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FROM VITAL & HEALTH STATISTICS OF THE NATIONAL CENTER FOR HEALTH STATISTICS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE | No. 12 | October 12, 1977 | Public Health Service • Health Resources Administration

Ambulatory Medical Care Rendered in Physicians' Offices: United States, 1975^a

The estimates presented in this report are intended to highlight the findings of the 1975 National Ambulatory Medical Care Survey (NAMCS). NAMCS is a sample survey designed to explore the provision and utilization of ambulatory care in the physician's office—the setting where most Americans seek health care. The survey is conducted yearly over the conterminous United States by the Division of Health Resources Utilization Statistics of the National Center for Health Statistics. The survey sample is selected from doctors of medicine and osteopathy who are engaged in office-based, patient care practice. In its current scope, NAMCS excludes physicians practicing in Alaska and Hawaii, physicians whose specialty is anesthesiology, pathology, or radiology, and physicians in Government service.

Previous publications describe the development and findings of NAMCS.¹⁻⁵

NAMCS findings have been published for two previous 12-month periods, May 1973-April 1974^{1,2} and January-December 1974.³

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Data users are cautioned when making comparisons between the numerical estimates for 1975 and the numerical estimates previously published for the two prior 12-month periods. Since these earlier data were released, a continuing evaluation of the technical procedures used to project the national estimates from the sample findings has resulted in a revision of the NAMCS estimating procedures. The revised procedures, applied to the 1975 findings, result in an estimated total of 567.6 million office encounters (visits) for that year. The application of these revised procedures to the findings previously reported results in the following adjustment of total estimated visits.

NAMCS reporting period	Estimated visits (in millions)	
	Published	Revised
May 1973-April 1974.....	644.9	590.8
January-December 1974....	634.1	577.8

The most notable effect of the change in estimation procedure is to lower numerical estimates of office visits by 8-9 percent. Distrib-

Advance Data from Vital and Health Statistics replaces the supplements to the *Monthly Vital Statistics Report* as the means for early release of selected findings from the health and demographic surveys conducted by the NCHS. Most of these releases will be followed by detailed reports in the *Vital and Health Statistics* series.

Provisional vital statistics as well as advance reports of final data for a year will continue to be published in the *Monthly Vital Statistics Report*.

Advance Data is being distributed on the mailing keys for the *Vital and Health Statistics* series, and people who now receive reports from a particular series will also receive all *Advance Data* releases for that series. Temporarily, the mailing list for the *Monthly Vital Statistics Report (MVSR)* is also being used. *MVSR* readers who wish to continue to receive *Advance Data* issues, as well as other persons who wish to receive all issues, should contact: National Center for Health Statistics, Center Building, Room 1-57, 3700 East West Highway, Hyattsville, Maryland 20782, Phone: (301) 436-8500.

utions and relationships—as expressed, for example, in percents and ratios—remain relatively unaffected by the change.

Readers desiring more information about the NAMCS estimation procedures should address inquiries to Ambulatory Care Statistics Branch, National Center for Health Statistics, Center Building, 3700 East-West Highway, Hyattsville, Md. 20782.

Figure 1 is a facsimile of the Patient Record used by participating physicians to record information about their office visits. Figure 1 may be useful as a reference as the selected aspects of the survey findings are presented.

Since the estimates presented in this report are based on a sample rather than the entire universe of office-based, patient-care physicians, they are subject to sampling variability. See page 11 for an explanation and for guidelines in judging the relative precision of estimates reported.

DATA HIGHLIGHTS

Physician Speciality

Among the 13 most visited specialties, primary care providers led the other specialists in

Figure 1. 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 purposes of the survey and will not be disclosed or released to other persons or used for any other purpose.		D N ^o
PATIENT RECORD NATIONAL AMBULATORY MEDICAL CARE SURVEY		
1. DATE OF VISIT Mo / Day / Yr	2. DATE OF BIRTH Mo / Day / Yr	3. SEX 1 <input type="checkbox"/> FEMALE 2 <input type="checkbox"/> MALE
4. COLOR OR RACE 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> NEGRO/BLACK 3 <input type="checkbox"/> OTHER 4 <input type="checkbox"/> UNKNOWN	5. PATIENT'S PRINCIPAL PROBLEM(S) COMPLAINT(S), OR SYMPTOM(S) THIS VISIT <i>(In patient's own words)</i> a. MOST IMPORTANT _____ b. OTHER _____	
6. SERIOUSNESS OF PROBLEM IN ITEM 5a <i>(Check one)</i> 1 <input type="checkbox"/> VERY SERIOUS 2 <input type="checkbox"/> SERIOUS 3 <input type="checkbox"/> SLIGHTLY SERIOUS 4 <input type="checkbox"/> NOT SERIOUS		7. HAVE YOU EVER SEEN THIS PATIENT BEFORE? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO ↓ If YES, for the problem indicated in ITEM 5a? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO
8. MAJOR REASON(S) FOR THIS VISIT <i>(Check all major reasons)</i> 01 <input type="checkbox"/> ACUTE PROBLEM 02 <input type="checkbox"/> ACUTE PROBLEM, FOLLOW-UP 03 <input type="checkbox"/> CHRONIC PROBLEM, ROUTINE 04 <input type="checkbox"/> CHRONIC PROBLEM, FLARE-UP 05 <input type="checkbox"/> PRENATAL CARE 06 <input type="checkbox"/> POSTNATAL CARE 07 <input type="checkbox"/> POSTOPERATIVE CARE _____ <i>(Operative procedure)</i>		9. PHYSICIAN'S PRINCIPAL DIAGNOSIS THIS VISIT a. DIAGNOSIS ASSOCIATED WITH ITEM 5a ENTRY _____ _____ b. OTHER SIGNIFICANT CURRENT DIAGNOSES <i>(In order of importance)</i> _____ _____
10. DIAGNOSTIC/THERAPEUTIC SERVICES ORDERED/PROVIDED THIS VISIT <i>(Check all that apply)</i> 01 <input type="checkbox"/> NONE 02 <input type="checkbox"/> LIMITED HISTORY/EXAM 03 <input type="checkbox"/> GENERAL HISTORY/EXAM 04 <input type="checkbox"/> CLINICAL LAB. TEST 05 <input type="checkbox"/> BLOOD PRESSURE CHECK 06 <input type="checkbox"/> EKG 07 <input type="checkbox"/> HEARING TEST 08 <input type="checkbox"/> VISION TEST 09 <input type="checkbox"/> ENDOSCOPY 10 <input type="checkbox"/> OFFICE SURGERY		11. DISPOSITION THIS VISIT <i>(Check all that apply)</i> 1 <input type="checkbox"/> NO FOLLOW-UP PLANNED 2 <input type="checkbox"/> RETURN AT SPECIFIED TIME 3 <input type="checkbox"/> RETURN IF NEEDED, P.R.N. 4 <input type="checkbox"/> TELEPHONE FOLLOW-UP PLANNED 5 <input type="checkbox"/> REFERRED TO OTHER PHYSICIAN/AGENCY 6 <input type="checkbox"/> RETURNED TO REFERRING PHYSICIAN 7 <input type="checkbox"/> ADMIT TO HOSPITAL 8 <input type="checkbox"/> OTHER <i>(Specify)</i> _____
12. DURATION OF THIS VISIT <i>(Time actually spent with physician)</i> _____ MINUTES		
HRA-34-5 DEPARTMENT OF HEALTH, EDUCATION AND WELFARE O.M.B. #68-572106 REV. 8-74 PUBLIC HEALTH SERVICE EXPIRATION DATE 12/31/75 HEALTH RESOURCES ADMINISTRATION NATIONAL CENTER FOR HEALTH STATISTICS		

the provision of office-based ambulatory care; general and family physicians alone accounted for 2 of every 5 visits (table 1).

Type and Location of Practice

In a ratio of about 3 to 2, visits to solo practitioners outnumbered visits to physicians in multiple-member practice (table 1).

Visits within standard metropolitan statistical areas (SMSA's) outnumbered nonmetropolitan visits in a ratio of roughly 3 to 1. A comparison by annual visit rates also shows a higher rate within SMSA's (2.9 visits per resident per year) than in the nonmetropolitan areas (2.3 visits per resident per year).

Patient's Age, Sex, and Color

Office visits per year increased in a direct parallel to advancing age; the rate for persons aged 65 and over more than doubled the rate for persons aged under 15 years (table 2).

Females were more commonly seen in the physician's office than males; females made about 3 visits for every 2 visits made by males (table 2).

This was due, in part, to the demographic fact that females outnumbered males in the general population. That other factors were at work, however, is confirmed by a comparison of annual visit rates between the sexes; here also a ratio of 3 to 2 prevailed in favor of the females.

The following tabulation shows that female visits outnumbered male visits in every age interval except the youngest.

Age	Percent of all visits	
	Females	Males
Total	60.4	39.6
Under 15 years	8.1	9.3
15-24 years	10.1	5.2
25-44 years	16.7	8.6
45-64 years	15.5	10.2
65 years and over	10.1	6.3

White patients outnumbered patients of other races not only in absolute numbers of visits but also in visit rate per annum (table 2).

Major Reasons for Visit

The information in items 5 and 8 of the Patient Record represents an effort to determine

the reasons for visiting the physician's office, as expressed by patients in their own words. The terms and codes applied to the patient symptoms, complaints, or other problems leading to the visit came from a symptom classification developed for use in NAMCS.⁵

Table 3 lists the 25 reasons most frequently presented.

Of all morbid states (e.g., conditions of illness or injury) presented to office-based physicians, about 55 percent were *acute* problems; about 45 percent were *chronic*. An acute problem was defined as a condition having a relatively sudden or recent onset (i.e., within 3 months of the visit). A chronic problem was defined as a preexisting condition with an onset of 3 months or more before the visit.

The extensive role played by the office-based physician in family planning is underscored by the finding that an estimated 7.3 million visits were made at least partly for the purpose of obtaining such services.

Principal Diagnosis

Table 4 lists the 25 most common, principal diagnoses that were provisionally or finally assigned to office visits by the physician. The diagnostic terms and codes are found in the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA). Table 5 shows the classification of all principal diagnoses by the major diagnostic (ICDA) groups. Table 6 offers diagnostic information tabulated according to the age, sex, and color of the patient.

The following five diagnostic groups accounted for an estimated 57 percent of all principal diagnoses rendered by physicians in office practice.

ICDA group	Percent of all principal diagnoses
Special conditions ¹ and examinations without illness	17.8
Diseases of the respiratory system...	14.1
Diseases of the circulatory system...	9.9
Diseases of the nervous system and sense organs	7.9
Accidents, poisoning, and violence..	7.2

¹Chiefly immunization, prenatal and postnatal care, medical and surgical aftercare.

Visits for respiratory diseases were more than twice as frequent among patients under 15 years as among patients of 15 years and over.

Visits for circulatory diseases accounted for the largest proportion of all visits made by patients over 44 years of age.

Visits for mental disorders were more common in the age interval from 25-44 years than in other age intervals.

Visits for respiratory illnesses and for conditions resulting from accidents, poisoning, and violence were substantially more common among males than among females.

Though overall visits by females outnumbered visits by males (table 1), in only two of the diagnostic groups were visits by females markedly more common than those by males. These groups were "diseases of the genitourinary system" and the preventive and maintenance category "special conditions and examinations without illness."

Diagnostic and Therapeutic Services

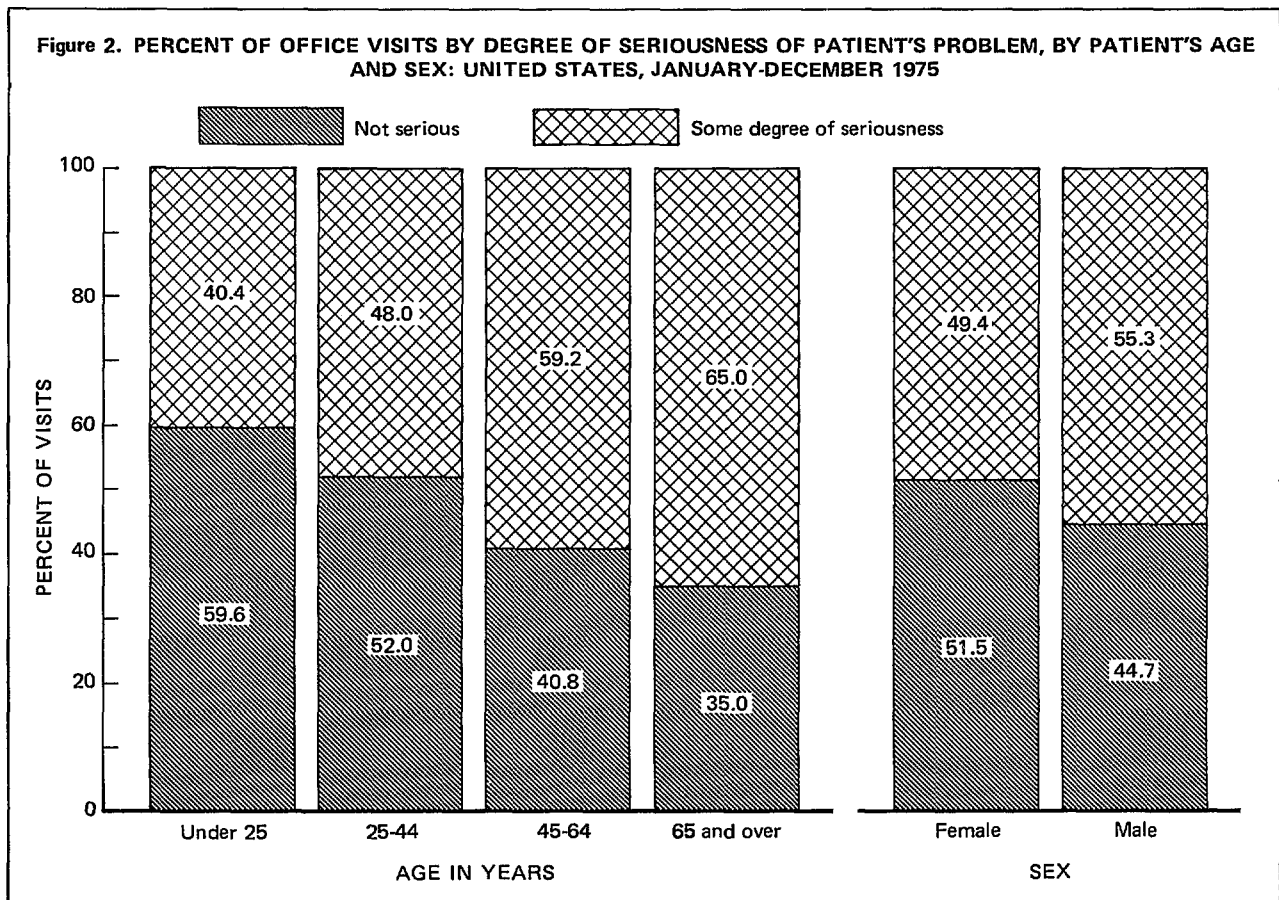
Drug therapy was the most frequent form of therapy provided in office-based practice. About 44 percent of all visits resulted in treatment by a prescribed drug (table 7).

"Counseling" and "listening" were checked by a physician only when they constituted a major part of the treatment provided during the visit. The overall use of such intangible services is almost impossible to quantify. Certainly, the finding that these services were prominent in fewer than 1 of every 5 visits understates the actual extent of this important aspect of the physician's office practice.

Prior Visit Status

The average office-based physician

- Dealt chiefly with patients that he had seen before ("old" patients). New patients accounted for only about 1 of every 7 visits (tables 8 and 9).



- Dealt chiefly with problems for which he had treated the patient before ("old" problems). Only about 1 of every 4 visits by an old patient concerned a new problem.

Seriousness of Problem

These data express the physician's judgment as to the extent of impairment that might result if no care were available for the given problem.

Office-based ambulatory care does not center on the treatment of problems which are "serious to very serious" in prognosis. (Only about 1 of every 5 visits was placed in this category. See tables 8 and 9).

The largest proportion of visits (an estimated 49 percent) was given a "not serious" evaluation. This is no doubt due in large degree to the substantial amount of preventive care and routine maintenance care provided in the physician's office, and to the relatively high prevalence of acute, self-limiting conditions encountered there.

Figure 2 shows the influence on judgments of seriousness produced by patient age and sex.

Disposition and Duration of Visit

Some form of scheduled followup was the rule in office-based practice. In about 60 percent of visits the patient was directed to return at a specified time (table 8).

Only 2 percent of visits ended in hospital admission.

Though it varied appreciably among specific specialists, the average tendency to refer patients (found in 3 percent of visits) is perhaps an understatement. It may not realistically reflect the actual amount of informal referral and consultation that may occur, especially in a multiple-member practice.

Duration of visit is defined to include only the time spent in face-to-face encounter between physician and patient (table 8).

The average encounter was of relatively brief duration—about 15 minutes. The following table shows the mean duration of an office encounter with each of the 13 most visited specialists.

<i>Specialty</i>	<i>Mean duration (in minutes)</i>
All specialties	15.0
General and family practice.....	12.6
Internal medicine	18.2
Obstetrics and gynecology.....	13.1
Pediatrics.....	12.1
General surgery	12.7
Ophthalmology	20.3
Orthopedic surgery.....	14.5
Otolaryngology	13.6
Psychiatry	46.9
Dermatology	11.9
Urology	15.0
Cardiovascular disease	21.5
Neurology	35.5

REFERENCES

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²National Center for Health Statistics: National Ambulatory Medical Care Survey: May 1973-April 1974. *Monthly Vital Statistics Report*. Vol. 24, No. 4, Supplement (2). DHEW Pub. No. (HRA) 76-1120. Health Resources Administration. Hyattsville, Md. July 1975.

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⁴National Center for Health Statistics: National Ambulatory Medical Care Survey: background and methodology, United States. *Vital and Health Statistics*. Series 2, No. 61. DHEW Pub. No. (HRA) 76-1335. Health Resources Administration. Washington. U.S. Government Printing Office, Apr. 1974.

⁵National Center for Health Statistics: The National Ambulatory Medical Care Survey: symptom classification, United States. *Vital and Health Statistics*. Series 2, No. 63. DHEW Pub. No. (HRA) 74-1337. Health Resources Administration. Washington. U.S. Government Printing Office, May 1974.

Table 1. Number and percent distributions of office visits by selected physician characteristics: United States, January-December 1975

Selected physician characteristics	Number of visits in thousands	Percent of visits
All visits-----	567,600	100.0
<u>Most visited specialties</u>		
General and family practice-----	234,660	41.3
Internal medicine-----	62,117	10.9
Obstetrics and gynecology-----	48,076	8.5
Pediatrics-----	46,684	8.2
General surgery-----	41,292	7.3
Ophthalmology-----	24,667	4.4
Orthopedic surgery-----	19,316	3.4
Otolaryngology-----	16,355	2.9
Psychiatry-----	14,806	2.6
Dermatology-----	14,094	2.5
Urology-----	10,832	1.9
Cardiovascular diseases-----	7,556	1.3
Neurology-----	2,032	0.4
All other specialties-----	25,113	4.4
<u>Type of practice</u>		
Solo-----	339,554	59.8
Other ¹ -----	228,046	40.2
<u>Location²</u>		
Metropolitan-----	413,685	72.9
Nonmetropolitan-----	153,915	27.1

¹Includes partnership and group practices.

²Signifies location within or outside the standard metropolitan statistical areas (SMSA's).

SYMBOLS

Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05-----	0.0
Figure does not meet standards of reliability or precision-----	*

Table 2. Number and percent distributions of office visits and number of visits per person per year¹ by selected patient characteristics: United States, January-December 1975

Selected patient characteristics	Number of visits in thousands	Percent of visits	Number of visits per person per year
All visits-----	567,600	100.0	2.7
<u>Age</u>			
Under 15 years-----	99,010	17.4	1.9
15-24 years-----	86,570	15.3	2.2
25-44 years-----	143,525	25.3	2.8
45-64 years-----	145,434	25.6	3.4
65 years and over-----	93,061	16.4	4.3
<u>Sex</u>			
Female-----	342,896	60.4	3.2
Male-----	224,704	39.6	2.2
<u>Color</u>			
White-----	508,672	89.6	2.8
All other-----	58,928	10.4	2.2

¹Based on population estimates for July 1, 1975 furnished by the Bureau of the Census.

Table 3. Number, percent and cumulative percent of office visits, by most common problems, complaints or symptoms classified by NAMCS code in rank order: United States, January-December 1975

RANK	Most common problem, complaint, or symptom (coded)	Number of visits in thousands	Percent of visits	Cumulative percent
1	Surgical aftercare-----986	26,090	4.6	4.6
2	Physical examination-----900-901	23,518	4.1	8.7
3	Pregnancy examination-----905	22,065	3.9	12.6
4	Pain, swelling, injury--lower extremity--400	21,229	3.7	16.3
5	Pain, swelling, injury--back region--415	17,067	3.0	19.3
6	Sore throat-----520	15,279	2.7	22.0
7	Pain, swelling, injury--upper extremity--405	14,933	2.6	24.6
8	Abdominal pain-----540	14,862	2.6	27.2
9	Cough-----311	13,607	2.4	29.6
10	Visit for medication-----910	11,893	2.1	31.7
11	Gynecologic examination-----904	11,092	2.0	33.7
12	Fatigue-----004	10,466	1.8	35.5
13	Headache-----056	10,198	1.8	37.3
14	Allergic skin reaction-----112	9,827	1.7	39.0
15	Pain in chest-----322	9,751	1.7	40.7
16	Cold-----312	9,453	1.7	42.4
17	Well-baby examination-----906	8,291	1.5	43.9
18	Earache-----735	7,754	1.4	45.3
19	High blood pressure-----205	7,715	1.4	46.7
20	Pain, swelling, injury--face and neck---410	7,555	1.3	48.0
21	Wounds of skin-----116	7,533	1.3	49.3
22	Eye examination-----908	7,060	1.2	50.5
23	Vision dysfunction, except blindness---701	7,022	1.2	51.7
24	Fever-----002	7,015	1.2	52.9
25	Vertigo-----069	6,315	1.1	54.0

Table 4. Number, percent and cumulative percent of office visits by most common principal diagnoses by ICDA code: United States, January-December 1975

RANK	Most common principal diagnosis (coded)	Number of visits in thousands	Percent of visits	Cumulative percent
1	Medical or special examination-----Y00	40,863	7.2	7.2
2	Medical and surgical aftercare-----Y10	26,782	4.7	11.9
3	Essential benign hypertension-----401	22,824	4.0	15.9
4	Prenatal care-----Y06	20,851	3.7	19.6
5	Acute respiratory infection, site unspecified-----465	14,607	2.6	22.2
6	Neuroses-----300	13,641	2.4	24.6
7	Chronic ischemic heart disease-----412	12,513	2.2	26.8
8	Otitis media-----381	9,899	1.7	28.5
9	Diabetes mellitus-----250	9,671	1.7	30.2
10	Other eczema and dermatitis-----692	9,667	1.7	31.9
11	Acute pharyngitis-----462	8,531	1.5	33.4
12	Refractive errors-----370	8,169	1.4	34.8
13	Hay fever-----507	7,675	1.4	36.2
14	Obesity-----277	7,569	1.3	37.5
15	Bronchitis, unqualified-----490	6,872	1.2	38.7
16	Observation, without need for further medical care-----793	6,794	1.2	39.9
17	Acute tonsillitis-----463	6,405	1.1	41.0
18	Synovitis, bursitis-----731	6,171	1.1	42.1
19	Influenza, unqualified-----470	5,866	1.0	43.1
20	Cystitis-----595	5,721	1.0	44.1
21	Diseases of sebaceous glands-----706	5,593	1.0	45.1
22	Osteoarthritis-----713	5,445	1.0	46.1
23	Arthritis, unspecified-----715	4,892	0.9	47.0
24	Inoculations and vaccinations-----Y02	4,846	0.9	47.9
25	Asthma-----493	4,633	0.8	48.7

Table 5. Number and percent distribution of office visits by principal diagnosis classified by major ICDA group: United States, January-December 1975

Principal diagnosis classified by major ICDA group (coded)	Number of visits in thousands	Percent distribution of visits
All principal diagnoses-----	567,600	100.0
Infective and parasitic diseases-----000-136	22,747	4.0
Neoplasms-----140-239	13,332	2.4
Endocrine, nutritional, and metabolic diseases-----240-279	24,177	4.3
Diseases of the blood and blood-forming organs-----280-289	4,744	0.8
Mental disorders-----290-315	25,061	4.4
Diseases of the nervous system and sense organs-----320-389	44,941	7.9
Diseases of the respiratory system-----390-458	56,358	9.9
Diseases of the skin and subcutaneous tissue-----460-519	80,125	14.1
Diseases of the digestive system-----520-577	20,061	3.5
Diseases of the genitourinary system-----580-629	37,626	6.6
Diseases of the musculoskeletal system-----680-709	28,564	5.0
Diseases of the musculoskeletal system-----710-738	32,732	5.8
Symptoms and ill-defined conditions-----780-796	26,177	4.6
Accidents, poisonings, and violence-----800-999	40,893	7.2
Special conditions and examinations without sickness-----Y00-Y13	100,787	17.8
Other diagnoses ¹ -----	3,312	0.6
Diagnosis "none" or unknown ² -----	5,963	1.1

¹Complications of pregnancy, childbirth, and the puerperium; congenital anomalies; and certain causes of perinatal morbidity and mortality.

²Includes blank, noncodeable, and illegible diagnoses.

Table 6. Number of office visits by selected patient characteristics and percent distribution of office visits, by principal diagnoses as classified by major ICDA groups: United States, January-December 1975

Principal diagnosis classified by major ICDA group (coded)	Age					Sex		Color	
	Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over	Female	Male	White	Other
All principal diagnoses----	99,010	86,571	143,525	145,434	93,061	342,896	224,704	508,672	58,288
	Percent distribution								
Total-----	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infective and parasitic diseases-----000-136	7.1	5.4	4.1	2.2	2.1	3.8	4.3	3.9	4.9
Neoplasms-----140-239	0.5	1.2	2.0	3.5	4.2	2.4	2.2	2.4	1.6
Endocrine, nutritional, and metabolic diseases----240-279	0.9	2.4	4.8	5.8	6.3	5.0	3.2	4.2	4.7
Mental disorders-----290-315	1.5	4.1	7.9	4.4	2.5	4.6	4.2	4.5	3.3
Diseases of the nervous system and sense organs--320-389	11.7	6.2	6.0	7.4	9.4	7.6	8.4	8.1	6.8
Diseases of the circulatory system-----390-458	0.5	1.3	4.6	16.6	25.9	9.2	11.0	10.0	9.4
Diseases of the respiratory system-----460-519	26.9	13.1	12.1	11.7	8.4	12.4	16.8	14.0	15.2
Diseases of the digestive system-----520-577	1.8	2.8	3.4	4.5	4.8	3.3	3.9	3.5	3.6
Diseases of the genitourinary system-----580-629	1.8	7.8	9.2	7.5	5.5	8.6	3.6	6.4	8.2
Diseases of the skin and subcutaneous tissue---680-709	6.3	7.7	4.5	4.1	3.6	4.8	5.4	5.1	4.5
Diseases of the musculoskeletal system----710-738	1.7	2.4	5.1	9.0	9.3	5.8	6.0	5.8	5.8
Symptoms and ill-defined conditions-----780-796	4.3	4.6	5.4	4.7	3.7	4.8	4.4	4.6	4.7
Accidents, poisonings, and violence-----800-999	7.6	9.4	8.0	6.7	4.5	5.0	10.6	7.1	8.4
Special conditions and examinations without illness;-----Y00-Y13	24.7	29.0	20.9	10.2	6.9	20.0	14.4	17.9	16.7
Residual-----	2.7	2.6	2.0	1.7	2.9	2.7	1.6	2.5	2.2

¹Diseases of blood or blood-forming organs; complications of pregnancy, childbirth, and the puerperium; congenital anomalies; certain causes of perinatal morbidity and mortality; diagnosis "none" or unknown.

Table 7. Number and percent distribution of office visits by diagnostic and therapeutic services provided: United States, January-December 1975

Diagnostic and therapeutic service provided	Number of visits in thousands	Percent of visits ¹
All visits-----	567,600	100.0
No services provided	15,200	2.7
Diagnostic services		
Limited history or examination-----	291,294	51.3
General history or examination-----	89,377	15.8
Clinical lab test-----	129,740	22.9
X-Ray-----	41,701	7.4
Blood pressure check-----	188,180	33.2
EKG-----	19,210	3.4
Hearing test-----	7,369	1.3
Vision test-----	26,650	4.7
Endoscopy-----	6,696	1.2
Therapeutic services		
Drug prescribed-----	251,538	44.3
Injection-----	78,085	13.8
Immunization or desensitization-----	25,704	4.5
Office surgery-----	37,991	6.7
Physiotherapy-----	12,565	2.2
Medical counseling-----	69,721	12.3
Psychotherapy or therapeutic listening-----	24,234	4.3
Other services provided-----	32,738	5.8

¹Will not add to totals since more than one service might be provided.

Table 8. Number and percent distributions of office visits by selected characteristics of visit: United States, January-December 1975

Selected characteristics of visit	Number of visits in thousands	Percent of visits
All visits-----	567,600	100.0
<u>Prior Visit Status</u>		
New patient-----	84,807	14.9
Old patient, new problem-----	132,848	23.4
Old patient, old problem-----	349,945	61.7
<u>Seriousness of Problem</u>		
Serious and very serious-----	106,981	18.8
Slightly serious-----	183,697	32.4
Not serious-----	276,923	48.8
<u>Disposition¹</u>		
No followup-----	74,542	13.1
Return at specified time-----	335,219	59.1
Return if needed-----	126,630	22.3
Telephone followup-----	20,834	3.7
Referred to other physician or agency-----	16,042	2.8
Returned to referring physician-----	5,064	0.9
Admit to hospital-----	12,062	2.1
<u>Duration of Visit²</u>		
0 minutes (no face-to-face encounter with physician)-----	6,781	1.2
1-5 minutes-----	91,730	16.2
6-10 minutes-----	177,442	31.3
11-15 minutes-----	151,964	26.8
16-30 minutes-----	107,709	19.0
31 minutes or more-----	31,975	5.6

¹ Will not add to totals since more than one disposition was possible.

² Signifies time spent in face-to-face encounter between physician and patient.

Table 9. Number and percent distributions of office visits by selected patient characteristics, according to prior visit status and seriousness of problem: United States, January-December 1975

Selected patient characteristics	Number of visits in thousands	Percent of visits	Prior visit status			Seriousness of problem		
			New patient	Old patient new problem	Old patient old problem	Serious or very serious	Slightly serious	Not serious
All visits-----	567,600	100.0	14.9	23.4	61.7	18.8	32.4	48.8
<u>Age</u>								
Under 15 years-----	99,010	100.0	15.9	35.5	48.6	11.2	30.9	57.9
15-24 years-----	86,571	100.0	21.1	26.4	52.5	11.5	27.3	61.3
25-44 years-----	143,525	100.0	17.9	22.1	60.0	16.8	31.2	52.0
45-64 years-----	145,434	100.0	11.9	19.4	68.7	23.7	35.5	40.8
65 years and over-----	93,061	100.0	8.4	16.0	75.6	29.4	35.6	35.0
<u>Sex</u>								
Female-----	342,896	100.0	13.8	22.6	63.6	17.1	31.4	51.5
Male-----	224,704	100.0	16.7	24.6	58.7	21.5	33.8	44.7
<u>Color</u>								
White-----	508,672	100.0	14.5	23.0	62.5	19.0	32.1	48.9
Other-----	58,928	100.0	18.5	27.1	54.4	17.7	34.4	47.9

TECHNICAL NOTES

SOURCE OF DATA: Data presented in this report were obtained during 1975 through the National Ambulatory Medical Care Survey (NAMCS). The target population of NAMCS encompasses office visits within the conterminous United States made by ambulatory patients to physicians who are principally engaged in office practice.

SAMPLE DESIGN: The 1975 NAMCS utilized a multistage probability design that involved samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within practices. Within the 87 PSU's composing the first stage of selection, a sample of approximately 3,500 physicians was selected from master files maintained by the American Medical Association and the American Osteopathic Association. Sampled physicians, randomly assigned to 1 of the 52 weeks in the survey year, were requested to complete Patient Records (figure 1) for a systematic random sample of office visits taking place within their practice during the assigned reporting period. Additional data concerning physician practice characteristics such as primary specialty and type of practice were obtained during an induction interview.

A complete description of the survey's background and development has been presented in an earlier publication in Series 2 of *Vital and Health Statistics* (No. 61. DHEW Pub. No. (HRA) 76-1335. Health Resources Administration. Washington. U.S. Government Printing Office, Apr. 1974). A detailed description of the 1975 NAMCS design and procedures will be presented in future publications.

SAMPLING ERRORS: Since the estimates for this report are based on a sample rather than the entire universe, they are subject to sampling variability. The standard error is primarily a measure of sampling variability. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percent of the estimate. Relative standard errors of selected aggregate statistics are shown in table I. The standard errors appropriate for the estimated percentages of office visits are shown in table II.

ROUNDING: Aggregate estimates of office visits presented in the tables are rounded to the near-

est thousand. The rates and percents, however, were calculated on the basis of original, unrounded figures. Due to rounding of percents, the sum of percentages may not equal 100.0 percent.

Table I. Approximate relative standard errors of estimated numbers of office visits

Estimate in thousands	Relative standard error in percentage points
500	30.1
1,000	21.4
2,000	15.3
5,000	10.0
10,000	7.5
30,000	5.1
100,000	4.0
550,000	3.5

Example of use of table: An aggregate of 80,000,000 has a relative standard error of 4.3 percent or a standard error of 3,440,000 (4.3 percent of 80,000,000).

Table II. Approximate standard errors of percentages for estimated numbers of office visits

Base of percentage (number of visits in thousands)	Estimated percentage					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
1,000.....	2.1	4.6	6.3	8.5	9.7	10.6
3,000.....	1.2	2.7	3.7	4.9	5.6	6.1
5,000.....	0.9	2.1	2.8	3.8	4.3	4.7
10,000.....	0.7	1.5	2.0	2.7	3.1	3.3
50,000.....	0.3	0.7	0.9	1.2	1.4	1.5
100,000.....	0.2	0.5	0.6	0.8	1.0	1.1
500,000.....	0.1	0.2	0.3	0.4	0.4	0.5

Example of use of table: An estimate of 30 percent based on an aggregate of 75,000,000 has a standard error of 1.2 percent. The relative standard error of 30 percent is 4.0 percent (1.2 percent ÷ 30 percent).

DEFINITIONS: An *ambulatory patient* is an individual presenting himself for personal health services who is neither bedridden nor currently admitted to any health care institution on the premises.

An *office* is a place that the physician identifies as a location for his ambulatory practice.

Responsibility over time for patient care and professional services rendered there generally resides with the individual physician rather than an institution.

A *visit* is a direct personal exchange between an ambulatory patient and a physician or a staff member working under the physician's supervision for the purpose of seeking care and rendering health services.

A *physician* is a duly licensed doctor of med-

icine (M.D.) or doctor of osteopathy (D.O.) currently in practice who spends time in caring for ambulatory patients at an office location. Excluded from NAMCS are physicians who specialize in anesthesiology, pathology, radiology; physicians who are Federally employed; physicians who treat only institutionalized patients; physicians employed full time by an institution; and physicians who spend no time seeing ambulatory patients.

GPO 919-620

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