## National Ambulatory Medical Care Survey: 2008 Summary Tables

The Ambulatory and Hospital Care Statistics Branch of the Centers for Disease Control and Prevention's National Center for Health Statistics is pleased to release the most current nationally representative data on ambulatory care visits to physician offices in the United States. Statistics are presented on selected characteristics of the physician's practice, the patient, and the visit, based on data collected in the 2008 National Ambulatory Medical Care Survey (NAMCS). NAMCS is a national probability sample survey of visits to nonfederal office-based physicians in the United States. Web table estimates are based on sample data weighted to produce annual national estimates and include standard errors. Detailed information on the design, conduct, and estimation procedures of NAMCS can be found at: http://www.cdc.gov/nchs/ahcd.htm.

As in any survey, results are subject to sampling and nonsampling errors. Nonsampling errors include reporting and processing errors, as well as biases due to nonresponse and incomplete response. In 2008, race was missing for 33% (unweighted) of NAMCS records, while ethnicity was missing for 35% (unweighted). As in previous years, missing responses for race and ethnicity were imputed using a warm deck method. Nonetheless, the high amounts of missing data are of concern. Tables 4, 10, 11, 14, and 18 presenting race and ethnicity data include estimates based on both imputed and reported (known) values and estimates based on reported values only. The "best" estimates of visits to office-based physicians by race and ethnicity are those that include both imputed and reported data.

For those who wish to understand the effects of imputation on percent distributions and their standard errors, we provide "reported only" data. Those who wish to conduct a complete-case analysis can use the "reported only" data for benchmarking.

Table 1. Physician office visits, by selected physician characteristics: United States, 2008

Physician characteristic	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year <sup>1,2</sup> (standard error of rate)		
All visits	955,969 (38,548)	100.0	320.1 (12.9)		
Physician specialty <sup>3</sup>					
General and family practice	224,443 (17,095)	23.5 (1.4)	75.1 (5.7)		
Internal medicine	152,909 (13,210)	16.0 (1.3)	51.2 (4.4)		
Pediatrics <sup>4</sup>	119,797 (10,693)	12.5 (0.9)	175.1 (16.1)		
Obstetrics and gynecology <sup>5</sup>	81,928 (8,034)	8.6 (0.8)	66.5 (6.6)		
Ophthalmology	65,599 (7,206)	6.9 (0.7)	22.0 (2.4)		
Orthopedic surgery	51,322 (6,509)	5.4 (0.7)	17.2 (2.2)		
Cardiovascular diseases	39,252 (5,730)	4.1 (0.6)	13.1 (1.9)		
Dermatology	34,483 (4,820)	3.6 (0.5)	11.5 (1.6)		
Urology	24,786 (2.637)	2.6 (0.3)	8.3 (0.9)		
Psychiatry	22,990 (3,055)	2.4 (0.3)	7.7 (1.0)		
Otolaryngology	18,169 (2,767)	1.9 (0.3)	6.1 (0.9)		
General surgery	15,751 (2,577)	1.6 (0.3)	5.3 (0.9)		
Neurology	12,099 (1,166)	1.3 (0.1)	4.1 (0.4)		
All other specialties.	92,441 (10,848)	9.7 (1.0)	30.9 (3.6)		
Professional degree					
Doctor of Medicine	885,916 (36,433)	92.7 (0.8)	296.6 (12.2)		
Doctor of Osteopathy	70,053 (8,377)	7.3 (0.8)	23.5 (2.8)		
Specialty type <sup>3</sup>					
Primary care	578,475 (28,542)	60.5 (1.3)	193.7 (9.6)		
Medical specialty	199,655 (12,495)	20.9 (1.2)	66.8 (4.2)		
Surgical specialty	177,839 (13,921)	18.6 (1.3)	59.5 (4.7)		
Geographic region					
Northeast	196,759 (16,635)	20.6 (1.6)	363.9 (30.8)		
Midwest	191,392 (12,943)	20.0 (1.4)	292.3 (19.8)		
South	357,419 (27,702)	37.4 (2.2)	326.7 (25.3)		
West	210,399 (18,251)	22.0 (1.7)	301.7 (26.2)		
Metropolitan status <sup>6</sup>					
MSA	875,139 (38,582)	91.5 (1.8)	349.9 (15.4)		
Non-MSA	80,830 (17,859)	8.5 (1.8)	166.4 (36.8)		

<sup>...</sup> Category not applicable.

<sup>&</sup>lt;sup>1</sup>Visit rates for age, sex, race, and region are based on the July 1, 2008, set of estimates of the civilian noninstitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau.

<sup>&</sup>lt;sup>2</sup>Population estimates by metropolitan statistical area definitions status are based on estimates of the civilian noninstitutionalized population of the United States as of July 1, 2008, from the 2008 National Health Interview Survey, National Center for Health Statistics, compiled according to the November 2007 Office of Management and Budget definitions of core-based statistical areas. See <a href="http://www.census.gov/population/www/estimates.metrodef.html">http://www.census.gov/population/www/estimates.metrodef.html</a> for more about metropolitian statistical definitions. For geographic region and metropolitan statistical area, population denominators are different for each category and thus do not add to total population rate. For other variables, the denominator is the total population.

<sup>&</sup>lt;sup>3</sup>Physician specialty and specialty type are defined in the 2008 public use file documentation (ttp://ttp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc08.pdf).

<sup>&</sup>lt;sup>4</sup>Number of visits (numerator) and population estimate (denominator) in visit rate include children under age 15 years.

<sup>&</sup>lt;sup>5</sup>Number of visits (numerator) and population estimate (denominator) in visit rate include females aged 15 years and over.

<sup>&</sup>lt;sup>6</sup>MSA is metropolitan statistical area.

Table 2. Office visits, by selected physician practice characteristics: United States, 2008

Physician practice characteristic	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	
All visits	955,969 (38,548)	100.0	
Employment status			
Owner	666,213 (32,472)	69.7 (2.0)	
Employee	261,923 (21,722)	27.4 (1.9)	
Contractor	23,187 (6,301)	2.4 (0.7)	
Blank	*4,646 (2,912)	*0.5 (0.3)	
Ownership			
Physician or group	796,629 (35,411)	83.3 (1.5)	
Other health care corporation	52,487 (9,510)	5.5 (1.0)	
Other hospital	34,667 (8,646)	3.6 (0.9)	
Community Health Center	21,416 (4,761)	2.2 (0.5)	
Medical or academic health center	19,951 (5,437)	2.1 (0.6)	
HMO <sup>1</sup>	19,180 (4,445)	2.0 (0.5)	
Other <sup>2</sup>	*11,025 (3,607)	*1.2 (0.4)	
Blank	*615 (502)	*0.1 (0.1)	
Practice size			
Solo	304,337 (21,516)	31.8 (1.9)	
2	115,827 (13,194)	12.1 (1.3)	
3–5	275,285 (24,511)	28.8 (2.3)	
6–10	165,185 (16,165)	17.3 (1.5)	
11 or more	92,747 (12,597)	9.7 (1.2) *0.3 (0.1)	
	*2,589 (1,222)	0.5 (0.1)	
Type of practice			
Single-specialty group	457,650 (28,823)	47.9 (2.3)	
Multispecialty group	192,852 (19,393)	20.2 (1.8)	
Solo	304,337 (21,516)	31.8 (1.9)	
Blank	*1,130 (565)	*0.1 (0.1)	
Office type			
Private practice	876,508 (37,241)	91.7 (1.1)	
Clinic or urgicenter	30,074 (8,958)	3.1 (0.9)	
Community health center	22,074 (4,789)	2.3 (0.5)	
Other <sup>3</sup>	27,313 (5,530)	2.9 (0.6)	
Electronic medical records			
Yes, all electronic	275,378 (23,478)	28.8 (1.9)	
Yes, part paper and part electronic	166,787 (17,147)	17.4 (1.7)	
No	503,429 (25,202)	52.7 (2.0)	
Unknown or blank	*10,375 (3,484)	*1.1 (0.4)	
Practice submits claims electronically			
Yes, all electronic	583,348 (36,803)	61.0 (2.4)	
Yes, part paper and part electronic	252,057 (20,387)	26.4 (2.1)	
No	84,252 (13,181)	8.8 (1.3)	
Unknown or blank	36,313 (7,919)	3.8 (0.8)	

<sup>...</sup> Category not applicable.

<sup>\*</sup> Figure does not meet standards of reliability or precision.

<sup>&</sup>lt;sup>1</sup>HMO is health maintenance organization.

 $<sup>^2\</sup>mbox{``Other"}$  includes owners such as local government (state, county, or city) and charitable organizations.

<sup>&</sup>lt;sup>3</sup>"Other" includes the following office types: HMO, nonfederal government clinic, mental health center, family planning clinic, and faculty practice plan.

Table 3. Office visits, by patient age and sex: United States, 2008

Patient age and sex	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year (standard error of rate)	
All visits	955,969 (38,548)	100.0	320.1 (12.9)	
Age				
Under 15 years	147,207 (10,937)	15.4 (0.9)	241.0 (17.9)	
Under 1 year	29,371 (2,638)	3.1 (0.2)	681.6 (61.2)	
1–4 years	48,449 (4,155)	5.1 (0.4)	290.3 (24.9)	
5–14 years	69,386 (5,059)	7.3 (0.4)	173.1 (12.6)	
15–24 years	73,875 (3,990)	7.7 (0.3)	177.8 (9.6)	
25–44 years	194,641 (8,583)	20.4 (0.6)	239.4 (10.6)	
45–64 years	284,110 (12,793)	29.7 (0.7)	366.5 (16.5)	
65 years and over	256,135 (13,278)	26.8 (0.8)	688.0 (35.7)	
65–74 years	127,125 (6,822)	13.3 (0.5)	639.5 (34.3)	
75 years and over	129,010 (7,501)	13.5 (0.5)	743.5 (43.2)	
Sex and age				
Female	572,697 (24,064)	59.9 (0.7)	375.7 (15.8)	
Under 15 years	69,271 (5,248)	7.2 (0.4)	232.1 (17.6)	
15–24 years	50,764 (3,246)	5.3 (0.3)	246.7 (15.8)	
25–44 years	135,625 (6,681)	14.2 (0.5)	331.1 (16.3)	
45–64 years	168,957 (8,411)	17.7 (0.5)	424.1 (21.1)	
65–74 years	71,812 (4,024)	7.5 (0.3)	669.4 (37.5)	
75 years and over	76,267 (4,662)	8.0 (0.3)	727.6 (44.5)	
Male	383,272 (16,618)	40.1 (0.7)	262.1 (11.4)	
Under 15 years	77,936 (6,103)	8.2 (0.5)	249.5 (19.5)	
15–24 years	23,111 (1,490)	2.4 (0.1)	110.2 (7.1)	
25–44 years	59,016 (3,367)	6.2 (0.3)	146.3 (8.3)	
45–64 years	115,153 (5,596)	12.0 (0.4)	305.6 (14.9)	
65–74 years	55,313 (3,328)	5.8 (0.3)	604.4 (36.4)	
75 years and over	52,743 (3,342)	5.5 (0.3)	767.7 (48.7)	

<sup>. . .</sup> Category not applicable.

<sup>&</sup>lt;sup>1</sup>Visit rates are based on the July 1, 2008, set of estimates of the civilian noninstitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau. NOTE: Numbers may not add to totals because of rounding.

Table 4. Office visits, by patient race and age, and ethnicity: United States, 2008

	Rep	orted plus imputed	Reported only <sup>3,4</sup>			
Patient charcteristic	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year <sup>5</sup> (standard error of rate)	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	
All visits	955,969 (38,548)	100.0	320.1 (12.9)			
Race and age <sup>6,7</sup>						
Reported visits	640,220 (29,829) 315,749 (27,698)	67.0 (2.3) 33.0 (2.3)		640,220 (29,829)	100.0	
White	802,362 (34,961)	83.9 (1.2)	335.9 (14.6)	534,321 (26,198)	83.5 (1.5)	
Under 15 years	117,261 (9,502)	12.3 (0.8)	253.1 (20.5)	72,333 (7,403)	11.3 (1.0)	
15–24 years	60,050 (3,658)	6.3 (0.3)	187.1 (11.4)	39,567 (2,655)	6.2 (0.3)	
25–44 years	159,358 (7,884)	16.7 (0.6)	248.6 (12.3)	108,077 (6,590)	16.9 (0.8)	
45–64 years	242,181 (11,801)	25.3 (0.7)	377.8 (18.4)	165,545 (9,757)	25.9 (0.9)	
65–74 years	110,164 (6,182)	11.5 (0.4)	647.7 (36.4)	74,451 (5,183)	11.6 (0.6)	
75 years and over	113,348 (6,678)	11.9 (0.5)	742.5 (43.7)	74,348 (5,250)	11.6 (0.6)	
Black or African American	104,002 (10,178)	10.9 (0.9)	276.4 (27.0)	73,911 (8,498)	11.5 (1.2)	
Under 15 years	19,996 (4,045)	2.1 (0.4)	218.6 (44.2)	15,225 (3,947)	2.4 (0.6)	
15–24 years	9,956 (1,584)	1.0 (0.2)	159.2 (25.3)	7,247 (1,389)	1.1 (0.2)	
25–44 years	22,709 (2,531)	2.4 (0.2)	217.8 (24.3)	17,107 (2,225)	2.7 (0.3)	
45–64 years	29,539 (2,956)	3.1 (0.3)	341.9 (34.2)	20,277 (2,390)	3.2 (0.4)	
65–74 years	11,642 (1,491)	1.2 (0.1)	635.9 (81.5)	7,898 (1,247)	1.2 (0.2)	
75 years and over	10,159 (1,709)	1.1 (0.2)	761.9 (128.2)	6,158 (1,268)	1.0 (0.2)	
Asian	38,433 (6,726)	4.0 (0.7)	285.1 (49.9)	24,437 (5,267)	3.8 (0.8)	
Native Hawaiian or Other Pacific Islander	*4,539 (1,652)	*0.5 (0.2)	*820.7 (298.7)	*3,204 (1,454)	*0.5 (0.2)	
American Indian or Alaska Native	2,994 (728)	0.3 (0.1)	98.9 (24.0)	1,615 (476)	0.3 (0.1)	
Multiple races	3,639 (851)	0.4 (0.1)	71.1 (16.6)	*2,731 (837)	*0.4 (0.1)	
Ethnicity <sup>6,7</sup>						
Reported visits	615,221 (30,061)	64.4 (2.3)		615,221 (30,061)	100.0	
Imputed (missing)	340,747 (28,445)	35.6 (2.3)				
Hispanic or Latino	116,682 (10,439)	12.2 (1.0)	251.5 (22.5)	84,618 (9,301)	13.8 (1.4)	
Not Hispanic or Latino	839,286 (35,307)	87.8 (1.0)	332.7 (14.0)	530,603 (27,207)	86.2 (1.4)	

<sup>...</sup> Category not applicable.

<sup>\*</sup> Figure does not meet standards of reliability or precision.

<sup>1&</sup>quot;Reported plus imputed" includes race that was reported directly by physician offices and imputed for the 33.0 percent of visits for which race was not reported.

<sup>&</sup>lt;sup>2</sup>"Reported plus imputed" includes ethnicity that was reported directly by physician offices and imputed for the 35.6 percent of visits for which ethnicity was not reported.

<sup>&</sup>lt;sup>3</sup>"Reported only" calculations are based on 640,220 visits (in thousands) with race reported directly by physician offices. The 33.0 percent of visits for which race was missing are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed race values.

<sup>&</sup>lt;sup>4</sup>"Reported only" calculations are based on 615,221 visits (in thousands) with ethnicity reported directly by physician offices. The 35.6 percent of visits for which ethnicity was missing are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed ethnicity values.

<sup>&</sup>lt;sup>5</sup>Visit rates are based on the July 1, 2008, set of estimates of the civilian noninstitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau.

<sup>&</sup>lt;sup>6</sup>For 2008, race data were missing for 33.0 percent of visits, and ethnicity data were missing for 35.6 percent of visits. Readers are therefore advised to treat these data with caution. In this table, estimates based on imputed race and ethnicity data are shown separately from comparison estimates using unimputed data. Missing race and ethnicity were imputed using a hot deck approach rather than the previously used cold deck strategy. The imputation process is described more fully in the 2008 public use file documentation (ftp://ftp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc08.pdf). Research is currently underway to evaluate further changes to the imputation strategy for use with 2009 data.

<sup>&</sup>lt;sup>7</sup>The race groups white, black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Race-specific estimates were tabulated according to 1997 standards for federal data on race and ethnicity and are not strictly comparable with estimates for earlier years. The percent of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

Table 5. Expected sources of payment at office visits: United States, 2008

Expected source of payment	Number of visits in thousands <sup>1</sup> (standard error in thousands)	Percent of visits (standard error of percent)	
All visits	955,969 (38,548)		
Private insurance	631,627 (26,711)	66.1 (1.2)	
Medicare	231,356 (12,997)	24.2 (0.8)	
Medicaid or SCHIP <sup>2</sup>	111,644 (8,138)	11.7 (0.7)	
Medicare and Medicaid <sup>3</sup>	13,370 (1,434)	1.4 (0.1)	
No insurance <sup>4</sup>	43,540 (4,630)	4.6 (0.5)	
Self-pay	40,115 (4,509)	4.2 (0.5)	
No charge or charity	3,583 (1,041)	0.4 (0.1)	
Worker's compensation	10,505 (2,445)	1.1 (0.2)	
Other	27,471 (4,532)	2.9 (0.4)	
Unknown or blank	28,654 (4,945)	3.0 (0.5)	

<sup>...</sup> Category not applicable.

<sup>&</sup>lt;sup>1</sup>Combined total of individual sources exceeds "all visits," and "percent of visits" exceeds 100%, because more than one source of payment may be reported per visit.

<sup>&</sup>lt;sup>2</sup>SCHIP is State Children's Health Insurance Program.

<sup>&</sup>lt;sup>3</sup>The visits in this category are also included in both the Medicare and Medicaid or SCHIP categories.

<sup>&</sup>lt;sup>4</sup>"No insurance" is defined as having only self-pay, no charge, or charity visits as payment sources. The individual self-pay and no charge or charity categories are not mutually exclusive.

Table 6. Primary care provider and referral status of office visits, by prior-visit status: United States, 2008

Prior-visit status, primary care provider, and referral status	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All visits	955,969 (38,548)	100.0
Visit to PCP <sup>1</sup>	455,012 (24,851)	47.6 (1.5)
/isit to non-PCP <sup>1,2</sup>	447,409 (20,977)	46.8 (1.4)
Referred for this visit	127,601 (9,092)	13.3 (0.7)
Not referred for this visit	252,142 (15,809)	26.4 (1.4)
Unknown if referred <sup>3</sup>	67,666 (5,786)	7.1 (0.6)
Inknown if PCP <sup>1</sup> visit <sup>2,3</sup>	53,548 (7,061)	5.6 (0.7)
Established patient		
Il visits	841,192 (34,226)	100.0 (0.4)
isit to PCP <sup>1</sup>	432,238 (23,981)	51.4 (1.6)
sit to non-PCP <sup>1,2</sup>	363,293 (17,188)	43.2 (1.5)
Referred for this visit	73,579 (6,998)	8.7 (0.7)
Not referred for this visit	235,643 (15,026)	28.0 (1.6)
Unknown if referred <sup>3</sup>	54,072 (4,941)	6.4 (0.6)
nknown if PCP <sup>1</sup> visit <sup>2,3</sup>	45,661 (6,697)	5.4 (0.8)
New patient		
Il visits	114,777 (6,138)	100.0 (0.4)
isit to PCP <sup>1</sup>	22,774 (2,547)	19.8 (1.9)
sit to non-PCP <sup>1,2</sup>	84,117 (4,982)	73.3 (1.9)
Referred for this visit	54,023 (3,526)	47.1 (1.9)
Not referred for this visit	16,499 (1,752)	14.4 (1.3)
Unknown if referred <sup>3</sup>	13,595 (1,401)	11.8 (1.0)
Inknown if PCP <sup>1</sup> visit <sup>2,3</sup>	7,887 (982)	6.9 (0.8)

<sup>...</sup> Category not applicable.

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

<sup>&</sup>lt;sup>2</sup>Referral status was only asked for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 18.8 percent of visits.

 $<sup>^3\</sup>mbox{The}$  unknown category includes blanks.

Table 7. Primary care provider and referral status of office visits, by physician specialty: United States, 2008

				Visit to non-PCP1,2	2	
Physician specialty	Total	Visit to PCP <sup>1</sup>	Referred by other physician	Not referred by other physician	Unknown if referred <sup>3</sup>	Unknown if PCP <sup>1</sup> visit <sup>2,3</sup>
		F	ercent distribution	(standard error of p	percent)	
All visits	100.0	47.6 (1.5)	13.3 (0.7)	26.4 (1.4)	7.1 (0.6)	5.6 (0.7)
General and family practice	100.0	82.0 (2.6)	*2.7 (1.1)	4.2 (1.0)	2.0 (0.4)	9.1 (2.1)
Internal medicine	100.0	82.2 (3.5)	1.5 (0.3)	*7.8 (2.9)	*1.0 (0.4)	7.6 (2.0)
Pediatrics	100.0	91.1 (1.7)	*1.5 (0.6)	*3.6 (1.2)	*1.5 (0.7)	2.4 (0.6)
Obstetrics and gynecology	100.0	16.6 (4.4)	7.5 (1.5)	56.8 (5.5)	13.4 (2.6)	*5.6 (2.4)
Ophthalmology	100.0	*	20.5 (4.2)	56.4 (5.5)	15.8 (3.8)	*6.0 (2.6)
Orthopedic surgery	100.0	*	31.6 (2.9)	51.2 (4.4)	11.9 (2.8)	*4.8 (1.8)
Dermatology	100.0	*	21.2 (3.4)	53.9 (4.9)	19.9 (4.4)	*3.3 (1.2)
Psychiatry	100.0	*7.7 (3.4)	12.5 (3.2)	66.0 (5.3)	9.6 (2.5)	*4.2 (2.3)
Cardiovascular diseases	100.0	*11.5 (3.9)	30.6 (4.6)	50.3 (6.5)	4.5 (1.2)	*3.1 (1.1)
Otolaryngology	100.0	*	43.0 (5.1)	35.8 (4.5)	*17.5 (5.3)	*3.1 (1.4)
General surgery	100.0	*	38.9 (4.6)	47.6 (5.2)	*10.9 (4.1)	*
Urology	100.0	*	29.4 (3.7)	53.8 (4.5)	12.9 (2.8)	*2.4 (1.3)
Neurology	100.0	*4.4 (2.4)	41.6 (4.6)	37.9 (5.2)	10.4 (2.2)	*5.7 (1.8)
Oncology	100.0	*6.4 (2.2)	31.8 (5.5)	46.7 (5.1)	*7.5 (3.0)	*7.6 (2.7)
All other specialties	100.0	*14.7 (5.9)	35.9 (4.3)	33.7 (5.8)	13.3 (2.9)	2.4 (0.7)

 $<sup>^{\</sup>star}$  Figure does not meet standards of reliability or precision.

<sup>...</sup> Category not applicable.

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

<sup>&</sup>lt;sup>2</sup>Referral status was only asked for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 18.8 percent of visits.

<sup>&</sup>lt;sup>3</sup>The unknown category includes blanks.

Table 8. Continuity-of-care office visit characteristics, by specialty type: United States, 2008

		Specialty type <sup>1</sup>					Specialty type <sup>1</sup>		
Continuity-of-care visit characteristic	All specialties	Primary care	Surgical specialties	Medical specialties	All specialies	Primary care	Surgical specialties	Medical specialties	
	Number of visits in thousands (standard error in thousands)				Perce	Percent distribution (standard error of percent)			
All visits	955,969 (38,548)	578,475 (28,542)	199,655 (12,495)	177,839 (13,921)	100.0	100.0	100.0	100.0	
Prior-visit status and number of visits in last 12 months									
Established patient <sup>2</sup>	841,192 (34,226)	532,659 (26,447)	159,563 (9,798)	148,970 (11,998)	88.0 (0.4)	92.1 (0.6)	79.9 (1.0)	83.8 (1.1)	
None	62,945 (4,150)	34,462 (2,921)	17,631 (2,004)	10,851 (1,610)	6.6 (0.4)	6.0 (0.4)	8.8 (0.8)	6.1 (0.8)	
1–2 visits	296,173 (12,434)	165,052 (8,705)	71,033 (4,834)	60,089 (5,373)	31.0 (0.5)	28.5 (0.7)	35.6 (1.0)	33.8 (1.3)	
3–5 visits	262,802 (12,733)	174,301 (9,964)	45,962 (3,473)	42,539 (4,190)	27.5 (0.6)	30.1 (0.7)	23.0 (1.1)	23.9 (1.1)	
6 or more visits	219,272 (10,638)	158,844 (9,395)	24,937 (2,125)	35,490 (3,569)	22.9 (0.6)	27.5 (0.9)	12.5 (0.9)	20.0 (1.5)	
New patient	114,777 (6,138)	45,816 (3,980)	40,092 (3,470)	28,869 (2,897)	12.0 (0.4)	7.9 (0.6)	20.1 (1.0)	16.2 (1.1)	

<sup>...</sup> Category not applicable.

<sup>1</sup>Specialty type is defined in the 2008 public use file documentation (ftp://ftp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc08.pdf).

 $<sup>^2</sup>$ Number of previous visits by established patients to responding physician in last 12 months.

Table 9. Twenty leading principal reasons for office visits, by patient sex: United States, 2008

			Female <sup>2</sup>	Male <sup>3</sup>	
Principal reason for visit and RVC code <sup>1</sup>	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Percent distribution (standard error of percent)	Percent distribution (standard error of percent)	
All visits	955,969 (38,548)	100.0	100.0	100.0	
General medical examination	70,328 (4,616)	7.4 (0.3)	6.5 (0.4)	8.7 (0.5)	
Progress visit, not otherwise specified	63,749 (6,724)	6.7 (0.6)	6.6 (0.7)	6.7 (0.7)	
Postoperative visit	29,575 (2,838)	3.1 (0.3)	2.8 (0.3)	3.5 (0.4)	
Cough	26,538 (2,214)	2.8 (0.2)	2.6 (0.2)	3.0 (0.3)	
Prenatal examination, routine	22,516 (3,496)	2.4 (0.4)	3.9 (0.6)		
Medication, other and unspecified kinds	20,749 (1,988)	2.2 (0.2)	2.2 (0.2)	2.1 (0.2)	
Gynecological examination	19,665 (2,972)	2.1 (0.3)	3.4 (0.5)		
For other and unspecified test results	17,246 (1,681)	1.8 (0.2)	1.9 (0.2)	1.7 (0.2)	
Symptoms referable to throat	17,221 (1,480)	1.8 (0.1)	1.8 (0.2)	1.8 (0.2)	
Eye examination	16,223 (3,448)	1.7 (0.4)	1.7 (0.4)	1.7 (0.3)	
Well baby examination	14,456 (1,421)	1.5 (0.1)	1.2 (0.1)	2.0 (0.2)	
Hypertension	14,422 (1,776)	1.5 (0.2)	1.5 (0.2)	1.6 (0.2)	
Knee symptoms	14,086 (1,378)	1.5 (0.1)	1.5 (0.1)	1.5 (0.2)	
Fever	13,119 (1,432)	1.4 (0.1)	1.1 (0.1)	1.8 (0.2)	
Skin rash	12,767 (1,008)	1.3 (0.1)	1.2 (0.1)	1.6 (0.1)	
Stomach pain, cramps and spasms	12,699 (1,276)	1.3 (0.1)	1.5 (0.1)	1.1 (0.2)	
Back symptoms	12,676 (1,403)	1.3 (0.1)	1.3 (0.2)	1.4 (0.2)	
Counseling, not otherwise specified	12,365 (1,414)	1.3 (0.1)	1.3 (0.1)	1.2 (0.2)	
Vision dysfunctions	11,717 (1,906)	1.2 (0.2)	1.2 (0.2)	1.2 (0.2)	
Earache or ear infection	11,235 (1,372)	1.2 (0.1)	1.1 (0.1)	1.2 (0.2)	
All other reasons	522,616 (21,935)	54.7 (0.9)	53.7 (1.0)	56.2 (1.0)	

<sup>. . .</sup> Category not applicable.

<sup>&</sup>lt;sup>1</sup>Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) defined in the 2008 public use file documentation (ftp://ftp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc08.pdf). Reason for visit is defined by the patient.

<sup>&</sup>lt;sup>2</sup>Based on 572,697,000 visits made by females.

 $<sup>^{3}\</sup>text{Based}$  on 383,272,000 visits made by males.

Table 10. Provider-assessed major reason for office visit, by selected patient and visit characteristics: United States, 2008

Patient and visit characteristic	Number of visits in thousands (standard error in thousands)	Total percent	New problem	Chronic problem, routine	Chronic problem, flare-up	Pre- or post-surgery	Preventive care <sup>1</sup>	Unknown or blank
	Percent distribution (standard error of percent)							
All visits	955,969 (38,548)	100.0	34.2 (0.9)	28.4 (1.0)	7.5 (0.4)	7.2 (0.4)	20.8 (0.9)	1.7 (0.2)
Age								
Under 15 years	147,207 (10,937)	100.0	50.0 (1.6)	9.0 (0.8)	4.2 (0.5)	1.4 (0.3)	34.7 (1.3)	0.7 (0.2)
Under 1 year	29,371 (2,638)	100.0	35.6 (2.7)	3.6 (0.8)	*	*	58.6 (2.6)	*
1–4 years	48,449 (4,155)	100.0	51.5 (1.8)	6.9 (0.9)	4.7 (0.9)	1.4 (0.4)	34.7 (1.7)	*
5–14 years	69,386 (5,059)	100.0	55.0 (1.9)	12.8 (1.2)	5.2 (0.8)	1.7 (0.4)	24.6 (1.5)	*
15–24 years	73,875 (3,990)	100.0	40.5 (1.9)	15.4 (1.1)	5.0 (0.6)	5.1 (1.0)	32.9 (2.2)	1.2 (0.3)
25–44 years	194,641 (8,583)	100.0	34.9 (1.4)	21.6 (1.2)	8.0 (0.7)	6.7 (0.6)	26.7 (1.7)	2.1 (0.3)
45–64 years	284,110 (12,793)	100.0	31.3 (1.2)	33.9 (1.3)	9.2 (0.6)	8.8 (0.6)	14.7 (1.1)	2.1 (0.3)
65 years and over	256,135 (13,278)	100.0	26.0 (1.2)	42.5 (1.5)	8.1 (0.6)	9.9 (0.7)	11.8 (1.1)	1.8 (0.3)
65–74 years	127,125 (6,822)	100.0	26.6 (1.2)	40.5 (1.7)	7.9 (0.7)	10.7 (1.0)	12.3 (1.2)	2.0 (0.4)
75 years and over	129,010 (7,501)	100.0	25.4 (1.5)	44.4 (1.7)	8.2 (0.7)	9.1 (0.8)	11.3 (1.2)	1.6 (0.3)
Sex								
Female	572,697 (24,064)	100.0	33.1 (1.0)	27.0 (1.0)	7.6 (0.4)	7.1 (0.5)	23.3 (1.0)	1.9 (0.2)
Male	383,272 (16,618)	100.0	35.9 (1.1)	30.6 (1.2)	7.4 (0.5)	7.5 (0.5)	17.1 (0.8)	1.5 (0.2)
Race <sup>2,3</sup>								
Reported	640,220 (29,829)	100.0	33.0 (1.0)	30.4 (1.3)	7.8 (0.5)	7.1 (0.5)	20.0 (1.0)	1.6 (0.2)
Imputed (missing)	315,749 (27,698)	100.0	36.7 (1.5)	24.4 (1.4)	6.9 (0.7)	7.6 (0.8)	22.5 (1.3)	2.0 (0.3)
White	802,362 (34,961)	100.0	34.3 (0.9)	29.0 (1.0)	7.7 (0.4)	7.5 (0.5)	19.8 (0.9)	1.7 (0.2)
Black or African American	104,002 (10,178)	100.0	31.0 (2.2)	26.5 (2.1)	7.7 (1.1)	5.9 (0.9)	26.8 (2.1)	2.0 (0.5)
Other <sup>5</sup>	49,605 (7,756)	100.0	39.7 (2.4)	24.0 (2.6)	4.6 (0.7)	5.7 (0.9)	24.3 (2.4)	*
White	534,321 (26,198)	100.0	32.7 (1.0)	31.3 (1.4)	8.1 (0.5)	7.4 (0.6)	18.8 (1.0)	1.6 (0.2)
Black or African American	73,911 (8,498)	100.0	32.1 (2.7)	26.1 (2.7)	7.5 (1.0)	5.6 (1.1)	27.1 (2.6)	*1.6 (0.6)
Other <sup>5</sup>	31,987 (6,545)	100.0	39.3 (2.8)	26.0 (3.3)	4.4 (1.0)	4.8 (1.0)	24.0 (2.9)	*
Ethnicity <sup>2,3</sup>								
Reported	615,221 (30,061)	100.0	33.7 (1.1)	29.7 (1.3)	8.1 (0.5)	6.9 (0.5)	20.0 (1.0)	1.6 (0.2)
Imputed (missing)	340,747 (28,445)	100.0	35.0 (1.4)	26.2 (1.5)	6.6 (0.7)	7.9 (0.8)	22.2 (1.4)	2.0 (0.3)
Hispanic or Latino	116,682 (10,439)	100.0	38.3 (1.9)	21.7 (1.6)	5.7 (0.6)	5.3 (0.7)	26.1 (2.0)	2.9 (0.5)
Not Hispanic or Latino	839,286 (35,307)	100.0	33.6 (0.9)	29.4 (1.0)	7.8 (0.4)	7.5 (0.4)	20.1 (0.9)	1.6 (0.2)
Hispanic or Latino	. 84,618 (9,301)	100.0	40.0 (2.2)	21.3 (2.0)	6.3 (0.8)	3.8 (0.8)	25.4 (2.3)	3.1 (0.6)
Not Hispanic or Latino	530,603 (27,207)	100.0	32.7 (1.1)	31.0 (1.5)	8.3 (0.5)	7.4 (0.6)	19.2 (1.1)	1.3 (0.2)
Expected source of payment9								
Private insurance	631,627 (26,711)	100.0	35.3 (1.0)	28.0 (1.1)	7.6 (0.5)	7.1 (0.4)	20.4 (1.0)	1.5 (0.2)
Medicare	231,356 (12,997)	100.0	24.8 (1.3)	43.3 (1.7)	8.0 (0.6)	10.7 (0.8)	11.7 (1.1)	1.6 (0.3)
Medicaid or SCHIP <sup>10</sup>	111,644 (8,138)	100.0	34.6 (1.8)	21.3 (1.8)	6.1 (0.6)	4.0 (0.6)	32.5 (2.2)	1.5 (0.4)
Medicare and Medicaid <sup>11</sup>	13,370 (1,434)	100.0	26.2 (3.7)	44.8 (4.3)	9.7 (2.0)	*	9.6 (2.3)	*
Self-pay, no charge, or charity	57,309 (6,745)	100.0	38.5 (4.1)	26.2 (2.9)	5.9 (0.8)	8.7 (2.3)	18.8 (2.6)	1.9 (0.5)
Other <sup>12</sup>	59,569 (7,162)	100.0	30.7 (2.0)	28.2 (2.2)	9.3 (1.4)	7.3 (1.0)	21.2 (2.3)	3.4 (0.7)

<sup>\*</sup> Figure does not meet standards of reliability or precision.

<sup>&</sup>lt;sup>1</sup>Preventive care includes routine prenatal, well-baby, screening, insurance, or general exams (see question 4c on 2008 Patient Record form).

<sup>&</sup>lt;sup>2</sup>For 2008, race data were missing for 33.0 percent of visits, and ethnicity data were missing for 35.6 percent of visits. Readers are therefore advised to treat these data with caution. In this table, estimates based on imputed race and ethnicity data are shown separately from comparison estimates using unimputed data. Missing race and ethnicity were imputed using a hot deck approach rather than the previously used cold deck strategy. The imputation process is described more fully in the 2008 public use file documentation (ftp://ftp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc08.pdf). Research is currently underway to evaluate further changes to the imputation strategy for use with 2009 data.

<sup>&</sup>lt;sup>3</sup>The race groups white, black or African American, and other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Race-specific estimates were tabulated according to 1997 standards for federal data on race and ethnicity and are not strictly comparable with estimates for earlier years. The percent of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

<sup>4&</sup>quot;Reported plus imputed" includes race that was reported directly by physician offices and imputed values for the 33.0 percent of visits for which race was not reported.

<sup>5&</sup>quot;Other race" includes visits by Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races.

<sup>&</sup>lt;sup>6</sup>"Reported only" calculations are based on 640,220 visits (in thousands) with race reported directly by physician offices. The 33.0 pecent of visits for which race was missing are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed race values.

<sup>7&</sup>quot;Reported plus imputed" includes ethnicity that was reported directly by physician offices and imputed for the 35.6 percent of visits for which ethnicity was not reported.

<sup>&</sup>lt;sup>8</sup>"Reported only" calculations are based on 615,221 visits (in thousands) with ethnicity reported directly by physician offices. The 35.6 percent visits for which ethnicity was missing are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed ethnicity values.

<sup>9</sup>Combined total of individual sources exceeds "all visits," and "percent of visits" exceeds 100%, because more than one source may be reported per visit.

<sup>&</sup>lt;sup>10</sup>SCHIP is State Children's Health Insurance Program.

<sup>&</sup>lt;sup>11</sup>The visits in this category are also included in both the Medicare and Medicaid or SCHIP categories.

<sup>12&</sup>quot;Other" includes worker's compensation, unknown or blank, and payments not classified elsewhere.

Table 11. Preventive care visits made to primary care specialists, by selected patient and visit characteristics: United States, 2008

Patient and visit characteristic	Number of vis in thousands (standard erro in thousands	s or (sta	Percent ndard error i percent)	per y (standa	s per ersons	Percent of preventive care visits made to primary ca specialists (standard e of percen
			Perce	nt distribution		
All preventive care visits <sup>3</sup>	199,115 (12,16	69) 10	0.0	66.7	(4.1)	83.7 (2.0
Age						
Under 15 years	51,077 (4,0	31) 2	25.7 (1.7)	83.6	(6.6)	96.6 (1.0
Under 1 year	17,219 (1,5	58)	8.6 (0.7)	399.6	(36.2)	99.1 (0.6
1–4 years	16,821 (1,6	57)	8.4 (0.7)	100.8	(9.9)	98.2 (0.8
5–14 years	17,037 (1,5	51)	8.6 (0.7)	42.5	(3.9)	92.4 (2.0
15–24 years	24,271 (2,39	91)	12.2 (0.9)	58.4	(5.8)	94.6 (1.6
25–44 years	51,924 (4,42	21) 2	26.1 (1.4)	63.9	(5.4)	90.5 (1.8
45–64 years	41,720 (3,82	22) 2	21.0 (1.2)	53.8	(4.9)	73.6 (3.5
65 years and over	30,122 (3,30	O6) ·	15.1 (1.3)	80.9	(8.9)	55.2 (5.9
65–74 years	15,576 (1,76	60)	7.8 (0.7)	78.4	(8.9)	56.6 (6.1
75 years and over	14,546 (1,76		7.3 (0.8)	83.8	(10.2)	53.6 (6.3
Sex and age						
Female	133,693 (8,86	67)	67.1 (1.3)	87.7	(5.8)	87.2 (1.7
Under 15 years	25,063 (2,1	12)	2.6 (0.9)	84.0	(7.1)	96.8 (0.9
15–24 years	20,427 (2,23	32)	10.3 (0.9)	99.3	(10.8)	95.6 (1.7
25–44 years	44,526 (4,0	77) 2	22.4 (1.4)	108.7	(10.0)	94.1 (1.2
45–64 years	26,400 (2,5	34)	13.3 (0.8)	66.3	(6.4)	77.5 (3.7
65–74 years	8,656 (99	96)	4.3 (0.4)	80.7	(9.3)	60.5 (6.3
75 years and over	8,621 (1,09	90)	4.3 (0.5)	82.2	(10.4)	60.6 (6.5
Male	65,422 (4,44	48)	32.9 (1.3)	44.7	(3.0)	76.4 (2.9
Under 15 years	26,014 (2,23	39)	3.1 (1.0)	83.3	(7.2)	96.3 (1.2
15–24 years	3,844 (60	08)	1.9 (0.3)	18.3	(2.9)	89.4 (3.6
25–44 years	7,399 (92	25)	3.7 (0.4)	18.3	(2.3)	69.2 (6.2
45–64 years	15,320 (1,69	92)	7.7 (0.7)	40.7	(4.5)	66.7 (4.6
65–74 years	6,921 (1,00	09)	3.5 (0.5)	75.6	(11.0)	51.8 (7.8
75 years and over	5,925 (94	41)	3.0 (0.4)	86.2	(13.7)	43.5 (7.7
Race <sup>4,5</sup>						
Reported	128,097 (8,6	54) (	64.3 (3.0)			85.7 (1.9
Imputed (missing)	71,018 (8,1	53) (	35.7 (3.0)			80.1 (3.8
White	159,167 (10,29	94)	79.9 (1.9)	66.6	(4.3)	82.2 (2.2
Black or African American	27,910 (4,13	34)	14.0 (1.7)	74.2	(11.0)	90.0 (2.6
Other <sup>7</sup>	12,038 (1,98	38)	6.0 (1.0)	54.3	(9.0)	88.1 (3.6
White	100,420 (6,93	32)	78.4 (2.5)			83.9 (2.2
Black or African American	20,015 (3,4)		15.6 (2.3)	• • •		92.1 (3.1
Other <sup>7</sup>	7,662 (1,90		6.0 (1.4)			91.7 (2.7
Ethnicity <sup>4,5</sup>						
Reported	123,303 (8,6	27)	61.9 (3.2)			86.4 (1.9
Imputed (missing)	75,812 (8,70		38.1 (3.2)			79.2 (3.7
Hispanic or Latino	30,405 (3,3	31)	15.3 (1.5)	65.5	(7.2)	89.3 (2.2
Not Hispanic or Latino	168,710 (10,9		34.7 (1.5)	66.9	(4.3)	82.7 (2.2
Hispanic or Latino	21,517 (2,72	22)	17.5 (1.9)			91.5 (2.2
Not Hispanic or Latino	101,786 (7,70	08)				85.3 (2.2

See footnotes at end of table.

Table 11. Preventive care visits made to primary care specialists, by selected patient and visit characteristics: United States, 2008—Con.

Patient and visit characteristic	in thou (standa	Number of visits in thousands Percent (standard error in thousands) of percent)		Number of visits per 100 persons per year <sup>1</sup> (standard error of rate)		Percent of preventive care visits made to primary care specialists <sup>2</sup> (standard error of percent)	
Expected source of payment <sup>11</sup>				Percent	of visits		
Private insurance	129,102	(8,701)	64.8	(2.1)	67.7	(4.6)	83.3 (2.2)
Medicare	26,957	(2,986)	13.5	(1.2)	65.7	(7.3)	52.1 (5.9)
Medicaid or SCHIP <sup>12</sup>	36,233	(4,082)	18.2	(1.6)	97.8	(11.0)	97.4 (0.7)
Medicare and Medicaid <sup>13</sup>	1,285	(328)	0.6	(0.2)			73.2 (9.6)
No insurance <sup>14</sup>	10,761	(1,993)	5.4	(1.0)	24.5	(4.5)	86.4 (4.7)
Other <sup>15</sup>	12,619	(2,299)	6.3	(1.1)			82.1 (6.5)

<sup>...</sup> Category not applicable.

<sup>&</sup>lt;sup>1</sup>Visit rates for age, sex, race, and ethnicity are based on the July 1, 2008, set of estimates of the civilian noninstitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau. Vist rates for expected source(s) of payment are based on the 2008 National Health Interview Survey estimates of health insurance.

<sup>&</sup>lt;sup>2</sup>Primary care specialty defined in the 2008 public use file documentation (ftp://ftp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc08.pdf).

<sup>&</sup>lt;sup>3</sup>Preventive care includes routine prenatal, well-baby, screening, insurance, or general exams (see question 4c on Patient Record form).

<sup>&</sup>lt;sup>4</sup>For 2008, race data were missing for 33.0 percent of visits, and ethnicity data were missing for 35.6 percent of visits. Readers are therefore advised to treat these data with caution. In this table, estimates based on imputed race and ethnicity data are shown separately from comparison estimates using unimputed data. Missing race and ethnicity were imputed using a hot deck approach rather than the previously used cold deck strategy. The imputation process is described more fully in the 2008 public use file documentation (ftp://ftp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc08.pdf). Research is currently under way to evaluate further changes to the imputation strategy for use with 2009 data.

<sup>&</sup>lt;sup>5</sup>The race groups white, black or African American, and other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Race-specific estimates have been tabulated according to 1997 standards for federal data on race and ethnicity and are not strictly comparable with estimates for earlier years. The percent of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

<sup>6&</sup>quot;Reported plus imputed" includes race that was reported directly by physician offices and imputed values for the 35.7 percent of preventive care visits for which race was not reported.

<sup>7&</sup>quot;Other race" includes visits by Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races.

<sup>&</sup>lt;sup>8</sup>"Reported only" calculations are based on 128,097 visits (in thousands) with race reported directly by physician offices. The 35.7 percent of preventive care visits for which race was missing are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed race values.

<sup>9&</sup>quot;Reported plus imputed" includes ethnicity that was reported directly by physician offices, and imputed values for the 38.1 percent of preventive care visits for which ethnicity was not reported.

<sup>10.</sup> Reported only" calculations are based on 123,303 preventive care visits (in thousands) with ethnicity reported directly by physician offices. The 38.1 percent of preventive care visits for which ethnicity was missing are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed ethnicity values.

<sup>11</sup> Combined total of individual sources exceeds "all visits," and "percent of visits" exceeds 100%, because more than one source of payment may be reported per visit.

<sup>&</sup>lt;sup>12</sup>SCHIP is State Children's Health Insurance Program.

<sup>&</sup>lt;sup>13</sup>The visits in this category are also included in both the Medicare and Medicaid or SCHIP categories.

<sup>&</sup>lt;sup>14</sup>"No insurance" is defined as having only self-pay, no charge, or charity as payment sources. The visit rate was calculated using "uninsured" as the denominator from the estimates of health insurance coverage from the National Health Interview Survey.

<sup>&</sup>lt;sup>15</sup>"Other" includes worker's compensation, unknown or blank, and payments not classified elsewhere.

Table 12. Primary diagnosis at office visits, classified by major disease category: United States, 2008

Major disease category and ICD-9-CM code range <sup>1</sup>	Number of in thous (standar in thous	sands d error	Perce distribu (standare of perc	
All visits	955,969 (	(38,548)	100.0	
Infectious and parasitic diseases	24,213	(1,852)	2.5	(0.2)
Neoplasms	29,397	(3,894)	3.1	(0.4)
Endocrine, nutritional, metabolic diseases, and immunity disorders	56,417	(3,995)	5.9	(0.4)
Mental disorders	39,831	(3,410)	4.2	(0.3)
Diseases of the nervous system and sense organs	94,420	(7,239)	9.9	(0.6)
Diseases of the circulatory system	91,736	(7,514)	9.6	(0.6)
Diseases of the respiratory system	95,852	(6,291)	10.0	(0.5)
Diseases of the digestive system	28,367	(2,640)	3.0	(0.3)
Diseases of the genitourinary system	46,175	(3,691)	4.8	(0.4)
Diseases of the skin and subcutanaous tissue	46,097	(3,904)	4.8	(0.4)
Diseases of the musculoskeletal and connective tissue	76,626	(5,788)	8.0	(0.5)
Symptoms, signs, and ill-defined conditions	60,018	(3,243)	6.3	(0.3)
Injury and poisoning	41,186	(3,411)	4.3	(0.3)
Supplementary classification <sup>2</sup>	199,611	(11,223)	20.9	(8.0)
All other diagnoses <sup>3</sup>	20,633	(2,106)	2.2	(0.2)
Blank	5,389	(981)	0.6	(0.1)

<sup>...</sup> Category not applicable

<sup>&</sup>lt;sup>1</sup>Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (U.S. Department of Health and Human Services. Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No. (PHS) 06–1260).

<sup>&</sup>lt;sup>2</sup>"Supplementary classification" is preventive and follow-up care and includes general medical examination, routine prenatal examination, and health supervision of an infant or child, and other diagnoses not classifiable to injury or illness.

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

Table 13. Twenty leading primary diagnosis groups for office visits, by patient sex: United States, 2008

			Female <sup>2</sup>	Male <sup>3</sup>
Primary diagnosis group and ICD-9-CM code(s) <sup>1</sup>	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Percent distribution (standard error of percent)	Percent distribution (standard error of percent)
All visits	955,969 (38,548)	100.0	100.0	100.0
Essential hypertension	45,969 (3,810)	4.8 (0.3)	4.8 (0.3)	4.8 (0.4)
Routine infant or child health check	43,178 (3,843)	4.5 (0.4)	3.7 (0.3)	5.8 (0.5)
Acute upper respiratory infections, excluding pharyngitis	29,296 (2,451)	3.1 (0.2)	2.7 (0.2)	3.6 (0.3)
Arthropathies and related disorders	28,404 (2,474)	3.0 (0.2)	3.1 (0.3)	2.7 (0.3)
Diabetes mellitus	25,365 (2,502)	2.7 (0.2)	2.2 (0.2)	3.4 (0.4)
Spinal disorders	24,376 (2,825)	2.5 (0.3)	2.5 (0.3)	2.6 (0.3)
Normal pregnancy	22,140 (2,835)	2.3 (0.3)	3.9 (0.5)	*
General medical examination	20,913 (2,387)	2.2 (0.2)	1.9 (0.2)	2.6 (0.3)
Malignant neoplasms	19,770 (3,607)	2.1 (0.4)	1.8 (0.4)	2.4 (0.3)
Rheumatism, excluding back	18,757 (1,831)	2.0 (0.2)	2.0 (0.2)	1.8 (0.2)
Specific procedures and aftercare	18,372 (2,272)	1.9 (0.2)	1.9 (0.2)	1.9 (0.3)
Follow up examination	17,652 (2,319)	1.8 (0.2)	1.9 (0.2)	1.8 (0.2)
Heart disease, excluding ischemic391–392.0,393–398,402,404,415–416,420–429	17,017 (2,512)	1.8 (0.2)	1.5 (0.2)	2.1 (0.3)
Gynecological examination	16,140 (2,634)	1.7 (0.3)	2.8 (0.4)	*
Otitis media and eustachian tube disorders	15,812 (2,171)	1.7 (0.2)	1.3 (0.2)	2.1 (0.3)
Disorders of lipoid metabolism	15,274 (2,026)	1.6 (0.2)	1.4 (0.2)	1.9 (0.3)
Ischemic heart disease	14,448 (1,937)	1.5 (0.2)	0.9 (0.1)	2.4 (0.3)
Chronic sinusitis	12,506 (1,451)	1.3 (0.1)	1.4 (0.2)	1.1 (0.1)
Acute pharyngitis	11,729 (1,148)	1.2 (0.1)	1.1 (0.1)	1.5 (0.2)
Allergic rhinitis	9,966 (2,303)	1.0 (0.2)	0.9 (0.2)	1.2 (0.3)
All other diagnoses <sup>4</sup>	528,885 (20,690)	55.3 (0.8)	56.0 (0.9)	54.3 (0.9)

<sup>. . .</sup> Category not applicable.

<sup>\*</sup> Figure does not meet standards of reliability or precision.

<sup>&</sup>lt;sup>1</sup>Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD–9–CM) (U.S. Department of Health and Human Services. Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No. (PHS) 06–1260). However, certain codes have been combined in this table to form larger categories that better describe the utilization of ambulatory care services.

<sup>&</sup>lt;sup>3</sup>Based on 572,697,000 visits made by females.

<sup>&</sup>lt;sup>3</sup>Based on 383,272,000 visits made by males.

<sup>&</sup>lt;sup>4</sup>Includes all other diagnoses not listed above, as well as unknown and blank diagnoses.

Table 14. Injury-related office visits, by selected patient characteristics: United States, 2008

Patient and visit characteristic	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year (standard error of rate) <sup>1</sup>
All injury-related visits <sup>2</sup>	95,935 (5,982)	100.0	32.1 (2.0)
Age			
Under 15 years	11,795 (1,080)	12.3 (1.1)	19.3 (1.8)
Under 1 year	*	*	*
1–4 years	2,806 (367)	2.9 (0.4)	16.8 (2.2)
5–14 years	8,173 (824)	8.5 (0.8)	20.4 (2.1)
15–24 years	9,729 (979)	10.1 (0.8)	23.4 (2.4)
25–44 years	19,744 (1,651)	20.6 (1.1)	24.3 (2.0)
45–64 years	33,163 (2,710)	34.6 (1.5)	42.8 (3.5)
65 years and over	21,503 (1,752)	22.4 (1.1)	57.8 (4.7)
65–74 years	10,980 (1,089)	11.4 (0.8)	55.2 (5.5)
75 years and over	10,524 (992)	11.0 (0.8)	60.6 (5.7)
Sex and age			
Female	49,237 (3,211)	51.3 (1.3)	32.3 (2.1)
Under 15 years	4,622 (544)	4.8 (0.6)	15.5 (1.8)
15–24	4,618 (607)	4.8 (0.6)	22.4 (2.9)
25–44	10,194 (948)	10.6 (0.8)	24.9 (2.3)
45–64	17,850 (1,595)	18.6 (1.0)	44.8 (4.0)
65–74	5,754 (715)	6.0 (0.6)	53.6 (6.7)
75 years and over	6,199 (726)	6.5 (0.7)	59.1 (6.9)
Male	46,698 (3,240)	48.7 (1.3)	31.9 (2.2)
Under 15 years	7,174 (753)	7.5 (0.8)	23.0 (2.4)
15–24	5,111 (626)	5.3 (0.5)	24.4 (3.0)
25–44	9,549 (1,056)	10.0 (0.9)	23.7 (2.6)
45–64	15,313 (1,491)	16.0 (1.1)	40.6 (4.0)
65–74	5,226 (644)	5.4 (0.5)	57.1 (7.0)
75 years and over	4,324 (486)	4.5 (0.4)	62.9 (7.1)
Race <sup>3,4</sup>			
Reported	63,800 (5,439)	66.5 (3.2)	
Imputed (missing)	32,135 (3,368)	33.5 (3.2)	
Reported plus imputed <sup>5</sup> :			
White	83,118 (5,669)	86.6 (1.4)	34.8 (2.4)
Black or African American	7,884 (1,063)	8.2 (1.1)	21.0 (2.8)
Other <sup>6</sup>	4,932 (835)	5.1 (0.8)	22.2 (3.8)
Reported only <sup>7</sup> :		(, -)	
White	54,982 (5,182)	86.2 (1.8)	
Black or African American	5,745 (924)	9.0 (1.5)	• • • • • • • • • • • • • • • • • • • •
Other <sup>6</sup>	3,072 (693)	4.8 (1.1)	
Ethnicity <sup>3,4</sup>			
Reported	61,505 (5,452)	64.1 (3.3)	
Imputed (missing)	34,430 (3,443)	35.9 (3.3)	
Reported plus imputed8:			
Hispanic or Latino	11,088 (1,371)	11.6 (1.4)	23.9 (3.0)
Not Hispanic or Latino	84,847 (5,681)	88.4 (1.4)	33.6 (2.3)
Reported only <sup>9</sup> :			
Hispanic or Latino	7,498 (1,227)	12.2 (2.0)	
Not Hispanic or Latino	54,008 (5,216)	87.8 (2.0)	

<sup>...</sup> Category not applicable.

<sup>\*</sup> Figure does not meet standards of reliability or precision.

<sup>&</sup>lt;sup>1</sup>Visits rates for age, sex, race, and ethnicity are based on the July 1, 2008 set of estimates of the civilian noninstitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau.

<sup>2</sup> Injury visits include injury, poisoning, or adverse effects of medical treatment based on item 2 of the Patient Record form. Injury visits represent 10.0 percent (SE = 0.5) of all office visits.

<sup>&</sup>lt;sup>3</sup>For 2008, race data were missing for 33.0 percent of all visits, and ethnicity data were missing for 35.6 percent of all visits. Readers are therefore advised to treat these data with caution. In this table, estimates based on imputed race and ethnicity data are shown separately from comparison estimates using unimputed data. Missing race and ethnicity were imputed using a hot deck approach rather than the previously used cold deck strategy. The imputation process is described more fully in the 2008 public use file documentation (ftp://ftp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc08.pdf). Research is currently under way to evaluate further changes to the imputation strategy for use with 2009 data.

<sup>&</sup>lt;sup>4</sup>The race groups white, black or African American, and other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for federal data on race and ethnicity and are not strictly comparable with estimates for earlier years. The percent of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

<sup>5&</sup>quot;Reported plus imputed" includes race that was reported directly by physician offices and imputed values for the 33.5 percent of injury-related visits for which race was not reported.

<sup>6&</sup>quot;Other race" includes visits by Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

<sup>7&</sup>quot;Reported only" calculations are based on 63,800 injury-related visits (in thousands) with race reported directly by physician offices. The 33.5 percent of injury-related visits for which race was missing

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are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed race values.

<sup>8&</sup>quot;Reported plus imputed" includes ethnicity that was reported directly by physician offices, and imputed values for the 35.9 percent of injury-related visits for which ethnicity was not reported.

<sup>&</sup>lt;sup>9</sup>"Reported only" calculations are based on 61,505 injury-related visits (in thousands) with ethnicity reported directly by physician offices. The 35.9 percent of visits for which ethnicity was missing are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed ethnicity values.

Table 15. Injury-related office visits, by intent: United States, 2008

Intent	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All injury-related visits	95,935 (5,982)	100.0
Unintentional injuries	60,065 (4,618)	62.6 (1.9)
Intentional injuries <sup>1</sup>	1,522 (348)	1.6 (0.3)
Injuries of undetermined intent <sup>2</sup>	24,569 (1,851)	25.6 (1.5)
Adverse effect of medical treatment <sup>3</sup>	9,780 (1,097)	10.2 (1.1)

<sup>...</sup> Category not applicable.

<sup>&</sup>lt;sup>1</sup>Category includes assault, self-inflicted, and other causes of violence.

<sup>&</sup>lt;sup>2</sup>Category includes illegible entries and blanks.

<sup>&</sup>lt;sup>3</sup>Category includes medical and surgical complications and adverse drug effects.

Table 16. Presence of selected chronic conditions at office visits, by patient age and sex: United States, 2008

			А	ge		S	ex
Chronic condition <sup>1</sup>	Total	Under 45 years	45–64 years	65–74 years	75 years and over	Female	Male
			Percent distribu	ution (standard e	error of percent)		
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0
At least one condition	53.8 (1.1)	26.9 (0.9)	68.6 (1.3)	80.8 (1.3)	81.2 (1.5)	53.1 (1.1)	54.8 (1.3)
None	43.7 (1.1)	70.0 (1.1)	29.1 (1.3)	17.7 (1.3)	17.0 (1.5)	44.3 (1.2)	42.8 (1.3)
Blank	2.5 (0.4)	3.0 (0.6)	2.4 (0.4)	1.5 (0.3)	1.8 (0.3)	2.5 (0.5)	2.4 (0.3)
			Percent of vis	sits (standard er	ror of percent)		
Hypertension	26.5 (0.9)	5.6 (0.3)	34.2 (1.1)	49.6 (1.5)	54.2 (1.8)	25.2 (0.9)	28.4 (1.1)
Hyperlipidemia	15.7 (0.7)	3.1 (0.3)	22.2 (1.1)	29.2 (1.5)	28.5 (1.7)	14.2 (0.7)	17.8 (0.9)
Arthritis	13.0 (0.6)	4.0 (0.3)	16.7 (1.0)	23.5 (1.3)	23.6 (1.3)	14.0 (0.7)	11.5 (0.7)
Diabetes	11.1 (0.4)	3.3 (0.2)	14.8 (0.7)	21.0 (1.0)	18.7 (1.3)	10.2 (0.5)	12.5 (0.5)
Depression	8.4 (0.5)	6.5 (0.4)	12.6 (0.8)	7.4 (0.7)	6.6 (0.7)	10.1 (0.6)	6.0 (0.5)
Obesity	6.4 (0.4)	5.0 (0.4)	9.2 (0.6)	6.7 (0.7)	4.5 (0.7)	7.3 (0.5)	5.1 (0.4)
Asthma	5.8 (0.3)	6.6 (0.5)	5.5 (0.4)	5.3 (0.6)	4.1 (0.5)	5.9 (0.3)	5.5 (0.5)
Cancer	5.7 (0.5)	1.2 (0.2)	6.7 (0.9)	10.8 (0.9)	12.7 (1.1)	5.1 (0.6)	6.5 (0.5)
Ischemic heart disease	4.4 (0.3)	0.3 (0.1)	4.4 (0.4)	9.7 (0.9)	12.0 (1.1)	2.9 (0.2)	6.5 (0.5)
COPD <sup>2</sup>	3.7 (0.2)	1.2 (0.2)	3.8 (0.3)	7.5 (0.8)	7.9 (0.7)	3.8 (0.3)	3.7 (0.3)
Osteoporosis	2.6 (0.2)	* *	2.7 (0.3)	5.6 (0.7)	7.8 (0.7)	3.9 (0.3)	0.7 (0.1)
Chronic renal failure	1.8 (0.4)	* *	1.6 (0.4)	3.3 (0.9)	5.3 (1.3)	1.4 (0.3)	2.3 (0.5)
CHF <sup>3</sup>	1.7 (0.2)	* *	1.0 (0.2)	3.2 (0.5)	7.2 (0.8)	1.4 (0.2)	2.2 (0.3)
Cerebrovascular disease	1.7 (0.1)	0.3 (0.1)	1.7 (0.3)	2.7 (0.4)	5.3 (0.6)	1.5 (0.1)	2.1 (0.2)

<sup>...</sup> Category not applicable.

<sup>\*</sup> Figure does not meet standards of reliability or precision.

<sup>&</sup>lt;sup>1</sup>Presence of chronic conditions was based on the checklist of chronic conditions and reported diagnoses. Combined total number of visits by patients with chronic conditions exceeds "all visits," and "percent of visits exceeds 100%," because more than one chronic condition may be reported per visit.

 $<sup>^2 \</sup>mbox{COPD}$  is chronic obstructive pulmonary disease.

<sup>&</sup>lt;sup>3</sup>CHF is congestive heart failure.

Table 17. Selected diagnostic and screening services ordered or provided at office visits, by patient sex: United States, 2008

			Female <sup>2</sup>	Male <sup>3</sup>
Diagnostic or screening service ordered or provided	Number of visits in thousands <sup>1</sup> (standard error in thousands)	Percent of visits (standard error of percent)	Percent of visits (standard error of percent)	Percent of visits (standard error of percent)
All visits	955,969 (38,548)	100.0	59.9 (0.7)	40.1 (0.7)
One or more diagnostic or screening service listed	857,030 (37,091)	89.7 (0.9)	90.1 (0.9)	89.0 (0.9)
None	93,266 (8,146)	9.8 (0.8)	9.4 (0.8)	10.3 (0.9)
Blank	5,673 (920)	0.6 (0.1)	0.5 (0.1)	0.7 (0.1)
Examinations				
Skin	133,288 (12,355)	13.9 (1.1)	14.0 (1.3)	13.8 (1.1)
Pelvic	63,482 (6,391)	6.6 (0.6)	11.1 (0.9)	0.0 *
Breast	51,313 (5,268)	5.4 (0.5)	8.7 (0.8)	0.4 (0.1)
Rectal	30,866 (4,427)	3.2 (0.4)	3.3 (0.5)	3.2 (0.6)
Depression screening	10,256 (1,769)	1.1 (0.2)	1.2 (0.2)	1.0 (0.2)
Vital signs				
Weight	679,855 (33,965)	71.1 (1.3)	71.9 (1.4)	70.0 (1.5)
Blood pressure	566,673 (28,098)	59.3 (1.3)	62.5 (1.4)	54.5 (1.5)
Height	434,463 (23,663)	45.4 (1.5)	46.2 (1.5)	44.3 (1.8)
Temperature	338,479 (20,544)	35.4 (1.6)	33.7 (1.7)	38.0 (1.8)
Blood tests				
Complete blood count	111,388 (8,100)	11.7 (0.7)	11.6 (0.8)	11.7 (0.7)
ipids or cholesterol	80,735 (6,139)	8.4 (0.5)	8.0 (0.5)	9.2 (0.6)
Glucose	55,312 (4,808)	5.8 (0.4)	5.7 (0.5)	5.9 (0.5)
Electrolytes	45,275 (4,869)	4.7 (0.5)	4.5 (0.5)	5.1 (0.6)
Glycohemoglobin	33,312 (4,209)	3.5 (0.4)	3.3 (0.4)	3.8 (0.5)
Prostate-specific antigen	19,549 (1,768)	2.0 (0.2)	0.0	5.1 (0.4)
Other blood test	122,520 (9,000)	12.8 (0.7)	13.1 (0.8)	12.4 (0.8)
Other tests				
Jrinalysis	83,033 (7,036)	8.7 (0.6)	9.6 (0.9)	7.3 (0.6)
Electrocardiogram	28,862 (3,304)	3.0 (0.3)	2.7 (0.3)	3.5 (0.4)
Any Pap test	35,022 (3,394)	3.7 (0.3)	6.1 (0.5)	0.0
Liquid-based	17,627 (2,485)	1.8 (0.3)	3.1 (0.4)	0.0
Conventional	10,603 (2,108)	1.1 (0.2)	1.9 (0.3)	0.0
Unspecified	6,791 (1,470)	0.7 (0.1)	1.2 (0.2)	0.0
Biopsy	12,999 (1,030)	1.4 (0.1)	1.4 (0.1)	1.3 (0.1)
Any scope procedure	27,005 (3,072)	2.8 (0.3)	2.7 (0.3)	3.0 (0.4)
Sigmoidoscopy or colonoscopy	12,524 (2,115)	1.3 (0.2)	1.3 (0.2)	1.4 (0.3)
Other scope procedure	10,823 (1,478)	1.1 (0.2)	1.2 (0.1)	1.1 (0.2)
Cystoscopy	3,073 (526)	0.3 (0.1)	*0.2 (0.1)	0.5 (0.1)
Spirometry or pulmonary function test	5,474 (1,519)	0.6 (0.2)	0.5 (0.1)	*0.7 (0.2)
HPV DNA test <sup>4</sup>	4,352 (1,206)	0.5 (0.1)	0.8 (0.2)	*0.0 *
Chlamydia test	4,078 (720)	0.4 (0.1)	0.7 (0.1)	*0.1 *
Pregnancy test	3,695 (560)	0.4 (0.1)	0.6 (0.1)	0.0
Other test or service	201,712 (20,421)	21.1 (1.8)	20.4 (1.9)	22.2 (1.9)
Imaging				
Any imaging	146,453 (7,223)	15.3 (0.5)	16.9 (0.6)	13.0 (0.6)
X-ray	58,184 (3,899)	6.1 (0.3)	5.8 (0.3)	6.5 (0.4)
Other ultrasound	27,564 (2,642)	2.9 (0.3)	3.5 (0.3) 3.7 (0.4)	2.0 (0.2)
	21,069 (2,260)	2.2 (0.2)	3.7 (0.4)	*0.0
Magnetic resonance imaging	15,479 (1,480)	1.6 (0.1)	1.6 (0.2)	1.7 (0.2)
Computed tomography scan	15,247 (1,612)	1.6 (0.2)	1.6 (0.2)	1.6 (0.2)
Echocardiogram	11,876 (1,469)	1.2 (0.2)	1.2 (0.2)	1.3 (0.2)
Bone mineral density	7,020 (1,040)	0.7 (0.1)	1.1 (0.2)	*0.2 *
Positron emission tomography scan	*2,414 (784)	*0.3 (0.1)	*0.3 (0.1)	*0.2 *
Other imaging	11,515 (1,721)	1.2 (0.2)	1.1 (0.2)	1.4 (0.2)

<sup>0.0</sup> Quantity more than zero but less than 0.05.

<sup>\*</sup>Figure does not meet standards of reliability or precision.

<sup>...</sup> Category not applicable.

<sup>&</sup>lt;sup>1</sup>Combined total of individual sources exceeds "all visits," and "percent of visits" exceeds 100%, because more than one may be reported per visit.

 $<sup>^2\</sup>mbox{Based}$  on 572,697,000 visits made by females.

<sup>&</sup>lt;sup>3</sup>Based on 383,272,000 visits made by males.

<sup>&</sup>lt;sup>4</sup>HPV is human papilloma virus. DNA is deoxyribonucleic acid. Based on visits made by females.

Table 18. Initial blood pressure measurements recorded at office visits for adults aged 18 and over, by selected patient characteristics: United States, 2008

				ure <sup>1</sup>			
Patient characteristic	Number of visits in thousands	ts in	Low	Normal	Mildly high	Moderately high	Severely high
			Percent dis	tribution (standa	ard error of perce	nt)	
All visits <sup>2</sup>	522,481	100.0	4.9 (0.3)	24.2 (0.8)	45.8 (0.8)	18.9 (0.6)	6.1 (0.3)
Age							
8–24 years	34,188	100.0	10.5 (1.4)	45.2 (2.2)	38.1 (2.4)	4.8 (0.8)	* *
5–44 years	139,866	100.0	6.4 (0.6)	35.0 (1.4)	42.4 (1.4)	12.7 (0.8)	3.5 (0.4)
5–64 years	187,015	100.0	3.2 (0.3)	20.9 (0.9)	47.4 (1.1)	21.7 (0.9)	6.8 (0.5)
5–74 years	79,402	100.0	3.9 (0.5)	14.0 (1.0)	50.5 (1.8)	24.3 (1.4)	7.3 (0.8)
5 years and over	82,010	100.0	5.2 (0.7)	14.2 (1.0)	47.0 (1.5)	23.8 (1.3)	9.7 (0.9)
Sex							
emale	334,969	100.0	5.8 (0.4)	27.6 (0.9)	44.2 (0.9)	16.7 (0.7)	5.7 (0.4)
fale	187,512	100.0	3.3 (0.3)	18.1 (0.8)	48.8 (1.2)	22.9 (0.9)	6.9 (0.5)
Race <sup>3,4</sup>							
eported	362,130	100.0	5.1 (0.4)	23.9 (0.9)	45.9 (1.1)	19.1 (0.8)	6.0 (0.4)
nputed (missing)	160,351	100.0	4.7 (0.4)	24.7 (1.3)	45.7 (1.2)	18.6 (0.9)	6.3 (0.6)
eported plus imputed <sup>5</sup>							
White	436,537	100.0	4.9 (0.3)	24.1 (0.8)	46.3 (0.9)	18.8 (0.7)	5.9 (0.4)
Black or African American	57,621	100.0	4.8 (1.2)	22.1 (1.8)	42.8 (1.8)	21.9 (1.3)	8.4 (0.9)
Asian	22,097	100.0	6.1 (1.3)	29.4 (5.2)	44.1 (2.5)	15.2 (3.5)	* *
Other <sup>6</sup>	6,226	100.0	* *	30.5 (4.7)	46.1 (3.7)	17.2 (5.0)	* *
eported only <sup>7</sup> :							
White	302,526	100.0	4.9 (0.4)	23.9 (1.0)	46.6 (1.1)	18.8 (0.9)	5.8 (0.4)
lack or African American	40,554	100.0	5.7 (1.6)	20.6 (2.2)	42.5 (2.3)	22.6 (1.7)	8.7 (1.1)
Asian	14,446	100.0	* *	31.6 (5.8)	40.9 (3.3)	15.0 (3.7)	* *
Other <sup>6</sup>	*4,605	100.0	* *	32.3 (5.1)	46.1 (4.6)	*17.1 *(6.7)	* *
Ethnicity <sup>3,4</sup>							
eported	344,277	100.0	4.9 (0.4)	24.4 (1.0)	46.0 (1.1)	18.7 (0.8)	6.0 (0.4)
nputed (missing)	178,203	100.0	5.0 (0.4)	23.8 (1.3)	45.6 (1.1)	19.3 (0.9)	6.4 (0.6)
Hispanic or Latino	65,749	100.0	5.7 (0.7)	30.2 (2.1)	42.6 (1.9)	16.1 (1.6)	5.5 (0.8)
Not Hispanic or Latino	456,732	100.0	4.8 (0.3)	23.3 (0.8)	46.3 (0.9)	19.3 (0.7)	6.2 (0.4)
Hispanic or Latino	46,682	100.0	5.4 (0.9)	31.8 (2.8)	42.2 (2.5)	15.3 (2.1)	5.2 (1.0)
Not Hispanic or Latino	297,595	100.0	4.8 (0.4)	23.2 (1.0)	46.6 (1.2)	19.3 (0.8)	6.1 (0.5)

<sup>\*</sup> Figure does not meet standards of reliability or precision.

<sup>&</sup>lt;sup>1</sup>Blood pressure levels were categorized using the following hierarchical definitions. Severely high blood pressure is defined as 160 mm Hg systolic or above, or 100 mm Hg diastolic or above. Moderately high blood pressure is defined as 120–139 mm Hg systolic or 80–89 mm Hg diastolic. Low blood pressure is defined as 120–119 mm Hg systolic and 60–79 mm Hg diastolic. Blood pressure is defined as 100–119 mm Hg systolic and 60–79 mm Hg diastolic. Blood pressure classification was based on the "Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure" (JNC-7)(Chobanian AV, Bokris GL, Black HR, et al. Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. Hypertension 42:1206–52. 2003). Mildly high blood pressure corresponds to the JNC-7 prehypertensive range. Moderately high blood pressure was taken more than once.

<sup>&</sup>lt;sup>2</sup>Visits where blood pressure was recorded represent 66.6 percent (SE = 1.4) of all office visits made by adults (aged 18 and over).

<sup>&</sup>lt;sup>3</sup>For 2008, race data were missing for 30.7 percent of visits where blood pressure was recorded, and ethnicity data were missing for 34.1 percent of these visits. Readers are therefore advised to treat these data with caution. In this table, estimates based on imputed race and ethnicity data are shown separately from comparison estimates using unimputed data. Missing race and ethnicity were imputed using a hot deck approach rather than the previously used cold deck strategy. The imputation process is described more fully in the 2008 public use file documentation (ftp://ftp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc08.pdf). Research is currently under way to evaluate further changes to the imputation strategy for use with 2009 data.

<sup>&</sup>lt;sup>4</sup>The race groups white, black or African American, Asian, and other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Race-specific estimates have been tabulated according to 1997 standards for federal data on race and ethnicity and are not strictly comparable with estimates for earlier years. The percent of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

<sup>5&</sup>quot;Reported plus imputed" includes race that was reported directly by physician offices, and imputed values for the 30.7 percent of visits for which race was not reported.

<sup>&</sup>lt;sup>6</sup>"Other race" includes visits by Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

<sup>&</sup>lt;sup>7</sup>"Reported only" calculations are based on 362,130 visits (in thousands) where blood pressure was recorded with race reported directly by physician offices. The 30.7 percent of these visits for which race was missing are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed ethnicity values.

<sup>8&</sup>quot;Reported plus imputed" includes ethnicity that was reported directly by physician offices, and imputed values for the 34.1 percent of visits for which ethnicity was not reported.

<sup>9&</sup>quot;Reported only" calculations are based on 344,277 visits (in thousands) where blood pressure was recorded with ethnicity reported directly by physician offices. The 34.1 percent of these visits for which ethnicity was missing are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed ethnicity values.

Table 19. Selected health education services ordered or provided at office visits, by patient sex: United States, 2008

			Female <sup>2</sup>	Male <sup>3</sup>
Health education service ordered or provided	Number of visits in thousands <sup>1</sup> (standard error in thousands)	Percent of visits (standard error of percent)	Percent of visits (standard error of percent)	Percent of visits (standard error of percent)
All visits	955,969 (38,548)			
One or more health education services listed	339,939 (20,755)	35.6 (1.5)	35.6 (1.6)	35.5 (1.6)
None	600,648 (26,843)	62.8 (1.5)	62.9 (1.6)	62.7 (1.6)
Blank	15,382 (1,706)	1.6 (0.2)	1.5 (0.2)	1.8 (0.2)
Diet and nutrition	116,266 (7,914)	12.2 (0.8)	11.4 (0.8)	13.3 (1.0)
Exercise	81,143 (7,063)	8.5 (0.7)	8.0 (0.7)	9.2 (0.8)
Weight reduction	35,632 (3,928)	3.7 (0.4)	3.7 (0.4)	3.8 (0.5)
Growth and development	28,665 (3,229)	3.0 (0.3)	2.6 (0.3)	3.6 (0.5)
Injury prevention	25,085 (3,109)	2.6 (0.3)	2.2 (0.3)	3.2 (0.5)
Tobacco use or exposure	23,561 (2,316)	2.5 (0.2)	2.3 (0.2)	2.7 (0.3)
Stress management	20,638 (2,653)	2.2 (0.3)	2.2 (0.3)	2.1 (0.3)
Asthma education	8,979 (1,141)	0.9 (0.1)	0.9 (0.1)	1.0 (0.2)
Other health education	183,256 (16,048)	19.2 (1.3)	19.9 (1.5)	18.1 (1.3)

<sup>...</sup> Category not applicable.

<sup>1</sup> Combined total of individual health education services exceeds "all visits," and "percent of visits" exceeds 100% because more than one may be reported per visit.

<sup>&</sup>lt;sup>2</sup>Based on 572,697,000 visits made by females.

<sup>&</sup>lt;sup>3</sup>Based on 383,272,000 visits made by males.

Table 20. Selected nonmedication treatments ordered or provided at office visits: United States, 2008

Nonmedication treatment ordered or provided	Number of visits in thousands <sup>1</sup> (standard error in thousands)	Percent of visits (standard error of percent)
All visits	955,969 (38,548)	
One or more nonmedication treatments listed	160,164 (11,631)	16.8 (1.0)
None	752,574 (31,287)	78.7 (1.1)
Blank	43,231 (3,817)	4.5 (0.3)
Excision of tissue	21,053 (2,355)	2.2 (0.2)
Physical therapy	20,789 (2,304)	2.2 (0.2)
Orthopedic care	20,356 (4,284)	2.1 (0.4)
Wound care	16,389 (1,922)	1.7 (0.2)
Psychotherapy	12,230 (1,822)	1.3 (0.2)
Other mental health counseling	10,546 (1,959)	1.1 (0.2)
Durable medical equipment	8,518 (1,628)	0.9 (0.2)
Complementary alternative medicine (CAM)	*5,715 *(2,251)	*0.6 *(0.2)
Radiation therapy	* *	* *
Home health care	1,714 (457)	0.2 (0.0)
Speech or occupational therapy	1,570 (353)	0.2 (0.0)
Hospice care	*	*

<sup>...</sup>Category not applicable.

<sup>\*</sup> Figure does not meet standards of reliability or precision.

<sup>0.0</sup> Quantity more than zero but less than 0.05.

<sup>&</sup>lt;sup>1</sup>Combined total of individual treatments exceeds "all visits," and "percent of visits" exceeds 100%, because more than one treatment may be reported per visit.

Table 21. Write-in surgical procedures ordered or performed at office visits, by procedure category: United States, 2008

Procedure or operation category and ICD-9-CM code range <sup>1</sup>	Number of procedures in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All write-in procedures.	79,244 (5,386)	100.0
Nervous system	2,456 (540)	3.1 (0.7)
Eye	8,141 (1,990)	10.3 (2.4)
Ear	1,361 (370)	1.7 (0.4)
Nose, mouth, and pharynx	2,390 (523)	3.0 (0.6)
Cardiovascular system	*3,095 (1,355)	*3.9 (1.7)
Digestive system	18,602 (3,515)	23.5 (3.5)
Urinary system	4,393 (815)	5.5 (1.1)
Male genital organs	905 (193)	1.1 (0.3)
Female genital organs	5030 (620)	6.3 (0.8)
Obstetrical procedures	*3,365 (1,334)	*4.2 (1.6)
Musculoskeletal system	7,135 (1,007)	9.0 (1.3)
Integumentary system	20,847 (2,306)	26.3 (2.4)
Other procedures <sup>2</sup>	1,524 (335)	1.9 (0.4)

<sup>...</sup> Category not applicable.

NOTE: Included are responses to the write-in fields on the Patient Record form under Diagnostic/Screening Services (item 7.23, Scope procedures; item 7.24, Biopsy; and item 7.34, Other exam/test/service) and Non-Medication Treatment (item 9.14 and 9.15, Procedures). Up to two procedures could be coded for items 7.34, 9.14, and 9.15, for a total of eight procedures per visit. In addition to the surgical procedures shown in this table, an additional 298,836,000 nonsurgical procedures were reported (ICD-9-CM, Volume 3, codes 00, 87-99).

<sup>\*</sup> Figure does not meet standards of reliability or precision.

<sup>&</sup>lt;sup>1</sup>Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (U.S. Department of Health and Human Services. Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No. (PHS) 06–1260). At least one surgical procedure was ordered or performed at 7.6 percent of office visits.

<sup>&</sup>lt;sup>2</sup>Includes operations on the endocrine system (ICD–9–CM codes 06–07), operations on the respiratory system (ICD–9–CM codes 30–34), and operations on the hemic and lymphatic system (ICD–9–CM codes 40–41).

Table 22. Medication therapy and number of medications mentioned at office visits, by patient sex: United States, 2008

			Female <sup>1</sup>	Male <sup>2</sup>
Medication therapy <sup>3</sup>	Number of visits	Percent	Percent	Percent
	in thousands	distribution	distribution	distribution
	(standard	(standard	(standard	(standard
	error in	error of	error of	error of
	thousands)	percent)	percent)	percent)
All visits	955,969 (38,548)	100.0	100.0	100.0
Visits with mention of medication <sup>4</sup>	711,368 (31,782)	74.4 (1.0)	74.6 (1.1)	74.2 (1.0)
	227,254 (11,124)	23.8 (0.9)	23.8 (1.1)	23.7 (0.9)
	17,346 (2,468)	1.8 (0.2)	1.6 (0.2)	2.1 (0.3)
Number of medications provided or prescribed by a physician				
All visits	955,969 (38,548)	100.0	100.0	100.0
	227,254 (11,124)	23.8 (0.9)	23.8 (1.1)	23.7 (0.9)
	216,088 (10,343)	22.6 (0.6)	22.7 (0.7)	22.4 (0.7)
2	146,290 (7,118)	15.3 (0.4)	15.0 (0.5)	15.8 (0.5)
	96,037 (5,052)	10.0 (0.3)	10.0 (0.4)	10.1 (0.5)
	63,685 (3,838)	6.7 (0.3)	6.6 (0.3)	6.7 (0.4)
	47,032 (2,984)	4.9 (0.2)	4.8 (0.3)	5.1 (0.3)
6	35,480 (2,648)	3.7 (0.2)	4.0 (0.3)	3.3 (0.2)
	28,238 (2,175)	3.0 (0.2)	3.1 (0.2)	2.7 (0.2)
	78,517 (7,104)	8.2 (0.6)	8.3 (0.6)	8.0 (0.7)
Blank	17,346 (2,468)	1.8 (0.2)	1.6 (0.2)	2.1 (0.3)

<sup>&</sup>lt;sup>1</sup>Based on 572,697,000 visits made by females.

<sup>&</sup>lt;sup>2</sup>Based on 383,272,000 visits made by males.

<sup>&</sup>lt;sup>3</sup>Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents. Mentions refer to drugs provided, prescribed, or continued.

<sup>&</sup>lt;sup>4</sup>Also defined as drug visits.

Table 23. Office drug visits and drug mentions, by physician specialty: United States, 2008

	Drug visits <sup>1</sup>				Drug mentions <sup>2</sup>				Percent of visits with drug mentions <sup>3</sup>	Drug mention rates <sup>4</sup>	
Physician specialty		Number in thousands (standard error in thousands)		Percent distribution (standard error of percent)		lumber in Percent distribution standard (standard error in error of lousands) percent)		ion rd of	(Standard error of percent)	(Standa error o rate)	
All specialties	711,368	(31,782)	100.0		2,325,368	(124,916)	100.0		74.4 (1.0)	243.2	(6.9)
General and family practice	186,902	(14,408)	26.3	(1.5)	591,889	(49,831)	25.5 (1	(8.1	83.3 (1.0)	263.7	(10.3)
Internal medicine	131,712	(11,926)	18.5		546,996	(53,999)	23.5 (2	2.0)	86.1 (2.3)	357.7	(21.9)
Pediatrics	92,424	(9,067)	13.0	(1.0)	197,135	(19,213)	8.5 (0	).7)	77.2 (1.7)	164.6	(7.3)
Obstetrics and gynecology	48,669	(5,312)	6.8	(0.7)	99,016	(12,456)	4.3 (0	).5)	59.4 (2.9)	120.9	(11.5)
Ophthalmology	41,374	(5,146)	5.8	(0.7)	127,396	(22,033)	5.5 (0	0.9)	63.1 (4.3)	194.2	(25.3)
Cardiovascular diseases	37,163	(5,597)	5.2	(0.7)	207,272	(34,765)	8.9 (1	1.3)	94.7 (1.1)	528.1	(22.8)
Dermatology	23,255	(3,615)	3.3	(0.5)	60,186	(11,962)	2.6 (0	).5)	67.4 (3.5)	174.5	(21.9)
Orthopedic surgery	21,241	(3,345)	3.0	(0.5)	54,196	(11,801)	2.3 (0	).5)	41.4 (3.6)	105.6	(18.2)
Psychiatry	19,872	(2,853)	2.8	(0.4)	50,220	(8,063)	2.2 (0	).4)	86.4 (3.3)	218.4	(12.0)
Urology	15,503	(1,909)	2.2	(0.3)	42,547	(7,187)	1.8 (0	0.3)	62.5 (3.8)	171.7	(21.5)
Otolaryngology	11,108	(1,987)	1.6	(0.3)	29,899	(6,495)	1.3 (0	).2)	61.1 (3.5)	164.6	(20.7)
Neurology	9,847	(1,011)	1.4	(0.2)	33,094	(4,133)	1.4 (0	).2)	81.4 (3.0)	273.5	(20.0)
General surgery	6,181	(1,551)	0.9	(0.2)	*20,094	(6,146)	*0.9 (0	0.3)	39.2 (6.5)	127.6	(29.1)
All other specialities	66,117	(9,612)	9.3	(1.2)	265,430	(45,532)	11.4 (1	.7)	71.5 (4.1)	287.1	(25.7)

<sup>...</sup> Category not applicable.

<sup>\*</sup> Figure does not meet standards of reliability or precision.

<sup>&</sup>lt;sup>1</sup>Visits at which one or more drugs were provided or prescribed.

<sup>&</sup>lt;sup>2</sup>A drug mention is documentation in a patient's record of a drug provided, prescribed, or continued at a visit (up to eight per visit).

<sup>&</sup>lt;sup>3</sup>Percent of visits that included one or more drugs provided or prescribed (number of visits by number of office visits multiplied by 100).

<sup>&</sup>lt;sup>4</sup>Average number of drugs that were provided or prescribed per 100 visits (number of drug mentions divided by total number of visits multiplied by 100).

Table 24. Twenty most frequently mentioned drugs at office visits, by therapeutic drug categories: United States 2008

Therapeutic drug category <sup>1</sup>	Number of occurrences in thousands (standard error in thousands)	Percent of drug mentions <sup>1</sup> (standard error of percent)	
Analgesics <sup>3</sup>	249,881 (14,669)	10.7 (0.3)	
Antihyperlipidemic agents	134,954 (9,543)	5.8 (0.2)	
Antidepressants	96,718 (6,131)	4.2 (0.2)	
Beta-adrenergic blocking agents	87,348 (6,522)	3.8 (0.1)	
Antidiabetic agents	86,274 (6,623)	3.7 (0.2)	
Anxiolytics, sedatives, and hypnotics	83,461 (6,312)	3.6 (0.1)	
Antiplatelet agents	82,054 (6,470)	3.5 (0.2)	
Dermatological agents	67,599 (4,479)	2.9 (0.2)	
Diuretics	65,606 (5,756)	2.8 (0.1)	
Proton pump inhibitors	64,740 (4,822)	2.8 (0.1)	
Angiotensin converting enzyme inhibitors	64,571 (4,649)	2.8 (0.1)	
Bronchodilators	64,020 (4,949)	2.8 (0.2)	
Anticonvulsants	60,948 (4,168)	2.6 (0.1)	
Viral vaccines	55,086 (5,274)	2.4 (0.2)	
Antihistamines	51,885 (3,773)	2.2 (0.1)	
Ophthalmic preparations	51,142 (6,736)	2.2 (0.3)	
Sex hormones	45,824 (3,180)	2.0 (0.1)	
Thyroid drugs	45,367 (3,475)	2.0 (0.1)	
Calcium channel blocking agents	43,927 (3,594)	1.9 (0.1)	
Adrenal cortical steroids	43,679 (3,600)	1.9 (0.1)	

<sup>&</sup>lt;sup>1</sup>Based on Multum Lexicon second-level therapeutic drug category (see http://www.multum.com/lexicon.htm).

<sup>&</sup>lt;sup>2</sup>Drug mentions are based on an estimated 2,325,368,000 drugs provided, prescribed, or continued at visits in 2008.

<sup>&</sup>lt;sup>3</sup>Includes narcotic and nonnarcotic analgesics and nonsteroidal anti-inflammatory drugs.

Table 25. Twenty most frequently mentioned drug names at office visits, by new or continued status: United States, 2008

Drug name <sup>1</sup>		Percent distribution	Percent distribution (standard error of percent)					
	Number of mentions in thousands standard error in thousands)	(standard error of percent	Total	New	Continued	Unknown <sup>2</sup>	Therapeutic drug category <sup>3</sup>	
All drug mentions	2,325,368 (124,916)	100.0	100.0	24.0 (1.0)	72.9 (1.0)	3.1 (0.3)		
Aspirin.	64,463 (5,044)	2.8 (0.1)	100.0	4.4 (0.7)	92.9 (0.9)	2.7 (0.6)	Analgesics, Antiplatelet agents	
Metoprolol	43,206 (3,456)	1.9 (0.1)	100.0	5.3 (0.9)	92.7 (1.0)	2.0 (0.6)	Beta-adrenergic blocking agents	
Levothyroxine	42,089 (3,293)	1.8 (0.1)	100.0	4.4 (0.9)	93.3 (1.0)	2.2 (0.5)	Thyroid drugs	
Lisinopril	41,980 (3,196)	1.8 (0.1)	100.0	7.1 (0.9)	90.7 (1.1)	2.2 (0.5)	Angiotensin converting enzyme inhibitors	
Simvastatin	35,660 (2,935)	1.5 (0.1)	100.0	7.0 (1.1)	90.5 (1.1)	2.5 (0.7)	Antihyperlipidemic agents	
Atorvastatin	33,385 (2,515)	1.4 (0.1)	100.0	4.9 (0.9)	93.0 (1.0)	2.1 (0.5)	Antihyperlipidemic agents	
Albuterol	32,576 (2,451)	1.4 (0.1)	100.0	18.6 (1.8)	78.1 (2.0)	3.3 (0.9)	Bronchodilators	
Ibuprofen	30,404 (2,499)	1.3 (0.1)	100.0	40.2 (3.2)	54.9 (3.2)	4.8 (1.0)	Analgesics	
Furosemide	28,278 (2,647)	1.2 (0.1)	100.0	6.9 (1.2)	90.1 (1.5)	3.1 (0.8)	Diuretics	
Acetaminophen-hydrocodone	26,479 (2,311)	1.1 (0.1)	100.0	28.9 (2.9)	69.1 (2.9)	*1.9 (0.6)	Analgesics	
Metformin	26,429 (1,970)	1.1 (0.1)	100.0	7.2 (1.4)	90.6 (1.5)	2.2 (0.6)	Antidiabetic agents	
Hydrochlorothiazide	24,435 (2,403)	1.1 (0.1)	100.0	7.4 (1.4)	89.5 (1.6)	3.0 (0.8)	Diuretics	
Warfarin	23,587 (2,512)	1.0 (0.1)	100.0	3.4 (0.9)	95.1 (0.9)	*1.5 (0.5)	Anticoagulants	
Acetaminophen	22,199 (2,113)	1.0 (0.1)	100.0	40.2 (4.1)	55.7 (4.1)	4.1 (1.1)	Analgesics	
Omeprazole	22,144 (1,708)	1.0 (0.1)	100.0	10.8 (1.6)	86.5 (1.7)	2.7 (0.7)	Proton pump inhibitors	
Amoxicillin	21,108 (1,720)	0.9 (0.1)	100.0	82.5 (2.0)	14.9 (1.9)	*2.6 (0.9)	Penicillins	
Amlodipine	20,003 (1,823)	0.9 (0.0)	100.0	6.8 (1.4)	90.9 (1.8)	*2.3 (0.8)	Calcium channel blocking agents	
Atenolol	19,908 (1,684)	0.9 (0.1)	100.0	4.9 (1.4)	93.9 (1.5)	*1.2 (0.5)	Beta-adrenergic blocking agents	
Azithromycin	18,911 (2,044)	0.8 (0.1)	100.0	87.0 (1.9)	10.5 (1.8)	*2.5 (0.8)	Macrolide derivatives	
Alprazolam	18,348 (1,656)	0.8 (0.0)	100.0	12.9 (2.4)	85.5 (2.5)	*1.6 (0.7)	Anxiolytics, sedatives, and hypnotics	
Other	1,729,777 (90,661)	74.4 (0.4)	100.0	26.7 (1.1)	70.0 (1.1)	3.3 (0.3)	Other	

<sup>...</sup> Category not applicable.

<sup>\*</sup> Figure does not meet standard of reliability or precision.

<sup>0.0</sup> Quantity more than zero but less than 0.05.

<sup>&</sup>lt;sup>1</sup>Based on Multum Lexicon terminology, drug name reflects the active ingredient(s) of a drug provided, prescribed, or continued.

<sup>&</sup>lt;sup>2</sup>Unknown includes drugs provided or prescribed that did not have either the new drug or continued drug boxes marked.

<sup>&</sup>lt;sup>3</sup>Based on Multum Lexicon second-level therapeutic drug category (see: http://www.multum.com/lexicon.htm).

Table 26. Providers seen at office visits: United States, 2008

Type of provider	Number of visits in thousands <sup>1</sup> (standard error in thousands)	Percent of visits (standard error of percent)	
All visits	955,969 (38,548)		
Physician	929,715 (37,654)	97.3 (0.4)	
R.N. <sup>2</sup> or L.P.N <sup>3</sup>	217,461 (25,027)	22.7 (2.3)	
Physician assistant	36,171 (6,383)	3.8 (0.7)	
Nurse practitioner or midwife	8,986 (1,974)	0.9 (0.2)	
Mental health provider	*2,019 (756)	*0.2 (0.1)	
Other provider	159,886 (13,349)	16.7 (1.2)	

<sup>...</sup> Category not applicable.

<sup>\*</sup> Figure does not meet standards of reliability or precision.

<sup>&</sup>lt;sup>1</sup>Total exceeds "all visits," and "percent of visits" exceeds 100%, because more than one provider may be reported per visit. The sample of visits was drawn from all scheduled visits to a sampled physician during the 1-week reporting period. However, at 2.7 percent of these scheduled visits, the physician was not seen; instead, the patient saw another provider. In addition, at many visits, patients were seen by multiple providers, the most common being a physician and an R.N. or L.P.N.

<sup>&</sup>lt;sup>2</sup>R.N. is registered nurse.

<sup>&</sup>lt;sup>3</sup>L.P.N. is licensed practical nurse.

Table 27. Disposition of office visits: United States, 2008

Disposition	Number of visits in thousands <sup>1</sup> (standard error in thousands)	Percent of visits (standard error of percent)	
All visits	955,969 (38,548)		
Return at specified time	635,217 (29,945)	66.4 (1.1)	
Return if needed, P.R.N. <sup>2</sup>	248,903 (12,512)	26.0 (1.0)	
Refer to other physician	70,055 (4,576)	7.3 (0.4)	
No followup planned	49,740 (4,453)	5.2 (0.4)	
Telephone followup planned	23,502 (4,162)	2.5 (0.4)	
Admit to hospital	2,369 (354)	0.2 (0.0)	
Refer to emergency department	2,083 (481)	0.2 (0.1)	
Other disposition	14,388 (2,442)	1.5 (0.2)	
Blank	10,754 (1,827)	1.1 (0.2)	

<sup>...</sup> Category not applicable.

<sup>0.0</sup> Quantity more than zero but less than 0.05.

<sup>&</sup>lt;sup>1</sup>Combined total of individual dispositions exceeds "all visits," and "percent of visits" exceeds 100%, because more than one disposition may be reported per visit.

<sup>&</sup>lt;sup>2</sup>P.R.N. is "as needed."

Table 28. Physician characteristics, by response status: United States, 2008

Physician characteristic <sup>1</sup>	Number of sampled in- scope physicians <sup>2</sup>	Total sample percent distribution <sup>3</sup> (weighted)	Responding physician percent distribution <sup>4</sup> (weighted)	Nonresponding physician percent distribution <sup>5</sup> (weighted)	Combined physician weighted response rate <sup>6</sup>
All office-based physicians	2,229	100.0	100.0	100.0	0.596
Age					
Under 50 years	941 1,288	43.5 56.5	44.7 55.3	41.6 58.4	0.613 0.583
Sex					
Male	1,677 547 5	74.9 25.0 0.1	73.0 26.8 0.2	77.6 22.3 0.1	0.582 0.638 0.677
Region <sup>7</sup>					
Northeast	521	23.4	21.4	26.5	0.543
Midwest	462	20.9	23.1	17.6	0.660
South	726	32.5	31.3	34.1	0.576
West	520	23.2	24.2	21.7	0.621
Metropolitan status <sup>7,8</sup>					
MSA	165	8.5	11.1	4.7	0.774
Type of doctor <sup>7</sup>					
Doctor of Medicine	1,946	92.7	92.1	93.7	0.594
Doctor of Osteopathy	142	5.3	5.0	5.9	0.560
Community health center physician	141	1.9	2.9	0.4	0.801
Physician specialty <sup>7,9</sup>					
General or family practice	402	18.2	19.1	16.8	0.623
Internal medicine	154	13.8	15.0	11.9	0.648
Pediatrics	172	10.7	12.8	7.6	0.711
General surgery	116	3.8	3.8	3.8	0.595
Obstetrics and gynecology	171 113	8.5 5.2	7.3 5.6	10.4 4.6	0.509 0.642
Orthopedic surgery	165	4.5	4.1	5.1	0.543
Dermatology	105	2.6	2.5	2.8	0.570
Urology	118	2.1	2.0	2.3	0.569
Psychiatry	165	5.9	5.2	7.0	0.526
Neurology	159	2.3	2.1	2.6	0.547
Ophthalmology	106	4.3	3.7	5.2	0.510
Otolaryngology	108	2.0	1.8	2.4	0.520
All other specialties	175	16.0	15.1	17.3	0.565
Specialty type <sup>7,9</sup>					
Primary care	885	50.4	53.5	45.7	0.632
Surgical	609	21.4	21.1	21.9	0.589
Medical	735	28.2	25.4	32.3	0.538
Practice type <sup>7</sup>					
Solo	554	23.9	22.3	26.2	0.559
Two physicians	117	5.8	5.4	6.3	0.561
Group or HMO <sup>10</sup>	1,137	54.3	55.1	53.2	0.606
Medical school or government	18	0.9	1.0	0.8	0.637
Community health center	141 17	1.9 0.9	2.9 0.7	0.4 1.0	0.801 0.518
Unclassified	245	12.4	12.6	12.0	0.608
Annual visit volume <sup>7</sup>					
0–25th percentile	683	25.9	30.6	18.9	0.699
26–50th percentile	533	25.9	24.0	26.6	0.699
51–75 percentile	508	24.5	21.5	29.0	0.525
•	505	24.6	23.9	25.5	0.583

<sup>&</sup>lt;sup>1</sup>Characteristic information is from a combination of sources: the master files of the American Medical Association, the American Osteopathic Association, the Health Resources and Services Administration (HRSA), and the NAMCS induction form.

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

<sup>&</sup>lt;sup>3</sup>Total physicians are those who were selected from (a) the master files of the American Medical Association, (b) the American Osteopathic Association, and (c) physicians practicing in federally funded

or look-alike CHCs and urban Indian Health Service outpatient clinics. In-scope determination was also used for inclusion in NAMCS.

<sup>&</sup>lt;sup>4</sup>Responding physicians were those who were in-scope and participated fully in the completion of Patient Record forms or were unavailabe to complete Patient Record forms.

<sup>&</sup>lt;sup>5</sup>Nonresponding physicians were those who were in-scope and participated minimally or refused to participate in NAMCS.

<sup>&</sup>lt;sup>6</sup>Values represent a combined response rate among physicians selected from the office-based sample and the CHC sample. Numerator is the combined number of in-scope physicians from the physician and CHC samples who participated fully in NAMCS or who did not see any patients during their sampled reporting week. Denominator is all in-scope physicians selected from both the physician and CHC samples. The response rate for CHC physicians is adjusted to take into account CHC facility response.

<sup>&</sup>lt;sup>7</sup>Chi-square test of association is significant (p <0.05) between physycian response and indicated physician characteristic.

<sup>&</sup>lt;sup>8</sup>MSA is metropolitan statistical area.

<sup>9</sup>Physician specialty type defined in the 2008 NAMCS public use data file Documentation (ttp://ftp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc08.pdf).

<sup>&</sup>lt;sup>10</sup>HMO is health maintenance organization.