

• Examining access to and costs of health care for common diseases and conditions, health care quality, prescription drug use, and other health issues.

Statisticians and researchers will use these data to make important generalizations about the health care of civilian non-institutionalized population of the United States, as well as to conduct research in which the household is the unit of analysis.

Methods of Collection

Data from the MEPS-HC will be collected using a combination of modes.

For example, the AHRQ intends to introduce study participants to the survey through advance mailings. The first contact will provide the household with information regarding the importance and uses of the information obtained. The AHRQ will then conduct five (in-person) interviews with each household to obtain health care use and expense data for 2 calendar years. Data will be collected using a computer-assisted personal interviewing method (CAPI). In certain cases, AHRQ will conduct interviews over the telephone, if necessary respondents may be asked

to respond to 1 or more short self-administered questionnaires over the course of the survey.

The medical provider survey will be conducted predominantly by telephone, but may include self-administered mail surveys, if requested by the respondent.

Estimated Annual Respondent Burden Per Year for the MEPS HC: Each MEPS participated is asked to complete 5 interviews over two and one half years. Each interview averages 1.8 hours in length. Total burden is estimated in the following chart:

MEPS HOUSEHOLD COMPONENT ESTIMATED BURDEN FOR 2004 AND 2005

Survey period	Number of completes	Burden per complete (hours)	Total burden (hours)
Jan-Jul '04	22,037	1.8	39,667
Aug-Dec '04	14,746	1.8	26,543
Jan-Jul '05	22,418	1.8	40,352
Aug-Dec '05	15,003	1.8	27,005
Jan-Jul '06	14,838	1.8	26,708
Total .....	.....	.....	160,275

Estimated Annual Respondent Burden per year for the MEPS MPC: The MPC for Calendar Year 2004 and 2005

estimated annual hour burden is as follows:

Type of provider	Number of respondents	Average number of patients/provider	Number of patient/provider pairs	Average number of events/patient	Average burden/event (in minutes)	Total hours of burden
MPC 2004:						
Hospital Office-based	5,502	2.2	12,105	3.2	5	3,227
Doctor	23,077	1.3	30,000	3.5	5	8,750
Separately Billing Doctor	17,143	1.4	24,000	1.3	5	2,600
Home Health	545	1.1	600	5.8	5	290
Pharmacy	8,077	2.6	21,000	10.3	3	10,815
Total	54,344	.....	87,705	.....	.....	25,682
MPC 2005:						
Hospital Office-based	5,310	2.2	11,681	3.2	5	3,115
Doctor	22,269	1.3	28,950	3.5	5	8,444
Separately Billing Doctor	16,543	1.4	23,160	1.3	5	2,509
Home Health	526	1.1	579	5.8	5	280
Pharmacy	7,794	2.6	20,265	10.3	3	10,436
Total	52,442	.....	84,635	.....	.....	24,784

Request for Comments

In accordance with the above cited legislation, comments on the AHRQ information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of functions of AHRQ, including whether the information will have practical utility; (b) the accuracy of the AHRQ's estimate of burden (including hours and cost) of the

proposed collection of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information

collection. All comments will become a matter of public record.

Dated: November 26, 2003.

Carolyn M. Clancy,

Director.

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