

MCBS MAIN STUDY - ROUND 43, FALL 2005  
COMMUNITY COMPONENT  
ER. EMERGENCY ROOM UTILIZATION AND EVENTS

BOX ER1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED (INTERVIEW TYPE = 8), GO TO <b>BOX IP1</b> . OTHERWISE, GO TO ER1.
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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 <b>BOX IP1</b>
REFUSED .....	-7 <b>BOX IP1</b>
DON'T KNOW .....	-8 <b>BOX IP1</b>

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 ≠ 1).....	2 <b>BOX ER1B</b>
	b.	"V.A. FLAG" ≠ -1 FOR THIS PROVIDER .....	1 <b>BOX ER1B</b>
		"V.A. FLAG" = -1 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, AND MEDICARE MANAGED CARE FLAG ≠ 1 FOR <u>ALL</u> PLANS.....	2 <b>BOX ER1C</b>
	b.	"MANAGED CARE FLAG" = 1 FOR THIS PROVIDER .....	1 <b>BOX ER1C</b>
		"MANAGED CARE FLAG" = 2, -7, -8, -9 FOR THIS PROVIDER.....	2 (ER3b)
		"MANAGED CARE FLAG" = -1 FOR THIS PROVIDER .....	2 (ER3a)

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

<b>HMOASSOC</b>	YES .....	1	<b>BOX ER1C</b>
	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]

<b>HMOREFER</b>	YES .....	1	<b>BOX ER1C</b>
	NO .....	2	(ER3c)
	REFUSED .....	-7	<b>BOX ER1C</b>
	DON'T KNOW .....	-8	<b>BOX ER1C</b>

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
<b>NOHMOMAI</b>	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
<b>NOHMOMOS</b>	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.]

**EVBE GMM****EVBE GDD****EVBE GYY**

BOX ER2	ASK ER5-ER9 FOR EACH VISIT REPORTED AT ER4.
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- ER5. For what condition did (you/SP) go to the emergency room on [FIRST/NEXT VISIT DATE]?  
[ENTER ALL CONDITIONS.]

**COND TION**

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 <b>BOX ST12</b> . IF THIS VISIT ADDED THROUGH NS, GO TO <b>BOX NS11</b> .
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- 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 ER6 = 1 FOR THIS ER VISIT, FLAG CASE FOR IP SERIES. THEN GO TO <b>BOX ER4</b> .
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- 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**

- ER8. Were any of the prescriptions filled?  
[PRESFILL]

**PRESFILL**

YES ..... 1 **BOX ER3A**  
 NO ..... 2 **BOX ER4**  
 REFUSED ..... -7 **BOX ER4**  
 DON'T KNOW ..... -8 **BOX ER4**

BOX ER3A	IF THE SCREEN "GETMEDS" (DU10a, ER8a, IP14a, OP11a, MP13a, PM1a, PM3a, PM5a) HAS BEEN DISPLAYED THIS INTERVIEW, GO TO ER9. OTHERWISE, GO TO ER8a. IF THIS IS A RESTART CASE, AND THE SCREEN "GETMEDS" HAS NOT YET BEEN DISPLAYED FOR THIS INTERVIEWING SESSION, GO TO ER8a.
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ER8a. 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.]

ER9. Please tell me the names of these medicines.  
[ALLPMED] [ENTER ALL MEDICINES.] [CHECK MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.]  
**PMEDNAME**  
**PMROTYPE**

BOX ER4	IF MORE ER VISITS TO THIS HOSPITAL IN VISIT ROSTER, RETURN TO ER5 FOR NEXT VISIT. OTHERWISE, GO TO ER10.
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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?

**TEMP** 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 <b>BOX IP1</b> . IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT NO ER VISITS FOR THIS ROUND, GO TO <b>BOX IP1</b> . IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT SP IS DECEASED OR INSTITUTIONALIZED, GO TO <b>BOX IP1</b> . OTHERWISE, GO TO AC6a FOR MOST RECENT ER VISIT REPORTED FOR THIS ROUND.
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AC3 OMITTED IN ROUND 43.

AC4 OMITTED IN ROUND 43.

AC5 OMITTED IN ROUND 43.

AC6 OMITTED IN ROUND 43.

AC6a. Think about the most recent time (you/SP) went to the hospital emergency room. How long did (you/SP) have to wait during (your/his/her) 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.

<b>EWAITUNT</b>	DID NOT HAVE TO WAIT .....	0	<b>BOX IP1</b>
	HOURS ONLY .....	1	(a)
	MINUTES ONLY .....	2	(b)
	HOURS AND MINUTES .....	3	(a & b)
	REFUSED .....	-7	<b>BOX IP1</b>
	DON'T KNOW .....	-8	<b>BOX IP1</b>
<b>EWAITHRS</b>	a. NUMBER OF HOURS .....		<b>BOX IP1</b>
<b>EWAITMIN</b>	b. NUMBER OF MINUTES .....		<b>BOX IP1</b>

ER Addendum

Segments: EVNT  
PMRO  
XMED  
PROV  
COND  
XCON  
HRND  
ACCS

BOX ER1:

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

BOX ER1B:

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