

MCBS MAIN STUDY - ROUND 46, FALL 2006

COMMUNITY COMPONENT

OP. OUTPATIENT HOSPITAL UTILIZATION AND EVENTS

BOX OP1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED (INTERVIEW TYPE = 8), GO TO BOX IU1A . OTHERWISE, GO TO OP1.
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OP1. [Since (REF. DATE), (have you/has SP) gone/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) did (SP) go] to the outpatient department or the outpatient clinic at any hospital for medical care?

OPPROBE YES 1 (OP2)
NO 2 **BOX IU1A**
REFUSED -7 **BOX IU1A**
DON'T KNOW -8 **BOX IU1A**

OP2. Where did (you/SP) go -- to which hospital?
[ENTER ONLY ONE HOSPITAL.]

PROVNAME
EVNTPROV

BOX OP1	a. SP HAS USED V.A. FACILITIES (HI36 = 1) 1 (b) SP HAS NOT USED V.A. (HI36 ≠ 1) 2 BOX OP1B
	b. "V.A. FLAG" ≠ -1 FOR THIS PROVIDER 1 BOX OP1B "V.A. FLAG" = -1 FOR THIS PROVIDER 2 (OP3)

OP3. Is (HOSPITAL) a Department of Veterans Affairs, or V.A., facility?
[FACLVA]

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

BOX OP1B	<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 (HI10a, HI25, AND MEDICARE MANAGED CARE FLAG ≠ 1 FOR <u>ALL</u> PLANS)..... 2 BOX OP1C</p> <p>b. “MANAGED CARE FLAG” = 1 FOR THIS PROVIDER 1 BOX OP1C</p> <p>“MANAGED CARE FLAG” = 2, -7, -8, -9 FOR THIS PROVIDER 2 (OP3b)</p> <p>“MANAGED CARE FLAG” = -1 FOR THIS PROVIDER 3 (OP3a)</p>
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OP3a. Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME BELOW] plan?
[HMOPLAN]

HMOASSOC

YES	1 BOX OP1C
NO	2 (OP3b)
REFUSED	-7 (OP3b)
DON'T KNOW	-8 (OP3b)

OP3b. (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER

YES	1 BOX OP1C
NO	2 (OP3d)
REFUSED	-7 BOX OP1C
DON'T KNOW	-8 BOX OP1C

OP3c OMITTED IN ROUND 44.

OP3d. What is the most important reason (you/SP) did not go to a hospital outpatient department associated with [HMONO] [READ MANAGED CARE PLAN NAME(S) BELOW] or a hospital outpatient department that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer (you/SP) to?

NOGOHMO NOGOHMOS	PLAN DOES NOT COVER THE SERVICE SP WANTED	1
	DIFFICULTY OR DELAY IN GETTING SERVICES	2
	SP PROVIDER PREFERENCE	3
	THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS	4
	NOT IN A MANAGED CARE PLAN AT TIME OF EVENT	5
	NO CHOICE – MEDICAL EMERGENCY OR OUT OF SERVICE AREA.	6
	OTHER (SPECIFY)	91
	REFUSED	-7
	DON'T KNOW	-8

BOX OP1C	IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO OP5. OTHERWISE, GO TO OP4.
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- OP4. When did (you/SP) go to an outpatient department at (HOSPITAL NAMED IN OP2)? 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

- OP5. Were any operations or other surgical procedures performed on (you/SP) during [any of the [(RVTIMES)] visits in (EVBE GMM EVBE GYY)/the visit on (FIRST/NEXT VISIT DATE)]?

[Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]

ANYOPERS

YES	1 (OP6)
NO	2 (OP8)
REFUSED	-7 (OP8)
DON'T KNOW	-8 (OP8)

- OP6. What was the name of the operation or other surgical procedure?
[ENTER ALL PROCEDURES. PRESS ENTER IF THERE ARE NO MORE PROCEDURES.]

SURGPROC

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

- OP7. What condition required the [READ SURGICAL PROCEDURES BELOW]?
[ENTER ALL CONDITIONS.]

COND TION

BOX OP2	GO TO BOX OP2A .
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- OP8. (Was this visit/Were any of these visits) to the outpatient department for any specific condition?

SPECCOND

YES	1 (OP9)
NO	2 BOX OP2A
REFUSED	-7 BOX OP2A
DON'T KNOW	-8 BOX OP2A

- OP9. What was the condition?
[ENTER ALL CONDITIONS.]

COND TION

BOX OP2A	IF THIS VISIT ADDED THROUGH OP1, GO TO OP10. IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO BOX OP3
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OP10. During (this visit/any of these visits) to the outpatient department, were any medicines prescribed for (you/SP)?

PRESMDCN	YES	1 (OP11)
	NO	2 BOX OP3
	REFUSED	-7 BOX OP3
	DON'T KNOW	-8 BOX OP3

OP11. Were any of the prescriptions filled?

[PRESFILL]

PRESFILL	YES	1 BOX OP2B
	NO	2 BOX OP3
	REFUSED	-7 BOX OP3
	DON'T KNOW	-8 BOX OP3

BOX OP2B	IF THE SCREEN "GETMEDS" (DU10a, ER8a, IP14a, OP11a, MP13a, PM1a, PM3a, and PM5a) HAS BEEN DISPLAYED THIS INTERVIEW, GO TO OP12. OTHERWISE, GO TO OP11a. IF THIS IS A RESTART CASE, AND THE SCREEN "GETMEDS" HAS NOT YET BEEN DISPLAYED FOR THIS INTERVIEWING SESSION, GO TO OP11a.
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OP11a. 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.]

OP12. Please tell me the names of these medicines.

[ALLPMED] [ENTER ALL MEDICINES.] [CHECK MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.]

PMEDNAME
PMROTYPE

BOX OP3	<p>IF THE TOTAL NUMBER OF REMAINING VISITS TO THIS OUTPATIENT DEPARTMENT OF THIS HOSPITAL IS:</p> <p>0 (GO TO BOX OP5(b))</p> <p>1-4 (RETURN TO OP5 FOR NEXT VISIT)</p> <p>5 OR MORE REMAINING BOX OP4</p>
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BOX OP4	<p>IF OP5 = 1 FOR THIS VISIT, RETURN TO OP5 FOR NEXT VISIT.</p> <p>IF OP5 = 2, -7 OR -8 AND OP8 = 1, GO TO OP13.</p> <p>IF OP5 = 2, -7 OR -8 AND OP8 = 2, -7 OR -8, GO TO OP5.</p>
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OP13. You told me that (you/SP) also went to the outpatient department of (HOSPITAL NAME) on [READ DATES BELOW]. Were any of these visits made for the same condition as the visit you've just told me about?

SAMEREAS YES 1 (OP14)
 NO 2 (OP5 FOR NEXT VISIT)
 REFUSED -7 (OP5 FOR NEXT VISIT)
 DON'T KNOW -8 (OP5 FOR NEXT VISIT)

OP14. Which visits were for the same condition? What were the dates?

[ENTER ALL DATES.]

EVNTLINK

BOX OP5	<p>a. FLAG DATE(S) OF VISITS WITH IDENTICAL CONDITIONS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO OP5 FOR NEXT UNFLAGGED VISIT.</p> <p>b. IF THIS VISIT ADDED THROUGH OP1, GO TO OP15. 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.</p>
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OP15. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did (you/SP) have any other visits to the outpatient department at this or any other hospital for services?

TEMP YES 1 (OP2)
 NO 2 **BOX OP6**
 REFUSED -7 **BOX OP6**
 DON'T KNOW -8 **BOX OP6**

BOX OP6	<p>IF THIS IS <u>NOT</u> A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, GO TO IU1.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT NO OP VISITS FOR THIS ROUND, GO TO IU1.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT SP IS DECEASED OR INSTITUTIONALIZED, GO TO IU1.</p> <p>OTHERWISE, GO TO AC9, AC12 - AC16a FOR MOST RECENT OP VISIT REPORTED FOR THIS ROUND.</p>
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- AC9. 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?
 [PROBE: Any other reason?] [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	PREVENTIVE SHOT.....	7
OPDTSHOT	TREATMENT SHOT	8
OPDPMED	TO GET OR REFILL A PRESCRIPTION	9
OPDOTHER	OTHER (SPECIFY)	91
OPDOTHOS	REFUSED	-7
	DON'T KNOW	-8

AC10 OMITTED IN ROUND 1.

AC11 OMITTED IN ROUND 7.

- 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 (AC16a)
	REFUSED	-7 (AC16a)
	DON'T KNOW	-8 (AC16a)

- 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?

OPDDRTEL	TOLD TO COME BACK DURING	
	EARLIER VISIT	1 (AC16a)
	CALLED FOR AN APPOINTMENT	2 (AC14)
	REFUSED	-7 (AC16a)
	DON'T KNOW	-8 (AC16a)

- 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 (AC16a)
	DAYS	1 (a)
	WEEKS	2 (b)
	MONTHS	3 (c)
	REFUSED	-7 (AC16a)
	DON'T KNOW	-8 (AC16a)

OPDAWDAY	a. NUMBER OF DAYS	
OPDAWWKS	b. NUMBER OF WEEKS	
OPDAWMOS	c. NUMBER OF MONTHS	

AC15 OMITTED IN ROUND 43.

AC16 OMITTED IN ROUND 43.

AC16a. [Think about the most recent time (you/SP) went to a hospital clinic or outpatient department.] How long did (you/SP) have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.

OWAITUNT

DID NOT HAVE TO WAIT 0 **BOX IU1A**
 HOURS ONLY 1 (a)
 MINUTES ONLY 2 (b)
 HOURS AND MINUTES 3 (a & b)
 REFUSED -7 **BOX IU1A**
 DON'T KNOW -8 **BOX IU1A**

OWAITHRS

a. NUMBER OF HOURS _____

OWAITMIN

b. NUMBER OF MINUTES _____ **BOX IU1A**

OP Addendum

Segments: EVNT
PMRO
XMED
SURG
PROV
COND
XCON
HRND
ACCS

BOX OP1:

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

BOX OP1B:

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