

MCBS MAIN STUDY - ROUND 34, FALL 2002

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.
-------------	--

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=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	<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 OR MEDICARE MANAGED CARE FLAG = 2 OR MISSING FOR <u>ALL</u> PLANS) ..... 2 <b>BOX OP1C</b></p> <p>b. "MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER ..... 1 <b>BOX OP1C</b></p> <p>"MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER ..... 2 (OP3b)</p> <p>"MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER ..... 3 (OP3a)</p>
-------------	--

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 [HMONO] with [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, CTRL/I, ST, OR NS, GO TO OP5. OTHERWISE, GO TO OP4.
-------------	--

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 performed on (you/SP) during [any of the [(RVTIMES)] visits in (EVBE GMM EVBE GYY)/the visit on (FIRST/NEXT VISIT DATE)]?

- 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.]

**CONDTION**

BOX OP2	GO TO <b>BOX OP2A</b> .
------------	-------------------------

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.]

**CONDTION**

BOX OP2A	IF THIS VISIT ADDED THROUGH OP1, GO TO OP10. IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO <b>BOX OP3</b>
-------------	--

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 (OP12)  
    NO ..... 2 **BOX OP3**  
    REFUSED ..... -7 **BOX OP3**  
    DON'T KNOW ..... -8 **BOX OP3**



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?

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

BOX OP6	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.
------------	--

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** PREVENTATIVE SHOT ..... 7
- OPDTSHOT** TREATMENT SHOT ..... 8
- OPDPMED** MEDICATION ..... 9
- OPDOTHER** OTHER (SPECIFY) ..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

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?

- 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?

<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>D_OPAPPT</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>OPDAWUNT</b>	a. NUMBER OF DAYS _____
	b. NUMBER OF WEEKS _____
	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>D_OPVIS</b>	HOURS ONLY .....	1 (a)
	MINUTES ONLY .....	2 (b)
	HOURS AND MINUTES .....	3 (a & b)
	REFUSED .....	-7 (AC16)
	DON'T KNOW .....	-8 (AC16)

<b>OPDVLUNT</b>	a. NUMBER OF HOURS _____
	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>D_OPWAIT</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>OPDVWUNT</b>	a. NUMBER OF HOURS .....	
	b. NUMBER OF MINUTES .....	<b>BOX IU1A</b>