

Meeting the Challenges of Converting a Large Establishment Survey from Paper to Electronic Administration

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Introduction

- *Innovation in large survey organizations is as essential as breathing – there is no alternative.*
-Dillman, 1996
- Advances in the survey research industry over the last twenty years dictate that efforts to improve survey protocols through change, no matter how uncertain or challenging, can be beneficial.
 - Especially true of the technological advances that continue to foster the move from paper-based to computer-based administration.

Switching Modes

- Issues related to mode and method effect, usability issues, adjustments to question wording and response formats are well documented.
- Documentation on the operational considerations for converting an entire study protocol from paper-based to computer-based administration are difficult to find.
- Such a change requires critical thought on a number of fronts.

Establishment Surveys

- Further complexity is introduced when the survey being converted is an establishment survey.
- Many challenges present themselves.
 - Sample management.
 - Selecting proper informants in complex organizations.
 - Gaining the acceptance/approval of gatekeepers.
 - Building consistent rapport with respondents.
 - Managing multiple points of contact and ultimately, the potential for multiple respondents.
- Much of the literature focuses on best practices for self-administered surveys.
 - Interviewer-administered establishment surveys add yet another layer of complexity to mode conversion and redesign.

Our Purpose

- Discuss the challenges presented by converting a large federal study from paper-based administration to computer-based administration.
- Discuss the Development of highly innovative and customized solutions in preparation for the 2010 MEPS-MPC data collection.

MEPS-MPC Background

- The Medical Expenditure Panel Survey (MEPS)
 - Major program supporting the mission of the Agency for Healthcare Research and Quality (AHRQ) to improve the quality, safety, efficiency, and effectiveness of health care for all Americans.
 - A Household Component provides data from individual households and their members.
 - Data collected in the MEPS Medical Provider Component (MEPS-MPC) are used to impute estimates of medical expenditures not captured in the MEPS Household Component (MEPS-HC).

MEPS-MPC Background (con't)

- The MEPS-MPC collects data from tens of thousands of providers (physicians, hospitals, institutions home health agencies, and pharmacies) who provided medical care to MEPS Household Component respondents.
 - As such, multiple provider specific protocols exist.
- Collects data on dates of visits/services, use of medical care services, charges and sources of payments and amounts, and diagnoses and procedure codes for medical visits/encounters.
 - Data is collected by phone or by records abstraction.
 - Much of the data are derived from records maintained for other purposes.
 - Data collection system and procedures must be flexible in accepting and processing data and monitoring survey production from multiple streams.

Past Data Collection Practices

- Since 1996, the MEPS-MPC has collected medical records or billing data primarily by telephone, with the flexibility to collect these data by mail or fax based on the preferences of the medical provider.
- Paper-and-pencil administration.
 - All provider-specific instruments.
 - All call records and notes for each provider.
 - All case management, tracking and scheduling.

Moving to an Electronic Protocol

- To improve overall efficiency in operations and the timeliness and quality of data collected, an electronic system, the *Integrated Data Collection System* (IDCS) was developed to collect data for the 2010 MEPS-MPC cycle.
 - Retained some key aspects of the earlier data collection practices, such as flexibility to collect data based on provider preferences and separate provider-specific protocols.
 - Many processes were re-engineered to further improve operational efficiencies and data quality.

The Integrated Data Collection System (IDCS)

- IDCS supports the complex tracking requirements of the MEPS-MPC. Its main purposes are to:
 - Manage and update medical provider information.
 - Collect medical records and/or billing data via telephone or hardcopy abstraction into one central database.
 - Produce reports for production and quality monitoring.
 - Provide a secure infrastructure to contain confidential information.
 - Produce data files for the matching process.
 - Prepare data files for delivery to AHRQ.

The Integrated Data Collection System (IDCS) (con't)

- Two main systems with several subcomponents.
 - A single web-based component in which the MEPS-MPC forms are programmed for computer-assisted telephone interviewing or computer-assisted data entry.
 - A central Control System (CS) that manages the medical providers and associated electronic forms for call scheduling, contact information, appointment times, and event/status information.
- Subcomponents
 - Assignment Transfer.
 - Case Management.
 - Mail/Fax Review.
 - Receipting.
 - Coding.

The MEPS-MPC Electronic Protocol

- Offers medical providers multiple ways – by telephone, mail or fax - to provide their data.
- All data are entered directly into a central database to reduce processing time and error rates.
- Point-of-entry data quality checks are programmed into each Web-based form.
- Control System integrates data collected via telephone or hardcopy abstraction to provide a comprehensive monitoring system across data collection activities.
- Promotes data quality by overseeing and controlling administration of electronic forms.
 - Selection of providers to contact.
 - Selection of the method of data collection.
 - Outcome or status of the provider.
 - Monitoring reports to aid in study operational administration and supervision.
- Flexible data entry features.
 - User interface allows data entry in whatever order items appear in the provider records.

Automating Case Management

- The size and complexity of the MEPS-MPC presents a number of challenges related to case management.
- Paper record management introduces risk when attempting to efficiently move cases through the sequential steps of data collection.
- To maximize efficiency, users need quick access to features and pieces of pertinent information to help with decision making while working cases.
 - Tracking case history and commentary on activities already conducted for a case.
 - Reporting problems on a case and receiving resolution on those problems from supervisors and project staff.

Managing Individual Caseloads

- MEPS-MPC does not rely on a scheduling system and data collection staff “own” their cases.
- Solution:
 - The Case Assignment Screen was designed as an interface that allows data collection staff to access all of the active cases that have been assigned to them.

Case Assignment Screen

CMS - Windows Internet Explorer
 https://meps-esnstage.rti.org/default.aspx?tabid=200&cmstabid=141
 CMS Case Assignment
 Mode: Training
 MEPS Medical Expenditure Panel Survey
 Medical Provider Component
 Stockdale Logout
 Wednesday, April 28, 2010
 Search Review Admin Home Exit

Contact Group ID	Provider Name	Type	Contact	Time Zone	Status	Action Due	# Patients	# Events	Priority	Appointment	Wave
1001450	Chicago Group Practice	OBD	Chicago Group Practice	CST	672 - NR Form Needs more Information	Review comments in call history re: NR Form. Revise and re-submit	1	4	0		1
1001457	City Group	OBD	City Group	EST	599 - Event Form Data Collection in Progress	Continue medical event data collection	1	4	0		1
1001459	Dr. Peter Hu	OBD	Dr. Peter Hu	EST	301 - No Action Taken	New Case	1	3	0		1
1006779	Inner City Group	PHAR	Inner City Group	EST	301 - No Action Taken	New Case	1	4	0		1
1001451	Mercy Hospital	HOSP	Mercy Hospital	EST	324 - Appointment - Hard	Callback to POC on Appointment Date/Time	1	4	0	4/28/2010 6:00:00 PM	1
1001448	New York General	HOSP	New York General	EST	301 - No Action Taken	New Case	1	5	0		1
1006783	St. Vicky's Hospital	INST	St. Vicky's Hospital	EST	301 - No Action Taken	New Case	1	6	0		1
1001456	St. Vincent's Hospital	HOSP	St. Vincent's Hospital	EST	301 - No Action Taken	New Case	1	6	0		1
1001458	University of CA, Santa Barbara	HOSP	University of CA, Santa Barbara	EST	301 - No Action Taken	New Case	1	4	0		1
1001447	University of CA, Santa Cruz Hospital	HOSP	University of CA, Santa Cruz Hospital	PST	327 - Missed Appointment	Call POC and attempt data collection, or reschedule appointment	1	5	0	4/27/2010 3:00:00 PM	1
1006780	West Chicago Group Practice	HH	West Chicago Group Practice	CST	301 - No Action Taken	New Case	1	4	0		1
1001444	Dr. Doris Hernandez	OBD	Test Tester	EST	4013 - Could not generate AF Packet - Fax	Check Mail/Fax history for details	2	5	0		1
1001446	Dr. Matthew Hernandez	OBD	Dr. Matthew Hernandez	EST	301 - No Action Taken	New Case	2	6	1		1
1001445	Dr. Nicole Billing	OBD	Dr. Nicole Billing	EST	301 - No Action Taken	New Case	2	5	1		1

Transferring Cases

- Any number of circumstances can arise that call for a mechanism that allows smooth and efficient transfer of sample between staff members.
- Solution:
 - Assignment Transfer System (ATS) designed to allow management of sample by assigning cases to data collection staff based on a number of customizable criteria.

Assignment Transfer System

The screenshot shows a web browser window titled "ATS - Windows Internet Explorer" with the address bar displaying "https://meps-esnstage.rti.org/Default.aspx?tabid=173". The page header includes the "MEPS Medical Expenditure Panel Survey Medical Provider Component" logo and the user's name "Stockdale" with a "Logout" link. The date "Monday, May 03, 2010" is also displayed. Below the header is a navigation menu with "Home", "Tools", "Reporting", "Data Collection", and "Contacts". The main content area is titled "MEPS - Assignment Transfer System (V1.1.3734.19977)" and shows the user is signed in as "Jason Stockdale working for RTI". A message states "Mode is set by the 'Set Mode' option under the 'Data Collection' menu above". A list of functions is provided:

- Assign Training Cases
- View Assignment By Staff
- Assign New or Unassigned Cases
- Send to other Company
- Transfer Case
- Assign Case to Abstractor
- View All Cases
- Assign Upcoming Appointments
- Assign Missed Appointments

The browser status bar at the bottom shows "Done", "Internet", and "100%" zoom level.

Managing Contact Information

- Establishment surveys often result in referrals to multiple points of contact and the potential for multiple respondents.
- Solutions:
 - Point of Contact screen displays a roster of contact information for all pertinent contacts recorded in the Contact Guide.
 - Dynamic: user can select the person to be called at any given time.
 - Once a point of contact is selected from the POC screen, CMS passes all necessary information into other components.

Point of Contact Screen

Contact Group ID: 1001444
Provider Name: Dr. Doris Hernandez

[View Details](#)

Primary POC	CG/EF Section	Type of POC	Name	Phone #	Fax #	Billing/Record Service	Title	Department	Address
C		PROVIDER LEVEL GATEKEEPER	Dr. Doris Hernandez	555-555-1234					
C		HANDLES RELEASE OF IN-HOUSE RECORDS	Jason Stockdale	555-555-5555	333-333-3333		Manager	Billing	1425 East Main St. Suite 103 Cary, NC 27845

Dispositioning (Eventing)

- Because of the number of processes involved in MEPS-MPC data collection, event codes are many.
- Automation of processes hinges on proper selection of codes.
- Multiple contacts for cases...
 - Who gets what?
- Solutions:
 - Codes are separated into categories.
 - Information about all POCs that have been collected for a case collected fill a table on the disposition screen.
 - Users can enter open ended comments about the case.

Call Disposition Screen

CMS - Windows Internet Explorer
https://meps-esnstage.rti.org/Default.aspx?tabid=200&cmstbid=150&lastcmstbid=142

CMS
Call Disposition
Mode: Training

MEPS Medical Expenditure Panel Survey
Medical Provider Component

Stockdale Logout
Wednesday, April 28, 2010

Provider Information NR Form Cover Sheet Comment Re-send AFS Cases Prob Rpt Admin Home Exit

Contact Group ID: 1001444
Provider Name: Dr. Doris Hernandez

View Details

Set Event Code	POC for Next Step/Call	Type of POC	Name	Mail or Fax Package	CG/EF Section
C	No	PROVIDER LEVEL GATEKEEPER	Dr. Doris Hernandez		
C	Yes	HANDLES RELEASE OF IN-HOUSE RECORDS	Jason Stockdale	Fax	

SELECT AN EVENT CATEGORY AND EVENT CODE FROM THE LISTS BELOW.

Category: [Select Category]

Event: []

ENTER A COMMENT DESCRIBING WHAT HAPPENED ON THIS CALL BEFORE SAVING.

[]

Record Number: []
Account Number: []

Save

Tracking Patient Level Progress

- Providers can have many patients and data collection needs to be closely monitored for all of them.
- Solutions:
 - Patient Listing screen to confirm/verify each patient associated with a provider, conduct disavowal process for a patient and close out the call.
 - Patient Level Information screen designed to launch event forms, track the number of events reported for each patient in real time and reconcile discrepancies.

Patient Listing Screen

Contact Group ID: 1001444
Provider Name: Dr. Doris Hernandez
[View Details](#)

1. VERIFY ALL PATIENT(S)
 First, I'd like to review the patient(s) in our study who reported receiving care from your practice or facility during 2009. I'm going to read their names to you, and for each one, please confirm whether the patient received health care services from you during the calendar year 2009.
 For each of the patient(s) you confirm as receiving care during the calendar year 2009, I'll need to ask about services you provided and charges for those services. I will ask about each confirmed patient individually.
 READ EACH PATIENT NAME FROM THE LIST. IF THE PERSON ON THE PHONE SAYS "NO", ASK: Did this patient receive services in some year other than 2009, or do you have no records at all.
 FOR EACH LISTED PATIENT, CHOOSE A RESPONSE FROM THE DROP-DOWN LIST IN THE PATIENT CONFIRMATION COLUMN BELOW.
 ONCE YOU CONFIRM A PATIENT FOR 2009, CLICK ON THE NAME OF THAT PATIENT AND COMPLETE THE EVENT FORM(S) FOR THAT PATIENT.

2. PATIENT DISAVOWAL
 Finally, I need to review with you the patient(s) in the list who you indicated did not receive care during the calendar year 2009.
 CLICK ON THE BUTTON IN THE DISAVOWAL COLUMN FOR EACH PATIENT THAT WAS NOT CONFIRMED BELOW.

3. CLOSE OUT THE CALL
 Thank you for your time.

Data Collection Mode: Phone Hard Copy

Patient ID	Patient Name	Patient Confirmation	Event Code	Status	Disavowal	Provider Name	Priority	Wave
3000933	Dwight Schrute	Patient Confirmed for 2009	511 - Patient Confirmed for 2009	Patient Confirmed for 2009		Dr. Doris Hernandez	0	1
3000922	Michael Scott	Patient has no services on record	512 - Patient has no services on record	Patient has no services on record	Disavowal	Dr. Doris Hernandez	0	1

Patient Level Information Screen

CMS - Windows Internet Explorer
 https://meps-esnstage.rti.org/Default.aspx?tabid=200&cmstabid=158&modeid=3&... Live Search

File Edit View Favorites Tools Help

★ Favorites

Home RSS Print Page Safety Tools

CMS
Patient Level Information **MEPS** Medical Expenditure Panel Survey
 Medical Provider Component *Stockdale Logout*
Tuesday, May 04, 2010

Mode: Training

Patients Patient Data Form Re-send AFs Cases Prob Rpt Admin Home Exit

Contact Group ID: 1001448
Provider Name: New York General

Patient ID	Patient Name	Gender	Birthdate
3000927	Kelly Kapoor	Female	10/17/1940

[View Details](#)

Do you have any more medical events for Kelly Kapoor for 2009?
 Yes No

Event #	Event Type	Date	Event Status	
4009713	As an Inpatient	12/12/2009	541 - Medical Records Event Complete	Comments
4009714	In a Hospital Outpatient Department	11/29/2009	831 - Medical event created	Comments

Done Internet 100%

Case Control and Workflow

- The MEPS-MPC design requires coordination between a number of subsystems.
- Solutions:
 - Cases are managed through the assignment of case-specific event codes.
 - By data collection staff or through automated processes.
 - The event scheme follows the life of a case from initial sample loading through completion.
 - The Control System serves as the central database from which all other subcomponents interact.
 - Case control is managed through interactions between the CS and each subcomponent.

Redesigning Contact Guides

- At the outset of MEPS-MPC data collection, providers are contacted with the aid of a Contact Guide.
- The redesign of the Contact Guide for electronic-administration requires:
 - Conversational flow.
 - Maximum flexibility for the user.
 - Minimized burden on gatekeepers and respondents.

Redesigning Contact Guides (con't)

- Solutions for identifying the best respondent
 - Collect and store contact information electronically from multiple points of contact (Contact Block).
 - Data collection staff are able to administer specific sections/questions based on an informant's role in the organization.
- Solutions for maintaining flexibility
 - The Hatteras Navigation Tree.
 - Designed to allow the user to view the Contact Guide at various levels: by section and question by question within each section.
 - Written on screen instructions also helped with flexibility.

Hatteras Navigation Tree

**Contact Guide – Navigation Tree (Collapsed):
Section Level View**

- ▶ [A]CALL PROVIDER
- ▶ [B]IDENTIFY DC POC
- ▶ [C]IDENTIFY BILLING SERVICE
- ▶ [D]CALL BILLING SERVICE
- ▶ [E]BILLING SERVICE: IDENTIFY POC
- ▶ [F]DC: EXPLAIN NEXT STEPS
- ▶ [G]VERIFY RECEIPT OF AFs
- ▶ [H]BAD BILLING SERVICE INFO.
- ▶ [I]ANY OTHER BILLING SERVICE?
- ▶ [J]GAINING PERMISSION
- ▶ CONTACT BLOCK
- ▶ BRANCH
- ▶ SET CALLBACK/APPOINTMENT
- ▶ EXIT SCREEN

**Contact Guide – Navigation Tree (Expanded):
Item Level View**

- ▲ [A]CALL PROVIDER
 - ▶ Provider Intro.
 - ▶ Locate POC
- ▲ [B]IDENTIFY DC POC
 - ▶ POC Intro.
 - ▶ Eligibility– Not a Hospital
 - ▶ Eligibility- MD/DO
 - ▶ Eligibility-Explain if Ineligible
 - ▶ Records In-House or Service?
 - ▶ Deal w/ Service?
 - ▶ POC who Deals w/ Service
 - ▶ Fax AFs to POC
 - ▶ Courtesy/Permission Pkt.
- ▲ [C]IDENTIFY BILLING SERVICE
 - ▶ Ask for POC Deals w/ Service
 - ▶ Fax AFs to POC Deals w/ Svc.
 - ▶ Collect Service POC
- ▲ [D]CALL BILLING SERVICE
 - ▶ Service Intro.
 - ▶ Locate Service POC
- ▲ [E]BILLING SERVICE: IDENTIFY POC
 - ▶ Svc. POC Intro.
 - ▶ Svc. POC Fax AFs

Contact Guide Layout

Contact Guide: OBD **MEPS** Medical Expenditure Panel Survey Medical Provider Component 1012859

Dr. Doris Hernandez () [Open Patient List](#)

Section A/A1

A1. (READ IF NOT OBVIOUS: (Hello) Have I reached Dr. Doris Hernandez?)

PHONE NUMBER: 555-555-1234

- IF YOU REACH AN IVR OR MENU, SELECT THE OPTION THAT WILL MOST LIKELY CONNECT YOU TO A PERSON (SUCH AS AN OPERATOR), -OR- SELECT A DEPARTMENT THAT SOUNDS LIKE IT HAS THE INFORMATION WE NEED.
- IF THE PERSON ON THE PHONE SAYS NO, VERIFY THAT YOU DIALED THE CORRECT NUMBER.
- IF THE NUMBER IS CORRECT, ASK IF THE PERSON ON THE PHONE KNOWS OF ANOTHER NUMBER FOR THE PROVIDER. IF THEY DO, GO TO THE CONTACT BLOCK AND EDIT THE INFORMATION FOR THE PROVIDER.
- IF NO BETTER NUMBER IS AVAILABLE, SELECT "NO" BELOW.

1 YES
 2 NO

Next Breakoff

[A]CALL PROVIDER
Provider Intro.
Locate POC

[B]IDENTIFY DC POC
POC Intro.
Eligibility- Not a Hospital
Eligibility- MD/DO
Eligibility-Explain if Ineligible
Records In-House or Service?
Deal w/ Service?
POC who Deals w/ Service
Fax AFs to POC
Courtesy/Permission Pkt.

[C]IDENTIFY BILLING SERVICE
Ask for POC Deals w/ Service
Fax AFs to POC Deals w/ Svc.
Collect Service POC

[D]CALL BILLING SERVICE
Service Intro.
Locate Service POC

[E]BILLING SERVICE: IDENTIFY POC
Svc. POC Intro.
Svc. POC Fax AFs

Redesigning Event Forms

- The redesign needed to account for the varied nature of medical events and provide real-time checking wherever possible to increase data quality and reduce data retrieval calls to providers.
- Event Forms customized for provider type to capture necessary data but are designed with similar functionality to facilitate troubleshooting, and cross training.

Redesigning Event Forms (con't)

- Custom solutions to aid in data collection efficiency and data quality:
 - Customized screen headers for navigation.
 - Custom fills.
 - Checks on entry errors.
 - “Hot-Key” functions.
 - Looping and Sum confirmation.
 - Prompting for “Any More...?” when data need to be recorded in succession.
 - Growing, editable grids.
 - Automated custom forms with dynamic, growing databases to speed entry.

Redesigning Event Forms (con't)

Event Form: OBD 4009707
LEVI Samples
Event Form 1: November 12, 2009

MEPS Medical Expenditure Panel Survey
Medical Provider Component

Provider 30050344 (1000482)

- ✓ OMB
- VISIT DATE THIS FORM
 - ✓ Record 2009 visit date
- LOCATION OF SERVICE
 - ✓ Where service was provided
- GLOBAL FEE
 - ✓ Did a global fee apply?
 - Global Fee Dates
 - 1: //
 - Global Date and Place
- Any future services?
- DIAGNOSES FOR VISIT
 - ICD: v72.0/ DESC:
 - ICD: V23.0/ DESC:
 - ICD: / DESC:
 - Record diagnoses
- SERVICES AND CHARGES
 - SERVICES
 - CPT/DESC:
 - Enter CPT-4 codes
 - Verify total charges
- REIMBURSEMENT TYPE
 - Fee or Capitated
- SOURCES OF PAYMENT
 - Payers and amounts
 - Other Sources of Payment

DIAGNOSES/B4a

	ICD 9 Code	Description
edit	v72.0	
delete	V23.0	

B4a.
I need the diagnoses for this visit. I would prefer the ICD-9 codes or the DSM-4 codes, if they are available.

IF CODES ARE NOT USED, RECORD DESCRIPTIONS. RECORD UP TO FIVE ICD-9 CODES OR DESCRIPTIONS.

Code: F6 F7 F8

Description: F6 F7 F8

CHECK HERE IF THIS IS AN ICD-10 CODE F6 F7 F8

Any more diagnoses?

1 YES
 2 NO

Previous Next Breakoff Validate Path Validate

SBD Custom Form, Displaying Previously Named Doctors

Event Form: Hospital
Medical Records

MEPS Medical Expenditure Panel Survey
Medical Provider Component

4009711
CALHOUN Samples
Event Form 2: June 19, 2009

Provider 40018310 (1000666)

MEDICAL RECORDS/SBD/RECORD_SBDS/A3_SBD

SBDs currently listed

EF1
What is the name of the doctor providing services not be included in the hospital bill?

Prefix

First

Middle

Last

Group Name

EF3
What is this doctor's specialty?

If other, please specify:

EF2
Did this doctor provide any of the following services for this event: radiology, anesthesiology, pathology, or surgery?

Select One

EF6
ENTER ANY COMMENTS ABOUT THIS SBD INCLUDING ADDITIONAL SERVICE(S) TO THE ONE SELECTED IN EF2

Save this SBD

Previous Next Breakoff Validate Path Validate

Choose existing SBD
Choose existing SBD
Owen P Underwood / Abdominal Surgery
Jocelyn Wynngate / General Anesthesiology

OMB
MEDICAL RECORDS
LOCATION
Where service was provided
EVENT DATE (Inpatient/LTC)
Admit/Discharge Dates
EVENT DATE (OutPatient/ER)
Record 2009 visit date
SBD
SBD Intro
RECORD SBDS
SBD Info
DIAGNOSES
ICD9/DESC:
Record diagnoses
SBD Check Point
SBDPR1
SBDPR2
SBDPR3
MR EXIT POINT
MR Exit
BILLING RECORDS
INTRODUCTION

Redesigning Event Forms (con't)

- Validation
 - Path Validation in real-time.
 - End Validation - this process provides real-time assurance of data quality without a separate data review step.
 - Entries that are marked as retrievable appear in a Validation Summary screen with special designation of critical items.
 - A hyperlink beside each question allows the user to immediately skip back to the affected question for review or revision.
 - Any comments recorded on the summary screen are exported to the CMS and attached to the individual Event Form.

Validation Summary Screen

Summary [X]

Validation Summary

Critical?	Message	Click to return
	DISCAID: Data retrieval item	 C6 Adjustments

Items marked as needing data retrieval

Critical?	Question/Variable Name	Click to return
	DISCAID	C6 Adjustments

Comments:

When you press this button, please wait to be redirected back to the CMS.

Closing Points

- Advances in technology afford researchers the opportunity to change and innovate.
- While conversion may be difficult and time consuming, increased quality and efficiency is an end that justifies the means.
- Close attention must be paid to data collection operations and data itself to ensure that the intended results are in fact taking place.
 - Early 2010 MEPS-MPC data collection is now taking place with this in mind.

Thank You!

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