## National Ambulatory Medical Care Survey: 2009 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 the physician's practice, patient and visit characteristics based on data collected in the 2009 National Ambulatory Medical Care Survey (NAMCS). NAMCS is an annual nationally representative sample survey of visits to nonfederal office-based patient care physicians, excluding anesthesiologists, radiologists, and pathologists.

The sampling frame for the 2009 NAMCS was composed of all physicians contained in the master files maintained by the AMA and AOA. The 2009 NAMCS utilized a multistage probability design that involved probability samples of primary sampling units (PSUs), physicians within PSUs, and patient visits within practices. An additional sample of physicians and non-physician practitioners was selected from a separate stratum of 104 community health centers.

The 2009 NAMCS sample included 3,319 physicians. A total of 1,029 physicians did not meet all of the criteria and were ruled out of scope (ineligible) for the study. Of the 2,290 inscope (eligible) physicians, 1,492 participated in the study. Patient Record Forms (PRFs) were not completed by 199 physicians due to vacations, illness, or other reasons for being temporarily not in practice. Of the 1,293 physicians who completed PRFs, 1,246 participated fully or adequately (i.e. at least half of the PRFs expected, based on the total number of visits during the reporting week, were submitted), and 47 participated minimally (i.e. fewer than half of the expected number of PRFs were submitted). Within physician practices and CHCs, data are abstracted from medical records for about 30 sampled visits during a randomly assigned 1-week reporting period. In all, 32,281 PRFs were submitted. The unweighted response rate was 62.1 percent (62.4 weighted), based on the number of full participants only.

The 2009 NAMCS was conducted from December 29, 2008 through December 27, 2009. The U.S. Bureau of the Census was the data collection agent for the 2009 NAMCS. The physician, office staff or Census field representatives completed a PRF for a sample of about 30 visits during a randomly assigned 1-week reporting period. The PRF may be viewed at the website: http://www.cdc.gov/nchs/data/ahcd/NAMCS 30 2009.pdf

Data processing and medical coding were performed by SRA International, Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10 percent quality control sample of NAMCS survey records was independently keyed and coded, with an error rate of 0.1 percent. For items that required medical coding, discrepancy rates ranged between 0.2 and 0.5 percent. For further details, see 2009 NAMCS Public Use Data File Documentation at the website: <a href="http://ftp.cdc.gov/pub/Health">http://ftp.cdc.gov/pub/Health</a> Statistics/NCHS/Dataset Documentation/NAMCS/doc09.pdf

Web table estimates include physician visits to office-based practices and CHCs. Visit estimates are based on sample data weighted to produce annual national estimates and include standard errors. Because of the complex multistage design of NAMCS, a sample weight is computed for each sample visit that takes all stages of design into account. The survey data are inflated or weighted to produce unbiased national annual estimates. The visit weight includes four basic components: inflation by reciprocals of selection probabilities, adjustment for nonresponse, population ratio adjustments, and weight smoothing. Estimates of the sampling

variability were calculated using Taylor approximations in SUDAAN, which take into account the complex sample design of NAMCS. Detailed information on the design, conduct, and estimation procedures of 2009 NAMCS are discussed in the NAMCS Public Use Data File Documentation at the website:

ftp://ftp.cdc.gov/pub/Health Statistics/NCHS/Dataset Documentation/NAMCS/doc09.pdf

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 2009, race data were missing for 24.4 percent of visits, and ethnicity data were missing for 25.7 percent of visits. Starting with 2009 data, NAMCS has adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NAMCS Public Use Data File Documentation at:

ftp://ftp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc09.pdf Information on missing data for other variables are indicated in table footnotes.

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

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>1,2,3</sup> (standard error of rate)
All visits	1,037,796 (44,949)	100.0	344.1 (14.9)
Physician specialty <sup>4</sup>			
General and family practice	240,492 (16,560)	23.2 (1.3)	79.7 (5.5)
Internal medicine	153,208 (18,409)	14.8 (1.4)	50.8 (6.1)
Pediatrics <sup>5</sup>	126,801 (12,542)	12.2 (1.1)	176.0 (18.1)
Obstetrics and gynecology <sup>6</sup>	77,867 (7,921)	7.5 (0.7)	62.6 (6.4)
Ophthalmology	55,819 (7,550)	5.4 (0.7)	18.5 (2.5)
Orthopedic surgery	48,823 (4,968)	4.7 (0.4)	16.2 (1.6)
Cardiovascular diseases	34,390 (3,343)	3.3 (0.3)	11.4 (1.1)
Dermatology	34,024 (4,554)	3.3 (0.5)	11.3 (1.5)
Psychiatry	32,451 (3,689)	3.1 (0.4)	10.8 (1.2)
General surgery	24,490 (4,369)	2.4 (0.4)	8.1 (1.4)
Urology	22,144 (1,597)	2.1 (0.2)	7.3 (0.5)
Otolaryngology	20,426 (2,901)	2.0 (0.3)	6.8 (1.0)
Neurology	14,767 (2,565)	1.4 (0.2)	4.9 (0.9)
All other specialties	152,095 (12,778)	14.7 (1.1)	50.4 (4.2)
Professional identity			
Doctor of medicine	967,033 (43,485)	93.2 (0.8)	320.7 (14.4)
Doctor of osteopathy	70,763 (8,207)	6.8 (0.8)	23.5 (2.7)
Specialty type <sup>4</sup>			
Primary care	586,992 (33,819)	56.6 (1.3)	194.6 (11.2)
Medical specialty	257,326 (16,318)	24.8 (1.4)	85.3 (5.4)
Surgical specialty	193,479 (11,940)	18.6 (1.1)	64.2 (4.0)
Geographic region			
Northeast	169,195 (15,950)	16.3 (1.5)	310.8 (29.3)
Midwest	231,554 (21,769)	22.3 (1.8)	352.1 (33.1)
South	416,071 (30,560)	40.1 (2.2)	375.1 (27.5)
West	220,976 (18,937)	21.3 (1.6)	313.7 (26.9)
Metropolitan status <sup>7</sup>			
MSA	906,270 (40,913)	87.3 (2.3)	356.4 (16.1)
Non-MSA	131,526 (25,655)	12.7 (2.3)	278.0 (54.2)
	101,020 (20,000)	12.1 (2.3)	270.0 (04.2)

<sup>&#</sup>x27;Visit rates are based on the July 1, 2009 set of estimates of the civilian noninstitutional 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 noninstitutional population of the United States as of July 1, 2009, from the 2009 National Health Interview Survey, National Center for Health Statistics, compiled according to November 2008 Office of Management and Budget definitions of core-based statistical areas. See <a href="http://www.census.gov/population/www/metroareas/metrodef.html">http://www.census.gov/population/www/metroareas/metrodef.html</a> for more about metropolitan statistical definitions.

<sup>&</sup>lt;sup>3</sup>For geographic 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>4</sup>Physician specialty and specialty type are defined in the 2009 public use file documentation (ftp://ftp.cdc.gov/pub/Health Statistics/NCHS/Dataset Documentation/NAMCS/doc09.pdf).

<sup>&</sup>lt;sup>5</sup>Number of visits (numerator) and population estimate (denominator) include children under 15 years of age.

<sup>&</sup>lt;sup>6</sup>Number of visits (numerator) and population estimate (denominator) include females 15 years old and over.

<sup>&</sup>lt;sup>7</sup>MSA is metropolitan statistical area.

Physician practice characteristic	Number of visits in the (standard error in the	Percent distribution (standard error of percent				
All visits	1,037,796	(44,949)	100.0			
Employment status						
Owner	722,871	(40,468)	69.7	(2.1)		
Employee	281,228	(22,539)	27.1	(2.0)		
Contractor	30,565	(7,966)	2.9	(8.0)		
Blank	*3,132	(1,825)	*0.3	(0.2)		
Ownership						
Physician or group	848,957	(40,906)	81.8	(1.7)		
Other health care corporation		(11,683)		(1.1)		
Other hospital		(9,719)		(0.9)		
Community health center	36,284	,		(0.9)		
Medical or academic health center HMO¹	*19,392 17,577	,		(0.6) (0.4)		
Other <sup>2</sup>	18,295	,		(0.4)		
Blank	*4,299			(0.2)		
Practice size						
Solo	336.443	(25,219)	32.4	(2.0)		
2		(15,624)		(1.4)		
3-5		(20,724)		(1.9)		
6-10	209,141	(21,562)	20.2	(1.8)		
11 or more		(18,862)		(1.7)		
Blank	*7,693	(3,873)	*0.7	(0.4)		
Type of practice						
Single-specialty group	478,170	(29,357)	46.1	(2.2)		
Multispecialty group	221,059	(21,839)	21.3	(1.8)		
Solo		(25,219)		(2.0)		
Blank	*2,124	(1,476)	*0.2	(0.1)		
Office type						
Private practice	941,896	(43,484)	90.8	(1.3)		
Clinic or urgicenter	36,252	(8,786)	3.5	(0.9)		
Community health center		(8,592)		(0.8)		
Other <sup>3</sup>	28,525	(5,748)	2.7	(0.6)		
Electronic medical records						
Yes-all electronic	347,610	(28,791)	33.5	(2.1)		
Yes-part paper and part electronic		(19,133)		(1.7)		
No Unknown or blank		(27,216) (4,593)		(2.0)		
Practice submits claims electronically	-,	. ,/		. ,		
·	200 222	(05.540)	00.0	(0.4)		
Yes-nart paper and part electronic		(35,540)		(2.1)		
Yes-part paper and part electronic No		(20,706) (16,696)		(1.8) (1.5)		
Unknown or blank	22,343			(0.5)		

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

 $<sup>\</sup>ensuremath{^{*}}\textsc{Figure}$  does not meet standard of reliability or precision.

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

<sup>&</sup>lt;sup>2</sup>"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.

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

Patient age and sex	Numbe visits thousar (standard e thousar	Percen distribution (standar error of percent	on rd f	Number of visits per 100 persons per year <sup>1</sup> (standard error of rate)			
All visits	1,037,796	(44,949)	100.0		344.1	(14.9)	
Age							
Under 15 years	158,907	(11,739)	15.3	(0.9)	257.0	(19.0)	
Under 1 year	32,151	(3,423)	3.1	(0.3)	755.1	(80.4)	
1-4 years	51,060	(4,186)	4.9	(0.3)	299.7	(24.6)	
5-14 years	75,696	(5,227)	7.3	(0.4)	186.7	(12.9)	
15-24 years	74,080	(3,883)	7.1	(0.3)	176.3	(9.2)	
25-44 years	208,901	(9,576)	20.1	(0.6)	258.1	(11.8)	
45-64 years	316,395	(16,663)	30.5	(0.7)	401.3	(21.1)	
65 years and over	279,514	(15,056)	26.9	(8.0)	736.7	(39.7)	
65-74 years	137,452	(7,045)	13.2	(0.4)	668.9	(34.3)	
75 years and over	142,062	(8,827)	13.7	(0.6)	816.9	(50.8)	
Sex and age							
Female	611,064	(26,764)	58.9	(0.6)	397.2	(17.4)	
Under 15 years	72,243	(5,889)	7.0	(0.5)	239.0	(19.5)	
15-24 years	48,029	(2,744)	4.6	(0.2)	230.8	(13.2)	
25-44 years	144,022	(7,073)	13.9	(0.5)	353.4	(17.4)	
45-64 years	184,994	(9,978)	17.8	(0.4)	456.7	(24.6)	
65-74 years	75,428	(4,039)	7.3	(0.3)	681.5	(36.5)	
75 years and over	86,348	(5,848)	8.3	(0.4)	823.2	(55.8)	
Male	426,732	(19,928)	41.1	(0.6)	288.9	(13.5)	
Under 15 years	86,664	(6,254)	8.4	(0.5)	274.1	(19.8)	
15-24 years	26,052	(1,801)	2.5	(0.1)	122.8	(8.5)	
25-44 years	64,879	(3,949)	6.3	(0.3)	161.4	(9.8)	
45-64 years	131,400	(7,462)	12.7	(0.4)	342.9	(19.5)	
65-74 years	62,023	(3,889)	6.0	(0.2)	654.2	(41.0)	
75 years and over	55,713	(3,583)	5.4	(0.2)	807.3	(51.9)	

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

<sup>&</sup>lt;sup>1</sup>Visit rates are based on the July 1, 2009 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

Table 4. Office visits, by patient race and age, and ethnicity: United States, 2009

Patient characteristic	Number of visits thousands (standard error thousands)		Percent distributior (standard error of percent)	1	Number of visits per 10 persons pe year (standard error of rate	00 er
All visits	1,037,796		100.0	(0.0)	344.1	(14.9)
Race and age <sup>2</sup>						
White	877,225	(39,873)	84.5	(0.8)	364.7	(16.6)
Under 15 years	130,736	(10,140)	12.6	(8.0)	280.0	(21.7)
15-24 years	60,668	(3,355)	5.8	(0.3)	187.6	(10.4)
25-44 years	170,934	(8,211)	16.5	(0.5)	268.9	(12.9)
45-64 years	268,160	(14,292)	25.8	(0.6)	412.1	(22.0)
65-74 years	119,204	(6,488)	11.5	(0.4)	678.5	(36.9)
75 years and over	127,523	(8,279)	12.3	(0.5)	835.4	(54.2)
Black or African American	113,015	(7,986)	10.9	(0.6)	296.0	(20.9)
Under 15 years	19,206	(2,455)	1.9	(0.2)	208.0	(26.6)
15-24 years	9,636	(939)	0.9	(0.1)	151.4	(14.8)
25-44 years	27,318	(2,487)	2.6	(0.2)	260.8	(23.7)
45-64 years	34,555	(3,190)	3.3	(0.3)	389.4	(35.9)
65-74 years	12,644	(1,385)	1.2	(0.1)	667.3	(73.1)
75 years and over	9,656	(1,518)	0.9	(0.1)	717.9	(112.9)
Other <sup>3</sup>	47,557	(5,908)	4.6	(0.6)	207.9	(25.8)
Ethnicity and race <sup>2</sup>						
Hispanic or Latino	115,312	(11,391)	11.1	(1.0)	241.0	(23.8)
Not Hispanic or Latino	922,484	(42,418)	88.9	(1.0)	363.6	(16.7)
White	771,077	(37,858)	74.3	(1.3)	392.3	(19.3)
Black or African American	108,550	(7,749)	10.5	(0.6)	299.3	(21.4)
Other <sup>3</sup>	42,857	(5,740)	4.1	(0.5)	205.2	(27.5)

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

<sup>&</sup>lt;sup>1</sup>Visit rates are based on the July 1, 2009, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

<sup>&</sup>lt;sup>2</sup>The race groups, White, Black or African American, Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, National Center for Health Statistics has adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NAMCS Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc09.pdf. For 2009, race data were missing for 24.4 percent of visits, and ethnicity data were missing for 25.7 percent of visits.

<sup>&</sup>lt;sup>3</sup>Other race includes the categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

Table 5. Expected sources of payment at office visits: United States, 2009

Expected source of payment	Number of visits in thousands	(Standard error in thousands)	Percent distribution	(Standard error of percent)
All visits	1,037,796	(44,949)		
Private Insurance	664,354	(30,149)	64.0	(1.4)
Medicare	262,728	(15,394)	25.3	(8.0)
Medicaid or CHIP <sup>2</sup>	140,289	(12,720)	13.5	(1.0)
Medicare and Medicaid <sup>3</sup>	21,157	(3,012)	2.0	(0.3)
No insurance⁴	40,128	(3,180)	3.9	(0.3)
Self-pay	37,614	(3,076)	3.6	(0.3)
No charge or charity	2,674	(579)	0.3	(0.1)
Worker's compensation	14,221	(2,819)	1.4	(0.3)
Other	30,929	(4,570)	3.0	(0.4)
Unknown or blank	24,954	(3,421)	2.4	(0.3)

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

NOTE: Numbers may not add to totals because of rounding. More than one category could be indicated.

<sup>&</sup>lt;sup>1</sup>Combined total of expected sources of payment 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>CHIP is 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 CHIP categories.

<sup>&</sup>lt;sup>4</sup>"No insurance" is defined as having only self-pay, no charge, or charity 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, 2009

Prior-visit status, primary care provider, and referral status	Number of vis in thousands (standard erroi thousands)	3	Percent distribution (standard error of percent)				
All visits	1,037,796	(44,949)	100.0				
Visit to PCP <sup>1</sup>	472,350	(28,910)	45.5	(1.4)			
Visit to non-PCP <sup>1,2</sup>	509,287	(22,604)	49.1	(1.5)			
Referred for this visit	169,535	(11,216)	16.3	(1.0)			
Not referred for this visit	278,516	(19,074)	26.8	(1.5)			
Unknown if referred <sup>3</sup>	61,236	(4,492)	5.9	(0.4)			
Unknown if PCP <sup>1</sup> visit <sup>2,3</sup>	56,160	(9,458)	5.4	(0.9)			
Established patient							
All visits	898,647	(40,956)	100.0	(0.0)			
Visit to PCP <sup>1</sup>	456,507	(28,244)	50.8	(1.5)			
Visit to non-PCP <sup>1,2</sup>	395,384	(18,541)	44.0	(1.6)			
Referred for this visit	96,315	(8,303)	10.7	(0.9)			
Not referred for this visit	252,050	(17,615)	28.0	(1.6)			
Unknown if referred <sup>3</sup>	47,019	(3,676)	5.2	(0.4)			
Unknown if PCP <sup>1</sup> visit <sup>2,3</sup>	46,756	(8,723)	5.2	(0.9)			
New patient							
All visits	139,149	(7,540)	100.0	(0.0)			
Visit to PCP <sup>1</sup>	15,843	(1,404)	11.4	(0.9)			
Visit to non-PCP <sup>1,2</sup>	113,903	(6,918)	81.9	(1.3)			
Referred for this visit	73,220	(5,004)	52.6	(1.9)			
Not referred for this visit	26,466	(3,086)	19.0	(1.9)			
Unknown if referred <sup>3</sup>	14,217	(1,641)	10.2	(1.0)			
Unknown if PCP1 visit <sup>2,3</sup>	9,404	(1,187)	6.8	(0.9)			

<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 asked only for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 19.3% of visits.

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

Table 7. Primary care provider and referral status by physician specialty: United States, 2009

						Visit to non-PCF	o <sup>1,2</sup>				
Physician specialty	Visit Total 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>	
		Percent distribution (standard error of percent				cent)					
All visits	100.0	45.5	(1.4)	16.3	(1.0)	26.8	(1.5)	5.9	(0.4)	5.4	(0.9)
General and family practice	100.0	81.1	(2.1)	1.2	(0.3)	8.0	(1.9)	2.8	(0.5)	6.9	(1.4)
Internal medicine	100.0	82.3	(4.1)	*2.3	(0.9)	*6.2	(2.5)	*2.1	(0.8)	*7.2	(3.3)
Pediatrics	100.0	89.7	(2.0)	*2.6	(1.2)	4.5	(1.1)	1.3	(0.4)	1.9	(0.5)
Obstetrics and gynecology	100.0	18.0	(4.3)	15.4	(3.1)	42.5	(5.4)	12.6	(2.5)	11.4	(3.2)
Ophthalmology	100.0	*3.3	(2.4)	22.9	(5.5)	57.6	(6.4)	13.3	(3.1)	2.9	(8.0)
Orthopedic surgery	100.0	*3.0	(1.8)	34.0	(4.9)	49.5	(5.5)	11.1	(2.4)	*2.5	(1.2)
Cardiovascular diseases	100.0	*10.0	(3.6)	31.2	(4.2)	46.8	(4.2)	8.5	(1.9)	*3.5	(1.6)
Dermatology	100.0	*		22.5	(4.4)	56.4	(4.7)	15.0	(3.6)	*4.8	(2.7)
Psychiatry	100.0	*2.4	(1.2)	21.6	(5.3)	60.2	(5.9)	13.8	(2.9)	*2.1	(8.0)
General surgery	100.0	*		54.2	(6.6)	37.0	(7.1)	*6.8	(2.4)	*	
Urology	100.0	*1.1	(0.5)	27.2	(3.0)	57.8	(3.8)	10.5	(2.2)	3.3	(8.0)
Otolaryngology	100.0	*		41.6	(4.7)	43.2	(5.1)	11.1	(2.5)	*2.6	(1.2)
Neurology	100.0	*3.4	(1.8)	41.8	(6.0)	44.8	(6.6)	6.4	(1.6)	*3.7	(1.8)
All other specialties	100.0	*9.4	(3.5)	38.9	(4.2)	41.1	(4.9)	4.8	(1.2)	*5.8	(2.4)

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

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

<sup>&</sup>lt;sup>2</sup>Referral status was asked only for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 19.3 percent of visits.

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

Table 8. Continuity-of-care office visit characteristics according to specialty type: United States, 2009

		-		Specialty type <sup>1</sup>						_		;	Specialty typ	e <sup>1</sup>		-
Continuity-of-care visit characteristic	All specialties		Primary care		Surgical specialties		Medical specialties		All specialties		Primary care		Surgical specialties	s	Medical specialties	
	Nu	umber of vis	its in thousands (standard error in thousands)						Percent distribution (standard error of p				percent)			
All visits	1,037,796	(44,949)	586,992	(33,819)	193,479	(11,940)	257,326	(16,318)	100.0		100.0		100.0	•••	100.0	
Prior-visit status and number of visits in last 12 months																
Established patient <sup>2</sup>	898,647	(40,956)	539,573	(31,435)	146,642	(9,209)	212,433	(14,099)	86.6	(0.6)	91.9	(0.6)	75.8	(1.5)	82.6	(1.4)
None	67,597	(4,091)	34,882	(2,714)	16,321	(1,917)	16,394	(1,984)	6.5	(0.3)	5.9	(0.4)	8.4	(8.0)	6.4	(0.7)
1-2 visits	328,780	(16,915)	181,972	(12,791)	65,099	(4,693)	81,708	(6,392)	31.7	(0.7)	31.0	(1.0)	33.6	(0.9)	31.8	(1.3)
3-5 visits	272,565	(13,813)	173,230	(11,394)	41,953	(2,604)	57,382	(4,303)	26.3	(0.5)	29.5	(0.7)	21.7	(8.0)	22.3	(1.1)
6 or more visits	229,706	(13,193)	149,488	(10,124)	23,269	(1,946)	56,949	(6,487)	22.1	(8.0)	25.5	(1.1)	12.0	(8.0)	22.1	(1.9)
New patient	139,149	(7,540)	47,419	(4,114)	46,836	(4,225)	44,893	(4,373)	13.4	(0.6)	8.1	(0.6)	24.2	(1.5)	17.4	(1.4)

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

<sup>1</sup>Specialty type are defined in the 2009 public use file documentation(ftp://ftp.cdc.gov/pub/Health Statistics/NCHS/Dataset Documentation/NAMCS/doc09.pdf).

<sup>&</sup>lt;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's sex: United States, 2009

Principal reason for visit and RVC code¹		Number of vis in thousands (standard err in thousands	or	Percent distribution (standard error of percent)	1	Female <sup>2</sup> Percent distributior (standard error of percent)	Male <sup>3</sup> Percent distribution (standard error of percent)		
All visits		1,037,796	(44,949)	100.0		100.0	•••	100.0	
General medical examination	X100	73,440	(5,619)	7.1	(0.4)	6.2	(0.4)	8.3	(0.5)
Progress visit, not otherwise specified	T800	72,766	(6,905)	7.0	(0.6)	6.7	(0.7)	7.4	(0.7)
Cough	S440	29,713	(2,554)	2.9	(0.2)	2.7	(0.2)	3.1	(0.3)
Postoperative visit	T205	29,412	(2,771)	2.8	(0.2)	3.0	(0.3)	2.6	(0.3)
Medication, other and unspecified kinds	T115	22,777	(3,054)	2.2	(0.3)	2.0	(0.3)	2.4	(0.3)
For other and unspecified test results	R700	20,336	(2,409)	2.0	(0.2)	1.8	(0.2)	2.1	(0.3)
Counseling, not otherwise specified	T605	17,535	(2,478)	1.7	(0.2)	1.6	(0.2)	1.8	(0.3)
Diabetes mellitus	D205	16,929	(2,543)	1.6	(0.2)	1.3	(0.2)	2.1	(0.3)
Hypertension	D510	16,789	(2,276)	1.6	(0.2)	1.5	(0.2)	1.8	(0.3)
Stomach pain, cramps and spasms	S545	15,864	(1,644)	1.5	(0.1)	1.7	(0.2)	1.2	(0.2)
Symptoms referable to throat	S455	15,773	(1,569)	1.5	(0.1)	1.7	(0.2)	1.3	(0.2)
Gynecological examination	X225	15,463	(2,455)	1.5	(0.2)	2.5	(0.4)		
Prenatal examination, routine	X205	15,411	(2,395)	1.5	(0.2)	2.5	(0.4)		
Well baby examination	X105	14,826	(2,112)	1.4	(0.2)	1.2	(0.2)	1.8	(0.2)
Knee symptoms	S925	14,566	(1,655)	1.4	(0.1)	1.4	(0.2)	1.5	(0.2)
Back symptoms	S905	14,495	(1,607)	1.4	(0.1)	1.4	(0.2)	1.4	(0.2)
Other and unspecified diagnostic tests	X370	13,723	(2,680)	1.3	(0.2)	1.5	(0.4)	1.0	(0.2)
Fever	S010	12,529	(1,221)	1.2	(0.1)	1.1	(0.1)	1.4	(0.2)
Vision dysfunctions	S305	12,158	(2,180)	1.2	(0.2)	1.1	(0.2)	1.3	(0.2)
Headache, pain in head	S210	12,100	(1,680)	1.2	(0.1)	1.5	(0.2)	0.7	(0.1)
All other reasons		581,191	(24,880)	56.0	(8.0)	55.5	(0.9)	56.8	(1.0)

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

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

<sup>&</sup>lt;sup>1</sup>Based on A Reason for Visit Classification (RVC) defined in the 2009 National Ambulatory Medical Care Survey public use file documentation (ftp://ftp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc09.pdf). Reason for visit is defined by the patient.

<sup>&</sup>lt;sup>2</sup>Based on 611,064,000 visits made by females.

<sup>&</sup>lt;sup>3</sup>Based on 426,732,000 visits made by males.

Table 10. Provider-assessed major reason for office visit, by selected patient and visit characteristics: United States, 2009

Patient and visit characteristics	Total 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 dist	ribution (stan	dard error of pe	ercent)	
All visits	1,037,796 (44,949)	100.0	34.0 (0.9)	30.4 (1.2)	8.3 (0.5)	6.7 (0.6)	19.0 (0.8)	1.6 (0.2)
Age								
Under 15 years	158,907 (11,739)	100.0	49.3 (2.0)	9.2 (1.1)	4.4 (0.6)	*3.7 (1.8)	32.5 (1.7)	0.9 (0.2)
Under 1 year	32,151 (3,423)	100.0	34.3 (2.6)	3.4 (1.0)	*	*4.6 (2.9)	55.1 (3.3)	*
1-4 years	51,060 (4,186)	100.0	52.9 (2.7)	5.7 (1.1)	4.5 (0.9)	*4.0 (2.3)	31.8 (2.0)	*
5-14 years	75,696 (5,227)	100.0	53.2 (2.4)	14.0 (1.5)	5.3 (0.7)	*3.1 (1.1)	23.3 (2.0)	*
15-24 years	74,080 (3,883)	100.0	43.1 (1.7)	18.6 (1.5)	6.6 (0.8)	3.4 (0.5)	26.8 (1.7)	1.4 (0.4)
25-44 years	208,901 (9,576)	100.0	35.7 (1.3)	24.9 (1.5)	7.8 (0.6)	7.0 (0.7)	23.0 (1.5)	1.5 (0.2)
45-64 years	316,395 (16,663)	100.0	30.0 (0.9)	36.6 (1.4)	9.2 (0.7)	7.9 (0.7)	14.5 (0.9)	1.7 (0.3)
65 years and over	279,514 (15,056)	100.0	26.0 (1.1)	42.7 (1.8)	10.3 (0.8)	7.8 (0.6)	11.3 (1.2)	1.8 (0.3)
65-74 years	137,452 (7,045)	100.0	26.6 (1.2)	41.4 (1.9)	10.5 (0.8)	8.2 (0.8)	11.2 (1.1)	1.9 (0.4)
75 years and over	142,062 (8,827)	100.0	25.4 (1.3)	44.0 (2.0)	10.0 (1.1)	7.5 (0.6)	11.4 (1.6)	1.7 (0.3)
Sex								
Female	611,064 (26,764)	100.0	33.7 (0.9)	28.5 (1.2)	8.4 (0.5)	6.8 (0.5)	21.0 (1.0)	1.6 (0.2)
Male	426,732 (19,928)	100.0	34.4 (1.0)	33.2 (1.3)	8.2 (0.5)	6.7 (0.7)	16.1 (0.9)	1.5 (0.2)
Race <sup>2</sup>								
White	877,225 (39,873)	100.0	33.7 (0.9)	30.8 (1.2)	8.6 (0.5)	6.9 (0.6)	18.3 (0.9)	1.6 (0.2)
Black or African American	113,015 (7,986)	100.0	34.9 (1.5)	30.1 (1.9)	7.1 (0.7)	6.1 (1.1)	20.3 (1.5)	1.5 (0.3)
Other <sup>3</sup>	47,557 (5,908)	100.0	36.0 (2.2)	24.0 (2.7)	5.9 (0.8)	4.8 (0.9)	27.8 (3.4)	1.5 (0.4)
Ethnicity <sup>2</sup>								
Hispanic or Latino	115,312 (11,391)	100.0	37.3 (1.6)	25.4 (2.1)	6.6 (0.8)	5.2 (0.7)	22.7 (2.2)	2.7 (0.5)
Not Hispanic or Latino	922,484 (42,418)	100.0	33.6 (0.9)	31.1 (1.3)	8.5 (0.5)	6.9 (0.6)	18.5 (0.9)	1.4 (0.2)
Expected source(s) of payment <sup>4</sup>								
Private insurance	664,354 (30,149)	100.0	35.0 (0.9)	28.7 (1.2)	8.2 (0.5)	6.6 (0.5)	20.0 (0.9)	1.5 (0.2)
Medicare	262,728 (15,394)	100.0	25.0 (1.2)	44.0 (1.9)	10.6 (0.9)	7.8 (0.7)	11.3 (1.2)	1.4 (0.2)
Medicaid or CHIP <sup>5</sup>	140,289 (12,720)	100.0	37.2 (1.9)	25.9 (1.8)	7.0 (0.7)	5.7 (1.4)	22.9 (1.8)	1.3 (0.3)
Medicare and Medicaid <sup>6</sup>	21,157 (3,012)	100.0	25.4 (2.7)	49.0 (3.6)	9.7 (1.9)	7.6 (1.9)	7.3 (2.0)	*
No insurance	49,200 (4,983)	100.0	34.9 (2.7)	34.6 (3.1)	9.4 (1.6)	7.5 (1.8)	12.2 (1.9)	*
Other <sup>8</sup>	63,064 (6,522)	100.0	34.0 (2.5)	29.9 (2.9)	8.2 (1.3)	7.2 (1.2)	19.2 (2.3)	*1.6 (0.5)

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

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

<sup>&</sup>lt;sup>1</sup>Preventive care includes routine prenatal, general medical, well-baby, screening and insurance (see question 4c in patient record form).

<sup>&</sup>lt;sup>2</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 2009 data, National Center for Health Statistics has adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NAMCS Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc09.pdf. For 2009, race data were missing for 24.4 percent of visits, and ethnicity data were missing for 25.7 percent of visits.

<sup>&</sup>lt;sup>3</sup>Other race includes the categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

<sup>&</sup>lt;sup>4</sup> Combined total of expected sources of payment 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>5</sup>CHIP is Children's Health Insurance Program.

<sup>&</sup>lt;sup>6</sup>The visits in this category are also included in both the Medicaid or CHIP and Medicare categories

<sup>&</sup>lt;sup>7</sup>No insurance is defined as having only self-pay, no charge or charity as payment sources.

<sup>&</sup>lt;sup>8</sup>Other includes worker's compensation, unknown or blank, and sources not classified elsewhere.

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

Table 11. Preventive care visits made to primary care specialists, by selected patient and visit characteristics: United States, 2009

Patient and visit characteristics	Number of visits in thousands (Standard error in thousands)		Percent distributio (Standard e of percen	on error	Number of per 100 pe per yea (Standard of rate	rsons r¹ error	Percent preventive visits mad primary of specialis (Standard of perce	care de to care sts <sup>2</sup> error
All preventive care visits <sup>3</sup>	197,005	(13,307)	100.0		65.3	(4.4)	82.5	(1.8)
Age								
Under 15 years	51,579	(5,116)	26.2	(2.0)	83.4	(8.3)	92.9	(3.4)
Under 1 year	17,727	(2,271)	9.0	(0.9)	416.3	(53.3)	93.9	(4.6)
1-4 years	16,224	(1,571)	8.2	(0.7)	95.2	(9.2)	93.8	(3.7)
5-14 years	17,628	(2,154)	8.9	(0.9)	43.5	(5.3)	90.9	(2.8)
15-24 years	19,851	(1,669)	10.1	(8.0)	47.2	(4.0)	90.3	(2.5)
25-44 years	48,087	(4,199)	24.4	(1.5)	59.4	(5.2)	87.3	(2.8)
45-64 years	45,781	(3,963)	23.2	(1.2)	58.1	(5.0)	72.9	(2.9)
65 years and over	31,707	(4,185)	16.1	(1.6)	83.6	(11.0)	67.4	(3.9)
65-74 years	15,451	(1,837)	7.8	(0.7)	75.2	(8.9)	65.6	(4.2)
75 years and over	16,256	(2,623)	8.3	(1.1)	93.5	(15.1)	69.1	(4.8)
Sex and age								
Female	128,435	(9,092)	65.2	(1.6)	83.5	(5.9)	85.4	(1.7)
Under 15 years	24,711	(2,563)	12.5	(1.0)	81.8	(8.5)	92.3	(4.3)
15-24 years	15,302	(1,611)	7.8	(0.7)	73.5	(7.7)	92.4	(2.4)
25-44 years	40,605	(3,856)	20.6	(1.5)	99.6	(9.5)	90.2	(2.6)
45-64 years	28,631	(2,778)	14.5	(1.0)	70.7	(6.9)	77.9	(2.9)
65-74 years	9,069	(1,201)	4.6	(0.5)	81.9	(10.8)	72.4	(4.1)
75 years and over	10,117	(1,649)	5.1	(0.7)	96.5	(15.7)	71.9	(5.1)
Male	68,570	(5,640)	34.8	(1.6)	46.4	(3.8)	77.1	(2.6)
Under 15 years	26,868	(2,813)	13.6	(1.1)	85.0	(8.9)	93.4	(2.7)
15-24 years	4,550	(582)	2.3	(0.3)	21.4	(2.7)	83.2	(4.4)
25-44 years	7,482	(1,289)	3.8	(0.6)	18.6	(3.2)	71.5	(7.3)
45-64 years	17,149	(1,807)	8.7	(0.7)	44.7	(4.7)	64.6	(4.3)
65-74 years	6,382	(1,041)	3.2	(0.5)	67.3	(11.0)	56.0	(7.0)
75 years and over	6,139	(1,148)	3.1	(0.5)	89.0	(16.6)	64.5	(6.1)
Race <sup>4</sup>								
White	160,848	(11,797)	81.6	(1.4)	66.9	(4.9)	82.3	(1.9)
Black or African American	22,926	(2,283)	11.6	(1.0)	60.0	(6.0)	81.5	(3.2)
Other <sup>5</sup>	13,231	(2,114)	6.7	(1.0)	57.8	(9.2)	87.2	(4.3)
Ethnicity <sup>4</sup>								
Hispanic or Latino	26,206	(3,259)	13.3	(1.5)	54.8	(6.8)	89.7	(2.1)
Not Hispanic or Latino	170,799	(12,360)	86.7	(1.5)	67.3	(4.9)	81.4	(1.9)
Expected source(s) of payment <sup>6</sup>								
Private insurance	132,964	(9,470)	67.5	(2.1)	71.3	(5.1)	83.2	(1.8)
Medicare	29,652	(3,974)	15.1	(1.5)	71.0	(9.5)	67.7	(3.8)
Medicaid or CHIP <sup>7</sup>	32,117	(3,634)	16.3	(1.5)	78.2	(8.8)	90.7	(2.8)
Medicare and Medicaid	1,545	(463)	8.0	(0.2)			65.9	(10.9)
No insurance <sup>8</sup>	6,007	(1,006)	3.0	(0.5)	13.0	(2.2)	86.6	(3.7)
Other <sup>9</sup>	12,098	(2,102)	6.1	(0.9)			71.1	(8.4)

## ...Category not applicable

<sup>1</sup>Visit rates for age, sex, race and ethnicity are based on the July 1, 2009, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. Visit rates for expected source(s) of payment are based on the 2009 National Health Interview Survey estimates of health insurance.

<sup>2</sup>Primary care specialty is defined in the 2009 public use file documentation: ftp://ftp.cdc.gov/pub/Health Statistics/NCHS/Dataset Documentation/NAMCS/doc09.pdf).

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

<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 2009 data, National Center for Health Statistics has adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NAMCS Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc09.pdf. For 2009, race data were missing for 24.4 percent of visits, and ethnicity data were missing for 25.7 percent of visits.

<sup>5</sup>Other race includes the categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

<sup>5</sup> Combined total of expected sources of payment exceeds "all visits" and percent of visits exceeds 100% because more than one source of payment may be reported per visit.

<sup>6</sup>CHIP is Children's Health Insurance Program.

<sup>7</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 2009 estimates of health insurance coverage from the National Health Interview Survey.

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

Table 12. Primary diagnosis at office visits classified by major disease category: United States, 2009

Major disease category and ICD-9-CM code range¹	Number of in thousa (Standard in thousar	nds error	Percent distribution (Standard erro of percent)		
All visits		1,037,796	(44,949)	100.0	(0.0)
Infectious and parasitic diseases	001-139	27,138	(2,347)	2.6	(0.2)
Neoplasms	140-239	29,590	(4,275)	2.9	(0.4)
Endocrine, nutritional, metabolic diseases, and immunity disorders	240-279	72,001	(7,209)	6.9	(0.5)
Mental disorders	290-319	56,162	(4,152)	5.4	(0.4)
Diseases of the nervous system and sense organs	320-389	97,728	(8,157)	9.4	(0.7)
Diseases of the circulatory system	390-459	94,488	(7,222)	9.1	(0.5)
Diseases of the respiratory system	460-519	103,093	(6,747)	9.9	(0.5)
Diseases of the digestive system	520-579	42,309	(5,636)	4.1	(0.5)
Diseases of the genitourinary system	580-629	50,464	(4,523)	4.9	(0.4)
Diseases of the skin and subcutanaous tissue	680-709	43,109	(3,293)	4.2	(0.3)
Diseases of the musculoskeletal and connective tissue	710-739	83,228	(6,500)	8.0	(0.5)
Symptoms, signs, and ill-defined conditions	780-799	74,595	(4,877)	7.2	(0.3)
Injury and poisoning	800-999	44,960	(3,678)	4.3	(0.3)
Supplementary classification <sup>2</sup>	V01-V85	183,359	(12,191)	17.7	(8.0)
All other diagnoses³		23,446	(2,114)	2.3	(0.2)
Blank		12,125	(2,353)	1.2	(0.2)

<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 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 (630-679); congenital anomalies (740-759); certain conditions originating in perinatal period (760-779); and entries not codable to the ICD-9-CM (e.g. "illegible entries", "left against medical advice", "transferred", entries of "none" or "no diagnoses").

Table 13. Twenty leading primary diagnosis groups for office visits: United States, 2009

Primary diagnosis group and ICD-9-CM codes <sup>1</sup>		Number of vision thousand (Standard er in thousand	ls ror	Percent distribution (Standard error of percent)		Female <sup>2</sup> percent distribution (Standard error of percent)	Male <sup>a</sup> percent distribution (Standard error of percent)
All visits		1,037,796	(44,949)	100.0		100.0	100.0
Essential hypertension	401	49,967	(4,222)	4.8 (	0.3)	4.7 (0.4)	5.0 (0.4)
Routine infant or child health check	V20.2-V20.32	42,130	(4,687)	4.1 (	0.4)	3.3 (0.3)	5.2 (0.5)
Diabetes mellitus	249-250	35,201	(4,255)	3.4 (	0.3)	2.7 (0.3)	4.4 (0.5)
Acute upper respiratory infections, excluding pharyngitis	460-461,463-466	32,576	(2,941)	3.1 (	0.2)	3.0 (0.2)	3.3 (0.3)
Spinal disorders	720-724	29,675	(3,694)	2.9 (	0.3)	2.6 (0.3)	3.3 (0.5)
Arthropathies and related disorders	710-719	27,060	(2,556)	2.6 (	0.2)	2.8 (0.3)	2.3 (0.2)
Rheumatism, excluding back	725-729	20,504	(1,748)	2.0 (	0.1)	2.1 (0.2)	1.8 (0.2)
General medical examination	V70	18,897	(2,363)	1.8 (	0.2)	1.5 (0.2)	2.3 (0.3)
Malignant neoplasms	140-208,209-209.36,209.7-209.79,230-234	18,599	(3,766)	1.8 (	0.4)	1.5 (0.4)	2.2 (0.4)
Normal pregnancy	V22	18,271	(2,991)	1.8 (	0.3)	3.0 (0.5)	*
Specific procedures and aftercare	V50-V59.9	16,933	(2,185)	1.6 (	0.2)	1.5 (0.2)	1.8 (0.2)
Disorders of lipoid metabolism	272	16,068	(2,407)	1.5 (	0.2)	1.2 (0.2)	2.0 (0.3)
Heart disease, excluding ischemic	391-392.0,393-398,402,404,415-416,420-429	14,881	(1,695)	1.4 (	0.1)	1.2 (0.2)	1.8 (0.2)
Gynecological examination	V72.3	14,846	(2,088)	1.4 (	0.2)	2.4 (0.3)	*
Otitis media and eustachian tube disorders	381-382	14,733	(1,743)	1.4 (	0.2)	1.2 (0.2)	1.7 (0.2)
Follow up examination	V67	13,840	(1,965)	1.3 (	0.2)	1.4 (0.2)	1.2 (0.2)
Ischemic heart disease	410-414.9	12,817	(1,387)	1.2 (	0.1)	0.8 (0.1)	1.9 (0.2)
Psychoses, excluding major depressive disorder	290-295,296.0-296.1,296.4-299	12,022	(1,366)	1.2 (	0.1)	1.0 (0.1)	1.3 (0.2)
Chronic sinusitis	473	11,726	(1,443)	1.1 (	0.1)	1.2 (0.2)	1.0 (0.1)
Benign neoplasms	210-229,209.4-209.69,235-239	10,991	(1,331)	1.1 (	0.1)	1.3 (0.1)	0.8 (0.1)
All other diagnoses <sup>4</sup>		606,062	(25,018)	58.4 (	1.0)	59.6 (1.0)	56.7 (1.3)

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

¹Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (U.S. Department of Health and Human Services, 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 better describe the utilization of ambulatory care services.

<sup>&</sup>lt;sup>2</sup>Based on 611,064,000 visits made by females.

<sup>&</sup>lt;sup>3</sup>Based on 426,732,000 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, 2009

Patient characteristics	in thousands (Standard err	Number of visits in thousands (Standard error in thousands)		1	Number of visits per 100 persons per year¹(Standard error of rate)		
All injury-related visits <sup>2</sup>	111,104	(6,097)	100.0		36.8	(2.0)	
Age							
Under 15 years	13,480	(1,184)	12.1	(0.9)	21.8	(1.9)	
Under 1 year	*		*		*		
1-4 years	3,376	(473)	3.0	(0.4)	19.8	(2.8)	
5-14 years	9,216	(876)	8.3	(0.7)	22.7	(2.2)	
15-24 years	9,724	(856)	8.8	(0.6)	23.1	(2.0)	
25-44 years	26,304	(2,165)	23.7	(1.2)	32.5	(2.7)	
45-64 years	36,798	(2,652)	33.1	(1.3)	46.7	(3.4)	
65 years and over	24,798	(1,714)	22.3	(1.2)	65.4	(4.5)	
65-74 years	13,407	(1,142)	12.1	(0.9)	65.2	(5.6)	
75 years and over	11,391	(1,008)	10.3	(8.0)	65.5	(5.8)	
Sex and age							
Female	57,901	(3,359)	52.1	(1.4)	37.6	(2.2)	
Under 15 years	5,283	(641)	4.8	(0.6)	17.5	(2.1)	
15-24 years	4,851	(545)	4.4	(0.4)	23.3	(2.6)	
25-44 years	13,625	(1,157)	12.3	(8.0)	33.4	(2.8)	
45-64 years	19,349	(1,657)	17.4	(1.0)	47.8	(4.1)	
65-74 years	7,688	(808)	6.9	(0.7)	69.5	(7.3)	
75 years and over	7,106	(722)	6.4	(0.7)	67.7	(6.9)	
Male	53,203	(3,444)	47.9	(1.4)	36.0	(2.3)	
Under 15 years	8,197	(829)	7.4	(0.7)	25.9	(2.6)	
15-24 years	4,874	(601)	4.4	(0.5)	23.0	(2.8)	
25-44 years		(1,418)		(1.0)		(3.5)	
45-64 years		(1,398)		(0.9)		(3.6)	
65-74 years	5,719	(649)		(0.5)		(6.8)	
75 years and over	4,286	(505)	3.9	(0.4)	62.1	(7.3)	
Race <sup>3</sup>							
White	96,592	(5,544)	86.9	(1.0)	40.2	(2.3)	
Black or African American	11,314	(1,201)		(1.0)	29.6	(3.1)	
Other <sup>4</sup>	3,198	(511)	2.9	(0.5)	14.0	(2.2)	
Ethnicity <sup>3</sup>							
Hispanic or Latino	10,577	(1,520)	9.5	(1.3)	22.1	(3.2)	
Not Hispanic or Latino	100,528	(5,907)	90.5	(1.3)	39.6	(2.3)	

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

ftp://ftp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc09.pdf. For 2009, race data were missing for 24.4 percent of visits, and ethnicity data were missing for 25.7 percent of visits.

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

<sup>&</sup>lt;sup>1</sup> Visit rates for age, sex, race, and ethnicity are based on the July 1, 2009 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

<sup>&</sup>lt;sup>2</sup>Injury-related visits included injury, poisoning, or adverse effects of medical treatment based on item 2 of the patient record form. Injury visits represent 10.7 percent (SE=0.5) of all office visits.

<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. Starting with 2009 data, National Center for Health Statistics has adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NAMCS Public Use Data File documentation, available at:

<sup>&</sup>lt;sup>4</sup>Other race includes the categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race

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

Table 15. Injury-related office visits by intent: United States, 2009

Intent	Number of visits in thousands (Standard error in thousands)	Percent distribution (Standard error of percent)
All injury-related visits	111,104 (6,097)	100.0
Unintentional injuries	71,572 (4,539)	64.4 (2.2)
Intentional injuries <sup>1</sup>	900 (218)	0.8 (0.2)
Injuries of undetermined intent <sup>2</sup>	28,713 (3,067)	25.8 (2.1)
Adverse effect of medical treatment <sup>3</sup>	9,920 (922)	8.9 (0.8)

<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 2009

				Age		Sex	(
Chronic conditions <sup>1</sup>	Total	Under 45 years	45-64 years	65-74 years	75 years and over	Female	Male
				Percent distribution	(standard error of percent)		
None	41.0 (1.0	0) 68.8 (0.9)	26.8 (1.0)	14.7 (1.2)	11.5 (0.8)	41.7 (1.0)	40.0 (1.3)
One or more chronic conditions	56.8 (1.0	) 28.8 (0.9)	70.9 (1.0)	83.4 (1.2)	86.6 (0.9)	55.9 (1.0)	57.9 (1.3)
One	23.7 (0.5	5) 20.6 (0.7)	29.1 (0.9)	24.0 (1.2)	21.4 (1.1)	23.4 (0.6)	24.3 (0.6)
Two	14.8 (0.4	5.1 (0.3)	20.6 (0.6)	24.2 (1.1)	23.0 (1.0)	14.6 (0.6)	15.2 (0.5)
Three or more	18.2 (0.7	") 3.0 (0.3)	21.2 (0.8)	35.1 (1.2)	42.2 (1.8)	18.0 (0.8)	18.5 (0.9)
Blank	2.2 (0.3	3) 2.4 (0.3)	2.3 (0.4)	1.9 (0.4)	1.9 (0.5)	2.4 (0.3)	2.1 (0.3)
				Percent of visits (s	standard error of percent)		
Hypertension	29.2 (0.9	9) 6.5 (0.4)	36.6 (1.0)	53.7 (1.3)	59.5 (1.5)	27.9 (0.9)	31.0 (1.1)
Hyperlipidemia	18.0 (0.8	3.5 (0.3)	23.8 (1.1)	34.2 (1.5)	34.3 (1.5)	16.1 (0.8)	20.6 (1.1)
Arthritis	13.5 (0.6	3.8 (0.2)	16.6 (0.7)	22.8 (1.4)	27.9 (1.7)	14.8 (0.7)	11.7 (0.5)
Diabetes	12.8 (0.6	3.6 (0.3)	17.1 (0.9)	23.7 (1.1)	21.0 (1.0)	11.6 (0.5)	14.4 (0.8)
Depression	10.0 (0.5	5) 7.8 (0.6)	14.1 (0.7)	9.2 (0.7)	8.3 (0.7)	12.0 (0.5)	7.1 (0.5)
Obesity	8.2 (0.5	6.2 (0.5)	11.4 (0.7)	9.4 (0.8)	6.3 (1.1)	9.3 (0.6)	6.7 (0.5)
Asthma	6.3 (0.3	8) 6.8 (0.4)	6.1 (0.4)	6.3 (0.6)	5.2 (0.6)	6.8 (0.4)	5.6 (0.3)
Cancer	5.1 (0.4	0.8 (0.1)	5.6 (0.7)	10.3 (0.9)	12.6 (0.9)	4.4 (0.4)	6.1 (0.5)
Ischemic heart disease	4.6 (0.3	3) 0.4 (0.1)	4.4 (0.4)	8.8 (0.8)	14.0 (1.0)	3.2 (0.3)	6.6 (0.5)
COPD <sup>2</sup>	4.3 (0.2	2) 1.5 (0.2)	4.6 (0.4)	7.2 (0.6)	9.4 (0.7)	4.0 (0.3)	4.7 (0.3)
Osteoporosis	3.2 (0.3	8) *	3.1 (0.3)	6.2 (0.6)	9.7 (0.9)	4.8 (0.4)	0.9 (0.1)
CHF <sup>3</sup>	2.1 (0.2	2) *	1.5 (0.2)	3.2 (0.3)	8.5 (0.7)	1.7 (0.2)	2.7 (0.2)
Chronic renal failure	2.0 (0.3	8) *	1.6 (0.3)	4.1 (0.8)	6.6 (1.1)	1.6 (0.3)	2.7 (0.5)
Cerebrovascular disease	1.9 (0.2	2) *	1.5 (0.2)	3.8 (0.5)	6.0 (0.8)	1.8 (0.2)	2.0 (0.3)

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

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

¹Presence of chronic conditions was based on the checklist of chronic conditions and reported diagnoses. Combined percent of visits by patients with chronic conditions exceeds 100% because more than one chronic condition may be reported per visit.

<sup>&</sup>lt;sup>2</sup>COPD is chronic obstructive pulmonary disease.

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

Table 17. Selected diagnostic, screening, and non-medication treatment services ordered or provided at office visits by patient sex: United States, 2009

Selected diagnostic, screening and non-medication treatment services ordered or provided	Number of vis thousands¹(Stand in thousand	ard error	Percent of vis (Standard erro percent)		Female <sup>2</sup> percer visits (Standard er percent)		Male <sup>3</sup> percent of vis (Standard error of percent)	
All visits	1,037,796	(44,949)	100.0	(0.0)	58.9	(0.6)	41.1	(0.6)
One or more services ordered or provided <sup>4</sup> None	966,749 71,048	(44,632) (6,800)		(0.7)		(0.6)	92.1	(0.8)
	71,040	(0,000)	0.0	(0.7)	0.1	(0.0)	7.5	(0.0
Examinations								
Skin Pelvic	138,110 45,301	(15,442) (4,529)		(1.4)		(1.4)	13.6	(1.4)
Breast	44,818	(4,818)		(0.4)		(0.7)	0.8	(0.2)
Foot	33,825	(4,787)		(0.4)		(0.4)		(0.5)
Rectal	30,480	(4,498)		(0.4)		(0.5)		(0.4)
Retinal Depression screening	23,153 10,094	(4,538) (2,067)		(0.4)		(0.4)		(0.4)
Vital signs								
Weight	732.879	(37,746)	70.6	(1.4)	71.4	(1.4)	69.4	(1.5
Blood pressure		(32,509)		(1.3)		(1.3)	57.3	
Height		(28,621)		(1.7)		(1.8)	46.3	(1.8)
Temperature	391,612	(26,241)	37.7	(1.7)	36.6	(1.8)	39.4	(1.8)
Blood tests								
Complete blood count(CBC)	127,432	(9,476)	12.3	(0.7)	12.2	(0.7)	12.4	(0.9)
Lipids or cholesterol	95,737	(8,715)	9.2	(0.7)		(0.7)	10.4	(0.9)
Glucose	70,247	(6,868)		(0.6)		(0.6)		(0.8)
Glycohemoglobing(HgbA1C) Prostate specific antigen(PSA)	45,090 21,417	(5,448) (2,392)		(0.5)	3.8	(0.4)		(0.6)
Other blood test		(10,944)		(0.8)		(0.8)	14.1	
Other tests								
Urinalysis (UA)	94,255	(9,051)	9.1	(0.7)	9.7	(0.9)	8.2	(0.7)
Electrocardiogram (EKG or ECG)	29,693	(3,384)		(0.3)		(0.3)		(0.4)
Pap test	29,552	(3,324)		(0.3)		(0.5)		
Liquid-based Conventional	20,115 5,037	(2,843) (1,110)		(0.3)		(0.4)		
Unspecified	4,400	(970)	0.3			(0.2)		
Sigmoidoscopy or colonoscopy	16,175	(2,863)		(0.3)		(0.3)	1.5	
Biopsy	14,606	(1,500)	1.4	(0.1)	1.5	(0.2)	1.3	(0.2)
Pregnancy test	7,111	(1,195)		(0.1)		(0.2)		
Chlamydia test HIV test <sup>5</sup>	5,255 3,594	(877) (739)		(0.1)		(0.1)	0.3	(0.1)
HPV DNA test <sup>6</sup>	2,723	(607)		(0.1)		(0.1)		
Imaging								
Any imaging	158,824	(9,616)	15.3	(0.6)	17.3	(0.8)	12.5	(0.7)
X ray	58,766	(4,503)		(0.3)		(0.3)		(0.5)
Ultrasound, excluding echocardiogram  Mammography	35,469 20,328	(3,141) (2,500)		(0.3)		(0.4)	1.8	(0.2)
Magnetic resonance imaging(MRI)	16,841	(1,629)		(0.2)		(0.4)	1.7	(0.2)
Echocardiogram		(1,924)		(0.2)		(0.2)		(0.2)
Computed tomography(CT) scan		(1,401)		(0.1)		(0.1)		(0.2)
Bone mineral density Other imaging		(1,167) (1,691)		(0.1)		(0.2)	1.4	(0.2)
Non-medication treatment								
Physical therapy	26,046	(2,879)	2.5	(0.3)	25	(0.3)	2.5	(0.2)
Excision of tissue	21,030			(0.2)		(0.2)		(0.2)
Wound care	20,472	,		(0.2)		(0.2)		(0.3)
Psychotherapy Other property is a second of the second of	17,919			(0.2)		(0.2)		(0.3)
Other mental health counseling  Durable medical equipment	12,692 8,384	(2,243) (1,383)		(0.2)		(0.2)		(0.2)
Splint or wrap	6,528			(0.1)		(0.1)		(0.2)
Complementary alternative medicine (CAM)	5,384	(1,243)	0.5	(0.1)		(0.1)		(0.1)
Home health care	2,828	(597)		(0.1)		(0.0)		(0.1)
Speech or occupational therapy	1,802	(338)		(0.0)	0.1	(0.0)	0.2	(0.1)

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

Includes up to 9 write-in procedures from items 7 and 9. Procedures are coded to the International Classification of Diseases, Ninth Revision, Clinical Modification, Volume 3, Procedure Classification. Records with write-in procedures that overlap checkboxes (for example, procedure 93.11, "Physical therapy exercises: Assisting exercise", which could also be coded in the Item 9 checkbox for physical therapy) are edited to ensure that the check box is marked; in this way the check box always provides a summary estimate, but should not be added to the corresponding ICD-9-CM procedure to avoid doublecounties. Procedures codes were reviewed against checkboxes for x-ray, bone mineral density, CT scan, echocardiogram, other ultrasound, mammography, MRI, other imaging, EKG/ECG, complementary/alternative medicine, physical therapy, specchlorocapy, psychotherapy, excision of tissue, wound care, cast, biopsy, and splint overap. Procedures that could not be included in one of these checkboxes are included in the estimated total number of visits with services, but are not shown separately.

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

<sup>--</sup>Quantity zero.

<sup>&</sup>lt;sup>1</sup>Combined total of diagnostic, screening and non-medication treatment services exceeds "All visits" and percent of visits exceeds 100% because more than one service may be reported per visit.

<sup>&</sup>lt;sup>2</sup>Based on 611,064,000 visits made by females.

<sup>&</sup>lt;sup>3</sup>Based on 426,732,000 visits made by males.

<sup>&</sup>lt;sup>5</sup>HIV is human immunodeficiency virus.

<sup>&</sup>lt;sup>6</sup>HPV is human papilloma virus; DNA is deoxyribonucleic acid.

Table 18. Initial blood pressure measurements recorded at office visits to primary care providers for adults aged 18 and over, by selected patient characteristics: United States, 2009

				Initial bl	ood pressure <sup>1</sup>			
Patient characteristic	Number of visits in thousands	Total	Not high	Mildly high	Moderately high	Severely high		
			Percent distribution (standard error of percent)					
All visits <sup>2</sup>	399,104	100.0	30.4 (1.1)	46.3 (1.0)	17.7 (0.6)	5.6 (0.4)		
Age								
18-24 years	27,811	100.0	55.7 (2.2)	36.8 (2.1)	6.6 (1.1)	*		
25-44 years	114,435	100.0	43.4 (1.8)	40.9 (1.5)	12.1 (0.8)	3.6 (0.5)		
45-64 years	140,946	100.0	23.5 (1.4)	49.2 (1.4)	20.8 (1.0)	6.5 (0.8)		
65-74 years	54,352	100.0	19.3 (1.6)	53.0 (1.6)	21.6 (1.5)	6.1 (0.8)		
75 years and over	61,559	100.0	20.4 (1.3)	48.0 (2.0)	22.8 (1.4)	8.7 (1.0)		
Sex								
Female	263,733	100.0	34.4 (1.4)	44.9 (1.1)	15.8 (0.7)	4.9 (0.5)		
Male	135,370	100.0	22.7 (1.1)	48.9 (1.4)	21.6 (1.1)	6.8 (0.6)		
Race <sup>3</sup>								
White	332,255	100.0	30.0 (1.2)	47.2 (1.1)	17.7 (0.7)	5.2 (0.4)		
Black or African American	44,607	100.0	29.2 (2.6)	41.5 (2.2)	20.3 (1.7)	8.9 (1.8)		
Other <sup>4</sup>	22,242	100.0	39.3 (3.7)	42.6 (3.4)	13.9 (2.1)	*4.3 (1.4)		
Ethnicity <sup>3</sup>								
Hispanic or Latino	50,021	100.0	35.9 (3.0)	43.8 (2.6)	14.9 (1.6)	5.3 (0.8)		
Not Hispanic or Latino	349,082	100.0	29.6 (1.2)	46.6 (1.0)				

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

<sup>&</sup>lt;sup>1</sup> Blood pressure (BP) levels were categorized using the following hierarchical definitions. Severely high BP is defined as 160 mm Hg systolic or above, or 100 mm Hg diastolic or above. Moderately high BP is defined as 140-159 mm Hg systolic or 90-99 mm Hg diastolic. Mildly high BP is defined as 120-139 mm Hg systolic or 80-89 mm Hg diastolic. Normal or low BP is defined as less than 120 mm Hg systolic or less than 80 mm Hg diastolic. In contrast to prior years, low BP has been combined with normal BP in 2009 because there is no accepted clinical demarcation between normal and low on the population level. High BP classification was based on the "Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC-7)." 'Mildly high' BP corresponds to the JNC-7 prehypertensive range. 'Moderately high' BP corresponds to the JNC-7 stage 2 hypertensive range.

<sup>&</sup>lt;sup>2</sup>Visits where blood pressure was recorded represent 90.5 percent (SE=.91) of all office visits made to primary care providers by adults (aged 18 and over).

<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. Starting with 2009 data, National Center for Health Statistics has adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NAMCS Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc09.pdf. For 2009, race data were missing for 24.4 percent of visits, and ethnicity data were missing for 25.7 percent of visits.

<sup>4</sup>Other race includes the categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

Table 19. Selected health education services ordered or provided at office visits, by patient sex: United States, 2009

Health education services ordered or provided	Number of visits in thousands¹ (Standard error in thousands)		Percent of visits (Standard error of percent)		Female <sup>2</sup> percent of visits (Standard error of percent)		Male <sup>3</sup> percent of visits(Standard error of percent)	
All visits	1,037,796	(44,949)	100.0		100.0		100.0	
One or more health education services ordered or provided	418,768	(25,021)	40.4	(1.9)	40.9	(2.0)	39.5	(2.0)
None	604,276	(35,781)	58.2	(2.0)	57.6	(2.0)	59.1	(2.1)
Blank	14,752	(2,957)	1.4	(0.3)	1.4	(0.3)	1.4	(0.2)
Diet and nutrition	133,382	(9,824)	12.9	(8.0)	12.4	(0.8)	13.5	(0.9)
Exercise	94,924	(8,653)	9.1	(0.7)	8.9	(0.7)	9.5	(0.9)
Weight reduction	41,472	(4,076)	4.0	(0.3)	3.9	(0.3)	4.1	(0.5)
Injury prevention	31,788	(4,568)	3.1	(0.4)	2.6	(0.4)	3.7	(0.5)
Tobacco use or exposure	31,167	(3,474)	3.0	(0.3)	2.8	(0.3)	3.3	(0.4)
Growth and development	25,738	(4,015)	2.5	(0.4)	2.3	(0.4)	2.7	(0.4)
Stress management	24,383	(2,884)	2.3	(0.3)	2.3	(0.3)	2.4	(0.3)
Family planning/Contraception	15,606	(2,922)	1.5	(0.3)	2.3	(0.5)	0.3	(0.1)
Asthma education	8,412	(1,080)	0.8	(0.1)	0.7	(0.1)	0.9	(0.2)
Other health education	235,233	(19,587)	22.7	(1.8)	23.4	(1.9)	21.7	(1.7)

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

¹Combined 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 611,064,000 visits made by females.

<sup>&</sup>lt;sup>3</sup>Based on 426,732,000 visits made by males.

Table 20. Write-in surgical procedures ordered or performed at office visits, by procedure category, United States: 2009

Procedure or operation category and ICD-9-CM code range <sup>1</sup>		Number of procedures in thousands (Standard error in thousands)		Percent distribu (Standard error of percent)	tion
All write-in procedures		98,471	(6,237)	100.0	
Nervous system	01-05	2,421	(615)	2.5	(0.6)
Eye	08-16	4,724	(939)	4.8	(0.9)
Ear	18-20	1,342	(237)	1.4	(0.2)
Nose,mouth, and pharynx	21-29	2,966	(493)	3.0	(0.5)
Cardiovascular system	35-39	4,878	(1,179)	5.0	(1.2)
Digestive system	42-54	25,476	(4,373)	25.9	(3.4)
Urinary system	55-59	4,180	(546)	4.2	(0.6)
Male genital organs	60-64	1,875	(328)	1.9	(0.3)
Female genital organs	65-71	7,300	(1,081)	7.4	(1.1)
Obstetrical procedures	72-75	*2,753	(896)	*2.8	(0.9)
Musculoskeletal system	76-84	10,558	(1,435)	10.7	(1.4)
Integumentary system	85-86	27,349	(2,571)	27.8	(2.3)
Other procedures <sup>2</sup>		2,648	(488)	2.7	(0.5)

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

NOTE: In addition to the surgical procedures shown in this table, there were an additional 325,706,000 nonsurgical procedures reported (ICD-9-CM, Volume 3, codes 00, 87-99).

<sup>\*</sup>Figure does not meet standard 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 Preventions, 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 8.5 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), operations on the hemic and lymphatic system (ICD-9-CM codes 40-41).

Table 21. Medication therapy and number of medications mentioned at office visits, by patient sex: United States, 2009

Medication therapy <sup>3</sup>	Number of visits in thousands (Standard error in thousands)		Percent distribution (Standard error of percent)		Female <sup>1</sup> Percent distribution (Standard error of percent)		Male <sup>2</sup> Percent distribution (Standard error of percent)	
All visits	1,037,796	(44,949)	100.0		100.0		100.0	
Visits with mention of medication <sup>4</sup>	771,973	(36,021)		(1.0)	74.7	(1.1)	73.9	(1.2)
Visits without mention of medication	253,451	(14,333)		(1.0)		(1.0)	24.8	. ,
Blank	12,373	(1,781)		(0.2)	1.1	(0.2)	1.3	. ,
Number of medications provided or prescribed								
All visits	1,037,796	(44,949)	100.0		100.0		100.0	
0	253,451	(14,333)	24.4	(1.0)	24.2	(1.0)	24.8	(1.1)
1	229,716	(11,272)	22.1	(0.6)	22.7	(0.7)	21.4	(0.6)
2	151,486	(7,618)	14.6	(0.4)	14.3	(0.4)	15.1	(0.6)
3	96,434	(4,890)	9.3	(0.3)	9.6	(0.4)	8.9	(0.4)
4	67,297	(3,688)	6.5	(0.3)	6.3	(0.3)	6.8	(0.3)
5	56,853	(3,697)	5.5	(0.3)	5.6	(0.3)	5.3	(0.3)
6	41,026	(3,231)	4.0	(0.2)	3.6	(0.3)	4.5	(0.3)
7	36,244	(3,160)	3.5	(0.2)	3.5	(0.3)	3.5	(0.3)
8	92,917	(8,681)	9.0	(0.6)	9.3	(0.7)	8.5	(0.7)
Blank	12,373	(1,781)	1.2	(0.2)	1.1	(0.2)	1.3	(0.2)

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

<sup>&</sup>lt;sup>1</sup>Based on 611,064,000 visits made by females.

<sup>&</sup>lt;sup>2</sup>Based on 426,732,000 visits made by males.

<sup>&</sup>lt;sup>3</sup>Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents.

<sup>&</sup>lt;sup>4</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). Also defined as drug visits. NOTE: Numbers may not add to totals because of rounding.

Table 22. Office drug visits and drug mentions, by physician specialty: United States, 2009

	_				Percent of office visits	4
	Drug v	sits¹	Drug ment	ions²	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)	Number in thousands (standard error in thousands)	Percent distribution (standard error of percent)	(Standard error of percent)	(Standard error of rate)
All specialties	771,973 (36,02°	) 100.0	2,618,642 (149,777	") 100.0	74.4 (1.0	252.3 (7.4)
General and family practice	198,052 (14,06	25.7 (1.5)	674,569 (57,689	) 25.8 (1.9)	82.4 (1.4	) 280.5 (12.8)
Internal medicine	135,512 (16,142	17.6 (1.6)	586,158 (79,017	22.4 (2.3)	88.4 (2.3	382.6 (24.2)
Pediatrics	90,423 (9,192	11.7 (1.1)	196,913 (23,579	7.5 (0.9)	71.3 (1.6	155.3 (9.7)
Obstetrics and gynecology	48,224 (5,572	6.2 (0.6)	102,011 (13,895	3.9 (0.5)	61.9 (3.2	) 131.0 (11.0)
Ophthalmology	32,719 (5,330	4.2 (0.7)	100,207 (24,399	3.8 (0.9)	58.6 (4.1	179.5 (29.8)
Cardiovascular diseases	29,897 (3,150	3.9 (0.4)	165,866 (18,419	6.3 (0.7)	86.9 (2.8	482.3 (23.8)
Psychiatry	28,201 (3,428	3.7 (0.5)	73,367 (12,193	2.8 (0.5)	86.9 (3.2	226.1 (21.1)
Orthopedic surgery	26,344 (3,366	3.4 (0.4)	70,224 (12,358	3) 2.7 (0.4)	54.0 (3.1	) 143.8 (16.5)
Dermatology	22,999 (3,370	3.0 (0.5)	51,690 (9,003	2.0 (0.4)	67.6 (2.6	) 151.9 (16.2)
Urology	14,222 (1,269	1.8 (0.2)	40,566 (5,753	1.5 (0.2)	64.2 (3.1	183.2 (21.6)
Otolaryngology	13,229 (2,214	1.7 (0.3)	42,036 (8,411	) 1.6 (0.3)	64.8 (3.3	205.8 (19.9)
Neurology	11,193 (2,039	1.4 (0.3)	38,825 (8,070	1.5 (0.3)	75.8 (3.8	262.9 (30.9)
General surgery	9,441 (1,754	1.2 (0.2)	33,152 (7,438	1.3 (0.3)	38.5 (5.7	135.4 (26.9)
All other specialties	111,518 (10,704	14.4 (1.2)	443,059 (48,447	7) 16.9 (1.6)	73.3 (3.4	291.3 (23.1)

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

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

<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 office visits that included one or more drugs provided continued or prescribed (number of drug visits divided by the 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 (total number of drug mentions divided by the total number of visits multiplied by 100).

Table 23. Twenty most frequently mentioned drugs by therapeutic drug category at office visits: United States 2009

Therapeutic drug category¹	Number of occur thousands (Standa thousand:	Percent of drug mentions² (Standard error of percent)		
Analgesics <sup>3</sup>	299,375	(21,553)	11.4	(0.3)
Antihyperlipidemic agents	162,253	(12,342)	6.2	(0.2)
Antidepressants	118,346	(6,946)	4.5	(0.2)
Antidiabetic agents	111,206	(10,482)	4.2	(0.3)
Beta-adrenergic blocking agents	103,601	(7,360)	4.0	(0.1)
Antiplatelet agents	97,030	(7,711)	3.7	(0.2)
Anxiolytics, sedatives, and hypnotics	93,457	(6,311)	3.6	(0.2)
Proton pump inhibitors	83,401	(5,899)	3.2	(0.1)
Anticonvulsants	75,420	(5,234)	2.9	(0.1)
Angiotensin converting enzyme inhibitors	75,090	(5,989)	2.9	(0.1)
Diuretics	73,936	(5,906)	2.8	(0.1)
Dermatological agents	72,647	(5,146)	2.8	(0.2)
Bronchodilators	70,330	(5,474)	2.7	(0.2)
Viral vaccines	56,457	(6,969)	2.2	(0.2)
Antihistamines	55,206	(4,210)	2.1	(0.1)
Thyroid hormones	51,484	(4,023)	2.0	(0.1)
Calcium channel blocking agents	49,325	(3,842)	1.9	(0.1)
Sex hormones	48,312	(3,714)	1.8	(0.1)
Ophthalmic preparations	48,253	(6,436)	1.8	(0.2)
Vitamins	47,067	(4,472)	1.8	(0.1)

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

<sup>&</sup>lt;sup>2</sup>Based on an estimated 2,618,641,000 drugs provided, prescribed or continued at office visits in 2009.

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

Table 24. Twenty most frequently mentioned drug names at office visits, by new or continued drug status: United States 2009

Percent distribution (Standard error of percent) Number of mentions in thousands (Standard error in Percent distribution Drug name1 thousands) (Standard error of percent) Total New Continued Unknown<sup>2</sup> Therapeutic drug category<sup>3</sup> All drug mentions 2,618,642 (149,777) 100.0 100.0 23.6 (0.9)73.4 (0.9)3.0 (0.3) ... Aspirin 75.354 (6,257)2.9 (0.1)100.0 5.1 (0.7)92.1 (0.9)(0.5) Analgesics, Antiplatelet agents 2.8 Lisinopril 50,944 (4,094)(0.1)100.0 8.7 (1.4)(1.4)\*2.1 (0.7) inhibitors 1.9 89.2 Simvastatin (0.1)(0.9)(0.8) Antihyperlipidemic agents 49,518 (4,112)1.9 100.0 5.3 91.7 (1.1)3.0 Levothyroxine (3,835)(0.1)100.0 (8.0)(0.5) Thyroid hormones 48,244 1.8 4.6 93.7 (0.9)1.7 Metoprolol 46,203 (3,423)1.8 (0.1)100.0 6.5 (1.3)91.3 (1.3)2.1 (0.5) Beta-adrenergic blocking agents Atorvastatin 37,425 (3,587)1.4 (0.1)100.0 6.2 (1.3)2.8 (0.7) Antihyperlipidemic agents 91.1 (1.3)(3,305)(0.1)Metformin 36,365 1.4 100.0 5.4 (1.2)92.4 (1.4)2.2 (0.6) Antidiabetic agents Omeprazole 35,092 (2.934)1.3 (0.1)100.0 13.6 (1.9)84.6 (1.9)\*1.7 (0.6) Proton pump inhibitors (0.7) Bronchodilators Albuterol 34.804 (2,641)1.3 (0.1)100.0 22.6 (2.0)75.0 (2.2)2.4 (0.6) Analgesics Acetaminophen-hydrocodone 34,145 (4,037)1.3 (0.1)100.0 27.3 (3.2)71.2 (3.2)\*1.5 Furosemide (0.5) Diuretics 32,620 (2,805)1.2 (0.1)100.0 6.3 (1.2)92.1 (1.5)\*1.7 Ibuprofen 30,091 (2,590)1.1 (0.1)100.0 41.9 (3.2)55.8 (3.2)2.3 (0.6) Analgesics Hydrochlorothiazide 27,545 (2,431)1.1 (0.1)100.0 9.8 (1.4)88.3 (1.5)\*2.0 (0.6) Diuretics Amlodipine 26.685 (2,379)1.0 (0.1)100.0 8.0 (1.6)89.9 (1.5)\*2.1 (0.8) Calcium channel blocking agents Acetaminophen (3,125)(0.1)100.0 42.6 (4.1)\*3.8 (1.4) Analgesics 26,112 1.0 53.6 (4.6)Atenolol (0.8) Beta-adrenergic blocking agents 25,483 (2,313)1.0 (0.1)100.0 5.2 (1.3)92.4 (1.5)\*2.4 (0.1)\*3.2 (0.9) Anticoagulants Warfarin 21.489 (1.944)8.0 100.0 (1.2)94.0 (1.4)\*2.7 Influenza virus vaccine, inactivated (0.1)100.0 \*9.3 (2.9) Viral vaccines 20.704 (4,207)8.0 87.7 (3.3)\*3.1 (1.5)Esomeprazole 19,943 (1,834)8.0 (0.1)100.0 10.5 (1.9)87.0 (2.1)\*2.5 (0.9) Proton pump inhibitors Amoxicillin (0.1)82.9 (2.7)\*1.0 (0.5) Penicillins 19,819 (1,883)8.0 100.0 16.1 (2.6)Other 1,920,057 (104,807) 73.3 (0.5)100.0 26.4 (0.9)70.4 (1.0)3.2 (0.3) Other

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

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

<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 checkboxes marked.

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

Type of Provider	thousar (standard	Number of visits in thousands <sup>1</sup> Percen (standard error (standar in thousands) per				
All visits	1,037,796	(44,949)				
Physician	1,009,544	(44,459)	97.3	(0.4)		
R.N. <sup>2</sup> or L.P.N. <sup>3</sup>	281,228	(23,453)	27.1	(2.0)		
Physician assistant	51,801	(11,539)	5.0	(1.1)		
Nurse practitioner or midwife	24,494	(4,255)	2.4	(0.4)		
Mental health provider	*3,672	(1,238)	*0.4	(0.1)		
Other provider	161,196	(16,392)	15.5	(1.5)		

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

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

<sup>&</sup>lt;sup>1</sup>Combined total of individual providers 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 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 assistant 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 26. Disposition of office visits: United States, 2009

Disposition	Number of visits in thousands <sup>1</sup> (standard error in thousands)		Percent of visits (standard error of percent)	
All visits	1,037,796	(44,949)		
Return at specified time	735,038	(32,802)	70.8	(1.3)
Referred to other physician	89,366	(5,657)	8.6	(0.4)
Refer to ER <sup>2</sup> /Admit to hospital	9,230	(2,370)	0.9	(0.2)
Other disposition	222,296	(17,129)	21.4	(1.2)
Blank	31,055	(4,979)	3.0	(0.5)

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

<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>ER is emergency room.

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	2,290	100.0	100.0	100.0	0.624
Age					
Under 50 years	979	44.4	44.3	44.4	0.623
50 years and over	1,300	55.5	55.5	55.5	0.624
Unknown	11	0.1	0.1	0.0	0.771
Sex					
Male	1,687	72.4	72.2	72.7	0.623
Female	602	27.6	27.8	27.3	0.627
Unknown	1	0.0	0.0	0.0	
Region					
Northeast	498	21.6	17.4	28.7	0.500
Midwest	472	20.6	24.7	13.7	0.750
South	749	32.9	32.5	33.5	0.617
West	571	24.9	25.4	24.1	0.635
Metropolitan Status <sup>7</sup>					
MSA	2,091	90.1	88.1	93.4	0.610
Non-MSA	199	9.9	11.9	6.6	0.748
Type of Doctor					
Doctor of medicine	1,996	92.1	90.3	95.2	0.614
Doctor of osteopathy	147	5.6	6.2	4.6	0.695
Community health center physician	147	2.2	3.4	0.3	0.809
Physician specialty <sup>8</sup>					
General or family practice	396	17.6	19.7	14.2	0.689
Internal medicine	168	13.9	12.8	15.7	0.575
Pediatrics	176	10.2	11.5	8.1	0.700
General surgery	118	3.6	3.4	4.1	0.579
Obstetrics and gynecology	168	8.0	7.8	8.4	0.606
Orthopedic surgery	121	5.2	5.1	5.4	0.610
Cardiovascular diseases	166 94	4.1 2.2	4.0	4.4 3.2	0.603 0.451
Dermatology Urology	122	2.2	1.6 2.2	3.2 1.9	0.451
Orology	122	۷.۱	2.2	1.9	0.004

Psychiatry	158	5.4	4.5	6.7	0.528
Neurology	159	2.1	1.8	2.6	0.537
Ophthalmology	110	4.2	4.7	3.4	0.700
Otolaryngology	110	1.8	1.6	2.1	0.559
All other specialties	224	19.7	19.5	19.9	0.622
Specialty type <sup>8</sup>					
Primary care	887	48.5	50.6	45.1	0.648
Surgical	637	21.6	21.3	22.2	0.616
Medical	766	29.9	28.1	32.8	0.589
Practice type					
Solo	561	24.5	23.7	25.7	0.608
Two physicans	104	4.6	4.3	5.0	0.589
Group or HMO <sup>9</sup>	1,208	56.3	57.2	54.7	0.637
Medical school or government	36	1.7	1.4	2.2	0.520
Community Health Center	147	2.2	3.4	0.3	0.809
Other	14	0.5	0.5	0.5	0.609
Unclassified	220	10.2	9.4	11.7	0.574
Annual visit volume					
0-25% Percentile	540	24.0	28.3	16.7	0.740
26-50% Percentile	531	23.3	23.7	22.6	0.637
51-75% Percentile	538	26.3	21.4	34.5	0.510
76-100% Percentile	534	24.2	23.2	26.0	0.599
Unknown	147	2.2	3.4	0.3	0.809

<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 or community health center (CHC), excluding the specialities 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) physician practicing in federally funded or look alike CHCs. In-scope determination was also used for inclusion in NAMCS.

<sup>&</sup>lt;sup>4</sup>Responding physicians are those who were in-scope and participated fully in completion of PRFs or were unavailable to complete PRFs.

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

<sup>&</sup>lt;sup>6</sup>Values represent a combined response rated 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 sample. Response rate for CHC physicians is adjusted to take into account CHC facility response.

<sup>&</sup>lt;sup>7</sup>MSA is metropolitan statistical area.

<sup>&</sup>lt;sup>8</sup>Physician specialty type defined in the 2009 NAMCS Public Use DataFile Documentation (see ftp://ftp.cdc.gov/pub/Health\_Statistics/NCHS/Dataset\_Documentation/NAMCS/doc09.pdf).

<sup>&</sup>lt;sup>9</sup>HMO is health maintenance organization.