

# National Ambulatory Medical Care Survey

## ABOUT NAMCS

The National Ambulatory Medical Care Survey (NAMCS) produces statistics that represent the experience of the U.S. population at visits to office-based physicians. The survey provides information on office visits in terms of physician practice, patient, and visit characteristics.

## UROLOGY

In 2015, an estimated **21 million visits** were made to nonfederally employed, office-based physicians specializing in urology in the United States.

## CONTACT US

Ambulatory and Hospital Care Statistics Branch:

301-458-4600

[https://www.cdc.gov/nchs/ahcd/namcs\\_participant.htm](https://www.cdc.gov/nchs/ahcd/namcs_participant.htm)



## MAJOR REASON FOR VISIT

CHRONIC PROBLEM, ROUTINE	50%
NEW PROBLEM	25%
CHRONIC PROBLEM, FLARE-UP	10%
PRE-OR POST-SURGERY OR INJURY FOLLOW-UP	8%

## PATIENTS' TOP 5 REASONS FOR VISIT

- PROGRESS VISIT
- URINARY TRACT DISEASES, EXCEPT CYSTITIS
- CANCER OF URINARY AND MALE GENITAL TRACT
- ABNORMALITIES OF URINE
- PSYCHOSEXUAL DISORDERS

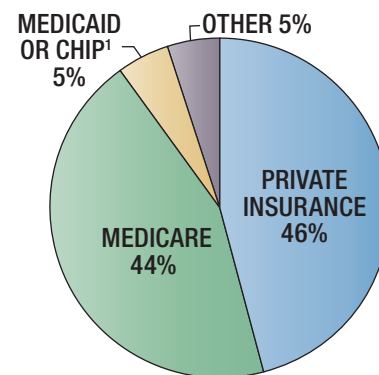
## TOP 5 DIAGNOSES

- MALIGNANT NEOPLASM
- OTHER SPECIFIED AFTERCARE
- BENIGN HYPERTROPHY OF THE PROSTATE
- CALCULUS OF KIDNEY
- URINARY TRACT INFECTION

## TOP 5 SERVICES, ORDERED OR PROVIDED

- URINALYSIS
- ULTRASOUND
- PROSTATE-SPECIFIC ANTIGEN (PSA) TEST
- SKIN EXAMINATION
- RECTAL EXAMINATION

## EXPECTED SOURCE OF PAYMENT



<sup>1</sup>CHIP is Children's Health Insurance Program.

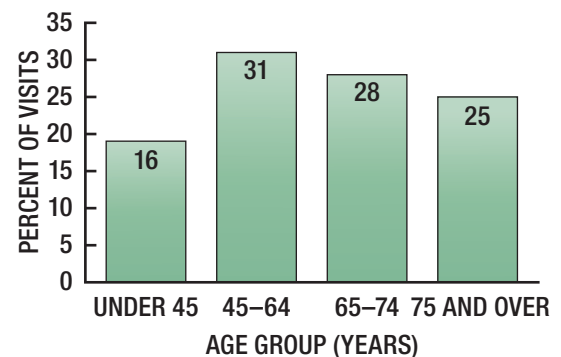
MEDICATIONS WERE PRESCRIBED OR CONTINUED AT **74%** OF OFFICE VISITS.

## TOP 5 ACTIVE INGREDIENTS



- TAMSULOSIN
- ASPIRIN
- MULTIVITAMIN
- OMEPRAZOLE
- ATORVASTATIN

## PERCENT DISTRIBUTION OF UROLOGY OFFICE VISITS, BY PATIENT'S AGE: 2015



# National Ambulatory Medical Care Survey

**NAMCS data are widely used in research studies appearing in nationally recognized medical journals. Below is a selection of urology articles in recent publications citing NAMCS data:**

Aksenov L, Wietsma AC, Winship B, Wollin D, Lipkin M, Preminger G, et al. **MP13-10 Trends in ambulatory care of older adults with urinary stone disease.** J Urol 199(4) Suppl:e175. 2018.

Inouye B, Jiang R, Nicholl L, Dionise Z, Wolf S, Pomann G, et al. **MP69-04 National imaging and antibiotic practice patterns in children presenting with urinary tract infection: Little impact of AAP guidelines?** J Urol 199(4) Suppl:e926. 2018.

Gaitonde S, Malik RD, Lemack GE, Zimmern PE. **MP09-12 Bethanechol: Is it still being prescribed for bladder dysfunction in women?** J Urol 199(4) Suppl:e110–11. 2018.

David SA, Patil D, Alemozaffar M, Issa MM, Master VA, Filson CP. **Urologist use of cystoscopy for patients presenting with hematuria in the United States.** Urology 100:20–6. 2017.

Scales CD Jr, Bergman J, Carter S, Jack G, Saigal CS, Litwin MS, NIDDK Urologic Diseases in America Project. **Quality of acute care for patients with urinary stones in the United States.** Urology 86(5):914–21. 2015.

Qureshi Z, Haider MR, Probst J, Horner R, Bennett C. **Opioid prescription trends in the rural US: Evidence from the National Ambulatory Medical Care Survey (NAMCS) data 2006–2010.** Value Health 18(3):A214. 2015.

Haider MR, Qureshi Z, Horner R, Bennett C. **Factors predicting receipt of prostate specific antigen (PSA) testing: Evidence from the National Ambulatory Medical Care Survey (NAMCS) data.** Value Health 18(3):A274. 2015.

Filson CP, Wei JT, Hollingsworth JM. **Trends in medical management of men with lower urinary tract symptoms suggestive of benign prostatic hyperplasia.** Urology 82(6):1386–92. 2013.

Sakshaug JW, Miller DC, Hollenbeck BK, Wei JT, Hollingsworth JM. **Urologists and the patient-centered medical home.** J Urol 190(4):1345–9. 2013.



**A complete list of publications using NAMCS data, which includes articles and reports, can be found at: [https://www.cdc.gov/nchs/ahcd/ahcd\\_products.htm](https://www.cdc.gov/nchs/ahcd/ahcd_products.htm).**