

MCBS MAIN STUDY - ROUND 40, FALL 2004

COMMUNITY COMPONENT

IP. INPATIENT HOSPITAL UTILIZATION AND EVENTS

BOX IP1	<p>IF EXIT INTERVIEW (INTERVIEW TYPE = 8 OR 9) OR CONTINUING INTERVIEW (INTERVIEW TYPE = 1, 2, 4, 5, 6, 7, OR 10), GO TO IP5 IF: PREVIOUS ROUND IP5 = "95" (STILL IN HOSPITAL), AND/OR SP WAS ADMITTED TO HOSPITAL AS INPATIENT FROM EMERGENCY ROOM THIS ROUND (ER6=1).</p> <p>OTHERWISE: CONTINUING INTERVIEW (INTERVIEW TYPE = 1, 2, 4, 5, 6, 7, OR 10), GO TO IP1, OR EXIT INTERVIEW WHERE PREVIOUS ROUND INTERVIEW WAS SKIPPED (INTERVIEW TYPE = 9), GO TO IP1, OR EXIT INTERVIEW WHERE PREVIOUS ROUND INTERVIEW WAS <u>NOT</u> SKIPPED (INTERVIEW TYPE = 8), GO TO IP17.</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 HOSPITAL.]

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 IP2AA</p> <p>b. "V.A. FLAG" SET FOR THIS PROVIDER 1 BOX IP2AA "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 IP2AA	<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 (HI10, HI25 OR MEDICARE MANAGED CARE FLAG = 2 OR MISSING <u>FOR</u> ALL PLANS) 2 BOX IP2B</p> <p>b. "MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER 1 BOX IP2B</p> <p>"MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER 2 (IP3b)</p> <p>"MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER ... 3 (IP3a)</p>
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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?

- NOHMOMAI**
- 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
- NOHMOMOS**
- OTHER (SPECIFY) 91
 - REFUSED -7
 - DON'T KNOW -8

BOX IP2B	IF THIS EVENT ADDED THROUGH UTS, CTRL/I, ST, OR NS, 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 EVBE GMM EVBE GDD EVBE GYY	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.]

EVENMMM

EVENDDD

EVENYYY

_____/_____/_____
MM DD YY

BOX IP2A OMITTED IN ROUND 3.

IP6 OMITTED.

BOX IP3	<p>IF CONTINUING SAMPLE (INTERVIEW TYPE = 1, 2, 4, 5, 6, 7, OR 10), OR EXIT INTERVIEW WHERE PREVIOUS INTERVIEW WAS SKIPPED (INTERVIEW TYPE=9):</p> <p>IF IP5 = 95 AND SP WAS IN HOSPITAL AS OF PREVIOUS ROUND INTERVIEW DATE, GO TO OP1.</p> <p>IF IP5 = 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>EXIT INTERVIEW WHERE PREVIOUS INTERVIEW WAS NOT SKIPPED (INTERVIEW TYPE = 8):</p> <p>IF IP5 = 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 or other surgical procedures 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	IF EXIT SAMPLE (INTERVIEW TYPE = 8), GO TO BOX NS1 . OTHERWISE: IF THIS STAY ADDED THROUGH IP1 OR ER6, GO TO IP13. IF THIS STAY ADDED THROUGH UTS, GO TO UTSINTRC. IF THIS STAY ADDED THROUGH CTRL/I OR ST, GO TO BOX ST12 . IF THIS STAY ADDED THROUGH NS, GO TO BOX NS11 .
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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 **BOX IP4B**
NO 2 **BOX IP5**
REFUSED -7 **BOX IP5**
DON'T KNOW -8 **BOX IP5**

BOX IP4B	IF THE SCREEN “GETMEDS” (DU10a, ETC.) HAS BEEN DISPLAYED THIS INTERVIEW, GO TO IP15. OTHERWISE, GO TO IP14a. IF THIS IS A RESTART CASE, AND THE SCREEN “GETMEDS” HAS NOT YET BEEN DISPLAYED FOR THIS INTERVIEWING SESSION, GO TO IP14a.
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IP14a. 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.]

IP15. Please tell me the names of these medicines.
[ALLPMED] [ENTER ALL MEDICINES.] [CHECK MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.]

PMEDNAME
PMROTYPE

BOX IP5	IF ANY (OTHER) ER VISITS AND ER6=1, THEN GO TO IP5. OTHERWISE, GO TO IP16 IF CONTINUING SAMPLE (INTERVIEW TYPE = 1, 2, 4, 5, 6, 7, OR 10) OR EXIT INTERVIEW WHERE PREVIOUS INTERVIEW SKIPPED (INTERVIEW TYPE = 9), OR GO TO BOX NS1 IF EXITING SAMPLE WHERE PREVIOUS INTERVIEW WAS NOT SKIPPED (INTERVIEW TYPE = 8).
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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

IP17. THIS IS THE LAST SCREEN IN THIS SECTION WHERE YOU CAN BACK UP.
[NOBACKUP] IF YOU WANT TO CORRECT ANYTHING, PRESS CTRL/B.
OTHERWISE, PRESS ENTER TO CONTINUE.

BOX IP6	EXIT INTERVIEW WHERE PREVIOUS ROUND INTERVIEW WAS <u>NOT</u> SKIPPED (INTERVIEW TYPE = 8), GO TO CPS.
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IP Addendum

Segments: EVNT
PMRO
XMED
SURG
PROV
COND
XCON
HRND

BOX IP2:

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

BOX IP2A:

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