SAFER • HEALTHIER • PEOPLE™

CDC

Monitoring the Nation's Health

Vital and Health Statistics

Series 13, Number 159

February 2006

Ambulatory Care Visits to Physician Offices, Hospital Outpatient Departments, and Emergency Departments: United States, 2001–02

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

Suggested citation

Schappert SM, Burt CW. Ambulatory care visits to physician offices, hospital outpatient departments, and emergency departments: United States, 2001–02. National Center for Health Statistics. Vital Health Stat 13(159). 2006.

Library of Congress Catalog Card Number 97-10617

Trade name disclaimer

The use of trade names is for identification only and does not imply endorsement by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

For sale by the U.S. Government Printing Office
Superintendent of Documents
Mail Stop: SSOP
Washington, DC 20402-9328
Printed on acid-free paper.

Vital and Health Statistics

Series 13, Number 159

Ambulatory Care Visits to Physician Offices, Hospital Outpatient Departments, and Emergency Departments: United States, 2001–02

Data From the National Health Care Survey

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

Hyattsville, Maryland
February 2006
DHHS Publication No. (PHS) 2006-1730

National Center for Health Statistics

Edward J. Sondik, Ph.D., *Director*

Jennifer H. Madans, Ph.D., *Acting Co-Deputy Director*

Michael H. Sadagursky, *Acting Co-Deputy Director*

Jennifer H. Madans, Ph.D., *Associate Director for Science*

Edward L. Hunter, *Associate Director for Planning, Budget, and Legislation*

Michael H. Sadagursky, *Associate Director for Management and Operations*

Lawrence H. Cox, Ph.D., *Associate Director for Research and Methodology*

Margot A. Palmer, *Director for Information Technology*

Margot A. Palmer, *Acting Director for Information Services*

Linda T. Bilheimer, Ph.D., *Associate Director for Analysis, Epidemiology, and Health Promotion*

Charles J. Rothwell, *Director for Vital Statistics*

Jane E. Sisk, Ph.D., *Director for Health Care Statistics*

Jane F. Gentleman, Ph.D., *Director for Health Interview Statistics*

Clifford L. Johnson, *Director for Health and Nutrition Examination Surveys*

Division of Health Care Statistics

Jane E. Sisk, Ph.D., *Director*

Robin Remsburg, Dr.N., *Deputy Director*

Irma Arispe, Ph.D., *Associate Director for Science*

Catharine W. Burt, Ed.D., *Chief, Ambulatory Care Statistics Branch*

Charles Adams, *Chief, Technical Services Branch*

Contents

Figures

Detailed Tables

Appendix Tables

Abstract

Objective—This report presents statistics on ambulatory care visits to physician offices, hospital outpatient departments, and hospital emergency departments. Ambulatory medical care utilization is described in terms of patient, practice, facility, and visit characteristics. Office-based care is further subdivided into the categories of primary care, surgical specialties, and medical specialties.

Methods—Data from the 2001 and 2002 National Ambulatory Medical Care Surveys (NAMCS) and National Hospital Ambulatory Medical Care Surveys (NHAMCS) were combined to produce averaged annual estimates of ambulatory medical care utilization.

Results—Patients in the United States made an estimated 1.1 billion visits per year in 2001 and 2002 (annual average) to physician offices, hospital outpatient departments, and emergency departments, a rate of 3.8 visits per person annually. This marks the first time that the annual estimate of visits has surpassed the billion mark and is also a significant increase from the 1999–2000 estimate. The change was primarily driven by a jump in the number of visits to primary care physicians. The distribution of visits by patient age, sex, race, expected source of payment, geographic region, and whether the visit occurred in a metropolitan statistical area (MSA) varied across ambulatory care settings. Females had higher visit rates than males to all settings except office-based surgical specialists and emergency departments (ED). Black persons had higher visit rates than white persons to hospital outpatient and emergency departments, but lower visit rates to office-based surgical and medical specialists. Visits to emergency departments were more likely to be patient-paid or no charge, possibly reflecting a lack of private health insurance, than were visits to physician offices. Visit rates to office-based medical specialists were more than double in MSAs compared with non-MSAs.

Keywords: ambulatory care visits • diagnoses • injury • ICD-9-CM

Ambulatory Care Visits to Physician Offices, Hospital Outpatient Departments, and Emergency Departments: United States, 2001–02

Susan M. Schappert, M.A., and Catharine W. Burt, Ed. D., Division of Health Care Statistics

Introduction

Although the majority of ambulatory health care encounters are made to office-based physicians (1–3), the scope and magnitude of ambulatory health care in the United States can best be examined by analyzing data from multiple settings. This report presents estimates of total ambulatory care utilization across five settings: primary care physician offices, surgical specialty offices, medical specialty offices, hospital outpatient departments, and hospital emergency departments.

The data presented in this report are from the 2001 and 2002 National Ambulatory Medical Care Surveys (NAMCS) and National Hospital Ambulatory Medical Care Surveys (NHAMCS), which were combined to produce annual estimates of ambulatory care in the United States. These surveys comprise the ambulatory care component of the National Health Care Survey, which is a provider-based family of health surveys. Information on the health care visit usually comes from the medical record or directly from the provider and is recorded on a one-page encounter form, known as the Patient Record form (PRF).

This report presents summary statistics for a selection of data items common across NAMCS and NHAMCS. Although the annual summaries (4–9) contain an overview of the specific care provided in each setting, this report presents data across ambulatory care settings to better understand how care is distributed. In addition, the report provides an opportunity to look at more detailed utilization statistics for ambulatory care settings as a whole. To look at changes over time, several charts compare data from 2001–02 with corresponding data from 1993–94.

Data on patient ethnicity (Hispanic, Not Hispanic) are included in several tables. In the past, NAMCS and NHAMCS reports have omitted these data because of high item nonresponse rates. However, as of 2002, 13.3 percent of the U.S. civilian noninstitutional population was Hispanic (10), and the authors felt that this population was too important to continue to omit, despite the potential limitations of the data, which are described further in the ''Methods'' section.

The main topics presented are patient and provider characteristics, patient's reason for visit, characteristics of injury visits, physician's diagnosis, and medication therapy. For readers who are interested in more detailed analysis of the relationships between access to care and patient and provider characteristics, the 1999–2000 summary (11) contains additional tables and discussion related to these issues.

Methods

This study is a secondary analysis of data collected in the 2001 and 2002 NAMCS and NHAMCS. These are annual national probability sample surveys conducted by the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Health Care Statistics.

The target universe for 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) or 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 took place in federally operated facilities and hospital-based outpatient departments were not. Telephone contacts and visits made outside the ambulatory care setting were excluded from both NAMCS and NHAMCS.

The target universe for the NHAMCS is in-person visits made in the United States to outpatient departments (OPDs) and emergency departments (EDs) of non-Federal, short-stay hospitals (hospitals with an average stay of less than 30 days) or those whose specialty is general (medical or surgical) or children's general. Only outpatient department clinics under the supervision of a physician were within the scope of NHAMCS. Clinics specializing in ancillary services, treatment only (e.g., chemotherapy, dialysis, radiation, physical therapy), and ambulatory surgery were all out-of-scope for NHAMCS. Visits from all sampled OPD clinics were combined to provide total estimates for OPD utilization. This includes clinics defined as general medical care (59.8 percent of the 2001–02 total), pediatrics (13.2 percent), general surgery (12.8 percent), obstetrics and gynecology (7.7 percent), and all other types (6.5 percent). (Surgery clinics differ from ambulatory surgical centers in OPDs in that the former involve visits to surgeons for diagnosis of problems requiring surgery and for postsurgery followup. Ambulatory surgery centers provide surgical procedures that do not require hospitalization.) EDs were defined as those providing 24-hour emergency care. Emergency care clinics that were open less than 24 hours per day were considered as part of the outpatient department.

The NHAMCS sampling frame for 2001 and 2002 consisted of hospitals that were listed in the April 1991 SMG Hospital Market Database, which was updated using the 2000 SMG Hospital Market Database, to allow inclusion of facilities that opened or changed their eligibility status since the prior sample in 1991. This resulted in the addition of 41 hospitals and the deletion of 48 hospitals in the 2001 sample.

A multistage probability sample design is used in both surveys; the designs are described elsewhere (12,13). The combined 2001 and 2002 NAMCS dataset contains 53,019 encounter records from 2,744 in-scope physicians; the combined NHAMCS dataset contains 71,883 ED and 70,132 OPD encounter forms from 490 unique hospitals, or 824 responding facilities (because the same hospital may be sampled in consecutive years). Response rates for both surveys ranged between 64 and 87 percent across the 2-year period. See Appendix I for additional information.

Because the estimates presented are based on a sample rather than on the entire universe of ambulatory visits, they are subject to sampling variability. The ''Technical Notes'' in Appendix I include an explanation of sampling errors and guidelines for judging the precision of the estimates, as well as information on the tests of significance used to establish differences between survey estimates. The determination of statistical inference was based on the two-tailed *t*-test. The Bonferonni 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 variables) of interest.

The Patient Record form (PRF) is produced in three separate versions that have been carefully designed for use in each of the three ambulatory care settings, but which contain many data items in common. NAMCS and OPD PRFs are nearly identical, and the ED PRF differs in ways appropriate to that setting. These forms are used by medical staff to record information about patient visits. Definitions of terms relating to the survey items are found in Appendix II. The PRFs are shown in Appendix III and should serve as a reference for readers as they review the survey findings presented in this document.

The PRF item ''Primary expected source of payment for this visit'' is used to define the method of payment expected by the provider for the visit. It includes the categories of private insurance, Medicare, Medicaid, Worker's Compensation, self-pay, no charge, other, and unknown. For this report, self-pay and no charge were combined to yield estimates of uninsured visits. Worker's Compensation, other, and unknown response categories were combined into a residual category called ''Other.'' Visit rates by expected pay source use estimates of health insurance from the 2001–02 National Health Interview Survey (14,15). The numerator used in calculating rates for the uninsured group comes from the PRF self-pay and no-charge categories. Though not all uninsured visits are made by uninsured persons, the number of uninsured persons is used to calculate rates of uninsured visits. For NAMCS and NHAMCS self-pay and no-charge visits (uninsured visits), there is no expectation of third-party payers covering the cost.

Many of the tables in this report present data on rates of ambulatory care visits. With the exception of the expected source of payment and MSA status, the population figures used in calculating these rates were special tabulations of the civilian noninstitutionalized population of the United States, developed by the Population Division, U.S. Census Bureau, from the July 1,

2001, and July 1, 2002, sets of State population estimates by age, sex, race, and Hispanic origin. These estimates are based on Census 2000 data. Population figures are shown in Appendix I, tables V and VI.

Several medical classification systems were used to code data from NAMCS and NHAMCS. Each PRF contains an identical item on the patient's expressed reason for the visit. In this item, the respondent was asked to record the patient's ''complaint(s), symptom(s), or other reason(s) for this visit in the patient's (or patient surrogate's) own words.'' Up to three reasons for visit were classified and coded for each visit according to *A Reason for Visit Classification for Ambulatory Care* (RVC) (16).

Each PRF also contains an item on the cause of injury for injury-related visits. Up to three external causes of injury were classified and coded according to the ''Supplementary Classification of External Causes of Injury and Poisoning'' of the *International Classification of Diseases, 9th Revision Clinical Modification* (ICD-9-CM) (17). The edits for the injury-related checkbox on each form include combining information from the reason for visit, cause of injury, and diagnosis items to ensure that the visit is acknowledged as related to an injury.

Each PRF also contains an identical item on diagnosis. The respondent was asked to record the primary diagnosis or problem associated with the patient's most important reason for the current visit as well as any other significant current diagnoses. Up to three diagnoses were classified and coded according to the ICD-9-CM.

In the medication item, also identical on all three PRFs, respondents were instructed to record all new or continued medications ordered, supplied, or administered at the visit, including prescription and nonprescription preparations, immunization and desensitizing agents, and anesthetics. Up to six medications, referred to in the surveys as drug mentions, were coded per drug visit according to a classification system developed at the National Center for Health Statistics. A report describing the method and instruments used to collect and process drug information is available (18). Therapeutic classification of the drugs mentioned on the PRFs was determined using the *National Drug Code Directory*, 1995 edition (19).

The U.S. Census Bureau was responsible for data collection for all surveys. Constella Group, formerly Analytic Sciences, Inc., Durham, N.C., performed processing operations and medical coding. As part of the quality assurance procedure, a 10-percent quality control sample of survey records was independently processed. Error rates (which include coding and keying) ranged between 0.0 and 2.0 percent depending on the survey and item.

As mentioned earlier, this report describes ambulatory care that occurs in five settings—primary care offices, surgical specialty offices, medical specialty offices (all based on NAMCS data), and hospital outpatient departments and emergency departments (based on NHAMCS data). Visits to office-based physicians, which account for 83 percent of the ambulatory care visits discussed in this report, were divided into three settings to better portray the diversity of care that takes place in physician offices. The groupings used to define each of the three office-based settings are based on a classification suggested by the American Medical Association (20). A detailed list of the specialties included in each group is shown in Appendix I. In this report, the terms ''visits to office-based physicians'' and ''visits to physician offices'' are used interchangeably, as are the terms ''visits to specialists,'' ''visits to specialty offices,'' and ''visits to specialties.''

Several figures in this report present time comparisons for selected characteristics of ambulatory care. Diagnosis data from 2001–02 are contrasted with data from 1993–94. The 1993–94 data were used because the 1993–94 survey instruments for NHAMCS were identical, which improved comparability of the data collected. NHAMCS was not conducted prior to 1992, and the authors wished to combine estimates from a 2-year period for greater reliability. Drug data from 2001–02 are contrasted with data from 1995–96. The years 1995–96 were chosen because the medication item on the PRF for 1995 and 1996 is more like the item used in 2001 and 2002; prior to 1995, only five drugs were collected per visit rather than six.

Finally, the report presents data on patient ethnicity, which has not been included previously in NAMCS and NHAMCS summaries because of a high item nonresponse rate. Less than one-half of U.S. States require hospitals to collect data on patient race and ethnicity (21). However, about 8 of 10 Hispanic residents of the United States live in States that do mandate such collection according to the Census Bureau's State population projections by Hispanic origin for the year 2000 (22). In States that do mandate it, the item nonresponse rate for NHAMCS ethnicity data was 14.9 percent compared with 24.4 percent for States that do not (unpublished research, Ambulatory Care Statistics Branch). Although 14.9 percent is still a sizable amount, it could be argued that the missing data for the remaining States may not have as much impact because these States have low Hispanic populations. Nevertheless, researchers should consider the limitations of these data before using them for further analysis. For example, the visit rates presented in this report for the Hispanic population will likely be underestimates because of missing data in the numerator of the rate calculation.

Results

This report contains detailed data on ambulatory care visits by patient and provider characteristics (tables 1,2), patient's reason for visit (table 3), physician's diagnosis (tables 4–6), injury-related visits (tables 7–9), and medications prescribed or provided at ambulatory care visits (tables 10–15). Highlights of information found in the tables are shown below.

Overall Utilization

- There was an average of 1.1 billion ambulatory care visits in 2001 and

2002, a significant increase of 10 percent over the 1999–2000 estimate. This was mainly driven by a 17 percent jump in the number of visits to primary care physicians since 1999–2000 (table 1).

- The distribution of visits across ambulatory care settings was not significantly different from 1999–2000 except for a higher percentage of visits to primary care physicians. About half of the visits (50.4 percent) were to primary care physicians in 2001–02 compared with 47.3 percent in 1999–2000. In 2001–02, 16.4 and 15.3 percent of visits were to office-based medical and surgical specialists respectively, 10.1 percent were to hospital EDs, and 7.8 percent were to hospital OPDs with physician-supervised evaluation and management clinics (table 1).
- Patients under the age of 45 had a higher percentage of their ambulatory care visits to the ED compared with patients 45 years of age and over. Male patients, black patients, and those whose expected pay source was either Medicaid, self-pay, or no charge had a higher percentage of visits to the ED (figure 1). As mentioned previously, self-pay and no charge are considered as uninsured for this report.
- The distribution of ambulatory care visits varied by patient ethnicity, with Hispanic patients making smaller proportions of visits to medical and surgical specialties compared with non-Hispanic patients, but a greater proportion to OPDs. There were no significant differences by ethnicity in the proportion of visits to primary care physicians and EDs (table 1). However, compared with black non-Hispanic patients, Hispanic patients had a significantly higher proportion of their visits to primary care physicians (56.6 percent vs. 40.0 percent) and a lower proportion to hospital emergency departments (11.9 percent vs. 21.2 percent, data not shown). Data involving ethnicity should be interpreted cautiously because ethnicity was not reported at 23 percent of ambulatory care visits.
- The distribution of ambulatory care visits was different for MSAs compared with non-MSAs. Within MSAs, higher proportions of visits were made to medical and surgical specialists. Within non-MSAs, higher proportions of visits were made to primary care physicians and EDs (table 1).
- Despite the increase in number of overall visits, the annual rate of 3.8 visits per person in 2001–02 was not significantly different from the 1999–2000 rate of 3.6 visits per person (table 2).
- Females had a higher visit rate than males overall and to primary care physicians, medical specialists, and OPDs. There were no sex differences in visit rates to surgical specialists and EDs (table 2).
- White persons had a higher overall visit rate than black persons and higher rates to primary care physicians and surgical and medical specialists. Black persons had higher visit rates than white persons to hospital OPDs and EDs (table 2).
- The overall visit rate was lowest for uninsured patients, while those with an expected pay source of Medicare had the highest visit rate. Visit rates to the OPD and ED were highest for Medicaid patients (table 2).
- The overall visit rate was highest in the Northeast, with 455 visits per 100 persons. However, there were few significant differences in setting-specific visit rates by region. Visits to medical specialists occurred at a higher rate in the Northeast than the Midwest. Visits to OPDs occurred at double the rate in the Northeast than the West (40 visits per 100 persons vs. 19 visits per 100 persons), and visits to EDs occurred at a higher rate in the South than the West (table 2).
- As in 1999–2000, the overall visit rate was higher in MSAs than in non-MSAs. For 2001–02, this was primarily related to significantly higher visit rates to medical and surgical specialties in MSAs, which may reflect possible differences in care-seeking behavior or the availability of medical and surgical specialists in non-MSAs (table 2).
- The rate of visits to primary care physicians was significantly higher in 2001–02 compared with

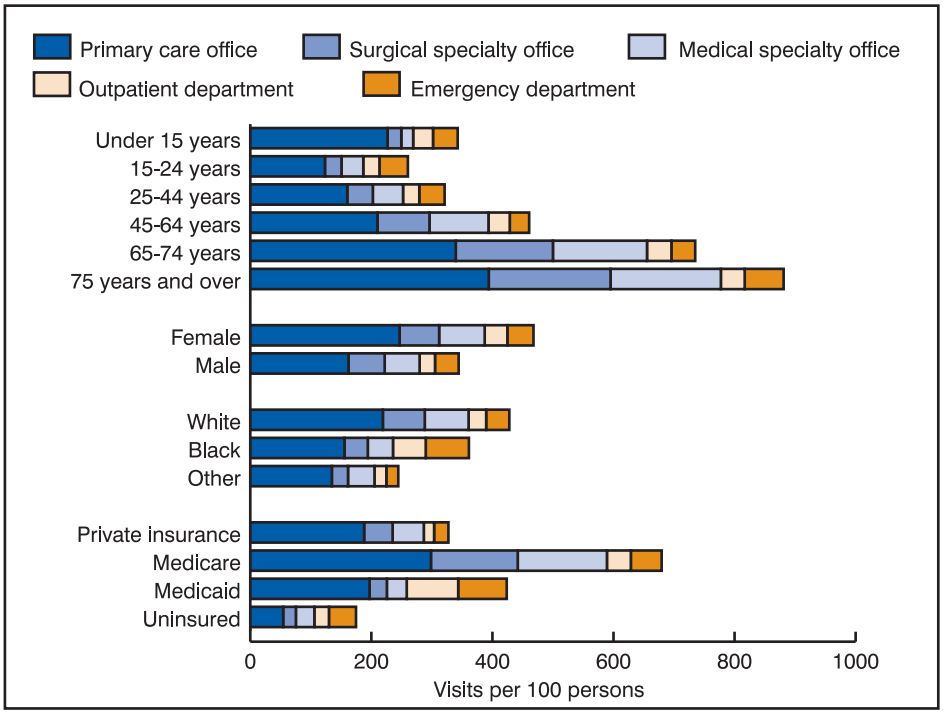


Figure 1. Annual rate of ambulatory care visits by patient and visit characteristics and setting type: United States, 2001–02

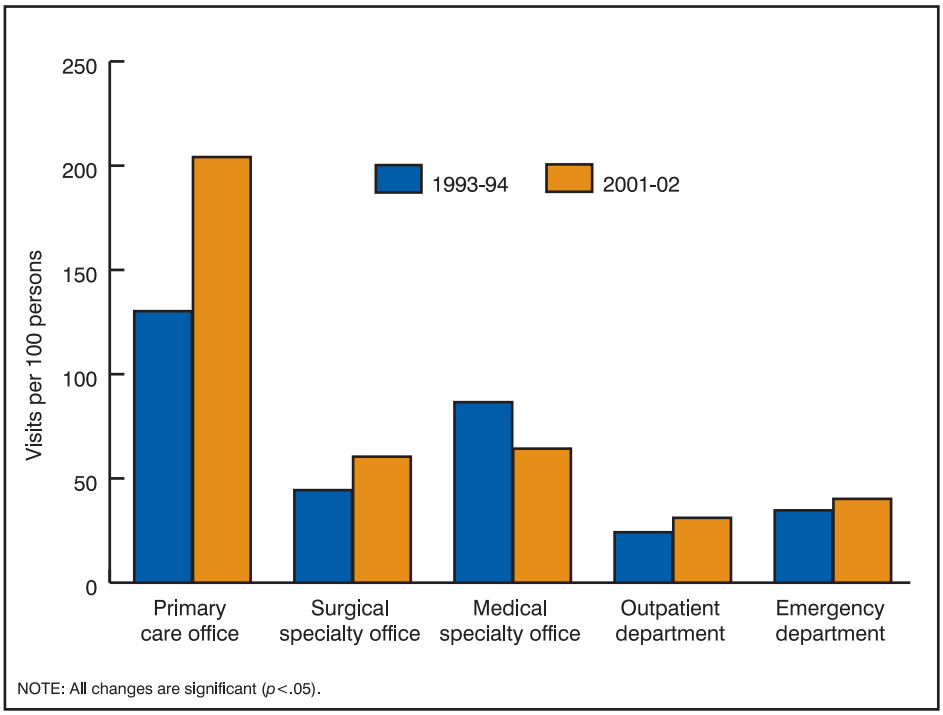


Figure 2. Age-adjusted ambulatory care visit rates by setting type and year: United States, 1993–94 and 2001–02

1999–2000 for white persons, for those with an expected pay source of private insurance or Medicare, and for visits in MSAs (table 2).

- Significant increases were found when comparing age-adjusted visit rates to primary care physicians, surgical specialists, and hospital OPDs and EDs for 1993–94 and 2001–02. Visits to medical specialists decreased since 1993–94 (figure 2).

Reasons for Visit and Diagnoses

- General medical exam was the most frequent reason patients gave for making an ambulatory care visit in 2001–02 (6.7 percent), and cough was the most frequent symptom mentioned (4.3 percent). All but two of the top 35 reasons for visit in 2001–02 were also found among the top 35 in 1999–2000 (table 3).
- Top illness-related primary diagnoses rendered at ambulatory care visits included essential hypertension (45.3 million visits per year); acute upper respiratory infections, excluding pharyngitis (36.9 million); arthropathies (29.4 million); diabetes mellitus (29.1 million); and spinal disorders (26.4 million) (table 4).
- Top diagnoses in the supplemental classification of the ICD-9-CM (which includes nonillness and noninjury diagnoses) were routine infant or child health check (39.6 million visits per year), general medical examination (21.5 million visits), normal pregnancy (20.2 million visits), and gynecological examination (12.2 million visits) (table 4).
- The most frequently reported illness diagnoses at visits by patients under 15 years of age were acute upper respiratory infections, excluding pharyngitis (17.5 million visits), followed by otitis media (15.1 million visits). Four of the top 10 diagnoses at visits by this age group reflected a respiratory condition and accounted for 18 percent of their visits. Attention deficit disorder accounted for 2.2 percent of visits by this age group (table 5).
- Normal pregnancy was the most frequent diagnosis at visits by persons 15–24 years of age, occurring at a rate of 35.1 visits per 100 females in this age group. Complications of pregnancy, childbirth, and the puerperium were also recorded frequently (2.1 million visits), at a rate of 10.6 visits per 100 females (table 5).
- Musculoskeletal conditions were frequently diagnosed at visits by persons 25 years and over, with spinal disorders, arthropathies, and rheumatisms appearing among the top 10 diagnoses for each age group (table 5).
- Essential hypertension was the most frequent diagnosis at visits by persons 45 years and over (table 5).
- The visit rate for acute upper respiratory infections, excluding pharyngitis, was significantly higher for white persons than for black persons (13.6 vs. 10.4 visits per 100 persons), as was the rate for spinal disorders (10.3 vs. 6.9 visits per 100) (table 5).
- The distribution of visits as defined by detailed primary diagnosis categories varied greatly across ambulatory care settings (table 6).
- Among the leading illness-related primary diagnoses in 2001–02, age-adjusted visit rates increased significantly between 1993–94 and 2001–02 for essential hypertension, arthropathies, diabetes mellitus, and spinal disorders. No change was noted in visit rates for acute upper respiratory infections, rheumatisms, or malignant neoplasms. The age-adjusted visit rate decreased for otitis media (figure 3).
- Age-adjusted visit rates for primary diagnoses of disorders of lipoid metabolism; gynecological examination; complications of pregnancy, childbirth, and the puerperium; acquired hypothyroidism; attention deficit disorder; and diabetes mellitus showed the greatest percent increases between 1993–94 and 2001–02 (figure 4).

Injuries

- There was an annual average of 152.2 million visits for injuries in

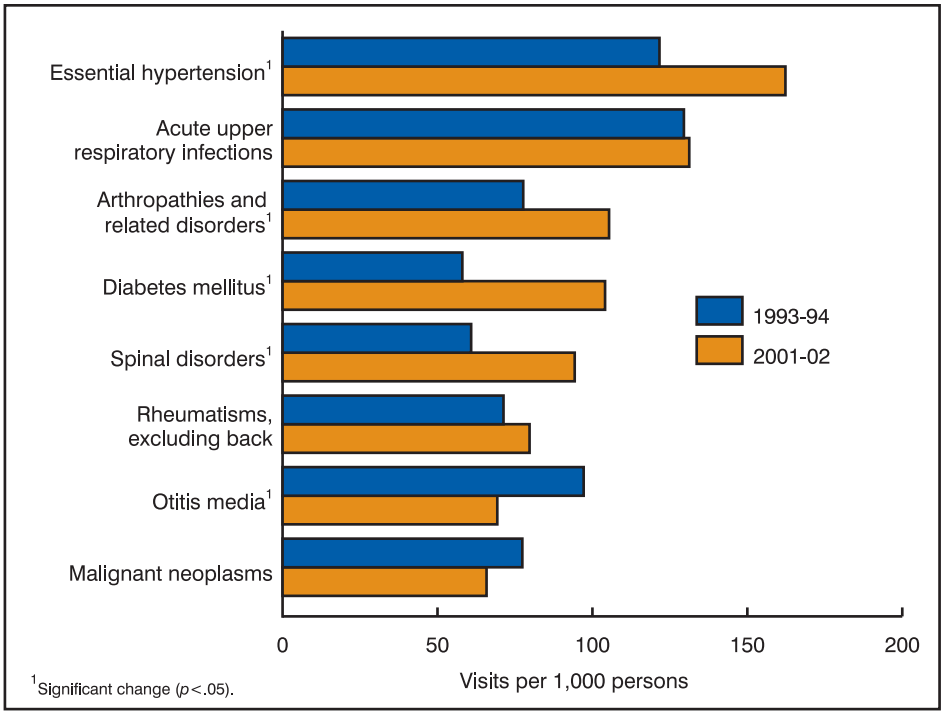


Figure 3. Age-adjusted ambulatory care visit rates for selected leading primary diagnoses: United States, 1993–94 and 2001–02

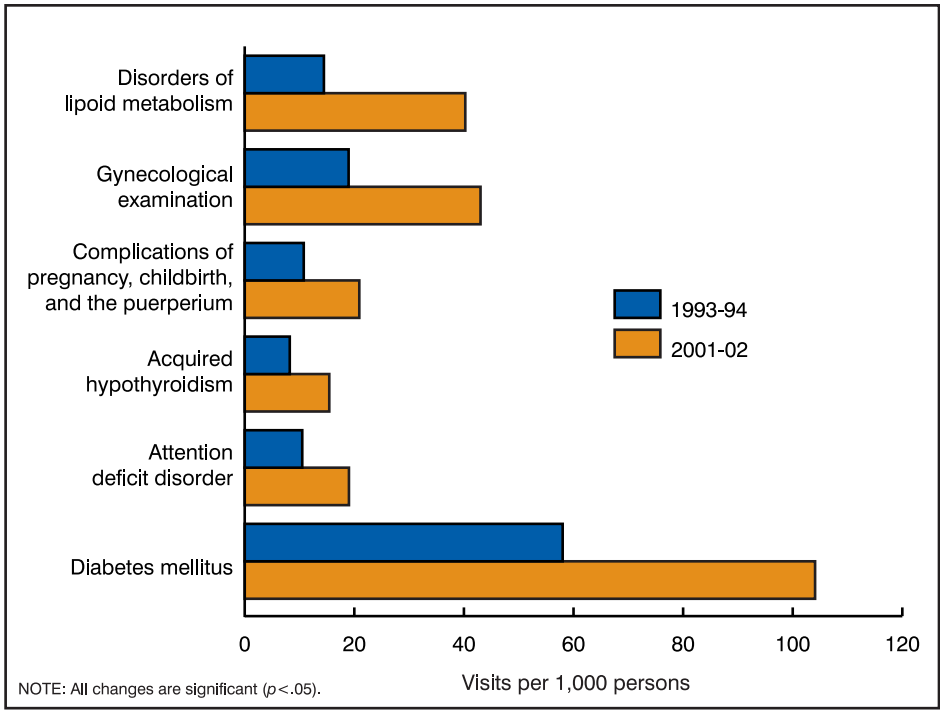


Figure 4. Age-adjusted ambulatory care visit rates for primary diagnoses with the greatest percent increases: United States, 1993–94 and 2001–02

2001 and 2002, which is a slight but significant increase from the 1999–2000 estimate (table 7).

- Nearly one-third of injury visits were to primary care physicians (32.3 percent). One-quarter were to emergency departments, and one-fifth were to surgical specialists (table 7).
- The overall injury visit rate was 540 visits per 1,000 persons, which was not significantly different from the 1999–2000 rate. The rate was highest among persons 75 years of age and over and lowest for children under 15 years of age (840 vs. 437 visits per 1,000 persons) (table 8).
- Leading causes of injury (regardless of intent) were falls (21.6 million visits), being struck by or against another object or person (13.4 million visits), and motor vehicle traffic incidents (11.1 million visits). Adverse effects of medical treatment resulted in 7.2 million visits (figure 5)
- Visits for injuries caused by cutting or piercing instruments or objects were most likely to be seen in the emergency department, while those related to overexertion, adverse effects of medical treatment, and natural and environmental factors were least likely to be seen there. Distribution of visits by setting for each of the leading causes of injury is shown in figure 6.
- Intentional injuries accounted for 2.1 percent of all injury visits, or 3.1 million visits. Of these, 2.4 million visits were for assaults and 498,000 visits were for self-inflicted injuries (table 9).

Medications

- Drugs were provided, prescribed, or continued at 64.7 percent of ambulatory care visits. Visits to surgical specialists were least likely to include medications compared with other settings, with only 40.0 percent of the visits listing one or more medications. In contrast, 75 percent of ED visits included one or more drugs provided, prescribed, or continued (table 10).
- There was an annual average of 1.7 billion drugs provided, prescribed, or continued at ambulatory care visits in 2001 and 2002 (table 11). However, this was not significantly different from the 1.5 billion drugs reported in 1999–2000.
- In 2001–02, there was an average of 153.5 drug mentions for every 100 ambulatory care visits, not significantly different from the 1999–2000 rate of 153.0 (table 12).
- Visits to EDs had the highest drug mention rate (171.2 drugs per 100 visits), while visits to surgical

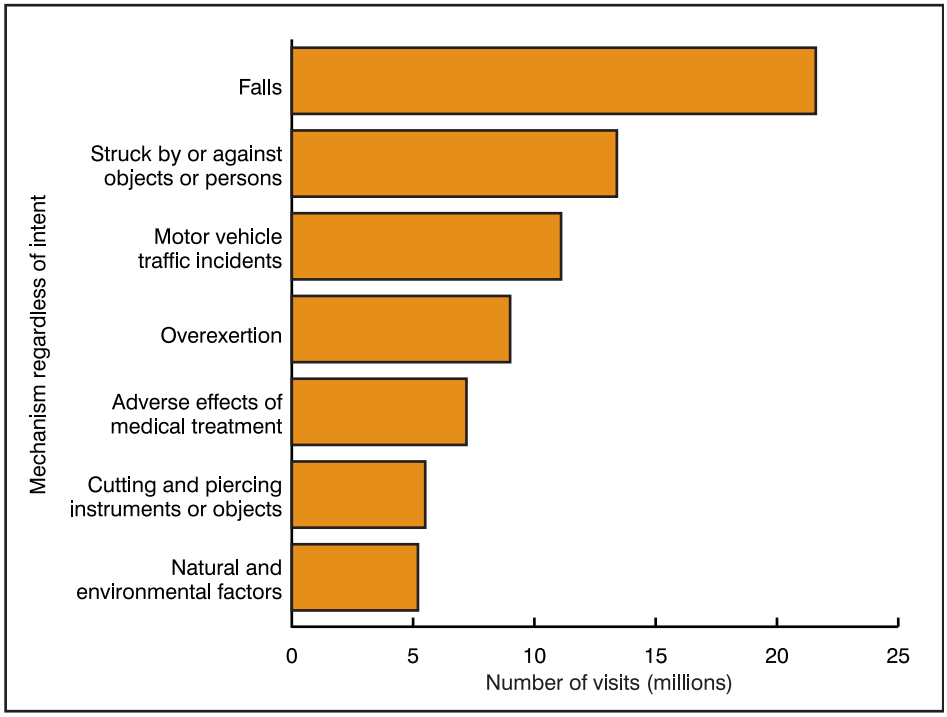


Figure 5. Leading causes of injury-related ambulatory care visits: United States, 2001–02

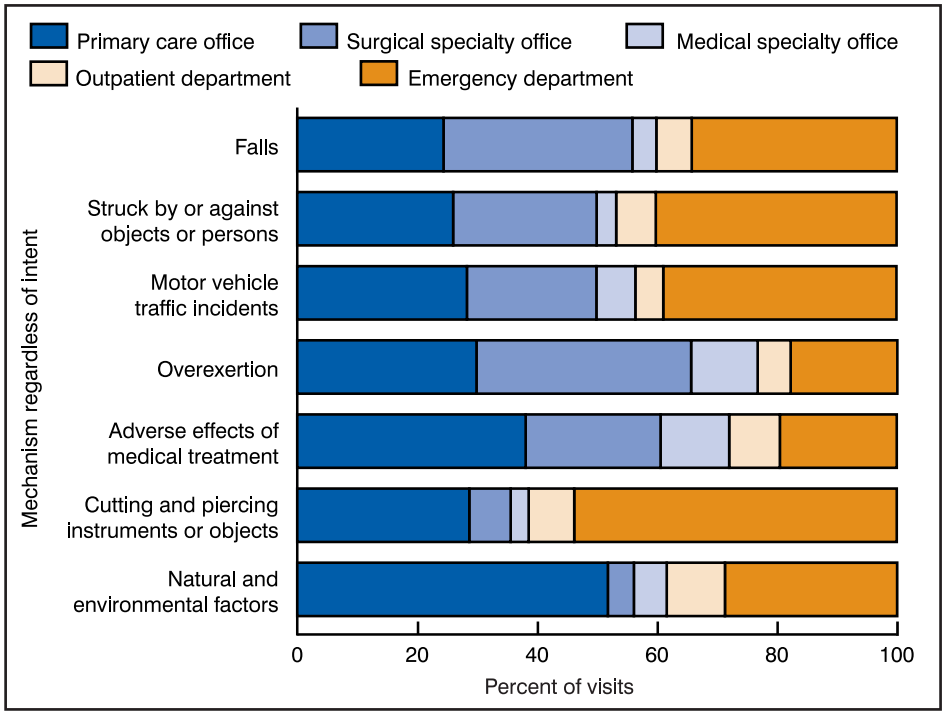


Figure 6. Percent distribution of ambulatory care visits by setting type, according to leading causes of injury: United States, 2001–02

specialists had the lowest rate (73.9 drugs per 100 visits) (table 12).

- The most frequent generic substances of drugs mentioned at ambulatory visits in 2001–02 were acetaminophen, amoxicillin, ibuprofen, hydrocodone, and albuterol, which were also among the top five substances in 1999–2000 (table 13).
- Occurrences of aspirin (either as a single ingredient preparation prescribed, provided, or continued or as an ingredient in a combination product) increased from 19 million in 1999–2000 to 30 million in 2001–02. A number of other substances among the top 35 substances in 2001–02 showed significant increases over 1999–2000 estimates. Some of these increases were likely related to the heavy direct-to-consumer marketing campaigns used for drugs such as Vioxx (rofecoxib, 109 percent increase), Flonase (fluticasone propionate, 103 percent increase), Zyrtec (cetirizine, 93 percent increase), Allegra (fexofenadine, 55 percent increase), Celebrex (celecoxib, 42 percent increase), and Lipitor (atorvastatin calcium, 39 percent increase) (table 13, figure 7).
- The top therapeutic classes of drugs were pain relief, cardiovascular-renal, respiratory tract, antimicrobial, hormones, and central nervous system (CNS). It should be noted that the classification of drugs by therapeutic class was changed beginning with 2002 NAMCS and NHAMCS data to allow the coding of up to three therapeutic classes per drug. These characteristics were applied retroactively to 1995–96 and 1999–2001 data for this report. See Appendix I for more information.
- In the pain relief category, nonsteroidal anti-inflammatory drugs (NSAIDs) accounted for 99.1 million mentions per year, followed by narcotic analgesics and non-narcotic analgesics. In the antimicrobial class, penicillins were the leading agent prescribed (45.7 million mentions per year), followed by lincosamides and macrolides, and cephalosporins. Antidepressants were the leading CNS drug prescribed, with 68.9 million mentions (table 14).
- The most frequent specific therapeutic classes included NSAIDs, antihistamines, antidepressants, narcotic analgesics, and antiasthmatics and bronchodilators (table 15).
- Antidepressants were among the top 10 therapeutic classes of drugs at

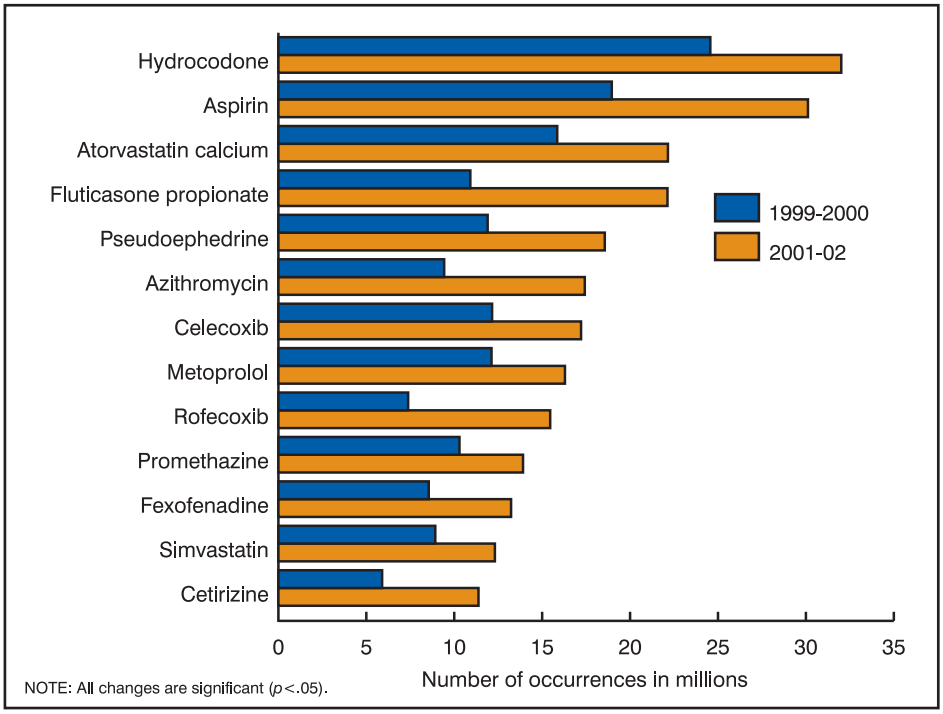


Figure 7. Number of selected generic substances in drugs prescribed, provided, or continued at ambulatory care visits: United States, 1999–2000 and 2001–02

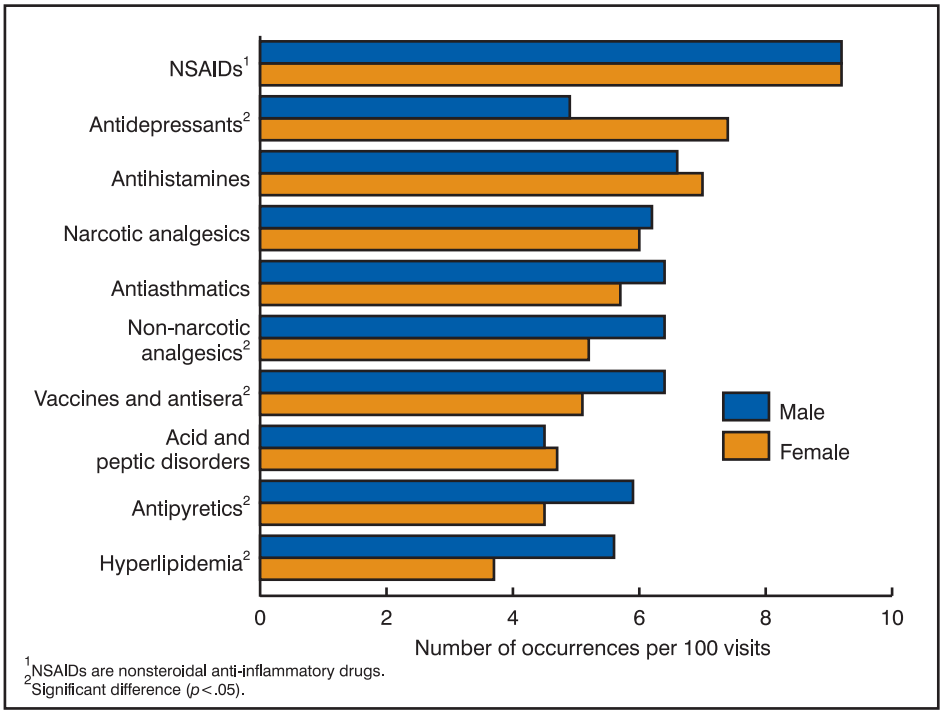


Figure 8. Variation in rate of occurrence for selected therapeutic classes of drugs prescribed, provided, or continued at ambulatory care visits, by patient sex: United States, 2001–02

visits by persons 15–24 years of age, with 5.5 occurrences of drugs in this class per 100 visits. Antidepressants were also listed among the top classes of drugs at visits by persons 25–44 and 45–64 years of age (9.1 and 8.9 occurrences per 100 visits, respectively (table 15).

- There were 47.2 million occurrences of antidepressants at visits by females (7.4 occurrences per 100 visits) compared with 21.7 million occurrences at visits by males (4.9 occurrences per 100 visits) (table 15, figure 8).
- The rate of occurrences was higher among drug mentions at ambulatory care visits by males for the therapeutic classes of non-narcotic analgesics, vaccines and antisera, antipyretics, and hyperlipidemia drugs than for females (table 15, figure 8).
- NSAIDs and antiasthmatics were more likely to be prescribed at ambulatory care visits by black persons than white persons. However, antidepressants were much more likely to be prescribed at visits by white patients (table 15, figure 9).
- Between 1995–96 and 2001–02, the number of occurrences of certain therapeutic classes of drugs provided, prescribed, or continued at ambulatory care visits increased significantly. The largest percentage increases were noted among drugs used to treat hyperlipidemia (172 percent) and blood glucose regulators (52 percent). This seems to correspond with the increases noted earlier in visit rates for disorders of lipoid metabolism and diabetes mellitus. Increases were also seen for antidepressants, antihistamines, antiasthmatics, NSAIDs, narcotic analgesics, and agents used to treat acid and peptic disorders. Significant decreases were found among calcium channel blockers, penicillins, and cephalosporins (figure 10).

Additional Information

Ambulatory care visit and drug data from the NAMCS and NHAMCS are available in a variety of formats including CD-ROM and downloadable data files accessed through the Ambulatory Health Care Data home page on the Internet at http://www.cdc.gov/nchs/namcs.htm. For additional information concerning

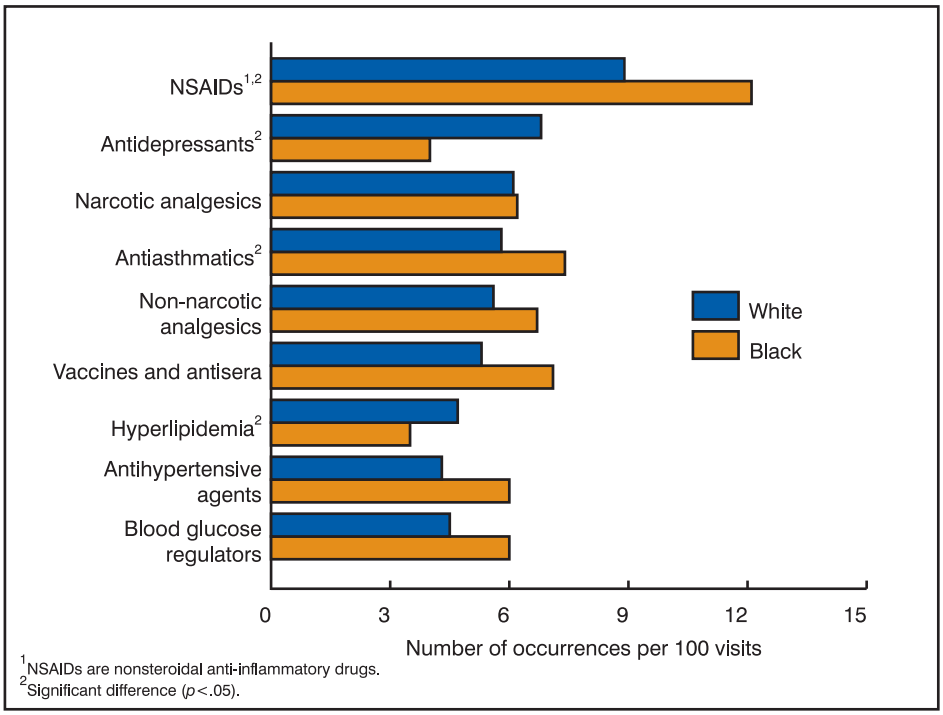


Figure 9. Variation in rate of occurrence for selected therapeutic classes of drugs prescribed, provided, or continued at ambulatory care visits, by patient race: United States, 2001–02

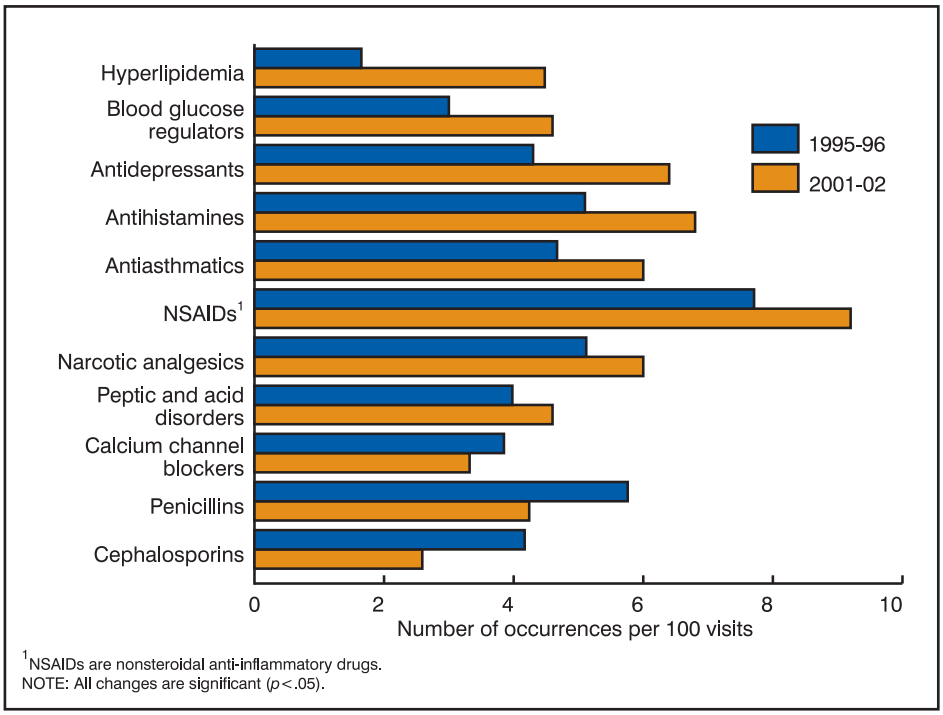


Figure 10. Rate of occurrence for selected therapeutic classes of drugs prescribed, provided, or continued at ambulatory care visits: United States, 1995–96 and 2001–02

NAMCS and NHAMCS data, contact the Ambulatory Care Statistics Branch at (301) 458–4600.

References

1. Schappert SM. Ambulatory care visits to physician offices, hospital outpatient departments, and emergency departments: United States, 1995. National Center for Health Statistics. Vital Health Stat 13(129). 1997.
2. Schappert SM. Ambulatory care visits to physician offices, hospital outpatient departments, and emergency departments: United States, 1996. National Center for Health Statistics. Vital Health Stat 13(134). 1998.
3. Schappert SM. Ambulatory care visits to physician offices, hospital outpatient departments, and emergency departments: United States, 1997. National Center for Health Statistics. Vital Health Stat 13(143). 1999.
4. McCaig LF, Burt CW. National Hospital Ambulatory Medical Care Survey: 2001 Emergency Department Summary. Advance data from vital and health statistics; no 335. Hyattsville, MD: National Center for Health Statistics. 2003.
5. McCaig LF, Ly N. National Hospital Ambulatory Medical Care Survey: 2002 Emergency Department Summary. Advance data from vital and health statistics; no 340. Hyattsville, MD: National Center for Health Statistics. 2004.
6. Cherry DK, Burt CW, Woodwell DA. National Ambulatory Medical Care Survey: 2001 summary. Advance data from vital and health statistics; no 337. Hyattsville, MD: National Center for Health Statistics. 2003.
7. Woodwell DA, Cherry DK. National Ambulatory Medical Care Survey: 2002 summary. Advance data from vital and health statistics; no 346. Hyattsville, MD: National Center for Health Statistics. 2004.
8. Hing E, Middleton K. National Hospital Ambulatory Medical Care Survey: 2001 Outpatient Department Summary. Advance data from vital and health statistics; no 338. Hyattsville, MD: National Center for Health Statistics. 2003.
9. Hing E, Middleton K. National Hospital Ambulatory Medical Care Survey: 2002 Outpatient Department Summary. Advance data from vital and health statistics; no 345. Hyattsville, MD: National Center for Health Statistics. 2004.
10. Ramirez RR, de la Cruz GP. The Hispanic population in the United States: March 2002, Current Population Reports, P20–545, U.S. Census Bureau, Washington. 2003.
11. Burt, CW, Schappert SM. Ambulatory care visits to physician offices, hospital outpatient departments, and emergency

departments: United States, 1999–2000. National Center for Health Statistics. Vital Health Stat 13(157). 2004.
12. Bryant E, Shimizu I. Sample design, sampling variance, and estimation procedures for the National Ambulatory Medical Care Survey. National Center for Health Statistics. Vital Health Stat 2(108). 1988.
13. McCaig LF, McLemore T. Plan and operation of the National Hospital Ambulatory Medical Care Survey. National Center for Health Statistics. Vital Health Stat 1(24). 1994.
14. 2001 National Health Interview Survey downloadable public-use data files and documentation available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/NHIS/2001/.
15. 2002 National Health Interview Survey downloadable public-use data files and documentation available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/NHIS/2002/.
16. 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.
17. Public Health Service and Health Care Financing Administration. International classification of diseases, 9th rev. clinical modification. Washington: Public Health Service. 1980.
18. Koch H, Campbell W. The collection and processing of drug information. National Ambulatory Medical Care Survey, 1980. National Center for Health Statistics. Vital Health Stat 2(90). 1982.
19. Food and Drug Administration. National drug code directory, 1995 edition. Washington: Public Health Service, 1995.
20. American Medical Association. Physician characteristics and distribution in the U.S., 2004 ed.
21. Medstat and National Association of Health Data Organizations. Nationwide data inventory of statewide encounter-level data collection activities. Report to the Agency for Healthcare Research and Quality (AHRQ). AHRQ Contract No. 290–00-0004. April 2003.
22. Campbell PR. Population projections for States by age, sex, race, and Hispanic origin: 1995 to 2025, U.S. Bureau of the Census, Population Division, PPL-47. 1996.
23. Hing E, Schappert S, Burt C, Shimizu I. Effects of form length and item format on response patterns and visit estimates: National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey, 2001. National Center for Health Statistics. Vital Health Stat 2 (139). 2005.
24. Shah BV, Barnwell BG, Bieler GS. SUDAAN user's manual, release 9.0. http://www.rti.org/sudaan/index.cfm.
25. Public-Use Data File Documentation: 2002 National Ambulatory Medical Care Survey. National Center for Health Statistics. Hyattsville, MD. June 2004.
26. Public-Use Data File Documentation: 2002 National Hospital Ambulatory Medical Care Survey. National Center for Health Statistics. Hyattsville, MD. June 2004.
27. Office of Management and Budget. Statistical Policy Directive No. 15, Race and ethnic standards for federal statistics and administrative reporting, Federal Register; Part II:36873–946, July 7, 1997.
28. Public-Use Data File Documentation: 1993 National Ambulatory Medical Care Survey. National Center for Health Statistics. Hyattsville, MD. December 1995.
29. Public-Use Data File Documentation: 1994 National Ambulatory Medical Care Survey. National Center for Health Statistics. Hyattsville, MD. June 1996.
30. Public-Use Data File Documentation: 1995 National Ambulatory Medical Care Survey. National Center for Health Statistics. Hyattsville, MD. August 1997.
31. Public-Use Data File Documentation: 1996 National Ambulatory Medical Care Survey. National Center for Health Statistics. Hyattsville, MD. February 1998.
32. National Center for Health Statistics. Health, United States, 2004 with Chartbook on Trends in the Health of Americans. Hyattsville, MD. 2004.

Table 1. Annual number and percent distribution of ambulatory care visits by setting type, according to selected patient and provider characteristics: United States, 2001–02

Characteristic	Combined settings	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
			Number of visits in thousands			
All visits	1,077,583	543,523	165,402	176,309	83,527	108,822
Patient age						
Under 15 years	194,752	128,889	12,915	11,155	18,633	23,161
15–24 years	95,878	45,419	10,093	13,237	9,837	17,293
25–44 years	249,936	124,787	32,810	38,901	20,857	32,582
45–64 years	281,738	128,473	52,524	59,627	21,513	19,601
65–74 years	124,652	57,566	27,223	26,366	6,842	6,655
75 years and over	130,627	58,390	29,837	27,024	5,846	9,530
Patient sex						
Female	633,747	334,233	88,416	101,943	50,773	58,381
Male	443,836	209,290	76,986	74,365	32,754	50,441
Patient race						
White	915,952	468,791	148,056	154,976	62,271	81,858
Black or African American	119,196	51,354	12,712	13,732	17,848	23,550
Asian	32,407	18,040	3,412	6,308	2,510	2,136
Native Hawaiian or other Pacific Islander	4,009	2,114	302	763	416	*413
American Indian or Alaska Native	3,103	1,170	633	271	318	*710
More than one race reported	2,917	2,053	*	*	164	155
Patient ethnicity						
Hispanic or Latino	90,938	51,490	9,135	7,866	11,639	10,809
Not Hispanic or Latino	739,946	363,805	114,113	126,113	57,767	78,148
Blank	246,699	128,229	42,154	42,330	14,121	19,866
Primary expected source of payment						
Private insurance	595,447	342,041	85,678	93,743	30,978	43,008
Medicare	219,336	96,332	46,292	47,549	12,742	16,422
Medicaid	107,135	49,807	7,249	8,301	21,508	20,270
Uninsured	66,361	20,633	7,986	11,602	9,147	16,993
Other	89,303	34,710	18,198	15,113	9,152	12,130
Geographic region of provider						
Northeast	242,150	124,922	32,540	43,290	21,549	19,848
Midwest	239,878	122,918	36,044	31,994	22,575	26,347
South	364,188	174,668	59,968	59,304	27,220	43,028
West	231,368	121,015	36,849	41,721	12,183	19,599
MSA[1] status of provider						
MSA	920,958	452,556	147,346	162,258	69,911	88,887
Not MSA	156,625	90,967	18,056	14,051	13,616	19,935
			Percent distribution			
All visits	100.0	50.4	15.3	16.4	7.8	10.1
Patient age						
Under 15 years	100.0	66.2	6.6	5.7	9.6	11.9
15–24 years	100.0	47.4	10.5	13.8	10.3	18.0
25–44 years	100.0	49.9	13.1	15.6	8.3	13.0
45–64 years	100.0	45.6	18.6	21.2	7.6	7.0
65–74 years	100.0	46.2	21.8	21.2	5.5	5.3
75 years and over	100.0	44.7	22.8	20.7	4.5	7.3
Patient sex						
Female	100.0	52.7	14.0	16.1	8.0	9.2
Male	100.0	47.2	17.3	16.8	7.4	11.4
Patient race						
White	100.0	51.2	16.2	16.9	6.8	8.9
Black or African American	100.0	43.1	10.7	11.5	15.0	19.8
Asian	100.0	55.7	10.5	19.5	7.7	6.6
Native Hawaiian or other Pacific Islander	100.0	52.7	7.5	19.0	10.4	10.3
American Indian or Alaska Native	100.0	37.7	20.4	8.7	10.2	22.9
More than one race reported	100.0	70.4	*	*	5.6	5.3

See footnotes at end of table.

Table 1. Annual number and percent distribution of ambulatory care visits by setting type, according to selected patient and provider characteristics: United States, 2001–02

Characteristic	Combined settings	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
			Percent distribution			
Patient ethnicity						
Hispanic or Latino	100.0	56.6	10.0	8.7	12.8	11.9
Not Hispanic or Latino	100.0	49.2	15.4	17.0	7.8	10.6
Blank	100.0	52.0	17.1	17.2	5.7	8.1
Primary expected source of payment						
Private insurance	100.0	57.4	14.4	15.7	5.2	7.2
Medicare	100.0	43.9	21.1	21.7	5.8	7.5
Medicaid	100.0	46.5	6.8	7.7	20.1	18.9
Uninsured	100.0	31.1	12.0	17.5	13.8	25.6
Other	100.0	38.9	20.4	16.9	10.2	13.6
Geographic region of provider						
Northeast	100.0	51.6	13.4	17.9	8.9	8.2
Midwest	100.0	51.2	15.0	13.3	9.4	11.0
South	100.0	48.0	16.5	16.3	7.5	11.8
West	100.0	52.3	15.9	18.0	5.3	8.5
MSA[1] status of provider						
MSA	100.0	49.1	16.0	17.6	7.6	9.7
Not MSA	100.0	58.1	11.5	9.0	8.7	12.7

* Figure does not meet standard of reliability or precision.

[1]MSA is metropolitan statistical area.

NOTES: Numbers may not add to totals because of rounding. Figures are annual averages.

Table 2. Annual rate of ambulatory care visits with corresponding standard errors, by setting type and selected patient and provider characteristics: United States, 2001–02

Characteristic	Combined settings	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
			Number of visits per 100 persons[1–3]			
All visits	382.7	193.0	58.7	62.6	29.7	38.6
Patient age						
Under 15 years	321.8	213.0	21.3	18.4	30.8	38.3
15–24 years	244.6	115.8	25.7	33.8	25.1	44.1
25–44 years	301.5	150.5	39.6	46.9	25.2	39.3
45–64 years	432.6	197.3	80.7	91.6	33.0	30.1
65–74 years	690.4	318.8	150.8	146.0	37.9	36.9
75 years and over	827.7	370.0	189.0	171.2	37.0	60.4
Patient sex						
Female	439.3	231.7	61.3	70.7	35.2	40.5
Male	323.3	152.4	56.1	54.2	23.9	36.7
Patient race						
White	401.8	205.7	65.0	68.0	27.3	35.9
Black or African American	339.2	146.1	36.2	39.1	50.8	67.0
Asian	287.5	160.1	30.3	56.0	22.3	19.0
Native Hawaiian or other Pacific Islander	852.2	449.4	64.2	162.2	88.5	*87.8
American Indian or Alaska Native	115.8	43.7	23.6	10.1	11.9	*26.5
More than one race reported	71.8	50.5	*	*	4.0	3.8
Patient ethnicity[4]						
Hispanic or Latino	262.8	152.6	24.4	21.0	35.6	29.2
Not Hispanic or Latino	316.6	161.0	46.8	51.7	25.0	32.1
Primary expected source of payment						
Private insurance	307.4	176.6	44.2	48.4	16.0	22.2
Medicare	638.2	280.3	134.7	138.4	37.1	47.8
Medicaid	398.0	185.0	26.9	30.8	79.9	75.3
Uninsured	164.1	51.0	19.7	28.7	22.6	42.0
Geographic region of provider						
Northeast	454.7	234.6	61.1	81.3	40.5	37.3
Midwest	375.2	192.2	56.4	50.0	35.3	41.2
South	363.0	174.1	59.8	59.1	27.1	42.9
West	361.2	188.9	57.5	65.1	19.0	30.6
MSA[5] status of provider						
MSA	408.2	200.6	65.3	71.9	31.0	39.4
Not MSA	279.9	162.6	32.3	25.1	24.3	35.6
			Standard error of rate			
All visits	9.6	6.6	2.6	3.3	2.1	1.3
Patient age						
Under 15 years	12.0	10.3	1.8	2.3	3.0	2.2
15–24 years	8.2	5.6	2.1	3.1	1.9	1.7
25–44 years	9.1	6.8	2.2	2.7	1.9	1.3
45–64 years	12.4	8.3	4.2	5.3	2.5	1.1
65–74 years	24.1	19.1	8.2	11.2	3.4	1.5
75 years and over	30.5	23.8	10.5	12.9	4.2	2.4
Patient sex						
Female	11.4	8.5	3.0	4.0	2.4	1.4
Male	8.6	5.9	2.3	2.9	1.7	1.3
Patient race						
White	11.2	7.6	3.0	3.8	2.2	1.4
Black or African American	15.8	13.4	2.9	3.5	3.9	3.5
Asian	25.5	17.1	3.9	10.5	2.7	2.0
Native Hawaiian or other Pacific Islander	156.8	87.2	16.1	48.3	19.9	26.6
American Indian or Alaska Native	21.3	10.5	6.2	2.6	3.4	8.2
More than one race reported	13.4	12.0	2.4	2.0	0.8	0.6

See footnotes at end of table.

Table 2. Annual rate of ambulatory care visits with corresponding standard errors, by setting type and selected patient and provider characteristics: United States, 2001–02—Con.

Characteristic	Combined settings	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
Patient ethnicity[4]			Standard error of rate			
Hispanic or Latino	27.3	24.6	2.7	2.5	3.6	2.2
Not Hispanic or Latino	11.3	7.7	2.6	3.1	1.9	1.3
Primary expected source of payment						
Private insurance	9.4	6.9	2.4	2.9	1.5	0.9
Medicare	22.5	17.3	7.7	11.0	3.7	2.0
Medicaid	20.5	17.7	2.5	3.7	6.1	3.9
Uninsured	9.3	5.7	2.4	4.0	2.7	2.1
Geographic region of provider						
Northeast	19.7	12.9	5.5	10.7	4.2	1.7
Midwest	22.5	12.9	5.9	4.7	5.4	3.0
South	16.5	12.2	5.0	5.8	3.6	2.8
West	18.5	14.5	3.4	5.4	3.2	2.0
MSA[5] status of provider						
MSA	11.3	7.6	3.2	3.6	2.2	1.4
Not MSA	30.1	19.3	5.1	6.7	6.4	4.5

* Figure does not meet standard of reliability or precision.

[1]Estimates of the civilian noninstitutionalized population used in calculating visit rates by age, sex, race, and geographic region are from special tabulations developed by the Population Division, U.S. Census Bureau, using the July 1, 2001, and July 1, 2002, sets of state population estimates, and reflect Census 2000 data.

[2]Estimates of metropolitan and nonmetropolitan statistical areas used in calculating visit rates are preliminary figures based on Census 2000 data and were obtained through the Office of Research and Methodology and Division of Health Interview Statistics, NCHS. They are based on U.S. Census Bureau estimates of the civilian noninstitutional population of the United States as of July 1, 2001, and July 1, 2002.

[3]Denominators for primary expected source of payment rates are from the 2001 and 2002 estimates of health insurance coverage from the National Health Interview Survey, NCHS, adjusted to Census 2000-based population estimates.

[4]Ethnicity data were missing for 22.9 percent of visits. Therefore, these rates are underestimates.

[5]MSA is metropolitan statistical area.

NOTE: Figures are annual averages.

Table 3. Annual number and percent distribution of ambulatory care visits with corresponding standard errors by the 35 principal reasons for visit most frequently mentioned by patients, with percent distribution by setting type: United States, 2001–02

Principal reason for visit and RVC code[1]	Number of visits in thousands	Percent distribution	Total	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
			Percent distribution					
All visits	1,077,583	100.0	100.0	50.4	15.3	16.4	7.8	10.1
General medical examination X100	71,939	6.7	100.0	81.8	3.0	8.1	7.0	*0.2
Progress visit, not otherwise specified T800	46,340	4.3	100.0	42.9	14.0	30.3	12.7	0.2
Cough S440	33,119	3.1	100.0	73.7	1.2	9.0	7.0	9.2
Postoperative visit T205	24,629	2.3	100.0	17.1	69.4	7.0	5.6	0.9
Prenatal examination, routine X205	22,279	2.1	100.0	88.4	–	*	11.4	*
Stomach pain, cramps, and spasms S545	21,819	2.0	100.0	42.0	5.4	14.8	5.8	32.0
Symptoms referable to throat S455	21,305	2.0	100.0	70.8	5.1	*	9.8	11.4
Fever S010	17,437	1.6	100.0	65.3	*	*	6.1	27.5
Back symptoms S905	17,019	1.6	100.0	49.6	14.5	14.1	6.1	15.8
Medication, other and unspecified kinds T115	16,813	1.6	100.0	64.1	1.8	25.0	7.4	1.8
Chest pain and related symptoms (not referable to body system) S050	16,263	1.5	100.0	40.5	*	19.9	4.5	34.8
Knee symptoms S925	15,741	1.5	100.0	33.0	47.0	7.5	5.0	7.6
Hypertension D510	15,325	1.4	100.0	79.9	*	9.6	7.8	1.9
Well-baby examination X105	14,688	1.4	100.0	89.6	*	*	9.1	*
Skin rash S860	14,420	1.3	100.0	58.3	*	24.5	7.3	9.6
Earache, or ear infection S355	14,282	1.3	100.0	65.0	11.3	*	8.1	12.7
Headache, pain in head S210	13,868	1.3	100.0	48.8	7.6	14.3	7.5	21.7
Vision dysfunctions S305	13,860	1.3	100.0	*	90.6	1.7	3.4	1.1
Diabetes mellitus D205	13,332	1.2	100.0	62.4	11.1	*15.4	10.5	0.6
Nasal congestion S400	12,441	1.2	100.0	60.0	10.5	16.9	6.3	6.4
Gynecological examination X225	11,437	1.1	100.0	92.9	*	*	4.7	*
Depression S110	10,656	1.0	100.0	32.6	*	54.4	9.3	3.6
Blood pressure test X320	10,648	1.0	100.0	91.6	*	*3.1	4.8	*
Low back symptoms S910	10,222	1.0	100.0	40.9	21.3	15.4	8.7	13.8
Shoulder symptoms S940	10,055	0.9	100.0	38.8	36.6	9.9	4.8	9.9
For other and unspecified test results R700	9,973	0.9	100.0	59.6	14.0	17.4	8.5	*
Neck symptoms S900	9,831	0.9	100.0	41.2	22.6	18.2	4.9	13.2
Counseling, not otherwise specified T605	9,756	0.9	100.0	47.3	14.8	23.4	12.0	2.4
Shortness of breath S415	9,146	0.9	100.0	32.2	*	32.8	4.1	29.9
Leg symptoms S920	9,140	0.9	100.0	48.4	17.6	12.7	6.2	15.0
Eye examination X230	8,601	0.8	100.0	*	90.4	*	6.9	*
Head cold, upper respiratory infection (coryza) S445	8,512	0.8	100.0	80.3	*	*	7.7	7.8
Anxiety and nervousness S100	7,789	0.7	100.0	47.3	–	41.4	6.3	5.1
Hand and finger symptoms S960	7,621	0.7	100.0	25.6	39.0	14.1	7.3	14.0
Foot and toe symptoms S935	7,566	0.7	100.0	52.3	19.2	8.8	6.1	13.6
All other visits	499,712	46.4	100.0	42.7	16.7	20.2	8.0	12.4

See footnotes at end of table.

Table 3. Annual number and percent distribution of ambulatory care visits with corresponding standard errors by the 35 principal reasons for visit most frequently mentioned by patients, with percent distribution by setting type: United States, 2001–02—Con.

Principal reason for visit and RVC code[1]	Number of visits in thousands	Percent distribution	Total	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
	Standard error in thousands	Standard error of percent						
All visits	27,019	. . .	. . .	1.1	0.6	0.7	0.5	0.3
General medical examination X100	3,768	0.3	. . .	1.4	0.5	1.2	0.7	0.1
Progress visit, not otherwise specified T800	4,158	0.4	. . .	3.6	1.4	3.3	1.5	0.0
Cough S440	1,754	0.2	. . .	2.0	0.3	1.7	0.9	0.7
Postoperative visit T205	1,385	0.1	. . .	1.6	2.0	1.0	0.8	0.1
Prenatal examination, routine X205	2,167	0.2	. . .	1.5	. . .	. . .	1.5	. . .
Stomach pain, cramps, and spasms S545	1,172	0.1	. . .	2.6	0.6	3.0	0.6	1.8
Symptoms referable to throat S455	956	0.1	. . .	2.0	0.8	. . .	1.4	0.9
Fever S010	1,002	0.1	. . .	2.3	. . .	. . .	0.8	1.9
Back symptoms S905	1,120	0.1	. . .	2.9	3.0	2.3	1.0	1.2
Medication, other and unspecified kinds T115	1,376	0.1	. . .	3.5	0.4	3.3	1.1	0.2
Chest pain and related symptoms (not referable to body system) S050	1,871	0.2	. . .	6.6	. . .	2.7	0.7	4.0
Knee symptoms S925	947	0.1	. . .	3.3	3.3	2.0	0.6	0.6
Hypertension D510	1,339	0.1	. . .	2.5	. . .	1.9	1.4	0.2
Well-baby examination X105	1,068	0.1	. . .	1.5	. . .	. . .	1.2	. . .
Skin rash S860	864	0.1	. . .	2.8	. . .	2.6	0.9	0.7
Earache, or ear infection S355	848	0.1	. . .	2.5	1.4	. . .	1.2	1.0
Headache, pain in head S210	727	0.1	. . .	2.7	1.3	1.4	0.8	1.2
Vision dysfunctions S305	1,215	0.1	. . .	. . .	1.2	0.4	0.6	0.2
Diabetes mellitus D205	1,311	0.1	. . .	5.1	2.4	5.4	2.0	0.1
Nasal congestion S400	1,015	0.1	. . .	4.1	2.1	4.8	1.0	0.7
Gynecological examination X225	1,502	0.1	. . .	1.8	. . .	. . .	0.9	. . .
Depression S110	737	0.1	. . .	3.3	. . .	3.3	1.3	0.3
Blood pressure test X320	1,286	0.1	. . .	1.5	. . .	1.0	0.8	. . .
Low back symptoms S910	874	0.1	. . .	3.5	3.4	3.4	1.5	1.3
Shoulder symptoms S940	650	0.1	. . .	3.2	3.0	2.2	0.7	0.8
For other and unspecified test results R700	953	0.1	. . .	4.1	2.0	3.0	1.3	. . .
Neck symptoms S900	694	0.1	. . .	3.7	3.1	3.5	0.8	1.1
Counseling, not otherwise specified T605	769	0.1	. . .	3.8	2.2	3.6	1.9	0.4
Shortness of breath S415	770	0.1	. . .	3.9	. . .	4.7	0.8	2.7
Leg symptoms S920	579	0.1	. . .	3.1	2.4	2.0	0.8	1.1
Eye examination X230	927	0.1	. . .	. . .	2.1	. . .	1.7	. . .
Head cold, upper respiratory infection (coryza) S445	657	0.1	. . .	2.2	. . .	. . .	1.3	1.0
Anxiety and nervousness S100	576	0.1	. . .	3.9	. . .	3.6	1.0	0.5
Hand and finger symptoms S960	778	0.1	. . .	3.4	5.6	2.9	1.2	1.7
Foot and toe symptoms S935	533	<0.1	. . .	3.8	2.8	2.2	1.0	1.1
All other visits	13,757	0.5	. . .	1.2	0.6	1.0	0.5	0.4

. . . Category not applicable.

* Figure does not meet standard of reliability or precision.

– Quantity zero.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (16).

NOTES: Numbers may not add to totals due to rounding. Figures are annual averages.

Table 4. Annual number and percent distribution of ambulatory care visits with corresponding standard errors by primary diagnosis group, with percent distribution by setting type: United States, 2001–02

Primary diagnosis group and ICD–9–CM code(s)[1]	Number of visits in thousands	Percent distribution	Total	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
			Percent distribution					
All visits	1,077,583	100.0	100.0	50.4	15.3	16.4	7.8	10.1
Essential hypertension 401	45,256	4.2	100.0	80.9	*	9.9	7.3	1.3
Routine infant or child health check V20.2	39,627	3.7	100.0	90.7	*	*	8.2	0.1
Acute upper respiratory infection, excluding pharyngitis 460–461,463–466	36,909	3.4	100.0	74.5	1.9	2.9	9.0	11.7
Arthropathies and related disorders 710–719	29,444	2.7	100.0	40.5	31.3	16.9	6.7	4.5
Diabetes mellitus 250	29,089	2.7	100.0	63.1	10.3	15.7	9.2	1.6
Spinal disorders 720–724	26,491	2.5	100.0	41.6	20.6	21.1	6.7	10.0
Rheumatisms, excluding back 725–729	22,444	2.1	100.0	43.9	31.1	12.4	5.1	7.5
General medical examination V70	21,492	2.0	100.0	82.2	*4.0	*6.5	6.4	0.8
Normal pregnancy V22	20,166	1.9	100.0	87.8	–	*	11.2	1.0
Otitis media and eustachian tube disorders 381–382	19,514	1.8	100.0	64.6	13.6	*	8.3	13.1
Malignant neoplasms 140–208,230–234	18,221	1.7	100.0	17.6	27.2	42.0	12.3	0.9
Heart disease, excluding ischemic 391–392.0,393–398,402,404,415–416,420–429	15,631	1.5	100.0	45.4	*	36.3	6.6	10.1
Chronic sinusitis 473	15,045	1.4	100.0	72.6	9.8	5.7	7.9	4.0
Asthma 493	15,023	1.4	100.0	46.7	*	32.5	8.4	11.9
Allergic rhinitis 477	13,005	1.2	100.0	48.1	12.0	33.1	*6.0	0.8
Ischemic heart disease 410–414.9	12,975	1.2	100.0	38.3	*4.2	45.6	5.1	6.8
Gynecological examination V72.3	12,207	1.1	100.0	93.2	*	*	5.3	*
Acute pharyngitis 462	11,739	1.1	100.0	71.3	*	*	8.9	16.4
Chronic and unspecified bronchitis 490–491	11,709	1.1	100.0	72.3	*	*	6.5	13.4
Followup examination V67	11,416	1.1	100.0	41.0	43.1	7.3	7.4	1.2
Disorders of lipoid metabolism 272	11,364	1.1	100.0	85.8	*	9.1	3.8	*
Abdominal pain 789.0	10,920	1.0	100.0	39.2	5.8	12.5	6.5	36.0
Sprains and strains, excluding ankle and back 840–844,845.1,848	10,916	1.0	100.0	35.4	32.7	*	5.9	22.5
Potential health hazards related to personal and family history V10–V19	10,475	1.0	100.0	52.2	18.0	17.8	10.4	1.6
Benign neoplasms 210–229,235–239	9,863	0.9	100.0	26.7	17.2	47.3	8.0	0.8
Cataract 366	9,619	0.9	100.0	*	92.2	*	4.2	*
Fractures, excluding lower limb 800–819	9,548	0.9	100.0	15.0	47.9	*	7.3	27.2
Sprains and strains of neck and back 846,847	9,302	0.9	100.0	46.4	10.2	*11.9	4.8	26.7
Contusions with intact skin surfaces 920–924	9,197	0.9	100.0	30.3	8.4	*	5.5	52.0
Depressive disorder, not elsewhere classified 311	8,794	0.8	100.0	58.1	–	27.6	9.3	5.0
Contact dermatitis and other eczema 692	8,734	0.8	100.0	49.7	*	36.6	7.1	5.6
Psychoses, excluding major depressive disorder 290–295,296.0–296.1,296.4–299	8,462	0.8	100.0	11.2	*	66.5	12.7	9.4
Glaucoma 365	8,260	0.8	100.0	*	95.5	–	3.4	*
Chest pain 786.5	8,187	0.8	100.0	33.1	*	16.6	4.2	45.8
Major depressive disorder 296.2–296.3	8,110	0.8	100.0	*	–	79.8	11.1	2.0
All other diagnoses	508,428	47.2	100.0	43.9	17.9	17.6	8.0	12.6

See footnotes at end of table.

Table 4. Annual number and percent distribution of ambulatory care visits with corresponding standard errors by primary diagnosis group, with percent distribution by setting type: United States, 2001–02—Con.

Primary diagnosis group and ICD–9–CM code(s)[1]	Number of visits in thousands	Percent distribution	Total	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
	Standard error in thousands	Standard error of percent						
All visits	27,019	. . .	. . .	1.1	0.6	0.7	0.5	0.3
Essential hypertension 401	2,728	0.2	. . .	2.0	. . .	1.4	0.9	0.2
Routine infant or child health check V20.2	2,488	0.2	. . .	1.2	. . .	. . .	1.0	0.0
Acute upper respiratory infection, excluding pharyngitis 460–461,463–466	2,007	0.2	. . .	1.8	0.3	0.8	1.2	0.9
Arthropathies and related disorders 710–719	2,075	0.2	. . .	2.8	2.6	3.7	1.1	0.3
Diabetes mellitus 250	2,249	0.2	. . .	3.8	1.8	3.9	1.3	0.2
Spinal disorders 720–724	1,911	0.2	. . .	3.2	3.0	3.8	1.0	0.8
Rheumatisms, excluding back 725–729	1,455	0.1	. . .	2.9	2.9	2.8	0.6	0.7
General medical examination V70	2,318	0.2	. . .	3.9	3.3	3.0	1.1	0.2
Normal pregnancy V22	1,899	0.2	. . .	1.5	. . .	. . .	1.4	0.1
Otitis media and eustachian tube disorders 381–382	1,096	0.1	. . .	2.3	1.7	. . .	1.1	1.1
Malignant neoplasms 140–208,230–234	2,063	0.2	. . .	2.9	3.0	5.8	2.0	0.2
Heart disease, excluding ischemic 391–392.0,393–398,402,404,415–416,420–429	896	0.1	. . .	2.9	. . .	2.8	1.1	0.8
Chronic sinusitis 473	1,049	0.1	. . .	2.4	1.3	1.7	1.4	0.5
Asthma 493	1,376	0.1	. . .	4.3	. . .	5.4	1.3	1.1
Allergic rhinitis 477	1,986	0.2	. . .	7.2	2.5	9.5	2.4	0.2
Ischemic heart disease 410–414.9	988	0.1	. . .	4.0	1.7	3.9	0.9	0.7
Gynecological examination V72.3	1,336	0.1	. . .	1.4	. . .	. . .	0.9	. . .
Acute pharyngitis 462	801	0.1	. . .	2.6	. . .	. . .	1.5	1.5
Chronic and unspecified bronchitis 490–491	965	0.1	. . .	3.0	. . .	. . .	1.1	1.4
Follow-up examination V67	1,093	0.1	. . .	3.9	3.9	1.5	1.1	0.2
Disorders of lipoid metabolism 272	949	0.1	. . .	2.5	. . .	2.2	0.7	. . .
Abdominal pain 789.0	630	0.1	. . .	3.0	1.1	3.2	0.8	2.1
Sprains and strains, excluding ankle and back 840–844,845.1,848	669	0.1	. . .	3.1	3.1	. . .	0.8	1.6
Potential health hazards related to personal and family history V10–V19	876	0.1	. . .	3.5	2.2	2.5	1.5	0.3
Benign neoplasms 210–229,235–239	724	0.1	. . .	2.7	2.1	3.2	1.4	0.2
Cataract 366	980	0.1	. . .	. . .	1.7	. . .	1.0	. . .
Fractures, excluding lower limb 800–819	766	0.1	. . .	2.5	4.1	. . .	1.0	2.3
Sprains and strains of neck and back 846,847	734	0.1	. . .	4.6	2.1	3.7	0.9	2.1
Contusions with intact skin surfaces 920–924	531	0.0	. . .	2.6	1.7	. . .	0.9	2.6
Depressive disorder, not elsewhere classified 311	707	0.1	. . .	3.6	. . .	3.3	1.3	0.6
Contact dermatitis and other eczema 692	673	0.1	. . .	3.5	. . .	3.4	1.2	0.6
Psychoses, excluding major depressive disorder 290–295,296.0–296.1,296.4–299	747	0.1	. . .	2.1	. . .	3.5	1.9	1.0
Glaucoma 365	976	0.1	. . .	. . .	1.1	. . .	0.9	. . .
Chest pain 786.5	522	0.0	. . .	3.3	. . .	2.0	0.6	2.7
Major depressive disorder 296.2–296.3	781	0.1	. . .	. . .	. . .	2.8	2.0	0.3
All other diagnoses	13,223	0.4	. . .	1.0	0.7	0.8	0.5	0.4

. . . Category not applicable.

* Figure does not meet standard of reliability or precision.

– Quantity zero.

0.0 Quantity is greater than zero but less than 0.05.

[1]These groups are based on the primary diagnosis coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (17). A complete list of the ICD–9–CM codes used to formulate the groupings in this table is shown in Appendix I.

Table 5. Annual number, percent distribution, and rate of ambulatory care visits with corresponding standard errors by selected patient and visit characteristics and the 10 most frequent primary diagnosis groups: United States, 2001–02

Characteristic, 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[2]	Standard error of rate
Patient age						
All ages:						
All visits	1,077,583	27,019	100.0	. . .	382.6	9.6
Essential hypertension 401	45,256	2,728	4.2	0.2	16.1	1.0
Routine infant or child health check V20.2	39,627	2,488	3.7	0.2	14.1	0.9
Acute upper respiratory infection, excluding pharyngitis 460–431,463–466	36,909	2,007	3.4	0.2	13.1	0.7
Arthropathies and related disorders 710–719	29,444	2,075	2.7	0.2	10.5	0.7
Diabetes mellitus 250	29,089	2,249	2.7	0.2	10.3	0.8
Spinal disorders 720–724	26,491	1,911	2.5	0.2	9.4	0.7
Rheumatisms, excluding back 725–729	22,444	1,455	2.1	0.1	8.0	0.5
General medical examination V70	21,492	2,318	2.0	0.2	7.6	0.8
Normal pregnancy V22	20,166	1,899	1.9	0.2	[3]24.7	2.3
Otitis media and eustachian tube disorders 381–382	19,514	1,096	1.8	0.1	6.9	0.4
All other	787,152	20,450	73.0	0.6	279.6	7.3
Under 15 years:						
All visits	194,752	7,247	100.0	. . .	321.8	12.0
Routine infant or child health check V20.2	37,855	2,418	19.4	1.0	62.6	4.0
Acute upper respiratory infection, excluding pharyngitis 460–461,463–466	17,511	1,056	9.0	0.4	28.9	1.7
Otitis media and eustachian tube disorders 381–382	15,065	962	7.7	0.4	24.9	1.6
Acute pharyngitis 462	6,077	605	3.1	0.3	10.0	1.0
Asthma 493	5,238	577	2.7	0.3	8.7	1.0
Unspecified viral and chlamydial infections 79.9	4,308	591	2.2	0.3	7.1	1.0
Attention deficit disorder 314	3,483	399	1.8	0.2	5.8	0.7
Chronic sinusitis 473	3,418	416	1.8	0.2	5.6	0.7
Allergic rhinitis 477	3,310	551	1.7	0.3	5.5	0.9
Fractures, excluding lower limb 800–819	2,851	253	1.5	0.1	4.7	0.4
All other	95,637	3,778	49.1	1.0	158.0	6.2
15–24 years:						
All visits	95,878	3,223	100.0	. . .	244.6	8.2
Normal pregnancy V22	6,831	833	7.1	0.8	[4]35.1	4.3
Acute upper respiratory infection, excluding pharyngitis 460–461,463–466	4,160	440	4.3	0.4	10.6	1.1
Acne 706.0–706.1	3,060	309	3.2	0.3	7.8	0.8
General medical examination V70	2,751	601	2.9	0.6	7.0	1.5
Complications of pregnancy, childbirth and the puerperium 630–677	2,064	212	2.2	0.2	[4]10.6	1.1
Chronic sinusitis 473	2,054	282	2.1	0.3	5.2	0.7
Sprains and strains, excluding ankle and back 840–844,845.1,848	1,938	220	2.0	0.2	4.9	0.6
Acute pharyngitis 462	1,843	209	1.9	0.2	4.7	0.5
Routine infant or child health check V20.2	1,771	243	1.8	0.3	4.5	0.6
Allergic rhinitis 477	1,581	443	1.6	0.5	4.0	1.1
All other	67,825	2,302	70.7	1.1	173.0	5.9
25–44 years:						
All visits	249,936	7,563	100.0	. . .	301.5	9.1
Normal pregnancy V22	13,269	1,478	5.3	0.6	[4]31.5	3.5
Spinal disorders 720–724	8,161	607	3.3	0.2	9.8	0.7
General medical examination V70	7,286	965	2.9	0.4	8.8	1.2
Acute upper respiratory infection, excluding pharyngitis 460–461,463–466	7,118	649	2.8	0.3	8.6	0.8
Rheumatisms, excluding back 725–729	6,492	483	2.6	0.2	7.8	0.6
Arthropathies and related disorders 710–719	5,774	516	2.3	0.2	7.0	0.6
Gynecological examination V72.3	5,500	692	2.2	0.3	[4]13.1	1.7
Essential hypertension 401	4,852	452	1.9	0.2	5.9	0.5
Chronic sinusitis 473	4,450	442	1.8	0.2	5.4	0.5
Sprains and strains of neck and back 846–847	4,202	442	1.7	0.2	5.1	0.5
All other	182,831	5,587	73.2	0.8	220.6	6.7
45–64 years:						
All visits	281,738	8,091	100.0	. . .	432.6	12.4
Essential hypertension 401	18,889	1,311	6.7	0.4	29.0	2.0
Diabetes mellitus 250	11,885	1,103	4.2	0.4	18.3	1.7
Arthropathies and related disorders 710–719	10,748	993	3.8	0.3	16.5	1.5
Spinal disorders 720–724	9,910	846	3.5	0.3	15.2	1.3
Rheumatisms, excluding back 725–729	8,383	761	3.0	0.3	12.9	1.2
General medical examination V70	6,536	817	2.3	0.3	10.0	1.3
Malignant neoplasms 140–208,230–234	6,024	872	2.1	0.3	9.3	1.3

See footnotes at end of table.

Table 5. Annual number, percent distribution, and rate of ambulatory care visits with corresponding standard errors by selected patient and visit characteristics and the 10 most frequent primary diagnosis groups: United States, 2001–02—Con.

Characteristic, 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[2]	Standard error of rate
45–64 years—Con.						
Disorders of lipoid metabolism 272	5,451	604	1.9	0.2	8.4	0.9
Acute upper respiratory infection, excluding pharyngitis 460–461,463–466	4,770	542	1.7	0.2	7.3	0.8
Gynecological examination V72.3	4,537	564	1.6	0.2	[4]13.5	1.7
All other	194,605	5,678	69.1	0.8	298.8	8.7
65–74 years:						
All visits	124,652	4,345	100.0	. . .	690.4	24.1
Essential hypertension 401	10,587	886	8.5	0.6	58.6	4.9
Diabetes mellitus 250	7,448	681	6.0	0.5	41.3	3.8
Arthropathies and related disorders 710–719	5,336	578	4.3	0.4	29.6	3.2
Malignant neoplasms 140–208,230–234	4,577	533	3.7	0.4	25.4	3.0
Ischemic heart disease 410–414.9	4,246	410	3.4	0.3	23.5	2.3
Heart disease, excluding ischemic 391–392.0,393–398,402, 404,415–416,420–429	3,698	371	3.0	0.3	20.5	2.1
Spinal disorders 720–724	3,544	580	2.8	0.4	19.6	3.2
Cataract 366	3,522	397	2.8	0.3	19.5	2.2
Rheumatisms, excluding back 725–729	3,070	505	2.5	0.4	17.0	2.8
Disorders of lipoid metabolism 272	2,463	386	2.0	0.3	13.6	2.1
All other	76,161	2,699	61.1	1.0	421.8	15.0
75 years and over:						
All visits	130,627	4,813	100.0	. . .	827.7	30.5
Essential hypertension 401	10,617	1,075	8.1	0.8	67.3	6.8
Heart disease, excluding ischemic 391–392.0,393–398,402,404, 415–416,420–429	6,935	463	5.3	0.3	43.9	2.9
Diabetes mellitus 250	5,586	597	4.3	0.4	35.4	3.8
Arthropathies and related disorders 710–719	5,552	502	4.2	0.4	35.2	3.2
Malignant neoplasms 140–208,230–234	5,171	576	4.0	0.4	32.8	3.7
Ischemic heart disease 410–414.9	4,518	539	3.5	0.4	28.6	3.4
Cataract 366	4,021	557	3.1	0.4	25.5	3.5
Glaucoma 365	3,430	433	2.6	0.3	21.7	2.7
Spinal disorders 720–724	3,220	458	2.5	0.3	20.4	2.9
Rheumatisms, excluding back 725–729	2,185	276	1.7	0.2	13.8	1.7
All other	79,394	3,199	60.8	1.2	503.0	20.3
Patient sex						
Female:						
All visits	633,747	16,488	100.0	. . .	439.3	11.4
Essential hypertension 401	26,197	1,603	4.1	0.2	18.2	1.1
Acute upper respiratory infection, excluding pharyngitis 460–461,463–466	20,451	1,329	3.2	0.2	14.2	0.9
Normal pregnancy V22	20,166	1,899	3.2	0.3	14.0	1.3
Arthropathies and related disorders 710–719	18,979	1,598	3.0	0.2	13.2	1.1
Routine infant or child health check V20.2	18,915	1,223	3.0	0.2	13.1	0.8
Diabetes mellitus 250	15,223	1,221	2.4	0.2	10.6	0.8
Spinal disorders 720–724	15,135	1,173	2.4	0.2	10.5	0.8
Rheumatisms, excluding back 725–729	13,390	976	2.1	0.1	9.3	0.7
General medical examination V70	12,505	1,338	2.0	0.2	8.7	0.9
Gynecological examination V72.3	12,207	1,336	1.9	0.2	8.5	0.9
All other	460,577	12,351	72.7	0.6	319.2	8.6
Male:						
All visits	443,836	11,759	100.0	. . .	323.3	8.6
Routine infant or child health check V20.2	20,711	1,497	4.7	0.3	15.1	1.1
Essential hypertension 401	19,059	1,386	4.3	0.3	13.9	1.0
Acute upper respiratory infection, excluding pharyngitis 460–461,463–466	16,458	1,022	3.7	0.2	12.0	0.7
Diabetes mellitus 250	13,866	1,281	3.1	0.3	10.1	0.9
Spinal disorders 720–724	11,355	930	2.6	0.2	8.3	0.7
Arthropathies and related disorders 710–719	10,465	723	2.4	0.2	7.6	0.5
Otitis media and eustachian tube disorders 381–382	9,368	598	2.1	0.1	6.8	0.4
Rheumatisms, excluding back 725–729	9,054	736	2.0	0.2	6.6	0.5
General medical examination V70	8,987	1,251	2.0	0.3	6.6	0.9
Malignant neoplasms 140–208,230–234	8,523	774	1.9	0.2	6.2	0.6
All other	315,990	8,712	71.2	0.6	230.1	6.3

See footnotes at end of table.

Table 5. Annual number, percent distribution, and rate of ambulatory care visits with corresponding standard errors by selected patient and visit characteristics and the 10 most frequent primary diagnosis groups: United States, 2001–02—Con.

Characteristic, 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[2]	Standard error of rate
Patient race						
White:						
All visits	915,952	25,434	100.0	. . .	401.8	11.2
Essential hypertension 401	36,757	2,798	4.0	0.3	16.1	1.2
Acute upper respiratory infection, excluding pharyngitis 460–461,463–466	31,032	1,910	3.4	0.2	13.6	0.8
Routine infant or child health check V20.2	30,674	2,011	3.3	0.2	13.5	0.9
Arthropathies and related disorders 710–719	25,209	1,902	2.8	0.2	11.1	0.8
Diabetes mellitus 250	23,852	1,994	2.6	0.2	10.5	0.9
Spinal disorders 720–724	23,373	1,795	2.6	0.2	10.3	0.8
Rheumatisms, excluding back 725–729	19,441	1,382	2.1	0.1	8.5	0.6
General medical examination V70	18,775	2,100	2.0	0.2	8.2	0.9
Otitis media and eustachian tube disorders 381–382	16,689	1,004	1.8	0.1	7.3	0.4
Normal pregnancy V22	16,591	1,669	1.8	0.2	[5]25.6	2.6
All other	673,559	19,310	73.5	0.6	295.5	8.5
Black or African American:						
All visits	119,196	5,547	100.0	. . .	339.2	15.8
Essential hypertension 401	6,728	853	5.6	0.6	19.2	2.4
Routine infant or child health check V20.2	5,187	603	4.4	0.5	14.8	1.7
Diabetes mellitus 250	3,945	547	3.3	0.4	11.2	1.6
Acute upper respiratory infection, excluding pharyngitis 460–461,463–466	3,647	285	3.1	0.2	10.4	0.8
Arthropathies and related disorders 710–719	3,326	349	2.8	0.3	9.5	1.0
Normal pregnancy V22	2,826	505	2.4	0.4	[6]25.5	4.6
Rheumatisms, excluding back 725–729	2,449	274	2.1	0.2	7.0	0.8
Spinal disorders 720–724	2,429	290	2.0	0.2	6.9	0.8
Asthma 493	2,235	257	1.9	0.2	6.4	0.7
Otitis media and eustachian tube disorders 381–382	2,139	282	1.8	0.2	6.1	0.8
All other	84,283	3,785	70.7	0.8	239.8	10.8
Other race:						
All visits	42,436	3,834	100.0	. . .	229.6	20.7
Routine infant or child health check V20.2	3,766	882	8.9	1.4	20.4	4.8
Acute upper respiratory infection, excluding pharyngitis 460–461,463–466	2,231	359	5.3	0.7	12.1	1.9
Essential hypertension 401	1,771	315	4.2	0.8	9.6	1.7
Diabetes mellitus 250	1,292	250	3.0	0.5	7.0	1.4
Arthropathies and related disorders 710–719	909	177	2.1	0.4	4.9	1.0
General medical examination V70	902	201	2.1	0.5	4.9	1.1
Asthma 493	882	217	2.1	0.5	4.8	1.2
Contact dermatitis and other eczema 692	837	209	2.0	0.5	4.5	1.1
Normal pregnancy V22	749	194	1.8	0.5	[7]13.0	3.4
Spinal disorders 720–724	689	188	1.6	0.4	3.7	1.0
All other	28,410	2,546	67.0	1.5	153.7	13.8
Patient ethnicity[8]						
Hispanic or Latino:						
All visits	90,938	9,007	100.0	. . .	242.6	24.0
Routine infant or child health check V20.2	5,055	948	5.6	1.0	13.5	2.5
Acute upper respiratory infection, excluding pharyngitis 460–461,463–466	5,045	961	5.5	0.7	13.5	2.6
Essential hypertension 401	3,832	1,127	4.2	1.1	10.2	3.0
Diabetes mellitus 250	*3,351	1,038	3.7	0.9	*8.9	2.8
Normal pregnancy V22	3,075	684	3.4	0.6	[9]28.4	6.3
Otitis media and eustachian tube disorders 381–382	2,407	327	2.6	0.3	6.4	0.9
General medical examination V70	2,007	551	2.2	0.5	5.4	1.5
Arthropathies and related disorders 710–719	1,890	420	2.1	0.4	5.0	1.1
Acute pharyngitis 462	1,837	412	2.0	0.4	4.9	1.1
Chronic and unspecified bronchitis 490–491	*1,486	540	*1.6	0.5	*4.0	1.4
All other	60,954	5,022	67.0	2.0	162.6	13.4
Not Hispanic or Latino:						
All visits	739,946	25,957	100.0	. . .	303.1	10.6
Essential hypertension 401	29,946	2,446	4.0	0.3	12.3	1.0
Routine infant or child health check V20.2	25,404	1,910	3.4	0.3	10.4	0.8
Acute upper respiratory infection, excluding pharyngitis 460–461,463–466	24,360	1,614	3.3	0.2	10.0	0.7

See footnotes at end of table.

Table 5. Annual number, percent distribution, and rate of ambulatory care visits with corresponding standard errors by selected patient and visit characteristics and the 10 most frequent primary diagnosis groups: United States, 2001–02—Con.

Characteristic, 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[2]	Standard error of rate
Not Hispanic or Latino—Con.						
Diabetes mellitus . . . 250	20,172	1,839	2.7	0.2	8.3	0.8
Arthropathies and related disorders . . . 710–719	20,034	1,597	2.7	0.2	8.2	0.7
Spinal disorders . . . 720–724	18,440	1,428	2.5	0.2	7.6	0.6
Rheumatisms, excluding back . . . 725–729	15,763	1,236	2.1	0.2	6.5	0.5
General medical examination . . . V70	14,895	2,066	2.0	0.3	6.1	0.8
Malignant neoplasms . . . 140–208,230–234	14,816	1,869	2.0	0.3	6.1	0.8
Normal pregnancy . . . V22	13,444	1,533	1.8	0.2	[10]19.0	2.2
All other . . .	542,672	19,132	73.3	0.5	222.3	7.8
Expected source of payment						
Private insurance:						
All visits . . .	595,447	18,179	100.0	. . .	307.4	9.4
Routine infant or child health check . . . V20.2	27,611	1,955	4.6	0.3	14.3	1.0
Acute upper respiratory infection, excluding pharyngitis . . . 460–461,463–466	23,075	1,514	3.9	0.2	11.9	0.8
Essential hypertension . . . 401	22,359	1,820	3.8	0.3	11.5	0.9
Arthropathies and related disorders . . . 710–719	14,013	1,046	2.4	0.2	7.2	0.5
Rheumatisms, excluding back . . . 725–729	13,463	1,020	2.3	0.2	7.0	0.5
Normal pregnancy . . . V22	13,244	1,528	2.2	0.3	[11]22.7	2.6
General medical examination . . . V70	13,086	1,358	2.2	0.2	6.8	0.7
Otitis media and eustachian tube disorders . . . 381–382	12,855	866	2.2	0.1	6.6	0.5
Spinal disorders . . . 720–724	12,720	1,010	2.1	0.2	6.6	0.5
Diabetes mellitus . . . 250	12,445	1,309	2.1	0.2	6.4	0.7
All other . . .	430,576	13,501	72.3	0.6	222.3	7.0
Medicare:						
All visits . . .	219,336	7,716	100.0	. . .	638.2	22.5
Essential hypertension . . . 401	17,112	1,476	7.8	0.6	49.8	4.3
Diabetes mellitus . . . 250	11,459	1,012	5.2	0.4	33.3	2.9
Arthropathies and related disorders . . . 710–719	9,829	904	4.5	0.4	28.6	2.6
Heart disease, excluding ischemic . 391–392.0,393–398,402,415–416,420–429	9,216	633	4.2	0.3	26.8	1.8
Malignant neoplasms . . . 140–208,230–234	7,920	830	3.6	0.4	23.0	2.4
Ischemic heart disease . . . 410–414.9	7,123	721	3.2	0.3	20.7	2.1
Spinal disorders . . . 720–724	6,547	914	3.0	0.4	19.1	2.7
Cataract . . . 366	6,108	727	2.8	0.3	17.8	2.1
Glaucoma . . . 365	4,260	490	1.9	0.2	12.4	1.4
Rheumatisms, excluding back . . . 725–729	4,176	411	1.9	0.2	12.2	1.2
All other . . .	135,587	4,826	61.8	0.9	394.5	14.0
Medicaid:						
All visits . . .	107,135	5,525	100.0	. . .	398.0	20.5
Routine infant or child health check . . . V20.2	7,972	819	7.4	0.7	26.6	3.0
Acute upper respiratory infection, excluding pharyngitis . . . 460–461,463–466	6,435	668	6.0	0.4	23.9	2.5
Normal pregnancy . . . V22	5,030	732	4.7	0.7	[3]80.1	11.7
Otitis media and eustachian tube disorders . . . 381–382	4,150	384	3.9	0.3	15.4	1.4
Diabetes mellitus . . . 250	2,205	378	2.1	0.3	8.2	1.4
Asthma . . . 493	2,087	241	1.9	0.2	7.8	0.9
Acute pharyngitis . . . 462	2,082	393	1.9	0.3	7.7	1.5
Psychoses, excluding major depressive order . . . 290–295,296.0–296.1,296.4–299	1,851	233	1.7	0.2	6.9	0.9
Essential hypertension . . . 401	1,830	274	1.7	0.3	6.8	1.0
Chronic and unspecified bronchitis . . . 490–491	1,803	402	1.7	0.3	6.7	1.5
All other . . .	71,691	3,506	66.9	1.0	266.3	13.0
Uninsured:						
All visits . . .	66,361	3,744	100.0	. . .	164.1	9.3
Acute upper respiratory infection, excluding pharyngitis . . . 460–461,463–466	2,537	600	3.8	0.8	6.3	1.5
Obesity . . . 278	*1,621	1,099	*2.4	1.6	*4.0	2.7
Psychoses, excluding major depressive order . . . 290–295,296.0–296.1,296.4–299	*1,481	532	*2.2	0.8	*3.7	1.3
Spinal disorders . . . 720–724	1,445	200	2.2	0.3	3.6	0.5
Essential hypertension . . . 401	1,522	210	2.3	0.3	3.8	0.5
Routine infant or child health check . . . V20.2	1,214	282	1.8	0.4	3.0	0.7
Major depressive disorder . . . 296.2–296.3	1,197	188	1.8	0.3	3.0	0.5

See footnotes at end of table.

Table 5. Annual number, percent distribution, and rate of ambulatory care visits with corresponding standard errors by selected patient and visit characteristics and the 10 most frequent primary diagnosis groups: United States, 2001–02—Con.

Characteristic, 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[2]	Standard error of rate
Uninsured—Con.						
General medical examination V70	1,107	227	1.7	0.3	2.7	0.6
Sprains and strains of neck and back 846–847	1,088	175	1.6	0.3	2.7	0.4
Open wound, excluding head 874–897	1,043	141	1.6	0.2	2.6	0.4
All other	52,106	2,823	78.5	1.9	128.8	7.0
Other source of payment:						
All visits	89,303	5,265	100.0	. . .	. . .	. . .
Spinal disorders 720–724	4,110	472	4.6	0.5	. . .	. . .
General medical examination V70	3,946	1,154	4.4	1.2	. . .	. . .
Arthropathies and related disorders 710–719	2,987	436	3.3	0.4	. . .	. . .
Rheumatisms, excluding back 725–729	2,787	403	3.1	0.4	. . .	. . .
Essential hypertension 401	2,432	389	2.7	0.4	. . .	. . .
Sprains and strains of neck and back 846–847	2,486	339	2.8	0.4	. . .	. . .
Routine infant or child health check V20.2	2,431	699	2.7	0.8	. . .	. . .
Sprains and strains, excluding ankle and back 840–844,845.1,848	2,053	277	2.3	0.3	. . .	. . .
Diabetes mellitus 250	1,875	362	2.1	0.4	. . .	. . .
Acute upper respiratory infection, excluding pharyngitis 460–461,463–466	1,907	311	2.1	0.3	. . .	. . .
All other	62,290	3,563	69.8	1.6	. . .	. . .

. . . Category not applicable.

* Figure does not meet standard of reliability or precision.

[1]These groups are based on the primary diagnosis coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (17). A complete list of the ICD–9–CM codes used to formulate the groupings in this table is shown in Appendix I.

[2]Estimates of the civilian noninstitutionalized population used in calculating visit rates by age, sex, race, and ethnicity are from special tabulations developed by the Population Division, U.S. Census Bureau, using the July 1, 2001, and July 1, 2002, sets of state population estimates, and reflect Census 2000 data. Denominators for primary expected source of payment rates are from the 2001 and 2002 estimates of health insurance coverage from the National Health Interview Survey, NCHS, adjusted to Census 2000-based population estimates.

[3]Rate is based on female population 15–54 years.

[4]Rate is based on female population for specified age category.

[5]Rate is based on white female population 15–54 years.

[6]Rate is based on black female population 15–54 years.

[7]Rate is based on ''other'' race female population 15–54 years.

[8]Ethnicity data were missing for 22.9 percent of visits. Therefore, these rates are underestimates.

[9]Rate is based on Hispanic female population 15–54 years.

[10]Rate is based on non-Hispanic female population 15–54 years.

[11]Rate is based on insurance category denominators for females 15–54 years from the National Health Interview Survey. See Appendix I for discussion of insurance category denominators.

NOTES: Figures may not add to totals because of rounding. Figures are annual averages. Races other than White and Black or African American have been aggregated in this table because of small sample sizes.

Table 6. Annual number and percent distribution of ambulatory care visits by setting type, according to diagnosis group: United States, 2001–02

Diagnosis group	Combined settings		Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments	Combined settings	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient department	Emergency departments
	Number of visits in thousands	Percent distribution	Number of visits in thousands					Percent distribution					
All visits	1,077,583	100.0	543,523	165,402	176,309	83,527	108,822	100.0	50.4	15.3	16.4	7.8	10.1
Infectious and parasitic diseases	30,476	2.8	17,712	1,015	5,374	3,009	3,366	100.0	58.1	3.3	17.6	9.9	11.0
Streptococcal sore throat	3,795	0.4	2,896	*	*	368	378	100.0	76.3	*	*	9.7	10.0
HIV infection	645	0.1	*	*	*	*319	*	100.0	*	*	*	49.4	*
Viral warts	3,937	0.4	1,776	*	1,723	241	*	100.0	45.1	*	43.8	6.1	*
Unspecified viral and chlamydial infections	6,409	0.6	4,096	*	*	510	1,561	100.0	63.9	*	*	8.0	24.4
Dermatophytosis	1,797	0.2	949	*	529	202	94	100.0	52.8	*	29.4	11.3	5.3
Candidiasis	1,832	0.2	1,223	*	*	202	130	100.0	66.8	*	*	11.0	7.1
Other infectious and parasitic diseases	12,062	1.1	6,599	693	2,466	1,167	1,138	100.0	54.7	5.7	20.4	9.7	9.4
Neoplasms	28,085	2.6	5,842	6,655	12,308	3,027	253	100.0	20.8	23.7	43.8	10.8	0.9
Malignant neoplasm of colon and rectum	1,485	0.1	*	310	*764	190	*	100.0	*	20.9	51.4	*12.8	*
Malignant neoplasm of skin	4,413	0.4	*	803	2,998	174	*	100.0	*	18.2	67.9	4.0	*
Malignant neoplasm of breast	3,007	0.3	*	961	*1,379	302	*	100.0	*	32.0	45.8	*10.0	*
Malignant neoplasm of prostate	2,413	0.2	*	1,646	*	133	*	100.0	*	68.2	*	5.5	*
Malignant neoplasm of lymphatic and hematopoietic tissue	1,817	0.2	*	*	*724	521	*	100.0	*	*	39.9	28.7	*
Other malignant neoplasms	5,086	0.5	1,234	1,142	1,687	914	108	100.0	24.3	22.5	33.2	18.0	2.1
Benign neoplasm of skin	4,251	0.4	884	439	2,794	126	*	100.0	20.8	10.3	65.7	3.0	*
Other benign neoplasm	3,700	0.3	1,365	966	796	524	51	100.0	36.9	26.1	21.5	14.2	1.4
Neoplasm of uncertain behavior and unspecified nature	1,912	0.2	*	289	1,072	143	*	100.0	*	15.1	56.1	7.5	1.3
Endocrine, nutritional and metabolic diseases, and immunity disorders	57,571	5.3	38,310	3,985	8,983	4,675	1,619	100.0	66.5	6.9	15.6	8.1	2.8
Acquired hypothyroidism	4,321	0.4	2,954	–	*1,114	242	*	100.0	68.4	–	*25.8	5.6	*
Other disorders of the thyroid gland	2,659	0.2	1,090	323	*	234	*	100.0	41.0	*12.1	*	8.8	*
Diabetes mellitus	29,089	2.7	18,361	3,010	4,564	2,681	474	100.0	63.1	10.3	15.7	9.2	1.6
Disorders of lipoid metabolism	11,364	1.1	9,747	*	1,030	437	*	100.0	85.8	*	9.1	3.8	*
Obesity	3,885	0.4	*3,102	*	*	345	*	100.0	79.8	*	*	*8.9	*
Other endocrine, nutritional and metabolic diseases, and immunity disorders	6,253	0.6	3,057	336	1,027	735	1,099	100.0	48.9	5.4	16.4	11.7	17.6
Diseases of the blood and blood-forming organs	4,486	0.4	2,689	*	760	521	429	100.0	59.9	*	16.9	11.6	9.6
Anemias	2,925	0.3	1,768	*	*	363	305	100.0	60.5	*	*	12.4	10.4
Other diseases of the blood and blood-forming organs	1,561	0.1	920	*	*	157	124	100.0	58.9	*	*	10.1	8.0
Mental disorders	51,743	4.8	17,197	*445	24,750	5,817	3,533	100.0	33.2	*0.9	47.8	11.2	6.8
Schizophrenic disorders	2,321	0.2	*	–	1,474	445	186	100.0	*	–	63.5	19.2	8.0
Major depressive disorder	8,110	0.8	*	–	6,468	900	163	100.0	*	–	79.8	11.1	2.0
Other psychoses	6,141	0.6	728	*	4,150	634	613	100.0	11.9	*	67.6	10.3	10.0
Anxiety states	6,230	0.6	2,987	*	2,255	349	606	100.0	47.9	*	36.2	5.6	9.7
Neurotic depression	4,057	0.4	1,834	–	1,849	316	57	100.0	45.2	–	45.6	7.8	1.4
Alcohol dependence syndrome	464	0.0	*	*	*	*214	110	100.0	*	*	*	46.1	23.6
Drug dependence and nondependent use of drugs	2,327	0.2	*	*	237	629	780	100.0	*	*	10.2	27.0	33.5
Acute reaction to stress and adjustment reaction	2,813	0.3	*	*	1,417	447	118	100.0	*	*	50.4	15.9	4.2
Depressive disorder, not elsewhere classified	8,794	0.8	5,108	–	2,429	820	436	100.0	58.1	–	27.6	9.3	5.0
Attention deficit disorder	5,369	0.5	2,694	*	2,095	515	*	100.0	50.2	*	39.0	9.6	*
Other mental disorders	5,117	0.5	1,472	*304	2,337	548	455	100.0	28.8	*5.9	45.7	10.7	8.9

See footnotes at end of table.

Table 6. Annual number and percent distribution of ambulatory care visits by setting type, according to diagnosis group: United States, 2001–02—Con.

Diagnosis group	Combined settings		Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments	Combined settings	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient department	Emergency departments
	Number of visits in thousands	Percent distribution	Number of visits in thousands					Percent distribution					
Diseases of the nervous system and sense organs	92,782	8.6	26,939	46,348	7,251	6,194	6,050	100.0	29.0	50.0	7.8	6.7	6.5
Migraine	4,515	0.4	1,845	*	930	290	1,077	100.0	40.9	*	20.6	6.4	23.9
Other disorders of the central nervous system	5,663	0.5	1,349	*	2,776	861	282	100.0	23.8	*	49.0	15.2	5.0
Carpal tunnel syndrome	4,381	0.4	*	2,017	*1,375	187	*	100.0	*	46.0	31.4	4.3	*
Other disorders of the nervous system	3,514	0.3	1,322	634	1,077	341	139	100.0	37.6	18.0	30.7	9.7	4.0
Retinal detachment and other retinal disorders	3,649	0.3	*	3,452	*	108	*	100.0	*	94.6	*	*2.9	*
Glaucoma	8,260	0.8	*	7,889	–	281	*	100.0	*	95.5	–	3.4	*
Cataract	9,619	0.9	*	8,872	*	403	*	100.0	*	92.2	*	4.2	*
Disorders of refraction and accommodation	5,117	0.5	*	4,794	–	256	–	100.0	*	93.7	–	5.0	–
Conjunctivitis	5,058	0.5	2,724	1,000	*	460	580	100.0	53.8	19.8	*	9.1	11.5
Disorders of eyelids	2,632	0.2	403	1,977	*	124	100	100.0	*	75.1	*	4.7	3.8
Other disorders of the eye and adnexa	10,831	1.0	921	8,666	294	553	398	100.0	8.5	80.0	2.7	5.1	3.7
Disorders of external ear	5,347	0.5	3,020	1,482	*	260	414	100.0	56.5	27.7	*	4.9	7.7
Otitis media and eustachian tube disorders	19,514	1.8	12,599	2,649	*	1,616	2,551	100.0	64.6	13.6	*	8.3	13.1
Other diseases of the ear and mastoid process	4,682	0.4	1,447	2,149	*	456	457	100.0	30.9	45.9	*	9.7	9.8
Diseases of the circulatory system	85,841	8.0	53,445	3,801	18,338	5,826	4,431	100.0	62.3	4.4	21.4	6.8	5.2
Angina pectoris	1,748	0.2	*	*	398	56	109	100.0	*	*	22.8	*3.2	6.3
Coronary atherosclerosis	8,740	0.8	3,200	*506	4,436	531	67	100.0	36.6	*5.8	50.8	6.1	0.8
Other ischemic heart disease	2,487	0.2	*	–	1,085	77	709	100.0	*	–	43.6	*3.1	28.5
Cardiac dysrhythmias	6,249	0.6	2,867	*	2,241	331	724	100.0	45.9	*	35.9	5.3	11.6
Congestive heart failure	4,405	0.4	2,673	*	765	213	727	100.0	60.7	*	17.4	4.8	16.5
Other heart disease	4,977	0.5	1,551	*	2,663	490	128	100.0	31.2	*	53.5	9.9	2.6
Essential hypertension	45,256	4.2	36,606	*	4,475	3,303	594	100.0	80.9	*	9.9	7.3	1.3
Cerebrovascular disease	3,253	0.3	1,328	*373	656	126	769	100.0	40.8	11.5	20.2	3.9	23.6
Diseases of the arteries, arterioles, and capillaries	3,342	0.3	1,049	1,039	971	205	78	100.0	31.4	31.1	29.1	6.1	2.3
Hemorrhoids	2,003	0.2	995	433	*	161	131	100.0	49.6	21.6	*	8.0	6.5
Other diseases of the circulatory system	3,381	0.3	1,407	882	365	333	394	100.0	41.6	26.1	10.8	9.8	11.7
Diseases of the respiratory system	127,224	11.8	80,768	6,590	17,442	9,527	12,897	100.0	63.5	5.2	13.7	7.5	10.1
Acute sinusitis	2,674	0.2	1,764	202	*	393	209	100.0	66.0	7.5	*	14.7	7.8
Acute pharyngitis	11,739	1.1	8,372	*	*	1,041	1,930	100.0	71.3	*	*	8.9	16.4
Acute tonsillitis	3,035	0.3	2,317	182	*	189	335	100.0	76.3	6.0	*	6.2	11.0
Acute bronchitis and bronchiolitis	5,026	0.5	3,343	*	*	313	1,117	100.0	66.5	*	*	6.2	22.2
Other acute respiratory infections	26,175	2.4	20,087	287	*722	2,434	2,646	100.0	76.7	1.1	*2.8	9.3	10.1
Chronic sinusitis	15,045	1.4	10,924	1,467	*858	1,190	606	100.0	72.6	9.8	5.7	7.9	4.0
Allergic rhinitis	13,005	1.2	6,258	1,558	*4,300	*786	103	100.0	48.1	12.0	33.1	6.0	0.8
Pneumonia	4,632	0.4	2,645	*	*	254	1,386	100.0	57.1	*	*	5.5	29.9
Chronic and unspecified bronchitis	11,709	1.1	8,461	*	*	764	1,573	100.0	72.3	*	*	6.5	13.4
Asthma	15,023	1.4	7,023	*	4,887	1,256	1,782	100.0	46.7	*	32.5	8.4	11.9
Other chronic obstructive pulmonary disease and allied conditions	6,911	0.6	3,557	*	2,899	213	183	100.0	51.5	*	41.9	3.1	2.6
Other diseases of the respiratory system	12,250	1.1	6,016	2,448	2,064	693	1,029	100.0	49.1	20.0	16.8	5.7	8.4
Diseases of the digestive system	39,886	3.7	17,775	5,259	7,834	2,687	6,331	100.0	44.6	13.2	19.6	6.7	15.9
Diseases of the teeth and supporting structures	2,736	0.3	1,188	146	*	174	1,197	100.0	43.4	*	*	6.4	43.7
Gastritis and duodenitis	2,274	0.2	1,187	*	*	172	547	100.0	52.2	*	*	7.6	24.1
Esophagitis	863	0.1	*	*	*	*28	44	100.0	*	*	*	*3.2	*5.1
Ulcer of stomach and small intestine	770	0.1	*	*	*	29	90	100.0	*	*	*	*3.8	*11.6
Hernia of abdominal cavity	2,948	0.3	*	1,911	–	258	159	100.0	*	64.8	–	8.7	5.4
Noninfectious enteritis and colitis	6,080	0.6	3,056	*	1,256	344	1,374	100.0	50.3	0.8	20.6	5.7	22.6

See footnotes at end of table.

Table 6. Annual number and percent distribution of ambulatory care visits by setting type, according to diagnosis group: United States, 2001–02—Con.

Diagnosis group	Combined settings		Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments	Combined settings	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient department	Emergency departments
	Number of visits in thousands	Percent distribution	Number of visits in thousands					Percent distribution					
Diseases of the digestive system—Con.													
Diverticula of intestine	1,718	0.2	*	234	*	109	140	100.0	*	13.6	*	6.3	8.1
Constipation	2,506	0.2	1,288	*	*	179	404	100.0	51.4	*	*	7.1	16.1
Irritable colon	1,979	0.2	1,231	*	*	73	*	100.0	62.2	*	*	3.7	*
Anal and rectal diseases	2,392	0.2	*	270	*991	133	251	100.0	*	11.3	41.4	5.6	10.5
Disorders of the gallbladder and biliary tract	2,288	0.2	*	1,096	*	94	303	100.0	*	47.9	*	4.1	13.3
Gastrointestinal hemorrhage	1,142	0.1	*	*	*	63	410	100.0	*	*	*	5.5	35.9
Other diseases of the digestive system	12,191	1.1	5,536	1,303	2,933	1,031	1,388	100.0	45.4	10.7	24.1	8.5	11.4
Diseases of the genitourinary system	50,609	4.7	28,473	10,895	2,839	3,491	4,911	100.0	56.3	21.5	*	6.9	9.7
Calculus of kidney and ureter	2,005	0.2	*	957	*	104	543	100.0	*	47.7	*	5.2	27.1
Cystitis and other disorders of the bladder	2,178	0.2	861	917	*	145	223	100.0	39.5	42.1	*	6.7	10.2
Urinary tract infection, site not specified	7,884	0.7	4,777	630	*	627	1,731	100.0	60.6	8.0	*	8.0	22.0
Other diseases of the urinary system	6,133	0.6	*1,475	1,811	1,556	564	726	100.0	24.1	29.5	25.4	9.2	11.8
Hyperplasia of prostate	2,881	0.3	608	2,145	*	80	*	100.0	*	74.5	*	2.8	*
Other disorders of male genital organs	3,596	0.3	1,177	1,827	*	239	294	100.0	32.7	50.8	*	6.6	8.2
Disorders of breast	4,262	0.4	1,683	1,981	*	443	91	100.0	39.5	46.5	*	10.4	2.1
Inflammatory disorders of female pelvic organs	3,075	0.3	2,465	*	*	200	334	100.0	80.2	*	*	6.5	10.9
Noninflammatory disorders of female genital organs	3,330	0.3	2,567	*	*	299	392	100.0	77.1	*	*	9.0	11.8
Disorders of menstruation and abnormal bleeding	4,212	0.4	3,704	*	*	262	206	100.0	88.0	*	*	6.2	4.9
Menopausal and postmenopausal disorders	3,776	0.4	3,401	*	*	152	*	100.0	90.1	*	*	4.0	*
Other disorders of the female genital tract	7,277	0.7	5,425	453	*666	377	357	100.0	74.5	6.2	*9.2	5.2	4.9
Complications of pregnancy, childbirth, and the puerperium	5,855	0.5	3,514	*	*	838	1,340	100.0	60.0	*	*	14.3	22.9
Diseases of the skin and subcutaneous tissue	51,754	4.8	18,355	3,515	23,448	3,374	3,063	100.0	35.5	6.8	45.3	6.5	5.9
Cellulitis and abscess	5,216	0.5	2,795	312	*	422	1,381	100.0	53.6	6.0	*	8.1	26.5
Other infection of the skin and subcutaneous tissue	2,143	0.2	1,240	273	*	173	279	100.0	57.9	12.8	*	8.1	13.0
Contact dermatitis and other eczema	8,734	0.8	4,337	*	3,196	618	489	100.0	49.7	*	36.6	7.1	5.6
Psoriasis and similar disorders	2,343	0.2	*	*	1,592	*209	*	100.0	*	*	67.9	*8.9	*
Other inflammatory conditions of skin and subcutaneous tissue	6,137	0.6	2,264	*	3,118	474	197	100.0	36.9	*	50.8	7.7	3.2
Corns, callosities, and other hypertrophic and atrophic skin conditions	2,470	0.2	*	*567	1,055	188	*	100.0	*	*23.0	42.7	7.6	*
Actinic and seborrheic keratosis	6,030	0.6	*	*	5,020	*108	*	100.0	*	*	83.2	*1.8	*
Acne	6,120	0.6	922	*	4,890	*295	–	100.0	15.1	*	79.9	*4.8	–
Sebaceous cyst	2,725	0.3	974	724	794	174	60	100.0	35.7	26.6	29.1	6.4	2.2
Urticaria	1,419	0.1	*	–	452	97	357	100.0	*	–	31.9	6.8	25.2
Other disorders of the skin and subcutaneous tissue	8,417	0.8	3,350	1,363	2,848	616	240	100.0	39.8	16.2	33.8	7.3	2.9
Diseases of the musculoskeletal system and connective tissue	84,861	7.9	35,569	23,693	14,174	5,510	5,914	100.0	41.9	27.9	16.7	6.5	7.0
Rheumatoid arthritis	2,653	0.2	*	*	*1,699	173	*	100.0	*	*	64.0	*6.5	*
Osteoarthrosis and allied disorders	10,940	1.0	5,124	3,692	1,327	694	104	100.0	46.8	33.7	12.1	6.3	1.0
Other arthropathies and related disorders	5,087	0.5	2,114	1,481	*1,002	344	146	100.0	41.6	29.1	19.7	6.8	2.9
Derangements and other and unspecified joint disorders	10,763	1.0	4,056	3,927	940	773	1,068	100.0	37.7	36.5	8.7	7.2	9.9
Intervertebral disc disorders	5,545	0.5	1,799	2,425	*958	261	101	100.0	32.5	43.7	*17.3	4.7	1.8
Lumbago	5,213	0.5	2,609	*	*818	570	926	100.0	50.0	*	15.7	10.9	17.8

See footnotes at end of table.

Table 6. Annual number and percent distribution of ambulatory care visits by setting type, according to diagnosis group: United States, 2001–02—Con.

Diagnosis group	Combined settings		Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments	Combined settings	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient department	Emergency departments
	Number of visits in thousands	Percent distribution	Number of visits in thousands					Percent distribution					
Diseases of the musculoskeletal system and connective tissue—Con.													
Other dorsopathies	15,732	1.5	6,610	2,740	3,814	939	1,629	100.0	42.0	17.4	24.2	6.0	10.4
Peripheral enthesopathies and allied disorders	7,642	0.7	3,023	3,353	*700	308	258	100.0	39.6	43.9	*9.2	4.0	3.4
Synovitis and tenosynovitis	2,332	0.2	663	1,289	*	114	84	100.0	28.4	55.3	*	4.9	3.6
Myalgia and myositis, unspecified	3,233	0.3	1,702	*	*781	207	399	100.0	52.6	*	24.2	6.4	12.4
Other rheumatism, excluding back	9,238	0.9	4,458	2,205	1,112	527	935	100.0	48.3	23.9	12.0	5.7	10.1
Disorders of bone and cartilage	3,927	0.4	1,981	905	*	380	214	100.0	50.5	23.1	*	9.7	5.4
Other diseases of the musculoskeletal system and connective tissue	2,555	0.2	792	1,119	*395	220	*	100.0	31.0	43.8	*15.5	8.6	*
Congenital anomalies	3,076	0.3	*	1,157	400	884	*	100.0	*	37.6	13.0	28.8	*
Certain conditions originating in the perinatal period	642	0.1	*	*	*	123	*	100.0	*	*	*	19.1	*
Symptoms, signs, and ill-defined conditions	80,794	7.5	37,366	6,207	12,710	5,354	19,157	100.0	46.2	7.7	15.7	6.6	23.7
Syncope and collapse	1,987	0.2	646	–	400	64	877	100.0	32.5	–	20.1	3.2	44.1
Convulsions	2,604	0.2	843	–	721	243	797	100.0	32.4	–	27.7	9.3	30.6
Dizziness and giddiness	3,240	0.3	1,771	335	338	179	617	100.0	54.7	10.3	10.4	5.5	19.1
Pyrexia of unknown origin	2,506	0.2	1,055	*	*	91	1,350	100.0	42.1	*	*	3.6	53.9
Symptoms involving skin and other integumentary tissue	6,024	0.6	3,544	370	1,048	365	695	100.0	58.8	6.1	17.4	6.1	11.5
Headache	4,708	0.4	2,105	310	537	292	1,464	100.0	44.7	6.6	11.4	6.2	31.1
Epistaxis	1,139	0.1	*	366	–	26	374	100.0	*	32.1	–	2.3	32.9
Abnormal heart sounds	1,951	0.2	949	–	500	192	310	100.0	48.7	–	25.6	9.8	15.9
Dyspnea and respiratory abnormalities	2,766	0.3	1,006	*	609	210	845	100.0	36.4	*	22.0	7.6	30.6
Cough	2,936	0.3	1,941	*	*	202	301	100.0	66.1	*	*	6.9	10.2
Chest pain	8,187	0.8	2,713	*	1,359	341	3,747	100.0	33.1	*	16.6	4.2	45.8
Symptoms involving urinary system	3,708	0.3	1,536	1,221	*	273	652	100.0	41.4	32.9	*	7.4	17.6
Abdominal pain	10,920	1.0	4,283	633	1,361	711	3,932	100.0	39.2	5.8	12.5	6.5	36.0
Other symptoms, signs, and ill-defined conditions	28,119	2.6	14,601	2,762	5,394	2,167	3,195	100.0	51.9	9.8	19.2	7.7	11.4
Injury and poisoning	81,989	7.6	24,216	19,252	4,373	5,245	28,903	100.0	29.5	23.5	5.3	6.4	35.3
Fracture of radius and ulna	2,861	0.3	*	1,673	*	191	607	100.0	*	58.5	*	6.7	21.2
Fracture of hand and fingers	3,414	0.3	*	1,716	*	251	869	100.0	*	50.3	*	7.4	25.5
Fracture of lower limb	5,264	0.5	796	2,645	*	362	1,341	100.0	15.1	50.3	*	6.9	25.5
Other fractures	3,273	0.3	*	1,189	*	254	1,117	100.0	*	36.3	*	7.8	34.1
Sprains and strains of wrist and hand	1,813	0.2	*	*529	*	156	556	100.0	*	29.2	*	8.6	30.7
Sprains and strains of knee and leg	2,844	0.3	947	1,152	*	126	571	100.0	33.3	40.5	*	4.4	20.1
Sprains and strains of ankle	3,547	0.3	1,266	729	*	222	1,174	100.0	35.7	20.5	*	6.3	33.1
Sprains and strains of neck	4,236	0.4	2,110	*	*420	128	1,248	100.0	49.8	*	*9.9	3.0	29.5
Sprains and strains of back	5,066	0.5	2,204	621	*687	315	1,238	100.0	43.5	12.3	*13.6	6.2	24.4
Other sprains and strains	6,259	0.6	2,377	1,885	*	363	1,329	100.0	38.0	30.1	4.9	5.8	21.2
Intracranial injury, excluding those with skull fracture	464	0.0	*	*	*	*	269	100.0	*	*	*	*	58.0
Open wound of head	3,313	0.3	*	*	*	187	2,319	100.0	*	*	*	5.6	70.0
Open wound of hand and fingers	3,443	0.3	767	*	*	256	2,009	100.0	22.3	9.0	*	7.4	58.4
Other open wound	4,650	0.4	1,267	*740	*	328	2,187	100.0	27.3	*15.9	*	7.1	47.0
Superficial injury of cornea	781	0.1	*	*	*	*72	344	100.0	*	*	*	*9.2	44.0
Other superficial injury	3,255	0.3	1,528	*	*	195	1,317	100.0	46.9	*	*	6.0	40.5
Contusions with intact skin surfaces	9,197	0.9	2,785	774	*	508	4,781	100.0	30.3	8.4	*	5.5	52.0
Other injuries	10,562	1.0	2,554	3,338	*563	639	3,469	100.0	24.2	31.6	*5.3	6.0	32.8
Poisonings	1,281	0.1	*	*	*	106	819	100.0	*	*	*	8.3	64.0

See footnotes at end of table.

Table 6. Annual number and percent distribution of ambulatory care visits by setting type, according to diagnosis group: United States, 2001–02—Con.

Diagnosis group	Combined settings		Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments	Combined settings	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient department	Emergency departments
	Number of visits in thousands	Percent distribution	Number of visits in thousands					Percent distribution					
Injury and poisoning—Con.													
Other and unspecified effects of external causes	4,461	0.4	2,355	*	*714	372	930	100.0	52.8	*	*16.0	8.3	20.9
Complications of surgical and medical care, not elsewhere classified	2,006	0.2	*	975	*	175	407	100.0	*	48.6	*	8.7	20.3
Supplementary classification of factors influencing health status and contact with health services	165,002	15.3	115,050	21,731	10,275	15,091	2,854	100.0	69.7	13.2	6.2	9.1	1.7
Potential health hazards related to communicable diseases	4,727	0.4	3,133	*	*	693	146	100.0	66.3	*	13.0	14.7	3.1
Potential health hazards related to personal and family history	10,475	1.0	5,467	1,886	1,866	1,087	170	100.0	52.2	18.0	17.8	10.4	1.6
Routine infant or child health check	39,627	3.7	35,935	*	*	3,241	55	100.0	90.7	*	*	8.2	0.1
Normal pregnancy	20,166	1.9	17,710	–	*	2,249	192	100.0	87.8	–	*	11.2	1.0
Postpartum care and examination	1,926	0.2	1,596	–	*	263	*	100.0	82.9	–	*	13.7	*
Encounter for contraceptive management	2,960	0.3	2,039	322	–	584	*	100.0	68.9	10.9	–	19.7	*
Other encounter related to reproduction	1,387	0.1	949	*	*	196	*	100.0	68.4	*	*	14.1	*
Lens replaced by pseudophakos	1,989	0.2	–	1,969	–	*	–	100.0	–	99.0	–	*	–
Artificial opening status and other postsurgical states	8,028	0.7	1,632	5,050	849	438	*59	100.0	20.3	62.9	10.6	5.5	*0.7
Attention to surgical dressing and sutures	1,550	0.1	*	*	*	137	511	100.0	*	*	*	8.8	33.0
Followup examination	11,416	1.1	4,676	4,922	831	850	137	100.0	41.0	43.1	7.3	7.4	1.2
General medical examination	21,492	2.0	17,663	*860	*1,405	1,381	182	100.0	82.2	*4.0	6.5	6.4	0.8
Observation and evaluation for suspected conditions not found	4,430	0.4	2,070	539	617	622	583	100.0	46.7	12.2	13.9	14.0	13.1
Gynecological examination	12,207	1.1	11,377	*	*	652	*	100.0	93.2	*	*	5.3	*
Other factors influencing health status and contact with health services	22,622	2.1	10,174	5,514	3,465	2,679	790	100.0	45.0	24.4	15.3	11.8	3.5
Blank and illegible	34,908	3.2	19,269	4,723	4,890	2,336	3,690	100.0	55.2	13.5	14.0	6.7	10.6

– Quantity zero.

0.0 Quantity greater than zero but less than 0.05.

[1]These groups are based on the primary diagnosis coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (17). A complete list of the ICD–9–CM codes used to formulate the groupings in this table is shown in Appendix I. The intent of this table is to provide a more detailed breakdown of the diagnostic content of ambulatory care visits than would be possible using only the major disease categories or chapter headings used in the ICD–9–CM.

NOTES: Numbers may not add to totals due to rounding. Figures are annual averages.

Table 7. Annual number and percent distribution of injury-related ambulatory care visits by setting type, according to selected patient and provider characteristics: United States, 2001–02

Characteristic	Combined settings	Primary care office	Surgical specialty office	Medical specialty offices	Outpatient departments	Emergency departments
			Number of visits in thousands			
All injury-related visits	152,170	49,089	31,731	21,075	11,002	39,273
Patient age						
Under 15 years	26,433	11,299	3,372	1,259	2,220	8,283
15–24 years	19,904	5,802	4,003	1,086	1,702	7,312
25–44 years	42,385	11,766	9,327	5,153	3,382	12,757
45–64 years	38,848	12,256	9,927	7,558	2,568	6,539
65–74 years	11,342	3,553	2,597	2,912	571	1,709
75 years and over	13,258	4,414	2,506	3,106	559	2,673
Patient sex						
Female	74,165	25,144	14,865	11,003	5,301	17,852
Male	78,006	23,945	16,867	10,072	5,701	21,421
Patient race						
White	129,166	42,906	28,165	18,555	8,477	31,064
Black or African American	17,550	4,120	2,834	1,376	2,165	7,055
Asian	3,956	1,679	455	*857	240	724
Native Hawaiian or other Pacific Islander	674	*	*	*	*28	*139
American Indian or Alaska Native	542	*	*	*	*76	239
More than one race reported	*282	*	*	*	*	52
Patient ethnicity						
Hispanic or Latino	11,560	3,705	2,156	1,000	1,070	3,628
Not Hispanic or Latino	104,023	33,021	20,402	14,395	7,670	28,535
Blank	36,588	12,363	9,173	5,679	2,262	7,110
Primary expected source of payment						
Private insurance	78,855	31,279	16,958	9,611	4,462	16,545
Medicare	21,168	6,358	4,218	4,943	1,265	4,383
Medicaid	13,264	3,461	1,346	630	2,231	5,597
Uninsured	13,101	2,233	1,201	*1,655	1,232	6,780
Other	25,783	5,758	8,009	4,235	1,812	5,969
Geographic region of provider						
Northeast	30,758	9,365	5,925	5,152	2,614	7,702
Midwest	34,224	11,550	6,335	3,319	3,314	9,706
South	52,649	15,619	12,791	6,499	3,274	14,467
West	34,539	12,555	6,680	6,105	1,800	7,398
MSA[1] status of provider						
MSA	128,141	40,441	27,161	19,919	8,715	31,906
Not MSA	24,029	8,648	4,571	*1,156	2,288	7,367
			Percent distribution			
All injury-related visits	100.0	32.3	20.9	13.8	7.2	25.8
Patient age						
Under 15 years	100.0	42.7	12.8	4.8	8.4	31.3
15–24 years	100.0	29.1	20.1	5.5	8.6	36.7
25–44 years	100.0	27.8	22.0	12.2	8.0	30.1
45–64 years	100.0	31.5	25.6	19.5	6.6	16.8
65–74 years	100.0	31.3	22.9	25.7	5.0	15.1
75 years and over	100.0	33.3	18.9	23.4	4.2	20.2
Patient sex						
Female	100.0	33.9	20.0	14.8	7.1	24.1
Male	100.0	30.7	21.6	12.9	7.3	27.5

See footnotes at end of table.

Table 7. Annual number and percent distribution of injury-related ambulatory care visits by setting type, according to selected patient and provider characteristics: United States, 2001–02—Con.

Characteristic	Combined settings	Primary care office	Surgical specialty office	Medical specialty offices	Outpatient departments	Emergency departments
Patient race			Percent distribution			
White	100.0	33.2	21.8	14.4	6.6	24.0
Black or African American	100.0	23.5	16.1	7.8	12.3	40.2
Asian	100.0	42.5	11.5	21.7	6.1	18.3
Native Hawaiian or other Pacific Islander	100.0	*	*	*	*4.1	20.7
American Indian or Alaska Native	100.0	*	*	*	14.0	44.1
More than one race reported	100.0	*	*	*	*	*6.5
Patient ethnicity						
Hispanic or Latino	100.0	32.0	18.7	8.7	9.3	31.4
Not Hispanic or Latino	100.0	31.7	19.6	13.8	7.4	27.4
Blank	100.0	33.8	25.1	15.5	6.2	19.4
Primary expected source of payment						
Private insurance	100.0	39.7	21.5	12.2	5.7	21.0
Medicare	100.0	30.0	19.9	23.4	6.0	20.7
Medicaid	100.0	26.1	10.1	4.8	16.8	42.2
Uninsured	100.0	17.0	9.2	*12.6	9.4	51.8
Other	100.0	22.3	31.1	16.4	7.0	23.2
Geographic region of provider						
Northeast	100.0	30.4	19.3	16.7	8.5	25.0
Midwest	100.0	33.7	18.5	9.7	9.7	28.4
South	100.0	29.7	24.3	12.3	6.2	27.5
West	100.0	36.4	19.3	17.7	5.2	21.4
MSA[1] status of provider						
MSA	100.0	31.6	21.2	15.5	6.8	24.9
Not MSA	100.0	36.0	19.0	4.8	9.5	30.7

* Figure does not meet standard of reliability or precision.

[1]MSA is metropolitan statistical area.

NOTES: Numbers may not add to totals due to rounding. Figures are annual averages.

Table 8. Annual rate of injury-related ambulatory care visits with corresponding standard errors by setting type and selected patient and provider characteristics: United States, 2001–02

Characteristic	Combined settings	Primary care offices	Surgical specialty offices	Medical specialty office	Outpatient departments	Emergency departments
			Number of visits per 1,000 persons[1–3]			
All injury-related visits	540.4	174.3	112.7	74.9	39.1	139.5
Patient age						
Under 15 years	436.8	186.7	55.7	20.8	36.7	136.9
15–24 years	507.7	148.0	102.1	27.7	43.4	186.5
25–44 years	511.3	141.9	112.5	62.2	40.8	153.9
45–64 years	596.5	188.2	152.4	116.1	39.4	100.4
65–74 years	628.2	196.8	143.9	161.3	31.6	94.6
75 years and over	840.0	279.7	158.8	196.8	35.4	169.4
Patient sex						
Female	514.1	174.3	103.0	76.3	36.7	123.7
Male	568.1	174.4	122.8	73.4	41.5	156.0
Patient race						
White	566.7	188.2	123.6	81.4	37.2	136.3
Black or African American	499.4	117.3	80.6	39.2	61.6	200.8
Asian	350.9	149.0	40.4	*76.1	21.3	64.2
Native Hawaiian or other Pacific Islander	1,433.7	*	*	*	*58.6	*296.2
American Indian or Alaska Native	202.1	*	*	*	*28.3	89.2
More than one race reported	*69.3	*	*	*	*	12.7
Patient ethnicity[4]						
Hispanic or Latino	308.4	98.8	57.5	*26.7	28.6	96.8
Not Hispanic or Latino	426.2	135.3	83.6	59.0	31.4	116.9
Primary expected source of payment						
Private insurance	407.1	161.5	87.6	49.6	23.0	85.4
Medicare	615.9	185.0	122.7	143.8	36.8	127.5
Medicaid	492.7	128.6	50.0	23.4	82.9	207.9
Uninsured	323.9	55.2	29.7	*40.9	30.5	167.6
Geographic region of provider						
Northeast	577.5	175.8	111.3	96.7	49.1	144.6
Midwest	535.3	180.6	99.1	51.9	51.8	151.8
South	524.8	155.7	127.5	64.8	32.6	144.2
West	539.2	196.0	104.3	95.3	28.1	115.5
MSA[5] status of provider						
MSA	567.9	179.2	120.4	88.3	38.6	141.4
Not MSA	429.5	154.6	81.7	*20.7	40.9	131.7
			Standard error of rate			
All injury-related visits	17.3	8.9	7.8	6.8	3.6	4.7
Patient age						
Under 15 years	16.7	11.7	6.0	3.8	3.9	6.3
15–24 years	23.1	15.7	11.3	4.0	5.2	7.6
25–44 years	20.4	11.5	10.3	7.4	4.3	5.6
45–64 years	27.0	15.2	12.5	13.9	4.0	3.6
65–74 years	35.1	21.1	13.6	20.0	4.4	4.9
75 years and over	44.2	32.3	16.4	23.0	6.4	7.9
Patient sex						
Female	17.4	10.1	7.8	7.2	3.7	4.3
Male	19.5	10.2	9.0	7.6	3.9	5.4

See footnotes at end of table.

Table 8. Annual rate of injury-related ambulatory care visits with corresponding standard errors by setting type and selected patient and provider characteristics: United States, 2001–02—Con.

Characteristic	Combined settings	Primary care offices	Surgical specialty offices	Medical specialty office	Outpatient departments	Emergency departments
Patient race			Standard error of rate			
White	20.0	10.0	8.9	7.6	3.9	5.2
Black or African American	23.5	13.2	10.1	8.5	5.9	10.1
Asian	38.1	25.1	9.6	23.2	4.1	7.9
Native Hawaiian or other Pacific Islander	327.1	. . .	. . .	. . .	21.2	101.2
American Indian or Alaska Native	50.6	. . .	. . .	. . .	13.2	23.8
More than one race reported	22.1	. . .	. . .	. . .	. . .	2.5
Patient ethnicity						
Hispanic or Latino	28.5	14.6	7.9	8.6	3.4	7.5
Not Hispanic or Latino	17.1	8.5	7.4	5.9	3.2	4.5
Primary expected source of payment						
Private insurance	16.7	10.1	8.1	5.5	2.6	3.5
Medicare	31.4	19.4	12.6	18.7	5.1	5.6
Medicaid	24.1	14.9	7.7	6.0	9.2	10.7
Uninsured	20.4	10.2	4.0	14.2	3.5	8.0
Geographic region of provider						
Northeast	32.3	13.6	15.6	20.2	8.6	6.4
Midwest	40.8	18.7	15.4	9.3	9.4	11.6
South	28.9	15.9	16.0	10.8	5.7	9.1
West	33.3	19.8	12.3	15.7	6.1	7.9
MSA[5] status of provider						
MSA	19.6	10.5	8.7	8.4	3.6	5.0
Not MSA	50.1	20.6	20.3	6.4	12.1	16.7

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Estimates of the civilian noninstitutionalized population used in calculating visit rates by age, sex, race, and geographic region are from special tabulations developed by the Population Division, U.S. Census Bureau, using the July 1, 2001, and July 1, 2002, sets of state population estimates, and reflect Census 2000 data.

[2]Estimates of metropolitan and nonmetropolitan statistical areas used in calculating visit rates are preliminary figures based on Census 2000 data and were obtained through the Office of Research and Methodology and Division of Health Interview Statistics, NCHS. They are based on U.S. Census Bureau estimates of the civilian noninstitutional population of the United States as of July 1, 2001, and July 1, 2002.

[3]Denominators for primary expected source of payment rates are from the 2001 and 2002 estimates of health insurance coverage from the National Health Interview Survey, NCHS, adjusted to Census 2000-based population estimates.

[4]Ethnicity data were missing for 24.0 percent of injury visits. Therefore, these rates are underestimates.

[5]MSA is metropolitan statistical area.

NOTE: Figures are annual averages.

Table 9. Annual number, percent distribution, and rate of injury-related ambulatory care visits with corresponding standard errors, by intent and mechanism: United States, 2001–02

Intent and mechanism[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Rate of visits per 1,000 persons[2]	Standard error of rate	Percent seen in ED[3]
All injury-related visits	152,170	4,881	100.0	. . .	540.4	17.3	25.8
Unintentional	90,309	3,367	59.4	0.9	320.7	12.0	30.4
Falls	21,621	1,012	14.2	0.5	76.8	3.6	34.2
Striking against or struck accidentally by objects or persons	12,185	708	8.0	0.4	43.3	2.5	36.5
Motor vehicle traffic	11,056	657	7.3	0.4	39.3	2.3	38.8
Overexertion and strenuous movements	9,048	712	5.9	0.4	32.1	2.5	17.8
Natural and environmental factors	5,241	336	3.4	0.2	18.6	1.2	28.6
Cutting and piercing instruments or objects	5,221	314	3.4	0.2	18.5	1.1	52.6
Foreign body accidentally entering eye or other orifice	1,697	160	1.1	0.1	6.0	0.6	47.8
Poisoning by drugs, medicinal substances, biologicals, other solid and liquid substances, gases, and vapors	1,687	200	1.1	0.1	6.0	0.7	42.1
Machinery	1,313	187	0.9	0.1	4.7	0.7	23.8
Fire and flames, hot substance or object, caustic or corrosive material, and steam	1,247	156	0.8	0.1	4.4	0.6	42.7
Motor vehicle, nontraffic	916	128	0.6	0.6	3.3	0.5	44.2
Pedal cycle, nontraffic, and other	789	80	0.5	0.1	2.8	0.3	52.2
Other transportation	515	108	0.3	0.1	1.8	0.4	25.9
Drowning or submersion and suffocation	198	54	0.1	0.0	0.7	0.2	55.4
Firearm	132	40	0.1	0.0	0.5	0.1	36.0
Other mechanism	10,670	839	7.0	0.5	37.9	3.0	10.6
Mechanism unspecified	6,771	613	4.4	0.4	24.1	2.2	13.1
Intentional	3,121	256	2.1	0.2	11.1	0.9	64.3
Self-inflicted	498	47	0.3	0.0	1.8	0.2	91.3
Poisoning by solid or liquid substances, gases, and vapors	339	35	0.2	0.0	1.2	0.1	98.8
Cutting and piercing instruments or objects	104	18	0.1	0.0	0.4	0.1	82.5
Other and unspecified mechanism	55	18	0.0	0.0	0.2	0.1	*61.6
Assault	2,378	182	1.6	0.1	8.5	0.7	62.1
Unarmed fight or brawl, striking by blunt or thrown object	1,182	88	0.8	0.1	4.2	0.3	75.9
Cutting and piercing instruments or objects	161	26	0.1	0.0	0.6	0.1	75.2
Firearms	82	42	0.1	0.0	0.3	0.2	*
Other mechanism	599	121	0.4	0.1	2.1	0.4	36.5
Mechanism unspecified	354	47	0.2	0.0	1.3	0.2	57.8
Other causes of violence	245	152	0.2	0.1	0.9	0.5	*30.3
Injuries of undetermined intent	215	35	0.1	0.0	0.8	0.1	73.7
Adverse effects of medical treatment	7,225	480	4.7	0.3	25.7	1.7	19.5
Alcohol or drug use or abuse[4]	3,901	299	2.6	0.2	13.9	1.1	39.7
Missing cause[5]	47,400	2,020	31.1	0.9	168.3	7.2	14.1

0.0 Quantity greater than zero but less than 0.05.

. . . Category not applicable.

* Figure does not meet standard of reliability or precision.

[1]Based on the first-listed cause of injury coded according to the ''Supplementary Classification of External Causes of Injury and Poisoning,'' *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (17). A list of the external cause-of-injury codes used to define each category is shown in Appendix I.

[2]Estimates of the civilian noninstitutionalized population used in calculating visit rates are from special tabulations developed by the Population Division, U.S. Census Bureau, using the July 1, 2001, and July 1, 2002, sets of State population estimates, and reflect Census 2000 data.

[3]ED is emergency department.

[4]This category was created during data processing to reflect causes of injury listed as alcohol or drug use or abuse, for which an external cause-of-injury code was not available.

[5]Includes blanks and illegible entries.

NOTES: Numbers may not add to totals due to rounding. Figures are annual averages.

Table 10. Annual number and percent distribution of ambulatory care visits with corresponding standard errors by medication therapy, according to setting type: United States, 2001–02

Medication therapy	Combined settings	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
			Number of visits in thousands			
All visits	1,077,583	543,523	165,402	176,309	83,527	108,822
Was medication therapy provided or prescribed?						
Yes	697,036	372,848	66,195	122,216	54,175	81,602
No	380,547	170,675	99,207	54,093	29,352	27,220
Number of medications provided or prescribed						
None	380,547	170,675	99,207	54,093	29,352	27,220
1	281,559	153,700	35,785	42,089	19,978	30,008
2	176,115	91,247	17,011	30,518	13,174	24,164
3	95,195	49,404	7,130	17,472	7,720	13,468
4	50,725	26,231	2,556	10,866	4,524	6,548
5	28,576	15,536	1,422	5,745	2,713	3,159
6	64,865	36,729	2,290	15,526	6,065	4,254
			Standard error in thousands			
All visits	27,019	18,697	7,234	9,371	5,831	3,716
Was medication therapy provided or prescribed?						
Yes	19,503	14,034	3,347	7,262	4,184	3,079
No	11,879	8,182	5,101	4,004	2,070	1,097
Number of medications provided or prescribed						
None	11,879	8,182	5,101	4,004	2,070	1,097
1	8,421	6,281	1,759	2,728	1,525	1,049
2	5,205	3,600	1,144	2,140	1,127	959
3	3,799	2,960	903	1,249	698	657
4	2,362	1,827	356	960	388	337
5	1,538	1,284	230	563	249	198
6	4,777	3,863	488	1,687	716	386
			Percent distribution			
All visits	100.0	100.0	100.0	100.0	100.0	100.0
Was medication therapy provided or prescribed?						
Yes	64.7	68.6	40.0	69.3	64.9	75.0
No	35.3	31.4	60.0	30.7	35.1	25.0
Number of medications provided or prescribed						
None	35.3	31.4	60.0	30.7	35.1	25.0
1	26.1	28.3	21.6	23.9	23.9	27.6
2	16.3	16.8	10.3	17.3	15.8	22.2
3	8.8	9.1	4.3	9.9	9.2	12.4
4	4.7	4.8	1.6	6.2	5.4	6.0
5	2.7	2.9	0.9	3.3	3.3	2.9
6	6.0	6.8	1.4	8.8	7.3	3.9
			Standard error of percent			
All visits	. . .	. . .	. . .	. . .	. . .	. . .
Was medication therapy provided or prescribed?						
Yes	0.7	1.1	1.3	1.7	1.3	0.8
No	0.7	1.1	1.3	1.7	1.3	0.8
Number of medications provided or prescribed						
None	0.7	1.1	1.3	1.7	1.3	0.8
1	0.4	0.7	0.7	0.8	0.7	0.4
2	0.3	0.5	0.5	0.8	0.6	0.3
3	0.3	0.4	0.5	0.5	0.4	0.3
4	0.2	0.3	0.2	0.4	0.2	0.2
5	0.1	0.2	0.1	0.3	0.2	0.1
6	0.4	0.7	0.3	0.8	0.7	0.3

. . . Category not applicable.

NOTES: Numbers may not add to totals due to rounding. Figures are annual averages.

Table 11. Annual number and percent distribution of drug mentions at ambulatory care visits by setting type, according to selected patient and provider characteristics: United States, 2001–02

Characteristic	Combined settings	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
			Number of mentions in thousands			
All visits	1,654,345	887,388	122,274	320,887	137,542	186,254
Patient age						
Under 15 years	234,899	158,158	4,522	17,038	23,793	31,388
15–24 years	107,389	45,743	4,496	20,214	11,250	25,685
25–44 years	324,369	157,030	20,548	58,771	30,298	57,722
45–64 years	474,055	243,378	38,155	108,780	44,453	39,288
65–74 years	243,225	136,567	23,768	54,470	15,049	13,372
75 years and over	270,408	146,513	30,785	61,614	12,698	18,799
Patient sex						
Female	989,054	543,486	68,267	188,986	85,136	103,179
Male	665,291	343,902	54,007	131,901	52,406	83,075
Patient race						
White	1,408,209	772,791	108,112	283,222	103,134	140,950
Black or African American	187,423	82,962	10,821	25,355	28,906	39,379
Asian	44,364	23,934	2,378	10,380	3,905	3,768
Native Hawaiian or other Pacific Islander	5,795	3,038	*	*964	845	675
American Indian or Alaska Native	4,785	*2,452	*	*	435	*1,234
More than one race reported	3,769	2,212	*	*	316	248
Patient ethnicity						
Hispanic or Latino	132,320	74,889	7,317	14,606	17,036	18,471
Not Hispanic or Latino	1,162,111	621,409	82,696	222,965	100,090	134,951
Blank	359,914	191,090	32,261	83,317	20,416	32,831
Primary expected source of payment						
Private insurance	829,423	484,683	57,360	163,078	49,783	74,520
Medicare	458,010	248,040	45,205	104,097	28,006	32,664
Medicaid	165,372	75,349	4,345	17,661	34,414	33,602
Uninsured	90,956	29,447	5,404	15,747	12,329	28,029
Other	110,583	49,870	9,961	20,304	13,011	17,438
Geographic region of provider						
Northeast	357,482	195,804	26,660	67,052	36,026	31,939
Midwest	382,129	215,287	25,536	65,120	34,161	42,025
South	577,088	296,573	41,819	116,365	48,207	74,123
West	337,646	179,723	28,259	72,350	19,147	38,167
MSA[1] status of provider						
MSA	1,370,583	705,194	111,533	289,471	112,286	152,098
Not MSA	283,762	182,193	10,742	31,416	25,256	34,155
			Percent distribution			
All visits	100.0	53.6	7.4	19.4	8.3	11.3
Patient age						
Under 15 years	100.0	67.3	1.9	7.3	10.1	13.4
15–24 years	100.0	42.6	4.2	18.8	10.5	23.9
25–44 years	100.0	48.4	6.3	18.1	9.3	17.8
45–64 years	100.0	51.3	8.0	22.9	9.4	8.3
65–74 years	100.0	56.1	9.8	22.4	6.2	5.5
75 years and over	100.0	54.2	11.4	22.8	4.7	7.0
Patient sex						
Female	100.0	55.0	6.9	19.1	8.6	10.4
Male	100.0	51.7	8.1	19.8	7.9	12.5

See footnotes at end of table.

Table 11. Annual number and percent distribution of drug mentions at ambulatory care visits by setting type, according to selected patient and provider characteristics: United States, 2001–02—Con.

Characteristic	Combined settings	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
			Percent distribution			
Patient race						
White	100.0	54.9	7.7	20.1	7.3	10.0
Black or African American	100.0	44.3	5.8	13.5	15.4	21.0
Asian	100.0	53.9	5.4	23.4	8.8	8.5
Native Hawaiian or other Pacific Islander	100.0	52.4	*	*16.6	14.6	11.6
American Indian or Alaska Native	100.0	51.2	*	*	9.1	25.8
More than one race reported	100.0	58.7	*	*	8.4	6.6
Patient ethnicity						
Hispanic or Latino	100.0	56.6	5.5	11.0	12.9	14.0
Not Hispanic or Latino	100.0	53.5	7.1	19.2	8.6	11.6
Blank	100.0	53.1	9.0	23.1	5.7	9.1
Primary expected source of payment						
Private insurance	100.0	58.4	6.9	19.7	6.0	9.0
Medicare	100.0	54.2	9.9	22.7	6.1	7.1
Medicaid	100.0	45.6	2.6	10.7	20.8	20.3
Uninsured	100.0	32.4	5.9	17.3	13.6	30.8
Other	100.0	45.1	9.0	18.4	11.8	15.8
Geographic region of provider						
Northeast	100.0	54.8	7.5	18.8	10.1	8.9
Midwest	100.0	56.3	6.7	17.0	8.9	11.0
South	100.0	51.4	7.2	20.2	8.4	12.8
West	100.0	53.2	8.4	21.4	5.7	11.3
MSA[1] status of provider						
MSA	100.0	51.5	8.1	21.1	8.2	11.1
Not MSA	100.0	64.2	3.8	11.1	8.9	12.0

* Figure does not meet standard of reliability or precision.

[1]MSA is metropolitan statistical area.

NOTE: Figures are annual averages.

Table 12. Annual rate of drug mentions at ambulatory care visits with corresponding standard errors by setting type and selected patient and provider characteristics: United States, 2001–02

Characteristic	Combined settings	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
			Number of mentions per 100 visits[1]			
All visits	153.5	163.3	73.9	182.0	164.7	171.2
Patient age						
Under 15 years	120.6	122.7	35.0	152.7	127.7	135.5
15–24 years	112.0	100.7	44.5	152.7	114.4	148.5
25–44 years	129.8	125.8	62.6	151.1	145.3	177.2
45–64 years	168.3	189.4	72.6	182.4	206.6	200.4
65–74 years	195.1	237.2	87.3	206.6	219.9	200.9
75 years and over	207.0	250.9	103.2	228.0	217.2	197.3
Patient sex						
Female	156.1	162.6	77.2	185.4	167.7	176.7
Male	149.9	164.3	70.2	177.4	160.0	164.7
Patient race						
White	153.7	164.8	73.0	182.8	165.6	172.2
Black or African American	157.2	161.5	85.1	184.6	162.0	167.2
Asian	136.9	132.7	69.7	164.5	155.6	176.5
Native Hawaiian or other Pacific Islander	144.5	143.7	*	*126.4	202.8	163.3
American Indian or Alaska Native	154.2	*209.5	*	*	136.8	*173.7
More than one race reported	129.2	107.8	*	*	192.9	159.4
Patient ethnicity						
Hispanic or Latino	145.5	145.5	80.1	185.7	146.4	170.9
Not Hispanic or Latino	157.1	170.8	72.5	176.8	173.3	172.7
Blank	145.9	149.0	76.5	196.8	144.6	165.3
Primary expected source of payment						
Private insurance	139.3	141.7	66.9	174.0	160.7	173.3
Medicare	208.8	257.5	97.7	218.9	219.8	198.9
Medicaid	154.4	151.3	59.9	212.8	160.0	165.8
Uninsured	137.1	142.7	67.7	135.7	134.8	164.9
Other	123.8	143.7	54.7	134.4	142.2	143.8
Geographic region of provider						
Northeast	147.6	156.7	81.9	154.9	167.2	160.9
Midwest	159.3	175.1	70.8	203.5	151.3	159.5
South	158.5	169.8	69.7	196.2	177.1	172.3
West	145.9	148.5	76.7	173.4	157.2	194.7
MSA[2] status of provider						
MSA	148.8	155.8	75.7	178.4	160.6	171.1
Not MSA	181.2	200.3	59.5	223.6	185.5	171.3
			Standard error of rate			
All visits	3.6	5.5	4.0	7.0	5.3	3.5
Patient age						
Under 15 years	3.0	4.0	5.3	11.7	6.1	4.2
15–24 years	2.9	4.5	4.2	10.1	4.9	2.9
25–44 years	2.8	4.4	4.3	6.2	5.1	3.1
45–64 years	5.0	7.8	4.1	8.2	7.5	5.1
65–74 years	6.7	11.8	5.3	10.8	11.6	7.4
75 years and over	7.8	13.7	7.7	13.7	15.3	7.6
Patient sex						
Female	4.0	5.9	4.4	7.7	5.9	3.9
Male	3.3	5.6	4.0	7.0	5.0	3.3

See footnotes at end of table.

Table 12. Annual rate of drug mentions at ambulatory care visits with corresponding standard errors by setting type and selected patient and provider characteristics: United States, 2001–02—Con.

Characteristic	Combined settings	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
			Standard error of rate			
Patient race						
White	3.8	5.8	4.0	7.4	5.9	3.7
Black or African American	5.6	10.3	8.0	9.9	6.2	4.5
Asian	4.9	8.5	11.5	16.2	8.9	7.5
Native Hawaiian or other Pacific Islander	18.1	28.0	. . .	28.3	24.7	13.2
American Indian or Alaska Native	20.6	42.6	. . .	. . .	13.3	7.4
More than one race reported	14.0	14.6	. . .	. . .	26.7	19.8
Patient ethnicity						
Hispanic or Latino	7.2	11.4	8.2	14.8	8.2	4.3
Not Hispanic or Latino	4.1	6.4	4.6	8.2	6.6	4.0
Blank	6.6	9.3	6.8	14.8	9.5	7.6
Primary expected source of payment						
Private insurance	3.2	4.3	4.3	6.8	6.3	3.3
Medicare	7.5	12.6	6.7	13.4	11.9	6.8
Medicaid	4.8	8.1	6.0	13.4	5.2	4.7
Uninsured	3.5	6.7	7.8	11.3	8.0	3.0
Other	7.2	15.7	5.2	15.3	8.0	5.0
Geographic region of provider						
Northeast	7.1	12.2	8.6	16.7	12.8	6.7
Midwest	9.8	13.9	10.6	18.6	8.5	6.2
South	5.2	7.2	6.0	10.2	9.0	6.5
West	7.1	11.1	7.2	11.3	12.0	7.6
MSA[2] status of provider						
MSA	3.6	5.5	4.3	7.3	6.0	3.1
Not MSA	12.1	16.2	12.1	19.8	10.6	12.9

* Figure does not meet standard of reliability or precision.

[1]Number of drug mentions divided by total number of visits multiplied by 100.

[2]MSA is metropolitan statistical area.

NOTE: Figures are annual averages.

Table 13. Annual number, rate per 100 drug mentions, and percent distribution of the 35 most frequently occurring generic substances at ambulatory care visits, by setting type: United States, 2001–02

Generic substance	Number of occurrences in thousands[1]	Number of occurrences per 100 drug mentions[2]	Total	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
			Percent distribution					
Acetaminophen	77,825	4.7	100.0	40.3	9.2	6.9	8.4	35.3
Amoxicillin	41,179	2.5	100.0	71.9	3.1	3.0	9.1	12.9
Ibuprofen	35,947	2.2	100.0	40.8	5.6	4.3	9.7	39.7
Hydrocodone	32,011	1.9	100.0	42.6	11.3	7.6	6.1	32.4
Albuterol	31,074	1.9	100.0	53.8	1.1	18.2	10.2	16.7
Aspirin	30,116	1.8	100.0	51.4	6.0	26.4	7.0	9.3
Hydrochlorothiazide	27,198	1.6	100.0	72.2	2.3	15.2	8.4	2.0
Atorvastatin calcium	22,152	1.3	100.0	64.9	23.3	6.9	2.7	2.2
Fluticasone propionate	22,127	1.3	100.0	51.1	34.3	8.6	3.9	2.1
Levothyroxine	20,241	1.2	100.0	64.6	3.8	21.8	7.2	2.6
Furosemide	19,434	1.2	100.0	54.5	3.0	25.9	7.5	9.2
Pseudoephedrine	18,561	1.1	100.0	68.5	3.4	12.4	9.9	5.9
Estrogens	18,432	1.1	100.0	74.6	4.3	13.4	5.5	2.3
Guaifenesin	18,138	1.1	100.0	66.0	3.7	12.3	10.4	7.6
Lisinopril	17,977	1.1	100.0	67.0	2.5	21.1	6.9	2.6
Azithromycin	17,424	1.1	100.0	67.1	2.3	4.8	8.8	17.0
Celecoxib	17,212	1.0	100.0	62.0	13.5	15.7	6.2	2.7
Metoprolol	16,296	1.0	100.0	56.6	3.1	28.0	7.0	5.3
Amlodipine	15,933	1.0	100.0	66.5	2.7	20.1	7.8	3.0
Loratadine	15,890	1.0	100.0	66.3	3.7	19.8	6.9	3.4
Atenolol	15,544	0.9	100.0	42.2	33.7	10.5	7.1	6.5
Rofecoxib	15,456	0.9	100.0	64.0	13.7	12.5	6.9	2.8
Prednisone	14,913	0.9	100.0	36.0	6.2	34.3	9.2	14.2
Triamcinolone	14,017	0.8	100.0	47.9	12.8	31.8	5.4	2.2
Promethazine	13,912	0.8	100.0	36.8	*	2.8	4.9	54.4
Clavulanate	13,585	0.8	100.0	70.8	4.9	*	9.1	10.9
Metformin	13,492	0.8	100.0	65.1	3.4	18.5	10.0	3.0
Multivitamins	13,238	0.8	100.0	67.2	4.9	16.2	9.2	2.5
Fexofenadine	13,232	0.8	100.0	70.1	4.8	16.0	7.3	1.8
Simvastatin	12,312	0.7	100.0	63.6	3.0	25.0	6.3	2.1
Naproxen	11,853	0.7	100.0	60.8	8.2	6.2	8.5	16.4
Insulin	11,533	0.7	100.0	45.5	*	33.0	10.8	8.4
Warfarin	11,513	0.7	100.0	54.5	4.7	29.2	7.6	4.0
Cetirizine	11,379	0.7	100.0	66.6	3.1	17.6	9.8	3.0
Paroxetine	11,292	0.7	100.0	58.3	*	26.8	10.6	3.5

* Figure does not meet standard of reliability or precision.

[1]Frequency of mention combines single-ingredient agents with mentions of the agent as an ingredient in a combination drug.

[2]Based on an estimated annual average of 1,654,345,000 drug mentions at ambulatory care visits in 2001–02.

NOTE: Figures are annual averages.

Table 14. Annual number and rate of therapeutic classes of drugs provided, prescribed, or continued at ambulatory care visits, with percent distribution by setting type and corresponding standard errors: United States, 2001–2002

Therapeutic class[1]	Number of occurrences in thousands[2]	Number of occurrences per 1,000 drug mentions[3]	Total	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
			Percent distribution					
All drug mentions	1,871,600	1,131	100.0	59.9	8.2	21.6	9.3	14.1
Anesthetics and adjuncts	19,474	12	100.0	17.9	27.0	15.0	10.8	29.3
Anesthetics, local (injectable)	11,730	7	100.0	18.1	35.7	16.2	8.8	21.3
Anesthetics, general	1,398	1	100.0	*	*	*	29.1	30.8
Adjuncts to anesthesia and analeptics	3,112	2	100.0	*	*	*	8.0	62.6
Medicinal gases	1,462	1	100.0	*	*	*	*10.3	37.4
Anesthetics, topical	962	1	100.0	*	*	*	16.8	22.1
Anesthetics, rectal	522	<1	100.0	*	*	*	*9.9	10.0
Antidotes	1,388	1	100.0	*	*	25.0	5.3	29.1
Antidotes, specific	586	<1	100.0	*	*	*	*5.7	37.3
Antidotes, general	293	<1	100.0	*	*	*	*8.1	62.1
Antitoxins and antivenins	*510	*<1	100.0	*	*	*	*3.2	*
Antimicrobial agents	166,724	101	100.0	58.8	7.2	8.4	8.6	16.9
Penicillins	45,668	28	100.0	69.3	3.2	3.1	9.1	15.2
Cephalosporins	27,959	17	100.0	53.9	7.2	3.7	7.5	27.7
Lincosamides and macrolides	29,208	18	100.0	64.9	4.1	7.3	8.6	15.2
Tetracyclines	7,710	5	100.0	38.6	6.4	41.6	5.9	7.6
Aminoglycosides	*1,875	*<1	100.0	*	*44.1	*	*7.9	*20.6
Sulfonamides and related compounds	8,193	5	100.0	53.6	7.0	7.5	12.1	19.8
Urinary tract antiseptics	4,790	3	100.0	62.0	19.9	6.8	6.3	5.0
Miscellaneous antibacterial agents	8,966	5	100.0	40.2	7.4	20.6	9.4	22.3
Antimycobacterial and antileprosy agents	*259	*<1	100.0	*	*	*	*29.7	*
Quinolones and derivatives	22,046	13	100.0	55.3	14.4	8.6	6.2	15.6
Antifungals	2,625	2	100.0	73.1	*	*	9.2	2.3
Antiviral agents	5,982	4	100.0	55.4	*	13.8	18.3	8.2
Hematologic agents	28,826	17	100.0	53.2	3.6	24.8	9.4	9.0
Deficiency anemias	10,217	6	100.0	64.2	*	18.2	12.1	3.7
Anticoagulants and thrombolytics	18,217	11	100.0	48.2	4.5	28.2	7.5	11.5
Blood components and substitutes	*235	*<1	100.0	*	*	*	*18.5	*
Hemostatics	*157	*<1	100.0	*	*	*	*45.6	*49.6
Cardiovascular-renal drugs	258,189	156	100.0	60.2	5.0	22.5	7.2	5.0
Cardiac glycosides	10,222	6	100.0	56.4	4.1	29.8	4.8	5.0
Antiarrhythmic agents	3,539	2	100.0	42.3	*	41.1	3.6	11.1
Antianginal agents	12,687	8	100.0	48.7	2.4	23.5	5.3	20.1
Vascular disorders, cerebral and peripheral	5,749	3	100.0	64.6	15.5	11.9	7.2	0.8
Agents used to treat shock and hypotension	1,778	1	100.0	*	*	*	*19.2	25.2
Antihypertensive agents	47,552	29	100.0	66.1	5.0	20.7	5.7	2.6
Diuretics	38,097	23	100.0	58.6	3.2	23.0	9.0	6.3
Coronary vasodilators	336	*<1	100.0	*	*	*	12.6	19.0
Relaxants and stimulants, urinary tract	3,352	2	100.0	57.4	25.2	*	4.8	3.4
Calcium channel blockers	35,804	22	100.0	66.5	2.9	20.0	7.0	3.6
Carbonic anhydrase inhibitors	401	<1	100.0	*	*	*	*	*
Beta blockers	36,471	22	100.0	56.4	5.5	26.5	8.0	3.7
Alpha agonists and alpha blockers	18,217	11	100.0	49.9	12.0	24.3	6.6	7.1
ACE[4] inhibitors	43,960	27	100.0	65.4	2.7	20.9	8.1	2.9
Central nervous system	153,236	93	100.0	46.9	2.1	31.3	8.7	11.1
Sedatives and hypnotics	25,639	15	100.0	37.3	2.1	15.7	8.5	36.4
Antianxiety agents	28,996	18	100.0	52.3	3.1	24.8	7.2	12.6
Antipsychotics and antimanics	12,738	8	100.0	22.4	*	55.8	11.6	8.8
Antidepressants	68,891	42	100.0	50.3	1.9	36.0	9.0	2.8
Anorexiants and CNS[5] stimulants	11,159	7	100.0	62.0	*	28.8	6.9	1.0
CNS,[5] miscellaneous	2,230	1	100.0	50.8	*	35.0	10.1	3.1
Alzheimer-type dementia	1,782	1	100.0	61.1	*	29.2	6.9	*
Antiemetics	1,632	1	100.0	*	*	*	10.8	40.8
Contrast media and radiopharmaceuticals	757	<1	100.0	*	*	*	*13.8	14.4
Diagnostics, radiopaque and nonradioactive	755	<1	100.0	*	*	*	*13.6	14.4
Gastrointestinal agents	76,257	46	100.0	51.0	4.5	22.7	8.8	13.0
Disorders, acid and peptic	49,828	30	100.0	54.3	4.4	22.7	8.7	9.9
Antidiarrheals	5,063	3	100.0	52.7	*	17.9	8.5	17.3

See footnotes at end of table.

Table 14. Annual number and rate of therapeutic classes of drugs provided, prescribed, or continued at ambulatory care visits, with percent distribution by setting type and corresponding standard errors: United States, 2001–2002—Con.

Therapeutic class[1]	Number of occurrences in thousands[2]	Number of occurrences per 1,000 drug mentions[3]	Total	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
			Percent distribution					
Gastrointestinal agents—Con.								
Laxatives	9,363	6	100.0	42.1	5.1	28.4	10.8	13.6
Miscellaneous gastrointestinals	5,133	3	100.0	43.0	*	23.8	8.3	23.0
Antispasmodics and anticholinergics	3,621	2	100.0	40.2	*	23.0	5.8	18.7
Antacids	3,237	2	100.0	47.9	*	*	8.5	30.3
Metabolics and nutrients	121,135	73	100.0	62.9	3.3	20.4	7.7	5.9
Hyperlipidemia	48,290	29	100.0	63.8	3.0	24.8	6.5	1.9
Vitamins and minerals	36,562	22	100.0	67.8	4.0	15.4	9.8	3.0
Nutrition, enteral and parenteral	1,963	1	100.0	44.3	*	*	11.3	26.3
Replenishers, regulators of electrolytes and water balance	22,635	14	100.0	55.1	3.4	15.1	6.7	19.6
Calcium metabolism	9,726	6	100.0	70.2	2.2	21.2	5.5	0.9
Hematopoietic growth factors	1,960	1	100.0	*	*	63.1	*15.3	*2.1
Hormones and hormonal mechanisms	161,910	98	100.0	62.9	5.2	18.9	7.7	5.2
Adrenal corticosteroids	35,629	22	100.0	43.4	11.3	23.8	8.0	13.5
Androgens and anabolic steroids	3,352	2	100.0	65.9	16.5	11.3	5.1	1.2
Estrogens and progestins	34,049	21	100.0	76.9	3.2	12.0	6.0	1.8
Anterior pituitary and hypothalmic function	*344	*<1	100.0	*	*	*	*	*
Blood glucose regulators	50,078	30	100.0	61.0	3.2	22.4	9.3	4.1
Thyroid and antithyroid	22,718	14	100.0	64.2	3.6	22.7	6.9	2.5
Antidiuretics	145	*<1	100.0	*	*	*	*	*
Relaxants and stimulants, uterine	*330	*	100.0	*	*	*	*	*14.7
Contraceptives	13,734	8	100.0	84.5	*	*5.2	7.1	1.9
Infertility	346	*<1	100.0	*	*	*	*	*
Growth hormone secretion disorders	396	<1	100.0	*	*	*	*18.6	*
Immunologics	67,244	41	100.0	76.4	*1.5	6.9	10.8	4.5
Vaccines and antisera	60,872	37	100.0	82.4	*	*1.9	10.3	4.8
Immunomodulators	2,424	1	100.0	*	*	56.8	20.4	2.7
Allergenic extracts	*3,579	*2	100.0	*19.3	*15.8	54.2	*10.8	*
Immune serums	*33	*<1	100.0	*	*	*	*47.2	*
Skin and mucous membranes	76,591	46	100.0	37.5	9.1	38.4	7.9	7.0
Antiseptics and disinfectants	5,468	3	100.0	22.7	4.5	57.5	6.9	8.5
Dermatologics, miscellaneous	18,753	11	100.0	40.2	*4.5	41.4	8.5	5.3
Keratolytics	651	<1	100.0	*	*	*	*	*
Topical steroids	20,923	13	100.0	39.3	12.5	36.8	6.8	4.7
Burn and sunburn, sunscreen, and suntan products	824	<1	100.0	*	*	54.2	*3.7	*
Acne products	5,487	3	100.0	15.6	*	79.0	*4.9	*
Topical anti-infectives	14,653	9	100.0	53.9	4.4	24.4	9.9	7.3
Anorectal products	*258	*<1	100.0	*	*	*	*	*
Dermatitis and antipruritics	1,355	1	100.0	*	*	49.1	*9.4	5.8
Topical analgesics	7,799	5	100.0	19.1	31.3	18.0	9.2	22.4
Neurologic drugs	49,125	30	100.0	39.9	4.2	31.8	10.8	13.3
Extrapyramidal movement disorders	2,676	2	100.0	*	*	55.2	10.8	6.1
Myasthenia gravis	90	<1	100.0	*	*	*	*	*
Skeletal muscle hyperactivity	19,891	12	100.0	53.7	5.5	13.5	8.2	19.0
Anticonvulsants	26,454	16	100.0	30.9	3.5	43.2	12.6	9.8
Oncolytics	8,716	5	100.0	24.2	10.0	48.0	16.2	1.6
Antineoplastics	2,124	1	100.0	*	*	55.1	18.3	3.2
Hormonal and biological response modulators	3,025	2	100.0	41.6	22.1	24.9	10.1	1.3
Antimetabolites	2,631	2	100.0	*	*	64.3	17.7	*
Antibiotics, alkaloids, and enzymes	*209	*<1	100.0	*	*	*	*26.0	*
DNA damaging drugs	*727	*<1	100.0	*	*	*	*27.4	*
Ophthalmics	50,777	31	100.0	17.1	67.0	4.6	5.4	5.9
Glaucoma	13,605	8	100.0	*	86.9	*	3.6	0.6
Cycloplegics and mydriatics	5,788	3	100.0	*	72.3	*	*6.3	9.7
Ocular anti-infective and anti-inflammatory	20,479	12	100.0	28.7	53.4	5.2	5.9	6.7
Miscellaneous ophthalmics	8,163	5	100.0	*	71.7	*	5.5	10.7
Decongestants and antiallergy agents	2,202	1	100.0	*	47.3	*	5.5	2.3

See footnotes at end of table.

Table 14. Annual number and rate of therapeutic classes of drugs provided, prescribed, or continued at ambulatory care visits, with percent distribution by setting type and corresponding standard errors: United States, 2001–2002—Con.

Therapeutic class[1]	Number of occurrences in thousands[2]	Number of occurrences per 1,000 drug mentions[3]	Total	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
			Percent distribution					
Otics	23,974	14	100.0	36.9	3.8	6.8	7.4	45.1
Otic, topical (miscellaneous)	3,446	2	100.0	57.5	13.9	*	6.8	18.1
Vertigo, motion sickness, and vomiting	20,528	12	100.0	33.4	2.1	7.4	7.5	49.6
Relief of pain	330,986	200	100.0	46.6	7.7	13.5	8.1	24.2
Analgesics, general	3,038	2	100.0	56.5	*	14.6	6.5	13.9
Analgesics, narcotic	65,043	39	100.0	33.7	10.7	7.9	7.9	39.9
Analgesics, non-narcotic	61,411	37	100.0	48.0	4.4	16.3	8.9	22.4
Antimigraine and other hadaches	5,115	3	100.0	58.8	*	20.5	8.5	6.4
Antiarthritics	38,179	23	100.0	51.3	8.8	25.3	6.7	7.9
Antigout	4,394	3	100.0	62.0	*	25.0	5.9	3.1
NSAID[6]	99,142	60	100.0	50.3	9.8	8.6	7.7	23.6
Antipyretics	54,662	33	100.0	47.6	3.6	15.9	9.0	23.9
Antiparasitics	6,307	4	100.0	59.3	*	20.3	10.8	4.9
Antiprotozoals	3,811	2	100.0	66.2	*	*	10.3	5.3
Scabicides and pediculicides	325	<1	100.0	*	*	*	*	*11.1
Antimalarials	1,897	1	100.0	40.3	*	38.1	12.9	2.7
Respiratory tract	224,576	136	100.0	57.5	4.3	18.5	8.3	11.5
Antiasthmatics and bronchodilators	64,638	39	100.0	50.3	2.0	26.9	8.5	12.3
Nasal decongestants	19,714	12	100.0	63.4	*10.2	9.9	9.8	6.7
Antitussives, expectorants, and mucolytics	28,551	17	100.0	69.2	3.3	9.3	9.4	8.8
Antihistamines	73,626	45	100.0	57.5	3.4	14.5	7.5	17.1
Cold remedies	5,390	3	100.0	65.6	5.9	*	6.2	13.7
Corticosteroid - inhalation and nasal	31,866	19	100.0	56.4	7.8	26.1	8.0	1.8
Unclassified and miscellaneous	41,732	25	100.0	49.6	9.0	19.5	8.1	13.8
Unclassified	34,521	21	100.0	51.6	9.0	21.5	8.4	9.5
Pharmaceutical aids	3,897	2	100.0	24.3	*	*10.6	5.0	58.7
Homeopathic products	3,675	2	100.0	70.9	9.4	11.9	6.7	1.1
Therapeutic class[1]	Standard error in thousands	Standard error of rate	Standard error of percent					
All drug mentions	65,920	2	. . .	1.7	0.5	1.3	0.7	0.6
Anesthetics and aduncts	1,260	1	. . .	2.3	3.7	2.4	1.4	2.2
Anesthetics, local (injectable)	1,056	1	. . .	3.2	5.1	3.1	1.5	2.1
Anesthetics, general	298	<1	. . .	. . .	. . .	. . .	7.2	7.5
Adjuncts to anesthesia and analeptics	245	<1	. . .	. . .	. . .	. . .	2.0	4.0
Medicinal gases	257	<1	. . .	. . .	. . .	. . .	3.9	6.7
Anesthetics, topical	182	<1	. . .	. . .	. . .	. . .	4.5	4.3
Anesthetics, rectal	108	<1	. . .	. . .	. . .	. . .	3.3	2.8
Antidotes	276	<1	. . .	. . .	. . .	7.2	1.5	6.0
Antidotes, specific	123	<1	. . .	. . .	. . .	. . .	1.8	8.0
Antidotes, general	55	<1	. . .	. . .	. . .	. . .	3.5	10.4
Antitoxins and antivenins	241	<1	. . .	. . .	. . .	. . .	1.8	. . .
Antimicrobial agents	5,596	3	. . .	1.5	0.6	0.8	0.9	0.7
Penicillins	1,901	1	. . .	1.7	0.5	0.7	1.2	1.0
Cephalosporins	1,343	1	. . .	2.3	1.0	0.7	0.8	1.6
Lincosamides and macrolides	1,434	1	. . .	2.0	0.7	1.3	1.1	1.0
Tetracyclines	618	<1	. . .	3.3	1.3	3.6	1.0	0.8
Aminoglycosides	603	<1	. . .	. . .	18.2	. . .	2.9	6.9
Sulfonamides and related compounds	589	<1	. . .	3.2	1.1	1.6	1.7	1.4
Urinary tract antiseptics	425	<1	. . .	3.5	2.9	1.7	1.0	0.6
Miscellaneous antibacterial agents	542	<1	. . .	3.2	1.6	2.8	1.1	1.6
Antimycobacterial and antileprosy agents	87	<1	. . .	. . .	. . .	. . .	11.7	. . .
Quinolones and derivatives	1,215	1	. . .	2.6	1.4	2.3	0.9	1.0
Antifungals	353	<1	. . .	4.3	. . .	. . .	1.5	0.5
Antiviral agents	536	<1	. . .	4.0	. . .	2.5	2.5	1.3
Hematologic agents	1,920	1	. . .	2.9	0.7	2.4	1.0	0.7
Deficiency anemias	852	<1	. . .	3.5	. . .	2.9	1.4	0.5

See footnotes at end of table.

Table 14. Annual number and rate of therapeutic classes of drugs provided, prescribed, or continued at ambulatory care visits, with percent distribution by setting type and corresponding standard errors: United States, 2001–2002—Con.

Therapeutic class[1]	Number of occurrences in thousands[2]	Number of occurrences per 1,000 drug mentions[3]	Total	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
	Standard error in thousands	Standard error of rate	Standard error of percent					
Hematologic agents—Con.								
Anticoagulants and thrombolytics	1,329	1	. . .	3.3	1.0	2.6	1.0	1.0
Blood components and substitutes	149	<1	. . .	. . .	. . .	. . .	12.8	. . .
Hemostatics	49	<1	. . .	. . .	. . .	. . .	18.8	17.4
Cardiovascular-renal drugs	13,375	5	. . .	2.2	0.6	1.7	0.8	0.3
Cardiac glycosides	811	<1	. . .	3.8	1.1	3.2	0.9	0.6
Antiarrhythmic agents	365	<1	. . .	5.2	. . .	4.5	0.8	1.5
Antianginal agents	1,112	1	. . .	3.9	0.6	2.7	0.8	1.9
Vascular disorders, cerebral and peripheral	589	<1	. . .	4.6	3.0	3.0	1.2	0.2
Agents used to treat shock and hypotension	402	<1	. . .	. . .	. . .	. . .	10.8	5.8
Antihypertensive agents	2,977	1	. . .	2.4	0.7	2.0	0.7	0.3
Diuretics	2,271	1	. . .	2.6	0.6	2.2	1.2	0.5
Coronary vasodilators	79	<1	. . .	. . .	. . .	. . .	3.8	5.1
Relaxants and stimulants, urinary tract	373	<1	. . .	4.9	3.6	. . .	1.0	0.7
Calcium channel blockers	2,287	1	. . .	2.5	0.6	1.9	0.9	0.3
Carbonic anhydrase inhibitors	108	<1	. . .	. . .	. . .	. . .	. . .	. . .
Beta blockers	2,144	1	. . .	2.6	0.9	2.2	0.9	0.3
Alpha agonists and alpha blockers	1,191	1	. . .	3.1	1.4	2.5	0.9	0.6
ACE[4] inhibitors	2,507	1	. . .	2.4	0.5	2.0	0.9	0.3
Central nervous system	6,355	3	. . .	2.1	0.3	1.9	0.8	0.5
Sedatives and hypnotics	1,105	1	. . .	2.3	0.4	1.6	0.8	1.7
Antianxiety agents	1,600	1	. . .	2.7	0.7	2.1	1.3	0.8
Antipsychotics and antimanics	982	1	. . .	3.2	. . .	3.6	1.6	0.9
Antidepressants	3,333	2	. . .	2.4	0.3	2.2	0.9	0.3
Anorexiants and CNS[5] stimulants	1,304	1	. . .	5.6	. . .	5.3	1.3	0.2
CNS,[5] miscellaneous	333	<1	. . .	7.3	. . .	6.1	2.9	0.8
Alzheimer-type dementia	310	<1	. . .	7.2	. . .	5.8	2.1	. . .
Antiemetics	266	<1	. . .	. . .	. . .	. . .	2.3	6.9
Contrast media and radiopharmaceuticals	148	<1	. . .	. . .	. . .	. . .	4.4	3.6
Diagnostics, radiopaque and nonradioactive	148	<1	. . .	. . .	. . .	. . .	4.4	3.6
Gastrointestinal agents	3,998	2	. . .	2.6	0.5	2.7	0.8	0.7
Disorders, acid and peptic	2,588	1	. . .	2.7	0.6	2.5	0.9	0.6
Antidiarrheals	385	<1	. . .	4.5	. . .	4.1	1.4	1.5
Laxatives	1,201	1	. . .	5.8	1.1	8.2	1.6	1.8
Miscellaneous gastrointestinals	484	<1	. . .	3.6	. . .	3.7	1.3	2.6
Antispasmodics and anticholinergics	420	<1	. . .	5.0	. . .	5.1	1.4	2.3
Antacids	447	<1	. . .	7.2	. . .	. . .	1.6	4.3
Metabolic and nutrients	6,666	2	. . .	2.1	0.5	1.8	0.7	0.4
Hyperlipidemia	2,771	1	. . .	2.5	0.6	2.3	0.7	0.2
Vitamins and minerals	2,878	1	. . .	2.3	0.8	1.8	1.1	0.3
Nutrition, enteral and parenteral	224	<1	. . .	6.1	. . .	. . .	2.6	3.4
Replenishers and regulators of electrolytes and water balance	1,510	1	. . .	2.8	0.6	1.8	0.8	1.5
Calcium metabolism	834	<1	. . .	3.7	0.6	3.8	0.9	0.2
Hematopoietic growth factors	552	<1	. . .	. . .	. . .	11.2	5.1	0.8
Hormones and hormonal mechanisms	8,865	3	. . .	2.2	0.6	2.3	0.8	0.4
Adrenal corticosteroids	2,054	1	. . .	2.6	1.4	2.8	0.9	0.8
Androgens and anabolic steroids	456	<1	. . .	5.5	3.1	2.9	1.0	0.3
Estrogens and progestins	2,487	1	. . .	2.0	0.7	1.5	0.7	0.3
Anterior pituitary and hypothalmic function	109	<1	. . .	. . .	. . .	. . .	. . .	. . .
Blood glucose regulators	4,141	2	. . .	4.2	0.9	4.8	1.4	0.4
Thyroid and antithyroid	1,926	1	. . .	3.4	0.9	3.7	1.0	0.3
Antidiuretics	43	<1	. . .	. . .	. . .	. . .	. . .	. . .
Relaxants and stimulants, uterine	125	<1	. . .	. . .	. . .	. . .	. . .	6.2
Contraceptives	1,109	1	. . .	2.0	. . .	1.6	1.0	0.3
Infertility	103	<1	. . .	. . .	. . .	. . .	. . .	. . .
Growth hormone secretion disorders	88	<1	. . .	. . .	. . .	. . .	6.1	. . .

See footnotes at end of table.

Table 14. Annual number and rate of therapeutic classes of drugs provided, prescribed, or continued at ambulatory care visits, with percent distribution by setting type and corresponding standard errors: United States, 2001–2002—Con.

Therapeutic class[1]	Number of occurrences in thousands[2]	Number of occurrences per 1,000 drug mentions[3]	Total	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
	Standard error in thousands	Standard error of rate	Standard error of percent					
Immunologics	4,464	3	. . .	2.0	0.4	1.6	1.2	0.3
Vaccines and antisera	4,062	2	. . .	1.6	. . .	0.6	1.2	0.4
Immunomodulators	363	<1	. . .	. . .	. . .	7.4	4.7	0.7
Allergenic extracts	1,164	1	. . .	7.1	7.0	15.2	6.9	. . .
Immune serums	18	<1	. . .	. . .	. . .	. . .	26.4	. . .
Skin and mucous membranes	4,074	2	. . .	1.9	1.0	2.4	0.9	0.5
Antiseptics and disinfectants	583	<1	. . .	3.9	1.2	5.0	1.5	1.2
Dermatologics, miscellaneous	1,187	1	. . .	2.6	1.4	2.8	1.0	0.5
Keratolytics	138	<1	. . .	. . .	. . .	. . .	. . .	. . .
Topical steroids	1,394	1	. . .	2.6	1.7	2.7	1.0	0.5
Burn and sunburn, sunscreen and suntan products	185	<1	. . .	. . .	. . .	11.2	1.5	. . .
Acne products	736	<1	. . .	3.3	. . .	3.9	2.3	. . .
Topical anti-infectives	871	1	. . .	2.8	0.7	2.8	1.1	0.7
Anorectal products	94	<1	. . .	. . .	. . .	. . .	. . .	. . .
Dermatitis and antipruritic	234	<1	. . .	. . .	. . .	8.7	3.6	1.5
Topical analgesics	671	<1	. . .	3.1	4.4	3.5	1.3	2.3
Neurologic drugs	2,380	1	. . .	2.5	0.7	2.1	1.3	0.7
Extrapyramidal movement disorders	305	<1	. . .	. . .	. . .	5.7	1.9	1.0
Myasthenia gravis	22	<1	. . .	. . .	. . .	. . .	. . .	. . .
Skeletal muscle hyperactivity	1,335	1	. . .	3.0	1.1	2.1	1.8	1.2
Anticonvulsants	1,275	1	. . .	2.5	0.7	2.5	1.2	0.6
Oncolytics	1,218	1	. . .	4.1	1.7	6.8	2.7	0.3
Antineoplastics	299	<1	. . .	. . .	. . .	6.6	3.2	0.8
Hormonal and biological response modulators	373	<1	. . .	6.2	3.2	6.7	1.9	0.3
Antimetabolites	635	<1	. . .	. . .	. . .	9.1	5.0	. . .
Antibiotics, alkaloids, and enzymes	67	<1	. . .	. . .	. . .	. . .	9.6	. . .
DNA damaging drugs	260	<1	. . .	. . .	. . .	. . .	10.8	. . .
Ophthalmics	3,532	2	. . .	1.7	2.6	1.0	0.7	0.5
Glaucoma	1,767	1	. . .	. . .	2.6	. . .	0.9	0.2
Cycloplegics and mydriatics	1,173	1	. . .	. . .	6.2	. . .	2.0	2.2
Ocular anti-infective and anti-inflammatory	1,585	1	. . .	2.6	3.1	1.4	0.8	0.6
Miscellaneous ophthalmics	830	1	. . .	. . .	3.3	. . .	0.9	1.3
Decongestants and antiallergy agents	372	<1	. . .	. . .	8.1	. . .	1.5	0.6
Otics	985	1	. . .	2.3	0.5	1.5	0.7	2.0
Otic, topical (miscellaneous)	308	<1	. . .	4.0	2.6	. . .	1.1	2.1
Vertigo, motion sickness, and vomiting	910	1	. . .	2.5	0.4	1.7	0.8	2.1
Relief of Pain	13,855	4	. . .	1.8	0.6	1.2	0.7	1.0
Analgesics, general	378	<1	. . .	5.0	. . .	3.6	1.5	1.8
Analgesics, narcotic	2,717	1	. . .	1.7	0.9	1.2	0.9	1.5
Analgesics, non-narcotic	3,232	1	. . .	2.4	0.8	1.6	0.8	1.2
Antimigraine and other headaches	413	<1	. . .	3.8	. . .	3.1	1.3	0.7
Antiarthritics	2,263	1	. . .	2.7	1.1	2.2	0.8	0.5
Antigout	556	<1	. . .	5.8	. . .	5.6	1.4	0.6
NSAID[6]	4,169	2	. . .	1.7	0.7	1.1	0.7	1.0
Antipyretics	2,894	1	. . .	2.5	0.7	1.6	0.8	1.4
Antiparasitics	594	<1	. . .	4.4	. . .	4.0	1.5	0.6
Antiprotozoals	421	<1	. . .	4.5	. . .	. . .	1.9	0.8
Scabicides and pediculicides	93	<1	. . .	. . .	. . .	. . .	. . .	3.7
Antimalarials	266	<1	. . .	6.9	. . .	7.7	3.3	0.6
Respiratory tract	11,409	5	. . .	2.4	0.6	2.7	0.9	0.6
Antiasthmatics and bronchodilators	4,358	2	. . .	3.2	0.5	4.1	1.0	0.9
Nasal decongestants	1,485	1	. . .	3.5	3.2	2.6	1.5	0.7
Antitussives, expectorants, and mucolytics	1,677	1	. . .	2.6	0.6	2.0	1.4	0.7
Antihistamines	3,684	2	. . .	2.1	0.5	2.2	1.0	0.9

See footnotes at end of table.

Table 14. Annual number and rate of therapeutic classes of drugs provided, prescribed, or continued at ambulatory care visits, with percent distribution by setting type and corresponding standard errors: United States, 2001–2002—Con.

Therapeutic class[1]	Number of occurrences in thousands[2]	Number of occurrences per 1,000 drug mentions[3]	Total	Primary care offices	Surgical specialty offices	Medical specialty offices	Outpatient departments	Emergency departments
	Standard error in thousands	Standard error of rate	Standard error of percent					
Respiratory tract—Con.								
Cold remedies	518	<1	. . .	3.7	1.5	. . .	1.1	1.7
Corticosteroid-inhalation and nasal	2,438	1	. . .	3.7	1.1	4.2	1.0	0.2
Unclassified and miscellaneous	2,567	1	. . .	2.6	1.2	2.2	0.8	1.0
Unclassified	2,358	1	. . .	2.8	1.0	2.5	0.9	0.8
Pharmaceutical aids	323	<1	. . .	4.0	. . .	4.2	1.0	4.3
Homeopathic products	465	<1	. . .	4.2	2.2	3.0	1.8	0.3

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Based on the standard drug classification used in the National Drug Code Directory, 1995 edition (19).

[2]Total of all therapeutic classes will exceed total number of drug mentions because up to three classes may be coded for each drug.

[3]Based on an estimated annual average of 1,654,345,000 drug mentions at ambulatory care visits in 2001–02.

[4]ACE is angiotensin converting enzyme.

[5]CNS is central nervous system.

[6]NSAID is nonsteroidal anti-inflammatory drug.

NOTES: Numbers may not add to totals due to rounding and because subcategories with fewer than 30 records were omitted. Figures are annual averages.

Table 15. Annual number and rate of therapeutic classes of drugs provided, prescribed, or continued at ambulatory care visits with corresponding standard errors by selected patient and visit characteristics: United States, 2001–02

Characteristic and therapeutic class[1]	Number of occurrences in thousands[2]	Standard error in thousands	Number of occurrences per 100 visits	Standard error of rate
Patient age				
All ages:				
All visits	1,871,600	65,920	173.7	4.1
NSAID[3]	99,142	4,169	9.2	0.3
Antihistamines	73,626	3,684	6.8	0.3
Antidepressants	68,891	3,333	6.4	0.3
Analgesics, narcotic	65,043	2,717	6.0	0.2
Antiasthmatics and bronchodilators	64,638	4,358	6.0	0.4
Analgesics, non-narcotic	61,411	3,232	5.7	0.3
Vaccines and antisera	60,872	4,062	5.6	0.4
Antipyretics	54,662	2,894	5.1	0.2
Blood glucose regulators	50,078	4,141	4.6	0.4
Disorders, acid and peptic	49,828	2,588	4.6	0.2
Under 15 years:				
All visits	266,860	12,631	137.0	3.8
Vaccines and antisera	45,939	3,587	23.6	1.6
Penicillins	25,398	1,343	13.0	0.5
Antihistamines	17,808	1,435	9.1	0.6
Antiasthmatics and bronchodilators	17,318	1,580	8.9	0.7
Analgesics, non-narcotic	12,528	822	6.4	0.4
Antipyretics	12,467	815	6.4	0.4
NSAID[3]	12,108	761	6.2	0.4
Lincosamides and macrolides	9,087	722	4.7	0.3
Cephalosporins	8,867	694	4.6	0.3
Antitussives, expectorants, and mucolytics	7,491	753	3.8	0.4
15–24 years:				
All visits	121,012	5,016	126.2	3.5
NSAID[3]	9,413	496	9.8	0.5
Antihistamines	7,614	689	7.9	0.7
Analgesics, narcotic	6,088	365	6.3	0.4
Antidepressants	5,254	555	5.5	0.5
Penicillins	4,713	397	4.9	0.4
Antiasthmatics and bronchodilators	4,337	519	4.5	0.5
Contraceptives	4,156	477	4.3	0.5
Lincosamides and macrolides	4,063	374	4.2	0.4
Cephalosporins	3,437	287	3.6	0.3
Vitamins and minerals	3,254	511	3.4	0.5
25–44 years:				
All visits	364,755	13,425	145.9	3.2
NSAID[3]	25,616	1,162	10.2	0.4
Analgesics, narcotic	23,097	1,149	9.2	0.4
Antidepressants	22,849	1,372	9.1	0.5
Antihistamines	20,355	1,133	8.1	0.4
Antiasthmatics and bronchodilators	11,143	949	4.5	0.3
Disorders, acid and peptic	9,421	640	3.8	0.2
Corticosteroid - inhalation and nasal	8,879	854	3.6	0.3
Vitamins and minerals	8,339	1,190	3.3	0.5
Anticonvulsants	8,200	586	3.3	0.2
Analgesics, non-narcotic	8,033	514	3.2	0.2
45–64 years:				
All visits	533,837	21,365	189.5	5.6
NSAID[3]	29,447	1,620	10.5	0.5
Antidepressants	25,073	1,416	8.9	0.4
Analgesics, narcotic	20,909	1,123	7.4	0.3
Blood glucose regulators	20,576	2,035	7.3	0.7
Hyperlipidemia	20,163	1,369	7.2	0.5
Estrogens and progestins	18,658	1,549	6.6	0.5
Antihistamines	18,253	1,169	6.5	0.4
Antihypertensive agents	18,084	1,477	6.4	0.5
Disorders, acid and peptic	17,604	1,191	6.2	0.4
ACE[4] inhibitors	16,830	1,098	6.0	0.4

See footnotes at end of table.

Table 15. Annual number and rate of therapeutic classes of drugs provided, prescribed, or continued at ambulatory care visits with corresponding standard errors by selected patient and visit characteristics: United States, 2001–02—Con.

Characteristic and therapeutic class[1]	Number of occurrences in thousands[2]	Standard error in thousands	Number of occurrences per 100 visits	Standard error of rate
65–74 years:				
All visits	277,265	14,488	222.4	7.7
Hyperlipidemia	14,150	1,036	11.4	0.7
Blood glucose regulators	12,418	1,153	10.0	0.8
Antihypertensive agents	12,043	855	9.7	0.6
ACE[4] inhibitors	11,417	793	9.2	0.6
NSAID[3]	11,381	1,010	9.1	0.7
Analgesics, non-narcotic	10,335	886	8.3	0.6
Calcium channel blockers	9,930	847	8.0	0.6
Antipyretics	9,765	856	7.8	0.6
Disorders, acid and peptic	9,702	788	7.8	0.5
Antiarthritics	9,511	773	7.6	0.5
75 years and over:				
All visits	307,871	17,886	235.7	9.0
Diuretics	15,276	1,109	11.7	0.7
Analgesics, non-narcotic	12,624	1,101	9.7	0.7
Antihypertensive agents	12,207	978	9.3	0.6
Antipyretics	11,619	1,053	8.9	0.7
NSAID[3]	11,177	983	8.6	0.6
ACE[4] inhibitors	11,091	986	8.5	0.6
Calcium channel blockers	10,908	936	8.4	0.6
Antiarthritics	10,723	883	8.2	0.6
Hyperlipidemia	10,444	919	8.0	0.6
Beta blockers	9,582	757	7.3	0.5
Patient sex				
Female:				
All visits	1,109,111	41,311	175.0	4.5
NSAID[3]	58,205	2,730	9.2	0.4
Antidepressants	47,170	2,416	7.4	0.3
Antihistamines	44,411	2,275	7.0	0.3
Analgesics, narcotic	37,733	1,630	6.0	0.2
Antiasthmatics and bronchodilators	36,162	2,725	5.7	0.4
Estrogens and progestins	33,300	2,450	5.3	0.3
Analgesics, non-narcotic	32,982	1,964	5.2	0.3
Vaccines and antisera	32,595	2,541	5.1	0.4
Disorders, acid and peptic	29,978	1,711	4.7	0.3
Antipyretics	28,438	1,748	4.5	0.3
Male:				
All visits	762,489	26,913	171.8	4.0
NSAID[3]	40,937	1,849	9.2	0.3
Antihistamines	29,216	1,693	6.6	0.3
Antiasthmatics and bronchodilators	28,476	1,968	6.4	0.4
Analgesics, non-narcotic	28,429	1,660	6.4	0.3
Vaccines and antisera	28,277	1,992	6.4	0.4
Analgesics, narcotic	27,310	1,346	6.2	0.3
Antipyretics	26,224	1,497	5.9	0.3
Hyperlipidemia	24,703	1,571	5.6	0.3
Blood glucose regulators	23,599	2,316	5.3	0.5
Antidepressants	21,721	1,259	4.9	0.2
Patient race[5]				
White:				
All visits	1,592,196	60,673	173.8	4.4
NSAID[3]	81,133	3,726	8.9	0.3
Antidepressants	62,266	3,183	6.8	0.3
Antihistamines	61,805	3,185	6.7	0.3
Analgesics, narcotic	55,486	2,568	6.1	0.2
Antiasthmatics and bronchodilators	52,878	3,789	5.8	0.4
Analgesics, non-narcotic	50,885	2,931	5.6	0.3
Vaccines and antisera	48,193	3,415	5.3	0.4
Antipyretics	45,271	2,607	4.9	0.2
Disorders, acid and peptic	42,647	2,354	4.7	0.2
Hyperlipidemia	42,642	2,618	4.7	0.3

See footnotes at end of table.

Table 15. Annual number and rate of therapeutic classes of drugs provided, prescribed, or continued at ambulatory care visits with corresponding standard errors by selected patient and visit characteristics: United States, 2001–02—Con.

Characteristic and therapeutic class[1]	Number of occurrences in thousands[2]	Standard error in thousands	Number of occurrences per 100 visits	Standard error of rate
Black or African American:				
All visits	212,963	14,613	178.7	6.6
NSAID[3]	14,427	1,357	12.1	0.9
Antiasthmatics and bronchodilators	8,830	946	7.4	0.7
Antihistamines	8,673	786	7.3	0.5
Vaccines and antisera	8,429	1,308	7.1	1.0
Analgesics, non-narcotic	8,041	1,052	6.7	0.7
Analgesics, narcotic	7,420	542	6.2	0.4
Blood glucose regulators	7,183	953	6.0	0.7
Antipyretics	7,157	1,017	6.0	0.7
Antihypertensive agents	7,099	1,395	6.0	1.0
Disorders, acid and peptic	5,747	672	4.8	0.5
Other race:				
All visits	66,441	6,074	156.6	5.7
Vaccines and antisera	4,250	826	10.0	1.6
NSAID[3]	3,583	369	8.4	0.9
Antihistamines	3,149	439	7.4	0.9
Antiasthmatics and bronchodilators	2,930	520	6.9	1.0
Analgesics, non-narcotic	2,485	334	5.9	0.6
Antipyretics	2,234	307	5.3	0.6
Penicillins	2,222	385	5.2	0.6
Analgesics, narcotic	2,137	394	5.0	0.7
Antidepressants	1,813	300	4.3	0.6
Vitamins and minerals	1,576	313	3.7	0.6
Patient ethnicity[6]				
Hispanic or Latino:				
All visits	151,904	20,086	167.0	9.0
NSAID[3]	10,028	1,583	11.0	1.1
Vaccines and antisera	7,977	1,344	8.8	1.3
Antihistamines	7,680	1,352	8.4	0.8
Analgesics, non-narcotic	6,611	1,418	7.3	1.2
Antipyretics	6,334	1,384	7.0	1.2
Penicillins	5,762	794	6.3	0.6
Blood glucose regulators	5,551	1,601	6.1	1.4
Antiasthmatics and bronchodilators	4,428	848	4.9	0.7
Unclassified	4,202	920	4.6	0.8
Analgesics, narcotic	4,168	474	4.6	0.4
Not Hispanic or Latino:				
All visits	1,313,039	58,851	177.5	4.7
NSAID[3]	66,953	3,406	9.0	0.3
Antidepressants	52,616	2,963	7.1	0.3
Antihistamines	49,931	2,958	6.7	0.3
Analgesics, narcotic	46,139	2,104	6.2	0.2
Antiasthmatics and bronchodilators	45,292	3,535	6.1	0.4
Analgesics, non-narcotic	40,673	2,410	5.5	0.3
Vaccines and antisera	38,742	3,245	5.2	0.4
Antipyretics	36,145	2,185	4.9	0.2
Disorders, acid and peptic	35,198	2,279	4.8	0.3
Blood glucose regulators	34,761	3,562	4.7	0.4
Expected source of payment				
Private insurance:				
All visits	933,441	36,208	156.8	3.7
NSAID[3]	51,654	2,339	8.7	0.3
Antihistamines	46,846	2,965	7.9	0.4
Antidepressants	38,012	2,238	6.4	0.3
Vaccines and antisera	36,415	2,914	6.1	0.5
Antiasthmatics and bronchodilators	34,990	2,911	5.9	0.4
Analgesics, narcotic	29,916	1,511	5.0	0.2
Penicillins	28,924	1,486	4.9	0.2

See footnotes at end of table.

Table 15. Annual number and rate of therapeutic classes of drugs provided, prescribed, or continued at ambulatory care visits with corresponding standard errors by selected patient and visit characteristics: United States, 2001–02—Con.

Characteristic and therapeutic class[1]	Number of occurrences in thousands[2]	Standard error in thousands	Number of occurrences per 100 visits	Standard error of rate
Private insurance—Con.				
Analgesics, non-narcotic	26,225	1,561	4.4	0.2
Disorders, acid and peptic	23,513	1,391	3.9	0.2
Antipyretics	23,066	1,352	3.9	0.2
Medicare:				
All visits	519,780	28,548	237.0	8.5
Diuretics	20,964	1,548	9.6	0.6
Hyperlipidemia	20,871	1,504	9.5	0.6
NSAID[3]	20,447	1,530	9.3	0.5
Antihypertensive agents	20,169	1,482	9.2	0.6
Blood glucose regulators	19,517	1,604	8.9	0.6
Analgesics, non-narcotic	19,037	1,496	8.7	0.6
ACE[4] inhibitors	18,622	1,368	8.5	0.5
Disorders, acid and peptic	17,872	1,354	8.1	0.5
Antipyretics	17,505	1,416	8.0	0.5
Calcium channel blockers	17,187	1,388	7.8	0.6
Medicaid:				
All visits	189,157	13,749	176.6	5.8
Vaccines and antisera	12,370	1,554	11.5	1.3
NSAID[3]	10,094	943	9.4	0.6
Antihistamines	8,929	935	8.3	0.6
Antiasthmatics and bronchodilators	8,452	704	7.9	0.5
Penicillins	8,184	770	7.6	0.5
Analgesics, non-narcotic	7,893	701	7.4	0.5
Analgesics, narcotic	7,431	505	6.9	0.4
Antipyretics	7,339	662	6.9	0.4
Antidepressants	5,990	589	5.6	0.5
Disorders, acid and peptic	4,454	434	4.2	0.3
Uninsured:				
All visits	104,338	5,984	157.2	4.1
Analgesics, narcotic	7,465	554	11.2	0.9
NSAID[3]	7,124	483	10.7	0.6
Antihistamines	5,488	881	8.3	1.1
Antidepressants	5,478	747	8.3	1.0
Penicillins	3,638	496	5.5	0.6
Analgesics, non-narcotic	3,121	246	4.7	0.3
Cephalosporins	2,845	269	4.3	0.4
Antipyretics	2,724	228	4.1	0.3
Vaccines and antisera	2,615	555	3.9	0.7
Antiasthmatics and bronchodilators	2,602	310	3.9	0.4
Other source of payment:				
All visits	124,885	11,611	139.8	8.4
NSAID[3]	9,822	793	11.0	0.7
Analgesics, narcotic	6,748	547	7.6	0.6
Analgesics, non-narcotic	5,135	672	5.8	0.6
Antidepressants	5,072	600	5.7	0.6
Vaccines and antisera	4,270	699	4.8	0.8
Antipyretics	4,027	548	4.5	0.5
Antihistamines	3,821	549	4.3	0.5
Blood glucose regulators	3,631	680	4.1	0.7
Antiasthmatics and bronchodilators	3,571	721	4.0	0.7
Antihypertensive agents	2,757	479	3.1	0.5

[1]Based on the standard drug classification used in the *National Drug Code Directory, 1995 edition* (19). Total of all therapeutic classes will exceed total number of drug mentions because up to three classes may be coded for each drug.

[2]Based on an estimated annual average of 1,654,345,000 drug mentions at ambulatory care visits in 2001–02.

[3]NSAID is nonsteroidal anti-inflammatory drug.

[4]ACE is angiotensin converting enzyme.

[5]Races other than white and black have been aggregated because of small smaple sizes.

[6]Ethnicity data were missing for 22.9 percent of visits. Therefore, these figures are underestimates.

Appendix I

Technical Notes

Data collection

The National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS) data collection is authorized under Section 308(d) of the Public Health Service Act (42 United States Code Section 306 [242k]). Participation is voluntary.

For the 2001 NAMCS, 2,744 physicians were selected from the master files of the American Medical Association and American Osteopathic Association. Of these physicians, 1,910 were in scope (eligible to participate in the survey). Sampled physicians were asked to complete Patient Record forms (PRFs) for a systematic random sample of office visits occurring during a randomly assigned 1-week reporting period. A total of 1,013 physicians participated in the survey, 22 of them minimally (defined as submitting fewer than 50 percent of their expected number of PRFs). The physician response rate was 64 percent, and 24,281 PRFs were submitted. Data collection occurred from December 25, 2000, through December 23, 2001. It should be noted that response rates for both NAMCS and NHAMCS do not include minimal respondents.

For the 2002 NAMCS, 2,095 physicians of the 3,150 sampled were in scope; 1,492 of them participated, 18 of them at a minimal level. The physician response rate was 70 percent, and 28,738 PRFs were submitted; data collection occurred from December 31, 2001, through December 30, 2002.

NHAMCS utilizes a fixed panel of 600 hospitals. To preclude hospitals participating during the same time period each year, the sample was randomly divided into 16 subsets of approximately equal size. Each subset was assigned to 1 of 16 4-week reporting periods beginning December 2, 1991, which continue to rotate across each survey year. Therefore, the entire sample does not participate in a given year, and each hospital is inducted approximately once every 15 months. Hospital staff was asked to complete PRFs for a systematic random sample of patient visits occurring during a randomly assigned 4-week reporting period.

The 2001 NHAMCS collected data from January 1, 2001, through January 27, 2001, and consisted of a sample of 479 hospitals, of which 395 had eligible emergency departments (EDs). Of these EDs, 364 participated, nine of them minimally for an unweighted ED participation rate of 90 percent. Of the 453 emergency service areas (ESAs) selected from the EDs, 445 provided data, 15 of them at minimal level. The ESA response rate was 95 percent, and the overall ED response rate was 85 percent. In all, 34,546 ED Patient Record forms were collected.

Of the 479 hospitals sampled in 2001, 261 had eligible outpatient departments (OPDs), of which 224 participated, one of them minimally, for an unweighted OPD participation rate of 85 percent. Of the 1,166 clinics selected from the OPDs, 1,036 provided data either fully or minimally. The clinic response rate was 96 percent, for an overall OPD response rate of 74 percent. In all, 33,567 OPD PRFs were collected.

The 2002 NHAMCS collected data from December 31, 2001, through December 29, 2002, and consisted of a sample of 481 hospitals, of which 396 had eligible EDs. Of these EDs, 376 participated, three of them at a minimal level, for an unweighted ED participation rate of 94 percent. Of the 472 emergency service areas (ESAs) selected from the EDs, 460 provided data, five of them minimally. The ESA response rate was 96 percent, and the overall ED response rate was 91 percent. In all, 37,337 ED PRFs were collected.

Of the 481 hospitals sampled in 2002, 257 had eligible OPDs, of which 224 participated, one of them minimally, for an unweighted OPD participation rate of 87 percent. Of the 1,178 clinics selected from the OPDs, 1,041 provided data, 26 of them minimally. The clinic response rate was 86 percent, for an overall OPD response rate of 75 percent. In all, 35,586 OPD PRFs were collected.

In 2001, a split-panel study was conducted in NAMCS and the outpatient department component of NHAMCS, where short and long versions of the PRF were developed and administered to randomly selected panels. About half of the physicians and OPDs received the short form and half received the long form. More information on the split-panel design is available in the published summary reports for 2001 (6,8) and a detailed report summarizing methodological issues and findings from the study (23). The 2002 PRFs for NAMCS and the outpatient department component of NHAMCS are nearly identical to the short form used in 2001.

The U.S. Census Bureau, acting as the data collection agent for both surveys, provided training to field representatives (FRs) throughout the Nation, who, in turn, oversaw data collection at physician offices and hospitals. FRs contacted physicians and hospitals for induction into the surveys after NCHS mailed an advance letter notifying the providers of their selection in the survey. For NAMCS, medical staff most often provided the information requested on the PRFs (Appendix III). However, in some cases, FRs performed data abstraction from medical records. For NHAMCS, FR abstraction was the predominant method of data collection. Neither the patient's name nor address was collected. Confidentiality of the data collected in the survey is protected under the Privacy Act, Public Health Service Act, and Title 42 of the United States Code, Section 242m(d).

Sampling Errors

The standard error is primarily a measure of the sampling variability that occurs by chance when only a sample, rather than an entire universe, is surveyed. The standard error also reflects part of the measurement error, but does not measure any systematic biases in the data. The chances are 95 out of 100 that an estimate from the sample differs from the value that would be obtained from a complete census by less than twice the standard error.

Table I. Coefficients appropriate for determining approximate relative standard errors, and lowest reliable estimates by ambulatory care setting and type of estimate: National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey: United States, 2001–02

Setting and type of estimate	Coefficient for use with estimates in thousands		Lowest reliable estimate in thousands[1]
	A	B	
Combined settings			
Visits	0.001272	9.310	105
Drug mentions	0.002316	15.461	177
Physician offices			
Visits	0.001402	38.428	434
Drug mentions	0.002564	100.226	1,147
Outpatient departments			
Visits	0.008369	4.205	52
Drug mentions	0.012319	8.802	114
Emergency departments			
Visits	0.001162	2.815	32
Drug mentions	0.002107	6.136	70

[1]Estimates with relative standard errors greater than 30 percent are considered to be unreliable. The lowest reliable estimates shown here were determined by approximating relative standard errors from the generalized variance curves for each data set. However, estimates based on fewer than 30 cases are considered to be unreliable regardless of the size of the relative standard error and have been indicated in this report with an asterisk (no number shown).

The standard errors used in tests of significance for this report were calculated using SUDAAN software. SUDAAN computes standard errors by using a first-order Taylor approximation of the deviation of estimates from their expected values. A description of the software and the approach it uses has been published (24). 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.

Approximate relative standard errors for aggregate estimates may be calculated using the following general formula, where x is the aggregate of interest in thousands, and A and B are the appropriate coefficients from table I.

$$\mathrm{RSE}(x) = 100 \bullet \sqrt{A + \frac{B}{x}}$$

Similarly, approximate relative standard errors for estimates of percentages may be calculated using the following general formula, where p is the percentage of interest expressed as a proportion, and x is the denominator of the percentage in thousands, using the appropriate coefficient from table I.

$$\mathrm{RSE}\,(x) = 100 \bullet \sqrt{\frac{B \bullet (1-p)}{p \bullet x}}$$

The standard error for a rate may be obtained by multiplying the RSE of the total estimate by the rate.

Published and Flagged Estimates

Estimates are not presented unless a reasonable assumption regarding their probability distributions is possible on the basis of the Central Limit Theorem. The Central Limit Theorem states that, given a sufficiently large sample size, the sample estimate approximates the population estimate and, upon repeated sampling, its distribution would be approximately normal.

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. Estimates based on 30 or more cases have an asterisk only if the relative standard error of the estimate exceeds 30 percent.

Estimation

Estimates from the 2001 and 2002 NAMCS and NHAMCS were derived by multistage estimation procedures that produce essentially unbiased estimates. The estimation for NAMCS has four basic components: 1) inflation by reciprocals of the probabilities of selection; 2) adjustment for nonresponse; 3) a ratio adjustment to fixed totals; and 4) weight smoothing. The estimation for NHAMCS has three basic components: 1) inflation by reciprocals of the sampling selection probabilities; 2) adjustment for nonresponse; and 3) a population weighting ratio adjustment. The population weighting ratio adjustment for OPD estimates was replaced by an adjustment that controls for effects of rotating hospital sample panels into and out of the sample each year. (The full NHAMCS hospital sample is partitioned into 16 panels that are rotated into the sample over 16 periods of 4 weeks each so that only 13 panels are used in any single year.) The sampling weights of some OPDs were permanently trimmed to prevent single OPDs from contributing more than 15 percent of their region's total to OPD visit estimates. Additional information on estimation procedures used in the surveys is available (25,26).

Nonsampling Errors

As in any survey, results are subject to both sampling and nonsampling errors. Nonsampling errors include reporting and processing errors and 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 questions, terms, and definitions. Also, most data items and survey procedures were pretested. Quality control procedures and consistency and edit checks reduced errors in data coding and processing. The error rate (which includes coding and keying errors) ranged from 0.0 to 2.0 for both surveys.

Adjustments for survey nonresponse—Estimates from NAMCS data were adjusted to account for sample physicians who were in scope, but did not participate in the study. This adjustment was calculated to minimize

the impact of nonresponse on final estimates. The weights of visits for physicians similar to the nonrespondent physicians were inflated to account for visits represented by the nonrespondent physicians. For this purpose, physicians were judged similar if they had the same specialty designation and practiced in the same primary sampling unit.

NHAMCS data were adjusted to account for two types of nonresponse. The first type occurred when a hospital refused to provide information about its ED or OPD that was publicly known to exist. In this case, the weights of visits to hospitals similar to the nonrespondent hospitals were inflated to account for visits represented by the nonrespondent hospitals. Beginning with 1998 data, hospitals were judged to be similar if they were in the same region and, except in the West, if they had the same MSA status (in an MSA vs. not in an MSA). Similarity of hospitals also required being in the same ownership control group (voluntary or nonprofit vs. other). This adjustment was made separately by department type.

The second type of nonresponse occurred when a sample emergency service area (ESA) within a respondent hospital failed to provide completed PRFs for a sample of patient visits. In the ED, the weights of visits from responding ESAs were inflated to account for visits to similar nonresponding ESAs, where ESAs were judged to be similar if they were in the same region. Except in the West, ESA similarity also required having the same MSA status, and in MSAs, being in the same ownership control group (voluntary or nonprofit vs. other).

For the OPD, weights of visits from responding OPD clinics were inflated to account for visits to similar nonresponding OPD clinics, where OPDs clinics were judged to be similar if they were in the same region, clinic type, and ownership control group (voluntary or nonprofit vs. other). There were six OPD clinic types: general medicine, pediatrics, surgery, obstetrics and gynecology, alcohol and substance abuse, and other OPD clinics. Beginning with 1998 data, formation of groups of similar clinics also considered the MSA status of the clinic (in an MSA or not in an MSA) with the following two exceptions: in the West, MSA status was not considered; in non-MSA clinics in the other three regions, ownership control group (voluntary or nonprofit vs. other) was not considered.

Adjustments for item nonresponse—Missing data for several of the items mentioned in this report were imputed by randomly assigning a value from a PRF with similar characteristics. These items include patient's birth date (used to determine age), sex, and race. In NAMCS, imputations were based on physician specialty, geographic region, and three-digit ICD-9-CM code for primary diagnosis. In NHAMCS, imputations for ED data were based on ED size, geographic region, immediacy with which patient should be seen, and three-digit ICD-9-CM code for primary diagnosis. For OPD data, imputations were based on geographic region, OPD size by clinic, and three-digit ICD-9-CM code for primary diagnosis.

This report presents estimates by patient ethnicity in selected tables. Ethnicity is not imputed in the case of missing data, and it should be noted that nonresponse is typically high for this item. For example, in 2002, the weighted item nonresponse rates for ethnicity were 18.0 percent for ED data, 16.9 percent for OPD data, and 24.0 percent for NAMCS data, or 22.9 percent of ambulatory care visits overall. Additional information on item nonresponse for data items not included in this report and for item nonresponse rates by setting has been published (4–9).

Tests of Significance and Rounding

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. Terms relating to differences such as ''greater than'' or ''less than'' indicate that the difference is statistically significant. A lack of comment regarding the difference between any two estimates does not mean that the difference was tested and found to be not significant.

In the tables, estimates of 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 percentages calculated from rounded data.

Diagnosis and Injury Groupings

Physicians' diagnoses, shown in tables 4–6, are grouped according to a classification system developed for use with NAMCS and NHAMCS data. This grouping is based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (17), but also reflects the frequency of particular diagnoses occurring in NAMCS and NHAMCS data. It provides additional detail on the diagnostic content of ambulatory care as characterized by the surveys. Table II shows the groupings used to categorize data in tables 4–6.

Table 9 of this report presents data on the intent and mechanism producing the injuries that resulted in ambulatory care visits to physician offices, EDs, and OPDs. Cause of injury is collected for each sampled visit in NAMCS and NHAMCS and is coded according to the ICD-9-CM's ''Supplementary Classification of External Causes of Injury and Poisoning.'' For table 9, however, the first-listed cause-of-injury data were regrouped to highlight the interaction between intentionality of the injury and the mechanism that actually produced the injury. Table III displays the groupings used in table 9.

Physician Specialty Groupings

The NAMCS survey design grouped physicians into 15 strata, or specialty groups, for sampling purposes. One stratum, doctors of osteopathy, was based on information from the American Osteopathic Association (AOA). The other groups (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) were developed based on information from the American Medical Association (AMA). Estimates are presented in this report with doctors of osteopathy combined with doctors of medicine, unless otherwise noted.

In this report, office visit data are divided into three settings according to the specialty of the sampled physician. These data are presented in terms of visits to the offices of primary care physicians, surgical specialists, and medical specialists, using a classification suggested by the American Medical Association (20). Table IV shows the specialties used to define each category.

Race and Ethnicity

The 2001–02 NAMCS and NHAMCS collected race data according to standards issued by the Office of Management and Budget (OMB) in 1999 to promote comparability of data among Federal data sources and so that more than one race could be recorded per person (27). Respondents could check multiple categories for each patient from the following groups: white, black or African American, Asian, Native Hawaiian or other Pacific Islander, and American Indian or Alaska Native. Estimates for specific race categories reflect visits where only a single race was reported. In this report, estimates for the five specific race categories and a sixth category for persons of multiple race are presented with the exception of tables 5 and 15. In these two tables, only three groups are presented (white, black or African American, and ''other,'' which is an aggregation of the other four race categories) because of small sample sizes. Because of the difference between single and multiple-race reporting, race-specific estimates prior to 1999 are not strictly comparable with those from 1999 and subsequent years, when this method of collecting race data was implemented in NAMCS and NHAMCS. However, from 1999 to the present, only a small proportion of records had multiple races indicated.

Race and Hispanic origin are collected separately in NAMCS and NHAMCS in accordance with OMB standards. Consequently, all race categories include visits by persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race.

Population Figures and Rate Calculation

The population figures used in calculating 2001–02 visit rates by age, sex, race, ethnicity, geographic region, MSA status, and insurance status are shown in tables V and VI. The estimates of age, sex, race, ethnicity, and geographic region reflect Census 2000-based postcensal estimates of the civilian noninstitutional population of the United States. They are special tabulations developed by the Population Division, U.S. Census Bureau, from the July 1, 2001, and July 1, 2002, sets of State population estimates. Population estimates of MSA status and insurance status are based on data from the 2001 and 2002 National Health Interview Surveys (NHIS), National Center for Health Statistics (NCHS), which also reflect the civilian noninstitutional population of the United States. NHIS estimates for 2001 and 2002 were developed using 1990–based census data, but have been adjusted for this report to Census 2000-based totals. All population estimates shown are 2-year averages for 2001 and 2002.

For time comparisons using 1993–94, 1995–96, and 1999–2000 data, the population estimates used were based on U.S. Census Bureau estimates of the civilian noninstitutionalized population of the United States as of July 1 of each year, projected from the 1990 Decennial Census, and have been previously published (11,28,29,30,31). Age adjustment was performed using the direct method with the projected year 2000 U.S. resident population as the standard age distribution. This method and the population used are described in *Health, United States, 2004* (32).

Changes to the Ambulatory Care Drug Database and Therapeutic Class of Drugs

Since drug data were first collected in 1980, NCHS has provided drug characteristics, including therapeutic class of drug based on the *National Drug Code Directory* (19), for each drug entered on the PRF. Through 2001, only a single therapeutic class was included for each drug, although drugs may have multiple therapeutic classes and it was not necessarily the case that the class listed for a particular drug was the same as its intended therapeutic purpose at the medical visit. Because of the complexities involved with assigning therapeutic classes for drugs, the decision was made, beginning with the 2002 data release, to include up to three therapeutic classes for each drug entry on the PRF.

For this report, the drug characteristics for 2002 were applied to 1995–96 and 1999–2001 data so that multiple classes per drug could be evaluated for all years. As a consequence, the totals presented in summary tables showing the therapeutic classification of drugs cited in NAMCS and NHAMCS data will exceed the actual sum of drugs provided, prescribed, or continued at ambulatory care visits because each drug may be assigned as many as three therapeutic classes.

Researchers doing trend analysis with NAMCS and NHAMCS drug data are advised to download the Drug Characteristics file, available at the Ambulatory Health Care Data Web site (http://www.cdc.gov/nchs/namcs.htm). The characteristics from this file can be applied by matching drug codes to previous years of data to get the most accurate results when doing analysis of drug trends. SAS code for applying drug characteristics from the file to previous years of public-use data is also available for downloading.

The 2002 Drug Characteristics file contains updates and revisions. Many drugs had ingredient lists reviewed, and nonactive ingredients were removed. Duplicate codes caused by misspellings or other variant entries have been eliminated, and incorrect codes (for

example, for non-medications) have been removed. The Drug Characteristics file is updated annually and is generally available following the release of public-use files for the survey year in question.

Table 13, which shows ranked generic substances occurring in drugs provided, prescribed, or continued at ambulatory care visits, utilizes a format for generic substances that is slightly modified from the results one would get using the 2002 Drug Characteristics file. In the ambulatory care drug database (and the 2002 Drug Characteristics file), certain substances can appear in both generic and salt forms, such as albuterol and albuterol sulfate, or in forms such as hydrocodone and hydrocodone bitartrate. With the advent of the 2002 Drug Characteristics file, the drug database staff also formulated a list of generic codes that collapses different formulations for generic substances into aggregate categories. Therefore, in table 13, albuterol is displayed, but actually reflects a combination of albuterol and albuterol sulfate in the original survey data. The aggregated format for generic substances is also available at the Ambulatory Health Care Data Web site. For more information, please contact the Ambulatory Care Statistics Branch.

Table II. Reclassification of primary diagnosis codes for use with National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey data: United States, 2001–02

Primary diagnosis	ICD–9–CM code[1]
Infectious and parasitic diseases	001–139
Streptococcal sore throat	034.0
HIV infection	042
Viral warts	078.1
Unspecified viral and chlamydial infections	079.9
Dermatophytosis	110
Candidiasis	112
Other infectious and parasitic diseases	001–033,034.1–041.9,045.0–078.0,078.2–079.8, 080–104, 111,114–139
Neoplasms	140–239
Malignant neoplasm of colon and rectum	153–154,197.5
Malignant neoplasm of skin	172–173,176.0,198.2
Malignant neoplasm of breast	174–175,198.81
Malignant neoplasm of prostate	185
Malignant neoplasm of lymphatic and hematopoietic tissue	176.5,196,200–208
Other malignant neoplasms	140–152,155–171,176.1–176.4,176.6–184,186–195,197.0–197.4, 197.6–198.1,198.3–198.7, 198.82–199,230–234
Benign neoplasm of skin	216
Other benign neoplasm	210–215,217–229
Neoplasm of uncertain behavior and unspecified nature	235–239
Endocrine, nutritional and metabolic diseases, and immunity disorders	240–279
Acquired hypothyroidism	244
Other disorders of the thyroid gland	240–243,245–246
Diabetes mellitus	250
Disorders of lipoid metabolism	272
Obesity	278.0
Other endocrine, nutritional and metabolic diseases, and immunity disorders	251–271,273–277,278.1–279
Diseases of the blood and blood-forming organs	280–289
Anemias	280–285
Other diseases of the blood and blood-forming organs	286–289
Mental disorders	290–319
Schizophrenic disorders	295
Major depressive disorder	296.2–296.3
Other psychoses	290–294, 296.0–296.1,296.4–299
Anxiety states	300.0
Neurotic depression	300.4
Alcohol dependence syndrome	303
Drug dependence and nondependent use of drugs	304–305
Acute reaction to stress and adjustment reaction	308–309
Depressive disorder, not elsewhere classified	311
Attention deficit disorder	314.0
Other mental disorders	300.1–300.3,300.5–300.9, 301–302,306–307,310,312–313,314.1–319
Diseases of the nervous system and sense organs	320–389
Migraine	346
Other disorders of the central nervous system	320–326,330–337,340–345,347–349
Carpal tunnel syndrome	354.0
Other disorders of the nervous system	350–353,354.1–359
Retinal detachment and other retinal disorders	361–362
Glaucoma	365
Cataract	366
Disorders of refraction and accommodation	367
Conjunctivitis	372.0–372.3
Disorders of eyelids	373–374
Other disorders of the eye and adnexa	360,363–364,368–369, 370–371,372.4–372.9,375–379
Disorders of external ear	380
Otitis media and eustachian tube disorders	381–382
Other diseases of the ear and mastoid process	383–389

See footnote at end of table.

Table II. Reclassification of primary diagnosis codes for use with National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey data: United States, 2001–02—Con.

Primary diagnosis	ICD–9–CM code[1]
Diseases of the circulatory system	390–459
Angina pectoris	413
Coronary atherosclerosis	414.0
Other ischemic heart disease	410–412,414.1–414.9
Cardiac dysrhythmias	427
Congestive heart failure	428.0
Other heart disease	391–392.0,393–398,402,404,415–416,420–426,428.1–429
Essential hypertension	401
Cerebrovascular disease	430–438
Diseases of the arteries, arterioles, and capillaries	440–448
Hemorrhoids	455
Other diseases of the circulatory system	390,392.9,403,405,417,451–454,456–459
Diseases of the respiratory system	460–519
Acute sinusitis	461
Acute pharyngitis	462
Acute tonsillitis	463
Acute bronchitis and bronchiolitis	466
Other acute respiratory infections	460,464–465
Chronic sinusitis	473
Allergic rhinitis	477
Pneumonia	480–486
Chronic and unspecified bronchitis	490–491
Asthma	493
Other chronic obstructive pulmonary disease and allied conditions	492,494–496
Other diseases of the respiratory system	470–472,474–476,478,487,500–519
Diseases of the digestive system	520–579
Diseases of the teeth and supporting structures	520–525
Gastritis and duodenitis	535
Esophagitis	530.1
Ulcer of stomach and small intestine	531–534
Hernia of abdominal cavity	550–553
Noninfectious enteritis and colitis	555–558
Diverticula of intestine	562
Constipation	564.0
Irritable colon	564.1
Anal and rectal diseases	565–566,569.0–569.4
Disorders of the gallbladder and biliary tract	574–576
Gastrointestinal hemorrhage	578
Other diseases of the digestive system	526.0–530.0,530.2–530.9,536–543,560,564.2–564.9,576–568,569.5–573.9,577,579
Diseases of the genitourinary system	580–629
Calculus of kidney and ureter	592
Cystitis and other disorders of the bladder	595–596
Urinary tract infection, site not specified	599.0
Other diseases of the urinary system	580–589,590–591,593–594,597–598, 599.1–599.9
Hyperplasia of prostate	600
Other disorders of male genital organs	601–608
Disorders of breast	610–611
Inflammatory disorders of female pelvic organs	614–616
Noninflammatory disorders of female genital organs	620,622–624
Disorders of menstruation and abnormal bleeding	626
Menopausal and postmenopausal disorders	627
Other disorders of the female genital tract	617–619,621,625,628,629
Complications of pregnancy, childbirth, and the puerperium	630–677

See footnote at end of table.

Table II. Reclassification of primary diagnosis codes for use with National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey data: United States, 2001–02—Con.

Primary diagnosis	ICD–9–CM code[1]
Diseases of the skin and subcutaneous tissue	680–709
Cellulitis and abscess	681–682
Other infection of the skin and subcutaneous tissue	680,683–686
Contact dermatitis and other eczema	692
Psoriasis and similar disorders	696
Other inflammatory conditions of skin and subcutaneous tissue	690–691,693–695,697–698
Corns, callosities, and other hypertrophic and atrophic skin conditions	700–701
Actinic and seborrheic keratosis	702.0–702.1
Acne	706.0–706.1
Sebaceous cyst	706.2
Urticaria	708
Other disorders of the skin and subcutaneous tissue	702.8,703–705,706.3–707.9,709
Diseases of the musculoskeletal system and connective tissue	710–739
Rheumatoid arthritis	714.0
Osteoarthrosis and allied disorders	715
Other arthropathies and related disorders	710–713,714.1–714.9,716
Derangements and other and unspecified joint disorders	717–719
Intervertebral disc disorders	722
Lumbago	724.2
Other dorsopathies	720–721,723.0–724.1,724.3–724.9
Peripheral enthesopathies and allied disorders	726
Synovitis and tenosynovitis	727.0
Myalgia and myositis, unspecified	729.1
Other rheumatism, excluding back	725,727.1–727.9,728,729.0,729.2–729.9
Disorders of bone and cartilage	730–733
Other diseases of the musculoskeletal system and connective tissue	734–739
Congenital anomalies	740–759
Certain conditions originating in the perinatal period	760–779
Symptoms, signs, and ill-defined conditions	780–799
Syncope and collapse	780.2
Convulsions	780.3
Dizziness and giddiness	780.4
Pyrexia of unknown origin	780.6
Symptoms involving skin and other integumentary tissue	782
Headache	784.0
Epistaxis	784.7
Abnormal heart sounds	785.0–785.3
Dyspnea and respiratory abnormalities	786.0
Cough	786.2
Chest pain	786.5
Symptoms involving urinary system	788
Abdominal pain	789.0
Other symptoms, signs, and ill-defined conditions	780.0–780.1,780.5,780.7–780.9, 781,783,784.1–784.6,784.8–784.9, 785.4–785.9,786.1,786.3–786.4, 786,6–787,789.1–799.9
Injury and poisoning	800–999
Fracture of radius and ulna	813
Fracture of hand and fingers	814–817
Fracture of lower limb	820–829
Other fractures	800–812,818–819
Sprains and strains of wrist and hand	842
Sprains and strains of knee and leg	844
Sprains and strains of ankle	845.0
Sprains and strains of neck	847.0
Other sprains and strains of back	846,847.1–847.9
Other sprains and strains	840–841,843,845.1,848
Intracranial injury, excluding those with skull fracture	850–854
Open wound of head	870–873
Open wound of hand and fingers	882–883
Other open wound	874–881,884–897
Superficial injury of cornea	918.1
Other superficial injury	910.0–918.0,918.2,919.9

See footnote at end of table.

Table II. Reclassification of primary diagnosis codes for use with National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey data: United States, 2001–02—Con.

Primary diagnosis	ICD–9–CM code[1]
Injury and poisoning—*Continued*	
Contusions with intact skin surfaces	920–924
Other injuries	830–839,860–869, 900–909,925–959
Poisonings	960–989
Other and unspecified effects of external causes	990–995
Complications of surgical and medical care, not elsewhere classified	996–999
Supplementary classification of factors influencing health status and contact with health services	V01-V82
Potential health hazards related to communicable diseases	V01-V09
Potential health hazards related to personal and family history	V10-V19
Routine infant or child health check	V20.2
Normal pregnancy	V22
Postpartum care and examination	V24
Encounter for contraceptive management	V25
Other encounter related to reproduction	V23,V26-V28
Lens replaced by pseudophakos	V43.1
Artificial opening status and other postsurgical states	V44-V45
Attention to surgical dressing and sutures	V58.3
Followup examination	V67
General medical examination	V70
Observation and evaluation for suspected conditions not found	V71
Gynecological examination	V72.3
Other factors influencing health status and contact with health services	V20.0-V20.1,V21,V29.0-V43.0, V43.2-V43.8,V46-V66, V68-V69, V72.0-V72.2,V72.4-V82.9

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (17).

Table III. Reclassification of cause-of-injury codes for use with National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey data: United States, 2001–02

Intent and mechanism of injury	Cause-of-injury code[1]
Unintentional injuries	E800–E869, E880–E929
Falls	E880.0–E886.9, E888
Motor vehicle traffic	E810–E819
Struck against or struck accidentally by objects or persons	E916–E917
Overexertion and strenuous movements	E927
Cutting and piercing instruments or objects	E920
Natural and environmental factors	E900–E909, E928.0–E928.2
Poisoning by drugs, medicinal substances, biologicals, other solid and liquid substances, gases, and vapors	E850–E869
Fire and flames, hot substance or object, caustic or corrosive material, and steam	E890–E899, E924
Machinery	E919
Pedal cycle, nontraffic and other	E800–E807(.3), E820–E825(.6), E826.1, E826.9
Motor vehicle, nontraffic	E820–E825(.0–.5,.7–.9)
Other transportation	E800–E807(.0–.2,.8–.9), E826(.0,.2–.8), E827–E829, E831, E833–E845
Suffocation	E911–E913
Foreign body accidentally entering eye or other orifice	E914–E915
Firearm missile	E922
Drowning and submersion	E830,E832,E910
Other and not elsewhere classified	E846–E848, E918, E921, E923, E925–E926, E928.3, E928.8, E929.0–E929.5
Mechanism unspecified	E887, E928.9, E929.8, E929.9
Intentional injuries	E950–E959, E960–E969, E970–E978, E990–E999
Assault	E960–E969
Unarmed fight or brawl, striking by blunt or thrown object	E960.0, E968.2
Cutting and piercing instrument	E966
Firearms	E965.0–E965.4
Other mechanism	E960.1, E961–E964, E965.5–E965.9, E967–E968.1, E968.3–E968.8, E969
Mechanism unspecified	E968.9
Self-inflicted	E950–E959
Poisoning by solid or liquid substances, gases, and vapors	E950–E952
Cutting and piercing instrument	E956
Other and unspecified mechanism	E954–E955, E957–E959
Other causes of violence	E970–E979, E990–E999
Injuries of undetermined intent	E980–E989
Adverse effects of medical treatment	E870–E879, E930–E949
Alcohol or drug use or abuse[2]	E700, E710

[1]Based on the ''Supplementary Classification of External Causes of Injury and Poisoning,'' *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (17).

[2]This category was created by the Ambulatory Care Statistics Branch, NCHS, for this report to reflect cause-of-injury entries of alcohol or drug use or abuse on the Patient Record form for which no external cause-of-injury code was available.

Table IV. Reclassification of physician specialty for use with National Ambulatory Medical Care Survey data

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

Table V. Population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey, by age, race, sex, and ethnicity: United States, 2001–02

Characteristic	All ages	Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over
Race and sex				Population estimate[1]			
All races	281,576,054	60,512,982	39,205,940	82,897,355	65,122,507	18,054,553	15,782,718
Male	137,301,711	30,963,466	19,722,501	40,810,624	31,552,986	8,189,163	6,062,973
Female	144,274,343	29,549,517	19,483,439	42,086,731	33,569,521	9,865,391	9,719,746
White	227,946,749	46,278,258	30,688,392	66,565,859	54,629,938	15,661,239	14,123,065
Male	112,094,884	23,741,062	15,595,780	33,330,909	26,784,498	7,181,633	5,461,004
Female	115,851,865	22,537,196	15,092,612	33,234,950	27,845,440	8,479,606	8,662,062
Black	35,142,417	9,479,979	5,623,871	10,346,341	6,908,093	1,622,126	1,162,008
Male	16,255,503	4,807,888	2,687,986	4,597,380	3,094,314	668,211	399,725
Female	18,886,915	4,672,091	2,935,886	5,748,961	3,813,779	953,915	762,284
Other	18,486,888	4,754,745	2,893,677	5,985,156	3,584,477	771,189	497,645
Male	8,951,325	2,414,516	1,438,736	2,882,336	1,674,175	339,319	202,245
Female	9,535,564	2,340,230	1,454,942	3,102,820	1,910,302	431,870	295,401
Ethnicity and sex							
Hispanic	37,481,031	11,063,213	6,594,974	12,551,298	5,402,532	1,147,022	721,993
Male	19,143,663	5,658,500	3,494,250	6,578,648	2,624,255	505,981	282,031
Female	18,337,368	5,404,713	3,100,725	5,972,651	2,778,278	641,041	439,963
Not Hispanic	244,095,023	49,449,770	32,610,966	70,346,057	59,719,975	16,907,532	15,060,725
Male	118,158,048	25,304,966	16,228,251	34,231,977	28,928,732	7,683,182	5,780,942
Female	125,936,975	24,144,804	16,382,715	36,114,081	30,791,243	9,224,350	9,279,783

[1]Estimates are of the civilian noninstitutional population of the United States and are special tabulations developed by the Population Division, U.S. Census Bureau, using the July 1, 2001, and July 1, 2002, set of State population estimates. They reflect Census 2000 data.

Table VI. Population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey, by geographic region, metropolitan statistical area status, and insurance status: United States, 2001–02

Characteristic	Population estimate
Geographic region[1]	
Northeast	53,259,335
Midwest	63,939,703
South	100,323,494
West	64,053,505
MSA status[2]	
MSA[2]	225,624,795
Not MSA[2]	55,951,259
Insurance status[3]	
Private insurance	193,703,524
Medicare	34,368,411
Medicaid	26,919,705
Uninsured	40,451,248

[1]Estimates are of the civilian noninstitutional population of the United States and are special tabulations developed by the Population Division, U.S. Census Bureau, using the July 1, 2001, and July 1, 2002, sets of State population estimates. They reflect Census 2000 data.

[2]MSA is metropolitan statistical area. Estimates are preliminary figures based on Census 2000 data and were obtained through the Office of Research and Methodology and the Division of Health Interview Statistics, NCHS. They are based on U.S. Census Bureau estimates of the civilian noninstitutional population of the United States, as of July 1, 2001, and July 1, 2002.

[3]Estimates are from the 2001 and 2002 National Health Interview Surveys, NCHS, adjusted to Census 2000-based population estimates.

Appendix II

Definition of Terms

Drug mention—A drug mention is the physician's entry on the Patient Record form (PRF) of a pharmaceutical agent—by any route of administration—for prevention, diagnosis, or treatment. Generic as well as brand-name drugs are included, as are nonprescription and prescription drugs. Along with all new drugs, the physician also records continued medications if the patient was specifically instructed during the visit to continue the medication. Physicians may report up to six medications per visit.

Drug visit—A drug visit is a visit at which medication was prescribed or provided by the physician.

Emergency department (ED)—An ED is a hospital facility for the provision of unscheduled outpatient services to patients whose conditions require immediate care and that is staffed 24 hours a day. If an ED provided emergency services in different areas of the hospital, all of these areas were selected with certainty into the sample. Off-site EDs that are open less than 24 hours are included if staffed by the hospital's ED.

Emergency service area—An emergency service area is the smallest administrative unit of an ED where separate patient statistics are kept. It may be located on hospital grounds or operated off-site by the hospital.

Geographic region—The 50 States and the District of Columbia are grouped for statistical purposes by the U.S. Census Bureau into the following four geographic regions:

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

Hospital—A hospital is eligible for inclusion in NHAMCS if it has an average length of stay for all patients of less than 30 days (short-stay) or if it has a specialty of general (medical or surgical) or children's general. The survey excludes Federal hospitals, hospital units of institutions, and hospitals with less than six beds staffed for patient use.

Injury-related visit—A visit is considered related to an injury if ''yes'' was checked on the PRF in response to the question, ''Is this visit injury related?'' or if any of the following information was provided on the form—place of injury, cause of injury, an injury-related reason for visit, or a nature of injury diagnosis.

Metropolitan status—Providers are classified by their location in a metropolitan statistical area or nonmetropolitan statistical area as follows:

- *Metropolitan statistical area (MSA)*—As defined by the U.S. Office of Management and Budget, the definition of an individual MSA involves two considerations: first, a city or cities of specified population that constitute the central city and identify the county in which it is located as the central county; second, economic and social relationships with ''contiguous'' counties that are metropolitan in character so that the periphery of the specific metropolitan area may be determined. MSAs may cross State lines. In New England, MSAs consist of cities and towns rather than counties.
- *Non-MSA*—Non-MSA areas are those not defined as MSAs.

Office—An office is the space identified by a physician as a location for his or her ambulatory practice. Offices customarily include consultation, examination, or treatment spaces that patients associate with the particular physician.

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

Outpatient department (OPD)—An OPD is a hospital facility where nonurgent and ambulatory medical care is provided under the supervision of a physician.

Primary expected source of payment—The primary expected source of payment is the source that, to the best of the provider's knowledge, describes how charges incurred during this visit will be paid.

- *Private insurance*—This category includes charges paid in part or in full by a private insurance company or by a health maintenance organization (HMO) plan or other prepayment plan, including independent practice associations (IPAs) and preferred provider organizations (PPOs).
- *Medicare*—This category includes charges paid in part or in full by a Medicare plan, including payments made directly to the hospital as well as payments to the patient.
- *Medicaid/SCHIP*—This category includes charges paid in part or in full by a Medicaid or State Children's Health Insurance Plan (SCHIP), including payments made directly to the hospital as well as

payments to the patient. SCHIP, enacted as part of the Balanced Budget Act of 1997, gave States the opportunity to provide free or low-cost insurance coverage to low-income children not otherwise eligible to be covered by Medicaid. States began enrolling children in 1998 using Medicaid or State-specific programs separate from Medicaid or both. By 2000, all States had implemented SCHIP programs.

- *Worker's compensation*—This category includes programs designed to enable employees injured on the job to receive financial compensation regardless of fault.
- *Self-pay*—This category includes charges that are billed directly to the patient and will not be reimbursed by a third party. Self-pay does not include prepaid plans for which a copayment is charged.
- *No charge*—No fee is charged for these visits. This category does not include visits paid for as part of a total care package (e.g., postoperative visits included in a surgical fee, pregnancy visits for which a flat fee was charged, and HMO and prepaid systems).
- *Other*—This category includes other sources of payment not in the preceding categories, including charges paid under CHAMPUS, State and local governments, private charitable organizations, and other liability insurance.
- *Unknown*—This category includes cases for which none of the previous sources of payment categories was checked.

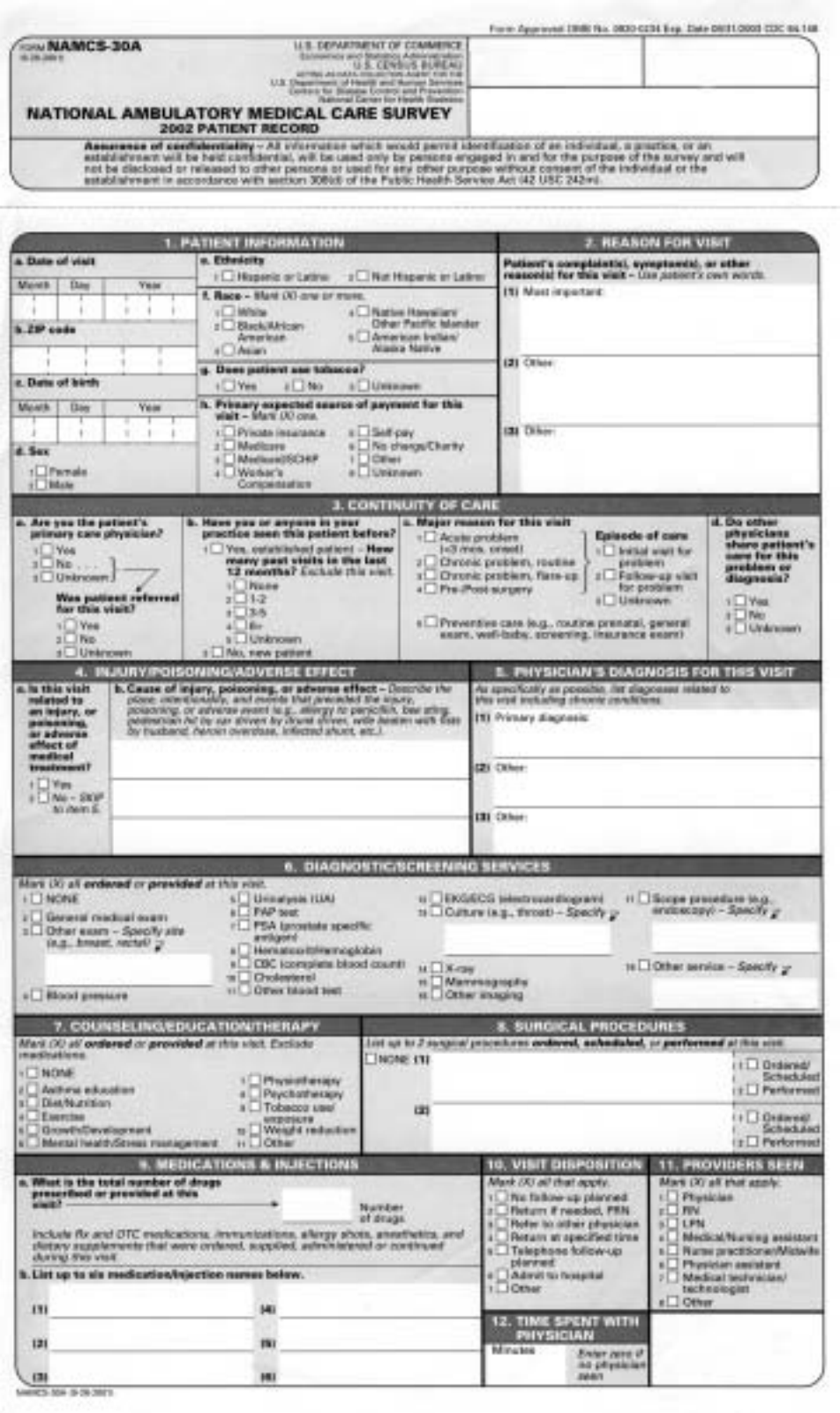
In this report, visits were designated ''uninsured'' if either self-pay or no charge was indicated. ''Other'' sources included worker's compensation, other, and unknown.

Visit—For NAMCS, a visit is a direct personal exchange between an ambulatory patient and a physician or a staff member working under the physician's supervision, for the purpose of seeking care and rendering personal health services. The NAMCS sample excludes visits where medical care was not provided (e.g., visits made to drop off specimens, pay bills, make appointments, and walkouts.) For NHAMCS, a visit is a direct, personal exchange between a patient and a physician or other health care provider working under the physician's supervision, for the purpose of seeking care and receiving personal health services.

Visit rate—The visit rate is a basic measure of service utilization for event-based surveys. The numerator is the number of estimated visits and the denominator is the corresponding U.S. population estimate for those who possibly could have made the visits. The interpretation is that for every person in the population, there are x visits made. It does not mean that x percent of the population made visits, because some persons in the population make no visits while others make multiple visits within a given year. The only exception is when an event can occur just once for a person (e.g., if an appendectomy were performed during the visit). The visit rate is best used to compare amounts of utilization across various subgroups of interest such as age, race, or geographic region (e.g., the rate of U.S. ED visits in 2002 was 70.3 visits per 100 African-American persons and 35.7 visits per 100 white persons).

Appendix III

Survey Instruments



Form NAMCS-30A

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

NATIONAL AMBULATORY MEDICAL CARE SURVEY
2002 PATIENT RECORD

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the 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).

1. PATIENT INFORMATION

a. Date of visit — Month / Day / Year

b. ZIP code

c. Date of birth — Month / Day / Year

d. Sex — 1 Female; 2 Male

e. Ethnicity — 1 Hispanic or Latino; 2 Not Hispanic or Latino

f. Race – Mark (X) one or more. — 1 White; 2 Black/African American; 3 Asian; 4 Native Hawaiian/Other Pacific Islander; 5 American Indian/Alaska Native

g. Does patient use tobacco? — 1 Yes; 2 No; 3 Unknown

h. Primary expected source of payment for this visit – Mark (X) one. — 1 Private insurance; 2 Medicare; 3 Medicaid/SCHIP; 4 Worker's Compensation; 5 Self-pay; 6 No charge/Charity; 7 Other; 8 Unknown

2. REASON FOR VISIT

Patient's complaint(s), symptom(s), or other reason(s) for this visit – Use patient's own words.

(1) Most important:

(2) Other:

(3) Other:

3. CONTINUITY OF CARE

a. Are you the patient's primary care physician? — 1 Yes; 2 No; 3 Unknown

Was patient referred for this visit? — 1 Yes; 2 No; 3 Unknown

b. Have you or anyone in your practice seen this patient before? — 1 Yes, established patient – How many past visits in the last 12 months? Exclude this visit. 1 None; 2 1-2; 3 3-5; 4 6+; 5 Unknown; 3 No, new patient

c. Major reason for this visit — 1 Acute problem (<3 mos. onset); 2 Chronic problem, routine; 3 Chronic problem, flare-up; 4 Pre-/Post-surgery; 5 Preventive care (e.g., routine prenatal, general exam, well-baby, screening, insurance exam)

Episode of care — 1 Initial visit for problem; 2 Follow-up visit for problem; 3 Unknown

d. Do other physicians share patient's care for this problem or diagnosis? — 1 Yes; 2 No; 3 Unknown

4. INJURY/POISONING/ADVERSE EFFECT

a. Is this visit related to an injury, or poisoning, or adverse effect of medical treatment? — 1 Yes; 2 No – SKIP to item 5

b. Cause of injury, poisoning, or adverse effect – Describe the place, intent/activity, and events that preceded the injury, poisoning, or adverse event (e.g., allergy to penicillin, bee sting, pedestrian hit by car driven by drunk driver, wife beaten with fists by husband, heroin overdose, infected shunt, etc.).

5. PHYSICIAN'S DIAGNOSIS FOR THIS VISIT

As specifically as possible, list diagnoses related to this visit including chronic conditions.

(1) Primary diagnosis:

(2) Other:

(3) Other:

6. DIAGNOSTIC/SCREENING SERVICES

Mark (X) all **ordered** or **provided** at this visit.

1 NONE; 2 General medical exam; 3 Other exam – Specify site (e.g., breast, rectal); 4 Blood pressure; 5 Urinalysis (UA); 6 PAP test; 7 PSA (prostate specific antigen); 8 Hematocrit/hemoglobin; 9 CBC (complete blood count); 10 Cholesterol; 11 Other blood test; 12 EKG/ECG (electrocardiogram); 13 Culture (e.g., throat) – Specify; 14 X-ray; 15 Mammography; 16 Other imaging; 17 Scope procedure (e.g., endoscopy) – Specify; 18 Other service – Specify

7. COUNSELING/EDUCATION/THERAPY

Mark (X) all **ordered** or **provided** at this visit. Exclude medications.

1 NONE; 2 Asthma education; 3 Diet/Nutrition; 4 Exercise; 5 Growth/Development; 6 Mental health/Stress management; 7 Physiotherapy; 8 Psychotherapy; 9 Tobacco use/exposure; 10 Weight reduction; 11 Other

8. SURGICAL PROCEDURES

List up to 2 surgical procedures **ordered, scheduled,** or **performed** at this visit.

NONE (1)

(1) — 1 Ordered/Scheduled; 2 Performed

(2) — 1 Ordered/Scheduled; 2 Performed

9. MEDICATIONS & INJECTIONS

a. What is the total number of drugs prescribed or provided at this visit? → Number of drugs

Include Rx and OTC medications, immunizations, allergy shots, anesthetics, and dietary supplements that were ordered, supplied, administered or continued during this visit.

b. List up to six medication/injection names below.

(1) (2) (3) (4) (5) (6)

10. VISIT DISPOSITION

Mark (X) all that apply.

1 No follow-up planned; 2 Return if needed, PRN; 3 Refer to other physician; 4 Return at specified time; 5 Telephone follow-up planned; 6 Admit to hospital; 7 Other

11. PROVIDERS SEEN

Mark (X) all that apply.

1 Physician; 2 RN; 3 LPN; 4 Medical/Nursing assistant; 5 Nurse practitioner/Midwife; 6 Physician assistant; 7 Medical technician/technologist; 8 Other

12. TIME SPENT WITH PHYSICIAN

Minutes — Enter zero if no physician seen

NAMCS-30A (9-26-2001)

Form Approved OMB No. 0920-0278 Exp. Date 07/31/2003 CDC 64.135

FORM **NHAMCS-100A(OPD)** (10-12-2000)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
2001/2002 PATIENT RECORD

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the 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).

1. PATIENT INFORMATION

a. Date of visit
Month | Day | Year

b. ZIP code

c. Date of birth
Month | Day | Year

d. Sex
1 ☐ Female
2 ☐ Male

e. Ethnicity
1 ☐ Hispanic or Latino
2 ☐ Not Hispanic or Latino

f. Race – *Mark (X) one or more.*
1 ☐ White
2 ☐ Black/African American
3 ☐ Asian
4 ☐ Native Hawaiian/ Other Pacific Islander
5 ☐ American Indian/ Alaska Native

g. Does patient use tobacco?
1 ☐ Yes 2 ☐ No 3 ☐ Unknown

h. Primary expected source of payment for this visit – *Mark (X) one.*
1 ☐ Private insurance
2 ☐ Medicare
3 ☐ Medicaid/SCHIP
4 ☐ Worker's Compensation
5 ☐ Self-pay
6 ☐ No charge/Charity
7 ☐ Unknown
8 ☐ Other

2. REASON FOR VISIT

Patient's complaint(s), symptom(s), or other reason(s) for this visit – *Use patient's own words.*

(1) Most important:

(2) Other:

(3) Other:

3. CONTINUITY OF CARE

a. Are you the patient's primary care physician?
1 ☐ Yes
2 ☐ No . . .
3 ☐ Unknown

Was patient referred for this visit?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

b. Has the patient been seen in this clinic before?
1 ☐ Yes, established patient – **How many past visits in the last 12 months?** *Exclude this visit.*
1 ☐ None
2 ☐ 1-2
3 ☐ 3-5
4 ☐ 6+
5 ☐ Unknown
2 ☐ No, new patient

c. Major reason for this visit
1 ☐ Acute Problem (<3 mos. onset)
2 ☐ Chronic problem, routine
3 ☐ Chronic problem, flare-up
4 ☐ Pre-/Post-surgery

Episode of care
1 ☐ Initial visit for problem
2 ☐ Follow-up visit for problem
3 ☐ Unknown

5 ☐ Preventive care (e.g., routine prenatal, general exam, well-baby, screening, insurance exam)

d. Do other physicians share patient's care for this problem or diagnosis?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

4. INJURY/POISONING/ADVERSE EFFECT

a. Is this visit related to an injury, or poisoning, or adverse effect of medical treatment?
1 ☐ Yes
2 ☐ No – *SKIP to item 5.*

b. Cause of injury, poisoning, or adverse effect – *Describe the place, intentionality, and events that preceded the injury, poisoning, or adverse event (e.g., allergy to penicillin, bee sting, pedestrian hit by car driven by drunk driver, wife beaten with fists by husband, heroin overdose, infected shunt, etc.).*

5. PHYSICIAN'S DIAGNOSIS FOR THIS VISIT

As specifically as possible, list diagnoses related to this visit including chronic conditions.

(1) Primary diagnosis:

(2) Other:

(3) Other:

6. DIAGNOSTIC/SCREENING SERVICES

Mark (X) all ***ordered*** *or* ***provided*** *at this visit.*

1 ☐ NONE
2 ☐ General medical exam
3 ☐ Other exam – *Specify site (e.g., breast, rectal)* ↙
4 ☐ Blood pressure
5 ☐ Urinalysis (UA)
6 ☐ PAP test
7 ☐ PSA (prostate specific antigen)
8 ☐ Hematocrit/Hemoglobin
9 ☐ CBC (complete blood count)
10 ☐ Cholesterol
11 ☐ Other blood test
12 ☐ EKG/ECG (electrocardiogram)
13 ☐ Culture (e.g., throat) – *Specify* ↙
14 ☐ X-ray
15 ☐ Mammography
16 ☐ Other imaging
17 ☐ Scope procedure (e.g., endoscopy) – *Specify* ↙
18 ☐ Other service – *Specify* ↙

7. COUNSELING/EDUCATION/THERAPY

Mark (X) all ***ordered*** *or* ***provided*** *at this visit. Exclude medications.*

1 ☐ NONE
2 ☐ Asthma education
3 ☐ Diet/Nutrition
4 ☐ Exercise
5 ☐ Growth/Development
6 ☐ Mental health/Stress management
7 ☐ Physiotherapy
8 ☐ Psychotherapy
9 ☐ Tobacco use/exposure
10 ☐ Weight reduction
11 ☐ Other

8. SURGICAL PROCEDURES

List up to 2 surgical procedures ***ordered, scheduled,*** *or* ***performed*** *at this visit.*

(1) 1 ☐ Ordered/ Scheduled 2 ☐ Performed

(2) 1 ☐ Ordered/ Scheduled 2 ☐ Performed

9. MEDICATIONS & INJECTIONS

a. What is the total number of drugs prescribed or provided at this visit? → _____ Number of drugs

Include Rx and OTC medications, immunizations, allergy shots, anesthetics, and dietary supplements that were ordered, supplied, administered or continued during this visit.

b. List up to six medication/injection names below.

(1) _____ **(4)** _____

(2) _____ **(5)** _____

(3) **(6)**

10. VISIT DISPOSITION

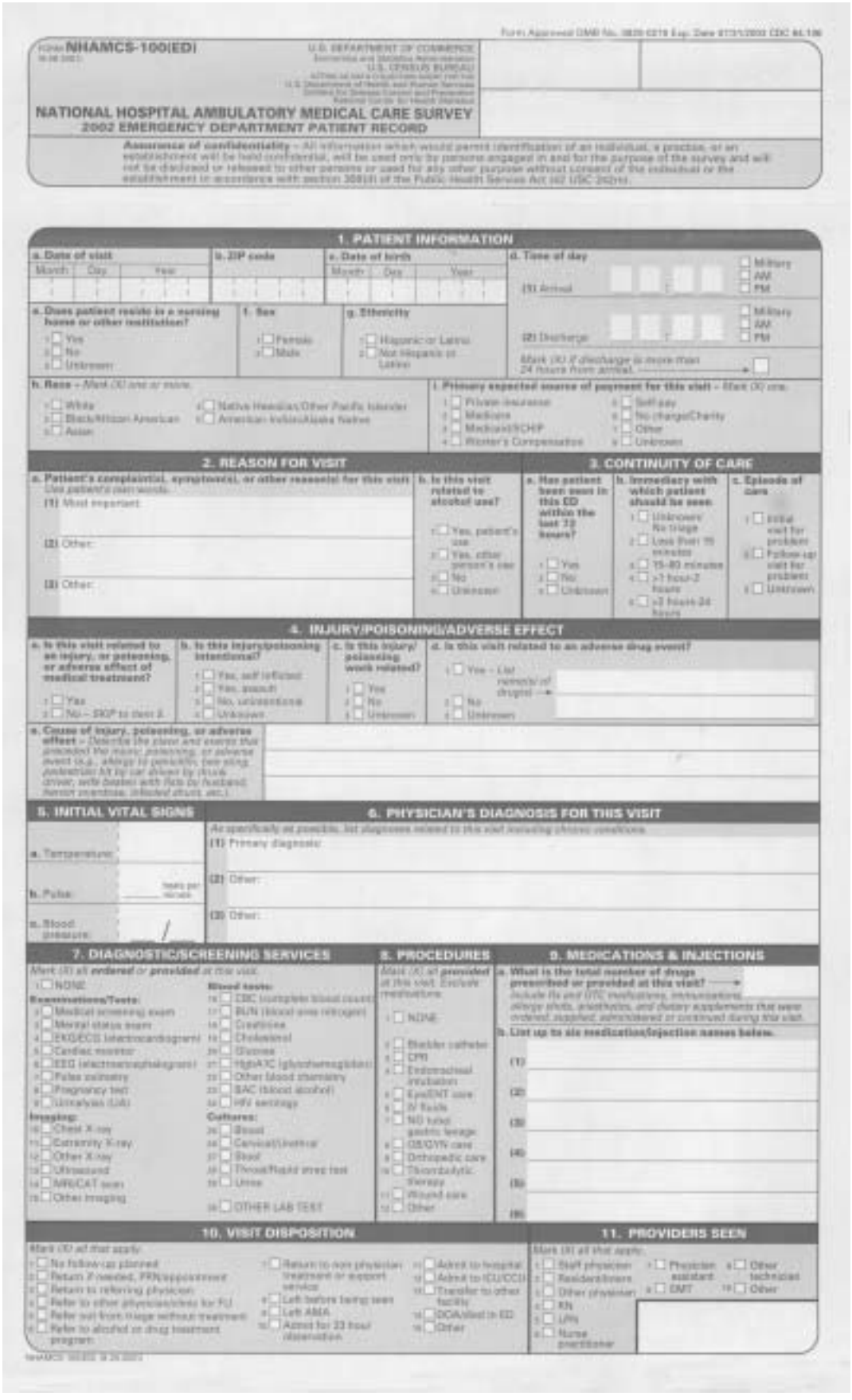
Mark (X) all that apply.

1 ☐ No follow-up planned
2 ☐ Return if needed, PRN
3 ☐ Refer to other physician
4 ☐ Return at specified time
5 ☐ Telephone follow-up planned
6 ☐ Admit to hospital
7 ☐ Other

11. PROVIDERS SEEN

Mark (X) all that apply.

1 ☐ Staff physician
2 ☐ Resident/Intern
3 ☐ Other physician
4 ☐ RN
5 ☐ LPN
6 ☐ Medical/ Nursing assistant
7 ☐ Nurse practitioner/ midwife
8 ☐ Physician assistant
9 ☐ Medical technician/ technologist
10 ☐ Other



Form NHAMCS-100(ED)

U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
2002 EMERGENCY DEPARTMENT PATIENT RECORD

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the 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).

1. PATIENT INFORMATION

a. Date of visit — Month / Day / Year
b. ZIP code
c. Date of birth — Month / Day / Year
d. Time of day — (1) Arrival; (2) Discharge — Military / AM / PM
e. Does patient reside in a nursing home or other institution? 1 Yes 2 No 3 Unknown
f. Sex 1 Female 2 Male
g. Ethnicity 1 Hispanic or Latino 2 Not Hispanic or Latino
Mark (X) if discharge is more than 24 hours from arrival.
h. Race – Mark (X) one or more. 1 White 2 Black/African American 3 Asian 4 Native Hawaiian/Other Pacific Islander 5 American Indian/Alaska Native
i. Primary expected source of payment for this visit – Mark (X) one. 1 Private insurance 2 Medicare 3 Medicaid/SCHIP 4 Worker's Compensation 5 Self-pay 6 No charge/Charity 7 Other 8 Unknown

2. REASON FOR VISIT

a. Patient's complaint(s), symptom(s), or other reason(s) for this visit – Use patient's own words.
(1) Most important:
(2) Other:
(3) Other:
b. Is this visit related to alcohol use? 1 Yes, patient's use 2 Yes, other person's use 3 No 4 Unknown

3. CONTINUITY OF CARE

a. Has patient been seen in this ED within the last 72 hours? 1 Yes 2 No 3 Unknown
b. Immediacy with which patient should be seen 1 Unknown/ No triage 2 Less than 15 minutes 3 15–60 minutes 4 >1 hour–2 hours 5 >2 hours–24 hours
c. Episode of care 1 Initial visit for problem 2 Follow-up visit for problem 3 Unknown

4. INJURY/POISONING/ADVERSE EFFECT

a. Is this visit related to an injury, or poisoning, or adverse effect of medical treatment? 1 Yes 2 No – SKIP to item 5
b. Is this injury/poisoning intentional? 1 Yes, self-inflicted 2 Yes, assault 3 No, unintentional 4 Unknown
c. Is this injury/poisoning work related? 1 Yes 2 No 3 Unknown
d. Is this visit related to an adverse drug event? 1 Yes – List name(s) of drug(s) 2 No 3 Unknown
e. Cause of injury, poisoning, or adverse effect – Describe the place and events that preceded the injury, poisoning, or adverse event (e.g., allergy to penicillin; bee sting; pedestrian hit by car driven by drunk driver; wife beaten with fists by husband; heroin overdose; inhaled drugs; etc.)

5. INITIAL VITAL SIGNS

a. Temperature:
b. Pulse: ____ beats per minute
c. Blood pressure: ___/___

6. PHYSICIAN'S DIAGNOSIS FOR THIS VISIT

As specifically as possible, list diagnoses related to this visit including chronic conditions.
(1) Primary diagnosis:
(2) Other:
(3) Other:

7. DIAGNOSTIC/SCREENING SERVICES

Mark (X) all ordered or provided at this visit.
1 NONE
Examinations/Tests: 2 Medical screening exam 3 Mental status exam 4 EKG/ECG (electrocardiogram) 5 Cardiac monitor 6 EEG (electroencephalogram) 7 Pulse oximetry 8 Pregnancy test 9 Urinalysis (UA)
Imaging: 10 Chest X-ray 11 Extremity X-ray 12 Other X-ray 13 Ultrasound 14 MRI/CAT scan 15 Other imaging
Blood tests: 16 CBC (complete blood count) 17 BUN (blood urea nitrogen) 18 Creatinine 19 Cholesterol 20 Glucose 21 HgbA1C (glycohemoglobin) 22 Other blood chemistry 23 BAC (blood alcohol) 24 HIV serology
Cultures: 25 Blood 26 Cervical/Urethral 27 Stool 28 Throat/Rapid strep test 29 Urine 30 OTHER LAB TEST

8. PROCEDURES

Mark (X) all provided at this visit. Exclude medications.
1 NONE
2 Bladder catheter 3 CPR 4 Endotracheal intubation 5 Eye/ENT care 6 IV fluids 7 NG tube/gastric lavage 8 OB/GYN care 9 Orthopedic care 10 Thrombolytic therapy 11 Wound care 12 Other

9. MEDICATIONS & INJECTIONS

a. What is the total number of drugs prescribed or provided at this visit? →
Include Rx and OTC medications, immunizations, allergy shots, anesthetics, and dietary supplements that were ordered, supplied, administered or continued during this visit.
b. List up to six medication/injection names below.
(1)
(2)
(3)
(4)
(5)
(6)

10. VISIT DISPOSITION

Mark (X) all that apply.
1 No follow-up planned 2 Return if needed, PRN/appointment 3 Return to referring physician 4 Refer to other physician(s) for F/U 5 Refer self from triage without treatment 6 Refer to alcohol or drug treatment program 7 Return to non-physician treatment or support service 8 Left before being seen 9 Left AMA 10 Admit for 23 hour observation 11 Admit to hospital 12 Admit to ICU/CCU 13 Transfer to other facility 14 DOA/dead in ED 15 Other

11. PROVIDERS SEEN

Mark (X) all that apply.
1 Staff physician 2 Resident/Intern 3 Other physician 4 RN 5 LPN 6 Nurse practitioner 7 Physician assistant 8 EMT 9 Other technician 10 Other

NHAMCS-100(ED) (8-26-2002)

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

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

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

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

05-0443 (02/06)
CS100455
T24162
DHHS Publication No. (PHS) 2006-1730, Series 13, No. 159