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National Ambulatory Medical Care Survey: 2006 Summary

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Abstract

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

Methods—The data presented in this report were collected in the 2006 National Ambulatory Medical Care Survey (NAMCS), a national probability sample survey of visits to nonfederal office-based physicians in the United States. Sample data are weighted to produce annual national estimates of physician visits.

Results—During 2006, an estimated 902 million visits were made to physician offices in the United States, an overall rate of 306.6 visits per 100 persons. In over one-quarter of office visits, electronic medical records were utilized by physicians, while at 85.5 percent of visits, claims were submitted electronically. Since 1996, the percentage of visits by adults 18 years and over with chronic diabetes increased 40%, and during the same time period, visits increased for chronic hypertension (28%), and depression (27%). Among visits by females, a Pap test was ordered or provided more frequently than a human papilloma virus DNA test (5.6 versus 0.6 percent). Private insurance visits were more likely to include liquid-based Pap tests (6.3 percent) compared with visits using conventional or unspecified tests (3.7 percent), whereas visits utilizing Medicaid and other sources of payment were equally likely to provide conventional or unspecified, and liquid-based Pap tests. Medication therapy was reported at 636.7 million office visits, accounting for 70.6 percent of all office visits. In 2006, there were about 1.9 billion drugs mentioned, resulting in an overall 210.3 drug mentions per 100 visits. Visits to primary care physicians at community health centers were more likely to document health education compared with office-based practices, whereas diagnostic or screening services, drug mentions, and any nonmedication treatment occurred at approximately the same proportion of visits for primary care providers in both type of settings.

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

Introduction

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

Ambulatory medical care in physician offices is the largest and most widely used segment of the American health care system (1), and in 2004 consumed approximately 25 percent of health care spending (2). Physician offices comprised about four-fifths of all ambulatory medical care delivered in 2006, and physician consultation services included everything from primary care to highly specialized surgical and medical care. This report describes care delivered in the offices of nonfederally employed physicians. It includes visits not only to private practices but also to other settings, such as freestanding clinics—including urgent

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care centers, public health clinics, family planning clinics, mental health centers, community health centers, and faculty practice plans. Although NAMCS has always included physicians in community health centers (CHCs), starting in 2006 CHCs were purposefully selected in the NAMCS as a separate sampling stratum. Although physicians, nurse practitioners, nurse midwives, and physician assistants were sampled at CHCs, only visits to physicians were included in this report. NAMCS does not include visits to hospital emergency or outpatient departments; freestanding ambulatory surgery centers; Department of Veterans Affairs medical offices; or industrial, occupational, or institutional clinics. Many of the estimates in this report are provided separately by physician specialty, as recent research has demonstrated that certain physician practice characteristics, such as volume, ownership, revenue, and practice patterns, can be significantly influenced by physician specialty (3,4). Visits to CHC physicians were grouped according to their self-designated specialties determined at induction.

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

As in 2005, the emphasis in the 2006 survey year was on chronic conditions. Routine encounter data that were added in 2005 continued to be collected in the 2006 survey year and included items related to chronic conditions, such as a condition checklist, patient enrollment in a specific chronic disease management program, specific measurements for height and weight (in order to calculate body mass index (BMI) for analyses on obesity), and new diagnostic and screening service items that parallel the chronic conditions listed. Other additions carried over from the 2005 survey year included information on gestational age, health

education and nonmedication treatment items, new or continued status for each medication, and the ability to check more than one expected source of payment. Of particular interest on the 2006 survey, was stage of cancer, along with the various types of cancer screening tests. New additions related to cancer included:

- Stage of cancer: in situ, local, regional, distant, unknown.
- Pap test: conventional, liquid-based, and unspecified.
- Human papilloma virus (HPV) DNA test.

Other reports have highlighted visits to hospital outpatient departments (OPDs) (5) and emergency departments (EDs) (6). Detailed reports on physician-level estimates in the United States (3); medication use at ambulatory care visits (7); training for terrorism-related conditions in hospitals (8); and staffing, capacity, and ambulance diversion in emergency departments have also been published (9).

Additional information about physician office utilization is available from the NCHS Ambulatory Health Care website:

www.cdc.gov/nchs/namcs.htm.

Individual-year reports and public-use data files are available for download from the website. Data from the 2006 NAMCS will also be available on CD-ROM. These and other products can be obtained from the NCHS Office of Information Services, Information Dissemination Staff at 1-800-232-4636 or the Ambulatory Care Statistics Branch at 301-458-4600 or by e-mail at CDCINFO@CDC.GOV.

Highlights

Physician office utilization

- In 2006 an estimated 902 million visits were made to office-based physicians, an average of about 306.6 visits for every 100 persons ([Table 1](#)).
- Less than a quarter of all visits were to general and family practice physicians. In excess of a third of combined visits were to physicians specializing in internal medicine, pediatrics, or obstetrics and gynecology. Visits to oncologists accounted for 1.6 percent of visits ([Figure 1](#)).

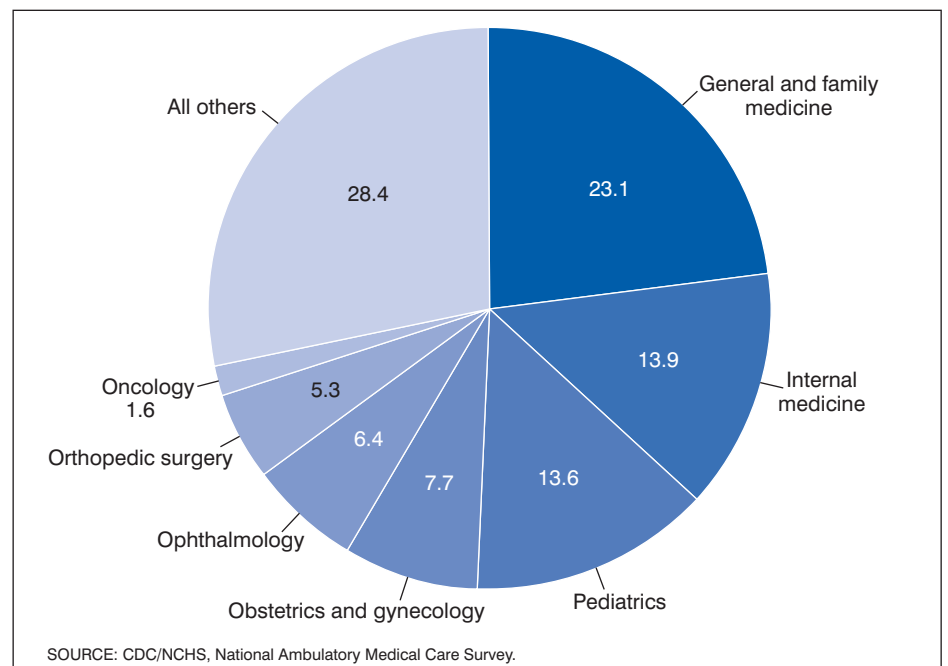


Figure 1. Percent distribution of office visits by physician specialty: United States, 2006

- Visits are also presented by specialty type, split into three major groups: primary care, surgical specialties, and medical specialties (see “[Physician specialty groups](#)” in “[Methods](#)”). In 2006, 58.3 percent of office visits were made to primary care specialists, 22.0 percent to medical specialists, and the remaining 19.7 percent to surgical specialists ([Table 1](#)).
- About 89 percent of office-based physicians were located in metropolitan statistical areas (10), and they provided 86.1 percent of annual physician office encounters ([Table 1](#)).

Physician practice characteristics

- Overall, 83.4 percent of the visits were to practices that were either owned by a physician or a group of physicians. In contrast, a smaller proportion of visits, 72.3 percent, were made to physicians who owned the practice. Over one-half of the office visits (55.7 percent) were made to physicians who were part of a group practice, defined as having three or more physicians ([Table 2](#)).
- Less than one-quarter, or 21.7 percent, of visits occurred in multispecialty practices, and 46.1 percent were to single-specialty practices. Solo practitioners accounted for 31.8 percent of the remaining identified office visits ([Table 2](#)).
- In over one-quarter of office visits, patient information was documented using electronic medical records, while for 85.5 percent of the visits, claims were submitted electronically.

Patient characteristics

- The visit rate to physician offices was highest for infants under 1 year of age (756.9 visits per 100 persons) and the elderly 75 years and over (718.6 visits per 100 persons). The visit rate declined from infancy (1–4 years of age) to young adulthood (15–24 years of age), then rose again as age increased ([Table 3](#)).
- Overall, females made more visits than males, and sex differences were

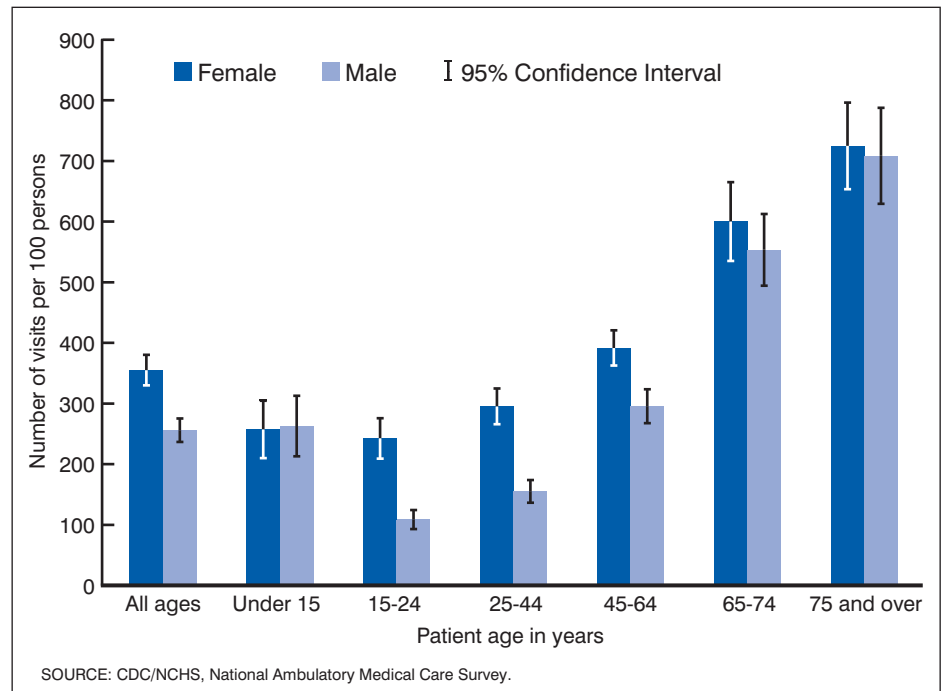


Figure 2. Annual rate of office visits by patient age and sex: United States, 2006

observed for patients between the ages of 15 and 64 years of age ([Figure 2](#)).

- Private insurance was the most frequently recorded expected source of payment, accounting for 60.5 percent of visits. Individually, Medicare and Medicaid and State Children’s Health Insurance Program (SCHIP) accounted for 23.6 percent and 14.0 percent of visits, respectively; however, visits made by patients with both Medicare and Medicaid represented 2.1 percent of all visits ([Table 4](#)). Visits by patients categorized as self-pay, no charge, or charity, an approximation of uninsured, constituted 4.4 percent of all office visits.

Continuity of care

- In 48.9 percent of office visits, the physicians indicated that they were the patient’s primary care provider (PCP); for 46.7 percent, the physician was not the patient’s PCP; and at 4.4 percent of visits, it was unknown whether or not the physician was the PCP ([Table 5](#)).
- Of the visits to a provider other than the patient’s PCP, one-third (32.7 percent) were referrals

(calculated from [Table 5](#)). Visits by new patients were more likely to be referrals than visits made by established patients (45.4 percent versus 11.1 percent).

- Among visits to non-PCPs, the specialties with visits most frequently referred by other physicians were neurology (56.4 percent), general surgery (56.2 percent), urology (41.1 percent), and cardiovascular diseases (37.9 percent) ([Table 6](#)).
- Established patients accounted for 87.8 percent of office visits. A majority of office visits (80.8 percent) were made by established patients who had at least one previous visit in the last 12 months (calculated from table) and 23.2 percent had six or more visits in the previous 12 months ([Table 7](#)). New patients accounted for 12.2 percent of visits, representing a 12.9% decrease since 1996 (14.0 percent).
- Primary care specialists (91.1 percent) were more likely to see established patients compared with medical (84.9 percent) and surgical (81.1 percent) specialists ([Table 7](#)).

Patient reason for visit

- Examinations, including general medical, routine prenatal, gynecological, and well baby were four categories mentioned in the top 20 principal reasons for visit and accounted for 13.4 percent of visits. Cough (3.0 percent) was the most frequently mentioned reason regarding an illness or injury (Table 8).
- In contrast to the patient's reason for visit, the major reason for visit represents the provider's reason for the visit. The intent was to provide a better picture of the general nature of the physician visit whether for a new problem of less than 3 months onset; routine visit for a chronic problem; flare-up of a chronic problem; pre- or post-surgery visit; or for preventive care. Chronic conditions, including routine follow-up and flare-up problems, accounted for 37.0 percent of visits (calculated from Table 9). New problems, including infectious diseases and newly diagnosed chronic conditions, accounted for 35.4 percent of visits. The percentage of visits for new problems declined with patient age, whereas the percentage of visits for both types of chronic conditions, i.e., routine and flare-up, increased with patient age.
- Approximately 19.2 percent of all visits were for preventive care (Table 9). The female visit rate for preventive care (76.4 visits per 100 persons) was significantly higher than the rate for males (40.7 visits per 100 persons) (Table 10). The preventive care visit rate among infants under 1 year of age (390.7 visits per 100 persons) exceeded that of all other age groups. Persons with visits categorized as self-pay, no charge, or charity, an approximation of uninsured, had a significantly lower preventive care visit rate (20.2 visits per 100 persons) compared with persons with private or public health insurance, possibly placing them at a disadvantage for disease prevention and early diagnosis.

Primary diagnosis at visit

- The physician's primary diagnosis for 20.1 percent of visits involved the supplementary classification used for preventive and follow-up care (i.e., general medical examination, routine prenatal examination, and health supervision of an infant or child), and other diagnoses not classifiable to injury or illness (Table 11).
- The most frequent medical diagnoses for office visits included essential hypertension, acute upper respiratory infections (excluding pharyngitis), arthropathies and related disorders, diabetes mellitus, and spinal disorders (Table 12). Hypertension has been the top ranked medical diagnosis by physicians at office visits eight times since 1996.
- There were an estimated 81.2 million visits related to injury, poisoning, or adverse effects of medical treatment in 2006, representing 9.0 percent of all visits and yielding a rate of 27.6 visits per 100 persons (Table 13). The injury or poisoning-related visit rate significantly increased with patient age. The rate for white patients was larger compared with the rate for

Black or African-American patients (30.3 versus 16.1 visits per 100 persons).

- Adverse effects of medical care, including surgical complications and adverse drug reactions, were responsible for 5.9 million visits (7.3 percent of injury visits) (Table 14).

Comorbid conditions

- In 2006, 50.1 percent of office visits were made by patients with one or more chronic conditions (Table 15). Hypertension was the most frequent condition (22.4 percent), followed by arthritis (13.1 percent), hyperlipidemia (13.0 percent), diabetes (9.5 percent), and depression (7.9 percent).
- Since 1996, the percentage of visits made by adults 18 years and over with diabetes increased 40% (Figure 3). During the same time period, visits by adults with hypertension and depression increased by 28% and 27%, respectively. The percentage of visits by patients with arthritis, chronic obstructive pulmonary disease, and obesity has not changed significantly.

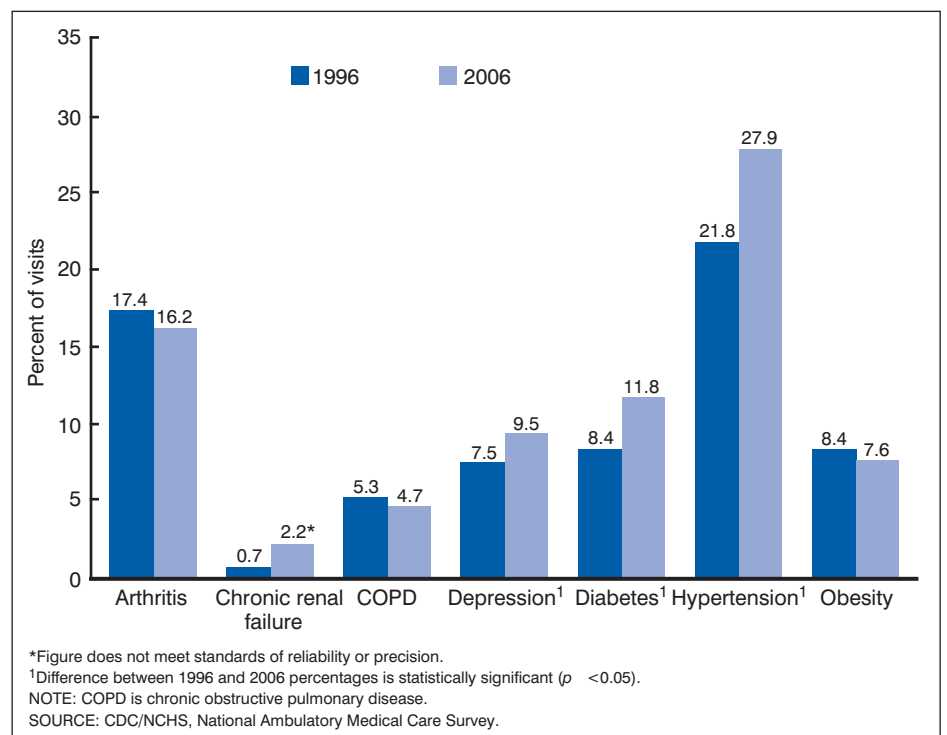


Figure 3. Percentage of office visits by adults 18 years and over with selected chronic comorbid conditions: United States, 1996 and 2006

Services ordered or provided

- Diagnostic or screening services were ordered or provided at 85.5 percent of visits. The most frequently occurring examination was of the skin (12.6 percent) (Table 16). Females were more likely to have imaging ordered or provided compared with visits by males, a difference due mostly to mammography and ultrasound.
- For six decades, the Pap test has been used to detect cervical cancer and precancerous cells. Recent research found that the HPV DNA test along with the Pap test detected precancerous cells leading to cervical cancer earlier than the Pap test alone (11). In 2006, a Pap test (5.6 percent of female visits) was ordered or provided more frequently than the HPV DNA test (0.6 percent of female visits) (Table 16). Among visits with any Pap test, 10.1 percent of visits also had a HPV DNA test (data not shown).
- The liquid-based Pap test, an alternative to the conventional Pap test, has recently become popular with both medical professionals and insurance companies because of ease in microscopic interpretation, potential for additional medical interpretations, such as testing for HPV, and use of a specimen that is more appropriate for automated screening devices (12). Figure 4 shows the use of Pap tests both across and within various types of expected payment sources. Visits where private insurance was the expected source of payment had more Pap tests ordered or provided compared with other sources of payment, and these visits were more likely to be liquid-based (6.3 versus 3.7 percent). Visits with Medicaid and a group of combined payment sources were equally likely to use a conventional or liquid-based Pap test.
- Among the 5.6 percent of female visits where a Pap test was indicated, 19.0 percent were conventional Pap tests, and 60.0 percent were liquid-based Pap tests; and the remaining

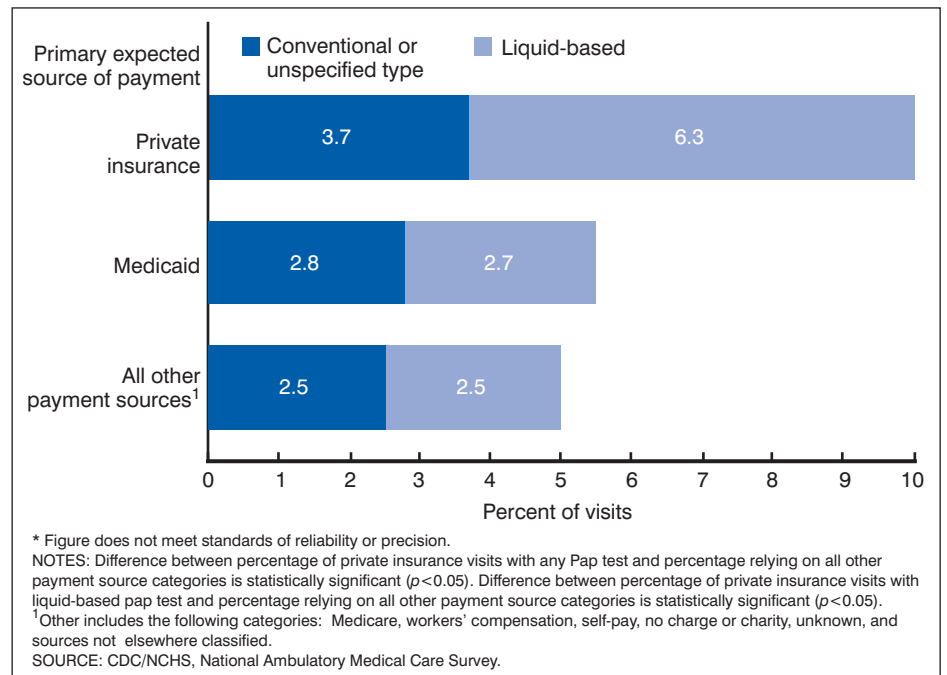


Figure 4. Percent of office visits by women 15–64 years of age by type of Pap test and primary expected source of payment: United States, 2006

- 21.0 percent were unspecified (calculated from Table 16).
- The patient's blood pressure (BP) was measured at 58.1 percent of all visits (Table 16) and at 66.2 percent of visits made by adult patients 18 years and over (Table 17). Among visits with a BP taken, measures were in the moderately high range (140–159 mmHg systolic, or 90–99 mmHg diastolic) in 19.8 percent, and the severely high range (160 mmHg or greater systolic, or 100 mmHg or greater diastolic) in 6.3 percent of visits. The proportions of visits by age, sex, race, and ethnicity all follow the same pattern with mildly high initial BP occurring most frequently (majority greater than 40 percent), except for patients aged 18–24 years, where normal and mildly high readings are equally represented (43.2 and 39.5 percent) (Table 17). BP status was based on the Seventh Report of the Joint National Committee on prevention, detection, evaluation, and treatment of high BP (13).
- Health education was documented as ordered or provided at 36.5 percent of visits (Table 18). As in 1996, the most frequent counseling or education provided at office visits related to diet or nutrition (13.5 percent) and exercise (9.5 percent).
- Nonmedication treatment was ordered or provided at 16.1 percent of visits (Table 19). Physical therapy was mentioned at 2.3 percent of visits, wound and orthopedic care were both mentioned at 2.0 percent of visits, followed by psychotherapy (1.7 percent).
- Durable medical equipment, home health care, and speech or occupational therapy were ordered or provided at 5.8, 2.1, and 1.9 million visits, respectively (Table 19).
- An estimated 65.0 million surgical procedures were ordered or provided during office visits (Table 20). At least one surgical procedure was performed at 6.6 percent of office visits (see Table 20 footnote 1). The two most common procedure categories were related to the digestive system (31.3 percent of procedures) and integumentary system (21.9 percent of procedures).

Medications

- Medication therapy was reported at 636.7 million office visits, accounting for 70.6 percent of all office visits (Table 21). At 41.3 percent of all visits, 2–7 drugs were recorded, while at 5.7 percent of visits, eight or more drug mentions were recorded.
- Between 2005 and 2006, the number of drug mentions and percent of visits with drugs prescribed remained the same, despite implementation of the Medicare Prescription Drug Improvement and Modernization Act of 2003 Public Law 108–173 in January 2006. This legislation gave many Medicare enrollees access to prescription drug coverage. Among office visits made by elderly Medicare patients, the percent of drug visits in 2005 (74.9 percent) was not significantly different from 2006 (76.9 percent) (data not shown).
- During 2006, there were about 1.9 billion drugs mentioned, resulting in an overall drug mention rate of 210.3 mentions per 100 visits (Table 22). The percent of visits with at least one drug mention ranged from 92.0 percent for cardiologists to 40.8 percent for orthopedic surgeons.
- The 2006 survey year is the first year drug data were processed according to the Multum Lexicon database (for additional information see the website: www.multum.com/lexicon.htm). Based on the Multum terminology, drug mentions are displayed by therapeutic drug category in Table 23. Analgesics was the leading therapeutic category indicated in 11.1 percent of all drug mentions, followed by antihyperlipidemic agents (5.4 percent); antidepressants (4.5 percent); antidiabetic agents (3.6 percent); and anxiolytics, sedatives, and hypnotics (3.5 percent). Multum therapeutic categories are not comparable with classification used prior to 2006 (see “Methods”).
- Aspirin was the most frequently mentioned drug ordered or supplied at office visits, occurring in 2.5 percent of drug mentions (Table 24). This was followed by

atorvastatin, metoprolol, and levothyroxine.

- For a majority of the 20 most frequently mentioned drugs, the patient was instructed to continue taking the drug; however, amoxicillin (84.2 percent) and azithromycin (85.7 percent) were both more likely to be new, while ibuprofen and acetaminophen were just as likely to be a new or continued drug (Table 24).
- Overall, drugs were more likely to be continued rather than new (68.6 versus 26.3 percent, respectively) (Table 24). Due to the diversity of vitamin products and lack of known specific components of many multivitamins, they are excluded from Table 24.

Providers seen, disposition, and duration

- Overall, 96.3 percent of visits were attended by a physician (Table 25). Nurses (registered and licensed practical nurses) were seen at 24.4 percent of office visits. Physician assistants, nurse practitioners, or nurse midwives were seen at 6.2 percent of office visits.
- At less than two-thirds of visits (64.7 percent), patients were told to return to the office by appointment (Table 26). “Return if needed” and “no follow-up planned” were indicated at 25.7 and 7.6 percent of visits, respectively. Patients were referred to other physicians at 7.2 percent of visits.
- In 2006, 16.7 percent of office visits with face-to-face contact between the physician and patient had a duration of 10 minutes or fewer, while 46.3 percent had a duration of 16–60 minutes (Table 27). At 33.8 million visits, or 3.7 percent, there was no face-to-face contact between the physician and patient.
- Overall, the mean time spent with a physician was 21.8 minutes (Table 28). The visit duration for psychiatrists had the largest variability, a difference of 24.8 minutes between the third and first quartiles.

Primary care versus community health center (CHC) physician services

- The 2006 survey year was the first year that visits to CHCs were oversampled in the NAMCS. An overwhelming majority of CHC visits were made to primary care specialists (95.4 percent) compared with non-CHC physician office visits (57.7 percent) (data not shown). When visits to non-CHC physicians were limited to those made to primary care specialists, and compared with CHC physicians, there was no difference in the percentage with any diagnostic or screening service, drugs prescribed, or nonmedication treatment ordered or provided. However, a higher percentage of health education services were documented as ordered or provided in CHCs than physician offices (Figure 5).

Methods

Data source

The data presented in this report are from the 2006 NAMCS, a national probability sample survey of nonfederal office-based physicians conducted by the Centers for Disease Control and Prevention’s National Center for Health Statistics, Division of Health Care Statistics. The survey was conducted from December 26, 2005, through December 24, 2006. The NAMCS data collection is authorized under Section 306 of the Public Health Service Act (Title 42 U.S. Code), 242k. Participation is voluntary.

In April 2003, the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) was implemented to establish minimum federal standards for safeguarding the privacy of individually identifiable health information. Data collected in the NAMCS are consistent with HIPAA. No personally identifying information, such as patient’s name, address, or Social Security number, is collected in the NAMCS. All information collected is held in the strictest confidence

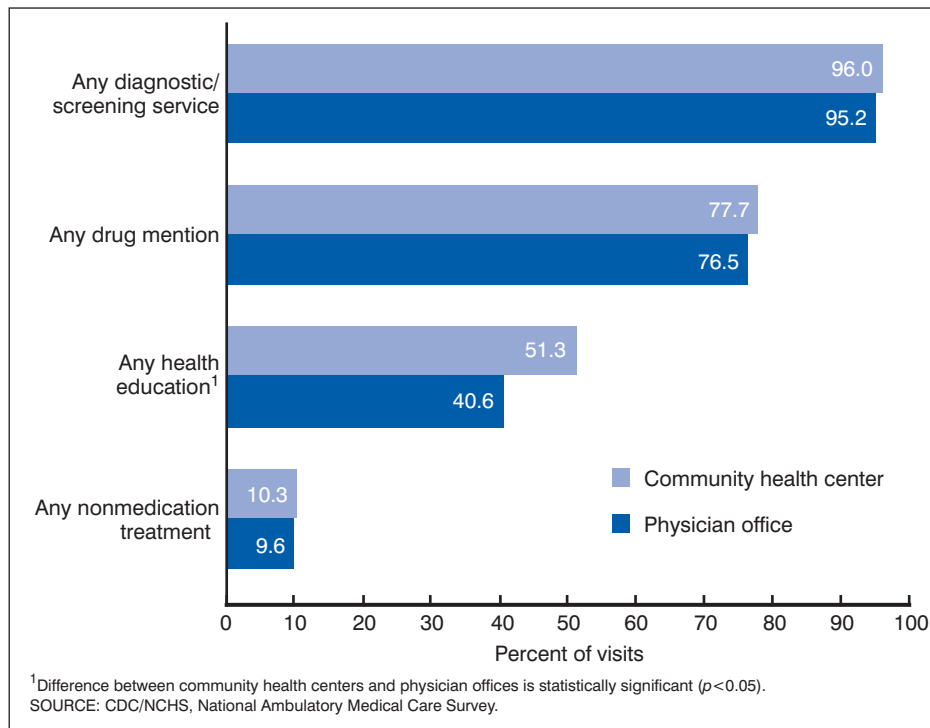


Figure 5. Percent of office visits by type of service ordered or provided by physicians in primary care specialties in community health centers and physician offices: United States, 2006

according to law [Section 308(d) of the Public Health Service Act (42, U.S. Code, 242m (d))] and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107–347). Approval for the NAMCS protocol was renewed by the NCHS Research Ethics Review Board in January 2006. Waivers of the requirements to obtain informed consent of patients and patient authorization for release of patient medical record data by health care providers were granted.

The target universe of NAMCS includes visits made in the United States to the offices of nonfederally employed physicians, excluding those in the specialties of anesthesiology, radiology, and pathology, who were classified by the American Medical Association (AMA) 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 occurred in federally operated facilities and hospital-based outpatient departments were not. Telephone

contacts and visits made outside the physician’s office were also excluded.

The NAMCS utilizes a multistage probability sample design involving samples of 112 geographic primary sampling units (PSUs), physician practices within PSUs, and patient visits within physician practices. The PSUs are counties, groups of counties, county equivalents (such as parishes or independent cities), or towns and townships for some PSUs in New England. A sample of physicians was selected from the master files of AMA and AOA. The NAMCS sample for 2006 was slightly larger than previous years, as the National Center for Chronic Disease and Prevention and Health Promotion (NCCDPHP) sponsored the inclusion of an additional 150 primary care physicians (general and family practice, internal medicine, and obstetrics and gynecology), and the National Cancer Institute sponsored a supplementary sample of 200 oncologists.

This sample design typically includes too few CHC physicians for the estimates to be reliably presented. To improve the precision of CHC physician

estimates, starting in 2006, a dual-sampling procedure was used to select CHC physicians and other providers. First, the “traditional” NAMCS sample of physicians was selected using established methods and sources. Second, a sample of 104 CHCs was selected, and within each center, up to three physicians, physician assistants, nurse midwives, or nurse practitioners were selected for survey participation. After selection, CHC providers followed the sampling procedure used by “traditional” NAMCS physicians in selecting patient visits. The list of CHCs is from the Health Resources and Services Administration and the Indian Health Service. To ensure that CHC physicians are included only once, all CHC physicians selected in the “traditional” NAMCS sample were omitted from the physician and visit files. For the purpose of this report, only sample CHC physicians were included. Sampled mid-level providers were excluded but will be presented in a future report.

In 2006, 2,268 physicians were in scope (eligible to participate in the survey). Of these, 1,455 physicians participated in NAMCS for an unweighted response rate of 64 percent. Sample physicians were asked to complete Patient Record forms (PRFs) (see Figure 6) for a systematic random sample of approximately 30 office visits occurring during a randomly assigned 1-week reporting period. The number of PRFs completed was 29,392. Some physicians did not provide the expected number of visit records, thereby reducing the unweighted total visit response rate to 59 percent.

The U.S. Census Bureau, acting as the data collection agent for the survey, provided training to field representatives (FRs) throughout the nation. FRs oversaw data collection at the physician’s office. They contacted physicians for induction into the survey after an advance letter was mailed by NCHS notifying the physicians of their selection in the survey. In many cases, physicians or their staffs completed the information requested on the PRFs. However, in 47.1 percent of the weighted visits, FRs abstracted the data

from medical records or computer printouts, either alone or with the doctor or office staff.

Data processing and medical coding were performed by Constella Group Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10 percent quality control sample of survey records was independently keyed and coded. Coding error rates ranged between 0.2 and 1.4 percent for various survey items.

Verbatim medical data collected in the survey were coded as follows:

- Patient's reason for visit—The patient's main complaint, symptom, or reason for visiting the physician's office was coded according to *A Reason for Visit Classification for Ambulatory Care (RVC)* (14). Up to three reasons could be coded per visit.
- Physician's diagnosis—Physicians or their staffs were asked to record the primary diagnosis or problem associated with the patient's most important reason for the current visit and any other significant current diagnoses. Up to three diagnoses were coded according to the *International Classification of Diseases, 9th Revision Clinical Modification (ICD-9-CM)* (15).
- Medications—Physicians or their staffs were instructed to record all new or continued medications ordered, supplied, or administered at the visit. This included prescription and nonprescription preparations, immunizations, desensitizing agents, and anesthetics. In this survey, recorded medications are referred to as drug mentions and are coded according to a classification system developed at NCHS (16). As used in the NAMCS, the term "drug" is interchangeable with the term "medication." The term "prescribing" is used broadly to mean ordering or providing any medication, whether prescription or over-the-counter. Visits with one or more drug mentions are termed "drug visits" in NAMCS. The 2006 survey year was the first where therapeutic classification of drugs was based on

the MULTUM Lexicon's second-level therapeutic categories, including any drug mentions coded at third-level therapeutic categories (see www.multum.com/lexicon.htm).

Drugs may have more than one therapeutic application. Although MULTUM allows up to five therapeutic categories per drug, in this report a maximum of four therapeutic categories for each drug were examined, because the number of drugs with five therapeutic categories is small. Generic ingredients of drug mentions were coded according to the drug id nomenclature included in MULTUM.

Physician specialty groups

This report classifies specific physician specialties into two general categorical schemes: physician specialty and type of specialty. The NAMCS survey design groups physicians into 16 strata, or specialty groups, for sampling purposes. The "physician specialty" classification includes the same strata as used for sampling purposes with the exception of the doctors of osteopathy stratum, which is combined with doctors of medicine, in the following 15 categories: general and family practice, internal medicine, pediatrics, general surgery, obstetrics and gynecology, orthopedic surgery, cardiovascular diseases, dermatology, urology, psychiatry, neurology, ophthalmology, otolaryngology, oncology, and a residual category of other specialties. The "physician specialty" classification is created using updated information from the AMA, as well as information provided by sampled physicians. Specific physician specialties used to create the 15 categories can be defined in [text box A](#).

In this classification, a pediatric cardiothoracic physician, for example, is grouped with other pediatricians. On the other hand, the "specialty type" classification divides AMA specialties into three major categories: primary care, surgical specialties, and medical specialties and puts more emphasis on specialization type. For example, pediatric cardiothoracic physicians are

classified as a surgical specialty in this classification. The specific physicians specialties included in each of the three specialty types are provided in [text box B](#).

It should be noted that "primary care specialist" as defined in the textbox differs from "primary care physician or provider (PCP)," which is reported by the survey respondent based on the question, "Are you the patient's primary care physician?" ([Figure 6](#).) The intention is that a PCP coordinates the comprehensive health care of the patient and serves as the entry point for all of the patient's health care needs. PCPs may be advocates for the patient in coordinating the use of the entire health care system to benefit the patient (17). Typically, PCP visits include physicians in general and family practice, internal medicine, pediatrics, or obstetrics and gynecology. In the NAMCS, a checkbox defines a PCP visit; therefore, these visits may also include specialist physicians or nonphysicians, such as physician assistants or nurse practitioners.

Estimation

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

The nonresponse adjustment additionally accounts for nonresponse from physicians by weekly visit volume, and for the variability in number of weeks participating physicians saw patients during the year (18). Prior to 2003, the nonresponse adjustment accounted only for nonresponse by physician specialty, geographic region, and MSA status.

Text box A

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

NOTE: Although the categories described above were used in creating NAMCS specialty estimates, not all were actually sampled in the 2006 survey year.

The standard error is primarily a measure of the sampling variability that occurs by chance because only a sample rather than an entire universe is surveyed. Estimates of the sampling variability for this report were calculated using Taylor approximations in SUDAAN, which take into account the complex sample design of NAMCS. A description of the software and its approach has been published (19). The standard errors of statistics presented in this report are included in each of the tables.

Tests of significance

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

Nonsampling errors

As in any survey, results are subject to both sampling and nonsampling errors. Nonsampling errors include reporting and processing errors as well as biases due to nonresponse and incomplete response. The magnitude of the nonsampling errors cannot be computed. However, these errors were kept to a minimum by procedures built into the operation of the survey. To eliminate ambiguities and to encourage uniform reporting, attention was given to the phrasing of items, terms, and

Text box B

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

NOTE: Although the categories described above were used in creating NAMCS categories, not all were actually sampled in the 2006 survey year.

definitions. Also, pretesting of most data items and survey procedures was performed. Quality control procedures and consistency and edit checks reduced errors in data coding and processing.

The weighted response rate for the 2006 NAMCS was 58.4 percent. [Table 29](#) presents weighted characteristics of NAMCS respondents and nonrespondents, along with weighted response rates. Responding versus nonresponding physician distributions were similar for a majority of physician characteristic categories, with the exception of metropolitan status, type of doctor, practice type, and annual visit volume. Examining the weighted response rates, higher cooperation was gained among physicians in nonmetropolitan statistical areas (rural), CHCs, and physicians in the lowest and highest quartiles associated with visit volume compared with physicians grouped in the middle two visit volume quartiles. The effect of this differential response is minimized in

the visit estimates in most cases as NAMCS uses a nonresponse adjustment factor that takes annual visit volume, specialty, geographic region, MSA, and CHC status into account.

Item nonresponse rates in the NAMCS are generally low (5 percent or less). However, levels of nonresponse can vary considerably in the survey. Most nonresponse occurs when the needed information is not available in the medical record or is unknown to the person filling out the survey instrument. Nonresponse can also result when the information is available, but survey procedures are not followed and the item is left blank. In this report, the tables include a combined entry of unknown or blank to display missing data. For items where combined item nonresponse is between 30 and 50 percent, percent distributions are not discussed in the text. However, the information is shown in the tables. These data should be interpreted with caution. If nonresponse is random, the

observed distribution for the reported item (i.e., excluding cases for which the information is unknown) would be close to the true distribution. However, if nonresponse is not random, the observed distribution could vary significantly from the actual distribution. Researchers need to decide how best to treat items with high levels of missing responses. For items with nonresponse greater than 50 percent, data are not presented.

Weighted item nonresponse rates (i.e., if the item was left blank or the “unknown” box was marked) were 5.0 percent or less for data items, with the following exceptions: expected source of payment (5.6 percent), was patient referred for current visit (5.5 percent), was visit for injury/poisoning/adverse effect of medical treatment (9.4 percent), enrollment in a disease management program (26.8 percent), and specific cancer stage for visits where cancer was an indicated medical condition (48.7 percent).

For some items, missing values were imputed by randomly assigning a

value from PRFs with similar characteristics and were based on professional identity, physician specialty, geographic region, and three-digit ICD-9-CM codes for primary diagnosis. Imputations were performed for the following variables—birth year (2.5 percent), sex (1.6 percent), race (27.0 percent), ethnicity (29.9 percent), has the patient been seen in this practice before (3.5 percent), how many visits in the last 12 months (7.1 percent), and time spent with physician (23.3 percent). In contrast to the imputation method used to impute race and ethnicity in previous years, a hierarchical procedure was used in 2006. Cases missing race (or ethnicity) were initially assigned a donor's value after matching donor and recipient by three-digit ICD-9-CM codes for primary diagnosis and ZIP code of patient making the sampled visit; if no donor was found after several matching rounds of increasing geographic size (county, state, region), traditional imputation procedures were applied. If both race and ethnicity were missing, both were imputed from the same donor.

Use of tables

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

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

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

Estimates presented in the tables for specific race categories reflect visits where only a single race was reported. Denominators used in computing estimates of visit rates by expected source of payment were obtained from the 2006 National Health Interview Survey (NHIS). Individuals reporting multiple insurance categories in the NHIS were counted in each category they reported, with the exception of Medicaid and SCHIP, which were combined into a single category.

References

- Schappert SM, Rechtsteiner EA. Ambulatory medical care utilization estimates for 2006. National health statistics report; no 8. Hyattsville, MD: National Center for Health Statistics. 2008. Available from: www.cdc.gov/nchs/data/nhsr/nhsr008.pdf.
- Centers for Medicare and Medicaid Services and Office of the Assistant Secretary for Planning and Evaluation. An Overview of the U.S. Health Care System Chart Book. Available from: www.cms.hhs.gov/TheChartSeries/downloads/Chartbook2007_pdf.pdf.
- Hing E, Burt CW. Characteristics of office-based physicians and their practices: United States, 2005–2006. National Center for Health Statistics. Vital Health Stat 13(166). 2008.
- Cherry DK, Woodwell DA, Rechtsteiner EA. National Ambulatory Medical Care Survey: 2005 summary. Advance data from vital and health statistics; no 387. Hyattsville, MD: National Center for Health Statistics. 2007.
- Hing E., Hall M, Xu J. National Hospital Ambulatory Medical Care Survey: 2006 outpatient department summary. National health statistics report; no 4. Hyattsville, MD: National Center for Health Statistics. 2008. Available from: www.cdc.gov/nchs/data/nhsr/nhsr004.pdf.
- Pitts S, Niska R, Xu, J. National Hospital Ambulatory Medical Care Survey: 2006 emergency department summary. National health statistics report; no 7. Hyattsville, MD: National Center for Health Statistics. 2008. Available from: www.cdc.gov/nchs/data/nhsr/nhsr007.pdf.
- Raofi S, Schappert S. Medication Therapy in Ambulatory Medical Care: United States, 2003–2004. National Center for Health Statistics. Vital Health Stat 13(163). 2006.
- Niska R, Burt CW. Training for terrorism-related conditions in hospitals: United States, 2003–2004. Advance data from vital and health statistics; no 380. Hyattsville, MD: National Center for Health Statistics. 2006.
- Burt CW, McCaig LF. Staffing, capacity, and ambulance diversion in emergency departments: United States, 2003–2004. Advance data from vital and health statistics; no 376. Hyattsville, MD: National Center for Health Statistics. 2006.
- Hing E, Burt CW, Woodwell DA. Electronic medical records use by office-based physicians and their practices: United States, 2006. Advance data from vital and health statistics; no 393. Hyattsville, MD: National Center for Health Statistics. 2007.
- Boyles S. HPV test helps detect cervical cancer: Study shows lesions that lead to cancer spotted earlier than with Pap test alone. WebMD. 2007. Available from: www.webmd.com/sexual-conditions/hpv-genital-warts/news/10101/hpv-test-helps-detect-cervical-cancer.
- Arbyn M, Bergeron C, Klinkhamer P, Martin-Hirsch P, Siebers A, Bulten J. Liquid compared with conventional cervical cytology: A systematic review and meta-analysis. *Obstetrics & Gynecol.* 111:167–77. 2008.
- Chobanian AV, Bokris GL, Black HR, et al. Seventh report of the Joint National Committee on prevention, detection, evaluation, and treatment of high blood pressure. *Hypertension.* 42:1206–52. 2003.
- 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.

15. Public Health Service and Health Care Financing Administration. International Classification of Diseases, 9th Revision, Clinical Modification, 6th ed., Washington: Public Health Service. 2004.
16. Koch H, Campbell W. The collection and processing of drug information. National Ambulatory Medical Care Survey, United States, 1980. National Center for Health Statistics. Vital Health Stat 2(90). 2004.
17. American Academy of Family Physicians. 2007. Available from: www.aafp.org/online/en/home/policy/policies/p/primarycare.html.
18. Shimizu I. Revised specification for NAMCS statistics for 2003+, unpublished memo random dated, National Center for Health Statistics, Hyattsville, MD, March 16, 2005.
19. Research Triangle Institute. SUDAAN User's Manual, Release 9.0 Research Triangle Park, NC: Research Triangle Institute. 2004.

Table 1. Number, percent distribution, and annual rate of office visits with corresponding standard errors, by selected physician characteristics: United States, 2006

Physician characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year ^{1,2}	Standard error of rate
All visits	901,954	31,369	100.0	...	306.6	10.7
Physician specialty ³						
General and family practice	208,475	13,017	23.1	1.3	70.9	4.4
Internal medicine	125,398	12,272	13.9	1.2	42.6	4.2
Pediatrics	122,344	14,521	13.6	1.4	⁴ 179.9	20.9
Obstetrics and gynecology	69,436	6,849	7.7	0.7	⁵ 57.4	5.7
Ophthalmology	57,815	9,344	6.4	1.0	19.7	3.2
Orthopedic surgery	48,066	7,012	5.3	0.7	16.3	2.4
Cardiovascular diseases	25,790	2,902	2.9	0.3	8.8	1.0
Dermatology	25,256	2,844	2.8	0.3	8.6	1.0
Psychiatry	25,150	2,654	2.8	0.3	8.5	0.9
Urology	18,307	2,269	2.0	0.3	6.2	0.8
Otolaryngology	17,508	2,471	1.9	0.3	6.0	0.8
Oncology	14,871	2,453	1.6	0.3	5.1	0.8
General surgery	14,048	1,877	1.6	0.2	4.8	0.6
Neurology	12,532	1,467	1.4	0.2	4.3	0.5
All other specialties	116,958	11,941	13.0	1.3	39.8	4.1
Professional degree						
Doctor of medicine	842,232	33,180	93.4	0.9	286.3	11.3
Doctor of osteopathy	59,722	7,586	6.6	0.9	20.3	2.6
Specialty type ³						
Primary care	525,607	25,811	58.3	1.7	178.7	8.8
Medical specialty	198,654	13,826	22.0	1.5	67.5	4.7
Surgical specialty	177,693	14,094	19.7	1.5	60.4	4.8
Geographic region						
Northeast	181,787	13,009	20.2	1.3	337.1	24.1
Midwest	181,486	11,325	20.1	1.3	278.3	17.4
South	348,940	24,715	38.7	2.0	326.7	23.1
West	189,741	12,345	21.0	1.3	278.0	18.1
Metropolitan status						
MSA ⁶	776,609	28,703	86.1	2.2	317.3	11.7
Non-MSA ⁶	125,346	21,532	13.9	2.2	253.7	43.6

... Category not applicable.

¹Visit rates for age, sex, race, and region are based on the July 1, 2006, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

²Population estimates of metropolitan statistical area status are based on data from the 2006 National Health Interview Survey, National Center for Health Statistics, adjusted to the U.S. Census Bureau definition of core-based statistical areas as of November 2005. See www.census.gov/population/www/estimates/metrodef.html for more about metropolitan statistical definitions.

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

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

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

⁶MSA is metropolitan statistical area.

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

Table 2. Number and percent distribution of office visits with corresponding standard errors, by selected physician practice characteristics: United States, 2006

Physician practice characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	901,954	31,369	100.0	...
Employment status				
Owner	652,337	28,982	72.3	2.1
Employee	223,036	20,191	24.7	2.0
Contractor	23,472	4,573	2.6	0.5
Blank	*3,110	2,881	*0.3	0.3
Ownership				
Physician or group	752,187	30,320	83.4	1.8
Other health care corporation	53,607	13,203	5.9	1.4
Other hospital	30,488	7,204	3.4	0.8
Medical or academic health center	18,137	4,571	2.0	0.5
HMO ¹	15,390	4,061	1.7	0.5
Community Health Center	14,009	2,330	1.6	0.3
Other ²	*14,732	4,709	*1.6	0.5
Blank	*3,404	2,896	*0.4	0.3
Practice size				
Solo	286,974	20,534	31.8	2.1
Partner	107,780	12,068	11.9	1.3
3–5	292,459	23,130	32.4	2.2
6–10	138,217	14,473	15.3	1.5
11 or more	72,045	11,065	8.0	1.2
Blank	*4,479	2,988	*0.5	0.3
Type of practice				
Single-specialty	415,757	25,952	46.1	2.2
Multispecialty	195,819	18,190	21.7	1.9
Solo	286,974	20,534	31.8	2.1
Blank	*3,404	2,896	*0.4	0.3
Office type				
Private practice	791,964	32,591	87.8	1.7
Clinic or urgent center	69,906	14,627	7.8	1.6
Community Health Center	*3,018	1,632	*0.3	0.2
Other ³	37,067	5,769	4.1	0.7
Electronic medical records				
Yes—all electronic	134,619	14,558	14.9	1.5
Yes—part paper and part electronic	120,704	14,149	13.4	1.5
No	643,201	29,484	71.3	2.0
Unknown or blank	*3,431	2,891	*0.4	0.3
Practice submits claims electronically				
Yes	771,487	31,589	85.5	1.5
No	109,062	13,715	12.1	1.5
Unknown or blank	21,406	5,022	2.4	0.6

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

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

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

Table 3. Number, percent distribution, and annual rate of office visits with corresponding standard errors, by patient characteristics: United States, 2006

Patient characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year ¹	Standard error of rate
All visits	901,954	31,369	100.0	...	306.6	10.7
Age						
Under 15 years	157,906	14,643	17.5	1.4	260.1	24.1
Under 1 year	31,233	3,419	3.5	0.3	756.9	82.9
1–4 years	51,731	5,521	5.7	0.5	317.7	33.9
5–14 years	74,941	6,670	8.3	0.6	186.0	16.6
15–24 years	72,411	4,585	8.0	0.4	174.8	11.1
25–44 years	185,305	8,752	20.5	0.6	225.8	10.7
45–64 years	256,494	9,594	28.4	0.8	345.0	12.9
65 years and over	229,837	10,665	25.5	0.9	645.3	29.9
65–74 years	108,063	5,404	12.0	0.5	578.7	28.9
75 years and over	121,774	5,951	13.5	0.6	718.6	35.1
Sex and age						
Female	533,292	19,209	59.1	0.6	355.1	12.8
Under 15 years	76,300	7,160	8.5	0.7	257.3	24.1
15–24 years	49,641	3,478	5.5	0.3	242.6	17.0
25–44 years	122,261	6,216	13.6	0.5	295.2	15.0
45–64 years	149,778	5,698	16.6	0.5	391.7	14.9
65–74 years	60,699	3,353	6.7	0.3	600.1	33.1
75 years and over	74,613	3,742	8.3	0.4	725.0	36.4
Male	368,662	14,100	40.9	0.6	256.0	9.8
Under 15 years	81,607	7,879	9.0	0.8	262.8	25.4
15–24 years	22,770	1,672	2.5	0.2	108.6	8.0
25–44 years	63,044	3,882	7.0	0.4	155.1	9.5
45–64 years	106,716	5,137	11.8	0.5	295.5	14.2
65–74 years	47,364	2,583	5.3	0.2	553.5	30.2
75 years and over	47,161	2,679	5.2	0.3	708.6	40.3
Race and age ²						
White	764,636	29,745	84.8	1.0	323.9	12.6
Under 15 years	127,918	13,150	14.2	1.3	276.4	28.4
15–24 years	61,055	4,110	6.8	0.3	190.0	12.8
25–44 years	154,487	8,059	17.1	0.6	237.9	12.4
45–64 years	218,225	8,632	24.2	0.7	353.3	14.0
65–74 years	94,827	4,962	10.5	0.4	593.4	31.0
75 years and over	108,123	5,641	12.0	0.5	721.0	37.6
Black or African American	87,040	7,219	9.7	0.8	235.4	19.5
Under 15 years	18,279	3,920	2.0	0.4	197.2	42.3
15–24 years	8,183	1,241	0.9	0.1	133.5	20.2
25–44 years	20,857	1,845	2.3	0.2	200.1	17.7
45–64 years	24,481	2,117	2.7	0.2	300.8	26.0
65–74 years	7,980	1,253	0.9	0.1	458.4	72.0
75 years and over	7,260	893	0.8	0.1	569.1	70.0
All other races ²						
Asian	38,683	6,053	4.3	0.7	295.5	46.2
Native Hawaiian or Other Pacific Islander	3,018	766	0.3	0.1	580.4	147.2
American Indian or Alaska Native	6,173	1,389	0.7	0.2	216.6	48.7
Multiple races	2,405	440	0.3	0.0	51.5	9.4
Ethnicity ²						
Hispanic or Latino	118,695	11,867	13.2	1.2	271.0	27.1
Not Hispanic or Latino	783,259	28,068	86.8	1.2	312.8	11.2

... Category not applicable.

0.0 Quantity more than zero but less than 0.05.

¹Visit rates for age, sex, race, and ethnicity are based on the July 1, 2006, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

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

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

Table 4. Number and percent distribution of office visits with corresponding standard errors, by expected sources of payment: United States, 2006

Expected sources of payment	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
All visits	901,954	31,369	...	...
Private insurance	545,745	21,661	60.5	1.2
Medicare	212,504	10,662	23.6	0.9
Medicare and Medicaid	19,235	2,312	2.1	0.2
Medicaid or SCHIP ²	126,392	10,535	14.0	1.0
No insurance ³	39,914	3,480	4.4	0.4
Self-pay	35,545	2,916	3.9	0.3
No charge or charity	*4,929	1,577	*0.5	0.2
Worker's compensation	15,455	2,980	1.7	0.3
Other	26,305	3,860	2.9	0.4
Unknown or blank	28,205	6,242	3.1	0.7

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Combined total of individual sources exceeds "all visits" because more than one may be reported per visit.

²SCHIP is State Children's Health Insurance Program.

³No insurance is defined as having only self-pay, no charge, or charity visits as payment sources.

Table 5. Number and percent distribution of office visits with corresponding standard errors, by selected visit characteristics, according to prior-visit status: United States, 2006

Prior-visit status, primary care provider, and referral status	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	901,954	31,369	100.0	...
Visit to PCP ¹	440,758	22,877	48.9	1.7
Visit to non-PCP ¹	421,076	20,263	46.7	1.8
Referred for this visit	137,636	10,545	15.3	1.0
Not referred for this visit	201,376	14,739	22.3	1.6
Unknown if referred	51,404	6,552	5.7	0.7
Unknown if PCP ¹ visit	40,120	5,854	4.4	0.6
Established patient				
All visits	791,499	28,220	87.8	0.5
Visit to PCP ¹	421,080	21,861	53.2	1.7
Visit to non-PCP ¹	336,803	16,612	42.6	1.8
Referred for this visit	87,475	8,144	11.1	0.9
Not referred for this visit	182,555	13,131	23.1	1.6
Unknown if referred	40,975	5,512	5.2	0.7
Unknown if PCP ¹ visit	33,615	5,162	4.2	0.6
New patient				
All visits	110,455	5,872	12.2	0.5
Visit to PCP ¹	19,677	2,252	17.8	1.7
Visit to non-PCP ¹	84,272	5,074	76.3	2.0
Referred for this visit	50,161	3,717	45.4	2.3
Not referred for this visit	18,821	2,613	17.0	2.2
Unknown if referred	10,429	1,514	9.4	1.2
Unknown if PCP ¹ visit	6,506	1,344	5.9	1.2

... Category not applicable.

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

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

Table 6. Percent distribution of office visits with corresponding standard errors by primary care provider and referral status, according to physician specialty: United States, 2006

Physician specialty	Total	Visit to PCP ¹	Visit to non-PCP ^{1,2}			
			Referred by other physician	Not referred by other physician	Unknown if referred	Unknown if PCP ¹ visit
Percent distribution						
All visits	100.0	48.9	15.3	22.3	9.1	4.4
General and family practice	100.0	82.4	*2.3	6.3	*3.0	6.0
Internal medicine	100.0	86.6	*2.6	*5.2	*2.1	3.5
Pediatrics	100.0	91.1	*1.3	*4.5	*1.4	1.7
Obstetrics and gynecology	100.0	23.9	13.3	41.7	15.1	6.0
Ophthalmology	100.0	*5.2	16.6	50.0	21.7	*6.6
Orthopedic surgery	100.0	*0.7	34.5	43.6	20.0	*1.1
Cardiovascular diseases	100.0	11.5	37.9	34.9	10.0	*5.8
Dermatology	100.0	*3.6	19.0	51.6	22.3	*3.6
Psychiatry	100.0	*5.0	16.1	60.3	16.0	*2.7
Urology	100.0	*2.5	41.1	43.2	*10.5	2.7
Otolaryngology	100.0	*0.6	36.6	47.1	14.0	*1.7
Oncology	100.0	*16.1	36.4	34.1	*10.6	*2.9
General surgery	100.0	*1.5	56.2	32.2	*7.4	*2.6
Neurology	100.0	*2.8	56.4	29.1	*7.5	*4.2
All other specialties	100.0	17.5	33.9	26.4	16.0	*6.2
Standard error of percent						
All visits . . . . .	...	1.7	1.0	1.6	0.8	0.6
General and family practice . . . . .	...	2.4	0.8	1.7	0.9	1.4
Internal medicine . . . . .	...	3.1	1.0	2.2	0.7	0.9
Pediatrics . . . . .	...	2.4	0.5	1.9	0.6	0.5
Obstetrics and gynecology . . . . .	...	4.7	3.1	4.4	2.6	1.6
Ophthalmology . . . . .	...	2.3	4.0	6.2	5.5	2.9
Orthopedic surgery . . . . .	...	0.3	5.8	5.1	4.3	0.4
Cardiovascular diseases . . . . .	...	3.2	5.7	5.9	2.2	2.0
Dermatology . . . . .	...	2.7	2.9	4.8	4.0	1.3
Psychiatry . . . . .	...	2.3	3.8	5.4	4.4	1.1
Urology . . . . .	...	1.2	5.6	5.6	3.2	0.8
Otolaryngology . . . . .	...	0.2	4.6	5.2	4.1	0.6
Oncology . . . . .	...	7.6	7.7	6.3	3.6	1.2
General surgery . . . . .	...	1.1	4.7	4.9	2.4	1.1
Neurology . . . . .	...	1.2	5.3	4.5	2.6	3.1
All other specialties . . . . .	...	5.2	4.7	4.4	3.7	2.5

* Figure does not meet standards of reliability or precision.

... Category not applicable.

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

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

Table 7. Number and percent distribution of office visits with corresponding standard errors, by continuity-of-care visit characteristics according to specialty type: United States, 2006

Continuity-of-care visit characteristics	Specialty type ¹				Specialty type ¹			
	All specialties	Primary care	Medical specialties	Surgical specialties	All specialties	Primary care	Medical specialties	Surgical specialties
	Number of visits in thousands				Standard error in thousands			
All visits	901,954	525,607	198,654	177,693	31,369	25,811	13,826	14,094
Prior-visit status and number of visits in last 12 months								
Established patient	791,499	478,673	168,633	144,193	28,220	24,533	12,019	11,564
None	62,336	33,225	13,755	15,356	4,436	2,887	2,206	2,245
1–2 visits	275,827	155,274	59,272	61,281	11,249	8,474	4,738	5,423
3–5 visits	244,500	153,620	48,011	42,869	10,403	9,529	4,095	3,679
6 or more visits	208,836	136,554	47,595	24,686	11,401	9,581	6,611	2,525
New patient	110,455	46,934	30,021	33,500	5,872	4,006	3,063	3,306
	Percent distribution				Standard error of percent			
All visits	100.0	100.0	100.0	100.0	...	...	...	...
Prior-visit status and number of visits in last 12 months								
Established patient	87.8	91.1	84.9	81.1	0.5	0.7	1.2	1.1
None	6.9	6.3	6.9	8.6	0.4	0.4	1.0	0.9
1–2 visits	30.6	29.5	29.8	34.5	0.7	0.9	1.5	1.2
3–5 visits	27.1	29.2	24.2	24.1	0.7	0.9	1.5	1.0
6 or more visits	23.2	26.0	24.0	13.9	1.0	1.2	2.6	1.1
New patient	12.2	8.9	15.1	18.9	0.5	0.7	1.2	1.1

... Category not applicable.

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

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

Table 8. Number and percent distribution of office visits with corresponding standard errors by the 20 principal reasons for visit most frequently mentioned by patients, according to patient's sex: United States, 2006

Principal reason for visit and RVC code ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Female ²		Male ³	
					Percent distribution	Standard error of percent	Percent distribution	Standard error of percent
All visits	901,954	31,369	100.0	...	100.0	...	100.0	...
General medical examination X100	66,389	5,844	7.4	0.6	6.2	0.6	9.0	0.7
Progress visit, not otherwise specified T800	51,296	5,337	5.7	0.6	5.4	0.6	6.1	0.6
Cough S440	26,738	2,512	3.0	0.2	2.8	0.3	3.1	0.3
Postoperative visit T205	23,355	2,126	2.6	0.2	2.8	0.3	2.2	0.2
Prenatal examination, routine X205	21,718	3,127	2.4	0.3	4.1	0.5	...	...
Gynecological examination X225	19,379	2,787	2.1	0.3	3.6	0.5	...	...
Medication, other and unspecified kinds T115	19,034	2,224	2.1	0.2	2.0	0.2	2.3	0.3
Stomach and abdominal pain, cramps, and spasms S545	16,007	1,992	1.8	0.2	2.0	0.3	1.5	0.2
Knee symptoms S925	14,957	1,868	1.7	0.2	1.6	0.2	1.8	0.2
Well baby examination X105	13,555	1,643	1.5	0.2	1.3	0.2	1.7	0.2
Back symptoms S905	13,346	1,435	1.5	0.1	1.3	0.2	1.7	0.2
Symptoms referable to throat S455	13,309	1,603	1.5	0.2	1.5	0.2	1.4	0.2
For other and unspecified test results R700	13,077	1,530	1.4	0.2	1.4	0.2	1.6	0.2
Vision dysfunctions S305	12,184	2,473	1.4	0.3	1.4	0.3	1.3	0.3
Fever S010	12,167	1,334	1.3	0.1	1.2	0.1	1.6	0.2
Hypertension D510	11,604	1,749	1.3	0.2	1.2	0.2	1.4	0.2
Earache or ear infection S355	11,366	1,077	1.3	0.1	1.2	0.1	1.3	0.2
Headache, pain in head S210	10,243	1,607	1.1	0.2	1.3	0.2	0.9	0.1
Skin rash S860	10,068	991	1.1	0.1	1.1	0.1	1.2	0.1
Nasal congestion S400	9,448	1,199	1.0	0.1	1.0	0.1	1.2	0.2
All other reasons	512,714	18,325	56.8	1.0	55.5	1.1	58.8	1.2

... Category not applicable.

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC)*(14).

²Based on 533,292,000 visits made by females.

³Based on 368,662,000 visits made by males.

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

Table 9. Number and percent distribution of office visits with corresponding standard errors by major reason for visit, according to selected patient and visit characteristics: United States, 2006

Patient and visit characteristics	Total	New problem	Chronic problem, routine	Chronic problem, flare-up	Pre- or post-surgery	Preventive care ¹	Unknown or blank
				Percent distribution			
All visits	100.0	35.4	29.1	7.9	6.6	19.2	1.7
Age							
Under 15 years	100.0	52.3	9.4	4.8	1.8	30.2	*1.5
Under 1 year	100.0	41.3	2.9	*1.0	*2.4	51.6	*0.8
1–4 years	100.0	52.8	7.1	*6.0	*2.2	30.8	*1.2
5–14 years	100.0	56.5	13.7	5.7	1.4	20.8	*2.0
15–24 years	100.0	42.4	15.7	5.4	4.0	30.7	*1.8
25–44 years	100.0	37.2	23.7	8.2	6.7	22.8	1.5
45–64 years	100.0	31.2	35.7	9.5	8.0	14.1	1.6
65 years and over	100.0	24.9	43.9	8.8	9.1	11.0	2.3
65–74 years	100.0	25.5	42.6	9.7	9.1	11.0	2.1
75 years and over	100.0	24.4	45.0	7.9	9.1	11.0	2.5
Sex							
Female	100.0	34.9	27.3	8.2	6.4	21.5	1.7
Male	100.0	36.2	31.7	7.6	6.8	15.9	1.8
Race ²							
White	100.0	35.3	29.2	8.1	6.9	18.8	1.8
Black or African American	100.0	35.4	28.0	8.0	5.5	21.8	1.4
Other	100.0	36.8	30.2	5.2	4.7	21.5	1.6
Ethnicity ²							
Hispanic or Latino	100.0	39.7	22.8	5.6	5.1	25.0	1.8
Not Hispanic or Latino	100.0	34.8	30.1	8.3	6.8	18.3	1.7
Expected source of payment ³							
Private insurance	100.0	36.0	28.0	7.8	6.5	20.0	1.7
Medicare	100.0	24.9	44.0	9.5	8.5	11.1	1.9
Medicare and Medicaid	100.0	26.1	44.5	10.1	*6.3	9.7	*3.3
Medicaid or SCHIP ⁴	100.0	39.8	22.2	7.9	4.5	24.3	1.3
Self-pay, no charge, or charity	100.0	30.1	32.6	8.1	*10.4	17.8	*1.0
Other ⁵	100.0	37.1	30.1	5.4	7.0	18.1	2.4
Standard error of percent							
All visits . . . . .	...	0.9	1.2	0.5	0.5	1.0	0.2
Age							
Under 15 years . . . . .	...	2.2	1.1	1.0	0.5	1.8	0.6
Under 1 year . . . . .	...	3.0	0.8	0.4	1.1	3.1	0.4
1–4 years . . . . .	...	3.5	1.4	2.1	0.8	2.7	0.6
5–14 years . . . . .	...	2.2	1.4	0.9	0.3	1.8	0.7
15–24 years . . . . .	...	1.9	1.2	0.7	0.7	1.9	0.6
25–44 years . . . . .	...	1.3	1.3	0.6	0.7	1.6	0.2
45–64 years . . . . .	...	1.1	1.4	0.6	0.7	1.1	0.3
65 years and over . . . . .	...	0.9	1.6	0.6	0.9	1.1	0.4
65–74 years . . . . .	...	1.1	1.9	0.9	1.0	1.2	0.4
75 years and over . . . . .	...	1.2	1.8	0.7	1.0	1.3	0.5
Sex							
Female . . . . .	...	1.0	1.1	0.5	0.5	1.2	0.3
Male . . . . .	...	1.1	1.4	0.5	0.7	0.9	0.3
Race ²							
White . . . . .	...	1.0	1.2	0.5	0.5	1.1	0.3
Black or African American . . . . .	...	1.9	2.0	1.0	0.9	1.9	0.3
Other . . . . .	...	2.3	3.3	1.0	0.9	2.5	0.4

See footnotes at end of table.

Table 9. Number and percent distribution of office visits with corresponding standard errors by major reason for visit, according to selected patient and visit characteristics: United States, 2006—Con.

Patient and visit characteristics	Total	New problem	Chronic problem, routine	Chronic problem, flare-up	Pre- or post-surgery	Preventive care ¹	Unknown or blank
						Standard error of percent	
Ethnicity ²							
Hispanic or Latino	2.2	2.1	0.7	1.0	2.3	0.3
Not Hispanic or Latino	0.9	1.2	0.5	0.5	1.0	0.3
Expected source of payment ³							
Private insurance	1.0	1.3	0.5	0.5	1.1	0.3
Medicare	1.0	1.6	0.7	0.8	1.2	0.3
Medicare and Medicaid	2.8	3.9	2.1	2.3	1.9	1.1
Medicaid or SCHIP ⁴	2.5	2.1	0.9	0.9	1.9	0.3
Self-pay, no charge, or charity	2.9	3.2	1.0	3.3	2.9	0.3
Other ⁵	4.0	5.6	0.9	1.2	3.1	0.7

* Figure does not meet standards of reliability or precision.

... Category not applicable.

¹Preventive care includes routine prenatal, well-baby, screening, insurance, or general exams (see question 4c in [Figure 6](#)).

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

³Combined total of individual sources exceeds "All visits" because more than one may be reported per visit.

⁴SCHIP is State Children's Health Insurance Program.

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

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

Table 10. Number, percent distribution, and annual rate of preventive care office visits and percent of visits to primary care specialists with corresponding standard errors, by selected patient and visit characteristics: United States, 2006

Patient and visit characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year ¹	Standard error of rate	Percent of preventive care visits made to primary care specialists ²	Standard error of percent
All preventive care visits ³	173,342	11,762	100.0	...	58.9	4.0	83.2	2.2
Age								
Under 15 years	47,613	5,303	27.5	2.6	78.4	8.7	96.4	1.1
Under 1 year	16,122	1,789	9.3	0.9	390.7	43.4	98.9	0.7
1–4 years	15,915	2,187	9.2	1.1	97.7	13.4	96.7	2.5
5–14 years	15,575	2,023	9.0	1.0	38.7	5.0	93.5	1.9
15–24 years	22,225	2,174	12.8	0.9	53.6	5.2	91.1	2.5
25–44 years	42,163	4,163	24.3	1.4	51.4	5.1	87.7	2.9
45–64 years	36,082	3,355	20.8	1.4	48.5	4.5	70.3	4.1
65 years and over	25,258	2,830	14.6	1.3	70.9	7.9	61.9	4.9
65–74 years	11,920	1,438	6.9	0.7	63.8	7.7	64.3	5.4
75 years and over	13,338	1,709	7.7	0.8	78.7	10.1	59.6	5.6
Sex and age								
Female	114,696	8,629	66.2	1.5	76.4	5.7	86.9	1.7
Under 15 years	23,266	2,722	13.4	1.4	78.5	9.2	96.9	0.8
15–24 years	17,879	1,982	10.3	0.8	87.4	9.7	95.3	1.4
25–44 years	34,185	3,646	19.7	1.4	82.5	8.8	93.9	1.1
45–64 years	23,602	2,391	13.6	1.1	61.7	6.3	75.0	3.9
65–74 years	7,433	922	4.3	0.5	73.5	9.1	67.0	6.0
75 years and over	8,331	1,214	4.8	0.6	80.9	11.8	62.9	6.1
Male	58,646	4,341	33.8	1.5	40.7	3.0	75.9	3.9
Under 15 years	24,347	2,948	14.0	1.5	78.4	9.5	95.9	1.6
15–24 years	4,346	672	2.5	0.4	20.7	3.2	73.8	8.0
25–44 years	7,978	1,360	4.6	0.7	19.6	3.3	61.3	9.2
45–64 years	12,480	1,450	7.2	0.7	34.6	4.0	61.5	5.8
65–74 years	4,487	701	2.6	0.4	52.4	8.2	60.0	6.8
75 years and over	5,008	747	2.9	0.4	75.2	11.2	54.2	7.3
Race ⁴								
White	143,579	10,759	82.8	1.6	60.8	4.6	83.3	2.1
Black or African American	18,949	2,595	10.9	1.5	51.2	7.0	79.2	6.0
Other	10,814	1,452	6.2	0.8	51.2	6.9	88.6	2.5
Ethnicity ⁴								
Hispanic or Latino	29,733	4,306	17.2	2.0	67.9	9.8	91.0	2.4
Not Hispanic or Latino	143,609	9,628	82.8	2.0	57.4	3.8	81.5	2.3
Expected source of payment ⁵								
Private insurance	109,020	8,133	62.9	2.0	57.5	4.3	84.8	2.1
Medicare	23,685	2,734	13.7	1.2	61.1	7.1	64.2	4.8
Medicare and Medicaid	1,867	417	1.1	0.2	...	...	62.5	13.7
Medicaid or SCHIP ⁶	30,701	3,335	17.7	1.5	87.5	9.5	95.2	1.0
Self-pay or no charge or charity ⁷	8,846	1,743	5.1	1.0	20.2	4.0	67.2	10.2
Other ⁸	12,621	2,537	7.3	1.4	...	...	59.5	11.0

... Category not applicable.

¹Visit rates for age, sex, race, and ethnicity are based on the July 1, 2006, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. Visit rates for expected source(s) of payment are based on the 2006 National Health Interview Survey estimates of health insurance.

²Primary care specialty defined in specialty type classification found in "Physician specialty groups" section of "Methods."

³Preventive care includes routine prenatal, well-baby, screening, insurance, and general exams (see question 4c in Figure 6).

⁴Other race includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. All race categories include visits by persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

⁵Total exceeds "all visits" because more than one source of payment may be reported per visit.

⁶SCHIP is State Children's Health Insurance Program.

⁷The visit rate was calculated using "uninsured" as the denominator from the 2006 estimates of health insurance coverage from the National Health Interview Survey.

⁸Other includes worker's compensation, unknown or blank, and sources not elsewhere classified.

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

Table 11. Number and percent distribution of office visits with corresponding standard errors, by primary diagnosis classified by major disease category: United States, 2006

Major disease category and ICD–9–CM code range ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	901,954	31,396	100.0	. . .
Infectious and parasitic diseases 001–139	22,214	2,222	2.5	0.2
Neoplasms 140–239	29,021	2,554	3.2	0.3
Endocrine, nutritional, metabolic diseases, and immunity disorders . . . 240–279	45,914	4,187	5.1	0.4
Mental disorders 290–319	41,573	2,816	4.6	0.3
Diseases of the nervous system and sense organs 320–389	85,182	7,270	9.4	0.8
Diseases of the circulatory system 390–459	72,151	4,678	8.0	0.5
Diseases of the respiratory system 460–519	103,969	6,920	11.5	0.6
Diseases of the digestive system 520–579	35,887	4,103	4.0	0.4
Diseases of the genitourinary system 580–629	38,404	2,239	4.3	0.2
Diseases of the skin and subcutaneous tissue 680–709	37,434	2,395	4.2	0.3
Diseases of the musculoskeletal and connective tissue 710–739	72,528	5,508	8.0	0.5
Symptoms, signs, and ill-defined conditions 780–799	54,999	3,234	6.1	0.3
Injury and poisoning 800–999	48,343	4,405	5.4	0.4
Supplementary classification ² V01–V85	181,679	10,289	20.1	0.9
All other diagnoses ³	23,808	2,179	2.6	0.2
Unknown ⁴	8,850	1,968	1.0	0.2

. . . Category not applicable.

¹Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM) (15).

²Includes general medical examination, routine prenatal examination, and health supervision of an infant or child, and other diagnoses not classifiable to injury or illness.

³Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–677); congenital anomalies (740–759); certain conditions originating in the perinatal period (760–779); and entries not codable to the ICD–9–CM (e.g., illegible entries, left against medical advice, transferred, entries of “none,” or “no diagnoses”).

⁴Includes blank diagnoses.

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

Table 12. Number and percent distribution of office visits with corresponding standard errors, by the 20 leading primary diagnosis groups according to patient's sex: United States, 2006

Primary diagnosis group and ICD-9-CM code(s) ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Female ²		Male ³	
					Percent distribution ²	Standard error of percent	Percent distribution ³	Standard error of percent
All visits.	901,954	31,369	100.0	...	100.0	...	100.0	...
Routine infant or child health check V20.2	39,298	4,401	4.4	0.4	3.5	0.4	5.5	0.6
Essential hypertension 401	35,784	3,048	4.0	0.3	3.7	0.4	4.3	0.4
Acute upper respiratory infections, excluding pharyngitis 460-461,463-466	30,916	2,589	3.4	0.2	3.6	0.3	3.2	0.3
Arthropathies and related disorders 710-719	27,736	2,985	3.1	0.3	3.2	0.4	2.9	0.3
Diabetes mellitus 250	23,779	2,853	2.6	0.3	2.4	0.3	2.9	0.3
Spinal disorders 720-724	23,760	2,525	2.6	0.3	2.6	0.3	2.7	0.3
Specific procedures and aftercare V50-V59.9	22,875	5,215	2.5	0.6	2.4	0.4	*2.8	0.9
Malignant neoplasms 140-208,230-234	20,923	2,129	2.3	0.2	2.0	0.3	2.8	0.3
Normal pregnancy V22	19,730	2,608	2.2	0.3	3.7	0.4	...	...
Rheumatism, excluding back 725-729	16,221	1,562	1.8	0.2	1.6	0.2	2.1	0.2
Gynecological examination V72.3	15,630	2,144	1.7	0.2	2.9	0.4	...	...
Otitis media and eustachian tube disorders 381-382	13,784	1,743	1.5	0.2	1.2	0.1	2.0	0.3
Follow up examination V67	13,676	1,660	1.5	0.2	1.4	0.2	1.6	0.2
General medical examination V70	13,594	2,318	1.5	0.3	1.1	0.1	2.1	0.5
Heart disease, excluding ischemic 391-392.0, 393-398,402,404,415-416,420-429	13,323	1,243	1.5	0.1	1.4	0.2	1.6	0.2
Chronic sinusitis 473	12,971	1,238	1.4	0.1	1.7	0.2	1.1	0.2
Allergic rhinitis 477	12,150	3,525	1.3	0.4	1.3	0.4	*1.5	0.4
Ischemic heart disease 410-414.9	10,859	1,064	1.2	0.1	0.8	0.1	1.8	0.2
Asthma 493	10,590	1,833	1.2	0.2	1.2	0.3	1.1	0.2
Cataract 366	10,239	1,901	1.1	0.2	1.1	0.2	1.1	0.2
All other diagnoses.	514,117	19,753	57.0	0.8	57.1	0.9	56.9	1.0

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) (15). However, certain codes have been combined in this table to form larger categories that better describe the utilization of ambulatory care services.

²Based on 533,292,000 visits made by females.

³Based on 368,662,000 visits made by males.

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

Table 13. Number, percent distribution, and annual rate of office visits related to injury, poisoning, or adverse effects of medical treatment with corresponding standard errors, by selected patient characteristics: United States, 2006

Patient characteristic	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year ¹	Standard error of rate
All injury-related visits ²	81,243	5,679	100.0	...	27.6	1.9
Age						
Under 15 years	12,588	1,354	15.5	1.5	20.7	2.2
Under 1 year	*	...	*0.9	0.3	*18.6	5.8
1–4 years	2,708	560	3.3	0.7	16.6	3.4
5–14 years	9,114	1,065	11.2	1.1	22.6	2.6
15–24	7,948	858	9.8	0.9	19.2	2.1
25–44	20,517	2,213	25.3	1.7	25.0	2.7
45–64	24,982	2,230	30.7	1.5	33.6	3.0
65 years and over	15,208	1,404	18.7	1.3	42.7	3.9
65–74	7,605	989	9.4	1.0	40.7	5.3
75 years and over	7,603	779	9.4	0.9	44.9	4.6
Sex and age						
Female	40,280	2,795	49.6	1.6	26.8	1.9
Under 15 years	5,611	794	6.9	0.9	18.9	2.7
15–24	3,741	635	4.6	0.7	18.3	3.1
25–44	8,774	896	10.8	0.8	21.2	2.2
45–64	13,015	1,270	16.0	1.2	34.0	3.3
65–74	4,399	802	5.4	0.9	43.5	7.9
75 years and over	4,740	568	5.8	0.7	46.1	5.5
Male	40,963	3,399	50.4	1.6	28.4	2.4
Under 15 years	6,978	901	8.6	1.0	22.5	2.9
15–24	4,207	524	5.2	0.6	20.1	2.5
25–44	11,743	1,667	14.5	1.5	28.9	4.1
45–64	11,967	1,314	14.7	1.0	33.1	3.6
65–74	3,206	459	3.9	0.5	37.5	5.4
75 years and over	2,863	446	3.5	0.5	43.0	6.7
Race ³						
White	71,471	5,067	88.0	1.6	30.3	2.1
Black or African American	5,950	938	7.3	1.0	16.1	2.5
Other	*3,823	1,161	4.7	1.4	*18.1	5.5
Ethnicity						
Hispanic or Latino	11,967	1,987	14.7	2.0	27.3	4.5
Not Hispanic or Latino	69,276	4,784	85.3	2.0	27.7	1.9

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Visit rates for age, sex, race, and ethnicity are based on the July 1, 2006, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

²Injury visits included injury, poisoning, or adverse effects of medical treatment based on item 2 of the PRF. Injury visits represent 9.0 percent (SE = 0.5) of all office visits.

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

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

Table 14. Number and percent distribution of office visits related to injury, poisoning, or adverse effects of medications with corresponding standard errors, by intent: United States, 2006

Intent	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All injury-related visits	81,243	5,679	100.0	...
Unintentional injuries	49,199	4,394	60.6	2.5
Intentional injuries	*	...	0.8	0.2
Adverse effect of medical or surgical care or adverse effect of medicinal drug	5,897	1,051	7.3	1.2
Injuries of undetermined intent	18,924	1,927	23.3	2.1
Blank or unknown	6,543	1,152	8.1	1.3

... Category not applicable.

* Figure does not meet standards of reliability or precision.

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

Table 15. Percent distribution of office visits by selected comorbid chronic conditions with corresponding standard errors according to patient's age and sex: United States, 2006

Chronic conditions ¹	Total	Patient age				Patient sex	
		Under 45 years	45–64 years	65–74 years	75 years and over	Female	Male
Percent distribution							
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0
At least one condition	50.1	25.8	64.7	76.4	79.1	49.7	50.7
None	46.1	70.3	31.0	20.5	18.2	46.6	45.5
Blank	3.7	3.9	4.2	3.1	2.8	3.7	3.8
Hypertension	22.4	5.5	29.6	42.7	46.6	21.4	23.8
Arthritis	13.1	3.8	17.7	23.2	26.2	14.3	11.4
Hyperlipidemia	13.0	2.5	19.0	27.9	23.4	11.8	14.9
Diabetes	9.5	2.8	13.3	18.9	16.1	9.0	10.3
Depression	7.9	6.5	11.0	8.0	6.4	9.4	5.9
Obesity	6.4	5.1	9.6	6.8	3.7	7.0	5.4
Asthma	5.8	6.2	5.5	6.1	4.4	6.3	4.9
Cancer	5.4	1.1	6.4	9.9	13.8	4.9	6.0
COPD ²	4.1	1.7	4.7	8.5	7.3	3.8	4.6
Ischemic heart disease	4.1	0.3	3.8	9.3	13.2	3.0	5.6
Osteoporosis	2.7	0.3	2.5	6.0	8.3	4.1	0.6
Chronic renal failure	*1.8	*0.4	*2.3	*2.7	4.8	*1.3	*2.6
Cerebrovascular disease	1.6	0.2	1.5	3.1	5.2	1.4	1.9
CHF ³	1.6	0.2	0.9	3.0	6.2	1.4	1.7
Standard error of percent							
All visits . . . . .	...	...	...	...	...	...	...
At least one condition	1.4	1.1	1.5	1.4	1.5	1.4	1.6
None	1.4	1.3	1.4	1.3	1.5	1.4	1.6
Blank	0.5	0.5	0.6	0.6	0.6	0.5	0.5
Hypertension	1.0	0.4	1.2	1.2	1.6	1.0	1.1
Arthritis	0.7	0.3	1.1	1.3	1.4	0.8	0.7
Hyperlipidemia	0.8	0.3	1.1	1.7	1.6	0.8	0.9
Diabetes	0.5	0.2	0.7	1.0	0.9	0.5	0.6
Depression	0.4	0.5	0.7	0.8	0.6	0.5	0.4
Obesity	0.4	0.5	0.8	0.8	0.6	0.5	0.5
Asthma	0.4	0.5	0.6	0.8	0.6	0.5	0.4
Cancer	0.4	0.1	0.5	0.8	1.3	0.4	0.5
COPD ²	0.3	0.2	0.4	0.8	0.7	0.3	0.4
Ischemic heart disease	0.3	0.1	0.3	0.7	0.9	0.3	0.4
Osteoporosis	0.3	0.1	0.4	0.7	1.0	0.4	0.1
Chronic renal failure	0.6	0.2	1.1	0.8	0.9	0.4	0.9
Cerebrovascular disease	0.1	0.1	0.2	0.4	0.6	0.1	0.2
CHF ³	0.2	0.0	0.2	0.6	0.7	0.2	0.2

* Figure does not meet standards of reliability or precision.

... Category not applicable.

¹Presence of comorbid chronic conditions were based on checkbox responses.²COPD is chronic obstructive pulmonary disease.³CHF is congestive heart failure.

Table 16. Number and percentage of office visits with corresponding standard errors, by diagnostic and screening services ordered or provided and by patient's sex: United States, 2006

Diagnostic and screening services ordered or provided	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent	Female ²		Male ³	
					Percent of visits	Standard error of percent	Percent of visits	Standard error of percent
All visits	901,954	31,369	...	...	...	...	...	...
One or more diagnostic or screening service ordered or provided	771,126	28,242	85.5	1.0	85.9	1.0	84.8	1.1
None	110,130	9,537	12.2	1.0	11.8	1.0	12.8	1.1
Blank	20,699	3,060	2.3	0.3	2.3	0.3	2.3	0.3
Examinations								
Skin	113,570	12,533	12.6	1.3	13.2	1.4	11.7	1.2
Pelvic	63,689	5,869	7.1	0.6	10.8	0.8	1.6	0.4
Breast	47,974	4,334	5.3	0.4	8.6	0.7	0.6	0.2
Rectal	31,759	3,157	3.5	0.3	4.1	0.4	2.7	0.4
Depression screening	16,187	2,996	1.8	0.3	2.2	0.4	1.2	0.3
Vital signs								
Weight	618,802	24,969	68.6	1.3	69.4	1.2	67.4	1.5
Blood pressure	523,634	22,747	58.1	1.6	60.6	1.5	54.4	1.9
Height	367,682	17,123	40.8	1.5	41.4	1.6	39.8	1.6
Temperature	339,697	18,491	37.7	1.6	35.8	1.6	40.3	1.8
Blood tests								
CBC ⁴	97,920	6,165	10.9	0.6	10.8	0.7	11.0	0.7
Lipids or cholesterol	63,689	5,317	7.1	0.5	6.6	0.6	7.7	0.7
Glucose	53,671	5,506	6.0	0.6	5.8	0.6	6.1	0.6
Electrolytes	45,494	5,058	5.0	0.5	4.7	0.6	5.5	0.6
HgbA1C ⁵	27,096	2,898	3.0	0.3	2.8	0.3	3.3	0.4
PSA ⁶	14,738	1,347	1.6	0.2	...	...	4.0	0.4
Other blood test	85,730	6,157	9.5	0.6	9.7	0.7	9.3	0.8
Other tests								
Urinalysis	61,331	4,371	6.8	0.5	7.9	0.6	5.2	0.5
Any Pap test	29,815	2,789	3.3	0.3	5.6	0.5	...	...
Liquid-based	17,892	2,073	2.0	0.2	3.4	0.4	...	...
Unspecified	6,258	1,639	0.7	0.2	1.2	0.3	...	...
Conventional	5,665	1,073	0.6	0.1	1.1	0.2	...	...
Any scope procedure	23,282	3,430	2.6	0.4	2.7	0.4	2.4	0.4
Sigmoidoscopy or colonoscopy	11,669	2,359	1.3	0.3	1.3	0.3	1.3	0.3
Other scope procedure	10,596	1,631	1.2	0.2	1.4	0.2	0.8	0.1
Cystoscopy	2,175	364	0.2	0.0	0.2	0.0	0.3	0.1
EKG or ECG ⁷	21,992	2,834	2.4	0.3	2.2	0.4	2.8	0.3
Biopsy	9,865	1,124	1.1	0.1	1.1	0.1	1.1	0.2
Chlamydia test	5,180	767	0.6	0.1	0.9	0.1	*0.1	0.0
Spirometry or pulmonary function test	3,800	910	0.4	0.1	0.4	0.1	0.4	0.1
HPV DNA test ⁸	3,349	761	0.4	0.1	0.6	0.1	*0.0	0.0
Other test or service	122,571	10,605	13.6	1.2	13.6	1.2	13.6	1.3
Imaging								
Any imaging	129,164	8,695	14.3	0.8	15.9	0.9	12.1	0.9
X ray	56,541	6,396	6.3	0.7	5.8	0.6	7.0	0.8
Ultrasound	28,411	2,750	3.1	0.3	4.0	0.4	1.9	0.2
MRI, CT, or PET ⁹	26,661	1,970	3.0	0.2	2.9	0.2	3.0	0.3
Mammography	17,016	1,906	1.9	0.2	3.2	0.3	...	...
Bone mineral density	5,529	969	0.6	0.1	1.0	0.2	*0.1	0.0
Other imaging	12,849	1,525	1.4	0.2	1.5	0.2	1.3	0.2

... Category not applicable.

* Figure does not meet standards of reliability or precision.

0.0 Quantity more than zero but less than 0.05.

¹Combined total of individual sources exceeds "all visits" because more than one may be reported per visit.²Based on 533,292,000 visits made by females.³Based on 368,662,000 visits made by males.⁴CBC is complete blood count.⁵HgbA1C is glycohemoglobin.⁶PSA is prostate-specific antigen.⁷EKG or ECG is electrocardiogram.⁸DNA is deoxyribonucleic acid. HPV is human papilloma virus. Based on visits made by females.⁹MRI is magnetic resonance imaging. CT is computed tomography. PET is positron emission tomography.

Table 17. Percent distribution of initial blood pressure measurements for adults 18 years and over at physician office visits where blood pressure was taken with corresponding standard errors, by selected patient characteristics: United States, 2006

Patient characteristics	Number of visits in thousands	Total	Initial blood pressure ¹									
			Low	Normal	Mildly high	Moderately high	Severely high	Low	Normal	Mildly high	Moderately high	Severely high
			Percent distribution					Standard error of percent				
All visits ²	476,335	100.0	4.5	23.4	46.0	19.8	6.3	0.3	0.8	0.8	0.7	0.4
Age												
18–24 years	33,916	100.0	9.4	43.2	39.5	6.3	*1.5	1.5	2.4	2.4	0.9	0.6
25–44 years	127,926	100.0	6.3	33.6	43.5	12.4	4.1	0.6	1.3	1.2	0.9	0.5
45–64 years	167,378	100.0	2.4	20.3	48.2	22.3	6.9	0.3	1.0	1.2	1.1	0.5
65–74 years	71,316	100.0	3.8	13.3	48.5	26.6	7.7	0.6	1.0	1.6	1.4	0.8
75 years and over	75,799	100.0	4.7	13.6	46.0	26.3	9.4	0.6	1.0	1.7	1.2	0.8
Sex												
Female	297,728	100.0	5.5	27.0	44.2	17.8	5.4	0.4	1.0	0.8	0.8	0.4
Male	178,608	100.0	2.9	17.3	49.0	23.1	7.7	0.3	0.8	1.3	1.0	0.6
Race ³												
White	404,852	100.0	4.5	23.5	46.7	19.6	5.8	0.3	0.8	0.8	0.7	0.4
Black	47,367	100.0	4.8	21.3	42.5	22.3	9.1	1.1	1.6	1.8	1.6	1.2
Asian	18,455	100.0	4.8	26.5	40.3	18.7	9.7	1.4	2.6	2.7	2.7	1.9
Other	5,662	100.0	*4.2	23.9	45.5	17.8	*8.6	1.9	5.0	5.5	3.3	3.3
Ethnicity												
Hispanic or Latino	58,351	100.0	6.0	28.1	41.6	17.6	6.6	1.0	1.9	1.8	1.7	1.0
Not Hispanic or Latino	417,985	100.0	4.3	22.7	46.6	20.1	6.2	0.3	0.8	0.8	0.7	0.4

* Figure does not meet standards of reliability or precision.

¹Blood pressure levels were categorized using the following hierarchical definitions.

Severely high blood pressure is defined as 160 mm Hg systolic or above, or 100 mm Hg diastolic or above. Moderately high blood pressure is defined as 140–159 mm Hg systolic or 90–99 mm Hg diastolic. Mildly high blood pressure is defined as 120–139 mm Hg systolic or 80–89 mm Hg diastolic. Low blood pressure is defined as less than 100 mm Hg systolic or less than 60 mm Hg diastolic. Normal blood pressure is defined as 100–119 mm Hg systolic and 60–79 mm Hg diastolic. Blood pressure (BP) classification was based on the *Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC-7)*(14). "Mildly high" BP corresponds to the JNC-7 prehypertensive range. "Moderately high" BP corresponds to the JNC-7 stage 1 hypertensive range. "Severely high" BP corresponds to the JNC-7 stage 2 hypertensive range.

²Visits where blood pressure was taken represent 66.2 percent (SE = 1.7) of all office visits made by adults (18+ years of age). In 25.8 percent (SE = 1.6) of visits by children (0–17 years of age) a blood pressure was recorded.

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

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

Table 18. Number and percentage of office visits with corresponding standard errors, by health education services ordered or provided, and by patient's sex: United States, 2006

Health education services ordered or provided	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent	Female ²		Male ³	
					Percent of visits	Standard error of percent	Percent of visits	Standard error of percent
All visits	901,954	31,369	...	...	...	...	...	...
One or more health education services ordered or provided	328,792	17,142	36.5	1.6	36.9	1.6	35.9	1.8
None	561,990	25,906	62.3	1.6	62.0	1.6	62.7	1.8
Blank	11,172	1,374	1.2	0.1	1.1	0.1	1.4	0.2
Diet and nutrition	121,694	10,104	13.5	0.9	13.5	1.0	13.5	1.0
Exercise	85,362	9,085	9.5	0.9	9.9	1.0	8.9	0.9
Growth and development	37,595	6,323	4.2	0.7	4.0	0.6	4.4	0.8
Weight reduction	32,951	3,354	3.7	0.4	3.9	0.4	3.4	0.4
Injury prevention	26,661	3,928	3.0	0.4	2.7	0.4	3.4	0.6
Stress management	24,663	2,631	2.7	0.3	3.0	0.4	2.3	0.3
Tobacco use or exposure	22,875	1,836	2.5	0.2	2.2	0.2	3.1	0.3
Asthma education	10,166	1,081	1.1	0.1	1.0	0.1	1.3	0.2
Other	164,146	12,918	18.2	1.4	18.7	1.5	17.5	1.5

... Category not applicable.

¹Combined total of individual health education services exceeds "all visits" because more than one may be reported per visit.

²Based on 533,292,000 visits made by females.

³Based on 368,662,000 visits made by males.

Table 19. Number and percentage of office visits with corresponding standard errors, by nonmedication treatment ordered or provided: United States, 2006

Nonmedication treatments ordered or provided	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
All visits	901,954	31,369	...	...
One or more nonmedication treatments ordered or provided	145,148	7,066	16.1	0.7
None	731,406	28,236	81.1	0.8
Blank	25,400	2,755	2.8	0.3
Physical therapy	20,760	2,359	2.3	0.3
Wound care	18,484	1,639	2.0	0.2
Orthopedic care	18,043	3,246	2.0	0.3
Psychotherapy	15,004	1,613	1.7	0.2
Excision of tissue	14,806	1,213	1.6	0.1
Other mental health counseling	11,337	1,634	1.3	0.2
Complementary alternative medicine (CAM)	6,219	1,044	0.7	0.1
Durable medical equipment	5,765	881	0.6	0.1
Home health care	2,136	503	0.2	0.1
Speech or occupational therapy	1,904	451	0.2	0.0
Radiation therapy	1,082	317	0.1	0.0
Hospice care	*	...	0.0	0.0

... Category not applicable.

* Figure does not meet standards of reliability or precision.

0.0 Quantity more than zero, but less than 0.05.

¹Combined total of individual treatments exceeds all visits because more than one may be reported per visit.

Table 20. Number and percent distribution of write-in surgical procedures ordered or performed with corresponding standard errors by procedure category: United States; 2006

Procedure or operation category and ICD-9-CM code range ¹	Number of procedures in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All write-in procedures	64,951	4,988	100.0	...
Nervous system 01-05	1,437	412	2.2	0.7
Eye 08-16	5,884	1,599	9.1	2.5
Ear 18-20	1,055	229	1.6	0.4
Nose, mouth, and pharynx 21-29	1,955	373	3.0	0.6
Cardiovascular system 35-39	*3,608	1,288	*5.6	1.9
Digestive system 42-54	20,304	3,920	31.3	4.4
Urinary system 55-59	3,041	399	4.7	0.7
Male genital organs 60-64	738	175	1.1	0.3
Female genital organs 65-71	3,533	567	5.4	0.9
Obstetrical procedures 72-75	*1,097	452	*1.7	0.7
Musculoskeletal system 76-84	6,823	1,241	10.5	1.8
Integumentary system 85-86	14,192	1,460	21.9	2.1
Other procedures ²	*1,283	396	*2.0	0.6

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) (15). At least one surgical procedure was ordered or performed at 6.6 percent of office visits.

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

NOTE: Included are responses to the write-in fields on the Patient Record form under Diagnostic/Screening Services (item 7.24, Scope procedures, and item 7.27, Other test/service) and Non-Medication Treatment (item 9.13 and 9.14, Procedures). Up to two procedures could be coded for each category, for a total of eight procedures per visit. In addition to the surgical procedures shown in this table, there were an additional 180,016,000 nonsurgical procedures reported (ICD-9-CM, Volume 3, codes 00, 87-99).

Table 21. Number and percent distribution of office visits with corresponding standard errors, by medication therapy and number of medications provided or prescribed, according to patient's sex: United States, 2006

Visit characteristic	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Female ¹		Male ²	
					Percent distribution	Standard error of percent	Percent distribution	Standard error of percent
Medication therapy ³								
All visits	901,954	31,369	100.0	...	100.0	...	100.0	...
Visits with mention of medication ⁴	636,708	22,967	70.6	1.0	70.9	1.1	70.1	1.3
Visits without mention of medication	265,247	13,800	29.4	1.0	29.1	1.1	29.9	1.3
Number of medications provided or prescribed by a physician								
All visits	901,954	31,369	100.0	...	100.0	...	100.0	...
0	265,247	13,800	29.4	1.0	29.1	1.1	29.9	1.3
1	214,094	10,508	23.7	0.7	24.2	0.8	23.0	0.9
2	142,214	6,612	15.8	0.5	15.8	0.6	15.8	0.6
3	87,077	4,348	9.7	0.4	9.3	0.4	10.1	0.5
4	54,442	3,148	6.0	0.3	6.0	0.3	6.0	0.4
5	37,581	2,715	4.2	0.3	4.1	0.3	4.2	0.4
6	28,692	2,175	3.2	0.2	3.2	0.3	3.2	0.3
7	21,423	1,756	2.4	0.2	2.4	0.2	2.4	0.3
8	51,184	3,840	5.7	0.4	5.9	0.4	5.4	0.5

... Category not applicable.

¹Based on 533,292,000 visits made by females.

²Based on 368,662,000 visits made by males.

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

⁴Also defined as drug visits.

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

Table 22. Number and percent distribution of drug visits and drug mentions, percentage of drug visits, and drug mention rates per 100 visits with corresponding standard errors, by physician specialty: United States, 2006

Physician specialty	Drug visits ¹				Drug mentions ²				Percent drug visits ³		Drug mention rates ⁴	
	Number in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Percent	Standard error of percent	Number of drug mentions per 100 visits	Standard error of rate
All specialties	636,708	22,967	100.0	...	1,897,015	78,038	100.0	...	70.6	1.0	210.3	6.1
General and family practice	168,400	10,861	26.4	1.6	513,141	36,183	27.0	1.7	80.8	1.5	246.1	10.5
Internal medicine	109,654	11,075	17.2	1.6	432,585	51,712	22.8	2.3	87.4	2.0	345.0	20.0
Pediatrics	83,752	11,083	13.2	1.6	158,409	21,182	8.4	1.1	68.5	2.4	129.5	6.7
Obstetrics and gynecology	40,319	4,066	6.3	0.6	66,468	7,349	3.5	0.4	58.1	3.1	95.7	7.0
Ophthalmology	27,492	5,698	4.3	0.9	57,244	12,076	3.0	0.6	47.6	3.6	99.0	9.6
Cardiovascular diseases	23,737	2,738	3.7	0.4	130,148	15,911	6.9	0.8	92.0	1.4	504.6	17.0
Psychiatry	21,178	2,394	3.3	0.4	52,551	6,857	2.8	0.4	84.2	4.5	208.9	16.7
Orthopedic surgery	19,588	2,749	3.1	0.4	49,636	8,790	2.6	0.5	40.8	4.2	103.3	17.3
Dermatology	17,113	2,018	2.7	0.3	36,926	6,015	1.9	0.3	67.8	3.5	146.2	15.8
Urology	11,568	1,403	1.8	0.2	32,659	4,963	1.7	0.3	63.2	3.4	178.4	22.0
Oncology	11,422	2,127	1.8	0.3	45,571	9,302	2.4	0.5	76.8	3.9	306.4	29.5
Neurology	9,895	1,180	1.6	0.2	32,319	4,704	1.7	0.3	79.0	2.3	257.9	21.2
Otolaryngology	9,021	1,469	1.4	0.2	19,177	3,603	1.0	0.2	51.5	3.1	109.5	12.1
General surgery	6,308	1,266	1.0	0.2	22,912	5,228	1.2	0.3	44.9	5.8	163.1	27.3
All other specialties	77,260	10,077	12.1	1.4	247,268	34,598	13.0	1.6	66.1	4.4	211.4	22.0

... Category not applicable.

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

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

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

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

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

Table 23. Number and percentage of drug mentions for the 20 most frequently occurring therapeutic drug categories at office visits with corresponding standard errors: United States 2006

Therapeutic drug category ¹	Number of occurrences in thousands	Standard error in thousands	Percent of drug mentions ²	Standard error of percent
Analgesics ³	209,936	11,075	11.1	0.4
Antihyperlipidemic agents	101,640	6,186	5.4	0.2
Antidepressants	85,331	4,500	4.5	0.2
Antidiabetic agents	68,742	5,526	3.6	0.2
Anxiolytics, sedatives, and hypnotics	66,968	4,521	3.5	0.2
Beta-adrenergic blocking agents	63,428	3,651	3.3	0.1
Antiplatelet agents	62,430	4,165	3.3	0.2
Bronchodilators	60,170	6,279	3.2	0.3
Proton pump inhibitors	59,313	4,827	3.1	0.2
Diuretics	54,571	3,697	2.9	0.1
Dermatological agents	53,135	4,073	2.8	0.2
Anticonvulsants	49,800	3,299	2.6	0.1
Angiotensin converting enzyme inhibitors	49,301	3,230	2.6	0.1
Antihistamines	45,181	2,842	2.4	0.1
Ophthalmic preparations	40,197	7,297	2.1	0.4
Sex hormones	36,777	2,382	1.9	0.1
Calcium channel blocking agents	36,529	2,836	1.9	0.1
Adrenal cortical steroids	36,276	3,049	1.9	0.1
Vitamin and mineral combinations	33,634	3,006	1.8	0.1
Thyroid drugs	33,340	2,663	1.8	0.1

¹Based on Multum Lexicon second-level therapeutic drug category (see www.multum.com/lexicon.htm).

²Based on an estimated 1,897,015,000 drug mentions at office visits in 2006.

³Includes narcotic and nonnarcotic analgesics and nonsteroidal anti-inflammatory drugs.

Table 24. Number, percent distribution, and therapeutic drug category for the 20 drug names most frequently mentioned at office visits, by new or continued drug status, with corresponding standard errors: United States, 2006

Drug name ¹	Number of mentions in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Percent distribution			Standard error of percent			Thearapeutic drug category ²	
					Total	New	Continued	Unknown	New	Continued		Unknown
All drug mentions	1,897,015	78,038	100.0	. . .	100.0	26.3	68.6	5.1	1.1	1.2	0.7	. . .
Aspirin	47,724	3,459	2.5	0.1	100.0	4.0	90.1	5.8	0.6	1.0	0.9	Analgesics or Antiplatelet agents
Atorvastatin	34,048	2,331	1.8	0.1	100.0	4.4	90.5	5.1	1.0	1.6	1.3	Antihyperlipidemic agents
Metoprolol	30,905	2,220	1.6	0.1	100.0	5.5	89.9	4.6	1.2	1.6	1.0	Beta-adrenergic blocking agents
Levothyroxine	30,851	2,449	1.6	0.1	100.0	3.9	92.6	3.5	1.1	1.4	0.9	Thyroid drugs
Albuterol	29,217	2,867	1.5	0.1	100.0	21.5	75.7	*2.8	2.3	2.5	0.8	Bronchodilators
Ibuprofen	27,534	2,568	1.5	0.1	100.0	53.0	41.0	6.0	3.1	3.1	1.1	Analgesics
Lisinopril	27,503	2,426	1.4	0.1	100.0	6.1	90.7	3.2	1.1	1.2	0.7	Angiotensin converting enzyme inhibitors
Furosemide	24,435	2,062	1.3	0.1	100.0	6.2	88.3	*5.5	1.4	2.2	1.9	Diuretics
Acetaminophen-hydrocodone	22,990	2,191	1.2	0.1	100.0	35.0	61.0	4.0	2.8	2.8	1.1	Analgesics
Metformin	20,411	1,782	1.1	0.1	100.0	4.2	91.0	4.7	1.0	1.5	1.2	Antidiabetic agents
Simvastatin	19,720	1,663	1.0	0.1	100.0	4.9	90.3	4.8	1.2	1.6	1.1	Antihyperlipidemic agents
Amoxicillin	19,103	1,946	1.0	0.1	100.0	84.2	10.2	*5.5	3.5	2.0	2.4	Penicillins
Hydrochlorothiazide	19,076	1,648	1.0	0.1	100.0	6.2	86.7	7.1	1.2	2.2	1.8	Diuretics
Atenolol	17,738	1,484	0.9	0.1	100.0	5.7	91.3	*3.1	1.3	1.6	1.0	Beta-adrenergic blocking agents
Esomeprazole	17,583	1,758	0.9	0.1	100.0	13.0	81.3	5.7	2.7	3.3	1.6	Proton pump inhibitors
Acetaminophen	17,234	1,754	0.9	0.1	100.0	48.5	46.8	*4.8	4.3	3.6	1.6	Analgesics
Omeprazole	15,847	1,739	0.8	0.1	100.0	20.1	75.4	4.5	3.2	3.7	1.1	Proton pump inhibitors
Warfarin	15,596	1,297	0.8	0.1	100.0	5.0	91.8	*3.2	1.3	1.7	1.2	Anticoagulants
Azithromycin	15,445	1,412	0.8	0.1	100.0	85.7	8.7	*5.5	3.1	2.0	2.5	Macrolide derivatives
Amlodipine	15,225	1,271	0.8	0.1	100.0	5.3	90.0	4.7	1.4	1.6	1.3	Calcium channel blocking agents
Other	428,801	57,511	75.3	0.5	100.0	28.8	65.9	5.3	1.2	1.3	0.7	Other

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Based on Multum Lexicon terminology, drug name reflects the active ingredient(s) of a drug mention.²Based on Multum Lexicon second-level therapeutic drug category (see www.multum.com/lexicon.htm).

Table 25. Number and percentage of office visits with corresponding standard errors, by providers seen: United States, 2006

Type of provider	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
All visits	901,954	31,369	...	...
Physician	868,165	30,732	96.3	0.6
R.N. ² or L.P.N. ³	220,132	22,207	24.4	2.2
Physician assistant	38,606	7,513	4.3	0.8
Nurse practitioner or midwife	17,535	4,290	1.9	0.5
Other provider	140,363	15,436	15.6	1.6

... Category not applicable.

¹Combined total of individual providers exceeds "all visits" because more than one may be reported per visit.

²R.N. is registered nurse.

³L.P.N. is licensed practical nurse.

Table 26. Number and percentage of office visits with corresponding standard errors, by visit disposition: United States, 2006

Disposition	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
All visits	901,954	31,369	...	...
Return at specified time	583,504	22,254	64.7	1.1
Return if needed, P.R.N. ²	231,444	17,107	25.7	1.5
No followup planned	68,486	6,390	7.6	0.6
Refer to other physician	65,021	4,001	7.2	0.4
Telephone followup planned	15,617	2,210	1.7	0.3
Admit to hospital	2,755	819	0.3	0.1
Refer to emergency department	2,016	390	0.2	0.0
Other disposition	14,824	2,647	1.6	0.3
Blank	16,568	1,871	1.8	0.2

... Category not applicable.

¹Combined total of individual dispositions exceeds "all visits" because more than one may be reported per visit.

²P.R.N. is "as needed."

Table 27. Number and percent distribution of office visits with corresponding standard errors, by time spent with physician: United States, 2006

Time spent with physician	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	901,954	31,369	100.0	. . .
Visits at which no physician was seen	33,789	5,560	3.7	0.6
Visits at which a physician was seen	868,165	30,732	96.3	0.6
Total	868,165	30,732	100.0	. . .
1–5 minutes	15,140	2,495	1.7	0.3
6–10 minutes	130,401	11,988	15.0	1.3
11–15 minutes	308,445	17,347	35.5	1.4
16–30 minutes	328,427	15,437	37.8	1.2
31–60 minutes	73,756	5,023	8.5	0.6
61 minutes and over	*11,996	4,999	*1.4	0.6

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

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

Table 28. Mean time spent with physician with corresponding standard errors and percentiles, by physician specialty: United States, 2006

Physician specialty	Mean time in minutes spent with physician ¹	Standard error of mean	25th percentile	Median	75th percentile
All visits	21.8	1.2	14.2	14.9	24.4
Psychiatry	32.6	1.6	19.1	27.0	43.9
Neurology	27.0	1.1	14.3	19.7	29.7
Oncology	24.5	1.2	14.7	19.1	27.8
Cardiovascular diseases	22.1	0.8	13.8	18.4	29.2
Internal medicine	21.5	1.1	14.3	14.9	23.4
General surgery	20.8	1.5	14.0	14.9	24.2
Otolaryngology	20.4	1.0	13.5	14.9	23.1
Orthopedic surgery	20.0	0.7	13.4	14.7	24.4
Obstetrics and gynecology	19.7	0.7	14.2	14.9	23.0
General and family practice	19.5	0.5	14.2	14.8	20.0
Urology	19.2	0.8	14.0	14.9	22.9
Ophthalmology	19.1	1.5	9.3	14.8	19.8
Dermatology	17.5	1.0	9.5	14.0	18.8
Pediatrics	16.8	0.7	9.8	14.6	18.9
All other specialties	33.2	8.7	14.7	19.1	29.1

¹Only visits where a physician was seen are included.

Table 29. Characteristics of the 2006 National Ambulatory Medical Care Survey, physician respondents and nonrespondents

Physician characteristic ¹	Number of sampled in-scope physicians ²	Total sample percent distribution ³ (weighted)	Responding physician percent distribution ⁴ (weighted)	Nonresponding physician percent distribution ⁵ (weighted)	Weighted response rate ⁶
All office-based physicians	2268	100.0	100.0	100.0	0.584
Age					
Under 50 years	1069	48.2	47.9	48.6	0.580
50 years and over	1199	51.8	52.1	51.4	0.587
Sex					
Male	1740	76.2	75.1	77.6	0.576
Female	524	23.8	24.9	22.4	0.609
Unknown	4	0.0	0.0	0.0	0.280
Region					
Northeast	514	20.7	20.5	20.9	0.579
Midwest	466	20.0	20.2	19.7	0.590
South	744	36.5	37.6	34.8	0.602
West	544	22.8	21.7	24.5	0.553
Metropolitan status ^{7,8}					
MSA	2060	89.8	86.6	94.3	0.563
Non-MSA	208	10.2	13.4	5.7	0.766
Type of doctor ⁷					
Doctor of medicine	1953	93.5	92.5	94.8	0.578
Doctor of osteopathy	141	6.0	6.7	5.0	0.653
Community health center physician	174	0.6	0.8	0.2	0.861
Physician specialty ⁹					
General or family practice	389	18.6	19.2	17.6	0.605
Internal medicine	168	13.1	13.7	12.1	0.613
Pediatrics	155	9.8	10.8	8.5	0.642
General surgery	104	3.6	3.6	3.6	0.580
Obstetrics and gynecology	161	8.0	8.1	7.8	0.592
Orthopedic surgery	109	5.0	5.2	4.8	0.604
Cardiovascular diseases	156	4.4	4.0	5.0	0.534
Dermatology	96	2.5	2.4	2.6	0.564
Urology	115	2.2	2.2	2.2	0.582
Psychiatry	150	5.7	5.5	6.0	0.564
Neurology	151	2.1	1.8	2.4	0.512
Ophthalmology	103	4.2	4.0	4.6	0.545
Otolaryngology	101	1.9	1.9	1.9	0.580
Oncology	118	1.8	1.5	2.1	0.500
All other specialties	192	17.2	16.1	18.8	0.546
Specialty type ⁹					
Primary care	866	49.0	51.4	45.6	0.612
Surgical	604	22.4	21.2	24.0	0.552
Medical	798	28.7	27.5	30.4	0.559
Practice type ⁷					
Solo	546	25.0	22.8	28.0	0.532
Two physicians	128	6.3	6.1	6.6	0.566
Group or HMO ¹⁰	891	41.2	43.3	38.3	0.613
Medical school or government	35	1.7	1.8	1.5	0.626
Community health center	174	0.6	0.8	0.2	0.861
Other	28	1.4	1.6	1.0	0.688
Unclassified	466	23.9	23.6	24.4	0.576

See footnotes at end of table.

Table 29. Characteristics of the 2006 National Ambulatory Medical Care Survey, physician respondents and nonrespondents—Con.

Physician characteristic ¹	Number of sampled in-scope physicians ²	Total sample percent distribution ³ (weighted)	Responding physician percent distribution ⁴ (weighted)	Nonresponding physician percent distribution ⁵ (weighted)	Weighted response rate ⁶
Annual visit volume ^{7,11}					
0–25th percentile	538	25.0	31.4	16.1	0.731
26th–50th percentile	572	25.0	20.8	30.9	0.484
51st–75th percentile	517	25.0	20.2	31.6	0.470
76th–100th percentile	467	25.0	27.7	21.3	0.644

¹Characteristic information is from the master files of the American Medical Association, the American Osteopathic Association, and the Health Resources and Services Administration (HRSA).

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

³Total physicians are those who were selected from (a) the master files of the American Medical Association, (b) the American Osteopathic Association, and (c) physicians practicing in federally funded or look alike CHCs. In-scope determination was also used for inclusion in the NAMCS.

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

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

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

⁷Chi-square test of association is significant ($p < 0.05$) between responding versus nonresponding distribution and indicated physician characteristic.

⁸MSA is metropolitan statistical area.

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

¹⁰HMO health maintenance organization.

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

Form Approved OMB No. 0920-0234 Exp. Date 05/31/2007 CDC 64.148

FORM NAMCS-30 (10-3-2005)	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 AMBULATORY MEDICAL CARE SURVEY 2006 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).		

NAMCS-30 (10-3-2005)

1. PATIENT INFORMATION		2. INJURY/POISONING/ ADVERSE EFFECT	
a. Date of visit Month Day Year | | | 200|	d. Sex <input type="checkbox"/> Female - Is patient pregnant? <input type="checkbox"/> Yes - Specify gestation week → OR <input type="checkbox"/> Male <input type="checkbox"/> Unknown	e. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	g. Tobacco use <input type="checkbox"/> Not current <input type="checkbox"/> Current <input type="checkbox"/> Never <input type="checkbox"/> Unknown <input type="checkbox"/> Former
b. ZIP code | | | | | |	f. Race - Mark (X) one or more. <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native	h. Expected source(s) of payment for this visit - Mark (X) all that apply. <input type="checkbox"/> Private insurance <input type="checkbox"/> Other <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid/SCHIP <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Self-pay <input type="checkbox"/> No charge/Charity	
c. Date of birth Month Day Year | | | | | |	Is this visit related to any of the following? <input type="checkbox"/> Unintentional injury/poisoning <input type="checkbox"/> Intentional injury/poisoning <input type="checkbox"/> Adverse effect of medical/surgical care or adverse effect of medicinal drug <input type="checkbox"/> None of the above <input type="checkbox"/> Unknown		
3. REASON FOR VISIT		4. CONTINUITY OF CARE	
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: _____		a. Are you the patient's primary care physician/provider? <input type="checkbox"/> Yes - SKIP to item 4b. <input type="checkbox"/> No <input type="checkbox"/> Unknown Was patient referred for this visit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	b. Has the patient been seen in your practice before? <input type="checkbox"/> Yes, established patient - How many past visits in the last 12 months? Exclude this visit. <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6+ <input type="checkbox"/> Unknown <input type="checkbox"/> No, new patient
		c. Major reason for this visit <input type="checkbox"/> New problem (<3 mos. onset) <input type="checkbox"/> Chronic problem, routine <input type="checkbox"/> Chronic problem, flare-up <input type="checkbox"/> Pre-/Post-surgery <input type="checkbox"/> Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams)	
5. PROVIDER'S DIAGNOSIS FOR THIS VISIT			
a. As specifically as possible, list diagnoses related to this visit including chronic conditions. (1) Primary diagnosis: _____ (2) Other: _____ (3) Other: _____		b. Regardless of the diagnoses written in 5a, does the patient now have - Mark (X) all that apply. <input type="checkbox"/> Arthritis <input type="checkbox"/> Cerebrovascular disease <input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Asthma <input type="checkbox"/> CHF <input type="checkbox"/> Hypertension <input type="checkbox"/> Cancer <input type="checkbox"/> Chronic renal failure <input type="checkbox"/> Ischemic heart disease <input type="checkbox"/> In situ <input type="checkbox"/> COPD <input type="checkbox"/> Obesity <input type="checkbox"/> Local <input type="checkbox"/> Depression <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Regional <input type="checkbox"/> Diabetes <input type="checkbox"/> None of the above <input type="checkbox"/> Distant <input type="checkbox"/> Unknown	
		c. Status of patient enrollment in a disease management program for any of the conditions marked in 5b. <input type="checkbox"/> Currently enrolled <input type="checkbox"/> Ordered/advised to enroll at this visit <input type="checkbox"/> Not enrolled <input type="checkbox"/> Unknown	
6. VITAL SIGNS		7. DIAGNOSTIC/SCREENING SERVICES	
(1) Height _____ <input type="checkbox"/> ft/in <input type="checkbox"/> cm (2) Weight _____ <input type="checkbox"/> lbs <input type="checkbox"/> kg (3) Temperature _____ <input type="checkbox"/> °C <input type="checkbox"/> °F (4) Blood pressure _____ / _____		Mark (X) all ordered or provided at this visit. Examinations: <input type="checkbox"/> NONE <input type="checkbox"/> Breast <input type="checkbox"/> Pelvic <input type="checkbox"/> Rectal <input type="checkbox"/> Skin <input type="checkbox"/> Depression screening Imaging: <input type="checkbox"/> Bone mineral density <input type="checkbox"/> Mammography <input type="checkbox"/> MRI/CT/PET <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray <input type="checkbox"/> Other imaging	
		Blood tests: <input type="checkbox"/> CBC (complete blood count) <input type="checkbox"/> Electrolytes <input type="checkbox"/> Glucose <input type="checkbox"/> HgbA1C (glycohemoglobin) <input type="checkbox"/> Lipids/Cholesterol <input type="checkbox"/> PSA (prostate specific antigen) <input type="checkbox"/> Other blood test Scope: <input type="checkbox"/> Scope procedure (e.g., colonoscopy) - Specify _____	
		Other tests: <input type="checkbox"/> Biopsy <input type="checkbox"/> Chlamydia test <input type="checkbox"/> PAP test - conventional <input type="checkbox"/> PAP test - liquid-based <input type="checkbox"/> PAP test - unspecified <input type="checkbox"/> HPV DNA test <input type="checkbox"/> EKG/ECG <input type="checkbox"/> Spirometry/Pulmonary function test <input type="checkbox"/> Urinalysis (UA) <input type="checkbox"/> Other test/service - Specify _____	
8. HEALTH EDUCATION		9. NON-MEDICATION TREATMENT	
Mark (X) all ordered or provided at this visit. <input type="checkbox"/> NONE <input type="checkbox"/> Asthma education <input type="checkbox"/> Diet/Nutrition <input type="checkbox"/> Exercise <input type="checkbox"/> Growth/Development <input type="checkbox"/> Injury prevention		Mark (X) or list all ordered or provided at this visit. <input type="checkbox"/> NONE <input type="checkbox"/> Complementary alternative medicine (CAM) <input type="checkbox"/> Durable medical equipment <input type="checkbox"/> Home health care <input type="checkbox"/> Hospice care <input type="checkbox"/> Physical therapy <input type="checkbox"/> Radiation therapy	
		<input type="checkbox"/> Speech/Occupational therapy <input type="checkbox"/> Psychotherapy <input type="checkbox"/> Other mental health counseling <input type="checkbox"/> Excision of tissue <input type="checkbox"/> Orthopedic care <input type="checkbox"/> Wound care	
		Procedures: <input type="checkbox"/> Other non-surgical procedures - Specify _____ <input type="checkbox"/> Other surgical procedures - Specify _____	
10. MEDICATIONS & IMMUNIZATIONS		11. PROVIDERS	
Include Rx and OTC drugs, immunizations, allergy shots, anesthetics, chemotherapy, and dietary supplements that were ordered, supplied, administered or continued during the visit. (1) _____ New <input type="checkbox"/> Continued <input type="checkbox"/> (2) _____ New <input type="checkbox"/> Continued <input type="checkbox"/> (3) _____ New <input type="checkbox"/> Continued <input type="checkbox"/> (4) _____ New <input type="checkbox"/> Continued <input type="checkbox"/> (5) _____ New <input type="checkbox"/> Continued <input type="checkbox"/> (6) _____ New <input type="checkbox"/> Continued <input type="checkbox"/> (7) _____ New <input type="checkbox"/> Continued <input type="checkbox"/> (8) _____ New <input type="checkbox"/> Continued <input type="checkbox"/>		Mark (X) all providers seen at this visit. <input type="checkbox"/> Physician <input type="checkbox"/> Physician assistant <input type="checkbox"/> Nurse practitioner/Midwife <input type="checkbox"/> RN/LPN <input type="checkbox"/> Other	
		12. VISIT DISPOSITION Mark (X) all that apply. <input type="checkbox"/> No follow-up planned <input type="checkbox"/> Return if needed, PRN <input type="checkbox"/> Refer to other physician <input type="checkbox"/> Return at specified time <input type="checkbox"/> Telephone follow-up planned <input type="checkbox"/> Refer to emergency department <input type="checkbox"/> Admit to hospital <input type="checkbox"/> Other	
		13. TIME SPENT WITH PROVIDER Minutes _____ Enter zero if no physician seen	

Figure 6. 2006 Patient Record Form

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