National Hospital Ambulatory Medical Care Survey: 2009 Outpatient Department Summary Tables

The Ambulatory and Hospital Care Statistics Branch is pleased to release the most current nationally representative data on ambulatory care visits to hospital outpatient departments (OPD) in the United States. Statistics are presented on selected hospital, patient and visit characteristics based on data collected in the 2009 National Hospital Ambulatory Medical Care Survey (NHAMCS). NHAMCS is an annual nationally representative sample survey of visits to emergency departments, OPDs, and ambulatory surgical centers (ASCs) of nonfederal short-stay and general hospitals (starting in 2009).

The sampling frame for the 2009 NHAMCS was constructed from SDI's "Healthcare Market Index, Updated July 15, 2006" and "Hospital Market Profiling Solution, Second Quarter, 2006." NHAMCS uses a four-stage probability design with samples of primary sampling units (PSUs), hospitals within PSUs, clinics within outpatient departments, and patient visits within clinics. Of the 489 sample hospitals in the 2009 NHAMCS, 258 were in scope and had eligible OPDs. Of these, 220 OPDs participated, yielding an unweighted OPD response rate of 85.3 percent. A sample of 1,049 clinics was selected from the OPDs. Of these, 900 responded fully or adequately (i.e. provided at least one-half of the number of Patient Record Forms (PRFs) expected, based on the total number of visits seen during the reporting period), and 15 responded minimally by completing less than half of their expected forms. In all, 33,551 PRFs were submitted. The resulting unweighted clinic sample response was 85.8 percent, and the overall unweighted two stage sampling response rate was 73.2 percent (74.5 percent weighted). Response rates have been adjusted to exclude minimal participants.

The 2009 NHAMCS was conducted from December 29, 2008 through December 27, 2009. The U.S. Bureau of the Census was the data collection agent for the 2009 NHAMCS. Hospital staff or Census field representatives completed a PRF for a sample of about 150-200 OPD visits during a randomly assigned 4-week reporting period. The PRF may be viewed at the website: http://www.cdc.gov/nchs/data/ahcd/nhamcs100opd_2009.pdf

Data processing and medical coding were performed by SRA International, Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10 percent quality control sample of OPD survey records was independently keyed and coded, with an error rate of 0.2 percent. For items that required medical coding, discrepancy rates ranged between 0.0 and 0.4 percent. For further details, see 2009 NHAMCS Public Use Data File Documentation at the website: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf

Web table estimates are based on sample data weighted to produce annual national estimates and include standard errors. Because of the complex multistage design of NHAMCS, a sample weight is computed for each sample visit that takes all stages of design into account. The survey data are inflated or weighted to produce unbiased national annual estimates. The visit weight includes four basic components: inflation by reciprocals of selection probabilities, adjustment for nonresponse, population ratio adjustments, and weight smoothing. Estimates of the sampling variability were calculated using Taylor approximations in SUDAAN, which take into account the complex sample design of NHAMCS. Detailed information on the design, conduct, and estimation procedures of 2009 NHAMCS are discussed in the NHAMCS Public Use Data File Documentation at the website: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf

As in any survey, results are subject to sampling and nonsampling errors. Nonsampling errors include reporting and processing errors as well as biases due to nonresponse and incomplete response. In 2009, race data were missing for 10.4 percent of visits, and ethnicity data were missing for 15.2 percent of visits. Starting with 2009 data, NHAMCS has adopted the technique of model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NHAMCS Public Use Data File Documentation at:
ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf
Information on missing data for other variables are indicated in table footnotes.

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

Table 1. Outpatient department visits by selected hospital characteristics: United States, 2009

Selected hospital characteristics	Number of visits in thousands (Standard error in thousands)		Percent distribution (Standard error of percent)		Number of visits per 100 persons per year [1,2,3] (Standard error of rate)	
All visits	96,132	(9,381)	100.0	...	31.9	(3.1)
Ownership						
Voluntary	65,262	(7,893)	67.9	(4.7)	21.6	(2.6)
Government	29,447	(5,459)	30.6	(4.8)	9.8	(1.8)
Proprietary	*1,423	(516)	*1.5	(0.6)	* 0.5	(0.2)
Teaching hospital status						
Teaching hospital	41,418	(7,209)	43.1	(6.0)	13.7	(2.4)
Non teaching hospital [4]	54,714	(7,580)	56.9	(6.0)	18.1	(2.5)
Geographic region						
South	32,608	(6,243)	33.9	(5.0)	29.4	(5.6)
Midwest	27,195	(4,607)	28.3	(4.2)	41.4	(7.0)
Northeast	27,129	(4,800)	28.2	(4.3)	49.8	(8.8)
West	9,200	(2,477)	9.6	(2.5)	13.1	(3.5)
Metropolitan status [5]						
MSA	79,477	(8,826)	82.7	(3.8)	31.3	(3.5)
Non-MSA	16,655	(3,922)	17.3	(3.8)	35.2	(8.3)
Clinic type [6]						
General medicine [7]	54,931	(6,166)	57.1	(2.9)	18.2	(2.0)
Surgery	12,767	(1,968)	13.3	(1.5)	4.2	(0.7)
Pediatrics	11,197	(2,081)	11.6	(1.9)	3.7	(0.7)
Substance abuse or other [8]	9,036	(1,691)	9.4	(1.6)	3.0	(0.6)
Obstetrics and gynecology	8,201	(1,282)	8.5	(1.0)	2.7	(0.4)

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*Figure does not meet standards of reliability or precision.

...Category not applicable.

[1] Visit rates for age, sex, and region are based on the July 1, 2009, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

[2] Population estimates by metropolitan statistical area status are based on estimates of the civilian noninstitutional population of the United States as of July 1, 2009 from the 2009 National Health Interview Survey, National Center for Health Statistics, compiled according to December 2009 Office of Management and Budget definitions of core-based statistical areas. See http://www.census.gov/population/metro/data/metrodef.html for more about metropolitan statistical area definitions.

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

[4] Includes a a small percentage of hospitals with unknown or blank teaching status (0.1 percent).

[5] MSA is metropolitan statistical area.

[6] Only clinics under the supervision of a physician were included. Clinics specializing in radiology, laboratory sevices, physical rehabilitation, or other anciliary services were excluded.

[7] General medicine clinics include family practice,primary care clinics, and internal medicine and its subspecialties.

[8] Other includes psychiatric, mental health, and miscellaneous specialty clinics.

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

Table 2. Outpatient department visits by patient age and sex: United States, 2009

Patient age and sex	Number of visits in thousands (Standard error in thousands)		Percent distribution (Standard error of percent)		Number of visits per 100 persons per year[1] (Standard error of rate)	
All visits	96,132	(9,381)	100.0	...	31.9	(3.1)
Age						
Under 15 years	19,014	(2,729)	19.8	(2.2)	30.7	(4.4)
Under 1 year	3,186	(459)	3.3	(0.4)	74.8	(10.8)
1-4 years	5,403	(712)	5.6	(0.6)	31.7	(4.2)
5-14 years	10,425	(1,677)	10.8	(1.4)	25.7	(4.1)
15-24 years	10,628	(1,109)	11.1	(0.5)	25.3	(2.6)
25-44 years	22,311	(2,424)	23.2	(1.0)	27.6	(3.0)
45-64 years	29,083	(3,264)	30.3	(1.5)	36.9	(4.1)
65 years and over	15,096	(1,849)	15.7	(1.1)	39.8	(4.9)
65-74 years	8,036	(970)	8.4	(0.6)	39.1	(4.7)
75 years and over	7,060	(945)	7.3	(0.7)	40.6	(5.4)
Sex and age						
Female	58,087	(5,853)	60.4	(0.9)	37.8	(3.8)
Under 15 years	9,053	(1,353)	9.4	(1.1)	30.0	(4.5)
15-24 years	7,358	(813)	7.7	(0.4)	35.4	(3.9)
25-44 years	15,503	(1,774)	16.1	(0.8)	38.0	(4.4)
45-64 years	17,156	(2,021)	17.8	(1.0)	42.4	(5.0)
65-74 years	4,509	(560)	4.7	(0.4)	40.7	(5.1)
75 years and over	4,507	(651)	4.7	(0.5)	43.0	(6.2)
Male	38,045	(3,681)	39.6	(0.9)	25.8	(2.5)
Under 15 years	9,960	(1,403)	10.4	(1.1)	31.5	(4.4)
15-24 years	3,270	(374)	3.4	(0.3)	15.4	(1.8)
25-44 years	6,809	(722)	7.1	(0.4)	16.9	(1.8)
45-64 years	11,927	(1,313)	12.4	(0.6)	31.1	(3.4)
65-74 years	3,527	(451)	3.7	(0.3)	37.2	(4.8)
75 years and over	2,553	(367)	2.7	(0.3)	37.0	(5.3)

...Category not applicable.

[1] Visit rates are based on the July 1, 2009 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

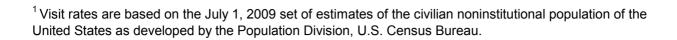NOTE: Numbers may not add to totals because of rounding.

Table 3. Outpatient department visits by patient race and age, and ethnicity: United States, 2009

Patient characteristic	Number of visits in thousands (Standard error in thousands)		Percent distribution (Standard error of percent)		Number of visits per 100 persons per year[1] (Standard error of rate)	
All visits	96,132	(9,381)	100.0	...	31.9	(3.1)
Race and age[2]						
White	69,900	(7,403)	72.7	(2.8)	29.1	(3.1)
Under 15 years	13,884	(2,277)	14.4	(1.9)	29.7	(4.9)
15-24 years	7,496	(848)	7.8	(0.5)	23.2	(2.6)
25-44 years	15,927	(1,818)	16.6	(0.9)	25.1	(2.9)
45-64 years	20,805	(2,411)	21.6	(1.3)	32.0	(3.7)
65-74 years	6,229	(815)	6.5	(0.6)	35.5	(4.6)
75 years and over	5,560	(753)	5.8	(0.5)	36.4	(4.9)
Black or African American	22,068	(3,419)	23.0	(2.8)	57.8	(9.0)
Under 15 years	4,057	(593)	4.2	(0.6)	43.9	(6.4)
15-24 years	2,706	(451)	2.8	(0.4)	42.5	(7.1)
25-44 years	5,335	(991)	5.5	(0.8)	50.9	(9.5)
45-64 years	7,157	(1,361)	7.4	(1.2)	80.6	(15.3)
65-74 years	1,530	(317)	1.6	(0.3)	80.8	(16.7)
75 years and over	*1,282	(421)	*1.3	(0.4)	*95.3	(31.3)
Other[3]	4,164	(799)	4.3	(0.8)	18.2	(3.5)
Ethnicity and race[2]						
Hispanic or Latino	13,338	(2,067)	13.9	(1.8)	27.9	(4.3)
Not Hispanic or Latino	82,795	(8,418)	86.1	(1.8)	32.6	(3.3)
White	58,442	(6,661)	60.8	(3.3)	29.7	(3.4)
Black	20,859	(3,360)	21.7	(2.8)	57.5	(9.3)
Other[3]	3,493	(748)	3.6	(0.7)	16.7	(3.6)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

[1] Visit rates are based on the July 1, 2009 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

[2] The race groups, White, Black or African American, and Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. For 2009, race data were missing for 10.4 percent of visits, and ethnicity data were missing for 15.2 percent of visits. Starting with 2009 data, National Center for Health Statistics has adopted the technique of model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NHAMCS Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf.

[3] Other race includes the categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

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

Table 4. Expected source(s) of payment at outpatient department visits: United States, 2009

Expected source(s) of payment	Number of visits in thousands[1] (Standard error in thousands)		Percent of visits (Standard error of percent)	
All visits	96,132	(9,381)	100.0	...
Private insurance	41,486	(5,076)	43.2	(3.2)
Medicaid or CHIP[2]	28,216	(2,969)	29.4	(1.6)
Medicare	17,819	(2,033)	18.5	(1.1)
Medicare and Medicaid[3]	3,058	(460)	3.2	(0.3)
No insurance[4]	10,898	(2,713)	11.3	(2.5)
Self-pay	6,794	(1,479)	7.1	(1.3)
No charge or charity	*4,295	(1,894)	*4.5	(1.9)
Worker's compensation	841	(236)	0.9	(0.2)
Other	3,888	(709)	4.0	(0.6)
Unknown or blank	3,536	(870)	3.7	(0.9)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

[1]Combined total of expected sources of payment exceeds "all visits," and "percent of visits" exceed 100% because more than one source of payment may be reported per visit.

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

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

[4]"No insurance" is defined as having only self-pay, no charge or charity as payment sources. The individual self-pay and no charge or charity categories are not mutually exclusive.

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

Table 5. Primary care provider and referral status of outpatient department visits, by prior-visit status: United States, 2009

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	96,132	(9,381)	100.0	...
Visit to PCP[1]	34,781	(4,812)	36.2	(2.9)
Visit to non-PCP[1,2]	53,571	(5,546)	55.7	(3.0)
Referred for this visit	15,382	(2,248)	16.0	(1.5)
Not referred for this visit	27,734	(3,268)	28.9	(2.6)
Unknown if referred[3]	10,455	(1,782)	10.9	(1.6)
Unknown if PCP[1] visit[2,3]	7,780	(1,481)	8.1	(1.4)
Established patient				
All visits	81,046	(7,966)	100.0	...
Visit to PCP[1]	33,718	(4,712)	41.6	(3.1)
Visit to non-PCP[1,2]	41,140	(4,247)	50.8	(3.2)
Referred for this visit	8,933	(1,600)	11.0	(1.5)
Not referred for this visit	24,174	(2,928)	29.8	(2.9)
Unknown if referred[3]	8,033	(1,400)	9.9	(1.5)
Unknown if PCP[1] visit[2,3]	6,188	(1,251)	7.6	(1.4)
New patient				
All visits	15,086	(1,673)	100.0	...
Visit to PCP[1]	1,063	(175)	7.0	(1.1)
Visit to non-PCP[1,2]	12,432	(1,504)	82.4	(2.1)
Referred for this visit	6,449	(900)	42.7	(3.2)
Not referred for this visit	3,560	(639)	23.6	(3.0)
Unknown if referred[3]	2,423	(430)	16.1	(2.3)
Unknown if PCP[1] visit[2,3]	1,592	(302)	10.6	(1.8)

...Category not applicable.

[1] PCP is patient's primary care physician/provider as indicated by a positive response to the question: 'Is this clinic the patient's primary care 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 19.5 percent of visits.

[3] The unknown category includes blanks.

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

Table 6. Primary care provider and referral status of outpatient department visits, by type of clinic: United States, 2009

Type of clinic[1]	Total	Visit to PCP[2]		Visit to non-PCP[2,3]							
				Referred for this visit		Not referred for this visit		Unknown if referred[4]		Unknown if PCP[3,4]	
				Percent distribution (Standard error of percent)							
All visits	100.0	36.2	(2.9)	16.0	(1.5)	28.9	(2.6)	10.9	(1.6)	8.1	(1.4)
General medicine[5]	100.0	48.8	(4.7)	11.2	(1.9)	20.5	(3.0)	11.3	(2.5)	8.1	(1.4)
Surgery	100.0	*5.0	(1.5)	33.9	(3.9)	39.0	(3.2)	13.6	(1.9)	8.6	(1.9)
Pediatrics	100.0	51.5	(8.2)	*13.3	(3.7)	*23.3	(6.2)	*4.7	(1.5)	7.2	(1.7)
Obstetrics and gynecology	100.0	14.9	(3.7)	19.4	(3.3)	40.9	(6.7)	12.3	(2.8)	*12.4	(3.5)
Substance abuse or other[6]	100.0	*4.0	(1.8)	19.9	(4.7)	61.2	(6.8)	*10.6	(4.2)	*4.4	(1.5)

...Category not applicable.

*Figure does not meet standarda of reliability or precision.

[1] Only clinics under the supervision of a physician were included. Clinics specializing in radiology, laboratory sevices, physical rehabilitation, or other ancillary services were excluded.

[2] PCP is patient's primary care provider as indicated by a positive response to the question: "Is this clinic the patient's primary care provider?"

3/Referral status was asked only for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 19.5 percent of visits.

[4] The unknown category includes blanks.

[5] General medicine clinics include family practice, primary care clinics, and internal medicine.

[6] Other includes psychiatric, mental health, and miscellaneous specialty clinics.

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

Table 7. Twenty leading principal reasons for outpatient department visits: United States, 2009

Principal reason for visit and RVC code[1]		Number of visits in thousands (Standard error in thousands)		Percent distribution (Standard error of percent)	
All visits	...	96,132	(9,381)	100.0	...
Progress visit, not otherwise specified	T800	9,052	(1,420)	9.4	(1.2)
General medical examination	X100	5,762	(892)	6.0	(0.7)
Cough	S440	2,638	(423)	2.7	(0.3)
Counseling, not otherwise specified	T605	2,550	(400)	2.7	(0.3)
Prenatal examination, routine	X205	2,410	(546)	2.5	(0.5)
Medication, other and unspecified kinds	T115	2,282	(351)	2.4	(0.3)
Symptoms referable to throat	S455	1,773	(286)	1.8	(0.3)
Back symptoms	S905	1,630	(327)	1.7	(0.3)
Postoperative visit	T205	1,593	(258)	1.7	(0.2)
Diabetes mellitus	D205	1,568	(440)	1.6	(0.4)
Fever	S010	1,341	(244)	1.4	(0.2)
Knee symptoms	S925	1,331	(303)	1.4	(0.3)
Earache or ear infection	S355	1,326	(217)	1.4	(0.2)
Stomach pain, cramps and spasms	S545	1,231	(185)	1.3	(0.1)
Well-baby examination	X105	1,198	(203)	1.2	(0.2)
Headache, pain in head	S210	1,091	(159)	1.1	(0.1)
Low back symptoms	S910	*1,078	(453)	*1.1	(0.5)
Hypertension	D510	1,078	(242)	1.1	(0.2)
Skin rash	S860	1,053	(181)	1.1	(0.2)
Gynecological examination	X225	1,032	(155)	1.1	(0.1)
All other reasons	...	53,115	(5,265)	55.3	(1.5)

...Category not applicable.

*Figure does not meet standards of reliablity or precision.

[1] Based on *A Reason for Visit Classification* (RVC) defined in the 2009 National Hospital Ambulatory Medical Care Survey Public Use Data File Documentation (ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf). Reason for visit is defined by the patient.

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

Table 8. Provider-assessed major reason for outpatient department visits, by selected patient and visit characteristics: United States, 2009

Patient and visit characteristics	Total number of visits in thousands	Total Percent	New problem	Chronic problem, routine	Chronic problem, flare-up	Pre- or post-surgery, or injury followup	Preventive care[1]	Unknown or blank
				Percent distribution (Standard error of percent)				
All visits	96,132	100.0	34.6 (2.1)	32.1 (1.8)	6.7 (0.6)	4.9 (0.5)	20.1 (1.4)	1.6 (0.2)
Age								
Under 15 years	19,014	100.0	47.4 (4.0)	20.9 (3.8)	4.0 (0.9)	*2.6 (0.8)	23.7 (2.4)	1.3 (0.3)
Under 1 year	3,186	100.0	38.7 (4.1)	9.7 (2.4)	* ...	*2.9 (1.9)	46.1 (4.2)	* ...
1-4 years	5,403	100.0	50.9 (3.9)	14.5 (3.1)	*3.5 (1.2)	3.1 (0.9)	27.3 (3.3)	* ...
5-14 years	10,425	100.0	48.2 (4.9)	27.7 (5.1)	5.0 (0.9)	2.3 (0.6)	15.0 (2.0)	1.7 (0.5)
15-24 years	10,628	100.0	40.0 (3.3)	20.1 (3.2)	5.3 (0.8)	3.4 (0.6)	29.3 (2.6)	2.0 (0.4)
25-44 years	22,311	100.0	37.4 (2.3)	23.4 (1.9)	6.6 (0.9)	5.1 (0.7)	26.1 (2.2)	1.3 (0.3)
45-64 years	29,083	100.0	27.4 (1.5)	42.7 (2.1)	8.2 (0.8)	6.2 (0.7)	13.7 (1.6)	1.7 (0.3)
65 years and over	15,096	100.0	24.3 (1.8)	46.8 (2.3)	8.4 (1.2)	6.0 (1.0)	12.5 (1.8)	2.0 (0.5)
65-74 years	8,036	100.0	23.2 (1.8)	46.7 (2.5)	8.6 (1.2)	6.6 (1.0)	13.0 (2.0)	1.8 (0.5)
75 years and over	7,060	100.0	25.4 (2.5)	46.9 (3.1)	8.1 (1.7)	5.3 (1.4)	12.0 (2.0)	*2.3 (0.8)
Sex								
Female	58,087	100.0	34.2 (2.0)	28.9 (1.8)	6.1 (0.6)	4.9 (0.5)	24.3 (1.7)	1.5 (0.3)
Male	38,045	100.0	35.2 (2.3)	36.9 (2.1)	7.6 (0.8)	4.9 (0.6)	13.7 (1.3)	1.8 (0.3)
Race[2]								
White	69,900	100.0	37.3 (2.3)	32.3 (2.1)	6.7 (0.6)	4.9 (0.6)	17.3 (1.3)	1.5 (0.2)
Black or African American	22,068	100.0	26.4 (2.1)	31.9 (2.4)	7.0 (0.9)	4.9 (0.5)	28.1 (2.9)	1.8 (0.4)
Other[3]	4,164	100.0	33.0 (6.8)	29.8 (4.6)	5.6 (1.2)	4.5 (1.1)	24.3 (2.7)	*2.7 (0.9)
Ethnicity[2]								
Hispanic or Latino	13,338	100.0	29.9 (2.6)	27.5 (2.7)	5.4 (0.8)	5.4 (0.9)	29.5 (3.4)	2.2 (0.5)
Not Hispanic or Latino	82,795	100.0	35.4 (2.1)	32.8 (1.9)	6.9 (0.6)	4.8 (0.5)	18.6 (1.4)	1.5 (0.2)
Expected source(s) of payment[4]								
Private insurance	41,486	100.0	38.1 (2.6)	32.2 (2.6)	6.2 (0.8)	5.0 (0.6)	16.9 (1.3)	1.5 (0.3)
Medicaid or CHIP[5]	28,216	100.0	32.9 (2.5)	28.7 (2.2)	6.7 (0.7)	3.8 (0.5)	26.6 (2.3)	1.3 (0.2)
Medicare	17,819	100.0	23.6 (1.9)	48.3 (2.5)	7.6 (1.3)	5.7 (1.0)	13.2 (2.1)	1.6 (0.4)
Medicare and Medicaid[6]	3,058	100.0	19.2 (2.2)	54.7 (4.5)	6.8 (1.5)	*4.2 (1.4)	*14.5 (4.4)	* ...
No insurance[7]	10,898	100.0	33.9 (3.3)	28.0 (2.3)	6.7 (0.9)	7.2 (0.8)	22.7 (2.8)	1.5 (0.3)
Other[8]	7,390	100.0	35.5 (4.9)	29.3 (3.0)	7.4 (0.9)	5.0 (1.0)	22.2 (4.0)	*0.6 (0.2)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

[1] Preventive care include routine prenatal, general medical, well-baby, screening, and insurance examinations (see question 4c in patient record form).

[2] The race groups, White, Black or African American, and Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. For 2009, race data were missing for 10.4 percent of visits, and ethnicity data were missing for 15.2 percent of visits. Starting with 2009 data, National Center for Health Statistics has adopted the technique of model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NHAMCS Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf.

[3] Other race includes the categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

[4] 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.

[5] CHIP is the Children's Health Insurance Program.

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

[7] "No insurance" is defined as having only self-pay, no charge or charity as payment sources.

[8] Other includes worker's compensation, unknown or blank, and sources not classified elsewhere.

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

Table 9. Preventive care outpatient department visits, by selected patient and visit characteristics: United States, 2009

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[1,2] (Standard error of rate)	
All preventive care visits[2]	19,328	(2,460)	100.0	...	6.4	(0.8)
Age						
Under 15 years	4,514	(698)	23.4	(2.9)	7.3	(1.1)
Under 1 year	1,470	(245)	7.6	(1.1)	34.5	(5.7)
1-4 years	1,475	(264)	7.6	(1.2)	8.7	(1.6)
5-14 years	1,569	(264)	8.1	(1.1)	3.9	(0.7)
15-24 years	3,114	(413)	16.1	(1.0)	7.4	(1.0)
25-44 years	5,818	(877)	30.1	(1.9)	7.2	(1.1)
45-64 years	3,991	(737)	20.6	(2.3)	5.1	(0.9)
65 years and over	1,892	(377)	9.8	(1.3)	5.0	(1.0)
Sex and age						
Female	14,110	(1,890)	73.0	(2.1)	9.2	(1.2)
Under 15 years	2,298	(344)	11.9	(1.4)	7.6	(1.1)
15-24 years	2,794	(393)	14.5	(1.0)	13.4	(1.9)
25-44 years	5,107	(769)	26.4	(1.9)	12.5	(1.9)
45-64 years	2,664	(547)	13.8	(1.9)	6.6	(1.4)
65 years and over	1,248	(266)	6.5	(0.9)	5.8	(1.2)
Male	5,218	(731)	27.0	(2.1)	3.5	(0.5)
Under 15 years	2,216	(374)	11.5	(1.6)	7.0	(1.2)
15-24 years	320	(71)	1.7	(0.4)	1.5	(0.3)
25-44 years	711	(190)	3.7	(0.8)	1.8	(0.5)
45-64 years	1,327	(255)	6.9	(0.9)	3.5	(0.7)
65 years and over	645	(151)	3.3	(0.6)	3.9	(0.9)
Race[3]						
White	12,123	(1,568)	62.7	(4.6)	5.0	(0.7)
Black or African American	6,192	(1,385)	32.0	(4.9)	16.2	(3.6)
Other[4]	1,013	(205)	5.2	(0.9)	4.4	(0.9)
Ethnicity[3]						
Hispanic or Latino	3,938	(767)	20.4	(3.1)	8.2	(1.6)
Not Hispanic or Latino	15,391	(2,082)	79.6	(3.1)	6.1	(0.8)
Expected source(s) of payment[5]						
Medicaid or CHIP[6]	7,507	(1,124)	38.8	(2.6)	20.3	(3.0)
Private insurance	6,990	(1,026)	36.2	(4.2)	0.4	(0.1)
Medicare	2,349	(492)	12.2	(1.6)	5.7	(1.2)
No insurance[7]	2,474	(708)	12.8	(2.9)	5.6	(1.6)
Other[8]	*1,639	(535)	*8.5	(2.5)	...	...

...Category not applicable.

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

[2] Preventive care includes visits for routine prenatal, general medical, well-baby, screening, and insurance examinations (see question 4c in Patient Record form).

[3] The race groups, White, Black or African American, and Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. For 2009, race data were missing for 10.4 percent of visits, and ethnicity data were missing for 15.2 percent of visits. Starting with 2009 data, National Center for Health Statistics has adopted the technique of model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NHAMCS Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf.

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

[5] 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.

[6] CHIP is the Children's Health Insurance Program.

[7] "No insurance" is defined as having only self-pay, no charge or charity as payment sources.
The visit rate was calculated using "uninsured" as the denominator from the 2009 estimates of health insurance coverage from the National Health Interview Survey.

[8] Other includes worker's compensation, unknown or blank, and sources not classified elsewhere.

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

Table 10. Primary diagnosis at outpatient department visits, by major disease category: United States, 2009

Major disease category and ICD-9-CM code range[1]		Number of visits in thousands (Standard error in thousands)		Percent distribution (Standard error of percent)	
All visits	....	96,132	(9,381)	100.0	...
Infectious and parasitic diseases	001-139	4,163	(871)	4.3	(0.9)
Neoplasms	140-239	5,424	(1,177)	5.6	(1.1)
Endocrine, nutritional, metabolic diseases, and immunity disorders	240-279	5,317	(650)	5.5	(0.5)
Mental disorders	290-319	6,590	(949)	6.9	(1.0)
Diseases of the nervous system and sense organs	320-389	5,836	(799)	6.1	(0.5)
Diseases of the circulatory system	390-459	7,154	(1,241)	7.4	(0.9)
Diseases of the respiratory system	460-519	9,016	(1,128)	9.4	(0.8)
Diseases of the digestive system	520-579	3,373	(562)	3.5	(0.4)
Diseases of the genitourinary system	580-629	3,606	(442)	3.8	(0.3)
Diseases of the skin and subcutaneous tissue	680-709	3,645	(650)	3.8	(0.5)
Diseases of the musculoskeletal system and connective tissue	710-739	8,622	(1,754)	9.0	(1.5)
Symptoms, signs, and ill-defined conditions	780-799	5,723	(745)	6.0	(0.4)
Injury and poisoning	800-999	5,350	(714)	5.6	(0.5)
Supplementary classification[2]	V01-V89	17,885	(1,977)	18.6	(1.0)
All other diagnoses[3]	....	3,632	(583)	3.8	(0.4)
Blank	....	794	(200)	0.8	(0.2)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

[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 Medicare and Medicaid Services. Official version International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No. (PHS) 06-1260).

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

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

Table 11. Twenty leading primary diagnosis groups for outpatient department visits: United States, 2009

Primary diagnosis group and ICD-9-CM code(s)[1]		Number of visits in thousands (Standard error in thousands)		Percent distribution (Standard error of percent)	
All visits		96,132	(9,381)	100.0	...
Malignant neoplasms	140-208,209-209.36,209.7-209.79,230-234	4,611	(1,100)	4.8	(1.1)
Essential hypertension	401	4,182	(825)	4.4	(0.6)
Spinal disorders	720-724	3,405	(1,016)	3.5	(1.0)
Arthropathies and related disorders	710-719	3,070	(673)	3.2	(0.6)
Routine infant or child health check	V20.2-V20.32	3,060	(526)	3.2	(0.5)
Diabetes mellitus	249-250	2,982	(419)	3.1	(0.4)
Acute upper respiratory infections, excluding pharyngitis	460-461,463-466	2,947	(449)	3.1	(0.4)
Normal pregnancy[2]	V22	1,976	(342)	2.1	(0.3)
Psychoses, excluding major depressive disorder	290-295,296.0-296.1,296.4-299	1,729	(340)	1.8	(0.3)
Rheumatism, excluding back	725-729	1,662	(334)	1.7	(0.3)
Specific procedures and aftercare	V50-V59.9	1,632	(257)	1.7	(0.2)
Otitis media and eustachian tube disorders	381-382	1,553	(275)	1.6	(0.2)
Complications of pregnancy, childbirth, and the puerperium[3]	630-679.99	1,474	(389)	1.5	(0.3)
General medical examination	V70	1,415	(260)	1.5	(0.2)
Human Immunodeficiency virus syndrome (HIV)	042	*1,317	(753)	*1.4	(0.8)
Heart disease, excluding ischemic	391-392.0,393-398,402,404,415-416,420-429	*1,283	(441)	*1.3	(0.4)
Gynecological examination	V72.3	1,260	(215)	1.3	(0.2)
Follow up examination	V67	1,203	(262)	1.3	(0.2)
Asthma	493	1,174	(209)	1.2	(0.2)
Chronic sinusitis	473	965	(207)	1.0	(0.2)
All other diagnoses[4]		53,232	(5,402)	55.4	(1.4)

...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 Medicare and Medicaid Services. Official version International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No. (PHS) 06-1260). However, certain codes have been combined in this table to better describe the utilization of ambulatory care services.

[2] Among visits by female patients, 3.4% (S.E.=0.5) were for normal pregnancy.

[3] Among visits by female patients, 2.5% (S.E.=0.6) were for complications of pregnancy, childbirth, and the puerperium.

[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.

Table 12. Injury-related outpatient department visits, by selected patient characteristics: United States, 2009

Patient characteristic	Number of visits in thousands (Standard error in thousands)		Percent distribution (Standard error of percent)		Number of visits per 100 persons per year[1] (Standard error of rate)	
All injury-related visits[2]	12,458	(1,495)	100.0	...	4.1	(0.5)
Age						
Under 15 years	1,936	(347)	15.5	(2.1)	3.1	(0.6)
Under 1 year	118	(31)	0.9	(0.2)	2.8	(0.7)
1-4 years	498	(84)	4.0	(0.6)	2.9	(0.5)
5-14 years	1,320	(291)	10.6	(1.8)	3.3	(0.7)
15-24 years	1,785	(281)	14.3	(1.1)	4.2	(0.7)
25-44 years	3,469	(505)	27.8	(1.9)	4.3	(0.6)
45-64 years	3,468	(406)	27.8	(1.8)	4.4	(0.5)
65 years and over	1,799	(286)	14.4	(1.5)	4.7	(0.8)
65-74 years	913	(169)	7.3	(0.9)	4.4	(0.8)
75 years and over	887	(139)	7.1	(0.8)	5.1	(0.8)
Sex and age						
Female	6,087	(757)	48.9	(1.6)	4.0	(0.5)
Under 15 years	784	(141)	6.3	(1.0)	2.6	(0.5)
15-24 years	786	(158)	6.3	(0.8)	3.8	(0.8)
25-44 years	1,695	(259)	13.6	(1.1)	4.2	(0.6)
45-64 years	1,733	(219)	13.9	(1.1)	4.3	(0.5)
65-74 years	509	(110)	4.1	(0.7)	4.6	(1.0)
75 years and over	580	(108)	4.7	(0.8)	5.5	(1.0)
Male	6,370	(787)	51.1	(1.6)	4.3	(0.5)
Under 15 years	1,152	(227)	9.3	(1.3)	3.6	(0.7)
15-24 years	999	(167)	8.0	(1.0)	4.7	(0.8)
25-44 years	1,774	(276)	14.2	(1.3)	4.4	(0.7)
45-64 years	1,735	(221)	13.9	(1.2)	4.5	(0.6)
65-74 years	404	(90)	3.2	(0.6)	4.3	(0.9)
75 years and over	306	(61)	2.5	(0.4)	4.4	(0.9)
Race[3]						
White	9,972	(1,334)	80.0	(2.7)	4.1	(0.6)
Black or African American	2,154	(360)	17.3	(2.6)	5.6	(0.9)
Other[4]	332	(70)	2.7	(0.5)	1.5	(0.3)

Ethnicity[3]

Hispanic or Latino	1,241	(183)	10.0	(1.4)	2.6	(0.4)
Not Hispanic or Latino	11,217	(1,417)	90.0	(1.4)	4.4	(0.6)

[*]Figure does not meet standards of reliability or precision.

...Category not applicable.

[1] Visits rates for age, sex, race, and ethnicity are based on the July 1, 2009 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

[2] Injury-related visits included injury, poisoning, or adverse effects of medical treatment based on item 2 of the patient record form. Injury visits represent 13.0 percent (SE= 0.9) of all outpatient department visits.

[3] The race groups, White, Black or African American, and Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. For 2009, race data were missing for 10.4 percent of visits, and ethnicity data were missing for 15.2 percent of visits. Starting with 2009 data, National Center for Health Statistics has adopted the technique of model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NHAMCS Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf.

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

NOTE: Numbers may not add to totals due to rounding.

Table 13. Injury-related outpatient department visits by intent: United States, 2009

Intent	Number of visits in thousands (Standard error in thousands)		Percent distribution (Standard error of percent)	
All injury-related visits	12,458	(1,495)	100.0	...
Unintentional injuries	7,971	(1,221)	64.0	(3.3)
Adverse effect of medical treatment[1]	1,256	(198)	10.1	(1.2)
Intentional injuries[2]	*420	(154)	*3.4	(1.4)
Injuries of undetermined intent	2,811	(361)	22.6	(2.5)

*Figure does not meet standards of reliability or precision.

...Category not applicable.

[1] Category includes medical and surgical complications and adverse drug effects.

[2] Category includes assault, self-inflicted, and other causes of violence.

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

Table 14. Presence of selected chronic conditions at outpatient department visits, by patient age and sex: United States, 2009

Chronic conditions[1]	Total		Age								Sex			
			Under 45 years		45-64 years		65-74 years		75 years and over		Female		Male	
						Number of visits in thousands (Standard error in thousands)								
All visits	96,132	(9,381)	51,953	(5,372)	29,083	(3,264)	8,036	(970)	7,060	(945)	58,087	(5,853)	38,045	(3,681)
						Percent distribution (Standard error of percent)								
All visits	100.0	...	100.0	...	100.0	...	100.0	...	100.0	...	100.0	...	100.0	...
None	43.3	(2.0)	63.5	(1.6)	23.1	(2.0)	13.6	(2.2)	11.2	(1.6)	42.4	(1.8)	44.6	(2.5)
One or more chronic conditions	54.5	(2.0)	33.9	(1.6)	75.3	(2.1)	84.8	(2.4)	86.8	(1.7)	55.4	(1.8)	53.3	(2.5)
One	26.8	(1.1)	24.7	(1.3)	31.8	(1.4)	24.7	(2.0)	23.6	(2.0)	26.6	(1.1)	27.0	(1.3)
Two	13.4	(0.8)	6.2	(0.4)	21.0	(1.1)	22.8	(1.6)	23.7	(1.5)	13.4	(0.7)	13.4	(1.0)
Three or more	14.4	(1.2)	2.9	(0.4)	22.4	(1.6)	37.3	(2.8)	39.5	(2.7)	15.4	(1.2)	12.9	(1.2)
Blank	2.2	(0.4)	2.6	(0.4)	1.7	(0.5)	*1.5	(0.5)	*2.0	(0.6)	2.2	(0.5)	2.1	(0.3)
						Percent of visits (Standard error of percent)								
Hypertension	24.8	(2.0)	6.9	(0.8)	39.9	(3.3)	54.4	(3.0)	60.5	(2.7)	24.7	(2.0)	25.0	(2.2)
Hyperlipidemia	12.7	(1.2)	2.5	(0.4)	20.1	(1.8)	35.8	(2.9)	30.7	(2.5)	12.4	(1.1)	13.1	(1.5)
Diabetes	12.6	(0.9)	5.5	(1.0)	18.5	(1.6)	26.2	(2.1)	24.9	(2.2)	13.1	(0.9)	11.8	(1.1)
Depression	11.3	(0.8)	8.7	(0.8)	17.1	(1.2)	9.8	(1.2)	8.1	(1.0)	13.2	(1.0)	8.5	(0.7)
Arthritis	9.9	(1.2)	3.9	(0.6)	14.3	(1.6)	21.4	(2.4)	23.0	(2.5)	10.6	(1.2)	9.0	(1.2)
Asthma	8.2	(0.5)	8.9	(0.6)	7.9	(0.6)	7.0	(1.3)	5.4	(0.9)	8.9	(0.7)	7.0	(0.5)
Obesity	7.6	(0.7)	6.1	(0.7)	11.0	(1.0)	8.5	(1.4)	3.1	(0.8)	9.4	(0.9)	4.8	(0.5)
Cancer	7.4	(1.3)	2.2	(0.6)	11.9	(2.2)	16.0	(2.8)	17.0	(2.8)	6.9	(1.1)	8.2	(1.5)
COPD[2]	3.2	(0.3)	1.2	(0.2)	4.7	(0.6)	6.5	(1.0)	8.9	(1.1)	2.9	(0.3)	3.7	(0.4)
CHF[3]	2.0	(0.3)	*0.2	(0.1)	2.8	(0.4)	5.1	(1.1)	8.4	(0.9)	1.6	(0.2)	2.6	(0.4)
Ischemic heart disease	2.0	(0.3)	*0.3	(0.1)	2.3	(0.5)	6.2	(1.1)	8.2	(1.3)	1.4	(0.3)	2.8	(0.5)
Osteoporosis	1.9	(0.2)	*	...	2.4	(0.4)	5.7	(0.9)	8.4	(1.1)	2.8	(0.3)	0.5	(0.1)
Chronic renal failure	1.3	(0.2)	0.3	(0.1)	1.9	(0.4)	3.2	(0.7)	4.2	(0.8)	0.9	(0.2)	1.9	(0.3)
Cerebrovascular disease	1.2	(0.2)	0.2	(0.1)	1.6	(0.2)	2.7	(0.6)	4.5	(1.0)	1.0	(0.2)	1.4	(0.2)

...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 conditions and percent of visits exceeds 100% because more than one chronic condition may be reported per visit.

[2] COPD is chronic obstructive pulmonary disease.

[3] CHF is congestive heart failure.

Table 15. Selected diagnostic, screening, and non-medication treatment services ordered or provided at outpatient department visits by patient sex: United States, 2009

Selected diagnostic, screening, and non-medication treatment services ordered or provided	Number of visits in thousands[1] (Standard error in thousands)		Percent of visits (Standard error of percent)		Female[2] Percent of visits (Standard error of percent)		Male[3] Percent of visits (Standard error of percent)	
All visits	96,132	(9,381)	...	...	...	...	...	...
One or more services ordered or provided[4]	92,418	(9,042)	96.1	(0.6)	96.5	(0.6)	95.6	(0.8)
None	3,714	(699)	3.9	(0.6)	3.5	(0.6)	4.4	(0.8)
Examinations								
Skin	16,586	(2,581)	17.3	(1.9)	16.8	(1.9)	18.0	(2.1)
Pelvic	5,284	(1,024)	5.5	(0.8)	9.1	(1.3)	...	...
Breast	4,457	(766)	4.6	(0.6)	6.6	(0.7)	*1.7	(0.9)
Foot	2,772	(431)	2.9	(0.3)	2.7	(0.3)	3.1	(0.4)
Retinal	*2,631	(816)	*2.7	(0.8)	*2.5	(0.7)	*3.2	(1.0)
Rectal	2,025	(510)	2.1	(0.5)	1.9	(0.4)	2.4	(0.6)
Depression screening	1,632	(447)	1.7	(0.4)	1.8	(0.5)	*1.6	(0.5)
Vital signs								
Weight	71,504	(7,495)	74.4	(1.8)	74.9	(1.9)	73.6	(2.2)
Blood pressure	63,266	(6,988)	65.8	(2.6)	68.5	(2.5)	61.8	(3.0)
Temperature	48,437	(5,754)	50.4	(3.3)	49.6	(3.3)	51.6	(3.4)
Height	46,529	(5,759)	48.4	(3.4)	49.2	(3.3)	47.1	(3.9)
Blood tests								
Complete blood count (CBC)	12,090	(1,338)	12.6	(0.9)	12.6	(0.9)	12.5	(1.0)
Glucose	6,363	(891)	6.6	(0.7)	6.7	(0.8)	6.4	(0.8)
Lipids or cholesterol	6,058	(981)	6.3	(0.7)	6.0	(0.7)	6.7	(0.8)
Glycohemoglobin (HgbA1C)	4,315	(802)	4.5	(0.7)	4.5	(0.7)	4.5	(0.8)
Prostate specific antigen (PSA)	1,191	(299)	1.2	(0.3)	...	...	3.1	(0.7)
Other blood test	14,417	(1,618)	15.0	(1.1)	14.7	(1.1)	15.5	(1.4)
Other tests								
Urinalysis(UA)	7,655	(1,100)	8.0	(0.8)	10.0	(1.2)	4.9	(0.6)
Pap test	2,824	(464)	2.9	(0.4)	4.9	(0.6)	...	...
Liquid-based	1,551	(393)	1.6	(0.3)	2.7	(0.6)	...	...
Conventional	757	(189)	0.8	(0.2)	1.3	(0.3)	...	...
Unspecified	517	(132)	0.5	(0.1)	0.9	(0.2)	...	...
Electrocardiogram (EKG or ECG)	1,470	(261)	1.5	(0.2)	1.3	(0.2)	2.0	(0.3)
Chlamydia test	1,298	(310)	1.4	(0.3)	1.8	(0.4)	*0.7	(0.3)
Pregnancy test	1,262	(338)	1.3	(0.3)	2.2	(0.5)	...	...
Biopsy	1,118	(243)	1.2	(0.2)	1.1	(0.2)	1.2	(0.3)
HIV test[5]	*1,055	(341)	*1.1	(0.3)	*1.2	(0.3)	*1.0	(0.4)
Sigmoidoscopy or colonoscopy	1,030	(240)	1.1	(0.2)	1.1	(0.2)	*1.0	(0.3)
HPV DNA test/6	*229	(77)	*0.2	(0.1)	*0.4	(0.1)	*	...
Imaging								
Any imaging	16,706	(2,117)	17.4	(1.0)	19.1	(1.1)	14.7	(1.1)
X-ray	7,507	(1,078)	7.8	(0.7)	7.4	(0.8)	8.5	(0.8)
Ultrasound, excluding echocardiogram	3,125	(510)	3.3	(0.4)	4.6	(0.5)	1.2	(0.2)
Computed tomography (CT) scan	2,355	(477)	2.4	(0.4)	2.2	(0.3)	2.9	(0.7)

Mammography	2,252	(490)	2.3	(0.4)	3.9	(0.6)	...	...
Magnetic resonance imaging (MRI)	1,818	(327)	1.9	(0.3)	1.6	(0.3)	2.4	(0.4)
Echocardiogram	909	(171)	0.9	(0.2)	0.9	(0.2)	1.0	(0.2)
Bone mineral density	356	(90)	0.4	(0.1)	0.6	(0.1)	*	...
Other imaging	1,148	(254)	1.2	(0.2)	1.3	(0.3)	1.0	(0.2)
Non-medication treatment								
Wound care	3,399	(475)	3.5	(0.4)	2.8	(0.3)	4.7	(0.6)
Other mental health counseling	3,185	(568)	3.3	(0.5)	3.0	(0.5)	3.8	(0.6)
Psychotherapy	3,179	(495)	3.3	(0.5)	3.2	(0.6)	3.5	(0.5)
Physical therapy	2,447	(696)	2.5	(0.7)	2.6	(0.6)	*2.5	(0.7)
Excision of tissue	1,606	(293)	1.7	(0.2)	1.5	(0.2)	1.9	(0.4)
Splint or wrap	1,243	(324)	1.3	(0.3)	1.1	(0.3)	1.6	(0.4)
Durable medical equipment	1,023	(205)	1.1	(0.2)	0.9	(0.2)	1.3	(0.2)
Complementary alternative medicine	*424	(148)	*0.4	(0.1)	*0.4	(0.1)	*0.5	(0.2)
Speech or occupational therapy	355	(84)	0.4	(0.1)	0.4	(0.1)	0.4	(0.1)
Cast	346	(75)	0.4	(0.1)	0.3	(0.1)	0.4	(0.1)
Home health care	296	(65)	0.3	(0.1)	0.3	(0.1)	*0.3	(0.1)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

[1] Combined total of diagnostic, screening, and non-medication treatment services exceeds "All visits" and percent of visits exceeds 100% because more than one service may be reported per visit.

[2] Based on 58,087,000 visits made by females.

[3] Based on 38,045,000 visits made by males.

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

[5] HIV is human immunodeficiency virus.

[6] HPV is human papillomavirus. DNA is deoxyribonucleic acid.

Table 16. Initial blood pressure measurements recorded at general medicine and obstetrics/gynecology clinic visits by adults 18 years and over, by selected patient characteristics: United States, 2009

Patient characteristic	Number of visits in thousands	Total	Initial blood pressure[1]							
			Normal or low		Mildly high		Moderately high		Severely high	
			Percent distribution (Standard error of percent)							
All visits[2]	47,036	100.0	32.0	(1.7)	41.4	(1.1)	20.0	(0.9)	6.6	(0.6)
Age										
18-24 years	4,840	100.0	55.8	(2.5)	34.6	(2.0)	8.5	(1.2)	*	...
25-44 years	14,877	100.0	41.8	(2.4)	39.1	(1.8)	15.3	(1.1)	3.9	(0.6)
45-64 years	18,091	100.0	24.1	(1.9)	44.0	(1.4)	24.0	(1.2)	7.8	(1.2)
65-74 years	4,825	100.0	17.9	(1.8)	47.6	(2.0)	26.0	(2.1)	8.5	(1.2)
75 years and over	4,403	100.0	20.2	(2.6)	38.9	(2.9)	26.1	(2.2)	14.9	(1.8)
Sex										
Female	31,184	100.0	36.7	(1.9)	39.6	(1.1)	17.6	(1.0)	6.0	(0.8)
Male	15,852	100.0	22.6	(1.5)	44.8	(1.7)	24.8	(1.2)	7.9	(0.9)
Race[3]										
White	33,244	100.0	32.7	(1.5)	43.0	(1.3)	18.7	(1.0)	5.6	(0.4)
Black	11,929	100.0	28.8	(2.9)	37.4	(1.6)	24.0	(2.0)	9.9	(1.8)
Other[4]	1,863	100.0	39.8	(4.1)	37.4	(3.0)	17.9	(2.6)	4.9	(1.4)
Ethnicity[3]										
Hispanic or Latino	6,390	100.0	43.2	(4.0)	37.4	(2.4)	15.3	(2.2)	4.2	(0.7)
Not Hispanic or Latino	40,646	100.0	30.2	(1.7)	42.0	(1.1)	20.8	(0.9)	7.0	(0.7)

…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. Normal or low BP is defined as less than 120 mm Hg systolic or less than 80 mm Hg diastolic. In contrast to prior years, low BP has been combined with normal BP in 2009 because there is no accepted clinical demarcation between normal and low on the population level. High BP classification was based on the 'Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC-7)." 'Mildly high' BP corresponds to the JNC-7 prehypertensive range. 'Moderately high' BP corresponds to the JNC-7 stage 1 hypertensive range. 'Severely high' BP corresponds to the JNC-7 stage 2 hypertensive range.

[2] Visits where blood pressure was recorded represent 86.0 percent (SE=2.0) of all visits made to general medicine and obstetrics/gynecology clinics by adults (18+ years of age).

[3] The race groups, White, Black or African American, and Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. For 2009, race data were missing for 10.4 percent of visits, and ethnicity data were missing for 15.2 percent of visits. Starting with 2009 data, National Center for Health Statistics has adopted the technique of model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NHAMCS Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf.

[4] Other race includes the categories of Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.
NOTE: Numbers may not add to totals because of rounding.

Table 17. Selected health education services ordered or provided at outpatient department visits: United States, 2009

Selected health education services ordered or provided	Number of visits in thousands[1] (Standard error in thousands)		Percent of visits (Standard error of percent)	
All visits	96,132	(9,381)	...	...
One or more health education services listed	44,016	(5,669)	45.8	(3.0)
None	50,065	(5,071)	52.1	(2.9)
Blank	2,052	(501)	2.1	(0.5)
Diet/nutrition	11,359	(1,686)	11.8	(1.1)
Exercise	7,114	(1,407)	7.4	(1.1)
Injury prevention	3,902	(1,062)	4.1	(0.9)
Tobacco use/Exposure	3,286	(631)	3.4	(0.5)
Stress management	2,705	(705)	2.8	(0.7)
Weight reduction	2,689	(437)	2.8	(0.3)
Growth/Development	2,662	(576)	2.8	(0.5)
Family planning/Contraception	1,502	(279)	1.6	(0.2)
Asthma education	1,251	(220)	1.3	(0.2)
Other health education	30,459	(4,764)	31.7	(3.3)

...Category not applicable.

[1] Combined total of individual health education services exceeds "all visits" and percent of visits exceeds 100% because more than one service may be reported per visit.

Table 18. Medication therapy and number of medications mentioned at outpatient department visits: United States, 2009

Medication therapy[1]	Number of visits in thousands (Standard error in thousands)		Percent distribution (Standard error of percent)	
All visits	96,132	(9,381)	100.0	...
Visits with mention of medication[2]	72,572	(7,712)	75.5	(1.8)
Visits without mention of medication	23,561	(2,530)	24.5	(1.8)
Number of medications mentioned				
All visits	96,132	(9,381)	100.0	...
0	23,561	(2,530)	24.5	(1.8)
1	19,938	(2,061)	20.7	(0.8)
2	13,842	(1,481)	14.4	(0.7)
3	10,038	(1,132)	10.4	(0.5)
4	6,321	(707)	6.6	(0.3)
5	5,163	(693)	5.4	(0.4)
6	4,160	(604)	4.3	(0.4)
7	3,648	(625)	3.8	(0.4)
8	9,462	(1,462)	9.8	(1.1)

...Category not applicable.

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

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

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

Table 19. Outpatient department (OPD) drug visits and drug mentions, by type of clinic: United States, 2009

Clinic type	Drug visits[1]				Drug mentions[2]				Percent of OPD visits with drug mentions[3] (Standard error of percent)		Drug mention rates[4] (Standard error of rate)	
	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)					
All visits	72,572	(7,712)	100.0	...	255,022	(30,557)	100.0	...	75.5	(1.8)	265.3	(13.6)
General medicine[5]	46,031	(5,335)	63.4	(3.1)	173,006	(21,568)	67.8	(3.2)	83.8	(1.5)	315.0	(13.6)
Pediatrics	8,427	(1,747)	11.6	(2.2)	21,618	(5,104)	8.5	(1.9)	75.3	(2.8)	193.1	(16.5)
Surgery	7,257	(1,482)	10.0	(1.6)	30,535	(7,841)	12.0	(2.3)	56.8	(5.5)	239.2	(36.9)
Obstetrics and gynecology	4,898	(840)	6.7	(0.9)	10,491	(1,864)	4.1	(0.5)	59.7	(4.1)	127.9	(12.7)
Substance abuse and other[6]	5,959	(1,195)	8.2	(1.4)	19,372	(3,761)	7.6	(1.2)	65.9	(5.5)	214.4	(26.6)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

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

[2] A drug mention is documentation in a patient's record of a drug provided, prescribed or continued at a visit (up to eight per visit).

[3] Percent of visits that included one or more drugs provided or prescribed (number of drug visits divided by the number of clinic visits multiplied by 100).

[4] Average number of drugs that were provided or prescribed per 100 visits to each clinic (number of drug mentions divided by the total number of visits multiplied by 100).

[5] General medicine clinics include family practice, primary care clinics, and internal medicine.

[6] Other includes psychiatric, mental health, and miscellaneous specialty clinics.

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

Table 20. Twenty most frequently mentioned drugs by therapeutic drug categories at outpatient department visits: United States, 2009

Therapeutic drug category[1]	Number of occurrences in thousands (Standard error in thousands)		Percent of drug mentions[2] (Standard error of percent)	
Analgesics[3]	32,498	(4,128)	12.7	(0.5)
Antidepressants	11,736	(1,800)	4.6	(0.3)
Antidiabetic agents	10,956	(1,652)	4.3	(0.5)
Antihyperlipidemic agents	10,615	(1,556)	4.2	(0.3)
Anxiolytics, sedatives, and hypnotics	9,086	(1,174)	3.6	(0.2)
Bronchodilators	8,644	(1,160)	3.4	(0.2)
Anticonvulsants	8,456	(1,087)	3.3	(0.3)
Beta-adrenergic blocking agents	7,941	(1,208)	3.1	(0.2)
Dermatological agents	7,550	(1,189)	3.0	(0.3)
Diuretics	7,360	(1,306)	2.9	(0.3)
Antiplatelet agents	7,337	(1,145)	2.9	(0.2)
Proton pump inhibitors	7,289	(1,177)	2.9	(0.2)
Angiotensin converting enzyme inhibitors	6,833	(1,106)	2.7	(0.2)
Antihistamines	6,770	(928)	2.7	(0.2)
Antiemetic/antivertigo agents	5,714	(866)	2.2	(0.3)
Viral vaccines	5,365	(955)	2.1	(0.4)
Adrenal cortical steroids	5,039	(706)	2.0	(0.2)
Calcium channel blocking agents	4,640	(808)	1.8	(0.2)
Penicillins	4,090	(564)	1.6	(0.2)
Sex hormones	4,009	(559)	1.6	(0.1)

[1]Based on Multum Lexicon second-level therapeutic drug category (see http:/www.multum.com/lexicon.htm.).

[2]Based on an estimated 255,022,000 drug mentions at outpatient department visits in 2009.

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

Table 21. Twenty most frequently mentioned drug names at outpatient department visits, by new or continued drug status: United States, 2009

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	255,022	(30,557)	100.0	…	100.0	25.2	(1.9)	71.6	(2.0)	3.3	(0.8)	...	
Aspirin	6,082	(961)	2.4	(0.2)	100.0	3.8	(0.8)	92.3	(1.3)	3.9	(1.1)	Analgesics, Antiplatelet agents	
Ibuprofen	5,763	(944)	2.3	(0.3)	100.0	47.3	(5.6)	49.4	(5.8)	*3.4	(1.2)	Analgesics	
Albuterol	5,415	(715)	2.1	(0.1)	100.0	21.8	(2.2)	76.7	(2.2)	*1.5	(0.6)	Bronchodilators	
Lisinopril	4,583	(761)	1.8	(0.2)	100.0	7.4	(1.5)	89.5	(1.5)	3.0	(0.7)	Angiotensin converting enzyme inhibitors	
Acetaminophen	4,519	(698)	1.8	(0.2)	100.0	46.6	(4.3)	50.6	(4.5)	2.8	(0.8)	Analgesics	
Hydrochlorothiazide	3,805	(857)	1.5	(0.2)	100.0	5.5	(1.4)	92.0	(1.3)	*2.5	(0.8)	Diuretics	
Metoprolol	3,728	(623)	1.5	(0.2)	100.0	4.2	(1.2)	93.1	(1.4)	*2.7	(1.1)	Beta-adrenergic blocking agents	
Simvastatin	3,716	(616)	1.5	(0.2)	100.0	5.2	(1.0)	92.0	(1.3)	*2.7	(0.9)	Antihyperlipidemic agents	
Levothyroxine	3,569	(544)	1.4	(0.1)	100.0	5.9	(1.4)	89.7	(2.0)	*4.4	(1.5)	Thyroid hormones	
Metformin	3,486	(537)	1.4	(0.1)	100.0	7.9	(1.4)	91.2	(1.4)	*0.9	(0.4)	Antidiabetic agents	
Acetaminophen-hydrocodone	3,292	(488)	1.3	(0.1)	100.0	35.6	(5.6)	62.2	(5.7)	*2.1	(1.0)	Analgesics	
Omeprazole	2,946	(500)	1.2	(0.1)	100.0	9.1	(1.9)	87.6	(2.4)	*3.4	(1.6)	Proton pump inhibitors	
Atorvastatin	2,840	(460)	1.1	(0.1)	100.0	*5.0	(2.8)	92.2	(3.0)	*2.8	(1.2)	Antihyperlipidemic agents	
Amlodipine	2,774	(516)	1.1	(0.1)	100.0	7.8	(2.2)	89.7	(2.5)	*2.5	(1.0)	Calcium channel blocking agents	
Amoxicillin	2,646	(375)	1.0	(0.1)	100.0	86.0	(2.3)	13.3	(2.3)	*0.7	(0.3)	Penicillins	
Furosemide	2,559	(417)	1.0	(0.1)	100.0	6.8	(1.9)	90.4	(2.6)	*2.8	(1.9)	Diuretics	
Azithromycin	2,375	(420)	0.9	(0.1)	100.0	83.6	(3.4)	12.3	(2.9)	*4.1	(1.6)	Macrolide derivatives	
Fluticasone nasal	2,287	(358)	0.9	(0.1)	100.0	21.9	(3.9)	76.0	(3.6)	*2.1	(1.0)	Nasal preparations	
Influenza virus vaccine, inactivated	2,264	(430)	0.9	(0.2)	100.0	89.3	(2.5)	*5.2	(1.9)	*5.5	(2.5)	Viral vaccines	
Esomeprazole	2,214	(494)	0.9	(0.1)	100.0	6.7	(1.7)	92.4	(1.6)	*0.9	(0.7)	Proton pump inhibitors	
All other	184,159	(21,941)	72.2	(0.9)	100.0	25.9	(1.9)	70.6	(1.9)	3.5	(0.9)	...	

...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 check boxes marked.

[3] Based on Multum Lexicon second-level therapeutic drug category (see http:/www.multum.com/lexicon.htm).

Table 22. Providers seen at outpatient department visits: United States, 2009

Type of provider	Number of visits in thousands[1] (Standard error in thousands)		Percent of visits (Standard error of percent)	
All visits	96,132	(9,381)	...	...
Any physician	73,480	(7,356)	76.4	(2.0)
R.N.[2] or L.P.N.[3]	48,553	(6,251)	50.5	(3.6)
Nurse practitioner/midwife	10,664	(2,021)	11.1	(1.7)
Physician assistant	5,628	(1,012)	5.9	(0.9)
Mental health provider	2,565	(671)	2.7	(0.8)
Other provider	17,481	(2,674)	18.2	(2.2)

...Category not applicable.

[1] Total exceeds "All visits" and percent of visits exceeds 100% because more than one provider may be reported per visit. The sample of visits was drawn from all scheduled visits to the clinic during a 4-week reporting period. At 22.4 percent of these visits, a physcian was not seen; instead, the patient saw another provider. In addition, at many visits, patients were seen by multiple providers, the most common being a physcian and a R.N. or L.P.N.

[2] R.N. is registered nurse.

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

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

Table 23. Disposition of outpatient department visits: United States, 2009

Disposition	Number of visits in thousands[1] (Standard error in thousands)		Percent of visits (Standard error of percent)	
All visits	96,132	(9,381)	...	...
Return at specified time	67,492	(7,240)	70.2	(2.5)
Referred to other physician	15,974	(2,421)	16.6	(1.9)
Refer to ER[2]/Admit to hospital	1,082	(182)	1.1	(0.2)
Other disposition	17,767	(2,285)	18.5	(1.7)
Blank	*3,373	(1,262)	* 3.5	(1.2)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

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

[2] ER is emergency room.