

1979 Summary National Ambulatory Medical Care Survey

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During 1979 an estimated 556.3 million office visits were made to nonfederally employed, office-based physicians in the conterminous United States, an average of 2.6 office visits per person per year. Although these estimates are approximately 5 percent lower than the corresponding estimates for 1978, the differences between the estimates for the 2 years are not statistically significant. The estimates presented in this report are based on data collected in the National Ambulatory Medical Care Survey, a probability sample survey conducted annually by the Division of Health Care Statistics of the National Center for Health Statistics. The physician sample for the survey was selected, with the cooperation of the American Medical Association and the American Osteopathic Association, from a list of nonfederally employed doctors of medicine and osteopathy who were principally engaged in office-based practice. Excluded were physicians practicing in Alaska and Hawaii, and physicians in the specialties of anesthesiology, pathology, and radiology.

Figure 1 is a facsimile of the 1979 National Ambulatory Medical Care Survey (NAMCS) Patient Record used by participating physicians to record information about their office visits. It will be useful as a reference when reviewing the survey findings presented in the following tables.

This report provides an overview of the data from the 1979 NAMCS. Utilization of ambulatory medical care services is described in terms of the number and percent of office visits and of annual visit rates. Data are presented on patient, physician, and visit characteristics as follows:

Table 1	Patient race and ethnicity
Table 2	Patient age and sex
Table 3	Physician specialty and type of practice
Table 4	Referral status, major reason for visit, and prior visit status

Tables 5 and 6	Principal reason for visit as expressed by patient
Tables 7 and 8	Principal diagnosis rendered by physician
Table 9	Diagnostic and therapeutic services ordered or provided
Table 10	Disposition and duration of visit

Since the estimates presented in this report are based on a sample rather than on the entire universe of office visits, the data are subject to sampling variability. The technical notes at the end of this report provide a brief explanation of sampling errors and guidelines for judging the precision of the estimates. A more detailed description of the NAMCS sample design and survey methodology have been published elsewhere.¹

Caution should be exercised when comparing the 1979 NAMCS data with data from previous years because changes have been made in data collection and processing. Two major changes on the Patient Record should be noted in particular. First, the item on patient color or race (item 4) was expanded in 1979 to four categories: white, black, Asian or Pacific Islander, and American Indian or Alaskan native; and an item on patient ethnicity, of Hispanic or not of Hispanic origin, was included for the first time. Second, beginning in 1979 the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) was used to code the NAMCS diagnostic data (item 9 on the Patient Record).² Prior to 1979 the *Eighth Revision International Classification of Diseases, Adapted for Use*

¹National Center for Health Statistics: The National Ambulatory Medical Care Survey, 1977 summary, United States, January-December 1977, by T. Ezzati and T. McLemore. *Vital and Health Statistics*. Series 13-No. 44. DHEW Pub. No. (PHS) 80-1795. Public Health Service, Washington, U.S. Government Printing Office, Apr. 1980.

²Commission on Professional and Hospital Activities: *International Classification of Diseases, 9th Revision, Clinical Modification*. Ann Arbor, Edwards Brothers, Inc., 1978.

Figure 1. 1979 Patient Record

ASSURANCE OF CONFIDENTIALITY All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to other persons or used for any other purpose.		Department of Health, Education, and Welfare Public Health Service Office of Health Research, Statistics, and Technology National Center for Health Statistics		B				
1. DATE OF VISIT _____ / _____ / _____ Mo. Day Yr.								
PATIENT RECORD NATIONAL AMBULATORY MEDICAL CARE SURVEY								
TIME OF VISIT a.m. p.m. a.m. p.m.	2. DATE OF BIRTH _____ / _____ / _____ Mo. Day Yr.	3. SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	4. COLOR OR RACE <input type="checkbox"/> 1 WHITE <input type="checkbox"/> 2 BLACK <input type="checkbox"/> 3 ASIAN/PACIFIC ISLANDER <input type="checkbox"/> 4 AMERICAN INDIAN/ALASKAN NATIVE	5. ETHNICITY <input type="checkbox"/> 1 HISPANIC ORIGIN <input type="checkbox"/> 2 NOT HISPANIC	6. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN? <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	7. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT <i>(in patient's own words)</i> a. MOST IMPORTANT _____ b. OTHER _____		
	8. MAJOR REASON FOR THIS VISIT <i>(Check one)</i> <input type="checkbox"/> 1 ACUTE PROBLEM <input type="checkbox"/> 2 CHRONIC PROBLEM, ROUTINE <input type="checkbox"/> 3 CHRONIC PROBLEM, FLAREUP <input type="checkbox"/> 4 POST SURGERY POST INJURY <input type="checkbox"/> 5 NON-ILLNESS CARE (ROUTINE PRENATAL, GENERAL EXAM, WELL BABY, ETC.)		9. PHYSICIAN'S DIAGNOSES a. PRINCIPAL DIAGNOSIS PROBLEM ASSOCIATED WITH ITEM 7a _____ b. OTHER SIGNIFICANT CURRENT DIAGNOSES _____		10. HAVE YOU SEEN PATIENT BEFORE? <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO IF YES, FOR THE CONDITION IN ITEM 9a? <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO		11. DIAGNOSTIC SERVICES THIS VISIT <i>(Check all ordered or provided)</i> <input type="checkbox"/> 1 NONE <input type="checkbox"/> 2 LIMITED HISTORY EXAM <input type="checkbox"/> 3 GENERAL HISTORY EXAM <input type="checkbox"/> 4 PAP TEST <input type="checkbox"/> 5 CLINICAL LAB TEST <input type="checkbox"/> 6 X RAY <input type="checkbox"/> 7 BLOOD PRESSURE CHECK <input type="checkbox"/> 8 EKG <input type="checkbox"/> 9 VISION TEST <input type="checkbox"/> 10 ENDOSCOPY <input type="checkbox"/> 11 MENTAL STATUS EXAM <input type="checkbox"/> 12 OTHER (Specify) _____	
12. THERAPEUTIC SERVICES THIS VISIT <i>(Check all ordered or provided)</i> <input type="checkbox"/> 1 NONE <input type="checkbox"/> 2 DRUG (PRESCRIPTION) <input type="checkbox"/> 3 DRUG (NONPRESCRIPTION) <input type="checkbox"/> 4 INJECTION <input type="checkbox"/> 5 IMMUNIZATION/DESENSITIZATION <input type="checkbox"/> 6 DIET COUNSELING <input type="checkbox"/> 7 FAMILY PLANNING <input type="checkbox"/> 8 MEDICAL COUNSELING <input type="checkbox"/> 9 PHYSIOTHERAPY <input type="checkbox"/> 10 OFFICE SURGERY <input type="checkbox"/> 11 PSYCHOTHERAPY THERAPEUTIC LISTENING <input type="checkbox"/> 12 OTHER (Specify) _____			13. DISPOSITION THIS VISIT <i>(Check all that apply)</i> <input type="checkbox"/> 1 NO FOLLOW UP PLANNED <input type="checkbox"/> 2 RETURN AT SPECIFIED TIME <input type="checkbox"/> 3 RETURN IF NEEDED PRN <input type="checkbox"/> 4 TELEPHONE FOLLOW UP PLANNED <input type="checkbox"/> 5 REFERRED TO OTHER PHYSICIAN <input type="checkbox"/> 6 RETURNED TO REFERRING PHYSICIAN <input type="checkbox"/> 7 ADMIT TO HOSPITAL <input type="checkbox"/> 8 OTHER (Specify) _____		14. DURATION OF THIS VISIT <i>[Time actually spent with physician]</i> _____ MINUTES		15. IS THE REASON FOR THIS VISIT? <i>(Check one)</i> <input type="checkbox"/> 1 ACCIDENTAL INJURY (Answer 16-19) <input type="checkbox"/> 2 PRODUCT RELATED ILLNESS (Answer 16-19) <input type="checkbox"/> 3 NEITHER OF THE ABOVE 7 STOP (Go to next patient)	
16. DESCRIBE ALL OBJECTS, PRODUCTS, OR SUBSTANCES INVOLVED IN THE ACCIDENT OR PRODUCT RELATED ILLNESS <i>(Be Specific)</i> _____ _____			17. LOCATION OF ACCIDENT OR EXPOSURE TO PRODUCT <i>(Check One)</i> <input type="checkbox"/> 1 PRIVATE RESIDENCE <input type="checkbox"/> 2 ELSEWHERE (Specify) _____ <input type="checkbox"/> 3 UNKNOWN		18. WAS PATIENT AT WORK, JOB OR BUSINESS WHEN ACCIDENT OR EXPOSURE OCCURRED? <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 3 UNKNOWN		19. WAS PATIENT PREVIOUSLY TREATED FOR THIS CONDITION? <i>(Check all that apply)</i> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES - HOSPITAL EMERGENCY ROOM <input type="checkbox"/> 3 YES - PRIVATE PHYSICIAN'S OFFICE <input type="checkbox"/> 4 YES - PHYSICIAN ELSEWHERE (Specify) _____ <input type="checkbox"/> 5 YES - PLACE UNKNOWN <input type="checkbox"/> 6 UNKNOWN	
PHS 4116-B (10-78)					DHEW Pub. (OS) 81-498			

in the United States had been used to code these data.³ Discussion of these changes and their effect on NAMCS data will be included in future *Vital and Health Statistics* series reports.

³National Center for Health Statistics: *Eighth Revision International Classification of Diseases, Adapted for Use in the United States*. PHS Pub. No. 1693. Public Health Service. Washington. U.S. Government Printing Office, 1967.

Table 1. Number and percent distribution of office visits by race and ethnicity of patient: United States, 1979

Race and ethnicity	Number of visits in thousands	Percent distribution of visits
All visits	556,313	100.0
Race		
White	502,927	90.4
All other	53,387	9.6
Black	46,789	8.4
Asian or Pacific Islander	5,560	1.0
American Indian or Alaskan native	1,038	0.2
Ethnicity		
Hispanic	26,731	4.8
Not Hispanic	529,583	95.2

Table 2. Number, percent distribution, and annual rate of office visits by sex and age of patient: United States, 1979

Sex and age	Number of visits in thousands	Percent distribution of visits	Number of visits per person per year
Both sexes			
All ages	556,313	100.0	2.6
Under 15 years	101,352	18.2	2.0
15-24 years	82,290	14.8	2.1
25-44 years	151,714	27.3	2.6
45-64 years	128,594	23.1	3.0
65 years and over	92,363	16.6	4.0
Female			
All ages	337,096	60.6	3.0
Under 15 years	48,735	8.8	2.0
15-24 years	52,345	9.4	2.6
25-44 years	102,000	18.3	3.4
45-64 years	76,003	13.7	3.4
65 years and over	58,012	10.4	4.2
Male			
All ages	219,218	39.4	2.1
Under 15 years	52,617	9.5	2.1
15-24 years	29,945	5.4	1.5
25-44 years	49,714	8.9	1.8
45-64 years	52,591	9.5	2.5
65 years and over	34,351	6.2	3.6

Table 3. Number and percent distribution of office visits by physician specialty and type of practice: United States, 1979

<i>Physician specialty and type of practice</i>	<i>Number of visits in thousands</i>	<i>Percent distribution of visits</i>
All visits	556,313	100.0
Physician specialty		
General and family practice	190,194	34.2
Medical specialties	164,109	29.5
Internal medicine	66,908	12.0
Pediatrics	58,126	10.4
Other	39,075	7.0
Surgical specialties	173,457	31.2
General surgery	33,740	6.1
Obstetrics and gynecology	50,823	9.1
Other	88,894	16.0
Other specialties	28,553	5.1
Psychiatry	17,093	3.1
Other	11,461	2.1
Type of practice		
Solo	315,390	56.7
Other ¹	240,924	43.3

¹Includes partnership, group practice, and other.

Table 4. Number and percent distribution of office visits by patient's referral status, major reason for visit, and prior visit status: United States, 1979

<i>Visit characteristic</i>	<i>Number of visits in thousands</i>	<i>Percent distribution of visits</i>
All visits	556,313	100.0
Referral status		
Referred by another physician	22,413	4.0
Not referred by another physician	533,900	96.0
Major reason for visit		
Acute problem	200,012	36.0
Chronic problem, routine	160,603	28.9
Chronic problem, flareup	48,310	8.7
Postsurgery or postinjury	51,241	9.2
Nonillness care ¹	96,148	17.3
Prior visit status		
New patient	88,136	15.8
Old patient	468,178	84.2
New problem	125,647	22.6
Old problem	342,530	61.6

¹Includes, for example, routine prenatal care, general examination, or well-baby examination.

Table 5. Number and percent distribution of office visits by patient's principal reason for visit: United States, 1979

Principal reason for visit and RVC code ¹	Number of visits in thousands	Percent distribution of visits
All visits	556,313	100.0
Symptom module. S001-S999	308,588	55.5
General symptoms S001-S099	43,736	7.9
Symptoms referable to psychological and mental disorders S100-S199	15,864	2.9
Symptoms referable to the nervous system (excluding sense organs) S200-S259	16,492	3.0
Symptoms referable to the cardiovascular and lymphatic systems. S260-S299	3,561	0.6
Symptoms referable to the eyes and ears. S300-S399	32,801	5.9
Symptoms referable to the respiratory system. S400-S499	54,488	9.8
Symptoms referable to the digestive system S500-S639	27,414	4.9
Symptoms referable to the genitourinary system S640-S829	27,840	5.0
Symptoms referable to the skin, nails, and hair S830-S899	30,650	5.5
Symptoms referable to the musculoskeletal system. . . . S900-S999	55,742	10.0
Disease module D001-D999	42,748	7.7
Diagnostic, screening, and preventive module. X100-X599	101,203	18.2
Treatment module T100-T899	58,712	10.6
Injuries and adverse effects module J001-J999	22,473	4.0
Test results module. R100-R700	3,367	0.6
Administrative module. A100-A140	9,154	1.6
Other ² U990-U999	10,069	1.8

Table 6. Number and percent of office visits, by the 20 most common principal reasons for visit: United States, 1979

Rank	Most common principal reason for visit and RVC code ¹	Number of visits in thousands	Percent of visits
1	General medical examination X100	32,160	5.8
2	Prenatal examination X205	21,717	3.9
3	Progress visit not otherwise specified T800	14,827	2.7
4	Symptoms referable to throat S455	14,556	2.6
5	Postoperative visit. T205	13,896	2.5
6	Cough S440	12,628	2.3
7	Back symptoms S905	11,100	2.0
8	Head cold, upper respiratory infection S445	10,462	1.9
9	Skin rash S860	9,441	1.7
10	Chest pain and related symptoms (not referable to body system) S050	8,798	1.6
11	Blood pressure test X320	8,681	1.6
12	Earache, or ear infection S355	8,575	1.5
13	Vision dysfunctions. S305	8,498	1.5
14	Abdominal pain, cramps, spasms . . S550	8,364	1.5
15	Headache, pain in head. S210	8,174	1.5
16	Fever S010	7,285	1.3
17	Well-baby examination X105	7,102	1.3
18	Allergy medication T100	6,904	1.2
19	Hypertension D510	6,297	1.1
20	Knee symptoms S925	6,272	1.1

¹"A Reason for Visit Classification for Ambulatory Care," *Vital and Health Statistics*, Series 2-No. 78, Feb. 1979.

¹Based on "A Reason for Visit Classification for Ambulatory Care," *Vital and Health Statistics*, Series 2-No. 78, Feb. 1979.

²Includes blanks, problems and complaints not elsewhere classified, entries of "none," and illegible entries.

Table 7. Number and percent distribution of office visits by principal diagnosis: United States, 1979

<i>Principal diagnosis and ICD-9-CM code¹</i>	<i>Number of visits in thousands</i>	<i>Percent distribution of visits</i>
All diagnoses.	556,313	100.0
Infectious and parasitic diseases. . .001-139	19,711	3.5
Neoplasms140-239	14,205	2.6
Endocrine, nutritional, and metabolic diseases and immunity disorders240-279	22,856	4.1
Mental disorders.290-319	24,580	4.4
Diseases of the nervous system and sense organs320-389	50,560	9.1
Diseases of the circulatory system390-459	49,607	8.9
Diseases of the respiratory system460-519	73,433	13.2
Diseases of the digestive system . . .520-579	24,711	4.4
Diseases of the genitourinary system580-629	36,632	6.6
Diseases of the skin and subcutaneous tissue680-709	29,132	5.2
Diseases of the musculoskeletal system and connective tissue. . . .710-739	37,004	6.7
Symptoms, signs, and ill-defined conditions780-799	17,251	3.1
Injury and poisoning800-999	51,782	9.3
Supplementary classification . . . V01-V82	87,903	15.8
All other diagnoses ²	8,161	1.5
Unknown diagnoses ³	8,786	1.6

¹Based on International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

²Includes diseases of the blood and blood-forming organs (280-289); complications of pregnancy, childbirth, and the puerperium (630-676); congenital anomalies (740-759); and certain conditions originating in the perinatal period (760-779).

³Includes blank diagnosis, noncodable diagnosis, and illegible diagnosis.

Table 8. Number and percent of office visits, by the 20 most common principal diagnoses: United States, 1979

<i>Rank</i>	<i>Most common principal diagnosis and ICD-9-CM code¹</i>	<i>Number of visits in thousands</i>	<i>Percent of visits</i>
1	Essential hypertension 401	23,607	4.2
2	Normal pregnancy V22	22,426	4.0
3	General medical examination V70	16,575	3.0
4	Acute upper respiratory infections of multiple or unspecified sites . . . 465	14,946	2.7
5	Health supervision of infant or child . V20	14,022	2.5
6	Suppurative and unspecified otitis media 382	11,166	2.0
7	Neurotic disorders 300	11,102	2.0
8	Allergic rhinitis 477	9,823	1.8
9	Diabetes mellitus 250	8,947	1.6
10	Disorders of refraction and accommodation 367	8,527	1.5
11	Obesity and other hyperalimentation. 278	8,348	1.5
12	Acute pharyngitis 462	8,149	1.5
13	Diseases of sebaceous glands. 706	7,385	1.3
14	Special investigations and examinations. V72	7,176	1.3
15	Followup examinations V67	6,792	1.2
16	Asthma. 493	6,786	1.2
17	Other forms of chronic ischemic heart disease 414	5,857	1.1
18	Certain adverse effects not elsewhere classified 995	5,697	1.0
19	Contact dermatitis and other eczema. 692	5,683	1.0
20	Acute tonsillitis 463	5,420	1.0

¹Based on International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Table 9. Number and percent of office visits, by diagnostic and therapeutic services ordered or provided: United States, 1979

<i>Diagnostic and therapeutic services</i>	<i>Number of visits in thousands</i>	<i>Percent of visits</i>
Diagnostic service		
None	56,622	10.2
Limited history/exam	350,637	63.0
General history/exam.	93,358	16.8
Pap test.	27,414	4.9
Clinical lab test	129,187	23.2
X-ray	45,846	8.2
Blood pressure check	200,501	36.0
Electrocardiogram	15,228	2.7
Vision test	33,451	6.0
Endoscopy	7,335	1.3
Mental status exam	8,261	1.5
Other	19,616	3.5
Therapeutic service		
None	110,021	19.8
Drug (prescription)	260,332	46.8
Drug (nonprescription).	24,740	4.4
Injection	53,327	9.6
Immunization/desensitization	28,849	5.2
Diet counseling	33,154	6.0
Family planning.	7,943	1.4
Medical counseling	123,682	22.2
Physiotherapy	17,084	3.1
Office surgery	40,989	7.4
Psychotherapy/therapeutic listening	24,719	4.4
Other	19,215	3.5

Table 10. Number and percent distribution of office visits by disposition and duration of visit: United States, 1979

<i>Disposition and duration</i>	<i>Number of visits in thousands</i>	<i>Percent distribution of visits</i>
All visits	556,313	100.0
Disposition¹		
No followup planned	64,686	11.6
Return at specified time	344,029	61.8
Return if needed	114,069	20.5
Telephone followup planned	21,194	3.8
Referred to other physician	13,797	2.5
Returned to referring physician	3,561	0.6
Admit to hospital	11,431	2.1
Other	3,764	0.7
Duration		
0 minutes ²	18,997	3.4
1-5 minutes	67,610	12.2
6-10 minutes.	169,217	30.4
11-15 minutes	149,291	26.8
16-30 minutes	118,171	21.2
31 minutes or more.	33,027	5.9

¹Will not add to 100.0 since more than one disposition was possible.
²Represents visits in which there was no face-to-face contact between the patient and the physician.

Technical notes

Source of data and sample design

The information presented in this report is based on data collected in the National Ambulatory Medical Care Survey (NAMCS) during 1979. The target universe of NAMCS encompasses office visits made within the conterminous United States by ambulatory patients to nonfederally employed physicians who are principally engaged in office practice. The National Opinion Research Center, under contract to the National Center for Health Statistics, was responsible for the survey's field operations.

NAMCS utilizes a multistage probability design that involves samples of primary sampling units (PSU's), physicians' practices within PSU's, and patient visits within practices. For 1979 a sample of 3,023 non-Federal, office-based physicians was selected from master files maintained by the American Medical Association and the American Osteopathic Association. The physician response rate for 1979 was 71.8 percent. Sampled physicians were asked to complete Patient Records (figure 1) for a systematic random sample of office visits taking place during a randomly assigned weekly reporting period. During 1979, 45,351 Patient Records were completed by responding physicians.

Sampling errors and rounding of numbers

The standard error is primarily a measure of the sampling variability that occurs by chance because only a sample, rather than the entire universe, is surveyed. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percent of the estimate. Provisional relative standard errors of selected aggregate statistics are shown in

tables I and II. The provisional standard errors for estimated percents of visits are shown in tables III and IV.

Table I. Provisional relative standard errors of estimated numbers of office visits based on all physician specialties: NAMCS, 1978

<i>Estimated number of office visits in thousands</i>	<i>Relative standard error in percent</i>
500	25.8
1,000	18.4
2,000	13.3
5,000	9.0
10,000	7.0
20,000	5.7
50,000	4.8
100,000	4.4
500,000	4.1

Example of use of table: An aggregate of 75,000,000 visits has a relative standard error of 4.6 percent, or a standard error of 3,450,000 visits (4.6 percent of 75,000,000).

Table II. Provisional relative standard errors of estimated numbers of office visits based on an individual physician specialty: NAMCS, 1978

<i>Estimated number of office visits in thousands</i>	<i>Relative standard error in percent</i>
500	28.5
1,000	21.0
2,000	15.9
5,000	11.9
10,000	10.2
20,000	9.2
50,000	8.6
100,000	8.3
200,000	8.2

Example of use of table: An aggregate of 15,000,000 visits has a relative standard error of 9.7 percent, or a standard error of 1,455,000 visits (9.7 percent of 15,000,000).

Table III. Provisional standard errors of percents of estimated numbers of office visits based on all physician specialties: NAMCS, 1978

Base of percent (number of office visits in thousands)	Estimated percent					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
	Standard error in percentage points					
500	2.5	5.5	7.6	10.2	11.7	12.7
1,000	1.8	3.9	5.4	7.2	8.2	9.0
2,000	1.3	2.8	3.8	5.1	5.8	6.4
5,000	0.8	1.8	2.4	3.2	3.7	4.0
10,000	0.6	1.2	1.7	2.3	2.6	2.8
20,000	0.4	0.9	1.2	1.6	1.8	2.0
50,000	0.3	0.6	0.8	1.0	1.2	1.3
100,000	0.2	0.4	0.5	0.7	0.8	0.9
500,000	0.1	0.2	0.2	0.3	0.4	0.4

Example of use of table: An estimate of 30 percent based on an aggregate of 15,000,000 visits has a standard error of 2.2 percent, or a relative standard error of 7.3 percent (2.2 percent ÷ 30 percent).

Table IV. Provisional standard errors of percents of estimated numbers of office visits based on an individual physician specialty: NAMCS, 1978

Base of percent (number of office visits in thousands)	Estimated percent					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
	Standard error in percentage points					
500	2.7	6.0	8.2	10.9	12.5	13.7
1,000	1.9	4.2	5.8	7.7	8.9	9.7
2,000	1.4	3.0	4.1	5.5	6.3	6.8
5,000	0.9	1.9	2.6	3.5	4.0	4.3
10,000	0.6	1.3	1.8	2.4	2.8	3.1
20,000	0.4	0.9	1.3	1.7	2.0	2.2
50,000	0.3	0.6	0.8	1.1	1.3	1.4
100,000	0.2	0.4	0.6	0.8	0.9	1.0
200,000	0.1	0.3	0.4	0.5	0.6	0.7

Example of use of table: An estimate of 90 percent based on an aggregate of 7,500,000 visits has a standard error of 2.2 percent, or a relative standard error of 2.4 percent (2.2 percent ÷ 90 percent).

Estimates of office visits have been rounded to the nearest thousand. For this reason detailed figures within tables do not always add to totals. Percents were calculated on the basis of original, unrounded figures and will not necessarily agree precisely with percents calculated from rounded data.

Definitions

Ambulatory patient.—An ambulatory patient is an individual presenting himself for personal health services who is neither bedridden nor currently admitted to any health care institution on the premises.

Office.—An office is a place that the physician identifies as a location for his ambulatory practice. Responsibility over time for patient care and professional services rendered there generally resides with the individual physician rather than an institution.

Visit.—A visit is a direct personal exchange between an ambulatory patient and a physician, or between a patient and a staff member working under the physician's supervision, for the purpose of seeking care and rendering health services.

Physician.—A physician is a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) currently in office-based practice who spends time in caring for ambulatory patients. Excluded from NAMCS are physicians who are hospital based; physicians who specialize in anesthesiology, pathology, or radiology; physicians who are federally employed; physicians who treat only institutionalized patients; physicians employed full time by an institution; and physicians who spend no time seeing ambulatory patients.

Duration of visit.—Duration of visit is time the physician spent in face-to-face contact with the patient, not including time the patient spent waiting to see the physician, time the patient spent receiving care from someone other than the physician without the presence of the physician, or

time the physician spent reviewing records, test results, etc. In cases where the patient received care from a member of the physician's staff, but did not see the physician during the visit, the duration of visit was recorded as zero minutes.

Symbols

- - - Data not available
 - ... Category not applicable
 - Quantity zero
 - 0.0 Quantity more than 0 but less than 0.05
 - * Figure does not meet standards of reliability or precision
-

Recent Issues of *Advance Data From Vital and Health Statistics*

No. 65. Cough as the Reason for Office Visits, National Ambulatory Medical Care Survey: United States, 1977-78 (Issued: November 5, 1980)

No. 64. Health Practices Among Adults: United States, 1977 (Issued: November 4, 1980)

No. 63. Office Visits for Male Genitourinary Conditions: National Ambulatory Medical Care Survey: United States, 1977-78 (Issued: November 3, 1980)

No. 62. Expected Principal Source of Payment for Hospital Discharges: United States, 1977 (Issued: October 31, 1980)

No. 61. Selected Demographic Characteristics of Teenage Wives and Mothers (Issued: September 26, 1980)
