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1977 Summary: National Ambulatory Medical Care Survey¹

During 1977 an estimated 570.0 million office visits—an average of 2.7 per person per year—were made to nonfederally employed, office-based physicians in the conterminous United States. These and other estimates presented in this report are based on data collected in the National Ambulatory Medical Care Survey (NAMCS), a probability sample survey conducted yearly by the Division of Health Resources Utilization Statistics of the National Center for Health Statistics. The survey sample is selected, with the cooperation of the American Medical Association and American Osteopathic Association, from a list of nonfederally employed doctors of medicine and osteopathy who are principally engaged in office-based practice. In its current scope, NAMCS excludes physicians practicing in Alaska and Hawaii and physicians whose specialties are anesthesiology, pathology, or radiology.

Figure 1 is a facsimile of the 1977 Patient Record used by participating physicians to record information obtained during office visits, and it may be useful as a reference as selected aspects of the survey findings are presented.

Caution should be exercised when comparing the 1977 NAMCS data with NAMCS data from previous years. Analysis of the 1977 summary data presented in this report and preliminary analysis of more detailed data indicate that the 1977 results for most data items are similar to those in 1975 and 1976. In 1977, however, several changes were made in the Patient Record that affect comparability between survey years. In particular, items relating

to the patient's referral status (item 5) and to the time since onset of complaint or symptom (item 7) were added to the 1977 Patient Record. Items relating to prior visit status (item 9) and seriousness of condition (item 10), which in previous years referred to the patient's reason for visit, now refer to the physician's diagnosis. Diagnostic services (item 11) and therapeutic services (item 12) were previously included together as a single item. In addition, there were a number of changes to the categories listed in items 11 and 12—e.g., "drug prescribed" (1975 and 1976 Patient Records) was changed in 1977 to "drugs (prescription/nonprescription)." In addition to changes in the Patient Record, a new classification was used to code the patient's complaints, symptoms, or other reasons for visit (item 6); therefore, the reason for visit data are not comparable with those of previous years. Further discussion of these changes will be published in the *Vital and Health Statistics* series.

Since the estimates presented in this report are based on a sample rather than on the entire universe of office-based physicians, the data are subject to sampling variability. The "Technical Notes" at the end of this report provide a brief explanation and guidelines for judging the precision of the estimates presented. A more detailed description of the sample design and definitions of certain terms used in NAMCS have been published.²

¹This report was prepared by Trena Ezzati and Thomas McLemore, Division of Health Resources Utilization Statistics.

²National Center for Health Statistics: The National Ambulatory Medical Care Survey, 1975 Summary, United States, January-December, 1975, by H. Koch and T. McLemore. *Vital and Health Statistics*. Series 13-No. 33. DHEW Pub. No. (PHS) 78-1784. Public Health Service. Washington. U.S. Government Printing Office, Jan. 1978.

Figure 1. 1977 PATIENT RECORD

		ASSURANCE OF CONFIDENTIALITY—All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to other persons or used for any other purpose.				D	
		PATIENT RECORD NATIONAL AMBULATORY MEDICAL CARE SURVEY					
		1. DATE OF VISIT Mo / Day / Yr	2. DATE OF BIRTH Mo / Day / Yr	3. SEX 1 <input type="checkbox"/> FEMALE 2 <input type="checkbox"/> MALE	4. COLOR OR RACE 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> NEGRO/BLACK 3 <input type="checkbox"/> OTHER 4 <input type="checkbox"/> UNKNOWN	5. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	6. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT (In patient's own words) a. MOST IMPORTANT _____ b. OTHER _____
TIME OF VISIT	a.m.	7. TIME SINCE ONSET OF COMPLAINT/SYMPTOM IN ITEM 6a (Check one) 1 <input type="checkbox"/> LESS THAN 1 DAY 2 <input type="checkbox"/> 1-6 DAYS 3 <input type="checkbox"/> 1-3 WEEKS 4 <input type="checkbox"/> 1-3 MONTHS 5 <input type="checkbox"/> MORE THAN 3 MONTHS 6 <input type="checkbox"/> NOT APPLICABLE	8. PHYSICIAN'S DIAGNOSES a. PRINCIPAL DIAGNOSIS/PROBLEM ASSOCIATED WITH ITEM 6a _____ b. OTHER SIGNIFICANT CURRENT DIAGNOSES _____		9. HAVE YOU SEEN PATIENT BEFORE? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO IF YES, FOR THE CONDITION IN ITEM 6a? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	10. SERIOUSNESS OF CONDITION IN ITEM 6a (Check one) 1 <input type="checkbox"/> VERY SERIOUS 2 <input type="checkbox"/> SERIOUS 3 <input type="checkbox"/> SLIGHTLY SERIOUS 4 <input type="checkbox"/> NOT SERIOUS	
	p.m.	11. DIAGNOSTIC SERVICES THIS VISIT (Check all ordered or provided) 1 <input type="checkbox"/> NONE 2 <input type="checkbox"/> LIMITED EXAM/HISTORY 3 <input type="checkbox"/> GENERAL EXAM/HISTORY 4 <input type="checkbox"/> PAP TEST 5 <input type="checkbox"/> CLINICAL LAB TEST 6 <input type="checkbox"/> X-RAY 7 <input type="checkbox"/> EKG 8 <input type="checkbox"/> VISION TEST 9 <input type="checkbox"/> ENDOSCOPY 10 <input type="checkbox"/> BLOOD PRESSURE CHECK 11 <input type="checkbox"/> OTHER (Specify) _____	12. THERAPEUTIC SERVICES THIS VISIT (Check all ordered or provided) 1 <input type="checkbox"/> NONE 2 <input type="checkbox"/> IMMUNIZATION/DESENSITIZATION 3 <input type="checkbox"/> DRUGS (PRESCRIPTION/NONPRESCRIPTION) 4 <input type="checkbox"/> DIET COUNSELING 5 <input type="checkbox"/> FAMILY PLANNING 6 <input type="checkbox"/> MEDICAL COUNSELING 7 <input type="checkbox"/> PHYSIOTHERAPY 8 <input type="checkbox"/> OFFICE SURGERY 9 <input type="checkbox"/> PSYCHOTHERAPY/THERAPEUTIC LISTENING 10 <input type="checkbox"/> OTHER (Specify) _____		13. DISPOSITION THIS VISIT (Check all that apply) 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 6 <input type="checkbox"/> RETURNED TO REFERRING PHYSICIAN 7 <input type="checkbox"/> ADMIT TO HOSPITAL 8 <input type="checkbox"/> OTHER (Specify) _____	14. DURATION OF THIS VISIT (Time actually spent with physician) _____ MINUTES	
		HRA-34-2 REV. 9-76	DEPARTMENT OF HEALTH, EDUCATION AND WELFARE PUBLIC HEALTH SERVICE HEALTH RESOURCES ADMINISTRATION NATIONAL CENTER FOR HEALTH STATISTICS			O.M.B. #68-R1498	

DATA HIGHLIGHTS

Physician Characteristics

Approximately half of the 570.0 million office visits made during 1977 were to general and family practitioners and to internists (table 1). Visits to pediatricians accounted for an additional 10 percent of all visits. The distribution of visits according to the physician's type of practice shows that approximately 59 percent of all visits were to solo practitioners and about 41 percent were to physicians engaged in a multiple member practice. Table 1 also shows that the proportion of visits to physicians' offices in metropolitan areas (76 percent) exceeded the

proportion in nonmetropolitan areas (24 percent).

Patient Characteristics

The data in table 2 show that visits by white persons accounted for approximately 90 percent of all office visits. The office visit rate for white persons (2.8 visits per person per year) was significantly higher than the rate for all other races (2.0 visits per person per year).

The visit rate by age varied from a low of 2.0 visits per year for persons under 15 years of age to a high of 4.1 visits per year for persons 65 years and over. Annual office visit rates by sex and age show that the rate, in general, tends to

Table 1. Number and percent distribution of office visits, by physician specialty and type and location of practice: United States, 1977

Physician characteristic	Number of visits in thousands	Percent distribution
All visits.....	570,052	100.0
<u>Physician specialty</u>		
General and family practice....	222,919	39.1
Medical specialties.....	155,501	27.3
Internal medicine.....	64,959	11.4
Pediatrics.....	54,762	9.6
Other.....	35,780	6.3
Surgical specialties.....	167,927	29.5
General surgery.....	36,124	6.3
Obstetrics and gynecology....	49,273	8.6
Other.....	82,530	14.5
Other specialties.....	23,705	4.2
Psychiatry.....	16,197	2.8
Other.....	7,508	1.3
<u>Type of practice</u>		
Solo.....	335,261	58.8
Other ¹	234,791	41.2
<u>Location of practice</u>		
Metropolitan.....	434,739	76.3
Nonmetropolitan.....	135,313	23.7

¹Includes partnership and group practices.

increase with age for both males and females. The visit rate for females exceeded the rate for males in all but the youngest age group.

Visit Characteristics

Table 3 shows the number and percent distribution of office visits by patient's prior visit status, referral status, and time since onset of complaint or symptom.

Referral status.—Information from item 5 of the Patient Record reveals that approximately 5 percent of all visits were the result of referrals from another physician. Approximately 26 percent of all new patient visits were referrals.

Time since onset of complaint or symptom.—About 4 percent of all visits were for problems

Table 2. Number, percent distribution, and number of office visits per person per year, by race, age, sex and age: United States, 1977

Patient characteristic	Number of visits in thousands	Percent distribution	Number of visits per person per year
All visits.....	570,052	100.0	2.7
<u>Race</u>			
White.....	514,788	90.3	2.8
All other races.....	55,264	9.7	2.0
<u>Age</u>			
Under 15 years.....	103,756	18.2	2.0
15-24 years.....	85,761	15.0	2.2
25-44 years.....	146,329	25.7	2.7
45-64 years.....	142,163	24.9	3.3
65 years and over.....	92,043	16.2	4.1
<u>Sex and age</u>			
Female.....	345,187	60.5	3.2
Under 15 years.....	50,229	8.8	2.0
15-24 years.....	56,055	9.8	2.8
25-44 years.....	97,450	17.1	3.4
45-64 years.....	84,241	14.8	3.7
65 years and over.....	57,212	10.0	4.4
Male.....	224,865	39.5	2.2
Under 15 years.....	53,527	9.4	2.1
15-24 years.....	29,706	5.2	1.5
25-44 years.....	48,880	8.6	1.8
45-64 years.....	57,922	10.2	2.8
65 years and over.....	34,831	6.1	3.8

with an onset of less than 24 hours, indicating the nonemergency nature of most office visits. An estimated 22 percent of the patient problems had an onset of less than 1 week, and approximately 30 percent had an onset of 3 months or more.

Prior visit status.—Approximately 85 percent of the visits made to office-based physicians were by patients who had seen the physician before (old patients). Furthermore, the majority of visits (60 percent) were made by old patients with old problems, i.e., problems which had been previously treated by the physician.

Reason for visit.—Information in item 6 of the Patient Record (figure 1) represents the reasons for visiting physicians' offices as ex-

Table 3. Number and percent distribution of office visits, by patient's referral status, time since onset of complaint or symptom, and patient's prior visit status: United States, 1977

Visit characteristic	Number of visits in thousands	Percent distribution
All visits.....	570,052	100.0
Referral status		
Referred by another physician.....	28,412	5.0
Not referred by another physician.....	541,640	95.0
Time since onset of complaint or symptom		
Less than 1 day.....	23,405	4.1
1-6 days.....	127,064	22.3
1-3 weeks.....	78,716	13.8
1-3 months.....	67,107	11.8
3 months or more.....	169,692	29.8
Not applicable ¹	104,068	18.3
Prior visit status		
New patient.....	87,230	15.3
Old patient.....	482,822	84.7
New problem.....	142,037	24.9
Old problem.....	340,785	59.8

¹Includes chiefly visits not involving a symptom or complaint, e.g., annual examination, well-baby examination.

pressed by patients in their own words. These data have been classified and coded according to the Reason for Visit Classification for Ambulatory Care (RVC), which was used for the first time during the 1977 NAMCS. The RVC utilizes a modular structure with the following modules:

- (1) symptom,
- (2) disease,
- (3) diagnostic, screening, and preventive,
- (4) treatment,
- (5) injuries and adverse effects,
- (6) test results, and
- (7) administrative.

Discussion of the development of the RVC and a detailed description of the seven modules have been published in Series 2, No. 78 of *Vital*

and *Health Statistics*.³ Table 4 presents data on the patient's *principal* reason for visit, i.e., problems or complaints listed first in item 6 of the Patient Record.

Principal diagnosis.—Table 5 presents the number and percent distribution of office visits according to the physician's principal diagnosis. This diagnosis refers to the one listed first in item 8 of the Patient Record. The diagnostic data in table 5 are grouped by the major classifications of the *Eighth Revision International Classification of Diseases Adapted for Use in the United States (ICDA)*.⁴ The ICDA category Special conditions and examinations without illness accounted for the largest proportion of visits (17 percent), and diseases of the respiratory, circulatory, and nervous systems accounted for approximately one-third of all visits.

Diagnostic and therapeutic services.—Information on various types of diagnostic and therapeutic services that may be ordered or provided during a visit is presented in table 6. A limited history or examination was the most frequent diagnostic service ordered or provided (56 percent), and blood pressure checks were the second most frequent diagnostic service ordered or provided (34 percent). A Pap test was ordered or provided during about 5 percent of all visits; however, this test was ordered or provided for about 9 percent of the visits by women. Among the therapeutic services, a prescription or non-prescription drug was ordered or provided during about 54 percent of the visits. Once again caution should be exercised when comparing this estimate with estimates from previous survey years due to changes in the 1977 Patient Record.

Seriousness of condition.—Table 7 presents information on the physician's judgment of the seriousness of the patient's problem in terms of

³National Center for Health Statistics: A reason for visit classification for ambulatory care, by D. Schneider, L. Appleton, and T. McLemore. *Vital and Health Statistics*. Series 2-No. 78. DHEW Pub. No. (PHS) 79-1352. Public Health Service. Washington. U.S. Government Printing Office, Feb. 1979.

⁴National 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.

Table 4. Number and percent distribution of office visits, by the patient's principal reason for visit and RVC code: United States, 1977

Principal reason for visit and RVC code ¹	Number of visits in thousands	Percent distribution
All reasons for visit	570,052	100.0
Symptom module..... S001-S999	318,849	55.9
General symptoms..... S001-S099	43,734	7.7
Symptoms referable to psychological and mental disorders..... S100-S199	15,337	2.7
Symptoms referable to the nervous system (excluding sense organs)..... S200-S259	19,250	3.4
Symptoms referable to the cardiovascular and lymphatic systems..... S260-S299	3,580	0.6
Symptoms referable to the eyes and ears..... S300-S399	31,639	5.5
Symptoms referable to the respiratory system..... S400-S499	62,140	10.9
Symptoms referable to the digestive system..... S500-S639	27,642	4.9
Symptoms referable to the genitourinary system..... S640-S829	31,478	5.5
Symptoms referable to the skin, nails, and hair..... S830-S899	30,501	5.4
Symptoms referable to the musculoskeletal system..... S900-S999	53,548	9.4
Disease module..... D001-D999	53,478	9.4
Diagnostic, screening, and preventive module..... X100-X599	104,445	18.3
Treatment module..... T100-T899	48,409	8.5
Injuries and adverse effects module..... J001-J999	24,952	4.4
Test results module..... R100-R700	2,615	0.5
Administrative module..... A100-A140	10,403	1.8
Other ² U990-U999	6,902	1.2

¹Reason for visit groups and codes are based on *A Reason for Visit Classification for Ambulatory Care*.

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

Table 5. Number and percent distribution of office visits, by principal diagnoses and ICDA code: United States, 1977

Principal diagnosis and ICDA code ¹	Number of visits in thousands	Percent distribution
All diagnoses.....	570,052	100.0
Infective and parasitic diseases..... 000-136	22,668	4.0
Neoplasms..... 140-239	14,286	2.5
Endocrine, nutritional, and metabolic diseases..... 240-279	24,287	4.3
Mental disorders..... 290-315	24,522	4.3
Diseases of the nervous system and sense organs..... 320-389	48,291	8.5
Diseases of the circulatory system..... 390-458	54,702	9.6
Diseases of the respiratory system..... 460-519	82,466	14.5
Diseases of the digestive system..... 520-577	18,451	3.2
Diseases of the genitourinary system..... 580-629	36,473	6.4
Diseases of the skin and subcutaneous tissue..... 680-709	31,910	5.6
Diseases of the musculoskeletal system..... 710-738	32,983	5.8
Symptoms and ill-defined conditions..... 780-796	25,695	4.5
Accidents, poisonings, and violence..... 800-999	43,761	7.7
Special conditions and examinations without sickness..... Y00-Y13	96,009	16.8
All other diagnoses ²	13,550	2.4

¹Diagnostic groups and codes are based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States, ICDA*.

²Includes 280-289, diseases of the blood and blood-forming organs; 630-678, complications of pregnancy, childbirth, and the puerperium; 740-759, congenital anomalies; 760-779, certain causes of perinatal morbidity and mortality; blank diagnosis; noncodable diagnosis; and illegible diagnosis.

Table 6. Number and percent of office visits, by diagnostic and therapeutic services ordered or provided: United States, 1977

Diagnostic and therapeutic services ordered or provided	Number of visits in thousands	Percent of visit
Diagnostic services		
None.....	68,301	12.0
Limited examination or history.....	321,040	56.3
General examination or history.....	127,515	22.4
Pap test.....	30,620	5.4
Clinical lab test.....	122,013	21.4
X-ray.....	44,662	7.8
Electrocardiogram.....	17,333	3.0
Vision test.....	23,045	4.0
Endoscopy.....	6,945	1.2
Blood pressure check.....	193,889	34.0
Other.....	25,010	4.4
Therapeutic services		
None.....	109,077	19.1
Immunization or desensitization.....	37,576	6.6
Drugs (prescription or nonprescription).....	305,607	53.6
Diet counseling.....	39,197	6.9
Family planning.....	8,372	1.5
Medical counseling.....	117,157	20.6
Physiotherapy.....	18,584	3.3
Office surgery.....	45,029	7.9
Psychotherapy or therapeutic listening.....	30,589	5.4
Other.....	15,624	2.7

Table 7. Number and percent distribution of office visits, by seriousness of condition, and disposition and duration of visits: United States, 1977

Visit characteristic	Number of visits in thousands	Percent distribution
All visits.....	570,052	100.0
Seriousness of condition		
Serious and very serious.....	104,118	18.3
Slightly serious.....	175,252	30.7
Not serious.....	290,682	51.0
Disposition of visit¹		
No followup.....	63,546	11.2
Return at specified time.....	346,374	60.8
Return if needed.....	129,020	22.6
Telephone followup planned..	17,961	3.2
Referred to other physician....	14,423	2.5
Returned to referring physician.....	4,660	0.8
Admit to hospital.....	11,095	2.0
Other.....	7,129	1.3
Duration of visit		
0 minutes ²	13,038	2.3
1-5 minutes.....	83,263	14.6
6-10 minutes.....	170,787	30.0
11-15 minutes.....	152,860	26.8
16-30 minutes.....	116,961	20.5
31 minutes or more.....	33,143	5.8

¹ Does not add to 100.0 since more than one disposition was possible.

² Represents visits in which there was no face-to-face contact between the patient and the physician.

the extent of impairment that might result if no care were available. Fifty-one percent of all visits involved conditions considered "not serious," while less than 1 in every 5 visits involved conditions categorized as "serious" or "very serious." A large proportion of the "not serious" visits were for routine prenatal care, immunizations, routine eye examinations, periodic checkups, and other types of preventive health care.

Disposition of visit.—Data on disposition show that the majority of office visits involved

some type of scheduled followup. At about 61 percent of the visits the patient was advised to return at a specified time, while at 2 percent admission to a hospital was the result (table 7).

Duration of visit.—Duration of visit represents only that amount of time spent by the patient in face-to-face contact with the physician. About 47 percent of the visits had a duration of 10 minutes or less. The mean duration of all visits was 15.4 minutes (table 7).

TECHNICAL NOTES

SOURCE OF DATA: The information presented in this report is based on data collected in the National Ambulatory Medical Care Survey (NAMCS) during 1977. The target population of NAMCS encompasses office visits within the conterminous United States made by ambulatory patients to physicians who are principally engaged in office practice. The National Opinion Research Center, under contract to the National Center for Health Statistics, was responsible for the survey's field operations.

SAMPLE DESIGN: The NAMCS utilizes a multi-stage probability design that involves samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within practices. For 1977 a sample of 3,000 non-Federal office-based physicians was selected from master files maintained by the American Medical Association and American Osteopathic Association. The physician response rate for 1977 was 77.5 percent. Sampled physicians were requested to complete Patient Records (figure 1) for a systematic random sample of office visits taking place within their practice during a randomly assigned weekly reporting period. During 1977, 51,044 Patient Records were completed by sampled physicians.

SAMPLING ERRORS: The standard error is primarily a measure of the sampling variability that occurs by chance because only a sample, rather than the entire universe, is surveyed. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percentage of the estimate. Relative standard errors of selected aggregate statistics are shown in table I. The standard errors appropriate for estimated percentages of visits are shown in table II.

ROUNDING OF NUMBERS: Estimates of office visits have been rounded to the nearest thousand. For this reason detailed figures within tables do not always add to totals. Percents were calculated on the basis of original, unrounded figures and will not necessarily agree precisely with percents which might be calculated from rounded data.

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

Table I. Approximate relative standard errors of estimated number of office visits, NAMCS 1977

Estimated number of office visits in thousands	Relative standard error in percent
500.....	29.0
600.....	26.5
1,000.....	20.7
2,000.....	14.9
5,000.....	9.9
10,000.....	7.6
20,000.....	6.1
50,000.....	4.9
100,000.....	4.5
500,000.....	4.1

Example of use of table: An aggregate estimate of 75,000,000 visits has a relative standard error of 4.7 percent or a standard error of 3,525,000 visits (4.7 percent of 75,000,000).

Table II. Approximate standard errors of percentages of estimated number of office visits, NAMCS 1977

Base of percentage (number of visits in thousands)	Estimated percentage					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
	Standard error in percentage points					
500	2.9	6.3	8.6	11.5	13.2	14.4
600	2.6	5.7	7.9	10.5	12.0	13.1
1,000	2.0	4.4	6.1	8.1	9.3	10.2
2,000	1.4	3.1	4.3	5.7	6.6	7.2
5,000	0.9	2.0	2.7	3.6	4.2	4.5
10,000	0.6	1.4	1.9	2.6	2.9	3.2
20,000	0.5	1.0	1.4	1.8	2.1	2.3
50,000	0.3	0.6	0.9	1.1	1.3	1.4
100,000	0.2	0.4	0.6	0.8	0.9	1.0
500,000	0.1	0.2	0.3	0.4	0.4	0.5

Example of use of table: An estimate of 30 percent based on an aggregate of 15,000,000 visits has a standard error of 2.5 percent. The relative standard error of 30 percent is 8.3 percent (2.5 percent ÷ 30 percent).

An *office* is a place that the physician identifies as a location for his ambulatory practice. Responsibility over time for patient care and professional services rendered there generally resides with the individual physician rather than an institution.

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

A *physician* is a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) currently in office-based practice who spends time in caring for ambulatory patients. Excluded from NAMCS are physicians who are hospital based; physicians who specialize in anesthesiology, pathology, or radiology; physicians who are Federally employed; physicians who treat only institutionalized patients; physicians employed full time by an institution; and physicians who spend no time seeing ambulatory patients.

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-----	*

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