Advance Data
From Vital and Health Statistics

Number 389 • June 29, 2007

National Hospital Ambulatory Medical Care Survey: 2005 Outpatient Department Summary

by Kimberly Middleton, B.S.N., M.P.H.; Esther Hing, M.P.H.; and Jianmin Xu, M.S., Division of Health Care Statistics

Abstract

Objectives—This report describes ambulatory care visits to hospital outpatient departments (OPDs) in the United States. Statistics are presented on selected hospital, patient, and visit characteristics. Selected trends in OPD utilization from 1995 to 2005 are also presented.

Methods—The data presented in this report were collected in the 2005 National Hospital Ambulatory Medical Care Survey (NHAMCS), a national probability sample survey of visits to emergency and OPDs of nonfederal, short-stay, and general hospitals in the United States. Sample data are weighted to produce annual national estimates.

Results—During 2005, an estimated 90.4 million visits were made to hospital OPDs in the United States, about 31.0 visits per 100 persons. Females (37.2 per 100 persons) had higher OPD visit rates than males (24.7 visits per 100 persons), and black or African-American persons (56.8 visits per 100 persons) had higher OPD visit rates than white persons (28.3 visits per 100 persons). Visit rates to OPD clinics for preventive care were highest for children under 1 year of age (43.1 per 100 persons). Almost one-half of OPD visits (46.1 percent) were made by patients with one or more chronic conditions. Hypertension was the most frequent chronic condition listed (19.7 percent). Visits with asthma declined with increasing age. From 1995 to 2005, the following visit characteristics changed: The visit rate for children under 15 years of age increased by 38%, the percentage of visits made by adults 18 years and over with depression indicated on the medical record increased by 48%; visits by adults with obesity, diabetes, and hypertension increased by 24%, 34%, and 43%, respectively; visits with counseling for tobacco use increased from 2.7 to 3.8 percent; visits with counseling for diet and nutrition increased from 9.4 to 15.7 percent; and visits with 6 or more medications prescribed or provided more than doubled, from 4.9 to 11.2 percent.

Keywords: outpatient department visits • diagnoses • injury medications • ICD-9-CM

Introduction

Ambulatory medical care is the predominant method of providing health care services in the United States, and occurs in a wide range of settings. The largest proportion of ambulatory care services occurs in physician offices, whereas approximately 8 percent of all ambulatory medical care visits in the United States occur in outpatient departments (OPDs) (1).

The National Hospital Ambulatory Medical Care Survey (NHAMCS) was inaugurated in 1992 to gather, analyze, and disseminate information about the health care provided by hospital emergency departments (EDs) and OPDs. The NHAMCS is part of the ambulatory component of the National Health Care Survey, a family of surveys that measures health care utilization across various types of providers. More information about the National Health Care Survey can be found at the National Center for Health Statistics (NCHS) home page: www.cdc.gov/nchs.

An OPD is a hospital facility where nonurgent ambulatory medical care is

Acknowledgments

This report was prepared in the Division of Health Care Statistics. Sarah Gousen in the Technical Services Branch contributed to the description of the sampling procedure. This report was edited by Demarius V. Miller, CDC/CCHIS/NCHM/Division of Creative Services, Writer-Editor Services Branch; typeset by Annette F. Holman, CDC/CCHIS/NCHM/Division of Creative Services, and graphics were produced by Zorica Thomas-Whalen, CDC/CCHIS/NCHM/Division of Creative Services, NOVA contractor.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

provided under the supervision of a physician. The following are examples of the types of clinics included in the NHAMCS: general medicine, surgery, pediatrics, obstetrics and gynecology, substance abuse (excluding methadone maintenance), and others (e.g., psychiatry and neurology). Clinics excluded from the NHAMCS include ambulatory surgery centers, chemotherapy, employee health service, renal dialysis, methadone maintenance, and radiology.

Hospital OPD clinics fill a unique niche in the health care delivery system in the United States, providing both safety net functions and specialty care. Although one in eight persons in the United States has Medicaid, about one in four OPD visits are by Medicaid recipients (2,3). OPD clinics are a major source of ambulatory preventive care for Medicaid patients as well as specialty care for patients with other types of insurance. In addition to serving heavier caseloads of black or African-American or Hispanic persons, OPDs handle cases that require intense use of specialized services, such as HIV, alcohol and substance abuse, and congenital anomalies (1). The nature of care provided in OPDs is also different from that provided in physician offices. For example, OPD visits have greater mentions of diagnostic and screening services being ordered or provided (3,4) and higher frequency of care provided by mid-level providers (2).

The focus for the 2005 survey year was chronic conditions. Additions to the routine encounter data that related to chronic conditions included:

- A chronic disease checklist, including conditions affecting the respiratory, cardiovascular, renal, and endocrine systems; arthritis; cancer; depression; obesity; and osteoporosis
- Ascertainment of patient enrollment in a disease management program for specified chronic conditions
- Specific measurements for height and weight in order to calculate a patient's body mass index (BMI) for analyses on obesity
- New diagnostic and screening service items to parallel the chronic conditions listed, such as breast, pelvic, rectal, and skin exams, depression screening, bone mineral density testing, biopsy, chlamydia test, and pulmonary function test

Other additions included:

- Information on gestation week of pregnancy or last menstrual period (LMP)
- Health education and nonmedication treatment items, such as injury prevention, complementary and alternative medicine (CAM), durable medical equipment (DME), home health care, and hospice care
- New or continued status for each medication
- Ability to check more than one expected source of payment

Other *Advance Data from Vital and Health Statistics* reports have highlighted visits to EDs (5) and physician offices (4). Detailed reports on medication use at ambulatory care visits; training for terrorism-related conditions in hospitals; staffing, capacity, and ambulance diversion in EDs; and physician-level estimates have also been published (6–9). NHAMCS data have been used in articles examining important topics of interest in public health and health services research (10–28).

This report presents the most current nationally representative data on OPD care in the United States. Information about both OPD utilization during 2005 and selected trend data are presented. Data are from the National Hospital Ambulatory Medical Care Survey (NHAMCS), the longest continuously running nationally representative survey of hospital ED and OPD utilization. Additional information about OPD utilization is available from the NCHS Ambulatory Health Care website: http://www.cdc.gov/nchs/nhamcs.htm.

Individual-year reports and public-use data files are available for download from the website. Data from the 2005 NHAMCS will also be available on CD-ROM. These and other products can be obtained from the NCHS Office of Information Services, Information Dissemination Staff at 301-458-INFO or 1-800-232-4636 or the Ambulatory Care Statistics Branch at 301-458-4600 or by e-mail at NCHSquery@cdc.gov.

Highlights

OPD utilization

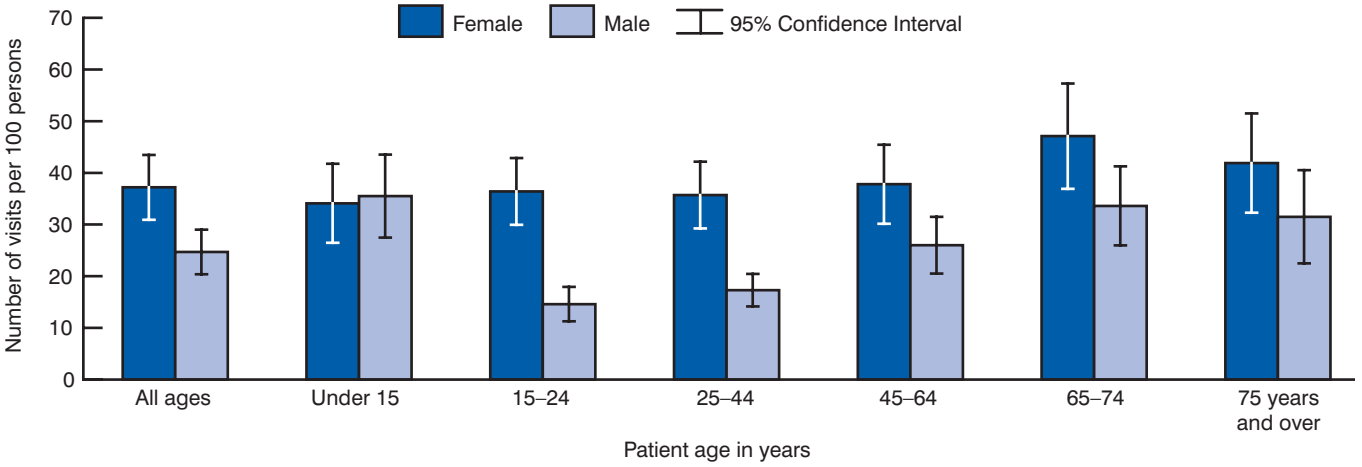
- In 2005, there were approximately 90.4 million visits to OPDs for a rate of 31.0 visits per 100 persons (Table 1).
- About 74.6 percent of OPD visits were made to voluntary nonprofit hospitals, whereas 24.7 percent of visits occurred in nonfederal government (i.e., state, county, city) hospitals. More than one-half of OPD visits (59.5 percent) occurred in nonteaching hospitals (Table 2).

Clinic characteristics

- General medicine clinics, including internal medicine and primary care clinics, represented 56.0 percent all OPD visits (Table 2).

Patient characteristics

- From 1995 through 2005, the visit rate among children under 15 years of age increased from 25.3 to 34.8 per 100 persons, up by 38% (Table 1) (29).
- In 2005, the visit rate to OPDs was highest for infants under 1 year of age (95.1 visits per 100 persons) (Table 1).
- Visit rates by black or African-American persons were higher than any other race shown. Among this group, persons 65–74 years of age had the highest rate (94.2 visits per 100 persons) (Table 1).
- The female visit rate was higher than the rate for males overall, driven primarily by differences in the 15–44 year old age groups (Figure 1).
- The visit rates for Hispanic or Latino persons and non-Hispanic persons were similar (Table 1).
- Private insurance was listed as the most frequent expected source of payment (occurring for 42.4 percent of OPD visits), followed by Medicaid/State Children's Health Insurance Program (SCHIP) (33.4 percent), and Medicare



SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Figure 1. Annual rate of outpatient department visits by patient age and sex: United States, 2005

(16.8 percent). Visits for patients using both Medicare and Medicaid accounted for 2.8 percent of OPD visits (Table 3).

Continuity of care

- More than one-half of OPD visits (52.5 percent) were to a provider other than the patient's primary care provider (PCP). The majority of "new patient" visits were to non-PCP's (80.5 percent), and 42.0 percent of these visits were referred by another provider. In 39.9 percent of visits, the providers indicated that they were the patients' PCPs (Table 4).
- Visits to pediatric and general medicine clinics were most often to PCPs (58.9 percent and 52.1 percent, respectively) (Table 5). A higher proportion of visits in general medicine clinics where the source of payment was Medicare or Medicaid were to the patient's PCP when compared with general medicine clinic visits with no insurance or private insurance. In pediatric clinics, more visits were to PCPs for Medicaid or no insurance when compared with private insurance (Figure 2). A large percentage of visits to surgery clinics were referral visits to providers who were not the patients' PCP (56.1 percent) as compared with all other types of clinics (Table 5).
- In the last 12 months, only 14.4 percent of visits to OPD clinics were by new patients. The majority of established patients made one or more visits in the last 12 months (Figure 3). Although 85.6 percent of OPD visits were made by established patients (those with previous visits to the clinic), only 44.9 percent of visits by these patients were to their PCP (Table 4).

Conditions seen

- In 2005, principal reasons for visit classified in the symptom module represented 43.4 percent of all OPD visits, with symptoms referable to the respiratory system accounting for the largest percentage of visits (9.3 percent). The diagnostic, screening, and preventive module (19.9 percent) and the treatment module (14.9 percent) were also prominent (Table 6).
- Progress visit was the most frequently mentioned specific principal reason for visit (5.9 percent), followed by general medical examination (5.3 percent). The most frequently mentioned specific reasons related to a symptomatic problem were cough (2.9 percent) and throat symptoms (2.4 percent). Hypertension (1.3 percent) was the most frequent disease-related reason (Table 7).
- New problems comprised 37.9 percent of visits overall, but 50.3 percent among visits by children under 15 years of age. About 28.8 percent of all visits were for a routine chronic problem, but for persons 65 years of age and over, chronic problems represented approximately 44.6 percent of all visits. Preventive care, which includes routine prenatal, well-baby, screening, insurance, and general exams, was the major reason for visit for one in five visits (19.8 percent) (Table 8).
- Visit rates to OPD clinics for preventive care were highest for children under 1 year of age (43.1 per 100 persons). The female visit rate (8.7 visits per 100 females) for preventive care was more than twice that for males (3.5 per 100 males). The preventive care visit rate for black or African-American persons (12.9 per 100 persons) was more than two times higher than that for persons of white (5.3 per 100 persons) and other (3.9 per 100 persons) races. Hispanic or Latino persons had a preventive care visit rate (9.9 per 100 persons) that was nearly twice the rate for non-Hispanic or Latino persons (5.5 per 100 persons). Medicaid/SCHIP patients (24.2 per 100 persons) used the OPD for preventive care services more than five times as often as those with other types of payment sources

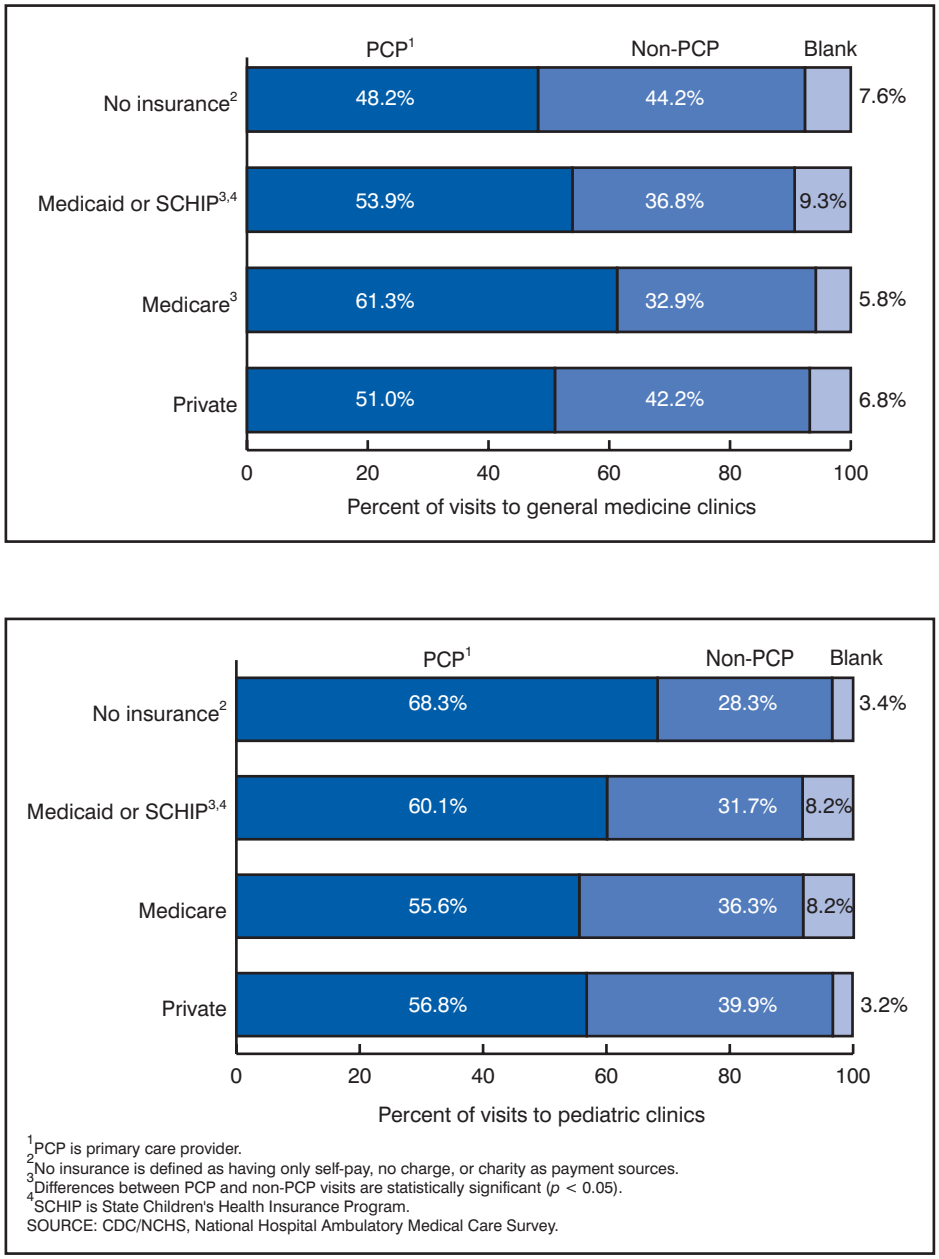


Figure 2. Percent distribution of outpatient department visits to general medicine or pediatric clinics, by whether the visit was to the patient's primary care provider, according to expected source of payment: United States, 2005

(Table 9).

- The most frequently listed category was the supplementary classification (20.6 percent) used for diagnoses not classifiable to injury or illness (e.g., general medical examination, routine prenatal examination, and health supervision of an infant or child) (Table 10).
- The four most frequent diagnoses recorded were essential hypertension (4.3 percent); routine infant or child health check (4.0 percent); acute upper respiratory infection, excluding pharyngitis (3.9 percent); diabetes mellitus (3.0 percent) and normal pregnancy (3.0 percent) (Table 11).
- The leading diagnosis by age group was routine infant or child health check for infants (under 1 year) and children (1–12 years), normal pregnancy for adolescents through adults (13–49 years), and essential hypertension for middle-aged persons (50–64 years) and seniors (65 years and over) (Table 12).
- Although normal pregnancy leads the list among all adolescents 13–21 and adults 22–49 years, the leading diagnoses for males in these age groups were acute upper respiratory infections (13–21 years of age) and spinal disorders (22–49 years of age) (Table 12).
- The majority of pregnancy visits to OPD clinics were made by women in their third trimester (48.2 percent) (Figure 4).
- There were an estimated 9.8 million injury- or poisoning-related OPD visits in 2005, representing 10.9 percent of all OPD visits and yielding a rate of 3.4 visits per 100 persons (Table 13). Injury rates were statistically similar regardless of age group or sex.
- Table 14 describes the intent associated with injury-related visits. In 2005, there were 793,000 visits for adverse effects of medical care, up by 145% from 1995 (324,000 visits) (29).

Chronic conditions

- In 2005, 46.1 percent of OPD visits were made by patients with one or more chronic conditions. Hypertension was the most frequent condition (19.7 percent), followed by depression (10.3 percent), diabetes (10.0 percent), and hyperlipidemia (8.7 percent) (Table 15). The percentage of visits with chronic conditions shown in Table 15 generally increased with age. Visits with depression and obesity, however, were unrelated to age, and visits with asthma declined with increasing age.
- Since 1995, the percentage of visits made by adults aged 18 years and over with depression indicated on the medical record increased by 48% (Figure 5). During the same time period, the percentage of visits by adults with obesity, diabetes, and hypertension increased by 24%, 34%, and 43%, respectively. For the purposes of this comparison, edits applied to 2005 check box items were also applied to the 1995 data.

Services provided

- Diagnostic and screening services ordered or provided by hospital staff occurred during 89.2 percent of OPD

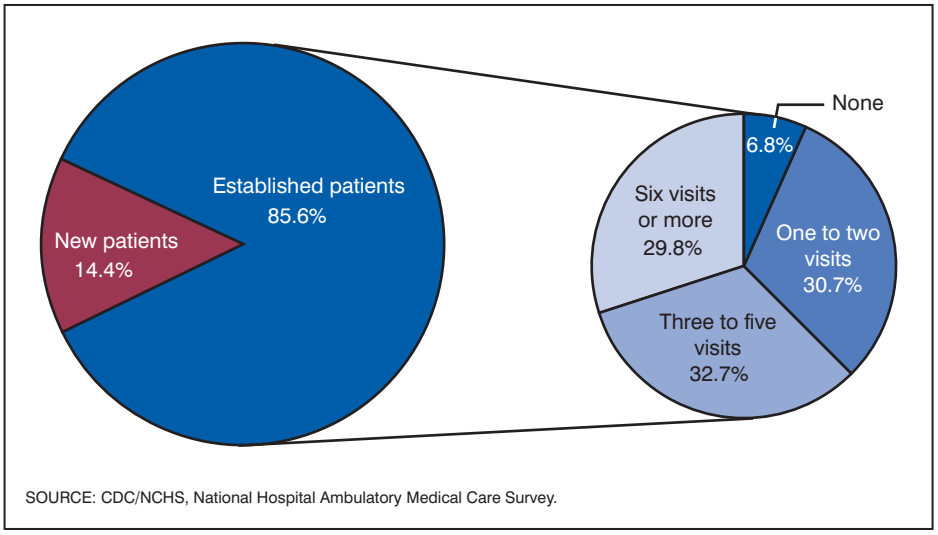


Figure 3. Percent distribution of outpatient department visits by prior-visit status during the last 12 months: United States, 2005

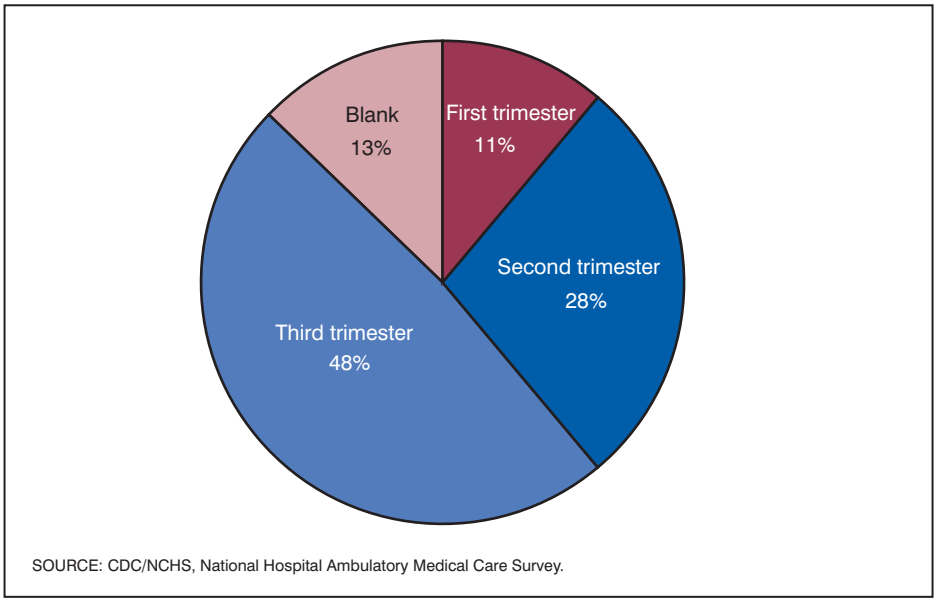


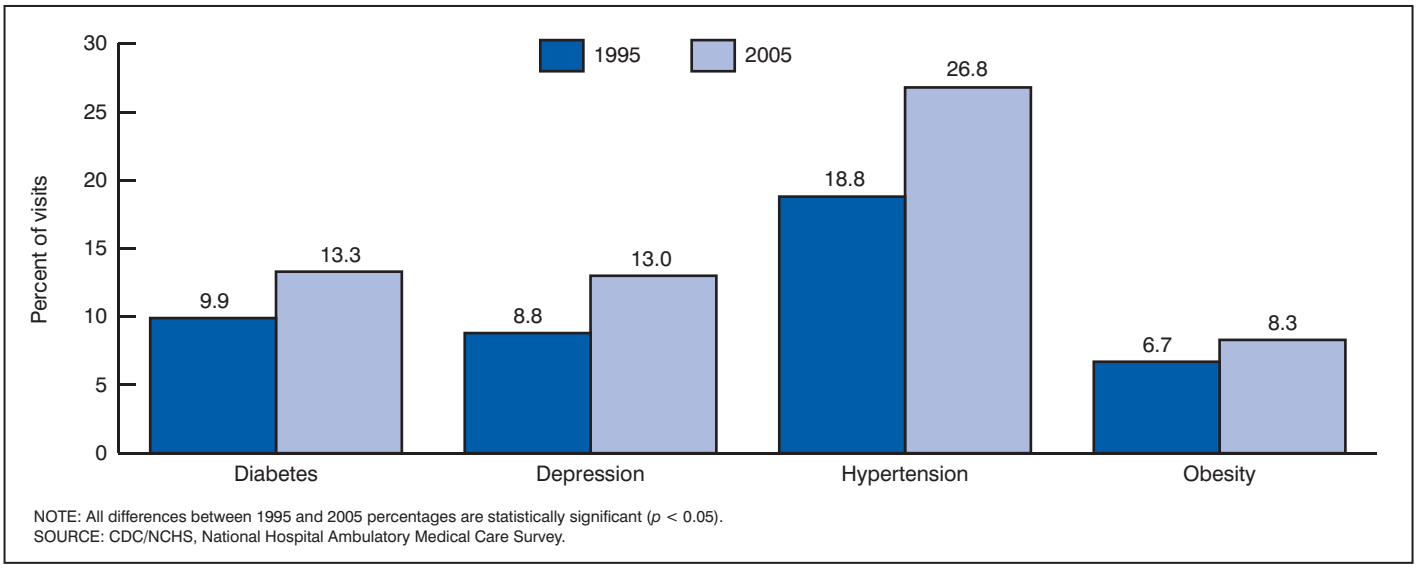
Figure 4. Percent distribution of outpatient department pregnancy-related visits by trimester: United States, 2005

visits in 2005. Weight (63.9 percent) and blood pressure (63.7 percent) were the most frequent vital signs measured. Complete blood count (CBC) (14.7 percent), glucose (8.2 percent), and lipids or cholesterol (7.7 percent) were the most frequently ordered blood tests. Urinalysis and imaging were ordered or provided at 10.8 percent and 18.6 percent of visits, respectively (Table 16).

- Blood pressure (BP) status based on the Seventh Report of the Joint National Committee on prevention, detection, evaluation, and treatment of high blood pressure (30) was analyzed using reported BP readings. BP readings were in the moderately high range (140–159 mm Hg systolic, or 90–99 mm Hg diastolic) and in the severely high range (160 mm Hg or higher systolic, or 100 mm Hg or higher diastolic) in 20.6 percent and 7.9 percent of OPD visits, respectively. Moderate to severe BP elevations were seen more frequently in visits by patients aged 45 years and over than younger patients. Moderate to severe BP elevations were documented more frequently at visits by black or African-American patients than white and Asian patients. When BP was taken during an OPD visit, moderate or severe BP elevations were more frequently noted in visits by non-Hispanic or Latino patients than visits by Hispanic or Latino patients (Table 17).
- Health education was ordered or provided at 46.2 percent of OPD visits during 2005. Counseling or education related to diet or nutrition (15.7 percent) and exercise (8.3 percent) were mentioned most frequently (Table 18).
- From 1995 to 2005, counseling for tobacco use increased from 2.7 to 3.8 percent. Counseling for diet and nutrition also increased, up from 9.4 percent in 1995 to 15.7 percent in 2005 (Table 18) (29).
- Nonmedication treatment was ordered or provided at 20.9 percent of visits during 2005. Psychotherapy and other mental health services were each ordered or provided at 3.9 percent of visits (Table 19).

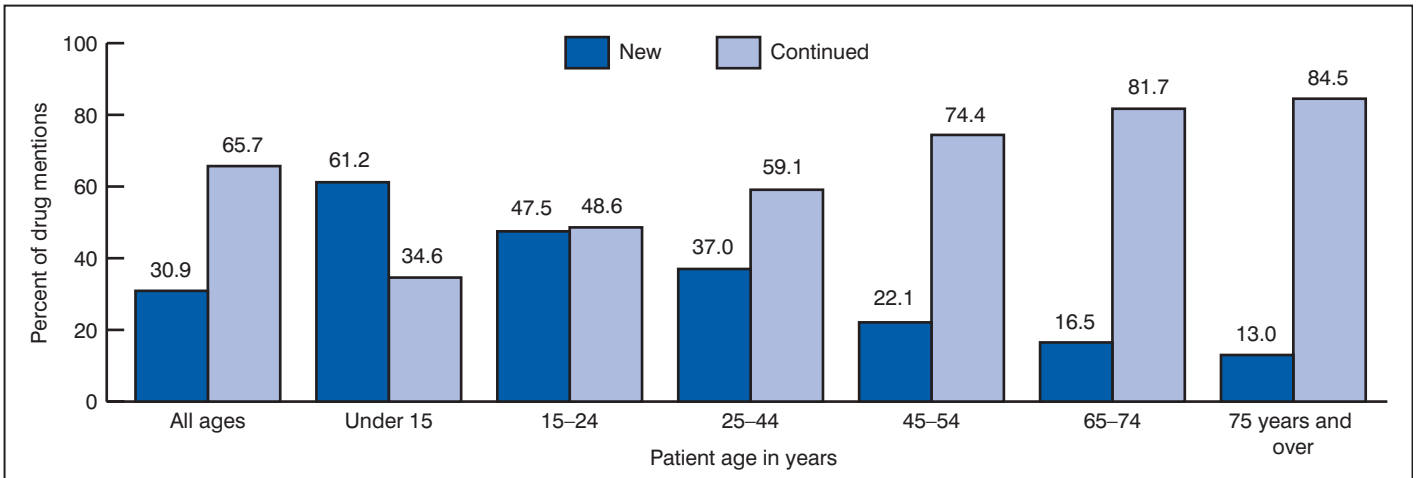
Medications

- Medications were provided, prescribed, or continued (referred to as "drug mentions") at 65.6 million OPD visits. From 1995 to 2005, visits with medications increased from 61.0 percent to 72.6 percent (Table 20) (29). Of the visits with medications, 66.9 percent had multiple drugs prescribed or continued (calculated from Table 20).
- From 1995 to 2005, visits with 6 or more medications prescribed or provided more than doubled from 4.9 to 11.2 percent (Table 20) (29).
- A total of 194.6 million drugs were mentioned for an average of 215.3 drug mentions per 100 visits (Table 21). On average, there were 3.0 drugs mentioned at visits with any mention of drugs (calculated from Table 21).
- The leading drug subclasses were antidepressants (5.1 per 100 drug mentions), followed by nonnarcotic analgesics (4.6 per 100 drug mentions), nonsteroidal anti-inflammatory drugs or NSAIDs (4.5



NOTE: All differences between 1995 and 2005 percentages are statistically significant ($p < 0.05$).
SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Figure 5. Percentage of outpatient department visits by adults 18 years and over with selected chronic conditions: United States, 1995 and 2005



NOTE: Linear trends by age are significant ($p < 0.05$) for percentage new and continued. New or continued status was unknown for 3.4 percent of all drug mentions.
SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

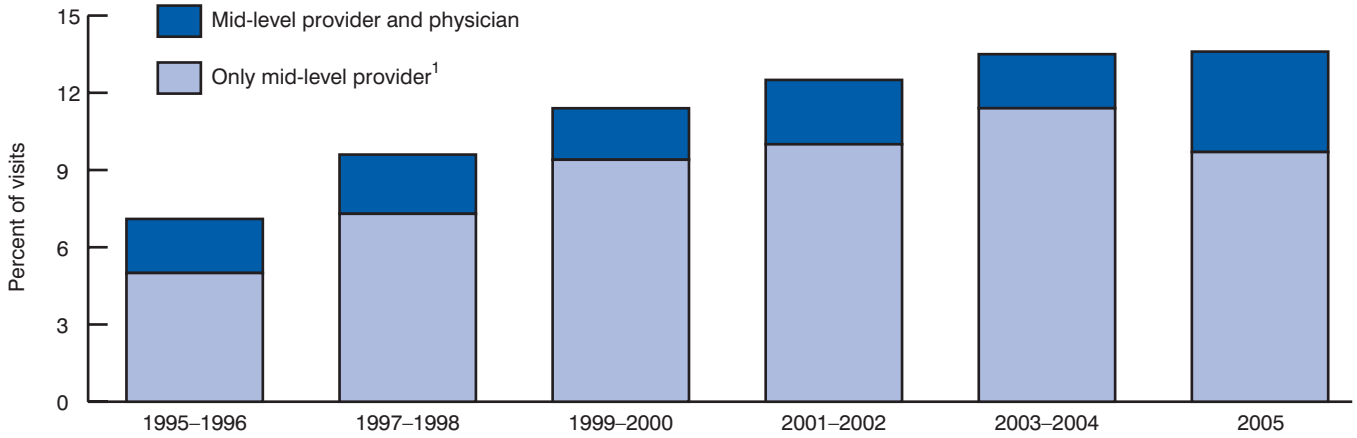
Figure 6. Percentage of drugs mentioned at outpatient department visits that were new or continued, according to patient age: United States, 2005

per 100 drug mentions), and anti-asthmatics or bronchodilators (4.5 per 100 drug mentions) (Table 22).

- In 2005, the leading drugs in terms of their generic composition were ibuprofen, an NSAID (2.5 percent); aspirin (2.4 percent); and albuterol, an antiasthmatic or bronchodilator (2.2 percent) (Table 23). Among the most frequently occurring generic equivalents, azithromycin, amoxicillin, influenza virus vaccine, ibuprofen, and acetaminophen had the highest percentage listed as new. Generic equivalents include medications recorded as brand names or generic names by the generic equivalent name.
- In 2005, 65.7 percent of all drug mentions were continued prescriptions, 30.9 percent were new, and this information was missing for 3.4 percent of drug mentions (Table 23). Figure 6 shows that the percentage of continued drug mentions increased with age, and exceeded the percentage of new drug mentions, starting at age 25. The percentage of new drug mentions decreased with age; children under age 15 years were most likely to be prescribed new drugs.

Providers seen and visit disposition

- A physician was seen at 81.8 percent of visits, whereas no physician was seen at 18.2 percent of visits or 16.5 million OPD visits (calculated from Table 24). A registered nurse or licensed practical nurse was seen at 50.4 percent of visits (Table 24).



[1]Trend is statistically significant ($p < 0.05$).
NOTE: Data presented reflect average annual estimates for each 2-year period.
SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Figure 7. Trends in outpatient department visits where a mid-level provider was seen with or without a physician present: United States, 1995–2005

- In 2005, a nurse practitioner, midwife, or physician assistant was seen at 13.6 percent of visits. OPD visits involving only mid-level providers increased by 94%, from 5.0 percent of visits in 1995–1996 to 9.7 percent of visits in 2005 (Figure 7).
- In more than one-half of OPD visits (62.6 percent), patients were told to return to the clinic by appointment. Return to the clinic P.R.N. (as needed) and referred to other physician accounted for the disposition at 28.2 and 14.5 percent of visits, respectively (Table 25). Less than 1 percent of visits resulted in hospital admission (0.5 percent) or referral to an ED (0.5 percent).

Methods

Data source

The data presented in this report are from the 2005 NHAMCS, a national probability sample survey conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS), Division of Health Care Statistics. The survey was conducted from December 27, 2004, through December 25, 2005. The NHAMCS data collection is authorized under Section 306 of the Public Health Service Act (Title 42 U.S. Code), 242k. Participation is voluntary.

Data collected in the NHAMCS are consistent with the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA). No personally identifying information, such as patient's name, address, or Social Security number, is collected in the NHAMCS. All information collected is held in the strictest confidence according to law [Section 308(d) of the Public Health Service Act (42, U.S. Code, 242m (d))] and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107–347). Approval for the NHAMCS protocol was renewed by the NCHS Research Ethics Review Board in February 2005. Waivers of the requirements to obtain informed consent of patients and patient authorization for release of patient medical record data by health care providers were granted.

The target universe of NHAMCS is in-person visits made in the United States to EDs and OPDs of nonfederal, short-stay hospitals (hospitals with an average stay of less than 30 days) and those whose specialty is general (medical or surgical) or children's general. EDs that operate 24 hours a day are considered within the scope of the ED component; EDs that operate fewer than 24 hours are included in the OPD component of the NHAMCS. The hospital sampling frame consisted of hospitals listed in the 1991 Verispan Hospital Database (VHD) updated using hospital data from Verispan, L.L.C., specifically their "Healthcare Market Index, Updated May 15, 2003" and their "Hospital Market Profiling Solution, Second Quarter, 2003." These products were formerly known as the SMG Hospital Database. Using the 2003 data to update the sample allowed for the inclusion of hospitals that had opened or changed their eligibility status since the previous sample was updated for 2001.

In 2005, a multistage probability sample was used to collect information on visits to OPDs. NHAMCS has a four-stage design that involves: geographic primary sampling units (PSUs), hospitals that have EDs or OPDs within PSUs, emergency service areas (ESAs) within EDs and clinics within OPDs, and patient visits within ESAs and clinics (31). The PSU sample consists of 112 PSUs that comprise a probability subsample of the PSUs used in the 1985–1994 National Health Interview Survey (NHIS). All together, a sample of 458 hospitals was selected for the 2005 NHAMCS, 240 of which were in scope and had eligible OPDs. A sample of 1,009 clinics was selected from the 205 OPDs that participated in the study. Clinic staff were asked to complete a Patient Record Form (PRF) on a sample of visits during the 4-week

reporting period (see ''Technical Notes''). In 2005, 870 clinics provided 29,975 PRFs. Of these 870 clinics, 857 responded fully or adequately, yielding a clinic sampling response rate of 86.7 percent, and an overall unweighted two stage sampling response rate of 74.1 percent, adjusted to exclude clinics and OPDs that participated at a minimal level.

The U.S. Census Bureau was responsible for data collection. Data processing and medical coding were performed by the Constella Group Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10 percent quality control sample of survey records was independently keyed and coded. Coding error rates ranged between 0.3 and 0.9 percent, for various survey items.

Medical data collected in the survey were coded as follows:

- Patient's reason for visit—The patient's main complaint, symptom, or reason for visiting the OPD was coded according to *A Reason for Visit Classification for Ambulatory Care* (RVC) (32). Up to three reasons could be coded per visit.
- Physician's diagnosis—Hospital staff were asked to record the primary diagnosis or problem associated with the patient's most important reason for the current visit and any other significant current diagnoses. Up to three diagnoses were coded according to the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM) (33).
- Injury, poisoning, adverse effect of medical treatment—Although there is a separate item on the PRF to indicate whether the visit was for an injury, poisoning, or adverse effect of medical treatment, sometimes an injury reason for visit or an injury diagnosis is recorded without the injury item being checked. Therefore, the visit is counted as an injury visit if the injury item is marked or if any of the three reasons for visit were in the injury module or any of the three diagnoses were in the injury or poisoning chapter of the ICD–9–CM (34).
- Medications—Hospital staff were instructed to record all new or continued medications ordered, supplied, or administered at the visit. This included prescription and nonprescription preparations, immunizations, desensitizing agents, and anesthetics. In this survey, recorded medications are referred to as drug mentions and are coded according to a classification system developed at NCHS (35). As used in the NHAMCS, the term ''drug'' is interchangeable with the term ''medication.'' The term ''prescribing'' is used broadly to mean ordering or providing any medication, whether prescription or over-the-counter. Visits with one or more drug mentions are termed ''drug visits'' in NHAMCS. Therapeutic classification of drugs is based on the 4-digit therapeutic categories used in the *National Drug Code Directory*, 1995 edition (36). Drugs may have more than one therapeutic application and, in NHAMCS, up to three therapeutic drug classes are included for each drug.

Estimation

Because of the complex multistage design of NHAMCS, a sample weight is computed for each sample visit that takes all stages of design into account. The survey data are inflated or weighted to produce unbiased national annual estimates. The visit weight includes four basic components: inflation by reciprocals of selection probabilities, adjustment for nonresponse, population ratio adjustments, and weight smoothing. Starting in 2004, changes were made to the nonresponse adjustment factor to account for the seasonality of the reporting period. Extra weights for nonresponding hospitals were shifted to responding hospitals in reporting periods within the same quarter of the year. The shift in nonresponse adjustment did not significantly affect any of the overall annual estimates. Detailed information on estimation for NHAMCS can be found elsewhere (37).

The standard error (SE) is primarily a measure of the sampling variability that occurs by chance because only a sample rather than an entire universe is surveyed. Estimates of the sampling variability for this report were calculated using Taylor approximations in SUDAAN, which take into account the complex sample design of NHAMCS. A description of the software and its approach has been published (38). The SEs of statistics presented in this report are included in each of the tables.

Tests of significance

In this report, the determination of statistical inference is based on the two-tailed *t*-test. The Bonferroni inequality was used to establish the critical value for statistically significant differences (0.05 level of significance) based on the number of possible comparisons within a particular variable (or combination of variables) of interest. A weighted least-squares regression analysis was used to determine the significance of trends at the 0.05 level.

Nonsampling errors

As in any survey, results are subject to both sampling and nonsampling errors. Nonsampling errors include reporting and processing errors as well as biases due to nonresponse and incomplete response. The magnitude of the nonsampling errors cannot be computed. However, these errors were kept to a minimum by procedures built into the operation of the survey. To eliminate ambiguities and to encourage uniform reporting, attention was given to the phrasing of items, terms, and definitions. Also, most data items and survey procedures were pretested. Quality control procedures and consistency and edit checks reduced errors in data coding and processing.

Item nonresponse rates in NHAMCS are generally low (5 percent or less). However, levels of nonresponse can vary considerably in the survey. Most nonresponse occurs when the needed information is not available in the medical record or is unknown to the person filling out the survey instrument. Nonresponse can also result when the information is available, but survey procedures are not followed and the item is left blank. In this report, the

tables include a combined entry of unknown or blank to display missing data. For items where combined item nonresponse is between 30 and 50 percent, percent distributions are not discussed in the text. However, the information is shown in the tables. These data should be interpreted with caution. If nonresponse is random, the observed distribution for the reported item (i.e., excluding cases for which the information is unknown) would be close to the true distribution. However, if nonresponse is not random, the observed distribution could vary significantly from the actual distribution. Researchers need to decide how best to treat items with high levels of missing responses. For items with nonresponse greater than 50 percent, data are not presented.

Weighted item nonresponse rates (i.e., if the item was left blank or the unknown box was marked) were 5.0 percent or less for all data items with the following exceptions: use of tobacco (35.8 percent), gestation week (12.7 percent), enrollment in a disease management program (45.0 percent), primary care physician (7.6 percent), referral status (24.4 percent), and intent of injury (5.3 percent).

For some items, missing values were imputed by randomly assigning a value from Patient Record forms with similar characteristics. Imputations were based on geographic region, OPD volume by clinic type, and three-digit ICD–9–CM codes for primary diagnosis. Imputations were performed for the following variables—birth year (0.7 percent), sex (0.3 percent), race (11.2 percent), ethnicity (17.0), has the patient been seen in this clinic before (1.3 percent), and how many visits in the last 12 months (10.4 percent). Ethnicity was imputed by randomly assigning a value from a PRF with similar characteristics based on OPD volume by clinic type, state, and three-digit ICD–9–CM codes for primary diagnosis.

Use of tables

First-listed reason for visit and diagnosis are presented in the tables. It should be noted that estimates differing in ranked order may not be significantly different from each other. For items related to diagnostic and screening services, procedures, providers seen, and disposition, hospital staff was asked to check all of the applicable categories for each item. Therefore, multiple responses could be coded for each visit.

In this report, estimates are not presented if they are based on fewer than 30 cases in the sample data; only an asterisk (*) appears in the tables. Estimates based on 30 or more cases include an asterisk (*) if the relative standard error of the estimate exceeds 30 percent.

In the tables, estimates of OPD visits have been rounded to the nearest 1,000. Consequently, estimates will not always add to totals. Rates and percentages were calculated from original unrounded figures and do not necessarily agree with figures calculated from rounded data.

Several of the tables in this report present rates of OPD visits per population. The population figures used in calculating these rates are based on U.S. Census Bureau monthly postcensal estimates of the civilian noninstitutional population of the United States as of July 1, 2005. These population estimates are based on postcensal estimates from Census 2000 and are available from the U.S. Census Bureau.

Estimates presented in the tables and figures for specific race categories reflect visits where only a single race was reported. Denominators used in computing estimates of visit rates by expected source of payment were obtained from the 2005 NHIS. Individuals reporting multiple insurance categories in the NHIS were counted in each category they reported, with the exception of Medicaid and SCHIP, which were combined into a single category.

References

1. Burt CW, McCaig LF, Rechtsteiner EA. Ambulatory medical care utilization estimates for 2005. Advance data from vital and health statistics; no 388. Hyattsville, MD: National Center for Health Statistics. 2007. Available from: http://www/cdc/gov/nchs/data/ad/ad388.pdf.
2. Middleton KR, Hing E. National Hospital Ambulatory Medical Care Survey: 2004 outpatient department summary. Advance data from vital and health statistics; no 373. Hyattsville, MD: National Center for Health Statistics. 2006.
3. Hing E, Middleton K. National Hospital Ambulatory Medical Care Survey: 2002 outpatient department summary. Advance data from vital and health statistics; no 345 Hyattsville, MD: National Center for Health Statistics. 2005.
4. Cherry DK, Woodwell DA, Rechtsteiner EA. National Ambulatory Medical Care Survey: 2005 summary. Advance data from vital and health statistics; no 387. Hyattsville, MD: National Center for Health Statistics. 2007. Available from: http://www/cdc/gov/nchs/data/ad/ad387.pdf.
5. Nawar E, Niska R. National Hospital Ambulatory Medical Care Survey: 2005 emergency department summary. Advance data from vital and health statistics; no 386. Hyattsville, MD: National Center for Health Statistics. 2007. Available from: http://www/cdc/gov/nchs/data/ad/ad386.pdf.
6. Raofi S, Schappert S. Medication therapy in ambulatory medical care: United States, 2003–04. National Center for Health Statistics. Vital Health Stat 13(163). 2006.
7. Niska R, Burt CW. Training for terrorism-related conditions in hospitals: United States, 2003–04. Advance data from vital and health statistics; no 380. Hyattsville, MD: National Center for Health Statistics. 2006.
8. Burt CW, McCaig LF. Staffing, capacity, and ambulance diversion in emergency departments: United States, 2003–04. Advance data from vital and health statistics; no 376. Hyattsville, MD: National Center for Health Statistics. 2006.
9. Hing E, Burt CW. Characteristics of office-based physicians and their practices: United States, 2003–04. National Center for Health Statistics. Vital Health Stat 13(164). 2007.
10. Kimia A, Brownstein JS, Olson KL, Zak V, Bourgeois FT, Mandl KD. Lumbar puncture ordering and results in the pediatric population: A promising data source for surveillance systems. Acad Emerg Med. 13(7):767–73. 2006.

11. Fiscella K, Franks P. Does the content of primary care visits differ by the racial composition of physicians' practices? Am J Med 119(4):348–53. 2006.
12. Miller MR, Gergen P, Honour M, Zhan C. Burden of illness for children and where we stand in measuring the quality of this health care. Ambul Pediatr 5(5):268–78. 2005.
13. McCaig LF, McDonald LC, Mandal S, Jernigan DB. Staphylococcus aureus—associated skin and soft tissue infections in ambulatory care. Emerg Infect Dis. Nov 2006. Available from: http://www.cdc.gov/ncidod/EID/vol12no11/06–0190.htm.
14. Gao X, Outley J, Botteman M, Spalding J, Simon JA, Pashos CL. Economic burden of endometriosis. Fertil Steril. Dec;86(6):156-72. E-pub. 2006.
15. Sankaranarayanan J, Puumala SE, Kratochvil CJ. Diagnosis and treatment of adult attention-deficit/hyperactivity disorder at U.S. ambulatory care visits from 1996 to 2003. Curr Med Res Opin 22(8):1475–91. 2006.
16. Liptak GS, Stuart T, Auinger P. Health care utilization and expenditures for children with autism: data from U.S. national samples. J Autism Dev Disord. 36(7):871–9. 2006.
17. Shaheen NJ, Hansen RA, Morgan DR, Gangarosa LM, Ringel Y, Thiny MT, et al. The burden of gastrointestinal and liver diseases, 2006. Am J Gastroenterol. 101(9):2128–38. 2006.
18. Claassen CA,Trivedi MH, Shimizu IM, Stewart S, Larkin GL, Litovitz T. Epidemiology of nonfatal deliberate self-harm in the United States as described in three medical databases. Suicide and Life-Threatening Behavior. 36(2). 2006.
19. Kim SH, Boye M, Bhattacharyya SK, Coyne K, Dhawan R. Medical visits among adults with symptoms commonly associated with an overactive bladder. BJU Int 97(3):551-4. 2006.
20. McGwin G Jr, Hall TA, Xie A, Owsley C. Trends in eye injury in the United States, 1992–2001. Invest Ophthalmol Vis Sci 47(2):521-7. 2006.
21. Schwarz EB, Maselli J, Gonzales R. Contraceptive counseling of diabetic women of reproductive age. Obstet Gynecol 107(5):1070–4. 2006.
22. Grijalva CG, Poehling KA, Nuorti JP, Zhu Y, Martin SW, Edwards KM, Griffin MR. National impact of universal childhood immunization with pneumococcal conjugate vaccine on outpatient medical care visits in the United States. Pediatrics 118(3):865–73. 2006.
23. Hing E, Brett KM. Changes in U.S. prescribing patterns of menopausal hormone therapy, 200-2003. Obstet Gynecol 108(1):33–40. 2006.
24. Mainous AG 3rd, Saxena S, Hueston WJ, Everett CJ, Majeed A. Ambulatory antibiotic prescribing for acute bronchitis and cough and hospital admissions for respiratory infections: time trends analysis. J R Soc Med 99(7):358–62. 2006.
25. Cooper WO, Arbogast PG, Ding H, Hickson GB, Fuchs DC, Ray WA. Trends in prescribing of antipsychotic medications for U.S. children. Ambul Pediatr 6(2):79–83. 2006.
26. Kallen AJ, Welch HG, Sirovich BE. Current antibiotic therapy for isolated urinary tract infections in women. Arch Intern Med 166(6):635–9. 2006.
27. Gao X, Outley J, Botteman M, Spalding J, Simon JA, Pashos CL. Economic burden of endometriosis. Fertil Steril. 86(6):1561–72. 2006.
28. Coyne KS, Paramore C, Grandy S, Mercader M, Reynolds M, Zimetbaum P. Assessing the direct costs of treating nonvalvular atrial fibrillation in the United States. Value Health 9(5):348–56. 2006.
29. McCaig LF. National Hospital Ambulatory Medical Care Survey: 1995 outpatient department summary. Advance data from vital and health statistics; no 284. Hyattsville, MD: National Center for Health Statistics. 1997.
30. Chobanian AV, Bokris GL, Black HR, et al. Seventh report of the Joint National Committee on prevention, detection, evaluation, and treatment of high blood pressure. Hypertension 42:1206–52. 2003.
31. McCaig LF, McLemore T. Plan and operation of the National Hospital Ambulatory Medical Care Survey. National Center for Health Statistics. Vital Health Stat 1(34). 1994.
32. Schneider D, Appleton L, McLemore T. A reason for visit classification for ambulatory care. National Center for Health Statistics. Vital Health Stat 2(78). 1979.
33. Public Health Service and Health Care Financing Administration. International Classification of Diseases, Ninth Revision, Clinical Modification, 6th ed., Washington: Public Health Service. 1998.
34. Burt CW, Fingerhut LA. Injury visits to hospital emergency departments: United States, 1992–1995. National Center for Health Statistics. Vital Health Stat 13(131). 1998. Available from: http://www.cdc.gov/nchs/data/series/sr_13/sr13_131.pdf.
35. Koch H, Campbell W. The collection and processing of drug information: National Ambulatory Medical Care Survey, United States, 1980. National Center for Health Statistics. Vital Health Stat 2(90). 1982.
36. Food and Drug Administration. National Drug Code Directory, 1995 edition. Washington: Public Health Service. 1995.
37. National Center for Health Statistics. Public Use Data File Documentation. 2005 National Hospital Ambulatory Medical Care Survey. Hyattsville, MD: National Center for Health Statistics. 2007.
38. Research Triangle Institute. SUDAAN (Release 9.0.1) [Computer Software]. Research Triangle Park, NC: Research Triangle Institute. 2005.

Table 1. Number, percent distribution, and annual rate of outpatient department visits with corresponding standard errors, by patient characteristics: United States, 2005

Patient characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[1]	Standard error of rate
All visits	90,393	8,609	100.0	. . .	31.0	3.0
Age						
Under 15 years	21,109	3,022	23.4	2.2	34.8	5.0
Under 1 year	3,902	651	4.3	0.5	95.1	15.9
1–4 years	6,529	990	7.2	0.7	40.3	6.1
5–14 years	10,678	1,486	11.8	1.1	26.5	3.7
15–24 years	10,418	1,054	11.5	0.5	25.4	2.6
25–44 years	21,805	2,204	24.1	1.0	26.6	2.7
45–64 years	23,202	2,301	25.7	1.3	32.1	3.2
65 years and over	13,859	1,651	15.3	1.1	39.4	4.7
65–74 years	7,517	910	8.3	0.6	40.9	4.9
75 years and over	6,341	788	7.0	0.6	37.9	4.7
Sex and age						
Female	55,280	5,322	61.2	0.9	37.2	3.6
Under 15 years	10,087	1,494	11.2	1.1	34.0	5.0
15–24 years	7,384	805	8.2	0.5	36.4	4.0
25–44 years	14,780	1,596	16.4	0.8	35.7	3.9
45–64 years	14,058	1,393	15.6	0.8	37.8	3.7
65–74 years	4,696	571	5.2	0.4	47.1	5.7
75 years and over	4,274	528	4.7	0.4	41.9	5.2
Male	35,113	3,443	38.8	0.9	24.7	2.4
Under 15 years	11,022	1,557	12.2	1.1	35.5	5.0
15–24 years	3,034	356	3.4	0.3	14.6	1.7
25–44 years	7,024	730	7.8	0.4	17.3	1.8
45–64 years	9,144	977	10.1	0.6	26.0	2.8
65–74 years	2,822	375	3.1	0.3	33.5	4.5
75 years and over	2,067	304	2.3	0.3	31.5	4.6
Race and age[2]						
White	66,232	6,965	73.3	2.6	28.3	3.0
Under 15 years	14,887	2,105	16.5	1.4	32.2	4.5
15–24 years	7,541	849	8.3	0.5	23.6	2.7
25–44 years	15,981	1,794	17.7	1.0	24.6	2.8
45–64 years	16,935	1,800	18.7	1.1	28.1	3.0
65–74 years	5,672	765	6.3	0.6	35.9	4.8
75 years and over	5,217	713	5.8	0.6	35.1	4.8
Black or African American	20,764	2,929	23.0	2.6	56.8	8.0
Under 15 years	5,275	1,130	5.8	1.1	56.7	12.1
15–24 years	2,525	369	2.8	0.3	41.9	6.1
25–44 years	4,805	673	5.3	0.6	46.3	6.5
45–64 years	5,577	1,047	6.2	1.0	70.9	13.3
65–74 years	1,606	354	1.8	0.4	94.2	20.8
75 years and over	976	226	1.1	0.2	77.7	17.9
Asian	2,187	320	2.4	0.3	17.3	2.5
Native Hawaiian or Other Pacific Islander	*347	127	*0.4	0.1	*68.4	25.1
American Indian or Alaska Native	485	133	0.5	0.1	17.3	4.7
Multiple races	378	113	0.4	0.1	8.3	2.5
Ethnicity[2]						
Hispanic or Latino	14,289	2,041	15.8	2.0	33.9	4.8
Not Hispanic or Latino	76,104	7,749	84.2	2.0	30.6	3.1

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

[1]Visit rates are based on the July 1, 2005, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

[2]The race groups, White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

NOTE: Numbers may not add to totals because of rounding.

Table 2. Number, percent distribution, and annual rate of outpatient department visits with corresponding standard errors, by hospital characteristics and clinic type: United States, 2005

Hospital characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[1,2]	Standard error of rate
All visits	90,393	8,609	100.0	. . .	31.0	3.0
Ownership						
Voluntary	67,457	7,520	74.6	4.4	23.2	2.6
Government	22,363	4,611	24.7	4.5	7.7	1.6
Proprietary	*574	267	*0.6	0.3	*0.2	0.1
Teaching hospital status						
Teaching hospital	36,055	5,579	39.9	5.0	12.4	1.9
Nonteaching hospital	53,809	7,023	59.5	5.0	18.5	2.4
Unknown or blank	*528	485	*0.6	0.5	*0.2	0.2
Geographic region						
Midwest	29,105	4,958	32.2	4.5	44.8	7.6
Northeast	25,670	4,998	28.4	4.5	47.7	9.3
South	23,809	3,909	26.3	3.9	22.6	3.7
West	11,808	3,157	13.1	3.2	17.6	4.7
Metropolitan status[3]						
MSA	75,297	7,563	83.3	4.9	30.7	3.1
Not MSA	*15,096	4,910	*16.7	4.9	*33.0	10.7
Clinic type[4]						
General medicine[5]	50,628	5,400	56.0	3.0	17.4	1.9
Pediatrics	12,615	2,343	14.0	2.1	4.3	0.8
Surgery	10,632	1,598	11.8	1.2	3.7	0.5
Obstetrics and gynecology	8,536	1,272	9.4	1.0	2.9	0.4
Substance abuse or other[6]	7,981	1,297	8.8	1.4	2.7	0.4

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

[1]Visit rates are based on the July 1, 2005, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

[2]Population estimates of metropolitian statistical status (MSA) are based on data from the 2005 National Heath Interview Survey, National Center for Health Statistics, and are adjusted to the U.S. Census Bureau definition of core-based statistical areas as of November 2004. See http://www.census.gov/population/www/estimates/metrodef.html for more about metropolitan statistical area definitions.

[3]MSA is metropolitan statistical area.

[4]Only clinics under the supervision of a physician were included. Clinics specializing in radiology, laboratory sevices, physical rehabilitation, or other anciliary services were excluded.

[5]General medicine clinics include family practice, primary care clinics, and internal medicine and its subspecialties.

[6]Other includes psychiatric, mental health, and miscellaneous specialty clinics.

NOTE: Numbers may not add to totals because of rounding.

Table 3. Number and percentage of outpatient department visits with corresponding standard errors, by expected source(s) of payment: United States, 2005

Expected source(s) of payment	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	90,393	8,609	. . .	. . .
Private insurance	38,324	4,570	42.4	2.5
Medicaid or SCHIP[2]	30,151	3,808	33.4	2.7
Medicare	15,223	1,757	16.8	1.1
Medicare and Medicaid[3]	2,532	396	2.8	0.3
No insurance[4]	6,586	857	7.3	0.8
Self-pay	5,277	631	5.8	0.6
No charge or charity	*1408	540	*1.6	0.6
Worker's compensation	870	200	1.0	0.2
Other	2,557	480	2.8	0.4
Unknown or blank	4,562	833	5.0	0.8

. . . Category not applicable.
* Figure does not meet standards of reliability or precision.
[1]Total exceeds "all visits" because more than one source of payment may be reported per visit.
[2]SCHIP is State Children's Health Insurance Program.
[3]In 1995, 2.8 percent of visits were made by patients with both Medicare and Medicaid as expected payment sources.
[4]No insurance is defined as having only self-pay, no charge, or charity as payment sources.
NOTE: More than one category could be indicated.

Table 4. Number and percent distribution of outpatient department visits with corrresponding standard errors, by selected visit characteristics, according to prior-visit status: United States, 2005

Prior-visit status, primary care provider, and referral status	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	90,393	8,609	100.0	. . .
Visit to PCP[1]	36,109	4,416	39.9	3.1
Visit to non-PCP[1]	47,417	5,528	52.5	3.1
Referred for this visit	20,674	3,309	22.9	2.5
Not referred for this visit	18,392	2,045	20.3	1.7
Unknown if referred	8,350	2,279	9.2	2.3
Unknown if PCP[1] visit	6,868	1,473	7.6	1.6
Established patient				
All visits	77,407	7,332	100.0	. . .
Visit to PCP[1]	34,778	4,272	44.9	3.2
Visit to non-PCP[1]	36,965	4,269	47.8	3.1
Referred for this visit	15,218	2,689	19.7	2.6
Not referred for this visit	15,310	1,653	19.8	1.8
Unknown if referred	6,437	1,747	8.3	2.1
Unknown if PCP[1] visit	5,665	1,316	7.3	1.7
New patient				
All visits	12,986	1,590	100.0	. . .
Visit to PCP[1]	1,331	196	10.3	1.5
Visit to non-PCP[1]	10,452	1,448	80.5	2.3
Referred for this visit	5,456	820	42.0	4.2
Not referred for this visit	3,082	672	23.7	3.9
Unknown if referred	1,913	566	14.7	3.5
Unknown if PCP[1] visit	1,203	226	9.3	1.7

. . . Category not applicable.
[1]PCP is patient's primary care provider as indicated by a positive response to the question: "Are you the patient's primary care physician/provider?"
NOTE: Numbers may not add to totals because of rounding.

Table 5. Percent distribution of outpatient department visits with corrresponding standard errors by primary care provider and referral status, according to type of clinic: United States, 2005

Type of clinic[1]	Total	Visit to PCP[2]	Visit to non-PCP[2,3]			Unknown if PCP[2] visit
			Referred for this visit	Not referred for this visit	Unknown if referred	
			Percent distribution			
All visits	100.0	39.9	22.9	20.3	9.2	7.6
General medicine[4]	100.0	52.1	14.1	15.2	*10.1	8.5
Surgery	100.0	*3.1	56.1	27.4	7.4	*5.9
Pediatrics	100.0	58.9	*16.7	*12.6	*5.4	*6.3
Obstetrics and gynecology	100.0	21.4	*23.3	37.2	11.0	7.1
Substance abuse and other	100.0	1.8	43.2	38.0	10.2	*6.8
			Standard error of percent			
All visits	...	3.1	2.5	1.7	2.3	1.6
General medicine[4]	...	4.9	2.8	2.7	3.9	2.1
Surgery	...	1.0	6.3	4.9	1.6	1.9
Pediatrics	...	5.9	4.4	3.1	1.3	2.2
Obstetrics and gynecology	...	4.2	5.6	5.7	2.4	2.0
Substance abuse and other	...	0.6	5.5	5.0	2.0	2.7

* Figure does not meet standards of reliability or precision.

. . . Category not applicable.

[1]Only clinics under the supervision of a physician were included. Clinics specializing in radiology, laboratory sevices, physical rehabilitation, or other anciliary services were excluded.

[2]PCP is patient's primary care provider as indicated by a positive response to the question: ''Are you the patient's primary care physician/provider?''

[3]Referral status only asked for visits to nonprimary care physicians or providers.

[4]General medicine clinics includes family practice, primary care clinics, and internal medicine and its subspecialties.

NOTE: Numbers may not add to totals because of rounding.

Table 6. Number and percent distribution of outpatient department visits with corresponding standard errors, by patient's principal reason for visit module: United States, 2005

Principal reason for visit module and RVC code[1]		Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits		90,393	8,609	100.0	...
Symptom module	S001–S999	39,261	4,114	43.4	1.7
General symptoms	S001–S099	5,127	639	5.7	0.4
Symptoms referable to psychological and mental disorders	S100–S199	2,822	616	3.1	0.6
Symptoms referable to the nervous system (excluding sense organs)	S200–S259	2,033	223	2.2	0.2
Symptoms referable to the cardiovascular and lymphatic system	S260–S299	*457	214	*0.5	0.2
Symptoms referable to the eyes and ears	S300–S399	3,555	488	3.9	0.3
Symptoms referable to the respiratory system	S400–S499	8,444	1,273	9.3	1.0
Symptoms referable to the digestive system	S500–S639	3,606	439	4.0	0.3
Symptoms referable to the genitourinary system	S640–S829	3,099	373	3.4	0.3
Symptoms referable to the skin, hair, and nails	S830–S899	2,621	329	2.9	0.3
Symptoms referable to the musculoskeletal system	S900–S999	7,497	900	8.3	0.6
Disease module	D001–D999	10,669	1,446	11.8	1.0
Diagnostic, screening, and preventive module	X100–X599	18,022	2,223	19.9	1.5
Treatment module	T100–T899	13,506	1,410	14.9	1.1
Injuries and adverse effects module	J001–J999	3,590	606	4.0	0.5
Test results module	R100–R700	2,423	432	2.7	0.4
Administrative module	A100–A140	749	161	0.8	0.2
Other[2]	U990–U999	*2,172	770	*2.4	0.9

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (32).

[2]Includes problems and complaints not elsewhere classified, entries of ''none,'' blanks, and illegible entries.

NOTE: Numbers may not add to totals because of rounding.

Table 7. Number and percent distribution of outpatient department visits with corresponding standard errors, by the 20 principal reasons for visit most frequently mentioned by patients: United States, 2005

Principal reason for visit and RVC code[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	90,393	8,609	100.0	. . .
Progress visit, not otherwise specified T800	5,369	760	5.9	0.8
General medical examination X100	4,753	587	5.3	0.4
Prenatal examination, routine X205	3,145	589	3.5	0.5
Cough S440	2,588	424	2.9	0.3
Symptoms referable to throat S455	2,160	413	2.4	0.4
Medication, other and unspecified kinds T115	2,124	310	2.4	0.3
Well-baby examination X105	1,513	293	1.7	0.3
Fever S010	1,503	287	1.7	0.3
Postoperative visit T205	1,440	309	1.6	0.3
Stomach and abdominal pain, cramps, and spasms S545	1,397	188	1.5	0.2
Gynecological examination X225	1,360	228	1.5	0.2
Earache or ear infection S355	1,356	242	1.5	0.2
Back symptoms S905	1,244	182	1.4	0.2
Hypertension D510	1,157	195	1.3	0.2
Skin rash S860	1,106	217	1.2	0.2
Psychotherapy T410	*1,101	451	*1.2	0.5
Knee symptoms S925	1,069	180	1.2	0.2
Prophylactic inoculations X400	*1,050	419	*1.2	0.4
Diabetes mellitus D205	1,004	180	1.1	0.2
Counseling, not otherwise specified T605	972	159	1.1	0.2
All other reasons	52,982	5,140	58.6	1.3

. . . Category not applicable.

* Figure does not meet standards of reliablity or precision.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (32).

NOTE: Numbers may not add to totals because of rounding.

Table 8. Number and percent distribution of outpatient department visits with corrresponding standard errors, by major reason for visit, according to selected patient and visit characteristics: United States, 2005

Patient and visit characteristics	Total	New problem	Chronic problem, routine	Chronic problem, flare-up	Pre- or post-surgery	Preventive care[1]	Unknown or blank
				Number of visits in thousands			
All visits	90,393	34,286	26,008	6,562	3,929	17,943	*1,665
Age							
Under 15 years	21,109	10,614	3,783	838	451	5,174	*249
Under 1 year	3,902	1,597	*341	*	*	1,768	*
1–4 years	6,529	3,291	950	310	110	1,812	*
5–14 years	10,678	5,727	2,493	453	257	1,594	*155
15–24 years	10,418	4,074	1,588	656	357	3,615	*129
25–44 years	21,805	8,577	5,293	1,797	963	4,693	*481
45–64 years	23,202	7,303	9,162	2,035	1,351	2,778	*573
65 years and over	13,862	3,721	6,182	1,236	807	1,683	*233
65–74 years	7,517	1,970	3,334	627	*498	957	*132
75 years and over	6,341	1,748	2,848	609	309	726	*100
Sex							
Female	55,280	20,237	14,728	3,899	2,504	12,911	*1,000
Male	35,113	14,049	11,280	2,663	1,424	5,032	*665
Race[2]							
White	66,232	26,077	18,680	4,910	2,824	12,451	*1,290
Black or African American	20,764	6,676	6,606	1,502	975	4,702	*303
Other	3,397	1,533	722	150	129	790	*73
Ethnicity[2]							
Hispanic or Latino	14,289	5,130	3,481	669	541	4,191	*276
Not Hispanic or Latino	76,104	29,156	22,527	5,893	3,387	13,752	*1,389
Expected source(s) of payment[3]							
Private insurance	38,324	16,803	9,724	2,915	1,633	6,916	*333
Medicaid or SCHIP[4]	30,151	9,942	8,923	1,906	1,330	7,748	*303
Medicare	15,223	3,963	7,112	1,452	*940	1,620	*137
Self-pay, no charge, or charity	6,586	2,787	1,457	526	330	1,422	*62
Other[5]	7,167	2,671	1,818	404	253	1,151	*870
				Standard error in thousands			
All visits	8,609	4,166	2,760	732	816	2,145	611
Age							
Under 15 years	3,022	1,723	848	165	96	839	88
Under 1 year	651	283	120	. . .	. . .	327	. . .
1–4 years	990	586	219	73	28	327	. . .
5–14 years	1,486	913	536	87	72	277	63
15–24 years	1,054	563	223	114	85	476	45
25–44 years	2,204	1,155	661	269	164	662	212
45–64 years	2,301	808	1,103	229	356	472	242
65 years and over	1,651	477	798	171	240	285	104
65–74 years	910	260	444	91	166	170	62
75 years and over	788	249	404	109	82	140	43
Sex							
Female	5,322	2,466	1,554	426	545	1,578	368
Male	3,443	1,752	1,268	338	281	729	246
Race[2]							
White	6,965	3,482	2,082	607	741	1,747	476
Black or African American	2,929	935	1,269	295	215	728	96
Other	472	264	137	37	37	145	56
Ethnicity[2]							
Hispanic or Latino	2,041	796	586	148	98	813	114
Not Hispanic or Latino	7,749	3,670	2,547	695	790	1,797	514

See footnotes at end of table.

Table 8. Number and percent distribution of outpatient department visits with corrresponding standard errors, by major reason for visit, according to selected patient and visit characteristics: United States, 2005—Con.

Patient and visit characteristics	Total	New problem	Chronic problem, routine	Chronic problem, flare-up	Pre- or post-surgery	Preventive care[1]	Unknown or blank
Expected source(s) of payment			Standard error in thousands				
Private insurance	4,570	2,393	1,270	370	454	1,264	110
Medicaid or SCHIP[4]	3,808	1,367	1,389	324	320	1,156	109
Medicare	1,757	513	876	189	298	266	48
Self-pay, no charge, or charity	857	390	268	93	86	242	29
Other[5]	1,028	528	266	73	65	166	565
			Percent distribution				
All visits	100.0	37.9	28.8	7.3	4.3	19.8	*1.8
Age							
Under 15 years	100.0	50.3	17.9	4.0	2.1	24.5	*1.2
Under 1 year	100.0	40.9	8.7	*	*	45.3	*
1–4 years	100.0	50.4	14.5	4.7	1.7	27.8	*
5–14 years	100.0	53.6	23.3	4.2	2.4	14.9	*1.5
15–24 years	100.0	39.1	15.2	6.3	3.4	34.7	*1.2
25–44 years	100.0	39.3	24.3	8.2	4.4	21.5	*2.2
45–64 years	100.0	31.5	39.5	8.8	5.8	12.0	*2.5
65 years and over	100.0	26.8	44.6	8.9	5.8	12.1	*1.7
65–74 years	100.0	26.2	44.3	8.3	6.6	12.7	*1.8
75 years and over	100.0	27.6	44.9	9.6	4.9	11.5	*1.6
Sex							
Female	100.0	36.6	26.6	7.1	4.5	23.4	*1.8
Male	100.0	40.0	32.1	7.6	4.1	14.3	*1.9
Race[2]							
White	100.0	39.4	28.2	7.4	4.3	18.8	*1.9
Black or African American	100.0	32.2	31.8	7.2	4.7	22.6	*1.5
Other	100.0	45.1	21.3	4.4	3.8	23.3	*2.1
Ethnicity[2]							
Hispanic or Latino	100.0	35.9	24.4	4.7	3.8	29.3	*1.9
Not Hispanic or Latino	100.0	38.3	29.6	7.7	4.5	18.1	*1.8
Expected source(s) of payment[3]							
Private insurance	100.0	43.8	25.4	7.6	4.3	18.0	*0.9
Medicaid or SCHIP[4]	100.0	33.0	29.6	6.3	4.4	25.7	*1.0
Medicare	100.0	26.0	46.7	9.5	6.2	10.6	*0.9
Self-pay, no charge, or charity	100.0	42.3	22.1	8.0	5.0	21.6	*0.9
Other[5]	100.0	37.3	25.4	5.6	3.5	16.1	*12.1
			Standard error of percent				
All visits	...	2.5	1.9	0.6	0.7	1.3	0.7
Age							
Under 15 years	...	3.5	2.9	0.6	0.4	2.3	0.4
Under 1 year	...	2.9	2.4	...	...	3.8	...
1–4 years	...	4.0	2.6	0.8	0.4	3.0	...
5–14 years	...	3.9	3.4	0.7	0.6	1.9	0.6
15–24 years	...	3.1	1.9	0.9	0.7	2.9	0.4
25–44 years	...	3.1	2.1	1.1	0.6	1.9	1.0
45–64 years	...	2.4	2.4	0.6	1.2	1.6	1.0
65 years and over	...	1.8	2.1	0.7	1.4	1.5	0.7
65–74 years	...	2.2	2.2	0.9	1.8	1.7	0.8
75 years and over	...	2.1	2.6	1.2	1.1	1.8	0.7
Sex							
Female	...	2.4	1.7	0.6	0.8	1.6	0.7
Male	...	2.8	2.3	0.7	0.6	1.3	0.7
Race[2]							
White	...	2.8	2.0	0.7	0.9	1.5	0.7
Black or African American	...	2.9	2.8	0.8	0.7	1.9	0.5
Other	...	4.2	2.7	1.0	0.9	2.8	1.6

See footnotes at end of table.

Table 8. Number and percent distribution of outpatient department visits with corrresponding standard errors, by major reason for visit, according to selected patient and visit characteristics: United States, 2005—Con.

Patient and visit characteristics	Total	New problem	Chronic problem, routine	Chronic problem, flare-up	Pre- or post-surgery	Preventive care[1]	Unknown or blank
Ethnicity[2]				Standard error of percent			
Hispanic or Latino	. . .	2.7	2.7	0.9	0.5	2.8	0.8
Not Hispanic or Latino	. . .	2.7	2.0	0.6	0.8	1.3	0.7
Expected source(s) of payment							
Private insurance	. . .	3.2	2.3	0.7	1.0	2.0	0.3
Medicaid or SCHIP[4]	. . .	2.4	2.5	0.8	0.7	2.0	0.4
Medicare	. . .	1.8	2.2	0.9	1.6	1.4	0.3
Self-pay, no charge,or charity	. . .	2.9	2.7	1.1	1.0	2.2	0.4
Other[5]	. . .	5.3	3.3	0.9	0.8	1.9	7.0

* Figure does not meet standards of reliability or precision.

. . . Category not applicable.

[1]Preventive care includes routine prenatal, general medical, well-baby, screening, and insurance examinations (see Question 4c in "Technical Notes").

[2]Other race includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. All race categories include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race.

[3]Total exceeds "all visits" because more than one source of payment may be reported per visit.

[4]SCHIP is State Children's Health Insurance Program.

[5]Other includes worker's compensation, unknown or blank, and sources not classified elsewhere.

NOTE: Numbers may not add to totals because of rounding.

Table 9. Number, percent distribution, and annual rate of preventive care outpatient department visits with corrresponding standard errors, by selected patient and visit characteristics: United States, 2005

Patient and visit characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[1]	Standard error of rate
All preventive care visits[2]	17,943	2,145	100.0	. . .	6.2	0.7
Age						
Under 15 years	5,174	839	28.8	2.8	8.5	1.4
Under 1 year	1,768	327	9.9	1.4	43.1	8.0
1–4 years	1,812	327	10.1	1.2	11.2	2.0
5–14 years	1,594	277	8.9	1.0	3.9	0.7
15–24 years	3,615	476	20.1	1.5	8.8	1.2
25–44 years	4,693	662	26.2	1.7	5.7	0.8
45–64 years	2,778	472	15.5	1.9	3.8	0.7
65 years and over	1,683	285	9.4	1.2	4.8	0.8
Sex and age						
Female	12,911	1,578	72.0	2.2	8.7	1.1
Under 15 years	2,428	404	13.5	1.4	8.2	1.4
15–24 years	3,234	453	18.0	1.6	15.9	2.2
25–44 years	4,186	623	23.3	1.8	10.1	1.5
45–64 years	1,894	388	10.6	1.8	5.1	1.0
65 years and over	1,170	212	6.5	1.0	5.8	2.1
Male	5,032	729	28.0	2.2	3.5	0.5
Under 15 years	2,746	461	15.3	1.6	8.9	1.5
15–24 years	380	77	2.1	0.4	1.8	0.4
25–44 years	507	86	2.8	0.4	1.2	0.2
45–64 years	884	170	4.9	0.8	2.5	0.5
65 years and over	513	119	2.9	0.5	3.4	1.4
Race[3]						
White	12,451	1,747	69.4	3.5	5.3	0.7
Black or African American	4,702	728	26.2	3.3	12.9	2.0
Other	790	145	4.4	0.7	3.9	0.7
Ethnicity[3]						
Hispanic or Latino	4,191	813	23.4	3.7	9.9	1.9
Not Hispanic or Latino	13,752	1,797	76.6	3.7	5.5	0.7
Expected source(s) of payment[4]						
Medicaid or SCHIP[5]	7,748	1,156	43.2	4.1	24.2	3.6
Private insurance	6,916	1,264	38.5	4.4	3.6	0.7
Medicare	1,620	266	9.0	1.2	4.3	0.7
Self-pay, no charge, or charity[6]	1,422	242	7.9	1.3	3.4	0.6
Other[7]	1,151	166	6.4	0.9	. . .	. . .

. . . Category not applicable.

[1]Visit rates for age, sex, race, and ethnicity are based on the July 1, 2005, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. Visit rates for expected source(s) of payment are based on the 2005 National Health Interview Survey estimates of health insurance.

[2]Preventive care includes routine prenatal, general medical, well-baby, screening, and insurance examinations (see Question 4c in "Technical Notes").

[3]Other race includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. All race categories include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

[4]Total exceeds "all visits" because more than one source of payment may be reported per visit.

[5]SCHIP is State Children's Health Insurance Program.

[6]The visit rate was calculated using "uninsured" as the denominator from the 2005 estimates of health insurance coverage from the National Health Interview Survey.

[7]Other includes worker's compensation, unknown or blank, and sources not classified elsewhere.

NOTE: Numbers may not add to totals because of rounding.

Table 10. Number and percent distribution of outpatient department visits with corresponding standard errors, by primary diagnosis: United States, 2005

Major disease category and ICD–9–CM code range[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	90,393	8,609	100.0	. . .
Infectious and parasitic diseases 001–139	3,501	624	3.9	0.5
Neoplasms 140–239	1,900	385	2.1	0.4
Endocrine, nutritional and metabolic diseases, and immunity disorders 240–279	5,180	662	5.7	0.5
Mental disorders 290–319	7,095	1,273	7.8	1.3
Diseases of the nervous system and sense organs 320–389	6,233	827	6.9	0.6
Diseases of the circulatory system 390–459	6,734	1,122	7.4	1.0
Diseases of the respiratory system 460–519	10,421	1,458	11.5	1.0
Diseases of the digestive system 520–579	2,590	308	2.9	0.2
Diseases of the genitourinary system 580–629	4,100	478	4.5	0.4
Diseases of the skin and subcutaneous tissue 680–709	2,742	319	3.0	0.3
Diseases of the musculoskeletal system and connective tissue 710–739	5,866	671	6.5	0.5
Symptoms, signs, and ill-defined conditions 780–799	5,948	625	6.6	0.4
Injury and poisoning 800–999	5,676	917	6.3	0.7
Supplementary classification V01–V82	18,659	2,213	20.6	1.4
All other diagnoses[2]	3,024	472	3.3	0.4
Unknown[3]	724	193	0.8	0.2

. . . Category not applicable.

[1]Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM) (33).

[2]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); certain conditions originating in perinatal period (760–779); and entries not codable to the ICD–9–CM (e.g., illegible entries, left against medical advice, transferred, entries of "none" or "no diagnoses").

[3]Includes blank diagnoses.

NOTE: Numbers may not add to totals because of rounding.

Table 11. Number and percent distribution of outpatient department visits with corresponding standard errors, by primary diagnosis group: United States, 2005

Primary diagnosis group and ICD–9–CM code(s)[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	90,393	8,609	100.0	. . .
Essential hypertension 401	3,891	559	4.3	0.5
Routine infant or child health check V20.2	3,609	661	4.0	0.6
Acute upper respiratory infections, excluding pharyngitis 460–461,463–466	3,519	597	3.9	0.5
Diabetes mellitus 250	2,747	391	3.0	0.4
Normal pregnancy[2] V22	2,695	442	3.0	0.4
Spinal disorders 720–724	2,118	261	2.3	0.3
Specific procedures and aftercare V50–V59.9	1,961	432	2.2	0.4
Potential health hazards related to communicable diseases V01–V09	1,771	515	2.0	0.5
Arthropathies and related disorders 710–719	1,747	241	1.9	0.2
Psychoses, excluding major depressive disorder 290–295,296.0–296.1,296.4–299	1,673	364	1.9	0.4
Otitis media and eustachian tube disorders 381–382	1,670	289	1.8	0.2
Rheumatism, excluding back 725–729	1,487	260	1.6	0.2
Heart disease, excluding ischemic 391–392.0,393–398,402,404,415–416,420–429	*1,445	523	*1.6	0.5
Malignant neoplasms 140–208,230–234	1,350	336	1.5	0.4
Asthma 493	1,304	190	1.4	0.1
Complications of pregnancy, childbirth, and the puerperium[3] 630–677	1,301	337	1.4	0.3
Acute pharyngitis 462	1,263	279	1.4	0.3
Potential health hazards related to personal and family history V10–V19	1,246	265	1.4	0.3
Gynecological examination[4] V72.3	1,234	199	1.4	0.2
Chronic sinusitis 473	1,207	247	1.3	0.2
All other diagnoses	51,154	4,856	56.6	1.1

. . . Category not applicable.

* Figure does not meet standards of reliablity or precision.

[1]Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM) (33). However, certain codes have been combined in this table to better describe the utilization of ambulatory care services.

[2]Among visits by female patients, 4.9% (S.E. 0.6) were for normal pregnancy.

[3]Among visits by female patients, 2.4% (S.E. 0.5) were for complications of pregnancy, childbirth, and the puerperium.

[4]Among visits by female patients, 2.2% (S.E. 0.3) were for gynecological examination.

NOTE: Numbers may not add to totals because of rounding.

Table 12. Number, percent distribution, and annual rate of outpatient department visits with corresponding standard errors by patient's age, according to the five leading primary diagnosis groups: United States, 2005

Primary diagnosis group and ICD–9–CM code(s)[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[2]	Standard error of rate
All visits	90,393	8,609	100.0	. . .	31.0	3.0
Under 1 year						
All visits	3,902	651	100.0	. . .	95.1	15.9
Routine infant or child health check V20.2	1,387	283	35.5	3.2	33.8	6.9
Acute upper respiratory infections, excluding pharyngitis 460–461,463–466	429	86	11.0	1.7	10.4	2.1
Otitis media and eustachian tube disorders 381–382	267	75	6.8	1.6	6.5	1.8
Congenital anomalies 740–759	*200	78	5.1	1.6	4.9	1.9
Certain conditions originating in the perinatal period 760–779	*101	31	2.6	0.7	2.5	0.8
All other diagnoses	1,519	266	38.9	3.2	37.0	6.5
1–12 years						
All visits	14,901	2,164	100.0	. . .	31.0	4.5
Routine infant or child health check V20.2	1,870	365	12.5	1.6	3.9	0.8
Acute upper respiratory infections, excluding pharyngitis 460–461,463–466	1,347	274	9.0	1.3	2.8	0.6
Otitis media and eustachian tube disorders 381–382	1,042	194	7.0	0.8	2.2	0.4
Attention deficit disorder 314.0	524	132	3.5	0.7	1.1	0.3
Asthma 493	461	90	3.1	0.4	1.0	0.2
All other diagnoses	9,656	1,441	64.8	2.2	20.1	3.0
13–21 years						
All visits	9,556	972	100.0	. . .	25.6	2.6
Normal pregnancy[3] V22	843	138	8.8	1.2	4.6	0.8
Acute upper respiratory infections, excluding pharyngitis 460–461,463–466	357	76	3.7	0.7	1.0	0.2
Routine infant or child health check V20.2	352	67	3.7	0.6	0.9	0.2
Acute pharyngitis 462	319	80	3.3	0.7	0.9	0.2
Complications of pregnancy, childbirth, and the puerperium[3] 630–677	222	54	2.3	0.5	1.2	0.3
All other diagnoses	7,463	770	78.1	1.5	20.0	2.1
22–49 years						
All visits	31,235	3,096	100.0	. . .	26.8	2.7
Normal pregnancy[4] V22	1,848	328	5.9	0.8	3.1	0.6
Spinal disorders 720–724	1,081	149	3.5	0.4	0.9	0.1
Complications of pregnancy, childbirth, and the puerperium[4] 630–677	1,079	301	3.5	0.8	1.8	0.5
Acute upper respiratory infections, excluding pharyngitis 460–461,463–466	918	178	2.9	0.5	0.8	0.2
Essential hypertension 401	917	145	2.9	0.4	0.8	0.1
All other diagnoses	25,392	2,481	81.3	1.2	21.8	2.1
50–64 years						
All visits	16,937	1,733	100.0	. . .	33.8	3.5
Essential hypertension 401	1,408	224	8.3	1.1	2.8	0.4
Diabetes mellitus 250	918	138	5.4	0.8	1.8	0.3
Heart disease, excluding ischemic 391–392.0,393–398,402,404,415–416,420–429	*653	316	3.9	1.7	1.3	0.6
Spinal disorders 720–724	578	94	3.4	0.5	1.2	0.2
Arthropathies and related disorders 710–719	539	92	3.2	0.5	1.1	0.2
All other diagnoses	12,841	1,353	75.8	2.2	25.6	2.7
65 years and over						
All visits	13,862	1,651	100.0	. . .	39.4	4.7
Essential hypertension 401	1,543	279	11.1	1.4	4.4	0.8
Diabetes mellitus 250	1,050	203	7.6	1.2	3.0	0.6
Heart disease, excluding ischemic 391–392.0,393–398,402,404,415–416,420–429	*604	191	4.4	1.2	1.7	0.5
Arthropathies and related disorders 710–719	574	114	4.1	0.6	1.6	0.3
Malignant neoplasms 140–208,230–234	407	84	2.9	0.6	1.2	0.2
All other diagnoses	9,684	1,160	69.9	1.9	27.5	3.3

. . . Category not applicable.

* Figure does not meet standards of reliablity or precision.

[1]Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM) (33). However, certain codes have been combined in this table to better describe the use of ambulatory care services.

[2]Visit rates by age are based on the July 1, 2005, set of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

[3]The population used for the rate is based on visits by females 13–21 years of age. For males in this age group, the leading diagnosis was acute upper respiratory infections (0.9 visits per 100 males 13–21 years, SE=0.2).

[4]The population used for the rate is based on visits by females 22–49 years of age. For males in this age group, the leading diagnosis was spinal disorders (0.8 visits per 100 males 22–49 years, SE=0.2).

NOTE: Numbers may not add to totals because of rounding.

Table 13. Number, percent distribution, and annual rate of injury-related outpatient department visits with corresponding standard errors, by selected patient characteristics: United States, 2005

Patient characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[1]	Standard error of rate
All injury-related visits[2]	9,828	1,352	100.0	. . .	3.4	0.5
Age						
Under 15 years	2,090	435	21.3	2.9	3.4	0.7
Under 1 year	*144	45	1.5	0.4	*3.5	1.1
1–4 years	587	138	6.0	1.0	3.6	0.9
5–14 years	1,359	288	13.8	2.1	3.4	0.7
15–24 years	1,358	214	13.8	0.9	3.3	0.5
25–44 years	2,733	379	27.8	1.4	3.3	0.5
45–64 years	2,505	350	25.5	1.8	3.5	0.5
65 years and over	1,142	214	11.6	1.4	3.2	0.6
65–74 years	631	126	6.4	0.9	3.4	0.7
75 years and over	511	104	5.2	0.8	3.0	0.6
Sex and age						
Female	4,882	667	49.7	1.4	3.3	0.4
Under 15 years	908	214	18.6	3.0	3.1	0.7
15–24 years	632	117	12.9	1.4	3.1	0.6
25–44 years	1,359	193	27.8	2.0	3.3	0.5
45–64 years	1,217	176	24.9	2.3	3.3	0.5
65–74 years	409	93	8.4	1.4	4.1	0.9
75 years and over	356	79	7.3	1.4	3.5	0.8
Male	4,947	714	50.3	1.4	3.5	0.5
Under 15 years	1,182	230	23.9	3.0	3.8	0.7
15–24 years	726	121	14.7	1.0	3.5	0.6
25–44 years	1,374	214	27.8	1.5	3.4	0.5
45–64 years	1,288	202	26.0	1.9	3.7	0.6
65–74 years	222	52	4.5	0.8	2.6	0.6
75 years and over	154	39	3.1	0.7	2.4	0.6
Race[3]						
White	7,694	1,178	78.3	2.8	3.3	0.5
Black or African American	1,803	311	18.3	2.7	4.9	0.9
Other	331	87	3.4	0.8	1.6	0.4
Ethnicity[3]						
Hispanic or Latino	1,239	191	12.6	1.6	2.9	0.5
Not Hispanic or Latino	8,589	1,241	87.4	1.6	3.4	0.5

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

[1]Visit rates for age, sex, race, and ethnicity are based on the July 1, 2005, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

[2]Injury visits represent 10.9 percent (SE= 1.0) of all outpatient department visits.

[3]Other race includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races, All race categories include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

NOTE: Numbers may not add to totals because of rounding.

Table 14. Number and percent distribution of injury-related outpatient department visits with corresponding standard errors, by intent: United States, 2005

Intent	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All injury-related visits	9,828	1,352	100.0	. . .
Unintentional injuries	5,412	909	55.1	3.2
Adverse effect of medical or surgical care or adverse effect of medicinal drug	793	135	8.1	1.2
Intentional injuries	240	53	2.4	0.6
Injuries of undetermined intent	2,867	401	29.2	2.4
Unknown or blank	517	139	5.3	1.2

. . . Category not applicable.

NOTE: Numbers may not add to totals because of rounding.

Table 15. Number and percent distribution of outpatient department visits with corresponding standard errors by selected chronic conditions, according to patient age and sex: United States, 2005

Chronic conditions[1]	Total	Patient age				Patient sex	
		Under 45 years	45–64 years	65–74 years	75 years and over	Female	Male
	Number of visits in thousands						
All visits	90,393	53,332	23,199	7,520	6,341	55,280	35,113
One or more chronic conditions	41,641	14,726	15,574	6,083	5,259	26,166	15,475
None	46,471	37,346	6,936	1,249	939	27,661	18,811
Unknown	2,280	1,260	*688	189	*143	1,453	827
Hypertension	17,817	2,647	8,095	3,617	3,458	11,142	6,675
Depression	9,275	4,558	3,398	678	641	6,442	2,833
Diabetes	9,002	1,806	4,018	1,874	1,304	5,607	3,395
Hyperlipidemia	7,828	1,442	3,006	1,702	1,678	5,367	2,460
Arthritis	8,700	999	4,034	2,075	1,592	5,059	3,640
Asthma	6,504	4,017	1,716	421	350	4,444	2,059
Obesity	5,908	2,708	2,290	595	316	4,187	1,721
Cancer	3,028	*576	1,049	743	659	1,816	1,211
COPD[2]	3,467	952	1,283	737	496	2,042	1,425
Ischemic heart disease	2,208	*205	901	537	565	1,081	1,127
CHF[3]	1,532	102	516	401	512	852	680
Osteoporosis	1,625	*	510	401	624	1,470	*155
Cerebrovascular disease	859	119	321	175	245	435	424
Chronic renal failure	762	99	310	151	202	411	351
	Standard error in thousands						
All visits	8,609	5,600	2,301	910	788	5,322	3,443
One or more chronic conditions	4,288	1,525	1,683	788	691	2,737	1,625
None	4,951	4,278	753	159	176	2,941	2,137
Unknown	522	285	214	53	44	341	206
Hypertension	2,136	323	978	501	497	1,349	819
Depression	1,233	658	438	128	155	823	470
Diabetes	1,039	265	467	262	205	679	411
Hyperlipidemia	1,112	186	438	313	289	785	360
Arthritis	1,331	140	679	340	308	755	615
Asthma	709	471	230	80	67	503	246
Obesity	752	356	317	109	75	544	242
Cancer	515	216	186	148	127	345	195
COPD[2]	450	181	185	143	84	278	206
Ischemic heart disease	467	121	229	112	115	231	269
CHF[3]	287	27	125	91	107	160	141
Osteoporosis	296	. . .	94	96	130	263	52
Cerebrovascular disease	137	34	57	39	65	74	86
Chronic renal failure	126	25	69	39	54	73	66
	Percent distribution						
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0
One or more chronic conditions	46.1	27.6	67.1	80.9	82.9	47.3	44.1
None	51.4	70.0	29.9	16.6	14.8	50.0	53.6
Unknown	2.5	2.4	*3.0	2.5	2.3	2.6	2.4
Hypertension	19.7	5.0	34.9	48.1	54.5	20.2	19.0
Depression	10.3	8.5	14.6	9.0	10.1	11.7	8.1
Diabetes	10.0	3.4	17.3	24.9	20.6	10.1	9.7
Hyperlipidemia	8.7	2.7	13.0	22.6	26.5	9.7	7.0
Arthritis	9.6	1.9	17.4	27.6	25.1	9.2	10.4
Asthma	7.2	7.5	7.4	5.6	5.5	8.0	5.9
Obesity	6.5	5.1	9.9	7.9	5.0	7.6	4.9
Cancer	3.3	*1.1	4.5	9.9	10.4	3.3	3.4
COPD[2]	3.8	1.8	5.5	9.8	7.8	3.7	4.1
Ischemic heart disease	2.4	*0.4	3.9	7.1	8.9	2.0	3.2
CHF[3]	1.7	0.2	2.2	5.3	8.1	1.5	1.9
Osteoporosis	1.8	*	2.2	5.3	9.8	2.7	*0.4
Cerebrovascular disease	1.0	0.2	1.4	2.3	3.9	0.8	1.2
Chronic renal failure	0.8	0.2	1.3	2.0	3.2	0.7	1.0

See footnotes at end of table.

Table 15. Number and percent distribution of outpatient department visits with corresponding standard errors by selected chronic conditions, according to patient age and sex: United States, 2005—Con.

Chronic conditions[1]	Total	Patient age				Patient sex	
		Under 45 years	45–64 years	65–74 years	75 years and over	Female	Male
	Standard error of percent						
All visits	. . .	. . .	. . .	. . .	. . .	. . .	. . .
One or more chronic conditions	2.0	1.4	2.0	1.7	2.4	1.9	2.3
None	2.0	1.5	1.7	1.5	2.3	2.0	2.3
Unknown	0.6	0.5	0.9	0.7	0.7	0.6	0.6
Hypertension	1.4	0.5	1.9	2.4	3.0	1.4	1.6
Depression	1.1	1.1	1.3	1.3	2.0	1.1	1.2
Diabetes	0.7	0.4	1.2	1.7	1.7	0.8	0.8
Hyperlipidemia	0.8	0.2	1.2	2.4	2.7	0.9	0.7
Arthritis	1.0	0.2	1.9	2.3	2.6	0.9	1.3
Asthma	0.3	0.4	0.5	0.8	0.9	0.4	0.4
Obesity	0.5	0.5	0.9	1.0	1.0	0.6	0.5
Cancer	0.5	0.4	0.6	1.2	1.3	0.5	0.5
COPD[2]	0.3	0.3	0.6	1.3	1.0	0.3	0.4
Ischemic heart disease	0.4	0.2	0.8	1.0	1.4	0.4	0.7
CHF[3]	0.2	0.0	0.4	0.9	1.0	0.2	0.3
Osteoporosis	0.2	. . .	0.3	1.0	1.6	0.4	0.1
Cerebrovascular disease	0.1	0.1	0.2	0.5	0.8	0.1	0.2
Chronic renal failure	0.1	0.0	0.3	0.5	0.7	0.1	0.2

* Figure does not meet standards of reliability or precision.
. . . Category not applicable.
0.0 Quantity more than zero but less than 0.05.
[1]Presence of chronic conditions, regardless of visit diagnosis, were based on checkbox responses.
[2]COPD is chronic obstructive pulmonary disease.
[3]CHF is congestive heart failure.

NOTE: Numbers may not add to totals because more than chronic condition may be reported per visit.

Table 16. Number and percentage of outpatient department visits with corresponding standard errors, by diagnostic and screening services ordered or provided: United States, 2005

Diagnostic and screening services ordered or provided	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	90,393	8,609	. . .	. . .
One or more diagnostic or screening services ordered or provided[2]	80,606	7,904	89.2	1.3
None	9,036	1,350	10.0	1.3
Blank	*751	272	*0.8	0.3
Examinations				
Skin	10,787	1,949	11.9	1.7
Pelvic	5,373	744	5.9	0.6
Breast	4,867	777	5.4	0.7
Rectal	1,888	340	2.1	0.3
Depression screening	1,222	349	1.4	0.4
Vital signs				
Weight	57,720	5,899	63.9	1.9
Blood pressure	57,575	5,625	63.7	2.2
Temperature	49,278	5,328	54.5	3.1
Height	31,982	3,577	35.4	2.2
Blood tests				
CBC[3]	13,268	1,971	14.7	1.7
Glucose	7,378	1,379	8.2	1.4
Lipids/Cholesterol	6,946	1,211	7.7	1.1
Electrolytes	6,142	1,365	6.8	1.4
HgbA1C[4]	5,275	1,127	5.8	1.1
PSA[5]	753	137	0.8	0.1
Other blood test	13,147	1,869	14.5	1.6
Other tests				
Urinalysis	9,729	1,651	10.8	1.4
EKG/ECG[6]	4,124	895	4.6	0.9
Pap test/Cervical cytology	3,143	504	3.5	0.4
Any scope procedure	2,081	480	2.3	0.5
Sigmoidoscopy or colonoscopy	*1,006	380	*1.1	0.4
Cystoscopy	*123	59	*0.1	0.1
Other scope	1,067	267	1.2	0.2
Chlamydia test	1,383	265	1.5	0.2
Spirometry/Pulmonary function test	*1,188	413	*1.3	0.4
Biopsy	866	150	1.0	0.1
Other test or service	14,459	1,954	16.0	1.6
Imaging				
Any imaging	16,810	2,141	18.6	1.3
X ray	8,282	1,228	9.2	0.9
Ultrasound	3,255	559	3.6	0.5
MRI/CT/PET[7]	2,952	478	3.3	0.4
Mammography	2,597	631	2.9	0.6
Bone mineral density	508	103	0.6	0.1
Other imaging	1,975	442	2.2	0.4

. . . Category not applicable.
* Figure does not meet standards of reliability or precision.
[1]Total exceeds "all visits" because more than one service may be reported per visit.
[2]Includes measurement of height, weight, temperature, and blood pressure.
[3]CBC is complete blood count.
[4]HgbA1C is glycohemoglobin.
[5]PSA is prostate specific antigen.
[6]EKG/ECG is electrocardiogram.
[7]MRI is magnetic resonance imaging. CT is computed tomography. PET is positron emission tomography.

Table 17. Number and percent distribution of initial blood pressure measurements for adults 18 years and over at outpatient department visits where blood pressure was taken with corresponding standard errors, by selected patient characteristics: United States, 2005

Patient characteristic	Number of visits in thousands	Initial blood pressure[1]										
		Percent distribution						Standard error of percent				
		Total	Low	Normal	Mildly high	Moderately high	Severely high	Low	Normal	Mildly high	Moderately high	Severely high
All visits[2]	48,929	100.0	7.7	23.4	40.3	20.6	7.9	0.7	1.0	0.8	0.8	0.6
Age												
18–24 years	5,718	100.0	14.9	40.1	37.0	6.5	1.5	1.6	2.0	2.1	1.0	0.4
25–44 years	16,226	100.0	10.2	30.7	40.8	14.0	4.2	1.1	1.3	1.6	0.8	0.5
45–64 years	16,795	100.0	4.2	18.0	42.3	25.4	10.1	0.6	1.1	1.3	1.1	0.9
65–74 years	5,562	100.0	4.1	11.2	40.9	31.3	12.6	0.9	1.2	2.2	1.7	1.8
75 years and over	4,628	100.0	7.6	11.6	34.6	30.6	15.6	1.7	1.3	2.1	2.3	1.8
Sex												
Female	32,528	100.0	8.9	26.3	38.5	18.8	7.6	0.8	1.2	1.0	1.0	0.7
Male	16,401	100.0	5.4	17.8	43.9	24.2	8.7	1.0	1.3	1.3	1.3	0.8
Race[3]												
White	35,158	100.0	7.9	24.2	41.1	19.8	7.2	0.8	1.0	1.1	0.9	0.6
Black or African American	11,803	100.0	6.7	20.0	38.2	24.2	10.9	0.8	1.7	1.5	1.4	1.3
Asian	1,452	100.0	11.6	33.4	36.9	14.5	*3.7	2.4	3.4	3.0	2.3	1.4
Other	516	100.0	11.9	23.7	46.0	11.8	*6.6	3.2	2.5	4.1	3.1	2.4
Ethnicity[3]												
Hispanic or Latino	7,636	100.0	13.6	30.9	36.9	13.8	4.7	1.8	2.3	2.1	1.6	0.8
Not Hispanic or Latino	41,292	100.0	6.7	22.0	40.9	21.8	8.5	0.6	1.0	0.8	0.8	0.7

* Figure does not meet standards of reliability or precision.

[1]Blood pressure levels were categorized using the following hierarchical definitions: Severely high blood pressure is defined as 160 mm Hg systolic or above, or 100 mm Hg diastolic or above. Moderately high blood pressure is defined as 140–159 mm Hg systolic or 90–99 mm Hg diastolic. Mildly high blood pressure is defined as 120–139 mm Hg systolic or 80–89 mm Hg diastolic. Low blood pressure is defined as less than 100 mm Hg systolic or less than 60 mm Hg diastolic. Normal blood pressure is defined as 100–119 mm Hg systolic and 60–79 mm Hg diastolic. Blood pressure classification was based on the "Seventh report of the Joint National Committee on prevention, detection, evaluation, and treatrment of high blood pressure" (30).

[2]Visits where blood pressure was taken represent 74.0 percent (SE=2.5) of all outpatient department visits made by adults (18+ years of age). In 35.5 percent (SE=2.1) of visits by children (0–17 years of age) a blood pressure was recorded.

[3]Other race includes Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons of multiple races. All race categories may include visits by persons of Hispanic or not Hispanic origin. Starting with data year 1999, race- and ethnicity-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

NOTE: Numbers may not add to totals because of rounding.

Table 18. Number and percentage of outpatient department visits with corresponding standard errors, by health educaton services ordered or provided: United States, 2005

Health education services ordered or provided	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	90,393	8,609	. . .	. . .
One or more health education services ordered or provided	41,748	5,362	46.2	3.1
None	46,382	4,733	51.3	3.1
Blank	*2,263	777	*2.5	0.9
Diet or nutrition	14,195	2,321	15.7	1.9
Exercise	7,499	1,777	8.3	1.6
Growth or development	4,276	755	4.7	0.6
Stress management	3,896	818	4.3	0.8
Tobacco use or exposure	3,430	528	3.8	0.4
Weight reduction	2,802	459	3.1	0.4
Injury prevention	2,686	492	3.0	0.4
Asthma education	1,686	278	1.9	0.2
Other health education	27,516	4,313	30.4	3.3

. . . Category not applicable.
* Figure does not meet standards of reliability or precision.
[1]Total exceeds "All visits" because more than one service may be reported per visit.

Table 19. Number and percentage of outpatient department visits with corresponding standard errors, by nonmedication treatment ordered or provided: United States, 2005

Nonmedication treatment ordered or provided	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	90,393	8,609	. . .	. . .
One or more nonmedication treatments ordered or provided	18,871	2,279	20.9	1.4
None	71,522	6,849	79.1	1.4
Psychotherapy	3,541	736	3.9	0.8
Other mental health counseling	3,527	705	3.9	0.7
Wound care	2,933	452	3.2	0.4
Orthopedic care	2,750	524	3.0	0.5
Other surgical procedures	2,345	402	2.6	0.3
Physical therapy	2,049	421	2.3	0.4
Excision of tissue	*710	261	*0.8	0.3
Durable medical equipment	595	122	0.7	0.1
Home health care	*332	122	*0.4	0.1
Speech or occupational therapy	296	83	0.3	0.1
Complementary and alternative medicine (CAM)	*135	44	*0.1	0.0
Hospice care	*	. . .	*	. . .
Other nonsurgical procedures	4,915	814	5.4	0.7

. . . Category not applicable.
* Figure does not meet standards of reliability or precision.
0.0 Quantity more than zero but less than 0.05.
[1]Total exceeds "All visits" because more than one treatment may be reported per visit.

Table 20. Number and percent distribution of outpatient department visits with corresponding standard errors, by medication therapy and number of medications provided or prescribed: United States, 2005

Medication therapy[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	90,393	8,609	100.0	. . .
Visits with mention of medication[2]	65,586	6,752	72.6	1.6
Visits without mention of medication	24,807	2,451	27.4	1.6
Number of medications provided or prescribed				
All visits	90,393	8,609	100.0	0.0
0	24,807	2,451	27.4	1.6
1	21,718	2,252	24.0	1.0
2	15,192	1,644	16.8	0.8
3	9,500	999	10.5	0.5
4	5,152	595	5.7	0.3
5	3,890	555	4.3	0.4
6	2,472	392	2.7	0.3
7	2,208	365	2.4	0.3
8	5,454	1,108	6.0	1.0

. . . Category not applicable.
0.0 Quantity more than zero but less than 0.05.
[1]Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents.
[2]Also defined as drug visits.

NOTE: Numbers may not add to totals because of rounding.

Table 21. Number and percent distribution of drug visits and drug mentions, percentage of drug visits, and drug mention rates per 100 visits with corresponding standard errors, by type of clinic: United States, 2005

Clinic type	Drug visits[1]				Drug mentions[2]				Percent of drug visits[3]		Drug mention rates[4]	
	Number in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Percent	Standard error of percent	Number of drug mentions per 100 visits	Standard error of rate
All visits	65,586	6,752	100.0	. . .	194,579	23,494	100.0	. . .	72.6	1.6	215.3	12.1
General medicine[5]	40,603	4,519	61.9	3.2	133,299	16,436	68.5	2.9	80.2	1.8	263.3	17.3
Pediatrics	8,704	1,627	13.3	2.0	18,771	3,533	9.6	1.6	69.0	3.6	148.8	11.6
Obstetrics and gynecology	5,483	963	8.4	1.1	9,897	1,885	5.1	0.7	64.2	3.6	115.9	8.8
Surgery	5,424	1,130	8.3	1.3	17,242	4,697	8.9	1.7	51.0	4.9	162.2	27.2
Substance abuse and other	5,372	1,052	8.2	1.5	15,369	3,070	7.9	1.4	67.3	4.3	192.6	15.7

. . . Category not applicable.
[1]Visits at which one or more drugs were provided or prescribed by the physician.
[2]Number of drugs mentioned at visits (up to eight per visit).
[3]Percentage of visits to the clinic that included one or more drug mentions (number of drug visits divided by number of clinic visits multiplied by 100).
[4]Average number of drugs that were mentioned per 100 visits to each clinic (number of drug mentions divided by total number of visits multiplied by 100).
[5]General medicine clinics include family practice, primary care clinics, and internal medicine and its subspecialties.

NOTE: Numbers may not add to totals because of rounding.

Table 22. Number and percentage of drugs mentioned at outpatient department visits for the 20 most frequently occurring therapeutic classes with corresponding standard errors: United States, 2005

Therapeutic class[1]	Number of occurrences in thousands	Standard error in thousands	Percent of drug mentions[2]	Standard error of percent
Antidepressants	9,946	1,664	5.1	1.4
Nonnarcotic analgesics	9,037	1,249	4.6	0.9
NSAIDs[3]	8,702	1,136	4.5	0.7
Antiasthmatics or bronchodilators	8,683	1,145	4.5	0.7
Antipyretics	8,295	1,203	4.3	0.9
Hyperlipidemia	8,120	1,400	4.2	1.1
Vitamins or minerals	7,541	1,303	3.9	1.1
Blood glucose regulators	7,326	1,018	3.8	0.8
Vaccines or antisera	7,306	1,467	3.8	1.3
Acid or peptic disorders	7,267	1,062	3.7	0.8
Antihypertensive agents	6,884	1,076	3.5	0.9
Narcotic analgesics	6,283	882	3.2	0.7
Antihistamines	6,158	837	3.2	0.6
Antiarthritics	6,144	1,075	3.2	0.9
Diuretics	6,045	1,105	3.1	0.9
Beta blockers	5,850	1,077	3.0	0.9
ACE[4] inhibitors	5,592	923	2.9	0.8
Anticonvulsants	4,830	706	2.5	0.6
Penicillins	4,502	717	2.3	0.6
Calcium channel blockers	3,806	636	2.0	0.6

[1]Based on the standard four-digit drug classification used in the *National Drug Code Directory, 1995 edition* (36).
[2]Based on an estimated 194,579,000 drug mentions at outpatient department visits in 2005. Total of all therapeutic classes will exceed total drug mentions because up to three classes may be coded for each drug.
[3]NSAIDs are nonsteroidal anti-inflammatory drugs.
[4]ACE is angiotensin-converting enzyme.

Table 23. Number, percent distribution, and therapeutic classes of the 20 most frequently mentioned generic equivalents at outpatient department visits, by new or continued drug status, with corresponding standard errors: United States, 2005

Generic equivalent[1]	Number of mentions in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Percent distribution				Standard error of percent			Therapeutic class[2]
					Total	New	Continued	Unknown	New	Continued	Unknown	
All drug mentions	194,579	23,501	100.0	. . .	100.0	30.9	65.7	3.4	2.5	2.7	0.7	
Ibuprofen	4,870	726	2.5	0.3	100.0	63.0	33.4	3.6	2.9	2.9	1.0	NSAIDs[3]
Aspirin	4,740	923	2.4	0.3	100.0	5.7	92.8	1.5	1.5	1.8	0.6	Nonnarcotic analgesics; antiarthritics; antipyretics
Albuterol	4,242	578	2.2	0.1	100.0	25.8	71.0	3.2	3.9	4.0	0.8	Antiasthmatics or bronchodilators
Acetaminophen	3,778	583	1.9	0.3	100.0	60.7	35.4	3.9	4.4	4.2	0.8	Nonnarcotic analgesics; antipyretics
Atorvastatin calcium	3,421	568	1.8	0.1	100.0	6.0	93.0	1.0	1.3	1.3	0.3	Hyperlipidemia
Metoprolol	3,017	633	1.6	0.2	100.0	7.4	91.1	1.5	1.5	1.5	0.6	Beta blockers
Hydrochlorothiazide	2,951	505	1.5	0.2	100.0	10.1	89.2	0.7	1.5	1.6	0.3	Diuretics
Lisinopril	2,782	708	1.4	0.3	100.0	6.4	91.8	1.7	1.4	1.8	0.7	ACE[4] inhibitors
Amoxicillin	2,771	445	1.4	0.2	100.0	89.1	8.5	2.4	1.8	1.4	0.9	Penicillins
Levothyroxine	2,685	480	1.4	0.1	100.0	4.4	94.1	1.5	1.2	1.5	0.6	Thyroid or antithyroid
Acetaminophen with hydrocodone	2,313	403	1.2	0.2	100.0	54.7	40.8	4.4	5.9	6.0	1.4	Narcotic analgesics
Simvastatin	2,311	649	1.2	0.3	100.0	4.3	92.6	3.1	1.6	1.9	1.2	Hyperlipidemia
Metformin	2,300	347	1.2	0.1	100.0	7.9	88.5	3.6	2.1	2.4	1.3	Blood glucose regulators
Furosemide	2,260	483	1.2	0.2	100.0	7.8	90.1	2.1	2.2	2.6	1.1	Diuretics
Atenolol	2,019	414	1.0	0.1	100.0	7.3	89.7	3.0	2.2	2.3	1.1	Beta blockers
Azithromycin	1,954	393	1.0	0.2	100.0	91.4	6.7	1.9	2.6	2.1	1.0	Erythromycins or lincosamides or macrolides
Warfarin sodium	1,761	385	0.9	0.1	100.0	5.4	93.9	0.7	1.6	1.7	0.4	Anticoagulants or thrombolytics
Influenza virus vaccine	1,754	564	0.9	0.3	100.0	88.2	2.7	9.1	3.0	1.2	2.8	Vaccines or antisera
Amlodipine	1,706	256	0.9	0.1	100.0	4.8	92.8	2.4	1.4	1.7	1.2	Calcium channel blockers
Prednisone	1,648	253	0.8	0.1	100.0	52.0	46.3	1.7	5.4	5.3	1.0	Adrenal corticosteroids
All other	139,296	16,552	71.6	1.2	100.0	31.4	64.9	3.7	2.3	2.5	0.8	

. . . Category not applicable.

[1]A generic equivalent of a drug is the combination of ingredients that make up the drug. For example, Anexsia, Bancap HC, and Dolacet all have the generic equivalent "Acetaminophen with hydrocodone." Thus, the number of drug mentions for "Acetaminophen with hydrocodone" is the sum of all drug mentions that have this generic equivalent.

[2]Based on the standard drug classification used in the *National Drug Code Directory, 1995 edition* (NDC) (36). In the NDC, therapeutic classes are assigned to drugs using 21 broad categories (two-digit level), and into specific categories (four-digit level) within each broad group. In the NHAMCS, up to three therapeutic classes can be coded for each drug. Drugs are counted in each class where they may occur.

[3]NSAIDs are nonsteroidal anti-inflammatory drugs.

[4]ACE is angiotensin-converting enzme.

Table 24. Number and percentage of outpatient department visits with corresponding standard errors, by providers seen: United States, 2005

Type of provider	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	90,393	8,609	. . .	. . .
Any physician	73,914	7,116	81.8	1.9
R.N.[2] or L.P.N.[3]	45,525	5,733	50.4	3.6
Physician assistant	6,318	1,381	7.0	1.3
Nurse practitioner or midwife	5,998	882	6.6	0.7
Other provider	18,325	1,917	20.3	1.7

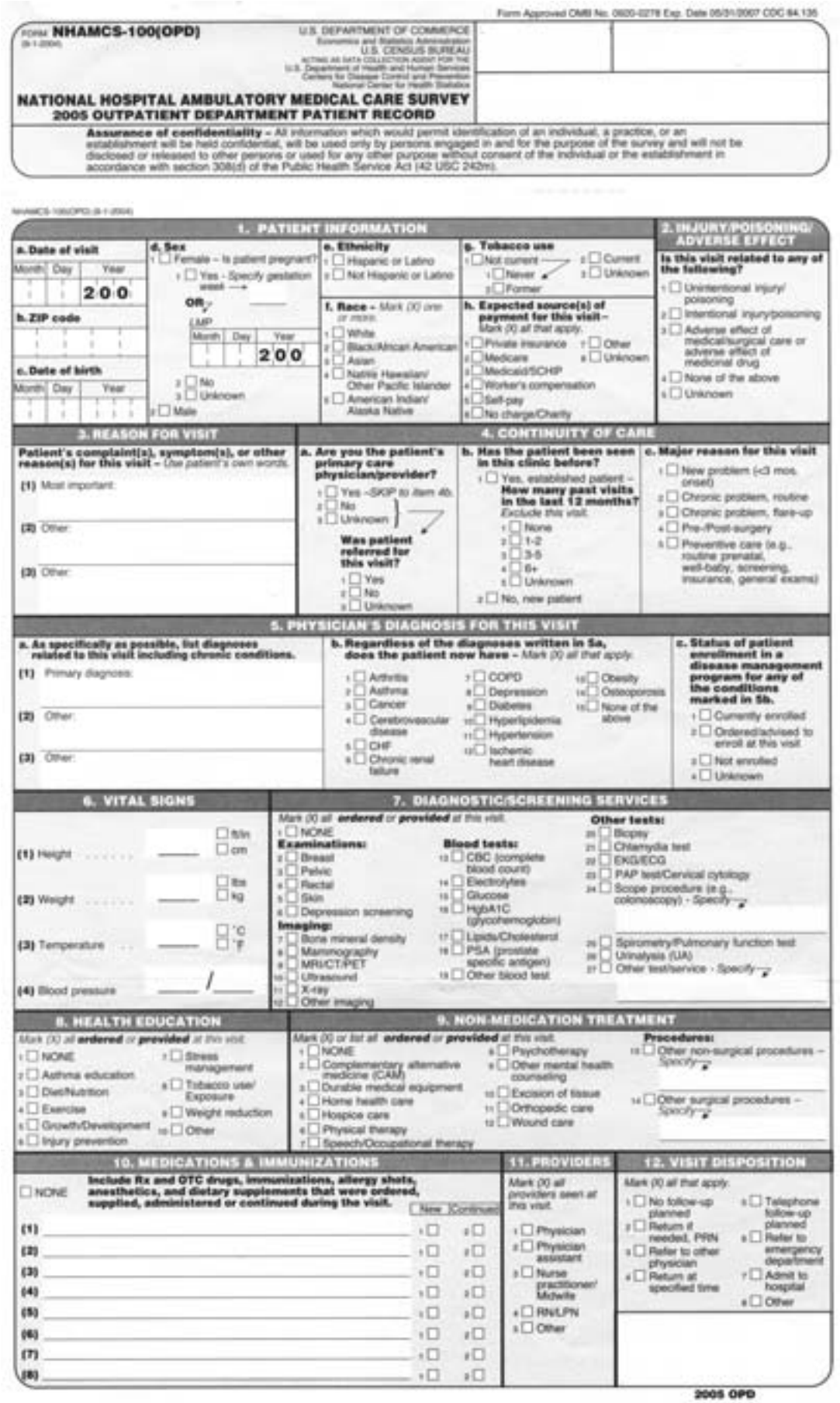
. . . Category not applicable.
[1]Total exceeds "All visits" because more than one provider may be reported per visit.
[2]R.N. is registered nurse.
[3]L.P.N. is licensed practical nurse.

Table 25. Number and percentage of outpatient department visits with with corresponding standard errors, by visit disposition: United States, 2005

Disposition	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	90,393	8,609	. . .	. . .
Return at specified time	56,573	5,840	62.6	2.9
Return if needed, P.R.N.[2]	25,530	3,323	28.2	2.1
Refer to other physician	13,088	2,253	14.5	2.0
No follow-up planned	6,529	1,471	7.2	1.4
Telephone follow-up planned	*4,052	1,720	*4.5	1.8
Refer to emergency department	496	134	0.5	0.1
Admit to hospital	477	86	0.5	0.1
Other disposition	1,324	352	1.5	0.3
Blank	*2,188	776	*2.4	0.9

. . . Category not applicable.
* Figure does not meet standards of reliablity or precision.
[1]Total exceeds "All visits" because more than one disposition may be reported per visit.
[2]P.R.N. is "as needed."

Technical Notes



Form Approved OMB No. 0920-0278 Exp. Date 05/31/2007 CDC 64.135

FORM **NHAMCS-100(OPD)** (9-1-2004)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
2005 OUTPATIENT DEPARTMENT PATIENT RECORD

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

NHAMCS-100(OPD) (9-1-2004)

1. PATIENT INFORMATION

a. Date of visit — Month / Day / Year: 2005

b. ZIP code

c. Date of birth — Month / Day / Year

d. Sex
1 ☐ Female – Is patient pregnant?
1 ☐ Yes - Specify gestation ____ weeks → OR LMP Month / Day / Year: 2005
2 ☐ No
3 ☐ Unknown
2 ☐ Male

e. Ethnicity
1 ☐ Hispanic or Latino
2 ☐ Not Hispanic or Latino

f. Race – *Mark (X) one or more.*
1 ☐ White
2 ☐ Black/African American
3 ☐ Asian
4 ☐ Native Hawaiian/ Other Pacific Islander
5 ☐ American Indian/ Alaska Native

g. Tobacco use
1 ☐ Not current → 1 ☐ Never, 2 ☐ Former
2 ☐ Current
3 ☐ Unknown

h. Expected source(s) of payment for this visit – *Mark (X) all that apply.*
1 ☐ Private insurance
2 ☐ Medicare
3 ☐ Medicaid/SCHIP
4 ☐ Worker's compensation
5 ☐ Self-pay
6 ☐ No charge/Charity
7 ☐ Other
8 ☐ Unknown

2. INJURY/POISONING/ ADVERSE EFFECT

Is this visit related to any of the following?
1 ☐ Unintentional injury/ poisoning
2 ☐ Intentional injury/poisoning
3 ☐ Adverse effect of medical/surgical care or adverse effect of medicinal drug
4 ☐ None of the above
5 ☐ Unknown

3. REASON FOR VISIT

Patient's complaint(s), symptom(s), or other reason(s) for this visit – *Use patient's own words.*
(1) Most important:
(2) Other:
(3) Other:

4. CONTINUITY OF CARE

a. Are you the patient's primary care physician/provider?
1 ☐ Yes –SKIP to item 4b.
2 ☐ No
3 ☐ Unknown
→ **Was patient referred for this visit?**
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

b. Has the patient been seen in this clinic before?
1 ☐ Yes, established patient – **How many past visits in the last 12 months?** *Exclude this visit.*
1 ☐ None
2 ☐ 1-2
3 ☐ 3-5
4 ☐ 6+
5 ☐ Unknown
2 ☐ No, new patient

c. Major reason for this visit
1 ☐ New problem (<3 mos. onset)
2 ☐ Chronic problem, routine
3 ☐ Chronic problem, flare-up
4 ☐ Pre-/Post-surgery
5 ☐ Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams)

5. PHYSICIAN'S DIAGNOSIS FOR THIS VISIT

a. As specifically as possible, list diagnoses related to this visit including chronic conditions.
(1) Primary diagnosis:
(2) Other:
(3) Other:

b. Regardless of the diagnoses written in 5a, does the patient now have – *Mark (X) all that apply.*
1 ☐ Arthritis
2 ☐ Asthma
3 ☐ Cancer
4 ☐ Cerebrovascular disease
5 ☐ CHF
6 ☐ Chronic renal failure
7 ☐ COPD
8 ☐ Depression
9 ☐ Diabetes
10 ☐ Hyperlipidemia
11 ☐ Hypertension
12 ☐ Ischemic heart disease
13 ☐ Obesity
14 ☐ Osteoporosis
15 ☐ None of the above

c. Status of patient enrollment in a disease management program for any of the conditions marked in 5b.
1 ☐ Currently enrolled
2 ☐ Ordered/advised to enroll at this visit
3 ☐ Not enrolled
4 ☐ Unknown

6. VITAL SIGNS

(1) Height ____ ☐ ft/in ☐ cm
(2) Weight ____ ☐ lbs ☐ kg
(3) Temperature ____ ☐ °C ☐ °F
(4) Blood pressure ____ / ____

7. DIAGNOSTIC/SCREENING SERVICES

Mark (X) all ***ordered*** *or* ***provided*** *at this visit.*
1 ☐ NONE

Examinations:
2 ☐ Breast
3 ☐ Pelvic
4 ☐ Rectal
5 ☐ Skin
6 ☐ Depression screening

Imaging:
7 ☐ Bone mineral density
8 ☐ Mammography
9 ☐ MRI/CT/PET
10 ☐ Ultrasound
11 ☐ X-ray
12 ☐ Other imaging

Blood tests:
13 ☐ CBC (complete blood count)
14 ☐ Electrolytes
15 ☐ Glucose
16 ☐ HgbA1C (glycohemoglobin)
17 ☐ Lipids/Cholesterol
18 ☐ PSA (prostate specific antigen)
19 ☐ Other blood test

Other tests:
20 ☐ Biopsy
21 ☐ Chlamydia test
22 ☐ EKG/ECG
23 ☐ PAP test/Cervical cytology
24 ☐ Scope procedure (e.g., colonoscopy) - Specify:
25 ☐ Spirometry/Pulmonary function test
26 ☐ Urinalysis (UA)
27 ☐ Other test/service - Specify:

8. HEALTH EDUCATION

Mark (X) all ***ordered*** *or* ***provided*** *at this visit.*
1 ☐ NONE
2 ☐ Asthma education
3 ☐ Diet/Nutrition
4 ☐ Exercise
5 ☐ Growth/Development
6 ☐ Injury prevention
7 ☐ Stress management
8 ☐ Tobacco use/ Exposure
9 ☐ Weight reduction
10 ☐ Other

9. NON-MEDICATION TREATMENT

Mark (X) or list all ***ordered*** *or* ***provided*** *at this visit.*
1 ☐ NONE
2 ☐ Complementary alternative medicine (CAM)
3 ☐ Durable medical equipment
4 ☐ Home health care
5 ☐ Hospice care
6 ☐ Physical therapy
7 ☐ Speech/Occupational therapy
8 ☐ Psychotherapy
9 ☐ Other mental health counseling
10 ☐ Excision of tissue
11 ☐ Orthopedic care
12 ☐ Wound care

Procedures:
13 ☐ Other non-surgical procedures – Specify:
14 ☐ Other surgical procedures – Specify:

10. MEDICATIONS & IMMUNIZATIONS

☐ NONE

Include Rx and OTC drugs, immunizations, allergy shots, anesthetics, and dietary supplements that were ordered, supplied, administered or continued during the visit.

	New	Continued
(1)	1 ☐	2 ☐
(2)	1 ☐	2 ☐
(3)	1 ☐	2 ☐
(4)	1 ☐	2 ☐
(5)	1 ☐	2 ☐
(6)	1 ☐	2 ☐
(7)	1 ☐	2 ☐
(8)	1 ☐	2 ☐

11. PROVIDERS

Mark (X) all providers seen at this visit.
1 ☐ Physician
2 ☐ Physician assistant
3 ☐ Nurse practitioner/ Midwife
4 ☐ RN/LPN
5 ☐ Other

12. VISIT DISPOSITION

Mark (X) all that apply.
1 ☐ No follow-up planned
2 ☐ Return if needed, PRN
3 ☐ Refer to other physician
4 ☐ Return at specified time
5 ☐ Telephone follow-up planned
6 ☐ Refer to emergency department
7 ☐ Admit to hospital
8 ☐ Other

2005 OPD

Suggested citation

Middleton KR, Hing E, Xu J. National Hospital Ambulatory Medical Care Survey: 2005 Outpatient Department Summary. Advance data from vital and health statistics; no 389. Hyattsville, MD: National Center for Health Statistics. 2007.

U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention
National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

To receive this publication regularly, contact the National Center for Health Statistics by calling 1-800-232-4636
E-mail: nchsquery@cdc.gov
Internet: www.cdc.gov/nchs

CS111267 (6/2007)
T28692
DHHS Publication No. (PHS) 2007-1250

MEDIA MAIL
POSTAGE & FEES PAID
CDC/NCHS
PERMIT NO. G-284