

MCBS MAIN STUDY - ROUND 28, FALL 2000

COMMUNITY COMPONENT

ER. EMERGENCY ROOM UTILIZATION AND EVENTS

BOX ER1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO BOX IP1 . OTHERWISE, GO TO ER1.
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ER1. [Since (REF. DATE), (have you/has SP) gone/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) did (SP) go] to a hospital emergency room for medical care?

ERPROBE

YES	1 (ER2)
NO	2 BOX IP1
REFUSED	-7 BOX IP1
DON'T KNOW	-8 BOX IP1

ER2. Where did (you/SP) go (to which hospital)? [ENTER ONLY ONE FACILITY.]

PROVNAME

BOX ER1	a.	SP HAS USED V.A. FACILITIES (HI36=1).....	1 (b)
		SP HAS NOT USED V.A. (HI36=2 OR MISSING).....	2 BOX ER1B
	b.	"V.A. FLAG" SET FOR THIS PROVIDER	1 BOX ER1B
		"V.A. FLAG" NOT SET FOR THIS PROVIDER	2 (ER3)

ER3. Is (HOSPITAL) a Department of Veterans Affairs, or V.A., facility?

VAPLACE

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

BOX ER1B	a.	SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG = 1 FOR ANY PLAN)	1 (b)
		SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG = 2 OR MISSING FOR <u>ALL</u> PLANS	2 BOX ER1C
	b.	"MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER	1 BOX ER1C
		"MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER.....	2 (ER3b)
		"MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER ...	2 (ER3a)

ER3a. Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?

HMOASSOC	YES	1	BOX ER1C
	NO	2	(ER3b)
	REFUSED	-7	(ER3b)
	DON'T KNOW	-8	(ER3b)

ER3b. (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?

HMOREFER	YES	1	BOX ER1C
	NO	2	(ER3c)
	REFUSED	-7	BOX ER1C
	DON'T KNOW	-8	BOX ER1C

ER3c. What is the most important reason (you/SP) did not go to an emergency room associated with [READ MANAGED CARE PLAN NAME(S) BELOW] or an emergency room 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
NOHMOMAI	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
NOHMOMOS	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 ER1C	IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO ER5. OTHERWISE, GO TO ER4.
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- ER4. When did (you/SP) go to the emergency room at (HOSPITAL NAMED IN ER2)?
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

BOX ER2	ASK ER5-ER9 FOR EACH VISIT REPORTED AT ER4.
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- ER5. For what condition did (you/SP) go to the emergency room on [FIRST/NEXT VISIT DATE]?
[ENTER ALL CONDITIONS.]
COND TION

BOX ER2A	IF THIS VISIT ADDED THROUGH ER1, GO TO ER6. IF THIS VISIT ADDED THROUGH UTS, GO TO UTSINTRC. IF THIS VISIT ADDED THROUGH CTRL/I OR ST, GO TO BOX ST12 . IF THIS VISIT ADDED THROUGH NS, GO TO BOX NS11 .
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- ER6. (Were you/Was SP) admitted to (HOSPITAL IN ER2) from the emergency room?

ERADMIT YES 1 **BOX ER3**
NO 2 (ER7)
REFUSED -7 (ER7)
DON'T KNOW -8 (ER7)

BOX ER3	IF ADMITTED TO HOSPITAL FROM EMERGENCY ROOM, FLAG CASE FOR IP SERIES. THEN GO TO BOX ER4 .
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- ER7. During (your/SP's) visit to the emergency room, were any medicines prescribed for (you/SP)?

PRESMDCN YES 1 (ER8)
NO 2 **BOX ER4**
REFUSED -7 **BOX ER4**
DON'T KNOW -8 **BOX ER4**

ER8. Were any of the prescriptions filled?

PRESFILL YES 1 (ER9)
 NO 2 **BOX ER4**
 REFUSED -7 **BOX ER4**
 DON'T KNOW -8 **BOX ER4**

ER9. Please tell me the names of these medicines.
[ENTER ALL MEDICINES.] [CHECK SPELLING.]

PMEDNAME
PMROTYPE

BOX ER4	IF MORE ER VISITS TO THIS HOSPITAL IN VISIT ROSTER, RETURN TO ER5 FOR NEXT VISIT. OTHERWISE, GO TO ER10.
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ER10. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION] did (you/SP) have any other visits to the emergency room at this or any other hospital?

TEMP YES 1 (ER2)
 NO 2 **BOX ER5**
 REFUSED -7 **BOX ER5**
 DON'T KNOW -8 **BOX ER5**

BOX ER5	IF THIS IS <u>NOT</u> A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, GO TO BOX IP1 . IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT NO ER VISITS FOR THIS ROUND, GO TO BOX IP1 . IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT SP IS DECEASED OR INSTITUTIONALIZED, GO TO BOX IP1 . OTHERWISE, GO TO AC3 - AC6 FOR MOST RECENT ER VISIT REPORTED FOR THIS ROUND.
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AC3. Think about the most recent time (you/SP) went to a hospital emergency room. Did (you/SP) have an appointment for that visit?

ERAPPT 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?

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

ERVLHRS a. NUMBER OF HOURS _____
ERVLMIN b. NUMBER OF MINUTES _____

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

ERVWUNT DID NOT HAVE TO WAIT 0 **BOX IP1**
 HOURS ONLY 1 (a)
 MINUTES ONLY 2 (b)
 HOURS AND MINUTES 3 (a & b)
 REFUSED -7 **BOX IP1**
 DON'T KNOW -8 **BOX IP1**

ERVWHRS a. NUMBER OF HOURS _____ **BOX IP1**
ERVWMIN b. NUMBER OF MINUTES _____ **BOX IP1**