MCBS MAIN STUDY - ROUND 46, FALL 2006

COMMUNITY COMPONENT

IP. INPATIENT HOSPITAL UTILIZATION AND EVENTS

BOX
IP1
	IF EXIT INTERVIEW (INTERVIEW TYPE = 8 OR 9) OR CONTINUING INTERVIEW (INTERVIEW TYPE = 1, 2, 4, 5, 6, 7, OR 10), GO TO IP5 IF:
	    PREVIOUS ROUND IP5 = "95" (STILL IN HOSPITAL),
	    AND/OR
	    SP WAS ADMITTED TO HOSPITAL AS INPATIENT FROM EMERGENCY ROOM THIS ROUND (ER6 = 1).
	
	OTHERWISE:
	    CONTINUING INTERVIEW (INTERVIEW TYPE = 1, 2, 4, 5, 6, 7, OR 10), GO TO IP1, OR
	    EXIT INTERVIEW WHERE PREVIOUS ROUND INTERVIEW WAS SKIPPED (INTERVIEW TYPE = 9), GO TO IP1, OR
	    EXIT INTERVIEW WHERE PREVIOUS ROUND INTERVIEW WAS <u>NOT</u> SKIPPED (INTERVIEW TYPE = 8), GO TO IP17.

IP1.   [Since (REF. DATE), (have you/has SP) been/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) was (SP)] admitted to a hospital as an inpatient -- either for an overnight stay or for a "same day" procedure? [NOTE: IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION.]

      IPPROBE
YES	1	(IP2)
NO	2	***BOX OP1A***
REFUSED	-7	***BOX OP1A***
DON'T KNOW	-8	***BOX OP1A***

IP2.   Where (were you/was SP) admitted -- to which hospital?
      [ENTER ONLY ONE HOSPITAL.]
      PROVNAME
      EVNTPROV

BOX IP2	a. SP HAS USED V.A. FACILITIES (HI36 = 1)	1	(b)
	SP HAS NOT USED V.A. (HI36 ≠ 1)	2	***BOX IP2AA***
	b. "V.A. FLAG" ≠ -1 FOR THIS PROVIDER	1	***BOX IP2AA***
	"V.A. FLAG" = -1 FOR THIS PROVIDER	2	(IP3)

IP3.   Is (HOSPITAL) a Department of Veterans Affairs, or V.A., facility?
[FACLVA]
      VAPLACE
YES	1
NO	2
REFUSED	-7
DON'T KNOW	-8

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BOX IP2AA	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 (HI10, HI25, AND MEDICARE MANAGED CARE FLAG ≠ 1 FOR ALL PLANS) .... 2 *BOX IP2B*
	b. "MANAGED CARE FLAG" = 1 FOR THIS PROVIDER .... 1 *BOX IP2B*
	"MANAGED CARE FLAG" = 2, -7, -8, -9 FOR THIS PROVIDER 2 (IP3b)
	"MANAGED CARE FLAG" = -1 FOR THIS PROVIDER 3 (IP3a)

IP3a. Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

HMOASSOC
YES .... 1 *BOX IP2B*
NO 2 (IP3b)
REFUSED .... -7 (IP3b)
DON'T KNOW .... -8 (IP3b)

IP3b. (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER
YES .... 1 *BOX IP2B*
NO 2 (IP3d)
REFUSED .... -7 *BOX IP2B*
DON'T KNOW .... -8 *BOX IP2B*

IP3c OMITTED IN ROUND 44.

IP3d. What is the most important reason (you/SP) did not go to a hospital associated with [READ MANAGED
[HMONO] CARE PLAN NAME(S) BELOW] or a hospital that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer (you/SP) to?

NOGOHMO   PLAN DOES NOT COVER THE SERVICE SP WANTED 1
NOGOHMOS   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 IP2B | IF THIS EVENT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO IP7. OTHERWISE, GO TO IP4. |

IP4.   When (were you/was SP) admitted to and discharged from (HOSPITAL NAMED IN IP2/NAME OF HOSPITAL
         FROM ER2)?
         [ENTER "95" IN MONTH FIELD FOR DISCHARGE DATE IF SP STILL IN HOSPITAL.]

         ADMISSION _____/_____/_____   DISCHARGE _____/_____/_____   ***BOX IP3***
                         MM   DD   YY   MM   DD   YY
         EVBEGMM   **EVENDMM**
         EVBEGDD   **EVENDDD**
         EVBEGYY   **EVENDYY**

IP5.   [Last time (you/SP) had been admitted to (HOSPITAL) on (ADMISSION DATE) and (were/was) still a patient there
           on (PREVIOUS ROUND INTERVIEW DATE). When (were you/was SP) discharged from (HOSPITAL) for that
           stay?
           [You told me (you were/SP was) admitted to (NAME OF HOSPITAL FROM ER2) from the emergency room on
           (DATE FROM ER4).] When (were you/was SP) discharged from (HOSPITAL) for the stay that started on (IP4
           ADMISSION DATE)?
           [ENTER "95" IN MONTH FIELD IF STILL IN HOSPITAL.]

           EVENDMM   _____/_____/_____
           EVENDDD   MM   DD   YY
           EVENDYY

           ┌─────────────────────────────────┐
           │ **BOX IP2A** OMITTED IN ROUND 3. │
           └─────────────────────────────────┘

IP6 OMITTED IN ROUND 3.

┌──────────┬───┐
│   │ IF CONTINUING SAMPLE (INTERVIEW TYPE = 1, 2, 4, 5, 6, 7, OR 10), OR EXIT │
│   │ INTERVIEW WHERE PREVIOUS INTERVIEW WAS SKIPPED (INTERVIEW TYPE=9):   │
│   │   IF IP5 = 95 AND SP WAS IN HOSPITAL AS OF PREVIOUS   │
│   │   ROUND INTERVIEW DATE, GO TO **BOX OP1A**.   │
│ BOX   │   IF IP5 = 95 AND SP WAS <u>NOT</u> IN HOSPITAL AS OF   │
│ IP3   │   PREVIOUS ROUND INTERVIEW DATE, GO TO IP16.   │
│   │ OTHERWISE, ASK IP7-IP15 FOR EACH COMPLETE HOSPITAL STAY REPORTED   │
│   │ AT IP4 AND IP5.   │
│   │   IF IP5 = 95, GO TO IP17.   │
│   │ OTHERWISE, ASK IP7-IP12 FOR THE COMPLETED HOSPITAL STAY.   │
└──────────┴───┘

IP7.   Were any operations or other surgical procedures performed on (you/SP) during the hospital stay that was
           (FIRST/NEXT ADMISSION DATE) to (FIRST/NEXT DISCHARGE DATE)? [Operations include surgery and other
           surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]

           ANYOPERS   YES 1   (IP8)
                                     NO 2   (IP10)
                                     REFUSED .... -7 (IP10)
                                     DON'T KNOW .... -8 (IP10)

IP8.   What was the name of the operation or surgical procedure?
           [ENTER ALL PROCEDURES. PRESS ENTER IF THERE ARE NO MORE PROCEDURES.]

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

IP9.   What condition required the [READ SURGICAL PROCEDURES BELOW]?
           [ENTER ALL CONDITIONS.]
           CONDTION

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BOX IP4	GO TO IP12.

IP10. Was this hospital stay for any specific condition?

SPECCOND

YES 1 (IP11)
NO 2 (IP12)
REFUSED .... -7 (IP12)
DON'T KNOW .... -8 (IP12)

IP11. What was the condition?
[ENTER ALL CONDITIONS.]
CONDTION

IP12. During this hospitalization, did (you/SP) have any special or private duty nursing care?

PDNCARE

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

BOX IP4A	IF EXIT SAMPLE (INTERVIEW TYPE = 8), GO TO IP17. OTHERWISE: IF THIS STAY ADDED THROUGH IP1 OR ER6, GO TO IP13. IF THIS STAY ADDED THROUGH UTS, GO TO UTSINTRC. IF THIS STAY ADDED THROUGH CTRL/I OR ST, GO TO **BOX ST12**. IF THIS STAY ADDED THROUGH NS, GO TO **BOX NS11**.

IP13. At the time (you were /SP was) discharged, were any medicines prescribed for (you/SP)?

PRESMDCN

YES 1 (IP14)
NO .... 2 **BOX IP5**
REFUSED .... -7 **BOX IP5**
DON'T KNOW .... -8 **BOX IP5**

IP14. Were any of the prescriptions filled?
[PRESFILL]

PRESFILL

YES .... 1 **BOX IP4B**
NO .... 2 **BOX IP5**
REFUSED .... -7 **BOX IP5**
DON'T KNOW .... -8 **BOX IP5**

BOX IP4B	IF THE SCREEN "GETMEDS" (DU10a, ER8a, IP14a, OP11a, MP13a, PM1a, PM3a, and PM5a) HAS BEEN DISPLAYED THIS INTERVIEW, GO TO IP15. OTHERWISE, GO TO IP14a. IF THIS IS A RESTART CASE, AND THE SCREEN "GETMEDS" HAS NOT YET BEEN DISPLAYED FOR THIS INTERVIEWING SESSION, GO TO IP14a.

IP14a.   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.]

IP15.   Please tell me the names of these medicines.
[ALLPMED] [ENTER ALL MEDICINES.] [CHECK MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH
            NAME.]
            PMEDNAME
            PMROTYPE

BOX IP5	IF ANY (OTHER) ER VISITS AND ER6=1, THEN GO TO IP5. OTHERWISE, GO TO IP16 IF CONTINUING SAMPLE (INTERVIEW TYPE = 1, 2, 4, 5, 6, 7, OR 10) OR EXIT INTERVIEW WHERE PREVIOUS INTERVIEW SKIPPED (INTERVIEW TYPE = 9).

IP16.   [INTERVIEWER: IF RESPONDENT HAS ALREADY MENTIONED ANOTHER INPATIENT STAY, ENTER "YES"
            WITHOUT ASKING. OTHERWISE, ASK:] [Since (REF. DATE), (have you/has SP) had/Between (PREVIOUS
            ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) have] any
            other admissions to this or any other hospital as an inpatient -- either for an overnight stay or for a "same day"
            procedure? [NOTE: IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS
            OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION.]

            TEMP   YES 1 (IP2)
                                  NO .... 2 *BOX OP1A*
                                  REFUSED .... -7 *BOX OP1A*
                                  DON'T KNOW .... -8 *BOX OP1A*

IP17.   THIS IS THE LAST SCREEN IN THIS SECTION WHERE YOU CAN BACK UP.
[NOBACKUP]   IF YOU WANT TO CORRECT ANYTHING, PRESS CTRL/B.
            OTHERWISE, PRESS ENTER TO CONTINUE.

BOX IP6	EXIT INTERVIEW WHERE PREVIOUS ROUND INTERVIEW WAS <u>NOT</u> SKIPPED (INTERVIEW TYPE = 8) AND IP5 = "95", GO TO *BOX NS1*.

IP Addendum

Segments: EVNT
             PMRO
             XMED
             SURG
             PROV
             COND
             XCON
             HRND

BOX IP2:
- "V.A. FLAG" SET FOR THIS PROVIDER: VAPLACE ≠ -1
- "V.A. FLAG" NOT SET FOR THIS PROVIDER: VAPLACE = -1

BOX IP2A:
- HI10a = MCAIDHMO
- HI25 = PPRVHMO
- MEDICARE MANAGED CARE FLAG = COVANYTM
- MANAGED CARE FLAG = HMOASSOC
- "MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER: HMOASSOC = -1