

MCBS MAIN STUDY - ROUND 28, FALL 2000

COMMUNITY COMPONENT

IP. INPATIENT HOSPITAL UTILIZATION AND EVENTS

BOX IP1	<p>EXITING OR CONTINUING SP GO TO IP5 IF: PREVIOUS ROUND IP DISCHARGE DATE = "95" (STILL IN HOSPITAL), AND/OR SP WAS ADMITTED TO HOSPITAL AS INPATIENT FROM EMERGENCY ROOM THIS ROUND (ER6=1).</p> <p>OTHERWISE: CONTINUING SP GO TO IP1, OR EXITING SP WHERE PREVIOUS ROUND INTERVIEW WAS SKIPPED (41), GO TO IP1, OR EXITING SP WHERE PREVIOUS ROUND INTERVIEW WAS <u>NOT</u> SKIPPED, GO TO CPS.</p>
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IP1. [Since (REF. DATE), (have you/has SP) been/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) was (SP)] admitted to a hospital as an inpatient -- either for an overnight stay or for a "same day" procedure? [NOTE: IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION.]

IPPROBE

YES	1 (IP2)
NO	2 BOX OP1A
REFUSED	-7 BOX OP1A
DON'T KNOW	-8 BOX OP1A

IP2. Where (were you/was SP) admitted -- to which hospital?
[ENTER ONLY ONE FACILITY.]
PROVNAME
EVNTPROV

BOX IP2	<p>a. SP HAS USED V.A. FACILITIES (HI36=1) 1 (b) SP HAS NOT USED V.A. (HI36=2 OR MISSING) 2 BOX IP2A</p> <p>b. "V.A. FLAG" SET FOR THIS PROVIDER 1 BOX IP2A "V.A. FLAG" NOT SET FOR THIS PROVIDER 2 (IP3)</p>
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IP3. Is (HOSPITAL) a Department of Veterans Affairs, or V.A., facility?

[FACLVA]

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

BOX IP2A	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 (HI10, HI25 OR MEDICARE MANAGED CARE FLAG = 2 OR MISSING <u>FOR</u> ALL PLANS)	2 BOX IP2B
	b.	"MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER	1 BOX IP2B
		"MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER	2 (IP3b)
		"MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER ...	3 (IP3a)

IP3a. Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?

[HMOPLAN]

HMOASSOC	YES	1 BOX IP2B
	NO	2 (IP3b)
	REFUSED	-7 (IP3b)
	DON'T KNOW	-8 (IP3b)

IP3b. (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?

[HMOREFD]

HMOREFER	YES	1 BOX IP2B
	NO	2 (IP3c)
	REFUSED	-7 BOX IP2B
	DON'T KNOW	-8 BOX IP2B

IP3c. What is the most important reason (you/SP) did not go to a hospital associated with [READ MANAGED [HMONO] CARE PLAN NAME(S) BELOW] or a hospital 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
 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
 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
- NOHMOMAI**
- NOHMOMOS**

BOX IP2B	IF THIS EVENT ADDED THROUGH UTS, GO TO IP7. OTHERWISE, GO TO IP4.
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IP4. When (were you/was SP) admitted to and discharged from (HOSPITAL NAMED IN IP2/NAME OF HOSPITAL FROM ER2)?
 [ENTER "95" IN MONTH FIELD FOR DISCHARGE DATE IF SP STILL IN HOSPITAL.]

ADMISSION ____/____/____ MM DD YY EVBEGMM EVBEGDD EVBEGYY	DISCHARGE ____/____/____ BOX IP3 MM DD YY EVENDMM EVENDDD EVENDYY
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IP5. [Last time (you/SP) had been admitted to (HOSPITAL) on (ADMISSION DATE) and (were/was) still a patient there on (PREVIOUS ROUND INTERVIEW DATE). When (were you/was SP) discharged from (HOSPITAL) for that stay?

[You told me (you were/SP was) admitted to (NAME OF HOSPITAL FROM ER2) from the emergency room on (DATE FROM ER4).] When (were you/was SP) discharged from (HOSPITAL) for the stay that started on (IP4 ADMISSION DATE)?

[ENTER "95" IN MONTH FIELD IF STILL IN HOSPITAL.]

EVENDMM
EVENDDD
EVENDYY

_____/_____/_____
MM DD YY

BOX IP2A OMITTED.

IP6 OMITTED.

BOX IP3	<p>CONTINUING SAMPLE AND EXITING SAMPLE WHERE PREVIOUS INTERVIEW WAS SKIPPED (41):</p> <p>IF DISCHARGE DATE = 95 AND SP WAS IN HOSPITAL AS OF PREVIOUS ROUND INTERVIEW DATE, GO TO OP1.</p> <p>IF DISCHARGE DATE = 95 AND SP WAS <u>NOT</u> IN HOSPITAL AS OF PREVIOUS ROUND INTERVIEW DATE, GO TO IP16.</p> <p>OTHERWISE, ASK IP7-IP15 FOR EACH COMPLETE HOSPITAL STAY REPORTED AT IP4 AND IP5.</p> <p>EXITING SAMPLE WHERE PREVIOUS INTERVIEW WAS NOT SKIPPED:</p> <p>IF DISCHARGE DATE = 95, GO TO BOX NS1.</p> <p>OTHERWISE, ASK IP7-IP12 FOR THE COMPLETED HOSPITAL STAY.</p>
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IP7. Were any operations performed on (you/SP) during the hospital stay that was (FIRST/NEXT ADMISSION DATE) to (FIRST/NEXT DISCHARGE DATE)? [Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]

ANYOPERS YES 1 (IP8)
 NO 2 (IP10)
 REFUSED -7 (IP10)
 DON'T KNOW -8 (IP10)

IP8. What was the name of the operation or surgical procedure?
[ENTER ALL PROCEDURES. PRESS ENTER IF THERE ARE NO MORE PROCEDURES.]

SURGPROC OPERATION 1: _____
 OPERATION 2: _____
 OPERATION 3: _____

IP9. What condition required the [READ SURGICAL PROCEDURES BELOW]?
[ENTER ALL CONDITIONS.]
CONDTION

BOX IP4	GO TO IP12.
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IP10. Was this hospital stay for any specific condition?

SPECCOND

YES	1 (IP11)
NO	2 (IP12)
REFUSED	-7 (IP12)
DON'T KNOW	-8 (IP12)

IP11. What was the condition?
[ENTER ALL CONDITIONS.]
CONDTION

IP12. During this hospitalization, did (you/SP) have any special or private duty nursing care?

PDNCARE

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

BOX IP4A	<p>IF EXIT 40 SAMPLE, GO TO BOX NS1.</p> <p>OTHERWISE:</p> <p>IF THIS STAY ADDED THROUGH IP1, GO TO IP13.</p> <p>IF THIS STAY ADDED THROUGH UTS, GO TO UTSINTRC.</p> <p>IF THIS STAY ADDED THROUGH CTRL/I OR ST, GO TO BOX ST12.</p> <p>IF THIS STAY ADDED THROUGH NS, GO TO BOX NS11.</p>
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IP13. At the time (you were /SP was) discharged, were any medicines prescribed for (you/SP)?

PRESMDCN

YES	1 (IP14)
NO	2 BOX IP5
REFUSED	-7 BOX IP5
DON'T KNOW	-8 BOX IP5

IP14. Were any of the prescriptions filled?
[PRESFILL]

PRESFILL	YES	1 (IP15)
	NO	2 BOX IP5
	REFUSED	-7 BOX IP5
	DON'T KNOW	-8 BOX IP5

IP15. Please tell me the names of these medicines.
[ALLPMED] [ENTER ALL MEDICINES.] [CHECK SPELLING.]

PMEDNAME

BOX IP5	IF ANY (OTHER) ER VISITS AND ER6=1, THEN GO TO IP5. OTHERWISE, GO TO IP16 IF CONTINUING SAMPLE OR EXITING SAMPLE WHERE PREVIOUS INTERVIEW SKIPPED, OR GO TO BOX NS1 IF EXITING SAMPLE WHERE PREVIOUS INTERVIEW WAS NOT SKIPPED.
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IP16. [INTERVIEWER: IF RESPONDENT HAS ALREADY MENTIONED ANOTHER INPATIENT STAY, ENTER "YES" WITHOUT ASKING. OTHERWISE, ASK:] [Since (REF. DATE), (have you/has SP) had/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) have] any other admissions to this or any other hospital as an inpatient -- either for an overnight stay or for a "same day" procedure? [NOTE: IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION.]

TEMP	YES	1 (IP2)
	NO	2 BOX OP1A
	REFUSED	-7 BOX OP1A
	DON'T KNOW	-8 BOX OP1A