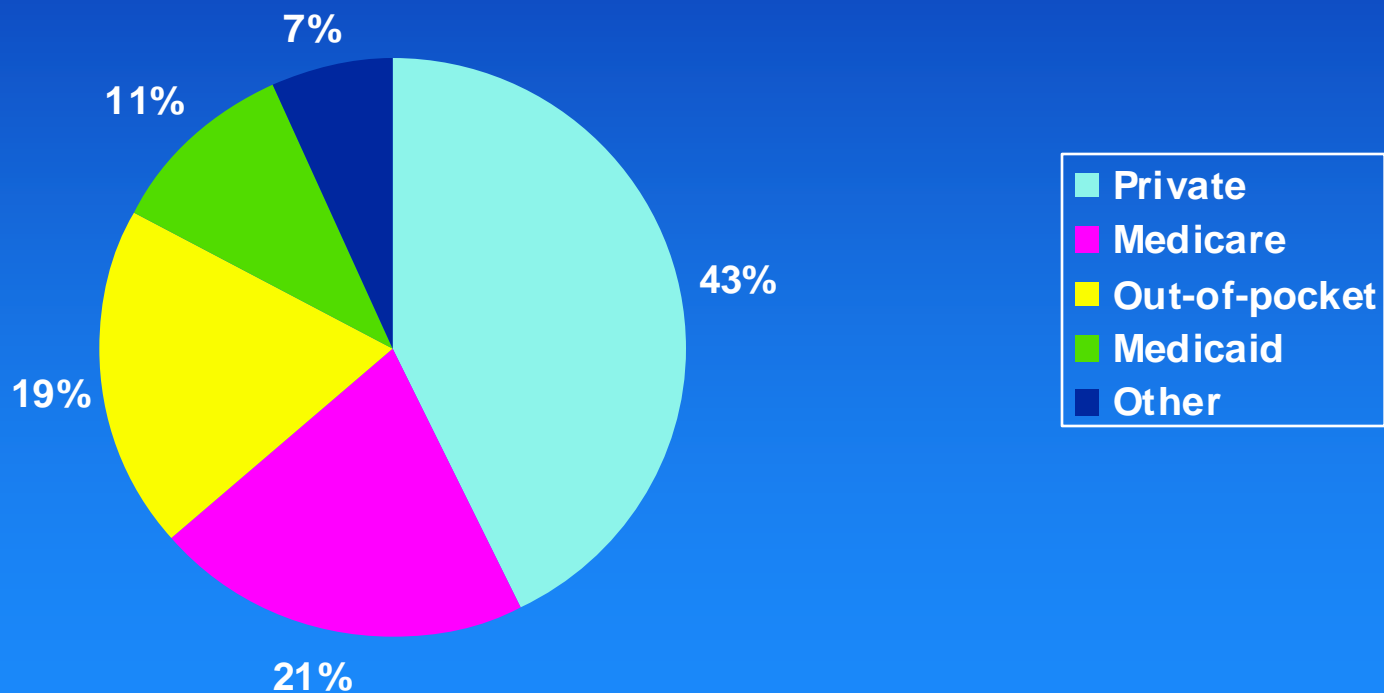
Total = \$963.9 billion



Source: Center for Financing, Access and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2004.

Who Pays

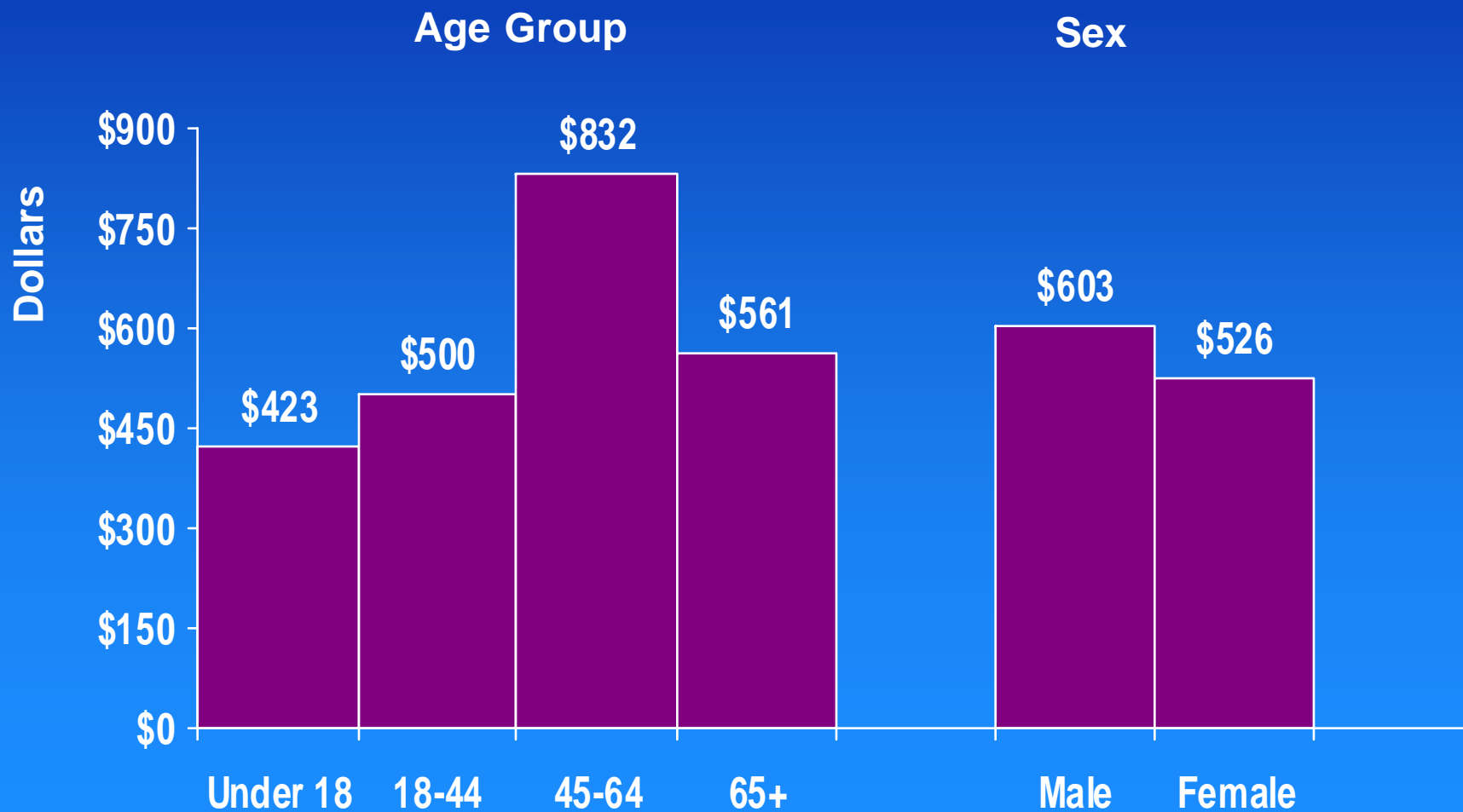
Total = \$963.9Billion



Source: Center for Financing, Access and Cost Trends,
Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2003.

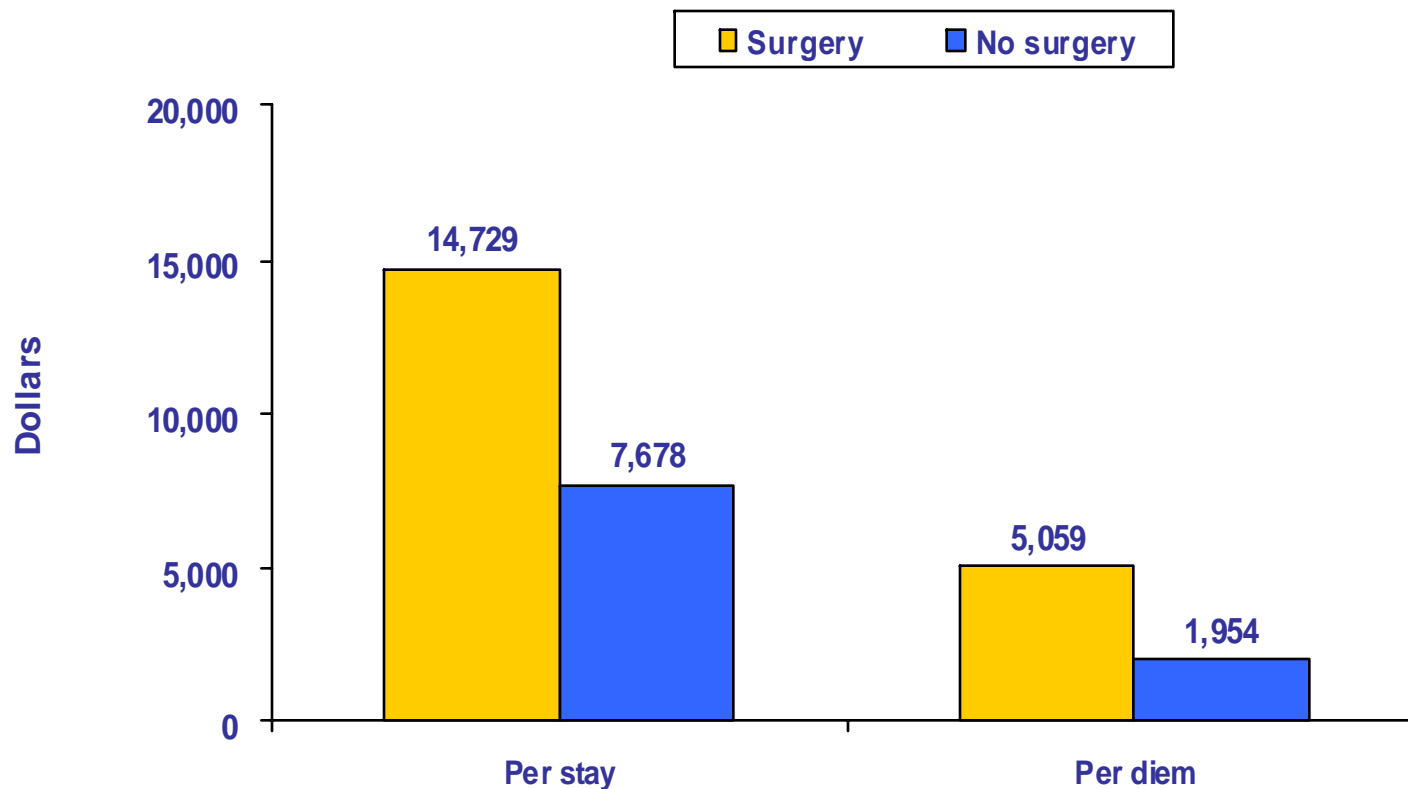


Average payments for an emergency room visit by age and by sex, 2003





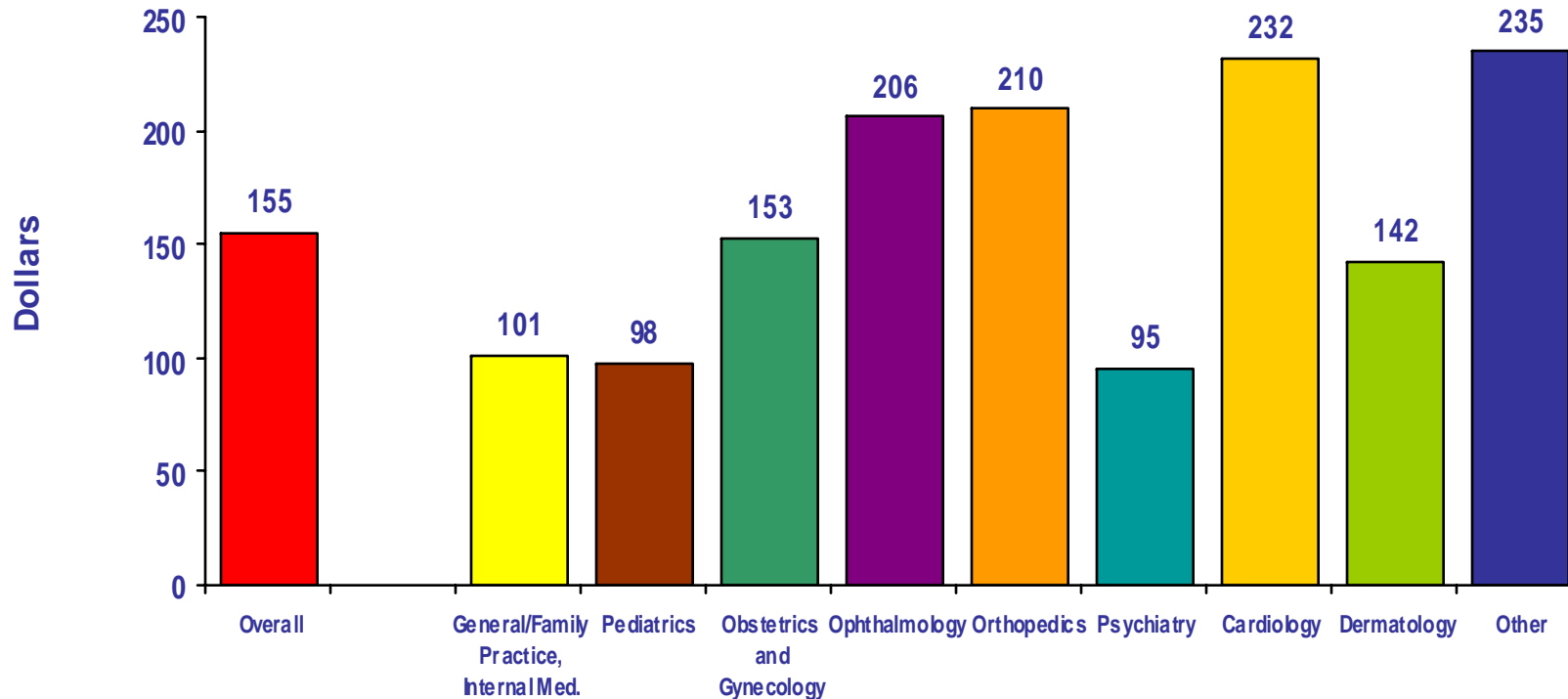
Average inpatient expenses for stays with and without surgery, 2004



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2004



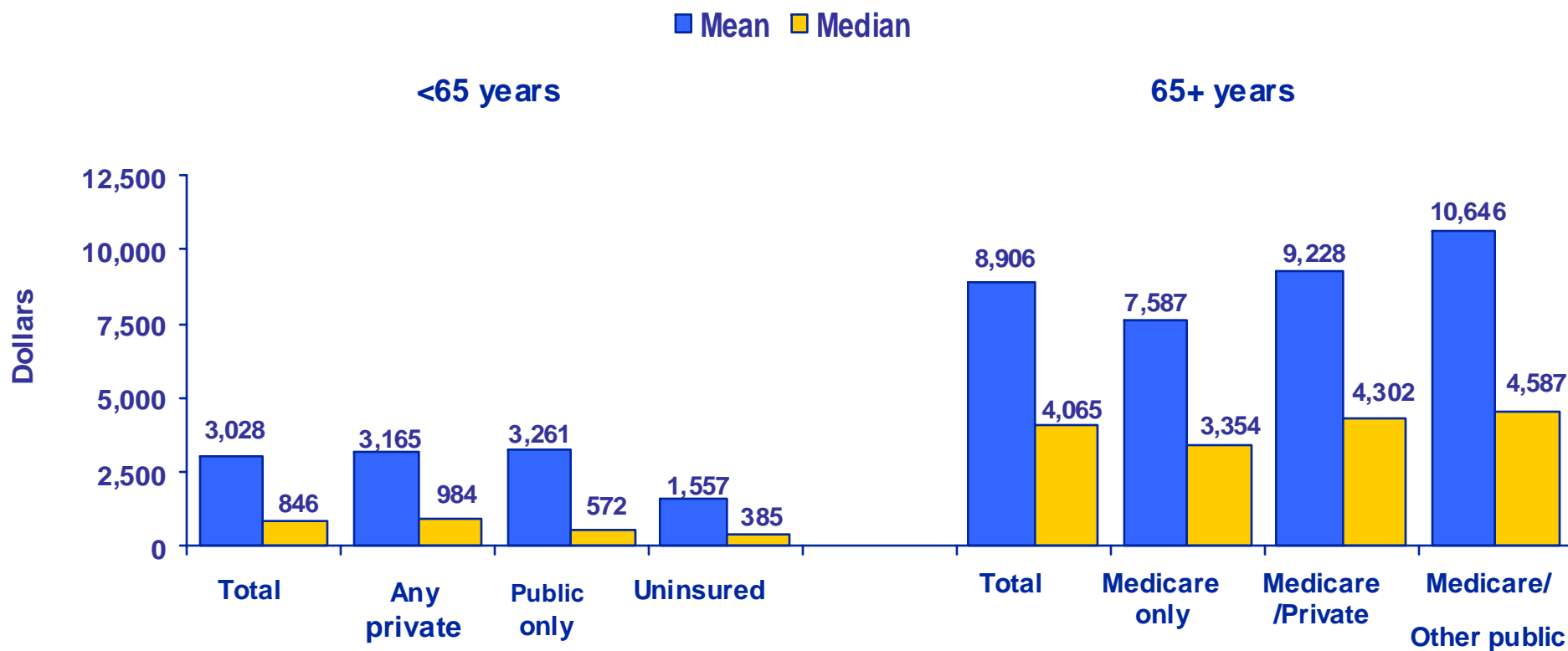
Mean expenses per office-based physician visit, by specialty type, 2004



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2004



Mean and median expenses for persons with expenses, by age and insurance status, 2004



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2004



Pharmaceutical Costs

■ Significance

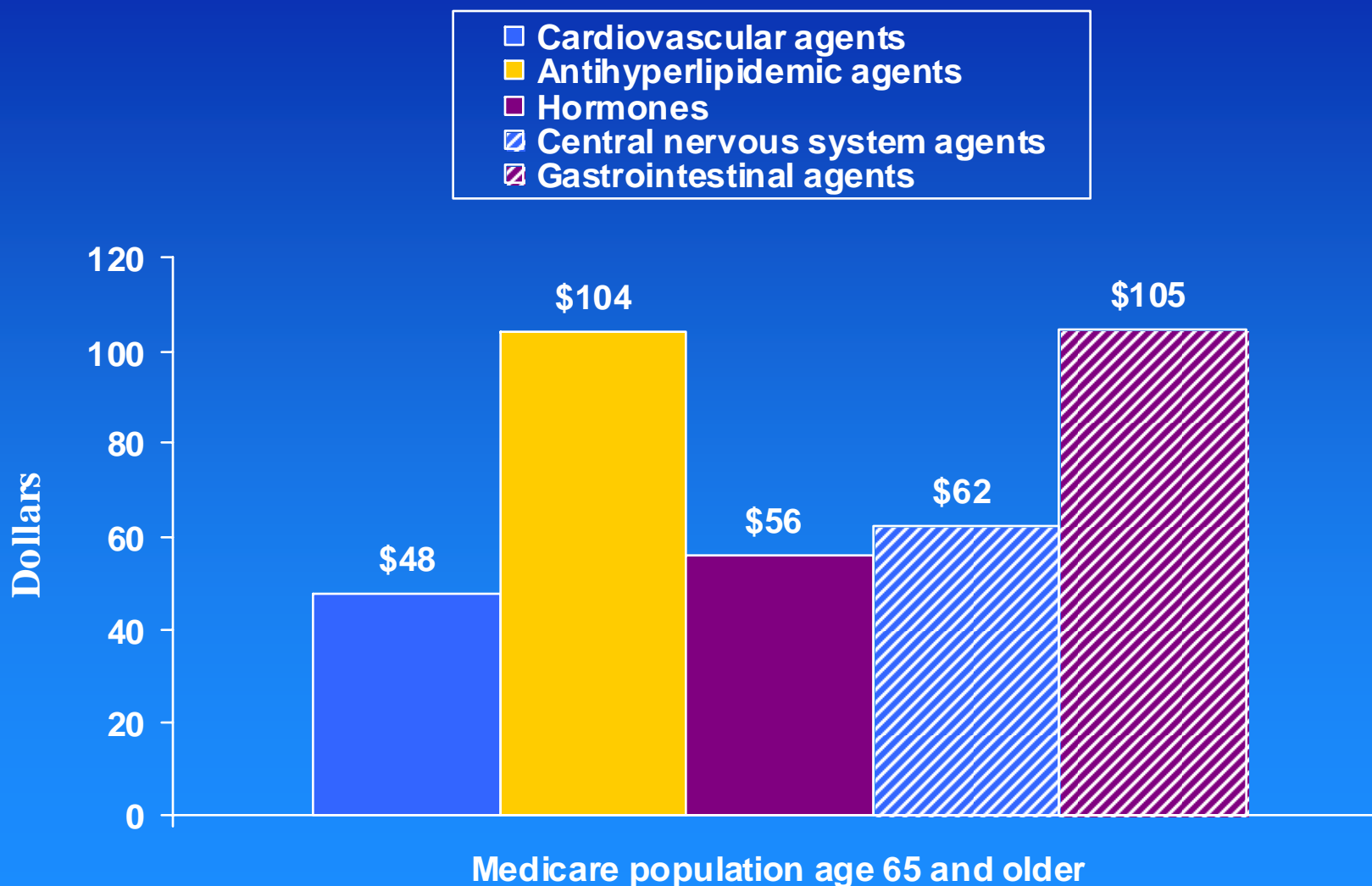
- Recent spending on prescription drugs were over 10% of all health care expenditures
- Recent annual growth rates exceed 15%
- Insurance coverage an important policy issue

■ MEPS data can be used to examine:

- Effects of new drugs on overall health care costs
- How prices vary by insurance status & type of drug
- Effects of different coverage and payment options
- Outcomes and effectiveness of pharmaceuticals

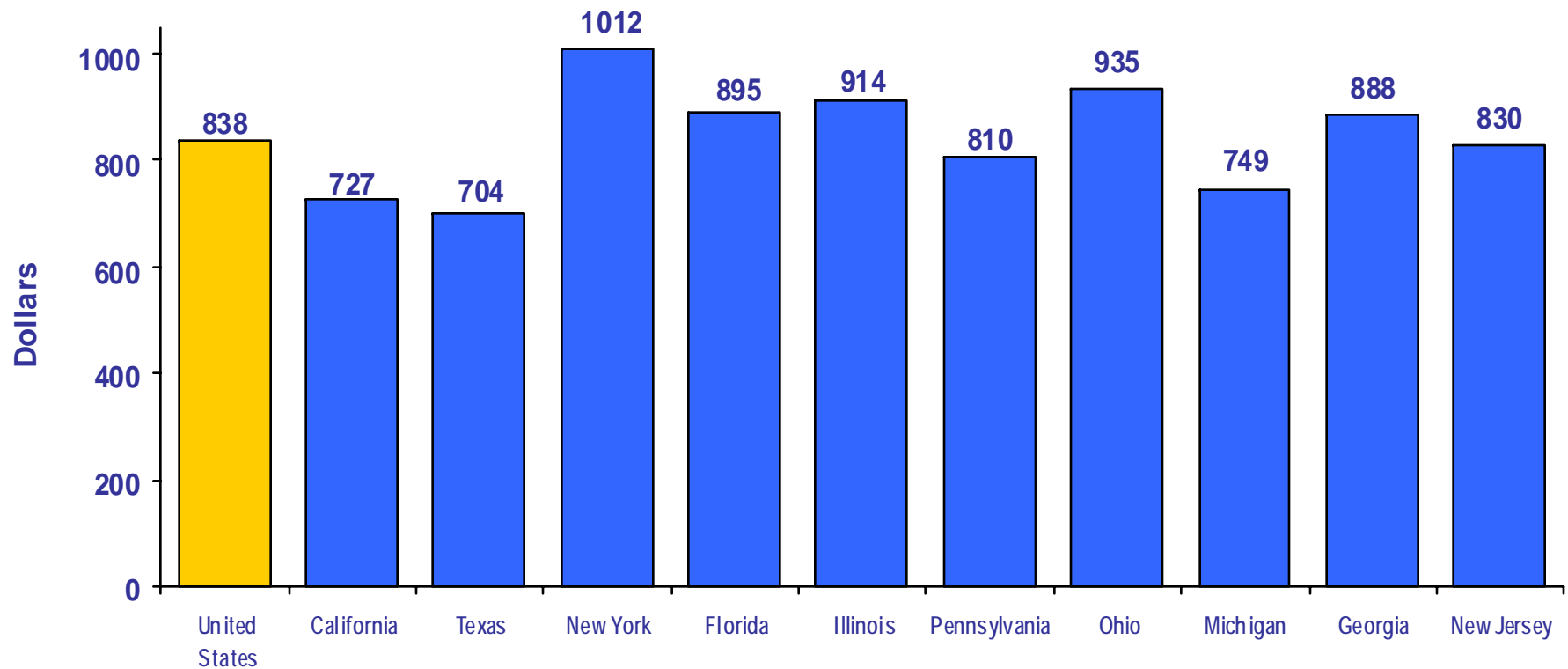


Average expense per prescription for the top five therapeutic classes of prescribed drugs for the Medicare population, 2004





Average prescription drug expenditures for persons under age 65 who had an expenditure in 2004, United States and 10 largest States

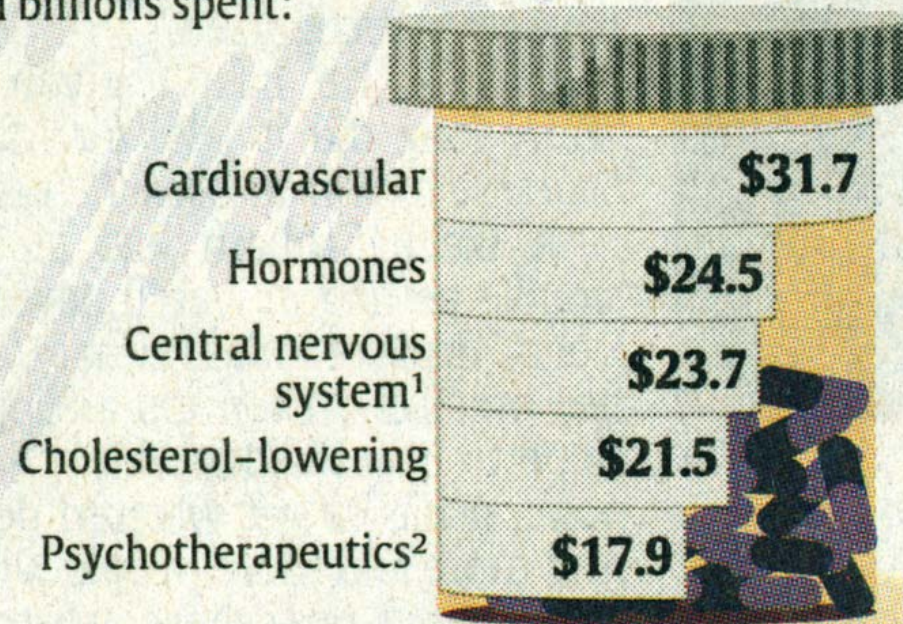


Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2004

USA TODAY Snapshots®

Where the drug dollars go

The five costliest classes of drugs accounted for two-thirds of the \$181 billion spent on outpatient prescription drugs for adults in 2004. The top five, in billions spent:



1 — including painkillers and seizure control drugs

2 — including antidepressants

Source: Agency for Healthcare Research and Quality, Department of Health and Human Services

Source: Center for Financial Markets
Survey, 2004

By Tracey Wong Briggs and Robert W. Ahrens, USA TODAY penditure Panel



Family Out of Pocket Burdens by Poverty Status, 2003

Persons spending more than 10% family income

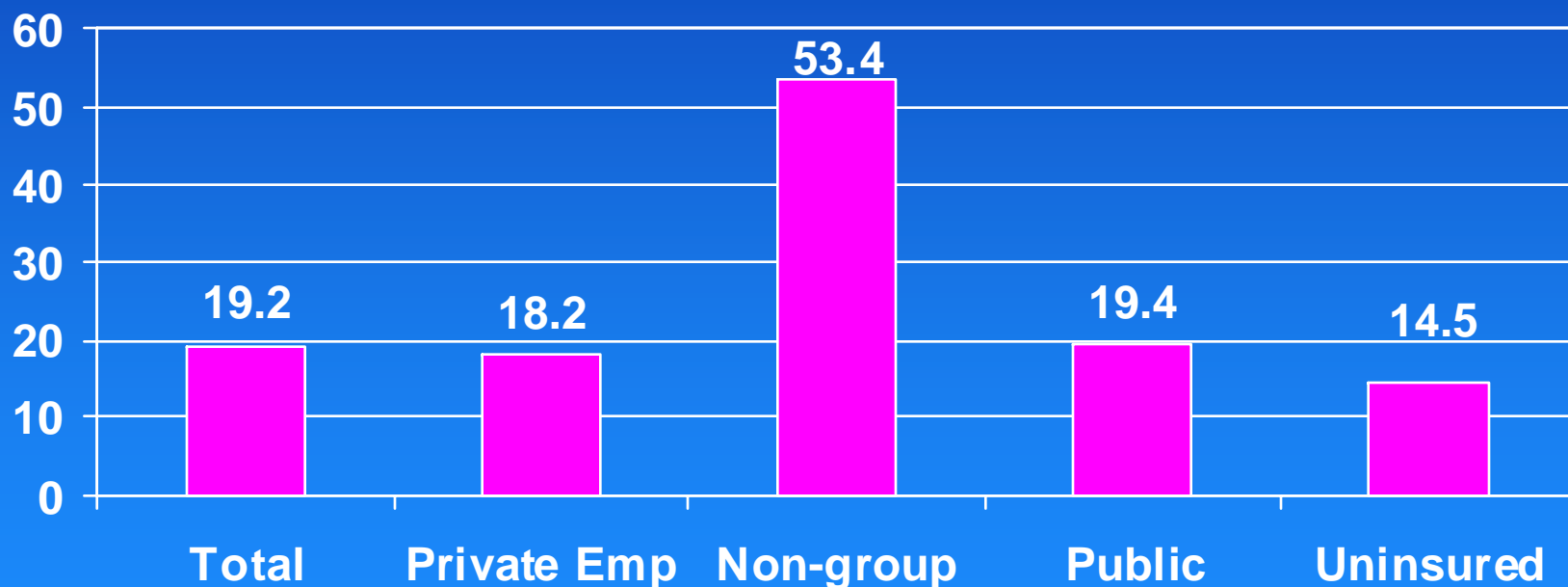


Banthin, JS, Bernard, DM. Changes in Financial Burdens for Health Care, 1996 to 2003. *JAMA*. 2006 December 13.



Family Out of Pocket Burdens by Insurance Status, 2003

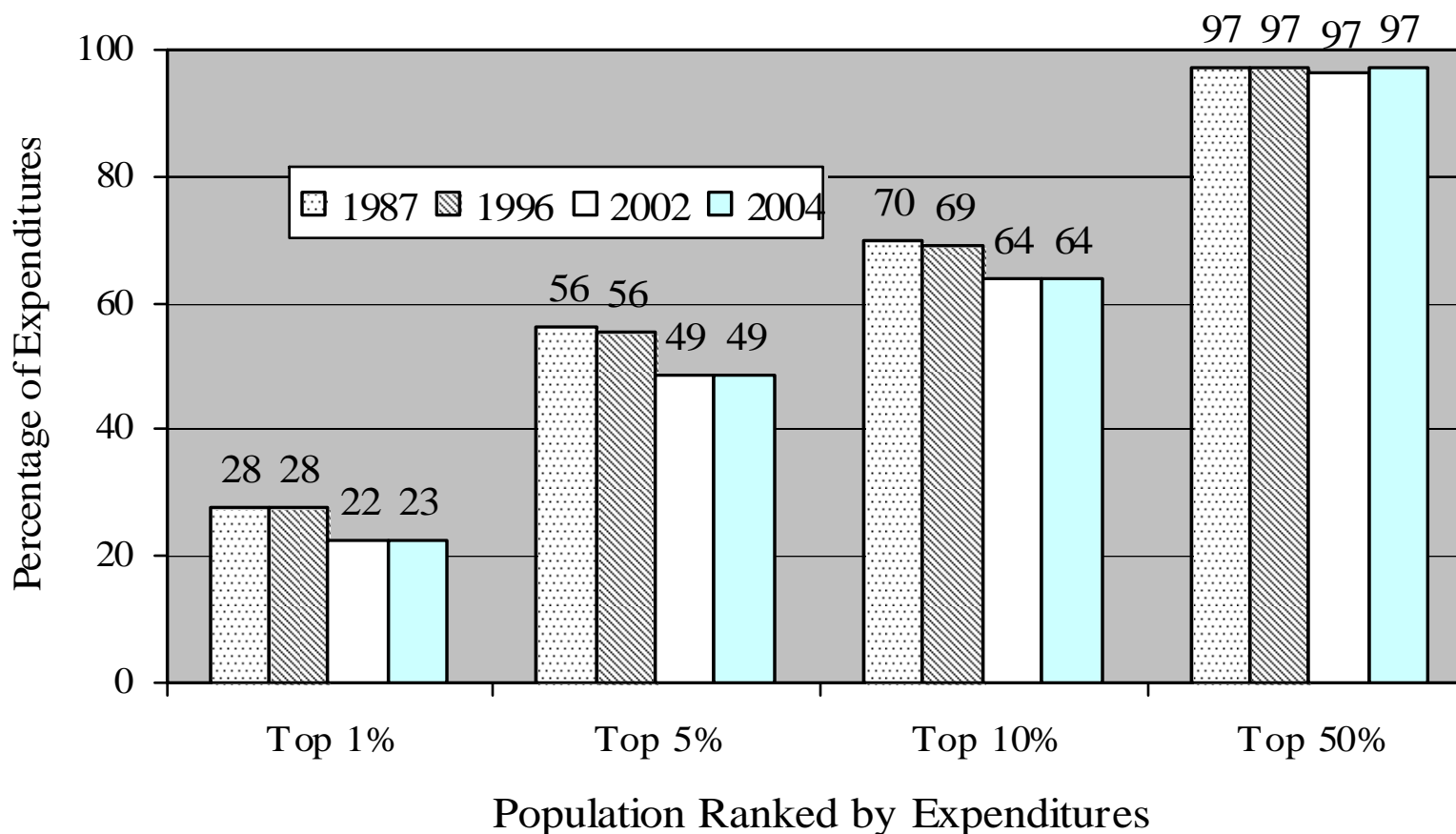
Persons spending more than 10% family income



Banthin, JS, Bernard, DM. Changes in Financial Burdens for Health Care, 1996 to 2003. *JAMA*. 2006 December 13.



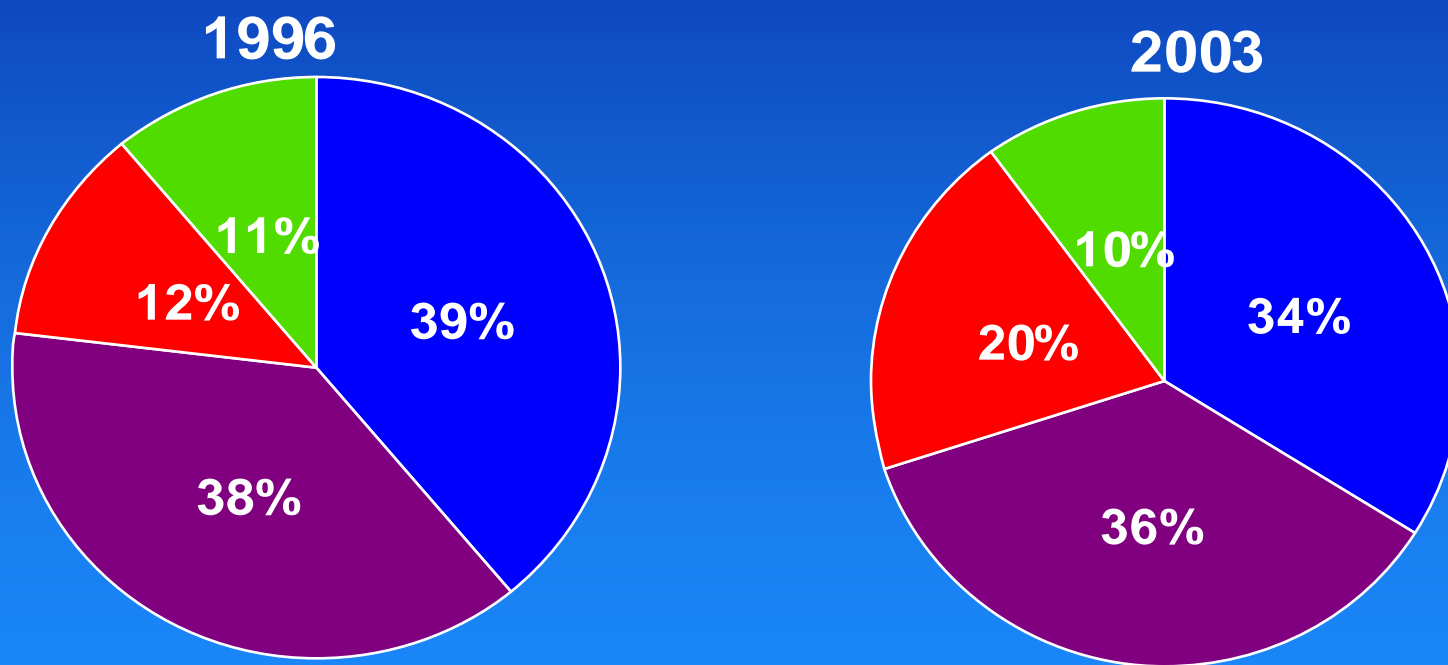
Concentration of Health Care Expenditures in the U.S. Civilian Non-institutionalized Population



Source: Center for Financing, Access and Cost Trends, AHRQ, 1987 National Medical Expenditure Survey and 1996, 2002, and 2004 Household Component of the Medical Expenditure Panel Survey.



Changing Composition of Health Spending



■ Inpatient ■ Ambulatory ■ Rx ■ Other

Source: Zuvekas and Cohen, Prescription Drugs And The Changing Concentration Of Health Care Expenditures, Health Affairs, Jan./Feb. 2007.



THE NEW YORK TIMES **NATIONAL** *Tuesday, January 9, 2007*

In '05, Medical Bills Grew At Slowest Pace in 6 Years

“The growing use of prescription drugs largely explains the declining concentration of health care expenditures,” said Samuel H. Zuvekas, an economist at the federal Agency for Healthcare Research and Quality.



MEPS Informs Consumers' Checkbook Guide to Health Plans

- Annual publication
- Rates every plan available to federal employees and retirees
- Compares likely cost of various plan options to employee
- Example: Estimated 2007 cost to average family of 4 with head of household under 55 years of age

Plan Code	Plan Name	Yearly Premium (\$)	Approximate Yearly Cost to You (\$)			Yearly Limit on Cost to You Excluding Dental (\$)
			If Your Health Care Usage were Low	If Your Health Care Usage were Average	If Your Health Care Usage were High	
Local Plans						
E35	Kaiser-St	1210	1420	2670	4800	8880
E32	Kaiser-Hi	2480	2590	3340	4680	7230
JP2	M.D. IPA	2190	2340	3300	5170	7990
JN5	Aetna Open Access-Basic	1420	1630	3090	5900	8880
JN2	Aetna Open Access-Hi	3080	3260	4570	7100	10540
222	Aetna HealthFund CDHP	1310	1310	3770	7700	13260
2G2	CareFirst Blue Choice	2250	2480	3680	6030	10510



Health Insurance

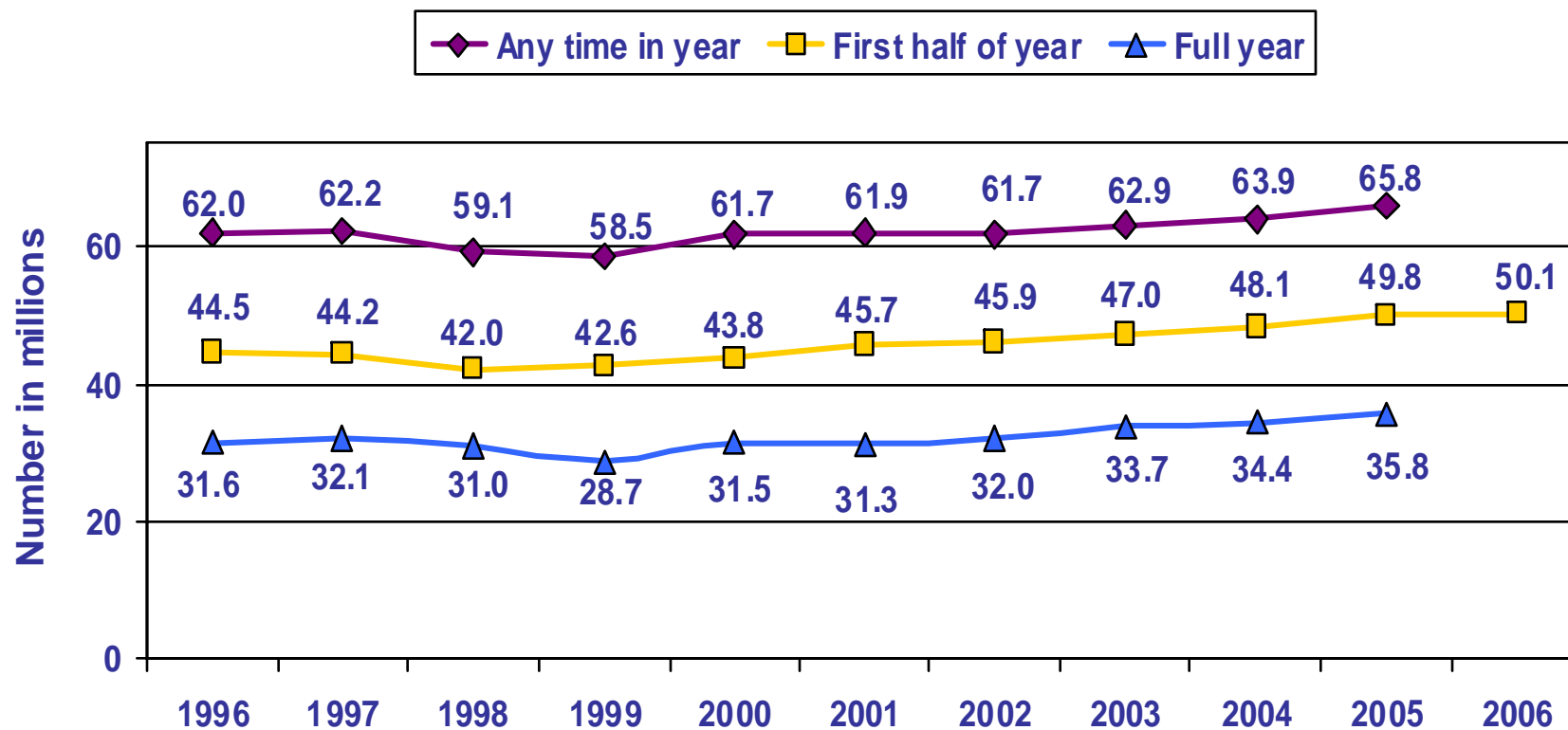


Trends in Health Insurance

- Impact of extended durations of uninsurance
- Effects of States' innovations (Medicaid/SCHIP)



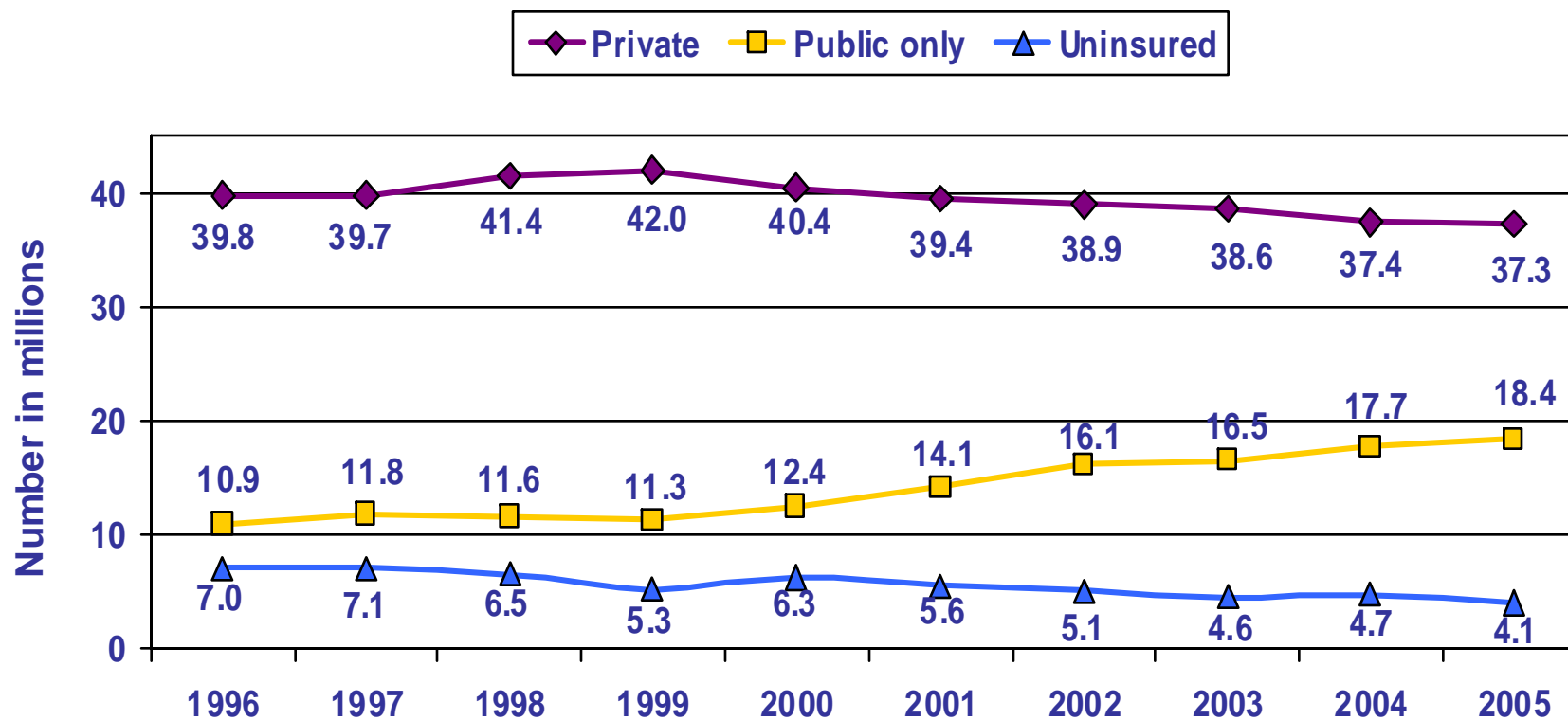
MEPS, 1996–2006: Number of uninsured, under age 65



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2005 Full-Year and 1996–2006 Point-in-Time Files



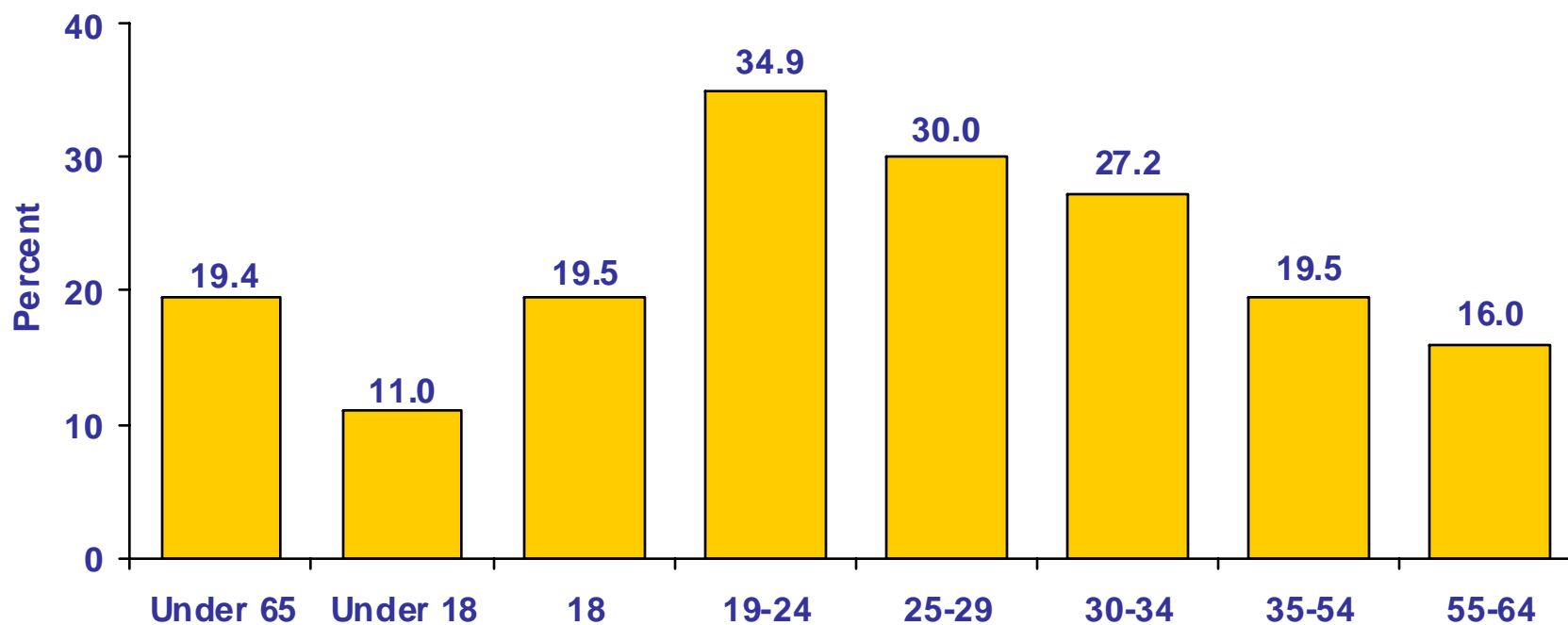
MEPS, 1996–2005: Number of children under age 18, by all-year insurance status



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2005 Full-Year Files



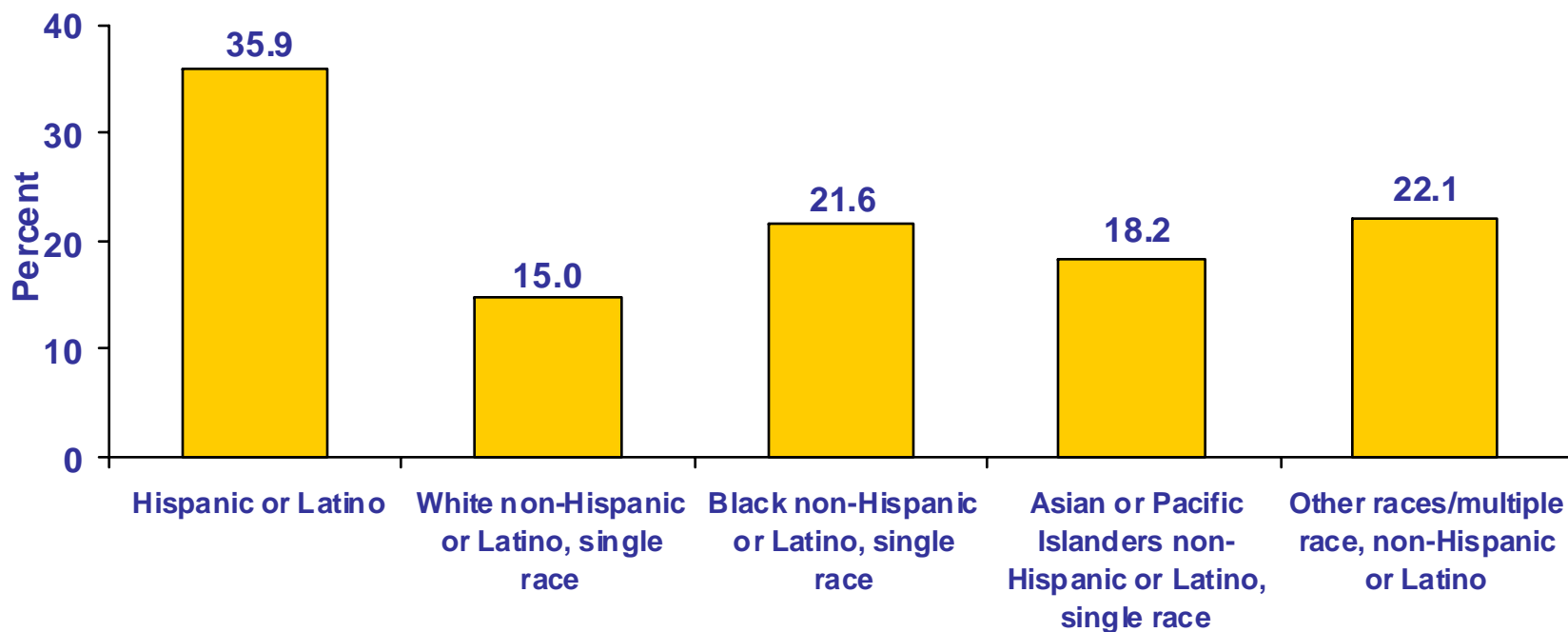
Percentage uninsured, by age, people under age 65, first half of 2006



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2006 Point-in-Time File



Percentage uninsured, by race/ethnicity, people under age 65, first half of 2006



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2006 Point-in-Time File



Average Annual Health Insurance Premium per Enrolled Employee at Private-Sector Establishments Offering Health Insurance: US and Ten Largest States, 2004

State	Single Coverage	Employee-Plus-One Coverage	Family Coverage
UNITED STATES	\$3,705	\$7,056	\$10,006
California	\$3,534	\$6,733	\$9,557*
Texas	\$3,781	\$6,973	\$10,110
New York	\$3,858**	\$7,424	\$10,397
Florida	\$3,807	\$7,354	\$10,444
Illinois	\$3,768	\$7,318	\$10,357
Pennsylvania	\$3,671	\$7,380	\$9,987
Ohio	\$3,782	\$6,844	\$9,590*
Michigan	\$3,918	\$7,231	\$9,763
New Jersey	\$3,882	\$7,599**	\$11,425**
Georgia	\$3,335*	\$6,450*	\$9,317*

* Below the national average. ** Above the national average.

Source: Center for Financing Access and Cost Trends, AHRQ, Medical Expenditure Panel Survey – Insurance Component, 2004, Tables II.C.1, II.D.1, II.E.1



Average annual employee premium at private sector establishments in 2004: United States and 10 largest states

State	Single coverage		Employee-plus-one coverage		Family coverage	
	Dollars	Percentage of premium	Dollars	Percentage of premium	Dollars	Percentage of premium
UNITED STATES	\$671	18.1%	\$1,667	23.6%	\$2,438	24.4%
California	\$554*	15.7%	\$1,635	24.3%	\$2,430	25.4%
Texas	\$663	17.5%	\$1,891	27.1%	\$2,788	27.6%
New York	\$714	18.5%	\$1,499	20.2%*	\$2,090	20.1%
Florida	\$723	19.0%	\$1,996	27.1%	\$2,972	28.5%
Illinois	\$693	18.4%	\$1,674	22.9%	\$2,351	22.7%
Pennsylvania	\$661	18.0%	\$1,583	21.5%	\$2,033*	20.4%*
Ohio	\$687	18.2%	\$1,408	20.6%	\$2,206	23.0%
Michigan	\$558*	14.2%*	\$1,254	17.3%	\$1,770*	18.1%*
New Jersey	\$613	15.8%	\$1,515	19.9%	\$1,886	16.5%*
Georgia	\$716	21.5%**	\$1,708	26.5%	\$2,599	27.9%

* Below the national average. ** Above the national average.

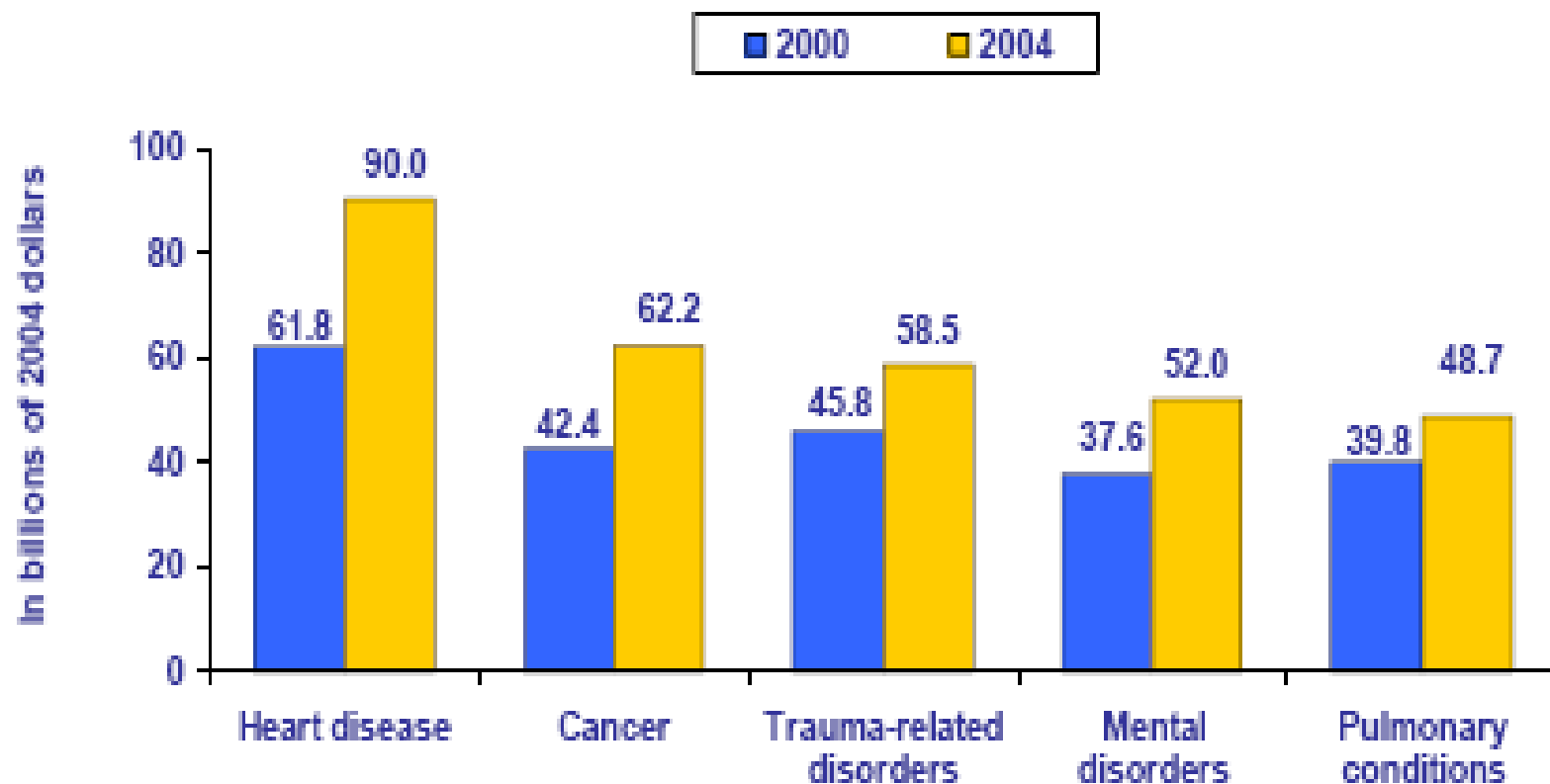
Source: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2004, Tables II.C.2, II.C.3, II.D.2, II.D.3, II.E.2, and II.E.3.



Health Status and Conditions



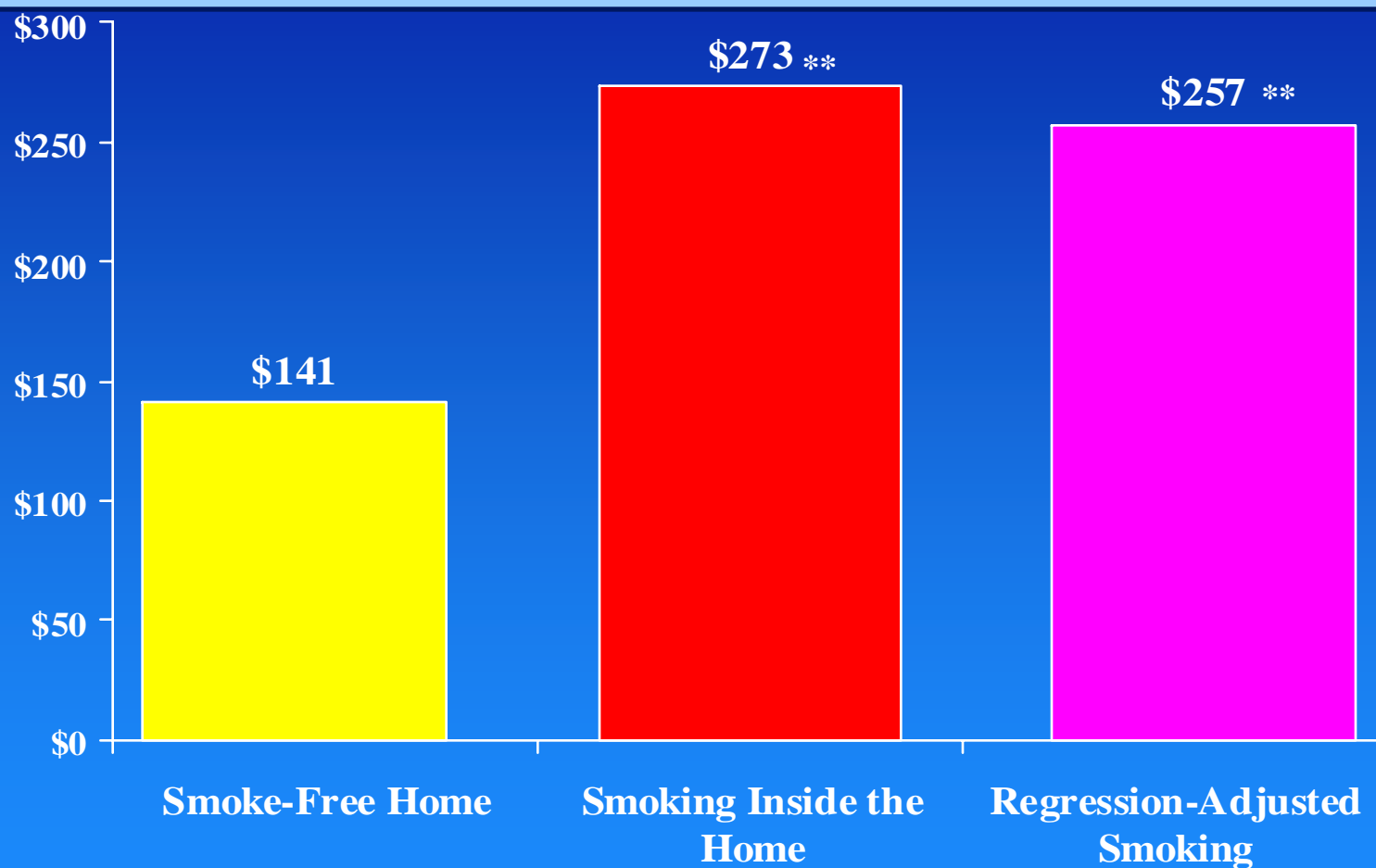
Expenditures for the top five most costly conditions, 2000 and 2004



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2000 and 2004



Total Expenditures for Respiratory Conditions Among Children Age 0 to 4



** Statistically significantly different from children residing in smoke-free homes at the .05 level, two-tailed test.

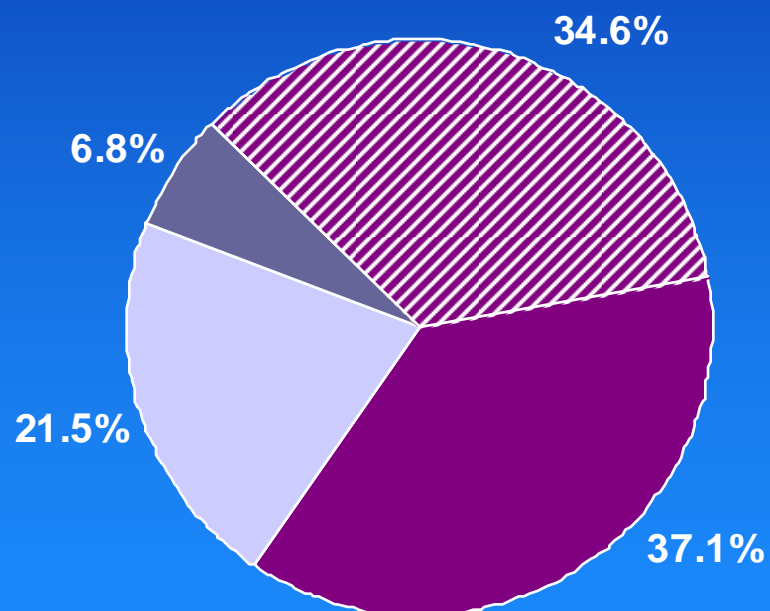
Steven C. Hill & Lan Liang. "Smoking in the Home and Children's Health."



Distribution of expenses for injury-related conditions, by cause, 2002

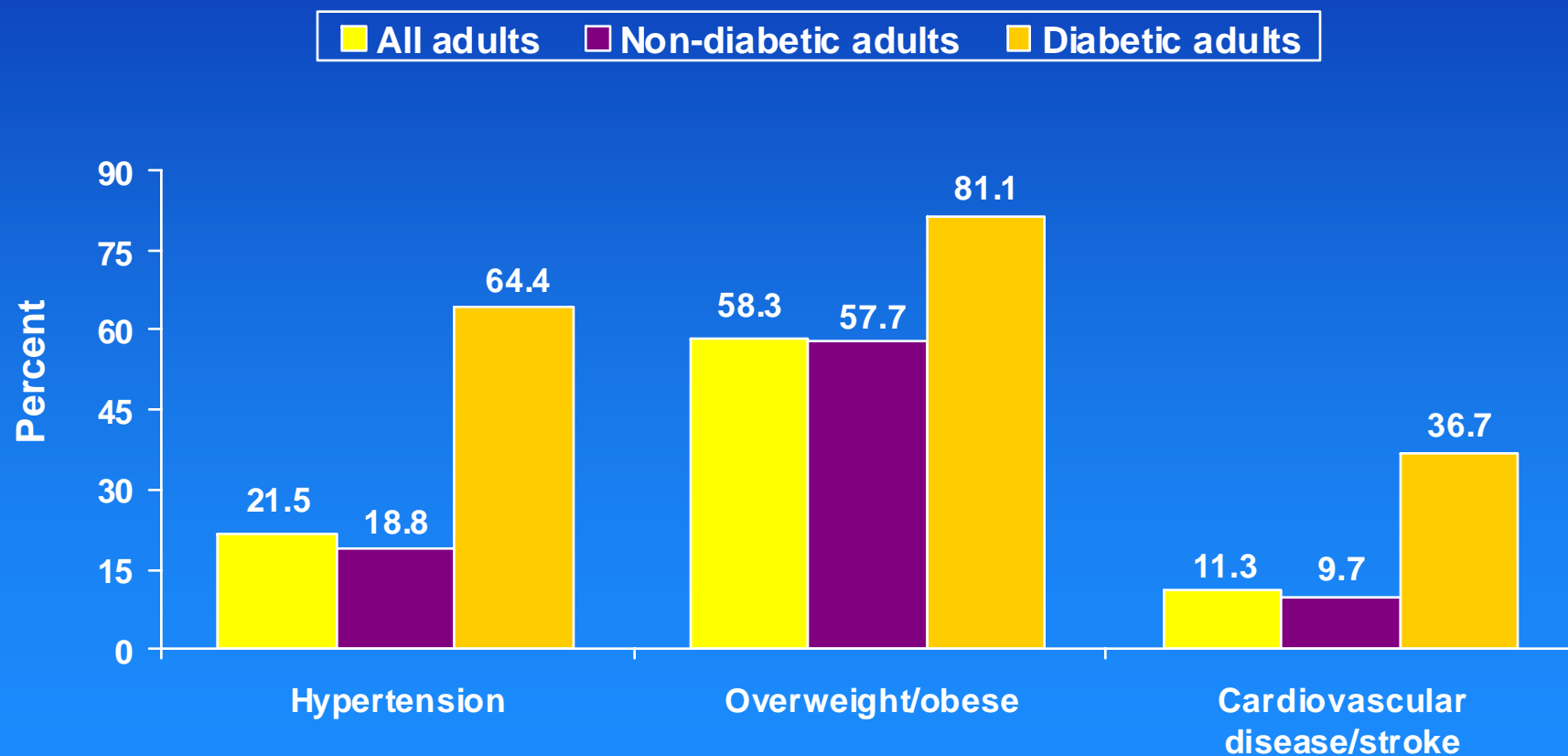
■ Vehicle Accidents ■ Sports Injuries ■ Falls ■ Other

Total=\$73.4 billion



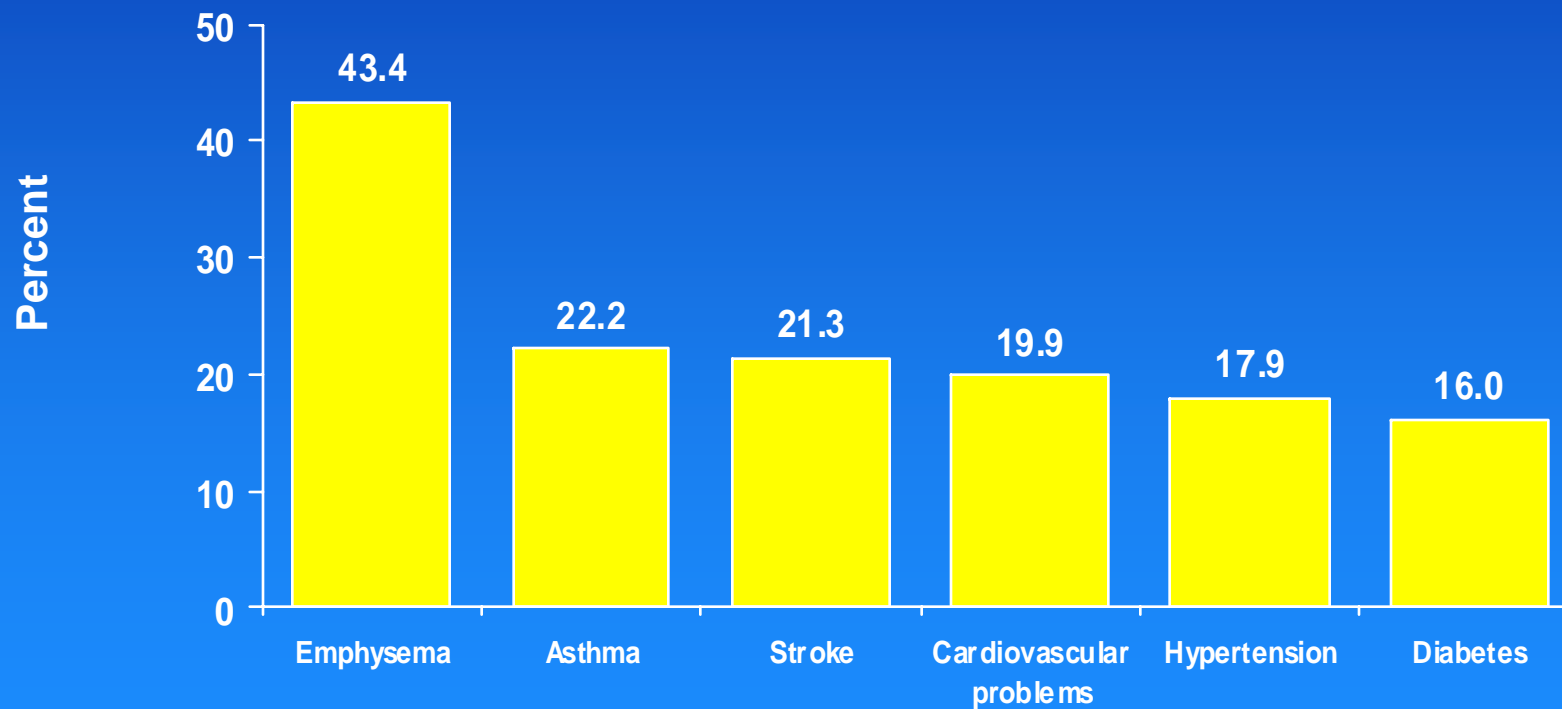


Chronic diseases among diabetics, non-diabetics, and all adult U.S. population, 2003



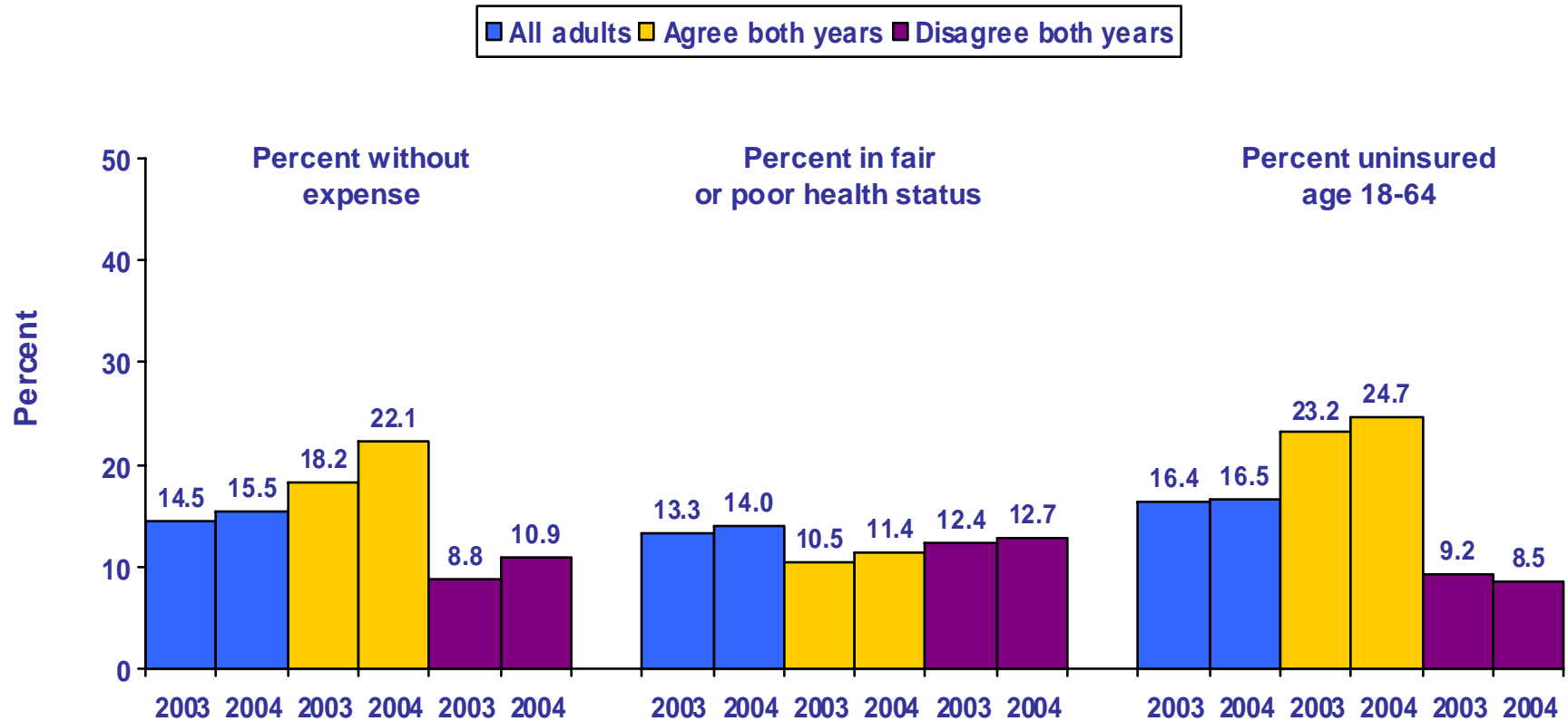


Percentage of adults 18 years or older who currently smoked, by selected chronic conditions, 2003





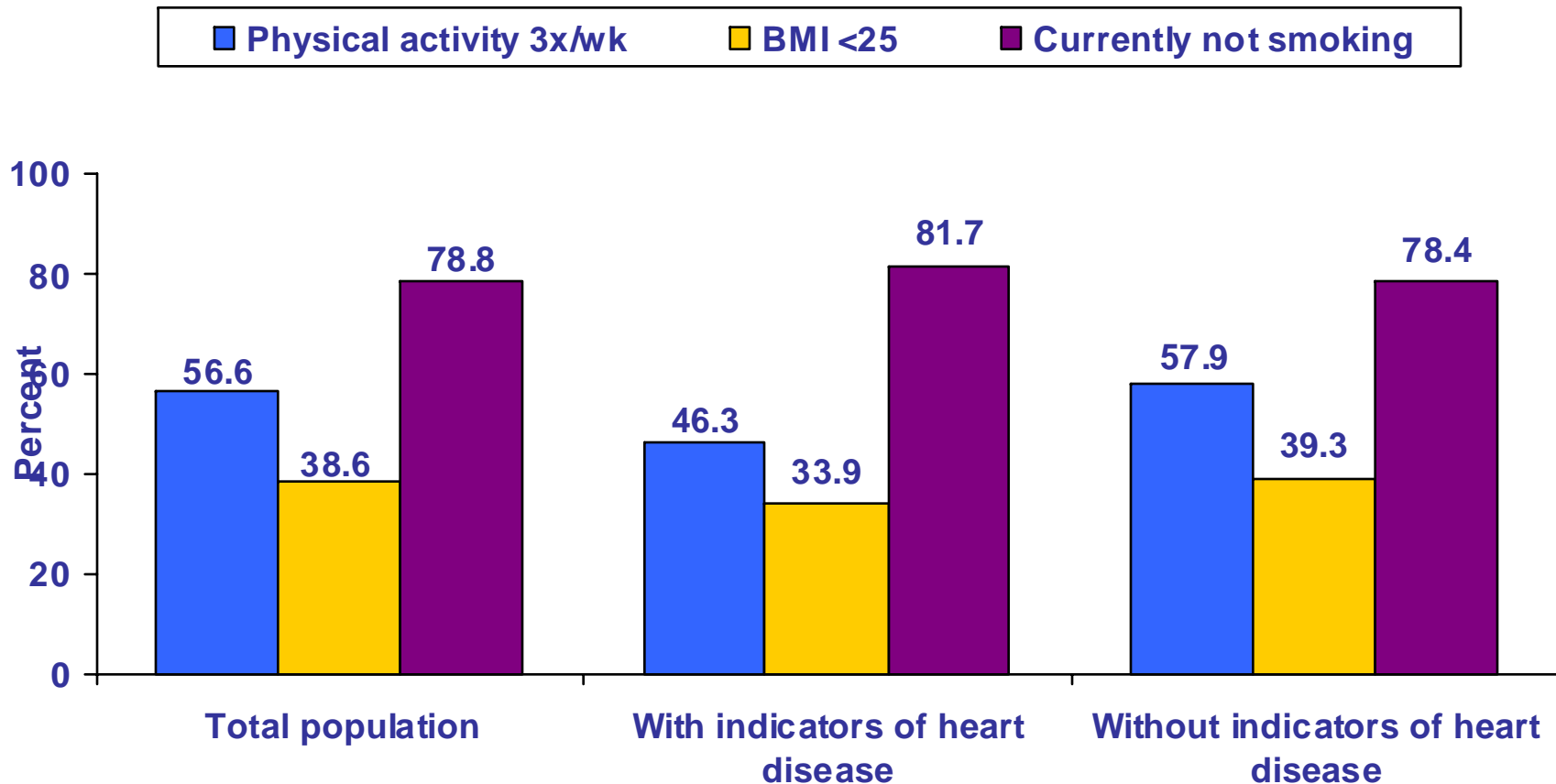
Characteristics of adults with consistent attitudes to statement “Health insurance is not worth the money it costs,” 2003 and 2004



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2003 and 2004.



Heart disease prevention measures among the U.S. adult population, by presence of heart disease indicators, 2004



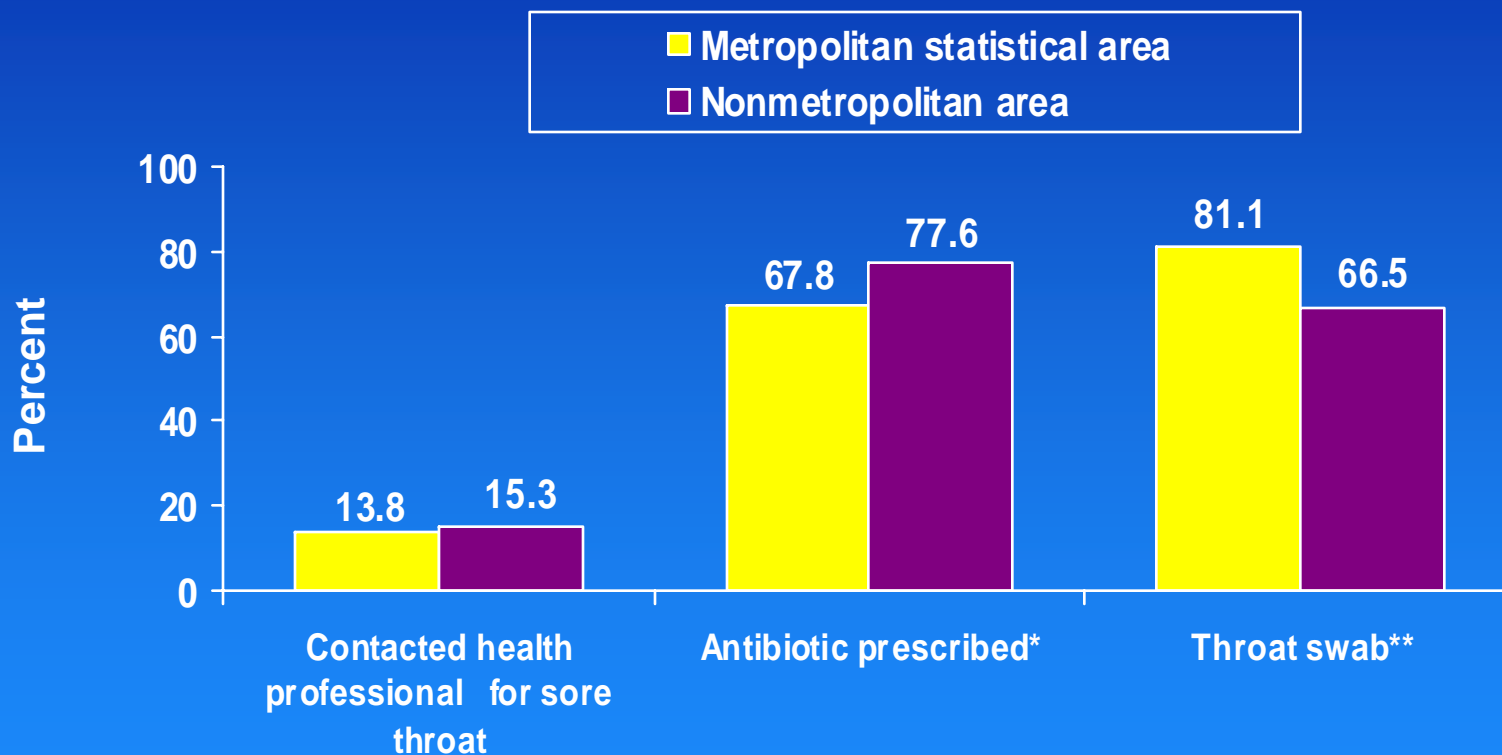
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey 2004



Quality

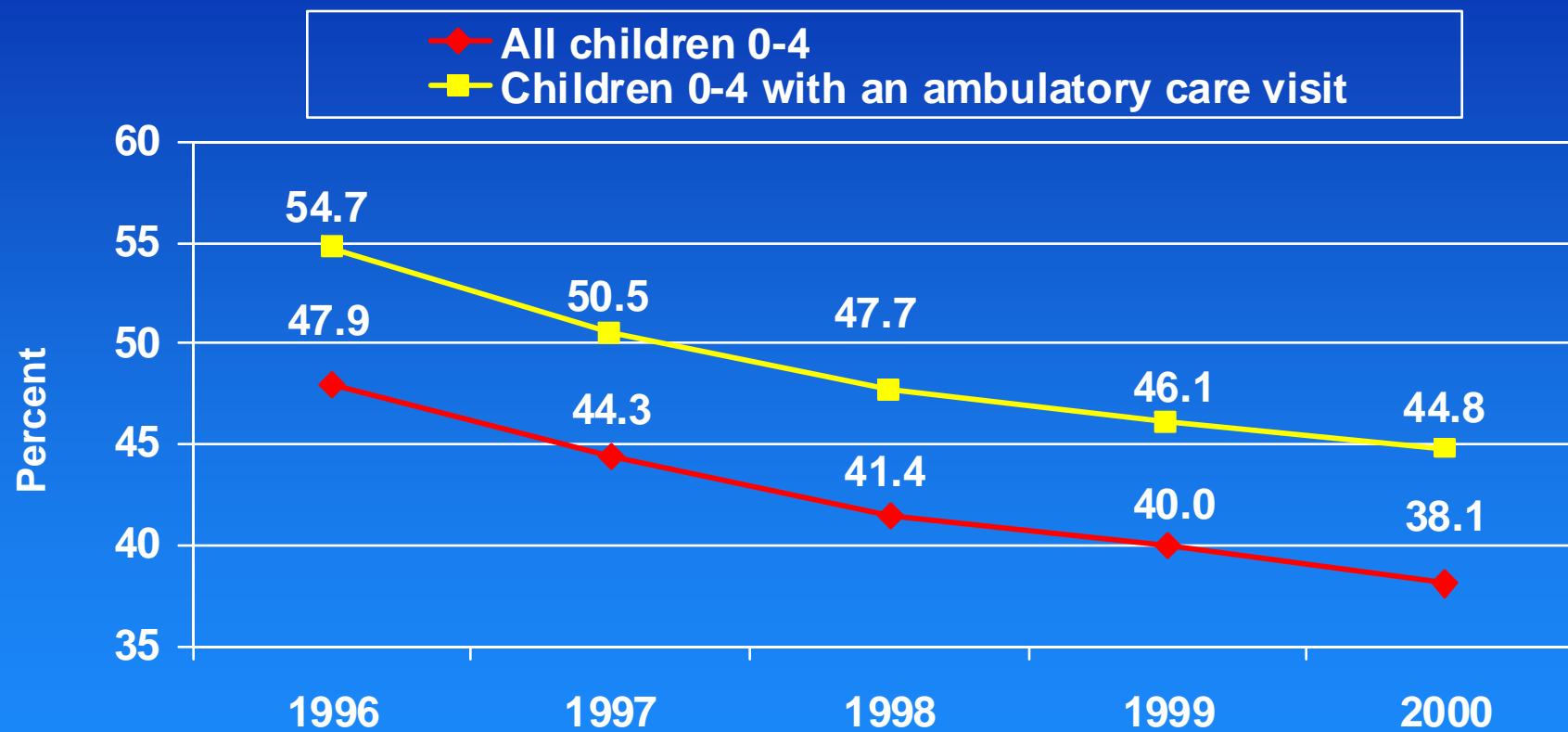


Treatment of sore throats for children under 18: Selected measures by metropolitan area status, 2002–2004 (average annual)



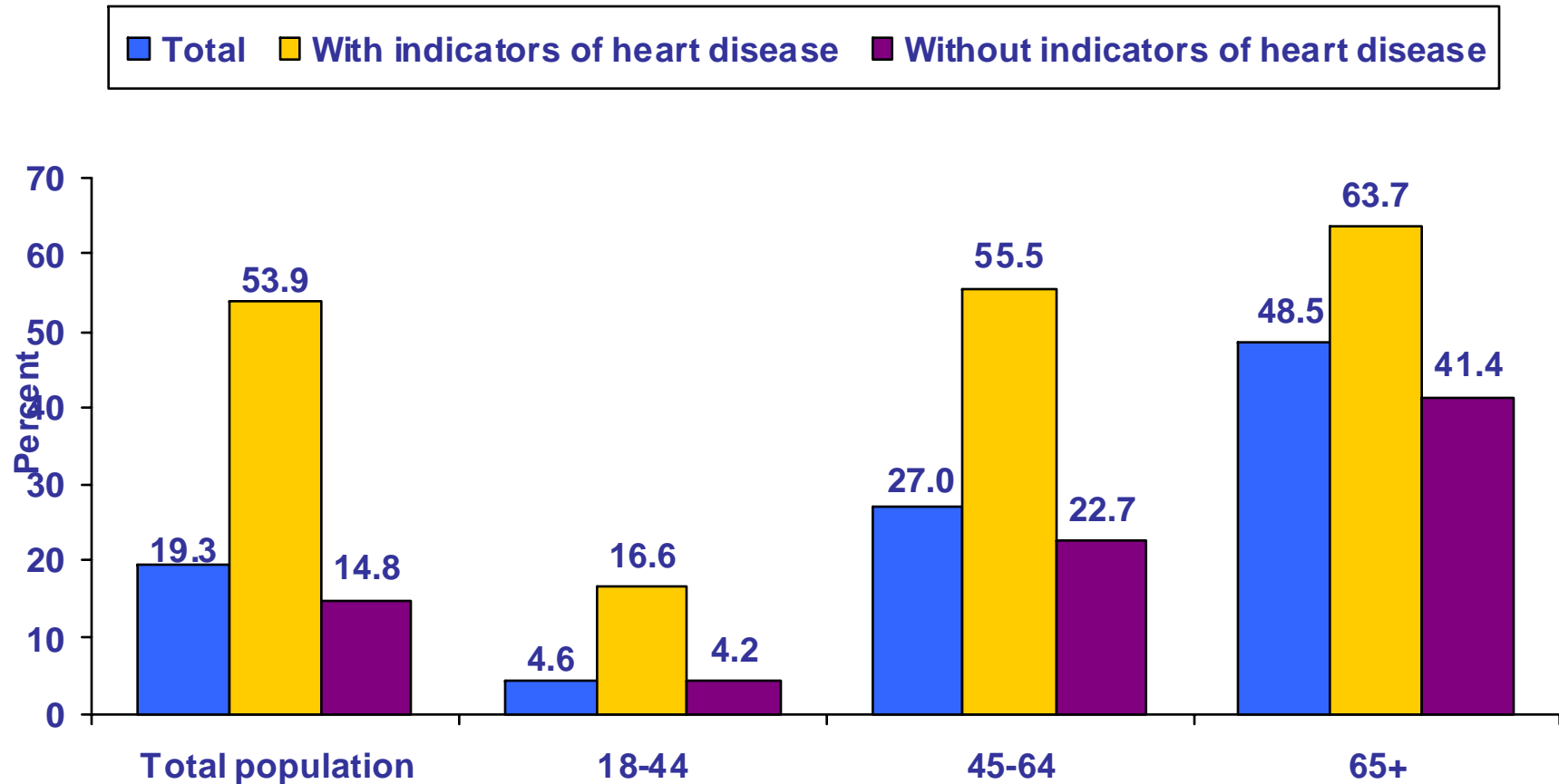


Percentage of children 0 to 4 years old that had at least one antibiotic prescription during the year, 1996 to 2000





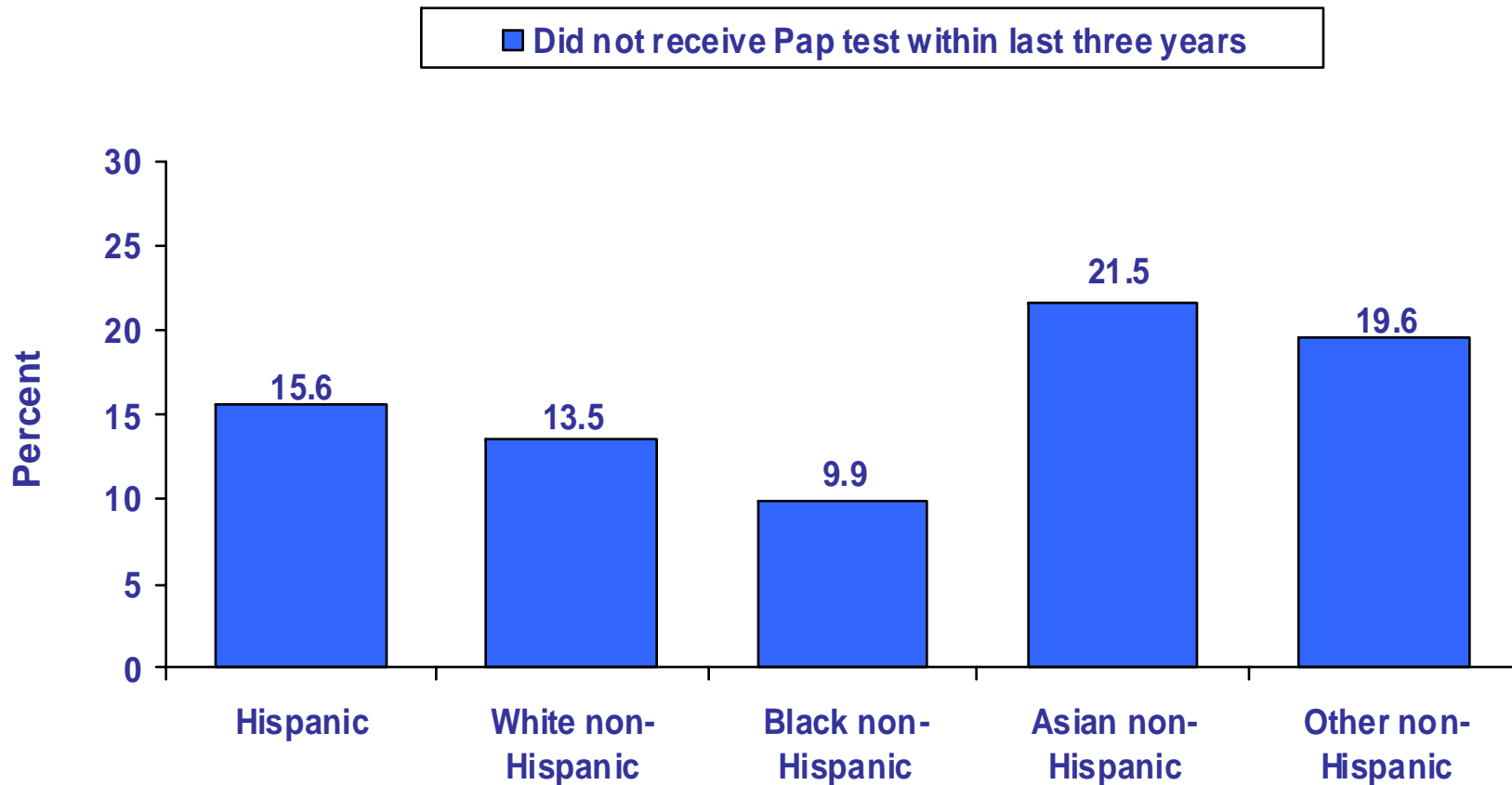
Percentage of adults, with and without indicators of heart disease, who took aspirin daily or every other day, by age, 2005



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2005



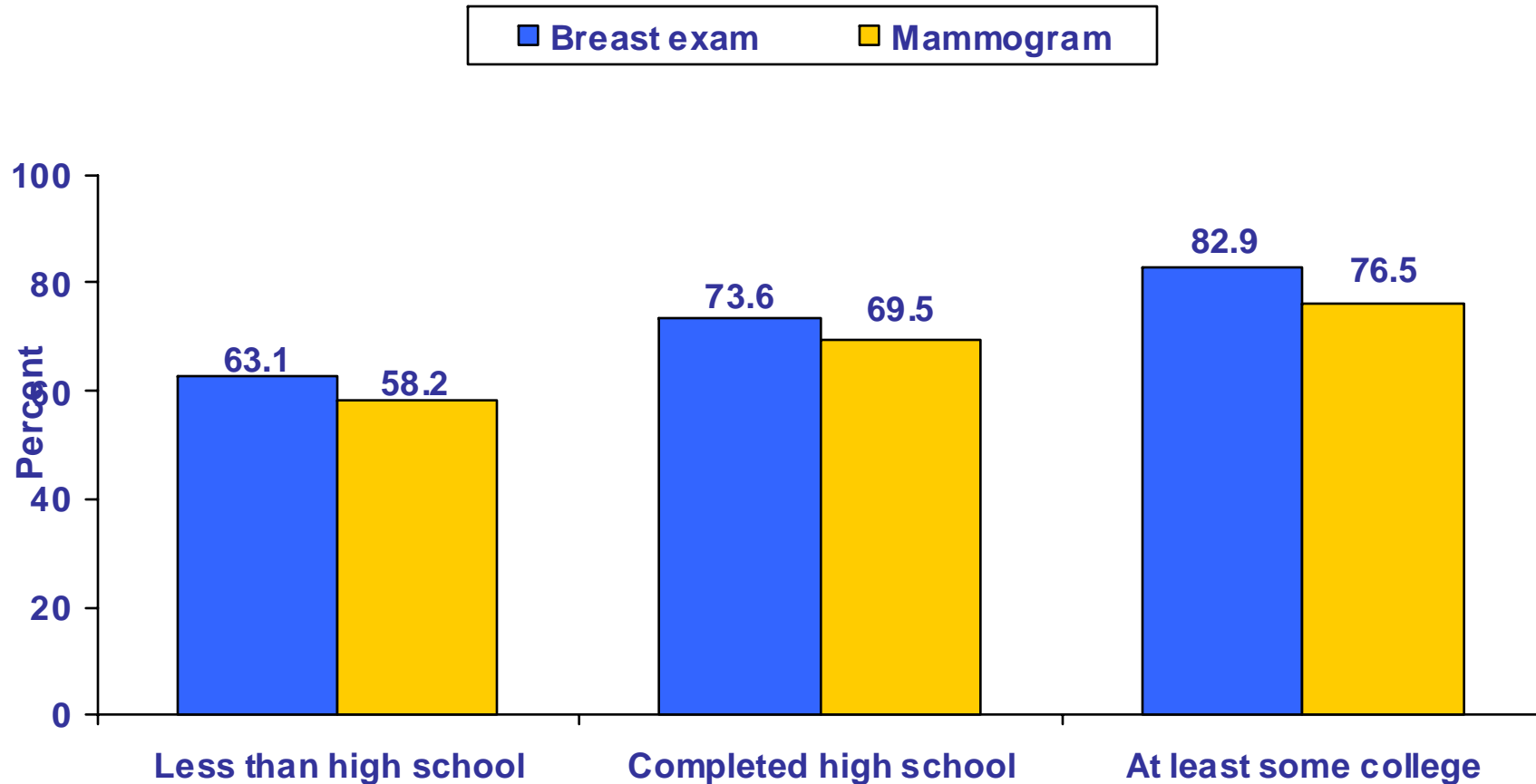
Percentage of women age 18-64 without Pap test screening in the past three years, by race/ethnicity, 2005



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2005



Percentage of women age 40 and over with breast cancer screening in the past two years, by education, 2005



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2005