

MCBS MAIN STUDY - ROUND 28, FALL 2000

COMMUNITY COMPONENT

OP. OUTPATIENT HOSPITAL UTILIZATION AND EVENTS

BOX OP1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO <b>BOX IU1A</b> . 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 FACILITY.]

**PROVNAME**  
**EVNTPROV**

BOX OP1	a. SP HAS USED V.A. FACILITIES (HI36=1) ..... 1 (b)
	SP HAS NOT USED V.A. (HI36=2 OR MISSING) ..... 2 <b>BOX OP1B</b>
	b. "V.A. FLAG" SET FOR THIS PROVIDER ..... 1 <b>BOX OP1B</b>
	"V.A. FLAG" NOT SET 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	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 <b>BOX OP1C</b>
	b. "MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER ..... 1 <b>BOX OP1C</b>
	"MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER ..... 2 (OP3b)
	"MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER.... 3 (OP3a)

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 (OP3c)
  - REFUSED ..... -7 **BOX OP1C**
  - DON'T KNOW ..... -8 **BOX OP1C**

OP3c. 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?

- 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 OP1C	IF THIS VISIT ADDED THROUGH UTS, GO TO OP5. OTHERWISE, GO TO OP4.
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OP10. During this visit 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 (OP12)  
 NO ..... 2 **BOX OP3**  
 REFUSED ..... -7 **BOX OP3**  
 DON'T KNOW ..... -8 **BOX OP3**

OP12. Please tell me the names of these medicines.

[ALLPMED] [ENTER ALL MEDICINES.] [CHECK SPELLING]

**PMEDNAME**

BOX OP3	IF THE TOTAL NUMBER OF REMAINING VISITS TO THIS OUTPATIENT DEPARTMENT OF THIS HOSPITAL IS:  0 ..... (GO TO <b>BOX OP5(b)</b> ) 1-4 ..... (RETURN TO OP5 FOR NEXT VISIT)  5 OR MORE REMAINING ..... <b>BOX OP4</b>
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BOX OP4	IF OP5 CODED 1 FOR THIS VISIT, RETURN TO OP5 FOR NEXT VISIT. IF OP5 CODED 2, REF OR DK AND OP8 = 1, GO TO OP13. IF OP5 CODED 2, REF OR DK AND OP8 = 2, REF OR DK, GO TO OP5.
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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 <b>BOX ST12</b>.                  IF THIS VISIT ADDED THROUGH NS, GO TO <b>BOX NS11</b>.</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.                  IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT NO OP VISITS FOR THIS ROUND, GO TO IU1.                  IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT SP IS DECEASED OR INSTITUTIONALIZED, GO TO IU1.                  OTHERWISE, GO TO AC9, AC12 - AC16 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? [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**

AC10./AC11. OMITTED.

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?

<b>OPDAPPT</b>	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?

<b>OPDDRTEL</b>	TOLD TO COME BACK DURING 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?

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

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

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

<b>OPDVLHRS</b>	a. NUMBER OF HOURS _____
<b>OPDVLMIN</b>	b. NUMBER OF MINUTES _____

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

- |                 |                            |       |                 |
|-----------------|----------------------------|-------|-----------------|
| <b>OPDVWUNT</b> | DID NOT HAVE TO WAIT ..... | 0     | <b>BOX IU1A</b> |
|                 | HOURS ONLY .....           | 1     | (a)             |
|                 | MINUTES ONLY .....         | 2     | (b)             |
|                 | HOURS AND MINUTES .....    | 3     | (a & b)         |
|                 | REFUSED .....              | -7    | <b>BOX IU1A</b> |
|                 | DON'T KNOW .....           | -8    | <b>BOX IU1A</b> |
| <b>OPDVWHRS</b> | a. NUMBER OF HOURS .....   | _____ |                 |
| <b>OPDVWMIN</b> | b. NUMBER OF MINUTES ....  | _____ | <b>BOX IU1A</b> |