

## MCBS MAIN STUDY - ROUND 37 – FALL SUPPLEMENT 2003

## COMMUNITY COMPONENT

## AC. PROVIDER PROBES/ACCESS TO CARE

BOX AC1AA	IF SP DECEASED OR INSTITUTIONALIZED, GO TO <b>BOX HFA1</b> .
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THIS SECTION IS FOR SUPPLEMENTAL, ORD, AND DUAL ELIGIBLE SAMPLE SPs AND SPs WHO DID NOT REPORT CURRENT ROUND ER, OP, AND/OR MP VISITS.

BOX AC1A	<p>a. SUPPLEMENTAL, ORD, AND DUAL ELIGIBLE SAMPLE SPs GO TO ACINTRO. OTHERWISE, GO TO b.</p> <p>b. IF AC3-AC6 ALREADY ASKED THIS ROUND FOR CURRENT ROUND ER VISIT, GO TO <b>BOX AC1C</b>. IF SP HAD ER VISIT ADDED BEFORE MP THROUGH CTRL/I OR IF SP HAD ER VISIT IN ANY OF THE 2 PREVIOUS ROUNDS AND AC3-AC6 NOT ASKED THIS ROUND, GO TO AC3-AC6.</p> <p>IF SP DID NOT HAVE ANY ER VISITS IN CURRENT OR 2 PREVIOUS ROUNDS, GO TO <b>BOX AC1C</b>.</p>
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ACINTRO. The next questions are about different medical services (you/SP) may have used since (REF. DATE).

[PRESS ENTER TO CONTINUE.]

AC1. Since (REF. DATE), did (you/SP) go to a hospital emergency room for medical care?

<b>ERVISIT</b>	YES .....	1 (AC2)
	NO .....	2 (AC8)
	REFUSED .....	-7 (AC8)
	DON'T KNOW .....	-8 (AC8)

AC2. Think about the most recent time (you/SP) went to a hospital emergency room. What condition or problem caused (you/SP) to go to the emergency room?

AC3. [I have a few more questions about visits that (you/SP) had in the past.

[Think about the most recent time (you/SP) went to a hospital emergency room.] Did (you/SP) have an appointment for (that visit?)/[(your/his/her) most recent visit to the emergency room?]

<b>ERAPPT</b>	YES .....	1 (AC5)
	NO .....	2 (AC4)
	REFUSED .....	-7 (AC4)
	DON'T KNOW .....	-8 (AC4)

AC4. Did a doctor or other medical person working for a doctor tell (you/SP) that (you/he/she) should go to the emergency room for that visit?

**ERDRTEL**

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

AC5. From the time (you/SP) arrived until the time (you/he/she) left, about how long did the visit to the hospital emergency room take altogether?

**D\_ERVIS**

HOURS ONLY .....	1 (a)
MINUTES ONLY .....	2 (b)
HOURS AND MINUTES .....	3 (a & b)
REFUSED .....	-7 (AC6)
DON'T KNOW .....	-8 (AC6)

a. NUMBER OF HOURS \_\_\_\_\_  
b. NUMBER OF MINUTES \_\_\_\_\_

AC6. How much of that time was spent waiting before (you/SP) saw a doctor or some other medical person?

**D\_ERVWAIT**

DID NOT HAVE TO WAIT .....	0 <b>BOX AC1B</b>
HOURS ONLY .....	1 (a)
MINUTES ONLY .....	2 (b)
HOURS AND MINUTES .....	3 (a & b)
REFUSED .....	-7 <b>BOX AC1B</b>
DON'T KNOW .....	-8 <b>BOX AC1B</b>

a. NUMBER OF HOURS \_\_\_\_\_  
b. NUMBER OF MINUTES \_\_\_\_\_

BOX AC1B	IF SP IS IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO AC7. OTHERWISE, GO TO <b>BOX AC1C</b> .
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AC7. (Were you/Was SP) admitted to the hospital from the emergency room?

**ERADMT**

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

BOX AC1C	<p>a. SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE SPS GO TO AC8. OTHERWISE, GO TO b.</p> <p>b. IF AC9-AC16 ALREADY ASKED THIS ROUND FOR CURRENT ROUND OP VISIT, GO TO <b>BOX AC1E</b>.</p> <p>IF SP HAD OP VISIT ADDED BEFORE MP THROUGH CTRL/I OR IF SP HAD OP VISIT IN ANY OF THE 2 PREVIOUS ROUNDS AND AC9, AC12-AC16 NOT ASKED THIS ROUND, GO TO AC9, AC12-AC16.</p> <p>IF SP DID NOT HAVE ANY OP VISITS IN CURRENT OR 2 PREVIOUS ROUNDS, GO TO <b>BOX AC1E</b>.</p>
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AC8. Since (REF. DATE), did (you/SP) go to a hospital clinic or outpatient department?  
[DO NOT INCLUDE HOSPITAL INPATIENT STAYS.]

<b>OPDVISIT</b>	YES .....	1 (AC9)
	NO .....	2 (AC17)
	REFUSED .....	-7 (AC17)
	DON'T KNOW .....	-8 (AC17)

AC9. [I have a few more questions about visits that (you/SP) had in the past.]  
Think about the most recent time (you/SP) went to a hospital clinic or outpatient department. What was the reason (you/SP) went to the hospital clinic or outpatient department?  
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>OPDMCOND</b>	MEDICAL CONDITION NAMED .....	1
<b>OPDTESTS</b>	TESTS .....	2
<b>OPDFOLUP</b>	FOLLOW-UP .....	3
<b>OPDCHKUP</b>	CHECKUP .....	4
<b>OPDRFRL</b>	REFERRAL .....	5
<b>OPDSURGY</b>	SURGERY .....	6
<b>OPDPSHOT</b>	PREVENTATIVE SHOT .....	7
<b>OPDTSHOT</b>	TREATMENT SHOT .....	8
<b>OPDPMED</b>	MEDICATION .....	9
<b>OPDOTHER</b>	OTHER (SPECIFY) .....	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX AC1D	<p>IF SUPP., ORD, OR DUAL ELIGIBLE SAMPLE AND AC9 = 1 AND/OR 6, GO TO AC11. OTHERWISE, IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO AC10. IF SP NOT IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO AC12.</p>
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AC10. Was that for a specific condition?

<b>OPDSCOND</b>	YES .....	1 (AC11)
	NO .....	2 (AC12)
	REFUSED .....	-7 (AC12)
	DON'T KNOW .....	-8 (AC12)

AC11. What (was the) condition (required the surgery?)  
[ENTER ALL CONDITIONS.]

AC12. Did (you/SP) have an appointment for this visit to the hospital clinic or outpatient department, or did (you/he/she) just walk in?

<b>OPDAPPT</b>	APPOINTMENT .....	1 (AC13)
	WALKED IN .....	2 (AC15)
	REFUSED .....	-7 (AC15)
	DON'T KNOW .....	-8 (AC15)

AC13. Did someone at the hospital clinic or outpatient department tell (you/SP) when to come back during an earlier visit, or did (you/SP) call for an appointment?

<b>OPDDRTEL</b>	TOLD TO COME BACK DURING	
	EARLIER VISIT .....	1 (AC15)
	CALLED FOR AN APPOINTMENT .....	2 (AC14)
	REFUSED .....	-7 (AC15)
	DON'T KNOW .....	-8 (AC15)

AC14. How long did (you/SP) have to wait for the appointment -- about how many days, weeks, or months?

<b>D_OPAPPT</b>	DID NOT HAVE TO WAIT .....	0 (AC15)
	DAYS .....	1 (a)
	WEEKS .....	2 (b)
	MONTHS .....	3 (c)
	REFUSED .....	-7 (AC15)
	DON'T KNOW .....	-8 (AC15)

- a. NUMBER OF DAYS \_\_\_\_\_
- b. NUMBER OF WEEKS \_\_\_\_\_
- c. NUMBER OF MONTHS \_\_\_\_\_

AC15. From the time (you/SP) arrived until the time (you/he/she) left, about how long did the visit to the hospital clinic or outpatient department take altogether?

**D\_OPDVIS**

HOURS ONLY .....	1 (a)
MINUTES ONLY .....	2 (b)
HOURS AND MINUTES .....	3 (a & b)
REFUSED .....	-7 (AC16)
DON'T KNOW .....	-8 (AC16)

a. NUMBER OF HOURS \_\_\_\_\_  
b. NUMBER OF MINUTES \_\_\_\_\_

AC16. How much of that time was spent waiting before (you/SP) saw a doctor or some other medical person?

**D\_OPWAIT**

DID NOT HAVE TO WAIT .....	0 <b>BOX AC1E</b>
HOURS ONLY .....	1 (a)
MINUTES ONLY .....	2 (b)
HOURS AND MINUTES .....	3 (a & b)
REFUSED .....	-7 <b>BOX AC1E</b>
DON'T KNOW .....	-8 <b>BOX AC1E</b>

a. NUMBER OF HOURS \_\_\_\_\_  
b. NUMBER OF MINUTES \_\_\_\_\_

BOX AC1E	<p>a. SUPPLEMENTAL, ORD, AND DUAL ELIGIBLE SAMPLE SPs GO TO AC17. OTHERWISE, GO TO b.</p> <p><u>*FOR THE FOLLOWING, "MOST RECENT MP VISIT" IS DEFINED AS AN MP VISIT WHERE MP6a=2 OR MISSING AND PROVIDER ROSTER SPECIALTY (PROVSPEC)=2 (MD).</u></p> <p>b. IF AC20-AC36 ALREADY ASKED THIS ROUND FOR CURRENT ROUND MP VISIT, GO TO <b>BOX OM1A</b>.</p> <p>IF SP HAD MP VISIT IN ANY OF THE 2 PREVIOUS ROUNDS <u>AND</u> AC20, AC21, AC24-AC36 NOT ASKED THIS ROUND, GO TO AC20, AC21, AC24-AC36.</p> <p>IF SP DID NOT HAVE ANY MP VISITS* IN CURRENT OR 2 PREVIOUS ROUNDS, GO TO BOX AC1G.</p>
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AC17. (Have you/Has SP) ever been a resident or patient in a nursing home or similar place?

**NHRESEVR**

YES .....	1 (AC18)
NO .....	2 (AC19)
REFUSED .....	-7 (AC19)
DON'T KNOW .....	-8 (AC19)

AC18. When (were you/was SP) last a resident or patient in a nursing home or similar place?

**NHLRESMM** MM ( ) YY ( )  
**NHLRESYY**

AC19. Next, I want to ask about (your/SP's) visits to doctors since (REF. DATE). (Have you/Has SP) seen a medical doctor since (REF. DATE)? Please do not include a doctor seen at home, at an emergency room or outpatient department, or while an inpatient at a hospital.

**MDVISIT** YES ..... 1 (AC20)  
 NO ..... 2 **BOX AC1G**  
 REFUSED ..... -7 **BOX AC1G**  
 DON'T KNOW ..... -8 **BOX AC1G**

AC20. [I have a few more questions about visits that (you/SP) had in the past.]  
 Think about the most recent time (you/SP) saw a medical doctor somewhere other than at home or at a hospital. What was the doctor's specialty?

**MDSPCLTY**

AC21. What was the reason (you/SP) saw the doctor?  
 [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

**MDMCOND** MEDICAL CONDITION NAMED ..... 1  
**MDTESTS** TESTS ..... 2  
**MDFOLUP** FOLLOW-UP ..... 3  
**MDCHKUP** CHECKUP ..... 4  
**MDRFRL** REFERRAL ..... 5  
**MDSURGY** SURGERY ..... 6  
**MDPSHOT** PREVENTATIVE SHOT ..... 7  
**MDTSHOT** TREATMENT SHOT ..... 8  
**MDPMED** MEDICATION ..... 9  
**MDOTHER** OTHER (SPECIFY) ..... 91  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

BOX AC1F	IF SUPP., ORD, OR DUAL ELIGIBLE SAMPLE AND AC21 = 1 AND/OR 6, GO TO AC23. OTHERWISE, IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO AC22; IF SP NOT IN THE SUPPLEMENTAL SAMPLE, GO TO AC24.
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AC22. Was that for a specific condition?

**MDSCOND** YES ..... 1 (AC23)  
 NO ..... 2 (AC24)  
 REFUSED ..... -7 (AC24)  
 DON'T KNOW ..... -8 (AC24)

AC23. What (was the) condition (required the surgery)?  
[ENTER ALL CONDITIONS.]

AC24. Did (you/SP) have an appointment for this visit with the doctor, or did (you/he/she) just walk in?

<b>MDAPPT</b>	APPOINTMENT .....	1 (AC25)
	WALKED IN .....	2 (AC27)
	REFUSED .....	-7 (AC27)
	DON'T KNOW .....	-8 (AC27)

AC25. Did someone in the doctor's office tell (you/SP) when to come back during an earlier visit, or did (you/SP) call for an appointment?

<b>MDDRTEL</b>	TOLD TO COME BACK DURING EARLIER VISIT.....	1 (AC27)
	CALLED FOR AN APPOINTMENT.....	2 (AC26)
	REFUSED .....	-7 (AC27)
	DON'T KNOW .....	-8 (AC27)

AC26. How long did (you/SP) have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?

<b>D_MDAPPT</b>	DID NOT HAVE TO WAIT .....	0 (AC27)
	DAYS .....	1 (a)
	WEEKS .....	2 (b)
	MONTHS .....	3 (c)
	REFUSED .....	-7 (AC27)
	DON'T KNOW .....	-8 (AC27)

a. NUMBER OF DAYS \_\_\_\_\_  
b. NUMBER OF WEEKS \_\_\_\_\_  
c. NUMBER OF MONTHS \_\_\_\_\_

AC27. From the time (you/SP) arrived until the time (you/he/she) left, about how long did the visit to the medical doctor take altogether?

<b>D_MDVIS</b>	HOURS ONLY .....	1 (a)
	MINUTES ONLY .....	2 (b)
	HOURS AND MINUTES .....	3 (a & b)
	REFUSED .....	-7 (AC28)
	DON'T KNOW .....	-8 (AC28)

a. NUMBER OF HOURS \_\_\_\_\_  
b. NUMBER OF MINUTES \_\_\_\_\_

AC28. How much of that time was spent waiting before (you/SP) saw a doctor or some other medical person?

**D\_MDWAIT**

DID NOT HAVE TO WAIT .....	0	<b>BOX AC1FF</b>
HOURS ONLY .....	1	(a)
MINUTES ONLY .....	2	(b)
HOURS AND MINUTES .....	3	(a & b)
REFUSED .....	-7	<b>BOX AC1FF</b>
DON'T KNOW .....	-8	<b>BOX AC1FF</b>

a. NUMBER OF HOURS .....

b. NUMBER OF MINUTES .....

GO TO **BOX AC1FF**

BOX AC1FF	IF AC25=1, GO TO <b>BOX AC1G</b> . Otherwise, go to AC28a.
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AC28a. Was the doctor that (you/SP) saw (your/his/her) first choice?

**MDVCHOIC**

YES .....	1	<b>BOX AC1G</b>
NO .....	2	(AC28b)
REFUSED.....	-7	<b>(BOX AC1G)</b>
DON'T KNOW .....	-8	<b>(BOX AC1G)</b>

AC28b. Why didn't (you/SP) see the doctor that was (your/her/his) first choice?  
[RECORD VERBATIM. PRESS ENTER TO LEAVE SCREEN.]

_____	<b>MDVCHVC1</b>
_____	<b>MDVCHVC2</b>
_____	<b>MDVCHVC3</b>

QUESTIONS AC29-AC31: MOVED TO SECTION HF.

QUESTION AC32 OMITTED.

BOX AC1G	IF SP CURRENTLY IN MEDICARE MANAGED CARE PLAN (COVCURNT = 1), GO TO AC33. OTHERWISE, GO TO <b>BOX AC3</b> .
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- AC33. The following questions are about medical services that (you/SP) received through (CURRENT MEDICARE MANAGED CARE PLAN NAME).

While a member of (CURRENT MEDICARE MANAGED CARE PLAN NAME), (have you/has SP) had difficulty in obtaining referrals for the services of a specialist or other medical care provider within (CURRENT MEDICARE MANAGED CARE PLAN NAME) that (you/SP) thought were necessary?

<b>MHREFDIF</b>	YES .....	1 (AC34a)
	NO .....	2 (AC36)
	N/A, HAVEN'T TRIED TO OBTAIN REFERRAL .....	3 (AC36)
	REFUSED .....	-7 (AC36)
	DON'T KNOW .....	-8 (AC36)

QUESTION AC34 OMITTED IN ROUND 22.

- AC34a. What kind of specialist or medical provider was this?

**MHSPCLTY**

- AC35. What kind of difficulty did (you/SP) have?  
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>MHNOAUTH</b>	PLAN WOULDN'T AUTHORIZE SERVICE .....	1
<b>MHWAITLG</b>	THE WAIT FOR APPOINTMENT WAS TOO LONG .....	2
<b>MHNOCONV</b>	PROVIDER'S LOCATION WAS NOT CONVENIENT .....	3
<b>MHNOREFR</b>	DOCTOR/PLAN WOULDN'T GIVE SP REFERRAL TO SEE PROVIDER SP WANTED TO SEE .....	4
<b>MHNOLIKE</b>	SP DIDN'T LIKE/NOT CONFIDENT IN PROVIDER PLAN REFERRED SP TO .....	5
<b>MHBADHRS</b>	PROVIDER'S OFFICE HOURS WERE NOT CONVENIENT .....	6
<b>MHOTHER</b>	OTHER (SPECIFY) .....	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

- AC36. Has (CURRENT MEDICARE MANAGED CARE PLAN NAME) ever refused to pay for emergency treatment that (you/SP) felt was necessary?

<b>MHREFPAY</b>	YES .....	1
	NO .....	2
	N/A, HAVEN'T NEEDED EMERGENCY TREATMENT .....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX AC3	GO TO <b>BOX HFA1</b> .
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