MCBS MAIN STUDY - ROUND 28 – FALL SUPPLEMENT

COMMUNITY COMPONENT

AC. PROVIDER PROBES/ACCESS TO CARE

BOX AC1AA	IF SP DECEASED OR INSTITUTIONALIZED, GO TO *BOX HS1A*.

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	a. SUPPLEMENTAL, ORD, AND DUAL ELIGIBLE SAMPLE SPs GO TO ACINTRO. OTHERWISE, GO TO b. b. IF AC3-AC6 ALREADY ASKED THIS ROUND FOR CURRENT ROUND ER VISIT, GO TO *BOX AC1C*. 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. IF SP DID NOT HAVE ANY ER VISITS IN CURRENT OR 2 PREVIOUS ROUNDS, GO TO *BOX AC1C*.

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?

ERVISIT

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?
CONDTION
CONDAC2

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?]

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 AC1B*
HOURS ONLY 1   (a)
MINUTES ONLY 2   (b)
HOURS AND MINUTES 3   (a & b)
REFUSED .... -7   *BOX AC1B*
DON'T KNOW .... -8   *BOX AC1B*

ERVWHRS   a. NUMBER OF HOURS _____
ERVWMIN   b. NUMBER OF MINUTES _____

BOX AC1B	IF SP IS IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO AC7. OTHERWISE, GO TO *BOX AC1C*.

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	a.	SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE SPS GO TO AC8. OTHERWISE, GO TO b.
	b.	IF AC9-AC16 ALREADY ASKED THIS ROUND FOR CURRENT ROUND OP VISIT, GO TO *BOX AC1E*.
		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.
		IF SP DID NOT HAVE ANY OP VISITS IN CURRENT OR 2 PREVIOUS ROUNDS, GO TO *BOX AC1E*.

AC8.   Since (REF. DATE), did (you/SP) go to a hospital clinic or outpatient department?
            [DO NOT INCLUDE HOSPITAL INPATIENT STAYS.]

            OPDVISIT   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.]

            OPDMCOND   MEDICAL CONDITION NAMED 1
            OPDTESTS   TESTS 2
            OPDFOLUP   FOLLOW-UP 3
            OPDCHKUP   CHECKUP 4
            OPDRFRL   REFERRAL 5
            OPDSURGY   SURGERY 6
            OPDPSHOT   OTHER (SPECIFY) 91
            OPDTSHOT   REFUSED .... -7
            OPDPMED   DON'T KNOW .... -8
            OPDOTHER
            OPDOTHOS

3

BOX AC1D	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.

AC10.   Was that for a specific condition?

       OPDSCOND

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.]
       CONDTION
       CONDAC11

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?

       OPDAPPT

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?

TOLD TO COME BACK DURING
       OPDDRTEL   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?

       OPDAWUNT

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

       OPDAWDAY   a.   NUMBER OF DAYS _____
       OPDAWWKS   b.   NUMBER OF WEEKS _____
       OPDAWMOS   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?

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

OPDVLHRS   a.   NUMBER OF HOURS _____
OPDVLMIN   b.   NUMBER OF MINUTES _____

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

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

OPDVWHRS   a.   NUMBER OF HOURS _____
OPDVWMIN   b.   NUMBER OF MINUTES _____

BOX AC1E	a. SUPPLEMENTAL, ORD, AND DUAL ELIGIBLE SAMPLE SPs GO TO AC17. OTHERWISE, GO TO b. *FOR THE FOLLOWING, "MOST RECENT MP VISIT" IS DEFINED AS <u>AN MP VISIT WHERE MP6a=2 OR MISSING</u> **AND** PROVIDER ROSTER SPECIALTY (PROVSPEC)=2 (MD). b. IF AC20-AC36 ALREADY ASKED THIS ROUND FOR CURRENT ROUND MP VISIT, GO TO *BOX OM1A*. 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. IF SP DID NOT HAVE ANY MP VISITS* IN CURRENT OR 2 PREVIOUS ROUNDS, GO TO BOX AC1G.

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)?

          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
          MDSPCLOS

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   OTHER (SPECIFY) 91
          MDTSHOT   REFUSED .... -7
          MDPMED   DON'T KNOW .... -8
          MDOTHER
          MDOTHOS

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.

AC22.   Was that for a specific condition?

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

AC. PROVIDER PROBES/ACCESS TO CARE

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AC23.   What (was the) condition (required the surgery)?
          [ENTER ALL CONDITIONS.]
          CONDTION
          CONDAC23

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

          MDAPPT   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?

                                        TOLD TO COME BACK DURING
          MDDRTEL   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?

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

          MDAWDAY   a.   NUMBER OF DAYS _____
          MDAWWKS   b.   NUMBER OF WEEKS _____
          MDAWMOS   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?

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

          MDVLHRS   a.   NUMBER OF HOURS _____
          MDVLMIN   b.   NUMBER OF MINUTES _____

7

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

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

    MDVWHRS   a.   NUMBER OF HOURS _____
    MDVWMIN   b.   NUMBER OF MINUTES _____
                                                                 GO TO   *BOX AC1FF*

BOX AC1FF	IF AC25=1, GO TO **BOX AC1G**. Otherwise, go to AC28a.

AC28a.   Was the doctor that (you/SP) saw (your/his/her) first choice?

    MDVCHOIC   YES .... 1 *BOX AC1G*
                                      NO 2 (AC28b)
                                      REFUSED .... -7 *(BOX AC1G)*
                                      DON'T KNOW .... -8 *(BOX AC1G)*

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

                   _____   **MDVCHVB1**
                   _____   **MDVCHVB2**
                   _____   **MDVCHVB3**

QUESTIONS AC29-AC31: MOVED TO SECTION HS.

QUESTION AC32 OMITTED.

BOX AC1G	IF SP IN MEDICARE MANAGED CARE PLAN, GO TO AC33.
	OTHERWISE, GO TO *BOX AC3*.

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?

MHREFDIF   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?

DISPLAY SPECIALTY CODE LIST SHOWN IN ATTACHMENT AC2.

MHSPCLTY
MHSPCLOS

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

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

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

BOX AC3	GO TO *BOX HS1A*.

ATTACHMENT AC1
(QUESTION AC20)

MD SPECIALTY CODE LIST

1.   ALLERGY/IMMUNOLOGY
2.   ANESTHESIOLOGY
3.   CARDIOLOGY (HEART)
5.   DERMATOLOGY (SKIN)
6.   EMERGENCY ROOM PHYSICIAN
7.   ENDOCRINOLOGY/METABOLISM (DIABETES, THYROID)
8.   FAMILY PRACTICE
9.   GASTROENTEROLOGY
10.   GENERAL PRACTICE
11.   GENERAL SURGERY
12.   GERIATRICS (ELDERLY)
13.   GYNECOLOGY – OBSTETRICS
14.   HEMATOLOGY (BLOOD)
15.   HOSPITAL RESIDENCE
16.   INTERNAL MEDICINE (INTERNIST)
17.   NEPHROLOGY (KIDNEYS)
18.   NEUROLOGY
19.   NUCLEAR MEDICINE
20.   ONCOLOGY (TUMORS, CANCER)
21.   OPHTHALMOLOGY (EYES)
22.   ORTHOPEDICS
24.   OSTEOPATHY (DO)
25.   OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT)
26.   PATHOLOGY
27.   PHYS MED/REHAB
28.   PLASTIC SURGERY
29.   PROCTOLOGY
30.   PSYCHIATRY/PSYCHIATRIST
31.   PULMONARY (LUNGS)
32.   RADIOLOGY
33.   RHEUMATOLOGY (ARTHRITIS)
34.   THORACIC SURGERY (CHEST)
35.   UROLOGY
91.   OTHER DR SPECIALTY (SPECIFY)

ATTACHMENT AC2
(QUESTION AC34a)

MD SPECIALTY CODE LIST

<u>MD PROVIDERS</u>

1.   ALLERGY/IMMUNOLOGY
3.   CARDIOLOGY (HEART)
5.   DERMATOLOGY (SKIN)
7.   ENDOCRINOLOGY/METABOLISM (DIABETES, THYROID)
9.   GASTROENTEROLOGY
11.   GENERAL SURGERY
12.   GERIATRICS (ELDERLY)
13.   GYNECOLOGY – OBSTETRICS
14.   HEMATOLOGY (BLOOD)
16.   INTERNAL MEDICINE (INTERNIST)
17.   NEPHROLOGY (KIDNEYS)
18.   NEUROLOGY
20.   ONCOLOGY (TUMORS, CANCER)
21.   OPHTHALMOLOGY (EYES)
22.   ORTHOPEDICS
24.   OSTEOPATHY (DO)
25.   OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT)
26.   PATHOLOGY
27.   PHYS MED/REHAB
28.   PLASTIC SURGERY
29.   PROCTOLOGY
30.   PSYCHIATRY/PSYCHIATRIST
31.   PULMONARY (LUNGS)
33.   RHEUMATOLOGY (ARTHRITIS)
35.   UROLOGY

<u>NON-MD PROVIDERS</u>

36.   AUDIOLOGIST
37.   CHIROPRACTOR
38.   DENTIST
39.   OPTOMETRIST
40.   PHYSICAL THERAPIST
41.   PSYCHOLOGIST

91.   OTHER DR SPECIALTY (SPECIFY)