

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 <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 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 <b>BOX OP1B</b>  b. "V.A. FLAG" ≠ -1 FOR THIS PROVIDER ..... 1 <b>BOX OP1B</b> "V.A. FLAG" = -1 FOR THIS PROVIDER ..... 2 (OP3)
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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 <b>BOX OP1C</b></p> <p>b. “MANAGED CARE FLAG” = 1 FOR THIS PROVIDER ..... 1 <b>BOX OP1C</b></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?

- 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
- NOGOHMO** NO CHOICE – MEDICAL EMERGENCY OR OUT OF SERVICE AREA. 6
- NOGOHMOS** 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.]  
**EVBEGMM**  
**EVBEGDD**  
**EVBEGY Y**

OP5. Were any operations or other surgical procedures performed on (you/SP) during [any of the [(RVTIMES)] visits in (EVBEGMM EVBEGY Y)/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.]

**CONDTION**

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

**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>
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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.</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.]

<b>OPDMCOND</b>	MEDICAL CONDITION NAMED .....	1
<b>OPDTESTS</b>	TESTS .....	2
<b>OPDFOLUP</b>	FOLLOW-UP .....	3
<b>OPDCHKUP</b>	CHECKUP .....	4
<b>OPDRFRL</b>	REFERRAL .....	5
<b>OPDSURGY</b>	SURGERY .....	6
<b>OPDPSHOT</b>	PREVENTIVE SHOT.....	7
<b>OPDTSHOT</b>	TREATMENT SHOT .....	8
<b>OPDPMED</b>	TO GET OR REFILL A PRESCRIPTION .....	9
<b>OPDOTHER</b>	OTHER (SPECIFY) _____	91
<b>OPDOTHOS</b>	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?

<b>OPDAPPT</b>	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?

<b>OPDDRTEL</b>	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?

<b>OPDAWUNT</b>	DID NOT HAVE TO WAIT .....	0 (AC16a)
	DAYS .....	1 (a)
	WEEKS .....	2 (b)
	MONTHS .....	3 (c)
	REFUSED .....	-7 (AC16a)
	DON'T KNOW .....	-8 (AC16a)

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

<b>OWAITUNT</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>OWAITHRS</b>	a. NUMBER OF HOURS .....	_____	
<b>OWAITMIN</b>	b. NUMBER OF MINUTES ....	_____	<b>BOX IU1A</b>

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