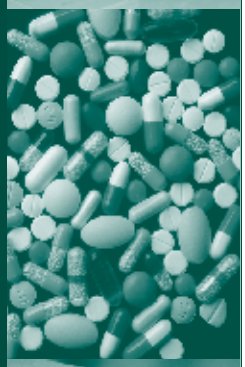
National Ambulatory Medical Care Survey

Factsheet

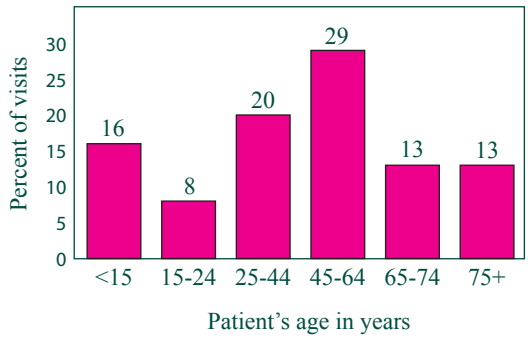
PHYSICIAN OFFICE VISITS



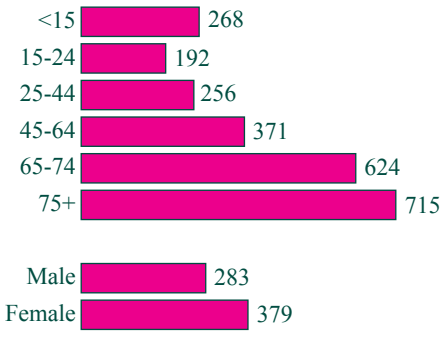
In 2010, there were an estimated 1 billion visits to nonfederally employed, office-based physicians in the United States. Almost half of the visits were made by persons 25–64 years of age.

Percent distribution of office visits by patient's age: 2010



The annual visit rate increased with age from age 15. The visit rate was highest for persons 75 years and over. Females had a higher visit rate than males.

Annual office visit rates by patient's age and sex: 2010



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Private insurance — 53%
- Medicare — 25%
- Medicaid/CHIP — 12%
- No insurance[1] — 4%
- Worker's compensation — 1%

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

The major reason for visit was:

- New problem — 34%
- Chronic problem, routine — 29%
- Preventative care — 21%
- Chronic problem, flare-up — 8%
- Pre- or post-surgery/injury follow-up — 6%

The top 5 reasons given by patients for visiting physicians were:

- Progress visit
- General medical examination
- Cough
- Postoperative visit
- Medication visit

The top 5 diagnoses were:

- Routine infant or child health check
- Essential hypertension
- Diabetes mellitus
- Normal pregnancy
- General medical examination

Medications were provided or prescribed at 74 percent of office visits. The top 5 generic substances utilized were:

- Aspirin
- Simvastatin
- Lisinopril
- Levothyroxine
- Albuterol

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.

THE IMPORTANCE OF NAMCS DATA **Physician Office Visits**

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, Archives of Internal Medicine (*renamed *JAMA Internal Medicine),* and the *American Journal of Medicine*. Here are a few recent publications using NAMCS data:

Kraschnewski JL, Sciamanna CN, Stuckey HL, Chuang CH, Lehman EB, Hwang KO, Sherwood LL, Nembhard HB. A silent response to the obesity epidemic: decline in US physician weight counseling. *Med Care*. 51(2):186-192. Feb 2013.

Kale MS, Bishop TF, Federman AD, Keyhani S. Trends in the overuse of ambulatory health care services in the United States. *Arch Intern Med*. 24:1-7. Dec 2012.

Tundia NL, Kelton CM, Cavanaugh TM, Guo JJ, Hanseman DJ, Heaton PC. The effect of electronic medical record system sophistication on preventive healthcare for women. *J Am Med Inform Assoc*. Oct 2012. [Epub ahead of print]

Mehta H, Patel J, Parikh R, Abughosh S. Differences in obesity management among physicians. *Popul Health Manag*. 15(5):287-292. Oct 2012.

Kepka D, Berkowitz Z, Yabroff KR, Roland K, Saraiya M. Human papillomavirus vaccine practices in the USA: do primary care providers use sexual history and cervical cancer screening results to make HPV vaccine recommendations? *Sex Transm Infect*. 88(6):433-435. Oct 2012.

Jamal A, Dube SR, Malarcher AM, Shaw L, Engstrom MC; Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. Tobacco use screening and counseling during physician office visits among adults - National Ambulatory Medical Care Survey and National Health Interview Survey, United States, 2005-2009. *MMWR Surveill Summ*. 61(2):38-45. Jun 2012.

Bishop TF, Federman AD, Ross JS. Association between physician quality improvement incentives and ambulatory quality measures. *Am J Manag Care*. 18(4):e126-e134. Apr 2012.

Hollingsworth JM, Saint S, Sakshaug JW, Hayward RA, Zhang L, Miller DC. Physician practices and readiness for medical home reforms: policy, pitfalls, and possibilities. *Health Serv Res*. 47(1 Pt 2):486-508. Feb 2012.

Pickett-Blakely O, Bleich SN, Cooper LA. Patient-physician gender concordance and weight-related counseling of obese patients. *Am J Prev Med*. 40(6):616-619. Jun 2011.

Strumpf EC. Racial/Ethnic disparities in primary care: the role of physician-patient concordance. *Med Care*. 49(5):496-503. May 2011.

Sacks JJ, Luo YH, Helmick CG. Prevalence of specific types of arthritis and other rheumatic conditions in the ambulatory health care system in the United States, 2001-2005. *Arthritis Care Res (Hoboken)*. 62(4):460-464. Apr 2010.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

National Ambulatory Medical Care Survey

Factsheet

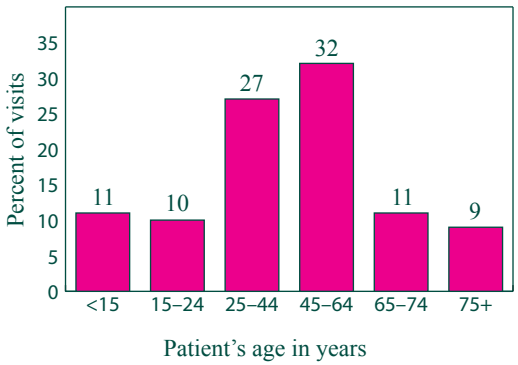
GENERAL/FAMILY PRACTICE





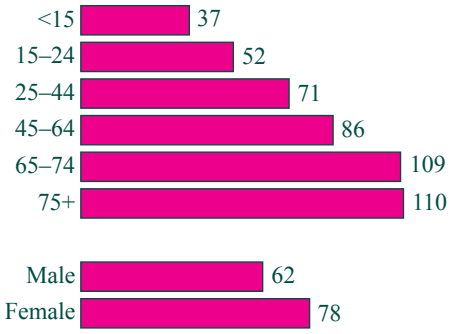

In 2010, there were an estimated 214 million visits to nonfederally employed, office-based general and family practitioners in the United States.

Percent distribution of office visits by patient's age: 2010



The annual visit rate increased with age, and females had a higher visit rate than males.

Annual office visit rates by patient's age and sex: 2010



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Private insurance — 54%
- Medicare — 20%
- Medicaid/CHIP — 14%
- No insurance[1] — 6%

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

The major reason for visit was:

- New problem — 44%
- Chronic problem, routine — 25%
- Preventative care — 19%
- Chronic problem, flare-up — 8%
- Pre- or post-surgery/injury follow-up — 1%

The top 5 reasons given by patients for visiting general and family practitioners were:

- General medical exam
- Progress visit
- Medication
- Cough
- Test results

The top 5 diagnoses were:

- Essential hypertension
- General medical exam
- Diabetes mellitus
- Infant/Child check
- Acute upper respiratory infections, excluding pharyngitis

Medications were provided or prescribed at 85 percent of office visits. The top 5 generic substances utilized were:

- Lisinopril
- Aspirin
- Simvastatin
- Albuterol
- Acetaminophen hydrocodone

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.

THE IMPORTANCE OF NAMCS DATA **General/Family Practice**

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, Journal of Family Practice,* and *Annals of Family Medicine.* Here are a few recent publications using NAMCS data:

Xierali IM, Hsiao CJ, Puffer JC, Green LA, Rinaldo JC, Bazemore AW, Burke MT, Phillips RL Jr. The rise of electronic health record adoption among family physicians. *Ann Fam Med*. 11(1):14-19. Jan 2013.

Hing E, Hooker RS, Ashman JJ. Primary health care in community health centers and comparison with office-based practice. *J Community Health*. 36(3): 406-413. Jun 2011.

Cohen D, Coco A. Trends in the provision of preventive women's health services by family physicians. *Fam Med*. 43(3):166-171. Mar 2011.

Katerndahl D, Wood R, Jaén CR. Family medicine outpatient encounters are more complex than those of cardiology and psychiatry. *J Am Board Fam Med*. 24(1):6-15. Jan-Feb 2011.

Bleich SN, Pickett-Blakely O, Cooper LA. Physician practice patterns of obesity diagnosis and weight-related counseling. *Patient Educ Couns*. 82(1): 123-129. Jan 2011.

Cohen D, Coco A. Trends in well-child visits to family physicians by children younger than 2 years of age. *Ann Fam Med*. 8(3):245-248. May-Jun 2010.

Fang J, Keenan NL, Ayala C. Health care services provided during physician office visits for hypertension: differences by specialty. *J Clin Hypertens* (Greenwich). 12(2):89-95. Feb 2010.

Decker SL, Burt CW, Sisk JE. Trends in diabetes treatment patterns among primary care providers. *J Ambul Care Manage*. 32(4):333-341. Oct-Dec 2009.

Cohen D, Coco A. Declining trends in the provision of prenatal care visits by family physicians. *Ann Fam Med*. 7(2):128-133. Mar-Apr 2009.

Morgan PA, Strand J, Ostbye T, Albanese MA. Missing in action: care by physician assistants and nurse practitioners in national health surveys. *Health Serv Res*. 42(5):2022-2037. Oct 2007.

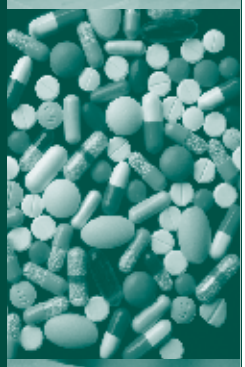
Binns HJ, Lanier D, Pace WD, Galliher JM, Ganiats TG, Grey M, Ariza AJ, Williams R; Primary Care Network Survey (PRINS) Participants. Describing primary care encounters: the Primary Care Network Survey and the National Ambulatory Medical Care Survey. *Ann Fam Med*. 5(1):39-47. Jan-Feb 2007.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

National Ambulatory Medical Care Survey

Factsheet

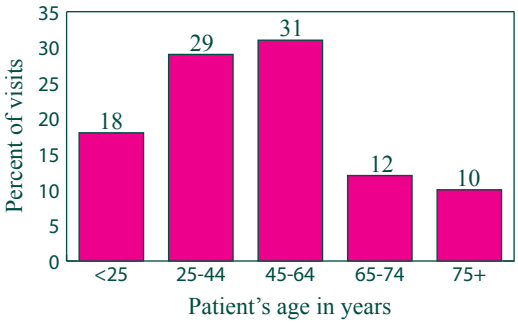
OSTEOPATHY



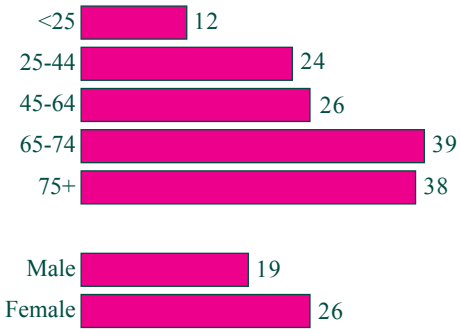
In 2010, there were an estimated 67 million visits to nonfederally employed, office-based osteopathic physicians in the United States. More than half of the visits were made by persons 25–64 years of age.

Percent distribution of office visits by patient's age: 2010



The annual visit rate increased with age.

Annual office visit rates by patient's age and sex: 2010



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Private insurance — 52%
- Medicare — 21%
- Medicaid/CHIP — 12%

The major reason for visit was:

- New problem — 40%
- Chronic problem, routine — 27%
- Preventative care — 17%
- Chronic problem, flare-up — 6%

The top 5 reasons given by patients for visiting osteopaths were:

- Progress visit
- General medical examinations
- Cough
- Medication
- Test results

The top 5 diagnoses were:

- Essential hypertension
- General medical examination
- Diabetes mellitus
- Normal pregnancy
- Chronic sinusitis

Medications were provided or prescribed at 75 percent of office visits. The top 5 generic substances utilized were:

- Lisinopril
- Aspirin
- Acetaminophen-Hydrocodone
- Levothyroxine
- Simvastatin

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.

THE IMPORTANCE OF NAMCS DATA **Osteopathy**

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, Archives of Pediatric and Adolescent Medicine*, and *Journal of the American Osteopathic Association*. Here are just a few recent publications using NAMCS data:

Licciardone JC, Singh KP. Sociodemographic and geographic characteristics associated with patient visits to osteopathic physicians for primary care. *BMC Health Serv Res*. 11(1):303. Nov 2011.

Moser A, Segars LW. Assessment of antihyperlipidemic therapy in US patients with coronary heart disease. *J Am Osteopath Assoc*. 110(6):331-339. Jun 2010.

Licciardone JC, Clearfield MB, Guillory VJ. Clinical practice characteristics of osteopathic and allopathic primary care physicians at academic health centers: results from the National Ambulatory Medical Care Survey. *Acad Med*. 84(6):744-750. Jun 2009.

Licciardone JC. The epidemiology and medical management of low back pain during ambulatory medical care visits in the United States. *Osteopath Med Prim Care*. 2(1):11. Nov 2008.

McAlpine DD, Wilson AR. Trends in obesity-related counseling in primary care: 1995-2004. *Medical Care.* 45(4):322-329. Apr 2007.

Sciamanna CN, Rogers ML, Shenassa ED, Houston TK. Patient access to US physicians who conduct Internet or E-mail consults. *J Gen Intern Med.* 22(3):378-381. Mar 2007.

Binns HJ, Lanier D, Pace WD, Galliher JM, Ganiats TG, Grey M, Ariza AJ, Williams R, Primary Care Network Survey (PRINS) participants. Describing primary care encounters: the Primary Care Network Survey and the National Ambulatory Medical Care Survey. *Ann Fam Med.* 5(1):39-47. Jan-Feb 2007.

Hambidge SJ, Emsermann CB, Federico S, Steiner JF. Disparities in pediatric preventive care in the United States, 1993-2002. *Arch Pediatr Adolesc Med.* 161(1):30-36. Jan 2007.

Licciardone JC. A comparison of patient visits to osteopathic and allopathic general and family medicine physicians: results from the National Ambulatory Medical Care Survey, 2003-2004. *Osteopath Med Prim Care.* 1(2):1-12. Jan 2007.

Sun C, Jew S, Dasta SL. Osteopathic physicians in the United States: antibiotic prescribing practices for patients with nonspecific upper respiratory tract infections. *J Am Osteopath Assoc.* 106(8):450-455. Aug 2006.

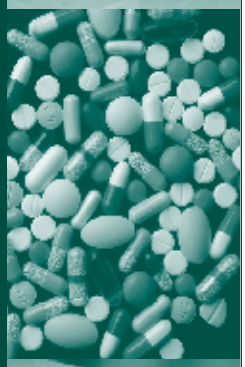
Young SE, Mainous AG 3rd, Diaz VA, Everett CJ. Practice patterns in sildenafil prescribing. *Fam Med.* 38(2):110-115. Feb 2006.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

National Ambulatory Medical Care Survey

Factsheet

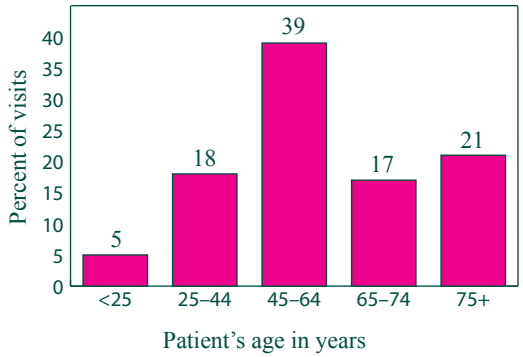
INTERNAL MEDICINE



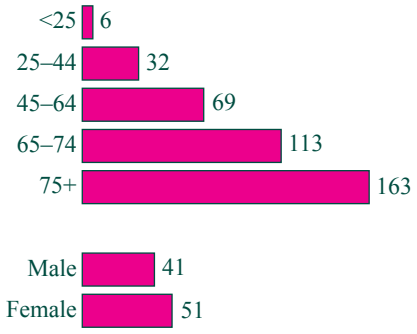
In 2010, there were an estimated 139 million visits to nonfederally employed, office-based physicians specializing in internal medicine in the United States. Over 75 percent of the visits were made by persons 45 years and over.

Percent distribution of office visits by patient's age: 2010



The annual visit rate increased with age. Females had a higher visit rate than males.

Annual office visit rates by patient's age and sex: 2010



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Private insurance — 50%
- Medicare — 36%
- Medicaid/CHIP — 5%
- No insurance[1] — 3%

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

The major reason for visit was:

- New problem — 37%
- Chronic problem, routine — 32%
- Preventative care — 19%
- Chronic problem, flare-up — 8%
- Pre- or post-surgery/injury follow-up — 2%

The top 4 reasons given by patients for visiting internists were:

- General medical exam
- Progress visit
- Hypertension
- Cough

The top 4 diagnoses were:

- Essential hypertension
- Diabetes mellitus
- General medical exam
- Disorders of lipid metabolism

Medications were provided or prescribed at 87 percent of office visits. The top 5 generic substances utilized were:

- Aspirin
- Simvastatin
- Lisinopril
- Levothyroxine
- Omeprazole

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.

THE IMPORTANCE OF NAMCS DATA **Internal Medicine**

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, Archives of Internal Medicine (*renamed *JAMA Internal Medicine),* and *Journal of General Internal Medicine*. Here are a few recent publications using NAMCS data:

Kraschnewski JL, Sciamanna CN, Stuckey HL, Chuang CH, Lehman EB, Hwang KO, Sherwood LL, Nembhard HB. A silent response to the obesity epidemic: decline in US physician weight counseling. *Med Care*. 51(2):186-192. Feb 2013. [Epub ahead of print]

Leventer-Roberts M, Patel A, Trasande L. Is severity of obesity associated with diagnosis or health education practices? *Int J Obes (Lond)*. 36(12):1571-1577. Dec 2012.

Kale MS, Bishop TF, Federman AD, Keyhani S. Trends in the overuse of ambulatory health care services in the United States. *Arch Intern Med*. 24:1-7. Dec 2012.

Peery AF, Dellon ES, Lund J, Crockett SD et al. Burden of gastrointestinal disease in the United States: 2012 Update. *Gastroenterology*. 143(5):1179-1187. Nov 2012.

Hernandez-Boussard T, Ahmed SM, Morton JM. Obesity disparities in preventive care: findings from the National Ambulatory Medical Care Survey, 2005-2007. *Obesity (Silver Spring)*. 20(8):1639-1644. Aug 2012.

Srinivas SV, Deyo RA, Berger ZD. Application of "less is more" to low back pain. *Arch Intern Med*. 172(13):1016-1020. Jul 2012.

Barnett ML, Song Z, Landon BE. Trends in physician referrals in the United States, 1999-2009. *Arch Intern Med*. 172(2):163-170. Jan 2012.

Dorn SD, Meek PD, Shah ND. Increasing frequency of opioid prescriptions for chronic abdominal pain in US outpatient clinics. *Clin Gastroenterol Hepatol*. 9(12):1078-1085. Dec 2011.

The Good Stewardship Working Group. The "Top 5" lists in primary care: meeting the responsibility of professionalism. *Arch Intern Med*. 171(15):1385-1390. Aug 2011.

Bleich SN, Pickett-Blakely O, Cooper LA. Physician practice patterns of obesity diagnosis and weight-related counseling. *Patient Educ Couns*. 82(1):123-129. Jan 2011.

Ananthakrishnan AN, McGinley EL, Saeian K. Length of office visits for gastrointestinal disease: impact of physician specialty. *Am J Gastroenterol*. 105(8):1719-1725. Aug 2010.

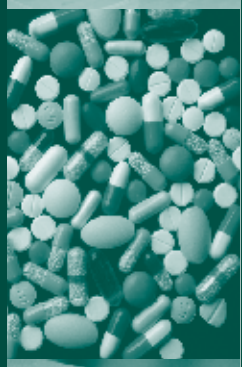
Fortuna RJ, Robbins BW, Mani N, Halterman JS. Dependence on emergency care among young adults in the United States. *J Gen Intern Med*. 25(7):663-669. Jul 2010.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

National Ambulatory Medical Care Survey

Factsheet

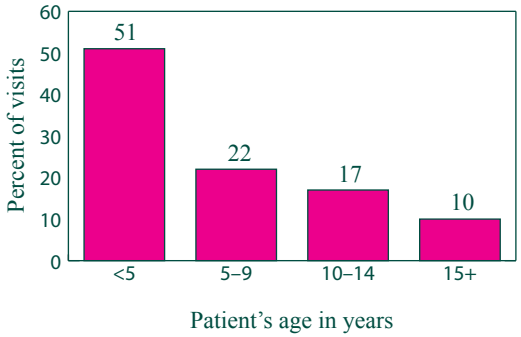
PEDIATRICS



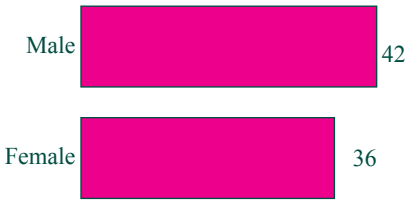
In 2010, there were an estimated 132 million visits to nonfederally employed, office-based pediatricians in the United States. Half of these visits were made by children under the age of 5.

Percent distribution of office visits by patient's age: 2010



The visit rate was not different for males and females.

Annual office visit rates by patients under 15: 2010



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Private insurance — 53%
- Medicaid/CHIP — 37%

The major reason for visit was:

- New problem — 45%
- Preventative care — 41%
- Chronic problem, routine — 9%
- Chronic problem, flare-up — 4%

The top 4 reasons for visiting the pediatrician given by patients/ patient spokespersons were:

- General medical exam
- Well baby exam
- Cough
- Fever

The top 5 diagnoses were:

- Routine infant or child health check
- Otitis media and eustachian tube disorders
- Acute upper respiratory infections, excluding pharyngitis
- Acute pharyngitis
- Asthma

Medications or immunizations were provided or prescribed at 71 percent of pediatric visits. The top 5 generic substances utilized were:

- Influenza virus vaccine, inactivated
- Amoxicillin
- Albuterol
- Hepatitis A vaccine
- Acetaminophen

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.

THE IMPORTANCE OF NAMCS DATA **Pediatrics**

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, Archives of Pediatric and Adolescent Medicine (*renamed *JAMA Pediatrics),* and the *Journal of Family Practice*. Here are a few recent publications using NAMCS data:

Goldman JL, Jackson MA, Herigon JC, Hersh AL, Shapiro DJ, Leeder JS. Trends in adverse reactions to Trimethoprim-Sulfamethoxazole. *Pediatrics*. 131(1):e103-e108. Jan 2013.

Shapiro DJ, Hersh AL, Cabana MD, Sutherland SM, Patel AI. Hypertension screening during ambulatory pediatric visits in the United States, 2000-2009. *Pediatrics*. 130(4):604-610. Oct 2012.

Phan H, Porter K, Sill B, Nahata MC. Prescribing trends for the outpatient treatment of adolescents and young adults with type 2 diabetes mellitus. *J Manag Care Pharm*. 18(8):607-614. Oct 2012.

Fortuna RJ, Halterman JS, Pulcino T, Robbins BW. Delayed transition of care: a national study of visits to pediatricians by young adults. *Acad Pediatr*. 12(5):405-411. Sep-Oct 2012.

Tran AR, Zito JM, Safer DJ, Hundley SD. National trends in pediatric use of anticonvulsants. *Psychiatr Serv*. Sept 2012. [Epub ahead of print]

Sidell D, Shapiro NL, Bhattacharyya N. Demographic influences on antibiotic prescribing for pediatric acute otitis media. *Otolaryngol Head Neck Surg*. 146(4):653-658. Apr 2012.

Vogel SA, Yentzer B, Davis SA, Feldman SR, Cordoro KM. Trends in pediatric psoriasis outpatient health care delivery in the United States. *Arch Dermatol*. 148(1):66-71. Jan 2012.

Goldberg JL, Dabade TS, Davis SA, Feldman SR, Krowchuk DP, Fleischer AB. Changing age of acne vulgaris visits: another sign of earlier puberty? *Pediatr Dermatol*. 28(6):645-648. Nov 2011.

Paul IM, Maselli JH, Hersh AL, Boushey HA, Nielson DW, Cabana MD. Antibiotic prescribing during pediatric ambulatory care visits for asthma. *Pediatrics*. 127(6):1014-1021. Jun 2011.

Copp HL, Shapiro DJ, Hersh AL. National ambulatory antibiotic prescribing patterns for pediatric urinary tract infection, 1998-2007. *Pediatrics*. 127(6):1027-1033. Jun 2011.

Shapiro DJ, Gonzales R, Cabana MD, Hersh AL. National trends in visit rates and antibiotic prescribing for children with acute sinusitis. *Pediatrics*. 127(1):28-34. Jan 2011. [Epub Dec 2010]

Fortuna RJ, Robbins BW, Caiola E, Joynt M, Halterman JS. Prescribing of controlled medications to adolescents and young adults in the United States. *Pediatrics*. 126(6):1108-1116. Dec 2010.

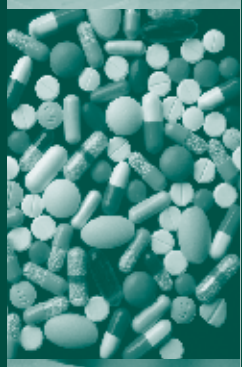
Patel AI, Madsen KA, Maselli JH, Cabana MD, Stafford RS, Hersh AL. Underdiagnosis of pediatric obesity during outpatient preventive care visits. *Acad Pediatr*. 10(6):405-409. Nov-Dec 2010.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

National Ambulatory Medical Care Survey

Factsheet

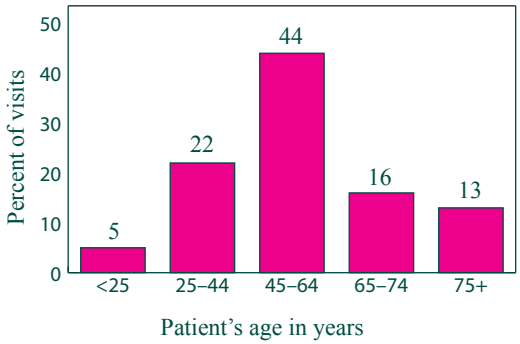
GENERAL SURGERY



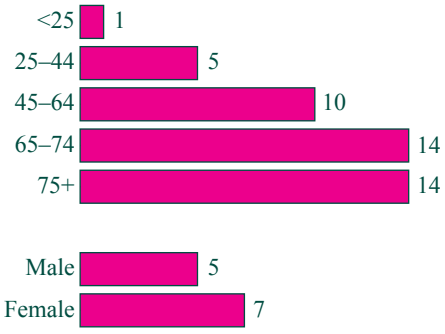
In 2010, there were an estimated 19 million visits to nonfederally employed, office-based physicians specializing in general surgery in the United States. More than 60 percent of the visits were made by persons between 25–64 years of age.

Percent distribution of office visits by patient's age: 2010



The annual visit rates were highest for persons 65 years and over.

Annual office visit rates by patient's age and sex: 2010



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Private insurance — 52%
- Medicare — 28%
- Medicaid/CHIP — 7%

The major reason for visit was:

- Pre- or post-surgery/injury follow-up — 38%
- New problem — 30%
- Chronic problem, flare-up — 6%

The top 2 reasons given by patients for visiting general surgeons were:

- Postoperative visit
- Hernia of abdominal cavity

The top diagnoses were:

- Malignant neoplasms of breast
- Sebaceous cyst
- Hernia of abdominal cavity

Medications or immunizations were provided or prescribed at 49 percent of the visits to general surgeons. The top 2 generic substances utilized were:

- Levothyroxine
- Lisinopril

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.

THE IMPORTANCE OF NAMCS DATA **General Surgery**

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, American Journal of Public Health,* and *Journal of the American College of Surgeons*. Here are a few recent publications using NAMCS data:

Lapolla WJ, Levender MM, Davis SA, Yentzer BA, Williford PM, Feldman SR. Topical antibiotic trends from 1993 to 2007: use of topical antibiotics for non-evidence-based indications. *Dermatol Surg*. 37(10):1427-1433. Oct 2011.

Craig BM, Bell BA, Quinn GP, Vadaparampil ST. Prevalence of cancer visits by physician specialty, 1997-2006. *J Cancer Educ*. 25(4): 548-555. Dec 2010.

Barnes GD, Gafoor S, Wakefield T, Upchurch GR Jr, Henke P, Froehlich JB. National trends in venous disease. *J Vasc Surg*. 51(6):1467-1473. Jun 2010.

Valderas JM, Starfield B, Forrest CB, Sibbald B, Roland M. Ambulatory care provided by office-based specialists in the United States. *Ann Fam Med*. 7(2):104-111. Mar-Apr 2009.

Housman TS, Hancox JG, Mir MR, Camacho F, Fleischer AB, Feldman SR, Williford PM. What specialities perform the most common outpatient cosmetic procedures in the United States? *Dermatol Surg*. 34(1):1-7. Jan 2008.

Morgan PA, Strand J, Ostbye T, Albanese MA. Missing in action: care by physician assistants and nurse practitioners in national health surveys. *Health Serv Res*. 42(5):2022-2037. Oct 2007.

Warino L, Tusa M, Camacho F, Teuschler H, Fleischer AB Jr, Feldman SR. Frequency and cost of actinic keratosis treatment. *Dermatol Surg*. 32(8):1045-1049. Aug 2006.

Gonzalez HM, West B, Underwood W 3rd. PSA testing in office-based clinics: are we testing as much as we think? *J Am Coll Surg*. 201(6):906-912. Dec 2005.

Burt CW, Sisk JE. Which physicians and practices are using electronic medical records? *Health Aff* (Millwood). 24(5):1334-1343. Sep-Oct 2005.

Hu J, Balkrishnan R, Camacho F, Lang W, Pearce DJ, Fleischer AB, Feldman SR. The frequent use of oral retinoids in combination with other treatments for psoriasis: a retrospective analysis. *Journal of Cutaneous Medicine and Surgery.* 8(6):411-414. Dec 2004.

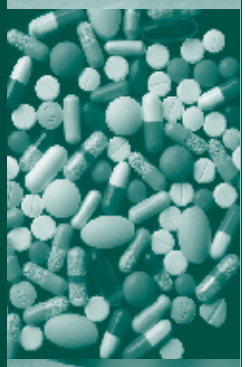
Feldman SR, Camacho F, Williford PM, Siegel DM, Balkrishnan R, Fleischer AB. Patients spend more time with the physician for excision of a malignant skin lesion than for excision of a benign skin lesion. *Dermatol Surg*. 30(3):351-354. Mar 2004.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

National Ambulatory Medical Care Survey

Factsheet

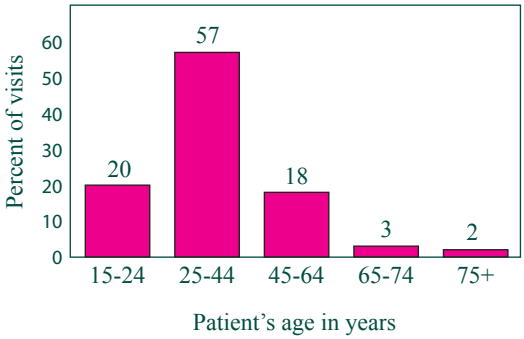
OBSTETRICS/GYNECOLOGY



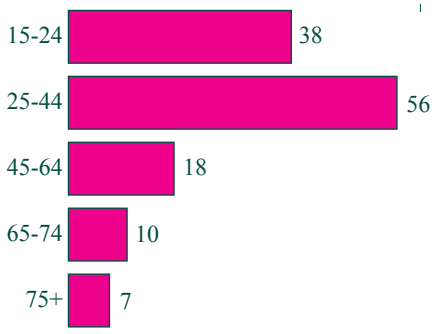
In 2010, there were an estimated 79 million visits to nonfederally employed, office-based physicians specializing in obstetrics and gynecology in the United States. More than half of the visits were made by women 25–44 years of age.

Percent distribution of office visits by females according to patient's age: 2010



NOTE: Females under 15 made <1 percent of visits and are not shown.

Annual office visit rates by patient's age: 2010



Number of visits per 100 females per year

Expected source(s) of payment included:

- Private insurance — 68%
- Medicaid/CHIP — 18%
- Medicare — 6%
- No insurance[1] — 2%

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

The major reason for visit was:

- Preventative care — 71%
- New problem — 16%
- Pre- or post-surgery/injury follow-up — 6%
- Chronic problem, routine — 4%
- Chronic problem, flare-up — 3%

The top 5 reasons given by patients for visiting OB/GYNs were:

- Gynecological examination
- Routine prenatal examination
- Progress visit
- Complications of pregnancy and puerperium
- Postpartum examination

The top 4 diagnoses were:

- Normal pregnancy
- Gynecological examination
- High risk pregnancy
- Postpartum follow-up

Medications were provided or prescribed at 62 percent of office visits. The top 5 generic substances utilized were:

- Ergocalciferol; Pyridoxine; Riboflavin; Thiamine; Vitamin A
- Levothyroxine
- Multivitamin
- Estradiol
- Ethinyl estradiol with norgestimate

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.

THE IMPORTANCE OF NAMCS DATA **Obstetrics/Gynecology**

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, American Journal of Obstetrics & Gynecology,* and *Obstetrics and Gynecology*. Here are a few recent publications using NAMCS data:

Kepka D, Berkowitz Z, Yabroff KR, Roland K, Saraiya M. Human papillomavirus vaccine practices in the USA: do primary care providers use sexual history and cervical cancer screening results to make HPV vaccine recommendations? *Sex Transm Infect*. 88(6):433-435. Oct 2012.

Siddique J, Lantos JD, Vanderweele TJ, Lauderdale DS. Screening tests during prenatal care: does practice follow the evidence? *Matern Child Health J*. 16(1):51-59. Jan 2012.

Lee JW, Berkowitz Z, Saraiya M. Low-risk human papillomavirus testing and other nonrecommended human papillomavirus testing practices among US health care providers. *Obstet Gynecol*. 118(1):4-13. Jul 2011.

Roland KB, Soman A, Benard VB, Saraiya M. Human papillomavirus and Papanicolaou tests screening interval recommendations in the United States. *Am J Obstet Gynecol*. 205(5):447.e1-8. Jun 2011.

Burris HH, Werler MM. US provider reported folic acid or multivitamin ordering for non-pregnant women of childbearing age: NAMCS and NHAMCS, 2005-2006. *Matern Child Health J*. 15(3):352-359. Apr 2011.

Cohen D, Coco A. Trends in the provision of preventive women's health services by family physicians. *Fam Med*. 43(3):166-171. Mar 2011.

Saraiya M, McCaig LF, Ekwueme DU. Ambulatory care visits for Pap tests, abnormal Pap test results, and cervical cancer procedures in the United States. *Am J Manag Care*. 16(6):e137-e144. Jun 2010.

Sung VW, Washington B, Raker CA. Costs of ambulatory care related to female pelvic floor disorders in the United States. *Am J Obstet Gynecol*. 202(5):483.el-4. May 2010.

Sung VW, Raker CA, Myers DL, Clark MA. Ambulatory care related to female pelvic floor disorders in the United States, 1995-2006. *Am J Obstet Gynecol*. 201(5):508.el-6. Nov 2009.

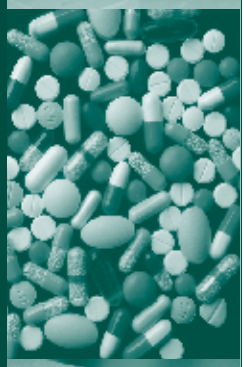
Coco AS, Cohen D, Horst MA, Gambler AS. Trends in prenatal care settings: association with medical liability. *BMC Public Health*. 9:257. Jul 2009.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

National Ambulatory Medical Care Survey

Factsheet

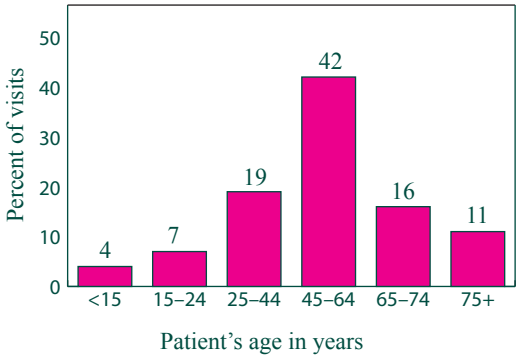
ORTHOPEDIC SURGERY



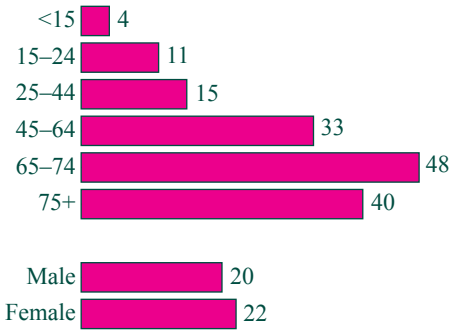
In 2010, there were an estimated 63 million visits to nonfederally employed, office-based physicians specializing in orthopedic surgery in the United States. More than half of the visits were made by persons aged 25–64 years.

Percent distribution of office visits by patient's age: 2010



The annual visit rate was highest in the 65-74 age group.

Annual office visit rates by patient's age and sex: 2010



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Private insurance — 54%
- Medicare — 26%
- Workers' compensation — 9%
- Medicaid/CHIP — 6%

The major reason for visit was:

- New problem — 37%
- Pre- or post-surgery/injury follow-up — 23%
- Chronic problem, routine — 22%
- Chronic problem, flare-up — 15%

The top 4 reasons given by patients for visiting orthopedic surgeons were:

- Knee symptoms
- Shoulder symptoms
- Postoperative visit
- Back symptoms

The top 3 diagnoses were:

- Osteoarthritis
- Lower limb joint pain
- Tear of medial cartilage

Medications were provided or prescribed at 49 percent of office visits. The top 3 generic substances utilized were:

- Acetaminophen with hydrocodone
- Naproxen
- Ibuprofen

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.

THE IMPORTANCE OF NAMCS DATA **Orthopedic Surgery**

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, Journal of Family Practice,* and *Spine*. Here are a few recent publications using NAMCS data:

McDonald DD, Walsh S. Older adult osteoarthritis pain management: results from the 2008 National Ambulatory Medical Care Survey. *J Am Acad Nurse Pract*. 24(2):107-112. Feb 2012.

Desai RJ, Agarwal SJ, Aparasu RR. Drug use trends for arthritis and other rheumatic conditions and effect of patient's age on treatment choice. *N C Med J*. 72(6):432-438. Nov-Dec 2011.

Solomon DH, Ayanian JZ, Yelin E, Shaykevich T, Brookhart MA, Katz JN. Use of disease-modifying medications for rheumatoid arthritis by race and ethnicity in the National Ambulatory Medical Care Survey. *Arthritis Care Res (Hoboken)*. 64(2):184-189. Oct 2011.

Friedman BW, Chilstrom M, Bijur PE, Gallagher EJ. Diagnostic testing and treatment of low back pain in United States emergency departments: a national perspective. *Spine (Phila Pa 1976)*. 35(24):E1406-1411. Nov 2010.

Sacks JJ, Luo YH, Helmick CG. Prevalence of specific types of arthritis and other rheumatic conditions in the ambulatory health care system in the United States, 2001-2005. *Arthritis Care Res (Hoboken)*. 62(4):460-464. Apr 2010.

Licciardone JC. The epidemiology and medical management of low back pain during ambulatory medical care visits in the United States. *Osteopath Med Prim Care*. 2(1):11. Nov 2008.

Avasarala J, Odonovan CA, Roach S, Camacho F, Feldman S. Analysis of NAMCS data for multiple sclerosis, 1998-2004. *BMC Med*. 5(1):6. Apr 2007.

Riddle DL, Schappert SM. Volume and characteristics of inpatient and ambulatory medical care for neck pain in the United States: data from three national surveys. *Spine*. 32(1):132-140; discussion 141. Jan 2007.

Federman AD, Litke A, Morrison RS. Association of age with analgesic use for back and joint disorders in outpatient settings. *Am J Geriatr Pharmacother*. 4(4):306-315. Dec 2006.

Deyo RA, Mirza SK, Martin BI. Back pain prevalence and visit rates: estimates from US national surveys, 2002. *Spine*. 31(23):2724-2727. Nov 2006.

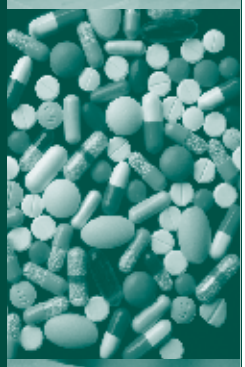
Wofford JL, Mansfield RJ, Watkins RS. Patient characteristics and clinical management of patients with shoulder pain in US primary care settings: secondary data analysis of the National Ambulatory Medical Care Survey. *BMC Musculoskelet Disord*. 6(1):4. Feb 2005.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

National Ambulatory Medical Care Survey

Factsheet

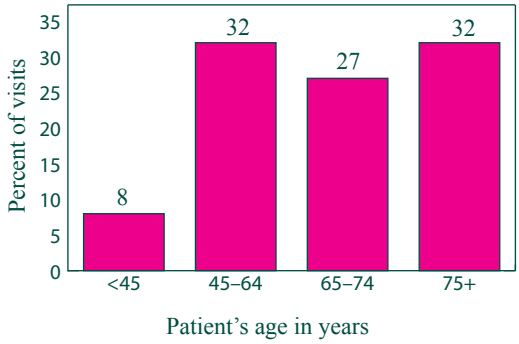
CARDIOVASCULAR DISEASES



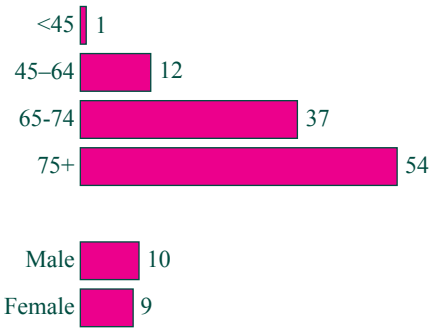
In 2010, there were an estimated 29 million visits to nonfederally employed, office-based physicians specializing in cardiovascular diseases in the United States. More than half of the visits were made by persons 65 years of age and over.

Percent distribution of office visits by patient's age: 2010



The visit rates were highest for persons 65 years and over. The overall rate did not differ by sex.

Annual office visit rates by patient's age and sex: 2010



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Medicare — 52%
- Private insurance — 39%

The major reason for visit was:

- Chronic problem, routine — 54%
- New problem — 17%
- Preventive Care — 12%
- Chronic problem, flare-up — 9%
- Pre- or post-surgery/injury follow-up — 5%

The top 3 reasons given by patients for visiting cardiovascular disease specialists were:

- Progress visit
- Chest pain
- Ischemic heart disease

The top 4 diagnoses were:

- Coronary atherosclerosis
- Essential hypertension
- Atrial fibrillation
- Chest pain

Medications were provided or prescribed at 91 percent of office visits. The top 5 generic substances utilized were:

- Aspirin
- Metoprolol
- Simvastatin
- Lisinopril
- Clopidogrel

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.

THE IMPORTANCE OF NAMCS DATA **Cardiovascular Diseases**

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, Journal of the American College of Cardiology,* and *Circulation*. Here are a few recent publications using NAMCS data:

Kraschnewski JL, Sciamanna CN, Stuckey HL, Chuang CH, Lehman EB, Hwang KO, Sherwood LL, Nembhard HB. A silent response to the obesity epidemic: decline in US physician weight counseling. *Med Care*. 51(2):186-192. Feb 2013. [Epub ahead of print]

Karve S, Levine D, Seiber E, Nahata M, Balkrishnan R. Trends in ambulatory prescribing of antiplatelet therapy among US ischemic stroke patients: 2000-2007. *Adv Pharmacol Sci*. Dec 2012.

Shapiro DJ, Hersh AL, Cabana MD, Sutherland SM, Patel AI. Hypertension screening during ambulatory pediatric visits in the United States, 2000-2009. *Pediatrics*. 130(4):604-610. Oct 2012.

Kulchaitanaroaj P, Brooks JM, Ardery G, Newman D, Carter BL. Incremental costs associated with physician and pharmacist collaboration to improve blood pressure control. *Pharmacotherapy*. 32(8):772-780. Aug 2012.

He XZ. Diabetes care for older patients in America. *Int J Clin Pract*. 66(3):299-304. Mar 2012.

Roger VL, Go AS, Lloyd-Jones DM, Benjamin EJ, Berry JD, Borden WB, Bravata DM, Dai S, Ford ES, Fox CS, Fullerton HJ, Gillespie C, Hailpern SM, Heit JA, Howard VJ, Kissela BM, Kittner SJ, Lackland DT, Lichtman JH, Lisabeth LD, Makuc DM, Marcus GM, Marelli A, Matchar DB, Moy CS, Mozaffarian D, Mussolino ME, Nichol G, Paynter NP, Soliman EZ, Sorlie PD, Sotoodehnia N, Turan TN, Virani SS, Wong ND, Woo D, Turner MB; American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics--2012 update: a report from the American Heart Association. *Circulation*. 125(1):e2-e220. Jan 2012.

Belue R, Oluwole AN, Degboe AN, Figaro MK. Hypertension control in ambulatory care patients with diabetes. *Am J Manag Care*. 18(1):17-23. Jan 2012.

Yoon PW, Tong X, Schmidt SM, Matson-Koffman D. Clinical preventive services for patients at risk for cardiovascular disease, National Ambulatory Medical Care Survey, 2005-2006. *Prev Chronic Dis*. 8(2):A43. Mar 2011.

He XZ. Diabetes preventive services and policy implications in the United States. *Diabetes Care*. 34(1):8-13. Jan 2011.

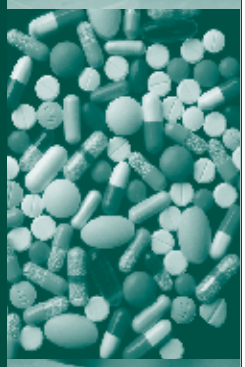
Barnes GD, Gafoor S, Wakefield T, Upchurch GR Jr, Henke P, Froehlich JB. National trends in venous disease. *J Vasc Surg*. 51(6):1467-1473. Jun 2010.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

National Ambulatory Medical Care Survey

Factsheet

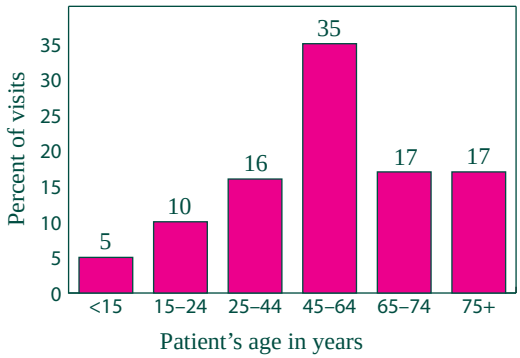
DERMATOLOGY



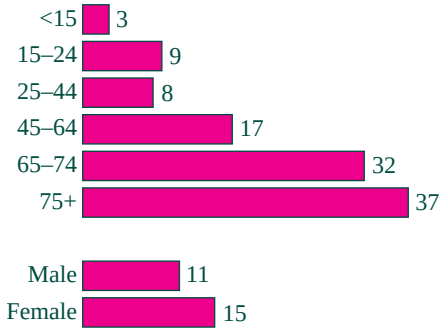
In 2010, there were an estimated 39 million visits to nonfederally employed, office-based dermatologists in the United States. Over one-third of these visits were made by persons 45-64 years of age.

Percent distribution of office visits by patient's age: 2010



The visit rate was highest for persons 75 years and over. The visit rate increased with age.

Annual office visit rates by patient's age and sex: 2010



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Private insurance — 63%
- Medicare — 30%

The major reason for visit was:

- New problem — 38%
- Chronic problem, routine — 31%
- Chronic problem, flare-up — 12%
- Preventative care — 10%
- Pre- or post-surgery/injury follow-up — 9%

The top 4 reasons given by patients for visiting dermatologists were:

- Acne or pimples
- Discoloration or pigmentation
- Special examination
- Skin lesion

The top 5 diagnoses were:

- Acne
- Actinic and seborrheic keratosis
- Unspecified cause
- Benign neoplasm
- Malignant neoplasms

Medications were provided or prescribed at 66 percent of office visits. The top 4 generic substances utilized were:

- Aspirin
- Clobetasol Topical
- Simvastatin
- Tretinoin Topical

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.

THE IMPORTANCE OF NAMCS DATA **Dermatology**

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, Journal of the American Academy of Dermatology,* and *Archives of Dermatology*. Here are a few recent publications using NAMCS data:

Wysong A, Linos E, Hernandez-Boussard T, Arron ST, Gladstone H, Tang JY. Nonmelanoma skin cancer visits and procedure patterns in a nationally representative sample: National Ambulatory Medical Care Survey 1995-2007. *Dermatol Surg*. Jan 2013. [Epub ahead of print]

Wong JW, Davis SA, Feldman SR, Koo JY. Trends in older adult psoriasis outpatient health care practices in the United States. *J Drugs Dermatol*. 11(8):957-962. Aug 2012.

Landis ET, Levender MM, Davis SA, Feneran AN, Gerancher KR, Feldman SR. Isotretinoin and oral contraceptive use in female acne patients varies by physician specialty: analysis of data from the National Ambulatory Medical Care Survey. *J Dermatolog Treat*. 23(4):272-277. Aug 2012.

Davis SA, Narahari S, Feldman SR, Huang W, Pichardo-Geisinger RO, McMichael AJ. Top dermatologic conditions in patients of color: an analysis of nationally representative data. *J Drugs Dermatol*. 11(4):466-473. Apr 2012.

Bolaji RS, Dabade TS, Gustafson CJ, Davis SA, Krowchuk DP, Feldman SR. Treatment of impetigo: oral antibiotics most commonly prescribed. *J Drugs Dermatol*. 11(4):489-494. Apr 2012.

Levender MM, Davis SA, Kwatra SG, Williford PM, Feldman SR. Use of topical antibiotics as prophylaxis in clean dermatologic procedures. *J Am Acad Dermatol*. 66(3):445-451. Mar 2012.

Nolan BV, Levender MM, Davis SA, Feneran AN, Fleischer AB Jr, Feldman SR. Trends in the use of topical over the counter products in the management of dermatologic disease in the United States. *Dermatol Online J*. 18(2):1. Feb 2012.

Lapolla WJ, Levender MM, Davis SA, Yentzer BA, Williford PM, Feldman SR. Topical antibiotic trends from 1993 to 2007: use of topical antibiotics for non-evidence-based indications. *Dermatol Surg*. 37(10):1427-1433. Oct 2011.

Ghasri P, Yentzer BA, Dabade TS, Feldman SR. Acitretin for the treatment of psoriasis: an assessment of national trends. *J Drugs Dermatol*. 10(8):873-877. Aug 2011.

Yentzer BA, Fleischer AB Jr. Changes in rosacea comorbidities and treatment utilization over time. *J Drugs Dermatol*. 9(11):1402-1406. Nov 2010.

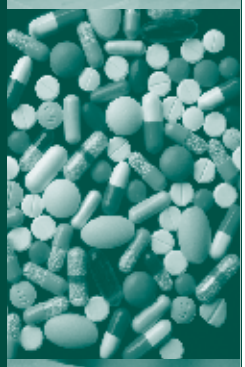
Kinney MA, Yentzer BA, Fleischer AB Jr, Feldman SR. Trends in the treatment of acne vulgaris: are measures being taken to avoid antimicrobial resistance? *J Drugs Dermatol*. 9(5):519-524. May 2010.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

National Ambulatory Medical Care Survey

Factsheet

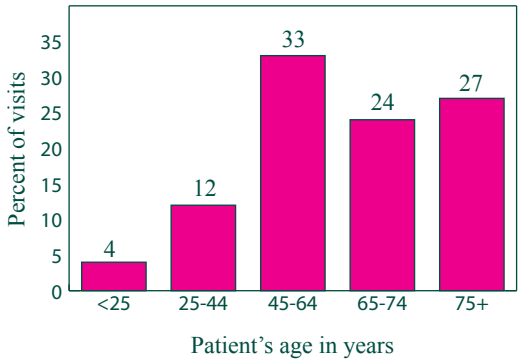
UROLOGY



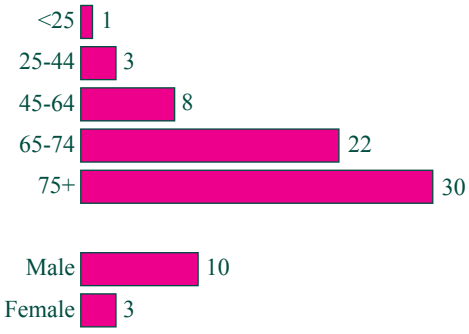
In 2010, there were an estimated 19 million visits to nonfederally employed, office-based urologists in the United States.

Percent distribution of office visits by patient's age: 2010



The annual visit rate increased with age. Males had a higher visit rate than females.

Annual office visit rates by patient's age and sex: 2010



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Medicare — 45%
- Private insurance — 44%
- Medicaid/CHIP — 4%

The major reason for visit was:

- Chronic problem, routine — 43%
- New problem — 26%
- Pre- or post-surgery/injury follow-up — 12%
- Chronic problem, flare-up — 9%
- Preventative care — 8%

The top 5 reasons given by patients for visiting urologists were:

- Progress visit
- Postoperative visit
- Cancer of urinary and male genital tract
- Urinary tract diseases except cystitis
- Findings of blood tests

The top 5 diagnoses were:

- Malignant neoplasms
- Other specified aftercare
- Benign hypertrophy of the prostate
- Urinary tract infection
- Calculus of kidney

Medications were provided or prescribed at 68 percent of office visits. The top 5 generic substances utilized were:

- Aspirin
- Tamsulosin
- Ciprofloxacin
- Simvastatin
- Lisinopril

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.

THE IMPORTANCE OF NAMCS DATA **Urology**

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, Journal of Urology,* and *Clinical Infectious Diseases*. Here are a few recent publications using NAMCS data:

Westphalen AC, Hsia RY, Maselli JH, Wang R, Gonzales R. Radiological imaging of patients with suspected urinary tract stones: national trends, diagnoses, and predictors. *Acad Emerg Med*. 18(7):699-707. Jul 2011.

Copp HL, Shapiro DJ, Hersh AL. National ambulatory antibiotic prescribing patterns for pediatric urinary tract infection, 1998-2007. *Pediatrics*. 127(6):1027-1033. Jun 2011.

Hollingsworth JM, Birkmeyer JD, Zhang YS, Zhang L, Hollenbeck BK. Imaging use among employed and self-employed urologists. *J Urol*. 184(6):2480-2484. Dec 2010.

Craig BM, Bell BA, Quinn GP, Vadaparampil ST. Prevalence of cancer visits by physician specialty, 1997–2006. *J Cancer Educ*. 25(4):548-555. Dec 2010.

Farwell WR, Linder JA, Jha AK. Trends in prostate-specific antigen testing from 1995 through 2004. *Arch Intern Med*. 167(22):2497-2502. 2007.

Taur Y, Smith MA. Adherence to the Infectious Diseases Society of America guidelines in the treatment of uncomplicated urinary tract infection. *Clin Infect Dis*. 44(6):769-774. Mar 2007.

Scales CD Jr, Curtis LH, Norris RD, Schulman KA, Albala DM, Moul JW. Prostate specific antigen testing in men older than 75 years in the United States. *J Urol*. 176(2):511-514. Aug 2006.

Kim SH, Boye M, Bhattacharyya SK, Coyne K, Dhawan R. Medical visits among adults with symptoms commonly associated with an overactive bladder. *BJU Int*. 97(3):551-554. Mar 2006.

Kallen AJ, Welch HG, Sirovich BE. Current antibiotic therapy for isolated urinary tract infections in women. *Arch Intern Med*. 166(6):635-639. Mar 2006.

Young SE, Mainous AG 3rd, Diaz VA, Everett CJ. Practice patterns in sildenafil prescribing. *Fam Med*. 38(2):110-115. Feb 2006.

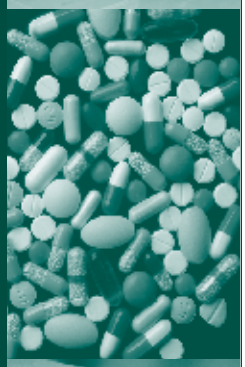
Underwood W III, West B, Gonzalez H. PSA testing utilization by urologists and primary care physicians: data from the 2000 National Ambulatory Medical Care Survey. *Journal of Urology*. 171(4). Supplement 130. May 2004.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

National Ambulatory Medical Care Survey

Factsheet

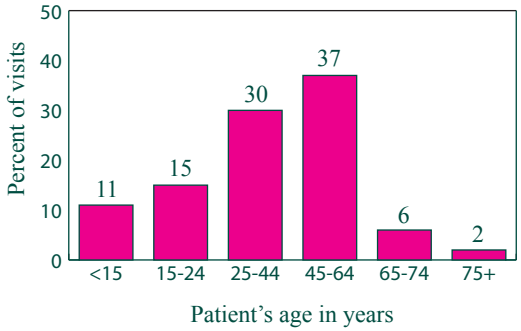
PSYCHIATRY



In 2010, there were an estimated 26 million visits to nonfederally employed, office-based psychiatrists in the United States. Two-thirds of the visits were made by persons 25–64 years of age.

Percent distribution of office visits by patient's age: 2010



Annual office visit rates by patient's age and sex: 2010

Number of visits per 100 persons per year

Expected source(s) of payment included:

- Private insurance — 39%
- No insurance[1] — 24%
- Medicaid/CHIP — 17%
- Medicare — 15%

The major reason for visit was:

- Chronic problem, routine — 83%
- Chronic problem, flare-up — 9%
- New problem — 4%

The top 4 reasons given by patients for visiting psychiatrists were:

- Medication
- Progress visit
- Depression
- Anxiety and nervousness

The top 5 diagnoses were:

- Major depressive disorder, single episode
- Depressive disorder
- Attention deficit disorder
- Manic depressive psychosis
- General anxiety disorder

Medications were provided or prescribed at 84 percent of office visits. The top 5 generic substances utilized were:

- Clonazepam
- Quetiapine
- Bupropion
- Amphetamine Dextroamphetamine
- Alprazolam

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.

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

THE IMPORTANCE OF NAMCS DATA **Psychiatry**

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, Archives of General Psychiatry (*renamed *JAMA Psychiatry),* and the *American Journal of Psychiatry*. Here are a few recent publications using NAMCS data:

Tran AR, Zito JM, Safer DJ, Hundley SD. National trends in pediatric use of anticonvulsants. *Psychiatr Serv*. Sep 2012. [Epub ahead of print]

Payne TJ, Chen CI, Baker CL, Shah SN, Pashos CL, Boulanger L. National Ambulatory Medical Care Survey: tobacco intervention practices in outpatient clinics. *Psychol Addict Behav*. 26(3):644-648. Sep 2012.

Sclar DA, Robison LM, Schmidt JM, Bowen KA, Castillo LV, Oganov AM. Diagnosis of depression and use of antidepressant pharmacotherapy among adults in the United States: does a disparity persist by ethnicity/race? *Clin Drug Investig*. 32(2):139-144. Feb 2012.

Lukachko A, Olfson M. Race and the clinical diagnosis of depression in new primary care patients. *Gen Hosp Psychiatry*. 34(1):98-100. Jan-Feb 2012.

Reeves WC, Strine TW, Pratt LA, Thompson W, Ahluwalia I, Dhingra SS, McKnight-Eily LR, Harrison L, D'Angelo DV, Williams L, Morrow B, Gould D, Safran MA; Public Health Surveillance Program Office. Mental illness surveillance among adults in the United States. *MMWR Surveill Summ*. 60 Suppl 3:1-32. Sep 2011.

Lagomasino IT, Stockdale SE, Miranda J. Racial-ethnic composition of provider practices and disparities in treatment of depression and anxiety, 2003-2007. *Psychiatr Serv*. 62(9):1019-1025. Sep 2011.

Mojtabai R. Does depression screening have an effect on the diagnosis and treatment of mood disorders in general medical settings? An instrumental variable analysis of the National Ambulatory Medical Care Survey. *Med Care Res Rev*. 68(4):462-489. Aug 2011.

Hankerson SH, Fenton MC, Geier TJ, Keyes KM, Weissman MM, Hasin DS. Racial differences in symptoms, comorbidity, and treatment for major depressive disorder among black and white adults. *J Natl Med Assoc*. 103(7):576-584. Jul 2011.

Rost K, Hsieh YP, Xu S, Menachemi N, Young AS. Potential disparities in the management of schizophrenia in the United States. *Psychiatr Serv*. 62(6):613-618. Jun 2011.

Harrison DL, Miller MJ, Schmitt MR, Touchet BK. Variations in the probability of depression screening at community-based physician practice visits. *Prim Care Companion J Clin Psychiatry*. 12(5). 2010.

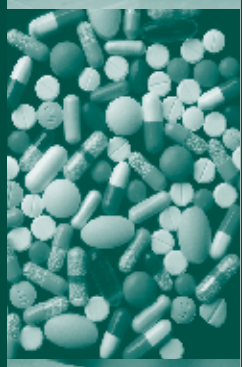
Jameson JP, Blank MB. Diagnosis and treatment of depression and anxiety in rural and nonrural primary care: national survey results. *Psychiatr Serv*. 61(6):624-627. Jun 2010.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

National Ambulatory Medical Care Survey

Factsheet

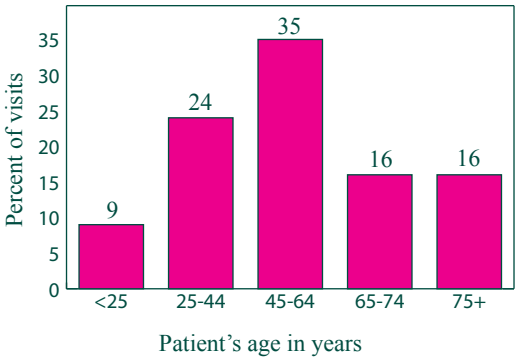
NEUROLOGY



In 2010, there were an estimated 14 million visits to nonfederally employed, office-based neurologists in the United States. Sixty percent of visits were made by persons 25–64 years of age.

Percent distribution of office visits by patient's age: 2010



The visit rate was lower for persons 24 years of age or less compared to the four older groups. The visit rate was not different for males and females.

Annual office visit rates by patient's age and sex: 2010

Number of visits per 100 persons per year

Expected source(s) of payment included:

- Private insurance — 42%
- Medicare — 35%
- Medicaid/CHIP — 11%

The major reason for visit was:

- Chronic problem, routine — 60%
- New problem — 24%
- Chronic problem, flare-up — 11%

The top 5 reasons given by patients for visiting neurologists were:

- Progress visit
- Headache
- Convulsions
- Disturbances of sensation
- Abnormal involuntary movement

The top 4 diagnoses were:

- Migraine
- Parkinson's disease
- Headache
- Epilepsy

Medications were provided or prescribed at 79 percent of office visits. The top 5 generic substances utilized were:

- Gabapentin
- Aspirin
- Topiramate
- Levetiracetam
- Simvastatin

For more information, contact the Ambulatory and Hospital Care Statistics Branch 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.

THE IMPORTANCE OF NAMCS DATA **Neurology**

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, Archives of Neurology (*renamed *JAMA Neurology),* and *Sleep*. Here are a few recent publications using NAMCS data:

Karve S, Levine D, Seiber E, Nahata M, Balkrishnan R. Trends in ambulatory prescribing of antiplatelet therapy among US ischemic stroke patients: 2000-2007. *Adv Pharmacol Sci*. Dec 2012. [Epub ahead of print]

Kamel H, Fahimi J, Govindarajan P, Navi BB. Nationwide patterns of hospitalization after transient ischemic attack. *J Stroke Cerebrovasc Dis*. Nov 2012. [Epub ahead of print]

Karve S, Balkrishnan R, Seiber E, Nahata M, Levine DA. Population trends and disparities in outpatient utilization of neurologists for ischemic stroke. *J Stroke Cerebrovasc Dis*. Dec 2011. [Epub ahead of print]

Bhattacharya R, Chatterjee S, Carnahan RM, Aparasu RR. Prevalence and predictors of anticholinergic agents in elderly outpatients with dementia. *Am J Geriatr Pharmacother*. 9(6):434-441. Dec 2011.

Stevens J, Harman J, Pakalnis A, Lo W, Prescod J. Sociodemographic differences in diagnosis and treatment of pediatric headache. *J Child Neurol*. 35(4):435-440. Apr 2010.

Wilper A, Woolhandler S, Himmelstein D, Nardin R. Impact of insurance status on migraine care in the United States: a population-based study. *Neurology*. 74(15):1178-1183. Apr 2010.

Wilson RD. Analgesic prescribing for musculoskeletal complaints in the ambulatory care setting after the introduction and withdrawal of cyclooxygenase-2 inhibitors. *Arch Phys Med Rehabil*. 90(7):1147-1151. Jul 2009.

Stojanovski SD, Rasu RS, Balkrishnan R, Nahata MC. Trends in medication prescribing for pediatric sleep difficulties in US outpatient settings. *Sleep*. 30(8):1013-1017. Aug 2007.

Avasarala J, Odonovan CA, Roach S, Camacho F, Feldman S. Analysis of NAMCS data for multiple sclerosis, 1998-2004. *BMC Med*. 5(1):6. Apr 2007.

Liptak GS, Stuart T, Auinger P. Health care utilization and expenditures for children with autism: data from US national samples. *J Autism Dev Disord*. 36(7):871-879. Oct 2006.

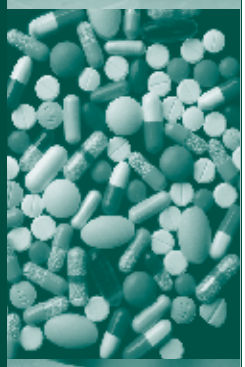
Sankaranarayanan J, Puumala SE, Kratochvil CJ. Diagnosis and treatment of adult attention-deficit/hyperactivity disorder at US ambulatory care visits from 1996 to 2003. *Curr Med Res Opin*. 22(8):1475-1491. Aug 2006.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

National Ambulatory Medical Care Survey

Factsheet

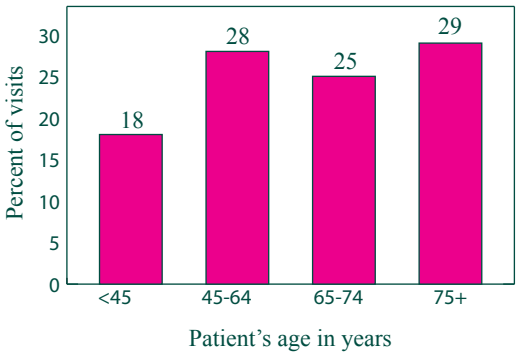
OPHTHALMOLOGY



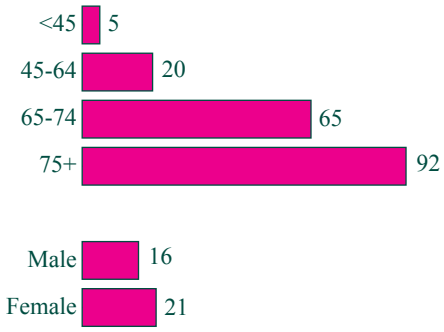
In 2010, there were an estimated 55 million visits to nonfederally employed, office-based ophthalmologists in the United States. A majority of the visits were made by persons 45 years of age and over.

Percent distribution of office visits by patient's age: 2010



The visit rates for persons in the two oldest age groups were higher than the two youngest age groups.

Annual office visit rates by patient's age and sex: 2010



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Medicare — 47%
- Private insurance — 42%
- Medicaid/CHIP — 3%
- No insurance[1] — 2%

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

The major reason for visit was:

- Chronic problem, routine — 33%
- New problem — 27%
- Pre- or post-surgery/injury follow-up — 18%
- Preventative care — 16%
- Chronic problem, flare-up —6%

The top 5 reasons given by patients for visiting ophthalmologists were:

- Vision dysfunctions
- Eye exam
- Progress visit
- Postoperative visit
- Cataract

The top 3 diagnoses were:

- Cataract
- Lens replacement
- Diabetes ophthalmic manifestations

Medications were provided or prescribed at 59 percent of office visits. The top 4 generic substances utilized were:

- Multivitamin
- Aspirin
- Prednisone Ophthalmic
- Levothyroxine

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.

THE IMPORTANCE OF NAMCS DATA **Ophthalmology**

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA,* and *Archives of Ophthalmology (*renamed *JAMA Ophthalmology).* Here are a few recent publications using NAMCS data:

Valderas JM, Starfield B, Forrest CB, Sibbald B, Roland M. Ambulatory care provided by office-based specialists in the United States. *Ann Fam Med*. 7(2):104-111. Mar-Apr 2009.

McGwin G Jr. Rate of eye injury in the United States. *Arch Ophthalmol*. 123(7):970-976. Jul 2005.

Gilchrist VJ, Stange KC, Flocke SA, McCord G, Bourguet CC. A comparison of the National Ambulatory Medical Care Survey (NAMCS) measurement approach with direct observation of outpatient visits. *Medical Care.* 42(3):276-280. March 2004.

Freed GL, Nahra TA, Wheeler JR. Which physicians are providing health care to America's children? Trends and changes during the past 20 years. *Arch Pediatr Adolesc Med*. 158(1):22-26. Jan 2004.

Glied S, Zivin JG. How do doctors behave when some (but not all) of their patients are in managed care? *Journal of Health Economics.* 21(2):337-353. Mar 2002.

Bernstein AB, Hing E, Burt CW, Hall MJ. Trend data on medical encounters: tracking a moving target. *Health Aff* (Millwood). 20(2):58-72. Mar-Apr 2001.

Forrest CB, Whelan E. Primary care safety-net delivery sites in the United States: A comparison of community health centers, hospital outpatient departments, and physicians' offices. *JAMA*. 284:2077-2083. 2000.

Chiang Y-P, Wang F, Javitt JC. Office visits to ophthalmologists and other physicians for eye care among the US population, 1990. *Public Health Rep.* 110(2):147-153. Mar-Apr 1995.

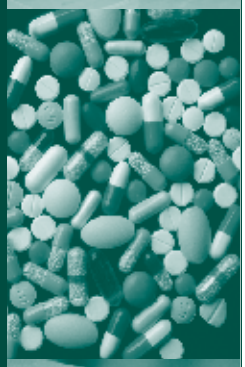
Sastry SM, Chiang YP, Javitt JC. Practice patterns of the office-based ophthalmologist. *Ophthalmic Surg.* 25(2):76-81. Feb 1994.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

National Ambulatory Medical Care Survey

Factsheet

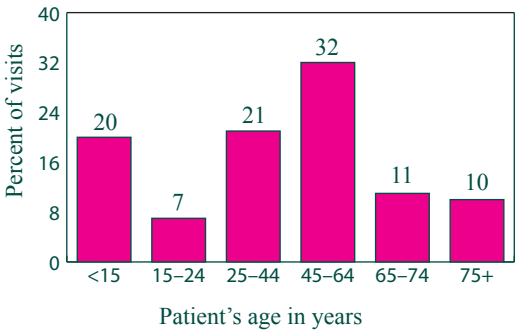
OTOLARYNGOLOGY



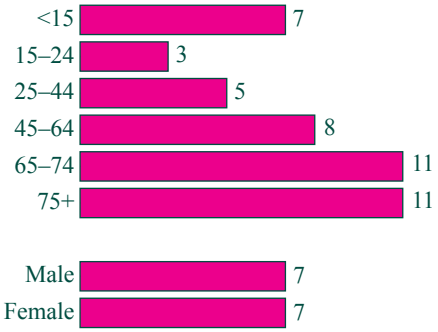
In 2010, there were an estimated 20 million visits to nonfederally employed, office-based otolaryngologists in the United States. One-fifth of the visits were made by persons under 15 years of age.

Percent distribution of office visits by patient's age: 2010



The visit rate was not different for males and females.

Annual office visit rates by patient's age and sex: 2010.



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Private insurance — 59%
- Medicare — 19%
- Medicaid/CHIP — 12%

The major reason for visit was:

- New problem —34%
- Chronic problem, routine — 29%
- Chronic problem, flare-up — 17%
- Pre- or post-surgery/injury follow-up — 15%

The top 3 reasons given by patients for visiting otolaryngologists were:

- Hearing dysfunction
- Earache or ear infection
- Nasal congestion

The top 3 diagnoses were:

- Otitis media
- Chronic sinusitis
- Impacted cerumen

Medications were provided or prescribed at 55 percent of office visits. The top 3 generic substances utilized were:

- Mometasone nasal
- Omeprazole
- Fluticasone nasal

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.

THE IMPORTANCE OF NAMCS DATA **Otolaryngology**

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, Laryngoscope,* and *Otolaryngology Head and Neck Surgery*. Here are a few recent publications using NAMCS data:

Bhattacharyya N. Characteristics and trends in ambulatory otolaryngology visits and practices. *Otolaryngol Head Neck Surg*. 147(6):1060-1064. Dec 2012.

Bhattacharyya N, Kepnes LJ. Ambulatory office visits and medical comorbidities associated with obstructive sleep apnea. *Otolaryngol Head Neck Surg*. Sep 2012.

Bhattacharyya N. Involvement of physician extenders in ambulatory otolaryngology practice. *Laryngoscope*. 122(5):1010-1013. May 2012.

Sidell D, Shapiro NL, Bhattacharyya N. Demographic influences on antibiotic prescribing for pediatric acute otitis media. *Otolaryngol Head Neck Surg*. 146(4):653-658. Apr 2012.

Soler ZM, Mace JC, Litvack JR, Smith TL. Chronic rhinosinusitis, race, and ethnicity. *Am J Rhinol Allergy*. 26(2):110-116. Mar 2012.

Bhattacharyya N, Kepnes LJ. Initial impact of the acute otitis externa clinical practice guideline on clinical care. *Otolaryngol Head Neck Surg*. 145(3):414-417. Sep 2011.

Lin HW, Bhattacharyya N. Otologic diagnoses in the elderly: current utilization and predicted workload increase. *Laryngoscope*. 121(7):1504-1507. Jul 2011.

Lee LN, Bhattacharyya N. Regional and specialty variations in the treatment of chronic rhinosinusitis. *Laryngoscope*. 121(5):1092-1097. May 2011.

Mattos JL, Woodard CR, Payne SC. Trends in common rhinologic illnesses: analysis of US healthcare surveys 1995-2007. *Int Forum Allergy Rhinol*. 1(1):3-12. Jan-Feb 2011.

Shapiro DJ, Gonzales R, Cabana MD, Hersh AL. National trends in visit rates and antibiotic prescribing for children with acute sinusitis. *Pediatrics*. 127(1):28-34. Jan 2011.

Best SR, Fakhry C. The prevalence, diagnosis, and management of voice disorders in a National Ambulatory Medical Care Survey (NAMCS) cohort. *Laryngoscope*. 121(1):150-157. Jan 2011.

Smith WM, Davidson TM, Murphy C. Regional variations in chronic rhinosinusitis, 2003-2006. *Otolaryngol Head Neck Surg*. 141(3):347-352. Sep 2009.

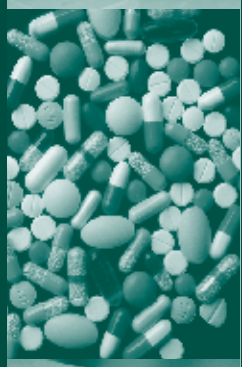
Valderas JM, Starfield B, Forrest CB, Sibbald B, Roland M. Ambulatory care provided by office-based specialists in the United States. *Ann Fam Med*. 7(2):104-111. Mar-Apr 2009.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

National Ambulatory Medical Care Survey

Factsheet

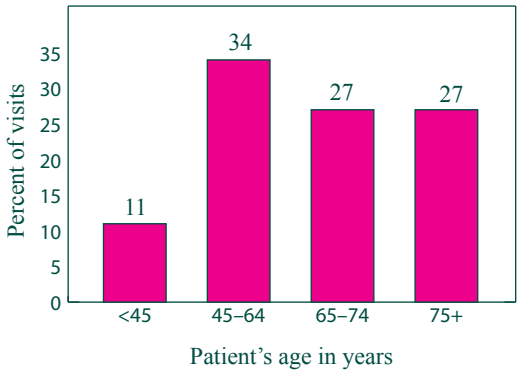
ONCOLOGY



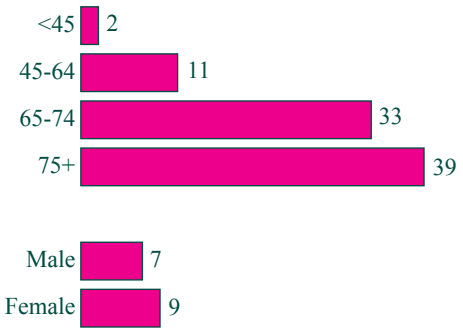
In 2010, there were an estimated 25 million visits to nonfederally employed, office-based oncologists in the United States.

Percent distribution of office visits by patient's age: 2010



The annual visit rate increased with age.

Annual office visit rates by patient's age and sex: 2010



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Medicare — 52%
- Private insurance — 40%
- Medicaid/CHIP — 5%

The major reason for visit was:

- Chronic problem, routine — 72%
- New problem — 12%
- Chronic problem, flare-up — 5%
- Preventative care — 4%

The top 3 reasons given by patients for visiting oncologists were:

- Progress visit
- Cancer, breast
- Anemia

The top 3 diagnoses were:

- Malignant neoplasms, breast
- Malignant neoplasms, bronchus & lung
- Anemia

Medications were provided or prescribed at 84 percent of office visits. The top 5 generic substances utilized were:

- Aspirin
- Lisinopril
- Levothyroxine
- Omeprazole
- Acetaminophen Hydrocodone

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, Annals of Family Medicine,* and the *Journal of Family Practice*. Here are a few recent publications using NAMCS data:

Wysong A, Linos E, Hernandez-Boussard T, Arron ST, Gladstone H, Tang JY. Nonmelanoma skin cancer visits and procedure patterns in a nationally representative sample: National Ambulatory Medical Care Survey 1995-2007. *Dermatol Surg*. Jan 2013. [Epub ahead of print]

Kepka D, Berkowitz Z, Yabroff KR, Roland K, Saraiya M. Human papillomavirus vaccine practices in the USA: do primary care providers use sexual history and cervical cancer screening results to make HPV vaccine recommendations? *Sex Transm Infect*. 88(6):433-435. Oct 2012.

Guy GP Jr, Richardson LC. Visit duration for outpatient physician office visits among patients with cancer. *J Oncol Pract*. 8(3 Suppl):2s-8s. May 2012.

Craig BM, Bell BA, Quinn GP, Vadaparampil ST. Prevalence of cancer visits by physician specialty, 1997-2006. *J Cancer Educ*. 25(4):548-555. Dec 2010.

Saraiya M, McCaig LF, Ekwueme DU. Ambulatory care visits for Pap tests, abnormal Pap test results, and cervical cancer procedures in the United States. *Am J Manag Care*. 1;16(6):e137-144. Jun 2010.

Rogers HW, Weinstock MA, Harris AR, Hinckley MR, Feldman SR, Fleischer AB, Coldiron BM. Incidence estimate of nonmelanoma skin cancer in the United States, 2006. *Arch Dermatol*. 146(3):283-287. Mar 2010.

Valderas JM, Starfield B, Forrest CB, Sibbald B, Roland M. Ambulatory care provided by office-based specialists in the United States. *Ann Fam Med*. 7(2):104-111. Mar-Apr 2009.

Sonnenfeld N, Schappert SM, Lin SX. Racial and ethnic differences in delivery of tobacco-cessation services. *Am J Prev Med*. 36(1):21-28. Jan 2009.

Richardson LC, Tangka FK. Ambulatory care for cancer in the United States: results from two national surveys comparing visits to physicians' offices and hospital outpatient departments. *J Natl Med Assoc*. 99(12):1350-1358. Dec 2007.

Morgan PA, Strand J, Ostbye T, Albanese MA. Missing in action: care by physician assistants and nurse practitioners in national health surveys. *Health Serv Res*. 42(5):2022-2037. Oct 2007.

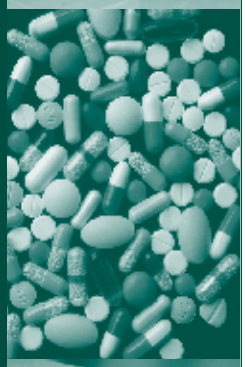
Lamont EB, Dias LE, Lauderdale DS. NSAIDs and colorectal cancer risk: do administrative data support a chemopreventive effect? *J Gen Intern Med*. 22(8):1166-1171. Aug 2007.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

National Ambulatory Medical Care Survey

Factsheet

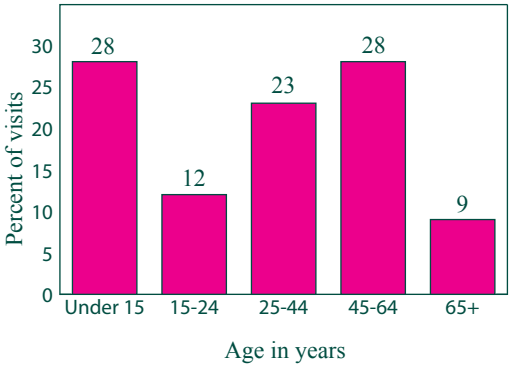
COMMUNITY HEALTH CENTERS



In 2010, there were an estimated 20 million visits to community health centers (CHCs) in the United States. The annual visit rate was 7 CHC visits per 100 persons. Over one-third of the visits were made by persons under 25 years of age.

Percent distribution of CHC visits by patient's age: 2010



Annual rate of CHC visits by patient age and sex: 2010

Number of visits per 100 persons per year

Expected source(s) of payment included:

- Medicaid or Children's Health Insurance Program — 45%
- No insurance[1] — 19%
- Private insurance — 13%
- Medicare — 11%
- Other — 5%

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

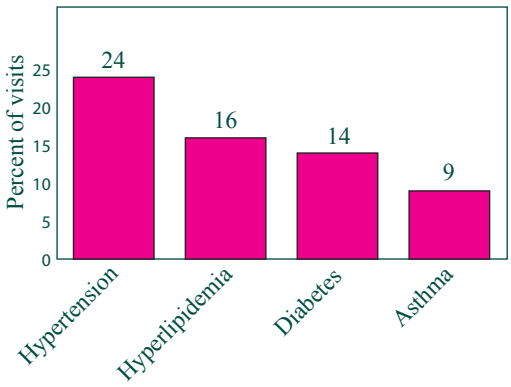
Common reasons for visit:

- General medical examination
- Progress visit
- Test results
- Cough
- Well baby examination
- Medication
- Prenatal examination
- Diabetes mellitus
- Fever
- Back symptoms

Common diagnoses:

- Routine infant or child health check
- Diabetes mellitus
- Essential hypertension
- Acute upper respiratory infection
- Normal pregnancy
- General medical examination
- Gynecological examination
- Hyperlipidemia
- Depressive disorder
- Back ache

Percent of visits with selected chronic condition: 2010



For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, JAMA Internal Medicine* (formerly *Archives of Internal Medicine*), and *American Journal of Preventive Medicine*. Here are a few of the publications that use NAMCS data:

Goldman LE, Chu PW, Tran H, et al. Federally qualified health centers and private practice performance on ambulatory care measures. *Am J Prev Med*. 43(2):142-149. Aug 2012.

Shi L, Lebrun LA, Hung L, Zhu J, Tsai J. US primary care delivery after the Health Center Growth Initiative: comparison of health centers, hospital outpatient departments, and physicians' offices. *J Ambulatory Care Manage*. 35(1):60-74. Jan-Mar 2012.

Hing E, Hooker RS, Ashman JJ. Primary health care in community health centers and comparison with office-based practice. *J Community Health*. 36(3):406-413. Jun 2011.

Romano MJ, Stafford RS. Electronic health records and clinical decision support systems: impact on national ambulatory care quality. *Arch Intern Med*. 171(10):897-903. Jan 2011.

Shi L, Lebrun LA, Tsai J, Zhu J. Characteristics of ambulatory care patients and services: a comparison of community health centers and physicians' offices. *J Health Care Poor Underserved*. 21(4):1169-1183. Nov 2010.

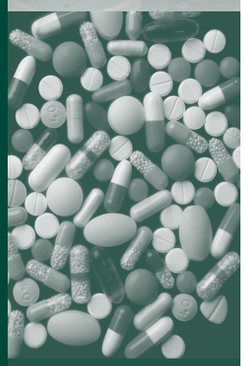
Li C, West-Strum D. Patient panel of underserved populations and adoption of electronic medical record systems by office-based physicians. *Health Serv Res*. 45(4):963-984. Aug 2010.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm

National Hospital Ambulatory Medical Care Survey

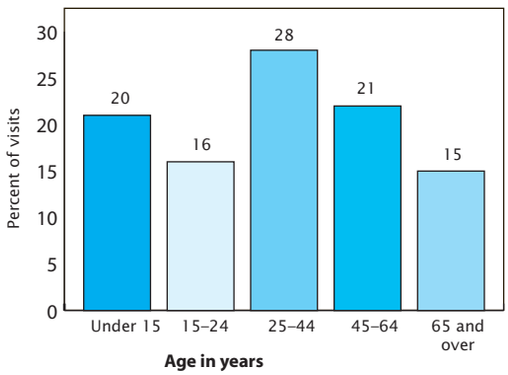
Factsheet

EMERGENCY DEPARTMENT

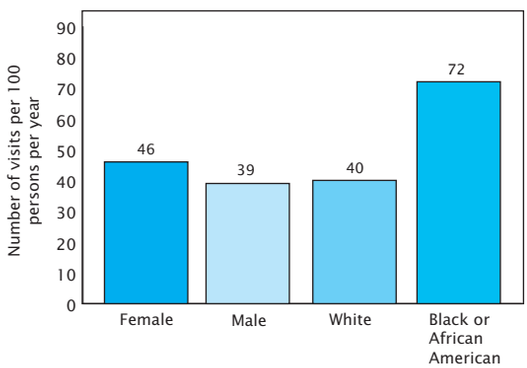

In 2010, there were an estimated 129.8 million visits to emergency departments (EDs) of nonfederal short-stay and general hospitals in the United States. The annual visit rate was 42.8 ED visits per 100 persons. More than one-third of the visits were made by persons under 25 years of age.

Percent distribution of ED visits by patient age: 2010



The visit rate was higher for Black or African American persons compared with White persons. Females had a higher visit rate compared with males.

Annual rate of ED visits by patient sex and race: 2010

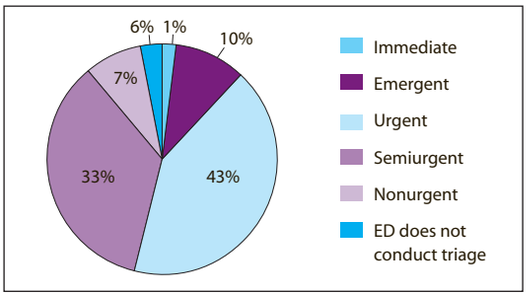


Expected sources of payment:

- Private insurance (37%)
- Medicaid or Children's Health Insurance Program (31%)
- Medicare (18%)
- No insurance (16%)
- Other (4%)
- Unknown (3%)

NOTE: More than one source may be reported per visit.

Immediacy with which patient should be seen:



Common reasons for visit:

- Stomach and abdominal pain (10.4 million)
- Chest pain (7.0 million)
- Fever (5.0 million)
- Headache (4.0 million)
- Back symptoms (3.5 million)
- Shortness of breath (3.5 million)
- Cough (3.4 million)
- Pain, unspecified (3.2 million)
- Vomiting (2.5 million)
- Throat symptoms (2.4 million)

Common diagnoses:

- Abdominal pain (6.4 million)
- Chest pain (5.4 million)
- Contusion with intact skin surface (4.8 million)
- Acute upper respiratory infection, excluding pharyngitis (4.1 million)
- Spinal disorders (4.0 million)
- Open wound, excluding head (3.6 million)
- Cellulitis and abscess (3.4 million)
- Fractures, excluding lower limb (2.7 million)
- UTI (2.4 million)
- Sprains and strains, excluding ankle and back (2.4 million)

Medications were provided or prescribed at 79 percent of ED visits for a total of 271 million drugs.

Common drug categories:

- Analgesics (94.7 million)
- Antiemetic or antivertigo agents (33.5 million)
- Minerals and electrolytes (14.7 million)
- Anxiolytics, sedatives, and hypnotics (12.0 million)
- Miscellaneous respiratory agents (10.9 million)
- Antihistamines (10.7 million)
- Bronchodilators (8.8 million)
- Cephalosporins (8.7 million)
- Penicillins (8.4 million)
- Adrenal cortical steroids (8.2 million)

Leading principal hospital discharge diagnosis groups:

- Nonischemic heart disease (1.1 million)
- Chest pain (1.0 million)
- Pneumonia (784,000)
- Ischemic heart disease (505,000)
- Cerebrovascular disease (457,000)

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/nhamcs>.

IMPORTANCE OF NHAMCS EMERGENCY DEPARTMENT DATA

NHAMCS data are widely used in research studies published in nationally recognized health and medical journals, including *JAMA* , *Annals of Emergency Medicine,* and *Academic Emergency Medicine*. Here are a few examples of recent publications.

Cho CS, Shapiro DJ, Cabana MD, Maselli JH, Hersh AL. A National Depiction of Children With Return Visits to the Emergency Department Within 72 Hours, 2001-2007. *Pediatr Emerg Care*. 2012 Jun 28. [Epub ahead of print]

Fortuna RJ, Halterman JS, Pulcino T, Robbins BW. Delayed Transition of Care: A National Study of Visits to Pediatricians by Young Adults. *Acad Pediatr*. 2012 Jun 17. [Epub ahead of print]

Monuteaux MC, Lee L, Fleegler E. Children injured by violence in the United States: emergency department utilization, 2000-2008. *Acad Emerg Med*. 2012 May; 19(5):535-40. doi: 10.1111/j.1553-2712.2012.01341.x.

Platts-Mills TF, Hunold KM, Esserman DA, Sloane PD, McLean SA. Motor Vehicle Collision-related Emergency Department Visits by Older Adults in the United States. *Acad Emerg Med*. 2012 Jun 22. doi: 10.1111/j.1553-2712.2012.01383.x. [Epub ahead of print]

Johnson PJ, Ghildayal N, Ward AC, Westgard BC, Boland LL, Hokanson JS. Disparities in Potentially Avoidable Emergency Department (ED) Care: ED Visits for Ambulatory Care Sensitive Conditions. *Med Care*. 2012 Sep 29. [Epub ahead of print]

Soler ZM, Mace JC, Litvack JR, Smith TL. Chronic rhinosinusitis, race, and ethnicity. *Am J Rhinol Allergy*. 2012 Mar; 26(2):110-6.

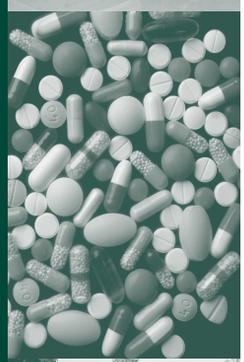
Sonnenfeld N, Pitts SR, Schappert SM, Decker SL. Emergency Department Volume and Racial and Ethnic Differences in Waiting Times in the United States. *Med Care*. 2012 Jan 19. [Epub ahead of print]

Mannix R, Stack AM, Chiang V. Insurance Status and the Care of Adult Patients 19 to 64 Years of Age Visiting the Emergency Department. *Acad Emerg Med*. 2012 Jun 22. doi: 10.1111/j.1553-2712.2012.01394.x. [Epub ahead of print]

National Hospital Ambulatory Medical Care Survey

Factsheet

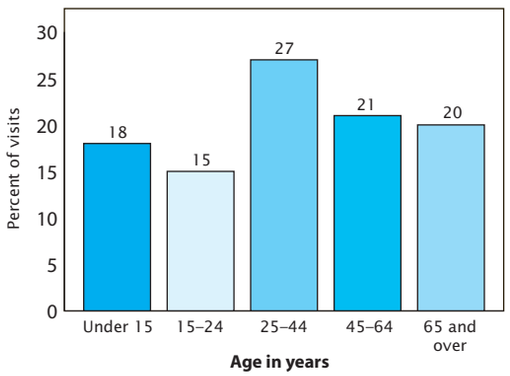
RURAL EMERGENCY DEPARTMENTS



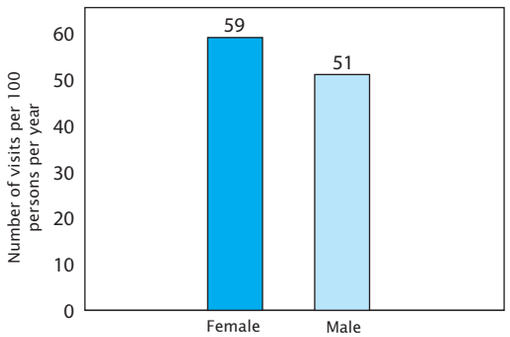

From 2007-2010, there were an estimated 10.5 million visits to emergency departments (EDs) of nonfederal short-stay and general hospitals in rural areas of the United States each year. The average annual visit rate was 55.0 per 100 persons. About one-third of the visits were made by persons under 25 years of age.

Average annual percent distribution of rural ED visits by patient age: 2007-2010



The average annual visit rate was higher in females compared to males.

Average annual rate of rural ED visits by patient sex: 2007-2010



Expected sources of payment:

- Private insurance (29%)
- Medicaid or Children's Health Insurance Program (27%)
- Medicare (25%)
- No insurance (13%)
- Other (3%)
- Unknown (4%)*

NOTE: More than one source may be reported per visit.

*Figure does not meet standards of reliability or precision.

Common reasons for visit:

- Chest pain (496,000)
- Fever (405,000)
- Stomach and abdominal pain (369,000)
- Headache (341,000)
- Cough (320,000)
- Shortness of breath (311,000)
- Back symptoms (264,000)
- Laceration, upper extremity (208,000)
- Nausea (202,000)
- Throat symptoms (197,000)

Common diagnoses:

- Contusions (568,000)
- Open wound, excluding head (421,000)
- Acute upper respiratory infections (403,000)
- Chest pain (356,000)
- Abdominal pain (329,000)
- Spinal disorders (250,000)
- Sprains and strains of neck and back (229,000)
- Urinary tract infection (228,000)
- Sprains and strains, excluding ankle, neck, and back (222,000)
- Fracture of lower limb (214,000)

Medications were provided or prescribed at 81 percent of rural ED visits for a total of 19 million drugs.

Common drug categories:

- Analgesics (6.1 million)
- Antiemetic or antivertigo agents (1.8 million)
- Antihistamines (1.2 million)
- Anxiolytics, sedatives, and hypnotics (771,000)
- Cephalosporins (703,000)
- Adrenal cortical steroids (637,000)
- Penicillins (585,000)
- Bronchodilators (510,000)
- Miscellaneous antibiotics (484,000)
- Minerals and electrolytes (428,000)

Leading principal hospital discharge diagnosis groups:

- Pneumonia (65,000)
- Nonischemic heart disease (55,000)
- Chest pain (38,000)
- Chronic and unspecified bronchitis (36,000)
- Urinary tract infection (25,000)

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/nhamcs>.

IMPORTANCE OF NHAMCS EMERGENCY DEPARTMENT DATA

NHAMCS data are widely used in research studies published in nationally recognized health and medical journals, including *JAMA, Annals of Emergency Medicine,* and *Academic Emergency Medicine.* Here are a few examples of recent publications.

Xu KT, Roberts D, Sulapas I, Martinez O, Berk J, Baldwin J. Over-prescribing of antibiotics and imaging in the management of uncomplicated URIs in emergency departments. *BMC Emerg Med.* 2013 Apr 17;13:7. doi: 10.1186/1471-227X-13-7.

Pitts SR. Medical records, chart reviews, and NHAMCS: becoming the lords of all that we survey. *Ann Emerg Med.* 2013 Apr 5. pii: S0196-0644(13)00209-6. doi: 10.1016/j.annemergmed.2013.03.003. [Epub ahead of print]

Neuman MI, Shah SS, Shapiro DJ, Hersh AL. Emergency department management of childhood pneumonia in the United States prior to publication of national guidelines. *Acad Emerg Med.* 2013 Mar;20(3):240-6. doi: 10.1111/acem.12088.

Raven MC, Lowe RA, Maselli J, Hsia RY. Comparison of presenting complaint vs discharge diagnosis for identifying "nonemergency" emergency department visits. *JAMA.* 2013 Mar 20;309(11):1145-53. doi: 10.1001/jama.2013.1948.

Brown RT, Steinman MA. Characteristics of emergency department visits by older versus younger homeless adults in the United States. *Am J Public Health.* 2013 Apr 18. [Epub ahead of print]

O'Keeffe T, Rhee P, Shafi S, Friese RS, Gentilello LM. Alcohol use increases diagnostic testing, procedures, charges, and the risk of hospital admission: a population-based study of injured patients in the emergency department. *Am J Surg.* 2013 Apr 2. pii: S0002-9610(13)00136-0. doi: 10.1016/j.amjsurg.2012.08.014. [Epub ahead of print]

Johnson LW, Robles J, Hudgins A, Osburn S, Martin D, Thompson A. Management of bronchiolitis in the emergency department: impact of evidence-based guidelines? *Pediatrics.* 2013 Mar;131 Suppl 1:S103-9. doi: 10.1542/peds.2012-1427m.

Haywood C Jr, Tanabe P, Naik R, Beach MC, Lanzkron S. The impact of race and disease on sickle cell patient wait times in the emergency department. *Am J Emerg Med*. 2013 Apr;31(4):651-6. doi: 10.1016/j.ajem.2012.11.005. Epub 2013 Feb 4.

Carlson JN, Menegazzi JJ, Callaway CW. Magnitude of national ED visits and resource utilization by the uninsured. *Am J Emerg Med.* 2013 Apr;31(4):722-6. doi: 10.1016/j.ajem.2013.01.001. Epub 2013 Jan 30.

Pines JM, Mullins PM, Cooper JK, Feng LB, Roth KE. National trends in emergency department use, care patterns, and quality of care of older adults in the United States. *J Am Geriatr Soc.* 2013 Jan;61(1):12-7. doi: 10.1111/jgs.12072.

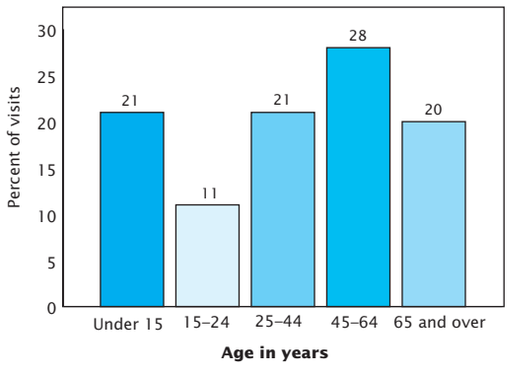
National Hospital Ambulatory Medical Care Survey

Factsheet

OUTPATIENT DEPARTMENT

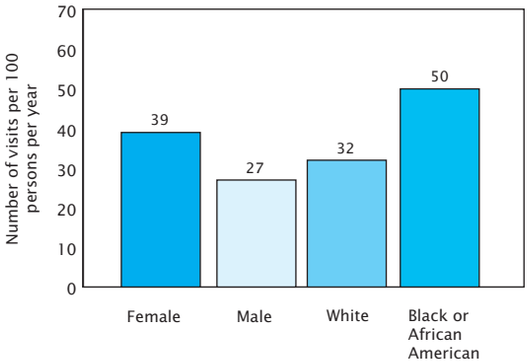
In 2010, there were an estimated 100.7 million visits to outpatient departments (OPDs) of nonfederal short-stay and general hospitals in the United States. The annual visit rate was 33.2 OPD visits per 100 persons. About one-third of the visits were made by persons under 25 years of age.

Percent distribution of OPD visits by patient age: 2010



The visit rate was higher for females compared with males and for Black or African American persons compared with White persons.

Annual rate of OPD visits by patient sex and race: 2010



Expected sources of payment:

- Private insurance (44%)
- Medicaid or Children's Health Insurance Program (32%)
- Medicare (22%)
- No insurance (7%)
- Other (5%)
- Unknown (4%)

NOTE: More than one source may be reported per visit.

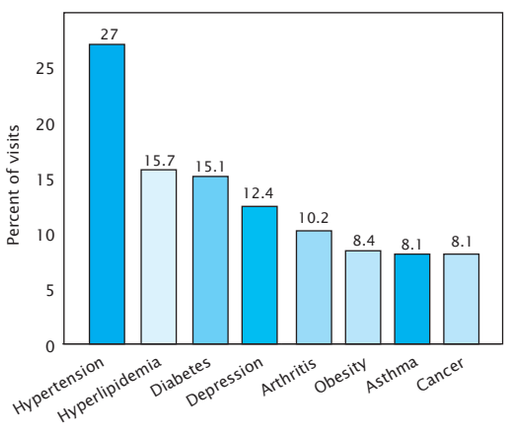
Common reasons for visit:

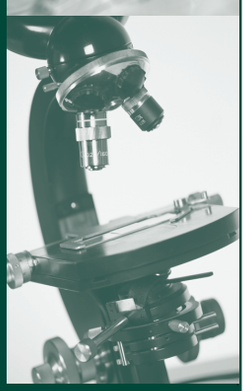
- Progress visit (12.0 million)
- General medical examination (5.3 million)
- Prenatal examination (3.0 million)
- Diabetes mellitus (2.8 million)
- Medication (2.4 million)
- Cough (2.3 million)
- Counseling (2.2 million)
- Postoperative visit (2.2 million)
- Stomach and abdominal pain (1.7 million)
- Throat symptoms (1.6 million)

Common diagnoses:

- Diabetes mellitus (4.8 million)
- Malignant neoplasms (4.4 million)
- Hypertension (3.6 million)
- Routine infant or child health check (3.3 million)
- Acute upper respiratory infection, excluding pharyngitis (2.7 million)
- Normal pregnancy (2.5 million)
- Spinal disorders (2.4 million)
- Arthropathies (2.3 million)
- Psychoses, excluding major depressive disorder (1.8 million)
- General medical examination (1.7 million)

Percent of OPD visits with selected chronic conditions: 2010





Medications were provided or prescribed at 74 percent of OPD visits for a total of 285 million drugs.

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/nhamcs>.

Common drug categories:

- Analgesics (31.3 million)
- Antidiabetic agents (14.5 million)
- Antihyperlipidemic agents (13.4 million)
- Antidepressants (12.8 million)
- Anxiolytics, sedatives, and hypnotics (11.2 million)
- Bronchodilators (10.0 million)
- Immunostimulants (10.0 million)
- Anticonvulsants (9.7 million)
- Antiplatelet agents (9.7 million)
- Beta-adrenergic blocking agents (9.7 million)
- Diuretics (8.8 million)

IMPORTANCE OF NHAMCS OUTPATIENT DEPARTMENT DATA

NHAMCS OPD data are widely used in research studies published in nationally recognized health and medical journals, including *Pediatrics*, *Obstetrics and Gynecology*, and *Clinical Infectious Diseases*. Here are a few examples of recent publications.

Fortuna RJ, Halterman JS, Pulcino T, Robbins BW. Delayed Transition of Care: A National Study of Visits to Pediatricians by Young Adults. *Acad Pediatr*. 2012 Jun 17. [Epub ahead of print]

Soler ZM, Mace JC, Litvack JR, Smith TL. Chronic rhinosinusitis, race, and ethnicity. *Am J Rhinol Allergy*. 2012 Mar;26(2):110-6.

Shapiro DJ, Hersh AL, Cabana MD, Sutherland SM, Patel AI. Hypertension Screening During Ambulatory Pediatric Visits in the United States, 2000-2009. *Pediatrics*. 2012 Sep 17. [Epub ahead of print]

Kepka D, Berkowitz Z, Yabroff KR, Roland K, Saraiya M. Human papillomavirus vaccine practices in the USA: do primary care providers use sexual history and cervical cancer screening results to make HPV vaccine recommendations? *Sex Transm Infect*. 2012 Apr 21. [Epub ahead of print]

Pham TT, Miller MJ, Harrison DL, Lloyd AE, Crosby KM, Johnson JL. Cardiovascular disease and non-steroidal anti-inflammatory drug prescribing in the midst of evolving guidelines. *J Eval Clin Pract*. 2012 Nov 19. doi: 10.1111/jep.12014. [Epub ahead of print]

Tran AR, Zito JM, Safer DJ, Hundley SD. National Trends in Pediatric Use of Anticonvulsants. *Psychiatr Serv*. 2012 Sep 15. doi: 10.1176/appi.ps.201 100547. [Epub ahead of print]

Goldman JL, Jackson MA, Herigon JC, Hersh AL, Shapiro DJ, Leeder JS. Trends in Adverse Reactions to Trimethoprim-Sulfamethoxazole. *Pediatrics*. 2012 Dec 3. [Epub ahead of print)

Wai-Lin Lee J, Berkowitz Z, Saraiya M. Low-risk human papillomavirus testing and other nonrecommended human papillomavirus testing practices among U.S. health care providers. *Obstet Gynecol*. 2011 July; 118(1):4-13.