

National Ambulatory Medical Care Survey: 2005 Summary

by Donald K. Cherry, M.S.; David A. Woodwell, B.A.;
and Elizabeth A. Rechtsteiner, M.S., Division of Health Care Statistics

Abstract

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

Methods—The data presented in this report were collected in the 2005 National Ambulatory Medical Care Survey (NAMCS), a national probability sample survey of visits to nonfederal office-based physicians in the United States. Sample data are weighted to produce annual national estimates of doctor visits.

Results—During 2005, an estimated 963.6 million visits were made to physician offices in the United States, an overall rate of 331.0 visits per 100 persons. In one-quarter of office visits, electronic medical records were utilized by physicians, while at 83.9 percent of visits, claims were submitted electronically. As the baby boomer generation aged, there was a shift in utilization, as the majority of visits in 1995 were by patients 25–44 years of age compared with 2005, when most visits were by patients 45–64 years of age. In 2005, 52.7 percent of office visits were made by patients with at least one chronic condition. Hypertension was the most frequent condition (22.8 percent), followed by arthritis (14.3 percent), hyperlipidemia (13.5 percent), and diabetes (9.8 percent). Medication therapy was reported at 679.2 million office visits, accounting for 70.5 percent of all office visits. In 2005, there were about 2.0 billion drugs prescribed, resulting in an overall rate of 210.7 drugs per 100 visits. Drugs with amoxicillin were more likely to be new prescriptions (85.4 percent), while ibuprofen and acetaminophen were just as likely to be a new or continued drug. The overall mean time spent with a physician, excluding psychiatrists, has not changed since 1995; however, visits with a duration of 6–10 minutes decreased by 28% from 1995, while visits lasting 16–30 minutes increased by 20%.

Keywords: ambulatory care • physician office care • diagnoses • injury • medications • ICD–9–CM • primary care • chronic disease

Introduction

The National Ambulatory Medical Care Survey (NAMCS), which began in 1973, was inaugurated to gather, analyze, and disseminate information about the health care provided by office-based physicians. Ambulatory medical care is the predominant method of providing health care services in the United States, and occurs in a wide range of settings.

Ambulatory medical care in physician offices is the largest and most widely used segment of the American health care system, consuming approximately 27 percent of health care spending in 2003 (1,2). Physician offices comprise about four-fifths of all ambulatory medical care delivered. Physician consultation services include everything from primary care to highly specialized surgical and medical care. This report describes care delivered in the offices of nonfederally employed physicians. It includes visits not only to private practices but other settings such as freestanding clinics—including urgent centers, public health clinics, family

Acknowledgments

This report was prepared in the Division of Health Care Statistics. Sarah Gousen in the Technical Services Branch contributed to the description of the sampling procedure. The report was edited by Gail V. Johnson, CDC/CCHIS/NCHM/Division of Creative Services, Writer-Editor Services Branch; typeset by Annette F. Holman, CDC/CCHIS/NCHM/Division of Creative Services, and the graphics were produced by Zorica Tomic-Whalen CDC/CCHIS/NCHM/Division of Creative Services, NOVA contractor.



planning clinics, mental health centers, and faculty practice plans. It does not include visits to hospital emergency or outpatient departments; freestanding ambulatory surgery centers; Department of Veterans Affairs medical offices; or industrial, occupational, or institutional clinics. Many of the estimates in this report are provided separately by physician specialty, as recent research has demonstrated that certain physician practice characteristics such as volume, ownership, revenue, and practice patterns can be significantly influenced by physician specialty (3,4).

NAMCS is part of the ambulatory component of the National Health Care Survey, a family of surveys that measures health care utilization across various types of providers. More information about the National Health Care Survey can be found at the National Center for Health Statistics (NCHS) website: www.cdc.gov/nchs/namcs.htm.

The emphasis for the 2005 survey year was chronic conditions. Additions to the routine encounter data that related to chronic conditions included:

- A chronic disease checklist, including conditions affecting the respiratory, cardiovascular, renal, and endocrine systems; arthritis; cancer; depression; obesity; and osteoporosis.
- Ascertainment of patient enrollment in a disease management program for specified chronic conditions.
- Measurements for height and weight.
- Additional diagnostic and screening service items.

Other additions included:

- Gestation week of pregnancy.
- Health education and nonmedication treatment items, such as injury prevention, complementary and alternative medicine (CAM), durable medical equipment (DME), home health care, and hospice care.
- New or continued status for each medication.
- Ability to check more than one type of expected source of payment.

Other *Advance Data From Vital and Health Statistics* reports have highlighted visits to hospital outpatient departments (OPDs) (5) and emergency departments (EDs) (6). Detailed reports on physician-level estimates in the United States (3); medication use at ambulatory care visits (7); training for terrorism-related conditions in hospitals (8); and staffing, capacity, and ambulance diversion in emergency departments have also been published (9). NAMCS data have also been used in articles examining important topics of interest in public health and health services research (10–19).

Additional information about physician office utilization is available from the NCHS Ambulatory Health Care website: <http://www.cdc.gov/nchs/namcs.htm>. Individual-year reports and public-use data files are available for download from the website. Data from the 2005 NAMCS will also be available on CD-ROM. These and other products can be obtained from the NCHS Office of Information Services, Information Dissemination Staff at 1-800-232-4363 or the Ambulatory Care Statistics Branch at 301-458-4600 or by e-mail at NCHSquery@cdc.gov.

Highlights

Physician office utilization

- In 2005, an estimated 963.6 million visits were made to office-based physicians, an average of about 331.0 visits for every 100 persons ([Table 1](#)).
- About one-quarter of all visits were to general and family practice physicians, with an additional 37.5 percent of visits to physicians specializing in internal medicine, pediatrics, or obstetrics and gynecology ([Figure 1](#)).
- Visits are also presented by specialty type, a grouping of specialties and subspecialties split into three major groups: primary care, surgical specialties, and medical specialties (see “Physician specialty groups” in “Methods”). In 2005, 59.5 percent of office visits were made to primary care specialists, 20.8 percent to surgical specialists, and the remaining 19.7 percent to medical specialists ([Table 1](#)).
- About 81 percent of office-based physicians were located in metropolitan statistical areas (20), and they provided 87.1 percent of annual physician office encounters ([Table 1](#)).

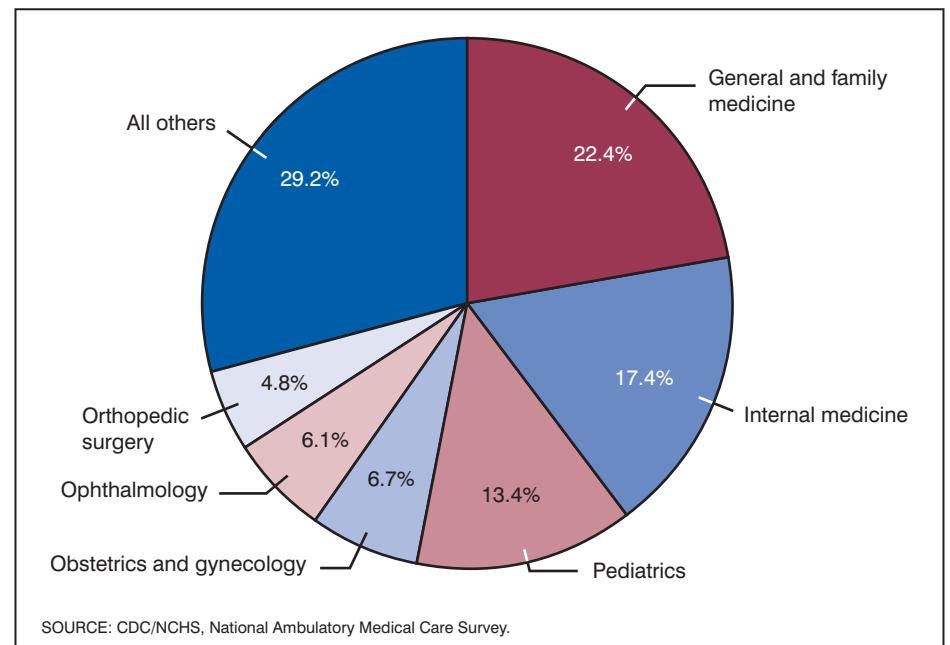


Figure 1. Percent distribution of office visits by physician specialty: United States, 2005

Physician practice characteristics

- Overall, 87.4 percent of the visits were to practices that were either owned by a physician or a group of physicians. In contrast, a smaller proportion of visits, 75.7 percent, were made to sampled physicians who owned the practice. About one-half of the office visits (48.8 percent) were made to physicians who were part of a group practice having three or more physicians (Table 2).
- One-fifth, or 22.4 percent, of visits occurred in multispecialty practices, and 38.4 percent were to single-specialty practices. Solo practitioners accounted for the remaining 39.3 percent of the office visits (Table 2).
- In one-quarter of office visits, patient information was documented using electronic medical records, while for 83.9 percent of the visits, claims were submitted electronically.

adulthood (15–24 years of age), then rose again as age increased (Table 3).

- In 1995, the majority of visits were made by patients 25–44 years of age compared with 2005, when visits by patients 45–64 years of age were most prominent. This pattern represents a utilization shift as the baby boom generation reached the 45–64 age group in 2005 (Figure 2).
- Private insurance was the most frequently recorded expected source of payment, accounting for 63.1 percent of visits. Individually, Medicare and Medicaid/State Children’s Health Insurance Program (SCHIP) accounted for 24.0 percent and 11.3 percent of visits, respectively; however, visits made by patients with Medicare and Medicaid represented 2.0 percent of all visits (Table 4). Visits by patients categorized as self-pay, no charge, or charity, an approximation of uninsured, constituted 4.5 percent of all office visits.

4.2 percent of visits it was unknown if the provider was the PCP (Table 5).

- Of the visits to a provider other than the patient’s PCP, about one-third (31.0 percent) were referrals (calculated from Table 5). Visits by new patients were more likely to be referrals than visits made by established patients (43.4 percent versus 9.8 percent).
- Among visits to non-PCPs, the specialties with visits most frequently referred by other physicians were general surgery (53.8 percent), neurology (49.3 percent), and otolaryngology (38.8 percent). Approximately one-half of visits to obstetricians and gynecologists, ophthalmologists, dermatologists, psychiatrists, and urologists were self-referrals (Table 6).
- Established patients accounted for 87.3 percent of office visits. Four-fifths of office visits (81.6 percent) were made by established patients who had at least one previous visit in the last 12 months (calculated from table) and 23.6 percent had six or more visits in the previous 12 months (Table 7). New patients accounted for 12.7 percent of visits, representing a 9% decrease since 1995 (14.0 percent).
- Primary care specialists (90.7 percent) were more likely to see established

Patient characteristics

- The visit rate to physician offices was highest for infants under 1 year of age and the elderly 75 years and over (781.6 and 767.7 visits per 100 persons, respectively). The visit rate declined from infancy to young

Continuity of care

- In 50.4 percent of physician office visits, the providers indicated that they were the patient’s primary care physician or provider (PCP); 45.5 percent were to a provider other than the patient’s PCP, and at

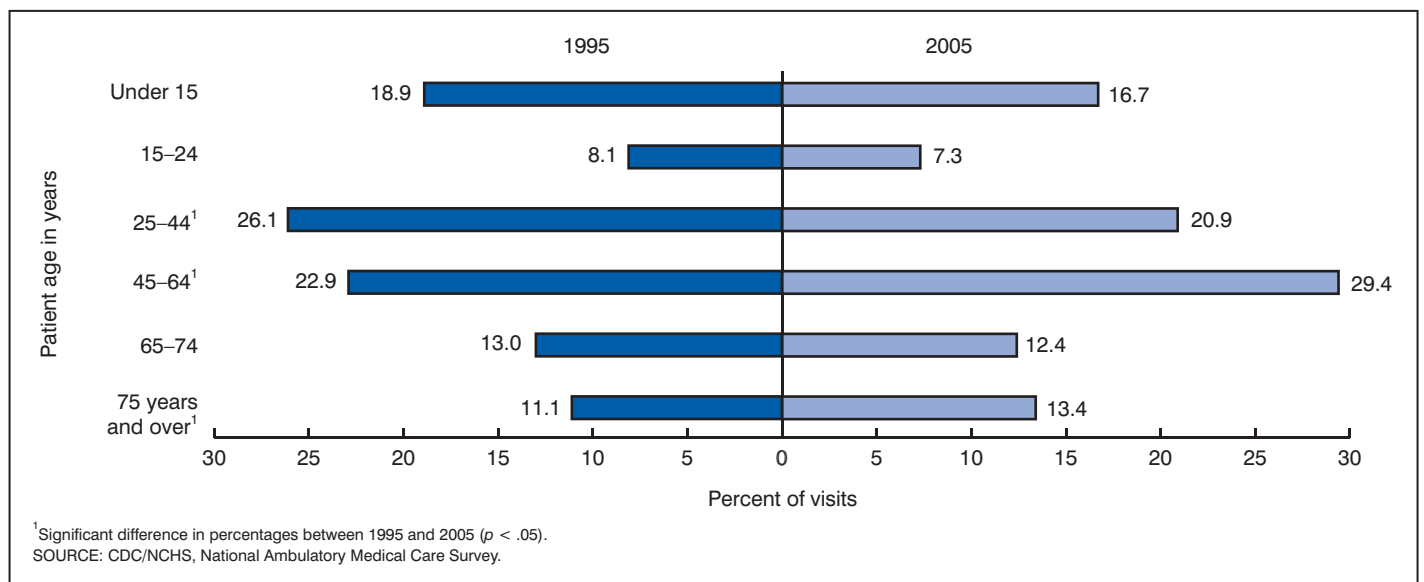


Figure 2. Percent distribution of office visits by patient age, according to year: United States, 1995 and 2005

patients compared with medical (85.1 percent) and surgical (79.9 percent) specialties (Table 7).

Conditions seen

- In 2005, symptom complaints accounted for approximately one-half of all office visits. Some of the more prominent symptoms included respiratory (9.9 percent), musculoskeletal (9.9 percent), and eyes and ears (5.0 percent) (Table 8).
- General medical examination (7.4 percent) was the most frequently mentioned specific reason for visit and was more likely to be made by males (8.8 versus 6.4 percent). Cough (3.4 percent) was the most frequently mentioned reason regarding an illness or injury (Table 9).
- Chronic conditions, including routine follow-up and flare-up problems, accounted for 39.5 percent of visits (Table 10). New problems, including infectious diseases and newly diagnosed chronic conditions, accounted for 33.1 percent of visits. The percentage of visits for new problems declined with patient age, whereas the percentage of visits for both types of chronic conditions (for example, routine and flare-up) increased with patient age.
- Approximately 18.1 percent of all visits were for preventive care (Table 10). The female visit rate for preventive care (74.4 visits per 100 persons) was significantly higher than the rate for males (44.8 visits per 100 persons) (Table 11). The preventive care visit rate among infants under 1 year of age (421.4 visits per 100 persons) exceeded that of all other age groups. Persons with visits categorized as self-pay, no charge, or charity, an approximation of uninsured, had a significantly lower preventive care visit rate (14.6 visits per 100 persons) compared with persons with private or public health insurance, possibly placing them at a disadvantage for disease prevention and early diagnosis.
- The physician's primary diagnosis for 18.6 percent of visits involved the supplementary classification used for

preventive and follow up care (for example, general medical examination, routine prenatal examination, and health supervision of an infant or child) (Table 12).

- The most frequent illness diagnoses for office visits included essential hypertension, acute upper respiratory infections (excluding pharyngitis), arthropathies and related disorders, malignant neoplasms, diabetes mellitus, and spinal disorders (Table 13). Since 1995, hypertension has been ranked either first or second as the primary illness diagnosis by physicians at office visits.
- The leading diagnoses by age were routine infant or child health check for infants (under 1 year), children (1–12 years of age), and adolescents through young adults (13–21 years of age); and essential hypertension for middle-aged persons (50–64 years) and seniors (65 years of age and over) (Table 14).
- Although normal pregnancy leads the primary diagnosis list among adults 22–49 years of age, the leading diagnosis for males in this age group was essential hypertension (Table 14).
- There were an estimated 89.4 million injury- or poisoning-related office visits including adverse effects of medical treatment in 2005, representing 9.3 percent of all visits and yielding a rate of 30.7 visits per 100 persons (Table 15). The injury- or poisoning-related visit rate significantly increased with patient age. The rate for patients 75 years and over (50.7 per 100 persons) was more than double that for age groups under 25 years of age.
- Adverse effects of medical care, including surgical complications and adverse drug reactions, were responsible for 8.3 million visits (9.2 percent of injury visits) (Table 16).

Chronic conditions

- In 2005, 52.7 percent of office visits were made by patients with one or more chronic conditions (Table 17). Hypertension was the most frequent condition (22.8 percent), followed by

arthritis (14.3 percent), hyperlipidemia (13.5 percent), and diabetes (9.8 percent).

- Since 1995, the percentage of visits made by adults 18 years and over with hypertension indicated on the medical record increased by 41% (Figure 3). During the same time period, visits by adults with chronic renal failure, depression, or diabetes increased by 114%, 42%, and 53%, respectively. Since 1995, the percentage of visits by patients with arthritis or obesity has not changed significantly. An 18% decrease in visits was observed for patients suffering from chronic obstructive pulmonary disease.

Services ordered or provided

- Diagnostic or screening services were ordered or provided at 87.1 percent of visits. The most frequently occurring examination was related to skin conditions (12.6 percent) (Table 18). Visits by females were more likely to have a depression screening ordered or provided. Imaging was ordered or provided at 13.5 percent of visits. Females were more likely to have imaging ordered or provided compared with visits by males, a difference due mostly to mammography and ultrasound.
- The patient's blood pressure (BP) was measured at 59.3 percent of visits. Among visits with a BP taken, measures were in the moderately high range (140–159 mmHg systolic, or 90–99 mm Hg diastolic) and the severely high range (160 mmHg or greater systolic, or 100 mmHg or greater diastolic) in 20.3 and 7.4 percent of visits. Moderate to severe BP elevations were seen more frequently in visits by patients aged 45 years or older compared with younger patients (Table 19). Blood pressure classification was based on the Seventh Report of the Joint National Committee on prevention, detection, evaluation, and treatment of high blood pressure (21).
- Health education was ordered or provided at 38.4 percent of visits (Table 20). As in 1995, the most

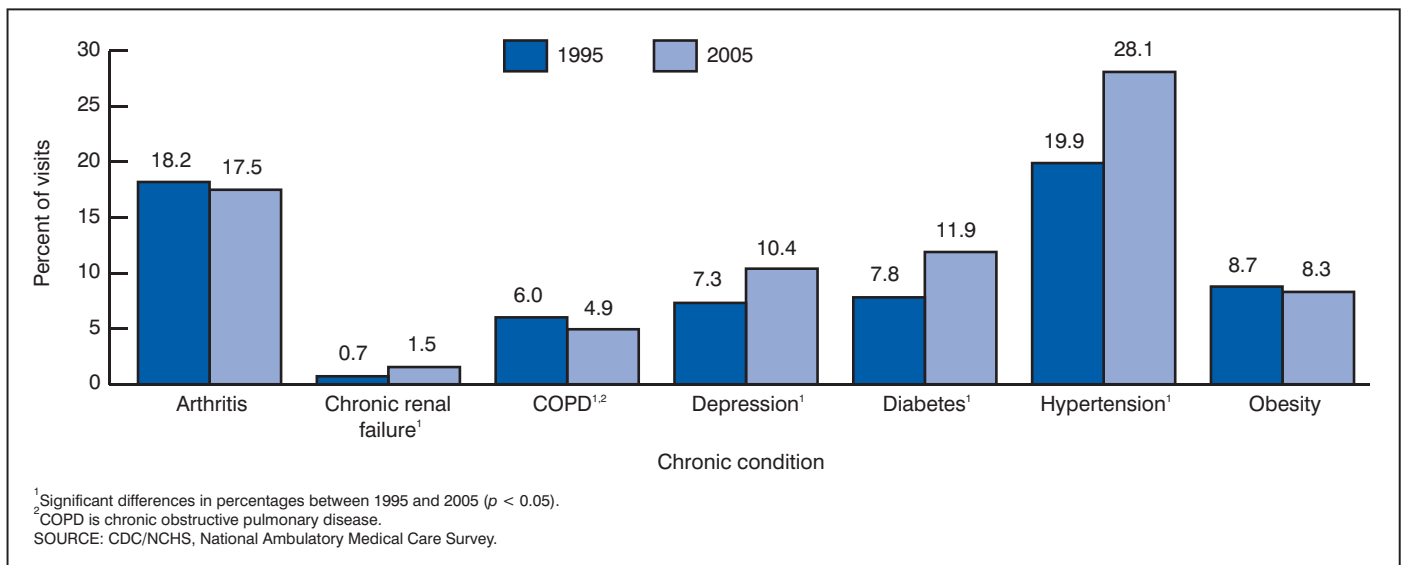


Figure 3. Percentage of office visits by adults 18 years and over with selected chronic conditions: United States, 1995 and 2005

frequent counseling or education provided at office visits related to diet or nutrition (14.8 percent) and exercise (10.9 percent). Injury prevention counseling was more likely to be given at visits made by males (5.3 percent) compared with females (3.6 percent), while all other gender comparisons for health education visits were equivalent.

- Nonmedication treatment was ordered or provided at 17.7 percent of visits (Table 21). Physical therapy and excision of tissue were both mentioned at 2.4 percent of visits, followed by psychotherapy (2.3 percent) and wound care (2.1 percent).
- Durable medical equipment, home health care, and speech or occupational therapy were ordered or provided at 7.3, 2.5, and 1.9 million visits, respectively (Table 21).
- An estimated 65.9 million surgical procedures were ordered or provided during office visits (Table 22). At least one surgical procedure was ordered or performed at 6.2 percent of office visits. The two most common procedures were related to integumentary (35.5 percent of procedures) and digestive systems (21.7 percent of procedures).

Medications

- Medications were provided, prescribed, or continued (referred to

as drug mentions) at 679.2 million office visits, accounting for 70.5 percent of all office visits (Table 23). At 40.2 percent of all visits, 2–7 drugs were recorded, while at 5.6 percent of visits, eight or more drug mentions were recorded.

- During 2005, there were about 2.0 billion drugs mentioned, resulting in an overall drug mention rate of 210.7 mentions per 100 visits (Table 24). The percent of visits with at least one drug mention ranged from 90.1 percent for psychiatrists to 40.8 percent for general surgeons.
- Drug mentions are displayed by therapeutic class in Table 25. Antidepressants were the leading drug subclass indicated in 5.3 percent of all drug mentions, followed closely by antihypertensive agents (5.2 percent), hyperlipidemia drugs (5.0 percent), antiarthritics (4.2 percent), and antiasthmatics or bronchodilators (4.1 percent).
- Aspirin was the most frequently mentioned generic equivalent used in drugs ordered or supplied at office visits, occurring in 2.6 percent of drug mentions (Table 26). This was followed by atorvastatin calcium, levothyroxine, metoprolol, and albuterol.
- For a majority of the 20 most frequently occurring generic equivalents, the patient was instructed to continue taking the drug; however, amoxicillin was more likely to be

new (85.4 percent), while ibuprofen and acetaminophen were just as likely to be associated with a new or continued drug (Table 26).

- Overall, drugs were more likely to be continued rather than new (69.8 versus 25.6 percent) (Table 26). Figure 4 shows that as patient age increased, drugs were more likely to be continued.

Providers seen, disposition, and duration

- Overall, 96.2 percent of visits were attended by a physician (Table 27). Nurses (registered and licensed practical nurses) were seen at 28.0 percent of office visits. Mid-level providers, such as physician assistants, nurse practitioners, and midwives, were seen at 6.1 percent of office visits.
- At about two-thirds of visits (64.7 percent), patients were told to return to the office by appointment (Table 28). “Return if needed” and “no follow up planned” were indicated at 27.5 and 6.4 percent of visits, respectively. Patients were referred to other physicians at 6.7 percent of visits.
- In 2005, 89.6 percent of office visits with face-to-face contact between the physician and patient had a duration of 6–30 minutes (Table 29). At 36.7 million visits, or 3.8 percent, there was no face-to-face contact between the physician and patient.

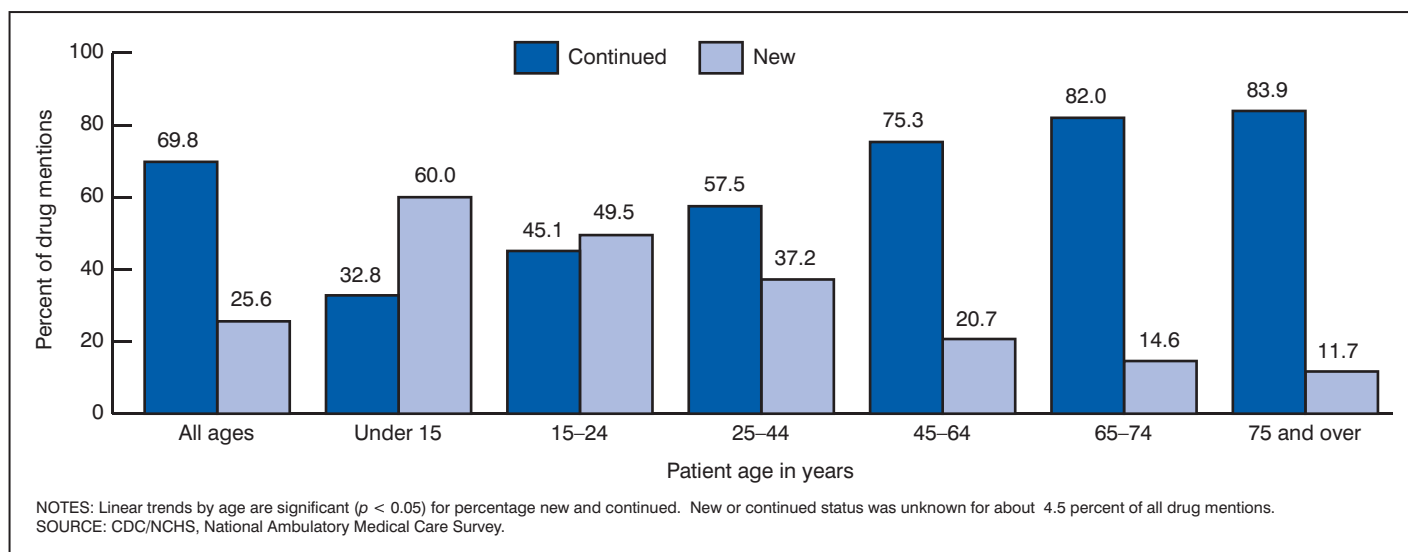


Figure 4. Percentage of drugs mentioned at office visits that were new or continued, by patient age: United States, 2005

- Overall, the mean time spent with a physician was 19.7 minutes (Table 30). The visit duration for psychiatrists had the largest variability, a difference of 29.9 minutes between the third and first quartiles.
- Although the overall mean time spent with a physician, excluding psychiatrists, has not changed significantly since 1995, there have been variations in certain blocks of time. Specifically, visits lasting 6–10 minutes decreased by 28%, while

visits lasting 16–30 minutes increased by 20% (Figure 5).

Methods

Data source

The data presented in this report are from the 2005 NAMCS, a national probability sample survey of nonfederal office-based physicians conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics, Division of Health Care Statistics. The survey was conducted

from December 27, 2004, through December 25, 2005. The NAMCS data collection is authorized under Section 306 of the Public Health Service Act (Title 42 U.S. Code), 242k. Participation is voluntary. In April 2003, the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) was implemented to establish minimum Federal standards for safeguarding the privacy of individually identifiable health information.

Data collected in the NAMCS are consistent with the Privacy Rule of the

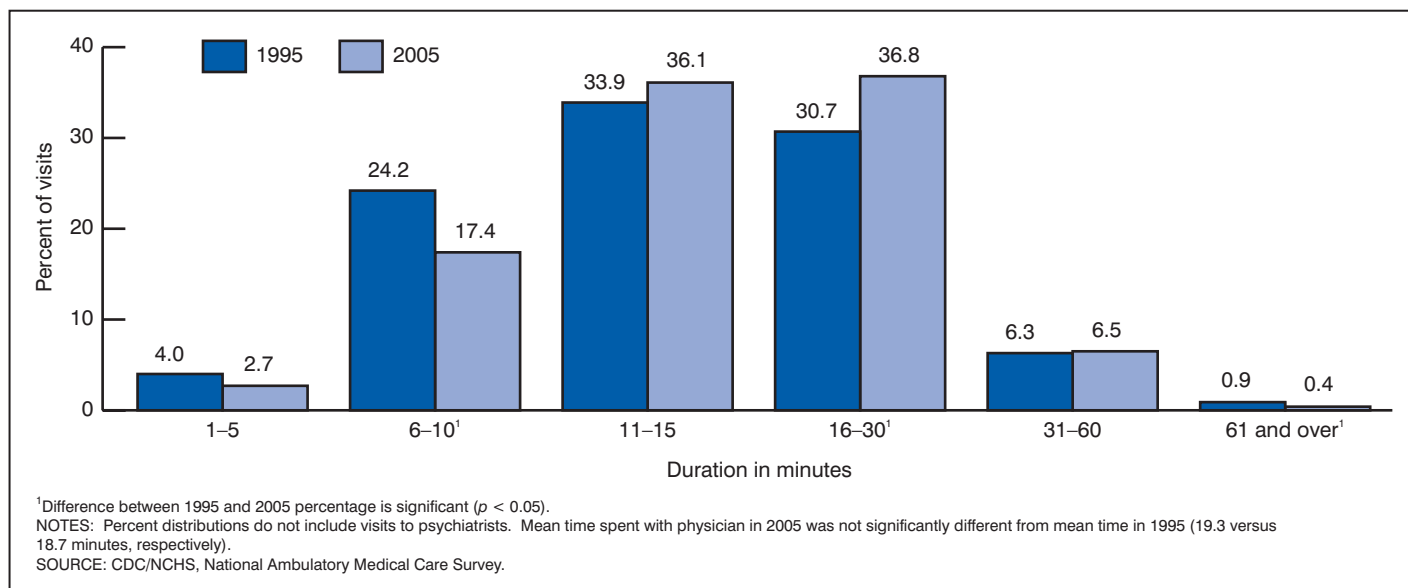


Figure 5. Percent distribution of office visits where a physician was seen by duration of visit, according to year: United States, 1995 and 2005

Health Insurance Portability and Accountability Act (HIPAA). No personally identifying information, such as patient's name, address, or Social Security number, is collected in the NAMCS. All information collected is held in the strictest confidence according to law [Section 308(d) of the Public Health Service Act (42, U.S. Code, 242m (d))] and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107–347). Approval for the NAMCS protocol was renewed by the NCHS Research Ethics Review Board in February 2005. Waivers of the requirements to obtain informed consent of patients and patient authorization for release of patient medical record data by health care providers were granted.

The target universe of NAMCS includes visits made in the United States to the offices of nonfederally employed physicians, excluding those in the specialties of anesthesiology, radiology, and pathology, who were classified by the American Medical Association (AMA) and the American Osteopathic Association (AOA) as "office-based patient care." Visits to private, nonhospital-based clinics and health maintenance organizations (HMOs) were within the scope of the survey, but those that occurred in federally operated facilities and hospital-based outpatient departments were not. Telephone contacts and visits made outside the physician's office were also excluded.

The NAMCS utilizes a multistage probability sample design involving samples of 112 geographic primary sampling units (PSUs), physician practices within PSUs, and patient visits within physician practices. The PSUs are counties, groups of counties, county equivalents (such as parishes or independent cities), or towns and townships for some PSUs in New England. A sample of physicians was selected from the master files of AMA and AOA; 1,936 were in scope (eligible to participate in the survey). Of these, 1,281 physicians participated in NAMCS for an unweighted response rate of 66 percent. Sample physicians were asked to complete Patient Record forms (see "Technical Notes") for a systematic random sample of

approximately 30 office visits occurring during a randomly assigned 1-week reporting period. The number of Patient Record forms completed was 25,665. Some physicians did not provide the expected number of visit records, thereby reducing the unweighted total visit response rate to 61.5 percent.

The U.S. Census Bureau, acting as the data collection agent for the survey, provided training to field representatives (FRs) throughout the Nation. FRs oversaw data collection at the physician's office. They contacted physicians for induction into the survey after an advance letter was mailed by NCHS notifying the physicians of their selection in the survey. In many cases, physicians or their staff completed the information requested on the Patient Record forms. However, in 51.9 percent of the weighted visits, FRs abstracted the data from medical records or computer printouts, either alone or with the doctor or office staff.

Data processing and medical coding were performed by Constella Group Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10-percent quality control sample of survey records was independently keyed and coded. Coding error rates ranged between 0.3 and 4.5 percent for various survey items.

Medical data collected in the survey were coded as follows:

- Patient's reason for visit—The patient's main complaint, symptom, or reason for visiting the physician's office was coded according to A *Reason for Visit Classification for Ambulatory Care* (RVC) (22). Up to three reasons could be coded per visit.
- Physician's diagnosis—Physicians or their staff were asked to record the primary diagnosis or problem associated with the patient's most important reason for the current visit and any other significant current diagnoses. Up to three diagnoses were coded according to the *International Classification of Diseases, 9th Revision Clinical Modification* (ICD–9–CM) (23).
- Injury, poisoning, adverse effect of medical treatment—Although there is

a separate item on the Patient Record form to indicate whether the visit was for an injury, poisoning, or adverse effect of medical treatment, sometimes an injury reason for visit or an injury diagnosis is recorded without the injury item being checked. Therefore, the visit is counted as an injury visit if the injury item is marked or if any of the three reasons for visit were in the injury module or any of the three diagnoses were in the injury or poisoning chapter of the ICD–9–CM (24).

- Medications—Physicians or their staff were instructed to record all new or continued medications ordered, supplied, or administered at the visit. This included prescription and nonprescription preparations, immunizations, desensitizing agents, and anesthetics. In this survey, recorded medications are referred to as drug mentions and are coded according to a classification system developed at NCHS (25). As used in the NAMCS, the term "drug" is interchangeable with the term "medication." The term "prescribing" is used broadly to mean ordering or providing any medication, whether prescription or over-the-counter. Visits with one or more drug mentions are termed "drug visits" in NAMCS. Therapeutic classification of drugs is based on the 4-digit therapeutic categories used in the *National Drug Code Directory*, 1995 edition (26). Drugs may have more than one therapeutic application and, in NAMCS, up to three therapeutic drug classes are included for each drug. For the first time since 1993–94, providers in 2005 were asked to indicate whether medications were new or continued.

Physician specialty groups

This report classifies specific physician specialties into two general categorical schemes: physician specialty and type of specialty. The NAMCS survey design groups physicians into 15 strata, or specialty groups, for sampling purposes. One stratum, doctors of osteopathy, was based on information from the AOA. The "physician

specialty” classification includes the same strata as used for sampling purposes with the exception of the doctors of osteopathy stratum, which is combined with doctors of medicine in the following 14 categories: general and family practice, internal medicine, pediatrics, general surgery, obstetrics and gynecology, orthopedic surgery, cardiovascular diseases, dermatology, urology, psychiatry, neurology, ophthalmology, otolaryngology, and a residual category of other specialties. The “physician specialty” classification is created using updated information from the AMA, as well as information provided by sampled physicians. Specific physician specialties in each of

the 14 categories are defined in [text box A](#).

In this classification, a pediatric cardiothoracic physician, for example, is grouped with other pediatricians. On the other hand, the “specialty type” classification divides AMA specialties into three major categories: primary care, surgical specialties, and medical specialties and puts more emphasis on specialization type. For example, pediatric cardiothoracic physician are classified as a surgical specialty in this classification. The specific physician specialties included in each of the three specialty types are provided in [text box B](#).

It should be noted that “primary care specialist” as defined in the [text box](#)

differs from “primary care physician or provider (PCP),” which is reported by the survey respondent based on the question “Are you the patient’s primary care physician?” (see “Technical Notes”). A PCP coordinates the comprehensive health care of the patient and serves as the entry point for all of the patient’s health care needs. PCPs are advocates for the patient in coordinating the use of the entire health care system to benefit the patient (27). Typically, PCP visits include physicians in general and family practice, internal medicine, pediatrics, or obstetrics and gynecology. In the NAMCS, a checkbox defines a PCP visit; therefore, these visits may also include specialist physicians or nonphysicians, such as physician assistants and nurse practitioners.

Text box A.

Physician specialty	Specific physician specialty
General practice	Family medicine, family practice (geriatric medicine), sports medicine (family practice), general practice.
Internal medicine	Internal medicine.
Pediatrics	Adolescent medicine, critical care pediatrics, developmental-behavioral pediatrics, internal medicine/pediatrics, neurodevelopmental disabilities (pediatrics), neurodevelopmental disabilities (psychiatry & neurology), neonatal-perinatal medicine, pediatrics, pediatric allergy, pediatric cardiology, pediatric endocrinology, pediatric infectious diseases, pediatric pulmonology, medical toxicology, pediatric emergency medicine, pediatric gastroenterology, pediatric hematology/oncology, pediatric nephrology, pediatric rheumatology, sports medicine (pediatrics).
General surgery	General surgery.
Obstetrics and gynecology	Gynecological oncology, gynecology, maternal & fetal medicine, obstetrics & gynecology, obstetrics, critical care medicine (obstetrics and gynecology), reproductive endocrinology.
Orthopedic surgery	Adult reconstructive orthopedics, foot and ankle orthopedics, musculoskeletal oncology, pediatric orthopedics, orthopedic surgery, sports medicine (orthopedic surgery), orthopedic surgery of the spine, orthopedic trauma.
Cardiovascular diseases	Cardiovascular diseases.
Dermatology	Dermatology.
Urology	Urology, pediatric urology.
Psychiatry	Addiction psychiatry, child psychiatry, neuropsychiatry, psychiatry, forensic psychiatry, psychoanalysis, geriatric psychiatry.
Neurology	Child neurology, clinical neurophysiology, endovascular surgical neuroradiology, neurology (diagnostic radiology), vascular neurology.
Ophthalmology	Ophthalmology, pediatric ophthalmology.
Otolaryngology	Otology-neurotology, otolaryngology, pediatric otolaryngology.
Other	Allergy, addiction medicine, allergy and immunology, allergy & immunology/diagnostic lab. immunology, aerospace medicine, adolescent medicine (internal medicine), abdominal surgery, clinical biochemical genetics, clinical cytogenetics, critical care medicine, critical care surgery, craniofacial surgery, clinical genetics, clinical molecular genetics, colon and rectal surgery, cosmetic surgery, dermatological immunology/diagnostic lab. immunology, diabetes, dermatologic surgery, emergency medicine, endocrinology, epidemiology, sports medicine (emergency medicine), medical toxicology (emergency medicine), facial plastic surgery, gastroenterology, general preventive medicine, hematology, hepatology, head and neck surgery, hematology/oncology, hand surgery, interventional cardiology cardiac electrophysiology, infectious diseases, immunology, internal medicine/diagnostic lab. immunology, geriatric medicine (internal medicine), sports medicine (internal medicine), legal medicine, medical management, medical genetics, nephrology, neurological surgery, nuclear cardiology, pediatric surgery (neurology), nutrition, occupational medicine, oral & maxillofacial surgery, osteopathic manipulative medicine, medical oncology, clinical pharmacology, pulmonary critical care medicine, pediatric cardiothoracic surgery, pediatric surgery, pediatric emergency medicine (emergency medicine), pharmaceutical medicine, phlebology, public health/general preventive medicine, pediatric/diagnostic lab. immunology, palliative medicine, physical medicine and rehabilitation, pain medicine, sports medicine (physical medicine and rehabilitation), pediatric rehabilitation medicine, proctology, plastic surgery, plastic surgery within the head & neck, medical toxicology (preventive medicine), pulmonary diseases, rheumatology, pediatric rehabilitation medicine, spinal cord injury, sleep medicine, surgical oncology, traumatic surgery, thoracic surgery, transplant surgery, urgent care medicine, undersea medicine, vascular medicine, vascular surgery, other specialty, unspecified.

Text box B.

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

Estimation

Because of the complex multistage design of NAMCS, a sample weight is computed for each sample visit that takes all stages of design into account. The survey data are inflated or weighted to produce unbiased national annual estimates. The visit weight includes four basic components: inflation by reciprocals of selection probabilities; adjustment for nonresponse; population ratio adjustments; and weight smoothing. For the first time in 2004, changes were made to the nonresponse adjustment factor to account for the seasonality of the reporting period.

Starting with 2003 data, the nonresponse adjustment additionally accounts for nonresponse from physicians by weekly visit volume, and for the variability in number of weeks participating physicians saw patients during the year (28). In previous years the nonresponse adjustment accounted only for nonresponse by physician specialty, geographic region, and metropolitan statistical area status.

The standard error is primarily a measure of the sampling variability that occurs by chance because only a sample rather than an entire universe is surveyed. Estimates of the sampling

variability for this report were calculated using Taylor approximations in SUDAAN, which take into account the complex sample design of NAMCS. A description of the software and its approach has been published (29). The standard errors of statistics presented in this report are included in each of the tables.

Tests of significance

In this report, the determination of statistical inference is based on the two-tailed *t*-test. The Bonferroni inequality was used to establish the critical value for statistically significant differences (0.05 level of significance) based on the number of possible comparisons within a particular variable (or combination of variables) of interest. A weighted least-squares regression analysis was used to determine the significance of trends at the 0.05 level.

Nonsampling errors

As in any survey, results are subject to both sampling and nonsampling errors. Nonsampling errors include reporting and processing errors as well as biases due to nonresponse and incomplete response. The magnitude of the nonsampling errors cannot be

computed. However, these errors were kept to a minimum by procedures built into the operation of the survey. To eliminate ambiguities and to encourage uniform reporting, attention was given to the phrasing of items, terms, and definitions. Also, pretesting of most data items and survey procedures was performed. Quality control procedures and consistency and edit checks reduced errors in data coding and processing.

The weighted response rate for the 2005 NAMCS was 62.5 percent. [Table 31](#) presents weighted characteristics of NAMCS respondents and nonrespondents, along with weighted response rates. Responding versus nonresponding distributions were similar, with the exception of higher cooperation among female physicians and pediatricians; while cooperation was less likely from male physicians and neurologists. The effect of this differential response is minimized in the visit estimates in most cases as NAMCS uses a nonresponse adjustment factor that takes annual visit volume, specialty, geographic region, and MSA into account.

Item nonresponse rates in the NAMCS are generally low (5 percent or less). However, levels of nonresponse can vary considerably in the survey.

Most nonresponse occurs when the needed information is not available in the medical record or is unknown to the person filling out the survey instrument. Nonresponse can also result when the information is available, but survey procedures are not followed and the item is left blank. In this report, the tables include a combined entry of unknown or blank to display missing data. For items where combined item nonresponse is between 30 and 50 percent, percent distributions are not discussed in the text. However, the information is shown in the tables. These data should be interpreted with caution. If nonresponse is random, the observed distribution for the reported item (i.e., excluding cases for which the information is unknown) would be close to the true distribution. However, if nonresponse is not random, the observed distribution could vary significantly from the actual distribution. Researchers need to decide how best to treat items with high levels of missing responses. For items with nonresponse greater than 50 percent, data are not presented.

Weighted item nonresponse rates (i.e., if the item was left blank or the "unknown" box was marked) were 5.0 percent or less for data items with the following exceptions: was visit for injury/poisoning/adverse effect of medical treatment (7.7 percent), and status of patient enrollment in a disease management program (24.0 percent).

For some items, missing values were imputed by randomly assigning a value from a Patient Record form with similar characteristics and were based on physician specialty, geographic region, and 3-digit ICD-9-CM codes for primary diagnosis. Imputations were performed for the following variables: birth year (1.9 percent), sex (1.0 percent), ethnicity (24.9 percent), race (20.8 percent), patient seen before in practice (3.1 percent), how many past visits in last 12 months (5.5 percent), and time spent with physician (13.6 percent). Blank or otherwise missing responses are noted in the data. Ethnicity was imputed by randomly assigning a value from a Patient Record form with similar characteristics based on physician specialty, state, and 3-digit ICD-9-CM codes for primary diagnosis.

Use of tables

First-listed reason for visit and diagnosis are presented in the tables. It should be noted that estimates differing in ranked order may not be significantly different from each other. For items related to diagnostic and screening services, procedures, providers seen, and disposition, physician office staff was asked to check all of the applicable categories for each item. Therefore, multiple responses could be coded for each visit.

In this report, estimates are not presented if they are based on fewer than 30 cases in the sample data; only an asterisk (*) appears in the tables. The relative standard error (RSE) of an estimate is obtained by dividing the standard error by the estimate itself. The result is then expressed as a percentage of the estimate. Estimates based on 30 or more cases include an asterisk (*) if the RSE of the estimate exceeds 30 percent.

In the tables, estimates of office visits have been rounded to the nearest thousand. Consequently, estimates will not always add to totals. Rates and percentages were calculated from original unrounded figures and do not necessarily agree with figures calculated from rounded data.

Estimates presented in the tables for specific race categories reflect visits where only a single race was reported. Denominators used in computing estimates of visit rates by expected source of payment were obtained from the 2005 National Health Interview Survey (NHIS). Individuals reporting multiple insurance categories in the NHIS were counted in each category they reported, with the exception of Medicaid and SCHIP, which were combined into a single category.

References

1. Burt CW, McCaig LF, Rechtsteiner EA. Ambulatory medical care utilization estimates for 2005. Advance data from vital and health statistics; **no 388**. Hyattsville, MD: National Center for Health Statistics. 2007. Available from: <http://www/cdc.gov/nchs/data/ad/ad388.pdf>.
2. Centers for Medicare and Medicaid Services and Office of the Assistant Secretary for Planning and Evaluation. An Overview of the U.S. Health Care System Chart Book. Available from: http://www.cms.hhs.gov/TheChartSeries/downloads/us_health_chap1_p.pdf.
3. Hing E, Burt CW. Characteristics of office-based physicians and their practices: United States, 2003–2004. National Center for Health Statistics. Vital Health Stat 13(164). 2006.
4. Hing E, Cherry DK, Woodwell DA. National Ambulatory Medical Care Survey: 2004 summary. Advance data from vital and health statistics; **no 374**. Hyattsville, MD: National Center for Health Statistics. 2006.
5. Middleton KR, Hing E, Xu J. National Hospital Ambulatory Medical Care Survey: 2005 outpatient department summary. Advance data from vital and health statistics; **no 389**. Hyattsville, MD: National Center for Health Statistics. 2007. Available from: <http://www/cdc.gov/nchs/data/ad/ad389.pdf>.
6. Nawar E, Niska, R. National Hospital Ambulatory Medical Care Survey: 2005 emergency department summary. Advance data from vital and health statistics; **no 386**. Hyattsville, MD: National Center for Health Statistics. 2007. Available from: <http://www/cdc.gov/nchs/data/ad/ad386.pdf>.
7. Raofi S, Schappert S. Medication Therapy in Ambulatory Medical Care: United States, 2003–2004. National Center for Health Statistics. Vital Health Stat 13(163). 2006.
8. Niska R, Burt CW. Training for terrorism-related conditions in hospitals: United States, 2003–2004. Advance data from vital and health statistics; **no 380**. Hyattsville, MD: National Center for Health Statistics. 2006.
9. Burt CW, McCaig LF. Staffing, capacity, and ambulance diversion in emergency departments: United States, 2003–2004. Advance data from vital and health statistics; **no 376**. Hyattsville, MD: National Center for Health Statistics. 2006.
10. Altman KW, Stephens RM, Lyttle CS. Changing impact of gastroesophageal reflux in medical and otolaryngology practice. Laryngoscope 115(7):1145–53. 2005.
11. Fiscella K, Franks P. Does the content of primary care visits differ

- by the racial composition of physicians' practices? *Am J Med* 119(4):348–53. 2006.
12. Hare ME, Gaur AH, Somes GW, et al. Does it really take longer not to prescribe antibiotics for viral respiratory tract infections in children? *Ambul Pediatr* 6(3):152–6. 2006.
 13. Hing E, Brett KM. Changes in U.S. prescribing patterns of menopausal hormone therapy, 2001–2003. *Obstet & Gynecol* 108(1):33–40. 2006.
 14. Kallen AJ, Welch HG, Sirovich BE. Current antibiotic therapy for isolated urinary tract infections in women. *Arch Intern Med* 166(6):635–9. 2006.
 15. Merenstein D, Daumit GL, Powe NR. Use and costs of nonrecommended tests during routine preventive health exams. *Am J Prev Med* 30(6):521–7. 2006.
 16. Olsson M, Blanco C, Liu L, Moreno C, Laje G. National trends in the outpatient treatment of children and adolescents with antipsychotic drugs. *Arch Gen Psychiatry* 63(6):679–85. 2006.
 17. Scales CD Jr, Curtis LH, Norris RD, Schulman KA, Albala DM, Moul JW. Prostate specific antigen testing in men older than 75 years in the United States. *J Urol* 176(2):511–4. 2006.
 18. Won JU, Dembe AE. Services provided by family physicians for patients with occupational injuries and illnesses. *Ann Fam Med* 4(2):138–47. 2006.
 19. Young SE, Mainous AG 3rd, Diaz VA, Everett CJ. Practice patterns in sildenafil prescribing. *Fam Med* 38(2):110–5. 2006.
 20. Smart D. Physician characteristics and distribution in the US: 2007 edition. Department of Data Quality and Measurement, Division of Data and Operations. Am Med Assoc. 2007.
 21. Chobanian AV, Bokris GL, Black HR, et al. Seventh report of the Joint National Committee on prevention, detection, evaluation, and treatment of high blood pressure. *Hypertension* 42:1206–52. 2003.
 22. Schneider D, Appleton L, McLemore T. A reason for visit classification for ambulatory care. National Center for Health Statistics. *Vital Health Stat* 2(78). 1979.
 23. Public Health Service and Health Care Financing Administration. International Classification of Diseases, Ninth Revision, Clinical Modification, 6th ed., Washington: Public Health Service. 1998.
 24. Burt CW, Fingerhut LA. Injury visits to hospital emergency departments: United States, 1992–1995. National Center for Health Statistics. *Vital Health Stat* 13(131). 1998. Available from: http://www.cdc.gov/nchs/data/series/sr_13/sr13_131.pdf.
 25. Koch H, Campbell W. The collection and processing of drug information. National Ambulatory Medical Care Survey, United States, 1980. National Center for Health Statistics. *Vital Health Stat* 2(90). 1982.
 26. Food and Drug Administration. National Drug Code Directory, 1995 edition. Washington: Public Health Service. 1995.
 27. American Academy of Family Physicians. 2007. Available from: <http://www.aafp.org/online/en/home/policy/policies/p/primarycare.html>.
 28. Shimizu I. Revised specification for NAMCS statistics for 2003+, unpublished memo random dated March 16, 2005.
 29. Research Triangle Institute. SUDAAN User's Manual, Release 9.0.1. Research Triangle Park, NC: Research Triangle Institute. 2005.

Table 1. Number, percent distribution, and annual rate of office visits with corresponding standard errors, by selected physician characteristics: United States, 2005

Physician characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year ^{1,2}	Standard error of rate
All visits	963,617	40,611	100.0	...	331.0	13.9
Physician specialty ³						
General and family practice	215,866	16,229	22.4	1.5	74.1	5.6
Internal medicine	167,628	19,431	17.4	1.6	57.6	6.7
Pediatrics	128,986	11,227	13.4	1.1	⁴ 212.74	18.5
Obstetrics and gynecology	64,110	7,003	6.7	0.8	⁵ 53.85	5.9
Ophthalmology	59,025	7,466	6.1	0.7	20.3	2.6
Orthopedic surgery	45,815	5,680	4.8	0.6	15.7	2.0
Dermatology	32,442	4,910	3.4	0.5	11.1	1.7
Psychiatry	28,125	3,547	2.9	0.4	9.7	1.2
Cardiovascular diseases	26,939	3,913	2.8	0.4	9.3	1.3
General surgery	24,057	3,590	2.5	0.4	8.3	1.2
Otolaryngology	22,452	2,888	2.3	0.3	7.7	1.0
Urology	18,922	2,181	2.0	0.2	6.5	0.7
Neurology	13,030	1,677	1.4	0.2	4.5	0.6
All other specialties	116,220	14,857	12.1	1.4	39.9	5.1
Professional identity						
Doctor of medicine	885,844	40,050	91.9	0.9	304.3	13.8
Doctor of osteopathy	77,774	8,694	8.1	0.9	26.7	3.0
Specialty type ³						
Primary care	573,169	30,799	59.5	1.7	196.9	10.6
Surgical specialty	200,217	14,169	20.8	1.3	68.8	4.9
Medical specialty	190,232	14,476	19.7	1.3	65.3	5.0
Geographic region						
Northeast	187,205	14,866	19.4	1.5	347.8	27.6
Midwest	229,301	20,523	23.8	2.0	353.0	31.6
South	356,685	30,303	37.0	2.4	339.0	28.8
West	190,426	16,481	19.8	1.6	283.5	24.5
Metropolitan status ⁶						
MSA	839,184	39,906	87.1	1.9	341.9	16.3
Non-MSA	124,434	19,170	12.9	1.9	272.2	41.9

... Category not applicable.

¹Visit rates for age, sex, race, and region are based on the July 1, 2005, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

²Population estimates of metropolitan statistical area status are based on data from the 2005 National Health Interview Survey, National Center for Health Statistics, adjusted to the U.S. Census Bureau definition of core-based statistical areas as of November 2004. See <http://www.census.gov/population/www/estimates.metrodef.html> for more about metropolitan statistical definitions.

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

⁴Number of visits (numerator) and population estimate (denominator) include children under 15 years of age.

⁵Number of visits (numerator) and population estimate (denominator) include females 15 years old and over.

⁶MSA is metropolitan statistical area.

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

Table 2. Number and percent distribution of office visits with corresponding standard errors, by selected physician practice characteristics: United States, 2005

Physician practice characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	963,617	40,611	100.0	. . .
Employment status				
Owner	728,977	40,700	75.7	2.2
Employee	213,904	20,109	22.2	2.1
Contractor	20,736	5,954	2.2	0.6
Ownership				
Physician or group	841,853	41,220	87.4	1.5
Other health care corporation	39,146	8,959	4.1	0.9
Other hospital	24,909	6,476	2.6	0.7
HMO ¹	24,584	6,833	2.6	0.7
Medical or academic health center	17,949	5,146	1.9	0.5
Other ²	*15,175	5,289	*1.6	0.6
Practice size				
Solo	378,469	27,960	39.3	2.1
Partner	112,440	14,370	11.7	1.3
3–5	242,716	18,473	25.2	1.8
6–10	135,608	15,527	14.1	1.5
11 or more	91,764	12,402	9.5	1.3
Blank	*2,621	1,699	*0.3	0.2
Type of practice				
Single-specialty group	369,614	26,058	38.4	2.2
Multispecialty group	215,535	19,148	22.4	1.9
Solo	378,469	27,960	39.3	2.1
Office type				
Private practice	870,399	41,427	90.3	1.3
Clinic or urgicenter	52,783	9,431	5.5	1.0
Other ³	40,435	8,009	4.2	0.8
Electronic medical records				
Yes—all electronic	113,229	16,943	11.8	1.7
Yes—part paper and part electronic	131,053	16,640	13.6	1.6
No	707,221	36,888	73.4	2.0
Unknown or blank	*12,115	4,677	*1.3	0.5
Practice submits claims electronically				
Yes	808,282	37,292	83.9	1.8
No	118,790	16,701	12.3	1.6
Unknown or blank	36,545	8,057	3.8	0.8

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

¹HMO is health maintenance organization.²“Other” includes owners such as local government (state, county, or city) and charitable organizations.³“Other” includes the following office types: HMO, nonfederal government clinic, mental health center, federally qualified health center, and faculty practice plan.

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

Table 3. Number, percent distribution, and annual rate of office visits with corresponding standard errors, by patient characteristics: United States, 2005

Patient characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year ¹	Standard error of rate
All visits	963,617	40,611	100.0	...	331.0	13.9
Age						
Under 15 years	160,552	11,524	16.7	1.1	264.7	19.0
Under 1 year	32,070	3,406	3.3	0.3	781.6	83.0
1–4 years	50,400	4,582	5.2	0.4	311.2	28.3
5–14 years	78,082	4,849	8.1	0.5	193.5	12.0
15–24 years	70,583	4,028	7.3	0.4	172.0	9.8
25–44 years	201,619	10,521	20.9	0.8	245.9	12.8
45–64 years	283,180	13,998	29.4	0.6	391.4	19.3
65 years and over	247,683	15,541	25.7	1.0	704.7	44.2
65–74 years	119,061	7,460	12.4	0.5	647.2	40.6
75 years and over	128,623	8,954	13.3	0.6	767.7	53.4
Sex and age						
Female	560,355	24,487	58.2	0.6	376.8	16.5
Under 15 years	72,804	5,166	7.6	0.5	245.7	17.4
15–24 years	44,654	2,787	4.6	0.3	220.0	13.7
25–44 years	129,588	7,056	13.4	0.6	313.0	17.0
45–64 years	166,275	8,738	17.3	0.4	446.9	23.5
65–74 years	66,993	4,419	7.0	0.3	671.3	44.3
75 years and over	80,042	5,958	8.3	0.4	784.6	58.4
Male	403,262	18,050	41.8	0.6	283.1	12.7
Under 15 years	87,748	6,819	9.1	0.6	282.9	22.0
15–24 years	25,930	2,065	2.7	0.2	125.1	10.0
25–44 years	72,031	4,732	7.5	0.4	177.5	11.7
45–64 years	116,905	6,384	12.1	0.4	332.7	18.2
65–74 years	52,068	3,600	5.4	0.3	618.6	42.8
75 years and over	48,581	3,377	5.0	0.3	741.4	51.5
Race and age ²						
White	832,038	36,280	86.3	0.9	355.3	15.5
Under 15 years	135,236	10,166	14.0	0.9	292.1	22.0
15–24 years	61,148	3,670	6.3	0.3	191.7	11.5
25–44 years	171,737	9,367	17.8	0.7	263.8	14.4
45–64 years	247,043	12,658	25.6	0.6	410.2	21.0
65–74 years	103,554	6,580	10.7	0.5	656.0	41.7
75 years and over	113,320	8,057	11.8	0.6	762.5	54.2
Black or African American	88,930	7,582	9.2	0.7	243.4	20.8
Under 15 years	16,288	2,519	1.7	0.3	175.1	27.1
15–24 years	6,960	1,007	0.7	0.1	115.6	16.7
25–44 years	19,847	2,235	2.1	0.2	191.1	21.5
45–64 years	25,669	2,956	2.7	0.3	326.1	37.6
65–74 years	10,034	1,357	1.0	0.1	588.5	79.6
75 years and over	10,132	1,283	1.1	0.1	806.3	102.1
All other races ²						
Asian	33,259	5,374	3.5	0.5	263.6	42.6
Native Hawaiian or Other Pacific Islander	*3,520	1,359	*0.4	0.1	*693.4	267.8
American Indian or Alaska Native	3,046	704	0.3	0.1	108.4	25.0
Multiple races	2,824	392	0.3	0.0	62.4	8.7
Ethnicity ²						
Hispanic or Latino	98,904	9,332	10.3	0.9	234.5	22.1
Not Hispanic or Latino	864,714	37,628	89.7	0.9	347.3	15.1

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Visit rates for age, sex, race, and ethnicity are based on the July 1, 2005, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

²The race groups, White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races, include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

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

Table 4. Number and percentage of office visits with corresponding standard errors, by expected sources of payment: United States, 2005

Expected sources of payment	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
All visits	963,617	40,611	. . .	. . .
Private insurance	608,219	27,808	63.1	1.2
Medicare	231,655	15,483	24.0	1.0
Medicare and Medicaid	19,002	2,854	2.0	0.3
Medicaid or SCHIP ²	108,601	8,545	11.3	0.7
No insurance ³	43,435	4,232	4.5	0.4
Self-pay	39,172	3,935	4.1	0.4
No charge or charity	*4,518	1,361	*0.5	0.1
Worker's compensation	10,014	1,643	1.0	0.2
Other	24,122	3,454	2.5	0.4
Unknown or blank	16,948	2,259	1.8	0.2

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Total exceeds "All visits" because more than one source of payment may be reported per visit.²SCHIP is State Children's Health Insurance Program.³No insurance is defined as having only self-pay, no charge, or charity as payment sources.

NOTE: More than one category could be indicated.

Table 5. Number and percent distribution of office visits with corresponding standard errors, by selected visit characteristics, according to prior-visit status: United States, 2005

Prior-visit status, primary care provider, and referral status	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	963,617	40,611	100.0	. . .
Visit to PCP ¹	485,400	29,737	50.4	1.8
Visit to non-PCP ¹	438,002	21,738	45.5	1.7
Referred for this visit	135,616	10,767	14.1	1.0
Not referred for this visit	235,086	15,238	24.4	1.3
Unknown if referred	34,830	4,324	3.7	0.5
Unknown if PCP ¹ visit	40,215	6,156	4.2	0.6
Established patient				
All visits	841,424	36,855	87.3	0.6
Visit to PCP ¹	463,044	28,985	55.0	1.9
Visit to non-PCP ¹	346,613	17,760	41.2	1.7
Referred for this visit	82,619	7,925	9.8	0.9
Not referred for this visit	212,104	13,959	25.2	1.4
Unknown if referred	24,848	3,045	3.0	0.4
Unknown if PCP ¹ visit	31,766	5,139	3.8	0.6
New patient				
All visits	122,193	7,282	12.7	0.6
Visit to PCP ¹	22,356	2,286	18.3	1.8
Visit to non-PCP ¹	91,389	6,478	74.8	2.0
Referred for this visit	52,997	4,089	43.4	2.4
Not referred for this visit	22,981	3,070	18.8	1.9
Unknown if referred	9,982	1,845	8.2	1.5
Unknown if PCP ¹ visit	8,449	1,397	6.9	1.1

. . . Category not applicable.

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

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

Table 6. Percent distribution of office visits with corresponding standard errors by primary care provider and referral status, according to physician specialty: United States, 2005

Physician specialty	Total	Visit to PCP ¹	Visit to non-PCP ^{1,2}			
			Referred by other physician	Not referred by other physician	Unknown if referred	Unknown if PCP ¹ visit
Percent distribution						
All visits	100.0	50.4	14.1	24.4	7.0	4.2
General and family practice	100.0	87.1	1.2	4.2	1.9	5.6
Internal medicine	100.0	83.1	*4.1	*3.7	*3.2	*5.9
Pediatrics	100.0	89.0	*1.3	4.3	*2.0	*3.2
Obstetrics and gynecology	100.0	16.3	16.3	46.4	14.5	*6.5
Ophthalmology	100.0	*4.2	14.8	61.9	16.6	2.5
Orthopedic surgery	100.0	*1.1	30.1	48.5	17.1	*3.2
Dermatology	100.0	*3.8	25.3	53.0	15.2	*2.8
Psychiatry	100.0	*9.3	18.3	53.5	15.5	*3.3
Cardiovascular diseases	100.0	25.1	27.4	34.3	9.7	*3.4
General surgery	100.0	*10.8	53.8	27.3	5.4	*2.7
Otolaryngology	100.0	*2.5	38.8	45.8	10.6	*2.3
Urology	100.0	*2.3	30.2	53.3	12.6	1.6
Neurology	100.0	*1.4	49.3	33.1	*11.8	*4.3
All other specialties	100.0	13.2	31.8	45.7	7.4	*1.9
Standard error of percent						
All visits . . . . .	...	1.8	1.0	1.3	0.6	0.6
General and family practice . . . . .	...	2.1	0.2	1.1	0.5	1.5
Internal medicine . . . . .	...	3.8	1.4	1.4	1.3	2.0
Pediatrics . . . . .	...	2.2	0.5	1.1	0.6	1.4
Obstetrics and gynecology . . . . .	...	4.4	3.9	4.5	3.7	2.1
Ophthalmology . . . . .	...	3.5	2.7	4.8	4.0	0.6
Orthopedic surgery . . . . .	...	0.8	3.4	5.5	4.2	1.1
Dermatology . . . . .	...	2.0	4.3	5.4	3.6	1.3
Psychiatry . . . . .	...	5.3	5.4	5.9	3.9	1.2
Cardiovascular diseases . . . . .	...	5.8	5.6	6.8	2.8	1.4
General surgery . . . . .	...	4.8	5.7	4.4	1.3	1.1
Otolaryngology . . . . .	...	1.5	4.8	4.7	2.4	0.7
Urology . . . . .	...	1.5	3.0	3.9	2.3	0.4
Neurology . . . . .	...	0.5	6.1	5.3	3.9	1.5
All other specialties . . . . .	...	3.9	4.6	5.1	1.5	0.6

* Figure does not meet standards of reliability or precision.

... Category not applicable.

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

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

Table 7. Number and percent distribution of office visits with corresponding standard errors, by continuity-of-care visit characteristics according to specialty type: United States, 2005

Continuity-of-care visit characteristics	Specialty type ¹				Specialty type ¹			
	All specialties	Primary care	Surgical specialties	Medical specialties	All specialties	Primary care	Surgical specialties	Medical specialties
	Number of visits in thousands				Standard error in thousands			
All visits	963,617	573,169	200,217	190,232	40,611	30,799	14,169	14,476
Prior-visit status and number of visits in last 12 months								
Established patient.	841,424	519,718	159,887	161,819	36,855	28,457	11,684	12,617
None	55,122	29,404	15,949	9,768	3,566	2,560	1,676	1,791
1–2 visits	283,537	161,363	65,878	56,296	15,225	10,389	5,578	4,577
3–5 visits	275,063	176,109	49,094	49,860	13,875	11,038	4,108	4,297
6 or more visits	227,702	152,842	28,966	45,894	12,916	11,188	3,277	5,610
New patient	122,193	53,451	40,330	28,413	7,282	5,179	3,178	3,251
	Percent distribution				Standard error of percent			
All visits	100.0	100.0	100.0	100.0	...	...	...	...
Prior-visit status and number of visits in last 12 months								
Established patient.	87.3	90.7	79.9	85.1	0.6	0.8	0.9	1.3
None	5.7	5.1	8.0	5.1	0.3	0.3	0.7	0.8
1–2 visits	29.4	28.2	32.9	29.6	0.8	1.0	1.3	1.4
3–5 visits	28.5	30.7	24.5	26.2	0.6	0.9	1.0	1.1
6 or more visits	23.6	26.7	14.5	24.1	1.1	1.4	1.3	2.1
New patient	12.7	9.3	20.1	14.9	0.6	0.8	0.9	1.3

... Category not applicable.

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

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

Table 8. Number and percent distribution of office visits with corresponding standard errors, by patient's principal reason for visit module: United States, 2005

Principal reason for visit module and RVC code ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	963,617	40,611	100.0	...
Symptom module S001–S999	457,871	21,644	47.5	1.0
General symptoms S001–S099	52,745	3,722	5.5	0.3
Symptoms referable to psychological and mental disorders S100–S199	29,642	2,934	3.1	0.3
Symptoms referable to the nervous system (excluding sense organs) S200–S259	24,074	1,987	2.5	0.2
Symptoms referable to the cardiovascular and lymphatic system S260–S299	4,465	708	0.5	0.1
Symptoms referable to the eyes and ears S300–S399	48,487	3,638	5.0	0.3
Symptoms referable to the respiratory system S400–S499	95,792	6,343	9.9	0.5
Symptoms referable to the digestive system S500–S639	33,341	2,513	3.5	0.2
Symptoms referable to the genitourinary system S640–S829	30,560	1,915	3.2	0.2
Symptoms referable to the skin, hair, and nails S830–S899	43,807	3,147	4.5	0.3
Symptoms referable to the musculoskeletal system S900–S999	94,956	6,794	9.9	0.5
Disease module D001–D999	125,461	9,100	13.0	0.8
Diagnostic, screening, and preventive module X100–X599	179,769	10,984	18.7	0.8
Treatment module T100–T899	136,372	8,939	14.2	0.7
Injuries and adverse effects module J001–J999	24,173	2,060	2.5	0.2
Test results module R100–R700	23,508	1,778	2.4	0.2
Administrative module A100–A140	7,457	1,187	0.8	0.1
Other ² U990–U999	9,007	1,595	0.9	0.2

... Category not applicable.

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC) (22)*.

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

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

Table 9. Number and percent distribution of office visits with corresponding standard errors by the 20 principal reasons for visit most frequently mentioned by patients, according to patient's sex: United States, 2005

Principal reason for visit and RVC code ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Female ²		Male ³	
					Percent distribution	Standard error of percent	Percent distribution	Standard error of percent
All visits	963,617	40,611	100.0	...	100.0	...	100.0	...
General medical examination X100	71,392	5,674	7.4	0.4	6.4	0.5	8.8	0.6
Progress visit, not otherwise specified T800	42,201	4,035	4.4	0.4	4.2	0.4	4.7	0.4
Cough S440	32,482	2,842	3.4	0.2	3.0	0.2	3.9	0.4
Postoperative visit T205	31,985	3,811	3.3	0.4	3.3	0.4	3.4	0.5
Medication, other and unspecified kinds T115	19,896	2,306	2.1	0.2	1.9	0.2	2.3	0.3
Gynecological examination X225	18,254	2,709	1.9	0.3	3.3	0.5	...	...
Hypertension D510	16,988	2,478	1.8	0.2	1.6	0.2	2.0	0.4
Prenatal examination, routine X205	16,759	2,771	1.7	0.3	3.0	0.5	...	...
Symptoms referable to throat S455	16,440	1,892	1.7	0.2	1.6	0.2	1.8	0.2
Knee symptoms S925	16,076	1,801	1.7	0.2	1.8	0.2	1.5	0.2
Well-baby examination X105	15,268	2,037	1.6	0.2	1.3	0.2	2.0	0.3
Back symptoms S905	14,643	1,599	1.5	0.1	1.6	0.2	1.4	0.2
Vision dysfunctions S305	13,556	1,872	1.4	0.2	1.5	0.2	1.3	0.2
For other and unspecified test results R700	13,211	1,377	1.4	0.1	1.3	0.2	1.5	0.2
Nasal congestion S400	13,164	2,137	1.4	0.2	1.0	0.2	1.9	0.3
Eye examination X230	12,528	2,709	1.3	0.3	1.4	0.3	1.2	0.3
Skin rash S860	12,527	1,188	1.3	0.1	1.2	0.2	1.4	0.1
Diabetes mellitus D205	12,192	1,981	1.3	0.2	1.2	0.2	1.3	0.2
Depression S110	12,062	1,511	1.3	0.2	1.3	0.2	1.1	0.2
Earache or ear infection S355	11,805	1,107	1.2	0.1	1.0	0.1	1.5	0.2
All other reasons	550,190	24,483	57.1	0.9	57.1	1.0	57.1	1.0

... Category not applicable.

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC) (22)*.

²Based on 560,355,000 visits made by females.

³Based on 403,262,000 visits made by males.

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

Table 10. Number and percent distribution of office visits with corresponding standard errors by major reason for visit, according to selected patient and visit characteristics: United States, 2005

Patient and visit characteristics	Total	New problem	Chronic problem, routine	Chronic problem, flare-up	Pre- or post-surgery	Preventive care ¹	Unknown or blank
Number of visits in thousands							
All visits	963,617	319,330	290,545	89,843	70,669	174,387	18,845
Age							
Under 15 years	160,552	76,704	18,243	8,527	3,397	51,622	2,058
Under 1 year	32,070	11,996	1,282	*	*	17,289	*
1–4 years	50,400	25,199	4,182	2,462	1,081	16,723	*
5–14 years	78,082	39,509	12,779	5,103	2,125	17,610	*
15–24 years	70,583	27,679	12,350	5,140	4,873	19,403	*1,138
25–44 years	201,619	69,933	51,314	18,727	16,156	41,942	3,547
45–64 years	283,180	84,793	103,754	29,448	22,047	37,770	5,368
65 years and over	247,683	60,221	104,885	28,000	24,195	23,650	6,733
65–74 years	119,061	28,774	48,255	14,213	11,487	12,652	*3,680
75 years and over	128,623	31,447	56,630	13,787	12,708	10,998	3,053
Sex							
Female	560,355	178,477	168,169	52,297	39,506	110,589	11,316
Male	403,262	140,853	122,376	37,545	31,162	63,798	7,528
Race ²							
White	832,038	277,587	251,698	78,452	62,031	146,794	15,476
Black or African American	88,930	27,098	27,399	8,154	6,909	18,139	1,231
Other	42,649	14,645	11,449	3,236	1,728	9,454	*2,137
Ethnicity ²							
Hispanic or Latino	98,904	35,026	26,216	7,016	6,382	21,039	3,225
Not Hispanic or Latino	864,714	284,304	264,330	82,827	64,286	153,348	15,620
Expected source of payment ³							
Private insurance	608,219	208,219	174,252	55,707	40,982	119,864	9,194
Medicare	231,655	56,954	98,344	27,824	20,905	22,276	5,352
Medicare and Medicaid	19,002	4,404	8,958	2,163	*1,140	*1,688	*
Medicaid or SCHIP ⁴	108,601	36,794	28,674	10,323	5,343	25,488	*1,979
Self-pay, no charge, or charity	49,026	17,446	14,718	3,220	6,622	6,110	*
Other ⁵	51,083	15,679	15,540	4,763	6,528	7,160	*1,415
Standard error in thousands							
All visits	40,611	15,701	14,938	7,475	6,580	11,005	3,568
Age							
Under 15 years	11,524	6,511	2,408	1,135	582	4,532	514
Under 1 year	3,406	1,587	367	...	...	2,064	...
1–4 years	4,582	2,644	907	431	247	1,972	...
5–14 years	4,849	3,142	1,599	725	374	1,605	...
15–24 years	4,028	1,901	1,015	893	862	2,191	377
25–44 years	10,521	4,664	3,704	1,797	1,918	3,739	847
45–64 years	13,998	4,755	5,941	2,571	2,298	4,309	1,150
65 years and over	15,541	4,688	7,577	3,112	2,856	2,762	1,750
65–74 years	7,460	2,206	3,752	1,771	1,566	1,469	1,326
75 years and over	8,954	2,980	4,464	1,660	1,618	1,567	636
Sex							
Female	24,487	8,994	9,764	5,246	3,977	7,175	2,026
Male	18,050	7,589	6,501	2,822	3,371	5,494	1,651
Race ²							
White	36,280	14,035	13,292	6,241	5,742	9,867	3,097
Black or African American	7,582	3,077	3,048	1,522	1,296	2,275	341
Other	5,779	2,563	2,343	811	427	1,345	1,545

See footnotes at end of table.

Table 10. Number and percent distribution of office visits with corresponding standard errors by major reason for visit, according to selected patient and visit characteristics: United States, 2005—Con.

Patient and visit characteristics	Total	New problem	Chronic problem, routine	Chronic problem, flare-up	Pre- or post-surgery	Preventive care ¹	Unknown or blank	
Ethnicity ²		Standard error in thousands						
Hispanic or Latino	9,332	3,572	3,770	1,275	1,052	2,615	801	
Not Hispanic or Latino.	37,628	14,683	13,732	6,857	6,029	10,180	3,091	
Expected source of payment ³		Standard error in thousands						
Private insurance.	27,808	10,683	9,568	5,365	4,542	8,544	1,727	
Medicare.	15,483	4,596	7,563	2,961	2,760	2,869	1,225	
Medicare and Medicaid	2,854	874	1,554	556	394	581	...	
Medicaid or SCHIP ⁴	8,545	3,808	3,239	1,294	670	3,275	638	
Self-pay, no charge, or charity.	4,662	2,448	1,495	488	1,921	881	...	
Other ⁵	4,411	1,581	1,950	606	1,079	1,238	426	
		Percent distribution						
All visits	100.0	33.1	30.2	9.3	7.3	18.1	2.0	
Age		Standard error in thousands						
Under 15 years	100.0	47.8	11.4	5.3	2.1	32.2	1.3	
Under 1 year	100.0	37.4	4.0	3.0	*0.6	53.9	*1.1	
1–4 years	100.0	50.0	8.3	4.9	2.1	33.2	*1.5	
5–14 years	100.0	50.6	16.4	6.5	2.7	22.6	*1.2	
15–24 years	100.0	39.2	17.5	7.3	6.9	27.5	*1.6	
25–44 years	100.0	34.7	25.5	9.3	8.0	20.8	1.8	
45–64 years	100.0	29.9	36.6	10.4	7.8	13.3	1.9	
65 years and over	100.0	24.3	42.3	11.3	9.8	9.5	2.7	
65–74 years	100.0	24.2	40.5	11.9	9.6	10.6	*3.1	
75 years and over	100.0	24.4	44.0	10.7	9.9	8.6	2.4	
Sex		Standard error in thousands						
Female	100.0	31.9	30.0	9.3	7.1	19.7	2.0	
Male	100.0	34.9	30.3	9.3	7.7	15.8	1.9	
Race ²		Standard error in thousands						
White	100.0	33.4	30.3	9.4	7.5	17.6	1.9	
Black or African American	100.0	30.5	30.8	9.2	7.8	20.4	1.4	
Other	100.0	34.3	26.8	7.6	4.1	22.2	*5.0	
Ethnicity ²		Standard error in thousands						
Hispanic or Latino	100.0	35.4	26.5	7.1	6.5	21.3	3.3	
Not Hispanic or Latino.	100.0	32.9	30.6	9.6	7.4	17.7	1.8	
Expected source of payment ³		Standard error of percent						
Private insurance.	100.0	34.2	28.6	9.2	6.7	19.7	1.5	
Medicare.	100.0	24.6	42.5	12.0	9.0	9.6	2.3	
Medicare and Medicaid	100.0	23.2	47.1	11.4	*6.0	*8.9	*3.4	
Medicaid or SCHIP ⁴	100.0	33.9	26.4	9.5	4.9	23.5	*1.8	
Self-pay, no charge, or charity.	100.0	35.6	30.0	6.6	13.5	12.5	1.9	
Other ⁵	100.0	30.7	30.4	9.3	12.8	14.0	*2.8	
All visits	0.9	1.0	0.6	0.6	0.8	0.4
Age		Standard error of percent						
Under 15 years . . . . .	...	1.7	1.4	0.6	0.4	1.5	0.3
Under 1 year . . . . .	...	2.6	1.1	0.7	0.5	2.6	0.4
1–4 years . . . . .	...	2.7	1.6	0.7	0.5	2.4	0.5
5–14 years . . . . .	...	2.1	1.8	0.8	0.5	1.7	0.4
15–24 years . . . . .	...	2.2	1.2	1.1	1.2	2.3	0.5
25–44 years . . . . .	...	1.4	1.4	0.7	0.9	1.5	0.4
45–64 years . . . . .	...	1.0	1.4	0.7	0.7	1.2	0.4
65 years and over . . . . .	...	1.1	1.7	0.9	1.0	1.0	0.7
65–74 years . . . . .	...	1.3	2.0	1.2	1.1	1.1	1.1
75 years and over . . . . .	...	1.4	1.8	1.0	1.1	1.1	0.5

See footnotes at end of table.

Table 10. Number and percent distribution of office visits with corresponding standard errors by major reason for visit, according to selected patient and visit characteristics: United States, 2005—Con.

Patient and visit characteristics	Total	New problem	Chronic problem, routine	Chronic problem, flare-up	Pre- or post-surgery	Preventive care ¹	Unknown or blank
Sex		Standard error of percent					
Female	1.0	1.2	0.7	0.7	1.0	0.3	
Male	1.1	1.2	0.6	0.8	1.0	0.4	
Race ²							
White	0.9	1.1	0.5	0.6	0.8	0.4	
Black or African American	2.0	2.1	1.5	1.4	2.2	0.4	
Other	3.0	3.5	1.8	1.0	2.8	3.4	
Ethnicity ²							
Hispanic or Latino	2.2	2.3	1.0	0.9	2.1	0.7	
Not Hispanic or Latino.	0.9	1.1	0.6	0.7	0.8	0.3	
Expected source of payment ³							
Private insurance.	1.0	1.2	0.7	0.7	0.9	0.3	
Medicare	1.1	1.7	0.9	1.0	1.1	0.5	
Medicare and Medicaid	2.6	4.2	2.5	1.9	2.8	1.2	
Medicaid or SCHIP ⁴	2.1	2.3	0.9	0.6	2.3	0.6	
Self-pay, no charge, or charity.	3.0	2.6	0.8	3.4	1.7	0.6	
Other ⁵	1.9	2.2	1.0	1.8	2.1	0.8	

* Figure does not meet standards of reliability or precision.

. . . Category not applicable.

¹Preventive care includes routine prenatal, well-baby, screening, insurance, and general exams (see question 4c in "Technical Notes").

²Other race includes visits by Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. All race categories include visits by persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple race indicated is small and lower than what is typically found for self-reported race in household surveys.

³Total exceeds "All visits" because more than one source of payment may be reported per visit.

⁴SCHIP is State Children's Health Insurance Program.

⁵Other includes worker's compensation, unknown or blank, and payments not classified elsewhere.

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

Table 11. Number, percent distribution, and annual rate of preventive care office visits and percent of visits to primary care specialists with corresponding standard errors, by selected patient and visit characteristics: United States, 2005

Patient and visit characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year ¹	Standard error of rate	Percent of preventive care visits made to primary care specialists ²	Standard error of percent
All preventive care visits ³	174,387	11,005	100.0	...	59.9	3.8	85.3	1.6
Age								
Under 15 years	51,622	4,532	29.6	2.2	85.1	7.5	97.3	1.1
Under 1 year	17,289	2,064	9.9	1.1	421.4	50.3	99.8	0.1
1–4 years	16,723	1,972	9.6	1.0	103.3	12.2	98.0	1.2
5–14 years	17,610	1,605	10.1	0.8	43.6	4.0	94.3	2.2
15–24 years	19,403	2,191	11.1	1.1	47.3	5.3	95.2	1.7
25–44 years	41,942	3,739	24.1	1.6	51.2	4.6	90.3	1.9
45–64 years	37,770	4,309	21.7	1.7	52.2	6.0	76.5	3.0
65 years and over	23,650	2,762	13.6	1.3	67.3	7.9	56.1	4.5
65–74 years	12,652	1,469	7.3	0.7	68.8	8.0	60.9	4.4
75 years and over	10,998	1,567	6.3	0.8	65.6	9.4	50.6	5.9
Sex and age								
Female	110,589	7,175	63.4	1.8	74.4	4.8	87.0	1.6
Under 15 years	23,224	2,063	13.3	1.0	78.4	7.0	97.9	0.8
15–24 years	15,134	1,874	8.7	1.0	74.6	9.2	97.1	0.8
25–44 years	33,658	3,258	19.3	1.6	81.3	7.9	92.9	1.7
45–64 years	23,897	2,473	13.7	1.0	64.2	6.6	77.7	3.0
65–74 years	7,748	980	4.4	0.5	77.6	9.8	65.7	5.2
75 years and over	6,929	1,030	4.0	0.5	67.9	10.1	55.2	5.7
Male	63,798	5,494	36.6	1.8	44.8	3.9	82.4	2.0
Under 15 years	28,399	2,848	16.3	1.4	91.5	9.2	96.9	1.5
15–24 years	4,269	731	2.4	0.4	20.6	3.5	88.3	5.8
25–44 years	8,284	1,244	4.8	0.6	20.4	3.1	79.6	4.3
45–64 years	13,873	2,561	8.0	1.3	39.5	7.3	74.5	5.0
65–74 years	4,904	724	2.8	0.4	58.3	8.6	53.2	5.8
75 years and over	4,069	708	2.3	0.4	62.1	10.8	42.7	8.2
Race ⁴								
White	146,794	9,867	84.2	1.5	62.7	4.2	84.3	1.8
Black or African American	18,139	2,275	10.4	1.2	49.6	6.2	90.6	2.1
Other	9,454	1,345	5.4	0.7	46.2	6.6	91.5	2.9
Ethnicity ⁴								
Hispanic or Latino	21,039	2,615	12.1	1.4	49.9	6.2	91.4	2.0
Not Hispanic or Latino	153,348	10,180	87.9	1.4	61.6	4.1	84.5	1.7
Expected source(s) of payment ⁵								
Private insurance	119,864	8,544	68.7	2.0	61.9	4.4	86.6	1.6
Medicare	22,276	2,869	12.8	1.3	59.2	7.6	59.1	4.8
Medicare and Medicaid	*1,688	581	*1.0	0.3	...	...	59.9	15.6
Medicaid/SCHIP ⁶	25,488	3,275	14.6	1.7	79.5	10.2	92.8	1.9
Self-pay, no charge, or charity ⁷	6,110	881	3.5	0.5	14.6	2.1	81.0	4.7
Other ⁸	7,160	1,238	4.1	0.7	...	...	76.7	5.6

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Visit rates for age, sex, race, and ethnicity are based on the July 1, 2005, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. Visit rates for expected source(s) of payment are based on the 2005 National Health Interview Survey estimates of health insurance.²Primary care specialty defined in specialty type classification found in "Physician specialty groups" section of "Methods."³Preventive care includes routine prenatal, well-baby, screening, insurance, and general exams (see question 4c in "Technical Notes").⁴Other race includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. All race categories include visits by persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.⁵Total exceeds "All visits" because more than one source of payment may be reported per visit.⁶SCHIP is State Children's Health Insurance Program.⁷The visit rate was calculated using "uninsured" as the denominator from the 2005 estimates of health insurance coverage from the National Health Interview Survey.⁸Other includes worker's compensation, unknown or blank, and sources not elsewhere classified.

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

Table 12. Number and percent distribution of office visits with corresponding standard errors, by physician's primary diagnosis: United States, 2005

Major disease category and ICD-9-CM code range ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	963,617	40,611	100.0	. . .
Infectious and parasitic diseases 001-139	26,720	2,062	2.8	0.2
Neoplasms. 140-239	39,200	5,285	4.1	0.5
Endocrine, nutritional and metabolic diseases, and immunity disorders. 240-279	56,408	4,655	5.9	0.4
Mental disorders 290-319	47,094	3,777	4.9	0.4
Diseases of the nervous system and sense organs. 320-389	86,128	6,644	8.9	0.5
Diseases of the circulatory system 390-459	81,836	6,683	8.5	0.6
Diseases of the respiratory system 460-519	110,999	7,670	11.5	0.7
Diseases of the digestive system 520-579	28,678	2,225	3.0	0.2
Diseases of the genitourinary system 580-629	42,256	3,131	4.4	0.3
Diseases of the skin and subcutaneous tissue. 680-709	44,443	3,189	4.6	0.3
Diseases of the musculoskeletal system and connective tissue 710-739	80,601	6,320	8.4	0.5
Symptoms, signs, and ill-defined conditions 780-799	60,536	3,916	6.3	0.3
Injury and poisoning 800-999	45,137	3,087	4.7	0.3
Supplementary classification. V01-V82	179,276	11,124	18.6	0.9
All other diagnoses ²	25,609	3,533	2.7	0.3
Unknown ³	8,697	1,645	0.9	0.2

. . . Category not applicable.

¹Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) (23).

²Includes diseases of the blood and blood-forming organs (280-289); complications of pregnancy, childbirth, and the puerperium (630-677); congenital anomalies (740-759); certain conditions originating in the perinatal period (760-779); and entries not codable to the ICD-9-CM (e.g., illegible entries, left against medical advice, transferred, entries of "none," or "no diagnoses").

³Includes blank diagnoses.

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

Table 13. Number and percent distribution of office visits with corresponding standard errors, by the 20 leading primary diagnosis groups according to patient's sex: United States, 2005

Primary diagnosis group and ICD-9-CM code(s) ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Female ²		Male ³	
					Percent distribution	Standard error of percent	Percent distribution	Standard error of percent
All visits	963,617	40,611	100.0	...	100.0	...	100.0	...
Essential hypertension 401	44,670	4,318	4.6	0.4	4.4	0.4	5.0	0.5
Routine infant or child health check V20.2	41,816	4,044	4.3	0.4	3.3	0.3	5.7	0.6
Acute upper respiratory infections, excluding pharyngitis 460-461,463-466	36,372	2,875	3.8	0.3	3.3	0.3	4.5	0.4
Arthropathies and related disorders 710-719	34,299	4,200	3.6	0.4	4.2	0.6	2.7	0.3
Malignant neoplasms 140-208,230-234	28,709	5,644	3.0	0.6	3.0	0.7	3.0	0.4
Diabetes mellitus 250	25,451	2,730	2.6	0.3	2.5	0.3	2.9	0.3
Spinal disorders 720-724	22,732	2,523	2.4	0.2	2.4	0.2	2.3	0.3
Rheumatism, excluding back 725-729	18,580	1,580	1.9	0.1	1.9	0.2	1.9	0.2
General medical examination V70	17,007	2,377	1.8	0.2	1.5	0.2	2.2	0.3
Follow up examination V67	16,249	2,573	1.7	0.2	1.7	0.3	1.6	0.3
Specific procedures and aftercare V50-V59.9	15,662	2,000	1.6	0.2	1.7	0.2	1.5	0.3
Normal pregnancy V22	15,509	2,534	1.6	0.3	2.8	0.5	...	...
Gynecological examination V72.3	15,067	2,378	1.6	0.2	2.7	0.4	...	...
Otitis media and eustachian tube disorders 381-382	14,399	1,517	1.5	0.1	1.2	0.1	1.9	0.2
Asthma 493	12,823	2,102	1.3	0.2	1.1	0.2	1.6	0.4
Disorders of lipid metabolism 272	12,650	1,416	1.3	0.1	1.1	0.2	1.6	0.2
Chronic sinusitis 473	12,621	1,302	1.3	0.1	1.2	0.1	1.4	0.2
Heart disease, excluding ischemic 391-392.0,393-398,402,404,415-416,420-429	11,473	1,490	1.2	0.1	1.0	0.1	1.5	0.2
Acute pharyngitis 462	11,064	1,941	1.1	0.2	1.1	0.2	1.3	0.3
Allergic rhinitis 477	11,028	2,099	1.1	0.2	1.1	0.2	1.2	0.3
All other diagnoses	545,437	23,756	56.6	0.8	56.8	1.0	56.4	1.0

... Category not applicable.

¹Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) (23). However, certain codes have been combined in this table to form larger categories that better describe the utilization of ambulatory care services.

²Based on 560,355,000 visits made by females.

³Based on 403,262,000 visits made by males.

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

Table 14. Number, percent distribution, and annual rate of office visits with corresponding standard errors, by patient's age, according to the five leading primary diagnosis groups: United States, 2005

Primary diagnosis group and ICD-9-CM code(s) ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year ²	Standard error of rate
All visits	963,617	40,611	100.0	...	331.0	13.9
Under 1 year						
All visits	32,070	3,406	100.0	...	781.6	83.0
Routine infant or child health check V20.2	14,528	1,965	45.3	3.1	354.1	47.9
Acute upper respiratory infections, excluding pharyngitis 460-461,463-466	3,442	593	10.7	1.6	83.9	14.5
Otitis media and eustachian tube disorders 381-382	2,541	559	7.9	1.5	61.9	13.6
Certain conditions originating in the perinatal period 760-779	*	...	3.4	0.8	26.9	6.5
Unspecified viral and chlamydial infection 79.9	*	...	*1.9	0.7	*14.8	6.4
All other diagnoses	9,847	1,134	30.7	2.2	240.0	27.6
1-12 years						
All visits	112,241	8,094	100.0	...	233.7	16.9
Routine infant or child health check V20.2	21,953	2,294	19.6	1.4	45.7	4.8
Acute upper respiratory infections, excluding pharyngitis 460-461,463-466	12,310	1,705	11.0	1.1	25.6	3.6
Otitis media and eustachian tube disorders 381-382	7,901	843	7.0	0.7	16.5	1.8
Asthma 493	4,252	1,126	3.8	1.0	8.9	2.3
Acute pharyngitis 462	4,203	868	3.7	0.7	8.8	1.8
All other diagnoses	61,622	4,491	54.9	1.5	128.3	9.4
13-21 years						
All visits	66,533	3,594	100.0	...	178.5	9.6
Routine infant or child health check V20.2	5,334	803	8.0	1.1	14.3	2.2
Normal pregnancy V22	3,331	830	5.0	1.2	³ 18.2	4.5
Acne 706.0-706.1	2,931	560	4.4	0.8	7.9	1.5
Acute upper respiratory infections, excluding pharyngitis 460-461,463-466	2,915	501	4.4	0.7	7.8	1.3
Acute pharyngitis 462	2,248	597	3.4	0.9	6.0	1.6
All other diagnoses	49,774	2,793	74.8	1.8	133.5	7.5
22-49 years						
All visits	290,199	14,182	100.0	...	249.0	12.2
Normal pregnancy V22	12,178	1,924	4.2	0.7	⁴ 20.7	3.3
Spinal disorders 720-724	10,148	1,340	3.5	0.4	8.7	1.2
Arthropathies and related disorders 710-719	9,874	1,767	3.4	0.6	8.5	1.5
Gynecological examination V72.3	9,496	1,431	3.3	0.5	⁴ 16.1	2.4
Essential hypertension 401	9,361	1,362	3.2	0.4	8.0	1.2
All other diagnoses	239,141	12,253	82.4	1.1	205.2	10.5
50-64 years						
All visits	214,891	10,973	100.0	...	429.2	21.9
Essential hypertension 401	15,519	1,884	7.2	0.8	31.0	3.8
Arthropathies and related disorders 710-719	11,162	1,512	5.2	0.6	22.3	3.0
Diabetes mellitus 250	9,272	1,048	4.3	0.4	18.5	2.1
Malignant neoplasms 140-208,230-234	8,870	1,861	4.1	0.8	17.7	3.7
Spinal disorders 720-724	6,530	935	3.0	0.4	13.0	1.9
All other diagnoses	163,538	8,317	76.1	1.1	326.6	16.6
65 years and over						
All visits	247,683	15,541	100.0	...	704.7	44.2
Essential hypertension 401	19,129	2,184	7.7	0.8	54.4	6.2
Malignant neoplasms 140-208,230-234	15,679	3,215	6.3	1.2	44.6	9.1
Arthropathies and related disorders 710-719	11,814	1,815	4.8	0.6	33.6	5.2
Diabetes mellitus 250	11,253	1,594	4.5	0.6	32.0	4.5
Heart disease, excluding ischemic 391-392.0,393-398,402,404,415-416,420-429	7,824	1,167	3.2	0.4	22.3	3.3
All other diagnoses	181,986	11,408	73.5	1.2	517.7	32.5

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) (23). However, certain codes have been combined in this table to better describe the use of ambulatory care services.

²Visit rates for age are based on the July 1, 2005, set of estimates of the civilian noninstitutional population of the United States as developed by the Populations Division, U.S. Census Bureau.

³The population used for this rate is based on visits by females 13-21 years of age. For males in this age group, the leading diagnosis was routine infant or child health check (15.5 visits per 100 males 13-21 years, SE=3.1).

⁴The population used for this rate is based on visits by females 22-49 years of age. For males in this age group, the leading diagnosis was essential hypertension (8.4 visits per 100 males 22-49 years, SE=1.5).

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

Table 15. Number, percent distribution, and annual rate of injury-related office visits with corresponding standard errors, by selected patient characteristics: United States, 2005

Patient characteristic	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year ¹	Standard error of rate
All injury-related visits ²	89,412	5,466	100.0	...	30.7	1.9
Age						
Under 15 years	11,556	1,126	12.9	1.1	19.1	1.9
Under 1 year	*	...	*0.7	0.3	*15.7	6.1
1-4 years	3,191	495	3.6	0.6	19.7	3.1
5-14 years	7,721	853	8.6	0.8	19.1	2.1
15-24 years	10,006	973	11.2	0.9	24.4	2.4
25-44 years	23,053	1,919	25.8	1.3	28.1	2.3
45-64 years	28,197	2,050	31.5	1.3	39.0	2.8
65 years and over	16,600	1,684	18.6	1.4	47.2	4.8
65-74 years	8,111	976	9.1	0.9	44.1	5.3
75 years and over	8,489	937	9.5	0.8	50.7	5.6
Sex and age						
Female	44,177	2,711	49.4	1.3	29.7	1.8
Under 15 years	5,017	622	5.6	0.7	16.9	2.1
15-24 years	4,610	575	5.2	0.6	22.7	2.8
25-44 years	10,286	921	11.5	0.8	24.8	2.2
45-64 years	14,917	1,251	16.7	1.1	40.1	3.4
65-74 years	4,364	692	4.9	0.7	43.7	6.9
75 years and over	4,983	598	5.6	0.6	48.9	5.9
Male	45,235	3,233	50.6	1.3	31.8	2.3
Under 15 years	6,539	754	7.3	0.8	21.1	2.4
15-24 years	5,396	670	6.0	0.6	26.0	3.2
25-44 years	12,767	1,329	14.3	1.1	31.5	3.3
45-64 years	13,280	1,232	14.9	1.0	37.8	3.5
65-74 years	3,747	590	4.2	0.6	44.5	7.0
75 years and over	3,505	600	3.9	0.6	53.5	9.2
Race ³						
White	79,208	4,958	88.6	1.1	33.8	2.1
Black or African American	6,838	979	7.6	1.0	18.7	2.7
Other	3,365	602	3.8	0.6	16.4	2.9
Ethnicity						
Hispanic or Latino	10,578	1,562	11.8	1.5	25.1	3.7
Not Hispanic or Latino	78,834	4,812	88.2	1.5	31.7	1.9

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Visit rates for age, sex, race, and ethnicity are based on the July 1, 2005, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

²Injury visits represent 9.3 percent (SE=0.4) of all office visits.

³Other race includes visits by Asians, Native Hawaiians or Other Pacific Islanders, American Indians or Alaska Natives, and multiple races. All race categories include visits by persons of Hispanic origin and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

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

Table 16. Number and percent distribution of injury-related office visits with corresponding standard errors, by intent: United States, 2005

Intent	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All injury-related visits	89,412	5,466	100.0	...
Unintentional injuries	40,934	4,147	45.8	2.6
Intentional injuries	1,805	338	2.0	0.4
Adverse effect of medical or surgical care or adverse effect of medicinal drug	8,264	922	9.2	1.0
Injuries of undetermined intent	32,853	2,362	36.7	2.4
Unknown or blank	5,556	993	6.2	1.1

... Category not applicable.

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

Table 17. Number and percent distribution of office visits with corresponding standard errors by selected chronic conditions, according to patient age and sex: United States, 2005

Chronic conditions ¹	Total	Patient age				Patient sex	
		Under 45 years	45–64 years	65–74 years	75 years and over	Female	Male
Number of visits in thousands							
All visits	963,617	432,754	283,180	119,061	128,623	560,355	403,262
At least one condition	507,390	121,891	187,209	94,472	103,818	298,366	209,024
None	422,515	295,386	85,466	21,112	20,551	242,189	180,327
Blank	33,712	15,476	10,505	3,477	4,254	19,800	13,911
Hypertension	219,476	23,060	84,640	52,131	59,646	127,072	92,404
Arthritis	137,942	20,861	51,744	27,168	38,169	91,610	46,332
Hyperlipidemia	130,053	12,806	55,561	31,658	30,028	68,208	61,845
Diabetes	94,359	10,387	38,628	23,810	21,534	50,625	43,733
Depression	84,610	30,935	35,059	8,538	10,078	59,418	25,192
Obesity	68,201	24,275	29,574	9,298	5,054	45,028	23,173
Cancer	57,025	4,817	18,809	15,014	18,384	32,384	24,640
Asthma	54,545	28,913	14,491	5,764	5,376	33,276	21,269
COPD ²	40,754	7,746	11,425	10,818	10,764	22,458	18,295
Ischemic heart disease	39,559	1,472	10,179	12,092	15,815	16,245	23,314
Osteoporosis	27,977	*	6,466	8,050	12,096	24,842	3,136
Cerebrovascular disease	18,319	731	4,322	5,489	7,777	9,000	9,319
CHF ³	15,692	*	3,589	3,409	8,392	8,950	6,742
Chronic renal failure	11,486	*	2,741	3,039	4,969	5,633	5,852
Standard error in thousands							
All visits	40,611	19,288	13,998	7,460	8,954	24,487	18,050
At least one condition	26,734	6,497	10,543	6,419	7,920	16,807	10,964
None	20,054	14,902	5,424	1,860	2,135	11,620	9,940
Blank	3,749	1,854	1,445	668	650	2,377	1,724
Hypertension	14,790	1,976	5,958	4,176	5,097	8,906	6,596
Arthritis	9,990	1,930	4,317	2,357	3,632	7,470	3,168
Hyperlipidemia	9,484	1,139	4,425	2,773	3,051	5,051	4,972
Diabetes	6,585	1,133	3,024	1,939	2,203	3,811	3,366
Depression	6,884	2,367	3,465	1,084	1,288	5,082	2,137
Obesity	5,885	2,496	2,961	1,225	842	4,156	2,401
Cancer	6,483	782	2,373	2,149	2,161	4,421	2,379
Asthma	3,877	2,528	1,350	712	814	2,466	2,012
COPD ²	3,794	1,054	1,259	1,356	1,583	2,332	1,790
Ischemic heart disease	3,659	321	1,097	1,274	1,920	1,831	2,301
Osteoporosis	2,821	...	892	1,015	1,413	2,419	608
Cerebrovascular disease	2,290	188	717	844	1,165	1,187	1,330
CHF ³	2,054	...	768	561	1,365	1,351	1,076
Chronic renal failure	1,713	...	799	609	890	829	1,151
Percent distribution							
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100
At least one condition	52.7	28.2	66.1	79.3	80.7	53.2	51.8
None	43.8	68.3	30.2	17.7	16.0	43.2	44.7
Blank	3.5	3.6	3.7	2.9	3.3	3.5	3.4
Hypertension	22.8	5.3	29.9	43.8	46.4	22.7	22.9
Arthritis	14.3	4.8	18.3	22.8	29.7	16.3	11.5
Hyperlipidemia	13.5	3.0	19.6	26.6	23.3	12.2	15.3
Diabetes	9.8	2.4	13.6	20.0	16.7	9.0	10.8
Depression	8.8	7.1	12.4	7.2	7.8	10.6	6.2
Obesity	7.1	5.6	10.4	7.8	3.9	8.0	5.7
Cancer	5.9	1.1	6.6	12.6	14.3	5.8	6.1
Asthma	5.7	6.7	5.1	4.8	4.2	5.9	5.3
COPD ²	4.2	1.8	4.0	9.1	8.4	4.0	4.5
Ischemic heart disease	4.1	0.3	3.6	10.2	12.3	2.9	5.8
Osteoporosis	2.9	0.3	2.3	6.8	9.4	4.4	0.8
Cerebrovascular disease	1.9	0.2	1.5	4.6	6.0	1.6	2.3
CHF ³	1.6	*0.1	1.3	2.9	6.5	1.6	1.7
Chronic renal failure	1.2	*0.2	1.0	2.6	3.9	1.0	1.5

See footnotes at end of table.

Table 17. Number and percent distribution of office visits with corresponding standard errors by selected chronic conditions, according to patient age and sex: United States, 2005—Con.

Chronic conditions ¹	Total	Patient age				Patient sex	
		Under 45 years	45–64 years	65–74 years	75 years and over	Female	Male
		Standard error of percent					
All visits . . . . .	...	...	...	...	...	...	...
At least one condition	1.3	1.0	1.3	1.3	1.5	1.4	1.4
None	1.2	1.1	1.3	1.2	1.4	1.3	1.4
Blank	0.4	0.4	0.5	0.6	0.5	0.4	0.4
Hypertension	1.0	0.4	1.3	1.9	1.7	1.1	1.1
Arthritis	0.7	0.4	1.1	1.3	1.7	0.9	0.6
Hyperlipidemia	0.8	0.3	1.2	1.7	1.6	0.8	1.0
Diabetes	0.5	0.3	0.7	1.1	1.0	0.5	0.6
Depression	0.6	0.5	1.0	0.9	0.9	0.8	0.5
Obesity	0.5	0.5	0.9	0.9	0.6	0.6	0.5
Cancer	0.6	0.2	0.8	1.4	1.3	0.7	0.5
Asthma	0.3	0.5	0.4	0.6	0.6	0.4	0.5
COPD ²	0.3	0.2	0.4	1.0	1.0	0.3	0.4
Ischemic heart disease	0.3	0.1	0.3	0.8	1.0	0.3	0.5
Osteoporosis	0.2	0.1	0.3	0.8	0.8	0.3	0.1
Cerebrovascular disease	0.2	0.0	0.2	0.6	0.7	0.2	0.3
CHF ³	0.2	0.0	0.3	0.4	0.9	0.2	0.3
Chronic renal failure	0.2	0.1	0.3	0.5	0.6	0.1	0.3

* Figure does not meet standards of reliability or precision.

... Category not applicable.

¹Presence of chronic conditions, regardless of visit diagnosis, were based on checkbox responses.

²COPD is chronic obstructive pulmonary disease.

³CHF is congestive heart failure.

NOTE: Numbers may not add to totals because more than one condition may be reported per visit.

Table 18. Number and percentage of office visits with corresponding standard errors, by diagnostic and screening services ordered or provided according to patients sex: United States, 2005

Diagnostic and screening services ordered or provided	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent	Female ²		Male ³	
					Percent of visits	Standard error of percent	Percent of visits	Standard error of percent
All visits	963,617	40,611	...	0.0	58.2	0.6	41.8	0.6
One or more diagnostic and screening service ordered or provided	839,283	37,329	87.1	1.0	87.7	1.0	86.2	1.3
None	112,370	10,292	11.7	0.9	11.0	0.9	12.5	1.2
Blank	11,964	3,066	1.2	0.3	1.2	0.3	*1.2	0.4
Examinations								
Skin	121,633	10,325	12.6	0.9	13.3	1.1	11.7	0.8
Breast	56,775	4,512	5.9	0.4	9.7	0.7	0.6	0.1
Pelvic	56,287	4,925	5.8	0.5	9.6	0.8	0.6	0.1
Rectal	32,869	3,286	3.4	0.3	3.5	0.4	3.2	0.4
Depression screening	19,855	3,632	2.1	0.4	2.5	0.4	1.4	0.3
Vital signs								
Weight	653,666	31,671	67.8	1.6	68.4	1.6	67.0	1.8
Blood pressure	571,844	30,556	59.3	1.5	61.6	1.5	56.1	1.7
Height	419,328	25,434	43.5	1.8	43.6	1.9	43.4	1.9
Temperature	353,206	24,793	36.7	1.9	34.6	2.0	39.5	2.1
Blood tests								
CBC ⁴	118,978	9,838	12.3	0.9	13.0	0.9	11.5	0.9
Lipids/Cholesterol	74,930	6,465	7.8	0.6	7.3	0.6	8.4	0.6
Glucose	57,151	5,615	5.9	0.5	5.8	0.6	6.1	0.6
Electrolytes	55,319	7,028	5.7	0.7	5.9	0.7	5.5	0.7
HgbA1C ⁵	25,020	2,378	2.6	0.2	2.2	0.2	3.1	0.3
PSA ⁶	16,853	1,727	1.7	0.2	...	...	4.2	0.4
Other blood test	113,054	8,464	11.7	0.7	12.4	0.8	10.8	0.8
Other tests								
Urinalysis	61,529	4,691	6.4	0.4	7.0	0.6	5.5	0.4
EKG/ECG ⁷	30,707	3,579	3.2	0.3	2.9	0.3	3.5	0.4
PAP test/Cervical cytology	29,074	3,215	3.0	0.3	5.2	0.5	...	...
Any scope procedure	18,643	1,717	1.9	0.2	1.9	0.2	1.9	0.2
Sigmoidoscopy/Colonoscopy	9,358	1,240	1.0	0.1	1.0	0.1	0.9	0.1
Cystoscopy	2,119	349	0.2	0.0	0.2	0.0	0.3	0.1
Biopsy	11,071	1,632	1.1	0.2	1.2	0.2	1.1	0.2
Chlamydia test	5,424	1,018	0.6	0.1	0.9	0.2	0.1	0.0
Spirometry/Pulmonary function test	*6,391	2,026	*0.7	0.2	*0.5	0.2	*0.8	0.3
Other test or service	139,637	13,335	14.5	1.2	14.3	1.2	14.7	1.3
Imaging								
Any imaging	129,786	8,106	13.5	0.6	14.9	0.7	11.5	0.7
X-ray	56,131	4,077	5.8	0.4	5.2	0.4	6.6	0.5
Ultrasound	29,646	3,421	3.1	0.3	3.9	0.5	1.9	0.3
MRI/CT/PET ⁸	23,937	2,216	2.5	0.2	2.5	0.2	2.5	0.2
Mammography	18,346	1,903	1.9	0.2	3.3	0.3	...	...
Bone mineral density	5,428	870	0.6	0.1	0.8	0.1	*0.2	0.1
Other imaging	14,690	1,740	1.5	0.2	1.6	0.2	1.4	0.2

... Category not applicable.

0.0 Quantity more than zero but less than 0.05.

* Figure does not meet standards of reliability or precision.

¹Total exceeds "All visits" because more than one service may be reported per visit.²Based on 560,355,000 visits made by females.³Based on 403,262,000 visits made by males.⁴CBC is complete blood count.⁵HgbA1C is glycohemoglobin.⁶PSA is prostate-specific antigen.⁷EKG/ECG is electrocardiogram.⁸MRI is magnetic resonance imaging. CT is computed tomography. PET is positron emission tomography.

Table 19. Percent distribution of initial blood pressure measurements for adults 18 years and over at physician office visits where blood pressure was taken with corresponding standard errors, by selected patient characteristics: United States, 2005

Patient characteristics	Number of visits in thousands	Total	Initial blood pressure ¹									
			Low	Normal	Mildly high	Moderately high	Severely high	Low	Normal	Mildly high	Moderately high	Severely high
			Percent distribution						Standard error of percent			
All visits ²	523,206	100.0	4.0	21.3	47.1	20.3	7.4	0.3	0.8	0.9	0.6	0.5
Age												
18–24 years	29,850	100.0	12.3	37.6	39.3	7.5	*3.2	2.0	2.3	2.6	1.2	1.0
25–44 years	138,046	100.0	4.8	30.6	46.4	14.0	4.2	0.6	1.3	1.3	0.9	0.5
45–64 years	191,650	100.0	2.9	18.7	49.2	21.8	7.4	0.4	1.0	1.2	1.0	0.5
65–74 years	78,817	100.0	2.0	12.8	48.3	26.6	10.4	0.4	1.2	1.6	1.6	1.1
75 years and over	84,844	100.0	4.1	14.0	45.3	25.5	11.1	0.6	1.0	1.8	1.4	1.1
Sex												
Female	321,489	100.0	4.9	23.8	45.4	18.9	7.0	0.4	0.9	1.0	0.8	0.6
Male	201,718	100.0	2.6	17.3	49.9	22.3	7.9	0.3	1.0	1.2	0.8	0.6
Race ³												
White	447,420	100.0	4.0	21.3	47.3	20.1	7.3	0.3	0.8	0.9	0.6	0.5
Black	49,463	100.0	3.5	19.9	44.2	23.1	9.4	0.9	1.9	1.9	1.8	1.1
Asian	21,222	100.0	*3.8	24.0	49.7	17.2	5.3	1.3	3.5	4.3	3.2	1.2
Other	*5,101	100.0	*5.9	*24.5	48.6	17.6	*3.3	2.2	8.5	6.1	4.5	1.8
Ethnicity												
Hispanic or Latino	48,580	100.0	4.7	23.6	45.5	19.0	7.2	1.0	2.1	2.2	1.6	1.0
Not Hispanic or Latino	474,626	100.0	3.9	21.0	47.3	20.4	7.4	0.3	0.8	0.9	0.7	0.5

* Figure does not meet standards of reliability or precision.

¹Blood pressure levels were categorized using the following hierarchical definitions: Severely high blood pressure is defined as 160 mm Hg systolic or above, or 100 mm Hg diastolic or above. Moderately high blood pressure is defined as 140–159 mm Hg systolic or 90–99 mm Hg diastolic. Mildly high blood pressure is defined as 120–139 mm Hg systolic or 80–89 mm Hg diastolic. Low blood pressure is defined as less than 100 mm Hg systolic or less than 60 mm Hg diastolic. Normal blood pressure is defined as 100–119 mm Hg systolic and 60–79 mm Hg diastolic.

²Visits where blood pressure was taken represent 67.2 percent (SE=1.6) of all office visits made by adults (18+ years of age). In 26.2 percent (SE=1.8) of visits by children (0–17 years of age) a blood pressure was recorded. Blood pressure classification was based on the Seventh Report of the Joint National Committee on prevention, detection, evaluation and treatment of high blood pressure (21).

³Other race includes visits by Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. All race categories include visits by persons of Hispanic or not Hispanic origin. Starting with data year 1999, race- and ethnicity-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than in household surveys.

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

Table 20. Number and percentage of office visits with corresponding standard errors, by health education services ordered or provided, according to patient's sex: United States, 2005

Health education services ordered or provided	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent	Female ²		Male ³	
					Percent of visits	Standard error of percent	Percent of visits	Standard error of percent
All visits	963,617	40,611	...	...	...	...	...	...
One or more health education services ordered or provided	370,313	23,688	38.4	1.6	38.5	1.7	38.3	1.7
None	569,663	26,336	59.1	1.6	59.0	1.6	59.3	1.7
Blank	23,641	4,326	2.5	0.4	2.5	0.4	2.4	0.5
Diet/nutrition	142,622	10,513	14.8	0.9	15.1	0.9	14.4	0.9
Exercise	104,805	9,166	10.9	0.8	11.1	0.8	10.6	0.9
Weight reduction	43,820	4,632	4.5	0.4	5.0	0.5	4.0	0.4
Injury prevention	41,365	5,307	4.3	0.5	3.6	0.5	5.3	0.6
Stress management	39,794	5,616	4.1	0.5	4.6	0.6	3.4	0.5
Growth/development	38,410	4,801	4.0	0.5	3.5	0.5	4.6	0.6
Tobacco use/exposure	32,302	3,099	3.4	0.3	3.1	0.3	3.7	0.3
Asthma education	13,609	1,778	1.4	0.2	1.2	0.2	1.7	0.3
Other	165,120	15,773	17.1	1.3	17.7	1.4	16.4	1.4

... Category not applicable.

¹Total exceeds "All visits" because more than one type of health education may be reported per visit.

²Based on 560,355,000 visits made by females.

³Based on 403,262,000 visits made by males.

Table 21. Number and percentage of office visits with corresponding standard errors, by nonmedication treatment ordered or provided: United States, 2005

Nonmedication treatment ordered or provided	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
All visits	963,617	40,611	...	...
One or more nonmedication treatments ordered or provided	170,481	9,938	17.7	0.8
None	792,675	35,714	82.3	0.8
Blank	*	...	*	...
Physical therapy	22,850	2,764	2.4	0.3
Excision of tissue	22,698	3,112	2.4	0.3
Psychotherapy	21,985	2,920	2.3	0.3
Wound care	19,853	2,579	2.1	0.3
Orthopedic care	18,621	3,076	1.9	0.3
Other mental health counseling	13,959	2,034	1.4	0.2
Durable medical equipment	7,286	1,335	0.8	0.1
Complementary alternative medicine (CAM)	5,333	1,416	0.6	0.1
Home health care	2,476	584	0.3	0.1
Speech or occupational therapy	1,894	448	0.2	0.0
Hospice care	*	...	*	...

... Category not applicable.

* Figure does not meet standards of reliability or precision.

0.0 Quantity more than zero, but less than 0.05.

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

Table 22. Number and percent distribution of write-in surgical procedures ordered or performed with corresponding standard errors by procedure category: United States; 2005

Procedure or operation category and ICD-9-CM code range ¹	Number of procedures in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All write-in procedures.	65,919	4,636	100.0	...
Nervous system 01-05	1,893	547	2.9	0.8
Eye 08-16	5,228	1,126	7.9	1.7
Ear 18-20	1,192	340	1.8	0.5
Nose, mouth, and pharynx 21-29	1,836	383	2.8	0.6
Cardiovascular system 35-39	2,365	500	3.6	0.8
Digestive system 42-54	14,276	1,816	21.7	2.5
Urinary system 55-59	3,174	521	4.8	0.8
Male genital organs 60-64	717	125	1.1	0.2
Female genital organs 65-71	2,303	625	3.5	0.9
Obstetrical procedures 72-75	*2,254	984	*3.4	1.4
Musculoskeletal system 76-84	5,717	736	8.7	1.2
Integumentary system 85-86	23,392	3,422	35.5	3.6
Other procedures ²	1,573	378	2.4	0.6

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) (23). At least one surgical procedure was ordered or performed at 6.2 percent of office visits.

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

NOTE: Included are responses to the write-in fields on the Patient Record form under Diagnostic/Screening Services (item 7.24, Scope procedures, and item 7.27, Other test/service) and Non-Medication Treatment (item 9.13 and 9.14, Procedures). Up to two procedures could be coded for each category, for a total of eight procedures per visit. In addition to the surgical procedures shown in this table, there were an additional 202,779,000 nonsurgical procedures reported (ICD-9-CM, Volume 3, codes 00, 87-99).

Table 23. Number and percent distribution of office visits with corresponding standard errors, by medication therapy and number of medications provided or prescribed, according to patient's sex: United States, 2005

Visit characteristic	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Female ¹		Male ²	
					Percent distribution	Standard error of percent	Percent distribution	Standard error of percent
Medication therapy³								
All visits	963,617	40,611	100.0	...	100.0	...	100.0	...
Visits with mention of medication ⁴	679,249	31,173	70.5	1.2	70.9	1.3	69.9	1.2
Visits without mention of medication	284,368	16,115	29.5	1.2	29.1	1.3	30.1	1.2
Number of medications provided or prescribed by a physician								
All visits	963,617	40,611	100.0	...	100.0	...	100.0	...
0	284,368	16,115	29.5	1.2	29.1	1.3	30.1	1.2
1	237,110	11,222	24.6	0.9	24.9	0.9	24.2	1.0
2	142,934	6,964	14.8	0.4	14.0	0.5	15.9	0.5
3	90,068	5,103	9.3	0.4	9.2	0.4	9.6	0.4
4	55,508	3,546	5.8	0.3	6.2	0.3	5.2	0.3
5	41,549	3,437	4.3	0.3	4.4	0.3	4.2	0.4
6	31,060	2,833	3.2	0.2	3.4	0.3	3.0	0.3
7	26,673	2,736	2.8	0.2	2.9	0.3	2.6	0.3
8	54,347	6,467	5.6	0.6	6.0	0.6	5.2	0.6

... Category not applicable.

¹Based on 560,355,000 visits made by females.

²Based on 403,262,000 visits made by males.

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

⁴Also defined as drug visits.

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

Table 24. Number and percent distribution of drug visits and drug mentions, percentage of drug visits, and drug mention rates per 100 visits with corresponding standard errors, by physician specialty: United States, 2005

Physician specialty	Drug visits ¹				Drug mentions ²				Percent of drug visits ³		Drug mention rates ⁴	
	Number in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Percent	Standard error of percent	Number of drug mentions per 100 visits	Standard error of rate
All specialties	679,249	31,173	100.0	. . .	2,030,804	128,474	100.0	. . .	70.5	1.2	210.7	8.1
General and family practice	176,536	13,695	26.0	1.7	557,673	51,341	27.5	2.2	81.8	1.5	258.3	12.5
Internal medicine	138,027	16,858	20.3	1.9	504,591	76,345	24.8	2.7	82.3	3.0	301.0	23.4
Pediatrics	87,944	7,606	12.9	1.1	162,989	15,300	8.0	0.8	68.2	1.6	126.4	5.9
Obstetrics and gynecology	35,111	4,196	5.2	0.7	58,653	9,861	2.9	0.5	54.8	3.0	91.5	10.7
Ophthalmology	30,324	5,266	4.5	0.7	71,404	14,230	3.5	0.6	51.4	4.6	121.0	16.5
Psychiatry	25,346	3,556	3.7	0.5	64,563	10,842	3.2	0.5	90.1	2.1	229.6	17.5
Cardiovascular diseases	23,014	3,431	3.4	0.5	115,620	17,028	5.7	0.8	85.4	4.0	429.2	30.9
Dermatology	22,517	3,789	3.3	0.6	50,428	11,595	2.5	0.6	69.4	4.4	155.4	20.5
Orthopedic surgery	19,171	3,021	2.8	0.4	40,792	9,070	2.0	0.4	41.8	3.5	89.0	14.0
Otolaryngology	11,397	1,887	1.7	0.3	23,052	5,178	1.1	0.3	50.8	4.8	102.7	18.4
Urology	10,487	1,340	1.5	0.2	25,562	4,421	1.3	0.2	55.4	3.6	135.1	18.7
Neurology	10,217	1,437	1.5	0.2	31,781	6,235	1.6	0.3	78.4	3.1	243.9	29.3
General surgery	9,804	1,890	1.4	0.3	28,114	5,423	1.4	0.3	40.8	4.4	116.9	15.8
All other specialties	79,355	11,512	11.7	1.6	295,581	52,537	14.6	2.3	68.3	3.8	254.3	25.5

. . . Category not applicable.

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

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

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

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

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

Table 25. Number and percentage of drug mentions for the 20 most frequently occurring therapeutic classes at office visits with corresponding standard errors: United States, 2005

Therapeutic class ¹	Number of occurrences in thousands	Standard error in thousands	Percent of drug mentions ²	Standard error of percent
Antidepressants	107,070	8,999	5.3	0.3
Antihypertensive agents	105,295	9,577	5.2	0.2
Hyperlipidemia	101,004	8,633	5.0	0.2
Antiarthritics	85,511	7,856	4.2	0.2
Antiasthmatics or bronchodilators	83,741	6,971	4.1	0.2
Nonnarcotic analgesics	83,560	6,782	4.1	0.2
Antipyretics	75,381	6,582	3.7	0.2
Acid or peptic disorders	75,346	6,633	3.7	0.2
NSAIDs ³	75,277	6,063	3.7	0.2
Blood glucose regulators	72,535	6,488	3.6	0.2
Vitamins or minerals	65,973	5,260	3.2	0.2
Antihistamines	65,516	4,613	3.2	0.1
Beta blockers	62,726	5,300	3.1	0.2
Vaccines or antisera	61,155	7,649	3.0	0.4
ACE inhibitors ⁴	59,474	5,100	2.9	0.1
Diuretics	58,671	5,488	2.9	0.2
Narcotic analgesics	55,001	5,818	2.7	0.2
Calcium channel blockers	49,135	4,340	2.4	0.1
Adrenal corticosteroids	42,751	3,735	2.1	0.1
Thyroid or antithyroid	41,745	4,261	2.1	0.1

¹Based on the standard four-digit drug classification used in the *National Drug Code Directory*, 1995 edition (26).

²Based on an estimated 2,030,804,000 drug mentions at office visits in 2005.

³NSAIDs are nonsteroidal anti-inflammatory drugs.

⁴ACE is angiotensin-converting enzyme.

Table 26. Number, percent distribution, and therapeutic classes of the 20 most frequently mentioned generic equivalents at office visits, by new or continued drug status, with corresponding standard errors: United States, 2005

Generic equivalent ¹	Number of mentions in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Percent distribution			Standard error of percent			Thearapeutic class ²	
					Total	New	Continued	Unknown	New	Continued		Unknown
All drug mentions.	2,030,804	128,474	100.0	. . .	100.0	25.6	69.8	4.5	1.1	1.1	0.4	. . .
Aspirin	53,668	5,278	2.6	0.2	100.0	5.7	90.7	3.7	0.9	1.2	0.8	Nonnarcotic analgesics, antiarthritics, antipyretics
Atorvastatin calcium	44,207	3,793	2.2	0.1	100.0	5.1	92.7	2.3	0.9	1.1	0.7	Hyperlipidemia
Levothyroxine	38,749	3,976	1.9	0.1	100.0	4.7	92.5	2.8	1.0	1.2	0.7	Thyroid or antithyroid
Metoprolol	34,179	3,521	1.7	0.1	100.0	8.0	88.8	*3.2	1.3	1.5	1.0	Beta blockers
Albuterol	28,111	2,283	1.4	0.1	100.0	23.9	71.2	4.9	2.7	3.0	1.4	Antiasthmatics or bronchodilators
Lisinopril	27,854	3,023	1.4	0.1	100.0	8.1	87.6	*4.2	1.6	1.9	1.3	ACE inhibitors ³
Ibuprofen	24,474	2,192	1.2	0.1	100.0	47.0	46.4	6.6	3.2	3.7	1.5	NSAIDs ⁴
Furosemide	23,633	2,500	1.2	0.1	100.0	8.2	87.9	3.9	1.5	1.7	0.9	Diuretics
Acetaminophen	23,339	2,636	1.1	0.1	100.0	51.2	42.0	6.9	3.7	4.1	1.8	Nonnarcotic analgesics, antipyretics
Hydrochlorothiazide	23,114	2,227	1.1	0.1	100.0	7.8	90.3	*1.9	1.5	1.7	0.8	Diuretics
Acetaminophen with hydrocodone	22,897	2,843	1.1	0.1	100.0	34.8	60.4	*4.8	4.6	4.5	3.0	Narcotic analgesics
Simvastatin	19,855	2,397	1.0	0.1	100.0	5.4	91.5	*3.1	1.4	1.9	1.3	Hyperlipidemia
Metformin	19,813	2,105	1.0	0.1	100.0	7.7	87.5	4.8	1.8	2.3	1.3	Blood glucose regulators
Amlodipine	19,715	2,130	1.0	0.1	100.0	6.5	91.2	*2.2	1.3	1.5	0.8	Calcium channel blockers
Atenolol	19,348	1,659	1.0	0.1	100.0	6.3	91.6	2.1	1.8	1.9	0.5	Beta blockers
Amoxicillin	19,252	1,705	0.9	0.1	100.0	85.4	10.3	*4.3	2.5	2.0	1.4	Penicillins
Prednisone	18,479	2,471	0.9	0.1	100.0	28.5	69.6	*1.9	3.8	3.9	0.7	Adrenal corticosteroids
Esomeprazole magnesium	17,621	2,200	0.9	0.1	100.0	17.0	81.0	*2.0	3.2	3.2	0.8	Acid and peptic disorders
Warfarin sodium	16,846	2,117	0.8	0.1	100.0	*4.5	92.6	*2.9	1.5	1.8	0.9	Anticoagulants and thrombolytics
Alprazolam	16,331	2,511	0.8	0.1	100.0	12.6	84.7	*2.7	2.3	2.5	0.9	Antianxiety agents
Other	1,519,319	92,101	74.8	0.6	100.0	28.6	66.6	4.9	1.2	1.2	0.4	. . .

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

¹A generic equivalent of a drug is the combination of ingredients that make up the drug. For example, Anexsia, Bancap HC, and Dolacet all have the generic equivalent "Acetaminophen with hydrocodone." Thus, the number of drug mentions for "Acetaminophen with hydrocodone" is the sum of all drug mentions that have this generic equivalent.

²Based on the standard drug classification used in the *National Drug Code Directory* (NDC), 1995 edition (26). In the NDC, therapeutic classes are assigned to drugs using 21 broad categories (two-digit level), and into specific categories (four-digit level) within each broad group. In the NAMCS, up to three therapeutic classes can be coded for each drug. Drugs are counted in each class where they may occur.

³ACE is angiotensin-converting enzyme.

⁴NSAIDs are nonsteroidal anti-inflammatory drugs.

Table 27. Number and percentage of office visits with corresponding standard errors, by providers seen: United States, 2005

Type of provider	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
All visits	963,617	40,611	...	...
Physician	926,951	38,537	96.2	0.6
R.N. ² or L.P.N. ³	269,455	27,784	28.0	2.3
Physician assistant	41,102	7,109	4.3	0.7
Nurse practitioner or midwife	17,568	4,895	1.8	0.5
Other provider	153,419	14,738	15.9	1.4

... Category not applicable.

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

²R.N. is registered nurse.

³L.P.N. is licensed practical nurse.

Table 28. Number and percentage of office visits with corresponding standard errors, by visit disposition: United States, 2005

Disposition	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
All visits	963,617	40,611	...	...
Return at specified time	623,680	29,296	64.7	1.3
Return if needed, P.R.N. ²	264,778	19,345	27.5	1.4
Refer to other physician	64,150	5,295	6.7	0.4
No followup planned	61,658	5,299	6.4	0.5
Telephone follow-up planned	18,637	3,289	1.9	0.3
Admit to hospital	4,253	1,207	0.4	0.1
Refer to emergency department	2,014	502	0.2	0.1
Other disposition	10,746	1,442	1.1	0.2
Blank	20,499	4,448	2.1	0.5

... Category not applicable.

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

²P.R.N. is "as needed."

Table 29. Number and percent distribution of office visits with corresponding standard errors, by time spent with physician: United States, 2005

Time spent with physician	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	963,617	40,611	100.0	...
Visits at which no physician was seen	36,667	6,352	3.8	0.6
Visits at which a physician was seen	926,951	38,537	96.2	0.6
Total	926,951	38,537	100.0	...
1–5 minutes	23,935	3,754	2.6	0.4
6–10 minutes	157,951	11,577	17.0	1.1
11–15 minutes	331,723	19,543	35.8	1.3
16–30 minutes	341,258	19,375	36.8	1.3
31–60 minutes	67,880	6,396	7.3	0.7
61 minutes and over	4,205	853	0.5	0.1

... Category not applicable.

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

Table 30. Mean time spent with physician with corresponding standard errors and percentiles, by physician specialty: United States, 2005

Physician specialty	Mean time in minutes spent with physician ¹	Standard error in of mean	25th percentile	Median	75th percentile
All visits	19.7	0.3	14.1	14.8	24.1
Psychiatry	31.4	1.6	14.6	29.3	44.5
Neurology	26.8	1.3	14.6	19.8	29.8
Internal medicine	21.5	1.1	13.7	14.9	25.1
General and family practice	19.9	0.6	14.2	14.9	24.3
Cardiovascular diseases	19.3	0.9	14.3	14.9	20.0
Obstetrics and gynecology	19.0	0.8	14.1	14.9	21.5
General surgery	19.0	1.1	9.7	14.7	20.0
Otolaryngology	18.1	0.8	9.9	14.5	19.8
Urology	18.1	0.6	14.1	14.7	19.8
Ophthalmology	17.9	1.0	9.6	14.6	24.0
Orthopedic surgery	17.8	0.9	9.9	14.6	19.7
Pediatrics	16.3	0.5	9.8	14.5	19.4
Dermatology	16.2	0.9	9.6	14.3	17.0
All other specialties	20.5	1.2	14.1	15.0	23.8

¹Only visits where a physician was seen are included.

Table 31. Characteristics of the 2005 National Ambulatory Medical Care Survey, physician respondents and nonrespondents

Physician characteristic ¹	Number of sampled in-scope physicians ²	Total sample percent distribution ³ (weighted)	Responding physician percent distribution ⁴ (weighted)	Nonresponding physician percent distribution ⁵ (weighted)	Weighted response rate ⁶
All office-based physicians	1,936	100.0	100.0	100.0	0.625
Age					
Under 50 years	892	47.7	47.7	47.7	0.626
50 years and over	1,044	52.3	52.3	52.3	0.625
Sex ⁷					
Male	1,555	77.0	74.7	80.9	0.606
Female	381	23.0	25.3	19.1	0.689
Region					
Northeast	433	20.9	22.0	19.1	0.657
Midwest	426	21.4	20.3	23.3	0.592
South	642	34.9	34.5	35.6	0.618
West	435	22.7	23.2	21.9	0.638
Metropolitan status ⁸					
MSA	1,736	88.9	88.5	89.4	0.623
Not MSA	200	11.1	11.5	10.6	0.644
Type of doctor					
Doctor of medicine	1781	93.9	94.4	92.9	0.629
Doctor of osteopathy	155	6.1	5.6	7.1	0.567
Physician specialty ^{7,9}					
General and family practice	295	18.4	17.9	19.3	0.607
Internal medicine	121	15.4	13.9	18.1	0.562
Pediatrics	128	10.4	12.1	7.4	0.731
General surgery	114	3.7	4.1	3.1	0.689
Obstetrics and gynecology	106	7.1	7.4	6.7	0.649
Orthopedic surgery	109	4.7	4.5	5.1	0.598
Cardiovascular diseases	154	4.1	3.5	5.2	0.532
Dermatology	90	2.2	2.4	1.8	0.685
Urology	110	2.0	2.2	1.8	0.672
Psychiatry	157	5.7	5.4	6.3	0.587
Neurology	155	2.1	1.6	2.8	0.494
Ophthalmology	103	4.2	4.3	4.0	0.641
Otolaryngology	108	1.9	1.9	2.0	0.620
All other specialties	186	18.0	18.9	16.5	0.655
Specialty type ⁹					
Primary care	644	50.9	50.7	51.3	0.622
Surgical	595	21.6	22.0	20.7	0.640
Medical	697	27.5	27.3	27.9	0.620
Practice type					
Solo	548	27.6	26.3	29.8	0.595
Two physicians	119	6.4	6.3	6.5	0.619
Group or HMO ¹⁰	814	40.6	41.5	39.1	0.639
Medical school or government	31	1.4	1.9	0.7	0.821
Other	33	1.4	1.4	1.2	0.662
Unclassified	391	22.6	22.6	22.7	0.624
Annual visit volume ¹¹					
Low	645	32.3	34.2	29.2	0.662
Medium	644	31.5	29.8	34.3	0.592
High	647	36.2	36.1	36.6	0.622

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

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

³Total physicians are those who were selected from the master files of the American Medical Association and the American Osteopathic Association, and determined to be in-scope.

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

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

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

⁷Chi-square test of association is significant at $p < 0.05$.

⁸MSA is metropolitan statistical area.

⁹Physician specialty and specialty type are defined in "Physician specialty groups" section of "Methods."

¹⁰HMO is health maintenance organization.

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

Technical Notes

<p>NAMCS-30 <small>(9-00-0204)</small></p>	<p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE Economic and Statistics Administration U.S. CENSUS BUREAU ADMINISTRATION COLLECTION INSTRUMENT FOR THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention National Center for Health Statistics</p>
<p>NATIONAL AMBULATORY MEDICAL CARE SURVEY 2005 PATIENT RECORD</p>	
<p>Assurance of confidentiality - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).</p>	

NAMCS-30 (9-00-0204)

1. PATIENT INFORMATION			2. INJURY/POISONING/ ADVERSE EFFECT	
<p>a. Date of visit Month Day Year _____ / _____ / 200</p>	<p>d. Sex <input type="checkbox"/> Female - Is patient pregnant? <input type="checkbox"/> Yes - Specify gestation week → _____ OR LMP Month Day Year _____ / _____ / 200 <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Male</p>	<p>e. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p>	<p>Is this visit related to any of the following?</p> <p><input type="checkbox"/> Unintentional injury/poisoning <input type="checkbox"/> Intentional injury/poisoning <input type="checkbox"/> Adverse effect of medical/surgical care or adverse effect of medicinal drug <input type="checkbox"/> None of the above <input type="checkbox"/> Unknown</p>	
<p>b. ZIP code _____</p>	<p>f. Race - Mark (X) one or more</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native</p>	<p>g. Tobacco use <input type="checkbox"/> Not current → <input type="checkbox"/> Current <input type="checkbox"/> Never → <input type="checkbox"/> Former <input type="checkbox"/> Unknown</p>		
<p>c. Date of birth Month Day Year _____ / _____ / 200</p>	<p>h. Expected source(s) of payment for this visit - Mark (X) all that apply.</p> <p><input type="checkbox"/> Private insurance <input type="checkbox"/> Other <input type="checkbox"/> Medicare <input type="checkbox"/> Unknown <input type="checkbox"/> Medicaid/CHIP <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Self-pay <input type="checkbox"/> No charge/Charity</p>			
3. REASON FOR VISIT		4. CONTINUITY OF CARE		
<p>Patient's complaint(s), symptom(s), or other reason(s) for this visit - Use patient's own words.</p> <p>(1) Most important: _____</p> <p>(2) Other: _____</p> <p>(3) Other: _____</p>		<p>a. Are you the patient's primary care physician/provider?</p> <p><input type="checkbox"/> Yes - SKOP to item 4b <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Was patient referred for this visit?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>b. Has the patient been seen in your practice before?</p> <p><input type="checkbox"/> Yes, established patient - How many past visits in the last 12 months? Exclude this visit.</p> <p><input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6+ <input type="checkbox"/> Unknown <input type="checkbox"/> No, new patient</p>	<p>c. Major reason for this visit</p> <p><input type="checkbox"/> New problem (<3 mos. onset) <input type="checkbox"/> Chronic problem, routine <input type="checkbox"/> Chronic problem, flare-up <input type="checkbox"/> Pre-Post-surgery <input type="checkbox"/> Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams)</p>
5. PHYSICIAN'S DIAGNOSIS FOR THIS VISIT				
<p>a. As specifically as possible, list diagnoses related to this visit including chronic conditions.</p> <p>(1) Primary diagnosis: _____</p> <p>(2) Other: _____</p> <p>(3) Other: _____</p>		<p>b. Regardless of the diagnoses written in 5a, does the patient now have - Mark (X) all that apply.</p> <p><input type="checkbox"/> Arthritis <input type="checkbox"/> COPD <input type="checkbox"/> Obesity <input type="checkbox"/> Asthma <input type="checkbox"/> Depression <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> None of the above <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> CHF <input type="checkbox"/> Hypertension <input type="checkbox"/> Chronic renal failure <input type="checkbox"/> Ischemic heart disease</p>		
		<p>c. Status of patient enrollment in a disease management program for any of the conditions marked in 5b.</p> <p><input type="checkbox"/> Currently enrolled <input type="checkbox"/> Ordered/advised to enroll at this visit <input type="checkbox"/> Not enrolled <input type="checkbox"/> Unknown</p>		
6. VITAL SIGNS		7. DIAGNOSTIC/SCREENING SERVICES		
<p>(1) Height _____ <input type="checkbox"/> ft/in <input type="checkbox"/> cm</p> <p>(2) Weight _____ <input type="checkbox"/> lb <input type="checkbox"/> kg</p> <p>(3) Temperature _____ <input type="checkbox"/> C <input type="checkbox"/> F</p> <p>(4) Blood pressure _____ / _____</p>		<p>Mark (X) all ordered or provided at this visit.</p> <p><input type="checkbox"/> NONE</p> <p>Examinations:</p> <p><input type="checkbox"/> Breast <input type="checkbox"/> Pelvic <input type="checkbox"/> Rectal <input type="checkbox"/> Skin <input type="checkbox"/> Depression screening</p> <p>Imaging:</p> <p><input type="checkbox"/> Bone mineral density <input type="checkbox"/> Mammography <input type="checkbox"/> MRI/CT/PET <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray <input type="checkbox"/> Other imaging</p> <p>Blood tests:</p> <p><input type="checkbox"/> CBC (complete blood count) <input type="checkbox"/> Electrolytes <input type="checkbox"/> Glucose <input type="checkbox"/> HgA1C (glycohemoglobin) <input type="checkbox"/> Lipids/Cholesterol <input type="checkbox"/> PSA (prostate specific antigen) <input type="checkbox"/> Other blood test</p> <p>Other tests:</p> <p><input type="checkbox"/> Biopsy <input type="checkbox"/> Chlamydia test <input type="checkbox"/> EKG/ECG <input type="checkbox"/> PAP test/Cervical cytology <input type="checkbox"/> Scope procedure (e.g., colonoscopy) - Specify → _____ <input type="checkbox"/> Spirometry/Pulmonary function test <input type="checkbox"/> Urinalysis (UA) <input type="checkbox"/> Other test/service - Specify → _____</p>		
8. HEALTH EDUCATION		9. NON-MEDICATION TREATMENT		
<p>Mark (X) all ordered or provided at this visit.</p> <p><input type="checkbox"/> NONE <input type="checkbox"/> Stress management <input type="checkbox"/> Asthma education <input type="checkbox"/> Tobacco use/Exposure <input type="checkbox"/> Diet/Nutrition <input type="checkbox"/> Weight reduction <input type="checkbox"/> Exercise <input type="checkbox"/> Growth/Development <input type="checkbox"/> Injury prevention <input type="checkbox"/> Other</p>		<p>Mark (X) all ordered or provided at this visit.</p> <p><input type="checkbox"/> NONE <input type="checkbox"/> Psychotherapy <input type="checkbox"/> Complementary alternative medicine (CAM) <input type="checkbox"/> Other mental health counseling <input type="checkbox"/> Durable medical equipment <input type="checkbox"/> Excision of tissue <input type="checkbox"/> Home health care <input type="checkbox"/> Orthopedic care <input type="checkbox"/> Hospice care <input type="checkbox"/> Wound care <input type="checkbox"/> Physical therapy <input type="checkbox"/> Speech/Occupational therapy</p> <p>Procedures:</p> <p><input type="checkbox"/> Other non-surgical procedures - Specify → _____ <input type="checkbox"/> Other surgical procedures - Specify → _____</p>		
10. MEDICATIONS & IMMUNIZATIONS		11. PROVIDERS	12. VISIT DISPOSITION	
<p><input type="checkbox"/> NONE Include Rx and OTC drugs, immunizations, allergy shots, anesthetics, and dietary supplements that were ordered, supplied, administered or continued during the visit.</p> <p>(1) _____ <input type="checkbox"/> New <input type="checkbox"/> Continued</p> <p>(2) _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>(3) _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>(4) _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>(5) _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>(6) _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>(7) _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>(8) _____ <input type="checkbox"/> <input type="checkbox"/></p>		<p>Mark (X) all providers seen at this visit.</p> <p><input type="checkbox"/> Physician <input type="checkbox"/> Physician assistant <input type="checkbox"/> Nurse practitioner/Midwife <input type="checkbox"/> RN/LPN <input type="checkbox"/> Other</p>	<p>Mark (X) all that apply.</p> <p><input type="checkbox"/> No follow-up planned <input type="checkbox"/> Return if needed, PRN <input type="checkbox"/> Refer to other physician <input type="checkbox"/> Return at specified time</p> <p><input type="checkbox"/> Telephone follow-up planned <input type="checkbox"/> Refer to emergency department <input type="checkbox"/> Admit to hospital <input type="checkbox"/> Other</p>	
		13. TIME SPENT WITH PHYSICIAN		
		<p>Minutes _____ Enter zero if no physician seen</p>		

Suggested citation

Cherry DK, Woodwell DA, Rechtsteiner EA. National Ambulatory Medical Care Survey: 2005 Summary. Advance data from vital and health statistics; no 387. Hyattsville, MD: National Center for Health Statistics. 2007.

Copyright information

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

National Center for Health Statistics

Director
Edward J. Sondik, Ph.D.
Acting Co-Deputy Directors
Jennifer H. Madans, Ph.D.
Michael H. Sadagursky

U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention
National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782

MEDIA MAIL POSTAGE & FEES PAID CDC/NCHS PERMIT NO. G-284

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

To receive this publication regularly, contact the National Center for Health Statistics by calling 1-800-232-4636
E-mail: nchsquery@cdc.gov
Internet: www.cdc.gov/nchs

CS108823 (6/2007)
T28627
DHHS Publication No. (PHS) 2007-1250