

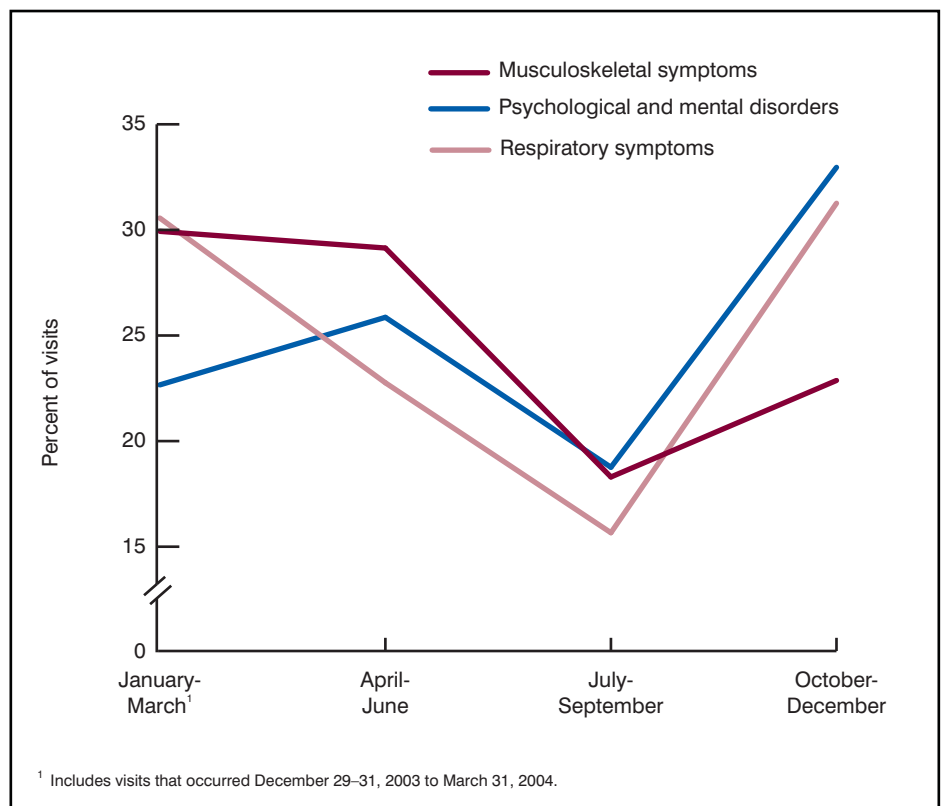
National Ambulatory Medical Care Survey: 2004 Summary

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Physician offices are the settings most frequently used for health care, including the delivery of primary and specialty care. Describing the volume of visits, characteristics of patients making those visits, and the contents of the care provided is integral to monitoring the health of the U.S. population and planning for future health care delivery needs. The National Ambulatory Medical Care Survey (NAMCS), which began in 1973, collects data on the utilization of ambulatory medical care services provided by office-based physicians. It was conducted annually until 1981, again in 1985, and resumed an annual schedule in 1989.

For the first time, it is possible to present seasonal (quarterly) estimates of physician office visits. Overall, total visits to office-based physicians decreased between the second (April–June) and third (July–September) quarter. Visits due to certain patient complaints or reasons for the visit also varied by calendar quarter. For example, in 2004, visits for symptoms referable to psychological and mental disorders increased during the last fourth quarter (October–December), and more visits for respiratory symptoms occurred during the colder months of the first and fourth quarters. Visits for symptoms of the musculoskeletal system decreased in the third quarter (see figure on this page).

This report presents information about office-based physician utilization during 2004. Additional information



Seasonal variations in selected reasons for visit to physician offices, by calendar quarter: United States, 2004

about physician office utilization is available from the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS), Ambulatory Health Care website: <http://www.cdc.gov/nchs/namcs.htm>.

Individual-year reports and public-use data files are available for download from the website. Data from the 2004 NAMCS 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, 1-866-441-NCHS (6247), the Ambulatory Care Statistics Branch at 301-458-4600, or by e-mail at NCHSquery@cdc.gov.



Abstract

Objectives—This report describes ambulatory care visits made to physician offices in the United States. Statistics are presented on selected characteristics of the physician's practice, the patient, and the visit. Selected trends in office visits are also presented.

Methods—The data presented in this report were collected in the 2004 National Ambulatory Medical Care Survey (NAMCS), a national probability sample survey of visits to office-based physicians in the United States. Sample data are weighted to produce annual national estimates using an estimator that uses a revised nonresponse adjustment.

Results—During 2004, an estimated 910.9 million visits were made to physician offices in the United States, an overall rate of 315.9 visits per 100 persons. Overall, 58.9 percent of visits were to physicians in the specialties of general and family practice, internal medicine, pediatrics, and obstetrics and gynecology. In 2004, primary care specialists provided 87.2 percent of all preventive care visits. The percentage of visits relying on Medicaid or the State Children's Health Insurance Program increased by 36% between 2001 and 2004. Essential hypertension, malignant neoplasms, acute upper respiratory infection, and diabetes mellitus were the leading illness-related primary diagnoses. There were an estimated 105.3 million injury-related visits in 2004, or 36.5 visits per 100 persons. Diagnostic or screening services were ordered or provided at 85.9 percent of visits, and counseling, education, therapeutic, or preventative services were ordered or provided at 42.0 percent of visits. Medications were prescribed or provided at 64.2 percent of visits.

Keywords: ambulatory care • physician office care • diagnoses • injury • medications • ICD-9-CM • primary care

Introduction

The National Ambulatory Medical Care Survey (NAMCS), which began in 1973, was inaugurated to gather, analyze, and disseminate information about the health care provided by office-based physicians. 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 (1). NAMCS 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 Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) website: www.cdc.gov/nchs.

The format for this report was streamlined from that used in prior years by condensing the information previously found in the "Results" and "Technical Notes" into the "Highlights" and "Methods" sections. The report presents national annual estimates of physician office visits using an estimator with a revised nonresponse adjustment. Prior to 2003, the adjustment accounted for nonresponse by physician specialty, geographic region, and metropolitan statistical area status. However, research conducted with 2003 data showed that physicians with larger visit volumes were more likely to refuse to participate. In addition, physicians who did not see patients during their assigned week saw patients fewer weeks annually than physicians who did see patients (2). Beginning in the 2003 data year, the adjustment also accounted for nonresponse from physicians by practice size (as measured by number of weekly visits) and for variability in number of weeks participating physicians saw patients during the year (2). Because visit estimates using the revised estimator are expected to be higher in magnitude than estimates using the previous estimator when there is greater nonresponse from physicians with greater volume, trend comparisons of

visits and visit rates were analyzed separately for 1994–2001 using the original weight and for 2001–2004 using the revised weight (2) (see "Methods" section). Other *Advance Data From Vital and Health Statistics* reports highlight visits to hospital OPDs (3) and EDs (4). Detailed reports on medication use at physician office visits and physician-level estimates for the United States are forthcoming. NAMCS data have been used in articles examining important topics of interest in public health and health services research (5–16).

Highlights

Physician office utilization

- Between 1994 and 2001, the number of visits made to physician offices increased by 29% (from 681.5 to 880.5 million visits), but was stable between 2001 and 2004. In 2004, an estimated 910.9 million annual visits were made to physician offices. According to the American Medical Association, the number of office-based physicians in the United States increased by about 32% percent between 1994 and 2004 (17,18).
- There were on average about 315.9 visits to U.S. physician offices for every 100 persons during 2004.
- From 1994 through 2004, the overall visit rate per population increased by 14%, from 262.5 to 300.4.
- About 82 percent of office-based physicians were located in metropolitan statistical areas (18), but they provided 86.8 percent of annual physician office encounters (Table 1).

Physician practice characteristics

- About one-quarter of all visits were to general and family practice physicians, with an additional 36.1 percent of visits to physicians specializing in internal medicine, pediatrics, and obstetrics and gynecology (Figure 1).
- Visits are also presented by specialty type, a grouping of specialties and subspecialties split into three major groups: primary care, surgical, and medical specialties (see "Physician

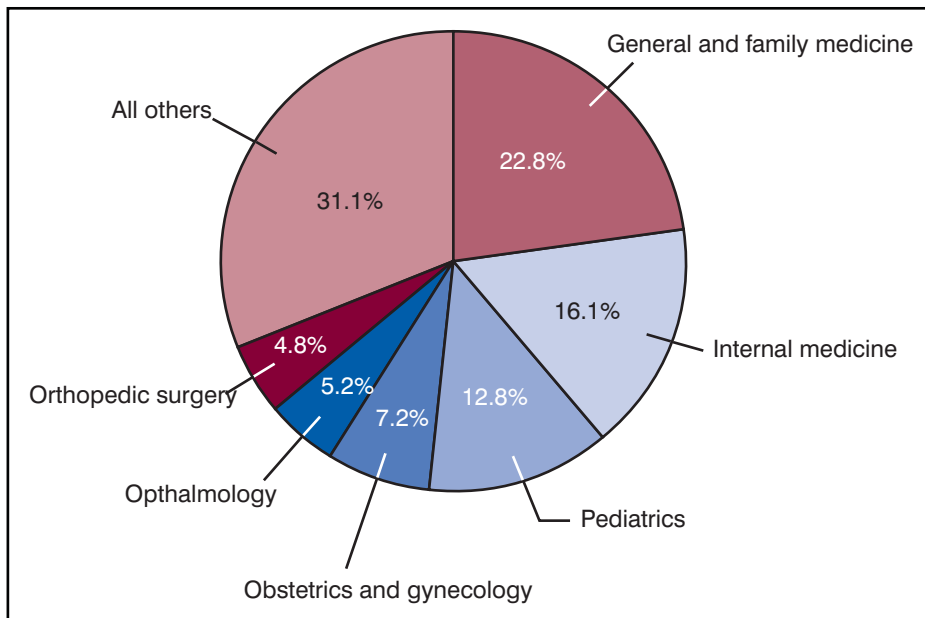


Figure 1. Percent distribution of office visits by physician specialty: United States, 2004

specialty groups” in “Methods”). In 2004, 58.5 percent of office visits were made to primary care specialists, 19.4 percent to surgical specialists, and the remaining 22.2 percent to medical specialists.

- Overall, 86.9 percent of the visits were to physicians who owned the practice themselves or owned it with a group of other physicians. The majority of office visits (64.9 percent) were made to physicians engaged in group practice (Table 2).
- More than one-half of all visits were to physicians in practices with 2 to 9 physicians (52.8 percent) compared with 12.0 percent of visits to large practices with 10 or more physicians.
- One-third of visits were to solo practitioners, 41.2 percent were to single-specialty group practices, and 23.7 percent were to multispecialty group practices (Table 2).

Patient characteristics

- Infants under 12 months of age had a visit rate of 665.4 visits per 100 persons (Table 3).
- Although visit rates increased between 1994 and 2001 for persons 22–49 years old (up by 12 percent), 50–64 years old (up by 26 percent), and 65 years old and over (up by 29 percent) (Figure 2), rates for these

age groups were stable between 2001 and 2004.

- The visit rate for non-Hispanic white persons exceeded the visit rate for non-Hispanic black, Hispanic or Latino, and Asian persons (Figure 3).
- Private insurance was the most frequently recorded expected source of payment, accounting for 56.0 percent of visits. Medicare accounted for 22.7 percent of visits, Medicaid or State Children’s Health Insurance Program (SCHIP) accounted for 9.8 percent of visits, and no insurance (which includes self-payment, charity, and no charge, but excludes patient copayments and deductibles) accounted for 4.8 percent of visits (Table 4).
- The percentage of visits with private insurance as the expected source of payment increased by 11% between 1997 and 2001, but decreased by 5% between 2001 and 2004. Since 2001, the percentage of office visits relying on Medicaid or SCHIP for payment increased 36% (Figure 4).
- The visit rate for Medicare patients (575.4 per 100 persons with Medicare) was higher than those with Medicaid or SCHIP (294.1 per 100 persons with Medicaid or SCHIP), private insurance (263.4 per 100 persons with private insurance), and

no insurance (104.3 per 100 persons with no insurance) (Figure 5).

Continuity of care

- In 47.1 percent of physician office visits, the provider indicated that they were the patient’s primary care physician or provider (PCP); 48.2 percent were to physicians other than the patient’s PCP, and at 4.7 percent of visits it was unknown if the physician was the PCP (Table 5).
- Of the visits to physicians other than the patient’s PCP, about one-third (29.8 percent) were referrals (calculated from Table 5). Visits by new patients were more likely to be referrals than visits made by established patients (44.1 percent versus 10.6 percent).
- Among visits to non-PCPs, the specialties with visits most frequently referred by other physicians were neurology (52.0 percent), general surgery (49.7 percent), and orthopedic surgery (38.5 percent). More than one-half of visits to ophthalmologists, dermatologists, psychiatrists, and urologists were self-referrals (Table 6).
- Established patients accounted for 88.8 percent of office visits. Four-fifths of office visits (82.1 percent) were made by established patients who had at least one previous visit in the last 12 months, and 25.4 percent had six or more visits in the previous 12 months (Table 7). New patients accounted for 11.2 percent of visits representing a 32% decrease since 1994 (16.4 percent).
- Surgical care specialists (31.0 percent) and medical care specialists (29.7 percent) were more likely to share care with other physicians compared with primary care specialists (19.4 percent) (Table 7).

Conditions seen

- In 2004, symptom complaints accounted for one-half of all office visits. Some of the more prominent symptoms included musculoskeletal (10.1 percent), respiratory (8.6 percent), and symptoms referable to psychological and mental

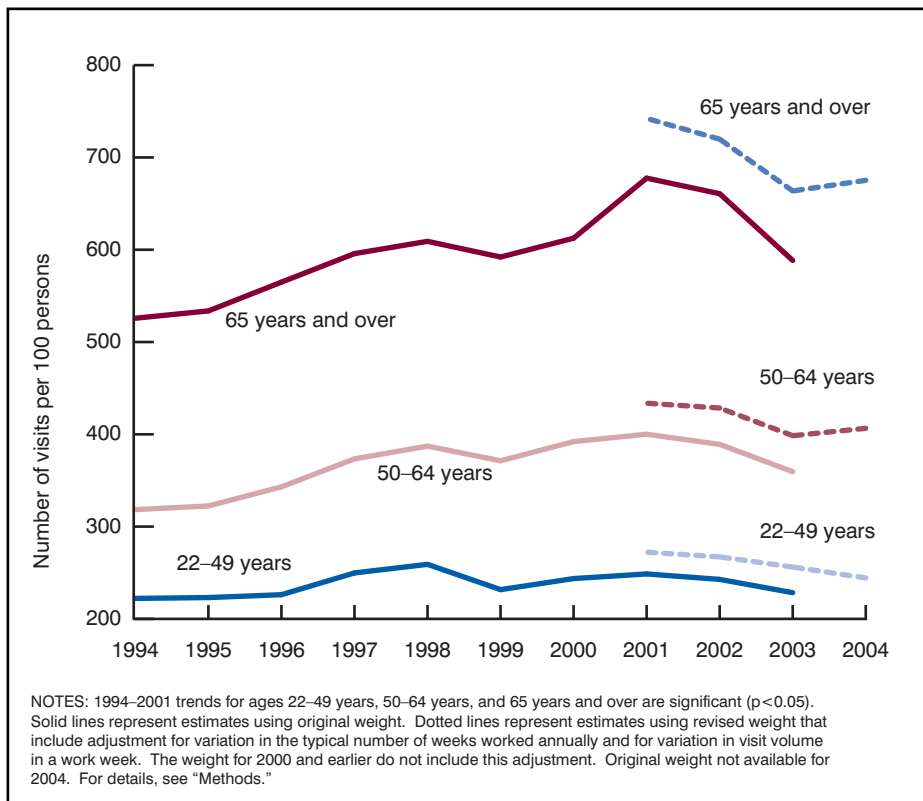
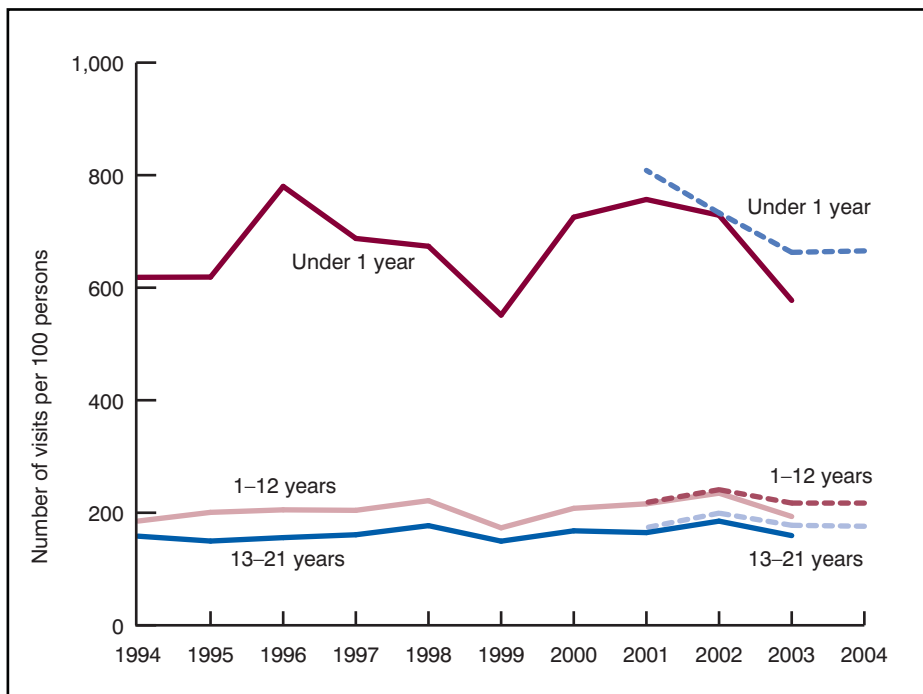


Figure 2. Trends in office visit rates by patient age: United States, 1994–2004

- disorders, which accounted for 3.3 percent of all visits (Table 8).
- General medical examination (6.2 percent) was the most frequently mentioned specific reason for visit,

and cough (2.8 percent) was the most frequently mentioned reason regarding an illness or injury (Table 9).

- Acute problems and routine chronic problems each accounted for one-third of the visits (Table 10). The percentage of visits for acute problems declined with patient age, whereas the percentage of visits for chronic conditions increased with patient age.
- Approximately 16.1 percent of all visits were for preventive care. A higher percentage of visits by females were for preventive care compared with visits by males. The visit rate by females for preventive care was significantly higher (67.6 per 100 persons) than the rate for males (33.6 visits per 100 persons) (Table 11). The preventive care visit rate among infants under 1 year of age (306.8) exceeded that of all other age groups. Uninsured persons (as measured by self-pay and charity visits) had a much lower preventive care visit rate compared with persons with private or public health insurance, placing them at a disadvantage for disease prevention and early diagnosis.
- The primary physician diagnosis for 17.9 percent of visits involved the supplementary classification, used for diagnoses that are not classifiable to injury or illness (for example, general medical examination, routine prenatal examination, and health supervision of an infant or child) (Table 12).
- The most frequent illness diagnoses for office visits were essential hypertension, malignant neoplasms, acute upper respiratory infections (excluding pharyngitis), diabetes mellitus, arthropathies and related disorders, and spinal disorders (arthritis) (Table 13).
- The leading diagnoses by age are: infants (under 1 year) and children (1–12 years)—routine infant or child health check; adolescents through adults (13–49 years)—normal pregnancy; middle-aged persons (50–64 years) and seniors (65 years and over)—essential hypertension (Table 14).
- Although normal pregnancy leads the list among all adolescents 13–21 years of age and adults 22–49 years of age, the leading diagnoses for males in these age groups were routine infant or child health check

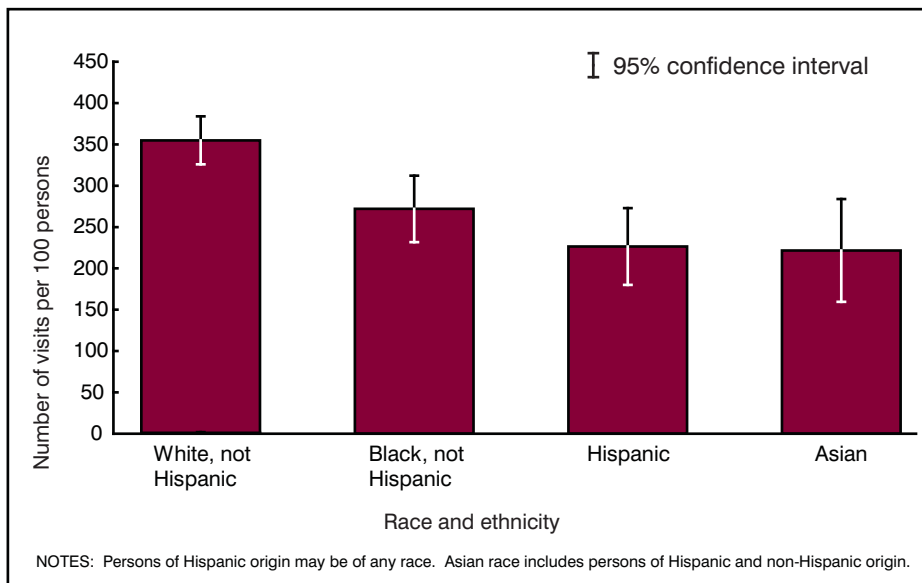


Figure 3. Annual rate of visits to office-based physicians by patient race and ethnicity: United States, 2004

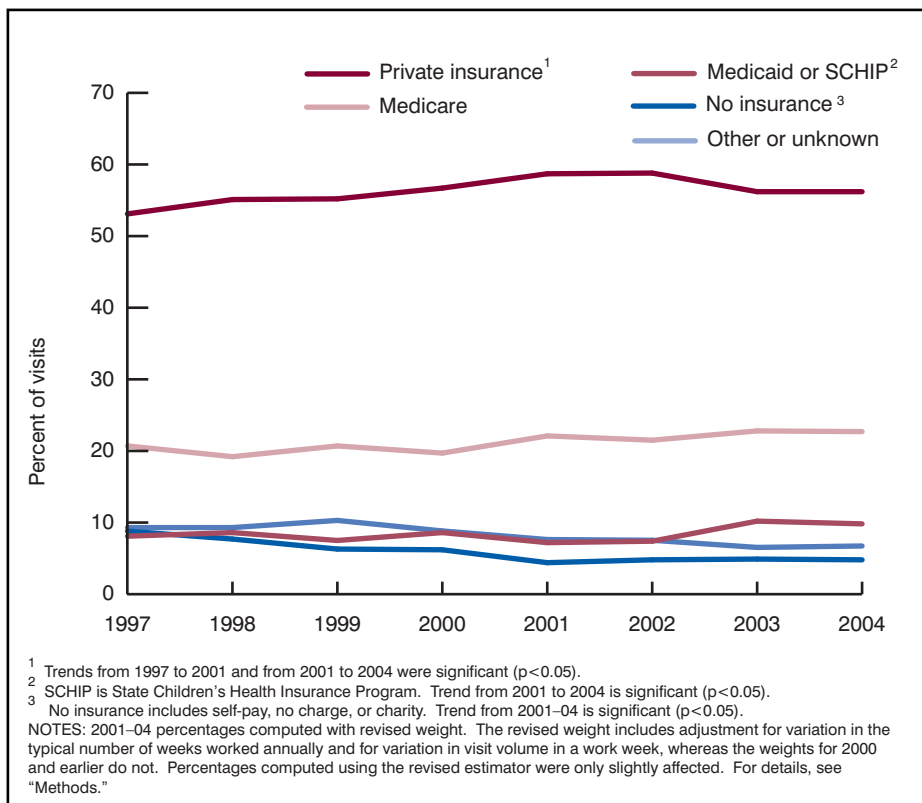


Figure 4. Trend in percentage of office visits by expected source of payment: United States, 1997–2004

(13–21 years of age) and spinal disorders (22–49 years of age) (Table 14).
 • In 2004, there were an estimated 105.3 million injury-related office visits, representing 11.6 percent of all

visits and yielding a rate of 36.5 visits per 100 persons (Table 15). Starting at age 15 years, the injury-related visit rate increased significantly with patient age. The rate for patients 75 years and over

(73.6 visits per 100 persons) was approximately double that of age groups under 45 years of age. The injury rate for non-Hispanic or non-Latino persons (38.9 visits per 100 persons) exceeded the injury rate for Hispanic or Latino persons (22.0 per 100 visits).

- Intent and mechanism associated with injury-related visits is a key data item, but nonresponse for cause of injury is high at 36.2 percent (Table 16). The distributions provided could change significantly if missing data are not random.

Services provided

- Diagnostic or screening services were provided at 85.9 percent of visits. The most frequently occurring diagnostic service was a general medical examination (50.5 percent) (Table 17). Imaging was ordered or provided at 10.0 percent of visits; the majority of imaging services were x rays. Visits by females were more likely to have imaging performed compared with visits by males, a difference due mostly to mammographies. Visits by females were also more likely to have urinalysis performed compared with visits by males, but males were more likely to have an EKG or lipids or cholesterol tests performed compared with visits by females.
- The patient's temperature was taken at 26.4 percent of visits. The average temperature was 99.2°F at visits where fever was the reason for visit (Table 18). The patient's blood pressure was measured at 52.4 percent of visits. When the diagnosis was essential hypertension, the mean systolic blood pressure was 138.9 mmHg and the diastolic blood pressures was 80.3 mmHg.
- Counseling, education, or therapeutic services were ordered or provided at 42.0 percent of visits (Table 19). The most frequent counseling or education provided at office visits related to diet or nutrition (12.8 percent) and exercise (8.7 percent).
- Surgical procedures were ordered or provided at 7.7 percent of visits (data not shown). An estimated 79.9 million ambulatory surgical

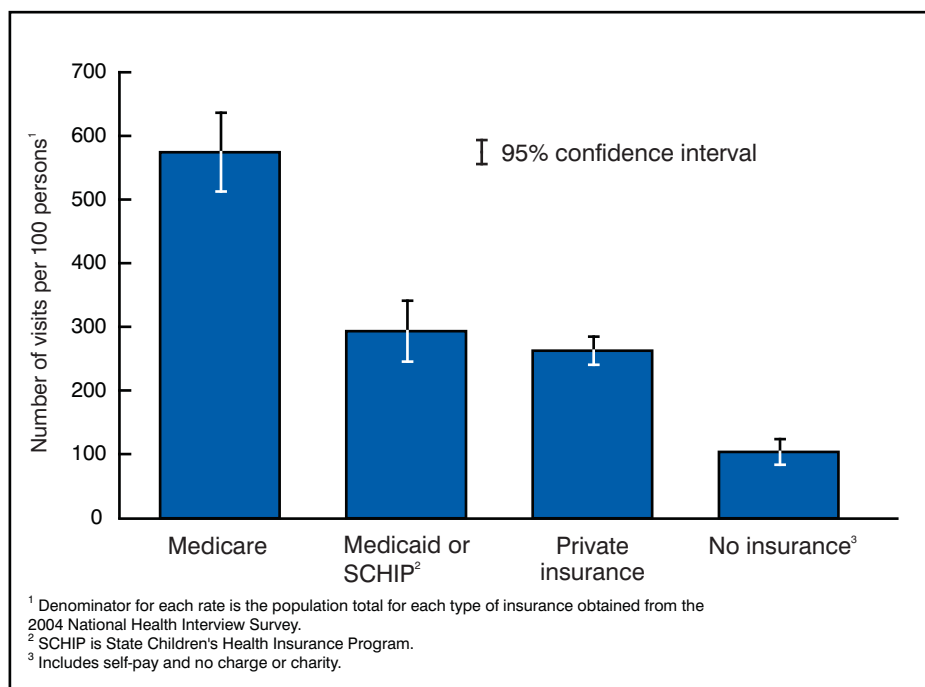


Figure 5. Annual rate of visits to office-based physicians by primary expected source of payment: United States, 2004

procedures were ordered, scheduled, or performed during office visits (Table 20).

Medications

- Medication therapy was reported at 585.2 million office visits, accounting for 64.2 percent of all office visits (Table 21). Multiple drugs were recorded at 38.8 percent of all visits; in 4.3 percent of visits, eight or more drug mentions were recorded.
- During 2004, there were about 1.6 billion drugs mentioned, resulting in an overall drug mention rate of 173.2 mentions per 100 visits (Table 22). The percentage of visits with at least one drug mention ranged from 83.9 percent for psychiatrists to 19.4 percent for general surgeons.
- The leading drug subclasses were antidepressants (5.1 percent), followed by nonsteroidal anti-inflammatory drugs or NSAIDs (4.7 percent), antiasthmatics or bronchodilators (4.4 percent), antihypertensive agents (4.4 percent), and hyperlipidemia (4.1 percent) (Table 23).

Providers seen and outcomes

- Overall, 95.1 percent of visits were attended by a physician (Table 24).

Medical or nursing assistants were seen at 23.3 percent of office visits. Midlevel providers, such as physician assistants, nurse practitioners, or midwives, were seen at 3.1 percent of physician office visits.

- For 6 out of 10 visits (63.1 percent), patients were told to return to the office by appointment (Table 25). “Return if needed” was indicated at 26.6 percent of visits, and “no followup planned” was indicated at 6.6 percent of visits. Patients were referred to other physicians at 6.7 percent of visits.
- In 2004, 90.0 percent of office visits with face-to-face contact between the physician and patient had a duration of 6–30 minutes (Table 26). At 44.3 million visits, or 4.9 percent, there was no face-to-face contact between the physician and patient.
- Overall, the mean time spent with a physician was 18.7 minutes (Table 27). The visit duration for psychiatrists had the largest variability (a difference of 29.1 minutes between the third and first quartiles).

Methods

Data collection

The data presented in this report are from the 2004 NAMCS, a national probability sample survey conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics, Division of Health Care Statistics. The survey was conducted from December 29, 2003, through December 26, 2004. The NAMCS data collection is authorized under Section 306 of the Public Health Service Act (Title 42 U.S. Code), 242k. Participation is voluntary. In April 2003, the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) was implemented to establish minimum Federal standards for safeguarding the privacy of individually identifiable health information. No personally identifying information, such as patient's name, address, or Social Security numbers, is collected in NAMCS. 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). The NAMCS protocol was approved by the NCHS Research Ethics Review Board in February 2004. 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 NAMCS includes visits made in the United States to the offices of nonfederally employed physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who were classified by the American Medical Association (AMA) and the American Osteopathic Association (AOA) as “office-based, patient care.” Visits to private, nonhospital-based clinics and health maintenance organizations (HMOs) were within the scope of the survey, but those that occurred in federally operated facilities and hospital-based outpatient departments were not. Telephone contacts and visits made outside the physician's office were also excluded.

NAMCS utilizes a multistage probability sample design involving samples of 112 geographic primary sampling units (PSUs), physician practices within PSUs, and patient visits within physician practices. PSUs are counties, groups of counties, county equivalents (such as parishes or independent cities), or towns and townships for some PSUs in New England. A sample of physicians was selected from the master files of AMA and AOA; 1,961 were in scope (eligible to participate in the survey). Of these, 1,372 physicians participated in NAMCS for an unweighted response rate of 70 percent. Sample physicians were asked to complete Patient Record forms (see [Technical Notes](#)) for a systematic random sample of approximately 30 office visits occurring during a randomly assigned 1-week reporting period. The number of Patient Record forms completed was 25,286. Some physicians did not provide the expected number of visit records, thereby reducing the unweighted total visit response rate to 64.7 percent.

The U.S. Census Bureau, acting as the data collection agent for the survey, provided training to field representatives (FRs) throughout the Nation. FRs oversaw data collection at the physician's office. They contacted physicians for induction into the survey after an advance letter was mailed by NCHS notifying the physicians of their selection in the survey. In most cases, physicians or their staff completed the information requested on the Patient Record forms. However, in 46.4 percent of the offices, FRs abstracted the data from medical records or computer printouts, either alone or with the doctor or office staff.

Data processing and medical coding were performed by 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 0.0 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 physician's office was coded according to *A Reason for Visit Classification for Ambulatory Care* (RVC) (19). Up to three reasons could be coded per visit.
- Physician's diagnosis—Physicians or their 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, 9th Revision, Clinical Modification* (ICD-9-CM) (20).
- Cause of injury—For injury-related visits, up to three external causes of injury were coded according to the *Supplementary Classification of External Causes of Injury and Poisoning* in the ICD-9-CM (20).
- Injury, poisoning, adverse effect of medical treatment—Although there is a separate item on the Patient Record form 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 and the checkbox is coded to "yes" 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 (21).
- Medications—Physicians or their 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 (22). As used in NAMCS, 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 NAMCS. Therapeutic classification of drugs is based on the 4-digit therapeutic categories used in the *National Drug Code Directory*, 1995 edition (23). Drugs may have more than one therapeutic application and, in NAMCS, up to three therapeutic drug classes are included for each drug.

Physician specialty groups

This report classifies specific physician specialties into two general categorical schemes: physician specialty and type of specialty. The NAMCS survey design groups physicians into 15 strata, or specialty groups, for sampling purposes. One stratum, doctors of osteopathy, was based on information from the American Osteopathic Association. The "physician specialty" classification includes the same strata used for sampling purposes with the exception of the doctors of osteopathy stratum, which are combined with doctors of medicine in the following 14 categories: general and family practice, internal medicine, pediatrics, general surgery, obstetrics and gynecology, orthopedic surgery, cardiovascular diseases, dermatology, urology, psychiatry, neurology, ophthalmology, otolaryngology, and a residual category of other specialties. The "physician specialty" classification is created by using updated information from the AMA, as well as information provided by sampled physicians. Specific physician specialties in each of the 14 categories can be found at ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc04.pdf. In this classification, a pediatric cardiothoracic physician, for example, is grouped with other pediatricians. On the other hand, the "specialty type" classification divides AMA specialties into three major categories: primary care, surgical specialties, and medical specialties and puts more emphasis on specialization type. For example, pediatric

Physician specialty group	Physician specialty
Primary care specialties	Family practice, geriatric medicine (family practice), sports medicine (family practice), general practice, internal medicine, internal medicine (pediatrics), adolescent medicine (internal medicine), geriatric medicine (internal medicine), adolescent medicine, pediatrics, pediatric sports medicine, gynecology, maternal and fetal medicine, obstetrics and gynecology, obstetrics.
Surgical specialties	General surgery, gynecological oncology, critical care medicine (obstetrics and gynecology), hand surgery (orthopedic surgery), adult reconstructive orthopedics, foot and ankle orthopedics, musculoskeletal oncology, pediatric orthopedics, orthopedic surgery, sports medicine (orthopedic surgery), orthopedic surgery of the spine, orthopedic trauma, urology, pediatric urology, ophthalmology, pediatric ophthalmology, otology-neurotology, otology, otolaryngology, pediatric otolaryngology, abdominal surgery, cardiovascular surgery, colon and rectal surgery, cardiothoracic surgery, craniofacial surgery, critical care surgery, dermatologic surgery, facial plastic surgery, head and neck surgery, hand surgery (plastic surgery), hand surgery (surgery), critical care (neurological surgery), neurological surgery, pediatric surgery (neurology), pediatric cardiothoracic surgery, pediatric surgery, plastic surgery, surgical oncology, thoracic surgery, transplant surgery, traumatic surgery, vascular surgery.
Medical specialties	Critical care pediatrics, developmental-behavioral pediatrics, neurodevelopmental disabilities, neonatal-perinatal medicine, pediatric allergy, pediatric cardiology, pediatric endocrinology, pediatric infectious diseases, pediatric pulmonology, medical toxicology (pediatrics), pediatric emergency medicine, pediatric gastroenterology, pediatric hematology/oncology, pediatric nephrology, pediatric rehabilitation medicine, pediatric rheumatology, reproductive endocrinology, cardiovascular diseases, dermatology, psychiatry, addiction psychiatry, child psychiatry, forensic psychiatry, psychoanalysis, geriatric psychiatry, neurology, child neurology, clinical neurophysiology, neurology (diagnostic radiology), addiction medicine, aerospace medicine, allergy, allergy and immunology, allergy and immunology/diagnostic laboratory immunology, cardiac electrophysiology, clinical genetics, clinical biochemical genetics, clinical cytogenetics, clinical molecular genetics, critical care medicine, dermatological immunology/diagnostic laboratory immunology, diabetes, emergency medicine, epidemiology, endocrinology, gastroenterology, general preventive medicine, hematology, hepatology, hematology/oncology, infectious diseases, internal medicine/diagnostic laboratory immunology, immunology, interventional cardiology, legal medicine, medical management, medical genetics, medical toxicology (emergency medicine), medical toxicology (preventive medicine), medical oncology, nephrology, nutrition, occupational medicine, osteopathic manipulative medicine, pain medicine, palliative medicine, pediatric emergency medicine (emergency medicine), pediatric/diagnostic laboratory immunology, pharmaceutical medicine, public health, public health and general preventive medicine, clinical pharmacology, physical medicine and rehabilitation, pulmonary critical care medicine, pulmonary diseases, sports medicine (emergency medicine), sports medicine (physical medicine and rehabilitation), rheumatology, spinal cord injury, sleep medicine, undersea medicine, vascular medicine.

cardiothoracic physicians are classified as a surgical specialty in this classification. The specific physician specialties included in each of the three specialty types are provided in the text box.

It should be noted that “primary care specialist” as defined in the textbox differs from “primary care physician or provider (PCP),” which is reported by the survey respondent based on the question, “Are you the patient’s primary care physician?” (see [“Technical Notes”](#)). A PCP plans and provides the comprehensive health care of the patient. A visit to the patient’s PCP is one in which health care is provided by the patient’s PCP or by a provider substituting for the patient’s PCP. PCP visits may include physicians in specialties such as general and family practice, internal medicine, pediatrics, and obstetrics and gynecology. These visits may include specialist physicians providing primary care or nonphysicians, such as physician assistants and nurse practitioners.

Estimation

Because of the complex multistage design of NAMCS, 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. For the first time in 2004, changes were made to the nonresponse adjustment factor to account for the seasonality of the reporting period.

Also, as in the 2003 data year, the nonresponse adjustment additionally accounts for nonresponse from physicians by practice size, as measured by number of weekly visits and for variability in number of weeks participating physicians saw patients during the year (24). In previous years, the nonresponse adjustment only accounted for nonresponse by physician specialty, geographic region, and metropolitan statistical area status.

For analytic purposes, trend comparisons of visits and visit rates were analyzed separately for 1994–2001 using the original weight and for 2001–04 data using the revised weights because the weights for 2003 and later

years include adjustment for variation in the typical number of weeks worked annually and for variation in visit volume in a work week, whereas the weights for earlier years do not. The revised weighting algorithm increased visit estimates. In 2003, the overall visit estimate using the weight with the revised nonresponse adjustment was 12 percent higher than the same estimate obtained using the original weight (2). In this report, 2001–03 visit estimates were recomputed using revised weights for those years so that those estimates could be validly compared with 2004 estimates. Although estimates computed with the original weight are presented for 2001–03, it was not available for 2004 estimates. Percentages using the revised estimator were slightly affected because the revised weights are used in both the numerator and denominator.

The standard error 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 NAMCS. A

description of the software and its approach has been published (25). The standard errors 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, pretesting of most data items and survey procedures was performed. Quality control procedures and consistency and edit checks reduced errors in data coding and processing. Coding error rates ranged from 0.0 to 0.9 for various data items.

Adjustments for survey nonresponse—The weighted response rate for the 2004 NAMCS was 65.8 percent. [Table 28](#) presents weighted characteristics of NAMCS respondents and nonrespondents, along with weighted response rates. Distributions were similar, with the exception of higher cooperation among two-physician practices, group or HMO practices, and practices with low annual visit volume. The effect of this differential response is minimized in the visit estimates in most cases as NAMCS uses a nonresponse adjustment factor that takes annual visit

volume, specialty, geographic region, and MSA into account.

Item nonresponse rates in NAMCS 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 data items with the following exceptions: was patient referred for this visit (16.0 percent), episode of care (7.2 percent), do other physicians share patient’s care for this problem or diagnosis (13.2 percent), and cause of injury (36.2 percent of injury visits).

For some items, missing values were imputed by randomly assigning a value from a Patient Record form with similar characteristics and were based on physician specialty, geographic region, and 3-digit ICD–9–CM codes for primary diagnosis. Imputations were performed for the following variables: birth year (2.4 percent), sex (3.9 percent), ethnicity (20.5 percent), race (17.7 percent), patient seen before in practice (1.1 percent), how many past visits in last 12 months (6.3 percent),

and time spent with physician (15.4 percent). Blank or otherwise missing responses are noted in the data. The 2003 NAMCS was the first year that two variables, “patient seen before in practice” and “how many past visits in last 12 months” were imputed. The variable “ethnicity,” not imputed from 1997 to 2002, was imputed starting in 2003 because the percentage of visits missing this information continues to decrease as more states mandate its collection. Ethnicity was imputed by randomly assigning a value from a Patient Record form with similar characteristics based on physician specialty, state, and 3-digit ICD–9–CM codes for primary diagnosis.

Use of tables

First-listed reason for visit, diagnosis, and cause of injury 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, physician office 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. The relative standard error (RSE) of an estimate is obtained by dividing the standard error by the estimate itself. The result is then expressed as a percentage of the estimate. Estimates based on 30 or more cases include an asterisk (*) if the RSE of the estimate exceeds 30 percent.

In the tables, estimates of office visits have been rounded to the nearest thousand. 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 office visits per population. The population figures used in calculating these rates are based on

Census Bureau monthly postcensal estimates of the civilian noninstitutional population of the United States as of July 1, 2004. 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 figure 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 2004 National Health Interview Survey (NHIS). Individuals reporting multiple insurance categories in NHIS were counted in each category they reported, with the exception of Medicaid and SCHIP, which were combined into a single category.

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Table 1. Number, percent distribution, and annual rate of office visits with corresponding standard errors, by selected physician practice characteristics: United States, 2004

Physician practice characteristic	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	910,857	33,420	100.0	...	315.9	11.6
Physician specialty ³						
General and family practice	207,879	16,354	22.8	1.7	72.1	5.7
Internal medicine	146,324	16,329	16.1	1.6	50.7	5.7
Pediatrics	116,659	11,447	12.8	1.2	192.0	18.8
Obstetrics and gynecology	65,291	8,056	7.2	0.9	55.5	6.8
Ophthalmology	47,333	7,036	5.2	0.8	16.4	2.4
Orthopedic surgery	43,899	5,921	4.8	0.6	15.2	2.1
Dermatology	33,852	4,056	3.7	0.4	11.7	1.4
Psychiatry	30,657	3,423	3.4	0.4	10.6	1.2
Cardiovascular diseases	22,973	2,944	2.5	0.3	8.0	1.0
Otolaryngology	19,807	2,625	2.2	0.3	6.9	0.9
General surgery	19,320	1,938	2.1	0.2	6.7	0.7
Urology	18,295	2,562	2.0	0.3	6.3	0.9
Neurology	14,780	2,168	1.6	0.2	5.1	0.8
All other specialties	123,787	13,280	13.6	1.2	42.9	4.6
Professional identity						
Doctor of medicine	844,828	32,094	92.8	0.7	293.0	11.1
Doctor of osteopathy	66,029	6,452	7.2	0.7	22.9	2.2
Specialty type ³						
Primary care	532,420	23,672	58.5	1.6	184.6	8.2
Surgical specialty	176,431	11,171	19.4	1.2	61.2	3.9
Medical specialty	202,006	17,847	22.2	1.6	70.0	6.2
Geographic region						
Northeast	169,899	16,651	18.7	1.6	316.1	31.0
Midwest	197,507	12,943	21.7	1.3	305.2	20.0
South	353,852	23,999	38.8	1.9	341.5	23.2
West	189,600	11,643	20.8	1.3	286.0	17.6
Metropolitan status ⁴						
MSA	790,630	33,600	86.8	1.8	325.1	13.8
Non-MSA	120,227	17,226	13.2	1.8	266.1	38.1

... Category not applicable.

¹Visit rates for age, sex, race, and region are based on the July 1, 2004, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

²Population estimates of metropolitan statistical area status are based on data from the 2004 National Health Interview Survey, National Center for Health Statistics, adjusted to the U.S. Census Bureau definition of core-based statistical areas as of December 2004. See <http://www.census.gov/population/www/estimates.metrodef.html> for more about metropolitan statistical definitions.

³Physician specialty and specialty type defined in "Physician specialty groups" section of "Methods."

⁴MSA is metropolitan statistical area.

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

Table 2. Number and percent distribution of office visits with corresponding standard errors, by selected physician practice characteristics: United States, 2004

Physician practice characteristic	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	910,857	33,420	100.0	...
Employment status				
Owner	684,074	33,484	75.1	2.0
Employee	201,339	17,885	22.1	1.9
Contractor	25,444	5,661	2.8	0.6
Ownership				
Physician or group	791,456	34,206	86.9	1.6
Other health care corporation	36,656	8,203	4.0	0.9
Other hospital	25,824	7,423	2.8	0.8
HMO ¹	*21,006	6,418	*2.3	0.7
Medical or academic health center	18,957	4,872	2.1	0.5
Other ²	*16,957	5,301	*1.9	0.6
Practice size				
Solo	320,042	23,512	35.1	2.2
2-4	286,980	23,320	31.5	2.3
5-9	194,200	18,167	21.3	1.8
10-39	92,870	13,157	10.2	1.4
40 or more	*16,765	5,763	*1.8	0.6
Blank	*	...	*	...
Type of practice				
Single-specialty group	374,988	26,447	41.2	2.6
Multispecialty group	215,826	20,898	23.7	2.1
Solo	320,042	23,512	35.1	2.2
Office type				
Private practice	833,597	35,262	91.5	1.3
Clinic or urgent center	39,488	8,651	4.3	1.0
Other ³	37,773	8,194	4.1	0.9

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹HMO is health maintenance organization.

²"Other" includes owners such as local government (state, county, or city) and charitable organizations.

³"Other" includes the following office types: HMO, nonfederal government clinic, mental health center, federally qualified health center, and facility practice plan.

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

Table 3. Number, percent distribution, and annual rate of office visits with corresponding standard errors, by patient characteristics: United States, 2004

Patient characteristic	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	910,857	33,420	100.0	...	315.9	11.6
Age						
Under 15 years	147,910	10,660	16.2	1.1	243.4	17.5
Under 1 year	27,107	2,355	3.0	0.2	665.4	57.8
1–4 years	44,659	4,009	4.9	0.4	279.3	25.1
5–14 years	76,144	5,648	8.4	0.6	187.1	13.9
15–24 years	70,593	4,312	7.8	0.4	173.8	10.6
25–44 years	194,261	9,974	21.3	0.8	236.5	12.1
45–64 years	264,103	11,840	29.0	0.6	376.2	16.9
65 years and over	233,991	12,263	25.7	0.8	675.2	35.4
65–74 years	113,426	6,537	12.5	0.5	622.6	35.9
75 years and over	120,565	6,441	13.2	0.5	733.6	39.2
Sex and age						
Female	535,541	20,355	58.8	0.7	363.3	13.8
Under 15 years	70,184	5,361	7.7	0.6	236.5	18.1
15–24 years	45,232	3,252	5.0	0.3	224.8	16.2
25–44 years	133,318	7,874	14.6	0.7	321.0	19.0
45–64 years	152,319	7,027	16.7	0.5	421.5	19.4
65–74 years	63,202	4,120	6.9	0.3	638.1	41.6
75 years and over	71,286	4,132	7.8	0.3	710.1	41.2
Male	375,316	15,573	41.2	0.7	266.3	11.0
Under 15 years	77,726	5,787	8.5	0.6	250.0	18.6
15–24 years	25,361	1,823	2.8	0.2	123.7	8.9
25–44 years	60,943	3,562	6.7	0.3	150.1	8.8
45–64 years	111,784	5,942	12.3	0.4	328.1	17.4
65–74 years	50,224	3,066	5.5	0.3	604.0	36.9
75 years and over	49,279	2,998	5.4	0.3	770.6	46.9
Race and age ²						
White	775,019	31,269	85.1	0.9	333.6	13.5
Under 15 years	123,842	9,326	13.6	0.9	266.8	20.1
15–24 years	59,121	3,789	6.5	0.3	186.8	12.0
25–44 years	160,173	8,568	17.6	0.7	244.9	13.1
45–64 years	226,319	11,019	24.8	0.7	386.4	18.8
65–74 years	96,996	5,787	10.6	0.4	618.5	36.9
75 years and over	108,568	6,183	11.9	0.5	742.6	42.3
Black or African American	98,001	7,162	10.8	0.8	271.3	19.8
Under 15 years	16,626	2,745	1.8	0.3	176.9	29.2
15–24 years	7,799	1,255	0.9	0.1	132.0	21.2
25–44 years	24,767	2,763	2.7	0.3	239.2	26.7
45–64 years	28,903	2,928	3.2	0.3	381.6	38.7
65–74 years	11,763	1,734	1.3	0.2	703.1	103.6
75 years and over	8,143	1,006	0.9	0.1	666.2	82.3
All other races ²						
Asian only	29,131	4,048	3.2	0.4	237.7	33.0
Native Hawaiian or other Pacific Islander	2,869	674	0.3	0.1	577.7	135.8
American Indian or Alaska Native	2,615	675	0.3	0.1	94.4	24.3
Mutiple races	3,223	813	0.4	0.1	73.5	18.5
Ethnicity ²						
Hispanic or Latino	92,370	9,686	10.1	1.0	226.4	23.7
Not Hispanic or Latino	818,487	31,019	89.9	1.0	330.6	12.5

... Category not applicable.

¹Visit rates for age, sex, race, and ethnicity are based on the July 1, 2004, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

²The 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 non-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. However, 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 4. Number and percent distribution of office visits with corresponding standard errors, by primary expected source of payment: United States, 2004

Primary expected source of payment	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	910,857	33,420	100.0	...
Private insurance	509,772	21,905	56.0	1.1
Medicare	206,690	11,305	22.7	0.8
Medicaid or SCHIP ¹	89,647	7,446	9.8	0.8
No insurance	43,401	4,239	4.8	0.5
Self-pay	40,740	4,075	4.5	0.4
No charge or charity	*2,661	1,079	*0.3	0.1
Worker's compensation	13,489	2,491	1.5	0.3
Other	20,235	3,250	2.2	0.3
Unknown or blank	27,623	4,138	3.0	0.4

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹SCHIP is State Children's Health Insurance Program.

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

Table 5. Number and percent distribution of office visits with corresponding standard errors by selected visit characteristics, according to prior-visit status: United States, 2004

Primary care physician and referral status	All visits	Established patient	New patient
Number of visits in thousands			
All visits	910,857	808,389	102,468
Visit to PCP ¹	429,075	410,810	18,265
Visit to non-PCP ¹	439,037	361,574	77,463
Referred by other physician	130,988	85,785	45,203
Not referred by other physician	237,658	218,142	19,516
Unknown if referred	70,391	57,647	12,744
Unknown if PCP ¹ visit	42,745	36,005	6,740
Standard error in thousands			
All visits	33,420	30,404	5,459
Visit to PCP ¹	22,452	21,902	1,918
Visit to non-PCP ¹	22,979	19,746	4,928
Referred by other physician	9,099	7,209	2,865
Not referred by other physician	15,267	14,166	2,346
Unknown if referred	6,445	5,511	1,961
Unknown if PCP ¹ visit	6,667	6,199	1,207
Percent distribution			
All visits	100.0	100	100
Visit to PCP ¹	47.1	50.8	17.8
Visit to non-PCP ¹	48.2	44.7	75.6
Referred by other physician	14.4	10.6	44.1
Not referred by other physician	26.1	27	19
Unknown if referred	7.7	7.1	12.4
Unknown if PCP ¹ visit	4.7	4.5	6.6
Standard error of percent			
All visits . . . . .	...	...	...
Visit to PCP ¹	1.8	1.9	1.8
Visit to non-PCP ¹	1.8	1.9	2.1
Referred by other physician	0.8	0.8	2
Not referred by other physician	1.4	1.5	1.9
Unknown if referred	0.6	0.6	1.7
Unknown if PCP ¹ visit	0.7	0.7	1.1

... Category not applicable.

¹PCP is patient's primary care physician or provider as indicated by positive response to question "Are you the patient's primary care physician?"

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

Table 6. Percent distribution of office visits with corresponding standard errors by primary care physician and referral status, according to physician specialty: United States, 2004

Physician specialty	Total	Visit to PCP ¹	Visit to non-PCP ^{1,2}			
			Referred by other physician	Not referred by other physician	Unknown if referred	Unknown if PCP ¹ visit
Percent distribution						
All visits	100.0	47.1	14.4	26.1	7.7	4.7
General and family practice	100.0	83.8	2.1	6.0	2.8	5.4
Internal medicine	100.0	81.1	*2.8	*7.8	*3.5	*4.9
Pediatrics	100.0	81.3	*2.8	*7.8	*2.2	*5.9
Obstetrics and gynecology	100.0	19.0	6.6	48.8	14.8	*10.7
Ophthalmology	100.0	*8.4	20.1	54.6	13.4	*3.5
Orthopedic surgery	100.0	*2.1	38.5	40.8	15.9	*2.7
Dermatology	100.0	*	22.9	53.8	19.4	*2.9
Psychiatry	100.0	*1.3	22.6	57.8	15.9	*2.4
Cardiovascular diseases	100.0	13.9	35.7	37.6	10.8	*
Otolaryngology	100.0	*3.3	32.9	48.6	11.0	*4.2
General surgery	100.0	*5.5	49.7	30.9	9.6	*4.3
Urology	100.0	*3.6	32.5	52.3	8.2	*3.5
Neurology	100.0	*3.5	52.0	29.7	10.7	*4.0
All other specialties	100.0	13.9	29.1	44.4	10.4	2.2
Standard error of percent						
All visits . . . . .	...	1.8	0.8	1.4	0.6	0.7
General and family practice . . . . .	...	2.3	0.5	1.4	0.7	1.2
Internal medicine . . . . .	...	4.3	1.1	2.8	1.2	1.7
Pediatrics . . . . .	...	4.2	1.4	2.6	1.5	2.3
Obstetrics and gynecology . . . . .	...	4.5	1.7	6.5	3.8	4.1
Ophthalmology . . . . .	...	3.5	3.1	4.3	2.6	1.6
Orthopedic surgery . . . . .	...	0.9	5.0	5.2	3.6	1.1
Dermatology . . . . .	...	...	2.9	4.5	4.1	1.1
Psychiatry . . . . .	...	0.6	3.8	4.5	2.7	1.8
Cardiovascular diseases . . . . .	...	3.8	4.2	4.7	2.0	...
Otolaryngology . . . . .	...	1.3	3.6	3.9	2.2	2.4
General surgery . . . . .	...	2.1	4.4	3.7	1.9	2.2
Urology . . . . .	...	1.5	3.8	4.2	1.8	1.6
Neurology . . . . .	...	1.2	6.5	6.2	2.5	1.9
All other specialties . . . . .	...	3.4	3.1	4.3	2.2	0.4

* Figure does not meet standards of reliability or precision.

... Category not applicable.

¹PCP is patient's primary care physician or provider as indicated by positive response to question "Are you the patient's primary care physician?"²Referral status only asked for visits to nonprimary care physicians or providers.

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

Table 7. Number and percent distribution of office visits with corresponding standard errors, by continuity-of-care visit characteristics according to specialty type: United States, 2004

Continuity-of-care visit characteristic	Specialty type ¹				Specialty type ¹						
	All specialties	Primary care	Surgical specialties	Medical specialties	All specialties	Primary care	Surgical specialties	Medical specialties			
	Number of visits in thousands				Standard error in thousands						
All visits	910,857	532,420	176,431	202,006	33,420	23,672	11,171	17,847			
Prior-visit status and number of visits in last 12 months											
Established patient	808,389	497,727	140,530	170,132	30,404	22,643	9,290	15,456			
None	60,665	34,847	14,069	11,750	4,155	3,016	1,941	1,560			
1–2 visits	264,626	153,108	57,905	53,613	10,871	8,221	4,346	4,902			
3–5 visits	251,888	158,515	43,617	49,756	11,061	8,213	3,426	5,514			
6 or more visits	231,210	151,258	24,939	55,013	14,168	11,094	2,950	7,323			
New patient	102,468	34,692	35,901	31,875	5,459	2,754	2,763	3,737			
Do other physicians share care for this problem?											
Yes	217,889	103,131	54,702	60,056	12,221	9,287	4,751	6,948			
No	572,631	360,708	99,887	112,037	25,503	19,991	8,888	12,012			
Unknown/blank	120,337	68,581	21,842	29,914	15,396	12,213	3,164	5,441			
Episode of care											
Initial visit for problem	268,835	180,939	47,420	40,476	11,239	9,979	3,559	3,782			
Followup visit for problem	440,128	189,567	111,270	139,291	20,647	11,686	7,973	13,808			
Unknown or blank	54,892	33,703	9,478	11,711	6,598	5,151	1,739	2,416			
Not applicable (preventive care visit) ²	147,002	128,210	8,263	10,529	10,588	9,478	1,915	3,089			
				Percent distribution				Standard error of percent			
All visits	100.0	100.0	100.0	100.0	...	...	...	...
Prior-visit status and number of visits in last 12 months											
Established patient	88.8	93.5	79.7	84.2	0.5	0.5	1.0	1.3			
None	6.7	6.5	8.0	5.8	0.4	0.5	1.0	0.7			
1–2 visits	29.1	28.8	32.8	26.5	0.9	1.1	1.4	1.3			
3–5 visits	27.7	29.8	24.7	24.6	0.6	0.8	1.1	1.3			
6 or more visits	25.4	28.4	14.1	27.2	1.1	1.4	1.4	2.5			
New patient	11.2	6.5	20.3	15.8	0.5	0.5	1.0	1.3			
Do other physicians share care for this problem?											
Yes	23.9	19.4	31.0	29.7	1.2	1.6	2.3	2.7			
No	62.9	67.7	56.6	55.5	1.7	2.2	2.7	3.1			
Unknown or blank	13.2	12.9	12.4	14.8	1.5	2.2	1.7	2.2			
Episode of care											
Initial visit for problem	29.5	34.0	26.9	20.0	1.0	1.3	1.1	1.5			
Followup visit for problem	48.3	35.6	63.1	69.0	1.2	1.5	1.8	2.4			
Unknown or blank	6.0	6.3	5.4	5.8	0.7	0.9	1.0	1.1			
Not applicable (preventive care visit) ²	16.1	24.1	4.7	5.2	1.0	1.4	1.1	1.4			

... Category not applicable.

¹Specialty type defined in "Physician specialty groups" section of "Methods."

²Preventive care includes routine prenatal, general medical, well-baby, and screening or insurance examinations (see question 3C in "Technical Notes").

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

Table 8. Number and percent distribution of office visits with corresponding standard errors, by patient's principal reason for visit: United States, 2004

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	910,857	33,420	100.0	...
Symptom module. S001–S999	443,320	17,542	48.7	1.0
General symptoms S001–S099	53,275	4,882	5.8	0.5
Symptoms referable to psychological and mental disorders S100–S199	30,145	2,810	3.3	0.3
Symptoms referable to the nervous system (excluding sense organs) S200–S259	26,336	1,892	2.9	0.2
Symptoms referable to the cardiovascular and lymphatic system S260–S299	3,325	466	0.4	0.1
Symptoms referable to the eyes and ears S300–S399	43,618	3,886	4.8	0.4
Symptoms referable to the respiratory system S400–S499	77,960	5,402	8.6	0.5
Symptoms referable to the digestive system. S500–S639	41,341	4,536	4.5	0.4
Symptoms referable to the genitourinary system S640–S829	29,949	2,165	3.3	0.2
Symptoms referable to the skin, hair, and nails S830–S899	45,231	3,271	5.0	0.3
Symptoms referable to the musculoskeletal system S900–S999	92,141	6,799	10.1	0.7
Disease module D001–D999	118,717	8,253	13.0	0.8
Diagnostic, screening, and preventive module X100–X599	151,198	9,607	16.6	0.9
Treatment module T100–T899	130,024	9,303	14.3	0.8
Injuries and adverse effects module J001–J999	23,932	1,889	2.6	0.2
Test results module R100–R700	25,901	2,997	2.8	0.3
Administrative module. A100–A140	6,934	995	0.8	0.1
Other ² U990–U999	10,832	2,946	1.2	0.3

... Category not applicable.

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC)* (19).

²Includes problems and complaints not elsewhere classified, entries of "none," blanks, and illegible entries.

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

Table 9. Number and percent distribution of office visits with corresponding standard errors by the 20 principal reasons for visit most frequently mentioned by patients, according to patient's sex: United States, 2004

Principal reason for visit and RVC code ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Female ²		Male ³	
					Percent distribution	Standard error of percent	Percent distribution	Standard error of percent
All visits	910,857	33,420	100.0	...	100.0	...	100.0	...
General medical examination X100	56,703	4,794	6.2	0.5	5.2	0.5	7.7	0.6
Progress visit, not otherwise specified. T800	48,302	7,885	5.3	0.8	5.3	0.9	5.3	0.7
Postoperative visit T205	26,299	2,332	2.9	0.3	2.9	0.3	2.8	0.3
Cough S440	25,951	2,371	2.8	0.2	2.5	0.2	3.3	0.4
Prenatal examination, routine X205	24,816	5,045	2.7	0.5	4.6	0.9	...	...
Medication, other and unspecified kinds. T115	16,483	1,660	1.8	0.2	1.7	0.2	2.0	0.2
Gynecological examination. X225	14,716	2,006	1.6	0.2	2.7	0.4	...	...
Hypertension D510	14,510	1,923	1.6	0.2	1.4	0.3	1.8	0.3
Symptoms referable to throat S455	14,470	1,542	1.6	0.2	1.7	0.2	1.5	0.2
Knee symptoms S925	14,241	1,846	1.6	0.2	1.5	0.2	1.7	0.2
For other and unspecified test results R700	13,159	1,816	1.4	0.2	1.3	0.2	1.6	0.3
Stomach pain, cramps, and spasms S545	13,080	1,566	1.4	0.2	1.5	0.2	1.4	0.2
Diabetes mellitus. D205	13,053	1,665	1.4	0.2	1.3	0.2	1.7	0.3
Depression S110	12,110	1,376	1.3	0.1	1.6	0.2	1.0	0.1
Back symptoms. S905	11,892	1,260	1.3	0.1	1.3	0.1	1.3	0.2
Skin rash. S860	11,548	1,136	1.3	0.1	1.0	0.1	1.6	0.2
Vision dysfunctions S305	11,364	2,152	1.2	0.2	1.4	0.3	1.0	0.2
Well-baby examination X105	11,023	1,254	1.2	0.1	1.0	0.1	1.6	0.2
Headache, pain in head S210	10,780	1,154	1.2	0.1	1.3	0.2	1.0	0.2
Earache or ear infection S355	10,125	1,058	1.1	0.1	1.1	0.1	1.2	0.2
All other reasons.	536,232	21,646	58.9	1.0	57.5	1.2	60.8	1.0

... Category not applicable.

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC)*(19).

²Based on 535,541,000 visits made by females.

³Based on 375,316,000 visits made by males.

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

Table 10. Number and percent distribution of office visits with corresponding standard errors by major reason for this visit, according to selected patient and visit characteristics: United States, 2004

Patient and visit characteristics	Total	Acute problem	Chronic problem, routine	Chronic problem, flare-up	Pre- or post-surgery	Preventive care ¹	Unknown or blank
Number visits in thousands							
All visits	910,857	316,137	296,569	72,741	50,655	147,002	27,754
Age							
Under 15 years	147,910	76,478	20,400	6,965	2,566	38,591	*2,910
Under 1 year	27,107	11,878	1,431	*	*	12,499	*
1–4 years	44,659	23,683	5,327	2,031	904	12,014	*
5–14 years	76,144	40,917	13,643	4,459	1,542	14,078	*1,505
15–24 years	70,593	28,587	13,031	4,546	2,667	19,511	2,252
25–44 years	194,261	70,235	48,771	16,160	11,916	41,329	5,850
45–64 years	264,103	81,346	102,702	22,983	17,457	30,438	9,178
65 years and over	233,991	59,491	111,665	22,088	16,049	17,133	7,565
65–74 years	113,426	27,850	52,986	10,866	8,222	9,220	4,282
75 years and over	120,565	31,641	58,679	11,221	7,827	7,913	3,283
Sex							
Female	535,541	180,527	164,598	43,203	30,418	99,694	17,100
Male	375,316	135,609	131,971	29,538	20,237	47,308	10,653
Race ²							
White	775,019	267,695	252,817	61,436	45,123	123,065	24,883
Black or African American	98,001	33,090	34,511	8,028	3,909	16,413	*2,049
Other	37,838	15,352	9,241	3,277	1,623	7,524	821
Ethnicity ²							
Hispanic or Latino	92,370	37,412	22,080	5,676	4,362	18,759	*4,081
Not Hispanic or Latino	818,487	278,725	274,489	67,065	46,293	128,243	23,672
Primary expected source of payment							
Private insurance	509,772	195,828	144,958	36,569	23,754	96,211	12,453
Medicaid or SCHIP ³	89,647	33,980	21,494	6,827	3,616	21,274	*2,456
Medicare	206,690	52,480	100,070	20,748	13,365	15,454	4,573
Self-pay, no charge, or charity	43,401	15,166	14,329	3,468	*5,095	4,167	*1,176
Other ⁴	61,347	18,683	15,719	5,128	4,824	9,897	*7,095
Standard error in thousands							
All visits	33,420	13,474	17,118	3,731	3,891	10,588	4,863
Age							
Under 15 years	10,660	6,565	3,824	1,022	341	3,625	968
Under 1 year	2,355	1,373	421	*	*	1,323	*
1–4 years	4,009	2,476	1,463	559	201	1,477	*
5–14 years	5,648	3,516	2,327	596	268	1,730	498
15–24 years	4,312	2,145	1,489	577	395	2,265	447
25–44 years	9,974	4,440	3,264	1,191	1,513	4,998	1,095
45–64 years	11,840	4,077	7,058	1,705	1,671	3,232	1,877
65 years and over	12,263	3,501	7,870	1,523	1,609	2,683	1,785
65–74 years	6,537	1,837	4,398	872	912	1,463	1,150
75 years and over	6,441	2,218	4,021	1,014	895	1,389	759
Sex							
Female	20,355	8,490	10,221	2,495	2,699	8,191	3,202
Male	15,573	6,087	7,817	1,890	1,763	4,156	2,065
Race ²							
White	31,269	11,987	15,888	3,411	3,654	9,279	4,528
Black or African American	7,162	3,751	3,834	1,066	540	2,149	728
Other	4,398	2,307	1,260	733	438	1,859	230
Ethnicity ²							
Hispanic or Latino	9,686	4,397	2,985	917	781	2,531	1,341
Not Hispanic or Latino	31,019	12,487	15,863	3,478	3,814	9,695	4,355

See footnotes at end of table.

Table 10. Number and percent distribution of office visits with corresponding standard errors by major reason for this visit, according to selected patient and visit characteristics: United States, 2004—Con.

Patient and visit characteristics	Total	Acute problem	Chronic problem, routine	Chronic problem, flare-up	Pre- or post-surgery	Preventive care ¹	Unknown or blank
Primary expected source of payment							
Private insurance	21,905	9,599	10,451	2,264	1,764	7,854	2,242
Medicaid or SCHIP ³	7,446	4,014	2,616	815	498	2,748	813
Medicare	11,305	3,608	7,078	1,463	1,431	2,468	1,096
Self-pay, no charge, or charity	4,239	1,693	1,705	578	1,663	683	395
Other ⁴	5,919	2,223	1,993	923	1,055	1,961	2,938
Percent distribution							
All visits	100.0	34.7	32.6	8.0	5.6	16.1	3.0
Age							
Under 15 years	100.0	51.7	13.8	4.7	1.7	26.1	*2.0
Under 1 year	100.0	43.8	5.3	*	*	46.1	*
1–4 years	100.0	53.0	11.9	4.5	2.0	26.9	*
5–14 years	100.0	53.7	17.9	5.9	2.0	18.5	*2.0
15–24 years	100.0	40.5	18.5	6.4	3.8	27.6	3.2
25–44 years	100.0	36.2	25.1	8.3	6.1	21.3	3.0
45–64 years	100.0	30.8	38.9	8.7	6.6	11.5	3.5
65 years and over	100.0	25.4	47.7	9.4	6.9	7.3	3.2
65–74 years	100.0	24.6	46.7	9.6	7.2	8.1	3.8
75 years and over	100.0	26.2	48.7	9.3	6.5	6.6	2.7
Sex							
Female	100.0	33.7	30.7	8.1	5.7	18.6	3.2
Male	100.0	36.1	35.2	7.9	5.4	12.6	2.8
Race ²							
White	100.0	34.5	32.6	7.9	5.8	15.9	3.2
Black or African American	100.0	33.8	35.2	8.2	4.0	16.7	*2.1
Other	100.0	40.6	24.4	8.7	4.3	19.9	2.2
Ethnicity ²							
Hispanic or Latino	100.0	40.5	23.9	6.1	4.7	20.3	*4.4
Not Hispanic or Latino	100.0	34.1	33.5	8.2	5.7	15.7	2.9
Primary expected source of payment							
Private insurance	100.0	38.4	28.4	7.2	4.7	18.9	2.4
Medicaid or SCHIP ³	100.0	37.9	24.0	7.6	4.0	23.7	*2.7
Medicare	100.0	25.4	48.4	10.0	6.5	7.5	2.2
Self-pay, no charge, or charity	100.0	34.9	33.0	8.0	11.7	9.6	*2.7
Other ⁴	100.0	30.5	25.6	8.4	7.9	16.1	*11.6
Standard error of percent							
All visits . . . . .	...	1.1	1.2	0.4	0.4	1.0	0.5
Age							
Under 15 years . . . . .	...	2.6	2.2	0.6	0.2	1.6	0.7
Under 1 year . . . . .	...	3.2	1.5	*	*	2.9	*
1–4 years . . . . .	...	3.2	2.9	1.2	0.4	2.2	*
5–14 years . . . . .	...	3.0	2.5	0.7	0.4	1.7	0.6
15–24 years . . . . .	...	2.2	1.7	0.8	0.6	2.4	0.6
25–44 years . . . . .	...	1.8	1.4	0.6	0.7	1.9	0.5
45–64 years . . . . .	...	1.3	1.6	0.6	0.6	1.1	0.7
65 years and over . . . . .	...	1.2	1.7	0.6	0.6	1.0	0.7
65–74 years . . . . .	...	1.5	2.0	0.8	0.8	1.2	0.9
75 years and over . . . . .	...	1.4	1.9	0.8	0.7	1.0	0.6
Sex							
Female . . . . .	...	1.2	1.3	0.4	0.5	1.3	0.6
Male . . . . .	...	1.3	1.2	0.4	0.5	0.8	0.5
Race ²							
White . . . . .	...	1.2	1.2	0.4	0.5	1.0	0.6
Black or African American . . . . .	...	2.7	3.0	0.9	0.5	1.9	0.7
Other . . . . .	...	3.3	2.9	1.4	1.2	4.0	0.6

See footnotes at end of table.

Table 10. Number and percent distribution of office visits with corresponding standard errors by major reason for this visit, according to selected patient and visit characteristics: United States, 2004—Con.

Patient and visit characteristics	Total	Acute problem	Chronic problem, routine	Chronic problem, flare-up	Pre- or post-surgery	Preventive care ¹	Unknown or blank
Ethnicity ²							
Hispanic or Latino	2.2	1.8	0.8	0.7	1.8	1.4
Not Hispanic or Latino.	1.2	1.2	0.4	0.4	1.0	0.5
Primary expected source of payment							
Private insurance.	1.4	1.4	0.4	0.3	1.2	0.4
Medicaid or SCHIP ³	2.6	2.3	0.9	0.5	2.2	0.9
Medicare.	1.3	1.6	0.7	0.6	1.1	0.5
Self-pay, no charge, or charity.	2.6	2.7	1.2	3.3	1.4	0.9
Other ⁴	3.1	2.7	1.4	1.6	2.6	4.3

* Figure does not meet standards of reliability or precision.

. . . Category not applicable.

¹Preventive care includes prenatal, general medical, well-baby, and screening or insurance examinations (see question 3c in "Technical Notes").

²Other race includes visits by Asians, Native Hawaiians or other Pacific Islanders, American Indians or Alaska Natives, and multiple races. All race categories include visits by persons of Hispanic and non-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. However, the percent of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

³SCHIP is State Children's Health Insurance Program.

⁴Other includes worker's compensation, unknown or blank, and payments not classified elsewhere.

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

Table 11. Number, percent distribution, and annual rate of preventive care office visits and percent of visits to primary care specialists with corresponding standard errors, by selected patient and visit characteristics: United States, 2004

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	Percent of preventive care visits made to primary care specialists ²	Standard error of percent
All preventive care visits ³	147,002	10,588	100.0	...	51.0	3.7	87.2	2.2
Age								
Under 15 years	38,591	3,625	26.3	2.4	63.5	6.0	96.4	1.2
Under 1 year	12,499	1,323	8.5	0.9	306.8	32.5	99.0	0.7
1–4 years	12,014	1,477	8.2	1.0	75.1	9.2	98.6	0.9
5–14 years	14,078	1,730	9.6	1.1	34.6	4.2	92.3	2.6
15–24 years	19,511	2,265	13.3	1.1	48.0	5.6	95.3	1.3
25–44 years	41,329	4,998	28.1	2.3	50.3	6.1	92.2	2.2
45–64 years	30,438	3,232	20.7	1.6	43.4	4.6	77.1	4.1
65 years and over	17,133	2,683	11.7	1.5	49.4	7.7	63.2	6.8
65–74 years	9,220	1,463	6.3	0.8	50.6	8.0	64.4	6.8
75 years and over	7,913	1,389	5.4	0.8	48.1	8.5	61.9	8.2
Sex and age								
Female	99,694	8,191	67.8	2.0	67.6	5.6	90.1	1.8
Under 15 years	19,440	1,922	13.2	1.3	65.5	6.5	96.6	1.4
15–24 years	15,991	2,131	10.9	1.1	79.5	10.6	97.2	1.0
25–44 years	34,756	4,667	23.6	2.4	83.7	11.2	96.3	1.2
45–64 years	18,932	2,085	12.9	1.0	52.4	5.8	78.9	3.7
65–74 years	5,095	912	3.5	0.5	51.4	9.2	65.7	7.8
75 years and over	5,481	1,014	3.7	0.6	54.6	10.1	68.3	8.3
Male	47,308	4,156	32.2	2.0	33.6	2.9	81.2	3.5
Under 15 years	19,151	2,014	13.0	1.3	61.6	6.5	96.3	1.4
15–24 years	3,521	563	2.4	0.3	17.2	2.7	87.0	5.0
25–44 years	6,573	1,140	4.5	0.7	16.2	2.8	70.3	8.4
45–64 years	11,506	1,553	7.8	0.9	33.8	4.6	74.2	5.6
65–74 years	4,126	723	2.8	0.4	49.6	8.7	62.7	8.0
75 years and over	2,432	538	1.7	0.4	38.0	8.4	47.5	11.3
Race ⁴								
White	123,065	9,279	83.7	1.6	53.0	4.0	86.5	2.4
Black or African American	16,413	2,149	11.2	1.4	45.4	5.9	90.9	2.4
Other	7,524	1,859	5.1	1.1	37.8	9.3	91.7	3.5
Ethnicity ⁴								
Hispanic or Latino	18,759	2,531	12.8	1.5	46.0	6.2	92.1	2.7
Not Hispanic or Latino	128,243	9,695	87.2	1.5	51.8	3.9	86.5	2.4
Primary expected source of payment								
Private insurance	96,211	7,854	65.4	2.2	49.7	4.1	89.8	2.3
Medicaid or SCHIP ⁵	21,274	2,748	14.5	1.8	69.8	9.0	96.4	1.4
Medicare	15,454	2,468	10.5	1.4	43.0	6.9	65.4	7.1
Self-pay, no charge, or charity	4,167	683	2.8	0.5	10.0	1.6	79.2	7.5
Other ⁶	9,897	1,961	6.7	1.1	...	...	80.1	7.5

... Category not applicable.

¹Visit rates for age, sex, race, and ethnicity are based on U.S. Census Bureau estimates of the civilian noninstitutional population of the United States as of July 1, 2004.

²Primary care specialty defined in Specialty type classification found in "Physician specialty groups" section of "Methods."

³Preventive care includes prenatal, general medical, well-baby, and screening or insurance examinations (see question 3c in "Technical Notes").

⁴Other race includes visits by Asians, Native Hawaiians or other Pacific Islanders, American Indians or Alaska Natives, and multiple races. All race categories include visits by persons of Hispanic origin and non-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. However, the percent of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

⁵SCHIP is State Children's Health Insurance Program.

⁶Other includes worker's compensation, unknown or blank, and payments not classified elsewhere.

Table 12. Number and percent distribution of office visits with corresponding standard errors, by physician's primary diagnosis: United States, 2004

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	910,857	33,420	100	...
Infectious and parasitic diseases 001-139	25,948	2,640	2.8	0.3
Neoplasms. 140-239	37,462	5,960	4.1	0.6
Endocrine, nutritional, metabolic diseases, and immunity disorders 240-279	50,985	4,685	5.6	0.5
Mental disorders 290-319	48,376	3,757	5.3	0.4
Diseases of the nervous system and sense organs. 320-389	74,485	5,172	8.2	0.5
Diseases of the circulatory system 390-459	72,648	5,151	8	0.5
Diseases of the respiratory system 460-519	100,973	8,063	11.1	0.8
Diseases of the digestive system 520-579	33,955	4,031	3.7	0.4
Diseases of the genitourinary system 580-629	41,572	2,641	4.6	0.3
Diseases of the skin and subcutaneous tissue. 680-709	46,957	3,782	5.2	0.4
Diseases of the musculoskeletal and connective tissue 710-739	73,205	5,942	8	0.6
Symptoms, signs, and ill-defined conditions 780-799	59,213	4,493	6.5	0.4
Injury and poisoning 800-999	45,127	3,314	5	0.3
Supplementary classification. V01-V82	162,759	9,715	17.9	0.9
All other diagnoses ²	27,086	2,895	3	0.3
Unknown ³	10,105	1,413	1.1	0.1

... Category not applicable.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (20).

²Includes diseases of the blood and blood-forming organs (280-289); complications of pregnancy, childbirth, and the puerperium (630-677); 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," "no diagnoses") (V99).

³Includes blank diagnoses.

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

Table 13. Number and percent distribution of office visits with corresponding standard errors, by the 20 leading primary diagnosis groups according to patient's sex: United States, 2004

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	Female ²		Male ³	
					Percent distribution	Standard error of percent	Percent distribution ²	Standard error of percent
All visits	910,857	33,420	100.0	...	100.0	...	100.0	...
Essential hypertension 401	37,843	3,882	4.2	0.4	4.1	0.5	4.2	0.4
Routine infant or child health check V20.2	31,349	3,182	3.4	0.3	3.0	0.3	4.1	0.5
Malignant neoplasms 140-208,230-234	27,776	5,522	3.0	0.6	2.7	0.6	3.5	0.6
Acute upper respiratory infections, excluding pharyngitis. 460-461,463-466	27,687	2,443	3.0	0.3	3.0	0.3	3.1	0.3
Diabetes mellitus 250	27,167	2,981	3.0	0.3	2.6	0.3	3.5	0.4
Arthropathies and related disorders 710-719	24,711	2,260	2.7	0.2	3.0	0.2	2.4	0.3
Spinal disorders 720-724	23,988	3,184	2.6	0.3	2.6	0.3	2.7	0.4
Normal pregnancy V22	23,222	4,996	2.5	0.5	4.3	0.9	...	...
Rheumatism, excluding back 725-729	18,562	1,999	2.0	0.2	1.9	0.2	2.3	0.3
Specific procedures and aftercare V50-V59.9	15,392	1,791	1.7	0.2	1.6	0.2	1.8	0.2
Gynecological examination. V72.3	15,173	1,925	1.7	0.2	2.8	0.3	...	...
Allergic rhinitis 477	14,058	3,511	1.5	0.4	1.5	0.3	1.7	0.5
General medical examination V70	14,041	1,796	1.5	0.2	1.1	0.2	2.2	0.3
Asthma. 493	13,607	2,251	1.5	0.2	1.4	0.3	1.6	0.2
Chronic sinusitis 473	12,545	2,056	1.4	0.2	1.5	0.2	1.3	0.2
Follow up examination V67	12,199	1,921	1.3	0.2	1.5	0.2	1.2	0.2
Heart disease, excluding ischemic 391-392.0,393-398,402,404,415-416,420-429	11,944	1,257	1.3	0.1	1.0	0.1	1.8	0.2
Otitis media and eustachian tube disorders. 381-382	11,733	1,294	1.3	0.1	1.0	0.1	1.7	0.2
Disorders of lipid metabolism. 272	10,763	1,573	1.2	0.2	1.1	0.2	1.3	0.2
Potential health hazards related personal and family history . . V10-V19	10,353	1,410	1.1	0.2	0.9	0.2	1.5	0.2
All other diagnoses	526,742	20,573	57.8	0.9	57.5	1.0	58.3	1.0

... Category not applicable.

* Figure does not meet standard of reliability or precision.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (20). However, certain codes have been combined in this table to form larger categories that better describe the utilization of ambulatory care services.

²Based on 535,541,000 visits made by females.

³Based on 375,316,000 visits made by males.

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

Table 14. Number and percent distribution of office visits with corresponding standard errors, by patient's age, according to the five leading primary diagnosis groups: United States, 2004

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	910,857	33,420	100.0	...	315.9	11.6
Under 1 year						
All visits	27,107	2,355	100.0	...	665.4	57.8
Routine infant or child health check V20.2	10,763	1,241	39.7	3.1	264.2	30.5
Acute upper respiratory infections, excluding pharyngitis 460-461,463-466	3,388	536	12.5	1.8	83.2	13.2
Otitis media and eustachian tube disorders 381-382	1,332	330	4.9	1.2	32.7	8.1
Chronic and unspecified bronchitis 490-491	*	...	*	...	*	...
Acute pharyngitis 462	*	...	*	...	*	...
All other diagnoses	10,416	1,155	38.4	2.6	255.7	28.4
1-12 years						
All visits	104,351	7,999	100.0	...	217.2	16.6
Routine infant or child health check V20.2	17,219	1,953	16.5	1.5	35.8	4.1
Acute upper respiratory infections, excluding pharyngitis 460-461,463-466	9,851	1,195	9.4	1.1	20.5	2.5
Otitis media and eustachian tube disorders 381-382	6,820	946	6.5	0.8	14.2	2.0
Asthma 493	4,640	1,023	4.4	0.9	9.7	2.1
Allergic rhinitis 477	*4,064	1,545	*3.9	1.4	8.5	3.2
All other diagnoses	61,757	5,174	59.2	2.0	128.5	10.8
13-21 years						
All visits	65,131	3,732	100.0	...	176.0	10.1
Normal pregnancy V22	4,033	791	6.2	1.1	³ 22.1	4.3
Routine infant or child health check V20.2	3,368	642	5.2	0.9	9.1	1.7
Acute upper respiratory infections, excluding pharyngitis 460-461,463-466	2,966	565	4.6	0.8	8.0	1.5
Acne 706.0-706.1	2,624	414	4.0	0.6	7.1	1.1
Asthma 493	*	...	*	...	*	...
All other diagnoses	50,266	3,100	77.2	1.6	135.8	8.4
22-49 years						
All visits	284,232	13,434	100.0	...	244.4	11.6
Normal pregnancy V22	19,153	4,421	6.7	1.4	32.64	7.5
Spinal disorders 720-724	10,144	1,296	3.6	0.4	8.7	1.1
Gynecological examination V72.3	9,666	1,374	3.4	0.5	16.44	2.3
Essential hypertension 401	7,796	946	2.7	0.3	6.7	0.8
General medical examination V70	7,263	1,214	2.6	0.4	6.2	1.0
All other diagnoses	230,210	10,490	81.0	1.6	197.9	9.0
50-64 years						
All visits	196,046	9,251	100.0	...	406.0	19.2
Essential hypertension 401	12,893	1,595	6.6	0.7	26.7	3.3
Diabetes mellitus 250	9,927	1,163	5.1	0.6	20.6	2.4
Spinal disorders 720-724	8,321	1,766	4.2	0.9	17.2	3.7
Malignant neoplasms 140-208,230-234	7,928	1,777	4.0	0.9	16.4	3.7
Arthropathies and related disorders 710-719	7,880	987	4.0	0.5	16.3	2.0
All other diagnoses	149,097	7,252	76.1	1.5	308.8	15.0
65 years and older						
All visits	233,991	12,263	100.0	...	675.2	35.4
Essential hypertension 401	16,932	2,159	7.2	0.8	48.9	6.2
Malignant neoplasms 140-208,230-234	16,584	3,381	7.1	1.3	47.9	9.8
Diabetes mellitus 250	12,212	1,713	5.2	0.7	35.2	4.9
Arthropathies and related disorders 710-719	9,117	1,109	3.9	0.4	26.3	3.2
Heart disease, excluding ischemic 391-392.0,393-398,402,404,415-416,420-429	8,214	951	3.5	0.4	23.7	2.7
All other diagnoses	170,933	8,992	73.1	1.5	493.3	25.9

... Category not applicable.

* Figure does not meet standard of reliability or precision.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (20). However, certain codes have been combined in this table to form larger categories.²Visit rates for age are based on the July 1, 2004, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.³The population used for this rate is based on visits by females 13-21 years of age. For males in this age group, the leading diagnosis was routine infant or child health check (9.4 visits per 100 males 13-21 years, SE=2.1).⁴The population used for this rate is based on visits by females 22-49 years of age. For males in this age group, the leading diagnosis was spinal disorders (7.9 visits per 100 males 22-49 years, SE=1.2).

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

Table 15. Number, percent distribution, and annual rate of injury-related office visits with corresponding standard errors, by selected patient characteristics: United States, 2004

Patient characteristic	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	105,281	5,644	100.0	...	36.5	2.0
Age						
Under 15 years	16,773	1,528	15.9	1.4	27.6	2.5
Under 1 year	*	...	*	...	*	*
1-4 years	3,878	555	3.7	0.5	24.3	3.5
5-14 years	11,498	1,251	10.9	1.2	28.2	3.1
15-24	9,845	1,016	9.4	0.8	24.2	2.5
25-44	23,798	1,799	22.6	1.2	29.0	2.2
45-64	31,832	2,603	30.2	1.5	45.3	3.7
65 years and over	23,033	1,699	21.9	1.1	66.5	4.9
65-74	10,937	1,009	10.4	0.8	60.0	5.5
75 years and over	12,096	1,048	11.5	0.8	73.6	6.4
Sex and age						
Female	50,672	2,935	48.1	1.2	34.4	2.0
Under 15 years	6,629	737	6.3	0.7	22.3	2.5
15-24	4,190	547	4.0	0.5	20.8	2.7
25-44	12,693	1,110	12.1	0.9	30.6	2.7
45-64	15,168	1,393	14.4	1.0	42.0	3.9
65-74	5,665	732	5.4	0.6	57.2	7.4
75 years and over	6,326	723	6.0	0.6	63.0	7.2
Male	54,610	3,270	51.9	1.2	38.7	2.3
Under 15 years	10,144	1,083	9.6	1.0	32.6	3.5
15-24	5,654	686	5.4	0.6	27.6	3.3
25-44	11,105	1,100	10.5	0.8	27.4	2.7
45-64	16,664	1,605	15.8	1.1	48.9	4.7
65-74	5,272	571	5.0	0.5	63.4	6.9
75 years and over	5,770	702	5.5	0.6	90.2	11.0
Race ³						
White	93,186	5,296	88.5	1.1	40.1	2.3
Black or African American	8,188	1,077	7.8	0.9	22.7	3.0
Other	3,907	560	3.7	0.5	19.6	2.8
Ethnicity						
Hispanic or Latino	8,972	1,193	8.5	1.1	22.0	2.9
Not Hispanic or Latino	96,309	5,345	91.5	1.1	38.9	2.2

... Category not applicable.

¹Visit rates for age, sex, race, and ethnicity are based on U.S. Census Bureau estimates of the civilian noninstitutional population of the United States as of July 1, 2004.

²Injury visits represent 11.6 percent (SE=0.5) of all office visits.

³Other race includes visits by Asians, Native Hawaiians or other Pacific Islanders, American Indians or Alaska Natives, and multiple races. All race categories include visits by persons of Hispanic origin and non-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. However, the percent 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 16. Number and percent distribution of injury-related office visits with corresponding standard errors, by intent and mechanism of external cause: United States, 2004

Intent and mechanism ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All injury-related visits	105,281	5,644	100.0	...
Unintentional injuries	58,381	4,212	55.5	1.8
Falls	14,736	1,506	14.0	1.0
Overexertion and strenuous movements	6,616	1,067	6.3	0.9
Motor vehicle traffic	6,465	1,058	6.1	0.9
Natural and environmental factors	5,351	694	5.1	0.7
Struck against or struck accidentally by objects or persons	5,099	739	4.8	0.6
Cutting or piercing instruments or objects	2,036	467	1.9	0.4
Other and not elsewhere classified ²	15,194	1,499	14.4	1.2
Mechanism unspecified	2,883	540	2.7	0.5
Intentional injuries ³	790	210	0.8	0.2
Injuries of undetermined intent	*	...	*	...
Adverse effects of medical treatment	7,896	885	7.5	0.8
Medical or surgical complications	3,104	397	2.9	0.4
Adverse drug effects	4,792	743	4.6	0.7
Blank cause ⁴	38,129	2,402	36.2	1.9

... Category not applicable.

* Figure does not meet standard of reliability or precision.

¹Based on the "Supplementary Classification of External Causes of Injury and Poisoning," *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (20)*. A detailed description of the ICD-9-CM E-codes used to create the groupings in this table can be found in the 2003 Advance Data Report (2).

²Includes suffocation, poisoning, other transportation, machinery, firearm, fire and flames, drowning or submersion, nontraffic motor vehicle, and pedal cycle.

³Includes assault, self-inflicted, and other causes of violence.

⁴Includes illegible entries and blanks.

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

Table 17. Number and percentage of office visits with corresponding standard errors, by diagnostic and screening services ordered or provided and patient's sex: United States, 2004

Diagnostic and screening services ordered or provided	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Female ¹		Male ²	
					Percent of visits	Standard error of percent	Percent of visits	Standard error of percent
All visits	910,857	33,420	...	...	...	...	...	...
One or more diagnostic and screening service listed	782,321	30,413	85.9	1.0	86.1	1.0	85.6	1.1
None	120,137	9,765	13.2	1.0	12.8	1.0	13.7	1.1
Blank	*8,399	2,921	*0.9	0.3	*1.1	0.4	*0.7	0.2
Examinations								
General medical examination	460,125	21,667	50.5	1.7	49.5	1.8	52.0	1.9
Other exam	194,413	13,057	21.3	1.3	23.2	1.5	18.7	1.3
Vital signs								
Temperature	240,400	16,908	26.4	1.7	25.1	1.7	28.2	1.8
Blood pressure	477,198	23,940	52.4	1.5	54.6	1.6	49.3	1.7
Diagnostic tests								
EKG ³	21,796	2,223	2.4	0.2	1.8	0.2	3.2	0.3
Any scope procedure	23,044	3,066	2.5	0.3	2.5	0.4	2.5	0.4
Sigmoidoscopy or colonoscopy	11,453	2,499	1.3	0.3	1.3	0.3	1.2	0.3
Endoscopy	7,988	1,264	0.9	0.1	0.9	0.1	0.9	0.2
Cystoscopy	2,850	522	0.3	0.1	0.2	0.1	0.4	0.1
Laboratory tests								
CBC ⁴	87,581	8,549	9.6	0.8	9.2	0.8	10.2	0.9
Urinalysis	73,786	5,860	8.1	0.6	9.1	0.9	6.7	0.5
Lipids or cholesterol	59,532	4,534	6.5	0.4	5.5	0.4	8.0	0.6
PSA ⁵	13,573	1,522	1.5	0.2	...	...	3.6	0.4
Hematocrit or hemoglobin	25,195	4,757	2.8	0.5	2.8	0.5	2.8	0.5
Pap test	24,375	2,347	2.7	0.3	4.6	0.4	...	...
Glucose	38,731	3,343	4.3	0.4	3.8	0.3	4.9	0.5
HgbA1C ⁶	20,395	2,554	2.2	0.3	2.0	0.2	2.7	0.4
Electrolytes	36,549	4,935	4.0	0.5	3.6	0.5	4.6	0.6
Other blood test	86,402	6,747	9.5	0.6	8.9	0.6	10.4	0.8
Cultures								
Throat or rapid strep test	13,972	1,735	1.5	0.2	1.5	0.2	1.6	0.2
Urine	9,381	1,192	1.0	0.1	1.2	0.2	0.8	0.1
Stool	4,836	997	0.5	0.1	0.6	0.1	0.5	0.1
Cervical or urethral	5,185	1,041	0.6	0.1	1.0	0.2	*	...
Imaging								
Any imaging	90,928	5,459	10.0	0.5	10.9	0.5	8.7	0.6
X ray	51,908	3,840	5.7	0.4	5.3	0.4	6.2	0.5
Mammography	14,984	1,656	1.6	0.2	2.8	0.3	...	...
Other imaging	30,383	2,358	3.3	0.2	3.6	0.3	3.0	0.3
Ultrasound	16,779	2,003	1.8	0.2	2.1	0.3	1.4	0.2
Other service	98,376	8,009	10.8	0.8	11.3	1.0	10.1	0.7

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Based on 535,541,000 visits made by females.

²Based on 375,316,000 visits made by males.

³EKG is electrocardiogram.

⁴CBC is complete blood count.

⁵PSA is prostate-specific antigen.

⁶HgbA1C is glycohemoglobin.

Table 18. Mean vital signs for patients seen at office visits with corresponding standard errors and percentiles, by type of vital sign and patient's age: United States, 2004

Type of vital sign	Mean	Standard error of mean	25th percentile	50th percentile	75th percentile
Temperature in Fahrenheit					
All visits	98.0	0.0	97.3	97.9	98.5
Under 5 years	98.2	0.1	97.4	98.2	98.7
5 years and over	97.9	0.0	97.3	97.9	98.4
Reason for visit: fever	99.2	0.2	98.0	98.9	99.9
Systolic blood pressure in mmHg ¹					
All visits	126.1	0.5	111.4	123.4	137.7
18–44 years	119.1	0.8	109.3	119.1	127.3
45–64 years	129.2	0.6	118.2	128.1	139.3
65 years and over	135.2	0.7	119.9	131.7	147.3
Diagnosis of hypertension	138.9	0.8	125.0	137.4	149.7
Diastolic blood pressure in mmHg ¹					
All visits	75.1	0.3	68.0	75.3	80.8
18–44 years	74.6	0.4	67.8	73.4	79.8
45–64 years	78.7	0.4	70.0	79.2	83.9
65 years and over	74.3	0.5	67.4	73.6	79.8
Diagnosis of hypertension	80.3	0.5	71.2	79.5	87.4

0.0 Quantity more than zero, but less than 0.05.

¹mmHg is millimeters of mercury.**Table 19. Number and percentage of office visits with corresponding standard errors, by counseling, education, or therapeutic services ordered or provided and patient's sex: United States, 2004**

Counseling, education, or therapeutic services ordered or provided	Number of visits in thousands	Standard error in thousands	Percent of visits	Standard error of percent	Female ¹		Male ²	
					Percent of visits	Standard error of percent	Percent of visits	Standard error of percent
All visits	910,857	33,420	...	...	...	...	...	...
One or more counseling, education, or therapeutic services listed . .	382,387	19,174	42.0	1.7	41.6	1.8	42.6	1.7
None	510,622	26,014	56.1	1.7	56.3	1.9	55.8	1.8
Blank	17,848	3,455	2.0	0.4	2.2	0.5	1.7	0.3
Diet or nutrition	116,362	8,826	12.8	0.9	12.3	1.0	13.5	1.0
Exercise	79,600	6,815	8.7	0.7	8.1	0.7	9.6	0.9
Mental health or stress management	46,411	5,548	5.1	0.6	5.2	0.6	5.0	0.7
Growth or development	29,573	3,848	3.2	0.4	2.7	0.4	4.1	0.6
Weight reduction	28,033	3,626	3.1	0.4	3.2	0.4	3.0	0.5
Psychotherapy	21,478	2,353	2.4	0.3	2.3	0.3	2.5	0.3
Tobacco use or exposure	19,840	2,157	2.2	0.2	1.8	0.2	2.7	0.4
Physiotherapy	19,669	4,627	2.2	0.5	2.0	0.4	2.4	0.7
Asthma education	15,654	2,173	1.7	0.2	1.7	0.3	1.7	0.3
Other	185,246	14,149	20.3	1.4	20.8	1.6	19.7	1.4

... Category not applicable.

¹Based on 535,541,000 visits made by females.²Based on 375,316,000 visits made by males.

Table 20. Number and percentage of write-in surgical procedures ordered or performed with corresponding standard errors, by procedure category: United States, 2004

Procedure or operation category and ICD-9-CM code range ¹	Number of procedures in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All write-in procedures.	79,871	6,653	100.0	...
Nervous system 01-05	*2,643	837	*3.3	1.1
Eye 08-16	5,963	1,226	7.5	1.4
Ear 18-20	1,274	244	1.6	0.3
Nose, mouth, and pharynx. 21-29	2,054	405	2.6	0.5
Cardiovascular system 35-39	*4,995	2,005	*6.3	2.4
Digestive system 42-54	5,110	834	6.4	1.1
Urinary system 55-59	1,273	249	1.6	0.3
Male genital organs 60-64	1,748	334	2.2	0.4
Female genital organs. 65-71	3,717	657	4.7	0.8
Obstetrical procedures 72-75	*6,842	4,289	*8.6	4.9
Musculoskeletal system. 76-84	8,271	1,126	10.4	1.4
Integumentary system. 85-86	34,659	3,043	43.4	3.5
Other procedures ²	1,319	297	1.7	0.4

... Category not applicable.

* Figure does not meet standard of reliability or precision.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (20)*.

²Includes operations on the endocrine system (ICD-9-CM codes 06-07), operations on the respiratory system (ICD-9-CM codes 30-34), operations on the hemic and lymphatic system (ICD-9-CM codes 40-41).

NOTES: Included are responses to the ambulatory surgery item on the Patient Record form (item 8) (up to two procedures could be reported), and the diagnostic or screening services item (item 6) (one procedure can be reported in the other service-specify categories). Miscellaneous diagnostic and therapeutic procedure (nonsurgical procedures) were not included in the total. These procedures, coded to ICD-9-CM volume 3, range 87-99, represented 110,055,499 procedures.

Table 21. Number and percent distribution of office visits with corresponding standard errors by medication therapy and number of medications provided or prescribed, according to patient's sex: United States, 2004

Visit characteristic	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Female ¹		Male ²	
					Percent distribution	Standard error of percent	Percent distribution	Standard error of percent
Medication therapy³								
All visits	910,857	33,420	100.0	...	100.0	...	100.0	...
Drug visits ⁴	585,153	25,309	64.2	1.3	64.0	1.6	64.6	1.3
Visits without mention of medication	325,704	16,588	35.8	1.3	36.0	1.6	35.4	1.3
Number of medications provided or prescribed by a physician								
All visits	910,857	33,420	100.0	...	100.0	...	100.0	...
0	325,704	16,588	35.8	1.3	36.0	1.6	35.4	1.3
1	231,409	9,678	25.4	0.7	25.3	0.8	25.6	0.8
2	132,838	6,771	14.6	0.5	14.4	0.6	14.9	0.5
3	75,701	4,601	8.3	0.4	8.4	0.4	8.2	0.4
4	42,000	3,162	4.6	0.3	4.6	0.3	4.6	0.3
5	28,077	2,623	3.1	0.3	2.9	0.3	3.3	0.3
6	20,201	2,116	2.2	0.2	2.1	0.2	2.4	0.3
7	15,987	1,748	1.8	0.2	1.8	0.2	1.7	0.2
8	38,940	4,458	4.3	0.5	4.6	0.5	3.8	0.5

... Category not applicable.

¹Based on 535,541,000 visits made by females.

²Based on 375,316,000 visits made by males.

³Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents.

⁴Visits at which one or more drugs were provided or prescribed by the physician.

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

Table 22. Number and percent distribution of drug visits and drug mentions, and percent drug visits and drug mention rates per 100 visits with corresponding standard errors, by physician speciality: United States, 2004

Physician speciality	Drug visits ¹				Drug mentions ²				Percent 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 specialties	585,153	25,309	100.0	...	1,577,208	93,218	100.0	...	64.2	1.3	173.2	7.5
General and family practice	160,630	13,343	27.5	2.0	456,645	53,080	29.0	2.8	77.3	1.7	219.7	15.5
Internal medicine	104,734	11,412	17.9	1.7	324,537	36,694	20.6	2.0	71.6	3.8	221.8	19.5
Pediatrics	79,569	9,123	13.6	1.5	150,272	19,392	9.5	1.3	68.2	2.6	128.8	7.4
Psychiatry	25,727	3,197	4.4	0.5	57,467	7,388	3.6	0.5	83.9	2.5	187.5	9.5
Obstetrics and gynecology	25,711	3,410	4.4	0.6	37,092	5,221	2.4	0.3	39.4	4.4	56.8	7.1
Ophthalmology	24,169	4,135	4.1	0.7	53,739	10,328	3.4	0.7	51.1	3.8	113.5	14.4
Dermatology	22,267	2,829	3.8	0.5	41,289	5,168	2.6	0.3	65.8	2.7	122.0	8.5
Cardiovascular diseases	16,950	2,225	2.9	0.4	88,621	12,922	5.6	0.8	73.8	5.1	385.8	36.2
Orthopedic surgery	16,643	2,607	2.8	0.4	29,543	6,398	1.9	0.4	37.9	3.4	67.3	11.4
Otolaryngology	9,329	1,448	1.6	0.2	16,875	2,903	1.1	0.2	47.1	3.3	85.2	9.1
Neurology	9,213	1,455	1.6	0.3	23,057	4,261	1.5	0.3	62.3	3.6	156.0	20.5
Urology	8,189	1,251	1.4	0.2	14,087	2,665	0.9	0.2	44.8	3.0	77.0	9.1
General surgery	3,748	579	0.6	0.1	7,932	1,544	0.5	0.1	19.4	2.7	41.1	7.6
All other specialties	78,274	11,437	13.4	1.6	276,051	49,136	17.5	2.5	63.2	4.8	223.0	27.3

... Category not applicable.

¹Visits at which one or more drugs were provided or prescribed by the physician.

²Number of drugs mentioned at visits (up to eight per visit).

³Percent of visits that included one or more drug mentions (number of drug visits divided by number of office visits multiplied by 100).

⁴Average number of drugs that were mentioned per 100 visits (number of drug mentions divided by total number of visits multiplied by 100).

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

Table 23. Number and percentage of drug mentions for the 20 most frequently occurring therapeutic classes at office visits with corresponding standard errors: United States 2004

Therapeutic classification ¹	Number of occurrences in thousands	Standard error in thousands	Percent of drug mentions ²	Standard error of percent
Antidepressants	81,185	6,243	5.1	0.2
NSAIDs ³	73,737	5,785	4.7	0.2
Antiasthmatics or bronchodilators	69,507	7,274	4.4	0.4
Antihypertensive agents	69,113	6,033	4.4	0.2
Hyperlipidemia	63,996	6,027	4.1	0.2
Antihistamines	58,163	4,968	3.7	0.2
Acid or peptic disorders	56,906	5,437	3.6	0.2
Antiarthritics	54,783	4,587	3.5	0.2
Blood glucose regulators	53,069	5,896	3.4	0.3
Non-narcotic analgesics	51,918	4,741	3.3	0.2
Antipyretics	46,700	4,570	3.0	0.2
ACE inhibitors ⁴	46,329	3,859	2.9	0.1
Narcotic analgesics	46,053	4,012	2.9	0.2
Vitamins or minerals	44,066	4,353	2.8	0.2
Diuretics	43,555	4,102	2.8	0.2
Beta blockers	43,518	3,796	2.8	0.1
Vaccines or antisera	42,735	4,798	2.7	0.3
Adrenal corticosteroids	31,716	3,121	2.0	0.2
Calcium channel blockers	31,480	2,937	2.0	0.1
Anticonvulsants	30,273	2,760	1.9	0.1

¹Based on the standard four-digit drug classification used in the *National Drug Code Directory, 1995 edition (23)*.

²Based on an estimated 1,577,208,000 drug mentions at office visits in 2004.

³NSAIDs are nonsteroidal anti-inflammatory drugs.

⁴ACE is angiotensin-converting enzyme.

Table 24. Number and percentage of office visits with corresponding standard errors, by providers seen: United States, 2004

Type of provider	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
All visits	910,857	33,420	...	...
Physician	866,534	29,510	95.1	0.8
Medical or nursing assistant	211,922	18,096	23.3	1.9
R.N. ²	139,684	15,032	15.3	1.6
L.P.N. ³	96,353	10,563	10.6	1.2
Medical technician or technologist	58,709	10,480	6.4	1.1
Physician assistant	18,015	5,450	2.0	0.6
Nurse practitioner or midwife	9,723	2,598	1.1	0.3
Other	22,795	4,756	2.5	0.5

... Category not applicable.

¹Total exceeds "All visits" because more than one provider may be reported per visit.

²R.N. is registered nurse.

³L.P.N. is licensed practical nurse.

Table 25. Number and percentage of office visits with corresponding errors, by visit disposition: United States, 2004

Disposition	Number of visits in thousands ¹	Standard error in thousands	Percent distribution	Standard error of percent
All visits	910,857	33,420	...	...
Return at specified time	575,170	23,629	63.1	1.2
Return if needed, P.R.N. ²	241,862	12,377	26.6	1.2
Refer to other physician	60,919	4,342	6.7	0.4
No followup planned	60,240	5,326	6.6	0.5
Telephone followup planned	16,208	2,050	1.8	0.2
Admit to hospital	5,067	1,159	0.6	0.1
Other disposition	17,979	4,074	2.0	0.4
Blank	16,551	2,975	1.8	0.3

... Category not applicable.

¹Total exceeds "All visits" because more than one disposition may be reported per visit.

²P.R.N. is "as needed."

Table 26. Number and percent distribution of office visits with corresponding standard errors, by time spent with physician: United States, 2004

Time spent with physician	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	910,857	33,420	100.0	...
Visits at which no physician was seen	44,323	8,289	4.9	0.8
Visits at which a physician was seen	866,534	29,510	95.1	0.8
Total	866,534	29,510	100.0	...
1–5 minutes	31,226	5,282	3.6	0.6
6–10 minutes	161,688	10,756	18.7	1.0
11–15 minutes	347,315	16,183	40.1	1.2
16–30 minutes	270,408	12,065	31.2	1.1
31–60 minutes	50,732	4,057	5.9	0.4
61 minutes and over	5,166	1,215	0.6	0.1

... Category not applicable.

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

Table 27. Mean time spent with physician with corresponding standard errors and percentiles, by physician specialty: United States, 2004

Physician specialty	Mean time in minutes spent with physician ¹	Standard error of mean	25th percentile	Median	75th percentile
All visits	18.7	0.3	14.0	14.7	19.7
Psychiatry	33.8	1.8	14.9	28.8	44.0
Neurology	25.6	1.0	14.6	19.6	29.4
Cardiovascular diseases	22.0	1.2	13.9	18.6	27.3
Internal medicine	19.8	1.0	14.2	14.8	20.0
Orthopedic surgery	18.1	1.0	14.1	14.7	19.7
General and family practice	17.9	0.4	14.0	14.7	19.7
General surgery	17.9	0.5	13.1	14.3	19.3
Obstetrics and gynecology	17.4	0.7	14.1	14.7	18.9
Otolaryngology	17.4	0.7	9.8	14.6	19.2
Urology	16.9	0.7	9.7	14.6	19.5
Ophthalmology	16.3	0.9	9.6	14.4	18.6
Pediatrics	15.2	0.6	9.6	14.3	15.0
Dermatology	15.0	0.9	9.3	14.1	14.9
All other specialties	20.0	1.0	14.0	14.7	20.0

¹Only visits where a physician was seen are included.

Table 28. Characteristics of the 2004 National Ambulatory Medical Care Survey, physician respondents and nonrespondents

Physician characteristic ¹	Number of sampled in-scope physicians ²	Total sample percent distribution ³ (weighted)	Responding physician distribution ⁴ (weighted)	Nonresponding physician distribution ⁵ (weighted)	Weighted response rate ⁶
All office-based physicians	1,961	100.0	100.0	100.0	0.658
Age					
Under 50 years	918	49.1	47.7	51.9	0.639
50 years and over	1,043	50.9	52.3	48.1	0.677
Sex					
Male	1,579	77.2	78.2	75.1	0.667
Female	382	22.8	21.8	24.9	0.628
Region					
Northeast	434	20.8	20.8	20.8	0.658
Midwest	442	22.1	22.4	21.6	0.667
South	649	34.6	35.3	33.3	0.671
West	436	22.4	21.5	24.3	0.630
Metropolitan status ⁷					
MSA	1,735	87.8	87.3	88.7	0.655
Not MSA	226	12.2	12.7	11.3	0.684
Type of doctor					
Doctor of medicine	1,823	94.6	94.9	93.9	0.661
Doctor of osteopathy	138	5.4	5.1	6.1	0.613
Physician specialty ⁸					
General or family practice	267	17.1	17.2	16.8	0.664
Internal medicine	120	16.1	16.9	14.5	0.692
Pediatrics	120	9.5	9.7	9.2	0.671
General surgery	119	3.9	4.3	3.2	0.725
Obstetrics and gynecology	113	7.5	6.7	9.2	0.584
Orthopedic surgery	118	5.1	5.1	5.0	0.663
Cardiovascular diseases	158	4.5	4.0	5.4	0.584
Dermatology	92	2.2	2.3	2.0	0.691
Urology	116	2.1	2.2	2.1	0.665
Psychiatry	176	6.2	6.3	6.1	0.663
Neurology	157	2.0	1.8	2.4	0.590
Ophthalmology	96	4.0	4.0	3.9	0.667
Otolaryngology	111	2.0	1.9	2.2	0.621
All other specialties	198	17.8	17.6	18.0	0.654
Specialty type ⁸					
Primary care	613	49.7	50.1	49.0	0.663
Surgical	619	22.5	23.6	20.3	0.691
Medical	729	27.8	26.3	30.7	0.623
Practice type ⁹					
Solo	630	30.6	28.7	34.3	0.617
Two physicians	130	6.1	7.1	4.2	0.766
Group or HMO ¹⁰	683	34.7	36.6	31.0	0.695
Medical school or government	51	2.3	2.6	1.6	0.755
Other	25	1.3	1.5	1.0	0.741
Unclassified	442	25.0	23.5	27.9	0.619
Annual visit volume ^{9,11}					
Low	648	31.4	35.5	23.4	0.745
Medium	657	33.1	30.1	38.9	0.598
High	656	35.6	34.5	37.7	0.638

¹Characteristic information is from the master files of the American Medical Association and the American Osteopathic Association.

²In-scope physicians are those who verified that they were nonfederal and involved in direct patient care in an office-based setting, excluding the specialties of radiology, pathology, and anesthesiology.

³Total physicians are those who were selected from the master files of the American Medical Association and the American Osteopathic Association.

⁴Responding physicians are those who were in-scope and agreed to participate in the NAMCS survey.

⁵Nonresponding physicians are those who were in-scope and refused to participate in the NAMCS survey.

⁶Numerator is the number of in-scope physicians who participated in the NAMCS or who did not see any patients during their sampled reporting week. Denominator is all in-scope sampled physicians.

⁷MSA is metropolitan statistical area.

⁸Physician specialty and Specialty type is defined in "Physician specialty groups" section of "Methods."

⁹Chi-square test of association is significant at $p < 0.05$.

¹⁰HMO health maintenance organization.

¹¹Low is the lowest third of annual visit volume, medium is the middle third, and high is the highest third.

Technical Notes

Form Approved OMB No. 0920-0234 Exp. Date 04/30/2005 CDC 64.148

FORM NAMCS-30 (10-7-2003)	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	PATIENT RECORD NO.: _____
NATIONAL AMBULATORY MEDICAL CARE SURVEY 2004 PATIENT RECORD		PATIENT'S NAME: _____
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).		

NAMCS-30 (10-7-2003)

1. PATIENT INFORMATION			2. REASON FOR VISIT			
a. Date of visit Month: _____ Day: _____ Year: _____ b. ZIP code _____	e. Ethnicity 1 <input type="checkbox"/> Hispanic or Latino 2 <input type="checkbox"/> Not Hispanic or Latino	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: _____				
c. Date of birth Month: _____ Day: _____ Year: _____ d. Sex 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> Male	f. Race – Mark (X) one or more. 1 <input type="checkbox"/> White 4 <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander 2 <input type="checkbox"/> Black/African 5 <input type="checkbox"/> American Indian/ Alaska Native 3 <input type="checkbox"/> Asian					
g. Does patient use tobacco? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	h. Primary expected source of payment for this visit – Mark (X) one. 1 <input type="checkbox"/> Private insurance 5 <input type="checkbox"/> Self-pay 2 <input type="checkbox"/> Medicare 6 <input type="checkbox"/> No charge/Charity 3 <input type="checkbox"/> Medicaid/SCHIP 7 <input type="checkbox"/> Other 4 <input type="checkbox"/> Worker's 8 <input type="checkbox"/> Unknown Compensation					
3. CONTINUITY OF CARE						
a. Are you the patient's primary care physician? 1 <input type="checkbox"/> Yes – SKIP to item 3b. 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown Was patient referred for this visit? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	b. Have you or anyone in your practice seen this patient before? 1 <input type="checkbox"/> Yes, established patient – How many past visits in the last 12 months? Exclude this visit. 1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1-2 3 <input type="checkbox"/> 3-5 4 <input type="checkbox"/> 6+ 5 <input type="checkbox"/> Unknown 2 <input type="checkbox"/> No, new patient	c. Major reason for this visit 1 <input type="checkbox"/> Acute problem (<3 mos. onset) 2 <input type="checkbox"/> Chronic problem, routine 3 <input type="checkbox"/> Chronic problem, flare-up 4 <input type="checkbox"/> Pre-/Post-surgery 5 <input type="checkbox"/> Preventive care (e.g., routine prenatal, general exam, well-baby, screening, insurance exam)	Episode of care 1 <input type="checkbox"/> Initial visit for problem 2 <input type="checkbox"/> Follow-up visit for problem 3 <input type="checkbox"/> Unknown	d. Do other physicians share patient's care for this problem or diagnosis? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown		
4. INJURY/POISONING/ADVERSE EFFECT			5. PHYSICIAN'S DIAGNOSIS FOR THIS VISIT			
a. Is this visit related to an injury, or poisoning, or adverse effect of medical treatment? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to item 5.	b. Cause of injury, poisoning, or adverse effect – Describe the place, intentionality, and events that preceded the injury, poisoning, or adverse event (e.g., allergy to penicillin, bee sting, pedestrian hit by car driven by drunk driver, wife beaten with fists by husband, heroin overdose, infected shunt, etc.). _____	As specifically as possible, list diagnoses related to this visit including chronic conditions. (1) Primary diagnosis: _____ (2) Other: _____ (3) Other: _____				
6. DIAGNOSTIC/SCREENING SERVICES						
Mark (X) all ordered or provided at this visit. 1 <input type="checkbox"/> NONE 2 <input type="checkbox"/> General medical exam 3 <input type="checkbox"/> Other exam – Specify site (e.g., breast, rectal) ✓ 4 <input type="checkbox"/> Temperature Specify → _____	5 <input type="checkbox"/> Blood pressure – Specify ✓ _____ 6 <input type="checkbox"/> Urinalysis (UA) 7 <input type="checkbox"/> Urine culture 8 <input type="checkbox"/> PAP test 9 <input type="checkbox"/> Cervical/Urethral culture 10 <input type="checkbox"/> PSA (prostate specific antigen) 11 <input type="checkbox"/> Hematocrit/Hemoglobin	12 <input type="checkbox"/> CBC (complete blood count) 13 <input type="checkbox"/> Lipids/Cholesterol 14 <input type="checkbox"/> Glucose 15 <input type="checkbox"/> HgbA1C (glycohemoglobin) 16 <input type="checkbox"/> Electrolytes 17 <input type="checkbox"/> Other blood test 18 <input type="checkbox"/> EKG/ECG (electrocardiogram) 19 <input type="checkbox"/> Throat culture/Rapid strep test 20 <input type="checkbox"/> Stool culture 21 <input type="checkbox"/> X-ray	22 <input type="checkbox"/> Mammography 23 <input type="checkbox"/> Other imaging 24 <input type="checkbox"/> Scope procedure (e.g., colonoscopy) – Specify ✓ _____ 25 <input type="checkbox"/> Other type of test or service –Specify ✓ _____			
7. COUNSELING/EDUCATION/THERAPY			8. SURGICAL PROCEDURES			
Mark (X) all ordered or provided at this visit. Exclude medications. 1 <input type="checkbox"/> NONE 2 <input type="checkbox"/> Asthma education 3 <input type="checkbox"/> Diet/Nutrition 4 <input type="checkbox"/> Exercise 5 <input type="checkbox"/> Growth/Development 6 <input type="checkbox"/> Mental health/Stress management 7 <input type="checkbox"/> Physiotherapy 8 <input type="checkbox"/> Psychotherapy 9 <input type="checkbox"/> Tobacco use/exposure 10 <input type="checkbox"/> Weight reduction 11 <input type="checkbox"/> Other	List up to 2 surgical procedures ordered, scheduled, or performed at this visit. <input type="checkbox"/> NONE (1) SKIP to item 9. (2) _____			1 <input type="checkbox"/> Ordered/ Scheduled 2 <input type="checkbox"/> Performed 1 <input type="checkbox"/> Ordered/ Scheduled 2 <input type="checkbox"/> Performed		
9. MEDICATIONS & INJECTIONS			10. VISIT DISPOSITION		11. PROVIDERS SEEN	
a. What is the total number of drugs prescribed or provided at this visit? _____ Number of drugs Include Rx and OTC medications, immunizations, allergy shots, anesthetics, and dietary supplements that were ordered, supplied, administered or continued during this visit.	b. List up to 8 medication/injection names below. (1) _____ (5) _____ (2) _____ (6) _____ (3) _____ (7) _____ (4) _____ (8) _____		Mark (X) all that apply. 1 <input type="checkbox"/> No follow-up planned 2 <input type="checkbox"/> Return if needed, PRN 3 <input type="checkbox"/> Refer to other physician 4 <input type="checkbox"/> Return at specified time 5 <input type="checkbox"/> Telephone follow-up planned 6 <input type="checkbox"/> Admit to hospital 7 <input type="checkbox"/> Other	Mark (X) all that apply. 1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> RN 3 <input type="checkbox"/> LPN 4 <input type="checkbox"/> Medical/Nursing assistant 5 <input type="checkbox"/> Nurse practitioner/Midwife 6 <input type="checkbox"/> Physician assistant 7 <input type="checkbox"/> Medical technician/technologist 8 <input type="checkbox"/> Other		
			12. TIME SPENT WITH PHYSICIAN			
			Minutes: _____	Enter zero if no physician seen		

Suggested citation

Hing E, Cherry DK, Woodwell DA. National Ambulatory Medical Care Survey: 2004 summary. Advance data from vital and health statistics; no 374. Hyattsville, MD: National Center for Health Statistics. 2006.

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06-0117 (6/06)
CS103295
T25244
DHHS Publication No. (PHS) 2006-1250