National Ambulatory Medical Care Survey: 2014 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 physician practices as well as patient and visit characteristics using data collected in the 2014 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 following 18 states that were targeted for separate estimation are included in the summary tables: Arizona, California, Florida, Georgia, Illinois, Indiana, Massachusetts, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington, and Wisconsin. The remaining 32 states and DC, which were located within 7 of the 9 Census divisions, were grouped into division remainders or groups of states that comprise Census divisions excluding the 18 states for which state estimates were calculated. Four tables presenting state estimates are included, in addition to the tables presenting national estimates.

The sampling frame for the 2014 NAMCS was composed of all physicians contained in the master files maintained by the AMA and AOA. The 2014 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 and will be presented in a separate report.

The 2014 NAMCS sample included 9,989 physicians. A total of 3,973 physicians did not meet all of the criteria and were ruled out of scope (ineligible) for the study. Of the 6,016 in-scope (eligible) physicians, 2,179 completed Patient Record Forms (PRFs) in the study. PRFs were not completed by 503 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 2,179 physicians who completed PRFs, 1,822 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 357 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, 45,710 PRFs were submitted. The participation rate – the percentage of in-scope physicians for whom at least one PRF was completed – was 45.0 percent. The response rate – the percentage of in-scope physicians for whom at least one-half of their expected number of PRFs was completed – was 39.0%. Among the 18 targeted states, response rates ranged from 22.3%-51.9%.

The 2014 NAMCS was conducted from December 23, 2013 through December 15, 2014. The U.S. Bureau of the Census was the data collection agent for the 2014 NAMCS. For the third time, NAMCS was collected electronically using a computerized instrument developed by the U.S. Census Bureau. For 2014, abstraction by Census field representatives using laptop computers to access the automated PRF instrument was the preferred mode of data collection. The PRF may be viewed at: https://www.cdc.gov/nchs/data/ahcd/2014_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 0.4 and 1.2 percent. For further details, see the 2014 NAMCS Public Use Data File Documentation at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2014.pdf

Web table estimates consist of visits to physicians at 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 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 2014 NAMCS are discussed in the NAMCS Public Use Data File Documentation (see above for link).

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 2014, race data were missing for 26.9 percent of visits, and ethnicity data were missing for 27.6 percent of visits. Starting with 2009 data, NAMCS adopted the technique of model-based single imputation for NAMCS race and ethnicity data. Race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2014 NAMCS Public Use Data File Documentation (see above for link). Information on missing data for other variables is provided in table footnotes.

In the following tables, estimates are not presented and replaced with an asterisk (*) if they are based on fewer than 30 cases in the sample data. Estimates based on 30 or more cases include an asterisk if the relative standard error (RSE) of the estimate exceeds 30 percent.

Suggested citation: Rui P, Hing E, Okeyode T. National Ambulatory Medical Care Survey: 2014 State and National Summary Tables. Available from: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm.

Table 1. Physician office visits, by selected physician characteristics: United States, 2014

Physician characteristic	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[1,2,3]	Standard error of rate
All visits	884,707	(17,838)	100.0	...	282.0	(5.7)
Physician specialty[4]						
General and family practice	193,276	(12,234)	21.8	(1.3)	61.6	(3.9)
Internal medicine	126,760	(10,596)	14.3	(1.2)	40.4	(3.4)
Pediatrics[5]	97,734	(8,703)	11.0	(1.0)	124.3	(11.4)
Orthopedic surgery	50,406	(6,444)	5.7	(0.7)	16.1	(2.1)
Obstetrics and gynecology[6]	47,044	(5,704)	5.3	(0.7)	35.9	(4.4)
Ophthalmology	41,676	(6,351)	4.7	(0.7)	13.3	(2.0)
Psychiatry	41,498	(6,192)	4.7	(0.7)	13.2	(2.0)
Cardiovascular diseases	39,027	(7,160)	4.4	(0.8)	12.4	(2.3)
Dermatology	27,522	(4,829)	3.1	(0.5)	8.8	(1.5)
General surgery	18,918	(3,163)	2.1	(0.4)	6.0	(1.0)
Urology	18,163	(3,687)	2.1	(0.4)	5.8	(1.2)
Otolaryngology	12,778	(2,773)	1.4	(0.3)	4.1	(0.9)
Neurology	12,008	(2,711)	1.4	(0.3)	3.8	(0.9)
All other specialties	157,896	(10,772)	17.8	(1.2)	50.3	(3.4)
Professional identity						
Doctor of medicine	822,034	(18,336)	92.9	(0.8)	262.1	(5.8)
Doctor of osteopathy	62,673	(7,039)	7.1	(0.8)	20.0	(2.2)
Specialty type[4]						
Primary care	461,756	(12,760)	52.2	(1.1)	147.2	(4.1)
Medical specialty	250,466	(13,222)	28.3	(1.3)	79.8	(4.2)
Surgical specialty	172,485	(10,663)	19.5	(1.1)	55.0	(3.4)
Geographic region and division						
Northeast	180,073	(9,241)	20.4	(0.9)	325.0	(16.7)
New England	38,726	(2,393)	4.4	(0.3)	267.1	(16.5)
Mid-Atlantic	141,347	(9,007)	16.0	(0.9)	345.5	(22.0)
Midwest	169,328	(6,398)	19.1	(0.7)	253.7	(9.6)
East North Central	129,281	(5,219)	14.6	(0.6)	280.5	(11.3)
West North Central	40,047	(3,775)	4.5	(0.4)	193.8	(18.3)
South	336,332	(12,080)	38.0	(1.0)	286.4	(10.3)
South Atlantic	182,549	(8,750)	20.6	(0.9)	297.8	(14.3)
East South Central	55,376	(2,772)	6.3	(0.3)	300.1	(15.0)
West South Central	98,406	(7,860)	11.1	(0.8)	261.0	(20.8)
West	198,975	(7,253)	22.5	(0.8)	268.6	(9.8)
Mountain	55,717	(3,577)	6.3	(0.4)	244.0	(15.7)
Pacific	143,258	(6,555)	16.2	(0.7)	279.7	(12.8)
Metropolitan status[7]						
MSA	811,180	(18,252)	91.7	(0.8)	297.2	(6.7)
Non-MSA	73,527	(6,739)	8.3	(0.8)	180.4	(16.5)

[1]Visit rates are based on the July 1, 2014, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.
[2]Population estimates by metropolitan statistical area definitions status are based on estimates of the civilian noninstitutional population of the United States as of July 1, 2014, from the 2014 National Health Interview Survey, National Center for Health Statistics, compiled according to November 2009 Office of Management and Budget definitions of core-based statistical areas. See https://www.census.gov/population/metro/ for more about metropolitan statistical definitions.
[3]For geographic and metropolitan statistical area, population denominators are different for each category and thus do not add to total population rate. For other variables, the denominator is the total population.
[4]Physician specialty and specialty type are defined in the 2014 National Ambulatory Medical Care Survey public use file documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2014.pdf.
[5]Number of visits (numerator) and population estimate (denominator) consist of children under 18 years of age.
[6]Number of visits (numerator) and population estimate (denominator) consist of females 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, 2014.

Table 2. Office visits by selected states: United States, 2014

Selected states	Number of visits in thousands	Standard error in thousands	Number of visits per 100 persons per year[1]	Standard error of rate
All visits	884,707	(17,838)	282.0	(5.7)
State				
Arizona	17,319	(1,222)	261.6	(18.5)
California	106,639	(6,263)	278.6	(16.4)
Florida	66,769	(6,051)	341.2	(30.9)
Georgia	26,791	(2,490)	270.9	(25.2)
Illinois	37,125	(2,776)	292.5	(21.9)
Indiana	18,938	(1,499)	291.5	(23.1)
Massachusetts	15,574	(1,411)	233.6	(21.2)
Michigan	28,295	(2,323)	288.8	(23.7)
New Jersey	31,112	(3,388)	352.3	(38.4)
New York	72,022	(7,468)	369.4	(38.3)
North Carolina	22,417	(1,978)	230.5	(20.3)
Ohio	29,437	(3,292)	257.8	(28.8)
Pennsylvania	37,972	(4,095)	301.9	(32.6)
Tennessee	22,774	(1,506)	353.5	(23.4)
Texas	69,535	(7,338)	262.9	(27.7)
Virginia	24,305	(2,152)	299.6	(26.5)
Washington	18,022	(1,537)	259.3	(22.1)
Wisconsin	15,906	(1,133)	279.9	(19.9)

[1]Visit rates are based on the July 1, 2014, 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 only available for 18 states.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 3. Office visits, by selected physician practice characteristics: United States, 2014

Physician practice characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	884,707	(17,838)	100.0	...
Employment status				
Full-owner	327,560	(15,897)	37.0	(1.6)
Part-owner	233,637	(13,885)	26.4	(1.4)
Employee	302,389	(13,892)	34.2	(1.5)
Contractor	17,959	(3,356)	2.0	(0.4)
Blank[1]	*3,162	(1,653)	*0.4	(0.2)
Ownership				
Physician or group	663,076	(18,567)	74.9	(1.3)
Other health care corporation	64,364	(5,867)	7.3	(0.7)
Other hospital	60,806	(7,110)	6.9	(0.8)
HMO[2]	25,437	(5,852)	2.9	(0.7)
Medical or academic health center	24,601	(3,596)	2.8	(0.4)
Other[3]	17,394	(4,477)	2.0	(0.5)
Blank[1]	29,029	(4,373)	3.3	(0.5)
Practice size				
Solo	303,307	(15,871)	34.3	(1.6)
2	83,916	(8,787)	9.5	(1.0)
3–5	254,657	(13,948)	28.8	(1.5)
6–10	131,236	(8,492)	14.8	(1.0)
11 or more	107,117	(9,235)	12.1	(1.0)
Blank[1]	*4,474	(1,814)	*0.5	(0.2)
Type of practice				
Single-specialty group	371,655	(15,758)	42.0	(1.6)
Multispecialty group	208,307	(12,017)	23.5	(1.3)
Solo	303,307	(15,871)	34.3	(1.6)
Blank[1]	*1,439	(1,259)	*0.2	(0.1)
Office type				
Private practice	805,340	(18,536)	91.0	(0.9)
Freestanding clinic or urgicenter	35,859	(4,843)	4.1	(0.5)
Other[4]	43,508	(6,662)	4.9	(0.7)
Electronic medical records				
Yes, all electronic	635,546	(18,395)	71.8	(1.5)
Yes, part paper and part electronic	95,497	(10,514)	10.8	(1.1)
No	149,611	(9,895)	16.9	(1.1)
Blank[1]	*4,053	(1,739)	*0.5	(0.2)
Practice submits claims electronically				
Yes	784,284	(18,784)	88.6	(1.0)
No	83,230	(7,461)	9.4	(0.8)
Blank[1]	17,193	(4,261)	1.9	(0.5)

...Category not applicable.
* Figure does not meet standards of reliability or precision.
[1]Blank may include missing, unknown, or "refused to answer the question" data.
[2]HMO is Health maintenance organization.
[3]Includes owners such as local government (state, county or city) and charitable organizations.
[4]Includes the following office types: HMO, nonfederal government clinic, mental health center, family planning clinic, and faculty practice plan.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 4. Office visits, by patient age and sex: United States, 2014

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[1,2,3]	Standard error of rate
All visits	884,707	(17,838)	100.0	...	282.0	(5.7)
Age						
Under 15 years	118,264	(8,006)	13.4	(0.9)	193.8	(13.1)
Under 1 year	21,132	(1,810)	2.4	(0.2)	535.5	(45.9)
1–4 years	36,490	(3,026)	4.1	(0.3)	229.1	(19.0)
5–14 years	60,642	(4,065)	6.9	(0.4)	147.4	(9.9)
15–24 years	60,414	(2,692)	6.8	(0.3)	140.5	(6.3)
25–44 years	168,087	(5,814)	19.0	(0.5)	205.1	(7.1)
45–64 years	273,423	(7,581)	30.9	(0.6)	330.4	(9.2)
65 years and over	264,518	(9,172)	29.9	(0.8)	588.5	(20.4)
65–74 years	143,355	(4,987)	16.2	(0.4)	547.8	(19.1)
75 years and over	121,164	(4,832)	13.7	(0.5)	645.4	(25.7)
Sex and age						
Female	508,760	(11,488)	57.5	(0.6)	317.1	(7.2)
Under 15 years	54,245	(3,904)	6.1	(0.4)	181.6	(13.1)
15–24 years	36,239	(1,939)	4.1	(0.2)	170.0	(9.1)
25–44 years	110,969	(4,444)	12.5	(0.4)	266.5	(10.7)
45–64 years	156,975	(5,003)	17.7	(0.4)	368.1	(11.7)
65–74 years	80,981	(3,110)	9.2	(0.3)	581.0	(22.3)
75 years and over	69,351	(3,037)	7.8	(0.3)	627.4	(27.5)
Male	375,947	(9,355)	42.5	(0.6)	245.4	(6.1)
Under 15 years	64,019	(4,407)	7.2	(0.5)	205.5	(14.1)
15–24 years	24,175	(1,365)	2.7	(0.1)	111.4	(6.3)
25–44 years	57,118	(2,758)	6.5	(0.3)	141.7	(6.8)
45–64 years	116,448	(3,972)	13.2	(0.4)	290.3	(9.9)
65–74 years	62,374	(2,661)	7.1	(0.3)	509.8	(21.8)
75 years and over	51,813	(2,357)	5.9	(0.2)	671.0	(30.5)

...Category not applicable.
[1]Visit rates are based on the July 1, 2014, 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, 2014.

Table 5. Number of office visits per 100 persons per year, by patient age and sex, in selected states: United States, 2014

Selected states	Patient age						Patient sex			
	Under 18 years	Standard Error	18-64 years	Standard Error	65 years and over	Standard Error	Female	Standard Error	Male	Standard Error
All visits	189.0	(12.0)	246.5	(6.5)	588.5	(20.4)	317.1	(7.2)	245.4	(6.1)
State										
Arizona	129.2	(29.1)	232.7	(23.7)	571.9	(78.0)	279.7	(22.1)	242.8	(23.0)
California	192.0	(43.2)	244.0	(23.3)	611.4	(67.2)	312.3	(24.1)	244.0	(19.6)
Florida	*120.0	(58.9)	271.2	(31.2)	803.2	(100.2)	368.0	(31.9)	312.7	(35.8)
Georgia	264.2	(63.2)	232.3	(32.9)	479.8	(72.1)	310.8	(32.4)	227.9	(23.5)
Illinois	229.4	(38.6)	247.9	(25.6)	607.6	(76.7)	337.8	(28.8)	245.0	(22.8)
Indiana	193.2	(35.1)	249.6	(23.5)	648.8	(81.5)	330.6	(28.9)	250.8	(24.5)
Massachusetts	278.1	(59.1)	161.8	(21.1)	486.2	(86.9)	242.4	(24.7)	224.2	(26.0)
Michigan	210.9	(43.2)	257.0	(27.7)	534.5	(66.3)	302.9	(24.7)	274.0	(28.1)
New Jersey	231.6	(65.6)	285.5	(40.9)	834.0	(157.5)	389.8	(54.4)	312.7	(34.4)
New York	271.3	(76.6)	303.1	(36.2)	812.6	(129.7)	449.3	(50.9)	284.0	(35.1)
North Carolina	159.3	(42.9)	215.2	(27.8)	409.5	(65.8)	266.4	(28.9)	191.7	(21.1)
Ohio	*146.4	(46.7)	249.4	(36.5)	461.5	(61.6)	300.9	(37.4)	212.5	(26.8)
Pennsylvania	169.8	(46.4)	274.0	(42.0)	580.9	(77.4)	324.5	(42.8)	278.0	(30.9)
Tennessee	267.1	(69.2)	362.4	(31.1)	451.0	(53.8)	414.8	(31.8)	288.0	(25.4)
Texas	215.6	(60.9)	228.2	(26.9)	561.9	(134.8)	292.5	(28.2)	232.2	(31.5)
Virginia	*141.3	(43.8)	284.8	(30.3)	631.0	(81.8)	345.5	(36.9)	250.9	(26.8)
Washington	215.0	(57.3)	232.2	(23.1)	453.7	(66.5)	304.4	(27.5)	213.4	(23.8)
Wisconsin	221.3	(48.0)	232.8	(20.8)	566.0	(63.0)	307.3	(22.5)	251.9	(23.2)

*Figure does not meet standards of reliability or precision.

NOTES: Visit rates are based on the July 1, 2014, set of estimates of the civilian noninstitutionalized population of the United States as developed by the Population Division, U.S.Census Bureau. Numbers may not add to totals because estimates are only available for 18 states.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 6. Office visits, by patient race and age and ethnicity: United States, 2014

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]	Standard error of rate
All visits	884,707	(17,838)	100.0	...	282.0	(5.7)
Race and age[2]						
White	753,215	(16,340)	85.1	(0.6)	309.8	(6.7)
Under 15 years	99,413	(6,955)	11.2	(0.8)	224.1	(15.7)
15–24 years	51,602	(2,417)	5.8	(0.2)	162.2	(7.6)
25–44 years	138,006	(4,947)	15.6	(0.5)	222.2	(8.0)
45–64 years	231,653	(6,656)	26.2	(0.5)	348.5	(10.0)
65–74 years	125,588	(4,471)	14.2	(0.4)	568.3	(20.2)
75 years and over	106,952	(4,474)	12.1	(0.4)	658.5	(27.5)
Black or African American	81,038	(4,081)	9.2	(0.4)	198.7	(10.0)
Under 15 years	10,390	(1,252)	1.2	(0.1)	113.0	(13.6)
15–24 years	5,900	(593)	0.7	(0.1)	89.1	(9.0)
25–44 years	17,604	(1,210)	2.0	(0.1)	160.4	(11.0)
45–64 years	27,175	(1,757)	3.1	(0.2)	272.3	(17.6)
65–74 years	11,297	(1,284)	1.3	(0.1)	456.9	(51.9)
75 years and over	8,672	(983)	1.0	(0.1)	565.0	(64.0)
Other[3]	50,455	(4,365)	5.7	(0.5)	169.4	(14.7)
Ethnicity[2]						
Hispanic or Latino	117,776	(7,384)	13.3	(0.8)	215.2	(13.5)
Not Hispanic or Latino	766,931	(15,923)	86.7	(0.8)	296.2	(6.1)
White	643,348	(14,606)	72.7	(0.9)	330.1	(7.5)
Black or African American	77,632	(3,973)	8.8	(0.4)	203.3	(10.4)
Other[3]	45,950	(4,242)	5.2	(0.5)	177.7	(16.4)

...Category not applicable.
[1]Visit rates are based on the July 1, 2014, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.
[2]The race groups white, black or African American, and other include persons of Hispanic and not of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data,the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2014 National Ambulatory Medical Care Survey Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2014.pdf. For 2014, race data were missing for 26.7 percent of visits, and ethnicity data were missing for 25.2 percent of visits.
[3]Other race includes visits by Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 7. Expected sources of payment at office visits: United States, 2014

Expected source of payment	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	884,707	(17,838)	...	...
Private Insurance	530,288	(13,855)	59.9	(0.9)
Medicare	236,832	(8,115)	26.8	(0.7)
Medicaid or CHIP or other state-based program[2]	114,334	(6,441)	12.9	(0.7)
Medicare and Medicaid[3]	17,707	(1,492)	2.0	(0.2)
No insurance[4]	44,554	(3,687)	5.0	(0.4)
Self-pay	42,912	(3,635)	4.9	(0.4)
No charge or charity	1,710	(467)	0.2	(0.1)
Workers' compensation	8,517	(1,400)	1.0	(0.2)
Other	20,765	(2,384)	2.3	(0.3)
Unknown or blank	43,350	(3,708)	4.9	(0.4)

...Category not applicable.
[1]Combined total of expected sources of payment exceeds "all visits" and "percent of visits" exceeds 100% because more than one source of payment may be reported per visit.
[2]CHIP is Children's Health Insurance Program.
[3]The visits in this category are also included in both the Medicare and Medicaid or CHIP or other state-based program categories.
[4]"No insurance" is defined as having only self-pay, no charge, or charity as payment sources. The individual self-pay and no charge or charity categories are not mutually exclusive.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 8. Primary care provider and referral status of office visits, by prior-visit status: United States, 2014

Prior-visit status, primary care provider, and referral status	Number of visits in thousands[1]	Standard error in thousands	Percent distribution	Standard error of percent
All visits	884,707	(17,838)	100.0	...
Visit to PCP[1]	370,892	(13,337)	41.9	(1.3)
Visit to non-PCP[1,2]	472,596	(15,024)	53.4	(1.3)
Referred for this visit	159,530	(8,427)	18.0	(0.9)
Not referred for this visit	250,533	(10,672)	28.3	(1.1)
Unknown if referred[3]	62,534	(5,702)	7.1	(0.6)
Unknown if PCP[1] visit[2,3]	41,219	(4,418)	4.7	(0.5)
Established patient				
All visits	743,188	(15,620)	84.0	(0.6)
Visit to PCP[1]	348,955	(12,645)	47.0	(1.3)
Visit to non-PCP[1,2]	363,024	(12,213)	48.8	(1.3)
Referred for this visit	92,934	(6,227)	12.5	(0.8)
Not referred for this visit	225,371	(9,974)	30.3	(1.2)
Unknown if referred[3]	44,718	(4,341)	6.0	(0.6)
Unknown if PCP[1] visit[2,3]	31,209	(3,778)	4.2	(0.5)
New patient				
All visits	141,519	(5,753)	16.0	(0.6)
Visit to PCP[1]	21,936	(1,693)	15.5	(1.2)
Visit to non-PCP[1,2]	109,573	(5,401)	77.4	(1.5)
Referred for this visit	66,596	(4,073)	47.1	(2.0)
Not referred for this visit	25,161	(2,383)	17.8	(1.5)
Unknown if referred[3]	17,815	(2,176)	12.6	(1.4)
Unknown if PCP[1] visit[2,3]	10,011	(1,397)	7.1	(1.0)

...Category not applicable.
[1]PCP is patient's primary care provider as indicated by a positive response to the question "Are you the patient's primary care physician/provider?"
[2]Referral status was only asked for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 17.4 percent of visits.
[3]The unknown category includes blanks.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 9. Primary care provider and referral status, by physician specialty: United States, 2014

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]
All visits	100.0	41.9 (1.3)	18.0 (0.9)	28.3 (1.1)	7.1 (0.6)	4.7 (0.5)
Pediatrics	100.0	81.3 (3.1)	*1.4 (0.7)	7.5 (1.5)	*2.4 (0.8)	*7.3 (2.3)
Internal medicine	100.0	87.1 (2.1)	*2.3 (0.8)	5.0 (1.1)	1.1 (0.3)	4.6 (1.1)
General and family practice	100.0	81.0 (2.3)	1.9 (0.5)	8.9 (1.7)	1.9 (0.5)	6.3 (1.4)
Cardiovascular diseases	100.0	*5.8 (2.3)	41.9 (7.5)	41.9 (7.4)	7.2 (1.9)	*3.2 (2.0)
Obstetrics and gynecology	100.0	11.9 (3.1)	12.5 (1.9)	52.3 (5.0)	12.5 (3.6)	10.8 (3.1)
Psychiatry	100.0	*	18.9 (3.8)	72.0 (3.9)	7.6 (2.1)	*
Otolaryngology	100.0	*	41.7 (6.0)	43.3 (6.3)	*13.5 (4.2)	*
Urology	100.0	*	36.4 (6.6)	49.5 (7.3)	*11.6 (3.8)	*
Neurology	100.0	*	51.3 (4.8)	35.4 (7.0)	*12.2 (6.5)	*
General surgery	100.0	*	54.7 (6.3)	32.5 (5.6)	*9.9 (3.4)	*
Ophthalmology	100.0	*	23.6 (3.4)	62.1 (3.9)	12.9 (3.8)	*
Orthopedic surgery	100.0	*1.2 (0.5)	36.9 (3.3)	48.7 (3.7)	10.7 (2.3)	*2.6 (1.4)
Dermatology	100.0	*4.1 (2.3)	21.3 (4.4)	50.7 (6.6)	22.0 (6.1)	*1.9 (1.3)
All other specialties	100.0	8.6 (1.9)	37.2 (2.9)	37.8 (2.8)	12.3 (2.3)	4.1 (0.8)

*Figure does not meet standards of reliability or precision.
[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 17.4 percent of visits.
[3]The unknown category includes blanks.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 10. Continuity-of-care office visit characteristics, by specialty type: United States, 2014

Continuity-of-care visit characteristic	Specialty type[1]							
	All specialties	Primary care	Surgical specialties	Medical specialties	All specialties	Primary care	Surgical specialties	Medical specialties
	Number of visits in thousands (Standard error in thousands)				Percent distribution (Standard error of percent)			
All visits	884,707 (17,838)	461,756 (12,760)	172,485 (10,663)	250,466 (13,222)	100.0 ...	100.0 ...	100.0 ...	100.0 ...
Prior-visit status and number of visits in last 12 months								
Established patient[2]	743,188 (15,620)	413,219 (11,663)	129,004 (8,358)	200,965 (10,892)	84.0 (0.6)	89.5 (0.6)	74.8 (1.0)	80.2 (1.3)
None	54,161 (2,375)	28,938 (1,779)	12,073 (1,171)	13,150 (1,260)	6.1 (0.2)	6.3 (0.4)	7.0 (0.6)	5.3 (0.4)
1–2 visits	273,285 (6,884)	141,314 (4,912)	55,327 (3,536)	76,644 (4,794)	30.9 (0.5)	30.6 (0.7)	32.1 (1.0)	30.6 (1.1)
3–5 visits	226,430 (6,037)	133,011 (4,581)	38,410 (2,938)	55,009 (3,708)	25.6 (0.4)	28.8 (0.6)	22.3 (0.7)	22.0 (1.0)
6 or more visits	189,312 (7,071)	109,956 (4,880)	23,193 (2,421)	56,163 (5,007)	21.4 (0.7)	23.8 (0.8)	13.4 (1.0)	22.4 (1.6)
New patient	141,519 (5,753)	48,537 (3,236)	43,481 (3,012)	49,501 (4,393)	16.0 (0.6)	10.5 (0.6)	25.2 (1.0)	19.8 (1.3)

...Category not applicable.
[1]Specialty types are defined in the 2014 public use file documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2014.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, 2014.

Table 11. Twenty leading principal reasons for office visits, by patient's sex: United States, 2014

Principal reason for visit	RVC code[1]	Number of visits in thousands[1]	Standard error in thousands	Percent distribution	Standard error of percent	Female[2]		Male[3]	
						Percent distribution	Standard error of percent	Percent distribution	Standard error of percent
All visits	...	884,707	(17,838)	100.0	...	100.0	...	100.0	...
Progress visit, not otherwise specified	T800	118,655	(6,546)	13.4	(0.7)	12.8	(0.6)	14.3	(0.9)
General medical examination	X100	62,485	(3,127)	7.1	(0.3)	6.4	(0.4)	7.9	(0.4)
Postoperative visit	T205	25,497	(2,065)	2.9	(0.2)	3.1	(0.3)	2.6	(0.2)
Medication, other and unspecified kinds	T115	20,898	(2,356)	2.4	(0.3)	2.3	(0.3)	2.4	(0.3)
Counseling, not otherwise specified	T605	18,748	(1,324)	2.1	(0.1)	2.1	(0.2)	2.1	(0.2)
Cough	S440	18,353	(1,311)	2.1	(0.1)	1.9	(0.2)	2.3	(0.2)
For other and unspecified test results	R700	14,682	(1,931)	1.7	(0.2)	1.8	(0.2)	1.5	(0.2)
Knee symptoms	S925	12,545	(1,355)	1.4	(0.2)	1.4	(0.2)	1.5	(0.2)
Hypertension	D510	12,387	(1,217)	1.4	(0.1)	1.2	(0.1)	1.7	(0.2)
Diabetes mellitus	D205	11,976	(1,333)	1.4	(0.1)	1.1	(0.1)	1.6	(0.2)
Gynecological examination	X225	11,434	(1,678)	1.3	(0.2)	2.2	(0.3)	...	...
Stomach and abdominal pain, cramps and spasms	S545	10,705	(1,054)	1.2	(0.1)	1.3	(0.1)	1.1	(0.2)
Low back symptoms	S910	10,501	(2,031)	1.2	(0.2)	1.1	(0.2)	1.3	(0.3)
Well baby examination	X105	10,213	(1,012)	1.2	(0.1)	1.1	(0.1)	1.3	(0.1)
Prenatal examination, routine	X205	9,860	(1,730)	1.1	(0.2)	1.9	(0.3)	...	...
Back symptoms	S905	9,859	(923)	1.1	(0.1)	1.1	(0.1)	1.1	(0.1)
Skin rash	S860	9,550	(888)	1.1	(0.1)	1.0	(0.1)	1.2	(0.1)
Preoperative visit for specified and unspecified types of surgery	T200	8,808	(1,018)	1.0	(0.1)	1.1	(0.1)	0.9	(0.1)
Symptoms referable to throat	S455	8,181	(693)	0.9	(0.1)	0.9	(0.1)	1.0	(0.1)
Depression	S110	7,820	(1,212)	0.9	(0.1)	1.1	(0.2)	0.6	(0.1)
All other reasons	...	471,551	(12,351)	53.3	(0.8)	53.0	(0.9)	53.6	(1.0)

...Category not applicable.
[1]Based on A Reason for Visit Classification for Ambulatory Care (RVC) defined in the 2014 public use file documentation (ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2014.pdf).
[2]Based on 508,760,000 visits made by females.
[3]Based on 375,947,000 visits made by males.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 12. Provider-assessed major reason for office visit, by selected patient and visit characteristics: United States, 2014

Patient and visit characteristic	Total number of visits in thousands (standard error in thousands)	Total percent	New problem (standard error)	Chronic problem, routine (standard error)	Chronic problem, flare-up (standard error)	Pre-surgery (standard error)	Post-surgery (standard error)	Preventive care[1] (standard error)	Unknown or blank (standard error)
All visits	884,707 (17,838)	100.0	29.7 (0.7)	33.5 (0.9)	7.4 (0.4)	1.5 (0.1)	5.1 (0.4)	19.2 (0.7)	3.5 (0.4)
Age									
Under 15 years	118,264 (8,006)	100.0	46.4 (1.4)	12.9 (1.4)	2.7 (0.3)	0.4 (0.1)	1.5 (0.4)	32.5 (1.4)	3.4 (0.9)
Under 1 year	21,132 (1,810)	100.0	34.5 (2.2)	2.4 (0.6)	* ...	* ...	* ...	56.2 (2.4)	*5.7 (2.2)
1–4 years	36,490 (3,026)	100.0	51.8 (1.9)	7.4 (1.4)	2.8 (0.5)	* ...	*1.8 (0.6)	32.3 (1.7)	*3.4 (1.1)
5–14 years	60,642 (4,065)	100.0	47.4 (1.8)	20.0 (2.2)	3.4 (0.5)	* ...	*1.8 (0.6)	24.4 (1.6)	2.7 (0.6)
15–24 years	60,414 (2,692)	100.0	36.9 (1.7)	23.6 (1.9)	5.9 (0.6)	* ...	4.4 (0.6)	26.1 (1.9)	2.6 (0.5)
25–44 years	168,087 (5,814)	100.0	31.6 (1.2)	29.1 (1.3)	7.4 (0.7)	1.5 (0.2)	4.9 (0.5)	21.7 (1.3)	3.9 (0.7)
45–64 years	273,423 (7,581)	100.0	26.5 (0.9)	38.0 (1.1)	8.8 (0.6)	1.7 (0.2)	6.2 (0.6)	14.9 (0.8)	3.9 (0.6)
65 years and over	264,518 (9,172)	100.0	22.6 (0.8)	43.2 (1.3)	8.4 (0.6)	2.2 (0.3)	6.0 (0.5)	14.4 (1.1)	3.3 (0.4)
65–74 years	143,355 (4,987)	100.0	22.3 (0.9)	42.0 (1.4)	8.6 (0.7)	2.5 (0.4)	6.4 (0.6)	14.7 (1.2)	3.5 (0.5)
75 years and over	121,164 (4,832)	100.0	23.0 (1.0)	44.7 (1.4)	8.2 (0.6)	1.8 (0.3)	5.5 (0.6)	14.0 (1.1)	3.0 (0.4)
Sex									
Female	508,760 (11,488)	100.0	29.7 (0.8)	31.8 (0.9)	7.6 (0.5)	1.5 (0.1)	5.2 (0.4)	20.4 (0.9)	3.8 (0.5)
Male	375,947 (9,355)	100.0	29.6 (0.8)	35.9 (1.0)	7.2 (0.4)	1.6 (0.2)	5.1 (0.5)	17.5 (0.8)	3.2 (0.4)
Race[2]									
White	753,215 (16,340)	100.0	29.4 (0.7)	34.4 (0.9)	7.3 (0.4)	1.5 (0.1)	5.4 (0.4)	18.8 (0.8)	3.3 (0.3)
Black or African American	81,038 (4,081)	100.0	28.9 (1.5)	32.0 (1.9)	9.2 (1.0)	1.7 (0.4)	4.0 (0.5)	20.1 (1.6)	4.1 (0.6)
Other[3]	50,455 (4,365)	100.0	35.9 (2.2)	23.1 (1.8)	6.2 (0.9)	*2.1 (0.7)	3.6 (0.7)	22.7 (2.0)	*6.4 (3.2)
Ethnicity and race[2]									
Hispanic or Latino	117,776 (7,384)	100.0	32.7 (1.7)	28.1 (2.1)	8.1 (1.0)	1.6 (0.3)	4.6 (0.7)	21.4 (1.7)	3.5 (0.6)
Not Hispanic or Latino	766,931 (15,923)	100.0	29.2 (0.7)	34.4 (0.9)	7.3 (0.4)	1.5 (0.1)	5.2 (0.4)	18.8 (0.7)	3.5 (0.4)
White	643,348 (14,606)	100.0	28.8 (0.7)	35.4 (1.0)	7.1 (0.4)	1.5 (0.1)	5.5 (0.5)	18.4 (0.8)	3.3 (0.4)
Black or African American	77,632 (3,973)	100.0	28.6 (1.6)	32.4 (1.9)	9.3 (0.9)	1.7 (0.4)	4.0 (0.5)	19.8 (1.6)	4.2 (0.6)
Other[3]	45,950 (4,242)	100.0	35.6 (2.2)	23.9 (1.9)	6.5 (1.0)	*1.9 (0.7)	3.2 (0.6)	22.6 (2.0)	*6.4 (3.3)
Expected source(s) of payment[4]									
Private insurance	530,288 (13,855)	100.0	31.2 (0.8)	31.1 (1.0)	6.9 (0.4)	1.6 (0.1)	5.1 (0.5)	20.4 (0.9)	3.8 (0.6)
Medicare	236,832 (8,115)	100.0	22.9 (0.8)	44.0 (1.2)	8.9 (0.6)	1.8 (0.3)	5.7 (0.5)	13.7 (0.9)	3.1 (0.4)
Medicare and Medicaid[5]	17,707 (1,492)	100.0	21.0 (2.1)	51.6 (2.9)	11.6 (2.2)	* ...	4.1 (0.8)	7.8 (1.6)	* ...
Medicaid or CHIP or other state-based program[6]	114,334 (6,441)	100.0	33.3 (1.6)	28.9 (2.0)	8.2 (1.0)	1.1 (0.2)	3.3 (0.4)	22.3 (1.6)	2.9 (0.5)
No insurance[7]	44,554 (3,687)	100.0	18.8 (1.7)	47.5 (3.5)	4.4 (0.7)	2.8 (0.8)	7.7 (1.7)	14.7 (2.6)	4.1 (1.0)
Other[8]	56,743 (4,027)	100.0	30.9 (1.6)	34.9 (2.2)	8.2 (1.0)	1.0 (0.2)	7.1 (1.0)	15.5 (1.8)	2.5 (0.6)

*Figure does not meet standards of reliability or precision.
…Category not applicable.
[1]Preventive care includes routine prenatal, well-baby, screening and insurance, or general exams (see major reason for visit question on the Patient Record Sample Card at https://www.cdc.gov/nchs/data/ahcd/2014_NAMCS_PRF_Sample_Card.pdf).
[2]The race groups white, black or African American, and other include persons of Hispanic and not of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputaion is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2014 National Ambulatory Medical Care Survey Public Use Data file documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2014.pdf. For 2014, race data were missing for 26.7 percent of visits, and ethnicity data were missing for 25.2 percent of visits.
[3]Other race includes visits by Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.
[4]Combined total of individual sources exceeds "all visits" and percent of visits exceeds 100% because more than one source of payment may be reported per visit.
[5]The visits in this category are also included in both the Medicaid or CHIP or other state-based program and Medicare categories.
[6]CHIP is Children's Health Insurance Program.
[7]No insurance is defined as having only self-pay, no charge, or charity as payment sources.
[8]Other includes workers' compensation, unknown or blank, and sources not classified elsewhere.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 13. Preventive care visits made to primary care specialists, by selected patient and visit characteristics: United States, 2014

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]	169,495	(7,269)	100.0	...	54.0	(2.3)	78.4	(2.3)
Age								
Under 15 years	38,491	(3,301)	22.7	(1.9)	63.1	(5.4)	98.4	(0.5)
Under 1 year	11,876	(1,095)	7.0	(0.6)	300.9	(27.7)	99.3	(0.4)
1–4 years	11,802	(1,237)	7.0	(0.7)	74.1	(7.8)	98.7	(0.7)
5–14 years	14,814	(1,492)	8.7	(0.8)	36.0	(3.6)	97.3	(0.7)
15–24 years	15,742	(1,397)	9.3	(0.7)	36.6	(3.2)	90.0	(2.9)
25–44 years	36,423	(2,607)	21.5	(1.3)	44.5	(3.2)	84.5	(2.9)
45–64 years	40,789	(2,565)	24.1	(1.1)	49.3	(3.1)	70.9	(3.3)
65 years and over	38,049	(3,333)	22.4	(1.5)	84.7	(7.4)	55.8	(4.6)
65-74 years	21,096	(1,934)	12.4	(0.9)	80.6	(7.4)	57.8	(4.9)
75 years and over	16,953	(1,606)	10.0	(0.8)	90.3	(8.6)	53.3	(4.9)
Sex and age								
Female	103,876	(4,958)	61.3	(1.3)	64.7	(3.1)	79.8	(2.3)
Under 15 years	18,208	(1,705)	10.7	(1.0)	61.0	(5.7)	98.8	(0.4)
15–24 years	11,328	(1,243)	6.7	(0.7)	53.1	(5.8)	91.5	(3.2)
25–44 years	27,857	(2,252)	16.4	(1.2)	66.9	(5.4)	88.3	(2.1)
45–64 years	24,124	(1,705)	14.2	(0.8)	56.6	(4.0)	71.0	(3.9)
65–74 years	12,522	(1,059)	7.4	(0.5)	89.8	(7.6)	61.2	(4.3)
75 years and over	9,836	(1,102)	5.8	(0.6)	89.0	(10.0)	52.5	(5.7)
Male	65,619	(3,650)	38.7	(1.3)	42.8	(2.4)	76.3	(2.8)
Under 15 years	20,283	(1,773)	12.0	(1.0)	65.1	(5.7)	98.0	(0.6)
15–24 years	4,413	(528)	2.6	(0.3)	20.3	(2.4)	86.2	(3.8)
25–44 years	8,567	(1,114)	5.1	(0.6)	21.3	(2.8)	72.2	(6.6)
45–64 years	16,665	(1,419)	9.8	(0.7)	41.5	(3.5)	70.7	(3.7)
65–74 years	8,574	(1,115)	5.1	(0.6)	70.1	(9.1)	52.8	(6.7)
75 years and over	7,117	(853)	4.2	(0.5)	92.2	(11.1)	54.5	(6.2)
Race[4]								
White	141,730	(6,569)	83.6	(1.2)	58.3	(2.7)	77.9	(2.6)
Black or African American	16,321	(1,577)	9.6	(0.9)	40.0	(3.9)	79.5	(5.6)
Other[5]	11,443	(1,394)	6.8	(0.8)	38.4	(4.7)	83.7	(5.6)
Ethnicity[4]								
Hispanic or Latino	25,254	(2,720)	14.9	(1.4)	46.1	(5.0)	84.0	(4.5)
Not Hispanic or Latino	144,241	(6,420)	85.1	(1.4)	55.7	(2.5)	77.5	(2.5)
Expected source(s) of payment[6]								
Private insurance	107,997	(5,254)	63.7	(1.6)	56.5	(2.8)	80.4	(2.6)
Medicare	32,366	(2,511)	19.1	(1.2)	66.5	(5.2)	58.1	(4.0)
Medicaid or CHIP or other state-based program[7]	25,506	(2,460)	15.0	(1.3)	49.1	(4.7)	93.5	(1.2)
Medicare and Medicaid	1,383	(286)	0.8	(0.2)	...	...	80.0	(6.0)
No insurance[8]	6,537	(1,296)	3.9	(0.7)	18.3	(3.5)	60.6	(10.4)
Other[9]	8,768	(1,258)	5.2	(0.7)	...	...	69.2	(8.7)

...Category not applicable.
[1]Visit rates for age, sex, and race and ethnicity are based on the July 1, 2014, 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 2014 National Health Interview Survey estimates of health insurance.
[2]Primary care specialty as defined in the 2014 public use file documentation (ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2014.pdf).
[3]Preventive care includes routine prenatal, well-baby, screening, insurance or general exams (see "Major reason for this visit" question on the Patient Record Sample card, available from: https://www.cdc.gov/nchs/data/ahcd/2014_NAMCS_PRF_Sample_Card.pdf).
[4]The race groups white, black or African American, and other include persons of Hispanic and not of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputaion is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2014 National Ambulatory Medical Care Survey Public Use Data file documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2014.pdf. For 2014, race data were missing for 30.1 percent of preventive care visits, and ethnicity data were missing for 26.8 percent of preventive care visits.
[5]Other includes visits by Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.
[6]Combined total of individual sources exceeds "all visits" and percent of visits exceeds 100% because more than one source of payment may be reported per visit.
[7]CHIP is Children's Health Insurance Program.
[8]No insurance is defined as having only self-pay, no charge or charity as payment sources. The visit rate was calculated using "uninsured" as the denominator from the 2014 estimates of health insurance coverage from the National Health Interview Survey.
[9]Other includes workers' compensation, unknown or blank, and sources not classified elsewhere.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 14. Preventive care visits made to primary care specialists, by selected states: United States, 2014

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]	169,495	(7,269)	54.0	(2.3)	78.4	(2.3)
State						
Arizona	2,189	(387)	33.1	(5.9)	68.6	(11.0)
California	13,481	(2,269)	35.2	(5.9)	79.2	(8.0)
Florida	8,049	(1,752)	41.1	(9.0)	82.4	(5.4)
Georgia	6,127	(1,121)	62.0	(11.3)	82.5	(5.3)
Illinois	6,940	(948)	54.7	(7.5)	89.9	(3.8)
Indiana	3,379	(621)	52.0	(9.6)	94.1	(2.4)
Massachusetts	3,601	(513)	54.0	(7.7)	74.1	(8.9)
Michigan	4,292	(631)	43.8	(6.4)	90.8	(3.0)
New Jersey	4,018	(856)	45.5	(9.7)	79.6	(7.6)
New York	9,735	(1,810)	49.9	(9.3)	54.3	(12.4)
North Carolina	3,063	(485)	31.5	(5.0)	87.3	(5.0)
Ohio	4,180	(768)	36.6	(6.7)	83.7	(5.9)
Pennsylvania	5,159	(1,304)	41.0	(10.4)	90.1	(4.1)
Tennessee	5,456	(753)	84.7	(11.7)	89.6	(2.6)
Texas	12,040	(2,020)	45.5	(7.6)	80.1	(7.1)
Virginia	3,188	(621)	39.3	(7.7)	75.8	(7.5)
Washington	2,362	(452)	34.0	(6.5)	96.5	(1.6)
Wisconsin	2,488	(335)	43.8	(5.9)	81.5	(6.8)

[1]Visit rates are based on the July 1, 2014, 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 as defined in the 2014 public use file documentation (ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2014.pdf).
[3]Preventive care includes routine prenatal, well-baby, screening, insurance or general exams (see "Major reason for this visit" question on the Patient Record Sample Card, available at http://www.cdc.gov/nchs/data/ahcd/2014_NAMCS_PRF_Sample_card.pdf).

NOTE: Numbers do not add to total because estimates are only available for 18 states.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 15. Primary diagnosis at office visits, classified by major disease category: United States, 2014

Major disease category (ICD–9–CM code range)[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	884,707	(17,838)	100.0	...
Infectious and parasitic diseases. 001–139	17,817	(1,671)	2.0	(0.2)
Neoplasms. 140–239	31,348	(3,488)	3.5	(0.4)
Endocrine, nutritional, metabolic diseases, and immunity disorders 240–279	66,174	(4,358)	7.5	(0.5)
Mental disorders 290–319	65,905	(6,426)	7.4	(0.7)
Diseases of the nervous system and sense organs 320–389	71,032	(5,449)	8.0	(0.6)
Diseases of the circulatory system 390–459	82,724	(5,100)	9.4	(0.5)
Diseases of the respiratory system 460–519	69,712	(3,698)	7.9	(0.4)
Diseases of the digestive system 20–579	28,312	(2,451)	3.2	(0.3)
Diseases of the genitourinary system 580–629	34,226	(2,463)	3.9	(0.3)
Diseases of the skin and subcutanaous tissue 680–709	35,191	(2,896)	4.0	(0.3)
Diseases of the musculoskeletal and connective tissue 710–739	90,590	(5,676)	10.2	(0.6)
Symptoms, signs, and ill-defined conditions 780–799	70,220	(2,885)	7.9	(0.3)
Injury and poisoning 800–999	34,903	(2,650)	3.9	(0.3)
Supplementary classification[2] V01–V89	163,146	(6,088)	18.4	(0.6)
All other diagnoses[3].	19,262	(1,573)	2.2	(0.2)
Blank	4,144	(1,049)	0.5	(0.1)

...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) 11–1260).
[2]Supplementary classification is preventive and follow-up care and includes general medical examination, routine prenatal examination, and health supervision of an infant or child, and other diagnoses not classifiable to injury or illness.
[3]Includes diseases of the blood and blood-forming organs (280-289); complications of pregnancy, childbirth, and the puerperium (630–677); congenital anomalies (740–759); certain conditions originating in perinatal period (760–779); and entries not codable to the ICD–9–CM (e.g. "illegible entries," "left against medical advice," "transferred," entries of "none," or "no diagnoses").

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 16. Twenty leading primary diagnosis groups for office visits: United States, 2014

Primary diagnosis group	ICD–9–CM code(s)[1]	Total 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		884,707	(17,838)	100.0	...	100.0	...	100.0	...
Essential hypertension	401	40,323	(2,587)	4.6	(0.3)	4.2	(0.3)	5.0	(0.4)
Arthropathies and related disorders	710–719	34,024	(2,913)	3.8	(0.3)	4.2	(0.4)	3.3	(0.3)
Spinal disorders	720–724	33,199	(3,299)	3.8	(0.4)	3.7	(0.4)	3.8	(0.4)
General medical examination	V70	32,479	(2,446)	3.7	(0.3)	3.3	(0.3)	4.2	(0.4)
Routine infant or child health check	V20.0–V20.2	31,659	(2,737)	3.6	(0.3)	2.9	0.3)	4.5	(0.4)
Diabetes mellitus	249–250	30,297	(2,626)	3.4	(0.3)	2.9	(0.2)	4.2	(0.4)
Acute upper respiratory infections, excluding pharyngitis	460–461,463–466	23,946	(1,643)	2.7	(0.2)	2.5	(0.2)	2.9	(0.2)
Malignant neoplasms	140–208,209–209.36,209.7–209.79,230–234	19,960	(2,082)	2.3	(0.2)	2.0	(0.3)	2.6	(0.3)
Rheumatism, excluding back	725–729	17,379	(1,293)	2.0	(0.1)	2.2	(0.2)	1.7	(0.2)
Specific procedures and aftercare	V50–V59.9	15,786	(1,614)	1.8	(0.2)	1.9	(0.2)	1.7	(0.2)
Heart disease, excluding ischemic	391–392.0,393–398,402,404,415–416,420–429	15,309	(1,831)	1.7	(0.2)	1.6	(0.2)	2.0	(0.3)
Disorders of lipoid metabolism	272	13,408	(1,436)	1.5	(0.2)	1.4	(0.2)	1.7	(0.2)
Follow up examination	V67	13,188	(1,388)	1.5	(0.2)	1.7	(0.2)	1.1	(0.2)
Psychoses, excluding major depressive disorder	290–295,296.0–296.1,296.4–299	12,731	(2,311)	1.4	(0.3)	1.4	(0.3)	1.5	(0.3)
Ischemic heart disease	410–414.9	11,534	(2,071)	1.3	(0.2)	0.7	(0.1)	2.1	(0.4)
Benign neoplasms	210–229,209.4–209.69,235–239	11,388	(2,314)	1.3	(0.3)	1.3	(0.3)	1.3	(0.3)
Attention deficit disorder	314	11,351	(1,928)	1.3	(0.2)	0.9	(0.2)	1.7	(0.3)
Asthma	493	11,029	(1,124)	1.2	(0.1)	1.2	(0.1)	1.3	(0.2)
Normal pregnancy	V22	10,449	(1,777)	1.2	(0.2)	2.1	(0.3)	...	...
Gynecological examination	V72.3	10,420	(1,661)	1.2	(0.2)	2.0	(0.3)	...	...
All other diagnoses[4]	...	484,850	(11,163)	54.8	(0.8)	55.9	(0.8)	53.3	(0.9)

...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) 11–1260). 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 508,760,000 visits made by females.
[3]Based on 375,947,000 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, 2014.

Table 17. Injury visits to office-based physicians, by selected patient and visit characteristics: United States, 2014

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]	75,476	(4,090)	100.0	...	24.1	(1.3)
Age						
Under 15 years	7,398	(769)	9.8	(1.0)	12.1	(1.3)
Under 1 year	*	...	*	...	*	...
1–4 years	1,436	(261)	1.9	(0.3)	9.0	(1.6)
5–14 years	5,661	(563)	7.5	(0.7)	13.8	(1.4)
15–24 years	7,176	(669)	9.5	(0.7)	16.7	(1.6)
25–44 years	14,662	(1,088)	19.4	(1.0)	17.9	(1.3)
45–64 years	26,434	(1,734)	35.0	(1.1)	31.9	(2.1)
65 years and over	19,805	(1,441)	26.2	(1.4)	44.1	(3.2)
65-74 years	11,114	(863)	14.7	(0.9)	42.5	(3.3)
75 years and over	8,691	(782)	11.5	(0.9)	46.3	(4.2)
Sex and age						
Female	37,938	(2,321)	50.3	(1.2)	23.6	(1.4)
Under 15 years	3,066	(416)	4.1	(0.5)	10.3	(1.4)
15–24 years	3,070	(386)	4.1	(0.4)	14.4	(1.8)
25–44 years	7,053	(645)	9.3	(0.7)	16.9	(1.5)
45–64 years	13,760	(1,067)	18.2	(0.9)	32.3	(2.5)
65–74 years	6,155	(589)	8.2	(0.6)	44.2	(4.2)
75 years and over	4,834	(499)	6.4	(0.6)	43.7	(4.5)
Male	37,538	(2,152)	49.7	(1.2)	24.5	(1.4)
Under 15 years	4,333	(471)	5.7	(0.6)	13.9	(1.5)
15–24 years	4,106	(432)	5.4	(0.5)	18.9	(2.0)
25–44 years	7,609	(691)	10.1	(0.7)	18.9	(1.7)
45–64 years	12,674	(947)	16.8	(0.8)	31.6	(2.4)
65–74 years	4,959	(479)	6.6	(0.6)	40.5	(3.9)
75 years and over	3,857	(432)	5.1	(0.5)	50.0	(5.6)
Race[3]						
White	66,551	(3,848)	88.2	(0.9)	27.4	(1.6)
Black or African American	6,435	(640)	8.5	(0.8)	15.8	(1.6)
Other[4]	2,490	(281)	3.3	(0.4)	8.4	(0.9)
Ethnicity[3]						
Hispanic or Latino	8,223	(817)	10.9	(0.9)	15.0	(1.5)
Not Hispanic or Latino	67,253	(3,709)	89.1	(0.9)	26.0	(1.4)
White	58,700	(3,502)	77.8	(1.4)	30.1	(1.8)
Black or African American	6,353	(638)	8.4	(0.8)	16.6	(1.7)
Other[4]	2,200	(263)	2.9	(0.4)	8.5	(1.0)

*Figure does not meet standards of reliability or precision.
...Category not applicable.
[1]Visit rates for age, sex, race, and ethnicity are based on the July 1, 2014, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.
[2]The National Ambulatory Medical Care Survey definition of injury visits, as shown in this table, changed in 2010 and includes only first-, second-, third-, fourth-, and fifth-listed reason for visit and diagnosis codes that are injury or poisoning related. Adverse effects and complications are excluded. Reason for visit was coded using A Reason for Visit Classification for Ambulatory Care; diagnosis was coded using 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) 11–1260). Injury visits, using this definition, accounted for 8.5 percent (SE = 0.4) of all office visits in 2014. For more information on why this definition changed, see the 2014 National Ambulatory Medical Care Survey Public Use Data File Documentation, available at: http://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2014.pdf.
[3]The race groups white, black or African American, and other include persons of Hispanic and not of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2014 National Ambulatory Medical Care Survey Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2014.pdf. For 2014, race data were missing for 28.1 percent of injury visits, and ethnicity data were missing for 28.6 percent of injury visits.
[4]Other race includes visits by Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 18. Office visits related to injury, poisoning, and adverse effects, by intent and mechanism: United States, 2014

Intent[1] and mechanism[1]	Cause-of-injury code[2]	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]	...	83,585	(4,173)	100.0	...
Unintentional injury or poisoning[1]	...	50,010	(2,924)	59.8	(1.6)
Falls	E880.0– E886.9, E888	10,642	(907)	12.7	(0.8)
Exposure to radiation	E926	7,831	(1,315)	9.4	(1.5)
Overexertion and strenuous movements	E927	6,168	(741)	7.4	(0.7)
Struck against or struck accidentally by objects or persons	E916– E917	3,508	(409)	4.2	(0.4)
Motor vehicle traffic	E810– E819	3,333	(440)	4.0	(0.5)
Natural and environmental factors	E900– E909, E928.0– E928.2	3,059	(628)	3.7	(0.7)
Cutting or piercing instruments or objects	E920	1,126	(203)	1.3	(0.2)
Poisoning	E850– E869	767	(212)	0.9	(0.3)
Other mechanism[3]	E800– E807(. 0-. 3, . 8-. 9), E820– E825, E826– E848, E890- E899, E910- E915, E918- E919, E921, E922, E923– E925, E928.3-.5, .8, E929.0– .5,.8	10,603	(864)	12.7	(0.8)
Mechanism unspecified and blank	E887, E928.9, E929.9	2,972	(397)	3.6	(0.4)
Intentional injury or poisoning[1]	...	1,155	(218)	1.4	(0.2)
Injury/poisoning - unknown intent[1]	...	22,813	(1,763)	27.3	(1.5)
Adverse effect of medical treatment, surgical care, or adverse effect of medicinal drug[1]	...	9,607	(771)	11.5	(0.9)
Medical or sugical complication	E870– E879	3,289	(453)	3.9	(0.5)
Adverse drug effects	E930– E949	2,681	(370)	3.2	(0.4)
Other and blank[4]	...	3,636	(380)	4.4	(0.4)

...Category not applicable.
*Figure does not meet standards of reliability or precision.
[1]The definition of visits related to injury, poisoning, and adverse effects used in this table is based on automated Patient Record form entries for patient's reason for visit, diagnosis, and cause of injury. Starting in 2014, up to five reasons and diagnoses and up to three causes could be coded for each visit. Categories shown reflect the classifications used. Reason for visit was coded using "A Reason for Visit Classification for Ambulatory Care (RVC)" as defined in the 2014 public use file documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2014.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) 11–1260). Visits related to injury, poisoning, and adverse effect accounted for 9.4 percent (SE = 0.4) of all office visits in 2014. For more information, see the 2014 NAMCS Public Use Data File documentation.
[2]Mechanism of injury is based on the "Supplementary Classification of External Cause of Injury or Poisoning" in 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) 11–1260. Data are based on first-listed external cause of injury or poisoning. Up to three external cause of injury or poisoning codes could be collected per visit.
[3]Includes injuries caused by drowning, firearms, fire and flames, pedal cycle (nontraffic), motor vehicle (nontraffic and other), suffocation, foreign bodies, other transportation, caught accidentally between objects, machinery, and other mechanism.
[4]Other includes visits that were classified as adverse effects of medical or surgical care or medicinal drug based on the PRF in conjunction with first-, second-, third-, fourth-, or fifth-listed reason for visit and diagnosis codes related to adverse effects but that could not be classified as such based on first-listed external cause of injury or poisoning.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 19. Presence of selected chronic conditions at office visits, by patient age and sex: United States, 2014

Chronic conditions[1]	Percent distribution (standard error of percent)						
	Total	Under 45 years	45–64 years	65–74 years	75 years and over	Female	Male
All visits	100.0 ...	100.0...	100.0 ...	100.0 ...	100.0 ...	100.0 ...	100.0 ...
None	38.4 (0.9)	65.9 (1.0)	27.4 (0.9)	15.0 (0.8)	12.4 (0.9)	39.4 (1.0)	37.1 (1.1)
One or more chronic conditions	59.9 (0.9)	32.2 (1.0)	70.8 (0.9)	83.5 (0.9)	86.5 (0.9)	59.0 (1.0)	61.1 (1.1)
One	23.7 (0.5)	22.6 (0.7)	27.4 (0.7)	21.8 (0.9)	20.4 (1.0)	23.8 (0.6)	23.4 (0.6)
Two	14.7(0.4)	6.3 (0.4)	19.5 (0.6)	21.1 (0.8)	20.4 (0.8)	14.6 (0.4)	14.9 (0.5)
Three or more	21.5 (0.8)	3.4 (0.2)	23.9 (0.8)	40.6 (1.4)	45.6 (1.5)	20.6 (0.7)	22.8 (1.0)
Blank	1.7 (0.2)	1.9 (0.3)	1.8 (0.4)	1.5 (0.3)	1.1 (0.2)	1.6 (0.2)	1.8 (0.3)
Hypertension	30.0 (0.9)	6.3 (0.4)	34.8 (0.9)	53.6 (1.4)	59.5 (1.5)	28.5 (0.9)	32.2 (1.1)
Hyperlipidemia	20.4 (0.8)	3.9 (0.3)	25.6 (0.9)	37.1 (1.6)	36.5 (1.6)	19.0 (0.8)	22.5 (1.0)
Arthritis	14.3 (0.6)	4.2 (0.3)	17.7 (0.9)	24.0 (1.3)	24.6 (1.2)	16.1 (0.8)	11.9 (0.6)
Depression	10.3 (0.5)	8.7 (0.6)	13.5 (0.7)	9.7 (0.6)	8.2 (0.6)	12.7 (0.7)	7.0 (0.4)
Obesity	7.7 (0.4)	5.3 (0.4)	10.7 (0.6)	9.3 (0.7)	6.1 (0.6)	8.2 (0.4)	7.1 (0.4)
Diabetes mellitus (DM)							
Diabetes mellitus (DM), Type 1	0.6 (0.1)	*0.5 (0.1)	0.7 (0.1)	0.8 (0.2)	0.7 (0.2)	0.6 (0.1)	0.7 (0.1)
Diabetes mellitus (DM), Type 2	7.2 (0.4)	1.3 (0.1)	8.5 (0.5)	13.8 (0.8)	13.6 (0.9)	6.4 (0.4)	8.4 (0.5)
Diabetes mellitus (DM), Type unspecified	5.1 (0.3)	1.1 (0.1)	6.3 (0.4)	9.7 (0.7)	8.4 (0.6)	4.6 (0.3)	5.8 (0.4)
Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocatdial infarction (MI)	6.5 (0.4)	0.4 (0.1)	5.3 (0.4)	13.1 (1.0)	19.0 (1.0)	4.5 (0.3)	9.2 (0.6)
Cancer	6.4 (0.3)	1.1 (0.2)	6.3 (0.5)	12.0 (0.7)	15.3 (1.0)	6.0 (0.4)	7.0 (0.4)
Asthma	6.3 (0.3)	7.2 (0.5)	6.5 (0.4)	5.8 (0.4)	4.1 (0.4)	6.8 (0.3)	5.8 (0.3)
Chronic Obstructive pulmonary disease (COPD)	3.8 (0.2)	0.8 (0.1)	3.7 (0.3)	6.9 (0.5)	8.9 (0.6)	3.5 (0.2)	4.1 (0.3)
Chronic Kidney disease (CKD)	2.8 (0.3)	0.1 (0.0)	2.1 (0.3)	4.6 (0.6)	9.7 (0.8)	2.3 (0.2)	3.4 (0.3)
Substance abuse or dependence	2.8 (0.3)	3.5 (0.5)	3.2 (0.3)	2.0 (0.3)	0.9 (0.2)	2.3 (0.2)	3.5 (0.4)
Obstructive sleep apnea (OSA)	2.5 (0.2)	0.8 (0.1)	3.5 (0.3)	4.4 (0.4)	2.8 (0.3)	1.7 (0.1)	3.5 (0.3)
Osteoporosis	2.5 (0.2)	* ...	2.0 (0.2)	4.9 (0.4)	8.0 (0.7)	3.9 (0.3)	0.7 (0.1)
Cerebrovascular disease	1.8 (0.1)	0.2 (0.0)	1.4 (0.2)	3.3 (0.4)	5.1 (0.4)	1.5 (0.1)	2.1 (0.2)
Congestive heart failure (CHF)	1.6 (0.1)	* ...	1.1 (0.1)	2.4 (0.3)	5.9 (0.5)	1.3 (0.1)	1.9 (0.2)
Alcohol misuse, abuse or dependence	1.0 (0.1)	0.8 (0.1)	1.5 (0.2)	0.9(0.2)	* ...	0.7 (0.1)	1.4 (0.1)
Alzheimer's disease/Dementia	0.7 (0.1)	* ...	0.2 (0.0)	0.6 (0.1)	3.6 (0.4)	0.8 (0.1)	0.6 (0.1)
History of pulmonary embolism (PE) or deep vein thrombosis	0.5 (0.0)	0.1 (0.0)	0.5 (0.1)	0.8 (0.1)	1.4 (0.2)	0.4 (0.1)	0.6 (0.1)
HIV infection or AIDS	0.4 (0.1)	*0.3 (0.1)	*0.7 (0.2)	* ...	* ...	0.1 (0.0)	0.8 (0.2)
End-stage renal disease (ESRD)	0.3 (0.0)	* ...	0.3 (0.1)	* ...	0.6 (0.2)	0.2 (0.0)	0.4 (0.1)

...Category not applicable.
*Figure does not meet standards of reliability or precision.
[1]Presence of chronic conditions was based on the checklist of chronic conditions and reported diagnoses. Combined total visits by patients with chronic condtions and percent of visits exceeds 100% because more than one chronic condition may be reported per visit.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 20. Presence of selected chronic conditions at office visits, by selected states: United States, 2014

Selected states	Percent of visits (standard error of percent)									
	Hypertension	Hyperlipidemia	Arthritis	Diabetes[1]	Depression	Obesity	Asthma	Cancer	COPD[2]	Osteoporosis
All visits	29.9 (1.1)	21.4(1.0)	14.1 (0.8)	13.0 (0.6)	10.3(0.6)	8.0 (0.5)	6.3 (0.3)	6.2 (0.4)	3.7 (0.2)	2.6 (0.2)
State										
Arizona	29.7 (3.3)	22.0 (3.3)	12.3 (1.7)	12.0 (1.4)	7.7 (1.1)	8.1 (1.5)	7.8 (1.1)	7.8 (1.8)	6.1 (1.8)	*1.5 (0.5)
California	25.1 (2.4)	16.1 (2.3)	14.1 (2.3)	9.6 (1.3)	8.8 (1.4)	7.2 (1.0)	6.1 (0.8)	4.6 (0.9)	2.0 (0.4)	2.7 (0.5)
Florida	38.0 (3.9)	27.6 (3.5)	16.0 (2.4)	16.0 (1.6)	10.6 (1.7)	10.4 (1.8)	4.0 (0.8)	9.1 (1.9)	5.2 (1.1)	3.1 (0.9)
Georgia	31.4 (4.5)	20.1 (3.6)	10.0 (2.1)	14.5 (2.1)	10.2 (2.4)	6.8 (1.5)	7.1 (1.1)	7.0 (1.6)	*4.8 (1.5)	* ...
Illinois	31.1 (2.5)	22.7 (2.2)	12.7 (1.7)	12.1 (1.2)	10.5 (2.1)	10.3 (1.4)	6.2 (0.6)	11.3 (2.4)	4.4 (1.0)	3.3 (0.6)
Indiana	34.8 (2.9)	24.5 (2.7)	16.3 (2.5)	17.6 (2.1)	11.7 (1.6)	9.3 (1.3)	6.3 (0.9)	6.0 (1.0)	5.5 (0.9)	2.9 (0.6)
Massachusetts	25.4 (4.1)	16.0 (3.4)	12.5 (3.7)	10.6 (1.9)	16.0 (2.5)	8.7 (2.0)	8.1 (1.1)	* ...	* ...	* ...
Michigan	30.4 (2.9)	21.8 (2.8)	15.7 (2.0)	13.1 (1.1)	9.7 (1.7)	8.7 (1.3)	*10.8 (3.8)	5.9 (0.9)	4.9 (1.0)	2.1 (0.5)
New Jersey	30.5 (4.5)	19.6 (3.2)	18.1 (5.2)	13.7 (2.4)	5.6 (1.5)	4.5 (1.0)	7.9 (1.9)	4.0 (0.9)	*3.4 (1.2)	* ...
New York	33.9 (4.4)	29.1 (4.7)	16.2 (3.5)	15.2 (2.9)	12.2 (3.6)	9.7 (2.5)	7.5 (1.4)	4.8 (1.4)	3.5 (0.8)	4.0 (1.0)
North Carolina	27.0 (4.1)	20.5 (3.8)	12.6 (3.6)	14.1 (2.4)	9.6 (2.6)	5.5 (1.6)	4.7 (0.9)	7.6 (1.8)	*5.9 (1.9)	* ...
Ohio	33.2 (3.8)	22.0 (3.3)	14.5 (3.8)	14.2 (2.0)	13.1 (2.0)	8.0 (2.1)	6.5 (0.9)	7.2 (0.9)	5. (1.2)	* ...
Pennsylvania	33.3 (3.2)	23.4 (3.4)	16.6 (3.1)	11.8 (1.6)	12.2 (2.1)	8.8 (2.1)	7.1 (1.0)	6.2 (1.0)	4.5 (0.9)	3.5 (1.0)
Tennessee	14.5 (2.0)	6.4 (1.3)	7.1 (1.3)	6.2 (1.4)	4.2 (1.0)	3.8 (0.9)	3.3 (1.0)	*6.8 (2.1)	2.1 (0.5)	*1.9 (0.8)
Texas	27.1 (5.6)	19.2 (5.4)	9.9 (2.4)	14.3 (2.9)	*8.0 (2.4)	7.4(1.9)	4.0 (0.6)	4.1 (0.9)	2.7 (0.6)	* ...
Virginia	28.7 (2.7)	21.4 (2.8)	14.0 (3.0)	12.6 (1.4)	12.7 (2.9)	4.9(0.8)	5.3 (0.8)	5.5 (1.2)	2.5 (0.5)	* ...
Washington	30.7 (3.0)	24.1 (3.1)	15.6 (2.1)	14.4 (1.9)	17.5 (1.8)	9.7(1.3)	10.7 (1.3)	7.8 (1.2)	4.0 (0.8)	2.9 (0.7)
Wisconsin	28.1 (2.5)	23.0 (2.3)	18.8 (2.3)	10.7 (1.2)	13.0 (1.5)	7.6(1.1)	7.9 (0.8)	10.3 (1.8)	3.6 (0.6)	2.8 (0.5)

...Category not applicable.
*Figure does not meet standards of reliability or precision.
[1]Diabetes includes both Type I diabetes mellitus (insulin dependent or IDDM), Type II diabetes mellitus (non-insulin dependent or NIDDM), and diabetes with type unspecified. Excludes diabetes insipidus and gestational diabetes.
[2]COPD is chronic obstructive pulmonary disease.

NOTES: Presence of chronic conditions was based on the checklist of chronic conditions and reported diagnoses. Combined total visits by patients with chronic condtions and percent of visits exceeds 100% because more than one chronic condition may be reported per visit. Numbers may not add to totals because more than one chronic condition may be reported per visit.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 21. Selected services ordered or provided at office visits, by patient sex: United States, 2014

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	884,707	(17,838)	100.0	...	100.0	...	100.0	...
One or more services ordered or provided[4]	863,326	(17,537)	97.6	(0.3)	97.6	(0.4)	97.6	(0.3)
None	21,381	(2,875)	2.4	(0.3)	2.4	(0.4)	2.4	(0.3)
Examinations or screenings								
Skin	152,884	(8,383)	17.3	(0.9)	16.8	(0.9)	18.0	(1.0)
Retinal/Eye exam	113,700	(8,593)	12.9	(0.9)	12.5	(1.0)	13.4	(1.0)
Neurologic	99,760	(6,412)	11.3	(0.7)	10.8	(0.7)	12.0	(0.8)
Depression screening	36,133	(4,261)	4.1	(0.5)	4.8	(0.6)	3.1	(0.4)
Foot	32,846	(4,244)	3.7	(0.5)	3.6	(0.5)	3.9	(0.5)
Breast	30,990	(3,106)	3.5	(0.4)	5.4	(0.5)	*0.9	(0.3)
Pelvic	30,021	(3,275)	3.4		5.9	(0.6)	*	...
Rectal	17,288	(2,235)	2.0	(0.3)	1.8	(0.3)	2.2	(0.3)
Substance abuse screening (includes NIDA/NM ASSIST, CAGE/AID, DAST-10)	6,583	(1,560)	0.7	(0.2)	0.6	(0.2)	0.9	(0.2)
Alcohol misuse screening (includes AUDIT,MAST, CAGE, T-ACE)	*5,663	(1,738)	*0.6	(0.2)	*0.8	(0.3)	0.5	(0.1)
Domestic violence screening	*5,147	(1,699)	*0.6	(0.2)	*0.8	(0.2)	*0.3	(0.2)
Vital signs								
Weight	681,310	(16,756)	77.0	(1.0)	76.5	(1.1)	77.6	(1.1)
Blood pressure	604,839	(16,893)	68.4	(1.2)	69.8	(1.2)	66.4	(1.4)
Height	603,834	(16,667)	68.3	(1.2)	67.9	(1.3)	68.7	(1.2)
Temperature	346,163	(13,771)	39.1	(1.4)	38.0	(1.5)	40.6	(1.5)
Laboratory tests								
Complete blood count (CBC)	104,101	(6,318)	11.8	(0.7)	11.6	(0.7)	12.0	(0.8)
Lipids or cholesterol	82,073	(5,898)	9.3	(0.6)	8.7	(0.7)	10.1	(0.8)
Comprehensive metabolic panel (CMP)	74,893	(5,403)	8.5	(0.6)	8	(0.5)	9.1	(0.8)
Urinalysis (UA)	74,040	(4,914)	8.4	(0.5)	8.4	(0.6)	8.3	(0.7)
TSH or thyroid panel	51,845	(3,555)	5.9	(0.4)	6.7	(0.4)	4.7	(0.4)
Glycohemoglobin (HgbA1C)	43,965	(3,606)	5.0	(0.4)	4.6	(0.4)	5.5	(0.6)
Basic metabolic panel	28,429	(2,877)	3.2	(0.3)	3.2	(0.3)	3.2	(0.3)
Glucose	20,697	(2,913)	2.3	(0.3)	2.3	(0.4)	2.3	(0.5)
Pap test	17,358	(2,022)	2.0	(0.2)	3.4	(0.4)	*	...
Prostate specific antigen (PSA)	16,718	(1,808)	1.9	(0.2)	*	...	4.4	(0.5)
Creatinine or renal function panel	15,724	(2,204)	1.8	(0.2)	1.6	(0.3)	2.0	(0.4)
Vitamin D test	14,912	(1,702)	1.7	(0.2)	2.0	(0.2)	1.3	(0.3)
Liver enzymes or hepatic function panel	13,887	(2,345)	1.6	(0.3)	1.4	(0.3)	1.8	(0.4)
Rapid strep test	8,383	(959)	0.9	(0.1)	0.9	(0.1)	1.0	(0.1)
Hepatitis testing	6,960	(1,153)	0.8	(0.1)	0.8	(0.1)	0.8	(0.2)
HIV test[5]	6,274	(1,143)	0.7	(0.1)	0.7	(0.1)	*0.7	(0.2)
Chlamydia test	5,191	(643)	0.6	(0.1)	0.8	(0.1)	0.3	(0.1)
HPV DNA test[6]	*3,969	(1,317)	*0.4	(0.1)	*0.7	(0.3)	*	...
Gonorrhea test	3,776	(524)	0.4	(0.1)	0.6	(0.1)	0.3	(0.1)
Pregnancy or HCG test	3,545	(490)	0.4	(0.1)	0.7	(0.1)	*	...
Culture								
Urine	14,272	(2,342)	1.6	(0.3)	1.7	(0.3)	1.5	(0.4)
Throat	4,948	(682)	0.6	(0.1)	0.6	(0.1)	0.5	(0.1)
Blood	3,584	(934)	0.4	(0.1)	0.3	(0.1)	*0.5	(0.2)
Other	9,469	(2,552)	1.1	(0.3)	*1.3	(0.4)	0.8	(0.2)

...Category not applicable.
*Figure does not meet standards of reliability or precision.
[1]Combined total of all listed services exceeds "all visits" and percent of visits exceeds 100% because more than one service may be reported per visit.
[2]Based on 508,760,000 visits made by females.
[3]Based on 375,947,000 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 checkbox for physical therapy) are edited to ensure that the check box is marked; in this way the check box always provides a summary estimate, but should not be added to the corresponding ICD-9-CM procedure to avoid doublecounting. Procedures codes were reviewed against checkboxes for neurologic exam, bone mineral density, CT scan, echocardiogram, ultrasound, mammography, MRI, x-ray, other imaging, audiometry, biopsy, cardiac stress test, colonoscopy, cryosurgery (cryotherapy), EKG or ECG, EMG, excision of tissue, fetal monitoring, sigmoidoscopy, spirometry, tonometry, upper gastrointestinal endoscopy/EGD, cast/splint/wrap, complementary or alternative medicine, mental health counseling, excluding psychotherapy, occupational therapy, physical therapy, psychotherapy, radiation therapy, wound care, alcohol abuse counseling, and substance abuse counseling. Procedures that could not be included in one of these checkboxes are included in the estimated total number of visits with services, but are not shown separately.
[5]HIV is human immunodeficiency virus.
[6]HPV is human papilloma virus; DNA is deoxyribonucleic acid.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 21. Selected services ordered or provided at office visits, by patient sex: United States, 2014 (Continued)

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
Procedures								
Electrocardiogram (EKG or ECG)	29,516	(2,883)	3.3	(0.3)	3.1	(0.3)	3.6	(0.4)
Colonoscopy	13,738	(1,565)	1.6	(0.2)	1.5	(0.2)	1.6	(0.2)
Biopsy	12,445	(1,630)	1.4	(0.2)	1.5	(0.2)	1.2	(0.2)
Excision of tissue	12,217	(1,409)	1.4	(0.2)	1.2	(0.2)	1.6	(0.2)
Cardiac stress test	5,996	(1,362)	0.7	(0.2)	0.7	(0.2)	0.7	(0.1)
Audiometry	5,828	(950)	0.7	(0.1)	0.4	(0.1)	1.0	(0.2)
Spirometry	4,763	(656)	0.5	(0.1)	0.5	(0.1)	0.6	(0.1)
Cryosurgery (cryotherapy)	4,634	(1,075)	0.5	(0.1)	0.4	(0.1)	0.6	(0.2)
Upper gastrointestinal endoscopy or EGD	4,563	(927)	0.5	(0.1)	0.5	(0.1)	0.5	(0.1)
Tuberculosis skin testing or PPD	3,502	(719)	0.4	(0.1)	0.4	(0.1)	*0.4	(0.1)
Fetal monitoring	3,267	(735)	0.4	(0.1)	0.6	(0.1)	*	...
Sigmoidoscopy	*3,181	(1,405)	*0.4	(0.2)	*0.3	(0.2)	*	...
Electromyogram (EMG)	2,567	(566)	0.3	(0.1)	0.3	(0.1)	0.3	(0.1)
Tonometry	*2,477	(1,758)	*0.3	(0.2)	*0.3	(0.2)	*	...
Electroencephalogram (EEG)	*1,374	(477)	*0.2	(0.1)	*0.2	(0.1)	*0.1	...
Peak flow	*853	(265)	*0.1	...	*0.1	...	*	...
Imaging								
Any imaging	122,915	(5,455)	13.9	(0.5)	15.8	(0.7)	11.3	(0.6)
X ray	52,397	(3,383)	5.9	(0.4)	6.0	(0.4)	5.8	(0.4)
Ultrasound, excluding echocardiogram	28,012	(2,450)	3.2	(0.3)	3.9	(0.4)	2.2	(0.2)
Mammography	15,511	(1,394)	1.8	(0.2)	3.0	(0.3)	*	...
Magnetic resonance imaging (MRI)	13,053	(1,080)	1.5	(0.1)	1.5	(0.1)	1.5	(0.1)
Computed tomography (CT) scan	12,643	(1,199)	1.4	(0.1)	1.4	(0.1)	1.4	(0.2)
Echocardiogram	10,903	(2,281)	1.2	(0.3)	1.2	(0.3)	1.3	(0.2)
Bone mineral density	5,122	(628)	0.6	(0.1)	1.0	(0.1)	*	...
Other imaging	2,617	(461)	0.3	(0.1)	0.3	(0.1)	0.3	(0.1)
Treatment								
Psychotherapy	19,559	(3,545)	2.2	(0.4)	2.5	(0.5)	1.9	(0.4)
Mental health counseling, excluding psychotherapy	17,431	(3,552)	2.0	(0.4)	2.3	(0.6)	1.5	(0.3)
Wound care	15,632	(1,627)	1.8	(0.2)	1.6	(0.2)	2.0	(0.2)
Physical therapy	14,919	(1,309)	1.7	(0.1)	1.6	(0.2)	1.8	(0.2)
Cast, splint, or wrap	6,431	(952)	0.7	(0.1)	0.7	(0.1)	0.8	(0.1)
Durable medical equipment	6,334	(1,272)	0.7	(0.1)	0.7	(0.2)	0.7	(0.1)
Complementary alternative medicine (CAM)	*3,819	(1,232)	*0.4	(0.1)	*0.6	(0.2)	0.3	(0.1)
Home health care	*2,208	(803)	*0.2	(0.1)	*0.3	(0.1)	*0.2	(0.1)
Occupation therapy	878	(181)	0.1	...	0.1	...	0.1	...
Radiation therapy	*474	(149)	*0.1	...	*	...	*	...
Health education or counseling								
Diet or nutrition	92,488	(6,313)	10.5	(0.7)	10.5	(0.7)	10.4	(0.8)
Exercise	61,188	(4,560)	6.9	(0.5)	6.9	(0.5)	6.9	(0.6)
Tobacco use or exposure	23,443	(3,442)	2.6	(0.4)	2.7	(0.4)	2.6	(0.4)
Injury prevention	22,632	(3,915)	2.6	(0.4)	2.4	(0.5)	2.8	(0.5)
Weight reduction	20,833	(1,972)	2.4	(0.2)	2.4	(0.2)	2.3	(0.3)
Growth or development	19,977	(2,763)	2.3	(0.3)	2.0	(0.3)	2.6	(0.4)
Stress management	11,450	(2,721)	1.3	(0.3)	1.7	(0.5)	0.8	(0.1)
Diabetes education	11,123	(1,536)	1.3	(0.2)	1.2	(0.2)	1.4	(0.2)
Substance abuse counseling	6,448	(1,348)	0.7	(0.2)	0.6	(0.1)	0.9	(0.2)
Family planning or contraception	4,946	(1,055)	0.6	(0.1)	0.9	(0.2)	0.1	...
Alcohol abuse counseling	4,283	(1,127)	0.5	(0.1)	*0.5	(0.2)	0.5	(0.1)
STD prevention	4,274	(922)	0.5	(0.1)	0.5	(0.1)	0.4	(0.1)
Asthma	3,648	(569)	0.4	(0.1)	0.4	(0.1)	0.4	(0.1)
Asthma action plan given to patient	2,056	(449)	0.2	(0.1)	0.2	(0.1)	0.3	(0.1)
Genetic counseling	*1,695	(564)	*0.2	(0.1)	*0.3	(0.1)	*	...

...Category not applicable.
*Figure does not meet standards of reliability or precision.
[1]Combined total of all listed services exceeds "all visits" and percent of visits exceeds 100% because more than one service may be reported per visit.
[2]Based on 508,760,000 visits made by females.
[3]Based on 375,947,000 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 checkbox for physical therapy) are edited to ensure that the check box is marked; in this way the check box always provides a summary estimate, but should not be added to the corresponding ICD-9-CM procedure to avoid doublecounting. Procedures codes were reviewed against checkboxes for neurologic exam, bone mineral density, CT scan, echocardiogram, ultrasound, mammography, MRI, x-ray, other imaging, audiometry, biopsy, cardiac stress test, colonoscopy, cryosurgery (cryotherapy), EKG or ECG, EMG, excision of tissue, fetal monitoring, sigmoidoscopy, spirometry, tonometry, upper gastrointestinal endoscopy/EGD, cast/splint/wrap, complementary or alternative medicine, mental health counseling, excluding psychotherapy, occupational therapy, physical therapy, psychotherapy, radiation therapy, wound care, alcohol abuse counseling, and substance abuse counseling. Procedures that could not be included in one of these checkboxes are included in the estimated total number of visits with services, but are not shown separately.
[5]HIV is human immunodeficiency virus.
[6]HPV is human papilloma virus; DNA is deoxyribonucleic acid.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

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, 2014

Patient characteristic	Number of visits in thousands	Initial blood pressure[1]							
		Percent distribution (standard error of percent)							
		Total	Not high		Mildly high		Moderately high		Severely high	
All visits[2]	331,936	100.0	29.3	(0.9)	48.1	(0.8)	17.6	(0.6)	5.1	(0.3)
Age										
18–24 years	22,358	100.0	51.0	(2.2)	40.6	(2.0)	7.6	(1.2)	*	...
25–44 years	88,035	100.0	41.6	(1.6)	43.9	(1.4)	11.2	(0.8)	3.2	(0.4)
45–64 years	117,552	100.0	23.5	(1.0)	50.7	(1.1)	19.6	(0.9)	6.2	(0.5)
65–74 years	56,666	100.0	19.6	(1.3)	51.4	(1.5)	23.1	(1.3)	5.9	(0.7)
75 years and over	47,325	100.0	21.7	(1.3)	48.7	(1.9)	22.9	(1.3)	6.7	(0.9)
Sex										
Female	209,056	100.0	33.7	(1.1)	46.2	(1.0)	15.7	(0.7)	4.5	(0.4)
Male	122,880	100.0	21.6	(1.0)	51.3	(1.2)	21.0	(0.9)	6.1	(0.5)
Race[3]										
White	276,502	100.0	28.8	(0.9)	48.8	(0.9)	17.7	(0.7)	4.7	(0.3)
Black or African American	32,187	100.0	27.1	(1.8)	44.6	(1.7)	+19.4	(1.6)	9.0	(1.1)
Other[4]	23,248	100.0	37.3	(3.5)	43.9	(3.3)	14.4	(1.8)	4.3	(0.8)
Ethnicity[3]										
Hispanic or Latino	45,122	100.0	30.7	(2.4)	48.6	(2.4)	14.8	(2.0)	5.9	(1.2)
Not Hispanic or Latino	286,814	100.0	29.0	(0.9)	48.0	(0.8)	18.1	(0.6)	4.9	(0.3)

...Category not applicable.
*Figure does not meet standards of reliability or precision.
[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. High BP classification was based on the "Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC–7)." Mildly high BP corresponds to the (JNC–7) prehypertensive range. Moderately high BP corresponds to the (JNC–7) stage 1 hypertensive range. Severely high BP corresponds to the JNC–7 stage 2 hypertensive range.
[2]Visits where blood pressure was taken represent 94.6 percent (SE = 0.5) of all office visits made to primary care specialists by adults (aged 18 and over).
[3]The race groups white, black or African American, and other include persons of Hispanic and not of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2014 National Ambulatory Medical Care Survey Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2014.pdf. For 2014, race data were missing for 22.5 percent of adult visits made to primary care specialists, and ethnicity data were missing for 20.3 percent of adult visits made to primary care specialists.
[4]Other race includes visits by Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 23. Medication therapy and number of medications mentioned at office visits, by patient sex: United States, 2014

Medication therapy[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	884,707	(17,838)	100.0	...	100.0	...	100.0	...
Visits with mention of medication[4]	665,461	(15,438)	75.2	(0.9)	75.2	(1.0)	75.3	(0.9)
Visits without mention of medication	207,447	(8,764)	23.4	(0.9)	23.4	(1.0)	23.5	(0.9)
Blank	11,800	(1,920)	1.3	(0.2)	1.4	(0.2)	1.2	(0.2)
Number of medications provided or prescribed								
All visits	884,707	(17,838)	100.0	...	100.0	...	100.0	...
0	207,447	(8,764)	23.4	(0.9)	23.4	(1.0)	23.5	(0.9)
1	156,864	(4,990)	17.7	(0.5)	17.9	(0.6)	17.4	(0.6)
2	110,569	(3,764)	12.5	(0.3)	12.3	(0.4)	12.7	(0.4)
3	81,317	(2,966)	9.2	(0.3)	9.0	(0.3)	9.4	(0.4)
4	61,322	(2,551)	6.9	(0.2)	6.9	(0.3)	7.0	(0.3)
5	50,217	(2,466)	5.7	(0.3)	5.7	(0.3)	5.6	(0.3)
6	38,957	(1,913)	4.4	(0.2)	4.3	(0.2)	4.5	(0.3)
7	31,977	(1,887)	3.6	(0.2)	3.6	(0.2)	3.7	(0.3)
8	26,154	(1,494)	3.0	(0.2)	2.8	(0.2)	3.1	(0.2)
9	21,251	(1,232)	2.4	(0.1)	2.4	(0.1)	2.4	(0.2)
10	18,637	(1,200)	2.1	(0.1)	2.1	(0.2)	2.1	(0.2)
11	13,442	(910)	1.5	(0.1)	1.5	(0.1)	1.6	(0.1)
12	12,295	(941)	1.4	(0.1)	1.4	(0.1)	1.4	(0.2)
13	9,711	(815)	1.1	(0.1)	1.1	(0.1)	1.1	(0.1)
14	6,733	(497)	0.8	(0.1)	0.8	(0.1)	0.7	(0.1)
15	5,950	(491)	0.7	(0.1)	0.7	(0.1)	0.6	(0.1)
16	4,401	(408)	0.5	(0.0)	0.5	(0.1)	0.4	(0.1)
17	3,892	(549)	0.4	(0.1)	0.5	(0.1)	0.4	(0.1)
18	2,530	(277)	0.3	(0.0)	0.3	(0.0)	0.2	(0.0)
19	2,480	(350)	0.3	(0.0)	0.3	(0.0)	0.3	(0.1)
20	1,568	(216)	0.2	(0.0)	0.2	(0.0)	0.1	(0.0)
21	1,712	(320)	0.2	(0.0)	0.2	(0.0)	*	...
22	819	(150)	0.1	(0.0)	0.1	(0.0)	*	...
23	761	(160)	0.1	(0.0)	*	...	*	...
24	458	(100)	0.1	(0.0)	*	...	*	...
25 or more	1,444	(210)	0.2	(0.0)	0.2	(0.0)	0.1	(0.0)
Blank	11,800	(1,920)	1.3	(0.2)	1.4	(0.2)	1.2	(0.2)

...Category not applicable.
[1]Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents.
[2]Based on 508,760,000 visits made by females.
[3]Based on 375,947,000 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 thirty per visit). Also defined as drug visits.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 24. Office drug visits and drug mentions, by physician specialty: United States, 2014

Physician speciality	Drug visits[1]		Drug mentions[2]			
	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)	Percent of office visits with drug mentions[3] (standard error of percent)	Drug mention rates[4] (standard error of rate)
All specialties	665,461 (15,438)	100.0 ...	3,150,461 (102,853)	100.0 ...	75.2 (0.9)	356.1 (9.0)
General and family practice	162,513 (10,384)	24.4 (1.4)	819,917 (60,741)	26.0 (1.7)	84.1 (1.1)	424.2 (18.5)
Internal medicine	109,271 (9,388)	16.4 (1.3)	623,470 (58,990)	19.8 (1.7)	86.2 (1.7)	491.9 (25.3)
Pediatrics	66,909 (6,027)	10.1 (0.9)	167,786 (15,974)	5.3 (0.5)	68.5 (1.4)	171.7 (8.5)
Obstetrics and gynecology	28,847 (3,667)	4.3 (0.6)	77,228 (11,047)	2.5 (0.4)	61.3 (2.9)	164.2 (14.3)
Ophthalmology	24,373 (4,164)	3.7 (0.6)	100,646 (22,822)	3.2 (0.7)	58.5 (6.2)	241.5 (42.0)
Orthopedic surgery	27,282 (3,527)	4.1 (0.5)	117,408 (19,170)	3.7 (0.6)	54.1 (4.6)	232.9 (33.0)
Psychiatry	35,326 (5,792)	5.3 (0.8)	99,063 (17,374)	3.1 (0.6)	85.1 (3.8)	238.7 (16.3)
Cardiovascular diseases	33,576 (6,407)	5.0 (0.9)	248,772 (50,941)	7.9 (1.5)	86.0 (2.6)	637.4 (41.0)
Dermatology	18,273 (3,239)	2.7 (0.5)	63,547 (12,250)	2.0 (0.4)	66.4 (4.1)	230.9 (28.8)
Urology	13,542 (2,649)	2.0 (0.4)	64,044 (12,002)	2.0 (0.4)	74.6 (3.6)	352.6 (50.7)
Otolaryngology	9,007 (2,167)	1.4 (0.3)	37,744 (10,486)	1.2 (0.3)	70.5 (4.3)	295.4 (42.3)
Neurology	8,937 (1,887)	1.3 (0.3)	35,217 (8,056)	1.1 (0.3)	74.4 (6.0)	293.3 (41.2)
General surgery	8,678 (1,497)	1.3 (0.2)	35,864 (6,812)	1.1 (0.2)	45.9 (5.7)	189.6 (30.4)
All other specialties	118,927 (8,719)	17.9 (1.2)	659,757 (54,432)	20.9 (1.6)	75.3 (2.6)	417.8 (24.2)

...Category not applicable.
[1]Visits at which one or more drugs were provided or prescribed.
[2]A drug mention is documentation in a patient's record of a drug provided, prescribed, or continued at a visit (up to thirty per visit). Also, defined as drug visits.
[3]Percent 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, 2014.

Table 25. Twenty most frequently mentioned drugs by therapeutic drug category at office visits: United States, 2014

Therapeutic drug category[1]	Number of occurrences in thousands	Standard error in thousands	Percent of drug mentions[2]	Standard error of percent
Analgesics[3]	366,555	(14,157)	11.6	(0.3)
Antihyperlipidemic agents	162,139	(7,537)	5.1	(0.1)
Antidepressants	142,674	(7,117)	4.5	(0.2)
Anxiolytics, sedatives, and hypnotics	122,258	(5,078)	3.9	(0.1)
Vitamins	121,595	(5,983)	3.9	(0.1)
Antidiabetic agents	119,441	(8,095)	3.8	(0.2)
Antiplatelet agents	116,943	(6,947)	3.7	(0.1)
Anticonvulsants	103,950	(4,902)	3.3	(0.1)
Beta-adrenergic blocking agents	102,055	(5,382)	3.2	(0.1)
Bronchodilators	99,519	(4,738)	3.2	(0.1)
Dermatological agents	98,116	(4,917)	3.1	(0.1)
Proton pump inhibitors	94,122	(4,293)	3.0	(0.1)
Vitamin and mineral combinations	84,640	(4,470)	2.7	(0.1)
Immunostimulants	81,257	(6,500)	2.6	(0.2)
Diuretics	73,421	(4,186)	2.3	(0.1)
Antihistamines	72,022	(3,768)	2.3	(0.1)
Angiotensin converting enzyme inhibitors	71,426	(3,265)	2.3	(0.1)
Thyroid hormones	60,441	(2,814)	1.9	(0.1)
Minerals and electrolytes	60,410	(3,239)	1.9	(0.1)
Antiemetic or antivertigo agents	59,534	(3,005)	1.9	(0.1)

[1]Based on Multum Lexicon second level therapeutic drug category (see https://www.cerner.com/solutions/drug-database).
[2]Based on an estimated 3,150,461,000 drug mentions at office visits in 2014.
[3]Includes narcotic and nonnarcotic analgesics and nonsteriodal anti-inflammatory drugs.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 26. Twenty most frequently mentioned drug names at office visits, by new or continued status: United States, 2014

Drug name[1]	Number of mentions in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Percent distribution (standard error of percent)				Therapeutic drug category[3]
			Total	New	Continued	Unknown[2]	
All drug mentions	3,150,461 (102,853)	100.0 ...	100.0	20.0 (0.7)	79.4 (0.7)	0.6 (0.1)	...
Aspirin	94,712 (5,099)	3.0 (0.1)	100.0	4.5 (0.6)	94.7 (0.7)	*0.8 (0.3)	Analgesics and antiplatelet agents
Multivitamin	64,582 (3,420)	2.0 (0.1)	100.0	4.5 (0.5)	95.0 (0.6)	*0.5 (0.2)	Vitamin and mineral combinations
Albuterol	57,517 (2,703)	1.8 (0.1)	100.0	15.4 (1.2)	84.2 (1.2)	*0.4 (0.1)	Bronchodilators
Levothyroxine	56,515 (2,672)	1.8 (0.1)	100.0	5.2 (0.6)	94.5 (0.6)	*0.3 (0.1)	Thyroid hormones
Lisinopril	54,095 (2,396)	1.7 (0.1)	100.0	7.5 (0.8)	92.1 (0.8)	*0.4 (0.2)	Angiotensin converting enzyme inhibitors
Omeprazole	53,632 (2,552)	1.7 (0.1)	100.0	10.0 (1.0)	89.7 (1.0)	*0.4 (0.2)	Proton pump inhibitors
Metoprolol	47,449 (2,911)	1.5 (0.1)	100.0	6.7 (0.8)	92.9 (0.8)	*0.4 (0.2)	Beta-adrenergic blocking agents
Atorvastatin	46,507 (2,631)	1.5 (0.1)	100.0	6.5 (0.7)	92.9 (0.7)	*0.6 (0.2)	Antihyperlipidemic agents
Metformin	42,226 (2,274)	1.3 (0.1)	100.0	5.3 (0.7)	94.2 (0.8)	*0.4 (0.2)	Antidiabetic agents
Acetaminophen-hydrocodone	41,758 (2,435)	1.3 (0.1)	100.0	20.4 (1.6)	78.9 (1.7)	*0.8 (0.2)	Analgesics
Simvastatin	41,508 (2,144)	1.3 (0.1)	100.0	4.7 (0.8)	94.3 (0.9)	1.0 (0.3)	Antihyperlipidemic agents
Amlodipine	39,695 (2,027)	1.3 (0.0)	100.0	6.8 (0.8)	92.5 (0.8)	*0.7 (0.3)	Calcium channel blocking agents
Omega-3 polyunsaturated fatty acids	37,326 (3,207)	1.2 (0.1)	100.0	4.1 (0.7)	95.4 (0.8)	*0.5 (0.2)	Nutraceutical products
Ibuprofen	36,722 (1,995)	1.2 (0.1)	100.0	32.7 (2.5)	66.3 (2.5)	*1.0 (0.3)	Analgesics
Ergocalciferol	34,003 (2,283)	1.1 (0.1)	100.0	11.4 (1.6)	88.0 (1.6)	*0.6 (0.2)	Vitamins
Gabapentin	30,104 (1,914)	1.0 (0.0)	100.0	11.6 (1.3)	87.8 (1.3)	*0.6 (0.3)	Anticonvulsants
Furosemide	29,706 (1,847)	0.9 (0.0)	100.0	6.1 (0.8)	93.3 (0.9)	*0.5 (0.3)	Diuretics
Fluticasone nasal	29,241 (1,847)	0.9 (0.1)	100.0	23.0 (2.1)	76.8 (2.1)	*0.3 (0.1)	Nasal preparations
Influenza virus vaccine, inactivated	28,990 (3,362)	0.9 (0.1)	100.0	96.4 (1.0)	*2.5 (0.8)	*1.0 (0.4)	Immunostimulants
Alprazolam	27,778 (1,723)	0.9 (0.0)	100.0	10.1 (1.2)	89.3 (1.2)	*0.6 (0.3)	Anxiolytics, sedatives, and hypnotics
Other	2,256,395 (71,910)	71.6 (0.4)	100.0	23.0 (0.8)	76.4 (0.8)	*0.6 (0.1)	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]Unknown includes drugs provided or prescribed that did not have either the new drug or continued drug checkboxes marked.
[3]Based on Multum Lexicon second-level therapeutic drug category (see https://www.cerner.com/solutions/drug-database).

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 27. Providers seen at office visits: United States, 2014

Type of Provider	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	884,707	(17,838)	...	...
Physician	863,500	(17,550)	97.6	(0.4)
R.N.[2] or L.P.N.[3]	168,158	(8,957)	19.0	(1.0)
Physician assistant	41,159	(5,623)	4.7	(0.6)
Nurse practitioner or midwife	19,242	(3,384)	2.2	(0.4)
Mental health provider	*9,686	(3,546)	*1.1	(0.4)
Other provider	261,563	(14,065)	29.6	(1.4)
No provider	3,122	(904)	0.4	(0.1)

...Category not applicable.
*Figure does not meet standards of reliability or precision.
[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 2.4 percent of these visits, the physician was not seen; instead, the patient saw another provider.
[2]R.N. is registered nurse.
[3]L.P.N. is licensed practical nurse.

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

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 28. Disposition of office visits: United States, 2014

Disposition	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	884,707	(17,838)	...	...
Return to referring physician	25,029	(2,265)	2.8	(0.3)
Refer to other physician	67,380	(3,675)	7.6	(0.4)
Return in less than 1 week	28,184	(2,058)	3.2	(0.2)
Return in 1 week to less than 2 months	247,425	(9,369)	28.0	(0.9)
Return in 2 months or greater	244,739	(8,832)	27.7	(0.8)
Return at unspecified time	54,046	(5,329)	6.1	(0.6)
Return as needed (p.r.n.)	202,351	(8,520)	22.9	(0.9)
Refer to emergency room or admit to hospital	4,777	(859)	0.5	(0.1)
Other disposition	94,543	(6,112)	10.7	(0.6)
Blank	12,451	(1,751)	1.4	(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.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 29. Time spent with physician: United States, 2014

Time spent with physician	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	884,707	(17,838)	100.0	...
Visits at which no physician was seen	21,207	(3,647)	2.4	(0.4)
Visits at which a physician was seen	863,500	(17,550)	97.6	(0.4)
Total[1]	863,500	(17,550)	100.0	...
1–5 minutes	7,981	(1,520)	0.9	(0.2)
6–10 minutes	67,628	(4,802)	7.8	(0.5)
11–15 minutes	295,452	(11,540)	34.2	(1.1)
16–30 minutes	378,298	(11,550)	43.8	(1.0)
31–60 minutes	107,565	(5,197)	12.5	(0.6)
61 minutes and over	6,576	(635)	0.8	(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 34.7% 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, 2014.

Table 30. Mean time spent with physician, by physician specialty: United States, 2014

Physician specialty	Mean time in minutes spent with physician (standard error of mean)[1]	25th percentile	Median	75th percentile
All visits	22.1 (0.2)	14.4	19.1	28.6
Psychiatry	34.8 (1.9)	19.4	29.7	44.6
Neurology	26.8 (1.5)	16.7	21.9	29.8
General surgery	23.7 (1.3)	14.7	19.6	29.3
Cardiovascular diseases	22.5 (0.9)	14.5	19.3	29.1
Internal medicine	22.4 (0.5)	14.5	19.3	29.1
Ophthalmology	22.1 (1.3)	14.1	17.7	29.2
Obstetrics and gynecology	21.0 (0.7)	14.2	17.9	24.7
General and family practice	20.9 (0.3)	14.3	17.3	24.7
Urology	20.5 (1.0)	14.3	14.9	26.5
Orthopedic surgery	19.7 (0.6)	14.2	17.2	20.9
Pediatrics	19.4 (0.4)	14.2	14.9	21.9
Otolaryngology	17.8 (1.2)	12.0	14.7	19.9
Dermatology	17.2 (1.0)	9.8	14.5	19.4
All other specialities	24.1 (0.6)	14.5	19.7	29.5

...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 34.7% 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, 2014.

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, 2014

Physician characteristic[1]	Number of sampled in-scope physicians[2]	Total in-scope sample percent distribution[3] (weighted)	Responding physician percent distribution[4] (weighted)	Nonresponding physician percent distribution[5] (weighted)	Physician weighted response rate[6]	Participants[7]	Participation rate: weighted[8]
All office-based physicians	6,016	100.0	100.0	100.0	0.390	2,682	0.450
Age							
Under 50 years	2,386	40.0	39.3	40.4	0.383	1,062	0.432
50 years and over	3,630	60.0	60.7	59.6	0.395	1,620	0.462
Sex							
Male	4,398	70.0	71.2	69.3	0.397	1,976	0.458
Female	1,618	30.0	28.8	30.7	0.375	706	0.430
Division[9]							
New England	405	5.1	4.2	5.7	0.320	152	0.387
Middle Atlantic	744	15.9	12.2	18.3	0.299	282	0.378
East North Central	1,242	14.7	16.8	13.3	0.447	609	0.496
West North Central	216	6.0	6.9	5.5	0.444	103	0.471
South Atlantic	1,201	19.2	17.2	20.5	0.349	503	0.444
East South Central	499	5.3	6.0	4.9	0.440	274	0.543
West South Central	493	10.0	10.3	9.9	0.400	207	0.427
Mountain	471	6.1	6.1	6.2	0.387	204	0.415
Pacific	745	17.6	20.4	15.7	0.454	348	0.492
Metropolitan status[10]							
MSA	5,438	91.5	91.1	91.8	0.388	2,439	0.450
Non-MSA	578	8.5	8.9	8.2	0.410	243	0.452
Type of doctor							
Doctor of medicine	5,673	93.9	93.6	94.1	0.389	2,529	0.449
Doctor of osteopathy	343	6.1	6.4	5.9	0.410	153	0.464
Physician specialty[9,11]							
General or family practice	892	18.7	19.8	18.0	0.413	438	0.478
Internal medicine	573	12.7	12.5	12.9	0.383	266	0.480
Pediatrics	472	9.4	12.2	7.6	0.505	261	0.567
General surgery	246	3.1	3.3	3.0	0.416	116	0.461
Obstetrics and gynecology	339	7.1	6.6	7.4	0.363	151	0.421
Orthopedic surgery	404	5.2	4.5	5.6	0.340	159	0.384

[1]Characteristic information is from a combination of sources: the master files of the American Medical Association, the American Osteopathic Association, and the NAMCS physician 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 in-scope sample physicians are those who were selected from (a) the master files of the American Medical Association, and (b) the American Osteopathic Association. In-scope determination was also used for inclusion in NAMCS.
[4]Responding physicians are those who were in-scope and participated fully in completion of PRFs or were unavailable to complete PRFs.
[5]Nonresponding physicians are those who were in-scope and participated minimally or refused to participate in the NAMCS.
[6]Values represent a response rate among physicians selected from the core 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 Patient Record form was completed (full and minimal responders) and also include physicians who saw no patients during their sample week.
[8]Participation rate is the number of participants divided by the number of in-scope physicians.
[9]Chi-square test of association is significant ($p < 0.05$) between physician response and indicated physician characteristic.
[10]MSA is metropolitan statistical area.
[11]Physician specialty type defined in the 2014 National Ambulatory Medical Care Survey Public Use Data File Documentation (see ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2014.pdf).
[12]HMO is health maintenance organization.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

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, 2014 (Continued)

Physician characteristic[1]	Number of sampled in-scope physicians[2]	Total in-scope sample percent distribution[3] (weighted)	Responding physician percent distribution[4] (weighted)	Nonresponding physician percent distribution[5] (weighted)	Physician weighted response rate[6]	Participants[7]	Participation rate: weighted[8]
Cardiovascular diseases	317	4.3	4.2	4.4	0.377	129	0.426
Dermatology	175	2.5	2.2	2.7	0.345	81	0.415
Urology	161	2.1	2.0	2.1	0.377	69	0.420
Psychiatry	386	5.8	5.0	6.4	0.335	150	0.389
Neurology	157	2.1	2.1	2.1	0.393	67	0.434
Ophthalmology	298	4.1	3.5	4.4	0.334	120	0.400
Otolaryngology	136	1.8	1.3	2.2	0.279	46	0.317
All other specialties	1,460	21.0	20.8	21.2	0.386	629	0.431
Specialty type[9,11]							
Primary care	2,212	47.0	50.3	44.9	0.418	1,090	0.489
Surgical	1,605	21.0	19.3	22.1	0.358	667	0.408
Medical	2,199	32.0	30.4	33.0	0.371	925	0.420
Practice type							
Solo	1,288	23.1	22.0	23.8	0.373	571	0.458
Two physicians	247	3.9	3.9	3.9	0.390	108	0.462
Group or HMO[12]	3,642	58.5	59.8	57.7	0.399	1,628	0.450
Medical school or government	80	1.5	2.2	1.0	0.574	43	0.591
Other	157	2.7	2.3	2.9	0.339	66	0.393
Unclassified	602	10.3	9.7	10.7	0.368	266	0.424
Annual visit volume[9]							
0–25% percentile	1,505	24.3	33.7	18.2	0.542	921	0.605
26–50% percentile	1,503	24.7	26.6	23.5	0.421	685	0.474
51–75% percentile	1,509	25.1	13.6	32.4	0.211	369	0.251
76–100% percentile	1,499	26.0	26.1	25.9	0.392	707	0.475

[1]Characteristic information is from a combination of sources: the master files of the American Medical Association, the American Osteopathic Association, and the NAMCS physician 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 in-scope sample physicians are those who were selected from (a) the master files of the American Medical Association, and (b) the American Osteopathic Association. In-scope determination was also used for inclusion in NAMCS.
[4]Responding physicians are those who were in-scope and participated fully in completion of PRFs or were unavailable to complete PRFs.
[5]Nonresponding physicians are those who were in-scope and participated minimally or refused to participate in the NAMCS.
[6]Values represent a response rate among physicians selected from the core 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 Patient Record form was completed (full and minimal responders) and also include physicians who saw no patients during their sample week.
[8]Participation rate is the number of participants divided by the number of in-scope physicians.
[9]Chi-square test of association is significant ($p < 0.05$) between physician response and indicated physician characteristic.
[10]MSA is metropolitan statistical area.
[11]Physician specialty type defined in the 2014 National Ambulatory Medical Care Survey Public Use Data File Documentation (see ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2014.pdf).
[12]HMO is health maintenance organization.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.

Table 32. In-scope sample physicians, their weighted percent distributions by Patient Record Form (PRF) status, and PRF response rate, by state location of physician office: National Ambulatory Medical Care Survey, 2014

Division and state[1]	Number of sampled in-scope physicians[2,3]	Total in-scope sample percent distribution (weighted)	Percent distribution of respondents[4]	Percent distribution of non-respondents[5]	Response rate (weighted)[6]	Participants[7]	Participation rate (weighted)[8]
Total	6,016	60.4	23.6	36.8	0.390	2,682	0.450
New England							
Massachusetts	173	2.2	1.9	2.5	0.329	74	0.441
Remainder states (CT, ME, NH, RI, VT)	232	2.9	2.3	3.3	0.313	78	0.346
Middle Atlantic							
New Jersey	241	3.5	2.8	3.9	0.317	101	0.424
New York	269	8.1	5.7	9.6	0.277	95	0.363
Pennsylvania	234	4.3	3.6	4.8	0.327	86	0.370
East North Central							
Illinois	248	4.3	5.0	3.9	0.454	133	0.544
Indiana	271	2.0	2.4	1.7	0.473	136	0.508
Michigan	236	3.1	4.0	2.5	0.503	123	0.525
Ohio	210	3.2	2.7	3.5	0.336	76	0.375
Wisconsin	277	2.1	2.6	1.7	0.492	141	0.528
West North Central	216	6.0	6.9	5.5	0.444	103	0.471
South Atlantic							
Florida	256	6.8	5.9	7.3	0.340	124	0.491
Georgia	241	2.8	2.2	3.1	0.310	86	0.353
North Carolina	184	2.2	1.2	2.9	0.210	66	0.365
Virginia	249	2.8	2.6	2.8	0.374	114	0.467
Remainder states (DC, DE, SC, WV)	271	4.7	5.2	4.3	0.435	113	0.453
East South Central							
Tennessee	252	2.1	2.2	2.0	0.414	149	0.599
Remainder states (AL, KY, MS)	247	3.2	3.7	2.8	0.457	125	0.505
West South Central							
Texas	245	6.9	6.9	6.9	0.390	98	0.416
Remainder states (AR, LA, OK)	248	3.1	3.3	2.9	0.420	109	0.451
Mountain							
Arizona	234	1.9	2.1	1.8	0.437	104	0.454
Remainder states (ID, NM, MT, NV, UT, WY)	237	4.2	4.0	4.4	0.365	100	0.397
Pacific							
California	267	13.2	15.2	11.9	0.450	130	0.495
Washington	222	2.2	2.8	1.8	0.499	109	0.502
Remainder states (AK, HI, OR)	256	2.2	2.4	2.1	0.433	109	0.468

[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 sample physicians are those confirmed during the survey to be nonfederal and involved in direct patient care in an office-based practice, excluding the specialities of radiology,pathology, and anesthesiology.
[3]Total in-scope sample physicians are those who were selected from (a) the master files of the American Medical Association, and (b) the American Osteopathic Association. In-scope determination was also used for inclusion in NAMCS.
[4]Responding physicians are those who were in-scope and participated fully in completion of PRFs or who saw no patients during their sample week.
[5]Non-responding physicians are those physicians who were in-scope and participated minimally or refused to participate in the 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 Patient Record form was completed (full and minimal responders) and also include physicians who saw no patients during their sample week.
[8]Participation rate is the number of participants divided by the number of in-scope physicians.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2014.