Cross-Agency Collaboration in the Rapid Development of COVID-19 Questionnaire Items for the Medicare Current Beneficiary Survey (MCBS)

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Andrea Mayfield, NORC at the University of Chicago
Kylie Carpenter, NORC at the University of Chicago
Rachel Carnahan, NORC at the University of Chicago
Elise Comperchio, NORC at the University of Chicago
Felicia LeClere, NORC at the University of Chicago

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Overview

01 Impact of COVID-19 on the MCBS

02 Collaborative Process for Designing and Testing Items

03 Data Products and Findings from the MCBS COVID-19 Community Supplements
Impact of COVID-19 on the MCBS
The Medicare Current Beneficiary Survey (MCBS) is a continuous, multi-purpose longitudinal survey.

- The MCBS represents the population of Medicare beneficiaries aged 65 and over and beneficiaries aged 64 and under with certain disabling conditions living in the United States.

- The MCBS collects data in two main components:
  - **Community**: Survey of beneficiaries residing in non-institutional, residential settings
  - **Facility**: Survey of beneficiaries residing in facilities such as long-term care nursing homes

- The MCBS serves as the leading source of information on the Medicare program and its impact on beneficiaries, including health care utilization, barriers to care, health care expenditures, and physical, emotional, and financial well-being.
Given the rapidly changing nature of the pandemic, there was an urgent need for data to shed light on its impact on the Medicare population.

- On January 31, 2020, the Secretary of the Department of Health and Human Services (HHS) determined that a Public Health Emergency (PHE) existed for the United States to aid the nation’s health care community in responding to COVID-19.

- Older people and people of all ages with severe chronic medical conditions — like heart disease, lung disease and diabetes, for example — seemed to be at higher risk of developing serious COVID-19 illness.¹

- By using the MCBS, CMS was uniquely positioned to collect timely and vital information on how the pandemic was impacting the lives of Medicare beneficiaries.

Collaborative Process for Designing and Testing Items
CMS and NORC implemented three COVID-19 Community Supplements starting in Summer 2020.

- Rather than modify the main MCBS instruments, stand alone supplemental surveys were developed to get into the field as quickly as possible.
- These rapid response surveys asked about topics such as preventive care, forgone care, availability of telemedicine services, and impact to beneficiary well-being.
- Content such as COVID-19 vaccine utilization was updated as the pandemic evolved to meet emerging data needs.
- Starting in Summer 2021, the COVID-19 Supplement content was incorporated into the main MCBS for subsequent interviews as appropriate.
Incorporating items from other surveys facilitated rapid development of the first MCBS COVID-19 Community Supplement in Summer 2020.

<table>
<thead>
<tr>
<th>Source Adapted From</th>
<th>Content Area</th>
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<tbody>
<tr>
<td>American Community Survey (ACS)</td>
<td>Access to computers and internet</td>
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<tr>
<td>National Center for Health Statistics Research and Development Survey (NCHS RANDS)</td>
<td>Ability to access basic needs during the pandemic</td>
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<td>Availability and use of telemedicine</td>
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<td>Autoimmune disease prevalence</td>
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<td>Public health guidance</td>
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<td>NCHS RANDS and National Health Interview Survey (NHIS)</td>
<td>Utilization of COVID-19 testing</td>
</tr>
<tr>
<td>March 2020 Associated Press (AP)-NORC Center Poll</td>
<td>Sources of COVID-19 information</td>
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<tr>
<td>March 2020 AP-NORC Center Poll/University of California Irvine’s COVID-19 Outbreak Study</td>
<td>Knowledge and perceptions of COVID-19</td>
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NORC conducted a field test of the MCBS COVID-19 Community Supplement in Summer 2020 under the MCBS Generic Clearance.

- The field test was conducted at approximately the same time as testing of similar COVID-19 items by other agencies, such as NCHS
- Office of Management and Budget (OMB) approved the field test under the MCBS Generic Clearance (0938-1275) on May 7, 2020
- Goal was to assess administration of standalone design in parallel with main MCBS data collection (never done before)

**COVID-19 Summer 2020 Supplement Test**

**Field Period**
June 10 to July 15, 2020  
Simultaneous to main MCBS data collection

**Sample**
Existing MCBS sampled beneficiaries who were continuously enrolled in Medicare from the beginning of 2020 and were alive and living in the community, eligible for and enrolled in Medicare at the time of their interview in Summer 2020

**Questionnaire**
15-minute standalone telephone survey

**Data Collection**
11,114 completes  
78.9% response rate
Based on the success of the Summer 2020 field test, CMS requested emergency OMB clearance to conduct the COVID-19 Fall 2020 Community Supplement.

- Strong item performance and data collection results from the Summer 2020 test laid the groundwork for requesting OMB Emergency Clearance (0938-1379) to use the same standalone survey design in Fall 2020.

- CMS collaborated with stakeholders to update items in the COVID-19 Fall 2020 Community Supplement to remove outdated topics and measure new areas of interest.

<table>
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<th>New Items</th>
<th>Removed Items</th>
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<td>COVID-19 testing (i.e., wait time for test results, out-of-pocket cost of testing)</td>
<td>Lack of access to COVID-19 tests</td>
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<tr>
<td>Likelihood of getting a COVID-19 vaccine (items drafted by Centers for Disease Control and Prevention (CDC))</td>
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During review of the emergency request, OMB facilitated further cross-agency collaboration.

- OMB requested that CMS realign the MCBS COVID-19 Fall 2020 Community Supplement with NCHS RANDS and NHIS COVID-19 items, which had been recently tested and revised.

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<td>CDC</td>
<td>Presumptive vaccine uptake (new topic in Fall 2020!)</td>
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*Content areas revised during the OMB review process to realign with other federal surveys are highlighted in orange.*
CMS revised the MCBS Clearance (0938-0568) to continue fielding COVID-19 items as part of the MCBS in 2021 and beyond.

- **Emergency OMB Clearance** (0938-1379)
  - Fielded Oct. 5 to Nov. 15, 2020
  - 9,686 completed interviews
  - Response rate: 72.6%

- **Main MCBS Clearance** (0938-0568)
  - Fielded March 1 to April 25, 2021
  - 11,107 completed interviews
  - Response rate: 79.6%

- **Integration of COVID-19 Items into Main Community Questionnaire**
  - Starting in Summer 2021, certain COVID-19 Supplement items were incorporated into the main MCBS for subsequent interviews.

CMS worked with CDC to add items about COVID-19 vaccine utilization starting in Winter 2021.
This process allowed CMS and NORC to field three Supplements in a 12-month period, creating an opportunity to track the course of the pandemic.
Data Products and Findings from the MCBS COVID-19 Community Supplements
Public Use Files (PUF) and Data Snapshots were publicly released two months after the close of data collection for each Supplement.

**COVID-19 PUFs:**

**Data Snapshots:**
Forgone Care, Summer 2020 to Winter 2021

Proportion of Beneficiaries Living in the Community Reporting Forgone Care Due to COVID-19

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<th>Proportion</th>
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<td>Summer 2020</td>
<td>20.9%</td>
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<tr>
<td>Fall 2020</td>
<td>7.8%</td>
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<tr>
<td>Winter 2021</td>
<td>6.6%</td>
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SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey COVID-19 Summer 2020, Fall 2020, and Winter 2021 PUFs

NOTES: Estimates are representative of beneficiaries who were continuously enrolled in Medicare from the beginning of 2020 and still alive, living in the community, and eligible and enrolled in Medicare at the time of their COVID-19 Summer, Fall, or Winter Supplement interview. Beneficiaries living in the community answered questions themselves or by proxy. In Summer, respondents were asked “At any time since the beginning of the coronavirus outbreak, did you need medical care for something other than coronavirus, but not get it because of the coronavirus outbreak?” In Fall, respondents were asked “Since July 1, 2020, did you need medical care for something other than coronavirus, but not get it because of the coronavirus pandemic?” In Winter, respondents were asked “Since November 1, 2020, did you need medical care for something other than coronavirus, but not get it because of the coronavirus pandemic?” Weights used for these estimates are preliminary weights and these estimates should therefore be interpreted with caution.
Forgone Care, Winter 2021

Among beneficiaries who reported forgone care since November 2020...

The type of forgone health care varied\(^1\) (% of beneficiaries)

- Dental care: 32%
- Treatment for ongoing condition: 32%
- Diagnostic or medical screening test: 29%
- Regular check-up: 29%
- Vision care: 22%
- Surgical procedure: 15%
- Prescription drugs or medications: 9%

\(^1\) Respondents were able to select more than one type

Beneficiaries decided to forgo care for various reasons (% of reasons)

- Did not want to be at a medical facility: 45%
- Did not want to leave their house: 32%
- Other reason: 14%
- No access to transportation: 9%

Health care providers rescheduled appointments for various reasons (% of reasons)

- Medical office was closed: 24%
- Other reason: 24%
- Medical office reduced available appointments: 24%
- Priority was given to other types of appointments: 15%
- Medical provider did not give a reason: 13%


NOTES: Estimates are representative of beneficiaries who were continuously enrolled in Medicare from the beginning of 2020 and still alive, living in the community, and eligible and enrolled in Medicare at the time of their COVID-19 Winter Supplement interview. Weights used for these estimates are preliminary weights and these estimates should therefore be interpreted with caution.
Sources of COVID-19 Information, Summer 2020 to Winter 2021

More Medicare Beneficiaries relied on health care providers for information about COVID-19. Fewer relied on the Internet as the pandemic evolved.

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey COVID-19 Summer 2020, Fall 2020, and Winter 2021 PUFs
COVID-19 Vaccine Uptake, Winter 2021

Since December 2020...

64% of beneficiaries reported receiving at least one dose of a COVID-19 vaccine during their interview (% of beneficiaries)\(^1\)

- 36% of beneficiaries received 0 doses
- 64% of beneficiaries received at least 1 dose

Month of first dose (% of beneficiaries who received at least one dose)\(^1,2\)

- December 2020: 1%
- January 2021: 27%
- February 2021: 50%
- March 2021: 21%

70% of older beneficiaries have received at least one vaccine dose compared to 24% of beneficiaries under 65\(^3\)

67% of white beneficiaries have received at least one vaccine dose compared to 53% of non-white beneficiaries\(^4\)


NOTES: Estimates are representative of beneficiaries who were continuously enrolled in Medicare from the beginning of 2020 and still alive, living in the community, and eligible and enrolled in Medicare at the time of their COVID-19 Winter 2021 Supplement interview. Weights used for these estimates are preliminary weights and these estimates should therefore be interpreted with caution.

\(^1\) Totals may not sum to 100 percent due to rounding and/or missingness
\(^2\) The percentage of beneficiaries who received their first dose in April 2021 has been suppressed
\(^3\) Eligible for Medicare due to disability
Presumptive COVID-19 Vaccine Uptake, Winter 2021

Among beneficiaries who have not received any doses of a COVID-19 vaccine...

Over half of beneficiaries would definitely or probably get a COVID-19 vaccine (% of beneficiaries)¹

- Definitely: 45%
- Probably: 14%
- Not sure: 17%
- Probably not: 9%
- Definitely not: 15%

Among beneficiaries who would definitely or probably get a vaccine...
The two most common reasons reported for not having received a vaccine during their interview were lack of availability (64%) and not belonging to a priority group (13%)

Among beneficiaries who would probably not or definitely not get a vaccine...
The two most common reasons reported for not having received a vaccine during their interview were concerns about vaccine safety or potential side effects (44%) and distrust of what the government says about the vaccine (29%)


NOTES: Estimates are representative of beneficiaries who were continuously enrolled in Medicare from the beginning of 2020 and still alive, living in the community, and eligible and enrolled in Medicare at the time of their COVID-19 Winter 2021 Supplement interview. Weights used for these estimates are preliminary weights and these estimates should therefore be interpreted with caution.

¹ Totals may not sum to 100 percent due to rounding and/or missingness
Early and ongoing collaboration across federal agencies ensured rapid implementation of standardized COVID-19 items on the MCBS COVID-19 Community Supplements.

Limitation:

• Despite fielding similar items across the MCBS COVID-19 Community Supplements and the NCHS RANDS and NHIS surveys, benchmarking estimates is challenging due to differences in the surveys’ respective designs.

Future research:

• CMS continues to review opportunities for potential realignment with COVID-19 items from other surveys.

• Are there ways to improve rapid cross-agency collaboration during a crisis so that consistent measures are used across surveys?
Questions?

Other Resources:

**MCBS COVID-19 Advanced Tutorial:**

**MCBS COVID-19 Data Tool:**
- [https://mcbs-interactives.norc.org/](https://mcbs-interactives.norc.org/)
Thank you!

Andrea Mayfield
Senior Research Director I
Mayfield-Andrea@norc.org

Kylie Carpenter
Principal Data Analyst
Carpenter-Kylie@norc.org

Rachel Carnahan
Research Director II
Carnahan-Rachel@norc.org

Elise Comperchio
Research Scientist
Comperchio-Elise@norc.org

Felicia LeClere
Senior Fellow
LeClere-Felicia@norc.org

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