National Ambulatory Medical Care Survey–Community Health Centers: 2013 State and National Summary Tables

The Ambulatory and Hospital Care Statistics Branch is pleased to release, for the second time, nationally representative estimates of ambulatory care visits made to both physicians and nonphysician clinicians (physician assistants [PAs], nurse practitioners [NPs], and nurse midwives) at community health centers (CHCs) in the United States. Although national samples of community health center (CHC) physicians and nonphysician clinicians (NPCs) have provided data on CHC visits since 2006, prior to 2012, NAMCS web tables only included visits to CHC physicians, while data on visits to PAs, NPs, and nurse midwives were limited to selected reports. Starting in 2012, the CHC component of NAMCS was redesigned as a standalone national survey that permits national estimates of visits to CHCs. In 2013, visit estimates for the following states are available: Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington, and Wisconsin. Estimates for the remaining states are grouped by Census Division. Four tables present state estimates in addition to the tables presenting national estimates of visits to CHC providers and their characteristics.

The sampling frame for the 2013 NAMCS-CHC was compiled from a list of Federally Qualified Health Center (FQHC) service delivery sites from the Health Resources and Services Administration's (HRSA's) Bureau of Primary Health Care and a list of sites from the Indian Health Service. Three types of CHCs were eligible for the NAMCS-CHC: FQHCs that received Public Health Service Act, Section 330 funding; FQHC "look-alikes" (community-based health care providers that meet the requirements of the HRSA Health Center Program, but do not receive Health Center Program funding); and urban Indian Health Service outpatient clinics. The populations eligible for inclusion in the sampling frames for the 2012 NAMCS-CHC and the 2013 NAMCS-CHC differed. The scope of the CHC population in the frame for the 2012 CHC sample was broader than that for the CHC samples for 2013 and later years. CHC service delivery sites that would have been eligible for the 2012 frame were excluded from the 2013 sampling frame if "dental" was the only service indicated in the clinic names or if they exclusively served institutionalized populations (e.g., nursing homes, schools, homeless shelters, etc.). Therefore, estimates based on 2013 NAMCS-CHC data are not comparable to the corresponding estimates obtained from 2012 NAMCS-CHC data.

The 2013 NAMCS-CHC utilized a three-stage probability design that involved stratified probability samples of service delivery sites with strata defined by Census divisions and the 22 most populous states, a sample of physicians and NPCs within service delivery sites, and patient visits within each sampled provider practice at those sites. Estimates of 2013 office visits to non-CHC sites are not included in these summary tables. Those estimates are available at https://www.cdc.gov/nchs/data/ahcd/namcs_summary/2013_namcs_web_tables.pdf.

The 2013 NAMCS-CHC sample included 2,143 CHC service delivery sites. A total of 481 sampled CHC service delivery sites were ruled out of scope (ineligible) for the study. Of the 1,662 in scope and eligible CHC service delivery sites, 1,340 participated in the study for an unweighted response rate of 80.6% (83.1% weighted). For these sites, data were collected for 50,814 visits, either by Census abstraction (50,379 visits) or by providers or their staff (435 visits). In either case, an automated tool was used which replaced the traditional paper Patient Record form (PRF). For the sake of simplicity, the abstracted records will continue to be described as PRFs in this documentation.

Overall, a sample of 2,982 CHC providers (physicians and NPCs) scheduled to see patients during the sample week were selected from participating CHCs. Of the 2,982 eligible providers, 2,701 providers participated. Of these, 2,540 submitted a total of 50,814 Patient Record forms

(PRFs), while 161 saw no patients during their assigned reporting period because of vacations, illness, or other reasons for being temporarily not in practice and hence did not submit PRFs (includes 42 providers at delivery site other than sampled delivery site). A total of 2,289 providers that submitted PRFs 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). The unweighted PRF visit response rate was 76.8% percent (72.6%, weighted), based on the number of full participants only. The overall multi-stage unweighted visit response rate was 61.9% (60.4%, weighted).

The 2013 NAMCS was conducted from December 24, 2012, through December 22, 2013. The U.S. Bureau of the Census was the data collection agent for the 2013 NAMCS. For the second time, NAMCS was collected electronically using a computerized instrument developed by the U.S. Census Bureau. The physician, office staff, or a Census field representative completed a PRF for a sample of up to 30 visits during a randomly assigned 1-week reporting period. The PRF may be viewed at the website: https://www.cdc.gov/nchs/data/ahcd/2013_NAMCS_PRF_Sample_Card.pdf.

Data processing and medical coding were performed by SRA International, Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10% quality control sample of NAMCS survey records were independently recoded and compared. Differences were adjudicated by a quality control supervisor with error rates reported to NCHS. Coding error rates for the 10% sample ranged between 0.5 and 0.8%. For further details, see 2013 NAMCS Public Use Data File Documentation at the website: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013_chc.pdf.

Web table estimates include physician and nonphysician clinician visits to 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, data is weighed using sample weights that take 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 2013 NAMCS are discussed in the NAMCS Public Use Data File Documentation (linked above).

As in any survey, results are subject to sampling and non-sampling errors. Non-sampling errors include reporting and processing errors as well as biases due to nonresponse and incomplete response. In 2013, race data were missing for 16.9% of visits, and ethnicity data were missing for 11.3% of visits. Starting with 2009 data, NAMCS adopted the technique of model-based single imputation for NAMCS race and ethnicity data. 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. Time spent with physician (missing for 21% of visits where a physician was seen) and time spent with NPC (missing for 49% of visits where a NPC was seen) were imputed using a similar model-based single imputation method. The imputation technique is described in more detail in the 2013 NAMCS—CHC Public Use Data File Documentation (linked above). Information on missing data for other variables is provided in table footnotes.

Beginning with the 2013 NAMCS-CHC, proportion estimates are not presented or are flagged based on the procedure specified in "National Center for Health Statistics Data Presentation Standards for Proportions." For further details, see the report at https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf. For all estimates other than estimates of proportions, the following

approach is used. Visit estimates are not presented if they are based on fewer than 30 cases in the sample data; only an asterisk (*) appears in the tables. Visit estimates based on 30 or more cases include an asterisk if the relative standard error (RSE) of the estimate exceeds 30 percent.

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Table 1. Community health center visits, by selected clinician and facility characteristics: United States, 2013

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[1,2,3] (standard error of rate)
All visits	53,604 (2,188)	100.0 …	17.2 (0.7)
Clinician type and physician specialty[4]			
Physician			
General and family practice	18,016 (1,348)	33.6 (2.1)	5.8 (0.4)
Pediatrics[5]	7,538 (951)	14.1 (1.6)	10.7 (1.4)
Internal medicine	3,314 (567)	6.2 (1.0)	1.1 (0.2)
Obstetrics and gynecology[6]	1,479 (281)	2.8 (0.5)	1.1 (0.2)
All other specialties	*2,041 (627)	3.8 (1.1)	0.7 (0.2)
Nonphysician clinician			
Nurse practitioner	14,048 (1,022)	26.2 (1.7)	4.5 (0.3)
Physician assistant	5,826 (501)	10.9 (0.9)	1.9 (0.2)
Nurse midwife	*1,343 (600)	2.5 (1.1)	0.4 (0.2)
Geographic region and division			
Northeast	9,916 (880)	18.5 (1.5)	18.0 (1.6)
New England	4,220 (606)	7.9 (1.1)	29.2 (4.2)
Mid-Atlantic	5,696 (638)	10.6 (1.1)	14.0 (1.6)
Midwest	11,643 (1,164)	21.7 (1.9)	17.5 (1.7)
East North Central	9,813 (1,152)	18.3 (1.9)	21.3 (2.5)
West North Central	1,829 (163)	3.4 (0.3)	8.9 (0.8)
South	13,755 (604)	25.7 (1.3)	11.9 (0.5)
South Atlantic	7,450 (416)	13.9 (0.9)	12.3 (0.7)
East South Central	2,421 (255)	4.5 (0.5)	13.2 (1.4)
West South Central	3,884 (356)	7.2 (0.7)	10.5 (1.0)
West	18,290 (1,514)	34.1 (2.1)	25.0 (2.1)
Mountain	3,548 (268)	6.6 (0.5)	15.8 (1.2)
Pacific	14,743 (1,490)	27.5 (2.2)	29.1 (2.9)
Metropolitan status[7]			
MSA	44,722 (2,241)	83.4 (1.3)	16.7 (0.8)
Non-MSA	8,883 (619)	16.6 (1.3)	20.8 (1.4)
Number of physicians at office location			
1–2 physicians	12,711 (934)	23.7 (1.9)	… …
3–5	21,478 (1,549)	40.1 (2.7)	… …
6–10	10,972 (1,296)	20.5 (2.3)	… …
11 or more	8,444 (1,773)	15.8 (3.0)	… …
Multi-specialty status			
Multi-specialty	36,146 (2,163)	67.4 (2.4)	… …
Single-specialty	17,441 (1,345)	32.5 (2.4)	… …
Unknown	*18 (8)	0.0 (0.0)	… …
Type of community health center			
330 Grantee	51,535 (2,266)	**96.1 (1.2)	… …
Look-alike	*2,021 (643)	* *	… …
Urban Indian Health Service clinic	*49 (29)	0.1 (0.1)	… …
Electronic medical records			
Yes, all electronic	43,388 (2,105)	80.9 (2.4)	… …
Yes, part paper and part electronic	4,929 (1,011)	9.2 (1.8)	… …
No	5,193 (1,127)	9.7 (2.0)	… …
Unknown or blank	*94 (42)	0.2 (0.1)	… …

See footnotes at end of table.

Table 1. Community health center visits, by selected clinician and facility characteristics: United States, 2013

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[1,2,3] (standard error of rate)
Practice submits claims electronically			
Yes	48,326 (2,111)	90.2 (1.9)	… …
No	3,562 (808)	6.6 (1.5)	… …
Unknown or blank	*1,716 (558)	3.2 (1.0)	… …

… Category not applicable.

0.0 Quantity more than zero but less than 0.05.

* Estimate does not meet NCHS standards of reliability.

** While the estimate meets NCHS standards of reliability, its complement does not.

[1]Visit rates are based on the July 1, 2013 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

[2]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, 2013, from the 2013 National Health Interview Survey, National Center for Health Statistics, compiled according to the November 2009 Office of Management and Budget definitions of core-based statistical areas. See https://www.census.gov/programs-surveys/metro-micro.html for more about metropolitan statistical definitions.

[3]For geographic and metropolitan statistical area, population denominators are different for each category and thus do not add to the total population rate. For other variables, the denominator is the total population.

[4]Physician specialty and specialty type are defined in the 2013 National Ambulatory Medical Care Survey Public Use Data File documentation available at ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013_chc.pdf.

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

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

[7]MSA is metropolitan statistical area.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 2. Community health center visits, by selected states: United States, 2013

Selected states	Number of visits in thousands (standard error in thousands)	Number of visits per 100 persons per year[1] (standard error of rate)
All visits	53,604 (2,188)	17.2 (0.7)
Arizona	872 (63)	13.4 (1.0)
California	11,445 (1,468)	30.3 (3.9)
Colorado	847 (145)	16.4 (2.8)
Florida	2,136 (239)	11.1 (1.2)
Georgia	1,048 (133)	10.7 (1.4)
Illinois	6,171 (1,137)	48.6 (9.0)
Indiana	3,412 (73)	13.7 (1.1)
Maryland	3,315 (115)	16.4 (2.0)
Massachusetts	3,218 (323)	18.1 (4.9)
Michigan	3,120 (104)	10.8 (1.1)
Minnesota	3,023 (57)	5.7 (1.1)
Missouri	2,926 (76)	8.6 (1.3)
New Jersey	2,828 (84)	10.9 (1.0)
New York	2,731 (598)	15.1 (3.1)
North Carolina	2,634 (68)	9.1 (0.7)
Ohio	2,536 (97)	9.2 (0.8)
Pennsylvania	2,439 (205)	14.4 (1.6)
Tennessee	2,342 (60)	9.9 (0.9)
Texas	2,244 (340)	10.1 (1.3)
Virginia	2,147 (85)	6.8 (1.1)
Washington	2,050 (125)	22.5 (1.8)
Wisconsin	1,952 (92)	11.4 (1.6)

[1]Visit rates are based on the July 1, 2013 set of estimates of the civilian nonistitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau.
NOTE: Numbers do not add to total because estimates are only available for 22 states.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 3. Community health center visits, by patient age and sex: United States, 2013

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[1] (standard error of rate)
All visits	53,604 (2,188)	100.0 …	17.2 (0.7)
Age (years)			
Under 15	13,194 (1,064)	24.6 (1.6)	21.6 (1.7)
Under 1	2,863 (303)	5.3 (0.5)	72.7 (7.7)
1–4	4,163 (332)	7.8 (0.5)	26.1 (2.1)
5–14	6,168 (516)	11.5 (0.8)	15.0 (1.3)
15–24	6,619 (487)	12.3 (0.7)	15.4 (1.1)
25–44	14,146 (739)	26.4 (0.8)	17.4 (0.9)
45–64	14,806 (677)	27.6 (1.0)	18.0 (0.8)
65 and over	4,840 (339)	9.0 (0.6)	11.1 (0.8)
65–74	3,030 (199)	5.7 (0.3)	12.1 (0.8)
75 and over	1,810 (163)	3.4 (0.3)	9.8 (0.9)
Sex (years) and age			
Female	33,451 (1,455)	62.4 (0.9)	21.0 (0.9)
Under 15	6,432 (503)	12.0 (0.7)	21.5 (1.7)
15–24	4,969 (455)	9.3 (0.7)	23.3 (2.1)
25–44	10,074 (582)	18.8 (0.7)	24.4 (1.4)
45–64	9,009 (446)	16.8 (0.7)	21.2 (1.1)
65–74	1,886 (149)	3.5 (0.2)	14.2 (1.1)
75 and over	1,080 (98)	2.0 (0.2)	9.9 (0.9)
Male	20,154 (931)	37.6 (0.9)	13.3 (0.6)
Under 15	6,761 (596)	12.6 (0.9)	21.7 (1.9)
15–24	1,650 (110)	3.1 (0.2)	7.6 (0.5)
25–44	4,072 (324)	7.6 (0.5)	10.2 (0.8)
45–64	5,796 (314)	10.8 (0.5)	14.5 (0.8)
65–74	1,143 (71)	2.1 (0.1)	9.8 (0.6)
75 and over	731 (80)	1.4 (0.1)	9.7 (1.1)

… Category not applicable.

[1]Visit rates are based on the July 1, 2013 set of estimates of the civilian noninstitutional 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.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 4. Community health center visits per 100 persons per year, by type of provider seen, according to selected states: United States, 2013

Selected states	Number of visits (standard error of visits)		Number of visits per 100 persons[1] (standard error of rate)	
	Physician[2]	Nonphysician clinician[3]	Physician[2]	Nonphysician clinician[3]
All visits	32,388 (1,832)	21,216 (1,305)	10.4 (0.6)	6.8 (0.4)
Arizona	546 (63)	327 (34)	8.4 (1.0)	5.0 (0.5)
California	8,826 (1,501)	2,619 (532)	23.4 (4.0)	6.9 (1.4)
Colorado	239 (71)	608 (135)	4.6 (1.4)	11.8 (2.6)
Florida	1,715 (214)	421 (161)	8.9 (1.1)	2.2 (0.8)
Georgia	664 (104)	384 (88)	6.8 (1.1)	3.9 (0.9)
Illinois	3,152 (670)	3,019 (901)	24.8 (5.3)	23.8 (7.1)
Indiana	519 (64)	368 (51)	8.0 (1.0)	5.7 (0.8)
Maryland	678 (113)	280 (56)	11.6 (1.9)	4.8 (1.0)
Massachusetts	951 (335)	248 (86)	14.4 (5.1)	3.8 (1.3)
Michigan	671 (91)	389 (52)	6.9 (0.9)	4.0 (0.5)
Minnesota	196 (53)	111 (28)	3.7 (1.0)	2.1 (0.5)
Missouri	305 (77)	204 (36)	5.1 (1.3)	3.4 (0.6)
New Jersey	680 (72)	276 (55)	7.7 (0.8)	3.1 (0.6)
New York	1,586 (293)	1,341 (454)	8.2 (1.5)	6.9 (2.3)
North Carolina	460 (66)	417 (43)	4.8 (0.7)	4.3 (0.4)
Ohio	625 (92)	422 (67)	5.5 (0.8)	3.7 (0.6)
Pennsylvania	1,107 (150)	706 (115)	8.8 (1.2)	5.6 (0.9)
Tennessee	258 (32)	376 (54)	4.0 (0.5)	5.9 (0.8)
Texas	1,216 (229)	1,399 (233)	4.7 (0.9)	5.4 (0.9)
Virginia	311 (42)	238 (68)	3.9 (0.5)	3.0 (0.9)
Washington	731 (100)	814 (82)	10.7 (1.5)	11.9 (1.2)
Wisconsin	399 (92)	249 (41)	7.0 (1.6)	4.4 (0.7)

[1]Visit rates are based on the July 1, 2013, set of estimates of the civilian noninstitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau.
[2]Visit scheduled for sampled physician.
[3]Nonphysician clinician includes physician assistant, nurse practitioner, and nurse midwife. Includes visits scheduled for sampled non-physician clinician.

NOTE: Numbers do not add to total becausse estimates are only available for 22 states.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 5. Community health center visits, by selected patient age and race and ethnicity: United States, 2013

Patient characteristic	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year (standard error of rate)[1]
All visits	53,604 (2,188)	100.0 …	17.2 (0.7)
Race and age (years)[2]			
White:	38,820 (1,881)	72.4 (1.4)	16.0 (0.8)
Under 15	9,587 (897)	17.9 (1.4)	21.5 (2.0)
15–24	4,489 (344)	8.4 (0.5)	14.1 (1.1)
25–44	10,499 (625)	19.6 (0.7)	17.0 (1.0)
45–64	10,560 (562)	19.7 (0.8)	15.9 (0.8)
65–74	2,303 (182)	4.3 (0.3)	10.9 (0.9)
75 and over	1,382 (148)	2.6 (0.3)	8.6 (0.9)
Black or African American:	10,889 (712)	20.3 (1.2)	27.1 (1.8)
Under 15	2,618 (232)	4.9 (0.4)	28.5 (2.5)
15–24	1,626 (211)	3.0 (0.4)	24.5 (3.2)
25–44	2,764 (239)	5.2 (0.4)	25.7 (2.2)
45–64	3,098 (218)	5.8 (0.4)	31.4 (2.2)
65–74	518 (53)	1.0 (0.1)	22.2 (2.3)
75 and over	265 (29)	0.5 (0.1)	17.9 (1.9)
Other[3]	3,896 (468)	7.3 (0.9)	13.6 (1.6)
Ethnicity and race[2]			
Hispanic or Latino	20,464 (1,573)	38.2 (1.8)	38.3 (2.9)
Not Hispanic or Latino	33,140 (1,230)	61.8 (1.8)	12.9 (0.5)
White	19,716 (912)	36.8 (1.6)	10.1 (0.5)
Black or African American	10,201 (671)	19.0 (1.1)	27.0 (1.8)
Other[3]	3,223 (425)	6.0 (0.8)	12.9 (1.7)

… Category not applicable.

[1]Visit rates are based on the July 1, 2013 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

[2]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, the National Center for Health Statistics 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 2013 National Ambulatory Medical Care Survey Community Health Center Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013_chc.pdf. For 2013, race data were missing for 16.9% of visits, and ethnicity data were missing for 11.3% of visits.

[3]Other race includes visits by 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.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 6. Expected sources of payment at community health center visits: United States, 2013

Expected source of payment	Number of visits in thousands	Percent of visits (standard error of percent)
All visits	53,604 (2,188)	… …
Private insurance	9,656 (755)	18.0 (1.1)
Medicare	6,328 (436)	11.8 (0.7)
Medicaid or CHIP[2]	25,143 (1,361)	46.9 (1.4)
Medicare and Medicaid[3]	1,880 (277)	3.5 (0.5)
No insurance[4]	7,355 (416)	13.7 (0.7)
Self-pay	6,840 (402)	12.8 (0.7)
No charge or charity	614 (107)	1.1 (0.2)
Workers' compensation	100 (17)	0.2 (0.0)
Other	6,401 (856)	11.9 (1.5)
Unknown or blank	2,975 (342)	5.6 (0.6)

… Category not applicable.

[1]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.

[2]CHIP is Children's Health Insurance Program.

[3]The visits in this category are also included in both the Medicare and Medicaid or CHIP categories.

[4]"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.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 7. Primary care provider and referral status of community health center visits, by prior-visit status: United States, 2013

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	53,604 (2,188)	100.0 …
Visit to PCP[1]	35,521 (1,634)	66.3 (1.9)
Visit to non-PCP[1,2]	12,446 (1,177)	23.2 (1.8)
Referred for this visit	1,448 (225)	2.7 (0.4)
Not referred for this visit	7,303 (875)	13.6 (1.4)
Unknown if referred[3]	3,695 (583)	6.9 (1.0)
Unknown if PCP[1] visit[2,3]	5,637 (504)	10.5 (0.9)
Established patient		
All visits	45,375 (1,855)	100.0 (0.0)
Visit to PCP[1]	31,916 (1,450)	70.3 (2.0)
Visit to non-PCP[1,2]	9,183 (964)	20.2 (1.7)
Referred for this visit	941 (189)	2.1 (0.4)
Not referred for this visit	5,676 (737)	12.5 (1.4)
Unknown if referred[3]	2,566 (496)	5.7 (1.0)
Unknown if PCP[1] visit[2,3]	4,276 (425)	9.4 (0.9)
New patient		
All visits	8,230 (674)	100.0 (0.0)
Visit to PCP[1]	3,606 (386)	43.8 (3.4)
Visit to non-PCP[1,2]	3,263 (466)	39.7 (3.7)
Referred for this visit	507 (107)	6.2 (1.2)
Not referred for this visit	1,627 (337)	19.8 (3.1)
Unknown if referred[3]	1,129 (202)	13.7 (2.3)
Unknown if PCP[1] visit[2,3]	1,361 (154)	16.5 (2.0)

… Category not applicable.
[1]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?"
[2]Referral status was only asked for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 42.4% of visits.
[3]The unknown category includes blanks.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 8. Primary care provider and referral status, according to physician specialty: United States, 2013

Type of clinician and physician specialty	Total	Visit to PCP[1]	Visit to non-PCP[1,2] referred by other physician or non-physician clinician	Not referred by other physician or non-physician clinician	Unknown if referred[3]	Unknown if PCP[1] visit[2,3]
			Percent distribution (Standard error of percent)			
All visits	100.0	66.3 (1.9)	2.7 (0.4)	13.6 (1.4)	6.9 (1.0)	10.5 (0.9)
General and family practice	100.0	74.6 (2.3)	1.8 (0.5)	9.8 (2.0)	4.4 (0.7)	9.4 (1.2)
Internal medicine	100.0	78.4 (4.1)	0.7 (0.3)	7.5 (2.1)	3.1 (0.6)	10.4 (3.1)
Pediatrics	100.0	75.7 (4.1)	0.5 (0.2)	10.0 (2.2)	1.9 (0.5)	11.9 (2.7)
Obstetrics and gynecology	100.0	29.8 (6.4)	* …	* …	* …	* …
All other specialties	100.0	* …	8.4 (2.3)	* …	* …	* …
Non-physician clinician	100.0	59.7 (2.5)	3.4 (0.8)	17.3 (1.9)	9.1 (1.5)	10.6 (1.0)
Nurse practioner	100.0	63.0 (2.9)	* …	15.3 (1.9)	7.2 (1.3)	11.1 (1.3)
Physician assistant	100.0	58.4 (3.1)	* …	17.7 (2.7)	9.7 (1.9)	10.5 (1.8)
Nurse midwife	100.0	29.4 (5.6)	2.7 (1.6)	* …	* …	5.7 (1.2)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
[1]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?"
[2]Referral status was asked only for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 42.4% of visits.
[3]The unknown category includes blanks.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 9. Continuity-of-care community health center visit characteristics according to type of clinician and specialty type: United States, 2013

Continuity-of-care visit characteristic	All specialties	Physician specialty type[1]		Nonphysician clinician
		Primary care	Nonprimary care	
	Number of visits in thousands (standard error in thousands)			
All visits	53,604 (2,188)	30,220 (1,734)	2,168 (631)	21,216 (1,305)
Prior-visit status and number of visits in last 13 months				
Established patient[2]	45,375 (1,855)	25,703 (1,426)	1,868 (525)	17,804 (1,145)
None	4,005 (479)	2,021 (277)	*81 (30)	1,903 (325)
1–2 visits	15,014 (668)	8,244 (465)	*574 (179)	6,196 (396)
3–5 visits	14,385 (609)	8,254 (502)	660 (188)	5,470 (364)
6 or more visits	11,971 (690)	7,184 (584)	*553 (208)	4,234 (348)
New patient	8,230 (674)	4,517 (545)	*300 (113)	3,413 (355)
	Percent distribution (standard error of percent)			
All visits	100.0 …	100.0 …	100.0 …	100 …
Prior-visit status and number of visits in last 13 months				
Established patient[2]	84.6 (1.0)	85.1 (1.4)	86.2 (2.0)	83.9 (1.4)
None	7.5 (0.8)	6.7 (0.8)	* *	9.0 (1.3)
1–2 visits	28.0 (0.6)	27.3 (0.9)	26.5 (3.9)	29.2 (0.9)
3–5 visits	26.8 (0.7)	27.3 (0.9)	30.4 (2.7)	25.8 (0.9)
6 or more visits	22.3 (1.0)	23.8 (1.3)	25.5 (5.1)	20.0 (1.1)
New patient	15.4 (1.0)	14.9 (1.4)	13.8 (2.0)	16.1 (1.4)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
[1]Specialty types are defined in the 2013 National ambulatory Medical Care Survey Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013_chc.pdf.
[2]Number of previous visits by established patients to responding physician in last 12 months (excludes sampled visit).

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 10. Twenty leading principal reasons for community health center visits, by patient's sex: United States, 2013

Principal reason for visit and RVC code[1]		Number of visits in thousands	Percent distribution (standard error of percent)	Female[2] Percent distribution (standard error of percent)	Male[3] Percent distribution (standard error of percent)
All visits		53,604 (2,188)	100.0 …	100.0 …	100.0 …
General medical examination	X100	5,680 (391)	10.6 (0.6)	9.3 (0.6)	12.8 (0.7)
Progress visit, not otherwise specified	T800	3,688 (350)	6.9 (0.6)	7.1 (0.6)	6.5 (0.6)
Medication, other and unspecified kinds	T115	2,089 (165)	3.9 (0.3)	3.6 (0.3)	4.4 (0.3)
Cough	S440	1,941 (133)	3.6 (0.2)	3.1 (0.2)	4.6 (0.4)
For other and unspecified test results	R700	1,784 (195)	3.3 (0.3)	3.3 (0.3)	3.4 (0.5)
Well baby examination	X105	1,720 (248)	3.2 (0.4)	2.7 (0.3)	4.1 (0.6)
Diabetes mellitus	D205	1,691 (132)	3.2 (0.2)	2.8 (0.2)	3.7 (0.3)
Prenatal examination, routine	X205	1,528 (302)	2.9 (0.5)	4.6 (0.8)	… …
Hypertension	D510	1,506 (125)	2.8 (0.2)	2.6 (0.3)	3.2 (0.3)
Counseling, not otherwise specified	T605	1,218 (140)	2.3 (0.2)	2.3 (0.3)	2.3 (0.2)
Stomach and abdominal pain, cramps and spasms	S545	915 (77)	1.7 (0.1)	2.0 (0.2)	1.2 (0.1)
Skin rash	S860	894 (80)	1.7 (0.1)	1.4 (0.1)	2.1 (0.2)
Symptoms referable to throat	S455	836 (61)	1.6 (0.1)	1.6 (0.1)	1.4 (0.1)
Fever	S010	812 (79)	1.5 (0.1)	1.1 (0.1)	2.1 (0.2)
Back symptoms	S905	793 (61)	1.5 (0.1)	1.3 (0.1)	1.7 (0.2)
Gynecological examination	X225	775 (115)	1.4 (0.2)	2.3 (0.3)	*0.0 (0.0)
Headache, pain in head	S210	599 (58)	1.1 (0.1)	1.3 (0.1)	0.8 (0.1)
Earache, or ear infection	S355	584 (50)	1.1 (0.1)	1.0 (0.1)	1.2 (0.1)
Pap smear	X365	490 (77)	0.9 (0.1)	1.5 (0.2)	*0.0 (0.0)
Depression	S110	489 (55)	0.9 (0.1)	1.0 (0.1)	0.7 (0.1)
All other reasons		23,570 (988)	44.0 (0.7)	44.2 (0.8)	43.6 (1.0)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
[1]Based on A Reason for Visit Classification for Ambulatory Care (RVC) defined in the 2013 National Ambulatory Medical care Survey Public Use Data file documentation, available at:
ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013_chc.pdf.
[2]Based on 33,451,000 visits made by females.
[3]Based on 20,154,000 visits made by males.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 11. Provider-assessed major reason for office visit, by selected patient and visit characteristics: United States, 2013

Patient and visit characteristic	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[1]	Unknown or blank
All visits	53,604 (2,188)	100.0	38.8 (1.0)	24.4 (1.1)	6.2 (0.4)	0.8 (0.1)	28.3 (1.0)	1.5 (0.3)
Age (years)								
Under 15	13,194 (1,064)	100.0	44.1 (2.0)	8.8 (1.5)	2.8 (0.3)	0.3 (0.1)	42.5 (1.3)	1.6 (0.6)
Under 1	2,863 (303)	100.0	33.7 (3.1)	1.8 (0.4)	0.6 (0.2)	0.1 (0.0)	63.3 (3.3)	0.5 (0.2)
1–4	4,163 (332)	100.0	46.2 (2.2)	4.8 (1.1)	1.9 (0.4)	0.4 (0.1)	44.6 (1.5)	2.2 (0.9)
5–14	6,168 (516)	100.0	47.5 (2.1)	14.7 (2.7)	4.3 (0.5)	0.3 (0.1)	31.6 (1.9)	1.7 (0.7)
15–24	6,619 (487)	100.0	42.3 (1.9)	10.9 (1.0)	5.5 (1.0)	0.3 (0.1)	39.7 (2.3)	1.2 (0.5)
25–44	14,146 (739)	100.0	41.6 (1.5)	22.9 (1.4)	6.6 (0.6)	1.0 (0.2)	26.7 (1.7)	1.2 (0.3)
45–64	14,806 (677)	100.0	32.7 (1.1)	40.4 (1.5)	8.5 (0.7)	1.0 (0.2)	15.9 (0.9)	1.5 (0.4)
65 and over	4,840 (339)	100.0	30.0 (1.6)	41.1 (1.7)	7.9 (1.5)	1.9 (0.4)	16.7 (1.2)	2.5 (0.9)
65–74	3,030 (199)	100.0	27.3 (1.7)	44.1 (1.9)	7.7 (1.6)	1.5 (0.4)	17.0 (1.3)	2.4 (0.9)
75 and over	1,810 (163)	100.0	34.5 (2.2)	36.1 (2.1)	8.1 (1.6)	2.4 (0.8)	16.2 (1.5)	* …
Sex								
Female	33,451 (1,455)	100.0	39.2 (1.1)	21.2 (1.1)	5.6 (0.4)	0.8 (0.1)	31.6 (1.2)	1.6 (0.4)
Male	20,154 (931)	100.0	38.1 (1.2)	29.7 (1.4)	7.1 (0.7)	0.8 (0.1)	22.9 (1.1)	1.4 (0.3)
Race[2]								
White	38,820 (1,881)	100.0	39.8 (1.2)	24.0 (1.2)	6.7 (0.5)	0.9 (0.1)	26.9 (1.0)	1.6 (0.4)
Black or African American	10,889 (712)	100.0	35.8 (1.4)	26.4 (2.5)	5.0 (0.5)	0.4 (0.1)	31.0 (2.1)	1.4 (0.5)
Other[3]	3,896 (468)	100.0	36.6 (2.4)	22.8 (3.0)	4.3 (0.6)	1.0 (0.4)	34.6 (2.3)	0.7 (0.2)
Ethnicity[2]								
Hispanic or Latino	20,464 (1,573)	100.0	40.4 (1.9)	19.2 (1.4)	5.6 (0.8)	0.8 (0.2)	33.1 (1.5)	1.0 (0.4)
Not Hispanic or Latino	33,140 (1,230)	100.0	37.8 (0.9)	27.7 (1.2)	6.5 (0.4)	0.8 (0.1)	25.4 (1.0)	1.8 (0.4)
White	19,716 (912)	100.0	39.4 (1.1)	28.8 (1.3)	7.6 (0.5)	1.0 (0.1)	21.1 (0.9)	2.1 (0.7)
Black or African American	10,201 (671)	100.0	35.1 (1.3)	26.6 (2.4)	5.1 (0.5)	0.5 (0.1)	31.4 (2.0)	1.5 (0.5)
Other[3]	3,223 (425)	100.0	36.4 (2.5)	23.9 (3.3)	4.8 (0.6)	1.1 (0.5)	32.9 (2.1)	0.9 (0.3)

See footnotes at end of table.

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Table 11. Provider-assessed major reason for office visit, by selected patient and visit characteristics: United States, 2013

Patient and visit characteristic	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[1]	Unknown or blank
Expected source(s) of payment[4]								
Private insurance	9,656 (755)	100.0	38.8 (1.7)	23.9 (1.3)	6.3 (0.9)	0.7 (0.1)	28.4 (1.5)	2.0 (0.6)
Medicare	6,328 (436)	100.0	29.3 (1.4)	43.3 (1.9)	8.2 (1.2)	1.9 (0.3)	14.4 (1.2)	3.0 (1.0)
Medicaid or CHIP[5]	25,143 (1,361)	100.0	39.0 (1.2)	20.3 (1.4)	5.2 (0.4)	0.9 (0.2)	33.4 (1.5)	1.1 (0.2)
Medicare and Medicaid[6]	1,880 (277)	100.0	25.8 (2.4)	50.7 (3.5)	6.0 (1.3)	2.2 (0.9)	12.9 (2.3)	2.4 (1.0)
No insurance[7]	7,355 (416)	100.0	42.1 (1.5)	26.1 (1.2)	6.6 (0.5)	0.6 (0.2)	23.3 (1.2)	1.2 (0.3)
Other[8]	9,473 (912)	100.0	37.6 (2.2)	29.0 (3.2)	7.5 (1.1)	0.5 (0.1)	24.0 (2.0)	1.5 (0.7)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
[1]Preventive care includes routine prenatal, well-baby, screening, insurance or general exams (see Major reason for this visit question on Patient Record Sample Card at: https://www.cdc.gov/nchs/data/ahcd/2013_NAMCS_PRF_Sample_Card.pdf.
[2]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, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputaion 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 2013 National Ambulatory Medical Care Survey Public Use Data file documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013_chc.pdf. For 2013, the race data were missing for 16.9% of visits, and ethnicity data were missing for 11.3% of visits.
[3]Other race includes visits by Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.
[4]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.
[5]CHIP is Children's Health Insurance Program.
[6]The visits in this category are also included in both the Medicaid or CHIP and Medicare categories.
[7]No insurance is defined as having only self-pay, no charge, or charity as payment sources.
[8]Other includes workers' compensation, unknown or blank, and sources not classified elsewhere.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 12. Preventive care visits, by selected patient and visit characteristics: United States, 2013

Patient and visit characteristics	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year[1] (standard error of rate)	Percent of preventive care visits made to primary care specialists[2] (standard error of percent)	Percent of preventive care visits made to nonphysician clinician[2] (standard error of percent)
All preventive care visits[3]	15,183 (889)	100.0 …	4.9 (0.3)	58.4 (2.9)	40.4 (2.9)
Age (years)					
Under 15	5,614 (509)	37.0 (2.4)	9.2 (0.8)	70.8 (3.2)	28.2 (3.2)
Under 1	1,811 (251)	11.9 (1.4)	46.0 (6.4)	75.6 (4.0)	23.3 (3.9)
1–4	1,856 (176)	12.2 (0.9)	11.7 (1.1)	71.7 (3.6)	27.5 (3.6)
5–14	1,946 (174)	12.8 (1.0)	4.7 (0.4)	65.4 (3.3)	33.4 (3.3)
15–24	2,630 (313)	17.3 (1.5)	6.1 (0.7)	49.2 (5.5)	50.5 (5.5)
25–44	3,771 (326)	24.8 (1.5)	4.6 (0.4)	46.6 (4.4)	52.7 (4.4)
45–64	2,361 (158)	15.6 (1.1)	2.9 (0.2)	54.4 (2.9)	43.2 (2.8)
65 and over	807 (87)	5.3 (0.6)	1.9 (0.2)	69.1 (3.9)	27.7 (3.6)
65–74	514 (57)	3.4 (0.4)	2.1 (0.2)	66.4 (4.4)	29.9 (4.1)
75 and over	293 (38)	1.9 (0.3)	1.6 (0.2)	73.8 (4.5)	23.7 (4.3)
Sex and age (years)					
Female	10,564 (706)	69.6 (1.4)	6.6 (0.4)	54.5 (3.4)	44.7 (3.4)
Under 15	2,905 (275)	19.1 (1.3)	9.7 (0.9)	68.9 (3.7)	30.0 (3.7)
15–24	2,236 (311)	14.7 (1.6)	10.5 (1.5)	46.1 (6.3)	53.8 (6.3)
25–44	3,242 (319)	21.4 (1.5)	7.9 (0.8)	45.4 (4.9)	54.2 (4.9)
45–64	1,666 (133)	11.0 (0.9)	3.9 (0.3)	53.6 (3.4)	45.2 (3.4)
65–74	341 (52)	2.2 (0.4)	2.6 (0.4)	70.4 (5.3)	27.3 (5.0)
75 and over	173 (25)	1.1 (0.2)	1.6 (0.2)	71.1 (5.6)	27.3 (5.5)
Male	4,620 (294)	30.4 (1.4)	3.0 (0.2)	67.3 (2.4)	30.7 (2.3)
Under 15 years	2,709 (252)	17.8 (1.2)	8.7 (0.8)	72.8 (3.2)	26.2 (3.2)
15–24	394 (44)	2.6 (0.3)	1.8 (0.2)	67.3 (4.4)	31.9 (4.4)
25–44	529 (43)	3.5 (0.3)	1.3 (0.1)	54.5 (4.1)	43.6 (4.0)
45–64	696 (49)	4.6 (0.4)	1.7 (0.1)	56.3 (3.4)	38.5 (3.2)
65–74	173 (18)	1.1 (0.1)	1.5 (0.2)	58.6 (5.3)	35.1 (4.8)
75 and over	120 (19)	0.8 (0.1)	1.6 (0.3)	77.6 (4.7)	18.4 (4.2)
Race[4]					
White	10,458 (647)	68.9 (1.9)	4.3 (0.3)	60.0 (2.7)	38.9 (2.7)
Black or African American	3,379 (354)	22.3 (1.8)	8.4 (0.9)	52.9 (5.5)	46.3 (5.6)
Other[5]	1,346 (181)	8.9 (1.1)	4.7 (0.6)	59.9 (4.6)	37.7 (4.7)
Ethnicity[4]					
Hispanic or Latino	6,764 (582)	44.5 (2.0)	12.7 (1.1)	64.5 (3.7)	35.1 (3.7)
Not Hispanic or Latino	8,420 (480)	55.5 (2.0)	3.3 (0.2)	53.6 (2.8)	44.7 (2.8)
White	4,160 (246)	27.4 (1.6)	2.1 (0.1)	52.4 (2.2)	45.6 (2.2)
Black or African American	3,199 (339)	21.1 (1.7)	8.5 (0.9)	52.3 (5.5)	46.8 (5.6)
Other[5]	1,061 (144)	7.0 (0.9)	4.3 (0.6)	61.7 (4.3)	35.2 (4.5)

See footnotes at end of table.

Table 12. Preventive care visits, by selected patient and visit characteristics: United States, 2013

Patient and visit characteristics	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year[1] (standard error of rate)	Percent of preventive care visits made to primary care specialists[2] (standard error of percent)	Percent of preventive care visits made to nonphysician clinician2 (standard error of percent)
Expected source(s) of payment[6]					
Private insurance	2,740 (307)	18.0 (1.6)	1.5 (0.2)	63.4 (4.4)	35.4 (4.3)
Medicare	913 (95)	6.0 (0.7)	1.9 (0.2)	64.1 (4.1)	32.4 (3.7)
Medicaid or CHIP[7]	8,393 (624)	55.3 (1.8)	17.9 (1.3)	59.9 (4.0)	39.4 (4.0)
Medicare and Medicaid	242 (62)	1.6 (0.4)	… …	76.9 (6.8)	22.4 (6.7)
No insurance[8]	1,714 (141)	11.3 (1.0)	3.8 (0.3)	46.0 (3.6)	52.8 (3.6)
Other[9]	2,274 (223)	15.0 (1.3)	… …	57.7 (3.5)	40.6 (3.5)

… Category not applicable.

[1]Visit rates for age, sex, race and ethnicity are based on the July 1, 2013 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 2013 National Health Interview Survey estimates of health insurance.

[2]Primary care specialty defined in the 2013 public use file documentation (ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013_chc.pdf). Nonphysician clinician includes physician assistants, nurse practitioners and nurse midwives. Includes visits seen by physician and nonphysician clinician.

[3]Preventive care includes routine prenatal, well-baby, screening, insurance or general exams (see Major reason for this visit question on Patient Record Sample Card) at: https://www.cdc.gov/nchs/data/ahcd/2013_NAMCS_PRF_Sample_Card.pdf.

[4]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 2013 NAMCS Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013_chc.pdf. For 2013, race data were missing for 17.2% of visits, and ethnicity data were missing for 9.3% of visits.

[5]Other race includes visits by Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

[6]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.

[7]CHIP is Children's Health Insurance Program.

[8]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 2013 estimates of health insurance coverage from the National Health Interview Survey.

[9]Other includes workers' compensation, unknown or blank, and sources not classified elsewhere.

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

SOURCE: NCHS,National Ambulatory Medical Care Survey, 2013.

Table 13. Preventive care visits, by selected states: United States, 2013

Selected states	Number of visits in thousands (standard error in thousands)	Number of visits per 100 persons per year[1] (standard error of rate)	Percent of preventive care visits made to primary care specialists[2] (standard error of percent)	Percent of preventive care visits made to nonphysician clinician[3] (standard error of percent)
All preventive care visits[4]	15,183 (889)	4.9 (0.3)	58.4 (2.9)	40.4 (2.9)
Arizona	319 (46)	4.9 (0.7)	54.6 (5.4)	37.4 (5.6)
California	3,168 (551)	8.4 (1.5)	77.4 (5.9)	22.5 (5.9)
Colorado	242 (61)	4.7 (1.2)	30.5 (10.5)	68.8 (10.5)
Florida	727 (122)	3.8 (0.6)	75.1 (10.5)	24.2 (10.5)
Georgia	280 (55)	2.9 (0.6)	67.9 (9.5)	31.2 (9.4)
Illinois	1,930 (517)	15.2 (4.1)	38.7 (11.5)	60.6 (11.7)
Indiana	254 (31)	3.9 (0.5)	54.7 (7.1)	45.3 (7.1)
Maryland	317 (60)	5.4 (1.0)	62.1 (9.2)	34.9 (9.0)
Massachusetts	*410 (152)	6.2 (2.3)	85.7 (8.4)	13.0 (7.8)
Michigan	243 (26)	2.5 (0.3)	62.3 (4.8)	35.8 (4.7)
Minnesota	87 (23)	1.6 (0.4)	57.6 (14.5)	42.4 (14.5)
Missouri	153 (38)	2.6 (0.6)	63.8 (11.9)	34.2 (12.0)
New Jersey	391 (52)	4.4 (0.6)	70.6 (7.4)	28.7 (7.4)
New York	969 (248)	5.0 (1.3)	43.5 (9.1)	56.5 (9.1)
North Carolina	147 (21)	1.5 (0.2)	59.6 (7.6)	39.5 (7.6)
Ohio	296 (48)	2.6 (0.4)	57.6 (7.8)	41.9 (7.8)
Pennsylvania	546 (77)	4.3 (0.6)	50.4 (6.2)	49.4 (6.2)
Tennessee	163 (29)	2.6 (0.5)	48.1 (7.6)	51.9 (7.6)
Texas	819 (161)	3.2 (0.6)	50.7 (9.0)	49.2 (9.0)
Virginia	142 (30)	1.8 (0.4)	44.3 (9.7)	53.5 (9.9)
Washington	324 (39)	4.7 (0.6)	49.3 (6.5)	50.7 (6.5)
Wisconsin	204 (48)	3.6 (0.8)	64.6 (10.5)	35.4 (10.5)

* Estimate does not meet NCHS standards of reliability.

[1]Visit rates are based on the July 1, 2013 set of estimates of the civilian nonistitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau.

[2]Primary care specialty defined in the 2013 public use file documentation (ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013_chc.pdf).

[3]Nonphysician includes physician assistants, nurse practioners, and nurse midwives.

[4]Preventive care includes routine prenatal, well-baby, screening, insurance or general exams (see major reason for this visit question on Patient Record Sample Card) at: https://www.cdc.gov/nchs/data/ahcd/2013_NAMCS_PRF_Sample_Card.pdf.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 14. Primary diagnosis at community health center visits, classified by major disease category: United States, 2013

Major disease category and ICD–9–CM code range[1]		Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All visits		53,604 (2,188)	100.0 …
Infectious and parasitic diseases	001–139	1,957 (216)	3.7 (0.4)
Neoplasms	140–239	240 (30)	0.4 (0.1)
Endocrine, nutritional, metabolic diseases, and immunity disorders	240–279	5,104 (309)	9.5 (0.4)
Mental disorders	290–319	3,529 (499)	6.6 (0.9)
Diseases of the nervous system and sense organs	320–389	2,354 (137)	4.4 (0.2)
Diseases of the circulatory system	390–459	4,202 (231)	7.8 (0.4)
Diseases of the respiratory system	460–519	5,367 (272)	10.0 (0.4)
Diseases of the digestive system	520–579	1,483 (105)	2.8 (0.2)
Diseases of the genitourinary system	580–629	2,133 (144)	4.0 (0.2)
Diseases of the skin and subcutaneous tissue	680–709	1,698 (115)	3.2 (0.2)
Diseases of the musculoskeletal and connective tissue	710–739	3,825 (285)	7.1 (0.5)
Symptoms, signs, and ill-defined conditions	780–799	4,945 (423)	9.2 (0.6)
Injury and poisoning	800–999	1,231 (83)	2.3 (0.1)
Supplementary classification[2]	V01–V90	13,669 (837)	25.5 (1.0)
All other diagnoses[3]		1,534 (156)	2.9 (0.3)
Blank		*333 (103)	0.6 (0.2)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
[1]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)06-1360).
[2]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.
[3]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 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").

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 15. Twenty leading primary diagnosis groups for community health center visits, by type of provider: United States, 2013

Primary diagnosis group and ICD–9–CM code(s)[1]		Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Physician[2] percent distribution (standard error of percent)	Nonphysician clinician[3] percent distribution (standard error of percent)
All visits		53,604 (2,188)	100.0 …	100.0 …	100.0 …
Routine infant or child health check	V20.0–V20.2	4,447 (413)	8.3 (0.7)	9.7 (0.9)	6.2 (0.7)
Essential hypertension	401	3,399 (185)	6.3 (0.3)	6.3 (0.4)	6.3 (0.4)
Diabetes mellitus	249–250	3,044 (240)	5.7 (0.4)	6.1 (0.6)	5.1 (0.3)
Acute upper respiratory infections, excluding pharyngitis	460–461,463–466	2,105 (137)	3.9 (0.2)	4.0 (0.3)	3.9 (0.3)
Spinal disorders	720–724	1,670 (179)	3.1 (0.3)	2.7 (0.2)	3.7 (0.7)
General medical examination	V70	1,645 (135)	3.1 (0.2)	2.8 (0.3)	3.5 (0.3)
Normal pregnancy	V22	1,496 (291)	2.8 (0.5)	2.3 (0.5)	3.5 (1.0)
Arthropathies and related disorders	710–719	1,260 (90)	2.4 (0.1)	2.2 (0.2)	2.6 (0.2)
Encounter for contraceptive management	V25	1,041 (127)	1.9 (0.2)	1.0 (0.1)	3.4 (0.5)
Asthma	493	976 (90)	1.8 (0.1)	2.0 (0.2)	1.5 (0.2)
Gynecological examination	V72.3	922 (133)	1.7 (0.2)	1.0 (0.1)	2.8 (0.5)
Rheumatism, excluding back	725–729	753 (72)	1.4 (0.1)	1.2 (0.1)	1.7 (0.2)
Psychoses, excluding major depressive disorder	290–295,296.0–296.1,296.4–299	*739 (230)	1.4 (0.4)	1.7 (0.7)	0.8 (0.2)
Disorders of lipoid metabolism	272	688 (61)	1.3 (0.1)	1.2 (0.1)	1.4 (0.2)
Otitis media and eustachian tube disorders	381–382	674 (65)	1.3 (0.1)	1.2 (0.1)	1.4 (0.2)
Abdominal pain	789	672 (61)	1.3 (0.1)	1.2 (0.1)	1.4 (0.1)
Overweight and obesity	278	654 (83)	1.2 (0.1)	1.4 (0.2)	1.0 (0.1)
Anxiety states	300	643 (81)	1.2 (0.1)	1.3 (0.2)	1.1 (0.1)
Specific procedures and aftercare	V50–V59.9	608 (53)	1.1 (0.1)	1.1 (0.1)	1.3 (0.1)
Complications of pregnancy, childbirth, and the puerperium	630–679.99	590 (134)	1.1 (0.2)	0.9 (0.2)	1.4 (0.5)
All other diagnoses[4]		25,580 (1,098)	47.7 (0.7)	48.8 (0.9)	46.1 (1.0)

… Category not applicable.

[1]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. Offcial 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.

[2]Based on 32,388,000 visits seen only by physicians.

[3]Based on 21,216,000 visits seen by non-physician clinicians (physician assistants, nurse practioners, and nurse midwives). Includes visits seen by physician and non-physician clinician.

[4]Includes all other diagnoses not listed above, as well as unknown and blank diagnoses.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 16. Injury visits to community health care centers, by selected patient characteristics: United States, 2013

Patient characteristics	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year[1] (standard error of rate)
All injury visits[2]	2,353 (152)	100.0 …	0.8 (0.0)
Age (years)			
Under 15	571 (69)	24.2 (2.4)	0.9 (0.1)
Under 1	* *	* *	* *
1–4	191 (28)	8.1 (1.1)	1.2 (0.2)
5–14	357 (48)	15.2 (1.7)	0.9 (0.1)
15–24	277 (31)	11.8 (1.3)	0.6 (0.1)
25–44	597 (55)	25.4 (1.5)	0.7 (0.1)
45–64	661 (63)	28.1 (1.7)	0.8 (0.1)
65 and over	248 (31)	10.5 (1.2)	0.6 (0.1)
65–74	138 (17)	5.9 (0.7)	0.6 (0.1)
75 and over	110 (24)	4.7 (1.0)	0.6 (0.1)
Sex and age (years)			
Female	1,273 (103)	54.1 (2.0)	0.8 (0.1)
Under 15	299 (58)	12.7 (2.1)	1.0 (0.2)
15–24	141 (23)	6.0 (1.0)	0.7 (0.1)
25–44	335 (34)	14.3 (1.1)	0.8 (0.1)
45–64	351 (40)	14.9 (1.3)	0.8 (0.1)
65–74	84 (14)	3.6 (0.6)	0.6 (0.1)
75 and over	62 (19)	2.7 (0.8)	0.6 (0.2)
Male	1,081 (74)	45.9 (2.0)	0.7 (0.0)
Under 15	271 (34)	11.5 (1.4)	0.9 (0.1)
15–24	136 (19)	5.8 (0.8)	0.6 (0.1)
25–44	261 (33)	11.1 (1.2)	0.7 (0.1)
45–64	310 (34)	13.2 (1.1)	0.8 (0.1)
65–74	54 (9)	2.3 (0.4)	0.5 (0.1)
75 and over	*47 (16)	2.0 (0.6)	0.6 (0.2)
Race[3]			
White	1,814 (140)	77.1 (1.8)	0.7 (0.1)
Black or African American	386 (34)	16.4 (1.5)	1.0 (0.1)
Other[4]	153 (24)	6.5 (1.0)	0.5 (0.1)
Race and ethnicity[3]			
Hispanic or Latino	844 (118)	35.9 (3.4)	1.6 (0.2)
Not Hispanic or Latino	1,509 (87)	64.1 (3.4)	0.6 (0.0)
White	1,036 (72)	44.0 (2.7)	0.5 (0.0)
Black or African American	348 (29)	14.8 (1.3)	0.9 (0.1)
Other[4]	124 (20)	5.3 (0.9)	0.5 (0.1)

… Category not applicable.

* Estimate does not meet NCHS standards of reliability.

[1]Visit rates for age, sex, race, and ethnicity are based on the July 1, 2013 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

[2]The National Ambulatory Medical Care Survey definition of injury visits, as shown in this table, changed in 2010 and includes only first-, second-, and third- listed reason for visit and diagnosis codes that are injury or poisoning related. Adverse effects and complications are excluded. Reason for visit was coded using A Reason for Visit Classificationfor Ambulatory Care; diagnosis was coded using 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). Injury visits, using this definition, accounted for 4.4% (SE = 0.2) of community health center visits in 2013. For more information on why this definition changed, see the 2010 National Ambulatory Medical Care Survey Public Use Data File Documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013_chc.pdf.

[3]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, the National Center for Health Statistics 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 2013 National Ambulatory Medical Care Survey Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013_chc.pdf. For 2013, race data were missing for 18.4% of injury visits, and ethnicity data were missing for 12.9% of injury visits.

[4]Other race includes visits by 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.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 17. Community health center visits related to injury, poisoning, and adverse effects: United States, 2013

Intent	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All visits related to injury, poisoning, and adverse effect[1]	2,569 (156)	100.0 …
Unintentional injury or poisoning	914 (77)	35.6 (1.8)
Intentional injury or poisoning	194 (32)	7.6 (1.1)
Injury or poisoning, unknown intent	1,238 (85)	48.2 (1.5)
Adverse effect of medical treatment, surgical care, or medicinal drug	223 (25)	8.7 (1.0)

… Category not applicable.

[1]Data are based on the "Injury/Poisoning/Adverse effect" item of the survey instrument (Patient Record form) in conjunction with first-, second-, and third-listed reason for visit and diagnosis codes related to injury, poisoning, and adverse effects of medical or surgical care or adverse effects of medicinal drug. Reason for visit was coded using A Reason for Visit Classification for Ambulatory Care; diagnosis codes are 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). Visits related to injury, poisoning, and adverse effect accounted for 4.8% (SE = 0.2) of all community health center visits in 2013.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 18. Presence of selected chronic conditions at community health center visits, by patient age and sex: United States, 2013

Chronic conditions[1]	Age					Female	Male
	Total	Under 45	45–64	65–74	75 and over		
	Percent distribution (standard error of percent)						
All visits	100.0 …	100.0 …	100.0 …	100.0 …	100.0 …	100.0 …	100.0 …
None	48.6 (1.2)	66.4 (1.0)	20.2 (0.8)	10.6 (1.0)	9.8 (1.4)	49.2 (1.4)	47.5 (1.2)
One or more chronic conditions	50.2 (1.2)	32.2 (1.0)	79.0 (0.8)	88.5 (1.1)	89.8 (1.4)	49.5 (1.4)	51.4 (1.2)
One	23.4 (0.5)	22.2 (0.7)	27.1 (0.6)	21.2 (1.8)	19.7 (1.8)	23.0 (0.6)	24.1 (0.7)
Two	13.3 (0.4)	6.6 (0.3)	23.7 (0.6)	26.9 (1.2)	29.0 (2.0)	12.9 (0.5)	13.9 (0.6)
Three or more	13.6 (0.6)	3.3 (0.2)	28.2 (0.9)	40.4 (1.8)	41.1 (2.8)	13.7 (0.8)	13.5 (0.6)
Blank	1.2 (0.2)	1.5 (0.3)	0.8 (0.2)	0.9 (0.4)	0.4 (0.1)	1.3 (0.2)	1.1 (0.2)
Percent of visits (standard error of percent)							
Hypertension	23.2 (0.9)	6.5 (0.4)	47.5 (1.0)	63.1 (1.6)	70.0 (1.7)	22.2 (1.0)	24.9 (1.0)
Hyperlipidemia	14.7 (0.7)	4.5 (0.3)	30.0 (1.1)	40.3 (1.7)	38.6 (3.0)	13.8 (0.7)	16.2 (0.8)
Diabetes	12.8 (0.6)	3.9 (0.2)	25.5 (0.8)	38.4 (2.0)	32.1 (1.7)	12.0 (0.6)	14.0 (0.7)
Obesity	12.6 (0.6)	10.9 (0.6)	17.2 (0.8)	12.0 (1.4)	7.0 (1.2)	13.1 (0.7)	11.6 (0.7)
Depression	11.9 (0.8)	8.3 (0.6)	20.3 (1.3)	13.4 (1.1)	10.0 (1.3)	13.5 (0.8)	9.3 (0.8)
Asthma	8.3 (0.4)	8.8 (0.5)	7.9 (0.5)	5.7 (0.7)	4.9 (1.0)	8.4 (0.5)	8.0 (0.5)
Arthritis	6.3 (0.3)	2.4 (0.2)	12.0 (0.5)	15.2 (1.1)	16.6 (1.4)	6.6 (0.4)	5.7 (0.3)
COPD[2]	3.1 (0.2)	0.8 (0.1)	6.3 (0.4)	9.7 (0.9)	9.9 (1.3)	2.9 (0.2)	3.5 (0.3)
Cancer	1.3 (0.1)	0.2 (0.0)	2.7 (0.3)	4.2 (0.7)	5.5 (0.8)	1.2 (0.1)	1.4 (0.2)
Ischemic heart disease	1.2 (0.1)	0.1 (0.0)	2.1 (0.2)	4.5 (0.6)	8.8 (1.5)	0.9 (0.1)	1.6 (0.2)
Osteoporosis	1.1 (0.1)	0.1 (0.0)	1.5 (0.2)	6.8 (1.1)	8.0 (1.2)	1.5 (0.2)	0.4 (0.1)
Chronic renal failure	0.8 (0.1)	0.1 (0.0)	1.2 (0.1)	3.7 (0.6)	* (2.1)	0.7 (0.1)	1.1 (0.1)
CHF[3]	0.8 (0.1)	0.1 (0.0)	1.3 (0.2)	2.5 (0.4)	6.6 (0.9)	0.7 (0.1)	0.9 (0.1)
Cerebrovascular disease	0.7 (0.1)	0.1 (0.0)	1.4 (0.1)	3.0 (0.5)	2.8 (0.5)	0.6 (0.1)	1.0 (0.1)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
[1]Presence of chronic conditions was based on the checklist of chronic conditions and reported diagnoses. Combined total visits by patients with chronic condtions (percent of visits) exceeds 100% because more than one chronic condition may be reported per visit.
[2]COPD is chronic obstructive pulmonary disease.
[3]CHF is congestive heart failure.

NOTE: Numbers mat not add to totals because more than one chronic condition maybe reported per visit.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 19. Presence of selected chronic conditions at community health center visits, by selected states: United States, 2013

Selected states	Hypertension	Hyperlipidemia	Arthritis	Diabetes	Depression	Obesity	Asthma	Cancer	COPD[1]	Osteoporosis
All visits	23.2 (0.9)	14.7 (0.7)	6.3 (0.3)	12.8 (0.6)	11.9 (0.8)	12.6 (0.6)	8.3 (0.4)	1.3 (0.1)	3.1 (0.2)	1.1 (0.1)
Arizona	23.9 (2.4)	17.9 (2.0)	8.0 (0.9)	15.2 (1.6)	10.1 (1.3)	12.3 (1.6)	6.9 (1.0)	1.4 (0.3)	3.7 (0.5)	1.2 (0.3)
California	17.8 (2.9)	12.9 (2.5)	4.1 (0.8)	11.5 (2.1)	10.9 (2.9)	16.0 (1.9)	7.3 (1.2)	1.2 (0.4)	2.0 (0.4)	1.0 (0.4)
Colorado	15.6 (3.1)	11.6 (2.3)	6.7 (1.2)	11.9 (2.0)	15.7 (3.0)	10.0 (1.4)	4.9 (0.6)	1.2 (0.4)	3.4 (0.8)	0.8 (0.4)
Florida	24.3 (3.8)	15.6 (2.5)	6.9 (1.2)	12.7 (2.2)	9.1 (1.9)	10.8 (1.5)	5.3 (0.9)	1.9 (0.5)	3.1 (0.7)	1.0 (0.3)
Georgia	30.2 (3.6)	14.6 (2.1)	6.4 (0.9)	14.5 (2.1)	6.4 (1.1)	14.0 (2.0)	6.8 (0.9)	0.9 (0.3)	2.3 (0.6)	0.3 (0.1)
Illinois	16.7 (2.6)	9.6 (1.6)	4.3 (1.0)	10.7 (1.4)	9.8 (1.4)	10.5 (2.3)	7.6 (1.7)	0.8 (0.4)	1.8 (0.6)	0.6 (0.3)
Indiana	19.2 (1.6)	8.8 (1.1)	5.0 (0.6)	10.5 (1.2)	12.9 (1.3)	12.1 (1.2)	7.6 (0.7)	0.6 (0.1)	3.7 (0.6)	0.3 (0.1)
Maryland	24.0 (3.0)	14.6 (2.1)	5.7 (1.2)	12.4 (1.6)	12.5 (2.9)	19.3 (3.3)	9.2 (1.7)	* *	3.4 (0.9)	1.6 (0.8)
Massachusetts	19.3 (4.6)	* *	* *	* *	16.0 (3.3)	16.7 (3.0)	9.9 (1.7)	1.0 (0.6)	1.2 (0.7)	* *
Michigan	34.9 (2.6)	18.2 (2.1)	11.5 (1.6)	19.0 (1.6)	19.3 (1.6)	14.0 (1.4)	9.1 (0.9)	2.3 (0.8)	7.3 (0.9)	1.9 (0.5)
Minnesota	25.0 (3.2)	14.1 (2.6)	8.4 (1.9)	14.8 (1.5)	13.0 (2.5)	10.3 (2.0)	5.7 (0.8)	1.2 (0.5)	3.1 (0.7)	1.3 (0.6)
Missouri	29.9 (3.8)	16.1 (2.2)	8.9 (1.3)	14.3 (1.9)	15.2 (2.5)	12.7 (1.9)	7.9 (1.2)	1.0 (0.4)	6.6 (1.4)	0.5 (0.2)
New Jersey	22.5 (2.4)	12.0 (1.6)	3.9 (0.6)	10.4 (1.4)	5.7 (0.9)	12.4 (1.3)	8.6 (1.0)	0.5 (0.2)	1.2 (0.3)	0.5 (0.2)
New York	17.3 (2.2)	13.7 (1.9)	4.1 (0.7)	8.2 (1.2)	10.1 (2.3)	8.6 (1.8)	12.0 (1.5)	0.6 (0.3)	1.6 (0.6)	1.6 (0.6)
North Carolina	42.6 (3.4)	25.9 (2.8)	12.3 (1.5)	21.5 (2.0)	10.2 (1.4)	18.4 (1.9)	9.2 (0.9)	2.1 (0.4)	6.3 (0.8)	0.9 (0.3)
Ohio	23.4 (3.0)	12.3 (1.9)	6.5 (1.3)	10.9 (1.4)	13.0 (2.4)	8.5 (1.5)	8.4 (1.0)	1.4 (0.5)	5.4 (1.0)	0.5 (0.2)
Pennsylvania	29.3 (3.0)	18.0 (2.1)	7.5 (1.0)	14.4 (1.5)	11.8 (1.8)	14.4 (1.8)	9.6 (1.0)	2.0 (0.4)	3.3 (0.5)	1.2 (0.4)
Tennessee	31.8 (2.3)	16.7 (2.0)	6.0 (0.7)	13.3 (1.2)	10.3 (1.4)	10.0 (1.1)	3.9 (0.7)	1.1 (0.3)	4.2 (0.7)	1.7 (0.7)
Texas	25.6 (2.6)	18.0 (2.5)	4.5 (0.7)	16.3 (1.6)	8.8 (1.2)	8.3 (1.3)	4.5 (0.7)	0.9 (0.2)	2.3 (0.5)	1.1 (0.4)
Virginia	33.2 (3.5)	18.7 (3.1)	7.5 (1.2)	17.0 (2.4)	12.2 (2.5)	5.6 (1.2)	8.8 (1.1)	2.2 (0.6)	4.8 (1.0)	0.9 (0.4)
Washington	20.6 (1.6)	15.7 (1.4)	7.4 (0.9)	11.7 (0.9)	18.9 (1.7)	13.2 (1.5)	8.3 (0.7)	1.3 (0.3)	3.4 (0.5)	1.2 (0.3)
Wisconsin	19.5 (2.9)	16.1 (2.7)	6.8 (1.3)	12.2 (1.9)	14.0 (2.7)	13.2 (2.3)	8.8 (1.5)	0.9 (0.3)	2.8 (0.6)	0.4 (0.2)

* Estimate does not meet NCHS standards of reliability.
[1]COPD is chronic obstructive pulmonary disease.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 20. Selected services ordered or provided at community health center visits, by type of provider: United States, 2013

Selected services ordered or provided	Number of visits in thousands[1] (standard error in thousands)	Percent of visits (standard error of percent)	Physician[2] percent of visits (standard error of percent)	Nonphysician clinician[3] percent of visits (standard error of percent)
All visits	53,604 (2,188)	100.0 …	100.0 …	100.0 …
One or more services ordered or provided[4]	53,329 (2,166)	99.5 (0.2)	99.3 (0.3)	99.8 (0.1)
No services provided	*275 (88)	0.5 (0.2)	0.7 (0.3)	0.2 (0.1)
Examinations				
Skin	5,556 (521)	10.4 (1.0)	9.6 (1.0)	11.5 (1.6)
Pelvic	3,237 (322)	6.0 (0.5)	4.8 (0.5)	8.0 (0.9)
Breast	1,906 (243)	3.6 (0.4)	2.7 (0.4)	4.9 (0.7)
Foot	1,426 (198)	2.7 (0.4)	2.6 (0.3)	2.8 (0.6)
Rectal	788 (179)	1.5 (0.3)	1.1 (0.3)	2.1 (0.7)
Retinal	1,305 (297)	2.4 (0.5)	2.3 (0.6)	2.6 (0.8)
Depression screening	3,277 (560)	6.1 (1.0)	6.4 (1.5)	5.6 (0.8)
Neurologic	4,515 (703)	8.4 (1.3)	8.0 (1.6)	9.0 (1.5)
General physical exam	39,813 (1,763)	74.3 (1.8)	72.7 (2.5)	76.7 (1.9)
Vital signs				
Weight	50,822 (2,102)	94.8 (0.7)	94.4 (1.0)	95.5 (0.6)
Blood pressure	45,131 (1,865)	84.2 (1.2)	81.2 (1.8)	88.8 (0.9)
Height	47,206 (1,956)	88.1 (1.1)	86.4 (1.4)	90.7 (0.9)
Temperature	43,908 (2,012)	81.9 (1.7)	82.1 (2.2)	81.6 (2.0)
Blood tests				
Complete blood count (CBC)	6,211 (386)	11.6 (0.5)	11.7 (0.7)	11.4 (0.7)
Lipids or cholesterol	5,812 (361)	10.8 (0.5)	10.8 (0.7)	10.9 (0.8)
Glucose	3,654 (269)	6.8 (0.4)	6.7 (0.5)	7.0 (0.6)
Glycohemoglobin (HgbA1C)	4,554 (331)	8.5 (0.5)	8.4 (0.6)	8.7 (0.7)
Prostate specific antigen (PSA)	391 (43)	0.7 (0.1)	0.7 (0.1)	0.8 (0.1)
Other tests				
Urinalysis (UA)	5,530 (433)	10.3 (0.7)	9.1 (0.8)	12.2 (1.1)
Pap test	1,844 (158)	3.4 (0.3)	2.6 (0.3)	4.7 (0.4)
Electrocardiogram (EKG or ECG)	687 (91)	1.3 (0.2)	1.2 (0.2)	1.4 (0.2)
Biopsy	123 (25)	0.2 (0.0)	0.3 (0.1)	0.2 (0.0)
Sigmoidoscopy	* *	0.0 (0.0)	0.0 (0.0)	* …
Colonoscopy	330 (43)	0.6 (0.1)	0.6 (0.1)	0.6 (0.1)
Peak flow	137 (28)	0.3 (0.1)	0.3 (0.1)	0.2 (0.1)
Electroencephalogram (EEG)	* *	0.1 (0.0)	0.1 (0.0)	0.1 (0.0)
Electromyogram (EMG)	34 (9)	0.1 (0.0)	0.1 (0.0)	0.1 (0.0)
Audiometry	705 (147)	1.3 (0.3)	1.6 (0.4)	0.9 (0.2)
Spirometry	195 (48)	0.4 (0.1)	0.3 (0.1)	0.5 (0.2)
Tonometry	* *	0.1 (0.1)	0.1 (0.1)	* …
Cardiac stress test	86 (16)	0.2 (0.0)	0.2 (0.0)	0.1 (0.0)
Fetal monitoring	411 (117)	0.8 (0.2)	0.9 (0.3)	0.6 (0.1)
Chlamydia test	1,671 (205)	3.1 (0.4)	2.1 (0.4)	4.6 (0.6)
HIV test[5]	1,356 (165)	2.5 (0.3)	2.0 (0.3)	3.3 (0.5)
Pregnancy or HCG test	1,773 (249)	3.3 (0.4)	1.9 (0.3)	5.4 (0.9)
HPV DNA test[6]	325 (86)	0.6 (0.2)	0.7 (0.2)	0.5 (0.1)
Imaging				
Any imaging	4,657 (325)	8.7 (0.5)	8.1 (0.5)	9.6 (0.8)
X ray	1,789 (132)	3.3 (0.2)	3.3 (0.3)	3.4 (0.3)
Ultrasound, excluding echocardiogram	1,136 (214)	2.1 (0.4)	1.7 (0.3)	2.8 (0.8)
Magnetic resonance imaging (MRI)	319 (39)	0.6 (0.1)	0.5 (0.1)	0.7 (0.1)
Computed tomography (CT) scan	250 (29)	0.5 (0.1)	0.5 (0.1)	0.4 (0.1)
Mammography	1,196 (121)	2.2 (0.2)	2.0 (0.2)	2.6 (0.3)
Echocardiogram	169 (31)	0.3 (0.1)	0.4 (0.1)	0.2 (0.0)
Bone mineral density	90 (17)	0.2 (0.0)	0.2 (0.0)	0.1 (0.0)
Other imaging	* *	0.0 (0.0)	0.1 (0.0)	0.0 (0.0)

See footnotes at end of table.

Table 20. Selected services ordered or provided at community health center visits, by type of provider: United States, 2013

Selected services ordered or provided	Number of visits in thousands[1] (standard error in thousands)	Percent of visits (standard error of percent)	Physician[2] percent of visits (standard error of percent)	Nonphysician clinician[3] percent of visits (standard error of percent)
Nonmedication treatment				
Physical therapy	400 (54)	0.7 (0.1)	0.7 (0.1)	0.8 (0.1)
Excision of tissue	187 (36)	0.3 (0.1)	0.4 (0.1)	0.3 (0.0)
Wound care	409 (36)	0.8 (0.1)	0.7 (0.1)	0.9 (0.1)
Psychotherapy	237 (59)	0.4 (0.1)	0.6 (0.2)	0.2 (0.1)
Other mental health counseling	984 (158)	1.8 (0.3)	2.0 (0.4)	1.6 (0.3)
Cast, splint, or wrap	161 (22)	0.3 (0.0)	0.2 (0.0)	0.4 (0.1)
Complementary and alternative medicine (CAM)	43 (13)	0.1 (0.0)	0.1 (0.0)	0.0 (0.0)
Durable medical equipment	175 (35)	0.3 (0.1)	0.2 (0.0)	0.5 (0.1)
Home health care	*86 (27)	0.2 (0.1)	0.2 (0.1)	0.1 (0.0)
Health education or counseling				
Asthma	514 (68)	1.0 (0.1)	0.9 (0.1)	1.0 (0.2)
Diet and nutrition	9,836 (647)	18.3 (1.0)	18.7 (1.3)	17.9 (1.1)
Exercise	5,713 (341)	10.7 (0.6)	9.8 (0.7)	12.0 (0.8)
Family planning or contraception	1,777 (192)	3.3 (0.3)	1.9 (0.3)	5.4 (0.6)
Growth and development	2,763 (381)	5.2 (0.7)	6.4 (1.0)	3.3 (0.5)
Injury prevention	2,490 (423)	4.6 (0.8)	5.4 (1.2)	3.4 (0.7)
Stress management	398 (69)	0.7 (0.1)	0.7 (0.2)	0.8 (0.1)
Tobacco use or exposure	2,935 (206)	5.5 (0.4)	4.8 (0.4)	6.5 (0.5)
Weight reduction	2,211 (211)	4.1 (0.4)	4.2 (0.6)	4.0 (0.4)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
--Quantity zero.
[1]Combined total of diagnostic, screening and nonmedication treatment services exceeds "all visits" and percent of visits exceeds 100% because more than one service may be reported per visit.
[2]Based on 32,388,000 visits seen only by physicians.
[3]Based on 21,216,000 visits seen only by nonphysicians clinicians (physician assistants, nurse practioners, and nurse midwives). Includes visits seen by physician and nonphysician clinician.
[4]Includes up to nine write-in procedures from the Services item on the Patient Record Form. 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 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 doublecounting. Procedures codes were reviewed against checkboxes for x-ray, bone mineral density, CT scan, echocardiogram, other ultrasound, mammography, MRI, other imaging, EKG/ECG, complementary or alternative medicine, physical therapy, speech or occupational therapy, psychotherapy, excision of tissue, wound care, cast, biopsy, and splint or wrap. 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.
[5]HIV is human immunodeficiency virus.
[6]HPV is human papilloma virus; DNA is deoxyribonucleic acid.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 21. Initial blood pressure measurement recorded at community health center visits to primary care physicians for adults aged 18 and over, by selected patient characteristics: United States, 2013

Patient characteristic	Number of visits in thousands	Total	Initial blood pressure[1]			
			Not high	Mildly high	Moderately high	Severely high
			Percent distribution (standard error of percent)			
All visits to PCPs[2]	19,437	100.0	35.2 (1.1)	40.5 (0.9)	17.3 (0.8)	7.1 (0.6)
Age (years)						
18–24	2,023	100.0	61.7 (2.4)	31.2 (2.5)	6.5 (1.3)	0.5 (0.2)
25–44	6,553	100.0	45.3 (1.6)	39.2 (1.3)	12.0 (0.9)	3.5 (0.5)
45–64	7,795	100.0	25.7 (1.1)	43.3 (1.3)	21.7 (1.0)	9.3 (0.7)
65–74	1,820	100.0	20.8 (1.4)	44.1 (2.1)	22.6 (1.7)	12.5 (2.4)
75 and over	1,246	100.0	18.9 (2.1)	39.3 (2.6)	27.0 (2.5)	14.8 (2.7)
Sex						
Female	12,857	100.0	40.3 (1.5)	38.1 (0.9)	15.3 (0.8)	6.2 (0.7)
Male	6,580	100.0	25.2 (1.5)	45.1 (1.9)	21.0 (1.1)	8.7 (0.8)
Race[3]						
White	14,292	100.0	36.5 (1.4)	40.4 (1.2)	16.4 (0.9)	6.6 (0.8)
Black or African American	3,733	100.0	29.1 (1.5)	40.0 (1.2)	21.1 (0.9)	9.9 (1.1)
Other[4]	1,413	100.0	37.7 (2.3)	42.2 (2.6)	15.8 (1.9)	4.4 (0.8)
Ethnicity[3]						
Hispanic or Latino	7,494	100.0	44.6 (2.1)	35.2 (1.4)	14.2 (1.1)	6.0 (1.4)
Not Hispanic or Latino	11,943	100.0	29.3 (0.9)	43.8 (0.9)	19.2 (0.7)	7.7 (0.5)
White	7,213	100.0	28.2 (1.0)	46.0 (1.1)	18.7 (1.0)	7.1 (0.5)
Black or African American	3,533	100.0	28.3 (1.5)	39.9 (1.2)	21.6 (0.9)	10.2 (1.2)
Other[4]	1,197	100.0	38.9 (2.4)	41.8 (2.8)	15.2 (1.8)	4.2 (0.9)

… Category not applicable.

* Estimate does not meet NCHS standards of reliability.

[1]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. Not High is defined as any BP <120 mm Hg systolic and <80 mm Hg diastolic. Similar to 2010 but in contrast to prior years, low BP has been combined with normal BP in 2010 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 1 hypertensive range. "Severely high" BP corresponds to the JNC-7 stage 2 hypertensive range.

[2]PCP is primary care physician. PCP includes general and family practice, internal medicine, pediatrics, and obstetrics and gynecology. Visits where blood pressure recorded represent 96.4% (SE = 0.9) of all community health center visits made to primary care providers by adults (aged 18 and over).

[3]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, the National Center for Health Statistics 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 2013 National Ambulatory Medical Care Survey Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013_chc.pdf. For 2013, race data were missing for 16.6% of visits, and ethnicity data were missing for 10.5% of visits where blood pressure was taken.

[4]Other race includes visits by 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.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 22. Medication therapy and number of medications mentioned at community health center visits, by type of provider: United States, 2013

Medication therapy[1]	Number of visits in thousands (standard error in thousands)	Percent of visits (standard error of percent)	Physician[2] percent of visits (standard error of percent)	Nonphysician clinician[3] percent of visits (standard error of percent)
All visits	53,604 (2,188)	100.0 (0.0)	100.0 (0.0)	100.0 (0.0)
Visits with mention of medication[4]	42,975 (1,827)	80.2 (0.9)	79.2 (1.2)	81.7 (1.0)
Visits without mention of medication	9,052 (610)	16.9 (0.8)	18.2 (1.2)	14.9 (0.8)
Blank	1,577 (292)	2.9 (0.6)	2.7 (0.5)	3.4 (0.9)
Number of medications provided or prescribed				
All visits	53,604 (2,188)	100.0 …	100.0 …	100.0 …
0	9,052 (610)	16.9 (0.8)	18.2 (1.2)	14.9 (0.8)
1	10,755 (607)	20.1 (0.6)	19.1 (0.8)	21.6 (0.9)
2	8,192 (409)	15.3 (0.4)	14.4 (0.6)	16.6 (0.5)
3	5,988 (298)	11.2 (0.3)	10.7 (0.4)	11.8 (0.4)
4	4,327 (235)	8.1 (0.3)	8.2 (0.4)	7.9 (0.3)
5	3,303 (195)	6.2 (0.3)	6.4 (0.4)	5.7 (0.3)
6	2,390 (122)	4.5 (0.2)	4.6 (0.3)	4.2 (0.3)
7	1,786 (117)	3.3 (0.2)	3.5 (0.3)	3.1 (0.2)
8	1,519 (116)	2.8 (0.2)	3.0 (0.3)	2.6 (0.2)
9	1,359 (117)	2.5 (0.2)	2.6 (0.3)	2.4 (0.2)
10	3,357 (258)	6.3 (0.5)	6.6 (0.7)	5.7 (0.5)
Blank	1,577 (292)	2.9 (0.6)	2.7 (0.5)	3.4 (0.9)

… Category not applicable.
[1]Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents.
[2]Based on 32,388,000 visits seen by physicians.
[3]Based on 21,216,000 visits seen by nonphysician clinicians (physician assistants, nurse practioners or nurse midwives).
[4]A drug mention is documentation in a patient's record of a drug provided, prescribed, or continued at a visit. Up to ten drug mentions were colected per visit in 2013. Also defined as drug visits.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 23. Communtiy health center visits and drug mentions, by type of clinician and physician speciality: United States, 2013

Physician speciality	Drug visits[1] number in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Drug mentions[2] number in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Percent of office visits with drug mentions[3] (standard error of percent)	Drug mention rates[4] (standard error of rate)
All specialties	42,975 (1,827)	100.0 (…)	163,716 (7,519)	100.0 (…)	80.2 (0.9)	305.4 (8.3)
Physician						
General and family practice	14,319 (1,028)	33.3 (2.1)	59,191 (4,571)	36.2 (2.2)	79.5 (1.9)	328.5 (14.8)
Pediatrics	5,668 (727)	13.2 (1.5)	16,984 (2,377)	10.4 (1.4)	75.2 (1.5)	225.3 (10.1)
Internal medicine	2,889 (509)	6.7 (1.2)	13,470 (2,367)	8.2 (1.4)	87.2 (1.5)	406.5 (17.7)
Obstetrics and gynecology	928 (216)	2.2 (0.5)	2,366 (636)	1.4 (0.4)	62.7 (5.1)	160.0 (22.9)
All other specialties	*1,840 (588)	* *	*8,709 (3,243)	* *	**90.2 (3.1)	426.7 (73.7)
Nonphysician clinician						
Nurse practitioner	11,411 (825)	26.6 (1.7)	42,573 (3,280)	26.0 (1.7)	81.2 (1.3)	303.1 (11.5)
Physician assistant	4,829 (440)	11.2 (1.0)	18,081 (1,713)	11.0 (1.0)	82.9 (1.6)	310.4 (12.6)
Nurse midwife	*1,090 (535)	* *	*2,342 (1,159)	1.4 (0.7)	81.2 (4.8)	174.4 (13.8)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
** While the estimate meets NCHS standards of reliability, its complement does not.
[1]Visits at which one or more drugs were provided or prescribed.
[2]A drug mention is documentation in a patient's record of a drug provided, prescribed, or continued at a visit. Up to ten drug mentions were collected per visit in 2013. Also defined as drug visits.
[3]Percent of visits that included one or more drug provided or prescribed (number of visits by divided by number of office visits multiplied by 100).
[4]Average number of drugs that were provided or prescribed per 100 visits (total number of drug mentions divided by total number of visits multiplied by 100).

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 24. Twenty most frequently mentioned drugs, by therapeutic drug category at community health center visits: United States, 2013

Therapeutic drug category[1]	Number of occurrences in thousands (standard error in thousands)	Percent of drug mentions[2] (standard error of percent)
Analgesics[3]	19,416 (962)	11.9 (0.3)
Immunostimulants	9,860 (985)	6.0 (0.6)
Antidiabetic agents	8,347 (562)	5.1 (0.2)
Bronchodilators	7,853 (422)	4.8 (0.2)
Antidepressants	7,694 (624)	4.7 (0.3)
Antihyperlipidemic agents	6,501 (428)	4.0 (0.2)
Dermatological agents	6,346 (428)	3.9 (0.2)
Antihistamines	5,895 (294)	3.6 (0.1)
Anxiolytics, sedatives, and hypnotics	5,603 (385)	3.4 (0.2)
Anticonvulsants	5,416 (492)	3.3 (0.2)
Angiotensin converting enzyme inhibitors	4,989 (330)	3.0 (0.1)
Vitamin and mineral combinations	4,354 (538)	2.7 (0.3)
Proton pump inhibitors	3,973 (238)	2.4 (0.1)
Antiplatelet agents	3,901 (282)	2.4 (0.1)
Beta-adrenergic blocking agents	3,861 (230)	2.4 (0.1)
Diuretics	3,734 (248)	2.3 (0.1)
Vitamins	3,393 (244)	2.1 (0.1)
Nasal preparations	3,315 (251)	2.0 (0.1)
Sex hormones	3,108 (255)	1.9 (0.1)
Calcium channel blocking agents	2,841 (163)	1.7 (0.1)

[1]Based on Multum Lexicon second level therapeutic drug category (see https://www.cerner.com/solutions/drug-database).
[2]Based on an estimated 163,716,000 drug mentions at community health center visits in 2013.
[3]Includes narcotic and nonnarcotics and nonsteroidal anti-inflammatory drugs.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 25. Twenty most frequently mentioned drug names at community health center visits, by new or continued status: United States, 2013

Drug name[1]	Number of mentions in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Total	Percent distribution (standard error of percent)			Therapeutic drug category[3]
				New	Continued	Unknown[2]	
All drug mentions	163,716 (7,519)	100.0 …	100.0	33.1 (1.2)	66.1 (1.2)	0.8 (0.1)	…
Albuterol	5,517 (286)	3.4 (0.1)	100.0	23.6 (1.4)	75.6 (1.4)	0.9 (0.2)	Bronchodilators
Lisinopril	3,991 (244)	2.4 (0.1)	100.0	15.8 (1.4)	83.4 (1.4)	0.8 (0.2)	Angiotensin converting enzyme inhibitors
Ibuprofen	3,917 (255)	2.4 (0.1)	100.0	40.4 (2.3)	59.0 (2.3)	0.5 (0.1)	Analgesics
Metformin	3,433 (228)	2.1 (0.1)	100.0	13.5 (1.4)	85.8 (1.4)	0.7 (0.2)	Antidiabetic agents
Aspirin	3,420 (234)	2.1 (0.1)	100.0	10.8 (1.2)	88.5 (1.2)	0.7 (0.2)	Analgesics, Antiplatelet agents
Influenza virus vaccine, inactivated	2,824 (406)	1.7 (0.2)	100.0	93.6 (1.5)	* *	2.7 (0.8)	Immunostimulants
Multivitamin	2,800 (286)	1.7 (0.2)	100.0	20.5 (1.9)	78.6 (1.9)	0.9 (0.3)	Vitamin and mineral combinations
Omeprazole	2,732 (191)	1.7 (0.1)	100.0	22.1 (1.5)	77.1 (1.5)	0.9 (0.2)	Proton pump inhibitors
Loratadine	2,374 (177)	1.5 (0.1)	100.0	33.3 (2.3)	65.9 (2.3)	0.9 (0.3)	Antihistamines
Acetaminophen	2,305 (200)	1.4 (0.1)	100.0	43.1 (2.8)	55.8 (2.9)	1.1 (0.6)	Analgesics
Amlodipine	2,184 (134)	1.3 (0.1)	100.0	17.0 (1.7)	82.2 (1.7)	0.9 (0.2)	Calcium channel blocking agents
Hydrochlorothiazide	2,091 (148)	1.3 (0.1)	100.0	17.0 (1.4)	82.1 (1.4)	0.8 (0.2)	Diuretics
Simvastatin	2,065 (214)	1.3 (0.1)	100.0	11.6 (1.6)	87.9 (1.6)	0.5 (0.2)	Antihyperlipidemic agents
Fluticasone nasal	1,964 (216)	1.2 (0.1)	100.0	31.3 (3.2)	68.2 (3.2)	0.5 (0.2)	Nasal preparations
Levothyroxine	1,917 (144)	1.2 (0.1)	100.0	11.3 (1.3)	88.4 (1.3)	0.3 (0.1)	Thyroid hormones
Acetaminophen-hydrocodone	1,869 (149)	1.1 (0.1)	100.0	29.1 (2.4)	70.5 (2.4)	0.4 (0.1)	Analgesics
Amoxicillin	1,819 (112)	1.1 (0.1)	100.0	80.1 (1.7)	19.0 (1.7)	0.9 (0.2)	Penicillins
Metoprolol	1,807 (122)	1.1 (0.1)	100.0	16.1 (2.9)	83.3 (2.8)	0.7 (0.2)	Beta-adrenergic blocking agents
Naproxen	1,742 (131)	1.1 (0.1)	100.0	36.0 (1.9)	63.6 (1.9)	0.4 (0.1)	Analgesics
Tramadol	1,682 (140)	1.0 (0.1)	100.0	28.6 (1.9)	71.1 (1.9)	0.3 (0.1)	Analgesics
Other	111,266 (5,238)	68.0 (0.5)	100.0	35.1 (1.3)	64.1 (1.3)	0.7 (0.1)	Other

… Category not applicable.
0.0 Quantity more than zero but less than 0.05.
* Estimate does not meet NCHS standards of reliability.
[1] Based on Multum Lexicon terminology. Drug name reflects the active ingredients(s) of a drug provided, prescribed, or continued.
[2] Unknown includes drugs provided or prescribed that did not have either the new drug or continued drug checkboxes marked.
[3] Based on Multum Lexicon second-level therapeutic drug category (see https://www.cerner.com/solutions/drug-database).

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 26. Providers seen at community health center visits: United States, 2013

Type of provider	Number of visits in thousands[1] (standard error in thousands)	Percent of visits (standard error of percent)
All visits	53,604 (2,188)	… …
Physician	33,842 (1,836)	63.1 (2.0)
R.N.[2] or L.P.N.[3]	11,981 (1,047)	22.4 (1.8)
R.N. or L.P.N. seen without physician	4,634 (657)	8.6 (1.1)
R.N. or L.P.N. seen with physician	7,347 (633)	13.7 (1.1)
Physician assistant (PA)	7,988 (1,038)	14.9 (1.8)
PA seen without physician	5,340 (487)	10.0 (0.9)
PA seen with physician	*2648 (936)	* *
Nurse practitioner or midwife (NPNM)	14,224 (1,085)	26.5 (1.8)
NPNM seen without physician	13,672 (1,077)	25.5 (1.8)
NPNM seen with physician	*552 (214)	1.0 (0.4)
Mental health provider	181 (44)	0.3 (0.1)
Other provider	20,143 (1,711)	37.6 (2.7)
Blank	*135 (70)	0.3 (0.1)

… Category not applicable.

[1]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 provider during the 1-week reporting period. However, at 36.9% 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.

[2]R.N. is registered nurse.

[3]L.P.N. is licensed practical nurse.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 27. Disposition of community health center visits: United States, 2013

Disposition	Number of visits in thousands[1] (standard error in thousands)	Percent of visits (standard error of percent)
All visits	53,604 (2,188)	… …
Return at specified time	36,261 (1,652)	67.6 (1.5)
Referred to other physician	6,630 (382)	12.4 (0.5)
Refer to emergency room or admit to hospital	312 (35)	0.6 (0.1)
Other disposition	14,675 (993)	27.4 (1.3)
Blank	1,053 (165)	2.0 (0.3)

… Category not applicable.

[1]Combined total of individual dispositions exceeds "all visits," and "percent of visits" exceeds 100% because more than one disposition may be reported per visit.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 28. Time spent with physician or nonphysician clinician: United States, 2013

Time spent with physician or nonphysician clinician	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All visits	53,604 (2,188)	100.0 …
Visits at which a physician was seen	31,796 (1,806)	59.3 (2.0)
Visits at which nonphysician clinician was seen	18,652 (1,189)	34.8 (1.9)
Neither physician or nonphysician clinician was seen at visit	3,157 (516)	5.9 (0.9)
Total visits seen by physician[1]	31,796 (1,806)	100.0 …
1–5 minutes	*897 (706)	* *
6–10 minutes	1,893 (154)	6.0 (0.4)
11–15 minutes	12,340 (1,111)	38.8 (2.6)
16–30 minutes	12,621 (756)	39.7 (1.9)
31–60 minutes	3,537 (471)	11.1 (1.3)
61 minutes and over	*507 (167)	1.6 (0.5)
Total visits seen by nonphysician clinician[2]	18,652 (1,189)	100.0 …
1–5 minutes	198 (80)	1.1 (0.4)
6–10 minutes	1,073 (121)	5.8 (0.5)
11–15 minutes	6,165 (574)	33.1 (2.2)
16–30 minutes	8,788 (637)	47.1 (1.8)
31–60 minutes	2,153 (208)	11.5 (0.9)
61 minutes and over	276 (75)	1.5 (0.4)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
[1]Time spent with physicians only reported for visits where a physician was seen. Time spent with physicians was missing for 21% of visits where a physician was seen. Estimates presented include imputed values for missing data.
[2]Time spent with nonphysician clinicians only reported for visits where a physician assistant, nurse practioner, or nurse midwife was seen. Time spent with nonphysician clinicians was missing for 49% of visits where a nonphysician clinician was seen. Estimates presented include imputed values for missing data.

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

SOURCE: NCHS,National Ambulatory Medical Care Survey, 2013.

Table 29. Mean time spent with physician or nonphysician clinician, by type of clinician and physician specialty: United States, 2013

Physician specialty	Mean time in minutes spent with physician or nonphysician clinician	Standard error of mean	25th percentile	Median	75th percentile
Physician[1]	21.3	0.8	14.3	16.2	24.7
General and family practice	20.5	1.0	14.2	15.6	24.1
Internal medicine	19.4	0.7	14.3	14.9	20.3
Pediatrics	20.4	1.1	14.3	15.0	22.4
Obstetrics and gynecology	23.7	1.1	14.6	19.8	29.3
All other specialities	32.3	3.6	16.4	29.0	36.2
Nonphysician clinician[2]	22.2	0.5	14.4	19.0	26.6
Physician assistant	20.9	0.4	14.3	17.4	25.3
Nurse practitioner or nurse midwife	22.7	0.6	14.4	19.1	27.1

[1]Only visits where a physician was seen are included. Time spent with physicians was missing for 21% of visits where a physician was seen. Estimates presented include imputed values for missing data.

[2]Only visits where a nonphysician clinician was seen are included. Time spent with nonphysician clinicians was missing for 49% of visits where a nonphysician clinician was seen. Estimates presented include imputed values for missing data.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 30. Number of in-scope community health center service delivery sites in total sample, CHC response rates, number of sampled providers and provider response rate, and number of participating providers and participation rate by division and selected states: National Ambulatory Medical Care Survey, 2013

Division and state	In-scope CHC service delivery sites[1]	CHC response rate	Sampled CHC providers	CHC provider Patient Record form response rate[2]	Visit response rate: unweighted (weighted)[3]	Participants[4]	Participation rate: unweighted (weighted)[5]
Total	1,662	81 (83)	2,982	77 (73)	62 (60)	2,701	73 (71)
New England							
Massachusetts	35	63 (63)	44	75 (70)	47 (44)	40	57 (58)
Remainder states (CT, ME, NH, RI, VT)	57	77 (77)	100	70 (73)	54 (56)	89	69 (70)
Middle Atlantic							
New Jersey	68	78 (78)	131	66 (73)	51 (57)	125	74 (76)
New York	51	86 (86)	101	55 (59)	48 (51)	70	60 (58)
Pennsylvania	65	86 (86)	125	75 (70)	65 (61)	111	77 (77)
East North Central							
Illinois	44	84 (84)	84	76 (80)	64 (67)	71	71 (74)
Indiana	63	89 (89)	122	96 (97)	85 (87)	121	88 (88)
Michigan	60	92 (92)	141	80 (82)	73 (75)	138	90 (91)
Ohio	62	79 (79)	109	82 (82)	65 (65)	102	74 (74)
Wisconsin	52	56 (56)	69	91 (95)	51 (53)	68	55 (54)
West North Central							
Minnesota	34	71 (71)	47	89 (94)	63 (66)	44	66 (69)
Missouri	43	79 (79)	69	64 (66)	50 (52)	62	71 (68)
Remainder states (IA, KS, NE, ND, SD)	50	84 (84)	107	89 (93)	75 (78)	99	78 (80)
South Atlantic							
Florida	59	83 (83)	107	71 (74)	59 (62)	98	76 (76)
Georgia	64	78 (78)	115	84 (90)	66 (70)	111	75 (77)
Maryland	59	59 (59)	75	71 (49)	42 (29)	68	54 (48)
North Carolina	62	81 (81)	109	74 (73)	60 (59)	94	70 (68)
Virginia	62	79 (79)	103	61 (64)	48 (50)	87	67 (68)
Remainder states (SC, DC, DE, WV)	58	79 (79)	95	77 (68)	61 (54)	84	70 (63)
East South Central							
Tennessee	71	94 (94)	137	63 (66)	59 (62)	133	92 (92)
Remainder states (AL, KY, MS)	59	90 (90)	102	64 (54)	57 (49)	89	78 (81)
West South Central							
Texas	63	79 (79)	118	78 (69)	62 (55)	99	67 (59)
Remainder states (LA, OK, AR)	63	83 (83)	107	84 (82)	69 (67)	100	77 (74)
Mountain							
Arizona	62	81 (81)	112	85 (81)	68 (65)	105	76 (74)
Colorado	51	61 (61)	67	79 (88)	48 (54)	56	51 (55)
Remainder states (UT, ID, NM, MT, NV, WY)	56	82 (83)	98	95 (95)	78 (79)	95	80 (81)
Pacific							
California	64	91 (91)	145	65 (66)	59 (60)	116	73 (70)
Washington	65	91 (91)	145	90 (94)	82 (85)	141	88 (89)
Remainder states (OR, AK, HI)	60	83 (83)	98	83 (78)	69 (65)	85	72 (67)

[1]Data are derived from a list of Federally Qualified Health Center (FQHC) service delivery sites from the Health Resources and Services Administration's Bureau of Primary Health Care and Indian Health Service and represent the total FQHC service delivery sites eligible for NAMCS.
[2]Respondents are providers for whom at least one-half of their expected number of Patient Record forms were completed (full responders) and also include providers who saw no patients during their sampled week.
[3]Response rate is the number of respondents divided by the number of sampled providers times the CHC response rate divided by 100.
[4]Participants are providers for whom at least one Patient Record form was completed (full and minimal responders) and also include providers who saw no patients during their sampled week.
[5]Participation rate is the number of participants divided by the number of sampled providers times the CHC response rate divided by 100.

NOTE: Division and state represent location of interview. A total of 22 states were targeted for separate estimation. States not targeted for separate estimation were grouped into "remainder states" and sampled accordingly.