

**PATIENT SATISFACTION WITH OUTPATIENT SURGERY
A NATIONAL SURVEY OF MEDICARE BENEFICIARIES**

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EXECUTIVE SUMMARY

PURPOSE

The purpose of this survey was to determine and compare Medicare beneficiary satisfaction with selected outpatient surgical and diagnostic procedures in ambulatory surgical centers (ASCs) and hospital outpatient departments (OPDs). The procedures were cataract extraction with intraocular lens implant, upper gastrointestinal endoscopy, colonoscopy and bunionectomy.

BACKGROUND

The volume of outpatient surgery is increasing. By the end of 1989, an estimated 1,123 ambulatory surgical centers (ASCs) will provide outpatient surgical services. The number of surgeries performed in ASCs increased to more than 1.7 million in 1988, up almost 25 percent from 1987. The volume of outpatient surgery in hospital outpatient departments (OPDs) is also on the rise. Between 1980 and 1985, the number of OPD surgeries increased by 128 percent to more than 7 million. The increase in outpatient surgeries has prompted concern about the quality of care and medical necessity in ambulatory settings.

To assess the quality of care and medical necessity of selected outpatient surgical procedures, the Office of Inspector General (OIG) conducted interviews with beneficiaries and physicians and undertook a medical and financial review of Medicare beneficiary records. We administered the telephone survey to a national sample of 1,170 Medicare beneficiaries who underwent cataract surgery, upper gastrointestinal endoscopy, colonoscopy and bunionectomy between January and March 1988. We completed interviews with 837 beneficiaries (71.5% of the sample).

FINDINGS

Beneficiaries prefer outpatient surgery to inpatient hospital stays.
This was true regardless of age, sex, surgical setting or procedure.

Beneficiaries were very satisfied with both ASCs and OPDs.
They were slightly more satisfied with ASCs than OPDs, with 98 percent of ASC patients and 94 percent of OPD patients rating the facilities good or better.

Most respondents reported no postoperative complications.
Ninety percent of the respondents reported that they had no postoperative complications regardless of surgical setting.

Postoperative care was not a problem for most beneficiaries.

Ninety-two percent of the respondents went home after their procedures. Of these, 35 percent were able to care for themselves. Most respondents who required assistance said that their relatives or friends did not have to take time off work to take care of them.

Physicians, not beneficiaries, decide whether surgery will be performed in an ASC or OPD.

Eleven percent of cataract patients reported no improvement in their vision after surgery.

Most respondents reported symptoms that suggest their procedures were medically necessary.

Although most respondents paid little (less than \$100) or nothing, a few paid over \$1000.

Nearly 60 percent of the respondents said that they had no out-of-pocket expenses, primarily because they have supplemental private insurance.

This report analyzes the results of the beneficiary survey and solely reflects the opinions of the beneficiaries who were interviewed. In a separate report, we will discuss the results of the physician interviews and the medical and financial review of the beneficiaries' records.

TABLE OF CONTENTS

	<u>Page</u>
EXECUTIVE SUMMARY	i
INTRODUCTION	1
FINDINGS	3
Beneficiaries prefer outpatient surgery to inpatient hospital stays	3
Beneficiaries were very satisfied with both ASCs and OPDs	3
Most respondents reported no postoperative complications	5
Postoperative care was not a problem for most beneficiaries	6
Physicians, not beneficiaries, decide whether surgery will be performed in an ASC or OPD	6
Eleven percent of cataract patients reported no improvement in their vision after surgery	7
Most respondents reported symptoms that suggest their procedures were medically necessary	8
Although most respondents paid little (less than \$100) or nothing, a few paid over \$1000	9
APPENDICES	
Appendix A: Sample selection, survey methods, analysis of respondents versus nonrespondents	
Appendix B: Responses to all questions	

INTRODUCTION

The growth of outpatient surgery has paralleled the growth of ambulatory surgical centers (ASCs). Since the early 1980s, when the Health Care Financing Administration began to reimburse ASCs for facility services, the number of ASCs has increased dramatically. In 1983, there were 239 ASCs in operation. By the end of 1989, an estimated 1,123 facilities will provide outpatient surgical services. The number of surgeries performed in ASCs increased to more than 1.72 million in 1988, up 24.6 percent from 1.38 million in 1987.

The volume of outpatient surgery in hospital outpatient departments (OPDs) is also on the rise. Between 1980 and 1985, the number of OPD surgeries increased by 128 percent from 3,207,000 to 7,309,000.

Ophthalmic surgery accounts for a large share of the procedures performed in ASCs as well as Medicare outpatient surgical procedures. In 1988, ophthalmic surgery accounted for 26.7 percent of all procedures performed in ASCs. Cataract extraction with intraocular lens (IOL) implant is the most frequently performed Medicare outpatient surgical procedure.

The volume of cataract surgery is growing. The number of cataract extractions with IOL implants increased from 819,788 in 1986 to 954,794 in 1987, a 16 percent rise. Although the OPD is the most common site for these procedures, its share of all surgeries remained constant at 69 percent from 1986 to 1987 while the share performed in ASCs increased from 15 to 19 percent.

The volume of outpatient diagnostic procedures is also growing. The number of upper gastrointestinal endoscopies reimbursed by Medicare increased from 658,949 in 1986 to 769,937 in 1987, a 17 percent rise. The number of colonoscopies increased from 254,820 to 318,180 during the same period, a 25 percent rise. The OPD is the most common site for both upper gastrointestinal endoscopies and colonoscopies. Physicians' offices are the next most common site, followed by ASCs.

The increase in outpatient surgical services over the past several years has prompted concern about the quality of care in ambulatory settings. In a recent article in Health Affairs, two health policy analysts for the American Association of Retired Persons wrote:

The enormous increase in the total number of ambulatory surgical procedures and the rate of outpatient surgery on the oldest old raise questions about the safety and quality of ambulatory surgery and its effects on the health of these surgical patients.

The authors also expressed concern about the medical necessity of outpatient procedures as well as the impact of ambulatory surgery on patients' families who provide postoperative care.¹

One approach to assessing the quality of care in outpatient settings is to measure patient satisfaction with medical care. Patients' opinions are a useful source of information on the technical, interpersonal and financial aspects of care. Patient perceptions are particularly useful as a means of assessing the personal dimension of care.

METHODOLOGY

We selected a random sample of 1,170 Medicare beneficiaries who underwent cataract surgery, upper gastrointestinal endoscopy, colonoscopy or bunionectomy between January and March 1988. We selected the sample from all Medicare beneficiaries who underwent these Medicare outpatient surgical procedures between January and March 1988. We stratified the sample so that one-half of the beneficiaries underwent surgery in ASCs and the other half underwent surgery in OPDs. We used the Questionnaire Programming Language developed by the U.S. General Accounting Office to design a computer-assisted telephone survey questionnaire and conducted the survey between May 11 and July 31, 1989.

We based the sample size of 585 beneficiaries for each surgical setting on the sample size necessary to satisfy specific statistical testing criteria (i.e., power, confidence level and detectable difference) established for studies on medical outcome and necessity. The overall response rate for the survey was 71.5 percent (837 beneficiaries). The proxy rate was 14 percent both for beneficiaries who underwent procedures in ASCs and beneficiaries who underwent procedures in OPDs. The proxy was a knowledgeable second party who answered the survey questions on the beneficiary's behalf. Appendix A includes a full discussion of the sample selection, survey method and analysis of respondents versus nonrespondents. Appendix B contains the responses to all questions.

This report analyzes the results of the beneficiary survey and solely reflects the opinions of the beneficiaries who were interviewed. In a separate report, we will discuss the results of the physician interviews and the medical and financial review of the beneficiaries' records.

1 Shelah Leader and Marilyn Moon, "Medicare Trends in Ambulatory Surgery," *Health Affairs*, Spring 1989, p. 167.

FINDINGS

BENEFICIARIES PREFER OUTPATIENT SURGERY TO INPATIENT HOSPITAL STAYS

According to our survey, Medicare beneficiaries have favorably received the movement of certain procedures from the inpatient to the outpatient setting. During the last several years, many procedures which involved hospital stays have been safely and effectively performed in the outpatient setting. Procedures such as cataract surgery, bunionectomy and endoscopy are now routinely performed in the OPD or ASC. Perhaps the most dramatic shift in setting has taken place for cataract surgery, which during the last few years has become almost entirely the province of the OPD and the ASC.

Respondents overwhelmingly favored outpatient surgery over hospitalization, regardless of age, sex, surgical setting or procedure. In fact, 91 percent of all of the respondents who underwent cataract surgery and 5 out of 6 of those who had a bunionectomy said that they preferred the outpatient setting. This preference for the outpatient setting was echoed by those beneficiaries who had upper gastrointestinal endoscopies and colonoscopies.

Out of the 837 respondents, 72 said they would have preferred to stay in the hospital at least overnight. Fourteen of these beneficiaries volunteered explanations, such as heart conditions, no one to take care of them at home or a prior surgery resulting in postoperative complications. Despite these beneficiaries' preference for hospitalization, only 3 of the 14 reported postoperative complications as a result of the surgery that was the subject of our survey.

BENEFICIARIES WERE VERY SATISFIED WITH BOTH ASCs AND OPDs

Ninety-eight percent of those who had their procedures in ASCs, compared with 94 percent of those who had their procedures in OPDs, rated the facilities good, very good or excellent (see Figure 1). When asked what they liked about the facilities, more than one-half of the respondents mentioned the staff.

Some respondents volunteered reasons why they preferred ASCs over OPDs or hospitals. For example:

I by far prefer the ASC setting over the OPD setting because of less paperwork, less cost, a more convenient location and easier parking.

I had another cataract surgery in 1987 in an OPD. I much prefer the ASC: no wait, very pretty, more organized, friendlier staff, transportation and good food.

I much prefer to go to the ASC instead of to a hospital. The hospitals are so crowded and uncomfortable.

Cast my vote for the single day surgery centers--they are much better than hospitals. The food is better, they are twice as fast and they didn't charge for a million things you didn't even know you got. I'd like to stay as far away from the hospital as possible.

I didn't get bills from different sources. Billing was more centralized at the ASC.

I liked the individualized attention at the ASC. ASCs are much better than hospitals.

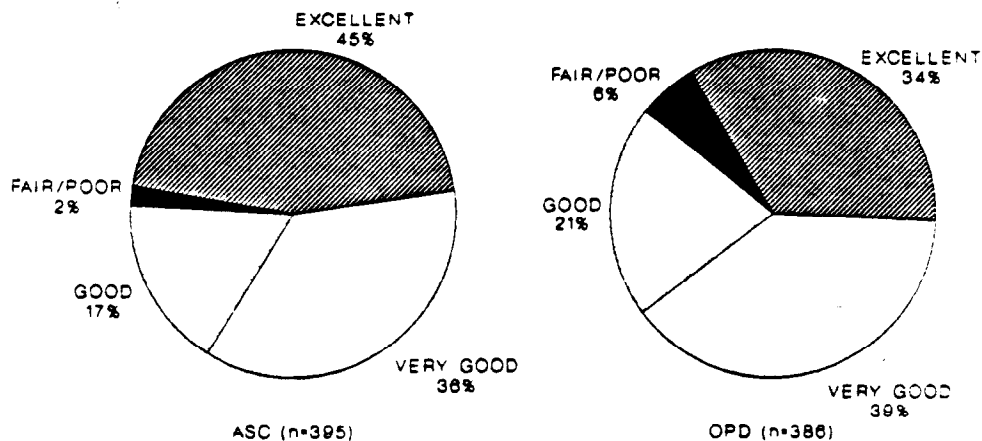
Seven respondents said they preferred OPDs. For example:

The ASC seemed like a production line--they take too many patients. In a hospital, a patient with complications can quickly be transferred to the intensive care unit.

I had the colonoscopy done in the hospital and also in the ASC. I didn't notice any difference. The ASC made me pay in advance, which I didn't like.

I would have preferred to be in a hospital. The ASC staff did not seem as experienced or well-trained as hospital staff. They had trouble with the I.V.

FIGURE 1. ASC PATIENTS WERE MORE SATISFIED THAN OPD PATIENTS



The preference for one setting over another may be attributed, in part, to the amount of time a beneficiary spends at the facility on the day of surgery. While we did not ask the beneficiaries to identify where most of their time was spent at the facility (admission, surgery or postoperative recovery), we did obtain some estimates of the total time spent.

Respondents who underwent cataract surgery spent less time in ASCs than in OPDs. In almost two-thirds of the ASC cases, the beneficiaries spent less than 4 hours in the facility on the day of their cataract surgery. On the other hand, almost 25 percent of the OPD cataract patients spent more than 6 hours at the hospital. The amount of time spent in ASCs or OPDs for upper gastrointestinal endoscopy, colonoscopy and bunionectomy was not significantly different.

Although the satisfaction level with ASCs and OPDs varied some, such was not the case for physicians. Respondents expressed high levels of satisfaction with their physicians for both settings. Nearly equal percentages of ASC (96.3 percent) and OPD (96.4 percent) respondents rated their physicians good or better. Beneficiaries were particularly satisfied with their physicians' competence, courtesy and willingness to answer questions, and almost all of the respondents would recommend their physician to family and friends who needed the same procedure they had.

MOST RESPONDENTS REPORTED NO POSTOPERATIVE COMPLICATIONS

Although a postoperative complication may indicate less than acceptable quality of care, beneficiaries are not always able to distinguish between normal postoperative occurrences and true complications. For example, it is difficult to determine if the pain, inflammation or changes in quality of vision described by 13 percent of the cataract patients were beyond the range of acceptability. This is also true for the complications which were given for upper gastroendoscopy (sore throat, painful swallowing and chest pain) and colonoscopy (abdominal pain or reaction to sedative). The respondents reported complication rates of 3 percent and 6 percent respectively for these procedures and no complications following bunionectomy. The complaints may not be considered complications from a clinical perspective. Nevertheless, from the patient's perspective, they were complications which spark questions about quality of care.

Given this caveat, it is noteworthy that 90 percent of the respondents reported they had no postoperative complications regardless of surgical setting or procedure. Therefore, from a patient's perspective, the ASC and OPD are equally safe environments.

POSTOPERATIVE CARE WAS NOT A PROBLEM FOR MOST MEDICARE BENEFICIARIES

The vast majority of the beneficiaries (92 percent) went home immediately after surgery. Those who did not go home stayed in nursing homes, hotels or the homes of relatives, friends or neighbors. Only 13 of the beneficiaries who did not go home had to pay for their accommodations. The cost was usually less than \$100. Of those who went home, one-third said that they took care of themselves. The rest were cared for by spouses, friends or relatives.

In contrast to the concerns expressed by the authors of the Health Affairs article mentioned on page 2, beneficiaries did not indicate that their postoperative care imposed a burden on the relatives and friends who cared for them. During the telephone interview, we specifically asked if the caregivers had to take time off work and, in 90 percent of the cases, we were told that the person did not. Almost all of the beneficiaries (97 percent) told us they had received clear instructions that explained how to care for themselves after the surgery. More than one-half of the patients had received the instructions both orally and in writing.

PHYSICIANS, NOT BENEFICIARIES, DECIDE WHETHER SURGERY WILL BE PERFORMED IN AN ASC OR OPD

Most beneficiaries who underwent cataract surgery said they have an ongoing relationship with an ophthalmologist who performs their routine eye exams. While the practice of optometry/ophthalmology referral has become more prevalent in some locations, this was not an important factor for the respondents in our survey. Only 10 percent of the sampled beneficiaries said their routine eye exams were performed by optometrists. Approximately three-quarters of the beneficiaries said that

- their cataract was discovered during a routine eye exam,
- their ophthalmologist was the one who recommended surgery,
- they did not obtain a second opinion and
- the ophthalmologist decided where the surgery would be performed.

Optometrists and opticians recommended surgery to 17 percent of the respondents, and they made referrals to ophthalmologists for surgery in 14 percent of the cases.

Although gastroenterologists are primarily referral physicians and do not usually have ongoing relationships with their patients, they control the location of surgery almost as frequently as ophthalmologists. Approximately 60 percent of the beneficiaries indicated that the gastroenterologist chose the facility for the endoscopy. All six respondents who had bunionectomies reported that their surgeons decided where they would have their surgeries.

ELEVEN PERCENT OF CATARACT PATIENTS REPORTED NO IMPROVEMENT IN THEIR VISION AFTER SURGERY

Outcome is another factor that is frequently considered in determining quality of care. Therefore, we asked beneficiaries who underwent cataract surgery if their vision had improved after the surgery. Since each of the beneficiaries underwent the surgery more than a year before we conducted our survey, sufficient time had elapsed for total recovery.

Ninety percent of the respondents who underwent cataract surgery had surgery on one eye during the first quarter of 1988. The remaining 10 percent underwent surgery in both eyes during that period. Eighty-nine percent of the respondents who underwent cataract surgery in one eye said their vision was either much or slightly better than before surgery. Fifteen respondents volunteered comments about their improved vision. For example:

My vision is better than it has been in many years. I was able to go bowling two days after surgery.

Cataract surgery was like a miracle. The next day I could see and even read a little.

There's no comparison between not seeing and seeing colors.

I'd recommend cataract surgery to anyone. It makes a big difference in your life to have 20/20 vision.

Eleven percent of the respondents who had cataract surgery said their vision was about the same (5 percent) or worse (6 percent) than before surgery. (We will compare the beneficiaries' responses with the medical review findings in our next report.) Considering the combined outcomes for respondents who had cataract surgery in both eyes, 91.7 percent of the eyes were much or slightly better with a total of 8.3 percent of the eyes rated about the same (5.0 percent) or worse (3.3 percent). Comments from those who were unsatisfied included the following:

I will always regret not getting another opinion before surgery. Four weeks after cataract surgery, I still could not see.

I had no symptoms. My doctor told me that I had cataracts and should have them taken out right away because Medicare was going to reduce reimbursement. My vision is about the same as it used to be.

I did not experience decreased vision beforehand, but a friend's husband has had cataract surgery and had experienced great improvement in vision, so I decided to have my eyes checked. The surgeon recommended surgery, and I went ahead with it. Now I am very disappointed because my vision only improved slightly.

I was very pleased with the surgeon, facility and treatment, yet my eyesight has barely improved.

I have been getting blinder and blinder over the years. I have macular degeneration, and they performed the cataract surgery looking for a miracle, which they didn't find. My eyesight has continued to fail, and I am now basically blind.

MOST RESPONDENTS REPORTED SYMPTOMS THAT SUGGEST THEIR PROCEDURES WERE MEDICALLY NECESSARY

Ninety-three percent of the respondents reported symptoms ranging from darkening of vision to blindness prior to cataract surgery, heartburn to bleeding prior to upper gastrointestinal endoscopy, abdominal pain to bleeding prior to colonoscopy and pain to "shoes wouldn't fit" prior to bunionectomy. Although some of these symptoms would clearly justify the surgical procedure, others may not be sufficient from a medical review perspective. A detailed discussion of "medical necessity" will appear in the related OIG report on outpatient surgery.

The most common symptom reported by beneficiaries who had cataract surgery was decreased vision in one or both eyes. Other symptoms included darkening of vision and night blindness. Some beneficiaries mentioned more than one symptom. Almost one-half of the respondents said the symptoms existed for more than 2 years prior to surgery. Three percent did not mention any symptoms.

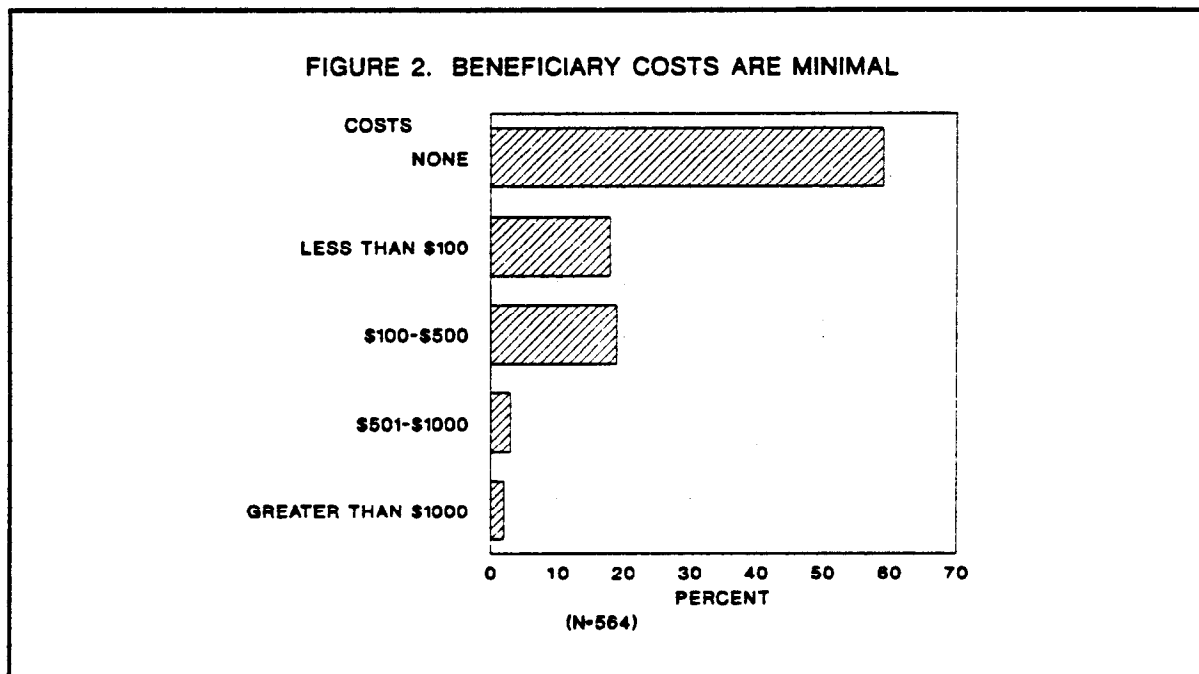
One of the most common justifications for cataract surgery is that the cataract prevents the patient from performing daily activities, i.e., the quality of life is impaired. Inability to pass a driver's test is frequently mentioned as the reason why cataract surgery is so prevalent. Since 97 percent of the respondents reported symptoms, it is surprising that 31 percent said that their daily activities were not hindered by the cataract. Actually, only 53 percent of the beneficiaries mentioned that the cataract was affecting their automobile driving, while 66 percent said it was affecting their ability to read.

Respondents who had upper gastrointestinal endoscopy reported a variety of medical problems and symptoms, including ulcers (37 percent), heartburn or indigestion (30 percent) and difficult or painful swallowing (16 percent). Four percent reported no symptoms. Forty-five percent of the respondents who had a colonoscopy said they had a history of colonic polyps, while others reported abdominal pain (23 percent), blood in the stool (22 percent) or lower gastrointestinal bleeding (16 percent). Seventeen percent of the respondents who had colonoscopies reported no symptoms, the highest of any of the procedures in the survey. Five of the six respondents who had bunionectomies said that their bunions were painful.

ALTHOUGH MOST RESPONDENTS PAID LITTLE (LESS THAN \$100) OR NOTHING, A FEW PAID OVER \$1000

Although the Medicare program has coinsurance provisions that apply to both the facility and surgeon's fees, most beneficiaries in the survey did not incur out-of-pocket expenses. Of those who recalled their expenses (29 percent could not), 59 percent said that they paid nothing, primarily because they have private insurance to supplement Medicare. Eighteen percent said they paid less than \$100, and 19 percent paid between \$100 and \$500. Nine respondents paid over \$1000, and one paid more than \$2000. While the percentage of those who paid more than \$1000 is less than 1 percent, the broad range of out-of-pocket expenses indicates that beneficiaries' financial obligations may vary considerably for the same surgery. All of the respondents who paid more than \$1000 were cataract patients with the exception of one respondent who had an upper gastrointestinal endoscopy. (See Figure 2.)

Twenty-one respondents complained about the cost of their procedures. Complaints related to OPD surgeries outnumbered ASC complaints by almost 2 to 1. Eight of the complaints specifically mentioned that the anesthesiology charges were too high.



APPENDIX A

SAMPLE SELECTION, SURVEY METHODS, ANALYSIS OF RESPONDENTS VERSUS NONRESPONDENTS

SAMPLE SELECTION

The purpose of this study was to compare patient satisfaction in two outpatient settings--ambulatory surgical centers (ASCs) and hospital outpatient departments (OPDs). To draw the sample, we first selected 11 States with the largest number of Medicare-certified ASCs: California, Texas, Arizona, Florida, North Carolina, Washington, Louisiana, Ohio, Maryland, Pennsylvania and Illinois. Next, we selected four high-volume Medicare outpatient surgical and diagnostic procedures for review. We selected the procedures on the basis of the 1985 Part B Medicare Annual Data (BMAD), the Health Care Financing Administration's (HCFA) 1986 survey of ASCs and input from ASC administrators, academicians and medical societies. We selected cataract extraction with intraocular lens implant, upper gastrointestinal endoscopy, colonoscopy and bunionectomy.

To establish the universe, we requested procedure code printouts from the Medicare carriers for the 11 States to identify beneficiaries who underwent the selected procedures between January 1 and March 31, 1988. We chose this time frame to allow the Medicare fiscal intermediaries ample time to complete conversion of their claims processing systems to include outpatient HCFA Common Procedure Coding System (HCPCS) codes, which carriers use. The conversions were scheduled for completion by September 1987. We dropped Washington from consideration because the procedure code printouts showed that ASCs in that State did not submit Physicians' Current Procedural Terminology (CPT-4) codes for three of the four high-volume procedures that we selected: upper gastrointestinal endoscopy, colonoscopy and bunionectomy.

After we identified the universe, we randomly selected 585 beneficiaries who underwent the selected high-volume procedures in each setting for a total of 1,170 beneficiaries. The beneficiaries were proportionately selected from each State based on the sum distribution of all outpatient surgery (both ASC and OPD) in the State. The sample size was based on HCFA's threshold of 5 percent for peer review organizations' evaluation of the quality of care in ambulatory settings (i.e., if more than 5 percent of an OPD's or ASC's claims do not meet specific criteria, that facility is subject to special review). We assumed the same 5 percent error rate and set a power of 80 percent to determine a two-fold difference. Assuming an error rate of 5 percent in OPDs, we should have an 80 percent probability of detecting a two-fold difference in the rates of poor quality of care between OPDs and ASCs. Since this is a two-tailed test, we will, for instance, determine a significant difference in the rates between the two settings if the rate in ASCs exceeds 10 percent or falls below 2.5 percent when the rate in OPDs is 5 percent.

SURVEY METHODS

We used a computer-assisted telephone interviewing system (the U.S. General Accounting Office's Questionnaire Programming Language) to administer the survey and conducted interviews between May 11 and July 31, 1989, from our office in San Francisco, California. We administered the questionnaire in both English and Spanish.

We used proxy respondents for 14 percent of the interviews. These proxies represented beneficiaries who were either physically or cognitively impaired. The most common physical problem was hearing loss. The proxy rate was 14 percent for respondents who had their procedures in ASCs as well as those who had their procedures in OPDs.

ANALYSIS OF RESPONDENTS VERSUS NONRESPONDENTS

We interviewed 837 of the 1,170 sampled Medicare beneficiaries. Our overall response rate was 71.5 percent:

- 71.5% completed interviews
- 15.9% were unreachable
- 6.1% were deceased
- 3.4% refused to be interviewed
- 3.1% were unable to complete interview

We were unable to reach approximately 16 percent of the sample for the following reasons: (1) we could not obtain telephone numbers, (2) we did not have a summer address and telephone number (this was a significant problem with beneficiaries who underwent their procedures in Florida) and (3) we could not reach the beneficiary after multiple contacts.

Potential bias of the obtained sample introduced by the occurrence of nonresponse is always a concern in surveys. This issue arises because nonrespondents may be characteristically different from respondents in ways that are important to the objectives of the survey. Thus, to examine the nonrespondents as a potential source of bias, we statistically compared them to our obtained sample of respondents for all available characteristics, including age, sex, surgical setting, type of procedure and State.

There are no apparent differences in the age distributions of respondents and nonrespondents (see Table 1). However, the respondents consisted of slightly (66.8 percent) but significantly ($p = 0.028$) more females than the nonrespondents (59.8 percent). (See Table 2.) There was no difference in the surgical settings of the respondents and nonrespondents ($p = 0.698$). Both groups were nearly exactly divided between ASCs and OPDs (see Table 3).

Table 1 - AGE: RESPONDENTS VS. NONRESPONDENTS

Age Group	Respondents		Nonrespondents	
	Frequency	%	Frequency	%
< 65	25	3.0	8	2.4
65 - 69	124	14.8	47	14.2
70 - 74	227	27.1	76	22.8
75 - 79	215	25.7	83	24.9
80 - 84	165	19.7	77	23.1
85 +	81	9.7	42	12.6
Total	837	100.0	333	100.0

CHI SQ. = 5.41
degrees of freedom = 5
p = 0.368 (n.s.)

Table 2 - SEX: RESPONDENTS VS. NONRESPONDENTS

Sex	Respondents		Nonrespondents	
	Frequency	%	Frequency	%
Male	278	33.2	134	40.2
Female	559	66.8	199	59.8
Total	837	100.0	333	100.0

CHI SQ. = 4.85
degrees of freedom = 1
p = 0.028

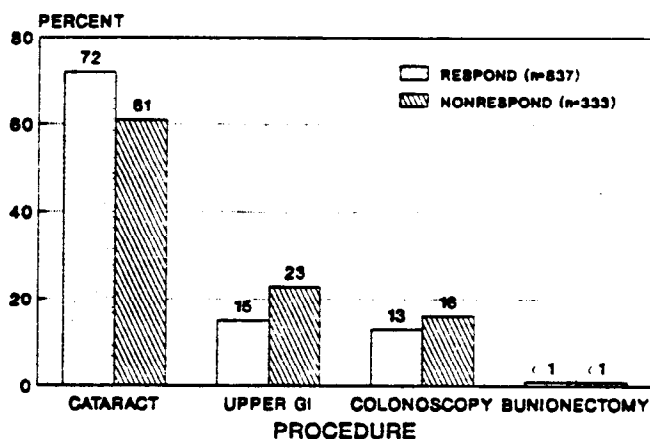
Table 3 - SURGICAL SETTING: RESPONDENTS VS. NONRESPONDENTS

Setting	Respondents		Nonrespondents	
	Frequency	%	Frequency	%
ASC	422	50.4	163	49.0
OPD	415	49.6	170	51.0
Total	837	100.0	333	100.0

CHI SQ. = 0.15
degrees of freedom = 1
p = 0.698 (n.s.)

Respondents included significantly ($p = 0.003$) more patients who underwent cataract surgery and fewer patients who underwent upper gastrointestinal endoscopy and colonoscopy.

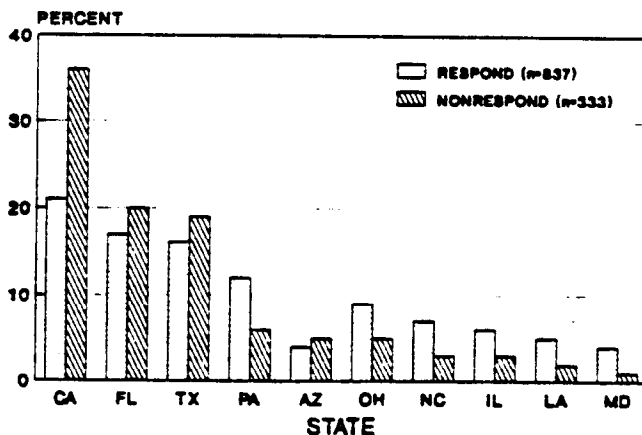
PERCENTAGE DISTRIBUTIONS OF RESPONDENTS AND NONRESPONDENTS BY PROCEDURE



Fewer upper gastrointestinal endoscopy and colonoscopy patients were represented because many procedure code printouts from the carriers contained erroneous information about surgical setting, and we had to identify 86 additional beneficiaries who underwent these procedures in ASCs and OPDs. We were unable to obtain telephone numbers for all of the additional beneficiaries. This significant difference in surgical settings between the two groups is not materially affected by excluding bunionectomies from the statistical analysis.

Finally, the geographic distributions of the respondents and nonrespondents were significantly different. The most noticeable differences in the distributions were for the States of California, North Carolina, Louisiana and Pennsylvania. California was underrepresented in the sample, and North Carolina, Louisiana, Pennsylvania and Maryland were overrepresented.

PERCENTAGE DISTRIBUTIONS OF RESPONDENTS AND NONRESPONDENTS BY STATE



APPENDIX B

OUTPATIENT SURGERY STUDY--BENEFICIARY SURVEY

The frequencies of responses are included in parentheses. For some questions, the percentage total may not equal 100 percent because of multiple responses.

1. Date interview was done

|__|__| - |__|__| - |__|__|
Year Month Day

2. OUTPATIENT SURGERY STUDY BENEFICIARY SURVEY

(CHECK ONLY ONE ANSWER)

|__| 1. Press ENTER to begin . . .

3. Hello, my name is _____ . I'm with the Office of Inspector General in the U.S. Department of Health and Human Services. I would like to speak to (beneficiary's name). We are conducting a study of Medicare beneficiaries who had outpatient surgery last year. Your name was randomly chosen from a national list. I'd like to ask you a few questions about the care you received. The interview will take about 15 minutes to complete. Your answers will be confidential. All of the information we gather will be totaled nationally. The goal of our study is to improve the quality of care for Medicare beneficiaries. May we start the interview now?

(CHECK ONLY ONE ANSWER)

72% (837)	1. Yes, proceed with the interview (GOTO QUESTION 5)
3% (40)	2. No, bene refuses interview (GOTO QUESTION 134)
16% (186)	3. No, bene is unreachable (GOTO QUESTION 134)
6% (71)	4. No, bene is deceased (GOTO QUESTION 134)
3% (36)	5. No, bene cannot complete interview (GOTO QUESTION 134)
0% (0)	6. No, don't have time to talk now

4. When can I call you back? (Take notes on call sheet)

(CHECK ONLY ONE ANSWER)

|_ _| 1. Press ENTER to end survey . . .
PLEASE SKIP TO QUESTION 133

5. Time interview was started.

|_ _|_ _|_ _|_ _|_ _|

6. Enter the 5-digit code for the beneficiary's procedure.
(Type over default procedure)

67% (562) 1. 66984
4% (37) 2. 66983
8% (70) 3. 43235
7% (56) 4. 43239
5% (40) 5. 45380
8% (66) 6. 45385
<1% (1) 7. 28290
<1% (3) 8. 28296
<1% (2) 9. 28298

7. Where was the procedure performed?

(CHECK ONLY ONE ANSWER)

50% (422) 1. ASC
50% (415) 2. OPD

8. Enter the name of the setting.

|_ _|_ _|_ _|_ _|_ _|_ _|_ _|_ _|_ _|_ _|_ _|_ _|_ _|_ _|_ _|_ _|_ _|_ _|

9. Survey participant is . . .

(CHECK ONLY ONE ANSWER)

86% (718) 1. beneficiary
14% (119) 2. proxy

15. Were any daily activities difficult because of your cataract(s)?

(CHECK ONLY ONE ANSWER)

69% (391) 1. yes (GOTO QUESTION 16)

31% (179) 2. no

(11) 3. don't know

(15) 4. no answer

PLEASE SKIP TO QUESTION 19

16. What activities were difficult? (Enter all answers that apply)

53% (184) 1. driving

66% (228) 2. reading

14% (49) 3. watching TV

17% (59) 4. sewing or needlepoint

17. Did beneficiary mention other activities?

(CHECK ONLY ONE ANSWER)

18% (72) 1. yes (GOTO QUESTION 18)

82% (319) 2. no

PLEASE SKIP TO QUESTION 19

18. What other activities did beneficiary mention?

19. Do you currently have routine eye exams?

(CHECK ONLY ONE ANSWER)

81% (473) 1. yes (GOTO QUESTION 20)

19% (112) 2. no

(3) 3. don't know

(8) 4. no answer

PLEASE SKIP TO QUESTION 23

20. Who performs these exams?

(CHECK ONLY ONE ANSWER)

90% (421) 1. ophthalmologist

10% (45) 2. optometrist or optician

(5) 3. don't know

(2) 4. no answer

21. Was the cataract discovered during a routine eye exam?

(CHECK ONLY ONE ANSWER)

- 76% (349) 1. yes (GOTO QUESTION 22)
- 24% (109) 2. no
- (12) 3. don't know
- (3) 4. no answer

PLEASE SKIP TO QUESTION 23

22. During that exam, were you told about any other disease or condition that was affecting your eyesight?

(CHECK ONLY ONE ANSWER)

- 17% (57) 1. yes
- 83% (281) 2. no
- (9) 3. don't know
- (2) 4. no answer

23. Who recommended that you have cataract surgery?

(CHECK ONLY ONE ANSWER)

- 70% (400) 1. ophthalmologist
- 17% (96) 2. optometrist or optician
- 3% (19) 3. primary care physician
- 8% (43) 4. self
- 2% (14) 5. other (GOTO QUESTION 24)
- (17) 6. don't know
- (7) 7. no answer

PLEASE SKIP TO QUESTION 25

24. Who recommended that beneficiary have cataract surgery?

25. Did you get a second opinion about the need for surgery?

(CHECK ONLY ONE ANSWER)

- 21% (120) 1. yes
- 79% (439) 2. no
- (25) 3. don't know
- (12) 4. no answer

26. How did you choose your surgeon?

(CHECK ONLY ONE ANSWER)

- 5% (27) 1. saw advertisement
- 38% (218) 2. referred by friend or relative
- 14% (78) 3. referred by optometrist or optician
- 6% (36) 4. referred by primary care physician
- 26% (146) 5. surgeon is my regular eye doctor
- 12% (66) 6. other (GOTO QUESTION 27)
- (12) 7. don't know
- (13) 8. no answer

PLEASE SKIP TO QUESTION 28

27. How did beneficiary choose surgeon?

28. Who decided that you would have your surgery in [facility]?

(CHECK ONLY ONE ANSWER)

- 76% (428) 1. ophthalmologist
- 24% (137) 2. self
- (13) 3. don't know
- (18) 4. no answer

29. Were you given options about where you could have your surgery?

(CHECK ONLY ONE ANSWER)

- 21% (109) 1. yes
- 79% (402) 2. no
- (48) 3. don't know
- (37) 4. no answer

30. Did beneficiary have cataract surgery in both eyes during 1st qtr., 1988?

(CHECK ONLY ONE ANSWER)

- 10% (60) 1. yes (GOTO QUESTION 32)
- 90% (536) 2. no

31. Did you have to have another operation on the same eye after the cataract was removed?

(CHECK ONLY ONE ANSWER)

3% (15) 1. yes
97% (521) 2. no

PLEASE SKIP TO QUESTION 33

32. Did you have to have another operation in either eye after your cataracts were removed?

(CHECK ONLY ONE ANSWER)

12% (7) 1. yes
88% (53) 2. no

PLEASE SKIP TO QUESTION 36

33. Did you have laser treatment after surgery (NOTE: to correct clouding of posterior capsule)?

(CHECK ONLY ONE ANSWER)

28% (141) 1. yes (GOTO QUESTION 34)

72% (362) 2. no
(21) 3. don't know
(12) 4. no answer

PLEASE SKIP TO QUESTION 42

34. When did you have this treatment?

(CHECK ONLY ONE ANSWER)

14% (15) 1. less than 2 months after surgery
42% (46) 2. 2-6 months after surgery
25% (27) 3. 6-12 months after surgery
20% (22) 4. more than a year after surgery
(31) 5. don't know
(0) 6. no answer

35. Where did you have this treatment?

(CHECK ONLY ONE ANSWER)

41% (55) 1. ambulatory surgical center
33% (44) 2. hospital outpatient department
26% (35) 3. ophthalmologist's office
(7) 4. don't know
(0) 5. no answer

PLEASE SKIP TO QUESTION 42

36. Did you have laser treatment in either eye after surgery
(NOTE: to correct clouding of posterior capsule)?

(CHECK ONLY ONE ANSWER)

- 10% (6) 1. yes, right eye (GOTO QUESTION 37)
- 5% (3) 2. yes, left eye (GOTO QUESTION 40)
- 13% (8) 3. yes, both eyes (GOTO QUESTION 39)
- 72% (43) 4. no
- (0) 5. don't know
- (0) 6. no answer

PLEASE SKIP TO QUESTION 43

37. When did you have the treatment in your right eye?

(CHECK ONLY ONE ANSWER)

- 33% (2) 1. less than 2 months after surgery
- 33% (2) 2. 2-6 months after surgery
- 17% (1) 3. 6-12 months after surgery
- 17% (1) 4. more than a year after surgery
- (0) 5. don't know
- (0) 6. no answer

38. Where did you have the treatment?

(CHECK ONLY ONE ANSWER)

- 83% (5) 1. ambulatory surgical center
- 0% (0) 2. hospital outpatient department
- 17% (1) 3. ophthalmologist's office
- (0) 4. don't know
- (0) 5. no answer

PLEASE SKIP TO QUESTION 43

39. When did you have the treatment in your right eye?

(CHECK ONLY ONE ANSWER)

- 14% (1) 1. less than 2 months after surgery
- 14% (1) 2. 2-6 months after surgery
- 43% (3) 3. 6-12 months after surgery
- 29% (2) 4. more than a year after surgery
- (1) 5. don't know
- (0) 6. no answer

40. When did you have the treatment in your left eye?

(CHECK ONLY ONE ANSWER)

- 43% (3) 1. less than 2 months after surgery
- 14% (1) 2. 2-6 months after surgery
- 29% (2) 3. 6-12 months after surgery
- 14% (1) 4. more than a year after surgery
- (1) 5. don't know
- (0) 6. no answer

41. Where did you have the treatment(s)?

(CHECK ONLY ONE ANSWER)

- 88% (7) 1. ambulatory surgical center
- 13% (1) 2. hospital outpatient department
- 0% (0) 3. ophthalmologist's office
- (0) 4. don't know
- (0) 5. no answer

PLEASE SKIP TO QUESTION 43

42. How would you compare your vision now to your vision before the surgery?

(CHECK ONLY ONE ANSWER)

- 70% (363) 1. vision is much better
- 19% (98) 2. vision is slightly better
- 5% (27) 3. vision is about the same
- 6% (29) 4. vision is worse
- (9) 5. don't know
- (10) 6. no answer

PLEASE SKIP TO QUESTION 45

43. How would you compare your vision in your right eye now to your vision before the surgery?

(CHECK ONLY ONE ANSWER)

- 75% (45) 1. vision is much better
- 13% (8) 2. vision is slightly better
- 7% (4) 3. vision is about the same
- 5% (3) 4. vision is worse
- (0) 5. don't know
- (0) 6. no answer

44. How would you compare your vision in your left eye now to your vision before the surgery?

(CHECK ONLY ONE ANSWER)

- 80% (48) 1. vision is much better
- 15% (9) 2. vision is slightly better
- 3% (2) 3. vision is about the same
- 2% (1) 4. vision is worse
- (0) 5. don't know
- (0) 6. no answer

45. Did you have problems with your stitches after cataract surgery?

(CHECK ONLY ONE ANSWER)

- 10% (58) 1. yes
- 90% (523) 2. no
- (7) 3. don't know
- (8) 4. no answer

46. Did you have any complications after surgery?

(CHECK ONLY ONE ANSWER)

- 13% (74) 1. yes (GOTO QUESTION 47)
- 87% (509) 2. no
- (4) 3. don't know
- (9) 4. no answer

PLEASE SKIP TO QUESTION 92

47. What complications did you have? (Enter all answers that apply)

- 26% (9) 1. infection
- 3% (1) 2. bleeding
- 20% (7) 3. pain
- 9% (3) 4. pressure in the eye
- 11% (4) 5. fluid accumulation in the retina
- 14% (5) 6. inflammation in the eye
- 34% (12) 7. changes in the quality of vision (e.g., halos)

48. Did beneficiary mention other complications?

(CHECK ONLY ONE ANSWER)

- 78% (58) 1. yes (GOTO QUESTION 49)
- 22% (16) 2. no

PLEASE SKIP TO QUESTION 92

49. What other complications did beneficiary mention?

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PLEASE SKIP TO QUESTION 92

50. Who decided that you should have your endoscopy in [facility]?

(CHECK ONLY ONE ANSWER)

- 57% (66) 1. gastroenterologist
- 17% (20) 2. primary care physician
- 5% (6) 3. other
- 20% (23) 4. self
- (5) 5. don't know
- (6) 6. no answer

51. Did you have symptoms (of upper gastrointestinal problems)?

(CHECK ONLY ONE ANSWER)

- 96% (113) 1. yes (GOTO QUESTION 52)
 - 4% (5) 2. no
 - (5) 3. don't know
 - (3) 4. no answer
- PLEASE SKIP TO QUESTION 55

52. What were your symptoms? (Enter all answers that apply)

- 30% (25) 1. heartburn or indigestion
- 6% (5) 2. upper gastrointestinal bleeding
- 16% (13) 3. difficult or painful swallowing
- 5% (4) 4. black stool
- 10% (8) 5. vomiting
- 37% (31) 6. ulcer
- 5% (4) 7. weight loss
- 2% (2) 8. filling up fast when eating
- 7% (6) 9. diarrhea

53. Did beneficiary mention other symptoms?

(CHECK ONLY ONE ANSWER)

- 58% (66) 1. yes (GOTO QUESTION 54)
 - 42% (47) 2. no
- PLEASE SKIP TO QUESTION 55

54. What other symptoms did beneficiary mention?

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55. Who explained the results of the endoscopy to you?

(CHECK ONLY ONE ANSWER)

- 87% (99) 1. gastroenterologist
- 8% (9) 2. primary care physician
- 5% (6) 3. no one explained the findings
- (8) 4. don't know
- (4) 5. no answer

56. Did you have any complications after the procedure?

(CHECK ONLY ONE ANSWER)

- 3% (4) 1. yes (GOTO QUESTION 57)
 - 97% (118) 2. no
 - (1) 3. don't know
 - (3) 4. no answer
- PLEASE SKIP TO QUESTION 92

57. What complications did you have? (Enter all answers that apply)

- 50% (1) 1. sore throat
- 50% (1) 2. painful swallowing
- 50% (1) 3. chest pain
- 0% (0) 4. fever
- 0% (0) 5. vomiting blood
- 0% (0) 6. adverse reaction to the sedative
- 0% (0) 7. perforation

58. Did beneficiary mention other complications?

(CHECK ONLY ONE ANSWER)

- 50% (2) 1. yes (GOTO QUESTION 59)
 - 50% (2) 2. no
- PLEASE SKIP TO QUESTION 92

59. What other complications did beneficiary mention?

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PLEASE SKIP TO QUESTION 92

60. Who decided that you should have your colonoscopy in [facility]?

(CHECK ONLY ONE ANSWER)

- 60% (62) 1. gastroenterologist
- 20% (21) 2. primary care physician
- 3% (3) 3. other
- 17% (17) 4. self
- (2) 5. don't know
- (0) 6. no answer

61. Did you have symptoms (of lower gastrointestinal problems)?

(CHECK ONLY ONE ANSWER)

- 83% (84) 1. yes (GOTO QUESTION 62)
- 17% (17) 2. no
- (0) 3. don't know
- (4) 4. no answer

PLEASE SKIP TO QUESTION 65

62. What were your symptoms? (Enter all answers that apply)

- 16% (10) 1. lower gastrointestinal bleeding
- 23% (15) 2. abdominal pain
- 22% (14) 3. black stool or blood in stool
- 14% (9) 4. change in bowel habit (e.g., constipation)
- 45% (29) 5. history of colonic polyps
- 2% (1) 6. iron deficiency (anemia)

63. Did beneficiary mention other symptoms?

(CHECK ONLY ONE ANSWER)

- 42% (35) 1. yes (GOTO QUESTION 64)
- 58% (49) 2. no

PLEASE SKIP TO QUESTION 65

64. What other symptoms did beneficiary mention?

65. Do you have a family history (parents or siblings) of colon cancer?

(CHECK ONLY ONE ANSWER)

- 20% (19) 1. yes
- 80% (78) 2. no
- (5) 3. don't know
- (3) 4. no answer

66. Have you had colon cancer in the past?

(CHECK ONLY ONE ANSWER)

- 14% (14) 1. yes
- 86% (86) 2. no
- (1) 3. don't know
- (4) 4. no answer

67. Who explained the results of the colonoscopy to you?

(CHECK ONLY ONE ANSWER)

- 91% (87) 1. gastroenterologist
- 7% (7) 2. primary care physician
- 2% (2) 3. no one explained the findings
- (3) 4. don't know
- (6) 5. no answer

68. Did you have any complications after the procedure?

(CHECK ONLY ONE ANSWER)

- 6% (6) 1. yes (GOTO QUESTION 69)
- 94% (98) 2. no
- (0) 3. don't know
- (1) 4. no answer

PLEASE SKIP TO QUESTION 92

69. What complications did you have? (Enter all answers that apply)

- 67% (2) 1. persistent abdominal pain
- 0% (0) 2. serious or profuse rectal bleeding
- 0% (0) 3. fever
- 33% (1) 4. adverse reaction to the sedative
- 0% (0) 5. perforation

70. Did beneficiary mention other complications?

(CHECK ONLY ONE ANSWER)

- 33% (2) 1. yes (GOTO QUESTION 71)
- 67% (4) 2. no

PLEASE SKIP TO QUESTION 92

71. What other complications did beneficiary mention?

PLEASE SKIP TO QUESTION 92

72. Do you see a podiatrist on a regular basis?

(CHECK ONLY ONE ANSWER)

- 17% (1) 1. yes
- 83% (5) 2. no
- (0) 3. don't know
- (0) 4. no answer

73. How long did you have the bunion that was removed?

(CHECK ONLY ONE ANSWER)

- 0% (0) 1. less than a year
- 20% (1) 2. 1-5 years
- 60% (3) 3. 5-10 years
- 20% (1) 4. more than 10 years
- (1) 5. don't know
- (0) 6. no answer

74. Was the bunion painful?

(CHECK ONLY ONE ANSWER)

83% (5) 1. yes (GOTO QUESTION 75)

17% (1) 2. no

(0) 3. don't know

(0) 4. no answer

PLEASE SKIP TO QUESTION 76

75. How long was the bunion painful?

(CHECK ONLY ONE ANSWER)

0% (0) 1. less than a year

80% (4) 2. 1-5 years

0% (0) 3. 5-10 years

20% (1) 4. more than 10 years

(0) 5. don't know

(0) 6. no answer

76. Do you have a bunion on your other foot?

(CHECK ONLY ONE ANSWER)

33% (2) 1. yes

67% (4) 2. no

(0) 3. no answer

77. Why did you have surgery?

(CHECK ONLY ONE ANSWER)

33% (2) 1. bunion was painful

50% (3) 2. bunion was getting worse

17% (1) 3. shoes didn't fit properly

0% (0) 4. conservative care failed (e.g., comfortable shoes)

0% (0) 5. primary care physician recommended it

0% (0) 6. podiatrist recommended it

0% (0) 7. orthopedic surgeon recommended it

(0) 8. don't know

(0) 9. no answer

78. Were you given alternatives to surgery (e.g., change in shoes)?

(CHECK ONLY ONE ANSWER)

17% (1) 1. yes (GOTO QUESTION 79)

83% (5) 2. no

(0) 3. don't know

(0) 4. no answer

PLEASE SKIP TO QUESTION 80

79. How long did you try those alternatives?

(CHECK ONLY ONE ANSWER)

0% (0) 1. less than a year

0% (0) 2. 1-5 years

100%(1) 3. 5-10 years

0% (0) 4. more than 10 years

(0) 5. don't know

(0) 6. no answer

80. How did you choose your surgeon?

(CHECK ONLY ONE ANSWER)

17% (1) 1. saw advertisement

0% (0) 2. referred by friend or relative

50% (3) 3. referred by primary care physician

0% (0) 4. I see podiatrist for other problems

33% (2) 5. other (GOTO QUESTION 81)

(0) 6. don't know

(0) 7. no answer

PLEASE SKIP TO QUESTION 82

81. How did beneficiary choose surgeon?

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82. Did you get a second opinion about the need for surgery?

(CHECK ONLY ONE ANSWER)

33% (2) 1. yes

67% (4) 2. no

(0) 3. don't know

(0) 4. no answer

83. Who decided that you should have your bunion removed in [facility]?

(CHECK ONLY ONE ANSWER)

- 83% (5) 1. podiatrist
- 17% (1) 2. orthopedic surgeon
- 0% (0) 3. primary care physician
- 0% (0) 4. self
- (0) 5. don't know
- (0) 6. no answer

84. Were you given options about where you could have your surgery?

(CHECK ONLY ONE ANSWER)

- 0% (0) 1. yes
- 100% (6) 2. no
- (0) 3. don't know
- (0) 4. no answer

85. What kind of anesthetic did you have during surgery?

(CHECK ONLY ONE ANSWER)

- 50% (2) 1. general
- 50% (2) 2. local
- 0% (0) 3. spinal
- (2) 4. don't know
- (0) 5. no answer

86. Were you given choices about the anesthetic you could have?

(CHECK ONLY ONE ANSWER)

- 17% (1) 1. yes
- 83% (5) 2. no
- (0) 3. don't know
- (0) 4. no answer

97. How much did you have to pay to stay there?

(CHECK ONLY ONE ANSWER)

- 80% (8) 1. under \$100
- 10% (1) 2. \$100-\$500
- 10% (1) 3. \$500-\$1000
- 0% (0) 4. over \$1000
- (1) 5. don't know
- (1) 6. no answer

PLEASE SKIP TO QUESTION 101

98. Who took care of you at home after the procedure?

(CHECK ONLY ONE ANSWER)

- 35% (258) 1. self (GOTO QUESTION 101)
- 34% (247) 2. spouse (GOTO QUESTION 100)
- 24% (176) 3. other relative (GOTO QUESTION 100)
- 3% (23) 4. neighbor (GOTO QUESTION 100)
- 4% (32) 5. other

99. Who took care of beneficiary at home?

100. Did spouse/other relative/neighbor/other have to take time off work to take care of you?

(CHECK ONLY ONE ANSWER)

- 10% (44) 1. yes
- 90% (410) 2. no
- (6) 3. don't know
- (4) 4. no answer

101. Were you given instructions that explained how to prepare for the procedure and how to take care of yourself after the procedure?

(CHECK ONLY ONE ANSWER)

- 97% (760) 1. yes (GOTO QUESTION 102)
- 3% (24) 2. no
- (25) 3. don't know
- (24) 4. no answer

PLEASE SKIP TO QUESTION 105

102. When were you given these instructions?

(CHECK ONLY ONE ANSWER)

- 53% (370) 1. before the day of the procedure
- 13% (89) 2. the day of the procedure
- 34% (233) 3. both before and the day of the procedure
- (58) 4. don't know
- (10) 5. no answer

103. Were these instructions given to you in writing, orally or both?

(CHECK ONLY ONE ANSWER)

- 27% (194) 1. writing
- 14% (102) 2. orally
- 58% (412) 3. both
- (41) 4. don't know
- (11) 5. no answer

104. Were the instructions clear to you?

(CHECK ONLY ONE ANSWER)

- 99% (738) 1. yes
- 1% (5) 2. no
- (12) 3. don't know
- (5) 4. no answer

105. Did a nurse from the facility, a nurse from your doctor's office or your doctor call you the evening of the procedure or the day after the procedure to check on your progress?

(CHECK ONLY ONE ANSWER)

- 57% (387) 1. yes
 - 43% (296) 2. no (GOTO QUESTION 106)
 - (109) 3. don't know
 - (41) 4. no answer
- PLEASE SKIP TO QUESTION 107

106. Did you see the surgeon the next day for follow-up care?

(CHECK ONLY ONE ANSWER)

- 63% (181) 1. yes
- 37% (105) 2. no
- (10) 3. don't know
- (0) 4. no answer

107. Approximately how much time did you spend in [facility] the day of your procedure?

(CHECK ONLY ONE ANSWER)

53% (377) 1. under 4 hours
34% (241) 2. 4-6 hours
14% (97) 3. over 6 hours
(92) 4. don't know
(26) 5. no answer

108. Before the day of the procedure, were you told how much you would have to pay out-of-pocket?

(CHECK ONLY ONE ANSWER)

33% (236) 1. yes
67% (484) 2. no
(80) 3. don't know
(33) 4. no answer

109. Approximately what were your out-of-pocket expenses?

(CHECK ONLY ONE ANSWER)

59% (334) 1. none (GOTO QUESTION 110)
18% (100) 2. under \$100
19% (106) 3. from \$100-\$500
3% (15) 4. from \$501-\$1000
1% (8) 5. from \$1001-\$2000
<1% (1) 6. over \$2000
(240) 7. don't know
(29) 8. no answer

PLEASE SKIP TO QUESTION 113

110. Are you covered by Medicaid (Medi-Cal in California)?

(CHECK ONLY ONE ANSWER)

13% (43) 1. yes
87% (291) 2. no

111. Do you have private insurance to supplement Medicare?

(CHECK ONLY ONE ANSWER)

78% (260) 1. yes
22% (74) 2. no

112. Did the facility or the physician send you a bill you for the procedure?

(CHECK ONLY ONE ANSWER)

18% (59) 1. yes
82% (275) 2. no

113. Did you get any bills after you had the procedure that you had not expected?

(CHECK ONLY ONE ANSWER)

14% (108) 1. yes (GOTO QUESTION 114)
86% (647) 2. no
(44) 3. don't know
(34) 4. no answer
PLEASE SKIP TO QUESTION 116

114. Who billed you? (If beneficiary received bills from more than one provider, record answer under other category)

(CHECK ONLY ONE ANSWER)

15% (13) 1. surgeon (GOTO QUESTION 116)
0% (0) 2. assistant surgeon (GOTO QUESTION 116)
40% (36) 3. facility (GOTO QUESTION 116)
3% (3) 4. laboratory (GOTO QUESTION 116)
18% (16) 5. anesthesiologist (GOTO QUESTION 116)
(18) 6. don't know (GOTO QUESTION 116)
(1) 7. no answer (GOTO QUESTION 116)
24% (21) 8. other

115. Who sent these bills to the beneficiary?

116. Did you have to travel outside your community to have [procedure]?

(CHECK ONLY ONE ANSWER)

25% (201) 1. yes (GOTO QUESTION 117)
75% (605) 2. no
(5) 3. don't know
(22) 4. no answer
PLEASE SKIP TO QUESTION 119

117. Why did you have to travel outside your community?

(CHECK ONLY ONE ANSWER)

- 33% (57) 1. no outpatient facility in my area (GOTO QUESTION 119)
67% (116) 2. my surgeon did not practice in my area (GOTO QUESTION 119)
(4) 3. no answer (GOTO QUESTION 119)
(24) 4. other

118. Why did beneficiary have to travel outside community?

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119. How would you rate the doctor who performed the procedure?

(CHECK ONLY ONE ANSWER)

- 57% (449) 1. excellent
31% (248) 2. very good
9% (68) 3. good
2% (14) 4. fair
2% (15) 5. poor
(21) 6. don't know
(18) 7. no answer

120. What did you like about the doctor who performed the procedure? (Enter all answers that apply)

- 38% (284) 1. competence
49% (369) 2. courtesy (bedside manner)
26% (193) 3. willingness to answer questions
16% (122) 4. willingness to spend time with patient
22% (163) 5. no specific comment
(10) 6. don't know
(46) 7. no answer

121. Did beneficiary mention anything else that he or she liked about the doctor who performed the procedure?

(CHECK ONLY ONE ANSWER)

- 17% (146) 1. yes (GOTO QUESTION 122)
82% (687) 2. no
PLEASE SKIP TO QUESTION 123

122. What did beneficiary mention?

123. If a member of your family or a friend required [procedure] in the future, would you recommend (specify doctor)?

(CHECK ONLY ONE ANSWER)

- 94% (728) 1. yes
- 6% (47) 2. no
- (29) 3. don't know
- (29) 4. no answer

124. How would you rate [facility]?

(CHECK ONLY ONE ANSWER)

- 39% (307) 1. excellent
- 38% (293) 2. very good
- 19% (149) 3. good
- 4% (28) 4. fair
- 1% (4) 5. poor
- (23) 6. don't know
- (29) 7. no answer

125. What did you like about [facility]? (Enter all answers that apply)

- 51% (368) 1. staff
- 18% (127) 2. atmosphere
- 10% (72) 3. comfort
- 8% (56) 4. convenience
- 7% (50) 5. waiting time
- 37% (269) 6. no specific comment
- (15) 7. don't know
- (48) 8. no answer

126. Did beneficiary mention anything else that he or she liked about [facility]?

(CHECK ONLY ONE ANSWER)

- 25% (206) 1. yes (GOTO QUESTION 127)
 - 75% (627) 2. no
- PLEASE SKIP TO QUESTION 128

127. What did beneficiary mention?

128. If a member of your family or a friend required [6] in the future, would you recommend [facility]?

(CHECK ONLY ONE ANSWER)

- 96% (725) 1. yes
- 4% (31) 2. no
- (34) 3. don't know
- (43) 4. no answer

129. Is there anything that you disliked about the doctor who performed the procedure or the facility?

(CHECK ONLY ONE ANSWER)

- 14% (119) 1. yes (GOTO QUESTION 130)
 - 85% (714) 2. no
- PLEASE SKIP TO QUESTION 134

130. What did you dislike? (Enter all answers that apply)

- 23% (15) 1. cost of care
- 39% (26) 2. waiting time
- 42% (28) 3. inadequate explanations
- 5% (3) 4. no specific comment
- (0) 5. don't know
- (1) 6. no answer

131. Did beneficiary mention anything else that he or she disliked?

(CHECK ONLY ONE ANSWER)

- 74% (88) 1. yes (GOTO QUESTION 132)
 - 26% (31) 2. no
- PLEASE SKIP TO QUESTION 134

132. What did beneficiary mention?

PLEASE SKIP TO QUESTION 134

133. I look forward to talking to you on (specify date
scheduled for interview).
Press ENTER to exit survey . . .

(CHECK ONLY ONE ANSWER)

|__| 1. Exit beneficiary survey
PLEASE SKIP TO QUESTION 138

134. That was my last question. Thank you very much for your
time and cooperation. Do you have any other comments
about your procedure? (Take notes on call sheet) Please
enter your initials (type over default initials).

135. Enter the 2-letter abbreviation for the beneficiary's
state. (Type over default state)

25%	(298)	1.	CA
18%	(206)	2.	FL
17%	(200)	3.	TX
10%	(118)	4.	PA
8%	(92)	5.	OH
6%	(70)	6.	NC
5%	(58)	7.	IL
4%	(48)	8.	LA
4%	(46)	9.	AZ
3%	(34)	10.	MD

136. Enter the beneficiary's sex. (Type over default sex)

33%	(278)	1.	male
67%	(559)	2.	female

137. Enter the beneficiary's age.

3%	(25)	1.	under 65 years old
15%	(124)	2.	65-69
27%	(227)	3.	70-74
26%	(215)	4.	75-79
20%	(165)	5.	80-84
10%	(81)	6.	85 and older

138. Enter the beneficiary number. (Enter 1171 only for
beneficiaries whose interviews must be rescheduled)

|_|_|_|_|

139. Do you want to review your answers?

(CHECK ONLY ONE ANSWER)

1. yes (GOTO QUESTION 2)
 2. no

140. Time interview was completed

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