

**The National Ambulatory  
Medical Care Survey:  
1975 Summary**  
**United States, January - December 1975**

Using data obtained from a national sample of office-based physicians, statistics are presented which describe ambulatory medical care rendered in physicians' offices. Statistics are presented on the volume of office visits and annual visit rate by age, race, and sex of the patient and by selected physician characteristics. Data describing the clinical substance of these visits include the patient's problem or complaint, prior-visit status, seriousness of the problem, physician's diagnosis, diagnostic and therapeutic procedures, disposition, and duration of the visit.

DHEW Publication No. (PHS) 78-1784

---

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
Public Health Service  
National Center for Health Statistics  
Hyattsville, Md.      January 1978



### Library of Congress Cataloging in Publication Data

Koch, Hugo K.

National ambulatory medical care survey.

(Vital and health statistics: Series 13, Data from the National Health Survey, Data on health resources utilization; no. 33) (DHEW publication; (HRA); 78-1784)

Includes indexes.

Bibliography: p. 39.

1. Physician services utilization—United States—Statistics. 2. Ambulatory medical care—United States—Statistics. 3. Health surveys—United States. 4. United States—Statistics, Medical. I. McLemore, Thomas, joint author. II. Title. III. Series: United States. National Center for Health Statistics. Vital and health statistics: Series 13, Data from the National Health Survey, Data on utilization; no. 33. IV. Series: United States. Dept. of Health, Education, and Welfare. DHEW publication; no. (HRA) 78-1784. [DNLM: 1. Ambulatory care—Tables. 2. Health surveys—United States—Tables. W2 A N148vm. no. 33]

RA407.3.A349 no. 33

[RA410.7]

362.1'1'0973s

ISBN0-8406-0115-8

[362.1'0973]

77-16199

# NATIONAL CENTER FOR HEALTH STATISTICS

DOROTHY P. RICE, *Director*

ROBERT A. ISRAEL, *Deputy Director*

JACOB J. FELDMAN, Ph.D., *Associate Director for Analysis*

GAIL F. FISHER, *Associate Director for the Cooperative Health Statistics System*

ELIJAH L. WHITE, *Associate Director for Data Systems*

JAMES T. BAIRD, JR., Ph.D., *Associate Director for International Statistics*

ROBERT C. HUBER, *Associate Director for Management*

MONROE G. SIRKEN, Ph.D., *Associate Director for Mathematical Statistics*

PETER L. HURLEY, *Associate Director for Operations*

JAMES M. ROBEY, Ph.D., *Associate Director for Program Development*

PAUL E. LEAVERTON, Ph.D., *Associate Director for Research*

ALICE HAYWOOD, *Information Officer*

## DIVISION OF HEALTH RESOURCES UTILIZATION STATISTICS

SIEGFRIED A. HOERMANN, *Director*

W. EDWARD BACON, Ph.D., *Chief, Hospital Care Statistics Branch*

JAMES E. DeLOZIER, *Chief, Ambulatory Care Statistics Branch*

MANOOCH EHR K. NOZARY, *Chief, Technical Services Branch*

JOAN F. VAN NOSTRAND, *Chief, Long-Term Care Statistics Branch*

Vital and Health Statistics-Series 13-No. 33

---

DHEW Publication No. (PHS) 78-1784

*Library of Congress Catalog Card Number 77-16199*

# CONTENTS

Introduction .....	1
Scope .....	1
Source and Limitations of Data .....	2

Section I. General Patterns of Office-Based Care .....	3
--	---

## TEXT TABLE

A. Number of office visits, mean contact duration, and standard error (S.E.) of mean contact duration, by patient's age, sex, and prior-visit status; location of visit; and seriousness of the principal problem presented to the physician: United States, January-December 1975 .....	4
--	---

## DETAILED TABLES

1. Number, percent distribution, and annual rate of office visits by physician's specialty, professional identity, and type and location of practice: United States, January-December 1975..	5
2. Number, percent distribution, and annual rate of office visits by patient's age, sex, and race: United States, January-December 1975 .....	6
3. Number and percent distribution of office visits by patient's prior-visit status, principal diagnosis, seriousness of problem, and duration of contact between physician and patient: United States, January-December 1975 .....	7
4. Number and percent of office visits, by services ordered or provided and disposition: United States, January-December 1975 .....	8
5. Number and percent distribution of office visits by patient's age, sex, and race, according to location of visit: United States, January-December 1975 .....	9
6. Number and percent distribution of office visits by prior-visit status and seriousness of problem, according to patient's age, sex, and race: United States, January-December 1975 .....	10
7. Number and percent distribution of office visits by principal diagnosis, selected services ordered or provided, and disposition, according to patient's age, sex, and race: United States, January-December 1975 .....	11

Section II. Provider Patterns: Office-Based Care as Related to Characteristics of Providing Physicians ..	12
---	----

## TEXT TABLES

B. Number and percent distribution of office visits, mean contact duration, and standard error (S.E.) of mean contact duration by physician's specialty: United States, January-December 1975 .....	12
C. Percent distribution of office visits by nature of care rendered and ratio of acute to chronic morbidity, according to physician's specialty: United States, January-December 1975 .....	13
D. Number of office visits, percent of visits made by new patients, and percent of visits referred to the physician, by physician's specialty: United States, January-December 1975 .....	13

DETAILED TABLES

8. Number and percent distribution of office visits by physician's type and location of practice, patient's age, sex, and prior-visit status, and seriousness of problem, according to physician's type of practice and professional identity: United States, January-December 1975 .....	14
9. Number and percent of office visits, by physician's type of practice and professional identity, according to principal diagnosis, services ordered or provided, and disposition: United States, January-December 1975 .....	15
10. Number and percent distribution of office visits to the 5 most visited specialties by physician's type and location of practice, patient's age, sex, and prior-visit status, and seriousness of problem: United States, January-December 1975 .....	16
11. Number and percent of office visits to the 5 most visited specialties, by principal diagnosis, services ordered or provided, and disposition: United States, January-December 1975 .....	17
12. Number and percent distribution of office visits to 7 other selected specialties by physician's type and location of practice, patient's age, sex, and prior-visit status, and seriousness of problem: United States, January-December 1975 .....	18
13. Percent distribution of office visits to 7 other selected specialties by the principal diagnoses most commonly rendered by their practitioners: United States, January-December 1975 .....	19
14. Percent of office visits to 7 other selected specialties, by selected services ordered or provided and disposition: United States, January-December 1975 .....	20
Section III. Clinical Patterns: Office-Based Care as Related to Patients' Presenting Problems .....	21

TEXT TABLES

E. Ten morbidity-related problems most frequently presented, by sex .....	21
F. Number of new-problem encounters by 25 morbidity-related problems most frequently presented at these encounters: United States, January-December 1975 .....	22
G. Number of office visits, mean contact duration, and standard error (S.E.) of mean contact duration, by the 25 morbidity-related problems most frequently presented by patients: United States, January-December 1975 .....	23

DETAILED TABLES

15. Number, percent, and cumulative percent of office visits, by the 50 principal problems most frequently presented by patients: United States, January-December 1975 .....	24
16. Number and percent distribution of office visits for the 25 morbidity-related problems most frequently presented by patients as principal reason for the visit by patient's age and sex: United States, January-December 1975 .....	25
17. Number and percent distribution of office visits for the 25 morbidity-related problems most frequently presented by patients as principal reason for the visit by prior-visit status of patient and seriousness of problem: United States, January-December 1975 .....	26
18. Number and percent distribution of office visits by selected patient problems and principal diagnoses most frequently associated with each problem: United States, January-December 1975.	27
19. Number and percent of office visits for the 25 morbidity-related problems most frequently presented by patients as principal reason for the visit, by diagnostic services ordered or provided: United States, January-December 1975 .....	29
Section IV. Clinical Patterns: Office-Based Care as Related to Physician's Diagnosis .....	30

TEXT TABLES

H. Number and percent of office visits and new-problem encounters with average rate of return visits, by most common morbidity-related diagnoses: United States, January-December 1975 .....	31
--	----

J. Number of visits, percent of visits referred by the physician, mean contact duration, and standard error (S.E.) of mean contact duration, by most common morbidity-related diagnoses: United States, January-December 1975 .....	32
---	----

#### DETAILED TABLES

20. Number, percent, and cumulative percent of office visits, by the 50 principal diagnoses most frequently rendered by physicians: United States, January-December 1975 .....	33
21. Number and percent distribution of office visits by patient's age and sex, according to selected principal diagnoses: United States, January-December 1975 .....	34
22. Number and percent distribution of office visits by patient's prior-visit status and seriousness of problem, according to selected principal diagnoses: United States, January-December 1975 .....	35
23. Number and percent of office visits, by selected principal diagnoses and diagnostic services ordered or provided: United States, January-December 1975 .....	36
24. Number and percent of office visits, by selected principal diagnoses and therapeutic services ordered or provided: United States, January-December 1975 .....	37
25. Number and percent of office visits, by selected principal diagnoses and disposition: United States, January-December 1975 .....	38
References .....	39
Appendixes	
I. Technical Notes .....	41
II. Definition of Certain Terms Used in This Report .....	49
III. Survey Instruments .....	53

### SYMBOLS

Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05----	0.0
Figure does not meet standards of reliability or precision (more than 30 percent relative standard error)-----	*

# THE NATIONAL AMBULATORY MEDICAL CARE SURVEY: 1975 SUMMARY

Hugo Koch, M.H.A., and Thomas McLemore, M.S.P.H.,  
*Division of Health Resources Utilization Statistics*

## INTRODUCTION

In this report national estimates are presented on the utilization of ambulatory medical care services provided by office-based, patient-care physicians in the coterminous United States during calendar year 1975. The data were collected by means of the National Ambulatory Medical Care Survey, a continuous sample survey conducted by the Division of Health Resources Utilization Statistics of the National Center for Health Statistics. A complete description of the background and survey methodology is available in an earlier report.<sup>1</sup>

This report presents a summary of the 1975 National Ambulatory Medical Care Survey findings. Ambulatory medical care utilization is described by the number and distribution of office visits, by annual visit rates, and by such measurements as mean durations and return-visit frequencies. Findings are presented in four sections:

1. General utilization patterns.
2. Utilization by physician practice and specialty characteristics.
3. Utilization by patient's presenting problem.
4. Utilization by physician's diagnosis.

Prior to data presentation, a brief description of the scope of the survey and limitations of the data are presented to assist the reader in

interpreting the resulting estimates. A detailed description of the 1975 survey appears in the accompanying appendixes.

## SCOPE

The basic sampling unit for the National Ambulatory Medical Care Survey (NAMCS) is the physician-patient encounter or visit. "Encounter" and "visit" are used interchangeably in this report.<sup>a</sup> Only visits in the offices of non-federally employed physicians classified by the American Medical Association (AMA) or the American Osteopathic Association (AOA) as "office-based, patient care" were included in the 1975 NAMCS. In addition, physicians in the specialties of anesthesiology, pathology, and radiology were excluded from the physician universe. Major types of ambulatory encounters not included in the 1975 NAMCS were those made by telephone, those made outside of the physician's office, and those made in hospital or institutional settings. It is planned to extend the NAMCS to include these encounters in the future, though some complex methodological and sampling problems must be resolved first.

The definitions of office, physician, patient, and visit as they determine eligibility for the NAMCS are presented in appendix II.

---

<sup>a</sup>The term "contact" is reserved to apply only to that part of the visit or encounter that involved a face-to-face interchange between physician and patient.



## SOURCE AND LIMITATIONS OF DATA

The data presented in this report were derived from information provided by a national probability sample of office-based physicians. A sample of 3,507 physicians was contacted during calendar year 1975; of the 3,069 physicians who were eligible for the study, 2,472 (80.5 percent) actually participated in the study, providing data concerning a random sample of some 60,000 patient visits.

Specially trained interviewers visited the physicians prior to their designated reporting week, provided survey materials, and thoroughly instructed each physician and staff member in the methods and definitions to be used. During a randomly assigned 7-day reporting period, the sample physician maintained a listing of all office visits. For a systematic random sample of visits, data were recorded on an encounter form provided for that purpose (see appendix III).

Readers are urged to review the three appendixes to this report. These appendixes provide information necessary for proper understanding and interpretation of the statistics presented. Appendix I contains a general description of the survey methods, the sample

design, and the data collection and processing procedures. Imputation methods, estimation techniques, and estimates of sampling variation are also presented. Since the statistics in this report are based on a sample of ambulatory visits rather than on all visits, they are subject to sampling errors. Therefore, particular attention should be paid to the section in appendix I entitled "Reliability of Estimates." Charts of relative standard errors and instructions for their use are given in appendix I.

Definitions of the terms used in this report and in the survey operations are presented in appendix II. Facsimiles of survey materials, including letters, Patient Record forms, and Induction Interview forms are reproduced in appendix III.

Another program of the National Center for Health Statistics, the Health Interview Survey (HIS), collects data on the utilization of physician services from a sample survey of the civilian noninstitutionalized population of the United States. The estimates provided by HIS are generally larger for the number of visits than NAMCS estimates because of differences in collection procedures, populations sampled, and definitions. Data from HIS are published in Series 10 of *Vital and Health Statistics*.

## SECTION I

### GENERAL PATTERNS OF OFFICE-BASED CARE

Tables 1-7 supply summary statistics which permit the following general profile of office-based ambulatory care in 1975.

During calendar year 1975 the physician's office was the setting for an estimated 567.6 million office visits, representing an annual rate of 2.7 visits for every member of the civilian noninstitutionalized population. Of all visits to office-based physicians, about 92 percent were made to doctors of medicine; about 8 percent to doctors of osteopathy. Among office-based physicians, general and family practitioners led all others in volume of office visits, alone accounting for 235 million, or 2 of every 5 visits. In a ratio of 3 to 2, visits to solo practitioners outnumbered visits to physicians in multiple-member practice. While there was wide regional variation in the distribution of number of visits, there was no significant difference in the annual visit rate for the four regions. The tendency to visit a physician as measured by the annual visit rate was greater for metropolitan areas (2.9 visits per person per year) than it was for nonmetropolitan areas (2.3 visits).

Visits by females accounted for 60 percent of all visits. Except for the age interval under 15 years, females in all age intervals made more visits than males did. The annual visit rate for females (3.2 visits per person) was half again as high as the rate for males. An examination of annual visit rates by age and sex shows that this difference exists largely because the rate for females in the age group 15-44 years was almost double the corresponding rate for males.

The annual visit rates for both sexes generally increased with age, as did the rates for white persons and persons of all other races. The rate for white persons (2.8) was higher than the rate for other races (2.2), though this higher rate was found chiefly in the age intervals under 25 years and over age 64. Evidence from outpatient clinics and emergency rooms suggests that visits by persons of all other races may be twice as frequent in these settings as visits by white persons.<sup>2</sup> Thus the visit rate by age and race may change substantially when the full universe of ambulatory care is considered.

Office-based ambulatory care focuses on visits by patients who have consulted the same physician before (table 3, prior-visit status). Visits by these "old" patients accounted for 85 percent of all office-based encounters. Office-based practice is further characterized by the treatment of "old" problems, that is, problems for which the patient had made at least one prior visit. About 62 percent of all visits fell into this category. That visit status is influenced by patient's age, sex, and race is evident from the data in table 6. For example, visits by patients new to the doctor's office were proportionately more frequent among males than among females and among persons of other races than among white persons. Visits by "old" patients returning to the same doctor with old problems became progressively more common as age advanced.

The clinical content of office-based practice is summarized in tables 3 and 7 by the grouping of individual diagnoses into major diagnostic groups. Diagnostic information is given separate and extended treatment in section IV of this report.

The data on seriousness of problem presented in tables 3 and 6 refer to the seriousness of the principal (first-listed) problem presented by the patient. They express the physician's judgment of the extent of impairment that might result if no care were available for the problem. The data show that office-based care chiefly involves the treatment of problems characterized by the doctor as "not serious" or "slightly serious" in prognosis, since about 4 of every 5 visits resulted in this judgment. In the proportion of visits that fell in the "serious to very serious" category, there was little difference between races, more males had serious to very serious problems than females had, and there was a general increase in the proportion of serious to very serious problems as patient age advanced.

The diagnostic procedure most favored in office practice was clearly the limited history/examination (tables 4 and 7). This was true regardless of the patient's age, sex, or race. The two other diagnostic tools most commonly

employed were the blood pressure check and the clinical lab test. The lab test was more frequently ordered for the female than for the male. The tendency to take a blood pressure reading predictably increased as patient age advanced, though its infrequent use with patients under 15 years of age (7 percent of visits) is perhaps worthy of note. Indeed the finding that blood pressure was taken in only one-third of all visits casts some doubt on the general employment of this procedure as a routine detection mechanism.

Ordering or providing a prescription drug was clearly the most frequent form of therapy in office-based practice (tables 4 and 7). Its use (in 44 percent of all visits) did not vary substantially with sex and age, though its use in the treatment of persons of other races (in 52 percent of visits) was significantly more frequent than in the treatment of white persons (43 percent). Of the other therapeutic tools, it is important to understand that "counseling" was checked by the physician only when it constituted a major part of the treatment provided during the visit. The overall use of such an intangible service is almost impossible to quantify. Certainly, the finding that counseling was prominent in only 12 percent of visits understates the actual extent of this important aspect of the physician's office practice.

Data about disposition (tables 4 and 7) confirm that scheduled followup was the rule in office-based practice. In 59 percent of all visits, the patient was directed to return at a specified time. The scheduled return visit was more commonly applied to the female than to the male and became progressively more common with each successive age interval. A rare 2 percent of visits ended in hospital admission, reflecting the nonserious clinical character of most office-based practice. The tendency to refer patients to other physicians or agencies also was not usual. Such referral occurred in about 3 percent of visits.

Data about duration (table 3) apply only to the time spent in face-to-face contact between physician and patient, as estimated by the physician after the visit.<sup>b</sup> About 75 percent of

<sup>b</sup>It is important to understand that this measure of duration does not include waiting time, time spent in the

Table A. Number of office visits, mean contact duration, and standard error (S.E.) of mean contact duration, by patient's age, sex, and prior-visit status; location of visit; and seriousness of the principal problem presented to the physician: United States, January-December 1975

Patient's age, sex, and visit status; location of visit; seriousness of problem	Number of visits (in thousands)	Mean contact duration <sup>1</sup> (in minutes)	S.E. of mean contact duration <sup>2</sup> (in minutes)
All visits.....	567,600	15.0	0.31
<u>Age of patient</u>			
Under 15 years.....	99,010	12.0	0.26
15-24 years.....	86,571	13.7	0.38
25-44 years.....	143,525	16.1	0.43
45-64 years.....	145,434	16.1	0.34
65 years and over.....	93,061	15.8	0.35
<u>Sex of patient</u>			
Female.....	342,896	14.9	0.29
Male.....	224,704	15.2	0.36
<u>Prior-visit status</u>			
New patient.....	84,807	18.4	0.45
Old patient, new problem.....	132,848	13.4	0.49
Old patient, old problem.....	349,945	14.8	0.32
<u>Location of visit</u>			
Metropolitan area.....	413,685	15.8	0.29
Nonmetropolitan area.....	153,915	12.8	0.76
<u>Seriousness of problem</u>			
Serious or very serious.....	106,981	19.6	0.52
Slightly serious.....	183,697	14.6	0.40
Not serious.....	276,923	13.5	0.27

<sup>1</sup>Time spent in face-to-face contact between physician and patient.

<sup>2</sup>Standard error (S.E.) measurements of precision are discussed in appendix I.

these face-to-face contacts lasted 15 minutes or less; the mean contact duration was about 15 minutes. Table A shows the extent to which

care of the patient by the physician's staff without the doctor's presence, or time spent by the physician before or after the face-to-face contact (e.g., time spent reviewing medical histories and test results, writing instructions, or maintaining records).

mean contact duration<sup>c</sup> varied with the patient's age, sex, location, and visit status, and with the

seriousness of the problem presented to the physician.

Table 1. Number, percent distribution, and annual rate of office visits by physician's specialty, professional identity, and type and location of practice: United States, January-December 1975

Physician characteristic	Number of visits (in thousands)	Percent distribution of visits	Number of visits per person per year <sup>1</sup>
All visits.....	567,600	100.0	2.7
<u>Specialty</u>			
General and family practice.....	234,660	41.3	...
Internal medicine.....	62,117	10.9	...
Obstetrics and gynecology.....	48,076	8.5	...
Pediatrics.....	46,684	8.2	...
General surgery.....	41,292	7.3	...
Ophthalmology.....	24,667	4.4	...
Orthopedic surgery.....	19,316	3.4	...
Otolaryngology.....	16,355	2.9	...
Psychiatry.....	14,806	2.6	...
Dermatology.....	14,094	2.5	...
Urology.....	10,832	1.9	...
Cardiovascular disease.....	7,556	1.3	...
Neurology.....	2,032	0.4	...
All other specialties.....	25,112	4.4	...
<u>Professional identity</u>			
Doctor of osteopathy.....	46,872	8.3	...
Doctor of medicine.....	520,728	91.7	...
<u>Type of practice</u>			
Solo.....	339,554	59.8	...
Other.....	228,046	40.2	...
<u>Location of practice</u>			
Geographic region:			
Northeast.....	126,616	22.3	2.6
North Central.....	150,241	26.5	2.7
South.....	182,868	32.2	2.8
West.....	107,875	19.0	3.0
Metropolitan area <sup>2</sup> .....	413,685	72.9	2.9
Nonmetropolitan area.....	153,915	27.1	2.3

<sup>1</sup>Based on population estimates for July 1, 1975, furnished by the U.S. Bureau of the Census.

<sup>2</sup>Location within the standard metropolitan statistical areas (SMSA's).

<sup>c</sup>Visits in which there was no face-to-face contact between physician and patient were not included in the calculation of mean contact duration.

Table 2. Number, percent distribution, and annual rate of office visits by patient's age, sex, and race: United States, January-December 1975

Patient characteristic	Number of visits (in thousands)	Percent distribution of visits	Number of visits per person per year <sup>1</sup>
All patients.....	567,600	100.0	2.7
<u>Age</u>			
Under 15 years.....	99,010	17.4	1.9
15-24 years.....	86,571	15.3	2.2
25-44 years.....	143,525	25.3	2.8
45-64 years.....	145,434	25.6	3.4
65 years and over.....	93,061	16.4	4.3
<u>Sex and age</u>			
Female.....	342,896	60.4	3.2
Under 15 years.....	46,140	8.1	1.8
15-24 years.....	57,085	10.1	2.9
25-44 years.....	94,655	16.7	3.6
45-64 years.....	87,676	15.5	4.0
65 years and over.....	57,332	10.1	4.5
Male.....	224,704	39.6	2.2
Under 15 years.....	52,870	9.3	2.0
15-24 years.....	29,485	5.2	1.5
25-44 years.....	48,870	8.6	1.9
45-64 years.....	57,758	10.2	2.8
65 years and over.....	35,721	6.3	4.0
<u>Race and age</u>			
White.....	508,672	89.6	2.8
Under 15 years.....	88,166	15.5	2.0
15-24 years.....	77,130	13.6	2.3
25-44 years.....	125,174	22.1	2.7
45-64 years.....	131,537	23.2	3.5
65 years and over.....	86,666	15.3	4.4
All other races.....	58,928	10.4	2.2
Under 15 years.....	10,844	1.9	1.3
15-24 years.....	9,441	1.7	1.7
25-44 years.....	18,351	3.2	2.8
45-64 years.....	13,897	2.4	3.2
65 years and over.....	6,395	1.1	3.3
<u>Sex and race</u>			
Female:			
White.....	305,928	53.9	3.3
All other races.....	36,968	6.5	2.6
Male:			
White.....	202,744	35.7	2.3
All other races.....	21,960	3.9	1.7

<sup>1</sup>Based on population estimates for July 1, 1975, furnished by the U.S. Bureau of the Census.

Table 3. Number and percent distribution of office visits by patient's prior-visit status, principal diagnosis, seriousness of problem, and duration of contact between physician and patient: United States, January-December 1975

Visit characteristic and ICDA code	Number of visits (in thousands)	Percent distribution of visits
All visits.....	567,600	100.0
<u>Prior-visit status</u>		
New patient.....	84,807	14.9
Old patient, new problem.....	132,848	23.4
Old patient, old problem.....	349,945	61.7
<u>Principal diagnosis<sup>1</sup></u>		
Infective and parasitic diseases.....000-136	22,747	4.0
Neoplasms.....140-239	13,332	2.4
Endocrine, nutritional, and metabolic diseases.....240-279	24,177	4.3
Diseases of blood and blood-forming organs.....280-289	4,744	0.8
Mental disorders.....290-315	25,061	4.4
Diseases of nervous system and sense organs.....320-389	44,941	7.9
Diseases of circulatory system.....390-458	56,358	9.9
Diseases of respiratory system.....460-519	80,125	14.1
Diseases of digestive system.....520-577	20,061	3.5
Diseases of genitourinary system.....580-629	37,626	6.6
Diseases of skin and subcutaneous tissue.....680-709	28,564	5.0
Diseases of musculoskeletal system.....710-738	32,732	5.8
Symptoms and ill-defined conditions.....780-796	26,177	4.6
Accidents, poisoning, and violence.....800-999	40,893	7.2
Special conditions and examinations without sickness..... Y00-Y 13	100,787	17.8
Other diagnoses <sup>2</sup> .....	3,312	0.6
Diagnosis "none" or "unknown".....	5,963	1.1
<u>Seriousness of problem</u>		
Serious or very serious.....	106,981	18.9
Slightly serious.....	183,697	32.4
Not serious.....	276,923	48.8
<u>Duration of contact<sup>3</sup></u>		
0 minutes (no face-to-face contact with physician).....	6,781	1.2
1-5 minutes.....	91,730	16.2
6-10 minutes.....	177,442	31.3
11-15 minutes.....	151,964	26.8
16-30 minutes.....	107,709	19.0
31 minutes or more.....	31,975	5.6

<sup>1</sup>Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA)* (reference 4).

<sup>2</sup>Complications of pregnancy, childbirth, and the puerperium; congenital anomalies; and certain causes of perinatal morbidity and mortality.

<sup>3</sup>Time spent in face-to-face contact between physician and patient.

Table 4. Number and percent of office visits, by services ordered or provided and disposition: United States, January-December 1975

Visit characteristic	Number of visits (in thousands)	Percent of visits
<u>Services ordered or provided</u>		
No services.....	15,200	2.7
Diagnostic services:		
Limited history/examination.....	291,294	51.3
General history/examination.....	89,377	15.8
Clinical lab test.....	129,740	22.9
X-ray.....	41,701	7.4
Blood pressure check.....	188,180	33.2
EKG.....	19,210	3.4
Hearing test.....	7,369	1.3
Vision test.....	26,650	4.7
Endoscopy.....	6,696	1.2
Therapeutic services:		
Drug prescribed.....	251,538	44.3
Injection.....	78,085	13.8
Immunization/desensitization.....	25,704	4.5
Office surgery.....	37,990	6.7
Physiotherapy.....	12,565	2.2
Medical counseling.....	69,721	12.3
Psychotherapy/therapeutic listening.....	24,234	4.3
Other diagnostic or therapeutic services.....	32,738	5.8
<u>Disposition</u>		
No followup planned.....	74,542	13.1
Return at specified time.....	335,219	59.1
Return if needed.....	126,630	22.3
Telephone followup planned.....	20,834	3.7
Referred to other physician/agency.....	16,042	2.8
Returned to referring physician.....	5,064	0.9
Admit to hospital.....	12,062	2.1
Other.....	5,217	0.9

Table 5. Number and percent distribution of office visits by patient's age, sex, and race, according to location of visit: United States, January-December 1975

Patient characteristic	All visits	Geographic region				Metro-politan area <sup>1</sup>	Non-metro-politan area
		Northeast	North Central	South	West		
Number of visits in thousands							
All patients.....	567,600	126,616	150,241	182,868	107,875	413,685	153,915
Percent distribution							
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<u>Age</u>							
Under 15 years.....	17.4	18.8	19.0	17.2	14.1	17.9	16.2
15-24 years.....	15.3	13.4	15.6	16.9	16.0	15.1	15.6
25-44 years.....	25.3	23.5	23.6	27.0	26.7	26.0	23.3
45-64 years.....	25.6	27.3	25.1	24.5	26.4	25.7	25.5
65 years and over.....	16.4	17.1	16.7	15.5	16.8	15.3	19.4
<u>Sex and age</u>							
Female.....	60.4	59.4	58.8	61.3	62.3	60.9	59.3
Under 15 years.....	8.1	8.7	8.4	8.1	7.0	8.5	7.2
15-24 years.....	10.1	8.5	10.3	10.7	10.6	10.0	10.2
25-44 years.....	16.7	16.0	15.1	18.1	17.3	17.3	15.0
45-64 years.....	15.5	15.9	14.8	14.9	16.9	15.5	15.5
65 years and over.....	10.1	10.4	10.3	9.5	10.5	9.6	11.5
Male.....	39.6	40.6	41.2	38.7	37.7	39.1	40.7
Under 15 years.....	9.3	10.1	10.6	9.1	7.0	9.4	9.0
15-24 years.....	5.2	4.9	5.3	5.2	5.4	5.1	5.4
25-44 years.....	8.6	7.6	8.5	9.0	9.4	8.7	8.3
45-64 years.....	10.2	11.4	10.4	9.6	9.5	10.2	10.1
65 years and over.....	6.3	6.7	6.4	5.9	6.3	5.7	7.9
<u>Race and age</u>							
White.....	89.6	90.7	93.8	85.1	90.5	89.4	90.2
Under 15 years.....	15.5	16.9	17.5	15.0	12.1	15.9	14.7
15-24 years.....	13.6	11.9	14.6	13.5	14.3	13.4	14.2
25-44 years.....	22.1	20.5	21.6	22.5	23.7	22.5	20.7
45-64 years.....	23.2	25.1	23.9	20.5	24.4	23.3	22.8
65 years and over.....	15.3	16.3	16.2	13.6	16.0	14.3	17.8
All other races.....	10.4	10.3	6.2	14.9	9.5	10.6	9.8
Under 15 years.....	1.9	1.9	1.5	2.2	2.0	2.0	1.5
15-24 years.....	1.7	1.5	1.0	3.4	1.7	1.7	1.4
25-44 years.....	3.2	3.0	2.0	4.5	3.0	3.5	2.6
45-64 years.....	2.4	2.2	1.2	4.0	2.0	2.4	2.7
65 years and over.....	1.1	0.8	0.5	1.9	0.8	1.0	1.6
<u>Sex and race</u>							
White female.....	53.9	53.4	54.8	51.9	56.7	54.1	53.5
White male.....	35.7	37.3	38.9	33.2	33.8	35.3	37.0
All other female.....	6.5	6.0	4.0	9.4	5.6	6.8	5.8
All other male.....	3.9	3.3	2.3	5.5	3.9	3.8	3.7

<sup>1</sup>Location within the standard metropolitan statistical areas (SMSA's).



Table 6. Number and percent distribution of office visits by prior-visit status and seriousness of problem, according to patient's age, sex, and race: United States, January-December 1975

Patient characteristic	Number of visits (in thousands)	Total	Prior-visit status			Seriousness of problem		
			New patient	Old patient, new problem	Old patient, old problem	Serious or very serious	Slightly serious	Not serious
All patients.....	567,600	100.0	14.9	23.4	61.7	18.9	32.4	48.8
Percent distribution								
<u>Age</u>								
Under 15 years.....	99,010	100.0	15.9	35.5	48.6	11.2	30.9	57.9
15-24 years.....	86,571	100.0	21.1	26.4	52.5	11.5	27.3	61.3
25-44 years.....	143,525	100.0	17.9	22.1	60.0	16.8	31.2	52.0
45-64 years.....	145,434	100.0	11.9	19.4	68.7	23.7	35.5	40.8
65 years and over.....	93,061	100.0	8.4	16.0	75.6	29.4	35.6	35.0
<u>Sex and age</u>								
Female.....								
Female.....	342,896	100.0	13.8	22.6	63.6	17.1	31.4	51.5
Under 15 years.....	46,140	100.0	16.5	37.0	46.6	10.3	30.9	58.9
15-24 years.....	57,085	100.0	19.9	24.8	55.4	9.8	25.3	64.9
25-44 years.....	94,655	100.0	15.3	21.1	63.6	14.8	29.5	55.8
45-64 years.....	87,676	100.0	11.0	19.7	69.4	20.8	34.9	44.3
65 years and over.....	57,340	100.0	7.7	15.9	76.5	28.3	36.0	35.8
Male.....								
Male.....	224,704	100.0	16.7	24.6	58.7	21.5	33.8	44.7
Under 15 years.....	52,870	100.0	15.4	34.3	50.3	12.1	30.9	57.0
15-24 years.....	29,485	100.0	23.5	29.6	46.9	14.8	31.1	54.2
25-44 years.....	48,870	100.0	22.9	24.0	53.1	20.7	34.6	44.7
45-64 years.....	57,758	100.0	13.3	19.0	67.7	28.2	36.4	35.5
65 years and over.....	35,721	100.0	9.7	16.2	74.1	31.3	35.0	33.7
<u>Race and age</u>								
White.....								
White.....	508,672	100.0	14.5	23.0	62.5	19.0	32.1	48.9
Under 15 years.....	88,166	100.0	15.4	35.4	49.2	10.9	31.0	58.1
15-24 years.....	77,130	100.0	20.8	26.5	52.8	11.4	27.2	61.5
25-44 years.....	125,174	100.0	17.3	21.7	61.0	17.0	30.8	52.1
45-64 years.....	131,537	100.0	11.8	18.5	69.7	23.9	34.8	41.4
65 years and over.....	86,666	100.0	8.3	15.8	75.9	29.3	35.5	35.1
All other races.....								
All other races.....	58,928	100.0	18.5	27.1	54.4	17.7	34.4	47.9
Under 15 years.....	10,844	100.0	20.3	36.2	43.5	13.9	29.7	56.4
15-24 years.....	9,441	100.0	24.0	25.8	50.1	12.3	28.1	59.6
25-44 years.....	18,351	100.0	21.7	25.1	53.2	14.9	33.9	51.2
45-64 years.....	13,897	100.0	12.8	27.6	59.6	22.0	42.4	35.6
65 years and over.....	6,395	100.0	10.8	18.4	70.8	30.7	36.1	33.2
<u>Sex and race</u>								
White female.....	305,928	100.0	13.4	22.1	64.5	17.2	31.4	51.4
White male.....	202,744	100.0	16.2	24.2	59.5	21.7	33.3	45.1
All other female.....	36,968	100.0	17.4	26.5	56.1	16.5	32.1	51.5
All other male.....	21,960	100.0	20.4	28.2	51.4	19.8	38.4	41.8

Table 7. Number and percent distribution of office visits by principal diagnosis, selected services ordered or provided, and disposition, according to patient's age, sex, and race: United States, January-December 1975

Visit characteristic and ICDA code	All patients	Age					Sex		Race	
		Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over	Female	Male	White	All other
Number of visits in thousands										
All visits .....	567,600	99,010	86,571	143,525	145,434	93,061	342,896	224,704	508,672	58,928
Percent distribution										
Total .....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Principal diagnosis<sup>1</sup></b>										
Infective and parasitic diseases .....000-136	4.0	7.1	5.4	4.1	2.2	2.1	3.8	4.3	3.9	4.9
Neoplasms .....140-239	2.4	0.5	1.2	2.0	3.5	4.2	2.4	2.2	2.4	1.6
Endocrine, nutritional, and metabolic diseases .....240-279	4.3	0.9	2.4	4.8	5.8	6.3	5.0	3.2	4.2	4.7
Mental disorders .....290-315	4.4	1.5	4.1	7.9	4.4	2.5	4.6	4.2	4.5	3.3
Diseases of nervous system and sense organs .....320-389	7.9	11.7	6.2	6.0	7.4	9.4	7.6	8.4	8.1	6.8
Diseases of circulatory system .....390-458	9.9	0.5	1.3	4.6	16.6	25.9	9.2	11.0	10.0	9.4
Diseases of respiratory system .....460-519	14.1	26.9	13.1	12.1	11.7	8.4	12.4	16.8	14.0	15.2
Diseases of digestive system .....520-577	3.5	1.8	2.8	3.4	4.5	4.8	3.3	3.9	3.5	3.6
Diseases of genitourinary system .....580-629	6.6	1.8	7.8	9.2	7.5	5.5	8.6	3.6	6.4	8.2
Diseases of skin and subcutaneous tissue .....680-709	5.0	6.3	7.7	4.5	4.1	3.6	4.8	5.4	5.1	4.5
Diseases of musculoskeletal system .....710-738	5.8	1.7	2.4	5.1	9.0	9.3	5.8	5.8	5.8	5.8
Symptoms and ill-defined conditions .....780-796	4.6	4.3	4.6	5.4	4.7	3.7	4.8	4.4	4.6	4.7
Accidents, poisoning, and violence .....800-999	7.3	7.6	9.4	8.0	6.7	4.5	5.0	10.6	7.1	8.4
Special conditions and examinations without sickness ..... Y00-Y13	17.8	24.7	29.0	20.9	10.2	6.9	20.0	14.4	17.9	16.7
Residual <sup>2</sup> .....	2.5	2.7	2.6	2.0	1.7	2.9	2.7	1.8	2.5	2.2
<b>Services ordered or provided (selected services)</b>										
No services .....	2.7	3.5	3.5	2.6	2.2	1.8	2.6	2.8	2.7	2.6
Diagnostic services:										
Limited history/examination .....	51.3	48.5	52.7	50.8	50.6	55.0	51.9	50.4	50.6	57.5
General history/examination .....	15.8	22.4	16.2	14.3	14.9	11.9	15.9	15.5	15.5	17.8
Clinical lab test .....	22.9	16.3	27.8	24.3	21.7	24.9	26.0	18.1	22.6	25.1
X-ray .....	7.4	5.3	6.3	7.7	9.0	7.5	6.4	8.7	7.4	7.1
Blood pressure check .....	33.2	7.4	31.4	33.6	41.7	48.2	36.9	27.4	32.9	35.8
Hearing or vision test .....	6.0	7.3	6.4	4.5	5.7	7.0	5.2	7.2	6.0	6.2
Therapeutic services:										
Drug prescribed .....	44.3	42.1	41.8	42.7	46.8	47.6	45.4	42.6	43.4	51.9
Injection .....	13.8	11.2	10.0	12.1	17.4	16.8	14.0	13.4	13.8	13.7
Immunization/desensitization .....	4.5	14.8	2.8	1.9	2.3	2.8	3.6	5.9	4.6	3.9
Office surgery .....	6.7	5.9	7.5	6.8	6.9	6.3	5.7	8.2	7.0	4.4
Physiotherapy .....	2.2	0.6	2.0	2.3	3.2	2.5	1.9	2.7	2.2	2.7
Medical counseling .....	12.3	12.3	12.1	12.2	12.6	12.1	12.5	12.0	12.4	11.3
Psychotherapy/therapeutic listening .....	4.3	1.2	3.3	7.1	5.2	2.5	4.5	3.9	4.5	1.9
<b>Disposition (selected actions)</b>										
No followup planned .....	13.1	22.0	18.3	12.4	9.3	6.0	11.6	15.5	13.1	13.2
Return at specified time .....	59.1	45.2	54.0	59.4	64.1	70.1	62.0	54.6	59.2	57.5
Return if needed .....	22.3	25.9	22.6	22.2	21.9	19.2	21.5	23.5	22.2	23.6
Telephone followup planned .....	3.7	6.2	3.2	3.0	3.3	3.1	3.7	3.7	3.8	2.3
Referred to other physician/agency .....	2.8	2.4	2.5	3.0	3.1	3.0	2.6	3.2	2.8	3.5
Admit to hospital .....	2.1	1.7	1.6	2.3	2.2	2.7	2.0	2.3	2.2	1.9

<sup>1</sup>Based on Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA) (reference 4).

<sup>2</sup>Includes all other diagnoses and diagnosis "none" or "unknown."

NOTE: Since more than one service or disposition was possible, figures may not add to totals

## SECTION II

### PROVIDER PATTERNS: OFFICE-BASED CARE AS RELATED TO CHARACTERISTICS OF PROVIDING PHYSICIANS

Tables 8-14 examine office-based care from the perspective of the physicians who provided it. In tables 8 and 9 the focus is on doctors of osteopathy vis à vis doctors of medicine and solo practitioners vis à vis physicians in multiple-member practice. Tables 10 and 11 present a data profile of the five most visited specialties: general and family practice, internal medicine, obstetrics and gynecology, pediatrics, and general surgery. Tables 12-14 focus on seven other specialties prominent in office-based ambulatory care: ophthalmology, orthopedic surgery, otolaryngology, psychiatry, dermatology, urology, and cardiovascular disease. Most of the data presented in these tables are self-explanatory, although, for exactness in interpretation of terms, the reader should consult the definitions in appendix II. A cautionary word about the data

on seriousness of problems is indicated. The reader is reminded that the evaluations of the seriousness of the patient's problem do not represent an objective measurement of seriousness applied uniformly by all office-based providers. Instead, they represent the *physician's judgment* of the degree of impairment that might result if no care were available, and this judgment may reflect a concept of seriousness unique to some extent to the specialty in question.

Tables B, C, and D isolate for study certain of the more meaningful contrasts among the office-based providers. Table B provides data on *mean contact durations*, expressed as the average time that particular specialists spent in face-to-face contact with their patients. Table C shows the proportion of practice that the physician

Table B. Number and percent distribution of office visits, mean contact duration, and standard error (S.E.) of mean contact duration by physician's specialty: United States, January-December 1975

Physician's specialty	Number of visits (in thousands)	Percent distribution of visits	Mean contact duration (in minutes) <sup>1</sup>	S.E. of mean contact duration <sup>2</sup> (in minutes)
All specialties .....	567,600	100.0	15.0	0.31
General and family practice.....	234,660	41.3	12.6	0.50
Internal medicine .....	62,117	10.9	18.2	0.38
Obstetrics and gynecology.....	48,076	8.5	13.1	0.48
Pediatrics.....	46,684	8.2	12.1	0.32
General surgery .....	41,292	7.3	12.7	0.45
Ophthalmology .....	24,667	4.4	20.3	1.91
Orthopedic surgery.....	19,316	3.4	14.5	0.67
Otolaryngology .....	16,355	2.9	13.6	1.10
Psychiatry .....	14,806	2.6	46.9	1.85
Dermatology .....	14,094	2.5	11.9	0.90
Urology .....	10,832	1.9	15.0	1.20
Cardiovascular diseases.....	7,556	1.3	21.3	2.00
All other specialties .....	27,145	4.8	-	-

<sup>1</sup>Time spent in face-to-face contact between physician and patient.

<sup>2</sup>Standard error (S.E.) measurements of precision are discussed in appendix I.

Table C. Percent distribution of office visits by nature of care rendered and ratio of acute to chronic morbidity, according to physician's specialty: United States, January-December 1975

Physician's specialty	Nature of care		Ratio of acute to chronic morbidity <sup>1</sup>
	Special conditions and examinations without sickness	Morbidity related diagnosis	
	Percent		
All specialties .....	17.8	82.2	1.21
General and family practice.....	12.9	87.1	1.53
Internal medicine .....	7.0	93.0	0.70
Obstetrics and gynecology.....	57.1	42.9	1.26
Pediatrics.....	32.4	67.6	5.72
General surgery .....	23.4	76.6	1.35
Ophthalmology .....	14.9	85.1	0.57
Orthopedic surgery.....	16.0	84.0	1.35
Otolaryngology .....	10.4	89.6	1.07
Psychiatry .....	*0.6	99.4	0.39
Dermatology .....	*2.2	97.8	0.45
Urology .....	13.0	87.0	0.56
Cardiovascular disease .....	6.0	94.0	0.64

<sup>1</sup>Data do not appear in detailed tables. Obtained from responses to item 8 on Patient Record form (see appendix III).

devoted to *special conditions and examinations without sickness* as opposed to care that was chiefly involved with the treatment of morbid states (i.e., conditions of illness or injury).<sup>d</sup> Table C also permits an evaluation of the provider's clinical role in terms of the acute or chronic nature of morbid states that a particular

<sup>d</sup>*Special conditions and examinations without sickness* is a supplementary classification (codes Y00-Y13) of the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA)*. Along with all medical and special examinations, this group contains such special conditions as prophylactic inoculation and vaccination, contacts with infective and parasitic diseases, prenatal care and postpartum observation, and surgical aftercare. The data classified as *treatment of acute and chronic morbidity* apply to visits where the principal diagnosis fell in any of the 17 major ICDA groups (codes 000-999).

Table D. Number of office visits, percent of visits made by new patients, and percent of visits referred to the physician, by physician's specialty: United States, January-December 1975

Physician's specialty	Number of visits (in thousands)	Percent of visits by new patients	Percent of visits referred to the physician <sup>1</sup>
All specialties .....	567,600	14.9	2.8
General and family practice .....	234,660	12.7	1.0
Internal medicine .....	62,117	13.1	2.6
Obstetrics and gynecology .....	48,076	14.2	1.6
Pediatrics .....	46,684	9.2	*0.7
General surgery .....	41,292	15.8	4.4
Ophthalmology .....	24,667	30.1	3.1
Orthopedic surgery .....	19,316	22.6	8.0
Otolaryngology .....	16,355	31.6	6.5
Psychiatry .....	14,806	6.3	5.4
Dermatology .....	14,094	26.3	4.1
Urology.....	10,832	17.4	6.6
Cardiovascular disease.....	7,556	11.7	7.5

<sup>1</sup>Data do not appear in detailed tables. Obtained from responses to item 8 on Patient Record form (see appendix III).

type of specialist encountered.<sup>e</sup> Table D presents data about the proportion of visits that were made by patients new to the doctor's office along with that proportion which resulted from referral by another physician or agency.

Because many of the providers of office-based ambulatory care will be included in reports concerning individual specialties, they will not receive further textual commentary. Careful use of the appropriate tables will enable readers to become informed about the provider activity that interests them most.

<sup>e</sup>An *acute* problem was defined as a condition having a relatively sudden or recent onset (i.e., within 3 months of the visit), a *chronic* problem as a preexisting condition with an onset of 3 months or more before the visit.

Table 8. Number and percent distribution of office visits by physician's type and location of practice, patient's age, sex, and prior-visit status, and seriousness of problem, according to physician's type of practice and professional identity: United States, January-December 1975

Physician, patient, and visit characteristic	All office-based physicians	Type of practice		Professional identity	
		Solo	Other	Doctor of medicine	Doctor of osteopathy
Number of visits in thousands					
All visits .....	567,600	339,554	228,046	520,728	46,872
Percent distribution					
Total.....	100.0	100.0	100.0	100.0	100.0
<u>Type of practice</u>					
Solo.....	59.8	...	...	57.6	85.1
Other.....	40.2	...	...	42.5	15.0
<u>Location of practice</u>					
Geographic region:					
Northeast.....	22.3	26.8	15.6	22.5	20.3
North Central.....	26.5	28.0	24.2	23.6	58.8
South.....	32.2	29.7	35.9	34.4	8.1
West.....	19.0	15.5	24.3	19.6	12.8
Metropolitan area <sup>1</sup> .....	72.9	69.9	77.3	74.9	50.1
Nonmetropolitan area .....	27.1	30.1	22.7	25.1	49.9
<u>Age of patient</u>					
Under 15 years.....	17.4	15.2	20.8	18.0	11.2
15-24 years.....	15.3	14.6	16.2	15.4	14.1
25-44 years.....	25.3	24.7	26.1	25.4	24.5
45-64 years.....	25.6	27.6	22.7	25.1	31.6
65 years and over .....	16.4	17.9	14.2	16.2	18.7
<u>Sex of patient</u>					
Female .....	60.4	59.6	61.6	60.6	58.8
Male .....	39.6	40.4	38.4	39.4	41.2
<u>Prior-visit status</u>					
New patient.....	14.9	13.5	17.1	15.2	11.8
Old patient, new problem.....	23.4	24.3	22.1	23.4	24.0
Old patient, old problem.....	61.7	62.2	60.8	61.4	64.2
<u>Seriousness of problem</u>					
Serious or very serious.....	18.9	19.9	17.3	18.9	18.8
Slightly serious.....	32.4	32.2	32.6	31.7	39.9
Not serious.....	48.8	47.9	50.2	49.5	41.4

<sup>1</sup>Location within the standard metropolitan statistical areas (SMSA's).

Table 9. Number and percent of office visits, by physician's type of practice and professional identity, according to principal diagnosis, services ordered or provided, and disposition: United States, January-December 1975

Visit characteristic and ICDA code	All office-based physicians	Type of practice		Professional identity	
		Solo	Other	Doctor of medicine	Doctor of osteopathy
Number of visits in thousands					
All visits .....	567,600	339,554	228,046	520,728	46,872
Principal diagnosis <sup>1</sup>					
Percent of visits					
Infective and parasitic diseases .....000-136	4.0	4.0	4.1	4.1	3.0
Neoplasms .....140-239	2.4	2.1	2.8	2.5	*0.8
Endocrine, metabolic, and nutritional diseases .....240-279	4.3	5.0	3.2	3.9	8.2
Mental disorders .....290-315	4.4	5.8	2.4	4.5	3.3
Diseases of nervous system and sense organs .....320-389	7.9	7.5	8.5	8.2	4.4
Diseases of circulatory system .....390-458	9.9	10.8	8.7	9.9	10.6
Diseases of respiratory system .....460-519	14.1	14.9	12.9	13.8	17.6
Diseases of digestive system .....520-577	3.5	3.6	3.5	3.6	3.0
Diseases of genitourinary system .....580-629	6.6	6.3	7.2	6.6	6.7
Diseases of skin and subcutaneous tissue .....680-709	5.0	5.1	4.9	5.1	4.0
Diseases of musculoskeletal system .....710-738	5.8	6.0	5.4	5.2	11.6
Symptoms and ill-defined conditions .....780-796	4.6	4.3	5.0	4.8	2.5
Accidents, poisoning, and violence .....800-999	7.2	6.8	7.8	6.9	10.3
Special conditions and examinations without sickness ..... Y00-Y13	17.8	15.4	21.3	18.4	10.9
Other diagnoses <sup>2</sup> .....	1.4	1.5	1.4	1.4	1.9
Diagnosis "none" or "unknown".....	1.0	1.1	1.0	1.0	1.5
Services ordered or provided					
No services .....	2.7	2.3	3.3	2.8	1.7
Diagnostic services:					
Limited history/examination .....	51.3	49.0	54.7	51.8	46.1
General history/examination.....	15.8	14.5	17.7	16.3	10.0
Clinical lab test .....	22.9	19.9	27.2	23.7	13.6
X-ray .....	7.4	5.8	9.6	7.6	4.4
Blood pressure check .....	33.2	35.6	29.4	33.3	31.5
EKG.....	3.4	3.0	4.0	3.6	1.2
Hearing .....	1.3	1.0	1.7	1.4	*0.7
Vision test.....	4.7	4.9	4.4	5.0	1.4
Endoscopy .....	1.2	0.9	1.6	1.2	1.0
Therapeutic services:					
Drug prescribed.....	44.3	47.4	39.7	43.5	53.8
Injection .....	13.8	17.3	8.6	12.0	33.5
Immunization/desensitization .....	4.5	4.8	4.1	4.8	1.7
Office surgery .....	6.7	6.0	7.8	6.8	5.5
Physiotherapy .....	2.2	2.6	1.6	1.5	10.6
Medical counseling.....	12.3	11.5	13.4	12.4	10.6
Psychotherapy/therapeutic listening .....	4.3	5.7	2.2	4.0	7.6
Other diagnostic therapeutic services.....	5.8	6.2	5.2	5.4	10.0
Disposition					
No followup planned.....	13.1	12.8	13.7	13.3	10.8
Return at specified time .....	59.1	58.0	60.6	59.7	52.5
Return if needed .....	22.3	24.6	18.9	21.1	35.5
Telephone followup planned.....	3.7	4.1	3.1	3.8	2.8
Referred to other physician/agency.....	2.8	2.7	3.0	2.9	1.8
Returned to referring physician.....	0.9	0.9	0.9	1.0	*0.2
Admit to hospital .....	2.1	1.8	2.6	2.2	1.1

<sup>1</sup>Based on Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA) (reference 4).

<sup>2</sup>Diseases of the blood and blood-forming organs; complications of pregnancy, childbirth, and the puerperium; congenital anomalies; and certain causes of perinatal morbidity and mortality.

Table 10. Number and percent distribution of office visits to the 5 most visited specialties by physician's type and location of practice, patient's age, sex, and prior-visit status, and seriousness of problem: United States, January-December 1975

Physician, patient, and visit characteristic	All specialties	Most visited specialties				
		General and family practice	Internal medicine	Obstetrics and gynecology	Pediatrics	General surgery
Number of visits in thousands						
All visits.....	567,600	234,660	62,117	48,076	46,684	41,292
Percent distribution						
Total.....	100.0	100.0	100.0	100.0	100.0	100.0
<u>Type of practice</u>						
Solo.....	59.8	72.9	54.3	38.7	41.5	63.6
Other.....	40.2	27.1	45.7	61.3	58.5	36.5
<u>Location of practice</u>						
Geographic region:						
Northeast.....	22.3	16.8	29.7	23.4	30.8	19.8
North Central.....	26.5	33.6	25.1	21.0	25.5	24.2
South.....	32.2	32.4	25.6	36.8	28.3	38.6
West.....	19.0	17.2	19.6	18.7	15.5	17.4
Metropolitan area <sup>1</sup> .....	72.9	58.2	84.6	81.9	89.1	72.2
Nonmetropolitan area.....	27.1	41.8	15.4	18.1	10.9	27.8
<u>Age of patient</u>						
Under 15 years.....	17.4	14.4	3.3	2.2	92.7	6.3
15-24 years.....	15.3	16.0	8.8	33.3	6.3	13.2
25-44 years.....	25.3	24.1	21.1	50.3	...	28.7
45-64 years.....	25.6	27.5	37.9	11.7	...	34.0
65 years and over.....	16.4	18.0	28.9	2.4	...	17.8
<u>Sex of patient</u>						
Female.....	60.4	59.2	59.5	98.6	47.7	60.3
Male.....	39.6	40.8	40.5	1.4	52.3	39.7
<u>Prior-visit status</u>						
New patient.....	14.9	12.7	13.1	14.2	9.2	15.8
Old patient, new problem.....	23.4	30.5	20.9	18.0	41.5	19.1
Old patient, old problem.....	61.7	56.8	66.0	67.9	49.3	65.1
<u>Seriousness of problem</u>						
Serious or very serious.....	18.9	17.0	28.6	7.7	10.1	18.0
Slightly serious.....	32.4	35.1	33.6	15.7	29.6	28.8
Not serious.....	48.8	47.9	37.8	76.6	60.4	53.2

<sup>1</sup>Location within the standard metropolitan statistical areas (SMSA's).

Table 11. Number and percent of office visits to the 5 most visited specialties, by principal diagnosis, services ordered or provided, and disposition: United States, January-December 1975

Visit characteristic and ICDA code	All specialties	Most visited specialties				
		General and family practice	Internal medicine	Obstetrics and gynecology	Pediatrics	General surgery
Number of visits in thousands						
All visits.....	567,600	234,660	62,117	48,076	46,684	41,292
Principal diagnosis <sup>1</sup>						
Percent of visits						
Infective and parasitic diseases.....000-136	4.0	4.6	2.8	3.8	7.0	2.6
Neoplasms .....140-239	2.4	1.2	3.7	3.2	*0.2	7.6
Endocrine, nutritional, and metabolic diseases .....240-279	4.3	5.8	9.1	2.4	*0.7	4.9
Mental disorders .....290-315	4.4	3.0	3.6	*0.6	1.0	1.0
Diseases of nervous system and sense organs.....320-389	7.9	4.7	3.3	*0.5	9.9	1.8
Diseases of circulatory system .....390-458	9.9	12.4	24.9	1.2	*0.3	8.8
Diseases of respiratory system .....460-519	14.1	18.5	11.7	1.1	28.3	6.1
Diseases of digestive system .....520-577	3.5	3.9	5.5	*0.7	1.3	9.2
Diseases of genitourinary system .....580-629	6.6	6.4	3.8	18.7	1.1	7.8
Diseases of skin and subcutaneous tissue .....680-709	5.0	4.6	2.6	*0.6	6.1	6.0
Diseases of musculoskeletal system.....710-738	5.8	7.1	8.6	*0.3	*0.7	4.0
Symptoms and ill-defined conditions.....780-796	4.6	3.9	6.6	6.3	4.2	4.9
Accidents, poisoning, and violence .....800-999	7.2	8.6	4.3	0.9	4.7	9.7
Special conditions and examinations without sickness..... Y00-Y13	17.8	12.9	7.0	57.1	32.4	23.4
Other diagnoses <sup>2</sup> .....	1.4	1.5	1.4	1.2	1.0	1.4
Diagnosis "none" or "unknown".....	1.1	1.1	1.2	1.6	1.0	1.0
Services ordered or provided						
No services.....	2.7	1.7	1.3	3.1	2.9	7.6
Diagnostic services:						
Limited history/examination.....	51.3	55.6	61.4	54.1	41.0	46.6
General history/examination.....	15.8	12.6	20.1	25.4	33.4	11.0
Clinical lab test.....	22.9	21.6	38.5	52.4	22.4	11.8
X-ray .....	7.4	6.2	13.1	1.8	4.1	7.3
Blood pressure check.....	33.2	40.2	61.4	57.4	7.7	23.1
EKG.....	3.4	2.3	14.0	*0.3	*0.2	2.1
Hearing test.....	1.3	0.8	1.5	*0.2	2.7	*0.5
Vision test.....	4.7	1.4	2.4	*0.1	4.2	*0.6
Endoscopy .....	1.2	0.6	1.6	1.1	0.0	1.1
Therapeutic services:						
Drug prescribed.....	44.3	55.6	49.5	35.6	41.2	27.3
Injection.....	13.8	21.5	11.6	2.3	9.3	14.6
Immunization/desensitization .....	4.5	3.7	2.6	*0.6	22.9	*0.9
Office surgery.....	6.7	5.2	1.5	3.0	3.2	16.6
Physiotherapy .....	2.2	3.3	1.1	*0.2	*0.1	1.1
Medical counseling .....	12.3	11.7	17.8	11.5	15.7	11.7
Psychotherapy/therapeutic listening.....	4.3	2.9	2.7	*0.6	*0.7	1.9
Other diagnostic and therapeutic services .....	5.8	3.6	1.7	5.3	2.9	8.1
Disposition						
No followup planned.....	13.1	15.5	9.1	7.3	23.6	10.5
Return at specified time .....	59.1	51.3	68.4	75.7	44.5	61.6
Return if needed.....	22.3	29.2	16.5	13.0	23.6	18.2
Telephone followup planned .....	3.7	3.7	5.0	2.5	9.9	1.7
Referred to other physician/agency .....	2.8	3.0	4.4	1.6	2.9	2.9
Returned to referring physician.....	0.9	0.4	0.8	*0.7	*0.3	1.1
Admit to hospital .....	2.1	1.2	1.7	3.2	0.9	5.8

<sup>1</sup>Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA) (reference 4).

<sup>2</sup>Diseases of the blood and blood-forming organs; complications of pregnancy, childbirth, and the puerperium; congenital anomalies; and certain causes of perinatal morbidity and mortality.



Table 12. Number and percent distribution of office visits to 7 other selected specialties by physician's type and location of practice, patient's age, sex, and prior-visit status, and seriousness of problem: United States, January-December 1975

Physician, patient, and visit characteristic	All specialties	Other selected specialties						
		Ophthalmology	Orthopedic surgery	Otolaryngology	Psychiatry	Dermatology	Urology	Cardiovascular disease
Number of visits in thousands								
All visits.....	567,600	24,667	19,316	16,355	14,806	14,094	10,832	7,556
Percent distribution								
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<u>Type of practice</u>								
Solo.....	59.8	65.2	40.8	21.4	85.3	60.1	37.9	48.5
Other.....	40.2	34.8	59.3	78.6	14.7	39.9	62.1	51.5
<u>Location of practice</u>								
Geographic region:								
Northeast.....	22.3	29.7	20.8	13.6	38.8	22.6	18.9	45.6
North Central.....	26.5	19.8	17.0	22.4	13.7	5.0	12.2	10.5
South.....	32.2	25.4	44.6	37.8	27.6	49.6	39.1	32.6
West.....	19.0	25.1	17.6	26.2	19.9	22.8	29.7	11.3
Metropolitan area <sup>1</sup> .....	72.9	84.6	81.2	69.9	97.4	79.8	74.7	100.0
Nonmetropolitan area.....	27.1	15.4	18.8	30.1	*2.7	20.2	25.3	-
<u>Age of patient</u>								
Under 15 years.....	17.4	13.7	17.3	24.2	5.1	9.2	7.2	*1.4
15-24 years.....	15.3	12.8	16.5	12.9	15.8	26.5	7.7	*2.4
25-44 years.....	25.3	18.7	29.6	26.9	54.9	24.9	24.0	10.3
45-64 years.....	25.6	28.7	27.6	22.4	21.4	24.1	31.8	43.9
65 years and over.....	16.4	26.1	9.1	13.6	2.8	15.4	29.3	42.1
<u>Sex of patient</u>								
Female.....	60.4	60.1	45.2	53.5	59.7	60.5	42.2	48.7
Male.....	39.6	39.9	54.8	46.5	40.3	39.5	57.9	51.3
<u>Prior-visit status</u>								
New patient.....	14.9	30.1	22.6	31.6	6.3	26.3	17.4	11.7
Old patient, new problem.....	23.4	10.2	7.1	8.3	*2.2	14.4	7.2	11.6
Old patient, old problem.....	61.7	59.7	70.3	60.1	91.5	59.3	75.4	76.7
<u>Seriousness of problem</u>								
Serious or very serious.....	18.9	17.9	24.0	17.5	64.0	12.0	18.3	32.4
Slightly serious.....	32.4	24.2	37.8	43.6	25.9	33.9	37.0	42.1
Not serious.....	48.8	57.9	38.2	38.9	10.1	54.1	44.7	25.6

<sup>1</sup>Location within the standard metropolitan statistical areas (SMSA's).

Table 13. Percent distribution of office visits to 7 other selected specialties by the principal diagnoses most commonly rendered by their practitioners: United States, January-December 1975

Specialty, principal diagnosis, and ICDA code <sup>1</sup>	Per- cent distrib- ution of visits
Ophthalmology .....	100.0
Diseases of nervous system and sense organs.....320-389	72.4
Special conditions and examinations without sickness..... Y00-Y13	14.9
Accidents, poisoning, and violence .....800-999	3.7
Other diagnoses .....	9.0
Orthopedic surgery .....	100.0
Accidents, poisoning, and violence .....800-999	37.4
Diseases of musculoskeletal system.....710-738	32.8
Special conditions and examinations without sickness..... Y00-Y13	16.0
Symptoms and ill-defined conditions.....780-796	3.0
Other diagnoses .....	10.8
Otolaryngology .....	100.0
Diseases of nervous system and sense organs.....320-389	37.2
Diseases of respiratory system .....460-519	33.6
Special conditions and examinations without sickness..... Y00-Y13	10.4
Symptoms and ill-defined conditions.....780-796	6.3
Other diagnoses .....	12.5
Psychiatry .....	100.0
Mental disorders .....290-315	91.4
Symptoms and ill-defined conditions.....780-796	4.6
Other diagnoses .....	4.0
Dermatology .....	100.0
Diseases of skin and subcutaneous tissue .....680-709	62.4
Infective and parasitic diseases.....000-136	17.0
Neoplasms .....140-239	11.1
Other diagnoses .....	9.5
Urology.....	100.0
Diseases of genitourinary system .....580-629	62.8
Special conditions and examinations without sickness..... Y00-Y13	13.0
Symptoms and ill-defined conditions.....780-796	9.8
Neoplasms .....140-239	6.7
Other diagnoses .....	7.7
Cardiovascular disease.....	100.0
Diseases of circulatory system .....390-458	57.3
Diseases of respiratory system .....460-519	6.3
Special conditions and examinations without sickness..... Y00-Y13	6.0
Symptoms and ill-defined conditions.....780-796	5.3
Other diagnoses .....	25.1

<sup>1</sup>Based on Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA) (reference 4).

Table 14. Percent of office visits to 7 other selected specialties, by selected services ordered or provided and disposition: United States, January-December 1975

Visit characteristic	All specialties	Other selected specialties						
		Ophthalmology	Orthopedic surgery	Otolaryngology	Psychiatry	Dermatology	Urology	Cardiovascular disease
Number of visits in thousands								
All visits.....	567,600	24,667	19,316	16,355	14,806	14,094	10,832	7,556
Percent of visits								
<u>Services ordered or provided<sup>1</sup></u> <u>(selected services)</u>								
<b>Diagnostic services:</b>								
Limited history/examination.....	51.3	40.7	56.9	54.3	4.4	40.9	57.3	47.0
General history/examination.....	15.8	15.0	10.2	12.4	*2.3	3.3	10.9	22.1
Clinical lab test.....	22.9	2.5	*1.1	4.0	*0.6	5.4	67.0	25.2
X-ray.....	7.4	*0.3	36.9	5.8	*0.6	*1.8	8.4	14.8
<b>Therapeutic services:</b>								
Drug prescribed.....	44.3	16.3	17.4	51.1	24.3	50.8	38.8	43.5
Injection.....	13.8	*0.6	7.2	9.8	*1.2	7.0	*2.7	7.9
Office surgery.....	6.7	4.9	13.0	11.8	*0.2	36.6	20.4	*0.5
Medical counseling.....	12.3	4.4	16.8	9.3	5.9	12.6	7.6	5.9
<u>Disposition</u> <u>(selected actions)</u>								
No followup planned.....	13.1	17.6	11.1	14.2	3.3	10.4	*3.6	*4.5
Return at specified time.....	59.1	60.6	65.1	49.7	90.6	61.3	71.4	78.2
Return if needed.....	22.3	19.5	15.3	27.9	7.6	26.2	18.4	9.6
Referred to other physician/agency or admit to hospital.....	5.0	2.7	5.5	5.7	*2.1	*0.8	10.4	*4.9

<sup>1</sup>Other diagnostic and therapeutic services were provided as follows:

Service	Specialty	Percent of visits
Vision test.....	Ophthalmology	74.1
Hearing test.....	Otolaryngology	13.4
Psychotherapy.....	Psychiatry	89.9
Endoscopy.....	Urology	8.9
EKG.....	Cardiovascular disease	41.5
Blood pressure check.....	Urology	10.6
	Cardiovascular disease	72.5
Physiotherapy.....	Orthopedic surgery	5.2
	Dermatology	5.5

## SECTION III

### CLINICAL PATTERNS: OFFICE-BASED CARE AS RELATED TO PATIENTS' PRESENTING PROBLEMS

Survey findings contain two major sources of information about the clinical content of office-based practice. The first source—the patient's principal problem, complaint, or symptom as expressed in his or her own words—is the subject of this section. The second source—the physician's principal diagnosis—is the subject of section IV.

The problems, complaints, or symptoms presented by patients have been identified and coded according to a nosology specifically developed for the NAMCS.<sup>3</sup> A maximum of three problems were coded for each patient visit. The data in this report represent only the first-listed or principal problem.<sup>f</sup>

The terms "problem" or "reason for the visit" are used comprehensively to apply to any motivation that brought the patient to the doctor's office—whether the cause was morbidity related (i.e., related to an illness or injury) or not (e.g., a routine examination). The descriptor "morbidity-related problem" will be used interchangeably with the terms "complaint" or "symptom."

Data on presenting problems appear in tables 15-19. Table 15 lists the 50 problems most frequently presented to office-based physicians. The rank ordering of problems in this and other similar tables is not absolutely reliable since some estimates may not be statistically different from other near estimates due to sampling variability. Prominent in the list were problems not directly related to illness or injury. Indeed, the three most common reasons for office visits—surgical aftercare, nonspecific physical examinations, and pregnancy examinations—fall into this category. Prominent among the mor-

<sup>f</sup>Recognizing that complaints or symptoms are probably more often presented in clusters rather than singly, future NAMCS publications will include second- and third-listed symptoms in their description of presenting problems.

bidity-related problems were problems of the extremities and back: pain, sprain, swelling, fracture, etc. Complaints of this nature comprised a substantial 9 percent of all visits. The common complaints of sore throat, cough, and cold were also prominent, accounting for another 7 percent of visits.

The remaining tables in the "problem" series center attention on *morbidity-related* problems. The data in table 16 describe complaints in terms of the age and sex of the patients who presented them. Table E compares in order of frequency the 10 morbidity-related problems most commonly presented by females with the 10 most frequently presented by males.

In the top 10 complaints, females differed from males chiefly in the precedence given to abdominal pain as the second most common reason for the visit and in the inclusion of headache and fatigue. Males differed from females chiefly in the relative precedence given to problems of upper extremities and back and in the inclusion of skin wounds and chest pain.

Of other commonly occurring complaints, females were much more likely than males to cite gain in weight and symptoms of nervousness or depression as major problems leading to the visit (table 16).

Table E. Ten morbidity-related problems most frequently presented, by sex

Rank	Female	Male
1	Problems, lower extremity	Problems, lower extremity
2	Abdominal pain	Back problems
3	Back problems	Problems, upper extremity
4	Sore throat	Sore throat
5	Problems, upper extremity	Cough
6	Cough	Abdominal pain
7	Headache	Wounds of skin
8	Fatigue	Pain in chest
9	Allergic skin reaction	Cold
10	Cold	Allergic skin reaction

Data on prior-visit status are generally useful in identifying whether a patient was "new" or "old" to the doctor's office practice. In the description of presenting problems (table 17), the data on status have a special potential in that they permit a focus on visits where the patient presented a problem which the doctor had not encountered before with that patient. These *new-problem encounters* included any problem presented by a new patient along with any new problem presented by an old patient. Visits by *old patients with old problems* were in reality return visits that the patient made in the course of the year as the result of a new-problem presentation.

Since it is at the *new-problem encounter* that complaints or symptoms receive maximum attention—at this encounter, for example, that the volume of diagnostic activity is probably the greatest—future NAMCS publications will isolate this category of encounters for special study. For present purposes, the listing that appears in table F will serve to demonstrate the effect of reexamining morbidity-related problems by their frequency of appearance as *new-problem encounters*.

Of the 25 most common morbidity-related problems the 5 judged to be most serious in potential—i.e., most frequently evaluated by the physician as serious or very serious—were symptoms of depression, shortness of breath, pain in chest, high blood pressure, and fatigue (table 17).

For 13 of the most common complaints or symptoms, table 18 shows the diagnoses most frequently assigned to the problem by the physician. Of the diagnostic procedures most prominent in office-based practice—limited examination, blood pressure check, clinical lab test, general examination, and X-ray—table 19 shows the frequency with which the procedure was ordered or provided for each of the 25 most common morbidity-related problems.

Table G completes the statistical description

Table F. Number of new-problem encounters by 25 morbidity-related problems most frequently presented at these encounters: United States, January-December 1975

Rank	Morbidity-related problem and NAMCS code <sup>1</sup>	Number of new problem encounters (in thousands)
	All new-problem encounters .....	217,655
1	Sore throat.....520	9,733
2	Pain, swelling, injury—lower extremity .....400	9,717
3	Abdominal pain .....540	8,152
4	Pain, swelling, injury—upper extremity .....405	7,688
5	Cough .....311	7,308
6	Allergic skin reaction .....112	7,299
7	Pain, swelling, injury—back region .....415	7,002
8	Cold .....312	5,762
9	Fever .....002	5,162
10	Wounds of skin .....116	5,139
11	Earache .....735	4,849
12	Headache .....056	4,678
13	Pain in chest.....322	4,071
14	Swelling, mass of skin .....115	3,852
15	Pain, swelling, injury—face and neck .....410	3,713
16	Vision dysfunction (except blindness) .....701	3,255
17	Vaginal discharge .....662	3,093
18	Fatigue.....004	2,809
19	Nausea and vomiting.....572	2,135
20	Vertigo.....069	2,133
21	Menstrual disorders.....653	2,097
22	Skin irritation (nonallergic).....113	2,070
23	Flu .....313	2,058
24	Eye pain and irritation .....705	1,816
25	Other symptoms referable to urinary tract n.e.c. Includes bladder trouble and passed stones .....620	1,625

<sup>1</sup>Problems are identified and coded according to a symptom classification developed for use in the NAMCS (see reference 3).

of presenting problems by showing the average time that physicians spent in face-to-face contact with patients who presented a given complaint or symptom.

Table G. Number of office visits, mean contact duration, and standard error (S.E.) of mean contact duration, by the 25 morbidity-related problems most frequently presented by patients: United States, January-December 1975

Rank	Morbidity-related problem and NAMCS code <sup>1</sup>	Number of visits (in thousands)	Mean contact duration <sup>2</sup> (in minutes)	S.E. of mean contact duration <sup>3</sup> (in minutes)
	All problems.....	567,600	15.0	0.31
1	Pain, swelling, injury—lower extremity.....400	21,229	14.7	0.37
2	Pain, swelling, injury—back region.....415	17,067	15.5	0.58
3	Sore throat.....520	15,279	10.5	0.29
4	Pain, swelling, injury—upper extremity.....405	14,933	14.2	0.58
5	Abdominal pain.....540	14,862	15.9	0.37
6	Cough.....311	13,607	12.0	0.38
7	Fatigue.....004	10,466	16.4	0.53
8	Headache.....056	10,198	16.6	0.57
9	Allergic skin reaction.....112	9,827	11.3	0.60
10	Pain in chest.....322	9,751	18.0	0.48
11	Cold.....312	9,453	11.2	0.43
12	Earache.....735	7,754	10.5	0.47
13	High blood pressure.....205	7,715	13.4	0.48
14	Pain, swelling, injury—face and neck.....410	7,555	15.6	0.64
15	Wounds of skin.....116	7,533	11.2	0.37
16	Vision dysfunction (except blindness).....701	7,022	23.1	2.30
17	Fever.....002	7,015	11.8	0.47
18	Vertigo.....069	6,315	15.5	0.67
19	Swelling, mass of skin.....115	5,988	13.6	0.55
20	Weight gain.....010	5,777	13.8	0.88
21	Shortness of breath.....306	5,660	18.2	1.03
22	Vaginal discharge.....662	4,999	15.5	0.60
23	Symptoms of nervousness.....810	4,567	19.6	1.24
24	Symptoms of depression.....807	4,463	37.8	1.77
25	Skin irritation (nonallergic).....113	3,921	12.4	0.57

<sup>1</sup>Problems are identified and coded according to a symptom classification developed for use in the NAMCS (see reference 3).

<sup>2</sup>Time spent in face-to-face contact between physician and patient.

<sup>3</sup>Standard error (S.E.) measurements of precision are discussed in appendix I.

Table 15. Number, percent, and cumulative percent of office visits, by 50 principal problems most frequently presented by patients: United States, January-December 1975

Rank	Principal problem and NAMCS code	Number of visits (in thousands)	Percent of visits	Cumulative percent
1	Surgical aftercare.....986	26,090	4.6	4.6
2	Physical examination.....900, 901	23,518	4.1	8.7
3	Pregnancy examination.....905	22,065	3.9	12.6
4	Pain, swelling, injury—lower extremity.....400	21,229	3.7	16.3
5	Pain, swelling, injury—back region.....415	17,067	3.0	19.3
6	Sore throat.....520	15,279	2.7	22.0
7	Pain, swelling, injury—upper extremity.....405	14,933	2.6	24.6
8	Abdominal pain.....540	14,862	2.6	27.2
9	Cough.....311	13,607	2.4	29.6
10	Visit for medication.....910	11,893	2.1	31.7
11	Gynecologic examination.....904	11,092	2.0	33.7
12	Fatigue.....004	10,466	1.8	35.5
13	Headache.....056	10,198	1.8	37.3
14	Allergic skin reaction.....112	9,827	1.7	39.0
15	Pain in chest.....322	9,751	1.7	40.7
16	Cold.....312	9,453	1.7	42.4
17	Well-baby examination.....906	8,291	1.5	43.9
18	Earache.....735	7,754	1.4	45.3
19	High blood pressure.....205	7,715	1.4	46.7
20	Pain, swelling, injury—face and neck.....410	7,555	1.3	48.0
21	Wounds of skin.....116	7,533	1.3	49.3
22	Eye examination.....908	7,060	1.2	50.5
23	Vision dysfunction, except blindness.....701	7,022	1.2	51.7
24	Fever.....002	7,015	1.2	52.9
25	Vertigo.....069	6,315	1.1	54.0
26	Swelling, mass of skin.....115	5,988	1.1	55.1
27	Weight gain.....010	5,777	1.0	56.1
28	Shortness of breath.....306	5,660	1.0	57.1
29	Vaginal discharge.....662	4,999	0.9	58.0
30	Symptoms of nervousness.....810	4,567	0.8	58.8
31	Symptoms of depression.....807	4,463	0.8	59.6
32	Skin irritation (nonallergic).....113	3,921	0.7	60.3
33	Nasal congestion.....301	3,792	0.7	61.0
34	Painful urination.....604	3,704	0.7	61.7
35	Acne.....100	3,640	0.6	62.3
36	Menstrual disorders.....653	3,545	0.6	62.9
37	Other symptoms referable to the ears.....740	3,480	0.6	63.5
38	Nausea.....572	3,417	0.6	64.1
39	Other specific symptoms, referable to skin.....120	3,301	0.6	64.7
40	Pain, irritation of eye.....705	3,016	0.5	65.2
41	Diabetes mellitus.....991	2,985	0.5	65.7
42	Arthritis, rheumatism.....427	2,940	0.5	66.2
43	Sinus problem.....304	2,931	0.5	66.7
44	Flu.....313	2,927	0.5	67.2
45	Hay fever.....329	2,785	0.5	67.7
46	Situational problems.....941	2,715	0.5	68.2
47	Warts.....111	2,691	0.5	68.7
48	Symptoms of anxiety.....800	2,494	0.4	69.1
49	Diarrhea.....555	2,477	0.4	69.5
50	Nocturia.....601	2,435	0.4	69.9

<sup>1</sup>Problems are identified and coded according to a symptom classification developed for use in the NAMCS (see reference 3).

Table 16. Number and percent distribution of office visits for the 25 morbidity-related problems most frequently presented by patients as principal reason for the visit by patient's age and sex: United States, January-December 1975

Morbidity-related problem and NAMCS code <sup>1</sup>	Number of visits (in thousands)	Total	Age of patient					Sex of patient		
			Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over	Female	Male	
			Percent distribution							
All principal problems.....	567,600	100.0	17.4	15.3	25.3	25.6	16.4	60.4	39.6	
Pain, swelling, injury—lower extremity.....	400	21,229	100.0	10.5	14.1	21.4	30.2	23.8	51.8	48.2
Pain, swelling, injury—back region.....	415	17,067	100.0	*1.9	11.5	31.4	38.8	16.4	49.7	50.3
Sore throat.....	520	15,279	100.0	36.3	23.3	24.8	11.9	3.8	55.5	44.5
Pain, swelling, injury—upper extremity.....	405	14,933	100.0	11.8	12.4	28.5	33.6	13.8	49.9	50.1
Abdominal pain.....	540	14,862	100.0	11.1	17.5	28.7	25.4	17.3	63.5	36.5
Cough.....	311	13,607	100.0	40.5	10.1	15.2	22.7	11.6	52.3	47.8
Fatigue.....	004	10,466	100.0	*2.3	8.1	19.1	33.5	37.0	65.8	34.3
Headache.....	056	10,198	100.0	8.8	15.1	36.4	27.3	12.3	68.2	31.8
Allergic skin reaction.....	112	9,827	100.0	34.3	20.3	22.7	14.6	8.2	60.4	39.7
Pain in chest.....	322	9,751	100.0	*2.9	6.9	19.4	43.6	27.2	51.9	48.2
Cold.....	312	9,453	100.0	34.9	15.5	20.4	18.5	10.7	56.0	44.0
Earache.....	735	7,754	100.0	55.4	15.5	17.6	8.4	*3.1	57.5	42.5
High blood pressure.....	205	7,715	100.0	*0.6	*2.2	14.0	48.1	35.1	64.6	35.4
Pain, swelling, injury—face and neck.....	410	7,555	100.0	10.9	14.4	30.7	28.7	15.3	59.8	40.2
Wounds of skin.....	116	7,533	100.0	31.0	20.1	21.4	17.0	10.5	32.6	67.4
Vision dysfunction, except blindness.....	701	7,022	100.0	13.2	9.9	19.2	30.9	26.8	64.2	35.8
Fever.....	002	7,015	100.0	78.9	6.6	6.5	5.9	*2.2	51.0	49.0
Vertigo.....	069	6,315	100.0	*3.4	*4.4	17.1	36.1	39.0	62.4	37.6
Swelling, mass of skin.....	115	5,988	100.0	12.5	16.3	23.2	32.6	15.4	59.9	40.1
Weight gain.....	010	5,777	100.0	*3.7	12.7	47.6	30.1	*5.9	83.0	17.0
Shortness of breath.....	306	5,660	100.0	*6.4	*2.7	8.2	39.4	43.3	44.7	55.3
Vaginal discharge.....	662	4,999	100.0	*2.5	27.3	46.2	20.6	*3.5	100.0	...
Symptoms of nervousness.....	810	4,567	100.0	*2.8	*6.5	35.4	37.8	17.5	73.4	26.6
Symptoms of depression.....	807	4,463	100.0	*0.2	12.9	48.9	30.5	*7.5	73.8	26.2
Skin irritation (nonallergic).....	113	3,921	100.0	16.4	13.4	21.7	28.4	20.1	50.3	49.7

<sup>1</sup>Problems are identified and coded according to a symptom classification developed for use in the NAMCS (see reference 3).



Table 17. Number and percent distribution of office visits for the 25 morbidity-related problems most frequently presented by patients as principal reason for the visit by prior-visit status of patient and seriousness of problem: United States, January-December 1975

Morbidity-related problem and NAMCS code <sup>1</sup>	Number of visits (in thousands)	Total	Prior-visit status			Seriousness of problem		
			New patient	Old patient, new problem	Old patient, old problem	Serious or very serious	Slightly serious	Not serious
Percent distribution								
All principal problems.....	567,600	100.0	14.9	23.4	61.7	18.9	32.4	48.8
Pain, swelling, injury—lower extremity .....	21,229	100.0	18.8	27.0	54.2	26.2	40.7	33.1
Pain, swelling, injury—back region .....	17,067	100.0	17.0	24.0	59.0	21.1	44.8	34.2
Sore throat.....	15,279	100.0	18.8	44.9	36.3	8.3	41.2	50.5
Pain, swelling, injury—upper extremity .....	14,933	100.0	18.5	33.0	48.5	17.3	44.1	38.6
Abdominal pain .....	14,862	100.0	17.8	37.1	45.2	23.2	42.2	34.6
Cough .....	13,607	100.0	13.4	40.3	45.3	13.1	43.1	43.8
Fatigue.....	10,466	100.0	8.6	18.3	73.2	26.6	35.7	37.8
Headache .....	10,198	100.0	20.4	25.5	54.1	15.0	39.4	45.6
Allergic skin reaction .....	9,827	100.0	23.7	50.6	25.7	7.5	34.9	57.6
Pain in chest.....	9,751	100.0	14.0	27.8	58.3	41.0	34.5	24.5
Cold .....	9,453	100.0	13.9	47.0	39.1	8.7	31.1	60.3
Earache.....	7,754	100.0	21.7	40.8	37.5	13.3	50.9	35.8
High blood pressure .....	7,715	100.0	*3.6	*1.1	95.3	32.0	46.8	21.3
Pain, swelling, injury—face and neck .....	7,555	100.0	22.1	27.0	50.9	18.8	47.1	34.1
Wounds of skin .....	7,533	100.0	27.5	40.7	31.8	18.2	31.9	49.9
Vision dysfunction, except blindness.....	7,022	100.0	36.3	10.1	53.6	21.3	19.9	58.8
Fever.....	7,015	100.0	15.6	58.0	26.4	14.9	44.1	41.0
Vertigo.....	6,315	100.0	11.2	22.6	66.2	26.8	46.4	26.8
Swelling, mass of skin .....	5,988	100.0	30.3	34.0	35.7	14.7	34.5	50.9
Weight gain .....	5,777	100.0	13.6	6.2	80.3	9.3	37.0	53.7
Shortness of breath .....	5,660	100.0	11.4	13.1	75.5	52.0	31.5	16.5
Vaginal discharge .....	4,999	100.0	21.8	40.1	38.1	18.7	32.7	48.6
Symptoms of nervousness.....	4,567	100.0	7.4	14.8	77.8	22.0	39.1	39.0
Symptoms of depression.....	4,463	100.0	*5.3	*6.4	88.3	57.6	28.6	13.8
Skin irritation (nonallergic).....	3,921	100.0	12.7	40.1	47.2	18.4	33.8	47.8

<sup>1</sup>Problems are identified and coded according to a symptom classification developed for use in the NAMCS (see reference 3).

Table 18. Number and percent distribution of office visits by selected patient problems and principal diagnoses most frequently associated with each problem: United States, January-December 1975

Problem and NAMCS code <sup>1</sup> and diagnosis and ICDA code <sup>2</sup>	Number of visits (in thousands)	Per-cent distribution of visits
Pain, swelling, injury—lower extremity (400).....	21,229	100.0
Diseases of musculoskeletal system.....710-738	6,629	31.2
Accidents, poisoning, and violence .....800-999	6,419	30.2
Diseases of circulatory system .....390-458	2,916	13.7
Other diagnoses .....	5,265	24.8
Pain, swelling, injury—back region (415).....	17,067	100.0
Accidents, poisoning, and violence .....800-999	6,877	40.3
Diseases of musculoskeletal system.....710-738	6,172	36.2
Diseases of genitourinary system .....580-629	825	4.8
Other diagnoses .....	3,193	18.7
Sore throat (520).....	15,279	100.0
Diseases of respiratory system .....460-519	12,908	84.5
Infective and parasitic diseases.....000-136	1,581	10.4
Other diagnoses .....	790	5.2
Pain, swelling, injury—upper extremity (405).....	14,933	100.0
Diseases of musculoskeletal system.....710-738	6,097	40.8
Accidents, poisoning, and violence .....800-999	5,785	38.7
Diseases of skin and subcutaneous tissue .....680-709	743	5.0
Other diagnoses .....	2,308	15.5
Abdominal pain (540).....	14,862	100.0
Diseases of digestive system .....520-577	6,393	43.0
Symptoms and ill-defined conditions.....780-796	2,042	13.7
Diseases of genitourinary system .....580-629	1,778	12.0
Other diagnoses .....	4,649	31.3
Fatigue (004).....	10,466	100.0
Diseases of circulatory system .....390-458	2,569	24.6
Diseases of blood and blood-forming organs.....280-289	1,501	14.3
Endocrine, nutritional, and metabolic diseases .....240-279	1,447	13.8
Other diagnoses .....	4,949	47.3
Headache (056).....	10,198	100.0
Diseases of respiratory system .....460-519	2,002	19.6
Mental disorders .....290-315	1,792	17.6
Diseases of circulatory system .....390-458	1,713	16.8
Other diagnoses .....	4,691	46.0

See footnotes at end of table.

Table 18. Number and percent distribution of office visits by selected patient problems and principal diagnoses most frequently associated with each problem: United States, January-December 1975—Con.

Problem and NAMCS code <sup>1</sup> and diagnosis and ICDA code <sup>2</sup>	Number of visits (in thousands)	Per-cent distribution of visits
Pain in chest (322) .....	9,751	100.0
Diseases of circulatory system .....390-458	4,103	42.1
Diseases of respiratory system .....460-519	1,415	14.5
Symptoms and ill-defined conditions.....780-796	1,001	10.3
Other diagnoses .....	3,232	33.1
Pain, swelling, injury—face and neck (410) .....	7,555	100.0
Accidents, poisoning, and violence .....800-999	2,626	34.8
Diseases of musculoskeletal system.....710-738	1,918	25.4
Diseases of nervous system and sense organs.....320-389	522	6.9
Other diagnoses .....	2,489	32.9
Fever (002) .....	7,015	100.0
Diseases of respiratory system .....460-519	4,747	67.7
Infective and parasitic diseases.....000-136	971	13.8
Diseases of nervous system and sense organs.....320-389	584	8.3
Other diagnoses .....	713	10.2
Vertigo (069) .....	6,315	100.0
Diseases of circulatory system .....390-458	2,569	40.7
Diseases of nervous system and sense organs.....320-389	1,326	21.0
Symptoms and ill-defined conditions.....780-796	904	14.3
Other diagnoses .....	1,516	24.0
Swelling, mass of skin (115).....	5,988	100.0
Diseases of skin and subcutaneous tissue .....680-709	2,596	43.4
Neoplasms .....140-239	1,398	23.4
Other diagnoses .....	1,994	33.3
Shortness of breath (306) .....	5,660	100.0
Diseases of respiratory system .....460-519	2,690	47.5
Diseases of circulatory system .....390-458	2,201	38.9
Other diagnoses .....	769	13.6

<sup>1</sup>Problems are identified and coded according to a symptom classification developed for use in the NAMCS (see reference 3).  
<sup>2</sup>Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA) (reference 4).

Table 19. Number and percent of office visits for the 25 morbidity-related problems most frequently presented by patients as principal reason for the visit, by diagnostic services ordered or provided: United States, January-December 1975

Morbidity-related problem and NAMCS code <sup>1</sup>	Number of visits (in thousands)	Selected diagnostic services				
		Limited history/examination	General history/examination	Clinical lab test	X-ray	Blood pressure check
		Percent of visits				
All principal problems.....	567,600	51.3	15.8	22.9	7.4	33.2
Pain, swelling, injury—lower extremity .....	400 21,229	62.0	11.8	12.5	23.8	28.3
Pain, swelling, injury—back region .....	415 17,067	57.9	11.4	14.7	15.7	30.3
Sore throat.....	520 15,279	69.5	7.3	25.6	*2.1	18.2
Pain, swelling, injury—upper extremity .....	405 14,933	59.6	8.6	8.0	27.8	23.0
Abdominal pain .....	540 14,862	55.5	23.8	32.4	16.0	42.5
Cough .....	311 13,607	66.6	14.7	13.9	12.1	26.1
Fatigue.....	004 10,466	48.1	20.6	37.9	8.8	57.0
Headache .....	056 10,198	52.1	20.8	16.6	7.1	50.1
Allergic skin reaction .....	112 9,827	63.9	8.7	14.5	*2.0	14.6
Pain in chest.....	322 9,751	62.9	19.1	25.2	19.2	64.4
Cold .....	312 9,453	65.1	10.6	11.5	5.8	33.6
Earache .....	735 7,754	68.2	9.4	6.3	*2.1	9.1
High blood pressure .....	205 7,715	52.2	10.2	20.3	*3.2	74.5
Pain, swelling, injury—face and neck .....	410 7,555	54.9	14.8	7.6	15.8	26.0
Wounds of skin .....	116 7,533	43.2	*4.2	*3.9	*4.8	12.2
Vision dysfunction, except blindness.....	701 7,022	48.0	18.6	*3.9	*0.7	*3.1
Fever.....	002 7,015	66.9	17.2	28.4	*2.7	11.8
Vertigo.....	069 6,315	57.4	18.0	28.8	*5.5	62.2
Swelling, mass of skin .....	115 5,988	47.3	8.3	9.0	*3.7	16.2
Weight gain .....	010 5,777	47.2	11.9	18.7	*2.7	58.1
Shortness of breath.....	306 5,660	63.9	15.0	21.6	14.3	52.8
Vaginal discharge .....	662 4,999	56.4	26.1	49.7	*0.9	44.5
Symptoms of nervousness.....	810 4,567	47.1	12.3	16.4	*3.7	48.9
Symptoms of depression.....	807 4,463	16.7	*4.2	*3.9	*0.6	14.7
Skin irritation (nonallergic).....	113 3,921	53.1	*8.3	12.9	*2.2	21.8

<sup>1</sup>Problems are identified and coded according to a symptom classification and developed for use in the NAMCS (see reference 3).

## SECTION IV

### CLINICAL PATTERNS: OFFICE-BASED CARE AS RELATED TO PHYSICIAN'S DIAGNOSIS

Survey findings contain two major sources of information about the clinical content of office-based practice. The first source—the patient's presenting problem—was the subject of section III. The second source—the diagnosis that the physician assigned to the principal presenting problem—is the subject of this section. Tables 20-25 center attention on these diagnoses. (Diagnostic information also appears in table 7, in reference to the age, sex, and race of patients; in tables 9, 11, 13, in reference to physician characteristics; and in table 18, in reference to common morbidity-related problems.)

Diagnoses have been classified and coded according to the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA).<sup>4</sup> A maximum of three diagnoses were coded for each patient visit. The data in this report apply only to the first-listed or "principal" diagnosis, the one that applied most directly to the patient's presenting problem.<sup>g</sup> The diagnosis could be final or provisional. It could apply to a condition of acute or chronic morbidity, or it could signify the provision of care that was not primarily morbidity-related but more concerned with certain special conditions or examinations without sickness.<sup>h</sup>

Table 20 lists in rank order the 50 diagnoses most frequently rendered by office-based physicians in 1975. As in other ranked listings, the order may not be entirely reliable because some near estimates may not differ statistically from

each other due to sampling variability. Note that three of the leading four diagnoses belong in the group *special conditions and examinations without sickness*, underscoring the fact that a substantial portion of office-based, ambulatory care is not directly concerned with conditions of illness or injury, a finding already noted in the discussion of the reasons why patients make office visits (section III).

Using the major ICDA groups, along with selected subgroups and certain, more specific (3-digit) diagnoses, tables 21-25 relate the diagnostic findings to selected characteristics: age and sex of the patient (table 21, see also table 7); to the patient's visit and problem status, and to the seriousness of the presenting problem (table 22); to diagnostic and therapeutic services ordered or provided during the visit (tables 23 and 24); and to the disposition decision made by the physician at the end of the visit (table 25).

Text tables H and J center attention on morbidity-related diagnoses. Table H ranks the diagnoses according to the 13 ICDA groups in which they most frequently fell. The ranking is based on *all* visits, that is, encounters with a new problem along with the return visits that resulted from the diagnosis of the problem. Table H also shows the effect of ignoring return visits, by showing the frequency with which the diagnoses were assigned at *new-problem encounters*. (See discussion of *new-problem encounters* in section III.)

Finally, table H presents a *return-visit rate* for each morbidity group, obtained by dividing the total number of return visits for a diagnosis by the number of times that the diagnosis was assigned at a new-problem encounter. (Using respiratory diseases as an example: an estimated 39.8 million return visits for these conditions divided by the 40.3 million visits where respiratory disease with a *new-problem diagnosis* indicates an average of about one return visit per year for each new diagnosis of a respiratory disease.)

---

<sup>g</sup>In future publications of NAMCS findings, second- and third-listed diagnoses will receive their proper share of attention.

<sup>h</sup>*Special conditions and examinations without sickness* is a supplementary classification of the ICDA which includes codes Y00-Y13. Along with all medical and special examinations, this group contains such special conditions as prophylactic inoculation and vaccination, contacts with infective and parasitic diseases, prenatal care and postpartum observation, and surgical aftercare.

Table H. Number and percent of office visits and new-problem encounters with average rate of return visits, by most common morbidity-related diagnoses: United States, January-December 1975

Morbidity-related diagnosis and ICDA code <sup>1</sup>	Number of visits (in thousands)	Return visits (in thousands)	New-problem encounters (in thousands)	Return visit rate
All principal diagnoses.....	567,600	349,945	217,655	1.6
Infective and parasitic diseases .....000-136	22,747	7,760	14,987	0.5
Neoplasms.....140-239	13,332	8,899	4,433	2.0
Endocrine, nutritional, and metabolic diseases .....240-279	24,117	19,445	4,672	4.2
Mental disorders.....290-315	25,061	19,671	5,390	3.6
Diseases of nervous system and sense organs .....320-389	44,941	24,870	20,071	1.2
Diseases of circulatory system .....390-458	56,358	47,797	8,561	5.6
Diseases of respiratory system .....460-519	80,125	39,784	40,341	1.0
Diseases of digestive system.....520-577	20,061	11,228	8,833	1.3
Diseases of genitourinary system .....580-629	37,626	22,415	15,211	1.5
Diseases of skin and subcutaneous tissue.....680-709	28,564	14,043	14,521	1.0
Diseases of musculoskeletal system .....710-738	32,732	21,784	10,948	2.0
Symptoms and ill-defined conditions .....780-796	26,177	12,562	13,615	0.9
Accidents, poisoning, and violence .....800-990	40,893	19,383	21,510	0.9

<sup>1</sup>Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA) (reference 4).

The data in text table J conclude this study of diagnostic patterns by showing for each morbidity group the extent to which office-based physicians tended to refer diagnoses in

that group, and by offering an estimate of the mean duration of time that physicians spent in face-to-face contact with patients in each morbidity category.

Table J. Number of visits, percent of visits referred by the physician, mean contact duration, and standard error (S.E.) of mean contact duration, by most common morbidity-related diagnoses: United States, January-December 1975

Morbidity-related diagnosis and ICDA code <sup>1</sup>	Number of visits (in thousands)	Percent referred by the physician	Mean contact duration <sup>2</sup> (in minutes)	S.E. of mean contact duration <sup>3</sup>
All principal diagnoses.....	567,600	2.8	15.0	0.31
Infective and parasitic diseases .....000-136	22,747	2.3	12.4	0.33
Neoplasms.....140-239	13,332	6.9	15.5	0.49
Endocrine, nutritional, and metabolic diseases.....240-279	24,177	2.4	15.8	0.51
Mental disorders.....290-315	25,061	3.5	33.9	1.36
Diseases of nervous system and sense organs .....320-389	44,941	2.9	16.4	0.67
Diseases of circulatory system.....390-458	56,358	2.8	15.4	0.34
Diseases of respiratory system.....460-519	80,125	1.2	12.1	0.47
Diseases of digestive system.....520-577	20,061	6.4	15.6	0.44
Diseases of genitourinary system.....580-629	37,626	3.6	14.1	0.28
Diseases of skin and subcutaneous tissue.....680-709	28,564	3.2	11.9	0.46
Diseases of musculoskeletal system .....710-738	32,732	3.3	15.4	0.41
Symptoms and ill-defined conditions .....780-796	26,177	5.8	17.7	0.49
Accidents, poisoning, and violence.....800-999	40,893	3.1	13.3	0.32

<sup>1</sup>Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA) (reference 4).

<sup>2</sup>Time spent in face-to-face contact between physician and patient.

<sup>3</sup>Standard error (S.E.) measurements of precision are discussed in appendix I.

Table 20. Number, percent, and cumulative percent of office visits, by the 50 principal diagnoses most frequently rendered by physicians: United States, January-December 1975

Rank	Principal diagnosis and ICDA code <sup>1</sup>	Number of visits (in thousands)	Percent of visits	Cumulative percent
1	Medical or special examination.....Y00	40,863	7.2	7.2
2	Medical and surgical aftercare.....Y10	26,782	4.7	11.9
3	Essential benign hypertension.....401	22,824	4.0	15.9
4	Prenatal care.....Y06	20,851	3.7	19.6
5	Acute respiratory infection, site unspecified.....465	14,607	2.6	22.2
6	Neuroses.....300	13,641	2.4	24.6
7	Chronic ischemic heart disease.....412	12,513	2.2	26.8
8	Otitis media.....381	9,899	1.7	28.5
9	Diabetes mellitus.....250	9,671	1.7	30.2
10	Other eczema and dermatitis.....692	9,667	1.7	31.9
11	Acute pharyngitis.....462	8,531	1.5	33.4
12	Refractive errors.....370	8,169	1.4	34.8
13	Hay fever.....507	7,675	1.4	36.2
14	Obesity.....277	7,569	1.3	37.5
15	Bronchitis, unqualified.....490	6,872	1.2	38.7
16	Observation, without need for further medical care.....793	6,794	1.2	39.9
17	Acute tonsillitis.....463	6,405	1.1	41.0
18	Synovitis, bursitis.....731	6,171	1.1	42.1
19	Influenza, unqualified.....470	5,866	1.0	43.1
20	Cystitis.....595	5,721	1.0	44.1
21	Diseases of sebaceous glands.....706	5,593	1.0	45.1
22	Osteoarthritis.....713	5,445	1.0	46.1
23	Arthritis, unspecified.....715	4,892	0.9	47.0
24	Inoculations and vaccinations.....Y02	4,846	0.9	47.9
25	Asthma.....493	4,633	0.8	48.7
26	Sprains and strains of back, unspecified.....847	4,606	0.8	49.5
27	Other viral diseases.....079	4,383	0.8	50.3
28	Chronic sinusitis.....503	4,320	0.8	51.1
29	Other rheumatism.....717	4,236	0.8	51.9
30	Diarrheal diseases.....009	4,226	0.7	52.6
31	Menopausal symptoms.....627	4,167	0.7	53.3
32	Sprains and strains, sacroiliac region.....846	4,074	0.7	54.0
33	Symptomatic heart disease.....427	3,907	0.7	54.7
34	Disorders of menstruation.....626	3,836	0.7	55.4
35	Infective diseases of uterus, vagina, vulva.....622	3,223	0.6	56.0
36	Nervousness and debility.....790	2,729	0.5	56.5
37	Rheumatoid arthritis.....712	2,689	0.5	57.0
38	Acute bronchitis.....466	2,635	0.5	57.5
39	Otitis externa.....380	2,597	0.5	58.0
40	Streptococcal sore throat.....034	2,557	0.5	58.5
41	Other diseases of ear and mastoid process.....387	2,550	0.5	59.0
42	Other diseases of urinary tract.....599	2,475	0.4	59.4
43	Emphysema.....492	2,461	0.4	59.8
44	Postpartum observation.....Y07	2,403	0.4	60.2
45	Acute nasopharyngitis (common cold).....460	2,367	0.4	60.6
46	Symptoms referable to respiratory system.....783	2,257	0.4	61.0
47	Mental disorders: special symptoms NEC.....306	2,218	0.4	61.4
48	Prostatitis.....601	2,215	0.4	61.8
49	Chronic cystic disease of breast.....610	2,205	0.4	62.2
50	Other diseases of eye.....378	2,187	0.4	62.6

<sup>1</sup>Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA)* (reference 4).



Table 21. Number and percent distribution of office visits by patient's age and sex, according to selected principal diagnoses: United States, January-December 1975

Principal diagnosis and ICDA code <sup>1</sup>	Number of visits (in thousands)	Total	Age of patient					Sex of patient			
			Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over	Female	Male		
			Percent distribution								
All principal diagnoses.....	567,600	100.0	17.4	15.3	25.3	25.6	16.4	60.4	39.6		
Infective and parasitic diseases.....000-136	22,747	100.0	31.0	20.5	25.8	14.3	8.4	57.8	42.2		
Neoplasms.....140-239	13,332	100.0	3.6	7.9	21.5	38.0	29.0	62.6	37.4		
Endocrine, nutritional, and metabolic diseases.....240-279	24,177	100.0	3.7	8.7	28.2	35.1	24.4	70.5	29.5		
Diabetes mellitus.....250	9,671	100.0	*1.6	*3.5	9.2	42.3	43.4	59.4	40.6		
Obesity.....277	7,569	100.0	*4.5	15.0	48.1	26.6	5.8	80.4	19.6		
Mental disorders.....290-315	25,061	100.0	6.1	14.2	45.0	25.3	9.4	62.4	37.6		
Neuroses.....300	13,641	100.0	*2.4	11.6	48.6	27.7	9.8	67.5	32.5		
Diseases of nervous system and sense organs.....320-389	44,941	100.0	25.7	11.9	19.0	24.0	19.4	58.3	41.8		
Diseases and conditions of the eye.....360-379	20,185	100.0	14.5	13.1	17.3	27.7	27.5	61.6	38.4		
Refractive errors.....370	8,169	100.0	14.5	21.8	26.0	28.3	9.5	64.7	35.3		
Otitis media.....381	9,899	100.0	70.6	8.1	10.4	7.1	*3.8	52.6	47.5		
Diseases of circulatory system.....390-458	56,358	100.0	0.8	1.9	11.7	42.7	42.8	56.1	44.0		
Essential benign hypertension.....401	22,824	100.0	*0.5	*1.3	13.1	51.1	34.0	64.0	36.0		
Chronic ischemic heart disease.....412	12,513	100.0	*0.6	*0.9	4.2	38.6	55.8	46.1	53.9		
Diseases of respiratory system.....460-519	80,125	100.0	33.3	14.2	21.7	21.2	9.7	53.0	47.0		
Acute respiratory infections (except influenza).....460-466	37,599	100.0	42.8	15.4	19.9	15.5	6.4	54.3	45.7		
Influenza.....470-474	6,123	100.0	14.5	13.5	33.9	28.6	9.6	47.0	53.0		
Hay fever.....507	7,675	100.0	27.0	17.9	29.8	18.4	6.9	53.2	46.8		
Diseases of digestive system.....520-577	20,061	100.0	8.9	12.0	24.2	32.6	22.3	56.1	43.9		
Diseases of genitourinary system.....580-629	37,626	100.0	4.7	18.0	35.0	28.8	13.5	78.4	21.6		
Diseases of male genital organs.....600-607	4,381	100.0	*6.8	9.5	22.8	32.9	28.1	...	100.0		
Diseases of female genital organs.....610-629	19,852	100.0	*1.7	21.6	39.3	30.2	7.2	100.0	...		
Diseases of skin and subcutaneous tissue.....680-709	28,564	100.0	22.0	23.2	22.4	20.6	11.7	57.7	42.4		
Diseases of musculoskeletal system.....710-738	32,732	100.0	5.1	6.5	22.3	39.8	26.4	60.3	39.8		
Arthritis and rheumatism.....710-718	17,765	100.0	*1.7	4.3	17.5	40.8	35.8	66.1	33.9		
Symptoms and ill-defined conditions.....780-796	26,177	100.0	16.1	15.3	29.6	25.8	13.2	62.3	37.7		
Accidents, poisoning, and violence.....800-999	40,893	100.0	18.3	19.8	27.9	23.7	10.3	41.8	58.3		
Fracture.....800-829	6,858	100.0	23.5	15.4	23.6	21.5	16.0	44.2	55.8		
Dislocation, sprain.....830-848	14,374	100.0	7.2	21.8	36.0	28.4	6.6	42.7	57.3		
Lacerations.....870-907	6,935	100.0	32.4	22.4	20.2	15.8	9.3	29.9	70.2		
Special conditions and examinations without sickness.....Y00-Y13	100,787	100.0	24.3	24.9	29.8	14.7	6.4	67.9	32.1		
Medical and special examinations.....Y00	40,863	100.0	43.6	19.6	20.9	12.7	3.3	59.6	40.4		
Prenatal care.....Y06	20,851	100.0	*1.6	50.4	47.6	*0.4	-	99.6	*0.4		
Medical and surgical aftercare.....Y10	26,782	100.0	13.5	12.6	29.1	30.4	14.5	55.2	44.8		

<sup>1</sup>Based on Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA) (reference 4).

Table 22. Number and percent distribution of office visits by patient's prior-visit status and seriousness of problem, according to selected principal diagnoses: United States, January-December 1975

Principal diagnosis and ICDA code <sup>1</sup>	Number of visits (in thousands)	Total	Prior-visit status			Seriousness of problem		
			New patient	Old patient, new problem	Old patient, old problem	Serious or very serious	Slightly serious	Not serious
			Percent distribution					
All principal diagnoses .....	567,600	100.0	14.9	23.4	61.7	18.9	32.4	48.8
Infective and parasitic diseases.....000-136	22,747	100.0	20.6	45.3	34.1	13.2	35.1	51.7
Neoplasms.....140-239	13,332	100.0	16.8	16.5	66.8	53.6	21.2	25.3
Endocrine, nutritional, and metabolic diseases.....240-279	24,177	100.0	9.3	10.1	80.7	23.4	36.7	39.9
Diabetes mellitus.....250	9,671	100.0	4.1	9.3	86.6	39.2	36.7	24.1
Obesity.....277	7,569	100.0	16.0	6.9	77.2	6.9	33.6	59.5
Mental disorders.....290-315	25,061	100.0	10.7	10.8	78.5	43.1	30.6	26.3
Neuroses.....300	13,641	100.0	10.1	9.5	80.4	40.2	32.1	27.7
Diseases of nervous system and sense organs.....320-389	44,941	100.0	23.5	21.2	55.3	19.5	35.6	44.9
Diseases and conditions of the eye.....360-379	20,185	100.0	28.3	13.8	58.0	18.4	25.4	56.3
Refractive errors.....370	8,169	100.0	37.3	9.3	53.4	*1.8	9.0	89.2
Otitis media.....381	9,899	100.0	14.5	34.1	51.4	16.0	52.2	31.9
Diseases of circulatory system.....390-458	56,358	100.0	6.6	8.6	84.8	36.0	39.1	24.9
Essential benign hypertension.....401	22,824	100.0	4.8	4.6	90.6	21.7	45.2	33.1
Chronic ischemic heart disease.....412	12,513	100.0	5.0	5.3	89.7	51.3	34.7	14.0
Diseases of respiratory system.....460-519	80,125	100.0	13.4	37.0	49.7	12.8	42.6	44.6
Acute respiratory infections (except influenza).....460-466	37,599	100.0	15.1	47.5	37.4	7.7	39.9	52.4
Influenza.....470-474	6,123	100.0	9.4	62.0	28.6	8.7	62.4	28.9
Hay fever.....507	7,675	100.0	8.4	10.0	81.6	*5.3	39.5	55.2
Diseases of digestive system.....520-577	20,061	100.0	15.6	28.4	56.0	24.2	40.7	35.1
Diseases of genitourinary system.....580-629	37,626	100.0	15.2	25.2	59.6	14.9	38.2	47.0
Diseases of male genital organs.....600-607	4,381	100.0	12.9	19.6	67.5	16.2	40.5	43.3
Diseases of female genital organs.....610-629	19,852	100.0	17.7	24.8	57.5	12.1	31.9	56.0
Diseases of skin and subcutaneous tissue.....680-709	28,564	100.0	20.0	30.9	49.2	10.5	32.9	56.6
Diseases of musculoskeletal system.....710-738	32,732	100.0	13.1	20.3	66.6	21.4	43.1	35.6
Arthritis and rheumatism.....710-718	17,765	100.0	9.0	16.5	74.5	23.0	43.4	33.6
Symptoms and ill-defined conditions.....780-796	26,177	100.0	22.4	29.6	48.0	17.2	31.3	51.4
Accidents, poisoning, and violence.....800-999	40,893	100.0	21.3	31.3	47.4	18.1	39.6	42.4
Fracture.....800-829	6,858	100.0	16.5	17.8	65.8	26.1	44.9	29.1
Dislocation, sprain.....830-848	14,374	100.0	21.1	26.9	52.0	14.8	44.2	41.0
Lacerations.....870-907	6,935	100.0	24.7	35.8	39.5	17.3	29.2	53.5
Special conditions and examinations without sickness.....Y00-Y13	100,787	100.0	12.0	17.1	70.9	6.2	9.8	84.1
Medical and special examinations.....Y00	40,863	100.0	19.7	26.3	54.1	*1.3	3.6	95.1
Prenatal care.....Y06	20,851	100.0	8.4	7.1	84.5	3.5	6.0	90.5
Medical and surgical aftercare.....Y10	26,782	100.0	3.4	8.5	88.2	15.7	23.4	60.9

<sup>1</sup>Based on Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA) (reference 4).

Table 23. Number and percent of office visits, by selected principal diagnoses and diagnostic services ordered or provided: United States, January-December 1975

Principal diagnosis and ICDA code <sup>1</sup>	Number of visits (in thousands)	Selected diagnostic services				
		Limited history/examination	General history/examination	Clinical lab test	X-ray	Blood pressure check
		Percent of visits				
All principal diagnoses .....	567,600	51.3	15.8	22.9	7.4	33.2
Infective and parasitic diseases .....000-136	22,747	60.5	14.8	32.6	3.5	24.0
Neoplasms.....140-239	13,332	47.8	16.3	29.1	8.3	29.3
Endocrine, nutritional, and metabolic diseases.....240-279	24,177	50.5	16.8	46.0	4.7	60.1
Diabetes mellitus .....250	9,671	51.7	15.4	72.5	*3.9	66.8
Obesity .....277	7,569	48.8	16.9	20.8	*4.1	62.0
Mental disorders.....290-315	25,061	25.4	9.6	9.0	3.0	22.9
Neuroses.....300	13,641	26.3	7.7	8.0	*2.8	24.2
Diseases of nervous system and sense organs.....320-389	44,941	54.1	14.1	6.3	2.4	12.8
Diseases and conditions of the eye.....360-379	20,185	44.6	15.7	3.7	*0.7	3.7
Refractive errors.....370	8,169	43.0	21.6	*2.3	*0.2	*0.8
Otitis media.....381	9,899	64.4	14.0	6.2	*1.8	6.0
Diseases of circulatory system.....390-458	56,358	58.6	13.8	22.8	5.9	71.1
Essential benign hypertension.....401	22,824	54.0	12.5	22.2	4.5	81.5
Chronic ischemic heart disease.....412	12,513	66.5	14.5	26.5	6.4	76.6
Diseases of respiratory system.....460-519	80,125	59.9	10.8	14.1	6.6	23.5
Acute respiratory infections (except influenza).....460-466	37,599	67.9	11.2	17.6	3.6	21.8
Influenza .....470-474	6,123	44.8	8.5	11.1	*4.1	24.6
Hay fever.....507	7,675	30.8	5.2	5.0	*2.3	7.4
Diseases of digestive system .....520-577	20,061	57.1	19.0	20.9	14.4	41.2
Diseases of genitourinary system.....580-629	37,626	56.6	16.5	47.7	5.0	35.3
Diseases of male genital organs .....600-607	4,381	61.9	10.5	50.1	*5.2	31.0
Diseases of female genital organs .....610-629	19,852	53.1	21.3	34.6	4.7	41.6
Diseases of skin and subcutaneous tissue.....680-709	28,564	50.7	7.0	9.7	*1.5	13.5
Diseases of musculoskeletal system .....710-738	32,732	57.9	10.6	14.1	14.9	33.9
Arthritis and rheumatism.....710-718	17,765	58.3	9.6	17.6	11.0	42.2
Symptoms and ill-defined conditions.....780-796	26,177	45.9	23.7	33.3	11.5	39.6
Accidents, poisoning, and violence.....800-999	40,893	56.8	7.7	4.6	23.1	16.5
Fracture.....800-829	6,858	56.1	5.8	*1.0	56.7	11.5
Dislocation, sprain.....830-848	14,374	63.4	9.3	6.6	21.6	20.6
Lacerations.....870-907	6,935	40.7	*2.3	*1.1	*4.7	8.3
Special conditions and examinations without sickness..... Y00-Y13	100,787	40.1	27.1	33.7	4.8	35.8
Medical and special examinations ..... Y00	40,863	26.5	52.2	41.6	6.0	35.7
Prenatal care..... Y06	20,851	61.9	14.1	57.9	*0.9	69.5
Medical and surgical aftercare..... Y10	26,782	48.9	5.4	10.4	7.4	15.4

<sup>1</sup>Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA) (reference 4).

Table 24. Number and percent of office visits, by selected principal diagnoses and therapeutic services ordered or provided: United States, January-December 1975

Principal diagnosis and ICDA code <sup>1</sup>	Number of visits (in thousands)	Selected therapeutic services			
		Drug pre-scribed	Injection	Office surgery	Medical counseling
		Percent of visits			
All principal diagnoses.....	567,600	44.3	13.8	6.7	12.3
Infective and parasitic diseases.....000-136	22,747	60.4	14.8	11.0	11.2
Neoplasms.....140-239	13,332	23.1	11.8	19.9	10.9
Endocrine, nutritional, and metabolic diseases.....240-279	24,177	50.8	17.6	*0.7	20.6
Diabetes mellitus.....250	9,671	47.6	12.0	*0.9	20.4
Obesity.....277	7,569	61.4	17.9	0.5	26.0
Mental disorders.....290-315	25,061	39.1	9.1	*0.2	13.3
Neuroses.....300	13,641	39.8	9.7	*0.2	12.7
Diseases of nervous system and sense organs.....320-389	44,941	44.8	10.2	5.9	9.1
Diseases and conditions of the eye.....360-379	20,185	21.8	*1.6	3.2	5.6
Refractive errors.....370	8,169	1.7	-	*0.5	2.8
Otitis media.....381	9,899	78.5	17.8	4.3	11.1
Diseases of circulatory system.....390-458	56,358	57.4	10.7	1.8	16.1
Essential benign hypertension.....401	22,824	62.3	7.9	*0.5	14.2
Chronic ischemic heart disease.....412	12,513	55.3	9.6	*0.7	17.6
Diseases of respiratory system.....460-519	80,125	71.5	28.3	0.9	7.8
Acute respiratory infections (except influenza).....460-466	37,599	81.8	28.1	*0.5	6.3
Influenza.....470-474	6,123	85.8	47.6	-	*5.6
Hay fever.....507	7,675	31.8	25.2	*0.6	9.0
Diseases of digestive system.....520-577	20,061	49.1	10.8	3.3	20.5
Diseases of genitourinary system.....580-629	37,626	49.0	13.1	9.2	12.9
Diseases of male genital organs.....600-607	4,381	44.7	12.3	*4.9	11.1
Diseases of female genital organs.....610-629	19,852	42.6	17.1	6.3	15.5
Diseases of skin and subcutaneous tissue.....680-709	28,564	56.2	14.6	19.1	12.1
Diseases of musculoskeletal system.....710-738	32,732	47.8	25.5	3.8	12.9
Arthritis and rheumatism.....710-718	17,765	56.8	29.1	*1.7	11.1
Symptoms and ill-defined conditions.....780-796	26,177	40.4	8.8	3.6	13.4
Accidents, poisoning, and violence.....800-999	40,893	29.1	9.6	21.6	12.6
Fracture.....800-829	6,858	14.1	*2.0	24.5	14.8
Dislocation, sprain.....830-848	14,374	35.4	9.8	6.1	14.1
Lacerations.....870-907	6,935	17.7	17.6	56.6	7.8
Special conditions and examinations without sickness.....Y00-Y13	100,787	16.1	4.3	6.7	10.9
Medical and special examinations.....Y00	40,863	14.4	4.2	*0.7	11.0
Prenatal care.....Y06	20,851	17.9	*1.5	*0.5	10.8
Medical and surgical aftercare.....Y10	26,782	15.9	3.3	21.2	10.8

<sup>1</sup>Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA)* (reference 4).

Table 25. Number and percent of office visits, by selected principal diagnoses and disposition: United States, January-December 1975

Principal diagnosis and ICDA code <sup>1</sup>	Number of visits (in thousands)	Disposition (selected actions)			
		No followup planned	Return at specified time	Return if needed	Referred for further care or admitted to hospital
		Percent of visits			
All principal diagnoses.....	567,600	13.1	59.1	22.3	5.0
Infective and parasitic diseases .....000-136	22,747	17.2	40.7	33.1	3.7
Neoplasms.....140-239	13,332	4.7	70.3	8.8	17.2
Endocrine, nutritional, and metabolic diseases.....240-279	24,177	3.1	81.7	13.7	2.8
Diabetes mellitus.....250	9,671	*2.7	82.5	12.9	*2.9
Obesity .....277	7,569	*3.5	84.9	13.1	*1.0
Mental disorders.....290-315	25,061	5.7	72.4	19.9	4.3
Neuroses .....300	13,641	4.7	74.7	19.7	3.4
Diseases of nervous system and sense organs .....320-389	44,941	15.0	57.4	23.2	4.6
Diseases and conditions of the eye.....360-379	20,185	15.9	59.6	21.6	3.9
Refractive errors .....370	8,169	26.1	49.5	25.4	*0.9
Otitis media .....381	9,899	12.2	58.7	25.0	*2.9
Diseases of circulatory system.....390-458	56,358	3.0	80.6	12.4	5.5
Essential benign hypertension.....401	22,824	2.9	84.6	12.1	*2.2
Chronic ischemic heart disease.....412	12,513	*1.7	88.0	8.0	*3.2
Diseases of respiratory system.....460-519	80,125	17.0	38.0	39.0	2.7
Acute respiratory infections (except influenza) .....460-466	37,599	22.3	24.8	46.6	1.2
Influenza.....470-474	6,123	20.8	14.5	58.7	*2.1
Hay fever .....507	7,675	*6.1	73.7	19.2	*3.3
Diseases of digestive system.....520-577	20,061	7.1	54.3	22.8	14.8
Diseases of genitourinary system.....580-629	37,626	5.2	65.5	22.6	7.7
Diseases of male genital organs.....600-607	4,381	*5.4	68.4	17.3	13.0
Diseases of female genital organs.....610-629	19,852	5.9	62.6	23.6	8.1
Diseases of skin and subcutaneous tissue .....680-709	28,564	13.4	50.5	32.5	4.1
Diseases of musculoskeletal system .....710-738	32,732	6.8	58.0	28.9	5.5
Arthritis and rheumatism .....710-718	17,765	5.5	61.2	30.5	3.5
Symptoms and ill-defined conditions .....780-796	26,177	14.8	50.4	22.0	9.6
Accidents, poisoning, and violence .....800-999	40,893	17.2	55.4	21.8	3.9
Fracture.....800-829	6,858	9.8	70.0	15.7	*4.9
Dislocation, sprain .....830-848	14,374	13.1	52.7	26.4	4.9
Lacerations .....870-907	6,935	26.9	55.6	12.9	*3.5
Special conditions and examinations without sickness ..... Y00-Y13	100,787	23.1	63.2	12.1	2.2
Medical and special examinations..... Y00	40,863	37.5	47.1	13.3	1.8
Prenatal care ..... Y06	20,851	*2.3	93.5	*2.6	*3.4
Medical and surgical aftercare ..... Y10	26,782	15.9	66.3	16.2	*1.9

<sup>1</sup>Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA) (reference 4).

NOTE: Since more than one disposition was possible, figures do not add to totals.

## REFERENCES

<sup>1</sup>National Center for Health Statistics: National Ambulatory Medical Care Survey: Background and methodology, United States, 1967-72. *Vital and Health Statistics*. Series 2-No. 61. DHEW Pub. No. (HRA) 74-1335. Health Resources Administration. Washington. U.S. Government Printing Office, Apr. 1974.

<sup>2</sup>National Center for Health Statistics: Physician visits, volume and interval since last visit, United States, 1971. *Vital and Health Statistics*. Series 10-No. 97. DHEW Pub. No. (HRA) 75-1524. Health Resources Administration. Washington. U.S. Government Printing Office, Mar. 1975.

<sup>3</sup>National Center for Health Statistics: The National Ambulatory Medical Care Survey: Symptom classification. *Vital and Health Statistics*. Series 2-No. 63. DHEW Pub. No. (HRA) 74-1337. Health Resources Administration. Washington. U.S. Government Printing Office, May 1974.

<sup>4</sup>National Center for Health Statistics: *Eighth Revision International Classification of Diseases, Adapted for Use in the United States*. PHS Pub. No. 1693. Public Health Service. Washington. U.S. Government Printing Office, 1967.

<sup>5</sup>National Center for Health Statistics: Replication: An approach to the analysis of data from complex surveys. *Vital and Health Statistics*. Series 2-No. 14. DHEW Pub. No. (HSM) 73-1269. Health Services and Mental Health Administration. Washington. U.S. Government Printing Office, Apr. 1966.

<sup>6</sup>National Center for Health Statistics: Pseudoreplication: Further evaluation and application of the balanced half-sample technique. *Vital and Health Statistics*. Series 2-No. 31. DHEW Pub. No. (HSM) 73-1270. Health Services and Mental Health Administration. Washington. U.S. Government Printing Office, Jan. 1969.

# APPENDIXES

## CONTENTS

I. Technical Notes .....	41
Statistical Design .....	41
Data Collection and Processing .....	42
Estimation Procedures .....	43
Reliability of Estimates .....	44
Tests of Significance .....	47
Population Figures .....	47
Systematic Bias .....	47
II. Definition of Certain Terms Used in This Report .....	49
Terms Relating to the Survey .....	49
Terms Relating to the Patient Record Form .....	50
III. Survey Instruments .....	53
Introductory Letter From Director, National Center for Health Statistics .....	53
Patient Record and Patient Log .....	54
Induction Interview Form .....	55

### LIST OF APPENDIX FIGURES

I. Approximate relative standard errors for estimated numbers of office visits, 1975 National Ambulatory Medical Care Survey .....	45
II. Approximate relative standard errors for percentages of estimated numbers of office visits, 1975 National Ambulatory Medical Care Survey .....	46

### LIST OF APPENDIX TABLES

I. Distribution of physicians in the universe (AMA and AOA) and in the National Ambulatory Medical Survey sample, by physician's specialty: United States, January-December 1975 .....	42
II. Estimates of the civilian noninstitutionalized population of the United States, by age, race, sex, geographic region, and metropolitan and nonmetropolitan area as of July 1, 1975 .....	48

## APPENDIX I

### TECHNICAL NOTES

#### Statistical Design

*Scope of the survey.*—The target population of the NAMCS encompasses office visits within the coterminous United States made by ambulatory patients to nonfederally employed physicians who are principally engaged in office practice, but not in the specialties of anesthesiology, pathology, and radiology. Telephone contacts and nonoffice visits are excluded.

*Sampling frame and sample size.*—The sampling frame for the NAMCS is composed of all physicians contained in the master files maintained by the American Medical Association (AMA) and American Osteopathic Association (AOA) as of December 31, 1974, who met the following criteria:

Office-based, as defined by the AMA and AOA;

Principally engaged in patient care activities;

Nonfederally employed;

Not in the specialties of anesthesiology, pathology, clinical pathology, forensic pathology, radiology, diagnostic radiology, pediatric radiology, or therapeutic radiology.

The 1975 physician universe included 180,125 doctors of medicine and 9,696 doctors of osteopathy.

The 1975 NAMCS sample included 3,507 physicians. Sample physicians were screened at the time of the survey to assure that they met the above-mentioned criteria; 438 physicians did not meet all of the criteria and were, therefore, ruled out of scope (ineligible) for the study.

The most frequent reasons for being out of scope were that the physician was retired, deceased, or employed in teaching, research, or administration. Of the 3,069 in-scope (eligible) physicians, 2,472 (80.5 percent) participated in the study. The physician universe, sample size, and response rates by physician specialty are shown in table I. Of the participating physicians, 391 physicians saw no patients during their assigned reporting period because of vacations, illness, or other reasons for being temporarily not in practice.

*Sample design.*—The 1975 NAMCS utilized a multistage probability design that involved probability samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within practices. The first-stage sample of 87 PSU's was selected by the National Opinion Research Center (NORC), the organization responsible for field operations under contract to the National Center for Health Statistics (NCHS). A PSU is a county, a group of adjacent counties, or a standard metropolitan statistical area (SMSA). A modified probability-proportional-to-size procedure using separate sampling frames for SMSA's and for nonmetropolitan counties was employed. After sorting and stratifying by size, region, and demographic characteristics, each frame was divided into sequential zones of 1 million residents, and a random number was drawn to determine which PSU came into the sample from each zone.

The second stage consisted of a probability sample of practicing physicians selected from the master files maintained by the American Medical Association (AMA) and American Osteopathic Association (AOA). Within each PSU, all



Table I. Distribution of physicians in the universe (AMA and AOA) and in the National Ambulatory Medical Care Survey sample, by physician's specialty: United States, January-December 1975

Physician's specialty	Universe	Gross total	Out. of scope	Net total	Non-re-spond-ents	Re-spond-ents	Re-sponse rate
	Number of physicians						
All specialties .....	189,821	3,507	438	3,069	597	2,472	80.5
General and family practice.....	53,069	911	122	789	179	610	77.3
Medical specialties.....	49,801	942	121	821	165	656	79.9
Internal medicine .....	26,125	505	59	446	99	347	77.8
Pediatrics.....	12,229	239	39	200	28	172	86.0
Other medical specialties.....	11,447	198	23	175	38	137	78.3
Surgical specialties.....	65,434	1,255	89	1,166	214	952	81.6
General surgery .....	19,606	371	22	349	63	286	81.9
Obstetrics and gynecology.....	15,124	311	25	286	53	233	81.5
Other surgical specialties .....	30,704	573	42	531	98	433	81.5
Other specialties.....	21,517	399	106	293	39	254	86.7
Psychiatry .....	12,993	242	32	210	20	190	90.5
Other specialties.....	8,524	157	74	83	19	64	77.1

eligible physicians were arranged by nine specialty groups: general and family practice, internal medicine, pediatrics, other medical specialties, general surgery, obstetrics and gynecology, other surgical specialties, psychiatry, and other specialties. Then, within each PSU, a systematic random sample of physicians was selected in such a way that the overall probability of selecting any physician in the United States was approximately constant.

The final stage was the selection of patient visits within the annual practices of sample physicians. This involved two steps. First, the total physician sample was divided into 52 random subsamples of approximately equal size, and each subsample was randomly assigned to 1 of the 52 weeks in the survey year. Second, a systematic random sample of visits was selected by the physician during the assigned week. The sampling rate varied for this final step from a 100-percent sample for very small practices to a 20-percent sample for very large practices as determined in a presurvey interview. The method by which the sampling rate was determined is described in the Induction Interview form displayed in appendix III.

#### Data Collection and Processing

*Field procedures.*—Both mail and telephone contacts were used to enlist sample physicians into the NAMCS. Physicians received introductory letters from the NCHS (see appendix III) and the AMA or AOA. When appropriate, a letter from the physician's specialty organization, endorsing the survey and urging his participation, was enclosed with the NCHS letter. A few days later, a field representative telephoned the sample physician to briefly explain the study and arrange an appointment for a personal interview. An initially nonresponding physician was generally recontacted via a telephone call or special explanatory letter and requested to reconsider participation in the study.

During the personal interview the field representative determined the sample physician's eligibility, ascertained his cooperation, delivered survey materials with verbal and printed instructions, and assigned a predetermined Monday through Sunday reporting period. A short interview concerning basic practice characteristics, such as type of practice and expected number of office visits, was administered. Office staff who

were to assist with data collection were invited to attend the instruction session or were offered separate instruction sessions.

Before the beginning of and again during the week assigned for data collection, the interviewer telephoned the sample physician to answer possible questions and to insure that procedures were going smoothly. At the end of the survey week, the participating physician mailed finished survey materials to the interviewer who edited the forms for completeness before transmitting them for central data processing. Problems or missing data at this stage were resolved by interviewer telephone followup to the sample physician; if there were no problems, field procedures were complete with respect to the sample physician's participation in the NAMCS. After the end of the survey year each sample physician was sent a thank-you letter from the NCHS along with one of the survey's statistical reports.

*Data collection.*—The actual data collection for the NAMCS was carried out by the physician aided by his office staff when possible. Two data collection forms were employed by the physician: the Patient Log and the Patient Record (appendix III). The Patient Log is a sequential listing of patients seen in the physician's office during his assigned reporting week. This list served as the sampling frame to indicate the visit for which data were to be recorded. A perforation between the patient names and patient visit characteristics permitted the physician to remove patient names and protect confidentiality.

Based on the physician's estimate of the expected number of office visits, each physician was assigned a patient sampling ratio. These ratios were designed so that about 30 Patient Records were completed during the assigned reporting week. Physicians expecting 10 or fewer visits each day recorded data for all of them, while those expecting more than 10 visits per day recorded data for every second, third, or fifth visit, based on the predetermined sampling interval. These procedures minimized the data collection workload and maintained approximate equal reporting levels among sample physicians regardless of practice size. For physicians assigned a patient sampling ratio, a random start was provided on the first page of the log, so that predesignated sample visits on each succeeding

page of the log provided a systematic random sample of patient visits during the reporting period.

*Data processing.*—In addition to completeness checks made by the field staff, clerical edits were performed upon receipt of the data for central processing. These procedures proved quite efficient, reducing the item nonresponse rates to a negligible amount—2 percent or less for all data items.

Information contained in item 5 (patient's problem) of the Patient Record was coded according to a special classification system developed for that purpose.<sup>3</sup> Diagnostic information, item 9 of the Patient Record, was coded according to the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA).<sup>4</sup> A maximum of three problems and three diagnoses were coded. A two-way independent verification procedure with 100-percent verification was used to control the medical coding operation. Differences between coders were adjudicated at the National Center for Health Statistics.

Information from the Induction Interview and Patient Record was keypunched, with 100-percent verification, and converted to computer tape. At this time, extensive computer consistency and edit checks were performed. Data items still unanswered at this point were imputed by assigning a value from a Patient Record with similar characteristics; imputations were based on physician specialty, major reason for visit, and broad diagnostic categories.

### Estimation Procedures

Statistics produced from the 1975 National Ambulatory Medical Care Survey were derived by a multistage estimating procedure. The procedure produces essentially unbiased national estimates and has basically three components: (1) inflation by reciprocals of the probabilities of selection, (2) adjustment for nonresponse, and (3) a ratio adjustment to fixed totals. Each of these components is described briefly below.

*Inflation by reciprocals of sampling probabilities.*—Since the survey utilized a three-stage sample design, there were three probabilities: (1) the probability of selecting the PSU, (2) the probability of selecting a physician within the

PSU, and (3) the probability of selecting a patient visit with the physician's practice. The last probability was defined to be the exact number of office visits during the physician's specified reporting week divided by the number of Patient Records completed. All weekly estimates were inflated by a factor of 52 to derive annual estimates.

*Adjustment for nonresponse.*—Estimates from the NAMCS data were adjusted to account for sample physicians who did not participate in the study. This was done in such a manner as to minimize the impact of nonresponse on final estimates by imputing to nonresponding physicians the practice characteristics of similar responding physicians. For this purpose, similar physicians were judged to be physicians having the same specialty designation and practicing in the same PSU.

*Ratio adjustment.*—A poststratification adjustment was made within each of nine physician specialty groups. The ratio adjustment was a multiplication factor which had as its numerator the number of physicians in the universe in each physician specialty group, and as its denominator the estimated number of physicians in that particular specialty group. The numerator was based on figures obtained from the AMA-AOA master files, and the denominator was based on data from the sample.

## Reliability of Estimates

Since the statistics presented in this report are based on a sample, they will differ somewhat from the figures that would be obtained if a complete census had been taken using the same forms, instructions, and procedures. However, the probability design of the NAMCS permits the calculation of sampling errors. The standard error is primarily a measure of sampling variability that occurs by chance because only a sample rather than the entire population is surveyed. As calculated in this report, the standard error also reflects part of the variation which arises in the measurement process. It does not include estimates of any systematic biases that may be in the data. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100

that the difference would be less than twice the standard error and about 99 out of 100 that it would be less than 2½ times as large.

The relative standard error of an estimate is obtained by dividing the standard by the estimate itself and is expressed as a percentage of the estimate. For this report, asterisks (\*) are presented along with the estimate for any estimate with more than a 30-percent relative standard error.

Estimates of sampling variability were calculated using the method of half-sample replication. This method yields overall variability through observation of variability among random subsamples of the total sample. A description of the development and evaluation of the replication technique for error estimation has been previously published.<sup>5,6</sup>

Approximate relative standard errors for aggregates and percentages are presented in figures I and II. In order to derive error estimates that would be applicable to a wide variety of statistics and could be prepared at moderate cost, several approximations were required. As a result, the relative standard errors shown in figures I and II should be interpreted as approximate rather than exact for any specific estimate. Directions for determining approximate relative standard errors from the figures follow.

1. *Estimates of aggregates:* Approximate relative standard errors (in percent) for aggregate statistics, such as the number of office visits with a given characteristic, are obtained from the curve in figure I, or calculated by the formula

$$\text{RSE}(x) = \sqrt{.001160252 + \frac{44.6697}{x}} \cdot 100$$

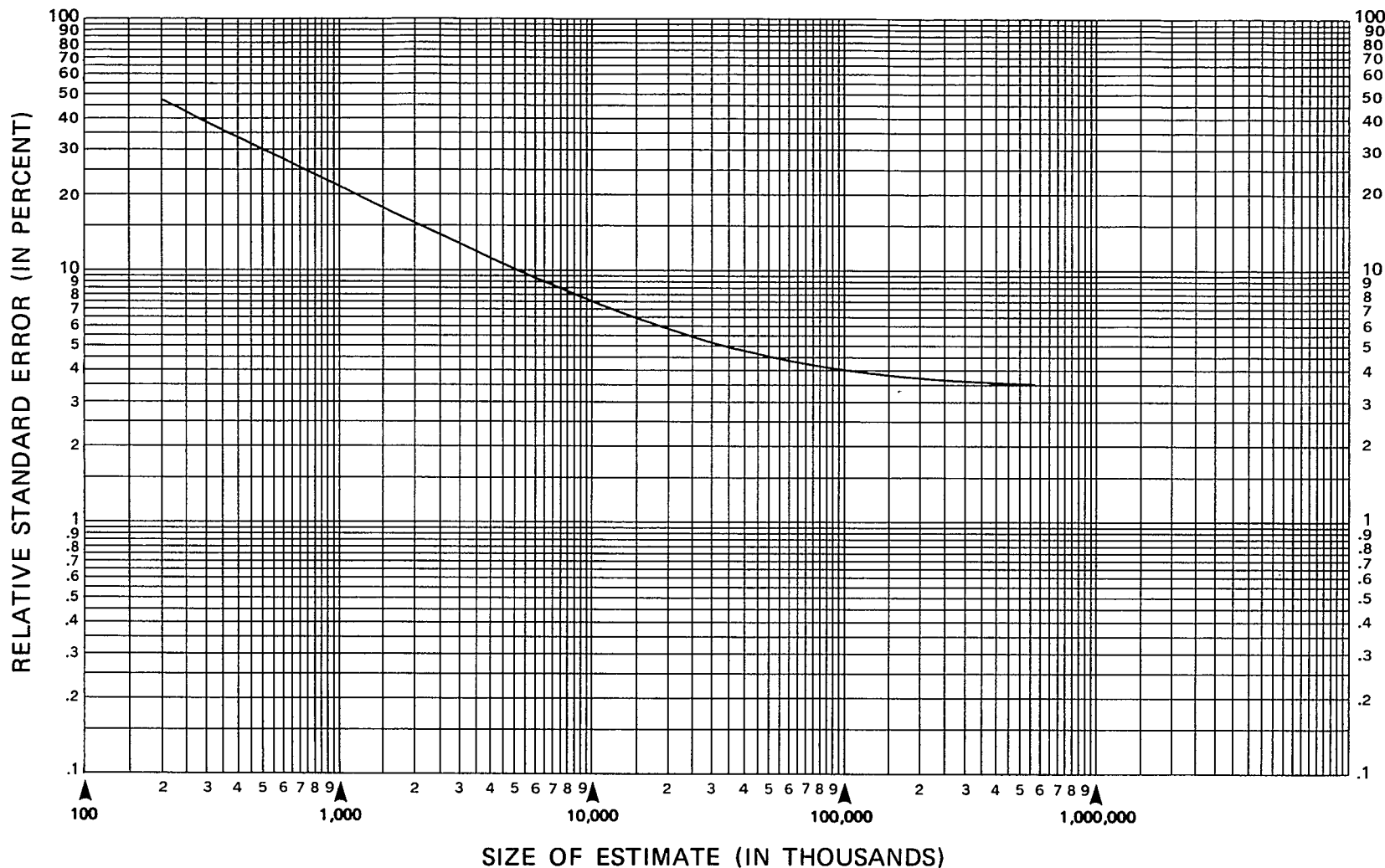
where  $x$  is the aggregate of interest in thousands.

2. *Estimates of percentages:* Approximate relative standard errors (in percent) for estimates of this type can be calculated from the curve in figure I as follows. Obtain the relative standard error of the numerator and denominator. Square

---

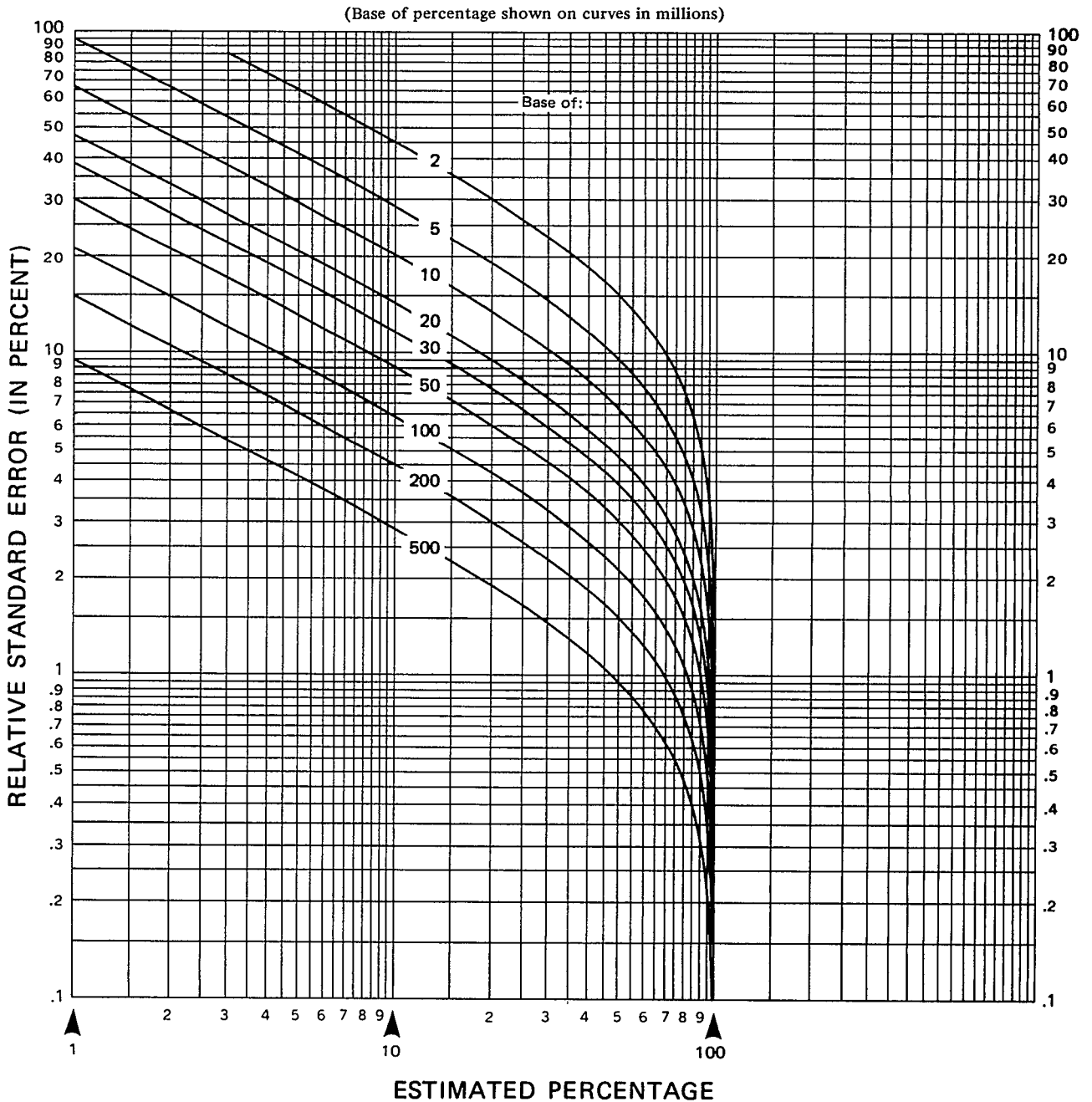
NOTE: A list of references follows the text.

Figure I. Approximate relative standard errors for estimated numbers of office visits, 1975 National Ambulatory Medical Care Survey



*Example of use of this chart:* An estimate of 10 million office visits (read from scale at bottom of chart) has a relative standard error of 7.5 percent (read from scale at left side of chart) or a standard error of 750,000 office visits (7.5 percent of 10 million visits).

**Figure II. Approximate relative standard errors for percentages of estimated numbers of office visits, 1975 National Ambulatory Medical Care Survey**



*Example of use of this chart:* An estimate of 20 percent (read at bottom of chart) based on an estimate of 10 million office visits has a relative standard error of 13.4 percent (read from scale at left of chart) or a standard error of 2.7 percentage points (13.4 percent of 20 percent).

each of the relative standard errors, subtract the resulting value for the denominator from the resulting value for the numerator, and extract the square root. This calculation has been made for several percentages and bases and is presented in figure II. Alternatively, the formula

$$\text{RSE}(p) = \sqrt{\frac{44.6697 \cdot (1-p)}{p \cdot x}} \cdot 100$$

can be used to calculate RSE for any percentage ( $p$ ) and base ( $x$ , in thousands).

3. *Estimates of rates where the numerator is not a subclass of the denominator:* Approximate relative standard errors for rates where the denominator is the total U.S. population or one or more of the age-sex-race groups of the total population are equivalent to the relative standard error of the numerator that can be obtained from figure I.
4. *Estimates of differences between two statistics:* The relative standard errors shown in this appendix are not directly applicable to differences between two sample estimates. The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. This formula will represent the standard error quite accurately for the difference between separate and uncorrelated characteristics, although it is only a rough approximation in most other cases.

Standard errors were calculated for the specific estimates of mean contact duration of visit presented in this report; these standard errors are presented in the tables A, B, G, and J along with the estimates.

In addition to sampling error, survey results are subject to reporting and processing errors and biases due to nonresponse or incomplete response. There is no way to compute the magnitude of these errors. However, these types

of errors were kept to a minimum by methods built into the survey procedures. Extensive pretesting and careful attention was given to phrasing of the questions and the terms employed and their definitions in order to eliminate ambiguities and encourage uniformity. Steps taken to reduce nonresponse bias were discussed in the sections on field procedures and data collection. Errors in coding and processing were reduced by verification and consistency checks.

### Tests of Significance

In this report, the determination of statistical inference is based on the  $t$ -test with a critical value of 1.96 (0.05 level of significance). Terms relating to differences, such as "higher," "less," etc., indicate that the differences were statistically significant. Terms such as "similar," "no difference," etc. mean that no statistical significance exists between the statistics being compared. Lack of comment regarding the difference between any two statistics does not mean the difference was tested and found to be not significant.

### Population Figures

The base population used in computing annual visit rates is presented in table II. These figures are based on provisional estimates for the civilian noninstitutionalized population as of July 1, 1975, provided by the U.S. Bureau of the Census. Because the NAMCS includes data for only the coterminous United States, the original census estimates were modified to account for the exclusion of Alaska and Hawaii from the study. For this reason the population estimates should not be considered as official population estimates and are presented here solely for the purpose of providing denominators for rate computations.

### Systematic Bias

There have been no attempts to determine systematic bias in the data reported here or to measure the impact of any biases. There are several factors, however, that the user of these data should understand, all of which indicate

Table II. Estimates of the civilian noninstitutionalized population of the United States,<sup>1</sup> by age, race, sex, geographic region, and metropolitan and nonmetropolitan area as of July 1, 1975

[Used in the calculation of rates for tables 1 and 2]

Race, sex, geographic region, and area	Age					
	All ages	Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over
<u>Race</u>						
Number in thousands						
All races.....	207,809	52,307	39,003	52,203	42,455	21,840
Male.....	101,166	26,681	19,599	25,635	20,308	8,943
Female.....	106,643	25,627	19,404	26,568	22,147	12,897
White.....	180,568	43,685	33,324	45,627	38,062	19,872
Male.....	88,162	22,342	16,825	22,635	18,269	8,092
Female.....	92,406	21,343	16,499	22,991	19,791	11,780
All other races.....	27,242	8,622	5,679	6,578	4,394	1,969
Male.....	13,005	4,339	2,774	3,001	2,039	851
Female.....	14,237	4,284	2,905	3,576	2,356	1,117
<u>Geographic region</u>						
Northeast.....	49,030	...	...	...	...	...
North Central.....	56,607	...	...	...	...	...
South.....	66,122	...	...	...	...	...
West.....	36,059	...	...	...	...	...
<u>Area</u>						
Metropolitan.....	141,310	...	...	...	...	...
Nonmetropolitan.....	66,499	...	...	...	...	...

<sup>1</sup>Excludes Alaska and Hawaii.

that these data underrepresent the total number of office visits to office-based physicians. These factors are:

1. The sampling universe for the 1975 NAMCS was the files of "office-based, patient-care" physicians maintained by the AMA and AOA. There are certainly physicians not so classified who, at the time of the survey, would have met the criteria for that classification. Visits to these physicians are not represented in these data.
2. A frequent reason for not participating in the NAMCS was given as "too busy"

or "too busy right now." This is an indication that the busier physician was not as likely to participate as the less busy physician.

3. Physicians who participated in the NAMCS did a thorough and conscientious job in keeping the Patient Log; however, the probability that a patient was accidentally omitted from the survey is much greater than the probability that a patient was included who did not make a visit. This factor could also introduce a slight bias.

## APPENDIX II

### DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

#### Terms Relating to the Survey

*Office(s).*—Premises that the physician identifies as locations for his ambulatory practice. Responsibility over time for patient care and professional services rendered there generally resides with the individual physician rather than with any institution.

*Ambulatory patient.*—An individual presenting for personal health services, neither bedridden nor currently admitted to any health care institution on the premises.

*Physician.*—Can be classified as either:

*In-scope:* All duly licensed doctors of medicine and doctors of osteopathy currently in practice who spend some time in caring for ambulatory patients at an office location.

*Out-of-scope:* Those physicians who treat patients only indirectly, including specialists in anesthesiology, pathology, forensic pathology, radiology, therapeutic radiology, and diagnostic radiology, and the following physicians:

- physicians in military service
- physicians who treat patients only in an institutional setting (e.g., patients in nursing homes and hospitals)
- physicians employed full time by an industry or institution and having no private practice (e.g., physicians who work for the VA, the Ford Motor Company, etc.)
- physicians who spend no time seeing ambulatory patients (e.g., physicians

who only teach, are engaged in research, or are retired).

*Patients.*—Can be classified as either:

*In-scope:* All patients seen by the physician or member of his staff in his office(s).

*Out-of-scope:* Patients seen by the physician in a hospital, nursing home, or other extended care institution, or the patient's home. [Note: If the doctor has a *private* office (which fits definition of "office") located in a hospital, the ambulatory patients seen there would be considered "in-scope."] The following types of patients are also considered out of scope:

- patients seen by the physician in any institution (including outpatient clinics of hospitals) for which the institution has the primary responsibility for the care of the patient over time
- patients who telephone and receive advice from the physician
- patients who come to the office only to leave a specimen, pick up insurance forms, or pay their bills
- patients who come to the office only to pick up medications previously prescribed by the physician.

*Visit.*—A direct, personal exchange between ambulatory patient and the physician (or members of his staff) for the purpose of seeking care and rendering health services.

*Physician specialty.*—Principal specialty (in-



cluding general practice) as designated by the physician at the time of the survey. Those physicians for whom a specialty was not obtained were assigned the principal specialty recorded in the Master Physician files maintained by the AMA or AOA.

*Region of practice location.*—The four geographic regions, excluding Alaska and Hawaii, which correspond to those used by the U.S. Bureau of the Census, are as follows:

<i>Region</i>	<i>States included</i>
Northeast . . . . .	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont
North Central . . .	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
South . . . . .	Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia
West . . . . .	Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

*Metropolitan status of practice location.*—Physician's practice is classified by its location in metropolitan or nonmetropolitan areas. Metropolitan areas are standard metropolitan statistical areas (SMSA's) as defined by the U.S. Office of Management and Budget.

The definition of an individual SMSA involves two considerations: first, a city or cities of specified population which constitute the central city and identify the county in which it is located as the central county; second, economic and social relationships with "contiguous" counties which are metropolitan in

character, so that the periphery of the specific metropolitan area may be determined. SMSA's may cross State lines. In New England SMSA's consist of cities and towns, rather than counties.

### Terms Relating to the Patient Record Form

*Age.*—The age calculated from date of birth was the age at last birthday on the date of visit.

*Color or race.*—On the Patient Record, color or race includes four categories: white, Negro/black, other, and unknown. The physician was instructed to mark the category which in his judgment was most appropriate for the patient based upon observation and/or prior knowledge of the patient. "Other" was restricted to Orientals, American Indians, and other races neither Negro nor white.

*Patient's principal problem(s), complaint(s), or symptom(s) (in patient's own words).*—The patient's principal problem, complaint, symptom, or reason for the visit as expressed by the patient. Physicians were instructed to record key words or phrases *verbatim* to the extent possible, listing that problem first which in the physician's judgment was most responsible for the patient's visit.

*Seriousness of problem in item 5a.*—This item includes four categories: very serious, serious, slightly serious, and not serious. The physician was instructed to check one of the four categories according to his own evaluation of the seriousness of the patient's problem causing this visit. Seriousness refers to physician's clinical judgment as to the extent of the patient's impairment that might result if no care were given.

*Major reason(s) for this visit.*—The patient's major reason(s) for the visit were classified by the physician into one or more of the following categories:

*Acute problem:* A condition or illness having a relatively sudden or recent onset (i.e., within 3 months of the visit).

*Acute problem, followup:* A return visit primarily for continued medical care of a previously treated acute problem.

*Chronic problem, routine:* A visit primarily to receive regular care or examination for a

preexisting chronic condition or illness (onset of condition was 3 months or more before this visit).

*Chronic problem, flareup:* A visit primarily due to a sudden exacerbation of a preexisting chronic condition.

*Prenatal care:* Routine obstetrical care provided prior to delivery.

*Postnatal care:* Routine obstetrical care or examination provided following delivery or termination of pregnancy.

*Postoperative care:* A visit primarily for care required following surgical treatment. Includes changing dressing, removing sutures or cast, advising on restriction of activities or routine after surgery checkup.

*Well adult/child exam:* General health maintenance examinations and routine maintenance examinations and routine periodic examinations of presumably healthy persons, both children and adults. Includes annual physical examinations, well-child checkups, school, camp, and insurance examinations.

*Family planning:* Services or advice that enable patients to determine the number and spacing of their children. Includes both contraception and infertility services.

*Counseling/advice:* Information of a health nature which would enable the patient to maintain or improve his physical or mental well-being. Included would be advice regarding diet, changing habits or behavior, and general information regarding a specific problem.

*Immunization:* Administration of any inoculation of specific substances to produce a desired immunity; this includes oral vaccines. (Allergy shots are not included in this category, but are entered in "other.")

*Referred by another physician/agency:* Medical attention prompted by advice or referral for consultation or treatment from another physician, hospital, clinic, health center, school nurse, minister, pharmacist, etc. *Does not* include self-referral or referral by family or friends.

*Administrative purpose:* Reasons such as completing insurance forms, school forms, work permits, or discussion of patient's bill.

*Other:* The reason for this visit is not covered in the preceding list.

*Principal diagnosis.*—The physician's diagnosis of the patient's principal problem or complaint. In the event of multiple diagnoses, the physician was instructed to list them in order of decreasing importance; "principal" refers to the first-listed diagnosis. The diagnosis represents the physician's best judgment at the time of the visit and may be tentative, provisional, or definitive.

*Other significant current diagnosis.*—The diagnosis of any other condition known to exist for the patient at the time of the visit. Other diagnoses may or may not be related to the reason for that visit.

*Treatments and services ordered or provided.*—These include the following:

*Limited history/exam:* History and/or physical examination which is limited to a specific body site or system, or which is concerned primarily with the patient's chief complaint, for example, pelvic exam or eye exam.

*General history/exam:* History and/or physical examination of a comprehensive nature, including all or most body systems.

*Clinical lab test:* One or more laboratory procedures or tests including examination of blood, urine, sputum, smears, exudates, transudates, feces, and gastric content, and including chemistry, serology, bacteriology, and pregnancy test.

*Blood pressure check:* Self-explanatory.

*EKG:* Electrocardiogram.

*Hearing test:* Auditory acuity test.

*Vision test:* Visual acuity test.

*Endoscopy:* Examination of the interior of any body cavity, except ear, nose, and throat, by means of an endoscope.

*Office surgery:* Any surgical procedure performed in the office this visit, including suture of wounds, reduction of fractures,

application/removal of casts, incision and draining of abscesses, application of supportive materials for fractures and sprains, and all irrigations, aspirations, dilatations, and excisions.

*Drug prescribed:* Drugs, vitamins, hormones, ointments, suppositories, or other medications ordered or provided, except injections and immunizations.

*X-ray:* Any single or multiple X-ray examination for diagnostic or screening purposes. Radiation therapy is *not* included in this category.

*Injection:* Administration of any substance by syringe and needle subcutaneously, intravenously, or intramuscularly. This category does not include immunizations, enemas, or douches.

*Immunization/desensitization:* Administration of any immunizing, vaccinating, or desensitizing agent or substance by any route, for example, syringe, needle, orally, gun, or scarification.

*Physiotherapy:* Any form of physical therapy ordered or provided, including any treatment using heat, light, sound, or physical pressure or movement, for example, ultrasonic, ultraviolet, infrared, whirlpool, diathermy, cold therapy, and manipulative therapy.

*Medical counseling:* Instructions and recommendations regarding any health problem, including advice or counsel about diet, change of habit, or behavior. Physicians are instructed to check this category only if the medical counseling is a *significant* part of the treatment.

*Psychotherapy/therapeutic listening:* All treatments designed to produce a mental or emotional response through suggestion, persuasion, reeducation, reassurance, or support, including psychological counseling, hypnosis, psychoanalysis, and transactional therapy.

*Other:* Treatments or services rendered which are not listed in the preceding categories.

*Disposition.*—Eight categories are provided to describe the physician's disposition of the case as follows:

*No followup planned:* No return visit or telephone contact was scheduled for the patient's problem on this visit.

*Return at specified time:* The patient was told to schedule an appointment or was instructed to return at a particular time.

*Return if needed, P.R.N.:* No future appointment was made, but the patient was instructed to make an appointment with the physician if the patient considers it necessary.

*Telephone followup planned:* The patient was instructed to telephone the physician on a particular day to report on his progress, or if the need arises.

*Referred to other physician/agency:* The patient was instructed to consult or seek care from another physician or agency. The patient may or may not return to this physician at a later date.

*Returned to referring physician:* Patient was referred to this physician and was now instructed to consult again with the physician or agency which referred him.

*Admit to hospital:* Patient was instructed that further care or treatment will be provided in a hospital. No further office visits were expected prior to that admission.

*Other:* Any other disposition of the case not included in the above categories.

*Duration of visit.*—Time the physician spent with the patient, but does not include the time patient spent waiting to see the physician, time patient spent receiving care from someone other than the doctor without the presence of the physician, and time spent reviewing records, tests results, and so forth. In the event a patient was provided care by a member of physician's staff but did not see the physician during the visit, "duration of visit" was recorded as zero minutes.

# APPENDIX III

## SURVEY INSTRUMENTS

### INTRODUCTORY LETTER FROM DIRECTOR, NATIONAL CENTER FOR HEALTH STATISTICS



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH RESOURCES ADMINISTRATION  
ROCKVILLE, MARYLAND 20852

NATIONAL CENTER FOR  
HEALTH STATISTICS

#### Endorsing Organizations

**American Medical Association**  
James H. Sammons, M.D.  
Executive Vice President

**National Medical Association**  
Alfred F. Fisher  
Executive Director

**American Academy of Dermatology**  
John M. Shaw, M.D.  
Secretary-Treasurer

**American Academy of Family  
Physicians**  
Roger Tusken  
Executive Director

**American Academy of Neurology**  
Stanley A. Nelson  
Executive Director

**American Academy of Orthopaedic  
Surgeons**  
Charles V. Heck, M.D.  
Executive Director

**American Academy of Pediatrics**  
Robert G. Frazier, M.D.  
Executive Director

**American College of Obstetricians  
and Gynecologists**  
Warren H. Pearce, M.D.  
Director

**American College of Physicians**  
Edward C. Rosenow, Jr., M.D.  
Executive Vice President

**American College of Preventive  
Medicine**  
Ward Bentley  
Executive Director

**American College of Surgeons**  
C. Rollins Hanton, M.D.  
Executive Director

**American Osteopathic Association**  
Edward P. Crowell, D. O.  
Executive Director

**American Proctologic Society**  
Alejandro F. Castro, M.D.  
Secretary

**American Psychiatric Association**  
Melvin Sabshin, M.D.  
Medical Director

**American Society of Internal  
Medicine**  
William R. Ramsey  
Executive Director

**American Society of Plastic and  
Reconstructive Surgeons, Inc.**  
Dallas F. Whaley  
Executive Vice President

**American Urologic Association**  
Hal B. Jennings, Jr., M.D.  
Executive Director

**Association of American Medical  
Colleges**  
John A. D. Copper, M.D., Ph.D.  
President

Dear Dr.

The National Center for Health Statistics, as part of its continuing program to provide information on the health status of the American people, is conducting a National Ambulatory Medical Care Survey (NAMCS).

The purpose of this survey is to collect information about ambulatory patients, their problems, and the resources used for their care. The resulting published statistics will help your profession plan for more effective health services, determine health manpower requirements, and improve medical education.

Since practicing physicians are the only reliable source of this information, we need your assistance in the NAMCS. As one of the physicians selected in our national sample, your participation is essential to the success of the survey. Of course, all information that you provide is held in strict confidence.

Many organizations and leaders in the medical profession have expressed their support for this survey, including those shown to the left. They join me in urging your cooperation in this important research.

Within a few days, a survey representative will telephone you for an appointment to discuss the details of your participation. We greatly appreciate your cooperation.

Sincerely yours,

Dorothy P. Rice  
Director

## PATIENT RECORD AND PATIENT LOG

<b>B N<sup>o</sup> 881078</b>		ASSURANCE OF CONFIDENTIALITY—All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to other persons or used for any other purpose.				<b>B N<sup>o</sup> 881078</b>	
<b>PATIENT LOG</b>		<b>PATIENT RECORD</b> NATIONAL AMBULATORY MEDICAL CARE SURVEY					
As each patient arrives, record name and time of visit on the log below. For the patient entered on line #2, also complete the patient record to the right.		<b>1. DATE OF VISIT</b> Mo / Day / Yr		<b>2. DATE OF BIRTH</b> Mo / Day / Yr		<b>3. SEX</b> 1 <input type="checkbox"/> FEMALE 2 <input type="checkbox"/> MALE	
<b>PATIENT'S NAME</b>		<b>TIME OF VISIT</b>		<b>4. COLOR OR RACE</b> 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> NEGRO/BLACK 3 <input type="checkbox"/> OTHER 4 <input type="checkbox"/> UNKNOWN		<b>5. PATIENT'S PRINCIPAL PROBLEM(S) COMPLAINT(S), OR SYMPTOM(S) THIS VISIT</b> <i>(In patient's own words)</i> a. MOST IMPORTANT _____ b. OTHER _____	
<b>1</b>		a.m. p.m.		<b>6. SERIOUSNESS OF PROBLEM IN ITEM 5a</b> <i>(Check one)</i> 1 <input type="checkbox"/> VERY SERIOUS 2 <input type="checkbox"/> SERIOUS 3 <input type="checkbox"/> SLIGHTLY SERIOUS 4 <input type="checkbox"/> NOT SERIOUS		<b>7. HAVE YOU EVER SEEN THIS PATIENT BEFORE?</b> 1 <input type="checkbox"/> YES    2 <input type="checkbox"/> NO ↓ If YES, for the problem indicated in ITEM 5a? 1 <input type="checkbox"/> YES    2 <input type="checkbox"/> NO	
<b>2</b>		a.m. p.m.		<b>8. MAJOR REASON(S) FOR THIS VISIT</b> <i>(Check all major reasons)</i> 01 <input type="checkbox"/> ACUTE PROBLEM 02 <input type="checkbox"/> ACUTE PROBLEM, FOLLOW-UP 03 <input type="checkbox"/> CHRONIC PROBLEM, ROUTINE 04 <input type="checkbox"/> CHRONIC PROBLEM, FLARE-UP 05 <input type="checkbox"/> PRENATAL CARE 06 <input type="checkbox"/> POSTNATAL CARE 07 <input type="checkbox"/> POSTOPERATIVE CARE → _____ <i>(Operative procedure)</i>		<b>9. PHYSICIAN'S PRINCIPAL DIAGNOSIS THIS VISIT</b> a. DIAGNOSIS ASSOCIATED WITH ITEM 5a ENTRY _____ _____ _____ b. OTHER SIGNIFICANT CURRENT DIAGNOSES <i>(In order of importance)</i> _____ _____ _____	
Record items 1-12 for this patient ↓ CONTINUE LISTING PATIENTS ON NEXT PAGE		<b>10. DIAGNOSTIC/THERAPEUTIC SERVICES ORDERED/PROVIDED THIS VISIT</b> <i>(Check all that apply)</i> 01 <input type="checkbox"/> NONE 02 <input type="checkbox"/> LIMITED HISTORY/EXAM 03 <input type="checkbox"/> GENERAL HISTORY/EXAM 04 <input type="checkbox"/> CLINICAL LAB. TEST 05 <input type="checkbox"/> BLOOD PRESSURE CHECK 06 <input type="checkbox"/> EKG 07 <input type="checkbox"/> HEARING TEST 08 <input type="checkbox"/> VISION TEST 09 <input type="checkbox"/> ENDOSCOPY 10 <input type="checkbox"/> OFFICE SURGERY		11 <input type="checkbox"/> DRUG PRESCRIBED OR DISPENSED 12 <input type="checkbox"/> X-RAY 13 <input type="checkbox"/> INJECTION 14 <input type="checkbox"/> IMMUNIZATION/DESENSITIZATION 15 <input type="checkbox"/> PHYSIOTHERAPY 16 <input type="checkbox"/> MEDICAL COUNSELING 17 <input type="checkbox"/> PSYCHOTHERAPY/THERAPEUTIC LISTENING 18 <input type="checkbox"/> OTHER <i>(Specify)</i> _____		<b>11. DISPOSITION THIS VISIT</b> <i>(Check all that apply)</i> 1 <input type="checkbox"/> NO FOLLOW-UP PLANNED 2 <input type="checkbox"/> RETURN AT SPECIFIED TIME 3 <input type="checkbox"/> RETURN IF NEEDED, P.R.N. 4 <input type="checkbox"/> TELEPHONE FOLLOW-UP PLANNED 5 <input type="checkbox"/> REFERRED TO OTHER PHYSICIAN/AGENCY 6 <input type="checkbox"/> RETURNED TO REFERRING PHYSICIAN 7 <input type="checkbox"/> ADMIT TO HOSPITAL 8 <input type="checkbox"/> OTHER <i>(Specify)</i> _____	
						<b>12. DURATION OF THIS VISIT</b> <i>(Time actually spent with physician)</i> _____ MINUTES	

# INDUCTION INTERVIEW FORM

CONFIDENTIAL\*  
NORC-4211

Form Approved.  
OMB No. 068-S72106  
Expires: June 30, 1976

## NATIONAL AMBULATORY MEDICAL CARE SURVEY

TIME _____	AM
BEGAN: _____	PM

### INDUCTION INTERVIEW

--	--	--	--

(Phys. ID Number)

#### BEFORE STARTING INTERVIEW

1. ENTER PHYSICIAN I.D. NUMBER IN BOX TO RIGHT, ABOVE
2. ENTER DATES OF ASSIGNED REPORTING WEEK IN Q. 2, P. 2

Doctor, before I begin, let me take a minute to give you a little background about this survey.

Although ambulatory medical care accounts for nearly 90 per cent of all medical care received in the United States, there is no systematic information about the characteristics and problems of people who consult physicians in their offices. This kind of information has been badly needed by medical educators and others concerned with the medical manpower situation.

In response to increasing demands for this kind of information, the National Center for Health Statistics, in close consultation with representatives of the medical profession, has developed the National Ambulatory Medical Care Survey.

Your own task in the survey is simple, carefully designed, and should not take much of your time. Essentially, it consists of your participation during a specified 7-day period. During this period, you simply check off a minimal amount of information concerning some of the patients you see.

Now, before we get into the actual procedures, I have a few questions to ask about your practice. The answers you give me will be used only for classification and analysis, and of course all information you provide is held in strict confidence.\*

1. First, you are a \_\_\_\_\_ . Is that right?  
(ENTER SPECIALTY FROM CODE ON FACE SHEET LABEL.)

Yes . . . . . 1  
No . (ASK A) . . . 2

A. IF NO: What is your specialty, (including general practice)?

\_\_\_\_\_  
(Name of Specialty)

---

\* 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.

2. Now, doctor, this study will be concerned with the ambulatory patients you will see in your office during the week of (READ REPORTING DATES ENTERED BELOW.)

\_\_\_\_\_ / \_\_\_\_\_ (that's a \_\_\_\_\_ / \_\_\_\_\_ (that's a  
month / date Monday) through month / date Sunday)

Are you likely to see any ambulatory patients in your office during that week?

Yes . . . (GO TO Q. 3) . . . 1

No . . . . . (ASK A) . . . 2

A. IF NO: Why is that? RECORD VERBATIM, THEN READ PARAGRAPH BELOW

Since it's very important, doctor, that we include any ambulatory patients that you do happen to see in your office during that week, I'd like to leave these forms with you anyway--just in case your plans change. I'll plan to check back with your office just before (STARTING DATE) to make sure, and I can explain them in detail then, if necessary.

GIVE DOCTOR THE A PATIENT RECORD FORMS AND GO TO Q. 9, P. 6.

3. A. At what office location will you be seeing ambulatory patients during that 7-day period? RECORD UNDER A BELOW AND ASK B WHEN INDICATED.
- B. IF HOSPITAL EMERGENCY ROOM OR HOSPITAL OUTPATIENT DEPARTMENT, OR OTHER INSTITUTIONAL LOCATION IN A: Thinking about the ambulatory patients you see in (PLACE IN A), do you, yourself, have principal responsibility for their care over time, or does (INSTITUTION IN A) have primary responsibility for their care over time? CODE UNDER B BELOW.
- C. Is that all of the office locations at which you expect to see ambulatory patients during that week?
- Yes . . . . . 1  
No . . . . . 2

IF NO: OBTAIN ADDITIONAL OFFICE LOCATION(S), ENTER IN "A" BELOW, AND REPEAT.

A. Office Location	B. Principal Responsibility?		D. In Scope?	
	Physician	Institution	Yes	No
(1) _____	1	2	1	2
_____				
(2) _____	1	2	1	2
_____				
(3) _____	1	2	1	2
_____				
(4) _____	1	2	1	2
_____				

D. FOR EACH OFFICE LOCATION ENTERED IN A, CODE YES OR NO TO "IN SCOPE" ABOVE.

IN SCOPE (Yes)

OUT OF SCOPE (No)

- Private offices
- Free-standing clinics (non-hospital based)
- Groups, partnerships
- Kaiser, HIP, Mayo Clinic
- Neighborhood Health Centers
- Privately operated clinics (except family planning)

- Hospital emergency rooms
- Hospital outpatient departments
- College or university infirmaries
- Industrial outpatient facilities
- Family planning clinics
- Government-operated clinics (VD, maternal & child health, etc.)

IN CASE OF DOUBT, ASK: Is that (clinic/facility/institution) hospital based?  
Is that (clinic/facility/institution) government operated?

IF ALL LOCATIONS ARE OUT OF SCOPE, THANK THE DOCTOR AND LEAVE.

PATIENT RECORDS MUST BE COLLECTED FROM ALL IN-SCOPE LOCATIONS REGARDLESS OF ANSWER TO B -- PRINCIPAL RESPONSIBILITY.



4. A. During that week (REPEAT DATES), how many ambulatory patients do you expect to see in your office practice? (DO NOT COUNT PATIENTS SEEN AT [OUT-OF-SCOPE LOCATIONS] CODED IN 3-B.)

ENTER TOTAL UNDER "A" BELOW AND CIRCLE ON APPROPRIATE LINE.

- B. And during those seven days (REPEAT DATES IF NECESSARY), on how many days do you expect to see any ambulatory patients? COUNT EACH DAY IN WHICH DOCTOR EXPECTS TO SEE ANY PATIENTS AT AN IN-SCOPE OFFICE LOCATION.

ENTER TOTAL UNDER "B" BELOW AND CIRCLE NUMBER IN APPROPRIATE COLUMN.

DETERMINE PROPER PATIENT LOG FORM FROM CHART BELOW. READ ACROSS ON "TOTAL PATIENTS" LINE UNDER "A" AND CIRCLE LETTER IN APPROPRIATE "DAYS" COLUMN UNDER "B."

THIS LETTER TELLS YOU WHICH OF THE FOUR PATIENT LOG FORMS (A, B, C, D) SHOULD BE USED BY THIS DOCTOR.

LOG FORM DESCRIPTION	A. Expected total patients during survey week.	B. Total <u>days</u> in practice during week.						
	ENTER TOTAL FROM Q. 4-A. _____	ENTER TOTAL FROM Q. 4-B. _____ DAYS						
		1	2	3	4	5	6	7
A--Patient Record is to be completed for <u>ALL</u> patients listed on Log.	1- 12 PATIENTS	A	A	A	A	A	A	A
	13- 25 "	B	A	A	A	A	A	A
	26- 39 "	C	B	A	A	A	A	A
	40- 52 "	C	B	B	A	A	A	A
	53- 65 "	D	C	B	B	A	A	A
	66- 79 "	D	C	B	B	B	A	A
	80- 92 "	D	D	C	B	B	B	B
	93-105 "	D	D	C	B	B	B	B
	106-118 "	D	D	C	C	B	B	B
	119-131 "	D	D	C	C	B	B	B
	132-145 "	D	D	D	C	C	B	B
	146-158 "	D	D	D	C	C	B	B
	159-171 "	D	D	D	C	C	C	C
	172-184 "	D	D	D	C	C	C	C
	185-197 "	D	D	D	D	D	D	D
	198-210 "	D	D	D	D	D	D	D
	211+ "	D	D	D	D	D	D	D

\*In the rare instance the physician will see more than 500 patients during his assigned reporting week, give him two D Patient Log Folios and instruct him to complete a patient record form for only every tenth patient. Then you are to draw an X or line on line 5 on every other page of the two folio pads, starting with page 1 of the pad.

5. FIND PATIENT LOG FOLIO WITH APPROPRIATE LETTER AND ENTER LETTER AND NUMBER OF THIS FORM HERE.

\_\_\_\_\_  
(Folio Number)

6. HAND DOCTOR HIS FOLIO AND EXPLAIN HOW FORMS ARE TO BE FILLED OUT. SHOW DOCTOR THE INSTRUCTIONS ON POCKET OF FOLIO AND ITEM 10 DEFINITIONS ON CARD IN FOLIO, TO WHICH HE CAN REFER AFTER YOU LEAVE.

RECORD VERBATIM BELOW ANY CONCERN, PROBLEMS OR QUESTIONS THE DOCTOR RAISES.

7. IF DOCTOR EXPECTS TO SEE AMBULATORY PATIENTS AT MORE THAN ONE IN-SCOPE LOCATION DURING ASSIGNED WEEK, TELL HIM YOU WILL DELIVER THE FORMS TO THE OTHER LOCATION(S). ENTER THE FORM LETTER AND NUMBER(S) FOR THOSE LOCATIONS BELOW, BEFORE DELIVERING FORM(S).

Location	Patient Record Form Letter & Number
_____	_____
_____	_____
_____	_____
_____	_____

8. During the survey week (REPEAT EXACT DATES), will anyone be available to help you in filling out these records (at each IN-SCOPE location)?

Yes . . . (ASK A) . . . 1  
No . . . . . 2

A. IF YES: Who would that be?

RECORD NAME, POSITION AND LOCATION.

NAME	POSITION	LOCATION	B. * INTERVIEWER: WAS PERSON BRIEFED BY YOU?	
			Yes	No
_____	_____	_____	1	2
_____	_____	_____	1	2
_____	_____	_____	1	2
_____	_____	_____	1	2

\* INTERVIEWER SHOULD BRIEF SUCH PERSON IF POSSIBLE.

9. Do you have a solo practice, or are you associated with other physicians in a partnership, in a group practice, or in some other way?

- Solo . . . . . 1
- Partnership . . . (ASK A-C). 2
- Group . . . . . (ASK A-C). 3
- <--- Other (SPECIFY AND ASK A-C). 4

IF PARTNERSHIP, GROUP, OR OTHER:

A. Is this a prepaid group practice? Yes . (ASK [1]) . . . 1  
 No . . . . . 2

[1] IF YES TO A: What per cent of patients are prepaid? \_\_\_\_\_ per cent

B. How many other physicians are associated with you? NUMBER OF PHYSICIANS: \_\_\_\_\_

C. What are the specialties of the other physicians associated with you?

<u>Specialty</u>	<u>Number of Physicians</u>
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____

10. Now I have just one more question about your practice. (NOTE: IF DOCTOR PRACTICES IN LARGE GROUP, THE FOLLOWING INFORMATION CAN BE OBTAINED FROM SOMEONE ELSE.)

A. What is the total number of full-time (35 hours or more per week) employees of your (partnership/group) practice? Include persons regularly employed who are now on vacation, temporarily ill, etc. Do not include other physicians. RECORD ON TOP LINE OF COLUMN A BELOW.

(1) How many of these full-time employees are a ... (READ CATEGORIES BELOW AS NECESSARY AND RECORD NUMBER OF EACH IN COLUMN A.)

B. And what is the total number of part-time (less than 35 hours per week) employees of your (partnership/group) practice? Again, include persons regularly employed who are now on vacation, ill, etc. Do not include other physicians. RECORD ON TOP LINE OF COLUMN B BELOW.

(1) How many of these part-time employees are a ... (READ CATEGORIES BELOW AS NECESSARY AND RECORD NUMBER OF EACH IN COLUMN B.)

Employees	A. <u>Full-time</u> (35 or more hours/week)	B. <u>Part-time</u> (Less than 35 hours/week)
	TOTAL: _____	TOTAL: _____
(1) Registered Nurse . . . . .	_____	_____
(2) Licensed Practical Nurse . . . . .	_____	_____
(3) Nursing Aide . . . . .	_____	_____
(4) Physician Assistant* . . . . .	_____	_____
(5) Technician . . . . .	_____	_____
(6) Secretary or Receptionist . . . . .	_____	_____
(7) Other (SPECIFY) _____	_____	_____

\* Physician Assistant must be a graduate of an accredited training program for Physician Assistants (Physician Extenders, Medex, etc.) or certified by the National Board of Medical Examiners through the Certification Exam for Assistant to the Primary Care Physician.

11. During the past seven (7) days, about how many house calls did you make?

NUMBER OF HOUSE CALLS: \_\_\_\_\_

12. During the past seven (7) days, how many times did you provide to patients advice or consultation by telephone?

- None . . . . . 1
- 1-9 . . . . . 2
- 10-24 . . . . . 3
- 25-49 . . . . . 4
- 50 or more . . . . . 5

BEFORE YOU LEAVE, STRESS THAT EACH AMBULATORY PATIENT SEEN BY THE DOCTOR DURING THE 7-DAY PERIOD AT ALL IN-SCOPE OFFICE LOCATIONS (REPEAT THEM) IS TO BE INCLUDED IN THE SURVEY, THAT EACH PATIENT IS TO BE RECORDED ON THE LOG, AND ONLY THE APPROPRIATE NUMBER OF PATIENT RECORDS COMPLETED.

Thank you for your time, Dr. \_\_\_\_\_. If you have any (more) questions, please feel free to call me. My phone number is written in the folio. I'll call you on Monday morning of your survey week just to remind you.

13. TIME INTERVIEW ENDED . . . . . \_\_\_\_\_ AM  
PM

14. DATE OF INTERVIEW . . . . . 

--	--	--	--	--	--

  
(Month) (Day) (Year)

COMPLETE ITEMS I AND II ON THE LAST PAGE IMMEDIATELY AFTER THE INTERVIEW.

I. How much interest do you think the doctor has in the survey?

- Great interest . . . . . 1
- Some interest . . . . . 2
- Little interest . . . . . 3
- No interest . . . . . 4
- Can't tell . . . . . 5

II. How confident are you that the doctor will complete the forms?

- Definitely will . . . . . 1
- Probably will . . . . . 2
- Doubtful . . . . . 3

INTERVIEWER NUMBER

--	--	--	--	--

INTERVIEWER'S SIGNATURE

---

## VITAL AND HEALTH STATISTICS PUBLICATIONS SERIES

*Formerly Public Health Service Publication No. 1000*

- Series 1. Programs and Collection Procedures.*—Reports which describe the general programs of the National Center for Health Statistics and its offices and divisions, data collection methods used, definitions, and other material necessary for understanding the data.
- Series 2. Data Evaluation and Methods Research.*—Studies of new statistical methodology including experimental tests of new survey methods, studies of vital statistics collection methods, new analytical techniques, objective evaluations of reliability of collected data, contributions to statistical theory.
- Series 3. Analytical Studies.*—Reports presenting analytical or interpretive studies based on vital and health statistics, carrying the analysis further than the expository types of reports in the other series.
- Series 4. Documents and Committee Reports.*—Final reports of major committees concerned with vital and health statistics, and documents such as recommended model vital registration laws and revised birth and death certificates.
- Series 10. Data from the Health Interview Survey.*—Statistics on illness; accidental injuries; disability; use of hospital, medical, dental, and other services; and other health-related topics, based on data collected in a continuing national household interview survey.
- Series 11. Data from the Health Examination Survey.*—Data from direct examination, testing, and measurement of national samples of the civilian, noninstitutionalized population provide the basis for two types of reports: (1) estimates of the medically defined prevalence of specific diseases in the United States and the distributions of the population with respect to physical, physiological, and psychological characteristics; and (2) analysis of relationships among the various measurements without reference to an explicit finite universe of persons.
- Series 12. Data from the Institutionalized Population Surveys.*—Discontinued effective 1975. Future reports from these surveys will be in Series 13.
- Series 13. Data on Health Resources Utilization.*—Statistics on the utilization of health manpower and facilities providing long-term care, ambulatory care, hospital care, and family planning services.
- Series 14. Data on Health Resources: Manpower and Facilities.*—Statistics on the numbers, geographic distribution, and characteristics of health resources including physicians, dentists, nurses, other health occupations, hospitals, nursing homes, and outpatient facilities.
- Series 20. Data on Mortality.*—Various statistics on mortality other than as included in regular annual or monthly reports. Special analyses by cause of death, age, and other demographic variables; geographic and time series analyses; and statistics on characteristics of deaths not available from the vital records, based on sample surveys of those records.
- Series 21. Data on Natality, Marriage, and Divorce.*—Various statistics on natality, marriage, and divorce other than as included in regular annual or monthly reports. Special analyses by demographic variables; geographic and time series analyses; studies of fertility; and statistics on characteristics of births not available from the vital records, based on sample surveys of those records.
- Series 22. Data from the National Mortality and Natality Surveys.*—Discontinued effective 1975. Future reports from these sample surveys based on vital records will be included in Series 20 and 21, respectively.
- Series 23. Data from the National Survey of Family Growth.*—Statistics on fertility, family formation and dissolution, family planning, and related maternal and infant health topics derived from a biennial survey of a nationwide probability sample of ever-married women 15-44 years of age.

For a list of titles of reports published in these series, write to: Scientific and Technical Information Branch  
National Center for Health Statistics  
Public Health Service  
Hyattsville, Md. 20782

DHEW Publication No. (PHS) 78-1784  
Series 13 - No. 33

**NCHS**

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
Public Health Service  
National Center for Health Statistics  
Center Building  
3700 East West Highway  
Hyattsville, Maryland 20782

OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE, \$300

For publications in the  
*Vital and Health Statistics*  
Series call 301-436-NCIS.

POSTAGE AND FEES PAID  
U.S. DEPARTMENT OF HEW  
HEW 390

**THIRD CLASS**  
**BLK. RATE**

