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Office Visits to Obstetrician-Gynecologists: National Ambulatory Medical Care Survey, United States, 1975¹

During 1975 an estimated 48 million visits were made to the offices of obstetrician-gynecologists practicing in the coterminous United States. The data presented in this report were collected during calendar year 1975 in the National Ambulatory Medical Care Survey (NAMCS), a continuous survey conducted yearly by the National Center for Health Statistics.

The estimates presented are based on information obtained from the Patient Record used by sample physicians to record selected information about their office encounters. (See Technical Notes.) Since the statistics for this report are based on sample data, they are subject to sam-

pling variability. Further discussion of sampling variability and the sample design used in the 1975 NAMCS appears in the Technical Notes.

DATA HIGHLIGHTS

During 1975 there were an estimated 567.6 million visits made to the offices of office-based patient care physicians practicing in the coterminous United States. The estimated total yearly volume of office-based ambulatory medical care by specialty is shown in table 1. In terms of total office visits, obstetrician-gynecologists ranked third among all physician specialties with 48,076,000 visits.

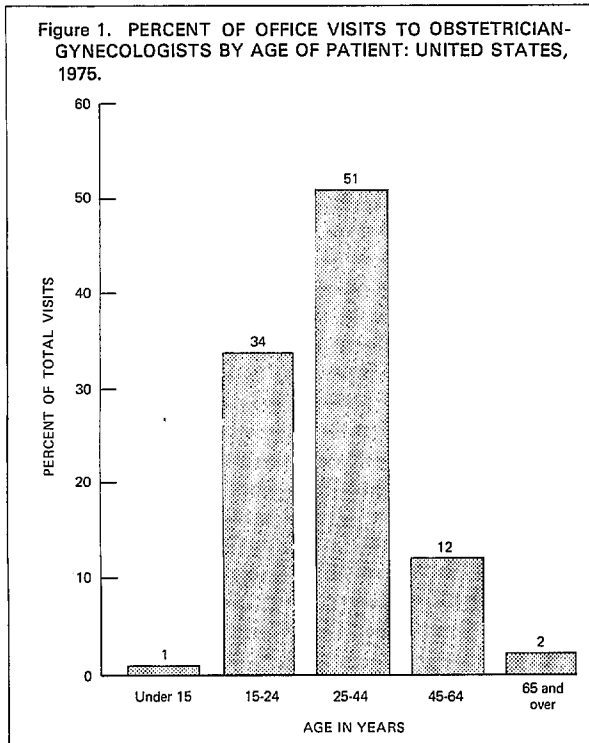
Thirty-nine percent of the visits to obstetrician-gynecologists were to those in practice by

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

Table 1. Number and percent distribution of office visits by physician specialty: United States, 1975

Physician specialty	Number of visits in thousands ¹	Percent distribution of visits
All specialties-----	567,600	100.0
General and family practice-----	234,660	41.3
Internal medicine-----	62,117	10.9
OBSTETRICS-GYNECOLOGY-----	48,076	8.5
Pediatrics-----	46,684	8.2
General surgery-----	41,292	7.3
All other-----	134,771	23.8

¹Due to a refinement of the NAMCS estimating procedure used to project national estimates from sample data, caution should be used when comparing these estimated numbers of office visits with previously published estimates for 1973 and 1974.



themselves, and the remaining 61 percent were to those practicing in a group or partnership arrangement.

Office visits made by females in the child-bearing interval, 15-44 years, accounted for 85 percent of the total number of visits to obstetrician-gynecologists (figure 1), naturally reflecting the most common reason for visits to obstetrician-gynecologists—prenatal examinations and care.

The most frequent reasons patients had for their visits are ranked according to their order of frequency in table 2. The top six reasons account for about 68 percent of all visits to obstetrician-gynecologists. In contrast, 36 patient problems are required to account for a comparable 68 percent of the visits to general and family practitioners.

Data on the physician's assessment of the seriousness of the patient's problem (in terms of the extent of impairment that might result if no care were obtained) indicate that less than 1 in 10 (7.7 percent) of the visits to obstetrician-

Table 2. Number, percent, and cumulative percent of office visits to obstetrician-gynecologists, by the most common patient problems, complaints, or symptoms: United States, 1975

[Symptom titles and code numbers are based on a symptom classification developed for use in NAMCS]

Most common patient problems, complaints, or symptoms and NAMCS code	Number of visits in thousands	Percent of visits ¹	Cumulative percent of visits
Pregnancy examination, routine-----905	15,901	33.1	33.1
Gynecological examination-----904	7,596	15.8	48.9
Vaginal discharge-----662	2,952	6.1	55.0
Surgical aftercare-----986	2,803	5.8	60.8
Menstrual disorders-----653	2,184	4.5	65.3
Abdominal pain-----540	1,323	2.8	68.1
Vaginal disorders-----661	941	2.0	70.1
Vulvar disorders-----663	784	1.6	71.7
Other symptoms referable to the female reproductive system-----670	775	1.6	73.3
Visit for family planning services—counseling-----930	683	1.4	74.7
Pelvic symptoms-----660	655	1.4	76.1
Visit for family planning services—medication-----931	584	1.2	77.3
None-----997	528	1.1	78.4
Visit for family planning services—services-----932	514	1.1	79.5
Menopause symptoms-----650	511	1.1	80.6

¹Based on a total of 48,076,000 office visits.

Table 3. Percent distribution of office visits to obstetrician-gynecologists by physician's assessment of seriousness of patient's problem: United States, 1975

Seriousness of patient's problem	Percent distribution of visits
Serious or very serious----	7.7
Slightly serious-----	15.7
Not serious-----	76.6

gynecologists were considered serious or very serious in nature (table 3).

Data on the patient's prior visit status show that about 86 percent of all visits to obstetrician-gynecologists were made by patients who had seen the physician before (table 4). Obstetrician-gynecologists also dealt chiefly with old patient problems. The proportion of new problems presented to obstetrician-gynecologists by old patients (18 percent) was slightly less than the

Table 4. Percent distribution of office visits to obstetrician-gynecologists by patient's prior visit status: United States, 1975

Patient's prior visit status	Percent distribution of visits
New patient-----	14.2
Old patient, new problem--	18.0
Old patient, old problem--	67.9

corresponding proportion for all physicians (23 percent).

Information concerning the most frequent principal diagnoses associated with ambulatory visits to obstetrician-gynecologists is presented in table 5. The diagnostic data are grouped into classes according to the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA)*. Among all diagnoses rendered by obstetrician-gynecologists,

Table 5. Number and percent of office visits to obstetrician-gynecologists, by the most frequent diagnoses rendered by the physician: United States, 1975

[Diagnoses and code numbers are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA)*].

Principal diagnoses most frequently rendered by the physician and ICDA code	Number of visits in thousands	Percent of visits ¹
Infective and parasitic diseases-----001-136	1,805	3.8
Moniliasis-----112	882	1.8
Neoplasms-----140-239	1,548	3.2
Endocrine, nutritional, and metabolic diseases-----240-279	1,145	2.4
Diseases of genitourinary system-----580-629	8,990	18.7
Infective diseases of cervix uteri-----620	647	1.3
Other diseases of cervix-----621	570	1.2
Infective diseases of uterus (except cervix), vagina, and vulva-----622	1,577	3.3
Disorders of menstruation-----626	1,995	4.1
Menopausal symptoms-----627	853	1.8
Symptoms and ill-defined conditions-----780-796	3,008	6.3
Observation, without need for further medical care-----793	2,130	4.4
Special conditions and examinations without sickness----Y00-Y13	27,459	57.1
Medical or special examination-----Y00	6,447	13.4
Prenatal care (normal pregnancy)-----Y06	15,119	31.4
Postpartum observation-----Y07	1,643	3.4
Other person without complaint or illness-----Y09	995	2.1
Medical and surgical aftercare-----Y10	2,596	5.4

¹Based on a total of 48,076,000 office visits.

over 60 percent were associated with the ICDA classifications "special conditions and examinations without sickness" and "symptoms and ill-defined conditions." Obstetrician-gynecologists exceeded all other physician specialties in the proportion of visits for "special conditions and examinations without sickness." (Prenatal care accounted for over half of the diagnoses associated with this diagnostic class.) Visits for diseases of the genitourinary system accounted for an additional 19 percent of total office visits.

Of all office visits made during 1975 for prenatal and postnatal care, approximately 70 percent were to the offices of obstetrician-gynecologists and another 26 percent to the offices of general and family practitioners. Of all ambulatory visits for family planning, about 62 percent were to obstetrician-gynecologists and 28 percent to general and family practitioners.

The diagnostic and therapeutic services provided by obstetrician-gynecologists are shown in table 6. Among the diagnostic services provided, obstetrician-gynecologists exceeded all physicians in the proportion of visits involving clinical lab tests, general histories and examinations, and blood pressure checks, but they fell below the overall average in the proportion of visits for X-rays. Among the therapeutic services provided, obstetrician-gynecologists fell below the average for all physicians in the proportion of drugs prescribed, office surgeries performed, and injections.

Duration of visit is the time spent by the patient in face-to-face contact with the physician. The average encounter time between obstetrician-gynecologists and their patients was about 13 minutes.

Finally, data on disposition of visits (table 6)

Table 6. Number and percent distribution of office visits to obstetrician-gynecologists, by diagnostic and therapeutic services ordered or provided and disposition of visit: United States, 1975

Selected diagnostic and therapeutic services ordered or provided and disposition of visit	Number of visits in thousands	Percent ¹
<u>Diagnostic and therapeutic services</u>		
Diagnostic services:		
Blood pressure check-----	27,596	57.4
Limited history and examination-----	25,991	54.1
Clinical lab test-----	25,199	52.4
General history and examination-----	12,194	25.4
X-ray-----	850	1.8
Therapeutic services:		
Drug prescribed-----	17,109	35.6
Medical counseling-----	5,535	11.5
Office surgery-----	1,458	3.0
Injection-----	1,088	2.3
No diagnostic or therapeutic service-----	1,481	3.1
<u>Disposition of visit</u>		
No followup planned-----	3,512	7.3
Return at specified time-----	36,374	75.7
Return if needed-----	6,241	13.0
Admit to hospital-----	1,552	3.2
Telephone followup planned-----	1,184	2.5
Referred to other physician or agency-----	776	1.6

¹Percents may total more than 100.0 since more than one diagnostic or therapeutic service and more than one disposition could be given at a single visit.

show that followup care of some type was advised at 91 percent of the visits. Visits at which the obstetrician-gynecologist advised the patient to return at a specified time (76 percent) significantly exceeded the proportion for all

physicians (59 percent). Further, the tendency to admit the patient to the hospital (3 percent) slightly exceeded this disposition for all physicians (2 percent).

TECHNICAL NOTES

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

SAMPLE DESIGN: The 1975 NAMCS utilized a multistage probability design that involved samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within practices. Within the 87 PSU's composing the first stage of selection, a sample of approximately 3,500 physicians was selected from master files maintained by the American Medical Association and the American Osteopathic Association. Sampled physicians, randomly assigned to 1 of the 52 weeks in the survey year, were requested to complete Patient Records (brief encounter forms) for a systematic random sample of office visits taking place within their practice during the assigned reporting period. (A facsimile of the Patient Record used is shown in a previous issue of *Advance Data From Vital and Health Statistics*, No. 12, October 12, 1977.) Additional data concerning physician practice characteristics such as primary specialty and type of practice were obtained during an induction interview.

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

SAMPLING ERRORS: Since the estimates for this report are based on a sample rather than the entire universe, they are subject to sampling variability. The standard error is primarily a measure

of sampling variability. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percent of the estimate. Relative standard errors of selected aggregate statistics are shown in table I. The standard errors appropriate for the estimated percentages of office visits are shown in table II.

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

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

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

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

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

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

ROUNDING: Aggregate estimates of office visits presented in the tables are rounded to the nearest thousand. The rates and percents, however, were calculated on the basis of original, unrounded figures. Due to rounding of percents, the sum of percentages may not equal 100.0 percent.

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

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

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

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

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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