National Ambulatory Medical Care Survey: 2013 State and National Summary Tables

The Ambulatory and Hospital Care Statistics Branch 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 2013 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. Visit estimates for the 22 most populous states are included in the summary tables. 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 included in Census Division estimates. Four tables presenting state estimates are included in addition to the tables presenting national estimates.

The sampling frame for the 2013 NAMCS was composed of all physicians contained in the master files maintained by the AMA and AOA. The 2013 NAMCS utilized a two-stage probability design that involved probability samples of physicians within targeted states/Census divisions, and patient visits within practices. Although an additional sample of physicians and non-physician practitioners from community health center (CHC) delivery sites was also selected, CHC estimates are not included in the summary tables. CHC visit estimates will be presented in a separate report.

The 2013 NAMCS sample included 11,212 physicians. A total of 4,213 physicians did not meet all of the criteria and were ruled out of scope (ineligible) for the study. Of the 6,999 in-scope (eligible) physicians, 3,369 completed Patient Record Forms (PRFs) in the study. PRFs were not completed by 664 physicians because they saw no patients during their sample week due to vacations, illness, or other reasons for being temporarily not in practice. Of the 3,369 physicians who completed PRFs, 2,879 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 490 participated minimally (i.e. fewer than half of the expected number of PRFs were submitted). Within physician practices, data are abstracted from medical records for up to 30 sampled visits during a randomly assigned 1-week reporting period. In all, 54,873 PRFs were submitted. The unweighted response rate was 41.1 percent (40.4 percent weighted), based on the number of full participants only. The weighted participation rate was 48.3 percent based on the total of full and minimal responders including those who saw no patients during their reporting week. Among the 22 states, response ranged from 24.4%-56.7% (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. For 2013, Census field representative abstraction using laptop computers and the automated instrument containing the PRF was the preferred mode of data collection. The PRF may be viewed at:
http://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 percent 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 percent sample ranged between 0.5 and 0.8 percent. For further details, see the 2013 NAMCS Public Use Data File Documentation at:
ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013.pdf

Web table estimates include physician visits to office-based practices. 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 2013 NAMCS are discussed in the NAMCS Public Use Data File Documentation at:
ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013.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 2013, race data were missing for 29.6 percent of visits, and ethnicity data were missing for 30.9 percent of visits. The high amounts of missing data are of concern. Tables 6, 12, 13, 17, and 22 presenting race and ethnicity data include estimates based on both imputed and reported (known) values and estimates based on reported values only. The "best" estimates of visits to office-based physicians by race and ethnicity are those that include both imputed and reported data. 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. The imputation technique is described in more detail in the 2013 NAMCS Public Use Data File Documentation at:
ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013.pdf

Information on missing data for other variables is provided 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.

Suggested citation: Hing E, Rui P, Palso K. National Ambulatory Medical Care Survey: 2013 State and National Summary Tables. Available from:
http://www.cdc.gov/nchs/ahcd/ahcd_products.htm.

Table 1. Office visits, by selected physician 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[1–3]	(standard error of rate)
All visits	922,596	(16,370)	100.0	...	296.7	(5.3)
Physician specialty[4]						
General and family practice	210,771	(12,820)	22.9	(1.3)	67.8	(4.1)
Internal medicine	125,776	(11,495)	13.6	(1.2)	40.5	(3.7)
Pediatrics[5]	102,172	(7,227)	11.1	(0.8)	132.6	(9.6)
Obstetrics and gynecology[6]	59,402	(6,420)	6.4	(0.7)	45.8	(5.0)
Orthopedic surgery	47,858	(5,238)	5.2	(0.6)	15.4	(1.7)
Ophthalmology	43,168	(5,804)	4.7	(0.6)	13.9	(1.9)
Psychiatry	38,062	(5,316)	4.1	(0.6)	12.2	(1.7)
Cardiovascular diseases	36,722	(5,976)	4.0	(0.6)	11.8	(1.9)
Dermatology	25,157	(4,823)	2.7	(0.5)	8.1	(1.6)
Urology	20,741	(3,634)	2.3	(0.4)	6.7	(1.2)
General surgery	17,892	(2,551)	1.9	(0.3)	5.8	(0.8)
Otolaryngology	16,225	(2,599)	1.8	(0.3)	5.2	(0.8)
Neurology	14,376	(2,876)	1.6	(0.3)	4.6	(0.9)
All other specialties	164,274	(8,773)	17.8	(0.9)	52.8	(2.8)
Professional identity						
Doctor of medicine	860,503	(16,468)	93.3	(0.8)	276.8	(5.3)
Doctor of osteopathy	62,094	(7,270)	6.7	(0.8)	20.0	(2.3)
Specialty type[4]						
Primary care	490,831	(13,257)	53.2	(1.0)	157.9	(4.3)
Medical specialty	252,615	(11,301)	27.4	(1.1)	81.3	(3.6)
Surgical specialty	179,150	(9,104)	19.4	(1.0)	57.6	(2.9)
Geographic region						
Northeast	196,630	(8,374)	21.3	(0.8)	356.3	(15.2)
New England	54,476	(3,661)	5.9	(0.4)	377.5	(25.4)
Mid-Atlantic	142,155	(7,610)	15.4	(0.8)	348.8	(18.7)
Midwest	179,358	(6,154)	19.4	(0.6)	269.5	(9.3)
East North Central	123,521	(4,803)	13.4	(0.5)	268.5	(10.4)
West North Central	55,837	(3,883)	6.1	(0.4)	271.9	(18.9)
South	332,422	(8,697)	36.0	(0.8)	286.4	(7.5)
South Atlantic	177,604	(6,766)	19.3	(0.7)	293.3	(11.2)
East South Central	56,727	(2,835)	6.2	(0.3)	308.9	(15.4)
West South Central	98,092	(4,733)	10.6	(0.5)	264.2	(12.8)
West	214,186	(9,773)	23.2	(0.9)	292.9	(13.4)
Mountain	58,872	(2,631)	6.4	(0.3)	261.4	(11.7)
Pacific	155,314	(9,420)	16.8	(0.9)	306.9	(18.6)
Metropolitan status[7]						
MSA	841,369	(16,610)	91.2	(0.7)	313.7	(6.2)
Non-MSA	81,227	(6,686)	8.8	(0.7)	190.3	(15.7)

... 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]Population estimates by metropolitan statistical area definition 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 February 2013 Office of Management and Budget definitions of core-based statistical areas. See http://www.census.gov/population/metro/data/metrodef.html for more about metropolitan statistical definitions.

[3]For geographic and metropolitan statistical areas, population denominators differ for each category and thus do not add to 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 file documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013.pdf.

[5]Number of visits (numerator) and population estimate (denominator) include children under age 18 years.

[6]Number of visits (numerator) and population estimate (denominator) include females aged 15 years 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. Office 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)
Total	922,596	(16,370)	296.7	(5.3)
Arizona	17,507	(1,636)	268.7	(25.1)
California	121,515	(9,291)	321.4	(24.6)
Colorado	15,314	(1,408)	296.1	(27.1)
Florida	67,356	(5,385)	350.3	(28.0)
Georgia	23,550	(1,723)	240.7	(17.3)
Illinois	33,173	(2,637)	261.4	(20.8)
Indiana	19,238	(1,509)	297.3	(23.3)
Maryland	15,825	(1,907)	271.3	(32.0)
Massachusetts	23,235	(2,370)	351.4	(35.0)
Michigan	25,087	(2,426)	256.4	(24.8)
Minnesota	16,427	(1,313)	306.4	(24.5)
Missouri	13,138	(1,401)	221.5	(23.6)
New Jersey	37,113	(3,672)	422.2	(41.8)
New York	66,240	(6,344)	341.5	(32.3)
North Carolina	25,044	(2,071)	260.1	(21.5)
Ohio	27,974	(2,701)	245.5	(23.5)
Pennsylvania	38,901	(3,630)	309.5	(28.2)
Tennessee	25,112	(1,746)	392.9	(27.3)
Texas	69,155	(4,306)	266.6	(16.6)
Virginia	24,857	(1,995)	309.0	(24.2)
Washington	16,597	(1,234)	241.9	(18.0)
Wisconsin	17,934	(1,261)	316.4	(22.2)

[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.
NOTE: Numbers do not add to national total because estimates are available only for 22 states.
SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 3. Office visits, by selected physician practice characteristics: United States, 2013

Physician practice characteristics	Number of visits in thousands	(standard error in thousands)	Percent distribution	(standard error of percent)
All visits	922,596	(16,370)	100.0	...
Employment status				
Full-owner	351,043	(14,766)	38.0	(1.5)
Part-owner	229,593	(11,687)	24.9	(1.2)
Employee	311,356	(14,628)	33.7	(1.4)
Contractor	26,766	(4,082)	2.9	(0.4)
Blank[1]	*3,838	(1,196)	*0.4	(0.1)
Ownership				
Physician or group	685,423	(16,655)	74.3	(1.3)
Other health care corporation	92,766	(10,252)	10.1	(1.1)
Other hospital	36,922	(4,461)	4.0	(0.5)
Medical or academic health center	25,149	(3,646)	2.7	(0.4)
HMO[2]	19,852	(3,774)	2.2	(0.4)
Other[3]	21,716	(3,981)	2.4	(0.4)
Blank[1]	40,767	(5,965)	4.4	(0.6)
Practice size				
Nonsolo, practice size not reported	2,645	(792)	*0.3	(0.1)
Solo	320,352	(13,792)	34.7	(1.4)
2	97,661	(8,885)	10.6	(0.9)
3–5	238,522	(13,178)	25.9	(1.3)
6–10	160,479	(10,365)	17.4	(1.1)
11 or more	102,627	(8,481)	11.1	(0.9)
Blank[1]	*311	(301)	*0.0	(0.0)
Type of practice				
Single-specialty group	364,617	(14,345)	39.5	(1.4)
Multispecialty group	237,270	(13,445)	25.7	(1.3)
Solo	320,352	(13,792)	34.7	(1.4)
Blank[1]	*357	(304)	*0.0	(0.0)
Office type				
Private practice	823,331	(17,374)	89.2	(0.9)
Freestanding clinic or urgicenter	53,933	(6,818)	5.8	(0.7)
Other[4]	45,333	(5,933)	4.9	(0.6)
Electronic medical records				
Yes–all electronic	606,852	(17,208)	65.8	(1.4)
Yes–part paper and part electronic	110,718	(9,802)	12.0	(1.0)
No	198,564	(11,591)	21.5	(1.2)
Blank[1]	*6,462	(2,328)	*0.7	(0.3)
Practice submits claims electronically				
Yes	824,959	(17,306)	89.4	(0.9)
No	77,133	(7,224)	8.4	(0.8)
Blank[1]	20,504	(4,237)	2.2	(0.5)

... Category not applicable.
* Figure does not meet standards of reliability or precision.
0.0 Quantity is greater than zero but less than 0.05.
[1]May include missing, unknown, or "refused to answer the question" data.
[2]Health maintenance organization.
[3]Includes owners such as local government (state, county, or city) and charitable organizations.
[4]Includes HMO, nonfederal government clinic, mental health center, family planning clinic, and faculty practice plan.
NOTE: Numbers may not add to totals because of rounding.
SOURCE: NCHS, National Ambulatory Medical Care Survey, 2013.

Table 4. Office 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	922,596	(16,370)	100.0	...	296.7	(5.3)
Age						
Under 15 years	129,616	(7,155)	14.1	(0.8)	212.3	(11.7)
Under 1 year	23,764	(1,763)	2.6	(0.2)	603.2	(44.7)
1–4 years	39,905	(2,605)	4.3	(0.3)	250.6	(16.4)
5–14 years	65,947	(3,687)	7.1	(0.4)	160.1	(9.0)
15–24 years	66,991	(2,695)	7.3	(0.3)	155.9	(6.3)
25–44 years	178,685	(5,899)	19.4	(0.5)	220.1	(7.3)
45–64 years	282,109	(7,566)	30.6	(0.5)	342.8	(9.2)
65 years and over	265,195	(7,958)	28.7	(0.7)	610.9	(18.3)
65–74 years	141,507	(4,501)	15.3	(0.4)	566.3	(18.0)
75 years and over	123,688	(4,303)	13.4	(0.4)	671.6	(23.4)
Sex and age						
Female	533,860	(10,745)	57.9	(0.5)	335.7	(6.8)
Under 15 years	62,171	(3,610)	6.7	(0.4)	208.2	(12.1)
15–24 years	41,433	(2,004)	4.5	(0.2)	194.6	(9.4)
25–44 years	118,856	(4,810)	12.9	(0.5)	288.1	(11.7)
45–64 years	159,133	(4,440)	17.3	(0.3)	375.2	(10.5)
65–74 years	79,635	(2,981)	8.6	(0.3)	598.4	(22.4)
75 years and over	72,632	(2,871)	7.9	(0.3)	666.6	(26.4)
Male	388,737	(8,485)	42.1	(0.5)	255.9	(5.6)
Under 15 years	67,445	(3,844)	7.3	(0.4)	216.3	(12.3)
15–24 years	25,559	(1,400)	2.8	(0.1)	117.8	(6.5)
25–44 years	59,829	(2,565)	6.5	(0.3)	149.8	(6.4)
45–64 years	122,976	(4,174)	13.3	(0.3)	308.3	(10.5)
65–74 years	61,872	(2,250)	6.7	(0.2)	529.6	(19.3)
75 years and over	51,056	(2,087)	5.5	(0.2)	678.7	(27.8)

... 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 5. Number of office visits per 100 persons per year, by patient age and sex: United States, selected states, 2013

Selected states	Patient age						Patient sex			
	Under 18 years		18-64 years		65 years and over		Female		Male	
	Visit rate (standard error of rate)									
All visits[1]	205.6	(10.7)	260.9	(6.5)	610.9	(18.3)	335.7	(6.8)	255.9	(5.6)
Arizona	117.8	(31.3)	223.8	(24.9)	684.0	(119.3)	304.6	(32.2)	231.5	(26.9)
California	243.7	(48.9)	292.9	(32.7)	618.3	(81.6)	365.0	(33.1)	276.7	(23.1)
Colorado	197.6	(46.7)	274.1	(32.6)	603.8	(92.7)	327.0	(30.8)	264.9	(34.8)
Florida	275.2	(79.5)	257.9	(33.9)	734.6	(89.9)	404.7	(39.8)	292.4	(27.1)
Georgia	165.7	(41.1)	205.0	(17.5)	588.1	(74.9)	273.1	(21.4)	205.8	(18.8)
Illinois	210.8	(57.0)	221.8	(25.8)	540.3	(70.2)	299.0	(25.4)	222.1	(21.9)
Indiana	225.8	(33.0)	267.4	(24.0)	562.3	(90.3)	344.6	(32.0)	248.0	(20.1)
Maryland	249.9	(64.4)	216.0	(37.4)	574.8	(139.9)	304.3	(44.2)	235.7	(41.0)
Massachusetts	292.9	(87.9)	294.6	(36.2)	691.9	(111.3)	371.6	(41.0)	329.8	(43.0)
Michigan	161.5	(44.2)	232.0	(25.8)	505.7	(65.4)	315.8	(34.1)	194.2	(22.4)
Minnesota	189.8	(41.5)	261.5	(25.0)	718.8	(116.2)	332.5	(29.3)	279.9	(29.7)
Missouri	135.7	(28.2)	187.5	(27.3)	502.4	(69.3)	245.2	(29.5)	196.5	(22.4)
New Jersey	325.1	(69.0)	381.6	(49.1)	760.1	(112.2)	458.2	(52.2)	384.1	(42.4)
New York	225.8	(46.9)	312.5	(37.1)	652.3	(96.1)	362.4	(35.8)	319.1	(37.7)
North Carolina	166.7	(37.0)	226.1	(25.3)	565.0	(90.5)	303.8	(28.8)	212.9	(23.5)
Ohio	174.6	(40.4)	214.0	(22.4)	488.9	(72.7)	280.3	(28.8)	208.8	(23.4)
Pennsylvania	182.5	(39.7)	286.9	(33.5)	568.9	(72.1)	346.4	(36.0)	270.5	(31.3)
Tennessee	247.6	(56.5)	410.4	(40.7)	551.8	(68.5)	483.1	(39.2)	296.9	(25.9)
Texas	152.2	(34.8)	238.8	(21.0)	700.0	(89.5)	316.7	(20.0)	214.8	(18.1)
Virginia	190.7	(44.5)	279.1	(31.5)	654.9	(81.7)	343.0	(31.4)	272.9	(27.2)
Washington	186.7	(44.8)	222.0	(20.7)	428.9	(53.1)	260.8	(18.8)	222.7	(28.1)
Wisconsin	213.4	(40.3)	283.4	(27.6)	621.8	(65.1)	384.6	(33.4)	246.7	(20.7)

[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.

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

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

Table 6. Office visits, by patient race and age, and ethnicity: United States, 2013

Patient characteristic	Reported plus imputed[1,2]						Reported only[3,4]			
	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number of visits per 100 persons per year[5] (standard error of rate)		Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits	922,596	(16,370)	100.0	...	296.7	(5.3)	…	…	…	...
Race and age[6]										
Reported visits	649,897	(15,485)	70.4	(1.1)	…	…	649,897	(15,485)	100.0	...
Imputed (missing) visits	272,700	(11,265)	29.6	(1.1)	…	…	…	…	…	...
White	782,049	(14,784)	84.8	(0.5)	323.3	(6.1)	551,867	(14,099)	84.9	(0.7)
Under 15 years	105,714	(5,957)	11.5	(0.7)	237.3	(13.4)	66,969	(4,747)	10.3	(0.7)
15–24 years	54,884	(2,341)	6.0	(0.2)	172.0	(7.3)	37,387	(2,023)	5.8	(0.3)
25–44 years	147,087	(4,888)	15.9	(0.4)	237.5	(7.9)	101,178	(4,122)	15.6	(0.5)
45–64 years	238,783	(6,489)	25.9	(0.5)	359.8	(9.8)	169,133	(5,575)	26.0	(0.5)
65–74 years	123,365	(4,033)	13.4	(0.3)	582.5	(19.0)	91,714	(3,689)	14.1	(0.4)
75 years and over	112,215	(4,061)	12.2	(0.4)	701.2	(25.4)	85,485	(3,715)	13.2	(0.5)
Black or African American	94,608	(4,355)	10.3	(0.4)	235.1	(10.8)	67,842	(3,929)	10.4	(0.6)
Under 15 years	14,781	(1,326)	1.6	(0.2)	160.9	(14.4)	8,977	(1,028)	1.4	(0.2)
15–24 years	8,670	(866)	0.9	(0.1)	130.7	(13.1)	6,097	(798)	0.9	(0.1)
25–44 years	20,356	(1,459)	2.2	(0.2)	189.5	(13.6)	14,729	(1,301)	2.3	(0.2)
45–64 years	30,478	(2,156)	3.3	(0.2)	308.9	(21.9)	22,774	(1,961)	3.5	(0.3)
65–74 years	12,285	(1,033)	1.3	(0.1)	526.7	(44.3)	9,359	(900)	1.4	(0.1)
75 years and over	8,038	(752)	0.9	(0.1)	541.6	(50.7)	5,906	(687)	0.9	(0.1)
Other[7]	45,940	(3,085)	5.0	(0.3)	159.8	(10.7)	30,188	(2,690)	4.7	(0.4)
Ethnicity[6]										
Reported visits	637,151	(15,676)	69.1	(1.1)	…	…	637,151	(15,676)	100.0	...
Imputed (missing) visits	285,446	(11,389)	30.9	(1.1)	…	…	…	…	…	...
Hispanic or Latino	118,619	(6,923)	12.9	(0.7)	222.1	(13.0)	89,717	(6,653)	14.1	(0.9)
Not Hispanic or Latino	803,977	(14,685)	87.1	(0.7)	312.2	(5.7)	547,433	(13,629)	85.9	(0.9)

... Category not applicable.

[1]Includes race reported directly by physician offices and imputed for the 29.6% of visits for which race was not reported.

[2]Includes ethnicity reported directly by physician offices and imputed for the 30.9% of visits for which ethnicity was not reported.

[3]Calculations based on 649,897,000 visits with race reported directly by physician offices. The 29.6% of visits for which race was missing are excluded from the denominator so differences can be compared between estimates that include and exclude imputed race values.

[4]Calculations based on 637,151,000 visits with ethnicity reported directly by physician offices. The 30.9% of visits for which ethnicity was missing are excluded from the denominator so differences can be compared between estimates that include and exclude imputed ethnicity values.

[5]Visit rates 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.

[6]The race groups (white, black or African American, other) include persons of Hispanic and non-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 National Amulatory Medical Care Survey 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 detailed in the 2013 National Ambulatory Medical Care Survey Public Use Data File documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013.pdf. For 2013, race data were missing for 29.6% of visits, and ethnicity data were missing for 30.9% of visits.

[7]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 7. Expected sources of payment at office visits: United States, 2013

Expected source of payment	Number of visits in thousands[1] (standard error in thousands)		Percent of visits (standard error of percent)	
All visits	922,596	(16,370)	...	...
Private insurance	550,964	(13,049)	59.7	(0.9)
Medicare	244,969	(7,873)	26.6	(0.7)
Medicaid or CHIP[2]	117,846	(5,826)	12.8	(0.6)
Medicare and Medicaid[3]	18,026	(1,595)	2.0	(0.2)
No insurance[4]	39,268	(3,225)	4.3	0.00
Self-pay	37,125	(3,076)	4.0	(0.3)
No charge or charity	*2,191	*(976)	0.2	(0.1)
Workers' compensation	15,430	(2,825)	1.7	(0.3)
Other	33,601	(3,839)	3.6	(0.4)
Unknown or blank	45,870	(3,749)	5.0	(0.4)

... Category not applicable.

* Figure does not meet standards of reliability or precision.

[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]Children's Health Insurance Program.

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

[4]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.

NOTES: 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 8. Primary care provider and referral status of office 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	922,596	(16,370)	100.0	...
Visit to PCP[1]	376,308	(13,307)	40.8	(1.2)
Visit to non-PCP[1,2]	488,092	(13,332)	52.9	(1.2)
Referred for this visit	163,471	(7,558)	17.7	(0.8)
Not referred for this visit	262,159	(9,922)	28.4	(1.0)
Unknown if referred[3]	62,461	(5,144)	6.8	(0.5)
Unknown if PCP[1] visit[2,3]	58,197	(5,441)	6.3	(0.6)
Established patient				
All visits	771,922	(14,705)	83.7	(0.5)
Visit to PCP[1]	355,594	(12,439)	46.1	(1.3)
Visit to non-PCP[1,2]	367,633	(11,161)	47.6	(1.2)
Referred for this visit	89,418	(5,997)	11.6	(0.7)
Not referred for this visit	236,807	(9,180)	30.7	(1.1)
Unknown if referred[3]	41,408	(3,851)	5.4	(0.5)
Unknown if PCP[1] visit[2,3]	48,696	(5,025)	6.3	(0.6)
New patient				
All visits	150,674	(5,172)	16.3	(0.5)
Visit to PCP[1]	20,714	(2,224)	13.8	(1.4)
Visit to non-PCP[1,2]	120,459	(4,654)	80.0	(1.5)
Referred for this visit	74,053	(3,405)	49.1	(1.6)
Not referred for this visit	25,352	(2,017)	16.8	(1.2)
Unknown if referred[3]	21,054	(2,195)	14.0	(1.3)
Unknown if PCP[1] visit[2,3]	9,501	(1,029)	6.3	(0.7)

... 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 asked only for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 18.7% of visits.

[3]Unknown category includes blanks.

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

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

Table 9. Primary care provider and referral status, by physician specialty: United States, 2013

Physician specialty	Total	Visit to PCP[1]		Visit to non-PCP[1,2]							
				Referred by other physician		Not referred by other physician		Unknown if referred[3]		Unknown if PCP[1] visit[2,3]	
	Percent distribution (standard error of percent)										
All visits	100.0	40.8	(1.2)	17.7	(0.8)	28.4	(1.0)	6.8	(0.5)	6.3	(0.6)
Pediatrics	100.0	80.5	(2.4)	2.8	(0.7)	7.0	(1.4)	2.9	(0.9)	6.9	(1.8)
Internal medicine	100.0	79.2	(3.0)	5.4	(1.4)	7.2	(1.8)	2.1	(0.5)	6.1	(1.2)
General and family practice	100.0	78.1	(2.5)	1.0	(0.3)	8.7	(1.8)	3.5	(0.9)	8.8	(1.8)
Cardiovascular diseases	100.0	*10.0	(3.3)	41.8	(6.6)	36.6	(5.2)	*6.1	(1.8)	*5.4	(2.4)
Obstetrics and gynecology	100.0	9.6	(2.1)	11.5	(2.0)	59.3	(4.2)	11.6	(3.1)	8.0	(2.1)
Psychiatry	100.0	*8.0	(5.3)	*16.9	(5.5)	59.8	(6.9)	*6.0	(2.4)	*9.3	(4.9)
Otolaryngology	100.0	*5.6	(4.5)	38.7	(5.2)	38.9	(5.1)	13.5	(3.6)	*3.3	(1.5)
Urology	100.0	*	...	33.8	(5.3)	51.3	(6.1)	*9.8	(3.5)	*	...
Neurology	100.0	*	...	54.0	(7.9)	32.2	(6.2)	*4.9	(1.9)	*6.2	(3.3)
General surgery	100.0	*2.6	(1.3)	48.2	(4.3)	36.0	(4.8)	*8.2	(2.7)	*5.1	(1.5)
Ophthalmology	100.0	*2.0	(1.0)	24.4	(3.4)	51.7	(4.6)	16.5	(3.5)	*5.4	(1.7)
Orthopedic surgery	100.0	*1.0	(0.5)	32.4	(3.6)	50.4	(3.8)	12.3	(2.1)	*3.9	(1.6)
Dermatology	100.0	*	...	17.9	(3.8)	57.3	(8.1)	*21.0	(8.9)	*3.2	(2.1)
All other specialties	100.0	8.1	(1.4)	38.3	(2.2)	41.1	(2.1)	8.2	(1.0)	4.3	(0.8)

* Figure does not meet standards of reliability or precision.

'... 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 asked only for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 18.7% of visits.

[3]Unknown category includes blanks.

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

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

Table 10. Continuity-of-care office visit characteristics, by specialty type: United States, 2013

Continuity-of-care visit characteristic	All specialties		Specialty type[1]						All specialties		Specialty type[1]					
			Primary care		Surgical specialties		Medical specialties				Primary care		Surgical specialties		Medical specialties	
	Number of visits in thousands (standard error in thousands)								Percent distribution (standard error of percent)							
All visits	922,596	(16,370)	490,831	(13,257)	179,150	(9,104)	252,615	(11,301)	100.0	...	100.0	...	100.0	...	100.0	...
Prior-visit status and number of past visits in last 12 months																
Established patient[2]	771,922	(14,705)	439,454	(12,220)	132,747	(7,216)	199,721	(9,422)	83.7	(0.5)	89.5	(0.7)	74.1	(1.0)	79.1	(1.1)
None	74,802	(3,035)	44,113	(2,581)	14,239	(1,141)	16,450	(1,318)	8.1	(0.3)	9.0	(0.5)	8.0	(0.5)	6.5	(0.4)
1–2 visits	293,136	(6,791)	152,478	(5,181)	60,141	(3,294)	80,517	(4,426)	31.8	(0.5)	31.1	(0.7)	33.6	(0.9)	31.9	(0.9)
3–5 visits	227,709	(6,039)	134,651	(5,077)	36,450	(2,707)	56,608	(3,224)	24.7	(0.5)	27.4	(0.7)	20.4	(0.9)	22.4	(0.8)
6 or more visits	176,275	(6,042)	108,212	(4,903)	21,916	(1,853)	46,146	(3,559)	19.1	(0.6)	22.1	(0.8)	12.2	(0.7)	18.3	(1.2)
New patient	150,674	(5,172)	51,377	(3,515)	46,403	(2,776)	52,894	(3,479)	16.3	(0.5)	10.5	(0.7)	25.9	(1.0)	20.9	(1.1)

... Category not applicable.

[1]Defined in 2013 public-use file documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013.pdf.

[2]Number of previous visits by established patients to responding physician in last 12 months.

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

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

Table 11. Twenty leading principal reasons for office visits, by patient sex: United States, 2013

Principal reason for visit and RVC code[1]		Number of visits in thousands[1]	(standard error 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	...	922,596	(16,370)	100.0	...	100.0	...	100.0	...
Progress visit, not otherwise specified	T800	81,738	(4,675)	8.9	(0.5)	8.4	(0.5)	9.5	(0.6)
General medical examination	X100	74,062	(3,438)	8.0	(0.4)	7.7	(0.4)	8.4	(0.4)
Postoperative visit	T205	30,472	(2,205)	3.3	(0.2)	3.2	(0.2)	3.5	(0.3)
Cough	S440	25,061	(1,470)	2.7	(0.2)	2.4	(0.2)	3.1	(0.2)
Medication, other and unspecified kinds	T115	20,930	(1,722)	2.3	(0.2)	2.2	(0.2)	2.4	(0.2)
Hypertension	D510	16,049	(1,406)	1.7	(0.2)	1.6	(0.2)	1.9	(0.2)
Prenatal examination, routine	X205	16,032	(2,859)	1.7	(0.3)	3.0	(0.5)	...	...
For other and unspecified test results	R700	15,817	(1,614)	1.7	(0.2)	1.7	(0.2)	1.8	(0.2)
Counseling, not otherwise specified	T605	14,649	(909)	1.6	(0.1)	1.7	(0.1)	1.5	(0.1)
Diabetes mellitus	D205	14,127	(1,595)	1.5	(0.2)	1.4	(0.2)	1.7	(0.2)
Knee symptoms	S925	13,892	(1,265)	1.5	(0.1)	1.6	(0.2)	1.4	(0.2)
Back symptoms	S905	13,655	(1,398)	1.5	(0.2)	1.4	(0.2)	1.6	(0.2)
Stomach and abdominal pain, cramps, and spasms	S545	13,011	(1,163)	1.4	(0.1)	1.4	(0.1)	1.4	(0.2)
Gynecological examination	X225	12,158	(1,577)	1.3	(0.2)	2.3	(0.3)	...	...
Well-baby examination	X105	11,879	(1,047)	1.3	(0.1)	1.0	(0.1)	1.7	(0.2)
Skin rash	S860	10,825	(769)	1.2	(0.1)	1.1	(0.1)	1.2	(0.1)
Shoulder symptoms	S940	10,745	(1,164)	1.2	(0.1)	1.1	(0.1)	1.3	(0.2)
Low back symptoms	S910	10,727	(1,174)	1.2	(0.1)	1.1	(0.1)	1.2	(0.2)
types of surgery	T200	10,386	(911)	1.1	(0.1)	1.1	(0.1)	1.1	(0.1)
Symptoms referable to throat	S455	10,328	(745)	1.1	(0.1)	1.2	(0.1)	1.0	(0.1)
All other reasons	...	496,051	(10,877)	53.8	(0.7)	53.4	(0.7)	54.2	(0.8)

... Category not applicable.

[1]Based on "A Reason for Visit Classification for Ambulatory Care (RVC)" as defined in the 2013 National Ambulatory Medical Care Survey Public Use Data File documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013.pdf.

[2]Based on 533,860,000 visits made by females.

[3]Based on 388,737,000 visits made by males.

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

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

Table 12. 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	922,596	(16,370)	100.0	32.8	(0.7)	30.9	(0.8)	7.9	(0.4)	6.6	(0.4)	19.9	(0.7)	1.9	(0.4)
Age															
Under 15 years	129,616	(7,155)	100.0	47.6	(1.4)	11.2	(1.2)	3.9	(0.5)	2.1	(0.4)	32.4	(1.3)	*2.9	(1.1)
Under 1 year	23,764	(1,763)	100.0	39.0	(2.1)	2.9	(0.7)	*	...	*1.6	(0.7)	53.5	(2.2)	*	...
1–4 years	39,905	(2,605)	100.0	52.3	(1.7)	5.4	(0.7)	3.0	(0.5)	2.4	(0.5)	33.7	(1.6)	*3.2	(1.3)
5–14 years	65,947	(3,687)	100.0	47.8	(2.0)	17.6	(2.0)	5.2	(0.7)	2.1	(0.5)	23.9	(1.5)	*3.3	(1.3)
15–24 years	66,991	(2,695)	100.0	39.0	(1.6)	20.6	(1.7)	5.9	(0.6)	4.6	(0.6)	27.3	(1.9)	2.7	(0.7)
25–44 years	178,685	(5,899)	100.0	34.6	(1.2)	25.3	(1.2)	7.9	(0.6)	6.5	(0.7)	24.3	(1.6)	1.4	(0.3)
45–64 years	282,109	(7,566)	100.0	29.7	(0.9)	35.6	(1.0)	10.1	(0.7)	8.2	(0.6)	14.9	(0.7)	1.7	(0.4)
65 years and over	265,195	(7,958)	100.0	26.1	(0.8)	42.1	(1.2)	8.0	(0.4)	7.7	(0.6)	14.4	(0.8)	*1.7	(0.5)
65–74 years	141,507	(4,501)	100.0	25.9	(0.9)	41.6	(1.3)	8.0	(0.6)	8.9	(0.9)	14.1	(0.8)	*1.6	(0.5)
75 years and over	123,688	(4,303)	100.0	26.5	(1.0)	42.6	(1.4)	8.0	(0.6)	6.3	(0.5)	14.8	(1.1)	*1.9	(0.6)
Sex															
Female	533,860	(10,745)	100.0	32.5	(0.8)	29.6	(0.9)	7.8	(0.4)	6.2	(0.4)	22.1	(0.9)	1.8	(0.4)
Male	388,737	(8,485)	100.0	33.2	(0.8)	32.7	(0.9)	8.0	(0.5)	7.1	(0.5)	16.9	(0.7)	2.0	(0.4)
Race[2]															
Reported	649,897	(15,485)	100.0	32.2	(0.8)	31.7	(0.9)	8.0	(0.4)	6.7	(0.4)	19.4	(0.8)	2.1	(0.5)
Imputed (missing)	272,700	(11,265)	100.0	34.3	(1.2)	29.2	(1.3)	7.6	(0.7)	6.3	(0.7)	21.2	(1.1)	1.4	(0.3)
Reported plus imputed[3]:															
White	782,049	(14,784)	100.0	33.0	(0.7)	31.0	(0.8)	8.0	(0.4)	6.6	(0.4)	19.4	(0.7)	2.0	(0.4)
Black or African American	94,608	(4,355)	100.0	30.9	(1.5)	31.7	(1.9)	6.5	(0.6)	6.5	(1.0)	22.7	(1.7)	1.7	(0.4)
Other[4]	45,940	(3,085)	100.0	32.5	(2.0)	27.8	(2.1)	8.3	(1.1)	6.8	(1.3)	23.8	(2.5)	*	...
Reported only[5]:															
White	551,867	(14,099)	100.0	32.5	(0.8)	31.6	(0.9)	8.2	(0.4)	6.7	(0.4)	18.9	(0.8)	2.2	(0.6)
Black or African American	67,842	(3,929)	100.0	28.3	(1.8)	33.2	(2.4)	6.9	(0.7)	7.4	(1.3)	22.6	(2.1)	1.7	(0.4)
Other[4]	30,188	(2,690)	100.0	33.7	(2.5)	29.9	(2.8)	7.6	(1.2)	6.6	(1.3)	21.1	(3.5)	*	...
Ethnicity[2]															
Reported	637,151	(15,676)	100.0	33.2	(0.8)	32.1	(1.0)	8.1	(0.4)	6.8	(0.5)	19.4	(0.8)	0.4	(0.1)
Imputed (missing)	285,446	(11,389)	100.0	31.9	(1.2)	28.4	(1.3)	7.4	(0.8)	6.2	(0.6)	21.1	(1.1)	5.2	(1.2)
Reported plus imputed[6]:															
Hispanic or Latino	118,619	(6,923)	100.0	39.5	(2.0)	24.1	(1.7)	8.8	(1.1)	6.5	(1.1)	19.7	(1.9)	1.4	(0.4)
Not Hispanic or Latino	803,977	(14,685)	100.0	31.8	(0.7)	31.9	(0.8)	7.7	(0.3)	6.6	(0.4)	20.0	(0.7)	2.0	(0.4)
Reported only[7]:															
Hispanic or Latino	89,717	(6,653)	100.0	40.1	(2.4)	24.4	(2.1)	8.7	(1.2)	6.4	(1.4)	19.5	(2.2)	*0.9	(0.4)
Not Hispanic or Latino	547,433	(13,629)	100.0	32.1	(0.7)	33.3	(1.0)	8.0	(0.4)	6.9	(0.5)	19.4	(0.8)	0.3	(0.1)

Table 12. 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[8]															
Private insurance	550,964	(13,049)	100.0	33.7	(0.8)	29.0	(0.9)	7.5	(0.4)	6.5	(0.4)	21.2	(0.8)	2.2	(0.6)
Medicare	244,969	(7,873)	100.0	26.2	(0.8)	42.8	(1.2)	8.5	(0.5)	7.2	(0.6)	13.6	(0.9)	*1.7	(0.6)
Medicaid or CHIP[9]	117,846	(5,826)	100.0	35.5	(1.6)	25.2	(1.4)	8.0	(0.8)	5.2	(0.8)	24.5	(2.0)	1.6	(0.4)
Medicare and Medicaid[10]	18,026	(1,595)	100.0	30.7	(3.6)	45.8	(3.0)	10.9	(2.0)	6.5	(1.1)	5.7	(1.1)	*	...
No insurance[11]	39,268	(3,225)	100.0	28.8	(2.7)	36.6	(3.4)	8.7	(1.7)	10.1	(2.2)	13.7	(1.7)	*2.1	(0.8)
Other[12]	76,825	(5,715)	100.0	32.9	(1.6)	31.9	(2.3)	8.9	(1.1)	7.4	(1.0)	17.4	(1.9)	*1.4	(0.5)

* Figure does not meet standards of reliability or precision.

... Category not applicable.

[1]Includes routine prenatal, well-baby, screening, insurance, or general examinations (see "Major reason for this visit" question on National Amulatory Medical Care Survey [NAMCS] Patient Record Sample Card, available from: http://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 non-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 detailed in the 2013 NAMCS Public Use Data File documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013.pdf. For 2013, race data were missing for 29.6% of visits, and ethnicity data were missing for 30.9% of visits.

[3]Includes race reported directly by physician offices and imputed for the 29.6% of visits for which race was not reported.

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

[5]Calculations based on 649,897,000 visits with race reported directly by physician offices. The 29.6% of visits for which race was missing are excluded from the denominator so differences can be compared between estimates that include and exclude imputed race values.

[6]Includes ethnicity reported directly by physician offices and imputed for the 30.9% of visits for which ethnicity was not reported.

[7]Calculations based on 637,151,000 visits with ethnicity reported directly by physician offices. The 30.9% of visits for which ethnicity was missing are excluded from the denominator so differences can be compared between estimates that include and exclude imputed ethnicity values.

[8]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.

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

[10]Visits in this category are also included in both the Medicare and Medicaid or CHIP categories.

[11]Defined as having only self-pay, no charge, or charity as payment sources.

[12]Includes workers' compensation, unknown or blank, and sources not classified elsewhere.

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

Table 13. 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)
All preventive care visits[3]	183,787	(6,714)	100.0	…	59.1	(2.2)	81.0	(1.4)
Age								
Under 15 years	41,961	(3,020)	22.8	(1.6)	68.7	(4.9)	94.6	(1.6)
Under 1 year	12,712	(1,120)	6.9	(0.6)	322.7	(28.4)	96.9	(1.3)
1–4 years	13,463	(1,134)	7.3	(0.6)	84.6	(7.1)	96.2	(1.5)
5–14 years	15,786	(1,298)	8.6	(0.7)	38.3	(3.2)	91.3	(2.8)
15–24 years	18,281	(1,578)	10.0	(0.7)	42.5	(3.7)	90.3	(2.6)
25–44 years	43,380	(3,497)	23.6	(1.5)	53.4	(4.3)	89.1	(1.6)
45–64 years	42,005	(2,202)	22.9	(1.0)	51.0	(2.7)	73.7	(2.3)
65 years and over	38,160	(2,534)	20.8	(1.2)	87.9	(5.8)	60.7	(3.2)
65–74 years	19,919	(1,277)	10.8	(0.6)	79.7	(5.1)	60.9	(3.1)
75 years and over	18,241	(1,618)	9.9	(0.8)	99.0	(8.8)	60.6	(4.3)
Sex and age								
Female	118,060	(5,565)	64.2	(1.3)	74.3	(3.5)	84.4	(1.4)
Under 15 years	20,432	(1,565)	11.1	(0.8)	68.4	(5.2)	94.8	(1.6)
15–24 years	13,753	(1,412)	7.5	(0.7)	64.6	(6.6)	93.0	(2.3)
25–44 years	36,923	(3,452)	20.1	(1.5)	89.5	(8.4)	92.0	(1.5)
45–64 years	25,132	(1,540)	13.7	(0.7)	59.3	(3.6)	79.0	(2.2)
65–74 years	11,127	(852)	6.1	(0.4)	83.6	(6.4)	64.3	(3.5)
75 years and over	10,693	(1,101)	5.8	(0.6)	98.1	(10.1)	60.9	(5.0)
Male	65,727	(2,831)	35.8	(1.3)	43.3	(1.9)	75.1	(2.1)
Under 15 years	21,529	(1,619)	11.7	(0.9)	69.0	(5.2)	94.4	(1.7)
15–24 years	4,528	(575)	2.5	(0.3)	20.9	(2.7)	82.1	(4.8)
25–44 years	6,457	(604)	3.5	(0.3)	16.2	(1.5)	72.6	(4.5)
45–64 years	16,873	(1,155)	9.2	(0.6)	42.3	(2.9)	65.9	(3.3)
65–74 years	8,792	(692)	4.8	(0.4)	75.3	(5.9)	56.4	(3.9)
75 years and over	7,547	(773)	4.1	(0.4)	100.3	(10.3)	60.1	(5.1)
Race[4]								
Reported	125,962	(5,927)	68.5	(1.7)	...	...	82.6	(1.5)
Imputed (missing)	57,825	(3,473)	31.5	(1.7)	...	...	77.7	(2.6)
Reported plus imputed[5]:								
White	151,371	(5,638)	82.4	(1.1)	62.6	(2.3)	80.0	(1.5)
Black or African American	21,497	(1,954)	11.7	(1.0)	53.4	(4.9)	84.3	(2.8)
Other[6]	10,919	(1,437)	5.9	(0.7)	38.0	(5.0)	89.3	(2.2)
Reported only[7]:								
White	104,281	(5,035)	82.8	(1.5)	...	...	81.7	(1.7)
Black or African American	15,309	(1,744)	12.2	(1.3)	...	...	84.5	(3.1)
Other[6]	6,373	(1,282)	5.1	(1.0)	...	...	92.8	(2.3)
Ethnicity[4]								
Reported	123,650	(5,793)	67.3	(1.7)	...	...	83.3	(1.6)
Imputed (missing)	60,137	(3,627)	32.7	(1.7)	...	...	76.4	(2.6)
Reported plus imputed[8]:								
Hispanic or Latino	23,403	(2,333)	12.7	(1.1)	43.8	(4.4)	89.2	(2.2)
Not Hispanic or Latino	160,385	(5,897)	87.3	(1.1)	62.3	(2.3)	79.9	(1.5)
Reported only[9]:								
Hispanic or Latino	17,532	(2,164)	14.2	(1.5)	...	...	91.2	(2.4)
Not Hispanic or Latino	106,118	(5,017)	85.8	(1.5)	...	...	82.0	(1.7)

Table 13. 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)
Expected source(s) of payment[10]								
Private insurance	116,692	(4,931)	63.5	(1.5)	63.0	(2.7)	82.3	(1.5)
Medicare	33,264	(2,337)	18.1	(1.1)	70.0	(4.9)	62.3	(3.2)
Medicaid or CHIP[11]	28,822	(2,913)	15.7	(1.4)	61.6	(6.2)	93.2	(1.8)
Medicare and Medicaid[12]	1,031	(188)	0.6	(0.1)	...	...	81.9	(5.4)
No insurance[13]	5,382	(661)	2.9	(0.3)	12.1	(1.5)	75.4	(5.8)
Other[14]	13,383	(1,989)	7.3	(1.0)	...	...	67.6	(8.0)

... 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 as defined in the 2013 National Ambulatory Medical Care Survey Public Use Data File documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013.pdf.

[3]Preventive care includes routine prenatal, well-baby, screening, insurance, or general examinations (see "Major reason for this visit" question on the National Ambulatory Medical Care Survey (NAMCS) Patient Record Sample Card, available from: http://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 non-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 detailed in the 2013 National Ambulatory Medical Care Survey Public Use Data File documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013.pdf. For 2013, race data were missing for 29.6% of visits, and ethnicity data were missing for 30.9% of visits.

[5]Includes race reported directly by physician offices and imputed for the 31.5% of preventive care visits for which race was not reported.

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

[7]Calculations based on 125,962,000 preventive care visits with race reported directly by physician offices. The 31.5% of visits for which race was missing are excluded from the denominator so differences can be compared between estimates that include and exclude imputed race values.

[8]Includes ethnicity reported directly by physician offices and imputed for the 32.7% of preventive care visits for which ethnicity was not reported.

[9]Calculations based on 123,650,000 visits with ethnicity reported directly by physician offices. The 32.7% of preventive care visits for which ethnicity was missing are excluded from the denominator so differencescan be compared between estimates that include and exclude imputed ethnicity values.

[10]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.

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

[12]Visits in this category are also included in both the Medicare and Medicaid or CHIP categories.

[13]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.

[14]Includes workers' compensation, unknown or blank, and sources not classified elsewhere.

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

Table 14. Preventive care visits made to primary care specialists, 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)	
All preventive care visits[3]	183,787	(6,714)	59.1	(2.2)	81.1	(1.4)
Arizona	3,915	(707)	60.1	(10.9)	84.7	(6.4)
California	18,599	(3,475)	49.2	(9.2)	88.1	(6.2)
Colorado	2,708	(475)	52.4	(9.2)	94.5	(2.2)
Florida	19,646	(3,236)	102.2	(16.8)	81.1	(4.7)
Georgia	4,138	(597)	42.3	(6.0)	79.8	(5.6)
Illinois	7,260	(1,063)	57.2	(8.4)	83.0	(6.0)
Indiana	3,496	(489)	54.0	(7.6)	85.3	(4.9)
Maryland	3,699	(933)	63.4	(16.0)	78.1	(11.1)
Massachusetts	5,467	(930)	82.7	(14.1)	77.8	(9.1)
Michigan	5,606	(884)	57.3	(9.0)	85.4	(5.1)
Minnesota	2,963	(391)	55.3	(7.3)	80.6	(5.7)
Missouri	3,500	(597)	59.0	(10.1)	76.0	(7.0)
New Jersey	7,227	(1,112)	82.2	(12.6)	75.6	(7.6)
New York	12,025	(1,726)	62.0	(8.9)	70.6	(7.3)
North Carolina	4,116	(813)	42.8	(8.4)	86.3	(5.5)
Ohio	4,609	(680)	40.4	(6.0)	90.2	(3.7)
Pennsylvania	7,514	(1,329)	59.8	(10.5)	75.5	(8.9)
Tennessee	6,888	(1,001)	107.8	(15.7)	81.3	(6.4)
Texas	14,061	(2,080)	54.2	(8.0)	80.7	(6.4)
Virginia	5,242	(846)	65.2	(10.4)	77.2	(7.8)
Washington	2,625	(398)	38.3	(5.8)	94.3	(2.4)
Wisconsin	3,728	(595)	65.8	(10.5)	85.5	(4.7)

[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]Primary care specialty is defined in the National Ambulatory Medical Care Survey (NAMCS) Public Use Data File documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013.pdf).

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

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

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

Table 15. Primary diagnosis at office 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	…	922,596	(16,370)	100.0	…
Infectious and parasitic diseases	001–139	19,261	(1,314)	2.1	(0.1)
Neoplasms	140–239	32,839	(2,795)	3.6	(0.3)
Endocrine, nutritional, metabolic diseases, and immunity disorders	240–279	57,952	(3,170)	6.3	(0.3)
Mental disorders	290–319	61,714	(5,476)	6.7	(0.6)
Diseases of the nervous system and sense organs	320–389	75,011	(4,934)	8.1	(0.5)
Diseases of the circulatory system	390–459	82,843	(5,066)	9.0	(0.5)
Diseases of the respiratory system	460–519	74,876	(3,104)	8.1	(0.3)
Diseases of the digestive system	520–579	32,199	(2,611)	3.5	(0.3)
Diseases of the genitourinary system	580–629	39,054	(2,595)	4.2	(0.3)
Diseases of the skin and subcutanaous tissue	680–709	39,975	(3,404)	4.3	(0.4)
Diseases of the musculoskeletal and connective tissue	710–739	92,938	(5,046)	10.1	(0.5)
Symptoms, signs and ill-defined conditions	780–799	77,266	(3,243)	8.4	(0.3)
Injury and poisoning	800–999	40,159	(3,198)	4.4	(0.3)
Supplementary classification[2]	V01–V89	168,152	(5,811)	18.2	(0.6)
All other diagnoses[3]	...	22,085	(1,623)	2.4	(0.2)
Blank	...	6,273	(1,878)	0.7	(0.2)

... 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 Prevention, Centers for Medicare & Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No. (PHS) 06–1260).

[2]Preventive and follow-up care, including 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," "none," or "no diagnoses").

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

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

Table 16. Twenty leading primary diagnosis groups for office visits: 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)		Female[2] Percent distribution (standard error of percent)		Male[3] Percent distribution (standard error of percent)	
All visits	...	922,596	(16,370)	100.0	...	100.0	...	100.0	...
Essential hypertension	401	39,879	(2,432)	4.3	(0.3)	4.2	(0.3)	4.5	(0.3)
Routine infant or child health check	V20.0-V20.2	35,200	(2,640)	3.8	(0.3)	3.3	(0.3)	4.5	(0.3)
Spinal disorders	720-724	34,109	(2,959)	3.7	(0.3)	3.4	(0.3)	4.1	(0.4)
Arthropathies and related disorders	710-719	33,849	(2,395)	3.7	(0.3)	4.0	(0.3)	3.2	(0.3)
Diabetes mellitus	249-250	27,326	(1,950)	3.0	(0.2)	2.7	(0.3)	3.4	(0.2)
General medical examination	V70	27,016	(1,906)	2.9	(0.2)	2.9	(0.2)	3.0	(0.2)
Acute upper respiratory infections, excluding pharyngitis	460-461,463-466	24,139	(1,540)	2.6	(0.2)	2.6	(0.2)	2.7	(0.2)
Malignant neoplasms	140-208,209-209.36,209.7-209.79,230-234	22,048	(2,137)	2.4	(0.2)	2.3	(0.3)	2.5	(0.2)
Rheumatism, excluding back	725-729	18,932	(1,260)	2.1	(0.1)	2.1	(0.2)	2.0	(0.2)
Heart disease, excluding ischemic	391-392.0,393-398,402,404,415-416,420-429	18,578	(3,294)	2.0	(0.4)	1.5	(0.2)	2.7	(0.5)
Normal pregnancy	V22	14,601	(2,200)	1.6	(0.2)	2.7	(0.4)	...	...
Follow-up examination	V67	14,565	(1,347)	1.6	(0.1)	1.6	(0.2)	1.6	(0.2)
Specific procedures and aftercare	V50-V59.9	14,190	(848)	1.5	(0.1)	1.5	(0.1)	1.6	(0.1)
Gynecological examination	V72.3	11,495	(1,547)	1.3	(0.2)	2.2	(0.3)	...	...
Psychoses, excluding major depressive disorder	290-295,296.0-296.1,296.4-299	11,437	(1,446)	1.2	(0.2)	1.2	(0.2)	1.3	(0.2)
Disorders of lipoid metabolism	272	11,124	(1,026)	1.2	(0.1)	1.0	(0.1)	1.6	(0.2)
Attention deficit disorder	314	10,881	(1,734)	1.2	(0.2)	0.7	(0.1)	1.9	(0.3)
Benign neoplasms	210-229,209.4-209.69,235-239	10,791	(1,245)	1.2	(0.1)	1.2	(0.2)	1.1	(0.2)
Anxiety states	300	10,197	(1,072)	1.1	(0.1)	1.2	(0.1)	1.0	(0.1)
Abdominal pain	789	9,687	(910)	1.1	(0.1)	1.2	(0.1)	0.9	(0.1)
All other diagnoses[4]	...	522,553	(10,898)	56.6	(0.6)	56.7	(0.7)	56.6	(0.8)

... 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 Prevention, Centers for Medicare & Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No. (PHS) 06–1260). However, certain codes have been combined in this table to form larger categories that better describe the utilization of ambulatory care services.

[2]Based on 533,860,000 visits made by females.

[3]Based on 388,737,000 visits made by males.

[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 17. Injury visits to office-based physicians, by selected patient and visit 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]	60,791	(3,992)	100.0	...	19.6	(1.3)
Age						
Under 15 years	8,066	(857)	13.3	(1.4)	13.2	(1.4)
Under 1 year	*	...	*	...	*	...
1-4 years	1,691	(243)	2.8	(0.4)	10.6	(1.5)
5-14 years	6,072	(760)	10.0	(1.2)	14.7	(1.9)
15-24 years	6,188	(659)	10.2	(0.9)	14.4	(1.5)
25-44 years	15,044	(1,755)	24.8	(1.7)	18.5	(2.2)
45-64 years	19,620	(1,619)	32.3	(1.4)	23.8	(2.0)
65 years and over	11,873	(861)	19.5	(1.4)	27.4	(2.0)
65-74 years	5,526	(468)	9.1	(0.7)	22.1	(1.9)
75 years and over	6,347	(609)	10.4	(1.0)	34.5	(3.3)
Sex and age						
Female	30,991	(2,179)	51.0	(1.5)	19.5	(1.4)
Under 15 years	3,887	(545)	6.4	(0.9)	13.0	(1.8)
15-24 years	2,269	(349)	3.7	(0.6)	10.7	(1.6)
25-44 years	7,022	(836)	11.6	(1.0)	17.0	(2.0)
45-64 years	10,525	(1,026)	17.3	(1.0)	24.8	(2.4)
65-74 years	3,289	(335)	5.4	(0.5)	24.7	(2.5)
75 years and over	4,000	(420)	6.6	(0.7)	36.7	(3.9)
Male	29,800	(2,189)	49.0	(1.5)	19.6	(1.4)
Under 15 years	4,179	(492)	6.9	(0.8)	13.4	(1.6)
15-24 years	3,920	(476)	6.5	(0.6)	18.1	(2.2)
25-44 years	8,022	(1,233)	13.2	(1.5)	20.1	(3.1)
45-64 years	9,095	(821)	15.0	(1.0)	22.8	(2.1)
65-74 years	2,237	(290)	3.7	(0.5)	19.2	(2.5)
75 years and over	2,347	(332)	3.9	(0.6)	31.2	(4.4)
Race[3]						
Reported	40,610	(3,071)	66.8	(2.8)	...	...
Imputed (missing)	20,181	(2,194)	33.2	(2.8)	...	...
Reported plus imputed[4]:						
White	51,296	(3,258)	84.4	(1.2)	21.2	(1.4)
Black or African American	6,157	(680)	10.1	(0.9)	15.3	(1.7)
Other[5]	3,338	(659)	5.5	(0.9)	11.6	(2.3)
Reported only[6]:						
White	34,650	(2,541)	85.3	(1.4)	...	...
Black or African American	4,229	(592)	10.4	(1.1)	...	...
Other[5]	1,732	(398)	4.3	(0.9)	...	...
Ethnicity and race[3]						
Reported	41,632	(3,406)	68.5	(2.4)	...	...
Imputed (missing)	19,159	(1,672)	31.5	(2.4)	...	...
Reported plus imputed[7]:						
Hispanic or Latino	10,216	(1,614)	16.8	(2.1)	19.1	(3.0)
Not Hispanic or Latino	50,575	(3,110)	83.2	(2.1)	19.6	(1.2)
White	41,992	(2,466)	69.1	(2.2)	21.6	(1.3)
Black or African American	5,898	(671)	9.7	(0.9)	15.6	(1.8)
Other[5]	2,684	(573)	4.4	(0.8)	10.8	(2.3)

Table 17. Injury visits to office-based physicians, by selected patient and visit 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)	
Reported only[8]:						
Hispanic or Latino	7,271	(1,296)	17.5	(2.4)	...	...
Not Hispanic or Latino	34,360	(2,737)	82.5	(2.4)	...	...

... Category not applicable.

* Figure does not meet standards of reliability or precision.

[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 (NAMCS) definition of injury visits as shown in this table changed in 2010 and includes only first-, second-, and third-listed reasons 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 Classification for Ambulatory Care (RVC)" as defined in the 2013 public use file documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013.pdf. 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 & 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 6.6% (standard error = 0.4) of all office visits in 2013. For more information on this definition change, see the 2013 National Ambulatory Medical Care Survey Public Use Data File Documentation, available from: http://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013.pdf.

[3]The race groups (white, black or African American, and other) include persons of Hispanic and non-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 detailed in the 2013 National Ambulatory Medical Care Survey Public Use Data File documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013.pdf. For 2013, race data were missing for 33.2% of injury visits, and ethnicity data were missing for 31.5% of injury visits.

[4]Includes race reported directly by physician offices and imputed for the 33.2% of injury-related visits for which race was not reported.

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

[6]Calculations based on 40,610,000 injury-related visits with race reported directly by physician offices. The 33.2% of injury-related visits for which race was missing are excluded from the denominator so differences can be compared between estimates that include and exclude imputed race values.

[7]Includes ethnicity reported directly by physician offices and imputed for the 31.5% of injury-related visits for which ethnicity was not reported.

[8]Calculations based on 41,632,000 injury-related visits with ethnicity reported directly by physician offices. The 31.5% of injury-related visits for which ethnicity was missing are excluded from the denominator so differences can be compared between estimates that include and exclude imputed ethnicity values.

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

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

Table 18. Office 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]	68,207	(4,046)	100.0	...
Unintentional injury/poisoning	30,857	(3,182)	45.2	(2.5)
Intentional injury/poisoning	2,418	(510)	3.6	(0.7)
Injury/poisoning–unknown intent	27,282	(1,531)	40.0	(2.1)
Adverse effect of medical treatment/surgical care or adverse effect of medicinal drug	7650	(622)	11.2	(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 reasons 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 (RVC)" as defined in the 2013 public use file documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013.pdf. Diagnosis codes are based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare & 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 effects accounted for 7.4% (standard error = 0.4) of all office visits in 2013.

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

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

Table 19. Presence of selected chronic conditions at office visits, by patient age and sex: United States 2013

Chronic condition[1]	Total	Age				Sex	
		Under 45 years	45-64 years	65-74 years	75 years and over	Female	Male
	Percent distribution (standard error of percent)						
All visits	100.0 ...	100.0 ...	100.0 ...	100.0 ...	100.0 ...	100.0 ...	100.0 ...
None	41.4 (0.8)	69.0 (0.9)	29.5 (0.9)	16.6 (0.8)	13.2 (0.7)	41.6 (0.9)	41.2 (1.0)
One or more	55.9 (0.8)	28.0 (0.8)	68.1 (0.9)	81.2 (0.9)	83.9 (0.9)	56.0 (1.0)	55.9 (1.0)
One	24.2 (0.4)	20.8 (0.6)	29.1 (0.6)	25.0 (0.9)	22.6 (0.9)	24.6 (0.5)	23.8 (0.5)
Two	14.5 (0.4)	5.1 (0.3)	18.8 (0.6)	22.7 (0.9)	23.6 (0.9)	14.2 (0.4)	14.8 (0.6)
Three or more	17.3 (0.6)	2.2 (0.2)	20.2 (0.8)	33.5 (1.3)	37.8 (1.3)	17.2 (0.7)	17.3 (0.7)
Blank	2.7 (0.3)	3.0 (0.4)	2.4 (0.4)	2.2 (0.4)	2.8 (0.6)	2.4 (0.3)	3.0 (0.5)
	Percent of visits (standard error of percent)						
Hypertension	28.1 (0.7)	5.2 (0.3)	33.7 (0.9)	51.5 (1.2)	57.7 (1.2)	27.0 (0.8)	29.5 (0.9)
Hyperlipidemia	17.7 (0.7)	3.2 (0.2)	23.3 (1.0)	31.2 (1.2)	33.1 (1.4)	16.2 (0.7)	19.7 (0.8)
Arthritis	13.1 (0.5)	4.0 (0.3)	17.0 (0.7)	21.7 (1.1)	21.8 (1.0)	14.5 (0.6)	11.2 (0.5)
Diabetes	12.4 (0.4)	2.7 (0.2)	15.5 (0.6)	23.6 (0.9)	21.6 (0.8)	11.4 (0.4)	13.7 (0.5)
Depression	10.1 (0.4)	7.9 (0.6)	13.3 (0.6)	10.4 (0.8)	8.9 (0.7)	12.1 (0.5)	7.3 (0.5)
Obesity	6.9 (0.3)	5.1 (0.3)	9.8 (0.5)	8.7 (0.7)	3.8 (0.5)	7.5 (0.4)	6.1 (0.3)
Asthma	6.5 (0.2)	7.1 (0.3)	6.7 (0.3)	6.1 (0.4)	4.2 (0.4)	7.2 (0.3)	5.5 (0.3)
Cancer	6.4 (0.3)	1.1 (0.2)	6.8 (0.5)	12.4 (0.7)	14.5 (0.9)	6.3 (0.4)	6.6 (0.4)
Ischemic heart disease	3.9 (0.3)	0.2 (0.0)	3.5 (0.3)	8.0 (0.9)	11.2 (0.8)	2.8 (0.3)	5.3 (0.4)
COPD[2]	3.8 (0.2)	1.1 (0.2)	4.0 (0.3)	7.0 (0.5)	8.3 (0.6)	3.6 (0.2)	4.2 (0.3)
Osteoporosis	2.7 (0.2)	* *	1.8 (0.2)	6.5 (0.6)	8.2 (0.7)	3.9 (0.3)	1.1 (0.1)
Cerebrovascular disease	2.0 (0.1)	0.3 (0.1)	1.8 (0.2)	3.3 (0.3)	6.5 (0.5)	1.9 (0.2)	2.3 (0.2)
CHF[3]	2.0 (0.3)	* *	1.8 (0.5)	3.8 (0.6)	6.5 (0.7)	1.6 (0.2)	2.6 (0.5)
Chronic renal failure	1.8 (0.2)	0.2 (0.0)	1.4 (0.2)	3.6 (0.5)	5.6 (0.6)	1.5 (0.2)	2.1 (0.2)

... Category not applicable.

* Figure does not meet standards of reliability or precision.

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

[2]Chronic obstructive pulmonary disease.

[3]Congestive heart failure.

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

Table 20. Presence of selected chronic conditions at office visits, by selected states: United States, 2013

Selected states	Hypertension		Hyperlipidemia		Arthritis		Diabetes		Depression		Obesity		Asthma		Cancer		COPD[1]		Osteoporosis	
	Percent of visits (standard error of percent)																			
All visits	28.1	(0.7)	17.7	(0.7)	13.1	(0.5)	12.4	(0.4)	10.1	(0.4)	6.9	(0.3)	6.5	(0.2)	6.4	(0.3)	3.8	(0.2)	2.7	(0.2)
Arizona	28.2	(3.3)	20.6	(3.6)	15.2	(2.8)	11.7	(1.5)	8.0	(1.7)	8.0	(1.7)	6.7	(0.9)	10.0	(2.0)	3.5	(1.0)	*3.2	(1.0)
California	23.4	(2.7)	16.3	(2.3)	10.2	(1.6)	11.0	(1.5)	9.6	(1.4)	7.1	(1.1)	5.9	(0.9)	4.4	(1.0)	4.1	(0.9)	2.4	(0.6)
Colorado	21.3	(2.4)	11.1	(2.0)	14.2	(2.9)	8.4	(1.0)	8.1	(1.1)	3.8	(1.0)	6.2	(1.3)	*8.5	(3.1)	2.6	(0.6)	*2.3	(0.9)
Florida	33.2	(3.3)	19.5	(3.1)	13.7	(1.7)	12.3	(1.5)	8.2	(2.0)	6.4	(1.0)	6.2	(0.9)	9.6	(1.5)	5.8	(1.0)	3.7	(0.9)
Georgia	29.3	(3.9)	16.6	(3.2)	16.1	(2.6)	13.9	(1.9)	8.9	(1.7)	8.4	(2.0)	6.8	(1.2)	8.3	(1.9)	3.8	(0.9)	*2.4	(0.8)
Illinois	27.4	(3.1)	19.3	(2.8)	11.8	(1.8)	12.2	(1.4)	9.4	(1.8)	7.7	(1.2)	8.0	(0.8)	5.6	(1.3)	3.3	(0.9)	2.3	(0.6)
Indiana	26.3	(2.5)	14.0	(2.2)	15.1	(2.2)	13.3	(1.7)	10.6	(1.6)	4.3	(1.0)	6.1	(0.7)	2.9	(0.5)	4.5	(1.0)	*	...
Maryland	20.4	(4.1)	12.1	(2.4)	9.5	(1.9)	8.2	(1.8)	9.2	(2.1)	3.4	(0.8)	5.3	(1.0)	5.1	(1.1)	*	...	*	...
Massachusetts	25.5	(3.9)	15.5	(3.0)	12.9	(3.1)	10.4	(2.4)	14.5	(3.7)	7.2	(1.3)	8.8	(1.5)	3.6	(0.9)	*3.3	(1.1)	*4.0	(1.5)
Michigan	32.0	(2.9)	21.5	(3.0)	17.3	(2.9)	14.6	(1.7)	7.8	(1.2)	8.6	(1.5)	8.8	(1.1)	6.1	(1.4)	2.8	(0.6)	*	(0.9)
Minnesota	26.8	(2.7)	18.9	(2.3)	11.3	(1.8)	12.0	(1.5)	12.7	(1.4)	9.8	(1.2)	6.7	(0.9)	8.0	(1.6)	3.7	(0.9)	2.7	(0.7)
Missouri	21.4	(3.0)	14.3	(2.4)	*14.2	(4.3)	9.4	(1.4)	7.4	(1.6)	5.4	(1.5)	3.2	(0.9)	2.9	(0.7)	3.3	(0.6)	*2.8	(1.2)
New Jersey	27.5	(3.8)	17.3	(3.0)	12.4	(2.3)	13.3	(2.3)	10.0	(2.4)	9.0	(2.0)	6.2	(1.0)	5.9	(1.6)	*	...	*	...
New York	27.0	(3.5)	22.5	(4.1)	19.2	(3.5)	12.7	(2.0)	12.4	(3.2)	7.3	(1.2)	7.9	(1.1)	6.4	(1.2)	3.3	(1.0)	4.9	(1.3)
North Carolina	29.8	(4.3)	17.1	(3.2)	14.9	(2.4)	13.1	(2.4)	11.6	(2.1)	6.3	(1.2)	3.9	(0.7)	7.6	(1.5)	3.7	(0.9)	2.1	(0.6)
Ohio	33.7	(3.1)	22.8	(3.3)	12.1	(2.3)	12.9	(1.5)	13.4	(2.4)	7.5	(1.6)	7.2	(1.3)	3.8	(0.9)	5.7	(1.4)	2.4	(0.5)
Pennsylvania	36.0	(3.3)	21.5	(3.2)	14.0	(2.0)	14.5	(1.5)	10.8	(1.8)	6.6	(1.4)	8.4	(1.5)	6.1	(1.0)	3.5	(0.9)	*	...
Tennessee	19.0	(2.5)	10.2	(2.3)	9.8	(1.7)	8.4	(1.2)	6.1	(1.2)	7.3	(1.6)	2.6	(0.5)	3.4	(0.7)	2.9	(0.5)	1.7	(0.4)
Texas	33.4	(3.5)	19.8	(3.3)	11.1	(1.6)	15.8	(2.0)	9.9	(1.8)	6.8	(1.4)	5.9	(0.8)	*8.3	(2.5)	3.8	(0.8)	3.1	(0.9)
Virginia	29.9	(3.0)	18.9	(2.2)	13.3	(2.0)	12.6	(1.8)	9.3	(1.7)	8.5	(1.3)	7.2	(1.2)	6.3	(1.5)	4.5	(0.8)	*3.0	(1.0)
Washington	26.0	(2.4)	19.1	(2.2)	11.5	(1.5)	12.0	(1.5)	12.1	(1.5)	5.0	(0.7)	7.8	(0.9)	4.1	(0.8)	2.6	(0.4)	2.3	(0.4)
Wisconsin	27.5	(2.2)	19.9	(2.2)	13.0	(1.6)	11.0	(1.0)	12.3	(2.5)	9.1	(1.4)	6.7	(0.6)	7.0	(1.3)	3.6	(0.6)	2.9	(0.6)

* Figure does not meet standards of reliabiliity or precision.

... Category not applicable.

[1]Chronic obstructive pulmonary disease.

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

Table 21. Selected services ordered or provided at office visits, by patient sex: United States, 2013

Selected services ordered or provided	Number of visits in thousands[1]	(standard error 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	922,596	(16,370)	100.0	…	100.0	…	100.0	…
One or more services ordered or provided[4]	902,809	(16,275)	97.9	(0.3)	97.9	(0.3)	97.8	(0.3)
None	19,787	(2,830)	2.1	(0.3)	2.1	(0.3)	2.2	(0.3)
Examinations								
Skin	117,741	(7,440)	12.8	(0.8)	12.5	(0.8)	13.1	(0.9)
Pelvic	40,390	(4,023)	4.4	(0.4)	7.6	(0.7)	–	…
Breast	27,570	(2,211)	3.0	(0.2)	4.9	(0.4)	0.3	(0.1)
Foot	25,213	(2,852)	2.7	(0.3)	2.6	(0.3)	3.0	(0.4)
Rectal	16,161	(1,894)	1.8	(0.2)	1.7	(0.2)	1.9	(0.3)
Retinal	31,872	(4,497)	3.5	(0.5)	3.5	(0.5)	3.5	(0.5)
Depression screening	24,158	(3,025)	2.6	(0.3)	2.7	(0.3)	2.6	(0.4)
Neurologic	73,759	(5,681)	8.0	(0.6)	7.8	(0.6)	8.3	(0.7)
General physical examination	565,724	(14,325)	61.3	(1.2)	61.2	(1.2)	61.5	(1.3)
Vital signs								
Weight	699,096	(15,309)	75.8	(1.0)	76.5	(1.0)	74.8	(1.2)
Blood pressure	630,755	(16,118)	68.4	(1.1)	70.4	(1.1)	65.6	(1.3)
Height	594,750	(14,125)	64.5	(1.1)	65.0	(1.1)	63.8	(1.3)
Temperature	362,265	(13,746)	39.3	(1.3)	38.4	(1.4)	40.5	(1.4)
Blood tests								
Complete blood count (CBC)	100,955	(5,828)	10.9	(0.6)	11.2	(0.7)	10.6	(0.6)
Lipids or cholesterol	76,222	(5,238)	8.3	(0.5)	8.1	(0.6)	8.5	(0.6)
Glucose	47,889	(4,757)	5.2	(0.5)	5.3	(0.5)	5.1	(0.6)
Glycohemoglobin (HgbA1C)	47,308	(4,491)	5.1	(0.5)	5.0	(0.5)	5.3	(0.5)
Prostate specific antigen (PSA)	14,671	(2,032)	1.6	(0.2)	–	...	3.8	(0.5)
Other tests								
Urinalysis (UA)	76,739	(5,163)	8.3	(0.5)	8.8	(0.6)	7.6	(0.7)
Pap test	18,477	(1,748)	2.0	(0.2)	3.5	(0.3)	–	...
Electrocardiogram (EKG or ECG)	30,806	(4,211)	3.3	(0.4)	2.9	(0.4)	4.0	(0.6)
Biopsy	12,824	(1,952)	1.4	(0.2)	1.3	(0.2)	1.5	(0.3)
Sigmoidoscopy	*3,182	(2,062)	*0.3	(0.2)	*0.3	(0.1)	*0.5	(0.4)
Colonoscopy	13,829	(2,377)	1.5	(0.3)	1.3	(0.2)	1.7	(0.4)
Peak flow	1,449	(388)	0.2	(0.0)	*0.2	(0.1)	0.2	(0.1)
Electroencephalogram (EEG)	*994	(319)	*0.1	(0.0)	*0.1	(0.0)	*	...
Electromyogram (EMG)	1,885	(278)	0.2	(0.0)	0.2	(0.0)	0.2	(0.0)
Audiometry	6,136	(1,050)	0.7	(0.1)	0.6	(0.1)	0.7	(0.1)
Spirometry	6,505	(1,044)	0.7	(0.1)	0.7	(0.1)	0.7	(0.1)
Tonometry	*5,571	(1,690)	*0.6	(0.2)	*0.7	(0.2)	0.5	(0.2)
Cardiac stress test	5,019	(1,212)	0.5	(0.1)	0.4	(0.1)	0.7	(0.2)
Fetal monitoring	*4,814	(1,794)	*0.5	(0.2)	*0.9	(0.3)	–	...
Chlamydia test	5,375	(865)	0.6	(0.1)	0.7	(0.1)	*0.5	(0.2)
HIV test[5]	4,559	(735)	0.5	(0.1)	0.6	(0.1)	0.4	(0.1)
Pregnancy/HCG test	5,293	(792)	0.6	(0.1)	1.0	(0.2)	–	...
HPV DNA test[6]	3,419	(684)	0.4	(0.1)	0.6	(0.1)	*	...
Imaging								
Any imaging	121,612	(5,512)	13.2	(0.5)	14.3	(0.6)	11.6	(0.7)
X-ray	54,782	(3,711)	5.9	(0.4)	5.9	(0.4)	6.1	(0.5)
Ultrasound, excluding echocardiogram	25,343	(1,856)	2.8	(0.2)	3.2	(0.2)	2.2	(0.3)
Magnetic resonance imaging (MRI)	13,870	(1,394)	1.5	(0.2)	1.4	(0.1)	1.7	(0.2)
Computed tomography (CT) scan	15,117	(2,099)	1.6	(0.2)	1.4	(0.2)	2.0	(0.3)
Mammography	15,021	(1,346)	1.6	(0.1)	2.8	(0.2)	*	...
Echocardiogram	10,009	(1,512)	1.1	(0.2)	1.1	(0.2)	1.1	(0.2)
Bone mineral density	4,900	(770)	0.5	(0.1)	0.8	(0.1)	*	...
Other imaging	2,028	(314)	0.2	(0.0)	0.2	(0.0)	0.3	(0.1)

Table 21. Selected services ordered or provided at office visits, by patient sex: United States, 2013

Selected services ordered or provided	Number of visits in thousands[1] (standard error in thousands)		Percent distribution (standard error of percent)		Female[2] Percent distribution (standard error of percent)		Male[3] Percent distribution (standard error of percent)	
Nonmedication treatment								
Physical therapy	17,541	(2,207)	1.9	(0.2)	1.8	(0.2)	2.0	(0.4)
Excision of tissue	14,701	(1,483)	1.6	(0.2)	1.4	(0.2)	1.9	(0.2)
Wound care	14,484	(1,229)	1.6	(0.1)	1.5	(0.1)	1.7	(0.2)
Psychotherapy	15,043	(2,733)	1.6	(0.3)	1.6	(0.3)	1.7	(0.4)
Other mental health counseling	17,240	(2,619)	1.9	(0.3)	1.7	(0.3)	2.1	(0.4)
Cast, splint, or wrap	9,751	(2,095)	1.1	(0.2)	0.9	(0.1)	*1.2	(0.4)
Complementary and alternative medicine (CAM)	2,701	(509)	0.3	(0.1)	0.3	(0.1)	0.3	(0.1)
Durable medical equipment	6,887	(1,836)	0.8	(0.2)	0.7	(0.2)	*0.8	(0.3)
Home health care	3,662	(785)	0.4	(0.1)	0.4	(0.1)	0.4	(0.1)
Radiation therapy	*803	(377)	*0.1	(0.0)	*	...	*	...
Health education/counseling								
Asthma	7,164	(817)	0.8	(0.1)	0.9	(0.1)	0.6	(0.1)
Asthma action plan given to patient	4,083	(620)	0.4	(0.1)	0.4	(0.1)	0.5	(0.1)
Diet/nutrition	89,333	(5,703)	9.7	(0.6)	9.6	(0.6)	9.8	(0.7)
Exercise	62,192	(4,552)	6.7	(0.5)	6.9	(0.6)	6.5	(0.5)
Family planning/contraception	6,261	(770)	0.7	(0.1)	1.0	(0.1)	*0.2	(0.1)
Growth/development	17,439	(2,502)	1.9	(0.3)	1.7	(0.2)	2.2	(0.4)
Injury prevention	24,767	(3,838)	2.7	(0.4)	2.4	(0.4)	3.2	(0.5)
STD prevention	4,642	(1,118)	0.5	(0.1)	0.5	(0.1)	*0.5	(0.2)
Stress management	11,312	(1,778)	1.2	(0.2)	1.3	(0.2)	1.1	(0.2)
Tobacco use/exposure	18,634	(1,356)	2.0	(0.1)	1.9	(0.2)	2.2	(0.2)
Weight reduction	26,045	(2,234)	2.8	(0.2)	2.8	(0.3)	2.9	(0.3)

– Quantity zero.

... Category not applicable.

* Figure does not meet standards of reliability or precision.

[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 533,860,000 visits made by females.

[3]Based on 388,737,000 visits made by males.

[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 item 9 checkbox for physical therapy) are edited to ensure that the checkbox is marked; in this way, the checkbox 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/alternative medicine, physical therapy, speech/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]Human immunodeficiency virus.

[6]HPV is human papilloma virus; DNA is deoxyribonucleic acid.

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

Table 22. Initial blood pressure measurements recorded at office visits to primary care specialists 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[2]	355,293	100.0	30.2	(0.9)	47.2	(0.7)	17.9	(0.6)	4.8	(0.3)
Age										
18-24 years	26,872	100.0	55.0	(2.4)	38.4	(2.1)	5.6	(1.0)	*	...
25-44 years	95,403	100.0	41.8	(1.6)	43.7	(1.4)	11.8	(0.8)	2.7	(0.4)
45-64 years	125,304	100.0	24.4	(1.0)	49.0	(1.0)	20.6	(1.0)	6.0	(0.5)
65-74 years	56,084	100.0	18.6	(1.0)	52.4	(1.4)	23.8	(1.2)	5.3	(0.6)
75 years and over	51,630	100.0	22.4	(1.4)	48.1	(1.8)	22.4	(1.7)	7.2	(0.7)
Sex										
Female	229,642	100.0	33.9	(1.1)	46.1	(0.9)	15.7	(0.6)	4.3	(0.3)
Male	125,652	100.0	23.3	(0.9)	49.1	(1.0)	21.9	(0.9)	5.7	(0.4)
Race[3]										
Reported	262,993	100.0	30.4	(1.0)	47.3	(0.8)	17.6	(0.6)	4.8	(0.3)
Imputed (missing)	92,300	100.0	29.7	(1.6)	46.9	(1.5)	18.7	(1.2)	4.7	(0.5)
Reported plus imputed[4]:										
White	296,726	100.0	30.0	(0.8)	47.9	(0.7)	17.6	(0.6)	4.6	(0.3)
Black or African American	41,442	100.0	26.4	(1.9)	45.7	(1.5)	20.9	(1.5)	7.0	(0.9)
Other[5]	17,126	100.0	42.9	(3.8)	38.3	(2.8)	15.4	(2.9)	*	...
Reported only[6]:										
White	220,753	100.0	29.9	(0.9)	48.1	(0.8)	17.5	(0.6)	4.5	(0.3)
Black or African American	30,767	100.0	25.5	(2.2)	46.5	(1.7)	20.3	(1.7)	7.7	(1.0)
Other[5]	11,474	100.0	52.0	(4.0)	32.3	(3.0)	12.8	(2.9)	*	...
Ethnicity[3]										
Reported	261,840	100.0	30.4	(1.0)	47.4	(0.8)	17.5	(0.7)	4.6	(0.3)
Imputed (missing)	93,454	100.0	29.6	(1.3)	46.5	(1.2)	18.8	(1.0)	5.2	(0.5)
Reported plus imputed[7]:										
Hispanic or Latino	49,977	100.0	28.7	(2.8)	48.7	(2.4)	17.8	(2.0)	4.8	(0.8)
Not Hispanic or Latino	305,316	100.0	30.4	(0.8)	46.9	(0.7)	17.9	(0.5)	4.8	(0.3)
Reported only[8]:										
Hispanic or Latino	39,843	100.0	29.0	(3.3)	48.2	(2.7)	18.7	(2.4)	4.1	(0.8)
Not Hispanic or Latino	221,997	100.0	30.7	(1.0)	47.3	(0.8)	17.3	(0.6)	4.7	(0.3)

* Figure does not meet standards of reliability or precision.

... Category not applicable.

[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 BP is defined as any BP less than 120 mm Hg systolic and less than 80 mm Hg diastolic. Similar to 2010 but in contrast to prior years, low BP has been combined with normal BP because there is no accepted clinical demarcation between normal and low BP at 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)" (National Institutes of Health, National Heart, Lung, and Blood Institute). 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]Visits where blood pressure was taken represent 94.6% (standard error = 0.5) of all office visits made to primary care specialists by adults aged 18 and over. Primary care specialty is defined in the 2013 National Ambulatory Medical Care Survey public use file documentation available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc13.pdf.

[3]The race groups (white, black or African American, and other) include persons of Hispanic and non-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 National Ambulatory Medical Care Survey (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 detailed in the 2013 National Ambulatory Medical Care Survey Public Use Data File documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013.pdf. For 2013, race data were missing for 29.6% of visits, and ethnicity data were missing for 30.9% of visits. For 2013, where blood pressure was taken, race data were missing for 26.0% of visits, and ethnicity data were missing for 26.3% of visits.

[4]Includes race reported directly by physician offices and imputed for the 26.0% of visits where blood pressure was recorded for which race was not reported.

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

[6]Calculations based on 262,993,000 primary care visits where blood pressure was recorded with race reported directly by physician offices. The 26.0% of visits for which blood pressure was recorded and race was missing are excluded from the denominator so differences can be compared between estimates that include and exclude imputed race values.

[7]Includes ethnicity reported directly by physician offices and imputed for the 26.3% of primary care visits where blood pressure was recorded and ethnicity was not reported.

[8]Calculations based on 261,840,000 primary care visits where blood pressure was recorded with ethnicity reported directly by physician offices. The 26.3% of primary care visits for which ethnicity was missing are excluded from the denominator so differences can be compared between estimates that include and exclude imputed ethnicity values.

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

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

Table 23. Medication therapy and number of medications mentioned at office visits, by patient sex: United States, 2013

Medication therapy[1]	Number of visits in thousands	(standard error in thousands)	Percentage distribution	(standard error of percent)	Female[2] Percentage distribution	(standard error of percent)	Male[3] Percentage distribution	(standard error of percent)
All visits	922,596	(16,370)	100.0	...	100.0	...	100.0	...
Visits with mention of medication[4]	684,284	(14,800)	74.2	(0.7)	74.6	(0.8)	73.6	(0.8)
Visits without mention of medication	209,087	(6,588)	22.7	(0.7)	22.4	(0.7)	23.1	(0.8)
Blank	29,225	(3,807)	3.2	(0.4)	3.0	(0.4)	3.4	(0.5)
Number of medications provided or prescribed								
All visits	922,596	(16,370)	100.0	...	100.0	...	100.0	...
0	209,087	(6,588)	22.7	(0.7)	22.4	(0.7)	23.1	(0.8)
1	171,184	(4,851)	18.6	(0.4)	18.6	(0.5)	18.5	(0.6)
2	118,794	(3,407)	12.9	(0.3)	12.9	(0.4)	12.9	(0.4)
3	82,418	(2,821)	8.9	(0.3)	8.8	(0.3)	9.1	(0.3)
4	59,762	(2,359)	6.5	(0.2)	6.3	(0.3)	6.7	(0.3)
5	48,075	(2,344)	5.2	(0.2)	5.2	(0.2)	5.3	(0.3)
6	37,332	(1,718)	4.1	(0.2)	4.1	(0.2)	4.0	(0.2)
7	32,488	(1,623)	3.5	(0.2)	3.7	(0.2)	3.3	(0.2)
8	26,786	(1,536)	2.9	(0.2)	2.9	(0.2)	2.9	(0.2)
9	26,408	(1,470)	2.9	(0.2)	3.0	(0.2)	2.8	(0.2)
10	81,037	(4,152)	8.8	(0.4)	9.2	(0.5)	8.3	(0.4)
Blank	29,225	(3,807)	3.2	(0.4)	3.0	(0.4)	3.4	(0.5)

... Category not applicable.

[1]Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents.

[2]Based on 533,860,000 visits made by females.

[3]Based on 388,737,000 visits made by males.

[4]A drug mention is documentation in a patient's record of a drug provided, prescribed, or continued at a visit (up to 10 per visit). Also defined as drug visits.

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

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

Table 24. Office drug visits and drug mentions, by physician speciality: United States, 2013

Physician speciality	Drug visits[1]				Drug mentions[2]				Percent of office visits with drug mentions[3]		Drug mention rates[4]	
	Number in thousands	(standard error in thousands)	Percent distribution	(standard error of percent)	Number in thousands	(standard error in thousands)	Percent distribution	(standard error of percent)	(standard error of percent)		(standard error of rate)	
All specialties	684,284	(14,800)	100.0	...	2,849,189	(86,373)	100.0	...	74.2	(0.7)	308.8	(6.8)
General and family practice	174,787	(10,864)	25.5	(1.4)	768,830	(54,815)	27.0	(1.7)	82.9	(1.4)	364.8	(14.7)
Internal medicine	106,202	(10,272)	15.5	(1.4)	542,422	(56,682)	19.0	(1.8)	84.4	(1.8)	431.3	(19.9)
Pediatrics	69,073	(5,306)	10.1	(0.8)	157,117	(12,794)	5.5	(0.5)	67.6	(1.7)	153.8	(6.1)
Obstetrics and gynecology	37,082	(4,641)	5.4	(0.7)	92,383	(12,472)	3.2	(0.5)	62.4	(3.1)	155.5	(11.9)
Cardiovascular diseases	31,094	(5,517)	4.5	(0.8)	207,970	(39,068)	7.3	(1.3)	84.7	(3.4)	566.3	(34.0)
Orthopedic surgery	30,771	(4,110)	4.5	(0.6)	124,246	(19,228)	4.4	(0.7)	64.3	(3.3)	259.6	(22.3)
Psychiatry	29,707	(4,394)	4.3	(0.6)	75,755	(11,352)	2.7	(0.4)	78.1	(3.7)	199.0	(16.0)
Ophthalmology	29,250	(4,384)	4.3	(0.6)	123,258	(20,909)	4.3	(0.7)	67.8	(3.4)	285.5	(26.2)
Dermatology	15,843	(2,922)	2.3	(0.4)	45,523	(9,737)	1.6	(0.3)	63.0	(4.6)	181.0	(27.1)
Urology	14,743	(2,633)	2.2	(0.4)	59,465	(12,133)	2.1	(0.4)	71.1	(3.3)	286.7	(38.3)
Neurology	11,409	(2,347)	1.7	(0.3)	53,140	(12,082)	1.9	(0.4)	79.4	(5.1)	369.6	(49.2)
Otolaryngology	10,172	(1,816)	1.5	(0.3)	38,756	(8,100)	1.4	(0.3)	62.7	(3.8)	238.9	(29.1)
General surgery	7,664	(1,226)	1.1	(0.2)	30,809	(5,768)	1.1	(0.2)	42.8	(4.1)	172.2	(27.8)
All other specialties	116,487	(6,807)	17.0	(1.0)	529,516	(36,208)	18.6	(1.2)	70.9	(1.8)	322.3	(15.3)

... Category not applicable.

[1]Visits at which one or more drugs were provided or prescribed.

[2]Documentation in a patient's record of a drug provided, prescribed, or continued at a visit. Up to 10 drug mentions were collected per visit. Also defined as drug visits.

[3]Percentage of visits that included one or more drugs provided or prescribed (number of visits 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 25. Twenty most frequently mentioned drugs at office visits, by therapeutic drug category: 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]	339,818	(13,676)	11.9	(0.3)
Antihyperlipidemic agents	146,190	(6,408)	5.1	(0.1)
Antidepressants	120,697	(5,187)	4.2	(0.2)
Antidiabetic agents	110,090	(5,752)	3.9	(0.1)
Anxiolytics, sedatives, and hypnotics	107,164	(4,713)	3.8	(0.1)
Antiplatelet agents	106,874	(5,394)	3.8	(0.1)
Vitamins	98,532	(4,527)	3.5	(0.1)
Beta-adrenergic blocking agents	95,894	(4,533)	3.4	(0.1)
Anticonvulsants	94,670	(4,467)	3.3	(0.1)
Bronchodilators	91,952	(4,561)	3.2	(0.1)
Dermatological agents	83,148	(4,032)	2.9	(0.1)
Proton pump inhibitors	82,385	(3,779)	2.9	(0.1)
Immunostimulants	75,402	(5,668)	2.6	(0.2)
Diuretics	70,825	(3,573)	2.5	(0.1)
Angiotensin converting enzyme inhibitors	70,787	(3,249)	2.5	(0.1)
Vitamin and mineral combinations	70,648	(3,510)	2.5	(0.1)
Antihistamines	62,728	(2,923)	2.2	(0.1)
Calcium channel blocking agents	54,639	(2,814)	1.9	(0.1)
Ophthalmic preparations	54,555	(7,290)	1.9	(0.2)
Thyroid hormones	54,075	(2,464)	1.9	(0.1)

[1]Based on Multum Lexicon second-level therapeutic drug category (for more information, visit: www.cerner.com/cerner_multum/)

[2]Based on an estimated 2,849,189,000 drug mentions at office visits in 2013.

[3]Includes narcotic and nonnarcotic analgesics and nonsteriodal anti-inflammatory drugs.

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

Table 26. Twenty most frequently mentioned drug names at office 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 in thousands)		Percent distribution (standard error of percent)						
					Total	New		Continued		Unknown[2]		Therapeutic drug category[3]
All drug mentions	2,849,189	(86,373)	100.0	...	100.0	22.0	(0.7)	77.0	(0.7)	1.0	(0.1)	...
Aspirin	86,991	(4,462)	3.1	(0.1)	100.0	5.1	(0.6)	94.1	(0.7)	0.8	(0.2)	Analgesics, Antiplatelet agents
Lisinopril	53,074	(2,522)	1.9	(0.1)	100.0	5.9	(0.7)	93.3	(0.7)	0.8	(0.2)	Angiotensin converting enzyme inhibitors
Multivitamin	51,836	(2,625)	1.8	(0.1)	100.0	6.2	(0.7)	93.0	(0.8)	0.8	(0.2)	Vitamin and mineral combinations
Albuterol	51,651	(2,481)	1.8	(0.1)	100.0	18.8	(1.5)	80.5	(1.5)	*0.7	(0.2)	Bronchodilators
Levothyroxine	50,870	(2,329)	1.8	(0.1)	100.0	4.5	(0.6)	94.6	(0.6)	0.9	(0.3)	Thyroid hormones
Omeprazole	45,336	(2,215)	1.6	(0.1)	100.0	9.5	(0.9)	89.3	(1.0)	*1.2	(0.4)	Proton pump inhibitors
Acetaminophen-hydrocodone	43,441	(3,022)	1.5	(0.1)	100.0	23.0	(1.6)	76.3	(1.6)	*0.7	(0.2)	Analgesics
Metoprolol	43,087	(2,230)	1.5	(0.1)	100.0	6.5	(0.9)	92.6	(1.0)	*1.0	(0.3)	Beta-adrenergic blocking agents
Simvastatin	42,920	(2,239)	1.5	(0.1)	100.0	3.7	(0.5)	95.3	(0.6)	*0.9	(0.3)	Antihyperlipidemic agents
Metformin	40,865	(2,163)	1.4	(0.1)	100.0	6.6	(0.9)	92.5	(0.9)	*0.9	(0.3)	Antidiabetic agents
Atorvastatin	38,139	(2,282)	1.3	(0.1)	100.0	6.1	(0.9)	93.3	(1.0)	*0.6	(0.3)	Antihyperlipidemic agents
Ibuprofen	36,104	(2,239)	1.3	(0.1)	100.0	33.4	(2.0)	65.2	(2.1)	*1.5	(0.5)	Analgesics
Amlodipine	35,096	(1,867)	1.2	(0.1)	100.0	7.3	(0.9)	91.9	(0.9)	*0.9	(0.3)	Calcium channel blocking agents
Omega-3 polyunsaturated fatty acids	30,130	(1,765)	1.1	(0.1)	100.0	5.2	(0.9)	94.0	(0.9)	*0.8	(0.3)	Nutraceutical products
Furosemide	29,115	(1,810)	1.0	(0.1)	100.0	6.9	(1.0)	92.3	(1.0)	*0.8	(0.3)	Diuretics
Ergocalciferol	28,035	(1,775)	1.0	(0.1)	100.0	12.4	(1.4)	86.9	(1.4)	*0.7	(0.2)	Vitamins
Hydrochlorothiazide	25,629	(1,526)	0.9	(0.1)	100.0	8.8	(1.6)	90.1	(1.7)	*1.1	(0.4)	Diuretics
Acetaminophen	25,094	(2,151)	0.9	(0.1)	100.0	31.9	(2.9)	67.7	(3.0)	*0.4	(0.2)	Analgesics
Fluticasone nasal	24,821	(1,691)	0.9	(0.1)	100.0	25.8	(1.8)	73.5	(1.8)	*0.7	(0.3)	Nasal preparations
Gabapentin	24,272	(1,462)	0.9	(0.0)	100.0	12.7	(1.5)	86.7	(1.5)	*0.6	(0.2)	Anticonvulsants
Other	2,042,681	(59,790)	71.7	(0.3)	100.0	26.4	(0.8)	72.6	(0.8)	1.0	(0.2)	Other

... Category not applicable.

* Figure does not meet standards of reliability or precision.

[1]Based on Multum Lexicon terminology, drug name reflects the active ingredient(s) of a drug provided, prescribed, or continued.

[2]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 (for more information, visit: http://www.cerner.com/cerner_multum/).

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

Table 27. Providers seen at office 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	922,596	(16,370)	...	...
Physician	905,805	(16,120)	98.2	(0.2)
RN[2] or LPN[3]	170,172	(10,463)	18.4	(1.1)
Physician assistant	47,779	(6,421)	5.2	(0.7)
Nurse practitioner or midwife	20,447	(2,630)	2.2	(0.3)
Mental health provider	6,513	(1,408)	0.7	(0.2)
Other provider	256,732	(12,560)	27.8	(1.3)
Blank	2,469	(455)	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 physician during the 1-week reporting period. However, at 1.8 percent of these visits, the physician was not seen; instead, the patient saw another provider.

[2]Registered nurse.

[3]Licensed practical nurse.

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

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

Table 28. Disposition of office visits: United States, 2013

Disposition	Number of visits in thousands[1] (standard error in thousands)		Percent of visits (standard error of percent)	
All visits	922,596	(16,370)	...	...
Return at specified time	654,726	(14,118)	71.0	(0.9)
Referred to other physician	85,459	(4,621)	9.3	(0.5)
Refer to ER[2] /admit to hospital	5,269	(551)	0.6	(0.1)
Other disposition	233,479	(9,259)	25.3	(0.9)
Blank	15,838	(1,777)	1.7	(0.2)

... 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.

[2]Emergency room.

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

Table 29. Time spent with physician: United States, 2013

Time spent with physician	Number of visits in thousands	(standard error in thousands)	Percent distribution	(standard error of percent)
All visits	922,596	(16,370)	100.0	...
Visits at which a physician was seen	905,805	(16,120)	98.2	(0.2)
Visits at which no physician was seen	16,791	(1,820)	1.8	(0.2)
Total[1]	905,805	...	100.0	...
1-5 minutes	9,880	(1,515)	1.1	(0.2)
6-10 minutes	68,761	(3,752)	7.6	(0.4)
11-15 minutes	297,967	(9,899)	32.9	(0.9)
16-30 minutes	382,885	(9,732)	42.3	(0.8)
31-60 minutes	134,857	(6,248)	14.9	(0.6)
61 minutes and over	11,455	(986)	1.3	(0.1)

... Category not applicable.

[1]Time spent with physicians was reported only for visits where a physician was seen. Time spent with physicians was missing for 37.9% of visits where a physician 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 30. Mean time spent with physician, by physician specialty: United States, 2013

Physician speciality	Mean time in minutes spent with physician[1]	Standard error of mean	25th percentile	Median	75th percentile
All visits	23.1	0.2	14.4	19.2	29.3
Psychiatry	35.5	1.2	24.8	29.8	44.9
Neurology	30.3	1.0	18.4	29.0	36.3
Internal medicine	23.7	0.6	14.5	19.5	29.5
General surgery	23.6	0.8	14.5	19.4	29.4
Cardiovascular diseases	23.2	0.8	14.4	19.4	29.3
Urology	22.9	1.5	14.3	17.1	29.0
Obstetrics and gynecology	22.5	0.6	14.4	19.0	28.4
Ophtalmology	21.8	1.3	13.4	16.2	29.3
General and family practice	21.6	0.5	14.3	17.0	26.3
Otolaryngology	20.4	1.0	14.1	14.8	24.7
Orthopedic surgery	20.2	0.9	14.1	14.9	24.3
Pediatrics	20.1	0.4	14.2	16.0	24.3
Dermatology	17.8	0.7	11.0	14.6	19.6
All other specialities	25.8	0.6	14.6	20.1	29.8

[1]Includes only visits where a physician was seen. Time spent with physicians was missing for 37.9% of visits where a physician was seen. Estimates presented include imputed values for missing data.

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

Table 31. In-scope sample physicians, weighted percent distributions by Patient Record Form response status, and Patient Record Form response rate, by physician characteristics: National Ambulatory Medical Care Survey, 2013

[Weighted by calibrated sampling weights]

Physician characteristic[1]	Number of sampled in-scope physicians[2]	Total sample percent distribution[3] (weighted)	Responding physician[4] percent distribution (weighted)	Nonresponding physician[5] percent distribution (weighted)	Physician weighted response rate[6]	Number of participants[7]	Participation rate[8] (weighted)
All office-based physicians	6,999	100.0	100.0	100.0	0.404	3,369	0.483
Age							
Under 50 years	2,799	40.2	40.8	39.8	0.410	1,344	0.481
50 years and over	4,200	59.8	59.2	60.2	0.400	2,025	0.485
Sex							
Male	5,147	70.4	69.7	70.9	0.400	2,464	0.476
Female	1,852	29.6	30.3	29.1	0.414	905	0.499
Division[9]							
New England	490	6.0	5.0	6.7	0.336	196	0.408
Middle Atlantic	764	15.6	13.3	17.2	0.343	339	0.458
East North Central	1,210	14.2	14.7	13.9	0.418	587	0.489
West North Central	739	6.3	6.8	6.0	0.435	346	0.480
South Atlantic	1,340	18.3	19.7	17.4	0.434	690	0.535
East South Central	485	5.1	5.4	4.9	0.429	272	0.566
West South Central	496	9.7	10.5	9.2	0.436	233	0.467
Mountain	711	6.3	6.3	6.3	0.401	313	0.441
Pacific	764	18.4	18.4	18.4	0.404	393	0.474
Metropolitan status[10]							
MSA	6,312	91.7	91.2	92.1	0.402	3,042	0.483
Non-MSA	687	8.3	8.8	7.9	0.430	327	0.487
Professional identity							
Doctor of medicine	6,591	93.9	94.2	93.8	0.405	3,184	0.484
Doctor of osteopathy	408	6.1	5.8	6.2	0.389	185	0.467
Physician specialty[9,11]							
General or family practice	1,010	18.3	18.5	18.1	0.410	499	0.494
Internal medicine	676	13.3	11.1	14.7	0.339	317	0.442
Pediatrics	547	9.8	13.2	7.4	0.548	347	0.647
General surgery	283	2.9	3.1	2.8	0.431	147	0.473
Obstetrics and gynecology	410	7.5	7.4	7.6	0.396	197	0.491
Orthopedic surgery	448	4.8	4.8	4.9	0.402	202	0.462
Cardiovascular diseases	363	4.1	3.4	4.7	0.332	149	0.403
Dermatology	190	2.2	1.7	2.5	0.318	83	0.430
Urology	169	1.9	1.9	1.9	0.409	75	0.493
Psychiatry	465	5.7	4.5	6.6	0.316	190	0.396
Neurology	192	2.2	1.8	2.5	0.321	82	0.420
Ophthalmology	346	3.9	3.9	3.8	0.411	169	0.449
Otolaryngology	183	2.0	2.0	2.0	0.402	89	0.476
All other specialties	1,717	21.4	22.7	20.6	0.428	823	0.484
Specialty type[11]							
Primary care	2,546	47.5	48.6	46.7	0.414	1,305	0.508
Surgical	1,855	20.4	20.8	20.1	0.412	881	0.466
Medical	2,598	32.1	30.5	33.1	0.385	1,183	0.457

Table 31. In-scope sample physicians, weighted percent distributions by Patient Record Form response status, and Patient Record Form response rate, by physician characteristics: National Ambulatory Medical Care Survey, 2013

[Weighted by calibrated sampling weights]

Physician characteristic[1]	Number of sampled in-scope physicians[2]	Total sample percent distribution[3] (weighted)	Responding physician[4] percent distribution (weighted)	Nonresponding physician[5] percent distribution (weighted)	Physician weighted response rate[6]	Number of participants[7]	Participation rate[8] (weighted)
Practice type							
Solo	1,528	24.1	23.3	24.7	0.391	750	0.492
Two physicians	301	4.4	4.4	4.4	0.404	140	0.453
Group or HMO[12]	4,357	58.7	59.4	58.3	0.409	2,084	0.481
Medical school or government	77	1.1	1.1	1.1	0.413	40	0.497
Other	65	1.0	1.2	0.9	0.466	31	0.523
Unclassified	671	10.6	10.6	10.7	0.402	324	0.481
Annual visit volume[9]							
0–25% percentile	1,751	23.4	31.6	17.8	0.547	1,125	0.628
26–50% percentile	1,774	24.4	22.9	25.4	0.379	761	0.452
51–75% percentile	1,724	24.8	17.5	29.8	0.285	594	0.340
76–100% percentile	1,750	27.4	28.0	27.0	0.413	889	0.517

[1]Characteristic information is from a combination of sources, including the master files of the American Medical Association, the American Osteopathic Association, and the National Ambulatory Medical Care Survey (NAMCS) induction form.

[2]In-scope physicians are those who verified that they were nonfederal and involved in direct patient care in an office-based practice, excluding the specialties of radiology, pathology, and anesthesiology.

[3]Total physicians are those who were selected from (a) the master files of the American Medical Association or (b) the American Osteopathic Association. In-scope determination was also used for inclusion in NAMCS.

[4]Physicians who were in-scope and participated fully in completion of Patient Record Forms (PRFs) or were unavailable to complete PRFs.

[5]Physicians who were in-scope and participated minimally or refused to participate in NAMCS.

[6]Values represent a response rate among physicians selected from the office-based sample. Numerator is the number of in-scope physicians from the physician sample 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 the physician sample.

[7]Physicians for whom at least one PRF was completed (full and minimal responders) and include physicians who saw no patients during their sample week.

[8]Number of participants divided by the number of in-scope physicians.

[9]Chi-square test of association is sigificant ($p < 0.05$) betweeen physician response and indicated physician characteristic.

[10]MSA is metropolitan statistical area.

[11]Physician specialty type as defined in the 2013 National Ambulatory Medical Care Survey Public Use Data File Documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2013.pdf.

[12]HMO is health maintenance organization.

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

Table 32. In-scope sample physicians, weighted percent distributions by Patient Record Form response status, and Patient Record Form response rate, by state location of physician office: National Ambulatory Medical Care Survey, 2013

Division and state[1]	Number of sampled in-scope physicians[2,3]	In-scope sample percent distribution (weighted)	Percent distribution of respondents[4]	Percent distribution of nonrespondents[5]	Response rate[6] (weighted)	Participants[7]	Participation rate[8] (weighted)
Total	6,999	100.0	100.0	100.0	0.404	3,369	0.483
New England							
Massachusetts	221	2.7	2.1	3.2	0.316	89	0.413
Middle Atlantic							
New Jersey	274	3.9	2.3	4.9	0.244	114	0.434
New York	265	7.6	6.9	8.2	0.364	120	0.464
Pennsylvania	225	4.1	4.0	4.2	0.396	105	0.468
East North Central							
Illinois	219	3.8	3.8	3.7	0.410	114	0.522
Indiana	270	2.0	2.3	1.8	0.474	141	0.523
Michigan	230	3.1	2.8	3.3	0.361	93	0.416
Ohio	215	3.2	3.3	3.1	0.425	102	0.490
Wisconsin	276	2.1	2.4	2.0	0.454	137	0.505
West North Central							
Minnesota	252	2.0	1.8	2.1	0.370	103	0.406
Missouri	224	1.7	1.7	1.7	0.410	101	0.455
South Atlantic							
Florida	245	6.4	7.3	5.8	0.458	146	0.595
Georgia	241	2.8	3.0	2.6	0.443	124	0.511
Maryland	188	1.9	2.2	1.8	0.453	92	0.472
North Carolina	212	2.5	2.5	2.5	0.408	111	0.543
Virginia	229	2.4	2.4	2.4	0.399	116	0.506
East South Central							
Tennessee	253	2.2	2.2	2.1	0.413	146	0.584
West South Central							
Texas	252	6.8	7.2	6.6	0.425	108	0.449
Mountain							
Arizona	247	2.0	2.1	1.9	0.435	117	0.479
Colorado	239	1.8	1.5	2.0	0.332	93	0.382
Pacific							
California	277	14.0	12.5	15.1	0.360	122	0.443
Washington	213	2.0	2.8	1.5	0.567	123	0.595

[1]Chi-square test of association is significant ($p < 0.05$) between physician response and state location of office where most visits were seen.

[2]In-scope physicians are those who verified that they were nonfederal and involved in direct patient care in an office-based practice, excluding the specialties of radiology, pathology, and anesthesiology.

[3]Physicians who were selected to the 2013 National Ambulatory Medical Care Survey (NAMCS) sample and confirmed, during the survey, to be in-scope.

[4]Responding physicians are those who were in-scope and participated fully in completion of Patient Record Forms (PRFs) or were unavailable to complete PRFs.

[5]Nonresponding physicians are those physicians who were in-scope and participated minimally or refused to participate in NAMCS.

[6]Values represent a response rate among physicians selected from the office-based sample. Numerator is the number of in-scope physicians from the physician sample 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 the physician sample.

[7]Participants are physicians for whom at least one PRF was completed (full and minimal responders) and include physicians who saw no patients during their sample week.

[8]Number of participants divided by the number of in-scope physicians.

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