OMB#: 0925-0281
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ACCESS AND QUALITY OF CARE

ID NUMBER: | | | | | | | | FORM CODE: A Q C DATE: 06/01/2011 Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year) 0b. Staff ID: ☐☐☐

A. HEALTH INSURANCE COVERAGE AND UTILIZATION

1. We would like to verify that we have the correct Medicare number for you. Can we please see your Medicare card to confirm your number?

   Medicare number ☐☐☐☐☐☐☐☐☐☐☐

   1a. Is this Medicare number correct?
   Yes..... ☐ → **GO TO QUESTION 2**
   No ..... ☐

   1b. Enter correct Medicare number: ☐☐☐☐☐☐☐☐☐☐☐

2. Are you covered by any other health insurance or health care plan besides Medicare? (*Include health insurance obtained through employment or purchased directly as well as government programs like Medicaid that provide medical care or help to pay medical bills.)*
   Yes..... ☐
   No ..... ☐ → **GO TO QUESTION 4**

3. Besides Medicare, what kind of health insurance or health care coverage do you have for services such as physician visits or hospital stays? If you have more than one kind of health insurance, tell me all plans that you have.

	Yes	No
a. Private health insurance	☐	☐
b. Medigap	☐	☐
c. Medicaid	☐	☐
d. Veteran's Administration (VA)	☐	☐
e. Other military health care (TRICARE/CHAMPVA)	☐	☐
f. State-sponsored health plan	☐	☐
g. Other government program	☐	☐
h. Single service plan (e.g., nursing home care, dental, vision)	☐	☐

(NOTE: Skip to HEALTH CARE SATISFACTION for nursing home exams)

B. USUAL SOURCE OF CARE

4. Is there a particular medical person or clinic you usually go to when you are sick or for advice about your health?

Yes ☐
No, because I have lots of health problems and see many providers ☐ → **GO TO QUESTION 8**
No, because I don't use health care services much and/or don't have a regular provider ☐ → **GO TO QUESTION 8**

5. What kind of place or provider do you go to most often? ☐

A nurse practitioner ..... A
A primary care physician ..... B
A specialist for a medical problem C
Health center/ambulatory care center/hospital outpatient with wide range of providers ..... D
Hospital emergency room ..... E
Physician's Assistant ..... F
Other, specify: _____ ..... G

6. How do you usually get to this place? ☐

Walking ..... A
Driving ..... B
Being driven by family/friend C
Bus or other public transportation ..... D
Taxi ..... E
Health care provider usually comes to home ..... F
Senior citizen van/bus ..... G
Ambulance or other special vehicle ..... H
Other, specify: _____ I

7. Does your usual health care provider have office hours at night or on weekends?

Yes ☐
No ☐

C. DIFFICULTY IN OBTAINING CARE

8. How difficult is it to get appointments with your health care provider on short notice, for example, within one or two days (*choose one*)?

Very difficult ☐
Somewhat difficult ☐
Not too difficult ☐
Not at all difficult ☐

9. How difficult is it to talk with a medical person/your health care provider over the telephone about a health problem (*choose one*)?

Very difficult..... ☐
Somewhat difficult ..... ☐
Not too difficult..... ☐
Not at all difficult..... ☐

10. In the past 12 months, was there any time when you delayed getting, or did not get, medical care when you needed it?

Yes..... ☐
No ..... ☐ → **GO TO QUESTION 13**

11. In the past 12 months, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

	Yes	No
a. To be seen by a doctor or other health care provider	☐	☐
b. Mental health care or counseling	☐	☐
c. Nursing home care	☐	☐

12. Aside from costs, what were the reason(s) for which you delayed getting, or did not get, medical care in the past 12 months when you needed it?

	Yes	No
a. You couldn't get through on the telephone.....	☐	☐
b. You couldn't get an appointment soon enough	☐	☐
c. Once you got there, you had to wait too long to see the doctor.....	☐	☐
d. The clinic/doctor's office wasn't open when you could get there ...	☐	☐
e. You didn't have transportation	☐	☐
f. Medical care was too far away.....	☐	☐

D. HEALTH CARE SATISFACTION

13. In the last 12 months, how often did doctors or other health providers…

	Never	Sometimes	Usually	Always
a. listen carefully to you?	☐	☐	☐	☐
b. explain medical procedures and tests in a way you could understand?.....	☐	☐	☐	☐
c. show respect for what you had to say?.....	☐	☐	☐	☐
d. spend enough time with you?	☐	☐	☐	☐

14. Overall, how satisfied are you with the quality of care you received from your health care providers over the past 12 months? ……..... ☐

Very satisfied..... A
Somewhat satisfied ..... B
Somewhat dissatisfied..... C
Very dissatisfied ..... D

INSTRUCTIONS FOR THE ACCESS AND QUALITY OF CARE (AQC) FORM

I. General Instructions

The Access to Care and Satisfaction with Care (AQC) form collects current information on health care insurance status, usual source of health care, difficulty in obtaining health care, and satisfaction with health care. The exact wording and order of questions are followed to ensure standardization. Questions are skipped only when indicated by the skip pattern.

Section A contains questions that pertain to Medicare insurance status. The purpose of those questions is to confirm the Medicare number of the study participants and to obtain information on health insurance other than Medicare.

II. Detailed Instructions for Each Item

0a. Enter the date on which the participant was seen in the clinic. Code in numbers using leading zeroes where necessary to fill all boxes. For example, May 3, 2011, would be entered as:

0	5	/	0	3	/	2	0	1	1

0b. The person at the clinic who has completed this form must enter his/her code number in the boxes provided.

1. This field will contain the participant's Medicare number if ARIC has obtained it in the past (note: ARIC has successfully matched 14,865 participants). If ARIC does not have the participant's Medicare number, this field will be blank. Please ask the participant if you can see his/her Medicare card, regardless of whether the field is filled or blank.

1a. If the number on the card confirms the number that is in the DMS field for question 1, please answer Yes and skip to question 2. If the number on the card is different from the number that is in the DMS field for question 1, please answer No.

If participant requests that the Medicare number not be used by the study, in whole or in part, the following steps need to be taken:

CSCC deletes Medicare number (or most of it) from V5INFO 157.

Field center blanks out AQC1a and adds note log.

Field center adds note logs to ICT (Q.10, 10a) to indicate what participant requested, and when.

1b. Please enter the correct Medicare number that is on the participant's Medicare card. If a person for whom we currently don't have a valid number refuses to provide the number, indicate "refusal" as special missing character in the DMS.

Suggested text to use if any ARIC participant asks why we need the Medicare number. (We suggest NOT taking the time to read the text below if the person simply provides the Medicare number when asked.)

1. We are asking for your Medicare number because we want to analyze Medicare data on health care costs for groups of ARIC participants (for example, participants with heart disease, or a comparison of costs for men and women).

2. We protect the confidentiality of all the information you provide during your time with us, and we never release individual information such as your Medicare number.

3. Of course, providing your Medicare number is voluntary.

2. Since Medicare does not cover all health care expenses, many (if not most) beneficiaries have additional insurance to cover additional expenses such as, the deductible portion of Medicare, drug expenses, and Medicare costs that are in excess of the expense limit (the so called "doughnut hole"). Those supplemental insurance programs can be obtained through an employer, purchased directly from an insurance company, or obtained as part of government sponsored programs, such as Medicaid or Veteran's Administration Insurance. If the person says they have other insurance but then can not provide the name or describe it, check "I don't know."

   Please skip to question 4 if participant does not have insurance other than Medicare, refuses to answer the question, or does not know if he/she has other forms of insurance.

3. Most participants will have more that one insurance. Please ask the participant to list ALL kinds of insurance programs that they participate in.

Supplemental insurance policies assisting with costs not dealt with by the Original Medicare Plan are called Medigap or Medicare supplement insurance. There are currently twelve Medigap plans identified by letters A through L. Each one offers a different list of benefits targeted at filling "gaps" in Medicare insurance coverage. The gaps can be in Part A such as:

- Skilled nursing facility services for more than the 100 days per illness
- Coinsurance payment for skilled nursing facilities
- The deductible for Hospital stays
- Hospital coinsurance payments

or in Part B:

- A 20% coinsurance payment. (Medicare covers only 80% of the approved rate for all services and items within part B. This amount can vary depending on the services approved.)
- Often doctors and physicians charge more than what Part B Medicare reimburses with the balance the responsibility of the beneficiary

Medigap policies are sold by private insurance companies. These policies are required to be clearly identified as *Medicare Supplement Insurance*. Massachusetts, Minnesota and Wisconsin – have their own Medigap policies that are different from the standard Medigap plans. The state of Minnesota offers residents two Medigap plan options: the Minnesota Basic Plan and the Minnesota Extended Basic Plan. Minnesota also offers versions of Medigap plans K, L, M, N, and the high-deductible Plan F.
If you are in Medicare Health Maintenance Organization and have the Medicare Advantage Plan, you do not need a Medigap plan and are not eligible to purchase it.

ARIC study participants may not be aware if the private insurance they have is or is not a Medigap Supplemental Insurance. (For example, it is possible to have Medigap insurance purchased through Humana. It has to be identified as Medigap Supplemental Insurance, but the study participant may not be fully aware of that, although they will know that they have private insurance that covers the balance of costs not covered by Medicare Parts A and B). Please check "yes" for private insurance if the respondent is not sure if they have Medigap, but he/she knows that they have private insurance.

<u>Additional information on Military insurance:</u>

The Military provides, in addition to the Veteran's Administration Insurance, health insurance for veterans families (CHAMPVA). To be eligible for CHAMPVA, the beneficiary cannot be eligible for TRICARE. CHAMPVA provides coverage to the spouse or widow(er) and to the children of a veteran who was disabled or died while on duty. TRICARE provides health benefits to military personnel, military retirees, and their dependents, including some members of the Reserve Component.

4. This question aims to obtain information on the "usual source of care". By this we mean the health care provider/clinic, where the person goes to most often. We are not asking about the last health care visit, but the healthcare setting where the person would seek care most often in the last 12 months. Note that response b ("No, because I have lots of health problems and see many providers" can be used if someone has difficulty identifying a particular source of usual care.
5. The participant is asked to describe the type of medical practice he/she goes to for "usual care"

6. Again, this questions refers to the “usual source of care” and aims to elucidate if it is at all difficult for the individual to get to the place where they get their usual health care.
7. self-explanatory
8. Difficulty of getting appointments at the usual source of care
9. Difficulty of contacting a medical care provider over the telephone
10. The question refers to the previous year (prior to Visit 5) and is asking for the participant to recall delaying or not receiving ANY medical care. If the answer is NO, or REFUSED, or DON’T KNOW then skip to question 12.
11. This question asks for ALL possible reasons for delaying or not getting medical care. Please ask the participant to list ALL that apply.
12. This question is similar to question 11, but asks for the participant to describe difficulty in obtaining any kind of medical care, including prescribed medications.
13. For this question it is not important that the doctor or health provider is the one whom the participant sees most often (i.e. source of usual care). The aim of this question is to assess overall satisfaction with health care across the entire spectrum of services over the past 12 months (year). Please skip to question 14 if the respondent did not seek medical care in the past year.
14. By quality of care we understand that the health care fits needs and preferences, does not cause harm, is appropriate for the illness, is given without delays, includes needed medical procedures and tests, and that it is fair and not affected by things such as gender, language, color, age and income.