

MCBS MAIN STUDY - ROUND 43, FALL 2005

COMMUNITY COMPONENT

OP. OUTPATIENT HOSPITAL UTILIZATION AND EVENTS

BOX OP1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED (INTERVIEW TYPE = 8), GO TO <b>BOX IU1A</b> . OTHERWISE, GO TO OP1.
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OP1. [Since (REF. DATE), (have you/has SP) gone/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) did (SP) go] to the outpatient department or the outpatient clinic at any hospital for medical care?

**OPPROBE**

YES .....	1 (OP2)
NO .....	2 <b>BOX IU1A</b>
REFUSED .....	-7 <b>BOX IU1A</b>
DON'T KNOW .....	-8 <b>BOX IU1A</b>

OP2. Where did (you/SP) go -- to which hospital?  
[ENTER ONLY ONE HOSPITAL.]

**PROVNAME**  
**EVNTPROV**

BOX OP1	a.	SP HAS USED V.A. FACILITIES (HI36 = 1) .....	1 (b)
		SP HAS NOT USED V.A. (HI36 ≠ 1) .....	2 <b>BOX OP1B</b>
	b.	"V.A. FLAG" ≠ -1 FOR THIS PROVIDER .....	1 <b>BOX OP1B</b>
		"V.A. FLAG" = -1 FOR THIS PROVIDER .....	2 (OP3)

OP3. Is (HOSPITAL) a Department of Veterans Affairs, or V.A., facility?  
[FACLVA]

**VAPLACE**

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

BOX OP1B	<p>a. SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG = 1 FOR ANY PLAN)..... 1 (b)</p> <p>SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 AND MEDICARE MANAGED CARE FLAG ≠ 1 FOR <u>ALL</u> PLANS)..... 2 <b>BOX OP1C</b></p> <p>b. “MANAGED CARE FLAG” = 1 FOR THIS PROVIDER ..... 1 <b>BOX OP1C</b></p> <p>“MANAGED CARE FLAG” = 2, -7, -8, -9 FOR THIS PROVIDER ..... 2 (OP3b)</p> <p>“MANAGED CARE FLAG” = -1 FOR THIS PROVIDER ..... 3 (OP3a)</p>
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OP3a. Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME BELOW] plan?  
[HMOPLAN]

**HMOASSOC**

YES ..... 1 **BOX OP1C**

NO ..... 2 (OP3b)

REFUSED ..... -7 (OP3b)

DON'T KNOW ..... -8 (OP3b)

OP3b. (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?  
[HMOREFD]

**HMOREFER**

YES ..... 1 **BOX OP1C**

NO ..... 2 (OP3c)

REFUSED ..... -7 **BOX OP1C**

DON'T KNOW ..... -8 **BOX OP1C**

OP3c. What is the most important reason (you/SP) did not go to a hospital outpatient department associated with [HMONO] [READ MANAGED CARE PLAN NAME(S) BELOW] or a hospital outpatient department that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer (you/SP) to?

	PLAN DOES NOT COVER THE SERVICE SP WANTED .....	1
	SP COULD NOT GET SERVICES QUICKLY ENOUGH THROUGH THE PLAN.....	2
	OFFICE NOT CONVENIENTLY LOCATED FOR THE SP .....	3
	PLAN PROVIDERS NOT COMPETENT/QUALIFIED TO HANDLE CONDITION/NEEDS .....	4
	SP DIDN'T WANT TO GO THROUGH PRIMARY CARE PHYSICIAN TO GET REFERRAL .....	5
	SP WANTED TO GO TO A PROVIDER NOT AVAILABLE THROUGH THE PLAN .....	6
<b>NOHMOMAI</b>	SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE PLAN .....	7
	PLAN REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY .....	8
	THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS ....	9
<b>NOHMOMOS</b>	PLAN ADMINISTRATIVE OBSTACLES FOR SP .....	10
	NOT IN A MANAGED CARE PLAN AT TIME OF EVENT .....	11
	SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN TO THE CLOSEST PROVIDER .....	12
	SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT CARE WAS NEEDED .....	13
	OTHER (SPECIFY) .....	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX OP1C	IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO OP5. OTHERWISE, GO TO OP4.
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OP4. When did (you/SP) go to an outpatient department at (HOSPITAL NAMED IN OP2)? Please tell me all the dates [since (REF.DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

**EVBE GMM**

**EVBE GDD**

**EVBE GYY**

OP5. Were any operations or other surgical procedures performed on (you/SP) during [any of the [(RVTIMES)] visits in (EVBE GMM EVBE GYY)/the visit on (FIRST/NEXT VISIT DATE)]?

[Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]

<b>ANYOPERS</b>	YES .....	1 (OP6)
	NO .....	2 (OP8)
	REFUSED .....	-7 (OP8)
	DON'T KNOW .....	-8 (OP8)

- OP6. What was the name of the operation or other surgical procedure?  
[ENTER ALL PROCEDURES. PRESS ENTER IF THERE ARE NO MORE PROCEDURES.]

**SURGPROC**

OPERATION 1: \_\_\_\_\_  
 OPERATION 2: \_\_\_\_\_  
 OPERATION 3: \_\_\_\_\_

- OP7. What condition required the [READ SURGICAL PROCEDURES BELOW]?  
[ENTER ALL CONDITIONS.]

**CONDTION**

BOX OP2	GO TO <b>BOX OP2A</b> .
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- OP8. (Was this visit/Were any of these visits) to the outpatient department for any specific condition?

**SPECCOND**

YES ..... 1 (OP9)  
 NO ..... 2 **BOX OP2A**  
 REFUSED ..... -7 **BOX OP2A**  
 DON'T KNOW ..... -8 **BOX OP2A**

- OP9. What was the condition?  
[ENTER ALL CONDITIONS.]

**CONDTION**

BOX OP2A	IF THIS VISIT ADDED THROUGH OP1, GO TO OP10. IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO <b>BOX OP3</b>
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- OP10. During (this visit/any of these visits) to the outpatient department, were any medicines prescribed for (you/SP)?

**PRESMDCN**

YES ..... 1 (OP11)  
 NO ..... 2 **BOX OP3**  
 REFUSED ..... -7 **BOX OP3**  
 DON'T KNOW ..... -8 **BOX OP3**

- OP11. Were any of the prescriptions filled?  
[PRESFILL]

**PRESFILL**

YES ..... 1 **BOX OP2B**  
 NO ..... 2 **BOX OP3**  
 REFUSED ..... -7 **BOX OP3**  
 DON'T KNOW ..... -8 **BOX OP3**

BOX OP2B	IF THE SCREEN "GETMEDS" (DU10a, ER8a, IP14a, OP11a, MP13a, PM1a, PM3a, and PM5a) HAS BEEN DISPLAYED THIS INTERVIEW, GO TO OP12. OTHERWISE, GO TO OP11a. IF THIS IS A RESTART CASE, AND THE SCREEN "GETMEDS" HAS NOT YET BEEN DISPLAYED FOR THIS INTERVIEWING SESSION, GO TO OP11a.
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OP11a. It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell [GETMEDS] the medicine name correctly and enter the strength of the medicine. [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines (you/SP) obtained since the last interview, if you'd like to get those bottles, too.

[PRESS ENTER TO CONTINUE.]

OP12. Please tell me the names of these medicines.  
[ALLPMED] [ENTER ALL MEDICINES.] [CHECK MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.]

**PMEDNAME**

**PMROTYPE**

BOX OP3	IF THE TOTAL NUMBER OF REMAINING VISITS TO THIS OUTPATIENT DEPARTMENT OF THIS HOSPITAL IS:
	0 ..... (GO TO <b>BOX OP5(b)</b> )
	1-4 ..... (RETURN TO OP5 FOR NEXT VISIT)
	5 OR MORE REMAINING ..... <b>BOX OP4</b>

BOX OP4	IF OP5 = 1 FOR THIS VISIT, RETURN TO OP5 FOR NEXT VISIT. IF OP5 = 2, -7 OR -8 AND OP8 = 1, GO TO OP13. IF OP5 = 2, -7 OR -8 AND OP8 = 2, -7 OR -8, GO TO OP5.
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OP13. You told me that (you/SP) also went to the outpatient department of (HOSPITAL NAME) on [READ DATES BELOW]. Were any of these visits made for the same condition as the visit you've just told me about?

<b>SAMEREAS</b>	YES .....	1 (OP14)
	NO .....	2 (OP5 FOR NEXT VISIT)
	REFUSED .....	-7 (OP5 FOR NEXT VISIT)
	DON'T KNOW .....	-8 (OP5 FOR NEXT VISIT)

OP14. Which visits were for the same condition? What were the dates?  
[ENTER ALL DATES.]

**EVNTLINK**

BOX	a. FLAG DATE(S) OF VISITS WITH IDENTICAL CONDITIONS IN VISIT ROSTER.
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OP5	<p>IF ANY REMAINING DATES, GO TO OP5 FOR NEXT UNFLAGGED VISIT.</p> <p>b. IF THIS VISIT ADDED THROUGH OP1, GO TO OP15.  IF THIS VISIT ADDED THROUGH UTS, GO TO UTSINTRC.  IF THIS VISIT ADDED THROUGH CTRL/I OR ST, GO TO <b>BOX ST12</b>.  IF THIS VISIT ADDED THROUGH NS, GO TO <b>BOX NS11</b>.</p>
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OP15. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did (you/SP) have any other visits to the outpatient department at this or any other hospital for services?

**TEMP**

YES .....	1 (OP2)
NO .....	2 <b>BOX OP6</b>
REFUSED .....	-7 <b>BOX OP6</b>
DON'T KNOW .....	-8 <b>BOX OP6</b>

BOX OP6	<p>IF THIS IS <u>NOT</u> A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, GO TO IU1.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT NO OP VISITS FOR THIS ROUND, GO TO IU1.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT SP IS DECEASED OR INSTITUTIONALIZED, GO TO IU1.</p> <p>OTHERWISE, GO TO AC9, AC12 - AC16a FOR MOST RECENT OP VISIT REPORTED FOR THIS ROUND.</p>
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AC9. 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?  
[PROBE: Any other reason?] [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>	PREVENTIVE SHOT.....	7
<b>OPDTSHOT</b>	TREATMENT SHOT .....	8
<b>OPDPMED</b>	TO GET OR REFILL A PRESCRIPTION .....	9
<b>OPDOTHER</b>	OTHER (SPECIFY) .....	91
<b>OPDOTHOS</b>	REFUSED .....	-7
	DON'T KNOW .....	-8

AC10 OMITTED IN ROUND 1.

AC11 OMITTED IN ROUND 7.

- 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 (AC16a)
	REFUSED .....	-7 (AC16a)
	DON'T KNOW .....	-8 (AC16a)

- 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 (AC16a)
	CALLED FOR AN APPOINTMENT .....	2 (AC14)
	REFUSED .....	-7 (AC16a)
	DON'T KNOW .....	-8 (AC16a)

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

<b>OPDAWUNT</b>	DID NOT HAVE TO WAIT .....	0 (AC16a)
	DAYS .....	1 (a)
	WEEKS .....	2 (b)
	MONTHS .....	3 (c)
	REFUSED .....	-7 (AC16a)
	DON'T KNOW .....	-8 (AC16a)

<b>OPDAWDAY</b>	a. NUMBER OF DAYS .....
<b>OPDAWWKS</b>	b. NUMBER OF WEEKS .....
<b>OPDAWMOS</b>	c. NUMBER OF MONTHS .....

AC15 OMITTED IN ROUND 43.

AC16 OMITTED IN ROUND 43.

- AC16a. [Think about the most recent time (you/SP) went to a hospital clinic or outpatient department.] How long did (you/SP) have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.

<b>OWAITUNT</b>	DID NOT HAVE TO WAIT .....	0 <b>BOX IU1A</b>
	HOURS ONLY .....	1 (a)
	MINUTES ONLY .....	2 (b)
	HOURS AND MINUTES .....	3 (a & b)
	REFUSED .....	-7 <b>BOX IU1A</b>
	DON'T KNOW .....	-8 <b>BOX IU1A</b>

<b>OWAITHRS</b>	a. NUMBER OF HOURS .....	
<b>OWAITMIN</b>	b. NUMBER OF MINUTES ....	<b>BOX IU1A</b>

OP Addendum

Segments: EVNT  
PMRO  
XMED  
SURG  
PROV  
COND  
XCON  
HRND  
ACCS

BOX OP1:

- "V.A. FLAG" SET FOR THIS PROVIDER: VAPLACE ≠ -1
- "V.A. FLAG" NOT SET FOR THIS PROVIDER: VAPLACE = -1

BOX OP1B:

- HI10a = MCAIDHMO
- HI25 = PPRVHMO
- MEDICARE MANAGED CARE FLAG = COVANYTM
- MANAGED CARE FLAG = HMOASSOC
- "MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER: HMOASSOC = -1