ER. EMERGENCY ROOM UTILIZATION AND EVENTS

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

MCBS MAIN STUDY - ROUND 34, FALL 2002

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.

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 HOSPITAL.]
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?
[FACLVA]

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)

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

	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]?
[HMOREFD]

	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
[HMONO] 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.]
EVBEGMM
EVBEGDD
EVBEGYY

BOX ER2	ASK ER5-ER9 FOR EACH VISIT REPORTED AT ER4.

ER5.   For what condition did (you/SP) go to the emergency room on [FIRST/NEXT VISIT DATE]?
[ENTER ALL CONDITIONS.]
CONDTION

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**.

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**.

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**

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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.

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?

                                          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.

AC3.   Think about the <u>most recent</u> 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)

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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_ERWAIT

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**

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