National Hospital Ambulatory Medical Care Survey: 2010 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 2010 National Hospital Ambulatory Medical Care Survey (NHAMCS). NHAMCS is an annual nationally representative sample survey of visits to emergency departments, OPDs, ambulatory surgical centers (ASCs) of nonfederal short-stay and general hospitals (starting in 2009), and freestanding ASCs (starting in 2010).

The sampling frame for the 2010 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 488 sample hospitals in the 2010 NHAMCS, 274 were in scope and had eligible OPDs. Of these, 229 OPDs participated, yielding an unweighted OPD response rate of 83.6 percent. A sample of 1,060 clinics was selected from the OPDs. Of these, 934 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 20 responded minimally by completing less than half of their expected forms. In all, 34,718 PRFs were submitted. The resulting unweighted clinic sample response was 88.1 percent, and the overall unweighted two stage sampling response rate was 73.6 percent (76.1 percent weighted). Response rates have been adjusted to exclude minimal participants.

The 2010 NHAMCS was conducted from December 28, 2009 through December 26, 2010. The U.S. Bureau of the Census was the data collection agent for the 2010 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_2010.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 0.01 percent. For items that required medical coding, discrepancy rates ranged between 0.0 and 0.1 percent. For further details, see 2010 NHAMCS Public Use Data File Documentation at the website: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc2010.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 2010 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/doc2010.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 2010, race data were missing for 14.5 percent of visits, and ethnicity data were missing for 16.2 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 2010 NHAMCS Public Use Data File Documentation at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc2010.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, 2010

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	100,742	(9,565)	100.0	...	33.2	(3.2)
Ownership						
Voluntary	73,291	(8,649)	72.8	(4.5)	24.1	(2.8)
Government	24,333	(4,871)	24.2	(4.3)	8.0	(1.6)
Proprietary	*3,118	(1,293)	*3.1	(1.3)	* 1.0	(0.4)
Geographic region						
South	29,064	(6,554)	28.8	(5.0)	53.2	(12.0)
Midwest	29,391	(4,952)	29.2	(4.2)	44.6	(7.5)
Northeast	30,292	(4,187)	30.1	(3.9)	27.0	(3.7)
West	11,995	(2,713)	11.9	(2.6)	16.9	(3.8)
Metropolitan status[4]						
MSA	84,346	(9,685)	83.7	(3.9)	32.8	(3.8)
Non-MSA	16,396	(3,894)	16.3	(3.9)	35.1	(8.3)
Teaching hospital status						
Teaching hospital	39,365	(6,927)	39.1	(5.1)	13.0	(2.3)
Non teaching hospital[5]	61,377	(6,945)	60.9	(5.1)	20.2	(2.3)
Clinic type[6]						
General medicine[7]	58,922	(6,342)	58.5	(3.1)	19.4	(2.1)
Surgery	16,015	(2,493)	15.9	(1.8)	5.3	(0.8)
Pediatrics	10,799	(1,947)	10.7	(1.6)	3.6	(0.6)
Obstetrics and gynecology	7,933	(1,428)	7.9	(1.2)	2.6	(0.5)
Other[8]	7,073	(1,015)	7.0	(0.9)	2.3	(0.3)

*Figure does not meet standards of reliability or precision.

...Category not applicable.

[1]Visit rates are based on the July 1, 2010, 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 of metropolitian statistical status are based on estimates of the civillian noninstitutional population of the United States as of July 1,2010 from the 2010 National Heath Interview Survey, National Center for Health Statistics, compiled according to December 2010 Office Management and Budeget definitions of core-based statistical areas. See http://www.census.gov/population/metro/ 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]MSA is metropolitan statistical area.

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

[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. Starting in 2009, clinics specializing in pain medicine were also excluded.

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

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

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

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 2. Outpatient department visit, by patient age and sex: United States, 2010

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 visits	100,742	(9,565)	100.0	...	33.2	(3.2)
Age						
Under 15 years	21,125	(2,934)	21.0	(2.2)	34.1	(4.7)
Under 1 year	3,131	(444)	3.1	(0.3)	75.6	(10.7)
1-4 years	6,505	(874)	6.5	(0.6)	38.0	(5.1)
5-14 years	11,489	(1,772)	11.4	(1.4)	28.2	(4.4)
15-24 years	10,537	(1,095)	10.5	(0.6)	24.9	(2.6)
25-44 years	21,409	(2,238)	21.3	(1.0)	26.6	(2.8)
45-64 years	27,739	(2,848)	27.5	(1.2)	34.7	(3.6)
65 years and over	19,932	(2,568)	19.8	(1.5)	51.2	(6.6)
65-74 years	10,675	(1,319)	10.6	(0.7)	50.4	(6.2)
75 years and over	9,257	(1,291)	9.2	(0.8)	52.2	(7.3)
Sex and age						
Female	60,022	(5,783)	59.6	(0.9)	38.8	(3.7)
Under 15 years	9,676	(1,302)	9.6	(1.0)	32.0	(4.3)
15-24 years	7,070	(764)	7.0	(0.5)	34.0	(3.7)
25-44 years	14,645	(1,620)	14.5	(0.8)	36.0	(4.0)
45-64 years	16,929	(1,817)	16.8	(0.8)	41.2	(4.4)
65-74 years	6,079	(744)	6.0	(0.4)	53.6	(6.6)
75 years and over	5,622	(748)	5.6	(0.5)	53.5	(7.1)
Male	40,720	(3,971)	40.4	(0.9)	27.3	(2.7)
Under 15 years	11,449	(1,661)	11.4	(1.2)	36.2	(5.2)
15-24 years	3,467	(449)	3.4	(0.3)	16.1	(2.1)
25-44 years	6,764	(729)	6.7	(0.4)	16.9	(1.8)
45-64 years	10,810	(1,088)	10.7	(0.5)	27.9	(2.8)
65-74 years	4,596	(614)	4.6	(0.4)	46.7	(6.2)
75 years and over	3,635	(609)	3.6	(0.4)	50.5	(8.5)

...Category not applicable.

[1]Visit rates are based on the July 1, 2010, 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: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 3. Outpatient department visits, by patient race and age, and ethnicity: United States, 2010

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 visits	100,742	(9,565)	100.0	...	33.2	(3.2)
Race and age[2]						
White	77,381	(8,041)	76.8	(2.0)	32.0	(3.3)
Under 15 years	15,515	(2,362)	15.4	(1.8)	33.3	(5.1)
15-24 years	7,917	(900)	7.9	(0.5)	24.3	(2.8)
25-44 years	16,258	(1,875)	16.1	(0.9)	25.8	(3.0)
45-64 years	20,907	(2,322)	20.8	(1.1)	31.8	(3.5)
65-74 years	8,719	(1,146)	8.7	(0.7)	48.2	(6.3)
75 years and over	8,065	(1,223)	8.0	(0.8)	52.0	(7.9)
Black or African American	19,181	(2,379)	19.0	(1.9)	49.7	(6.2)
Under 15 years	4,575	(710)	4.5	(0.6)	49.5	(7.7)
15-24 years	2,119	(306)	2.1	(0.3)	33.2	(4.8)
25-44 years	4,157	(524)	4.1	(0.4)	39.5	(5.0)
45-64 years	5,650	(815)	5.6	(0.7)	61.9	(8.9)
65-74 years	1,654	(344)	1.6	(0.3)	84.8	(17.6)
75 years and over	1,027	(270)	1.0	(0.3)	73.9	(19.4)
Other[3]	4,180	(590)	4.1	(0.5)	17.8	(2.5)
Ethnicity and race[2]						
Hispanic or Latino	15,616	(2,204)	15.5	(1.7)	31.9	(4.5)
Not Hispanic or Latino	85,126	(8,360)	84.5	(1.7)	33.4	(3.3)
White	63,067	(7,112)	62.6	(2.9)	32.1	(3.6)
Black	18,499	(2,347)	18.4	(1.9)	50.5	(6.4)
Other[3]	3,560	(496)	3.5	(0.4)	16.7	(2.3)

...Category not applicable.

[1]Visit rates are based on the July 1, 2010 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 2010, race data were missing for 14.5 percent of visits, and ethnicity data were missing for 16.2 percent of visits. Starting with 2009 data, the National Center for Health Statistics 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 2010 National Hospital Ambulatory Medical Care Survey Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc2010.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.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 4. Expected source(s) of payment at outpatient department visits: United States, 2010

Expected source(s) of payment	Number of visits in thousands[1]	(standard error in thousands)	Percent of visits	(standard error of percent)
All visits	100,742	(9,565)	…	...
Private insurance	44,117	(5,313)	43.8	(2.3)
Medicaid or CHIP[2]	32,047	(3,183)	31.8	(1.7)
Medicare	22,071	(2,765)	21.9	(1.5)
Medicare and Medicaid[3]	3,645	(692)	3.6	(0.5)
No insurance[4]	6,962	(1,143)	6.9	(1.1)
Self-pay	5,398	(907)	5.4	(0.8)
No charge or charity	*1,740	(569)	*1.7	(0.6)
Workers' compensation	487	(104)	0.5	(0.1)
Other	4,698	(996)	4.7	(0.9)
Unknown or blank	3,606	(758)	3.6	(0.8)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

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

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

[3]The visits in this category are included in both the Medicaid or CHIP and Medicare 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: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 5. Primary care provider and referral status of outpatient department visits, by prior-visit status: United States, 2010

Prior-visit status, primary care provider, and referral status	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits	100,742	(9,565)	100.0	...
Visit to PCP[1]	39,863	(4,564)	39.6	(3.1)
Visit to non-PCP[1,2]	55,148	(6,484)	54.7	(3.1)
Referred for this visit	18,987	(2,953)	18.8	(1.9)
Not referred for this visit	25,617	(3,720)	25.4	(2.7)
Unknown if referred[3]	10,544	(1,969)	10.5	(1.8)
Unknown if PCP[1] visit[2,3]	5,732	(999)	5.7	(0.9)
Established patient				
All visits	85,202	(8,145)	100.0	...
Visit to PCP[1]	37,892	(4,395)	44.5	(3.3)
Visit to non-PCP[1,2]	42,900	(5,206)	50.4	(3.4)
Referred for this visit	11,603	(2,168)	13.6	(1.9)
Not referred for this visit	23,098	(3,465)	27.1	(3.1)
Unknown if referred[3]	8,198	(1,766)	9.6	(1.9)
Unknown if PCP[1] visit[2,3]	4,410	(825)	5.2	(0.8)
New patient				
All visits	15,540	(1,701)	100.0	...
Visit to PCP[1]	1,971	(240)	12.7	(1.6)
Visit to non-PCP[1,2]	12,248	(1,520)	78.8	(2.2)
Referred for this visit	7,384	(1,090)	47.5	(3.4)
Not referred for this visit	2,518	(497)	16.2	(2.6)
Unknown if referred[3]	2,346	(435)	15.1	(2.4)
Unknown if PCP[1] visit[2,3]	1,322	(220)	8.5	(1.3)

...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 only asked for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 16.0% of visits.

[3] The unknown category includes blanks.

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

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 6. Primary care or provider and referral status of outpatient department visits, by type of clinic: United States, 2010

Type of clinic[1]	Total	Visit to PCP[2]	Visit to non-PCP[2,3]: Referred for this visit	Visit to non-PCP[2,3]: Not referred for this visit	Visit to non-PCP[2,3]: Unknown if referred[4]	Unknown if PCP[2] visit[4]
	Percent distribution (standard error of percent)					
All visits	100.0	39.6 (3.1)	18.8 (1.9)	25.4 (2.7)	10.5 (1.8)	5.7 (0.9)
General medicine[5]	100.0	54.3 (4.6)	12.5 (2.3)	18.4 (3.4)	*9.5 (2.7)	5.3 (1.1)
Surgery	100.0	*3.1 (0.8)	38.6 (4.0)	37.3 (4.6)	*15.5 (4.1)	5.4 (1.3)
Pediatrics	100.0	51.9 (8.9)	16.8 (4.0)	*25.0 (7.5)	*3.9 (1.4)	2.4 (0.6)
Obstetrics and gynecology	100.0	*19.7 (5.5)	19.4 (3.3)	31.9 (5.4)	*12.7 (4.2)	*16.3 (5.0)
Other[6]	100.0	*2.9 (1.6)	29.4 (6.1)	50.4 (6.1)	14.4 (3.3)	*2.9 (0.8)

*Figure does not meet standards 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 anciliary services were excluded. Starting in 2009, clinics specializing in pain medicine were also 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 only asked for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 16.0% of visits.

[4]The unknown category includes blanks.

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

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

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

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 7. Twenty leading principal reasons for of outpatient department visits: United States, 2010

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	...	100,742	(9,565)	100.0	...
Progress visit, not otherwise specified	T800	11,960	(2,297)	11.9	(1.9)
General medical examination	X100	5,275	(712)	5.2	(0.5)
Prenatal examination, routine	X205	3,015	(637)	3.0	(0.6)
Diabetes mellitus	D205	2,831	(839)	2.8	(0.7)
Medication, other and unspecified kinds	T115	2,436	(384)	2.4	(0.3)
Cough	S440	2,253	(361)	2.2	(0.3)
Counseling, not otherwise specified	T605	2,235	(360)	2.2	(0.3)
Postoperative visit	T205	2,233	(380)	2.2	(0.3)
Stomach and abdominal pain, cramps and spasms	S545	1,655	(231)	1.6	(0.2)
Symptoms referable to throat	S455	1,585	(328)	1.6	(0.3)
Well-baby examination	X105	1,226	(182)	1.2	(0.2)
Earache, or ear infection	S355	1,164	(198)	1.2	(0.2)
Knee symptoms	S925	1,151	(162)	1.1	(0.1)
Hypertension	D510	1,146	(209)	1.1	(0.2)
Other special examination	X240	*1,126	(805)	*1.1	(0.8)
Back symptoms	S905	1,002	(148)	1.0	(0.1)
Gynecological examination	X225	942	(188)	0.9	(0.2)
Skin rash	S860	940	(137)	0.9	(0.1)
Headache, pain in head	S210	927	(136)	0.9	(0.1)
Fever	S010	915	(189)	0.9	(0.2)
All other reasons	...	54,725	(5,342)	54.3	(1.7)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) defined in the 2010 National Hospital Ambulatory Medical Care Survey Public Use Data File Documentation (ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc2010.pdf). Reason for visit is defined by the patient.

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

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 8. Provider-assessed major reason for outpatient department visits, by selected patient and visit characteristics: United States, 2010

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		Preventive care[1]		Unknown or blank	
			Percent distribution (standard error of percent)											
All visits	100,742	100.0	32.1	(2.0)	34.4	(2.2)	7.1	(0.6)	6.3	(0.7)	18.8	(1.4)	1.4	(0.3)
Age														
Under 15 years	21,125	100.0	42.5	(4.0)	25.8	(5.0)	2.6	(0.4)	4.5	(1.3)	23.6	(3.6)	1.0	(0.3)
Under 1 year	3,131	100.0	37.4	(3.9)	*10.5	(3.2)	*	...	*3.7	(1.7)	45.1	(4.7)	*	...
1-4 years	6,505	100.0	47.6	(4.2)	19.1	(4.6)	2.0	(0.4)	*4.9	(1.6)	25.6	(3.9)	*	...
5-14 years	11,489	100.0	40.9	(4.6)	33.9	(5.7)	3.3	(0.7)	4.4	(1.1)	16.7	(3.1)	0.9	(0.2)
15-24 years	10,537	100.0	34.9	(2.8)	23.3	(3.4)	4.6	(0.7)	3.5	(0.5)	32.5	(3.1)	1.2	(0.3)
25-44 years	21,409	100.0	33.5	(2.3)	26.2	(2.4)	7.7	(0.7)	6.3	(0.9)	24.7	(2.3)	1.7	(0.4)
45-64 years	27,739	100.0	27.7	(2.0)	41.7	(2.4)	9.4	(0.7)	7.9	(1.0)	11.7	(1.1)	*1.6	(0.6)
65 years and over	19,932	100.0	24.2	(1.9)	48.2	(2.2)	9.1	(1.1)	7.4	(1.1)	9.9	(1.4)	*1.2	(0.4)
65-74 years	10,675	100.0	23.4	(2.0)	47.4	(2.5)	9.5	(1.3)	7.0	(1.1)	11.4	(1.7)	*1.4	(0.5)
75 years and over	9,257	100.0	25.1	(2.4)	49.1	(2.7)	8.8	(1.3)	7.8	(1.4)	8.2	(1.4)	*1.0	(0.4)
Sex														
Female	60,022	100.0	32.1	(2.0)	32.0	(2.3)	6.7	(0.5)	5.5	(0.6)	22.2	(1.8)	1.5	(0.4)
Male	40,720	100.0	32.0	(2.2)	38.0	(2.3)	7.6	(0.7)	7.4	(1.0)	13.7	(1.3)	1.2	(0.3)
Race[2]														
White	77,381	100.0	33.3	(2.3)	34.4	(2.4)	6.6	(0.5)	6.6	(0.8)	17.7	(1.5)	1.4	(0.3)
Black or African American	19,181	100.0	28.2	(2.3)	36.4	(2.7)	8.4	(1.0)	4.8	(0.6)	20.9	(1.8)	1.3	(0.3)
Other[3]	4,180	100.0	26.7	(3.8)	26.0	(2.8)	10.0	(2.2)	7.6	(1.4)	28.7	(3.1)	*	...
Ethnicity[2]														
Hispanic or Latino	15,616	100.0	29.5	(2.2)	30.7	(3.1)	6.2	(0.8)	5.2	(0.8)	26.8	(3.2)	1.6	(0.4)
Not Hispanic or Latino	85,126	100.0	32.5	(2.1)	35.1	(2.2)	7.2	(0.6)	6.5	(0.7)	17.3	(1.3)	1.3	(0.3)
Expected source(s) of payment[4]														
Private insurance	44,117	100.0	34.2	(2.8)	34.8	(2.8)	6.8	(0.7)	7.5	(1.1)	15.6	(1.5)	*1.2	(0.4)
Medicaid or CHIP[5]	32,047	100.0	31.8	(2.4)	30.2	(2.8)	6.6	(0.9)	5.0	(0.7)	25.3	(2.4)	1.0	(0.2)
Medicare	22,071	100.0	23.8	(1.9)	49.3	(2.3)	9.0	(1.0)	7.7	(1.1)	9.3	(1.4)	*1.1	(0.4)
No insurance[7]	6,962	100.0	33.2	(2.9)	33.8	(2.8)	6.3	(1.0)	5.0	(1.2)	20.4	(3.2)	*1.4	(0.4)
Medicare and Medicaid[6]	3,645	100.0	18.8	(3.7)	47.3	(4.0)	11.0	(2.5)	8.3	(1.8)	*13.3	(4.5)	*	...
Other[8]	6,303	100.0	26.6	(2.1)	31.2	(4.3)	10.0	(2.1)	5.4	(1.2)	25.7	(4.5)	*	...

...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) at: http://www.cdc.gov/nchs/data/ahcd/nhamcs100opd_2010.pdf.

[2]The race groups, White, Black or African American, and Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. For 2010, race data were missing for 14.5 percent of visits, and ethnicity data were missing for 16.2 percent of visits. Starting with 2009 data, the National Center for Health Statistics 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 2010 National Hospital Ambulatory Medical Care Survey Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc2010.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 workers' compensation, unknown or blank, and sources not classified elsewhere.

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

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 9. Preventive care outpatient department visits, by selected patient and visit characteristics: United States, 2010

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]	18,913	(2,282)	100.0	…	6.2	(0.8)
Age						
Under 15 years	4,992	(788)	26.4	(2.7)	8.1	(1.3)
Under 1 year	1,412	(212)	7.5	(0.8)	34.1	(5.1)
1-4 years	1,667	(298)	8.8	(1.0)	9.7	(1.7)
5-14 years	1,913	(335)	10.1	(1.3)	4.7	(0.8)
15-24 years	3,419	(483)	18.1	(1.5)	8.1	(1.1)
25-44 years	5,282	(797)	27.9	(2.0)	6.6	(1.0)
45-64 years	3,243	(445)	17.1	(1.6)	4.1	(0.6)
65 years and over	1,977	(428)	10.5	(1.8)	5.1	(1.1)
Sex and age						
Female	13,334	(1,738)	70.5	(2.0)	8.6	(1.1)
Under 15 years	2,409	(393)	12.7	(1.4)	8.0	(1.3)
15-24 years	2,992	(451)	15.8	(1.4)	14.4	(2.2)
25-44 years	4,561	(698)	24.1	(1.9)	11.2	(1.7)
45-64 years	2,106	(318)	11.1	(1.2)	5.1	(0.8)
65 years and over	1,265	(361)	6.7	(1.6)	5.8	(1.7)
Male	5,580	(695)	29.5	(2.0)	3.7	(0.5)
Under 15 years	2,583	(419)	13.7	(1.5)	8.2	(1.3)
15-24 years	427	(108)	2.3	(0.6)	2.0	(0.5)
25-44 years	721	(164)	3.8	(0.7)	1.8	(0.4)
45-64 years	1,137	(174)	6.0	(0.8)	2.9	(0.4)
65 years and over	712	(127)	3.8	(0.7)	4.2	(0.7)
Race[3]						
White	13,697	(1,775)	72.4	(2.4)	5.7	(0.7)
Black or African American	4,015	(610)	21.2	(2.3)	10.4	(1.6)
Other[4]	1,201	(224)	6.4	(0.9)	5.1	(1.0)
Ethnicity[3]						
Hispanic or Latino	4,182	(730)	22.1	(3.0)	8.5	(1.5)
Not Hispanic or Latino	14,731	(1,912)	77.9	(3.0)	5.8	(0.8)
Expected source(s) of payment[5]						
Medicaid or CHIP[6]	8,106	(1,145)	42.9	(2.8)	18.8	(2.7)
Private insurance	6,886	(1,036)	36.4	(3.0)	3.8	(0.6)
Medicare	2,043	(442)	10.8	(1.9)	4.8	(1.0)
No insurance[7]	1,417	(264)	7.5	(1.3)	2.9	(0.5)
Other[8]	1,620	(402)	8.6	(1.9)	...	...

...Category not applicable.

[1]Visit rates for age, sex, race, and ethnicity are based on the July 1, 2010, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. Visit rates forexpected source(s) of payment are based on the 2010 National Health Interview Survey estimates of health insurance.

[2]Preventive care includes 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 2010, race data were missing for 14.5 percent of visits, and ethnicity data were missing for 16.2 percent of visits. Starting with 2009 data, the National Center for Health Statistics 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 2010 National Hospital Ambulatory Medical Care Survey Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc2010.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 2010 estimates of health insurance coverage from the National Health Interview Survey.

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

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

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 10. Primary diagnosis at outpatient department visits, by major disease category: United States, 2010

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	.....	100,742	(9,565)	100.0	(0.0)
Infectious and parasitic diseases	001-139	3,176	(647)	3.2	(0.6)
Neoplasms	140-239	5,345	(1,157)	5.3	(1.0)
Endocrine, nutritional, metabolic diseases, and	240-279	8,225	(1,631)	8.2	(1.2)
Mental disorders	290-319	6,712	(904)	6.7	(0.8)
Diseases of the nervous system and sense organs	320-389	6,640	(839)	6.6	(0.6)
Diseases of the circulatory system	390-459	7,781	(1,403)	7.7	(1.1)
Diseases of the respiratory system	460-519	8,413	(1,009)	8.4	(0.8)
Diseases of the digestive system	520-579	3,791	(633)	3.8	(0.5)
Diseases of the genitourinary system	580-629	4,178	(555)	4.1	(0.3)
Diseases of the skin and subcutaneous tissue	680-709	4,190	(658)	4.2	(0.6)
Diseases of the musculoskeletal system and	710-739	6,970	(828)	6.9	(0.6)
Symptoms, signs, and ill-defined conditions	780-799	6,683	(748)	6.6	(0.4)
Injury and poisoning	800-999	5,171	(829)	5.1	(0.7)
Supplementary classification[2]	V01-V86	18,210	(1,990)	18.1	(1.2)
All other diagnoses[3]	.....	3,867	(622)	3.8	(0.4)
Unknown[4]	.....	1,391	(374)	1.4	(0.3)

...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).

[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.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 11.Twenty leading primary diagnosis groups for outpatient department visits: United States, 2010

Primary diagnosis group and ICD-9-CM code range[1]		Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits		100,742	(9,565)	100.0	...
Diabetes mellitus	249-250	4,838	(970)	4.8	(0.8)
Malignant neoplasms	140-208,209-209.36,209.7-209.79,230-234	4,447	(1,089)	4.4	(1.0)
Essential hypertension	401	3,580	(455)	3.6	(0.3)
Routine infant or child health check	V20.0-V20.2	3,339	(550)	3.3	(0.5)
Acute upper respiratory infections, excluding pharyngitis	460-461,463-466	2,716	(462)	2.7	(0.4)
Normal pregnancy[2]	V22	2,481	(418)	2.5	(0.4)
Spinal disorders	720-724	2,360	(346)	2.3	(0.3)
Arthropathies and related disorders	710-719	2,347	(304)	2.3	(0.2)
Heart disease, excluding ischemic	391-392.0,393-398,402,404,415-416,420-429	*1,986	(777)	*2.0	(0.7)
Psychoses, excluding major depressive disorder	290-295,296.0-296.1,296.4-299	1,766	(337)	1.8	(0.3)
General medical examination	V70	1,706	(374)	1.7	(0.3)
Complications of pregnancy, childbirth, and the puerperium	630-679.99	1,601	(407)	1.6	(0.4)
Specific procedures and aftercare	V50-V59.9	1,590	(250)	1.6	(0.2)
Rheumatism, excluding back	725-729	1,516	(215)	1.5	(0.2)
Otitis media and eustachian tube disorders	381-382	1,481	(216)	1.5	(0.2)
Asthma	493	1,337	(292)	1.3	(0.3)
Follow up examination	V67	1,094	(201)	1.1	(0.2)
Potential health hazards related to personal and family history	V10-V19	1,035	(208)	1.0	(0.2)
Acute pharyngitis	462	1,034	(230)	1.0	(0.2)
Attention deficit disorder	314.0	1,009	(261)	1.0	(0.3)
All other diagnoses		57,478	(5,621)	57.1	(1.4)

...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). However, certain codes have been combined in this table to better describe the utilization of ambulatory care services.

[2]Among visits by female patients, 4.1% (S.E.=0.6) were for normal pregnancy.

[3]Among visits by female patients, 2.7% (S.E.=0.6) were for complications of pregnancy, childbirth, and the puerperium.

[4]Among visits by female patients, 1.4% (S.E.=0.2) were for gynecological examination.

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

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 12. Injury visits to outpatient departments, by selected patient characteristics: United States, 2010

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]	7,099	(971)	100.0	...	2.3	(0.3)
Age						
Under 15 years	2,050	(550)	28.9	(4.8)	3.3	(0.9)
Under 1 year	*	...	*	...	*	*
1-4 years	521	(144)	7.3	(1.4)	3.0	(0.8)
5-14 years	1,485	(411)	20.9	(3.6)	3.6	(1.0)
15-24 years	921	(135)	13.0	(1.3)	2.2	(0.3)
25-44 years	1,377	(191)	19.4	(1.9)	1.7	(0.2)
45-64 years	1,627	(199)	22.9	(2.0)	2.0	(0.2)
65 years and over	1,124	(149)	15.8	(1.8)	2.9	(0.4)
65-74 years	527	(86)	7.4	(1.1)	2.5	(0.4)
75 years and over	597	(102)	8.4	(1.3)	3.4	(0.6)
Sex and age						
Female	3,558	(494)	50.1	(2.1)	2.3	(0.3)
Under 15 years	895	(252)	12.6	(2.3)	3.0	(0.8)
15-24 years	366	(66)	5.2	(0.8)	1.8	(0.3)
25-44 years	629	(116)	8.9	(1.3)	1.5	(0.3)
45-64 years	869	(134)	12.2	(1.4)	2.1	(0.3)
65-74 years	359	(71)	5.1	(1.0)	3.2	(0.6)
75 years and over	439	(85)	6.2	(1.1)	4.2	(0.8)
Male	3,541	(522)	49.9	(2.1)	2.4	(0.4)
Under 15 years	1,155	(315)	16.3	(2.8)	3.6	(1.0)
15-24 years	555	(91)	7.8	(0.8)	2.6	(0.4)
25-44 years	748	(101)	10.5	(1.1)	1.9	(0.3)
45-64 years	758	(100)	10.7	(1.3)	2.0	(0.3)
65-74 years	168	(35)	2.4	(0.4)	1.7	(0.4)
Race[3]						
White	5,790	(844)	81.6	(2.0)	2.4	(0.3)
Black or African American	1,073	(165)	15.1	(1.9)	2.8	(0.4)
Other[4]	236	(58)	3.3	(0.7)	1.0	(0.2)
Ethnicity[3]						
Hispanic or Latino	1,057	(239)	14.9	(2.3)	2.2	(0.5)
Not Hispanic or Latino	6,042	(808)	85.1	(2.3)	2.4	(0.3)
White	4,781	(689)	67.4	(3.0)	2.4	(0.4)
Black	1,034	(160)	14.6	(1.8)	2.8	(0.4)
Other[5]	226	(58)	3.2	(0.7)	1.1	(0.3)

* 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, 2010 set of estimates of the civilian noninstitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau.

[2]The National Hospital Ambulatory Medical Care Survey definition of injury visits, as shown in this table, changed in 2010 and includes only first-, second-, and third- listed reason for visit and diagnosis codes that are injury or poisoning related. Adverse effects and complications are excluded. Reason for visit was coded using *A Reason for Visit 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 Medicare and Medicaid Services. Official version International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No.(PHS) 06-1260). Injury visits, using this definition, accounted for 7.0 percent (SE=0.8) of all outpatient department visits in 2010. For more information on why this definition changed, see the 2010 National Hospital Ambulatory Medical Care Survey Public Use File Documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc2010.pdf.

[3]The race groups, White, Black or African American, and Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. For 2010, race data were missing for 14.5 percent of visits, and ethnicity data were missing for 16.2 percent of visits. In 2009, the National Center for Health Statistics 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 2010 National Hospital Ambulatory Medical Care Survey Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc2010.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.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 13. Outpatient department visits related to injury, poisoning, and adverse effect: United States, 2010

Intent	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits related to injury, poisoning, and adverse effect[1]	8,117	(1,033)	100.0	...
Unintentional injury/poisoning	4,401	(712)	54.2	(3.0)
Intentional injury/poisoning	188	(42)	2.3	(0.5)
Injury/poisoning - unknown intent	2,288	(293)	28.2	(2.3)
Adverse effect medical treatment/surgical care or adverse effect of medicinal drug	1,240	(149)	15.3	(1.5)

...Category not applicable.

[1]Data are based on item 2 of the survey instrument (Outpatient Department Patient Record form) in conjunction with first-, second-, and third-listed reason for visit and diagnosis codes related to injury, poisoning, and adverse effect of medical or surgical care or adverse effect of medicinal drug. Reason for visit was coded using *A Reason for Visit Classification for Ambulatory Care* ; diagnosis codes are based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No.(PHS) 06-1260). Visits related to injury, poisoning, and adverse effect accounted for 8.1 percent (S.E=0.8) of all outpatient department visits in 2010.

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

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 14. Presence of selected chronic conditions at outpatient department visits by patient age and sex: United States, 2010

Chronic conditions[1]	Total		Age								Sex			
			Under 45 years		45-64 years		65-74 years		75 years and over		Female		Male	
	Percent distribution (standard error of percent)													
All visits	100.0	…	100.0	…	100.0	…	100.0	…	100.0	…	100.0	…	100.0	…
None	43.5	(1.9)	65.5	(1.5)	22.9	(1.5)	13.2	(1.6)	13.5	(2.4)	42.7	(2.0)	44.7	(2.2)
One or more chronic	54.7	(2.0)	32.3	(1.6)	75.4	(1.6)	85.8	(1.5)	85.4	(2.3)	55.4	(2.1)	53.6	(2.3)
One	22.8	(1.0)	22.0	(1.3)	25.2	(1.3)	22.8	(1.9)	20.6	(1.7)	22.7	(1.0)	23.0	(1.3)
Two	13.2	(0.6)	6.2	(0.5)	20.9	(0.9)	19.7	(1.4)	23.4	(1.8)	13.6	(0.7)	12.7	(0.8)
Three or more	18.6	(1.4)	4.1	(0.5)	29.3	(1.6)	43.3	(2.6)	41.5	(3.1)	19.1	(1.4)	17.9	(1.5)
Blank	1.8	(0.3)	2.2	(0.4)	*1.7	(0.6)	*0.9	(0.4)	1.1	(0.3)	1.9	(0.4)	1.7	(0.3)
	Percent of visits (standard error of percent)													
Hypertension	27.0	(1.6)	7.2	(0.7)	43.0	(1.8)	56.2	(2.2)	59.1	(2.9)	27.0	(1.6)	27.1	(1.9)
Hyperlipidemia	15.7	(1.4)	3.1	(0.4)	25.0	(1.9)	37.1	(2.7)	35.4	(3.3)	14.9	(1.4)	16.9	(1.6)
Diabetes	15.1	(1.1)	5.2	(0.7)	24.8	(1.5)	29.2	(2.0)	26.2	(2.1)	14.9	(1.1)	15.4	(1.2)
Depression	12.4	(0.9)	9.0	(0.8)	19.9	(1.3)	11.8	(1.3)	10.5	(1.2)	14.6	(1.0)	9.2	(0.9)
Arthritis	10.2	(0.8)	3.2	(0.4)	14.6	(1.1)	21.8	(1.9)	24.2	(2.5)	11.7	(0.9)	8.0	(1.0)
Obesity	8.4	(0.7)	6.4	(0.6)	12.5	(1.2)	11.0	(1.3)	4.5	(1.0)	9.8	(0.9)	6.4	(0.6)
Asthma	8.1	(0.5)	8.9	(0.6)	8.1	(0.7)	6.7	(0.9)	5.1	(0.9)	8.5	(0.7)	7.6	(0.6)
Cancer	8.1	(1.4)	*3.0	(1.1)	10.7	(1.9)	16.7	(2.5)	20.4	(3.8)	7.7	(1.3)	8.8	(1.7)
COPD[2]	3.6	(0.4)	0.9	(0.2)	5.0	(0.5)	7.9	(1.1)	9.6	(1.7)	3.4	(0.4)	3.9	(0.6)
Osteoporosis	2.7	(0.4)	*	...	2.5	(0.4)	9.0	(1.5)	10.4	(1.4)	3.9	(0.6)	0.9	(0.3)
Ischemic heart disease	2.6	(0.4)	*0.2	(0.1)	2.9	(0.5)	9.0	(1.5)	7.6	(1.4)	1.6	(0.4)	3.9	(0.7)
CHF[3]	2.4	(0.4)	*0.4	(0.1)	2.8	(0.5)	6.4	(1.1)	7.7	(1.2)	1.9	(0.3)	3.0	(0.6)
Chronic renal failure	2.2	(0.4)	*0.5	(0.1)	3.5	(0.8)	4.3	(0.8)	5.7	(0.9)	1.5	(0.3)	3.1	(0.6)
Cerebrovascular disease	1.5	(0.2)	*0.3	(0.1)	1.6	(0.3)	4.6	(0.6)	4.8	(1.0)	1.3	(0.2)	1.9	(0.3)

...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 congrestive heart failure.

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

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 15. Selected diagnostic, screening, and non-medication treatment services ordered or provided at outpatient department visits, by patient sex: United States, 2010

Diagnostic and screening 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	100,742	(9,565)	...	...	…	…	…	…
One or more diagnostic or screening service ordered or provided[4]	96,048	(9,173)	95.3	(0.7)	95.7	(0.6)	94.7	(1.2)
None or blank	4,694	(855)	4.7	(0.7)	4.3	(0.6)	5.3	(1.2)
Examinations								
Skin	17,476	(2,776)	17.3	(1.8)	16.9	(1.9)	17.9	(1.7)
Pelvic	5,556	(1,035)	5.5	(0.8)	9.3	(1.3)		
Breast	4,394	(884)	4.4	(0.7)	6.7	(1.1)	*0.9	(0.3)
Foot	4,388	(971)	4.4	(0.8)	4.3	(0.9)	4.4	(0.7)
Depression screening	*2,321	(822)	*2.3	(0.7)	*2.5	(0.9)	*2.0	(0.6)
Rectal	2,253	(503)	2.2	(0.4)	2.0	(0.4)	2.5	(0.5)
Retinal	*1,903	(803)	*1.9	(0.7)	*1.8	(0.8)	*1.9	(0.6)
Vital signs								
Weight	71,964	(7,545)	71.4	(2.6)	73.0	(2.5)	69.1	(3.0)
Blood pressure	64,583	(6,845)	64.1	(2.4)	67.6	(2.3)	59.0	(2.8)
Height	51,077	(6,374)	50.7	(3.2)	51.4	(3.3)	49.6	(3.3)
Temperature	47,406	(4,961)	47.1	(3.2)	45.7	(3.1)	49.0	(3.6)
Blood tests								
Complete blood count	13,062	(1,742)	13.0	(1.3)	12.5	(1.3)	13.7	(1.5)
Glucose	7,819	(1,158)	7.8	(0.9)	7.5	(0.9)	8.1	(1.0)
Lipids or cholesterol	7,610	(1,175)	7.6	(0.9)	7.4	(0.8)	7.8	(1.1)
Glycohemoglobin	6,272	(1,068)	6.2	(0.9)	5.9	(0.9)	6.7	(1.0)
Prostate specific antigen	1,585	(389)	1.6	(0.3)	...	...	3.9	(0.8)
Other blood test	17,487	(2,204)	17.4	(1.2)	17.5	(1.3)	17.2	(1.4)
Other tests								
Urinalysis	9,284	(1,260)	9.2	(0.9)	10.4	(1.0)	7.5	(1.1)
Pap test	2,357	(360)	2.3	(0.3)	3.9	(0.5)	...	...
liquid-based	1,128	(273)	1.1	(0.2)	1.9	(0.4)	...	...
unspecified	664	(115)	0.7	(0.1)	1.1	(0.2)	...	...
conventional	564	(166)	0.6	(0.2)	0.9	(0.3)	...	...
Electrocardiogram	2,104	(516)	2.1	(0.5)	1.7	(0.3)	*2.7	(0.7)
Biopsy	1,474	(219)	1.5	(0.2)	1.5	(0.2)	1.5	(0.2)
Chlamydia test	1,139	(247)	1.1	(0.2)	1.6	(0.3)	*	...
HIV test[5]	762	(180)	0.8	(0.2)	0.9	(0.2)	*0.5	(0.2)
Pregnancy test	713	(124)	0.7	(0.1)	1.2	(0.2)	...	...
HPV DNA test[6]	*166	(51)	*0.2	(0.0)	*0.3	(0.1)	...	...

Imaging								
Any imaging	17,437	(2,224)	17.3	(1.3)	18.8	(1.3)	15.1	(1.5)
X ray	7,115	(1,086)	7.1	(0.8)	6.4	(0.8)	8.1	(1.0)
Other ultrasound	3,588	(512)	3.6	(0.3)	4.9	(0.4)	1.7	(0.3)
Mammography	2,727	(554)	2.7	(0.4)	4.5	(0.7)	*	...
Computed tomography scan	2,550	(528)	2.5	(0.4)	2.0	(0.3)	3.4	(0.7)
Magnetic resonance imaging	1,522	(269)	1.5	(0.2)	1.5	(0.2)	1.6	(0.3)
Echocardiogram	1,502	(299)	1.5	(0.3)	1.3	(0.2)	1.7	(0.4)
Bone mineral density	653	(158)	0.6	(0.1)	0.9	(0.2)	*0.3	(0.1)
Other imaging	1,317	(291)	1.3	(0.3)	1.2	(0.2)	1.4	(0.3)
Non-medication treatment								
Wound care	3,856	(613)	3.8	(0.5)	3.2	(0.5)	4.7	(0.7)
Psychotherapy	3,010	(584)	3.0	(0.5)	2.5	(0.4)	3.7	(0.7)
Other mental health counseling	2,367	(366)	2.3	(0.3)	2.1	(0.3)	2.7	(0.5)
Physical therapy	2,352	(386)	2.3	(0.3)	2.5	(0.4)	2.1	(0.3)
Excision of tissue	2,158	(344)	2.1	(0.3)	2.0	(0.4)	2.4	(0.3)
Durable medical equipment	1,113	(198)	1.1	(0.2)	0.9	(0.2)	1.4	(0.2)
Splint or wrap	993	(196)	1.0	(0.2)	0.8	(0.1)	1.3	(0.3)
Cast	446	(99)	0.4	(0.1)	0.3	(0.1)	0.6	(0.2)
Home health care	*373	(159)	*0.4	(0.1)	*0.3	(0.1)	*0.5	(0.2)
Speech or occupational therapy	316	(71)	0.3	(0.1)	0.2	(0.1)	0.5	(0.1)
Complementary alternative medicine	*276	(86)	*0.3	(0.1)	*0.3	(0.1)	*0.2	(0.1)
Radiation therapy	148	(43)	0.1	(0.0)	*0.1	(0.0)	*0.2	(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 60,022,000 visits made by females.

[3]Based on 40,720,000 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 double counting. 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.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

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, 2010

Patient characteristics	Number of visits in thousands	Initial blood pressure[1]									
		Total	Not high		Mildly high		Moderately high		Severely high	
		Percent distribution (standard error of percent)									
All visits[2]	47,562	100.0	33.0	(1.3)	41.5	(0.9)	19.0	(0.8)	6.5	(0.5)
Age										
18-24 years	4,611	100.0	55.1	(2.9)	36.4	(2.3)	7.7	(1.5)	*	...
25-44 years	13,845	100.0	44.1	(1.9)	38.9	(1.6)	13.3	(0.8)	3.7	(0.6)
45-64 years	17,105	100.0	25.4	(1.7)	44.1	(1.3)	23.1	(1.2)	7.4	(0.7)
65-74 years	6,419	100.0	22.2	(2.0)	44.1	(2.4)	24.0	(2.0)	9.7	(1.6)
75 years and over	5,583	100.0	23.0	(2.4)	41.6	(2.8)	24.0	(2.2)	11.4	(1.5)
Sex										
Female	31,934	100.0	38.1	(1.4)	38.9	(1.1)	17.1	(0.7)	5.9	(0.5)
Male	15,628	100.0	22.5	(1.8)	47.0	(1.4)	22.7	(1.5)	7.7	(0.8)
Race[3]										
White	36,990	100.0	33.6	(1.5)	42.4	(1.0)	18.6	(0.9)	5.4	(0.5)
Black	8,736	100.0	29.5	(2.0)	37.6	(1.8)	22.0	(1.5)	11.0	(0.9)
Other	1,836	100.0	38.4	(3.6)	44.0	(3.6)	11.6	(2.0)	6.0	(1.7)
Ethnicity[3]										
Hispanic or Latino	6,560	100.0	42.1	(3.4)	37.2	(2.8)	14.2	(1.5)	6.5	(1.2)
Not Hispanic or Latino	41,002	100.0	31.5	(1.2)	42.2	(0.8)	19.7	(0.8)	6.5	(0.5)

…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 is defined as any BP <120 mm Hg systolic and <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 recorded represent 72.1 percent (SE=2.3) of all visits made to general medicine and obstetrics/gyhecology 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 2010, race data were missing for 14.5 percent of visits, and ethnicity data were missing for 16.2 percent of visits. Starting with 2009 data, the National Center for Health Statistics 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 2010 National Hospital Ambulatory Medical Care Survey Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc2010.pdf.

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

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 17. Selected health education services ordered or provided at outpatient department visits: United States, 2010

Health education services ordered or provides[1]	Number of visits In thousands	(standard error in thousands)	Percent of visits	(standard error of percent)
All visits	100,742	(9,565)	...	...
One or more health education services listed	47,718	(5,612)	47.4	(2.8)
None	51,291	(5,303)	50.9	(2.8)
Blank	1,733	(438)	1.7	(0.4)
Diet/nutrition	14,865	(2,214)	14.8	(1.5)
Exercise	8,532	(1,595)	8.5	(1.3)
Injury prevention	4,144	(876)	4.1	(0.7)
Weight reduction	3,182	(562)	3.2	(0.5)
Stress management	2,938	(810)	2.9	(0.7)
Tobacco use or exposure	2,868	(447)	2.8	(0.4)
Growth/Development	2,639	(489)	2.6	(0.4)
Family planning or contraception	1,501	(282)	1.5	(0.2)
Asthma education	1,211	(328)	1.2	(0.3)
Other health education	33,326	(4,507)	33.1	(3.0)

...Category not applicable.

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

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 18. Medication therapy and number of medications mentioned at outpatient department visits: United States, 2010

Medication therapy[1]	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits	100,742	(9,565)	100.0	...
Visits with mention of medications[2]	74,959	(7,314)	74.4	(1.6)
Visits without mention of medication	25,783	(2,907)	25.6	(1.6)
Number of medications mentioned				
All visits	100,742	(9,565)	100.0	...
0	25,783	(2,907)	25.6	(1.6)
1	19,334	(1,943)	19.2	(1.1)
2	13,472	(1,340)	13.4	(0.6)
3	8,863	(856)	8.8	(0.4)
4	6,412	(725)	6.4	(0.4)
5	5,205	(676)	5.2	(0.4)
6	4,471	(543)	4.4	(0.3)
7	3,928	(519)	3.9	(0.3)
8	13,274	(2,125)	13.2	(1.5)

...Category not applicable.

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

[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.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 19. Outpatient department drug visits and drug mentions, by type of clinic: United States, 2010

Clinic type	Drug visits[1]				Drug mentions[2]				Percent of drug visits[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	74,959	(7,314)	100.0	…	285,056	(32,804)	100.0	(0.0)	74.4	(1.6)	283.0	(14.6)
General medicine[5]	49,157	(5,425)	65.6	(2.8)	204,656	(26,135)	71.8	(2.7)	83.4	(1.5)	347.3	(20.2)
Pediatrics	8,287	(1,526)	11.1	(1.8)	22,417	(4,369)	7.9	(1.4)	76.7	(2.6)	207.6	(9.9)
Surgery	7,278	(1,130)	9.7	(1.2)	26,146	(4,813)	9.2	(1.3)	45.4	(4.4)	163.3	(22.5)
Obstetrics and gynecology	4,921	(1,040)	6.6	(1.2)	11,386	(2,630)	4.0	(0.8)	62.0	(5.6)	143.5	(17.3)
Other[6]	5,315	(886)	7.1	(1.1)	20,451	(4,506)	7.2	(1.5)	75.1	(5.2)	289.1	(37.5)

...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 eight per visit).

[3]Percentage of visits to the clinic 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 total number of visits multiplied by 100).

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

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

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

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 20. Twenty most frequently mentioned drugs by therapeutic drug categories at outpatient department visits: United States, 2010

Therapeutic drug category[1]	Number of occurrences in thousands (standard error in thousands)		Percent of drug mentions[2] (standard error of percent)	
Analgesics	31,287	(3,458)	11.0	(0.4)
Antidiabetic agents	14,549	(2,442)	5.1	(0.5)
Antihyperlipidemic agents	13,380	(1,962)	4.7	(0.3)
Antidepressants	12,828	(1,643)	4.5	(0.2)
Anxiolytics, sedatives, and hypnotics	11,233	(1,309)	3.9	(0.2)
Immunostimulants	9,996	(1,589)	3.5	(0.5)
Bronchodilators	9,978	(1,295)	3.5	(0.3)
Antiplatelet agents	9,726	(1,641)	3.4	(0.3)
Beta-adrenergic blocking agents	9,710	(1,474)	3.4	(0.2)
Anticonvulsants	9,695	(1,228)	3.4	(0.2)
Diuretics	8,817	(1,221)	3.1	(0.2)
Angiotensin converting enzyme inhibitors	8,144	(1,190)	2.9	(0.2)
Proton pump inhibitors	7,826	(1,073)	2.7	(0.2)
Dermatological agents	7,736	(1,038)	2.7	(0.3)
Vitamins	7,576	(1,648)	2.7	(0.4)
Antihistamines	6,917	(790)	2.4	(0.2)
Antiemetic/antivertigo agents	6,206	(772)	2.2	(0.2)
Vitamin and mineral combinations	5,695	(968)	2.0	(0.2)
Calcium channel blocking agents	5,645	(831)	2.0	(0.1)
Thyroid hormones	4,936	(938)	1.7	(0.2)

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

[2]Based on an estimated 285,056,000 drugs provided. Prescribed, or continued at outpatient department visits in 2010.

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

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 21.Twenty most frequently mentioned drug names at outpatient department visits: United States, 2010

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	285,056	(32,804)	100.0	…	100.0	23.5	(1.8)	74.4	(1.8)	2.1	(0.3)	...
Aspirin	7,913	(1,399)	2.8	(0.2)	100.0	4.9	(1.4)	92.5	(1.6)	2.6	(0.5)	Analgesics, Antiplatelet agents
Lisinopril	6,224	(990)	2.2	(0.2)	100.0	6.0	(1.2)	91.6	(1.5)	*2.4	(0.8)	Angiotensin converting enzyme inhibitors
Albuterol	5,616	(742)	2.0	(0.2)	100.0	18.8	(2.9)	79.8	(2.8)	1.3	(0.4)	Bronchodilators
Metformin	4,865	(665)	1.7	(0.1)	100.0	7.7	(1.4)	90.1	(1.6)	*2.2	(0.8)	Antidiabetic agents
Levothyroxine	4,801	(896)	1.7	(0.2)	100.0	2.8	(0.8)	96.2	(0.9)	*1.1	(0.5)	Thyroid hormones
Metoprolol	4,722	(711)	1.7	(0.1)	100.0	4.5	(1.0)	94.4	(1.1)	*1.2	(0.5)	Beta-adrenergic blocking agents
Simvastatin	4,648	(745)	1.6	(0.1)	100.0	5.0	(1.1)	93.6	(1.3)	*1.4	(0.5)	Antihyperlipidemic agents
Ibuprofen	4,074	(515)	1.4	(0.1)	100.0	47.8	(3.6)	50.4	(3.4)	*1.7	(0.6)	Analgesics
Hydrochlorothiazide	3,831	(524)	1.3	(0.1)	100.0	9.2	(1.5)	89.4	(1.5)	*1.4	(0.6)	Diuretics
Acetaminophen	3,715	(509)	1.3	(0.2)	100.0	46.5	(3.7)	51.7	(3.8)	*1.8	(0.7)	Analgesics
Amlodipine	3,636	(551)	1.3	(0.1)	100.0	8.3	(1.7)	91.0	(1.8)	*0.7	(0.3)	Calcium channel blocking agents
Omeprazole	3,547	(508)	1.2	(0.1)	100.0	11.9	(1.8)	86.4	(2.0)	*1.8	(0.7)	Proton pump inhibitors
Furosemide	3,388	(556)	1.2	(0.1)	100.0	7.1	(1.6)	91.6	(1.6)	*1.3	(0.6)	Diuretics
Atorvastatin	2,920	(519)	1.0	(0.1)	100.0	*2.3	(0.9)	96.9	(1.0)	*0.8	(0.4)	Antihyperlipidemic agents
Warfarin	2,824	(588)	1.0	(0.2)	100.0	*2.8	(1.1)	96.9	(1.1)	*0.3	(0.1)	Anticoagulants
Acetaminophen-hydrocodone	2,792	(328)	1.0	(0.1)	100.0	34.0	(3.9)	65.4	(4.0)	*0.6	(0.3)	Analgesics
Fluticasone nasal	2,672	(425)	0.9	(0.1)	100.0	30.8	(4.5)	68.8	(4.5)	*0.4	(0.3)	Nasal preparations
Influenza virus vaccine, inactivated	2,626	(726)	0.9	(0.2)	100.0	92.8	(2.4)	*5.5	(2.4)	*1.7	(0.5)	Immunostimulants
Ergocalciferol	2,584	(680)	0.9	(0.2)	100.0	13.0	(2.3)	80.4	(3.4)	*6.7	(2.5)	Vitamins
Atenolol	2,350	(438)	0.8	(0.1)	100.0	*3.8	(1.4)	93.3	(1.8)	*3.0	(1.3)	Beta-adrenergic blocking agents

...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.).

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 22. Providers seen at outpatient department visits: United States, 2010

Disposition	Number of visits in thousands[1] (standard error in thousands)		Percent of visits (standard error of percent)	
All visits	100,742	(9,565)	…	…
Any physician	76,845	(7,867)	76.3	(1.8)
R.N[2]. or L.P.N.[3]	45,495	(4,939)	45.2	(3.2)
Other provider	23,060	(2,953)	22.9	(2.2)
Nurse practitioner/midwife	11,281	(1,896)	11.2	(1.5)
Physician assistant	7,651	(1,297)	7.6	(1.1)
Mental health provider	2,600	(450)	2.6	(0.4)

...Category not applicable.

[1]Combined 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 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 registed nurse.

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

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

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 23. Disposition of outpatient department visits: United States, 2010

Disposition	Number of visits in thousands[1]	(standard error in thousands)	Percent of visits	(standard error of percent)
All visits	100,742	(9,565)	…	…
Referred to other physician	13,690	(1,753)	13.6	(1.0)
Return at specified time	69,500	(7,303)	69.0	(2.4)
Refer to emergency department/ Admit to hospital	996	(209)	1.0	(0.2)
Other disposition	21,507	(2,562)	21.3	(2.0)
Blank	*3,851	(1,546)	* 3.8	(1.5)

...Category not applicable.

*Figure does not meet standards of reliablity 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.

SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.